

Health inequalities:

What are they? How do we reduce them?



NHS Health Scotland is a national Health Board working with and through public, private and third sector organisations to reduce health inequalities and improve health. We are committed to working with others and provide a range of services to support our stakeholders take the action required to reduce health inequalities and improve health.

Key messages

- Health inequalities are unfair and avoidable.
- To reduce health inequalities we need to act across a range of public policy areas, with policies to tackle economic and social inequalities alongside actions with a specific focus on disadvantaged groups and deprived areas.
- We need to shift the focus from meeting the cost of dealing with health or social problems after they have developed to prevention and early intervention.

Key actions

- Drive a fairer share of income, power and wealth through policy, legislation, regulation and taxation.
- Ensure fair and equitable access to good quality housing, education, health and other public services.
- Ensure all public services are planned and delivered in proportion to need.

What are health inequalities?

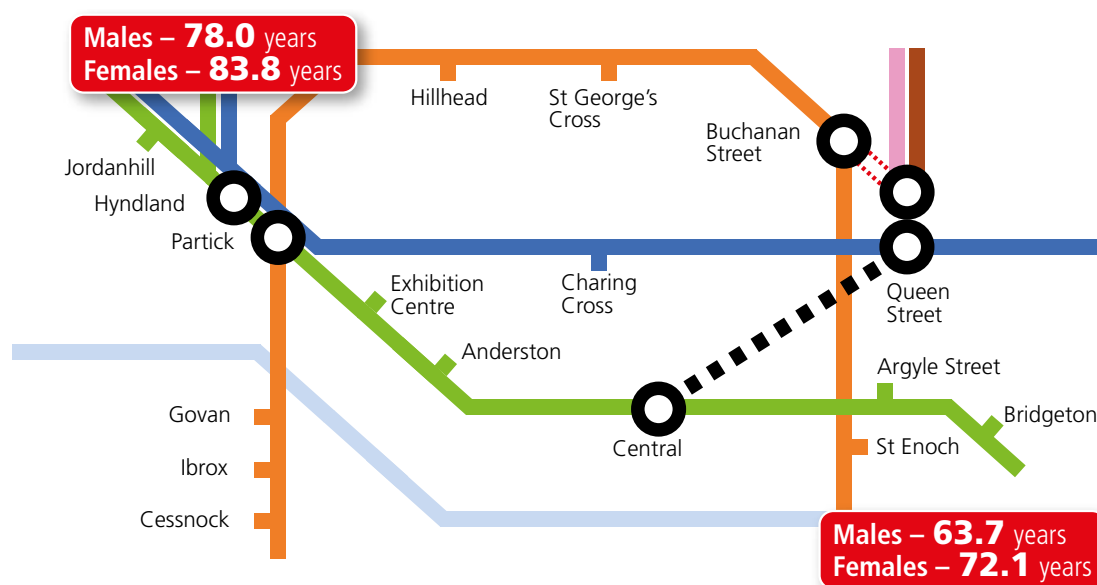
Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups.

They represent thousands of unnecessary premature deaths every year in Scotland, and for men in the most deprived areas nearly 24 fewer years spent in 'good health'.

This is **unfair** because these health inequalities do not occur randomly or by chance, but are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live a longer, healthier life.

Health inequalities are **avoidable** because they are rooted in political and social decisions. There was a substantial narrowing of health inequalities in the UK and USA between the 1920s and 1970s, the period in which welfare states were constructed and income inequalities declined.¹

The overall health of the Scottish population is continuing to improve, along with a decline in the death rate.¹ However, the gaps between those with the best and worst health and wellbeing still persist, some are widening, and too many Scots still die prematurely. This is illustrated by the Glasgow train line map below.² Life expectancy in men goes down by two years for every station on the trainline travelling from Jordanhill (in the west end) to Bridgeton (in the east end). On average, a man born in Bridgeton can expect to live 14.3 years less than his counterpart in Jordanhill, and a woman 11.7 years less.³



