



# Participation and the social determinants of health: citizen action for health equity

Fran Baum

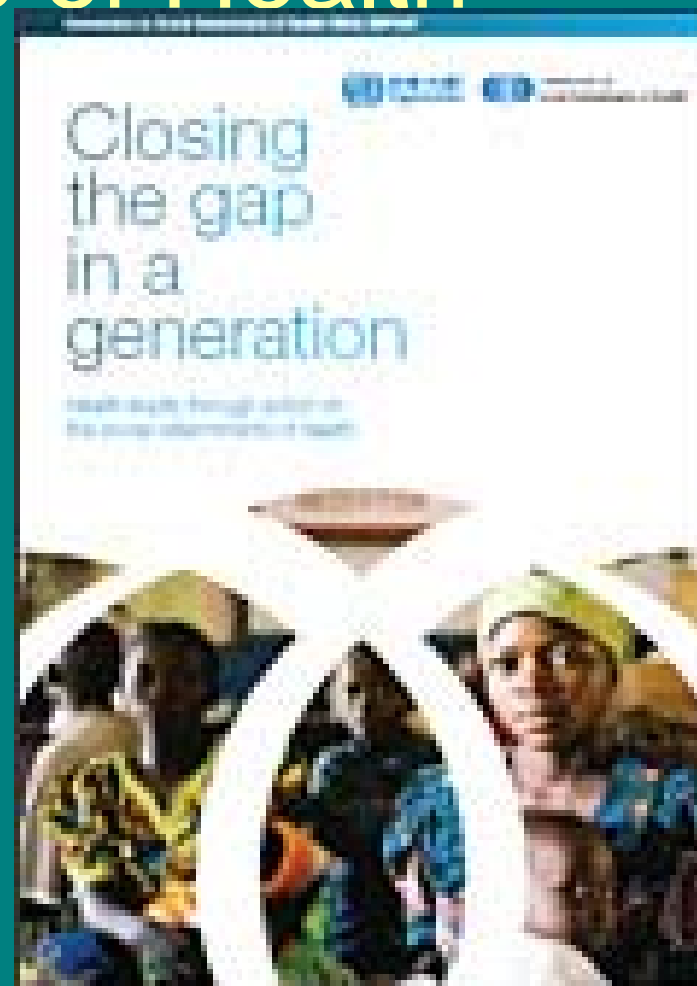
Southgate Institute for Health, Society & Equity,  
Faculty of Health Sciences  
Flinders University

# Overview

- **Commission on the Social Determinants of Health: Findings and understanding of health**
- **Empowerment as central**
- **Participatory health services**
- **Redistribution as a path to health**
- **Global movement for health equity**
- **Healthy Society by 2040**

# Commission on the Social Determinants of Health

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





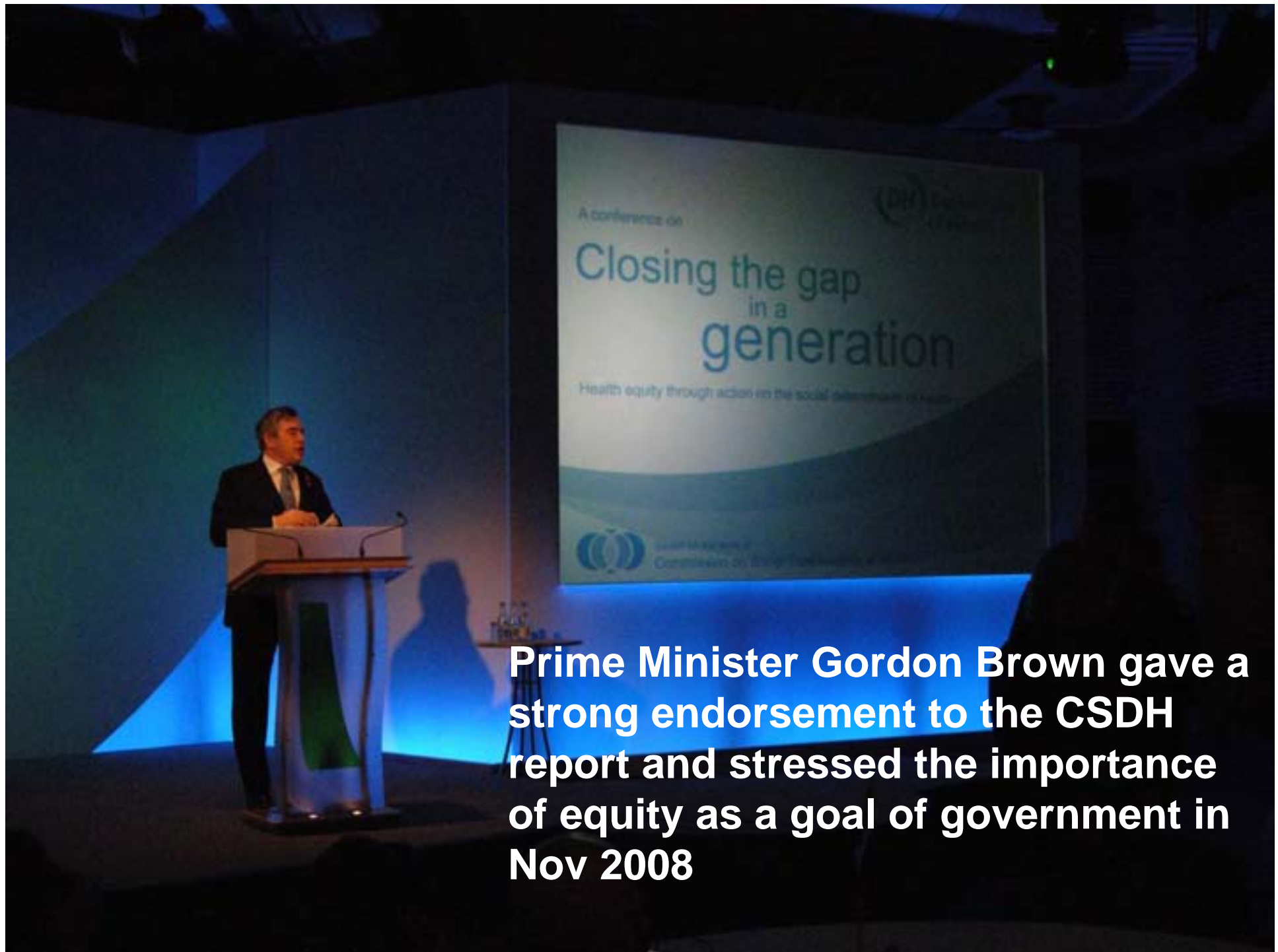
# Commissioners

- Sir Michael Marmot (Chair)
- 18 others representing academics, politicians, civil society, senior public health bureaucrats



"(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."





**Prime Minister Gordon Brown gave a strong endorsement to the CSDH report and stressed the importance of equity as a goal of government in Nov 2008**

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?

# Final Report: Value Base

- Need for more health equity because *“it is right and just”* & a *human right*
- 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

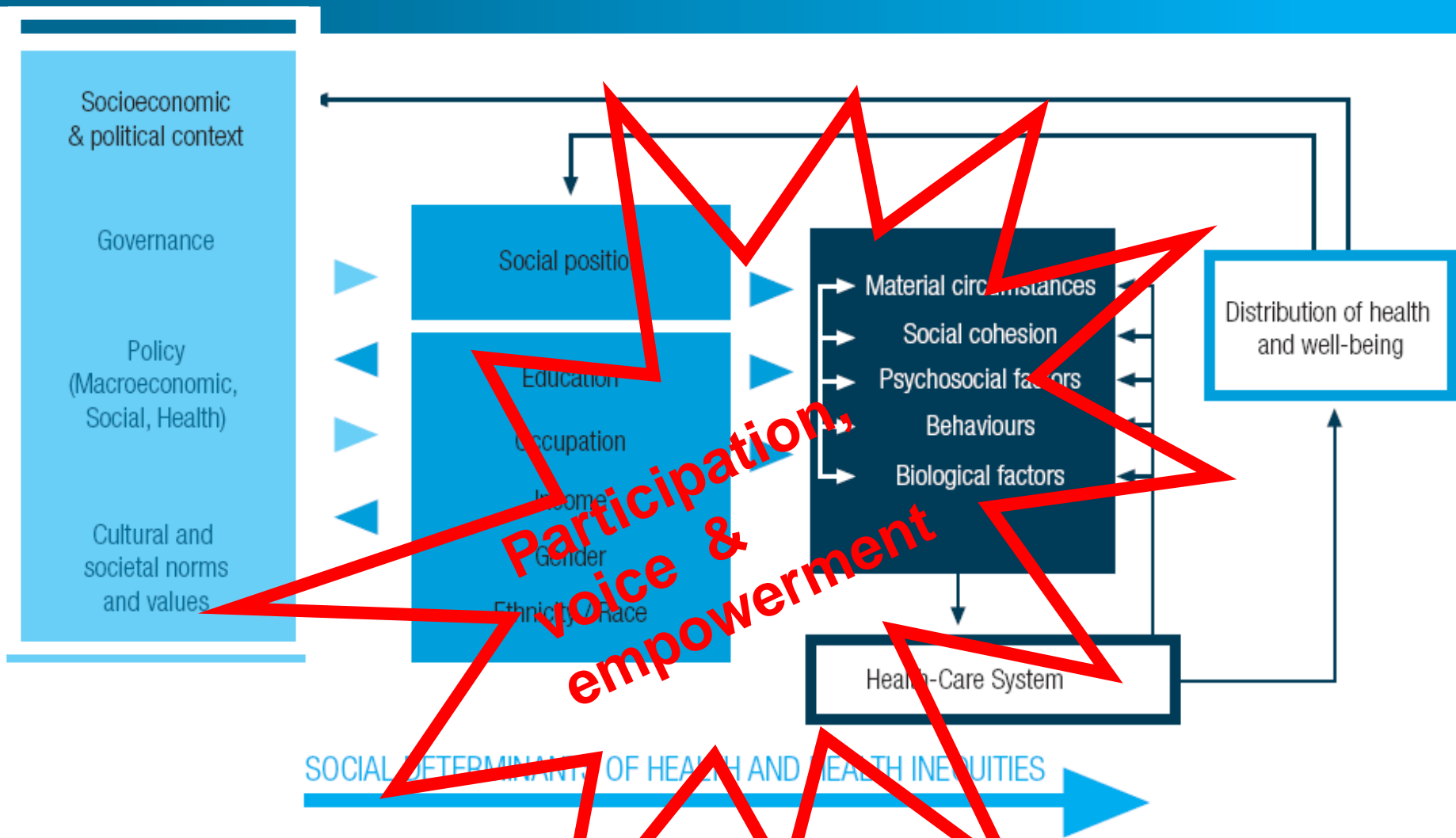
- Health Equity in All Policies
- Fair financing
- Market responsibility
- Gender equity
- Political empowerment – inclusion and voice
- Good global governance

## Knowledge, Monitoring and Skills

- Monitoring, research, training
- Building a global movement

Full report downloadable at [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

