



UCL Institute of Health Equity



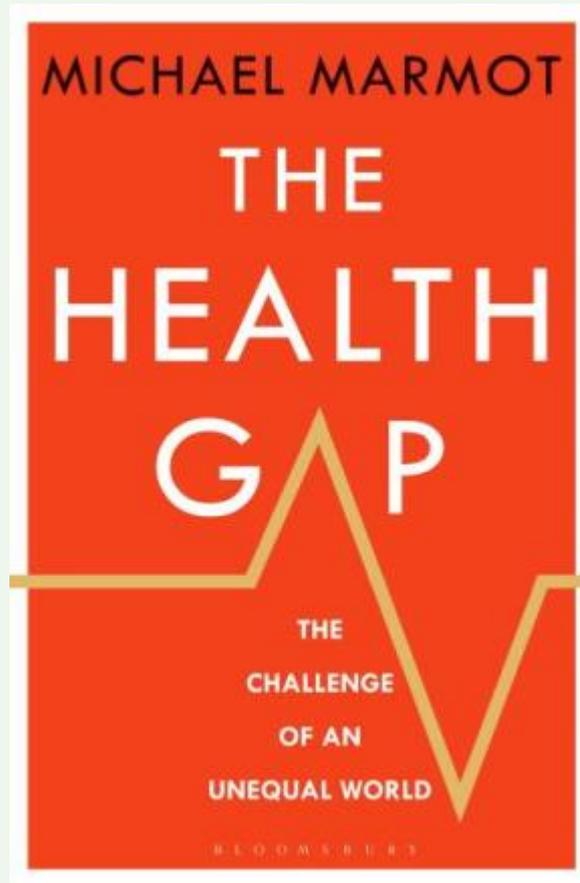
Taking forward action on social determinants for health equity

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Health inequalities within and between countries



Growing up in Baltimore: worlds apart

- City of Baltimore in the US state of Maryland is marked by stark inequalities.
- LeShawn, has grown up in the Upton/Druid Heights neighbourhood in Baltimore's inner city.
- Bobby has grown up in Greater Roland Park/Poplar.
- Life expectancy in Upton/Druid is sixty-three; in Roland Park, eighty-three.

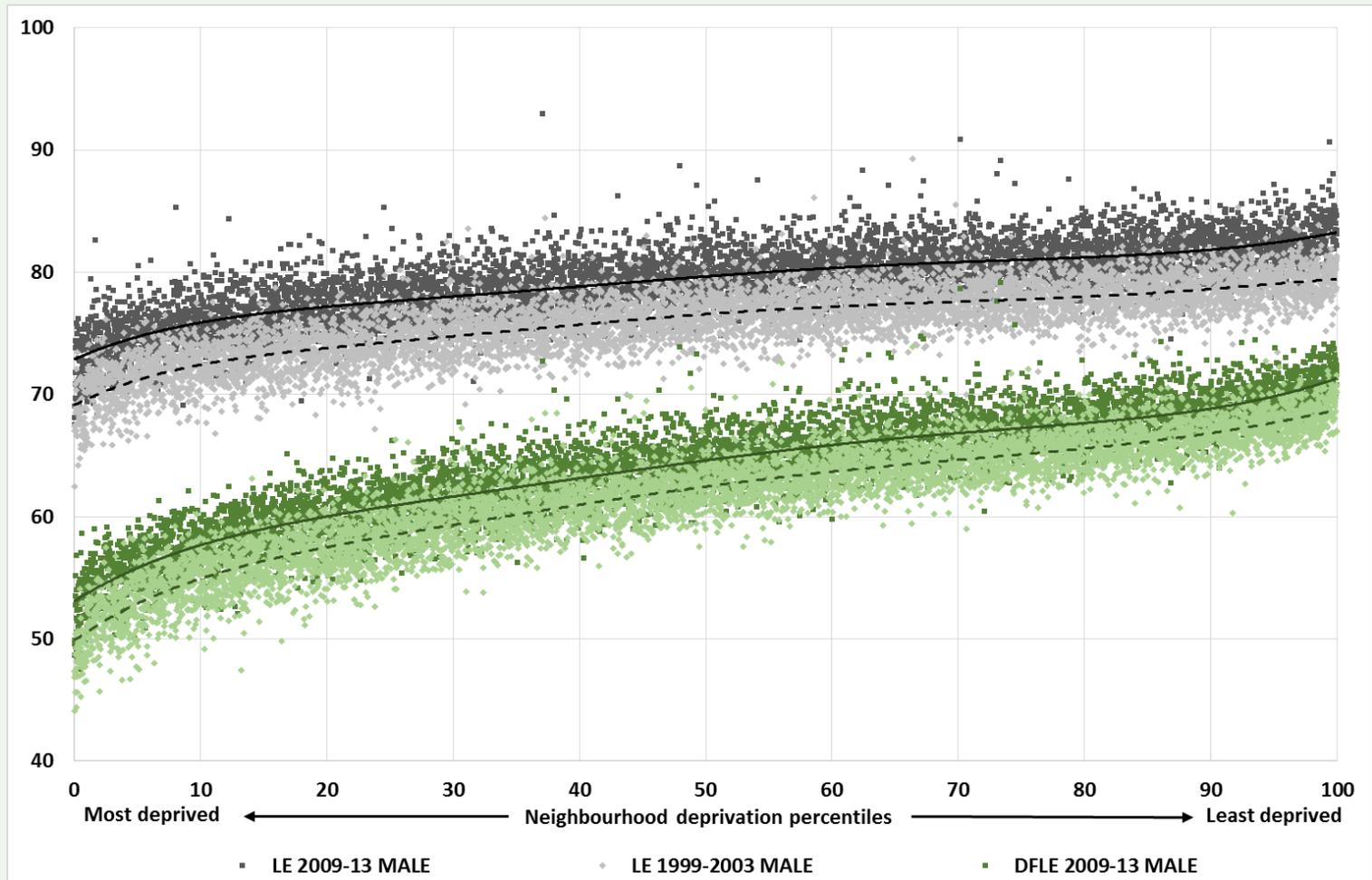
LeShawn Baltimore Upton/Druid

- Half are single parent families.
- Median household income in 2010 was \$17,000
- Four out of ten under 'proficient' reading third grade
- >50% missed at least 20 days of high school a year.
- 90% did not go on to college.
- Each year, a third aged 10-17 arrested for 'juvenile disorder'. A third each year: criminal record by 17.
- In 2005 to 2009, 100 non-fatal shootings for every 10,000 residents, and nearly forty

Bobby Baltimore: Roland Park

- 93% two-parent families
- Median income \$90,000
- 97% achieve ‘proficient or advanced’ in third grade reading
- Only 8% missed twenty days a year of high school
- 75% complete college
- Juvenile arrests one in fifty each year
- No non-fatal shootings in 2005–2009; four homicides per 10,000

