



Highland Community Planning Partnership

Indicator report on health inequalities

Prepared by NHS Highland Public Health Intelligence team

DRAFT - 19th September 2025

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Introduction

The overall vision set out in the Highland Outcome Improvement Plan (2024-2027) is to: 'Maximise Opportunities and **Tackle Inequality** to Build a Thriving Highlands For All'.

Health inequalities are unfair differences in health experienced by different groups of people.¹ Health inequalities are **avoidable** and mostly occur due to circumstances beyond the control of an individual. Examples of health inequalities include lower life expectancy experienced by those living in the most deprived areas compared to the least deprived areas, and poorer health experienced by those with learning disabilities.^{2,3,4}

Scotland's new Population Health Framework⁵ sets out a 10-year plan to

- **improve life expectancy**
- **reduce the gap in life expectancy** between those living in the most deprived areas and the national average.

It recognises that the fundamental causes of health inequalities are the unequal distribution of income, power and wealth between different groups in society. These result in differences in social, economic and environmental factors such as good education, healthy places, safe housing and fair work which are the building blocks of health.

The framework sets out the importance of **local partnership working**. It challenges all partners to shift focus (from treating illness) to **preventing poor health** by **improving the building blocks** of health. Initial priorities for action are:

- tackling healthy weight
- embedding prevention in our systems

Community Planning has a role in addressing health inequalities, particularly through **collective leadership and shared accountability**. This indicator report aims to support Highland Community Planning Partnership to better understand the areas for action to reduce health inequalities in Highland. Selected **indicators of health inequalities** are displayed organised by the eight Marmot principles.⁶ The Marmot principles describe the evidence-based **actions needed** to improve the building blocks of health and **reduce health inequalities**.

Marmot principles

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

References

1. Public Health Scotland. Health Inequalities <https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/health-inequalities>
2. NHS Highland. Annual Report of the Director of Public Health, 2024 <https://www.nhshighland.scot.nhs.uk/media/ilcfnstz/annual-report-of-the-director-of-public-health-2024-health-inequalities.pdf>
3. Finch D., Wilson H. & Bibby J. 2023 Leave no one behind: The state of health and health inequalities in Scotland <https://www.health.org.uk/reports-and-analysis/reports/leave-no-one-behind>
4. Catalano A, Congreve E, Jack D, Smith K. 2024 Inequality Landscape: Health and Socioeconomic Divides in Scotland. Scottish Health Equity Research Unit <https://scothealthequity.org/2024-inequality-landscape/>
5. Scottish Government. Scotland's Population Health Framework <https://www.gov.scot/publications/scotlands-population-health-framework>
6. Institute of Health. Equity Marmot Places <https://www.instituteofhealthequity.org/taking-action/marmot-places>

Important data notes

Health inequalities can arise across a wide range of population characteristics. These include those legally protected under the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. In addition, inequalities are commonly observed across other factors such as income, socioeconomic deprivation, urban-rural classification, and island versus mainland location.

Data availability varies across these characteristics, and not all are consistently captured or published. There are frequently gaps in data by ethnicity and for particular population groups. Where data are not available for Highland, data for Scotland are sometimes presented.

To enable text to fit on the chart legends, acronyms have been used for two community partnership areas:

B&S Badenoch and Strathspey
SLWR Skye, Lochalsh and West Ross

Error bars represent 95% confidence intervals, unless stated otherwise.

Data relate to Highland unless stated.

Age-sex standardised rates are calculated using European Standard Population 2013

Sources provided in brackets e.g. (1) relate to the data in figures.

Data provided are the most recently available at the time the report was prepared.

Scottish Index of Multiple Deprivation (SIMD)

Deprivation and SIMD

Among the most well-documented health inequalities are those occurring by deprivation, which is frequently analysed using the Scottish Index of Multiple Deprivation (SIMD). SIMD provides a framework for understanding how determinants of health, such as income, employment, education, and access to services, contribute to poorer health outcomes.

SIMD is generated by ranking small areas (datazones) across multiple domains of deprivation. These are commonly grouped into quintiles (or deciles) with quintile 1 comprising areas ranked the most deprived and quintile 5 comprising areas ranked the least deprived.

Population of Highland by SIMD

National SIMD quintiles facilitate consistent comparisons across Scotland and are essential for identifying areas with the most significant health disadvantages. Highland has a lower proportion of people in the most and the least deprived quintiles in Scotland (1). Scotland, by definition, has a similar number of people in each quintile.

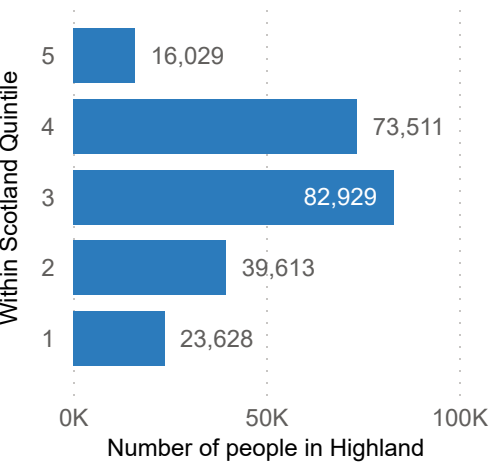
Using local SIMD quintiles (e.g. within Highland) generate a similar number of people in each quintile (2). This approach can help monitor local inequalities and support comparisons within local areas. In this report, local (within Highland) quintiles are presented unless stated otherwise.

Population of Community Partnership Areas by SIMD

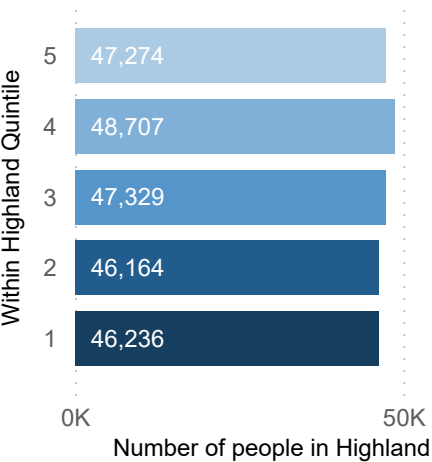
Badenoch and Strathspey is the Community Partnership area with the lowest percentage of people living in the most deprived two SIMD quintiles and the highest proportion in the least deprived two SIMD quintiles (3).

East Ross has the highest proportion of people living in the most deprived quintile, followed by Caithness. Sutherland, East Ross and Caithness have a similar proportion living in the most deprived two quintiles within Highland.

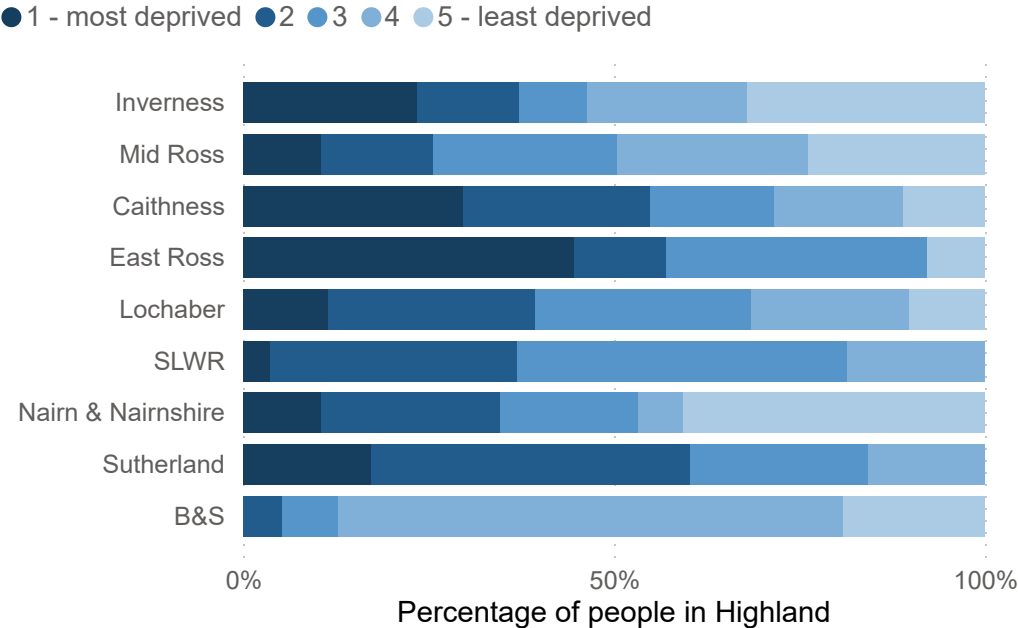
1) Population size by within Scotland SIMD quintile



2) Population size by within Highland SIMD quintile



3) Population size by within Highland SIMD quintile and Community Partnership area



Important notes

It is important to note that SIMD is an area-based measure of deprivation and not a measure of individual circumstances. Not all individuals living in the most deprived SIMD quintile necessarily experience deprivation and, conversely, there may be individuals experiencing deprivation living in the least deprived areas.

SIMD tends to highlight deprivation in urban areas where people are more likely to be of similar socio-economic status. Small rural areas tend to be more mixed by socioeconomic status and are less likely to be amongst the most or the least deprived.

Sources

1,2,3) Scottish Government. Scottish Index of Multiple Deprivation, 2020
<https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>
1,2,3) National Records of Scotland. 2022 mid-year estimates via Public Health Scotland
<https://www.opendata.nhs.scot/>
3) Public Health Scotland. Sub-HSCP geographies
<https://www.opendata.nhs.scot/>

Further information

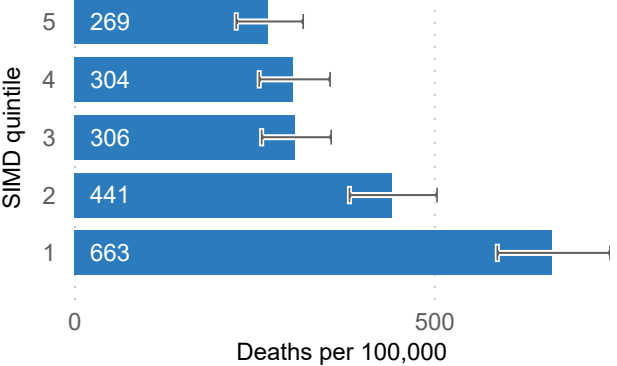
Scottish Government. Scottish Index of Multiple Deprivation: rural deprivation evidence review and case studies
<https://www.gov.scot/publications/scottish-index-of-multiple-deprivation-rural-deprivation-evidence-review-and-case-studies/>
Fischbacher, CM. Identifying “deprived individuals”: are there better alternatives to the Scottish Index of Multiple Deprivation (SIMD) for socioeconomic targeting in individually based programmes addressing health inequalities in Scotland?
<https://www.scotpho.org.uk/media/1166/scotpho140109-simd-identifyingdeprivedindividuals.pdf>

Overarching indicators

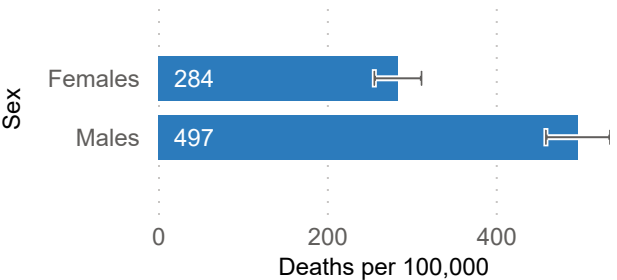
Deaths, under 75 years

Latest 3-year period
2021-2023

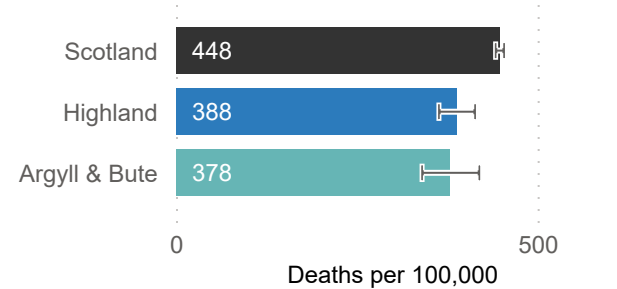
1) by SIMD (latest 3-year period)



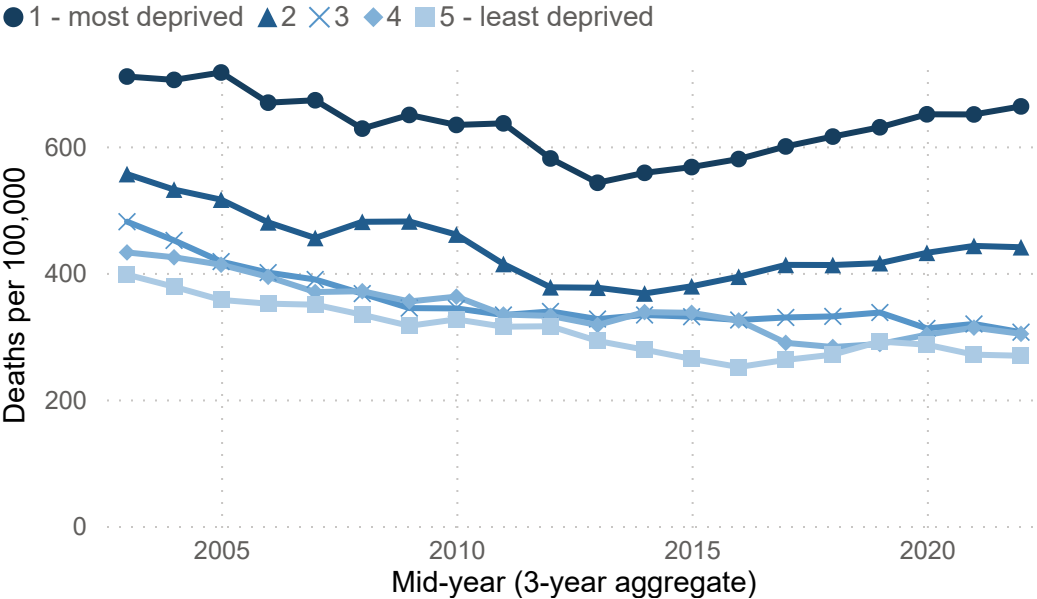
3) by sex (latest 3-year period)



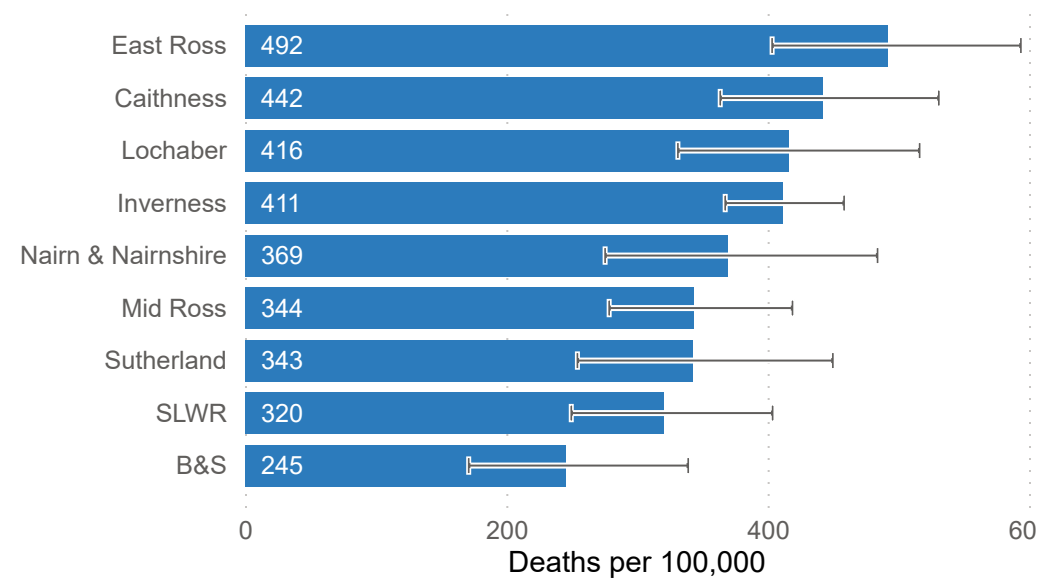
4) by area (latest 3-year period)



2) by SIMD over time



5) by Community Partnership area, latest 3-year period



Rationale

Death (mortality) rates are a key indicator of population health. Mortality rates in those aged under 75 years are used as they provide a measure of premature mortality, which reflects the impact of preventable diseases and social factors on a population's well-being. Premature mortality has typically decreased over time but this stalled in Scotland and the UK around 2012 and this has been linked to social and economic factors.

Inequalities

Mortality rates in Highland improved (decreased) for all SIMD quintiles between 2002-2004 and 2012-2014. However, rates have increased over the past decade, particularly for those living in more deprived areas (2). In the latest year, premature mortality rates remain highest in the most deprived quintile and the lowest in the least deprived quintile (1). Male mortality rates under age 75 are significantly higher than female rates (3), a trend that is consistent over time. The overall Highland rate is significantly lower than Scotland and comparable to Argyll & Bute (4). Across Highland, the lowest rate was in Badenoch and Strathspey and the highest was in East Ross (5).

Sources

1,2,4,5) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
3) National Records of Scotland
<https://www.nrscotland.gov.uk/publications/age-standardised-death-rates-calculated-using-the-european-standard-population/#>

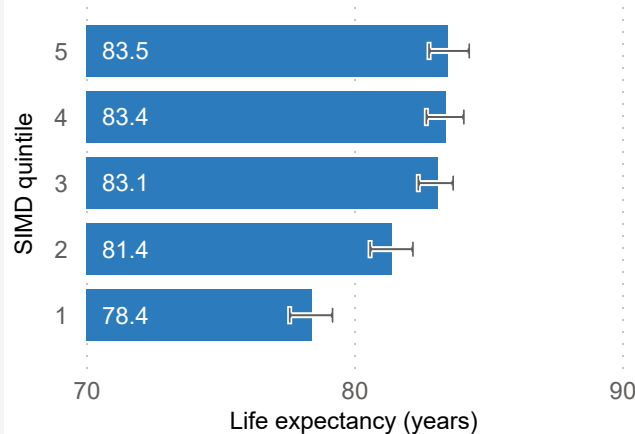
Further information

National Records of Scotland. Statistics and data
<https://www.nrscotland.gov.uk/statistics-and-data/births-deaths-marriages-and-life-expectancy/#>
Scottish Public Health Observatory. Stalling Mortality Trends
<https://www.scotpho.org.uk/population-dynamics/stalling-mortality-trends/key-points/>

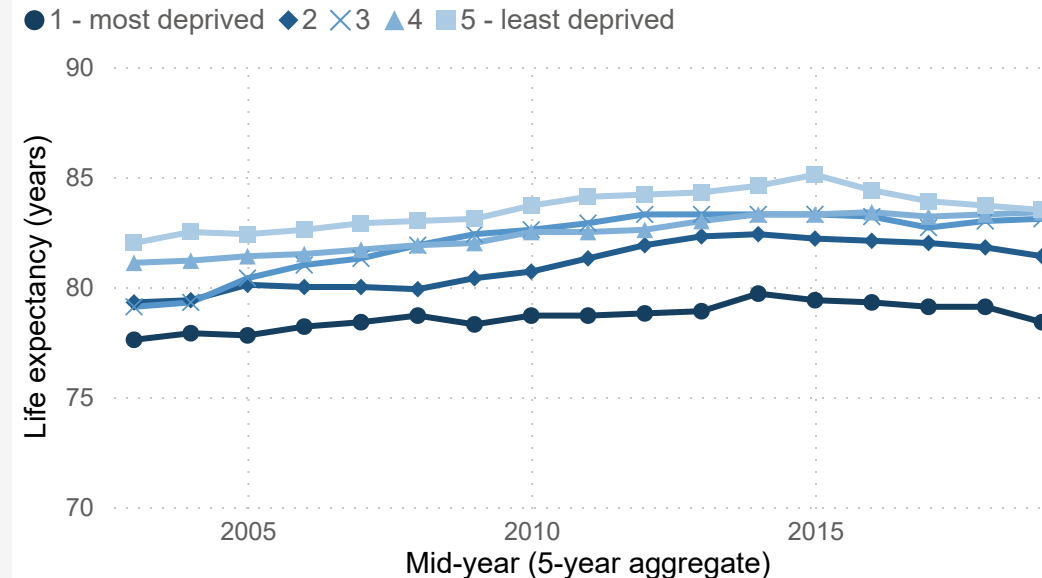
Female Life Expectancy

Latest 5-year period
2017-2021

1) by SIMD (latest 5-year period)



2) by SIMD over time



Rationale

Life expectancy at birth is a sentinel indicator of population health. It reflects the average number of years a person born would live if they experienced the age-specific mortality rates of the given period. Rising life-expectancy has historically signalled progress in public health, living standards and social development. This trend stalled around 2012 in Scotland and the UK and this has been linked to social and economic factors.

Inequalities

Life expectancy for females remains lowest for those living in the most deprived SIMD quintile (1,2). Female life expectancy decreased in most and least deprived quintiles in recent years.

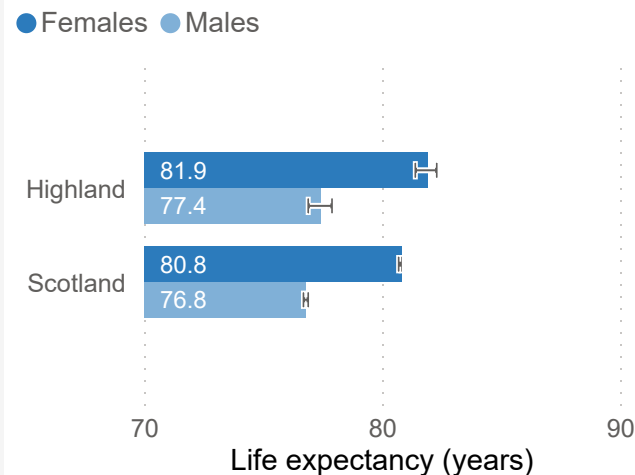
Male life expectancy is consistently lower than female life expectancy in Highland as well as Scotland (3).

Female life expectancy is higher in Highland compared to Scotland (3).

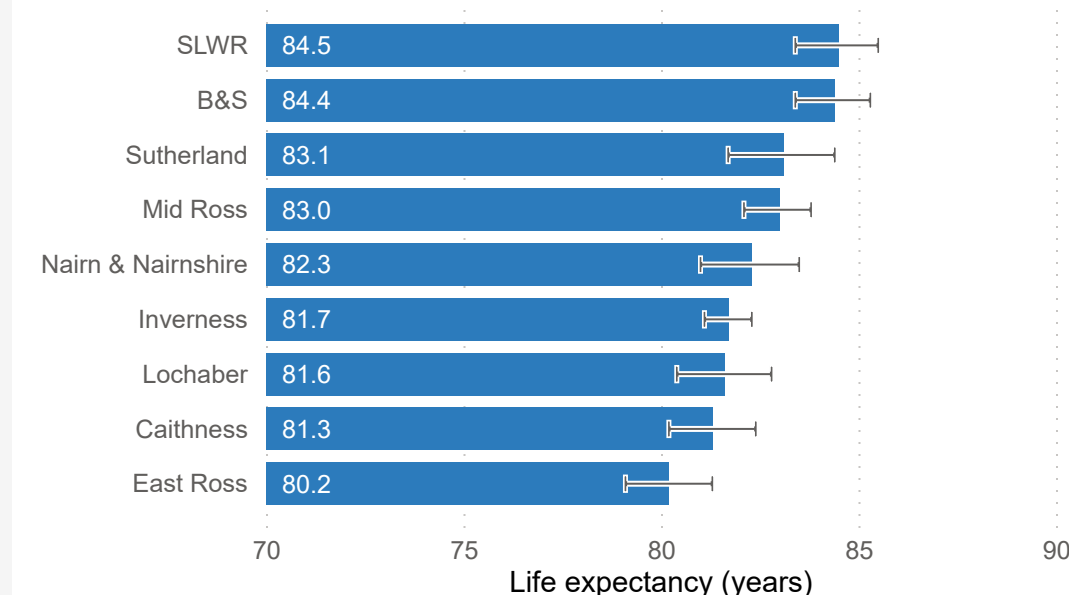
Across Highland localities there was a statistically significant difference in female life expectancy; the highest female life expectancy was in Skye, Lochalsh & West Ross and Badenoch and Strathspey, and the lowest in East Ross (4).

Latest 3-year period
2021 to 2023

3) by sex (latest 3-year period)



4) by Community Partnership area, latest 5-year period



Source

Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Public Health Observatory. Health and life expectancies
<https://www.scotpho.org.uk/population-dynamics/health-and-life-expectancies>

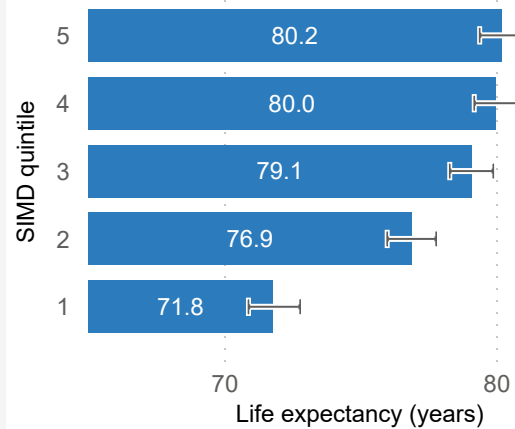
National Records of Scotland. Life expectancy in Scotland
<https://www.nrscotland.gov.uk/publications/life-expectancy-in-scotland-2021-2023/>

Glasgow Centre for Population Health. Changing life expectancy
<https://www.gcph.co.uk/our-work/43-changing-life-expectancy>

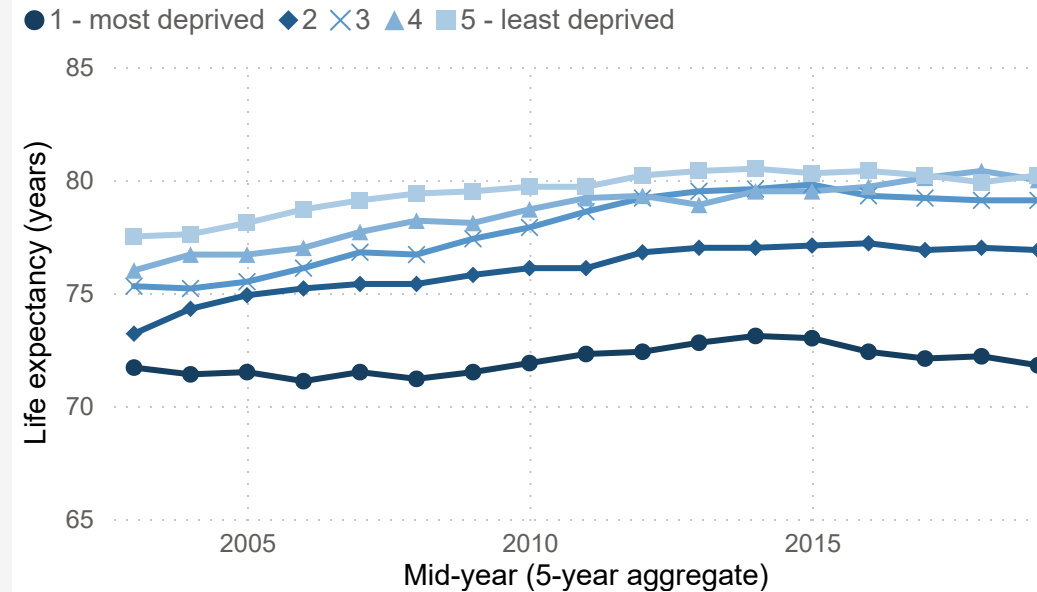
Male Life Expectancy

Latest 5-year period
2017-2021

1) by SIMD (latest 5-year period)

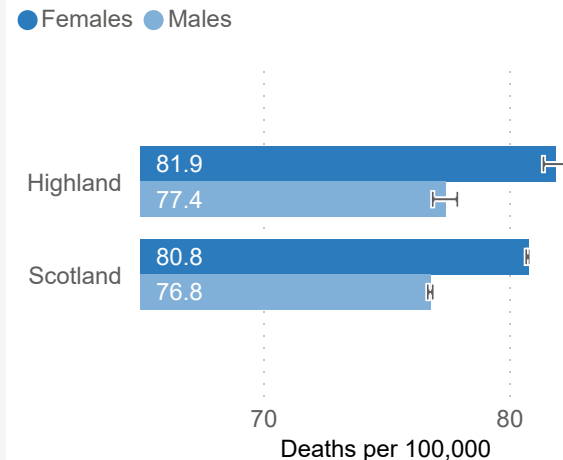


2) by SIMD over time

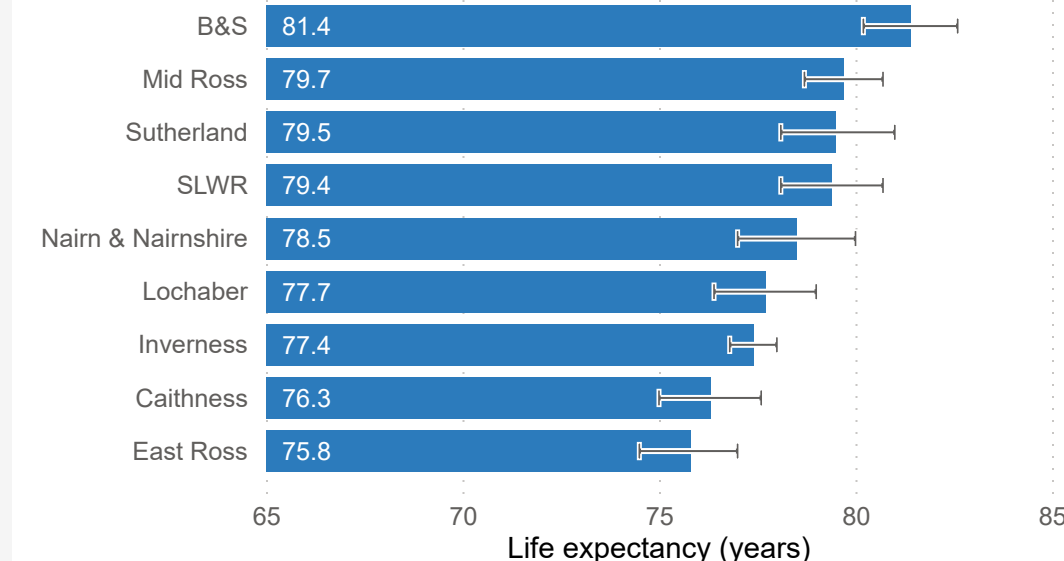


Latest 3-year period
2021 to 2023

3) by sex (latest 3-year period)



4) by Community Partnership area, latest 5-year period



Rationale

Life expectancy at birth is a sentinel indicator of population health. It reflects the average number of years a person born would live if they experienced the age-specific mortality rates of the given period. Rising life-expectancy has historically signalled progress in public health, living standards and social development. This trend stalled around 2012 in Scotland and the UK and this has been linked to social and economic factors.

