

Is it worth reducing inequalities in health?

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A mortality league table for cabinet ministers?

This paper reports on a set of statistics presented to the annual meeting of the Radical Statistics Group in February 1998 and updates a study of the relationship between voting and mortality conducted earlier by George Davey Smith and the author (Davey Smith and Dorling 1996, 1997). The set of statistics presented here attempts to show how closely the distribution of voting mirrors the distribution of premature mortality in Britain. The paper goes on to show how spatial inequalities in mortality are reflected in the spatial distribution of Members of Parliament and, in particular, Cabinet Ministers. In the paper I argue that, given the unequal life chances of their own constituents, reducing inequalities in health in Britain should be a priority for the present Government. Thus it may be a little surprising that the new Green Paper on health (DoH 1998), produced just before this paper was presented at the conference, sets no explicit targets to reduce the inequalities which are described here. This paper concludes by suggesting an electoral explanation as to why reducing inequalities in general may not be a real political priority for this Government. Perhaps Ministers, and Members of Parliament in general, need to be reminded of the extent of inequalities in health, precisely who those inequalities affect, and why they first fought to gain office.

I am indebted to Iain MacAllister and Helena Tunstall for helping put the data used in this paper together and for commenting on an earlier draft of the paper.

British democracy is weakest where peoples' lives are shortest

Table 1 Excess mortality and voting by ten groups of parliamentary constituencies containing equal electorates

Decile Group	Adults in 1991 (millions)	Excess deaths 1981-1992	Excess deaths per year	Proportion of the Electorate Voting in May 1997			
				Abstentions	Conservative	Labour	Lib Dem
1	4,489,754	37%	5,031	36%	10%	39%	8%
2	4,519,899	21%	2,804	33%	13%	41%	7%
3	4,430,633	14%	1,857	31%	15%	40%	8%
4	4,450,592	7%	925	30%	18%	40%	8%
5	4,285,230	1%	144	28%	21%	35%	11%
6	4,337,816	-4%	-439	27%	26%	31%	12%
7	4,324,558	-9%	-1,089	26%	27%	28%	15%
8	4,312,125	-13%	1,579	25%	30%	24%	17%
9	4,249,041	-18%	2,195	25%	32%	20%	20%
10	4,330,387	-23%	2,945	24%	33%	20%	18%
Britain	43,730,035	2%	2,514	28%	22%	32%	12%

Notes:

- 1: Adults populations are taken from the estimating with confidence project (and exceed the electorate).
- 2: Mortality Rates are age sex standardised SMRs for deaths under 65, England and Wales=100.
- 3: Voting figures do not sum to 100% because of voting for minor parties.

Table 1 shows the basic statistics on which most of this paper is based. To construct the table, the age-sex standardised mortality ratio of each 1997 parliamentary constituency was calculated for people who died under the age of 65 between 1981 and 1992 (see Davey Smith and Dorling 1996, 1997 for further details). Mortality below age 65 is termed *premature mortality* from here on. All the constituencies of mainland Britain were then ranked and divided into ten groups – each containing almost the same number of electors. These are termed *decile groups* from here on. The first decile group is made up of those constituencies which contain the 10% of the electorate living in areas with the highest premature mortality ratios (these constituencies are listed in Table 4). The second contains a tenth of the population living in the constituencies with the next highest mortality ratios and so on, up to decile 10 which contains the last tenth of the population living in the constituencies with the lowest premature mortality ratios.

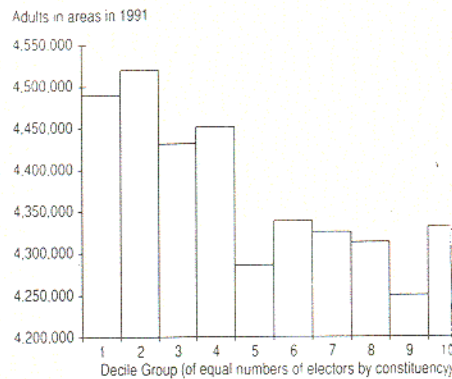
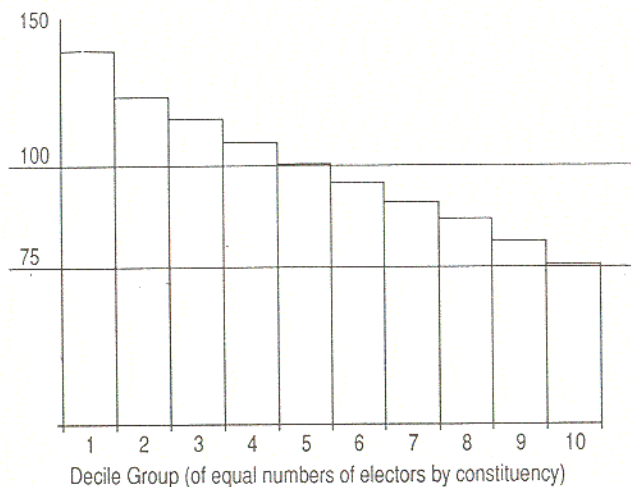
Figure 1: Populations at risk vary between areas

