



UCL Institute of Health Equity



# **The Social Determinants of Health: Role of Health Professionals in Tackling Health Equity**

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**@MichaelMarmot**

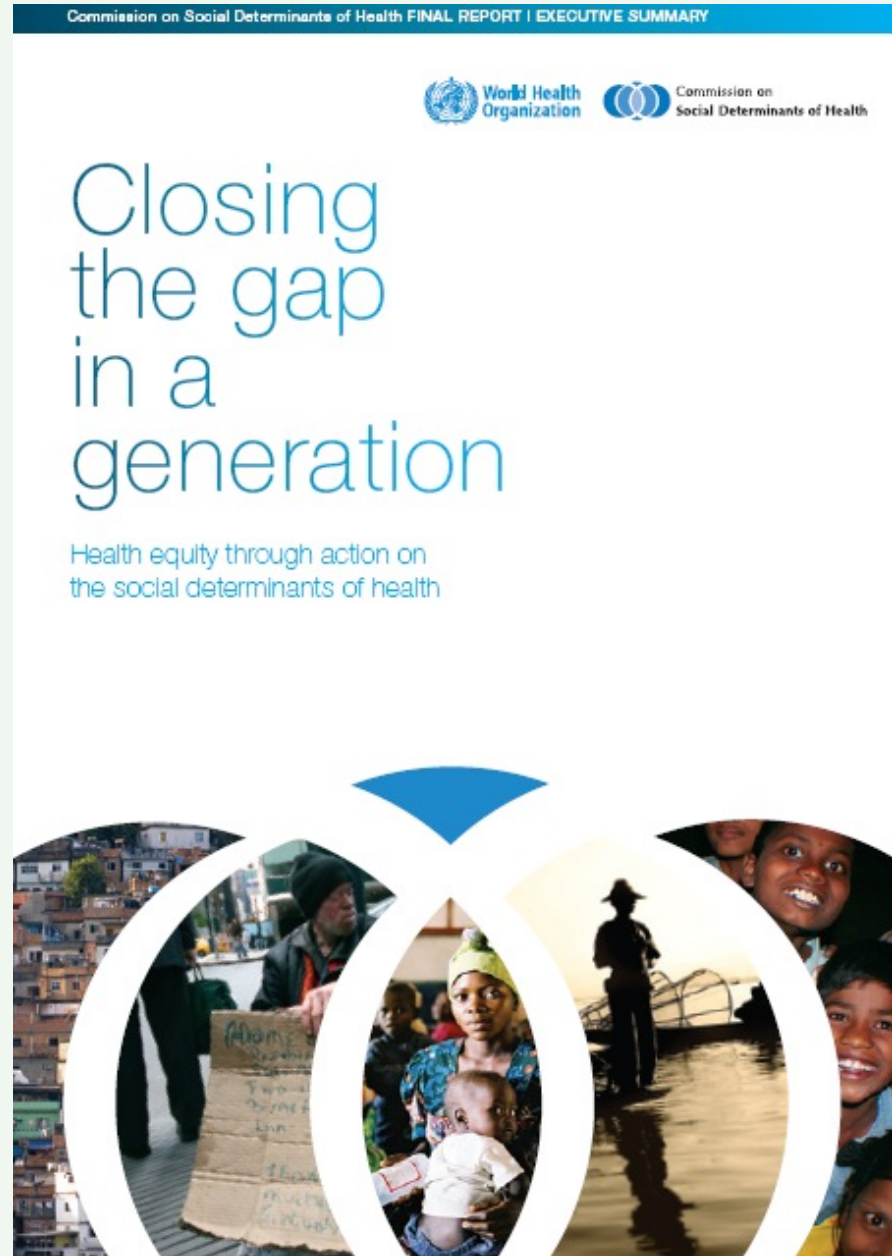
**[www.instituteoftheequity.org](http://www.instituteoftheequity.org)**

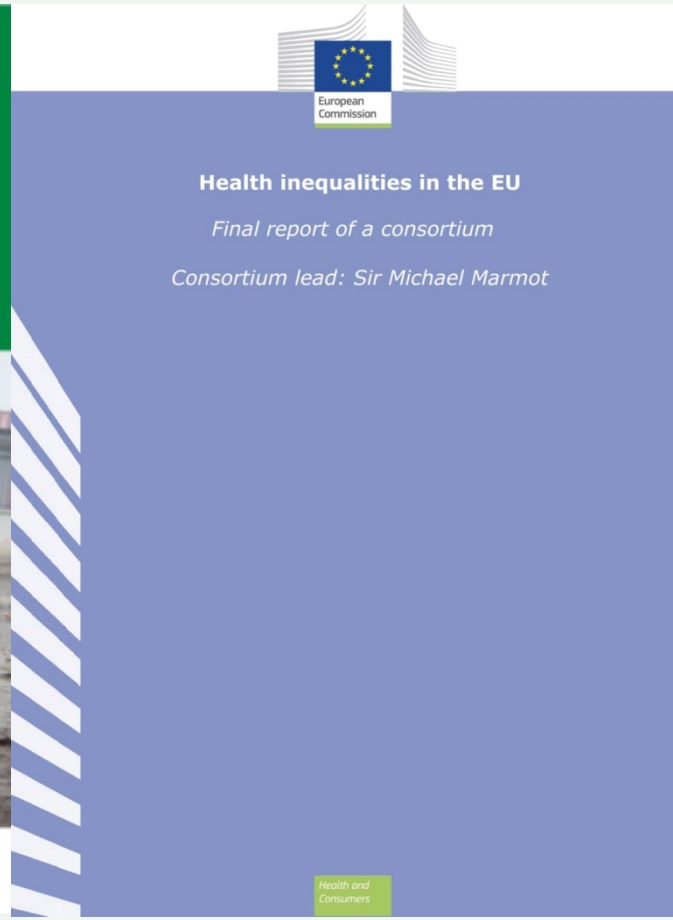
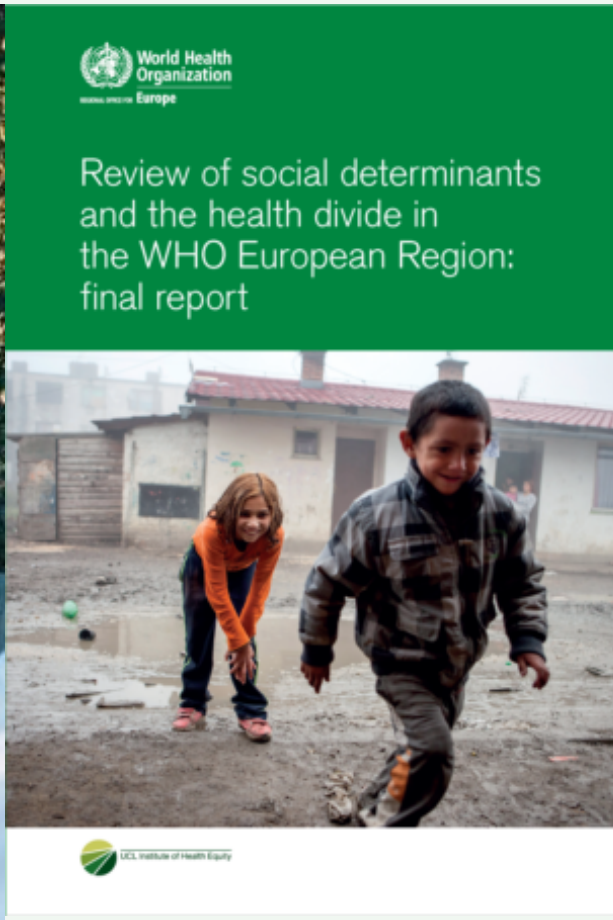
**Webinar 22 June, 2015**

# Key principles

- Social justice
- Material, psychosocial, political empowerment
- Creating the conditions for people to have control of their lives

[www.who.int/social\\_determinants](http://www.who.int/social_determinants)



