



# Improving health equity across the life course

**Professor Sir Michael Marmot**



UCL Institute of Health Equity



DRIVERS is co-ordinated by EuroHealthNet and has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°278350



# Fair Society, Healthy Lives

The Marmot Review

Strategy for Review of Health Inequalities  
in England, 2010-2015



World Health  
Organization  
Region of  
Europe

## Review of social determinants and the health divide in the WHO European Region: final report



### Health inequalities in the EU

Final report of a consortium  
Consortium lead: Sir Michael Marmot



# The WHO Commission on Social Determinants of Health (CSDH) – Closing the gap in a generation

Commission on Social Determinants of Health FINAL REPORT | EXECUTIVE SUMMARY



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Closing  
the gap  
in a  
generation

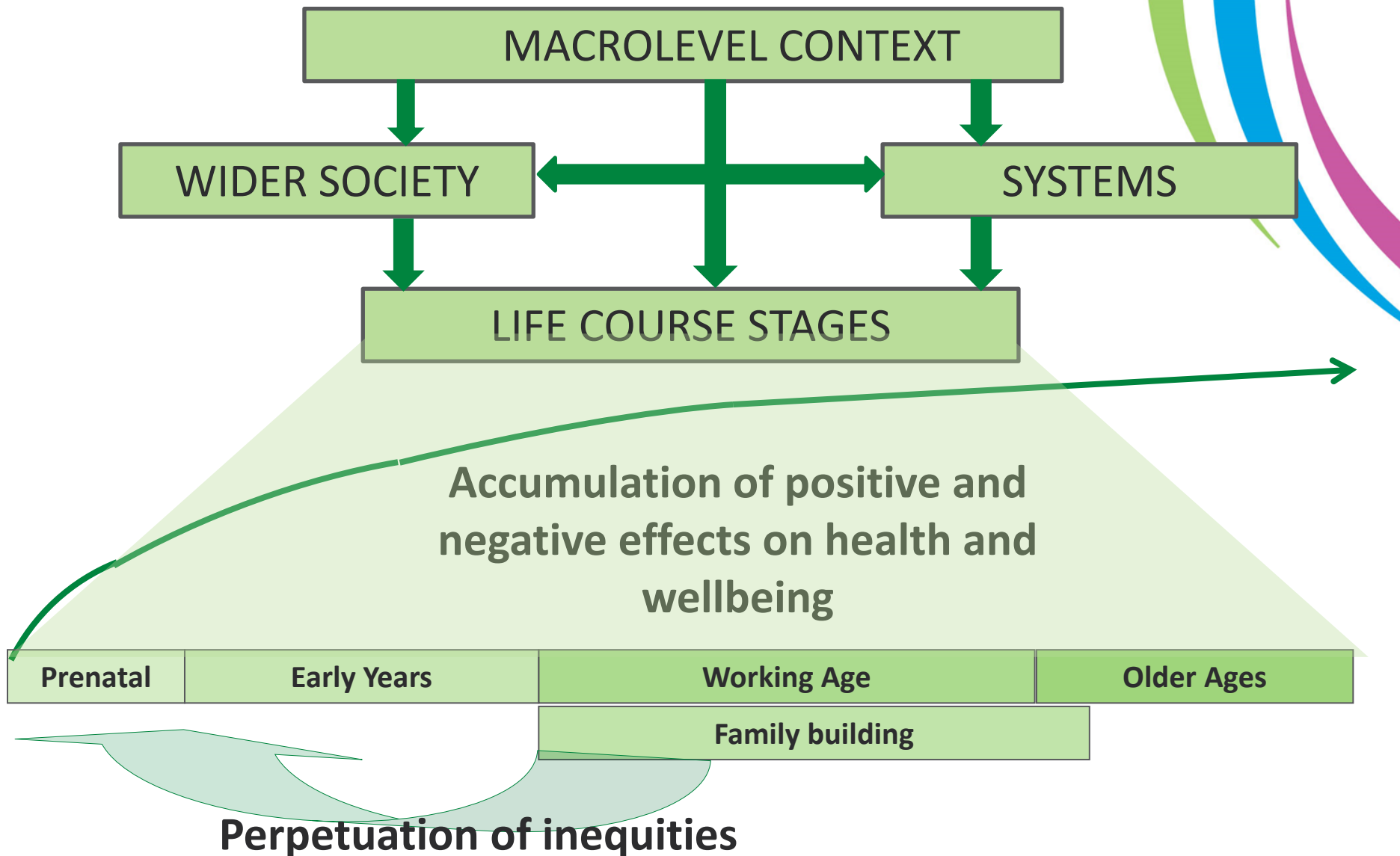
Health equity through action on  
the social determinants of health

Improve the conditions in which people are born, grow, live, work, and age

Tackle the Inequitable Distribution of Power, Money, and Resources

Measure and Understand the Problem, Evaluate Action, Expand the Knowledge Base, Develop the Work Force





Source: WHO Review of Social Determinants and the Health Divide in the European Region

# DRIVERS: Aims

Identify and fill knowledge gaps about factors that drive three of the social determinants of health inequalities:

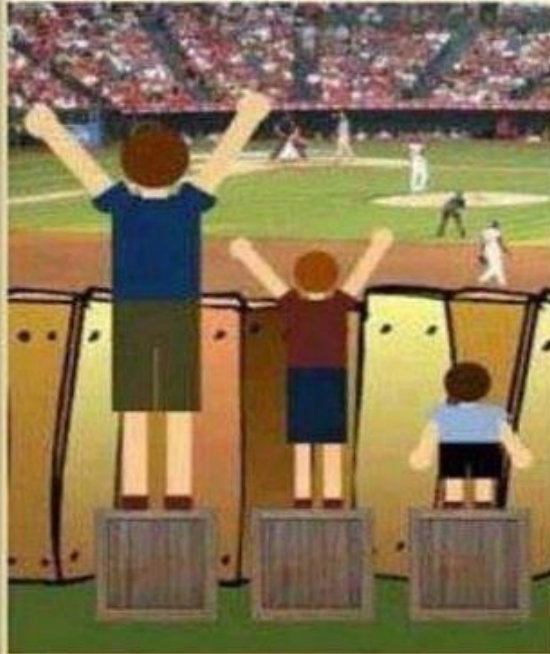
- early childhood development
- employment and working conditions
- income and social protection



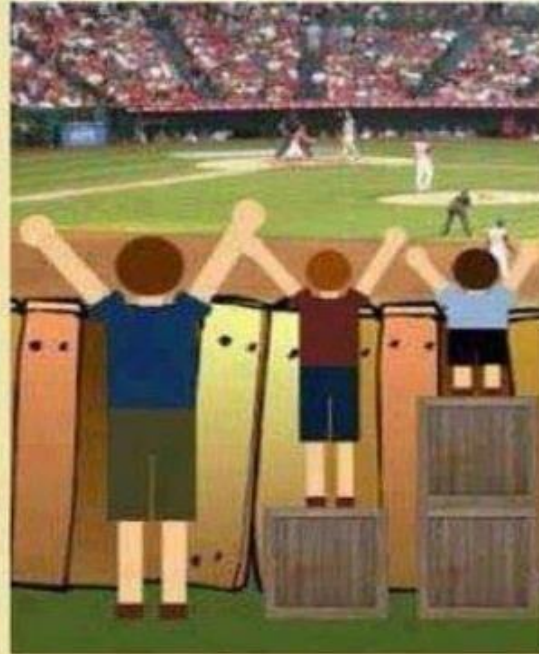
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# Equality doesn't mean Justice



This is Equality



This is Justice



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# DRIVERS: four broad principles

1. Universality of access;
2. Addressing disadvantage;
3. Accounting for context and respecting rights;
4. Evidence-based policy.



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# Early Childhood Development

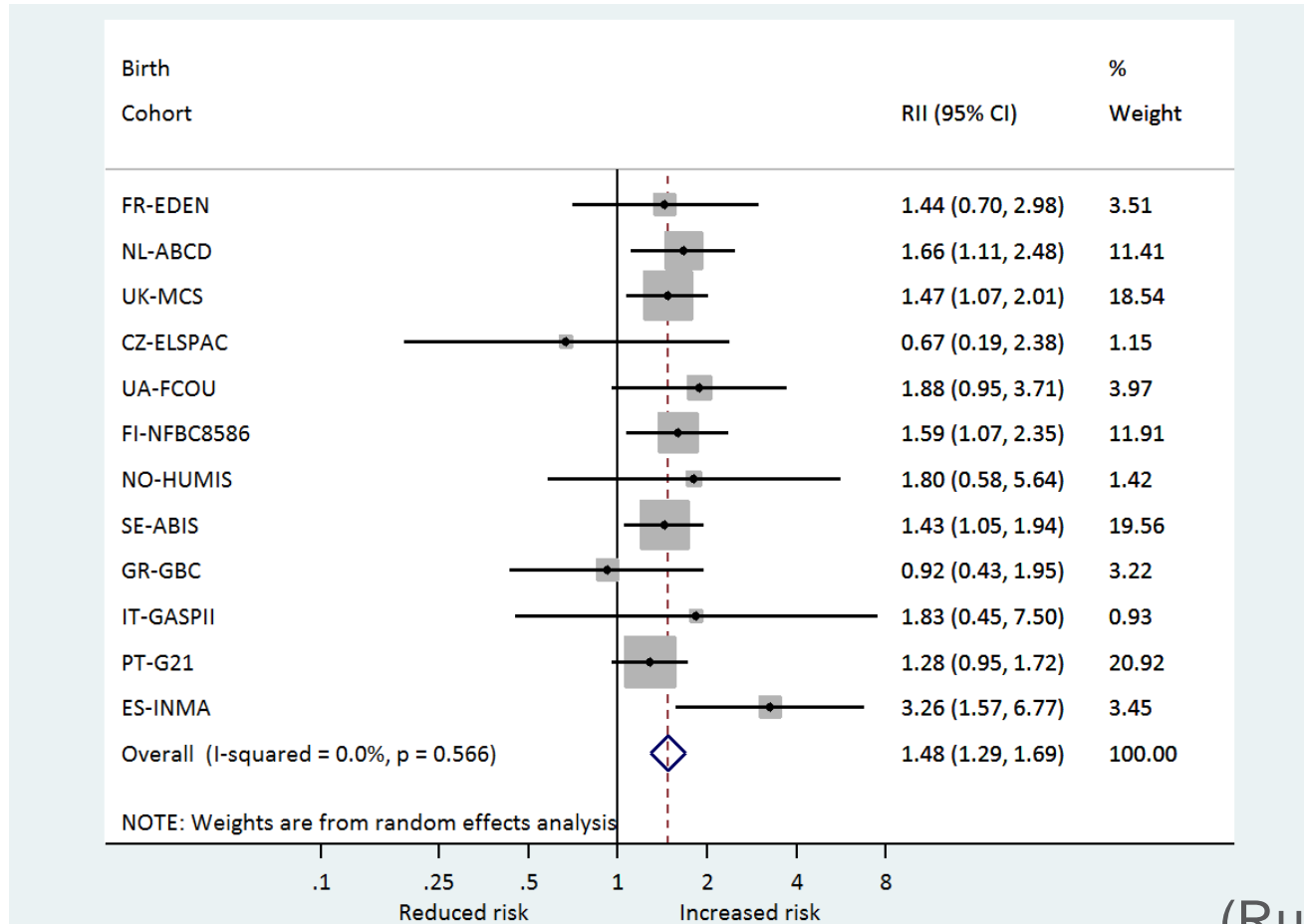
UCL Institute of Health Equity (Scientific Lead & WP Leader)  
and Eurochild

