



UCL Institute of Health Equity



Social Justice Social, Health Equity and Community Action

Professor Sir Michael Marmot

@MichaelMarmot

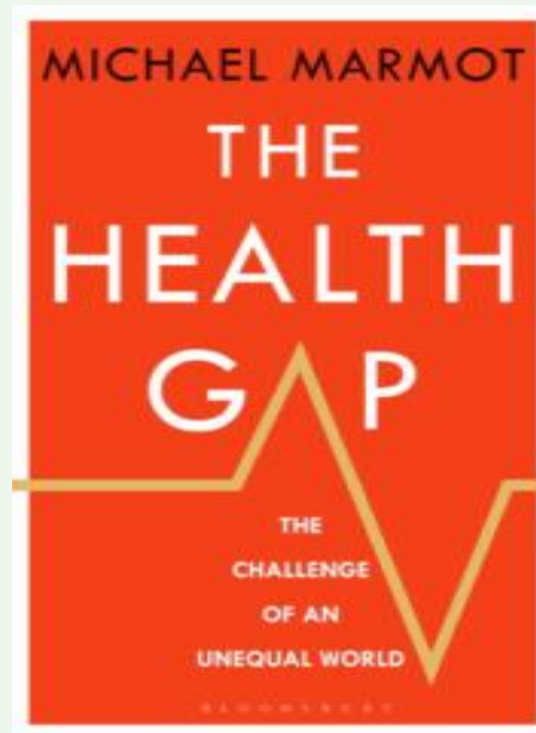
www.instituteofhealthequity.org

Trieste Healthy Cities

June 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 Susana Giampasoli e Giuseppe Traversa

Presentazione di Rodolfo Saracci

Presentata di Walter Ricciardi

Prefazione di Giuseppe Casati



Il Perseus Scientific Editore





Luca De Fiore

@lucadf

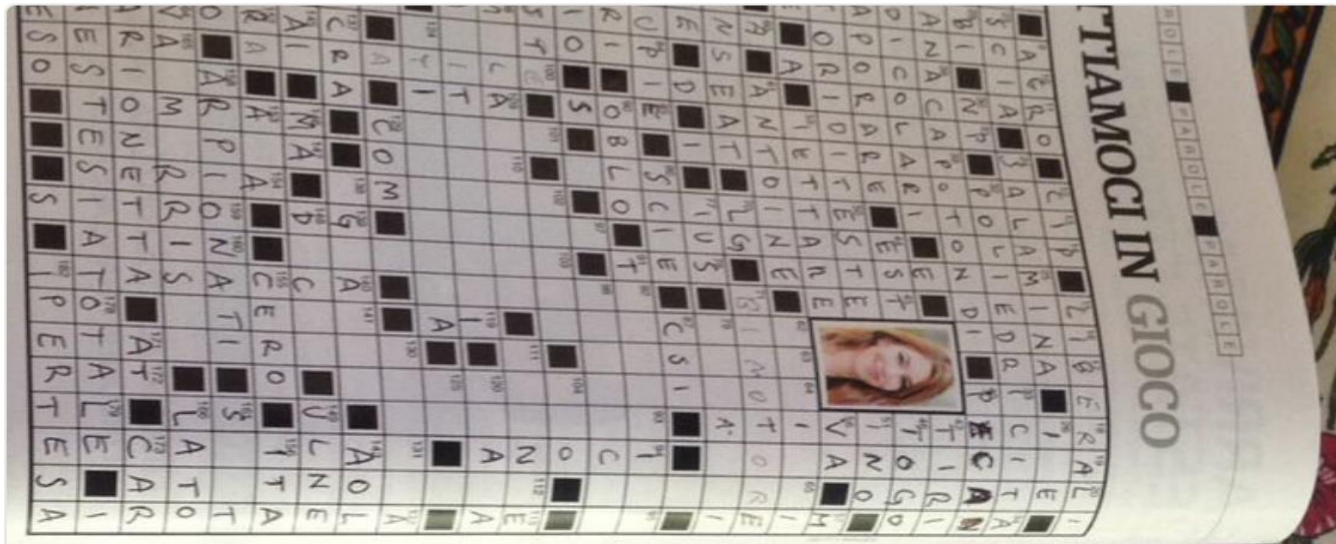
Follow

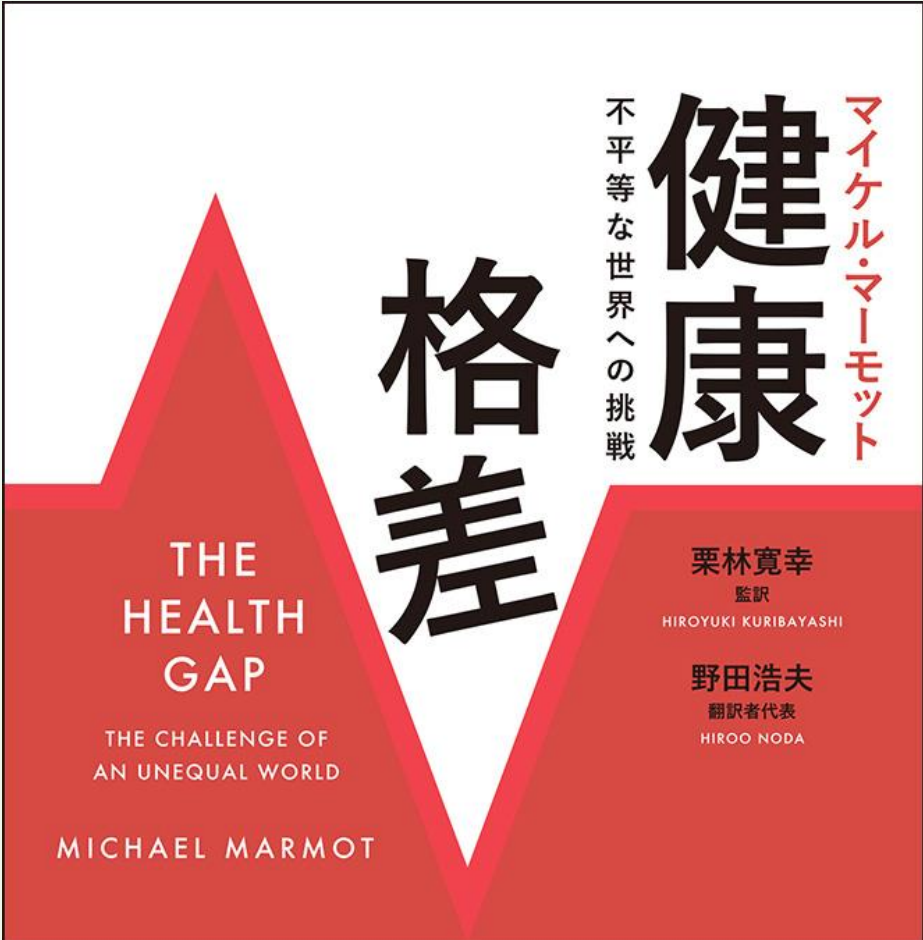


Crosswords of the [@LaRepubblica_it](#) magazine.

146 down: "British physician, founder of social epidemiology". Wow! 😊

[@MichaelMarmot](#)



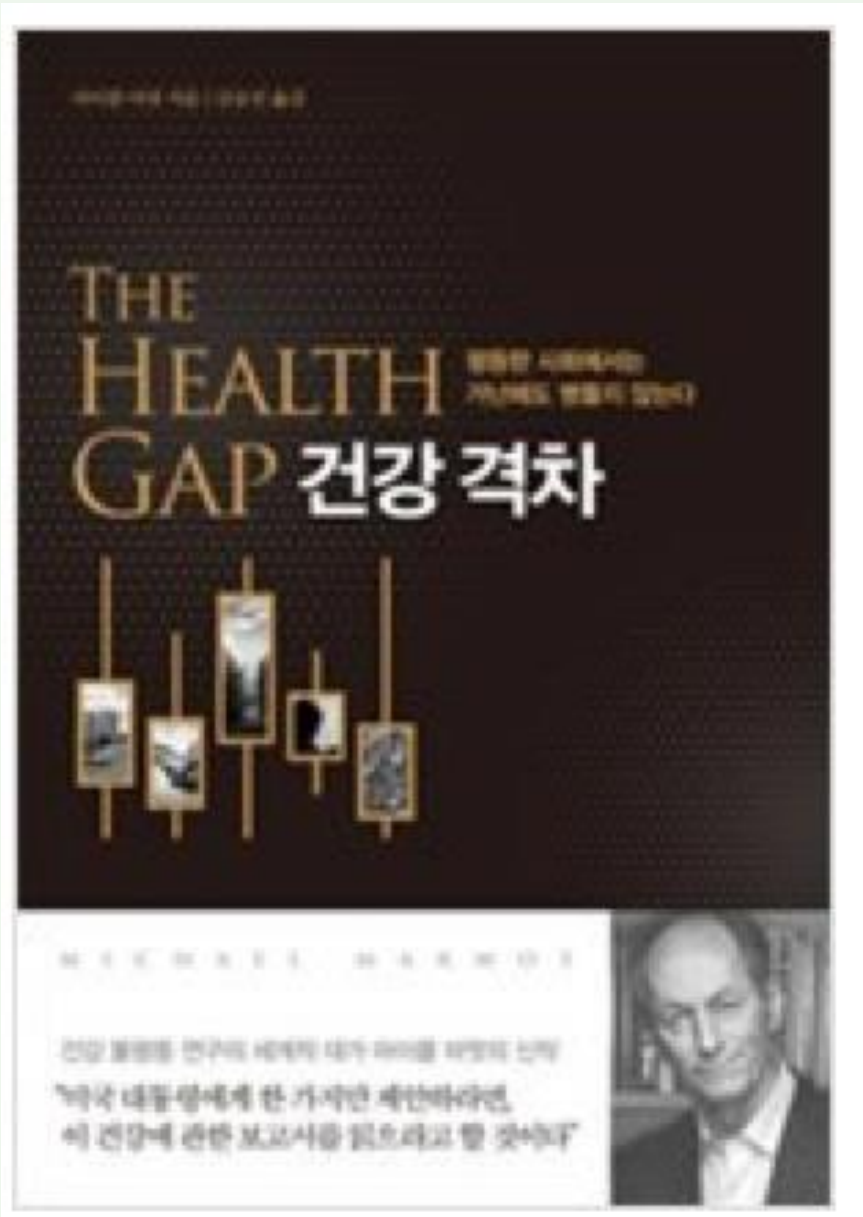


2017年～2018年 世界医師会長 就任予定

日本医師会長 **横倉義武氏** 推薦!

世界に誇る国民皆保険の我が国でも健康格差の拡大が懸念されている。病気を治すという「医療」の枠に留まらず、何が問題なのか、何をすべきなのかについて考え、行動する上で、本書は極めて示唆に富んでいる。本書が医師や他の医療従事者、政策関係者、そして、できるだけ多くの一般の人に読まれることを願う。 (「推薦のこぼれ」より抜粋)

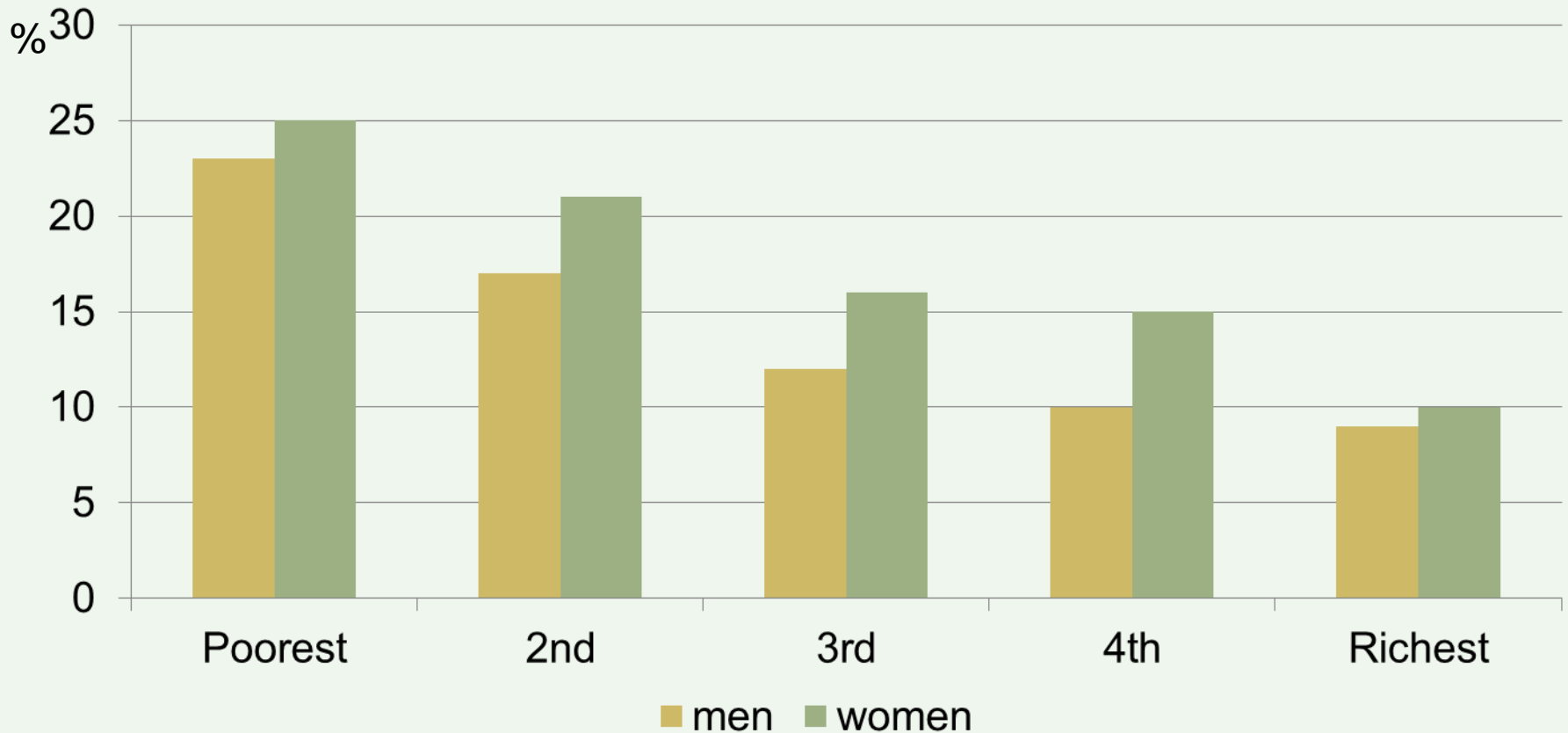
補論：近藤克則 (千葉大学予防医学センター教授) 解説：後藤玲子 (一橋大学経済研究所教授)



My recent diary. Social determinants, health equity and:

- Internal Medicine
- Cardiology
- Respiratory Disease
- Mental illness
- Obstetrics
- Cancer
- Surgery
- Paediatrics
- Child develop.
- Urban renewal
- Violence
- Inclusion health
- Health Psych.
- Primary care
- Pharmacy
- Psychosomatic Medicine
- Violence and crime
- Vegetables
- Honour in the ancient world
-
- Oh, and PH