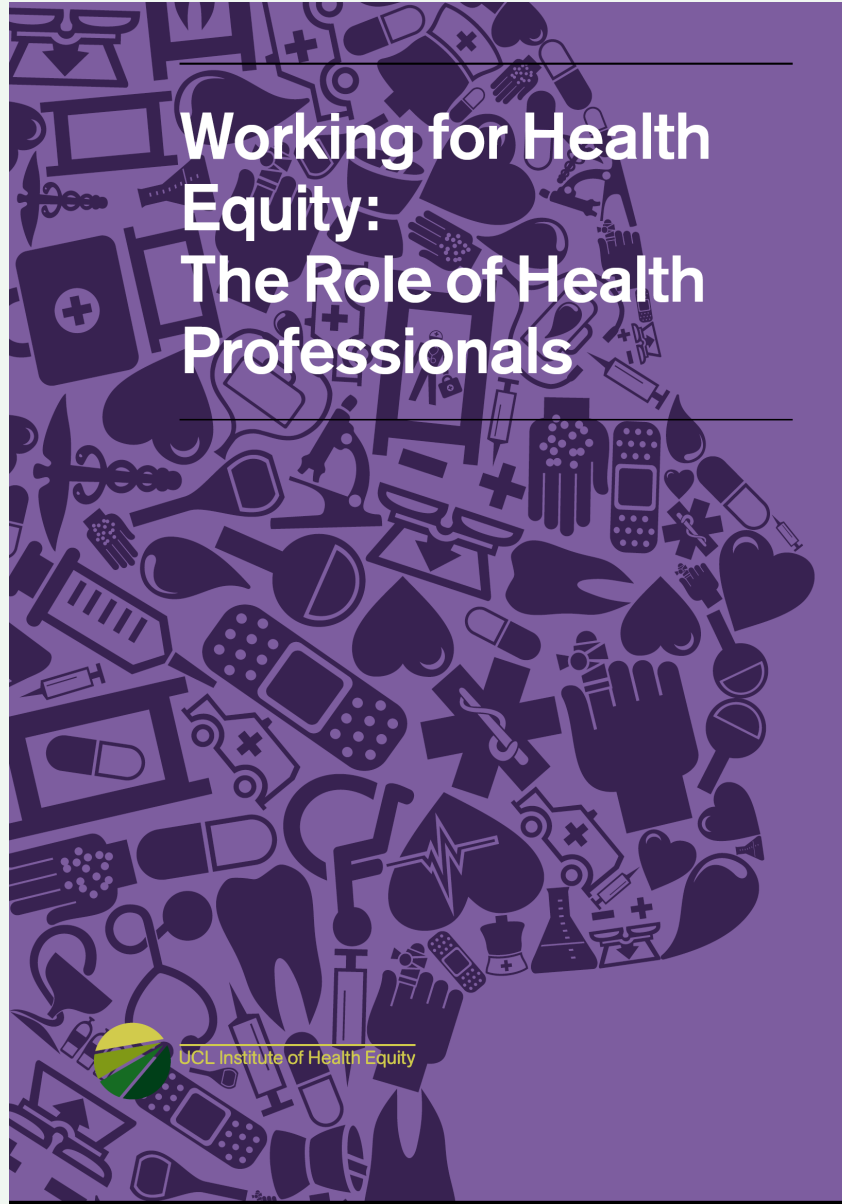


# Fair Society, Healthy Lives: 6 Policy Recommendations

- 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



# Working for Health Equity: The Role of Health Professionals



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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- Every sector is a health sector
  - Health and well being as outcomes
- Empowerment





## Health Education

The Commission on the Education of Health Professionals-the four Cs

**Criteria for admission:** social equity

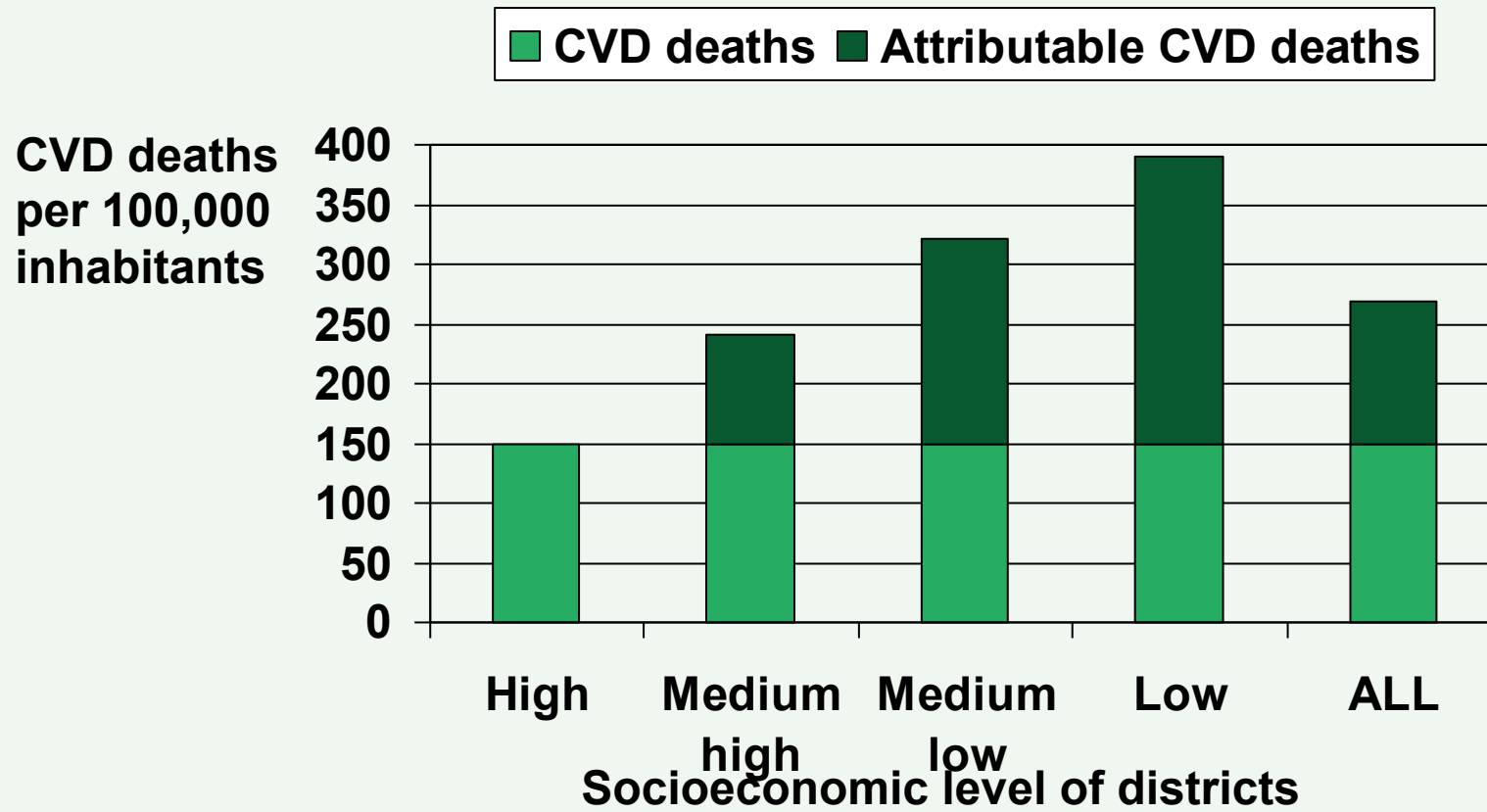
**Competencies:** Practice based; Communication and Partnership skills

**Channels:** All

**Career pathways:** develop social agency and notions of social justice

Source: Frenk, J., et al., *Health professionals for a new century: transforming education to strengthen health systems in an interdependent world*. The lancet, 2010. **376**(9756): p. 1923-1958.

# Cardiovascular deaths of people aged 45 - 64 and social inequalities: Porto Alegre, Brazil

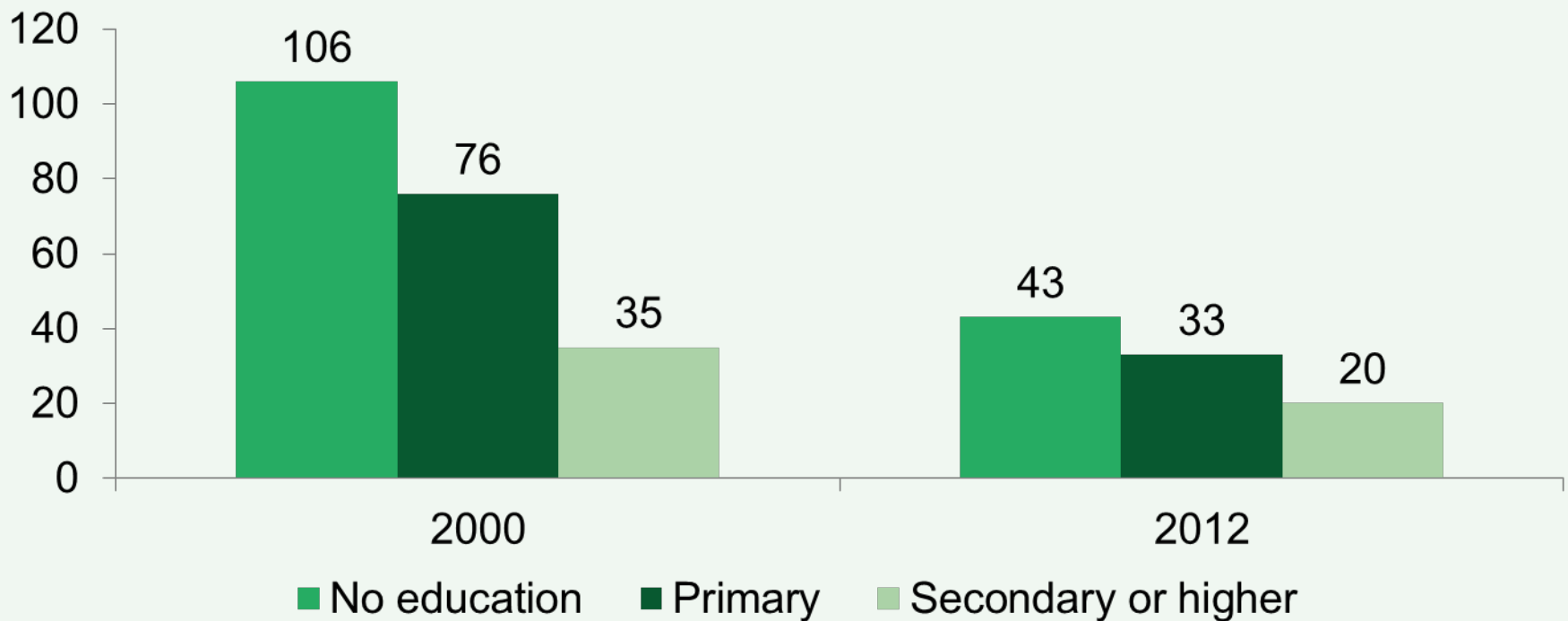


**45% all premature CVD deaths in Porto Alegre caused by socioeconomic inequality**

**Premature mortality by CVD 2.6 times higher in lowest compared to highest districts by socioeconomic level**

(Source: Bassanesi, Azambuja & Achutti, Arq Bras Cardiol, 2008)

