



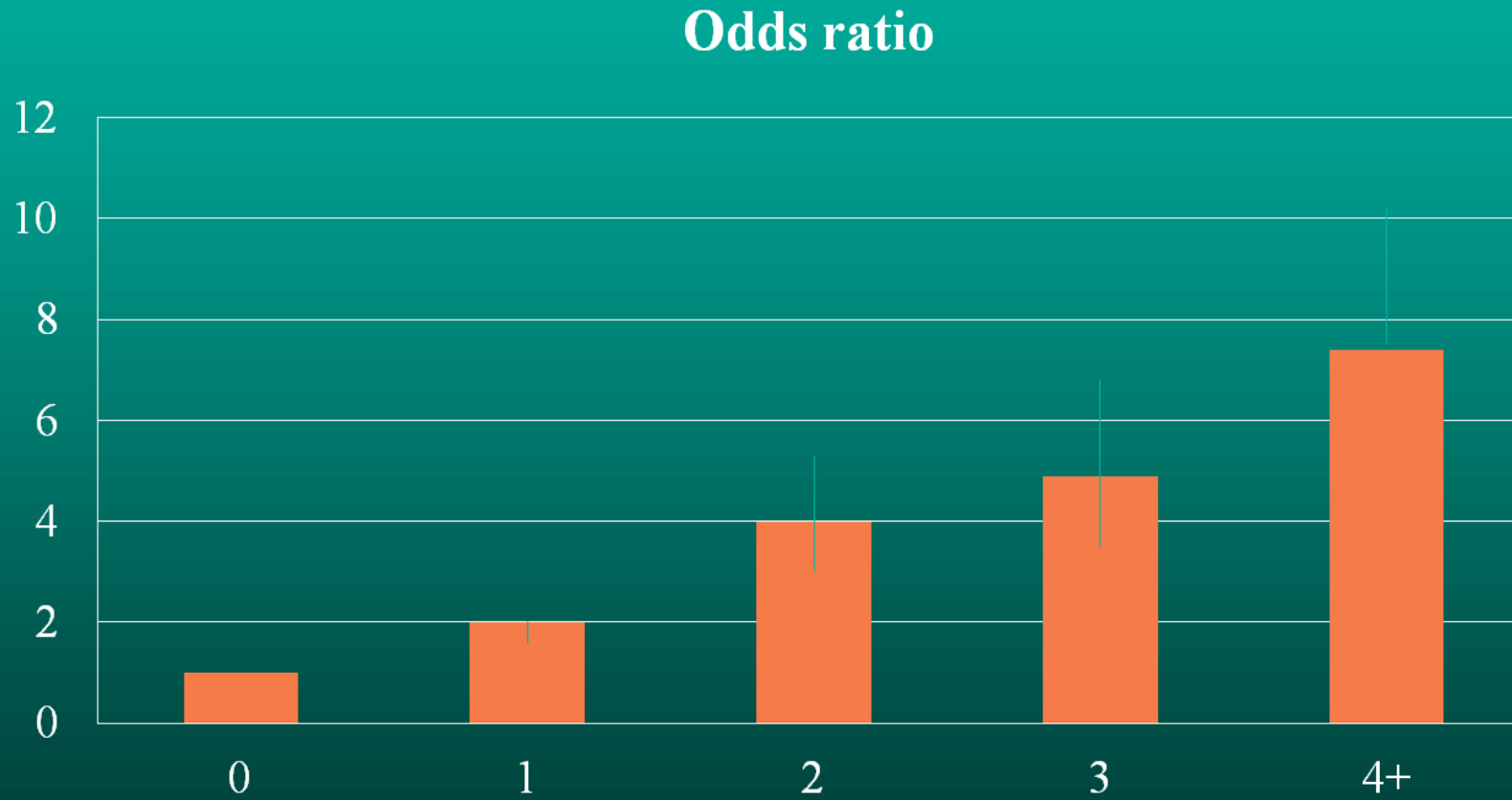
Sir Harry Burns

Professor of Global Public Health
University of Strathclyde

Adverse childhood events study

- u Physical/sexual/emotional abuse
- u Neglect (physical/emotional)
- u Domestic substance abuse
- u Domestic violence
- u Parental mental illness
- u Parental criminality

