THE UNIVERSITY of EDINBURGH

CHIEF SCIENTIST OFFICE

MRC Scottish Collaboration for Public Health Research and Policy

SEVEN KEY SOCIETAL INVESTMENTS FOR HEALTH EQUITY: SCOTLAND, rUK, and CANADA COMPARED

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BACKGROUND: Scottish Health Inequalities by SES

Steepest in Western Europe – and largely not declining (even in absolute terms) since UK devolution began 15 years ago.

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)"

1. INVESTMENTS IN EARLY LIFE

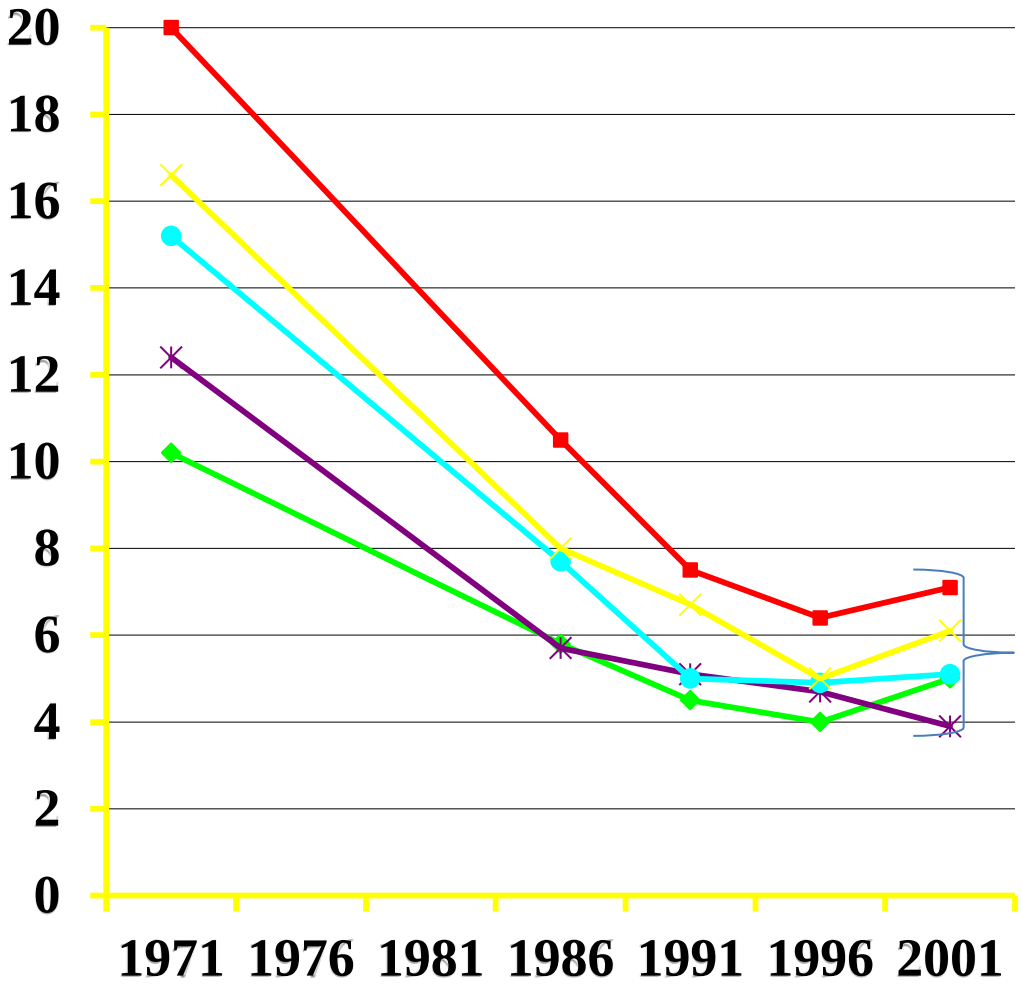
A. UNIVERSALLY ACCESSIBLE (FREE), STRONGLY PROMOTED, AND HIGH-QUALITY FAMILY PLANNING, PRE- AND PERI-NATAL CARE (INCLUDING EFFECTIVE *BREAST FEEDING PROMOTION AND SUPPORT*)

SCOTLAND HAS ACHIEVED WORLD-CLASS LEVELS OF EARLY LIFE MORTALITY, BUT LAGS BEHIND ENGLAND &WALES, AND CANADA, ON ITS SES INEQUALITIES IN IMR, BREAST-FEEDING RATES AND THE DRIVERS OF LOW-BIRTHWEIGHT (ESPECIALLY PREMATURITY)