## Under five mortality per 1000 live births by mother's education: Peru 2000 and 2012



(U5M for the ten years preceding the survey)

Source: measuredhs.com

## ***Case Study: A community oriented approach, Kathmandu***

Medical students visit a nearby community to identify SDH factors in the community and find solutions to them.

- students benefit from integrated training in clinical skills and public health in real-life situations, and gain a deeper understanding of the problems facing communities.
- The community benefit with an increased awareness of health-related matters and evidence of behavioral changes towards healthier lifestyles

Source: <http://imsear.li.mahidol.ac.th/handle/123456789/46248>

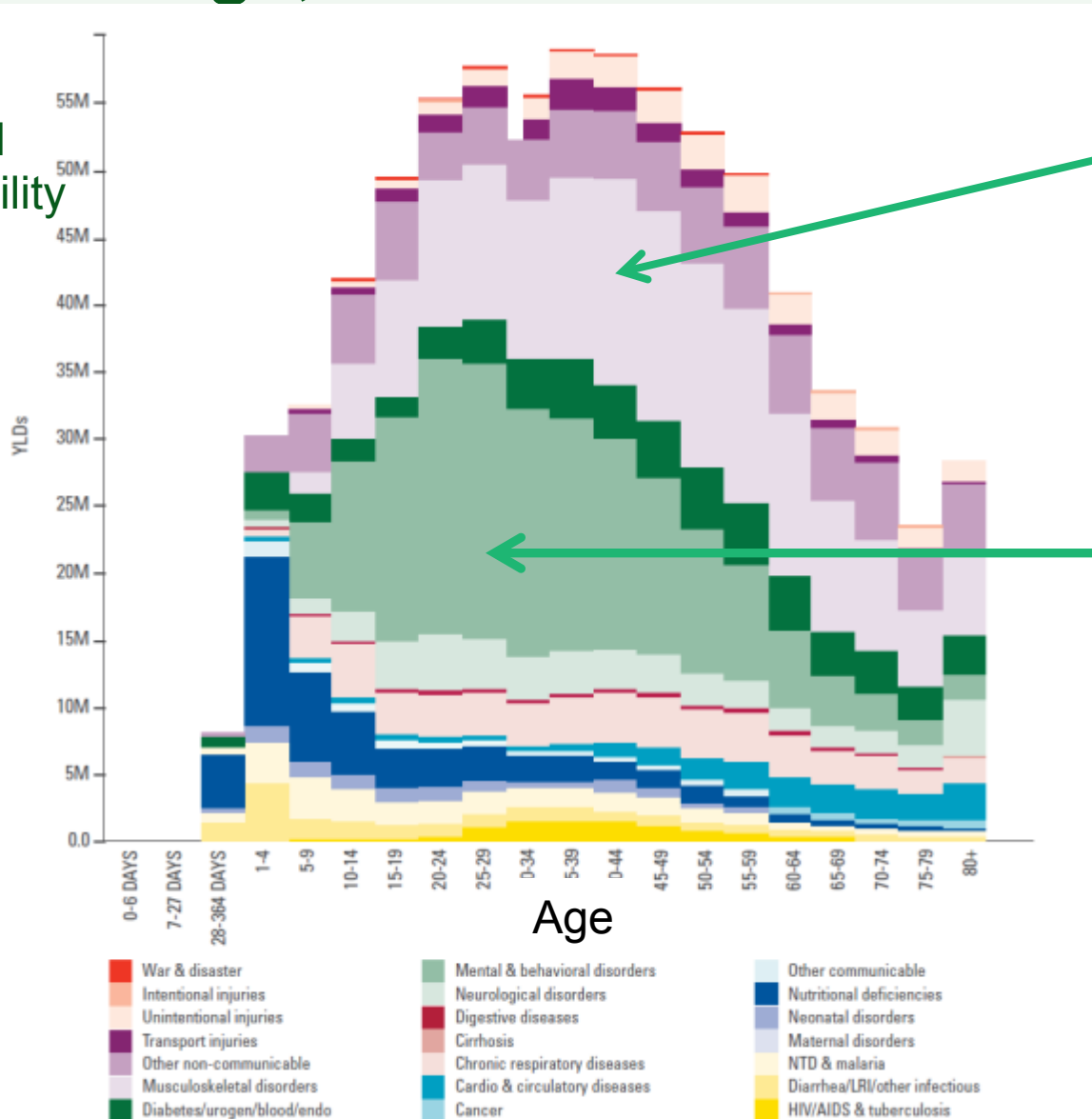
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# Mental Health

“Mental and behavioural disorders, such as depression, anxiety, and drug use, are the primary drivers of disability worldwide and caused over 40 million years of disability in 20 to 29-year-olds” in 2010

# Global disability patterns by broad cause group and age, 2010

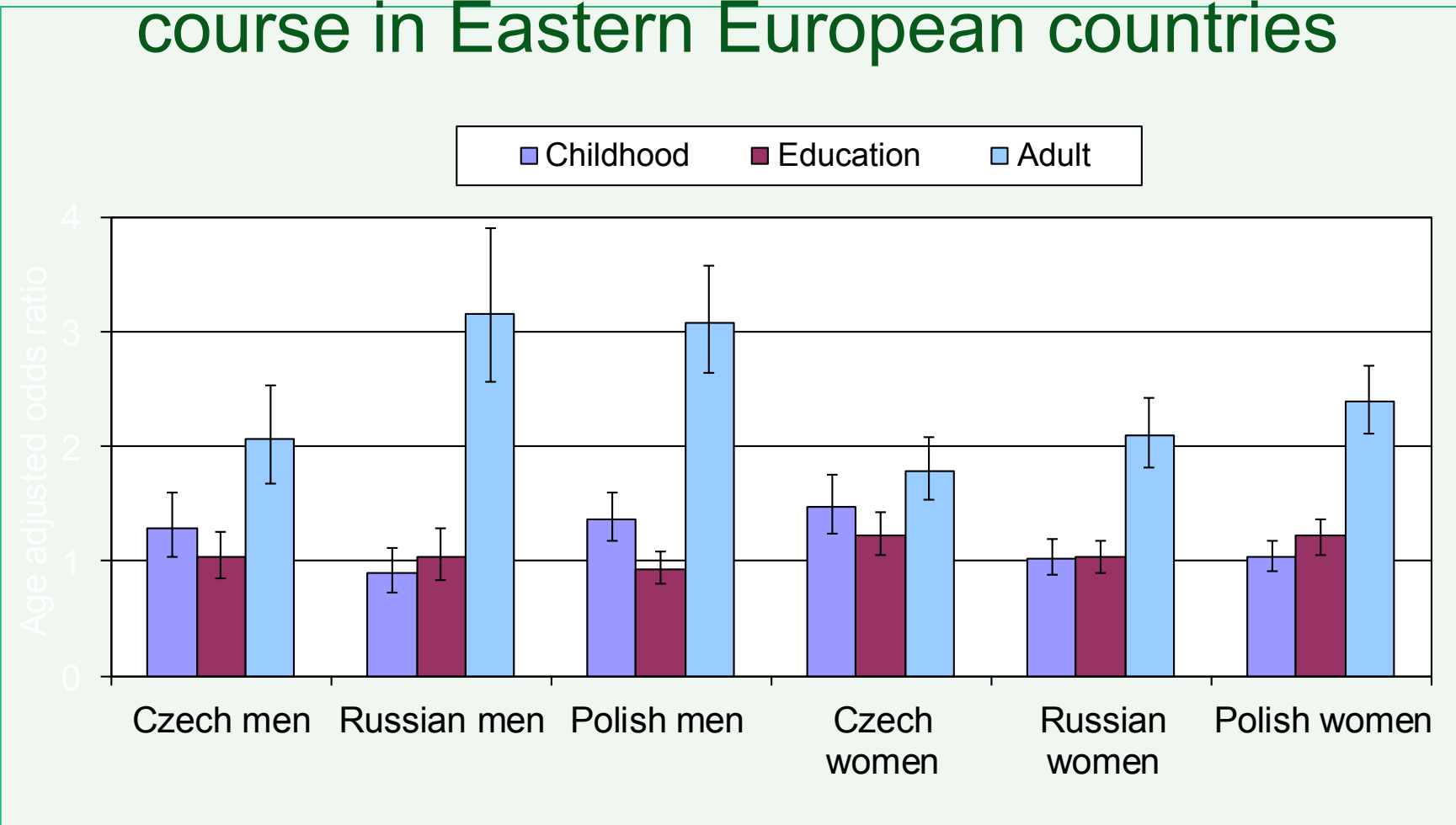
Years lived with disability



Musculoskeletal disorders

Mental and behavioural disorders

# Odds ratio for depressive symptoms by presence of social deprivation at different phases of the life course in Eastern European countries

