

ESRC Seminar

Recession, changing economic circumstances and health: the role of research in better policy making

Eric Brunner PhD FFPH

Reader in Epidemiology and Public Health

UCL Department of Epidemiology and Public Health

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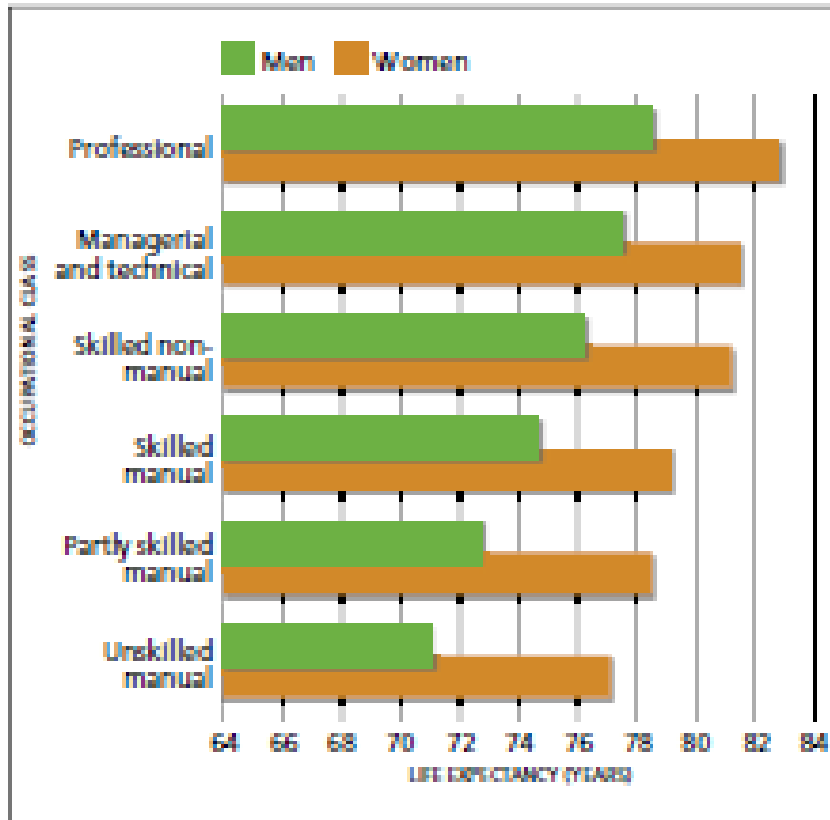


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1. THE SOCIAL GRADIENT

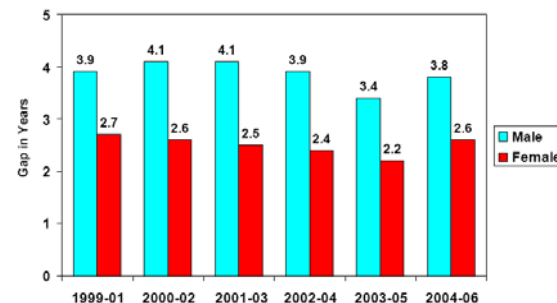
Fig. 1. Occupational class differences in life expectancy, England and Wales, 1997-1999



Poor social and economic circumstances affect health throughout life

NI data, 1999-2006: life expectancy gap between most deprived areas and NI overall has improved slightly to 3.8 years in men, 2.6 years in women (DHSSPS)

