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inspiring achievement

Social determinants of health equity for parents and children: evidence, values and action

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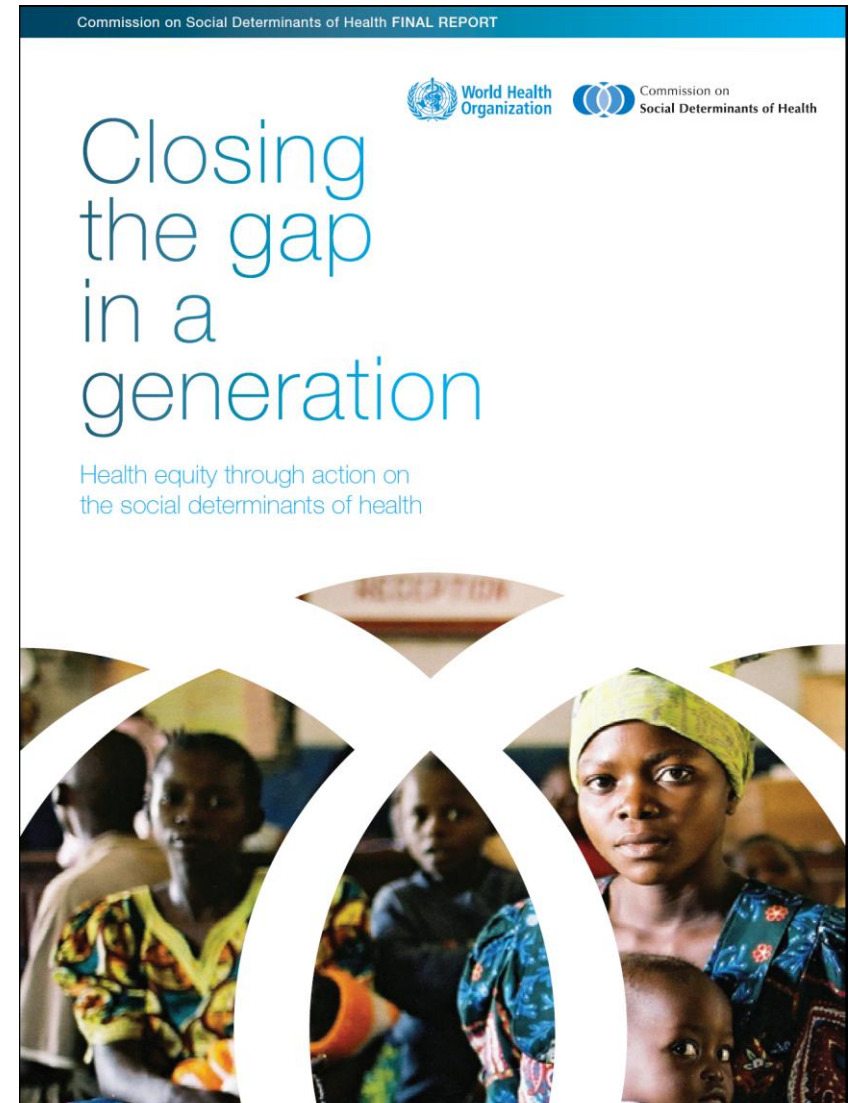
Maternal and Child Health:
the Foundation of Population Health
7 & 8 Sept 2012
Hong Kong

Outline

- Commission on the Social Determinants of Health: action and values
- Experiences of parenthood and childhood reflect social and economic inequities
- Creating the conditions for healthy parenthood and childhood requires action on social determinants of health but often lifestyle drift happens
- The health sector can contribute to reducing health inequities through leadership & stewardship for health

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) 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."

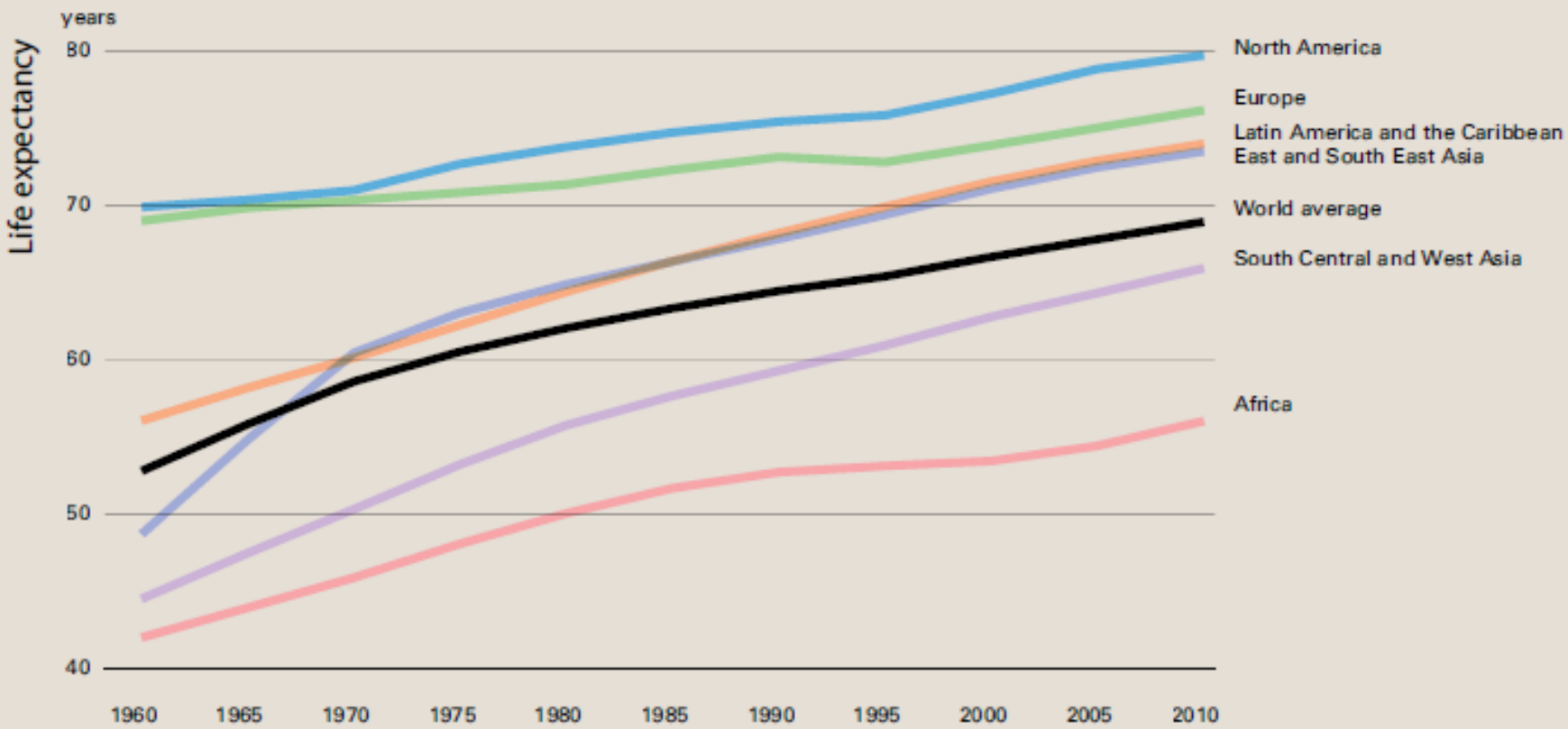


Basic logic: what good does it do to
treat people's illnesses



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

LIFE EXPECTANCY BY WORLD REGION



Source: World Bank (2011). World Development Report Database. [wdronline.worldbank.org]

- “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

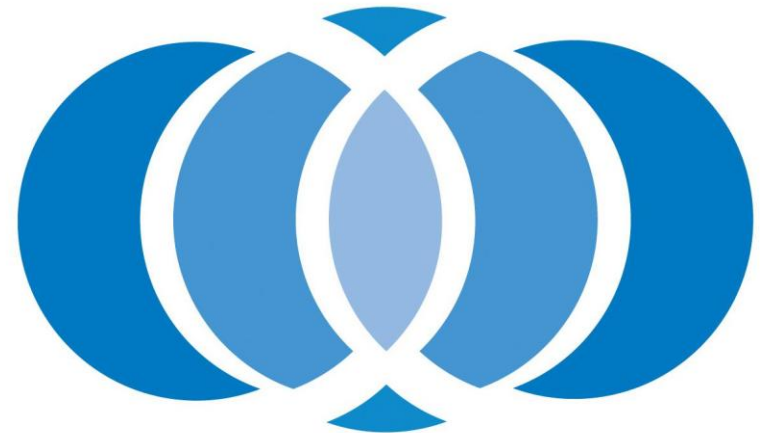
Director-General



World Health
Organization

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



Why do we have health inequities and less than optimum population health?

- Behaviour?
- Poor quality or inadequate access to medical and other health services?
- Conditions of everyday life ?
- Way we organise the distribution of goods in society ?

DECEMBER 9, 1995

\$1.95

TIME

SPIES, SPIES EVERYWHERE
The U.S. Roundup
Accelerates



Children Having Children

Teen Pregnancy
In America



SHATTERED LIVES



Portraits
From
America's
Drug War

by Mikki Norris
Chris Conrad &
Virginia Resner

HOW TO SPOT A TROUBLED KID

DEPRESSION: Do pills
help or hurt?

