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

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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 28th 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/
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
PERCEIVED THREAT

FIGHT OR FLIGHT

THREAT PASSES

THOSE WITH POWER

• Increased production of Endorphins, reduced production of adrenalin
• Decreased Heart Rate
• Decreased BP
• Less blood directed to muscles, muscles relax
• Normal pupils (eyes)
• More blood to other organs (eg kidneys, liver)

THOSE WITHOUT POWER

• Increased production of adrenalin
• Increased Heart Rate
• Increased BP
• More blood directed to muscles
• Dilated pupils (eyes)
• Less blood to other organs (eg kidneys, liver)
Psych-social Demands (Stressors)

Life events, chronic stress, daily hassles

Resistance & Vulnerability Factors

Coping Responses; Personality; Social Supports

Psycho-biological Stress Response

Neuro-endocrine (brain & hormones)

Cortisol, ACTH, Catecholamines, Beta-endorphins, Testosterone, Insulin

High BP
Increased risk infection
Increased Heart Rate
Increased risk cancer
Decreased Blood Clotting Time
Insulin resistance
Anxiety
Depression

Immune

Immunoglobulins, WBCs, Lymphocyte sub-populations, Cytokines.

Autonomic metabolic

Cardiovascular function, Renal function, Gastro-intestinal motility, F: metabolism, Haemostasis

High Cholesterol
High BP
Increase heart rate

Diabetes ... Heart disease ... Stroke ... Renal Disease ... Infections ... Cancer

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
Secret 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

Wilkinson & Pickett
2009, 86
How social determinants get into our brains and cause health inequities

Lack of control over work and home life
Living in area with high disorder & lack of safety
Gendered violence

Poverty – managing on low income

Long term chronic stress

Racism
Social isolation
Unemployment
Non-permanent work
Coping by using substances harmful to health – alcohol, tobacco, illegal drugs

Barriers to seeking mental health care: cultural, financial, class, gender

Depression, Anxiety, Schizophrenia etc

Early childhood not stimulating maximum brain development
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.”


- 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

Source: Marmot et al
SELF-REPORTED JOB CONTROL AND CHD INCIDENCE WHITEHALL MEN AND WOMEN

- Adjusted age, sex, length of follow up
- + effort/reward imbalance
- + grade, coronary risk factors, negative affect

**Rate ratio**

<table>
<thead>
<tr>
<th>High job control</th>
<th>Intermediate job control</th>
<th>Low job control</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.8</td>
<td>2.3</td>
<td>2.8</td>
</tr>
</tbody>
</table>

*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
World Health Organization
NUMBER OF MAZES SOLVED IN 15 MIN: INDIAN CHILDREN 11-12 YEARS

Caste announced?

(Source: Hoff & Pandey, 2004)
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)

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never/hardly ever</td>
<td>16</td>
</tr>
<tr>
<td>Sometimes</td>
<td>30</td>
</tr>
<tr>
<td>Often/very often</td>
<td>54</td>
</tr>
</tbody>
</table>
Racism in at least one informal setting

<table>
<thead>
<tr>
<th>Never/hardly ever</th>
<th>Sometimes</th>
<th>Often/very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>42</td>
<td>42</td>
</tr>
</tbody>
</table>

84% experiencing racism in informal settings at least sometimes
“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

<table>
<thead>
<tr>
<th>Response</th>
<th>Often/very often</th>
<th>Sometimes</th>
<th>Never/hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel angry, annoyed or frustrated</td>
<td>62</td>
<td>32</td>
<td>6</td>
</tr>
<tr>
<td>Talk, write, draw, sing or paint</td>
<td>52</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>Try to avoid it</td>
<td>46</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Get a headache, upset stomach, other physical reaction</td>
<td>37</td>
<td>41</td>
<td>22</td>
</tr>
<tr>
<td>Do something</td>
<td>33</td>
<td>30</td>
<td>37</td>
</tr>
<tr>
<td>Ignore, accept, forget it</td>
<td>28</td>
<td>37</td>
<td>35</td>
</tr>
<tr>
<td>Feel amused or sorry for person</td>
<td>34</td>
<td>31</td>
<td>35</td>
</tr>
<tr>
<td>Feel ashamed, humiliated, anxious or fearful</td>
<td>29</td>
<td>32</td>
<td>39</td>
</tr>
<tr>
<td>Feel powerless, hopeless or depressed</td>
<td>26</td>
<td>32</td>
<td>43</td>
</tr>
</tbody>
</table>
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.
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Selective PHC</th>
<th>Comprehensive PHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main aim</td>
<td>Reduction of specific disease – technical focus</td>
<td>Improvement in overall health of the community and individuals – and health for all as overall social and political goal</td>
</tr>
<tr>
<td>Sectors involved</td>
<td>Strong focus on health sector – very limited involvement from other sectors</td>
<td>Involvement of other sectors central</td>
</tr>
<tr>
<td>Strategies</td>
<td>Focus on curative care, with some attention to prevention and promotion</td>
<td>Comprehensive strategy with curative rehabilitative, preventive and health promotion that seeks to remove root causes of disease</td>
</tr>
<tr>
<td>Planning and strategy development</td>
<td>External, often ‘global’, programmes with little tailoring to local circumstances</td>
<td>Local and reflecting community priorities professional ‘on tap not on top’</td>
</tr>
</tbody>
</table>

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

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.

Source: Wilkinson & Pickett, 2009: 52
### US compared to Costa Rica

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

Path from Inequity to mental illness

- Higher levels of inequity
  - Low levels of trust
  - Weaker community life
  - More concern with status
  - Less cohesion and co-operation
  - Raised levels of stress hormones
  - More social evaluation anxieties and more narcissistic behaviours

- Increasing levels of 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
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
• 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

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

www.phmovement.org
People's Health Assembly 2
Committed to Health for All
Gonoshasthaya Kendra - CK
Savar, Bangladesh

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
### Table 3.1

**Increasing income inequality among countries**

<table>
<thead>
<tr>
<th>Year</th>
<th>Richest countries*</th>
<th>Poorest countries*</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>US$ 11,840</td>
<td>US$ 196</td>
<td>60</td>
</tr>
<tr>
<td>2000</td>
<td>US$ 31,522</td>
<td>US$ 274</td>
<td>115</td>
</tr>
<tr>
<td>2005</td>
<td>US$ 40,730</td>
<td>US$ 334</td>
<td>122</td>
</tr>
</tbody>
</table>

*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
Below average and below UN target
Figure 4.6 Spending on foreign aid and inequality in rich countries.

Australia

- 17 year gap between Indigenous Australians and non-Indigenous Australians

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.....

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