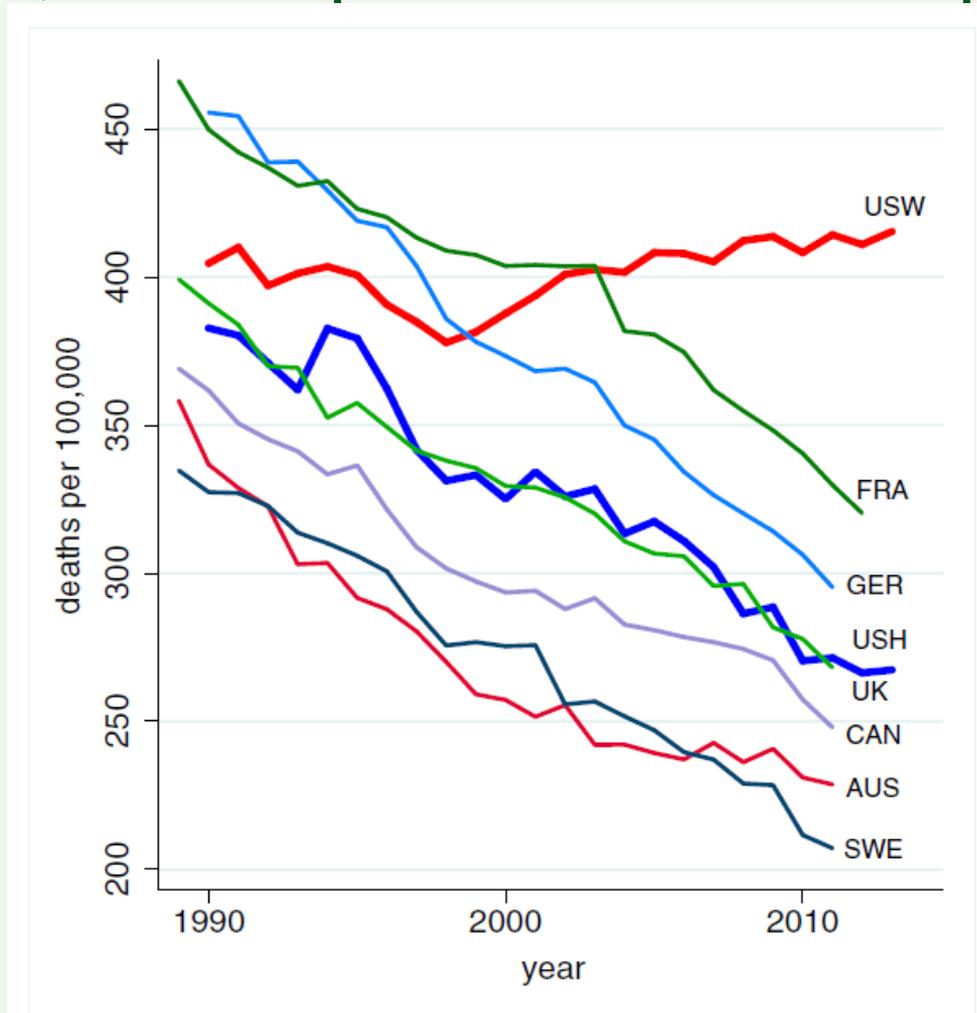
Life expectancy and disability-free life expectancy (DFLE) at birth, males by neighborhood deprivation, England, 1999–2003 and 2009–2013



Life expectancy at birth for men and women in the US, 2008

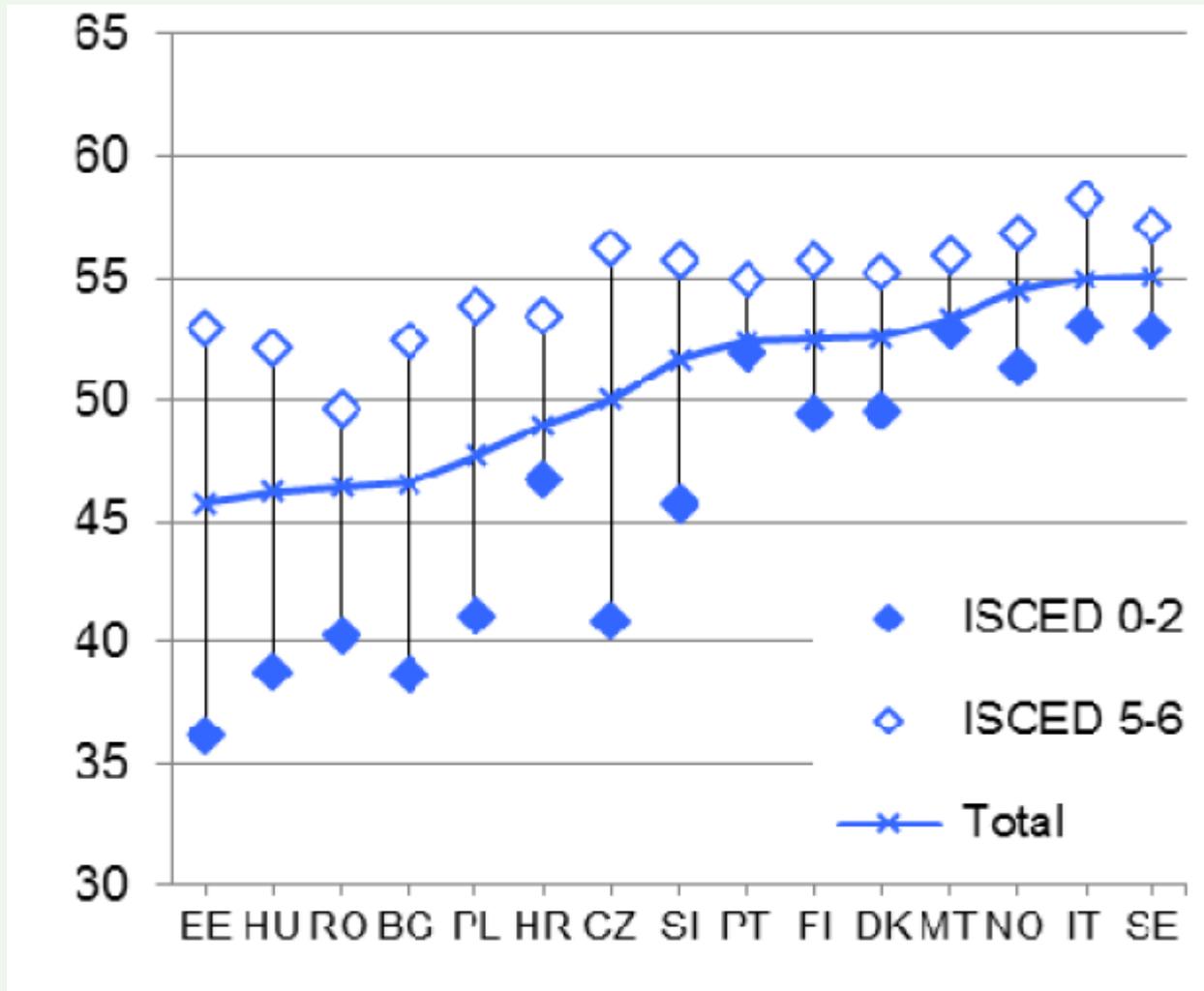
Years of education	White women	Black women	White men	Black men
<12	73	73	67	66
12	78	74	72	68
13-15	82	80	79	74
16+	83	81	81	75

All-cause mortality, ages 45–54 for US White non-Hispanics, US Hispanics and 6 comparison countries



US White non-Hispanics (USW),
US Hispanics (USH),
France (FRA),
Germany (GER),
United Kingdom (UK),
Canada (CAN),
Australia (AUS),
Sweden (SWE).

Life expectancy at age 25 by education, men



Lifecourse

So we beat on, boats against the current, borne back ceaselessly into the past.

