Reducing health inequalities: rising to the challenge

Michael Marmot

23rd November 2010
Life expectancy at birth – women, WHO EURO

- France (2007)
- Spain (2008)
- Switzerland (2007)
- Italy (2007)
- Finland (2008)
- Rep of Moldova (2008)
- Uzbekistan (2005)
- Kyrgyzstan (2008)
- Kazakhstan (2008)
Life expectancy at birth – men; WHO EURO

- Iceland (2008)
- Switzerland (2007)
- Sweden (2008)
- Italy (2007)
- Israel (2007)
- Belarus (2007)
- Kyrgyzstan (2008)
- Ukraine (2008)
- Kazakhstan (2008)
Life expectancy at birth, by sex and population group, Israel, 1975–2001

Widening health inequalities in cardiovascular disease mortality: Israel

Odds Ratio*

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<tr>
<td>men</td>
<td>1.22</td>
<td>1.39</td>
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<tr>
<td>women</td>
<td>1.35</td>
<td>1.62</td>
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*Odds ratio for CVD mortality associated with 1 Standard Deviation change in household amenities for men and women aged 45-64 of the Israel Longitudinal Mortality Study (ILMS) I (1983-92) and ILMS II (1995-2004)

Jaffe & Manor, 2009
Life expectancy at birth by socioeconomic deprivation US (male and female combined)

(Singh & Siahpush, 2006)
Life expectancy and disability-free life expectancy at birth by neighbourhood income deprivation, 1999-2003

Source: Office for National Statistics
Percentage men and women aged 45–54 years with a limiting long-term illness by educational level in EU countries, 2008

Percentage with a limiting long-term illness

Educational level

Men

Women
Social justice

Material, psychosocial, political empowerment

Creating the conditions for people to have control of their lives

The CSDH – closing the gap in a generation 2005-2008

The Marmot Review – Fair Society Healthy Lives 2009/10
CSDH – Areas for Action

Health Equity in all Policies

- Early child development and education
- Healthy Places
- Fair Employment
- Social Protection
- Universal Health Care

Fair Financing

Market Responsibility

Good Global Governance

Gender Equity

Political empowerment – inclusion and voice
• Every sector is a health sector
  – Health and well being as outcomes
“The report of the Commission on Social Determinants of Health, issued in September 2008, challenged conventional public health thinking on several fronts...

As the report argued, improving the health of populations, in genuine and lasting ways, ultimately depends on understanding the causes of these inequities and addressing them.”

Dr Margaret Chan Director-General, WHO in
‘Equity, social determinants and public health programmes’ WHO, 2010
“…Yet, inequities in health outcomes persist within and among countries. Most of the difference is attributable to the conditions in which people are born, grow, live, work and age.”
“I have asked Professor Sir Michael Marmot, drawing on the excellent evidence of the WHO’s social determinants of health commission, to lead a review, based on the best global evidence on how we can do more to tackle health inequality in this country.”

Alan Johnson, Secretary of State, DH, 6th Nov 2008
Closing the Gap Conference, London
“Our task is to improve the health of the public and improve the health of the poorest fastest. The extent of inequalities and their persistent tendency to widen is a scar on society.”

Andrew Lansley, Health Secretary
28th October 2010, BMA Breakfast Debate
Role of health professionals?

- Put own house in order
- Advocacy
- Evidence
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
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Socio-emotional difficulties at age 3 and 5: Millennium Cohort Study

Age 3

- Fully adjusted

Age 5

- Fully adjusted

Fully adjusted = for parenting activities and psychosocial markers
Kelly et al, 2010
Verbal ability at age 3 and 5 by family income: Millennium Cohort Study

Fully adjusted = for parenting activities and psychosocial markers
Kelly et al, 2010 in press
Marmot Review: 6 Policy Objectives

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Percentage of pupils achieving 5+ A*–C grades inc English and Maths at GCSE by income deprivation of area of residence, England, 2008/9

Note: Based on lower super output area of residence
Source: Department for Children, Schools and Families

Percent achieving specified grades

75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0

Most deprived

1
2
3
4
5
6
7
8
9
10

Least deprived

Deciles of income deprivation affecting children
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Seasonally adjusted trends in unemployment for young people in the UK, 1992-2010

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Distributional impact of welfare measures announced in the Spending Review to be in place by 2014–15

Assumes councils means-test CTB more aggressively

Institute for Fiscal Studies, Oct 21st 2010
Distributional impact of tax and benefit measures to be in place by 2014–15

Institute for Fiscal Studies, Oct 21st 2010
Proportion relatively poor pre and post welfare state redistribution

Source: Fritzell & Ritakallio 2004 using Luxembourg Income Study data, CSDH Nordic Network
Relation between social welfare spending and all cause mortality in 18 EU countries, 2000

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Exercise, green space and mental health

What is the Best Dose of Nature and Green Exercise for Improving Mental Health? A Multi-Study Analysis

• Both self-esteem and mood show U shapes.

• Greatest changes from 5 min of activity,

• The changes are lower for 10-60 min and half-day, but still positive;

• They rise again for the whole day.

Greener living environments: lower health inequalities, England

Deaths from circulatory disease


Income group 4 is most deprived
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Average weekly alcohol consumption by sex and socioeconomic class, GB: 2008

Mean number of units a week

Managerial and professional
Intermediate
Routine and manual

ONS General Lifestyle Survey 2008
Alcohol-attributable hospital admissions by small area deprivation quintile in England, 2006-07

The graph shows the age-standardised rates of hospital admissions per 100,000 persons by gender and deprivation quintile, with the gradient indicating the risk of hospitalisation. Males have a higher gradient (2.6) compared to females (2.4).
• Health inequalities are not inevitable or immutable
Age standardised mortality rates by socioeconomic (NS SEC) in the North East and South West regions, men aged 25-64, 2001-03

Mortality rate per 100,000

Notes: NS-SEC = National Statistics Socio-economic Classification
Source: Office for National Statistics
A Fair Society

Conditions in which individuals and communities have control over their lives

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