Public Attitudes to Inequality

Scottish Social Attitudes 2016

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Acknowledgements

First and foremost, we would like to thank the 1,237 participants who gave up their free time to take part in the survey.

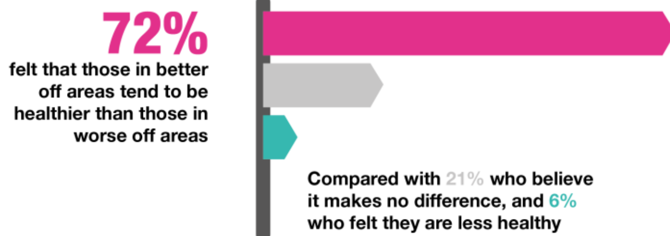
We would like to thank Elspeth Molony, Project Manager of the module at NHS Health Scotland for her input into the questionnaire design and comments on the report. We would also like to thank Rebecca Sludden for her comments on the report.

Our thanks go to other members of the SSA research team and John Curtice for their work on the development of the questionnaire. Thanks are also due to our colleagues in NatCen's Project Management, Logistics and Computing departments (particularly Emma Fenn and Sue Corbett), Jackie Palmer our data manager, and to our team of interviewers and supervisors.

Responsibility for the opinions expressed in this report, and for all interpretation of the data, lies solely with the authors.

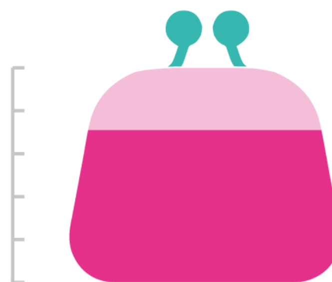
Summary

This paper presents findings on attitudes to inequality in Scotland. A considerable number of people view large differences in people's incomes as unfair, while the majority of people believe that those with greater economic resources in Scotland are able to live healthier lives. Well over half of people willing to pay higher taxes to improve the health of poorer people in Scotland.



48% felt that people in better off areas are healthier than those in worse off areas and view this as a big problem. These people were more likely to have higher educational qualifications, live in less deprived areas, and be in the highest income group

Half of people in Scotland believe that 'injustice in our society' causes some people to have poorer health than others, while two-thirds or more see housing, poverty, working conditions, genetics and not having learned to make healthy choices as causes of some people having poorer health than others



71%

felt that those with more money are better able to live healthy lives

58%

are willing to pay higher taxes to improve the health of poorer people in Scotland

Over half of people in Scotland were willing to pay higher taxes to improve both the health of poorer people in Scotland and the health of people in Scotland as a whole. Those on the left of the political spectrum were almost twice as likely as those on the right to be willing to pay higher taxes to improve the health of both poorer people and people in Scotland as a whole

The majority of people in Scotland agreed that the gap between those with high and low incomes is too large, while two-thirds of people thought that some people have lower incomes than others due to injustice in our society

62%

think that large differences in people's incomes are unfair

Executive Summary

This report presents findings from Scottish Social Attitudes (SSA) 2016 on public attitudes to inequality in Scotland. Run annually by ScotCen Social Research since 1999, the Scottish Social Attitudes survey provides a robust and reliable picture of public attitudes in Scotland. Fieldwork for SSA 2016 ran between July and December 2016 and consisted of face-to-face interviews with 1,237 adults aged 16 and over.

The 2016 survey included 20 questions about inequality developed in consultation with colleagues from NHS Health Scotland. All but one of these questions had never been asked on SSA before. The main objectives were to:

- explore public awareness of the existence of health inequalities: there is considerable evidence on the existence of health and income inequalities, however, little is known about whether the Scottish public are aware of these inequalities or whether they are concerned about them.
- explore public views in Scotland on the potential causes of health and income differences and views on the relationship between health inequalities, individual choices and social circumstances.
- facilitate an examination of whether, and if so how, these attitudes vary amongst sub-groups.
- explore the role of government (in its broadest sense) and individuals in addressing health differences.

Differences in health in Scotland

Seven in ten (71%) people felt that those with more money are better able to live healthy lives with a similar proportion (72%) feeling that those living in better off areas in Scotland tend to be healthier than those living in worse off areas. Views on whether there are differences in people's health based on their financial position and the type of area they live in differed by people's level of education, income and whether people lived in more or less deprived areas. Those educated to degree-level were more likely to agree both that people in better off areas and that people with more money were healthier compared with those with no formal qualifications. Those in the highest income group (82%) were more likely than those in the lowest income group (56%) to believe that people living in better off areas tend to be healthier than those living in worse off areas. And around half (48%) felt that those living in better off areas tended to be healthier than those in worse off areas and that this represents a big problem.

Views on causes of health differences in Scotland

Half of people in Scotland[1] recognised injustice in our society as a cause of some people having poorer health than others. Women were more likely than men to agree that some people had poorer health because of injustices in society. And those on the left of the political spectrum were more than six times as likely to agree that 'certain people's health is worse because of injustice in our society' compared with those on the right (64% compared with 10% respectively).

[1] The findings of SSA are representative of the views of the people of Scotland due to the way the survey selects its respondents using a random probability sample (see Section 1.6 for more details).

Two-thirds or more identified housing, poverty, working conditions, genetics and not having learned to make healthy choices as causes of some people having poorer health than others. Differences in opinion by socio-demographic factors tended to be small but those with higher levels of educational qualifications were more likely to recognise a larger number of causes of poorer health than others.

When asked about the main determinant of poorer health, a slightly higher proportion identified the way people choose to live their lives as the main determinant of poorer health (40%) than the circumstances they have to live in (32%).

Views on the causes of income differences

Two-thirds of people in Scotland thought that some people have lower incomes than others due to injustice in our society. Around two in five thought some people have higher incomes because they work harder and the same proportion because they do more valuable jobs. Women were more likely to believe that societal injustice contributed to income differences and men were more likely to believe higher incomes are associated with working harder or doing more valuable jobs.

A higher proportion recognised injustice as a cause of income differences than recognised injustice as a cause of poorer health (67% and 51% respectively). Income differences were perceived as unfair by two-thirds, with a slightly larger proportion saying that the income gap was too large. People's position on the political spectrum was the main driver of perceived unfairness and perceptions of the size of the income gap, with those on the left much more likely to view income differences as unfair compared with those on the right.

Role of the government and individuals in addressing health differences

Around 6 in 10 thought individuals were more responsible than the government for their own health. People in the highest income group and those living in less deprived areas were much more likely to agree that individuals are more responsible than the government for their own health compared with people in the lowest income group and those in the most deprived areas. Half of people in Scotland disagreed that the government is doing enough to reduce differences in health between those on high incomes and those on low incomes and over half were willing to pay higher taxes to improve the health of poorer people in Scotland.

There were significant differences in attitudes towards the role of the government and individuals in addressing health differences between those on the left and those on the right of the political spectrum. Those on the left of the political spectrum were almost twice as likely as those on the right to say that they would be willing to pay higher taxes to improve the health of people in Scotland as a whole (62% on the left compared with 35% on the right).

Conclusion

The majority of people in Scotland thought that there were differences in people's health based on both their financial position and the type of area they live in. SSA measured whether people thought of these health differences as inequalities by asking whether people felt that health differences were problematic and whether injustice in society is a cause of health differences. The evidence shows that around half of people in Scotland believe that

health inequalities exist. In contrast, a much higher proportion, two-thirds of people, believed that 'some people have lower incomes than others because there is injustice in our society'.

The majority of people in Scotland agreed that 'large differences in people's incomes are unfair' and that the gap between those with high and low incomes is too large. In addition around three-quarters who believed that people's health is worse due to being poor also believed that that lower incomes are due to societal injustice.

When asked to choose between whether individuals or the government[2] is responsible for people's health in Scotland, more people thought it was individuals' responsibility. Around a quarter thought that government was more responsible, but half still thought that government should be doing more to reduce differences in health between those on high and low incomes. Over half of people in Scotland said they would be willing to pay higher taxes to improve the health of poorer people in Scotland.

When asked to choose between two possible causes of poorer health – individual choices or life circumstances - people were more likely to think that the main contributory factor was individual choices (40%) rather than life circumstances (32%), although around a quarter spontaneously replied that it was a bit of both.

Whether people were on the left or the right of the political spectrum was associated with holding particular views on many of the questions on health and income inequalities. Those on the left of the political spectrum were more likely than those on the right to believe that societal injustice was a cause of health and income differences; that area based differences in health exist and that this is a big problem; that housing, working conditions and being poor were all causes of poorer health; that the main determinant of poorer health was life circumstances rather than individual choices; and that income differences are unfair.

[2] See Chapter 5 p.35 for details on the use of the term 'government'.

1. Introduction

1.1. What are health inequalities?

Health inequalities are defined as the unfair and avoidable differences in people's health across social groups and between different population groups (NHS Health Scotland, 2016). Within this definition, health inequalities are viewed as unfair, as they are socially determined by circumstances beyond an individual's control rather than occurring by chance. They are also viewed as avoidable, as the social and economic conditions that facilitate such inequalities result from political decisions (NHS Health Scotland, 2016).

Although the determinants of health are often interrelated and complex (Kemm, 2006; Dahlgreen & Whitehead, 2006), deprivation is a key determinant of health inequalities (Audit Scotland, 2012). Both health and life expectancy are seen to worsen as deprivation levels increase, resulting in people who are worse off generally experiencing poorer health and shorter lives (NICE, 2012). These inequalities can begin before birth (CMCE, 2011) and continue throughout the life course (BMA, 2017).

1.2. The problem in Scotland

Inequalities in mortality and morbidity in Scotland are among the highest in Western and Central Europe (NHS Health Scotland, 2014), with the existence and extent of such inequalities preventing every individual in Scotland from enjoying equally the right to the highest attainable standard of physical and mental health (NHS Health Scotland, 2017). The scale of the problem of inequalities in health in Scotland is highlighted by the difference in the years of good health that people living in more deprived areas experience compared with those in less deprived areas. Men living in the least deprived areas of Scotland experience 23.8 more years of good health and women experience 22.6 more years compared with the most deprived areas (NHS Health Scotland, 2016).

While mortality and morbidity rates can differ widely between social groups across the country, they can also vary dramatically within Scotland's towns and cities. The City of Edinburgh Council, for example, highlights a 25-year gap in life expectancy between the most and least deprived areas of the capital (City of Edinburgh Council, 2016), while Sir Michael Marmot notes that within Glasgow a male's life expectancy can differ by up to 28 years depending upon the area in which they are born (Marmot, 2008). The interplay between health and deprivation has led to suggestions that both issues should be tackled jointly from a policy perspective, with the link between social conditions and health becoming 'the main focus' of health policy rather than being viewed as 'a footnote to the 'real' concerns' (Marmot, 2010).

1.3. What does this mean?

Just as those with a higher socio-economic position in society have a greater array of life chances and more opportunities to lead a flourishing life, they also have better health (Marmot, 2010). As a result, the Scottish Government recognise that reducing inequalities in health is fundamental to the wider pursuit of 'making Scotland a better, healthier place for everyone no matter where they live'.[3]

[3] http://www.gov.scot/Topics/Health/Healthy-Living/Health-Inequalities

In addition to the social costs of health inequalities, a number of attempts have been made to measure their economic implications. Such implications stem from productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs (Marmot, 2010), with the European Parliament estimating that losses linked to health inequalities cost around 1.4% of gross domestic product (GDP) within the European Union (WHO, 2017).

1.4. Scottish Social Attitudes

The Scottish Social Attitudes survey (SSA) was established in 1999 by ScotCen Social Research, an independent research organisation based in Edinburgh and part of NatCen Social Research, the UK's largest independent social research institute. The survey, which is conducted annually, provides robust data on changing social and political attitudes in Scotland with the aim of informing both public policy and academic study. SSA has different funders every year - including charities, government and universities. Previous topics in SSA have included, among others, attitudes to dementia, alcohol, discrimination, policing, independence and Brexit. In 2016 questions on SSA were funded by the Scottish Government (attitudes to government and political engagement) and NHS Health Scotland (attitudes to obesity). In addition, NHS Health Scotland funded 20 questions on attitudes to inequality which form the basis for this report.

1.5. Aims and objectives

There were three main objectives to the inclusion of a set of questions on inequalities on SSA 2016. The objectives were to:

- explore public awareness of the existence of health inequalities: as discussed in Section 1.2 there is considerable evidence on the existence of health and income inequalities, however, little is known about whether the Scottish public are aware of these inequalities or whether they are concerned about them.
- explore public views in Scotland on the potential causes of health and income differences and views on the relationship between health inequalities, individual choices and social circumstances.
- facilitate an examination of whether, and if so how, these attitudes vary amongst sub-groups.
- explore the role of government (in its broadest sense) in addressing health differences.

The questions included in SSA did not directly ask respondents about health inequalities but instead explored this by asking people about the existence of health differences, whether the differences were a problem and whether they felt they were caused by societal injustice. The report, therefore, often discusses health differences, and takes the view that a health difference can only be described as a health inequality if people believe that it is caused by injustice in society which is potentially beyond the control of individuals.

