A new analysis from Imperial College London has found that the gap in heart disease deaths for people over the age of 65 in the richest and poorest areas of England has widened over the last 20 years.

While this is uncomfortable reading, in many ways it is not a surprise to those of us working to tackle heart disease. Sir Michael Marmot’s work has comprehensively mapped the social gradient in health – meaning that the lower a person’s socioeconomic position, the worse their health – and heart disease is no exception.

The good news is there has been a remarkable improvement in treatment and care for people living with heart disease in the last few decades.

Some of this is down to a better understanding of the causes of disease and the actions that we can all take to reduce our risk. And some of this is down to improvements in treatment like the roll-out of primary angioplasty services across England.

Health inequality
But, as this new study once again demonstrates, these developments haven’t benefited everyone equally. Researchers found that there were almost five times as many men over 65 dying of heart and circulatory disease in the poorest 1 per cent of the country compared to the richest 1 per cent. The difference for women over 65 is even starker, with a 10-fold variation.

Of course, there aren’t any easy answers to addressing entrenched inequalities like these. But it is clear that this is where policymakers will need to focus their efforts if we are going to continue to see progress in tackling England’s biggest killer.

As I write, the Department of Health is working hard on developing a new Cardiovascular Disease Outcomes Strategy. While there will no doubt be much to commend in the new strategy – including attention to areas that have been overlooked like rehabilitation, support for people living with heart failure and detection of people with atrial fibrillation – we are calling for progress on tackling health inequalities to be the key success measure by which implementation of the new strategy is judged.

Health Secretary Jeremy Hunt has recently signalled that reducing premature mortality is one of his priorities, but this will not happen without measures to close the heart health gap between affluent and deprived groups.

Hearty Lives
At the British Heart Foundation we are committed to supporting those people who are disproportionately at risk of developing heart disease.

Over the last three years we have been running our Hearty Lives programme, a flagship initiative to improve the heart health of people living in the poorest communities. We have been working in partnership with local authorities and health trusts to develop tailored support for local communities. So far the programme has invested £2.9 million in projects across the UK.

The range of things we are funding demonstrates the breadth of activity that is needed to tackle health inequalities, from educating kids in Hastings about the benefits of exercise to supporting volunteer community health mentors in Blackpool.

A recently published evaluation of the Hearty Lives programme indicates that we have helped 56 000 people so far. People who have participated in the initiative are more likely than others to take steps to improve their heart health through, for example, increasing their fruit and vegetable consumption or quitting smoking. And, perhaps the Holy Grail in a time of reduced budgets, the programme has been very cost effective with the cost per participant ranging from £50 to £140. We are looking to spend a further £7 million on Hearty Lives projects in the coming years.

Conclusion
There is no magic bullet for tackling heart health inequalities but initiatives like Hearty Lives can make a difference to people here and now. The truth is that people’s health is influenced by the conditions in which they live, work and study and we need a genuinely joined-up public health approach to address all of these factors before we can hope to erode entrenched heart health inequalities.

Declaration of interests
None to declare.

Mubeen Bhutta is policy manager at the British Heart Foundation