# Determinanti della salute

## Quali idee portiamo a casa?

TOT Riisg
Firenze, 23.11.12

G. Maciocco

**Figure 3.1:** The Preston Curve in 2000.

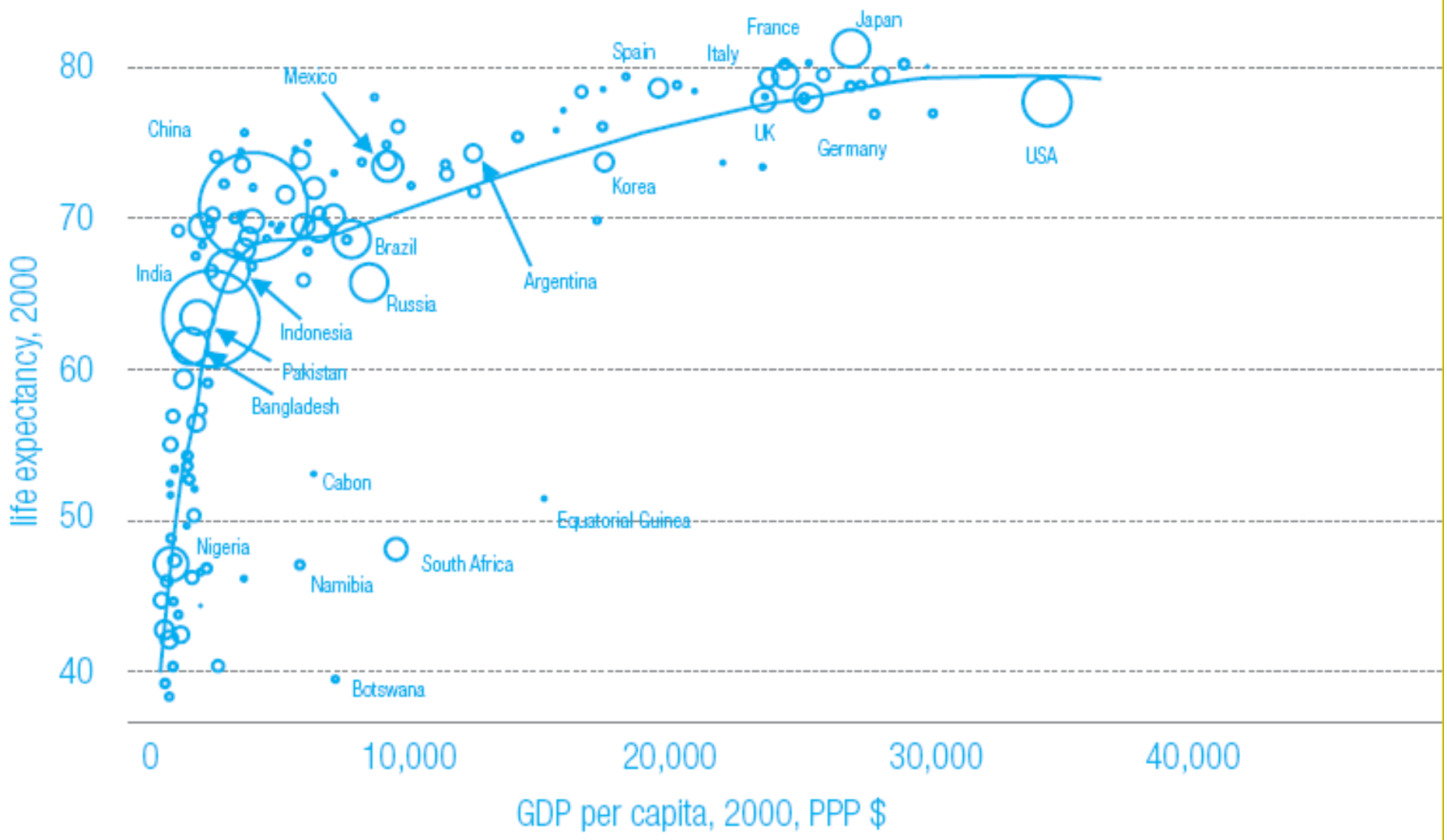


**Figure 1** Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003

World Health Organization

Commission on Social Determinants of Health

# Closing the gap in a generation

Health equity through action on the social determinants of health

**The Commission on Social Determinants of Health was set up by the World Health Organization (WHO)**

http://www.who.int/social_determinants/knowledge_networks/final_reports/en/index.html

# A new global agenda for health equity

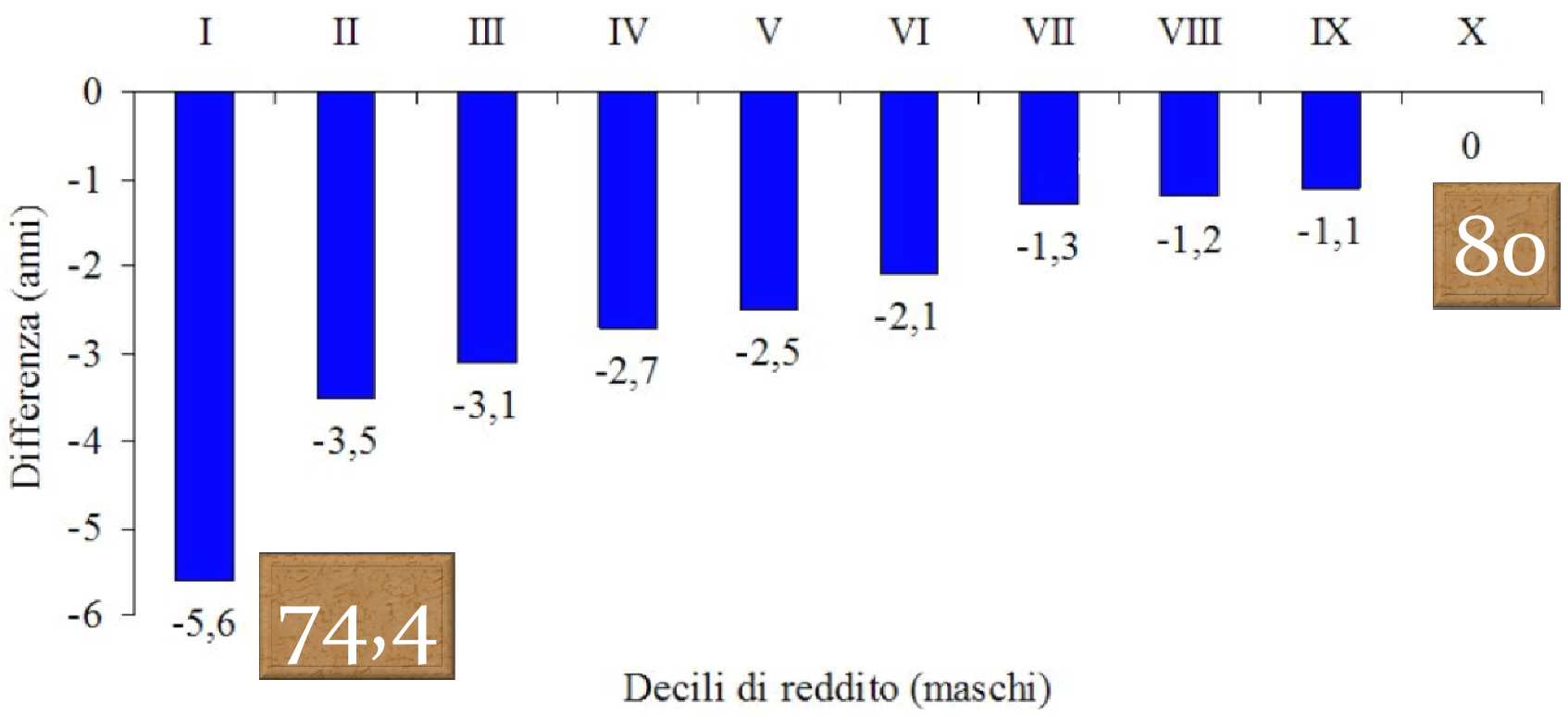
- Our children have dramatically different life chances depending on where they were born. In Japan or Sweden they can expect to live more than 80 years; in Brazil, 72 years; India, 63 years; and in one of several African countries, fewer than 50 years. And within countries, the differences in life chances are dramatic and are seen worldwide. The poorest of the poor have high levels of illness and premature mortality. But poor health is not confined to those worst off. In countries at all levels of income, health and illness follow a **social gradient**: the lower the socioeconomic position, the worse the health.

# The Social Gradient in London

Fig 2. Jubilee Line of health inequality. Travelling east from Westminster, each tube stop represents up to one year of male life expectancy lost at birth (2002–6). Source: Analysis by London Health Observatory using Office for National Statistics data revised for 2002–6. Diagram produced by the Department of Health. (Reproduced under the terms of the Click-Use Licence.)

