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Health inequalities. Healthy women's lives

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



The Sustainable Development Goals

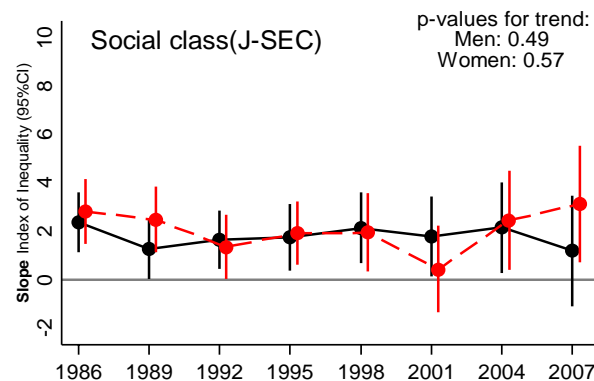
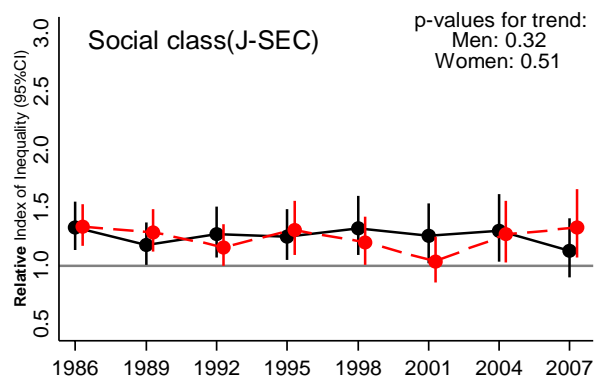
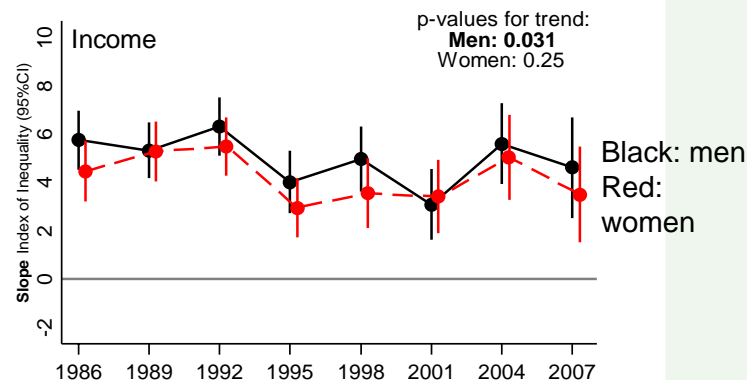
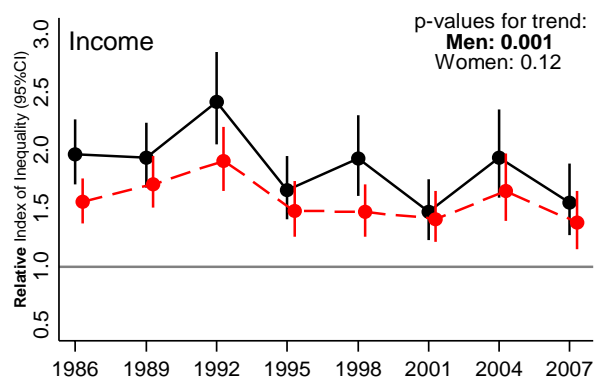
- Goal 3 ensure healthy lives and promote well being for all at all ages
- Children born in poverty still almost twice as likely to die before age 5 cf those born into wealthier families
- Maternal mortality still 14 times higher developing to developed regions
- In many settings adolescent girls report their first sexual experience was forced

- Source - UN



Time trends in inequalities in poor health by income and social class, 1986-2007

Slope and Relative Indices of Inequalities in self-rated health by income and social class





Functional limitation in old age by life-course socioeconomic inequalities

Age	SES in childhood	Model 1 (adjusted for age sex)	Model 2 (model1+adult SES)	Model 3 (model 2 + health behaviour)	Model 4 (Model 3 + disease)	Model 5 (Model 4 + marital, living alone)
65–69y	High or middle-high	Reference	Reference	Reference	Reference	Reference
	Middle	1.20 (1.06–1.36)	1.14 (1.01–1.29)	1.15 (1.02–1.30)	1.16 (1.02–1.30)	1.16 (1.03–1.31)
	Middle-low or low	1.39 (1.23–1.57)	1.26 (1.11–1.42)	1.27 (1.13–1.43)	1.28 (1.13–1.44)	1.28 (1.14–1.44)
70–74y	High or middle-high	Reference	Reference	Reference	Reference	Reference
	Middle	1.10 (0.99–1.23)	1.06 (0.95–1.17)	1.05 (0.94–1.16)	1.05 (0.95–1.17)	1.06 (0.95–1.17)
	Middle-low or low	1.30 (1.17–1.44)	1.19 (1.07–1.31)	1.17 (1.06–1.29)	1.17 (1.06–1.29)	1.17 (1.06–1.30)
75–79y	High or middle-high	Reference	Reference	Reference	Reference	Reference
	Middle	1.11 (1.00–1.24)	1.06 (0.95–1.18)	1.06 (0.95–1.17)	1.05 (0.95–1.17)	1.05 (0.95–1.17)
	Middle-low or low	1.31 (1.18–1.46)	1.21 (1.09–1.34)	1.2 (1.08–1.33)	1.20 (1.08–1.33)	1.20 (1.08–1.32)



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Smoking disparity (inequality) in Japan

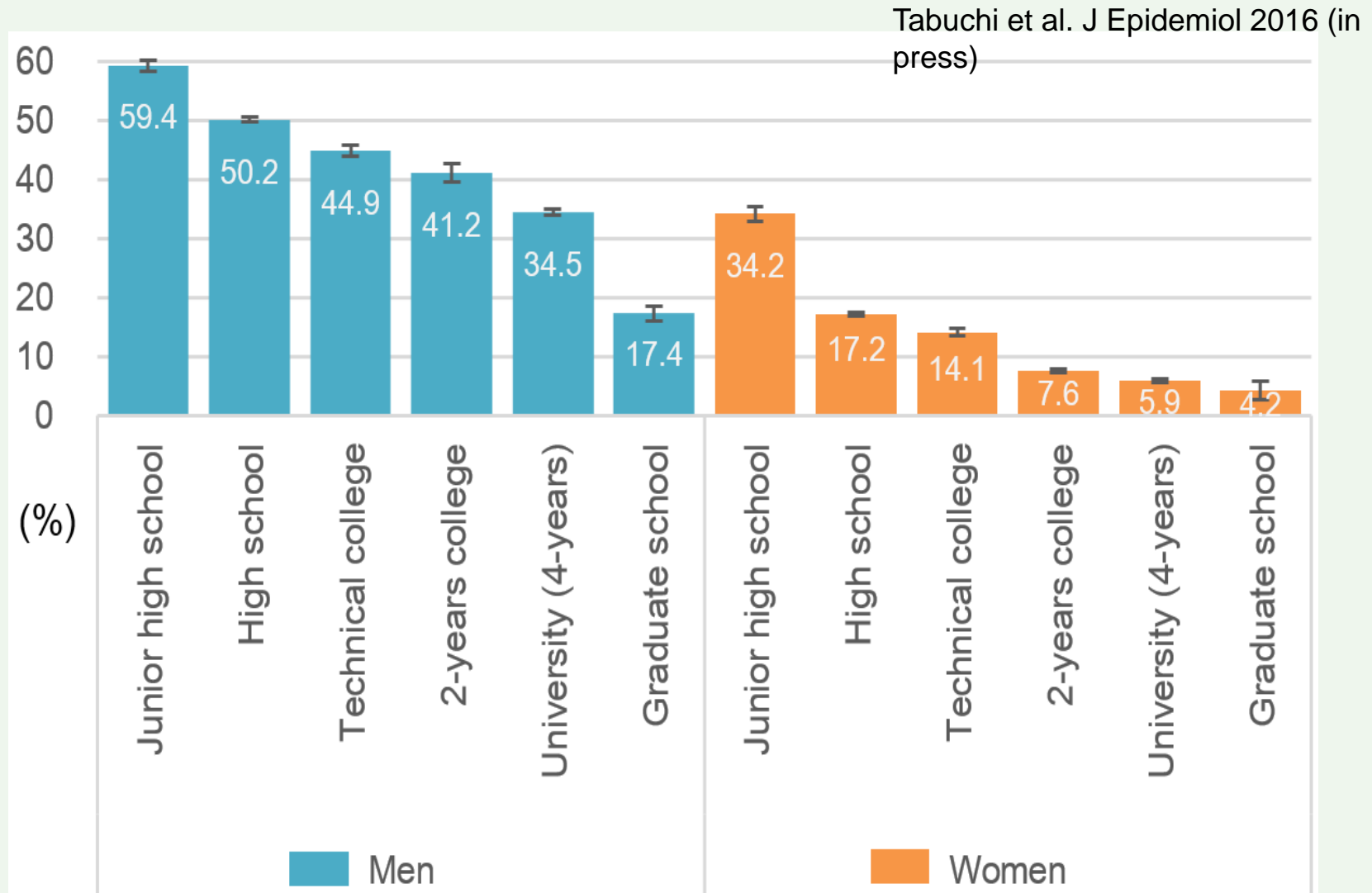
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Osaka Medical Center for Cancer and Cardiovascular
Diseases

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Educational disparity in current smoking 2010, Japanese adults