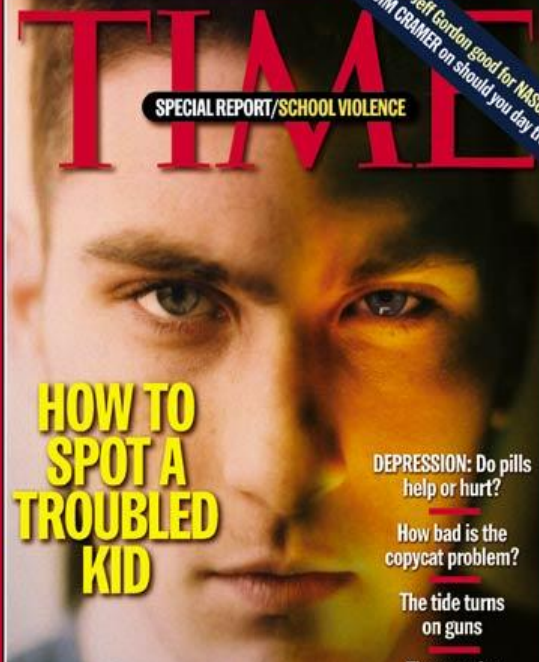
How bad is the
copycat problem?

The tide turns
on guns

TIME

SPECIAL REPORT/SCHOOL VIOLENCE

Is Jeff Gordon good for NASCAR?
JIM CRAMER on should you day trade



JOE KLEIN: HOW CONSULTANTS RUINED POLITICS

TIME

SPECIAL REPORT

DROPOUT NATION

30% of America's
high school students
will leave without
graduating. Here is
what one town tells
us about the crisis

BY NATHAN THORNBURGH

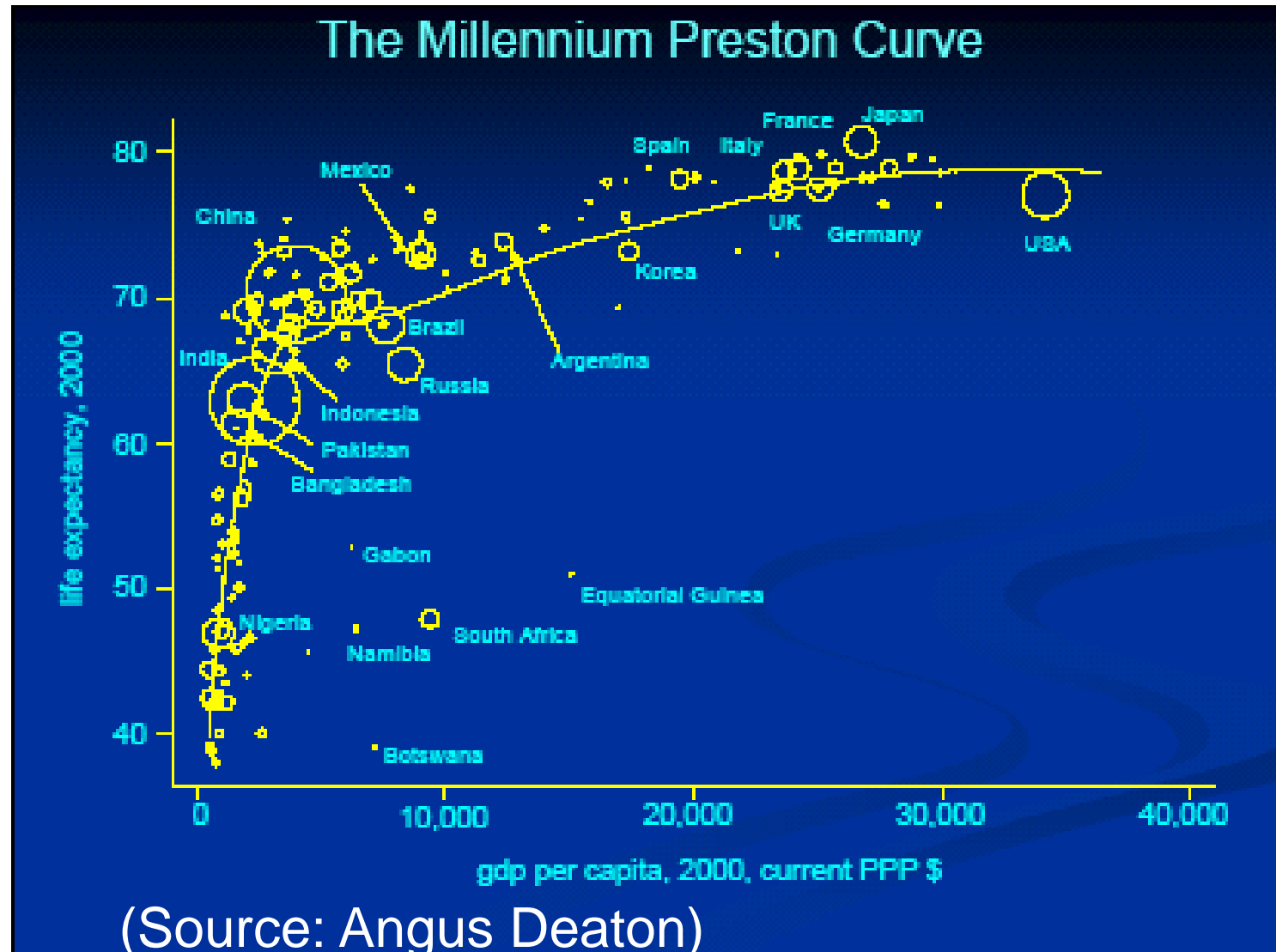
Christine Harden, 18,
of Shelbyville, Ind.



FLIGHT 93:
THE MOVIE
EXCLUSIVE FIRST LOOK



Life expectancy not completely tied to wealth



United States compared to Costa Rica

Indicator	US	Costa Rica
Life expectancy at birth	78.5	79.3
Infant Mortality Rate	8	11
Happy Planet Index	37.3 (ranked 105 th)	64.0 (ranked 1)
Gross National Income (per capita US \$)	43,017	10,497
Health expenditure (per capita US \$)	7960	1155

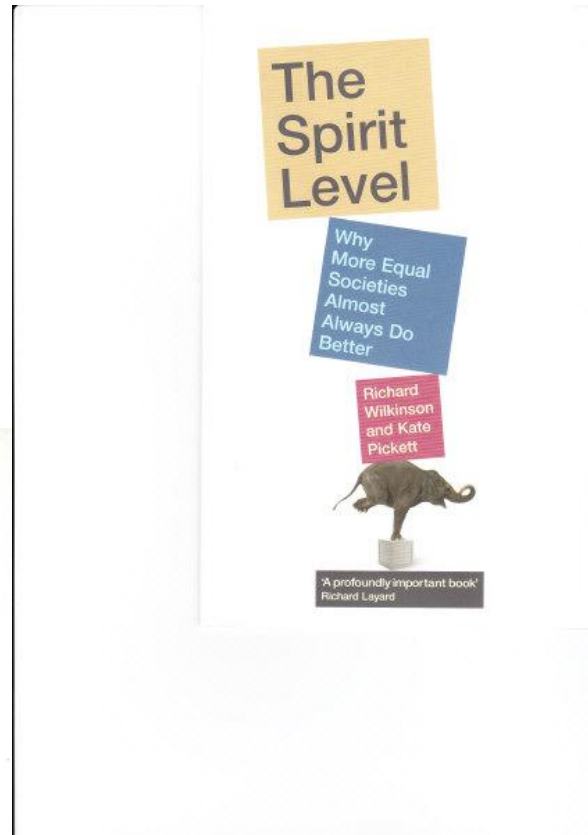
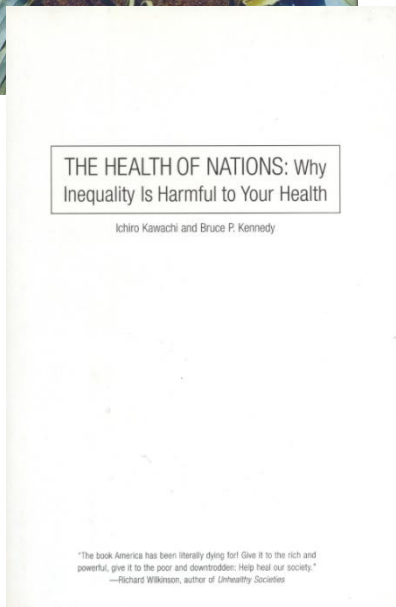
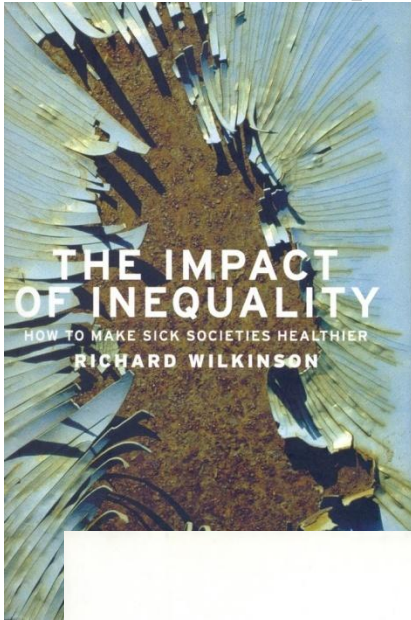
Source: Human Development Report (2011), WHO (2012)

Lessons from low income high health countries

- Universal provision of services (not targeted at poor)
- Strong public sector
- Education especially for girls
- Distribution of resources crucial
- Strong PHC
- Support for Indigenous agriculture
- Not what you spend but how you spend it.....

