INSTITUTE of HEALTH EQUITY

REDUCING HEALTH INEQUITIES THROUGH ACTION ON THE SOCIAL DETERMINANTS OF HEALTH

Inequalities Update

Prof. Sir Michael Marmot, Dr Angela Donkin,

Prof. Peter Goldblatt

- In 2010 the Marmot review set out 6 clear policy recommendations to help improve health and reduce inequalities.
- Since then IHE has monitored progress. This year PHE agreed to start collating the Marmot indicators, for local authorities as part of routine data work.
- This presentation provides an update on inequalities in health and progress on social determinants within England since the Marmot review.

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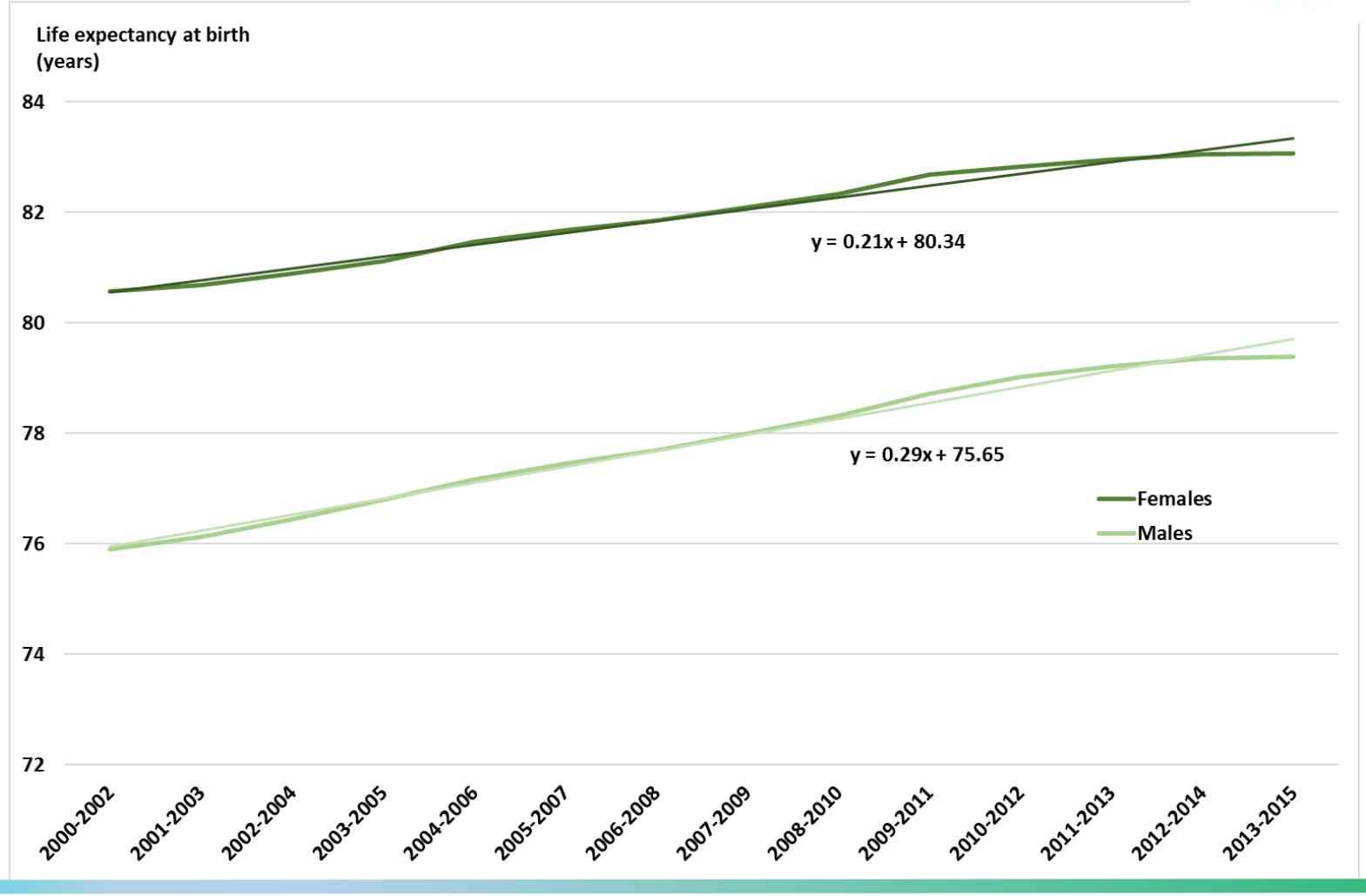
Life expectancy and health expectancy

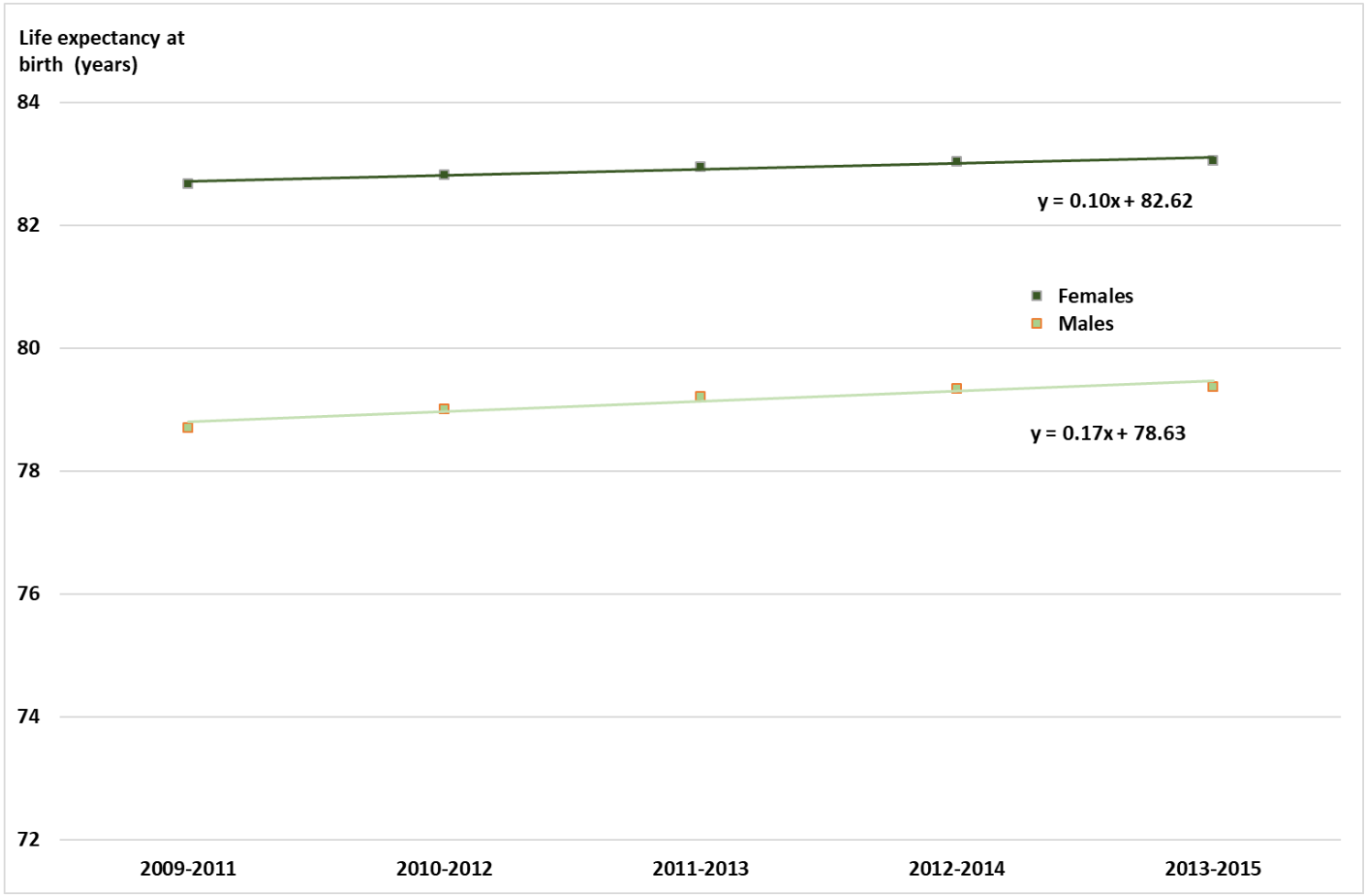
Life expectancy at birth, England, 2000-2015