Further examples of health inequalities include:

- In the most affluent areas of Scotland, men experience 23.8 more years of 'good health' (22.6 years for women).⁴
- A child's early life circumstances and experiences shape their physical, social, mental, cognitive and emotional development and negative experiences can have a lifelong impact on health, learning and behaviour.¹
- The life expectancy of people with learning disabilities is substantially shorter than the Scottish average.⁵
- Gender-based violence is experienced unequally: 17% of women and 7% of men have experienced the use of force from a partner or ex-partner at some point in their lives.⁶

What causes health inequalities?

There is widespread agreement that the primary causes of health inequalities are rooted in the political and social decisions and priorities that result in an unequal distribution of income, power and wealth across the population and between groups.

- **Income:** money received by individuals or groups over a specific time period.
- **Power:** This is a complex concept which includes the ability or capacity to do (or not to do) something and control, force or influence through a variety of means. Power can also arise from additional resources such as knowledge, prestige, beneficial connections and other necessary social resources that protect health, no matter what mechanisms are relevant at any time.^{7,8}
- **Wealth:** Accumulated material and capital assets which provides a reserve of financial resources and often provides an income stream (e.g. from interest, rents and share dividends).

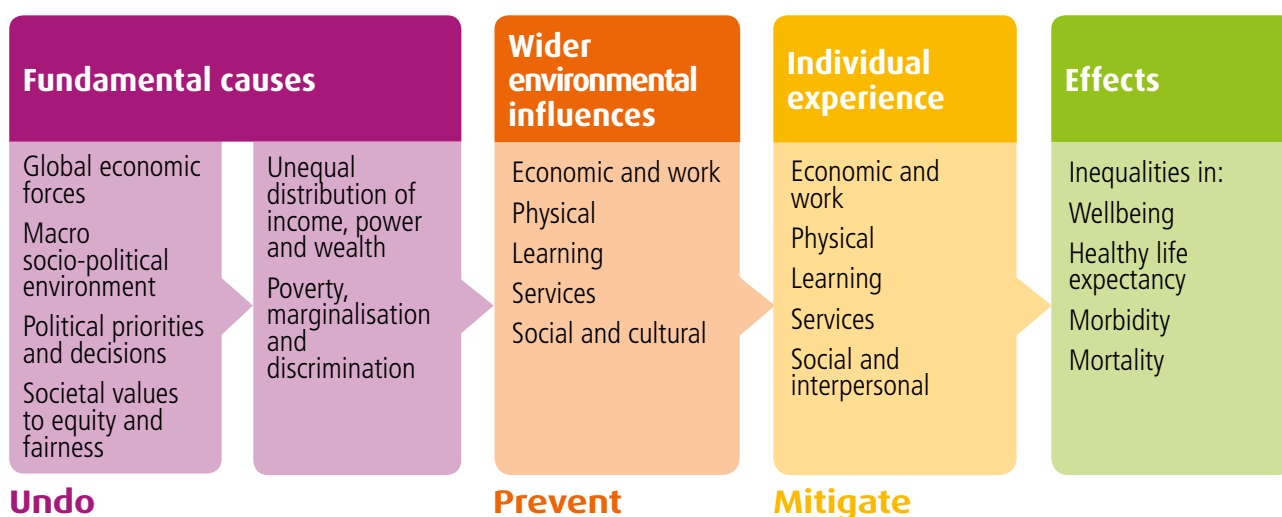
As shown in the diagram below,¹ the **fundamental causes** of health inequalities are an unequal distribution of income, power and wealth. This can lead to poverty and marginalisation of individuals and groups.

These fundamental causes also influence the distribution of **wider environmental influences** on health, such as the availability of good quality housing, work, education and learning opportunities, as well as access to services and social and cultural opportunities in an area and in society.