Inequalities

Life expectancy for males remains lowest for those living in the most deprived SIMD quintile (1,2). Male life expectancy decreased in the most deprived quintile in recent years, widening the inequality between the most deprived and other quintiles.

Female life expectancy is consistently Higher than male life expectancy in Highland as well as Scotland (3).

Male life expectancy is higher in Highland compared to Scotland (3).

Across Highland localities there was a statistically significant difference in male life expectancy; the highest male life expectancy was in Badenoch and Strathspey and the lowest in East Ross (4).

Source

Scottish Public Health Observatory

https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Public Health Observatory. Health and life expectancies <https://www.scotpho.org.uk/population-dynamics/health-and-life-expectancies>

National Records of Scotland. Life expectancy in Scotland <https://www.nrscotland.gov.uk/publications/life-expectancy-in-scotland-2021-2023/>

Glasgow Centre for Population Health. Changing life expectancy <https://www.gcph.co.uk/our-work/43-changing-life-expectancy>

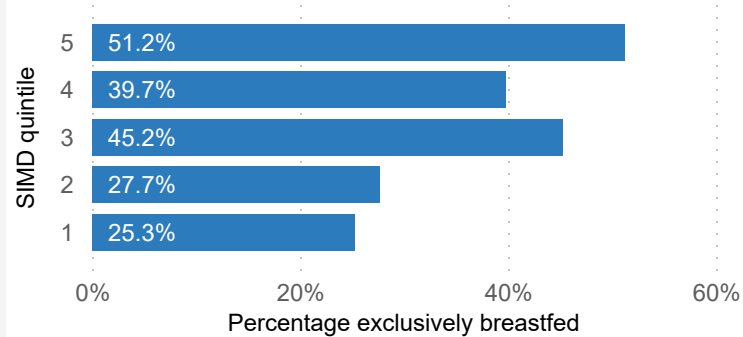
1. Give every child the best start in life

Text summarising this Marmot principle will be added here.

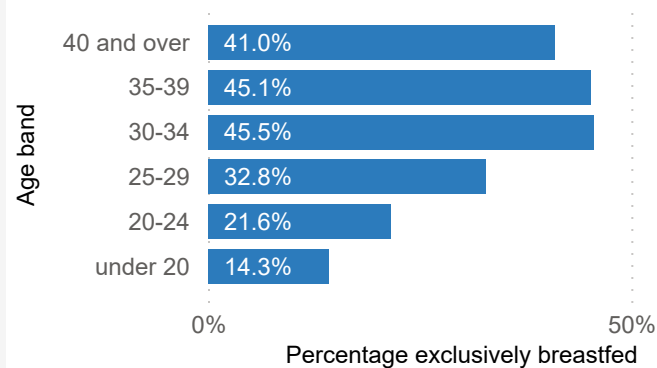
Percentage babies exclusively breastfed at 6-8 weeks

Latest year
2023/24

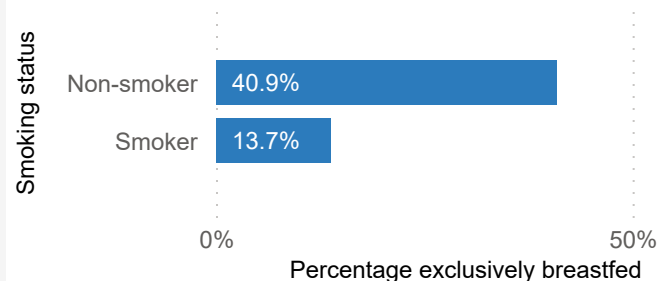
1) by SIMD quintile, latest year



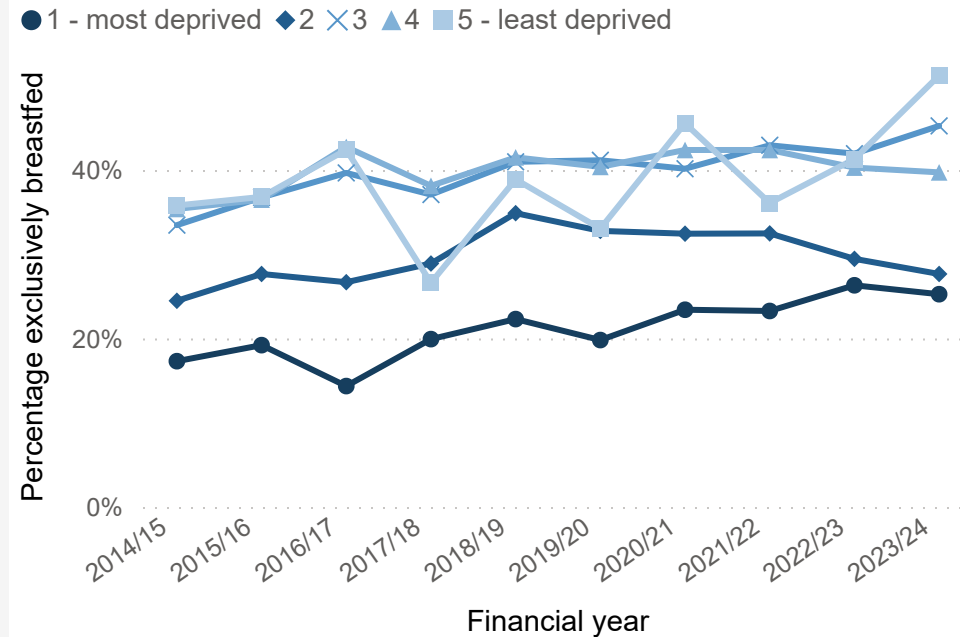
3) by maternal age, latest year



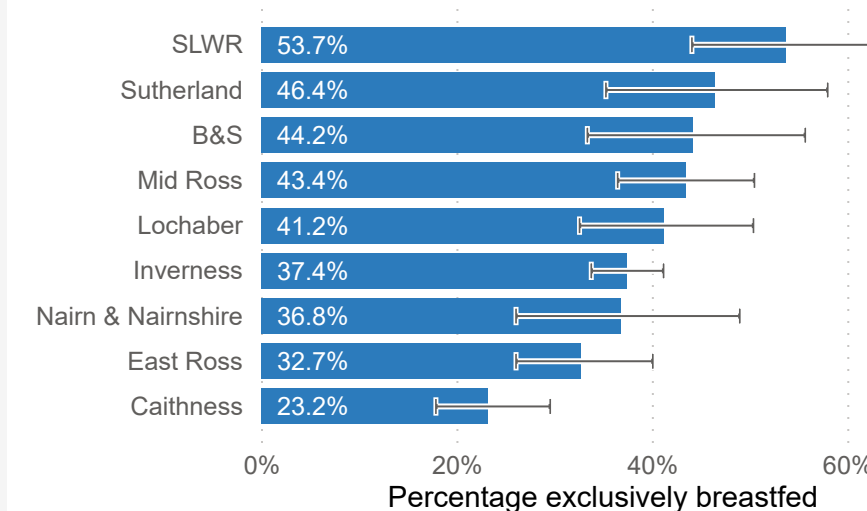
4) by maternal smoking status, latest year



2) over time, by SIMD quintile



5) by Community Partnership area 2021/22 to 2023/24 financial years



Rationale

Breastfeeding provides optimal nutrition for infants along with maternal antibodies which provide protection from infections. It also promotes emotional bonding between mother and baby. Exclusive breastfeeding is recommended for the first six months of life. This indicator measures rates of breastfeeding at the 6–8 week health visitor review.

Inequalities

Exclusive breastfeeding rates in Highland, at 6-8 weeks, have gradually increased over time but inequalities persist. Rates remain lower amongst those living in the most deprived areas (1,2). Rate are lower for younger mothers (3) and amongst those who smoke in pregnancy (4). The rate of exclusive breastfeeding in Caithness lower than in other Community Partnership Areas and this was less than half of that in Skye, Lochalsh and West Ross (5). At Scotland level, mothers of White Scottish ethnicity have the lowest percentage of babies exclusively breastfed at 6-8 weeks.

Sources

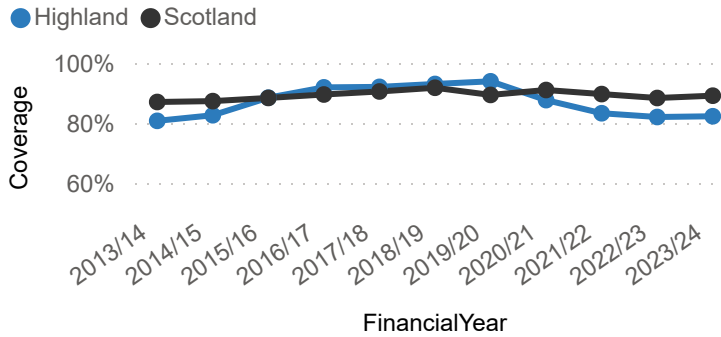
1,2,3,4,6) Public Health Scotland. Infant feeding data
<https://www.opendata.nhs.scot/dataset/infant-feeding>
 5) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Public Health Scotland. Infant Feeding Statistics
<https://publichealthscotland.scot/publications/infant-feeding-statistics/>
 World Health Organisation. Breastfeeding
<https://www.who.int/health-topics/breastfeeding>

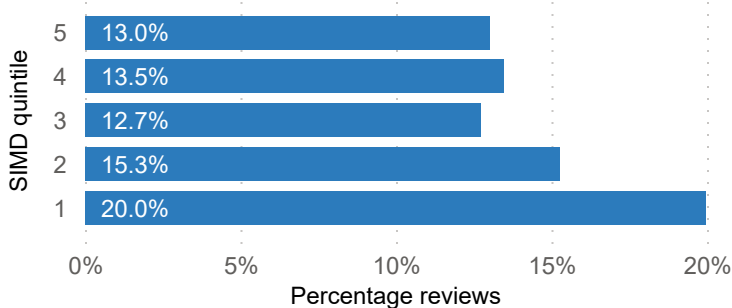
Developmental concerns at 27-30 months old

1) coverage over time

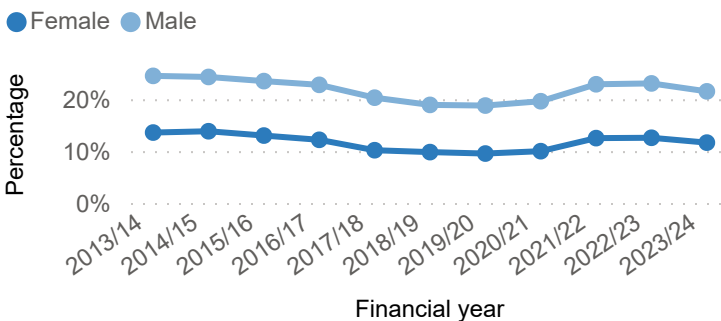


Latest year
2023/24

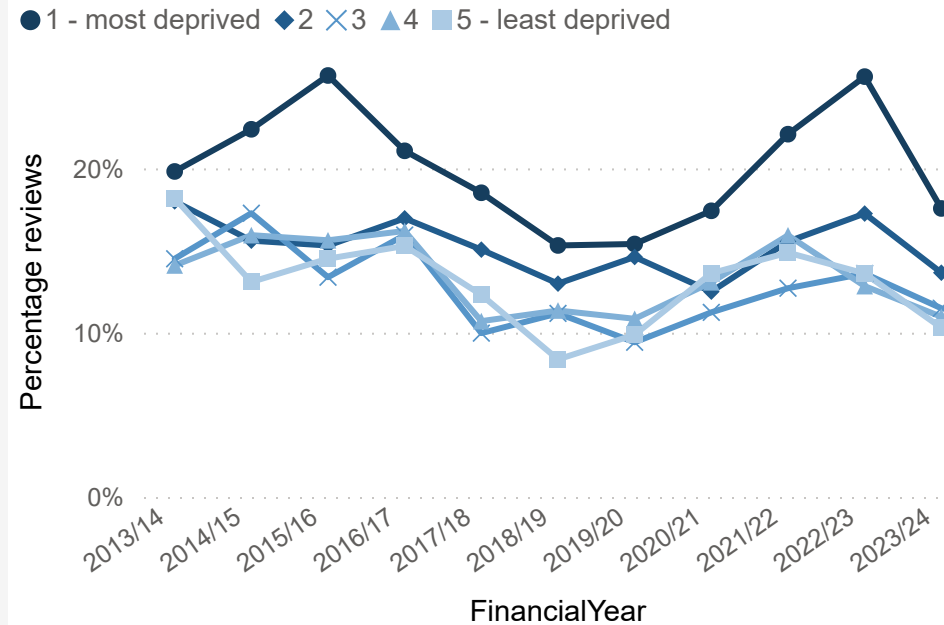
3) % with concern by SIMD quintile, latest year



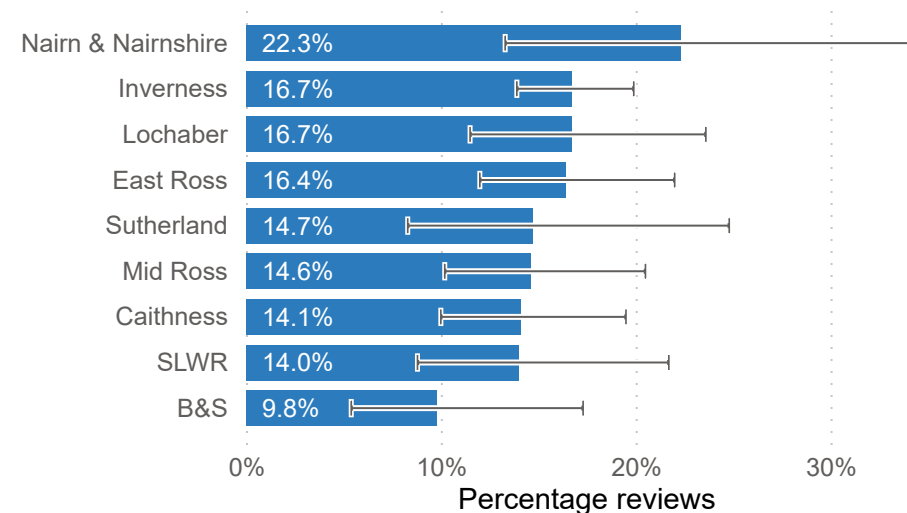
4) % with concern, over time, by gender



2) % with concern, over time, by SIMD quintile



5) % with concern, by Community Partnership area 2021/22 to 2022/23 financial years



Rationale

Child health reviews, undertaken by health visitors between birth and school start, assess growth, health, development and family well-being, and are a sentinel measure of early health. They are crucial for identifying early development concerns which are associated with poorer health and educational outcomes. Early interventions, such as parenting support, enriched early learning opportunities and access to services, can significantly improve outcomes. Reviews also offer an opportunity for health promotion and are intended to be universal in their coverage.

Inequalities

Coverage of the 27-30 month review declined in Highland during COVID-19 and has remained lower than the Scotland average (1).

The percentage of reviews with at least one developmental concern is consistently higher for those living in the most deprived quintile (2,3) and is higher in boys than for girls (4). Geographical variation is also evident. The lowest percentage of children with a developmental concern was in Badenoch and Strathspey whilst highest was in Nairn & Nairnshire. However overlapping 95% confidence intervals suggest that this was not statistically significant.

Sources

1,2,3,4) Public Health Scotland. Early Child Development - 27-30 Month Review Statistics
<https://www.opendata.nhs.scot/dataset/27-30-month-review-statistics>

5) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

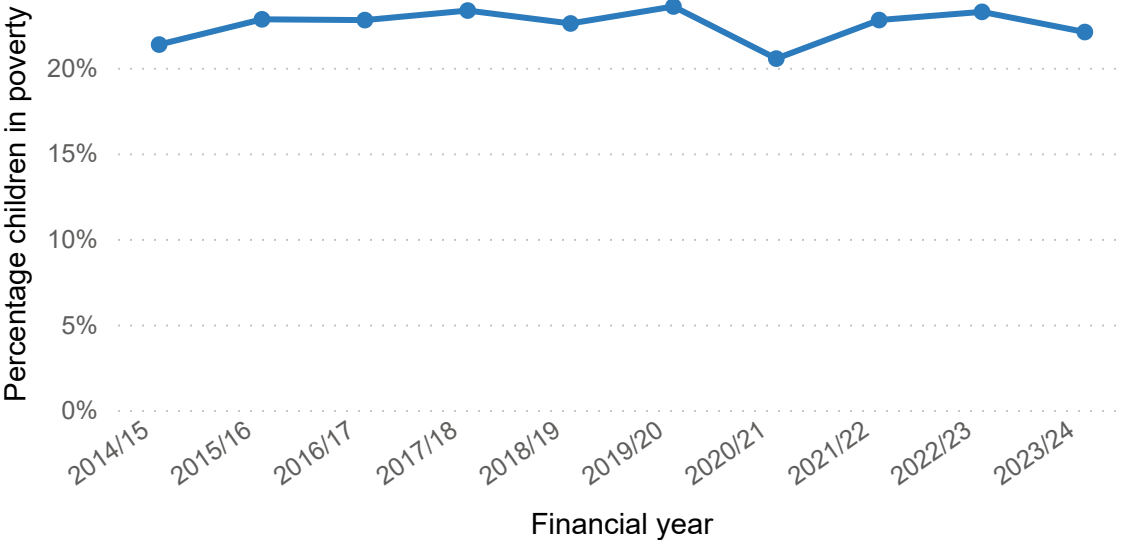
Further information

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<https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2023-to-2024/>

Public Health Scotland. Child health pre-school review coverage
<https://publichealthscotland.scot/publications/child-health-pre-school-review-coverage/>

Children in Poverty (after housing costs)

1) over time in Highland



Latest year

2023/24

Number of children in poverty in Highland, latest year

9,097

Number of children in poverty in Highland, latest year

22.1%

Rationale

Child poverty is a major driver of health inequalities. Children growing up in poverty are more likely to experience housing insecurity, nutritional disadvantage, limited access to enriching activities and higher levels of stress and anxiety. These factors can negatively affect physical health, emotional wellbeing and developmental outcomes from early childhood. Reducing child poverty is a public health priority. This indicator is relative poverty after housing costs, as estimated by Loughborough University.

Inequalities

Just over 1/5th of children in Highland live in relative poverty, after housing costs (1,2). National evidence identifies family types at highest risk

- lone parent families
- minority ethnic families
- families with a disabled adult or child
- families with a younger mother (under 25)
- families with a child under 1
- larger families (3+ children)

Sources

1,2) Child Poverty Action Group. Children in relative poverty, after housing costs <https://endchildpoverty.org.uk/child-poverty-2025/>

Further information

Tackling child poverty priority families overview

<https://www.gov.scot/publications/tackling-child-poverty-priority-families-overview/>

Public Health Scotland, the Faculty of Public Health, the Royal Society for Public Health and the Scottish Directors of Public Health. Child Poverty Statement

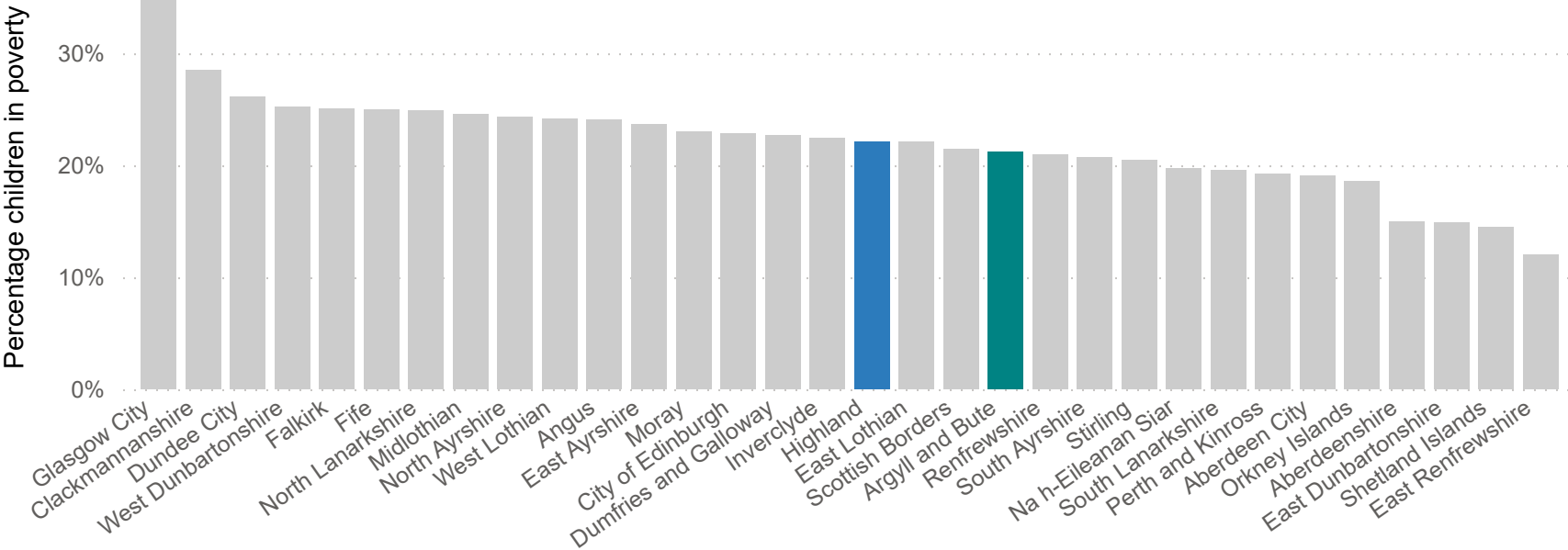
<https://publichealthscotland.scot/media/33702/child-poverty-statement-july2025-english.pdf>

Highland Community Planning Partnership

<https://highlandcpp.org.uk/wp-content/uploads/2025/04/Highland-Child-Poverty-Action-Report-2023-24-FINAL-1.pdf>

Scottish Government. Understanding the health outcomes of experiencing poverty in the early years: evidence review <https://www.gov.scot/publications/understanding-health-outcomes-experiencing-poverty-early-years-evidence-review/documents/>

2) by local authority, latest year



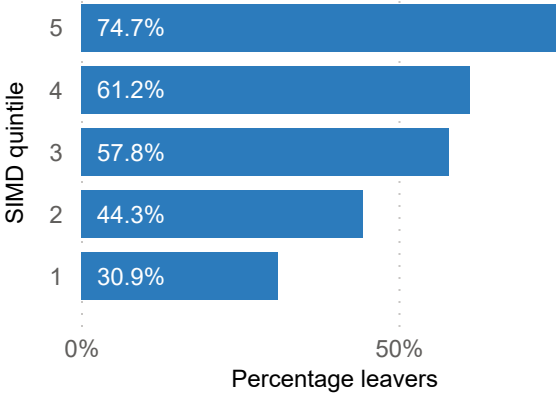
**2. Enable all
children, young
people and
adults to
maximise their
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have control
over their lives**

Text summarising this Marmot principle will be added here.

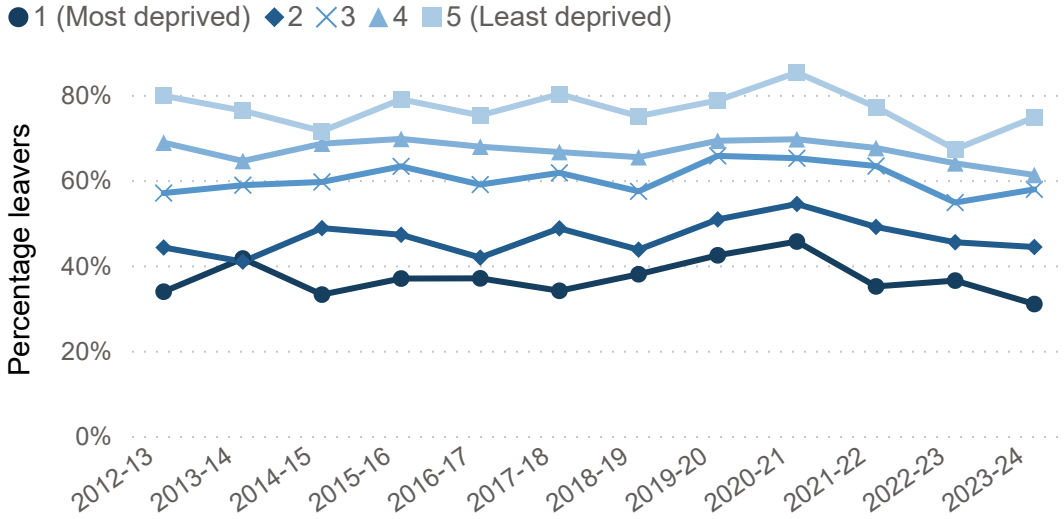
Percentage school leavers with 1 or more qualification at SCQF Level 6

Latest year
2023-24

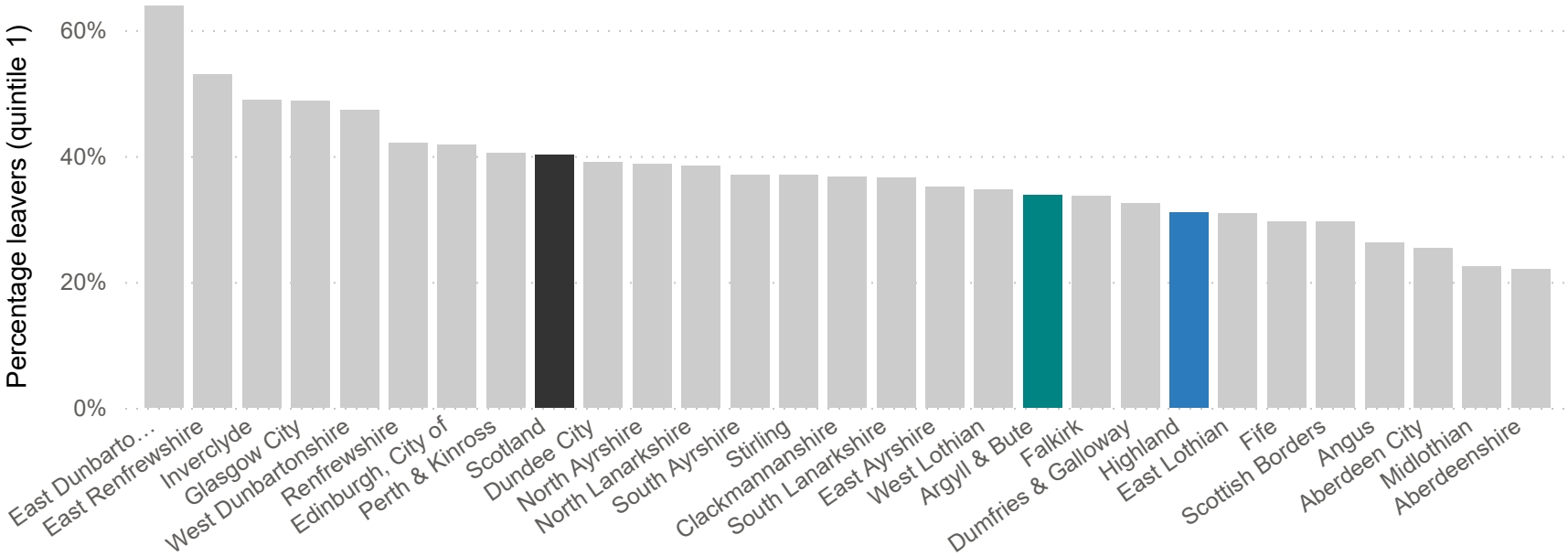
1) by SIMD quintile, latest year



2) by SIMD quintile over time



3) Percentage of leavers in Scottish SIMD quintile 1 (most deprived), by local authority, latest year



Rationale

Educational attainment is closely linked to long-term health, wellbeing and economic opportunity. Higher levels of education are associated with better health outcomes, increased health literacy and higher lifetime earnings. This indicator focuses on the percentage of school leavers obtaining SCQF Level 6 or above (equivalent to Scottish Higher grade A-C), which reflects a readiness for further education, training or employment. It is shown for all school leavers (1,2) and separately for those pupils in Scottish SIMD quintile 1 (3).