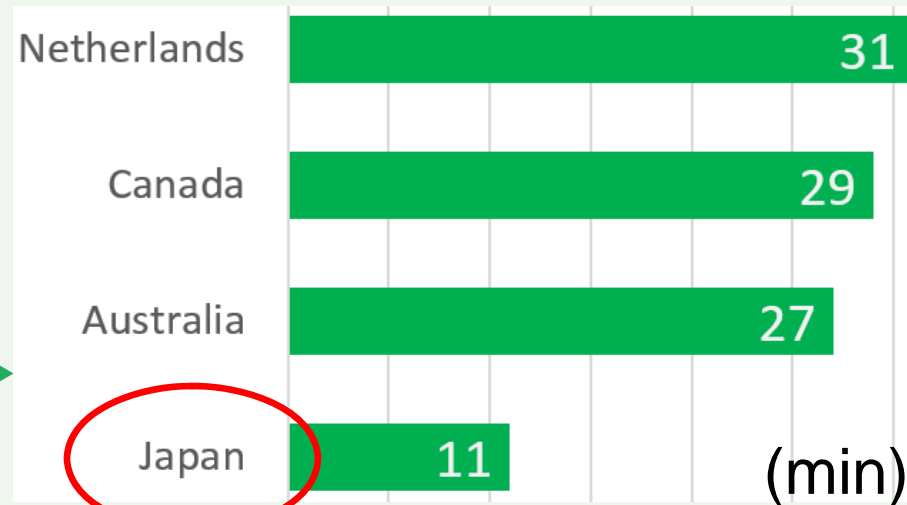
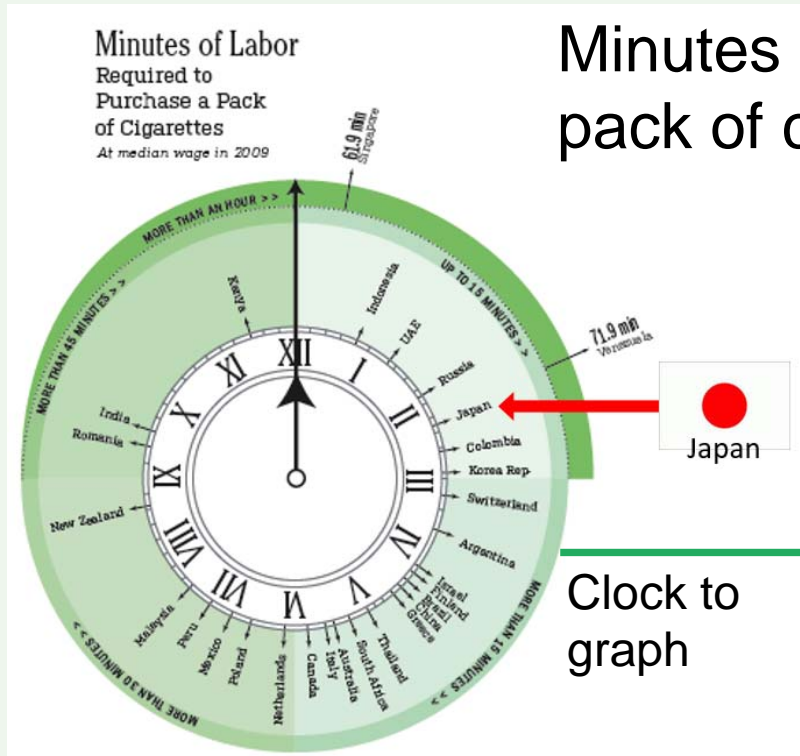




Cigarettes are too cheap in Japan

Minutes of labor required to purchase a pack of cigarettes, 2009

The Tobacco Atlas 4th edition



Tobacco price is too cheap even after the increase in 2010 (15 min)

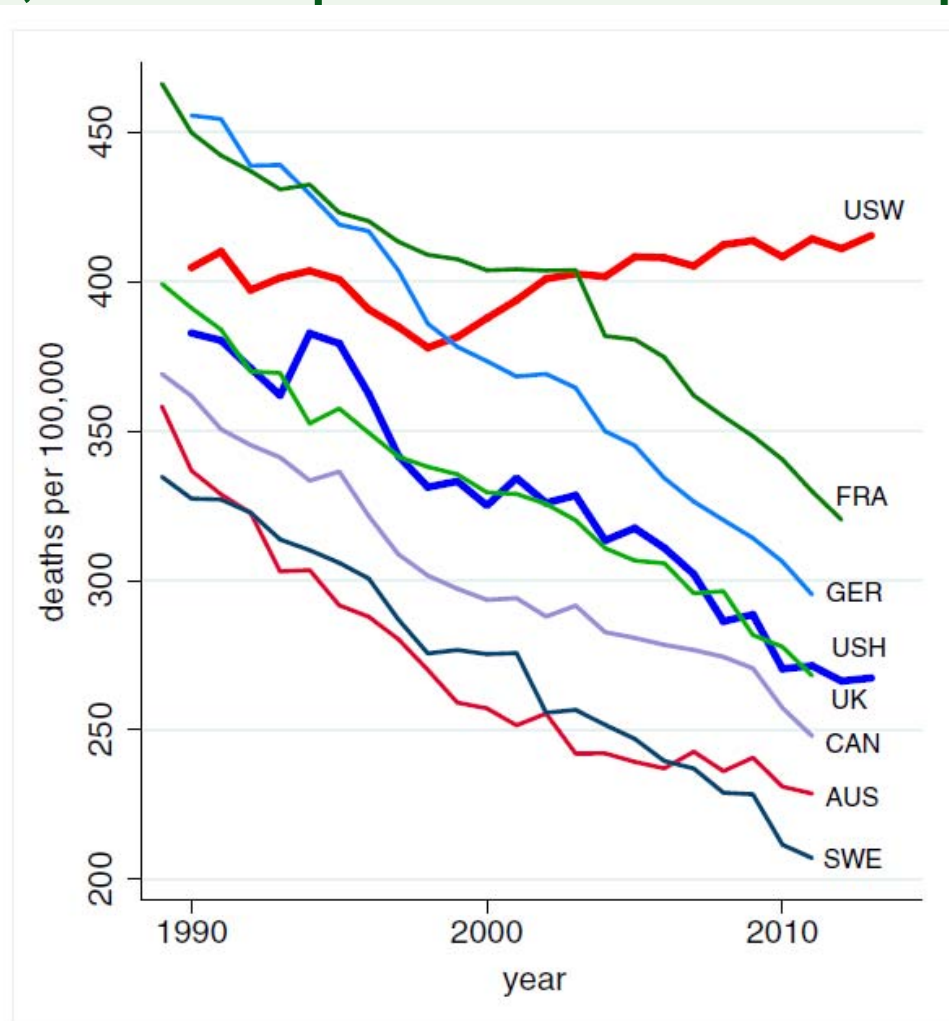
“WHO FCTC strongly suggest best practice of tobacco taxation to all countries”

Japanese government should increase tobacco price intensively.

Life expectancy at birth for men and women in the US, 2008

Years of education	White women	Black women	White men	Black men
<12	73	73	67	66
12	78	74	72	68
13-15	82	80	79	74
16+	83	81	81	75

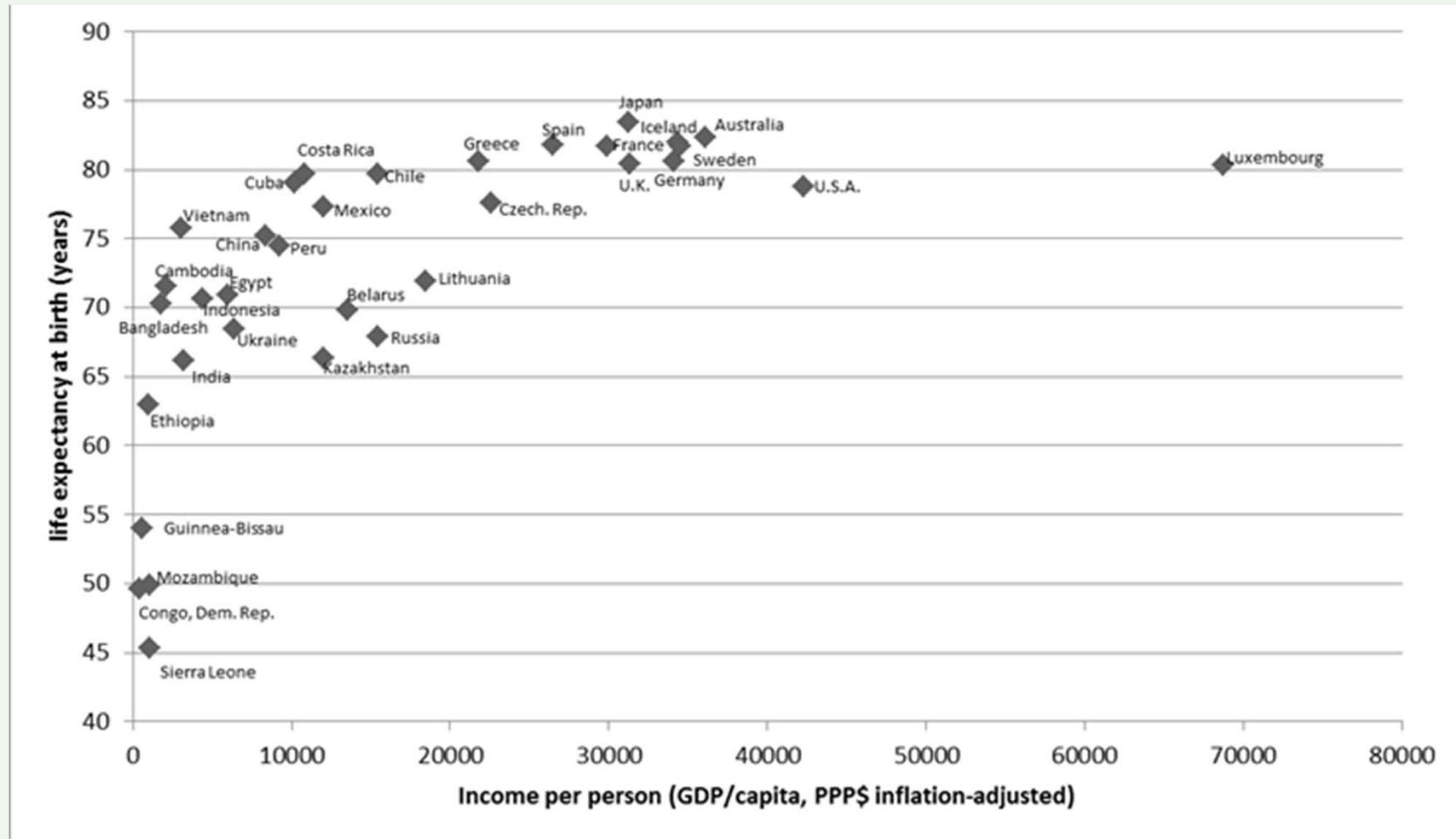
All-cause mortality, ages 45–54 for US White non-Hispanics, US Hispanics and 6 comparison countries



