

# The right to health: Tackling inequalities



# Health, rights and social justice

**Our vision is a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.**

Most people would agree that health is really important. It's central to our overall wellbeing and how much we enjoy every aspect of our lives. Health enables us to live fulfilling lives and be active members of society.

Inequalities in health are also a key part of social justice – we each have the right to enjoy the highest attainable standard of physical and mental health. Social inequalities in Scotland are a barrier to this right to health, standing in the way of social justice in Scotland.

**Social justice: the fair and equal distribution of wealth, opportunities and privileges within society.**

## What affects health?

**If we all have the right to health, why is it that some of us have good health and some of us don't?**

Health is influenced by a range of factors, most of which are outside our control.

There are factors that are 'fixed', such as our age, ethnicity and genetics. But there are other external factors, such as wider socio-economic and cultural conditions as well as the physical and social environment in which we live, learn and work.

These factors all affect our health and it is the unequal distribution of health-creating or health-harming environments that can lead to health inequalities.

# What are health inequalities?

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

Health inequalities exist between affluent and deprived areas because poverty and deprivation have a major impact on health and life expectancy.

For example:

- In the most affluent areas of Scotland, men live an average of 12.5 years longer than those in the most deprived areas (and women 8.5 years).
- Babies born in deprived areas are more likely to have a low birth weight, which can have long-term health consequences.

Health inequalities also exist between groups of people based on personal factors such as gender, ethnicity and disability. Discrimination and a lack of awareness can cause poor health and result in barriers to accessing services, employment and education. This, in turn, affects our health.

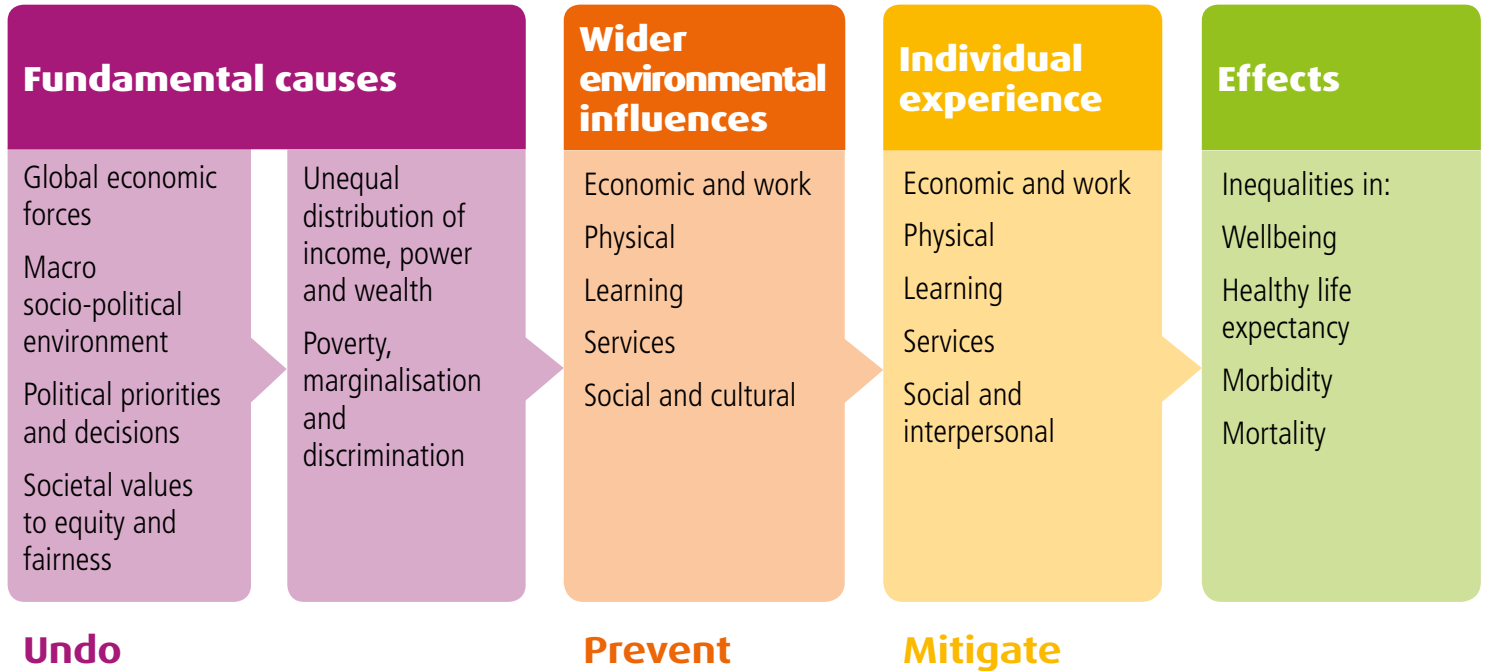
For example:

- People with learning disabilities have a shorter life expectancy than other people because medical conditions go untreated.
- Gender-based violence is experienced unequally: 17% of women and 7% of men reported ever experiencing the use of force from a partner or ex-partner.

### **Socio-economic disadvantage and inequality are inter-related.**

Discrimination and prejudice can lead to socio-economic disadvantage due to unequal access to education and employment. Similarly, people living in poverty are increasingly reporting discrimination, stigma and prejudice, which can lead to social exclusion.

# Inequality: The fundamental cause of health inequalities



# 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 money, income, resources and power across the population and between groups.

As shown in the diagram, the **fundamental causes** result in an unfair distribution of power, money and resources. This often leads to discrimination against, and marginalisation of, individuals and groups.

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

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

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

# Tackling health inequalities

Tackling health inequalities requires action to **undo** the fundamental causes, **prevent** the harmful wider environmental influences and **mitigate** the negative impact on individuals.

This means taking action across a wide range of policy areas, involving a wide range of organisations. We all have a part to play in this – policymakers, service providers, community groups, employers, the health service and each of us as individuals.

The following pages give a snapshot of what we should do in key policy areas.

## Employment

- increase the availability of good jobs
- increase the minimum wage to the level of the living wage
- increase job security and control
- provide effective support for those returning to work
- tackle workplace discrimination



## Welfare

- provide a universal and fair social security system
- reduce the requirements for people to behave in a certain way to access benefits
- reduce means testing
- mitigate the negative impact of welfare reform on vulnerable groups, such as disabled people and lone parents with young children

## Public health policies

- take further action to regulate the sale and marketing of unhealthy food
- further regulate the alcohol and food industries
- take targeted action to combat the effects of unhealthy products, such as tobacco and alcohol
- put fluoride into the water supply to improve dental health

## Economy

- develop a fairer and more progressive tax system that acts as a tool for redistributing income from more affluent people to less affluent people
- improve life circumstances for families with young children in poor environments

## Public services

- involve people in the design of local services to make sure they meet people's needs
- provide universal services according to need ('proportionate universalism') as well as increasingly intensive support that is responsive to need ('progressive universalism')
- reduce price barriers, for example, by providing free school meals for all children
- ensure equal access to services for all, including those with multiple and complex needs
- invest in services that focus on preventing or mitigating the impact of inequalities on individuals



## Communities

- maximise the potential of the physical and social environment to support health and wellbeing
- bring all areas, especially the most deprived areas, up to a high standard and increase the amount of green space in urban areas
- focus on existing strengths within communities, especially those that experience long-term disadvantage
- prioritise policy and spending that promotes active travel (walking and cycling) and public transport

## Housing

- increase the availability of good quality housing
- provide more energy-efficient heating and insulation to reduce fuel poverty
- extend, and increase the level of, the Scottish Housing Quality Standard to the private rent sector
- reduce rents across all sectors

# About NHS Health Scotland

NHS Health Scotland is a national Health Board working with public, private and third sectors to reduce health inequalities and improve health.

We are committed to supporting the Scottish Parliament and Scottish Government's efforts to tackle social injustice, working with a wide variety of partners to address the issues in this leaflet. We are:

- helping national and local policymakers to design and evaluate interventions that help build a fairer, healthier Scotland
- compiling world class evidence and research to improve understanding of health inequalities in Scotland and what works to address them
- working with the third sector and the public sector to deliver the changes in practice that will make a difference.

To find out more about health inequalities,  
the work of NHS Health Scotland or to explore  
joint-working opportunities, please contact our  
Public Affairs Team:

email:

**[nhs.healthscotland-publicaffairsteam@nhs.net](mailto:nhs.healthscotland-publicaffairsteam@nhs.net)**

telephone: **0141 414 2888**

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