Rapid review of inequalities in health and wellbeing in Norway

Michael Marmot

@MichaelMarmot

http://www.instituteofhealthequity.org/about-our-work/latest-updates-from-the-institute/build-back-fairer

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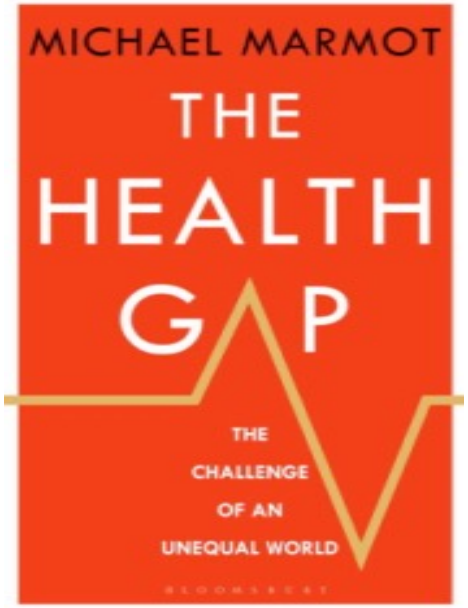
Why treat people and send them back to the conditions that made them sick?



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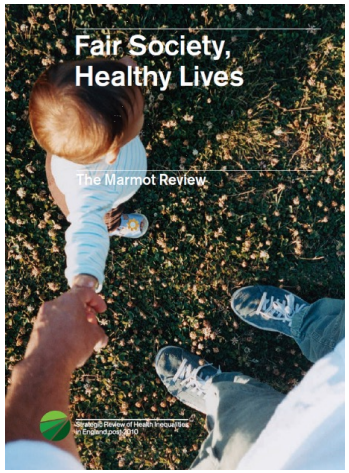
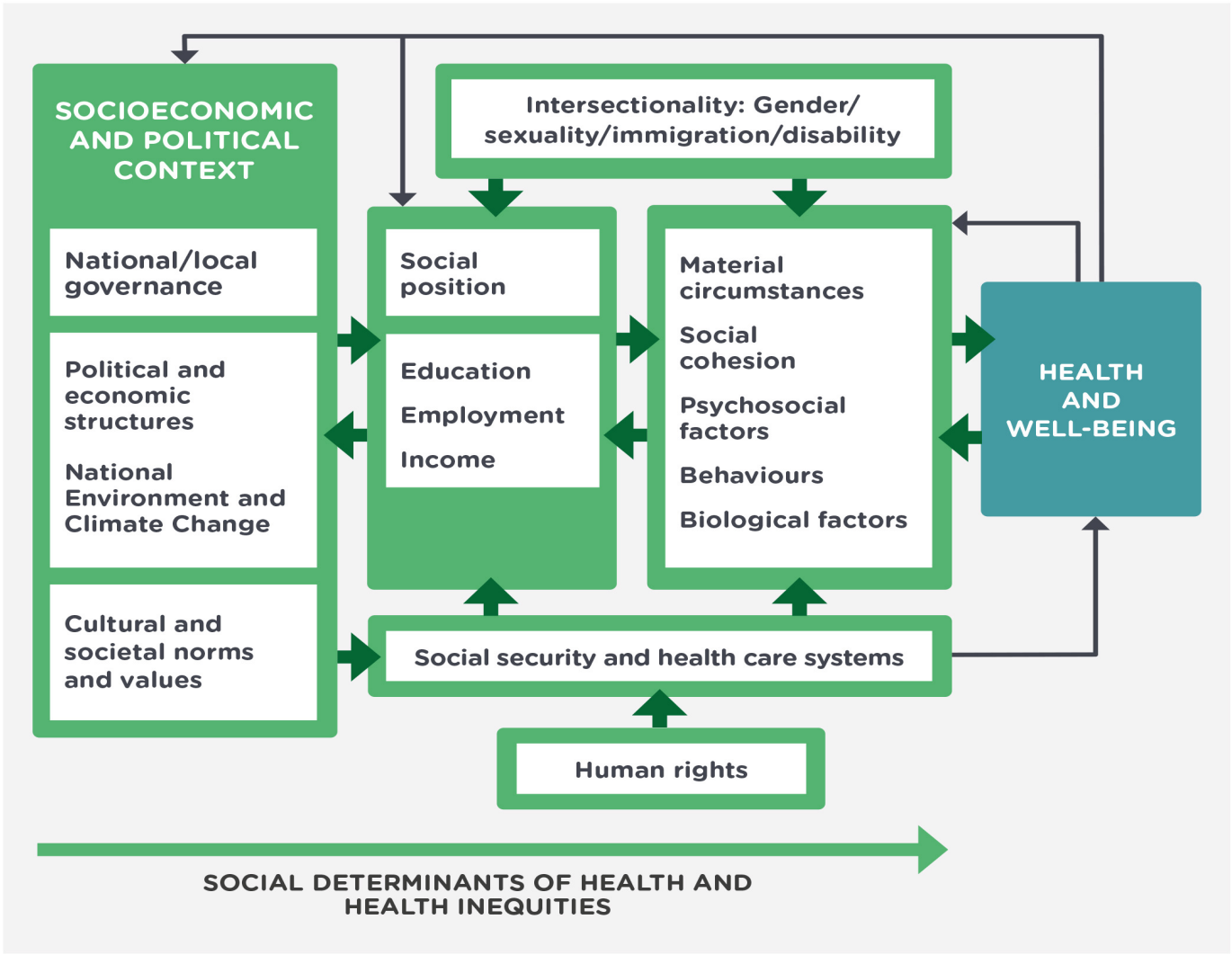
- Norway is a country characterised by a high and increasing standard of living for much of the population
- But with some significant and growing social and economic inequalities.
- Despite a long tradition of reducing these inequalities by introducing welfare policies and structural measures, inequalities in health and the social determinants of health persist and are widening for some groups



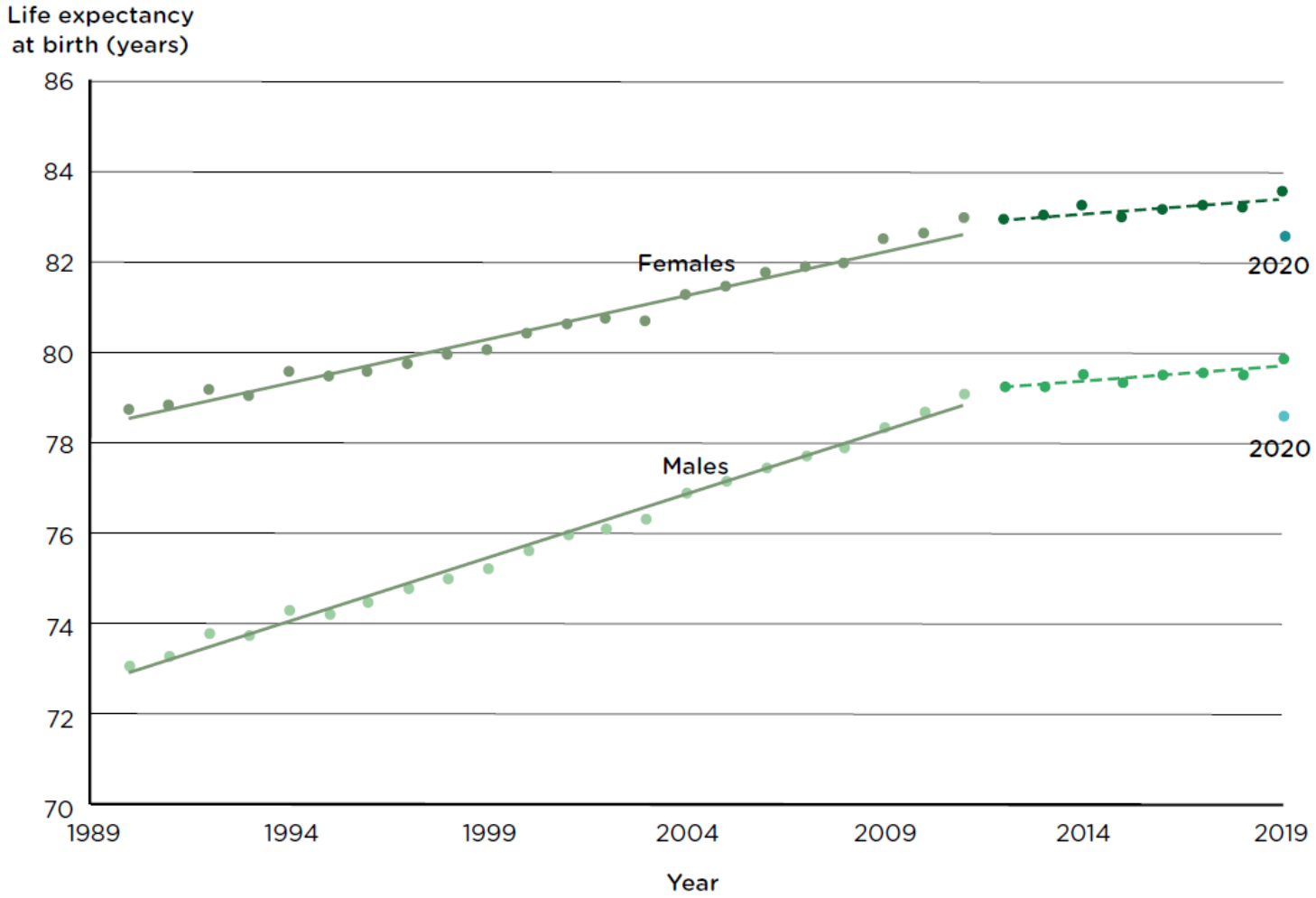
Marmot Principles

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
7. Tackle racism, discrimination and their outcomes
8. Pursue environmental sustainability and health equity together

Figure E.1 Social determinants of health framework for Norway



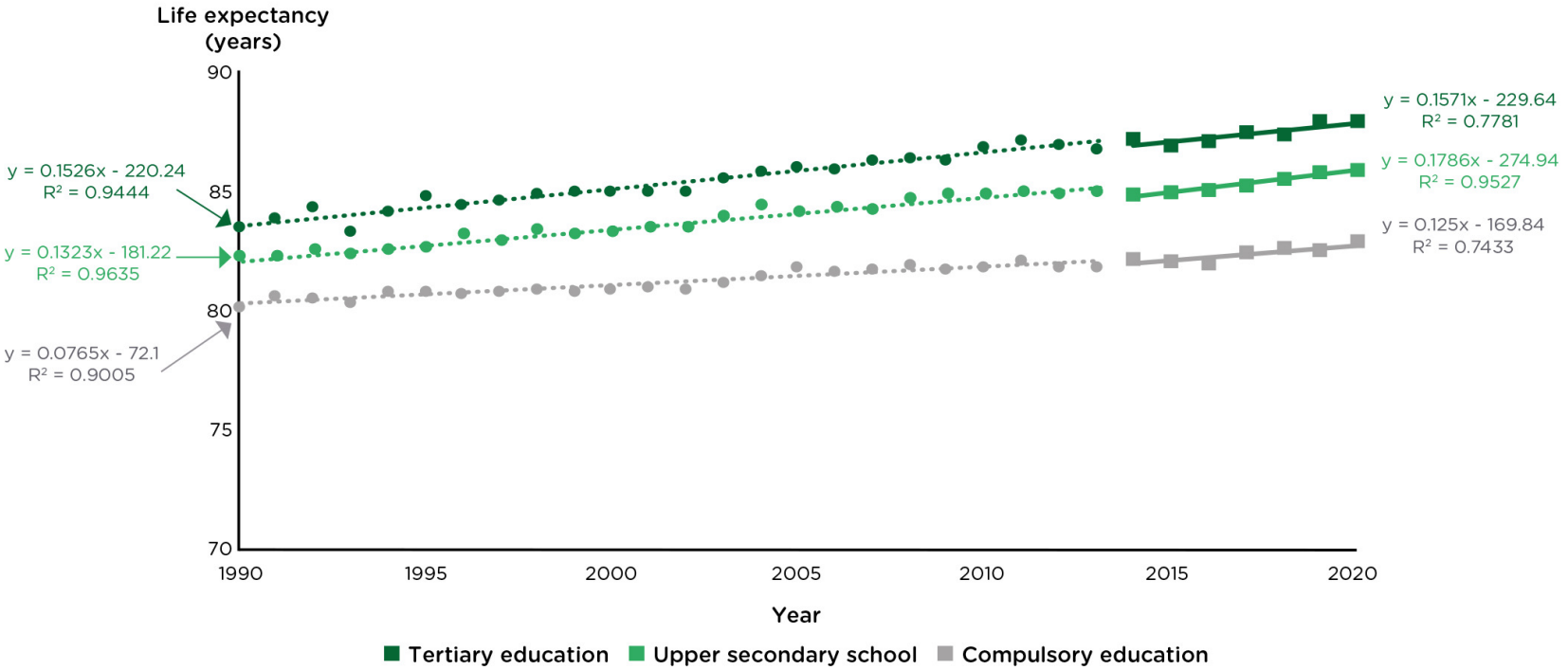
Increases in life expectancy at birth stalling in England



