

Global and National Action
on SDH

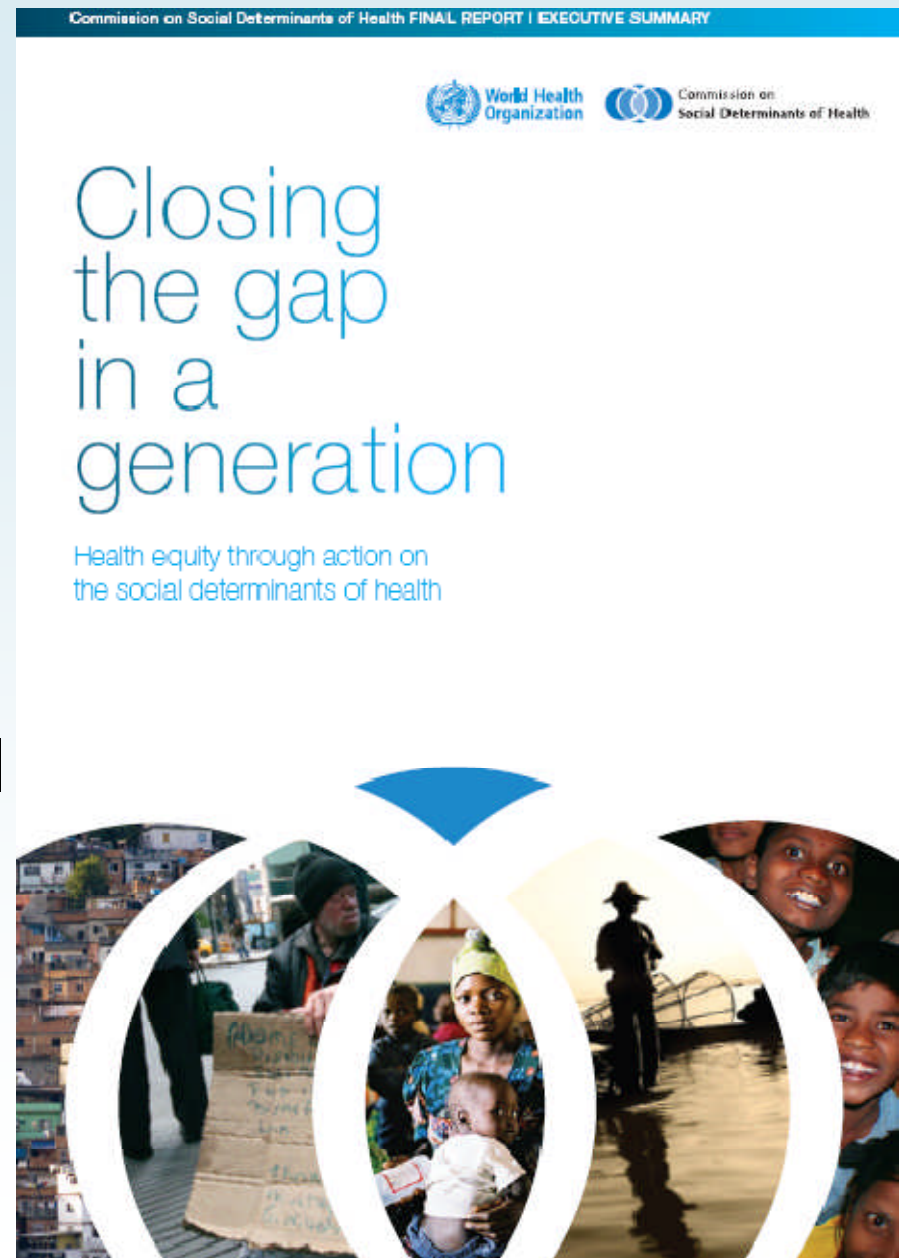
Michael Marmot
UCL

**Secretary's Advisory Committee on National Health Promotion
and Disease Prevention Objectives for 2010
Web-based Meeting
11th Dec 2009**

- Lessons from International Efforts

- Social justice
- Empowerment as a means – material, psychosocial, political
- Creating the conditions for people to take control of their lives

www.who.int/social_determinants



CSDH – three principles of action

**Structural drivers of those conditions
at global, national and local level**

**Conditions in which people are
born, grow, live, work and age**

Monitoring, Training, Research

CSDH – three Linked Areas for Action

**Structural drivers of those conditions
at global, national and local level**

**Early child development and
education**

**Healthy Places
Conditions that people are
born, grow, live, work and age
Fair, Employment**

Social Protection

Universal Health Care

Monitoring, Training, Research

- Tools: Health impact assessment?

