How do researchers think that the Scottish and UK governments might be able to reduce health inequalities?

Although researchers tend to agree on the causes of health inequalities, they have different views about the best policy proposals for reducing health inequalities. It is not possible to summarise here all of the different policy proposals that researchers have put forward for tackling health inequalities in the UK – there are just too many! So what we are doing here is summarising 12 key policy proposals.

1. Introduce higher taxes for rich people so there's more money to spend on public services

This policy proposal tends to be supported by researchers who think that inequalities in income and wealth are a fundamental cause of health inequalities. Some researchers support this simply because higher taxes on richer people would increase the money available for spending on public services, such as the NHS, education and housing services, enabling governments to do more to improve the social determinants of health summarised in Figure 3 (above). Other researchers (who are concerned with how inequalities in wealth and income make people feel about themselves) think higher taxes on richer people are a good idea as they will make society feel more equal. (For more information on this view, please see the 'income inequalities hypothesis' and 'psychosocial pathways' in the glossary, as well as the video featuring Professors Kate Pickett and Richard Wilkinson that will be shown in the jury, and https://www.equalitytrust.org.uk/listen-to-the-experts which features a range of other experts talking about this topic.) However, other people argue that it isn't fair for people who earn more to have to pay higher taxes, and are worried that this might lead to more skilled professionals or big employers moving to other countries.

2. Increase the national minimum wage

This policy proposal tends to be supported by researchers who are concerned that people earning very low wages are simply not able to live healthy lives (for example, they might not be able to afford clean, safe housing, or to put the heating on in winter, or to buy and cook healthy foods). Increasing the national minimum wage would mean that people on the lowest wages had more money to spend on these things. On the other hand, it would not help people who were unable to work / find a job and, unlike policy proposal 1, it would not do much to tackle income inequalities across society.

3. Provide more support (e.g. training and apprenticeships) for people seeking jobs

This policy proposal tends to be supported by researchers who are concerned about the impacts of unemployment on people's health, not only because unemployment severely limits people's income but also because being unemployed can have very negative impacts on people's mental health (see, for example, https://www.gov.uk/guidance/national-conversation-on-health-inequalities-video-photo-stories#employment). Critics of this proposal argue that providing more training and apprenticeships is of limited value if there simply aren't enough jobs available.

4. Provide more social housing for people who can't afford to rent or buy

People who support this policy proposal are concerned about the impacts of unsafe, cold and damp housing on people's health (for more information about the health effects of poor housing, see https://www.theguardian.com/society-professionals/2014/aug/08/housing-problems-affect-health). Richer people tend to have far more choice when it comes to housing but people on very low

incomes may not be able to afford safe housing – so the idea behind this proposal is that it will ensure everyone is able to live in safe, warm housing, even if they have a low income. The term 'social housing' means that housing is supported by government funding and run by local government. Critics might argue that people should pay for their own housing and that the local government is not the best provider of good quality housing.

5. Spend more on GP services so that doctors can spend more time with those who need it

People who support this proposal – including a lot of GPs working in poorer neighbourhoods (see http://www.gla.ac.uk/media/media_232766_en.pdf) – argue that current health services do not reflect the uneven spread of health needs in the population. As Graham Watt explains in his video, GP practices in most cities are spread fairly evenly across different neighbourhoods, as if everyone had the same health needs. However, as a consequence of health inequalities, people in poorer communities experience greater levels of illness, which mean the pressure on GPs in these areas is greater. In addition, there are more people in poorer communities who have complex health needs and 'multi-morbidity' (lots of different illnesses which can interact with each other). For all these reasons, GPs working in poorer communities say that they need to be able to spend more time with their patients and therefore require more funding. (For more information, the Royal College of General Practitioners addresses this issue in a 20-page report on health inequalities – see http://www.rcgp.org.uk/policy/rcgp-policy-areas/~/media/Files/Policy/A-Z-policy/2015/Health%20Inequalities.ashx.)

6. Spend more on local support services (e.g. childcare, homelessness etc.)

The idea behind this proposal is that local services are most likely to reach those with the greatest needs, including children living in difficult circumstances and people at risk of homelessness. This is a proposal that aims to provide a 'safety net' for some groups of people who struggle most in our society. Critics might argue that it will not reduce overall inequalities in society since it focuses only on improving the circumstances of the poorest groups. They might also argue that such services will not reach all those people who need them (for example, people who frequently move from one local area to another).