# The Social Gradient in Turin (Italy)

**Differences in life expectancy at birt (male) by income level. Years 2000-2005. Source: G. Costa**

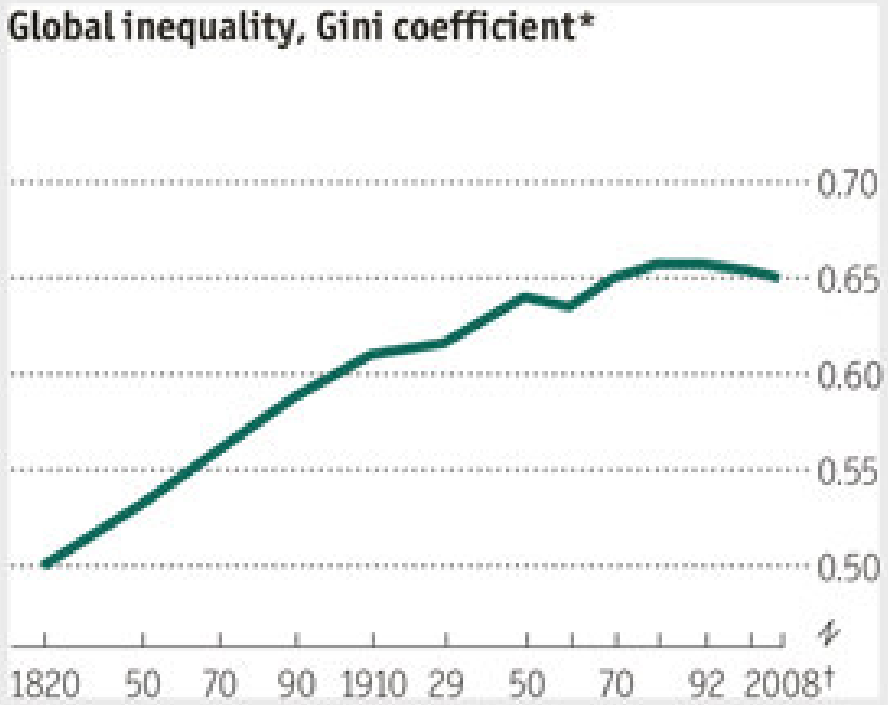


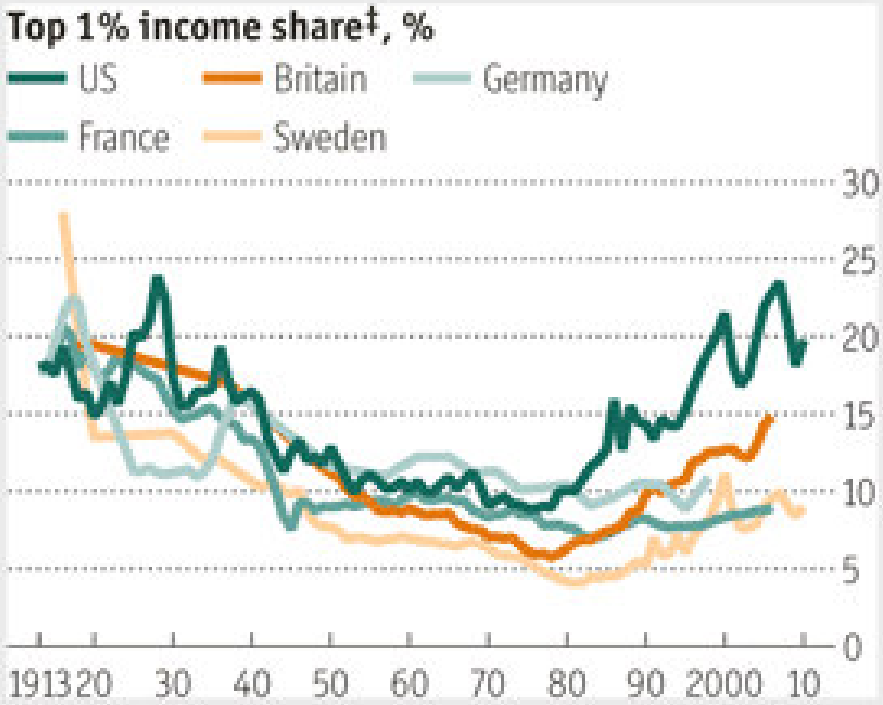
1

# Il Gradiente Sociale

Più bassa è la condizione socio-economica,
Peggiore è la salute.

## It depends how you look at it




Sources: The World Top Incomes Database; World Bank; "Inequality among World Citizens: 1820-1992", by Bourguignon & Morrisson, *The American Economic Review*, 2002; "A short history of global inequality: The past two centuries", by Branko Milanovic, *Explorations in Economic History*, May 2011

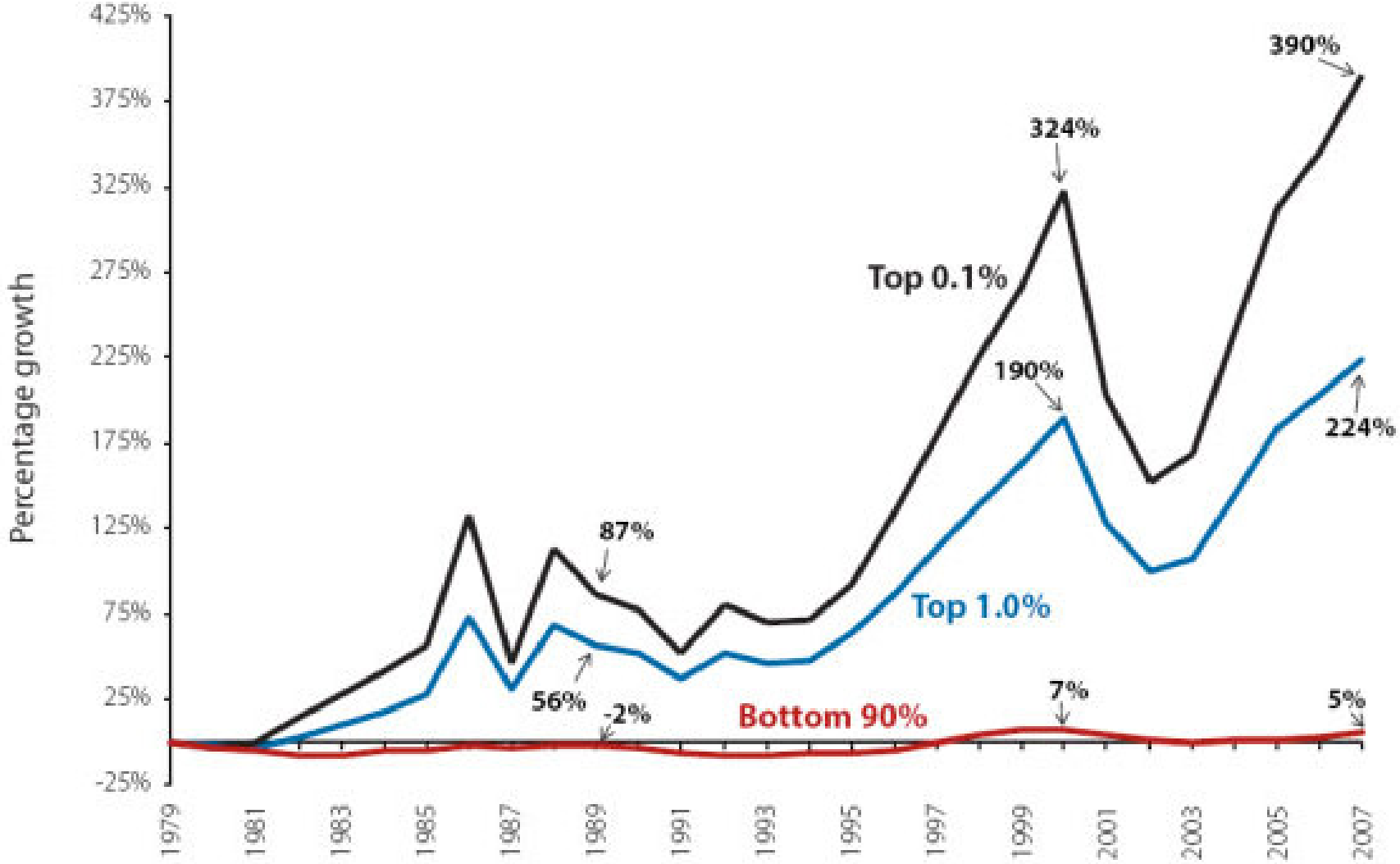
*0=perfect equality, 1=perfect inequality †Estimate ‡Includes capital gains, except Britain and France

## So many ways


Sources: IMF; OECD

## Incomes rise fastest at the top

Percentage growth in household income, by rank on income scale, 1979–2007




**SOURCE:** Economic Policy Institute analysis of data from Piketty and Saez (2010).

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*International Journal of Epidemiology* 2003;32:830–837
DOI: 10.1093/ije/dyg209