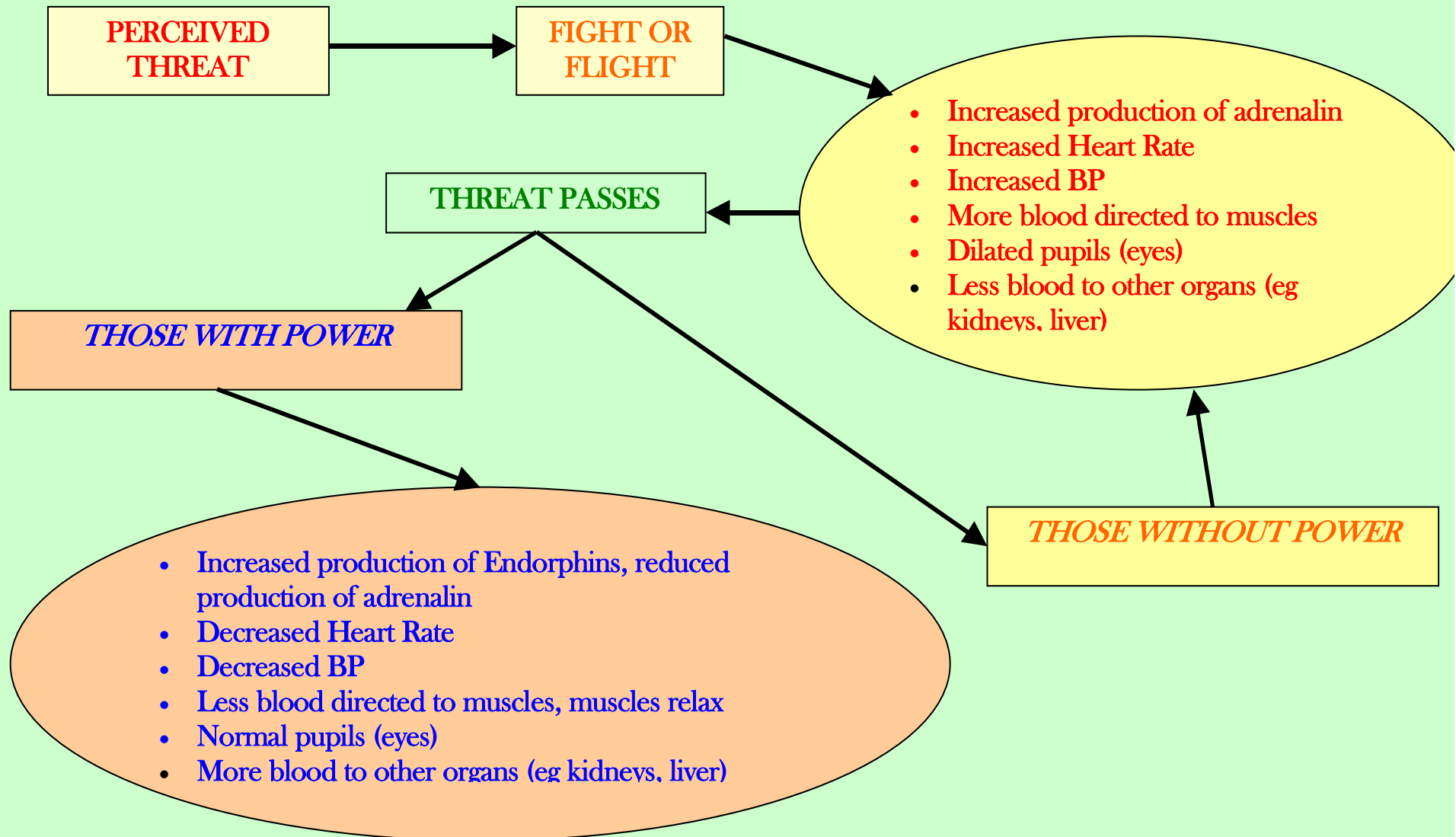
**Figure 4.1** Commission on Social Determinants of Health conceptual framework.



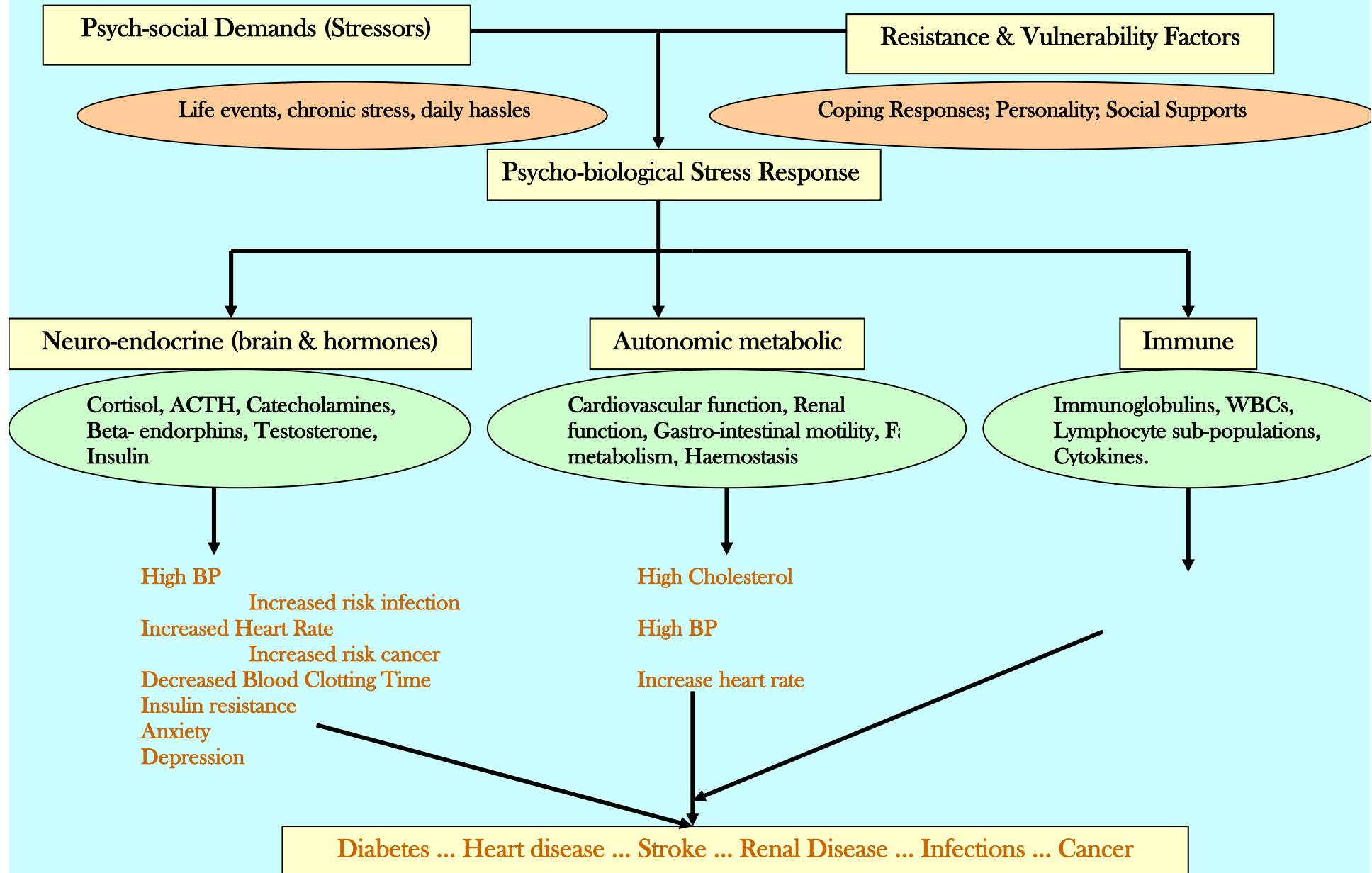
Source: Amended from Solar & Irwin, 2007

**Understandings of how social  
determinants get under our  
skin and into our brains**

# Biological Pathways 1 ...



# Biological Pathways 2 ...



Source: Marmot & Wilkinson, 1999

## EFFECTS OF ACUTE STRESS

**Brain**  
Increased alertness and less perception of pain

**Thymus gland and other immune tissues**  
Immune system readied for possible injury

**Circulatory system**  
Heart beats faster, and blood vessels constrict to bring more oxygen to muscles

**Adrenal glands**  
Secrete hormones that mobilize energy supplies

**Reproductive organs**  
Reproductive functions are temporarily suppressed

## EFFECTS OF CHRONIC STRESS

**Brain**  
Impaired memory and increased risk of depression

**Thymus gland and other immune tissues**  
Deteriorated immune response

**Circulatory system**  
Elevated blood pressure and higher risk of cardiovascular disease

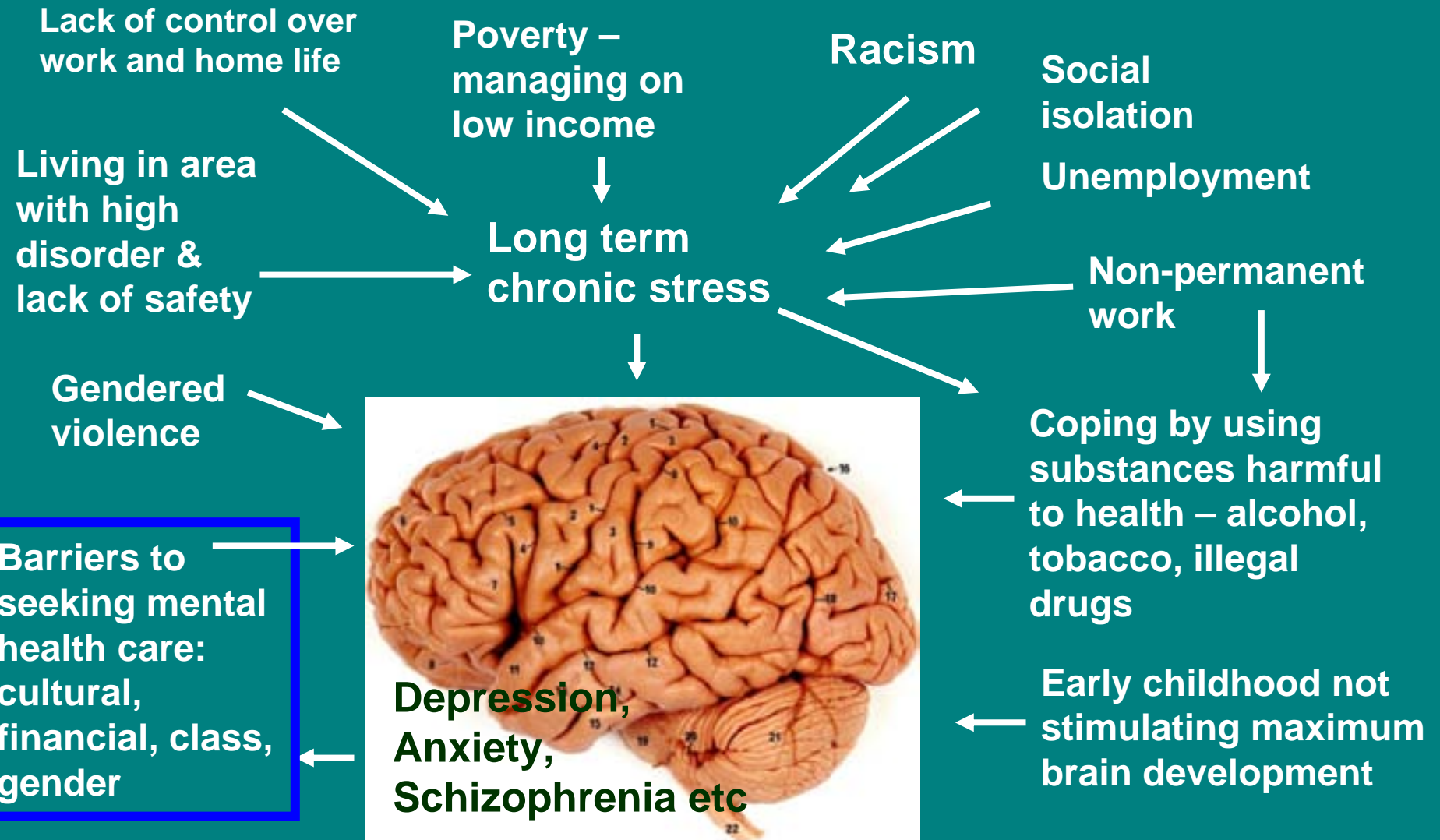
**Adrenal glands**  
High hormone levels slow recovery from acute stress