-F. Scott Fitzgerald, *The Great Gatsby*



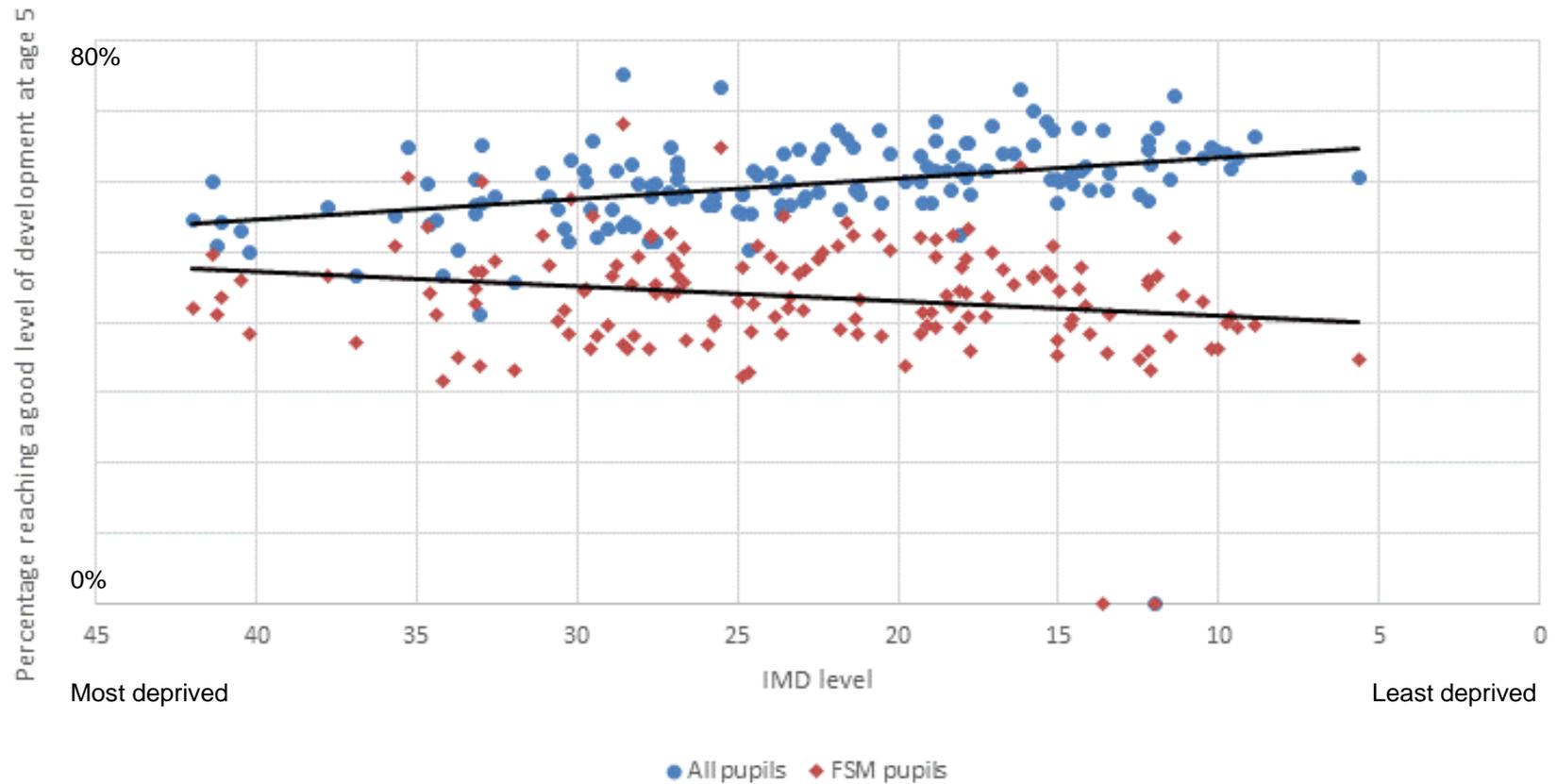
Give Every Child the Best Start





Level of development at end of reception

The percentage of children achieving a good level of development at the end of reception 2013/14, IMD 2015





Inequalities in cognitive development by multiple factors, UK

Cognitive test scores at age 7

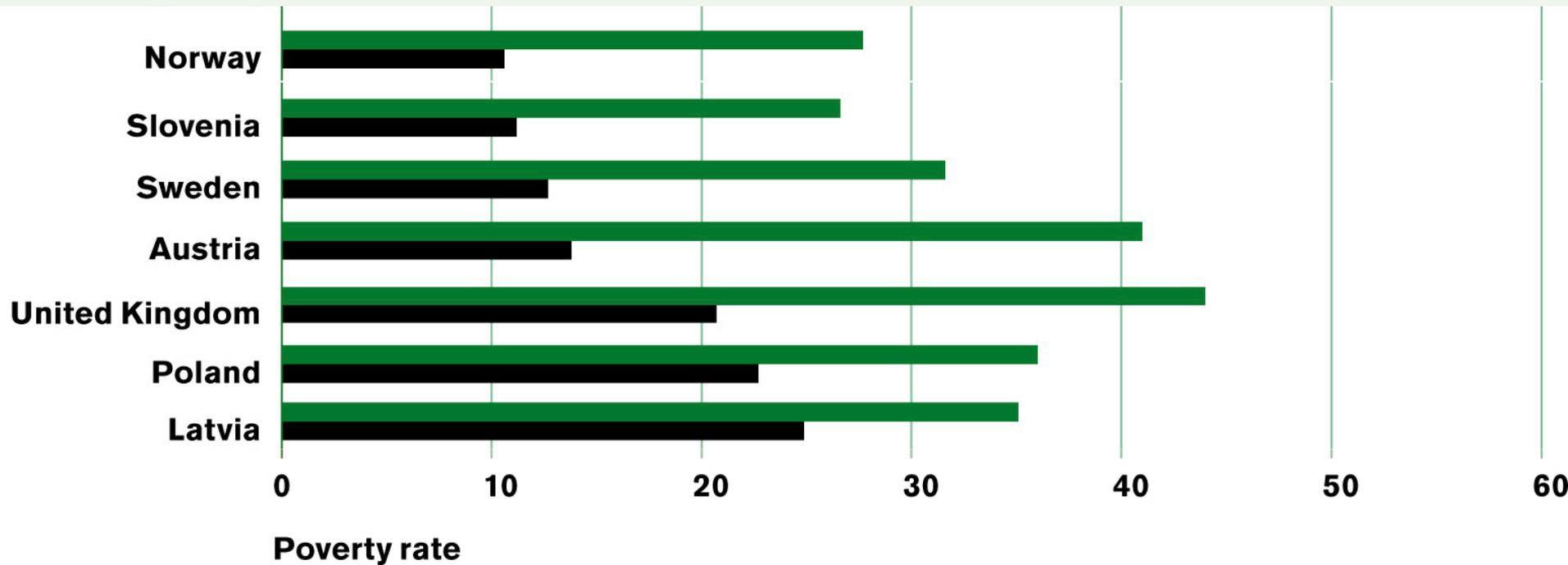


(ICLS, 2012)

- Low birth weight
- Not being breastfed
- Maternal depression
- Having a lone parent
- Median family income <60%
- Parental unemployment
- Maternal qualifications
- Damp housing
- Social housing
- Area deprivation (IMD)



Child poverty rates before and after transfers, ranked by after-transfer rate, EU-SILC 2009