CSDH – Areas for Action

Health Equity in all Policies

Fair Financing

**Good Global
Governance**

**Early child development and
education**

Healthy Places

Fair Employment

Social Protection

Universal Health Care

**Market
Responsibility**

Gender Equity

**Political empowerment
– inclusion and voice**

- Wider determinants

EXPENDITURE ON MEDICAL CARE PER CAPITA IN US AND UK

- UNITED STATES:
 - US\$ 6,096

- UNITED KINGDOM:
 - US\$ 2,560 (adjusted for purchasing power)

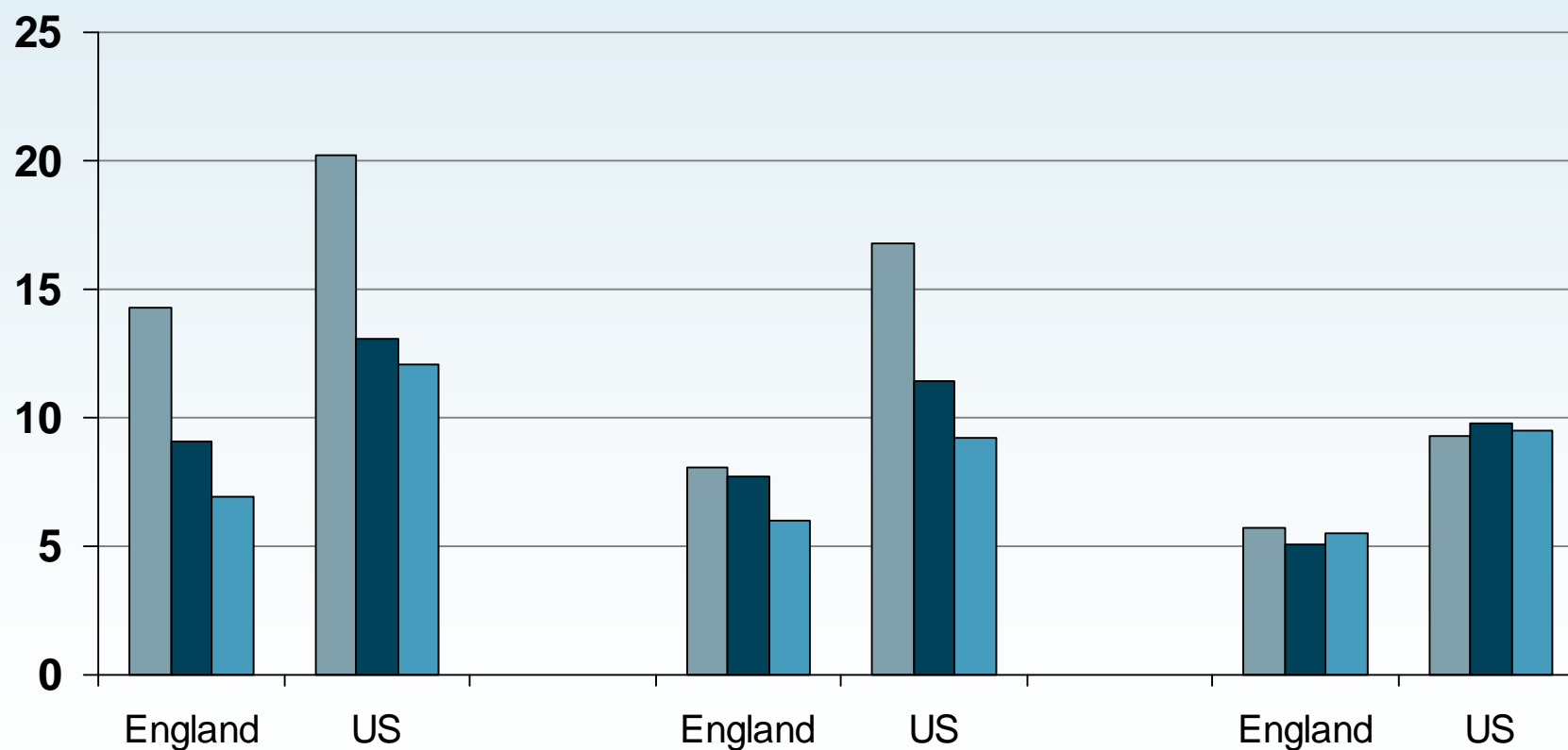
(Human Development Report 2007/2008)