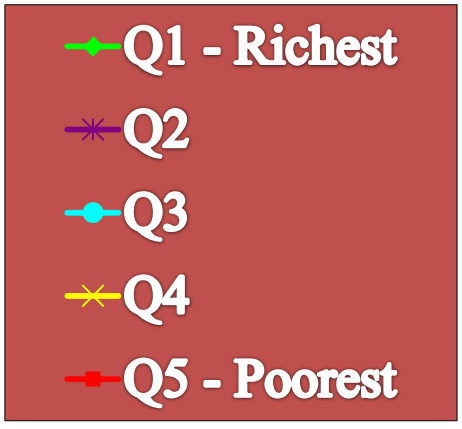
Infant mortality by Income

per 1,000

CANADA, 1971-2001

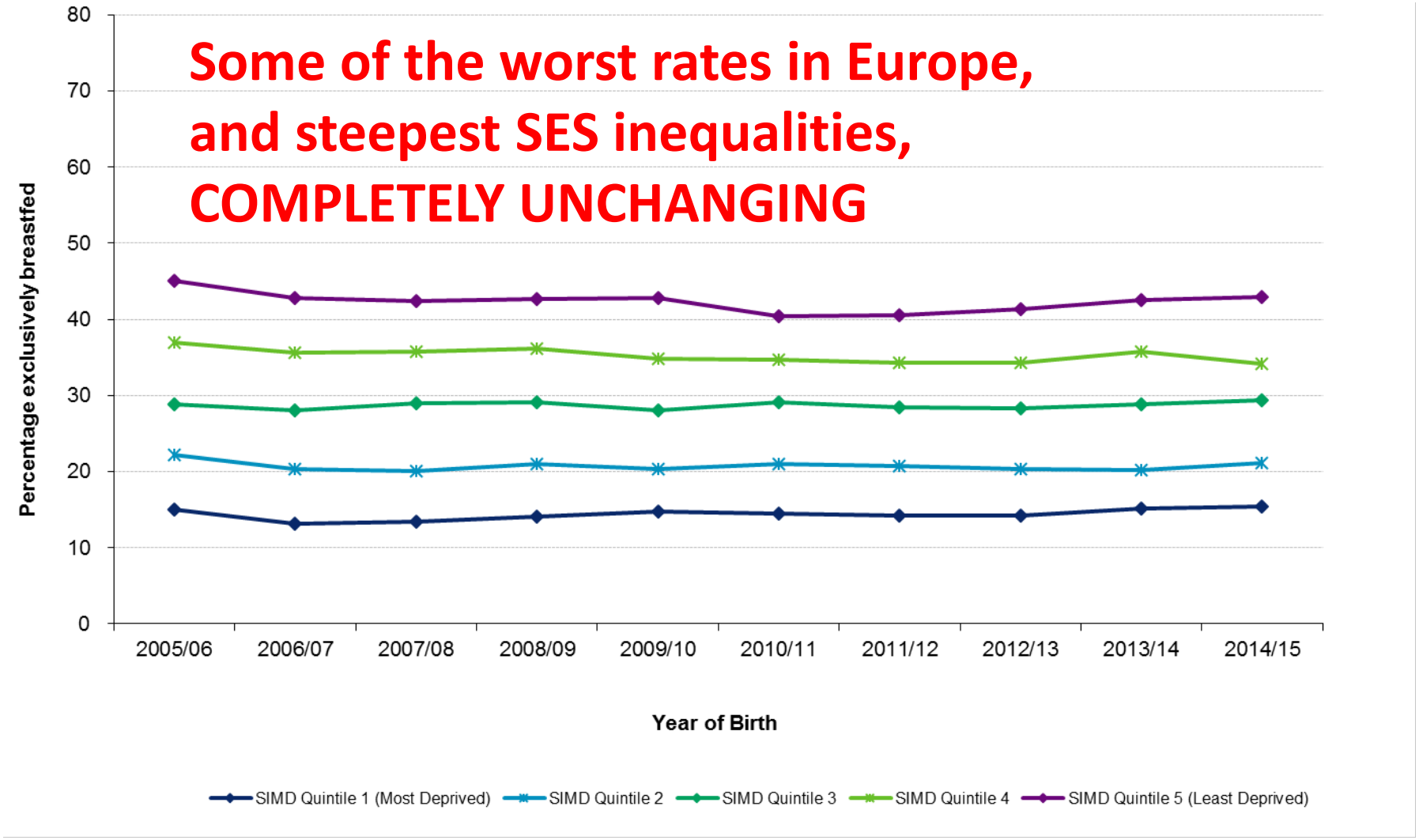


Source: Wilkins, R. Statistics Canada, pers. comm, 2013



IMR Inequalities in Canada in 2001 virtually identical to those in Scotland then [but SES "x" is not the same – income here/SIMD in Scotland