INEQUALITY

# Widening socioeconomic inequalities in mortality in six Western European countries

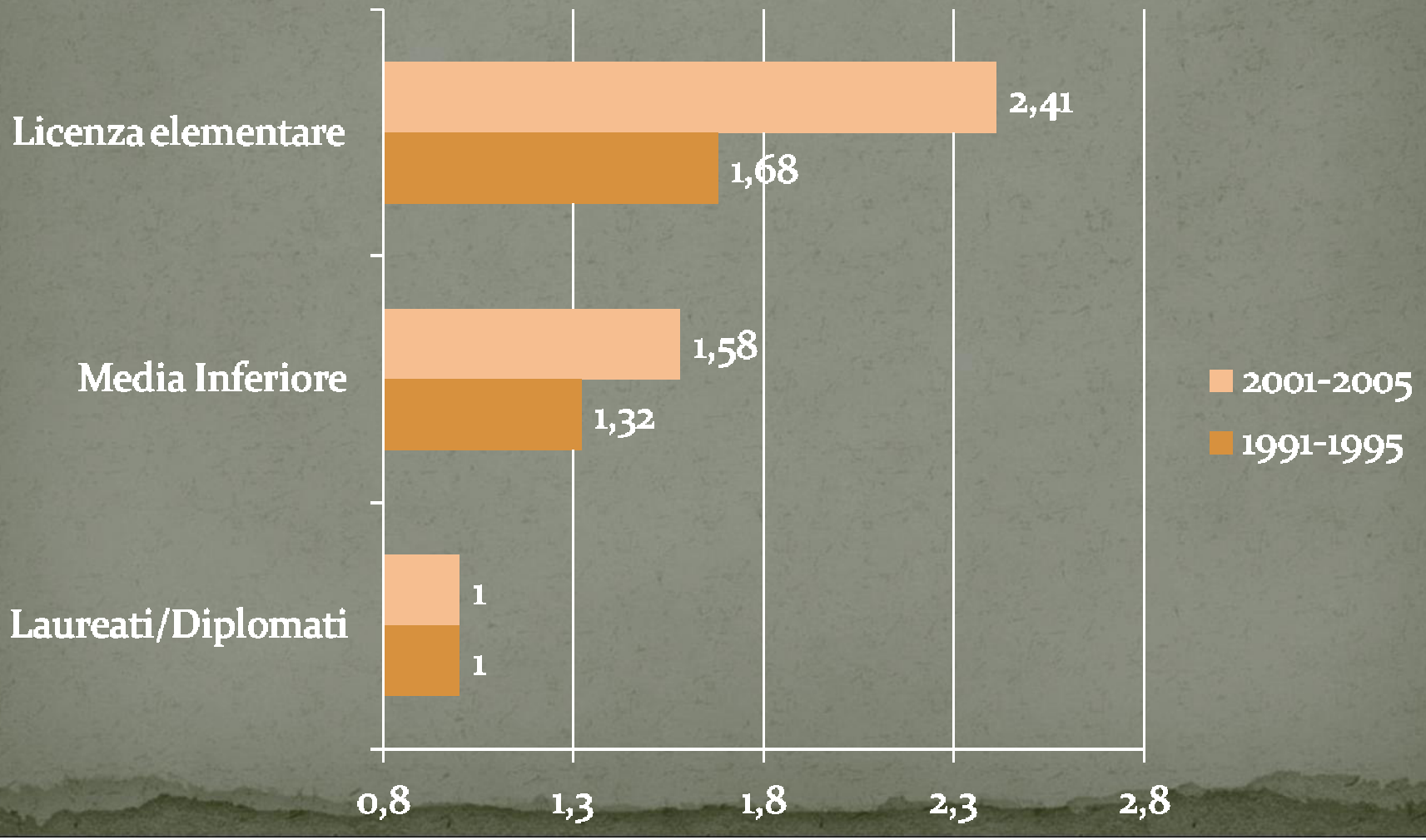
Johan P Mackenbach,[1] Vivian Bos,[1] Otto Andersen,[2] Mario Cardano,[3] Giuseppe Costa,[4] Seeromanie Harding,[5] Alison Reid,[5] Örjan Hemström,[6] Tapani Valkonen[7] and Anton E Kunst[1]

Accepted 23 April 2003

Objectives During the past decades a widening of the relative gap in death rates between upper and lower socioeconomic groups has been reported for several European countries. Although differential mortality decline for cardiovascular diseases has been suggested as an important contributory factor, it is not known what its quantitative contribution was, and to what extent other causes of death have contributed to the widening gap in total mortality.

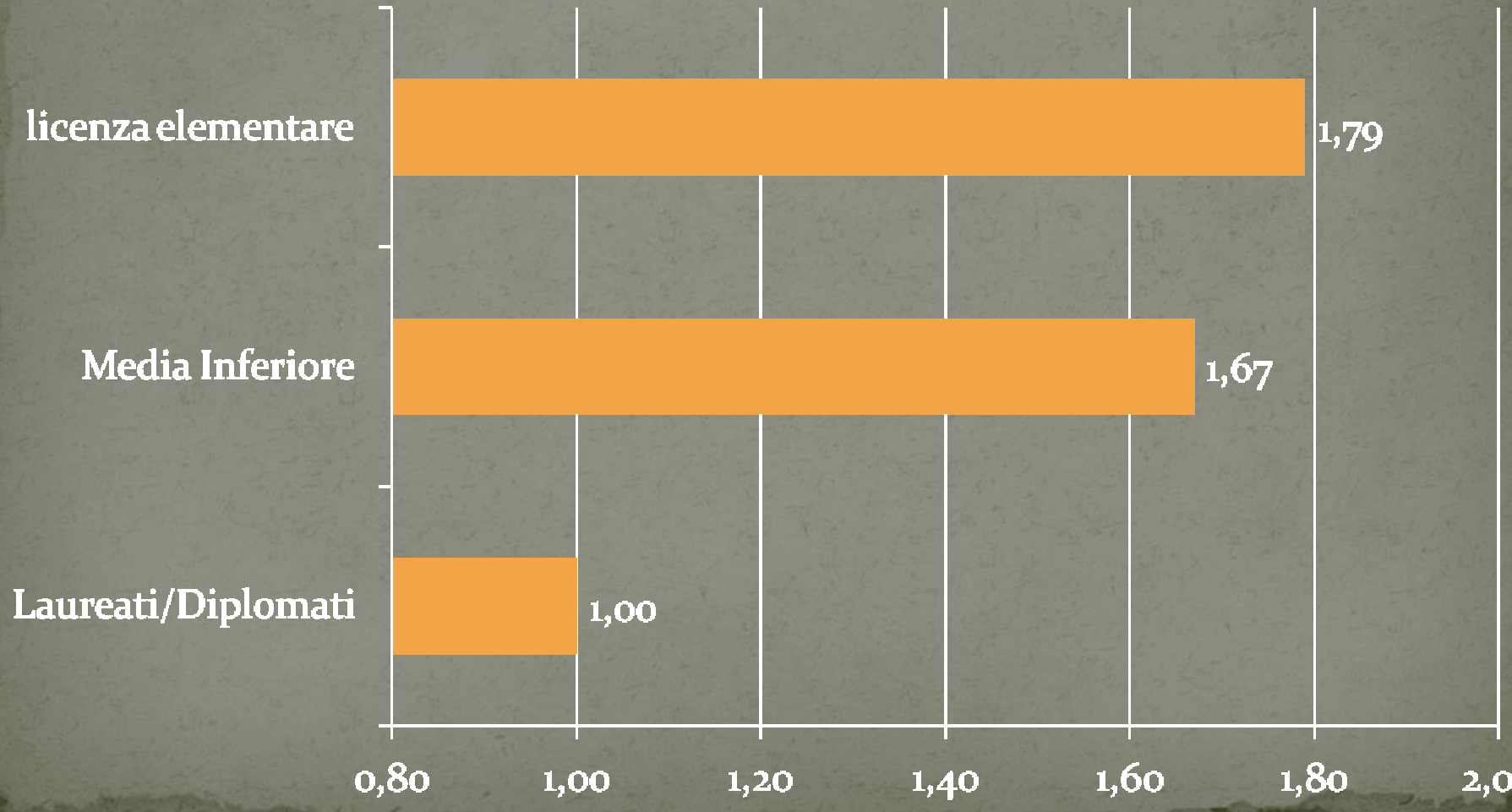
# Premature deaths by education level (RR)
# 18-59 yrs. Florence

Source: Studio Longitudinale Toscano.