Adverse childhood events risk of alcoholism

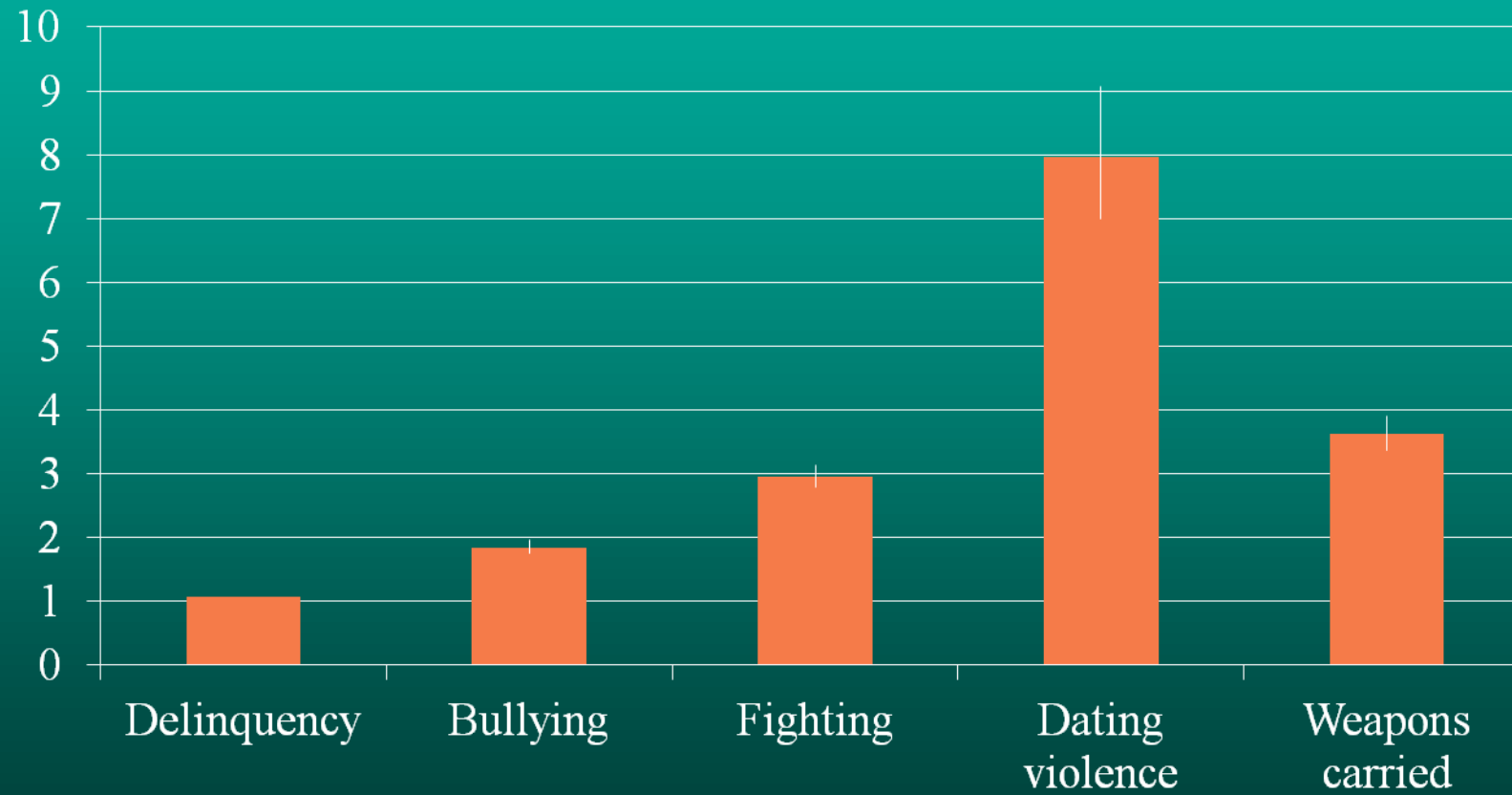


Hillis et al 2011

Adverse childhood events

risk of perpetrating violence

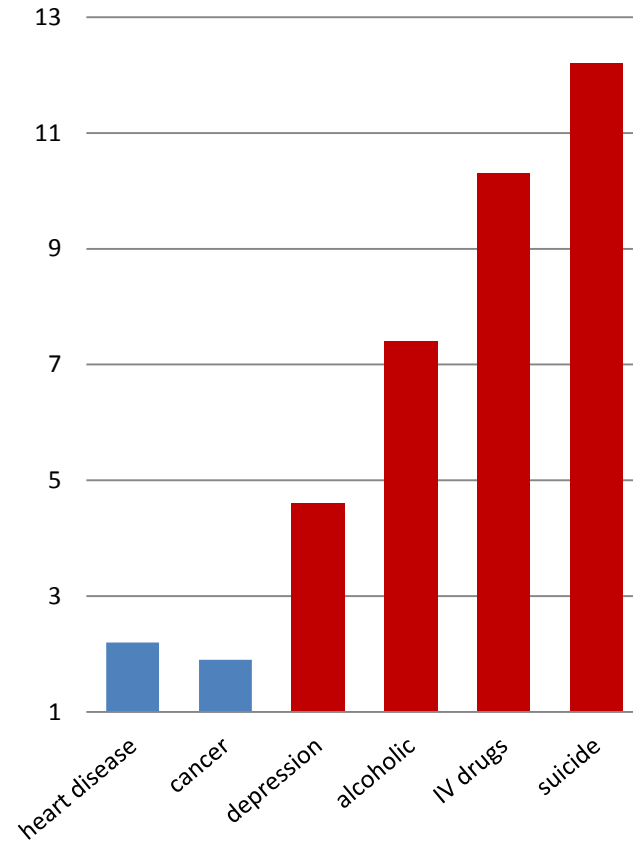
Boys experiencing physical abuse



Duke et al 2010

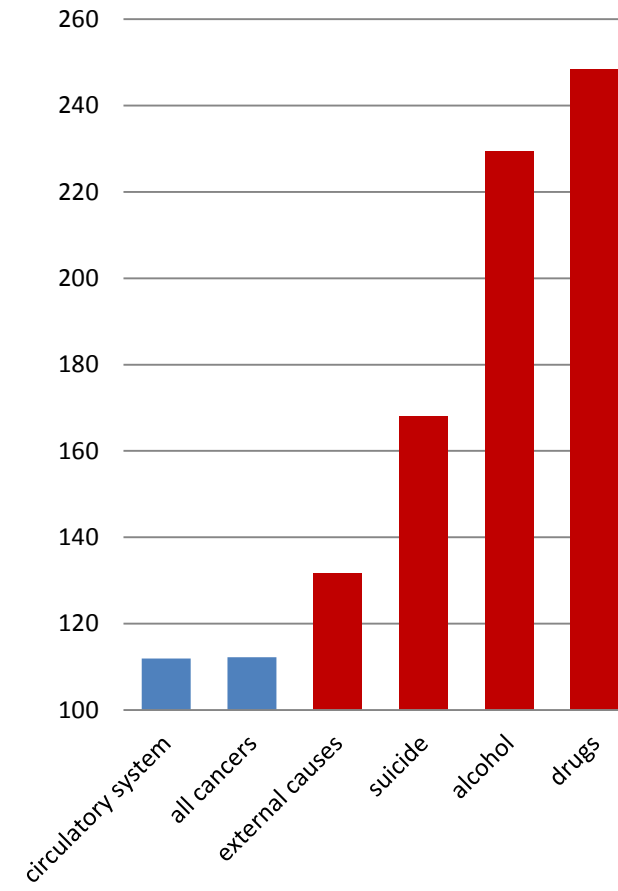
ACE and morbidity

(adjusted odds ratio, 4+ ACE)