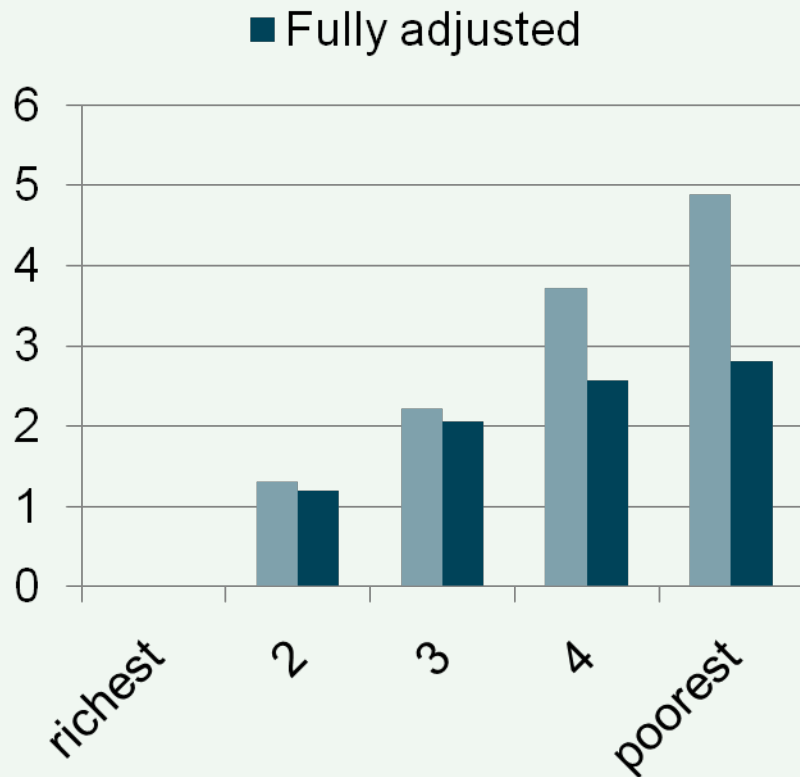


From Nicholson et al J Affective Disorders 2008

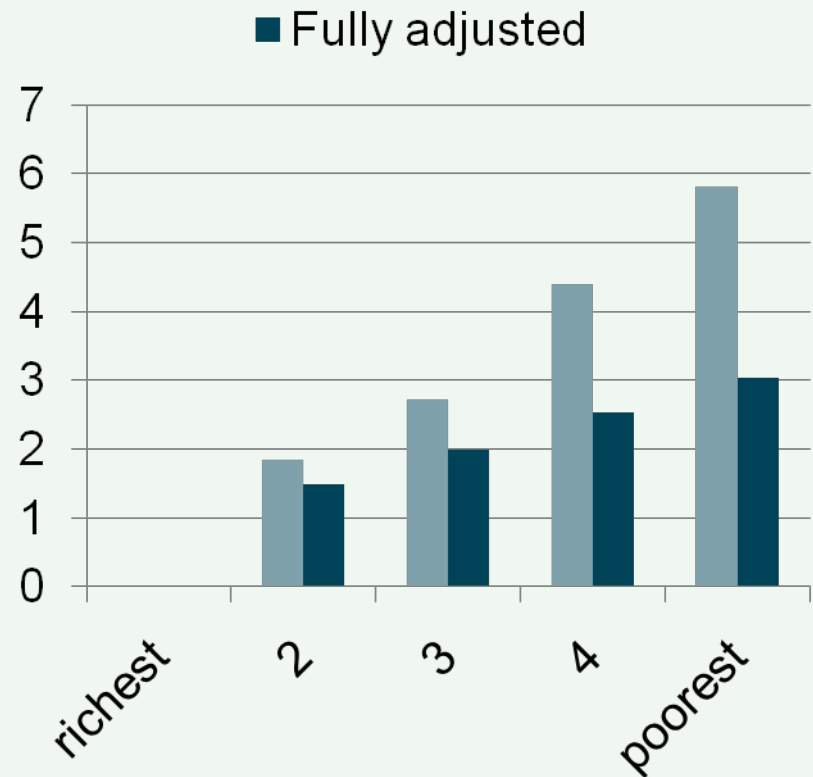


# Socio-emotional difficulties at age 3 and 5: Millennium Cohort Study

## Age 3

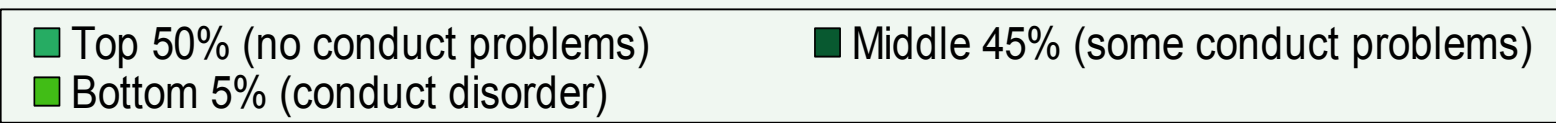
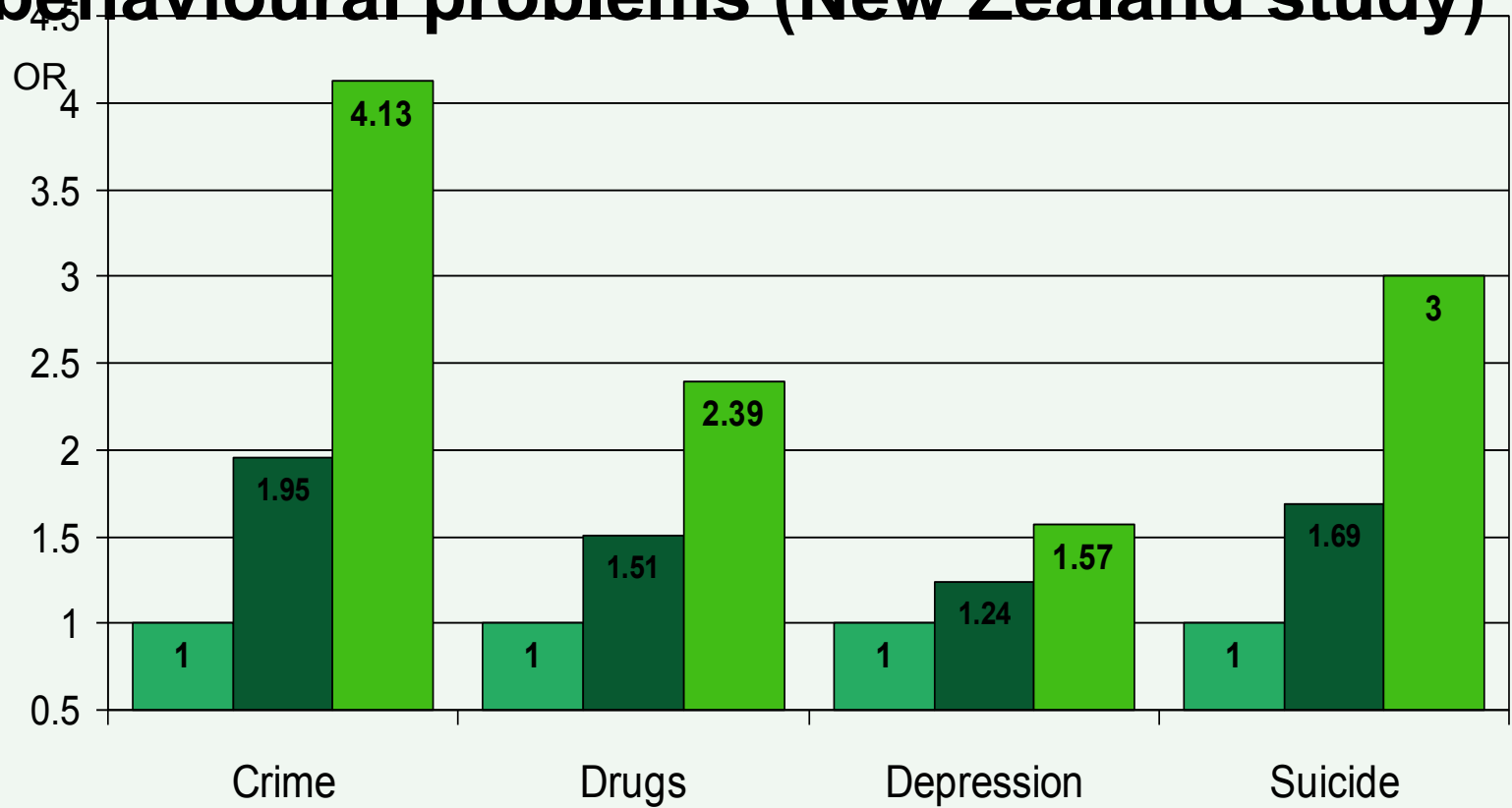


