Human City Institute
8th Annual Lecture

Professor Sir Michael Marmot
‘Tackling Health Inequalities in British Cities’

@humancityinst

www.humancityinstitute.com
Amanda Tomlinson, Chief Executive
Black Country Housing Group

HCI 8th Annual Lecture
@humancityinst

www.humancityinstitute.com
Health Inequalities in British Cities

Professor Sir Michael Marmot
@MichaelMarmot
www.instituteofhealthequity.org

Birmingham
7 Feb 2018
What good does it do to treat people and send them back to the conditions that made them sick?
Michael Marmot

La salute disuguale
La sfida di un mondo ingiusto

A cura di Simona Gianpaoli e Giuseppe Traverso
Presentazione di Rodolfo Savazzi
Premessa di Walter Ricciardi
Prefazione di Giuseppe Costa

70
Il Ferriero Scientifico Editore
City of Baltimore in the US state of Maryland is marked by stark inequalities.

LeShawn, has grown up in the Upton/Druid Heights neighbourhood in Baltimore’s inner city.

Bobby has grown up in Greater Roland Park/Poplar.

Life expectancy in Upton/Druid is sixty-three; in Roland Park, eighty-three.
LeShawn Baltimore Upton/Druid

- Half are single parent families.
- Median household income in 2010 was $17,000
- Four out of ten under ‘proficient’ reading third grade
- >50% missed at least 20 days of high school a year.
- 90% did not go on to college.
- Each year, a third aged 10-17 arrested for ‘juvenile disorder’. A third each year: criminal record by 17.
- In 2005 to 2009, 100 non-fatal shootings for every 10,000 residents, and nearly forty
Bobby Baltimore: Roland Park

- 93% two-parent families
- Median income $90,000
- 97% achieve ‘proficient or advanced’ in third grade reading
- Only 8% missed twenty days a year of high school
- 75% complete college
- Juvenile arrests one in fifty each year
- No non-fatal shootings in 2005–2009; four homicides per 10,000
Life expectancy and disability-free life expectancy (DFLE) at birth, males by neighborhood deprivation, England, 1999–2003 and 2009-2013
Life expectancy in England 2006-2015

- Females 2006-2010: Rate of increase = 0.24

- Males 2006-2010: Rate of increase = 0.30

- Females 2011-2015: Rate of increase = 0.02

- Males 2011-2015: Rate of increase = 0.07
Mortality England North and South 25-34

(A) Standardised Mortality (Age 25-34; per 10,000)

(Buchan et al)
Can strategies to reduce health inequalities work?

New Labour did have a strategy

Any evidence?
Trends in life expectancy gap between most deprived areas and the average

Annual difference in months

England

1983-2003
2004-2012
2013-2015

Before Strategy
During strategy
After
Does the USA represent the future?
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).

Case & Deaton, PNAS, 2015
When all else seems lost...

**Figure 1. Trump Overperformance, by Drug, Alcohol and Suicide Mortality Rate Quartile**

- Q1 (Lowest Mortality)
- Q2
- Q3
- Q4 (Highest Mortality)

Data Sources: Atlas of U.S. Presidential Elections; U.S. Centers for Disease Control and Prevention

Monnat Penn State Research Brief 12/04/16
Things really were bad
Life expectancy at age 25 by education, men

Source: Health inequalities in the EU 2013
Lifecourse

So we beat on, boats against the current, borne back ceaselessly into the past.

-F. Scott Fitzgerald, The Great Gatsby
A. Give every child the best start in life
   - Funding issues, child poverty
B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
   - Skills training, NEETS, whole school approaches
C. Create fair employment and good work for all
   - Youth unemployment, contract workers, insecure employment, involuntary part-time working, ALMP policies
D. Ensure healthy standard of living for all
   - Minimum income standard, minimum wages, benefit caps
E. Create and develop healthy and sustainable places and communities
   - Green policies, social isolation, housing
F. Strengthen the role and impact of ill health prevention
   - Cost inflation, resource allocation, demographic pressures
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
Global prevalence

1 in 3 women throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner.

Map showing prevalence of intimate partner violence by WHO region.

