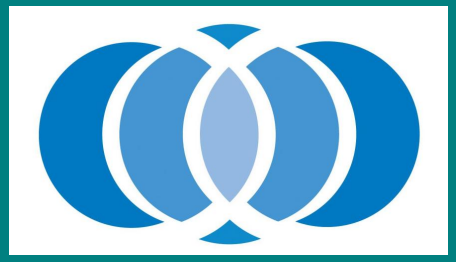


Linking health policy to the social determinants of health & health equity

Fran Baum

Flinders University

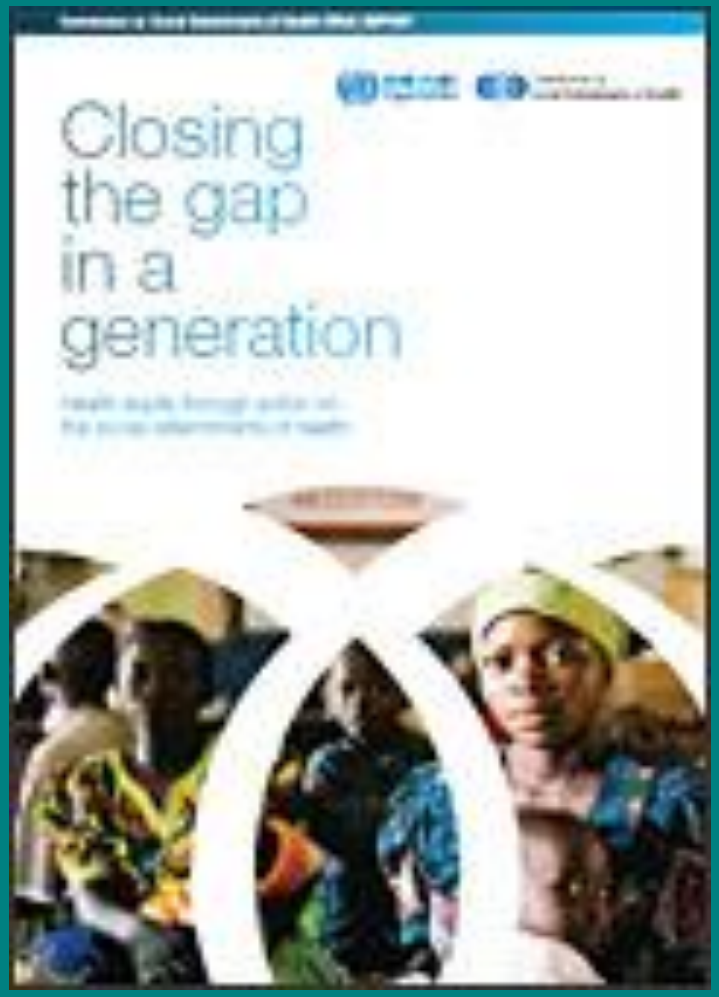
AHCRA, March 2009

Basic logic: what good does it do to treat people's illnesses .....

then give them no choice to go back to or no control over the conditions that made them sick?

Commission on the Social Determinants of Health

- Launched 28th August 2008 by Dr. Margaret Chan, Director General, WHO in Geneva
- "*Health inequity really is a matter of life and death"* Margaret Chan



