



UCL Institute of Health Equity



Getting evidence into action: focussing on the right things

Professor Sir Michael Marmot

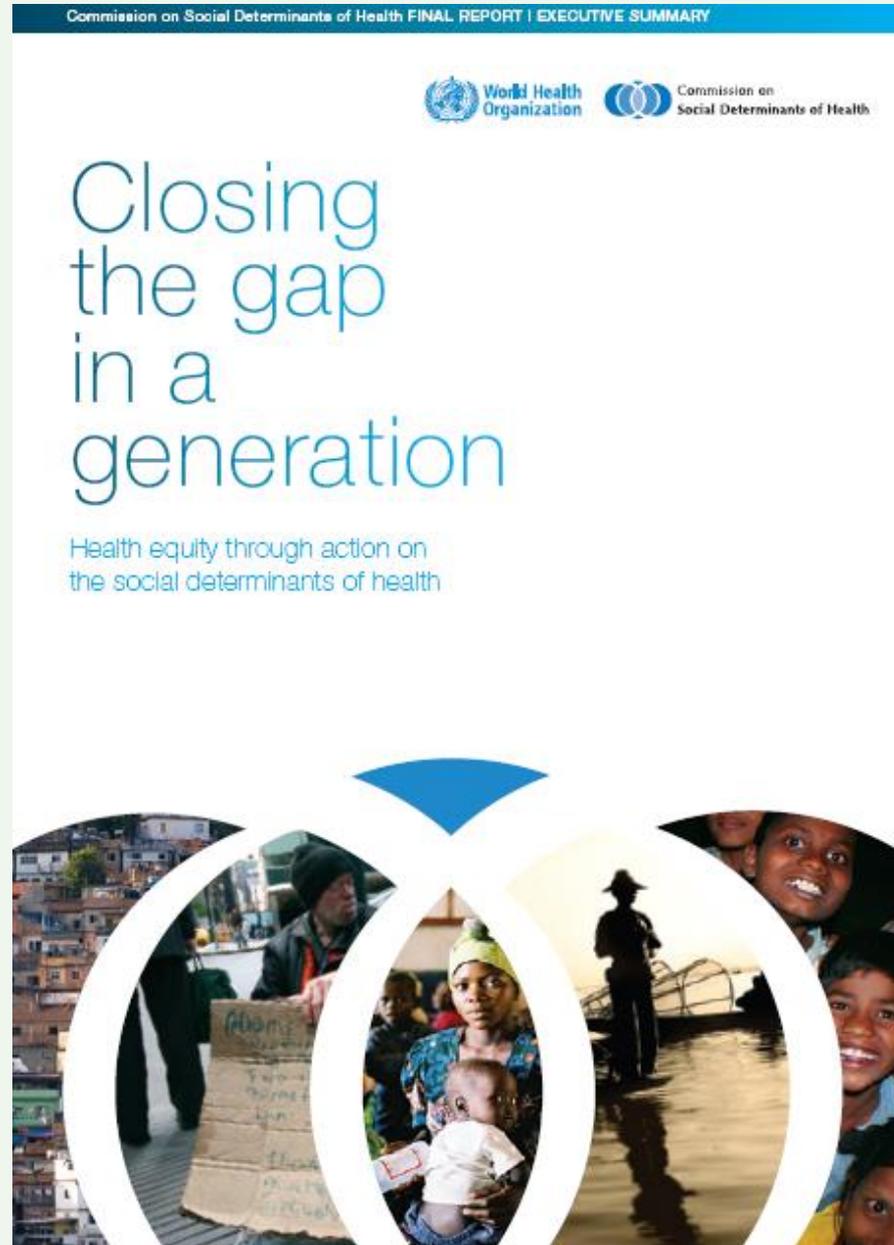
12 December 2014

Florence

Key principles

- Social justice
- Material, psychosocial, political empowerment
- Creating the conditions for people to have control of their lives

www.who.int/social_determinants






Health inequalities in the EU

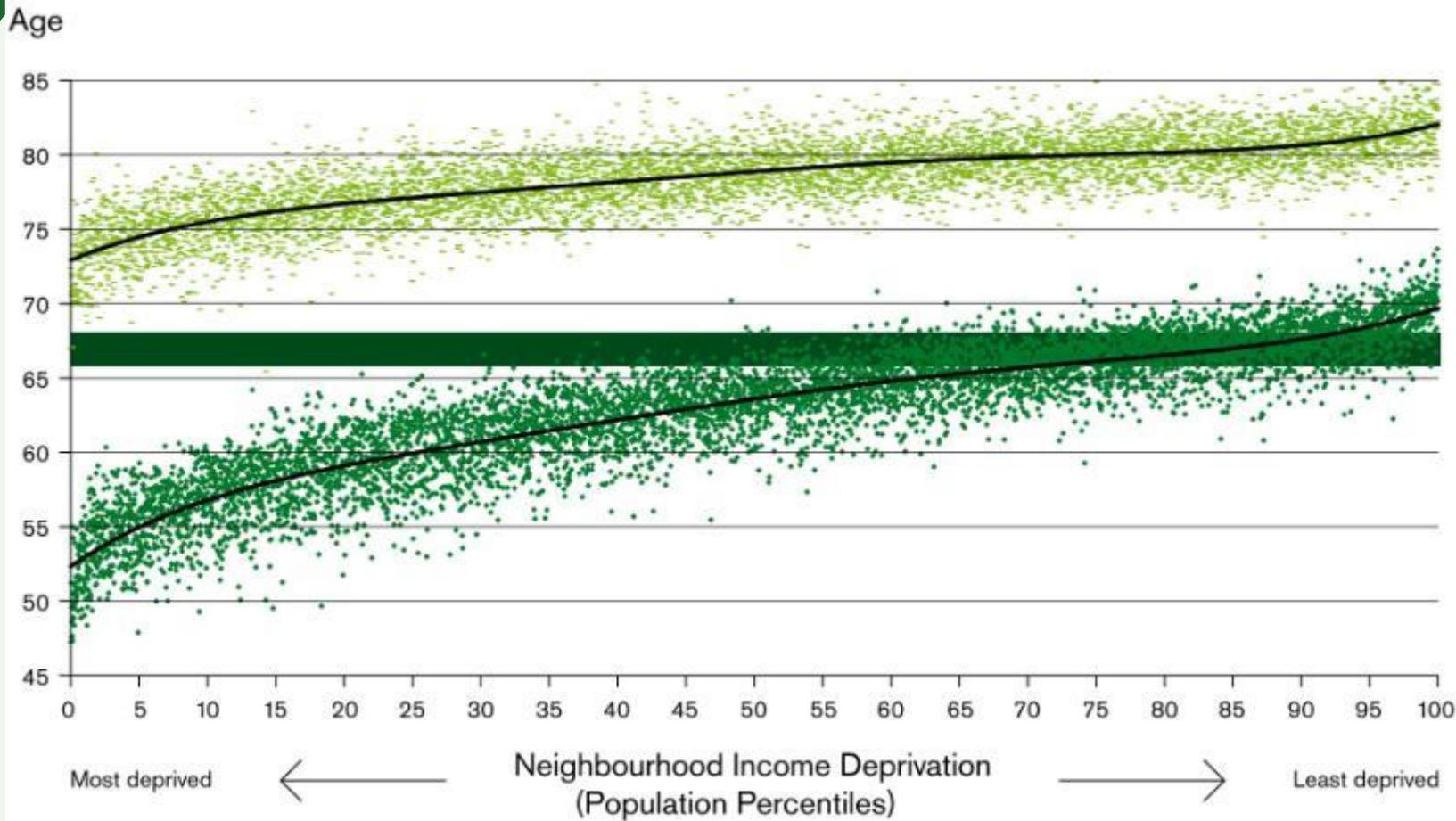
Final report of a consortium

Consortium lead: Sir Michael Marmot



Health and Consumers

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



- Life expectancy
- DFLE
- Pension age increase 2026-2046

Source: Office for National Statistics⁵



Marmot Review: 6 Policy Objectives

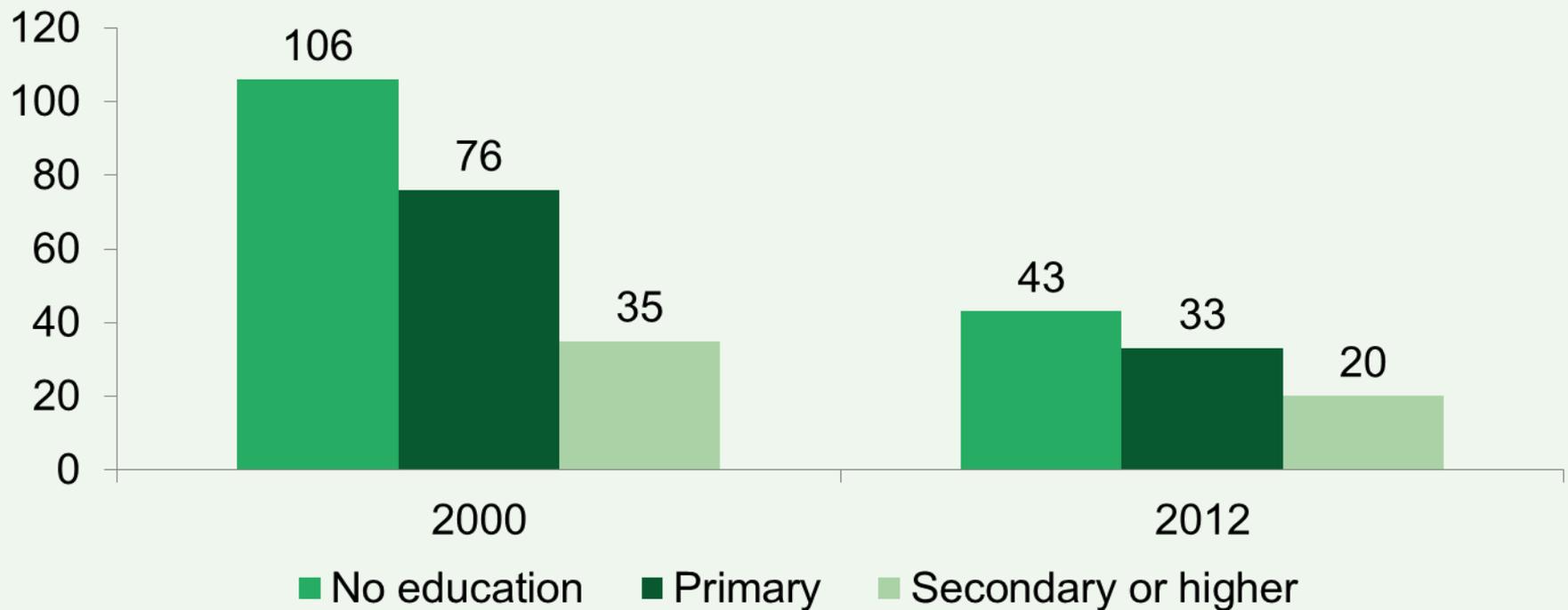
- A. Give every child the best start in life**
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives**
- C. Create fair employment and good work for all**
- D. Ensure healthy standard of living for all**
- E. Create and develop healthy and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



Why we need to tackle health inequalities

- Moral responsibility
- Much can done in countries at all levels
- Financial difficulties are not a barrier

