



UCL Institute of Health Equity



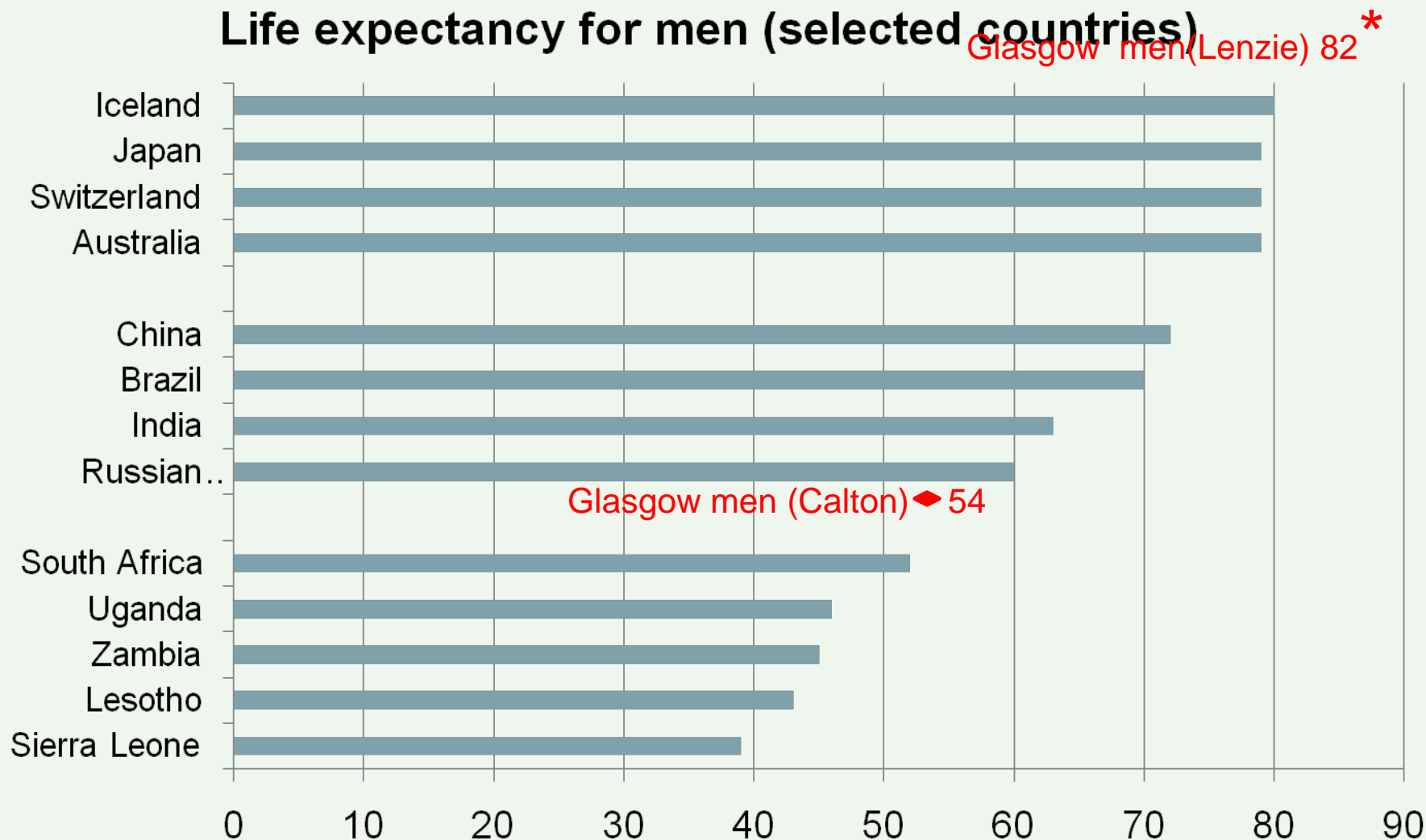
Health for all in an unequal world: from evidence to practical action

Michael Marmot
Edmonton Forum

- Health as a measure of how well we are doing as a society;
- Distribution of health across society;
- Health inequalities – the social gradient

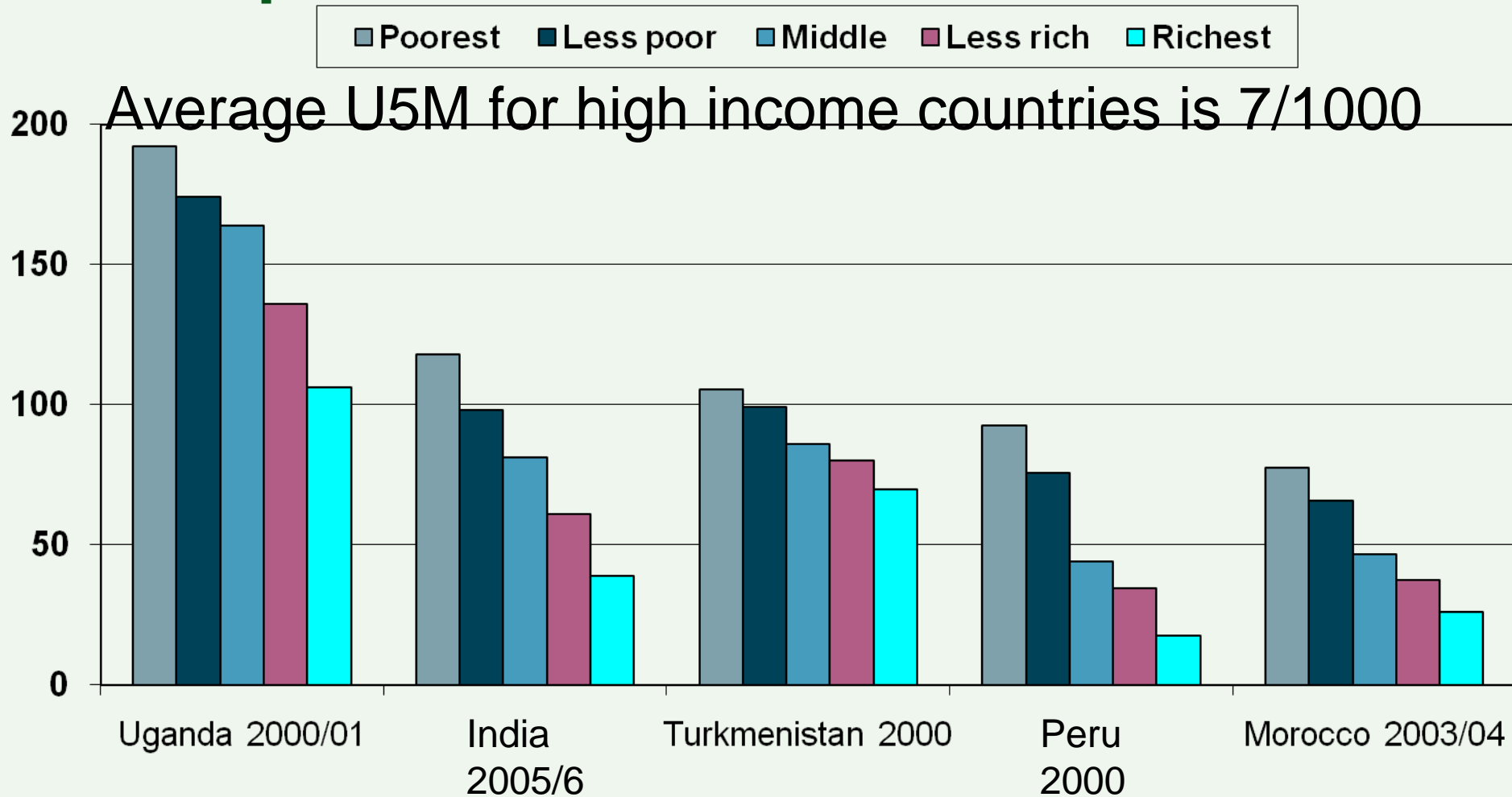
Inequalities between countries

Life expectancy for men (selected countries)