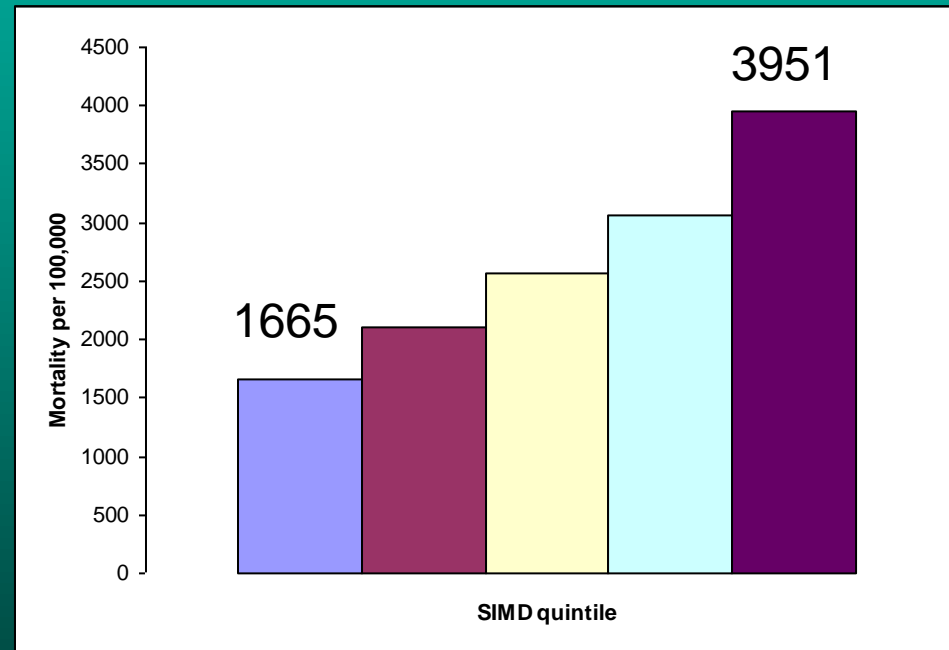


Glasgow excess mortality

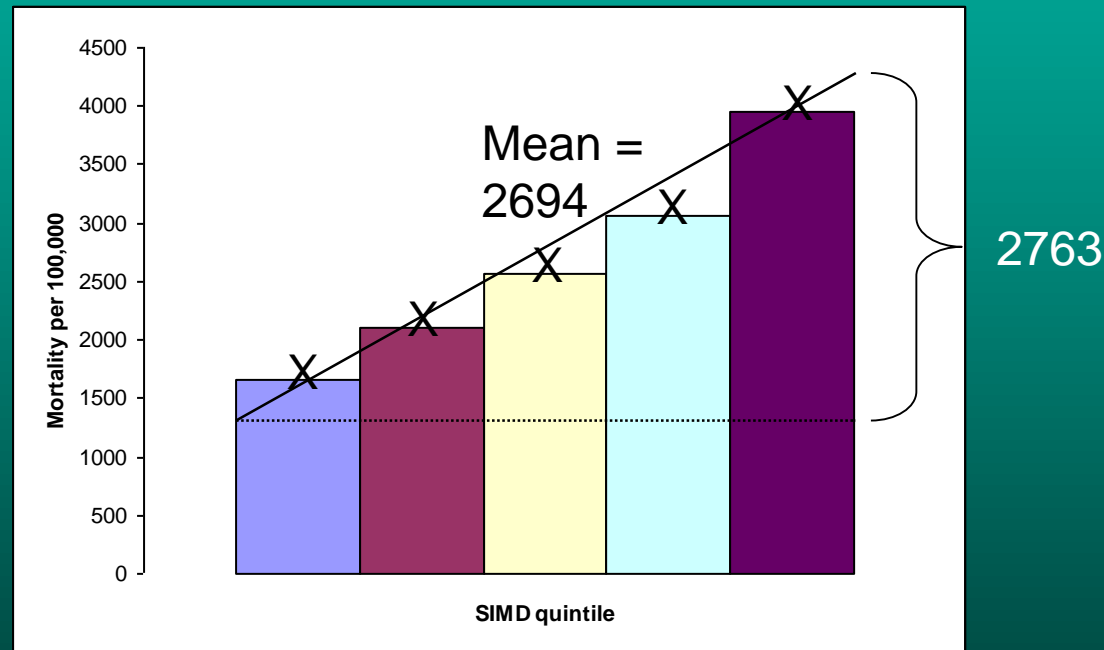
(cause-specific SMR, compared to Liverpool & Manchester)



All cause mortality, men 65-69



Slope index of inequality

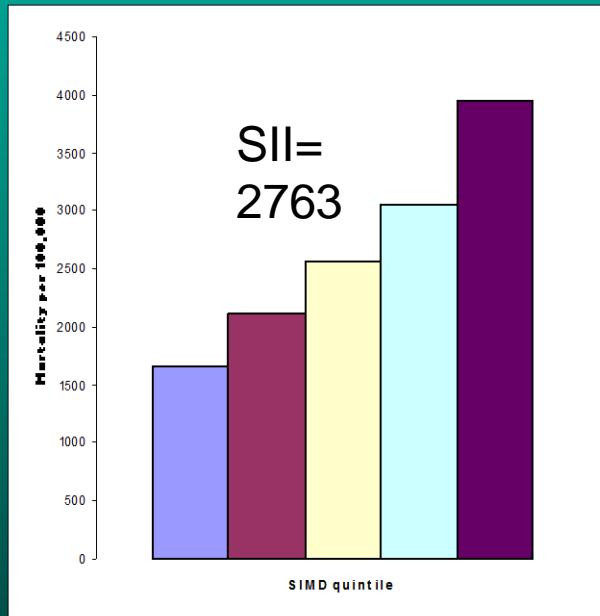


All cause, M65-69
 $2763/2694 = 1.025$

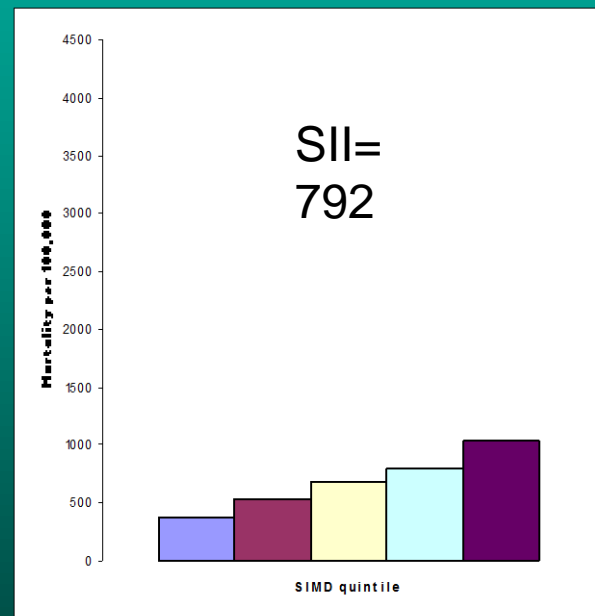
Male inequalities, all causes, all ages



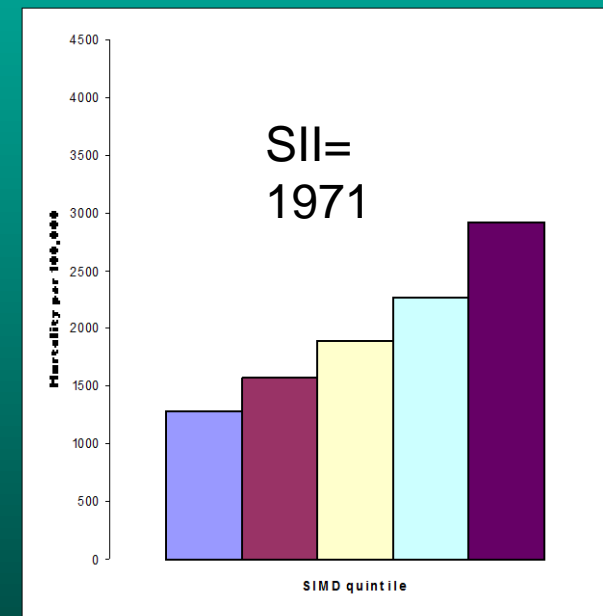
Slope index of inequality breakdown by cause of death