Werner and Sanders, 1997; UNICEF, 1988

Epidemiology of Inequality

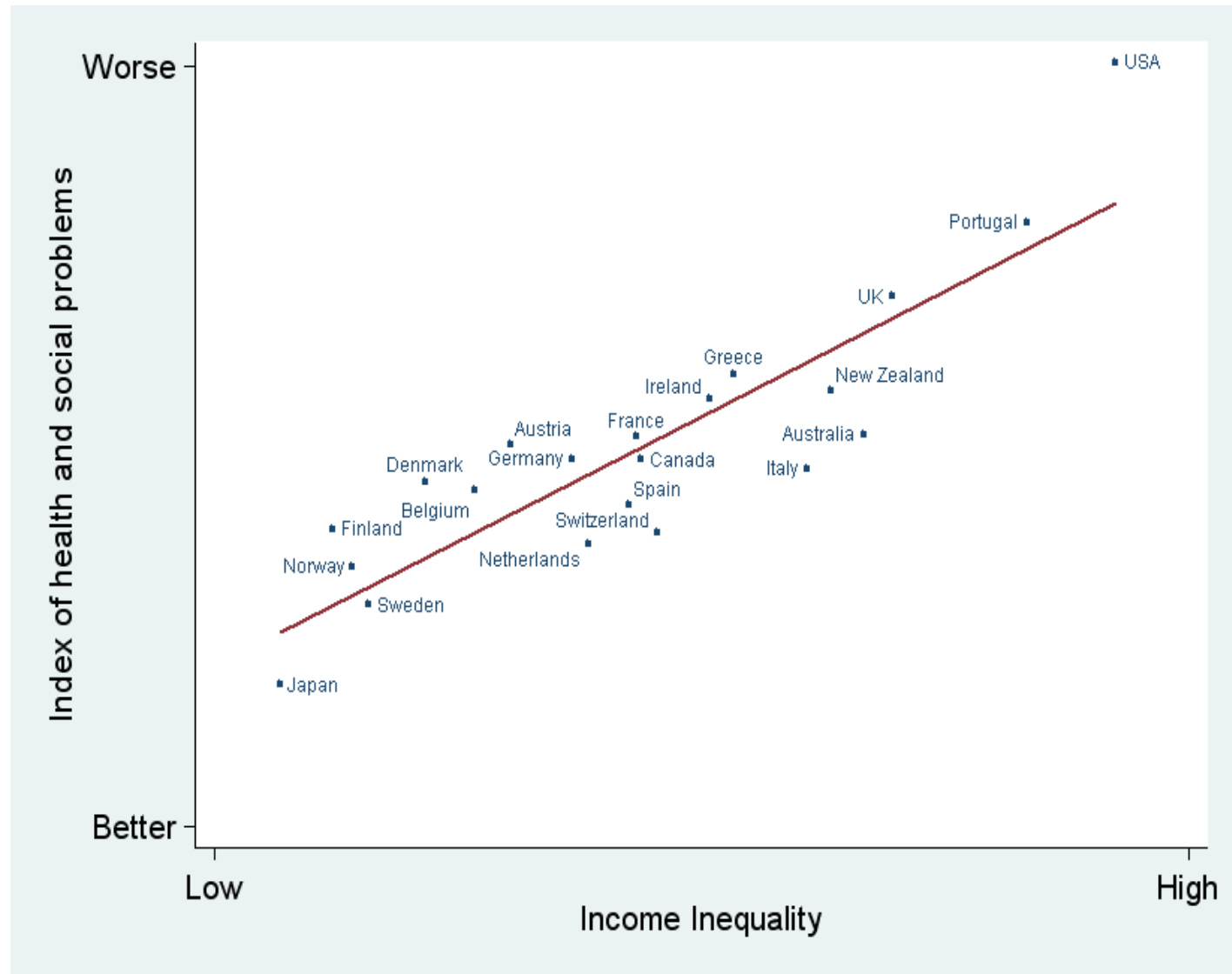


- More equal societies are healthier
- More equity leads to more just social policies
- Less crime more cohesion

Health and Social Problems are Worse in More Unequal Countries

Index of:

- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility



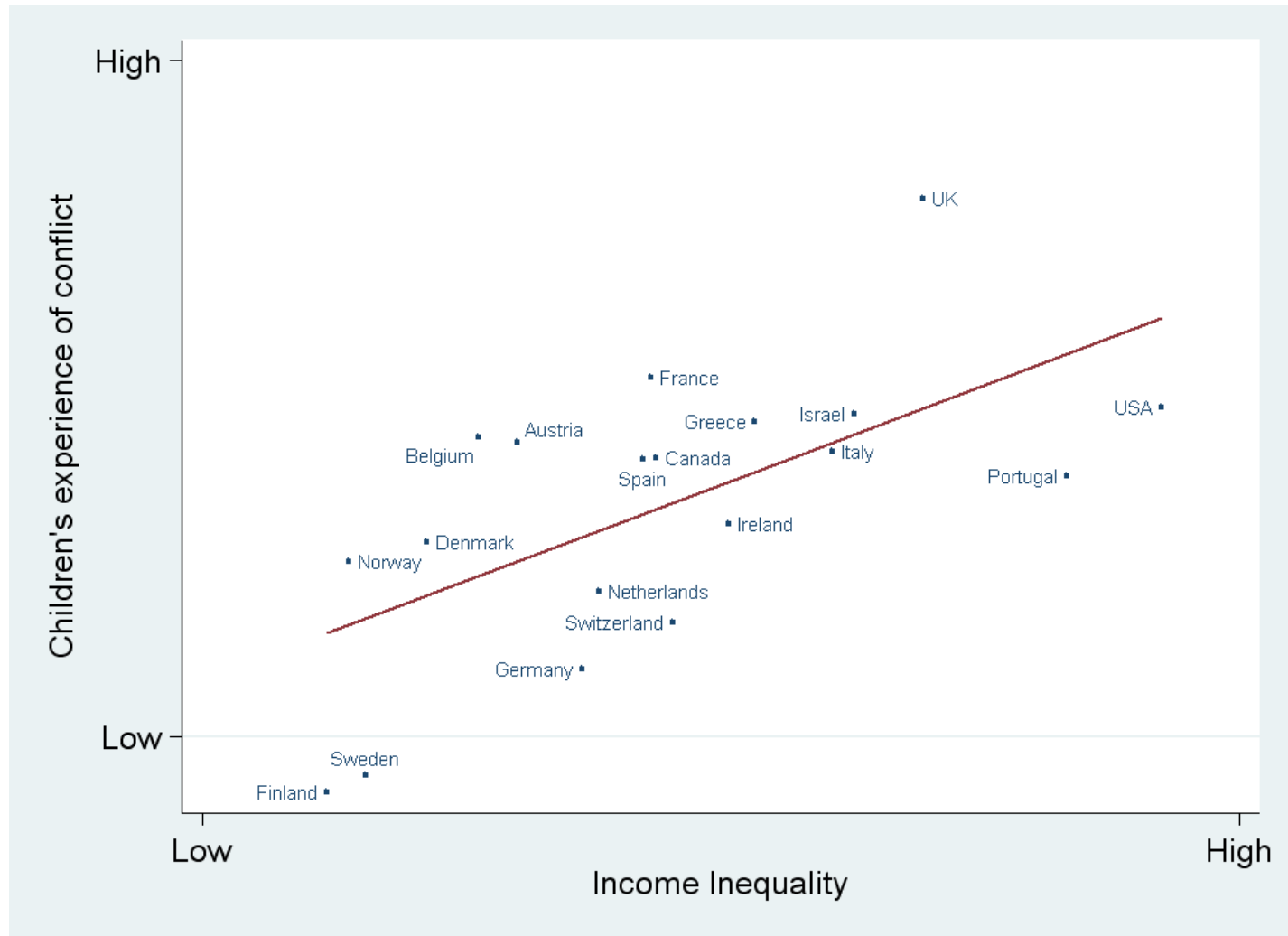
Teenage Birth Rates are Higher in More Unequal Rich Countries



