Fair Society Health Lives

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Why we need to tackle health inequalities

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

Absolute inequality in males death rates by level of education

Mackenbach et al 2008
Remaining life expectancy at 30 years of age for women and men based on educational level, 1991 -2010: Sweden

### Trends in probability of survival in men by education: Russian Federation

45 p20 = probability of living to 65 yrs when aged 20 yrs

Source: Murphy et al 2006
Life expectancy and disability-free life expectancy at birth by neighbourhood income deprivation, 1999-2003

Life expectancy for men at age 25 by education, 2008-10

Source: Eurostat Database
Life expectancy for women at age 25 by education, 2008-10

Source: Eurostat Database
Links between socioeconomic status and factors affecting child development, 2003-4

Source: Department for Children, Schools and 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
Country ranking: equality in child wellbeing - material, education, and health

<table>
<thead>
<tr>
<th>Score</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Denmark, Finland, Netherlands, Switzerland</td>
</tr>
<tr>
<td>7</td>
<td>Iceland, Ireland, Norway, Sweden</td>
</tr>
<tr>
<td>6</td>
<td>Austria, France, Germany, Poland, Portugal,</td>
</tr>
<tr>
<td></td>
<td>Canada</td>
</tr>
<tr>
<td>5</td>
<td>Belgium, Czech Republic, Hungary, Luxembourg,</td>
</tr>
<tr>
<td></td>
<td>Slovakia, Spain, United Kingdom</td>
</tr>
<tr>
<td>3</td>
<td>Greece, Italy, United States</td>
</tr>
</tbody>
</table>

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

Country comparison on average rank in four dimensions of child wellbeing – material, health, education, behaviours & risks, in early 2000s and late 2000s

<table>
<thead>
<tr>
<th>Rank</th>
<th>Early 2000s</th>
<th>Late 2000s</th>
<th>Change in rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sweden</td>
<td>Netherlands</td>
<td>+2</td>
</tr>
<tr>
<td>2</td>
<td>Finland</td>
<td>Norway</td>
<td>+2</td>
</tr>
<tr>
<td>3</td>
<td>Netherlands</td>
<td>Finland</td>
<td>-1</td>
</tr>
<tr>
<td>4</td>
<td>Denmark</td>
<td>Sweden</td>
<td>-3</td>
</tr>
<tr>
<td>4</td>
<td>Norway</td>
<td>Germany</td>
<td>+2</td>
</tr>
<tr>
<td>6</td>
<td>France</td>
<td>Denmark</td>
<td>-2</td>
</tr>
<tr>
<td>7</td>
<td>Germany</td>
<td>Belgium</td>
<td>+1</td>
</tr>
<tr>
<td>8</td>
<td>Belgium</td>
<td>France</td>
<td>-2</td>
</tr>
<tr>
<td>9</td>
<td>Czech Republic</td>
<td>Ireland</td>
<td>-4</td>
</tr>
<tr>
<td>9</td>
<td>Poland</td>
<td>Switzerland</td>
<td>+3</td>
</tr>
<tr>
<td>11</td>
<td>Switzerland</td>
<td>Portugal</td>
<td>-5</td>
</tr>
<tr>
<td>12</td>
<td>Ireland</td>
<td>Poland</td>
<td>-3</td>
</tr>
<tr>
<td>13</td>
<td>Spain</td>
<td>Czech Republic</td>
<td>-4</td>
</tr>
<tr>
<td>14</td>
<td>Canada</td>
<td>Canada</td>
<td>no change</td>
</tr>
<tr>
<td>14</td>
<td>Italy</td>
<td>Italy</td>
<td>no change</td>
</tr>
<tr>
<td>16</td>
<td>Greece</td>
<td>Greece</td>
<td>-2</td>
</tr>
<tr>
<td>16</td>
<td>Portugal</td>
<td>Hungary</td>
<td>+1</td>
</tr>
<tr>
<td>18</td>
<td>United Kingdom</td>
<td>Spain</td>
<td>-6</td>
</tr>
<tr>
<td>18</td>
<td>United States</td>
<td>United States</td>
<td>-1</td>
</tr>
</tbody>
</table>

UNICEF 2013 Report Card 11
Differences in PISA scores by attending preschool for more than one year before and after accounting for socioeconomic background