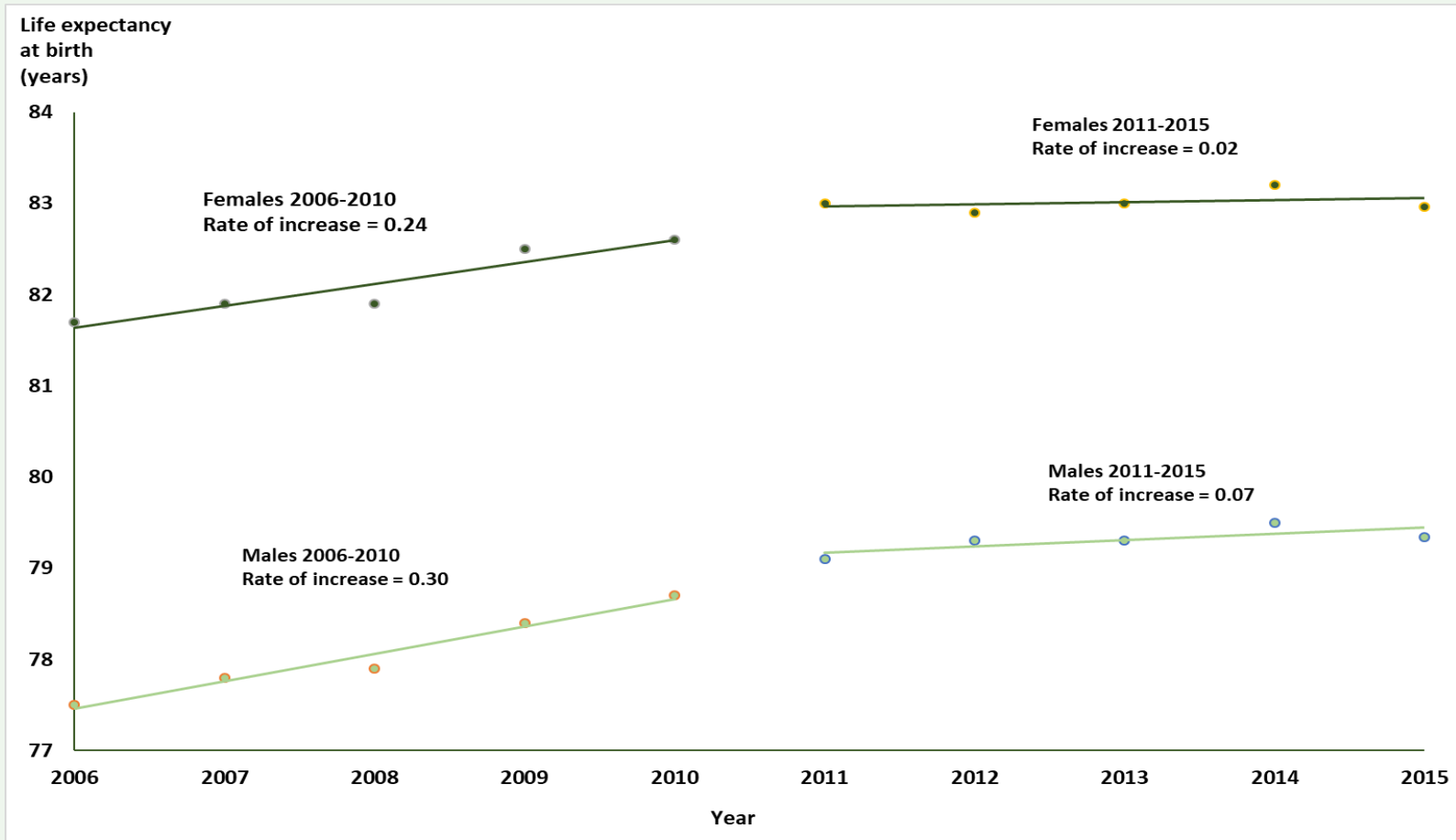
Proportion of people aged 16 – 64 assessed as at risk of mental illness by income quintile: England



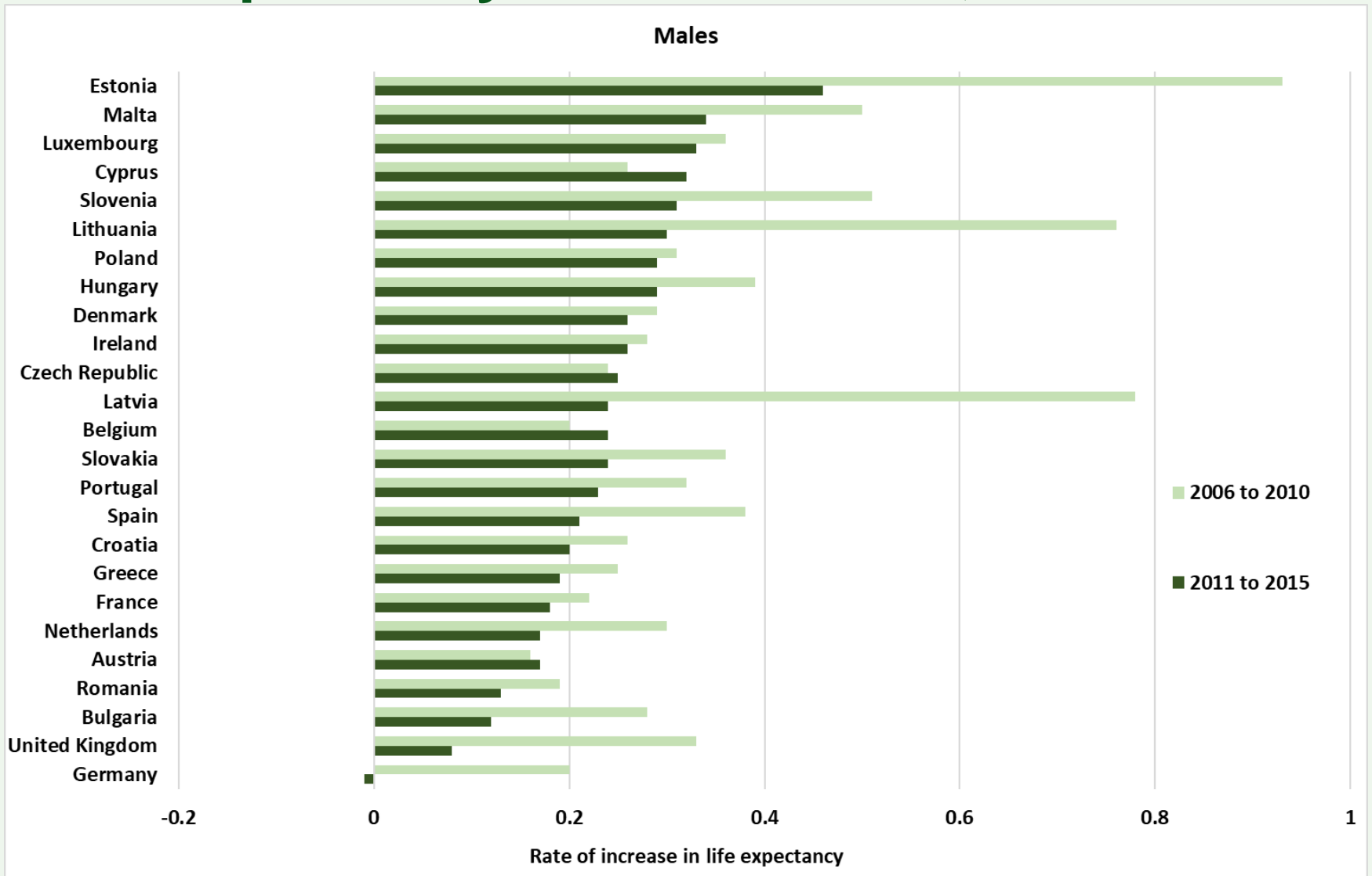
Source: Health Survey for England, DH;
the data is the average over 2008 and 2009; England; updated Mar 2011



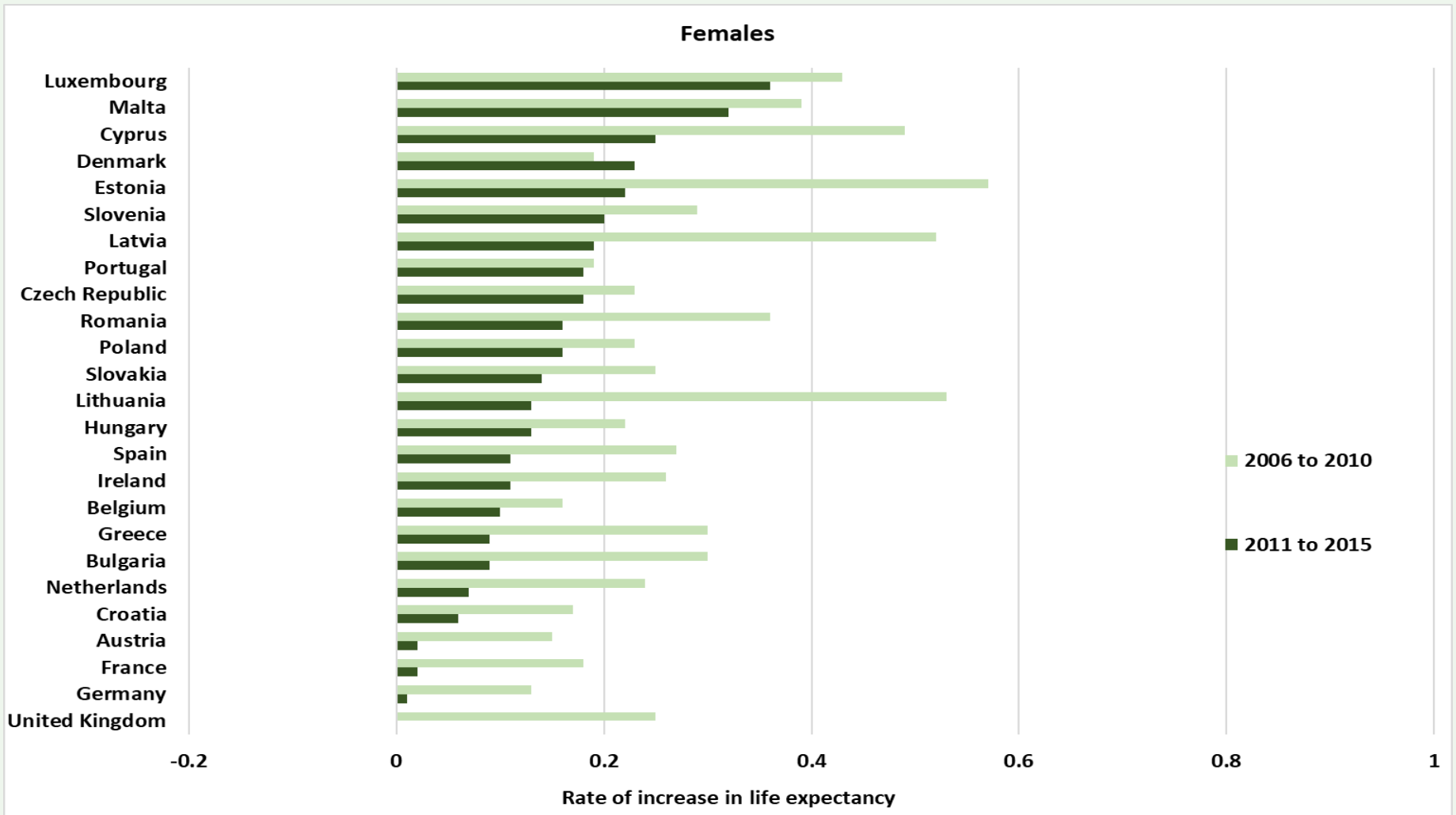
Life expectancy England 2006-2015



Life Expectancy increase 2006-, 2011-2015



Life expectancy increase 2006-, 2011-2015

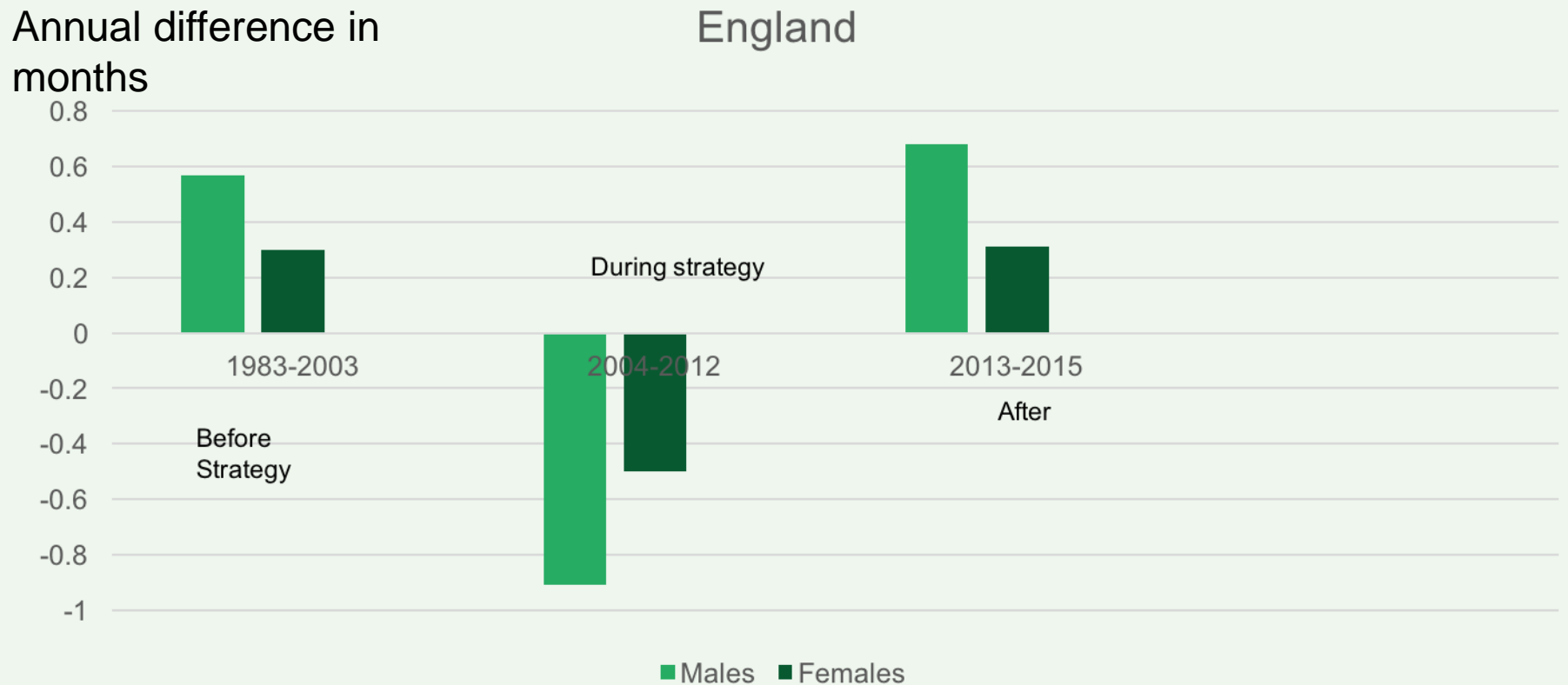


Can strategies to reduce health inequalities work?

New Labour did have a strategy

Any evidence?