Life Expectancy
Gap between most deprived areas and NI overall

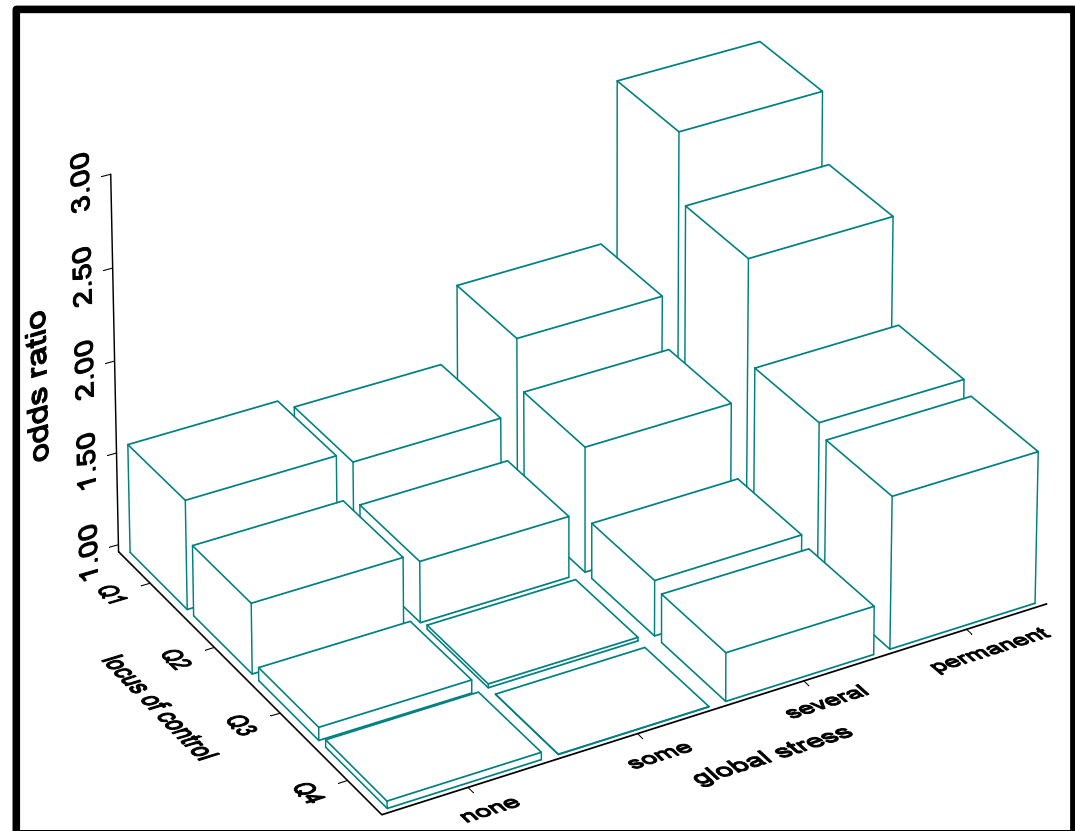


2. STRESS

Social and psychological circumstances can cause long-term stress. Continuing anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life, have powerful effects on health