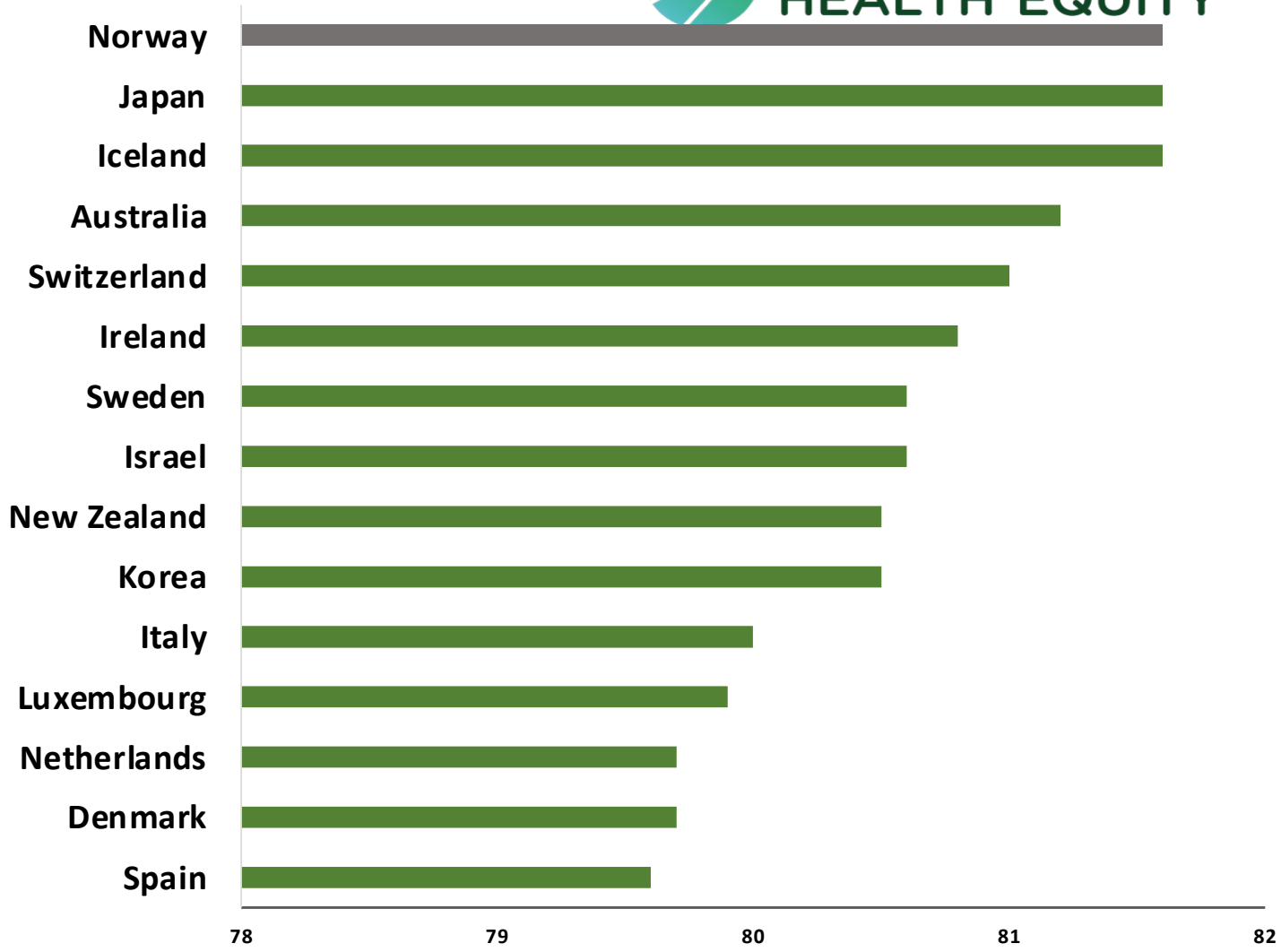
Source: Office for National Statistics

Persistent inequalities in life expectancy by education– widening for women

Figure E.2 Female life expectancy at age 35 by education, 1990 to 2020



Countries with the highest life expectancy on the OECD database: males, 2020



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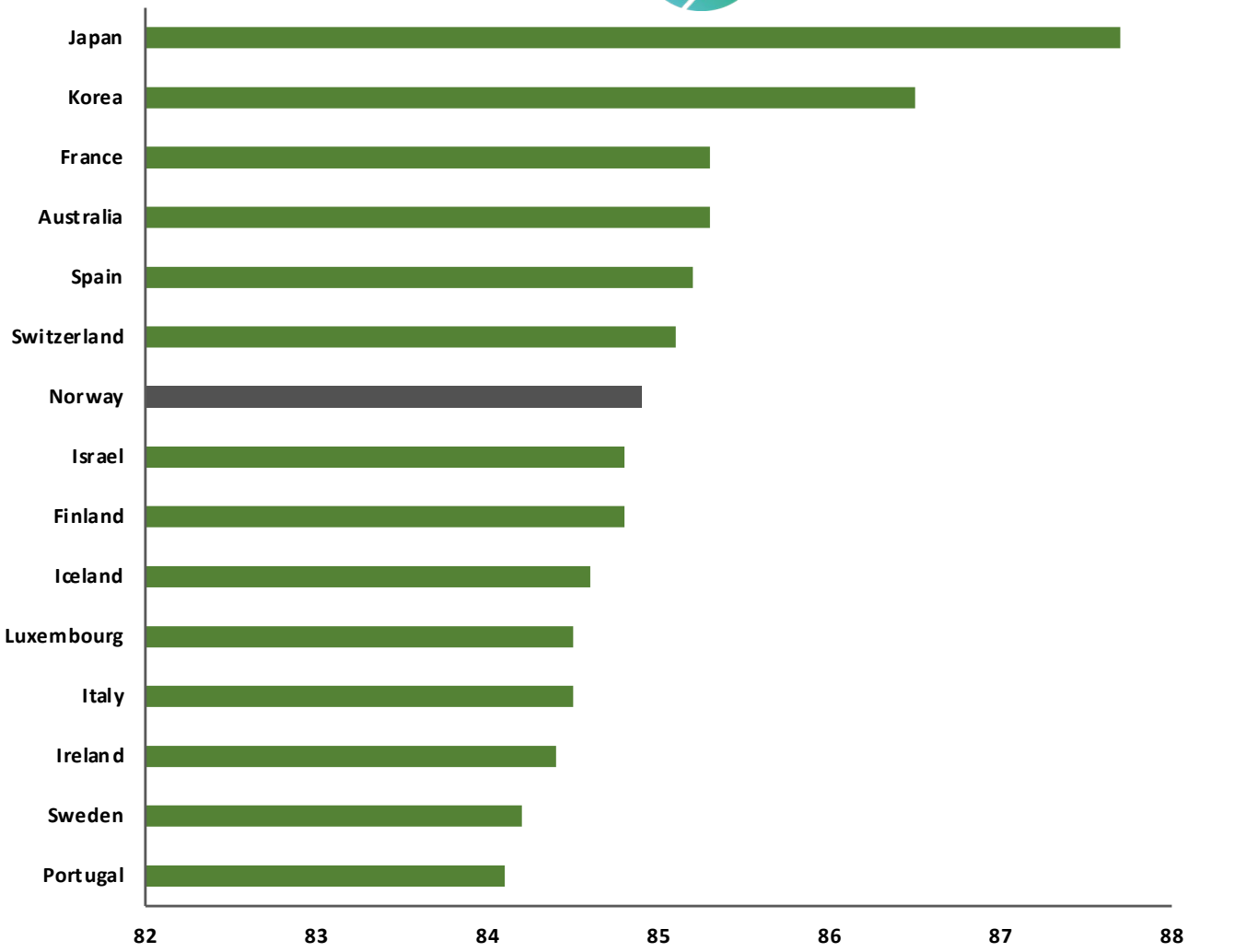
Countries with the highest life expectancy on the OECD database: females, 2020



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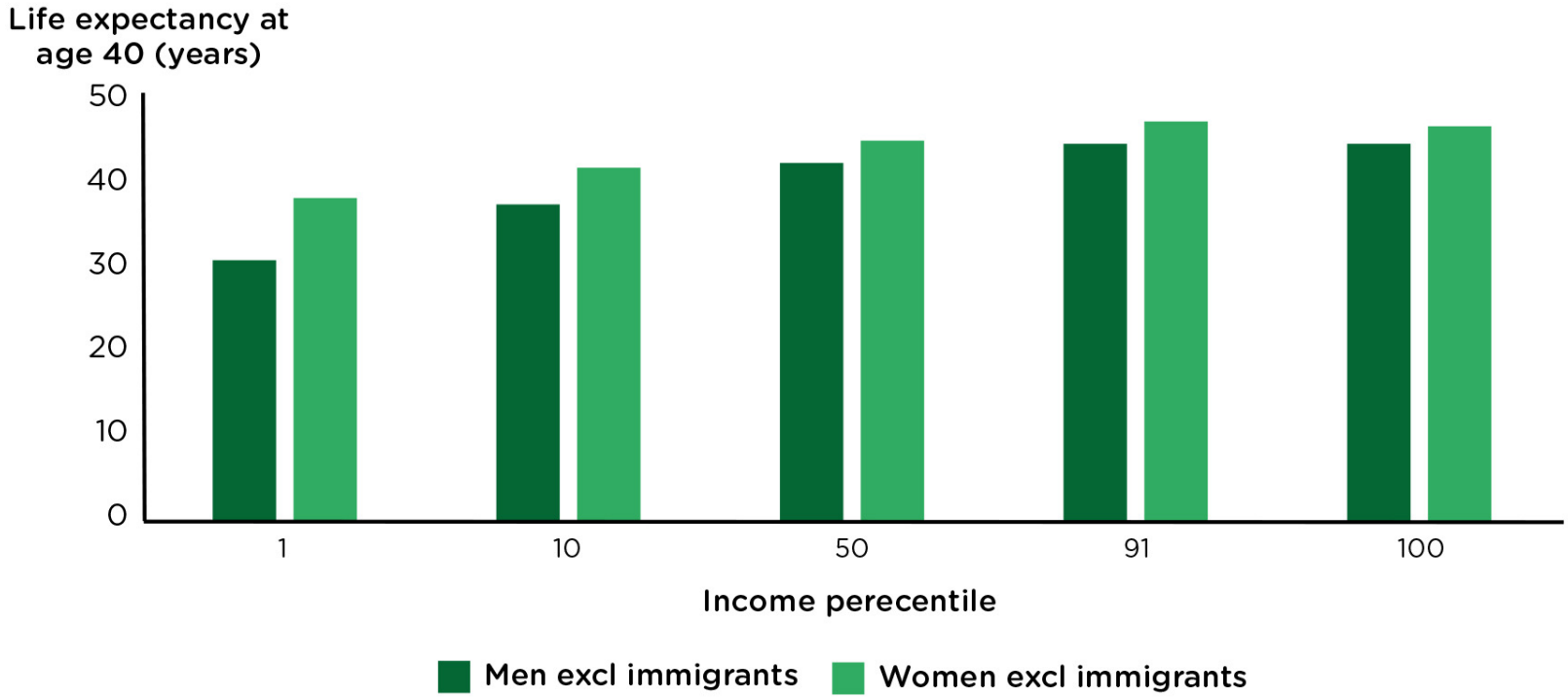
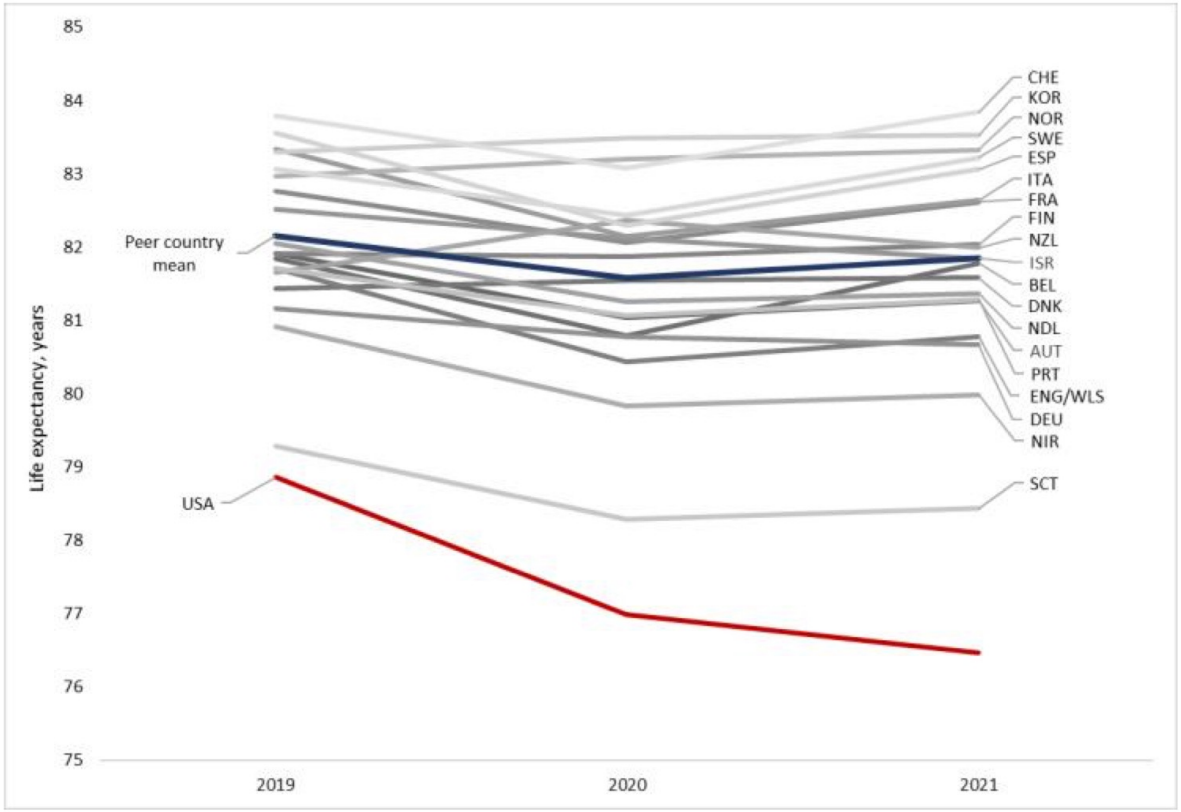
Persistent inequalities in life expectancy by income

Figure E.4 Life expectancy at age 40 by household income percentile and sex, excluding immigrants, 2011-15



Note: *The primary income measure was "equivalized household income," defined as household income after tax divided by the square root of the number of household members, averaged across the preceding five years.*

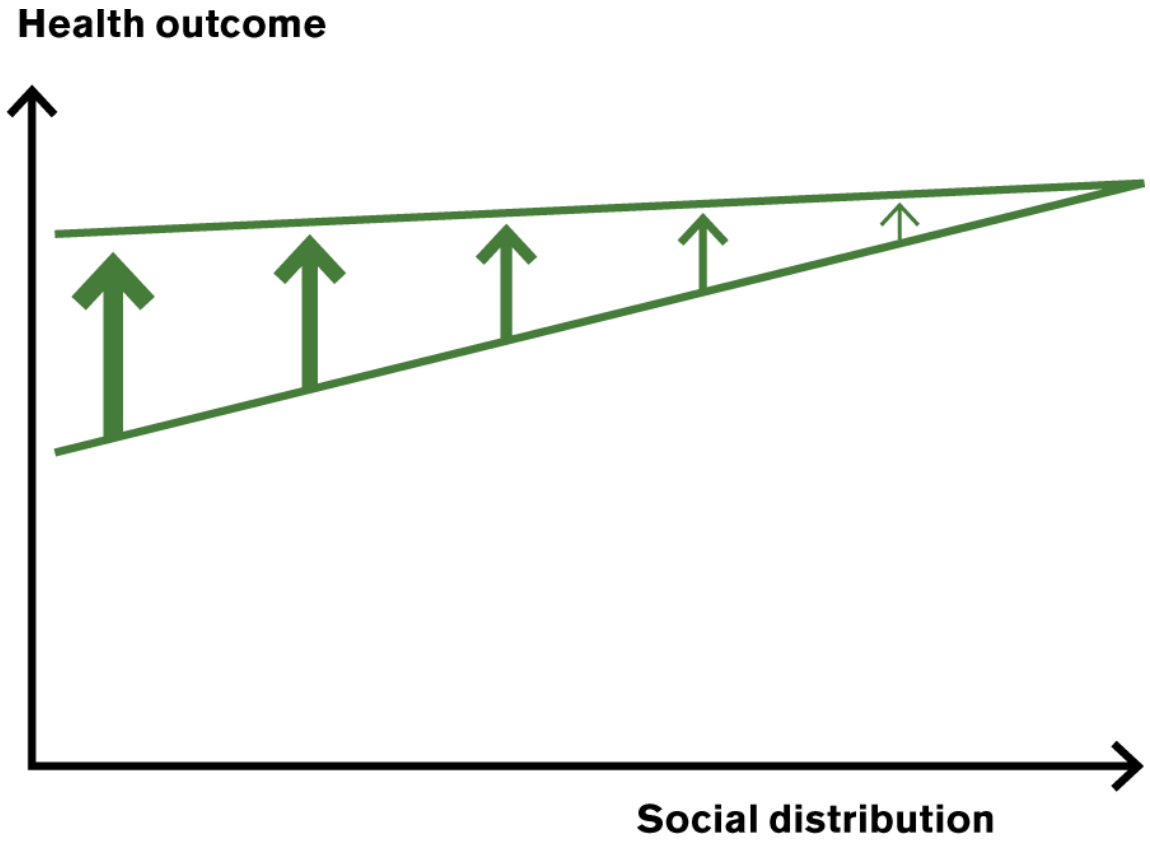
Change in LE, 2019-21, US and 19 peer countries



Masters, Aron and Woolf medRxiv preprint April 29, 2022

Proportionate Universalism

Levelling–up the social gradient in health



Three challenges

Intergenerational Equity

Action on the social determinants of health

Rediscovering public purpose

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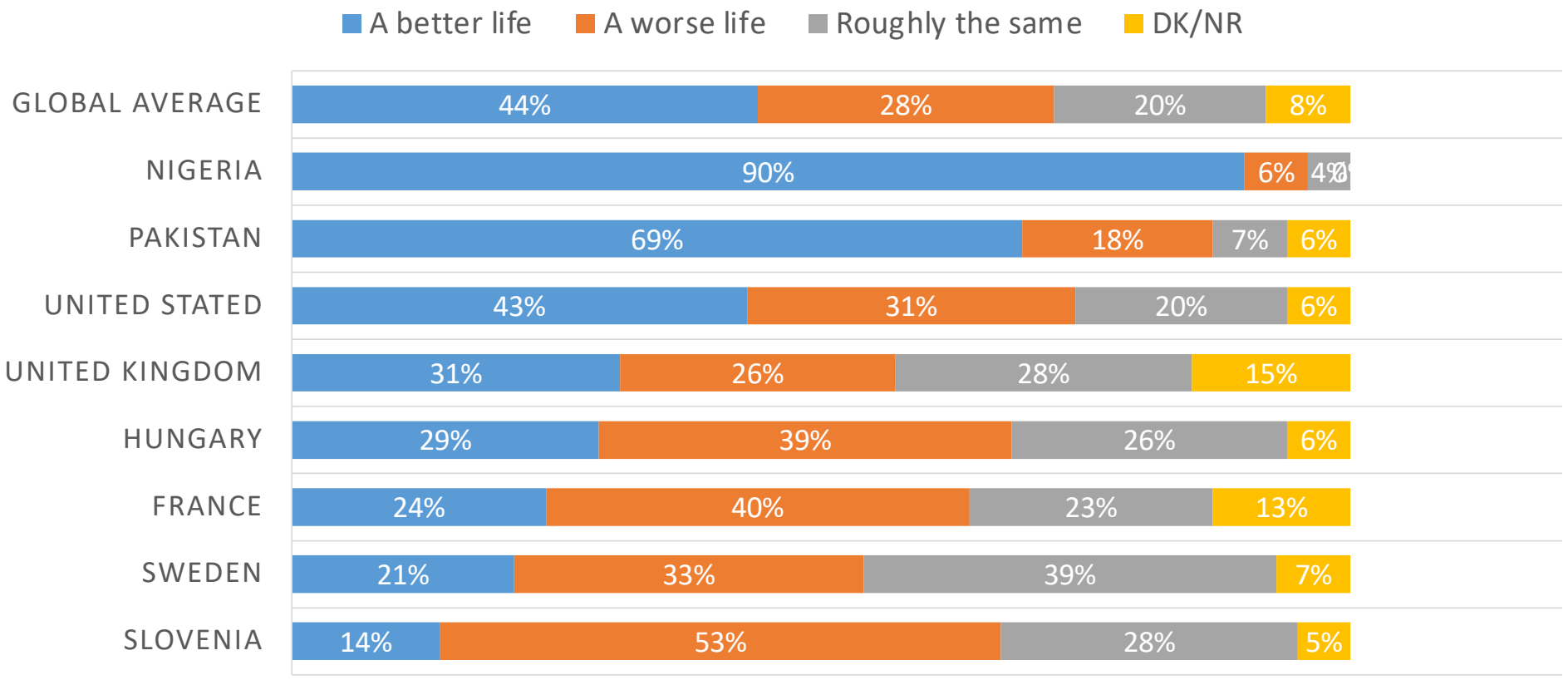
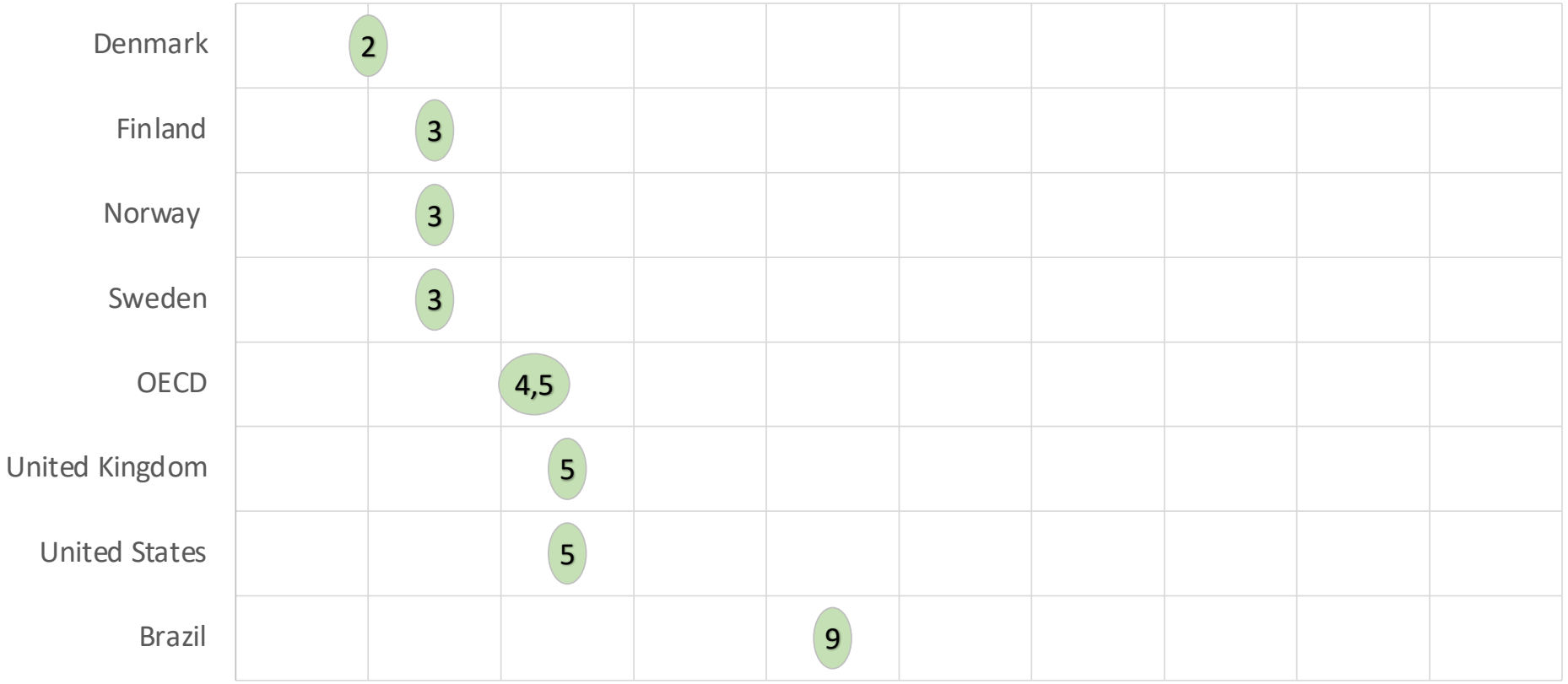
DO YOU THINK CHILDREN TODAY WILL HAVE A BETTER, WORSE OF ROUGHLY THE SAME LIFE TO YOU?