All cause

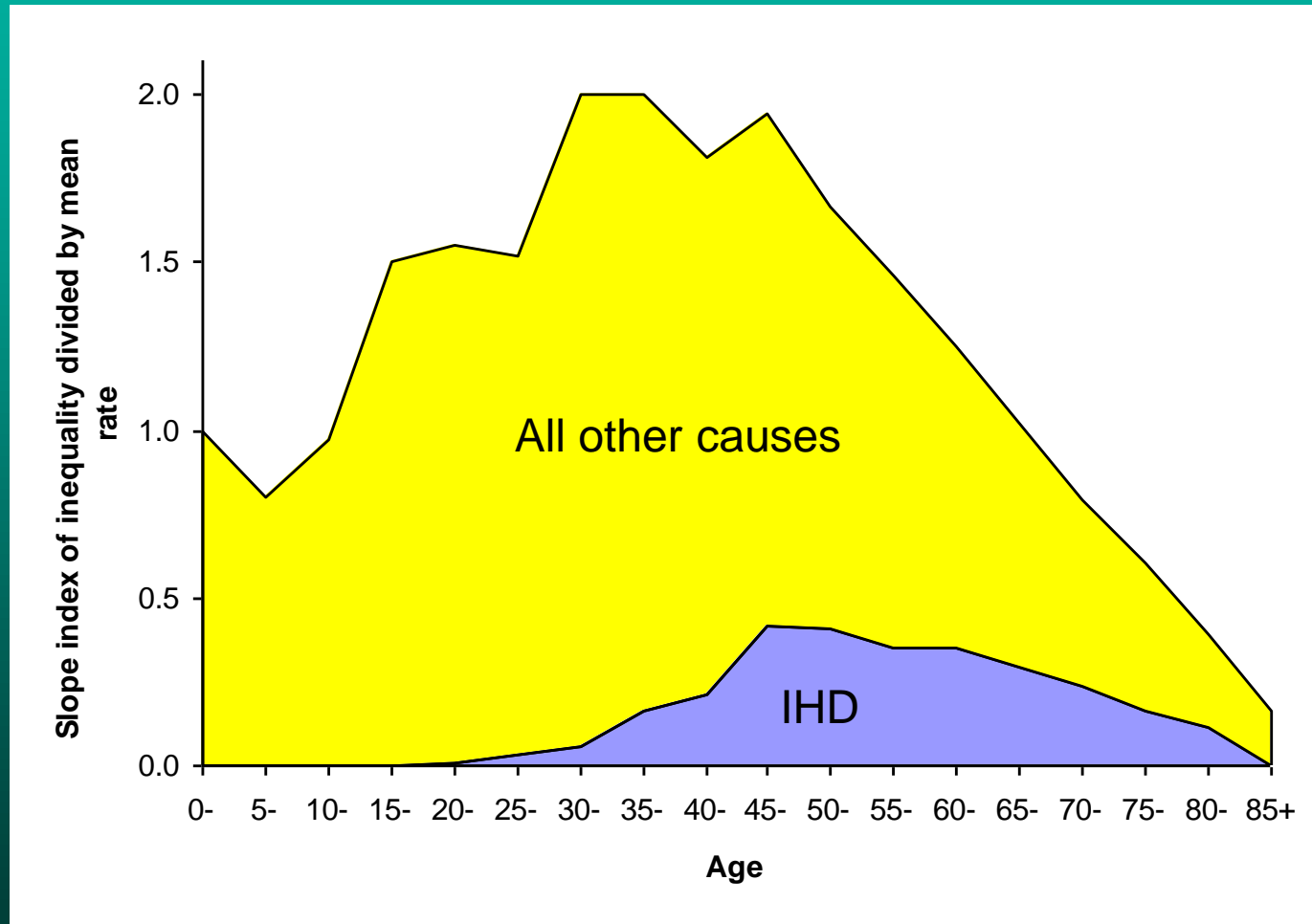


IHD



Other causes

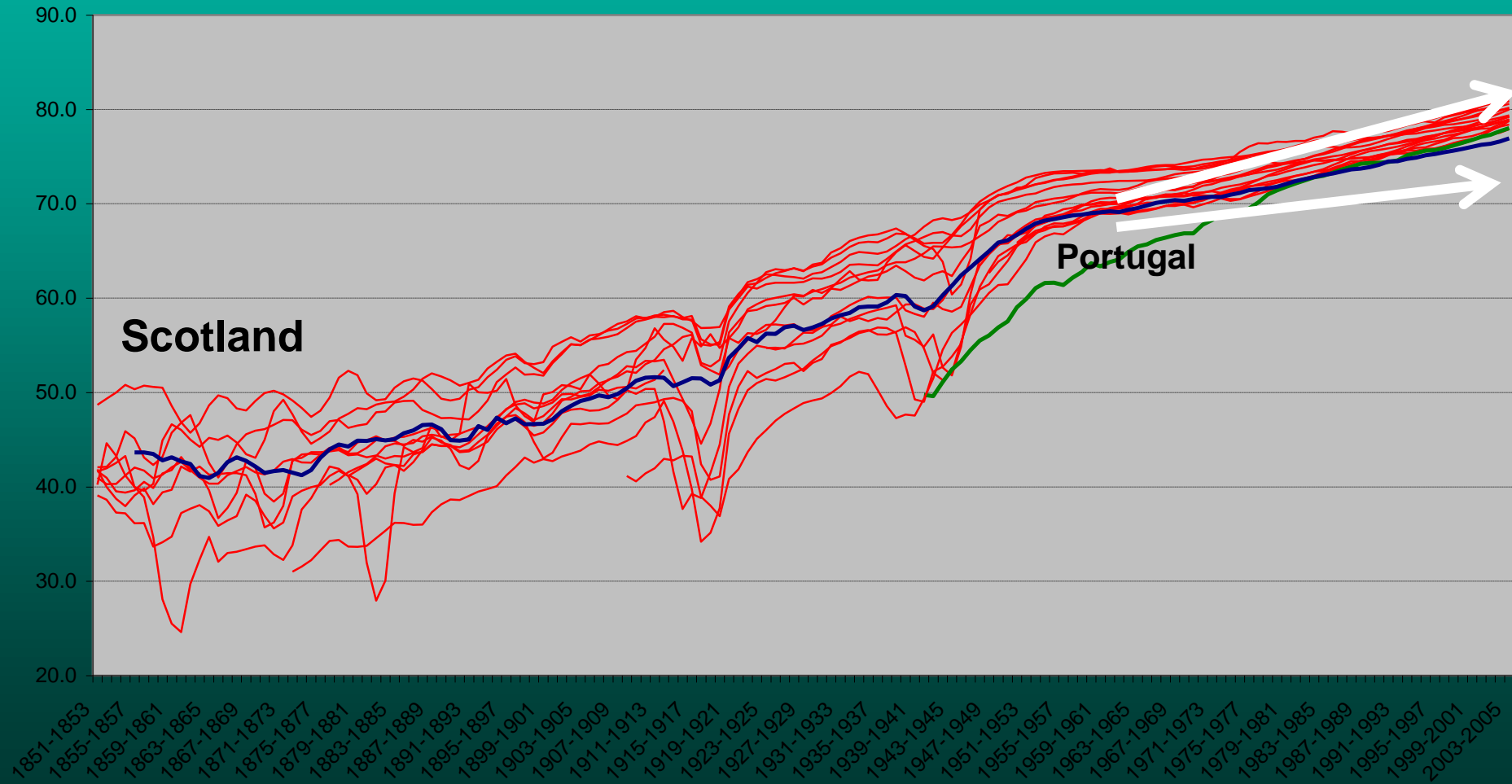
Male inequalities, all ages, by cause



Life expectancy trends

Life expectancy: Scotland & other Western European Countries, 1851-2005

Source: Human Mortality Database



