

Health Inequalities

Introduction

This is the second PBSGL module on health inequalities. The first, published over ten years ago, focused on health inequalities that existed in socio-economically disadvantaged areas. This module will focus on specific groups of individuals who often miss out, for a variety of reasons, on aspects of everyday health care.

The social conditions in which people are born, live and work have significant influence upon health across the course of their life.¹⁻⁴ Health inequalities are differences in people's health outcomes across distinct geographical regions and socio-economic groups that mirror broader socio-economic disparities. They are systemic, avoidable and unfair.^{3,5} The Scottish Burden of Disease study projects a 21% increase in the overall disease burden in Scotland over the next 20 years, with up to a third of this increase linked to health inequalities, making it largely preventable.⁶ The steady worsening of health inequalities in Scotland is a pressing challenge for primary care clinicians as people living in more deprived areas have worse health outcomes.⁷ This disparity is evident in life expectancy: women in the most deprived areas live up to 10.5 years less, and men 13.2 years less than those in the least deprived areas.⁸

Individuals experiencing homelessness have a significantly lower life expectancy. In 2023, around half of all homeless deaths in Scotland were of people aged under 45 years, with the most common age bracket for male and female deaths being 35 - 44 years.⁹ Homeless individuals often face a combination of physical health issues, mental health disorders, and substance dependence (tri-morbidities). This population frequently endures multiple acute hospital admissions, leading to deaths that are perceived as sudden and unexpected. At times, clinicians may not have recognised that an individual is suffering from a terminal illness.^{10,11}

[Note from specialist reviewer: The practice team can make a difference on health inequalities, through a range of actions, activities and policies. A recent paper in [The Lancet Public Health](#) suggests practices should be connected, intersectional, flexible, inclusive and community-centred. The work of Professor Andrea Williamson and her team at the University of Glasgow, on "[Missingness](#)" - looks at patients who miss out, for a variety of reasons, on engaging with primary healthcare and the NHS in general].

Module aims:

- To recognise the health inequalities experienced by people with learning disabilities and what steps can be taken to improve matters
- To recognise the health inequalities for people with adverse childhood experiences
- To increase awareness of inequalities relating to cancer care and palliative care, for those people living in areas of deprivation, and for those experiencing homelessness