Rates of Imprisonment are Higher in More Unequal Countries



Children Experience More Conflict in More Unequal Societies



11, 13 & 15 yr olds fighting, bullying, and finding peers not kind & helpful

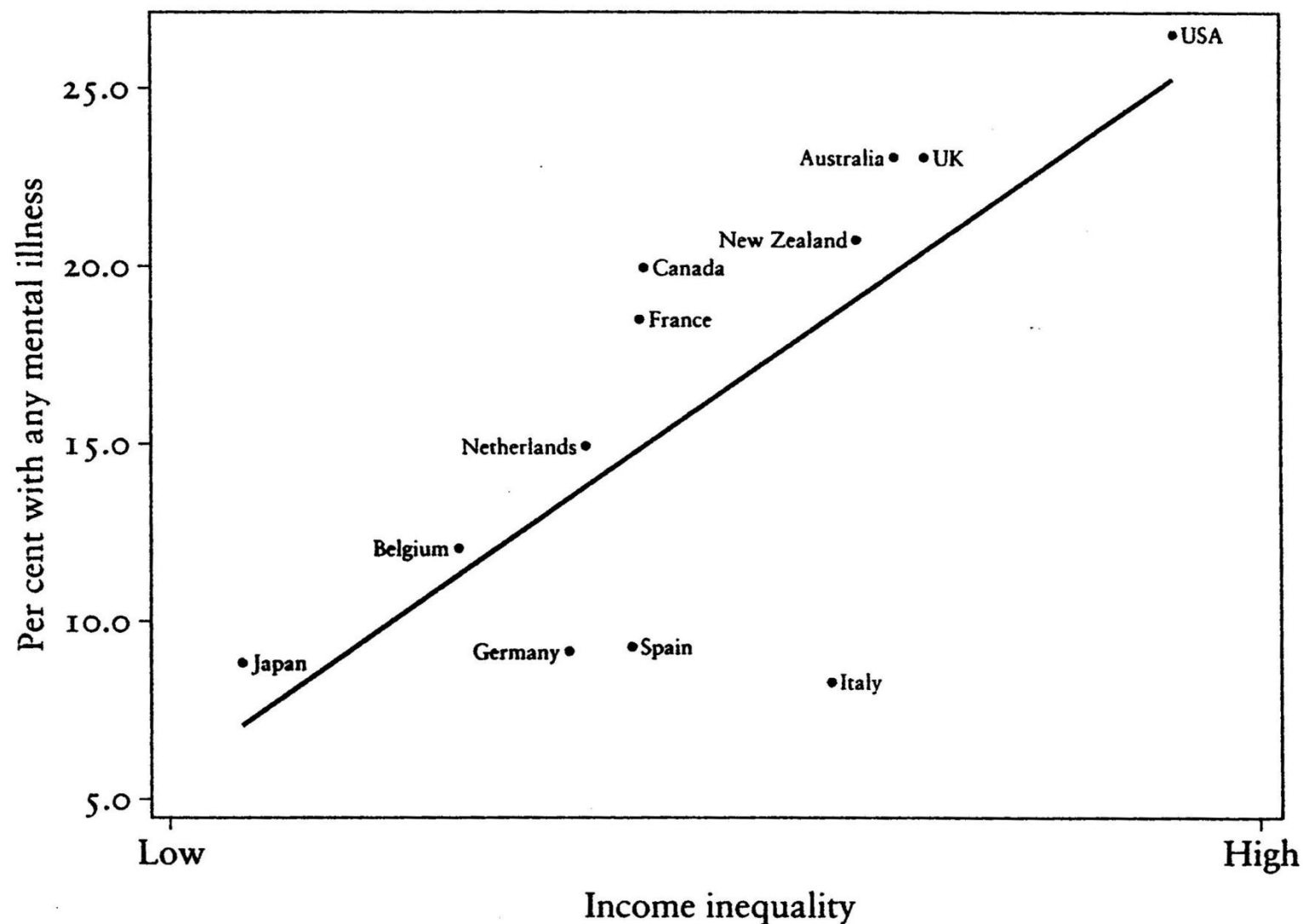
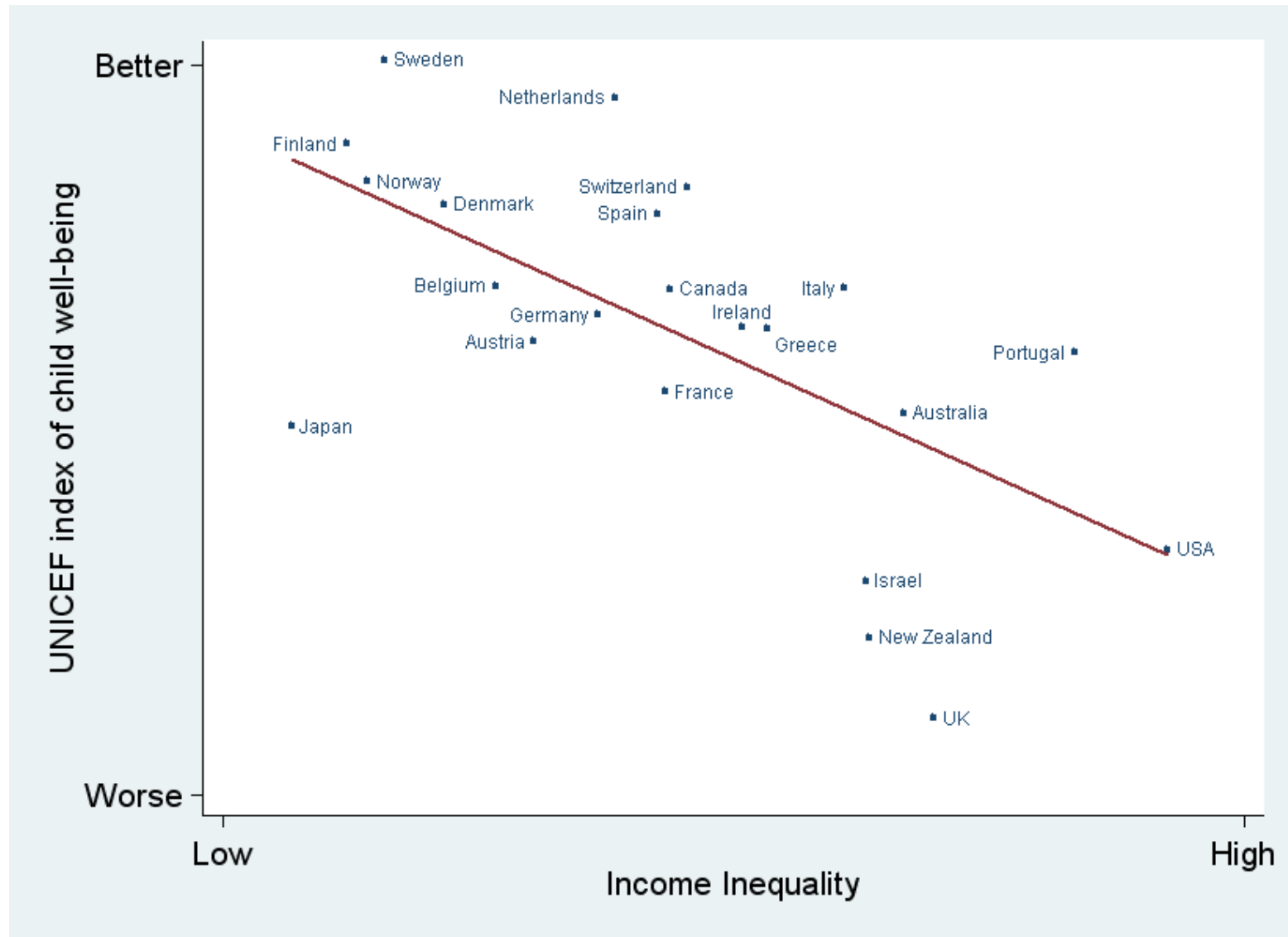


Figure 5.1 *More people suffer from mental illnesses in more unequal countries.*

Child Well-being is Better in More Equal Rich Countries



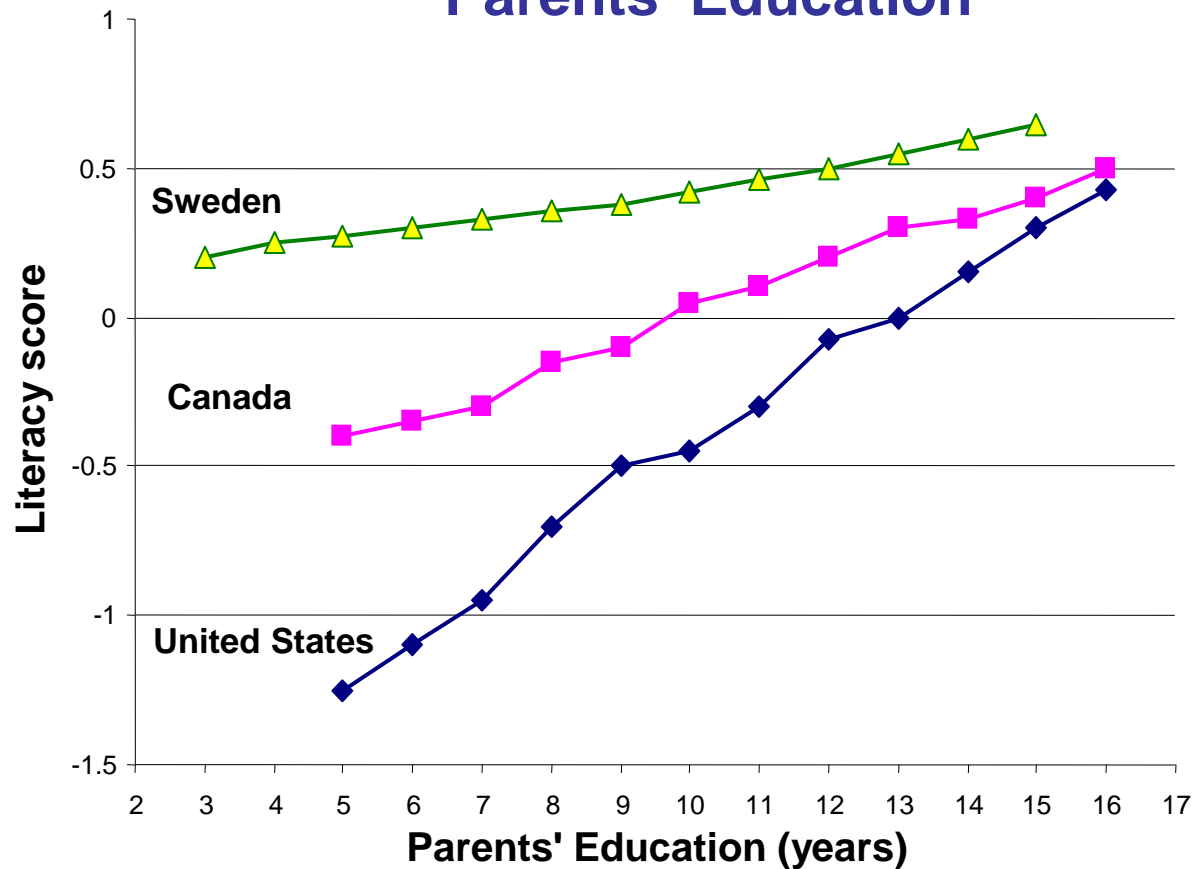
More Children Drop Out of High School in More Unequal US States



Almost everyone benefits from greater equality.