HEALTH DIFFERENCES BETWEEN ENGLAND AND THE US

55-64 year olds

% Prevalence

■ Low income ■ Middle income ■ High Income



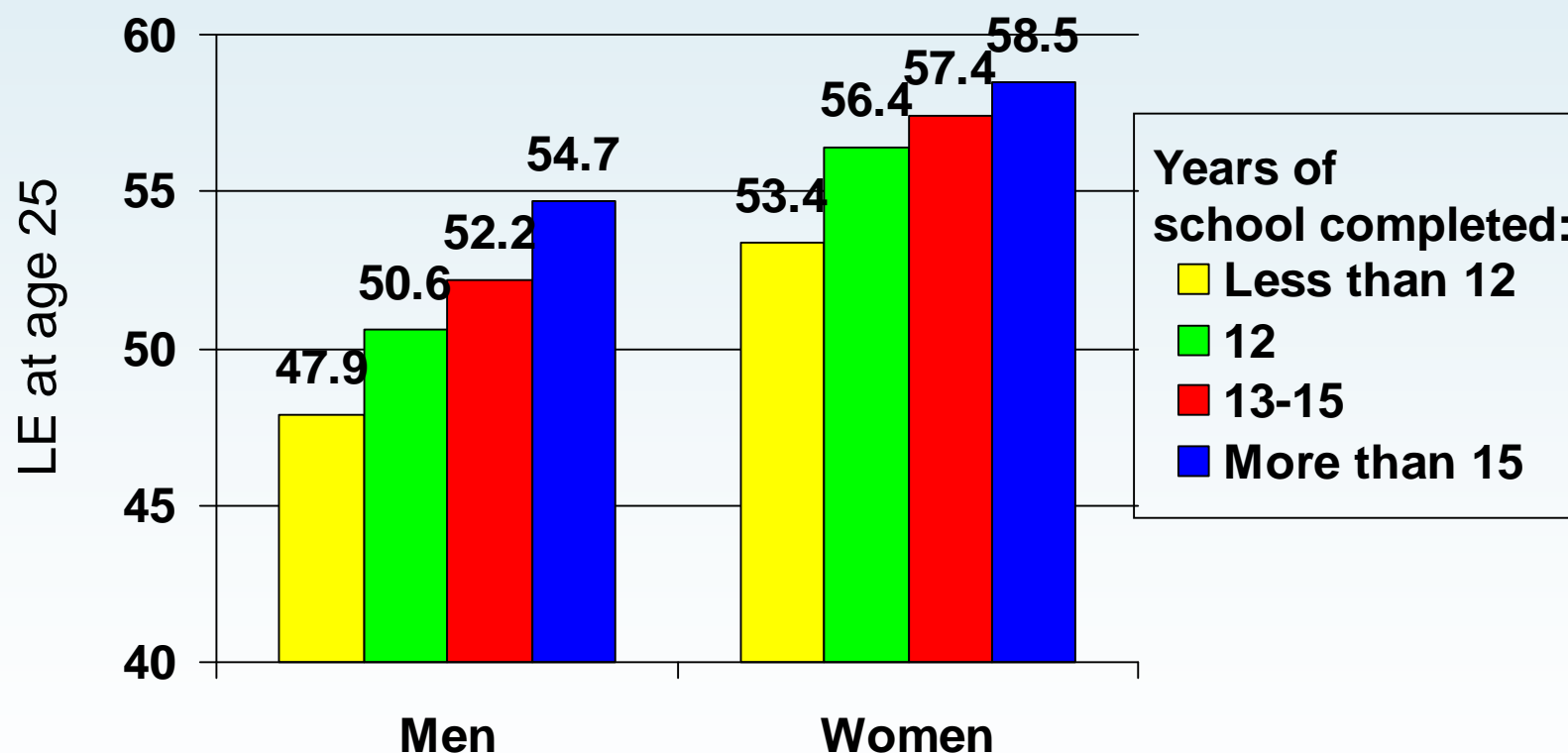
Heart disease

Diabetes

Cancer

- Not just the poor. A gradient

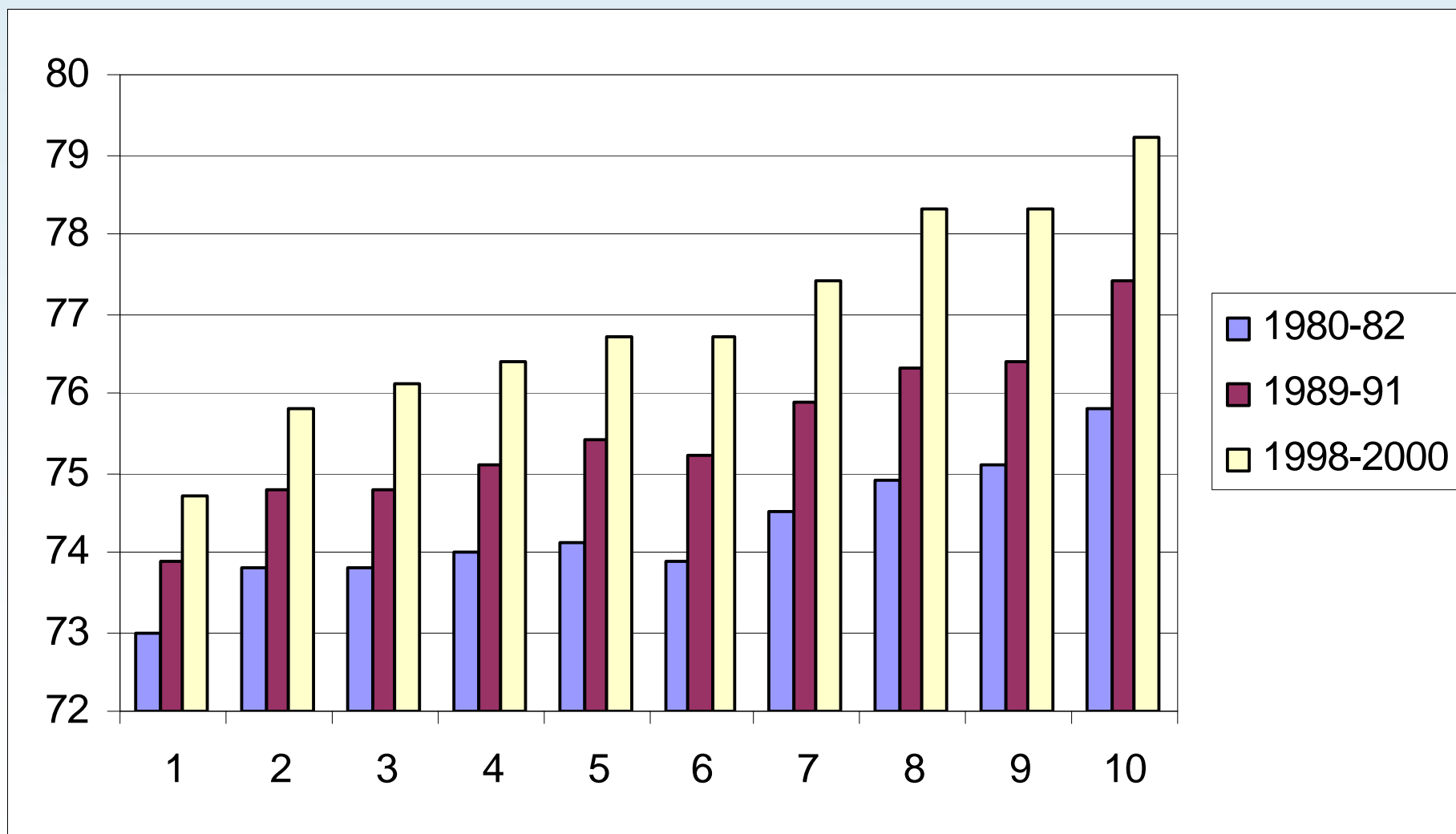
Life expectancy at age 25 by education, United States, 1988 - 1998