Combined effects of stress and locus of control on non-fatal IHD

INTERHEART STUDY
Rosengren et al, Lancet 2004;364:953

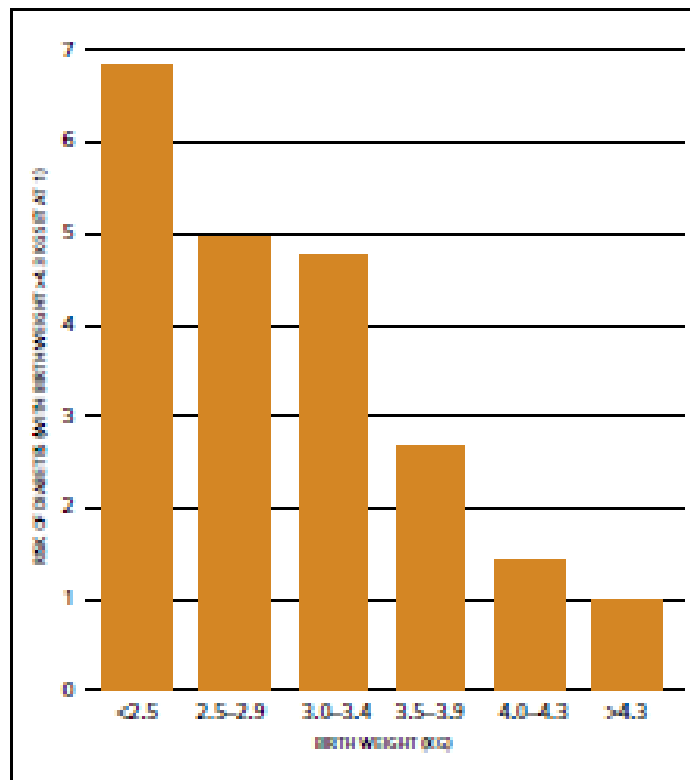


3. EARLY LIFE

Important foundations of adult health are laid in early childhood

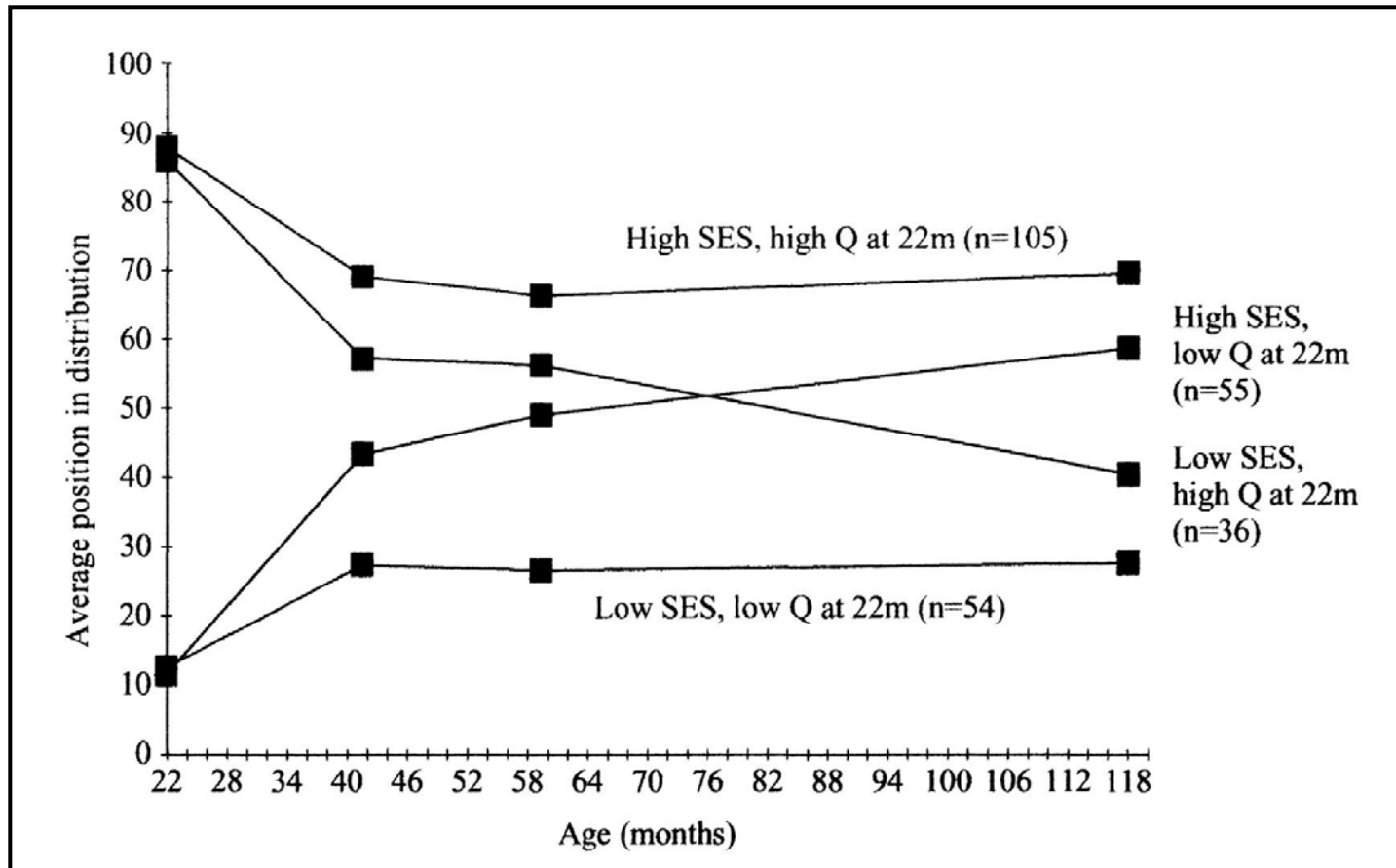
Fig. 2. Risk of diabetes in men aged 64 years by birth weight