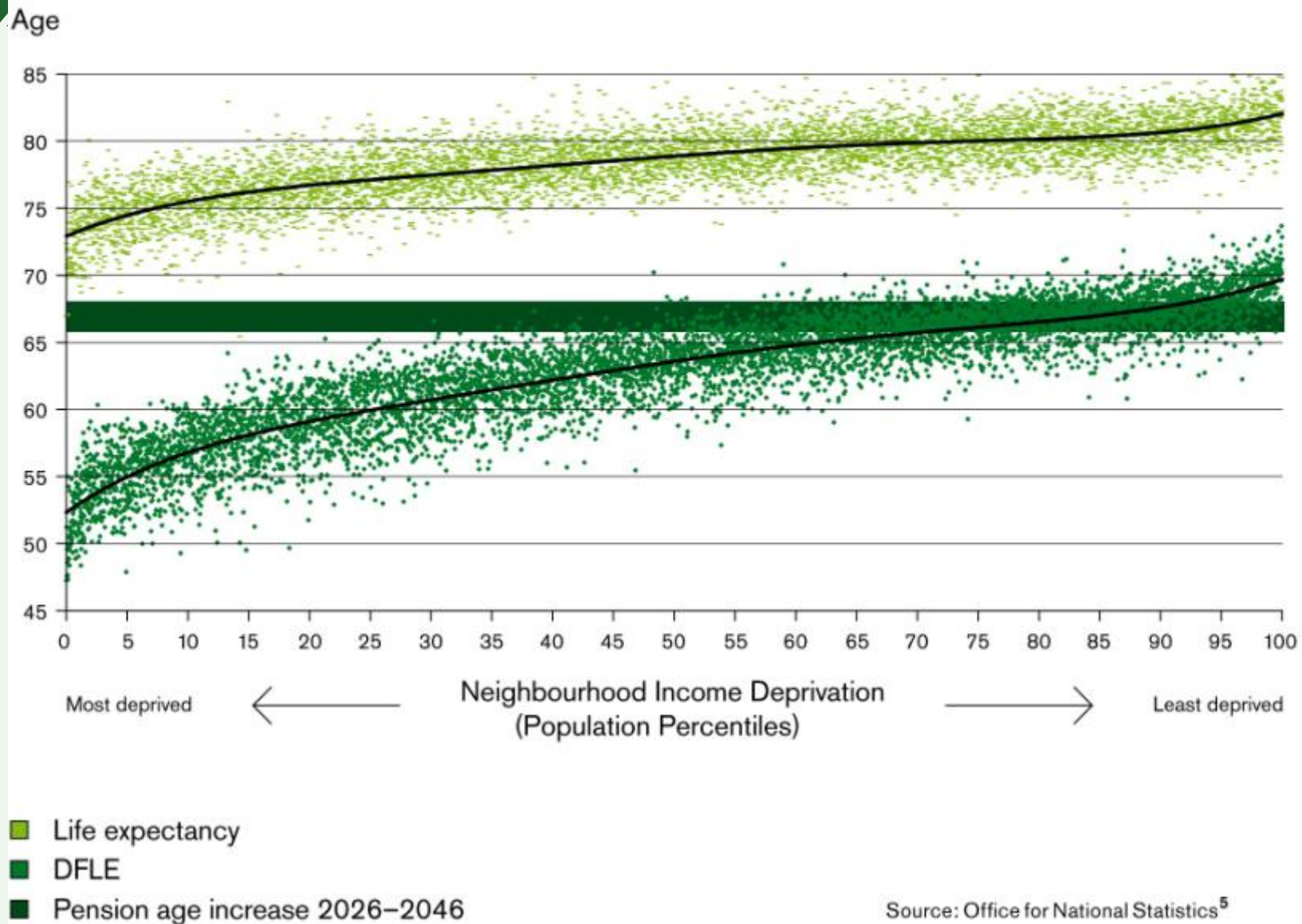


Inequalities in health within and between countries

Under 5 mortality per 1000 live births by wealth quintile

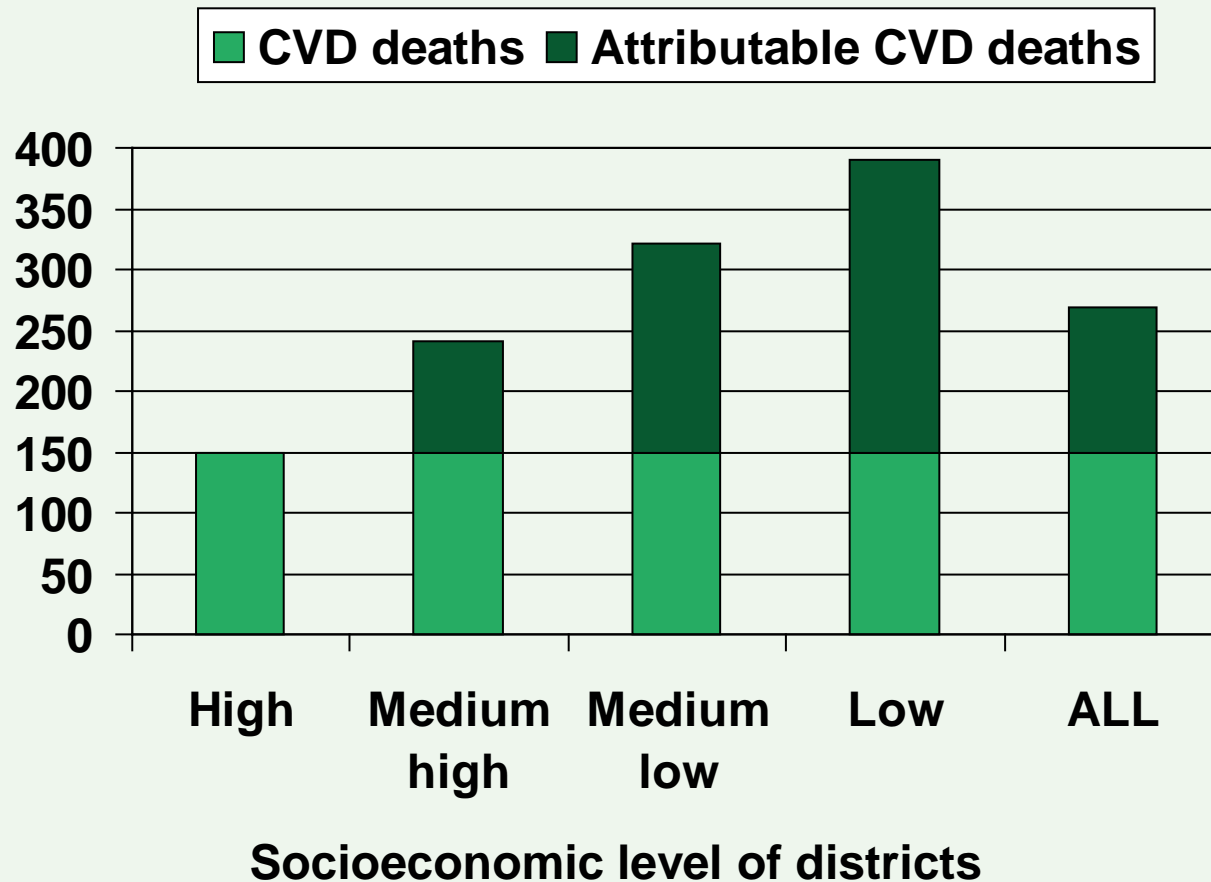


Life expectancy and disability-free life expectancy at birth by neighbourhood income deprivation, 1999-2003



Cardiovascular deaths of people aged 45 - 64 and social inequalities: Porto Alegre, Brazil

CVD deaths
per 100,000
inhabitants



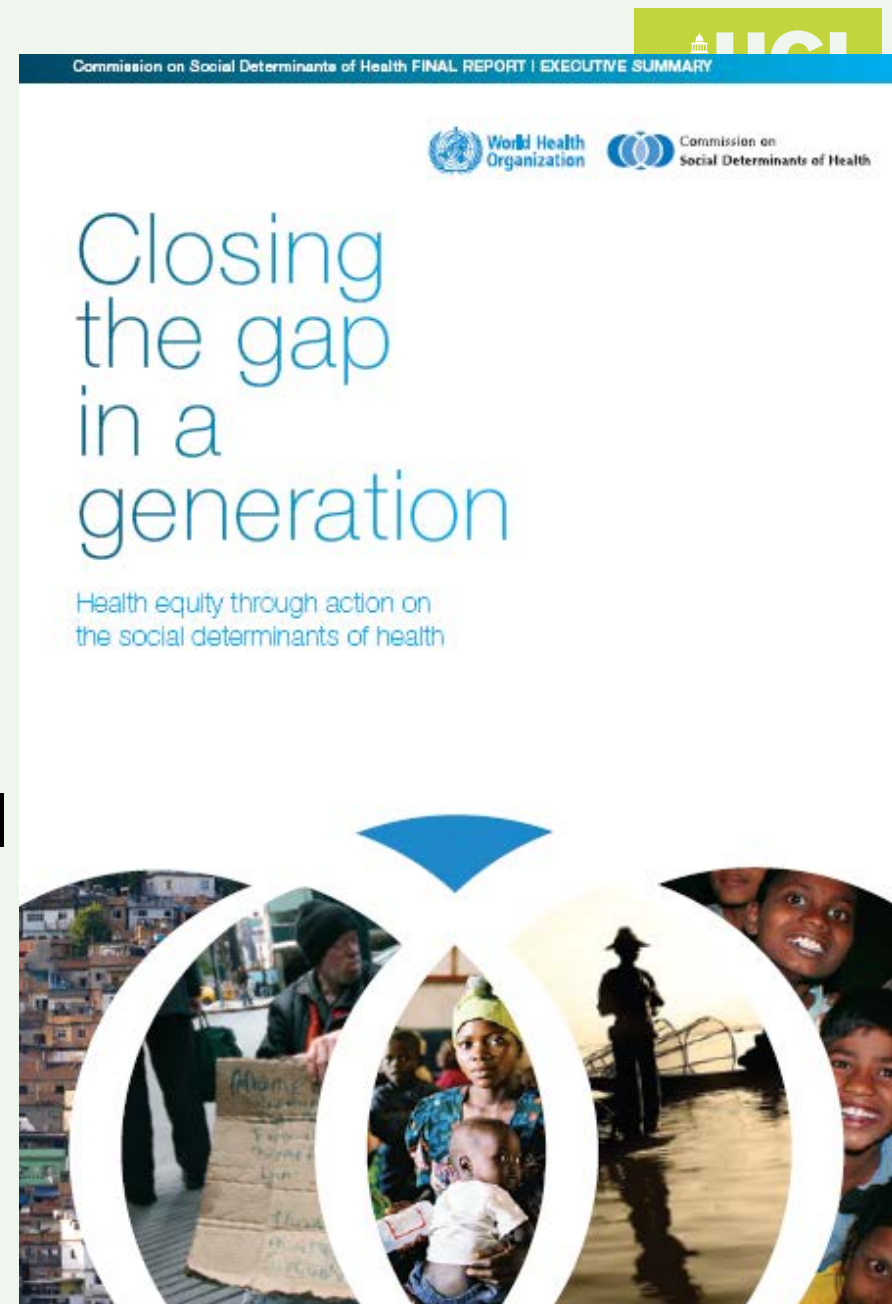
(Source: Bassanesi, Azambuja & Achutti, Arq Bras Cardiol, 2008)