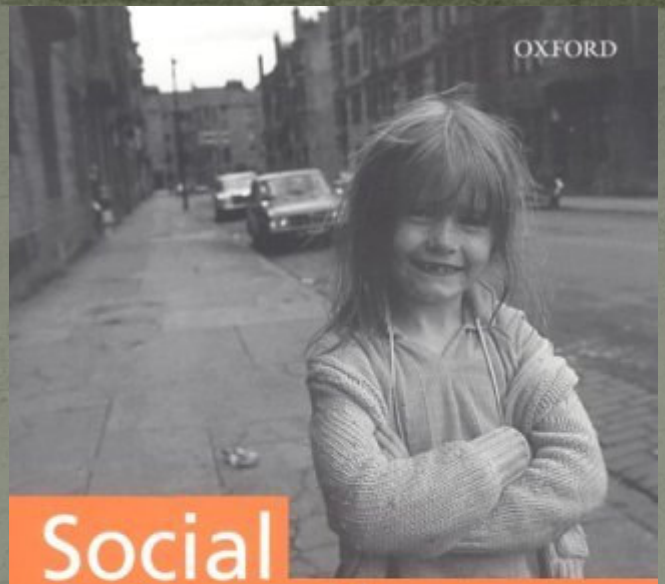
# Premature deaths from heart disease by education level (RR) 18-70 yrs. Florence

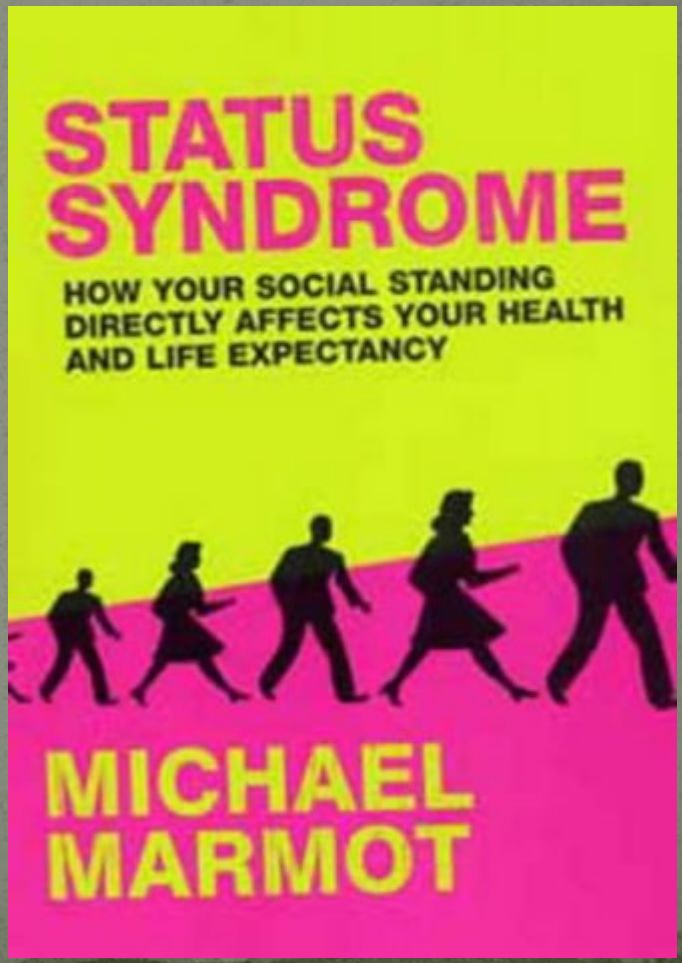
Source: Studio Longitudinale Toscano.



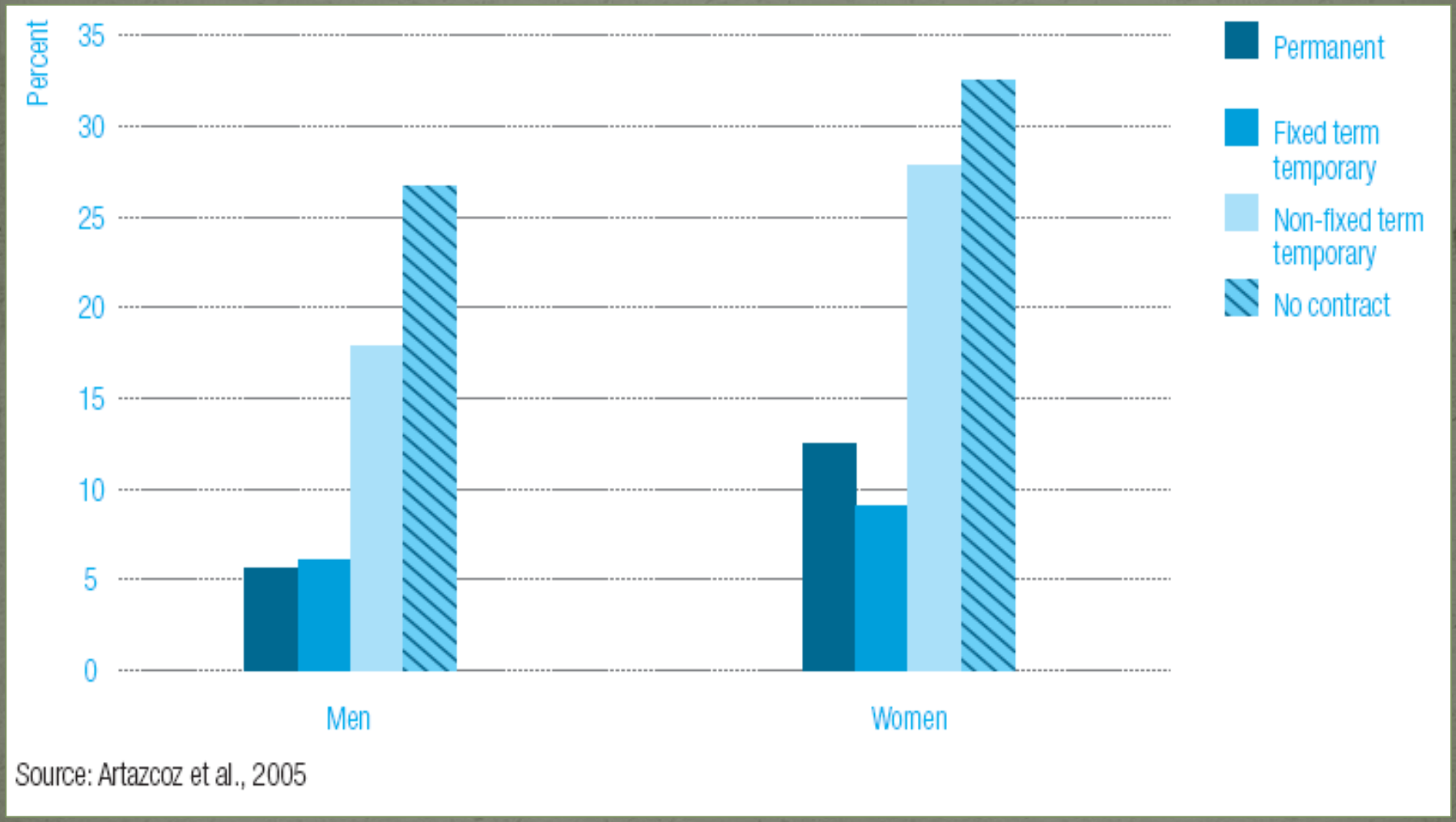
2

Si allargano le diseguaglianze economiche
E quindi si allargano le diseguaglianze nella salute


OXFORD
Social Determinants of Health
Edited by
Michael Marmot
and Richard G. Wilkinson


STATUS SYNDROME
HOW YOUR SOCIAL STANDING DIRECTLY AFFECTS YOUR HEALTH AND LIFE EXPECTANCY
MICHAEL MARMOT

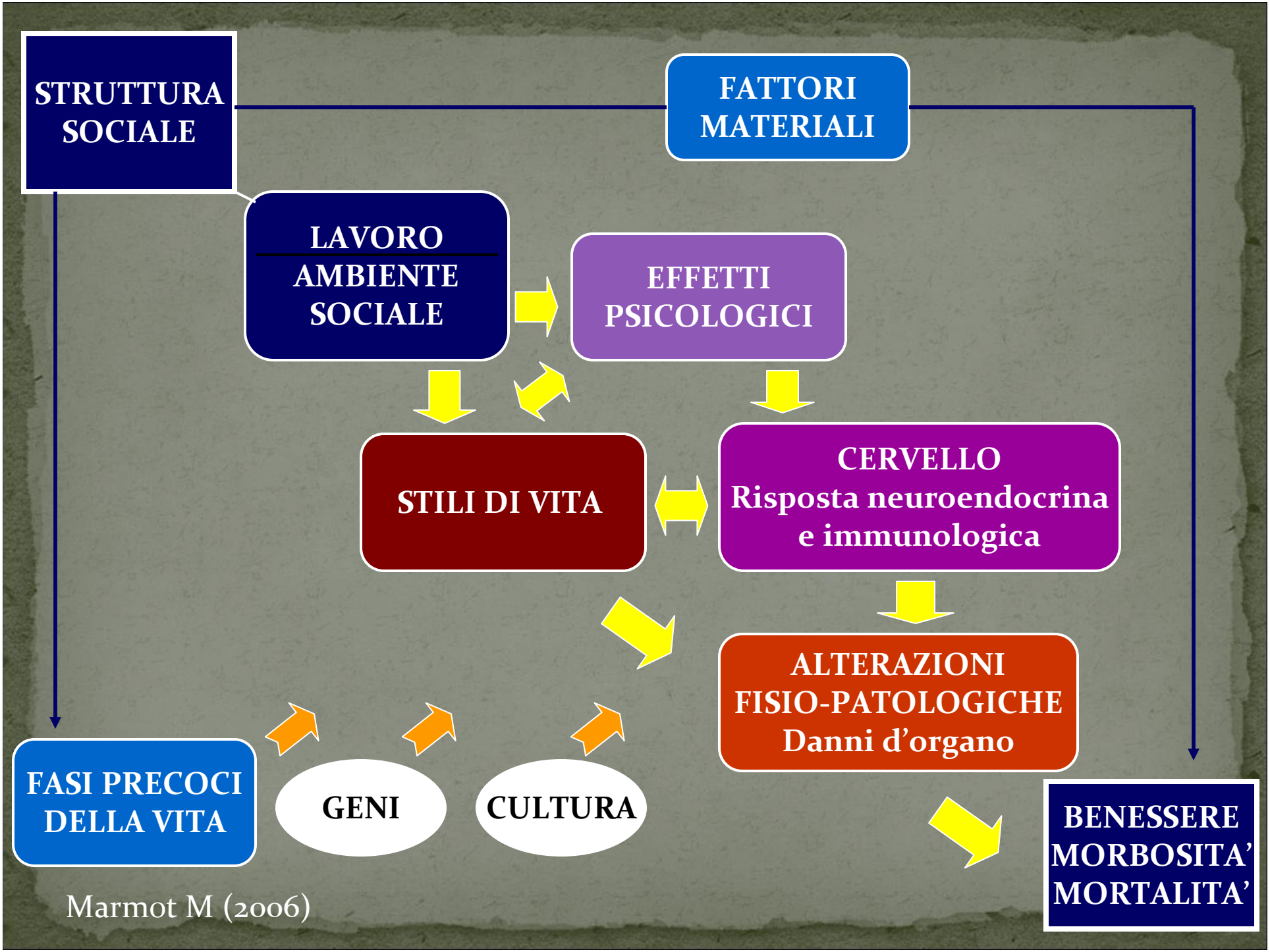
# Prevalence of poor mental health among manual workers in Spain by type of employment contract