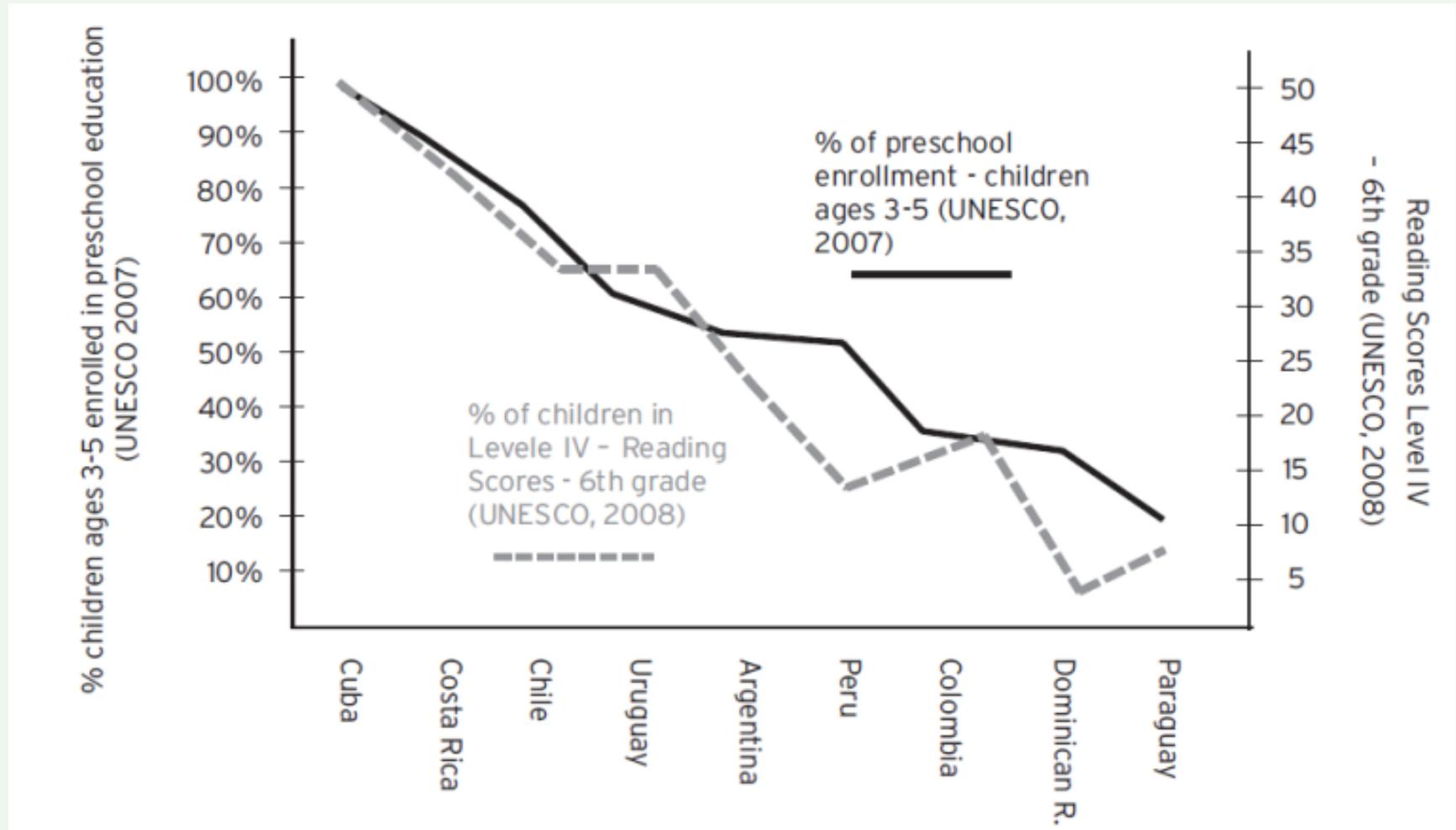


■ Before social transfers

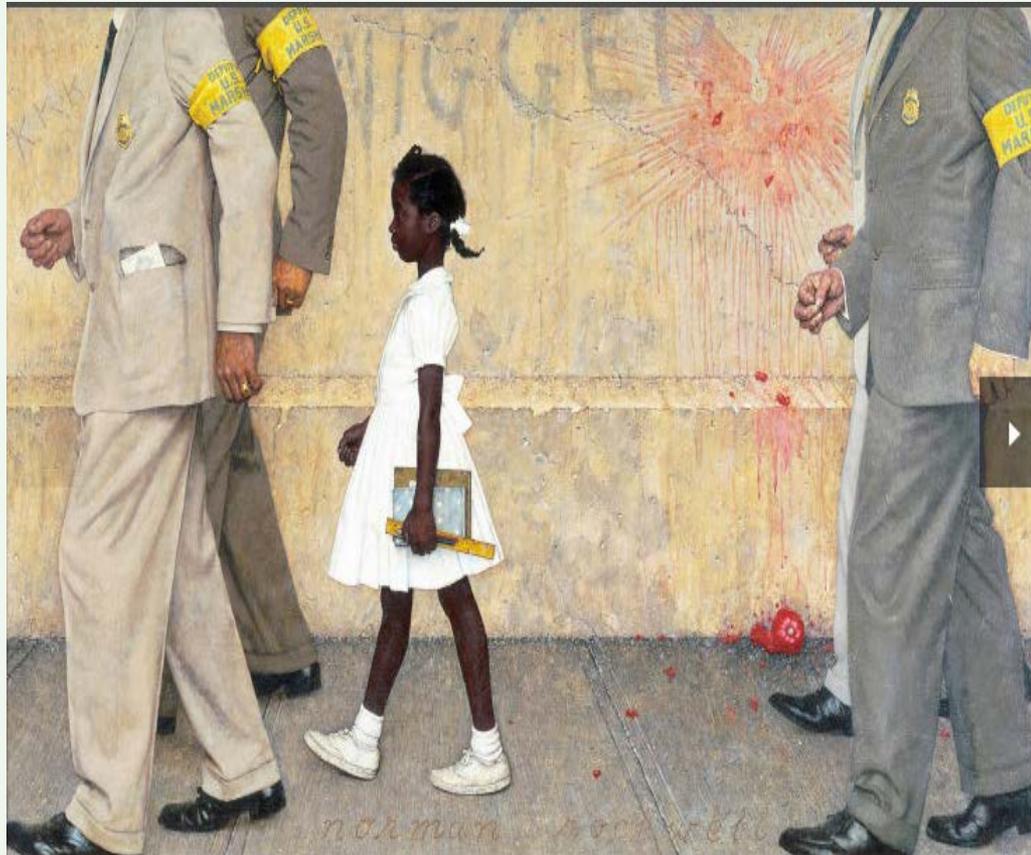
■ After social transfers



Enrolment in preschool (ages 3-5) and reading in 6th grade: selected countries in Latin America



Maximising Capabilities and Control



The Problem we all live with (1964) Norman Rockwell

Total Fertility rate (births per woman) according to mother's education

Country	No education	Primary	Secondary or higher	Overall
Bangladesh	3.0	2.9	2.5	2.7
India	3.6	2.6	2.1	2.7
Ethiopia	6.1	5.1	2.0	5.4
Nigeria	7.3	6.5	4.2	5.7

Proportion of women agreeing that it is acceptable for a husband to beat his wife if she refused to have sex with him

Country	Year	Total Per cent	No education Per cent	Primary Per cent	Secondary or higher Per cent
Mali	2001	73.5	75.8	74.5	51.6
	2006	56.8	59.9	53	37.5
Ethiopia	2000	50.9	56.2	44.8	17.1
	2005	44.3	51	40.4	14.5
	2011	38.6	48.9	32.8	11