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



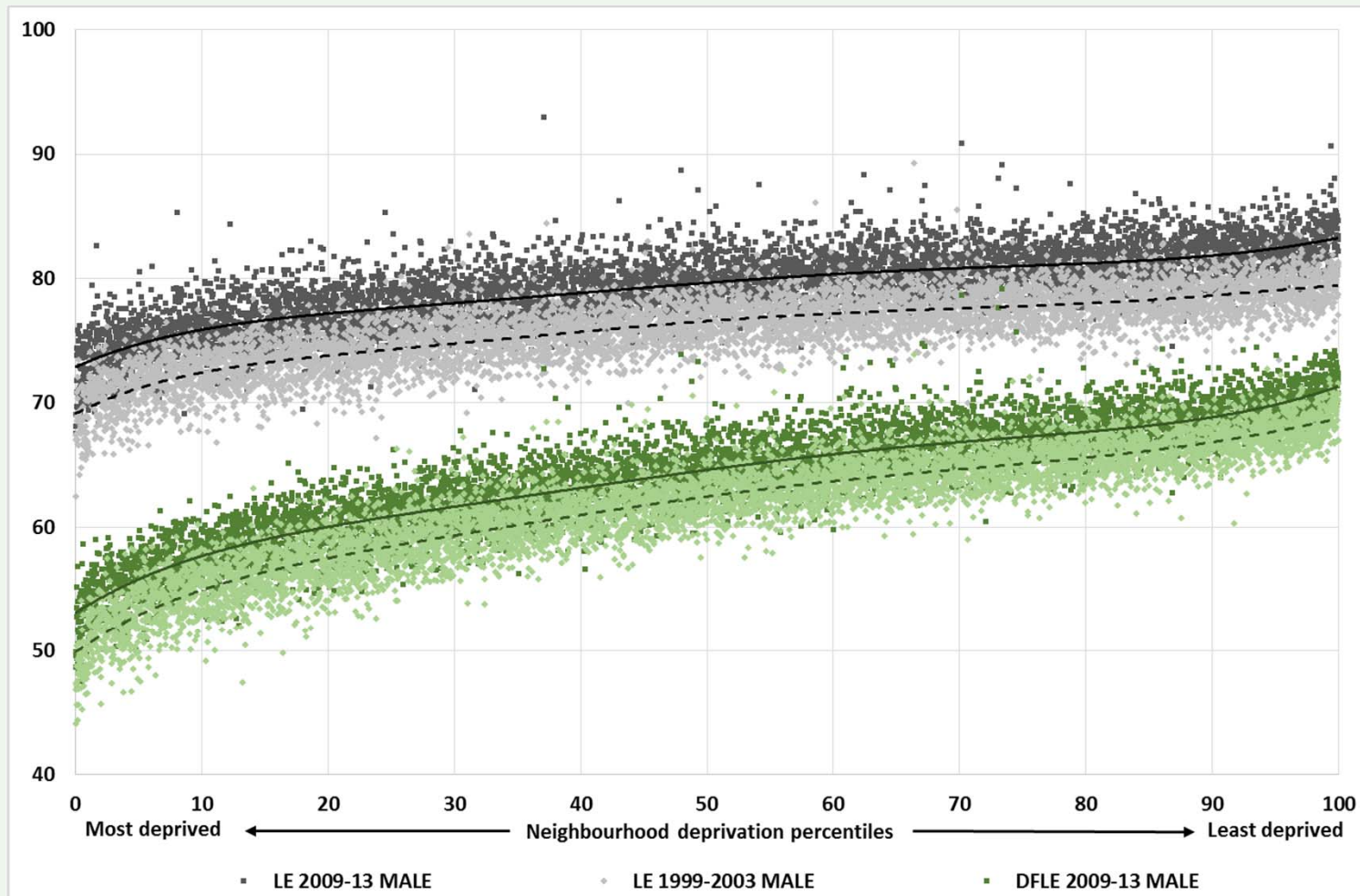
The relationship between wealth and health, 2012



Source: Data from Gapminder



Life expectancy and disability-free life expectancy (DFLE) at birth, males by neighborhood deprivation, England, 1999–2003 and 2009-2013



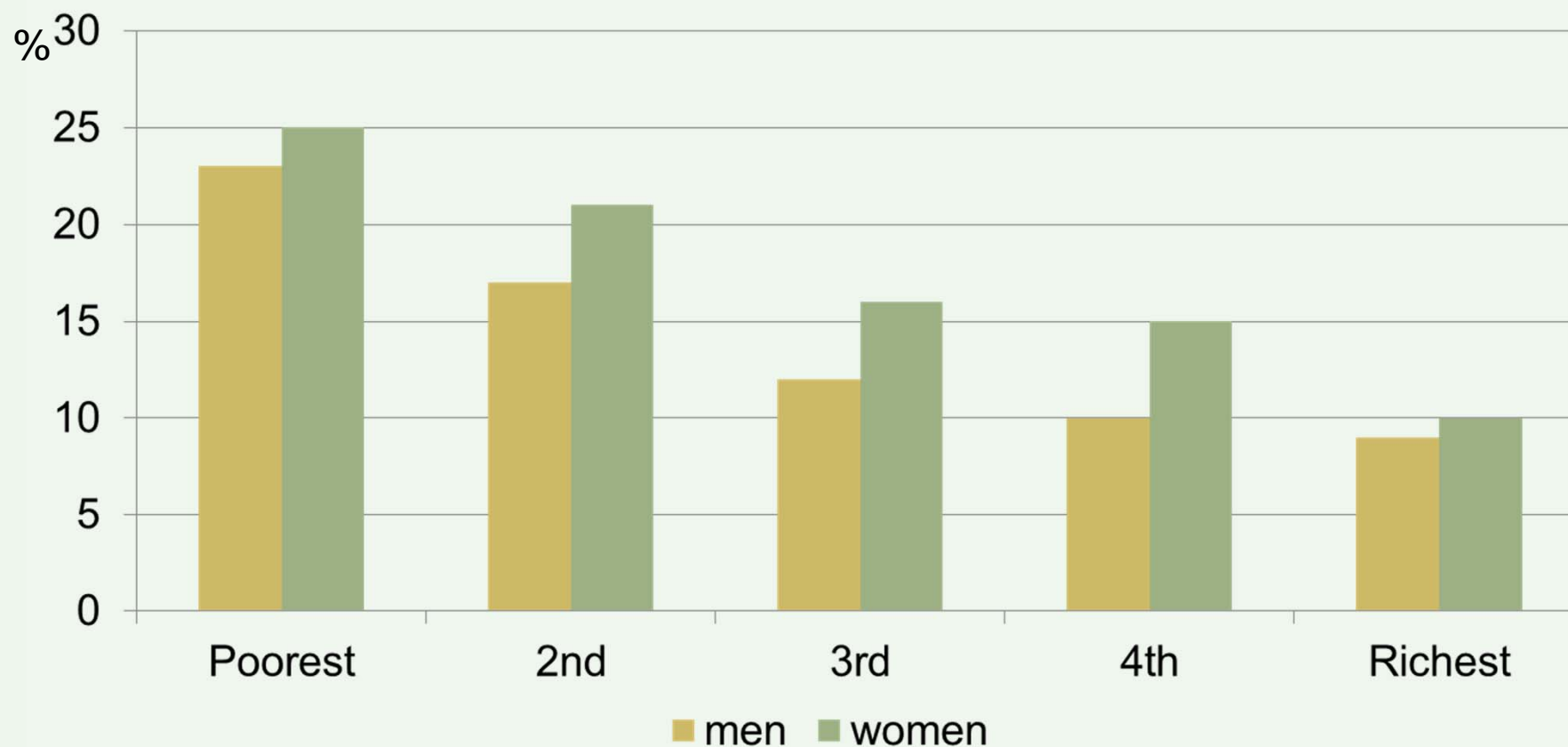


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Fair Society; Healthy women's lives

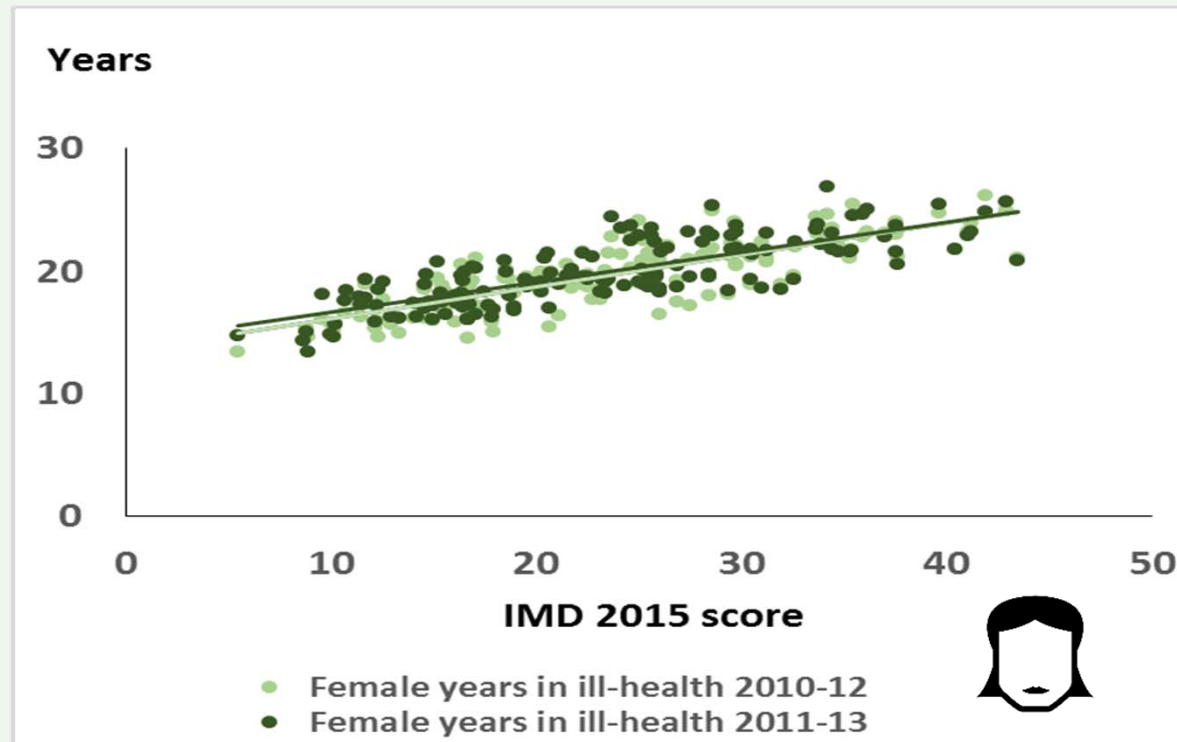
Proportion of people aged 16 – 64 assessed as at risk of mental illness by income quintile: England



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



The gradient in expected years in ill-health, females, 2010-12 and 2011-13 continued