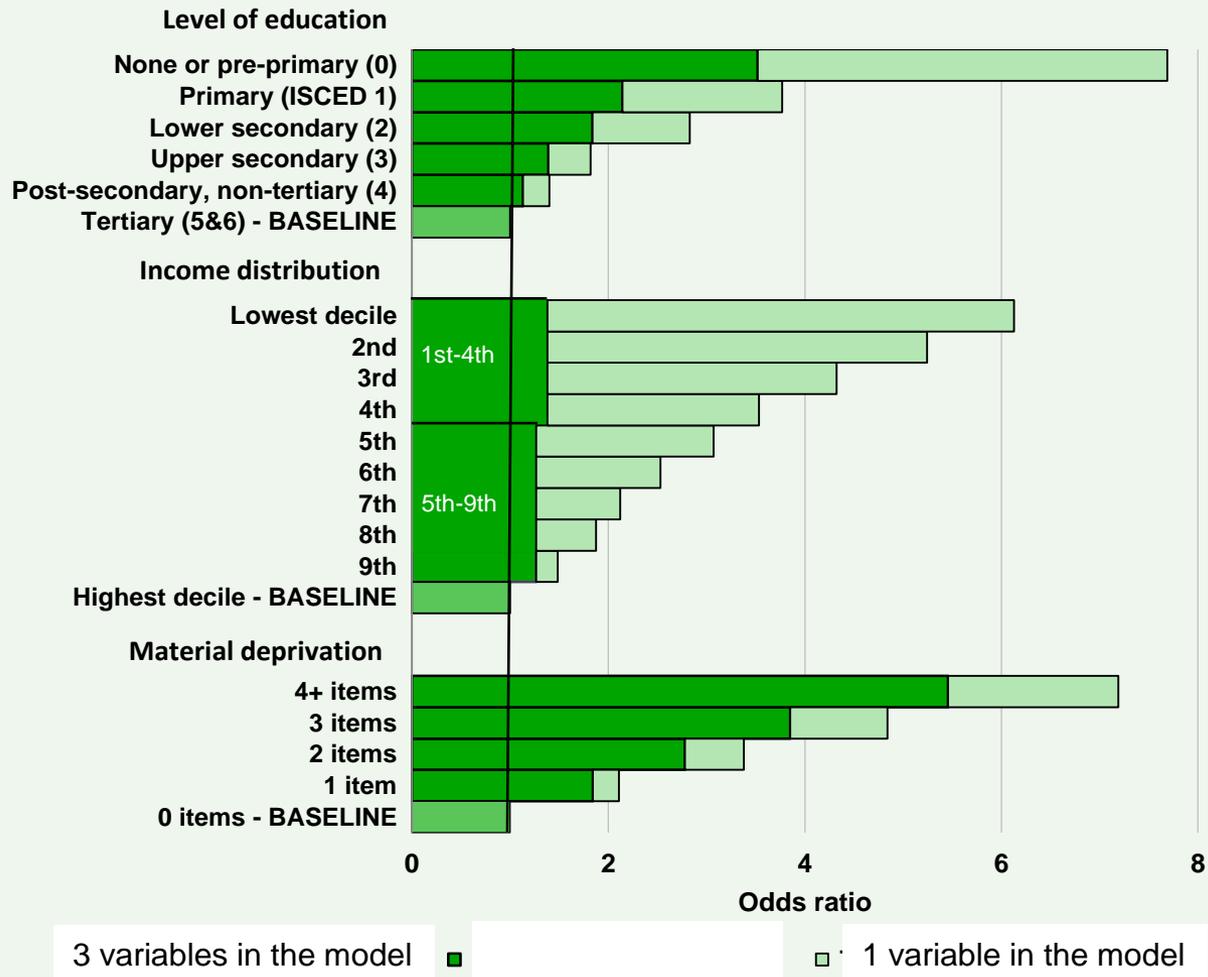
Under five mortality per 1000 live births by mother's education: Peru 2000 and 2012



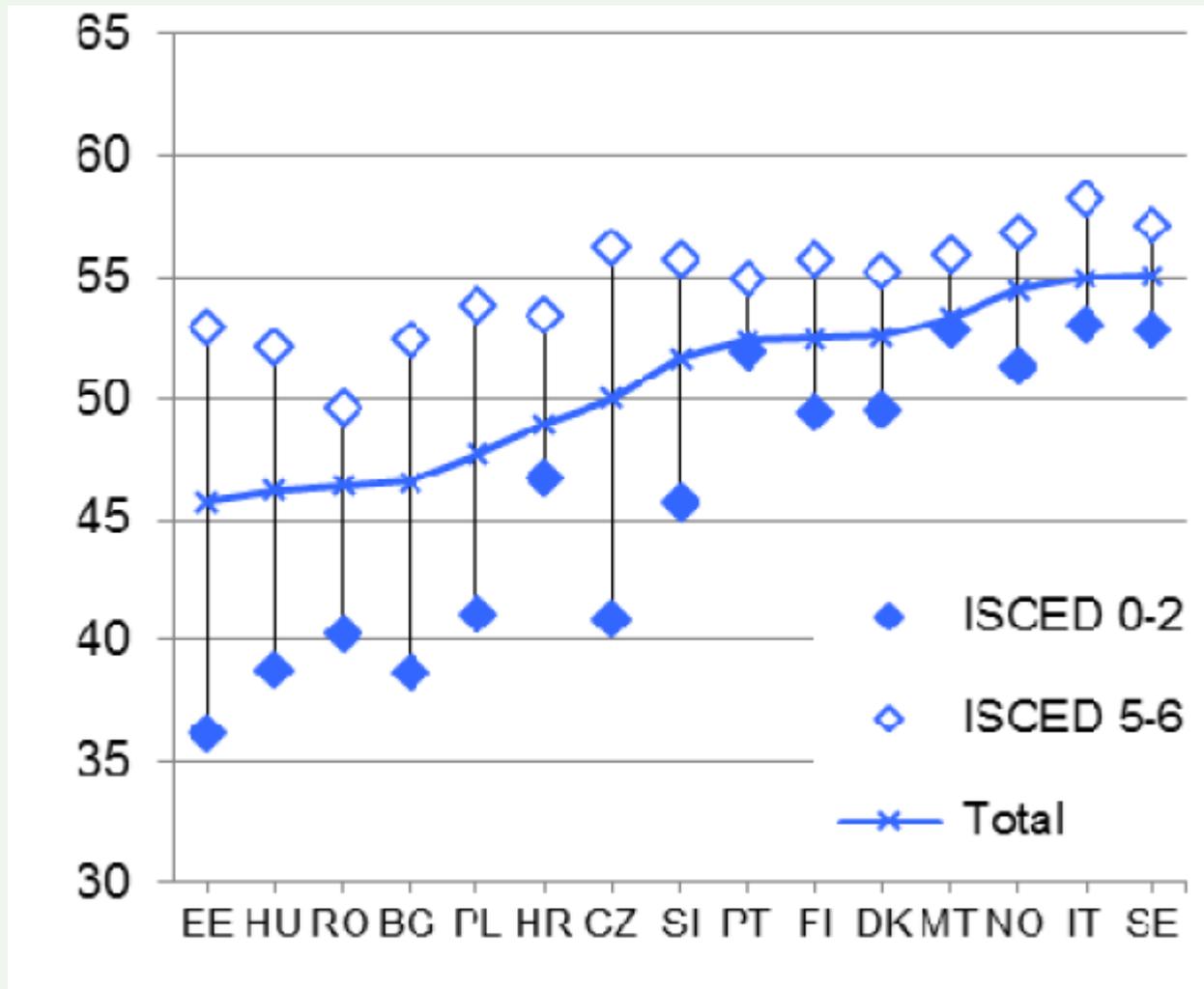
(U5M for the ten years preceding the survey)

Source: measuredhs.com

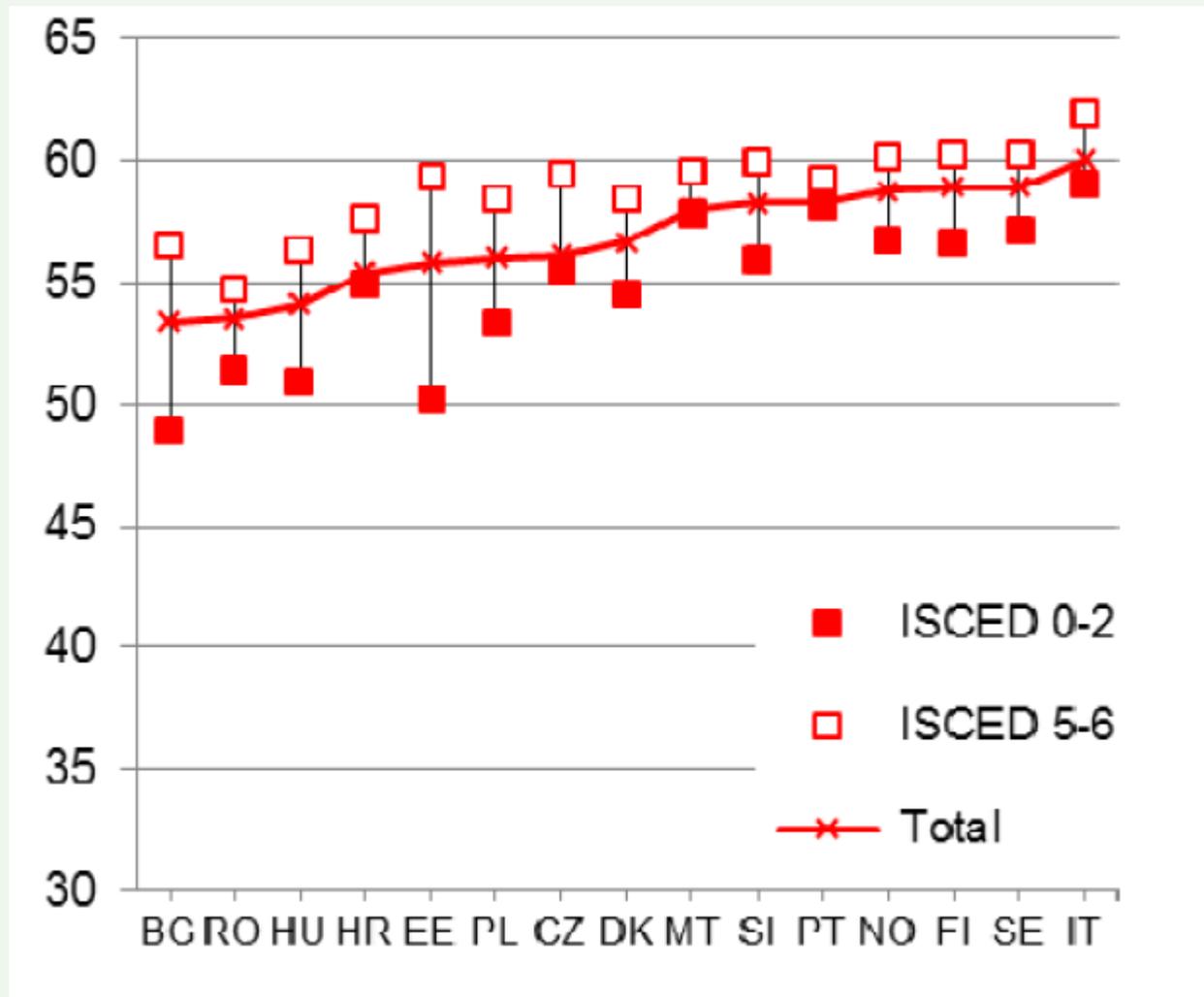
Estimated odds of reporting poor or very poor general health by socioeconomic characteristics, 25 EU Member States*, 2010



