



Scottish Health Equity  
Research Unit

Insights, analysis and action on the socio-economic factors  
that shape health

# Enhancing the Evidence Base

## Collaborative Research for Meaningful Impact

May 2025

# SHERU - Collaborative Research for Meaningful Impact

## Purpose

This document sets out the Scottish Health Equity Research Unit's (SHERU's) key research interests in relation to the socioeconomic factors driving health inequalities in Scotland. It is intended for academic researchers, policy professionals, data specialists, and others working to understand and address the structural causes of health inequality. Drawing inspiration from the UK government's Areas of Research Interest (ARI) approach, it aims to support more effective collaboration between research and policy by identifying shared priorities, highlighting key questions, and signalling where new evidence and insights are most needed [1].

## About SHERU

The Scottish Health Equity Research Unit is an independent research unit funded by the Health Foundation, dedicated to providing insights and analysis on the socioeconomic factors that shape health. We are committed to strengthening the evidence base surrounding the intersection of socioeconomic and health outcomes, particularly in relation to the complex factors that drive health inequalities in Scotland.

At the heart of SHERU's approach is knowledge exchange—ensuring that our work not only advances academic understanding but also guides policy and practice, shapes community-led initiatives, and helps to drive meaningful change through informed action. SHERU is focused on advancing knowledge of the factors driving health inequalities and supporting the development of more effective policy solutions. In doing so, SHERU seeks to contribute to a future where health inequalities are tackled with greater precision and impact, underpinned by robust, evidence-driven insights.

SHERU has a broad emphasis on prevention across all areas of our work, and a particular interest in two populations that experience significant and persistent health inequalities:

**Families with Young Children** - Children are more likely to experience relative poverty than adults, and they are disproportionately represented in deprived areas. Health inequalities often start early, with children from lower-income backgrounds more likely to develop unhealthy weight patterns and face developmental challenges from a young age. Research evidence also



demonstrates that early childhood experiences shape future life course trajectories. Focusing on prevention, SHERU aims to address the root socioeconomic factors affecting children's health before they lead to lasting negative outcomes.

**Men aged 18-44** – Younger men (under 45) are of particular concern due to the stark differences in health outcomes they experience compared to both Scottish women, and men in other parts of the UK. While suicide, drug misuse, and alcohol-related deaths are significant challenges, SHERU's focus extends to the broader socioeconomic factors that contribute to these outcomes. By identifying and addressing these factors earlier, SHERU aims to support efforts to prevent these adverse health outcomes and promote long-term well-being for this population.

By focusing on these priority groups, along with the broader structural drivers of inequality, SHERU seeks to support policymakers in translating research into action.

## Enhancing the Evidence Base Through Collaboration

The development of this SHERU document is inspired by the Areas of Research Interest (ARI) publications produced by various UK government departments. We recognise the value of this structured approach in identifying and articulating key research interests. Our intention is to reflect the ARI's focus on strengthening the connection between research and policy, ensuring that research on the socioeconomic determinants of health inequalities not only addresses current issues but also helps to anticipate and prevent future inequalities.

This output aligns with the Reaching the Feasibility Frontier strand within SHERU's broader goal of strengthening the evidence base to address health inequalities in Scotland. This strand of work is predominantly about unlocking the full potential of existing data and covers the following:

- Maximising the potential of existing data by supporting efforts to connect and align datasets more effectively.
- Championing the integration of both quantitative and qualitative insights, recognising that a fuller picture of health inequalities emerges through both effective data linkage and the lived experiences and contextual nuances captured by qualitative research.

- By encouraging the wider use of longitudinal and administrative data, we aim to facilitate richer, more actionable evidence that can support policy evaluation and the development of interventions to tackle health inequalities.

SHERU's efforts to strengthen the evidence base extend to exploring novel data approaches, such as Personal Data Stores (allowing individuals to securely control and share their own data—including health records, social care information, and lifestyle data—on a consent-driven basis), and collaborating with data controllers to improve data quality through refined collection practices and standardised definitions. A key priority is making complex data more accessible and understandable to a wider audience. By enhancing the depth, consistency, and usability of data, SHERU aims to provide a clearer, more comprehensive understanding of the factors driving health inequalities in Scotland.