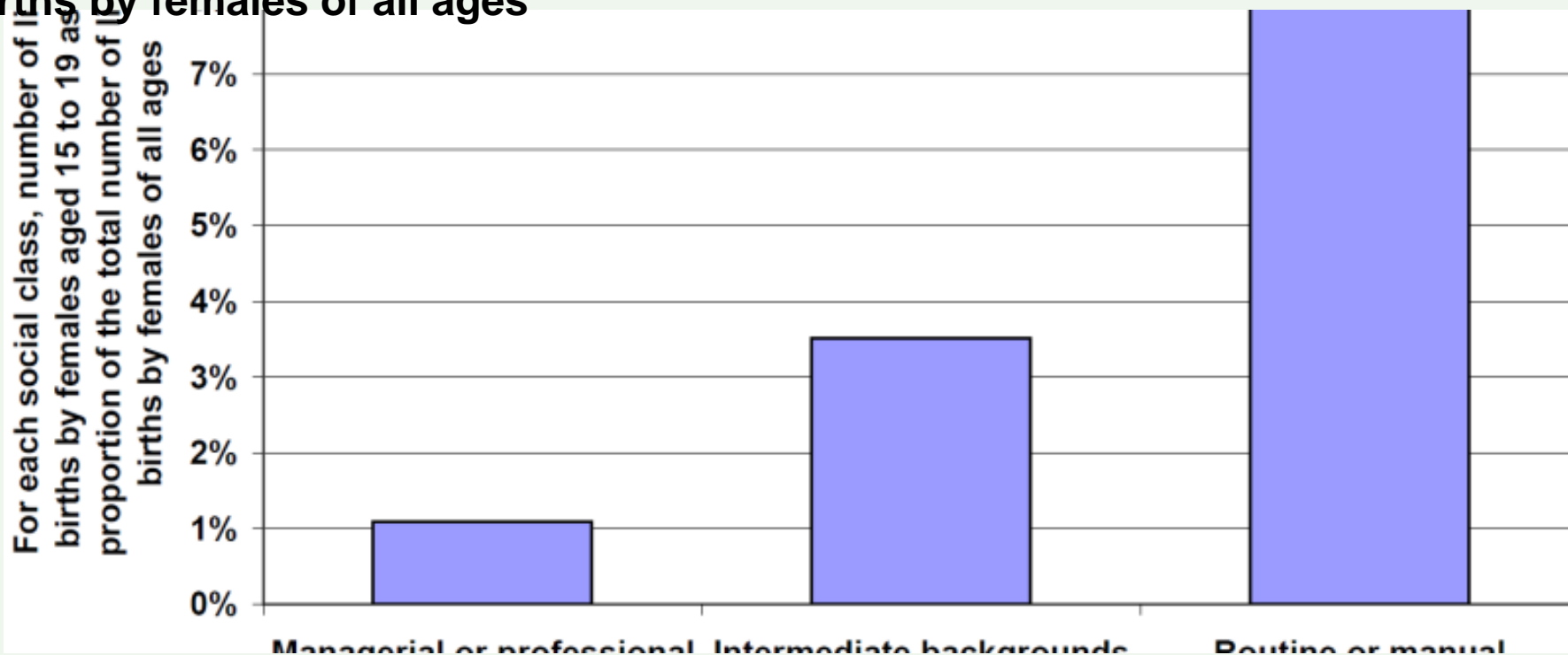


- Largest increases in **East of England**.
- As deprivation increases, so does the time women can expect to spend in ill health: **21.8 in Blackpool** to **14.8 years in Wokingham**.
- A **7 year difference** for women.



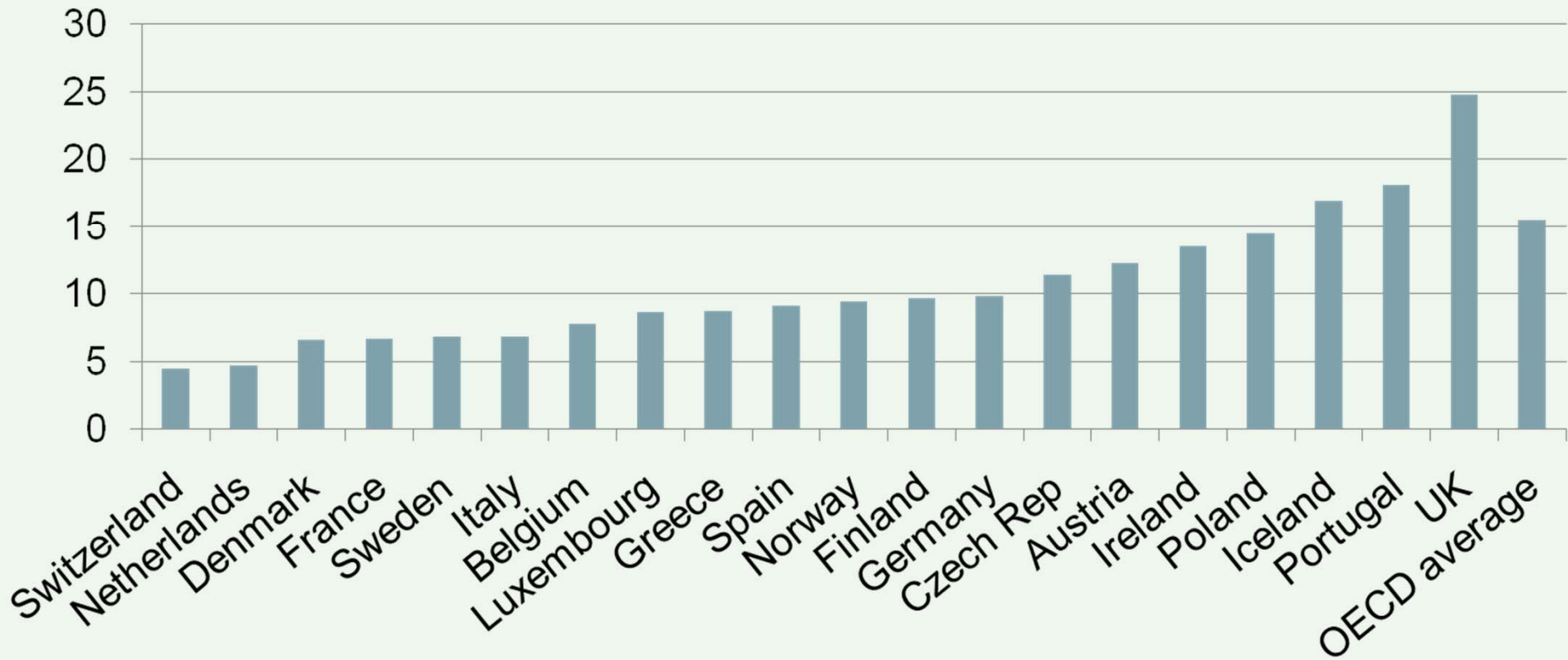
Teenage motherhood by socioeconomic background: England and Wales

Live births by females aged 15 to 19 as a proportion of the total number of live births by females of all ages

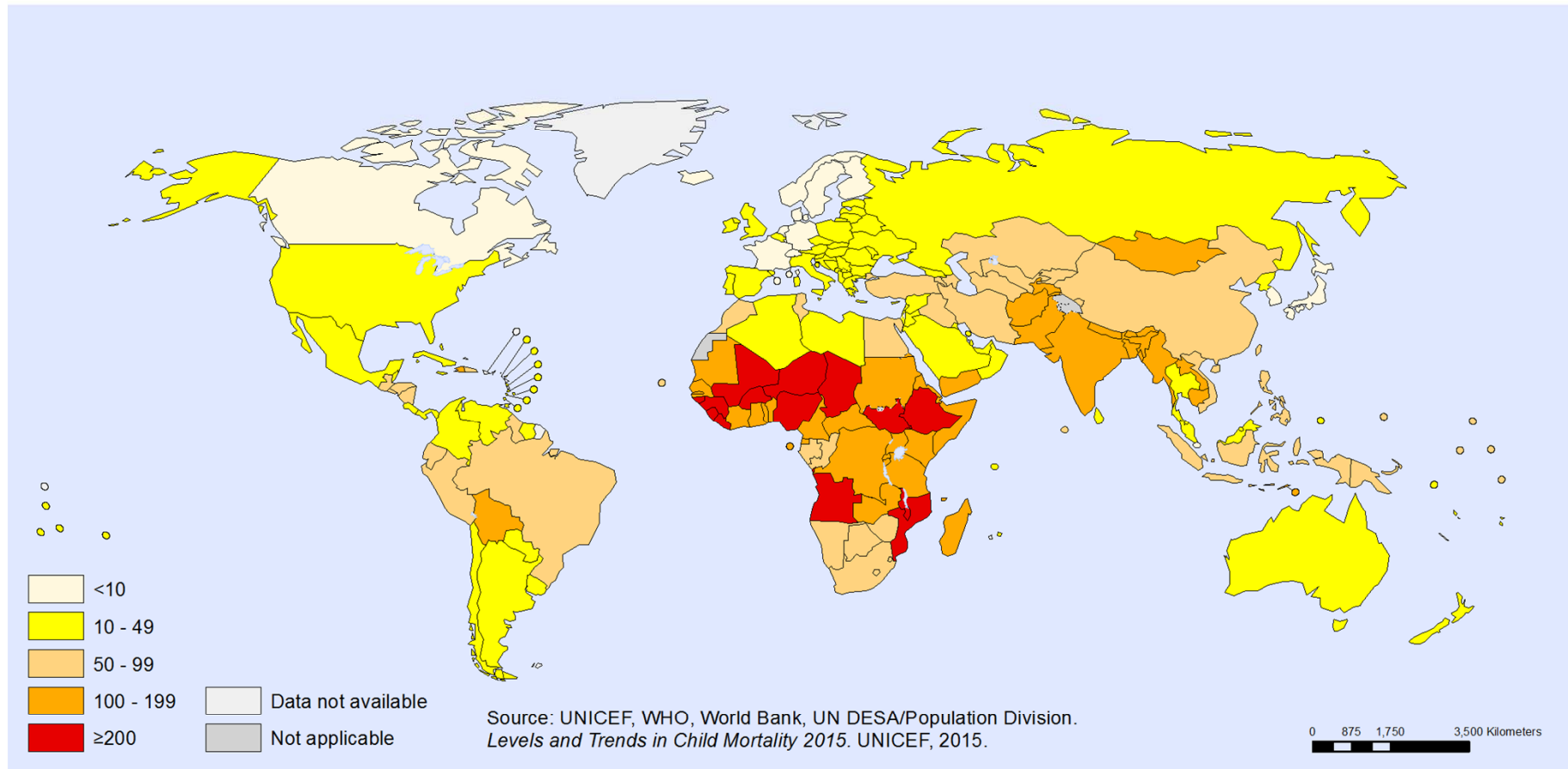




Adolescent fertility rate: births per 1000 women aged 15-19, 2005



Under-five mortality rate (probability of dying by age 5 per 1000 live births), 1990



