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

Professor Sir Michael Marmot
@MichaelMarmot
www.instituteofhealthequity.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
Health inequalities in the EU
Final report of a consortium
Consortium lead: Sir Michael Marmot
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
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
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
• 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

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)
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
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
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

Institute of Health Metrics, Global Burden of Disease Report 2012
Global disability patterns by broad cause group and age, 2010

Institute of Health Metrics, Global Burden of Disease Report 2012
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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Top 50%</th>
<th>Middle 45%</th>
<th>Bottom 5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime</td>
<td>1</td>
<td>1.95</td>
<td>4.13</td>
</tr>
<tr>
<td>Drugs</td>
<td>1</td>
<td>1.51</td>
<td>2.39</td>
</tr>
<tr>
<td>Depression</td>
<td>1</td>
<td>1.24</td>
<td>1.57</td>
</tr>
<tr>
<td>Suicide</td>
<td>1</td>
<td>1.69</td>
<td>3</td>
</tr>
</tbody>
</table>

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

Source: WHO EMRO
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

Source: Aitsi-Selmi et al, 2014
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

2005–06 National Family Health Survey (NFHS-3).
## Typology of multi sectoral action on NCDs

<table>
<thead>
<tr>
<th>Type</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NCD-Sensitive Actions on Social Determinants</strong></td>
<td>education, employment, social protection, healthy places</td>
</tr>
<tr>
<td><strong>NCD-Specific Actions on Social Determinants</strong></td>
<td>alcohol/tobacco taxes</td>
</tr>
<tr>
<td><strong>Expanding Delivery Platforms</strong></td>
<td>settings – schools, workplaces</td>
</tr>
</tbody>
</table>

Source: Bell, Lutz, Webb & Small, UNDP 2013
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

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?

"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.
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
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

Per cent

- Very low
- Low
- High
- Very high

Occupational class

Effort reward imbalance
Low control
As Commissioners

Ethical Procurement for General Practitioners and Clinical Commissioning Groups

Ensuring the protection of labour rights in medical supply chains
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
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
Adverse Childhood Experiences: England

How many adults in England have suffered each ACE?

**CHILD MALTREATMENT**
- Verbal abuse: 18%
- Physical abuse: 15%
- Sexual abuse: 6%

**CHILDHOOD HOUSEHOLD INCLUDED**
- Parental separation: 24%
- Domestic violence: 13%
- Mental illness: 12%
- Alcohol abuse: 10%
- Drug use: 4%
- Incarceration: 4%

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

Bellis et al., 2014
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
Health and wellbeing Boards one year on – what priorities have been agreed?

Source: The King’s Fund, 2013
<table>
<thead>
<tr>
<th>Health Equity Evidence Reviews</th>
<th>Health Equity Briefings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early intervention</td>
<td></td>
</tr>
<tr>
<td>1. Good quality parenting programmes and the home to school transition</td>
<td>1a. Good quality parenting programmes</td>
</tr>
<tr>
<td></td>
<td>1b. Improving the home to school transition.</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>2. Building children and young people’s resilience in schools</td>
<td>2. Building children and young people’s resilience in schools</td>
</tr>
<tr>
<td>3. Reducing the number of young people not in employment, education or training (NEET)</td>
<td>3. Reducing the number of young people not in employment, education or training (NEET)</td>
</tr>
<tr>
<td>4. Adult learning services</td>
<td>4. Adult learning services</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>5. Increasing employment opportunities and improving workplace health</td>
<td>5a. Workplace interventions to improve health and wellbeing</td>
</tr>
<tr>
<td></td>
<td>5b. Working with local employers to promote good quality work</td>
</tr>
<tr>
<td></td>
<td>5c. Increasing employment opportunities and retention for people with a long-term health condition or disability</td>
</tr>
<tr>
<td></td>
<td>5d. Increasing employment opportunities and retention for older people</td>
</tr>
<tr>
<td>Ensuring a healthy living standard for all</td>
<td>6. Health inequalities and the living wage</td>
</tr>
<tr>
<td>Healthy environment</td>
<td>7. Fuel poverty and cold home-related health problems</td>
</tr>
<tr>
<td>7. Fuel poverty and cold home-related health problems</td>
<td>8. Improving access to green spaces</td>
</tr>
<tr>
<td>8. Improving access to green spaces</td>
<td></td>
</tr>
</tbody>
</table>

**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.instituteofhealthequity.org
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
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
Health is a human right
Do something
Do more
Do better