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Jubilee+

Mind the gap!

How can churches respond to
health inequality in the UK?



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Inequalities exist across every society and have a huge impact on the quality of life of millions of people around the world. Life in the UK is no different.

According to the Office for National Statistics, the gap between the richest in our society and the rest of the population – despite all the efforts to highlight this problem by charities and think tanks, and various government policies trying to address it – has widened rather than narrowed in the 10 years leading up to the COVID pandemic.¹



And the impact of the pandemic has only increased this inequality gap, hitting those trapped in poverty the hardest.

The inequality gap is evident in many forms: health, education, income, employment, ethnicity, gender, disability, housing, to name just a few.

Why is this an important subject for Jubilee+ and for Christians in the UK? Psalm 9:18 tells us: *“God will never forget the needy; the hope of the afflicted will never perish.”* The plight of those with the least in our society is a priority to God.

Inequalities often arise when the rich become wealthier at the expense of the poor, something God clearly warns against repeatedly in Scripture (Proverbs 22:16, Isaiah 58:3, Luke 3:11-14).

We also need to be mindful that increasing inequality affects everyone, including those in and on the fringe of our church communities, and the apostles tell us that our first responsibility is the welfare of our fellow Christians (Galatians 6:10) and then to those beyond (1 Peter 2:12).

Finally, it is important that we are aware of these inequalities, and the impact of them on those we live among in our local communities, so that we can play a part in addressing them. In a speech in 2022, then-Duchess of Cornwall said: *“Let us not be bystanders to injustice or prejudice. After all, surely our personal values are measured by the things we are prepared to ignore.”*

Therefore, this series of booklets aims to put the spotlight on various social inequalities that exist in order to raise our awareness, grasp God’s perspective, suggest ways that we can act, and fuel our prayers.

Learn.



What is the scale of UK health inequality?

Health inequalities primarily show us the differences that exist in people’s likely health outcomes, the care they receive, and the opportunities that they have to lead a healthy life. Data from healthcare charity The King’s Fund² show how all of these are adversely affected by living in a deprived UK community:

- Women living in the most deprived 10% of areas die almost eight years younger than women living in the least deprived 10% of the country. For men, this life expectancy gap increases to over nine years’ difference.
- People who live in the most affluent areas have 20 years longer of good health, on average, compared to those living in poverty.
- Someone is 3.5 times more likely to die from an avoidable death (a death that could have been avoided or delayed by timely and effective healthcare or public health interventions) if they live in the most deprived areas rather than the least deprived areas.
- Deprivation increases a person’s chance of having more than one long-term health condition. People living in the most deprived 20% are likely to develop, on average, multiple long-term health conditions 10 years earlier than those in the least deprived 20%.



- The number of mental health service outpatient appointments and inpatient stays are higher in deprived populations.
- The number of GPs per 10,000 people is lower in deprived areas compared to affluent areas.³

(1) <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/householdincomeinequalityfinancial/financialyearending2020>

(2) <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>

(3) <https://bjgpopen.org/content/5/5/BJGPO.2021.0066>

(4) <https://ourscottishfuture.org/health-gap-leading-to-nhs-crisis/>

(5) <https://www.mirror.co.uk/news/uk-news/desperate-patients-extract-teeth-11million-29379748>

(6) <https://www.local.gov.uk/about/news/nhs-dental-deserts-persist-rural-and-deprived-communities-lga-analysis>

(7) <https://www.versusarthritis.org/media/23782/chronic-pain-report-june2021-print-friendly.pdf>

(8) <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

- In Scotland, the least wealthy are 72% more likely to be admitted to a hospital emergency bed, 66% more likely to visit A&E and spend 22% longer in hospital than the wealthiest.⁴

- One in four people in England are unable to get an appointment with a dentist, held up on lengthy waiting lists, or put off treatment by delays or costs – 11 million people were affected in 2022, compared with four million in 2019.⁵



- Deprived and rural areas are more likely to be in short supply of NHS dentists. The 10 local councils experiencing the most severe dentist shortages are in areas of higher than average deprivation, or have a higher than average proportion of residents in rural areas.⁶

- 30% of people most severely affected by chronic pain live in the most deprived areas, compared to 15% who lived in the least deprived areas.⁷

- “There is a strong relationship between deprivation and healthy life expectancy at birth. The poorer the area, the worse the health.”⁸

Teach.

What does God think about this?



It would be easy to question how tackling health inequalities fits into the life of a Christian and the agenda of a local church because there isn't a verse in the Bible that is explicitly clear on it. However, Jesus started His public ministry with words that are sometimes described as his “manifesto” and show us that poverty and justice issues are definitely matters that God's people should care about (see Luke 4:16-21).

