# What are health inequalities?

## 1. What are health inequalities?

Health inequalities are unfair and avoidable differences in health across the population and between different groups in society. These differences are shaped by the social determinants of health- the conditions in which people are born, grow, live, work, and age.

The King's Fund explains that the differences in health status and the things that determine it, can be experienced by people across four types of factors:

- Socio-economic factors, for example income.
- Geography, for example region, or urban or rural.
- Specific characteristics including those protected in law, such as sex, ethnicity, or disability.
- Socially excluded groups, for example people experiencing homelessness.

People in poorer areas often live shorter lives and have more health problems. This can be because of conditions such as lower income and job insecurity, poor housing conditions, limited access to healthy food, unsafe or polluted environments, or lower educational attainment. There may also be limited access to healthcare with longer waiting times and less trust in healthcare providers. Higher exposure to risk factors such as smoking, alcohol, substance misuse, poor diet and stress also play a part.

Health inequalities disproportionately affect inclusion health groups because of overlapping disadvantages, such as trauma, poor housing, discrimination, or lack of trust in services (see Essential Explainer on 'What is inclusion health?').

Healthcare systems may unintentionally make this worse by providing services that are less accessible to communities, lacking care that respects and understands people's circumstances, or their differences, or underfunding community-based support.

## 2. Why do health inequalities matter?

- **They make life harder for people in underserved communities.** People will live shorter lives and spend more years in poor health. They may experience higher rates of disease, mental health issues, and disability. These outcomes are not due to personal choices alone- they're shaped by social and economic conditions.
- **They cost society.** Poor health leads to lost productivity, higher healthcare costs, and greater demand on health and social care services. Closing the inequalities gap can improve economic stability and reduce pressure on public systems.
- **They impact social cohesion.** When health outcomes vary dramatically between communities, it can lead to social division, mistrust, and reduced civic participation. Promoting health equity helps build stronger, more resilient communities.

- **They are unjust.** Health inequalities are often rooted in systemic injustice, such as poverty, discrimination, and unequal access to services. Everyone should have the opportunity to live a healthy life, regardless of where they live or their background. Right now, people are dying much earlier in some parts of Norfolk and Waveney than others, for reasons that can be prevented. For example, in Norfolk, King's Lynn and West Norfolk has the biggest gap in average life expectancy with 11.5 years difference between residents living there.

## 3. What causes health inequalities?

Health inequalities are caused by a combination of social, economic, environmental, and systemic factors that influence people's health and access to care. These causes are often linked and can add up over time. Here's a breakdown of the main contributors:

- **Social determinants of health-** the everyday conditions that shape health outcomes:
  - Income and poverty: lower income limits access to nutritious food and safe housing. It also impacts access to healthcare, making it harder to afford transport to health appointments, or to be able to take time off work to attend appointments. The cost of care homes, dentists, and opticians also limits access to healthcare and preventative support.
  - Education: lower educational attainment is linked to poorer health literacy and outcomes.
  - Employment: unstable or low-paid jobs can lead to stress and limited access to health benefits. Employment also helps foster social networks and a sense of purpose, which supports good mental health.
  - Housing: poor-quality, overcrowded housing, and homelessness increases risk of illness and mental health issues. The average age of death for a homeless woman is 43 years old, compared to the average age of 84. The average age of death for a homeless man is 45 whereas generally men live until an average of 80 years old.
  - Environment: Living in polluted or unsafe areas affects physical and mental health.
- **Access to healthcare:**
  - Geographic barriers: rural or deprived areas may lack nearby services.
  - Financial barriers: costs (e.g. transport, prescriptions) can deter people from seeking care.
  - Cultural and language barriers: these can affect understanding services and navigating them.
  - Digital exclusion: Limited access to online health services can widen gaps.
- **Discrimination and inequality:**
  - Racism, sexism, ableism, and other forms of discrimination can lead to unequal treatment.

- Certain groups may feel marginalised or mistrustful of health systems due to past experiences.
- For example, in England, women with a learning disability can expect to live for 67 years, when women generally live to 84 years old. Men with a learning disability can expect to live for 66 years, when men generally live to 80 years old.

- **Lifestyle and behavioural factors:**
  - People in deprived areas may be more exposed to unhealthy food environments, alcohol marketing, and limited opportunities for physical activity. Their behaviours are often shaped by stress, lack of choice, and environmental constraints, not just personal decisions.
- **Intergenerational and cumulative effects:**
  - Health disadvantages can begin before birth and persist across generations. Early childhood adversity, poor education, and long-term poverty create a cycle of poor health.