Inequalities

Educational attainment is strongly patterned by deprivation. Pupils from the most deprived quintile are least likely to achieve one or more qualification at SCQF level 6 or higher (1,2). This is a persistent inequality in educational outcome. For those in the most deprived quintile, Highland has relatively low attainment of SCQF level 6 or higher compared to the Scottish average (3).

Source

1,2,3) Scottish Government
<https://www.gov.scot/publications/summary-statistics-for-attainment-and-initial-leaver-destinations-no-7-2025-edition/pages/access-to-data-and-further-information/>
SIMD quintiles are Scotland based. Figure 3 excludes the island council areas and Moray.

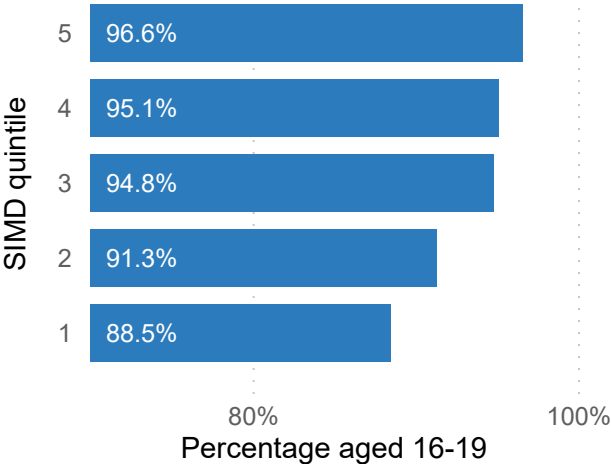
Further information

Scottish Government. School education statistics
<https://www.gov.scot/collections/school-education-statistics/>
Public Health Scotland. Education and health
<https://publichealthscotland.scot/population-health/early-years-and-young-people/education-and-children/education-and-health/>

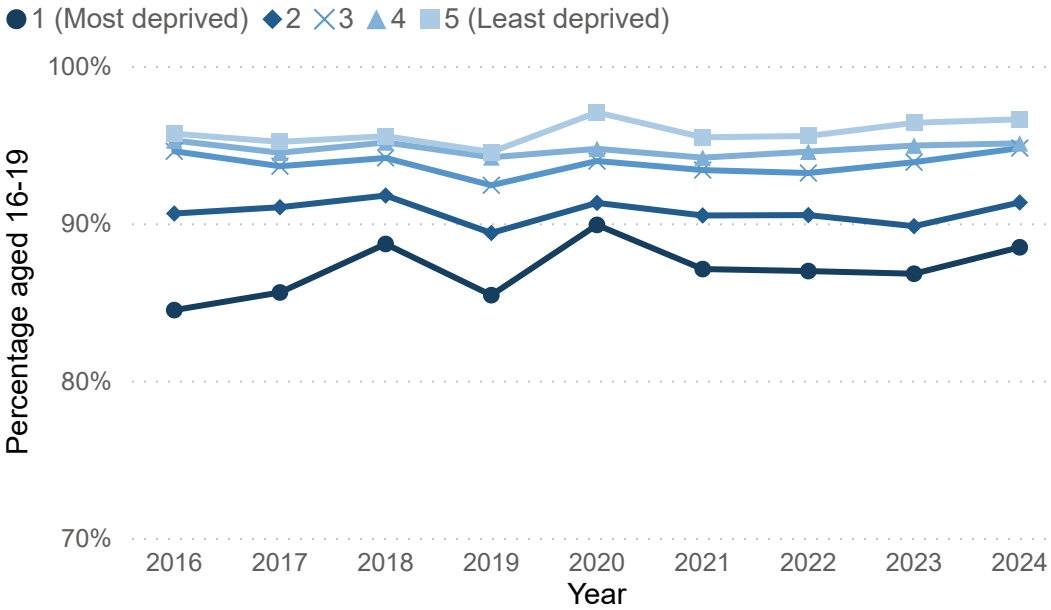
Annual participation (in education, training or employment) measure for 16 – 19 year olds

Latest year
2024

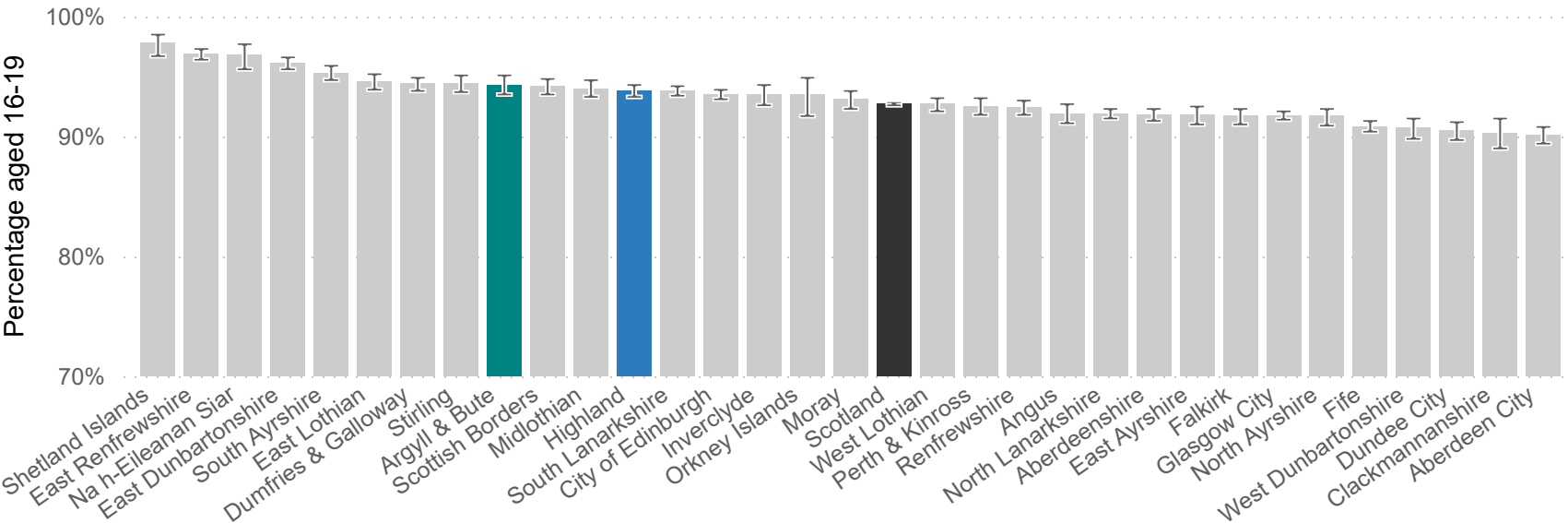
1) by SIMD quintile, latest year



2) by SIMD quintile, over time



3) by local authority, latest year



Rationale

This indicator focuses on participation of those aged 16-19 in education, training or employment. Participation is associated with better educational attainment, lower involvement in crime, higher lifetime earnings and better health outcomes. The Scottish Government's Opportunities for All commitment offers a place in learning or training to every 16-19 year old who is not in employment, education or training.

Inequalities

The percentage of those aged 16-19 in Highland is associated with deprivation; those in the most deprived quintile are least likely to be in education, training or employment (1,2). The inequality in participation by SIMD is persistent over time. Highland has a higher percentage of those aged 16-19 in education, training or employment than the Scottish average (3).

Sources

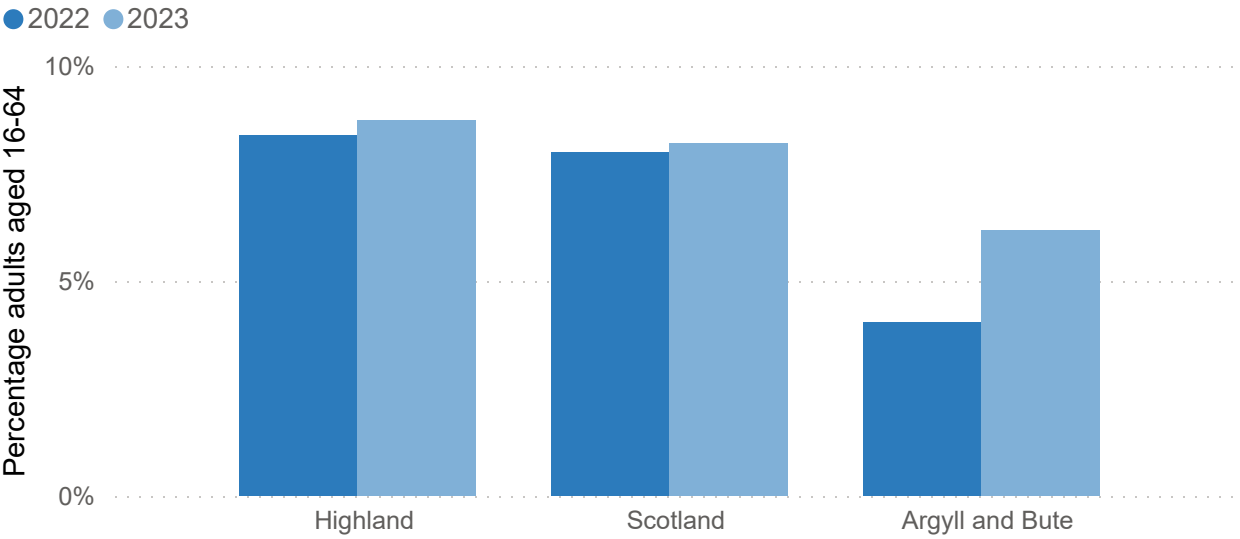
1,2) Skills Development Scotland
<https://www.skillsdevelopmentscotland.co.uk/publications-statistics/statistics/annual-participation-measure>
SIMD quintile is Scotland based.
3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Government. Opportunities for All: supporting all young people to participate in post-16 learning, training or work <https://www.gov.scot/publications/opportunities-supporting-young-people-participate-post-16-learning-training-work/>
Skills Development Scotland. Annual Participation measure <https://www.gov.scot/publications/opportunities-supporting-young-people-participate-post-16-learning-training-work/>

Working age adults with no educational qualifications

1) adults with no or low educational qualifications, by area, recent years



Latest year

2023

Percentage adults, Highland latest year

8.7%

Percentage adults, Scotland latest year

8.2%

Rationale

Educational attainment is a key determinant of health and economic opportunity. Adults with higher qualifications tend to have better employment prospects, higher earnings, and improved health outcomes. Education is not limited to childhood but can continue throughout the life course, supporting lifelong well-being and resilience.

This indicator is a measure of the percentage of adults with no (or low) formal qualifications and is based on survey data. Due to reduced response rates, particularly since the COVID-19 pandemic, these figures are currently classified as ‘official statistics in development’ and should be interpreted with caution, especially when comparing across areas or time periods.

Inequalities

The percentage of adults with no or low educational qualifications in Highland was found to be similar to the Scottish average in the most recent years (1,2).

Previously, the percentage was reported to be consistently lower than the Scottish average (3).

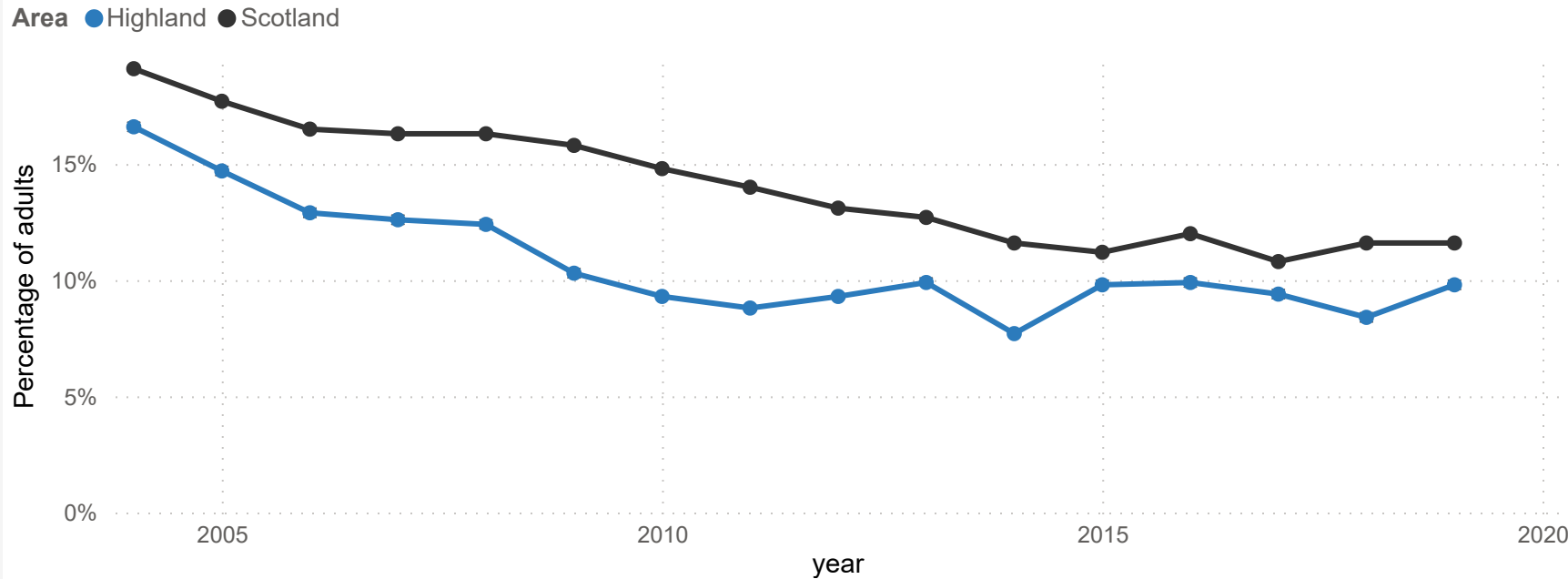
Sources

- 1) Office for National Statistics
<https://www.ons.gov.uk/explore-local-statistics/indicators/aged-16-to-64-years-with-no-qualifications-great-britain#get-the-data>
2) Annual population survey and Labour Force survey via Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

- Scottish Government Statistics. Adults (16-64) with low or no qualifications
<https://statistics.gov.scot/data/adults-16-64-years-with-low-or-no-qualifications>
Scottish Government. Adult learning strategy
<https://www.gov.scot/publications/adult-learning-strategy-scotland-2022-27/>

2) adults of working age with no or low educational qualifications, by area, over time up to 2019

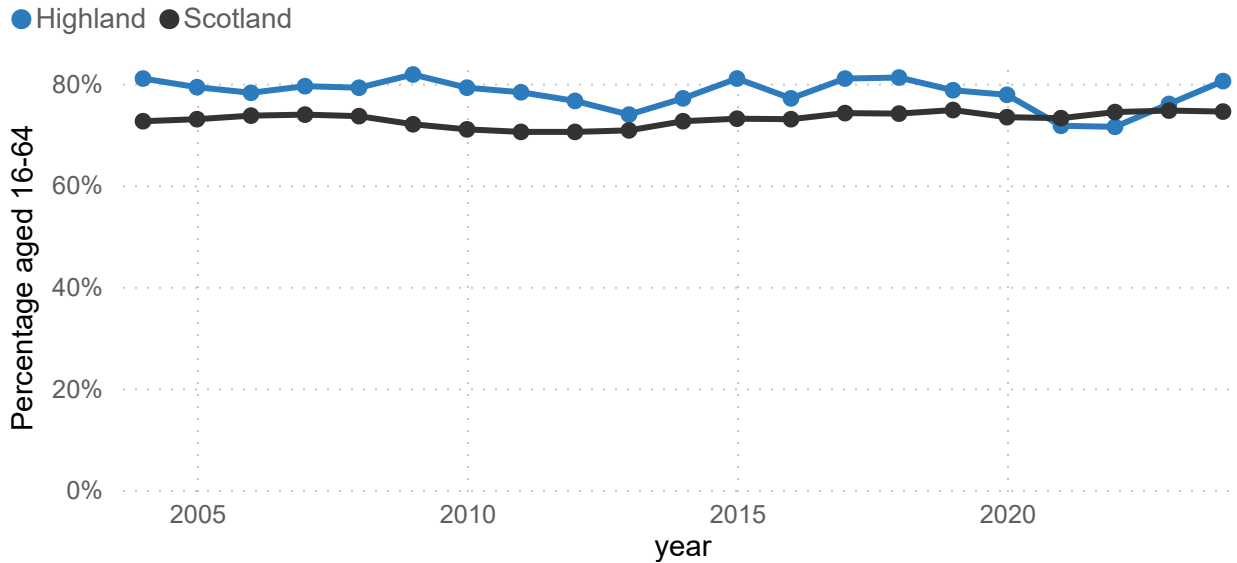


3. Create fair employment and good work for all

Text summarising this Marmot principle will be added here.

Employment rate for 16-64 year olds

1) by area, over time



Latest year

2024

Percentage of adults of working age, Highland, latest year

80.5%

Percentage of adults of working age, Scotland, latest year

74.5%

Rationale

Employment rates are a headline economic indicator and a key determinant of health. Secure, fair employment is associated with better physical and mental health, higher income, and improved social outcomes. This measure is based on the Annual Population Survey (APS). Due to reduced response rates, particularly since the COVID-19 pandemic, these figures are currently classified as 'official statistics in development' and should be interpreted with caution, especially when comparing across areas or time periods. It is important to note that employment is a proxy for fair employment and does not indicate job quality, hours worked or income.

Inequalities

The employment rate in Highland has traditionally been higher than for Scotland (1,2). Employment in Highland's economy, particularly in sectors such as tourism, hospitality and retail, was more vulnerable to the impact of COVID-19. Recent data suggest that employment in Highland has recovered, but challenges remain, including:

- Seasonal and part-time employment patterns, especially in rural and remote communities.
- Limited access to high-quality jobs in some areas.
- Demographic pressures, including an ageing population and youth outmigration.

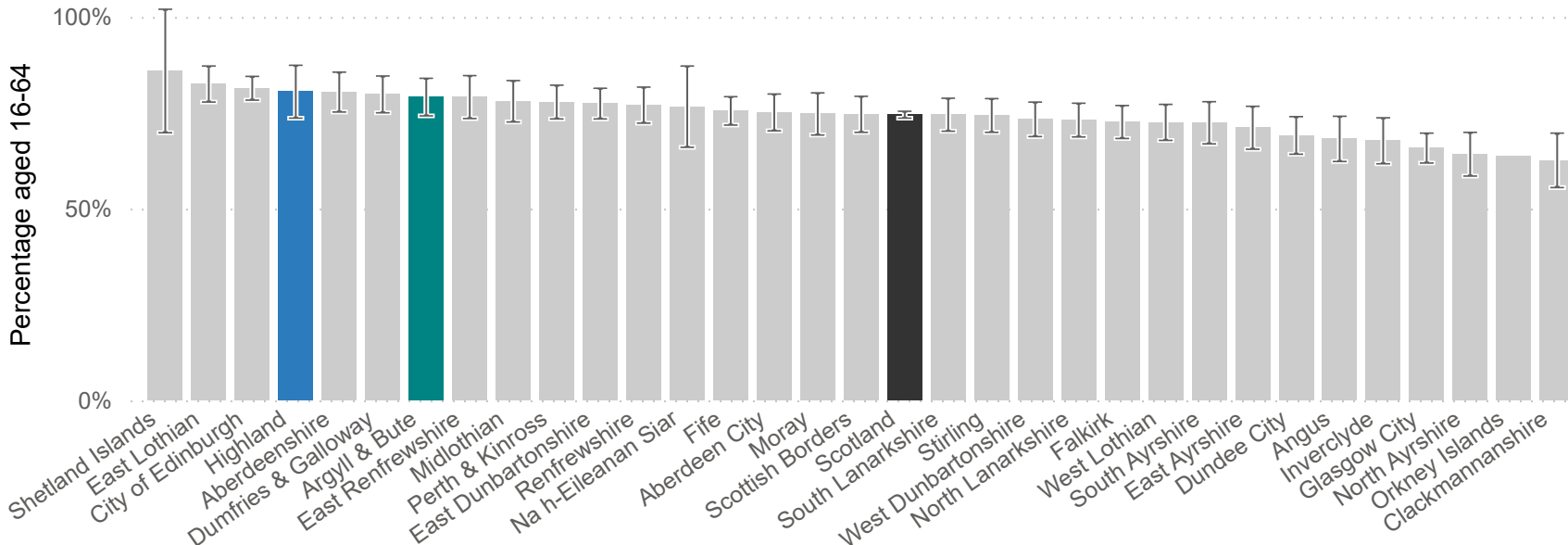
Source

1,2) Annual Population Survey via Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Government
<https://www.gov.scot/collections/labour-market-statistics/#currentlabourmarketstatisticspublications>
 Nomis
<https://www.nomisweb.co.uk/>

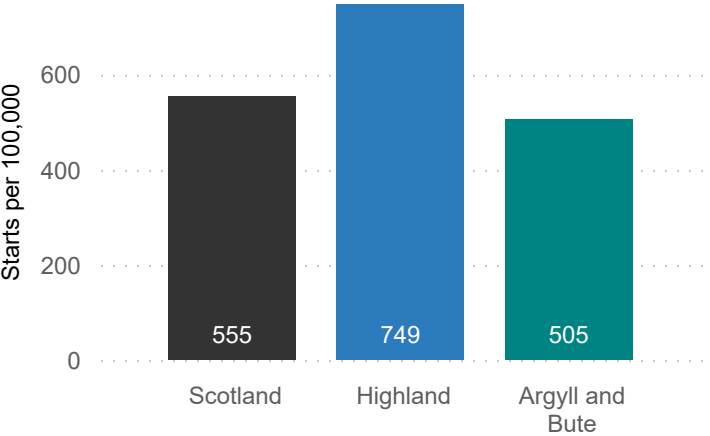
2) by local authority, over time



Modern apprenticeship starts

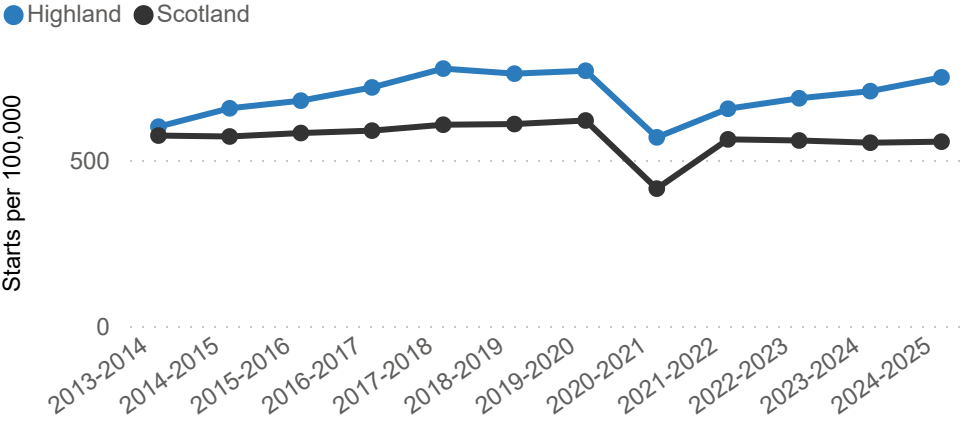
Latest year
2024-2025

1) by area, latest year



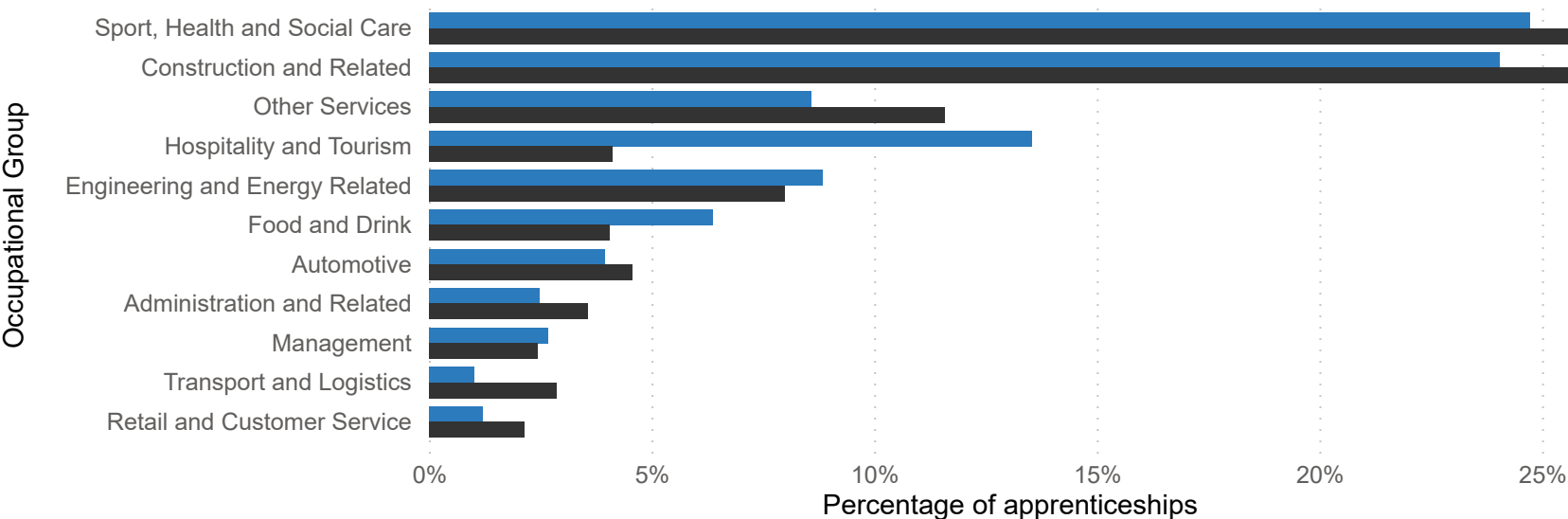
Number of starts, latest year
1493

2) by area, over time



3) by most common occupational group, latest year

● Highland ● Scotland



Rationale

Modern apprenticeships offer structured work-based learning alongside formal qualifications. They provide an alternative to academic study and can help reduce inequalities by offering more accessible routes into work, especially for people from disadvantaged backgrounds. Secure employment, skills development, and social inclusion are all protective factors against poor health. Promoting apprenticeships by public sector agencies is an action in the delivery of the Highland Outcomes Improvement Plan (HOIP).

Inequalities

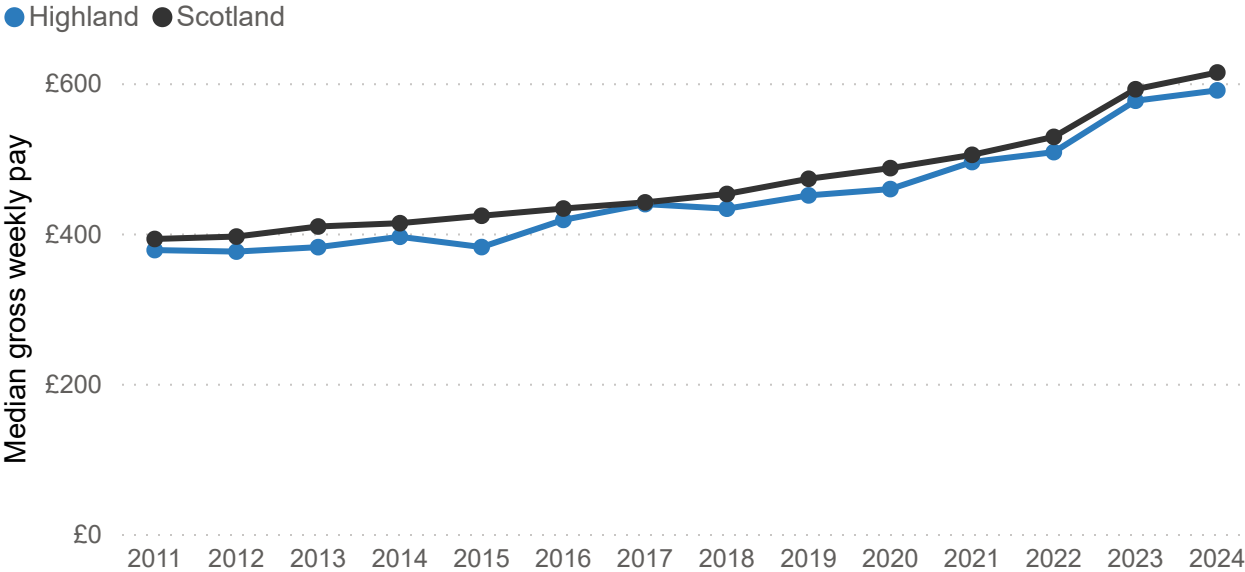
Highland residents have had consistently higher rates of apprenticeship starts than the Scottish average (1,2). Highland shows a higher proportion of apprenticeships within Hospitality and Tourism than the Scottish average, reflecting the region's economy (3). Nationally, in 2024-25, the achievement rate for apprentices from the most deprived areas increased and representation from ethnic minority and care-experienced groups reached record highs.

