

**Presentation:** Health inequalities and what medical managers can do to reduce them

**Presenter Sir Harry Burns**, professor of global public health at the University of Strathclyde

Sir Harry Burns is the Professor of Global Public Health, at the University of Strathclyde, having been the Chief Medical Officer for Scotland from 2005 to 2014. He has become known for his work to address health inequalities. He is a member of the Council of Economic Advisers in Scotland. For five years he was a consultant surgeon at the Glasgow Royal Infirmary, later becoming the Medical Director of the hospital, before becoming the Director of Public Health for Greater Glasgow in 1995.

Harry took up the post of Chief Medical Officer for Scotland in September 2005 and began to help Scotland conceptualise health improvement differently, being aware that the small gains that resulted from a range of interventions can add up to produce significant overall improvements.

**Key takeaways:**

- Fair society healthy lives

In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010.

The final report, 'Fair Society, Healthy Lives', was published in February 2010, and concluded that reducing health inequalities would require action on six policy objectives:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.

Ten years later a further review showed that for the first time in more than 100 years life expectancy has failed to increase across the country, and for the poorest 10% of women it has actually declined. Health inequalities had widened overall, and the amount of time people spend in poor health has increased since 2010. The report confirmed an increase in the north/south health gap, where the largest decreases in life expectancy were seen in the most deprived 10% of neighbourhoods in the North East, and the largest increases in the least deprived 10% of neighbourhoods in London.

Why is there no progress on health inequalities?

There has been no progress because there is a failure of policy makers to understand the problem. Firstly, it is often assumed that disparities in life expectancy are due to premature death from common causes of death such as heart disease and cancer. In fact, the widest inequalities are not seen in elderly people who are those most likely to die for these conditions. The widest inequalities in mortality are found in young people and are due to deaths from drugs, alcohol, suicide, and violence. These are socially determined and require a different approach to policy from, for example, publishing calorie contents of meals in restaurants. Instead of telling people what to do to avoid disease, Science tells us that it is necessary to support people to feel in control of their lives and help them aspire to wellness.

Why public policy fails

Government policy is based on telling people what to do. Individuals who feel helpless and without any ability to be in control of their lives need to be supported to feel they can make their lives better.

Public agencies should not tell people what to do, they should ask them what they feel they need to live a better and then help them achieve that.

#### Case studies/experiments

Projects which have been effective in improving wellbeing in poor areas have identified a range of actions which enhance the capacity of individuals to feel in control of their lives. Inevitably, the projects start by asking “what matters to you” rather than telling the person what they need to do. Mentoring and continued friendly support allows the person to feel a sense of self-esteem and a desire to take greater care of themselves.

#### Resources/reading:

- Social structure, Adversity, Toxic stress and Intergenerational Poverty: An Early Childhood Model [Annual Review of Sociology, Vol. 43, pp. 445-472, 2017](#)
- Health equity in England: The Marmot Review 10 years on  
Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison
- Antonovsky, A. (1979). *Health, stress and coping*. San Francisco: Jossey-Bass.
- Institute for Healthcare Improvement. Ihi.org : Programmes on Health Equity