# Developing evidence-based knowledge and tools to increase health equity in early childhood



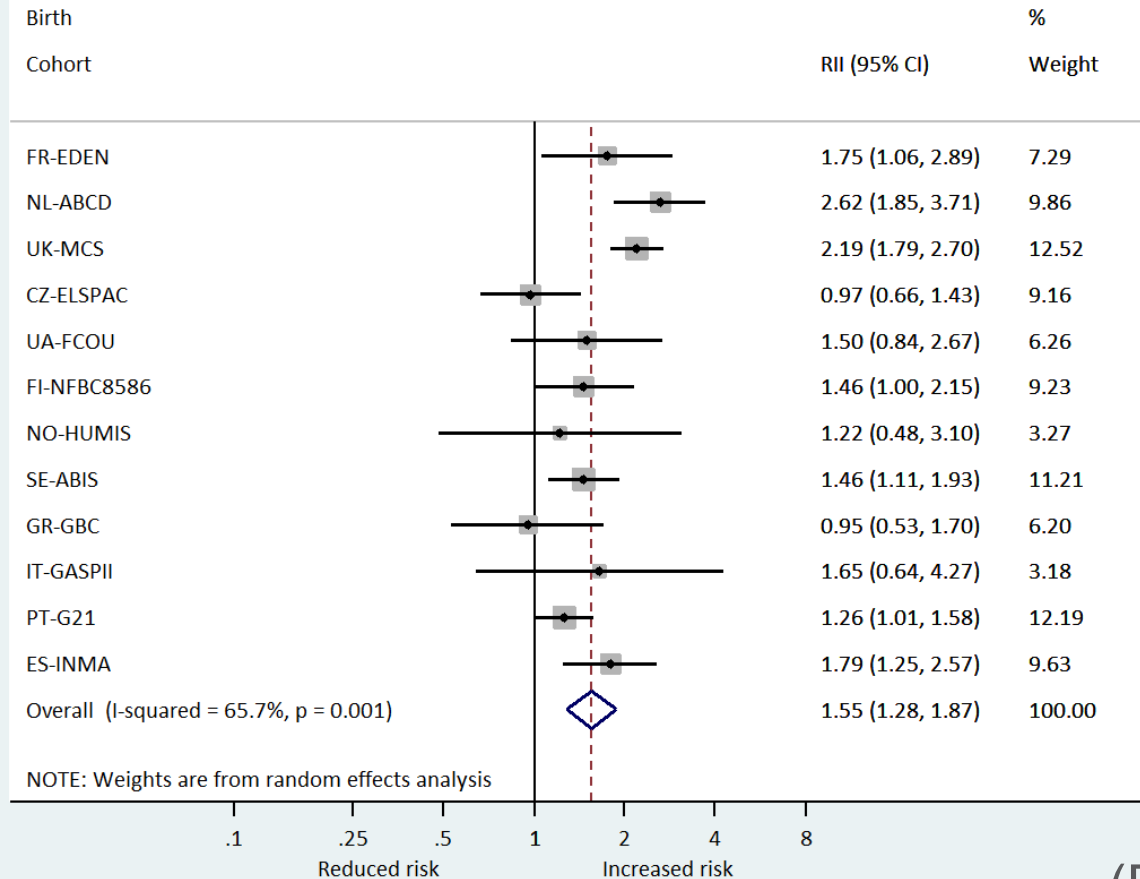
- Two systematic reviews
  - 183 studies showed multiple adverse social factors associated with health and development outcomes in children (0-8)
  - interventions that aimed to develop both children's and parents' skills had more favourable outcomes.
- Comparative data analysis using data from EU member states