Sources

1,2) Skills Development Scotland via Office for National Statistics. Data presented for area of residence. <https://www.ons.gov.uk/explore-local-statistics/indicators/apprenticeships-starts-scotland>
3) Skills development Scotland 2024-2025 starts <https://www.skillsdevelopmentscotland.co.uk/publications-statistics/statistics/modern-apprenticeships> Only most common occupational groups shown.
Further information
Skills development Scotland 2024-25 Q4 report <https://www.skillsdevelopmentscotland.co.uk/media/qgqn3kz4/modern-apprenticeship-statistics-quarter-4-2024-25.pdf>
The Highland Council. Highland Outcome Improvement Plan. <https://highlandcpp.org.uk/about-hcpp/highland-outcome-improvement-plan/>
Skills development Scotland. Modern Apprenticeships <https://www.skillsdevelopmentscotland.co.uk/publications-statistics/statistics/modern-apprenticeships>

Median gross weekly pay

1) by area, over time



Latest year

2024

Median weekly pay,
highland, latest year

£590.5

Median weekly pay,
Scotland, latest year

£614.3

Rationale

This indicator focuses on pay from employment, which is closely linked to financial security, access to resources, and mental health. Employment is a key driver of health, but low-paid and insecure jobs can undermine well-being through increased stress and reduced ability to engage in health-promoting behaviours. Low pay and insecure employment therefore contribute to health inequalities.

Inequalities

The median gross weekly pay in Highland is consistently below the Scottish average (1). The difference in median gross weekly pay between Highland and Scotland for all employees is greater than it is for either full-time and part-time pay (2). This reflects a higher share of part-time roles in Highland, consistent with a labour market with higher employment in sectors such as tourism, retail, and care. Rural labour markets tend to have fewer large employers and more seasonal or flexible jobs, contributing to the prevalence of part-time work.

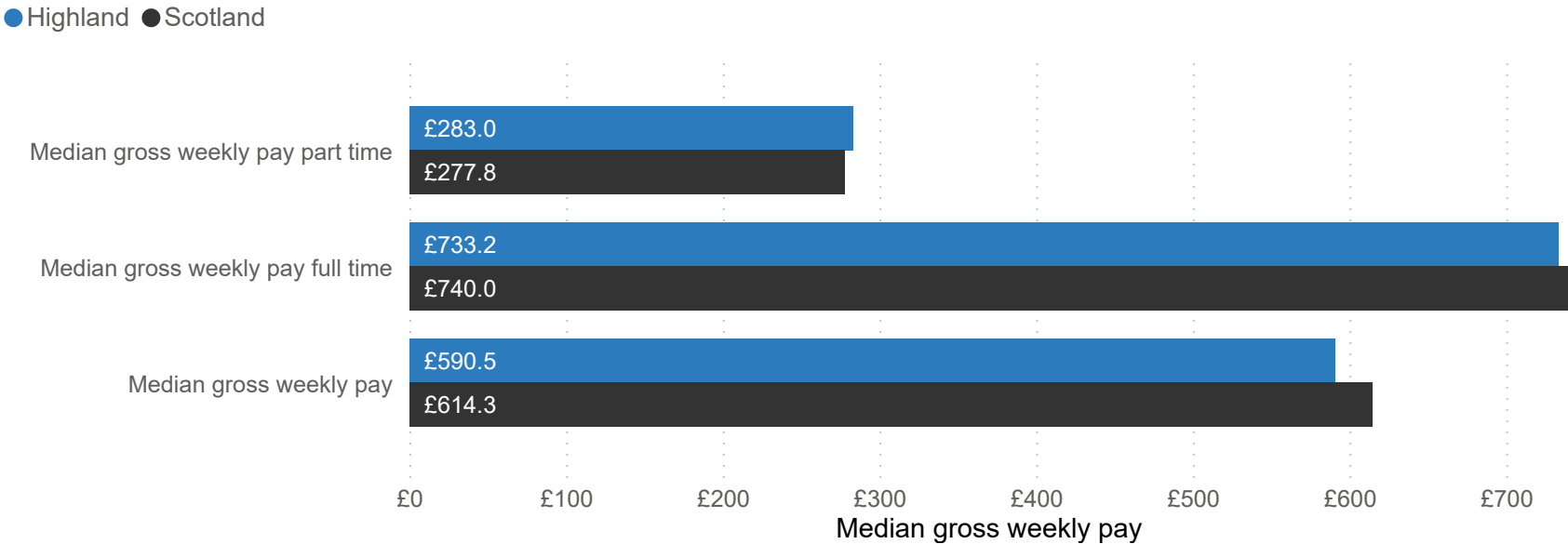
Sources

1,2) Nomis. Annual Survey of Hours and Earnings - residents analysis www.nomisweb.co.uk

Further information

Highlands and Islands Enterprise. Annual Report and Accounts 2023/24 <https://www.hie.co.uk/media/ej4n30kz/annual-report-2023-24.pdf>
Scottish Government. Scotland's Labour Market Insights: Rural and Regional Employment Trends <https://www.gov.scot/publications/scotlands-labour-market-insights-april-2025/>
Nomis. Local authority profile: Highland <https://www.nomisweb.co.uk/reports/lmp/la/1946157421/report.aspx?town=highland>

2) by area, latest year

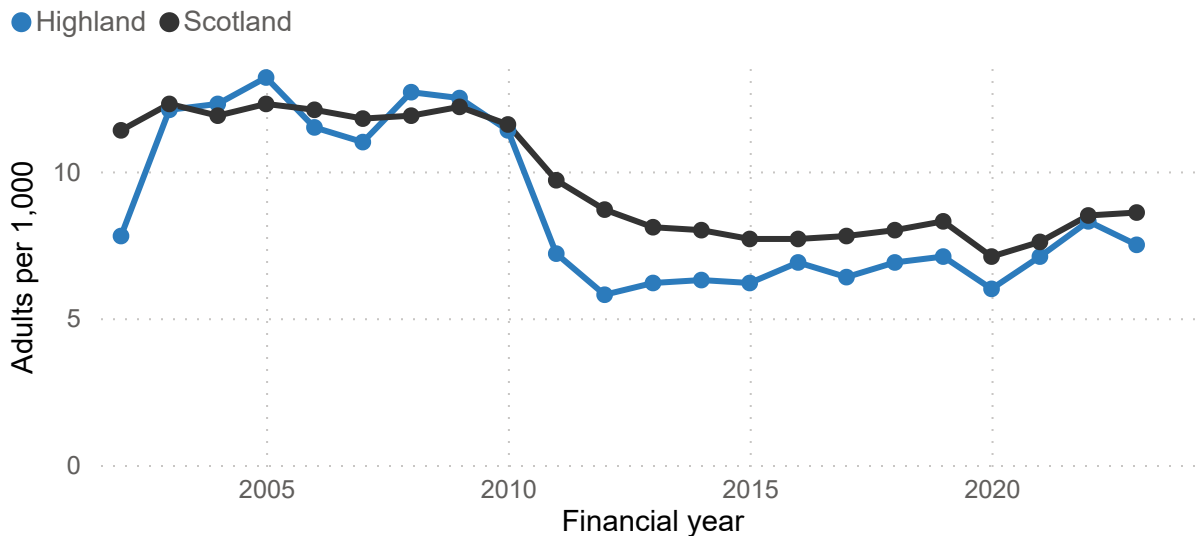


4. Ensure a healthy standard of living for all

Text summarising this Marmot principle will be added here.

Adults assessed as homeless

1) by area, over time



Latest year:

2023/24 financial year

Number of adults, Highland, latest year:

1,436

Rate of adults, Highland, latest year:

8.6

Rationale

Poor health can be both a cause and a consequence of homelessness. Homelessness is associated with significantly poorer health outcomes, including premature mortality, chronic illness, and increased use of emergency healthcare services. Only a small proportion of those experiencing homelessness sleep rough. The majority live in temporary accommodation such as hostels or bed and breakfasts, in overcrowded households, or stay informally with others (e.g. sofa surfing).

Inequalities

Highland has had a lower rate of homelessness compared to the Scottish average over the past ten years (1,2). Around 50% of people assessed as homeless in Scotland have an identified support need, including mental health, addiction, or physical health issues.

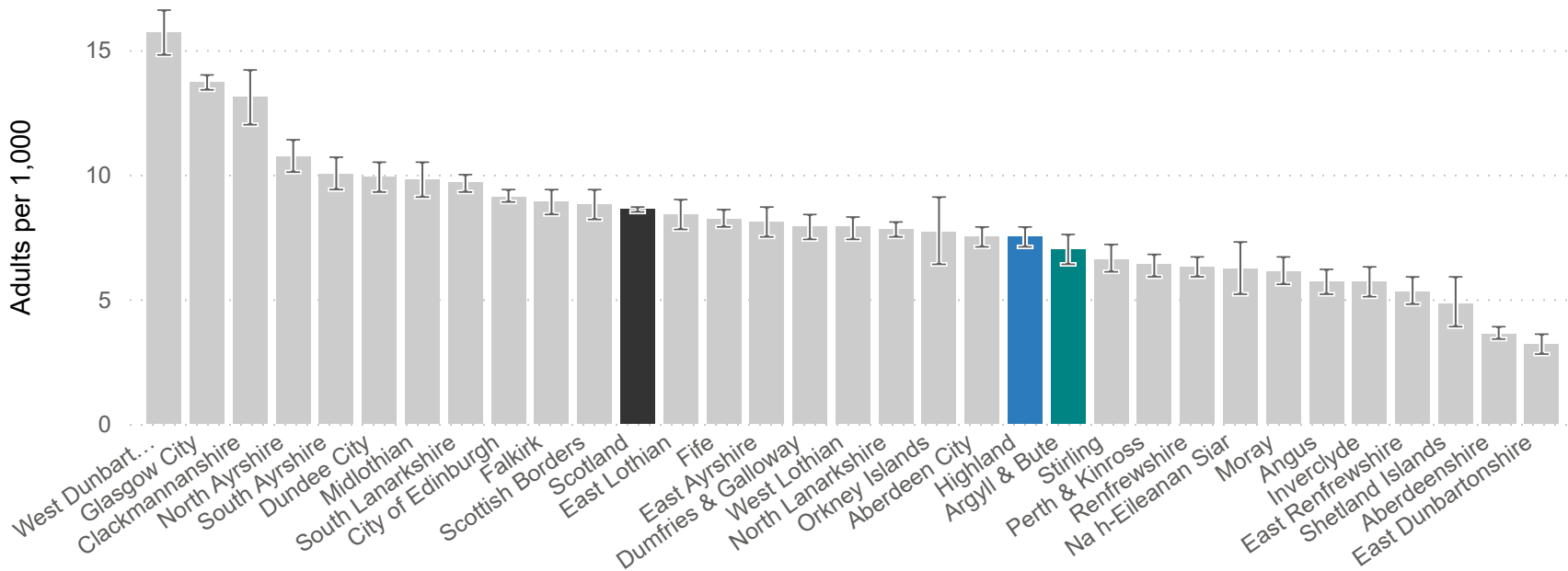
Sources

1,2) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
Data includes those threatened with homelessness.

Further information

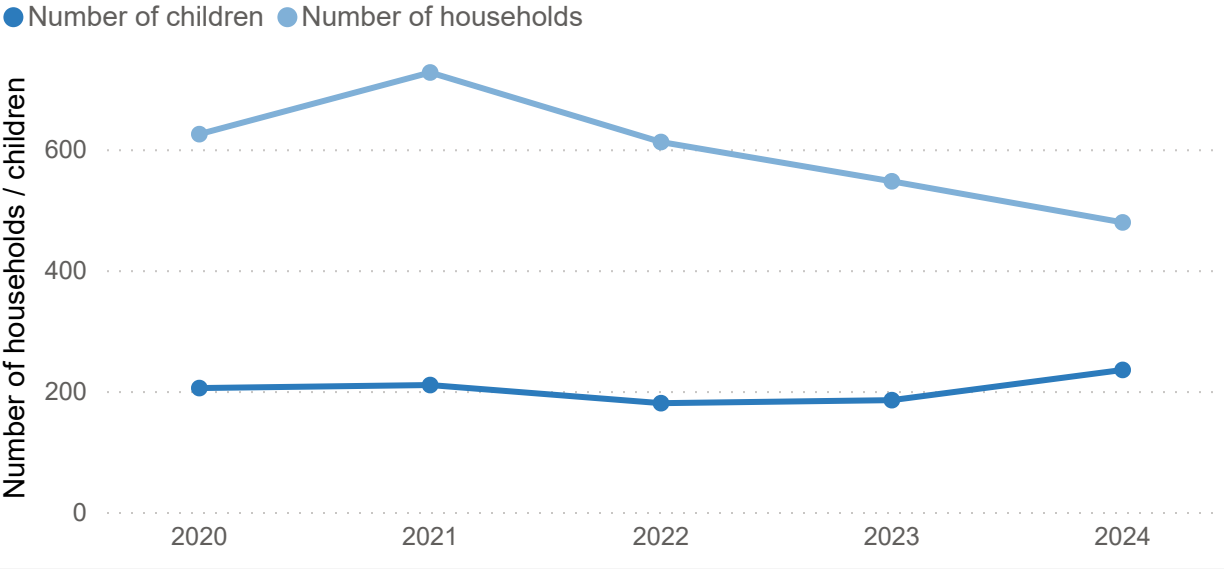
Scottish Government. Homelessness in Scotland
<https://www.gov.scot/collections/homelessness-statistics/>
Public Health Scotland. Taking a public health approach to homelessness prevention
<https://publichealthscotland.scot/our-blog/2024/april/taking-a-public-health-approach-to-homelessness-prevention/>
Public Health Scotland. Why the housing crisis is also a public health emergency
<https://publichealthscotland.scot/our-blog/2024/april/why-the-housing-crisis-is-also-a-public-health-emergency/>
Scottish Public Health Observatory. Homelessness
<https://www.scotpho.org.uk/wider-determinants/homelessness/>
Public Health Scotland. Health and homelessness: evidence summary
<https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/homelessness/overview/>

2) by local authority, latest year



Households with temporary accommodation

1) number of households and children, over time



Latest year

2024

Number of households with temporary accommodation in the latest year in Highland

479

Number of children in temporary accommodation in the latest year in Highland

235

Rationale

Living in temporary accommodation is associated with significantly poorer health outcomes. Individuals and families in these settings often face instability, overcrowding, and unsuitable living conditions, which contribute to physical and mental health deterioration. Public Health Scotland has identified housing insecurity as a public health emergency. Evidence shows that children in temporary accommodation are more likely to experience developmental delays, emotional distress, and poor educational outcomes. Households in temporary accommodation can also face prolonged stays, with families with children typically staying longer, potentially compounding health risks and delaying access to permanent housing and support services.

Inequalities

The number of households in temporary accommodation in Highland has decreased over time but the number of children in households in temporary accommodation increased in the past two years (1). Highland has a lower rate of households in temporary accommodation than the Scottish average (2).

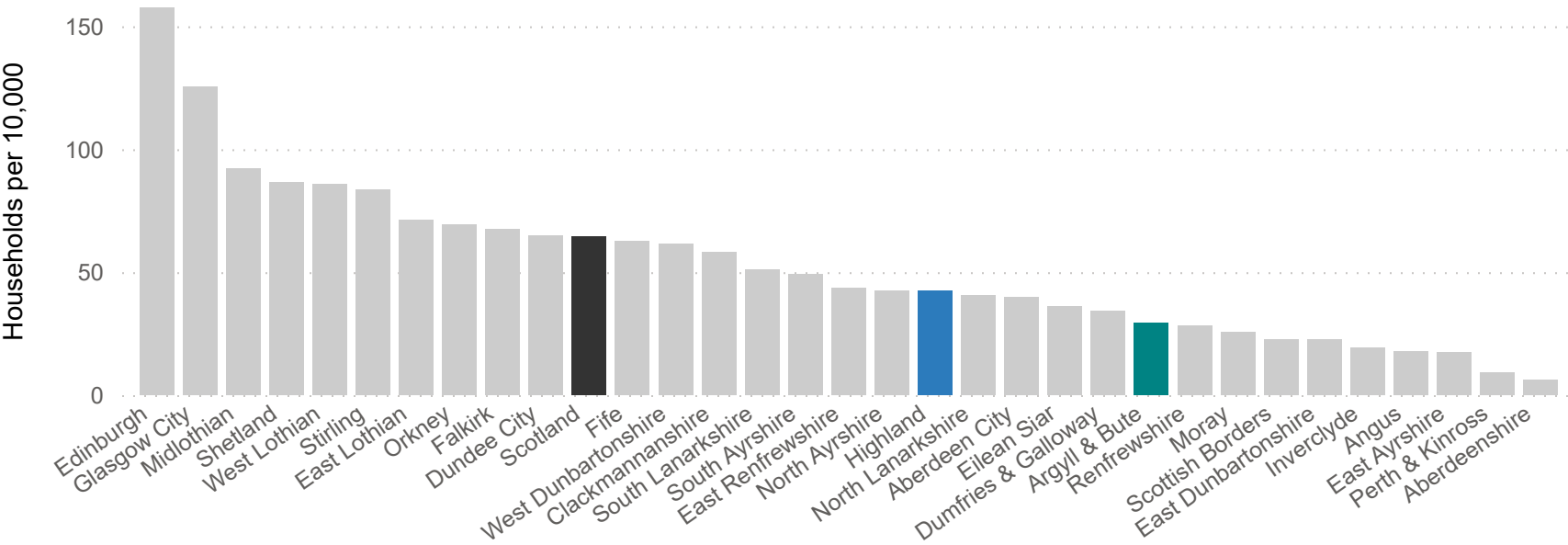
Sources

1,2) Scottish Government. Homeless statistics <https://www.gov.scot/collections/homelessness-statistics/>

Further information

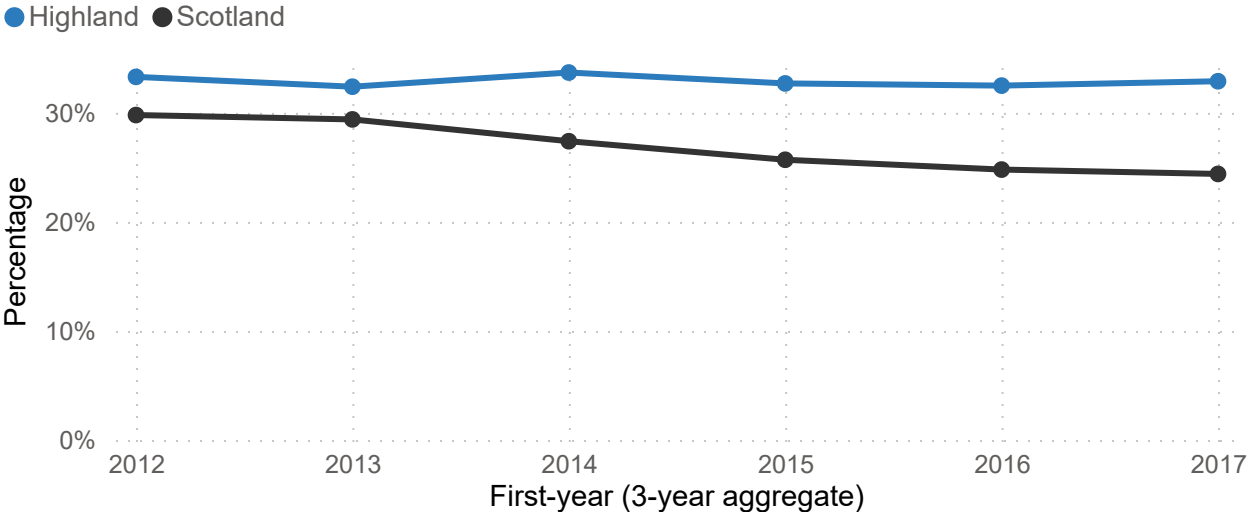
Public Health Scotland. Health and homelessness: evidence summary <https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/homelessness/homelessness-and-health-inequalities/> Scottish Government. Homelessness in Scotland <https://www.gov.scot/collections/homelessness-statistics/> Public Health Scotland. Why the housing crisis is also a public health emergency <https://publichealthscotland.scot/our-blog/2024/april/why-the-housing-crisis-is-also-a-public-health-emergency/> Scottish Public Health Observatory. Homelessness <https://www.scotpho.org.uk/wider-determinants/homelessness/>

2) rate of households by local authority, latest year



Households living in fuel poverty

1) by area, over time



Latest period

2017-2019; 3-year aggregates

Highland, latest period

32.9

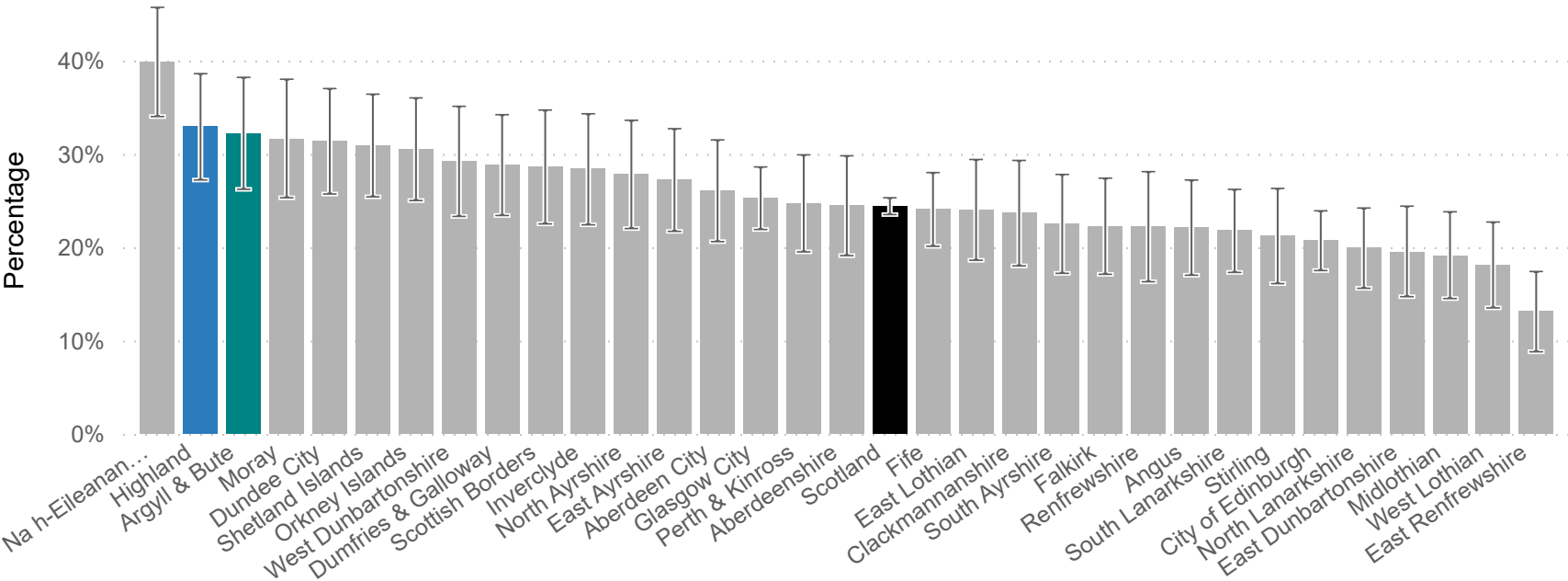
Scotland, latest period

24.4

Rationale

Fuel poverty is a significant public health issue in Scotland. It is defined under the Fuel Poverty (Targets, Definition and Strategy) (Scotland) Act 2019 as occurring when a household spends more than 10% of its net income on fuel and is left with insufficient income to maintain an acceptable standard of living. The Act sets a statutory target that no more than 5% of households should be in fuel poverty by 2040. Fuel poverty reflects key inequalities in income, housing quality, and energy access. It disproportionately affects low-income and rural households, contributing to poor health and reduced wellbeing. Living in fuel poverty is associated with a range of adverse health outcomes, including respiratory illness, cardiovascular disease, and poor mental health. Cold homes contribute to excess winter deaths and exacerbate existing health conditions, particularly among older adults, children, and people with disabilities.

2) by local authority, latest period



Inequalities

The proportion of households in fuel poverty in Highland is higher than the Scottish average (1). Highland has one of the highest percentage of households living in fuel poverty in Scotland (2).

Sources

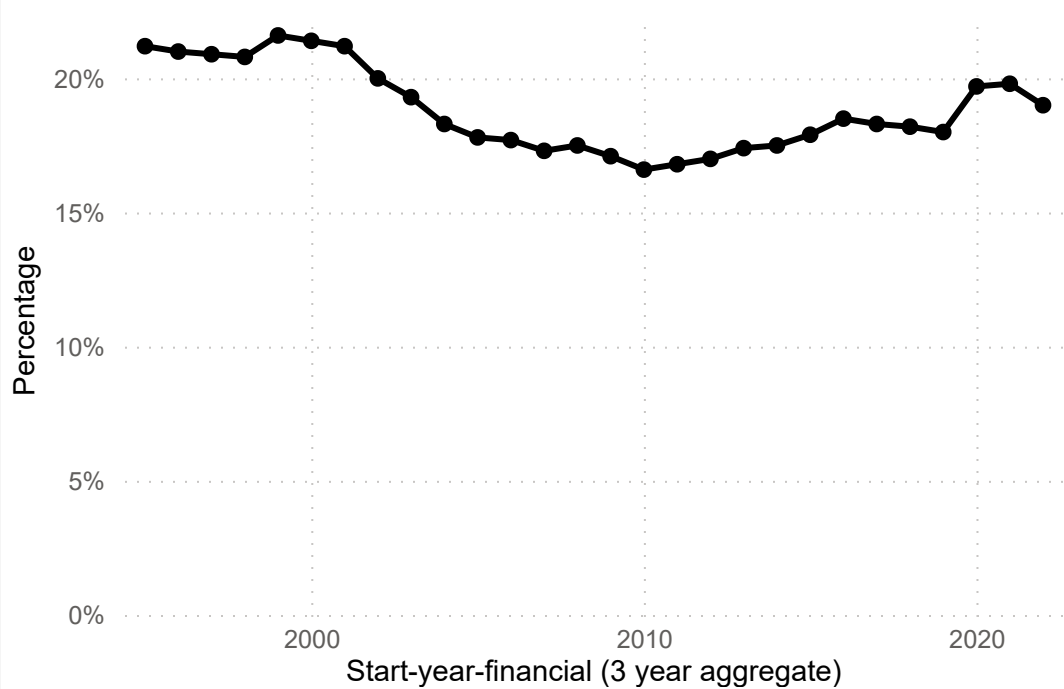
1,2) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

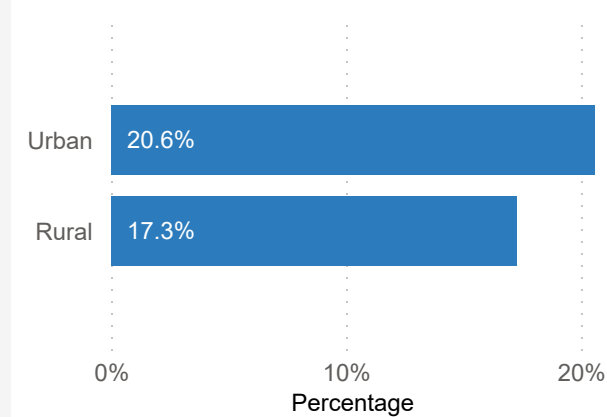
Public Health Scotland. Housing and health: evidence summary
<https://publichealthscotland.scot/publications/housing-and-health-inequalities-report/>
Fuel Poverty (Targets, Definition and Strategy) (Scotland) Act 2019
<https://www.legislation.gov.uk/asp/2019/10/enacted>
Scottish House Condition Survey: 2023 Key Findings
<https://www.gov.scot/publications/scottish-house-condition-survey-2023-key-findings/>

Individuals in relative poverty (after housing costs)

1) Scotland, adults, over time



2) Scotland, all people, by rurality, latest period



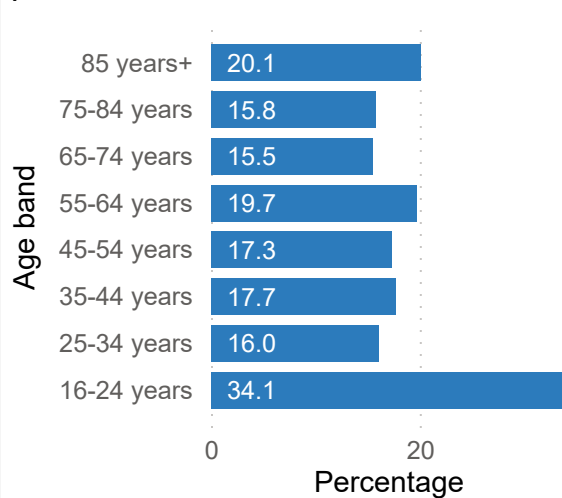
Latest period

2021/22-2023/24

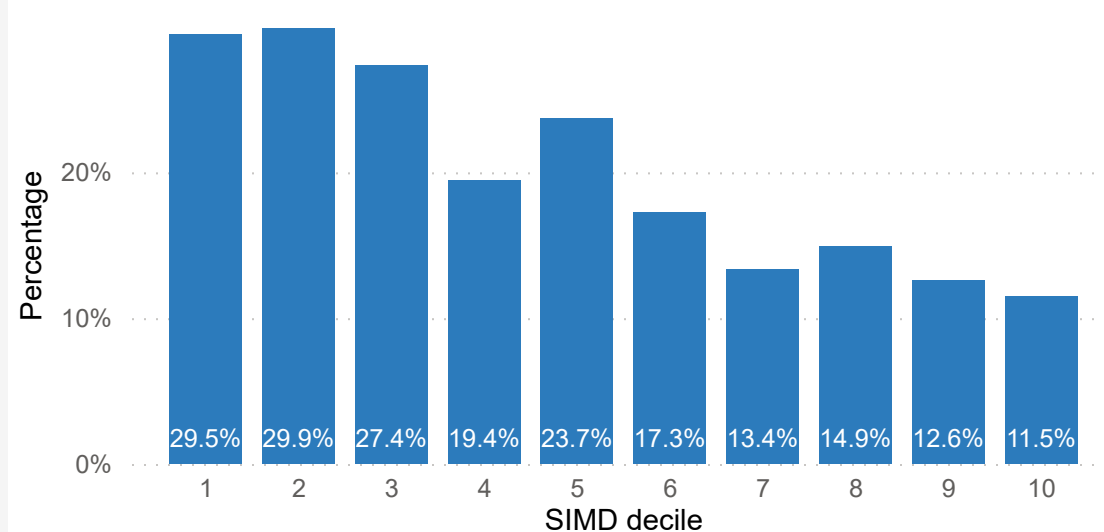
Scotland, latest period

19.0%

3) Scotland, adults, by age, latest period



4) Scotland, all people, by Scottish SIMD decile, latest period



Rationale

Relative poverty measures whether low-income households are keeping pace with middle income households. This indicator is relative poverty after housing costs, defined as being below 60% of median UK income, adjusted for housing expenses. This better reflects actual living standards by accounting for housing expenses, which can significantly reduce disposable income. People in poverty are more likely to experience chronic illness, mental health issues, and reduced life expectancy and it limited access factors which enable health e.g. nutritious food and safe housing.

