

# RECODE

DNA FOR 21ST CENTURY DWELLING

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# HEALTH

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# INEQUALITIES

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CLEAR VILLAGE  
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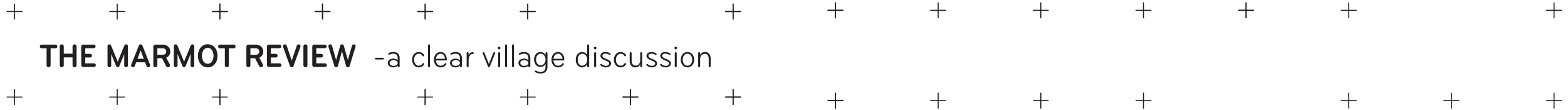
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A CLEAR VILLAGE DISCUSSION WITH THE UNIVERSITY COLLEGE LONDON,  
ILARIA GEDDES, DPT. OF PROF SIR MICHAEL MARMOT  
LONDON, 18-20 MAY 2010

**PUT CAUSES OF HEALTH INEQUALITIES IN FOCUS, NOT THEIR SYPTOMS!**

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# THE MARMOT REVIEW - a clear village discussion

'Inequalities are a matter of life and death, of health and sickness, of well-being and misery. The fact that in England today people in different social circumstances experience avoidable differences in health, well-being and length of life is, quite simply, unfair. Creating a fairer society is fundamental to improving the health of the whole population and ensuring a fairer distribution of good health.' states Prof Sir Michael Marmot, chair of the Strategic Review of Health Inequalities in England Post-2010, in his Review Report\*.

## THE CONTEXT

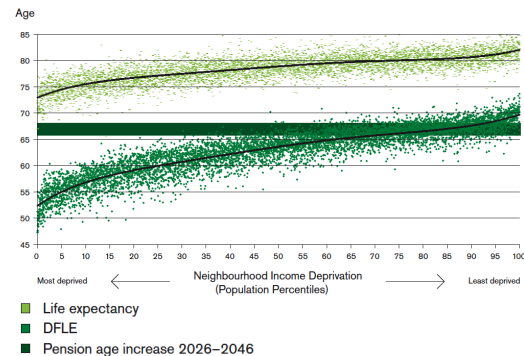
**The Marmot Review** - in 2008, Professor Sir Michael Marmot was asked by the former Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010, incl. following tasks (shortened):

- identify the evidence most relevant to underpinning future policy and action
- show how this evidence could be translated into practice
- advise on possible objectives and measures
- publish a report of the Review's work.

## SOCIAL GRADIENT IN HEALTH

The Marmot Review clearly shows that the lower one's social position, the worse his health. To cite the report it can be stated that in 'England, people living in the poorest neighbourhoods, will, on average, die seven years earlier than people living in the richest neighbourhoods' as following figure shows:

figure 1: Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999-2003



In turn we can say that health inequalities result from social inequalities, e.g. from early child development & education, employment & working conditions, housing & neighbourhood conditions, standards of living and lack of freedom to participate equally in benefits of society.

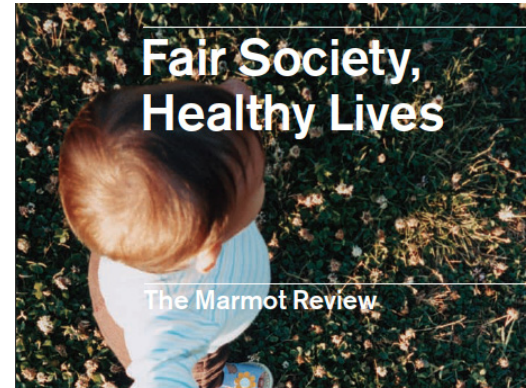
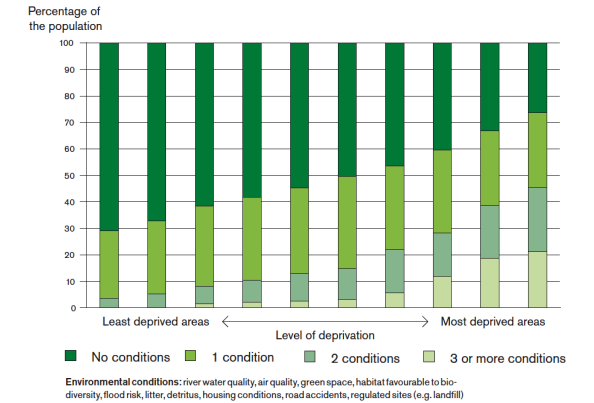


figure 2: Populations living in areas with, in relative terms, the least favourable environmental conditions, 2001-6