Figures based on National Life tables using single years of age

Source: Office for National Statistics

Life expectancy at birth, England, 2009-2015



Figures based on National Life tables using single years of age

Source: Office for National Statistics

Life expectancy at age 65, England, 2000-2015

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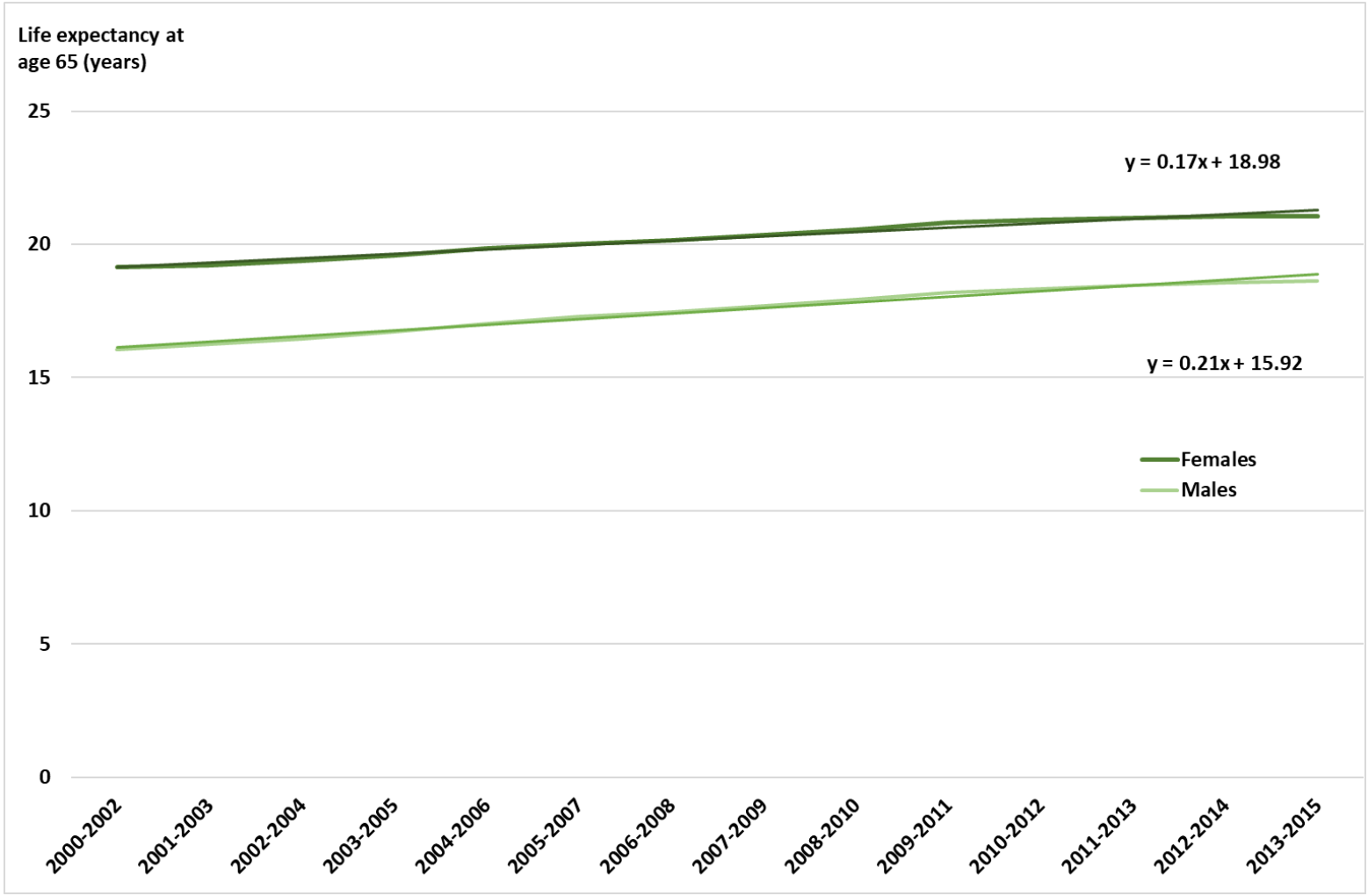
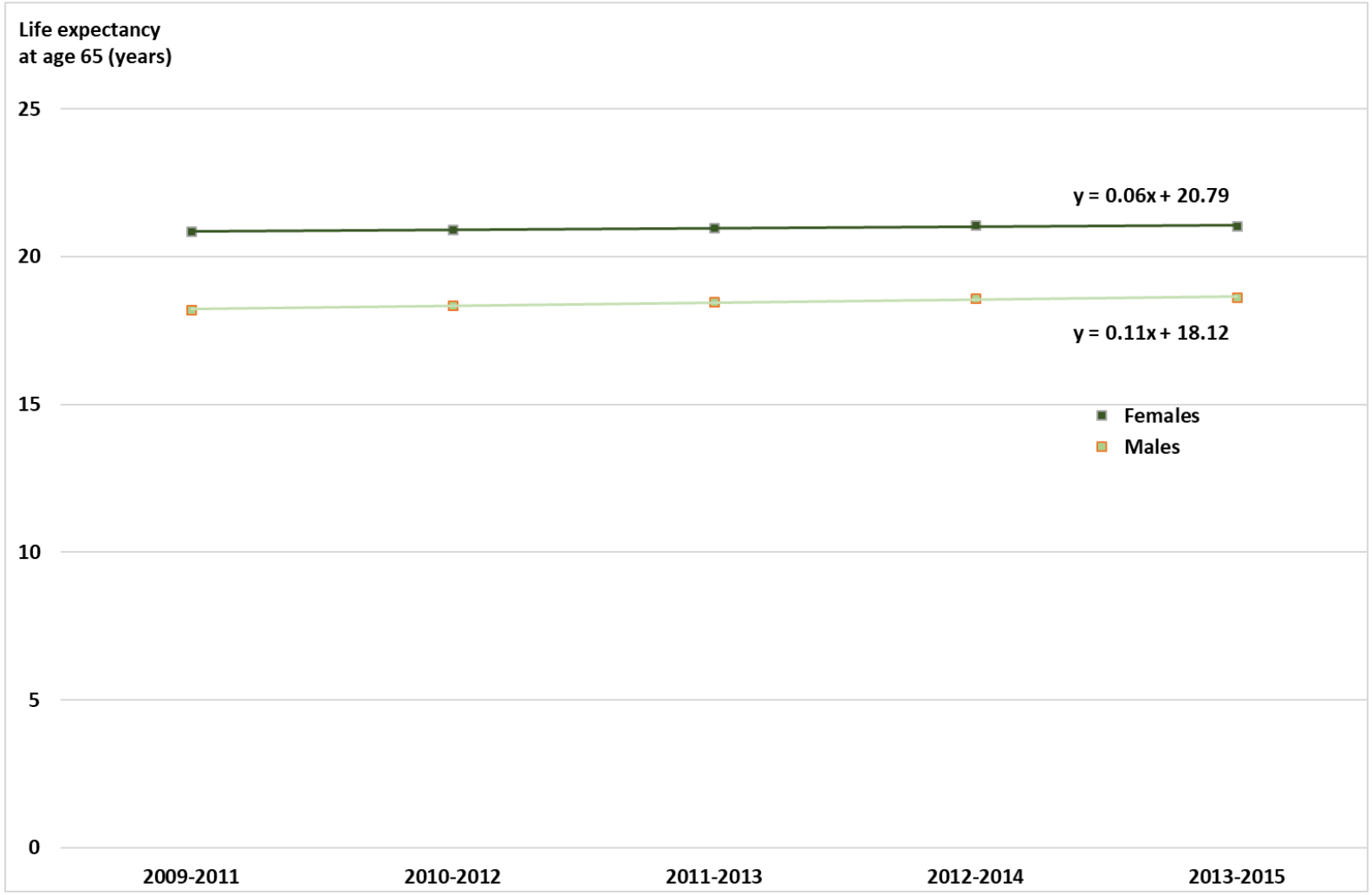


Figures based on National Life tables using single years of age

Source: Office for National Statistics

Life expectancy at age 65, England, 2009-2015



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Figures based on National Life tables using single years of age

Source: Office for National Statistics

Male population aged 85 and over, single years of age, England, 2002-2015

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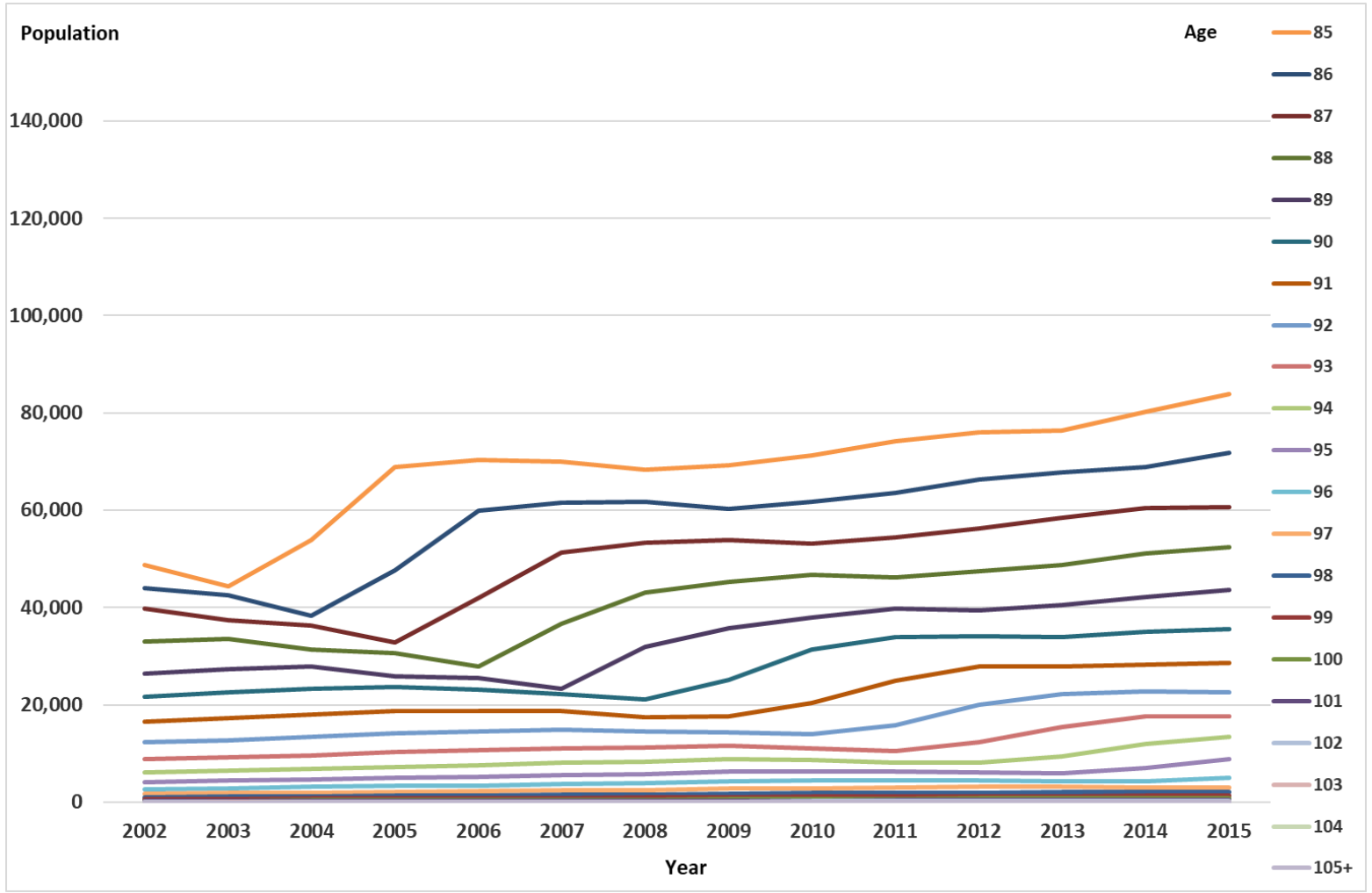

