

# IMPROVING HEALTH AND TACKLING HEALTH INEQUALITIES: ACTIONS FOR ALL

Although life expectancy has increased in Scotland, on average, people in Scotland die younger than anywhere else in Western Europe. In recent years the increase in life expectancy in other countries has been more rapid than in Scotland.

Within Scotland, the rate of premature deaths is highest in the West Central Scotland region and, in particular, in Glasgow. Looking across the population of Scotland there are large differences in life expectancy related to the levels of income and deprivation. These levels of inequalities in life expectancy are among the highest in Western and Central Europe, but are not inevitable. There are actions that can and should be taken by all across Scotland to improve health and tackle these inequalities.



The Glasgow Centre for Population Health (GCPH) evidence base, and a substantial body of international research, demonstrates that economic, environmental and social factors all influence the health of individuals and communities.

To improve health and tackle inequalities, in Glasgow and wider Scotland, actions need to be taken across: employment and poverty; early life experiences; neighbourhood environments; and social contexts. Woven through these are the services, projects, and interventions undertaken to improve outcomes for people and communities. The actions that need to be taken across these are summarised inside.



# The following wide-ranging actions are required to further improve life expectancy and reduce health inequalities in Scotland.

This diagram shows that the needs of individuals and communities need to be placed at the core, and that actions need to be taken across a wide range of areas to support improvements in health. Many of these actions are already being implemented, but the challenge is undertaking these in an integrated and sustained way. The key learning is that it matters both *what* actions are taken and *how* things are done.

- A range of **social features support health**:
  - family and friend networks and links to others outside of immediate network
  - levels of co-operation and trust within communities
  - participation in activities, clubs or groups
  - opportunity to have a say in local decisions
- These features **need nurturing**, especially in the communities facing the greatest challenges

## Services and interventions need to:

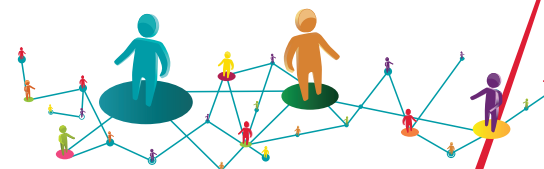
- Understand and respond to individual life circumstances to enable people to maintain and improve their health
- Support vulnerable people to improve their health and prevent future service demand.
- Maximise the influence of universal services by connecting clients to other relevant services/support to improve lives

- Incorporate **health into planning and design** of places
- Seek to reduce **inequalities in neighbourhood quality**, working **with residents** to understand local issues
- Provide **active infrastructure** and support **active travel** (e.g. parks, paths, cycle routes, 20mph zones)

## URBAN ENVIRONMENT

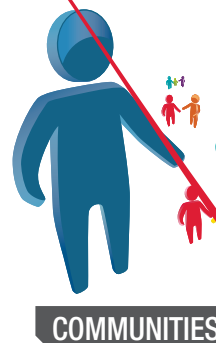


## SOCIAL CONTEXTS



## APPROACHES TO IMPROVE OUTCOMES

## INDIVIDUAL NEEDS & BEHAVIOURS

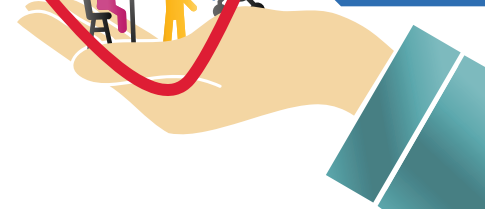


## COMMUNITIES

## ECONOMY, EMPLOYMENT & POVERTY



## EARLY YEARS, CHILDREN & YOUNG PEOPLE



- Place **tackling poverty and reducing income inequalities at the core of all policies and practices**
- Aspire to ensure **working households** are not in poverty, and that employment provides security, meaning and opportunities for skills development
- Provide tailored support to help people overcome **barriers to employment** and sustain jobs
- Support the most **vulnerable people in society** and seek to maximise incomes (e.g. through shared and responsive service delivery)

- Initiatives to improve early life experience need a core focus on **tackling poverty** and improving parents' life circumstances
- Health promotion and protection needs to be embedded across children's environments of:
  - **home/family** (e.g. support for breastfeeding and parenting)
  - **nurseries/schools** (e.g. nurture approaches)
  - **neighbourhoods** (e.g. play areas and food outlets)

The evidence and actions highlighted in this leaflet are discussed in detail in the 2014 GCPH publication **“Ten years of the Glasgow Centre for Population Health: the evidence and implications”**.

This report, and an accompanying animation illustrating our key findings, are both available on the GCPH website.



Since 2004, the Glasgow Centre for Population Health (GCPH) has been investigating health trends in Scotland, undertaking research on improving health, and engaging with a wide range of organisations to facilitate change. The GCPH is a partnership between NHS Greater Glasgow and Clyde, Glasgow City Council and the University of Glasgow, supported by the Scottish Government.

#### **Contact information**

Web: [www.gcph.co.uk](http://www.gcph.co.uk)

Twitter: [@theGCPH](https://twitter.com/theGCPH)