**Reproductive organs**  
Higher risk of infertility and miscarriage



# The Biology of Stress

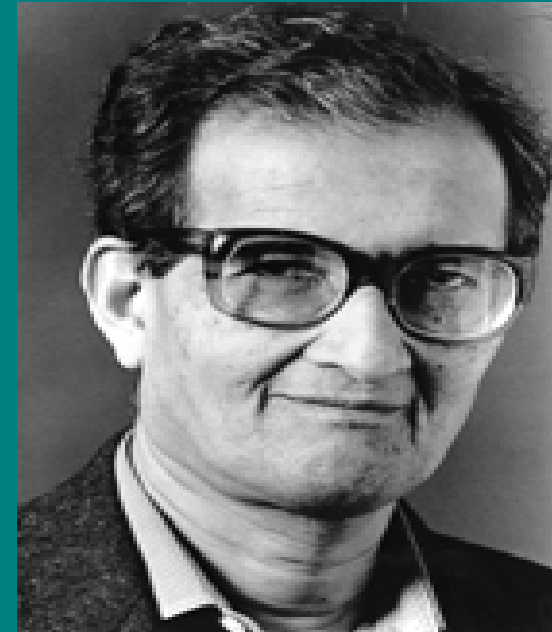
# How social determinants get into our brains and cause health inequities



# EMPOWERMENT

“The success of an economy and of a society cannot be separated from the lives that the members of the society are able to lead... we not only value living well and satisfactorily, **but also appreciate having control over our lives.**”

Amartya Sen (1999) *Development as Freedom*

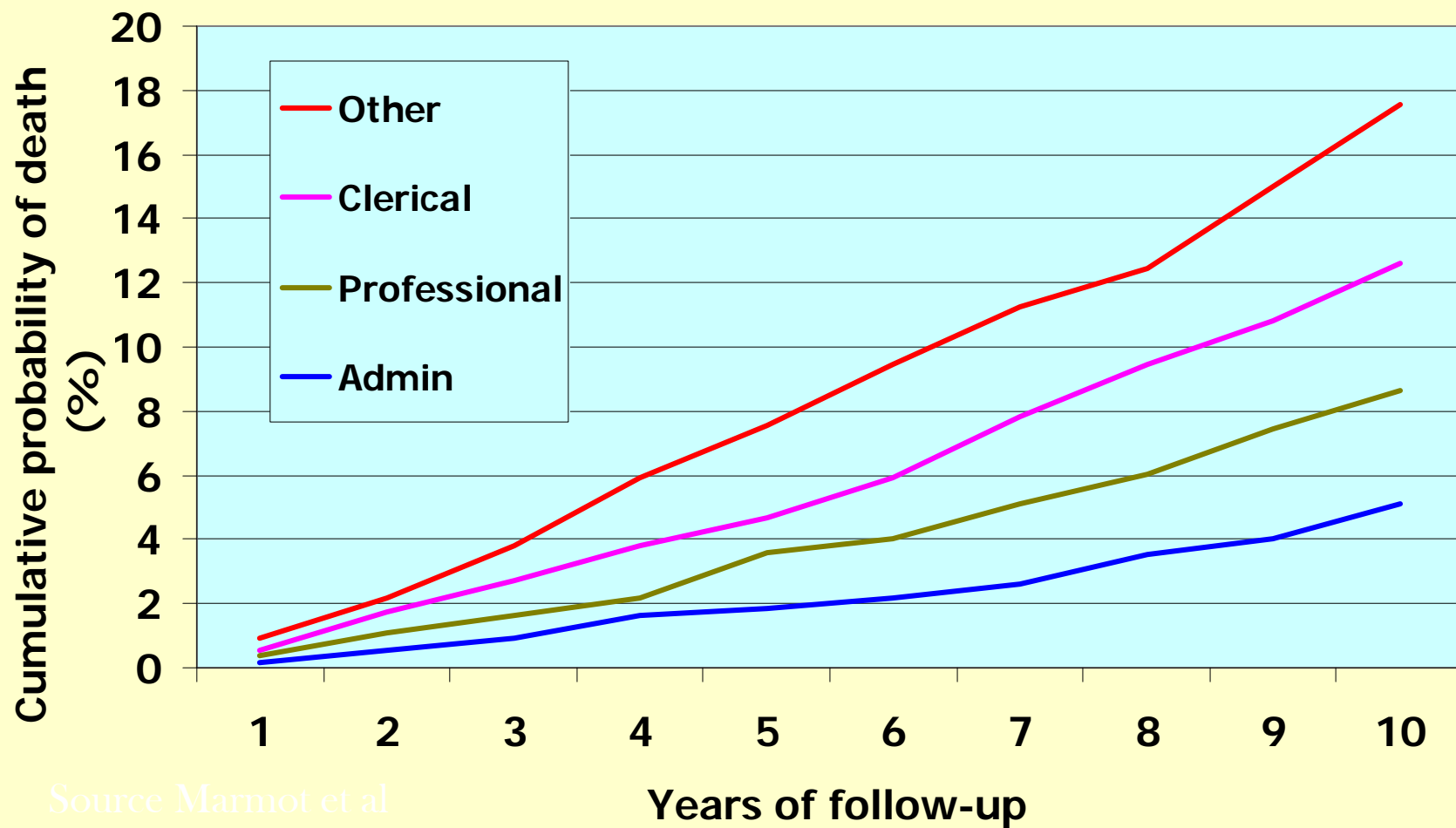


- Material
- Psychosocial
- Political

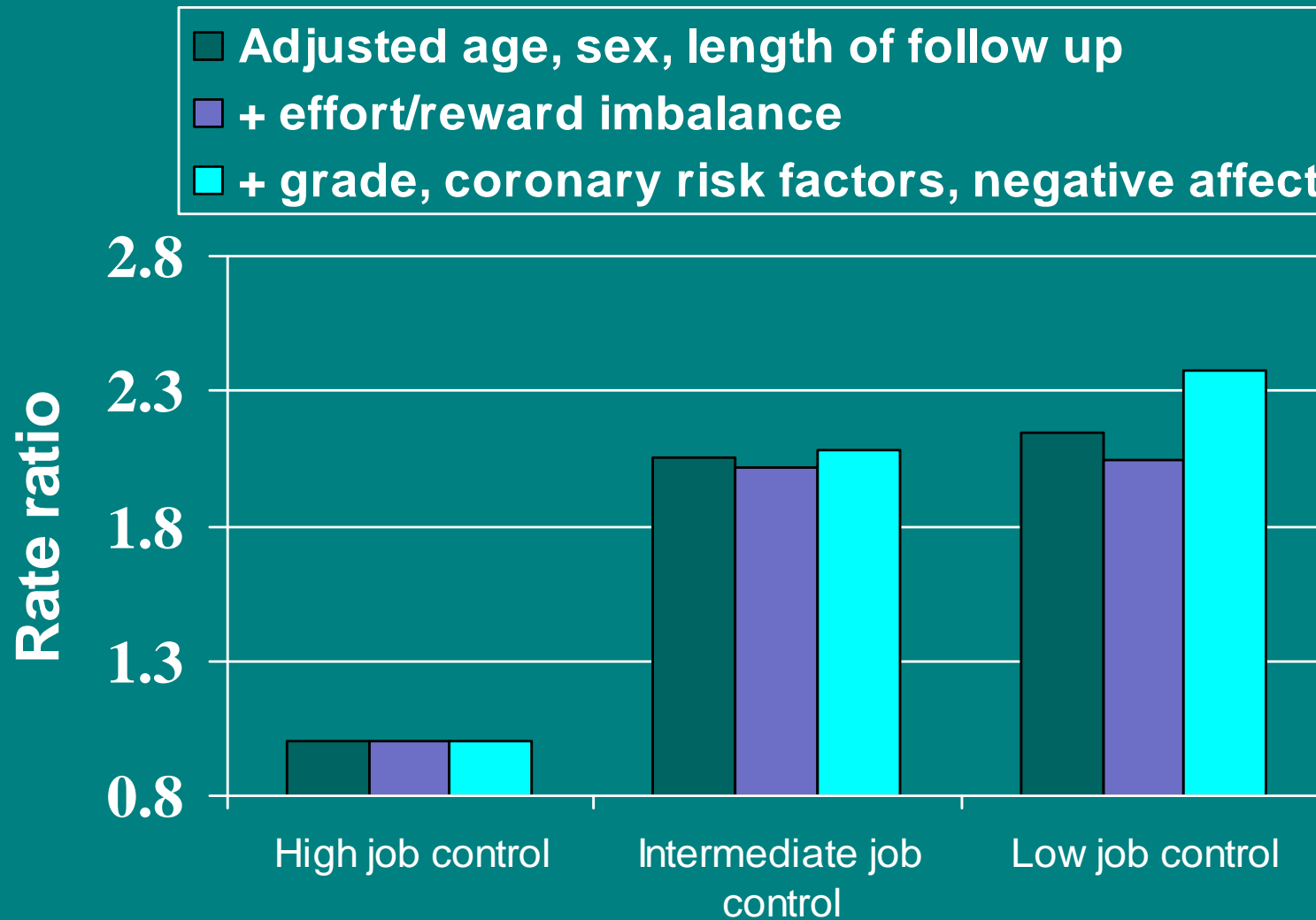
# The Social Gradient...

- The Whitehall longitudinal studies of death rates over 10 years among British civil servants grouped in 4 categories ...  
Administrative (senior executive),  
Professional, Clerical and Other.
- Controlled for known risk factors –  
smoking, BP, cholesterol, etc.