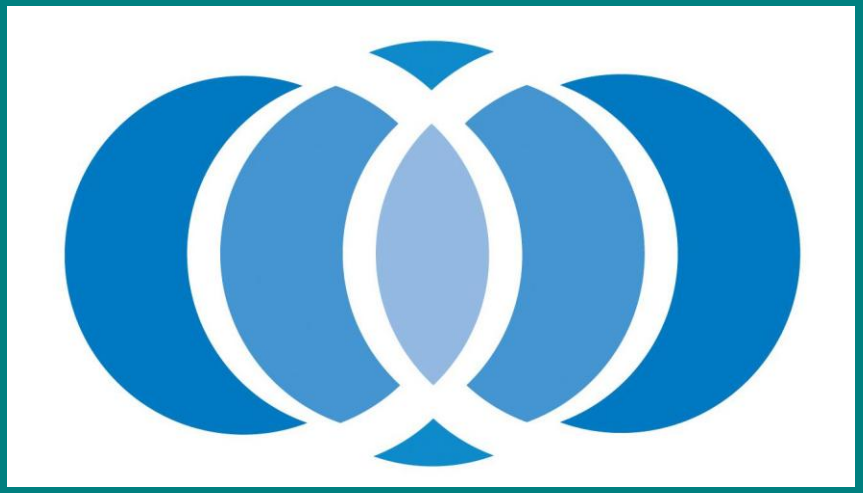
- “The Commission’s main finding is straightforward. The social conditions in which people are born, live, and work are the single most important determinant of good health or ill health, of a long and productive life, or a short and miserable one. ……..This ends the debate decisively. Health care is an important determinant of health. Lifestyles are important determinants of health. ….But, let me emphasize, it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place”.

Dr Margaret Chan
Director-General
World Health Organization

"(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. Social injustice is killing people on a grand scale."

Final Report: Value Base

- Need for more health equity because *"it is right and just"*
- Quality and distribution of health seen as a judge of the success of a society
- Empowerment central



CSDH Report: Action Areas

Daily Living Conditions

- **Equity from the start**
- **Healthy places- healthy people**
- **Fair employment –decent work**
- **Social protection across the life course**
- **Universal health care**

Power, Money and Resources

- **Health Equity in All Policies**
- **Fair financing**
- **Market responsibility**
- **Gender equity**
- **Political empowerment – inclusion and voice**
- **Good global governance**

Knowledge, Monitoring and Skills

- Monitoring, research, training
- Building a global movement

Full report downloadable at http://www.who.int/social_determinants/en/

Two key roles for health care sector

- ***Leadership*: *improving the equity performance of the health care system***
- ***Stewardship*: *working with other sectors to improve health and health equity***

Baum, Begin et al *Changes that are not for the faint-hearted: reorienting health care systems towards health equity through action on the social determinants of health* , **American Jr. Public Health**, forthcoming.

Leadership: improving the equity performance of the health care system

- Comprehensive primary health care at its heart and soul
- Decision making processes that involve local communities
- Universally accessible, publicly funded health services
- Allocation of resources, based on the needs of populations
- Policy that are explicit about closing the health equity gap
- Systematic approach to increasing spending on CPHC
- Financing system that rewards keeping people healthy

Characteristic	Selective PHC	Comprehensive PHC
Main aim	Reduction of specific disease – technical focus	Improvement in overall health of the community and individuals – and health for all as overall social and political goal
Sectors involved	Strong focus on health sector – very limited involvement from other sectors	Involvement of other sectors central
Strategies	Focus on curative care, with some attention to prevention and promotion	Comprehensive strategy with curative rehabilitative, preventive and health promotion that seeks to remove root causes of disease
Planning and strategy development	External, often 'global', programmes with little tailoring to local circumstances	Local and reflecting community priorities professional 'on tap not on top'

Baum (2007). 'Health for All Now! Reviving the spirit of Alma Ata in the twenty-first century: An introduction to the Alma Ata Declaration.' Social Medicine 2(1): 34–41.

Characteristic	Selective PHC	Comprehensive PHC
Participation	Limited engagement, based on terms of outside experts and tending to be sporadic	Engaged participation that starts with community strengths and the community's assessment of health issues, is ongoing and aims for community control
Engagement with politics	Professional and claims to be apolitical	Acknowledges that PHC is inevitably political and engages with local political structures
Forms of evidence	Limited to assessment of disease prevention strategy based on traditional epidemiological methods, usually conducted out of context and extrapolated to situation	Complex and varied research methods including epidemiology and qualitative and participatory methods

Baum (2007). 'Health for All Now! Reviving the spirit of Alma Ata in the twenty-first century: An introduction to the Alma Ata Declaration.' Social Medicine 2(1): 34–41.