Source: Robert Wood Johnson Foundation, Commission to build a Healthier America, 2008

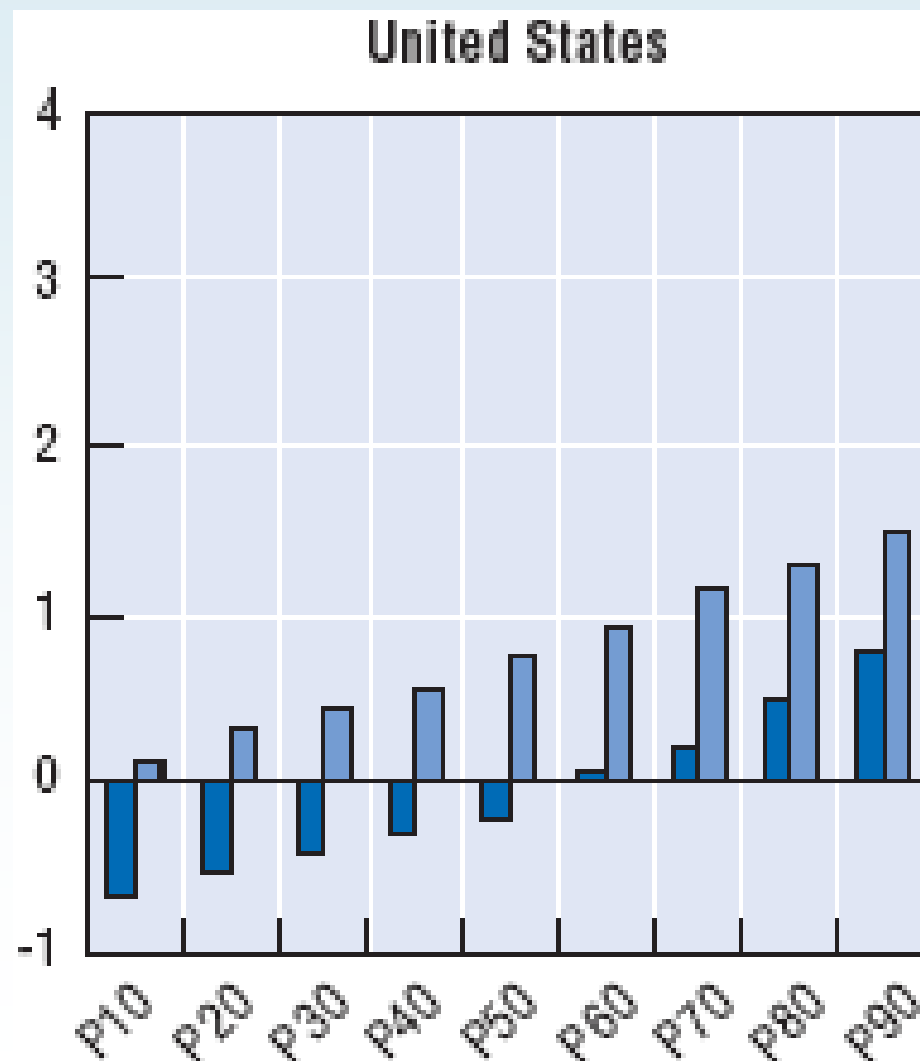
- The slope of the gradient is not fixed

Life expectancy at birth by socioeconomic deprivation US (male and female combined)