Source: Data from DHS

Create Fair Employment and Good work



The
Laundresses (1901) by
Abram

Employment and working conditions have powerful effects on health and health equity

When these are good they can provide:-

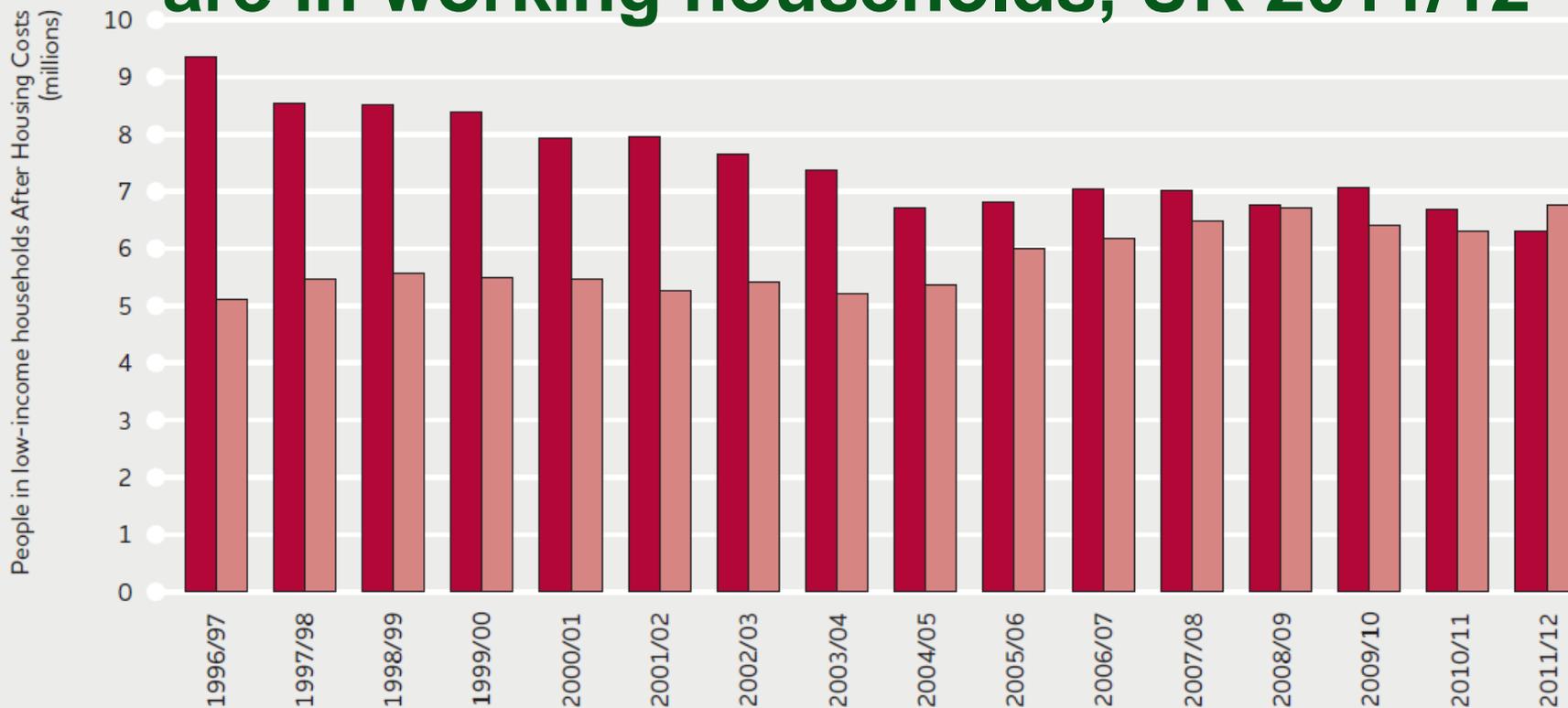
- financial security
- paid holiday
- social protection benefits such as sick pay, maternity leave, pensions
- social status
- personal development
- social relations
- self-esteem
- protection from physical and psychosocial hazards

... all of which have protective and positive effects on health

Source: CSDH Final Report, WHO 2008



6.7 million of the 13 million people in poverty are in working households, UK 2011/12



Source: Households Below Average Income, DWP; the data is for the UK

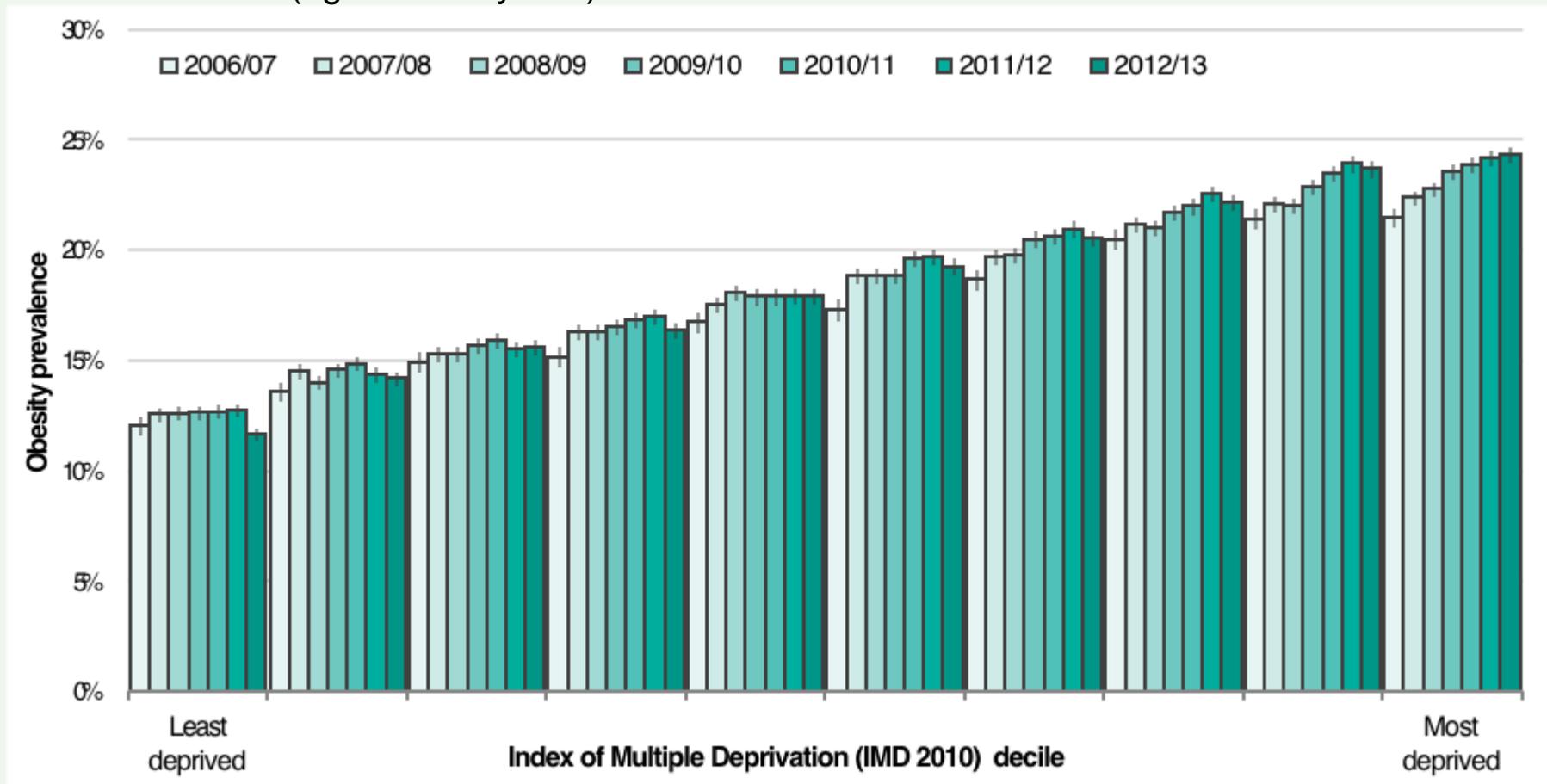
Workless working-age or retired Working

(JRF 2013 using DWP data)