# Findings

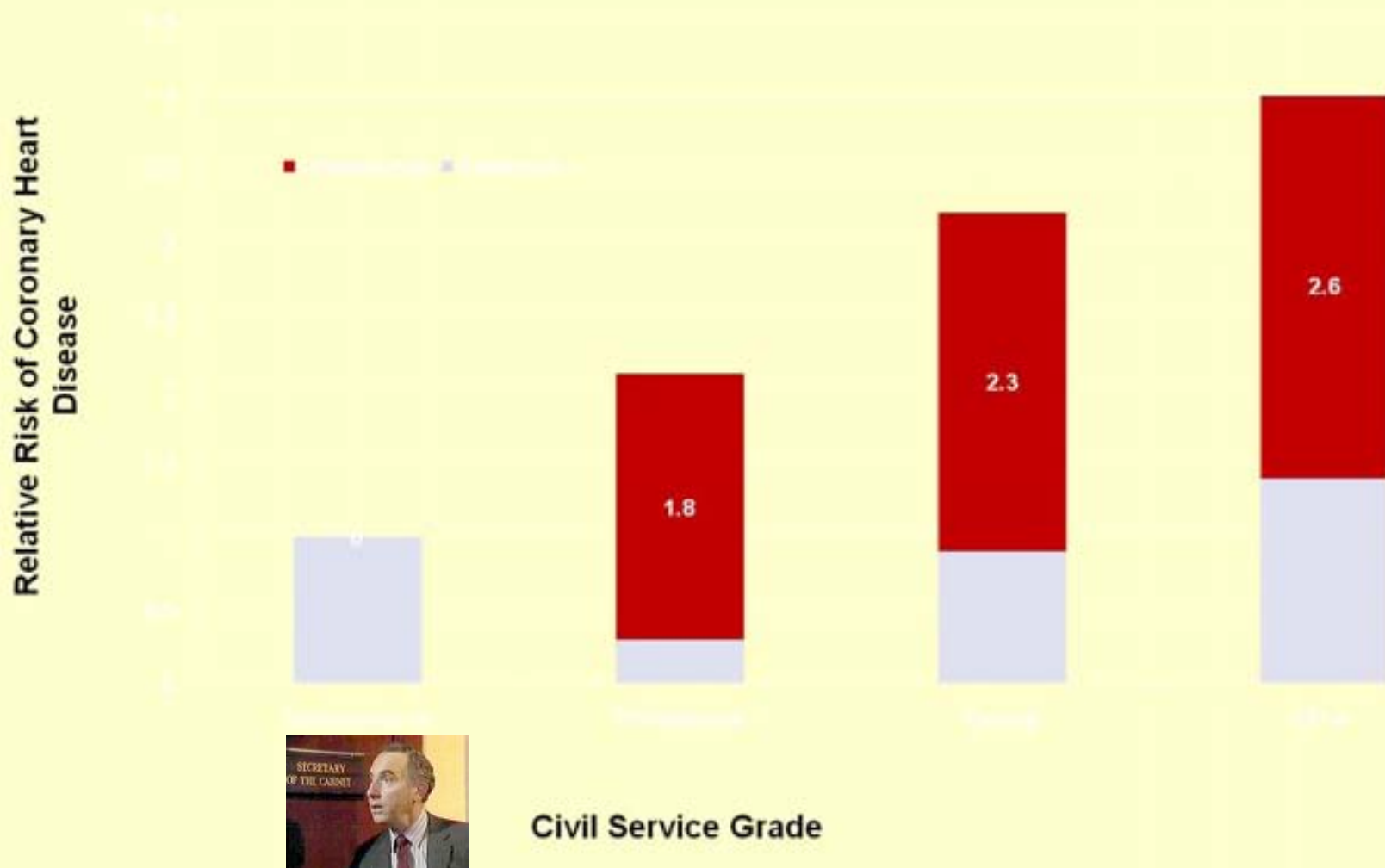


# SELF-REPORTED JOB CONTROL AND CHD INCIDENCE WHITEHALL MEN AND WOMEN



*Bosma et al, 1998*

# Is it about behaviour?



Evans RG, Barere ML, Marmor TR *Why are Some People Healthy and Others Not? The Determinants of Health of Populations*. Aldine de Gruyter, NY, 1994

- “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

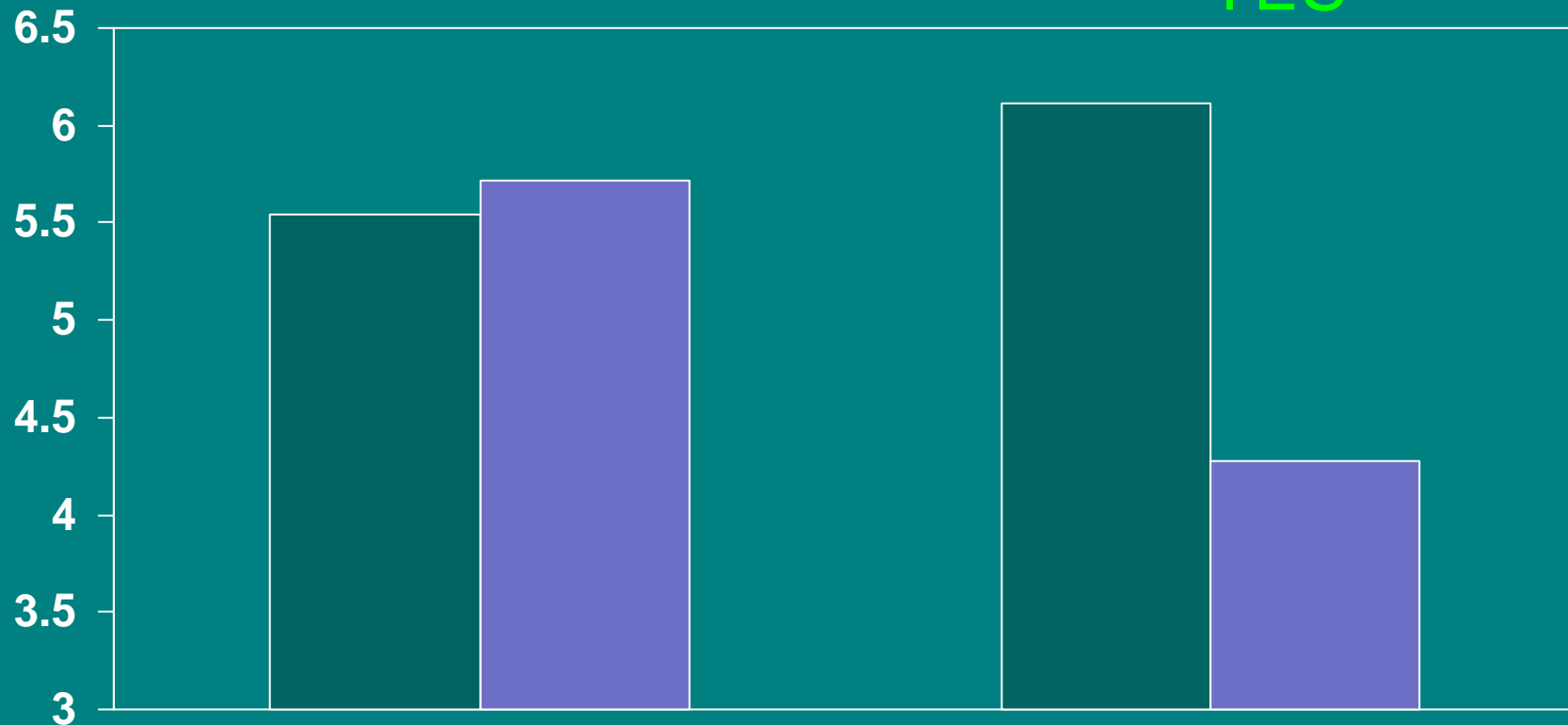


# NUMBER OF MAZES SOLVED IN 15 MIN: INDIAN CHILDREN 11-12 YEARS

Caste announced?

NO

YES



(Source: Hoff & Pandey, 2004)

High Caste Low Caste

# Canada: Cultural Continuity Factors

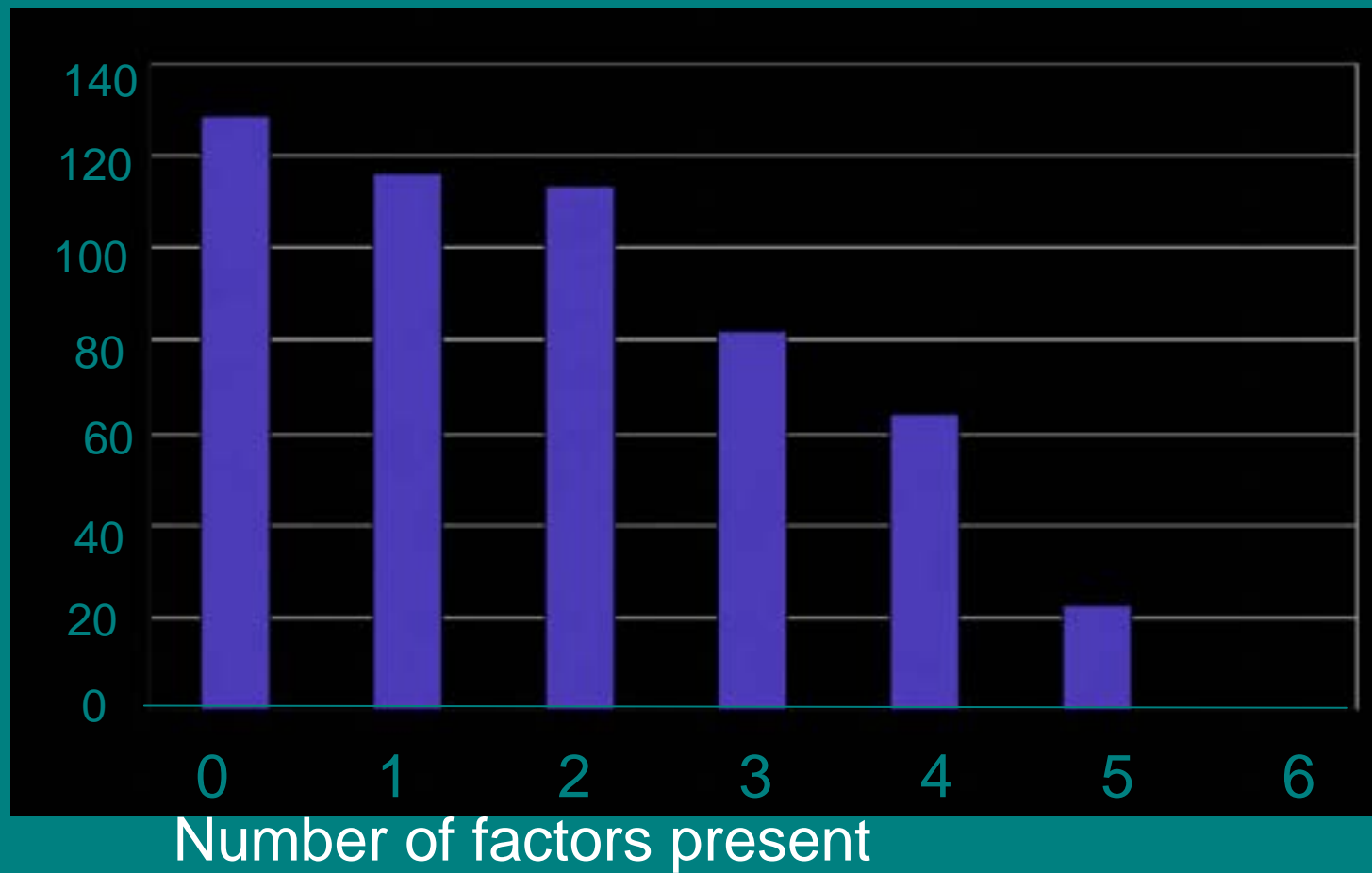
**Why some groups of Canadian Indigenous peoples had higher rates of suicide than others**

1. Self-Government
2. Land Claims
3. Education
4. Health Services
5. Police/Fire Services
6. Cultural Facilities
7. Women in Government
8. Child & Family Services
9. Traditional Language use

Source: Chandler & Lalonde  
Horizon, 2008:10,1: 68-72

## Youth Suicide Rate by Number of Cultural Continuity Factors Present (1987-1992)

Rate per  
100,000



Chandler &  
Lalonde, 2008: 71

# Aboriginal reports of racism

- 153 Aboriginal people living in Adelaide
- Non-random sample
- Interviews conducted by Aboriginal project manager and Aboriginal interviewers



# Racism in at least one institutional setting

Never/ hardly ever	Sometimes	Often/ very often
16	30	54

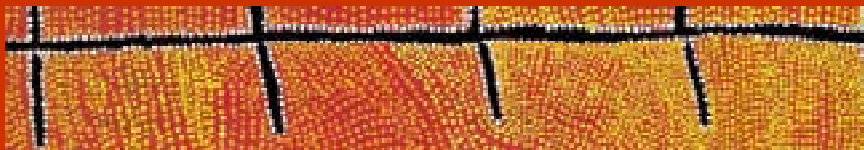


# Racism in at least one informal setting

Never/ hardly ever	Sometimes	Often/ very often
16	42	42

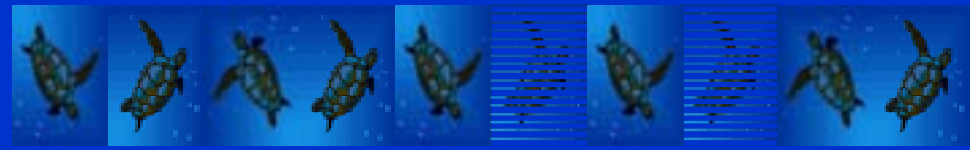
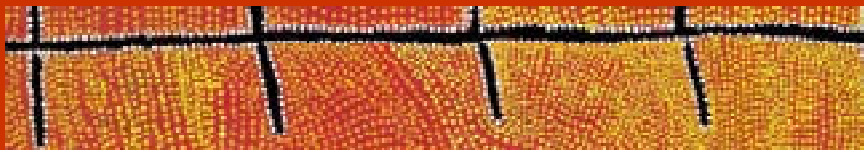