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

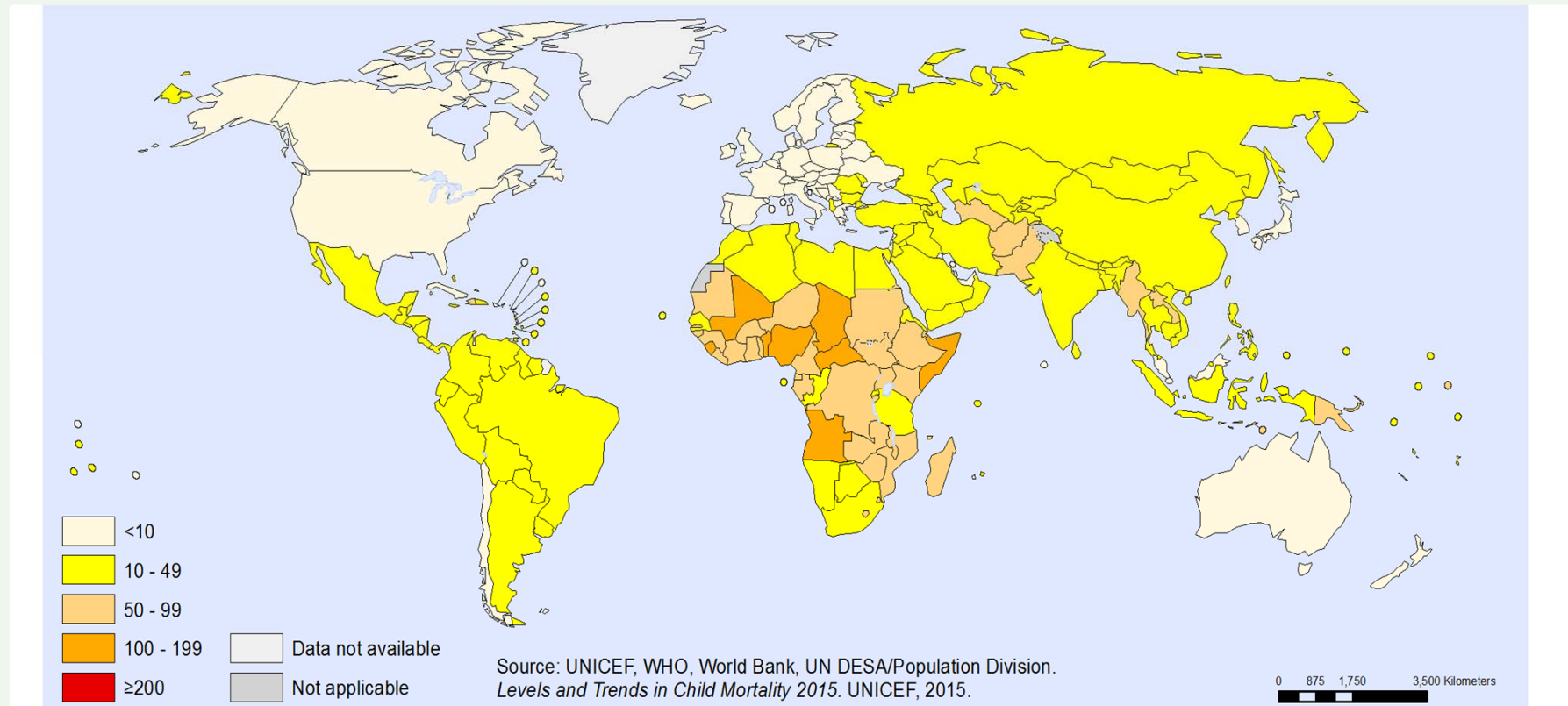
Data Source: World Health Organization
 Map Production: Health Statistics and
 Information Systems (HSI)
 World Health Organization



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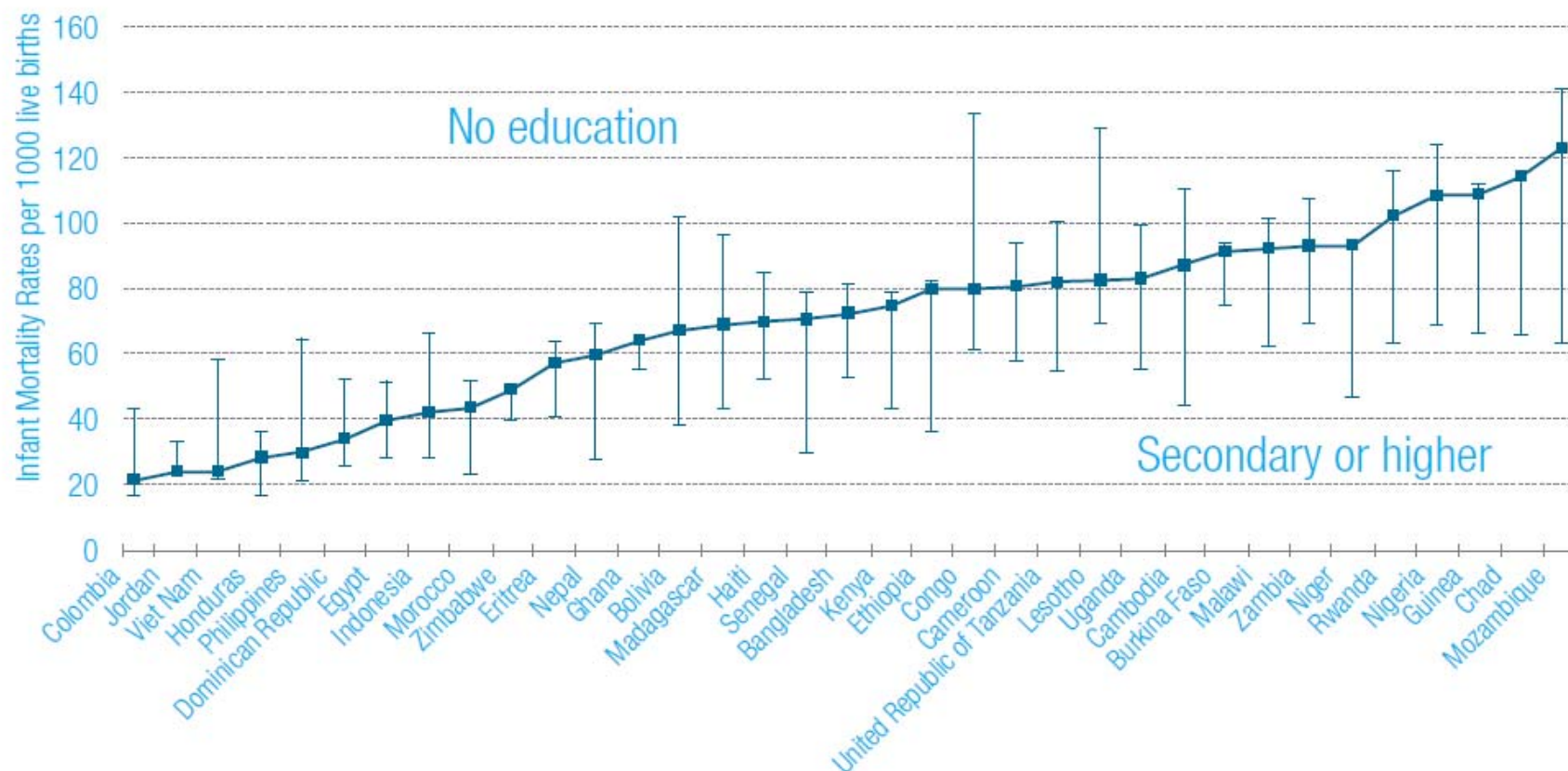


Changes to child mortality by 2015





Inequity in infant mortality rates between countries and within countries by mother's education





Total Fertility rate (births per woman) according to mother's education

Country	No education	Primary	Secondary or higher	Overall
Bangladesh	3.0	2.9	2.5	2.7
India	3.6	2.6	2.1	2.7
Ethiopia	6.1	5.1	2.0	5.4
Nigeria	7.3	6.5	4.2	5.7



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%



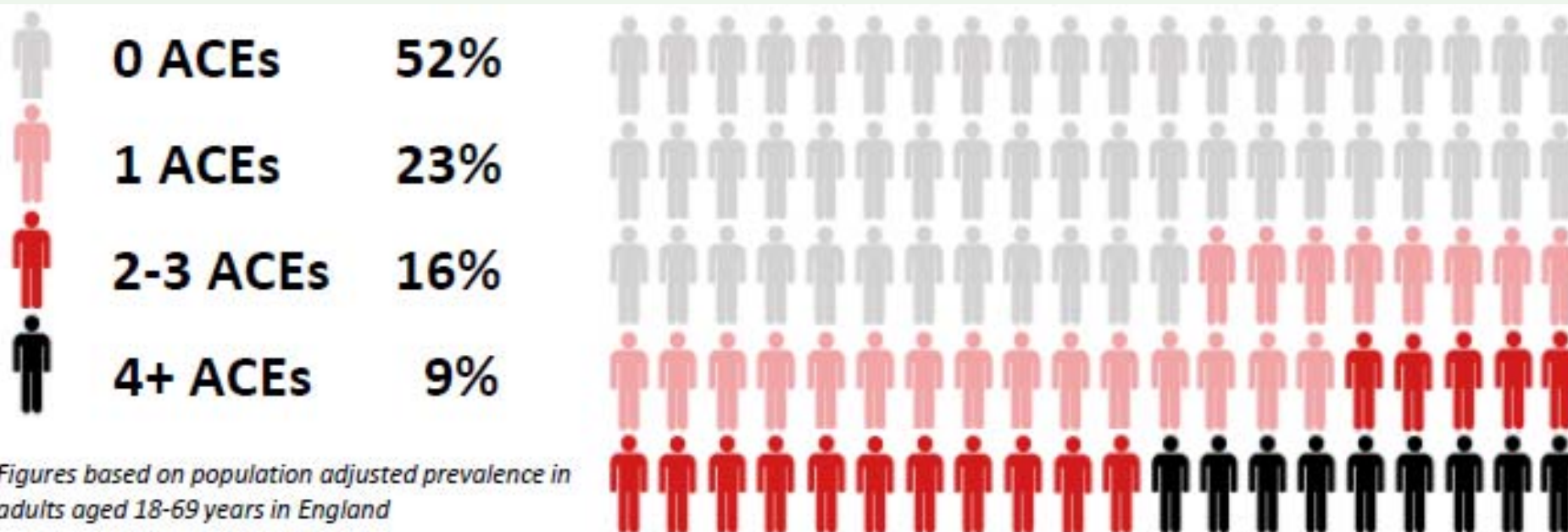
Drug use
4%



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

Adverse Childhood Experiences: England



Bellis et al., 2014, National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England; BMC Medicine



Adverse Childhood Experiences increase individual's risks of developing health-harming behaviours

Compared with people with no ACEs, those with 4+ ACEs are:

- 2** times more likely to currently binge drink and have a poor diet
- 3** times more likely to be a current smoker
- 5** times more likely to have had sex while under 16 years old
- 6** times more likely to have had or caused an unplanned teenage pregnancy
- 7** times more likely to have been involved in violence in the last year
- 11** times more likely to have used heroin/crack or been incarcerated