Table 1 requires some explanation. When we compare these decile groups of constituencies we are not comparing exactly the same numbers of adults as not all adults in Britain are registered to vote, i.e. electors. The second column in Table 1, and Figure 1, show how many adults actually lived in each decile group in 1991. Note that the 40% of the electorate living in areas with the highest premature mortality ratios (decile groups 1 to 4) contain disproportionate numbers of adults.

Figure 2: Electors chance of dying below the age of 65

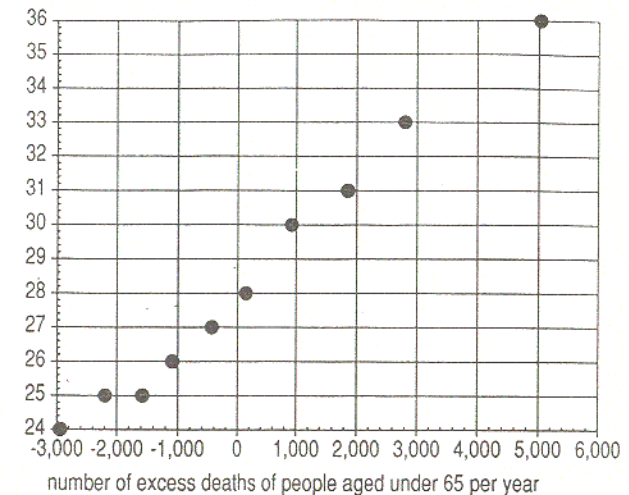
SMR under age 65 (log scale)



The third column in Table 1 shows the proportion of premature deaths (under age 65 in these areas) which would not have occurred had the mortality ratios in the areas been the same as for England and Wales as a whole. This ranges from there being a third more premature deaths between 1981 and 1992 in decile group 1 than would be expected, to there being a quarter fewer in decile group 10. These statistics are put another, and more direct, way in the next column in the table, which shows how in the worst decile, 5,031 more people die each year under age 65 than we would expect under equality. Because English and Welsh rates are being used to derive the expected number of deaths in an area, the ratios for Britain are slightly higher as they include Scotland where mortality rates are higher than in England and Wales. Figure 2 shows the distribution of excess death rates by decile area and demonstrates that there is a near log-linear continuum. Britain is not divided into areas with poor health and areas with good health, but contains a continuum of places which, when graphed, show a neat pecking order in terms of life chances. The people of decile group 1 are slightly out of line - with the jump in mortality from the second to the worst set of areas being greater than that between any other groups. This widening of the gap between the worst areas and the average opened up during the 1980s, and such spatial polarisation in life chances had not been seen before then in Britain (Dorling, 1997).