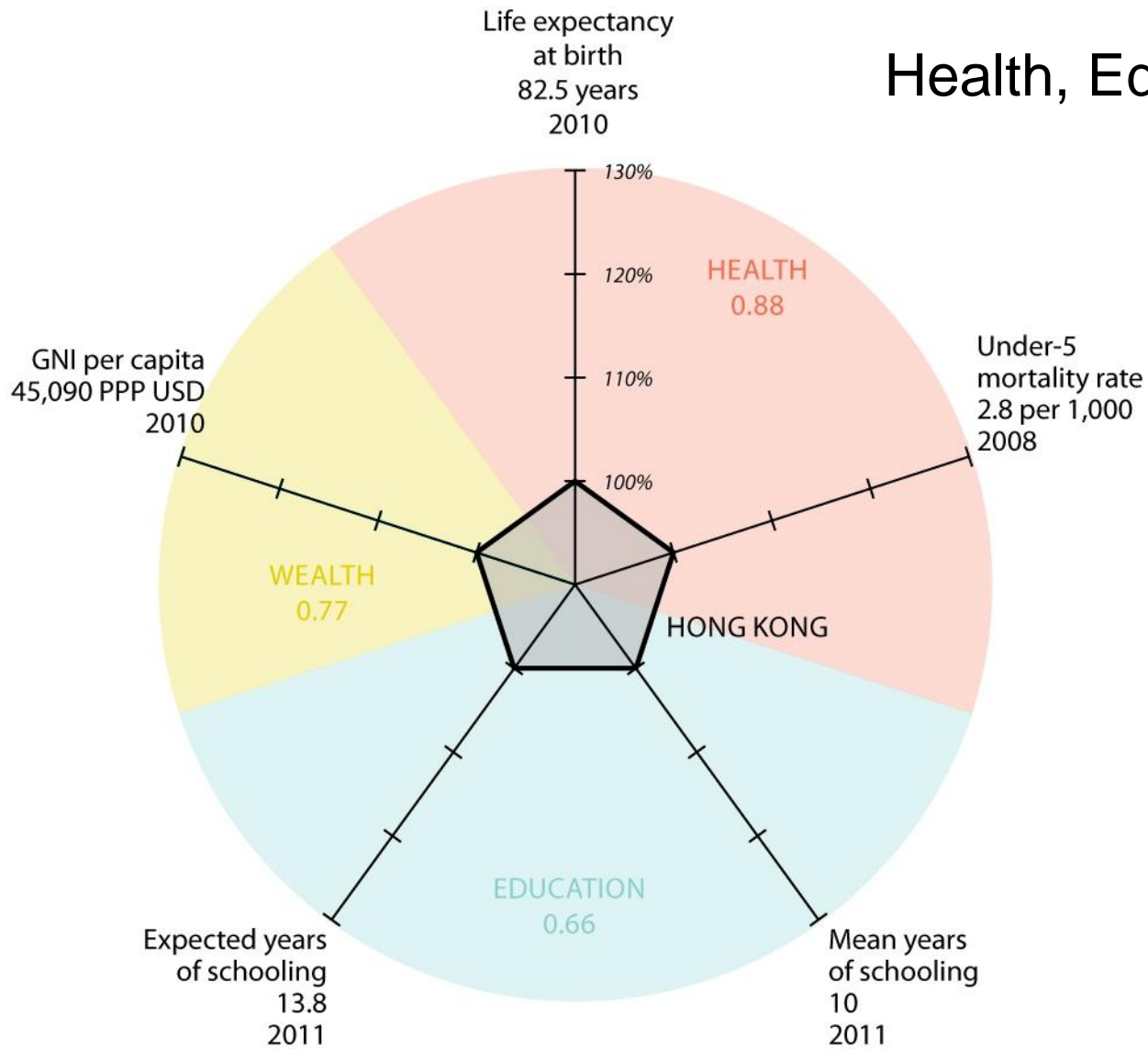
Usually the benefits are greatest among the poor but extend to the majority of the population

Literacy Scores of 16-25 year olds by Parents' Education



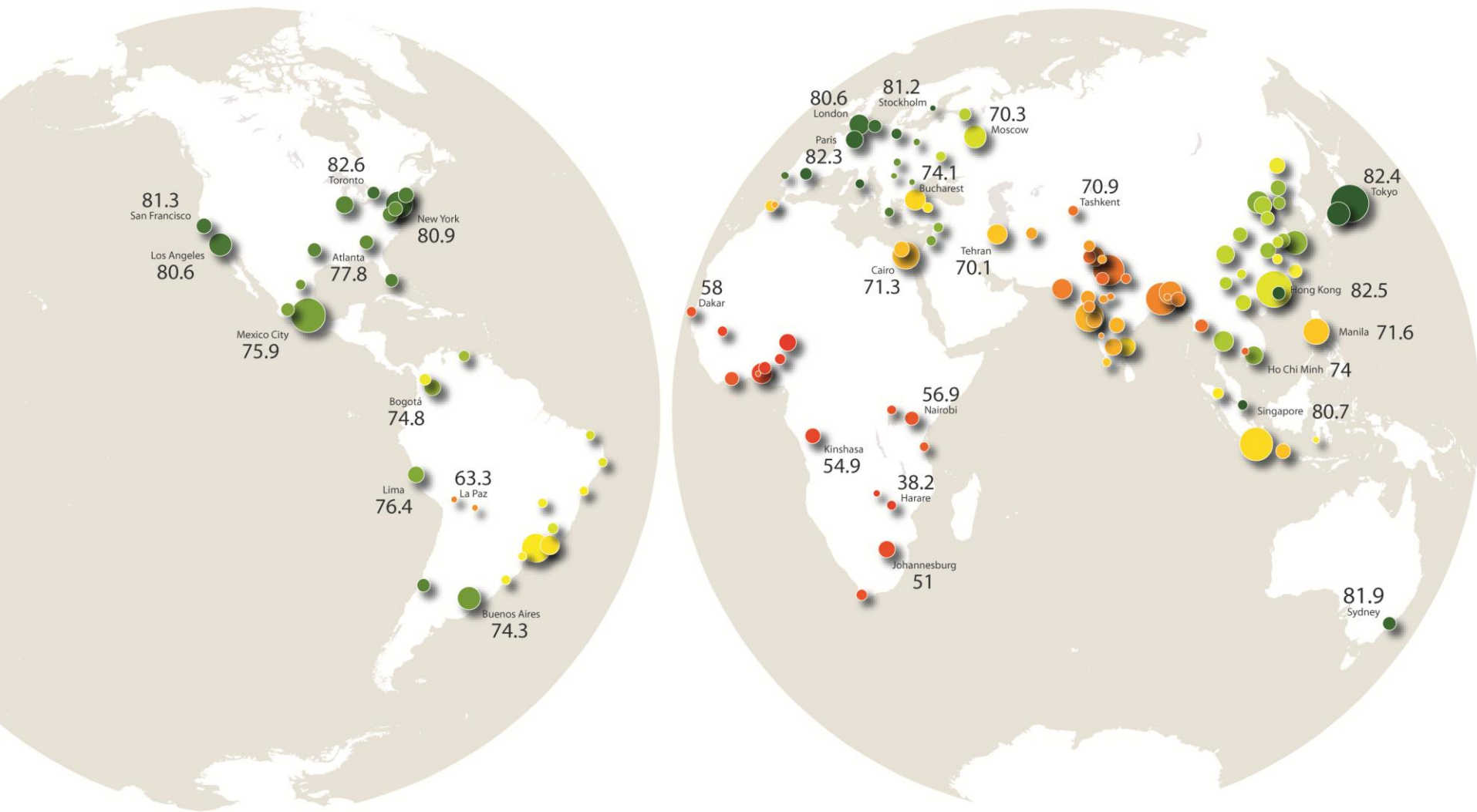
How is Hong Kong Doing?