Source: Gallup

Social mobility: How many generations does it take to go from low income to middle income in different countries



Source: OECD

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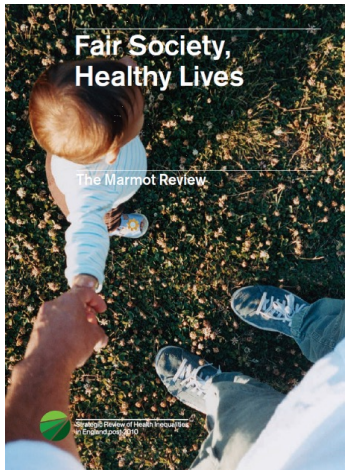

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A GIVE EVERY CHILD THE BEST START IN LIFE

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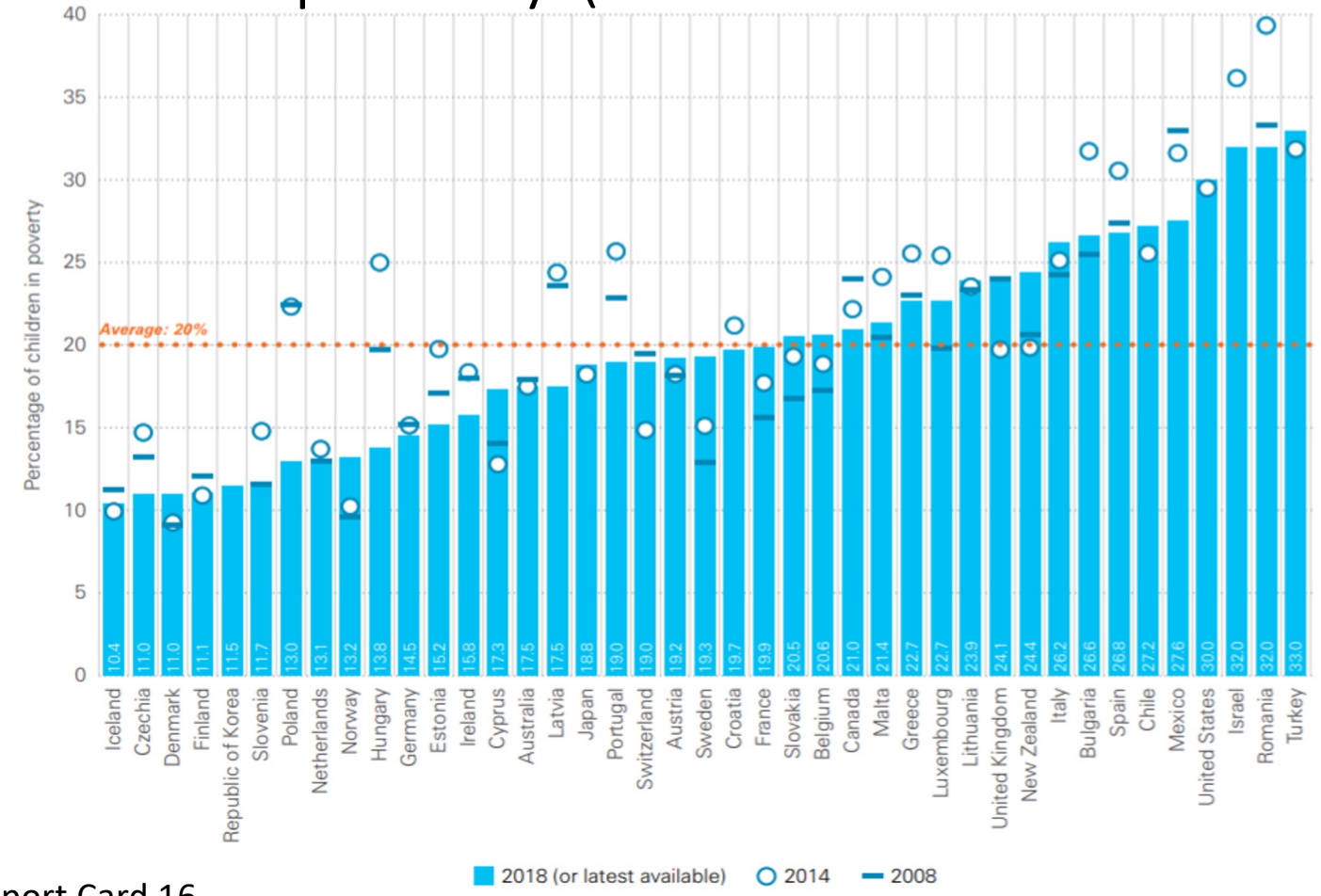
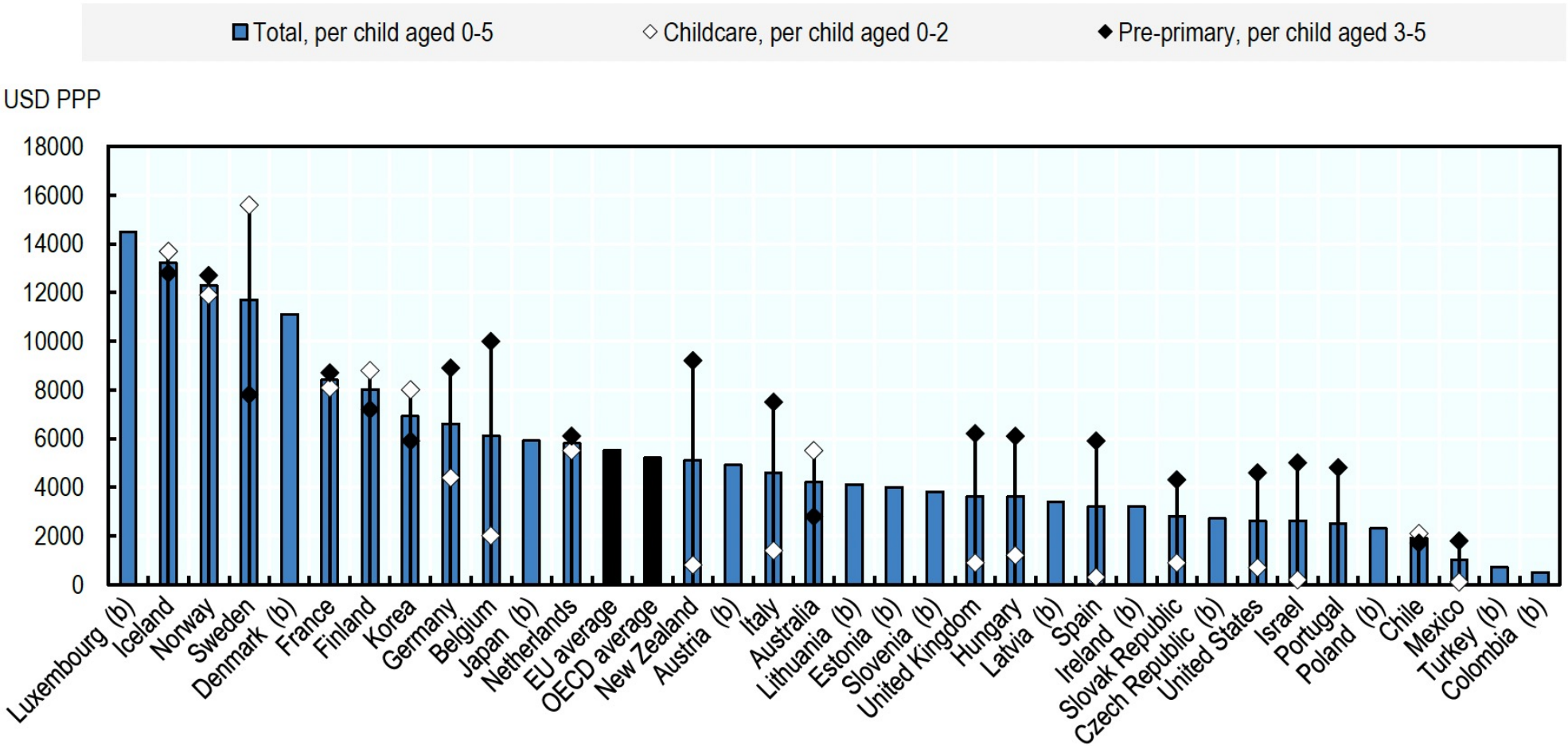
Child poverty (<60% median income)



UNICEF Report Card 16

Public spending early child education and care

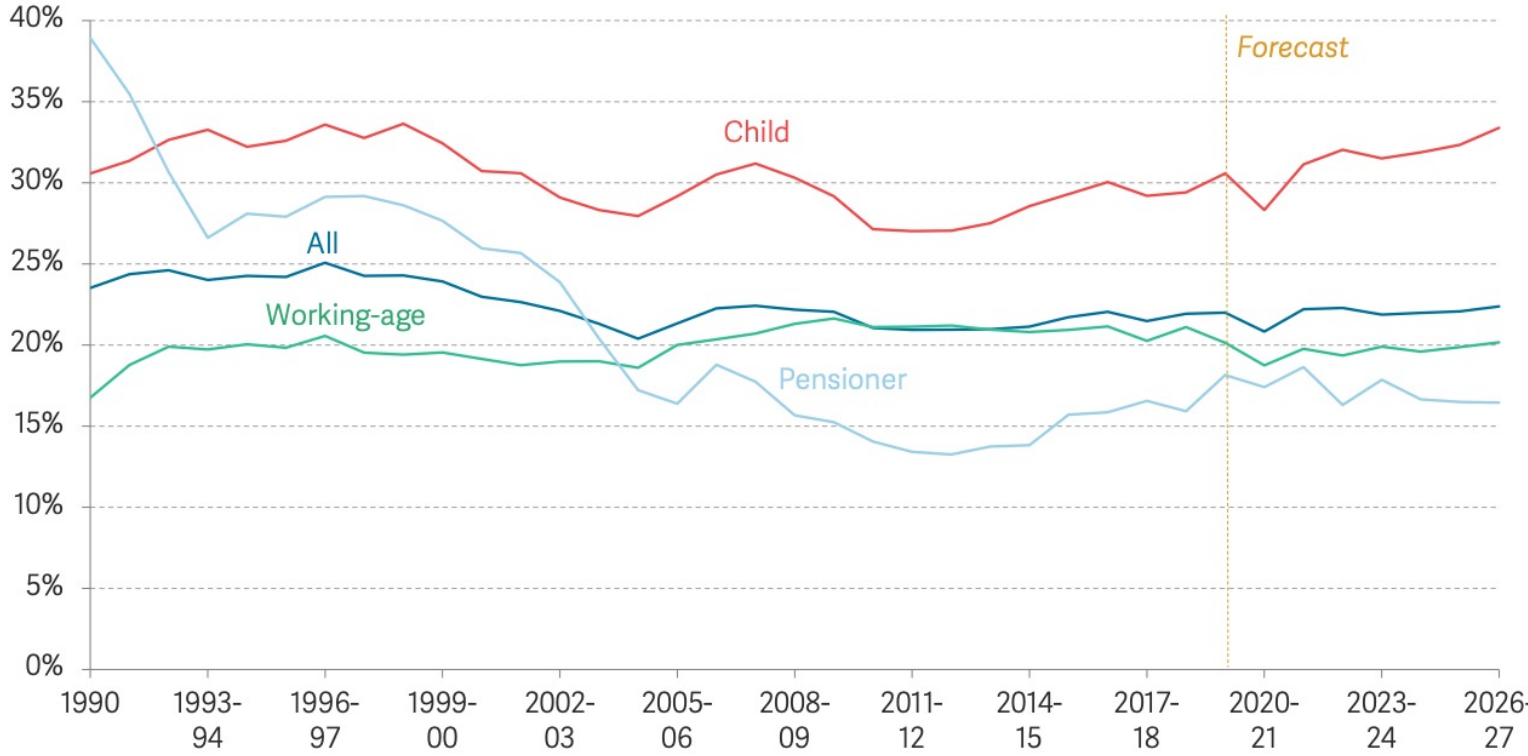


OECD Family Database

UK Child Poverty Rising

FIGURE 15: **Relative child poverty is projected to continue to rise**

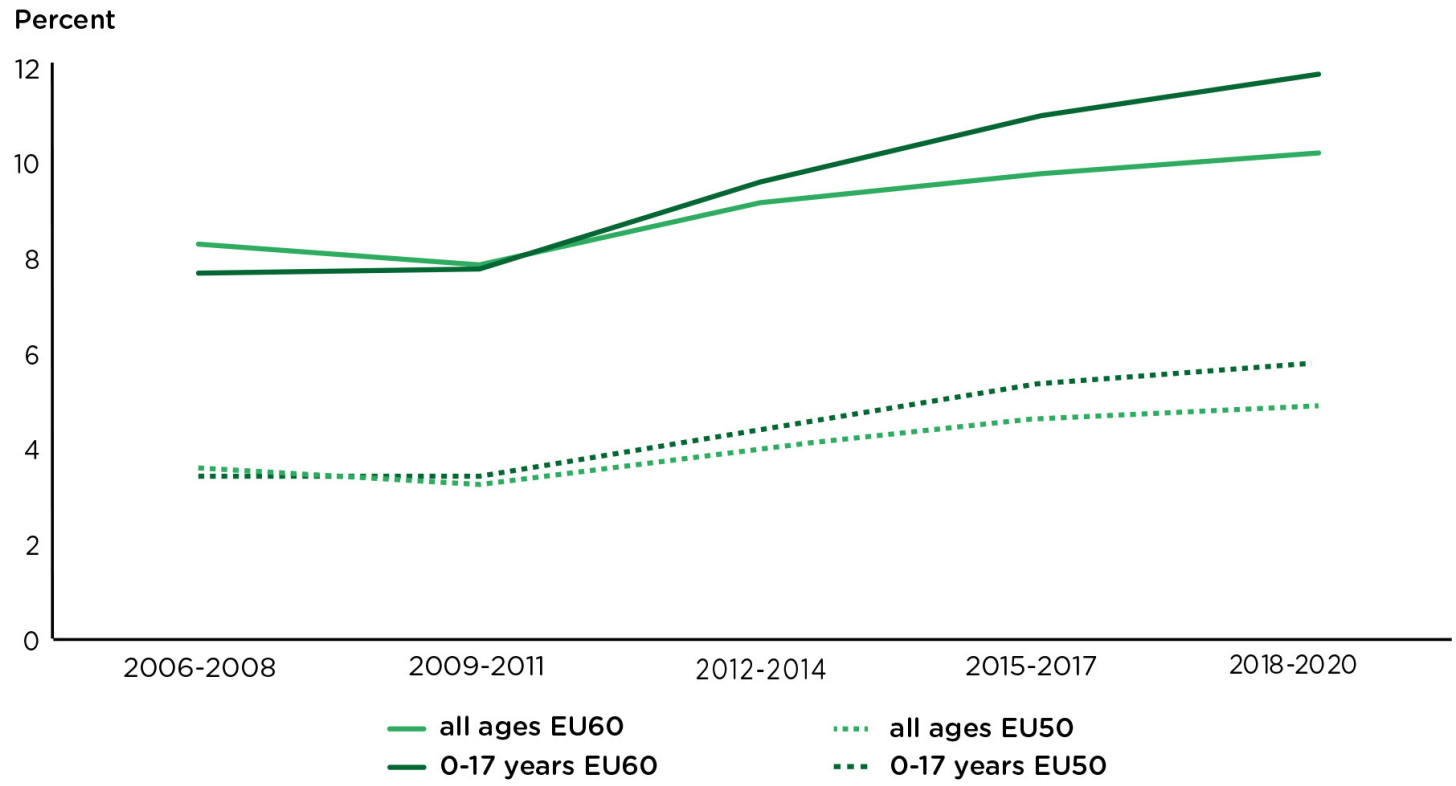
Proportion of people living in relative poverty, after housing costs: GB/UK