Alongside advancing new research, we are equally committed to engaging with ongoing work to strengthen collaboration and ensure new insights build on existing studies. By improving the use of evidence and reinforcing links between research, policy, and practice, we aim to amplify the impact of efforts already underway to address health inequalities in Scotland. Funded by the Health Foundation, SHERU's remit includes building capacity for meaningful change, and we are dedicated to sharing our knowledge so others can build on our learning and contribute to lasting improvements in health.

This document is designed to support SHERU's engagement with academic and policy experts, helping researchers pinpoint key topics and questions that contribute to strengthening our understanding of the socioeconomic determinants of health inequalities. Furthermore, we hope that by building consensus amongst the policy and wider stakeholder community, this will help researchers demonstrate the public benefit of conducting relevant studies using public sector data (primarily, but not exclusively) held within Trusted Research Environments, such as the Scottish National Safe Haven and the Integrated Data Service delivered by ONS [2][3]. Accessing this data will likely require approval through a review process, such as that conducted by a Public Benefit and Privacy Panel (PBPP).

Through these efforts, we also aim to support organisations such as Administrative Data Research Scotland (ADR-S), Research Data Scotland (RDS), and the Office for National Statistics (ONS), all of which play a role in sourcing and developing linked or linkage-ready datasets for use by accredited researchers within Trusted Research Environments. We are committed to helping inform their data acquisition/sourcing priorities and collaborating on the selection of datasets for linkage to enhance future research in this area.

Projects such as Healthy Households exemplify the value of linking health, housing, and socioeconomic data to better understand the complex factors influencing health outcomes [4]. Supported by ADR-UK, this initiative demonstrates how integrating administrative data can uncover actionable insights into the relationships between household environments and health [5]. For example, *Warm Homes, Brighter Futures* has explored the impact of housing quality on children's health and education, while the linked dataset has also supported research into how healthcare use and local environments influence social care needs. These critical questions would be much harder to investigate with the same level of precision and depth without the insights provided by linked administrative data.

Building on this work, expanding data linkages in Scotland to include household income and wealth measures alongside health outcomes will be an important step forward. Linking these datasets would enable a deeper, more precise analysis of how differences in income and wealth influence health outcomes across different communities and demographic groups, helping to identify where targeted policy interventions and resources are most needed. Equally, broadening public engagement and transparency around data linkage processes could help address concerns about how data is used, supporting a more participatory and equitable approach to knowledge generation.

## Collaborative Research for Meaning Impact Areas

There is a need to adopt a range of methods and techniques to enhance the evidence base. These include provision of both qualitative and quantitative approaches. Work is needed that:

- Explores mechanisms for change;
- Compares cost, effectiveness, and size of potential impacts across different policy options;
- Utilises participatory methods that produce robust qualitative insights;
- Seeks to establish causality, with the potential application of quasi-experimental methods; and/or
- Explores examples of best practice in leveraging data for decision-making and policy development, while exploring opportunities to scale or adapt these approaches to other settings.

The research areas outlined next explore key challenges facing Scotland, offering opportunities

for both academic inquiry and knowledge exchange, alongside evidence generation and policy development. Some of these areas will form the focus of SHERU's own research and analysis, although we recognise that no single research effort can fully address the complexity of these challenges, and that collaboration is essential to encompass their full breadth. Each area is accompanied by potential research questions to help define future research efforts in these domains, while also supporting the exploration of future policy options and alternatives. Each area has a distinct focus, yet their natural overlap highlights the interconnected nature of these issues. Together, they are designed to guide research and policy efforts to drive meaningful change and promote more equitable and sustainable outcomes for individuals and communities across Scotland.

The research areas identified have a particular focus on inequalities and are shaped by consideration of existing data, evidence, policy developments, and stakeholder engagement. This document has been developed by SHERU with contributions and feedback from colleagues across relevant organisation such as Public Health Scotland, the Scottish Government, Research Data Scotland, Administrative Data Research Scotland, and the SHERU Steering Group, who were invited to comment during the drafting process.