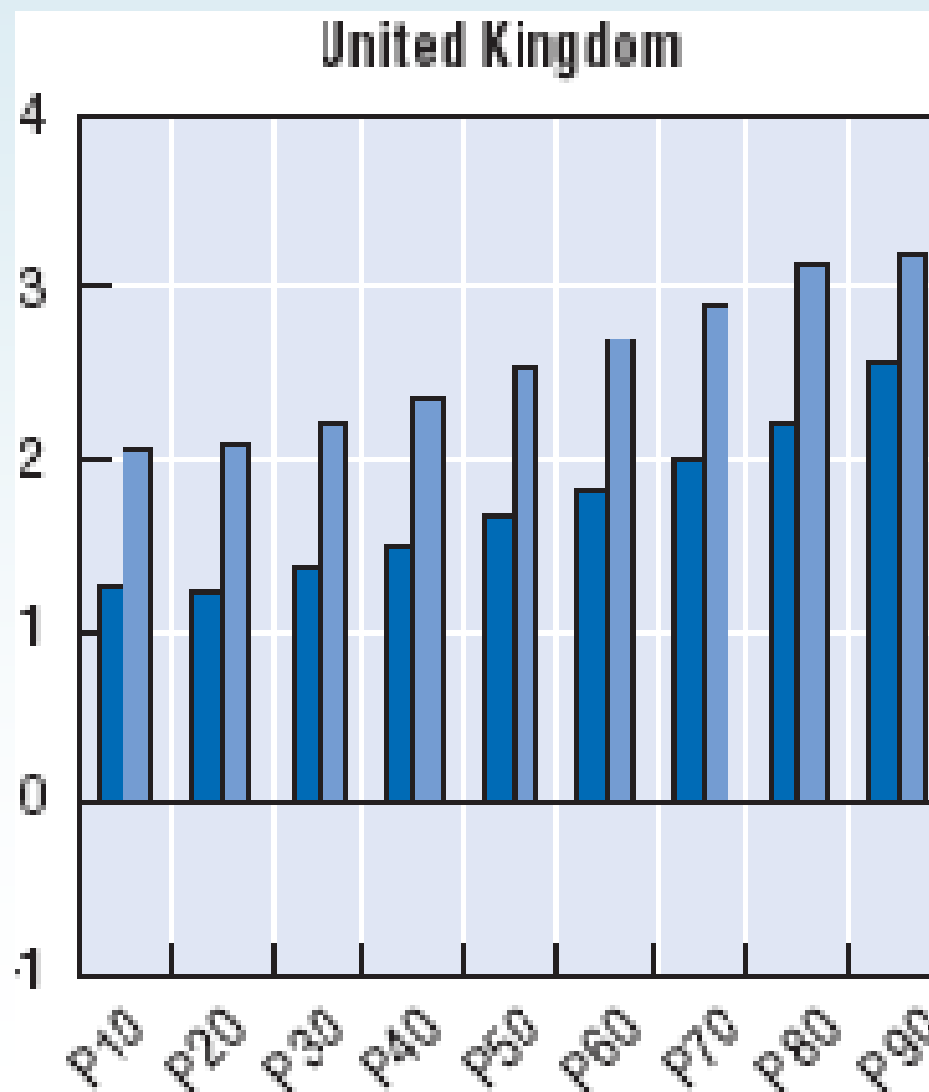


(Singh & Siahpush, 2006)

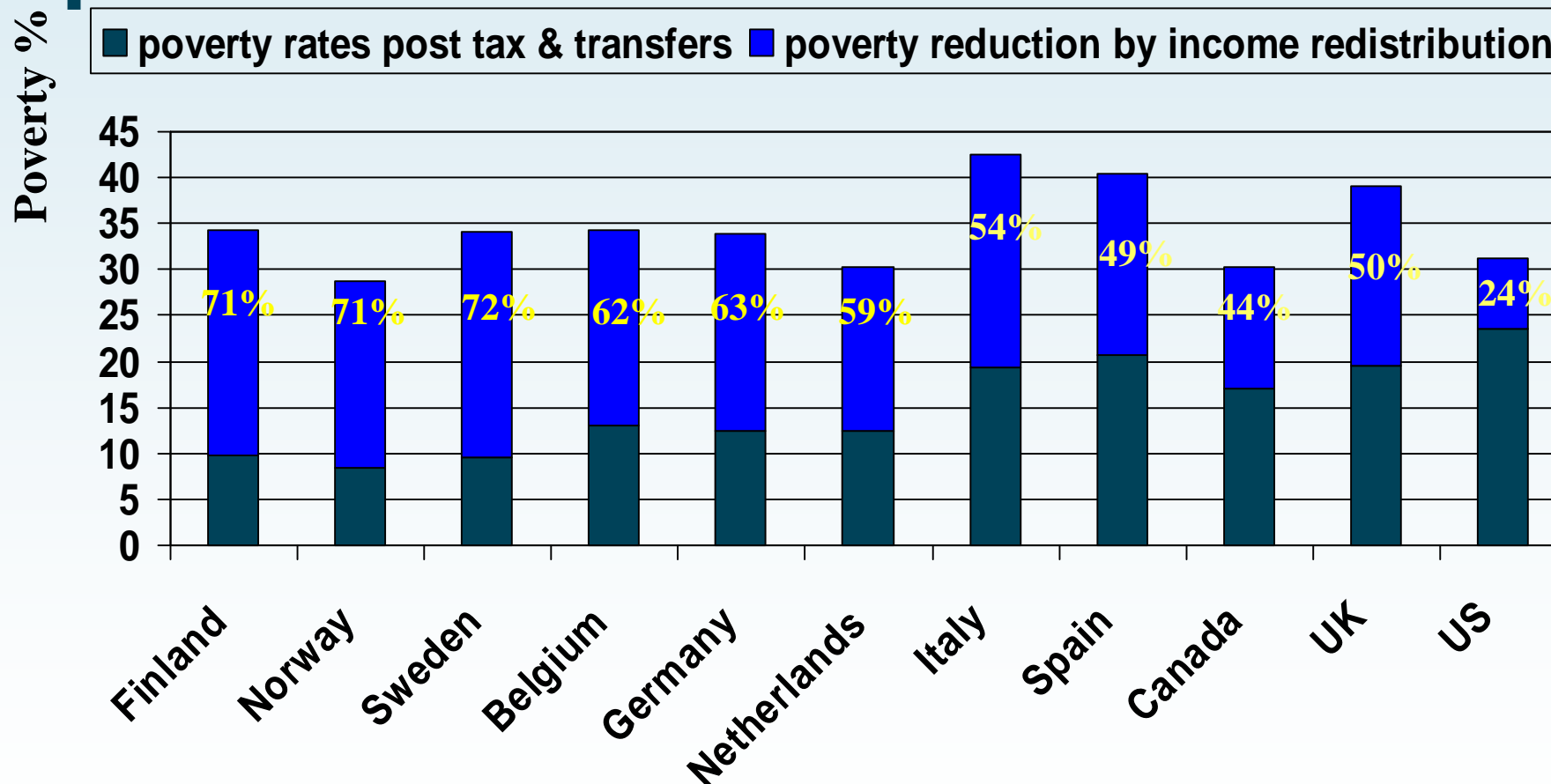
Real earnings growth (%) for men and women working full time by decile, 1980 - 2005