Source: Resolution Foundation

A) GIVE EVERY CHILD THE BEST START IN LIFE

Figure E.7 Percent of households in poverty levels (EU50 and EU60 indicators), all households and those with children aged 0 to 17, Norway, 2006-8 to 2018-2020



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B. ENABLE ALL CHILDREN, YOUNG PEOPLE, AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

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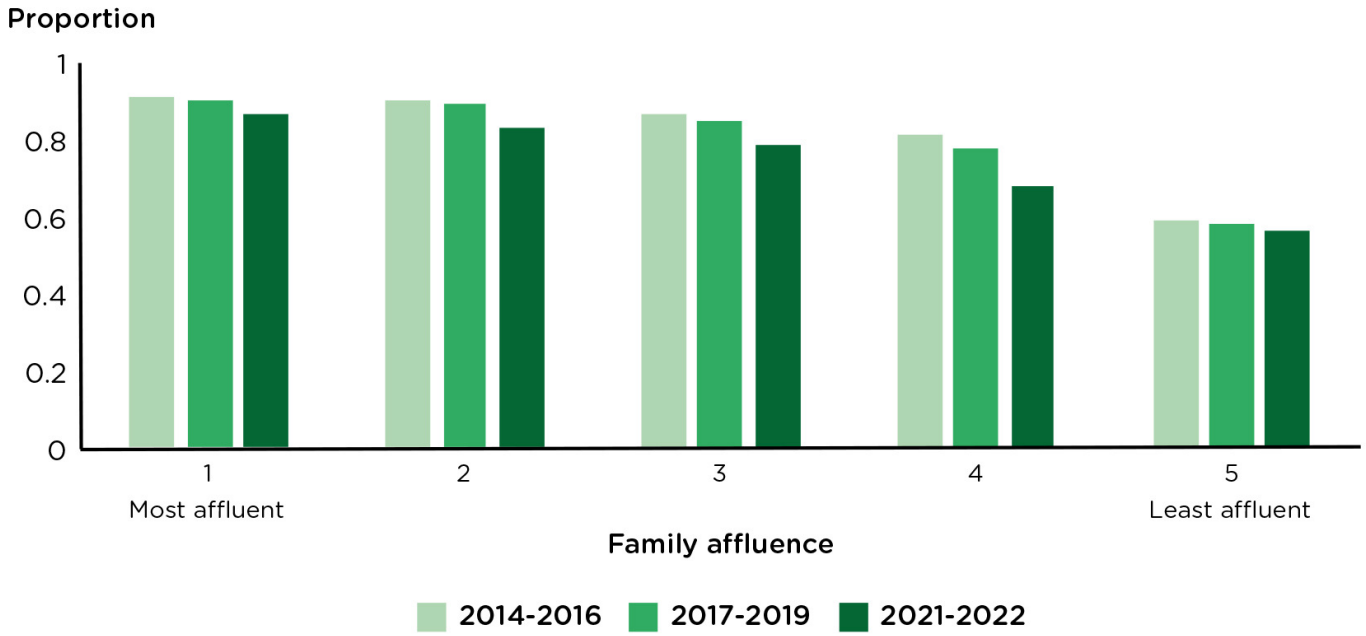
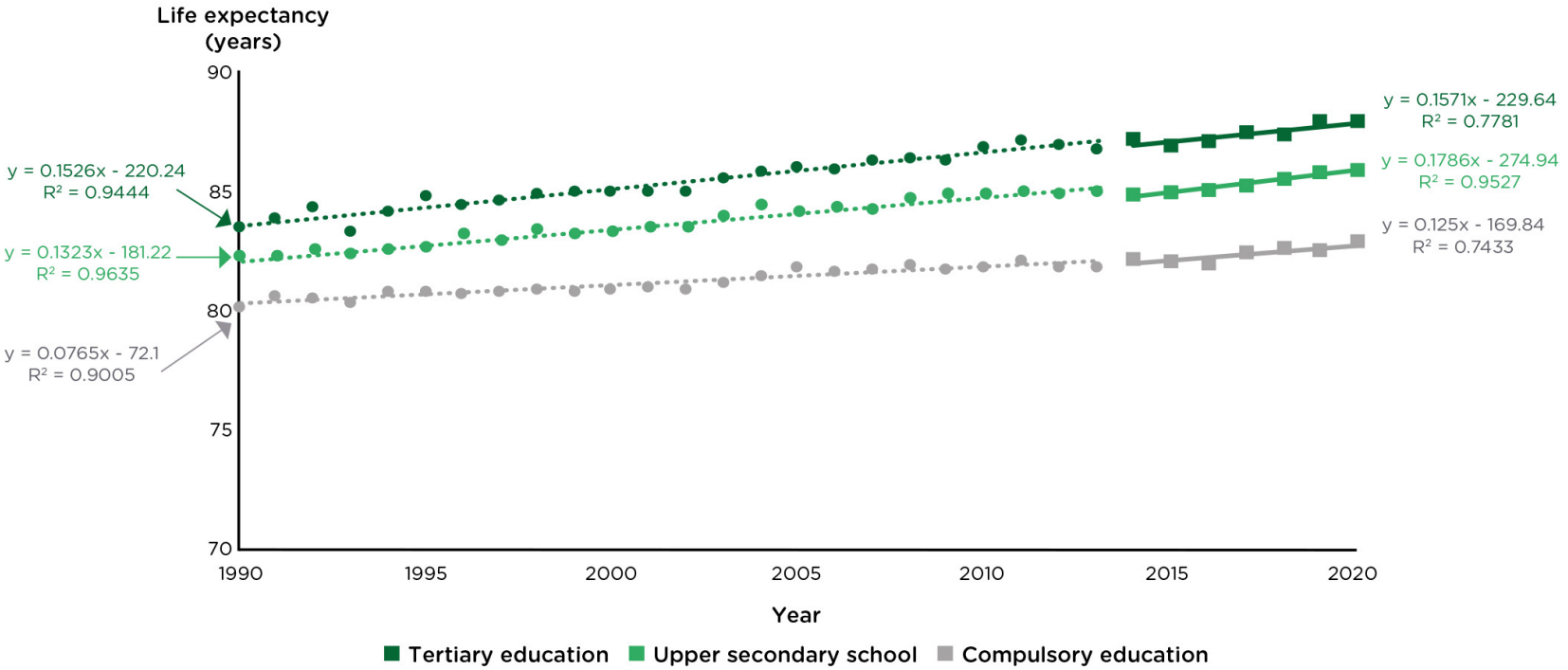
Figure E.8 Girls in lower secondary school who indicate that their teachers care about them by family affluence, 2014-16 to 2021-22



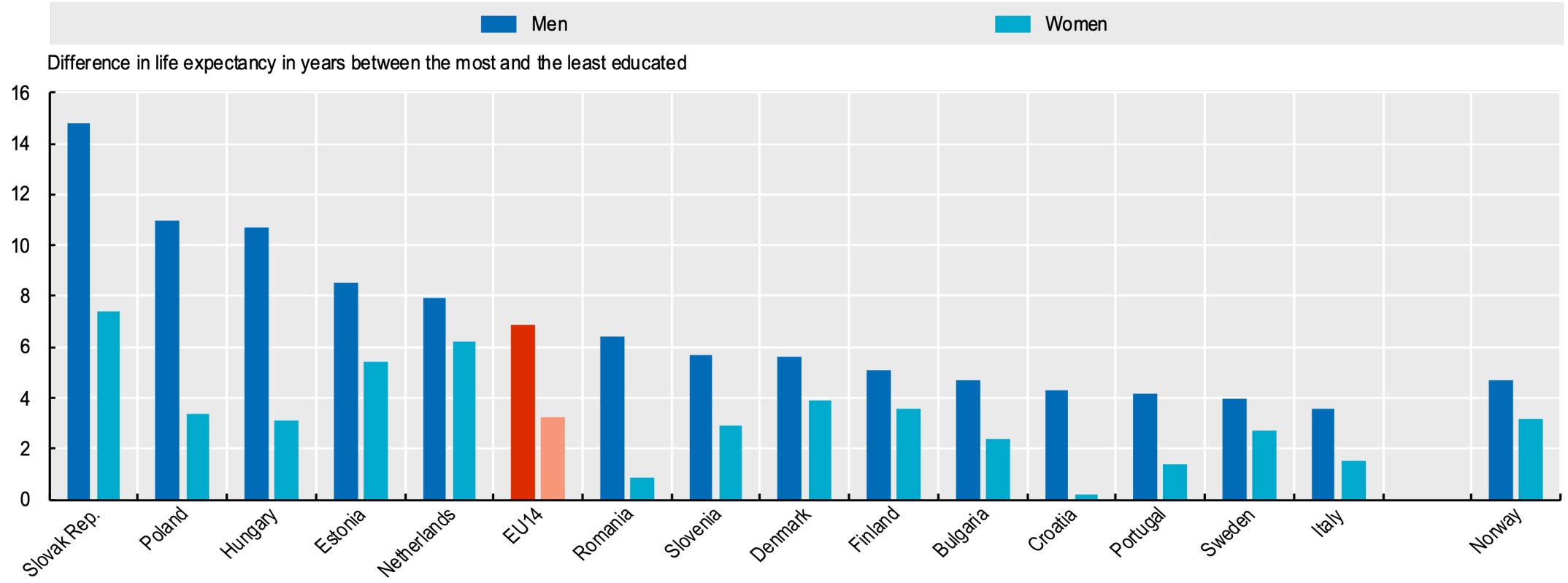
Source: Young Data (11)

Persistent inequalities in life expectancy by education– widening for women

Figure E.2 Female life expectancy at age 35 by education, 1990 to 2020

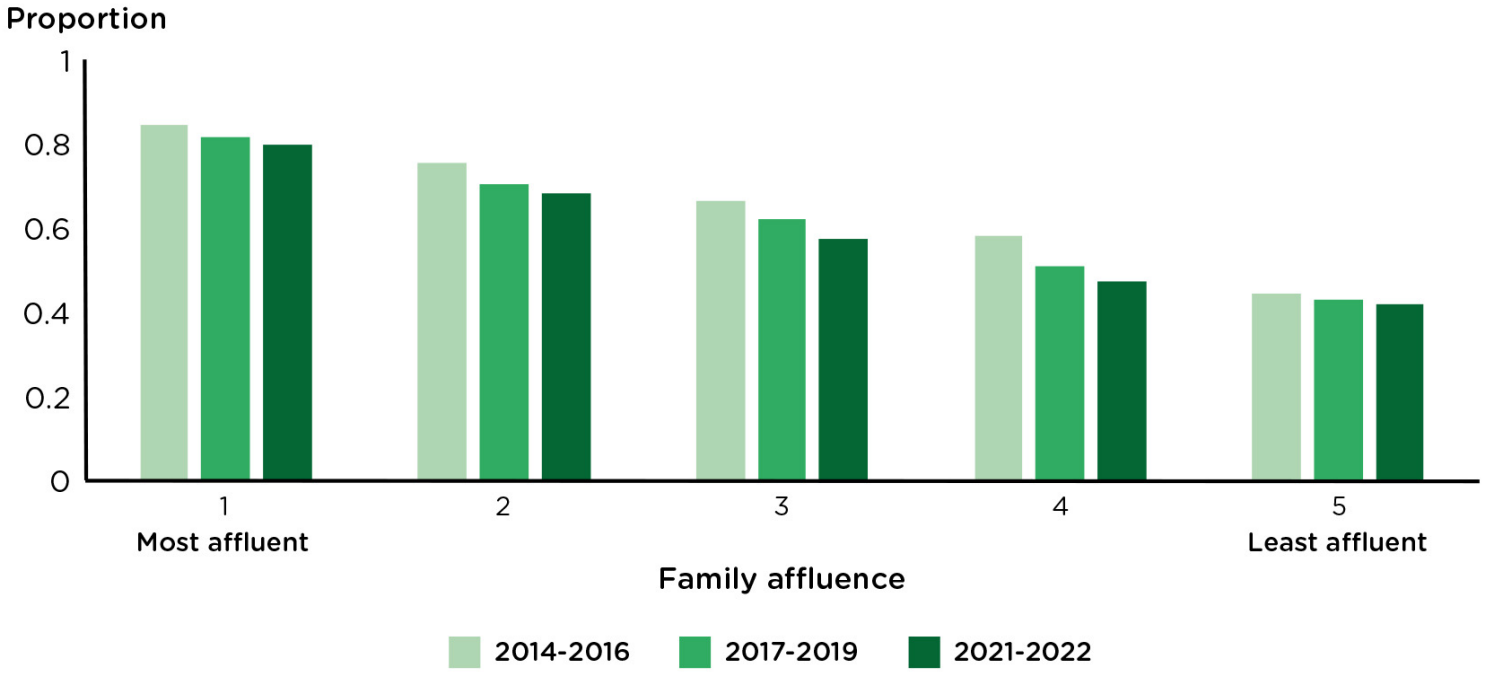


Gap in life expectancy at age 30 between people with the highest and lowest level of education, 2017 (or nearest year)



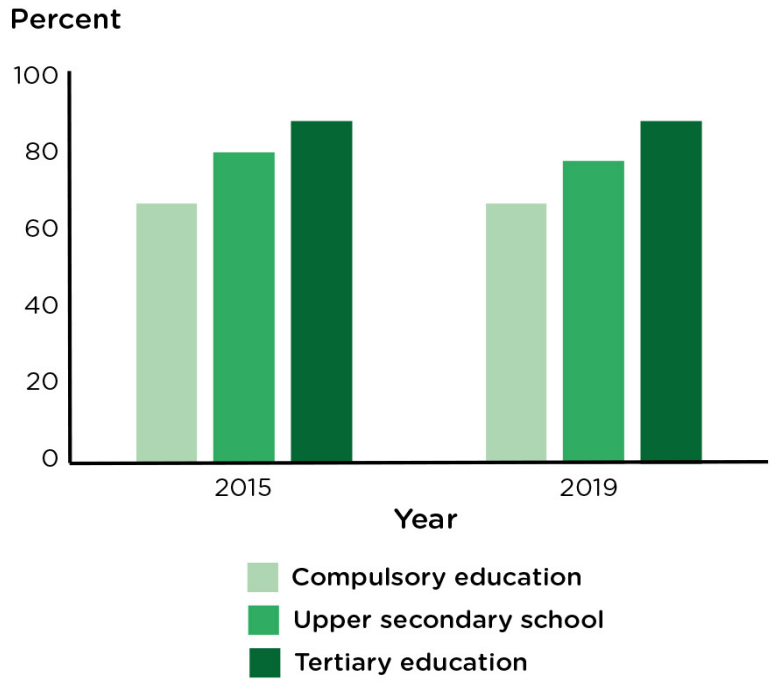
Self-reported health and well being are socially graded

Figure E.6 Boys in lower secondary school who expect to have a good, happy life by family affluence, 2014-16 to 2021-22



Self-reported health and well being are socially graded

Figure E.5 Age standardised proportion of survey respondents who perceive their health as very good or good, by educational level, Norway, 2015 and 2019



