SOCIAL JUSTICE AND HEALTH INEQUALITIES

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Institute of Aging
UW-Madison 25 October 2018
Why treat people and send them back to the conditions that made them sick?
Michael Marmot

La salute disuguale
La sfida di un mondo ingiusto

A cura di Simona Gianpaulo e Giuseppe Tronera

Presentazione di Rodolfo Saracchi
Presidente di Walter Ricciardi
Professor di Giuseppe Cova
Crosswords of the @LaRepubblica_it magazine.
146 down: "British physician, founder of social epidemiology". Wow! 😊
@MichaelMarmot
Life expectancy in England 2006-2015

- **Females 2006-2010**
  - Rate of increase = 0.24

- **Males 2006-2010**
  - Rate of increase = 0.30

- **Females 2011-2015**
  - Rate of increase = 0.02

- **Males 2011-2015**
  - Rate of increase = 0.07
Life expectancy increase 2006-, 2011-2015
Can strategies to reduce health inequalities work?

New Labour did have a strategy

Any evidence?
Trends in life expectancy gap between most deprived areas and the average
US Life expectancy declined 2 years in a row

Unintentional injuries include accidental drug overdose 63,600 deaths last year
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
US Life Expectancy – year of birth
US Life Expectancy – year of birth

WOMEN
Life expectancy at age 50

Richest 10%

Middle 50%

Poorest 10%

Year of birth

1920 1930 1940 1950

80 85 90

75

70
Mortality risk by total net non-pension household wealth, ELSA, 2002 to 2013

Based on: Demakakos et al. JECH 2016
https://jech.bmj.com/content/70/4/346.long
Differences in crude mortality rate by age and total net non-pension hh wealth, ELSA, 2002-2013

Based on: Demakakos et al. JECH 2016
https://jech.bmj.com/content/70/4/346.long
An identical 7-item set was asked for father.

Analyses were confined to people who reported on the parenting style of their natural parents.

Maternal care items: 2,3, and 5. Maternal overprotection items 1,4,6 and 7.
Mortality risk by quartiles of retrospectively measured childhood experiences of parenting (measured using the 7-item Parental Bonding Instrument), ELSA, 2007-13

**Risk of death (Hazard Ratio 95% CI)**

- **Age- and sex-adjusted estimates.**
- **Fully-adjusted estimates** (Adjusted for age, sex, childhood (ownership of the first-ever permanent residence, number of books in the household at age 10 years, and father’s or main carer’s occupational class at age 14 years) and adult socioeconomic position (education and total net non-pension household wealth), marital status, parenthood status, obesity (BMI and waist circumference), cognitive function (memory), unhealthy behaviours (smoking and physical activity), psychosocial social factors (social support and number of problems with social relationships), elevated depressive symptoms and positive affect.

Additional adjustment for experiences of childhood abuse and chronic diseases did not affect the association.

From: Demakakos et al. BJP 2016

https://bit.ly/2yaVvL1
• Social justice

• Empowerment – material, psychosocial, political

• Improving the conditions in which people are born, grow, live, work and age

• Shaped by distribution of power, money and resources
The Commission on Social Determinants of Health (CSDH) – Closing the gap in a generation


Review of Social Determinants of Health and the Health Divide in the WHO European Region
Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas
Fair Society, Healthy Lives: 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
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
Mission for Presidency (and life)

Health Equity

through action on

Social Determinants of Health
Why treat people and send them back to the conditions that made them sick?
DOCTORS FOR HEALTH EQUITY

The role of the World Medical Association, national medical associations and doctors in addressing the social determinants of health and health equity.
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
1. Workforce Education and Training
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Give Every Child the Best Start
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
- Least deprived

- 80%
- 0%

- Graph showing the percentage of children reaching a good level of development at age 5, with IMD level on the x-axis and percentage on the y-axis, distinguishing between all pupils and FSM pupils.
## 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>
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<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>
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</tbody>
</table>
Child poverty (<60% median income)

Figure 1.1 An average of one in five children in rich countries lives in relative income poverty
Percentage of children aged 0–17 living in a household with income lower than 60 per cent of the median, 2014 and 2008

Country average 2014: 21.0%

UNICEF Report Card 14
Reducing child poverty by social transfers

Figure 1.2 Finland, Iceland and Norway are most effective in reducing child poverty
Percentage reduction in the rate of child poverty due to social transfers, 2014 and 2008
ACEs by income England 2013

% of respondents experienced

- incarceration
- drug abuse
- sexual abuse
- alcohol abuse
- domestic violence
- physical abuse
- mental illness
- verbal abuse
- parental separation

1 (least deprived)
2
3
4
5 (most deprived)
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
Wealth inequality in OECD Countries

Panel B: Top 1%, OECD countries, 2010-2016 or latest

A Framework for Policy Action on Inclusive Growth
DOI: https://doi.org/10.1787/9789264301665-en
High income inequality – less social mobility

A Broken Social Elevator? How to Promote Social Mobility
DOI: https://doi.org/10.1787/9789264301085-en
Tax havens increase inequality

- 50% of wealth in tax havens belongs to top 0.01% of people in advanced economies
- That wealth is equivalent to 5% global GDP
- Tax avoidance on massive scale

- Added to that is avoidance of tax by multinationals

Zucman, G. Guardian 8 Nov 2017
Multinationals’ tax avoidance

• €600bn a year shifted to world’s tax havens
• €350bn into European tax havens – mainly profits from EU countries. Taxed at 0 to 5%
• Deprives the EU of a fifth of corporate tax revenue: €60bn a year
• For the UK €12.7bn a year
• Cf £350m a week is £18.2bn a year

Zucman, G. Guardian 8 Nov 2017
1. Workforce Education and Training
2. Working with Individuals and Communities
3. **Health Sector as Employers**
4. Working in Partnership
5. Workforce as Advocates
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<table>
<thead>
<tr>
<th></th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIGENOUS AUSTRALIAN</strong>*</td>
<td>69.1</td>
<td>73.7</td>
</tr>
<tr>
<td><strong>NON INDIGENOUS AUSTRALIAN</strong>*</td>
<td>79.7</td>
<td>83.1</td>
</tr>
</tbody>
</table>

Welcome

Tharawal Aboriginal Corporation

"Your Health. Our Commitment"
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.
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
Reaction to my discussion of economic inequalities

Welcome to Fantasy Land