Exclusive BF: 6-8 weeks of age in Scotland



Source: Information Services Division, NSS, Scottish NHS

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 (LOW POPULATION PROPORTION OF BIRTHS/YR: LOW COSTS)*

SCOTLAND, UNDER UK-LED TAX AND BENEFITS POLICIES, HAS RECENTLY SEEN CHILD POVERTY RATES FALL TO BELOW UK LEVELS, BUT THERE IS AN ARTEFACT -- AND THESE RATES COULD/SHOULD BE MUCH LOWER: CANADA NOW HAS ABOUT THE SAME CHILD POVERTY RATE: FAR TOO HIGH TOO BE ACCEPTABLE FOR SUCH RICH COUNTRIES!

PART 1
A LEAGUE TABLE OF CHILD WELL-BEING

[Source: UNICEF Innocenti Report, April 2013]

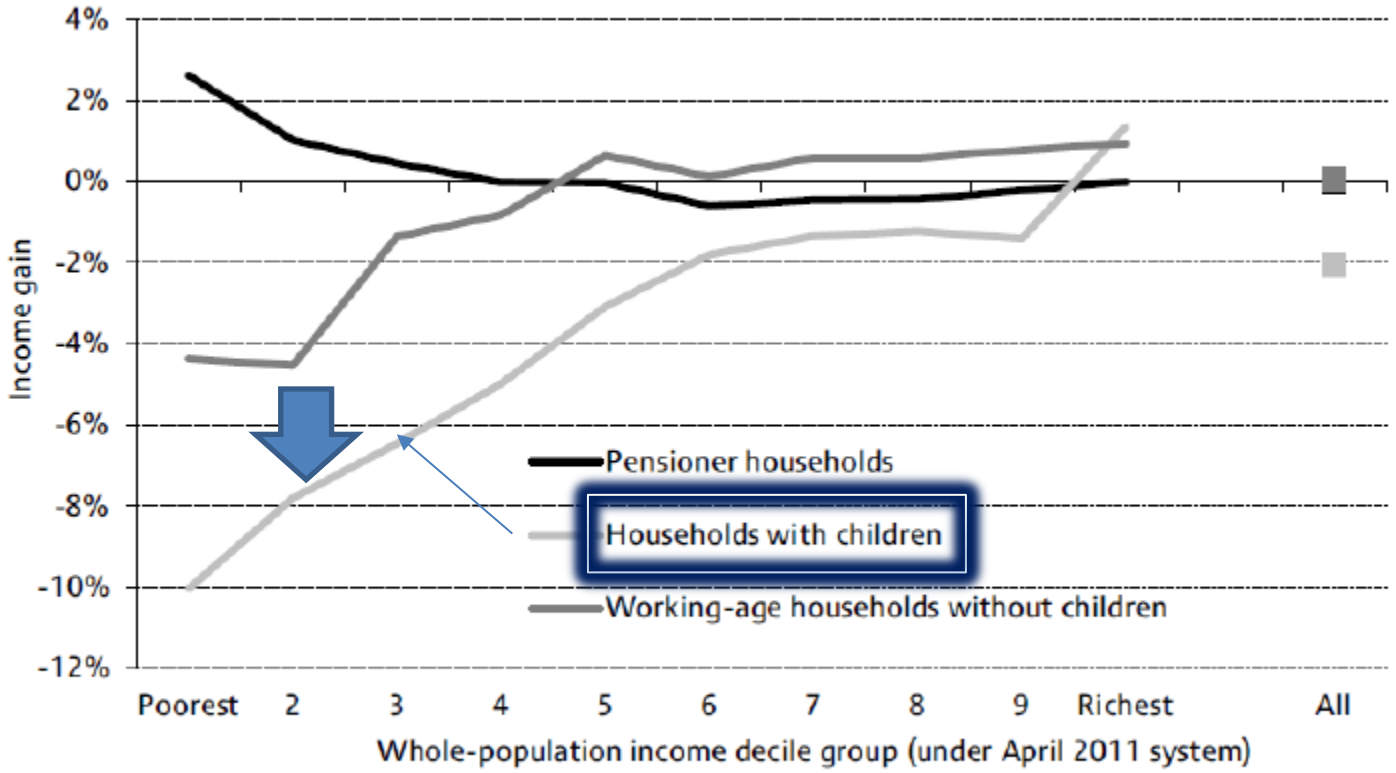
The table below ranks 29 developed countries according to the overall well-being of their children. Each country's overall rank is based on its average ranking for the five dimensions of child well-being considered in this review.