1.6. Data collection and methodology

Run annually by ScotCen Social Research since 1999, the Scottish Social Attitudes survey provides a robust and reliable picture of changing public attitudes over time.

The 2016 survey included 20 questions about inequality developed in consultation with colleagues from NHS Health Scotland. All but one of these questions had never been asked on SSA before. A process of collaborative questionnaire design was supplemented by a

phase of cognitive testing of potential questions among a small sample of the public. Cognitive testing is used to identify any difficulties of comprehension or any reluctance or unwillingness among members of the public to answer a question as worded, so that these problems can be corrected. The cognitive testing involved face-to-face interviews with 15 respondents who are asked a number of survey questions, followed by prompts and probes designed to explore respondents' understanding of those survey questions and to ascertain any difficulties they may have had in responding. Some of the final questions were asked as part of the face-to-face section of the survey, whilst a number of questions which may be considered to be more sensitive were carried in the self-completion section.

Fieldwork for SSA 2016 ran between July and December 2016 and consisted of face-to-face interviews with 1,237 adults aged 16 and over (prior to SSA 2016, SSA interviewed adults aged 18 and over). The survey uses random probability sample which is designed to yield a representative sample of adults aged 16 or over living in Scotland. Probability samples minimise unobserved biases associated with other sampling methods which exclude groups who are initially less likely to respond and who may differ in important ways from those who are more easily available. This is particularly important for a proper representation of national attitudes. Participation in SSA is entirely voluntary and potential respondents are sent a letter in advance of an interviewer visiting their address with includes details on how to opt out of the survey.

Data are weighted in order to correct for potential sources of bias in the sample and to ensure that they reflect the age and gender profile of the Scottish population. Further details about the sampling, weighting and technical details of how the survey is administered are published in a separate SSA 2016 technical report.

1.7. Analysis

This report explores how views differ by a range of different socio-demographic factors: age, gender, education, income, area deprivation (as measured by the Scottish Index of Multiple Deprivation (SIMD)) and socio-economic status (using the National Statistics Socio-Economic Classification (NS-SEC)).[4] Attitudes on a range of different political and social issues are routinely shown to vary by these factors.

In addition, how views differ on health and income inequality were explored by whether people are on the left or the right of the political spectrum. Since 1999, the Scottish Social Attitudes survey has included an attitude scale which aims to measure respondents' underlying political views and whether these are situated to the left or right of the political spectrum. The scale consists of five statements to which the respondent is invited to "agree strongly", "agree", "neither agree nor disagree", "disagree" or "disagree strongly". The statements are:

- Government should redistribute income from the better off to those who are less well off.
- Big business benefits owners at the expense of workers.
- Ordinary working people do not get their fair share of the nation's wealth.
- There is one law for the rich and one for the poor.
- Management will always try to get the better of employees if it gets the chance.

[4] For further details see the SSA 2016 Technical Report: http://natcen.ac.uk/media/1493001/ssa-2016-technical-report-final-for-publication.pdf

The scores to all the questions in the scale are added and then divided by the number of items in the scale, giving indices ranging from 1 (left of the political spectrum) to 5 (right of the political spectrum).

All percentages cited in this report are based on the weighted data and are rounded to the nearest whole number. All differences described in the text (between years, or between different groups of people) are statistically significant at the 95% level or above, unless otherwise specified. This means that the probability of having found a difference of at least this size if there was no actual difference in the population is 5% or less. The term 'significant' is used in this report to refer to statistical significance, and is not intended to imply substantive importance. Further details of significance testing and analysis are included in the separate SSA 2016 technical report.

1.8. Report structure

The remainder of this report is structured as follows:

- Chapter Two discusses perceptions on whether people's health is related to the area they live in or to the amount of money they have.
- Chapter Three explores people's views on a range of potential causes of health differences in Scotland.
- Chapter Four focuses on views on income differences, whether these are seen as unfair and the relationship between views on health and income differences.
- Chapter Five explores people's views on the responsibility of the government and individuals for people's health, the role of government in reducing health differences and people's willingness to pay taxes to reduce health differences.
- Finally, Chapter Six summarises the main conclusions of the report.

2. Differences in health in Scotland

Key findings

- Seven in ten (71%) people felt that those with more money are better able to live healthy lives.
- Similarly, 72% felt that those living in better off areas in Scotland tend to be healthier than those living in worse off areas.
- Views varied by education, with those educated to degree-level more likely to agree both that people in better off areas and that people with more money were healthier compared with those with no formal qualifications.
- Those in the highest income group (82%) were more likely than those in the lowest income group (56%) to believe that people living in better off areas tend to be healthier than those living in worse off areas.
- Around half (48%) felt that those living in better off areas tended to be healthier than those in worse off areas and that this represents a big problem.

This chapter examines whether people feel that differences in health exist between different groups of people in Scotland[5] based on whether people have more money or live in better off areas, and the extent to which this is seen as a problem.

2.1 Do people believe that differences in health in Scotland exist?

Respondents were asked:

Some people think that those in Scotland with more money are better able than those in Scotland with less money to live healthy lives. Others disagree. How about you? Would you say that people with more money are...

…a lot better able to live healthy lives,
…a little better able to live healthy lives,
…a little less able to live healthy lives,
…a lot less able to live healthy lives,
…or, does it make no difference?

Some people think that people in better off areas in Scotland tend to be healthier than people in worse off areas in Scotland and others think they are less healthy or it makes no difference. Which comes closest to your view? Compared with those living in worse off areas, people living in better off areas tend to be...

...a lot healthier,
…a little healthier,
…a little less healthy,
…a lot less healthy,
…or, does it make no difference?

[5] The findings on SSA are representative of the views of the people of Scotland due to the way the survey selects its respondents using a random probability sample (see Section 1.6 for more details).

The majority of people felt that ‘those in Scotland with more money are better able than those in Scotland with less money to live healthy lives’ (71%). As Table 2.1 below shows, nearly half (46%) said that those with more money are ‘a lot better able’ to live healthy lives and around a quarter (24%) that those with more money are ‘a little better able’ to live healthy lives. Just over a quarter (27%) felt that the amount of money an individual has makes ‘no difference’ to their ability to live a healthy life, and only 1% said that those with more money are less able to live healthy lives.

Table 2.1: Views on whether those with more money are more or less able than those with less money to live healthy lives (%)

Would you say that people with more money are…	**%**
A lot better able to live healthy lives	46
A little better able to live healthy lives	24
A little less able to live healthy lives	1
A lot less able to live healthy lives	*
Makes no difference	27
Don’t know / Refused	1

Percentages do not sum to 100 due to rounding
Base: all respondents (1,237)

Attitudes on whether people in Scotland with more money are better able than those with less money to live healthy lives differed by education. Around three-quarters (76%) of those educated to degree-level felt that those with more money are better able to live healthy lives compared with around two-thirds (64%) of those with no formal qualifications.

Attitudes also differed significantly between those on the left of the political spectrum and those on the right. Just over three-quarters (76%) of those on the left of the political spectrum thought that those with more money are better able than those with less money to live healthy lives, compared with 57% of those on the right.

SSA 2016 also asked respondents about health differences between people living in different areas in Scotland. Table 2.2 below shows that around 7 in 10 (72%) felt that those living in better off areas in Scotland tend to be healthier than those living in worse off areas, with 37% saying that those in better off areas tend to be ‘a lot healthier’ and 35% that those in better off areas tend to be ‘a little healthier’. Around one in five (21%) felt that the type of area that an individual lives in makes ‘no difference’ to someone’s health, with 6% feeling that those in better off areas tend to be less healthy than those living in worse off areas.

Table 2.2: Views on whether those living in better off areas tend to be healthier or less healthy than those living in worse off areas (%)

Compared with those living in worse off areas, people living in better off areas tend to be…	**%**
A lot healthier	37
A little healthier	35
A little less healthy	4
A lot less healthy	2
No difference	21
Don't know / Refused	2

Percentages do not sum to 100 due to rounding
Base: all respondents (1,237)

Similar to views on whether people's financial position was related to their health, attitudes towards whether those living in better off areas tend to be healthier than those living in worse off areas differed by education. Once again, those with higher levels of educational qualifications (82% of those educated to degree-level) were more likely than those with no educational qualifications (59%) to feel that people living in better off areas in Scotland tend to be healthier than those living in worse off areas.

In addition to education, differences in attitudes were seen by income, occupational class, and area deprivation (as measured by the Scottish Index of Multiple Deprivation).[6] Those in the highest income group (82%) were more likely than those in the lowest income group (56%) to believe that people living in better off areas tend to be healthier than those living in worse off areas, and those in higher managerial and professional occupations (89%) were more likely to think this than those in routine occupations (59%). In addition, those living in the least deprived areas were significantly more likely than those living in the most deprived areas (81% compared with 58%) to feel that those living in better off areas in Scotland tend to be healthier than those living in worse off areas. There were no significant differences between the views of those on the left of the political spectrum and those on the right as to whether those living in better off areas tend to be healthier than those living in worse off areas.

It is notable that, despite income and wealth inequalities being viewed as key causes of health inequalities[7], those on lower incomes, or living in more deprived areas are less likely to assert that health differences exist due to area differences.

[6] See separate SSA 2016 technical report for more details: http://www.scotcen.org.uk/media/1493001/ssa-2016-technical-report-final-for-publication.pdf
[7] See Health Scotland, 'Income, Wealth and Poverty' available at: http://www.healthscotland.scot/publications/income-wealth-and-poverty

2.2 Are differences in health in Scotland perceived as a problem?

In addition to asking whether or not differences in health exist between those living in better off areas compared with those living in worse off areas, SSA 2016 asked respondents whether or not this is seen as a problem.

Respondents were asked:

Would you say that the difference, if any, between the health of those living in better off areas and the health of those living in worse off areas is...

...a very big problem,
…quite a big problem
…quite a small problem,
...a very small problem,
…or, not a problem at all?

As discussed in the previous section around 7 in 10 people recognised that people in better off areas tend to be healthier than those in worse off areas. By combining views on whether health differences exist between areas and the extent to which this is a problem, we discovered that overall:

- 48% felt that people in better off areas are healthier than those in worse off areas and view this as a big problem
- 23% felt that people in better off areas are healthier than those in worse off areas but felt that this is either a small problem or not a problem at all
- 20% felt that where people live makes no difference to their health or that people in better off areas are less healthy and that this is a small problem or no problem, and
- 6% felt that where people live makes no difference to their health or that people in better off areas are less healthy and that this is a problem.

This shows that although the majority of people recognise differences in health these differences are not of concern to all members of the public as around half see them as a big problem and around a quarter see these differences as only a small problem or not a problem at all.

Exploring those who thought that there were area-based differences in health and who also felt that this is a big problem, we found that they were more likely to:

- have higher educational qualifications
- live in less deprived areas
- be in managerial and professional occupations
- be in the highest income group, and
- be on the left of the political spectrum.

For example, those educated to degree-level (61%) were more likely than those with no formal qualifications (33%) to feel both that people in better off areas tend to be healthier and that this is a problem, as were those living in less deprived areas compared with those living in the most deprived areas (61% and 35% respectively). And those on the left of the political spectrum (55%) were more likely than those on the right (44%) to feel that people in better off areas tend to be healthier and that this is a problem. In contrast, those on the right of the political spectrum (33%) were more likely than those on the left (19%) to think that

area based differences in health exist and that this is only a small problem or not a problem at all. This suggests that, although thinking that area-based health differences exist does not appear to vary according to an individual's location on the political spectrum, there may be a relationship between political standpoint and the positioning of health differences as a 'problem' that requires addressing.

3. Views on causes of health differences in Scotland

Key findings

- Half of people in Scotland recognised injustice in our society as a cause of some people having poorer health than others.
- Two-thirds or more identified housing, poverty, working conditions, genetics and not having learned to make healthy choices as causes of some people having poorer health than others.
- Differences in opinion by socio-demographic factors tended to be small. Those with higher levels of educational qualifications were more likely to recognise a larger number of causes of poorer health than others. Women were more likely than men to agree that some people had poorer health because of injustices in society.
- When asked to choose between two potential reasons 'why certain people in Scotland have poorer health than others', a slightly higher proportion thought this was mainly due to the way people 'choose to lead their lives' (40%) than mainly due to 'the circumstances that they have to live in' (32%).
- Those on the political left, those who disagreed that 'anyone can make healthy choices if they want to', and those who identified life circumstances as the main determinant of poorer health were all more likely than others to agree that housing, working conditions, poverty and injustice in our society caused differences in health.
- Those on the left of the political spectrum were more than six times as likely to agree that 'certain people's health is worse because of injustice in our society' compared with those on the right (64% compared with 10% respectively).