# DRIVERS: meta-analysis of the risk of preterm birth by maternal education

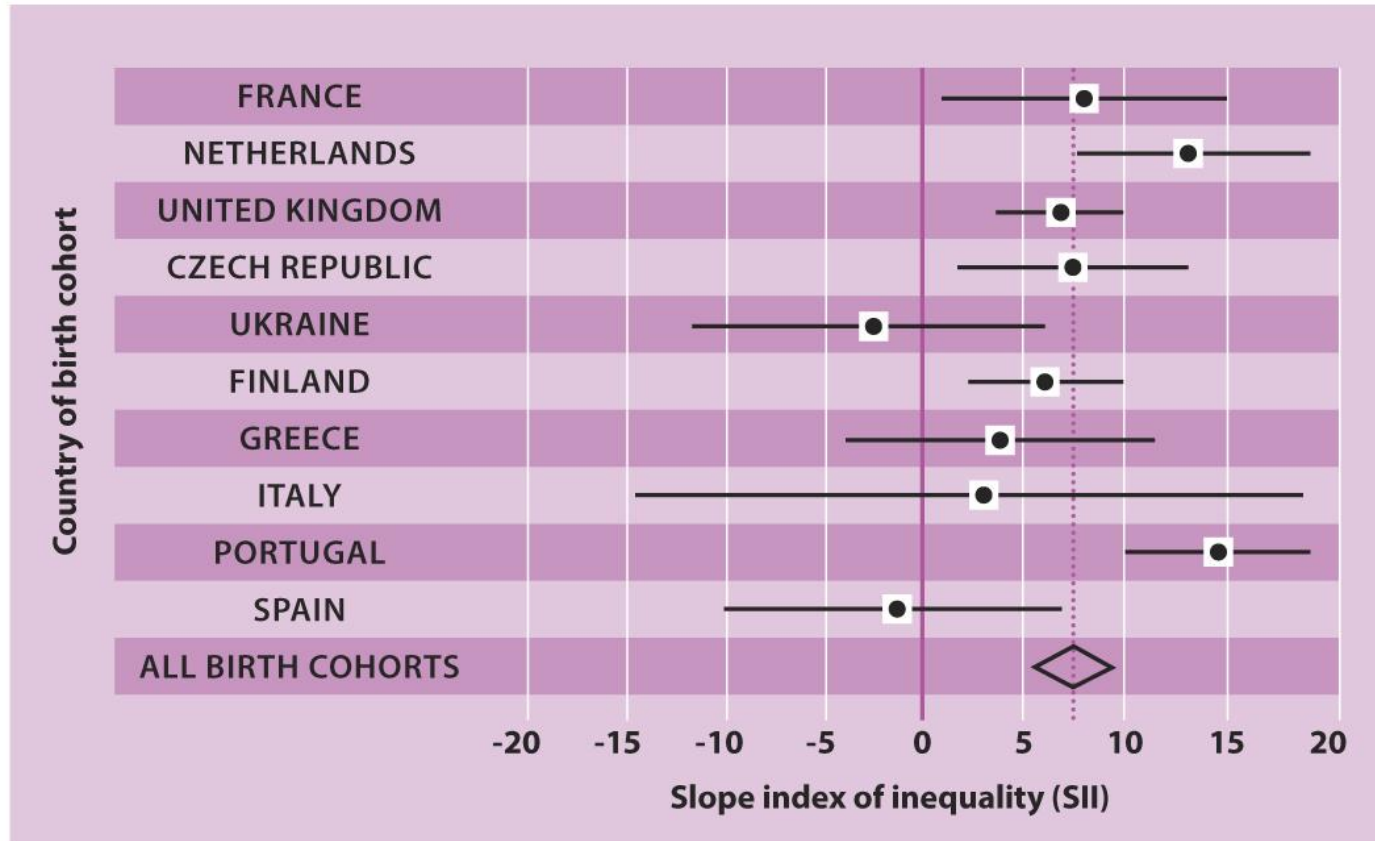


(Ruiz et al., 2015)

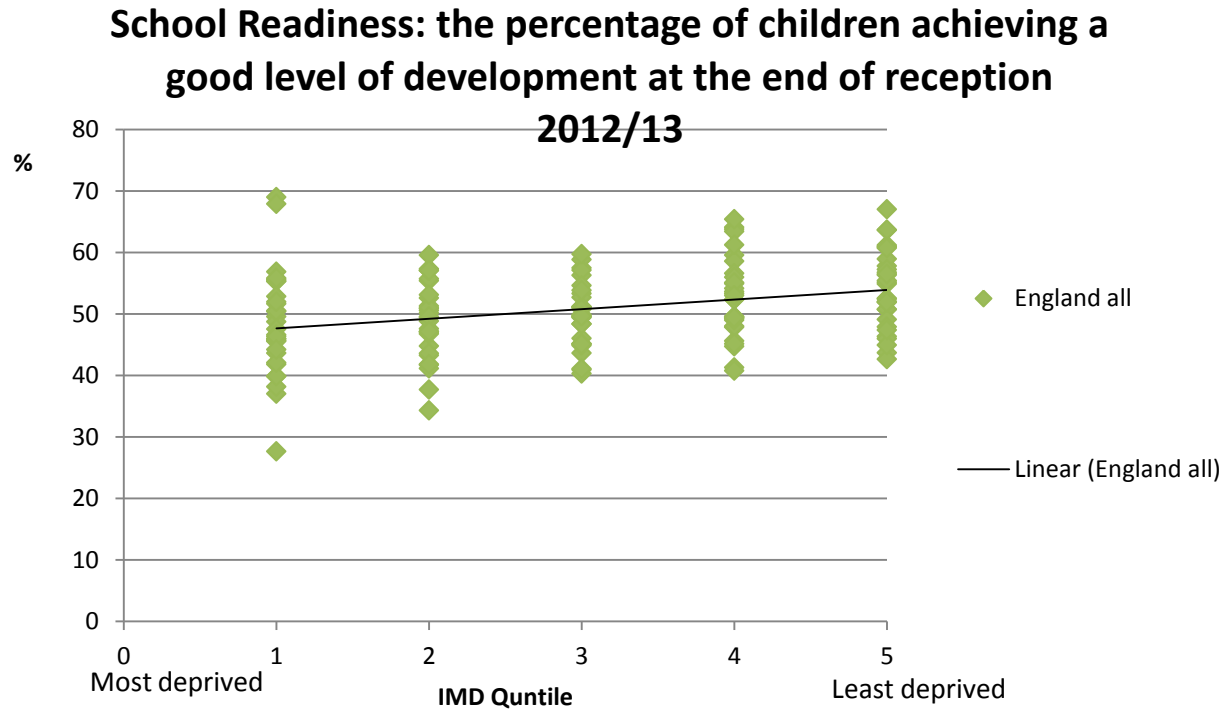
# DRIVERS: meta-analysis of the risk of Small for Gestational Age at birth by maternal education