7. Provide the public with more information about healthier living (e.g. food, exercise etc.)

People who support this proposal tend to believe that a large part of health inequalities is explained by decisions people make about their lifestyles (what to eat, whether to exercise, etc). It is this kind of thinking that inspired the English Change4Life campaign which you may be familiar with. Examples of material from this campaign include this short video on healthy eating (https://www.youtube.com/watch?v=KMiT-tdNKTY) and the image below:
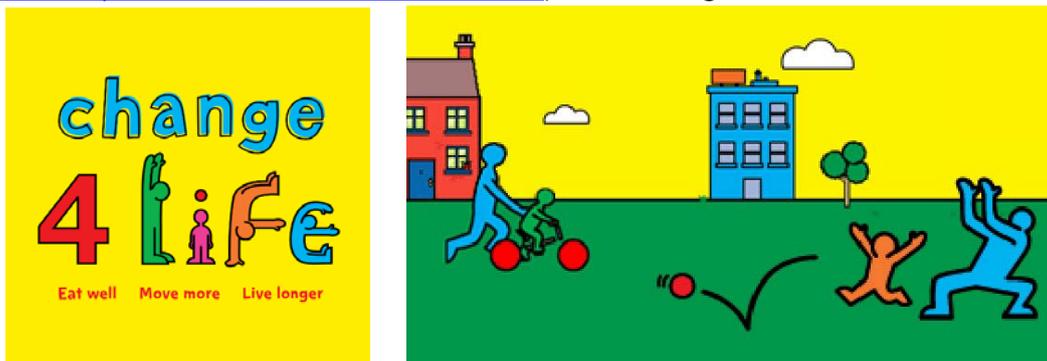
Critics argue that this kind of policy approach ignores the 'upstream' factors that shape people's lives (the orange, yellow and green layers of the 'rainbow model of the social determinants of health – Figure 3, above). As a result, there is evidence to suggest that healthy living campaigns may actually widen health inequalities because people living in more comfortable circumstances are more likely to respond successfully to health messages than those living in more stressful circumstances (for a summary of this type of evidence, see http://jech.bmj.com/content/early/2012/08/07/jech-2012-201257.abstract).

8. Increase the price of unhealthy products (e.g. cigarettes, alcohol, sugar etc.)

People who support this proposal also tend to believe that a large part of health inequalities is explained by decisions people make about their lifestyles (what to eat, whether to exercise, etc). However, in light of the evidence described above (thatpeople living in poorer communities tend to find it harder to make healthier choices), this policy proposal is intended to make unhealthy products less affordable. The idea is that, in contrast to policy proposal 7, this will be more likely to change behaviours in poorer communities. The evidence for this is quite strong, especially for smoking and alcohol. However, critics argue that it is unfair because it takes away choices from poorer communities and because people who don't have much money and who continue to buy these products have less to spend on other things that we know are important for health (e.g. housing and heating).

9. Spend more on the NHS (i.e. hospitals etc.)

People tend to support this proposal if they feel that access to better health care is important in reducing health inequalities. Since people from poorer communities tend to develop health problems (such as diabetes and heart disease) at an earlier age, some researchers believe that the health of these groups can be improved by investing more in health screening (e.g. via the 'First Stop Health' bus http://www.mhsc.nhs.uk/about-the-trust/news-and-events/the-first-stop-health-bus-is-coming-to-town.aspx) and improving treatment services (e.g. management of diabetes - http://www.bbc.co.uk/news/uk-scotland-34105342) delivered via the NHS. Others feel that improving the quality of health care services in poorer communities will help reduce inequalities in health. Critics of this approach argue that health services aren't effective in preventing ill-health from occurring in the first place, so increasing provision of health services is only a 'sticking plaster' solution which doesn't address the underlying causes of health inequalities. Some experts argue that the NHS could do more to address the underlying causes of health inequalities, but that this requires it to move beyond a narrow focus on providing health care (e.g. see this brief piece by the King's Fund http://www.kingsfund.org.uk/blog/2016/03/reducing-health-inequalities).

10. Limit advertising of unhealthy products

People who support this policy proposal are concerned that consumption of unhealthy products (such as cigarettes, alcohol and junk food) is at least partly driven by advertising. Just as restrictions on cigarette advertising are thought to have helped reduce smoking, many public health experts believe that limits on advertising of alcohol and high-fat high-sugar foods would help reduce people's intake of these products and thus reduce health problems associated with them. (For example, this article examines the case for a ban on alcohol advertising http://news.bbc.co.uk/1/hi/health/8242385.stm, while another article considers a ban on junk food advertising to children https://www.theguardian.com/media/2015/sep/29/junk-food-advertising-faces-ruling-on-marketing-to-children.) Opponents of this approach generally argue that people (and

businesses) should be free to make their own decisions without the interference of the government. Some also argue that voluntary advertising standards are a more efficient way of limiting advertising.

11. Spend more on helping people quit smoking

People who support this policy proposal also tend to focus on the fact that poorer communities in the UK tend to have higher rates of smoking – so they are keen to reduce smoking rates in these communities. They point to evidence that most smokers want to quit, but that smokers living in poorer and more stressful circumstances find it harder to quit and so need more support (for more information, please see http://www.ashscotland.org.uk/media/3862/Tobaccoandinequalities.pdf - the 'witness' on Day 2, Linda Bates, will also provide some suggestions about this). Critics argue that smoking cessation services are likely to have greater impacts on better-off smokers and that there is very little evidence that this is an effective means of reducing health inequalities (for more information on this, please see a systematic review conducted by a research team led by the 'witness' on Day 1, Sarah Hill:

http://tobaccocontrol.bmj.com/content/early/2013/09/17/tobaccocontrol-2013-051110.abstract).

12. Introduce "plain" (standardised) packaging for cigarettes

People who support this policy proposal also tend to focus on the fact that poorer communities in the UK tend to have higher rates of smoking so they are also keen to reduce smoking rates in these communities. However, rather than helping people to quit smoking through targeted support services, this proposal involves removing any advertising and branding from cigarette packs (as Australia has done). This would be a whole population (rather than a targeted) approach, and would be intended to prevent young people from taking up smoking as much as encouraging smokers to quit. An example of what 'plain' (standardised) packaging for cigarettes would look like is shown below. Cancer Research UK have produced the following video to make the case for this policy: https://www.youtube.com/watch?v=c_z-4S8iicc.