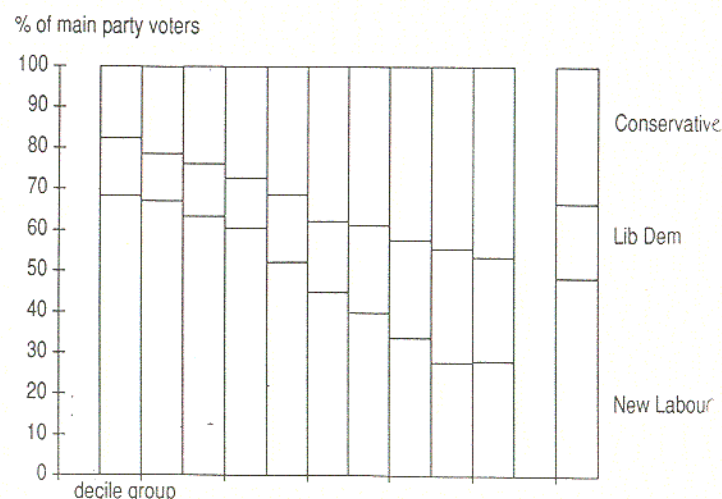
Figure 3: Excess deaths and voting

abstention rate in 1997



The fifth column in Table 1 gives the abstention rate (proportion of the registered electorate not casting a valid vote) in the constituencies in each decile group at the 1997 general election, while the final three columns show the proportion of the electorate who chose to vote for each of the three major parties. In the first seven decile areas, representing 70% of the electors of Britain, the largest proportion of electors voted for (new) Labour, while in the last three decile group the Conservatives were most popular. The abstention rate and the Labour vote rose as mortality rose, while the Conservative and Liberal votes fell. Figure 3 shows how strong the relationship is between the abstention and mortality rates in decile groups. For every extra 600 people who died prematurely in a decile area every year between 1981 and 1992, another 1% of the electorate chose not to vote at the general election of 1997. Because the number of voters is so large and the number of deaths so (relatively) small, this relationship cannot be due to excess mortality rates in an area leading to inflated electoral rolls (although dead people can remain on the electoral roll for many months after they have died). The distribution of support for the three main parties amongst those who do choose to vote for them is shown in Figure 4.

Figure 4: Parties and decial groups



The proportions of the electorate shown in Table 1 do not sum to 100% because voting for the minor political parties has not been included on that table. Table 2 presents the results for any minor party that gained more than 0.5% of the electorate in any decile group. Note that although Martin Bell (the Independent MP who stood in Tatton) appears in this table, not a single English party to the left of Labour features in the table. Even in the most deprived tenth of constituencies the left-wing parties could find no noticeable support. The table shows that inequalities in health work to the detriment of people living in areas where there is support for the SNP, and to the benefit of people living in areas where the Referendum party received its strongest support. The table also shows, in its last column, the proportion of adults in each decile area who were not registered to vote, which is highest in decile group 1. When these adults are added to those who are registered but choose not to vote we see that the most popular "choice" for adults in the tenth of Britain with the highest premature mortality ratios, chosen by 40%, was not to take part in the political process at all. British democracy is weakest where peoples' lives are shortest.

Table 2: Voting for minor parties and not registering to vote by the ten groups of parliamentary constituencies

Decile Group	Scottish Nationalist	Plaid Cymru	Referendum Party	UK Independence	Martin Bell	Adults not Registered
1	5%	0%	1%	0%	0%	4%
2	4%	0%	1%	0%	0%	3%
3	2%	0%	2%	0%	0%	2%
4	1%	1%	2%	0%	0%	2%
5	1%	1%	2%	0%	0%	1%
6	1%	1%	2%	0%	0%	1%
7	0%	1%	2%	0%	0%	0%
8	0%	0%	2%	0%	1%	0%
9	0%	0%	3%	1%	0%	0%
10	0%	0%	3%	0%	0%	0%
Britain	1%	0%	2%	0%	0%	1%

Notes:

- 1: No other parties registered the votes of more than 0.5% of the electorate in any decile group.
- 2: Estimates of the numbers of adults not registered assumes zero net migration between 1991 and 1997 and that the census count of non-commonwealth and Irish born adults approximates nationalities.

New Labour has a monopoly on premature mortality

If instead of looking at votes we look at seats, and the party elected, we see a very different picture. Despite a minority of adults voting for Labour in the constituencies with the highest mortality rates (and less than two fifths of those who did vote, voting for that party - see table 1), they won 67 of the 70 seats. Table 3 shows how many seats each party won in each decile group of constituencies. Labour has a majority of the seats in the 70% of the population with the highest premature mortality rates and the Conservatives have a majority in the remaining 30%. The Liberal Democrats had their greatest success at the interface of these two groups (winning 12 of the 63 constituencies in decile group 7) reflecting their political position between the main two parties. Figure 5 shows the dominance of Labour more clearly.