# DRIVERS: Gradient in the risk of overweight at age 4-8 by maternal education

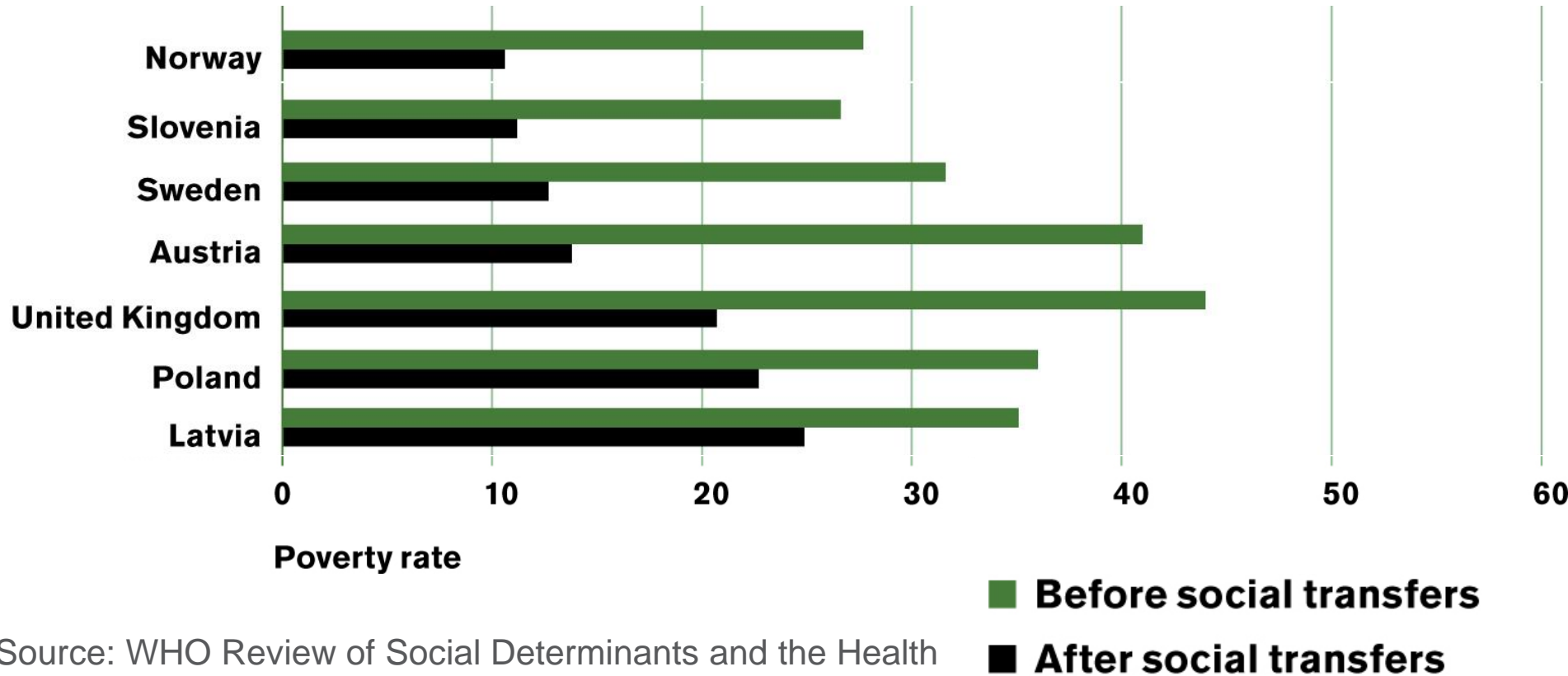


# Level of child development at end of reception England



**51.7% of all children achieved a good level of development at end of reception in 2012/13.**

# Child poverty rates before and after transfers, ranked by after-transfer rate, EU-SILC 2009



Source: WHO Review of Social Determinants and the Health Divide in the European Region, using data from EU SILC