Life expectancy at age 25 by education, men

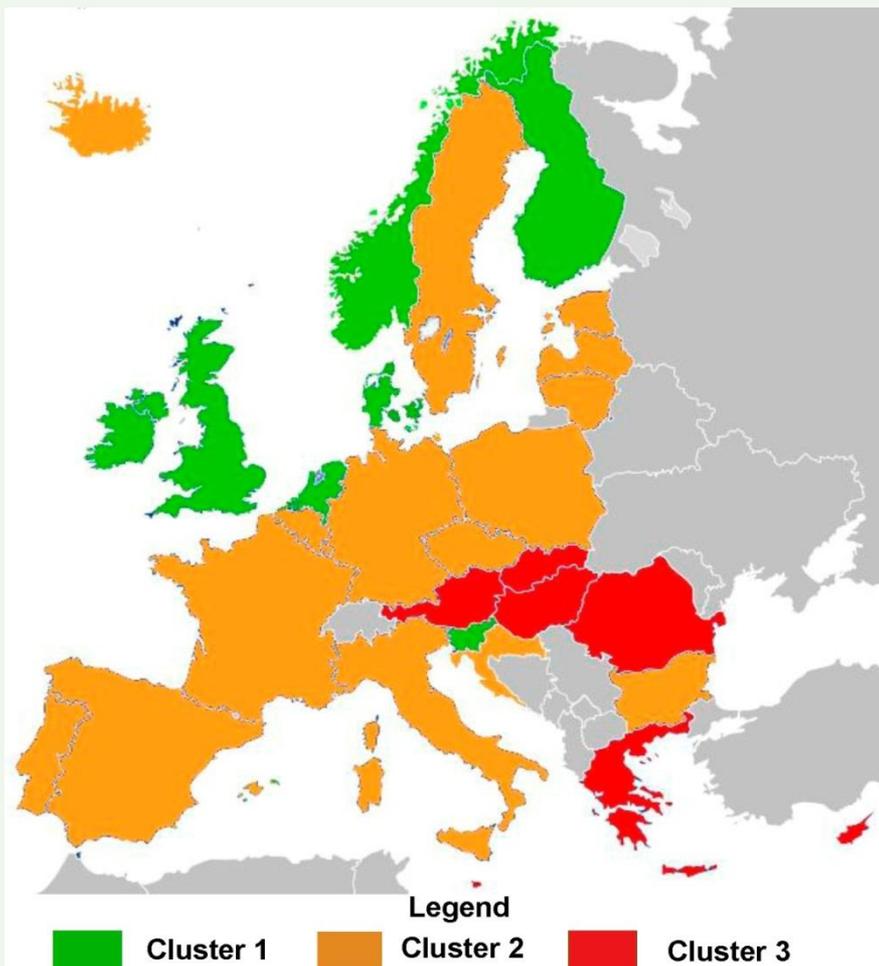


Life expectancy at age 25 by education, women





Country clusters by level of policy response



- **Cluster 1:** *Relatively positive and active response to health inequalities.*
 - At least one national response to HIs or comprehensive regional HI policy responses.
- **Cluster 2:** *Variable response to health inequalities.*
 - No explicit national policy on HIs, but at least one explicit regional response or a number of other policies with some focus on health inequalities.
- **Cluster 3:** *Relatively undeveloped response to health inequalities.*
 - No focused national or regional responses to health inequalities, no explicit health inequality reduction targets (though there may be targeted actions on the social determinants of health).

Values and Principles

- Social justice
 - Health equity
 - Intergenerational equity
 - Gender equity
- Human rights
- Life course approach
 - Social arrangements, institutions and policies
 - Conditions of daily life
- Vulnerability and exclusionary processes
- Empowerment
- Social inequities
- Social gradient in health
- Mutual responsibility
- Evidence



TRANSNATIONAL CONTEXT

WIDER SOCIETY

SYSTEMS

LIFE COURSE STAGES

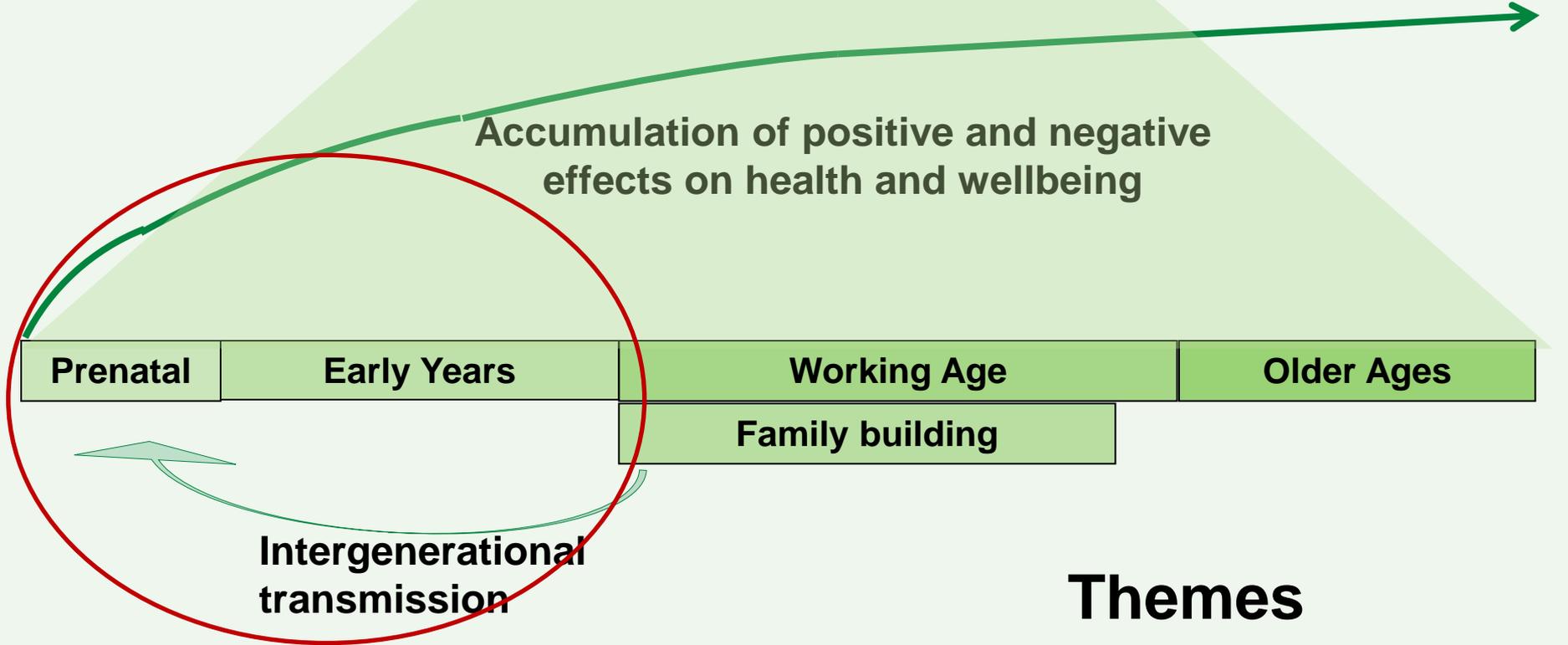
Accumulation of positive and negative effects on health and wellbeing

Prenatal Early Years Working Age Older Ages

Family building

Intergenerational transmission

Themes



Intergenerational transmission:

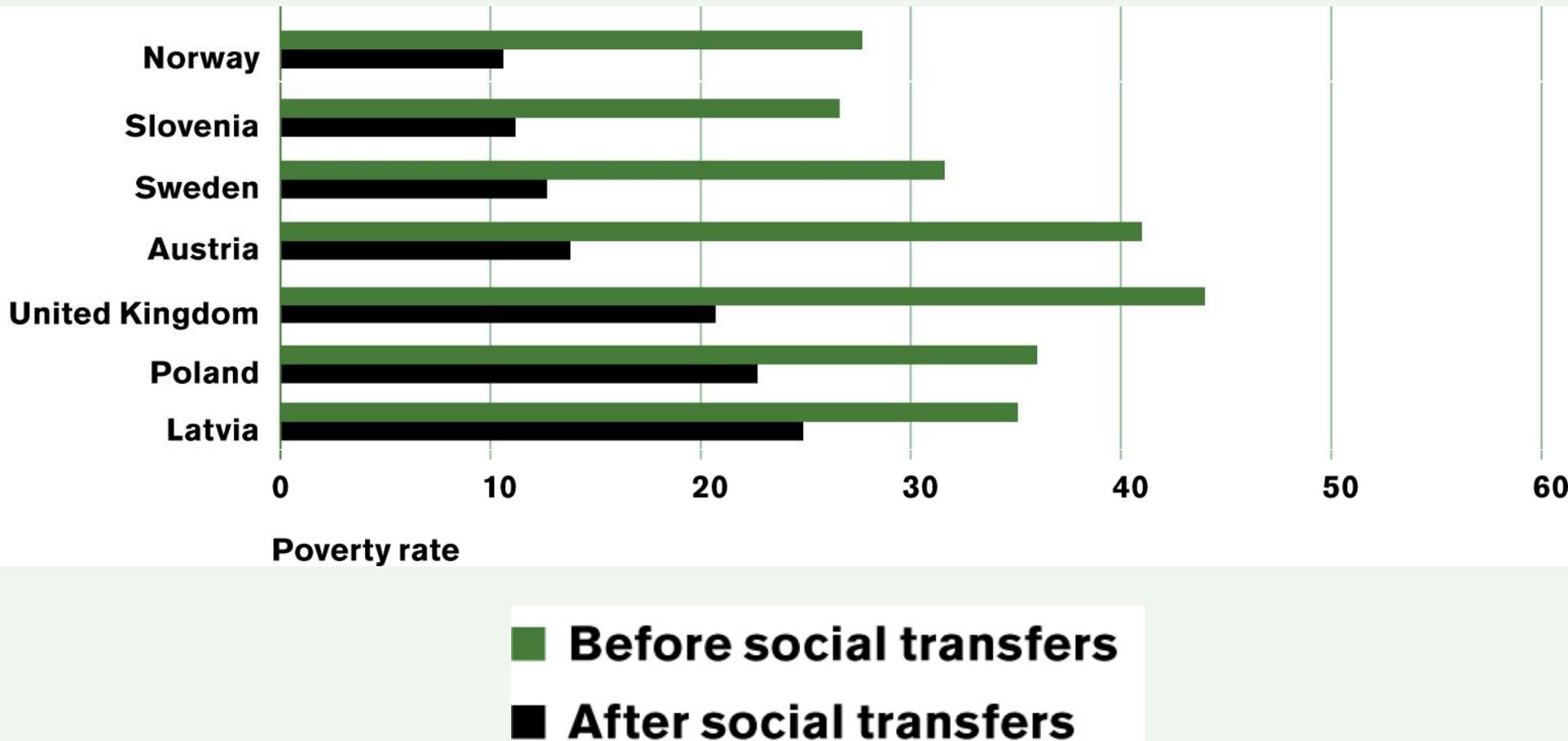
**Adequate social and health protection for
mother-to-be and young families**

Early child care and education

- Parenting and family support
 - Perinatal services
 - Care before and during pregnancy
 - Help for new mothers
- Pre-school education and care
- Primary, secondary and tertiary education and training



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



Source: WHO Review of Social Determinants and the Health Divide in the European Region, using data from EU SILC

Integrated approach across the social determinants

- Family income
- Parental leave arrangements,
- Availability & affordability of childcare at particular ages and stages
- Aligning policy - child care and education, employment, housing and transport



