BEST INVESTMENTS FOR HEALTH EQUITY ACROSS THE LIFECOURSE: SCOTLAND & “rUK” COMPARED

INRICH Conference, Barcelona,

June 17, 2016

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Professor Emeritus
University of Toronto.
CASE STUDY: Health Inequalities by SES IN Scotland

Steepest in Western Europe - and largely not declining (even in absolute terms) since UK devolution began 15 years ago, despite strong policy aspirations for reduction.

Last 30 years: rise in mortality inequalities in in teens/young adults, due to “external causes”:

- drugs/alcohol/
- violence/self-harm

(i.e. conditions related to mental health & strongly influenced by local “culture”/social env’t) - seen initially in males, then in females 10 years later - “Two Scottish paupers’ graveyards (for the young: filling up fast; for the old: stable demand)”
Average life expectancy at birth, 1999-2000 to 2009-10
Average life expectancy has increased but people in the least deprived areas still live longer than people living in the most deprived areas, and the gap has increased for women.

Females

Males

Life expectancy in Scotland
Source: Audit Scotland

How Do Scotland’s Inequalities Compare to the EU’s When Individually-Assigned SES is Analysed? 
All-Cause Mortality Results from Scottish Longitudinal Study -- Popham & Boyle, 2010 -- commissioned by SCPHRP: www.scphrp.ac.uk

Figure 1 The Scottish education relative index of inequality (red line) for all-cause mortality in men 1991 to 1999 plotted against results for Europe (from Mackenbach et al. 2008)
Comparison of all-cause death rates in selected European countries*, Scotland and local council areas of Scotland. Men aged 0-64 during 2001

Nearly all the unhealthiest local councils are in greater Glasgow, with large public housing estates

[*Austria, Finland, Germany, Ireland, Italy, Luxembourg, Norway, Portugal, Spain, Sweden, Switzerland, UK: England & Wales, UK: N.I.]

1. INVESTMENTS IN EARLY LIFE

A. UNIVERSALLY ACCESSIBLE (FREE), STRONGLY PROMOTED, AND HIGH-QUALITY FAMILY PLANNING, PRE- AND PERINATAL CARE (INCLUDING EFFECTIVE BREAST FEEDING PROMOTION AND SUPPORT)

SCOTLAND HAS ACHIEVED WORLD-CLASS LEVELS OF EARLY LIFE MORTALITY, BUT LAGS BEHIND ON ITS SES INEQUALITIES, BREAST-FEEDING RATES AND THE DRIVERS OF LOW-BIRTHWEIGHT (ESPECIALLY PREMATURITY) --- WITH ONE IMPORTANT POSITIVE EXCEPTION...
England and Wales: Infant Mortality Rates by SES, 1999-2009

Although down by a fifth on a decade ago, infant deaths are still 35% more common among those from manual backgrounds than among those from non-manual backgrounds.

Source: Child mortality statistics, ONS; England & Wales; updated Mar 2011
Scotland: Infant Mortality Rates by SES, 1999-2009

Children born to parents from manual backgrounds are around twice as likely to die in their first year of life as those born to parents from non-manual backgrounds.

- Social classes 1-IIINM (up to 2000); social classes 0-4 (2001 onwards)
- Social classes IIIM-V (up to 2000); social classes 5-8 (2001 onwards)

Source: General Registrar Office for Scotland; updated Aug 2010

Same trend but still larger SES gap
Any Breastfeeding (at the 6-8 wk Health Visitor review) by deprivation in Scotland, 2003-13

Source: Healthcare Improvement Scotland (2013)
The Curious Case of Recent LBW Trends in Scotland

OVERALL TRENDS NOT IMPRESSIVE BEFORE 2006—INTERNAT’LY TYPICAL – PTB RATES VERY HARD TO
SO... WHAT HAPPENED IN SCOTLAND IN 2006?

IN 2006 IN SCOTLAND, “SMOKEFREE” LEGISLATION UNEXPECTEDLY HAD A BIG IMPACT ON BOTH CAUSES OF LBW!