Learn the lessons from the community health movement

- Build on experience from Victoria and South Australia, Community controlled Aboriginal Services, Women's Health Services
- Community management & control
- Population & community focus
- Range of clinical, group, community development and social action based on citizenship rather than consumer model
- MD models of care and pathways through care, and support

Stewardship: working with other sectors to improve health and health equity

- Health sector has an advocacy program to other sectors about the need for the action on the SDH and the importance of intersectoral action
- Reform of Medical and professional education
- Research and evaluation on health not just medical care
- Supporting civil society
- Advocating for global equity

Health in All Policies in Europe

Health in all Policies: the Definition in South Australia

- **Health in all Policies** (HiAP) is an innovative **policy strategy** that responds to the critical role that health plays in the economies and social life of 21st century societies. It introduces **better health** (improved population health outcomes) and **closing the health gap** as a **shared goal** across all parts of Government and addresses complex health challenges through an **integrated policy response** across portfolio boundaries.

An agenda for health promotion

- Focuses on strengthening environments so that people can make healthy choices
- Encourage peoples' capabilities and focus on their strengths and abilities not on deficits
- Healthy & sustainable communities program modelled on healthy cities and like projects funded for minimum of 10 years & partnerships across the 3 levels of government

Reform Health & other professional education

- Sociological imagination in training as well as medical, nursing, engineering, planning etc imagination
- Values education about equity and why it matters
- Working in MD teams with people & communities rather than “targets”
- Population versus individual health – what makes the difference

Need to fund research on SDH

- Program of research on SDH that matches the investment in biomedical research – putting the "H" in NH&MRC
- More social & economic issues research tries to grapple with the less methodologically tight it is
- Yet complexity likely to lead to understanding of interventions that will have greater & more sustainable impact on health

Need to fund research on social questions

(After Tesh, 1988 Hidden Arguments)

	Individual	Social
Smoking	How can we stop these individuals smoking?	How can we change the social & economic environment so it discourages smoking?
Obesity	How can we encourage obese patients to lose weight?	What social & economic factors mean our community has higher rates of obesity than others ?
Depression	How do we best counsel teenagers with depression?	Why have rates of teenage depression gone up in our community in the last 10 years? What can be done to change this across community?
Violence	How can GPs talk about violence in the surgery	How can we change gender relations so they don't encourage violence in this community?

Active Civil Society

Need for top down political and bureaucratic will and bottom up action from civil society to create conditions for equity

Baum, 2007

Australia

CLOSETHEGAP

- 17 year gap between Indigenous Australians and non-Indigenous

australian Human Rights & Equal Opportunity Commission
http://www.humanrights.gov.au