The research questions presented are a mix of broad and specific areas of inquiry and are intended to be illustrative rather than exhaustive. While they hold clear policy relevance, they have not been driven solely by current government priorities. The Scottish Government is, in parallel, developing its own Areas of Research Interest outputs. The questions included here may not always align with what SG officials would identify as top-tier priorities, but they nonetheless address areas of substantive policy value and would generally be acknowledged as such.

ADR Scotland has been conducting engagement activity to shape the research themes for their forthcoming funding rebid. This work is ongoing, and there are strong synergies between SHERU's research interests and ADR Scotland's themes—particularly in the areas of health and employment, housing, poverty, and outcomes for children and families—with SHERU contributing to the workshops informing the rebid process.

Throughout, we have been mindful of the distinction between prevention and early intervention. In policy terms, prevention refers to tackling the root causes of poor outcomes before they escalate, rather than responding after the fact. It has long been part of the Scottish Government's stated approach, notably since the 2011 Commission on the Future Delivery of Public Services (commonly referred to as the Christie Commission) recommendations on public service reform [6].

# 1. Health-Related Barriers to Employment: Understanding and Supporting Inactive Populations

Poor health is a major contributor to economic inactivity in Scotland and a growing concern, particularly as rising levels of long-term physical and mental health conditions limit individuals' ability to enter, remain in, or return to work. While understanding the role of employability services in supporting economically inactive individuals is important, it is equally vital to explore the health-related challenges that prevent people from entering or remaining in work in the first place. This should be done with an awareness that definitions of economic inactivity often overlook the meaningful, unpaid contributions many individuals make—such as caring responsibilities, volunteering, or community involvement.

Research in this area should focus on how poor health affects individuals' ability to secure, sustain, and thrive in employment. This includes gaining a better understanding of the structural barriers within the labour market and the working conditions that may exacerbate health issues or contribute to poor retention. Transitions—such as leaving school, experiencing a health crisis, or moving in and out of work—are often critical points where targeted intervention is most needed.

In this context, it is also important to assess the structure, accessibility, and effectiveness of employability services in addressing health-related barriers to work. This includes examining how Local Authorities and employers contribute—through programmes like *No One Left Behind* - to improving employment outcomes for disadvantaged groups [7].

Together, these insights can help strengthen the evidence base needed to inform policies and services aimed at reducing inactivity, tackling health inequalities, and improving employment outcomes.

## Key Research Questions:

- How does poor health influence individuals' ability to secure and maintain long-term employment, and what specific interventions could address these barriers?
- What are the main socioeconomic and structural factors that contribute to health-related inactivity across different groups and places?

- Which life transitions (e.g. leaving school, experiencing ill health, returning from care or parental leave) are most associated with risk of becoming inactive, and where can early intervention have the greatest impact?
- What are the primary health-related challenges preventing individuals from effectively engaging with employability services in Scotland?
- What types of employability services are most effective in supporting people unable to work due to health conditions back into the workforce?
- How is *No One Left Behind* funding allocated by local authorities, what impact does it have on health-related employment outcomes, and how can it be better targeted to address the specific needs of individuals with health conditions?
- How are poor health outcomes impacting employers and are there examples of employer-led changes that are impacting health and employment outcomes?
- What role do employers play in creating accessible and inclusive workplaces, and how can targeted employability services support them in improving health and employment outcomes?
- How might changes in policy (including a focus on those directly related to health outcomes) impact employment outcomes and inactivity rates?
- What are the broader implications of rising poor health rates on the demand for public services (e.g., social care) and the Scottish Government's fiscal position?



## 2. Temporary Accommodation in Scotland

The 16,330 households in temporary accommodation across Scotland in 2023–24 marked a record high, and this included 10,110 children— also the highest number on record [8]. Although living in temporary accommodation can be an important ‘stage’ in transitions for some households (e.g. families escaping domestic abuse and violence), it is associated with a range of negative health outcomes, particularly for vulnerable populations. This research area requires a comprehensive exploration of the health impacts of temporary accommodation in Scotland, with a focus on those most at risk of the health harms caused by extended stays in temporary accommodation, such as families with children, young men, and individuals facing housing insecurity.

Important areas of investigation include the health inequalities experienced by residents of temporary accommodation, the cultural sensitivity and adequacy of local authority responses, the underlying causes and prevalence of prolonged stays, and the long-term health impacts associated with such living conditions.