Global context

- Demographic change
- Increasing urbanization
- Climate change
- Nutrition transition
- Epidemiologic transition
- Global financial crisis



- Social justice
- Empowerment – material, psychosocial, political
- Creating the conditions for people to take control of their lives





**Structural drivers of those conditions
at global, national and local level**

**Conditions in which people are
born, grow, live, work and age**

Monitoring, Training, Research



Health Equity in all Policies

Fair Financing

**Good Global
Governance**

**Market
Responsibility**

**Early child development and
education**

Healthy Places

Fair Employment

Social Protection

Universal Health Care

Gender Equity

**Political empowerment
– inclusion and voice**

- Every sector is a health sector
 - Health and well being as outcomes
- Empowerment

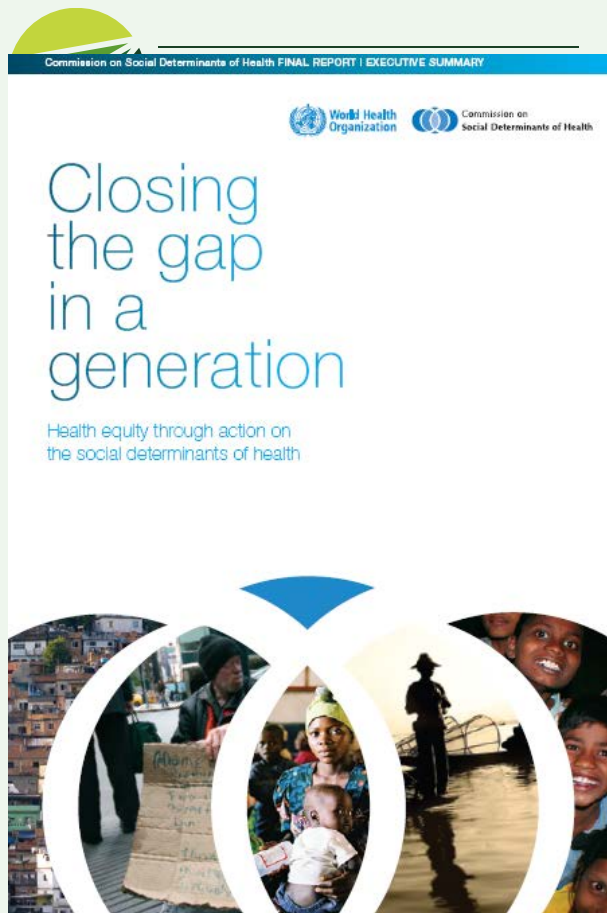
- Translating the CSDH recommendations into different country/regional contexts



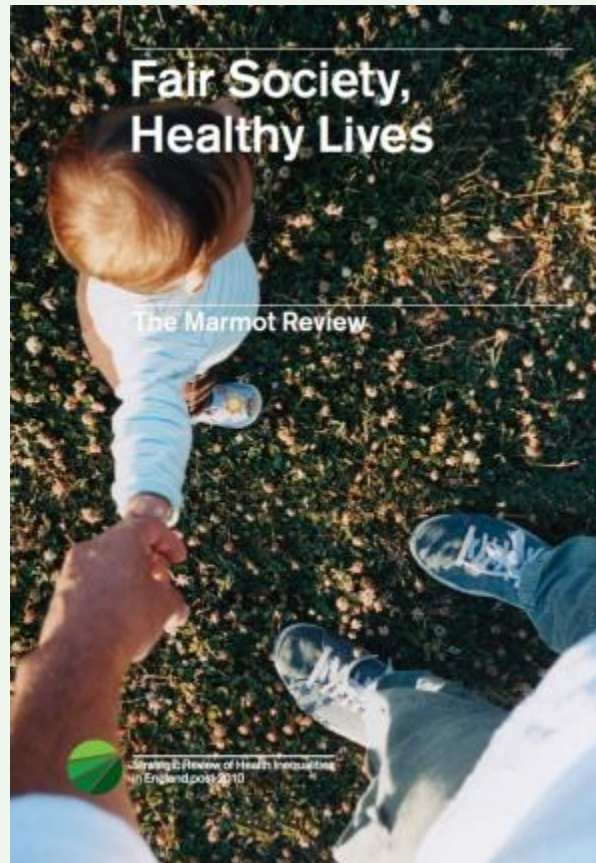








The CSDH – closing the gap in a generation



The Marmot Review – Fair Society Healthy Lives

European Review of Health Inequalities and the Health Divide



UCL Institute of Health Equity

A Fair Society

Conditions in which
individuals and
communities have control
over their lives

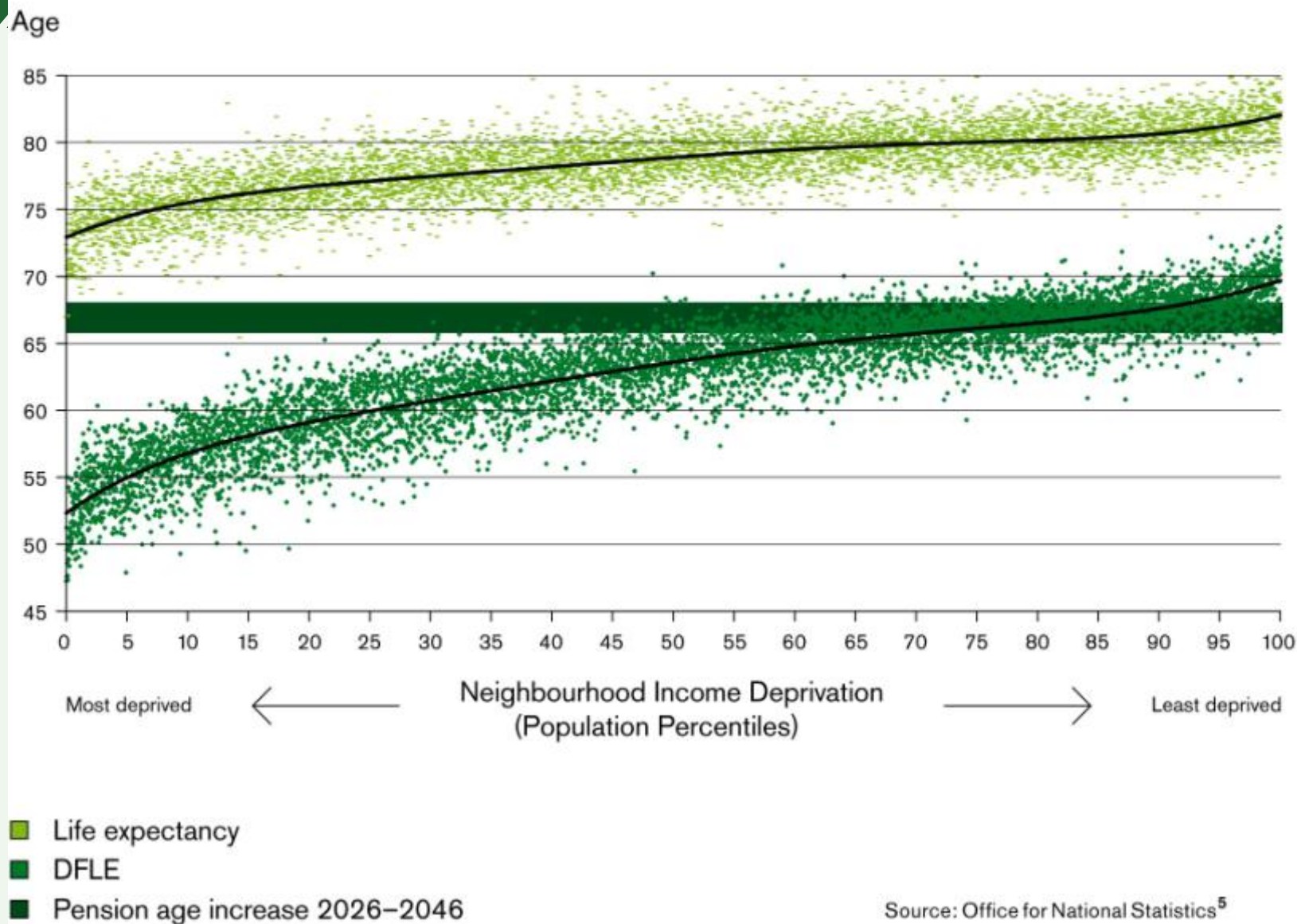


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Strategic Review of Health Inequalities
in England post-2010