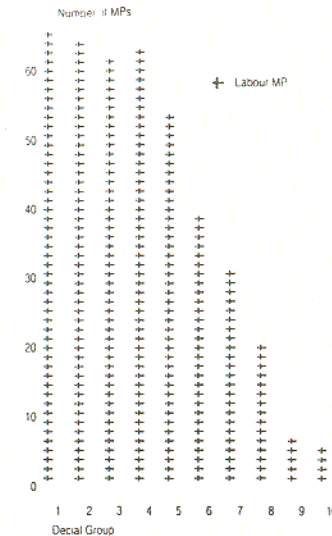
Table 3: Seats won in 1997 by the ten groups of parliamentary constituencies containing equal electorates

Decile Group	Total Seat	Labour Party	Conservative Party	Lib Dems	Nationalist parties	Others	
1	70	67	0	3	0	0	
2	68	65	1	1	0	1	(Speaker)
3	66	62	0	1	3	0	
4	66	64	1	0	1	0	
5	64	54	2	5	3	0	
6	63	40	16	5	2	0	
7	63	31	19	12	1	0	
8	60	21	30	8	0	1	(Mr Bell)
9	60	8	46	6	0	0	
10	61	6	50	5	0	0	
Britain	641	418	165	46	10	2	

Notes:

- 1: There are more seats in decile group one because these seats have fewer electors than average (but more adults).
- 2: The Conservative constituency in decile 2 is Cities of London & Westminster (Peter Brooke MP, SMR 175).
- 3: Labour MPs in the most healthy constituencies include Mr Stephen Twigg (Southgate).

Figure 5: Parliamentary representation



Politically, the people living in the half of Britain with higher than average premature mortality ratios are represented almost exclusively by one political party: Labour. Since the Labour Party has always represented poorer people and poorer people are more likely to die prematurely from the effects of poverty, this relationship is not surprising. However, it is interesting to see that the population of the tenth of the country with the highest premature mortality ratios (and, when we look at other measures the highest levels of poverty overall) are represented by the highest number of cabinet ministers and parliamentary secretaries of all the groups being analysed here. Table 4 shows which Members of Parliament represent the 70 constituencies making up decile group 1. They include, amongst many others, Donald Dewar (Secretary of State for Scotland), Clare Short (Secretary of State for International Development), Frank Dobson (Secretary of State for Health), George Robertson (Defence), Harriet Harman (Social Security), Alistair Darling (Treasury), Jack Straw (Home Office) and Chris Smith (National Heritage). These are the people who run government ministries, who sit in cabinet and who are empowered to make the decisions which can either harm or help peoples' lives. Labour have a monopoly of the population with premature mortality and Labour ministers represent an even more marginal set of constituents than do their parliamentary party members. In general, the higher the number of premature deaths, the safer the seat and the more senior the Labour politician elected.

Table 4: Constituencies which constitute Decile 1

	Rate >100	People /year	Constituency	MP	Party	Title
1	95%	151	Glasgow Shettleston	Mr David MARSHALL	Labour	Minister of State
2	83%	151	Glasgow Springburn	Mr Michael MARTIN	Labour	
3	74%	136	Glasgow Maryhill	Mrs Maria FYFE	Labour	
4	64%	157	Manchester Central	Mr Tony LLOYD	Labour	
5	62%	120	Glasgow Pollock	Mr Ian Davidson	Labour	
6	62%	142	Liverpool Riverside	Mrs Louise ELLMAN	Labour	
7	60%	114	Glasgow Baillieston	Mr Jimmy WRAY	Labour	
8	55%	104	Glasgow Anniesland	The Rt Hon Donald DEWAR	Labour	Secretary of State for Scotland
9	54%	114	Saiford	Ms Hazel BLEARS	Labour	Assistant Whip
10	52%	80	Glasgow Govan	Mr Mohammed SARWAR	Labour	
11	52%	70	Glasgow Kelvin	Mr George GALLOWAY	Labour	
12	51%	108	Tyne Bridge	Mr David CLELLAND	Labour	
13	48%	80	Greenock & Inverclyde	Dr Norman GOLDMAN	Labour	
14	46%	106	Birmingham Ladywood	Ms Clare SHORT	Labour	Secretary of State for International Development
15	45%	99	Manchester Blackley	Mr Graham STRINGER	Labour	Minister of State Minister of State for the Armed Forces
16	44%	99	Vauxhall	Ms Kate HOEY	Labour	
17	44%	96	Leeds Central	Mr Derek FATCHETT	Labour	
18	43%	75	Hamilton North & Bellshill	Dr John REID	Labour	
19	41%	100	Middlesbrough	Mr Stuart BELL	Labour	
20	40%	79	Birkenhead	Mr Frank FIELD	Labour	
21	40%	63	Paisley North	Ms Irene ADAMS	Labour	Economic Secretary
22	40%	71	Airdrie & Shotts	Mrs Helen LIDDELL	Labour	
23	39%	57	Manchester Gorton	The Rt Hon Gerald KAUFMAN	Labour	
24	39%	80	Poplar & Canning Town	Mr Jim FITZPATRICK	Labour	
25	38%	70	Holborn & St Pancras	Mr Frank DOBSON	Labour	
26	38%	70	Paisley South	Mr Gordon MCMASTER	Labour	
27	38%	56	Cunninghame South	Mr Brian DONOHUE	Labour	
28	35%	56	Motherwell & Wishaw	Mr Frank ROY	Labour	Secretary of State for Defence Parliamentary Under-Secretary for the Arts Comptroller to Her Majesty's Household
29	35%	53	Hamilton South	Mr George ROBERTSON	Labour	
30	34%	71	Stoke Central	Mr Mark FISHER	Labour	
31	34%	54	Glasgow Rutherglen	Mr Tom MCAVOY	Labour	
32	34%	73	Bradford West	Mr Marsha SINGH	Labour	
33	33%	59	Camberwell & Peckham	Ms Harriet HARMAN	Labour	
34	33%	73	Bethnal Green & Bow	Oona KING	Labour	Secretary of state for Social Security
35	33%	53	Glasgow Cathcart	Mr John MAXTON	Labour	
36	32%	65	Bootle	Mr Joe BENTON	Labour	
37	32%	65	Bolton South East	Dr Brian IDDON	Labour	
38	32%	62	Southwark North & Bermondsey	Simon HUGHES	Lib Dem	