## HEALTH & WELL-BEING

Health inequalities, as described above, do not arise by chance. Bad as those factors might be, inequalities can not be attributed simply to genetic makeup, bad and unhealthy behaviour (smoking, junk food) or people's access to medical care. Social and economic differences in health status reflect and are caused by social and economic inequalities in our society.

These inequalities are influenced by a range of interacting factors that shape health & well-being, e.g. material circumstances, the social environment, psychosocial factors, behaviours and biological factors; which are,

in turn, shaped by people's social position which is grown by education, occupation, income, gender, ethnicity and race. All these influences are set in a socio-political, cultural and social framework.

To pick just one example, there is empirical evidence that the more deprived areas are that people live in, the more environmental conditions can be found in those areas that might influence inhabitant's health.

As a recommendation, the Review states that to focus solely on the most disadvantaged will not reduce health inequalities. Actions must be universal with a scale and intensity that is proportionate to the level of disadvantage.

\*Information, pictures and visualisations sourced from: The Marmot Review - Strategic Review of Health Inequalities in England Post-2010

# THE MARMOT REVIEW - a clear village discussion

## WELL-BEING & ECONOMY

The benefits of reducing health inequalities are economic as well as social. As the report utters, costs of health inequalities can be quantified in **human terms**, years of life lost and years of active life lost; and in **economic terms**, by the cost to the economy of additional illness.

Referring back to fig. 1 and the DFLE curve and its levels of disability shown, more than three-quarters of the population do not have disability-free life expectancy as far as the age of 68, which is currently discussed as the prospective pension age in England. The Marmot review argues that 'if society wishes to have a healthy population, working until 68 years, it is essential to take action to both raise the general level of health and flatten the social gradient.'

## BEYOND ECONOMIC GROWTH

We agree with the Review in another point: it is indeed time to move beyond economic growth as the sole measure of social success; a holistically observed **well-being** should be a more important societal goal than simply more economic growth. Climate change and all actions taken against it have the worst effects on the poorest and most vulnerable

people globally. The Marmot team thinks that action to reduce health inequalities is completely compatible with action to create sustainable futures. Fostering sustainable local communities, active transport, healthy food production, zero-carbon houses will not only ensure the future of manhood but also have health benefits across society!

## POLICY RECOMMENDATION

Based on the evidence the research team has assembled their recommendations are grouped into six policy objectives, which are underpinned by policy mechanisms, e.g. considering equality and health equity in all policies, across the whole of government, not just the health sector:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment & good work for all
- Ensure a healthy standard of living for all
- **Create and develop healthy and sustainable places and communities**
- Strengthen the role and impact of ill-health prevention



## HIGHLIGHTS OF OUR DISCUSSION

Karsten Stampa, team member of Clear Village Charitable Trust, met Ms. Ilaria Geddes who is part of the Marmot Review research team and responsible for observing the operationalisation of suggested policy recommendations.

We discussed Clear Village's view on the Marmot Review and its policy recommendations intensively, especially our holistic view on societal well-being, the importance of economic growth in today's global and political setting.

It came to fore that we completely share the holistic view of the Review, which goes far

beyond the border of pure health issues, and that Clear Village would be able to assist the implementation process with our co-creative methodology especially in creating and developing healthy and sustainable places and communities, to improve communities' well-being thus diminish health inequalities. In the end we invited Ilaria to our network of experts and agreed on a partnership between the UCL department & Clear Village.

## MORE INFORMATION

- + **Marmot Review website:**  
[www.marmotreview.org](http://www.marmotreview.org)
- + **UCL / Marmot Department website:**  
[www.ucl.ac.uk/ghgheg/marmotreview](http://www.ucl.ac.uk/ghgheg/marmotreview)