Adjusted for body mass index



Low birth weight linked to low socioeconomic position

Social class and child cognitive development

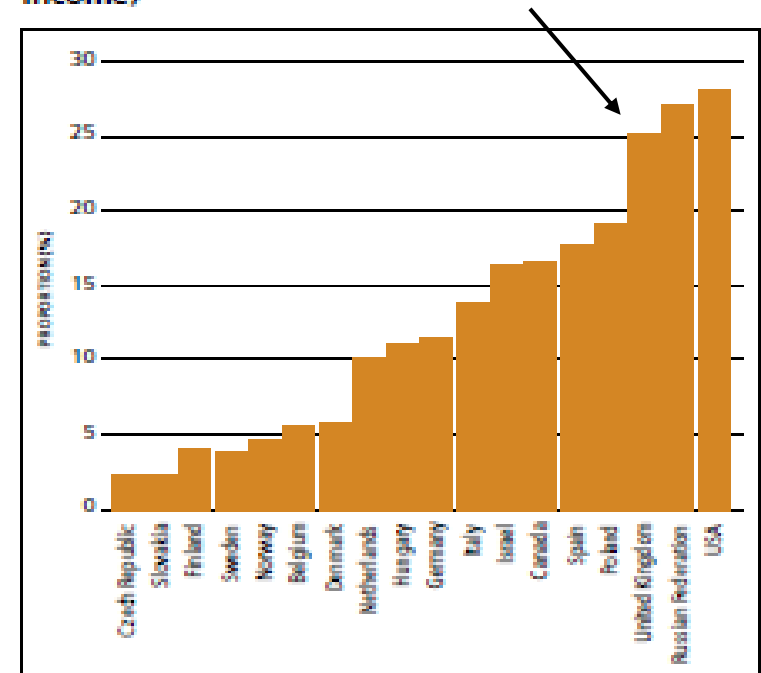


BCS70, upper and lower quartiles of 'Q' by childhood SES at 22 mo

4. SOCIAL EXCLUSION

Social exclusion results from racism, discrimination, stigmatization, hostility and unemployment. Such processes prevent people from participating in education, training, gaining access to services and citizenship activities. They are socially and psychologically damaging, materially costly, and harmful to health. People who live in, or have left, institutions, such as prisons, children's homes and psychiatric hospitals, are particularly vulnerable.

Fig. 3. Proportion of children living in poor households (below 50% of the national average income)



Bradshaw, 2000

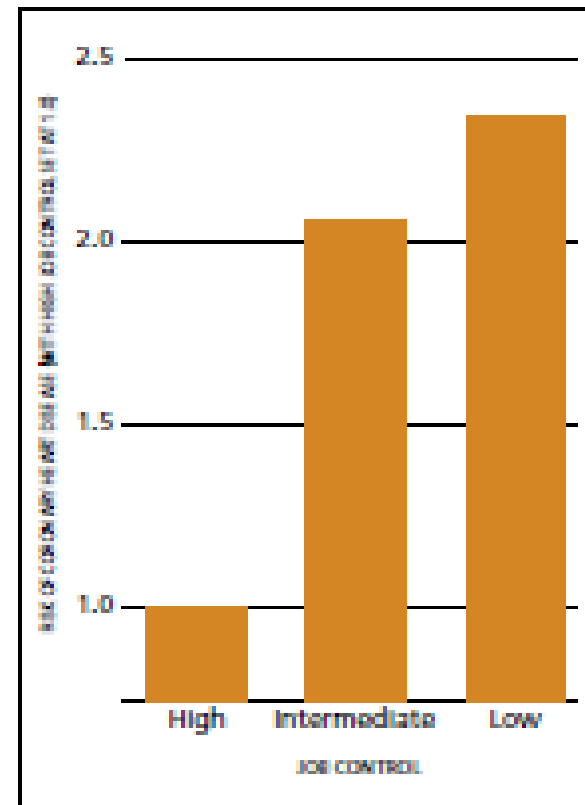
5. WORK

Stress in the workplace increases risk of disease. People who have more control over their work have better health.