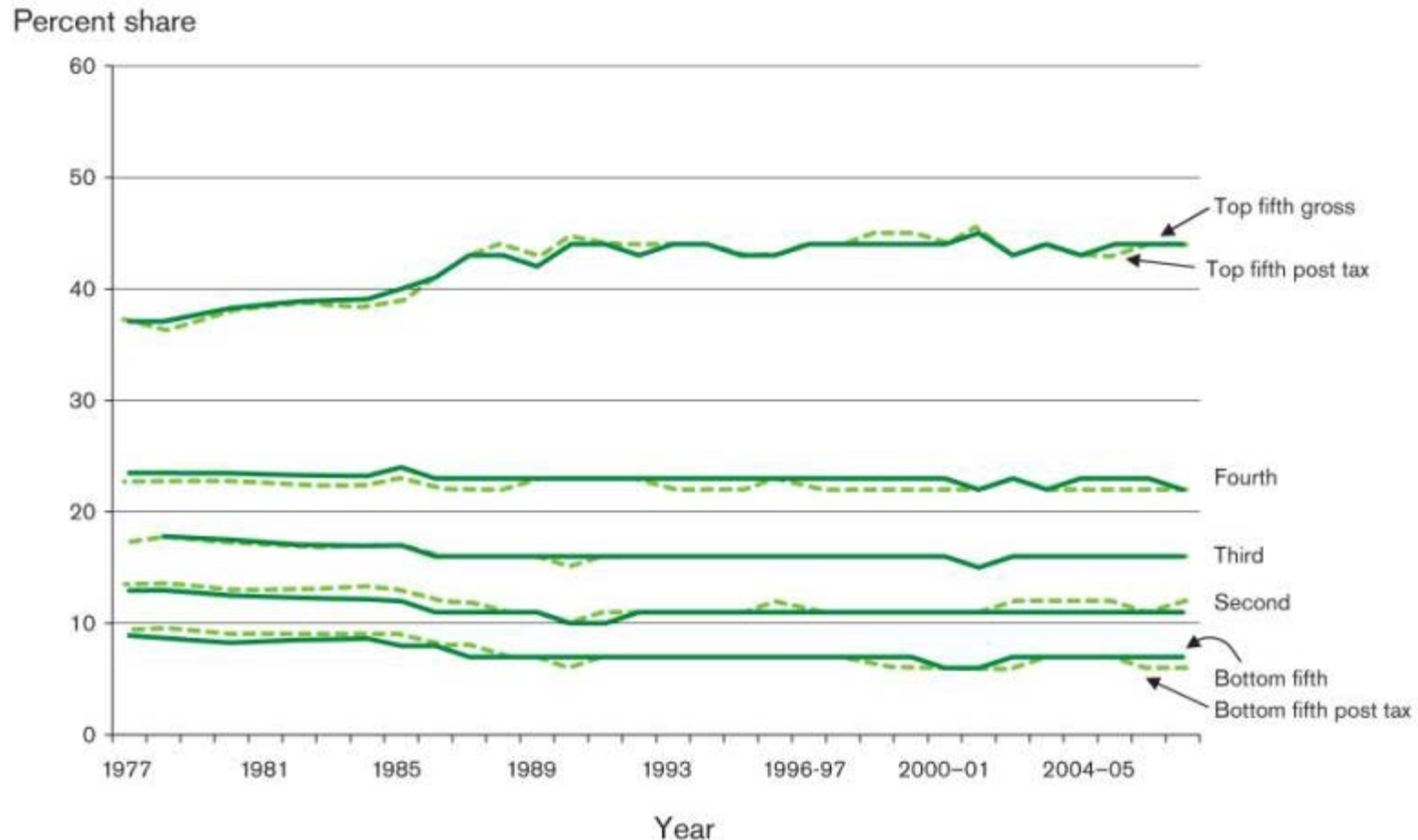
Life expectancy and disability-free life expectancy at birth by neighbourhood income deprivation, 1999-2003



- Context matters



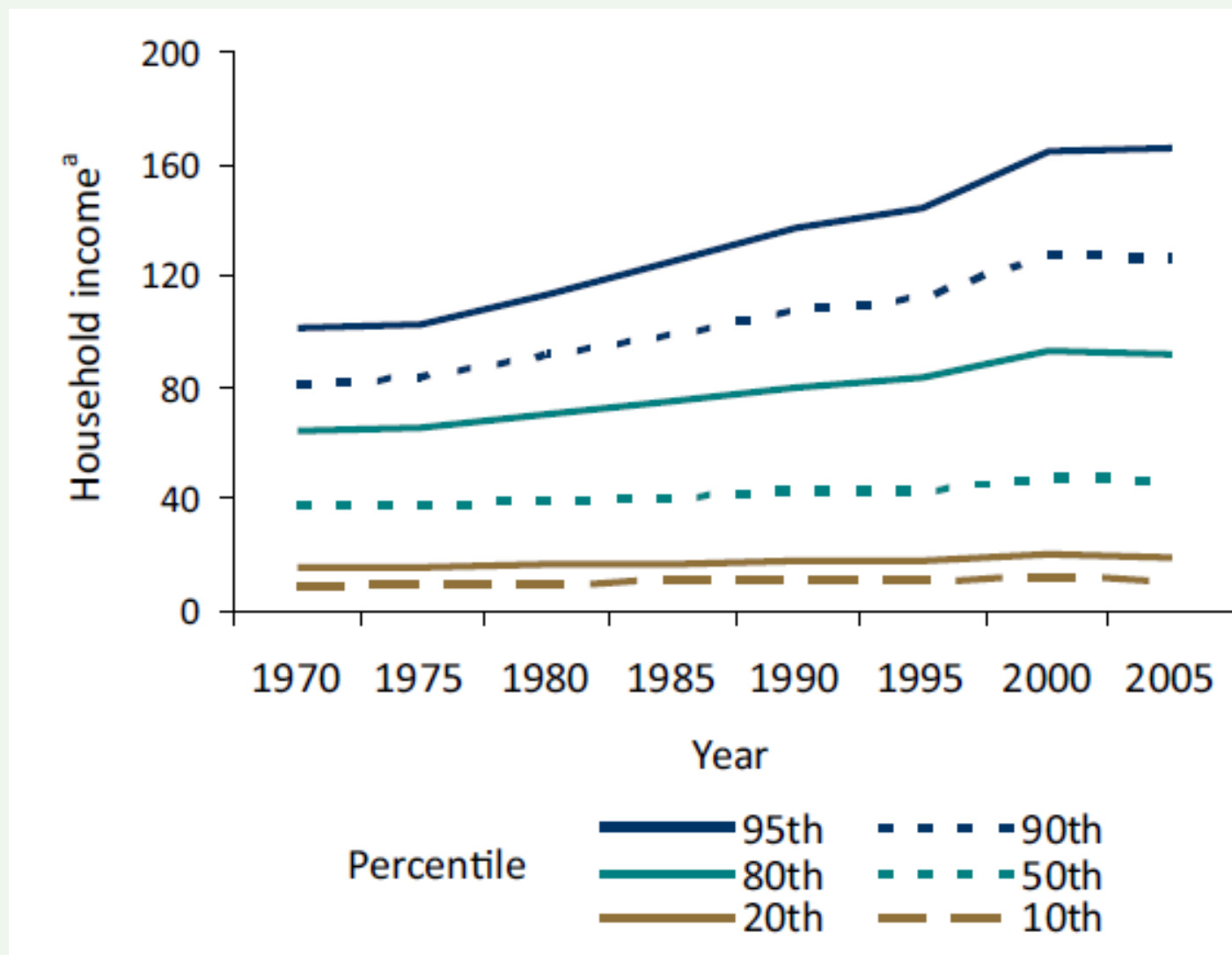
Percentage shares of equivalised total gross and post-tax income, by quintile groups for all households, 1978 – 2007/8



Note: Gross income comprises original income and direct cash benefits (e.g. pensions, child benefit, housing benefit and income support). Post-tax income comprises gross income after direct and indirect taxes (e.g. VAT).

Source: Office for National Statistics¹⁴⁸

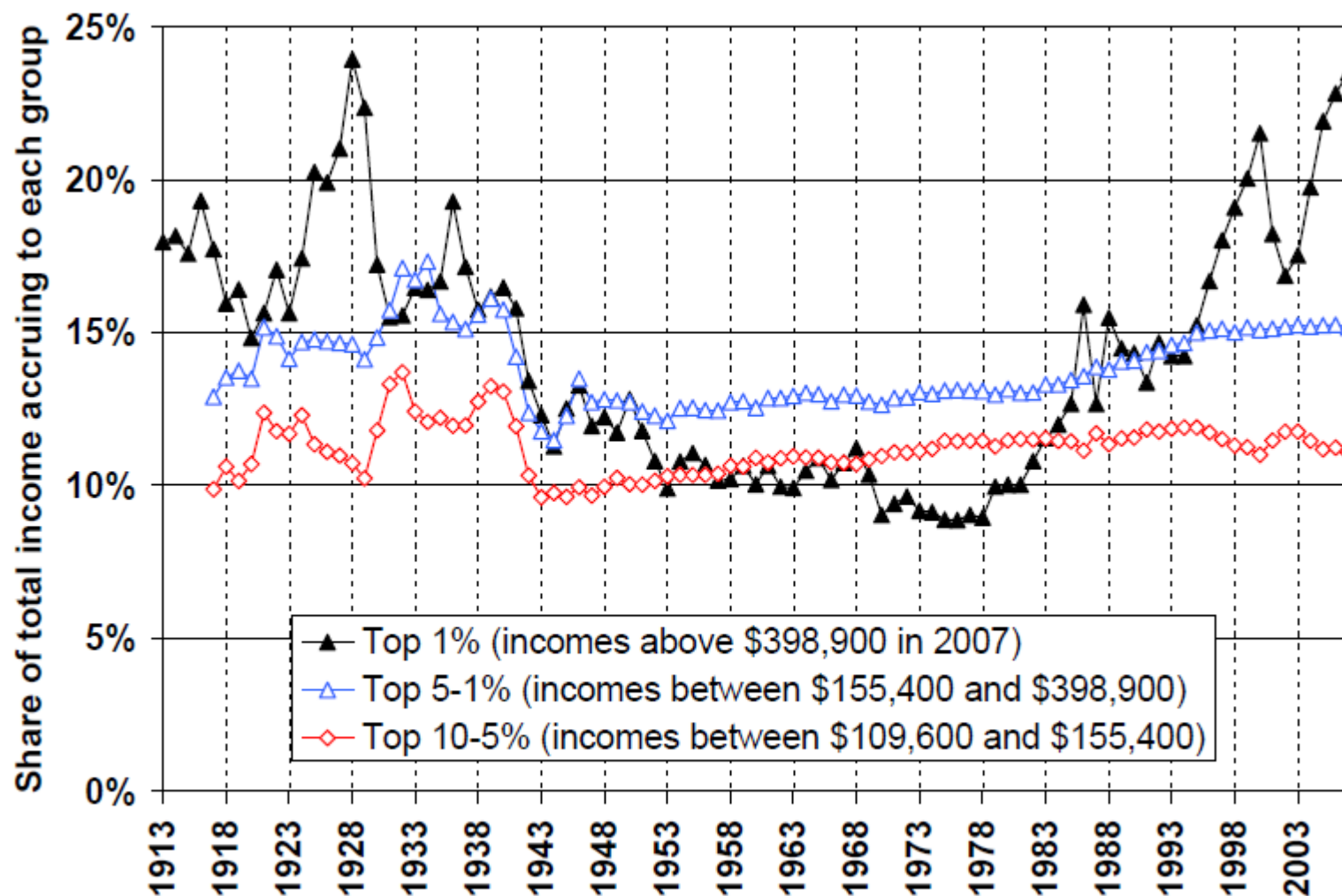
Household income level, 1970-2005, United States