Table 4: Constituencies which constitute Decile 1 (continued)

39	31%	63	Hackney South & Shoreditch	Mr Brian SIDGEMORE	Labour	Minister for Film and Tourism
40	31%	51	Coatbridge & Chryston	Mr Tom CLARKE	Labour	
41	31%	61	Edinburgh North & Leith	Mr Malcolm CHISHOLM	Labour	
42	31%	68	Birmingham Sparkbrook & Small Heath	Mr Roger GODSIF	Labour	
43	31%	68	Liverpool Walton	Mr Peter KILFOYLE	Labour	
44	30%	70	Preston	Mrs Audrey WISE	Labour	
45	28%	65	Liverpool West Derby	Mr Robert WAREING	Labour	
46	28%	64	Blackburn	Mr Jack STRAW	Labour	Secretary of State for the Home Department
47	28%	57	Newcastle East & Wallsend	Mr Nick BROWN	Labour	Parliamentary Secretary to the Treasury and Chief Whip
48	28%	42	Edinburgh Central	Mr Alistair DARLING	Labour	Chief Secretary to the Treasury
49	27%	51	Kilmarnock & Loudoun	Desmond BROWN	Labour	Minister for Regions, Regeneration and Planning
50	27%	53	Nottingham East	Mr John HEPPELL	Labour	
51	27%	59	Sheffield Central	Mr Richard CABORN	Labour	
52	27%	56	Bradford North	Mr Terry ROONEY	Labour	
53	26%	49	Merthyr Tydfil & Rhymney	Mr Ted ROWLANDS	Labour	
54	26%	55	Rochdale	Ms Lorna FITZSIMMONS	Labour	
55	26%	53	Sunderland North	Mr Bill LETHERINGTON	Labour	
56	26%	58	Hartlepool	Mr Peter MANDELSON	Labour	Minister without Portfolio
57	26%	46	Dundee West	Mr Ernie ROSS	Labour	
58	26%	56	St Helens South	Mr Gerry BIRMINGHAM	Labour	
59	26%	42	Ross, Skye & Inverness West	Charles Kennedy	Labour	
60	26%	55	Burnley	Mr Peter PIKE	Labour	
61	26%	41	Aberdeen Central	Mr Frank DORAN	Labour	
62	26%	49	Islington South & Finsbury	Mr Chris SMITH	Labour	
63	26%	18	Western Isles	Mr Calum MACDONALD	Labour	Secretary of State for National Heritage
64	25%	57	Hammersmith & Fulham	Mr Iain COLEMAN	Labour	Secretary of State for Education, Training, and Employment, Health and Community Relations
65	25%	63	Blackpool South	Mr Gordon MARSDEN	Labour	
66	25%	42	Falkirk West	Mr Dennis CANAVAN	Labour	
67	25%	63	Birmingham Erdington	Mr Robin CORBIETT	Labour	
68	25%	32	Caithness, Sutherland & Easter Ross	Robert MACLENNAN	Labour	
69	25%	50	Stoke North	Mrs Joan WALLEY	Labour	
70	24%	40	Clydebank & Milngavie	Mr Tony WORTHINGTON	Labour	