### **Key Research Questions:**

- What are the health impacts of extended stays in temporary accommodation, particularly for children and families in poverty?
- How does the experience of temporary housing contribute to ongoing health inequalities in Scotland?
- How do local authority support services (e.g., healthcare access, social services, and housing support) affect the health and well-being of temporary accommodation residents, and how are residents' housing concerns addressed across different local authorities?
- What are the barriers to accessing adequate healthcare and other essential services — such as education for children — for individuals in temporary accommodation, and how can these barriers be addressed?
- How do temporary accommodation policies and practices compare across different local authorities in Scotland, and how do they impact health outcomes?

### 3. Building an Understanding of Affordable Housing in Scotland

The concept of affordability remains unclear in the Scottish housing context, particularly for groups with intersecting inequalities. While affordable housing is a cornerstone of social policy in Scotland, there is limited clarity about what "affordable" means in practice. A 2018 UK Collaborative Centre for Housing Evidence (CaCHE) report summarised the measures of affordability that were most commonly employed internationally and proposed two modifications [9].

This area of research should explore the challenges associated with the lack of a clear definition of affordable housing and examine its implications for health and socioeconomic outcomes. A Scottish Government Housing Affordability Working Group has been undertaking a further review of working definitions of housing affordability and the different uses of affordability in policy and practice and is expected to publish its recommendations imminently [10]. Some of the key research questions outlined here may be addressed by this report, and we will revisit them in collaboration with stakeholders once the report is published.

#### **Key Research Questions:**

- What factors should a Scottish definition of housing affordability take into account and how should rural/urban differences be incorporated?
- In the context of national affordable housing targets, how have key actors, including local authorities and housing developers, been defining “affordable housing” in Scotland?
- How does the lack of a clear definition of "affordable housing" affect access to safe, quality housing in Scotland?
- How can policies related to affordable housing be redefined to better meet the needs of low-income families, particularly those with young children, men aged 18-44, and individuals with long-term conditions or disabilities, who may face higher housing and fuel costs?
- What role does the availability of affordable housing play in improving health and socioeconomic conditions?

## 4. The Impact of Increased Social Housing on Health Outcomes

When considering the number of social homes built relative to population size, Scotland has outpaced England in recent years [11]. However, challenges remain in addressing outcomes such as homelessness and housing shortages. These ongoing issues led the Scottish Government to declare a national housing emergency in May 2024, with thirteen local areas in Scotland having also declared their own housing emergencies.

Over the period of the last UK Parliament, Scotland delivered 10,000 new affordable homes per year on average, of which 7,000 were for social rent (only 1,000 fewer than the whole of England). The differences between Scotland and England are significant, particularly in relation to social housing. Over the same time period, around 13% of new affordable homes were for social rent in England compared to 70% in Scotland [12]. This distinction, along with Scotland's explicit affordable housing targets, offers important context for examining the outcomes of housing policies.

This research area should aim to explore the factors limiting the impact of Scotland's expanded social housing provision and identify lessons from countries or regions that have achieved better results.

### Key Research Questions:

- Why has Scotland's greater provision of social housing, particularly homes for social rent, not resulted in improved health and housing outcomes?
- Are there outcomes that have improved in Scotland relative to England that can be attributed to the expansion in social housing?
- What can be learned from other countries or regions that have invested in social housing, in terms of health and housing impacts?
- How can social housing policies be restructured to better address the needs of vulnerable populations?

## 5. Assessing the Health Outcomes of Social Security Policy Changes

Social security policies have shifted significantly over the past 25 years, particularly in relation to families with children. Following an expansion in social security from 2000 onwards, there was a reduction in the years from 2010 onwards. This research area aims to explore the health impacts of changes to social security policies, focusing on whether the introduction of initiatives like the Scottish Child Payment, alongside other policy shifts, has led to measurable improvements in health outcomes. Deeper insights could be gained by combining longitudinal data with both quantitative analysis and qualitative interviews, allowing for a more comprehensive understanding of the broader trends and the lived experiences of those affected.