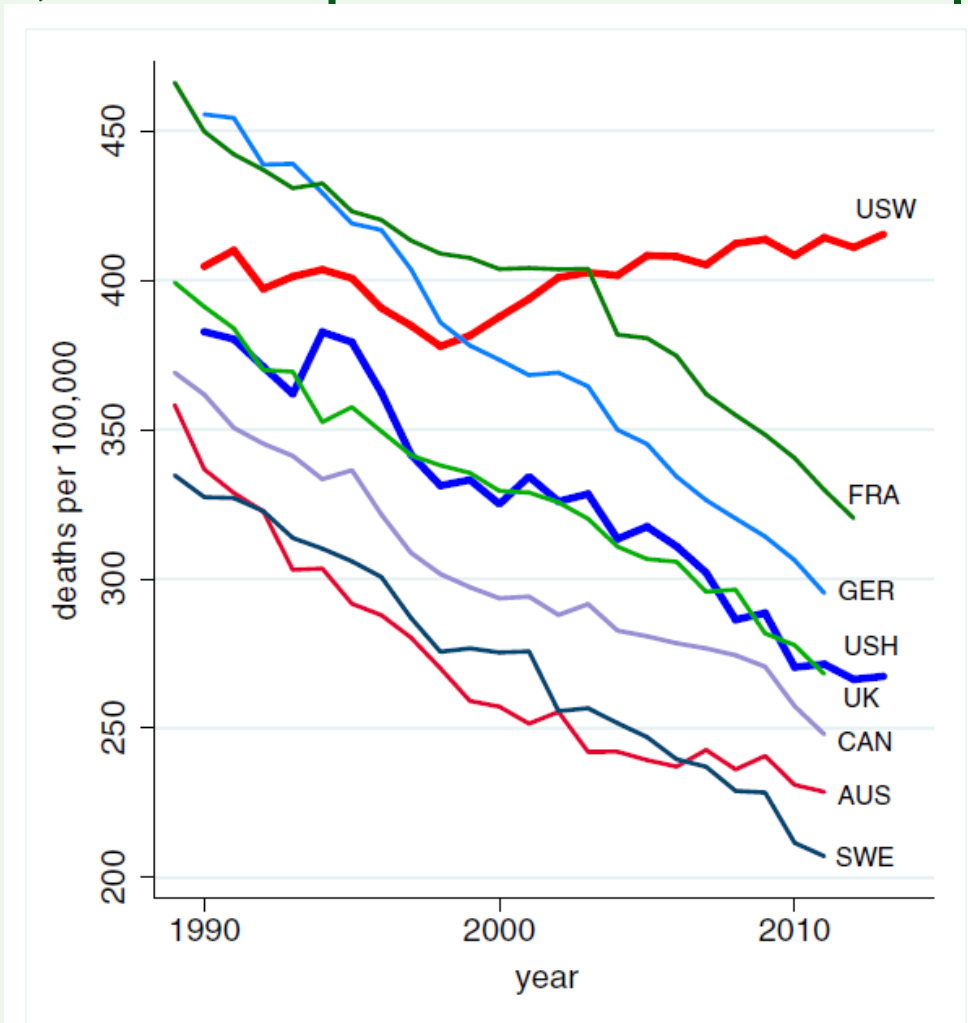
Trends in life expectancy gap between most deprived areas and the average





Does the USA represent the future?

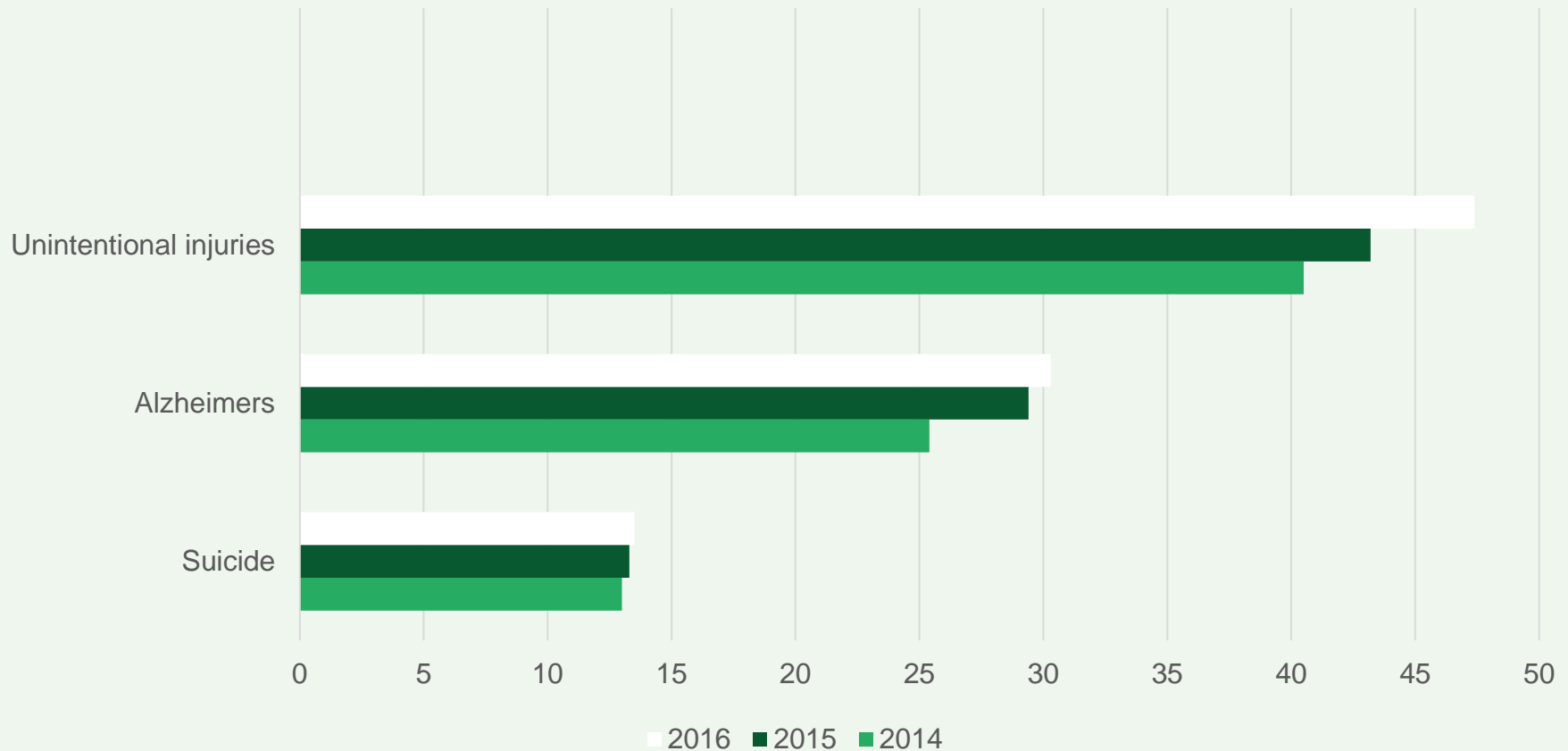
All-cause mortality, ages 45–54 for US White non-Hispanics, US Hispanics, US Hispanics and 6 comparison countries



US White non-Hispanics (USW),
US Hispanics (USH),
France (FRA),
Germany (GER),
United Kingdom (UK),
Canada (CAN),
Australia (AUS),
Sweden (SWE).

