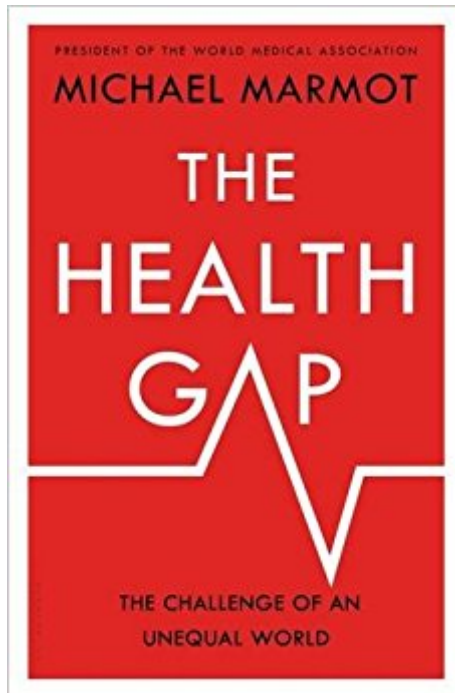


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The Health Gap: The Challenge Of An Unequal World



Synopsis

In Baltimore's inner-city neighborhood of Upton/Druid Heights, a man's life expectancy is sixty-three; not far away, in the Greater Roland Park/Poplar neighborhood, life expectancy is eighty-three. The same twenty-year avoidable disparity exists in the Calton and Lenzie neighborhoods of Glasgow, and in other cities around the world. In Sierra Leone, one in 21 fifteen-year-old women will die in her fertile years of a maternal-related cause; in Italy, the figure is one in 17,100; but in the United States, which spends more on healthcare than any other country in the world, it is one in 1,800. Why? Dramatic differences in health are not a simple matter of rich and poor; poverty alone doesn't drive ill health, but inequality does. Indeed, suicide, heart disease, lung disease, obesity, and diabetes, for example, are all linked to social disadvantage. In every country, people at relative social disadvantage suffer health disadvantage and shorter lives. Within countries, the higher the social status of individuals, the better their health. These health inequalities defy the usual explanations. Conventional approaches to improving health have emphasized access to technical solutions and changes in the behavior of individuals, but these methods only go so far. What really makes a difference is creating the conditions for people to have control over their lives, to have the power to live as they want. Empowerment is the key to reducing health inequality and thereby improving the health of everyone. Marmot emphasizes that the rate of illness of a society as a whole determines how well it functions; the greater the health inequity, the greater the dysfunction. Marmot underscores that we have the tools and resources materially to improve levels of health for individuals and societies around the world, and that to not do so would be a form of injustice. Citing powerful examples and startling statistics (• young men in the U.S. have less chance of surviving to sixty than young men in forty-nine other countries •), *The Health Gap* presents compelling evidence for a radical change in the way we think about health and indeed society, and inspires us to address the societal imbalances in power, money, and resources that work against health equity.

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Customer Reviews

The conditions of people's lives can lead to physical and mental illnesses. Taking control of one's life and exercising, eating, and drinking sensibly, having time off on happy holidays is great if one is well off - financially and socially. Dr. Marmot asks, 'Why (just) treat people and send them back to the conditions that made them sick?' Being emotionally abused by your spouse, having family troubles, being unlucky in love, being marginal in society can all increase risk of disease. Health is correlated with work status. In the Whitehall Study of 17,000 men (1978-84) at the bottom of British civil service found their mortality rate was 4X that of the men at the top; in between health improved steadily with rank. High stress, low control. In 2012, the World Health Organization concluded that life expectancy in the world was 70, ranging from 46 in Sierra Leone to 84 in Japan. Regardless, in Nepal, life expectancy improved by about 20 years between 1980 and 2012, to 69; thus, progress can be rapid. More action is needed. Marmot contends that health inequalities are not a footnote to the health problems we face - they are the major health problem. We have major inequalities in health - both within and between countries. About 13% of American boys aged 15 will not reach their 60th birthday, vs. only 7% in Sweden. If the U.S. has the best health care in the world, why do U.S. young adults have less of a chance for surviving to 60 than those in Costa Rica, Cuba, and Slovenia? Medical care has little to do with it - the differences are attributable mostly to homicide, suicide, car crashes, other accidents, drugs, alcohol, and other disorders. Russia is much worse - one-third of its 15-year-old boys do not make it to age 60 - only marginally better than Sierra Leone.

The Health Gap by Dr. Michael Marmot is essential reading for everyone concerned about health and their country. He is the president of the World Health Association and a long time advocate of the idea that social factors largely determine health. He is affiliated with University College London and the Institute of Health Equity there. Dr. Marmot demonstrates that the traditional view that health is a matter of personal responsibility (your behavior is a choice you make and it determines your health) is incorrect. Personal responsibility should be at the heart of health but people's

ability to take personal responsibility is shaped by their circumstances. A more accurate view is that inequities in health within and between countries are a result of social determinates such as income, education and the existence or lack of a social support structure. Thus in order to improve health it is necessary to focus on correcting and reducing these inequities. In sum, culture influences and affects health. Inequalities in health arise from inequalities in society not a lack of health care. Central to improving people's health and well being is the empowerment of individuals and communities. Economists argue that poor health leads to poverty, Dr. Marmot replies that the reverse is more accurate "poverty leads to poor health. For example, the United States is one of the richest countries in the world and has one of the best health care systems yet the health of the American people is not particularly good because of the sharp inequities in American society. By contrast Cuba and Costa Rica are poor countries but have a high level of health. The Nordic countries have high health and relatively small inequities. The book goes on to discuss a number of strategies for health reform.

The conditions of people's lives can lead to physical and mental illnesses. Taking control of one's life and exercising, eating, and drinking sensibly, having time off on happy holidays is great if one is well off - financially and socially. Dr. Marmot asks, 'Why (just) treat people and send them back to the conditions that made them sick?' Being emotionally abused by your spouse, having family troubles, being unlucky in love, being marginal in society can all increase risk of disease. Health is correlated with work status. In the Whitehall Study of 17,000 men (1978-84) at the bottom of British civil service found their mortality rate was 4X that of the men at the top; in between health improved steadily with rank. High stress, low control. In 2012, the World Health Organization concluded that life expectancy in the world was 70, ranging from 46 in Sierra Leone to 84 in Japan. Regardless, in Nepal, life expectancy improved by about 20 years between 1980 and 2012, to 69; thus, progress can be rapid. More action is needed. Marmot contends that health inequalities are not a footnote to the health problems we face - they are the major health problem. We have major inequalities in health - both within and between countries. About 13% of American boys aged 15 will not reach their 60th birthday, vs. only 7% in Sweden. If the U.S. has the best health care in the world, why do U.S. young adults have less of a chance for surviving to 60 than those in Costa Rica, Cuba, and Slovenia? Medical care has little to do with it - the differences are attributable mostly to homicide, suicide, car crashes, other accidents, drugs, alcohol, and other disorders. Russia is much worse - one-third of its 15-year-old boys do not make it to age 60 - only marginally better than Sierra Leone.

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