## Age 5



Fully adjusted = for parenting activities and psychosocial markers  
Kelly et al, 2010

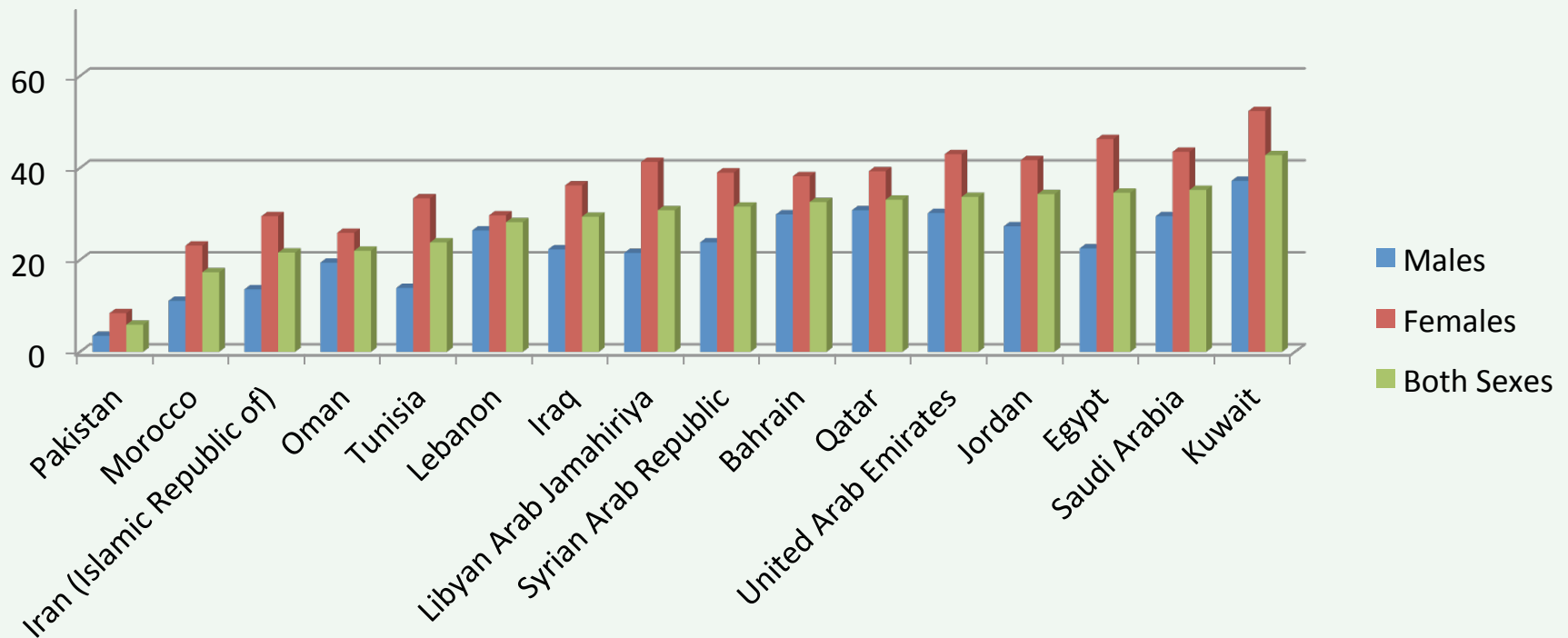
# Long term outcomes associated with childhood behavioural problems (New Zealand study)



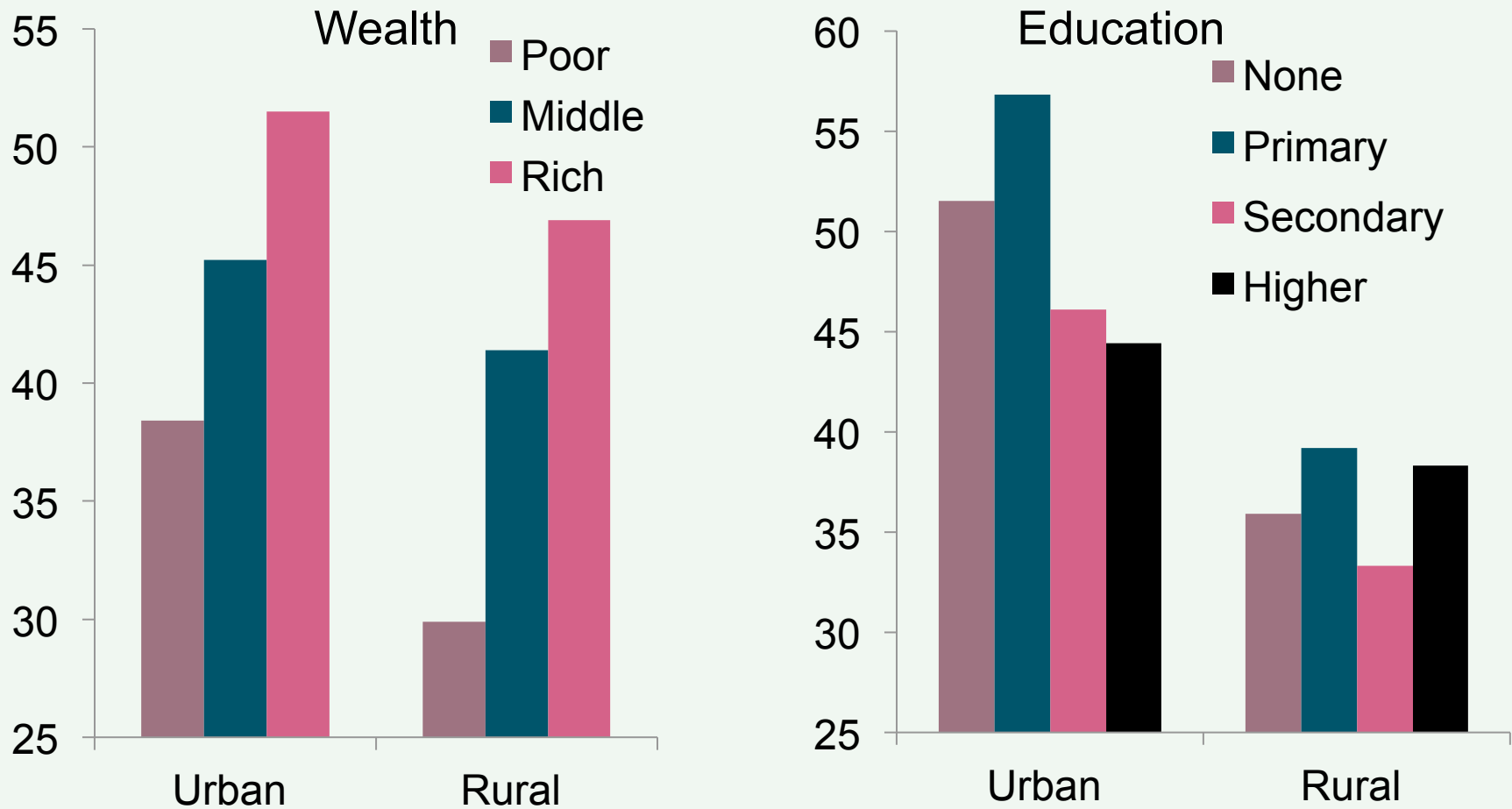
Source: L. Friedli & M. Parsonage (2007) Mental health promotion: Building an economic case. Based on: Fergusson et al (2005) J. Child Psychol & Psych 46 (8): 837-849