Oxfam Australia

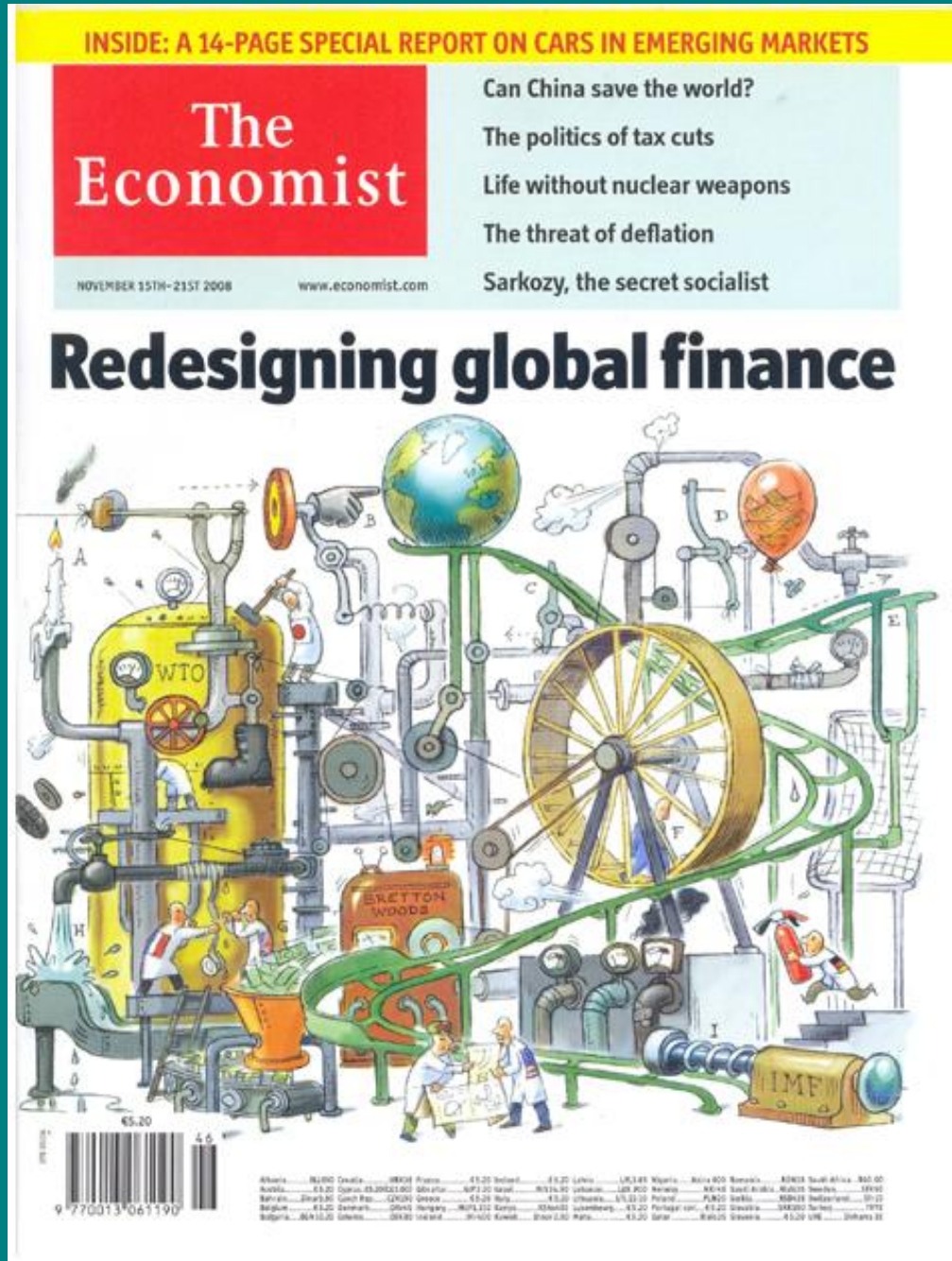
Public Health Association AUSTRALIA

Closing the Gap Adopted as Australian Government policy in Dec 2007

Global Equity & Australia

Will Australia honour 0.7% commitment to overseas aid?

Will we argue for a new Bretton Woods 2 which offers a fair deal to low income countries?



CSDH Dreaming?