US Life expectancy declined 2 years in a row

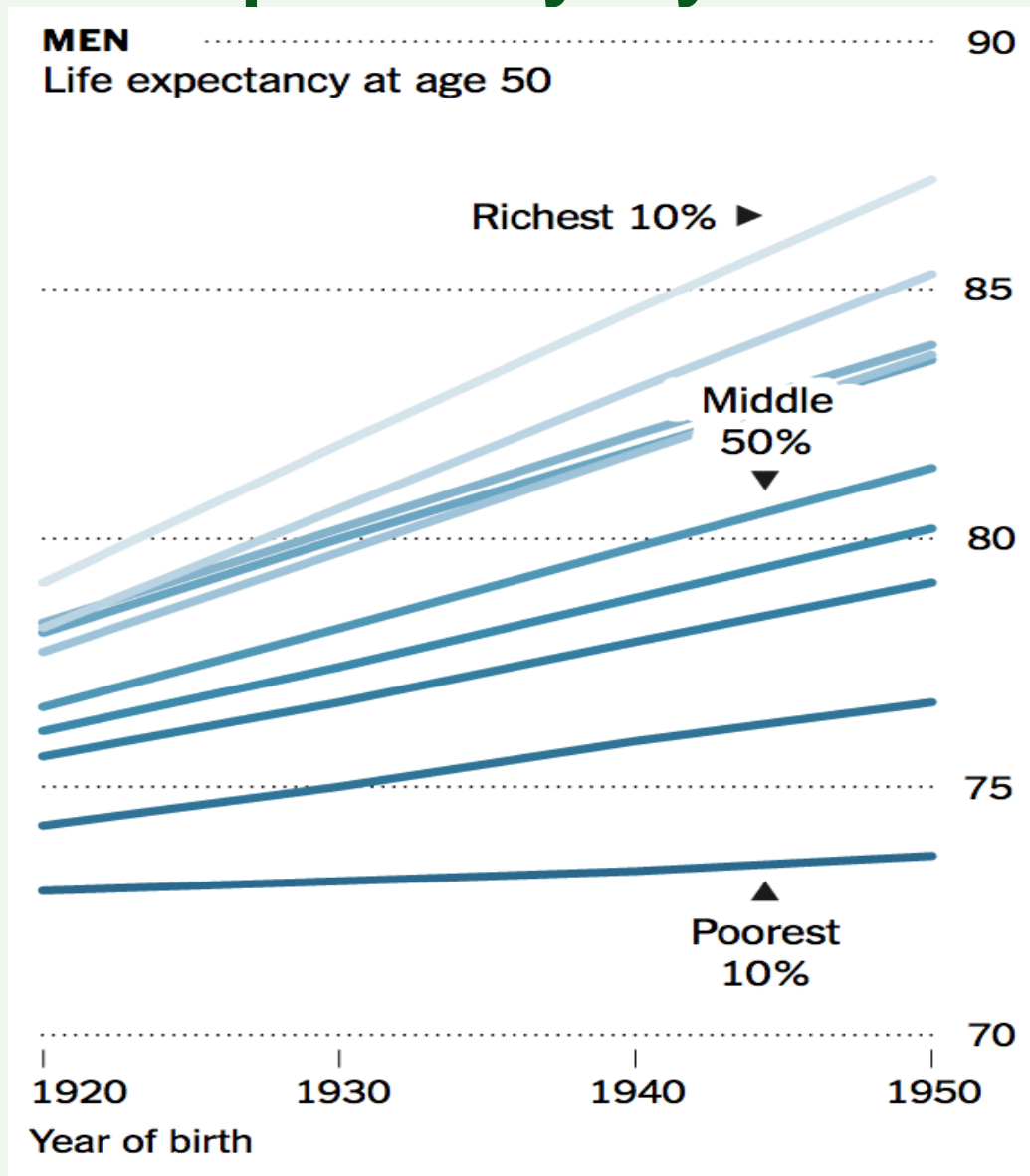
Death rate age adjusted per 100,000



Unintentional injuries include accidental drug overdose 63,600 deaths last year

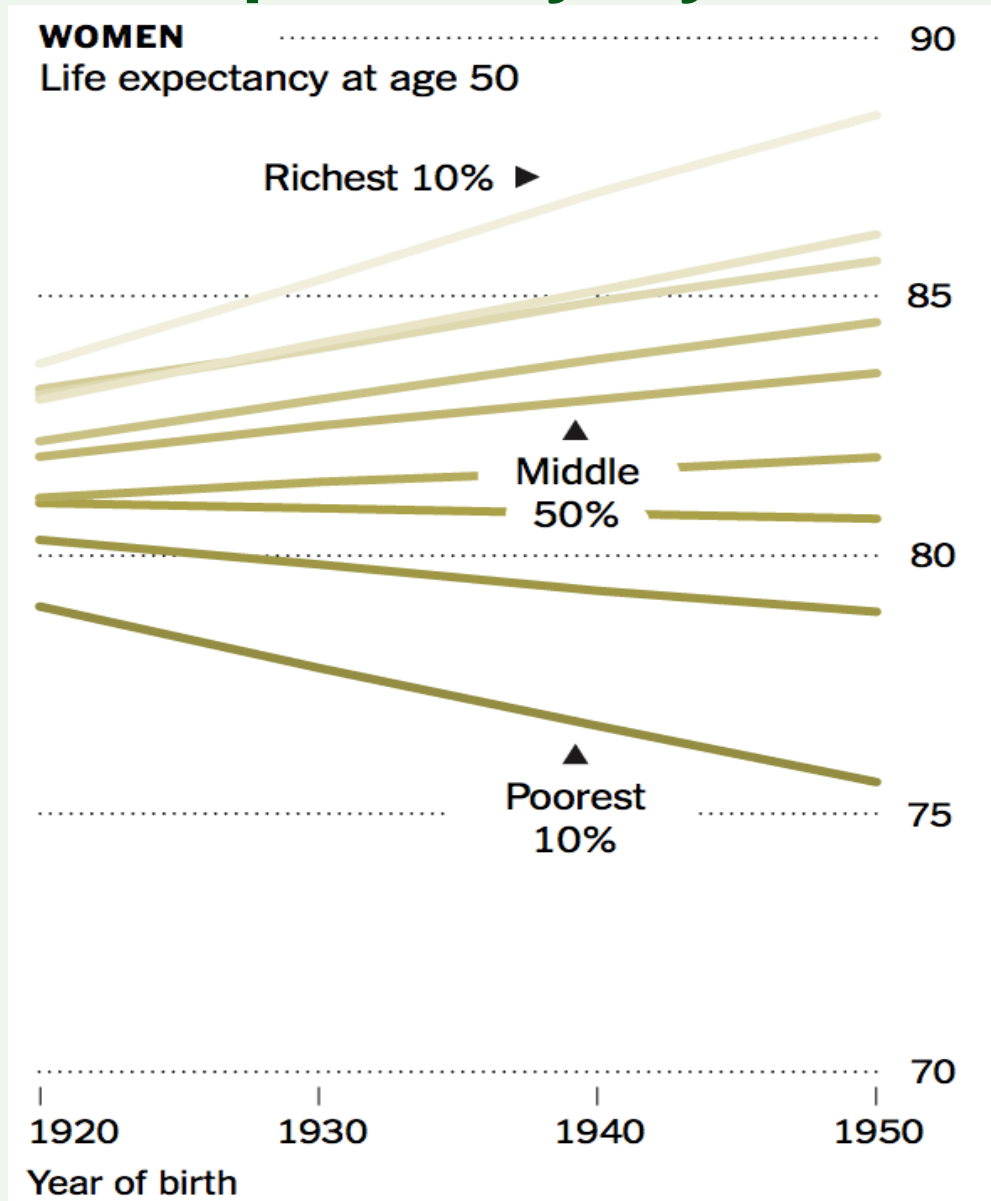


US Life Expectancy – year of birth



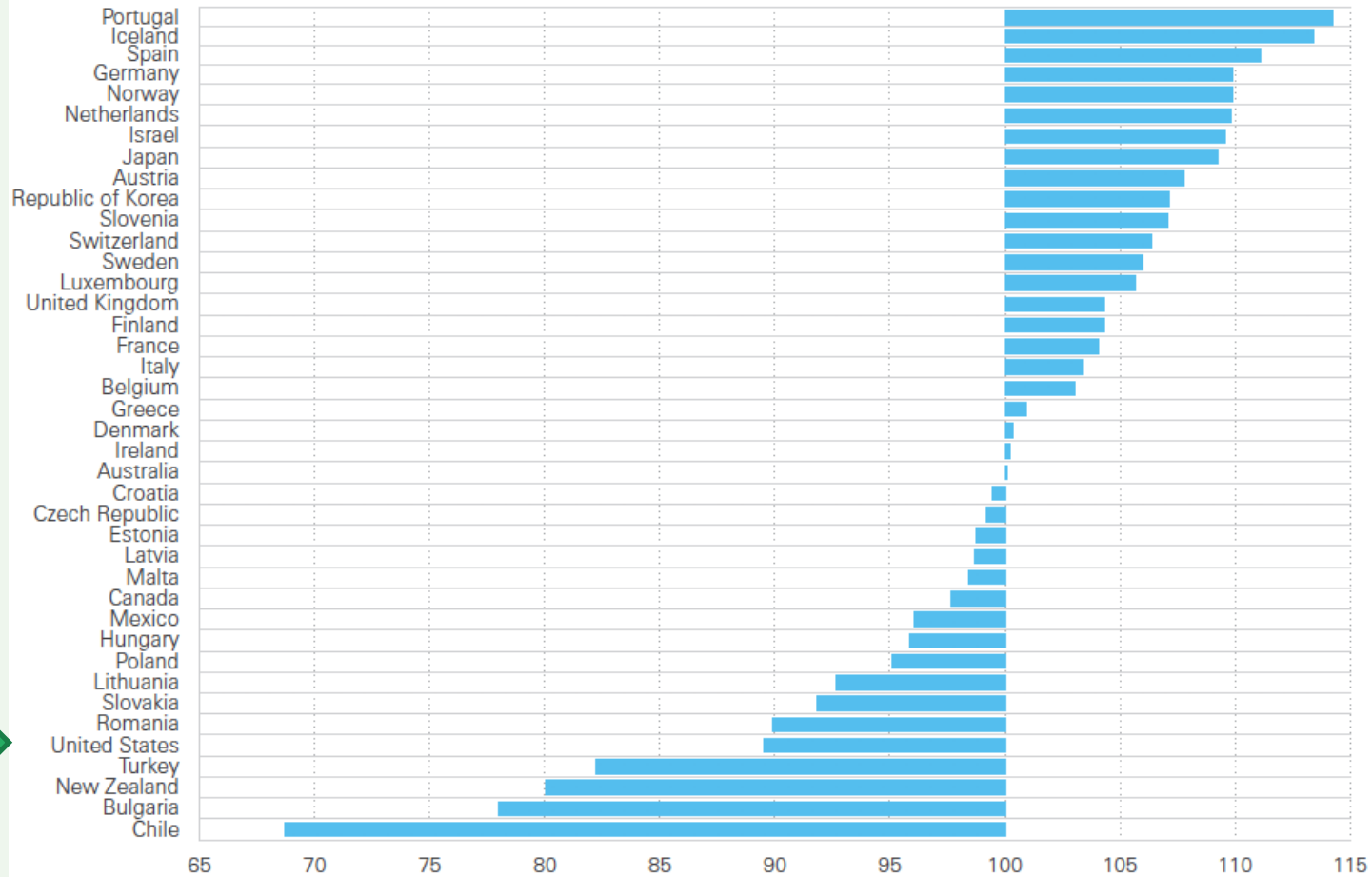


US Life Expectancy – year of birth



neonatal mortality, suicide 0-19, mental health 11-15, drunkenness 11-15, fertility 15-19

Average country performance across five indicators: neonatal mortality (< 4 weeks of age), suicide rates (0-19 years), mental health symptoms (11-15 years), drunkenness (11-15 years) and teenage fertility rates (15-19 years)



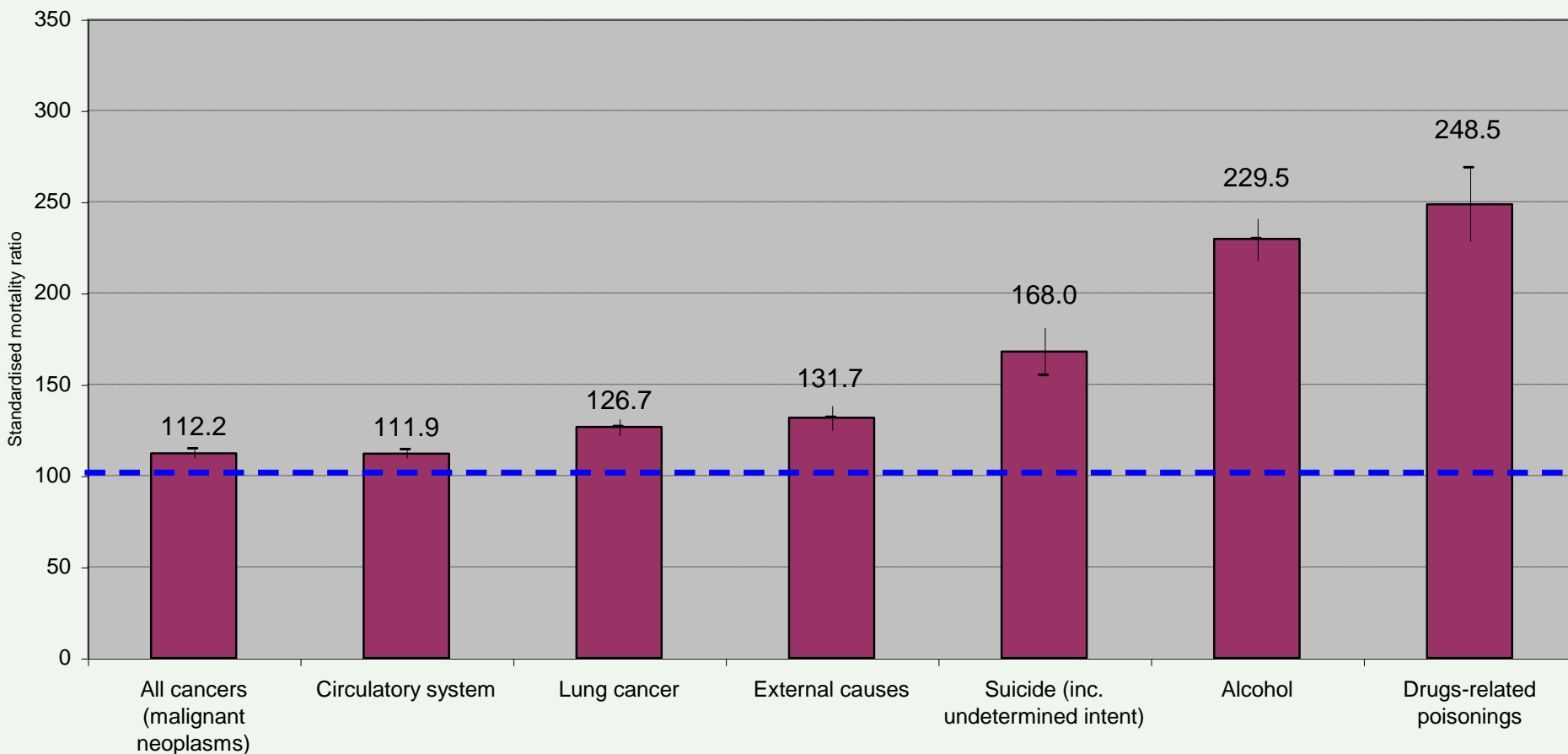
The mind is gateway by which social determinants affect ill-health.

- Mental illness and well-being.
- Psychosocial pathways to physical illness
 - Behaviours
 - Stress pathways



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



Source: Walsh D, Bendel N., Jones R, Hanlon P. It's not 'just deprivation': why do equally deprived UK cities experience different health outcomes? Public Health, 2010

from H Burns, CMO, Scotland

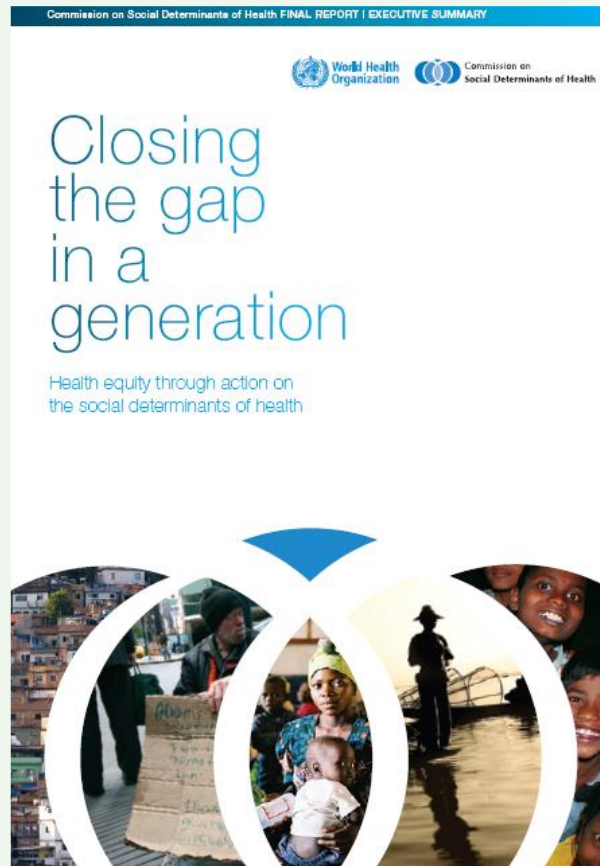
Health improvement in difficult times

- 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

H. Burns, CMO Scotland

Material,
psychosocial,
political
empowerment

Creating the
conditions for
people to have
control of their
lives



The CSDH – closing the
gap in a generation
2005-2008



The Marmot Review – Fair
Society Healthy Lives
2009/10



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**



Lifecourse

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

-F. Scott Fitzgerald, *The Great Gatsby*



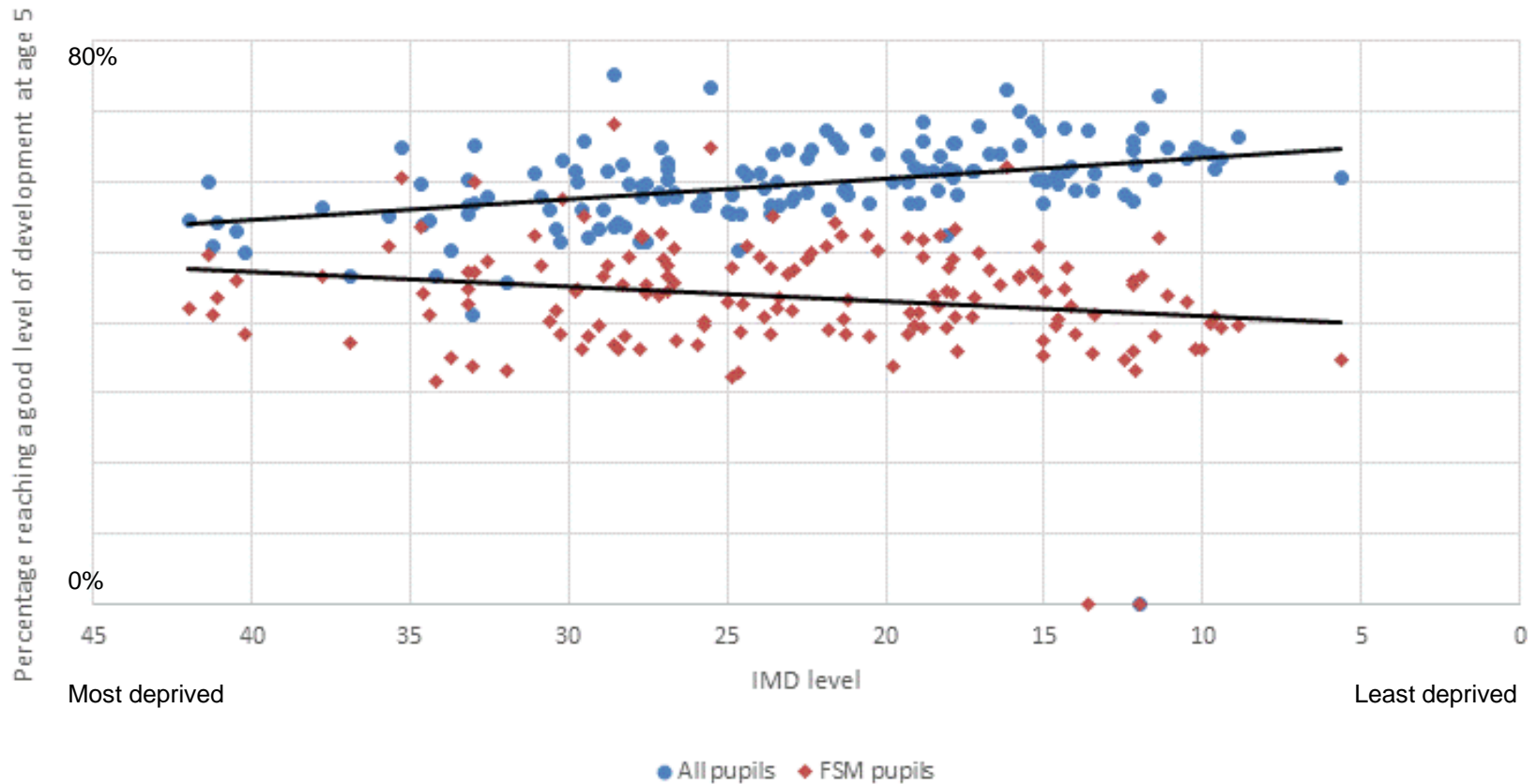
Give Every Child the Best Start





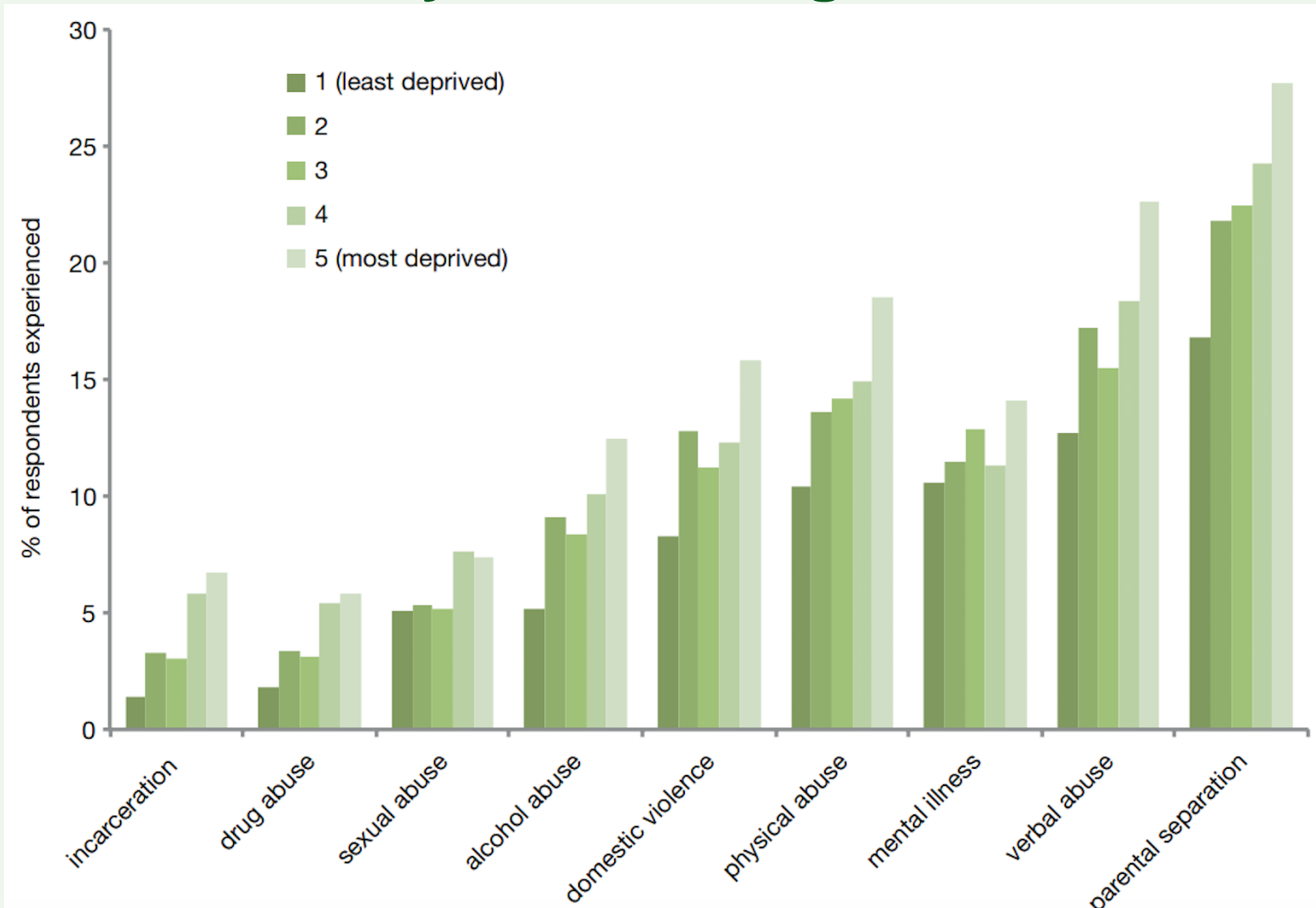
Level of development at end of reception