In verse 18, Jesus quotes the prophet Isaiah, stating that the anointing of the Holy Spirit leads to bringing good news to the poor, proclaiming liberty to the captives, recovery of sight to the blind and bringing freedom to those who are oppressed. As we have already noted, growing inequalities in society lead to greater numbers of people experiencing poverty that is oppressive and imprisoning, and poor health outcomes are a significant part of this.

Jesus addresses these things head-on and makes it clear that in His Kingdom these things are reversed – people are lifted out of poverty, receive freedom from anything holding them captive, are healed of sickness, and oppression over them is broken.

While we know that these aspects of the Kingdom will not be fully realised until Jesus comes again to “make all things new” (Rev. 21:5), we must not neglect the fact that Jesus began this work and expects us, as His disciples, to continue rolling out the Kingdom until He returns (Matthew 28:18-20).

So, to follow Christ is to follow His life and His commands, empowered by the same Spirit of God that anointed Him (Romans 8:11). In light of the truth that God hates poverty, inequality, oppression, and partiality, and He hates sickness, but loves to heal – we as God's people should be troubled by the increasing health inequalities that exist in our society and stirred into action to play our part in reducing them.

Imagine the impact that the Church in the UK could have on our local communities if we took up this invitation from Jesus to enter into His Kingdom work and see health inequalities reduced. Wouldn't it be incredible to see and hear of the statistics reversing in communities where local churches are actively doing the work of the Kingdom?!

Act.

What can we do about health inequalities?



Pray.

Why not start a prayer group in your church that focuses on praying for your local NHS Trusts or Care Services? You could find a contact person and ask them for regular prayer points. These points could range from the leadership, strategic goals, recruitment, staff welfare, patient care, chaplaincy, finances, etc.

Healing prayer.

Are there opportunities to offer prayer for the sick in your local community? Could you have sessions available for people to book in to receive prayer? Could you start/join any chaplaincy teams that exist to serve your community, e.g. street chaplaincy, hospital chaplaincy, etc.

Volunteer.

There is scope within every NHS Trust to get involved through volunteering. This gives you an insight into the pressures and demands of healthcare and also builds empathy towards those people in our society who are living with illness and poor health. For example, many patients who live in rural and/or deprived areas are unable to make it to appointments – could you become a volunteer driver?



A small team of volunteers from one of the Jubilee+ partner churches, Freedom Church in Liverpool, visits the parents of very unwell children at Alder Hey Children's Hospital every week, offering friendship, support, comfort and prayer. Could you do something similar?

Support.

Are there healthcare workers in your church who would appreciate being prayed for and listened to? Why not contact your local NHS Trust to find out ways that you could support staff welfare? Could you 'adopt a team' within that Trust and



"...learn to do good; seek justice, correct oppression; bring justice to the fatherless, plead the widow's cause..."

Isaiah 1:17



regularly send them cards to thank them for their work, bake them cakes, give them encouragement? Could you co-ordinate with other churches in your town so that many teams within that NHS Trust are 'adopted' by churches?

Lobby.

Why not communicate with your local MP about the health inequalities that exist in your area? The Integrated Care Board oversees NHS & Care Services in your locality, and on their website, you can find information on how they are prioritising the need to tackle the inequalities in your region. See below for specific requests you can bring to your MP.

Advocate.

Those who are experiencing health inequalities often don't have much of a voice to highlight the situation they are living in. Are you able to bring a "voice to the voiceless" (Proverbs 31:8)? Are there social prescribing organisations in your area that you could contact to find out how you could advocate on behalf of patients?

Financial support.

Could your church consider setting up a fund to help those in the church, on the fringe of church or individuals that you know, who are unable to access free healthcare? For example, with the crisis in accessing NHS Dentistry, many people are now needing to pay for private treatment.



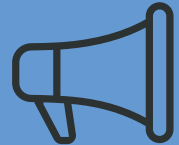
Pray.



What are the main prayer points?

- That the gap between the least and the most deprived communities in the UK would reduce.
- For the National Health Service to be supported and funded to provide effective healthcare to everyone.
- For political leaders and NHS leaders to have wisdom in their decision-making.
- That healthcare services working in deprived areas would be able to better recruit and retain staff.
- For our churches to find ways to bring all aspects of the Kingdom of God to our local communities, and that we would be known as the place to come when no one else can help.
- That the Holy Spirit would move in a powerful way to bring healing to those experiencing poor physical, mental and emotional health around us.

Influence.



Ask people in positions of power to...

- Commit to increasing funding to Integrated Care Boards, specifically to ensure they can effectively meet their statutory duty to reduce health inequalities.
- Plan and deploy resources in proportion to each area's need.
- Invest in preventative measures in areas where health outcomes are adversely affected by deprivation.
- Develop a robust, long-term and holistic strategy to tackle health inequalities across the UK.



Visit our website for more resources
jubilee-plus.org/resources