



Social Determinants of Health in context of insecurity

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Different aspects of insecurity are linked

- Social insecurity
- Economic insecurity
- Political insecurity
- Insecurity in terms of safety and peace





Causes of the Causes and Causes of ill health

- Social determinants are drivers of conflict and determinants of health - SDH
- SDH are consequences of conflict and drivers of health inequalities





SDH and inequities are drivers for conflict

- Political, religious, social, psychological, economic and cultural;
- Inequalities in society money, power and resources.
- = SDH





Insecurity

- Detrimental effects on health of whole population
- Detrimental effects on social determinants of health
- Effects on other countries (refugees and asylum seeking, insecure borders)





Conflict and SDH

- violation of human rights,
- interference with medical neutrality
- distress resulting from prolonged stress





Conflict: direct and indirect effects on health

- Direct: death, physical and mental morbidity and disability;
- Indirect: due to the breakdown of social life and infrastructure.
 - destruction of systems (including education, health),
 - macroeconomic and household economic losses,
 - population relocation and destruction of social networks,
 - detrimental environmental impacts.



Indirect effects

- Women take on new roles
- random sexual violence;
- Children > 5 suffer highest rates of mortality and morbidity;
- Older children forced: providers, or as participants in conflict;
- Employment and livelihoods loss:
 - dependence on others & on aid
 - sense of helplessness;
- Health services fail

Source: SDH in Countries in Conflict and Crises: The Eastern Mediterranean Perspective 8th CSDH Meeting, Vancouver, Canada, 7-9 June 2007 WATTS and SIDDIQI





- Social justice
- Material, psychosocial, political empowerment
- Creating the conditions for people to have control of their lives



Commission on Social Determinants of Health FINAL REPORT | EXECUTIVE SUMMAR





Closing generation

Health equity through action on the social determinants of health





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

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



Embedding the principles of action on the social determinants requires action across sectors

- 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



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



CIVIL SOCIETY AND POLICY ACTION

- Focus on community;
- Intersectoral action many actors involved;
- Building health and social systems;
- Long-term sustainability: social networks and health systems are foundations for building resilient communities



Health COD S

Commission on Social Determinants of Health

A world where social justice is taken seriously

Closing the gap in a generation

Health equity through action on the social determinants of health













1. Workforce Education and Training

- 2. Working with Individuals and Communities
- 3. Health Sector as Employers
- 4. Working in Partnership
- 5. Workforce as Advocates





Every sector is a health sector
Health and well being as outcomes

Empowerment





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Give Every Child the Best Start





Improving children's outcomes

- Safe environment
- Decent standard of living
- Parenting and family support
 - Perinatal services
 - Care before and during pregnancy
 - Help for new mothers
 - Parenting skills
- Pre-school education and care
- Primary, secondary and tertiary education and training



Prevalence of childhood stunting by ethnic group: Mexico



(Sevan-Mori et al. 2014)





"...indigenous women's political inclusion has been a major challenge, since they face "triple discrimination": being female, indigenous and poor"

('Intercultural Citizenship—Contributions from the political participation of indigenous peoples in Latin America' UNDP 2013)

"...over 20% of indigenous children between 6 and 11 years of age do not enjoy their rights to education"

('Reaching the unreached: indigenous intercultural bilingual education in Latin America', Lopez, L.E. UNESCO background paper 2009)



Percent of indigenous and non-indigenous population in poverty (under \$US2.50 PPP per day)



World Bank Group "Indigenous Latin America in the Twenty-First Century: The First Decade"



Enrolment in preschool (ages 3-5) and reading in 6th grade: selected countries in Latin America



Tinajero 2010





Difference in maths performance between students who reported having attended pre-primary school (ISCED 0) for > 1 year and those who had not, before and after accounting for socio-economic status, 2012







Proportion of the variation in mathematics performance explained by elements of socioeconomic status, 2012



OECD. PISA 2012 Results: "Excellence through Equity (Volume II)



Higher income inequality associated with lower intergenerational mobility





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Create Fair Employment and Good work



The Laundresse s (1901) by Abram





Fair employment and good working conditions

- provide financial security, paid holiday, social protection benefits such as sick pay, maternity leave, pensions social status, personal development, social relations, self-esteem and protection from physical and psychosocial hazards. All of which support health and wellbeing.
- Being unemployment as a young person has an adverse effect at an important transitional stage of life.