The percentage of children achieving a good level of development at the end of reception 2013/14, IMD 2015





ACEs by income England 2013



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%**



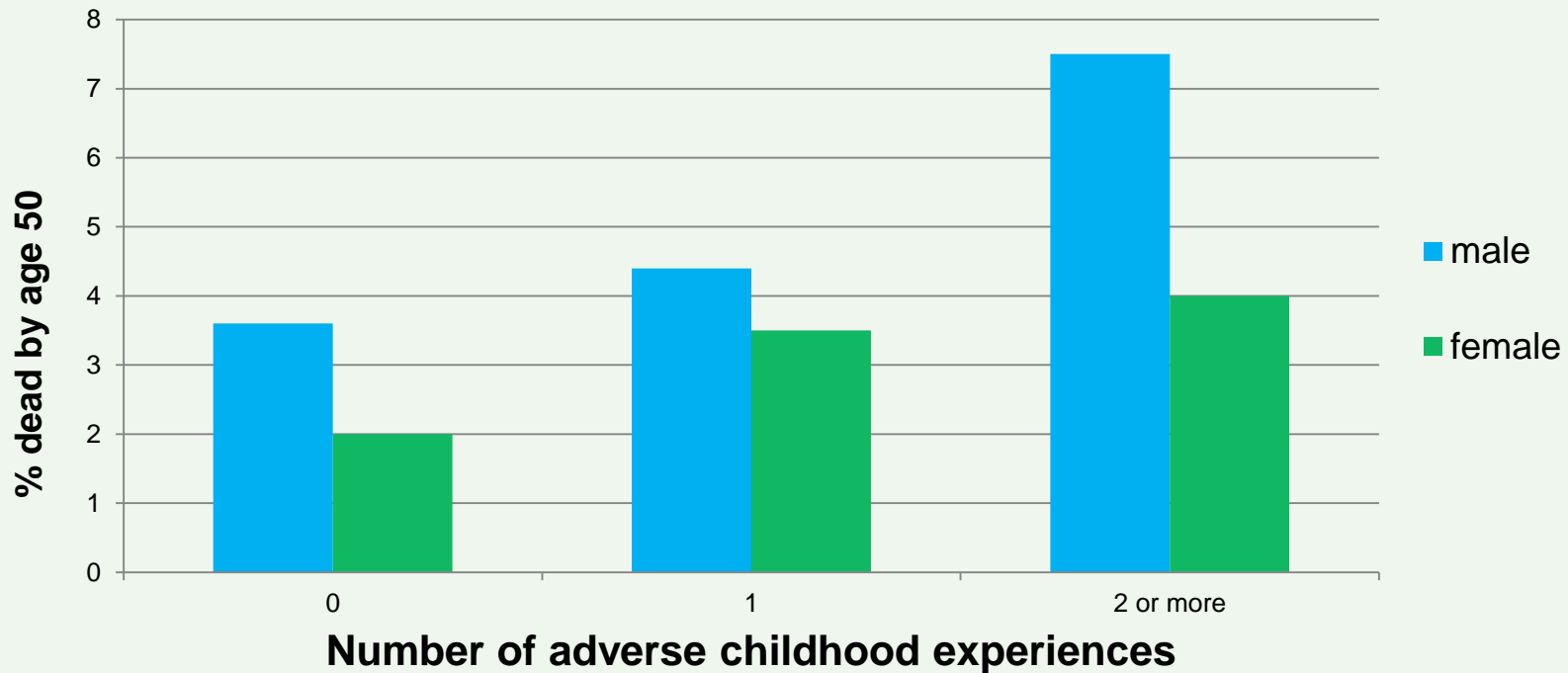
Incarceration
(lifetime)
by **53%**



Poor diet
(current; <2 fruit & veg portions daily)
by **14%**



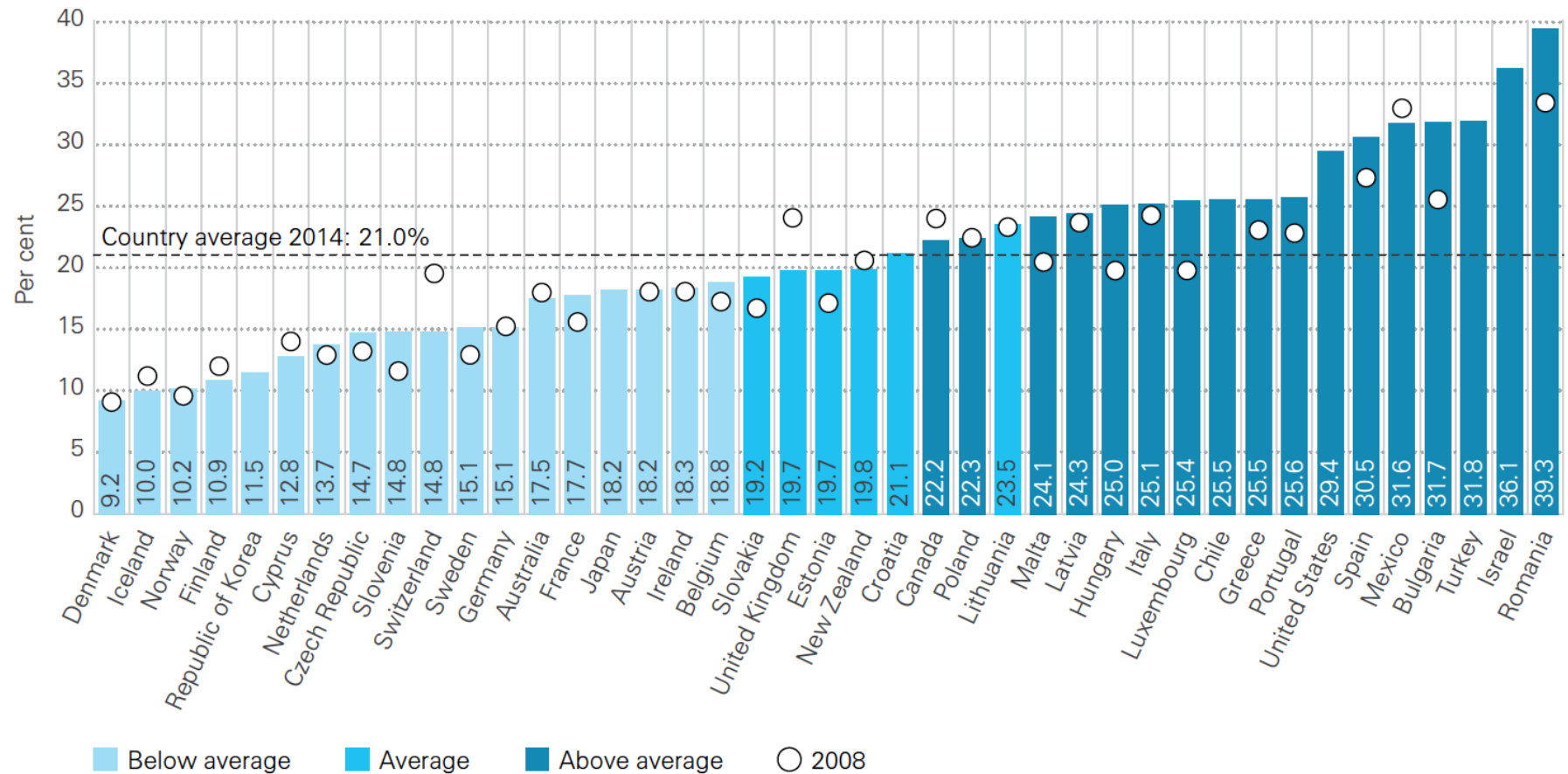
All cause mortality <50 years by prevalence of ACEs



Child poverty (<60% median income)

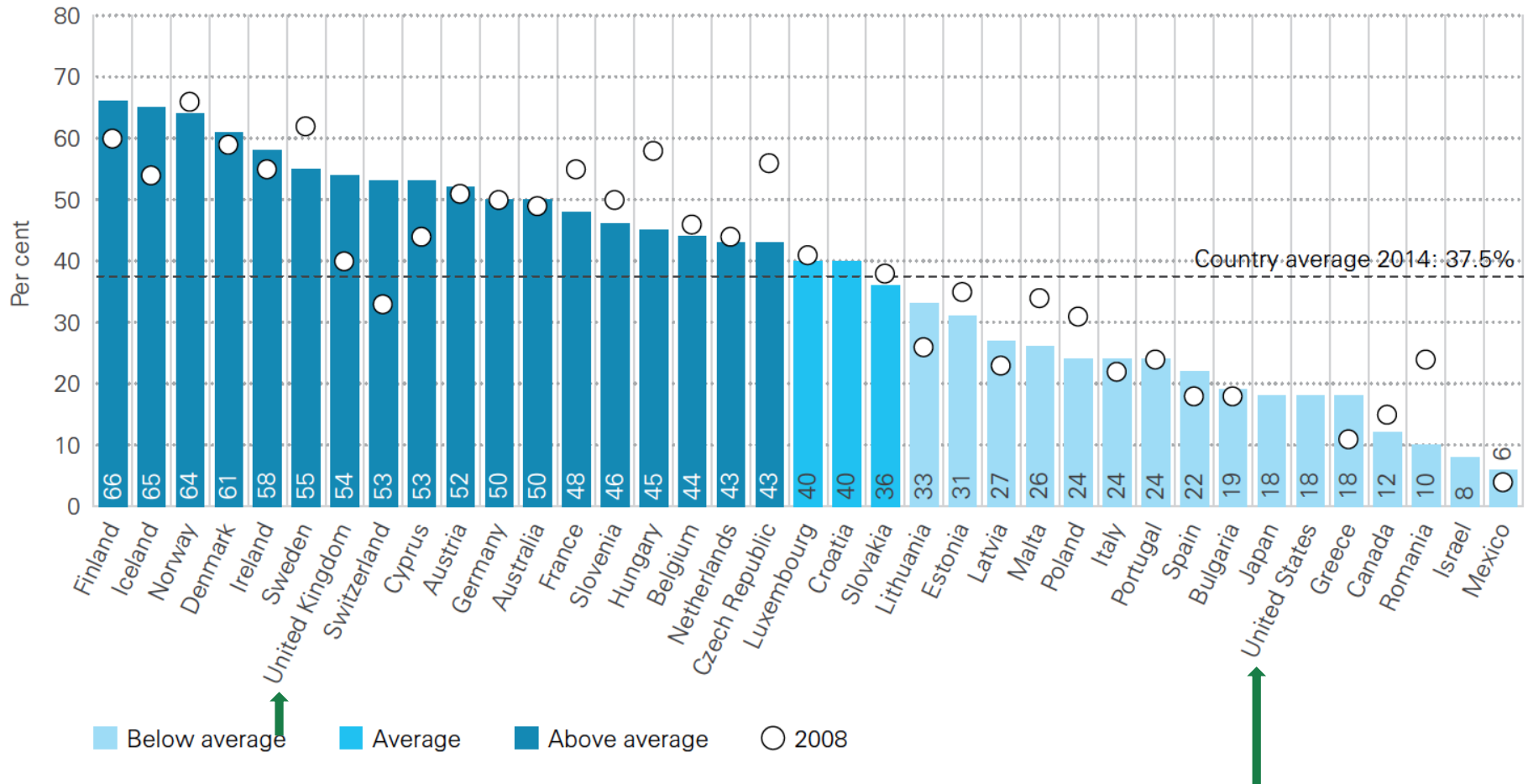
Figure 1.1 An average of one in five children in rich countries lives in relative income poverty

Percentage of children aged 0–17 living in a household with income lower than 60 per cent of the median, 2014 and 2008