Source: Office for National Statistics

Female population aged 85 and over, single years of age, England, 2002-2015

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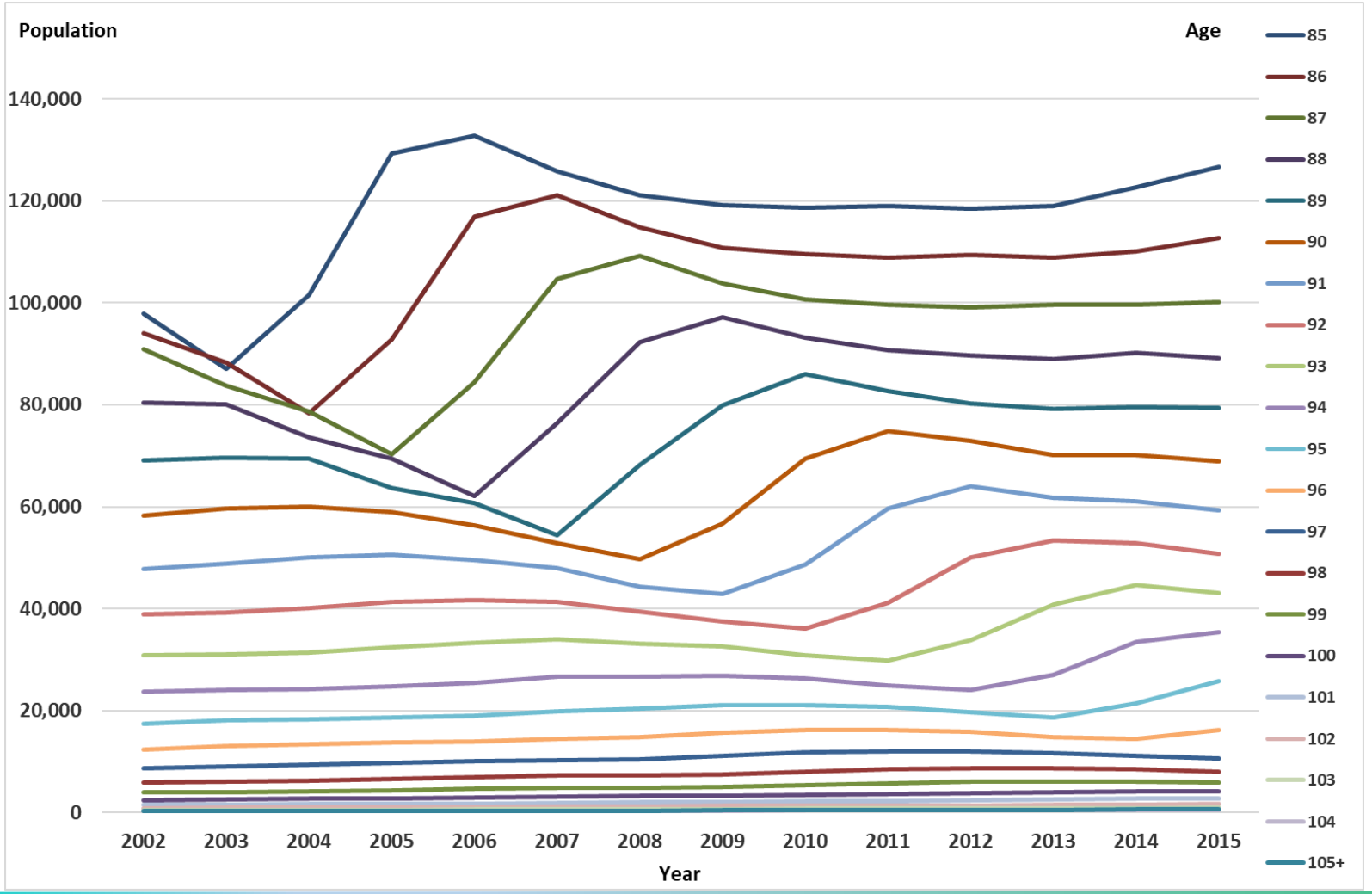
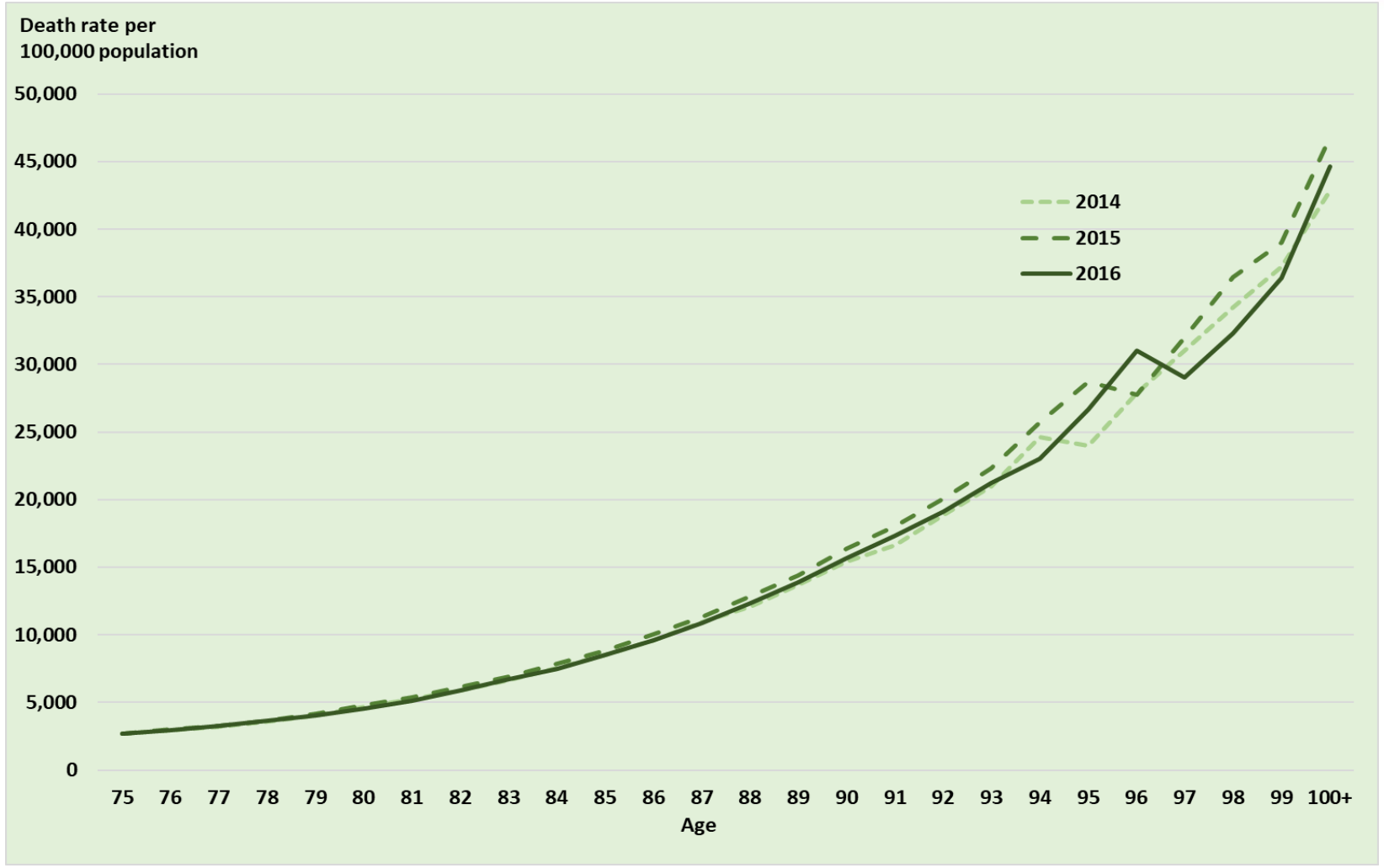


Source: Office for National Statistics

Mortality rates by single year of age, ages 75 and over, 2014 to 2016



Source: Office for National Statistics

Leading causes of death by sex and age-group, England and Wales, 2015

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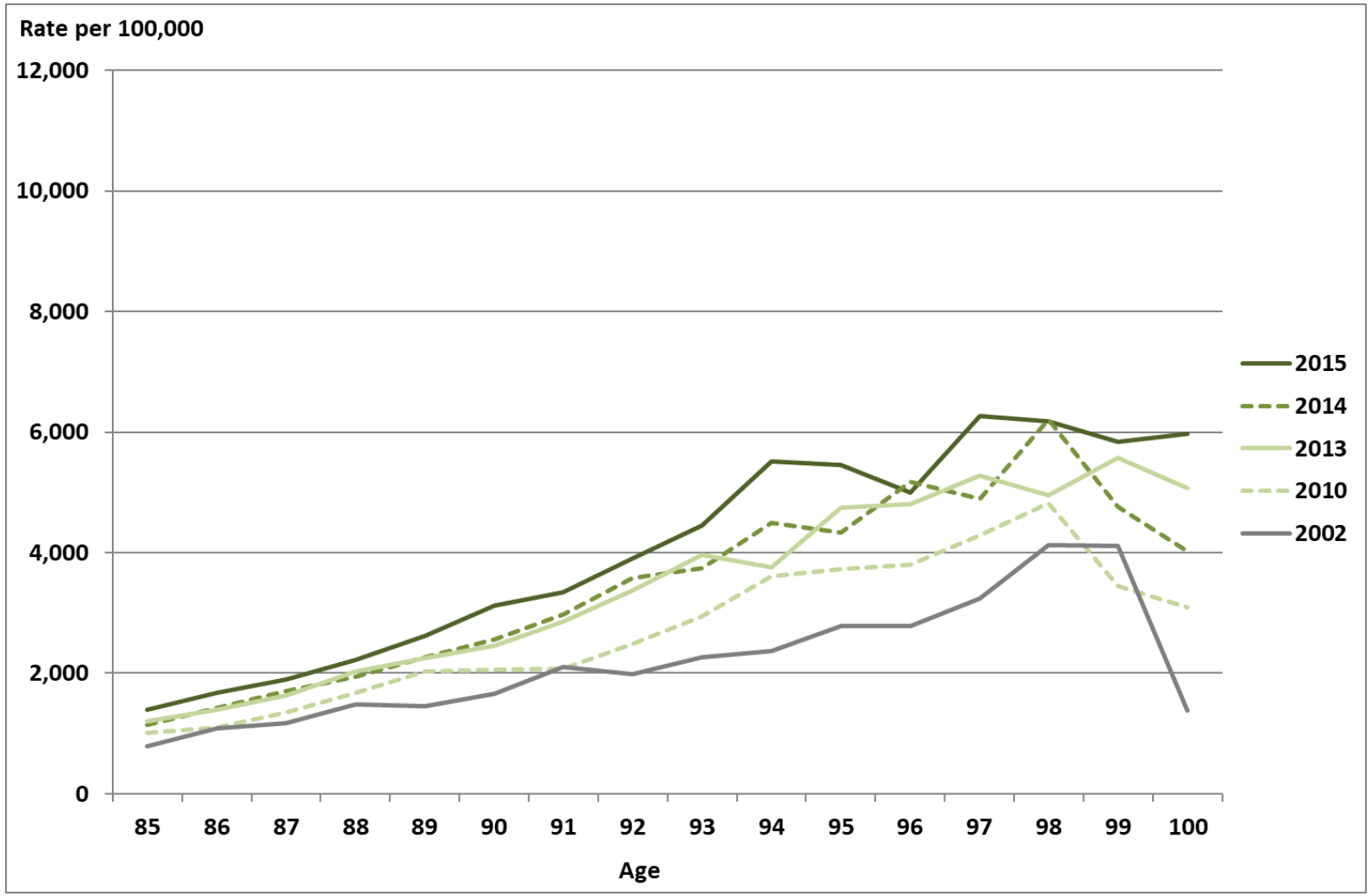
Age	Males			Females	
	Cause	Deaths		Cause	Deaths
01-04	Congenital malformations etc	27		Congenital malformations etc	23
05-09	Congenital malformations etc	21		Malignant neoplasm of brain	13
10-14	Land transport accidents	15		Congenital malformations etc	12
15-19	Suicide and injury/poisoning of undetermined intent	135		Suicide and injury/poisoning of undetermined intent	51
20-24	Suicide and injury/poisoning of undetermined intent	271		Suicide and injury/poisoning of undetermined intent	68
25-29	Suicide and injury/poisoning of undetermined intent	291		Suicide and injury/poisoning of undetermined intent	93
30-34	Suicide and injury/poisoning of undetermined intent	343		Suicide and injury/poisoning of undetermined intent	98
35-39	Accidental poisoning	377		Malignant neoplasms of breast	146
40-44	Suicide and injury/poisoning of undetermined intent	427		Malignant neoplasms of breast	270
45-49	Ischaemic heart diseases	726		Malignant neoplasms of breast	478
50-54	Ischaemic heart diseases	1,271		Malignant neoplasms of breast	729
55-59	Ischaemic heart diseases	1,756		Malignant neoplasms of breast	741
65-69	Ischaemic heart diseases	3,628		Malignant neoplasm of trachea bronchus and lung	2,079
70-74	Ischaemic heart diseases	4,305		Malignant neoplasm of trachea bronchus and lung	2,310
75-79	Ischaemic heart diseases	5,473		Ischaemic heart diseases	2,742
80-84	Ischaemic heart diseases	6,332		Dementia and Alzheimer disease	6,588
85+	Dementia and Alzheimer disease	12,248		Dementia and Alzheimer disease	30,664

Source: Office for National Statistics

Deaths due to dementia, males by single years of age, England and Wales, 2002-2015



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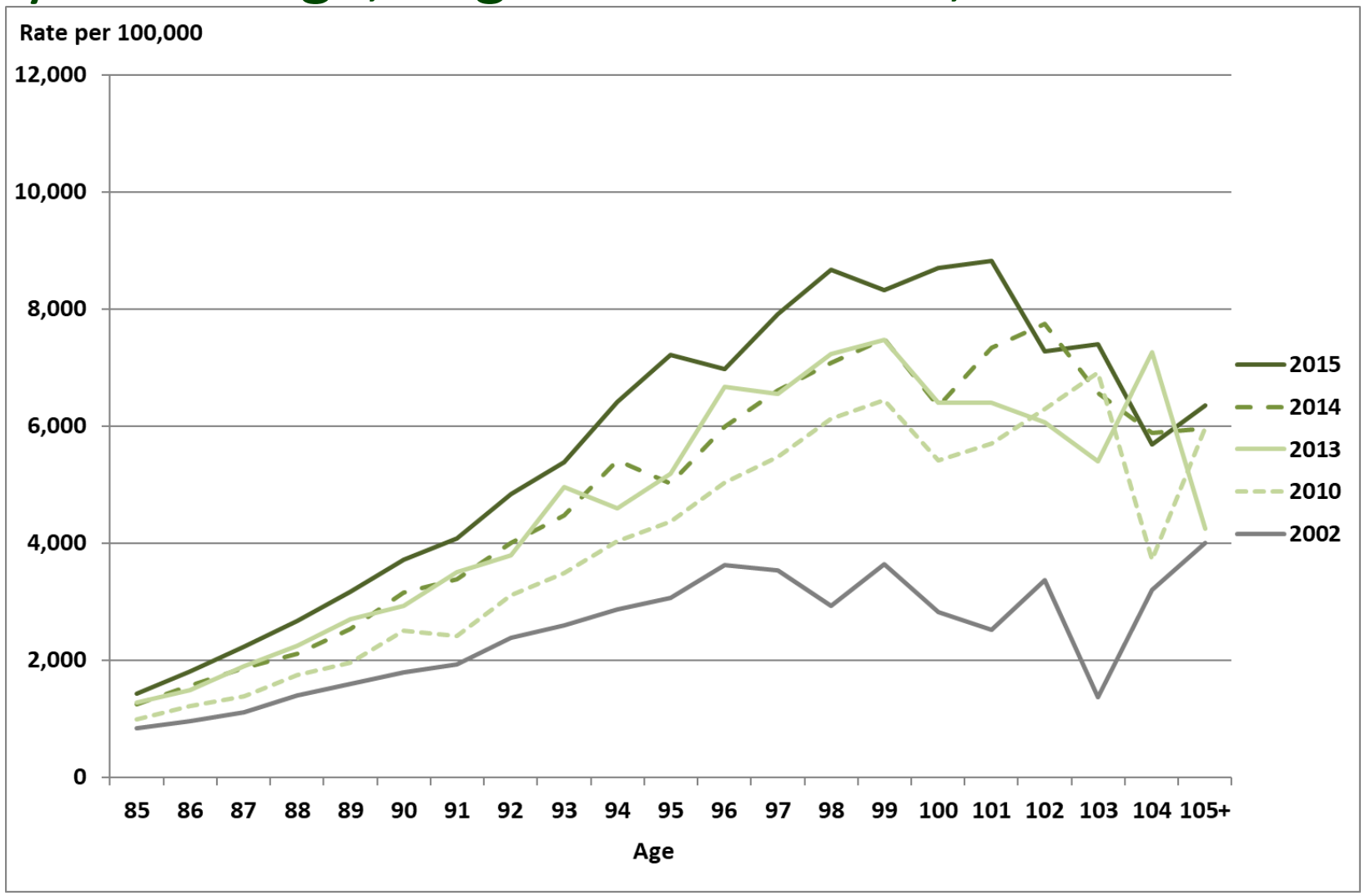
Historic rates shown are adjusted to match ONS current practices in coding underlying cause of death