Source: *NIPH Database (7)*

C. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

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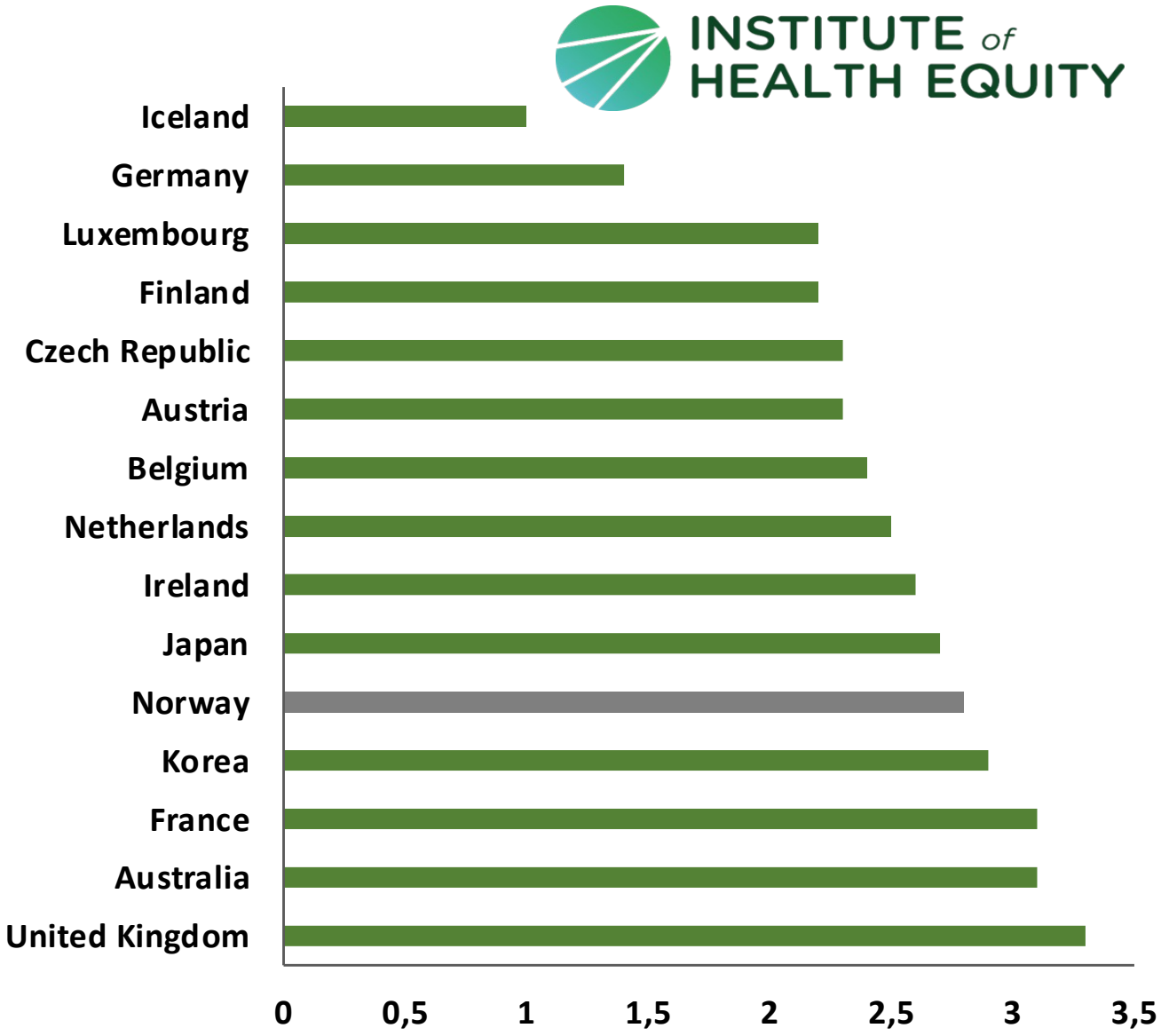
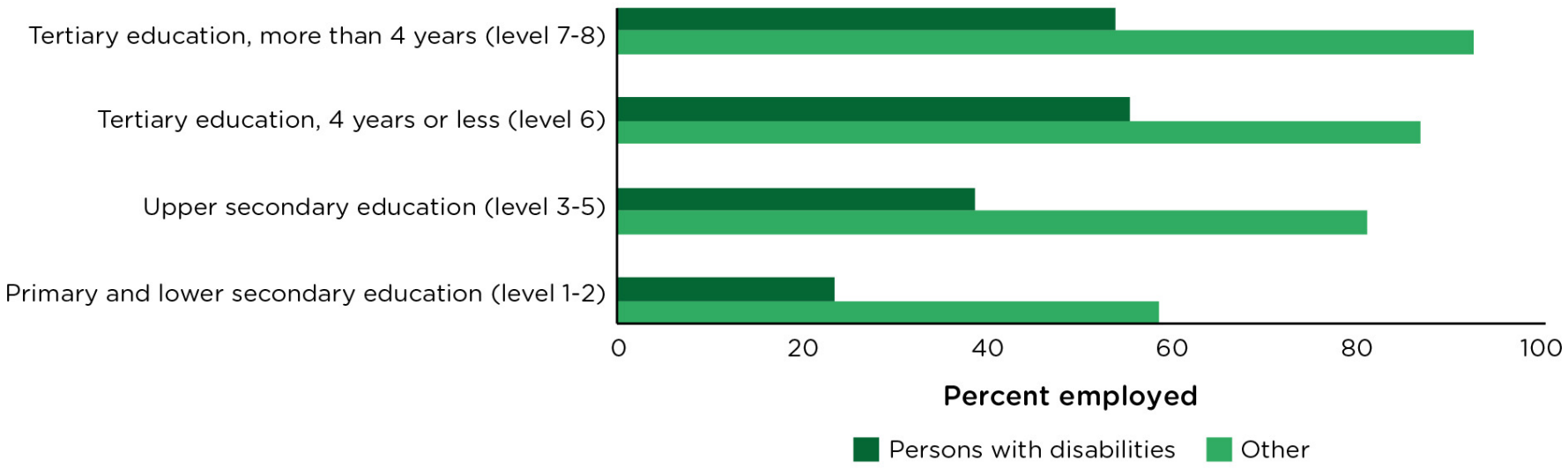
Countries with the lowest labour market insecurity: OECD Better Life Index



C CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

Figure E.9 Percent aged 15 to 66 employed by educational level and whether or not with a disability, 2021



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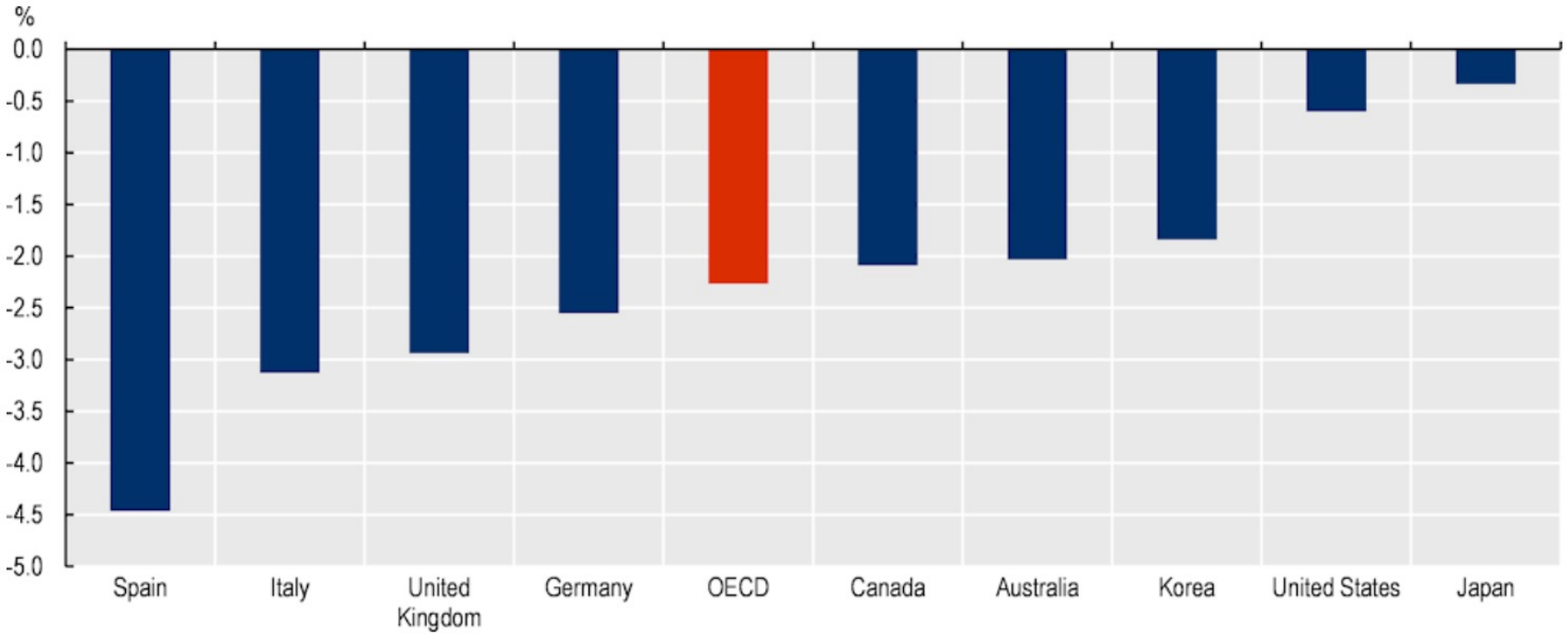
D. ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

Figure 1.14. **Real wages will decline in most OECD countries in 2022**

Projected percentage change in real wages, selected countries, year-over-year, 2022



Note: The figure shows projections for 2022 for real compensation per employee.

Source: OECD (2022), The Price of War: Presentation of the Economic Outlook 111, https://www.oecd.org/economic-outlook/.

StatLink https://stat.link/2g34be

Impacts of the cost of living crisis

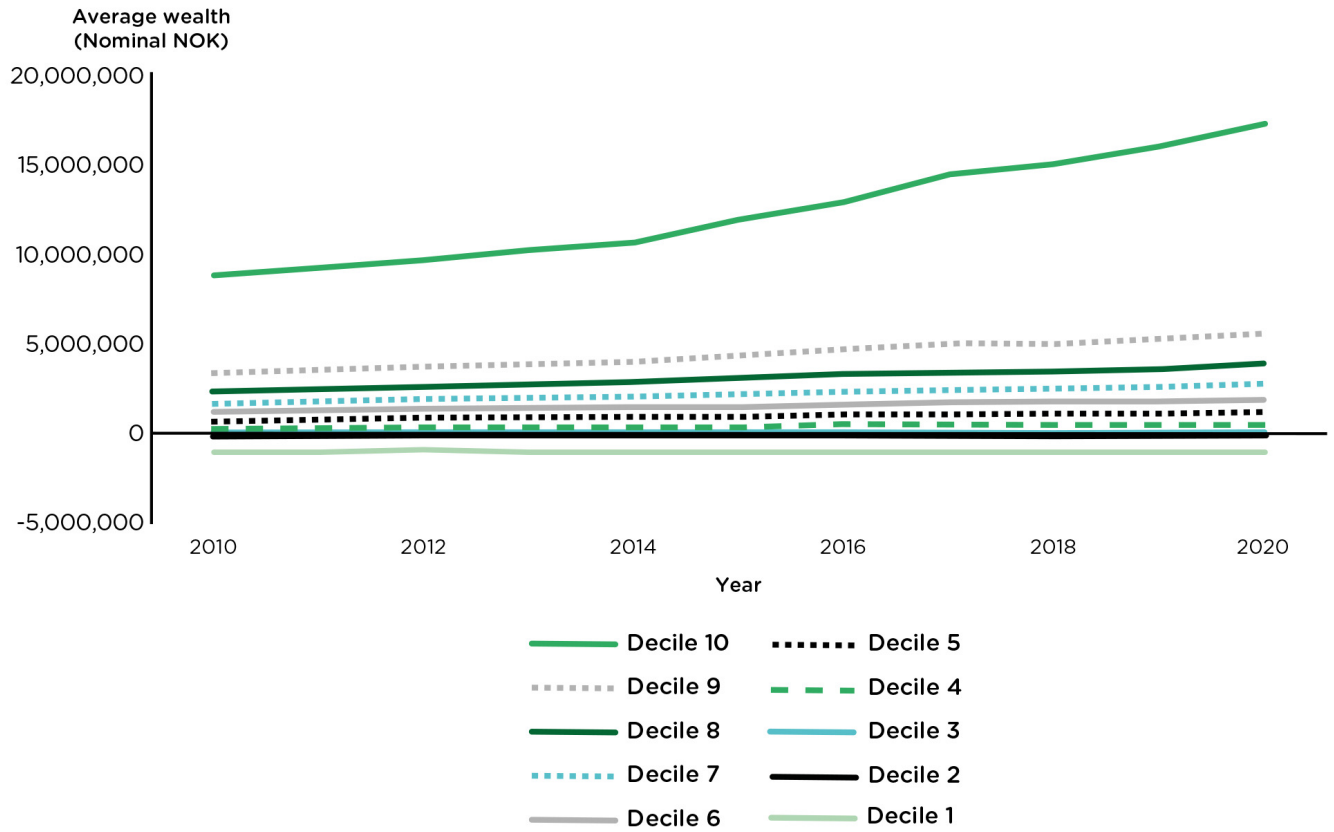
- The cost of living crisis is deepening health and social and economic inequalities

- Between January and June 2022, the financial situation of around 35% of Norwegians is reported to have worsened, with. around 25% in a vulnerable financial position in June 2022

- The most affected groups are households with younger members, families with children and households with incomes slightly above average or lower.

D) ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

Figure E.10 Average net wealth of households, by decile 2010-20



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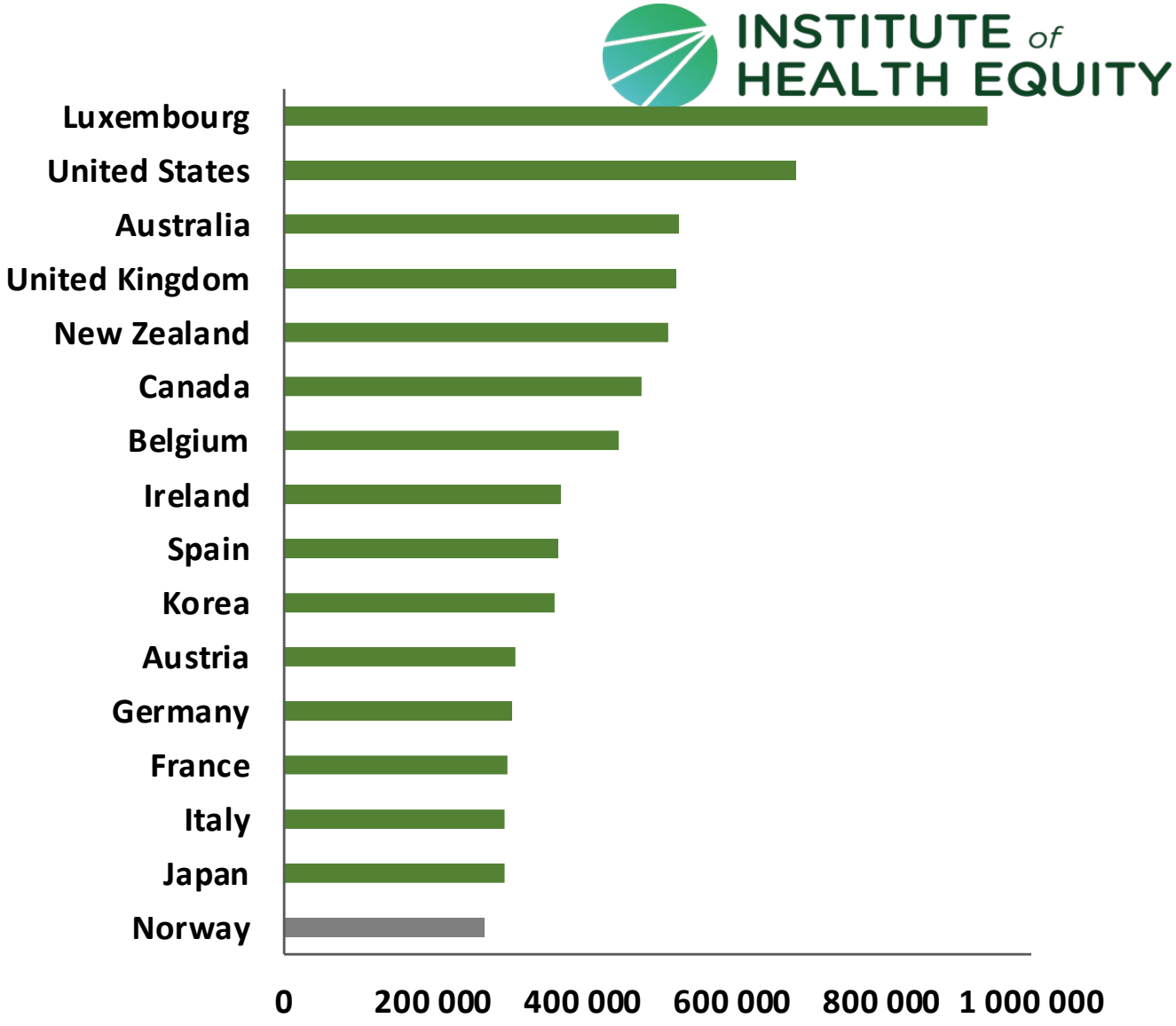
Countries with the highest household net wealth: OECD Better Life Index