Health, Education & Wealth



Paccoud(2011) LSE Cities

Life Expectancy – cities compared



Paccoud(2011) LSE Cities

Infant Mortality Rates (major city comparisons)

City	Rate (per 1000 live births)
Hong Kong	2.8
London	5.4
New York City	5.2
Istanbul	39.3
Mexico City	13.4
Johannesburg	33

Source: Cities, Health and Well-Being Conference, Hong Kong (2011)

Life expectancy at birth

Country	Male	Female	Combined Average	HDI Rank
Hong Kong	79	86	82.8	13
Japan	79	86	83.4	12
Australia	79	84	81.9	2
South Africa	50	53	52.8	123
United Kingdom	78	82	80.2	28
United States	76	81	78.5	4
Singapore	78	83	81.1	26
Source: UNDP (2011) and World Development Report (2011)				

Hong Kong in comparison to other developed countries

Gender

Country	Adolescent Fertility Rate	Labour Force Participation (%)	
		Female	Male
Hong Kong	3.2	52.2	68.9
Australia	16.5	58.4	72.2
United States	41.2	58.4	71.9
New Zealand	12.5	61.8	75.7
Singapore	8.8	53.7	75.6
United Kingdom	9.3	55.3	69.5
Iceland	10.4	71.7	83.1
Norway	12.6	63.0	71.0

Source: Human Development Report (2011)

Hong Kong in comparison to other developed countries

Education

Country	Mean Years of Schooling (2011)	Population with at least secondary schooling (% ages 25 and older) (2010)	
		Female	Male
Hong Kong	10	67.3	71.0
Australia	12	95.1	97.2
United States	12.4	95.3	94.5
New Zealand	12.5	71.6	73.5
Singapore	8.8	57.3	64.7
United Kingdom	9.3	68.8	67.8
Iceland	10.4	66.3	57.7
Norway	12.6	99.3	99.1

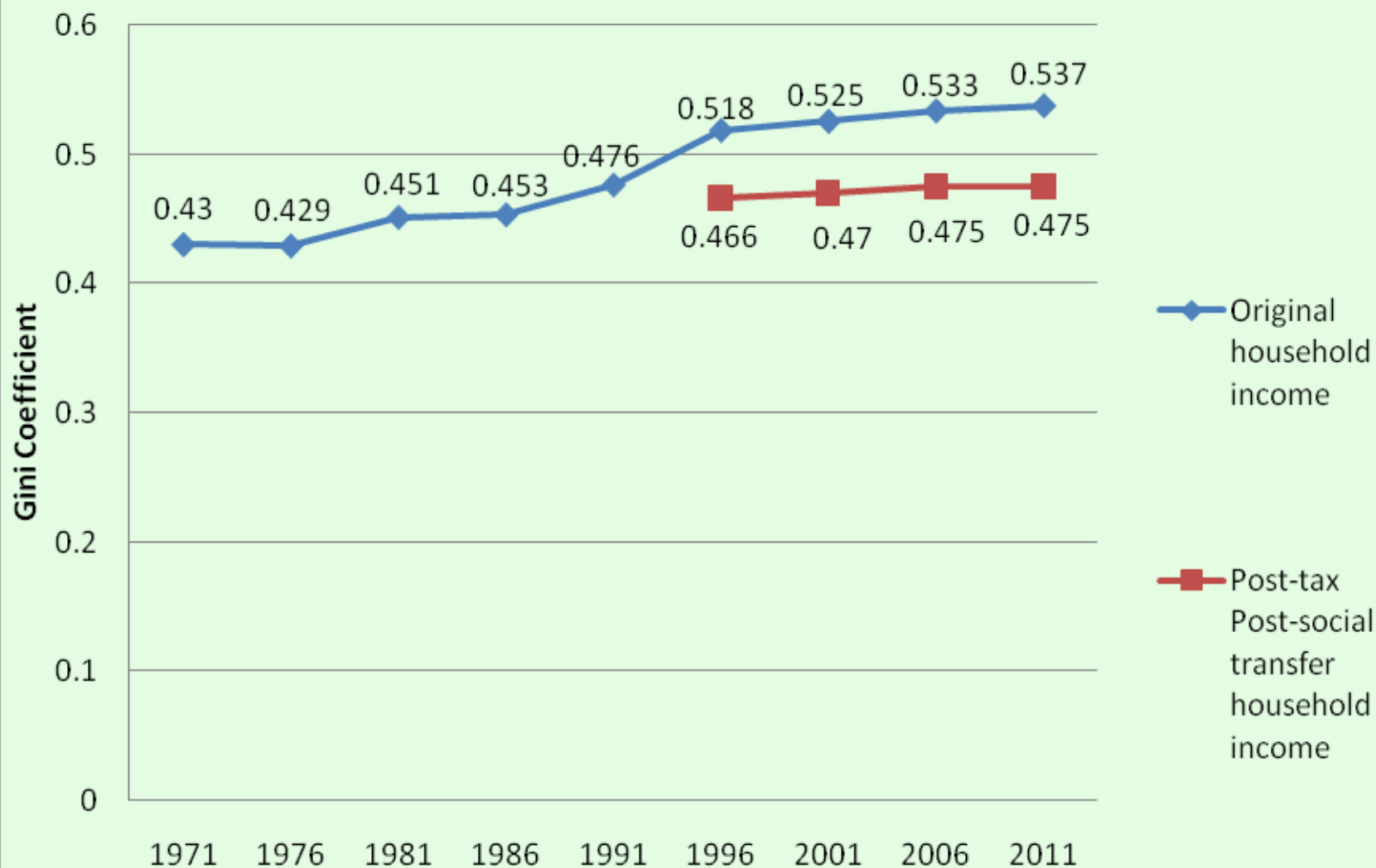
Hong Kong in comparison with other developed countries

Population, economy & life satisfaction

Country	Median Age (2010)	GDP per capita (2009)	Life Satisfaction (10 highest)
Hong Kong	41.8	43,229	5.6
Australia	36.9	39,539	7.5
United States	36.9	45,989	7.2
New Zealand	36.6	28,993	7.2
Singapore	37.6	50,633	6.5
United Kingdom	39.8	35,155	7.0
Iceland	34.8	36,795	6.9
Norway	38.7	56,214	7.6

Source: Human Development Report (2011)