Demand-control model

Effort-reward imbalance model

Fig. 4. Self-reported level of job control and incidence of coronary heart disease in men and women



Adjusted for age, sex, length of follow-up, effort/reward imbalance, employment grade, coronary risk factors and negative psychological disposition

Bosma et al AJPH1998

6. UNEMPLOYMENT

Job security increases health, well-being and job satisfaction.

Higher rates of unemployment cause more illness and premature death.

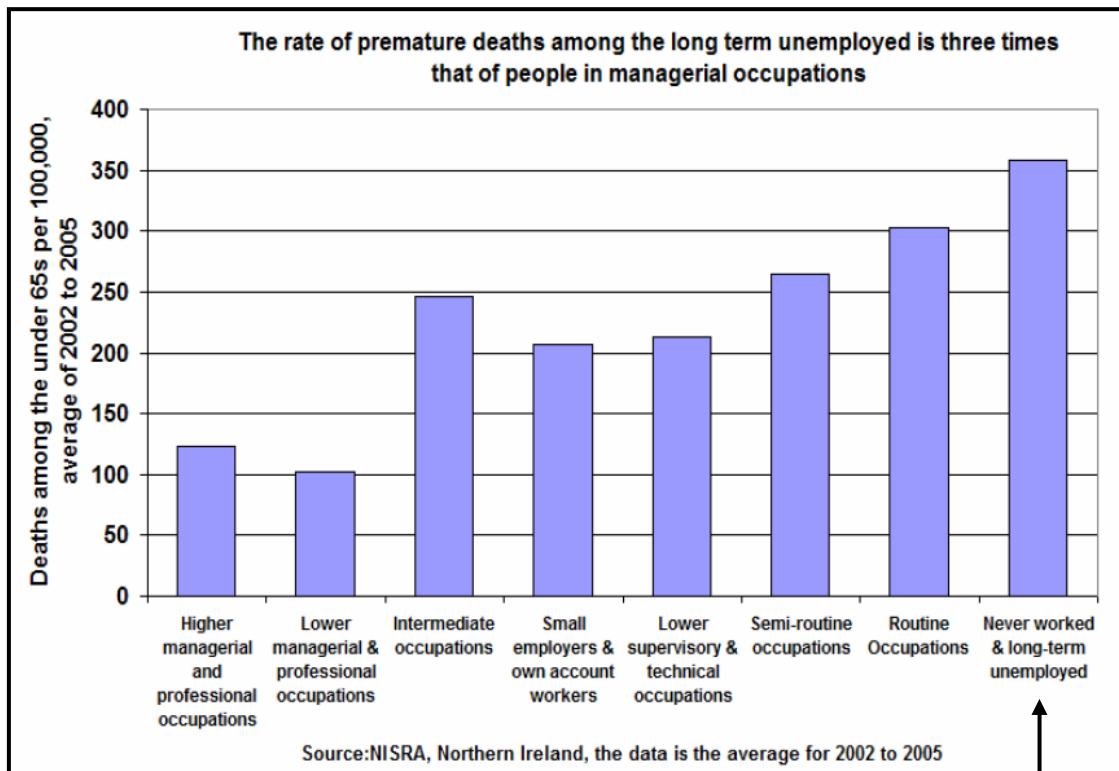
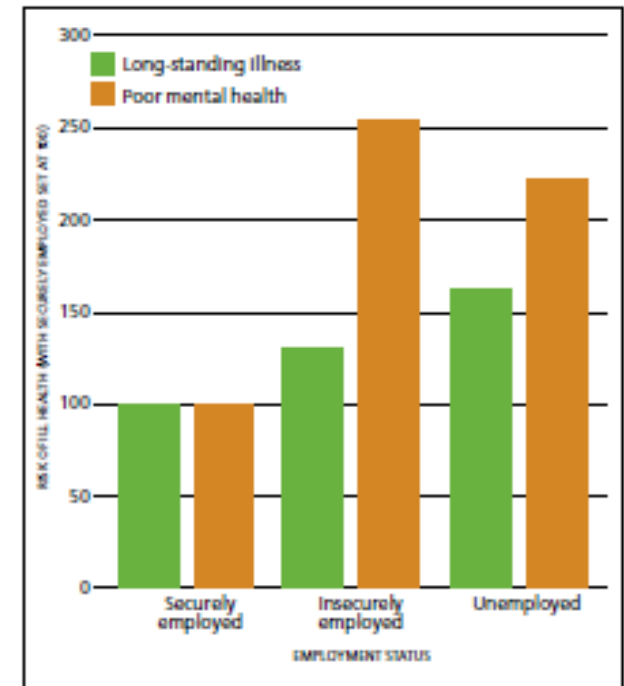


