



# Health equality

**Scottish Greens believe everyone has a right to the best possible health.** But where someone is born and the communities they grow up in still play a large part in influencing this.

People in the most deprived areas of Scotland are more likely to suffer from poor health and die earlier compared with people in affluent areas. The link between ill health and poverty is unequivocal.

To tackle health inequality we will:

- **Fight poverty and wealth inequality** – with a £10 minimum wage by 2020 and a wealth tax on the wealthiest 1%
- **Roll back welfare cuts** – halt the roll out of Universal Credit and allow the Scottish Parliament to design a fair system
- **Include Health in All Policies** – following examples from Finland and Norway's National Action Plans
- **Tackle corporate powers** who profit from ill health
- Promote **community-led health**

Previous governments have attempted to reduce health inequality by trying to change people's behaviour, but this has made little tangible difference. The most important things which affect our health include income, access to health and social services, good quality jobs and the quality of our environment.

The responsibility for tackling health inequalities has mainly been placed with the NHS. But, as many of the most important health determinants lie outwith the control of the health boards, this has not been sufficient.



## Policies that work

In order to tackle health inequalities every family must be able to meet their most basic needs – policies such as the living wage, redistributive taxation and increasing welfare benefits are likely to be the most effective for this purpose (NHS Scotland, 2014). It is also widely agreed that organisations need to work together more – these include local authorities, charities, voluntary groups and care providers.

Written materials and information campaigns requiring individuals to opt-in are found to be least likely to reduce health inequalities. This is because more affluent citizens are more likely to engage with such interventions, making inequalities worse across the social gradient. Instead, we must focus on what works.

Employment, housing, public services, education, the natural and built environment and the economy all influence our health. Therefore, policies must be 'health proofed' in each of these areas. One example of a policy tool to achieve this is Health Inequality Impact Assessment (HIIA).

Strong relationships with families and friends and connections with wider social networks and communities support health and quality of life. The quality of our homes, streets and neighbourhoods is also a key consideration. Maximising this social and environmental potential to support health is therefore central to long-term solutions to health inequalities.

An asset-based approach would focus on the strengths and potentials within a community and would be appropriate for achieving this. This approach involves assessing the resources, skills and experience available, organising members around issues and supporting communities to take action.

Alcohol, food and beverage, pharmaceutical and tobacco industry advertising practices can also contribute to negative health outcomes, affecting heart disease, cancer, stroke, respiratory disease and obesity. It is especially important to tackle the negative impact of advertising on young people, as their dietary preferences are vulnerable to influence. It is also essential to promote and create healthy work environments to safeguard against physical and psychological risks in the workplace.

Given the wide range of factors influencing our health, a 'whole-of-government', or 'health in all policies' (HiAP) approach, coupled with targeted interventions and support for community-led initiatives, is necessary to meaningfully tackle health inequalities in Scotland.



# Good health not inequalities

To tackle health inequality we will:

## Make work pay with a £10 minimum wage

We will increase the Minimum Wage to the Living Wage, because nobody should be expected to work for a wage that keeps them in poverty. We will raise the minimum wage in steps, with a target of £10 an hour for everyone by 2020. We will also improve worker's rights, for example nobody should be forced to accept a zero-hours contract.

## Stop punishing the poor - roll back welfare cuts

We will roll back welfare cuts founded on false claims that people prefer benefits rather than rewarding work. We will abolish the Bedroom Tax and Workfare, lift the punitive sanction regime, halt the roll-out of Universal Credit and allow the Scottish Parliament and local governments to design a scheme that works with new devolved social security powers.

## Put Health in all Policies (HiAPs)

As pioneered in Norway and Finland a HiAP approach considers the health impacts of all policies. HiAP includes mental health objectives (see Finland's employment policy case study). We will legislate for the Health Inequality Impact Assessments (HIIA) of all significant policies. Lessons from Norway demonstrate the need to shift budgets towards preventing ill health and integrating HiAP into existing national strategies to mainstream the issue.

## Promote community-led health

Community-led health initiatives focus specifically on tackling health inequalities and should be supported **as part of** the national health strategy, with long-term funding for core activities. These initiatives work within a social model of health paying specific attention to social

determinants such as poverty. Governance is led by community members, often in partnership

with voluntary organisations, and is based on principles of empowerment and social justice. The existing policy framework must be strengthened to ensure community-led health outcomes are recognised in performance targets and audits.

## Create a Healthy Challenge Fund

A Healthy Challenge Fund could fund projects designed and run by people from the area where they operate. The Fund could support innovative projects delivering practical interventions such as local growing spaces, food skills, walking & cycling infrastructure, and development of organisational capacity. The Healthy Challenge Fund should match Climate Challenge funding of £10m. This represents 0.1% of the health budget, would be preventative spend and should be inclusive of mental health and wellbeing projects.



## More research and development

More evidence is needed to work out what works. We need to set a coherent research agenda and to embed strategic evaluation into policy making. Finland's National Action Plan offers an example of forging strong links with research institutes and investing in postgraduate study. REACH Glasgow – a community health initiative focusing on improving the health, wellbeing and health care provision of Black and Minority Ethnic (BME) communities in Scotland – exemplifies a participatory approach to research to better understand barriers to service access.

## Create fair taxation

A fairer system of local taxation is needed. We are engaging positively with Scotland's other political parties through the Commission on Local Tax Reform to find a fairer replacement for the council tax. Greens support a Land Value Tax to provide a sound footing for local services. Local councils also need to be able to design taxes for their local needs and priorities. National taxes should continue to be levied on harmful substances such as cigarettes and alcohol.

## Focus on early years

Children's experiences from conception and in the first weeks and years of their life are a major determinant of future health. Along with policies to tackle poverty, parents and guardians need supported to give children the best start in life. This will include improved ante-natal care, health visitors and family nurses, support for better nutrition, smoking cessation, good mental health, child's play and education and affordable high-quality childcare.

## Case Studies

**'Work-life course' approach to mental health promotion (WHO, 2013: 172):** Since the 1990s, Finland has taken a 'work-life course' approach to mental health to promote better career outcomes and prevent depression. A collaborative effort between the Finnish Institute of Occupational Health, Ministry of Labour and the National Board of Education has led on implementation. Initiatives have included job search training, preparation for re-employment "including the infrastructure, tools and experience for training new trainers quickly and the potential for larger scale delivery of the [Työhön – to work] group method package". Other methods led by education institutions focused on "critical transitions" between graduation and work life. Trials showed that "increasing preparedness during these transitions result[ed] in better career outcomes and mental health, especially among those at risk for depression".

**Community-Led Health: Healthy n Happy Community Development Trust:** Healthy n Happy is a community owned community development trust for Cambuslang and Rutherglen, aiming to empower people to improve their lives and communities. The organisation is governed by local people and directed by local priorities, with a key focus on health and wellbeing. Healthy n Happy works alongside existing local strategies and services tackling health improvement and working to reduce health inequalities. Its Open Doors programme works with statutory organisations to provide those struggling with stress and other mental health difficulties with one to one referral appointments and sign posting services.



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