Expected long-term trend

SMOKING BAN

11% DECLINE IN PTBs, ALMOST OVERNIGHT! (& SGA BIRTHS DROPPED 5%) – TERRIFIC NEWS, BUT NO OBVIOUS “SECOND ACT”

1. INVESTMENTS IN EARLY LIFE (CONT’D)

B. LABOUR MARKET, TAX AND TRANSFER (E.G. PARENTAL LEAVE) POLICIES TO LIFT ALL PARENTS OF YOUNG CHILDREN OUT OF POVERTY... THIS IS A FEASIBLE POLICY-CHOICE IN MANY NATIONS... ESPECIALLY THOSE WITH LOW CRUDE BIRTH RATES

SCOTLAND, UNDER UK-LED TAX AND BENEFITS POLICIES, SAW CHILD POVERTY RATES FALL BEFORE 2008, BUT THERE IS AN ARTEFACT -- AND THEY COULD/SHOULD BE MUCH LOWER!
Scotland’s child poverty, compared to other regions of the UK

The proportion of children in low-income households in Scotland is now lower than in any of the other regions of Great Britain. This is because the falls over the last decade have been greater in Scotland than in any of the other regions.

- The removal of housing costs “biases” these rates against England

Source: http://www.poverty.org.uk/s16/eh.png
# PART 1

## A LEAGUE TABLE OF CHILD WELL-BEING

The table below ranks 29 developed countries according to the overall well-being of their children. Each country’s overall rank is based on its average ranking for the five dimensions of child well-being considered in this review. A light blue background indicates a place in the top third of the table, mid blue denotes the middle third, and dark blue the bottom third.

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Lack of data on a number of indicators means that the following countries, although OECD and/or EU members, could not be included in the league table of child well-being: Australia, Bulgaria, Chile, Cyprus, Israel, Malta, Mexico, New Zealand, the Republic of Korea, and Turkey.
UNICEF Report card: ranking of inequality across different dimensions across the OECD (2013)

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Family policy generosity and infant mortality

Source: Lundberg O, 2009
Cited in Position Statement on ISSOP Position Statement on the impact of austerity on child health and well being of International Society for Social Paediatrics and Child Health (ISSOP): -
1. INVESTMENTS IN EARLY LIFE (CONT’D)

C. UNIVERSALLY ACCESSIBLE, HIGH-QUALITY, EARLY CHILDHOOD (AGE 1 TO 2 AND ABOVE) DEVELOPMENT /EDUCATION PROGRAMS, LOCATED IN EVERY NEIGHBOURHOOD

SCOTLAND HAS TRIED TO RAISE THE BAR ON EARLY CHILDHOOD EDUCATION, BUT HIGH-QUALITY PROGRAMMES STILL NOT WIDELY AVAILABLE/AFFORDABLE, ESPECIALLY BEFORE AGE 4, AND NO SCOTLAND-WIDE OUTCOME DATA ARE COLLECTED

HOW EARLY IN LIFE CAN WE SEE BIG NON-HEALTH SES-GAPS IN SOME COUNTRIES?

1. WHERE YOU’RE BORN ONLY MATTERS IF YOUR PARENTS ARE LOW-SES

TYPICAL “FAN” PATTERN

2. WHAT DO THESE COUNTRIES DO RIGHT?

STD’D LITERACY TEST SCORES

Lit. Scores for Youth Aged 16-25 years (Statistics Canada & the OECD, 1995). Source: Sloat E, Willms JD. The International Adult Literacy Survey.
Differences in best & worst performers (reading)

The steeper the slope, the higher the inequalities in many later outcomes across the lifecourse.
Children should start school at two – Ofsted

Target underachievers in bold move, says Morgan

Early start to help children from poorer backgrounds

Richard Adams
Education editor

said, later adding: “I said three to 18, it could be two to 18 as far as I’m concerned.”

The comments by Morgan, who became chair of Ofsted in 2011, will fuel controversy about the expansion of schools into supportive roles that were previously the domain of parents. Sir Michael Wilshaw, Ofsted’s chief inspector of schools, has previously said that where parents are unable or unwilling to help with their children’s education, schools should step in.
RATES OF RETURN TO INVESTMENT IN HUMAN CAPITAL AS FUNCTION OF AGE WHEN THE INVESTMENT WAS INITIATED

Knudsen E I et al. PNAS 2006;103:10155-10162
D. SYSTEMATIC SUPPORT (FINANCIAL IF NECESSARY) TO ACHIEVE UNIVERSAL FEMALE & MALE SECONDARY/SUBSEQUENT EDUCATION