Source: Office for National Statistics

Deaths due to dementia, females by single years of age, England and Wales, 2002-2015



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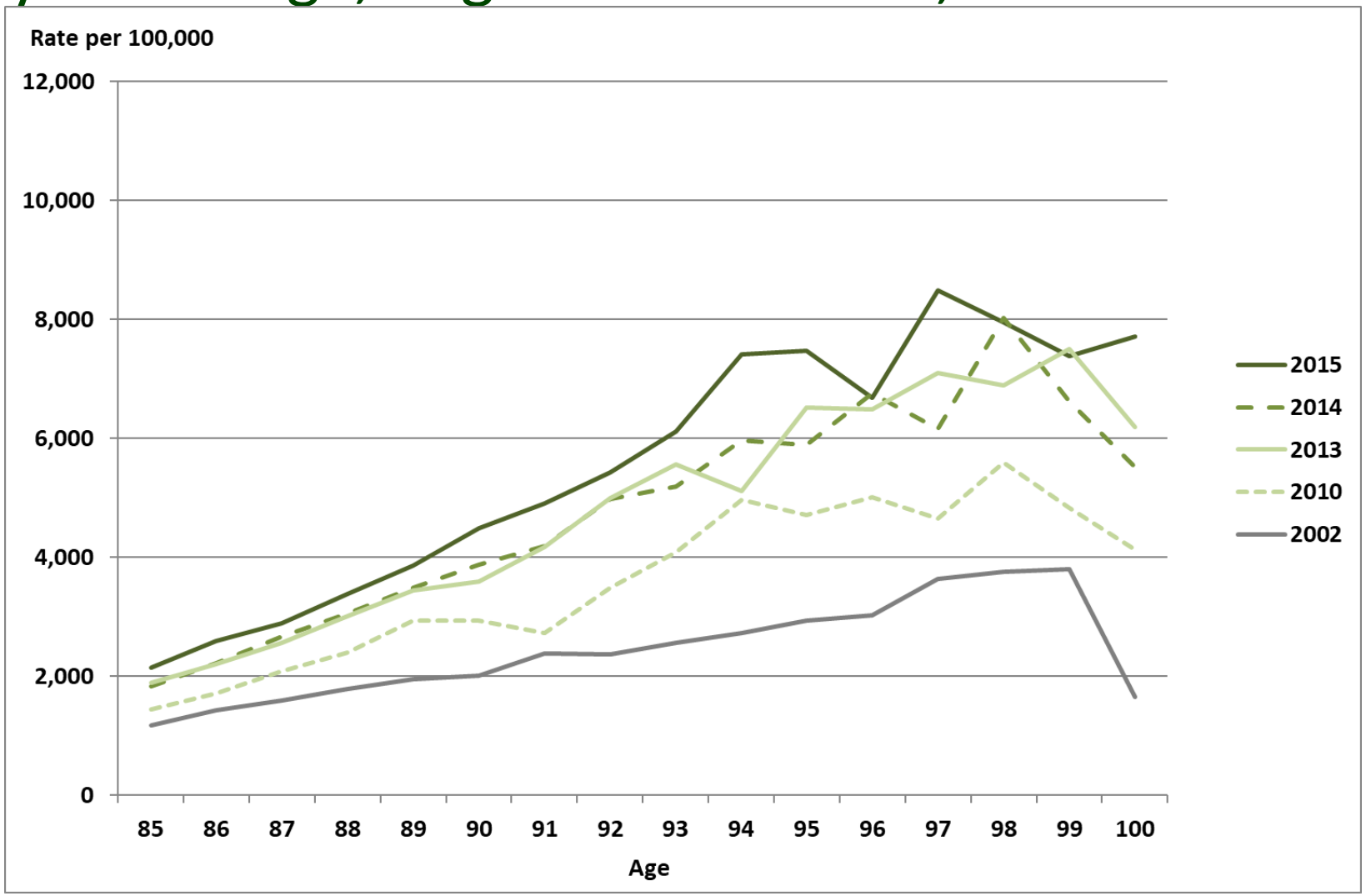
Historic rates shown are adjusted to match ONS current practices in coding underlying cause of death

Source: Office for National Statistics

Deaths mentioning dementia, males by single years of age, England and Wales, 2002-2015



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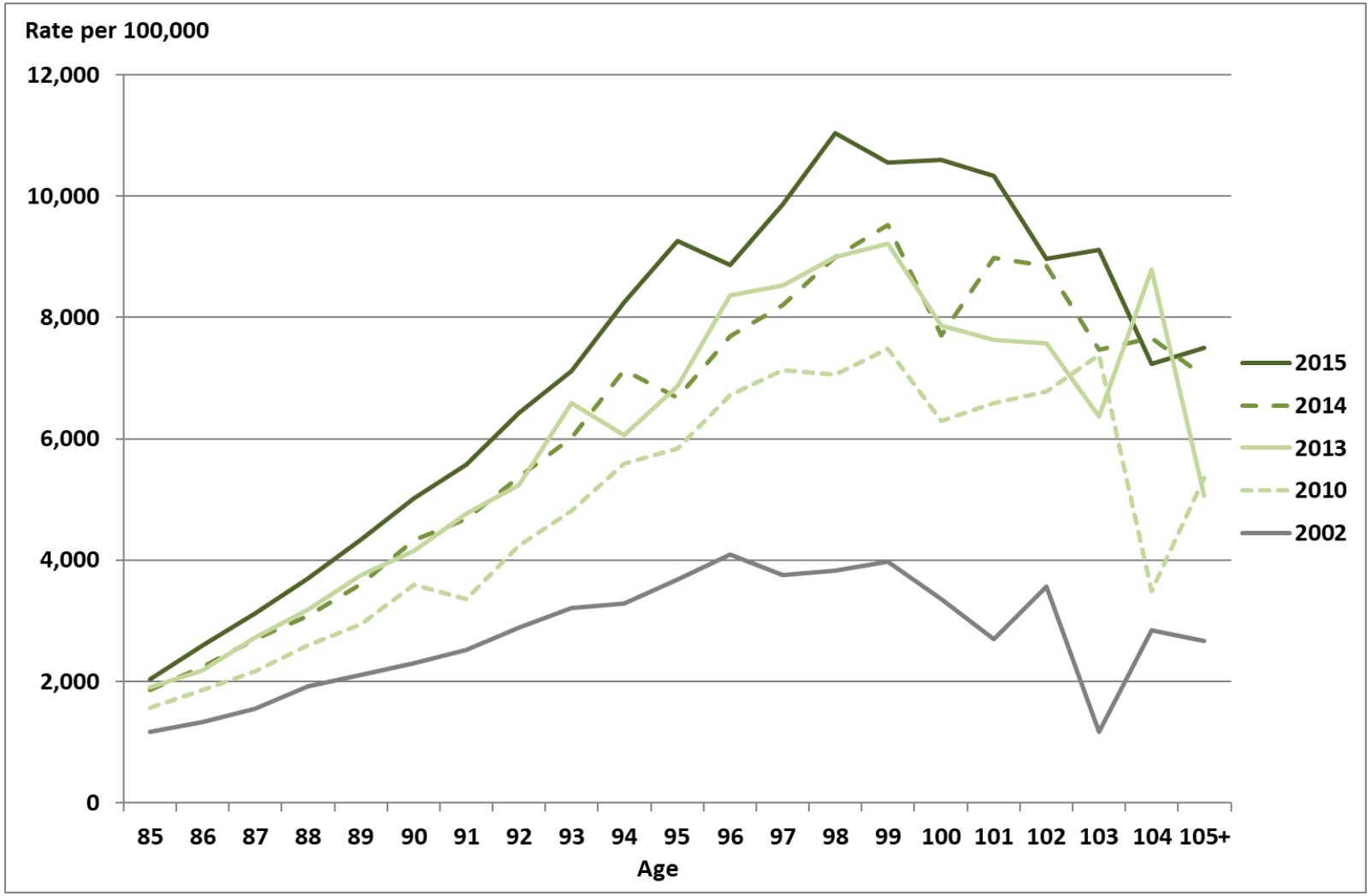
Source: Office for National Statistics

Deaths mentioning dementia, females by single years of age, England and Wales, 2002-2015



Source: Office for National Statistics

Reasons for the increase in deaths due to dementia at ages 85 and over by sex, England and Wales, 2002 to 2015

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	Males	Females
Deaths due to dementia in 2002	4,051	11,786
Increase in 2015 due to:		
death rate rise alone	3,001	12,404
population increase alone	2,916	3,057
effect of death rate rise on a larger population	2,280	3,417
Deaths due to dementia in 2015	12,248	30,664

Rates used in calculations are adjusted to match ONS current practices in coding underlying cause of death

Source: Office for National Statistics

Reasons for the increase in deaths with dementia mentioned at ages 85 and over by sex, England and Wales, 2002 to 2015

	Males	Females
Deaths with dementia mentioned in 2002	5,088	15,173
Increase in 2015 due to:		
death rate rise alone	5,253	17,468
population increase alone	3,611	3,817
effect of death rate rise on a larger population	3,921	4,776
Deaths with dementia mentioned in 2015	17,873	41,234

Source: Office for National Statistics

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Marmot indicators: life expectancy and health expectancy

Male life expectancy at birth and inequalities in life expectancy by local authority