The mortality figures for the constituencies of every member of the Cabinet and Shadow Cabinet are shown in Table 5. These include the rank of their constituency in terms of the premature mortality rate of their constituents, the proportion of premature deaths that could be avoided if mortality ratios were equalised, and how many excess deaths a year this proportion represents. Every cabinet minister who has a constituency represents people in areas of above average premature mortality. Every day between 1981 and 1992, an extra three people died below the age of 65 in the current cabinet's constituencies than in the country as a whole. Put another way there were ten thousand additional premature deaths in the 1980s decade in the current cabinet's twenty constituencies alone. The Prime Minister, Tony Blair's constituents experience 47 more deaths under 65 a year than do the voters of an average constituency (although the premature death rate in his constituency is average for a member of the cabinet).

Table 5: Ministers' and Shadow Ministers' Mortality League Table

5a Ministers' Mortality League Table
Deaths under age 65 between 1981 and 1992

		Rank of 641	% excess mort	Excess deaths p.a.	
The Rt Hon Donald DEWAR	Secretary of State for Scotland	8	55%	104	Glasgow Anniesland
Ms Clare SHORT	Secretary of State for International Development	14	46%	106	Birmingham Ladywood
Mr Frank DOBSON	Secretary of State for Health	26	38%	70	Holborn & St Pancras
Mr George ROBERTSON	Secretary of State for Defence	28	35%	53	Hamilton South
Ms Harriet HARMAN	Secretary of state for Social Security	33	33%	59	Camberwell & Peckham
Mr Alistair DARLING	Chief Secretary to the Treasury	46	28%	42	Edinburgh Central
Mr Jack STRAW	Secretary of State for the Home Department	48	28%	64	Blackburn
Mr Chris SMITH	Secretary of State for National Heritage	61	26%	49	Islington South & Finsbury
Dr David CLARK	Chancellor of the Duchy of Lancaster	71	24%	52	South Shields
Dr Gavin STRANG	Minister of Transport	70	24%	42	Edinburgh East & Musselburgh
Mr David BLUNKETT	Secretary of State for Education and Employment	85	23%	47	Sheffield Brightside
The Rt Hon Tony BLAIR	Prime Minister	95	22%	47	Sedgefield
The Rt Hon Gordon BROWN	Chancellor	106	21%	36	Dunfermline East
The Rt Hon Robin COOK	Foreign Secretary	128	18%	27	Livingston
Mrs Ann TAYLOR	Leader of the House	129	18%	28	Dewsbury
Dr Mo MOWLEM	Secretary of state for Northern Ireland	139	17%	40	Redcar
The Rt Hon Jack CUNNINGHAM	Minster for Agriculture, Fisheries and Food	155	15%	26	Copeland
The Rt Hon John PRESCOTT	Deputy Prime Minister	156	15%	38	Hull East
The Rt Hon Margaret BECKETT	Secretary of State for Trade and Industry	184	13%	30	Derby South
Mr Ron DAVIES	Secretary of State for Wales	216	9%	18	Caerphilly
				978	

5b: Shadow Ministers' Mortality League Table

		Rank of 641	% excess mort	Excess deaths p.a.	
Michael JACK	Shadow Secretary of State for Agriculture, Fisheries and Food	345	-2%	-4	Fylde
The Rt Hon Alistair GOODLAD	Shadow Secretary of State for International Development	366	-4%	-10	Eddisbury
The Rt Hon Michael HOWARD	Shadow Foreign Secretary	379	-5%	-10	Folkestone & Hythe
The Rt Hon Sir Nicholas J. YELL	Shadow Attorney General	439	-9%	-17	North East Bedfordshire
The Rt Hon Mrs Gillian SHEPHERD	Shadow Leader of the House	429	-9%	-21	South West Norfolk
The Rt Hon William HAGUE	Leader of the Opposition	431	-9%	-18	Richmond
The Rt Hon Dr Brian MAWHINNEY	Shadow Home Secretary	449	-10%	-19	North West Cambridgeshire
The Rt Hon Michael ANCRAM	Constitutional Affairs	472	-12%	-26	Devizes
Mr John MAPLES	Shadow Secretary of State for Health	531	-15%	-35	Stratford-on-Avon
Andrew MACKAY	Shadow Secretary of State for Northern Ireland	544	-17%	-35	Bracknell
The Rt Hon Sir George YOUNG	Shadow Secretary of State for Defence	543	-17%	-36	North West Hampshire
The Rt Hon Peter LILLEY	Shadow Chancellor	577	-20%	-41	Hitchin & Harpenden
Iain DUNCAN-SMITH	Shadow Secretary of State for Social Security	600	-22%	-43	Chingford & Woodford Green
The Rt Hon Stephen DORRELL	Shadow Secretary of State for Education and Employment	610	-23%	-49	Charnwood
The Rt Hon Sir Norman FOWLER	Shadow Secretary of State for the Environment	617	-24%	-53	Sutton Coldfield
The Rt Hon John REDWOOD	Shadow Secretary of State for Trade and Industry	638	-26%	-45	Wokingham
Rt Hon Francis MAUDE	Shadow Secretary of State for Culture, Media and Sport	636	-26%	-48	Horsham