- “You could be the only person on the back of the bus and no one will sit with you if you’re Nunga...everyone else will stand up around you”(002)
- “If I’m going into the shop and like there might be one or two before me, then about three or four come and then she goes onto them I’ll just say ‘I’m not just a shadow standing here. I was here before them’” (056)
- “People are always watching you and watching what you’re doing and, you know. Watching where your hands are and shit. Like I said now I just go and show them my bag anyway, as I’m walking out. Just you know...even if they don’t ask” (Belinda, 30yrs)
- “You get called ‘black mongrel’ when you’re walking along’ (Mary, 51 yrs)



# Responses to racism

	Often/ very often	Sometimes	Never/ hardly ever
Feel angry, annoyed or frustrated	62	32	6
Talk, write, draw, sing or paint	52	26	22
Try to avoid it	46	26	28
Get a headache, upset stomach, other physical reaction	37	41	22
Do something	33	30	37
Ignore, accept, forget it	28	37	35
Feel amused or sorry for person	34	31	35
Feel ashamed, humiliated, anxious or fearful	29	32	39
Feel powerless, hopeless or depressed	26	32	43



**Participatory Health services –  
essential to an effective health  
system and equitable primary  
health care**

# Two key roles for health care sector

- **Leadership:** *improving the equity performance of the health care system which means dealing with the social determinants of health*
- **Stewardship:** *working with other sectors to improve health and health equity – health in all policies*

Source: Baum et al, 2009 American Jr Public Health

# Citizens and Consumers – a vital difference

- Citizens
  - Broad interest in issues
  - Public good focus
  - Strong Equity focus
  - Community as opposed to individual health
- Consumers
  - Often single issue
  - Personal interest
  - Focus often on disease/conditions
  - Often strong alliance with providers
  - Strong quality focus

**Both important to a strong health system but have different roles and interests which need to be recognised**

# Need health sector decision making processes that involve citizens

- Boards with real power not advisory
- Supported with training and development
- Broad cross section of the community in terms of gender, socio-economic factors and ethnicity
- Recognition of the power of medicine and the increasing power of the medico-pharmaceutical industry
- Funding for public interest advocacy groups
- Multiple ways for citizens to engage

Comprehensive Primary Health  
Care and an appreciation of what  
that really means.....

<b>Characteristic</b>	<b>Selective PHC</b>	<b>Comprehensive PHC</b>
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.

<b>Characteristic</b>	<b>Selective PHC</b>	<b>Comprehensive PHC</b>
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.*

# An agenda for health promotion based on empowerment

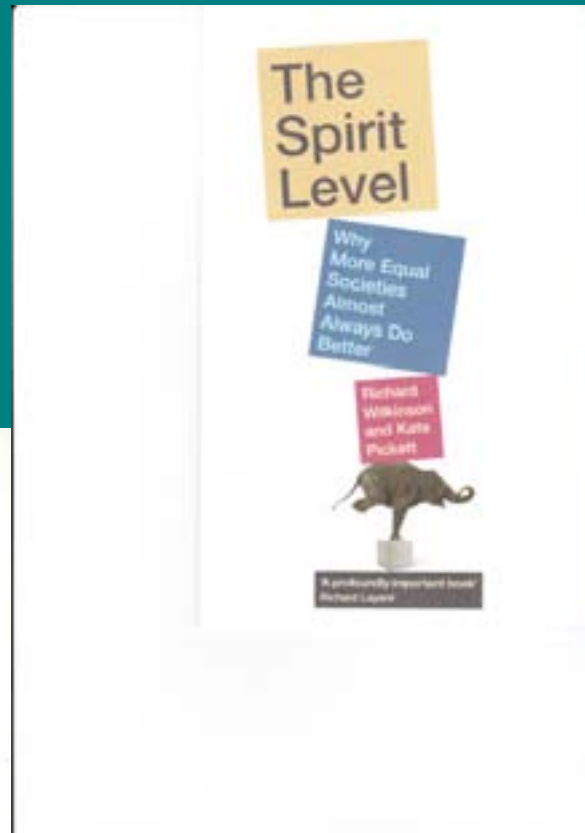
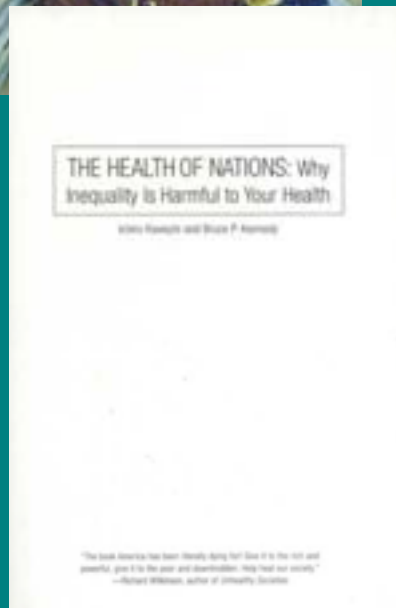
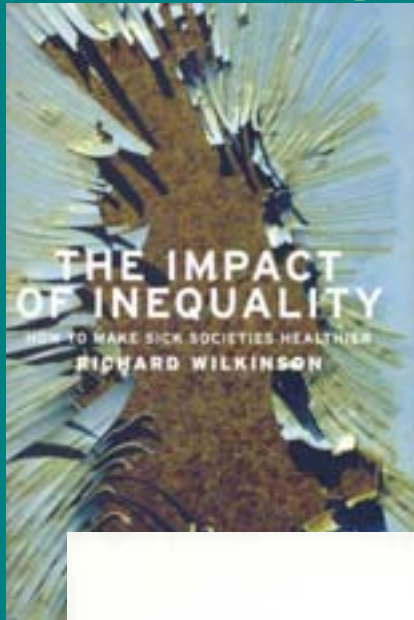
- Focuses on strengthening environments so that people can make healthy choices – supported by health in all policies
- Reject crude behavioural change strategies and concentrate on strategies that result in empowerment
- Encourage peoples' capabilities and focus on their strengths and abilities not 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

**Empowering poor  
communities – redistributing  
wealth and creating more  
equitable societies**

“When inequities become too great the idea of community becomes impossible.” (Raymond Arons)

(and it will make citizen participation more difficult)

# Epidemiology of Inequality



- More equal societies are healthier
- More equity leads to more just social policies
- Less crime more cohesion