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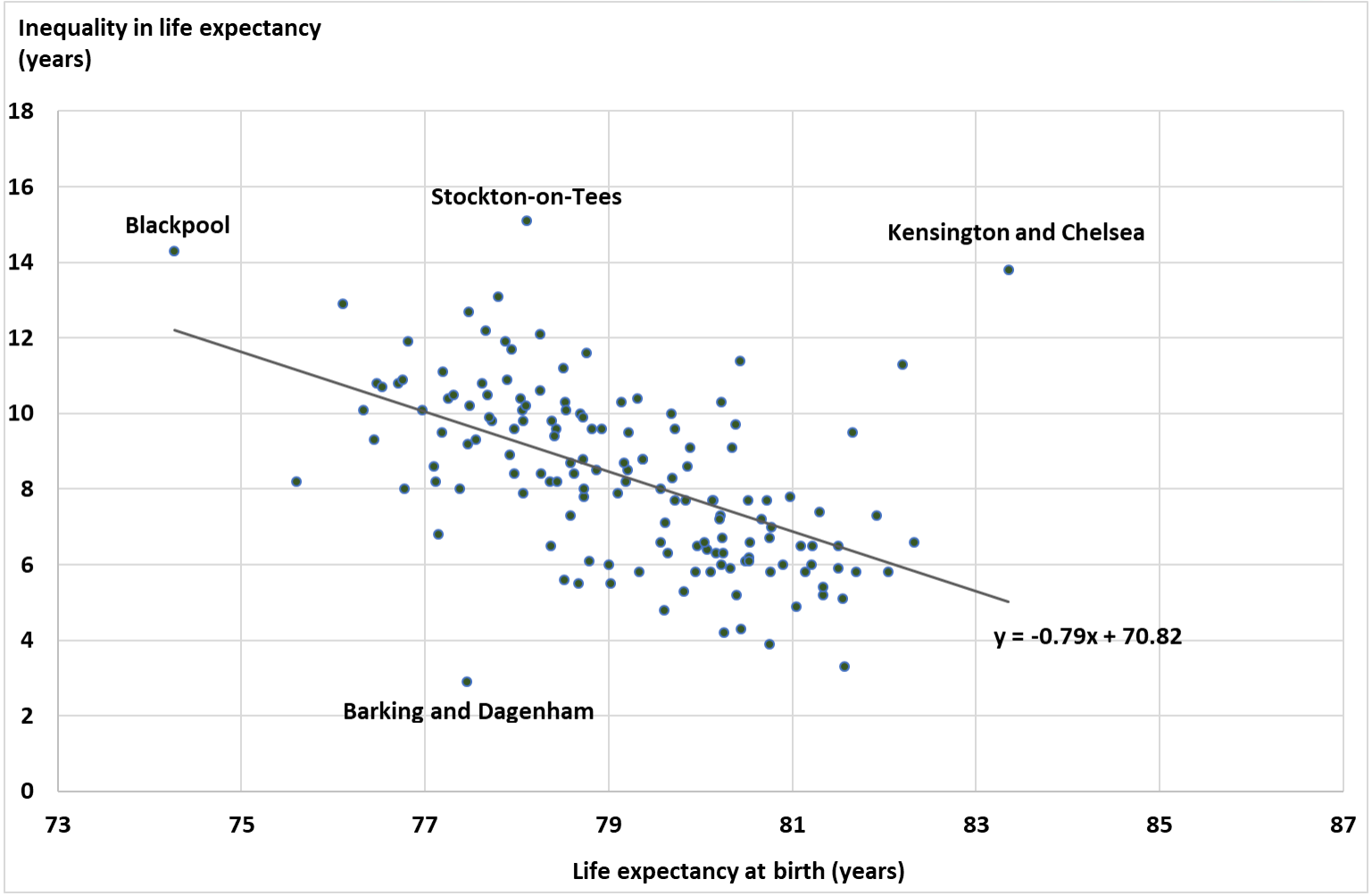

Female life expectancy at birth and inequalities in life expectancy by local authority

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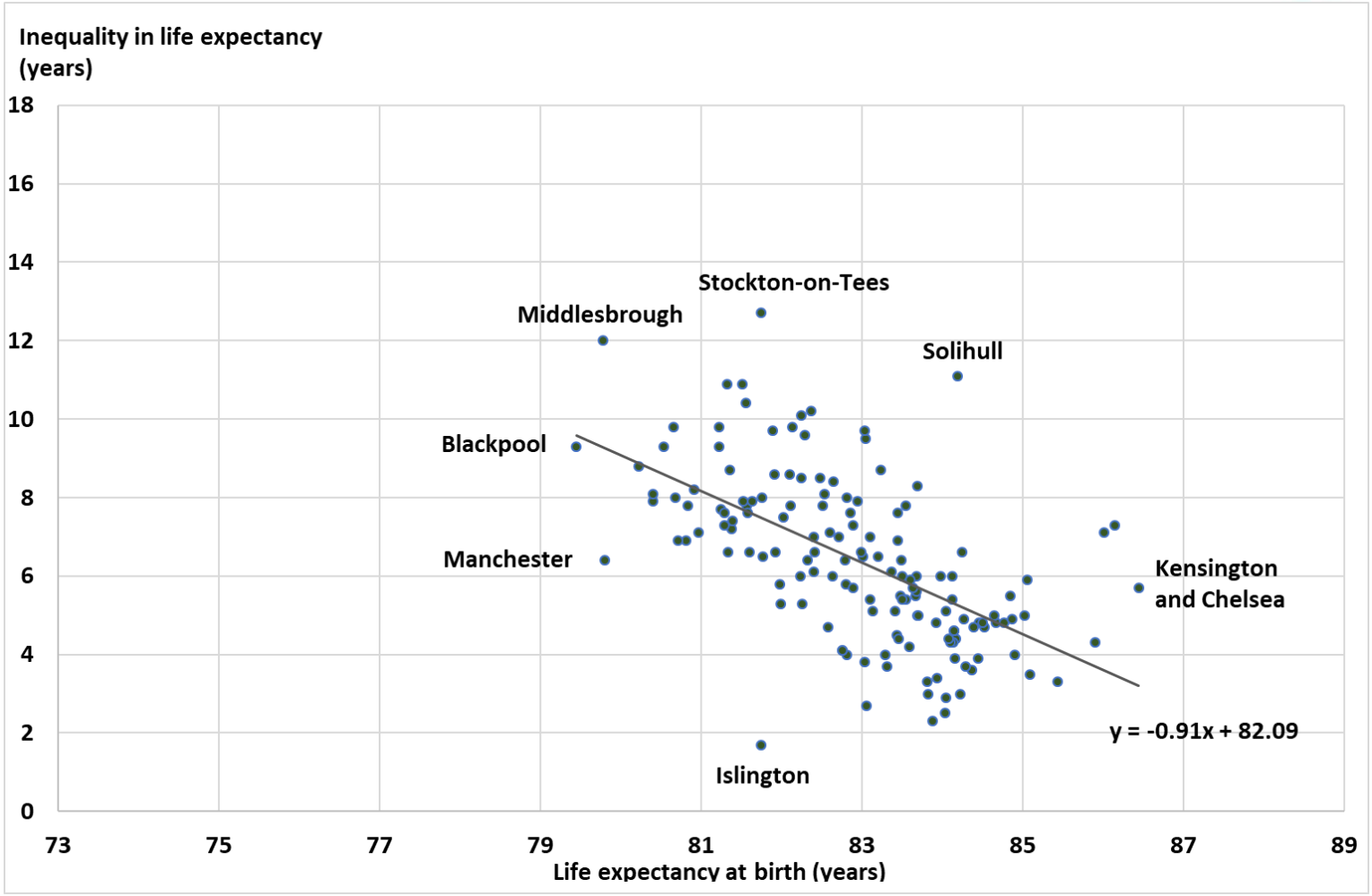

Male life expectancy at birth and healthy life expectancy by local authority

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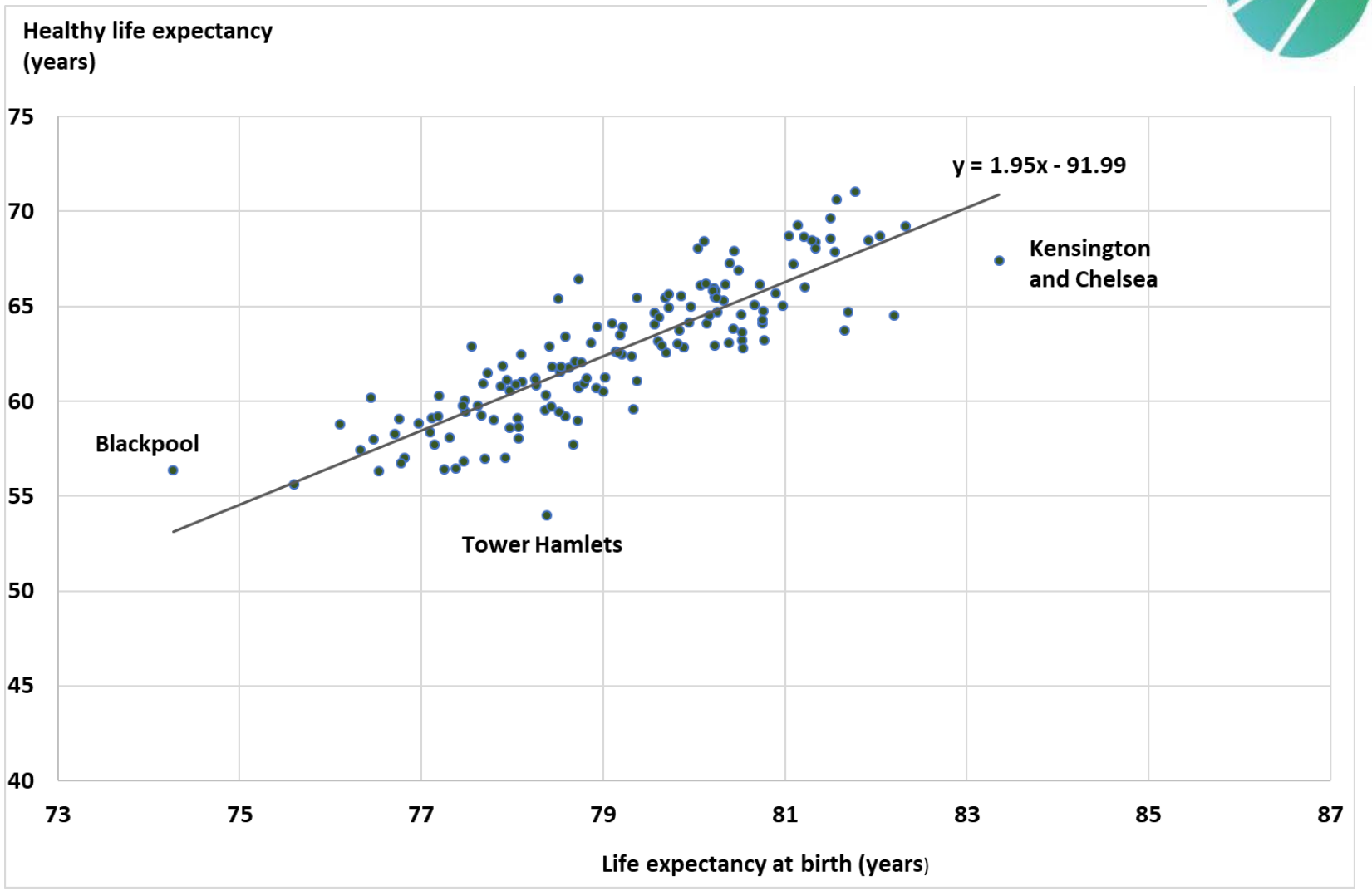