# Obesity

# Prevalence of overweight and obesity in Eastern Mediterranean Region, by sex

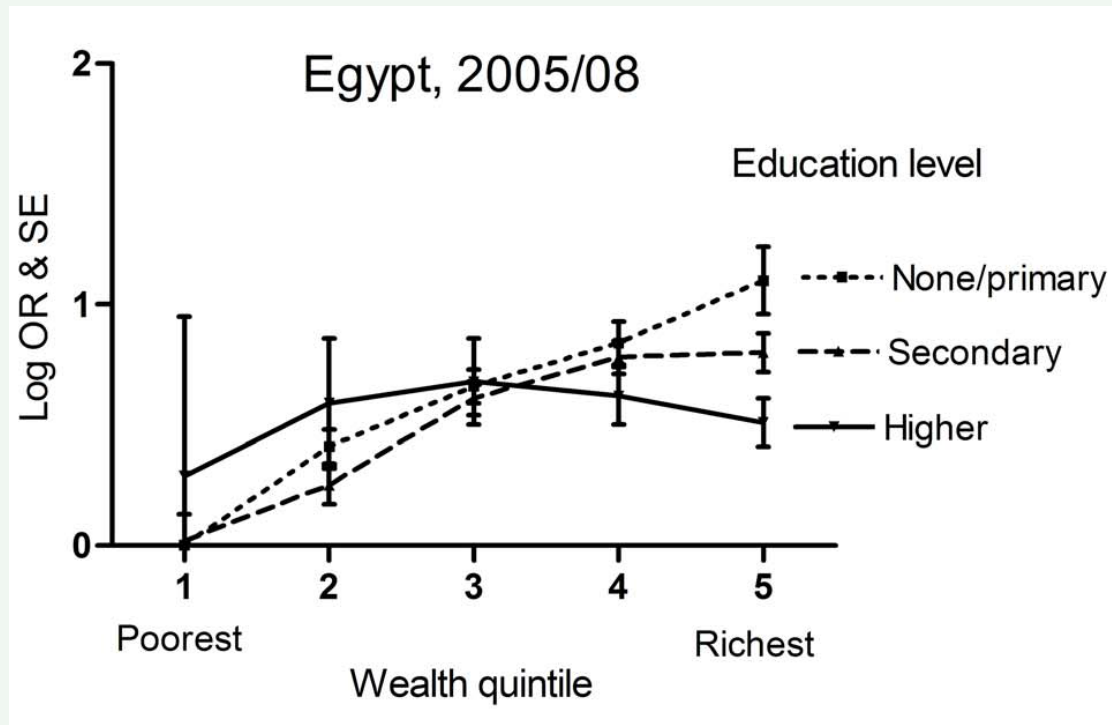


# Prevalence of obesity among women differs by SES indicator: Egypt



Source. Egyptian DHS data. Aitsi-Selmi PhD thesis

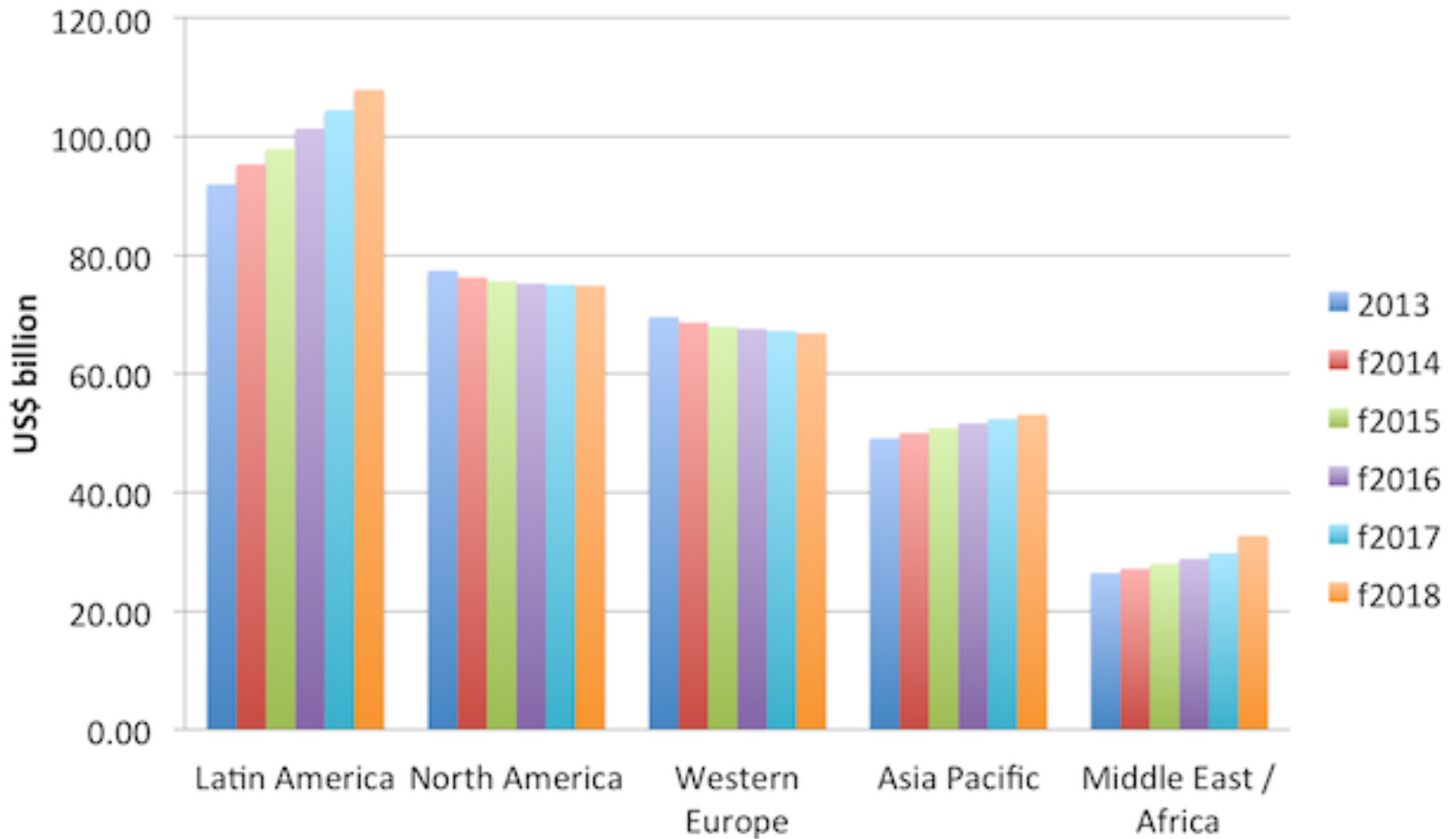
# Interaction between education and wealth on the odds of obesity in women in Egypt



# Patterns of consumption



### Soda Market Sales Forecast By Region

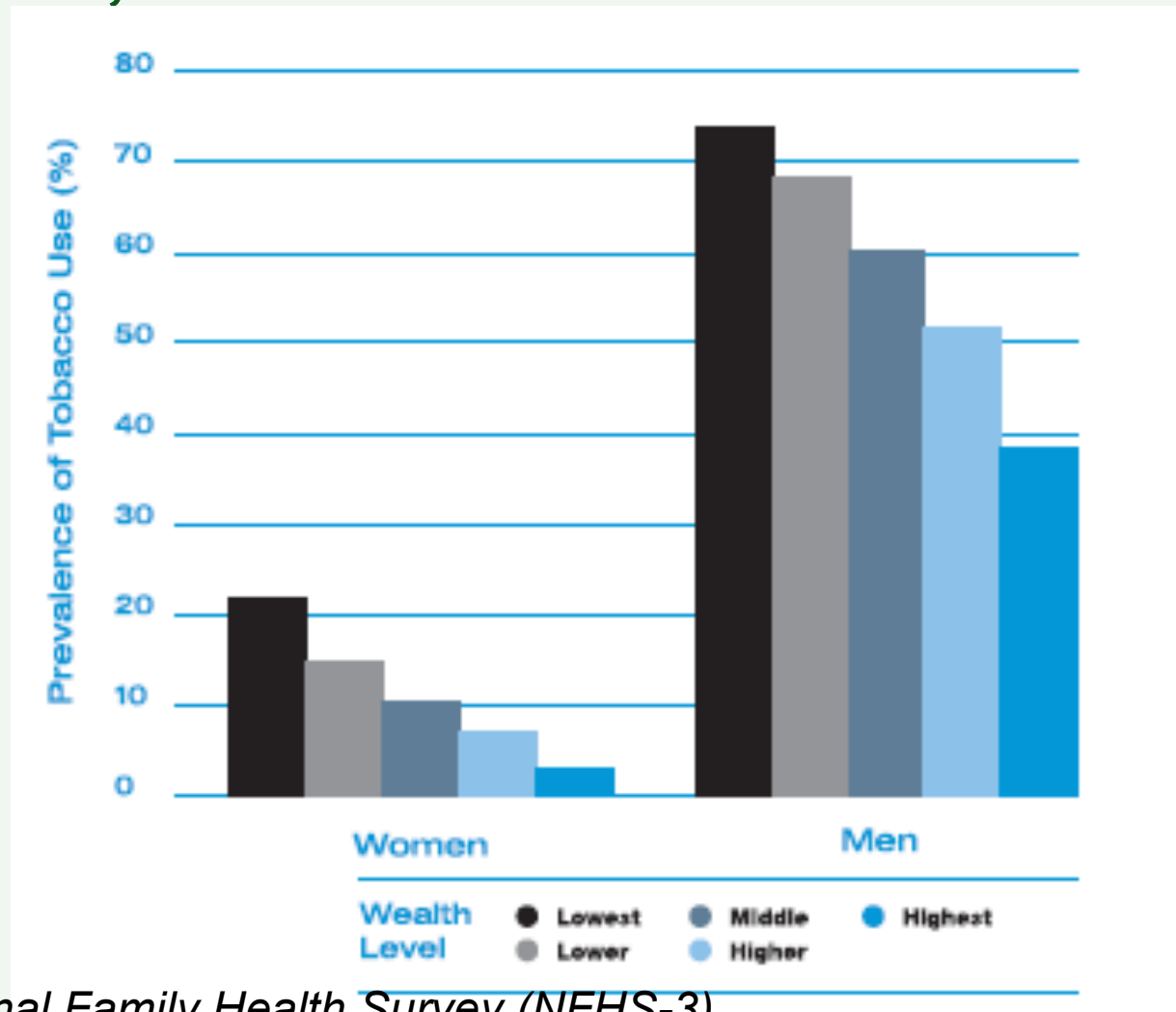


Source: Euromonitor International



# Tobacco smoking

# Tobacco use by men and women aged 15-49 by wealth, India



# Typology of multi sectoral action on NCDs

- **NCD-Sensitive Actions on Social Determinants**
  - e.g. education, employment, social protection, healthy places
- **NCD-Specific Actions on Social Determinants**
  - e.g. alcohol/tobacco taxes
- **Expanding Delivery Platforms**
  - e.g. settings – schools, workplaces