Household income in 1000s of 2005 inflation-adjusted dollars

Source: Braveman et al 2011, US Census data

Trends in income share among top income decile, US: 1913-2007



Source: Piketty and Saez (2003), series updated to 2007 by Saez in 2009

Fair Society, Healthy Lives (Marmot Review)

- Health inequalities are **not** inevitable or immutable
- Health inequalities result from social inequalities - *'causes of the causes' – the social determinants*
- Focusing solely on most disadvantaged will not be sufficient - need *'proportionate universalism'*
- Reducing health inequalities vital to economy - cost of inaction



Marmot Review: 6 Policy Objectives

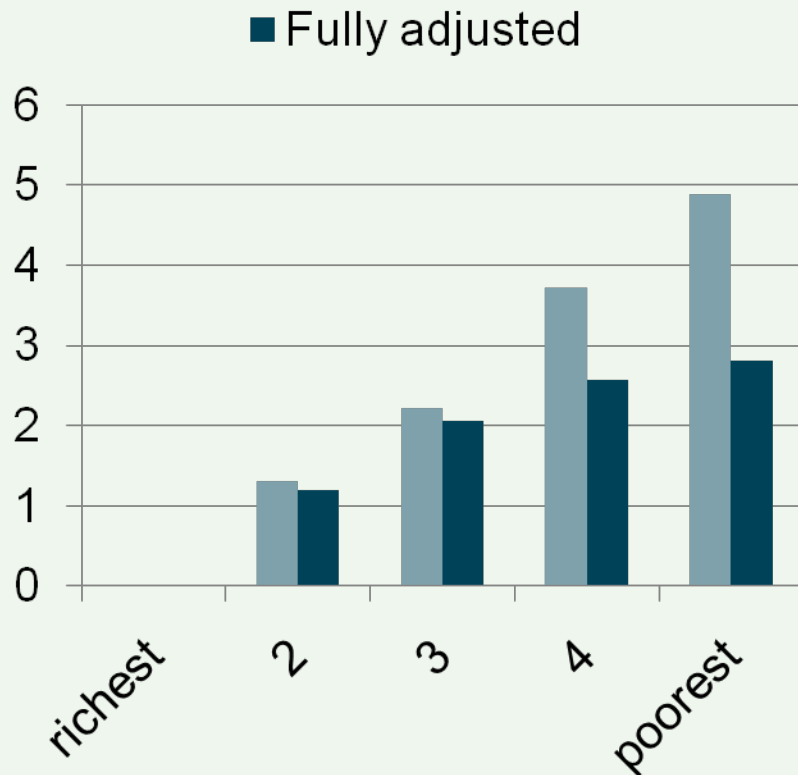
- A. Give every child the best start in life**
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives**
- C. Create fair employment and good work for all**
- D. Ensure healthy standard of living for all**
- E. Create and develop healthy and sustainable places and communities**
- F. Strengthen the role and impact of ill health prevention**

6 Policy Objectives

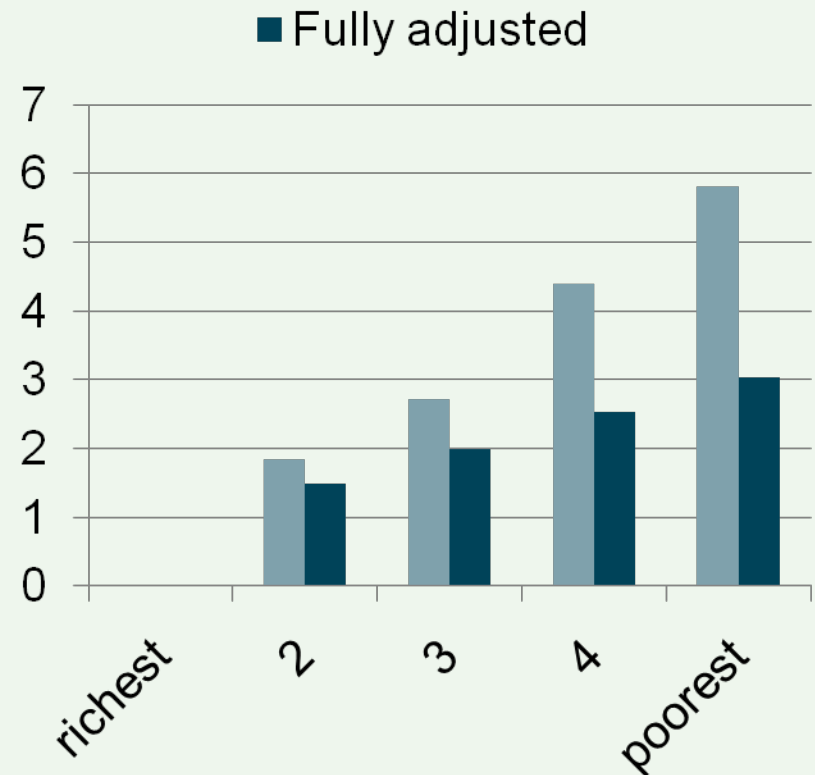
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Socio-emotional difficulties at age 3 and 5: Millennium Cohort Study

Age 3

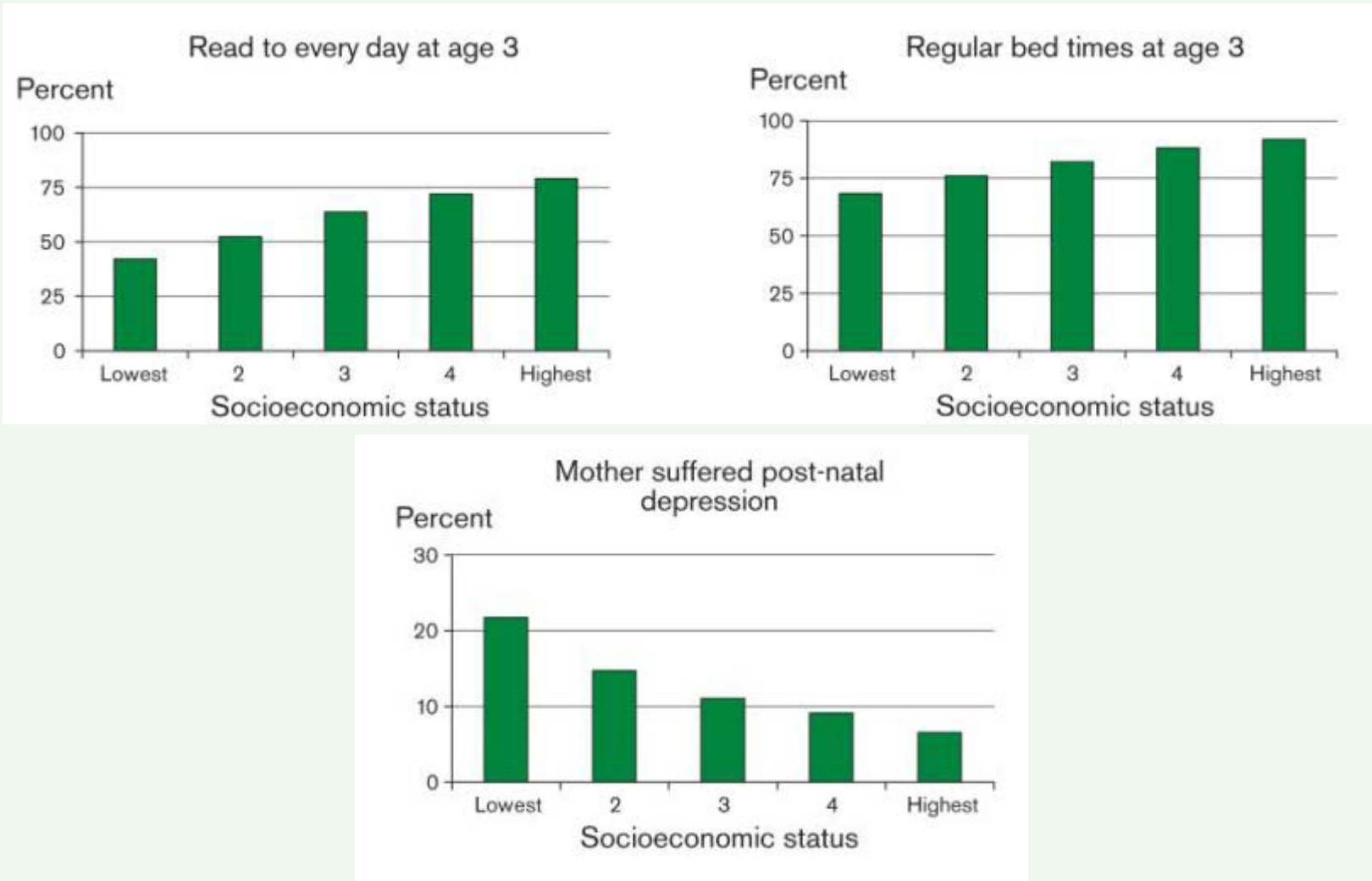


Age 5



Fully adjusted = for parenting activities and psychosocial markers
Kelly et al, 2010