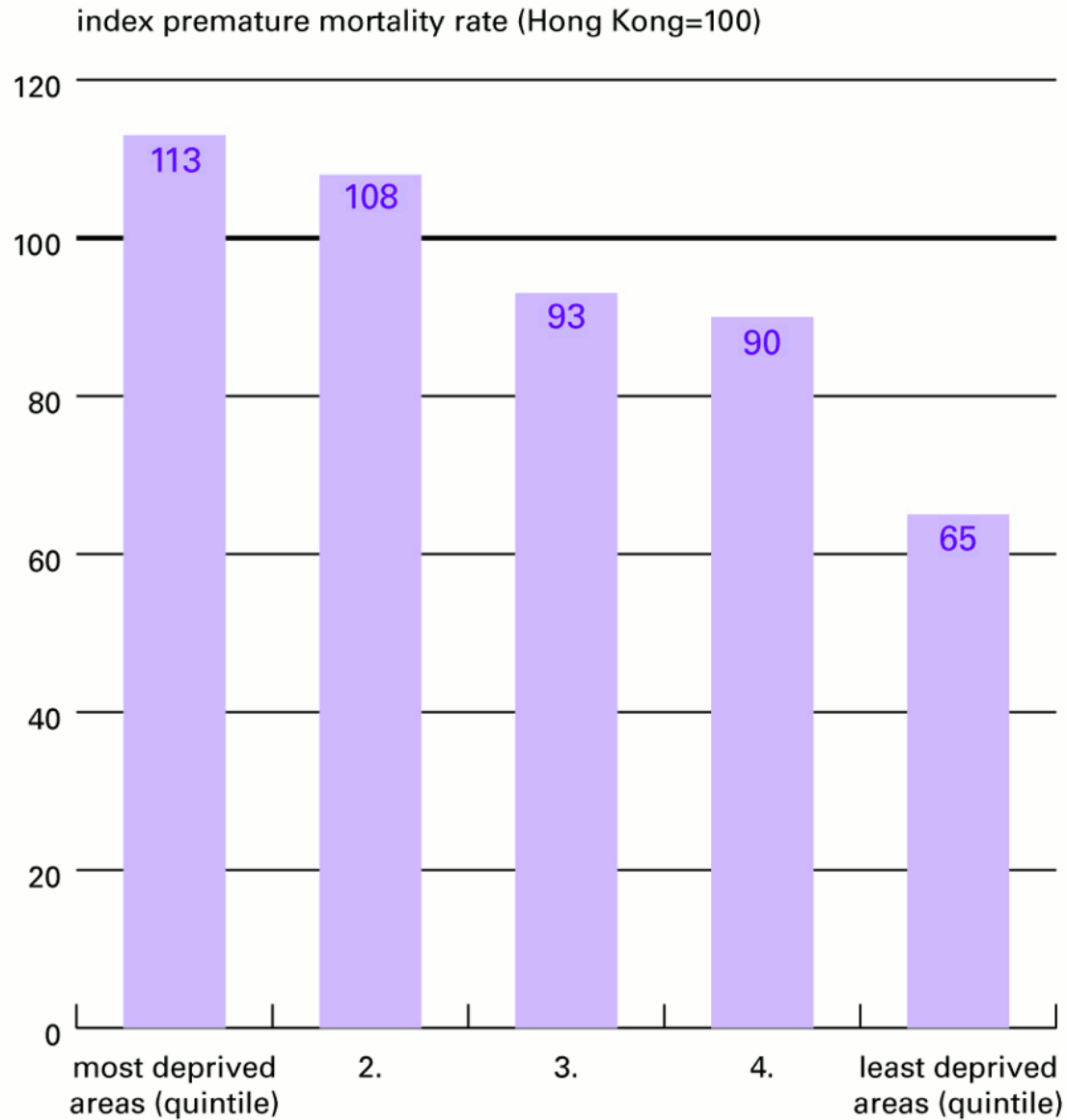
Gini coefficient of Hong Kong



Sources: Population Census and By-census, Census and Statistics Department

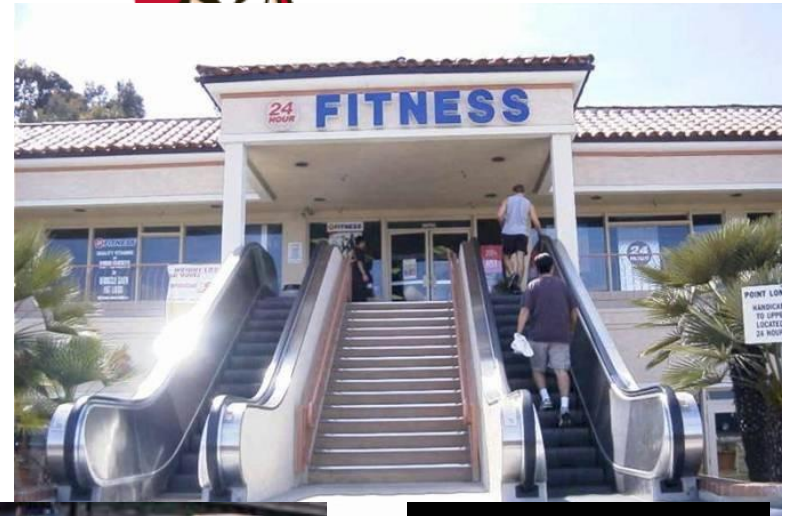
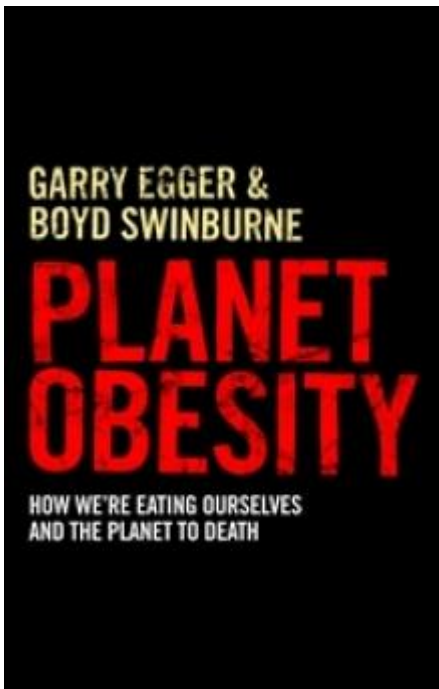
LINKING HEALTH AND DEPRIVATION



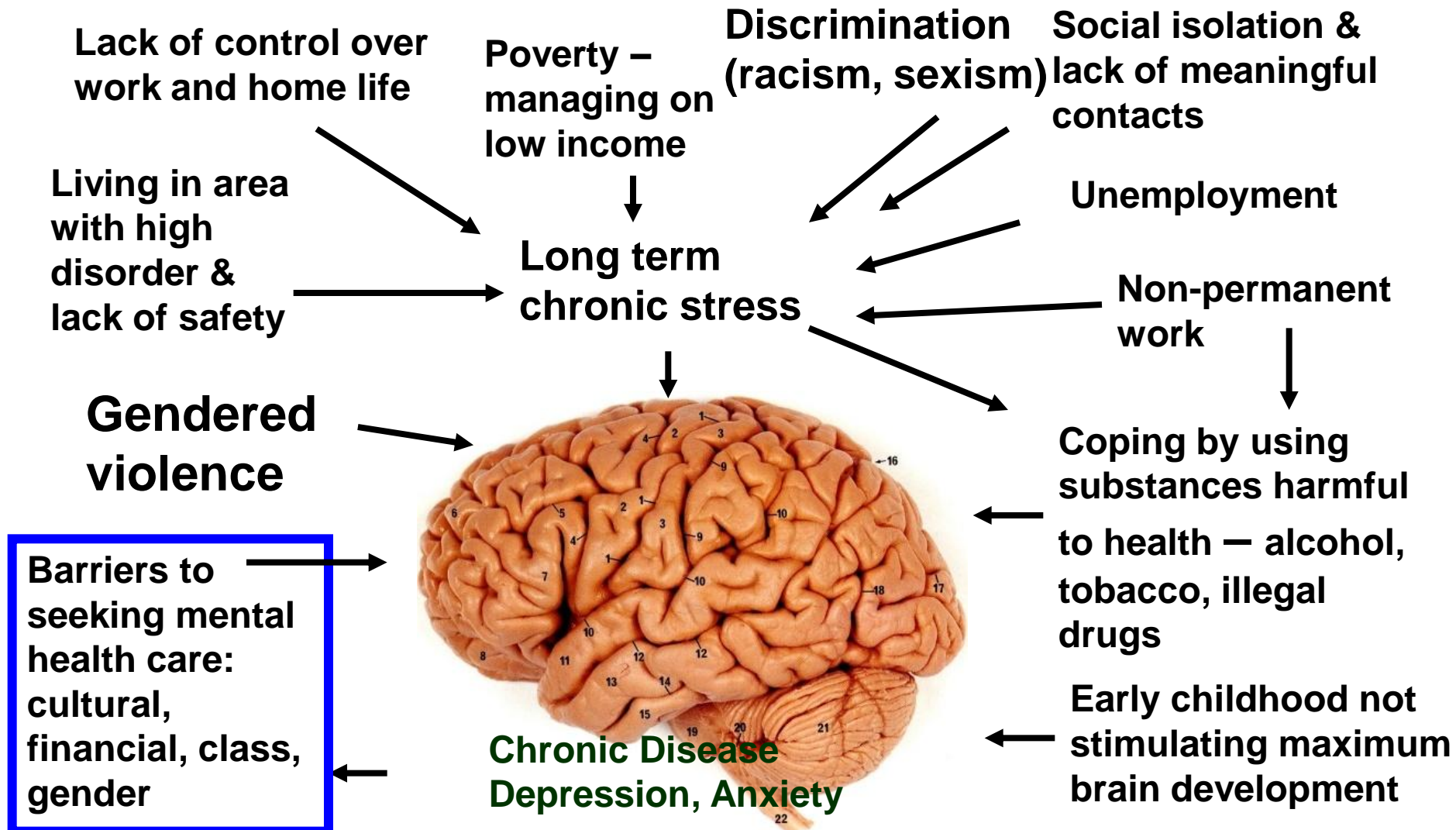


“When inequities become too great the idea of community becomes impossible.”
(Raymond Arons)

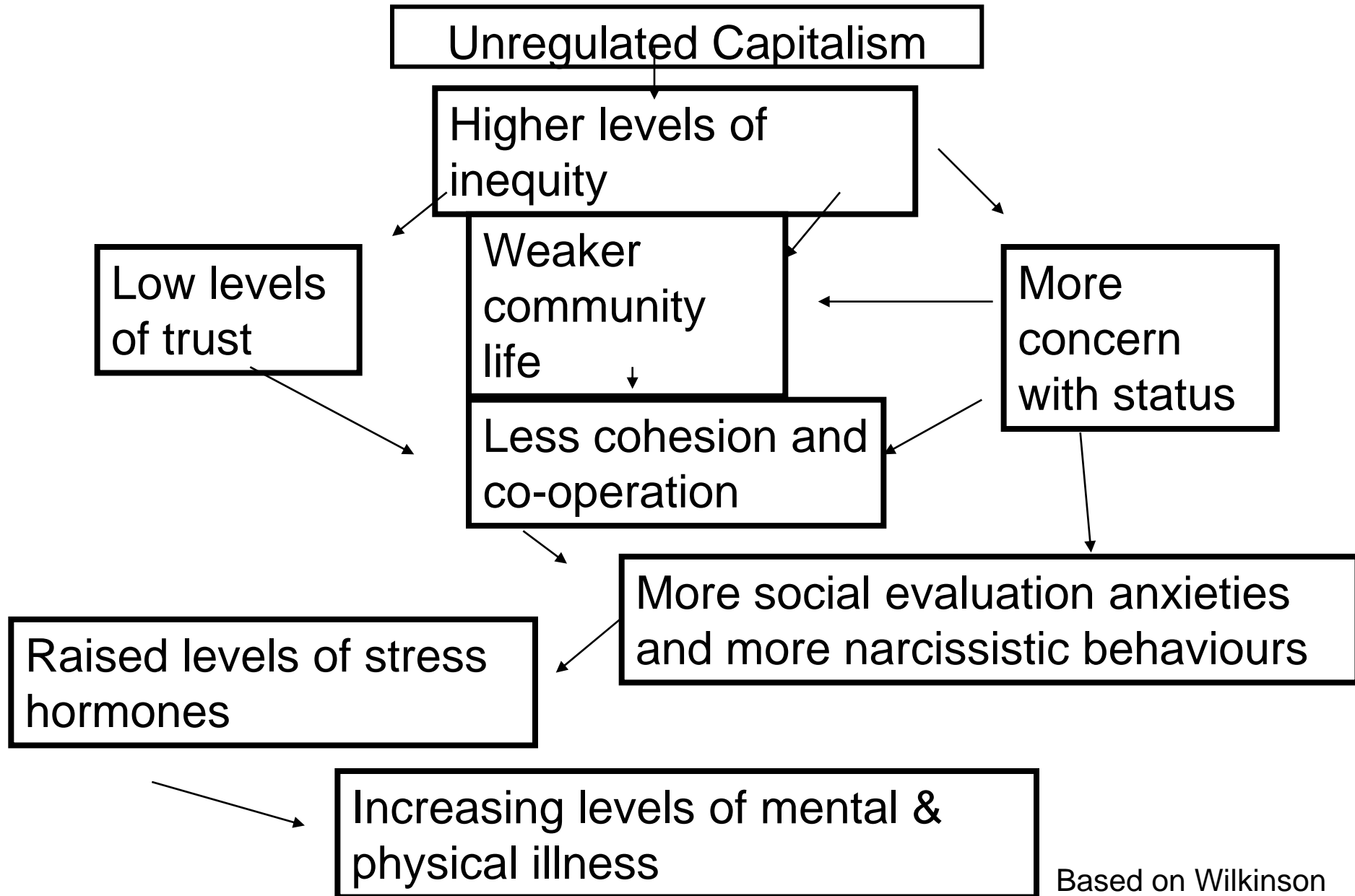
Consumption & Status



How social determinants get into our brains and cause health problems & inequities