Female life expectancy at birth and healthy life expectancy by local authority

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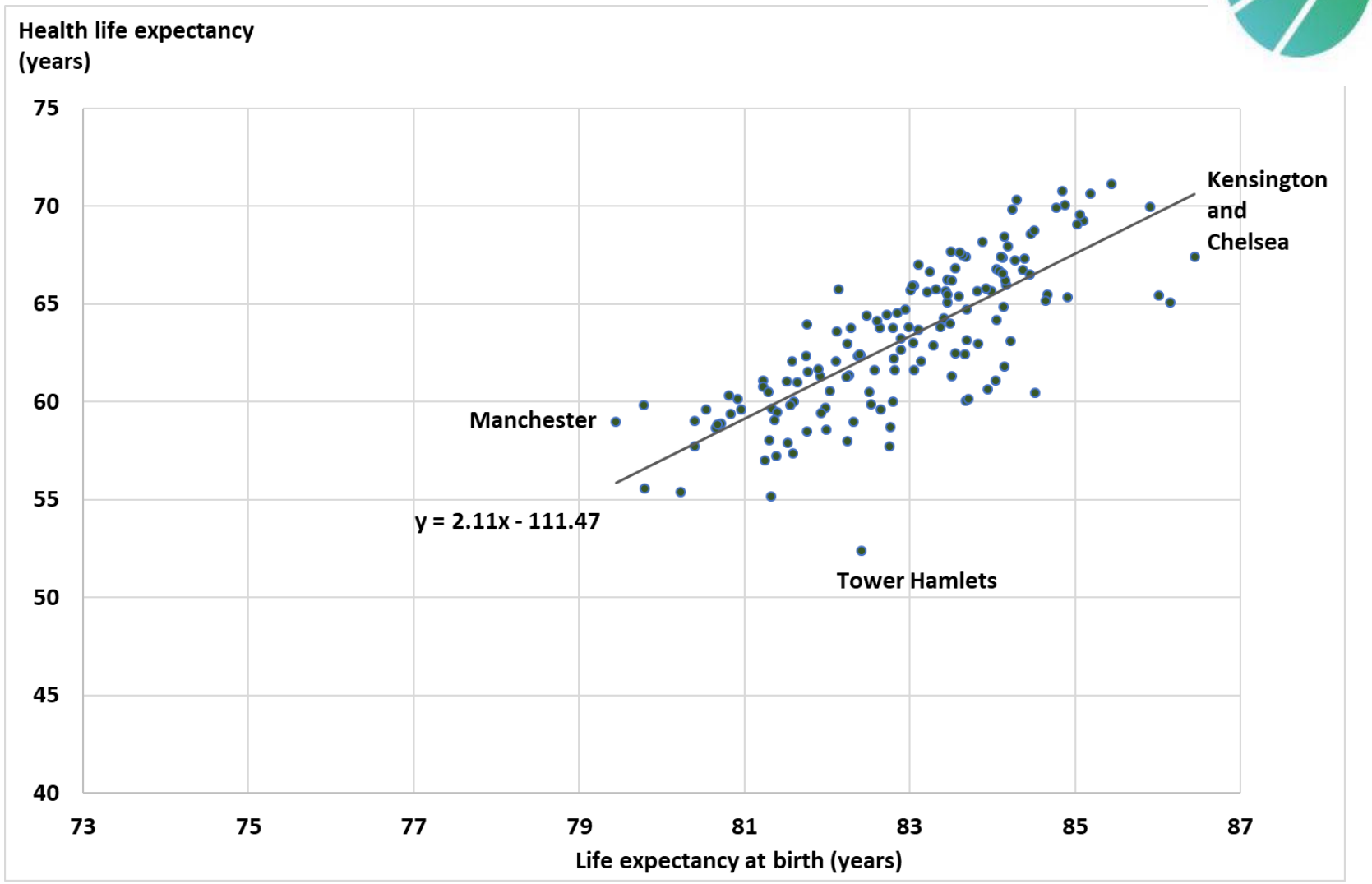
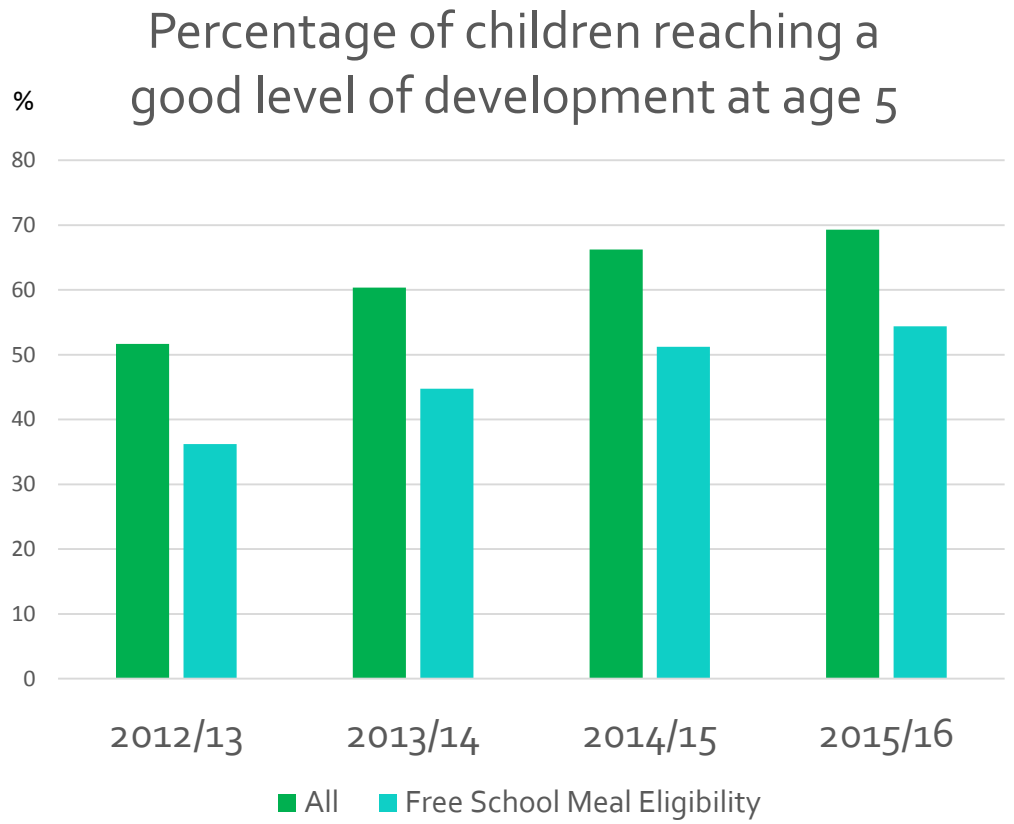


Drivers of inequitable health outcomes

40-50% of variation in health outcomes is caused by unequal distribution of social and environmental Factors, to improve health and reduce inequalities we must:

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 a 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

A. Give every child the best start in life



GAP

2012/13	15.5
2013/14	15.6
2014/15	15.1
2015/16	14.9

Good level of Development and eligible for FSM

>67% Haringey, Lewisham, Bexley, Greenwich

c. 40% Stockton on Tees, Blackburn and Darwen, and Leicestershire

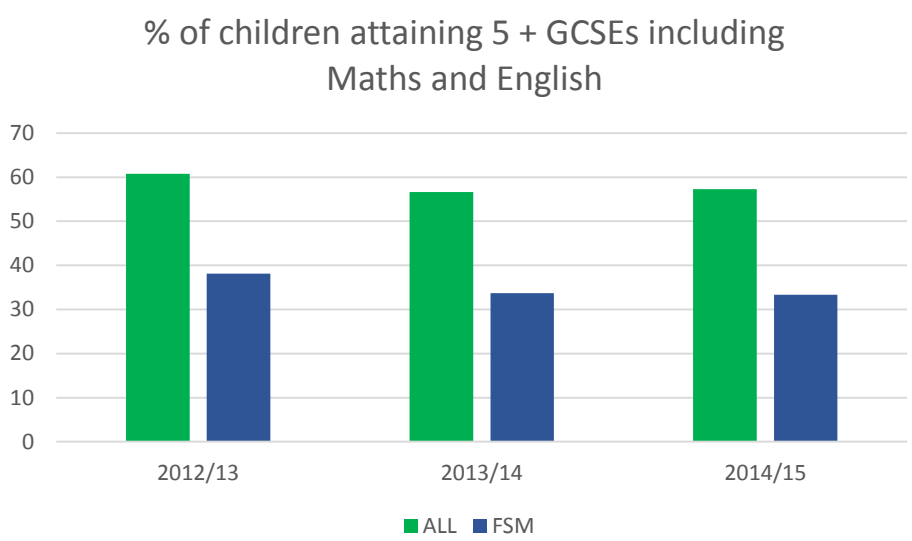
GOOD

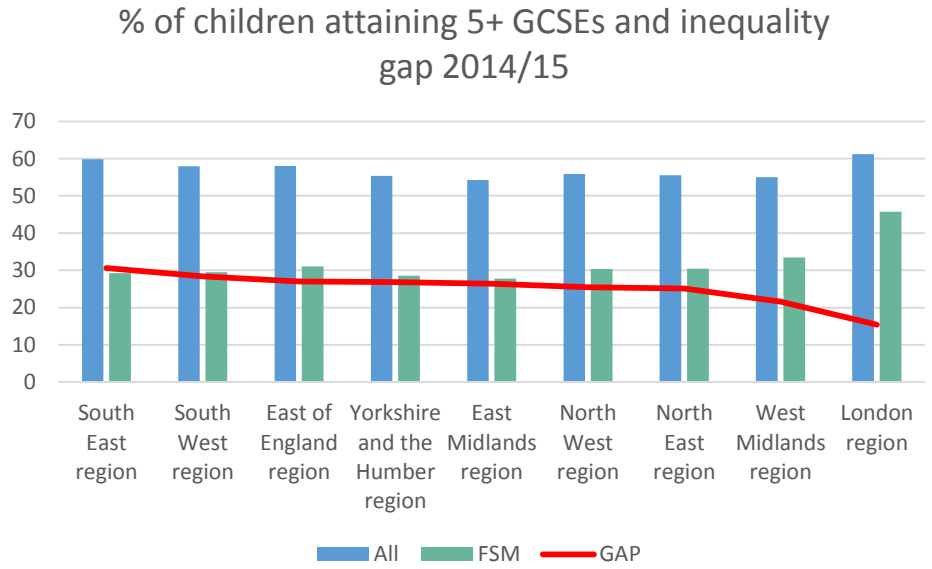
But room for improvement

B. Enable all children, young people and adults to maximise their capabilities and have control over their lives.

Percentage of children achieving 5 or more GCSEs*, all and children eligible for free school meals

* No GCSEs count as more than one, taken first time. New criteria for statistic introduced in 2014





Of concern

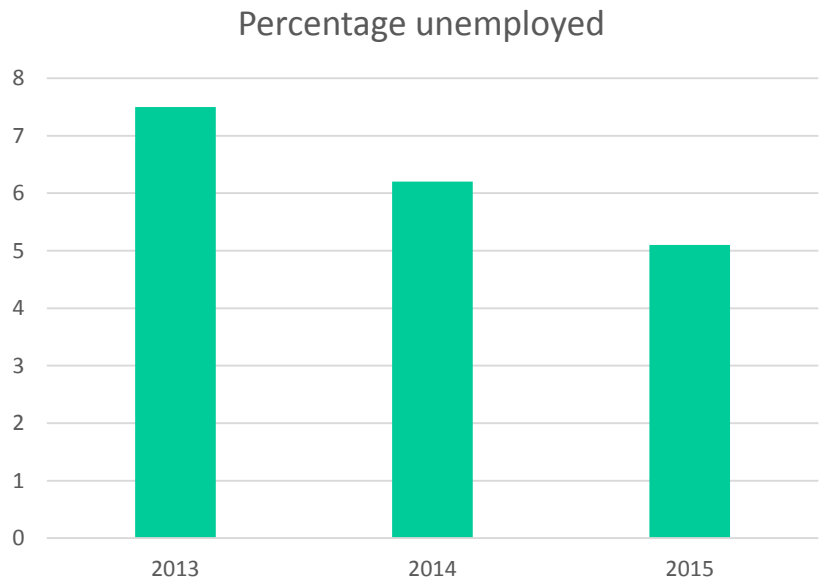
And room for improvement

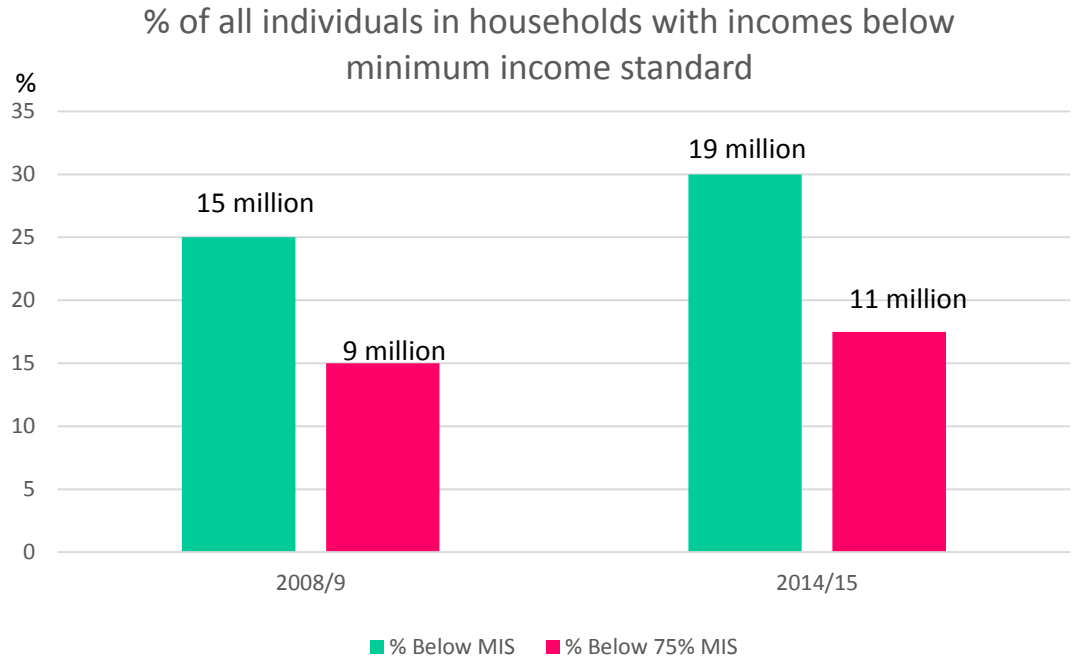
If the success of children eligible for free school meals in London is shared across the country….