Fig. 5. Effect of job insecurity and unemployment on health



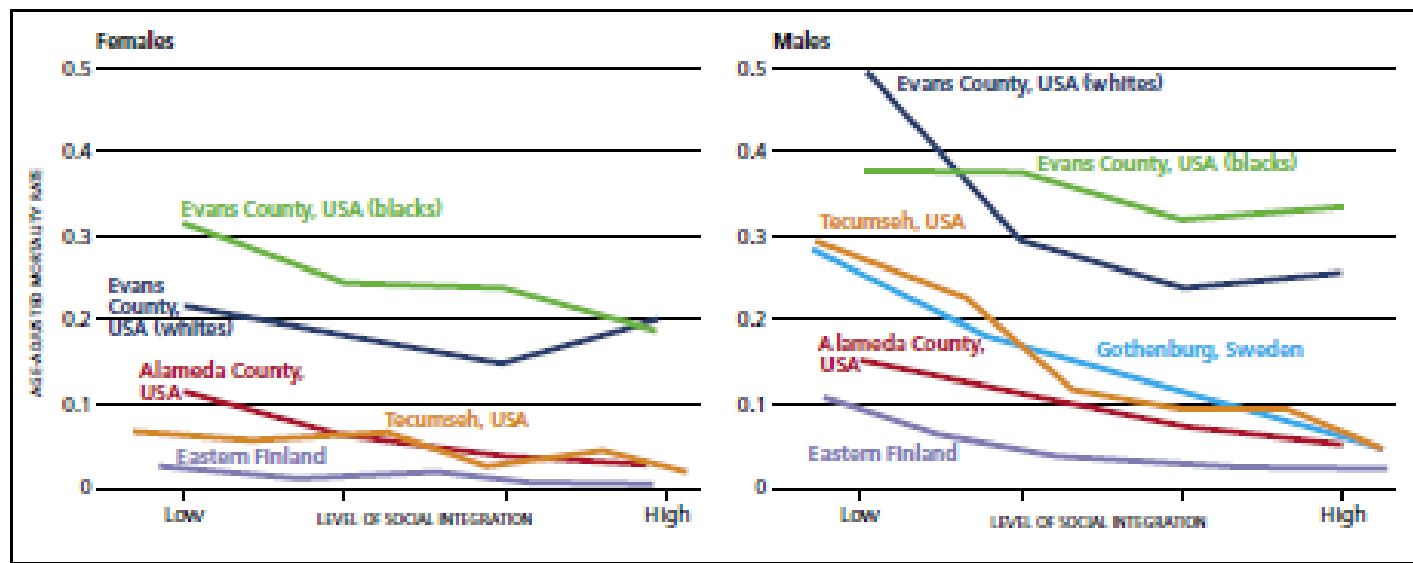
Ferrie et al BMJ 2001

7. SOCIAL SUPPORT

Friendship, good social relations and strong supportive networks improve health at home, at work and in the community