Source: Artazcoz et al., 2005

# PREVALENZA DELLA SINDROME METABOLICA PER LIVELLO DI IMPIEGO


**Fig. 2.7** Prevalence of the metabolic syndrome by employment grade in the Whitehall II study. Odds ratios and 95 per cent confidence interval (CI) adjusted for age and, in women, menopausal status. P values are for trend test across grades. (From Brunner *et al*. 1997.)




Marmot M (2006)

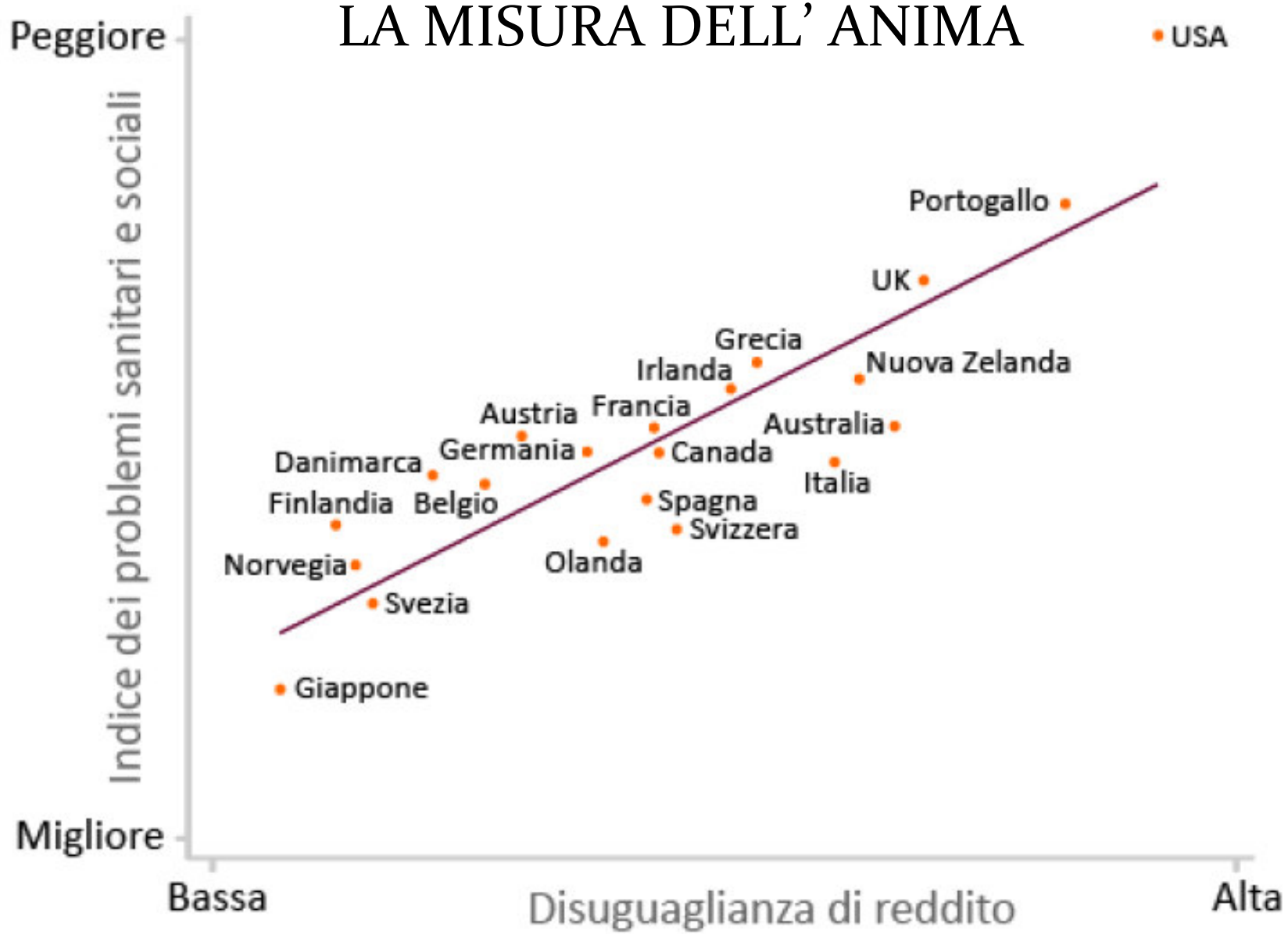
# Health and Social Problems are Worse in More Unequal Countries