### **Key Research Questions:**

- To what extent have Scottish Government mitigation policies influenced health outcomes among socioeconomically disadvantaged groups in Scotland?
- What has been the impact of Scottish Government social security interventions on early childhood health and development outcomes in low-income families?
- What role do social security policies play in shaping access to healthcare services and overall well-being for vulnerable populations?
- To what extent can evidence from the impact of previous social security interventions on health outcomes help improve current and future policy design in Scotland?
- What are the perceived health impacts of social security policy changes among families receiving benefits in Scotland?

## 6. Drivers of Poverty in Scotland

Understanding the factors that contribute to poverty in Scotland is essential for designing effective interventions, particularly for vulnerable groups such as children and younger adult men. While poverty rates in Scotland have historically been lower than in the rest of the UK, it remains important to examine the factors that drive this difference. Previous research, including a 2019 analysis by the Joseph Rowntree Foundation (JRF), found statistically significant differences in poverty levels between Scotland and the rest of the UK when measured after housing costs, with Scotland having lower levels. Lower housing costs in Scotland, particularly in the social rented sector, were cited as a key factor in this divergence [13].

Further research could explore whether the poverty gap between Scotland and the rest of the UK remains statistically significant and identify the factors that may influence any gap, such as housing policy, earnings, and social security. Particular attention should be given to assessing the impact of recent initiatives, such as the Scottish Child Payment (SCP), on poverty levels—especially child poverty—to determine whether these policies are having measurable effects.

Prioritising research on the intersection of poverty and health, especially its impact on children, is crucial. Early identification of children at risk of poverty is critical to improving long-term health outcomes. Exploring how timely interventions can mitigate the negative effects of poverty on children's health and well-being will be a key step towards breaking the cycle of disadvantage.

Additionally, research focusing on younger adult men should be emphasised, as this group is often overlooked in poverty reviews. Findings from studies on drug-related deaths underline how factors like income, earnings, social security, and housing costs disproportionately affect this demographic. Comparing these factors against broader national and UK-wide trends could yield valuable insights to guide more targeted and effective interventions for this population.

### Key Research Questions:

- Are poverty rates in Scotland still statistically lower than in the rest of the UK, and if so, what factors drive this difference?
- How do the drivers of poverty differ for men aged 18-44 in Scotland, particularly in relation to income factors, and how do these patterns compare to national and UK-wide trends?
- What role do housing policy, earnings, and social security individually play in mitigating poverty, and how have these factors' relative influences changed over time?



- How can analyses of income and poverty factors inform policy development for families with young children, particularly in relation to the long-term impacts of initiatives like the Scottish Child Payment?
- How can early identification of children at risk of poverty improve health outcomes, and what early intervention strategies are most effective in mitigating these effects?
- What role does access to, and cost of, transport play in poverty and access to employment and how does this vary by location across Scotland?

## 7. Deaths of Despair: Deeper Understanding Scotland's Trends and Risk Factors

“Deaths of despair”—including suicides and deaths related to alcohol and drugs remain a significant public health challenge in Scotland, disproportionately impacting specific population groups and reflecting broader socioeconomic health inequalities. Recent trends highlight the urgent need to address these deeply interconnected issues, which are often rooted in structural and social determinants of health, including poverty, unemployment, and unequal access to opportunities and resources. However, substantial gaps remain in understanding how these socioeconomic factors interact with other risk factors across diverse demographics.

Building on prior research, this area should investigate the causes and consequences of deaths of despair through the lens of socioeconomic determinants of health. By leveraging longitudinal data and exploring opportunities for new data linkages, the research should aim to uncover critical insights into how social and economic conditions shape risk factors and intervention points. A deeper understanding of these trends and their disproportionate impact on marginalised populations would enhance the evidence base for addressing health inequalities in Scotland.

### Key Research Questions:

- How do socioeconomic determinants—such as poverty, employment insecurity, housing conditions, and education—contribute to the risk of deaths of despair?
- How does unequal access to healthcare, mental health services, and substance use treatment contribute to deaths of despair?
- What protective factors (e.g., community support, employment programmes, access to quality education) can mitigate the risk of deaths of despair, particularly for socioeconomically disadvantaged groups?
- Which interventions have been most effective in addressing the underlying causes of deaths of despair, and how can they be adapted to different socioeconomic contexts in Scotland?
- What are the challenges and opportunities in integrating data on socioeconomic determinants with health and mortality data to inform policy and practice?

