

The first comprehensive map of young people's health inequalities in the UK

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As part of the [Young people's future health inquiry](#), the Health Foundation is working with the Association for Young People's Health (AYPH) to better understand the inequalities experienced by young people from different groups. In this blog, AYPH policy fellow Rachael McKeown outlines [newly published data](#) showing the scale and complexity of young people's health inequalities, and the need for action.

Health inequalities are a huge problem for young people

In the clearest and bleakest terms, people aged 10–25 in the poorest areas of the UK will die earlier than those in richer areas. It's also predicted that people aged 10–14 living in the most deprived areas will live [18 more years in ill health](#) than their peers in the least deprived areas. We know that the environments in which young people live, learn and socialise impact upon their health.

Why is this the case?

Young people growing up in deprived areas are less likely to have access to resources and support that allow them to live healthy lives. They are more likely to live in overcrowded housing, with limited access to the space and tools needed to exercise, learn and look after their health. Because they may experience transitions in all of these areas during their teens, adolescence is a defining period for young people's health. Inequalities between individuals and groups can become established and embedded at this time.

In [AYPH's new online resource](#), we map how young people's health varies by deprivation, exploring the factors that might be driving these differences. Some markers of deprivation suggest increasing inequality – for example, there is a worrying increase in secondary school

students eligible for free school meals – up to nearly one in five (18.9%) in 2020/21. These data point to the need for action, but this is challenging when the problem seems so complex. We begin to help by identifying some of the levers for action, where changes might improve youth health outcomes.

All sorts of youth health outcomes are associated with deprivation

Although there are some gaps in the data, there is already stark evidence that deprivation impacts health outcomes including obesity, conception, dental health and mental health.

Widening inequality in obesity rates in secondary school are particularly shocking. In 2021, there was a 16.6% gap between obesity rates in 10–11 year olds in the most and least deprived areas. Other less well known findings are that young people living in the most deprived areas are 2.7 times more likely to become pregnant, 2.5 times more likely to have dental decay, 1.7 times more likely to be diagnosed with an STI, and 1.3 times more likely to have a mental health problem.

But it is not predetermined that a young person in a deprived area will be unhealthy. There is a complex relationship between deprivation status and health. We map some interesting patterns in smoking and drinking in this age where the connection with deprivation is less clear. It is likely that health outcomes are also affected by factors such as peer group behaviour and life stage, but understanding the detail of such nuances is very important.

Levers for action

To better understand these interrelationships, we created [a model](#) outlining the main causes of health inequalities and poorer health outcomes. With the social determinants on one side, and outcomes on the other, there is an important area in the middle where young people can face barriers to good health. We see these areas as the ‘levers for action’:

- **Access to and experiences of services** – Receiving timely, youth-friendly health and care services is critical for good health outcomes. While young people aged 20–24 in the most

deprived areas are 3.2 times more likely to be admitted to hospital than people in the least deprived areas, there is some evidence that they have worse access to earlier preventative and community services. Negative experiences can deter young people from re-engaging with services and they may only access in times of crisis, rather than seeking early or preventative support.

- **Health behaviours** – Young people from deprived areas are less likely to engage in regular physical activity. There are likely to be a number of reasons for this, including the environment in which they live, the safety of the green spaces near to their home, and the affordability of organised sports and activities.
- **Trusted relationships** – Young people value ‘safe spaces’ and professionals with whom they have built relationships of trust. Youth clubs and services play an important role here, especially for deprived young people who may need additional support. Yet there are twice as many youth services in England’s richest areas compared to the poorest areas.

Harnessing data for change

These examples demonstrate the scale of the challenge. We believe a better understanding of the health inequalities data will help inform tailored approaches to [improve services and support](#) for young people. While we have pulled together much of the publicly available data, we are aware there remain important gaps in our knowledge. A critical next step for us is to begin to map health outcomes by different kinds of lived experience, not just deprivation – such as ethnicity, for example.

For now, we hope that [AYPH’s new data portal](#), presenting more than 40 new charts and infographics, will provide useful insight into the health inequalities experienced by young people. Please do use these resources in your own work, and keep [talking to us](#) about what you think is important and where you think data are still missing.

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<https://www.health.org.uk/news-and-comment/blogs/the-first-comprehensive-map-of-young-people-s-health-inequalities-in-the-uk>