SCOTLAND FIRST ACHIEVED THIS FOR PRIMARY EDUCATION OVER 200 YEARS AGO, FAR BEFORE THE REST OF EUROPE, BUT STILL TODAY “NO QUALIFICATIONS” ARE FAR TOO COMMON
Scotland: Media reports (December 2009)

“Fifth of Scots have poor literacy”
• The BBC: 
  http://news.bbc.co.uk/1/hi/scotland/8393805.stm

“Literacy report shows Russell there really is a crisis in education”
• The Scotsman: 
  http://news.scotsman.com/opinion/Literacy-report--shows-Russell.5883656.jp

“Zero-tolerance approach to poor literacy needed, experts say”
• The Herald: 
Determinants of School Outcomes in Scotland – Why Schools Are Not to Blame

• “While individuals may defy this trend, no school in a deprived area is able to record a similar level of success to that achieved by almost all schools in the most affluent areas.”¹

• “…but the gaps between them (schools) are far less important than differences between students. In Scotland, who you are* is far more important than what school you attend.”²

*meaning “who your parents are (and their social class)”

2. INVESTMENTS IN ALL OF LIFE

A. ACCESSIBLE, SUSTAINABLE, HIGH-QUALITY AND FREE-AT-POINT-OF-CARE PRIMARY AND SECONDARY HEALTH CARE – WITH STRONG PUBLIC HEALTH SERVICES FOR HEALTH PROMOTION, DISEASE AND INJURY PREVENTION, AND HEALTH PROTECTION.

SCOTTISH NHS IS ARGUABLY “BEST IN UK CLASS,” AT LEAST w.r.t. CLINICAL SERVICES FOR ACUTE/SEVERE PHYSICAL PROBLEMS, ACROSS ALL SES GROUPS; COMPREHENSIVE PREVENTIVE AND CHRONIC CARE SERVICES NOT SO IMPRESSIVE: OVER-RELIANCE ON PHYSICIANS/ UNDER-USE OF NURSE PRACTITIONERS; BUT EQUITY PER SE IS NOT THE NHS’S MAJOR CHALLENGE
2. INVESTMENTS IN ALL OF LIFE (CONT’D)

B. STRONG ECONOMIC AND MARKETING CONTROLS ON TOBACCO, ALCOHOL, UNHEALTHY FOODS, GAMBLING, AND SIMILAR HAZARDS

SCOTLAND HAS DONE BRILLIANTLY ON TOBACCO AND TRIED HARD ON ALCOHOL, ALTHOUGH THERE IS STILL MUCH TO DO; ON THE DRIVERS OF THE OBESITY PANDEMIC, POLICIES SO FAR HAVE BEEN FAR TOO TIMID/FRAGMENTED TO HAVE MUCH IMPACT

BUT WOULD THE EU COMMON AGRICULTURAL POLICY AND TRADE AGREEMENTS EVER LET SCOTLAND – OR THE rUK -- DO THE RIGHT THING, IN PUBLIC HEALTH TERMS?
Teenage Overweight Rankings

Overweight & Obesity in Post Adolescent European Boys (14-17yrs approx)
Overweight & Obesity in Post-adolescent (14-17yrs) European Girls

Overweight and obesity defined by IOTF International cut off points. Last update 27th Feb 2012 © London
Adult Obesity Prevalence by Education Attained, England, 1991 vs. 2011: No decline in SES gradient

Could this early-life exposure help explain such persistent SES effects on obesity?

Exclusive BF: 6-8 weeks of age in Scotland

Some of the worst rates in Europe, and steepest SES inequalities, COMPLETELY UNCHANGING

Source: Information Services Division, NSS, Scottish NHS, 2015
The Importance of Upstream Drivers of Risk

RESULT: THE GLOBAL OBESITY PANDEMIC

*Source:* The World Health Report: 2002. Reducing Risks, Promoting Healthy Life. Chapter 2, Figure 2.3
Action on Obesity: Three Complementary Paradigms

Population-oriented

Environmental, Economic and other Policy Approaches (FAILING GRADE IN UK, INCL. SCOTLAND)

Individual-care-oriented

Educational, High-Risk and Clinical Preventive Services (? -- INADEQUATE DATA COLLECTED)

Treatment Services (DUBIOUS: COUNTERWEIGHT PROGRAMME DEFUNDED)

Compliments of PHRED program
Footnote: Obesity Prevalence by Country, 1970s to 2012
A Hypothesis and Proposed Study Design

NOTICE ANY ARCHETYPAL PATTERNS HERE?

