Evidence Social Justice and The Health Gap

Professor Sir Michael Marmot
@MichaelMarmot
www.instituteofhealthequity.org

LGA London
March 2017
What good does it do to treat people and send them back to the conditions that made them sick?
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).

Case & Deaton, PNAS, 2015
Life expectancy at age 25 by education, men

Source: Health inequalities in the EU 2013
Lifecourse

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

-F. Scott Fitzgerald, The Great Gatsby
Fair Society: Healthy Lives: some areas for concern

A. Give every child the best start in life
   - Funding issues, child poverty

B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
   - Skills training, NEETS, whole school approaches

C. Create fair employment and good work for all
   - Youth unemployment, contract workers, insecure employment, involuntary part-time working, ALMP policies

D. Ensure healthy standard of living for all
   - Minimum income standard, minimum wages, benefit caps

E. Create and develop healthy and sustainable places and communities
   - Green policies, social isolation, housing

F. Strengthen the role and impact of ill health prevention
   - Cost inflation, resource allocation, demographic pressures
A. Give every child the best start in life
   - Funding issues, child poverty
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>United Kingdom</td>
<td>+4</td>
</tr>
<tr>
<td>16=</td>
<td>Portugal</td>
<td>Austria</td>
<td>+1</td>
</tr>
<tr>
<td>18</td>
<td>Austria</td>
<td>Greece</td>
<td>-2</td>
</tr>
<tr>
<td>18=</td>
<td>Hungary</td>
<td>Hungary</td>
<td>+1</td>
</tr>
<tr>
<td>18=</td>
<td>United Kingdom</td>
<td>Spain</td>
<td>-5</td>
</tr>
<tr>
<td>20=</td>
<td>United States</td>
<td>United States</td>
<td>-1</td>
</tr>
</tbody>
</table>
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

- Most deprived: 80%
- Least deprived: 0%
## Level of development at end of reception

<table>
<thead>
<tr>
<th>England and selected local authority areas</th>
<th>Level of development at age 5, 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All pupils (%)</td>
</tr>
<tr>
<td>England</td>
<td>60.4</td>
</tr>
<tr>
<td>Hackney</td>
<td>64.9</td>
</tr>
<tr>
<td>Bath and North East Somerset</td>
<td>62.5</td>
</tr>
</tbody>
</table>
All cause mortality <50 years by prevalence of ACEs

Kelly-Irving M et al. EJ Epidemiology. 2011
Adverse Childhood Experiences: England

Preventing ACEs in future generations could reduce levels of:

- Early sex (before age 16) by 33%
- Unintended teen pregnancy by 38%
- Smoking (current) by 16%
- Binge drinking (current) by 15%
- Cannabis use (lifetime) by 33%
- Heroin/crack use (lifetime) by 59%
- Violence victimisation (past year) by 51%
- Violence perpetration (past year) by 52%
- Incarceration (lifetime) by 53%
- Poor diet (current; <2 fruit & veg portions daily) by 14%

Bellis et al., 2014
Global prevalence

1 in 3 women throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner.

Map showing prevalence of intimate partner violence by WHO region:
- WHO European Region: 25.4%
- WHO African Region: 36.6%
- WHO Eastern Mediterranean Region: 37.0%
- Western Pacific Region: 24.6%
- South-East Asia Region: 37.7%

Source: WHO Global and regional estimates of violence against women, 2013
On international women’s day:

"We apologise for the temporary interruption to #InternationalMensDay. Normal service will be resumed at midnight"
Fair Society: Healthy Lives: some areas for concern

A. Give every child the best start in life
   - Funding issues, child poverty

B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
   - Skills training, NEETS, whole school approaches
Within country maths results by quarters of ESCS (economic social and cultural status), PISA, 2013

Source: PISA, 2013
A. Give every child the best start in life
- Funding issues, child poverty

B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Skills training, NEETS, whole school approaches

C. Create fair employment and good work for all
- Youth unemployment, contract workers, insecure employment, involuntary part-time working, ALMP policies
Good quality work continued
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

(JRF 2013 using DWP data)
A. Give every child the best start in life
   - Funding issues, child poverty
B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
   - Skills training, NEETS, whole school approaches
C. Create fair employment and good work for all
   - Youth unemployment, contract workers, insecure employment, involuntary part-time working, ALMP policies
D. Ensure healthy standard of living for all
   - Minimum income standard, minimum wages, benefit caps
Chart 2: Median income by age: 2007–08 to 2015–16 (2007–08 = 100)

[Download the data in Excel]
Risk of being below Minimum Income Standard

- Below MIS individuals in households with children: 7.3% in 2008/09 to 39.4% in 2013/13
- Below MIS individuals in working age households without children: 15.6% in 2008/09 to 22.8% in 2013/13
- Below MIS individuals in pensioner households: 7.5% in 2008/09 to 7.5% in 2013/13

JRF 2015
Chart 4: Long-run impact of tax and benefit reforms introduced between May 2015 and April 2019 by income decile and household type (including universal credit) [Download the data in Excel]
Shocking news: Welfare spending improves health and reduces inequality

Source: Lundberg et al 2012
Fair Society: Healthy Lives: some areas for concern

A. Give every child the best start in life
   - Funding issues, child poverty

B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
   - Skills training, NEETS, whole school approaches

C. Create fair employment and good work for all
   - Youth unemployment, contract workers, insecure employment, involuntary part-time working, ALMP policies

D. Ensure healthy standard of living for all
   - Minimum income standard, minimum wages, benefit caps

E. Create and develop healthy and sustainable places and communities
   - Green policies, social isolation, housing
Local authority cuts 2009-10 to 2014-15

- 23% cuts in the spending power of local authorities - after accounting for inflation and population growth
- Net spending per capita on social care cut by 17% in real terms
- Central government grants cut by 39% per person in real terms
- On average cuts were greatest in areas with a high level of spending need relative to revenue-raising capacity and those with faster population growth.