Source: WHO Global and regional estimates of violence against women, 2013
Fair Society: Healthy Lives: some areas for concern

A. Give every child the best start in life
   - Funding issues, child poverty

B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
   - Skills training, NEETS, whole school approaches

C. Create fair employment and good work for all
   - Youth unemployment, contract workers, insecure employment, involuntary part-time working, ALMP policies

D. Ensure healthy standard of living for all
   - Minimum income standard, minimum wages, benefit caps
Figure 5: International average real wage growth, 2007-15
Risk of being below Minimum Income Standard

- Below MIS individuals in households with children: 7.3% to 39.4%
- Below MIS individuals in working age households without children: 15.6% to 22.8%
- Below MIS individuals in pensioner households: 7.5% to 7.5%

Graph showing the trend from 2008/09 to 2013/13.
Chart 4: Long-run impact of tax and benefit reforms introduced between May 2015 and April 2019 by income decile and household type (including universal credit) [Download the data in Excel]
Fair Society: Healthy Lives: some areas for concern

A. Give every child the best start in life
   - Funding issues, child poverty

B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
   - Skills training, NEETS, whole school approaches

C. Create fair employment and good work for all
   - Youth unemployment, contract workers, insecure employment, involuntary part-time working, ALMP policies

D. Ensure healthy standard of living for all
   - Minimum income standard, minimum wages, benefit caps

E. Create and develop healthy and sustainable places and communities
   - Green policies, social isolation, housing
Local authority cuts 2009-10 to 2014-15

- 23% cuts in the spending power of local authorities - after accounting for inflation and population growth
- Net spending per capita on social care cut by 17% in real terms
- Central government grants cut by 39% per person in real terms
- On average cuts were greatest in areas with a high level of spending need relative to revenue-raising capacity and those with faster population growth.

Source: IFS 2015
Council cuts per head and premature mortality

Figure 2: Council cuts per head correlated against premature mortality rates

Cuts in council budgets are greatest in areas in the North of England, with the worst health

Source: Due North report
Characteristics of housing and neighbourhood matter for health
Living in areas with unfavourable environmental conditions in England
Health benefits of exposure to green space

Use of green space

In England, 15.3% had visited the natural environment from March 2012 to February 2013.

- Green space important for more deprived communities and has impact on CVD.
- However lower usage in more deprived areas.

Monitor of Engagement with the Natural Environment, Natural Health England, September 2013
Air pollution & deprivation levels
Deprivation air pollution and schools

Figure E4 Count of schools grouped by the proportion of pupils eligible for Free School Meals and an NO$_2$ exceedence
Nitrogen dioxide vs. deprivation in London

Figure E3: Pollution concentrations of NO₂ in 2020 by Deprivation decile groups of LSOAs in London 2020

Boxes represent 25-75% ile. Whiskers are 2.5 and 97.5% ile. Decile average 2020 — EU limit value — Decile average 2010 — Max value 2020.
Figure 4.9 The risk of fuel poverty according to household income, 2009

Percent of households in fuel poverty

Household income quintiles

Note: Percent in fuel poverty relates to households in fuel poverty after deducting housing costs.

Source: English House Conditions Survey, Department of Communities and Local Government.
Health Impacts of Cold Homes and Fuel Poverty

- Number of fuel poor households in England dramatically increased between 2004 and 2010 from 1.2 million to 4.6 million.

- Found evidence of impacts on mortality, morbidity, and other social impacts.
Direct health impacts - Mortality

- Excess winter deaths are almost three times higher in the coldest quarter of housing than in the warmest quarter
  - 40% cardio-vascular diseases
  - 33% respiratory diseases
Direct health impacts - Morbidity

- respiratory problems

- More than 1 in 4 adolescents living in cold housing are at risk of multiple mental health problems, compared to 1 in 20 adolescents in warm housing
Indirect health and social impacts

• Cold housing negatively affects:
  – children’s educational attainment, emotional well-being and resilience
  – family dietary opportunities and choices
  – dexterity; and increases the risk of accidents and injuries in the home
% homes not meeting decent homes standard, by region and tenure, 2012

Source: Due North Report
Propotion of people reporting low mental wellbeing in good and bad housing, across the life course, England 2010-11
Chart SF1.5.B. Condition of household dwellings, 2011

Panel A. Proportion of children living in a household with one of: leaking roof, damp walls/floor/foundation, rot in window frames, door or floor
Fair Society: Healthy Lives: some areas for concern

A. Give every child the best start in life
   - Funding issues, child poverty

B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
   - Skills training, NEETS, whole school approaches

