Health Inequalities:
Where do they come from and what can we do about them?

Voluntary Health Scotland
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Each stop on the Argyll line travelling East represents a drop of 2 years in male life expectancy

Source: McCartney G. Illustrating Glasgow’s health inequalities. JECH 2010; doi 10.1136/jech.2010.120451
What do we mean by health inequalities?

Health inequalities are:

- Unfair differences in health within the population across social classes and between different population groups

These unfair differences:

- Are not random, or by chance, but largely socially determined
- Not inevitable and can be prevented.
All cause death rates, men 0-64y, 2001

Male life expectancy at birth in the most and least deprived quintiles within each Scottish local authority area (2006-2010)

- Least deprived quintile
- Mean
- Most deprived quintile

Community Planning Partnership:
- Glasgow City
- Inverclyde
- West Dunbartonshire
- North Lanarkshire
- Renfrewshire
- Dundee City
- Fife
- North Ayrshire
- South Lanarkshire
- Clackmannanshire
- Falkirk
- Aberdeen City
- Orkney Islands
- South Ayrshire
- Shetland Islands
- Highland
- West Lothian
- Shetland Islands
- Midlothian
- Dumfries & Galloway
- Moray
- Argyll & Bute
- East Lothian
- Edinburgh, City of
- Angus
- Scottish Borders
- Stirling
- Aberdeen
- East Renfrewshire
- Perth & Kinross
- East Dunbartonshire
Mortality gap between local authorities and income inequalities in GB 1921-2007
(Source: Thomas & Dorling 2010, IFS 2012)
What causes health inequalities?

**Fundamental causes**
- Global forces, political priorities, societal values
  - leading to:
    - Unequal distribution of power, money and resources

**Wider environmental influences**
- Economic & work
- Physical
- Educ & learning
- Social & cultural
- Services

**Individual experiences**
- Economic & work
- Physical
- Educ & learning
- Social & cultural
- Services

**Effects**
- Inequalities in the distribution of health and wellbeing

**INEQUALITIES** -- HEALTH INEQUALITIES
## Guiding principles for effective interventions

| Fundamental causes (undoing) | Policies that redistribute power, money and resources  
|                             | Social equity and social justice prioritised |
| Wider environmental influences (prevention) | Use of legislation, regulation, standards and fiscal policy  
|                                            | Structural changes to the physical environment  
|                                            | Reducing price barriers  
|                                            | Ensuring good work is available for all  
|                                            | Equitable provision of high quality and accessible education and public services |
| Individual experiences (mitigation) | Equitable experience of socio-economic and wider environmental influences  
|                                    | Equitable experience of public services  
|                                    | Targeting high risk individuals  
|                                    | Intensive tailored individual support  
|                                    | Focus on young children and the early years |
The challenge ahead

• Policy
• Practice
• Advocacy and evidence

Healthy life expectancy in the most deprived 10\textsuperscript{th} of Scotland is 47yrs, compared to 70yrs for those in the least deprived 10\textsuperscript{th}. A difference of 23 years
Thank you for listening

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