Obesity

Inequalities in childhood obesity are increasing in England: Obesity prevalence by deprivation decile 2006/7 to 2012/13

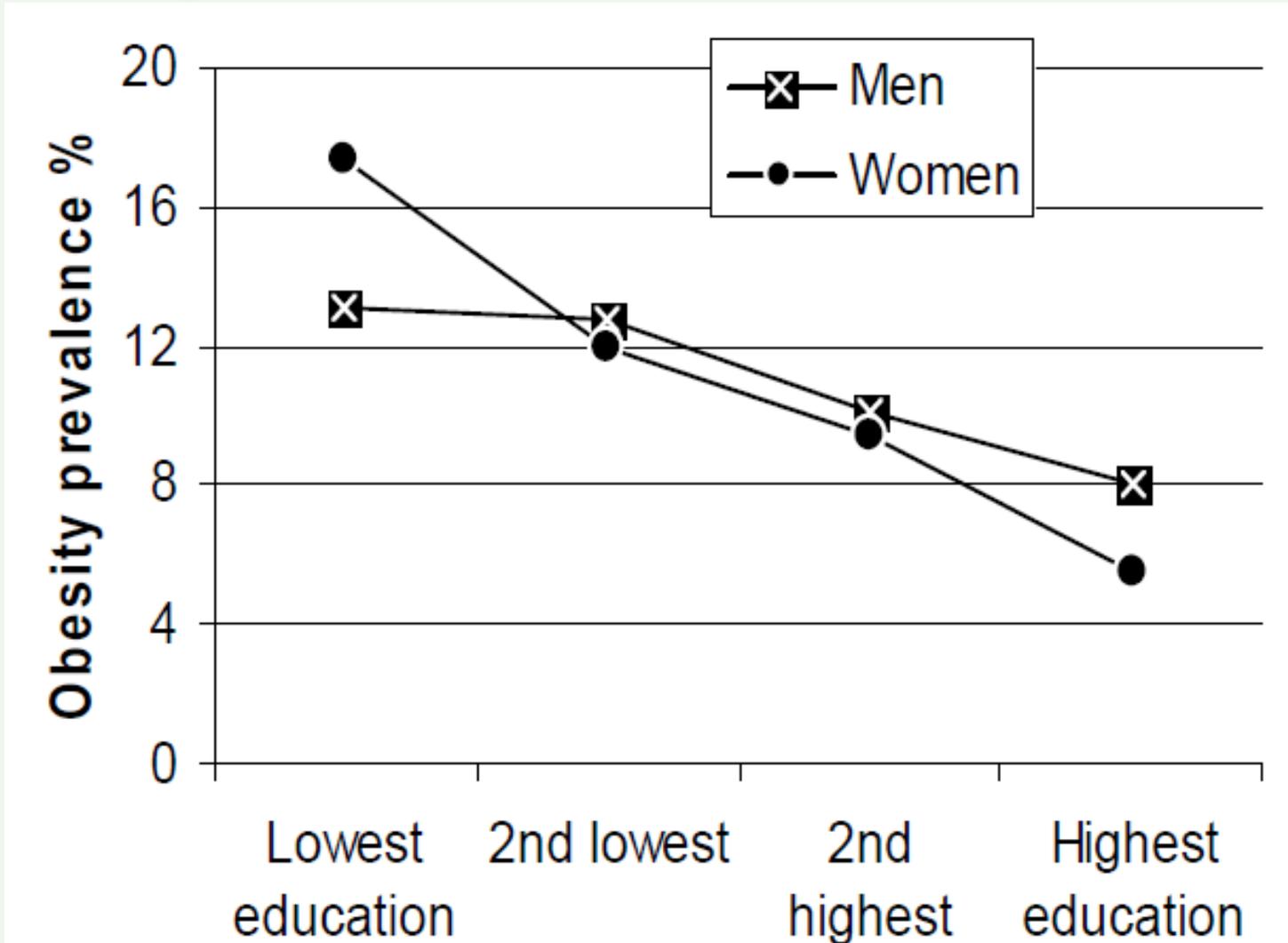
Children in Year 6 (aged 10-11 years)



Child obesity: BMI \geq 95th centile of the UK90 growth reference



Obesity prevalence according to educational attainment, averaged across 19 EU Member States