An Equal Start: Improving outcomes in Children's Centres

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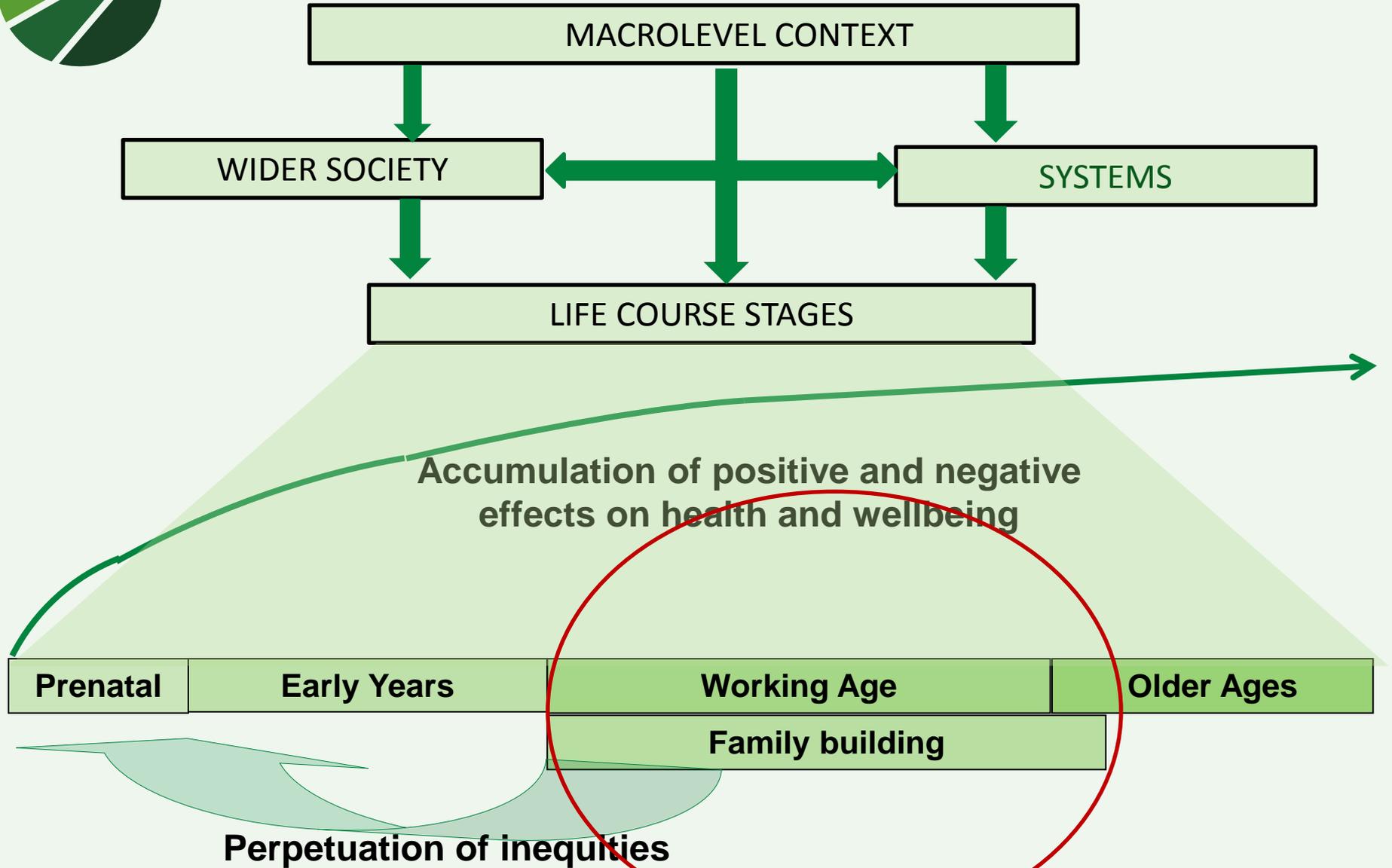


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Areas for outcomes:

- **Development**
 - Cognitive
 - Communication & language
 - Social & emotional
 - Physical
- **Parenting**
 - Safe and healthy environment
 - Active learning
 - Positive parenting
- **Parent's lives**
 - Mental wellbeing
 - Knowledge & skills
 - Financially self-supporting

21 Proposed outcomes see page 8



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

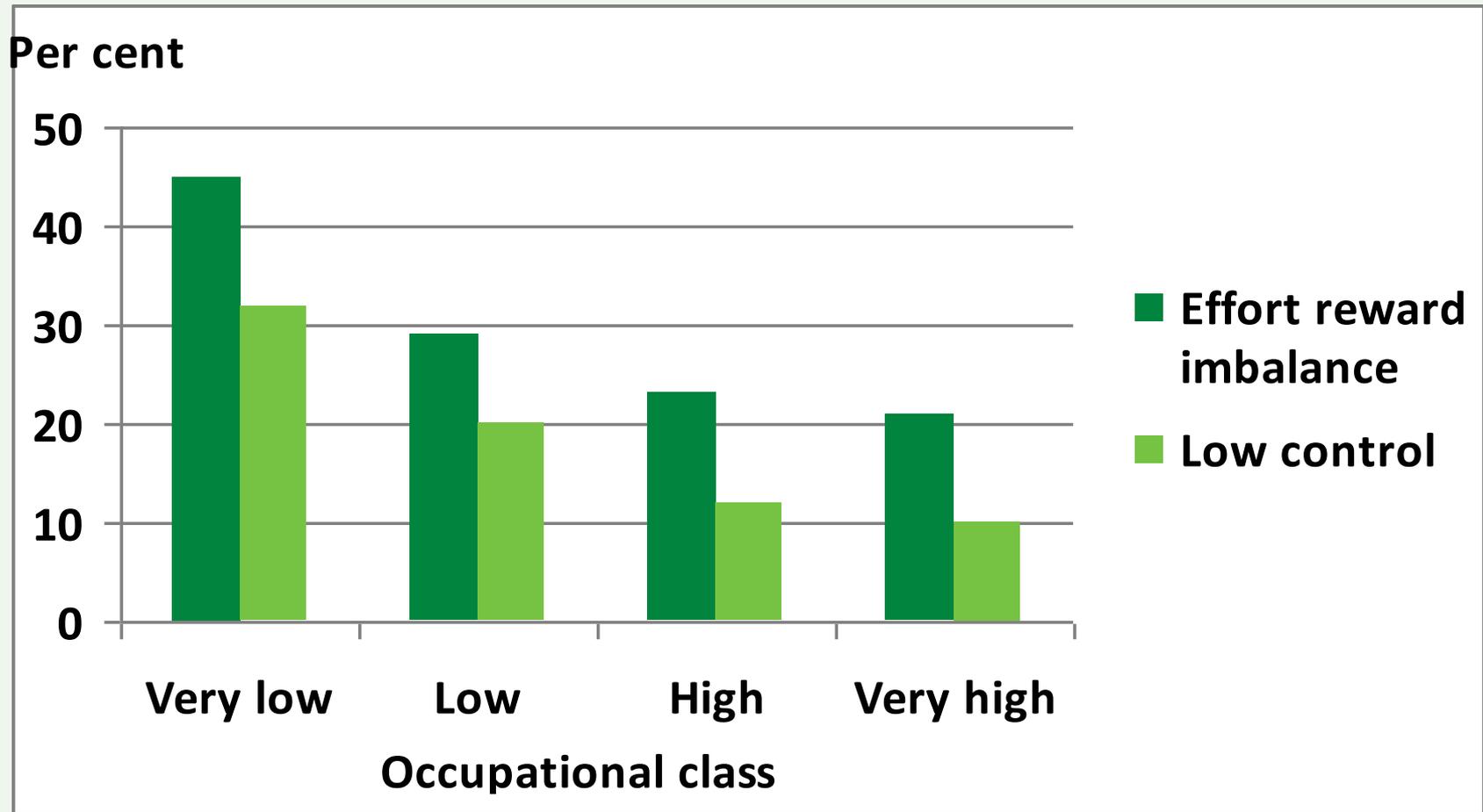
When these are good they can provide:-

- 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

Occupational stress in European countries



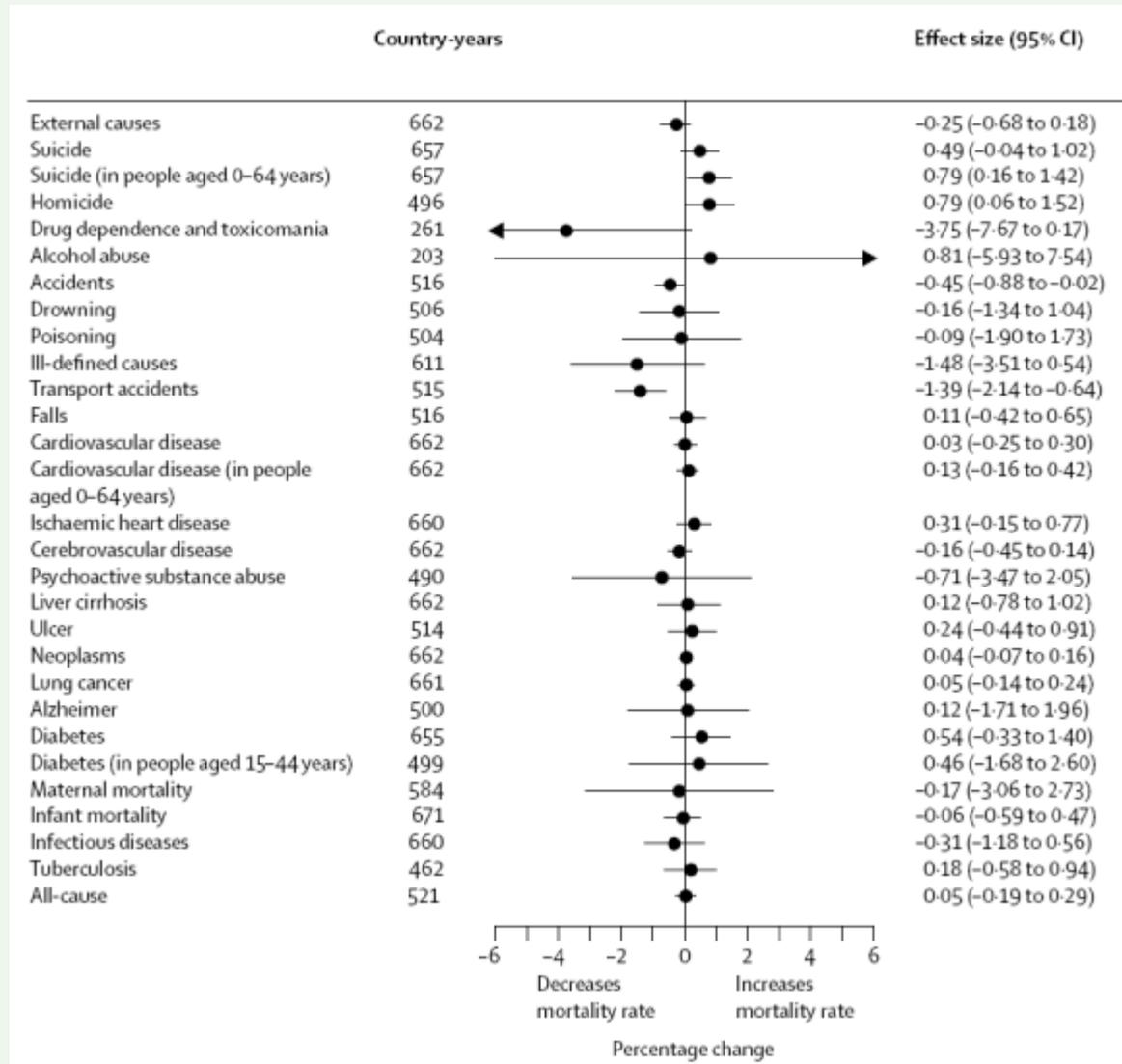
Unemployment and Mortality

1% rise in unemployment associated with:

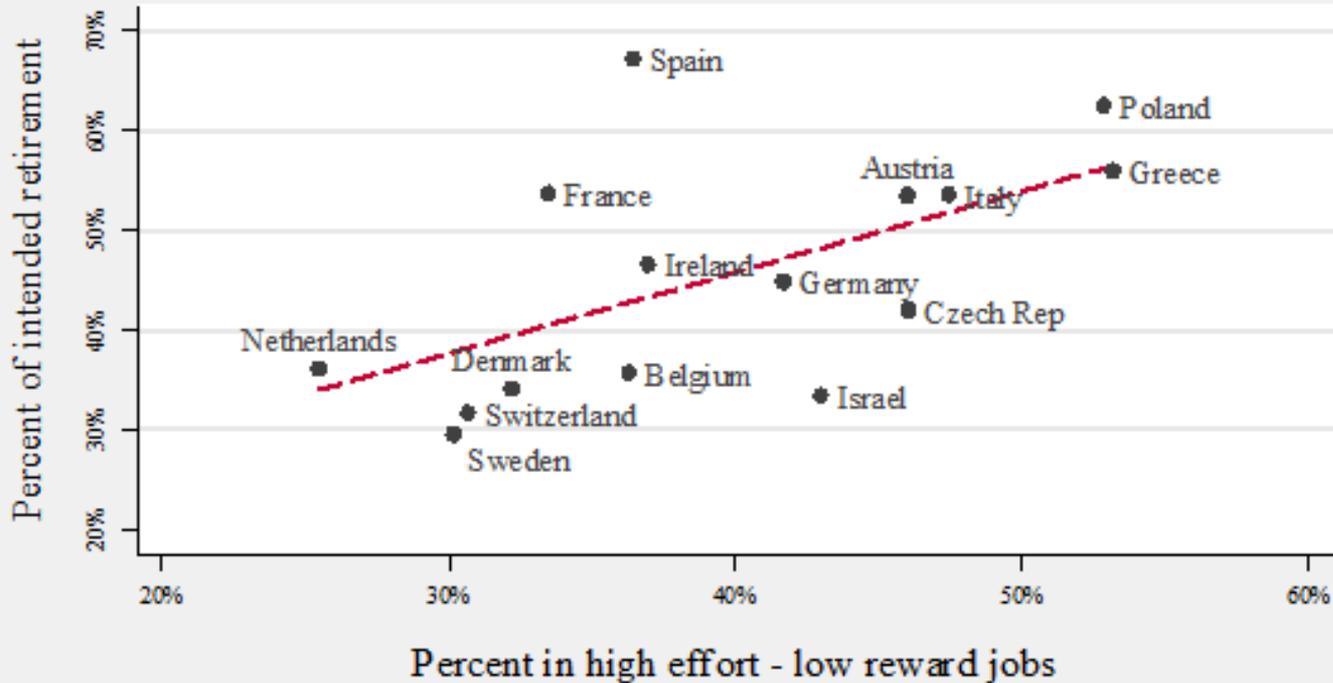
- 0.8% ↑ Suicide
- 0.8% ↑ Homicide
- 1.4% ↓ Traffic death

No effect on all-cause mortality

Source: Stuckler et al 2009 *Lancet*



Quality of work (effort-reward imbalance) and intended retirement in 15 European countries



* Based on SHARE data from august 2009 (Release 2.2.0). See project website for more details and funding institutions.

Intended retirement – assessed by asking:

‘Thinking about your present job, would you like to retire as early as possible?’

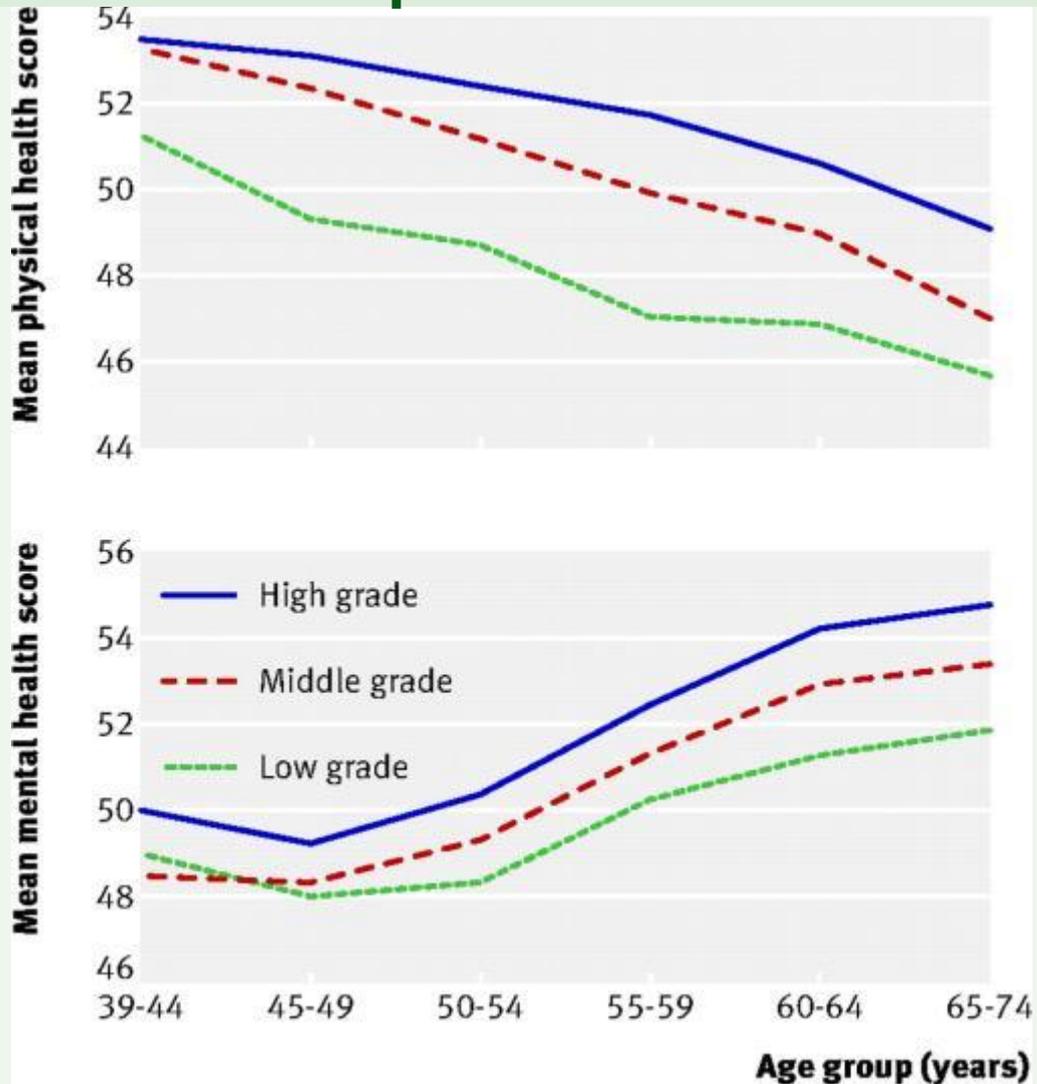
Figure: Source: Siegrist J, Wahrendorf M (2009) Quality of work, health and retirement (Comment). The Lancet

Older ages: 3 components of healthy ageing:

- Staying alive
- Avoiding disease
- Having good positive physical and mental functioning

Each of these is strongly related to the social environment

Mean SF-36 physical component scores and mental component scores by age group: Whitehall II respondents from phases 3-7.

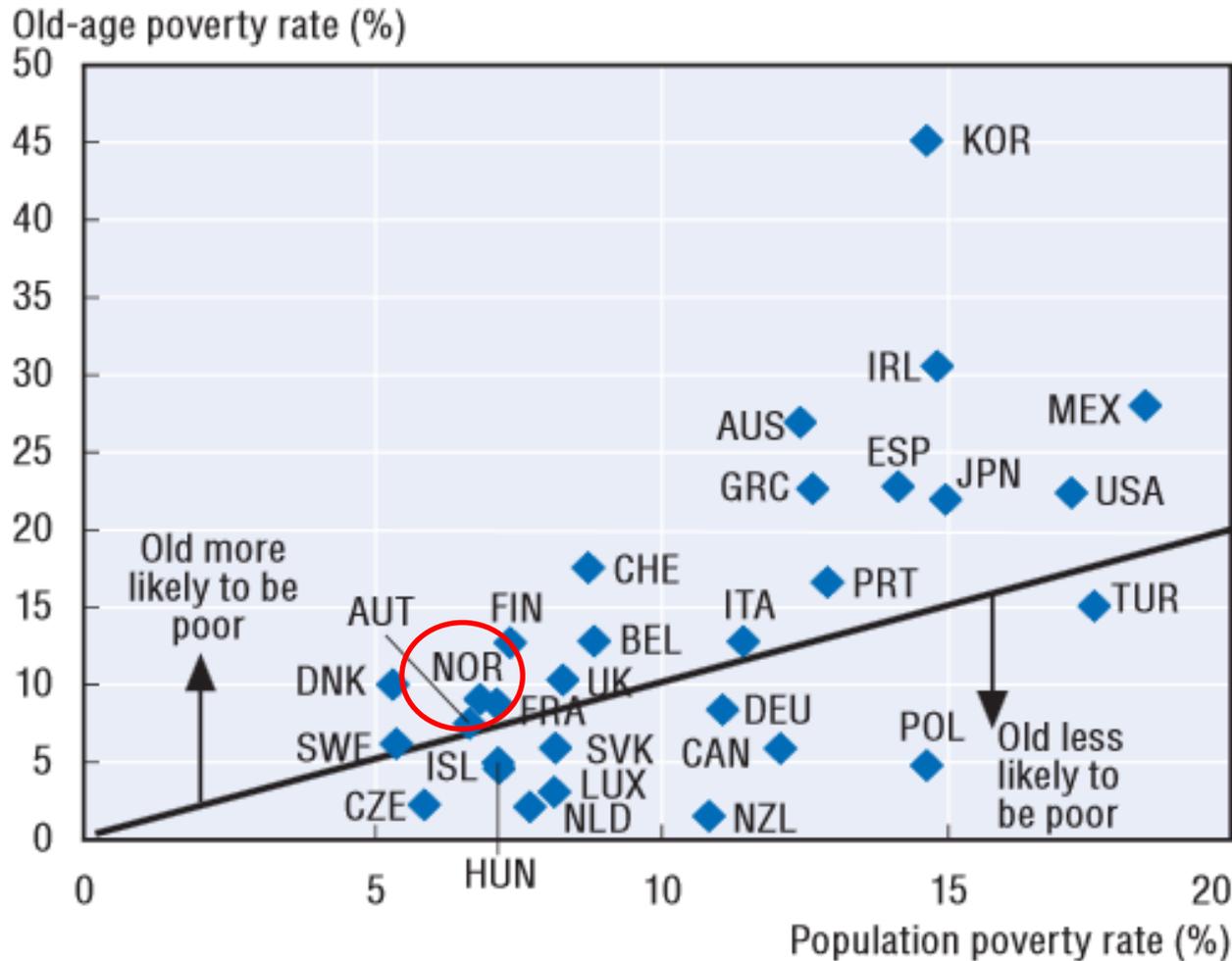


Older ages

- People in professional and managerial classes reach the same level of disability as those in routine and manual classes about 15 years later.
- Professional and managerial classes have less illness in their 70s than 'routine and manual' classes 15 years earlier

Source: English Longitudinal Study of Ageing (ELSA)

Are older people more likely to be poor than the rest of the population? Not necessarily...