While Chapter 2 examined people's views on whether differences in health exist, this chapter explores perceptions of the causes of such health differences. People were asked their views on a range of possible causes of health differences, including those related to individual choice, genetic conditions, environmental factors, poverty and injustice.

3.1 Views on different causes of health differences

Respondents were asked their views on a range of different causes of health differences. These questions were developed to explore a range of potential views that the public might hold, rather than to mirror current evidence on the causes of health inequalities.

Respondents were asked how much they agreed or disagreed that 'certain people's health is worse than others…

- '…because of the quality of the house they live in'
- '…because they haven't learned to make healthy choices'
- '…because of genetic conditions that have been passed down from their parents'
- '…because of the conditions they work in'
- '…because they are poor'
- '...because of injustice in our society'

Table 3.1 below shows that the highest level of agreement was seen in relation to believing that 'certain people's health is worse than others because they haven't learned to make healthy choices', with 82% agreeing with this statement and only 8% disagreeing. The high level of agreement with this question suggests that people believe that the information that people receive about health is related to the choices that people make which in turn may impact on some people's health.

There was also widespread agreement that environmental factors, such as housing and working conditions, can impact negatively on some people's health. Nearly three-quarters (72%) of people in Scotland[8] agreed that 'certain people's health is worse than others because of the quality of the house they live in' with 15% disagreeing. And two-thirds agreed that 'certain people's health is worse because of the conditions they work in' (66%). A similar proportion (70%) agreed that genetic conditions cause some people's health to be worse than others.

Around two-thirds (67%) agreed that 'certain people's health is worse than others because they are poor', a similar proportion to those viewing environmental factors as linked to poorer health. Finally people were asked their views on whether people's health was poorer because of 'injustice in our society' and here we found that only half (51%) agreed that 'certain people's health is worse than others because of injustice in our society', a considerably lower proportion than was recorded for all other factors.

So, while work, housing and being poor were all recognised by two-thirds or more of the adult population as contributing to health differences, not all of those who agreed with these statements also felt that poor health is caused by societal injustice. For example, among those who agreed that 'certain people's health is worse because of the quality of the house they live in', 58% agreed that 'certain people's health is worse than others because of injustice in our society', with 22% disagreeing and 18% neither agreeing nor disagreeing.[9]

[8] The findings on SSA are representative of the views of the people of Scotland due to the way the survey selects its respondents using a random probability sample (see Section 1.6 for more details).
[9] 2% chose 'don't know'

Table 3.1: Views on the possible causes of health differences (%)

Certain people's health is worse than others…	**Strongly agree/ agree** %	**Neither agree nor disagree** %	**Strongly disagree/ disagree** %	**Don't know / refused** %
…because of the quality of the house they live in	72	12	15	1
…because they haven't learned to make healthy choices	82	10	8	0
…because of genetic conditions that have been passed down from their parents	70	15	14	1
…because of the conditions they work in	66	16	17	0
…because they are poor	67	13	20	0
…because of injustice in our society	51	20	27	1

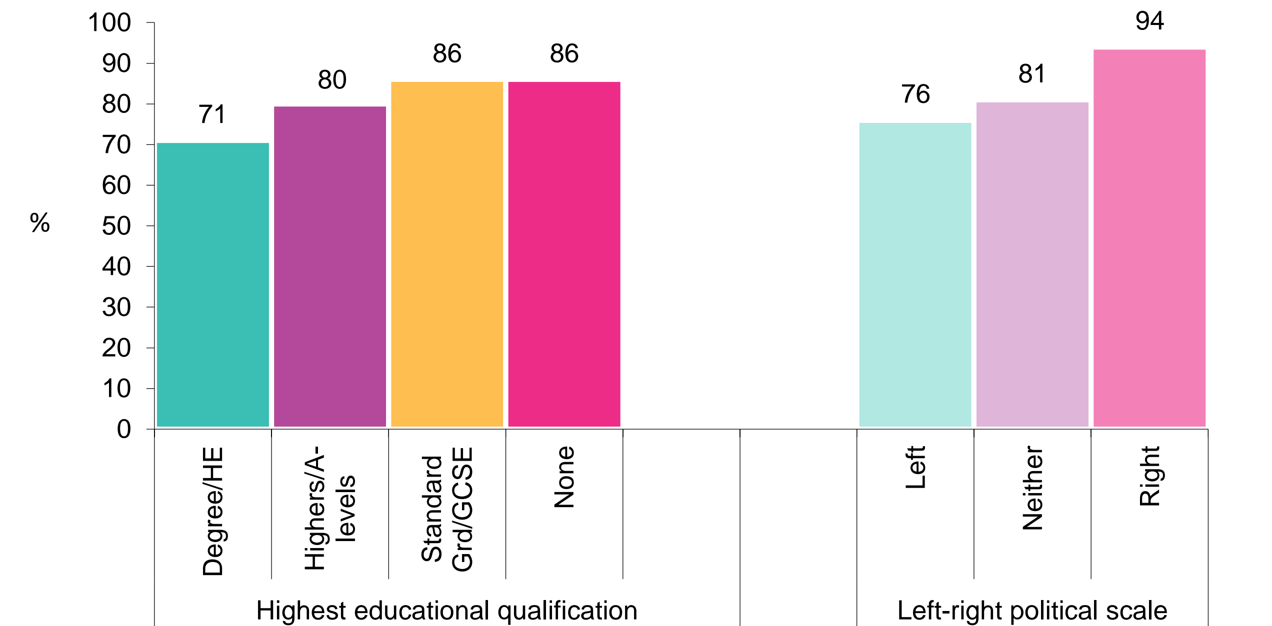
Percentages do not sum to 100 due to rounding
Base: all respondents (1,237)

Respondents were asked two questions about the role of the individual in living healthily. Firstly, they were asked whether or not they agreed that 'anyone can make healthy choices if they want to'. Nearly three-quarters (71%) of people agreed that 'anybody can make healthy choices if they want to', with around one in seven disagreeing (14%) and 7% neither agreeing nor disagreeing.

Views on whether or not 'anybody can make heathy choices if they want to' only varied significantly by education and whether people were on the left or the right of the political spectrum. Figure 3.1 below shows that people with no qualifications were more likely to agree that 'anybody can make healthy choices if they want to' (86%) compared with those educated to degree-level (71%).

Additionally, those with political views on the right of the spectrum almost unanimously agreed that 'anybody could make healthy choices if they want to' (94%), whilst agreement was significantly lower amongst those on the left of the political spectrum (76%).

Figure 3.1 Agreeing that 'anybody can make healthy choices if they want to' by highest educational qualification and left-right political scale (%)



Base: all respondents (1,237)

Secondly, respondents were asked to choose which one of two different views they thought was the main reason why certain people have poorer health than others. This 'forced choice' question was designed so that respondents had to express one definitive view, rather than allowing them to give a more neutral response. The responses to this question are, therefore, how people responded when only presented with two possible options. However, a high proportion of respondents spontaneously said it was a bit of both which was then recorded as a valid answer and is reported below. Respondents were asked to choose between the following two statements:

> *'There are different views about why certain people in Scotland have poorer health than others in Scotland. Some say it's mainly because of the way they choose to lead their lives. Others say it is mainly because of the circumstances that they have to live in. What would you say is the main reason?'*

It is clear from the findings discussed above that many people recognise that both individual choices and life circumstances play a part in health differences, but responses to this question suggest that more people see individual life choices as the main contributory factor. Four in ten (40%) said that certain people have poorer health than others mainly because of the way they choose to lead their lives compared with just over 3 in 10 (32%) who said that it is mainly because of the circumstances that people have to live in. A further 26% spontaneously gave the answer[10] that it was a bit of both and 1% said they did not know.

[10] The show card that accompanied this question gave only two answer options. However, where people replied that it was a bit of both, without prompting, this was recorded by the interviewer.

3.2 How do views on different causes of health differences vary between subgroups?

How views on the different causes of health differences varied were explored in relation to:

- Age
- Gender
- Education
- Household income
- Area deprivation[11]
- Occupational class[12]
- Position on the left-right political scale
- Whether people believe that the area people live in makes a difference to health and whether this is a problem (see Chapter 2 for details)
- Belief that 'anyone can make healthy choices if they want to'
- Belief that poorer health is mainly due to how people lead their lives or mainly due to their circumstances.

There were no significant differences by either socio-demographic or attitudinal factors in relation to views on whether 'certain people's health is worse than others because of genetic conditions that have been passed down from their parents'. The following sections therefore explore the significant differences across the other five factors.

Differences by socio-demographic factors

Across the five factors that might be linked to certain people having poorer health than others (housing, working conditions, learning to make healthy choices, being poor and societal injustice) there was little variation by socio-demographic factors. The exceptions were views on the link between poorer health and housing quality, whether people hadn't learned to make healthy choices and injustice.

Views varied according to area deprivation for both agreeing that 'certain people's health is worse than others because of the quality of the house they live in' and 'worse than others because they haven't learned to make health choices'. Similar patterns were seen for both, with those living in the most deprived areas less likely to agree with these statements than those in the least deprived areas. For example, around two-thirds (65%) of those living in the most deprived areas agreed that housing quality was associated with poorer health compared with around three-quarters (76%) of those in the least deprived areas.

In addition, people's views on whether 'certain people's health is worse than others because they haven't learned to make healthy choices' differed according to their level of education. Nearly 9 out of 10 people educated to degree level (88%) agreed with this statement compared with between 76-80% of those with lower levels of education.

In contrast, views on whether 'certain people's health is worse than others because of injustice in our society' varied by gender and income. Women were more likely than men to agree with this statement (56% and 46% respectively) as were those in the lowest income

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[11] Area deprivation was measured using the Scottish Index of Multiple Deprivation (SIMD). For details on SIMD, please see the separate SSA 2016 technical report.
[12] Occupational class was measured using a five category version of the National Statistics Socio-Economic Classification (NS-SEC). See the SSA 2016 technical report for further details.

groups compared with those in the highest income groups (57-60% of those in the two lowest income groups agreed compared with 45-53% of those on higher incomes).

Differences by whether people believe that poorer health is mainly due to individual choice or life circumstances

In contrast to the lack of associations between views on the causes of poorer health and socio-demographic factors, views on all five potential factors were associated with a wide range of different attitudes.

Responses to the question on whether ‘certain people are more likely to have poorer health mainly because of the way they choose to lead their lives’ or ‘mainly because of the circumstances that they have to live in’ were strongly associated with responses to all five potential causes of poorer health. The findings from this question divide respondents into those who are more likely to think that individual choices are the main contributory factor to poorer health and those who are more likely to think that poorer health is associated with circumstances.

People who said that poorer health is mainly due to individual choices were more likely than those who said it was mainly due to life circumstances to agree that ‘certain people’s health is worse than others because they haven’t learned to make healthy choices’ (86% and 74% respectively).

For the other four factors – housing, working conditions, being poor and injustice – those who said that poorer health is mainly due to circumstances were more likely to agree than those who said it was mainly due to individual choices that these potential causes were associated with certain people having poorer health. For example, over 8 in 10 (83%) who believed that health is mainly determined by circumstances agreed that ‘certain people’s health is worse than others because they are poor’ compared with half (50%) of those who believe health is mainly determined by individual choices.

Similarly those who disagreed that ‘anybody can make healthy choices if they want to’, were more likely to agree that housing, working conditions, being poor and injustice were linked to people having poorer health. For example, 8 in 10 (80%) of those who disagreed that ‘anyone can make healthy choices’ thought that ‘certain people’s health is worse than others due to injustice in our society’ compared with 44% of those who agreed.

Differences by believe that people in better off areas are healthier and that this is a problem

There were also some differences between those who felt that people in better off areas were healthier and saw this as a big problem compared with those who saw these health differences as either a small problem or not a problem at all.[13] Those who felt that people in better off areas were healthier and saw this as a big problem were more likely to agree that some people’s health was worse than others because of the quality of housing, because they are poor and because of injustice in our society. For example, around 4 in 5 (82%) of those who felt that people in better off areas are healthier and that this is a big problem agreed that people’s health is worse because they are poor compared with 58% of those who felt that people in better off areas are healthier but that this is only a small problem or not a problem at all.

[13] See Chapter 2 for details.

Differences by political attitudes

Chapter 2 showed that those on the left of the political spectrum were more likely than those on the right to believe that people in better off areas were healthier than those in worse off areas and to see this as a problem. Exploring views on the causes of health differences shows that those on the left of the political spectrum are more likely than those on the right to agree that housing, working conditions, being poor and injustice in our society are associated with certain people having poorer health. This is particularly marked in relation to views on whether 'certain people's health is worse because of injustice in our society' where those on the left were more than six times as likely to agree with this statement compared with those on the right (64% compared with 10% respectively).

Around three-quarters (74%) of those on the left agreed that 'certain people's health is worse than others because they are poor' compared with 45% on the right and similarly 72% of those on the left agreed that poorer health is because of working conditions compared with 48% on the right. However, there was less difference between the views of those on the left and those on the right on the link between poorer health and the quality of housing: 76% of those on the left agreed that poorer health is because of the quality of the house people live in compared with 62% of those on the right.