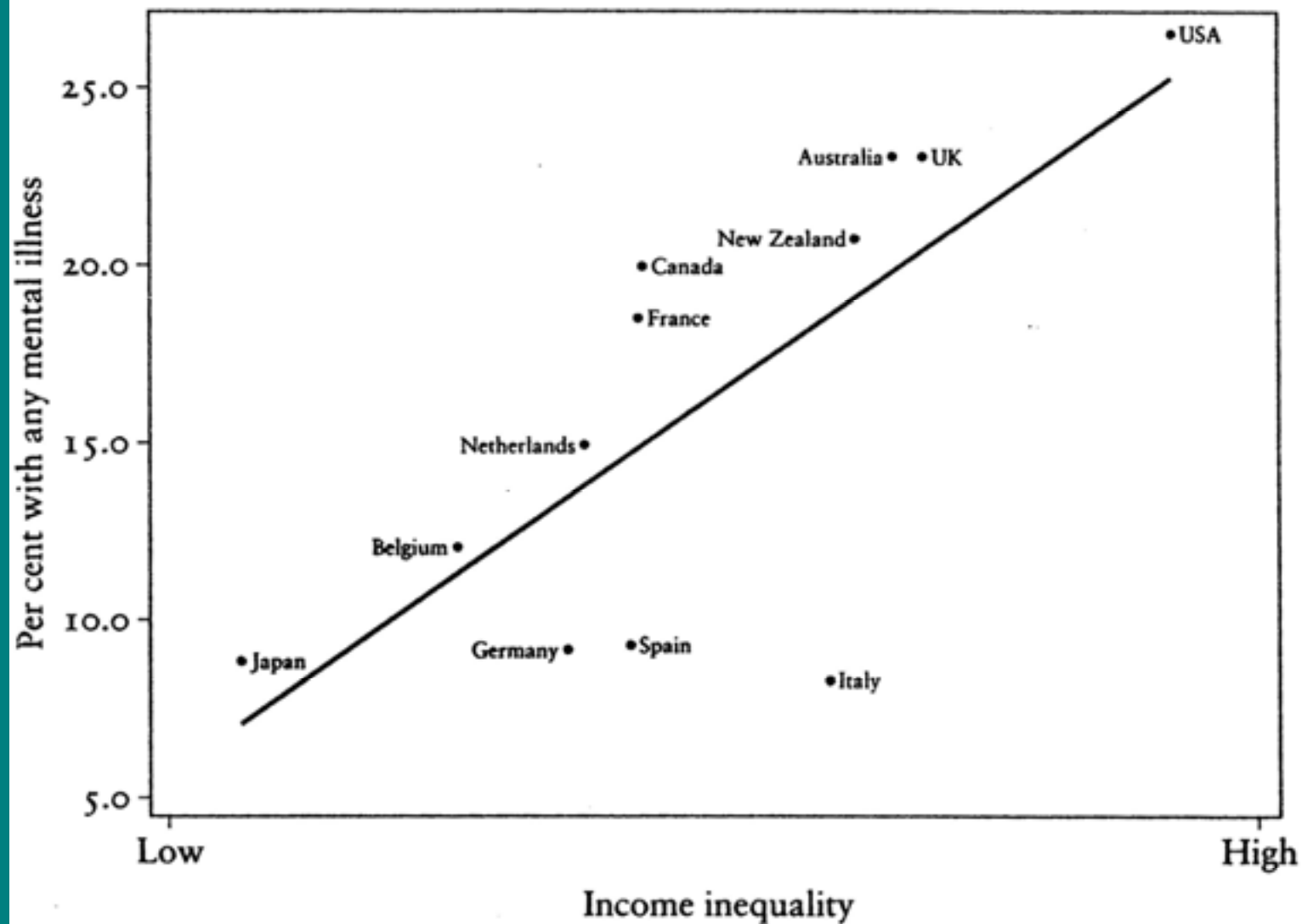


Figure 5.1 *More people suffer from mental illnesses in more unequal countries.*

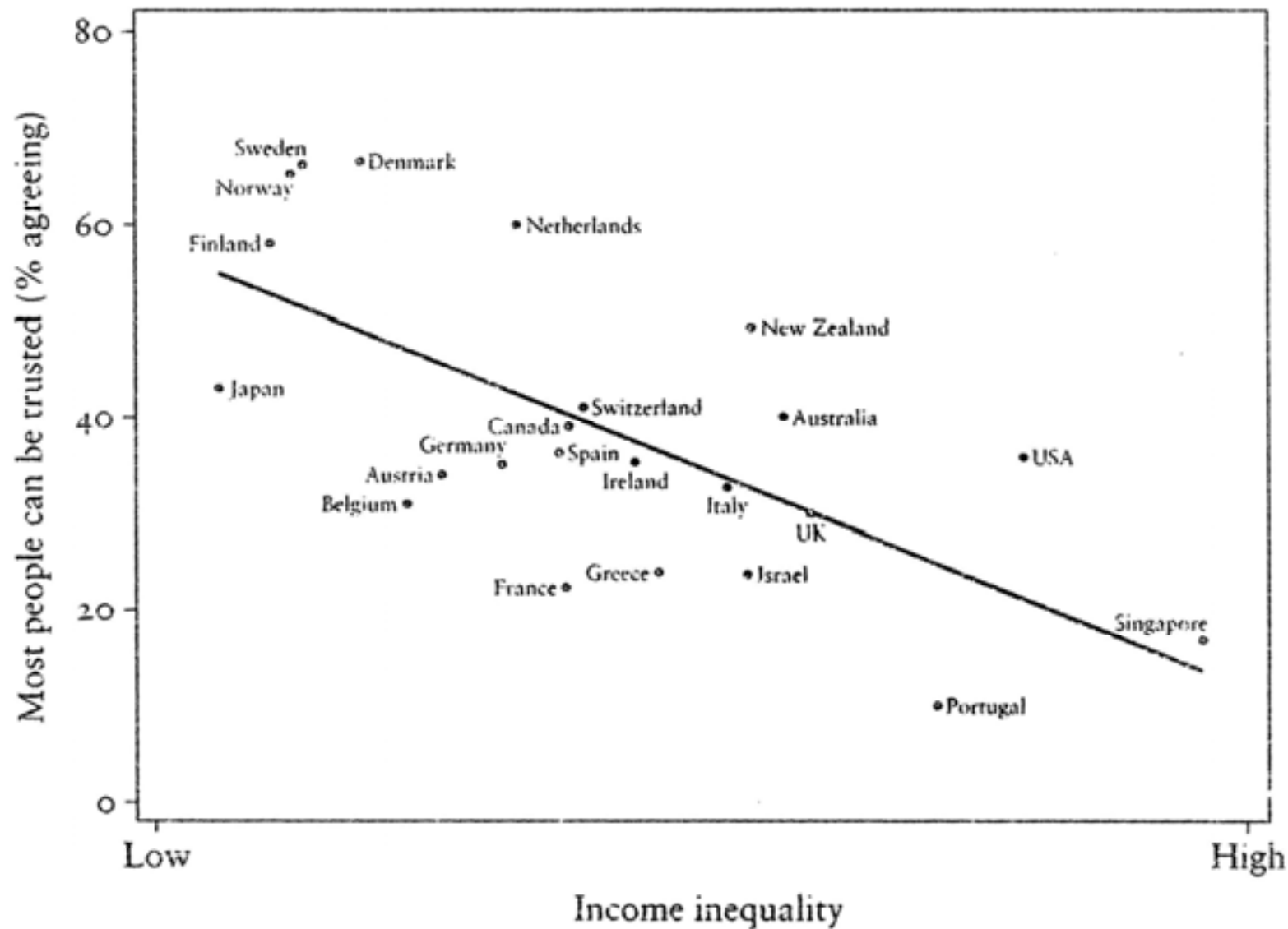
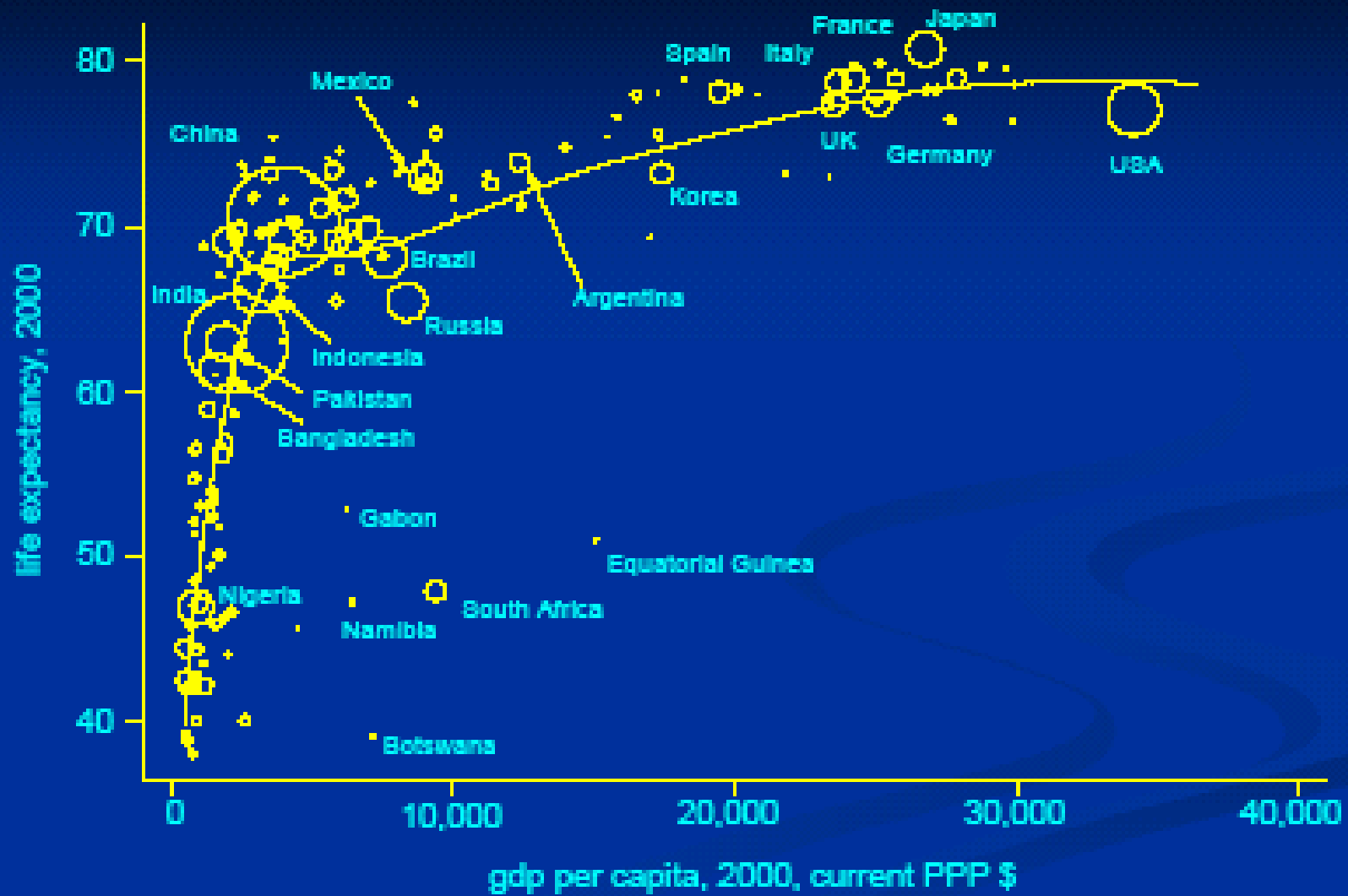


Figure 4.1 *The percentage of people agreeing that 'most people can be trusted' is higher in more equal countries.*

# The Millennium Preston Curve



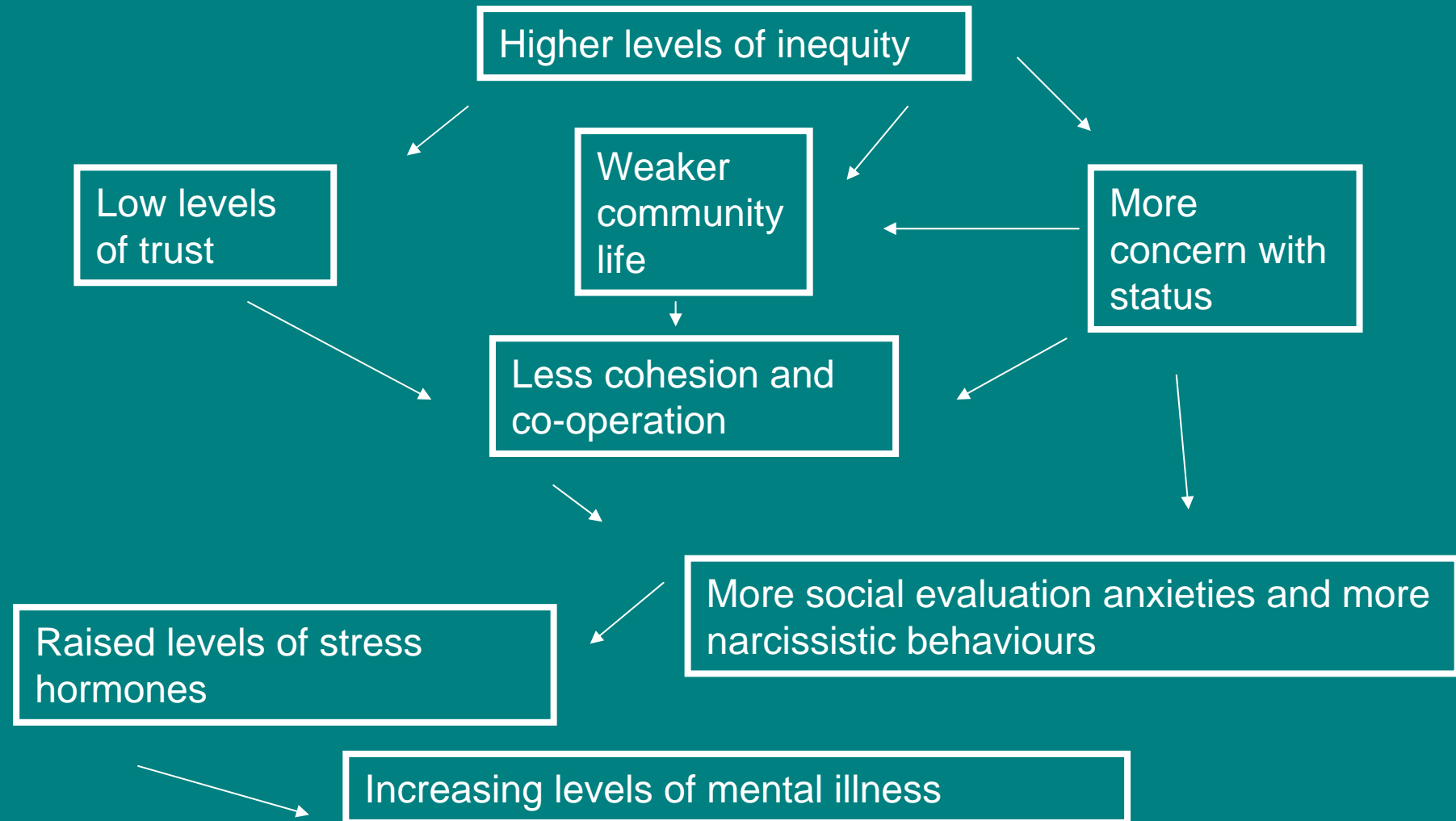
(Source: Angus Deaton)

# US compared to Costa Rica

Indicator (2005)	US	Costa Rica
Life expectancy at birth	77	79
IMR	7	11
Happy Planet Index (NEF)	28.83 (rank 150th)	66.0 (rank 3 <sup>rd</sup> )
Gross National Income per capita (US\$)	41,440	4,470
Health expenditure per capita (US\$)	5,711	350