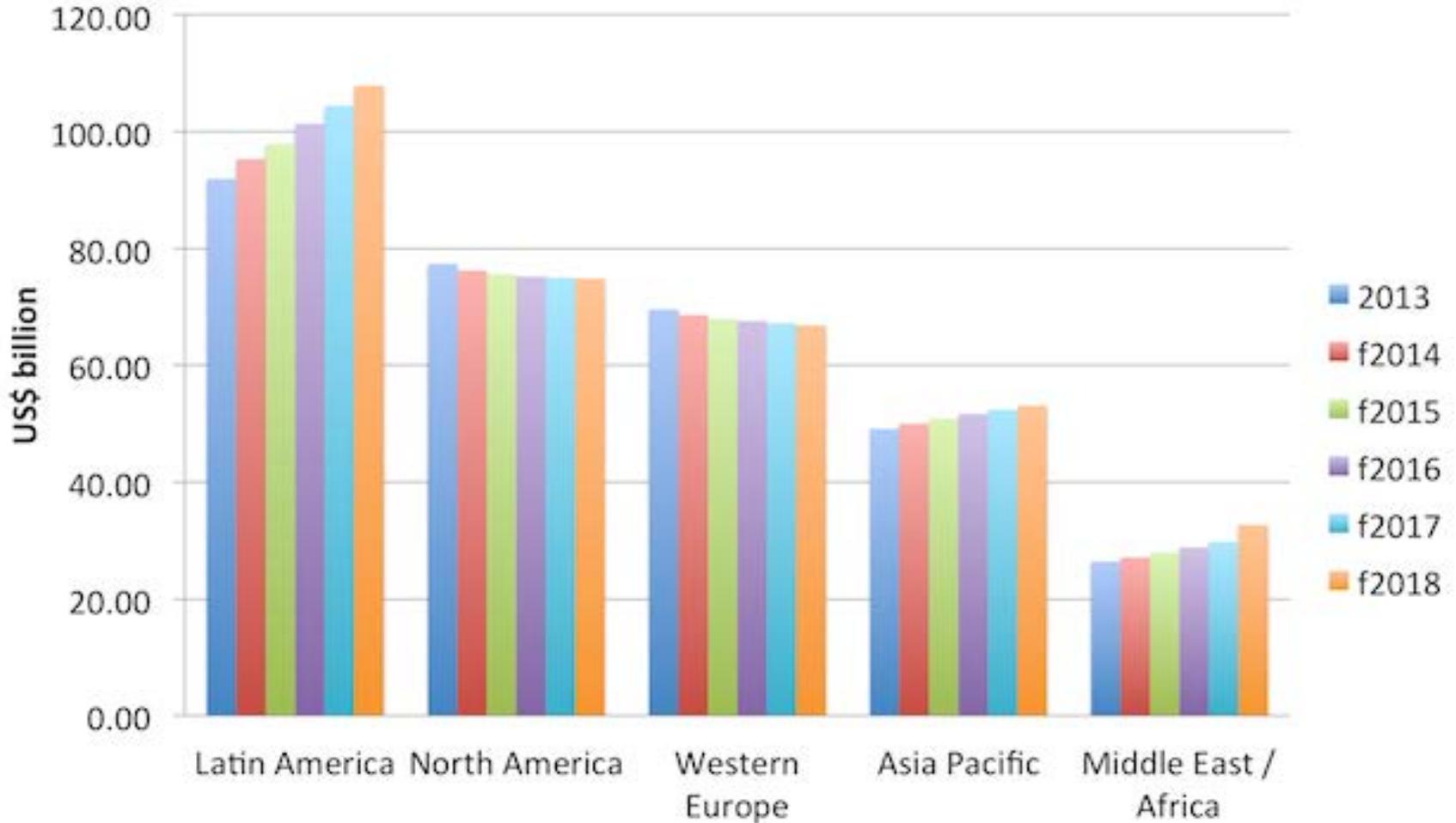


(Source: Eurothine 2007 reported in Robertson et al 2007)