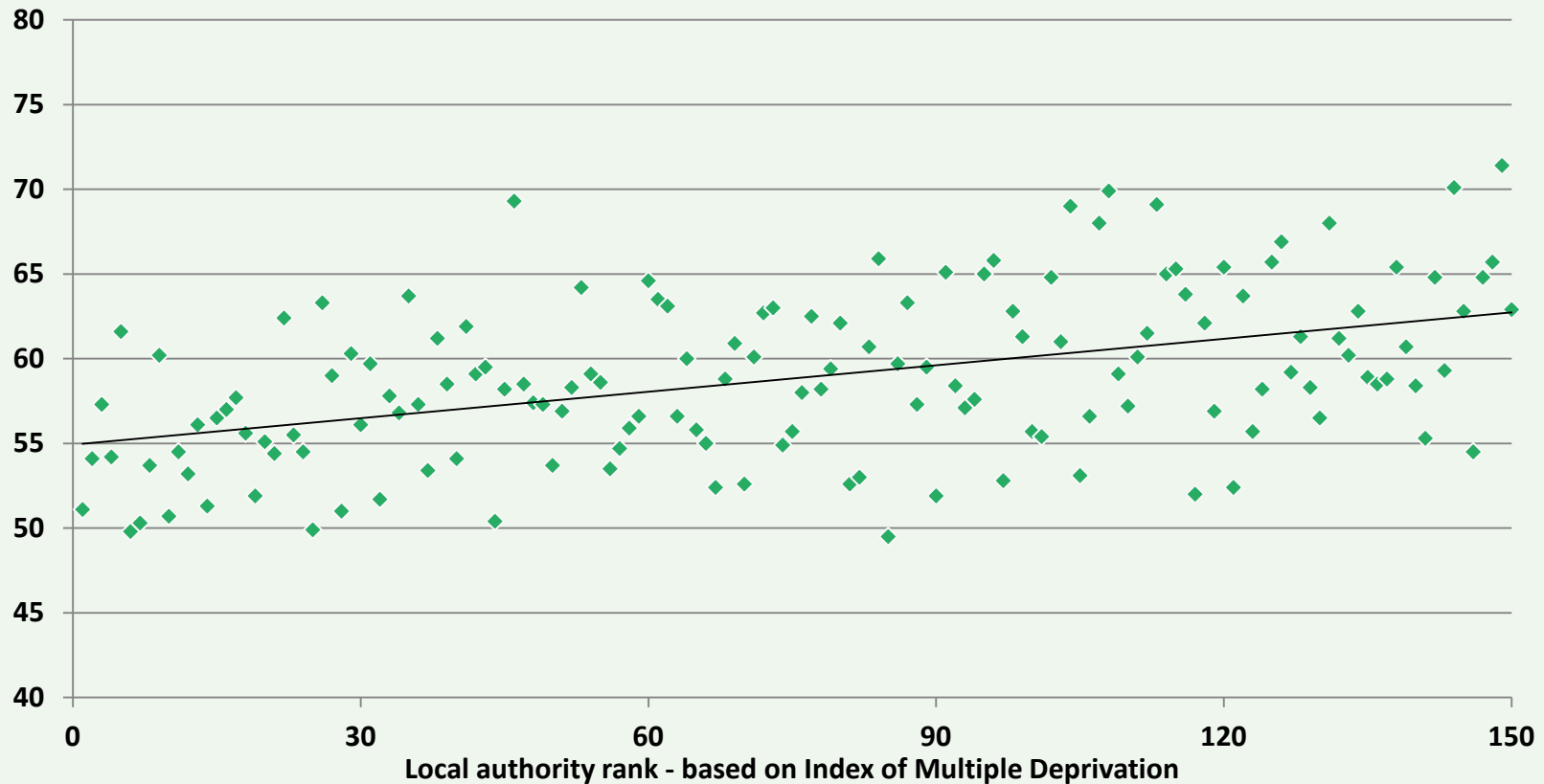
Links between socioeconomic status and factors affecting child development, 2003-4





Children achieving a good level of development at age five, local authorities 2011

Good level
of development
at age 5
%



Country ranking: equality in child wellbeing - material, education, and health

Score	Country
8	Denmark, Finland, Netherlands, Switzerland
7	Iceland, Ireland, Norway, Sweden
6	Austria, Canada, France, Germany, Poland, Portugal
5	Belgium, Czech Republic, Hungary, Luxembourg, Slovakia, Spain, United Kingdom
3	Greece, Italy, United States

Source: UNICEF Report Card 9, ranking 24 OECD countries by their performance in each of three dimensions of inequality in child well-being



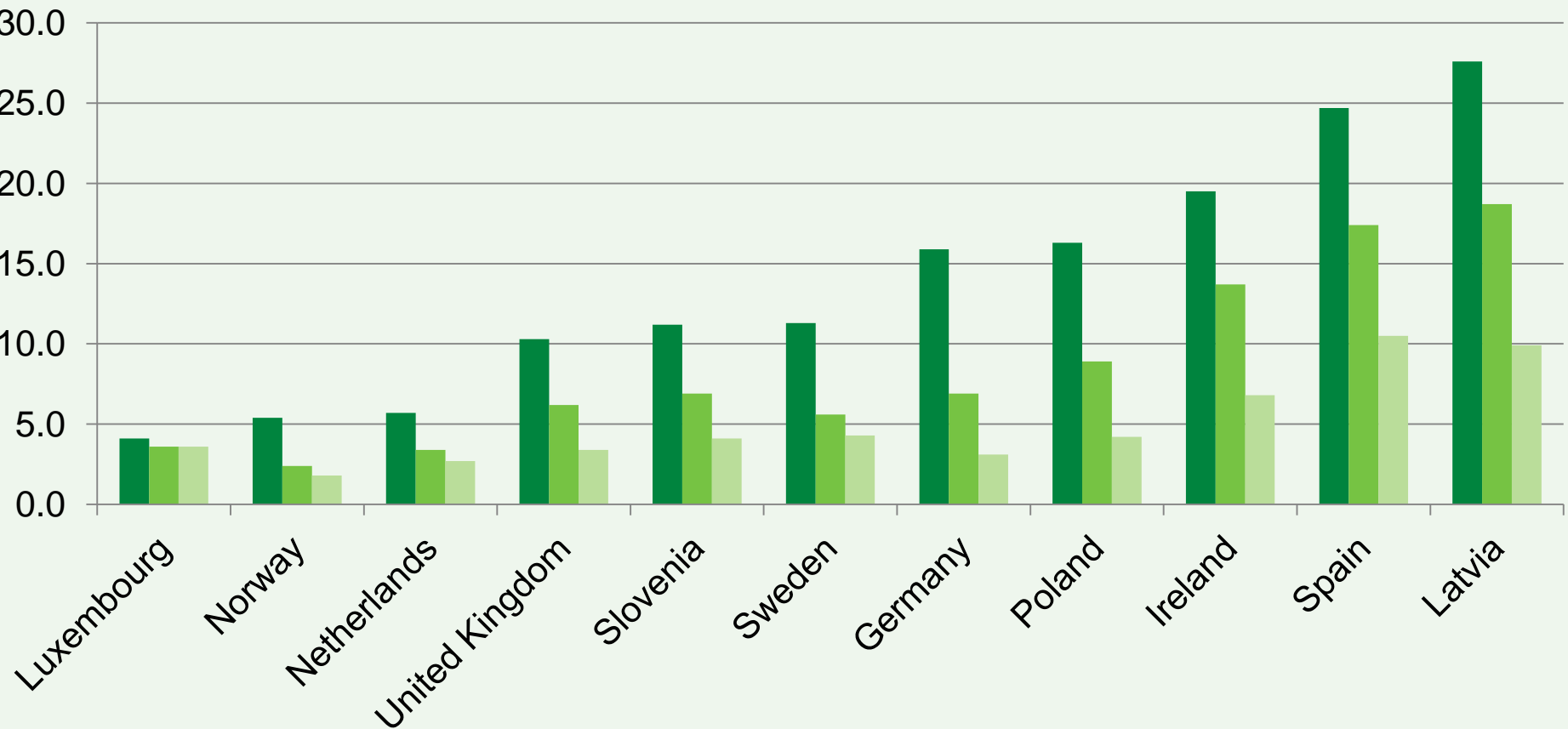
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- Low education groups more likely to experience unemployment