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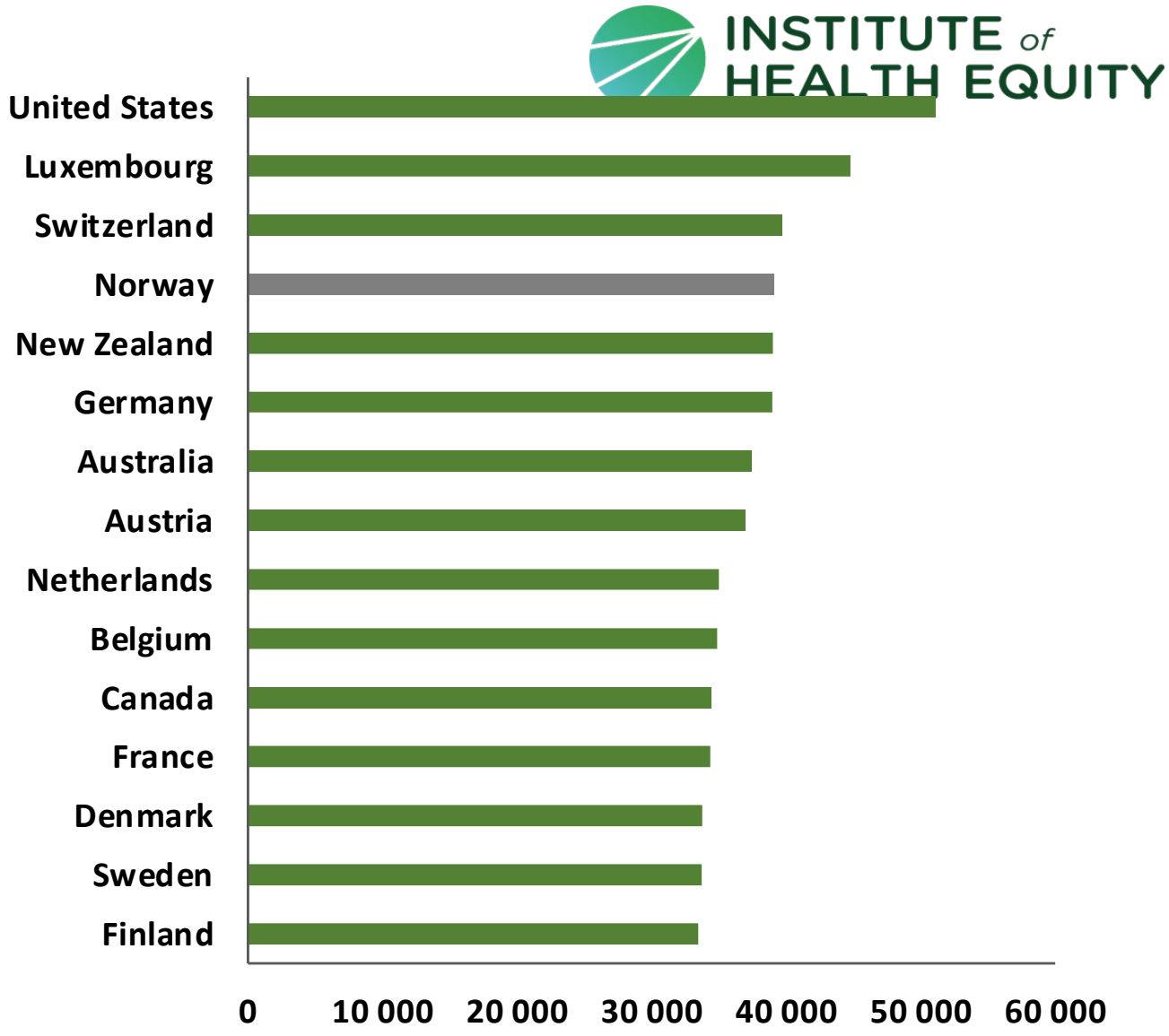
Countries with the highest household net adjusted disposable income: OECD Better Life Index



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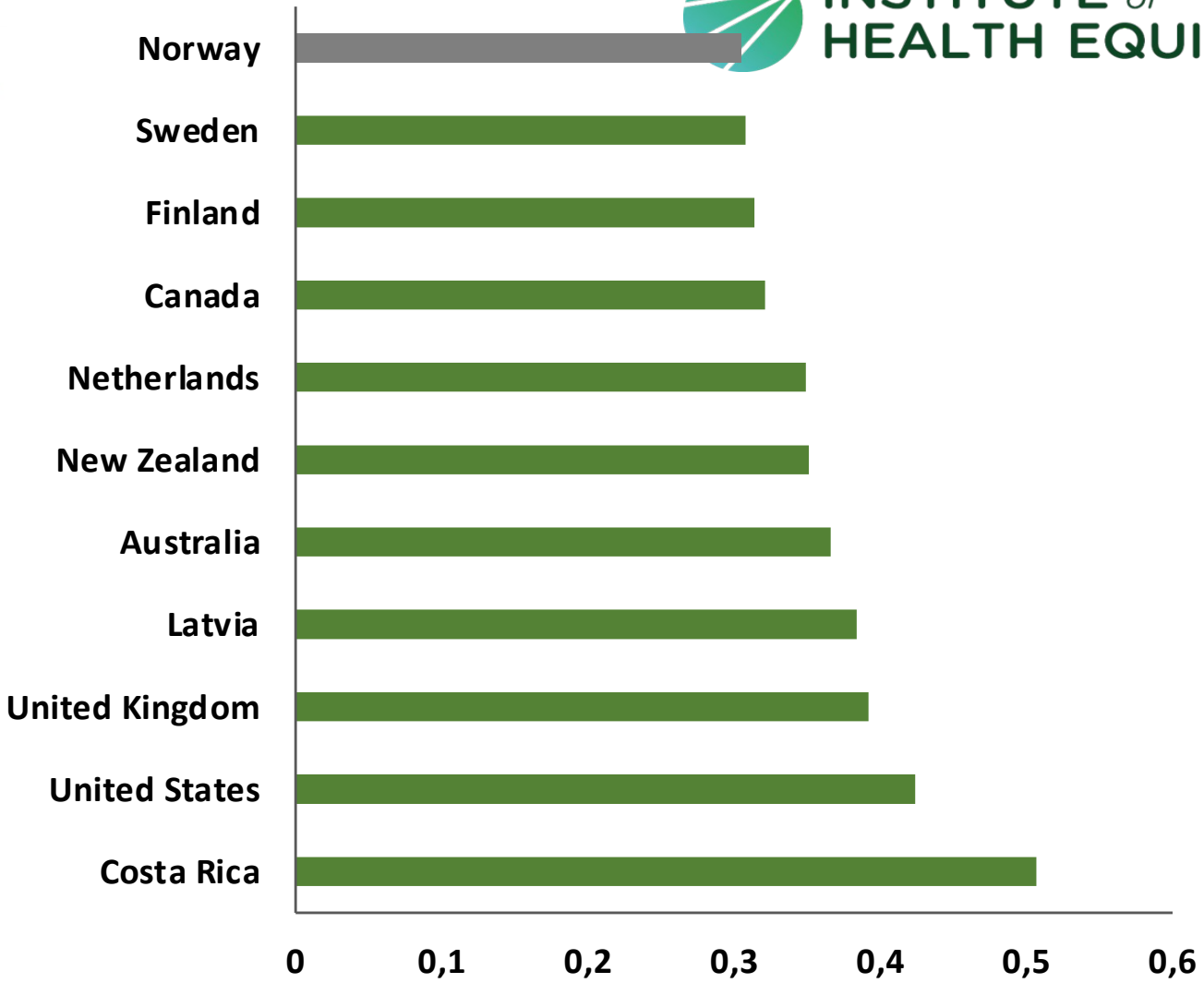
Countries reporting their income distribution to the OECD : Gini coefficient of income inequality, 2020



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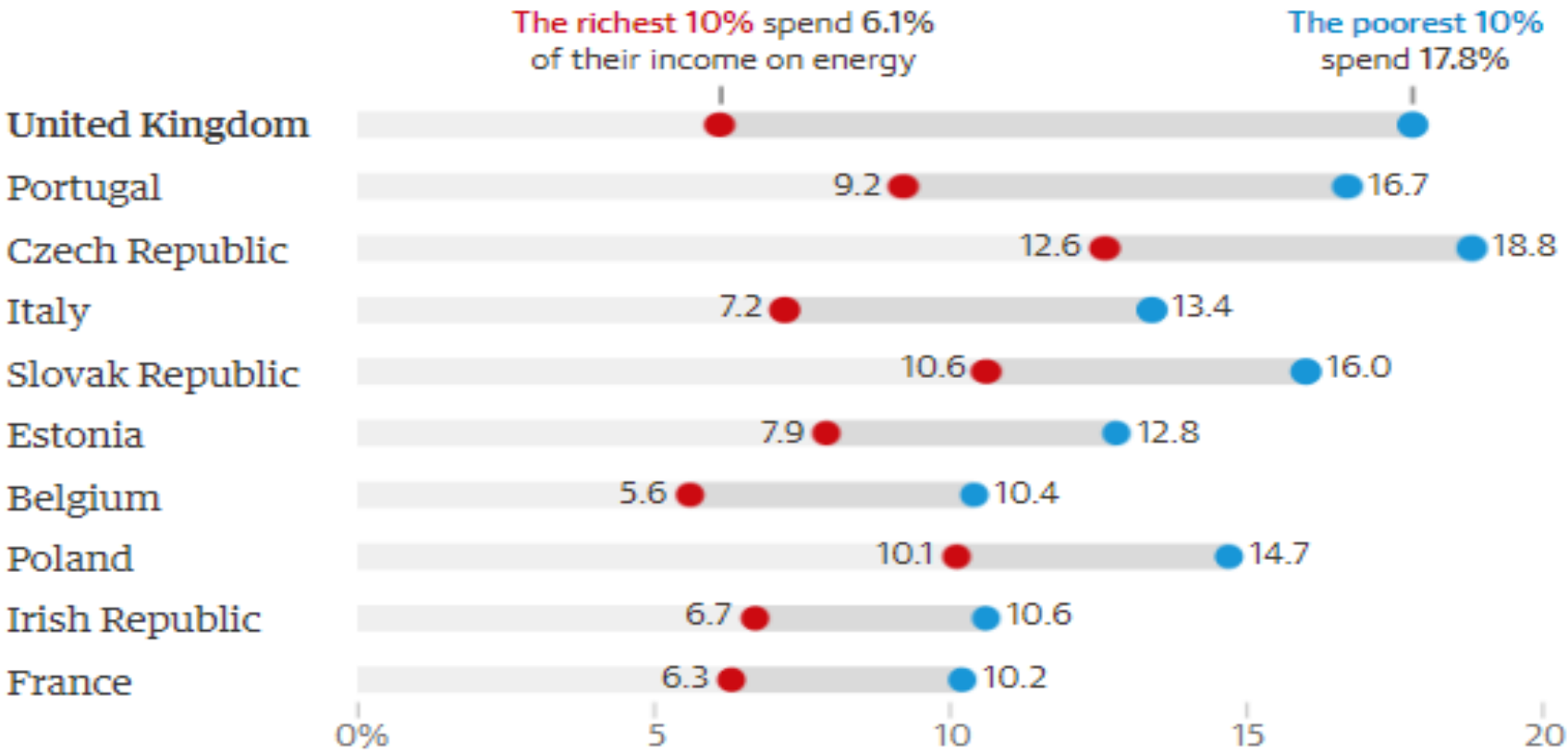
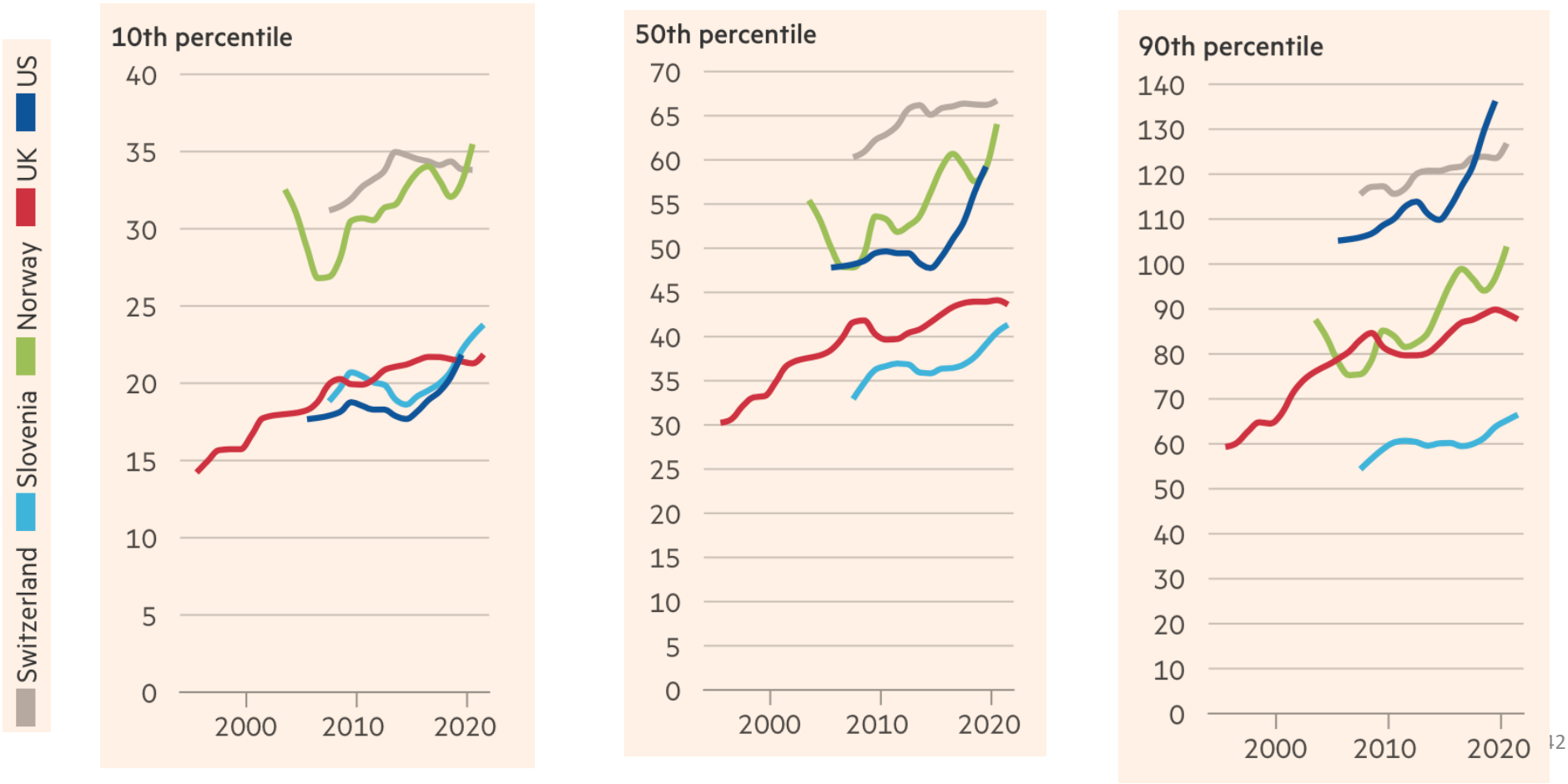
The UK has the biggest gap between richest and poorest in energy costs as a proportion of income

Percentage of household budget spent on energy, 2022, top 10 countries



Guardian graphic. Source: IMF

Countries Disposable HH income $'000 PPP



Burn-Murdoch FT 16.09.22

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Countries with the highest life satisfaction score: OECD Better Life Index

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E. CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

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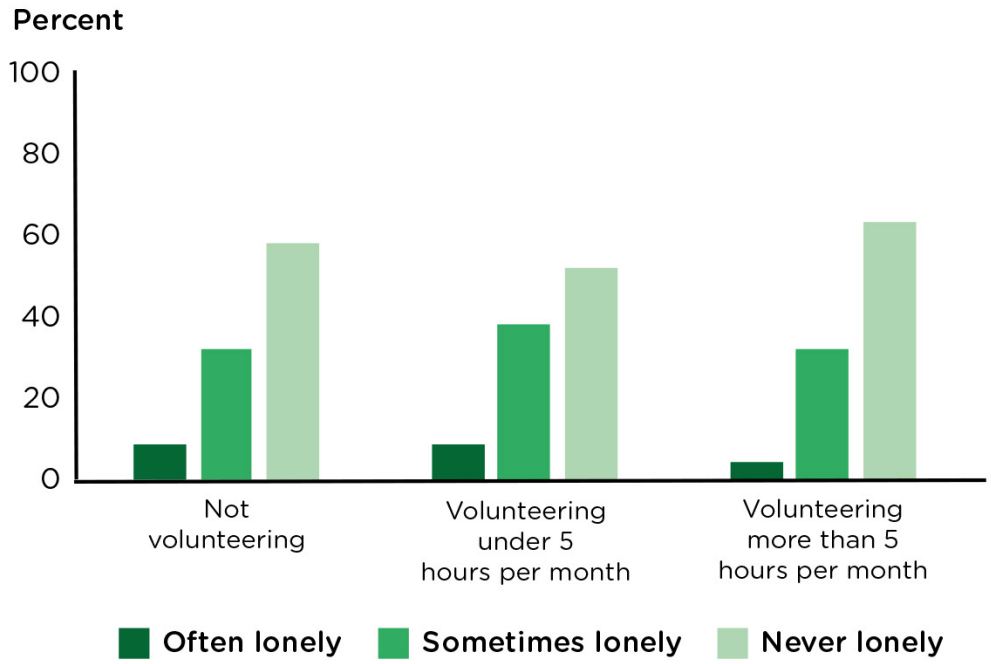
Figure E.11 Distribution of the experience of loneliness by time spent volunteering, 2021



