Social determinants of health – determined to make a difference

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Public Health Policy Consultation Day
13\textsuperscript{th} June 2011
• Social justice
• Material, psychosocial, political empowerment
• Creating the conditions for people to have control of their lives

www.who.int/social_determinants
“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.”

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
Conditions in which people are born, grow, employment and age

Healthy Places
Fair Employment
Social Protection
Universal Health Care

Monitoring, Training, Research
CSDH – Areas for Action

Health Equity in all Policies

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

Political empowerment – inclusion and voice

Fair Financing

Good Global Governance

Market Responsibility

Gender Equity
• Fairness at the heart of all policies.

• Health inequalities result from social inequalities – requires action on all the social determinants; the causes of the causes

• Focusing solely on the most disadvantaged will not reduce inequalities sufficiently – action is needed across the social distribution.
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
% self reported good health by net household income quantiles: Ireland

EU SILC data collected 2007, personal communication Bradshaw & Mayhew 2010
• Health and distribution of health as ‘social accountant’
Ireland: “…little country, that inspires the biggest things – your best days are still ahead”.

Irish Times: 24 May 2011
Economic adjustment - whither health and health inequalities?

Building and construction

House prices and completions

Source: Eurostat

Source: CSO
Social determinants of health across the lifecourse

Sustainable communities and places

Healthy Standard of Living

Early Years
Skills Development
Employment and Work
Prevention

Life Course

Accumulation of positive and negative effects on health and wellbeing

Prenatal | Pre-School | School | Training | Employment | Retirement
---|---|---|---|---|---
Family Building

Life course stages
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
A. Give every child the best start in life
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Socio-emotional difficulties at age 3 and 5: Millennium Cohort Study

Age 3

Fully adjusted

Age 5

Fully adjusted

Fully adjusted = for parenting activities and psychosocial markers
Kelly et al, 2010
Verbal ability at age 3 and 5 by family income: Millennium Cohort Study

Age 3

Age 5

Fully adjusted = for parenting activities and psychosocial markers
Kelly et al, 2010 in press
Per cent achieving ‘a good level of development’* by deprivation decile: England

*in personal, social and emotional development and communication, language and literacy at age 5

Source: Department for Education
Per cent 5 year olds achieving ‘good development score’,* Birmingham LA, West Midlands & England

*in personal, social and emotional development and communication, language and literacy

Source: Department for Education
Marmot Review: 6 Policy Objectives

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Seasonally adjusted standardised unemployment rates: Ireland

Source: QNHS, CSO
Unemployment rates: comparison across Europe
Unemployment rate by education: Europe

Source: Eurostat 2010
Fair Society: Healthy Lives:
6 Policy Objectives

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Income ‘needed’ for healthy living by family type is higher than that implied by a poverty line set at 60% of median income, UK (except for pensioner couples)

Minimum Income Standard by family type as a percentage of median income, April 2008
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• Only 4 per cent of NHS funding is spent on prevention
Average weekly alcohol consumption by sex and socioeconomic class, GB: 2008

Mean number of units a week

Managerial and professional
Intermediate
Routine and manual

ONS General Lifestyle Survey 2008
Alcohol-attributable hospital admissions by small area deprivation quintile in England, 2006-07

Age standardised persons per 100,000

Deprivation quintile (IMD 2007)

- Least
- Fourth
- Third
- Second
- Most

Males (Gradient = 2.6)
Females (Gradient = 2.4)

Note: IMD = Index of Multiple Deprivation for Lower Level Super Output Areas
Source: NHS Information Centre Hospital Episodes Statistics
Cost-Related Access Problems in the Past Year, by Income

(Adjusted) percent experienced at least one of three problems**

Note: Percentages adjusted based on logistic regression to control for health status, age, and—in the U.S.—insurance status.

* Indicates significant within-country differences with below-average income (p < 0.05).

** Did not fill/skipped prescription, did not visit doctor with medical problem, and/or did not get recommended care.

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.
Action on the wider determinants - to tackle health inequalities

• “Every sector a health sector”

• Local authorities, Health and Social Services, Voluntary Sector have a key role to play at local level

• Empower individuals and communities – create the conditions for people to take responsibility
Marmot Review: recommended targets

Across the social gradient:
- Life expectancy
- Healthy life expectancy
- Readiness for school
- Young people not in education, employment or training

Target that progressively increases:
- Proportion of households that have an income, after tax and benefits that is sufficient for healthy living
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

Proportion relatively poor pre and post welfare state redistribution

Source: Fritzell & Ritakallio 2004 using Luxembourg Income Study data, CSDH Nordic Network
• 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
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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