-508

The Conservative Shadow Cabinet represents a set of seats, which could not be more different to those of the Cabinet (see Table 5b). All Shadow Ministers represent constituents living in areas of low premature mortality. This is not true of all Conservative MPs, but Shadow Ministers tend to be the more focused of their colleagues and to secure safe Conservative seats where premature mortality rates are lowest. Labour Ministers, represent some of the safest Labour seats in the country, which hence have some of the highest mortality rates. In essence people who are well off tend to vote Conservative and tend also to live longer because of their material advantages. Successful politicians in Britain manage to secure the safer seats and hence the widest inequalities in life chances can be seen between the people who live in the constituencies of the Cabinet and those of the Shadow Cabinet.

The 1997 General Election was not won by Labour, but lost by the Conservatives

Table 6: Change in voting between 1992-1997 in the ten groups of parliamentary constituencies containing equal electorates

Decile group	Abstentions	Labour Party	Conservative Party	Liberal Democrats	Nationalist Parties	Other	Change in Electorate
1	6%	1%	-7%	-2%	0%	2%	-2%
2	7%	3%	-9%	-2%	0%	2%	-2%
3	7%	3%	-11%	-1%	0%	2%	-2%
4	7%	4%	-10%	-2%	0%	2%	-1%
5	6%	5%	-11%	-2%	0%	2%	0%
6	6%	7%	-12%	-3%	0%	2%	1%
7	6%	6%	-12%	-3%	0%	2%	1%
8	6%	6%	-13%	-2%	0%	3%	2%
9	6%	6%	-13%	-2%	0%	3%	3%
10	5%	6%	-13%	-1%	0%	3%	2%
Britain	6%	4%	-11%	-2%	0%	2%	0%

Notes:

- 1: For Britain as a whole the first six columns sum to 0% and show the changing proportion of the electorate voting for each party.
- 2: The final column shows the change in the electorate as a proportion of the 1992 electorate and hence represents a combination of the effects of net migration and voter registration and non-registration in each decile group.

The medical-political geography of Britain described above may not be too surprising to many readers, although the degree of polarisation between those living in areas of poor and good health may be larger than expected. What may be more interesting is to look at how the Labour Party won the last general election with such a huge landslide, in terms of the premature mortality rates of its constituents. Table 6 presents the swings in aggregate votes for the main parties between 1992 and 1997 and the changes in abstentions and in the electorate, in terms of the premature mortality ratios experienced in the preceding 12 years (1981-1992). To be able to conduct this analysis, the results of the 1992 General Election had to be reassigned to 1997 constituencies. This work was conducted by David Rossiter (see Pattie et al. 1996, 1997, Johnston et al. 1997 and Dorling et al., 1998).

The General Election of 1997 was not won by Labour but was lost by the Conservatives. Nationally (New) Labour increased their vote (as a share of the electorate) by only 4%, while the Conservative vote fell by 11%. However, Labour was very careful to ensure that they won votes in the right places, whereas the Conservatives lost them most where they needed them most. It appears likely that most former Conservative voters who chose not to vote for that party abstained and so the national abstention rate rose by 6% of the electorate between 1992 and 1997. The Liberal Democrats lost 2% of their support while other parties (mainly the Referendum Party, who won votes from the Conservatives) gained 2%.

