Social Determinants of Health and Health Literacy

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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)
US Life Expectancy – year of birth

Life expectancy at age 50

Richest 10%

Middle 50%

Poorest 10%

Year of birth

1920 1930 1940 1950

90
85
80
75
70
US Life Expectancy – year of birth

WOMEN
Life expectancy at age 50

- Richest 10%
- Middle 50%
- Poorest 10%

Year of birth

1920 1930 1940 1950
Tobacco use by men and women aged 15-49 by wealth, India

2005–06 National Family Health Survey (NFHS-3).
Smoking prevalence % pop. by deprivation index Males S. Korea

Source: OECD data – Health Risks Daily Smokers 2015
Obesity prevalence according to educational attainment, averaged across 19 EU Member States

(Source: Eurothine 2007 reported in Robertson et al 2007)
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)

Child obesity: BMI ≥ 95th centile of the UK90 growth reference
The Commission on Social Determinants of Health (CSDH) – Closing the gap in a generation


Review of Social Determinants of Health and the Health Divide in the WHO European Region
Commission on Equity and Health Inequalities in the Americas

Gender
Ethnicity
Social, economic, environmental, political and cultural arrangements

Human Rights
Sustainable Development Goals
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
Report from the President

I spent the year as:

WMA President 2015-16
Why treat people and send them back to the conditions that made them sick?
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
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Give Every Child the Best Start
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
Why treat people and send them back to the conditions that made them sick?