## ***Case Study: Clinical Tool: Screening for poverty, Canada***

A clinical tool to tackle poverty:

*1: Screen for poverty*

*2: Adjust Risk*

e.g. if an otherwise healthy 35 year old comes to your office, without risk factors for diabetes other than living in poverty, you should still consider ordering a screening test for diabetes.

*3: Intervene*

e.g. ensuring that patients are receiving income benefits and signposting to relevant organisations

Source: <http://ocfp.on.ca/docs/default-source/cme/poverty-and-medicine-march-2013.pdf>



Poverty Interventions  
for Family Physicians

# POVERTY:

## A clinical tool for primary care in Ontario

Poverty requires intervention like other major health risks: The evidence shows poverty to be a risk to health equivalent to hypertension, high cholesterol, and smoking. We devote significant energy and resources to treating these health issues. Should we treat poverty like any equivalent health condition?

*Of course.*

*“There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health.”*

- Public Health Agency of Canada

Poverty accounts for 24% of person years of life lost in Canada (second only to 30% for neoplasms).

Income is a factor in the health of all but our richest patients.



Family & Community Medicine  
UNIVERSITY OF TORONTO

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# Employment and working conditions have powerful effects on health and health equity

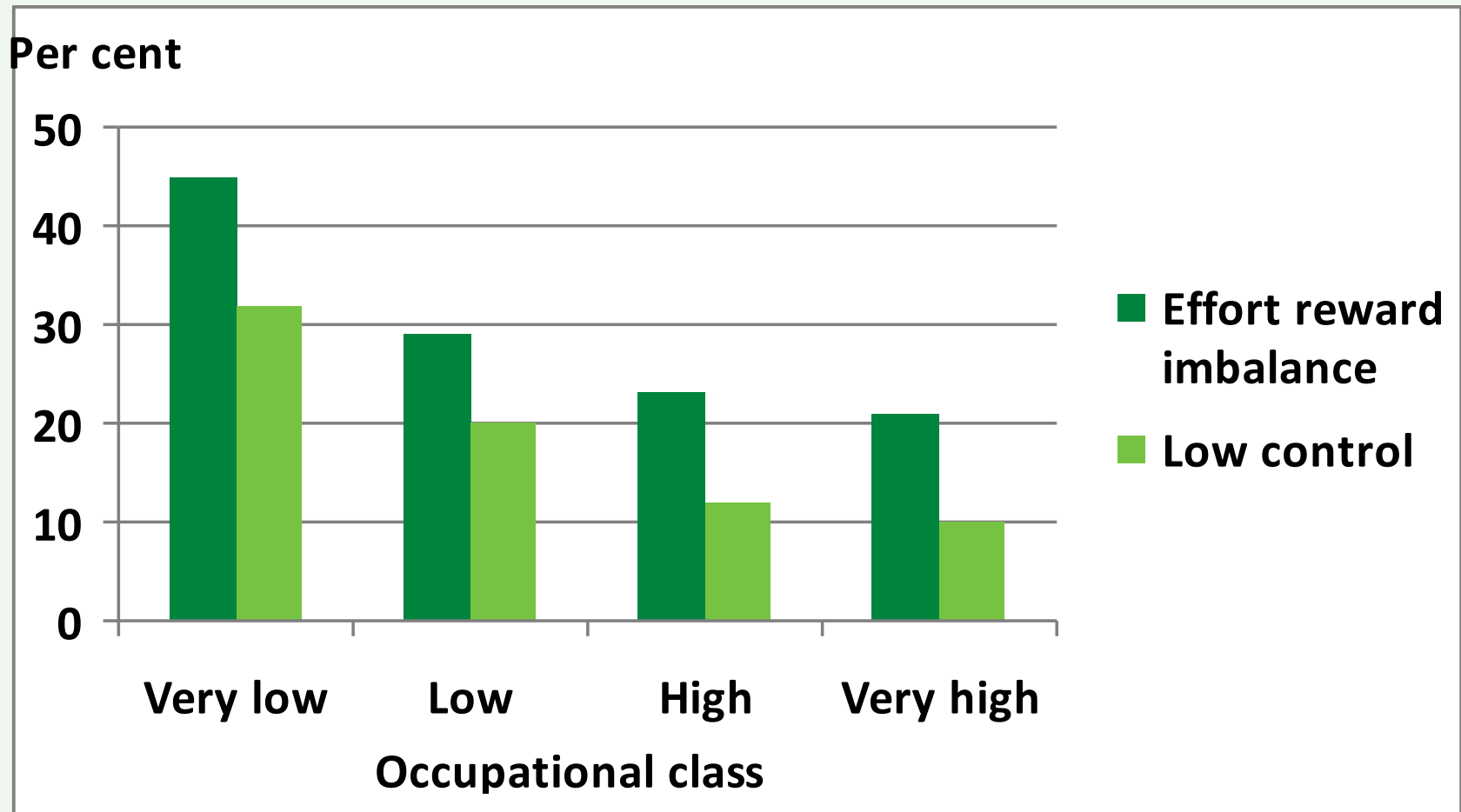
When these are good they can provide:-

- financial security
- paid holiday
- social protection benefits such as sick pay, maternity leave, pensions
- social status
- personal development
- social relations
- self-esteem
- protection from physical and psychosocial hazards

... all of which have protective and positive effects on health

(CSDH Final Report, WHO 2008)

# Occupational stress in European countries







# As Commissioners



## ***Case Study: British Medical Association: Fair Medical Trade***

The BMA encourages its members to:

- Educate themselves
- Raise awareness amongst colleagues
- Campaign for the ethical purchasing of medical supplies
- Ask suppliers about the supply chain

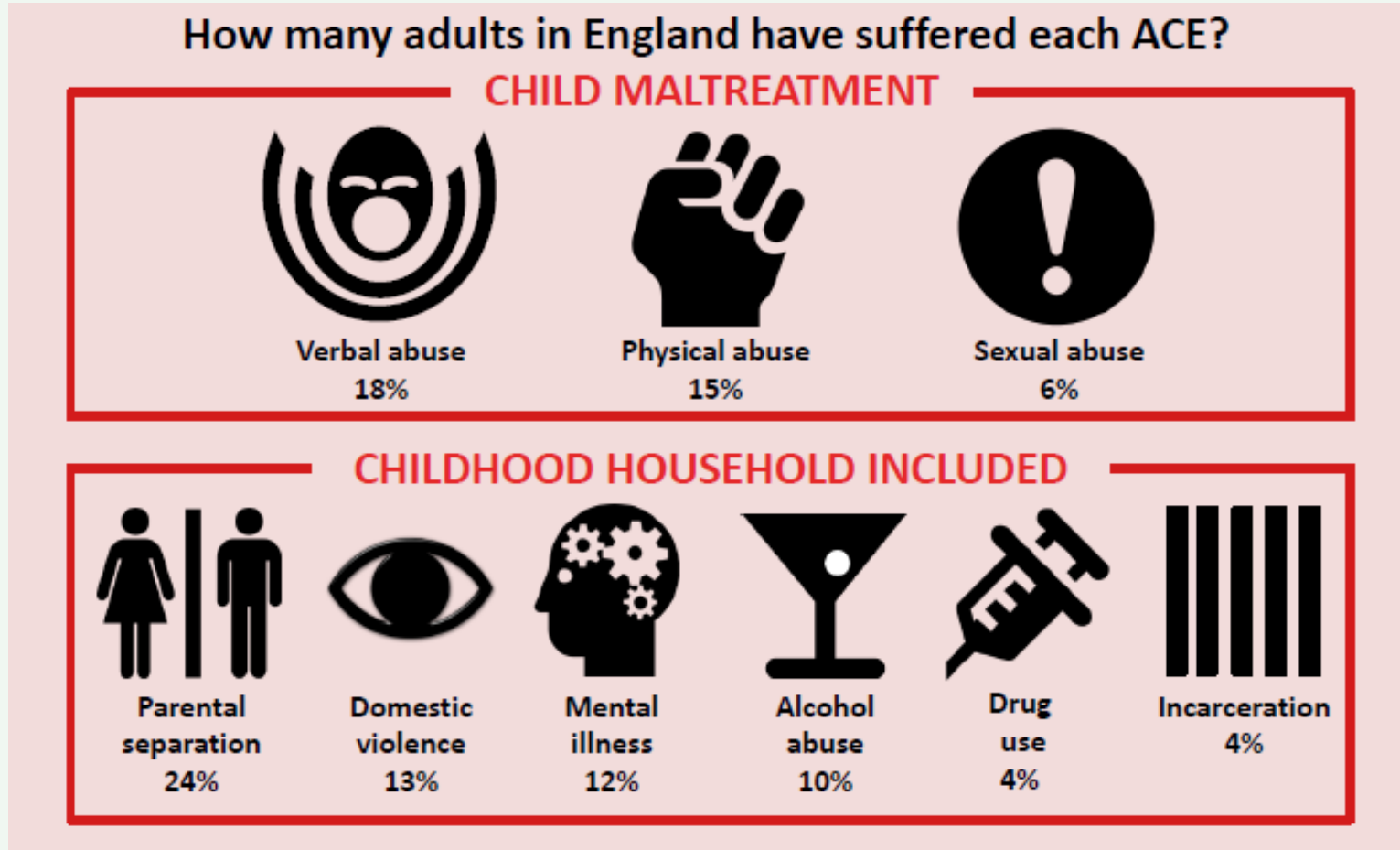
Many Clinical Commissioning Groups (led by physicians) have sustainable procurement and commissioning policies and ask for ethical audits of the supply chain of services.