Footnote: Obesity Prevalence by Country, 1970s to 2012 and Proposed Study Design

Two “cuisine” archetypes of obesity’s “pandemic curve”: a clue to its origins?


*See my “Worldview” commentary in Nature, April 14, 2016
2. INVESTMENTS IN ALL OF LIFE
(Final)

C. GREEN POLICIES FOR SUSTAINABLE AND EQUITABLE ECONOMIC DEVELOPMENT, INCLUDING FULL, MEANINGFUL EMPLOYMENT & A PROGRESSIVE TAX/BENEFITS SYSTEM PROVIDING ALL WITH AT LEAST A LIVING WAGE

SCOTLAND HAS AT LEAST ACHIEVED MIDDLING RANKINGS, AND SMALL INEQUALITIES, FOR “SATISFACTION WITH LIFE” AMONG EARLY TEENS - BUT UK NEET RATES HIGHEST IN OECD, & ADULT LIFE BRINGS LABOUR MARKET CHALLENGES!
# Teenage Life Satisfaction

**13-year-olds who report high life satisfaction**

<table>
<thead>
<tr>
<th>Country</th>
<th>GIRLS (%)</th>
<th>BOYS (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Netherlands</td>
<td>92</td>
<td>97</td>
</tr>
<tr>
<td>Armenia</td>
<td>92</td>
<td>94</td>
</tr>
<tr>
<td>Iceland</td>
<td>90</td>
<td>93</td>
</tr>
<tr>
<td>Finland</td>
<td>88</td>
<td>91</td>
</tr>
<tr>
<td>Belgium (Flemish)</td>
<td>88</td>
<td>90</td>
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<tr>
<td>Spain</td>
<td>88</td>
<td>90</td>
</tr>
<tr>
<td>Italy</td>
<td>86</td>
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<td>Sweden</td>
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</tr>
<tr>
<td>Scotland</td>
<td>84</td>
<td>90</td>
</tr>
<tr>
<td>England</td>
<td>83</td>
<td>91</td>
</tr>
</tbody>
</table>
SES INEQUALITIES IN TEENAGE LIFE SATISFACTION

Source: HSBC Survey 2009/10
Figure 3.1c NEET rate
% of children aged 15 to 19 not in education, employment or training

OVERALL IMPRESSION: SCOTTISH VS, UK HEALTH EQUITY INVESTMENTS

• EXCELLENT RECENT TIME-TRENDS IN SOME PERINATAL OUTCOMES (LBW after “Smokefree”), AND TEEN LIFE SATISFACTION (GIVEN THE RECESSION)

• MUCH ROOM FOR IMPROVEMENT – ESPECIALLY ON: IMR/BREASTFEEDING; CHILD POVERTY LEVELS AFTER TAXES AND TRANSFERS; EARLY CHILDHOOD EDUCATION; OBESITY (ESP YOUTH); AND YOUTH/OVERALL EMPLOYMENT AT A LIVING WAGE

Did the recent election help? ARE THESE SORTS OF ISSUES EVEN ON THE TABLE?
SCPHRP

Website - https://www.scphrp.ac.uk/
Twitter - @SCPHRP

Remit

• Developing novel public health interventions
• Fostering collaboration between government, researchers and the public health community
• Building capacity within the public health community

4 working groups, each a life course stage

**Larry Doi**
Early Years

**Tony Robertson**
Working Life

**John Frank**
Director

**Ruth Jepson**
Senior Scientific Advisor

**John McAteer**
Adolescence

**Darryl Archiba**
Later Life

**Andrew Williams**
FARR

**Michelle Estrade**
Researcher

**Renee Ingram**
KTE, office manager

**Sam Bain**
Project Co-ordinator

**Catherine Bromley**
PhD student

**Darryl Archiba**
Later Life
Useful websites & references

- Scottish Collaboration for Public Health Research and Policy:
  
  www.scphrp.ac.uk


- Offord Centre for Child Studies
  
  http://www.offordcentre.com/index.html

- Australian Early Development Index - click on AEDI
  

- British Columbia ECD mapping portal
  
  http://www.ecdportal.help.ubc.ca/archive/faq.htm


Thank you