Source: IFS 2015
Deprivation, air pollution and schools

Figure E4 Count of schools grouped by the proportion of pupils eligible for Free School Meals and an NO₂ exceedence

- Red bars represent exceed 40 μg/m³
- Blue bars represent below 40 μg/m³

% Free school meals

Count of schools

- 0-9
- 10-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70--79
- 80-89
- 90-99
- 100

No data
Figure 2.6: Non-decent homes, by tenure, 2006 to 2015

- **Private rented**
- **Owner occupied**
- **Social rented**

Percentage over time from 2006 to 2015.
Propotion of people reporting low mental wellbeing in good and bad housing, across the life course, England 2010-11
Panel A. Proportion of children living in a household with one of: leaking roof, damp walls/floor/foundation, rot in window frames, door or floor.
Report from the President

I spent the year as:

WMA President 2015-16
My two messages in a world of post-fact politics

- Evidence-based policy
- Spirit of social justice

Remember: We said that

“Social injustice is killing on a grand scale”
Martin Luther King

I believe that unarmed truth and unconditional love will have the final word in reality. This is why right, temporarily defeated, is stronger than evil triumphant.
Mission for Presidency 
(and life)

Health Equity

through action on

Social Determinants of Health
Three aims for the year

1. To get a declaration on SDH
2. Networking
3. Training
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
## LIFE EXPECTANCY AT BIRTH

<table>
<thead>
<tr>
<th></th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIGENOUS AUSTRALIAN*</td>
<td>69.1</td>
<td>73.7</td>
</tr>
<tr>
<td>NON INDIGENOUS AUSTRALIAN*</td>
<td>79.7</td>
<td>83.1</td>
</tr>
</tbody>
</table>

Tharawal Aboriginal Medical Service

At Tharawal A.M.S. we have;

G.P.s
Registrar Doctors
Students
Specialists
The popular Belly Cast Program

We also have a Breast Feeding Support Program

What we do

Educational gatherings before pregnancy, during pregnancy and after birth of baby.

Pregnancy and Postnatal Care at clinic or at their home.

Care for women and baby after the delivery.

Ongoing support, education, and baby checks up to the youngest child is five.

Development of resources for families around parenting.
KEY PERFORMANCE INDICATORS

In 2014, 100% of Souths Cares ‘School to Work' Students achieved the HSC and moved into employment or further education.

Over 4000 of direct community engagement by South Sydney Rabbitohs players annually.

Donations valued at over $200,000 provided to the community in 2014/15 Financial Year.

On-site Outreach Services

We provide key services for our clients and community that is in a safe and private environment on a weekly basis

This results in a speedier outcome

Legal Services

Department of Housing

Centrelink

Disability Support
Family Support Program

The Deadly Homework Club

Parenting Programs in partnership with Brighter Futures

Community Kitchen held at Waranwarin Child and Family Centre

and more
Every family attends either;

- Triple P parenting,
- 123 Magic

or grass roots parenting.

Every family complete adult and child health checks link to speech, audiology, optometry and dental.
Weekly clinics held in our medical building

Drug & Alcohol

Education
Awareness
Support in rehabilitation
GOOD TUCKER ALL ROUND
FRUIT & VEGETABLE DELIVERY

The freshest seasonal fruit and vegetables delivered to your door every week

Our community members volunteer to pack the boxes ready for delivery

Working together with community and local businesses to ensure quality healthy produce is provided for our mob
Our Elders
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
Networking
Networking 1

- BMA House London
- Livingston Zambia
- Helsinki
- Alpbach Austria
- USA, various
- Suriname
- Taipei
- Sweden – Commissions++
- Kolkata
- Bangkok
- Istanbul
- Tashkent, Uzbekistan
- Montevideo

- Buenos Aires
- Ghent and Brussels
- Trinidad and Tobago
- Panama
- Canada
- German MA, Hamburg
- Geneva
- Tel Aviv
- Tokyo
- Australia
- Malta
- Sri Lanka
Making a difference in tough times
Coventry: A Marmot City
Sweden
Networking 3

- Launch of the **Commission on Equity and Health Inequalities in the Americas** (MM Chair)

- Brings together academia, governments, and UN agencies
IN THESE DAYS OF DIFFICULTY, WE AMERICANS EVERYWHERE MUST AND SHALL CHOOSE THE PATH OF SOCIAL JUSTICE... THE PATH OF FAITH, THE PATH OF HOPE, AND THE PATH OF LOVE TOWARD OUR FELLOW MAN.
Why treat people and send them back to the conditions that made them sick?
Reaction to my discussion of economic inequalities

Welcome to Fantasy Land