**Index of:**

- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility


*Source: Wilkinson & Pickett, The Spirit Level (2009)*

# LA MISURA DELL' ANIMA

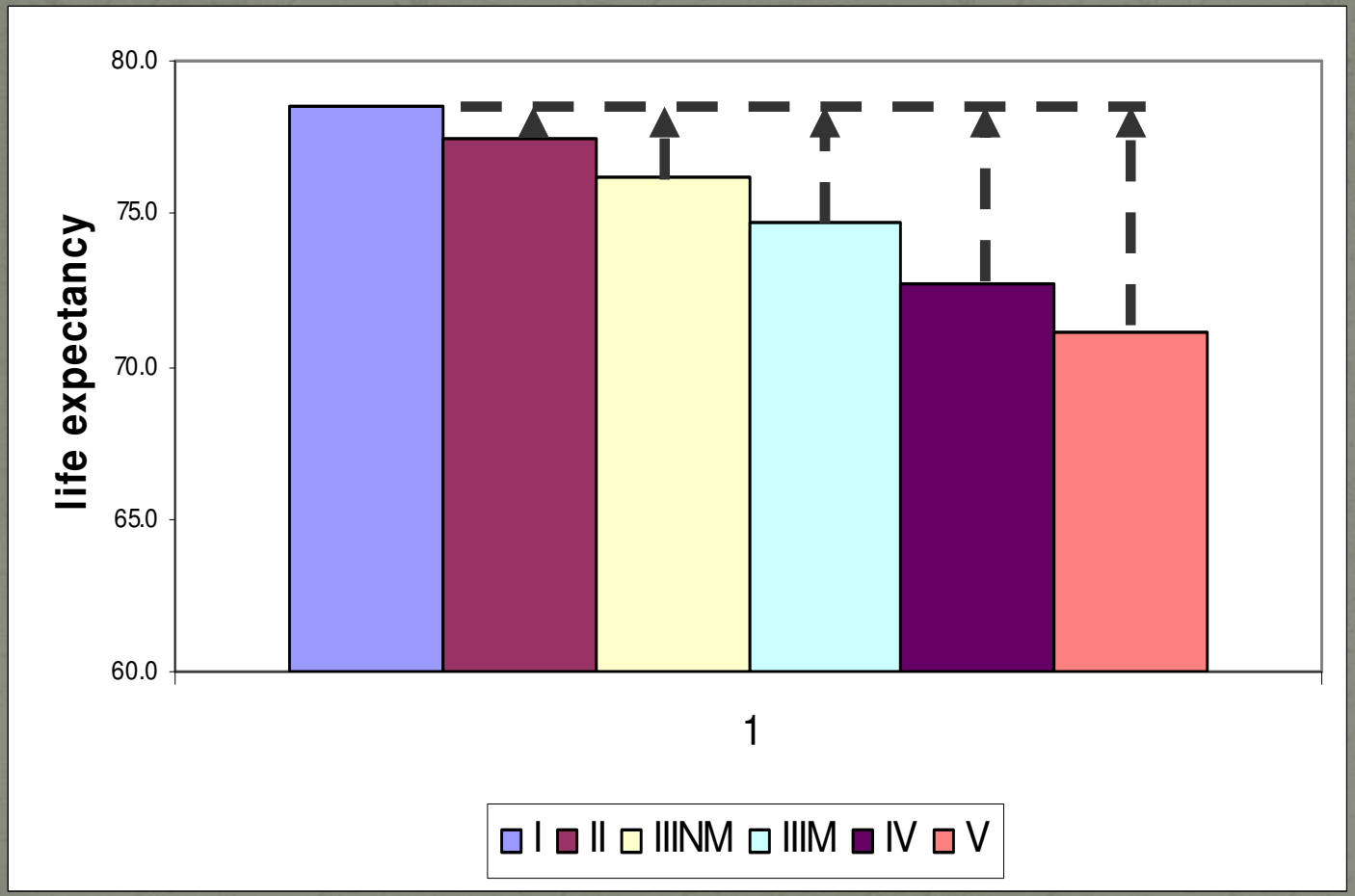


3

STATUS SINDROME?
Il fattore psico-sociale conta. Conta anche la coesione sociale

# Reducing the social gradient: Life expectancy at birth by social class, men, 1999, England & Wales.

# Levelling Up across the gradient




Source: ONS, 2006, and Graham 2007

# Strategies for tackling social inequities in health


http://www.euro.who.int/socialdeterminants/publications/publications

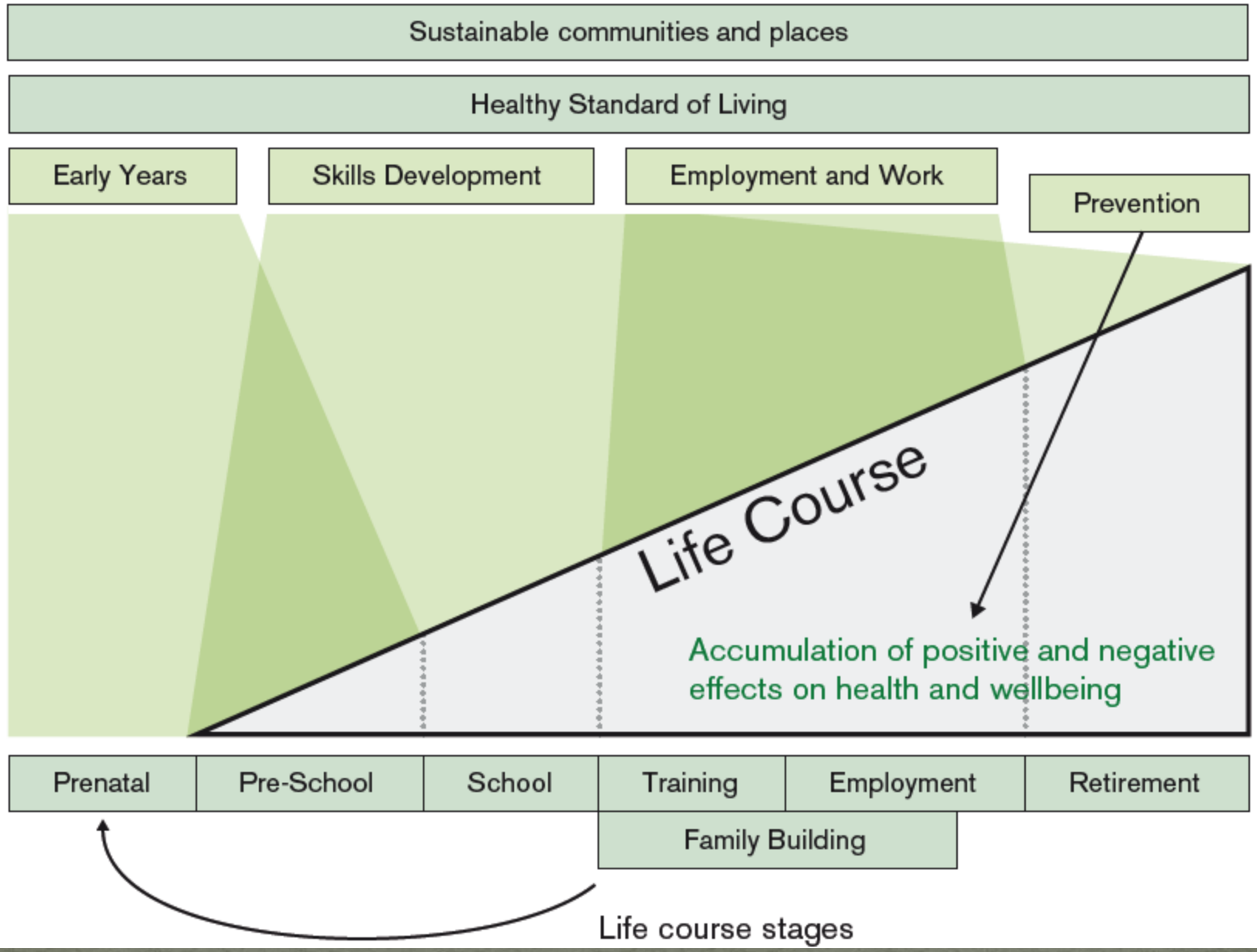

# Fair Society, Healthy Lives

## The Marmot Review
Executive Summary

Strategic Review of Health Inequalities in England post-2010

Rise up with me against
the organisation of misery
*Pablo Neruda*

Consider one measure of social position: education. People with university degrees have better health and longer lives than those without. For people aged 30 and above, if everyone without a degree had their death rate reduced to that of people with degrees, there would be 202,000 fewer premature deaths each year. Surely this is a goal worth striving for.


Sustainable communities and places
Healthy Standard of Living
Early Years
Skills Development
Employment and Work
Prevention
Life Course
Accumulation of positive and negative effects on health and wellbeing
Prenatal
Pre-School
School
Training
Employment
Retirement
Family Building
Life course stages

## Policy Objective A

Give every child the best start in life

### Priority objectives

1 Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.

2 Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient.

3 Build the resilience and well-being of young children across the social gradient.

SaluteInternazionale.info

15 novembre 2012

Redazione SI

# Il movimento della medicina sociale/salute collettiva latinamericana

Ilaria Camplone e Simone Tufano

Il movimento della Medicina Sociale/Salute Collettiva latinoamericana, in antitesi all'epistemologia positivista, biomedica e individualista sulla quale si regge la Salute Pubblica occidentale, e avvalendosi dell'apporto teorico-metodologico delle scienze sociali, fonda i propri costrutti teorici sui concetti di determinazione sociale della salute e di collettività.

distinto dall'affermazione di governi progressisti – come si autodefiniscono -, il tema della salute è tornato ad essere centrale nelle agende politiche degli stati. Ricollocare il fuoco del dibatto sul modello di sviluppo, e non solamente sulla salute, libera quindi il campo dalla possibile ipocrisia di costruire uno stato sociale sulla base del vecchio modello di sviluppo produttivistico insostenibile. Il discorso del Prof. Breilh è infatti chiaro e tagliente: denuncia l'incompatibilità della salute con uno sviluppo economico basato sulla "crescita per accumulazione monopolistica" e sul paradigma dominante "individuo-antropo-centrico", indicando in particolare le