As Table 6 shows both the national swings of the electorate and what the swings were in each of the 10 decile groups, it is possible to see how parts of the country with different excess mortality rates changed their votes. The rise in abstentions was quite uniform across the decile groups. It is likely that this was the result of abstentions rising in poor areas due to dissatisfaction with the political process and in rich areas where voters were Conservative but could not bring themselves to vote for any party. The Labour Party's swing was strongest where it needed the votes most, in decile 6 areas, where many votes were required to win what were thought to be safe Conservative seats. Their vote swing was weakest in the areas where they already held most of the seats, in the decile 1 group of constituencies, with the poorest health. These were also the areas where the Conservatives lost fewest votes. The poor (in terms of health among other measures) did not swing to Labour half (or even a quarter) as the richer voters did in 1997. Finally column 7 of the table shows how the electorates of the constituencies in each group changed over the five years. The areas with the highest premature mortality ratios lost the most registered voters, while the

number of potential voters increased in the areas now largely represented by Conservative MPs. It is difficult to disentangle the factors behind this shift in the registered population. A combination of natural change (births less deaths), migration effects and changes in the propensity of adults to register to vote will all have contributed.

Conclusion

The relationship between voting, premature mortality and political representation in Britain is remarkably close. The recent polarisation in mortality rates by area and the swings in the marginal seats at the last general election made that relationship even clearer than before. The poorer half of Britain votes for the Labour Party and dies earlier. The poorest tenth of Britain dies earliest and now supports some of the most powerful politicians in this country through their votes. Are the politicians likely to try to reduce this level of inequality in life chances? The 1979-1997 Conservative government had little direct incentive or experience to attempt this. Their constituents were unlikely to present stories about their lives that made the reality of health polarisation evident and this was most true of the constituents of that party's leaders. Conservative MPs were probably unaware of the differences in health to be found across Britain, and if they were aware I suspect that they blamed this on the behaviour of people they were very unlikely to have ever met and whose political support they never relied on.

The story with (New) Labour should be different. It is hard to believe that Members of Parliament, some of whom have represented their constituencies for many years, are not aware that their constituents tend to live very much poorer lives than themselves and certainly have much higher chances of dying young than the MPs themselves do. Many MPs do not live in their constituency, of course, and some may not care at all about their constituents, other than requiring their votes every five years. If they do know their constituents well they may still not be aware that in other parts of the country life chances are so much better. However, to date the Labour Government has not committed itself to any actions that are likely to narrow the gap in life chances between their constituents and the rest of British society. They have made an enormous number of token gestures and many, many speeches, but none of these can have an effect of any relevance. For instance, Health Action Zones: even if their introduction reduced mortality to the average for Britain in the proposed areas, the areas are too small to have any significant effect on the national pattern of

inequality. The Green Paper's targets for health do not focus on inequality; indeed these new targets could all be met without any reduction in the level of inequality in health in Britain. New Labour may care, but so far they do not appear to care enough to act decisively.

At the root of inequalities in health are inequalities in wealth, income and opportunity. This has been known for long enough. Unfortunately those without wealth, with low incomes and little opportunity are unlikely to punish their political representatives if the latter do not improve their life chances. Those who are poor and left-leaning have no party to vote for now that Labour has moved to the centre. They are a captive set of Labour supporters and can hence be ignored. Instead it is, as Figure 5 shows, the middle fifth of the country in terms of health (and by inference wealth) who determine which party is in power. The constituencies in decile groups 5 and 6 are the most marginal politically and have standardised mortality ratios that are close to the national average.

Since the Second World War, the rich have always elected Conservative MPs while the poor have always elected Labour MPs. The last election did not alter that pattern, but it did, through the rhetoric of its campaign, and the subsequent actions of its victors, show that the real concern of the party of the poorest had shifted to the centre, to the average, to the voters who live in areas where the chances of dying young are already close to the national average. In terms of winning elections in Britain, inequality is not an issue amongst the voters who matter most. They are neither rich nor poor, healthy or unhealthy. To them, initiating un-targeted action, such as "reducing waiting lists" nationally, to raise the general level of any service or condition is most likely to be beneficial. Squeezing "fat cats" and "scroungers" simultaneously will be most popular. The policy makers of the present government appear to agree. Their actions suggest that they believe that Ms/Mr Average is not interested in inequality and Ms/Mr Average matters most. It is rare to be average, in that most people in Britain aren't, or don't live in "average areas". Thus policy to suit the average is policy for the few rather than the many.

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