Fair Society, Healthy Lives

Michael Marmot
University College London

Changing inequalities: How do they affect societies?
GINI conference
19th March 2010
• Social justice
• Material, psychosocial, political empowerment
• Creating the conditions for people to have control of their lives

www.who.int/social_determinants
Male life expectancy at birth, inequality gap*
England 1993-2007 and target for the year '2010'

Progress since baseline:
A rise of 4% in the gap

Target:
10% minimum reduction in relative gap, from 2.57% in 1995-97 to 2.32% in 2009-11

DH 2008
Female life expectancy at birth, inequality gap*
England 1993-2007 and target for the year ‘2010’

Progress since baseline:
A rise of 11% in the gap

Target:
10% minimum reduction in relative gap,
from 1.77% in 1995-97 to 1.59% in 2009-11

Projection of life expectancy for England
(exponential projection based on data for 1996-98 to 2005-07)
Target trajectory for Spearhead Group i.e. to achieve target
reduction in gap given observed/projected England life expectancy

Actual Data
Inequality Gap*, in years
Target

* The relative gap between England and the Spearhead Group
(i.e. the difference in life expectancy, as a percentage of the England life expectancy)

Source: ONS data (from sub-national life expectancy dataset based on abridged life tables)

DH 2008
• Not just poor health of the poor – the social gradient in health
Life expectancy and disability-free life expectancy at birth by neighbourhood income deprivation, 1999-2003

Source: Office for National Statistics\(^5\)
Implications of the gradient
Without health inequalities in England –

Each year, if all had the mortality rate of

1) those with university education:
   • Prevent 202,000 people aged 30+ dying prematurely (40 % of deaths);
   • 2.5 million life years gained;

2) those in most affluent 10% of areas:
   • 2.8 million extra years of life free from limiting illness or disability

Estimates calculated for Marmot Review based on ONS data
We can’t afford not to take action

• Losses from illness associated with health inequalities, each year in England:
  – productivity losses of £31-33 Billion
  – reduced tax revenue and higher welfare payments of £20-32B and
  – increased treatment costs well in excess of £5B.
• Gradients only in high income countries?
Under 5 mortality per 1000 live births by wealth quintile

Average U5M for high income countries is 7/1000

Source: DHS
• Context matters
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\textsuperscript{148}
Goals

Reduce health inequalities and improve health and well-being for all

- Create an enabling society that maximises individual and community potential

- Ensure social justice, health and sustainability are at heart of policies
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
Policy Mechanisms

- Equality and health equity in all policies

- Effective evidence-based delivery systems
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
Gaps in school readiness at 3 and 5 years by family income: UK

Waldfogel & Washbrook 2008
Links between socioeconomic status and factors affecting child development, 2003-4

Source: Department for Children, Schools and Families
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
Percentage of pupils achieving 5+ A*–C grades inc English and Maths at GCSE by income deprivation of area of residence, England, 2008/9

Note: Based on lower super output area of residence
Source: Department for Children, Schools and Families
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
Seasonally adjusted trends in unemployment for young people in the UK, 1992-2009

Source: Office for National Statistics Labour Force Survey\textsuperscript{134}
The association of civil service grade with job control, Whitehall II study, 1985–88

Job control

Notes: Score calculated as z score
Source: Whitehall II Study

Employment Grade

High

Low
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
Minimum Income Standard

• more than food, clothes and shelter;
• sufficient ‘resources to participate in society and to maintain human dignity, consuming those goods and services regarded as essential in Britain’.

Hirsh et al 2009
Taxes as a percentage of gross income, by quintile, 2007/8

Percent

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Bottom</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>Top</th>
</tr>
</thead>
<tbody>
<tr>
<td>All indirect taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All direct taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Quintile of household equivalised disposable income

Source: Office for National Statistics
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
Greener living environments: lower health inequalities, England

Deaths from circulatory disease

Percentage of those lacking social support by deprivation of residential area, 2005

![Bar chart showing percentage of those lacking social support by deprivation quartile. Least deprived has 12% severe lack and 23% some lack. Second quintile has 13% severe lack and 25% some lack. Third quintile has 13% severe lack and 24% some lack. Fourth quintile has 16% severe lack and 25% some lack. Most deprived has 19% severe lack and 26% some lack. Source: Health Survey for England.]

Source: Health Survey for England
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
Age standardised circulatory disease death rates at ages under 75, by local ward deprivation level, 1999 and 2001-2003

Rate per 100,000 population

Least deprived → Deprivation twentieths → Most deprived

Males

Females

Source: Office for National Statistics Health Statistics Quarterly 60
• Only 4 per cent of NHS funding is spent on prevention;
• Partnership working between primary care, local authorities and the third sector - delivers effective universal and targeted preventive interventions
Average: 1.6% decline in smokers in 9 months before ban
5.5% decline in 9 months after ban
West, Smoking Toolkit Study, 2008
Psychological distress and subsequent obesity: Whitehall II study

GHQ case = measure of psychological distress

Kivimaki et al, BJPych 2009
• Acting at local level
North West Regional Health Inequalities Strategy: England

Partnership for integrated strategy
The London Health Inequalities Strategy
Draft for public consultation
1. Empower individual Londoners and their communities to improve health and wellbeing.

2. Improve access to London’s health and social care services, particularly for Londoners who have poorer health outcomes.

3. Reduce income inequalities and minimise the negative health consequences of relative poverty.

4. Increase opportunities for people to access the potential benefits of work and other forms of meaningful activity.

5. Develop and promote London as a healthy place for all – from homes to neighbourhoods and the city as a whole.
• 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

Notes: NS-SEC = National Statistics
Socio-economic Classification
Source: Office for National Statistics

Mortality rate per 100,000
A Fair Society

Conditions in which individuals and communities have control over their lives

www.marmot-review.org.uk