## 4. How can YOU help to reduce health inequalities?

**Here are a few ways you can help to address inequalities in your role:**

- **Embed health inequalities thinking in everyday decisions- consider the impact on different communities before acting.**
- **Champion inclusive practice- ensure services and communications are accessible to all.**
- **Use data to identify gaps- monitor who benefits and who is left behind.**
- **Challenge barriers- speak up when policies or processes disadvantage certain groups.**
- **Promote training- encourage colleagues to complete cultural competence and Equality Impact Assessment training.**
- **Collaborate- share best practice and learn from others across sectors.**

## 5. What's happening in Norfolk and Waveney to address health inequalities?

Reducing health inequalities requires a multi-level, coordinated approach that addresses the root cause of poor health and unequal access to care. Here are a few examples of ongoing work addressing health inequalities within the Norfolk & Waveney Integrated Care System.

Norfolk and Waveney 's **10-year Health Inequalities Strategic Framework for Action** guides local partnership work around health inequalities. Within this, commitments include developing a network of advocates, carrying out organisational self-assessments to understand workforce needs around health inequalities, developing a Resource Hub to equip the workforce to better tackle inequalities, and more.

The **Health & Wellbeing Partnerships**, set up on district boundaries in 2022, focus on locally addressing health inequalities in collaboration. Here are a couple of examples of their work to reduce health inequalities:

- **Community Health and Wellbeing Workers in Watton (Breckland):** Two Community Health and Wellbeing Workers help connect residents with the support they need by visiting households and discussing any issues they may be experiencing. They work in partnership with the GP practice. The service is aimed at the most vulnerable residents within a deprived community. Outcomes include the percentage of eligible patient checks conducted for asthma increasing from 41.38% pre-intervention to 68.97% post-intervention. Pre-intervention, 48.7% of people engaged in the programme reported their mental health as 'poor' and 24.3% as 'good' or 'very good'. Post-intervention, only 8.1% report their mental health as 'poor', and 69% report their mental health as 'good' or 'very good'.
- **Food For Thought (King's Lynn & West Norfolk):** Food For Thought is a series of 12-week cooking demonstrations covering nutrition, shopping on a budget, cooking for one, special diets, food for families, and eating advice. It aims to improve the health and wellbeing of residents by combatting loneliness and social isolation too. You can listen to the impact it has had on residents here.

West Norfolk is working with the Institute of Health Equity (IHE) to become a **Marmot Place**. The Marmot Review provides us with a clear framework of policy objectives to reduce health inequalities, with the following eight principles:

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 a 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.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together.

Becoming a Marmot Place involves assessing local health inequalities and the factors driving them. IHE help identify gaps and shape tailored, community-informed actions. Marmot Places embed health equity across sectors and build partnerships to align efforts. Involving residents ensures solutions are relevant, trusted, and sustainable.

In West Norfolk, the first year focused on engaging stakeholders to explore what helps or hinders people to 'start well'. These insights will inform IHE's recommendations, and guide future cross-sector action. East Suffolk is also beginning its journey to become a Marmot Place.

## 6. Final thought

**Health inequalities are not inevitable- they are a result of unfair and avoidable differences in the conditions that shape our lives. Where we live, how much we earn, the quality of our housing, education, and access to care all influence how long and how well we live. By understanding these inequalities and working together across sectors, we can create a fairer society where everyone has the opportunity to live a healthy life.**

**Further reading:**

- Fair Society, Healthy Lives (The Marmot Review), Institute of Health Equity: https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
- Norfolk & Waveney Health Inequalities Strategic Framework for Action: https://improvinglivesnw.org.uk/our-work/working-better-together/health-inequalities/
- What are health inequalities? King's Fund: https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities
- NICE and health inequalities, National Institute for Health and Care Excellence: https://www.nice.org.uk/implementing-nice-guidance/cost-saving-resource-planning-and-audit/nice-and-health-inequalities
- Health disparities and health inequalities: applying All Our Health, Office for Health Improvement and Disparities: https://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health
- How to talk about the building blocks of health, The Health Foundation: https://www.health.org.uk/resources-and-toolkits/toolkits/how-to-talk-about-the-building-blocks-of-health