This shows that those on the left of the political spectrum are more likely to believe that there is a link between people having poor health and a range of different factors, including environmental, workplace, income and injustice. The association between a belief in poorer health and injustice was particularly strong among those on the left of the political spectrum, showing that those on the left are considerably more likely than others to view health differences as an inequality, which is at least to some extent linked to injustices in the way that society is structured, rather than due to the choices individuals make.

Choice or circumstances

As already discussed above, there was a strong association between views on whether individual choice or circumstances were the main determinant of poorer health and five of the six specific causes of poorer health (housing, working conditions, learning to make healthy choices, being poor, and societal injustice). But who is more likely to say that individual choices are the main determinant and who are more likely to say that it is mainly life circumstances?

Figure 3.2 below shows that those who said that 'poorer health is mainly because of the way they choose to lead their lives' were more likely to be:

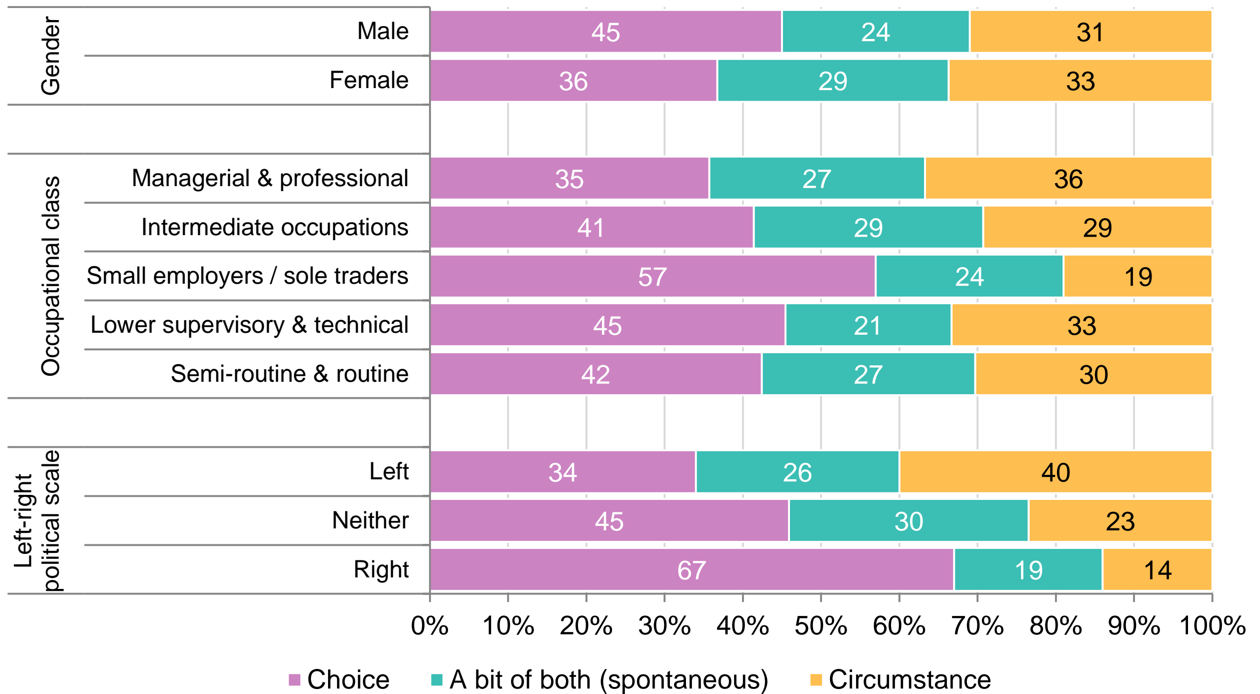
- Men (45%) compared with women (36%)
- On the right of the political spectrum (67% of those on the right compared with 34% of those on the left)
- Those who agreed that 'anyone can make healthy choices if they want to' (47% compared with 17% of those who disagreed)

Now, taking those who agreed that 'certain people are more likely to have poorer health mainly because of the circumstances they have to live in', shows that they were more likely to be:

- On the left of the political spectrum (40% compared with 14% on the right)
- Those who believed that those living in better off areas were more healthy and that it is a big problem (44% compared with 19% of those who believed those living in

better off areas were more healthy but that this was only a small problem or not a problem at all)
- Those who disagreed that ‘anyone can make healthy choices if they want to’ (58% compared with 26% who agreed).

Figure 3.2: Belief that certain people have poorer health mainly because of how they choose to live or because of the circumstances they have to live in by gender, occupational class and left-right political scale (%)



Base: all respondents (1,237)

4. Views on the causes of income differences

Key findings

- Two-thirds of people in Scotland thought that some people have lower incomes than others due to injustice in our society.
- A higher proportion recognised injustice as a cause of income differences than recognised injustice as a cause of poorer health (67% and 51% respectively).
- Around two in five thought some people have higher incomes because they work harder and the same proportion because they do more valuable jobs.
- Women were more likely to believe that societal injustice contributed to income differences and men were more likely to believe higher incomes are associated with working harder or doing more valuable jobs.
- Income differences were perceived as unfair by two-thirds, with a slightly larger proportion saying that the income gap was too large.
- People’s position on the political spectrum was the main driver of perceived unfairness and perceptions of the size of the income gap, with those on the left much more likely to view income differences as unfair compared with those on the right.
- Those who perceived income differences to be unfair were more likely than others to agree some people have higher incomes because of injustice in society, and less likely to agree it was because they work harder or do more valuable jobs. They were also more likely than others to say that people with more money are better able to live healthy lives.

This chapter explores views on the causes of differences in income, whether they are perceived as unfair and how these relate to views on health differences introduced in Chapter 2.

4.1 Perceptions on factors contributing to income differences

Respondents were asked how much they agreed or disagreed that:

- ’Some people have higher incomes than others because they work harder.’
- ’Some people have higher incomes than others because they do more valuable jobs.’
- ’Some people have lower incomes than others because there is injustice in our society.’

Table 4.1 shows that around 2 in 5 (43%) agreed that some people have higher incomes than others because they work harder; with the same proportion disagreeing (41%). Similarly, 42% agreed that ‘some people have higher incomes than others because they do more valuable jobs’ and 40% disagreed.

A far higher proportion agreed that injustice was associated with some people having lower incomes than others. Around two-thirds (67%) agreed that ‘some people have lower incomes than others because there is injustice in our society’, while only one in six (17%)

disagreed. In contrast, only half felt that injustice in our society contributed to some people having poorer health.

Table 4.1: Views on possible factors contributing to differences in income (%)

	Strongly agree/ agree	Neither agree nor disagree	Strongly disagree/ disagree	Don't know / refused
	%	%	%	%
'Some people have higher incomes than others because they work harder.'	43	16	41	0
'Some people have higher incomes than others because they do more valuable jobs.'	42	18	40	0
'Some people have lower incomes than others because there is injustice in our society.'	67	16	17	1

Percentages do not sum to 100 due to rounding
Base: all respondents (1,237)

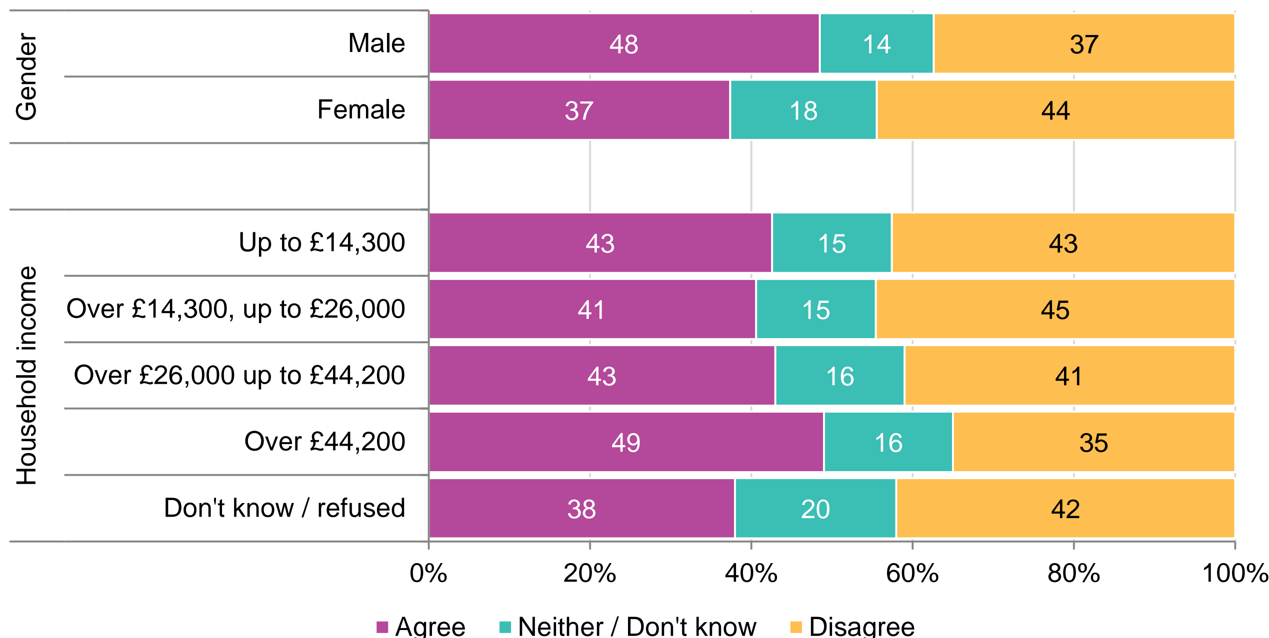
4.2 Variation in views on the causes of income differences

Views on why some people have higher or lower incomes than others were explored by age, gender, education, household income, area deprivation, occupational class and whether people are on the left or right of the political spectrum.

Hard work

Figure 4.1 below shows that men were significantly more likely than women to agree that some people have higher incomes than others because they work harder (48% and 37% respectively). Those in the highest income group were also more likely than those in all other income groups to agree that 'some people have higher incomes than others because they work harder' (49% and 41% respectively).

Figure 4.1: Agree / disagree 'some people have higher incomes than others because they work harder' by gender and household income (%)



Base: all respondents (1,237)

More valuable jobs

Views on whether 'some people have higher incomes than others because they do more valuable jobs' varied by age, gender, education, income, area deprivation and occupational class. Those who were less likely to agree that 'some people have higher incomes than others because they do more valuable jobs' were:

- Aged below 65 years old (40%) compared with those 65 and over (50%)
- Women (35%) compared with men (51%)
- Those educated to degree-level (37%) compared with those with no formal qualifications (51%)
- Those in the highest income group (35%) compared with those in the three lowest income groups (44%)
- Those living in the least deprived areas (35%) compared with those in all other areas (44%)
- Those in managerial or professional occupations (36%) compared with those in all other occupations (45%).

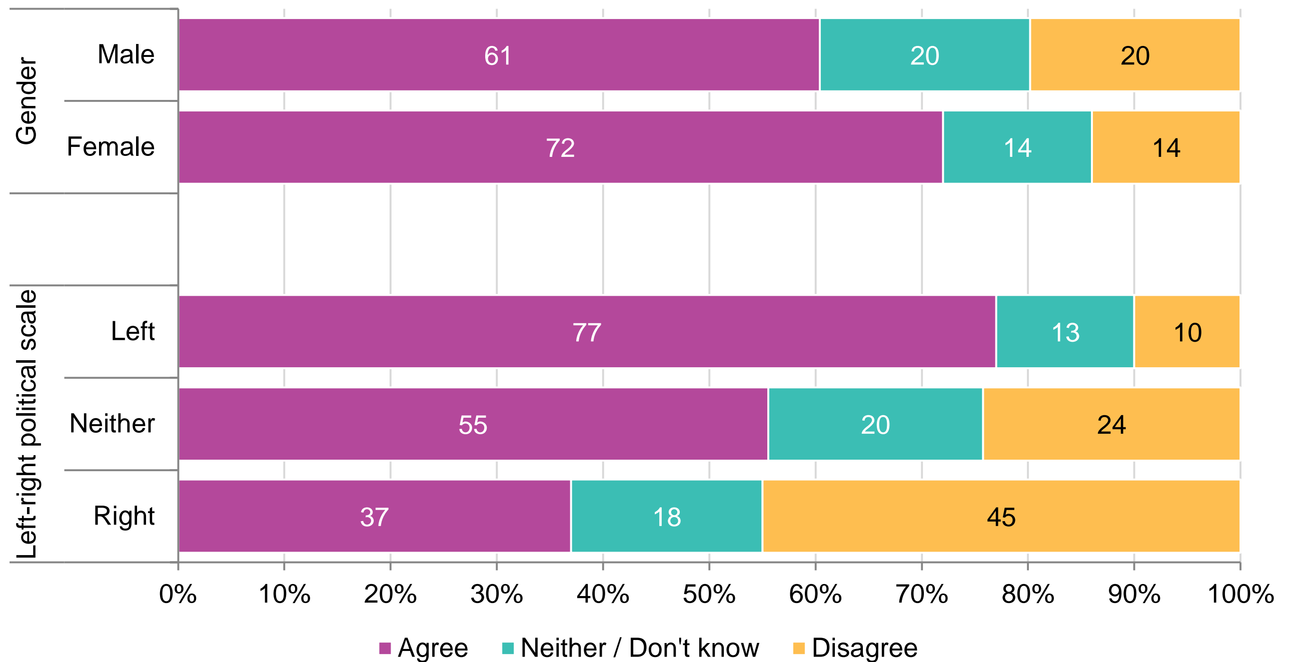
Injustice in our society

Views on whether 'some people have lower incomes than others because there is injustice in our society' differed by gender and people's position on the political spectrum, showing that both women and those on the left of the political spectrum were more likely to believe in the structural causes of income differences. Patterns here were similar to those described in Chapter 3 on views about whether injustice is a cause of health differences.