Real earnings growth (%) for men and women working full time by decile, 1980 - 2003



Proportion relatively poor pre and post welfare state redistribution



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

- Recognition by elected officials?

“I am pleased to announce that Sir Michael Marmot has agreed to undertake a new review of health inequalities in England...”



“...and we will learn from other countries along the way...”

Gordon Brown, Prime Minister, UK
at Closing the Gap Conference, 6th Nov 2008

- “I have asked Professor Sir Michael Marmot, drawing on the excellent evidence of the WHO’s social determinants of health commission, to lead a review, based on the best global evidence on how we can do more to tackle health inequality in this country.”

Alan Johnson, Secretary of State, DH,

6th Nov 2008

Closing the Gap Conference, London



Building on health inequalities agenda in the UK

- 1998 - Acheson Inquiry into Inequalities in Health;
- 1999 – national strategy for health in England – Saving Lives: our healthier nation – commitment to tackling health inequalities
- 2002 – Treasury led cross cutting review on health inequalities
- 2003 – Tackling health inequalities - Programme for action

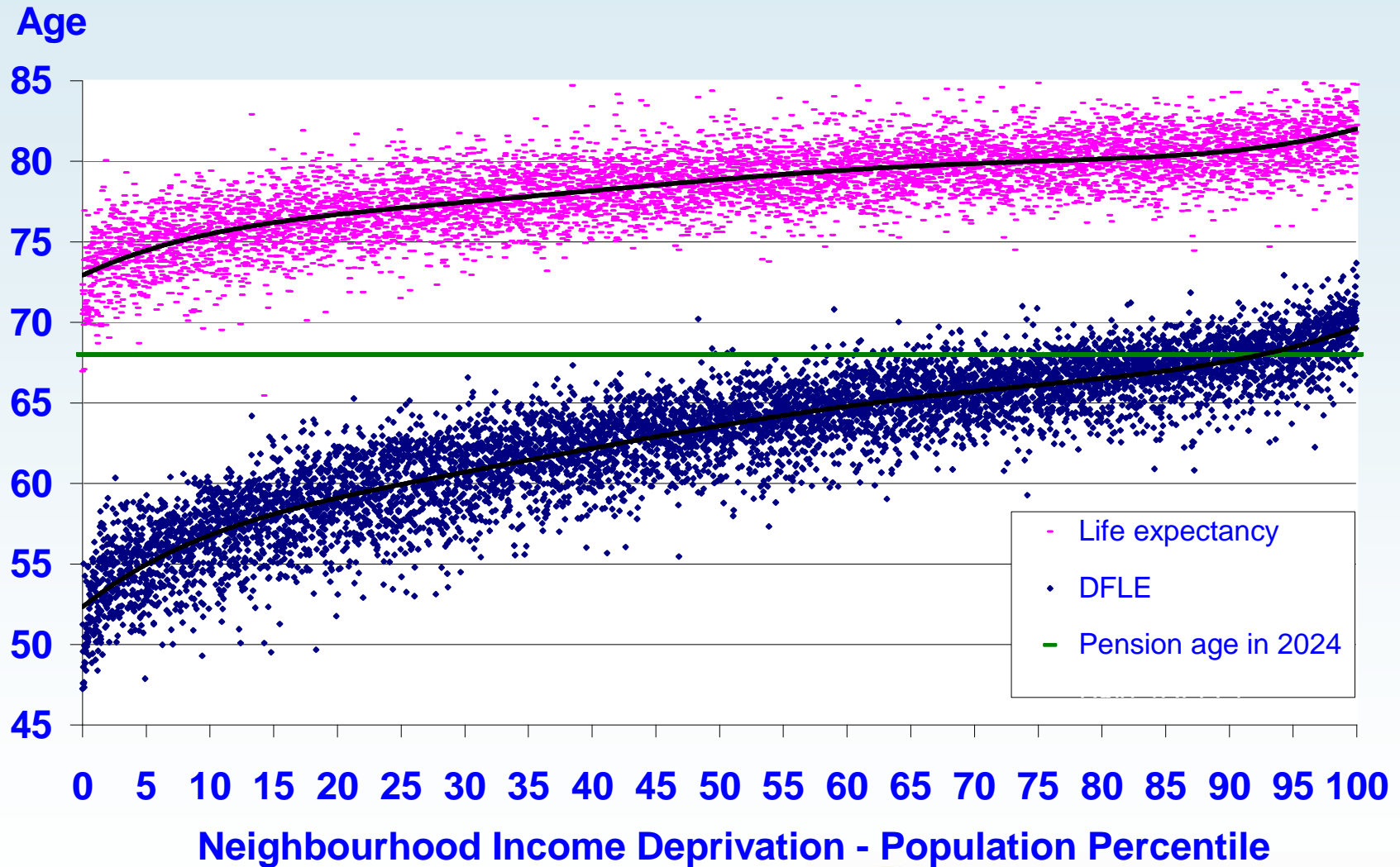


Strategic Review of Health Inequalities in England post-2010

- Identify evidence to underpin future policy and action;
- Show how evidence can be translated into practice;
- Advise on possible objectives and measures, build on experience of the current PSA target on infant mortality and life expectancy;
- Publish a report to contribute to development post-2010 health inequalities strategy. (Feb 2010)

- Indicators and the economic case

Life expectancy and disability free life expectancy at birth, persons by neighbourhood income level, England, 1999-2003

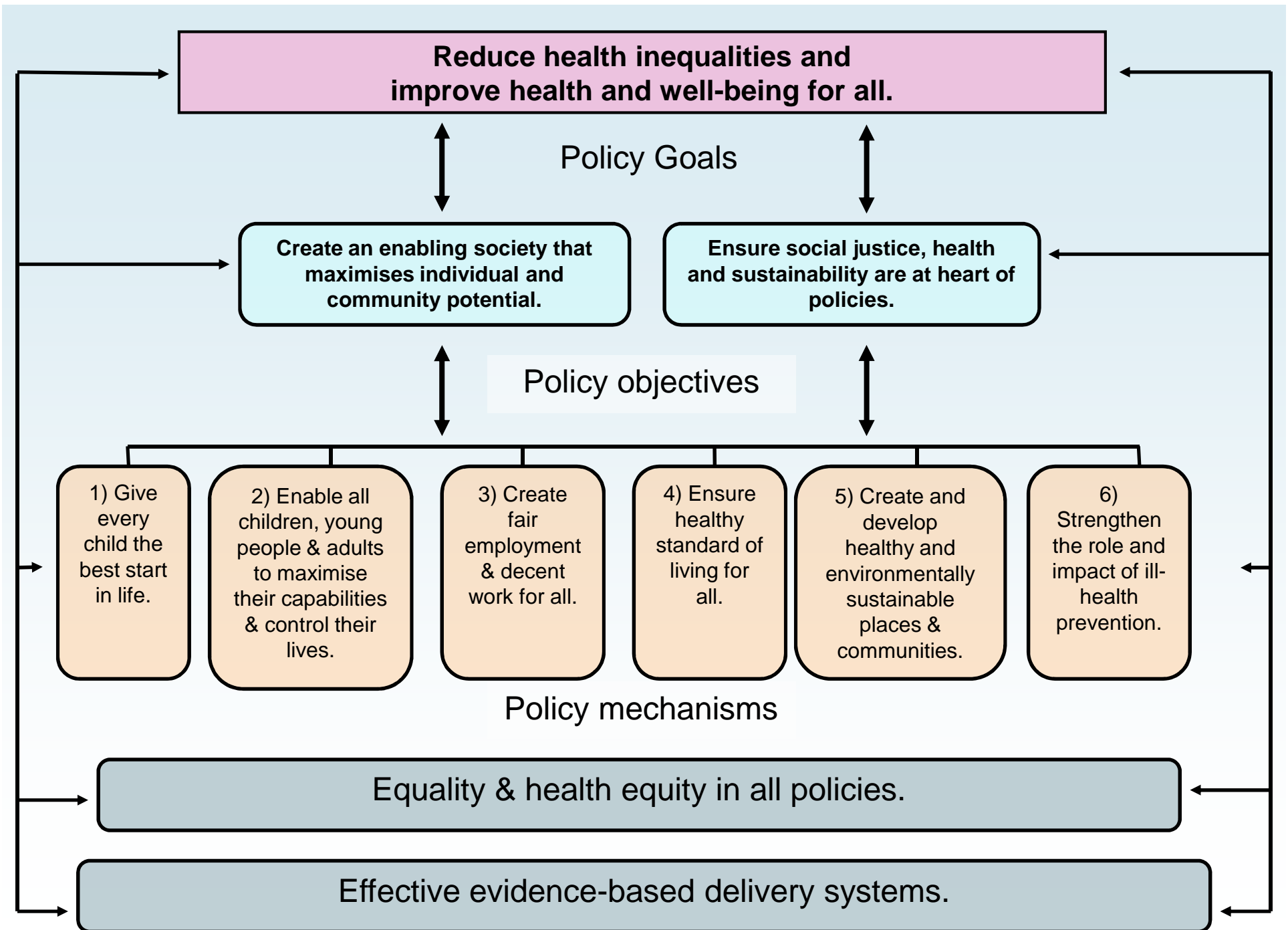


Source: ONS



Strategic Review of Health Inequalities in England post-2010

- Whole of government



Working across government

- Department for Transport
- Department for Children, Schools and Families
- Department of Work and Pensions
- Department of Energy and Climate Change
- Department of Communities and Local Government
- Ministry of Justice
- Department for Environment, Food and Rural Affairs
- Department for Culture, Media and Sport
- Opposition parties