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.

		Overall well-being	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5
		Average rank (all 5 dimensions)	Material well-being (rank)	Health and safety (rank)	Education (rank)	Behaviours and risks (rank)	Housing and environment (rank)
1	Netherlands	2.4	1	5	1	1	4
2	Norway	4.6	3	7	6	4	3
3	Iceland	5	4	1	10	3	7
4	Finland	5.4	2	3	4	12	6
5	Sweden	6.2	5	2	11	5	8
6	Germany	9	11	12	3	6	13
7	Luxembourg	9.2	6	4	22	9	5
8	Switzerland	9.6	9	11	16	11	1
9	Belgium	11.2	13	13	2	14	14
10	Ireland	11.6	17	15	17	7	2
11	Denmark	11.8	12	23	7	2	15
12	Slovenia	12	8	6	5	21	20
13	France	12.8	10	10	15	13	16
14	Czech Republic	15.2	16	8	12	22	18
15	Portugal	15.6	21	14	18	8	17
16	United Kingdom	15.8	14	16	24	15	10
17	Canada	16.6	15	27	14	16	11
18	Austria	17	7	26	23	17	12
19	Spain	17.6	24	9	26	20	9
20	Hungary	18.4	18	20	8	24	22
21	Poland	18.8	22	18	9	19	26
22	Italy	19.2	23	17	25	10	21
23	Estonia	20.8	19	22	13	26	24
23	Slovakia	20.8	25	21	21	18	19
25	Greece	23.4	20	19	28	25	25
26	United States	24.8	26	25	27	23	23
27	Lithuania	25.2	27	24	19	29	27
28	Latvia	26.4	28	28	20	28	28
29	Romania	28.6	29	29	29	27	29

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, Japan, Malta, Mexico, New Zealand, the Republic of Korea, and Turkey.

H4: **Figure 1: Impact of direct tax and benefit reforms introduced or planned between April 2012 and April 2015 by the UK government**



[Source: Cribb et al 2013 [2]]

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): - http://issop.org/index.php?option=com_phocadownload&view=category&id=2:essop-position-statements&download=236:issop-position-statement_6_on-austerity_2015-07-28.pdf&Itemid=18

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/ENGLAND &WALES HAVE TRIED (MOST OF CANADA HAS NOT) 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

SCPHRP SCOTTISH PILOT OF THE EARLY DEVELOPMENT INSTRUMENT (EDI): WOOLFSON ET AL. BMC Pub Hlth 2013; 13:1187

The Guardian | Tuesday 5 November 2013

National

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.