## Fair Employment

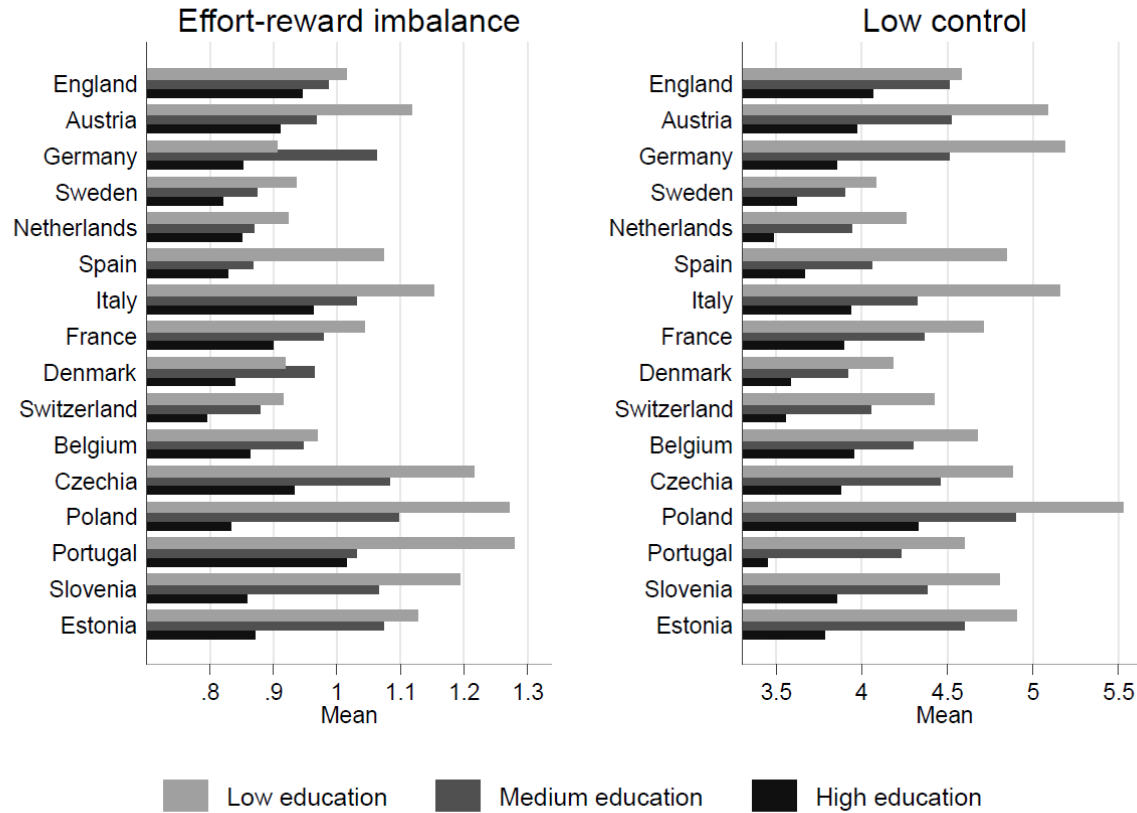
Department of Medical Sociology, Universität Düsseldorf (WP Leader) & Business in the Community

# Building the evidence base on links between work characteristics, workplace interventions and health inequalities

- Several systematic reviews
  - Demand-Control model & Effort-Reward model & Organisational Injustice
  - Workplace interventions
- Analyses of work and unequal health using recent Europe-wide data sets