Ratio of income and completed secondary school between women and men: Latin America



Gender Income ratio Gender ratio completed secondary education

Source: Ethos Poverty Index 2011, UNDP data



Vulnerable employment by sex, 2013 or latest previous available year

Male



Female

World Bank, World Development Indicators 2015





Occupational stress in European countries







Youth employment crisis

- Young people are three times more likely to be unemployed than adults and almost 73 million youth worldwide are looking for work.
- ILO warns of a "scarred" generation of young workers facing a dangerous mix of high unemployment, increased inactivity and precarious work in developed countries, as well as persistently high working poverty in the developing world

Source: ILO 2016



Percentage of young and adult workers in the informal economy in selected countries



■ Youth ■ Adults The adult share refers to the total population. ** The adult share refers to the population aged 30–59, while the youth share refers to the population aged 15–29. Source: ILO database.





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LIFE EXPECTANCY AT BIRTH

	MALE	FEMALE
INDIGENOUS AUSTRALIAN*	69.1	73.7
NON INDIGENOUS AUSTRALIAN*	79.7	83.1

http://www.aihw.gov.au/deaths/life-expectancy/





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Welcome

AND DESIGNATION OF THE OWNER.

Tharawal Aboriginal Corporation

"Your Health, Our Commitment"







Tharawal Aboriginal Medical Service

At Tharawal A.M.S. we have;

G.P.s

Registrar Doctors

Students

Specialists









The popular Belly Cast Program

We also have a Breast Feeding Support Program



What we do

Educational gatherings before pregnancy, during pregnancy and after birth of baby.

Pregnancy and Postnatal Care at clinic or at their home.

Care for women and baby after the delivery.

Ongoing support, education, and baby checks up to the youngest child is five.

Development of resources for families around parenting.





KEY PERFORMANCE INDICATORS

In 2014,100% of Souths Cares 'School to Work' Students achieved the HSC and moved into employment or further education.

Over4000 of direct community engagement by South Sydney Rabbitohs players annually.

Donations valued at over \$200,000 rovided to the community in 2014/15 Financial Year.





On-site Outreach Services

We provide key services for our clients and community that is in a safe and private environment on a weekly basis

This results in a speedier outcome

Legal Services

Department of Housing

Centrelink

Disability Support









Waranwarin

20 children graduated in 2015

60 children enrolled 2015







Family Support Program

The Deadly Homework Club

Parenting Programs in partnership with Brighter Futures

Community Kitchen held at Waranwarin Child and Family Centre



and more







Every family complete adult and child health checks link to speech, audiology, optometry and dental



Every family attends either;

Triple P parenting,

123 Magic

or grass roots parenting.





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Drug & Alcohol

Education

Awareness

Support in rehabilitation







The freshest seasonal fruit and vegetables delivered to your door every week

Our community members volunteer to pack the boxes ready for delivery

Working together with community and local businesses to ensure quality healthy produce is provided for our mob











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Percent of urban population in slums, 2014 or latest previous available year





Clinical Tool: Screening for poverty, Canada

"Poverty requires intervention like other major health risks"

Poverty Interventions for Family Physicians

Poverty requires intervention

like other major health risks:

The evidence shows poverty

cholesterol, and smoking. We

devote significant energy and

health issues. Should we treat poverty like any equivalent

Of course

resources to treating these

health condition?

to hypertension, high

A clinical tool for primary care in Ontario to be a risk to health equivalent

"There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health ?? - Public Health Agency of Canada

Poverty accounts for 24% of person years of life lost in Canada (second only to 30% for neoplasms).

Income is a factor in the health of all but our richest patients.



Family & Community Medicine

Source: http://ocfp.on.ca/docs/default-source/cme/poverty-and-medicine-march-2013.pdf





Health s a human right Do someth Do more oette





Why treat people and send them back to the conditions that made them sick?