## 8. Dads and Inequalities in Scotland

In Scotland, Dads represent a key demographic that intersects with SHERU's focus on men aged 18-44 and families of children living in poverty, yet they remain largely overlooked in policy discussions. This research area should aim to provide deeper insight into the role of fathers, with particular focus on the health and socioeconomic factors affecting them. Descriptive analysis of available data and qualitative insights, potentially gathered with the help of peer researchers, would help explore how this group is represented in current policies. By mapping this demographic against existing Scottish Government policies, this area should look to uncover whether and how public services engage with Dads and highlight any policy gaps or assumptions that may inadvertently exclude them.

The case for this research lies in the opportunity to illuminate the overlooked intersection between men and families in poverty, shedding light on critical issues that impact both groups. By examining the experiences of fathers, it may uncover opportunities to strengthen policy interventions that support their roles and well-being. Given the limited attention to Dads in Scotland's social policy landscape, this focus is both timely and essential. Importantly, this should include an intersectional lens that considers the experiences of fathers with disabilities, from minority ethnic communities, or other marginalised backgrounds.

### **Key Research Questions:**

- How are Dads, particularly those in low-income families, represented in Scottish Government policies and public services?
- What are the unique socioeconomic and health challenges faced by fathers in Scotland, and how do these intersect with broader family poverty issues?
- How can policies be adapted or developed to better support Dads in poverty, particularly in terms of health, employment, and family wellbeing?
- What role do fathers play in mitigating or exacerbating health inequalities within low-income households?
- How can qualitative research, including peer insights, inform policy development that more effectively targets fathers within disadvantaged communities?

## 9. Intersectionality - Ethnic Minority Communities, Poverty, and Health Inequalities in Scotland

Scotland's minority ethnic communities experience disproportionately high levels of poverty and child poverty, yet there is limited understanding of the factors driving these challenges and their implications for policy at local and national levels. Although existing data highlight significant issues, there is a lack of detailed insights into the causes, geographic distribution, and connections to health outcomes.

This research area should have a focus on addressing these shortcomings by integrating and analysing available data to strengthen our understanding. Improving the collection and use of ethnicity data is essential to better identifying the structural and systemic barriers faced by minority ethnic communities and enhancing the delivery of services tailored to their needs.

### **Key Research Questions:**

- What are the key factors contributing to higher rates of poverty and child poverty among Scotland's minority ethnic communities?
- How are poverty and health outcomes interrelated for minority ethnic groups, and what distinct challenges do these communities face?
- What geographic patterns emerge in the distribution of poverty and health outcomes for minority ethnic groups, and how does this impact service accessibility?
- How can race and ethnicity data collection in Scotland be improved to better capture the experiences of minority ethnic communities?
- What evidence-based policy measures could reduce poverty and improve health outcomes for minority ethnic communities in Scotland?

## 10. The Effects of Rural Poverty on Health

Rural communities in Scotland often feel marginalised in national discussions on poverty, despite facing unique socioeconomic and health issues. This research domain should focus on the specific impacts of poverty in rural and remote areas, exploring how these challenges differ from those in urban settings and how they are represented in national data and policy.

In addition, rural communities frequently express dissatisfaction with their underrepresentation in national inequality frameworks and policy development. By leveraging a range of data sources, including cross-sectional, longitudinal, and administrative datasets, this research area should investigate how poverty and its related health outcomes manifest in rural areas, including remote towns and villages. Projects such as the Administrative Data Agricultural Research Collection (ADARC), highlight the potential of rural-linked administrative data to strengthen evidence on the intersection of rural poverty, livelihoods, and health [14]. Delivering better evidence-based insights will help empower policymakers to design more effective strategies and support tailored to the specific needs of rural communities across Scotland.

### **Key Research Questions:**

- How do poverty and health outcomes differ between rural and urban areas in Scotland?
- Driven by evidence, what targeted policies can address the unique challenges faced by rural communities, particularly regarding health and employment?
- How can data collection on poverty and health in rural areas be enhanced to provide a clearer understanding of local needs and inform better policy decisions?