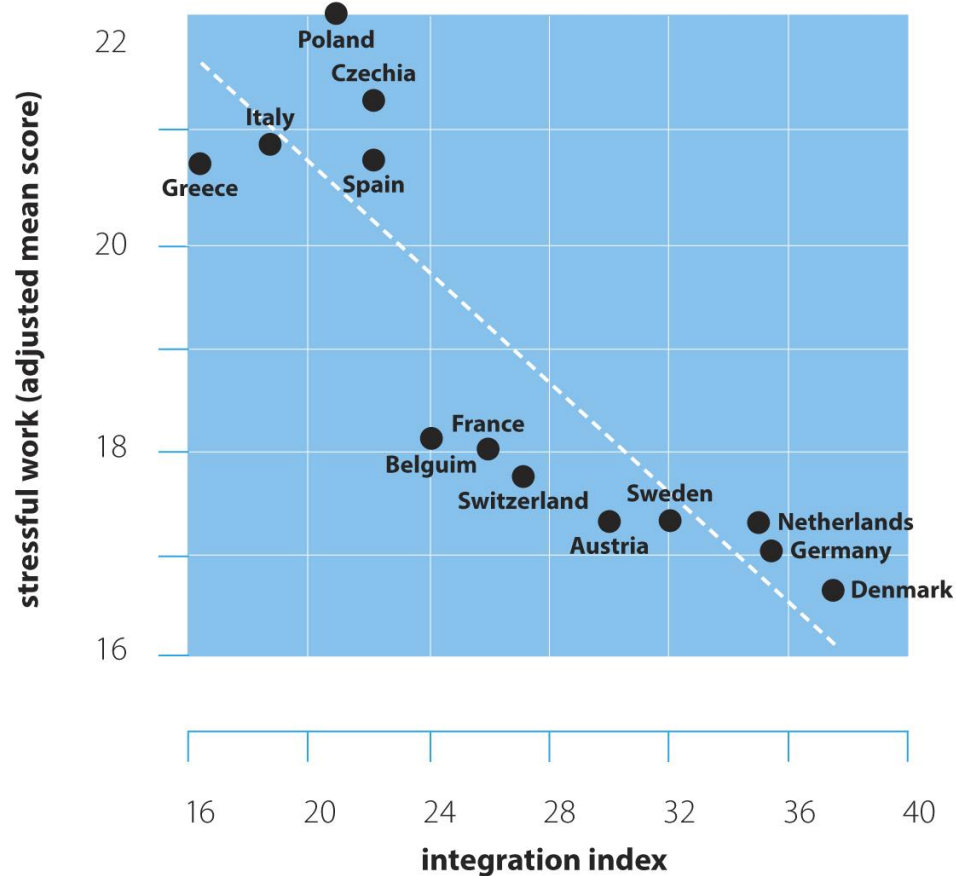


# Average levels of work stress (mean score) by education and country

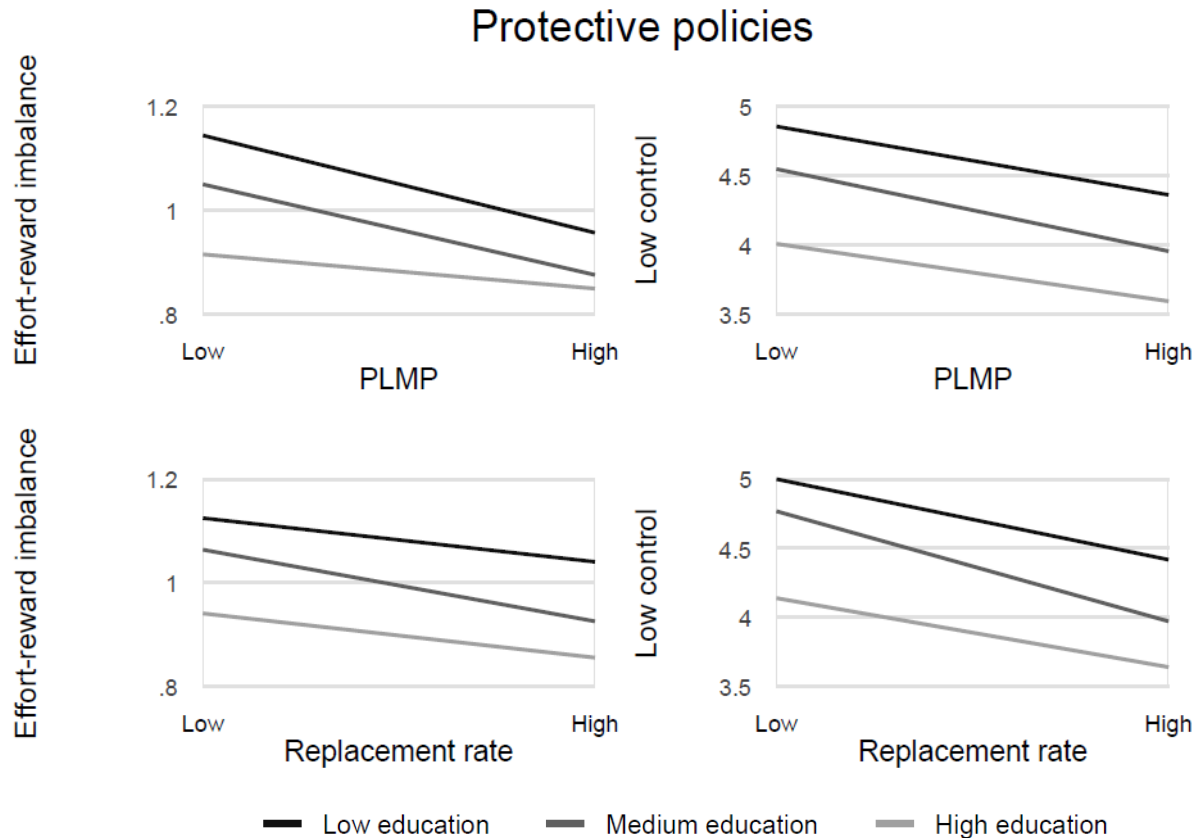


(Figure 21 in Final Scientific report: Working conditions and health inequalities, evidence and policy implications)

# Level of labour market integration and work stress score



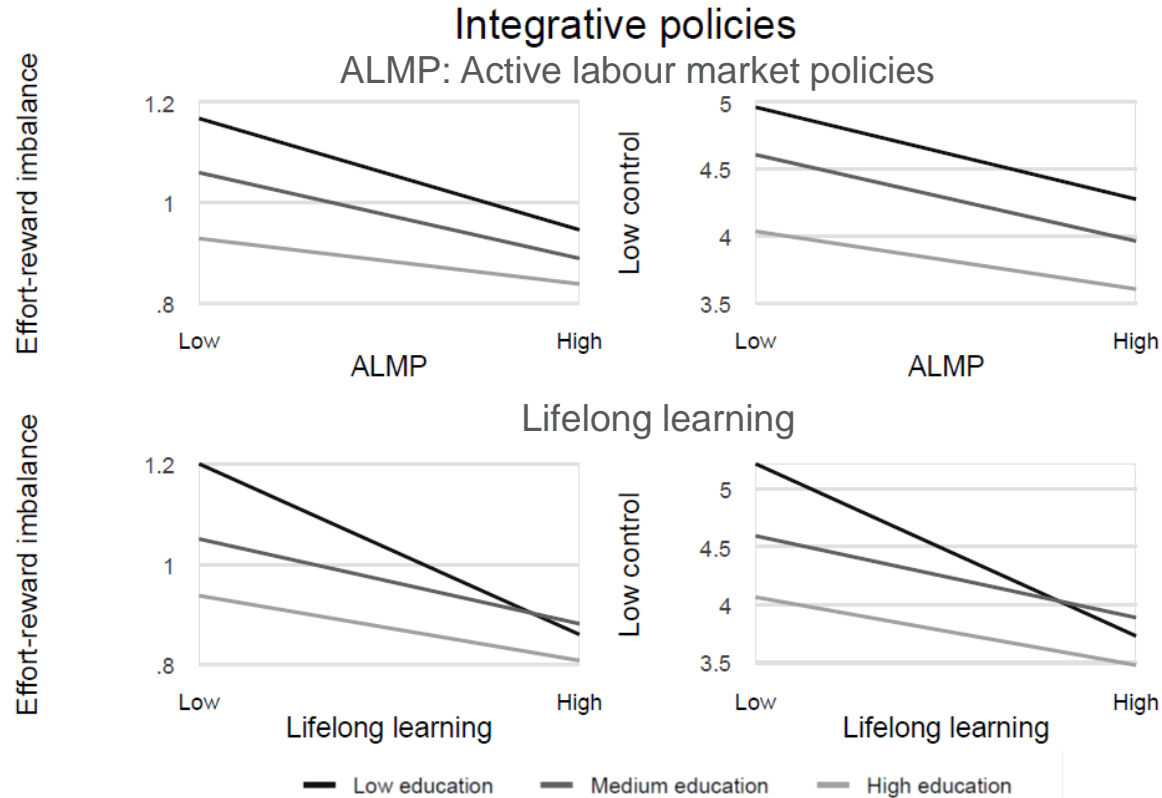
# Effects of protective policies on socioeconomic differences in work stress