Workers in the 1950s



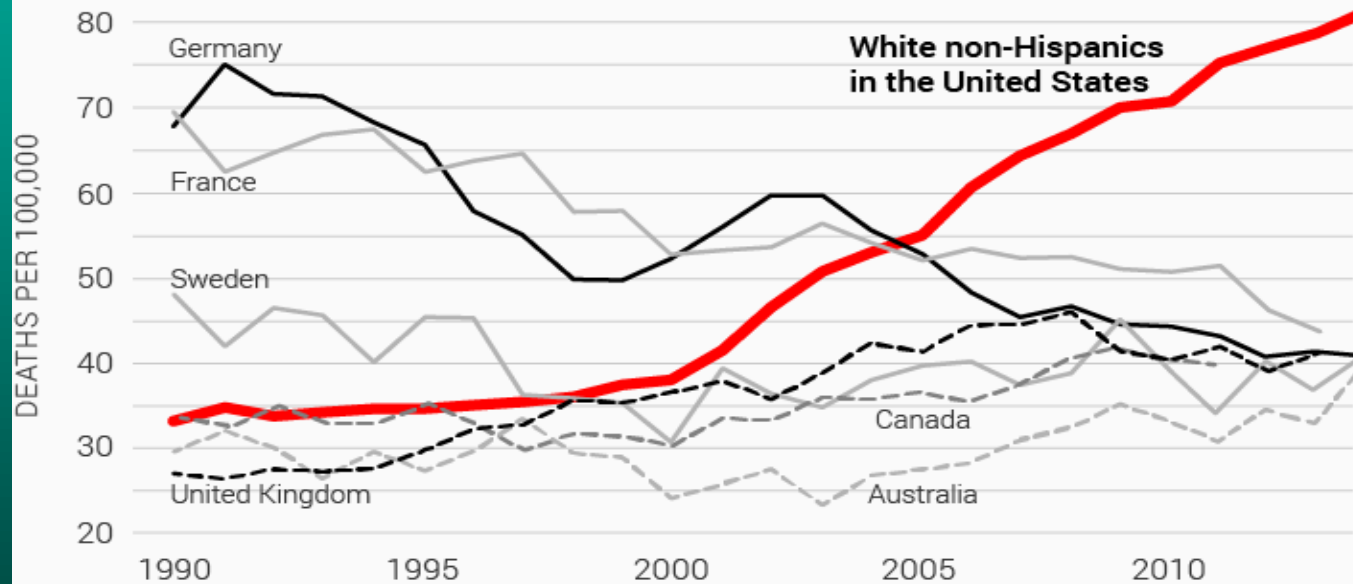
Better housing?



US mortality 1999-2015

Midlife mortality from "deaths of despair" across countries

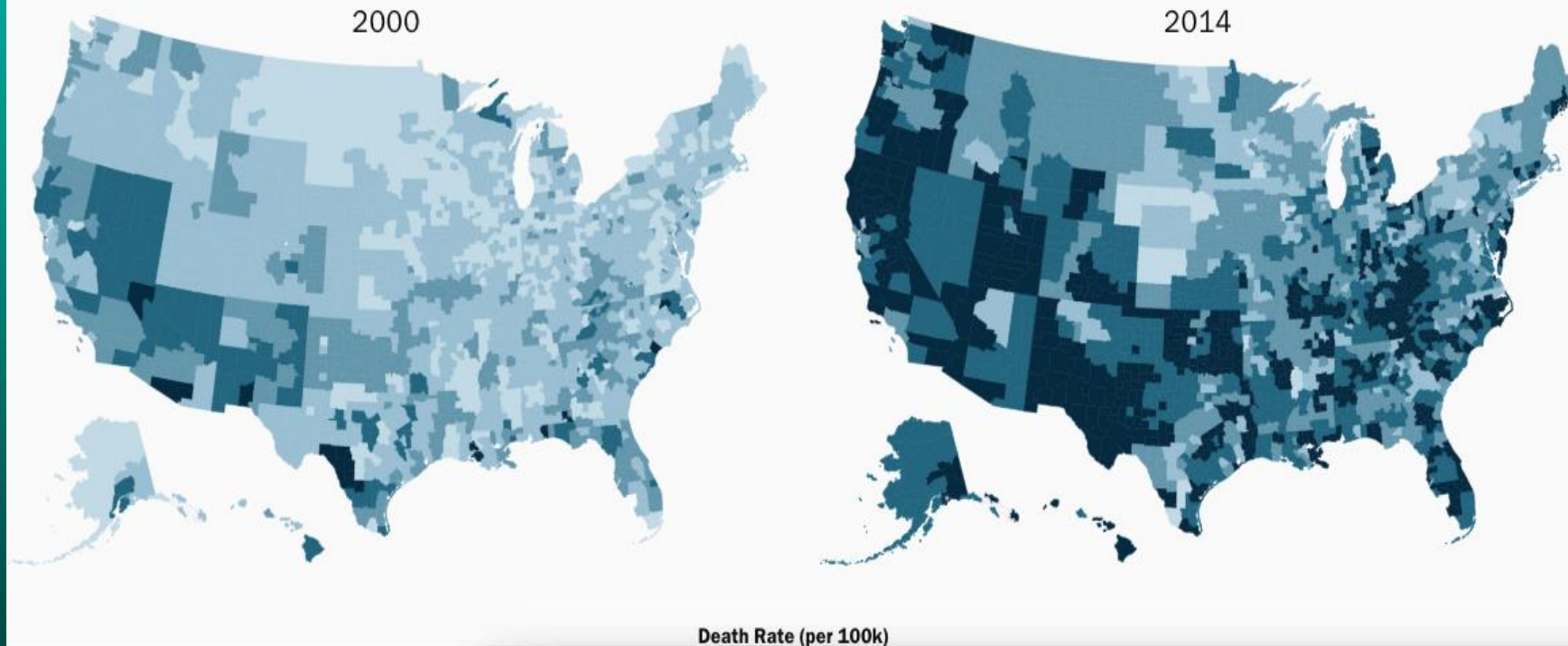
Men and women ages 50-54, deaths by drugs, alcohol, and suicide