4

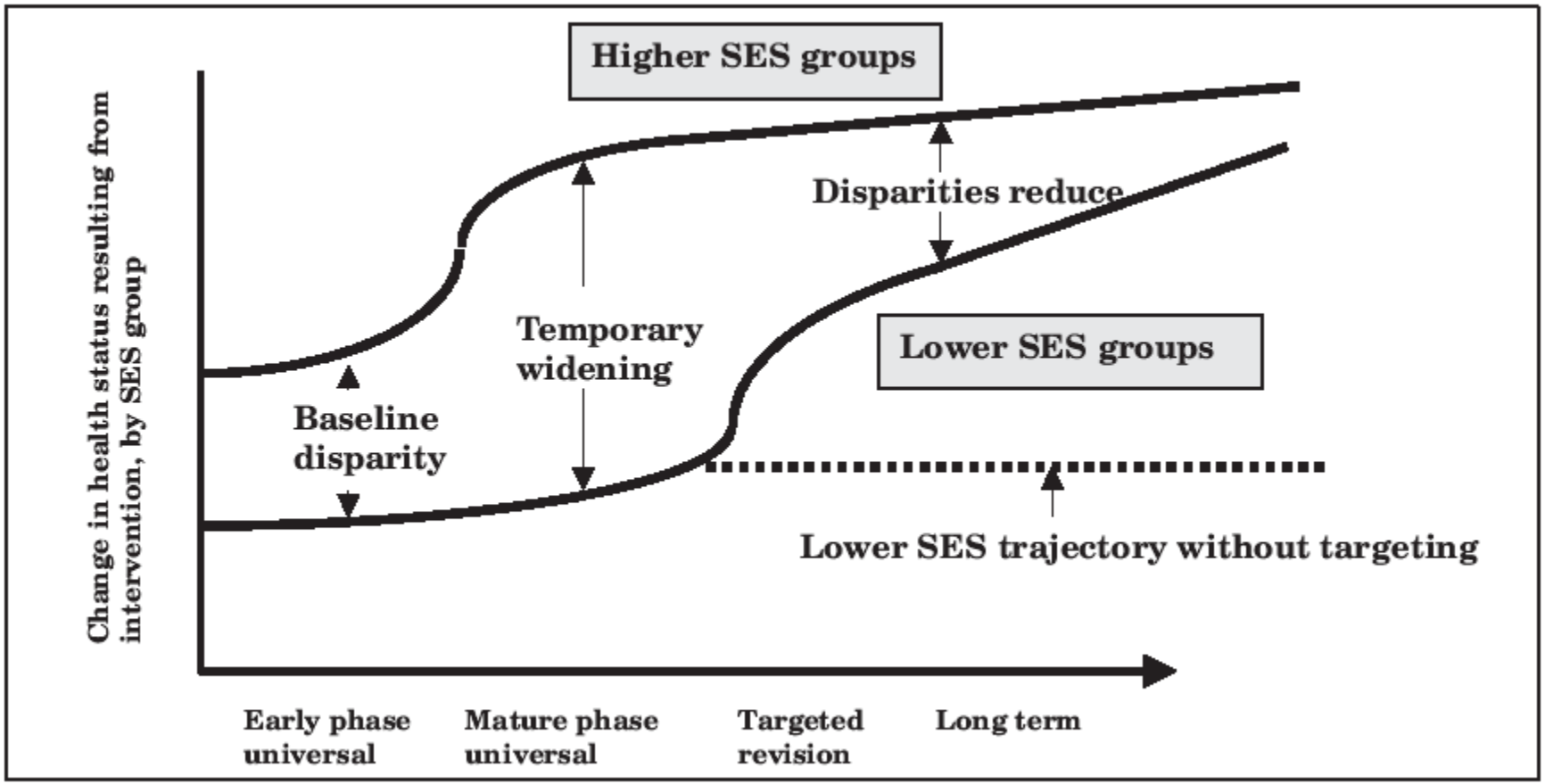
# Dalle Parole ai Fatti

Levelling Up?
Give every child a chance?
Azione contro i processi che generano le diseguaglianze?

# Cosa può fare un sistema sanitario?

# Modello concettuale dell'impatto dei sistemi sanitari universalistici sulla salute e sulle diseguaglianze nella salute.

*Fonte: Public Health Agency of Canada*



**International Journal for Equity in Health**

BioMed Central
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This Provisional PDF corresponds to the article as it appeared upon acceptance. Fully formatted PDF and full text (HTML) versions will be made available soon.

# The hidden inequity in health care

*International Journal for Equity in Health* 2011, **10**:15 doi:10.1186/1475-9276-10-15

Barbara Starfield (bstarfie@jhsph.edu)

"**La salute è uno stato di completo benessere fisico, psichico e sociale e non una mera assenza di malattia o infermità**". Questa definizione di salute fu coniata all'atto della costituzione dell'Organizzazione Mondiale della Sanità nel luglio 1946 ed entrò in vigore il 7 aprile 1948, data in cui l'OMS entrò nell'orbita delle Nazioni Unite.

# Tratto da SaluteInternazionale.info

## Vivere con una malattia. Ed essere sani

2012-01-25 14:01:19 Redazione SI

Gavino Maciocco

La salute non è un'entità fissa. Essa varia per ogni individuo in relazione alle circostanze. La salute è definita non dal medico, ma dalla persona, in relazione ai suoi bisogni funzionali. Il ruolo del medico è quello di aiutare le persone ad adattarsi alle nuove condizioni. Avendo rimpiazzato la perfezione con l'adattamento noi ci avviciniamo a un programma per la medicina più comprensivo, solidale e creativo, un programma al quale tutti noi possiamo contribuire.

Western health systems are dominated by a paradigm of illness that considers "diseases" to be the basic element of pathology [3]. Beginning with the anatomist Vesalius in the 17th century, disease came to be thought of in terms of abnormalities in body organs, with each abnormality adding, in linear fashion, to the extent of illness. Medicine is still practiced this way, with each disease requiring special knowledge and special expertise for management, and adherence to each disease guideline adding linearly to the quality of care provided. In this outdated scheme, there is no room for recognizing that diseases are not distinct biological entities that exist alone and apart from the person. A century ago, thoughtful clinicians (such as Sir William Osler) recognized that it is more important to know "what sort of patient has a disease than to know what sort of disease a patient has" [4]. The only change that might be made to this dictum a century later is to substitute diseases, risk factors, and adverse effects for "disease".

## **Sopravvivenza causa-specifica a 10 anni dalla diagnosi per status socio-economico, Comune di Firenze.** (Fonte: M. Zappa)

| | | INDICE DI DEPRIVAZIONE | | |
|---|---|---|---|---|
| 0-49 anni | N° | Cat 1 e 2 (ref) | Cat 3 (poveri) | Log rank test |
| 1985-1986 | 130 | 82.2% **Δ=12%** | 70.4% | p = 0.1580 |
| 1991-1996 | 371 | 82.7% | 74.3% | p = 0.0428 |
| 1997-2002 | 395 | 90.3% **Δ=11%** | 78.9% | p = 0.0042 |
| 50-74 anni | N° | Cat 1 e 2 (ref) | Cat 3 (poveri) | Log rank test |
| 1985-1986 | 356 | 65.5% **Δ=15%** | 50.8% | p = 0.0297 |
| 1991-1996 | 1242 | 78.2% | 78.5% | p = 0.8686 |
| 1997-2002 | 1202 | 87.6% **Δ=0%** | 87.9% | p = 0.9221 |

# How doctors can close the gap

Tackling the social determinants of health through culture change, advocacy and education

Royal College of Physicians

Setting higher medical standards

broader picture and the hard facts behind population health. It must be recognised that public health and health inequalities affect all disciplines and need to be taught across the curriculum, not just explicitly as stand-alone modules. This can be done by linking specific diseases to their causes and getting students to discuss the causes of these causes – for example when learning about respiratory disease, students need to understand how a person's family and social networks, and living and working conditions, can impact on such factors as smoking, and what measures can be taken to reduce the impact. This practice can be mirrored in the hospital setting, where public health specialists do ward rounds with the students and discuss individual cases from a sociocultural perspective. Medical students also need to develop a broad range of transferable skills to better tackle the social determinants of health and this can be done not with bland lecture courses but through experiential management and communications programmes.