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





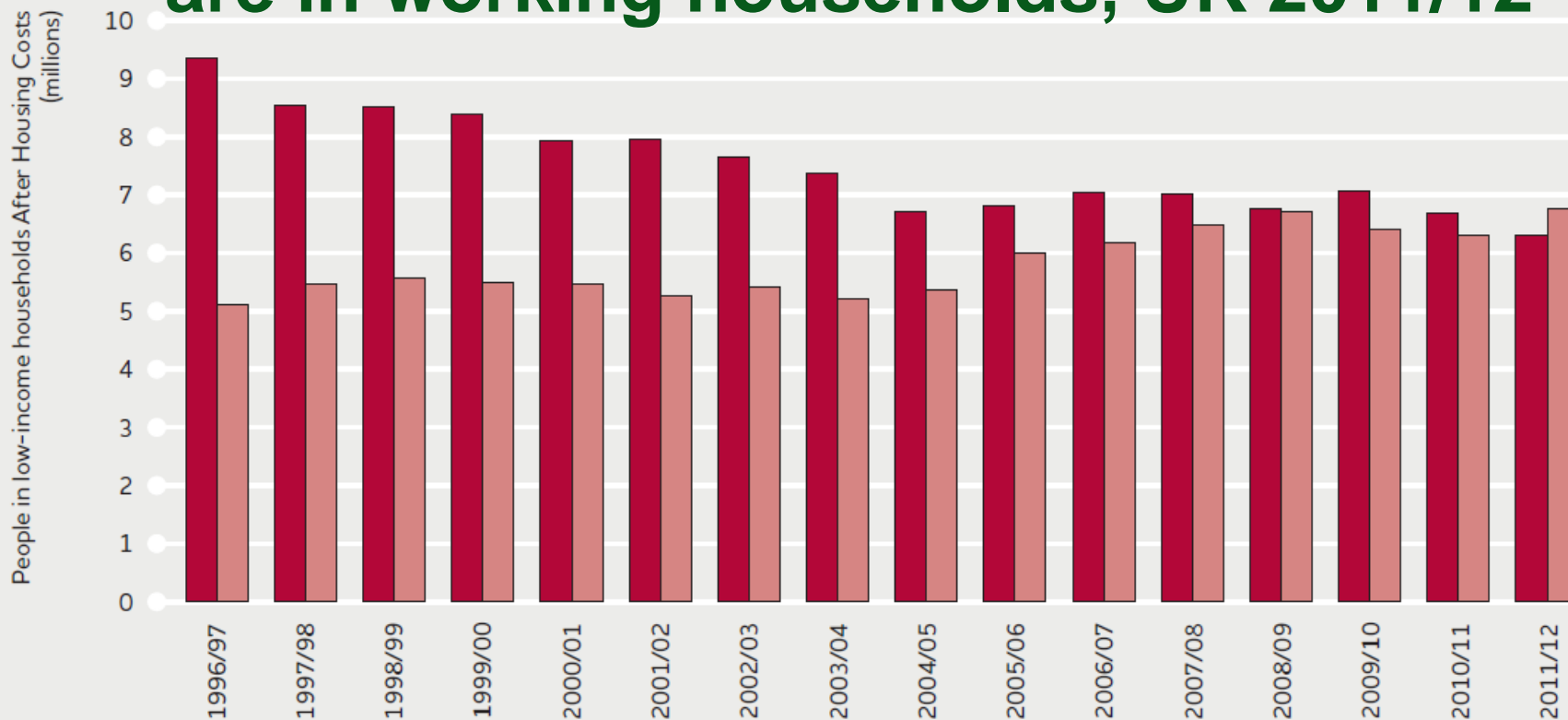
Ensure a healthy Standard of Living



Photo: Anthony Ross/Rediffusion Images



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

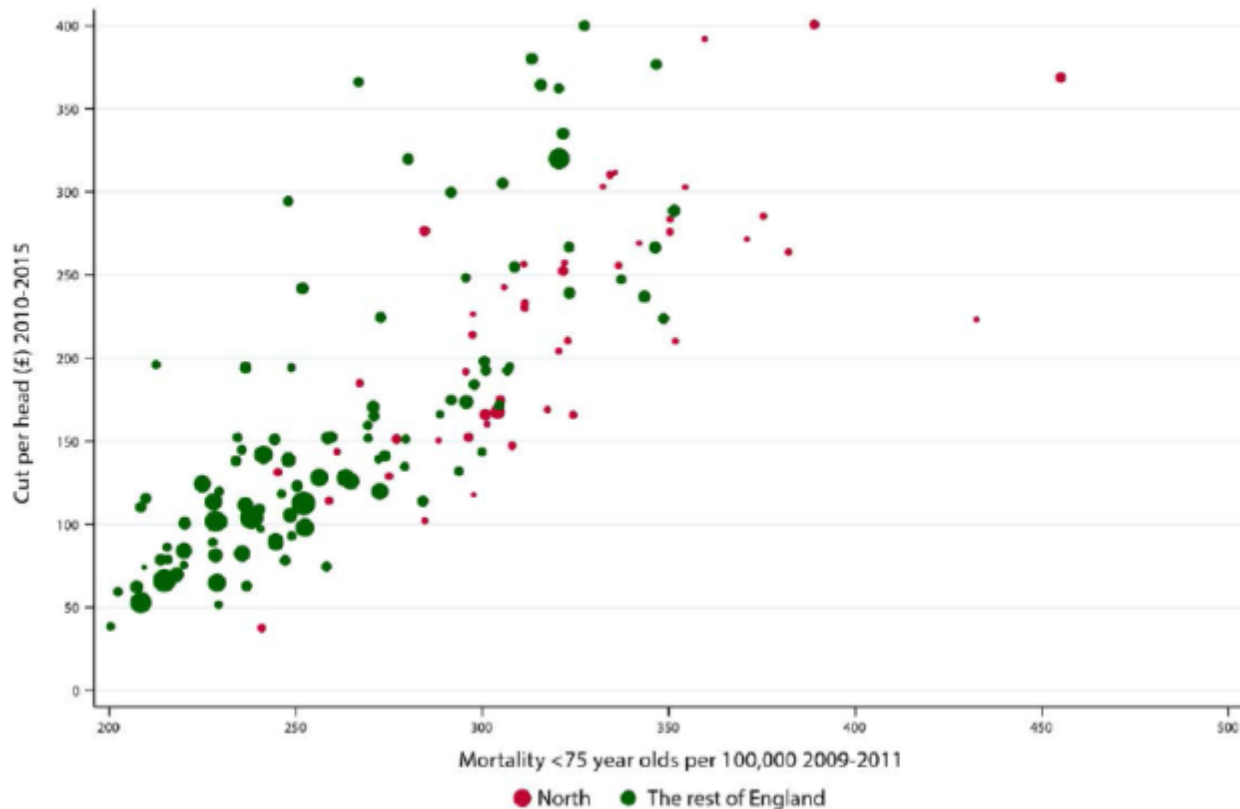
Workless working-age or retired Working

(JRF 2013 using DWP data)

Council cuts per head and premature mortality

Figure 2: Council cuts per head correlated against premature mortality rates

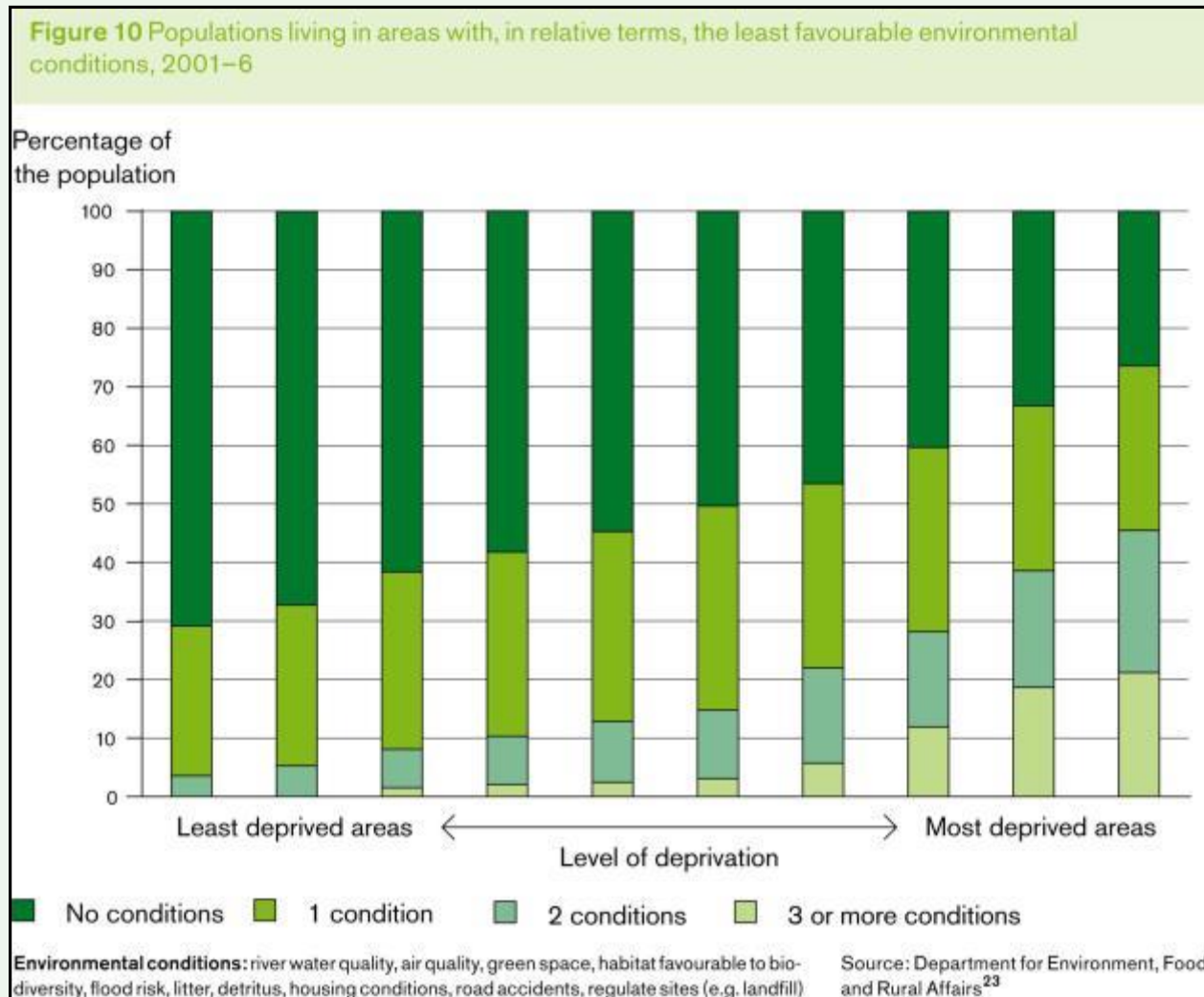
Cuts in council budgets are greatest in areas in the North of England, with the worst health



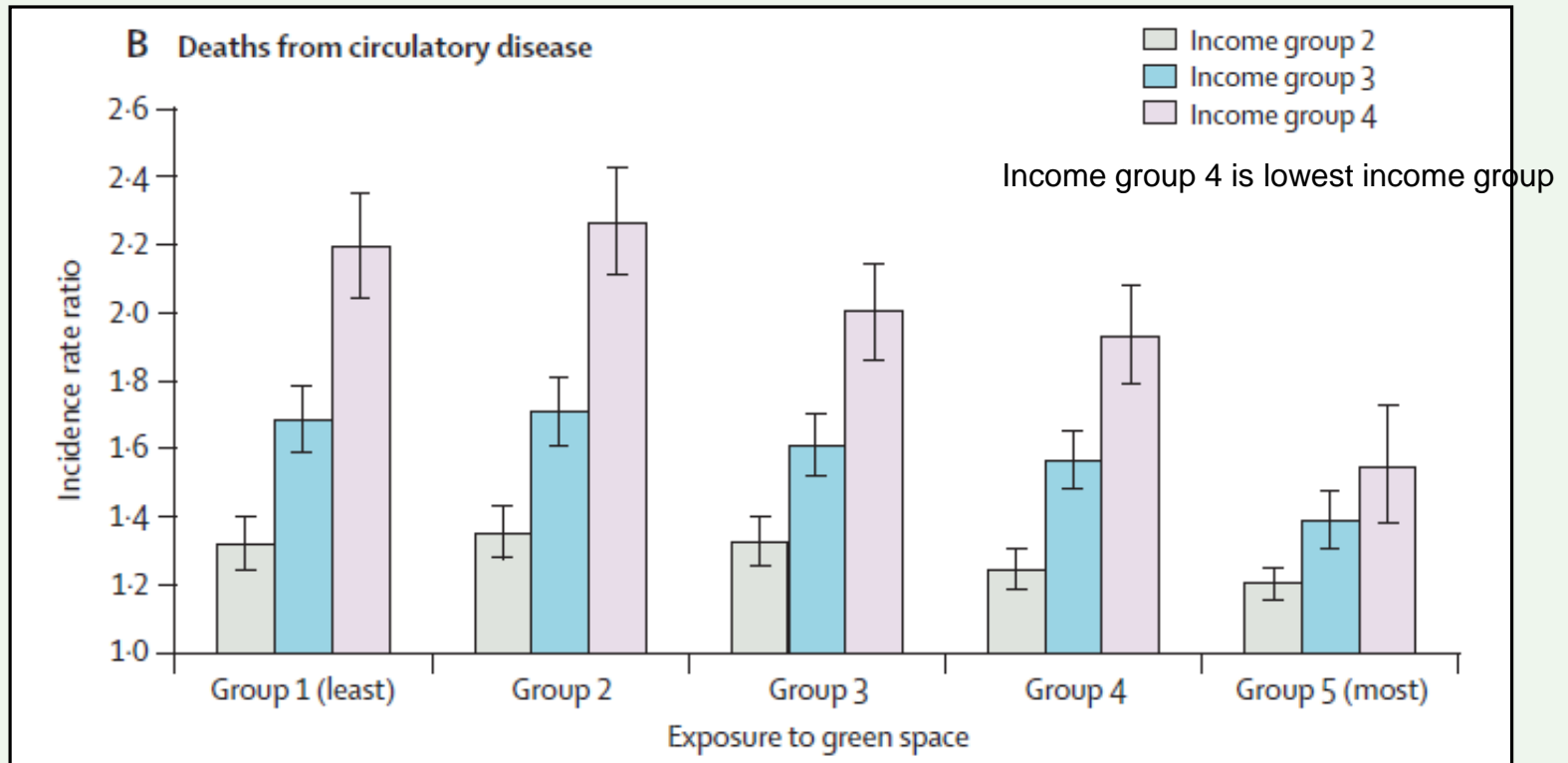
Sources: 1. DCLG - Local government financial settlement, 2. Public Health England - Longer Lives

Characteristics of housing and neighbourhood matter for health

Living in areas with unfavourable environmental conditions in England



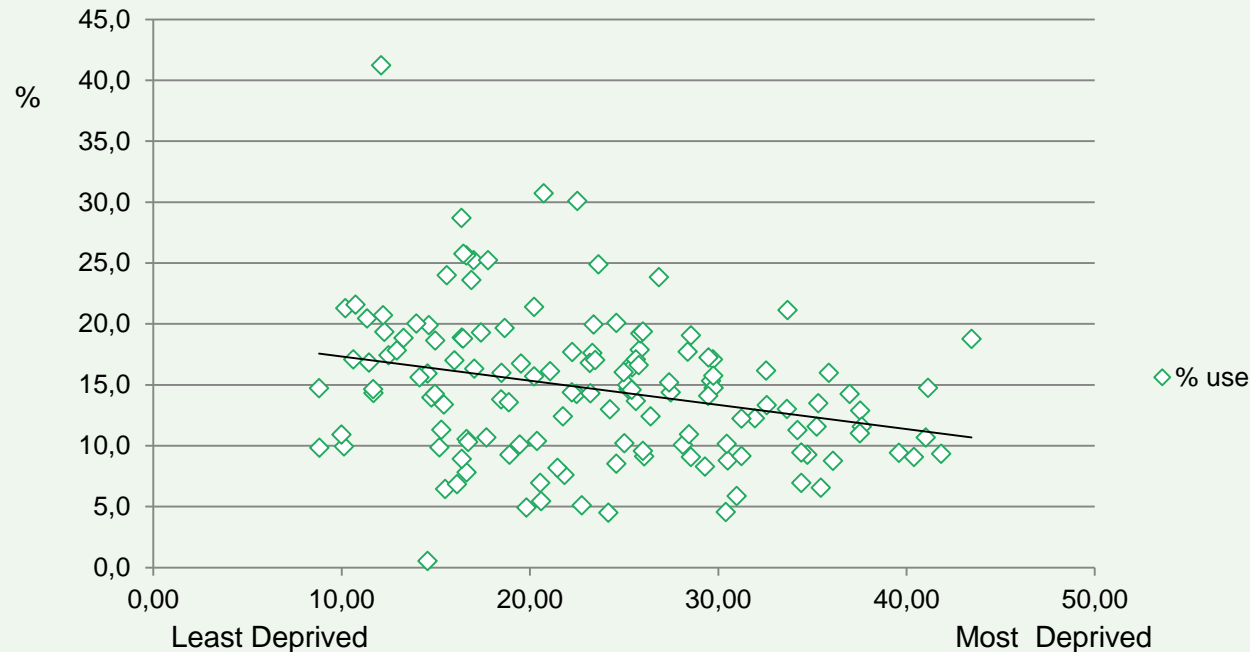
Health benefits of exposure to green space