1. INVESTMENTS IN EARLY LIFE (CONT'D)

D. SYSTEMATIC SUPPORT (FINANCIAL IF NECESSARY) TO ACHIEVE UNIVERSAL FEMALE & MALE SECONDARY/SUBSEQUENT EDUCATION

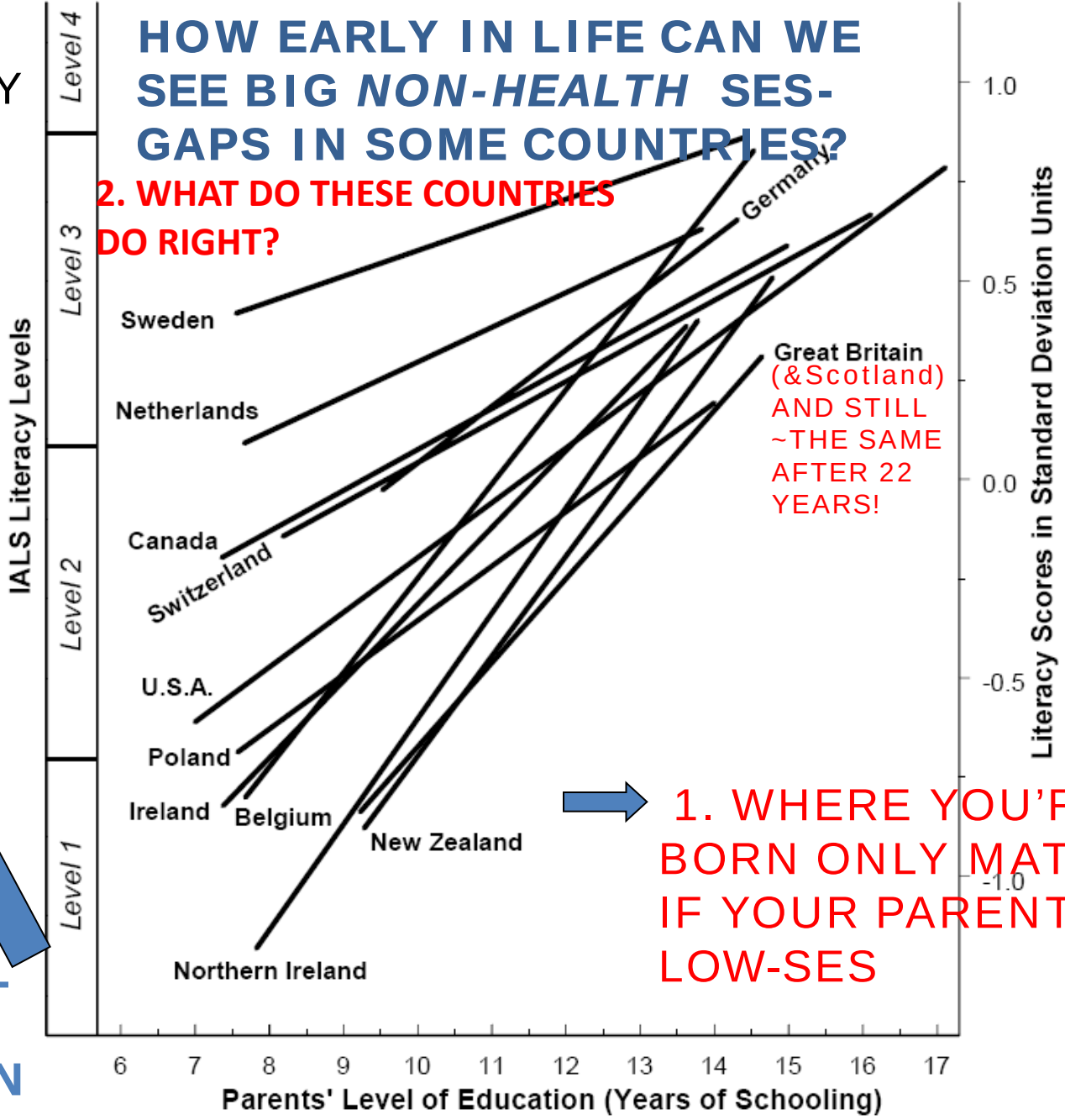
SCOTLAND FIRST ACHIEVED THIS FOR PRIMARY EDUCATION OVER 200 YEARS AGO, FAR BEFORE THE REST OF EUROPE, BUT STILL TODAY THERE ARE MAJOR SES-DISPARITIES IN PISA* RESULTS, FOR ALL OF THE UK; CANADA'S PISA RESULTS ARE MUCH MORE EQUITABLE ACROSS SES LEVELS

***PISA: PROGRAMME FOR INTERNATIONAL STUDENT ASSESSMENT (RUN BY OECD)**

STD'D LITERACY TEST SCORES

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

2. WHAT DO THESE COUNTRIES DO RIGHT?



AND STILL ~THE SAME AFTER 22 YEARS!

TYPICAL "FAN" PATTERN

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

Literacy Scores for Youth Aged 16-25 years (Statistics Canada & the OECD, 1995). *Source*: Willms JD. *Int J Educ Res*. 2003; 39:247-252, p249.

2. INVESTMENTS IN ADULT 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;

CHRONIC DISEASE MANAGEMENT IN PRIMARE CARE NOT SO IMPRESSIVE IN THE UK: OVER-RELIANCE ON PHYSICIANS /UNDER-USE OF NURSE PRACTITIONERS;

CANADIAN SYSTEM HAS MORE CLINICIAN AND PATIENT CHOICE, BUT IS MUCH MORE EXPENSIVE – IT, TOO, OVER-RELIES ON PHYSICIANS FOR CHRONIC DISEASE MANAGEMENT and PREVENTIVE CARE! IT ALSO HAS STEEP INEQUALITIES IN ACCESS TO DRUGS/PSYCHOTHERAPY/CHRONIC CARE – THESE ARE UNCHANGED (OR HAVE WORSENED) OVER THE LAST 50 YEARS

COMMONWEALTH FUND 2014 “MIRROR, MIRROR..”REPORT

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*

3 (Paris: OECD, Nov. 2013).