# La catena delle cause

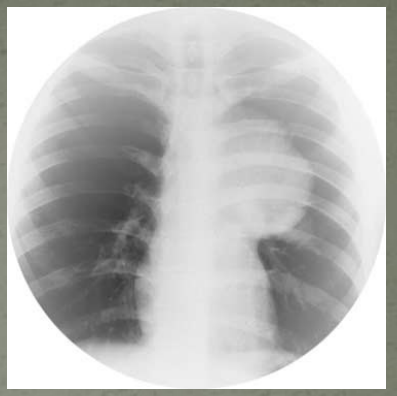
**IL PIU' VICINO ALL'EVENTO**

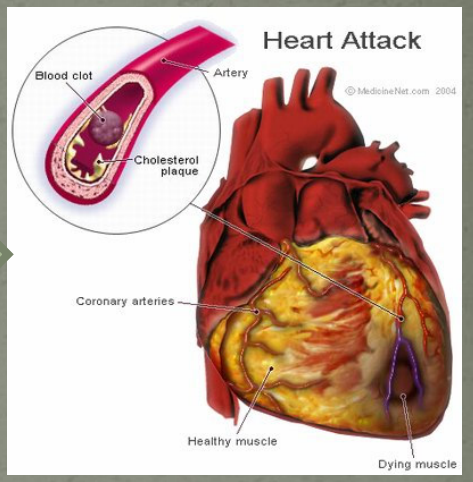
L'ANELLO FINALE

**IL PIU' FACILMENTE DOCUMENTABILE**

# Cause distali

# Cause prossimali

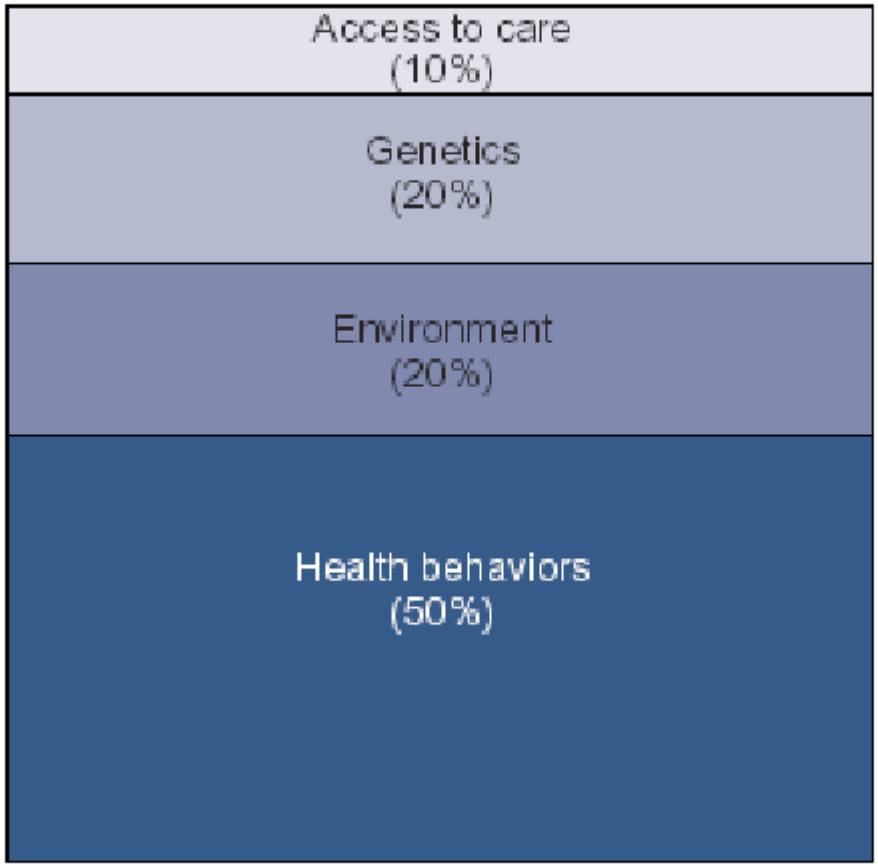





# Determinanti di salute. Modelli concettuali

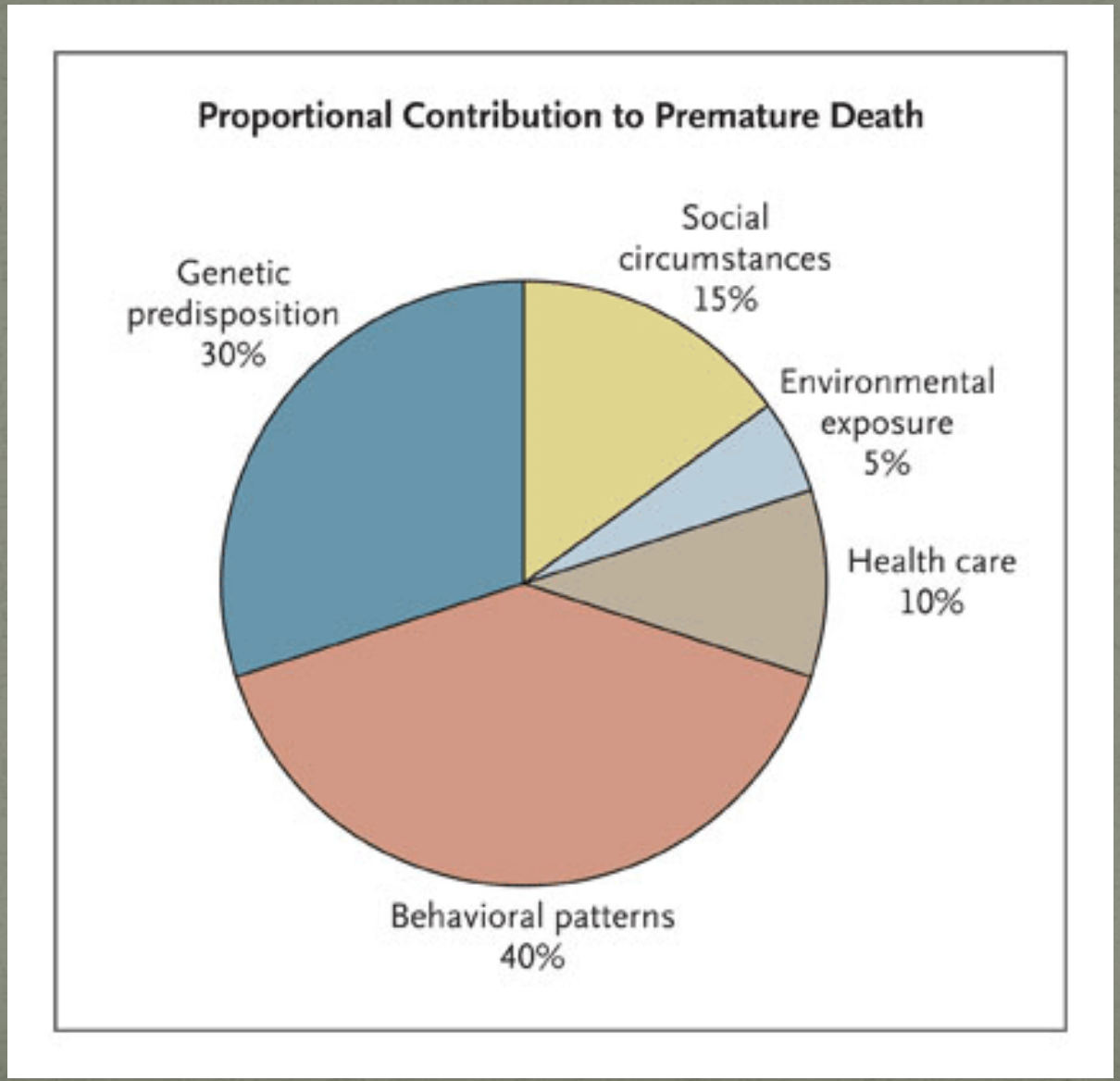
6

# *Determinants of health*

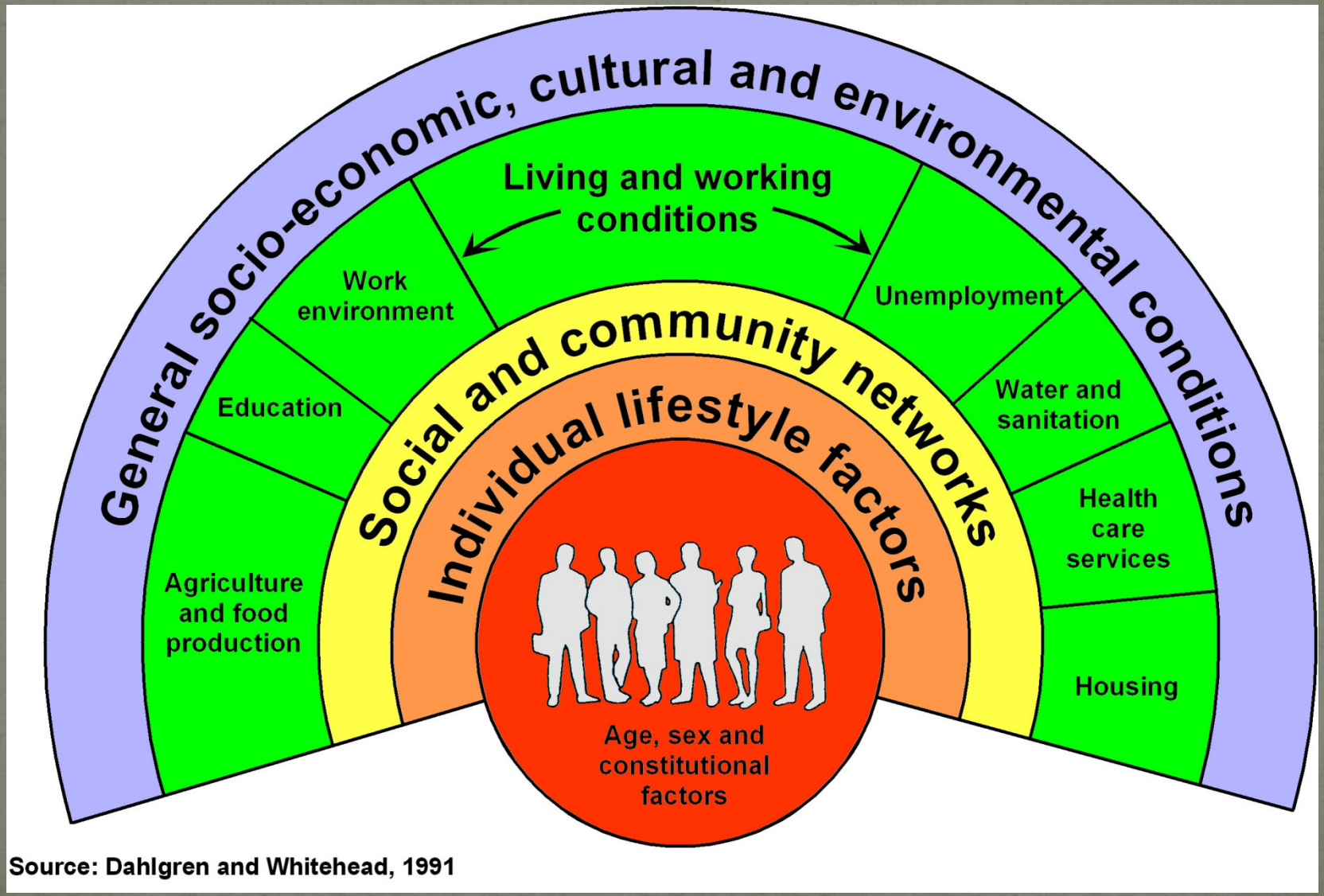



Source: IFTF; Centers for Disease Control and Prevention.

**Figure 1.** Determinants of Health and Their Contribution to Premature Death. Adapted from McGinnis et al.10



# The main determinants of health




Source: Dahlgren and Whitehead, 1991

La medicina è una
scienza sociale e
la politica è una
medicina su larga scala

Rudolf VIRCHOW
(1821-1902)