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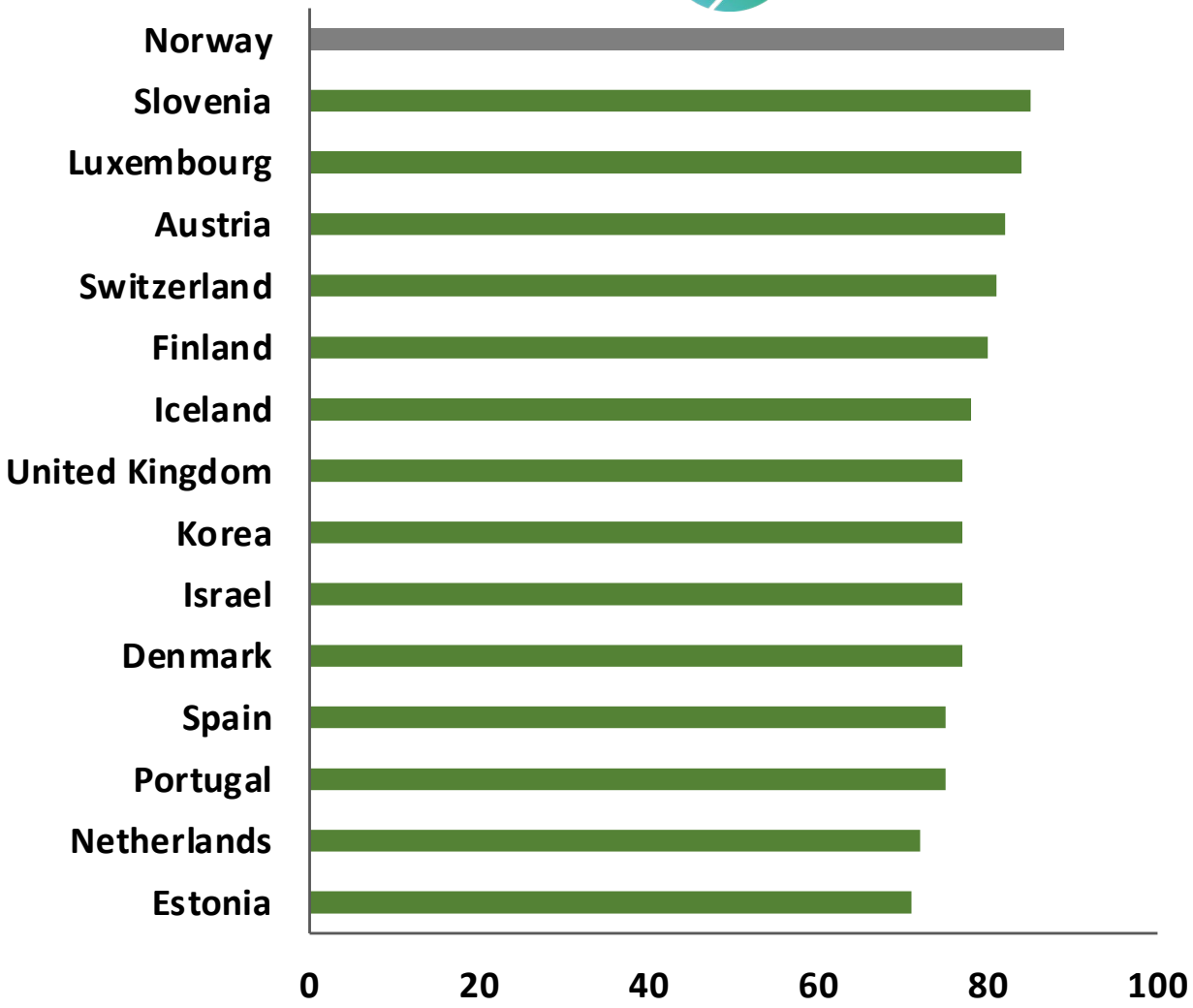
Countries with the highest percent of women feeling safe walking alone at night: OECD Better Life Index



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F. TACKLING THE SOCIAL EXCLUSION OF MINORITIES AND OTHER LEFT BEHIND GROUPS

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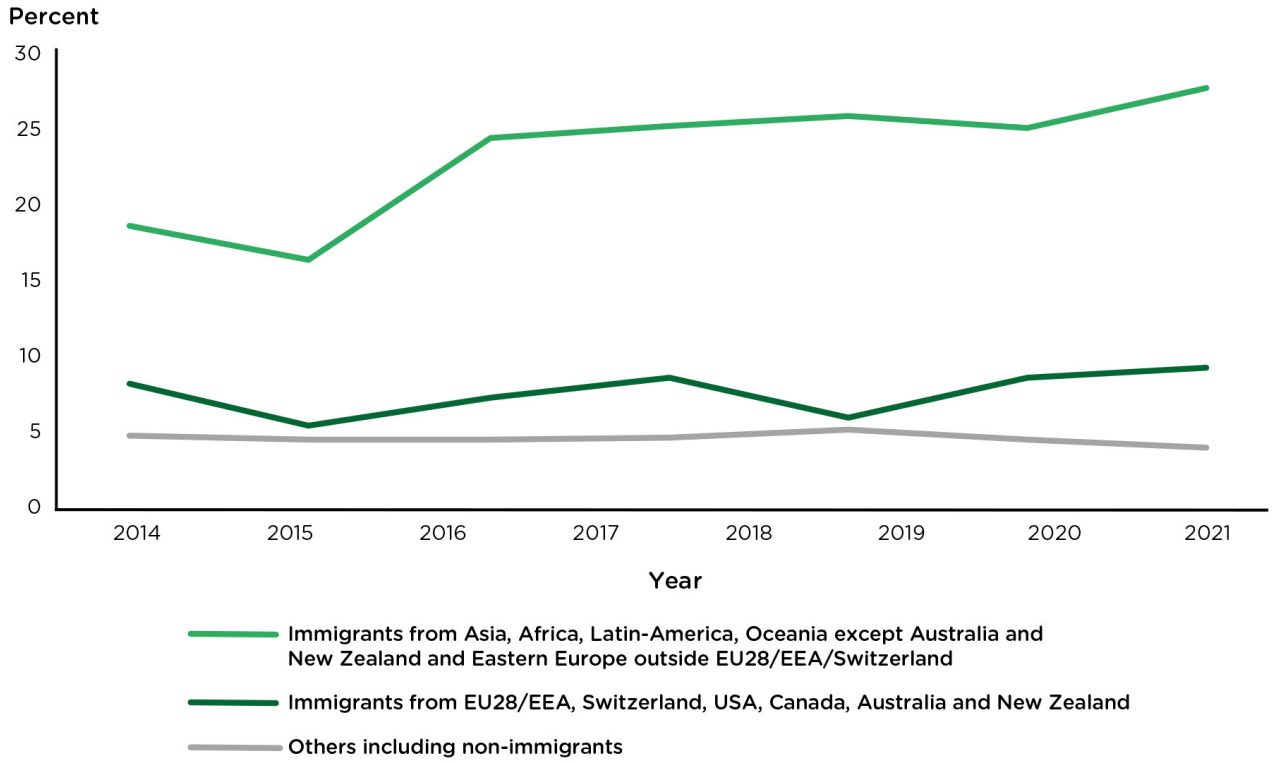
Figure E.12 Percent of those aged 16 years and older having difficulty making ends meet by country background, 2014-21



G. STRENGTHEN THE ROLE AND IMPACT OF ILL-HEALTH PREVENTION

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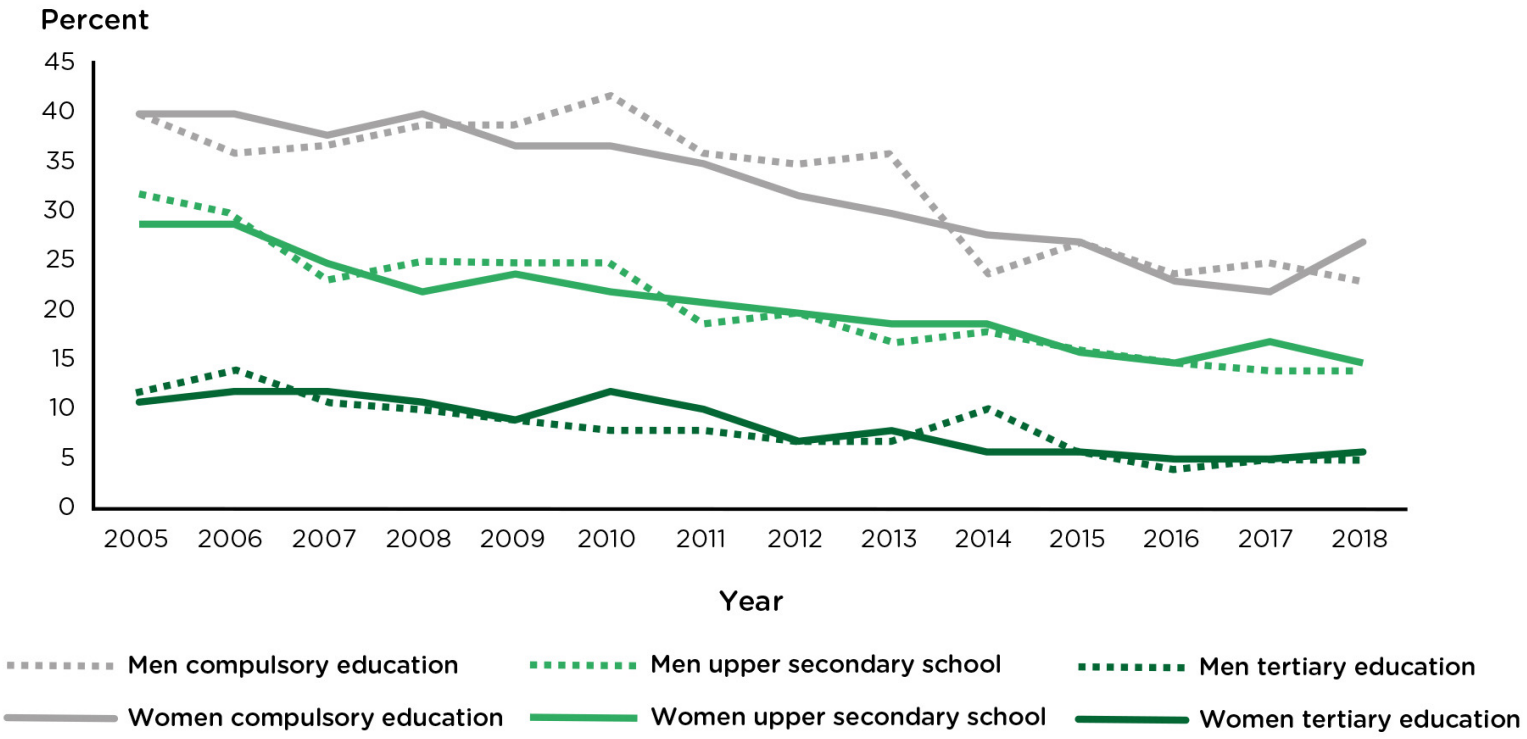
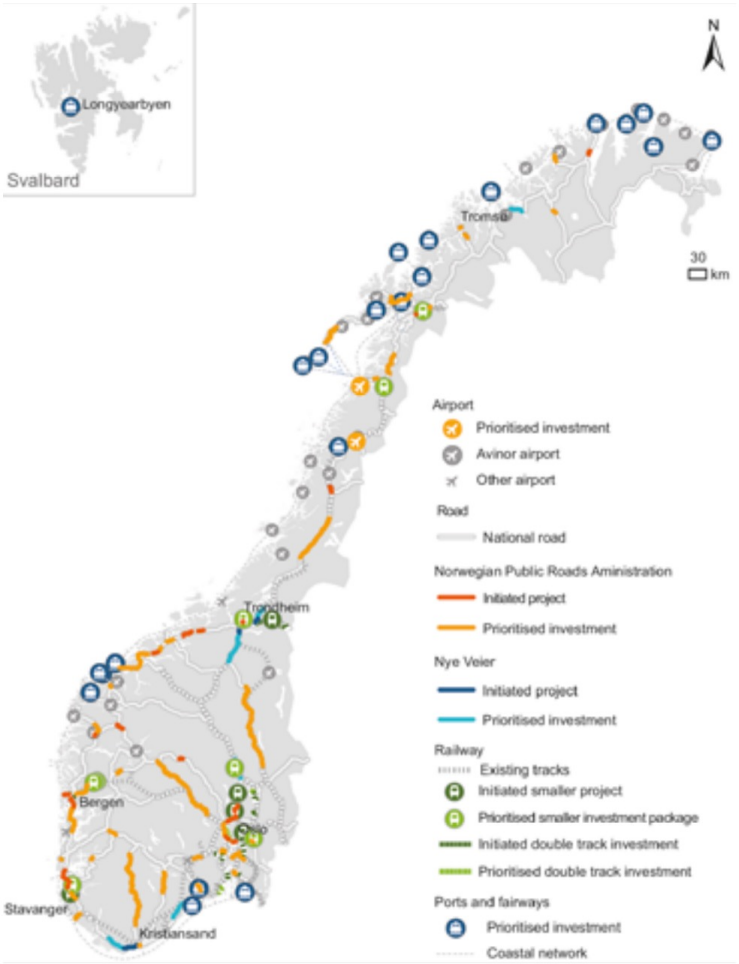
Figure E.13 Percent smoking daily by sex and educational level, Norway, 2005-2018



H) PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER

Map of planned public transport development in Norway: 2022-2033

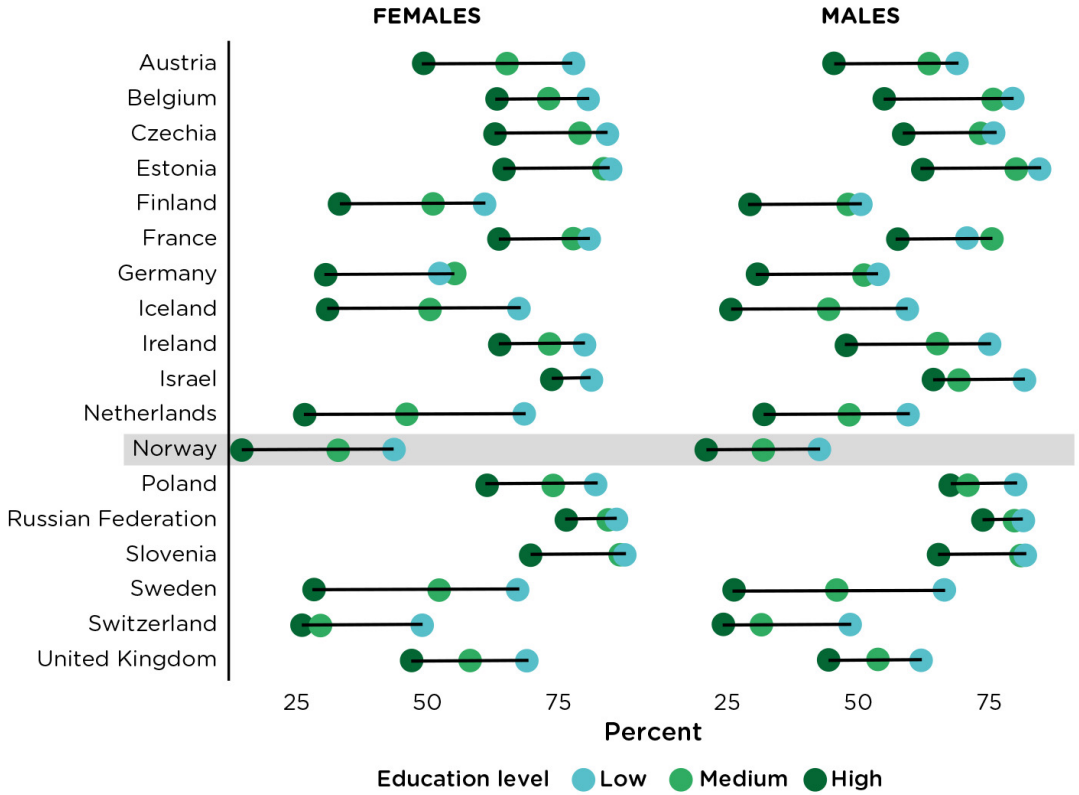


Impacts of COVID-19

- Exposed and amplified inequalities in health and socioeconomic conditions.
- Vaccination rates were lower among immigrants
- Immigrants, especially African and Asian origin, and lower S-E groups: overrepresented among those infected and seriously ill.
- Control measures had a major impact on children and young people, especially those in more vulnerable situations
- Unemployment increased more steeply for those with low levels of education, young people and immigrants born outside the EU
- Strict travel restrictions and closed borders affected the Sami disproportionately

