

# 'FAIR SOCIETY HEALTHY LIVES' THE MARMOT REVIEW

08

FACTSHEET

**'The health and well being of today's children and those children when they become adults depend on us having the courage and imagination to do things differently, to put sustainability before a narrow focus on economic growth and to bring about a more equal and fair society.'**  
(Michael Marmot, BMJ Feb 2010)

## BACKGROUND - The global context...

The WHO report "Closing the Gap in a Generation" was published in 2008 the report was chaired by Sir Michael Marmot. This report was significant as it called for global action in tackling the social determinants of health with the aim of achieving health equity. The report looked at the health of populations within societies and how fairly health is distributed.

This report was fuelled by the knowledge that health inequity is avoidable. Social disadvantage will mean that life chances and expectancy will be lower for individuals who are born into poorer social environments. Throughout the report addressing the issues of inequality and inequity is seen as matter of social justice.

Inequalities are evident throughout the lifespan and across all areas of life from health and wellbeing to education, employment, home ownership, access to transport and diet to name but a few. The lower the socioeconomic position the worse the health of the individual. This is not just true in poor countries, all countries show that the those with lower income have poorer health.

The impact that these inequalities have for individuals, the communities and the societies in which they live is negative. The report concluded that inequities in health arise because there is an inequitable distribution of power money and resources. The result is that those who are at the lower end of the social scale pay a heavier price in terms of health and well being compared to those at the top.

"Closing the Gap in a Generation" gave a global framework demonstrating how to start to address health equity on a global scale.

## MARMOT REVIEW - The brief...

Sir Michael Marmot was asked by Alan Johnson (Labour) the Health Secretary to lead a review based on the best available evidence to tackle inequalities in England. This review was launched in February 2010 and is a framework in which inequalities could be addressed in England. As with the global report social justice is a high priority. Inequalities do not happen by chance but are inherent in the society in which we live. Marmot talks of addressing the inequalities by proportional universalism which targets the areas of disadvantage but addresses the same issue across society as required. The rationale for this approach is that only targeting the disadvantaged will only benefit a small pocket of the population. **Fair Society, Healthy Lives** suggests 6 key policy objectives to reduce health inequalities.

### The Aims...

1. To improve health and well being for all
2. To reduce health inequalities.

### The Policy Objectives...

1. Give every child the best start in life
2. Enable all children young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

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## Key Messages in relation to community development as outlined by Dr Mike Grady from the Marmot Review Team

### The gradient:

Reducing health inequalities is a matter of social justice – where inequality is avoidable by policy means it is unfair and unjust. There is a social gradient in health. In order to reduce the steepness of the gradient action must be taken which are universal but with a scale and intensity proportionate to the level of disadvantage – “Proportionate universalism”.

Inequalities can accumulate across the life course and relates to socioeconomic status. Focusing solely on the most disadvantaged will only tackle a small part of the problem. Economic advantage and disadvantage is reinforced to the next generation and exacerbated by other inequalities, gender, ethnicity etc. Social justice, health and sustainability need to be addressed by policies; and is a community development issue.

### Community Development:

Empowerment of individuals and communities should be at the heart of actions to reduce health inequalities and action needs to be based on values of sustainability, social justice and equity.

Increasing participation and control creates positive change within communities. Leading to a greater sense of trust and safety and building social networks (social capital) These communities are healthier and happier. Anyone working to tackle inequalities should focus on building social capital and use an asset based approach to community development to mobilise local contributions and extend capabilities.

Developing communities includes ‘building resilience’. Resilience can be developed through social capital and creating safe, sustainable environments Avoid ‘lifestyle drift’ – identify champions for public health to address inequalities.

### Investment in the long term:

There is a need to address the root cause of inequalities. Focusing on lifestyle issues, such as smoking cessation, reduces poor health outcomes but fails to address the causes of inequalities. The main causes of health inequalities are poverty and discrimination. Changes to the social, political cultural structures are required and these changes take time . Quick wins don't work in the long term. Interlinkages between projects, strategic vision and a systematic approach on a large scale is what will yield lasting results.

The Marmot Review highlights the importance of investment in the early years, “otherwise everything else is playing catch up”. Politicians want ‘quick wins’ and health inequalities will not be eradicated through a quick win approach, we need to demand a long term plan and investment from politicians. If we fail to address the financial implications of inequalities the UK will not be able to afford a health service by 2040.

**These serious health inequalities do not arise by chance, and they cannot be attributed simply to genetic makeup, ‘bad’, unhealthy behaviour, or difficulties in access to medical care, important as those factors may be. Social and economic differences in health status reflect, and are caused by, social and economic inequalities in society.’**

### NI Context

The gradient in Northern Ireland

Those in the more deprived areas of Northern Ireland have:

- Lower life expectancy
- 66% higher rate of respiratory mortality
- 65% higher rate of lung cancer
- 73% higher rate of suicide
- 121% higher rate of alcohol related death

(NI Health and Social care Inequalities Monitoring System, bulletin 2009)

The Public Health Agency has condensed Marmot's 6 objectives to 4, to address health inequalities in Northern Ireland:

1. Give every child and young person the best start
2. Ensure a decent standard of living for all by increasing income and reducing costs for vulnerable groups
3. Build sustainable communities
4. Make healthier choices easier

Currently a new strategy for health is being developed. The strategy will be based on the values, aims and principles of Investing for Health. It will be a high level cross government outcome based framework. It aims to:

- Improve overall health in Northern Ireland & reduce health inequalities
- Focus on the determinants the evidence base has shown to be most powerful in reducing health inequalities
- Adapt a life course approach
- To align with and enhance other strategies & policies to make the best use of available resources.

### Your Health Matters: Annual Report from Chief Medical Officer, (2010)

Dr Michael McBride addresses the issue of deprivation and health inequalities.

“Deprivation can impact on health and wellbeing in many ways, resulting in lack of social support and low satisfaction with the neighbourhood, feelings of financial strain, low self esteem, unhealthy lifestyle choices and risk taking behaviour.” (DHSSPS 2011)

### References

DHSSPS(2011) *Your Health Matters*  
www.dhsspni.gov  
accessed 11/1/2012  
Marmot (2010) *Fair Society, Healthy Lives*, Final Report  
DHSSPS(2009) *NI Health and Social care Inequalities Monitoring System, bulletin DHSSPS(2002)*  
Investing for health