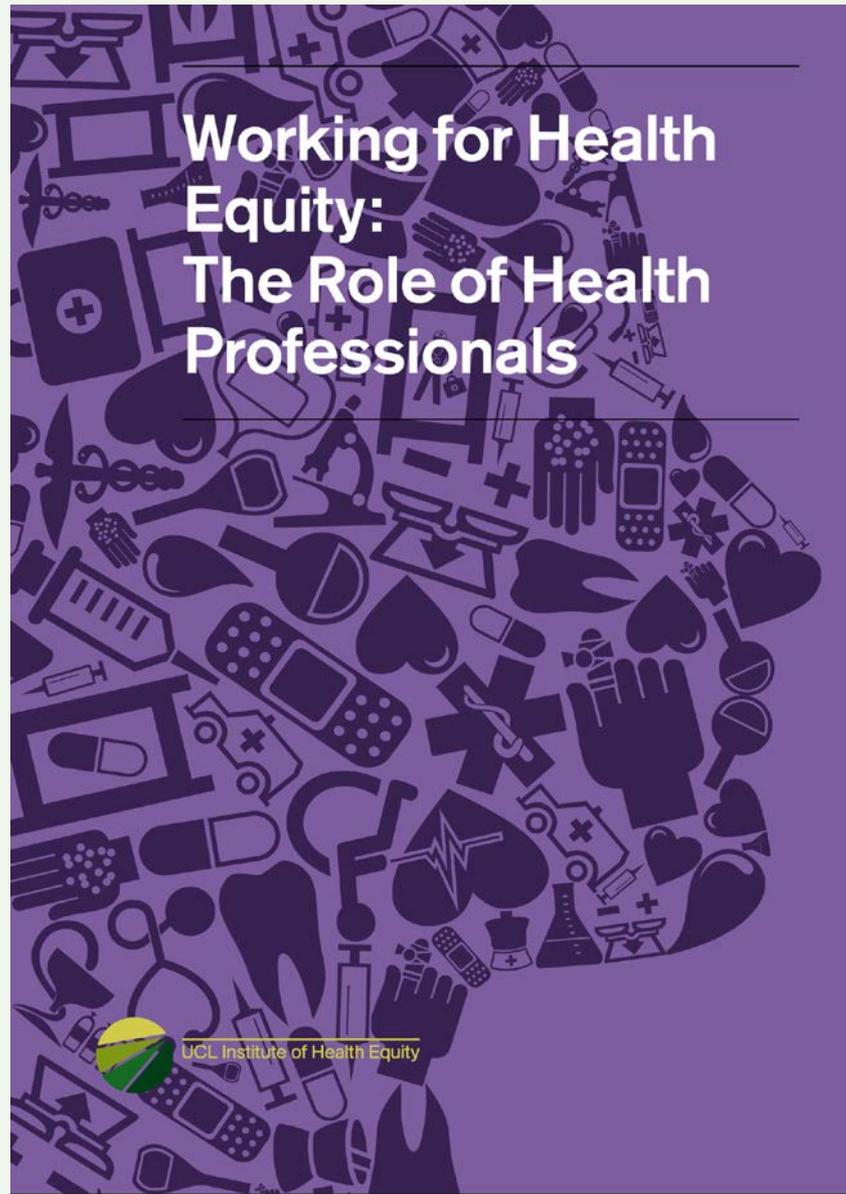
Patterns of consumption



Soda Market Sales Forecast By Region



Source: Euromonitor International

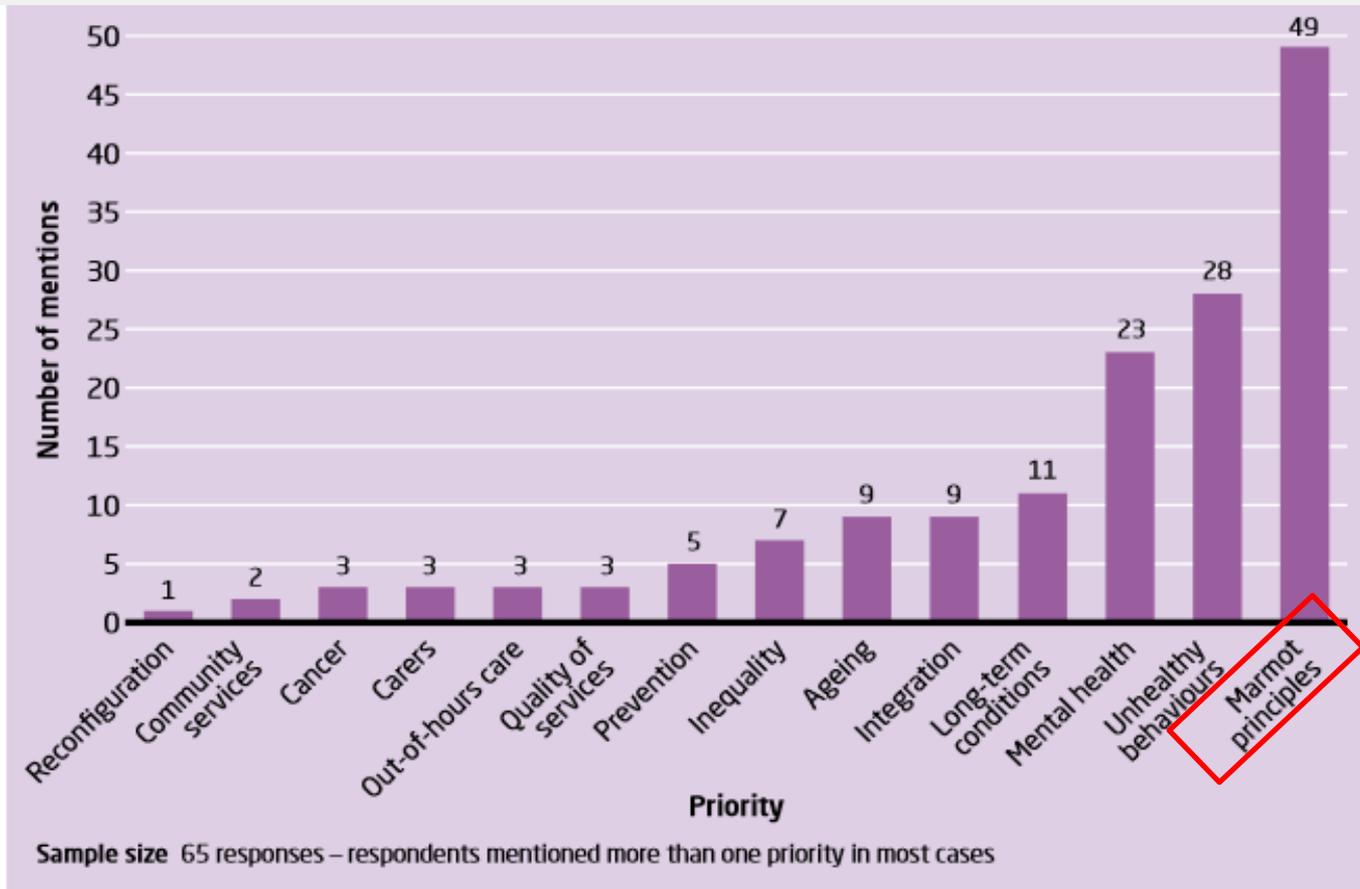


Working for Health Equity: The Role of Health Professionals

1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates

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Health and wellbeing Boards one year on – what priorities have been agreed?





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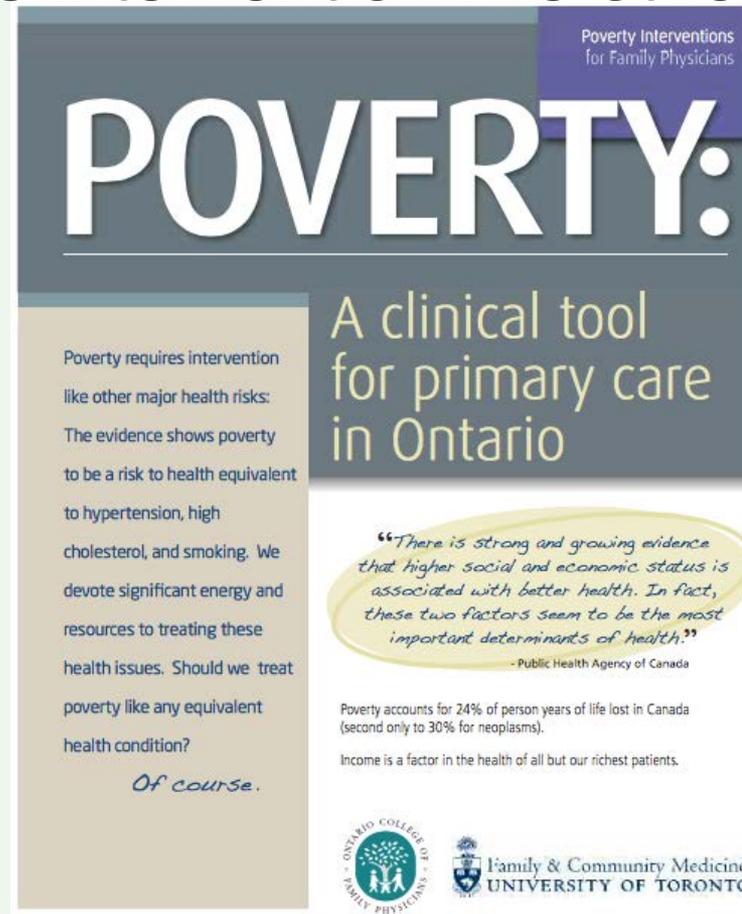
West Midland Fire Service



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Clinical Tool: Screening for poverty, Canada

“Poverty requires intervention like other major health risks”



Poverty Interventions
for Family Physicians

POVERTY:

A clinical tool
for primary care
in Ontario

Poverty requires intervention like other major health risks: The evidence shows poverty to be a risk to health equivalent to hypertension, high cholesterol, and smoking. We devote significant energy and resources to treating these health issues. Should we treat poverty like any equivalent health condition?

Of course.

“There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health.”

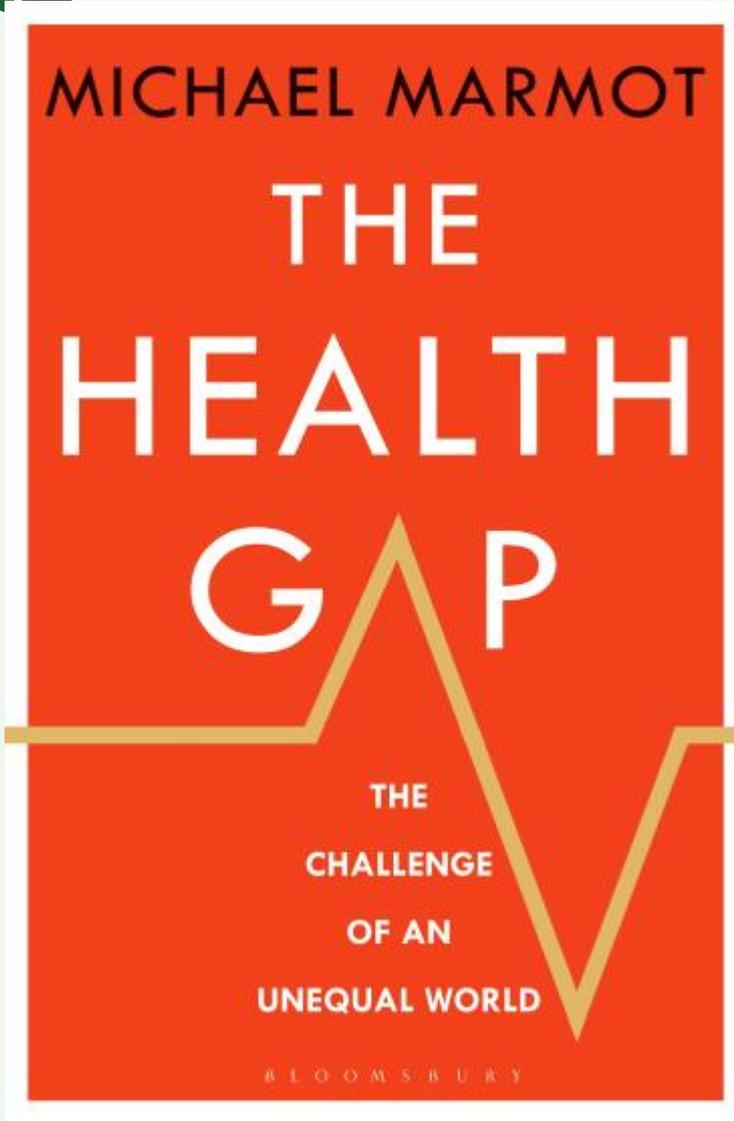
- Public Health Agency of Canada

Poverty accounts for 24% of person years of life lost in Canada (second only to 30% for neoplasms).

Income is a factor in the health of all but our richest patients.

ONTARIO COLLEGE OF FAMILY PHYSICIANS

Family & Community Medicine
UNIVERSITY OF TORONTO



Do something
Do more
Do better