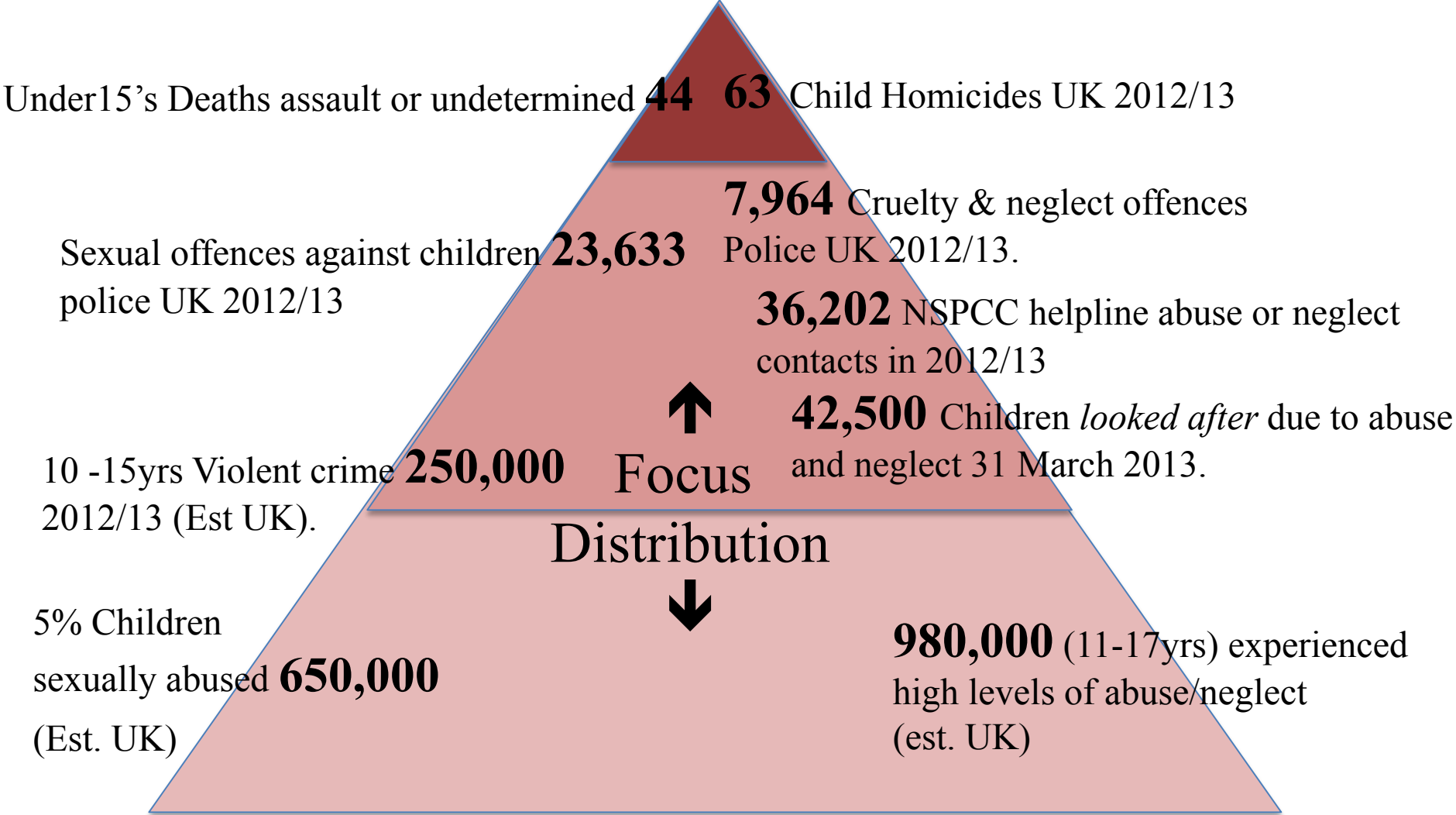
Source: "Mortality and morbidity in the 21st century" by Anne Case and Angus Deaton, Brookings Papers on Economic Activity, Spring 2017.

US mortality 1999-2015

“Deaths of despair” for white non-Hispanics, 2000 and 2014
Ages 45-54, by county*



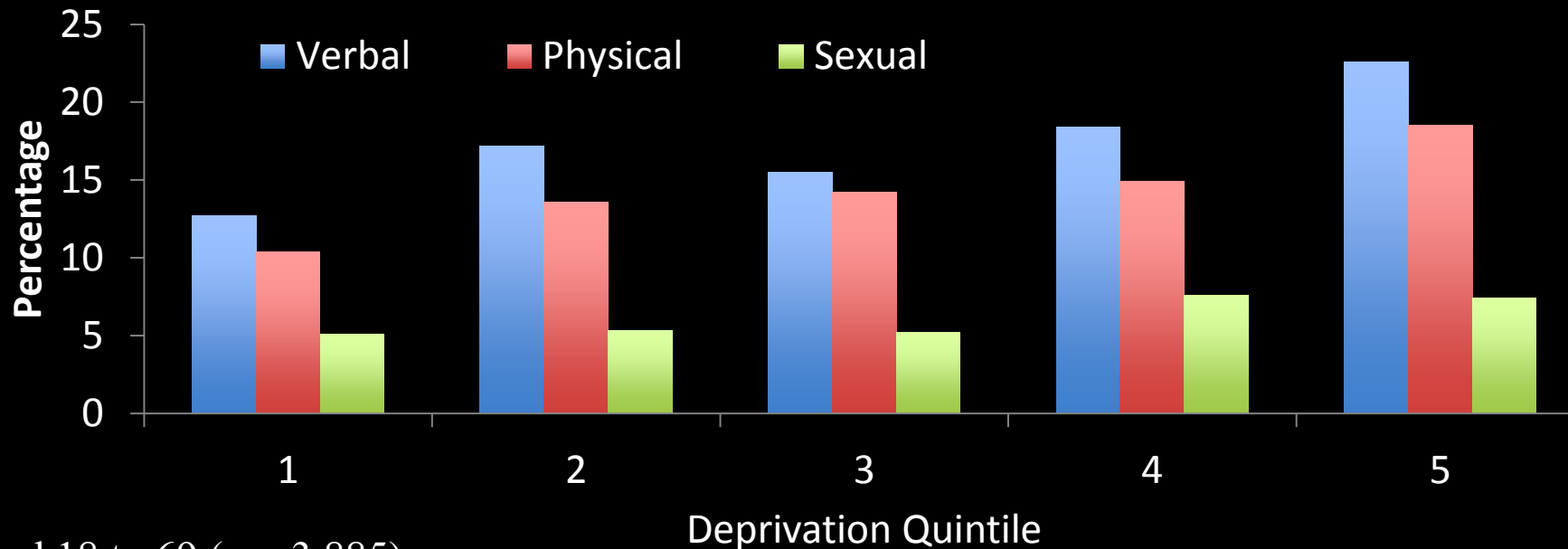
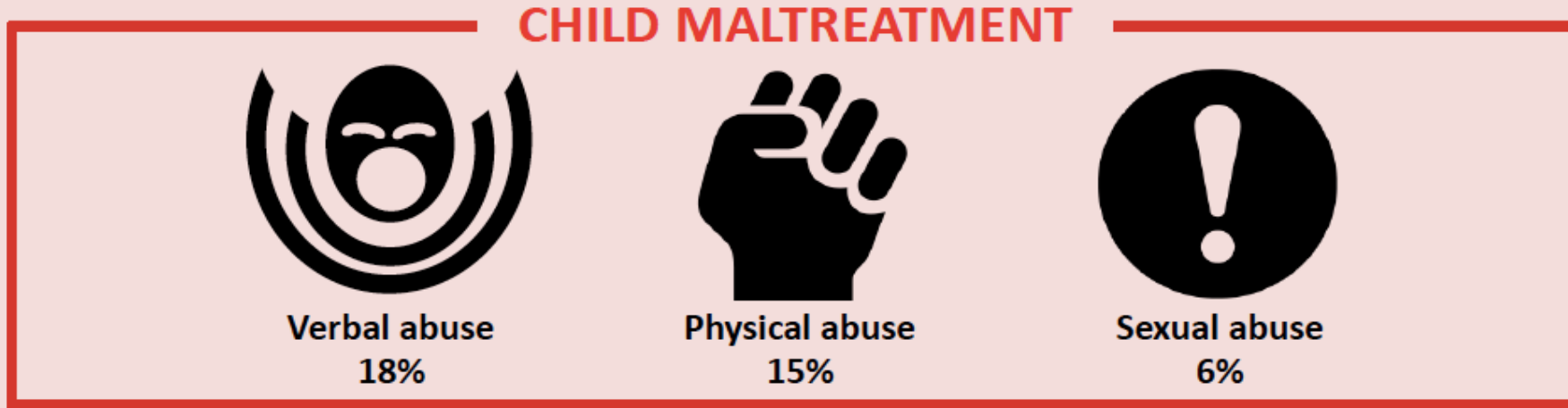
Child Abuse - Distribution and Focus



Three in five people describe child abuse and neglect as “common” in the UK

Adverse Childhood Experiences

How many adults in England have suffered each ACE?