Figure 4.2 below shows that more women (72%) agreed that some people have lower incomes because of injustice in our society than men (61%). And those on the left of the

political spectrum (77%) were more than twice as likely as those on the right (37%) to agree that injustice in our society is a contributory factor in some people having lower income than others.

Figure 4.2: Agree / disagree 'some people have lower incomes than others because there is injustice in our society' by gender and left-right political scale (%)



Base: all respondents (1,237)

Comparing responses from the two questions asked about injustice in our society, we find that 83% of those who agreed that 'certain people's health is worse than others because of injustice in our society' also agreed that 'some people have lower incomes than others because there is injustice in our society'. However, a sizeable proportion (44%) of those who disagreed that 'certain people's health is worse than others because of injustice in our society' did agree that 'some people have lower incomes than others because there is injustice in our society'. This suggests there is a more widely held perception amongst the Scottish population that societal injustice impacts on income differences compared with health differences.

As discussed in Chapter 3 (Section 3.1), two-thirds (67%) agreed that 'certain people's health is worse than others because they are poor'. Exploring the link between views on income inequality and whether people view being poor as a cause of having worse health than others shows that 73% of those who agreed that 'certain people's health is worse than others because they are poor' also agreed that 'some people have lower incomes than others because there is injustice in our society'.

4.3 Are income differences seen as unfair?

Around two-thirds (67%) of people in Scotland[14] agreed that 'large differences in people's incomes are unfair', with only one in six (17%) disagreeing. Similar views were expressed about the gap between those with high and low incomes, with 72% saying the gap is too large, 18% that it is about right, 2% that it is too small and 8% saying they did not know. It is worth noting here that 72% is the lowest proportion of people saying that the income gap is 'too large' since SSA first included this question in 2006 and the highest proportion, at 18%, saying that the gap was 'about right'.[15]

There was a strong correlation between responses to the above two questions. More than three-quarters (78%) of those who said that the gap between those on high and low incomes is too large agreed that large differences in people's income are unfair.

4.4 Differences in perceptions of unfairness of income differences

Differences in views on the unfairness of income differences followed a similar pattern to that found for views on whether some people have lower incomes than others because there is injustice in our society.

Women were more likely than men to agree that large differences in people's incomes are unfair (72% compared with 63%). Those on the left of the political spectrum, compared with those on the right, were considerably more likely to agree that 'large differences in people's incomes are unfair' (80% compared with 26% respectively).

Patterns were slightly different for views on whether the gap between those with high incomes and those with low incomes is too large, about right, or too small. First, there were no significant differences between the views of men and women. However, there were differences by age, with those aged 40-64 years old being most likely to say the gap was too large (77%) compared with those aged 16-29 who were the least likely (66%).

People's political standpoint was again highly significant: 81% of those on the left of the political spectrum thought the income gap was too large, compared with 40% of those on the right. Around half (48%) of those on the right thought the income gap was about right, compared with 12% of those on the left.

The perceived unfairness of income differences and their causes

Returning to people's views on the causes of income differences, we now look at how these relate to perceptions of unfairness of income differences.

Those who agreed that large differences in people's incomes are unfair were less likely than those who disagreed to think that some people have higher incomes because they work harder (36% compared with 63% respectively) or because they do more valuable jobs (38% and 49% respectively). And conversely, they were more likely than those that disagreed to

[14] The findings on SSA are representative of the views of the people of Scotland due to the way the survey selects its respondents using a random probability sample (see Section 1.6 for more details).
[15] In SSA 2006, 79% said the income gap is 'too large' and 16% said it was 'about right'. Between 2006 and 2013, the proportion saying the income gap was 'about right' had declined from 16% to 13%, however, the SSA 2016 figure of 18% reverses this trend.

think that some people have lower incomes because there is injustice in our society (79% compared with 36%).

The perceived unfairness of income differences and belief that people with more money are better able to live healthy lives

We return to the question discussed in Chapter 2 on whether people with more money are better able to live healthy lives. Are those who perceive income differences to be unfair more likely than others to believe that having more money can lead to better health?

The findings confirm that this is indeed the case. Around three-quarters (76%) of those who agreed that large differences in incomes are unfair also said that people with more money are better able to live healthy lives, compared with 61% of those who disagreed that large differences in incomes are unfair.

A similar pattern was seen with respect to views on the size of the income gap. Three-quarters (77%) of those who said the income gap is too large also said that people with more money are better able to live healthy lives, compared with 57% of those who said the income gap is about right.

5. Role of the government and individuals in addressing health differences

Key findings:

- Around 6 in 10 (62%) thought individuals were more responsible than government for their own health.
- People in the highest income group and those living in less deprived areas were much more likely to agree that individuals are more responsible than government for their own health compared with people in the lowest income group and those in the most deprived areas.
- Half of people in Scotland disagreed that the government is doing enough to reduce differences in health between those on high incomes and those on low incomes.
- Over half (58%) were willing to pay higher taxes to improve the health of poorer people in Scotland - views which did not differ significantly by income, occupational class or area deprivation.
- There were significant differences in attitudes towards the role of government and individuals in addressing health differences between those on the left and those on the right of the political spectrum. Those on the left of the political spectrum were almost twice as likely as those on the right to be willing to pay higher taxes to improve the health of people in Scotland as a whole (62% on the left compared with 35% on the right).

Previous chapters have looked at views on, and causes of, differences in health and income, and how these views interact. This chapter will look at people's views on the responsibility of the government and individuals for people's health, the role of the government in reducing health differences and people's willingness to pay taxes to reduce health differences.

The generic term 'government' was used in all questions as opposed to asking about a specific level of government (for example, Westminster, Scottish Parliament, local authority). Experience of testing these questions, and others in previous years of SSA, has shown that people's knowledge of the different levels of government and where responsibilities lie is low and that they answer questions about the 'government' thinking of a wide range of different levels of government.

In addition, views on all these questions were explored by a range of different socio-demographic and attitudinal factors including age, gender, education, household income, area deprivation, occupational class, and whether people are on the left or right of the political spectrum.

5.1 Are people willing to pay higher taxes to improve the health of others?

Respondents were asked two questions about how willing they would be to pay higher taxes:

'How willing or unwilling would you be to pay higher taxes…

- '…to improve the health of people in Scotland as a whole?'
- '…to improve the health of poorer people in Scotland?'

Table 5.1 shows that, overall, the majority of people (56%) were either 'very willing' or 'fairly willing' to pay higher taxes to improve the health of people in Scotland as a whole or to improve the health of poorer people in Scotland (58%). With around one in five (21%) being either 'very' or 'fairly unwilling' to pay higher taxes to improve the health of people in Scotland as a whole and a slightly lower proportion being 'very' or 'fairly unwilling' to pay higher taxes to improve the health of poorer people (18%). And around a quarter were neither willing nor unwilling to pay higher taxes in either scenario (23%).

Table 5.1: Views on 'How willing or unwilling respondent would be to pay higher taxes to improve the health of poorer people in Scotland' and 'to improve the health of poorer people in Scotland' (%)

	…to pay higher taxes to improve the health of people in Scotland as a whole	…to pay higher taxes to improve the health of poorer people in Scotland
	%	%
Willing	56	58
Neither willing nor unwilling	23	23
Unwilling	21	18
Don't know	-	-

Percentages do not sum to 100 due to rounding
Base: all respondents who completed the self-complete (1,214)

Whether people are willing or not to pay higher taxes to improve the health of people in Scotland as a whole was significantly associated with income, education, occupational class and whether people are on the left or right of the political spectrum. Those who were more willing to pay higher taxes to improve the health of people in Scotland as a whole were:

- those on higher incomes compared with those on lower incomes (64% of those in the highest income group compared with 54% of those in the lowest income group).
- those with higher educational qualifications, for example, 61% of those educated to degree-level compared with 47% of those with no formal qualifications.
- those working in managerial and professional occupations compared with those working in semi-routine and routine occupations (63% and 49% respectively).
- those on the left of the political spectrum who were almost twice as likely as those on the right to be willing to pay higher taxes to improve the health of people in Scotland as a whole (62% on the left compared with 35% on the right).

Turning now to differences on willingness to pay higher taxes to improve the health or poorer people, interestingly, there were no significant differences by age, gender, education, household income, occupational class or area deprivation.

However, whether people were on the left or right of the political spectrum was associated with willingness to pay higher taxes to improve the health of poorer people in Scotland. Those on the left of the political spectrum were almost twice as likely as those on the right to be willing to pay higher taxes to improve the health of poorer people (65% on the left, compared with 34% on the right).

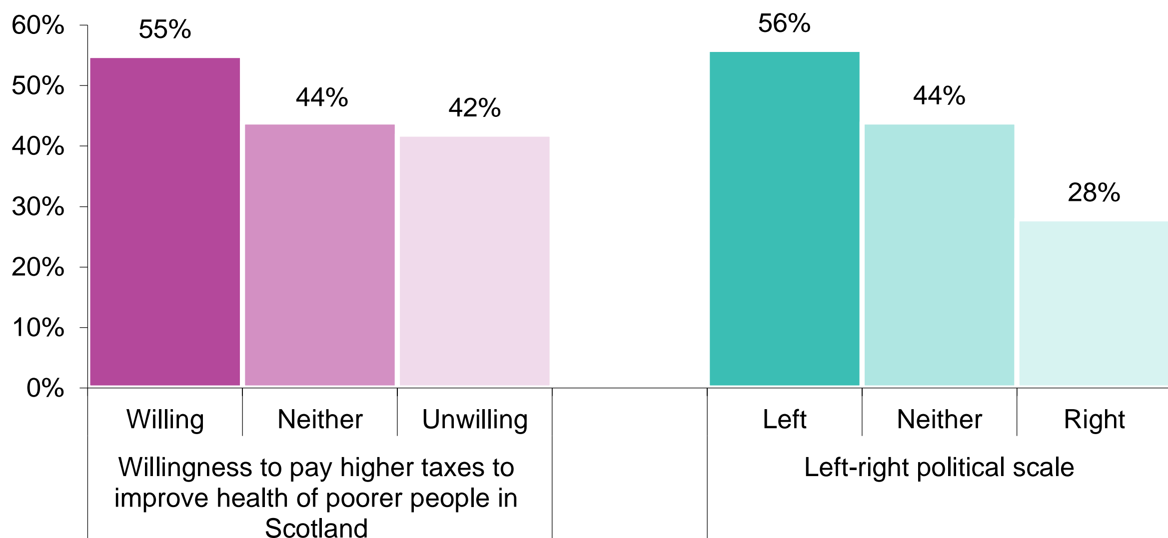
5.2 Is the government doing enough to reduce differences in health?

Respondents were asked whether or not they feel the government is doing enough to reduce differences in health between those on high and low incomes. Overall, half (50%) disagreed that 'the government is doing enough to reduce differences in health between those on high incomes and those on low incomes', with around one in four agreeing (24%) and a similar proportion neither agreeing nor disagreeing (23%).

Figure 5.1 shows that those on the left of the political spectrum were twice as likely (56%) as those on the right (28%) to disagree that 'the government is doing enough to reduce differences in health'.

And over half (55%) of those who were willing to pay higher taxes to improve the health of poorer people disagreed that the government is doing enough, compared with 42% of those who were unwilling to pay higher taxes. However, willingness to pay more taxes to improve the health of Scotland as a whole was not significantly associated with views on whether or not the government is doing enough to reduce health differences.

Figure 5.1 Disagreeing that 'the government is doing enough to reduce differences in health between those on high incomes and those on low incomes' by willingness to pay higher taxes and left-right political scale (%)



Base: all respondents who completed the self-complete (1,214)

Who is responsible for people's health?

Respondents were asked:

Some people think that people are entirely responsible for their own health. Others think the government is mainly responsible for people's health in Scotland. Here is a scale where 1 means 'People are entirely responsible for their own health' and 7 means 'The government is responsible for people's health'. Please choose the number from the scale which best describes your view.