The wider environment in which people live and work then shapes their **individual experiences** of, for example, low income, poor housing, discrimination and access to health services.^{1,9}

This all results in the **effects** described – unequal and unfair distribution of health, ill health (morbidity) and death (mortality).

This has implications beyond health inequalities. Less equal societies, in terms of the differences in the income, power and wealth across the population⁷ show an association with doing less well over a range of health and social outcomes including violence and homicide, teenage pregnancy, drug use and social mobility.^{10,11}



What works to reduce health inequalities?

Tackling health inequalities requires a blend of action to **undo** the fundamental causes, **prevent** the harmful wider environmental influences and **mitigate** (make less harmful) the negative impact on individuals. Action must be based on evidence of need, understanding of barriers to social opportunities and what is most likely to work.¹²

Action to **undo** the fundamental causes of health inequalities

To reduce health inequalities, action is needed to address the fundamental causes of social inequality which determine inequalities in income, employment, education and daily living conditions. Action is required across a broad spectrum of policy areas, involving a wide range of organisations. Resources and actions need to be reallocated from interventions that are not effective to those focused on reducing health and social inequalities with the prioritisation of social equity and justice.¹²

Key actions

- Introduce a minimum income for healthy living.
- Ensure the welfare system provides sufficient income for healthy living and reduces stigma for recipients through universal provision in proportion to need (proportionate universalism).
- A more progressive individual and corporate taxation.
- The creation of a vibrant democracy, a greater and more equitable participation in elections and local public service decision-making.
- Active labour market policies (e.g. hiring subsidies/self-employment incentives, apprenticeship schemes) and holistic support (e.g. subsidised childcare, workplace adjustments for those with health problems) to create good jobs and help people get and sustain work.

Action to **prevent** harmful environmental influences on health inequalities

To prevent environmental factors causing health inequalities, action is needed to ensure equity in the distribution of, for example, good work, high quality and accessible education and public services in line with proportionate universalism.¹²

The most effective means of reducing health inequalities in relation to health behaviours are those which involve taxation and regulation to tackle causes of poor health (e.g. alcohol duty or sales restrictions).¹² These interventions are also amongst the most cost-effective because they require fewer resources to deliver them and they have wide reach.¹³

Key actions

- Ensure local service availability and high quality green and open spaces, including space for play.
- Drink-driving regulations; lower speed limits.
- Raise the price of harmful commodities like tobacco and alcohol through taxation and further restrict unhealthy food and alcohol advertising.
- Protection from adverse work conditions (greater job flexibility, enhanced job control, support for those returning to work and to enhance job retention).
- Provision of high quality early childhood education and adult learning.

Action to **mitigate** the effects of health inequalities on individuals

Action is required to tackle the unfair differences in people's experiences of environmental factors such as work, education and health. These differences are largely beyond an individual's control but can limit their chances of living longer, healthier lives. Action should, therefore, be taken to ensure equal access to public services, targeting high risk individuals with intensive, tailored individual support with a focus on young children and the early years.¹²

Key actions

- Training to ensure that the public sector workforce is sensitive to all social and cultural groups, to build on the personal assets of service users.
- Link services for vulnerable or high risk individuals (e.g. income maximisation welfare advice for low income families linked to healthcare).
- Provide specialist outreach and targeted services for particularly high risk individuals (e.g. looked after children and homeless).
- Ensure that services are provided in locations and ways which are likely to reduce inequalities in access (i.e. link to public transport routes; avoid discrimination by language).
- Maintain a culture of service that is collaborative and seeks to co-produce benefits, including health and wellbeing, through work with service users.

What is less likely to work?