‘Passive labour market policies’ (PLMP): amount of a country’s labour market expenditures as % GDP to compensate for loss of wage or salary and in case of involuntary early retirement.

‘Replacement rate’: expected financial support in the period directly after job loss as a percentage of the net income before job loss.

# Effects of integrative policies on socioeconomic differences in work stress





## **Social Protection & Income**

Centre for Health Equity Studies, Stockholms Universitet (WP Leader) & EAPN

# Understanding the relationships between income, social protection and health inequalities

- Literature review of social protection policies and wider welfare state arrangements
- New analyses of how social protection policies are linked to health inequalities using European data
  - coverage and replacement rates of social protection policies
  - active labour market policies

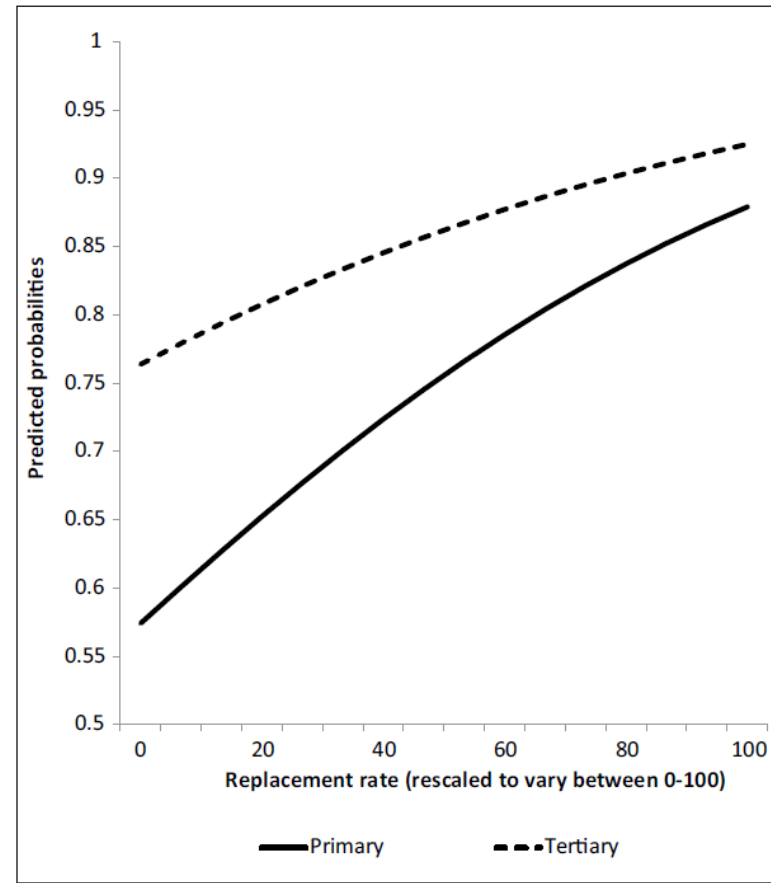


# Unemployment benefits and health

## An interaction effect between coverage and replacement rates

Much better health at higher replacement rates when coverage is high, >90%.

This effect is stronger for low educated, contributing to smaller inequalities.





# Recommendations



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# Universality of access

## Example recommendation:

Affordable, high-quality pre-natal and early years provision alongside

- supportive employment policies
- parenting and family support services

to help parents combine work with parental responsibilities.



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# Addressing disadvantage

## Example recommendation:

Within a universal system of social protection coverage, different kinds of support should be offered to people according to the type and level of risk they experience

- cash transfer programmes
- access to high-quality welfare services
- extensive active labour market programmes



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# Accounting for context and respecting rights

## Example recommendation:

Implement interventions shown to be effective in other countries, with contextual adaptations made for local conditions

- requires systematic development and evaluation to ensure that effectiveness is not compromised by these adaptations.



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# Evidence-based policy

## Example recommendation:

Routine monitoring and regular review of adverse social and work conditions, as well as policies and interventions to reduce adversity and strengthen health

- use of available models of good practice
- information on both economic and social benefits



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Health is a human right  
Do something  
Do more  
Do better