Inequalities

Relative poverty has increased in Scotland over the past decade (1). Those living in rural areas experience lower relative poverty than in urban areas (2), but face higher living costs. Young adults (16-24 years) are consistently more likely to be living in relative poverty than other age groups (3). People living in the most deprived areas in Scotland are more likely to be in relative poverty than those living in the least deprived (4).

Poverty rates are higher among people with disabilities, minority ethnic groups, single parents, and LGBTQ+ individuals. These groups often face intersecting barriers to employment, education, and social support.

Sources

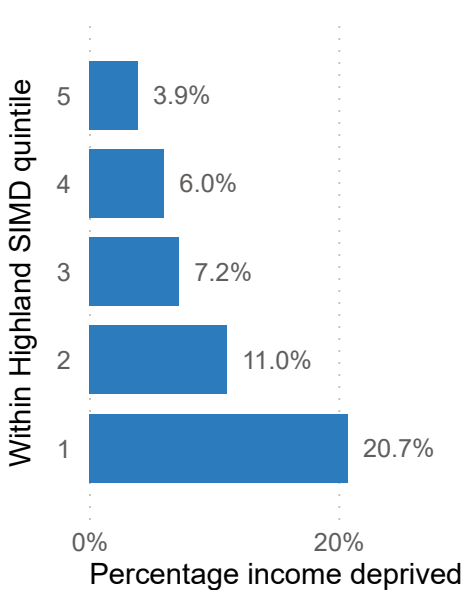
1,3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
 2,4) Scottish Government, Poverty and Income Inequalities in Scotland 2021-24, Official Statistics Publication for Scotland <https://data.gov.scot/poverty/>

Further information

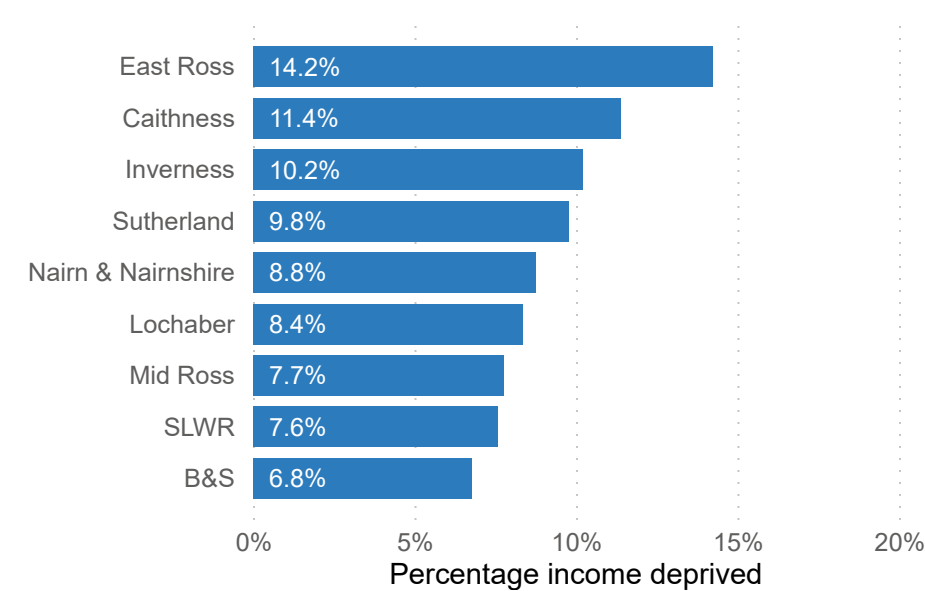
Scottish Government. Poverty in rural Scotland: evidence review <https://www.gov.scot/publications/poverty-rural-scotland-review-evidence/>
 Public Health Scotland, Poverty and health <https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/economy-and-poverty/poverty-and-health/>

Income deprivation

1) by SIMD quintile



2) by Community Partnership area



SIMD

2020v2

Scotland

12.1%

Highland

9.7%

Rationale

Income is a fundamental determinant of health. Adequate individuals and households to meet basic needs such as safe housing, nutritious food, transportation and energy for heating and cooking, but also supports access to digital services, social participation and independence. Insufficient income is associated with chronic stress, reduced life expectancy, and higher rates of physical and mental illness. Scottish Index of Multiple Deprivation (SIMD) measures income deprivation using administrative data on means-tested benefits and/or tax credits. It is important to note that SIMD 2020 (the most recent) is based on pre-pandemic data and does not reflect changes due to the rollout of Universal Credit, the COVID-19 pandemic, and the cost-of-living crisis.

Inequalities

Those living in SIMD quintile 1 (most deprived areas) in Highland are most likely to be income deprived. However, income deprivation exists in all quintiles, and not all individuals in quintile 1 are income deprived. East Ross is the Highland Community Partnership Area with the highest proportion of people who are income deprived (2). Compared to the Scottish average, Highland has a lower percentage of people considered income deprived (3), but this does not consider higher cost of living in rural areas.

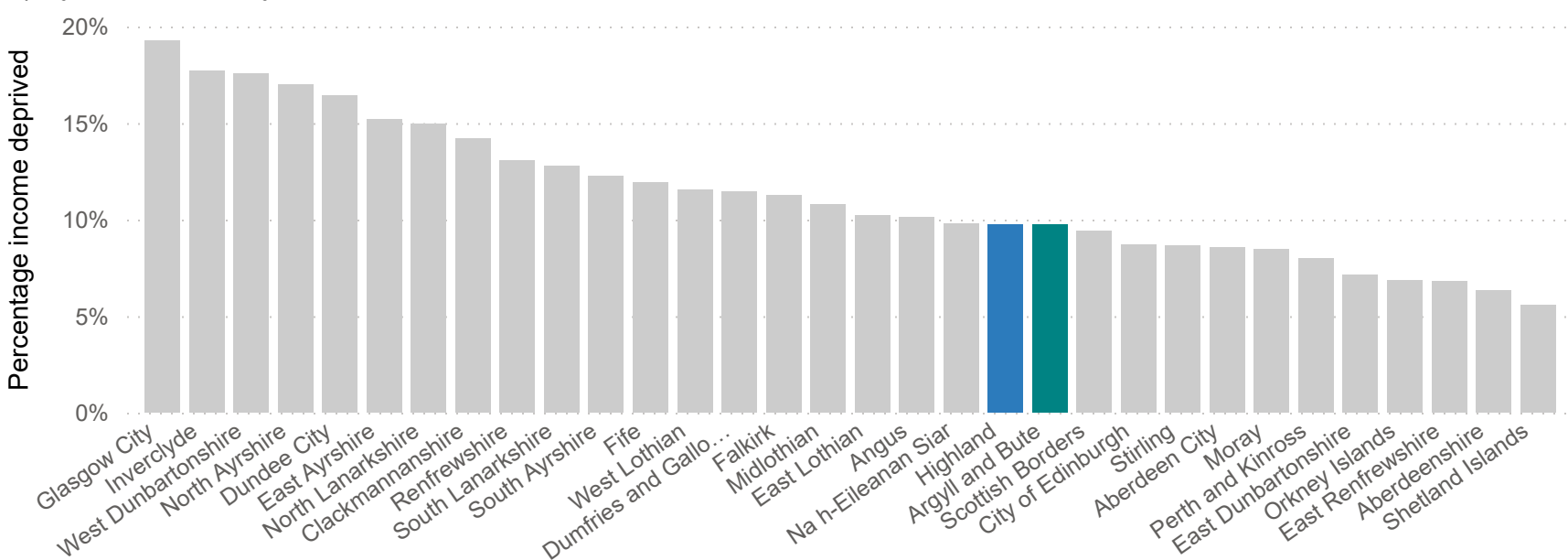
Sources

1,2,3) Scottish Government. SIMD 2020v2.
<https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>
 2) Public Health Scotland. Sub-HSCP geographies
<https://www.opendata.nhs.scot/>

Further information

Highlands and Islands Enterprise. Minimum Income Standards <https://www.hie.co.uk/research-and-reports/our-reports/2016/november/30/a-minimum-income-standard-for-remote-rural-scotland-a-policy-update/>
 Scottish Government. Poverty in rural Scotland: evidence review <https://www.gov.scot/publications/poverty-rural-scotland-review-evidence/>

3) by local authority

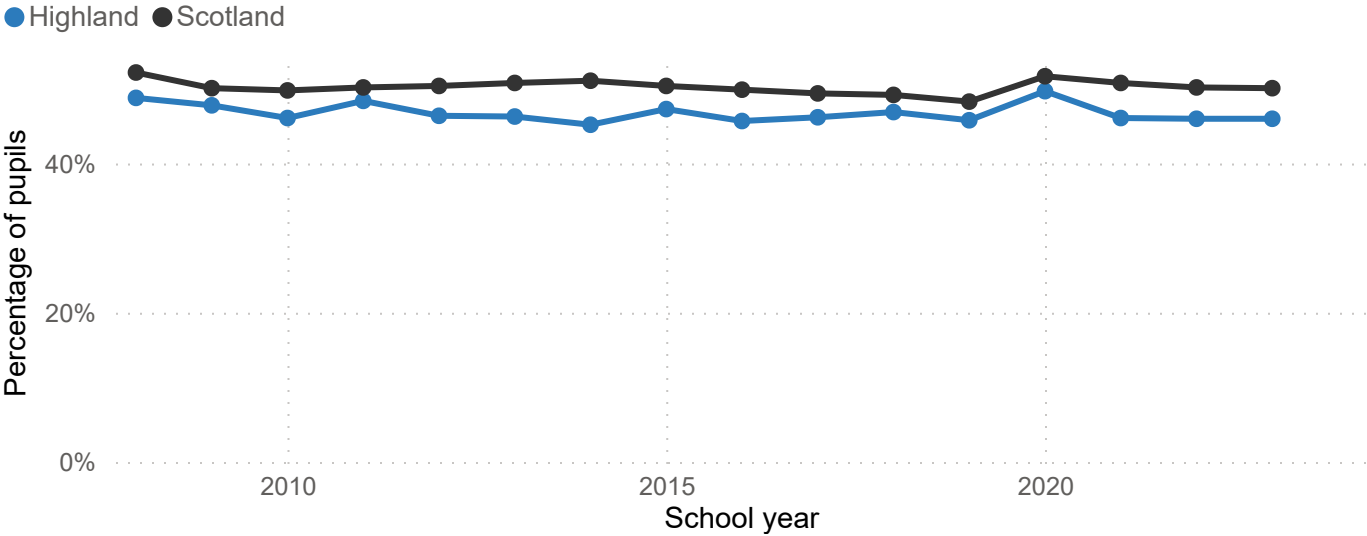


5. Create and develop healthy and sustainable places and communities

Text summarising this Marmot principle will be added here.

Active travel to school

1) by area, over time



Latest year

2023

Highland, latest year

46%

Scotland, latest year

50%

Rationale

Regular physical activity is strongly linked to a reduced risk of morbidity and mortality. Physical activity also plays a role in reducing symptoms of anxiety and depression, enhancing sleep quality, and boosting self-esteem and concentration. Active travel is defined as walking, cycling, or other forms of non-motorised transport and offers benefits for physical and mental health and well as contributing to environmental sustainability. Inequalities in active travel are known to be influenced by factors such as gender, age, income, and disability.

Inequalities

The proportion of pupils using active travel to school is consistently lower in Highland than the Scottish average (1,2). The dispersed settlement pattern and long travel distances in rural Highland mean that many pupils rely on motorised transport, including buses and private vehicles, to reach school.

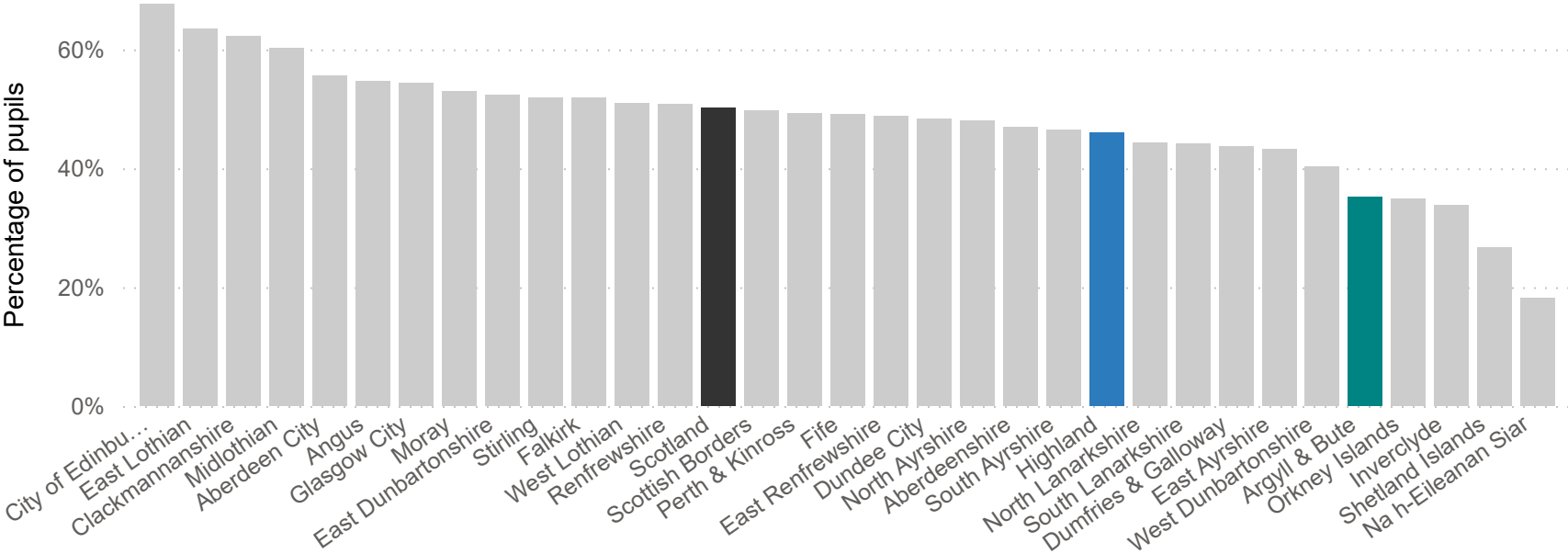
Source

1,2) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

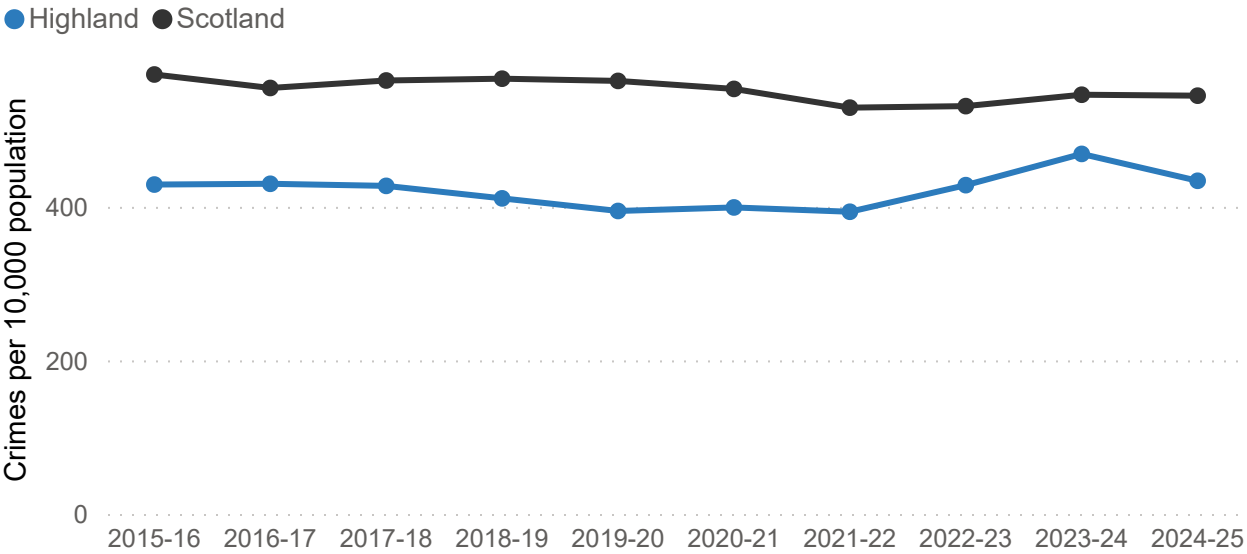
Public Health Scotland. Health Impact Scoping of Active Travel Strategy Guidance.
<https://publichealthscotland.scot/media/17878/health-impact-scoping-of-active-travel-strategy-guidance-feb23.pdf>
Gale A, Teuton J. Place and Well-being Outcomes Briefing: Movement Theme.
https://www.improvementservice.org.uk/_data/assets/pdf_file/0024/51873/Place-and-Wellbeing-Outcomes-Briefing-Movement.pdf
Scottish Public Health Observatory. Physical activity.
<https://www.scotpho.org.uk/risk-factors/physical-activity/key-points/>
World Health Organization. Physical activity.
<https://www.who.int/news-room/fact-sheets/detail/physical-activity>

2) by local authority, latest year



Crime rate

1) total crime by area, over time



Latest year

2024-25

Highland, latest year

434.0

Scotland, latest year

544.8

Rationale

Crime affects health both directly and indirectly. Violent crime can lead to physical injury, long-term disability, and psychological trauma. Exposure to violence, particularly in childhood, is associated with increased risk of mental illness, substance misuse, chronic diseases, and social problems such as poverty and further violence. Non-violent crime, such as anti-social behaviour, can significantly impact mental health and well-being.

Victims and witnesses often report fear, anxiety, sleep disturbances, and avoidance behaviours, which can reduce quality of life and community cohesion. Fear of crime can lead to reduced physical activity, social isolation, and lower trust in institutions, all of which are linked to poorer health outcomes. These impacts are often more severe in deprived areas and among individuals with existing health conditions.

Inequalities

Overall, Highland has consistently lower rates of recorded crime than the Scottish average (1). Rates of recorded crimes of dishonesty (which includes theft and fraud) were notably lower in Highland compared to Scotland (2). However, rates of sexual crimes and violent crimes were similar to the Scottish average (2).

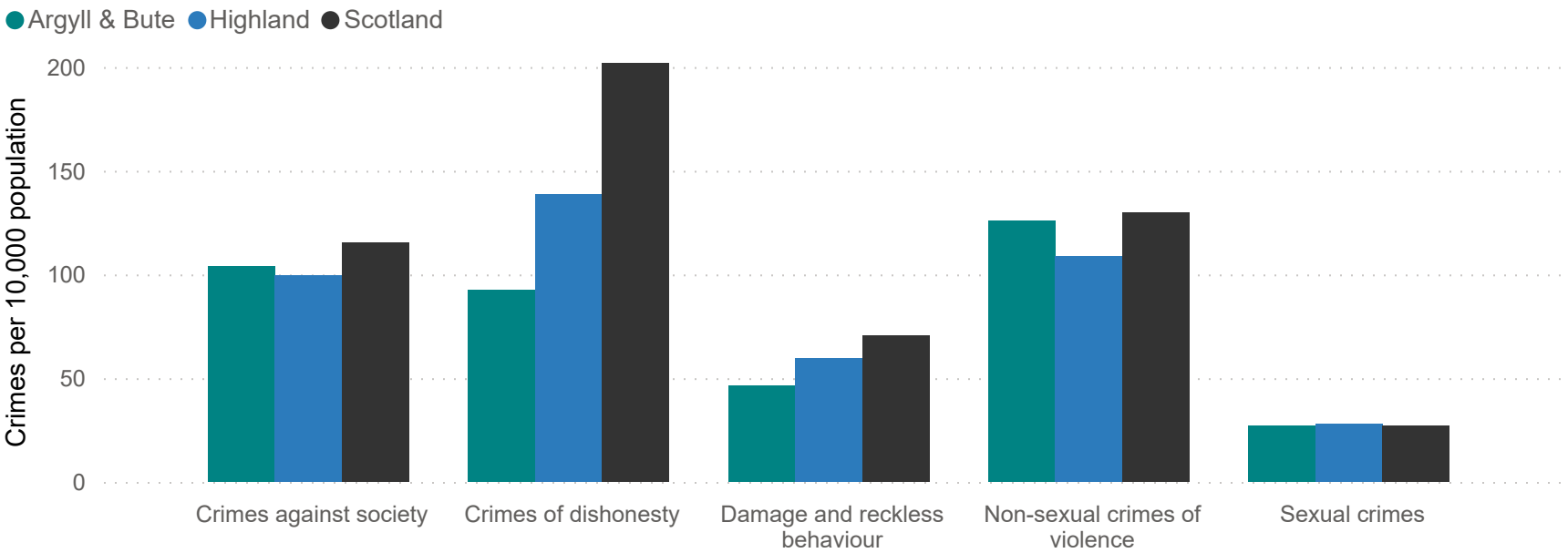
Source

1,2) Scottish Government. Recorded Crime in Scotland
<https://www.gov.scot/collections/recorded-crime-in-scotland/>

References and further reading

Scottish Public Health Observatory. Crime and Violence
<https://www.scotpho.org.uk/wider-determinants/crime-and-violence/introduction/>
World Health Organization. Violence and health.
<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

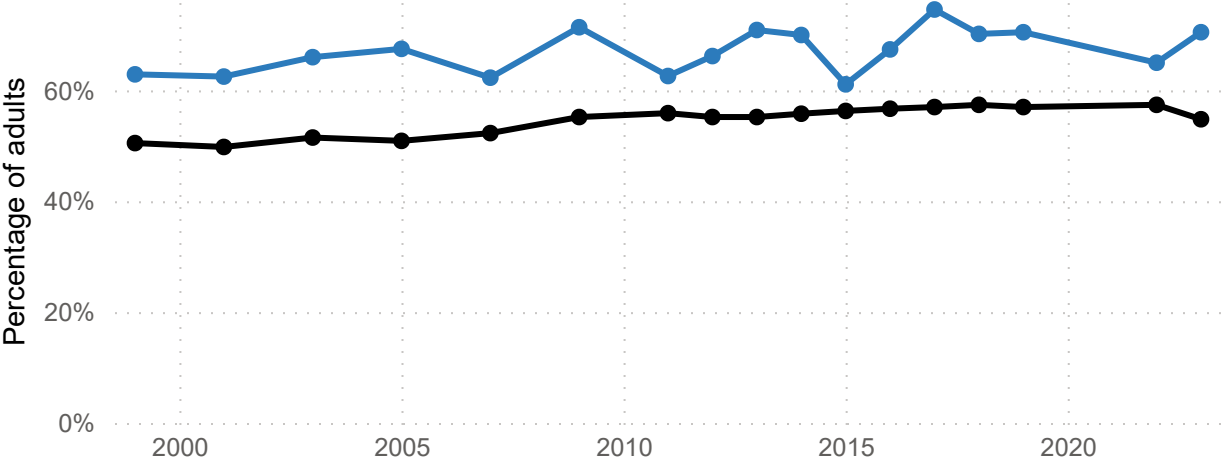
2) by area and crime group, latest year



Adults rating neighbourhood as a very good place to live

1) by area, over time

● Highland ● Scotland



Latest year

2023

Percentage adults,
Highland, latest year

70.5%

Percentage adults,
Scotland, latest year

54.8%

Rationale

The neighbourhoods in which people live have a profound impact on health and well-being. The Scottish Government's place-based policy approach recognises that improving the quality of places can reduce health inequalities and support healthier lives. Neighbourhoods that lack safe walking routes, accessible services, or green spaces are associated with lower levels of physical activity, poorer mental health, and reduced social interaction. These environmental deficits disproportionately affect low-income and marginalised groups, contributing to a gradient of health disadvantage across Scotland.

Inequalities

In Highland, adults are more likely than the Scottish average to rate their neighbourhood as a very good place to live (1,2).

Data published for Scotland shows that people living in the most deprived quintile are less likely to rate their neighbourhood as a very good place to live.

Sources

1,2) Scottish Household Survey data provided via Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Government. Scottish Household Survey 2022
<https://www.gov.scot/publications/scottish-household-survey-2022-annual-report/>

Scottish Government. Place Principle: Shared understanding to improve outcomes and reduce inequalities.

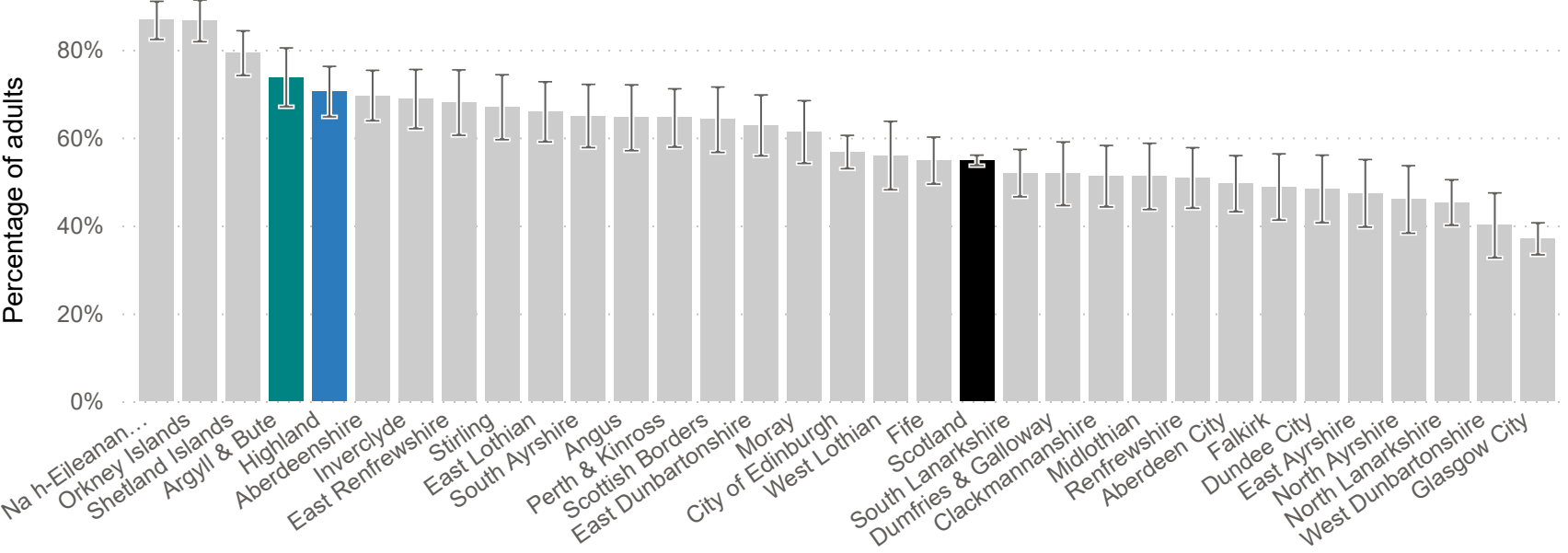
<https://www.gov.scot/publications/place-principle/>
Scottish Public Health Observatory. Community Wellbeing.