1	2	3	4	5	6	7
People are entirely responsible for their own health						**The Government is responsible for people's health**

Almost 1 in 5 (18%) believed 'people are entirely responsible for their own health', compared with only 1% of adults who thought the 'government is responsible for people's health'. Over half chose either '3' or '4' on the 7-point scale (52%).

Categories 1, 2 and 3 on the scale were combined to represent those who think that people are more responsible than the government for their own health. Categories 5, 6 and 7 were combined to represent those who believe that the government is more responsible than individuals for people's health and category 4 represents those who think that people and the government are equally responsible for people's health.

Table 5.2 shows that almost two thirds (62%) of people felt that individuals are more responsible than the government for their own health, with around a quarter (26%) feeling people and the government are equally responsible and just around one in ten (11%) agreeing that the government is more responsible than individuals for people's health.

Although only a minority think the government is more responsible than individuals for people's health, this contrasts with the half who still think the government should be doing more to reduce health differences (see Section 5.2 above).

Table 5.2: Individual or government responsibility for people's health (%)

	%
People are more responsible than the government for their own health	62
Both people and the government are responsible for individuals' health	26
The government is more responsible than individuals for people's health	11
Don't know	1

Base: all respondents (1,237)

Views on whether individuals or the government are responsible for people's health varied significantly by income and area deprivation. People in the highest income group were

much more likely to agree that individuals are more responsible than the government for their own health (71%) compared with people in the lowest income group (50%).

Similarly, those living in all but the most deprived areas were significantly more likely to agree that individuals had more responsibility than government for their own health (61-68%) compared with those living in the most deprived areas (54%). Views on who is responsible for people’s health did not vary significantly by age, gender, education or occupational class.

Those on the right of the political spectrum almost unanimously agreed that individuals were more responsible for their own health than the government (91%), a significantly higher proportion than those on the left of the political spectrum (57%).

Perhaps not surprisingly, those who agreed that ‘anybody can make healthy choices’ were more likely to believe that individuals were more responsible for their own health (67%) compared with those who disagreed (42%).

Additionally, whether or not people thought the government is doing enough to reduce health differences between those on high and low incomes had a strong association with who people viewed as responsible for an individual’s health. Almost three quarters (72%) of those who agreed that the government is doing enough to reduce health differences also agreed that individuals were more responsible for their own health than the government, compared with 57% of those who did not think the government is doing enough.

Why do health differences exist?

Chapter 3 explored in detail people’s views on whether the way people ‘choose to lead their lives’ is the main reason certain people’s health is worse than others, or if it is ‘mainly because of the circumstances they have to live in’. It showed that views were somewhat divided with 40% thinking that ‘certain people are more likely to have poorer health mainly because of the way they choose to lead their lives’, 32% ‘because of the circumstances they have to live in’ with 26% thinking it is a bit of both.

In this section we explore people’s views on why certain people’s health is worse than others in relation to two sets of beliefs; firstly, who is responsible for people's health in Scotland and, secondly, whether or not ‘anybody can make healthy choices if they want to’. Almost half (47%) of those who agreed that ‘anybody can make healthy choices if they want to’ thought certain people’s health was worse than others because of ‘the way they choose to lead their lives’, whilst only a quarter (26%) thought it is ‘mainly because of the circumstances they have to live in’.

In contrast, the majority (58%) of those who disagreed that ‘anybody can make healthy choices if they want to’ thought certain people are more likely to have poorer health because of the circumstances they live in, with just 17% thinking it was because of the choices they make.

Additionally, people who thought that individuals are more responsible for their own health than the government were significantly more likely to have said that certain people are more likely to have poorer health because of the choices they make (46%, compared with 31% of people who think the government is more responsible for people’s health than individuals).

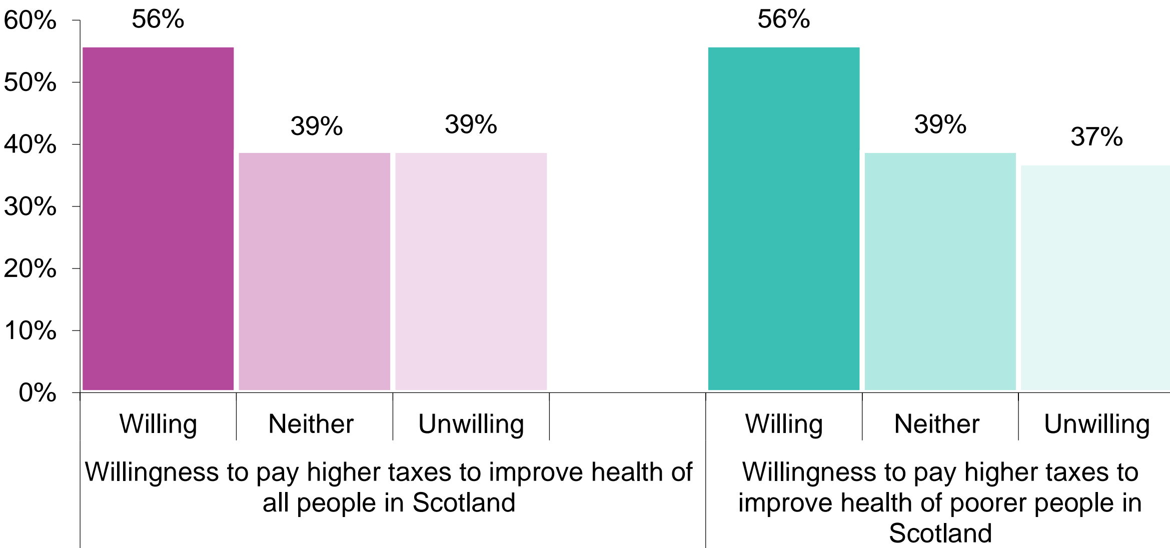
Views on whether health differences are a problem and willingness to pay additional taxes

Chapter 2 explored views on whether or not people living in better off areas are healthier than people living in worse off areas and the extent to which people felt this was a problem. Here we explore these views on whether health differences are a problem by a range of beliefs. As shown in Figure 5.2 below, those who thought that people in better off areas are healthier and that this is a problem, were more likely to disagree than agree that the government was doing enough to reduce health differences (57% disagreed compared with 42% who agreed).

Furthermore, those who were willing to pay more taxes to improve the health of Scotland as a whole were significantly more likely than those who were not willing to think that people in better off areas are healthier and that this is a problem (56% of those willing to pay higher taxes compared with 39% of those who were not willing).

A similar pattern was present amongst those willing to pay higher taxes to improve the health of poorer people in Scotland. Over half (56%) of those willing to pay higher taxes believed that people in better off areas are healthier, and that this is a problem, compared with 37% of those who were unwilling to pay higher taxes.

Figure 5.2 Belief that people who live in better off areas are healthier, and this is a problem, by willingness to pay higher taxes to improve health (%)



Base: all respondents who completed the self-complete (1,214)

6. Conclusions

Based on the analysis of SSA 2016, this chapter sets out our main conclusions on the Scottish public's views on the existence of health and income inequalities, potential causes of health and income inequalities and the role of the government and individuals in addressing these inequalities. The findings are representative of the views of the people of Scotland due to the way the Scottish Social Attitudes survey selects its respondents using a random probability sample (see Section 1.6 for more details).

The majority of people in Scotland thought that there are differences in people's health based on both their financial position and the type of area they live in. Around 7 in 10 felt that those with more money are better able to live healthy lives and that those living in better off areas in Scotland tend to be healthier than those living in worse off areas. Views differed by people's level of education, with those with higher educational qualifications being more likely than those with lower, or no, educational qualifications to agree that those with more money and those living in better off areas are healthier. Those on lower incomes and those living in more deprived areas were both less likely than those on higher incomes and those living in less deprived areas to say that people in worse off areas tend to be less healthy.

Evidence on people's health in Scotland shows that there are measurable health differences between those living in the most and least deprived areas (McLean et al, 2017). SSA measured whether people thought of health differences as inequalities by asking whether people felt that health differences were problematic and whether injustice in our society was a cause of health differences.

Around half of people in Scotland felt that people in better off areas were healthier and that this was a big problem. These people were more likely to have higher educational qualifications, live in less deprived areas and be in the highest income group. Around a quarter thought that although people in better off areas tend to be healthier that this was only a small problem, or not a problem at all that. Similarly, around a half of people in Scotland thought that certain people's health is poorer than others due to injustice in our society. This suggests that around half of people in Scotland believe that health inequalities exist.

At least two-thirds felt that housing, working conditions, genetic factors, not having learned to make healthy choices, and being poor were reasons why some people have poorer health than others, considerably higher than the half of people in Scotland who felt that poorer health is because of injustice in society.

The majority of people in Scotland agreed that 'large differences in people's incomes are unfair' and that the gap between those with high and low incomes is too large. Over three-quarters of those who said that the gap between those on high and low incomes is too large also agreed that large differences in people's incomes are unfair. Those who perceive income differences to be unfair were also more likely than others to believe that having more money can lead to better health with around three-quarters of those who agreed that large differences in incomes are unfair also saying that people with more money are better able to live healthy lives.

Two-thirds of people believed that 'some people have lower incomes than others because there is injustice in our society', considerably higher than the half that felt that health differences were due to societal injustice. In contrast, only around 4 in 10 thought that 'some people have higher incomes because they work harder' or 'because they do more valuable jobs'. Women were more likely than men to believe that lower incomes are caused

by injustice in society whereas men were more likely to believe that working hard and doing more valuable jobs are linked to having higher incomes.

In addition there was an association between believing that lower incomes are due to societal injustice and believing that people's health is worse due to being poor, showing that around three-quarters of those who view poverty as a cause of poorer health also believe that income differences are due to injustice.

But to what extent do people view individual choices as the reason for some people having poorer health and to what extent is it related to life circumstances? SSA 2016 found that people were more likely to think that the main contributory factor to poorer health was individual choices (40%) rather than life circumstances (32%) although around a quarter felt it was a bit of both.

When asked to choose between whether individuals or the government[16] is responsible for people's health in Scotland, again more people thought it was individuals, with nearly two-thirds saying that individuals are more responsible than the government. But although only around a quarter thought that the government was more responsible, half still thought the government should be doing more to reduce differences in health between those on high and low incomes. And over half were also willing to pay higher taxes to improve the health of poorer people in Scotland.

Whether people were on the left or the right of the political spectrum was associated with holding particular views on many of the questions on health and income inequalities. Those on the left of the political spectrum were more likely than those on the right of the political spectrum to believe that area based differences in health exist and that this is a big problem, that housing, working conditions and being poor were all causes of poorer health and that the main determinant of poorer health was life circumstances rather than individual choices.

Differences were particularly marked in relation to views on whether societal injustice was a cause of health and income differences. Those on the left of the political spectrum were six times as likely to agree that 'certain people's health is worse because of injustice in our society' compared with those on the right and twice as likely to agree that 'some people have lower incomes than others because there is injustice in our society'.

Those on the left of the political spectrum were also considerably more likely to view income differences as unfair and to have said that the gap between those with high and low incomes is too large. They were almost twice as likely as those on the right of the political spectrum to be willing to pay higher taxes to improve the health of people in Scotland as a whole.

There were significant differences in attitudes towards the role of government and individuals in relation to people's health between those on the left and those on the right of the political spectrum. Those on the right of the political spectrum almost unanimously agreed that individuals were more responsible for their own health than the government compared with less than 3 in 5 of those on the left of the political spectrum. In contrast, those on the left were almost twice as likely as those on the right of the political spectrum to say that they would be willing to pay higher taxes to improve the health of people in Scotland as a whole. Those on the left were also more likely than those on the right of the political spectrum to believe that government is not doing enough to reduce health

[16] See Chapter 5 p.35 for details on the use of the term 'government'.

inequalities, that is, they disagreed that government are doing enough to reduce the differences in health between those on high incomes and those on low incomes.

Annex A - References

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Annex B – Tables

Chapter 2 detailed tables

Table A2.a - Compared with those living in worse off areas, people living in better off areas tend to be ...