The types of interventions that are less likely to be effective in reducing health inequalities are those which require individuals to opt-in (e.g. mass-media campaigns) and those which involve significant price barriers (e.g. rent increases following social housing improvements, travel or participation costs for health classes).¹²

The importance of a preventative approach

Inequalities account for a significant element of the increasing demands on our public services because of a persisting cycle of deprivation: children and young people brought up in deprived circumstances are more likely to be deprived in later life, which affects the life chances of their children. The Christie Commission report suggested that around 40% of our spending is currently accounted for by interventions that could have been avoided by prioritising a preventative approach.¹⁴ The focus needs to shift (from meeting the cost of dealing with health or social problems after they have developed) to prevention and early intervention.

Understanding the likely impacts of interventions on health and health inequalities can help Scottish Government, Health Boards and local government make challenging decisions about where best to invest resources. Modelling work undertaken by ScotPHO shows that interventions focusing on individual behaviours (such as alcohol brief interventions, smoking cessation and anti-obesity interventions) have modest impacts on inequalities and overall health compared to interventions which redistribute income (such as increasing benefits, creating jobs and increasing the minimum wage).¹⁵

A national and a local role

A strategy to address health inequalities in Scotland will require action across all sectors and across a wide range of public policy areas. This will include policymakers, service providers, community groups and employers. It's not just a health issue – the right to health is a social justice issue.

The Scottish Parliament health inequalities report highlighted that:¹⁶

'If real progress is to be made, significant efforts will have to be made across a raft of policy areas and by different agencies collaborating and working more effectively together.'

The role of NHS Health Scotland, as the national Health Board working to reduce health inequalities and improve health, is to work with and through others at local and national levels to generate and share knowledge about what works (and doesn't work) and to support the translation of this knowledge into action.

Nationally, the focus should be on implementing the measures which are most likely to be effective in reducing health inequalities and discontinuing or modifying those which have been shown to widen, or potentially widen, inequalities. There is also an important role for national agencies, including public and third sector organisations, to support local delivery through advocacy and evidence-building.

Locally, public resources need to be allocated according to need so that they do not make inequalities worse, and may make a contribution towards their reduction. Universal delivery of services is effective at reaching all of those that need them by ensuring that there are fewer (or no) price, accessibility, discrimination or stigma barriers.¹⁷ However, some people continue to experience attitudinal, language, information and physical barriers to healthcare in Scotland (e.g. people from minority ethnic or LGBTI (Lesbian, Gay, Bisexual, Transgender or Intersex) population groups or living with poverty, disability or mental health problems) and additional efforts are required to ensure equality of access to services for those furthest from service provision.^{18,19}

National and local agencies should work together to:

- build the will amongst policy and decision-makers
- expand and make accessible the evidence base about what works to address health inequalities
- encourage innovative practice based on plausible theory ensuring a strong evaluation framework is in place at the outset
- spread effective practice through a workforce that understands the fundamental and wider environmental determinants of health inequalities
- raise public awareness and support for effective actions
- ensure that the voices and experiences of the least advantaged communities are taken fully into account in planning and delivery.

How do we learn more about what works?

All partners need to learn from the implementation of these interventions so that they are in a position to clearly understand the different impact they have on health and reducing health inequalities. Well-designed, rigorous and appropriately resourced evaluation can help with this if it is embedded in the planning and implementation stages of new policies and programmes. Sometimes there is limited evidence of the impact of interventions on inequality so new interventions need to be tried. These should be based on the available evidence of the types of intervention most likely to work to reduce health inequalities.¹² Robust monitoring and evaluation is needed to gather evidence to enable appropriate amendments to be made to current interventions and to guide future investments.^{1,20}

Although monitoring and evaluation can be difficult and time consuming, there are many different approaches available. Some involve randomisation and other 'experimental' approaches but, even where this is not feasible, alternative robust approaches are often possible if the evaluation is built into the plans at the start.^{21,22} Guidance and support is available from NHS Health Scotland²³ and a range of organisations²⁴ to support robust evaluation and effective learning.

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Collaboration with NHS Health Scotland

For further information, to join the mailing list for future Inequality Briefings in the series or to discuss working in partnership with NHS Health Scotland contact:



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