Source: Mitchell & Popham, Lancet 2008

Use of green space

Proportion of residents who visited the natural environment in the last 7 days for exercise or health reasons

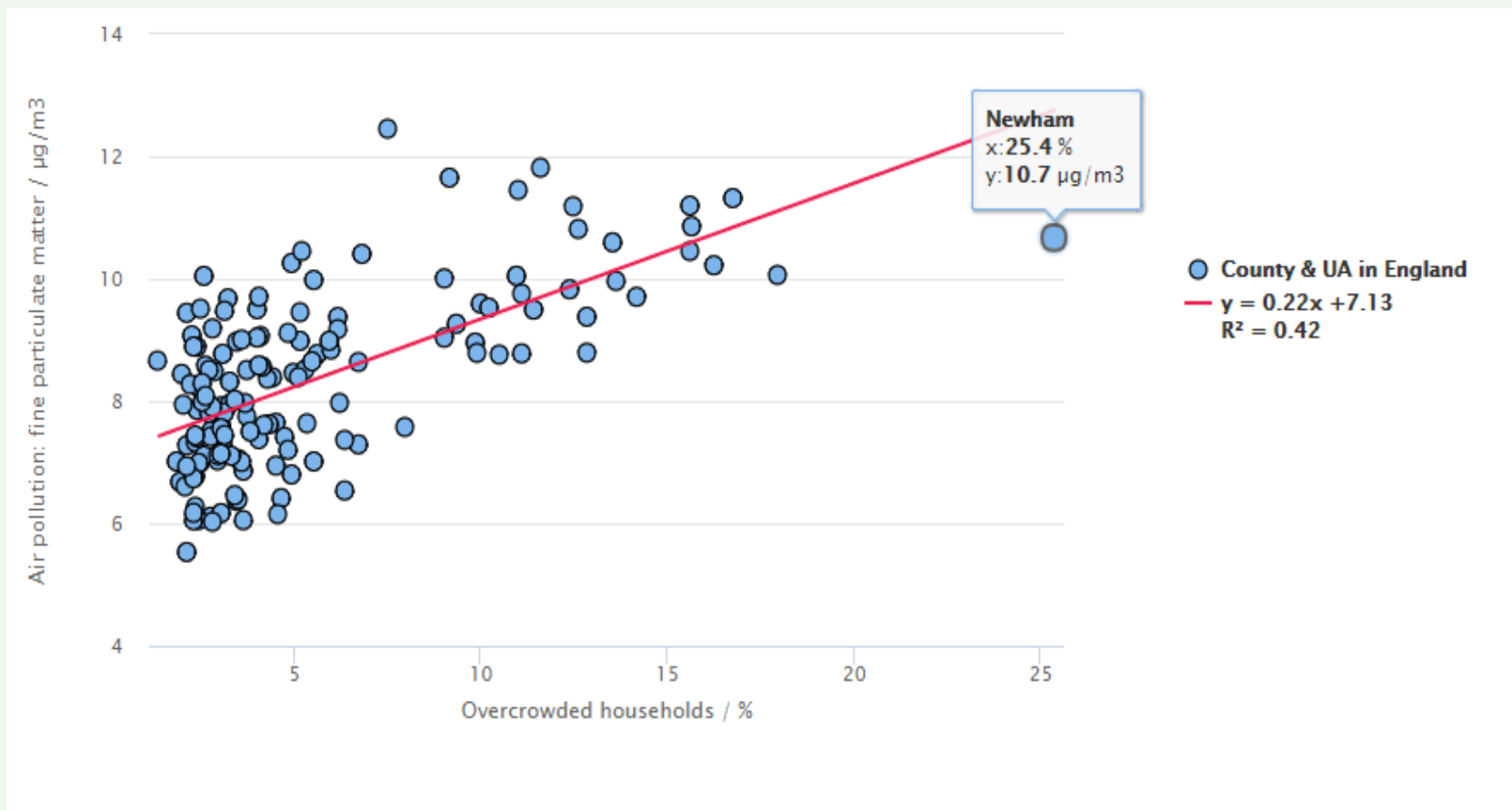


Monitor of Engagement with the Natural Environment, Natural Health England, September 2013

- In England, 15.3% had visited the natural environment from March 2012 to February 2013.
- Green space important for more deprived communities and has impact on CVD
- However lower usage in more deprived areas.

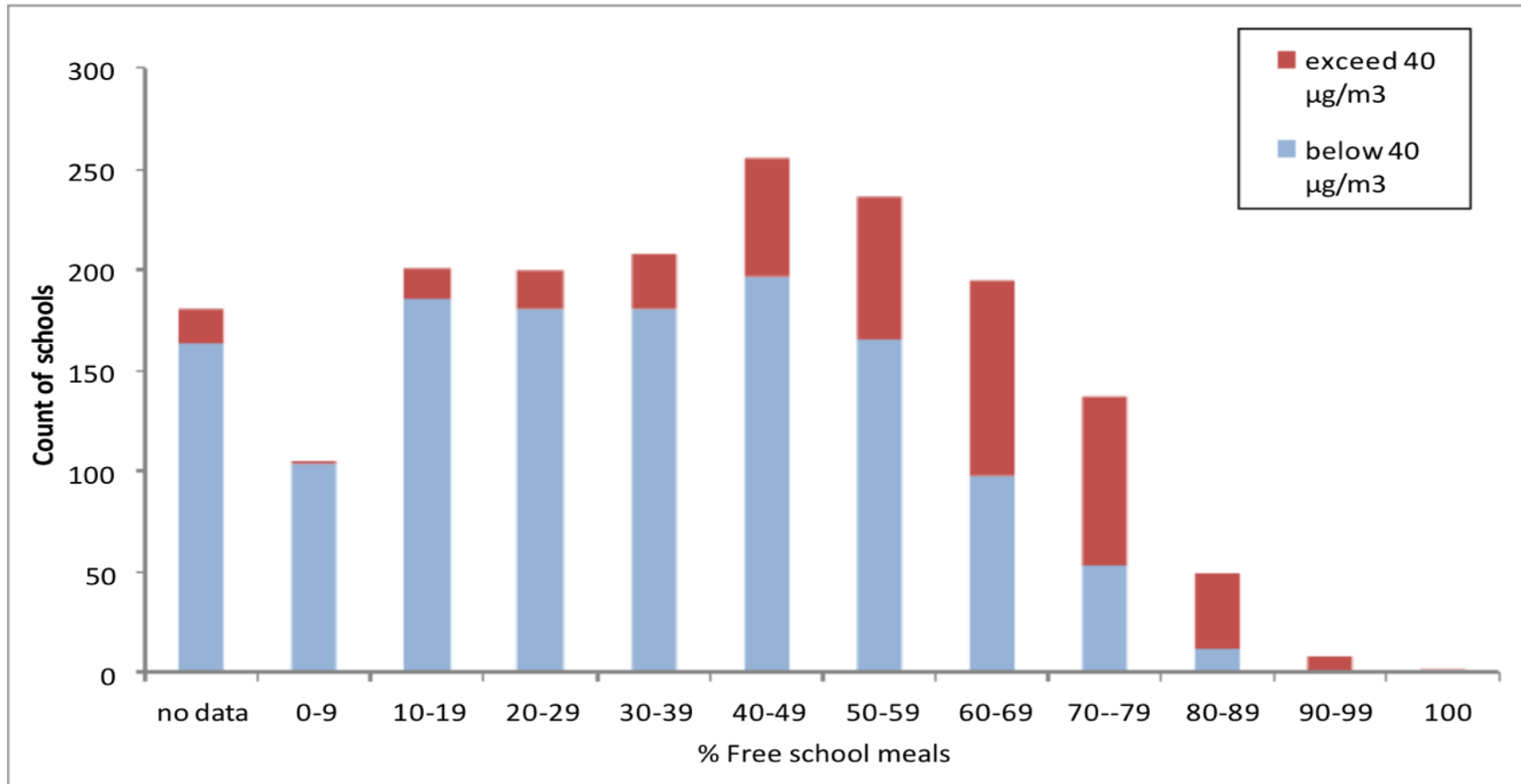


Air pollution & deprivation levels



Deprivation air pollution and schools

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





% homes not meeting decent homes standard, by region and tenure, 2012

Source: Due North Report





Proportion of people reporting low mental wellbeing in good and bad housing, across the life course, England 2010-11

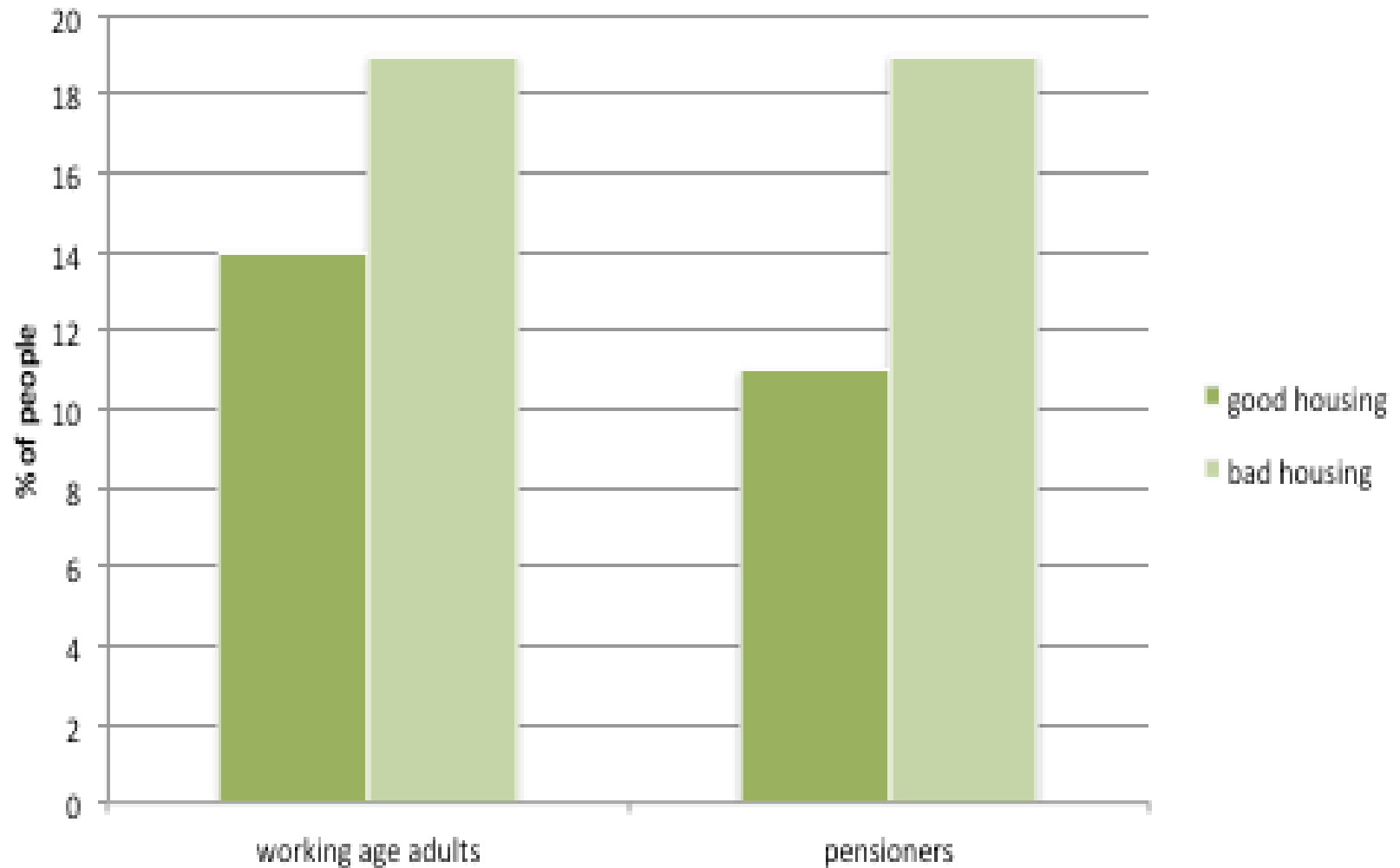
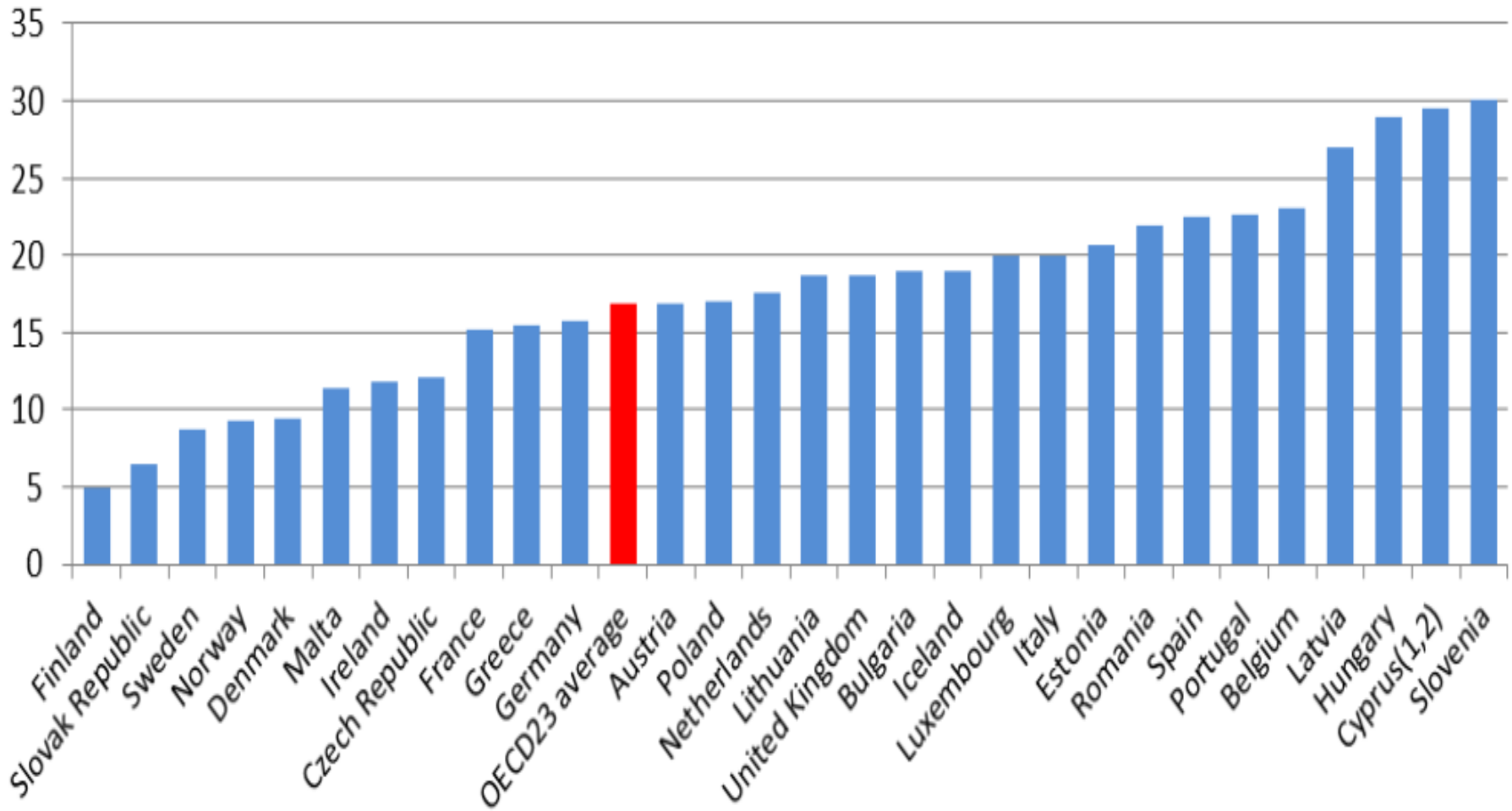