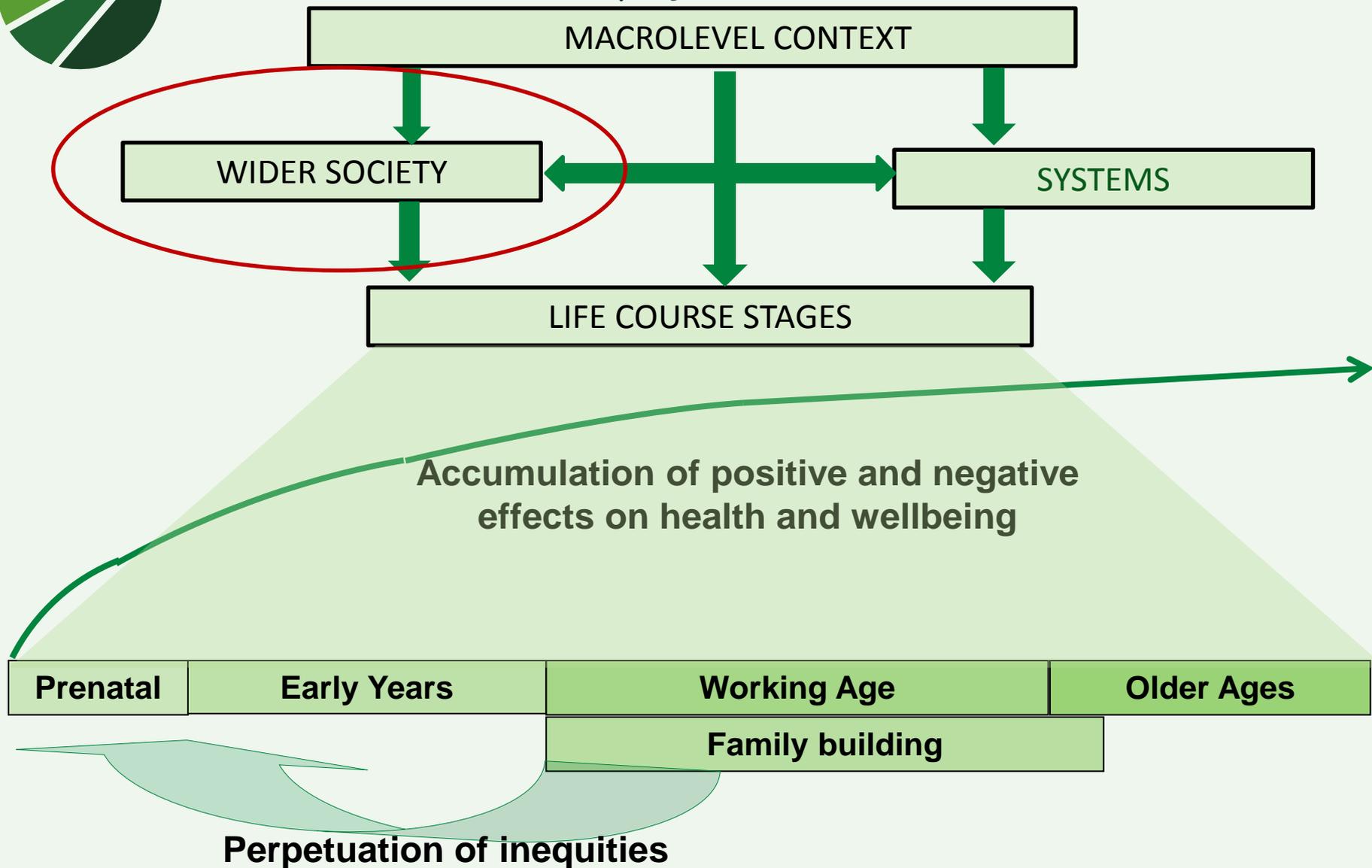


Source: OECD Income-Distribution Database; see OECD (2008), *Growing Unequal?*, Tables 5.1 and 5.3.

Spending on basics as % of income rises steeply among poorer groups

Spending on basics as % of income		
	2008/9	Percentage point change in spending as % of income 2004/5-2008/9
Poorest	48.3	12.5
2 nd	34.4	2.2
3 rd	27.6	-1.5
4 th	22.6	-4.1
Richest	16.4	-7.1
All	29.7	0.7

Source: English Longitudinal Study of Ageing (ELSA)

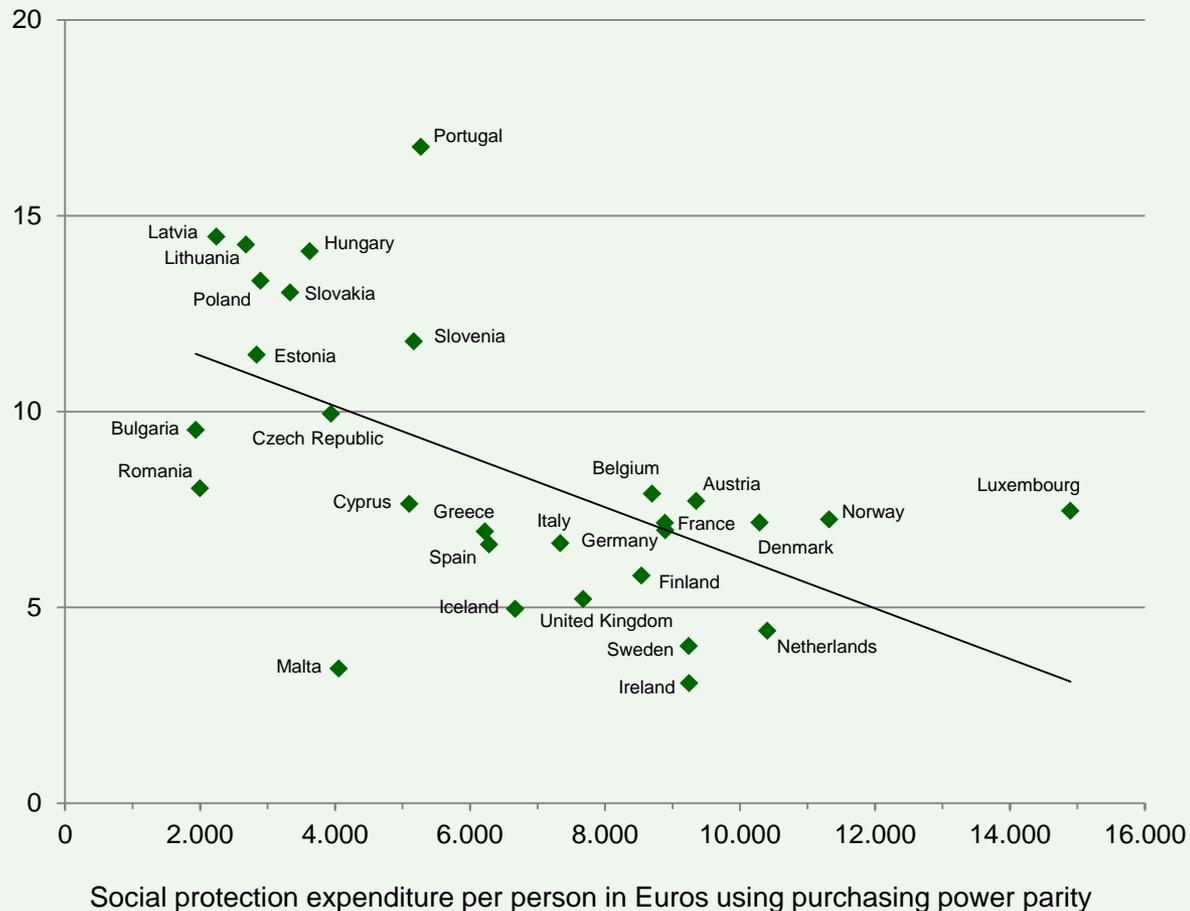


Wider Society

- Social exclusion
- Social protection across the life course
- Communities

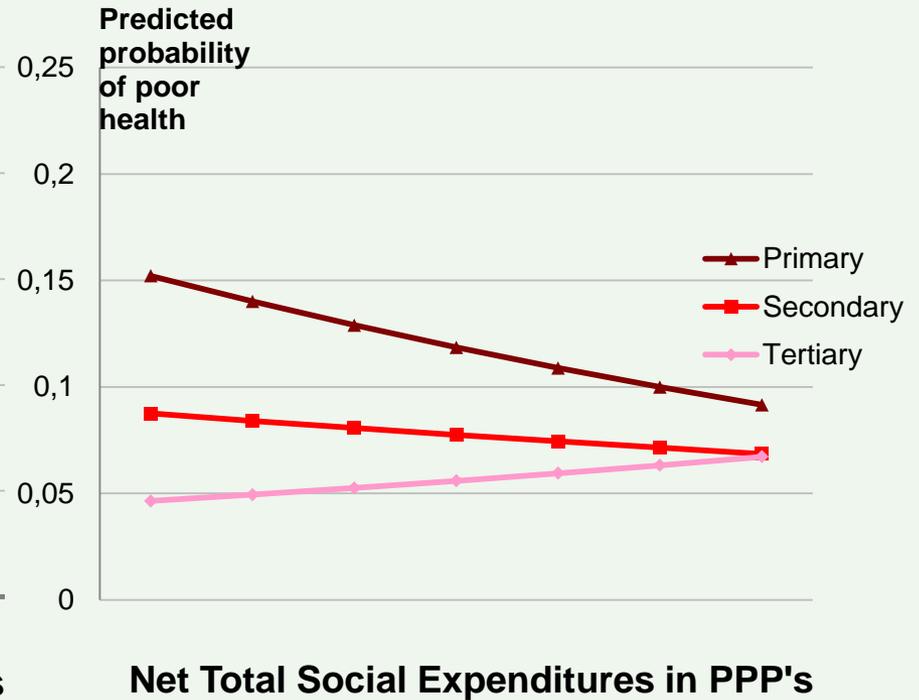
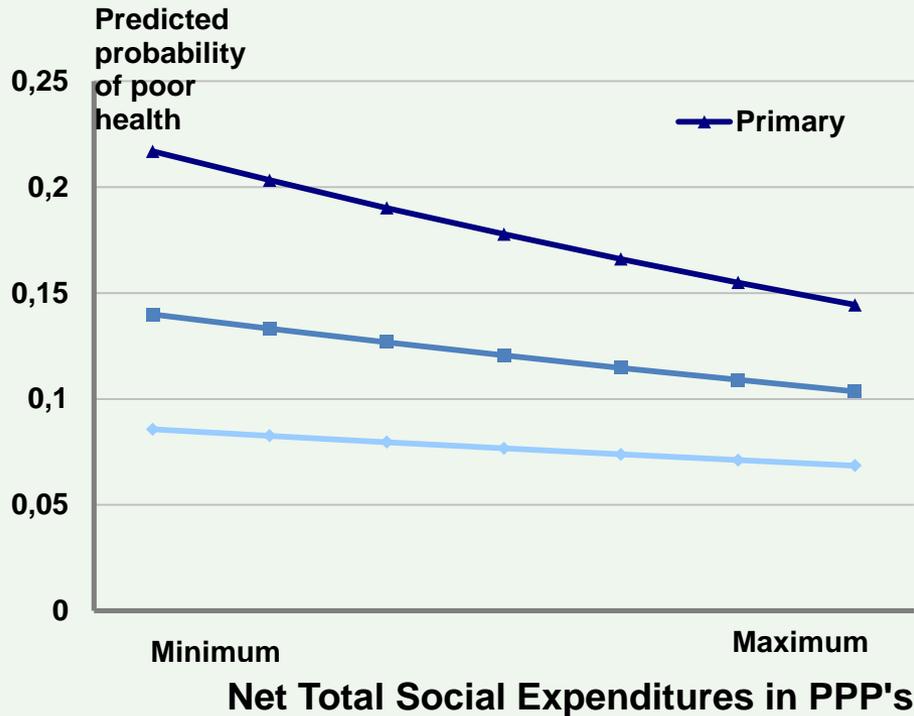
Per cent of the population aged 16 and over reporting bad or very bad health in EU-SILC by social protection expenditure per person in Euros purchasing power parity, 2010

Per cent of population aged 16+ in bad or very bad health



Source: Report on Health Inequalities in the EU, 2013

Self reported health by education and social expenditures: 18 EU countries



Source: Dahl & van der Wel, data from EU SILC 2005, reported in: WHO Review of Social Determinants and the Health Divide in the European Region