Aged 18 to 69 (n = 3,885)

Bellis et al, BMC Medicine, 2014

Adverse Childhood Experiences

Preventing ACEs in future generations could reduce levels of:



Early sex
(before age 16)
by 33%



Unintended teen pregnancy
by 38%



Smoking
(current)
by 16%



Binge drinking
(current)
by 15%



Cannabis use
(lifetime)
by 33%



Heroin/crack use
(lifetime)
by 59%



Violence victimisation
(past year)
by 51%



Violence perpetration
(past year)
by 52%



Incarceration
(lifetime)
by 53%



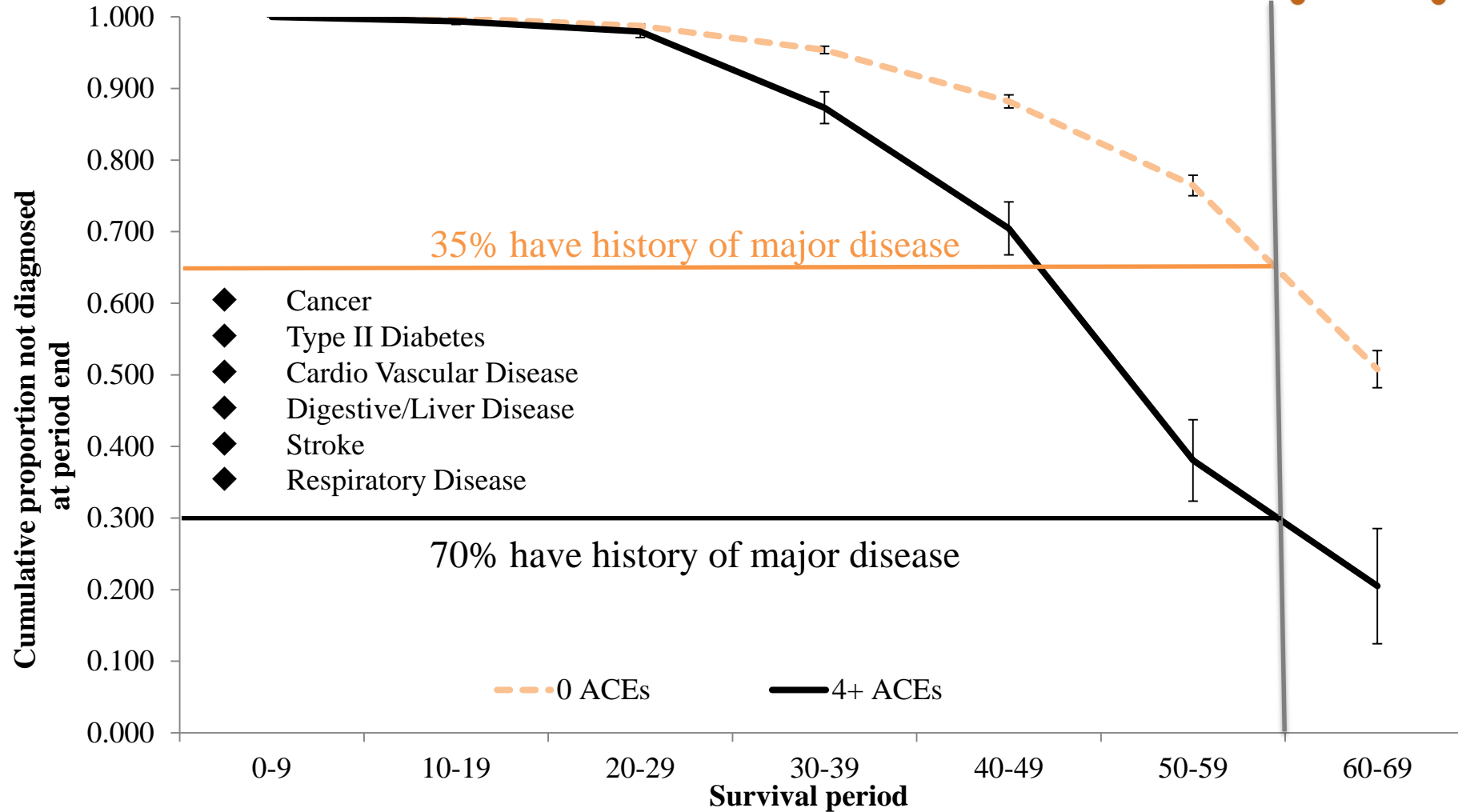
Poor diet
(current; <2 fruit & veg portions daily)
by 14%



Cumulative Proportion of Individuals

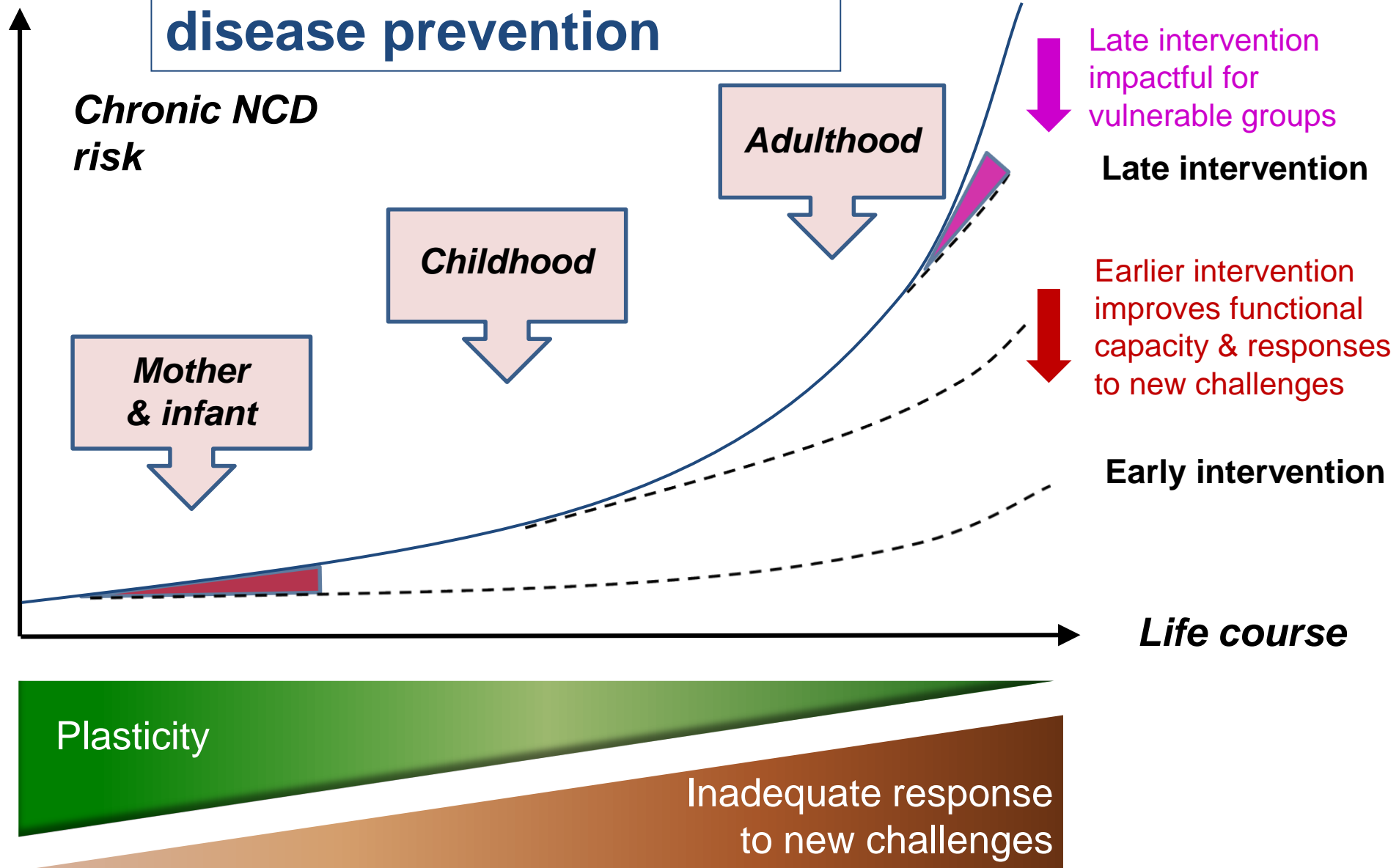
not diagnosed with a Major Disease with Age