## 11. Inequalities in Air Pollutant Concentrations

Air pollution remains a significant environmental determinant of health, and its unequal distribution across Scotland exacerbates existing health disparities. Areas with higher concentrations of air pollutants, such as urban centres and low-income neighbourhoods, experience worse health outcomes. This research area should focus on air pollution inequalities across demographic groups, including ethnic minorities, low-income households, vulnerable children, and disabled populations, with particular attention to rural-urban divides and the experiences of underrepresented groups in urban centres.

### **Key Research Questions:**

- How does outdoor air pollution correlate with health inequalities, particularly among disadvantaged groups in Scotland?
- What role does air quality play in amplifying health inequalities related to socioeconomic status, ethnicity, disability and age?
- How can housing and air pollution policies be adapted to mitigate the impacts of poor air quality on health outcomes?
- What role can different business sectors play in reducing outdoor air pollution in areas of high exposure, and how can policy support their contribution to addressing related health inequalities in Scotland?
- How does indoor air pollution, including from domestic wood-burning in rural areas, contribute to health inequalities, and what targeted interventions could address these risks in Scotland's rural communities?

## 12. Looking Beyond the Scottish Index of Multiple Deprivation (SIMD)

While the Scottish Index of Multiple Deprivation (SIMD) remains a valuable and widely used measure for identifying geographic concentrations of socioeconomic disadvantage, its area-based focus has limitations in capturing individual-level poverty and its impact on health. Many people experiencing poverty do not live in the most deprived SIMD quintile, meaning SIMD alone provides an incomplete picture of health inequalities. At the same time, some individuals living in SIMD-defined deprived areas may not be materially disadvantaged. This can result in inefficiencies in targeting interventions, where some individuals receive unnecessary support, while those who need it most may be overlooked.

SIMD is particularly limited in rural areas, where datazones cover larger, more geographically dispersed, and socioeconomically mixed populations. As a result, SIMD rankings are less effective at distinguishing between deprived and non-deprived individuals, potentially underrepresenting rural disadvantage in policy decisions and resource allocation.

Relying on SIMD as the primary measure of socioeconomic disadvantage fails to capture the need for direct individual-level data on income, employment status, and access to social security. While SIMD includes income and employment as domains, it remains an area-based measure, which can mask individual differences within datazones.

To develop a more nuanced understanding of health inequalities, it is essential to draw on diverse, evolving data sources and integrate individual measures of living standards, such as poverty status. Exploring new approaches that incorporate individual-level economic indicators, including tax records, and social security data, would provide a more precise and comprehensive picture of the socioeconomic determinants of health.

### Key Research Questions:

- How can we improve the measurement of socioeconomic deprivation in health research beyond SIMD?
- What alternative data sources (e.g., tax, benefits, employment records) can better assess individual-level poverty and health inequalities?
- How do health outcomes differ between individuals in poverty who live in SIMD-defined deprived areas versus those who do not?

- How have other countries integrated individual-level socioeconomic data into health research, and what lessons can Scotland learn?
- What recommendations can guide the enhancement of data collection and linkage strategies to build a stronger evidence base on health inequalities in Scotland?
- How can dynamic, real-time indicators of deprivation improve the targeting of health interventions?

## 13. Commercial Determinants of Health: Exploring Socioeconomic Intersections and Inequalities

Commercial determinants of health—the ways in which corporate strategies, practices, and products influence health—are increasingly recognised as major contributors to population health outcomes. Industries such as alcohol, tobacco, vaping, processed food and gambling often have a stronger presence in more deprived areas through targeted availability, outlet density, and advertising, contributing to higher levels of health harm among low-income communities. These commercial practices interact with social and economic disadvantage to exacerbate health inequalities [15] [16] [17].

Efforts to reduce harms linked to smoking, alcohol, unhealthy diets, and obesity do not always fully consider the social patterning of exposure, vulnerability, or the lived experiences of affected communities. Similarly, while research on socioeconomic inequalities has begun to examine the role of commercial forces, there remains scope to explore how these factors interact more fully with broader social and economic determinants of health.

The questions outlined for this research area aim to explore how commercial influences intersect with structural inequalities to shape health risks and outcomes in Scotland.