	Healthier	No difference	Less healthy	Don't Know / Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%		
Gender						
Male	77	17	4	2	*595*	*549*
Female	66	25	7	1	*642*	*688*
Highest educational qualification						
Degree / HE	82	12	5	1	*461*	*463*
Highers / A-levels	79	14	6	2	*259*	*218*
Standard Grade / GCSE	60	33	5	2	*288*	*291*
None	59	31	8	2	*220*	*255*
DK / Ref / NA	33	51	16	-	*9*	*10*
Household income quartiles						
Up to £14,300	56	36	6	2	*229*	*280*
Over £14,300 to £26,000	75	17	4	3	*202*	*211*
Over £26,000 to £44,200	75	18	6	1	*259*	*250*
Over £44,200	82	11	6	1	*261*	*233*
DK / Ref / NA	68	24	6	2	*285*	*263*
Area deprivation						
Least deprived	81	14	5	1	*227*	*206*
2	77	15	6	1	*248*	*288*
3	75	18	5	2	*229*	*263*
4	72	17	8	3	*220*	*206*
Most deprived	58	36	4	2	*313*	*274*
National Statistics socio-economic classification						
Employers in large orgs; higher management & professional	89	8	3	0	*119*	*129*
Lower prof & management; higher technical & supervisory	83	13	3	1	*278*	*296*
Intermediate occupations	67	23	8	1	*143*	*137*
Small employers & own account workers	74	18	7	1	*99*	*118*
Lower supervisory & technical occupations	69	25	6	-	*139*	*119*
Semi-routine occupations	64	26	9	1	*186*	*189*
Routine occupations	59	33	4	4	*148*	*153*
Not classified	29	58	-	13	*7*	*8*

Table A2.b - Would you say that people with more money are…

	Better able to live healthy lives	No difference	Less able to live healthy lives	Don't Know / Refused	***Bases weighted***	***Bases unweighted***
	%	**%**	**%**	**%**		
Highest educational qualification						
Degree / HE	76	22	1	1	*461*	*463*
Highers / A-levels	74	24	1	1	*259*	*218*
Standard Grade / GCSE	63	35	0	2	*288*	*291*
None	64	32	4	0	*220*	*255*
DK / Ref / NA	48	42	3	7	*9*	*10*
Left-right scale						
Left	76	23	1	0	*726*	*734*
Neither	65	32	2	1	*386*	*372*
Right	57	39	3	2	*100*	*107*
DK / Ref / NA	100	-	-	-	*1*	*1*

Table A2.c - Whether where people live makes a difference to health and whether this is a problem

	People in better off areas healthier and this is a problem	People in better off areas healthier but only small problem/not a problem	People in better off areas less healthy/where people live makes no difference to their health and this is a problem	People in better off areas less healthy /where people live makes no difference but only small problem/not a problem	Don't know / Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%	%		
Highest educational							
Degree / HE	61	20	4	12	3	*461*	*463*
Highers / A-levels	53	25	5	14	2	*259*	*218*
Standard Grade / GCSE	36	23	6	30	5	*288*	*291*
None	33	24	11	27	6	*220*	*255*
DK / Ref / NA	15	18	16	51	-	*9*	*10*
Household income quartiles							
Up to £14,300	38	17	13	28	4	*229*	*280*
over £14,300, up to £26,000	47	27	4	17	5	*202*	*211*
over £26,000 up to £44,200	52	22	5	17	3	*259*	*250*
over £44,200	62	20	4	12	3	*261*	*233*
DK / Ref / NA	40	27	4	25	4	*285*	*263*
Area deprivation							
Least deprived	61	19	6	13	1	*227*	*206*
2	51	26	5	14	4	*248*	*288*
3	49	26	6	17	3	*229*	*263*
4	50	21	5	19	5	*220*	*206*
Most deprived	35	22	7	32	4	*313*	*274*
National Statistics socio-economic classification							
Employers in large orgs; higher management & professional	60	29	3	8	0	*119*	*129*
Lower prof & management; higher technical & supervisory	59	22	3	12	4	*278*	*296*
Intermediate occupations	47	20	10	21	2	*143*	*137*
Small employers & own account workers	40	34	4	21	1	*99*	*118*
Lower supervisory & technical occupations	40	28	7	22	4	*139*	*119*
Semi-routine occupations	48	17	9	25	2	*186*	*189*
Routine occupations	36	20	9	28	8	*148*	*153*
Not classified	23	6	5	42	23	*7*	*8*
Left-right scale							
Left	55	19	6	18	2	*726*	*734*
Neither	39	28	6	22	5	*386*	*372*
Right	44	33	4	17	2	*100*	*107*

Chapter 3 detailed tables

Table A3.a - Certain people's health is worse than others because of the quality of the house they live in

	Agree	Neither Agree nor Disagree	Disagree	Don't Know / Refused	***Bases weighted***	***Bases unweighted***
	%	%	%	%		
Household income quartiles						
Up to £14,300	65	12	22	0	*229*	*280*
Over £14,300 to £26,000	75	11	12	2	*202*	*211*
Over £26,000 to £44,200	74	11	15	0	*259*	*250*
Over £44,200	77	12	11	0	*261*	*233*
Area deprivation						
Least deprived	76	13	11	0	*223*	*202*
2	78	12	9	1	*255*	*298*
3	72	12	15	1	*244*	*264*
4	72	10	18	1	*227*	*227*
Most deprived	65	11	23	0	*287*	*246*
National Statistics socio-economic classification						
Managerial & professional	73	12	15	1	*397*	*425*
Intermediate occupations	85	5	9	1	*143*	*137*
Small employers / sole traders	76	9	14	1	*99*	*118*
Lower supervisory & technical	69	15	16	0	*139*	*119*
Semi-routine & routine	67	14	18	1	*334*	*342*
Left-right scale						
Left	76	11	12	0	*726*	*734*
Neither	68	13	18	0	*386*	*372*
Right	62	11	26	1	*100*	*107*
Belief that health is mainly determined through choice or circumstances						
Mainly because of the way they choose to lead their lives	58	16	25	1	*500*	*517*
Mainly because of the circumstances that they live in	83	9	8	0	*399*	*382*
A bit of both (spontaneous response only)	81	8	10	1	*325*	*325*
Belief that where people live makes a difference to health and whether this is a problem						
People in better off areas healthier, and this is a problem	83	9	7	0	*595*	*598*
People in better off areas healthier, but only small problem / not a problem	66	13	20	1	*279*	*278*
People in better off areas less healthy / where people live makes no difference to their health, and this is a problem	72	11	17	0	*76*	*79*
People in better off areas less healthy / where people live makes no difference, but only small problem / not a problem	56	15	29	0	*244*	*238*
Anybody can make healthy choices						
Agree	69	13	18	1	*980*	*995*
Neither	90	6	4	0	*82*	*77*
Disagree	86	7	7	0	*175*	*164*

Table A3.b - Certain people's health is worse than others because they haven't learned to make healthy choices

	Agree	Neither Agree nor Disagree	Disagree	Don't Know / Refuse	*Bases weighted*	*Bases unweighted*
	%	%	%	%		
Highest educational qualification						
Degree / HE	88	6	6	0	*461*	*463*
Highers / A-levels	80	12	7	0	*259*	*218*
Standard Grade / GCSE	76	14	10	0	*288*	*291*
None	78	10	10	2	*220*	*255*
Area deprivation						
Least deprived	85	9	6	0	*223*	*202*
2	88	7	6	0	*255*	*298*
3	79	10	9	1	*244*	*264*
4	83	8	9	0	*227*	*227*
Most deprived	76	14	10	1	*287*	*246*
National Statistics socio-economic classification						
Managerial & professional	84	9	7	0	*397*	*425*
Intermediate occupations	90	8	3	0	*143*	*137*
Small employers / sole traders	88	5	5	2	*99*	*118*
Lower supervisory & technical	81	12	7	0	*139*	*119*
Semi-routine & routine	75	12	13	1	*334*	*342*
Left-right scale						
Left	81	10	9	0	*726*	*734*
Neither	83	11	6	0	*386*	*372*
Right	91	4	6	0	*100*	*107*
Belief that health is mainly determined through choice or circumstances						
Mainly because of the way they choose to lead their lives	86	7	7	0	*500*	*517*
Mainly because of the circumstances that they live in	74	16	11	0	*399*	*382*
A bit of both (spontaneous response only)	85	8	6	1	*325*	*325*
Belief that where people live makes a difference to health and whether this is a problem						
People in better off areas healthier, and this is a problem	84	9	6	0	*595*	*598*
People in better off areas healthier, but only small problem / not a problem	83	9	7	1	*279*	*278*
People in better off areas less healthy / where people live makes no difference to their health, and this is a problem	90	6	5	0	*76*	*79*
People in better off areas less healthy / where people live makes no difference, but only small problem / not a problem	73	12	14	0	*244*	*238*

Table A3.c - Certain people's health is worse than others because of genetic conditions that have been passed down from their parents

Belief that where people live makes a difference to health and whether this is a problem	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Don't Know / Refused**	***Bases weighted***	***Bases unweighted***
	%	**%**	**%**	**%**		
People in better off areas healthier, and this is a problem	75	12	13	0	*595*	*598*
People in better off areas healthier, but only small problem / not a problem	71	18	10	2	*279*	*278*
People in better off areas less healthy / where people live makes no difference to their health, and this is a problem	68	14	18	0	*76*	*79*
People in better off areas less healthy / where people live makes no difference, but only small problem / not a problem	61	20	19	1	*244*	*238*

Table A3.d - Certain people's health is worse than others because of the conditions they work in						
	Agree	**Neither Agree nor Disagree**	**Disagree**	**Don't Know / Refused**	***Bases weighted***	***Bases unweighted***
	%	**%**	**%**	**%**		
Age						
16-29	71	16	13	0	*265*	*158*
30-39	74	15	11	0	*193*	*171*
40-64	64	17	19	1	*506*	*547*
65+	62	17	20	1	*273*	*361*
Left-right scale						
Left	72	14	13	1	*726*	*734*
Neither	61	18	21	0	*386*	*372*
Right	48	24	28	0	*100*	*107*
Belief that health is mainly determined through choice or circumstances						
Mainly because of the way they choose to lead their lives	58	17	25	0	*500*	*517*
Mainly because of the circumstances that they live in	75	15	9	0	*399*	*382*
A bit of both (spontaneous response only)	69	16	14	1	*325*	*325*
Belief that where people live makes a difference to health and whether this is a problem						
People in better off areas healthier, and this is a problem	70	15	14	1	*595*	*598*
People in better off areas healthier, but only small problem / not a problem	61	18	20	1	*279*	*278*
People in better off areas less healthy / where people live makes no difference to their health, and this is a problem	73	8	19	0	*76*	*79*
People in better off areas less healthy / where people live makes no difference, but only small problem / not a problem	62	18	20	0	*244*	*238*
Anybody can make healthy choices						
Agree	63	17	20	1	*980*	*995*
Neither	86	11	3	0	*82*	*77*
Disagree	75	16	8	0	*175*	*164*

Table A3.e - Certain people's health is worse than others because they are poor

	Agree	Neither Agree nor Disagree	Disagree	Don't Know / Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%		
Left-right scale						
Left	74	12	13	0	*726*	*734*
Neither	59	14	27	0	*386*	*372*
Right	45	12	43	0	*100*	*107*
Belief that health is mainly determined through choice or circumstances						
Mainly because of the way they choose to lead their lives	50	15	35	0	*500*	*517*
Mainly because of the circumstances that they live in	83	6	10	0	*399*	*382*
A bit of both (spontaneous response only)	75	16	10	0	*325*	*325*
Belief that where people live makes a difference to health and whether this is a problem						
People in better off areas healthier, and this is a problem	82	8	11	0	*595*	*598*
People in better off areas healthier, but only small problem / not a problem	58	19	24	0	*279*	*278*
People in better off areas less healthy / where people live makes no difference to their health, and this is a problem	73	13	14	0	*76*	*79*
People in better off areas less healthy / where people live makes no difference, but only small problem / not a problem	43	17	40	0	*244*	*238*
Anybody can make healthy choices						
Agree	61	15	25	0	*980*	*995*
Neither	90	7	4	0	*82*	*77*
Disagree	93	3	3	0	*175*	*164*

Table A3.f - Certain people's health is worse than others because of injustice in our society

	Agree	Neither Agree nor Disagree	Disagree	Don't Know / Refuse	***Bases weighted***	***Bases unweighted***
	%	%	%	%		
Gender						
Male	46	22	31	2	*595*	*549*
Female	56	18	24	1	*642*	*688*
Household income quartiles						
Up to £14,300	57	15	26	3	*229*	*280*
over £14,300, up to £26,000	60	21	18	1	*202*	*211*
over £26,000 up to £44,200	45	22	32	1	*259*	*250*
over £44,200	53	18	30	0	*261*	*233*
Left-right scale						
Left	64	16	18	1	*726*	*734*
Neither	38	25	36	1	*386*	*372*
Right	10	25	64	1	*100*	*107*
Belief that health is mainly determined through choice or circumstances						
Mainly because of the way they choose to lead their lives	31	28	40	1	*500*	*517*
Mainly because of the circumstances that they live in	73	11	15	1	*399*	*382*
A bit of both (spontaneous response only)	54	19	25	2	*325*	*325*
Belief that where people live makes a difference to health and whether this is a problem						
People in better off areas healthier, and this is a problem	62	16	21	1	*595*	*598*
People in better off areas healthier, but only small problem / not a problem	37	26	35	2	*279*	*278*
People in better off areas less healthy / where people live makes no difference to their health, and this is a problem	59	23	18	0	*76*	*79*
People in better off areas less healthy / where people live makes no difference, but only small problem / not a problem	42	19	38	2	*244*	*238*
Anybody can make healthy choices						
Agree	44	22	32	2	*980*	*995*
Neither	79	10	10	0	*82*	*77*
Disagree	80	12	8	0	*175*	*164*

Table A3.g - There are different views about why certain people in Scotland have poorer health than others in Scotland. Some say it's mainly because of the way they choose to lead their lives. Others say it is mainly because of the circumstances that they have to live in. What would you say is the main reason?