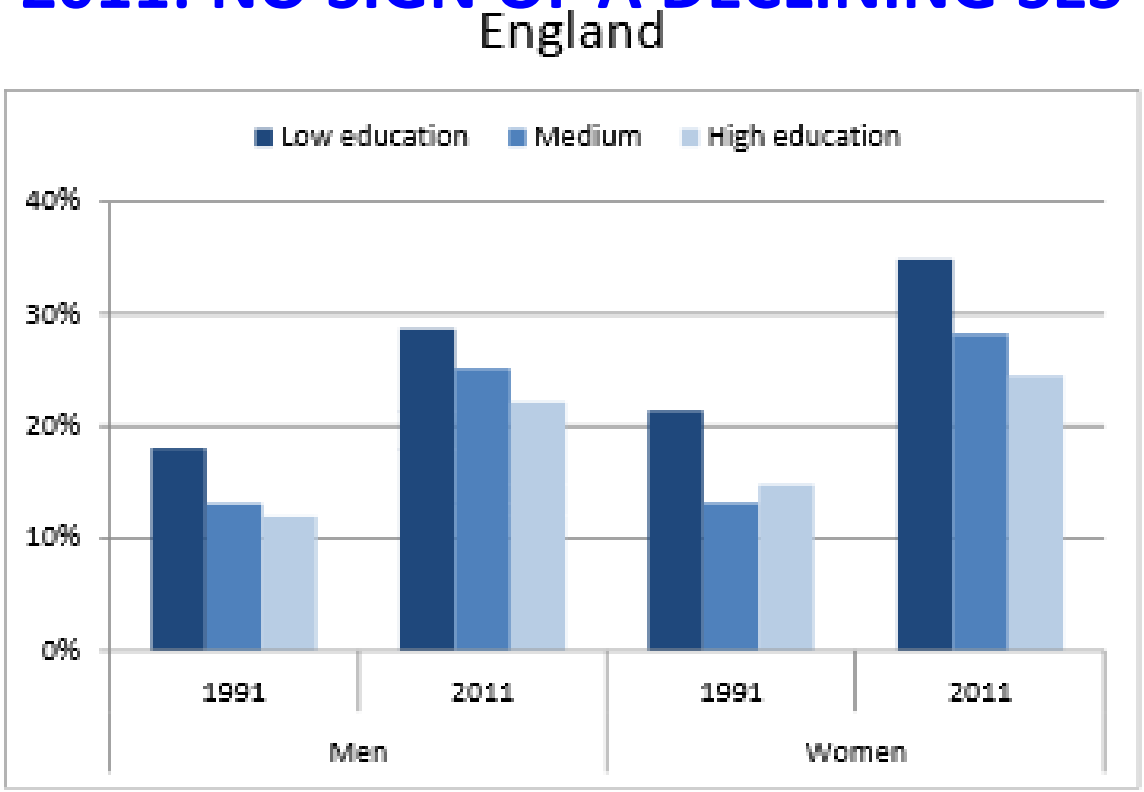
2. INVESTMENTS IN ADULT LIFE (CONT'D)

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 (COMPARED TO BOTH E &W AND CANADA), ALTHOUGH THERE IS STILL MUCH TO DO; ON THE DRIVERS OF THE OBESITY PANDEMIC, SCOTTISH, UK AND CANADIAN POLICIES SO FAR HAVE BEEN FAR TOO TIMID/ FRAGMENTED TO HAVE MUCH IMPACT – BUT:

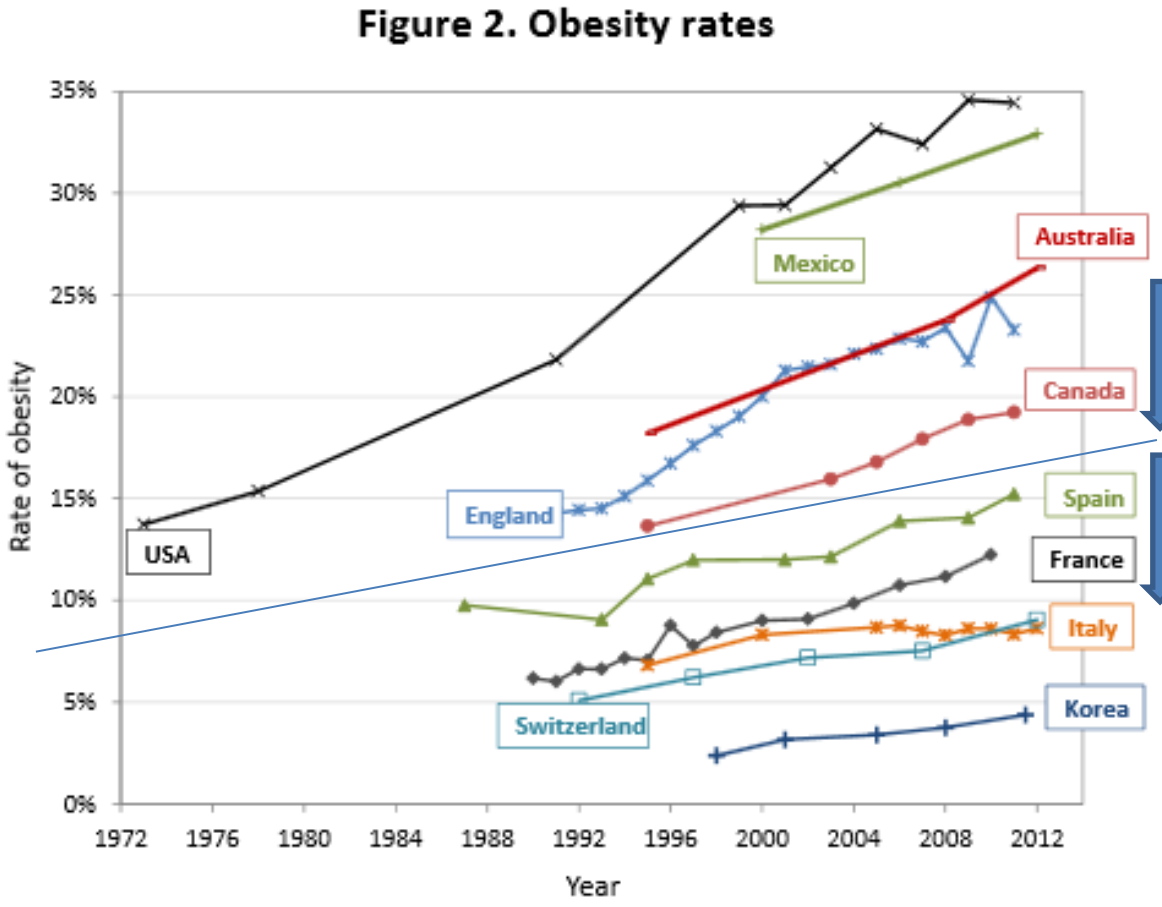
WOULD THE EU COMMON AGRICULTURAL POLICY AND TRADE AGREEMENTS EVER LET SCOTLAND DO THE RIGHT THING, EVEN IF IT VOTES "YES" ON THE NEXT REFERENDUM? WOULD NAFTA/CETA ALLOW CANADA TO DO THE SAME?

Obesity Prevalence by Education Attained, England, 1991 vs. 2011: NO SIGN OF A DECLINING SES GRADIENT