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%



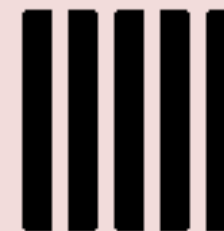
Heroin/crack use
(lifetime)
by 59%



Violence victimisation
(past year)
by 51%



Violence perpetration
(past year)
by 52%



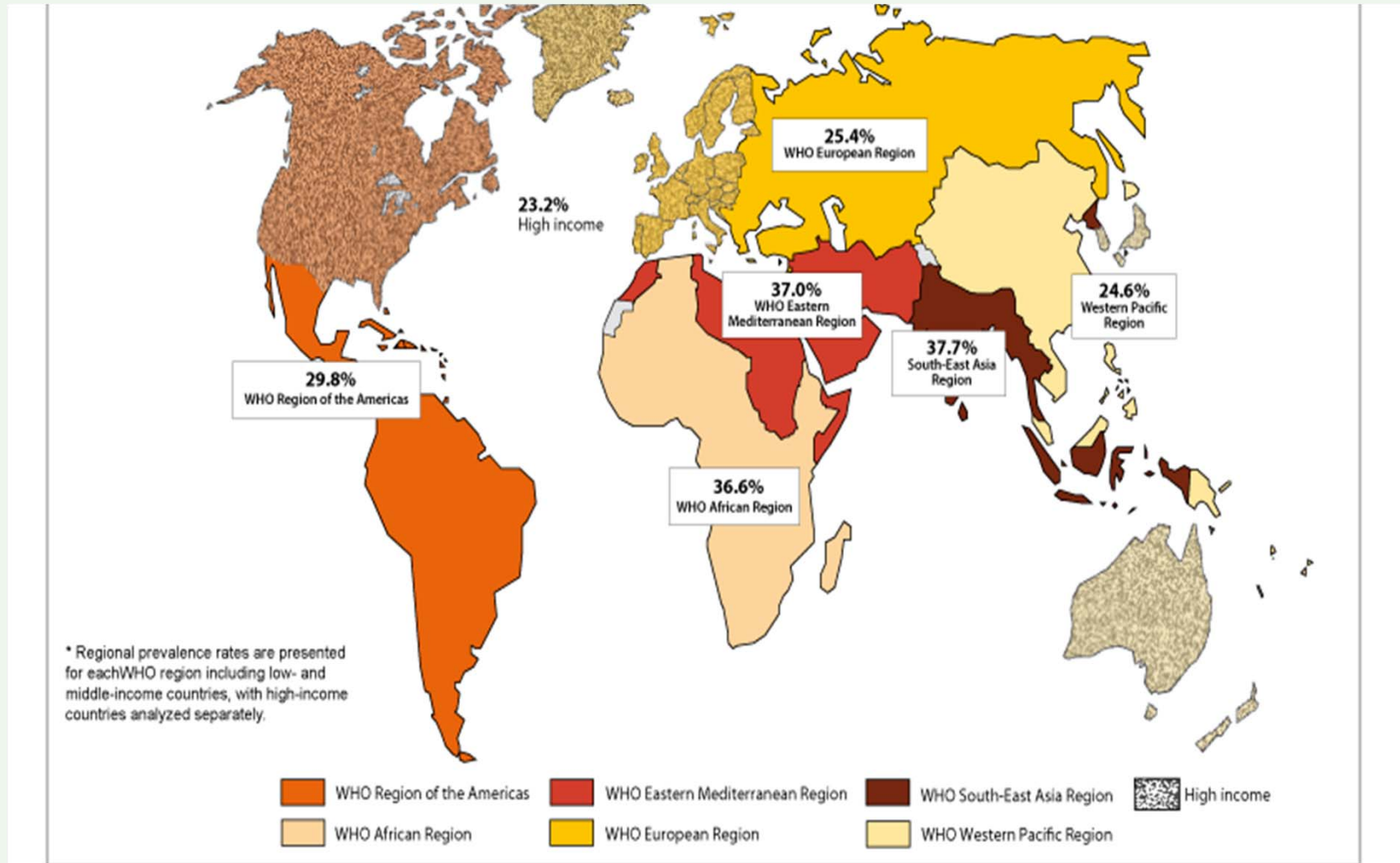
Incarceration
(lifetime)
by 53%



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



Prevalence rates of intimate partner violence



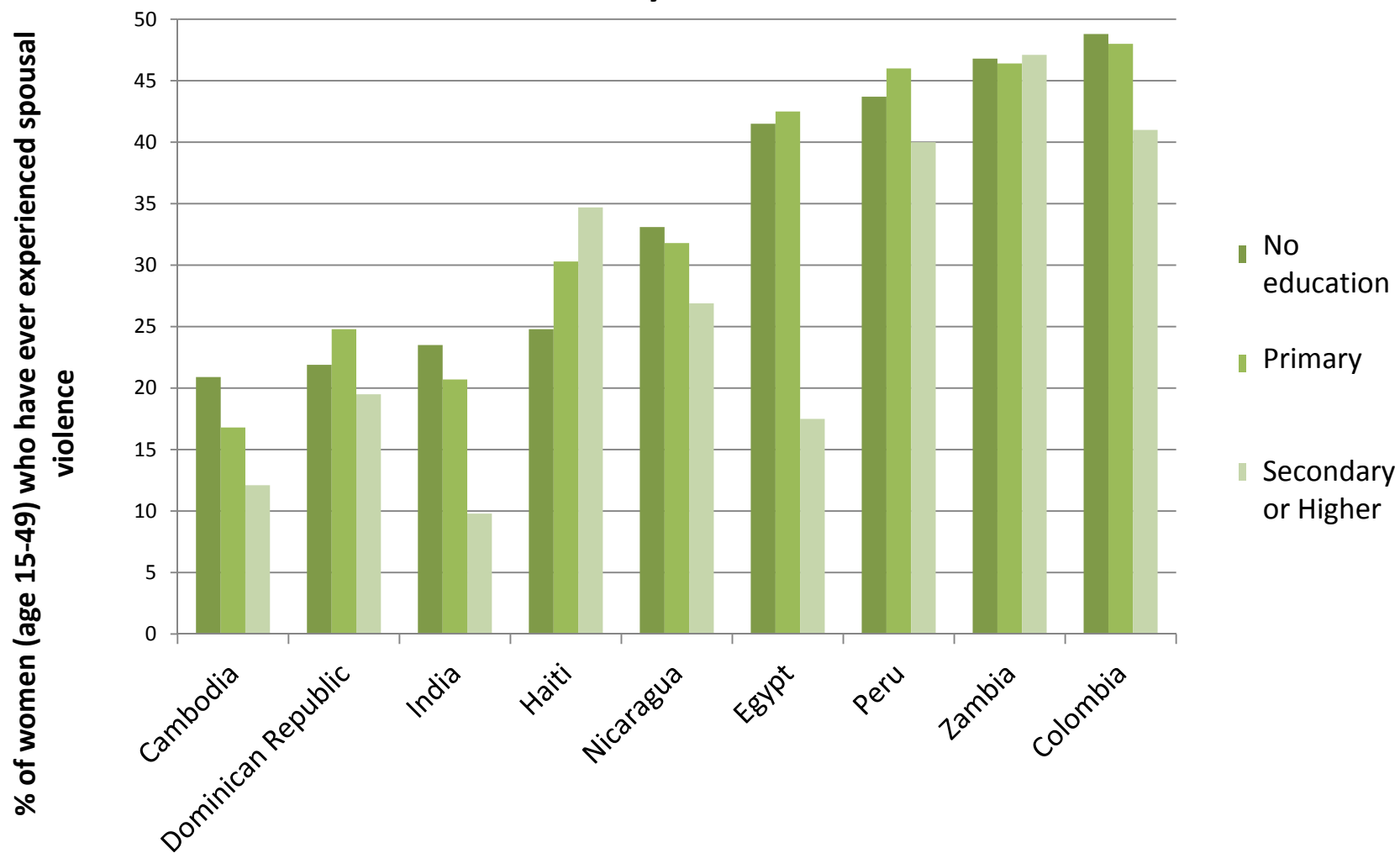


Domestic Violence is a Public Health Issue

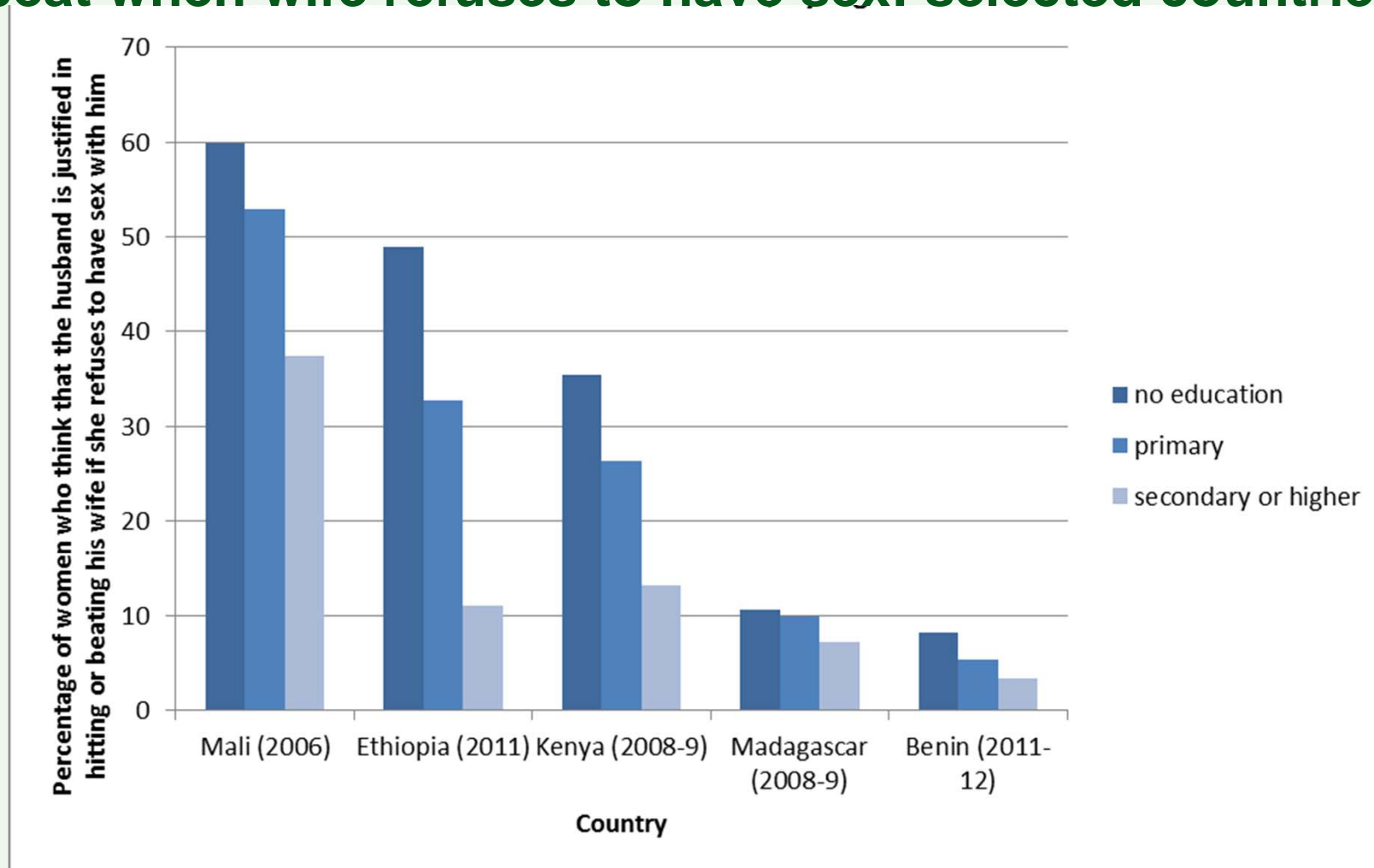
- 35% of women suffer from it.
- 42% of these women experience injuries.
- 38% of all murdered women are murdered by partners (6% of all murdered men)



% of ever-married women who have ever experienced spousal violence, by education level