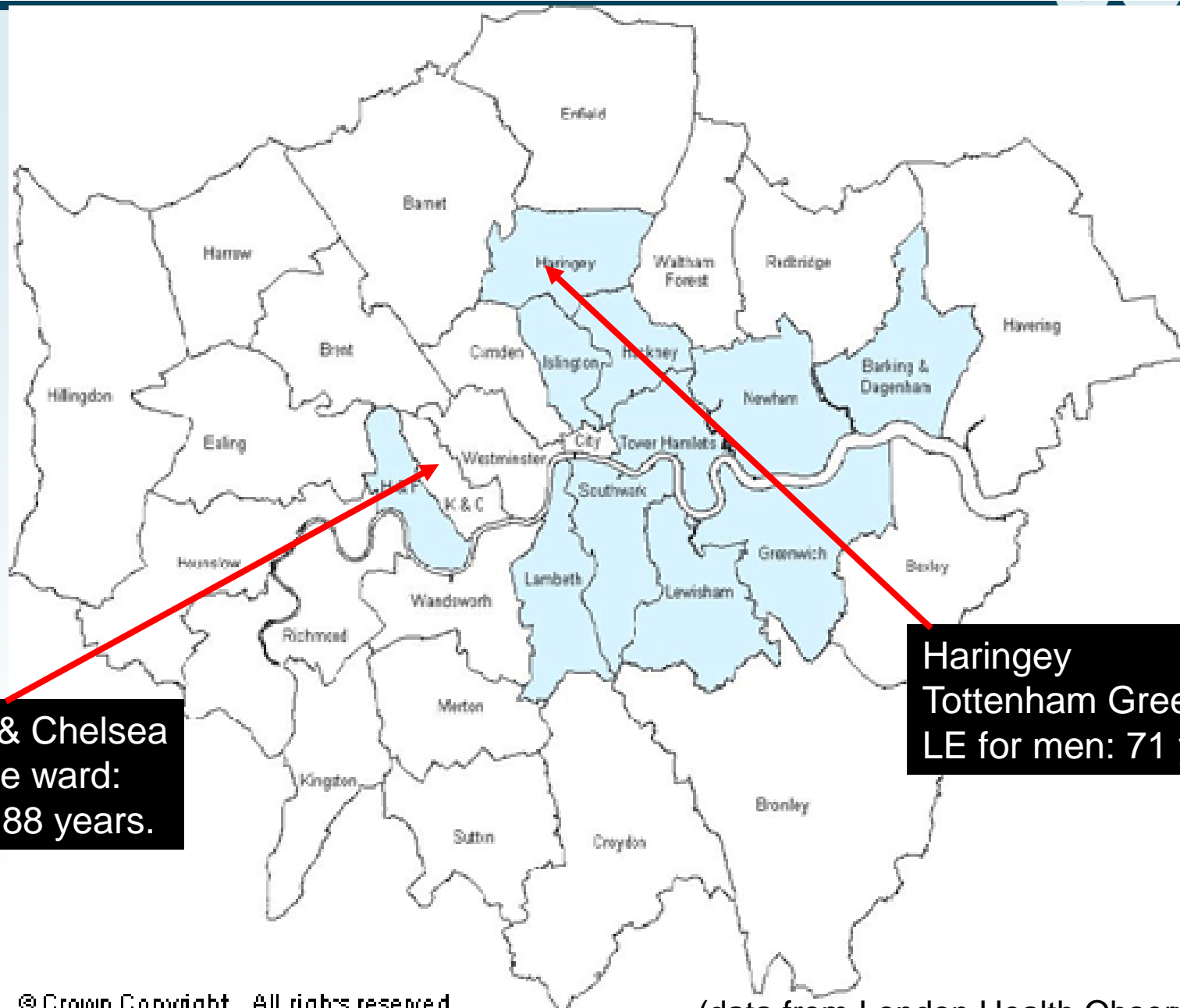
- Understanding of the problem?

LIFE EXPECTANCY IN LONDON BOROUGH OF CAMDEN: MEN

- Cycle from Hampstead in the north of Camden to UCL in the south. Travel from area where life expectancy for men is 81 years; within 30 min by bike life expectancy drops by eleven years to 70 years.



Life expectancy at birth for selected London electoral wards, 2002-06



Kensington & Chelsea
Queens Gate ward:
LE for men: 88 years.

Haringey
Tottenham Green
LE for men: 71 years

- Local level?

August 2009

The London Health Inequalities Strategy

Draft for public consultation



MAYOR OF LONDON

Policy Mechanisms

- Equality & health equity in all policies
 - Health Impact Assessments
 - Equality legislation
 - Cross and all government approach
- Evidence based delivery systems
 - National and local levels



Framework for indicators and targets

- Establish potential targets and indicators of outcome, output and process
 - Underpin the areas of action on social determinants in short, medium and long term
- Provide a rigorous basis to facilitate performance improvement of national & local government and its agencies and hold them to account
- Provide the basis for:
 - setting national targets and indicators
 - assisting local agencies in their development of local targets on a nationally comparable basis



A fairer society



Final Report Launched and available online

11 February 2010

For further information

www.ucl.ac.uk/gheg/marmotreview



Strategic Review of Health Inequalities
in England post-2010