### Key Research Questions:

- How do commercial practices (e.g. marketing, pricing, product placement, and outlet density) disproportionately impact low-income and marginalised communities in Scotland?
- In what ways do socioeconomic inequalities mediate vulnerability to health harms driven by tobacco, alcohol, ultra-processed foods, and gambling industries?
- How are the environments in which people live, particularly in areas of deprivation, shaped by commercial determinants and what are the implications for health inequalities?
- What are the strengths and limitations of current policy approaches (e.g. regulation, taxation, advertising restrictions) in addressing commercial health harms equitably across different socioeconomic groups?
- How do commercial determinants affect key population groups at risk of poor health outcomes, including men aged 18-44 and families with young children, and what targeted policy responses might reduce their exposure?

- What are the unintended consequences of public health interventions (e.g. sugar taxes, alcohol pricing) on different socioeconomic groups, and how can policies be designed to avoid reinforcing inequalities?
- What data gaps exist in understanding the cumulative impact of multiple commercial exposures (e.g. fast food, gambling, alcohol) in communities across Scotland?



## 14. Implementation and Policy Integration

This section represents an overarching consideration that cuts across the full set of research interests outlined previously. Even when robust evidence exists on the causes and consequences of health inequalities, translating this into effective and coordinated policy action can remain a challenge. Policies are often developed and implemented within siloed structures, and evaluation tends to prioritise quantitative outcomes, with limited attention to lived experience or broader contextual factors.

Tackling health inequalities demands coordinated action across sectors and systems. This involves recognising the complexity of real-world policy environments and identifying practical ways to support integration, adaptation, and continuous learning. Strengthening how evaluation and lived experience are embedded in policy processes can help build a more responsive and cohesive system, one that is better equipped to address changing conditions and maintain long-term progress on health inequalities.

### **Key Research Questions:**

- How can qualitative evidence, including lived experience, be more meaningfully and effectively integrated into policy design and the evaluation and monitoring of health and social policies aimed at reducing health inequalities in Scotland?
- What are the most effective approaches to overcoming policy siloes and fostering more integrated, cross-sectoral responses to health inequalities?

# Paving the way to Progress

This Collaborative Research for Meaningful Impact document reflects SHERU's commitment to strengthening the evidence base and advancing policies aimed at reducing health inequalities across Scotland. Collaboration across academic, government, and policy-making bodies is vital for driving meaningful change, and the research areas outlined here present valuable opportunities to explore the socioeconomic determinants of health inequality. By outlining these areas and offering suggestions for potential research questions, we hope to spark meaningful conversations and partnerships that will enrich the research landscape.

SHERU recognises that addressing health inequalities requires not only a focused research agenda but also the ability to leverage diverse data sources. Through linking and integrating datasets, we can generate deeper insights into the factors that shape health outcomes. By unlocking the full potential of these data, we can more effectively address the needs of diverse populations. This will support novel research approaches and ensure that the findings lead to actionable, evidence-based solutions.

While we present a range of key research questions throughout this document, some of these areas will form the focus of SHERU's own research and analysis. However, we recognise the need to be realistic about the scope of any single research effort. Identifying and articulating these questions serves a broader purpose: to stimulate dialogue, guide future inquiry, and encourage collaboration across disciplines and sectors. In doing so, we hope to contribute to a deeper and more actionable evidence base.

We invite you to join us in this important work—whether through partnership working, sharing ideas, facilitating new data linkages, or contributing to research efforts—to help us achieve our shared goals and ensure that the evidence we generate informs the development of policies that can make a real difference to the lives of people in Scotland.

## Contact

**For all engagement with SHERU's Collaborative Research for Meaningful Impact, please contact us at: [sheru@strath.ac.uk](mailto:sheru@strath.ac.uk)**

## Citation

Jack, D (2025) Enhancing the Evidence Base: Collaborative Research for Meaningful Impact. The Scottish Health Equity Research Unit (SHERU)  
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Insights, analysis and action on the socio-economic factors that shape health

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The Scottish Health Equity Research Unit is supported by the Health Foundation, an independent charitable organisation working to build a healthier UK, as part of its Driving improving health and reducing health inequalities in Scotland programme.

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