Source: Baum (2007) based on World Bank, 2007

# Path from Inequity to mental illness

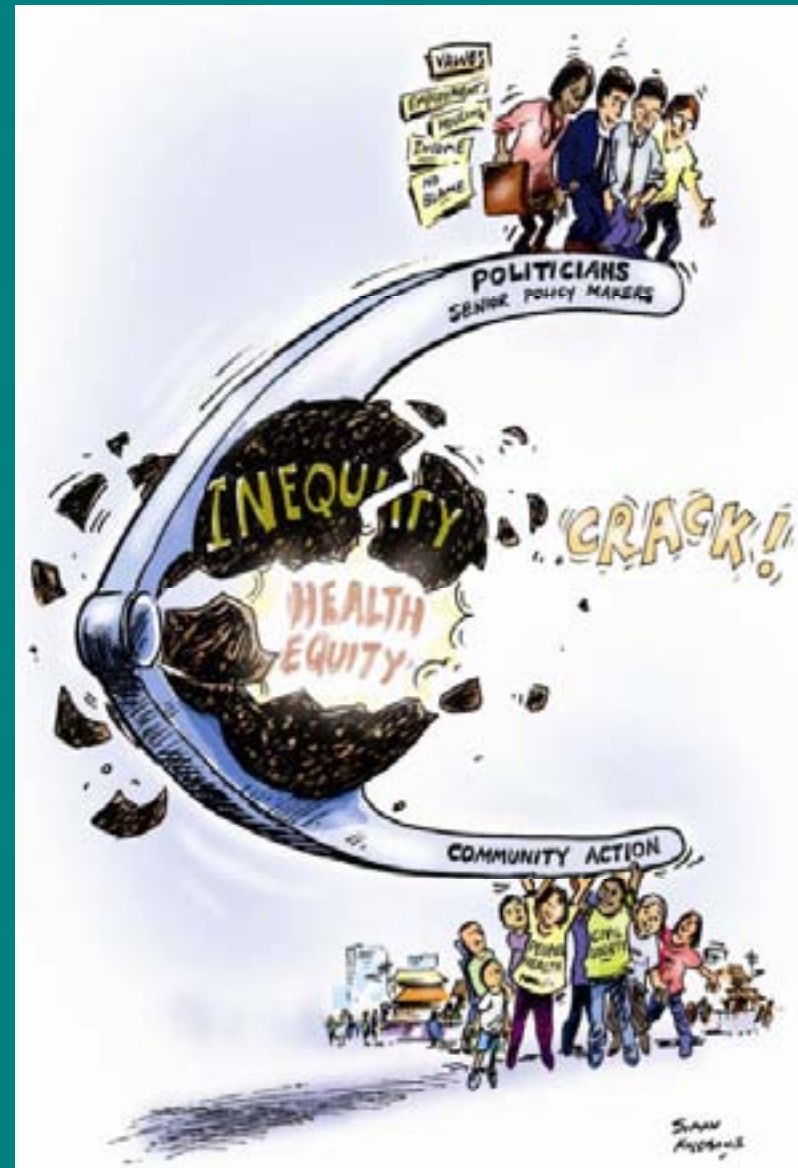


Based on Wilkinson  
& Pickett, 2009

Global movements for health equity

Recommended by the CSDH

Importance of community action and governments being responsive in order to bring about health equity



Baum, 2007

# PEOPLE'S HEALTH MOVEMENT



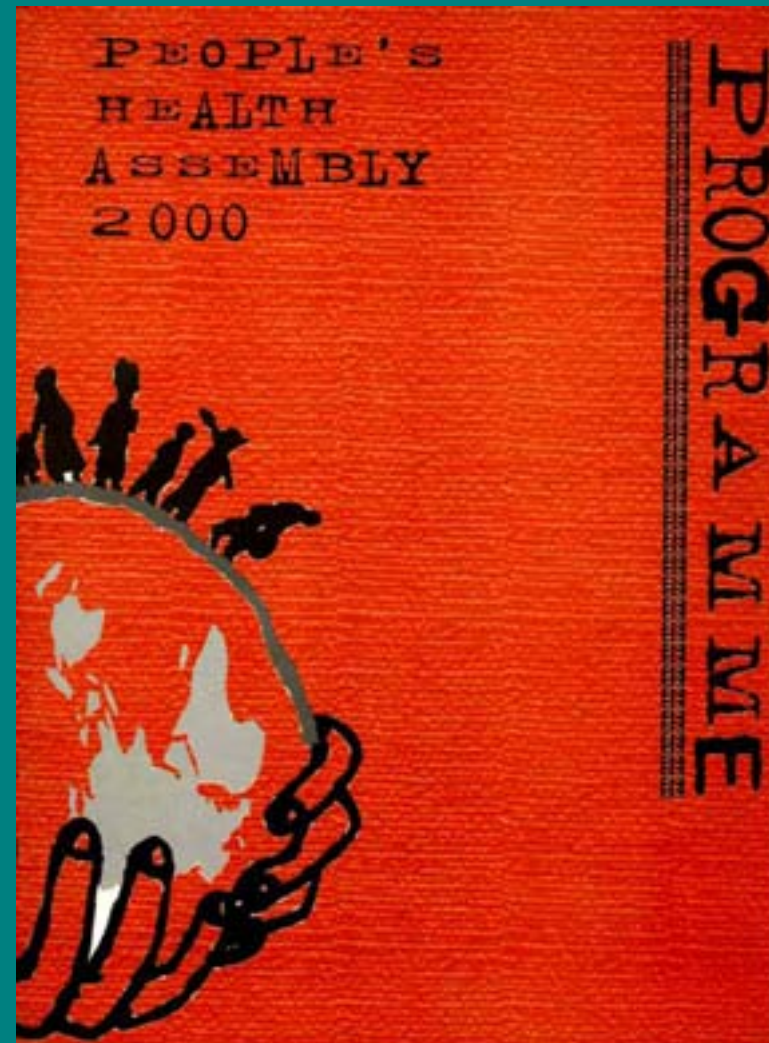
The Peoples Health Movement (PHM) is a large global civil society network of health activists supportive of the WHO policy of Health for All and organised to combat the economic and political causes of deepening inequalities in health worldwide and revitalise the implementation of WHO's strategy of Primary Health Care.

[www.phmovement.org](http://www.phmovement.org)



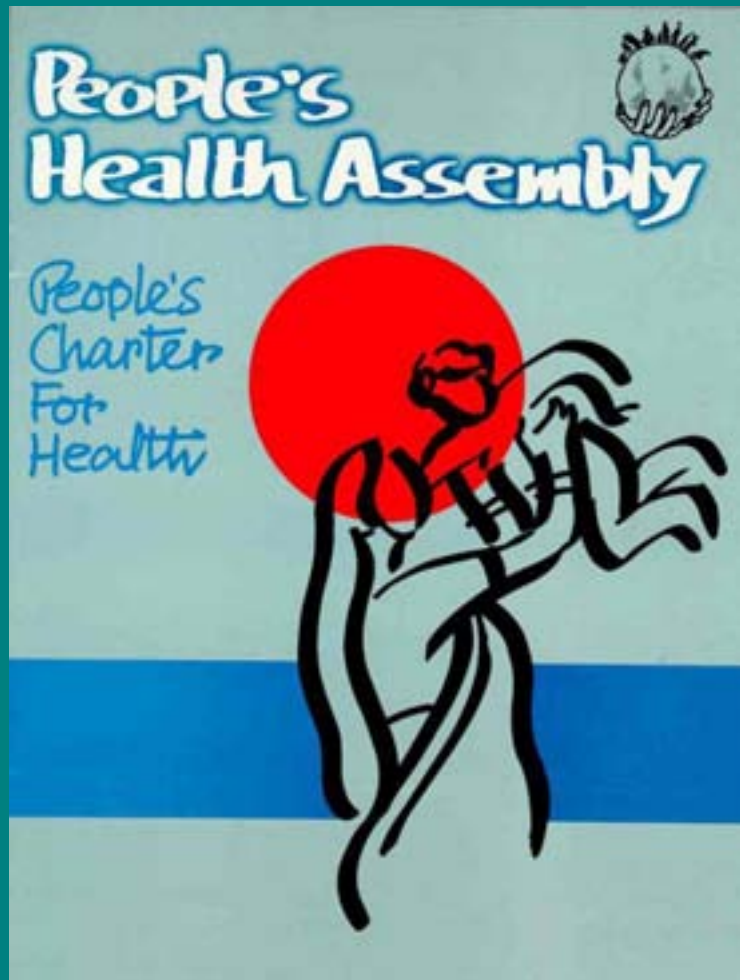
## PHA I

- In December 2000 about 1500 persons representing groups and networks from over 70 countries participated in the first **People's Health Assembly** in Savar, Bangladesh.





# PEOPLE'S CHARTER FOR HEALTH



[www.phmovement.org](http://www.phmovement.org)

**A tool for advocacy:**

**Health as a Human Right**

**Tackling the broader determinants of health**

Economic Challenges

Social and political challenges

Environmental challenges

War, violence, conflict and natural disasters

**A people-centred health sector**



*Health for All Now!*

**People's Health Movement**

# India's 'Right to Health care campaign'

- Jan Swasthya Abhiyan (JSA) or People's Health Movement—India, a national network of several hundred Health and social sector organisations launched a 'Right to Health care campaign' and NHRC conducted a series of Public hearings on Health rights
- **Cases of 'denial of health care'** documented in various regions based on a common proforma
- **Participatory surveys** of Public health facilities across some states, using a common checklist
- This information fed into '**People's Health Tribunals**', involving hundreds of people, PHM activists, health officials and expert panelists
- Cases and survey findings **collated at state level** for the National inquiry

# Launch of South African Right to Health Campaign 2007



# Watching global institutions

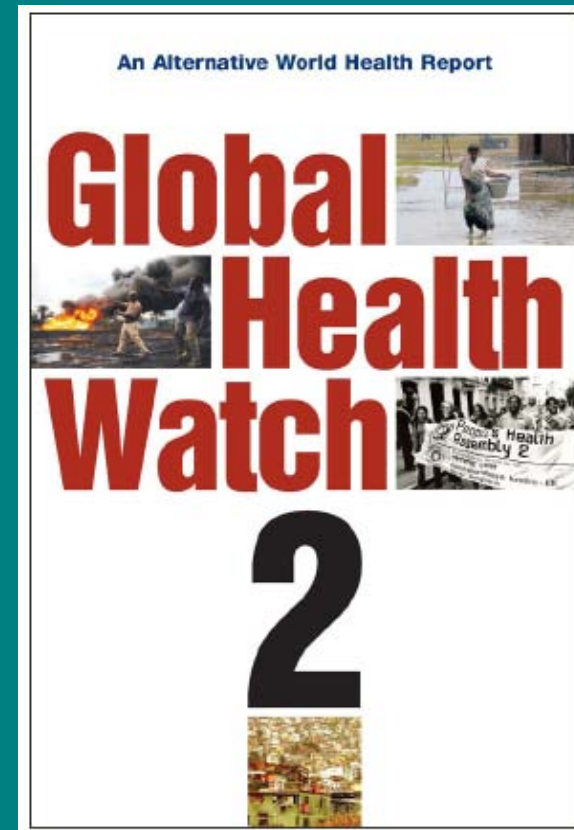
**Table 3.1**

**Increasing income inequality among countries**

Year	Gross national income per capita in nominal US\$		
	Richest countries*	Poorest countries*	Ratio
1980	US\$ 11 840	US\$ 196	60
2000	US\$ 31 522	US\$ 274	115
2005	US\$ 40 730	US\$ 334	122

\*Containing 10% of the world's population. Data derived from Table 1 in the World Bank's World Development Reports for 1982, 2002, and 2007, respectively, and market exchange rates in the relevant years. The ratios among these nominal US\$ figures are comparable across years.

Reprinted, with permission of the publisher, from Pogge (2008).