Unemployment rates (ages 25-64 years) by level of educational attainment, various countries 2010

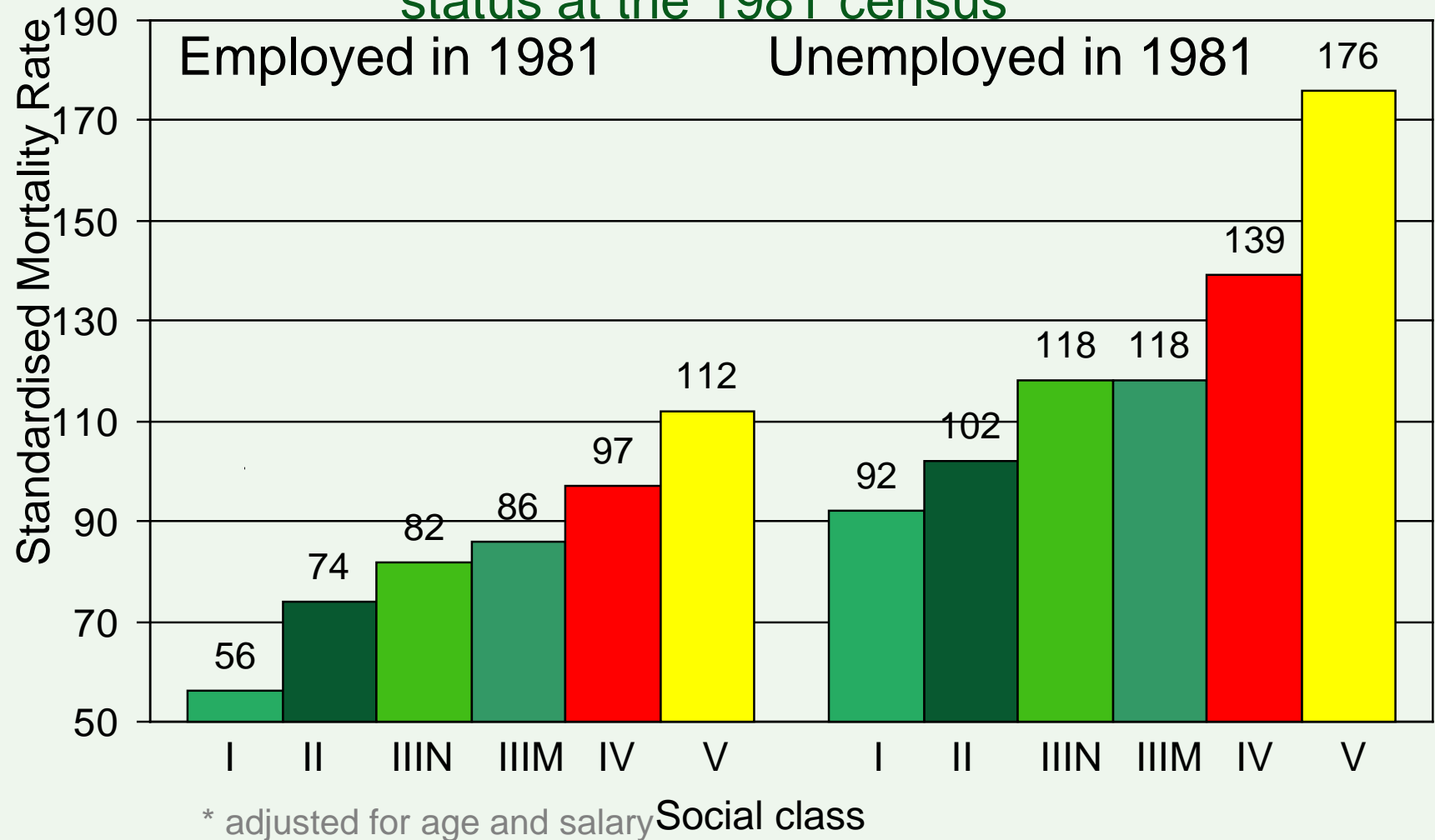


- Pre-primary, primary and lower secondary education (ISCED levels 0 to 2) (1)
- Upper secondary and post-secondary non-tertiary education (ISCED levels 3 and 4) (2)
- Tertiary education (ISCED levels 5 and 6) (3)

Source: EUROSTAT

- Unemployment associated with poor mental and physical health

Mortality* of men aged 16-64 by social class and employment status at the 1981 census