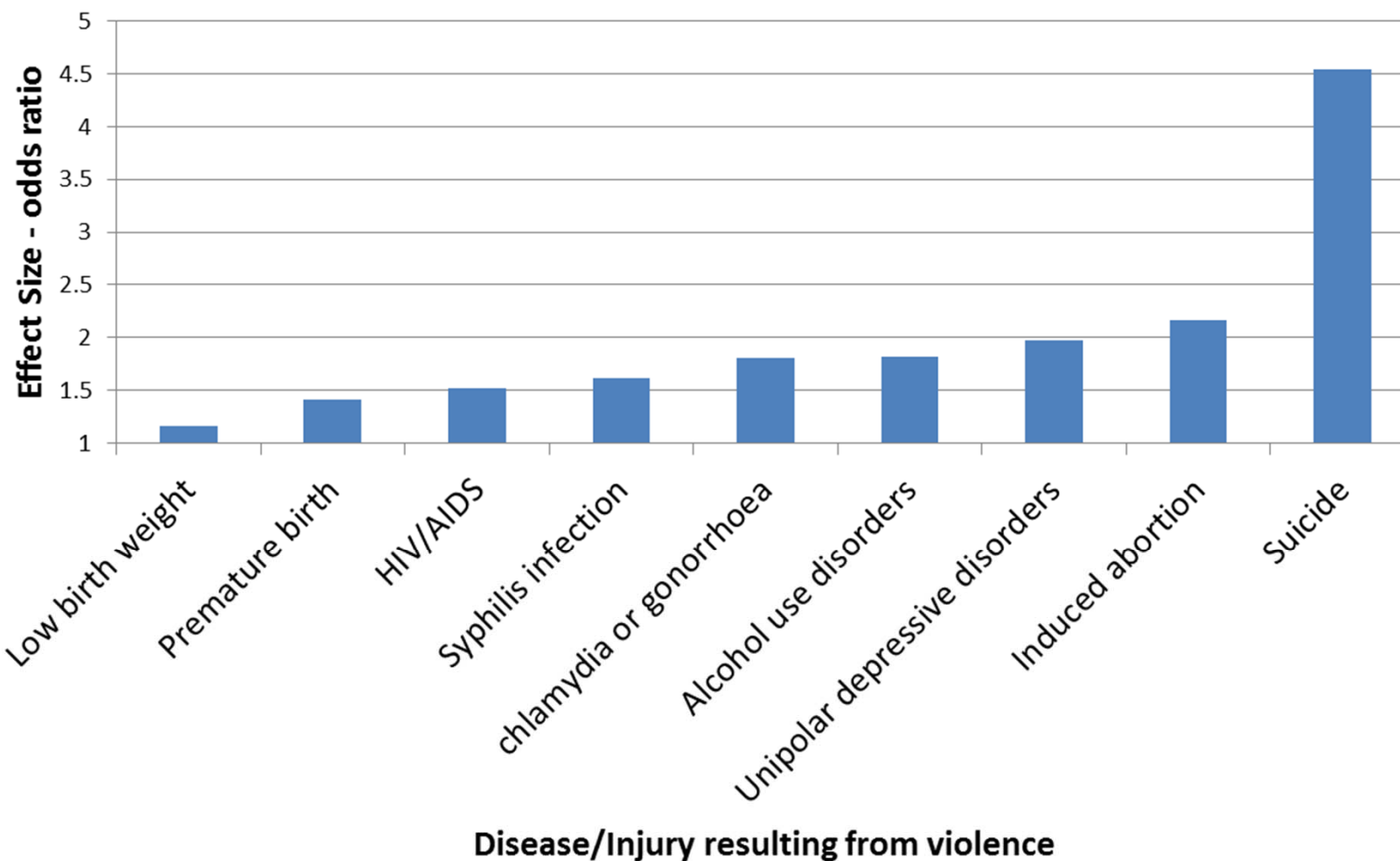
% married women who believe that husband is justified to beat when wife refuses to have sex: selected countries



Source: DHS



Summary of effect size estimates for selected health outcomes and intimate partner violence



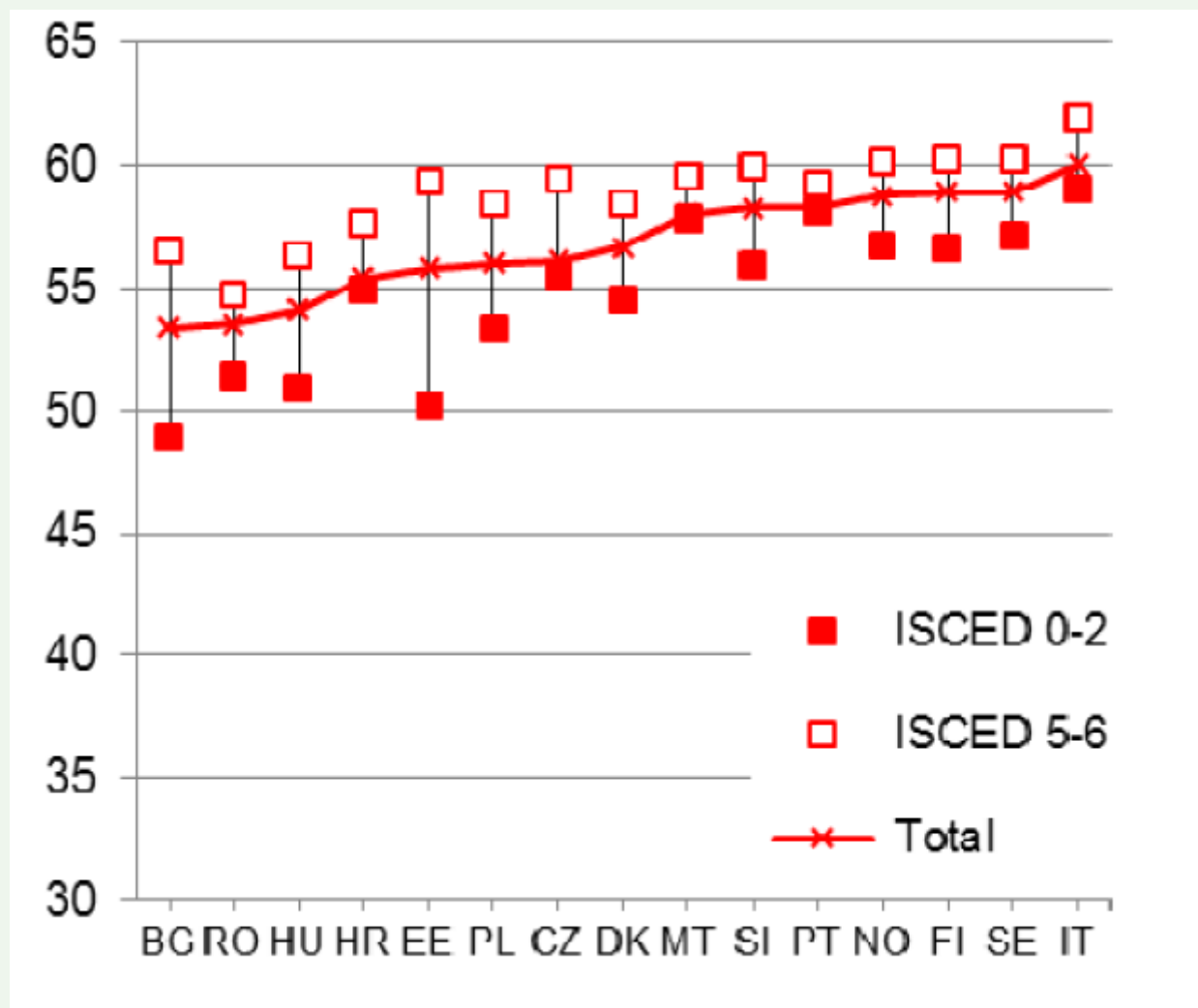
Source: WHO Global and regional estimates of violence against women, 2013



Prevention and Protection

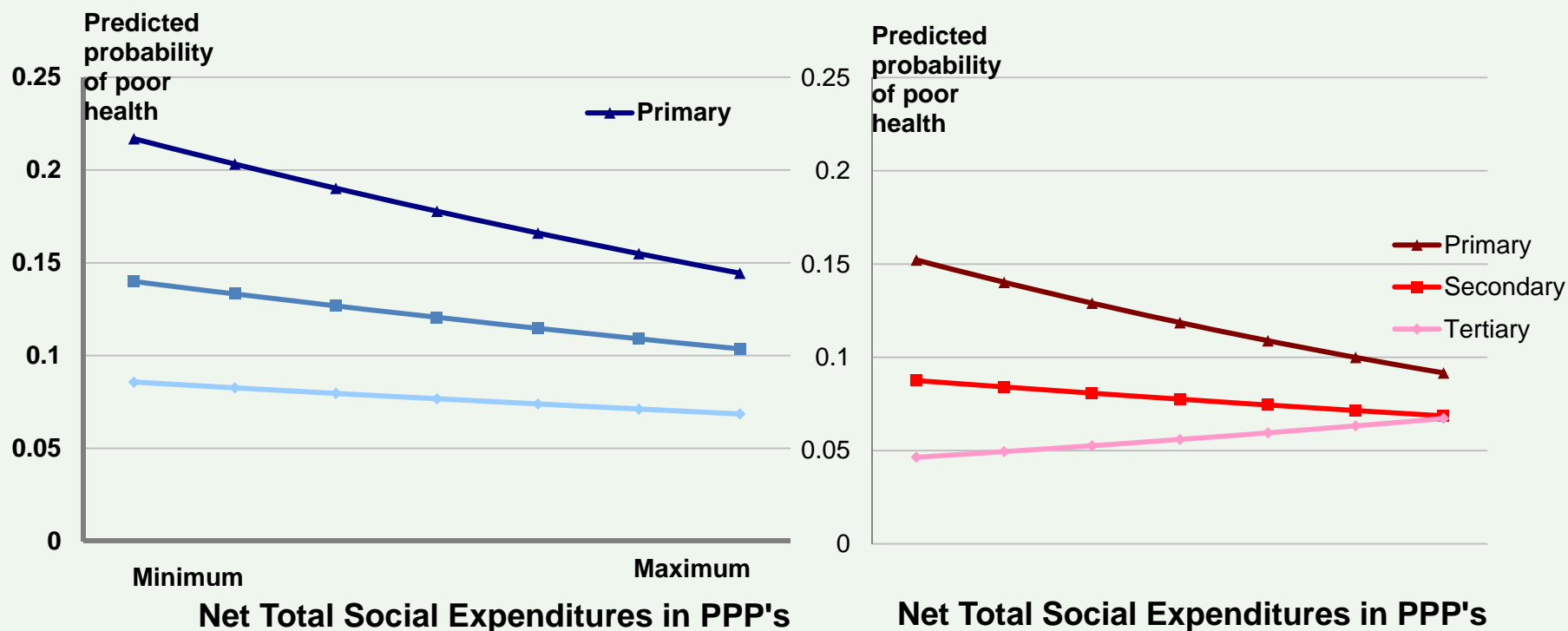
- Dignity, respect, rights;
- Education of boys and girls;
- Peer learning: men and women;
- Identify and protect those in vulnerable circumstances;
- Community health services;
- Access to justice

Life expectancy at age 25 by education, women



Source: Health inequalities in the EU 2013

Self reported health by education and social expenditures: 18 EU countries



Source: Dahl & van der Wel, data from EU SILC 2005, reported in: WHO Review of Social Determinants and the Health Divide in the European Region