Aged 18 to 69 (n = 3,885) Bellis et al, Journal of Public Health, 2014



Differences are independent of Deprivation

Lifecourse strategy for disease prevention



Gluckman, Hanson, Cooper et al *New Engl J Med* 2008; 359: 61-73

Harvey NC et al *J Bone Miner Res* 2014; 29: 1917-25

Economic cost of child maltreatment

- u “The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately \$124 billion in 2010 dollars. This economic burden rivals the cost of other high profile public health problems, such as stroke and Type 2 diabetes (Fang et al., 2012).”

The Minsk Declaration



The Minsk Declaration

Acting Early

- Minimise childhood exposure to poverty and health inequalities
- Provide equal opportunities for social participation to all children
- Prevent maternal to child transmission of infection
- Maximise vaccination coverage
- Minimise exposure to intrauterine over and under-nutrition
- Avoid hazards including chemicals/drugs, poor air quality
- Minimise adverse childhood experiences, injuries and neglect
- Optimise cognitive development
- Recognise that education is a major social determinant of health

The Minsk Declaration

Acting Appropriately during Life's Transitions

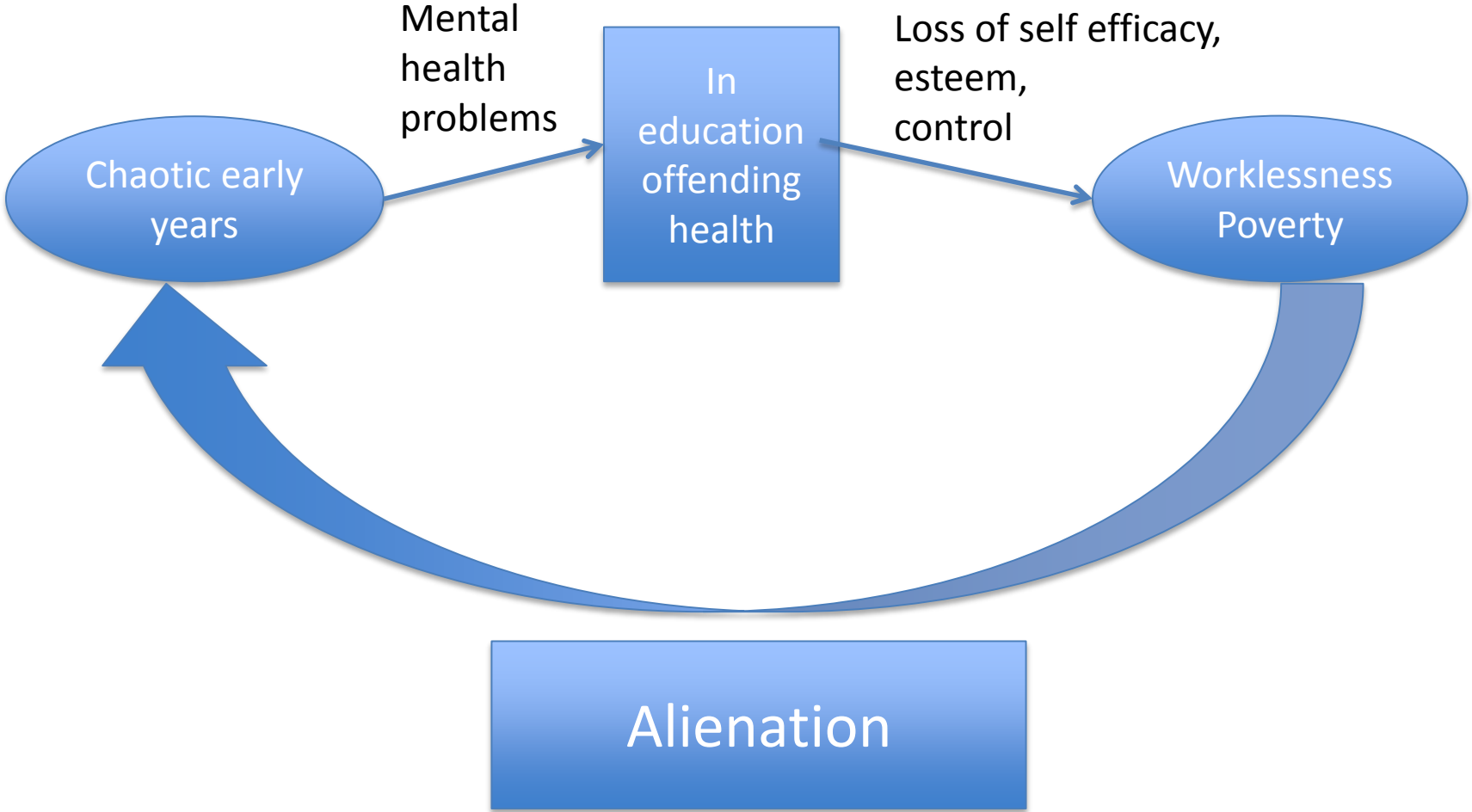
- Promote quality preconceptional information/services/care, including women from disadvantaged backgrounds
- Promote, support and protect breastfeeding
- Support families to build parenting capacities
- Promote adequate and inclusive education throughout childhood and adolescence
- Focus on healthy adolescence including building resilience; promotion of life skills; access to safe environments and supportive community networks
- Promote universal health coverage for youth services, quality maternal care, management of STI and mental health disorders
- Promote sexual and reproductive health
- Promote healthy ageing across the lifecourse

The cycle of alienation

Initial event

Unequal outcomes

Consequences





FUTURE DEVELOPMENT

Low-income young adults in Peru show the effects of hope on life outcomes

Carol Graham · Friday, March 16, 2018

FUTURE DEVELOPMENT



Editor's Note: This blog is based on a *paper* co-authored with Julia Ruiz-Pozuelo of Oxford University and based on a joint survey design and implementation effort with Dr. Mary Penny, director of the Instituto de Investigacion Nutricional in Lima, Peru.

Does hope matter? While we know that individuals and families typically make key decisions based on a desire to achieve a result,