<https://www.scotpho.org.uk/archive/community-wellbeing/data/data-introduction/>

Scottish Government. Local living and 20 minute neighbourhoods: planning guidance

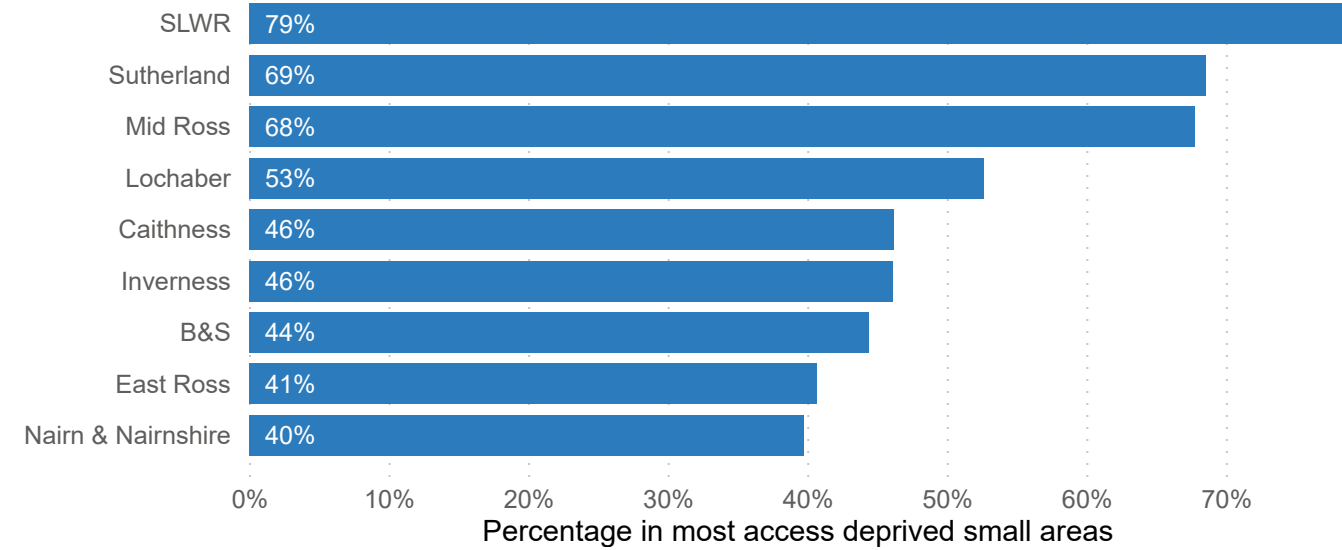
<https://www.gov.scot/publications/scottish-government-planning-guidance-local-living-20-minute-neighbourhoods/pages/1/>

2) by local authority, latest year



Access deprivation

1) by Community Partnership Area



SIMD

2020v2

Highland

52%

Scotland

22%

Rationale

Access to essential services is an important determinant of health and wellbeing. The Scottish Index of Multiple Deprivation (SIMD) includes an "Access" domain that measures drive and public transport times to key services including GP practices. In rural areas geographic isolation, dispersed settlements and limited infrastructure significantly affect service accessibility. Higher transport costs also contribute to higher cost of rural areas and rural poverty. The Scottish Government recognises the contribution of local living (within 20 minute neighbourhoods) to reduction in health inequalities. This indicator measures the percentage of people living in areas within the most access deprived quintile in Scotland.

Inequalities

Skye, Lochalsh and West Ross is the Community Partnership Area with the highest proportion of people in the most access deprived areas. However, all Community Partnership Areas in Highland have a higher proportion of the population living in access deprived areas than the Scottish average (1). Highland has a far higher proportion than average of its population living in areas classified as the most access deprived (2).

Sources

1,2) Scottish Index of Multiple Deprivation (SIMD) 2020v2 <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/> (within Scotland access deprivation quintile) and National Records of Scotland 2022 mid-year population estimates via Public Health Scotland open data <https://www.opendata.nhs.scot/>

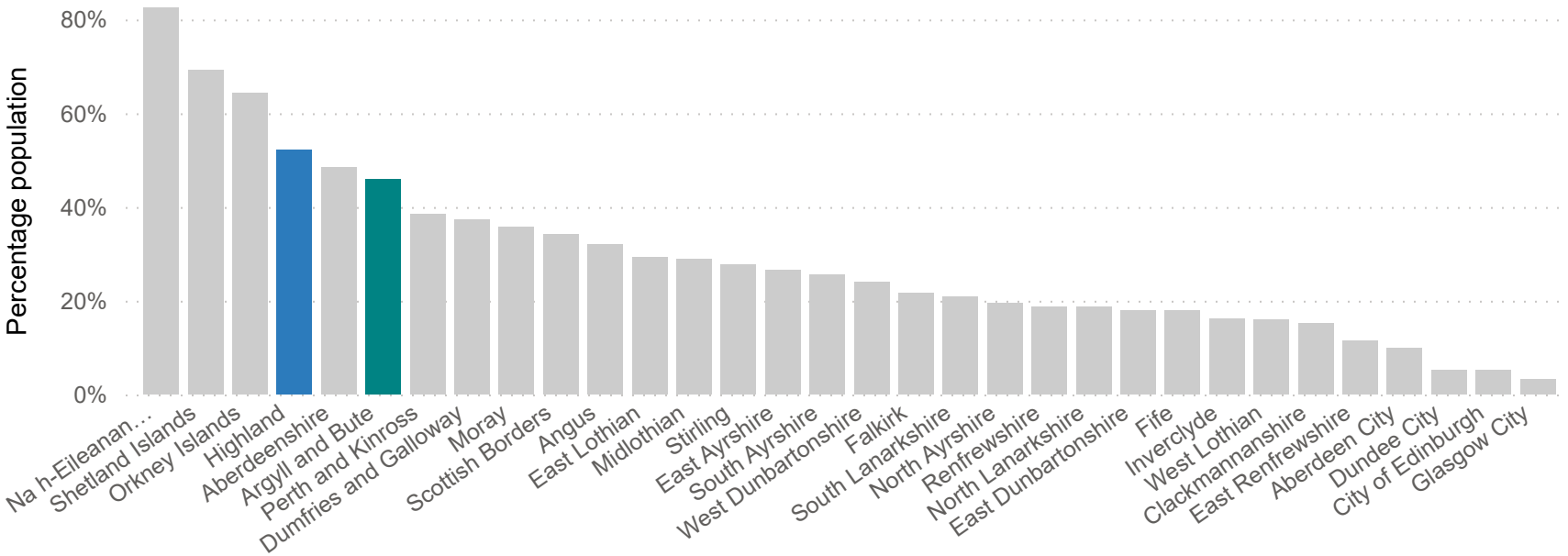
1) Public Health Scotland. Sub-HSCP geographies <https://www.opendata.nhs.scot/>

Further information

Scottish Government. Poverty in rural Scotland: evidence review <https://www.gov.scot/publications/poverty-rural-scotland-review-evidence/>

Scottish Government. Local living and 20 minute neighbourhoods: planning guidance <https://www.gov.scot/publications/scottish-government-planning-guidance-local-living-20-minute-neighbourhoods/pages/1/>

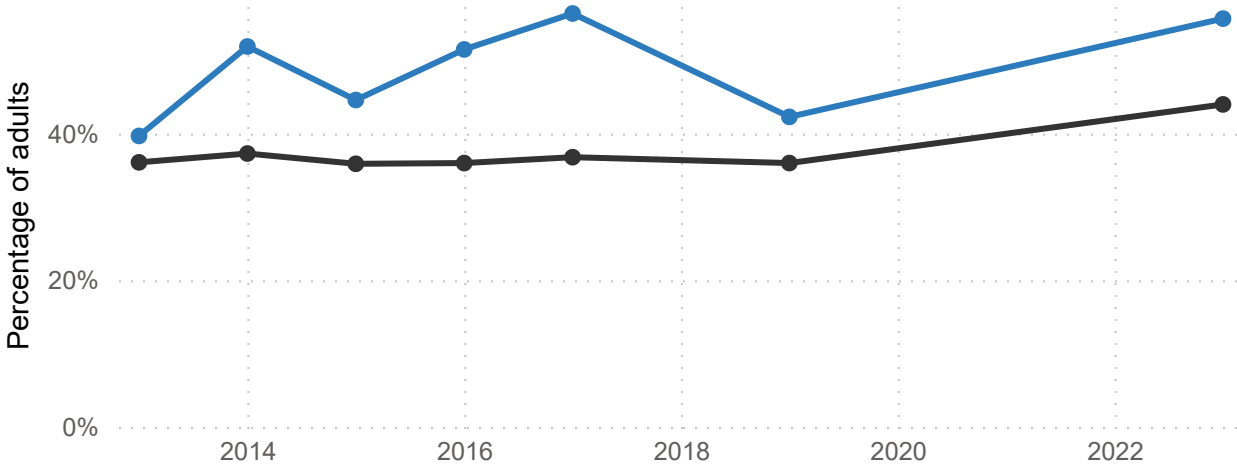
2) by local authority



Access to open space

1) by area, over time

● Highland ● Scotland



Latest year

2023

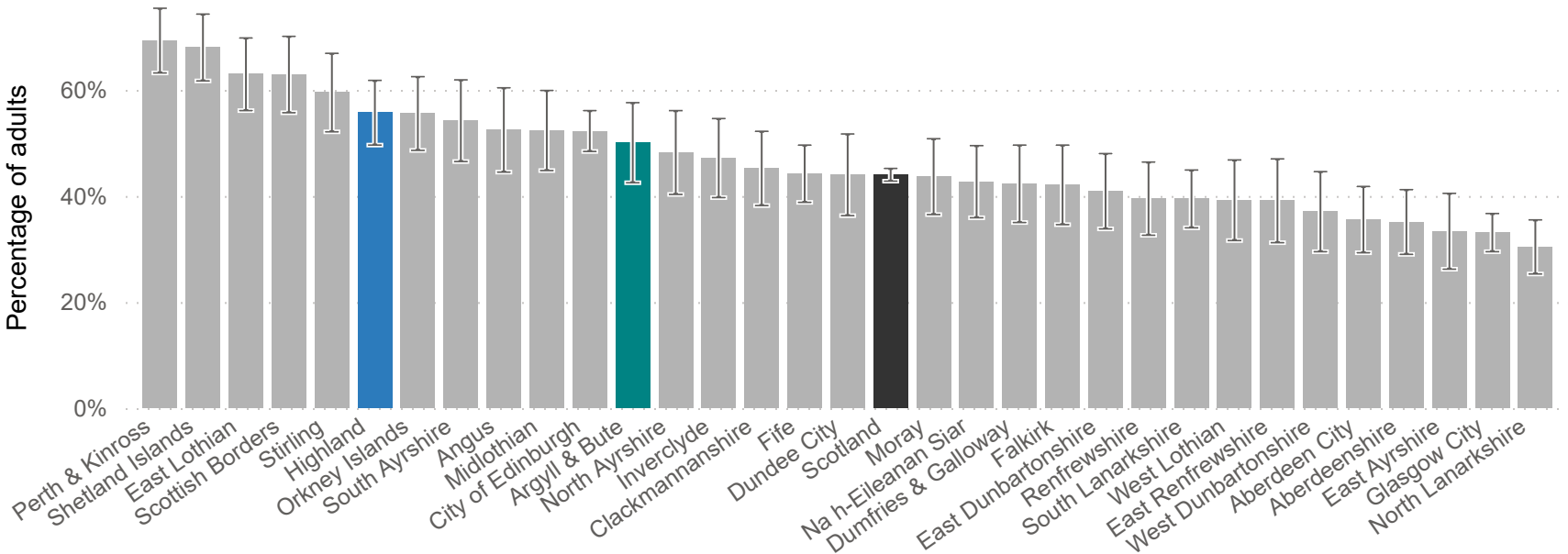
Percentage adults in Highland, latest year

55.7%

Percentage adults in Scotland, latest year

44.0%

2) by local authority, latest year



Rationale

Access to open space is a key determinant of both physical and mental health. Regular interaction with green and blue spaces is associated with reduced stress, improved mood, increased physical activity, and enhanced social cohesion.

The Highland Outcome Improvement Plan (HOIP) highlights the role of place in shaping well-being. The plan commits to improving access to green spaces and active travel routes, particularly in areas of deprivation and rural fragility. This indicator is based on survey data. Respondents are asked how far they live from public green, blue or open space and then how often they use or pass through this space. Regular use of open space was defined as more than once a week.

Inequalities

Adults in Highland report higher regular use of open space than the Scottish average (1,2), but many adults in Highland do not regularly access open space.

Scottish Health survey data shows that, in Scotland, those in the most deprived SIMD quintiles were least likely to regularly use open spaces.

Source

1,2) Scottish Health Survey via Scottish Public Health Observatory

https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Scottish Public Health Observatory. Physical environment.

<https://www.scotpho.org.uk/wider-determinants/physical-environment/introduction-and-policy-context/>

Public Health Scotland. Place and Well-being Outcomes Briefing: Movement Theme.

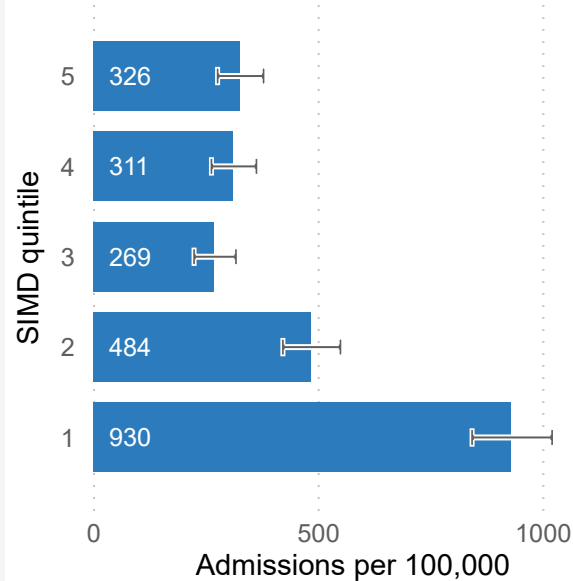
https://www.improvementservice.org.uk/_data/assets/pdf_file/0024/51873/Place-and-Wellbeing-Outcomes-Briefing-Movement.pdf

6. Strengthen the role and impact of ill health prevention

Text summarising this Marmot principle will be added here.

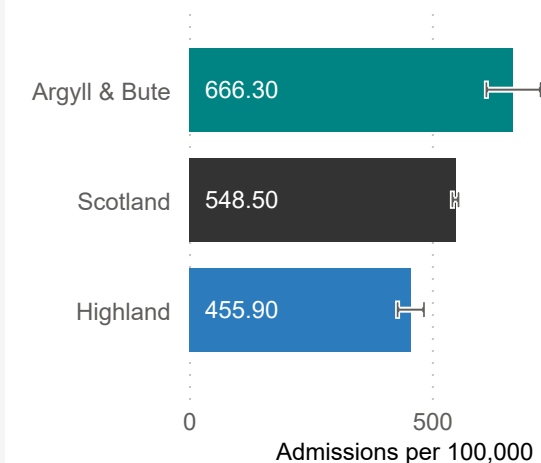
Alcohol-related hospital admissions

1) by SIMD quintile (latest year)

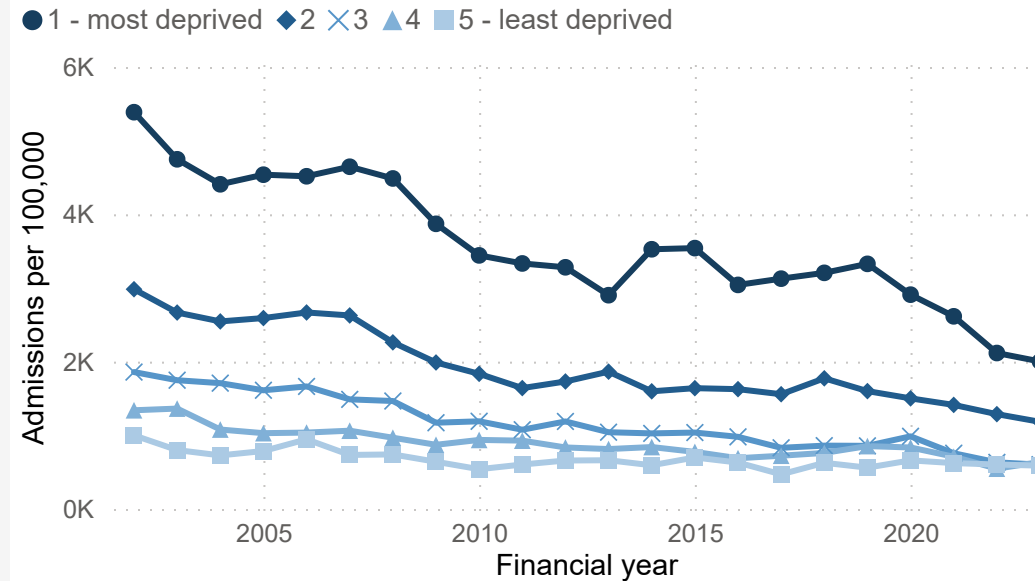


Latest year
2023

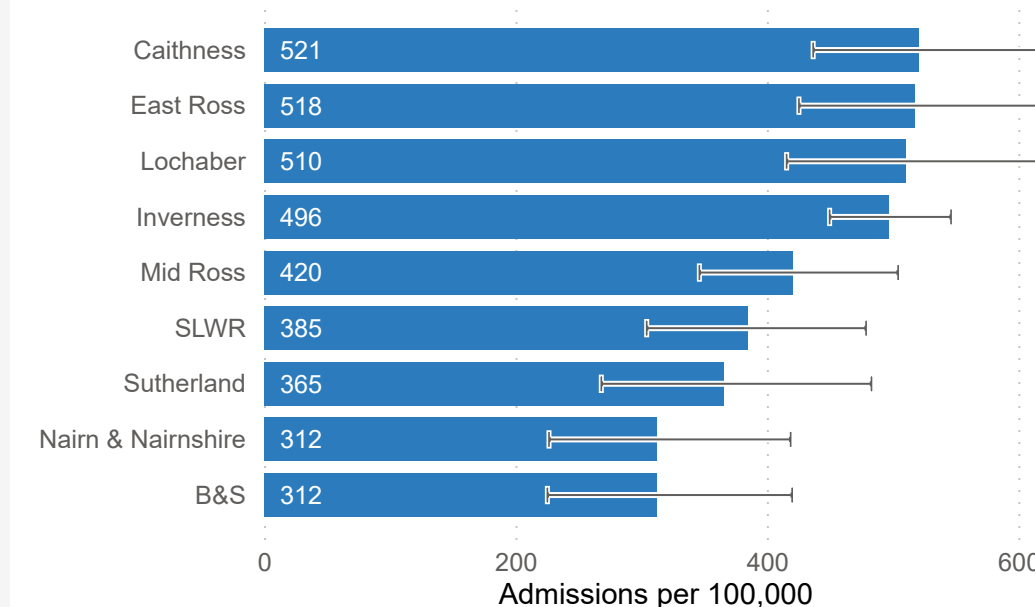
3) by area (latest year)



2) by SIMD quintile, over time



4) by Community Partnership area (latest year)



Rationale

The harmful use of alcohol is a major driver of health inequalities. Harms due to problem alcohol use include reduced quality of life, hospitalisations, early deaths, and social harms such as violence and domestic abuse. The harmful use of alcohol impacts upon individuals, children, families and communities. Hospital admissions include records where an alcohol-related diagnosis was recorded during admissions to acute care in Scotland. These admissions include the short-term effects on health of acute intoxication and alcohol poisoning and longer term effects such as alcohol dependency and damage to the liver and brain.

Inequalities

Alcohol-related hospital admissions in Scotland and Highland have declined. Admissions are highest in the most deprived areas, with rates nearly five times higher than in the least deprived (1,2). Rates in Highland are lower than the national average (3). They vary across Highland CPP areas, but these differences should be interpreted with caution due to the wide confidence intervals and smaller number of admissions (4).

Source

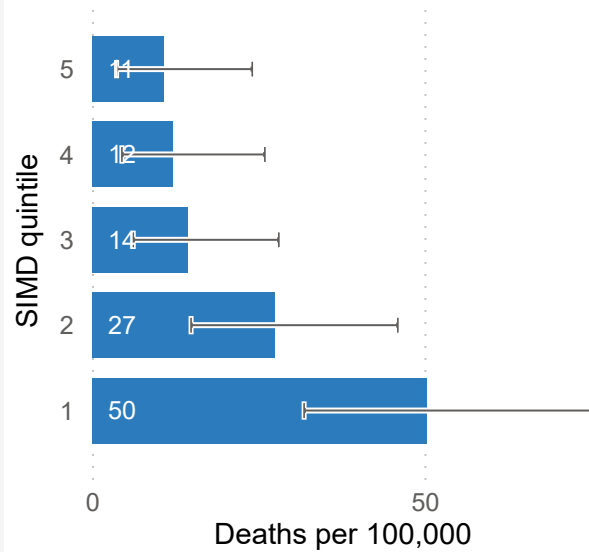
Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
 Rates are age-sex standardised.

Further information

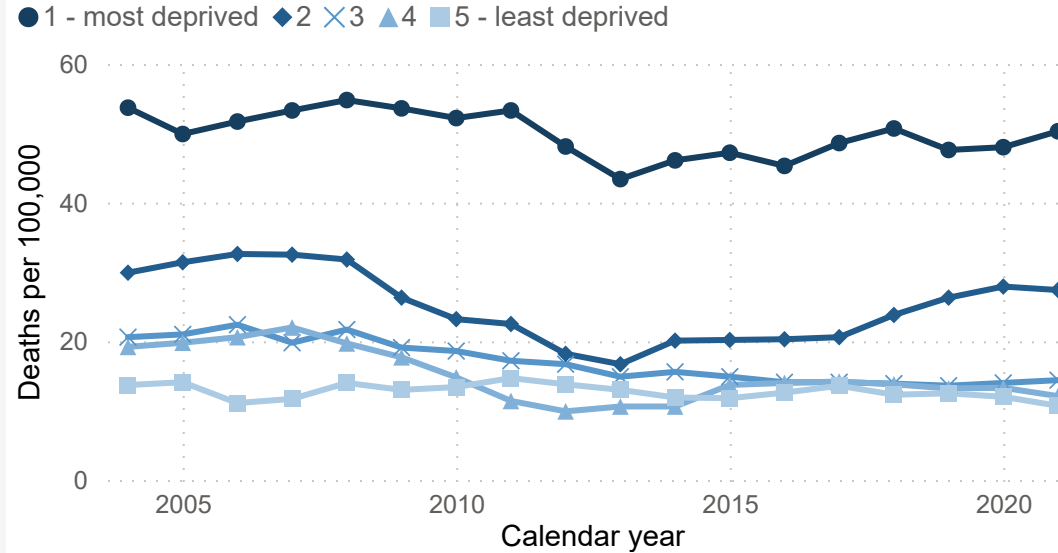
Public Health Scotland. Alcohol consumption and harms dashboard.
<https://publichealthscotland.scot/publications/alcohol-consumption-and-harms-dashboard>
 Alcohol Focus Scotland. Alcohol harm profiles.
<https://www.alcohol-focus-scotland.org.uk/harm-profiles>

Alcohol-specific deaths

1) by SIMD quintile, latest period



2) by SIMD quintile, over time



Rationale

The harmful use of alcohol is a major driver of health inequalities. Harms due to problem alcohol use include reduced quality of life, hospitalisations, early deaths, and social harms such as violence and domestic abuse. The harmful use of alcohol impacts upon individuals, children, families and communities. Alcohol-specific deaths are those where the cause of death is considered wholly attributable to alcohol.

Inequalities

Alcohol-specific deaths occur across all deprivation quintiles and are consistently higher in the most deprived areas (1,2). Rates of alcohol-specific deaths are higher in males than in females (3). Rates also vary by more than two-fold across Highland CPP areas. These differences should be interpreted with caution due to the wide confidence intervals and relatively small numbers of deaths (4).

Sources

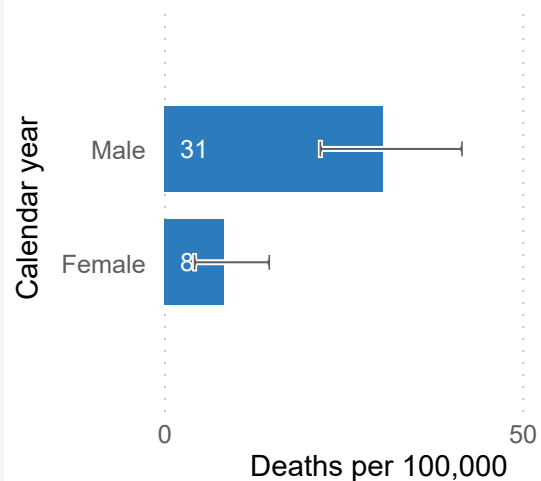
1,2,4) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
 3) Public Health Scotland. Alcohol consumption and harms.
<https://publichealthscotland.scot/publications/alcohol-consumption-and-harms-dashboard>
 Year relates to year of death registration.