Copying London formula to reduce inequalities

School funding per pupil has been frozen in cash terms between 2015–16 and 2019–20, resulting in a real-terms cut of 6.5%. London the largest loser. (IFS)

C/D. Create fair employment and good work for all and a minimum income for healthy living

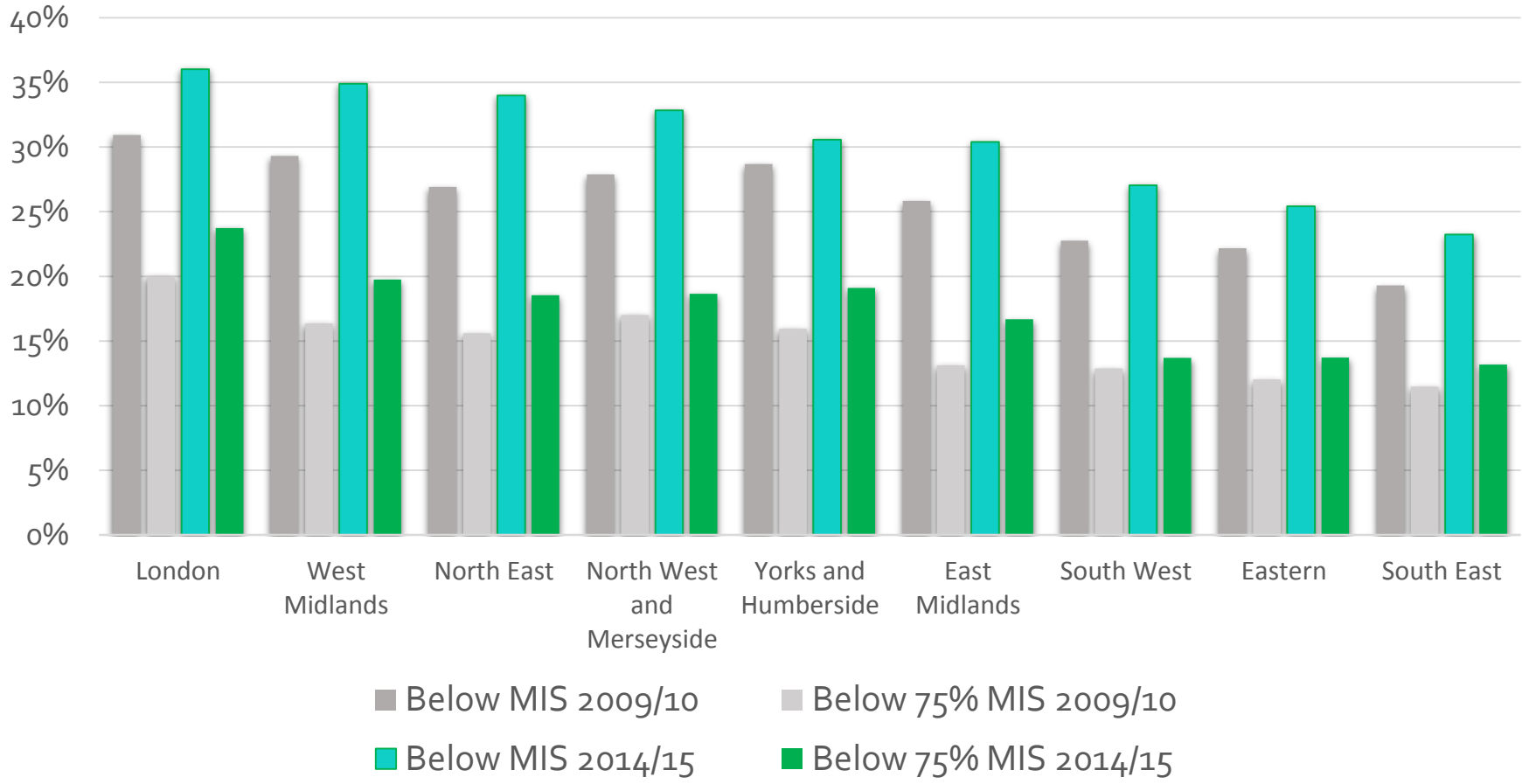




Good

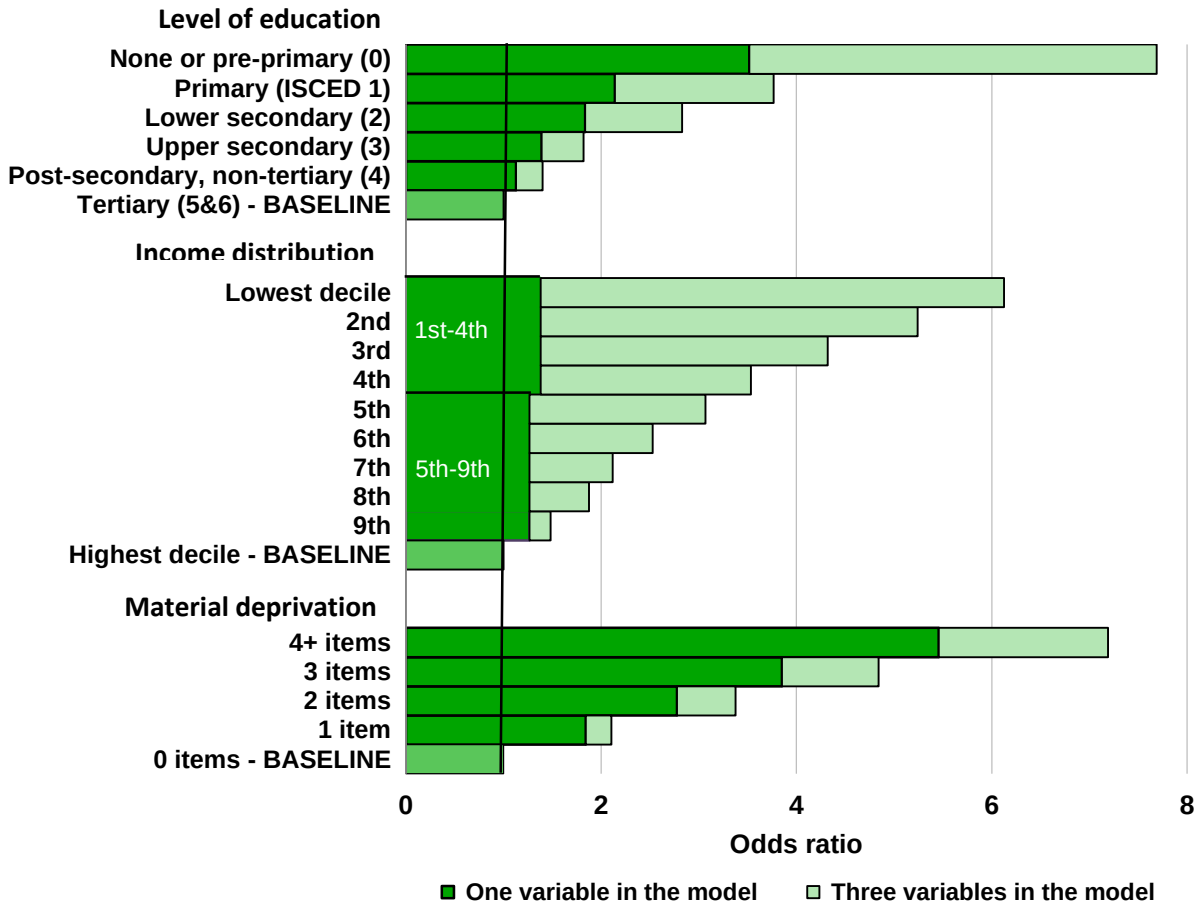
But increases in numbers of people with insufficient income of concern

Minimum income for healthy living 2009/10 - 2014/15: Numbers below minimum income standard



Data from Joseph Rowntree Foundation

Estimated odds of reporting poor or very poor general health by socioeconomic characteristics, 25 EU Member States*, 2010

