Inequalities in Health – from research to policy

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Health and Society Scholars
Washington DC
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• Health as a measure of how well we are doing as a society;
• Distribution of health across society;
• Health inequalities – the social gradient
Mortality over 25 years according to level in the occupational hierarchy: Whitehall

(Marmot & Shipley, BMJ, 1996)
HEALTH DIFFERENCES BETWEEN ENGLAND AND THE US 55-64 year olds

% Prevalence

Heart disease  Diabetes  Cancer

Source: Banks, Marmot, Oldfield and Smith; JAMA 2006
“RELATIVE DEPRIVATION IN THE SPACE OF INCOMES CAN YIELD ABSOLUTE DEPRIVATION IN THE SPACE OF CAPABILITIES”

Amartya Sen, Inequality Re-examined, 1992
CSDH: Knowledge for action

“The goal is not an academic exercise, but to marshal scientific evidence as a lever for policy change — aiming toward practical uptake among policymakers and stakeholders in countries”.

WHO DG LEE Jong-Wook, World Health Assembly, May 2004

Launch of CSDH, Chile 2005
Social Justice

Empowerment
• Material
• Psychosocial
• Political

Creating conditions for people to lead flourishing lives
Inequalities between countries

Life expectancy for men (selected countries)

Iceland, Japan, Switzerland, Australia, China, Brazil, India, Russian...
South Africa, Uganda, Zambia, Lesotho, Sierra Leone

Glasgow men (Lenzie) 82
Glasgow men (Calton) 54

National data WHO 2009, Glasgow data: Hanlon et al. 2006
Trends in life expectancy at birth: Zambia, Viet Nam, Costa Rica, Sri Lanka
(1950 – 2005, both sexes)

UN data
Under 5 mortality per 1000 live births by wealth quintile

Average U5M for high income countries is 7/1000

Source: DHS
• “This unequal distribution of health-damaging experiences is not in any sense a ‘natural’ phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics.”

• Closing the Gap in a Generation, CSDH Final Report, 2008
Conditions in which people are born, grow, live, work and age

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

CSDH – three principles of action

Monitoring, Training, Research
Conditions in which people are born, grow, live, work and age

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

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

Monitoring, Training, Research

CSDH – three Linked Areas for Action
CSDH – Areas for Action

Health Equity in all Policies

Fair Financing

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

Market Responsibility

Political empowerment
– inclusion and voice

Good Global Governance

Gender Equity
• Every sector is a health sector
  – Health and well being as outcomes
World Health Assembly Resolution
May 2009

• All member states:
  – Tackle health inequities through action on the social determinants of health
  – Impact of polices and programmes on health inequities;
  – Health equity in global development goals
"Public health can be grateful for backing from the Commission on Social Determinants of Health. I agree entirely with the findings. The great gaps in health outcomes are not random. Much of the blame for the essentially unfair way our world works rests at the policy level."

Dr Margaret Chan, 62nd World Health Assembly, May 2009

Photos: WHO/Cédric Vincensini
• 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
A Fair Society

Conditions in which individuals and communities have control over their lives
Life expectancy and disability-free life expectancy at birth by neighbourhood income deprivation, 1999-2003

Source: Office for National Statistics

- Life expectancy
- DFLE
- Pension age increase 2026-2046
• 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 Statistics
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
International comparisons of income mobility

Higher score = lower intergenerational mobility

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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Inequality in early cognitive development of children in the 1970 British Cohort Study, ages 22 months to 10 years

Feinstein 2003
Gaps in school readiness at 3 and 5 years by family income: UK

Waldfogel & Washbrook 2008
Links between socioeconomic status and factors affecting child development, 2003-4

Source: Department for Children, Schools and Families
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Per cent not in education, training and employment by 16-18 year olds in England

Source: DCSF 2010
Seasonally adjusted trends in unemployment for young people in the UK, 1993-2011

The association of civil service grade with job control, Whitehall II study, 1985–88

Job control

High

Grades 1–6

Grade 7

Senior Executive Officer

Higher Executive Officer

Executive Officer

Clerical & Support

Low

Employment Grade

Notes: Score calculated as a z score
Source: Whitehall II Study 143
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Minimum Income Standard

- more than food, clothes and shelter;
- sufficient ‘resources to participate in society and to maintain human dignity, consuming those goods and services regarded as essential in Britain’.

Hirsh et al 2009
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Greener living environments: lower health inequalities, England

Deaths from circulatory disease

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F. **Strengthen the role and impact of ill health prevention**
• Only 4 per cent of NHS funding is spent on prevention;
• Partnership working between primary care, local authorities and the third sector - delivers effective universal and targeted preventive interventions
Fair society, healthy lives

- Action across the whole of government;
- Whole of society
- Acting at local level
Good Society?

1. Health inequalities
   Health and the distribution of health as social accountant

2. The causes of the causes
   Every Minister a Health Minister

3. Fundamental drivers
• 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

Notes: NS-SEC = National Statistics Socio-economic Classification
Source: Office for National Statistics
SMRs by cause, all ages: Glasgow relative to Liverpool & Manchester

All ages, both sexes: cause-specific standardised mortality ratios 2003-07, Glasgow relative to Liverpool & Manchester, standardised by age, sex and deprivation decile

Calculated from various sources

Health improvement in difficult times

• A major element of the excess risk of premature death seen in Scotland is psychosocially determined

• Study evidence of low sense of control, self efficacy and self esteem in population in these areas

Source: H. Burns, CMO Scotland
A Fair Society

Conditions in which individuals & communities:

Have control over their lives

and

Participate fully in society

Website  www.marmotreview.org
UCL Health and Society Summer School 4-8 July 2011

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