OECD PISA 2009 database

Child poverty rates <60% median before and after social transfers 2009

Source: EU SILC
Gross enrolment ratio in pre-primary education (%) (selected countries) year ending 1999 & 2009

Source: Unicef statistical tables

Access to preschool by wealth: CEE/CIS

UNICEF Regional Office CEE/CIS_MICS_2007
Areas for improving outcomes:

- **Child 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

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

Source: LHO (2012)
**Birmingham Brighter Futures**

- Aims to improve the lives of all the city's children and young people;
- Focus on improving children’s physical health, literacy and numeracy, behaviour, emotional health, social literacy, and job skills.
- Specific programmes relevant to early years include: Family Nurse Partnership (FNP), Incredible Years Parenting Programme, Promoting Alternative Thinking Strategies (PATHS), Triple P Parenting Programme.

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**Per cent 5 year olds achieving ‘good development score’,** Birmingham LA, West Midlands & England

*Source: Department for Education: preliminary data*
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

MACROLEVEL 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

Perpetuation of inequities
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

(CSDH Final Report, WHO 2008)

Occupational stress in European countries

<table>
<thead>
<tr>
<th>Occupational class</th>
<th>Effort reward imbalance</th>
<th>Low control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very low</td>
<td>50</td>
<td>30</td>
</tr>
<tr>
<td>Low</td>
<td>40</td>
<td>25</td>
</tr>
<tr>
<td>High</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Very high</td>
<td>20</td>
<td>15</td>
</tr>
</tbody>
</table>
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)
Social Protection

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

Source: Stuckler et al 2009 Lancet

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

<table>
<thead>
<tr>
<th>Spending on basics as % of income</th>
<th>Percentage point change in spending as % of income 2004/5-2008/9</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/9</td>
<td>2004/5-2008/9</td>
</tr>
<tr>
<td>Poorest</td>
<td>48.3</td>
</tr>
<tr>
<td>2nd</td>
<td>34.4</td>
</tr>
<tr>
<td>3rd</td>
<td>27.6</td>
</tr>
<tr>
<td>4th</td>
<td>22.6</td>
</tr>
<tr>
<td>Richest</td>
<td>16.4</td>
</tr>
<tr>
<td>All</td>
<td>29.7</td>
</tr>
</tbody>
</table>

Source: English Longitudinal Study of Ageing (ELSA)

ELSA: well-being by access to amenities and services (number of access problems) and age

Elevated depressive symptoms by access to services/amenities and age in wave 4

Life satisfaction by access to services/amenities and age in wave 4

Source: English Longitudinal Study of Ageing (ELSA)
Macrolevel context:

Economic Issues

Sustainability and environment
Evidence from previous economic downturns suggests that population health will be affected:

- More suicides and attempted suicides; possibly more homicides and domestic violence
- Fewer road traffic fatalities
- An increase in mental health problems, including depression, anxiety and lower levels of wellbeing
- Worse infectious disease outcomes such as TB + HIV
- Negative longer-term mortality effects
- Health inequalities are likely to widen
Trends in the numbers of suicides and unemployment claimants in England, 2000-10, by sex.

Excess suicides and suicide attempts due to economic reasons in Italy
Wider Society

- Social exclusion
- Social protection across the life course
- Communities
Self reported health by education and social expenditures: 18 EU countries

Source: Dahl & van der Wel, data from EU SILC 2005

Welfare generosity and non employment by education in 26 European countries

van der Wel, Dahl & Thielen 2011, data from EU SILC (2005)
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
The Malmö commission

- Identify the challenges that Malmö is facing regarding social differences and health inequalities
- Present evidence based strategies on how to reduce health inequalities in Malmö
  - Child development
  - Democracy and influence in society
  - Social and economic conditions
- Final report 2013

Commission for a Socially Sustainable Malmö (slide courtesy of Anna Balkfors)

Malmö, Sweden

- Commission for a Socially Sustainable Malmo, chaired by Sven-Olof Isaacson, March 2011
- to translate the findings of the CSDH into a form suitable to address social determinants and health inequalities in Malmo
- Report March 2013
Malmö: Six areas for action

- Children and young people’s living conditions
- Living environment and urban planning
- Education
- Income and employment
- Health services’
- Changes in processes for socially sustainable development
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
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