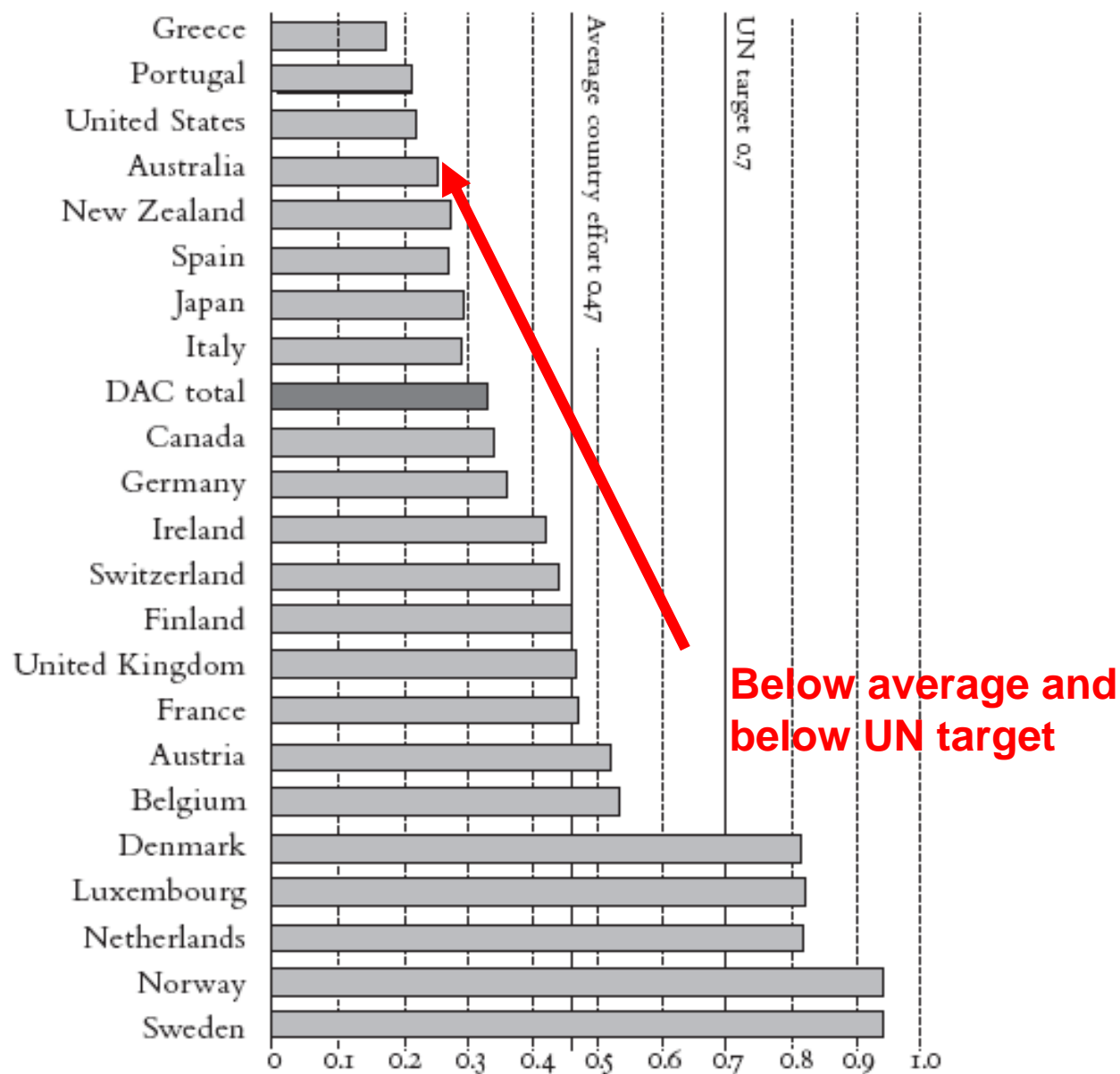


# Watching AusAID

- Overseas aid often informed by self-interest
- Should support health systems rather than vertical programs
- Need to move to recipient need model rather than donor interest



FIGURE D2.2.1 Net ODA as a percentage of GNI, 2005



Source: Adapted from *OECD Factbook 2007* (OECD 2007).

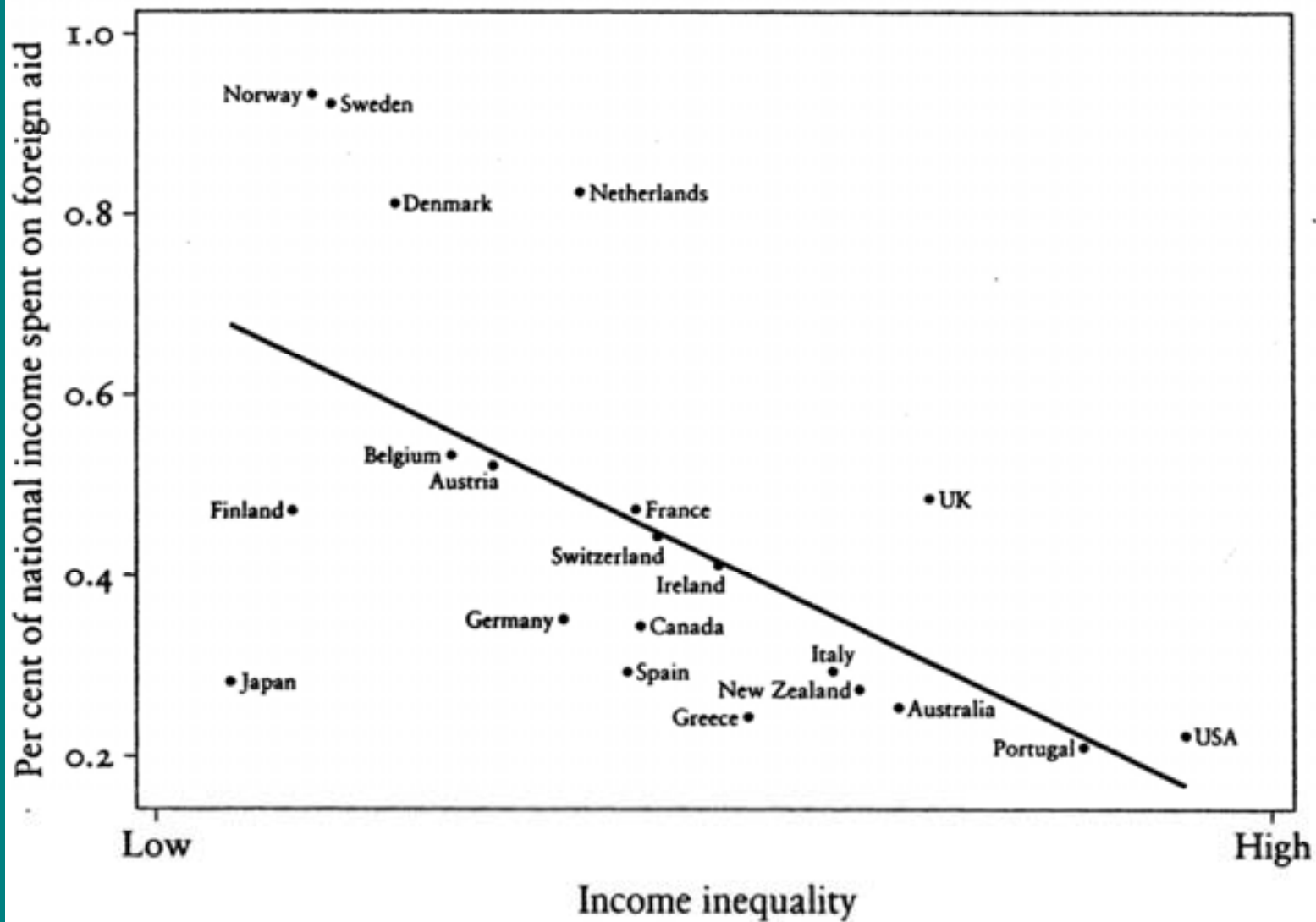


Figure 4.6 *Spending on foreign aid and inequality in rich countries.*

Source: Wilkinson & Pickett, 2009: 61

# Australia

## CLOSE THE GAP

- 17 year gap between Indigenous Australians and non-Indigenous



NACCHO



**Closing the Gap Adopted  
as Australian Government  
policy in Dec 2007**

# Combating racism is an essential empowering task for non-Indigenous Australia



**Bringing this all together –  
what changes do we need  
to be healthy by 2040?**

# Australian Health & well-being charter 2040 (based on CSDH)

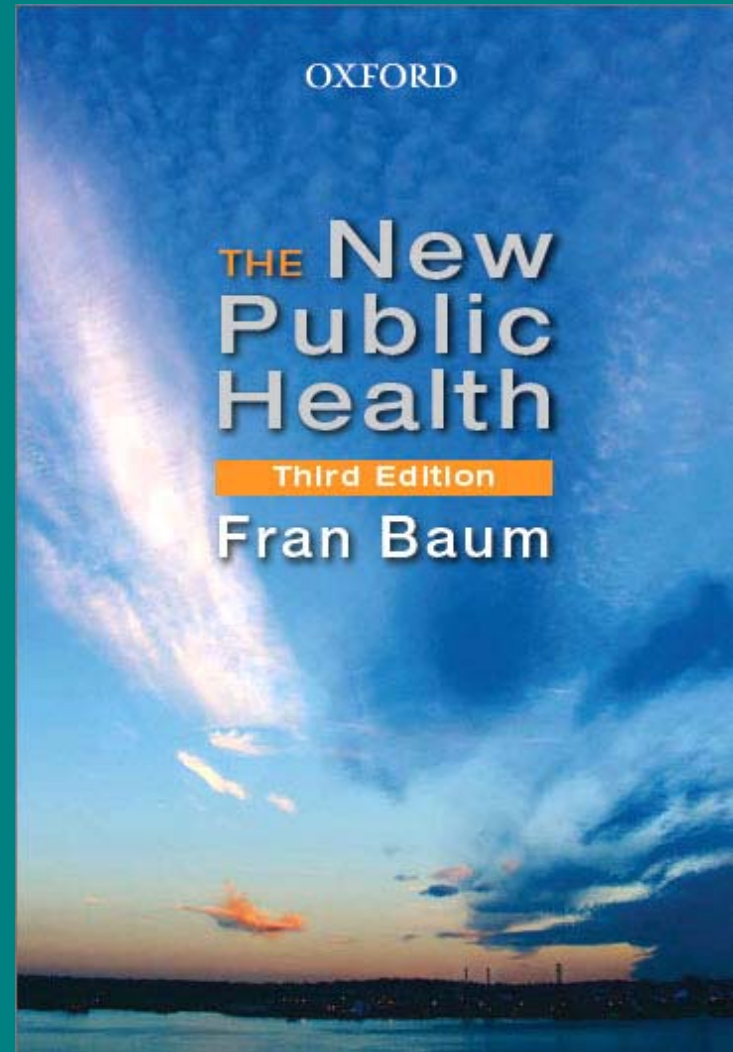
1. Provide everyone in population with reasonable income security
2. Promote meaningful reconciliation with Indigenous Australians
3. Ensure deprived areas are a thing of the past – create healthy cities and communities projects that focus on capabilities
4. Create satisfying work with fair conditions
5. Provide safe, affordable & sustainable housing, water and energy supply

# Australian Health & well being charter 2040 (based on CSDH)

6. Have environmentally sane transport options
7. Ensure people have social support and are included in society
8. Health & Medical care that actively promotes good health, is co-ordinated and sees health citizens as partners in maintaining a good health system
9. Promote education and early childhood interventions as essential to health promotion
10. Is a leading contributor to making the world fairer and ensuring all global citizens have the best health possible and social security across the life cycle

# Thank you!

If you want to  
read more.....



[fran.baum@flinders.edu.au](mailto:fran.baum@flinders.edu.au)