	Choice	Circum-stance	A bit of both (spontaneous)	Don't Know / Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%		
Gender						
Male	45	31	24	0	*595*	*549*
Female	36	33	29	2	*642*	*688*
Highest educational qualification						
Degree / HE	35	36	29	1	*461*	*463*
Highers / A-levels	39	33	27	2	*259*	*218*
Standard Grade / GCSE	50	27	22	0	*288*	*291*
None	41	32	26	1	*220*	*255*
National Statistics socio-economic classification						
Managerial & professional	35	36	27	1	*397*	*425*
Intermediate occupations	41	29	29	1	*143*	*137*
Small employers / sole traders	57	19	24	0	*99*	*118*
Lower supervisory & technical	45	33	21	0	*139*	*119*
Semi-routine & routine	42	30	27	1	*334*	*342*
Left-right scale						
Left	34	40	26	0	*726*	*734*
Neither	45	23	30	2	*386*	*372*
Right	67	14	19	0	*100*	*107*
Belief that where people live makes a difference to health and whether this is a problem						
People in better off areas healthier, and this is a problem	28	44	28	0	*595*	*598*
People in better off areas healthier, but only small problem / not a problem	49	19	29	2	*279*	*278*
People in better off areas less healthy / where people live makes no difference to their health, and this is a problem	49	27	21	4	*76*	*79*
People in better off areas less healthy / where people live makes no difference, but only small problem / not a problem	56	24	19	0	*244*	*238*
Anybody can make healthy choices						
Agree	47	26	26	1	*980*	*995*
Neither	14	45	40	0	*82*	*77*
Disagree	17	58	24	1	*175*	*164*

Chapter 4 detailed tables

Table A4.a - Some people have higher incomes than others because they work harder

	Agree	Neither Agree nor Disagree	Disagree	Don't Know / Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%		
Gender						
Male	48	14	37	0	*595*	*549*
Female	37	18	44	0	*642*	*688*
Large differences in incomes are unfair						
Agree	36	17	46	0	*833*	*824*
Neither	49	19	32	0	*186*	*194*
Disagree	63	10	27	0	*209*	*207*

Table A4.b - Some people have higher incomes than others because they do more valuable jobs

	Agree	Neither Agree nor Disagree	Disagree	Don't Know / Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%		
Gender						
Male	51	16	33	0	*595*	*549*
Female	35	19	46	0	*642*	*688*
Highest educational qualification						
Degree / HE	37	20	43	1	*461*	*463*
Highers / A-levels	36	17	47	0	*259*	*218*
Standard Grade / GCSE	49	17	34	0	*288*	*291*
None	51	15	34	1	*220*	*255*
Large differences in incomes are unfair						
Agree	38	17	44	0	*833*	*824*
Neither	51	22	27	0	*186*	*194*
Disagree	49	18	33	0	*209*	*207*

Table A4.c - Some people have higher incomes than others because there is injustice in our society

	Agree	Neither Agree nor Disagree	Disagree	Don't Know / Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%		
Gender						
Male	61	19	20	1	*595*	*549*
Female	72	13	14	1	*642*	*688*
Left-right scale						
Left	77	13	10	0	*726*	*734*
Neither	55	19	24	1	*386*	*372*
Right	37	18	45	0	*100*	*107*
Health differences because of injustice						
Agree	83	8	8	1	*633*	*622*
Neither	55	29	15	1	*248*	*246*
Disagree	44	19	36	0	*339*	*348*
Large differences in incomes are unfair						
Agree	78	12	9	1	*833*	*824*
Neither	52	26	22	0	*186*	*194*
Disagree	35	22	43	0	*209*	*207*

Table A4.d - Large differences in people's incomes are unfair

	Agree	Neither Agree nor Disagree	Disagree	Don't Know / Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%		
Gender						
Male	63	15	22	0	*595*	*549*
Female	72	15	12	1	*642*	*688*
Left-right scale						
Left	80	11	9	0	*726*	*734*
Neither	55	20	24	1	*386*	*372*
Right	26	20	53	1	*100*	*107*
Gap between high and low incomes too large						
Too large	78	12	10	0	*891*	*893*
About right	36	23	41	0	*224*	*219*
Too small	51	20	26	4	*28*	*30*
Don't know / refused	49	22	26	3	*94*	*95*

Table A4.e - Thinking of income levels generally in Scotland today, would you say that the gap between those with high incomes and those with low incomes is too large, about right, or too small?

	Too large	About right	Too small	Don't Know / Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%		
Age						
16-29	66	20	4	10	*265*	*158*
30-39	72	19	2	6	*193*	*171*
40-64	77	16	1	6	*506*	*547*
65+	69	19	2	9	*273*	*361*
Left-right scale						
Left	81	12	2	5	*726*	*734*
Neither	63	22	3	12	*386*	*372*
Right	40	48	0	12	*100*	*107*

Table A4.f - Would you say that people with more money are better able to live healthy lives, less able to live healthy lives, or does it make no difference?

	Better able to live healthy lives	Less able to live healthy lives	Makes no difference	Don't Know / Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%		
Health differences because of injustice						
Agree	0	0	0	0	-	-
Neither	0	0	0	0	-	-
Disagree	0	0	0	0	-	-
Large differences in incomes are unfair						
Agree	0	0	0	0	-	-
Neither	57	2	41	1	*224*	*219*
Disagree	48	6	46	0	*28*	*30*

Chapter 5 detailed tables

Table A5.a - Here is a scale where 1 means 'people are entirely responsible for their own health' and 7 means 'the Government is responsible for people's health'

	People are more responsible than the government for their own health	Both people and the government are responsible for people's health	The government is more responsible than people for people's health	Don't Know	Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%	%		
Household income quartiles							
Up to £14,300	50	35	14	1	-	*229*	*280*
over £14,300, up to £26,000	57	29	14	0	0	*202*	*211*
over £26,000 up to £44,200	71	21	8	0	-	*259*	*250*
over £44,200	71	23	6	0	-	*261*	*233*
Area deprivation							
Least deprived	63	28	9	-	-	*223*	*202*
2	66	23	11	0	-	*255*	*298*
3	68	24	7	1	-	*244*	*264*
4	61	25	13	1	0	*227*	*227*
Most deprived	54	31	13	2	-	*287*	*246*
Left-right scale							
Left	57	30	13	0	-	*726*	*734*
Neither	66	26	8	0	0	*386*	*372*
Right	91	8	1	-	-	*100*	*107*
Anybody can make healthy choices							
Agree	67	23	9	1	-	*980*	*995*
Neither	49	30	21	-	-	*82*	*77*
Disagree	42	41	17	-	0	*175*	*164*
DK	-	100	-	-	-	*1*	*1*
RF	-	-	-	-	-	-	-
Government is doing enough to reduce differences in health between those on high incomes and low incomes							
Agree	72	17	11	-	-	*291*	*276*
Neither	66	25	8	0	-	*286*	*300*
Disagree	57	31	12	0	0	*616*	*607*
DK	55	29	2	13	-	*43*	*53*
RF	100	-	-	-	-	*1*	*1*

Table A5.b - Anybody can make healthy choices if they want to

	Agree	Neither Agree nor Disagree	Disagree	Don't Know	*Bases weighted*	*Bases unweighted*
	%	%	%	%		
Highest educational qualification						
Degree / HE	71	8	22	-	*461*	*463*
Highers / A-levels	80	8	12	-	*259*	*218*
Standard Grade / GCSE	86	4	9	-	*288*	*291*
None	86	6	8	0	*220*	*255*
Left-right scale						
Left	76	7	17	-	*726*	*734*
Neither	81	6	13	0	*386*	*372*
Right	94	2	4	-	*100*	*107*

Table A5.c - The government is doing enough to reduce differences in health between those on high incomes and those on low incomes

	Agree	Neither Agree nor Disagree	Disagree	Don't Know	Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%	%		
Left-right scale							
Left	21	21	56	2	0	*726*	*734*
Neither	26	26	44	4	-	*386*	*372*
Right	32	35	28	5	-	*100*	*107*
Willingness to pay higher taxes to improve health of poorer people in Scotland							
Willing	22	21	55	2	-	*704*	*688*
Neither	27	27	44	2	-	*283*	*285*
Unwilling	25	25	42	7	0	*219*	*233*
DK	9	52	39		-	*5*	*7*
RF	100				-	*1*	*1*

Table A5.d - How willing or unwilling would you be to pay higher taxes to improve the health of people in Scotland as a whole?

	Willing	Neither willing nor unwilling	Unwilling	Don't Know	Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%	%		
Highest educational qualification							
Degree / HE	61	18	21	-	-	*460*	*461*
Highers / A-levels	56	29	15	-	-	*258*	*216*
Standard Grade / GCSE	54	25	21	0	-	*280*	*287*
None	47	24	27	2	0	*207*	*242*
DK/Ref/NA	46	18	27	-	10	*7*	*8*
Household income quartiles							
Up to £14,300	54	26	19	0	-	*226*	*276*
over £14,300, up to £26,000	56	20	24		0	*198*	*206*
over £26,000 up to £44,200	56	23	20	1	-	*259*	*250*
over £44,200	64	17	19	0	-	*261*	*233*
DK/Ref/NA	48	29	22	1	0	*267*	*249*
National Statistics socio-economic classification							
Managerial & professional	63	18	19	-	0	*397*	*424*
Intermediate occupations	63	17	19	1	-	*136*	*132*
Small employers / sole traders	54	21	24	-	-	*97*	*116*
Lower supervisory & technical	53	31	16	1	-	*138*	*117*
Semi-routine & routine	49	24	25	1	0	*327*	*334*
Not classified	32	33	24	10	-	*7*	*8*
Left-right scale							
Left	62	19	18	0	0	*726*	*734*
Neither	49	30	21	0	-	*386*	*372*
Right	35	23	42	-	-	*100*	*107*
DK/Ref/NA	100	-	-	-	-	*1*	*1*

Table A5.e - How willing or unwilling would you be to pay higher taxes to improve the health of poorer people in Scotland?

	Willing	Neither willing nor unwilling	Unwilling	Don't Know	Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%	%		
Left-right scale							
Left	65	20	14	1	0	*726*	*734*
Neither	51	30	19	0	-	*386*	*372*
Right	34	21	45	-	-	*100*	*107*
DK/Ref/NA	100	-	-	-	-	*1*	*1*

Table A5.f - There are different views about why certain people in Scotland have poorer health than others in Scotland. Some say it's mainly because of the way they choose to lead their lives. Others say it is mainly because of the circumstances that they have to live in.

	...mainly because of the way they choose to lead their lives	or, mainly because of the circumstances that they have to live in	(SPONTANEOUS ONLY: A bit of both)	Don't Know	*Bases weighted*	*Bases unweighted*
	%	%	%	%		
Who is responsible for people's health in Scotland						
People more than government	46	28	25	1	*770*	*789*
Both equally responsible	30	38	31	1	*325*	*316*
Government more than people	31	47	22	0	*132*	*123*
DK	48	9	30	13	*9*	*8*
Anybody can make healthy choices						
Agree	47	26	26	1	*980*	*995*
Neither	14	45	40		*82*	*77*
Disagree	17	58	24	1	*175*	*164*

Table A5.g - Whether where people live makes a difference to health and whether this is a problem

	People in better off areas healthier, and this is a problem	People in better off areas healthier, but only small problem / not a problem	People in better off areas less healthy / where people live makes no difference to their health, and this is a problem	People in better off areas less healthy / where people live makes no difference, but only small problem / not a problem	Don't know / Refused	*Bases weighted*	*Bases unweighted*
	%	%	%	%	%		
Government is doing enough to reduce differences in health between those on high incomes and low incomes							
Agree	42	29	5	21	3	*291*	*276*
Neither	39	28	7	23	4	*286*	*300*
Disagree	57	16	6	18	2	*616*	*607*
DK	28	27	6	15	24	*43*	*53*
RF	-	100	-	-	-	*1*	*1*
Willingness to pay higher taxes to improve health of all people in Scotland							
Willing	56	20	5	16	2	*677*	*653*
Neither	39	30	10	18	3	*277*	*278*
Unwilling	39	23	5	27	6	*252*	*276*
DK	47	-	-	30	23	*5*	*5*
RF	100	-	-	-	-	*1*	*2*
Willingness to pay higher taxes to improve health of poorer people in Scotland							
Willing	56	20	6	15	2	*704*	*688*
Neither	39	29	5	24	3	*283*	*285*
Unwilling	37	23	7	25	8	*219*	*233*
DK	63	-	-	23	14	*5*	*7*
RF	100	-	-	-	-	*1*	*1*