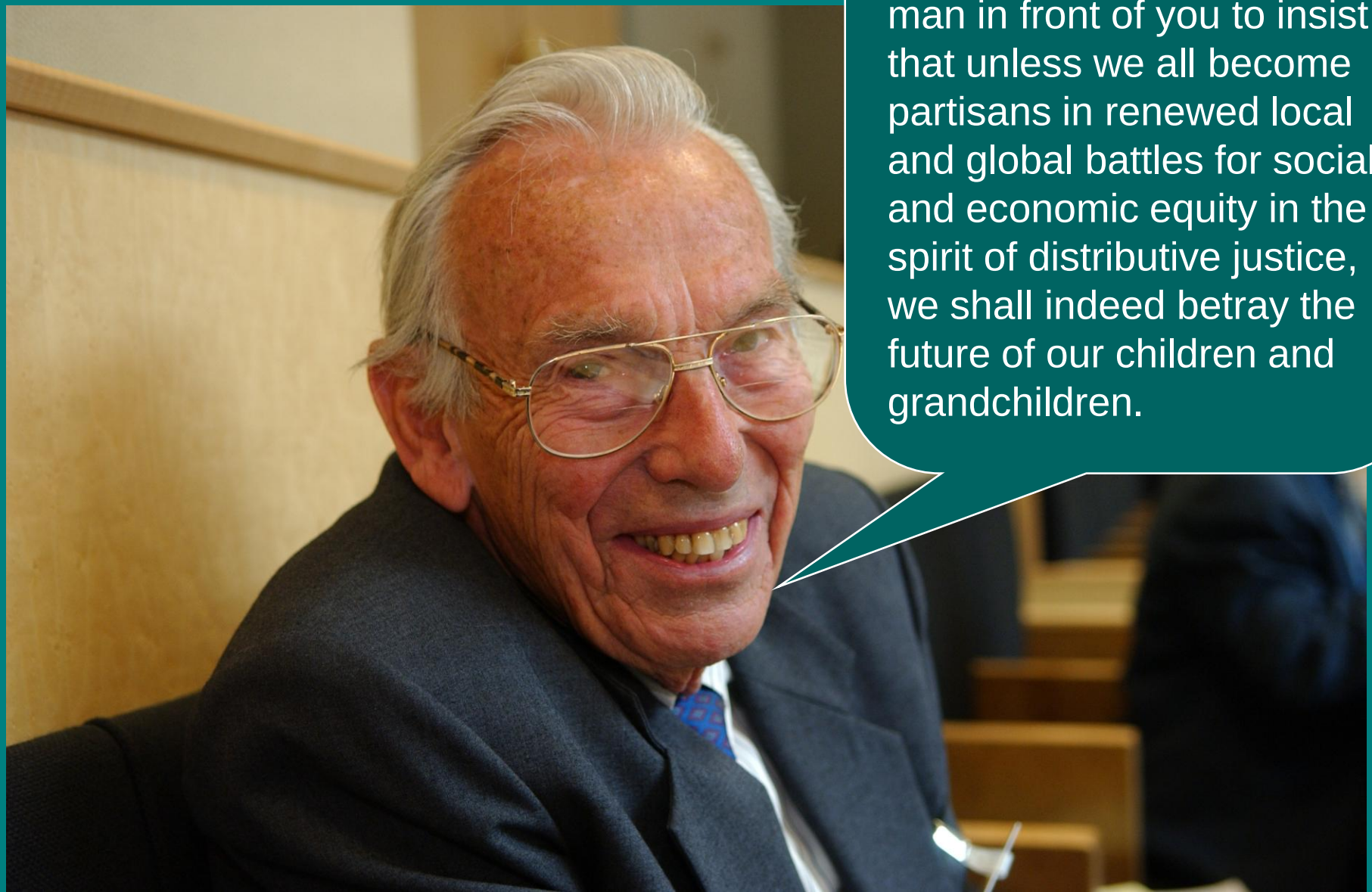
Poverty and inequity is "*not a preordained result of the forces of nature or the product of a curse of the deities. But the consequences of decisions which men and women take or refuse to take*."

(quoted in Heywood and Altman, 2000, p.173)

How do we have a health equity dreaming for Australia within the health sector?

How do we take decisions that are brave and imaginative?

Dr. Halfdan Mahler, DG Emeritus addressing 61st World Health Assembly May 2008



For more ideas and issues….

Social Determinants of Health: Areas for Action

Early life, Ecosystem sustainability, education, employment, food security, health care, housing, income, social inclusion, social welfare

(Australian HEALTH PROMOTION Association

Public Health Association AUSTRALIA

(Laris, Gleeson & Alperstein, 2008 for NSW Branch)