Health Inequalities in East Lothian

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NOTES

Community Empowerment Act:
• Aims of Community Planning Partnerships
  Improvement in the achievement of outcomes from or contributed to by the provision of services.
  Resource, plan and deliver services to improve local outcomes and engage and involve communities at all stages.
  All with a view to reducing inequalities of outcome which result from socioeconomic disadvantage.
• Fairer Scotland Duty: strengthened legal responsibility on public bodies. to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.

The evidence shows us:
Inequalities are unfair
— They do not occur randomly or by chance,
— are socially determined by circumstances largely beyond an individual’s control.
Inequalities are avoidable
— They are rooted in political and social decisions.
— There was a substantial narrowing of health inequalities in the UK (and USA) between 1920s &1970s, when welfare states were constructed.

Health Scotland health inequalities policy review here:

Socio-economic disadvantage
Broadly means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Can be experienced in places and communities of interest, leading to further negative outcomes such as social exclusion.

Over a million Scots are living in poverty, including one in four children; and health inequalities and educational attainment gaps are far too wide. – FSD guidance

Material deprivation refers to the inability to afford basic resources and services such as sufficient food and heating.
**East Lothian demographics**

- Population = 104,840
- Population density = 154 people per km²
- Births = 971
- Deaths = 1,141

**NOTES**

- SIMD shows where Scotland’s **most deprived areas** are so we know where work can have the biggest impact
- A relative measure of deprivation across small areas which looks at multiple deprivation.
- ‘Deprived’ does not just mean ‘poor’ it can also mean people with fewer resources or opportunities

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**Life expectancy**

<table>
<thead>
<tr>
<th></th>
<th>Male life expectancy</th>
<th>Female life expectancy</th>
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<tbody>
<tr>
<td>East Lothian (2015)</td>
<td>78.5</td>
<td>82.1</td>
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<tr>
<td>Scotland (2015)</td>
<td>77.1</td>
<td>81.1</td>
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<tr>
<td>East Lothian most deprived 15% (2009-2013)</td>
<td>74.7</td>
<td>78.8</td>
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<tr>
<td>East Lothian least deprived 85% (2009-2013)</td>
<td>78.6</td>
<td>81.9</td>
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Disability Adjusted Life Years
European Age Standardised Rate per 100,000
Scottish Burden of Disease Study, ScotPHO

NOTES
Health and social inequalities
Premature death, illness, poor health or wellbeing
Higher socioeconomic status
Those less well-off experience more ill-health from a younger age, have: poorer educational outcomes; worse job prospects; lower income and die younger

NOTES
‘I felt very ashamed having to go to a food bank the first time. It was down to my son’s school liaison officer coming round to my house, because I hadn’t sent my son into school for a couple of days as I couldn’t afford a packed lunch for him and I couldn’t afford to pay for a school dinner. I couldn’t do what a mum should do for them – look after them. I couldn’t even feed them. That just makes you feel really low as a parent.’

Lorna, school dinner lady and mother of three, Tower Hamlets, London

NOTES
Neither health nor social problems are related to national income per head

Worse
Better

Gross National Income per head (ppp $)

Index of:
- Life expectancy
- Maths & literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness
- incl. drug & alcohol addiction
- Social mobility

Wilkinson & Pickett, The Spirit Level

NOTES
Health and social problems are worse in more unequal countries.

Index of health and social problems

- Life expectancy
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Beyond social justice

Less equal societies have:

- More crime and violent crime
- Lower educational attainment
- More economic instability, debt & inflation
- Lower levels of trust in others
- Lower social and civic participation

UK income share

Fundamental causes of inequalities:
result from social circumstances, reflect unfair distribution of power, money and resources.

Affect distribution of Environmental influences:
jobs, good quality housing, education and learning opportunities, access to services, & social status.

Which in turn affect individuals.
What works (& what doesn’t) to reduce inequalities

- Information based campaigns & written materials
- Campaigns reliant on ‘opt in’
- Approaches with price or other barriers

• Support for low and lower incomes
• Reducing price barriers
• Improve access
• Structural changes in the environment
• Services proportionate to need
• Intensive support
• Starting young

Health inequalities are unfair and avoidable.
Need to act across range of public policy areas, 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.

New Health Scotland Tool

• Triple I: Informing Interventions to Reduce Health Inequalities