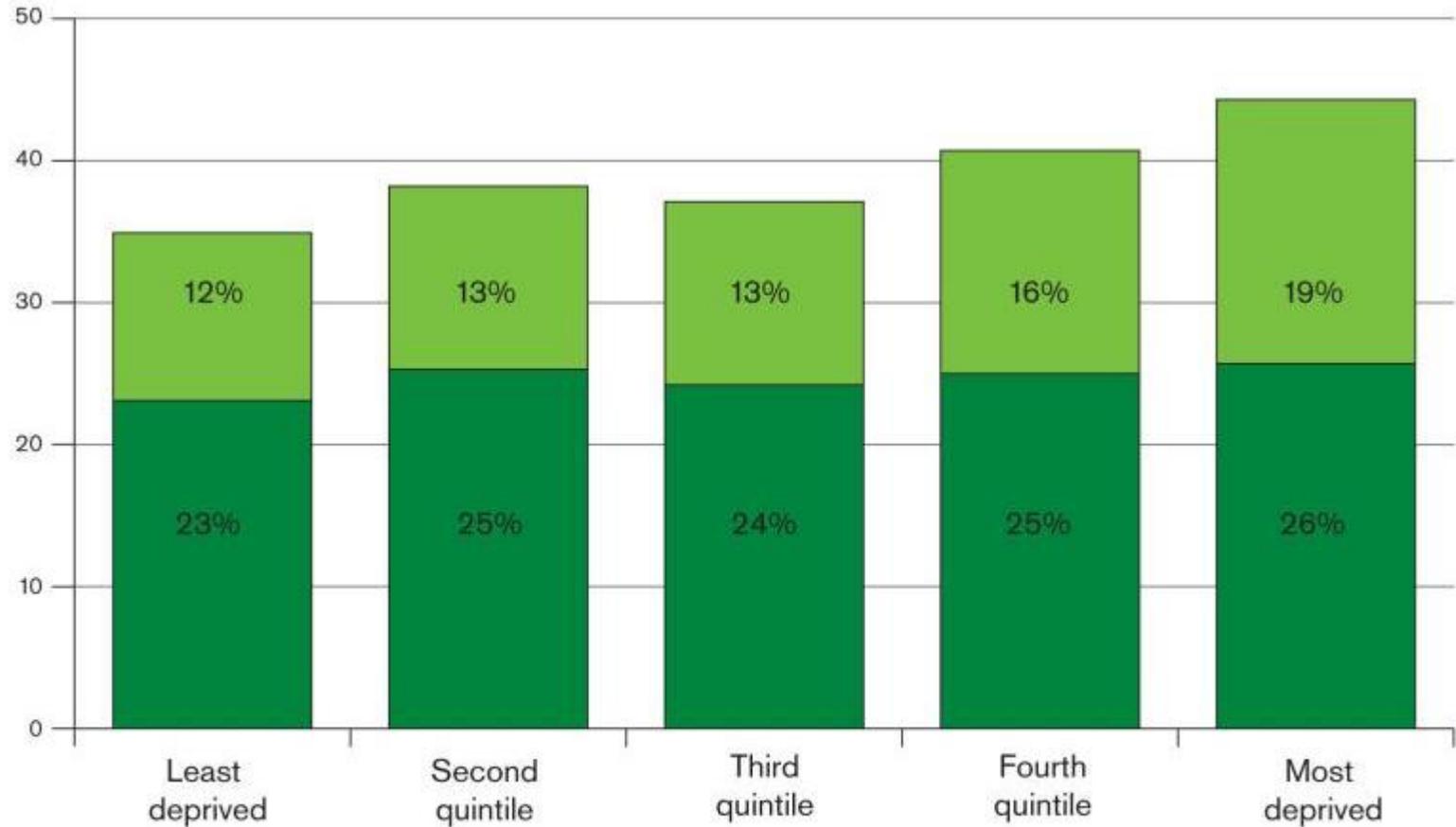
Social Isolation and Loneliness

- Social isolation and loneliness is associated with 50% excess risk of CHD
- Broadly similar to excess risk associated with work stress

Systematic literature review and meta-analysis of prospective cohort studies published up to December 2011 in CHD-free populations (nine studies) reported in Steptoe & Kivimaki 2012



Percentage of those lacking social support by deprivation of residential area, 2005

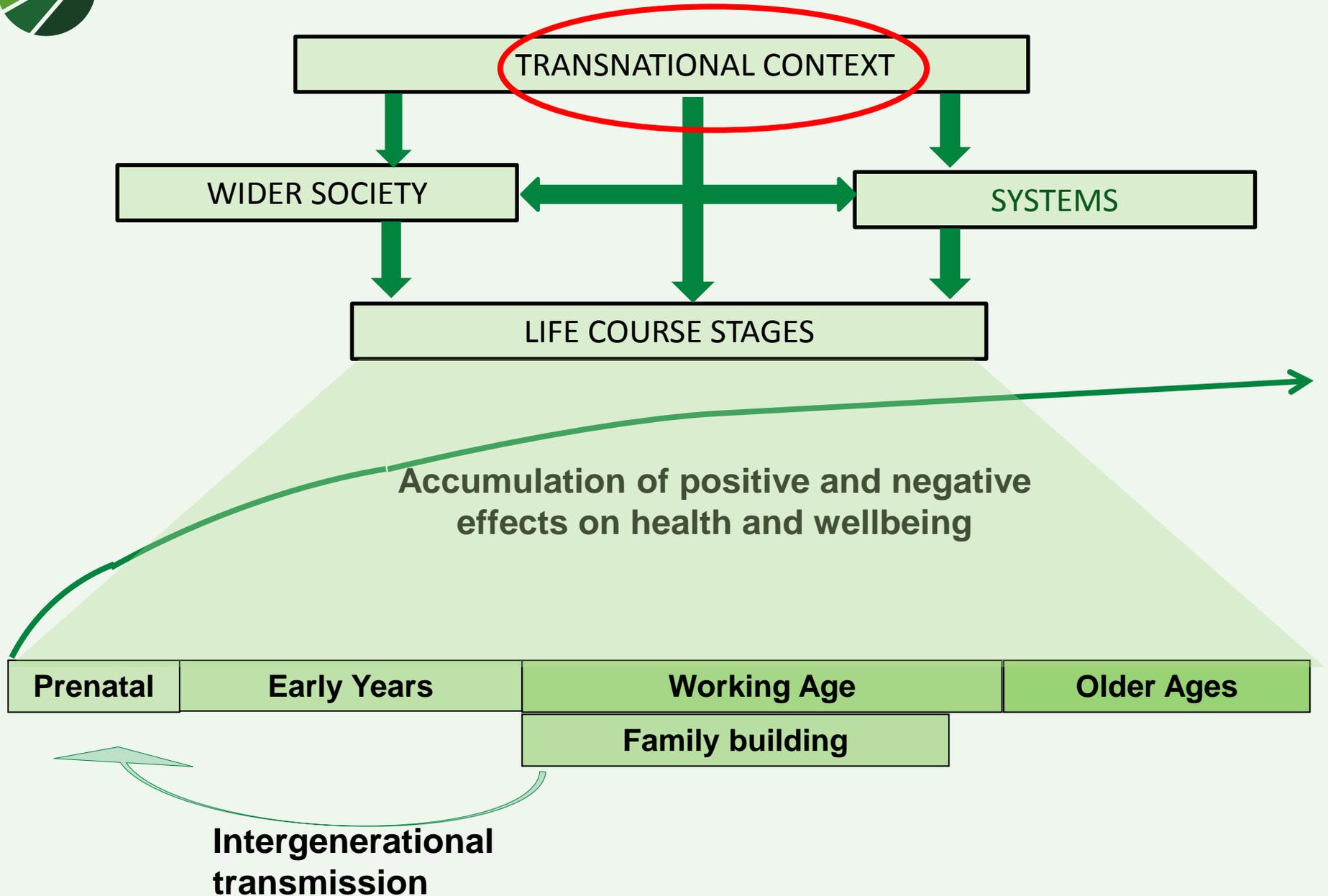


■ Some lack
■ Severe lack

Source: Health Survey for England⁴⁷⁵



Themes



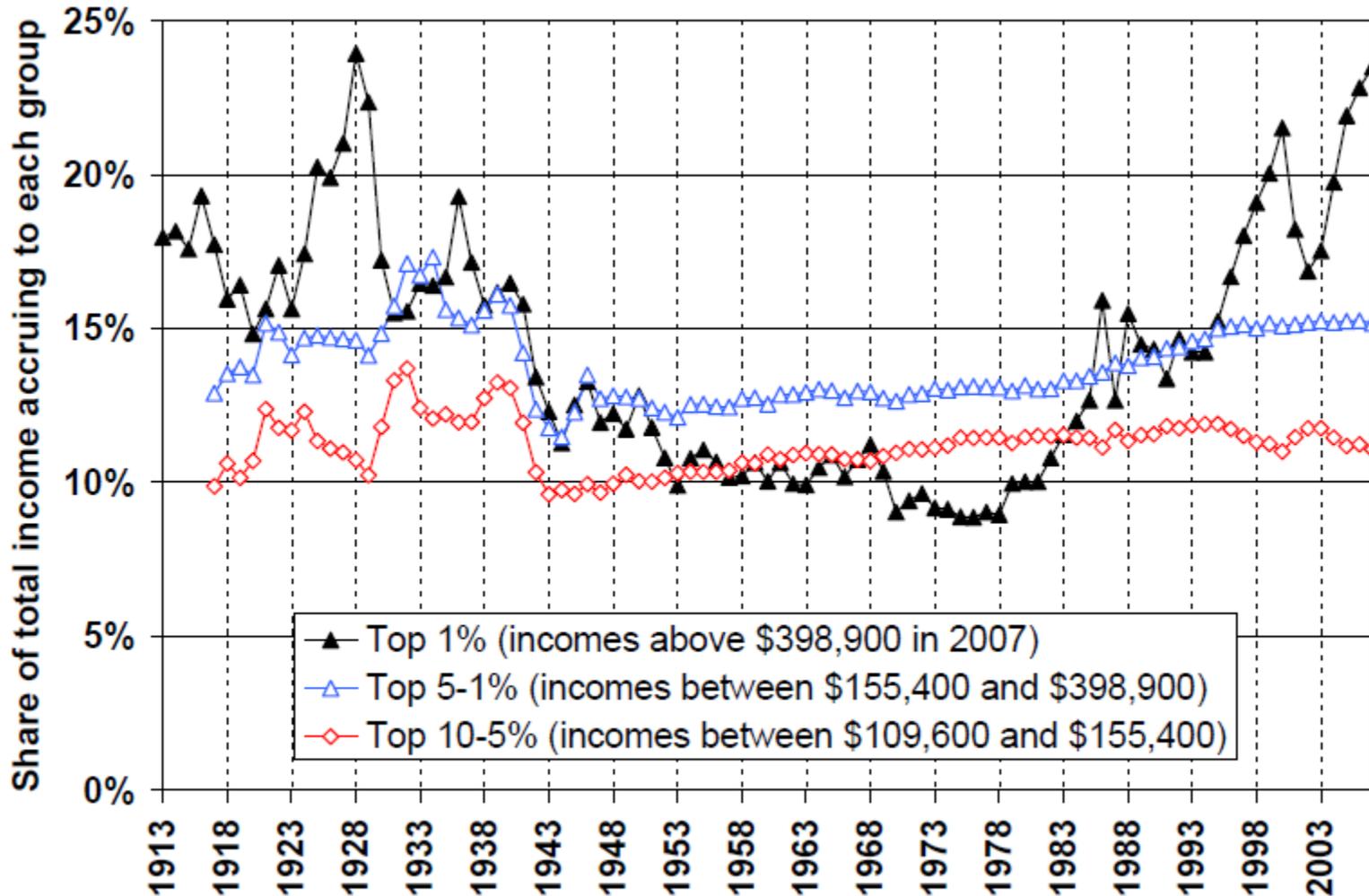
Transnational context:

Economic Issues

Sustainability and environment



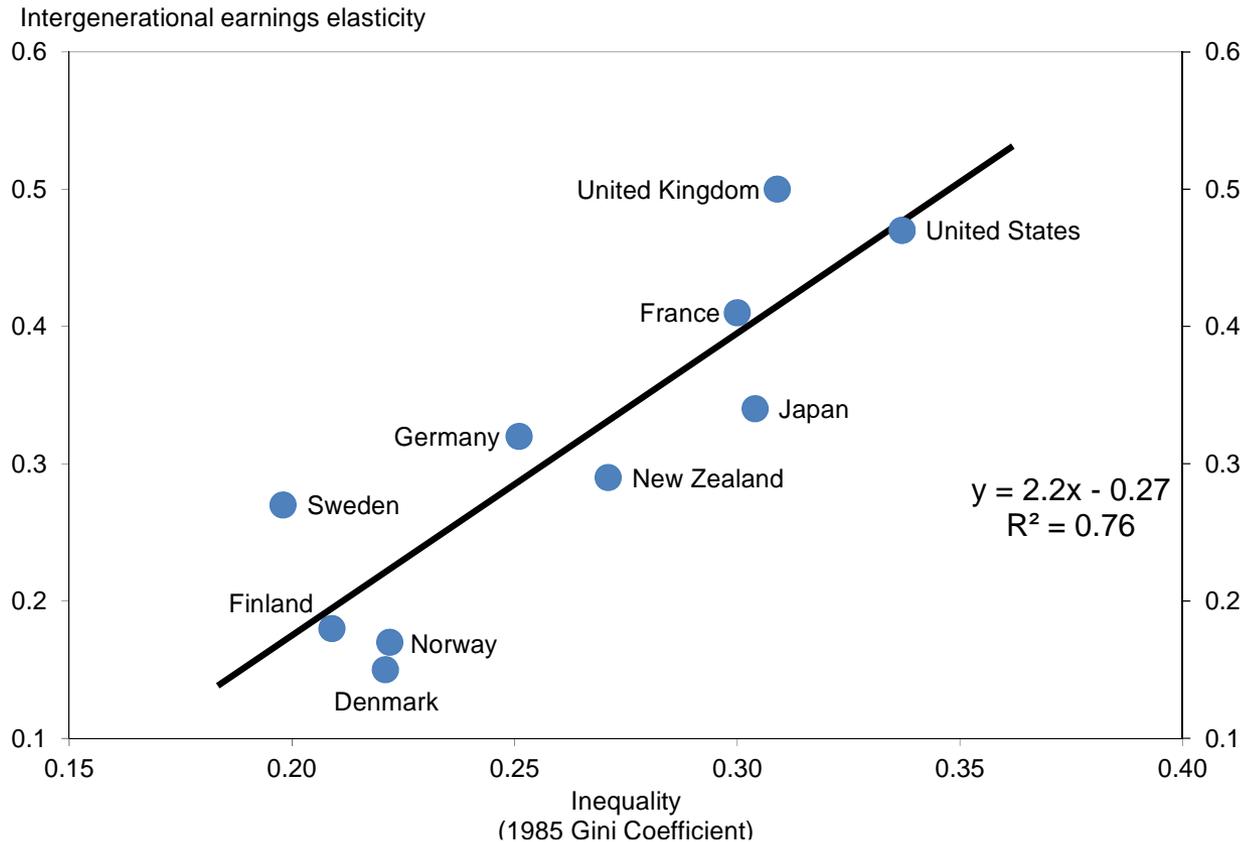
Trends in income share among top income decile, US: 1913-2007



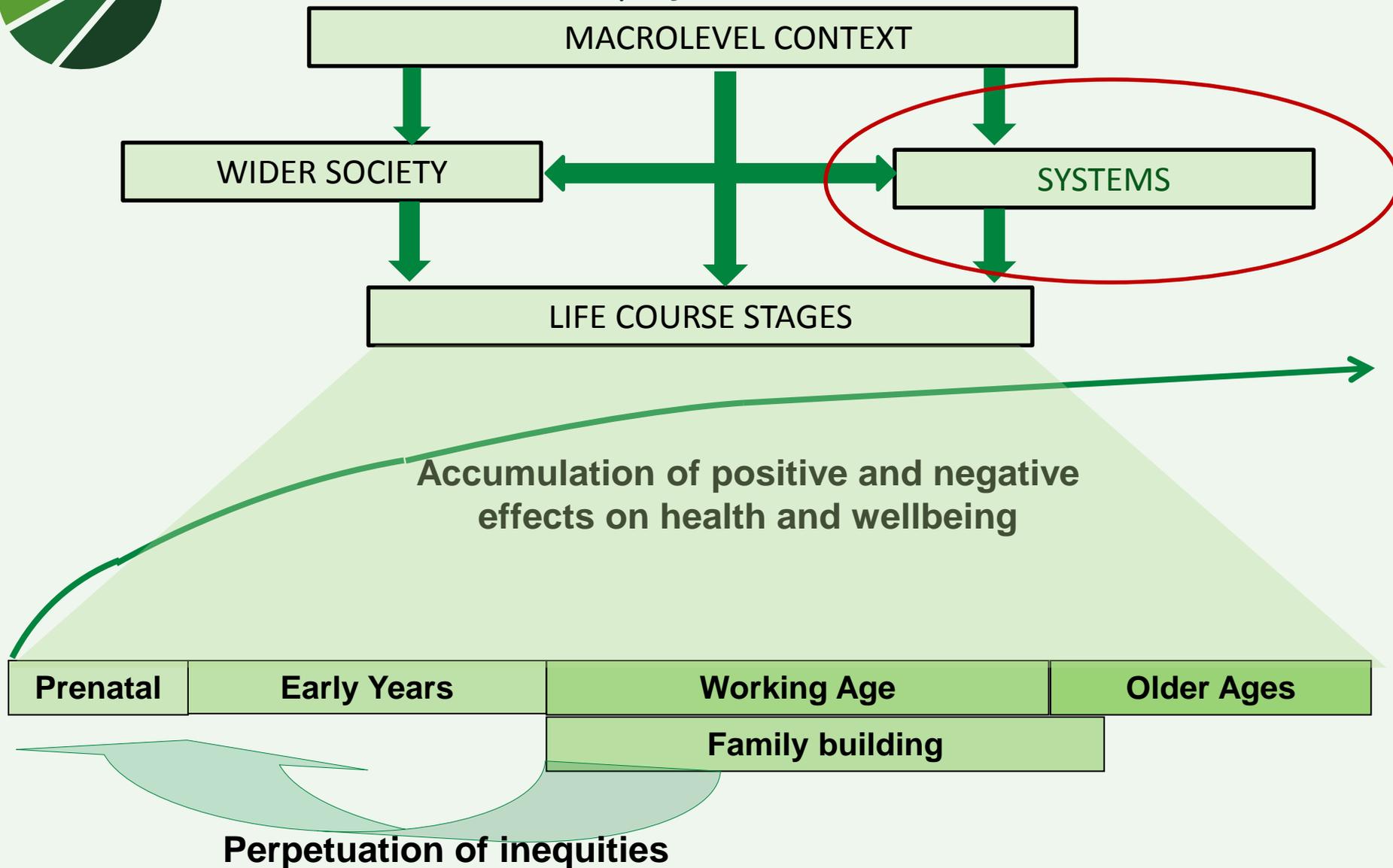
Source: Piketty and Saez (2003), series updated to 2007 by Saez in 2009



Higher income inequality associated with lower intergenerational mobility



Source: Corak (2011), OECD, CEA estimates



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

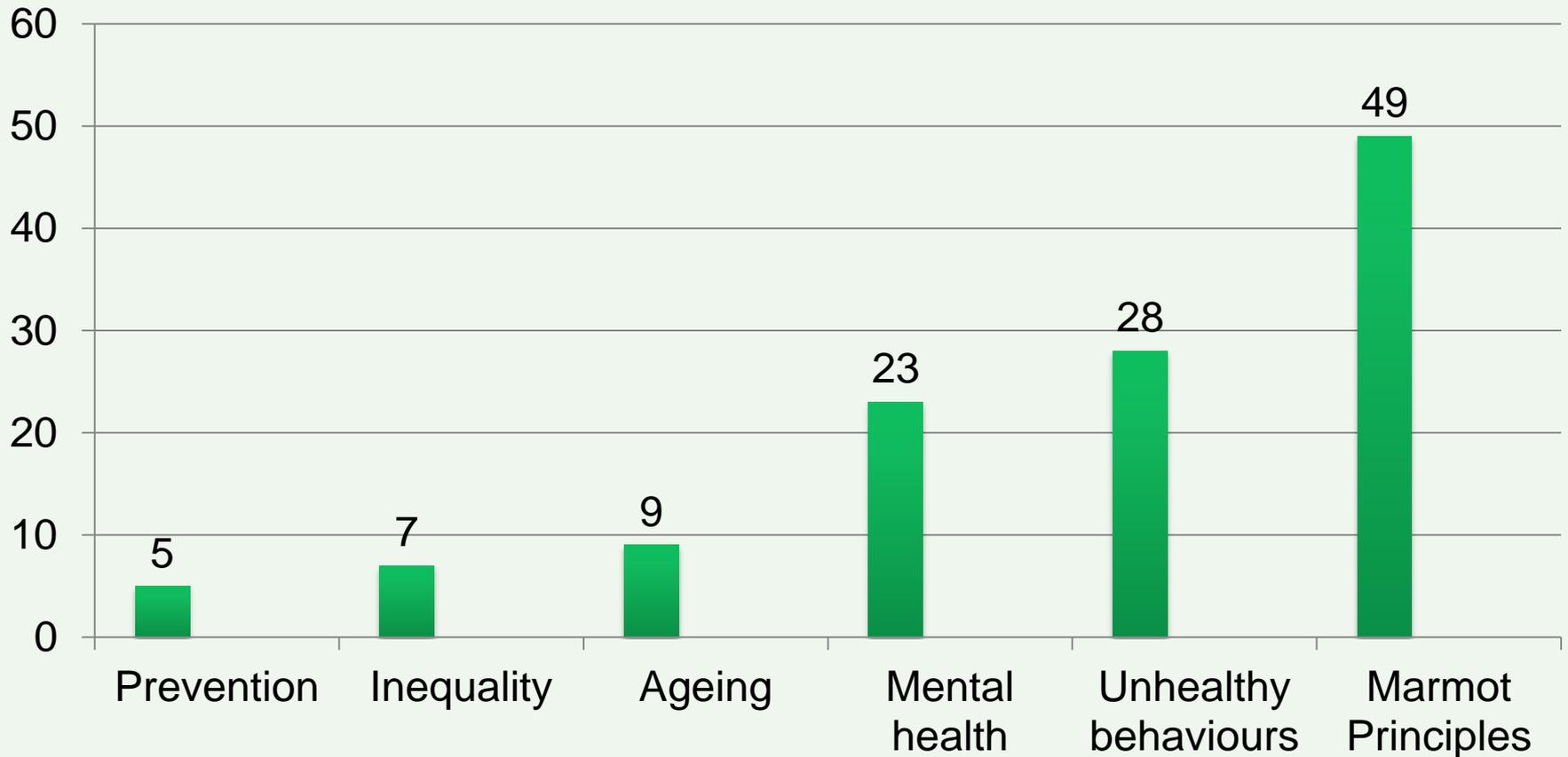
Governing for health equity through action on social determinants – what's needed?

- **Conceptual understanding**
- **Construct a 'Delivery-chain'**
- **Accountability**
- **Governance for health**

LOCAL ACTION: ENGLAND

- **Local authorities**
 - 75% of local authorities have been significantly influenced by Marmot, evidence by their Health and Well-being Strategies and JSNAs (joint Strategic Needs Assessments)
 - We have worked directly with 40 plus local authorities
- **English Partnership** Local government partnership between IHE and 7-8 local authorities until 2014/15 – intensive working to develop SDH approach to health inequalities. Disseminate findings

Priorities agreed by 65 Health and Well-being Boards – Local Government England



Local action on health inequalities: health equity briefings – children and young people

- **Improving the home to school transition**
- **Increasing access to good quality parenting programmes**
- **Improving provision of adult learning services**
- **Reducing NEETs among younger people**
- **Building children and young people's resilience in schools**

Local action on health inequalities: health equity briefings - adults

- Improving provision of adult learning services
- Increasing employment opportunities and retention for people with limiting long term illness
- Increasing employment opportunities and retention for older people
- Working with local employers to encourage, incentivise and enforce good quality work
- Workplace interventions to improve health and wellbeing

Local action on health inequalities: health equity briefings – wider society

- **Tackling fuel poverty and cold home-related health problems**
- **Addressing homelessness and overcrowding**
- **Improving access to green spaces**
- **Increasing the number of employees receiving a living wage**

A photograph of two children in a slum. A boy in a grey and black jacket is running towards the camera, while a girl in an orange shirt and dark pants is crouching behind him. The background shows simple, weathered buildings with red-tiled roofs and a muddy, unpaved ground with puddles.

Health is a human right
Do something
Do more
Do better