Further information

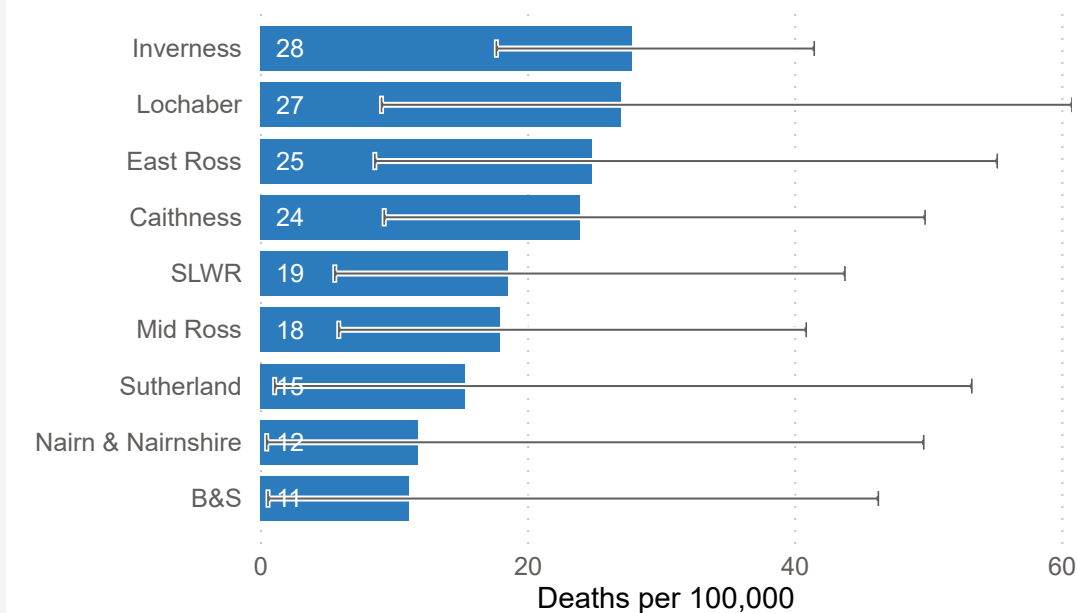
National Records of Scotland. Alcohol-specific deaths.
<https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2023/>
 Alcohol Focus Scotland. Alcohol harm profiles.
<https://www.alcohol-focus-scotland.org.uk/harm-profiles/>

Latest period
2019-2023

3) by sex, 2023

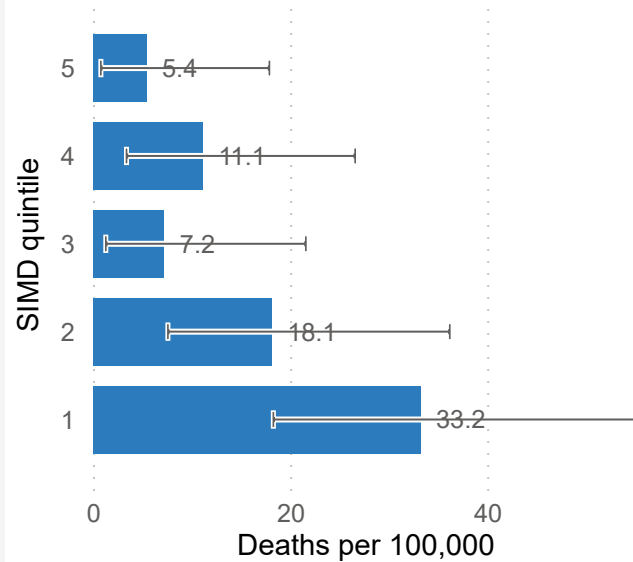


4) by Community Partnership area, latest period



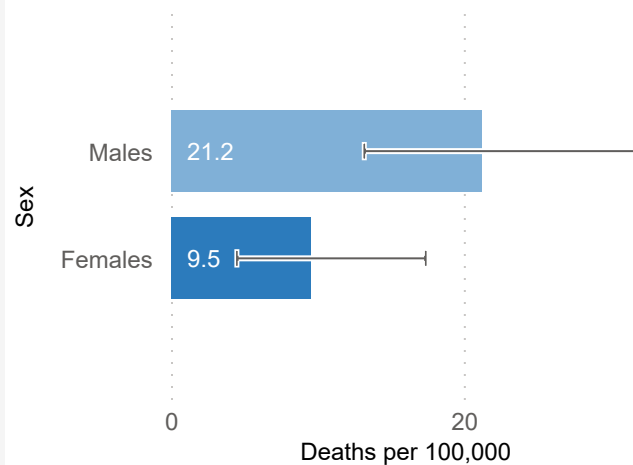
Drug-related deaths

1) by SIMD quintile, latest 5-year period

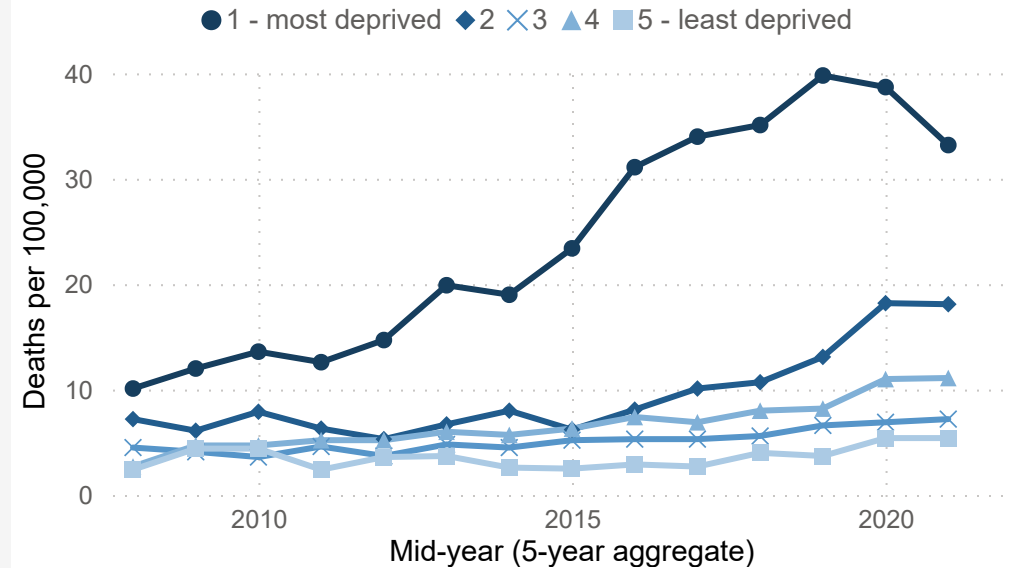


Latest period
2019-2023

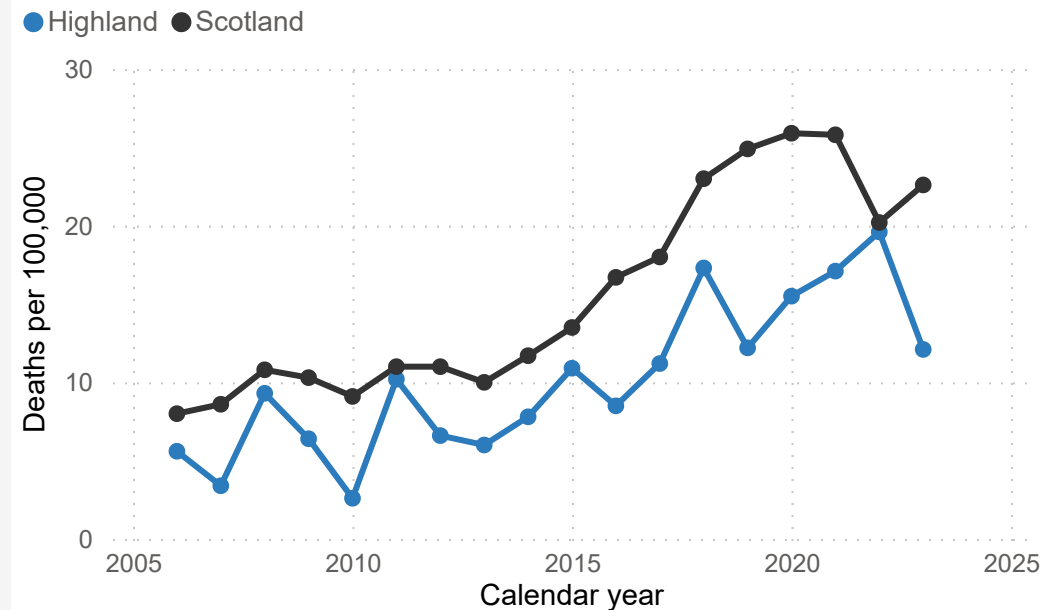
3) by sex, latest 5-year period



2) by SIMD quintile over time



4) by area, by calendar year



Rationale

Problematic use of drugs and other substances is a significant issue in Highland and across Scotland. A National Mission was announced by the Scottish Government in 2021 to reduce deaths and improve lives impacted by drugs. Problematic substance use and drug-related deaths are associated with multiple risk factors and vulnerabilities. Evidence highlights multiple disadvantage (early years trauma, poor housing, crime, poverty) contributes to substance use, which in turn contributes to further disadvantage. The drug-related deaths data shown refer to a specific definition of a drug death while avoiding the use of stigmatising language.

Inequalities

Drug-related deaths occur across all socioeconomic groups but are disproportionately concentrated in the most deprived areas in Highland (1,2). Rates of drug-related deaths are consistently higher in males than in females (3). Rates of drug-related deaths have increased since 2005, although recent data suggest a small decline. Highland's rates remain below the Scotland average (4).

Source

1,2,3,4) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/
 Rates are age-sex standardised. Year relates to year of death registration.

Further information

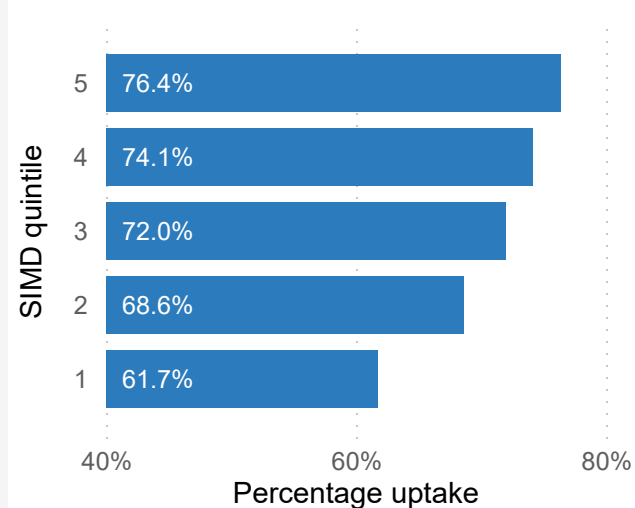
National Records of Scotland. Drug-related deaths
<https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2023/>
 Scottish Government. National Mission.
<https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026>

Bowel Screening uptake

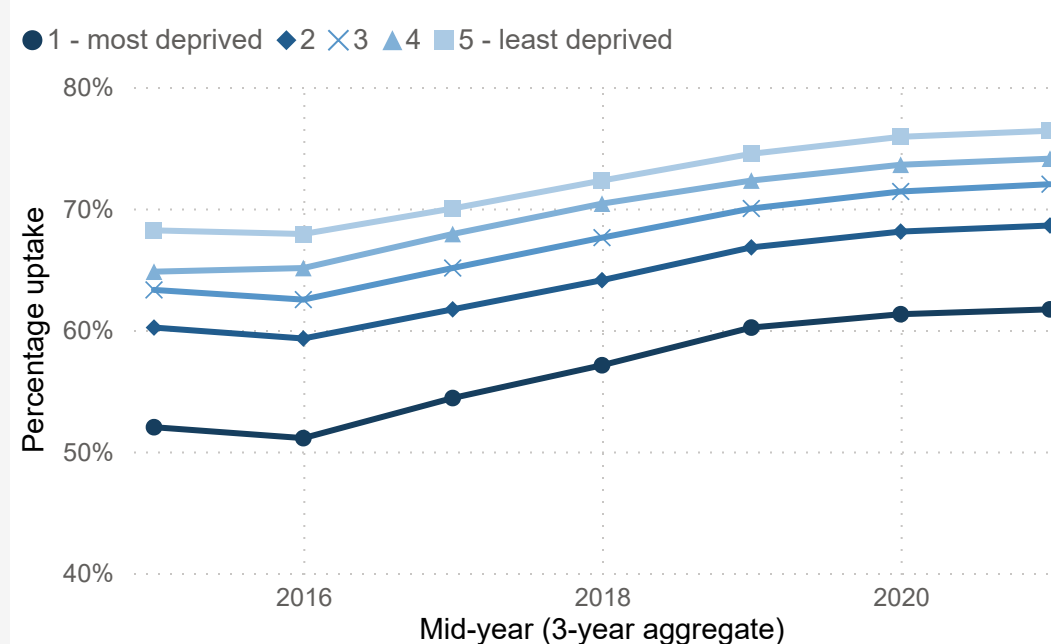
Latest year

2020-2022

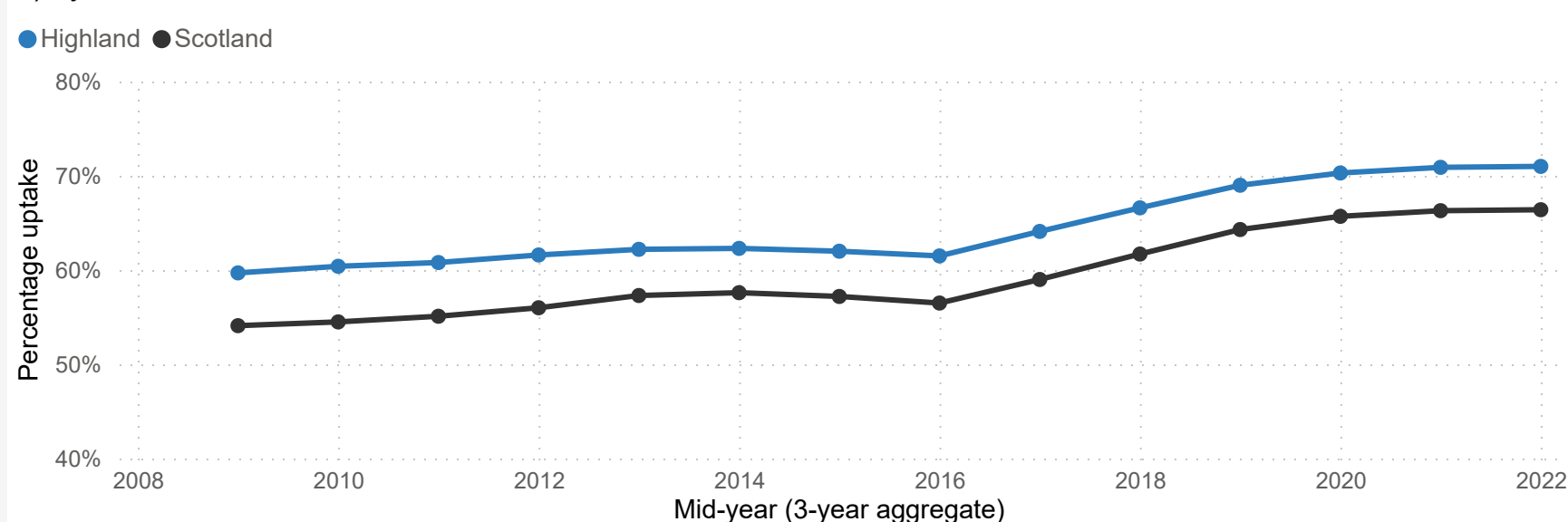
1) by SIMD quintile, latest 3-year period



2) by SIMD quintile over time



3) by area, over time



Rationale

Bowel screening is a key form of secondary prevention aimed at detecting cancer early, when treatment is more likely to be effective. In Scotland, the national bowel cancer screening invites those aged 50-74 to participate every two years. The introduction of the faecal immunochemical (FIT) test in 2017 improved acceptability and uptake, particularly among men. Barriers to bowel screening include low health literacy, cultural beliefs and stigma.

Inequalities

Uptake of bowel cancer screening for bowel cancer is not equal across the NHS Highland area. People living in the most deprived SIMD quintile are consistently less likely to participate in screening compared to those in the least deprived areas (1,2). Overall uptake in NHS Highland has improved since the introduction of FIT and has stabilised around 70% in recent years, which is higher than the Scotland average (3).

Source

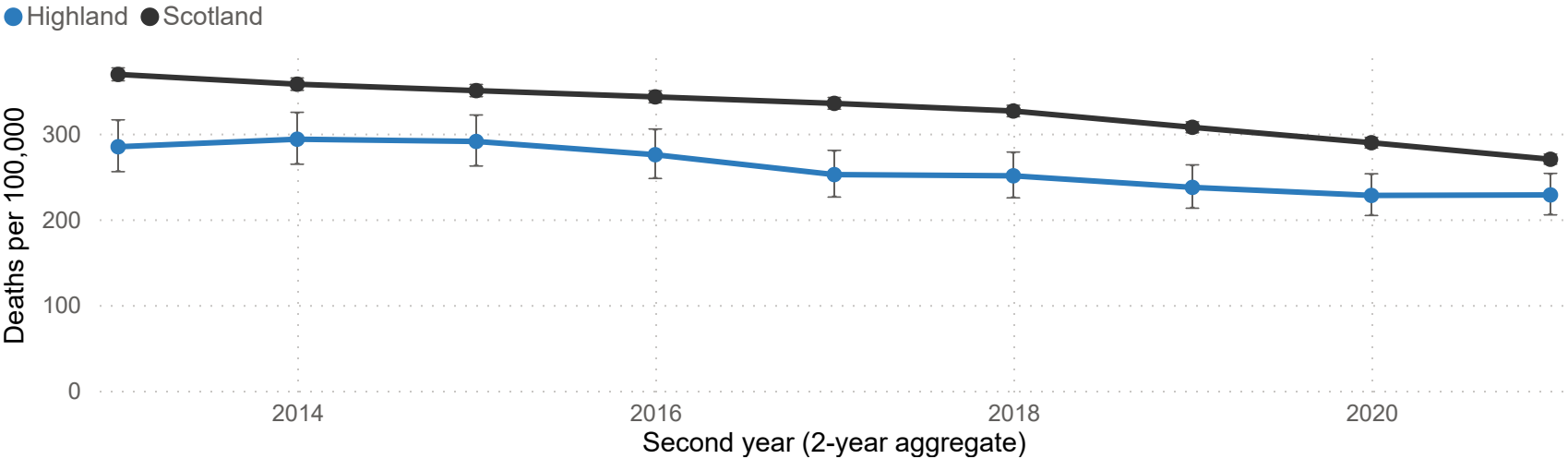
1,2,3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Further information

Public Health Scotland. Scottish bowel screening programme statistics.
<https://publichealthscotland.scot/publications/scottish-bowel-screening-programme-statistics/>
 Scottish Government. Scottish Equity in Screening Strategy 2023–2026. <https://www.gov.scot/publications/scottish-equity-screening-strategy-2023-2026/>

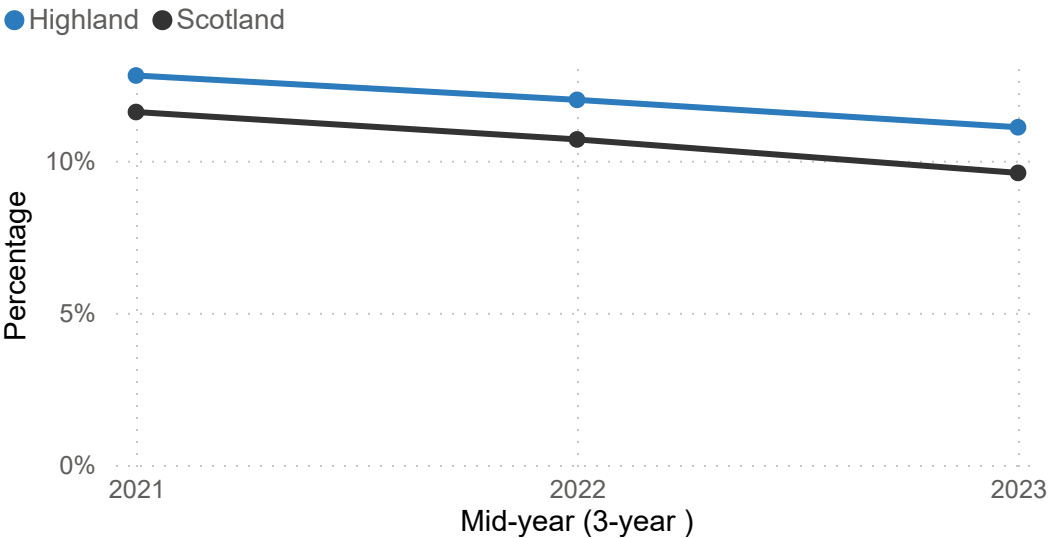
Smoking attributable deaths

1) smoking attributable deaths by area, over time

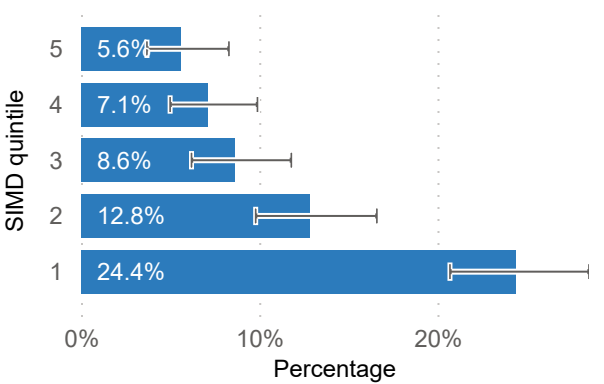


Women smoking in pregnancy

2) women smoking in pregnancy over time



3) Women smoking in pregnancy by SIMD quintile, latest 3-year period



Rationale

Tobacco smoking remains the leading preventable cause of ill health and early death in Scotland. It is estimated that half of all people who smoke regularly will die early because of smoking-related diseases. Tobacco use is one of the largest drivers of health inequalities, with the highest rates of smoking and smoking-related illness found in the most deprived communities. Tobacco smoking in pregnancy is a significant preventable risk of harm to pregnant women and their babies.

Inequalities

Smoking attributable death rates are lower in Highland than Scotland and have fallen over time (1). In Scotland, rates of smoking attributable deaths were over four times higher in the most deprived quintile than in the least deprived quintile. Smoking in pregnancy is more common in Highland than Scotland and is highest in the most deprived areas (2,3). Smoking also drives further inequalities in other groups of society, with some of the highest smoking rates seen among people with mental health conditions and LGBTQ+ communities.

Source

1,2,3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

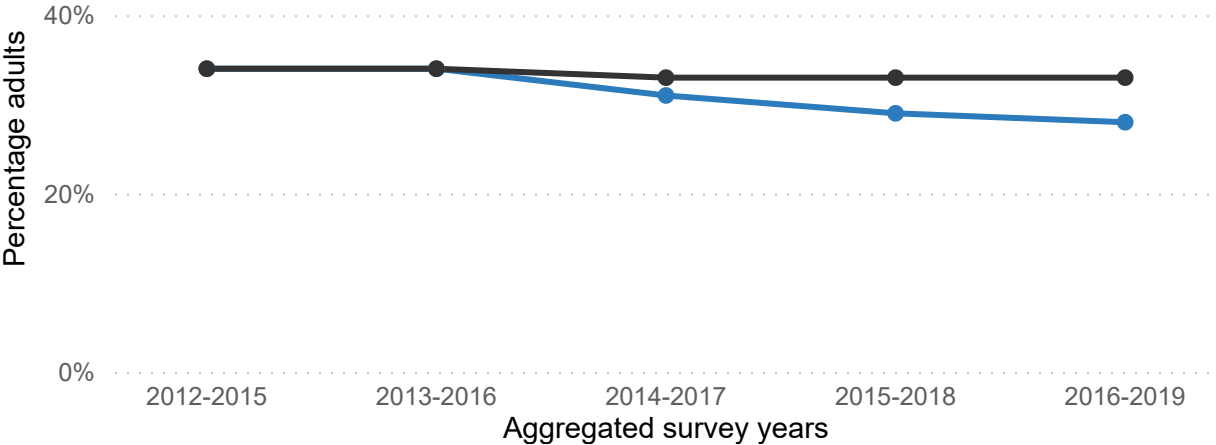
Further information

Scottish Government. Tobacco and vaping framework.
<https://www.gov.scot/publications/tobacco-vaping-framework-roadmap-2034>
ASH Scotland. Smoking in Scotland.
<https://ashscotland.org.uk/briefing/smoking-in-scotland/>

Adult healthy weight

1) by area, over time

● Highland ● Scotland



Latest period

2016-2019

Percentage healthy weight,
Highland, latest period

28%

Percentage healthy weight,
Scotland, latest period

33%

Rationale

Improving healthy weight is a key evidence-based priority in Scotland's Population Health Framework. Obesity is recognised both as a complex disease and as a risk factor for health conditions including type 2 diabetes, cardiovascular diseases, cancer and dementia. The framework recognises that a whole system approach to improve food environments and access to a healthy balanced diet is needed to improve population levels of healthy weight.

Inequalities

Nationally, around two thirds of adults are living outside of healthy weight. Highland has a lower prevalence of healthy weight than Scotland, although this difference is not statistically significant (1). Males are less likely to be of healthy weight than females. Overweight and obesity are strongly linked to deprivation. In Scotland, the least deprived areas consistently had the highest percentage of the population of healthy weight (2,3). Adult healthy weight data are sourced from a national population survey and are limited breakdowns are available by council area.

Source

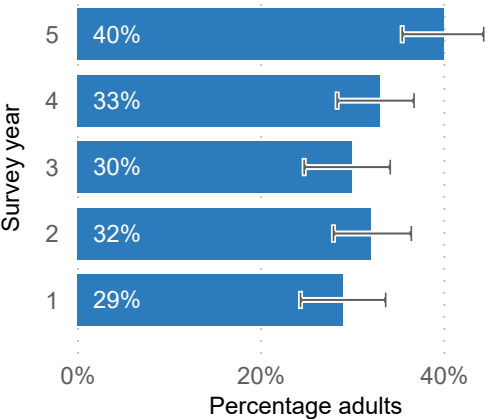
1,2,3) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Scottish Health Survey data from 2020 are excluded due to changes in survey methods during the COVID-19 pandemic. SIMD quintiles are within Scotland.

Further information

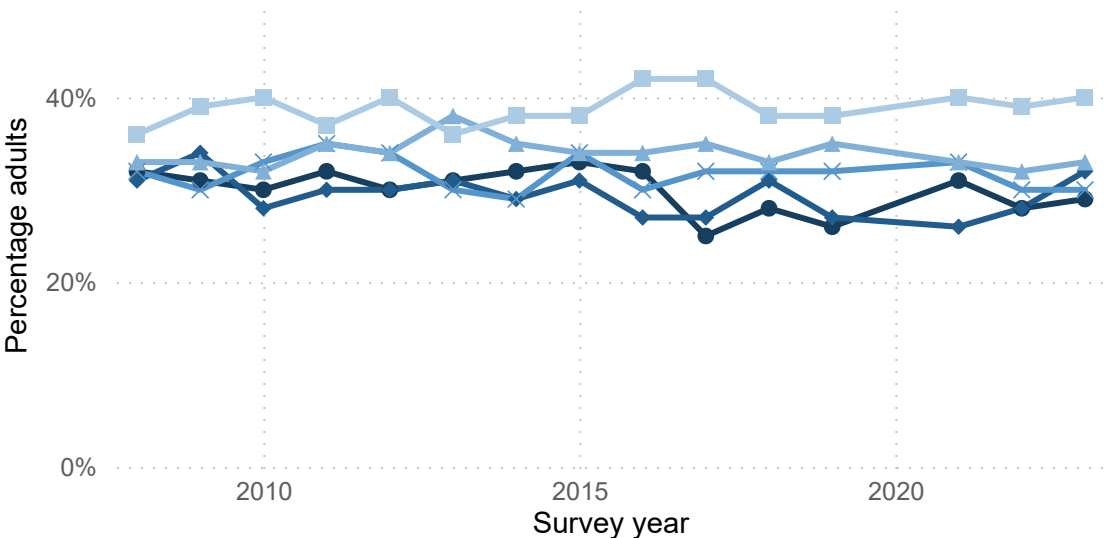
Scottish Government. Scotland's Population Health Framework
<https://www.gov.scot/publications/scotlands-population-health-framework/>
Scottish Government. Scottish Health Survey
<https://www.gov.scot/collections/scottish-health-survey/>

2) Scotland, by SIMD quintile, latest single year



3) Scotland, by single year

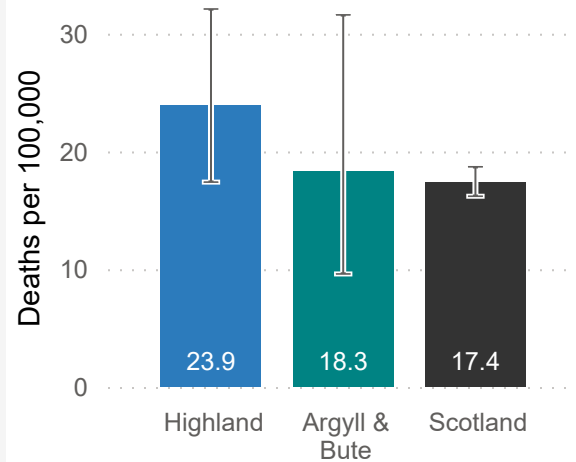
● 1 - most deprived ◆ 2 × 3 ▲ 4 ■ 5 - least deprived



Probable suicide deaths

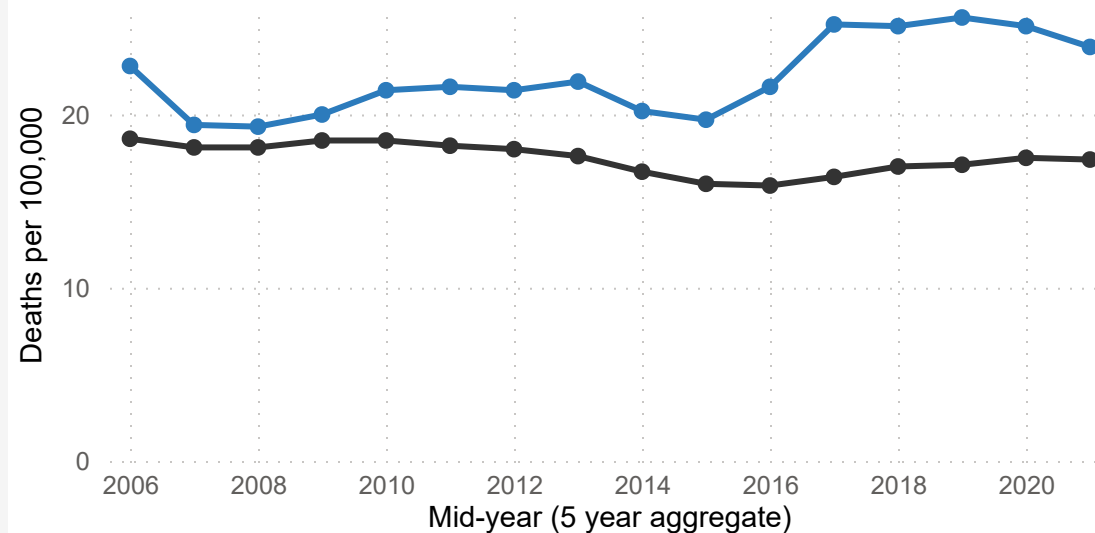
Latest period
2019 - 2023

1) by area (latest 5-year period))

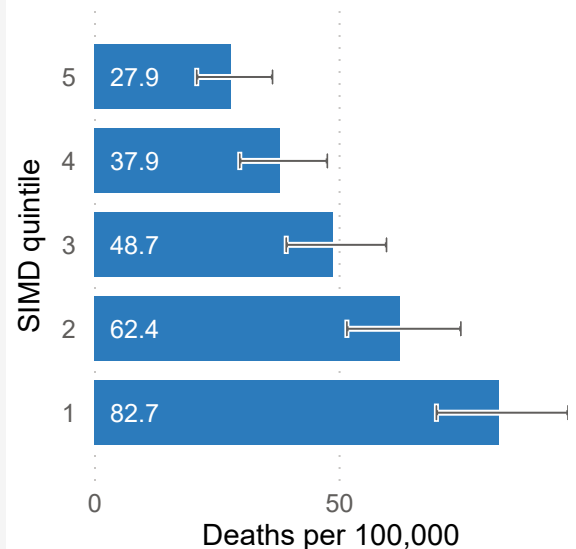


2) by area, over time

● Highland ● Scotland

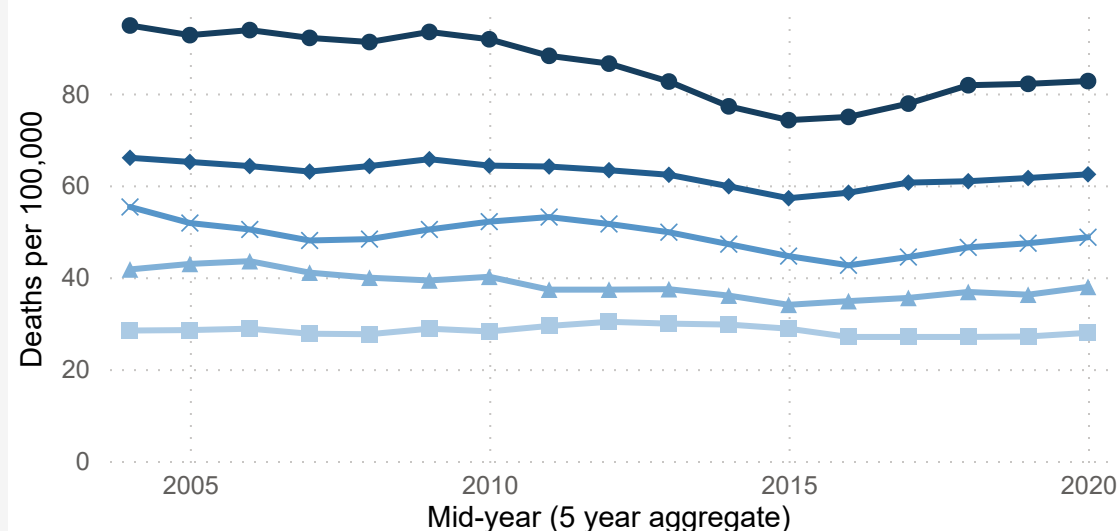


3) Scotland, by SIMD quintile, latest 5-year period



4) Scotland, by SIMD quintile, over time

● 1 - most deprived ◆ 2 × 3 ▲ 4 ■ 5 - least deprived



Rationale

Suicide is a significant public health concern in Scotland. There is no single explanation of why people die by suicide and suicide affects all age groups and communities. There are very substantial socio-economic and socio demographic inequalities in suicide risk. Demand for mental health services continues to rise, driven by wider societal pressures and increased awareness and reduced stigma around mental health issues. Suicide prevention requires a coordinated, collaborative and integrated approach across all partners in Highland.

