

'Inequalities in health: the challenge'

Michael Marmot

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Abstract

The overall level of health of the population is a concern for many governments. Few, however, pay attention to the distribution of health. In all countries where there are sufficient data to amplify the issue there are marked social inequalities in health. When people are classified by income, wealth, education, or occupational level, those closer to the top have better health and those closer to the bottom have worse health. It is a finely graded relationship. We call this the social gradient in health and it is a major challenge to action.

In many countries the focus is on poverty and health and this is appropriate where the material conditions for good health are lacking. There should, in addition, be a focus on the social gradient in health. This relates to the circumstances in which people live and work and develop throughout the lifecourse; not only to the material conditions of life. These social and environmental conditions, too, need to be the focus of policy. It is commonly observed that these social inequalities in health have been growing, despite improvements in average health. When we turn to differences among countries, once again we see growing inequalities. In a number of countries health has been getting worse and the gap between rich countries and poor has been growing.

Just as the social gradient in health points us in the direction of looking not only at poverty but at differences in health in people who are not poor, so comparisons among rich countries can be illuminating. We found, for example, that Americans aged 55-64 have more illness, and higher age-specific mortality rates, than English of the same age.

The Commission on Social Determinants of Health is addressing these inequalities in health within and between countries.