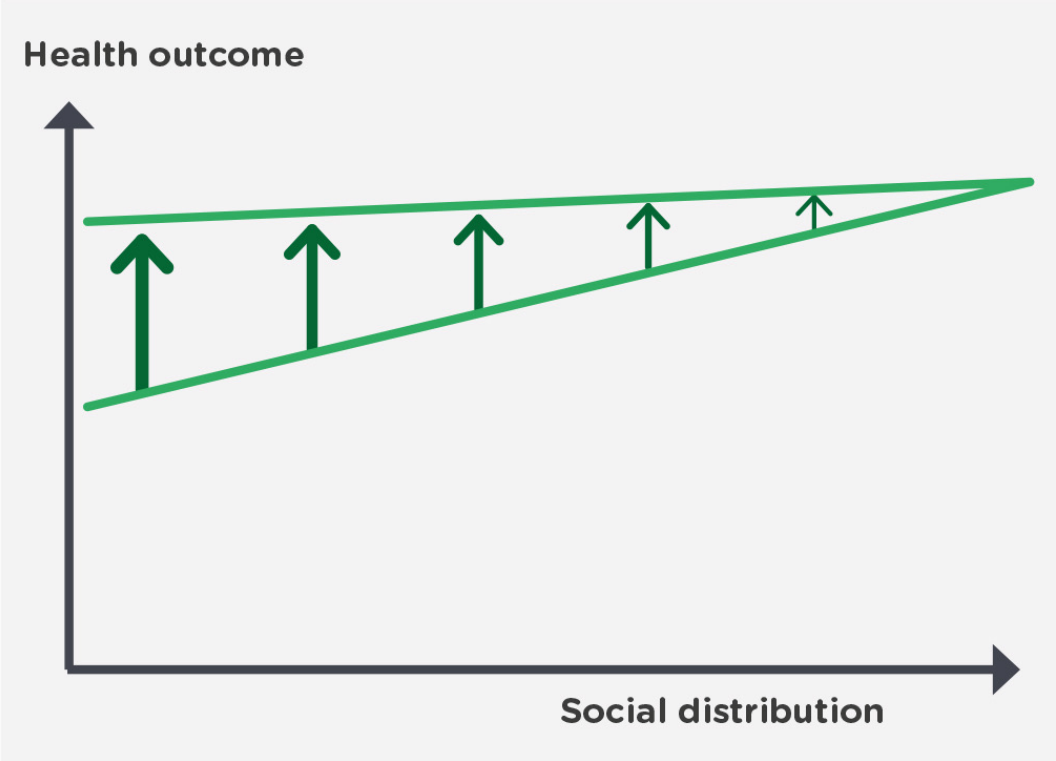
THE HEALTH EQUITY SYSTEM IN NORWAY

Figure E.14 Percent reporting an inability to influence politics by level of education, 2016



THE HEALTH EQUITY SYSTEM IN NORWAY

Figure E.15 Proportionate universalism – levelling up the social gradient in health



Three challenges

Intergenerational Equity

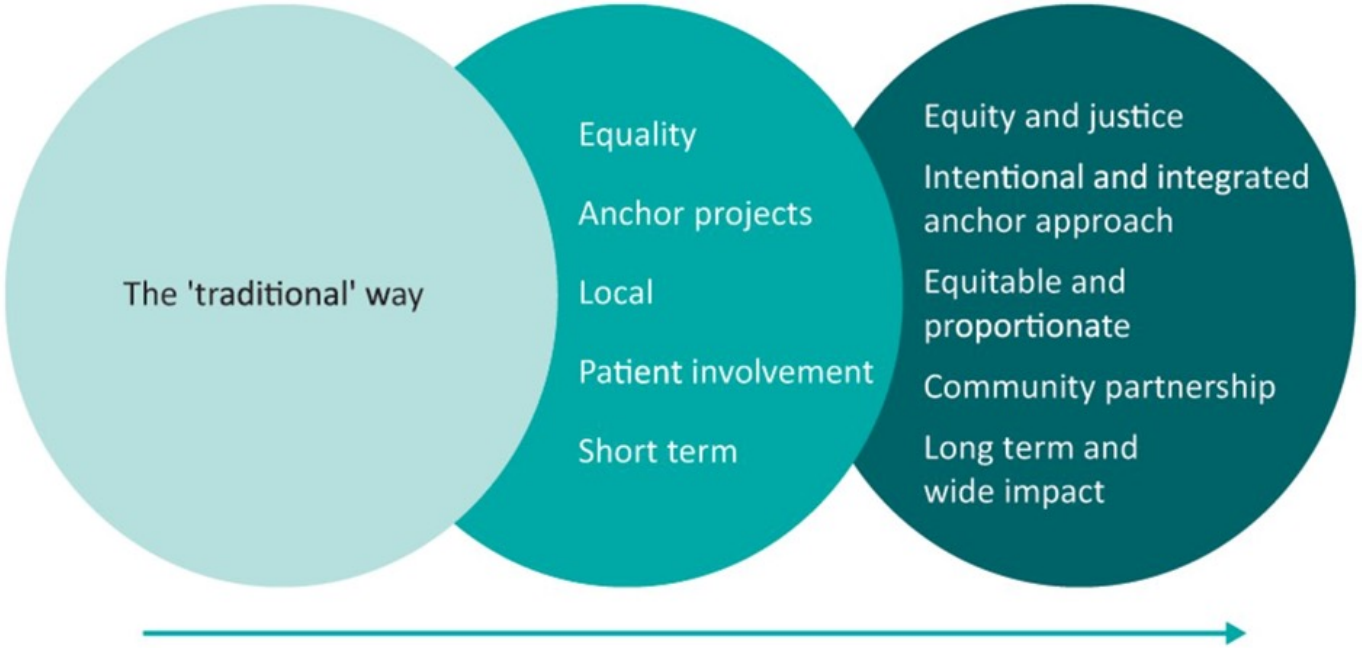
Action on the social determinants of health

Rediscovering public purpose

UK Spend on Consultancies annually

- 1979 M. Thatcher elected £6 million
- 2011 M. Thatcher ousted £246 million
- 2021 Total spend by public bodies £ 2.5 billion
- Billions more by business

E.16 Five principles for moving anchor institution work towards equity



Whole of society action required

- Action on the social determinants requires an effective health equity system comprising the whole of society
- the voluntary sector
- communities,
- health care
- business and the economic sector,
- public services
- national and local government.

Taking practical steps

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Marmot Localities

- Coventry
- Greater Manchester
- Cheshire and Merseyside
- Lancashire and Cumbria
- Luton
- Waltham Forest
- Gwent
- South west region

- 2023 – tbc
- Leeds
- North of Tyne
- Kent/Medway

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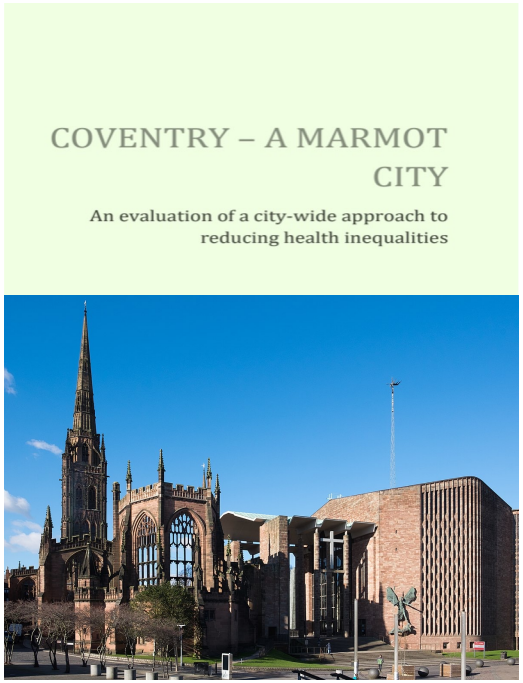
Work with different sectors

- Business
- Voluntary and community sector – Barnardo's
- ICS
- Marmot Trusts
- Local Government
- Other public sector organisations


COVENTRY – A MARMOT CITY
An evaluation of a city-wide approach to reducing health inequalities


INSTITUTE of HEALTH EQUITY
BUILD BACK FAIRER IN GREATER MANCHESTER: HEALTH EQUITY AND DIGNIFIED LIVES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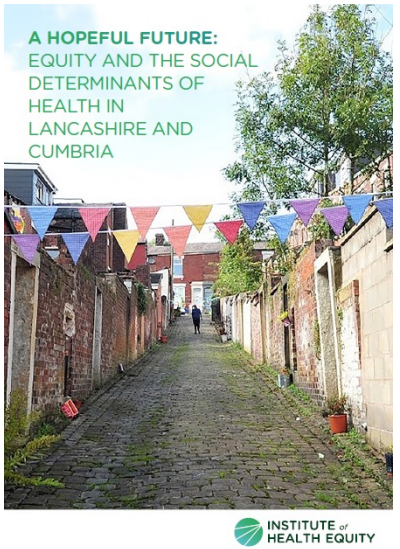
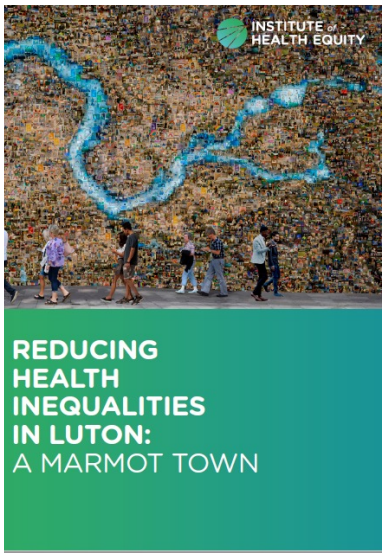
ALL TOGETHER FAIRER:
HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN CHESHIRE AND MERSEYSIDE


A HOPEFUL FUTURE:
EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN LANCASHIRE AND CUMBRIA
INSTITUTE of HEALTH EQUITY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REDUCING HEALTH INEQUALITIES IN LUTON:
A MARMOT TOWN

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Legal & General

The Health Equity Network

Thank you for joining the launch, we will begin at 12PM.

Submit your Q&A questions here: http://bitly.ws/zhgY

or scan this QR Code with your phone camera:

SCAN ME

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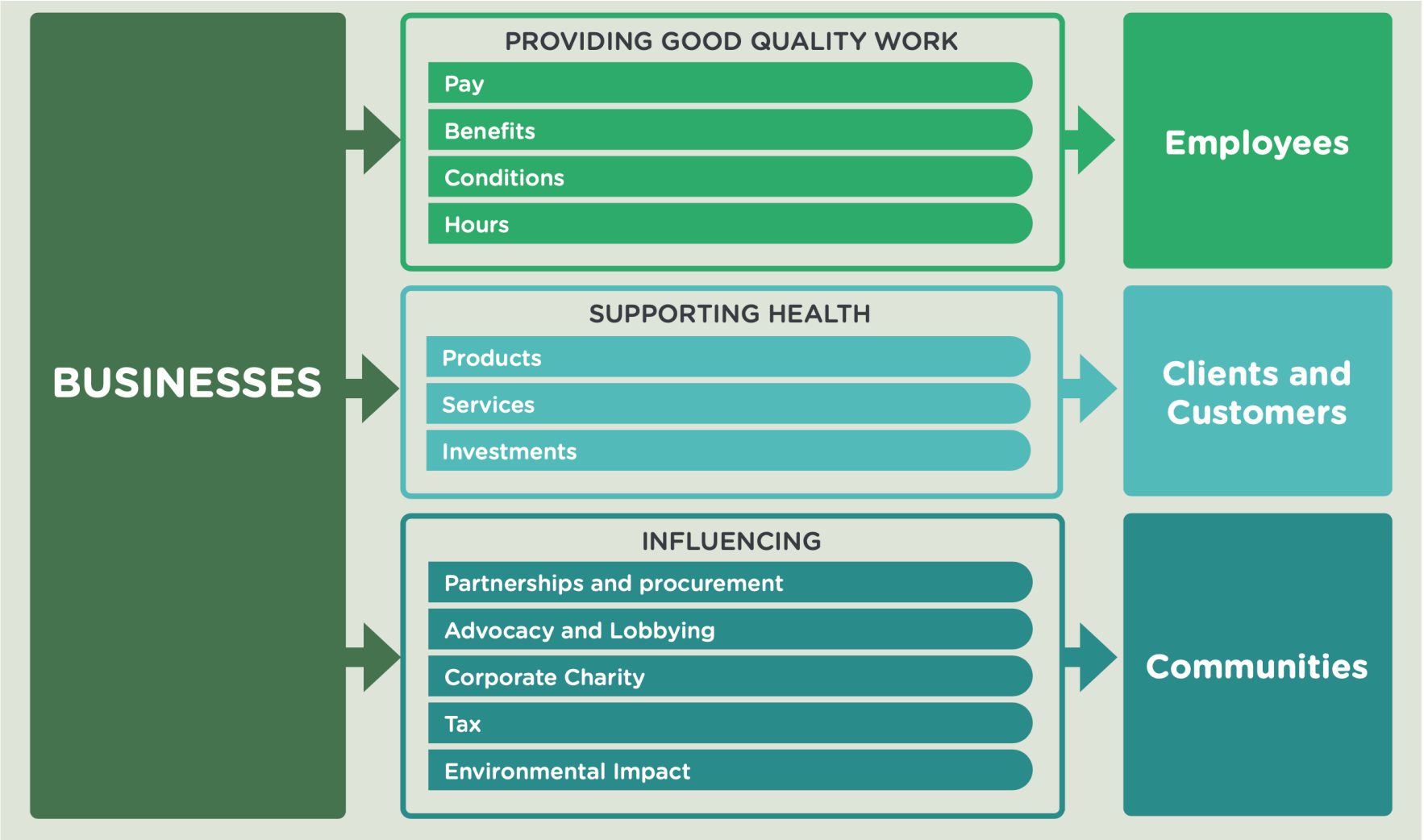
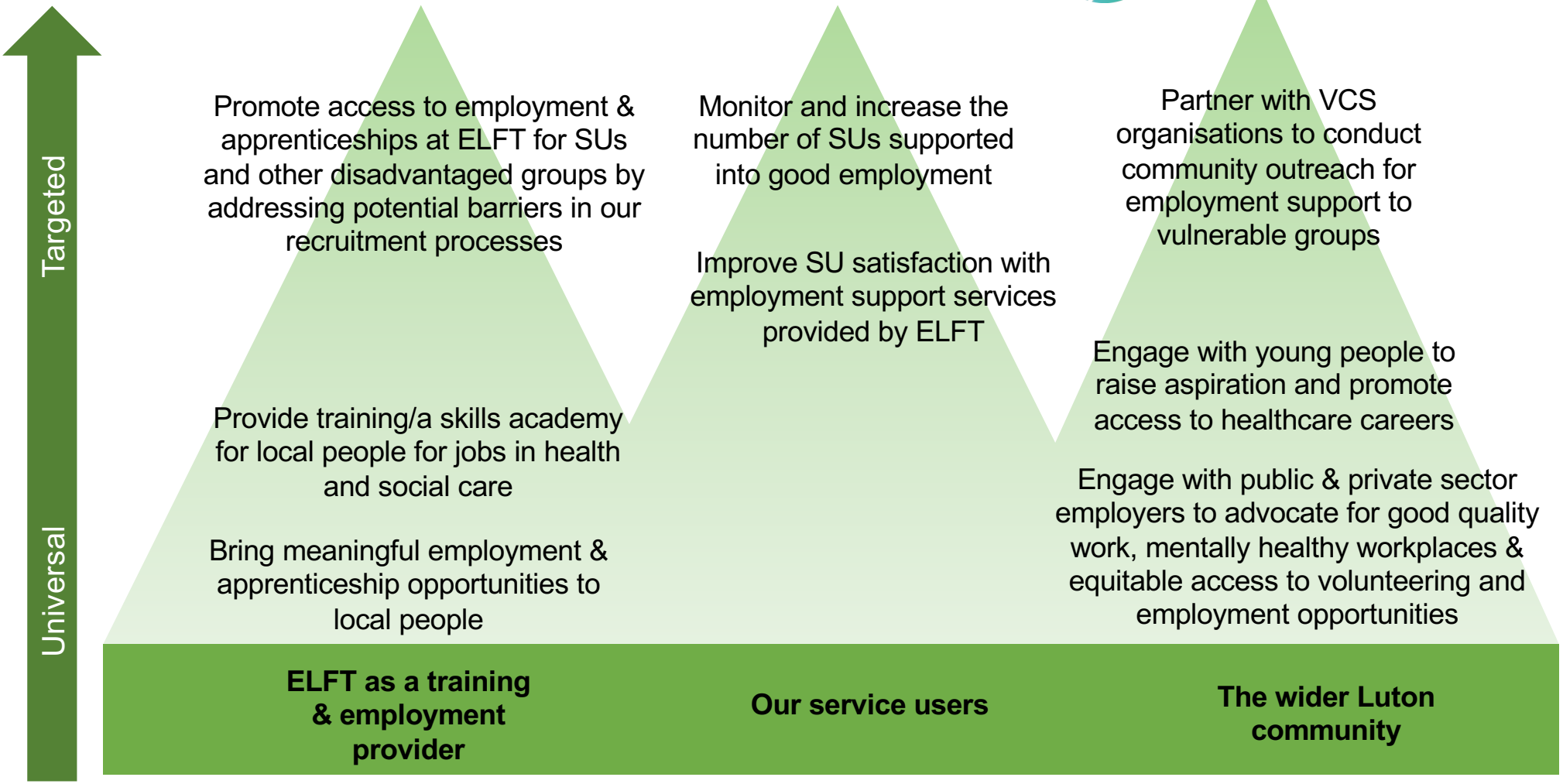
How businesses shape health: the IHE Framework



ELFT's Marmot Mountain: Potential actions in line with our vision



Establishing good working relationships with community partners & employers

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MARMOT PRINCIPLES

- 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 and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle discrimination, racism and their outcomes
- Pursue environmental sustainability and health equity together

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To be truly radical is to make hope possible rather than despair convincing

Raymond Williams
Welsh novelist & critic, 1921-88