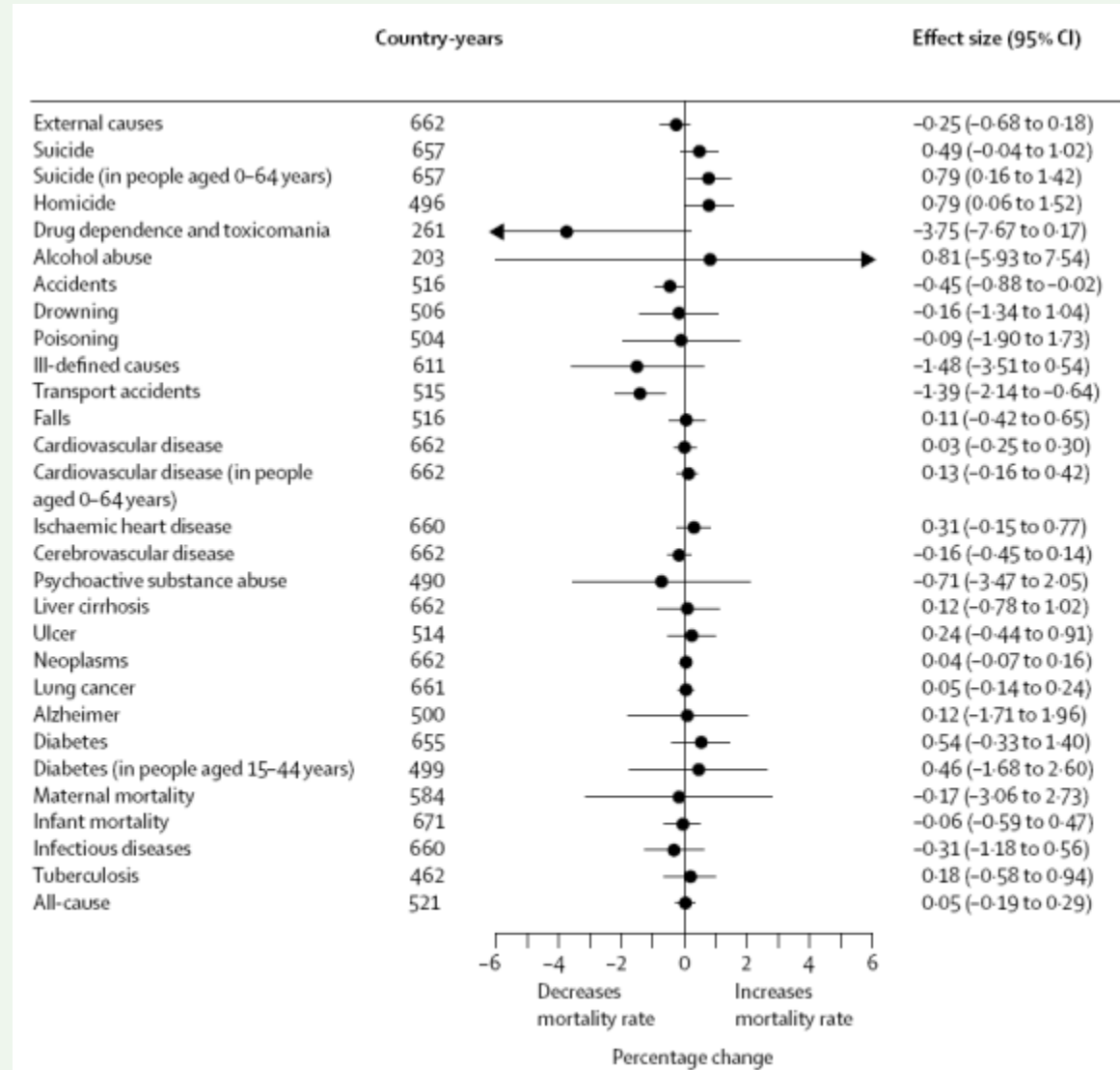
Unemployment and Mortality

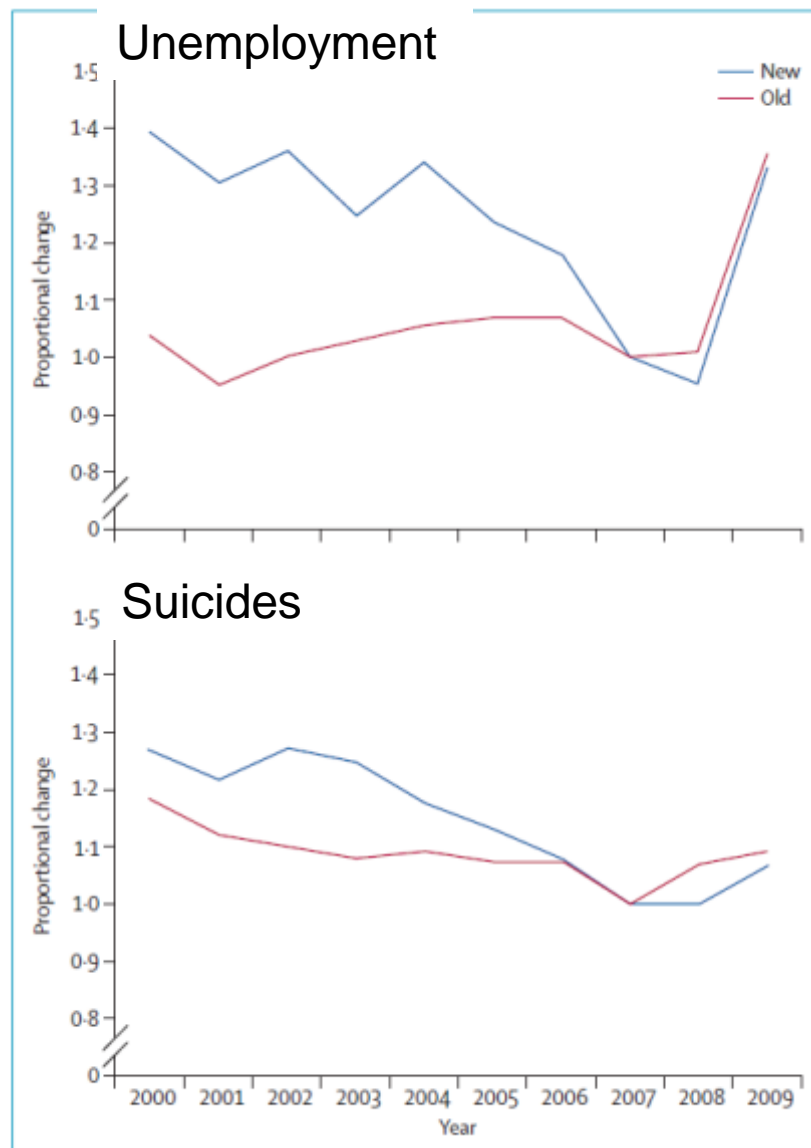
1% rise in
unemployment
associated with:

- 0.8% ↑ Suicide
- 0.8% ↑ Homicide
- 1.4% ↓ Traffic death

No effect on all-cause mortality

Source: Stuckler et al 2009 *Lancet*





Changes in adult unemployment and in age-standardised suicide rates (age 0–64 years) in old (pre-2004) and new European Union Member States

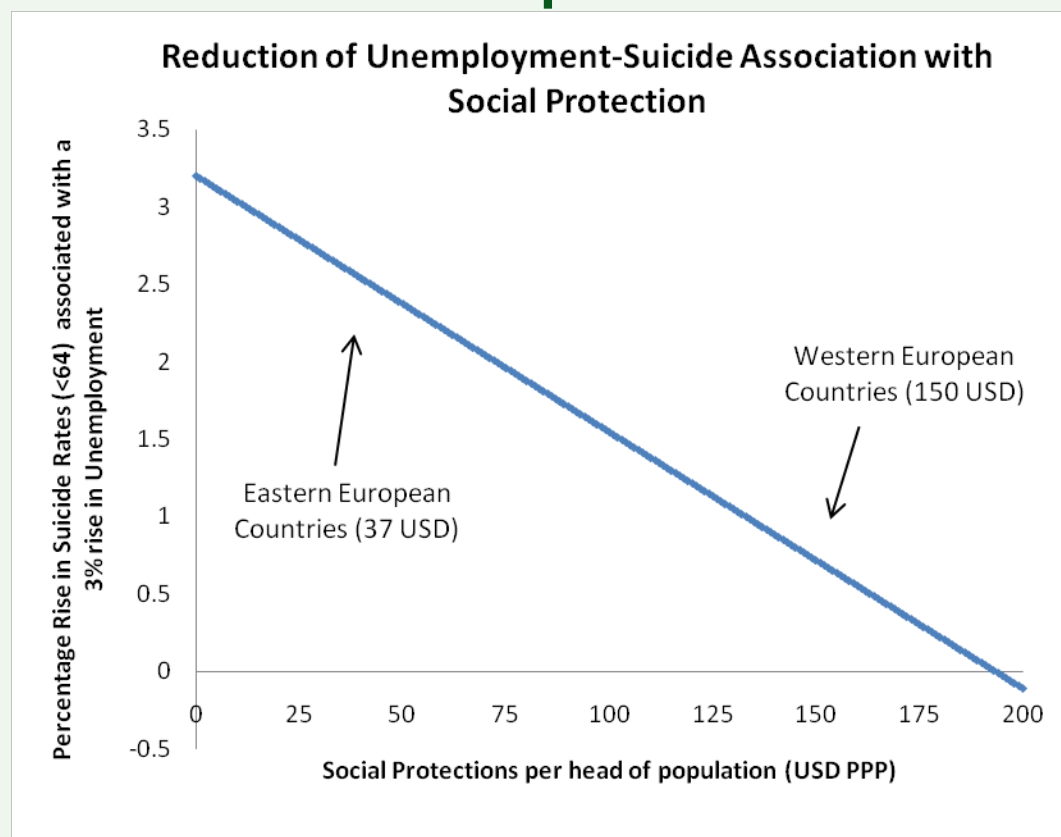
(Stuckler et al Lancet 2011)

2007 is the index year, and y-axis values represent proportional change relative to that year

Social Protections Help...

Each 100 USD per capita greater social spending reduced the effect on suicides by:

- 0.38%, active labour market programmes
- 0.23%, family support
- 0.07%, healthcare
- 0.09%, unemployment benefits



Spending > 190 USD no effect of unemployment on suicide

Health inequalities and policy strategies

- Health inequalities are not inevitable;
- Not just a responsibility of the health care sector;
- There is no ‘magic bullet’
- Whole of society, whole of government
- Global, regional, national, provincial, & local level action
 - Marmot Review recommended that the lead role in addressing public health should lie with local authorities. Reflected in the Public Health White Paper for England



London Health Inequalities Strategy

April 2010

The London Health Inequalities Strategy



MAYOR OF LONDON

London HI Strategy: 5 strategic objectives:

1. Empowering individuals and communities
2. Equitable access to high quality health and social care services
3. Income inequality and health
4. Health, work, and well-being
5. Healthy places

Starting at the beginning: early years care and education



Bromley by Bow Centre



Linden Children's Centre,
Aug 2009

Strengthening Communities:

Merseyside Fire & Rescue Service

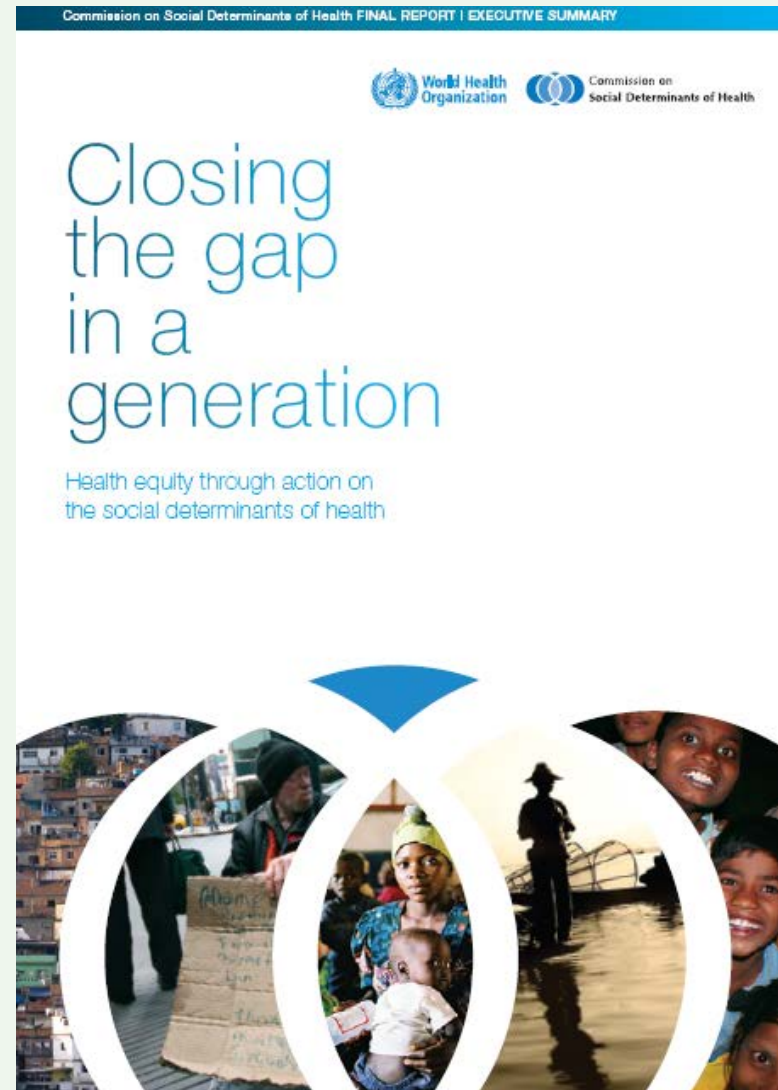
- Promoting healthier, safer communities'
- Community fire safety team – follow up to home safety checks
- Youth programmes
- Community fire stations
 - On site free gyms
 - Gardens & gardening projects
 - Community rooms



Review of health inequalities in England post 2010: Consultation in North West of England

- Values: shape our goals
- Nature of society not just programs and services e.g. income inequality.
- Measurement: reflect what we want to achieve
- Journey and the destination e.g. local ownership, collaborative working

A world where
social justice
is taken seriously





UCL Institute of Health Equity



UCL Health and Society Summer School

9 -13 July 2012

Enquiries & booking:
catherine.conroy@ucl.ac.uk