C. Create fair employment and good work for all
   - Youth unemployment, contract workers, insecure employment, involuntary part-time working, ALMP policies

D. Ensure healthy standard of living for all
   - Minimum income standard, minimum wages, benefit caps

E. Create and develop healthy and sustainable places and communities
   - Green policies, social isolation, housing

F. Strengthen the role and impact of ill health prevention
   - Cost inflation, resource allocation, demographic pressures
Inequalities in childhood obesity are increasing in England: Obesity prevalence by deprivation decile 2006/7 to 2012/13

Children in Year 6 (aged 10-11 years)
Fast food chains more common in deprived areas: England and Scotland

Mean number of fast food outlets* per 100,000 people

Index of multiple deprivation quintile

(*McDonald’s, Burger King, KFC and Pizza Hut)

Macdonald et al 2007
Availability of Fast food outlets and childhood overweight and obesity

Cetateanu Health And Place 2014
But Deprivation of Area has a strong relation to childhood obesity independent of availability of fast food outlets
Report from the President

I spent the year as:

WMA President 2015-16
My two messages in a world of post-fact politics

• Evidence-based policy

• Spirit of social justice

Remember: We said that

“Social injustice is killing on a grand scale”
I believe that unarmed truth and unconditional love will have the final word in reality. This is why right, temporarily defeated, is stronger than evil triumphant.
Mission for Presidency
(and life)

Health Equity

through action on

Social Determinants of Health
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
# LIFE EXPECTANCY AT BIRTH

<table>
<thead>
<tr>
<th></th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIGENOUS AUSTRALIAN</strong></td>
<td>69.1</td>
<td>73.7</td>
</tr>
<tr>
<td><strong>NON INDIGENOUS AUSTRALIAN</strong></td>
<td>79.7</td>
<td>83.1</td>
</tr>
</tbody>
</table>

Tharawal Aboriginal Medical Service

At Tharawal A.M.S. we have;

G.P.s
Registrar Doctors
Students
Specialists
The popular Belly Cast Program

We also have a Breast Feeding Support Program

What we do

Educational gatherings before pregnancy, during pregnancy and after birth of baby.

Pregnancy and Postnatal Care at clinic or at their home.

Care for women and baby after the delivery.

Ongoing support, education, and baby checks up to the youngest child is five.

Development of resources for families around parenting.
KEY PERFORMANCE INDICATORS

In 2014, 100% of Souths Cares 'School to Work' Students achieved the HSC and moved into employment or further education.

Over 4000 of direct community engagement by South Sydney Rabbitohs players annually.

Donations valued at over $200,000 provided to the community in 2014/15 Financial Year.

On-site Outreach Services

We provide key services for our clients and community that is in a safe and private environment on a weekly basis

This results in a speedier outcome

Legal Services
Department of Housing
Centrelink
Disability Support
Waranwarin

20 children graduated in 2015
60 children enrolled 2015
Family Support Program

The Deadly Homework Club

Parenting Programs in partnership with Brighter Futures

Community Kitchen held at Waranwarin Child and Family Centre

and more
Every family attends either;

Triple P parenting,

or grass roots parenting.

Every family complete adult and child health checks link to speech, audiology, optometry and dental
Weekly clinics held in our medical building

Drug & Alcohol

Education
Awareness
Support in rehabilitation
GOOD TUCKER
ALL ROUND
FRUIT & VEGETABLE DELIVERY

The freshest seasonal fruit and vegetables delivered to your door every week

Our community members volunteer to pack the boxes ready for delivery

Working together with community and local businesses to ensure quality healthy produce is provided for our mob
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
Networking
Networking 1

- BMA House London
- Livingston Zambia
- Helsinki
- Alpbach Austria
- USA, various
- Suriname
- Taipei
- Sweden – Commissions++
- Kolkata
- Bangkok
- Istanbul
- Tashkent, Uzbekistan
- Montevideo

- Buenos Aires
- Ghent and Brussels
- Trinidad and Tobago
- Panama
- Canada
- German MA, Hamburg
- Geneva
- Tel Aviv
- Tokyo
- Australia
- Malta
- Sri Lanka
Making a difference in tough times
Coventry: A Marmot City
Sweden
Reaction to my discussion of economic inequalities
Councillor Bob Sleigh,
WMCA Portfolio Lead Health & Wellbeing
West Midlands Combined Authority
HCI 8th Annual Lecture
@humancityinst
www.humancityinstitute.com