Marmot Review: 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*





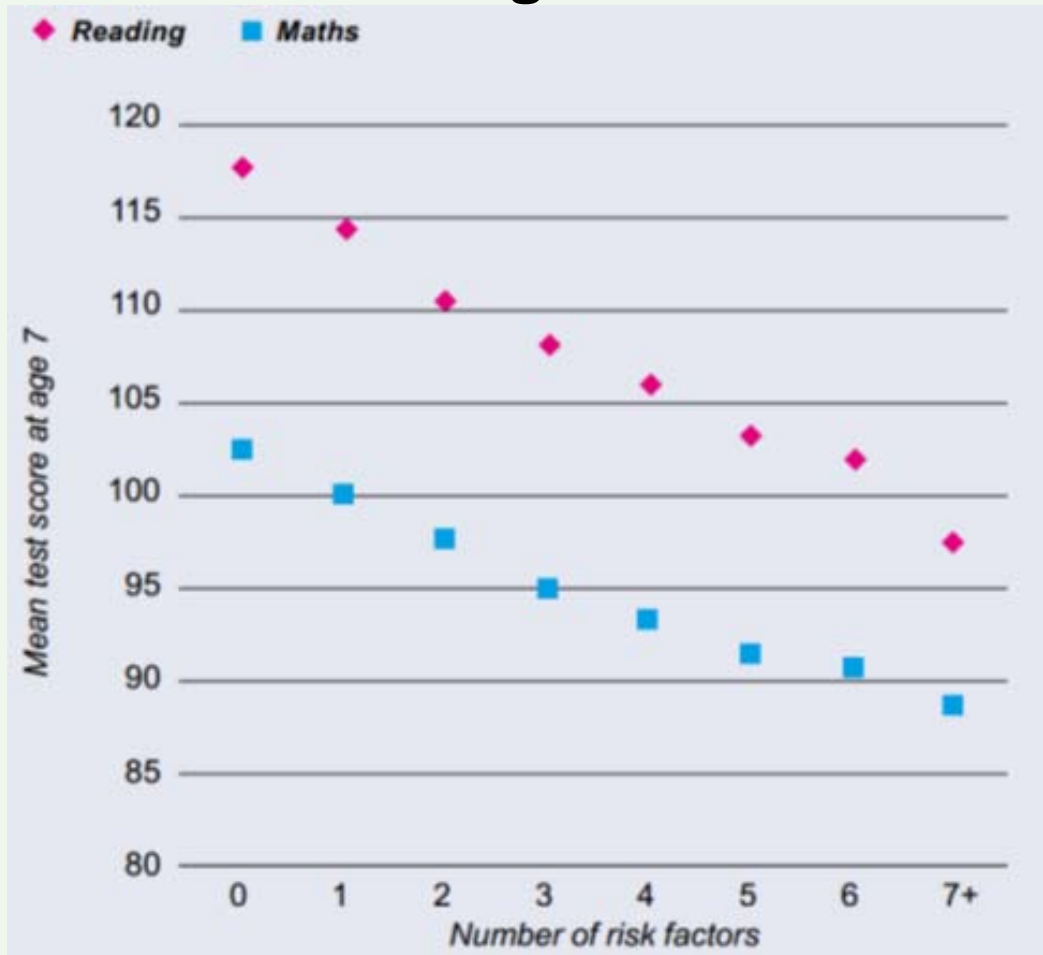
Jimmy, Calton, Glasgow

- Single mother with succession of partners; physical and ? sexual abuse
- Behaviour problems at school entry
- Delinquency; known to police: gangs and violence
- never had a 'proper' job – temporary manual work
- any money Jimmy gets goes into drink and drugs;
- Diet of pub food, fast food and alcohol.
- a series of short-term girlfriends, alcohol-fuelled violent behaviour.
- Jimmy's life expectancy less than Indian average.



Inequalities in cognitive development by multiple factors, UK

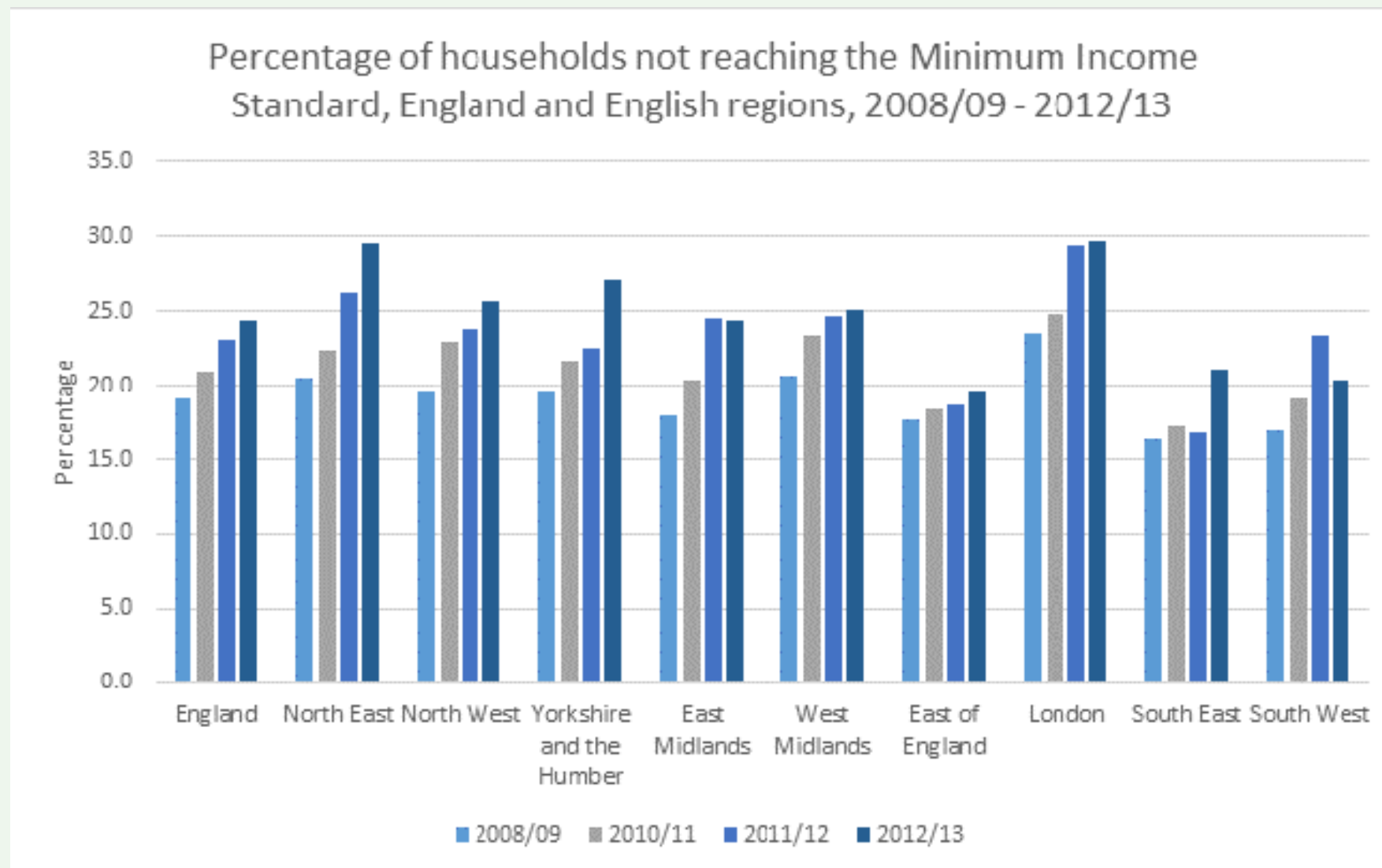
Cognitive test scores at age 7



(ICLS, 2012)

- Low birth weight
- Not being breastfed
- Maternal depression
- Having a lone parent
- Median family income <60%
- Parental unemployment
- Maternal qualifications
- Damp housing
- Social housing
- Area deprivation (IMD)

Minimum income for healthy living (MIHL)





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Organisation of hope



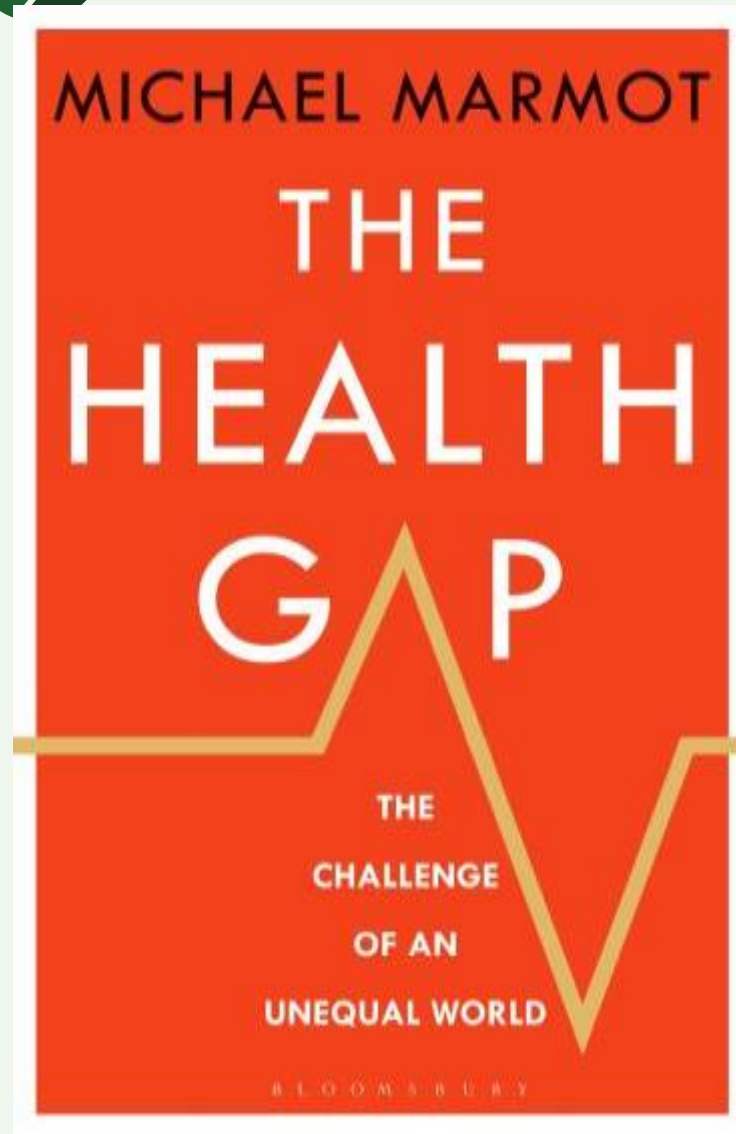
**Health inequities are:
unnecessary
avoidable
unjust**



A photograph of a crowd of people at night, with many hands raised in the air. The lighting is warm and yellow, suggesting an outdoor event or concert. The text is overlaid on this image.

Adequate social protection Social Inclusion Equity at older ages

Action across the Social Gradient



Do something
Do more
Do better