Chart SF1.5.B. Condition of household dwellings, 2011

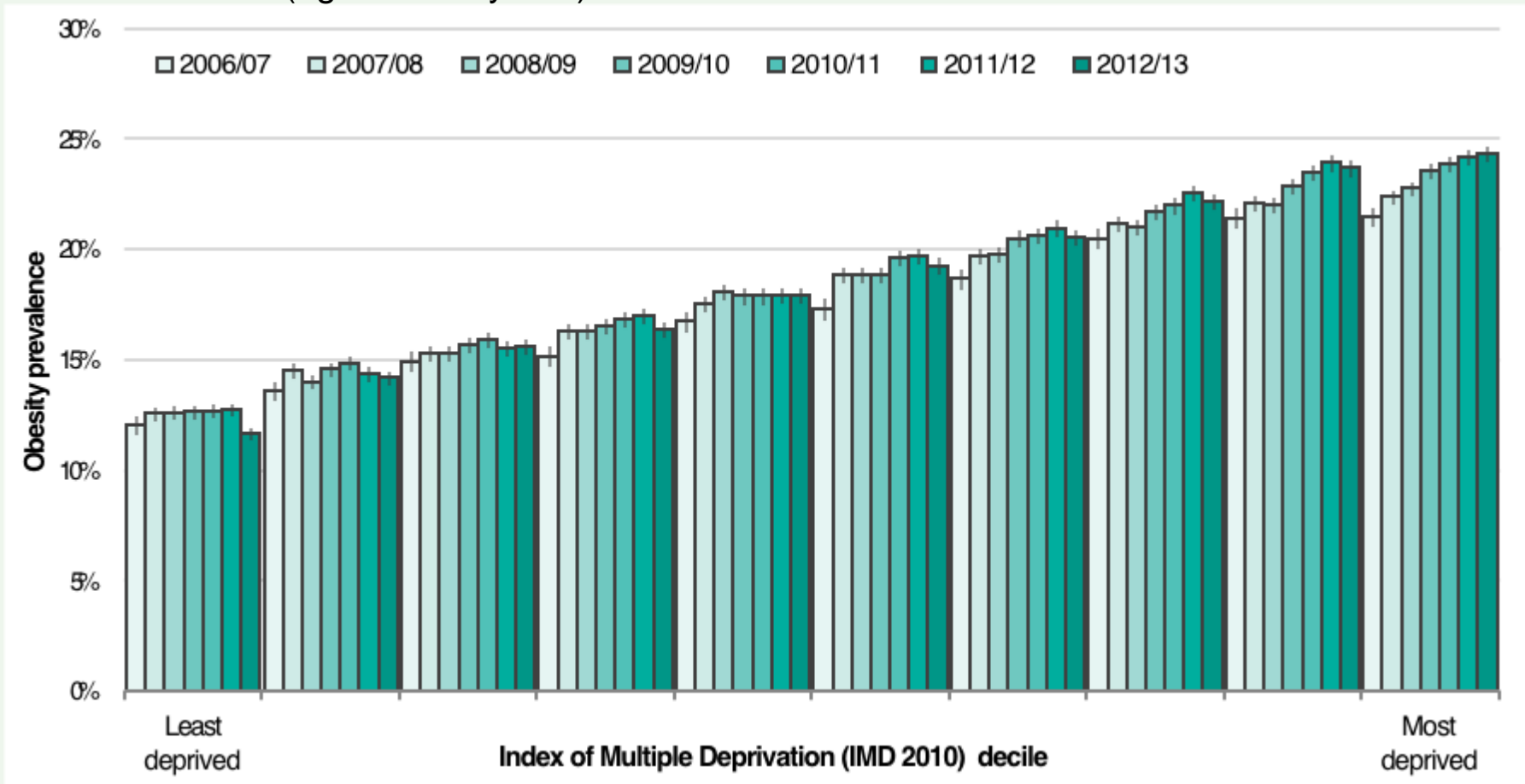
Panel A. Proportion of children living in a household with one of: leaking roof, damp walls/floor/foundation, rot in window frames, door or floor





Inequalities in childhood obesity are increasing in England: Obesity prevalence by deprivation decile 2006/7 to 2012/13

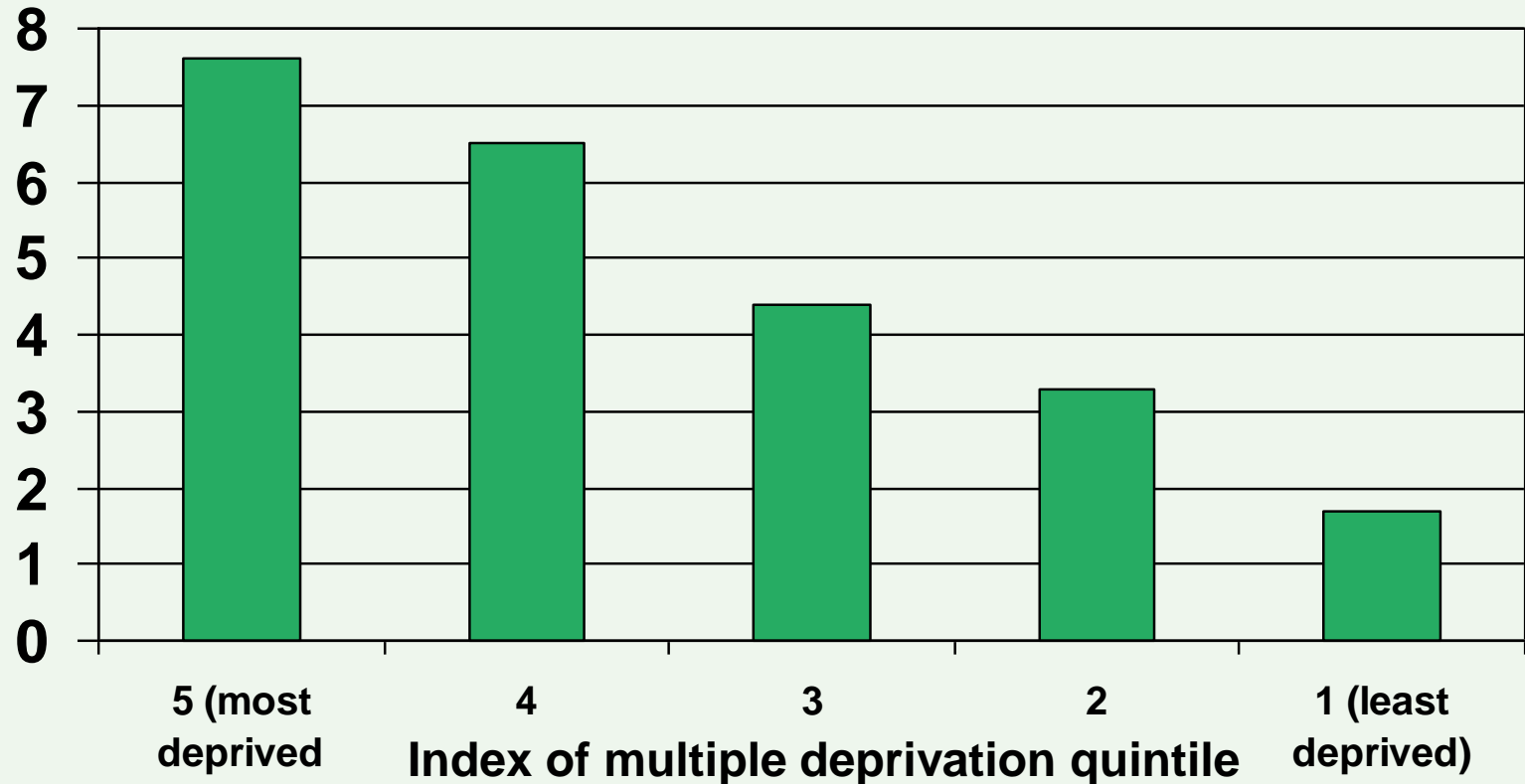
Children in Year 6 (aged 10-11 years)



Child obesity: BMI \geq 95th centile of the UK90 growth reference

Fast food chains more common in deprived areas: England and Scotland

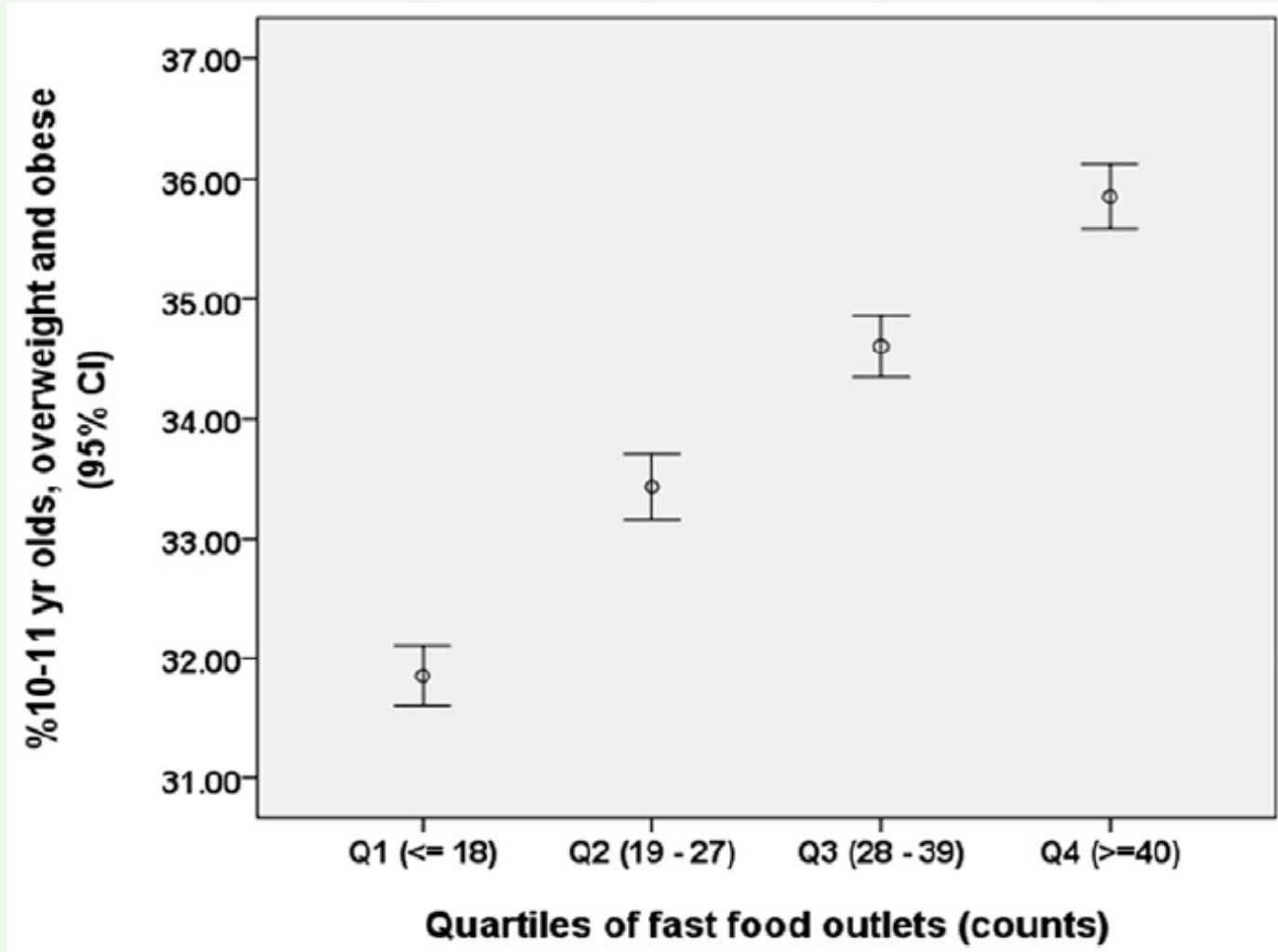
■ Mean number of fast food outlets* per 100000 people



(*McDonald's, Burger King, KFC and Pizza Hut)



Availability of Fast food outlets and childhood overweight and obesity





But Deprivation of Area has a strong relation to childhood obesity independent of availability of fast food outlets

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

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



What good does it do to treat people and send them back to the conditions that made them sick?





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”

Mission for Presidency (and life)

Health Equity

through action on

Social Determinants of Health

LIFE EXPECTANCY AT BIRTH

	MALE	FEMALE
INDIGENOUS AUSTRALIAN*	69.1	73.7
NON INDIGENOUS AUSTRALIAN*	79.7	83.1



Tharawal
Aboriginal Corporation

"Your Health, Our Commitment"



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



Waranwarin

20 children graduated in 2015

60 children enrolled 2015



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
complete adult and
child health checks
link to speech,
audiology,
optometry and
dental



Every family attends either;

Triple P parenting,

123 Magic

or grass roots parenting.



FE OR CE?
Contact the AMS D&A Unit for treatment options on 0319 5823 Monday – Friday between 9am – 5pm
24 HOUR HELPLINE: 1800 888 236. For immediate assistance contact 000

I LOST MUM AND DAD TO
Contact the AMS D&A Unit for treatment options on 0319 5823 Monday – Friday between 9am – 5pm
24 HOUR HELPLINE: 1800 888 236. For immediate assistance contact 000
Our community page will be closed. Copyright brought to you by the Aboriginal Medical Services, Northern Territory

GRIEVE THE LOSS OF A CHILD THAT IS STILL ALIVE
Contact the AMS D&A Unit for treatment options on 0319 5823 Monday – Friday between 9am – 5pm
24 HOUR HELPLINE: 1800 888 236. For immediate assistance contact 000
Our community page will be closed. Copyright brought to you by the Aboriginal Medical Services, Northern Territory

ICE – THINK TWICE
Contact the AMS D&A Unit for treatment options on 0319 5823 Monday – Friday between 9am – 5pm
24 HOUR HELPLINE: 1800 888 236. For immediate assistance contact 000
Our community page will be closed. Copyright brought to you by the Aboriginal Medical Services, Northern Territory

ICE DOESN'T JUST AFFECT YOU – IT AFFECTS ME TOO
Contact the AMS D&A Unit for treatment options on 0319 5823 Monday – Friday between 9am – 5pm
24 HOUR HELPLINE: 1800 888 236. For immediate assistance contact 000
Our community page will be closed. Copyright brought to you by the Aboriginal Medical Services, Northern Territory

HE PROMISED ME HE'D BE BACK – HE DESTROYS FAMILIES
Contact the AMS D&A Unit for treatment options on 0319 5823 Monday – Friday between 9am – 5pm
24 HOUR HELPLINE: 1800 888 236. For immediate assistance contact 000
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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





Bringing Them Home



Reaction to my discussion of economic inequalities

Welcome to Fantasy Land