SOURCE: http://www.oecd.org/health/Obesity-Update-2014.pd

Footnote: Obesity Prevalence by Country, 1970s to 2012



?Two archetypes of obesity's "pandemic curve": a clue to its origins?*

SOURCE: http://www.oecd.org/health/Obesity-Update-2014.pd

*See my Commentary in Nature, April 14, 2016

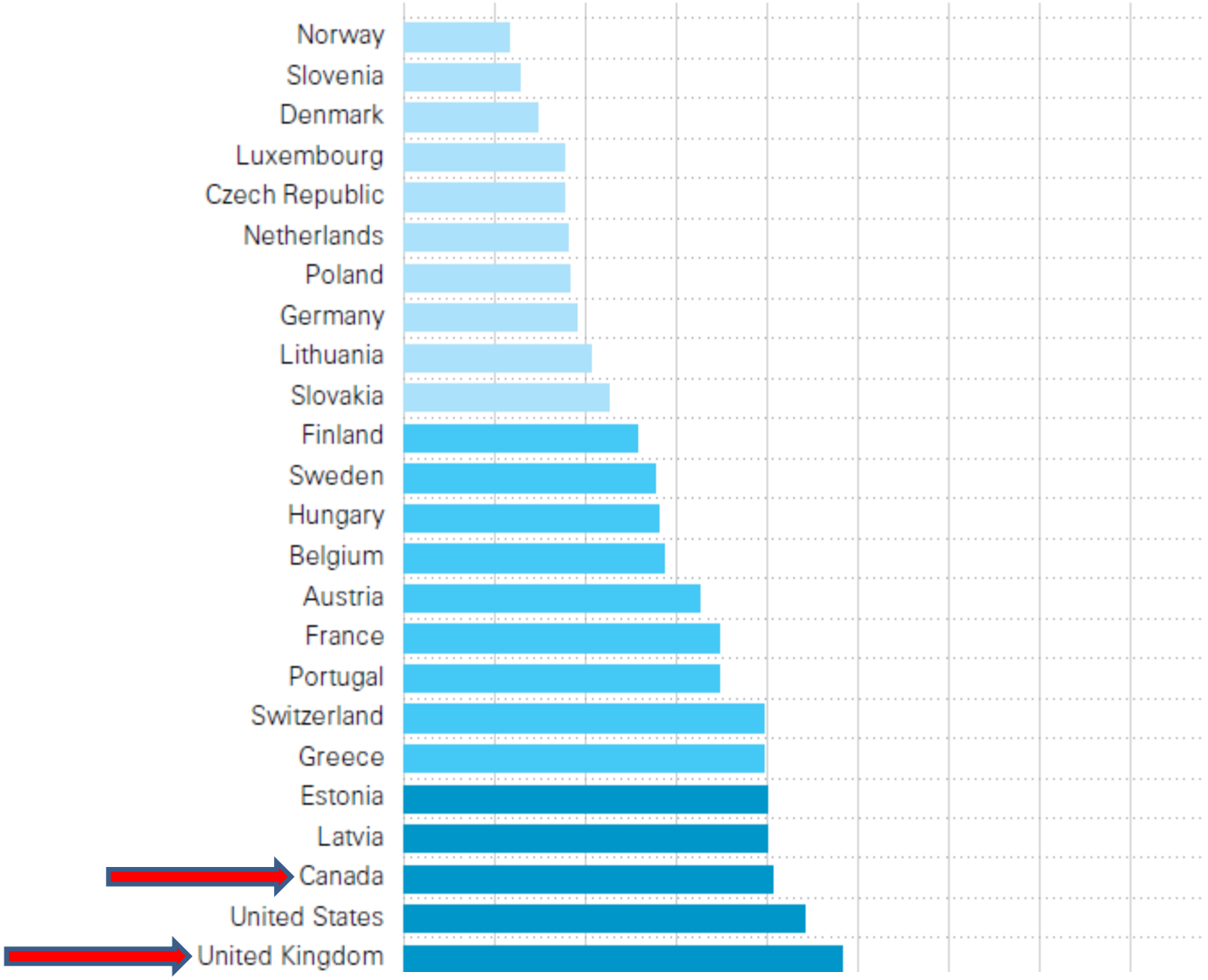
2. INVESTMENTS IN ALL OF LIFE (Final)

C. GREEN POLICIES FOR SUSTAINABLE AND EQUITABLE ECONOMIC DEVELOPMENT, INCLUDING FULL, MEANINGFUL EMPLOYMENT, AT A LIVING WAGE

SCOTLAND HAS AT LEAST ACHIEVED MIDDLING RANKINGS, AND SMALL INEQUALITIES, FOR "SATISFACTION WITH LIFE" AMONG EARLY TEENS (FAR BETTER THAN CANADA'S)-- BUT ENTERING THE LABOUR MARKET BRINGS CHALLENGES!

Figure 3.1c NEET rate

% of children aged 15 to 19 not in education, employment or training



Source: UNICEF Office of Research Innocenti Report Card 11 (2013)

OVERALL IMPRESSION: SCOTTISH, UK, CANADIAN HEALTH EQUITY INVESTMENTS

- **SCOTLAND/ENGLAND DOING ABOUT THE SAME AS CANADA ON: CHILD POVERTY, INFANT MORTALITY**
- **CANADA LAGS SLIGHTLY BEHIND UK ON INEQUALITIES IN: EARLY CHILDHOOD EDUCATION IMPLEMENTATION; "HEALTHCARE SYSTEM EQUITY (?)";**
- **CANADA DOING MUCH BETTER ON: BREASTFEEDING; YOUTH OBESITY; SES GRADIENT IN STANDARDISED EDUCATIONAL ATTAINMENT TESTS AFTER PRIMARY/SECONDARY SCHOOL; PERCENTAGE OF YOUTH NOT IN EMPLOYMENT, EDUCATION OR TRAINING (NEETS).**

ISSUES ARISING:

WOULD AN INDEPENDENT SCOTLAND (IN SPITE OF THE "NO" RESULT IN SEPT. 18TH 2014 REFERENDUM) HELP?

WHAT WOULD MAKE THE DIFFERENCE IN CANADA?

ARE THESE ISSUES EVEN "ON THE PUBLIC DISCOURSE TABLE"?