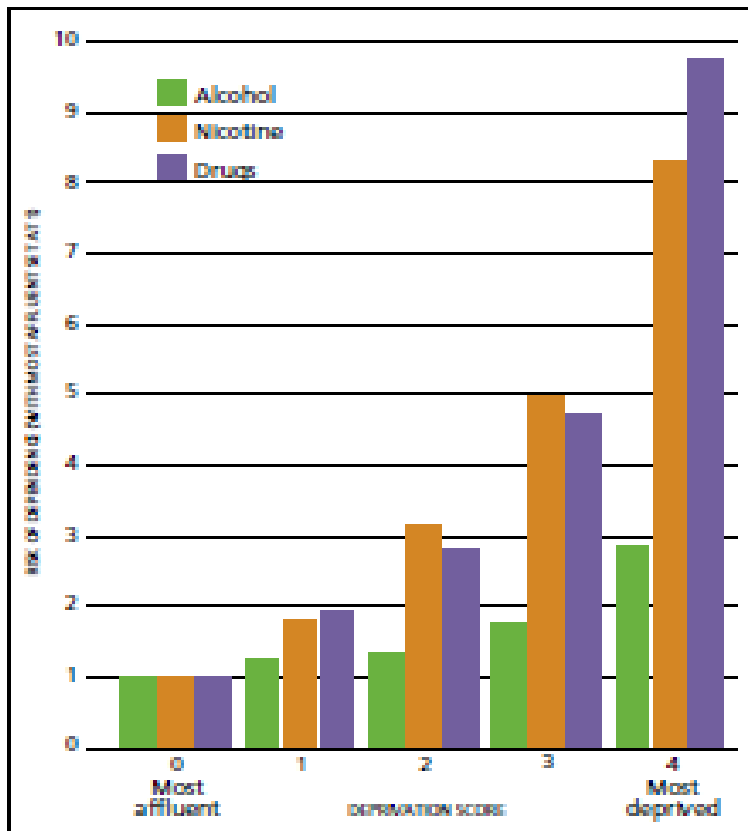
The amount of emotional and practical social support people get varies by social and economic status

Fig. 6. Level of social integration and mortality in five prospective studies



8. ADDICTION

Fig. 7. Socioeconomic deprivation and risk of dependence on alcohol, nicotine and drugs, Great Britain, 1993



Wardle et al 1999

Individuals turn to alcohol, drugs and tobacco and suffer from their use.

BUT

Use is influenced by the wider social setting.

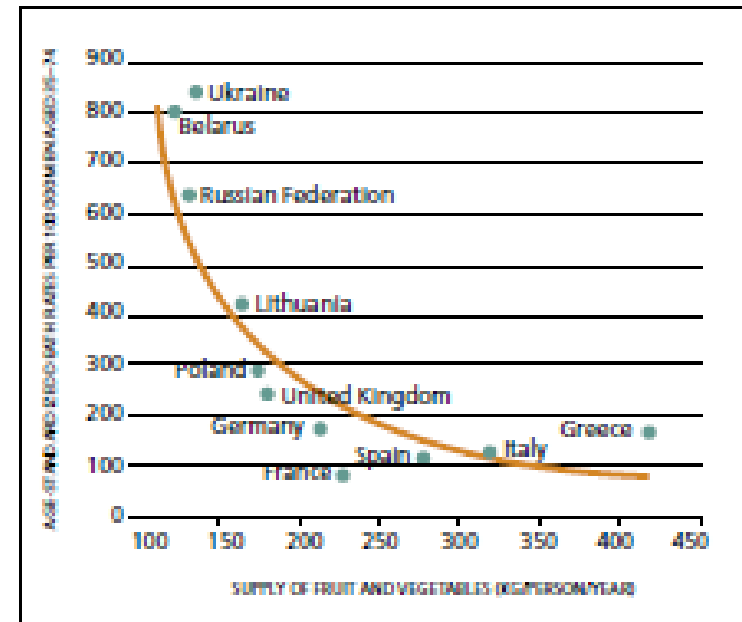
9. FOOD

Healthy dietary patterns are not well supported by the 'food environment'

Low income is a risk factor for poor nutrition

In 2004 the UK LIDNS survey found 25% of men, 16% of women were deficient in vitamin C, and another 20% were in the depleted range (blood levels)

Fig. 8. Mortality from coronary heart disease in relation to fruit and vegetable supply in selected European countries



WHO & FAO statistics

10. TRANSPORT

Healthy transport means less driving and more walking and cycling, backed up by better public transport.

Fig. 9. Distance travelled per person by mode of transport, Great Britain, 1985 and 2000