Source:

<http://bma.org.uk/working-for-change/international-affairs/fair-medical-trade/take-action/take-action-health-professional>

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# Adverse Childhood Experiences: England



For every 100 adults in England 48 have suffered at least one ACE during their childhood and 9 have suffered 4 or more

# 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%

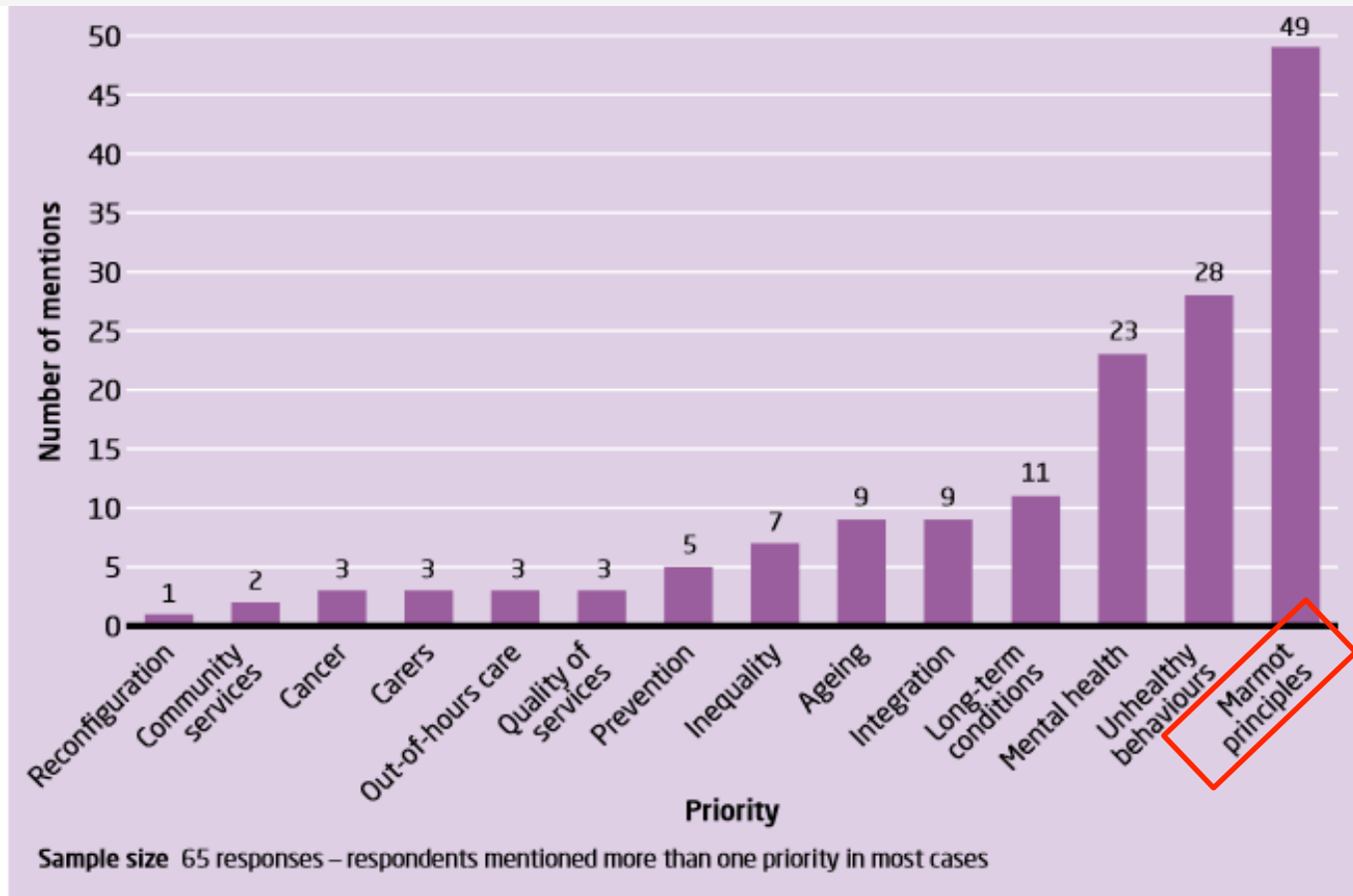


**Incarceration**  
(lifetime)  
by 53%



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

# Health and wellbeing Boards one year on – what priorities have been agreed?





	Health Equity Evidence Reviews	Health Equity Briefings
Early intervention	1. Good quality parenting programmes and the home to school transition	1a. Good quality parenting programmes
		1b. Improving the home to school transition.
Education	2. Building children and young people's resilience in schools	2. Building children and young people's resilience in schools
		3. Reducing the number of young people not in employment, education or training (NEET)
		4. Adult learning services
Employment	5. Increasing employment opportunities and improving workplace health	5a. Workplace interventions to improve health and wellbeing
		5b. Working with local employers to promote good quality work
		5c. Increasing employment opportunities and retention for people with a long-term health condition or disability
		5d. Increasing employment opportunities and retention for older people
Ensuring a healthy living standard for all	6. Health inequalities and the living wage	6. Health inequalities and the living wage
Healthy environment	7. Fuel poverty and cold home-related health problems	7. Fuel poverty and cold home-related health problems
	8. Improving access to green spaces	8. Improving access to green spaces
<b>Implementation and impact: Health Equity Briefings</b>		
	9. Understanding the economics of investments in the social determinants of health	10. Tackling health inequalities through action on the social determinants of health: lessons from experience

## Evidence reviews

Provide information for local authorities and their partners to tackle health inequalities locally.

Commissioned by PHE, written by Institute of Health Equity

Available on the PHE and IHE websites – [www.instituteoftheequity.org](http://www.instituteoftheequity.org)





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# West Midland Fire Service





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## WMA and advocacy

*“Whenever legislation, government action or any other administration or institution denies patients [their] rights, health professionals should pursue appropriate means to assure or to restore them.”*

WMA (1981)

Source: <http://www.wma.net/en/30publications/10policies/l4/>

# Tactics of the sugar industry

- Deny evidence that sugar is harmful – “No good or bad foods”
- Divert focus of attention – fluorides; physical activity
- Bias the debate – put up scientists who offer contrary evidence – create a controversy to get media attention
- Undermine the credibility of opponents
- Aggressive lobbying of national and international organisations eg

WHO

# Poverty Reduction

## Per cent below national poverty line: Colombia



Source: World Bank Indicators

## Colombia

- **Income share by lowest quintile**
  - 2012: 3.3%
  
- **GINI index (World Bank estimate)**
  - 2010: 55.5
  - 2011: 54.2
  - 2012: 53.5

(Source: World Bank Indicators)

## Submit Case Study

- If you are aware of a health professionals, programme or practice that works to reduce health inequality please let us know about it, by filling in this quick survey:

<https://docs.google.com/forms/d/1ZnSjsewj9FtJID9h9KhLOyujNoQPAEz3CROG0vmLYos/viewform>



A photograph of two children in a slum. A boy in a grey and black jacket is running towards the camera, while a girl in an orange shirt and dark pants is crouching behind him. The background shows simple, weathered buildings with red-tiled roofs and a muddy, unpaved ground.

**Health is a human right**  
**Do something**  
**Do more**  
**Do better**