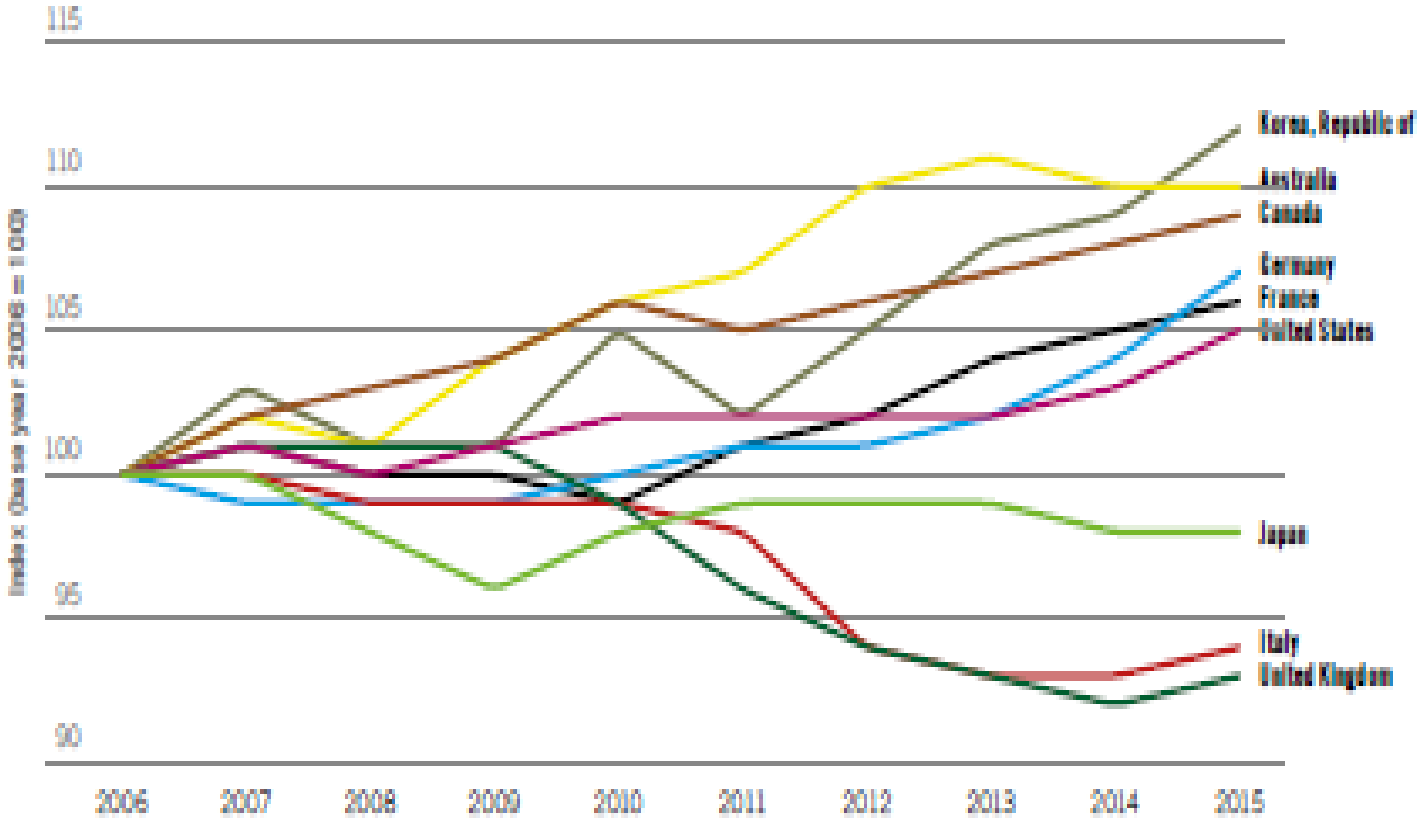


Source: Health inequalities in the EU

Population are not benefiting from labour market progress

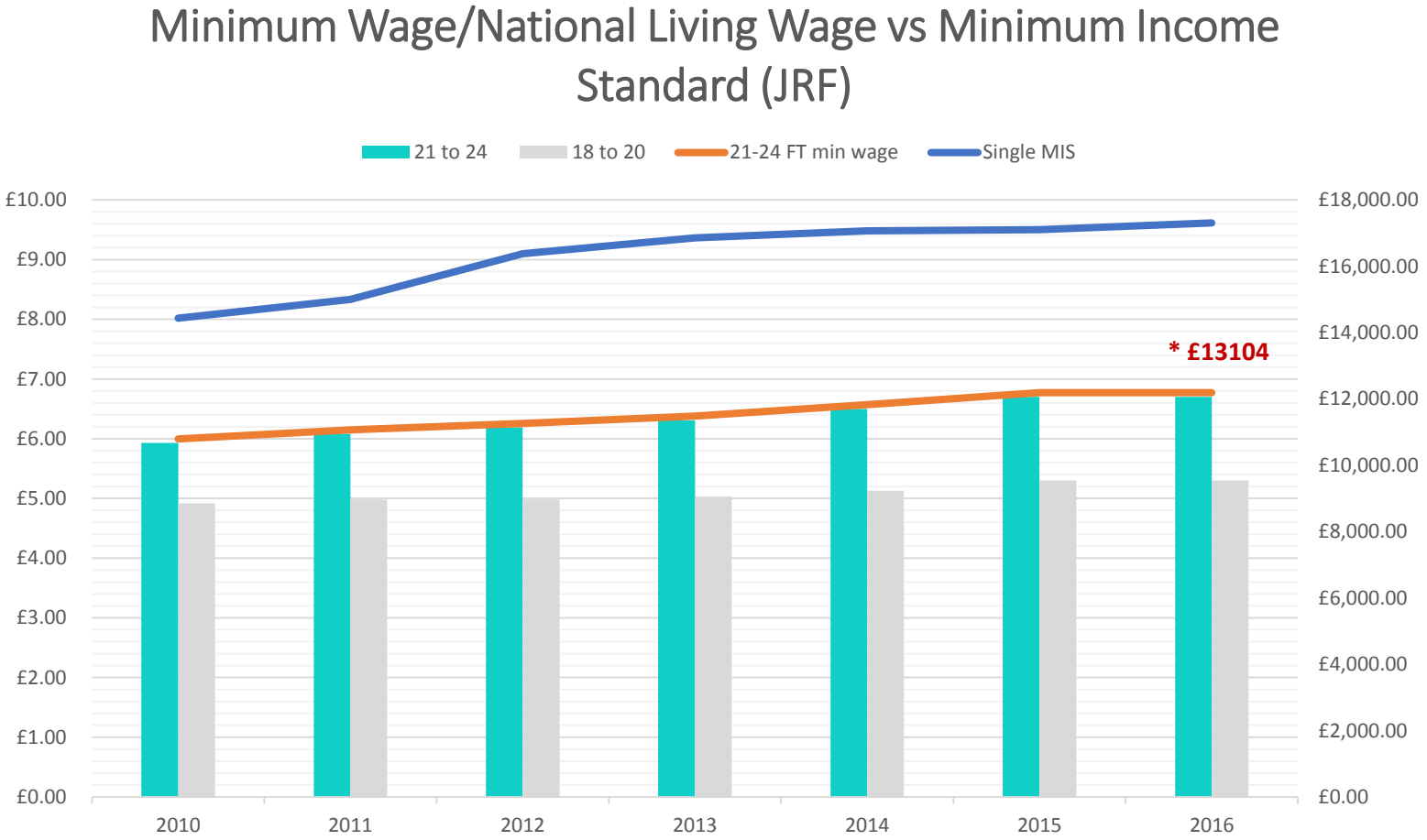
Source: Institute of Fiscal Studies. Figures 2.4 and 2.5 of *Living Standards, Poverty and Inequality: 2016*

Average Real Wage Index G20 Countries.



Note: 2015 figures are preliminary estimates as national estimates are not yet available for all countries.

Source: ILO estimates based on official national sources as recorded in the ILO Global Wage Database.

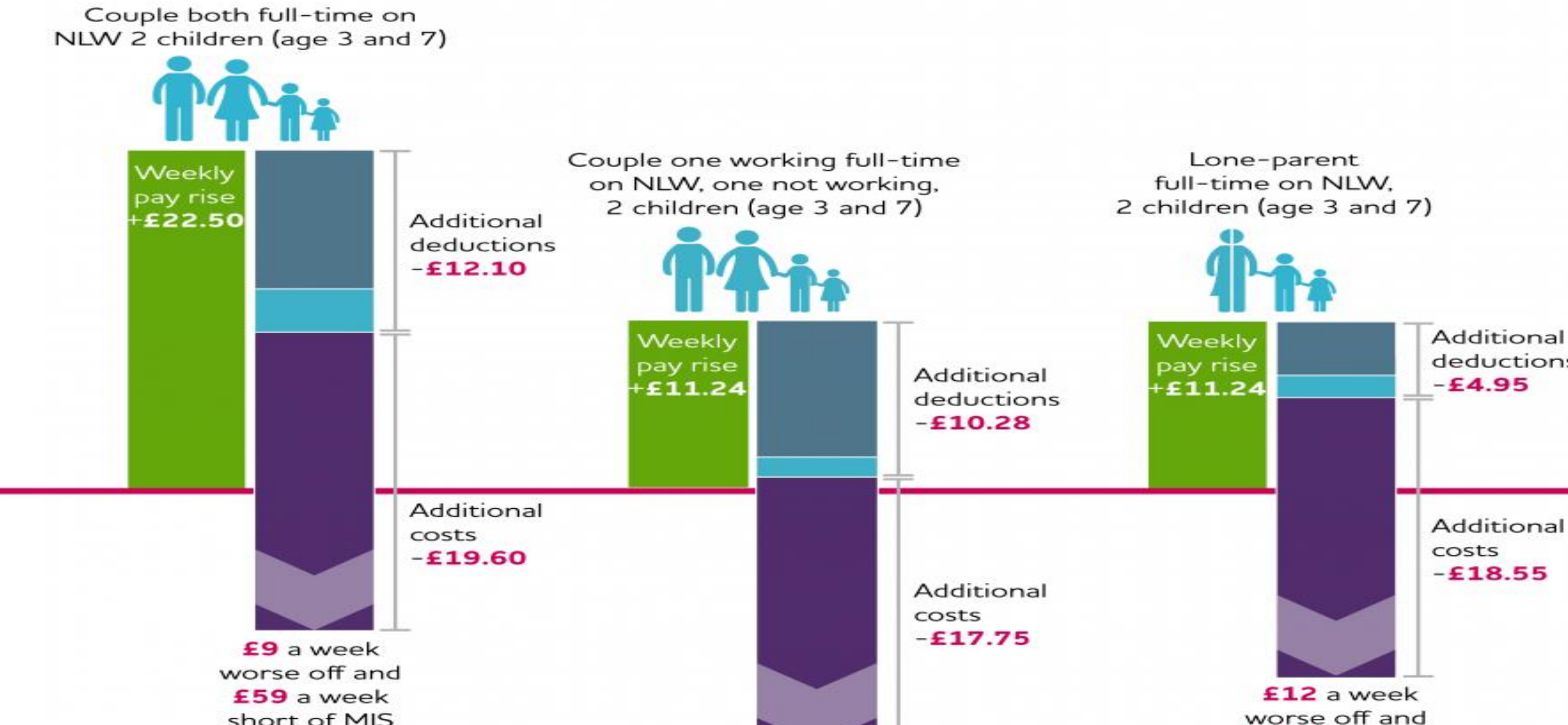


Real Living Wage
£8.45 Out of London
(£9.75 in London)

£13104 available to over 25 year olds from April 17

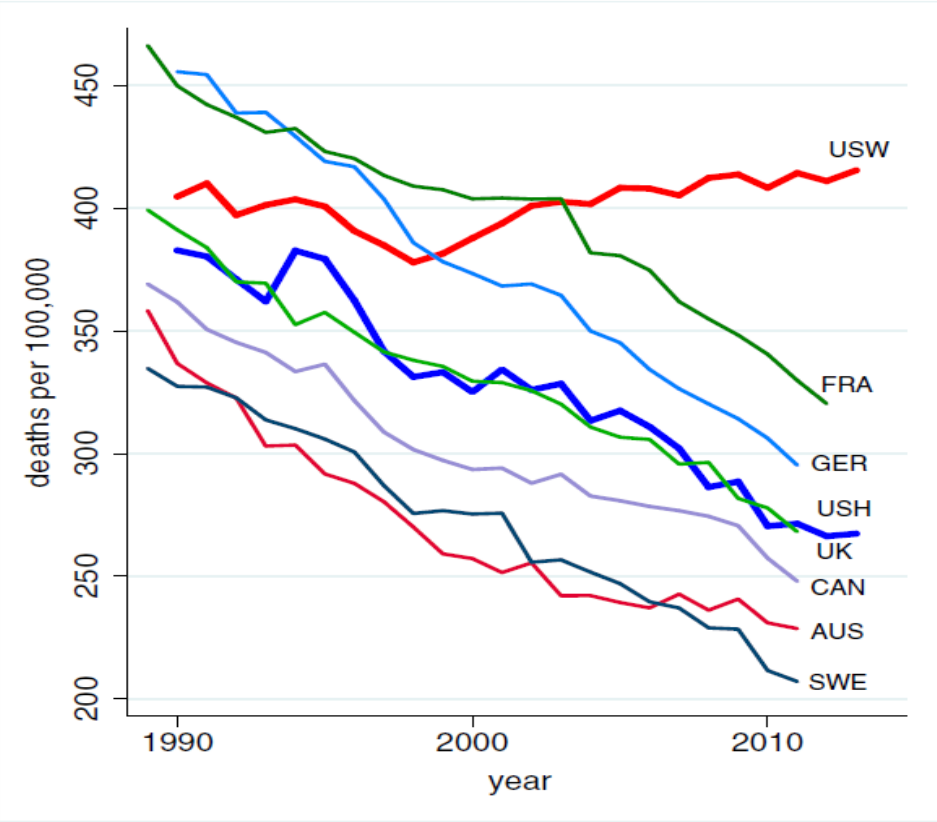
National ‘Living’ Wage is insufficient and merely maintains same gradient as minimum wage.

Despite receiving a pay rise, rising living costs and the freeze on tax credits and benefits are making working families on the National Living Wage (NLW) worse off in 2017



Inequalities in health outcomes

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

Summary – social determinants

Early Years	Impressive improvement in levels of development - small reduction in gap, but 30 percentage point difference between areas in terms of achievement on free school meals. More to be done to learn from areas where gap is small.
GCSEs	GCSEs harder, those on FSM maybe falling behind. London formula could significantly reduce gap.
Work	Increase in numbers in employment, but low incomes
Income	Increasing numbers struggling, low wage levels, lagging behind other developed countries. National living wage insufficient.
Enviro	Use of green space up, inequalities to be addressed