Inequalities

In 2023, Highland had the second highest suicide rate in Scotland. Suicide rates in Highland have been consistently higher than the Scotland average (1,2). Nationally, suicide is more common among people living in the most deprived areas compared to those in the least deprived (3,4). While men are more likely to die by suicide, suicide rates among women have also increased.

Sources

1,2,3,4) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

SIMD quintiles are within Scotland. Rates are age-sex standardised. Year relates to year of death registration.

Further information

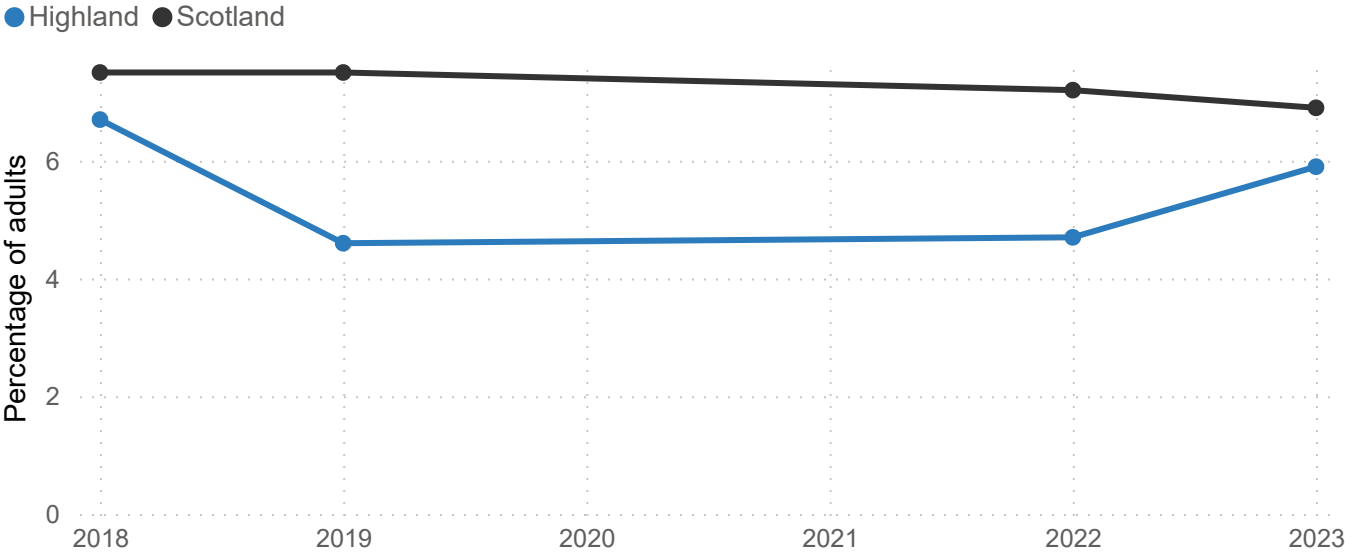
National Records of Scotland. Probable Suicides
<https://www.nrscotland.gov.uk/publications/probable-suicides-2023>
Scottish Government. Creating Hope Together: Scotland's Suicide Prevention Strategy 2022–2032.
<https://www.gov.scot/publications/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/>

7. Tackle racism, discrimination, and their outcomes

Text summarising this Marmot principle will be added here.

Adults experiencing discrimination in the past year

1) by area, over time



Latest year

2023

Adults experiencing discrimination, Highland, latest year

5.9%

Adults experiencing discrimination, Scotland, latest year

6.9%

Rationale

Discrimination has both immediate and lasting impacts of health. It can affect access to services, increase exposure to trauma, and contribute to chronic stress, all of which are associated with poorer physical and mental health outcomes. Discrimination undermines trust in institutions, reduces help-seeking behaviour, and can lead to social isolation and economic disadvantage.

Inequalities

Adults in Highland are less likely to report experience of discrimination than the Scottish average (1,2). This may partly reflect the area's lower proportion of ethnic minority residents. However, national data from the Scottish Household Survey shows that certain groups are significantly more likely to experience discrimination, including ethnic minorities, disabled people, gay, lesbian or bisexual individuals and young people aged 16 to 24. Discrimination is also more commonly reported, nationally, by those living in the most deprived SIMD quintile.

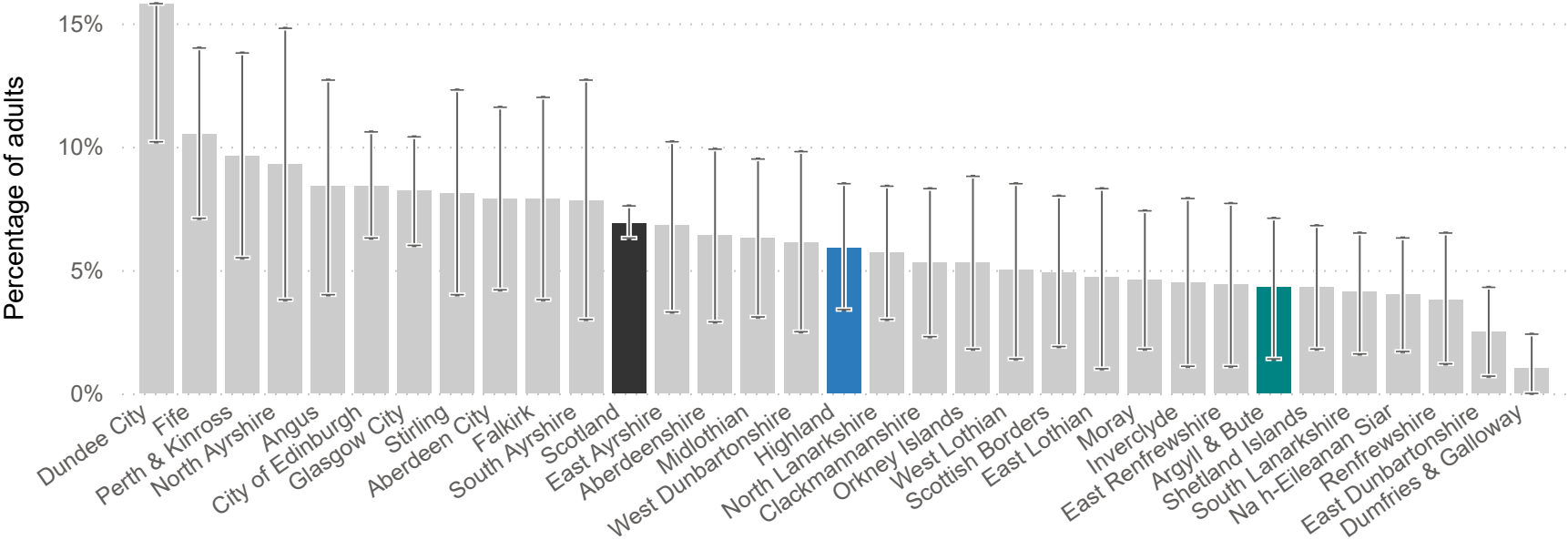
Source

1,2) Scottish Household survey data via Scottish Public Health Observatory https://scotland.shinyapps.io/ScotPHO_profiles_tool/
Data from 2020 and 2021 are excluded due to changes in methodology during the COVID-19 pandemic.

Further information

Scottish Government. Scottish Household Survey <https://www.gov.scot/publications/discrimination-and-harassment-in-scotland-results-from-the-2023-scottish-household-survey/>
Marmot M. Health equity in England: the Marmot review 10 years on. BMJ. 2020;368:m693. <https://www.bmj.com/content/368/bmj.m693>

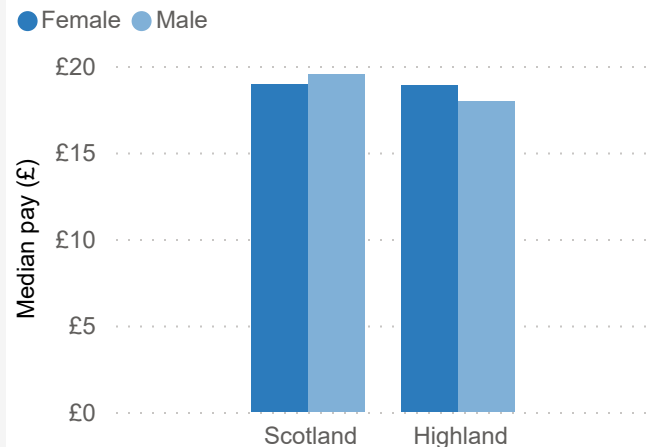
2) by local authority, latest year



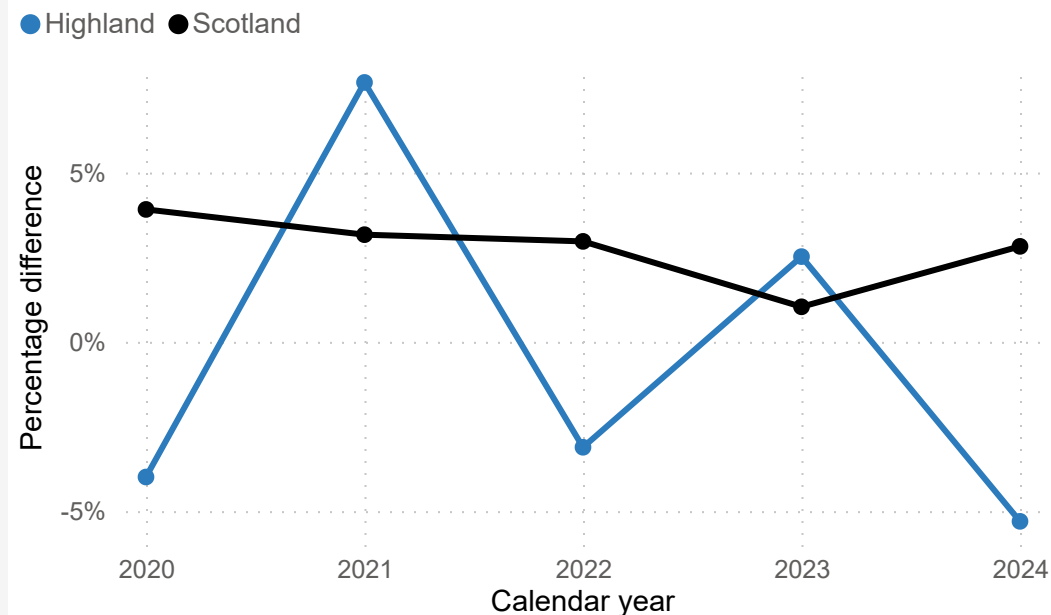
Gender pay gap

Latest year
2024

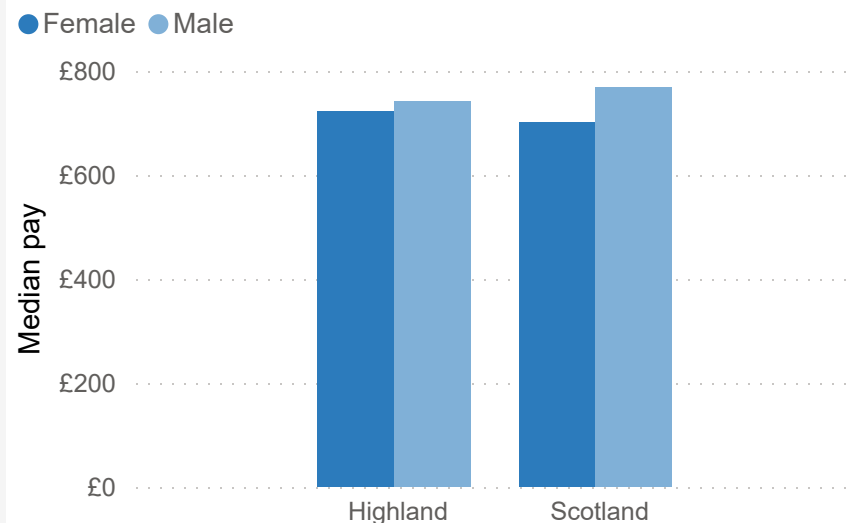
1) hourly full-time weekly pay by area and sex, latest year



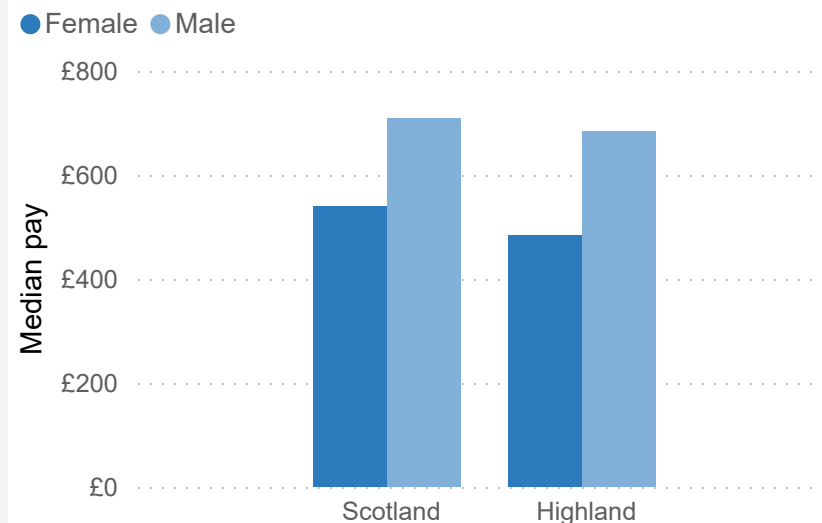
2) gender pay gap by area, over time



3) median full-time weekly pay by area and sex, latest year



4) median total weekly pay by area and sex, latest year



Rationale

The gender pay gap reflects a persistent and unfair difference in average earnings between males and females, with significant implications for health equity. Income and employment conditions are key social determinants of health. The Fairer Scotland Duty places legal responsibility on public bodies to actively consider how they can reduce root causes of health inequalities, including the gender pay gap.

The gender pay gap is defined as the difference in average full time hourly pay between men and women, expressed as a percentage of male earnings. Positive values indicate higher average pay for men and negative values higher average pay for women.

Inequalities

In Scotland, men are paid more than women on average (1,2). Variation in the gender pay gap from year to year is likely to be an artefact of the smaller survey sample for Highland (2).

The Office for National Statistics report that the gender pay gap has decreased over time in all UK nations. It widens for those earning higher incomes, those aged over 40, for those in skilled trades occupations and in England compared to other UK nations.

Females are more likely to work part time or fewer hours and the difference in average weekly pay between men and women is higher than for those working full-time (3,4).

Source

1,2,3,4) Nomis. Annual Survey of Hours and earnings
<https://www.nomisweb.co.uk/>

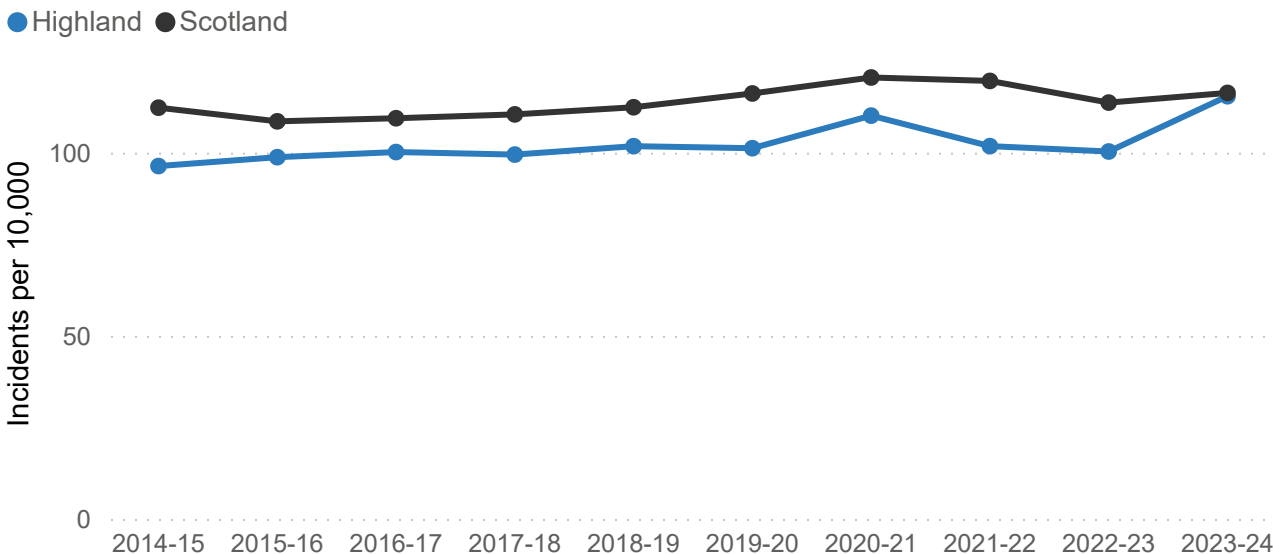
Further information

Office for National Statistics. Gender gap in the UK.
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2024>

Scottish Government. Fairer Scotland Duty: guidance for public bodies
<https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/>

Domestic abuse

1) by area, over time



Latest year

2023-24

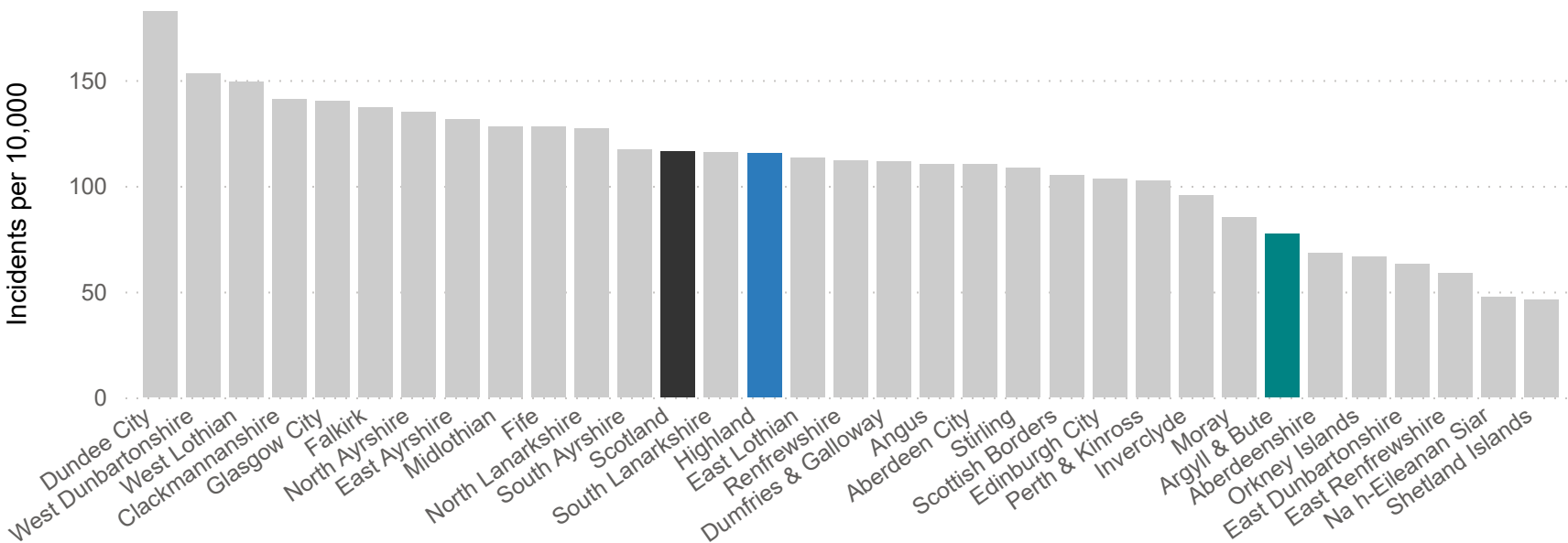
Rate in Highland, latest year

115.4

Rate in Scotland, latest year

116.3

2) by local authority, latest year



Rationale

Domestic abuse has profound and lasting effects on both physical and mental health. Victims often experience trauma, anxiety, depression, and physical injuries, with long-term consequences for well-being. The impact extends beyond the direct victim to others in the household, particularly children, who may experience emotional harm, developmental disruption, and increased risk of future victimisation or perpetration. Domestic abuse is a leading concern for those on the child protection register and is recognised as a key adverse childhood experience (ACE) that contributes to poorer health outcomes across the life course.

Inequalities

In the most recent year, the rate of domestic abuse recorded by Police Scotland in Highland was similar to the Scottish average (1,2). Domestic abuse disproportionately affects women and children, with around eight out of ten recorded incidents involving a male perpetrator and female victim. Women living in more deprived areas are more likely to experience domestic abuse and face greater barriers to accessing support services, safe housing, and financial independence.

Source

1,2) Scottish Government

<https://www.gov.scot/publications/domestic-abuse-statistics-recorded-police-scotland-2023-24>

Further information

Highland Violence Against Women Partnership

<https://hvawp.scot.nhs.uk/>

Scottish Government. Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls <https://www.gov.scot/policies/violence-against-women-and-girls/equally-safe-strategy/>

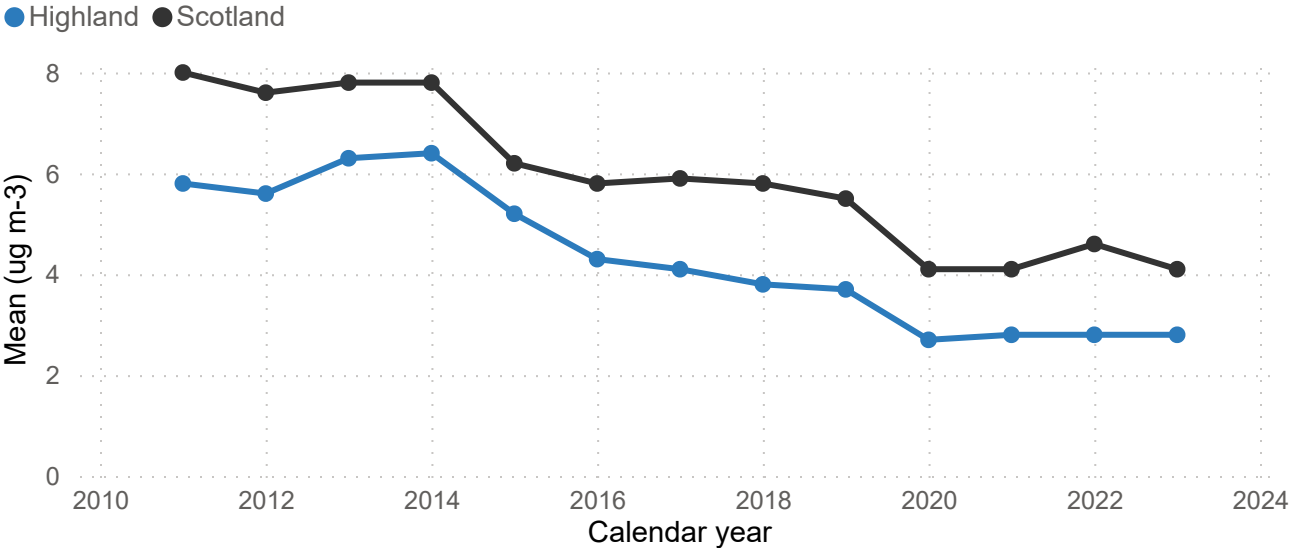
Public Health Scotland. Gender-based violence: a public health issue. <https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/gender-based-violence/>

8. Pursue environmental sustainability and health equity together

Text summarising this Marmot principle will be added here.

Air quality (Particulate matter)

1) by area, over time



Latest year

2023 calendar year

Highland concentration,
latest year

2.80

Scotland concentration,
latest year

4.10

Rationale

Exposure to particulate matter (PM), especially fine particles of 2.5 um or less) may harm health through entry to the bloodstream and be transportation to vital organs and is associated with respiratory conditions (such as asthma), cardiovascular disease (CVD), and lung cancer as well as dementia, low birth weight and type 2 diabetes. The young, elderly and those with respiratory problems are most vulnerable to these effects. Human activity in the UK is estimated to contributes to around half the PM in the air e.g. through burning wood, brake and tyre wear, industrial processes and reactions between pollutants in the air.

Inequalities

Improvement (reductions) in PM have stalled following an improvement since 2011 (1). Highland has one of the lower mean PM concentration in Scotland with only the island boards having lower concentrations (2). Socioeconomically disadvantaged communities often experience higher exposure levels due to proximity to major roads, industrial sites, and poor housing quality, compounding existing health inequalities.

Source

1,2) Scottish Public Health Observatory
https://scotland.shinyapps.io/ScotPHO_profiles_tool/ Data are population weighted.

Further information

Department for Environment, Food and Rural Affairs
https://uk-air.defra.gov.uk/data/pcm-data#population_weighted_annual_mean_pm25_data
Air quality in Scotland. About air quality
<https://www.scottishairquality.scot/air-quality>
Environmental Standards Scotland
<https://environmentalstandards.scot/our-work/our-monitoring-and-analytical-work/particulate-matter-in-scotland-an-assessment-of-the-evidence-ambition-and-prospects/>
Public Health Scotland. Outdoor air pollution and health
<https://www.publichealthscotland.scot/population-health/environmental-health-impacts/outdoor-air-pollution-and-health/overview/>

2) by local authority, latest year