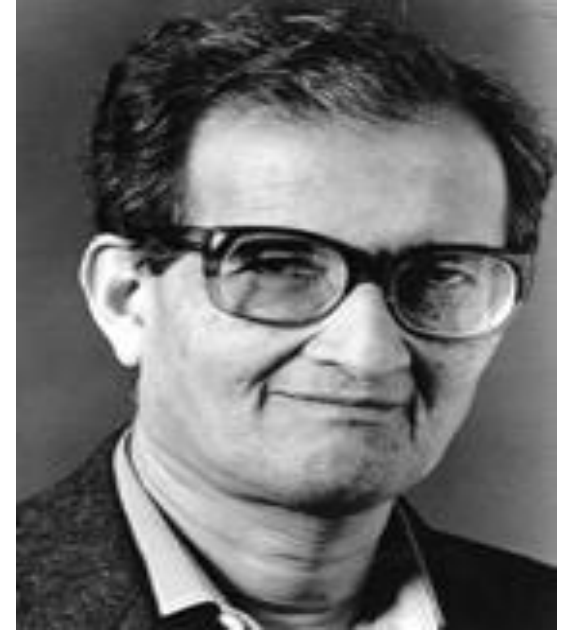
Path from Inequity to mental illness



EMPOWERMENT – Central to CSDH

“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*

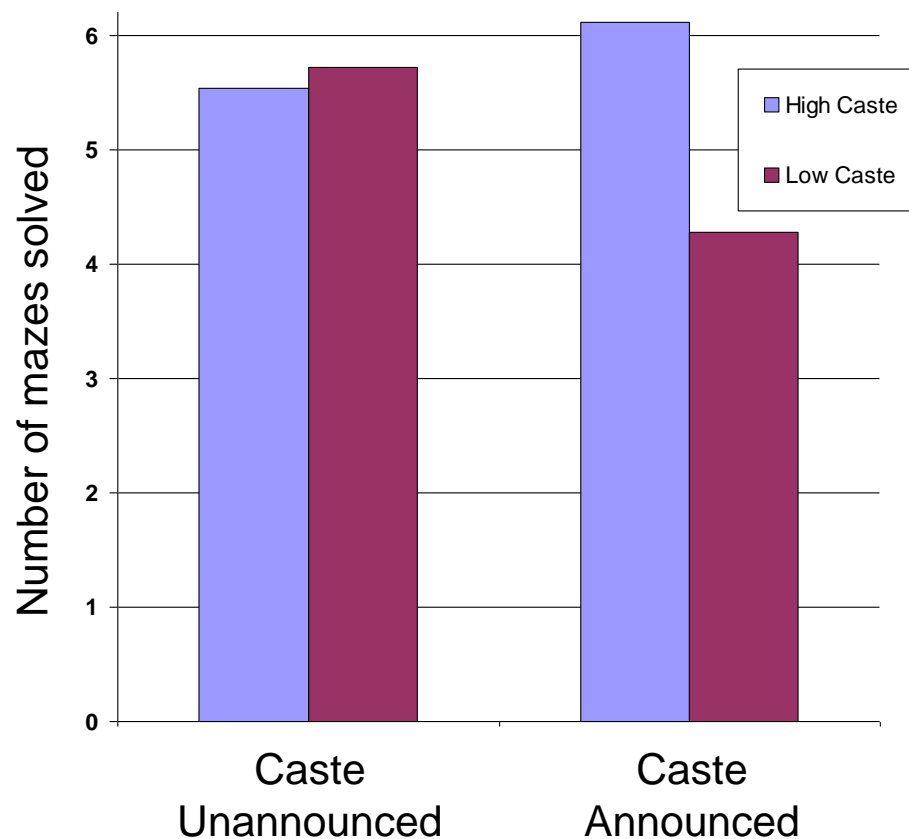


- Material
- Psychosocial
- Political

Equity is not just about poverty also about capabilities and enabling people to live flourishing lives

Impact of perceived discrimination

The effect of caste identity on children's performance



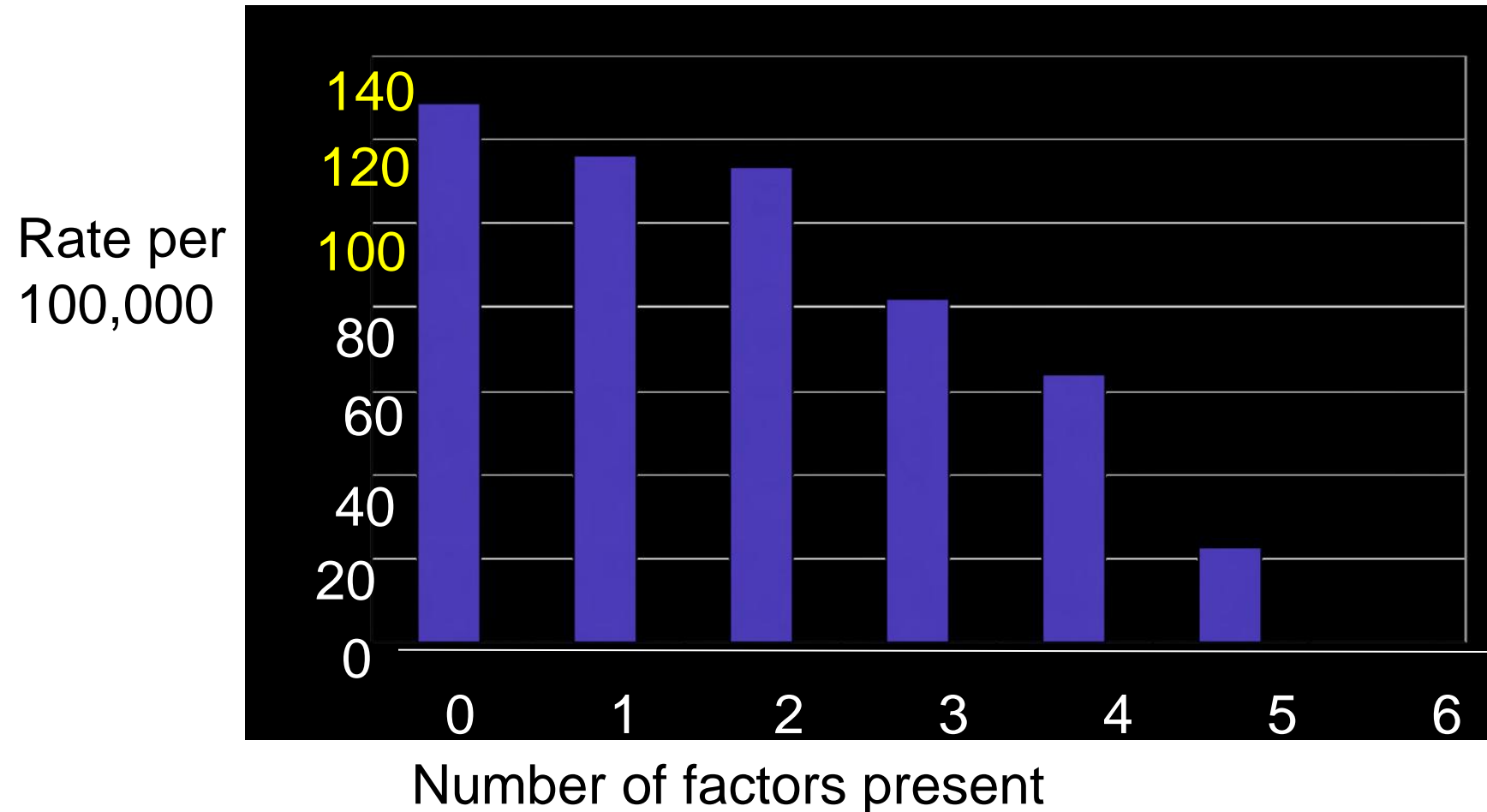
Canada: Cultural Continuity Factors

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

Chandler & Lalonde (2008) Horizon 10,1, 68-72

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



Many responses are all tip and no iceberg



**Poor
Parenting**

**Focus on
behaviours and
health education**

**Delayed
development**

**Curative
services**

Long term stress

Poverty

**Unsafe and
disordered
neighbourhood**

**Lives with
low control
Organisation
of work**

**Racism
tolerated**

**Unfair
distribution of
wealth**

**Distribution
of power**

**Class, gender
and culture
effects**

**Unhealthy food
supply**

Lifestyle drift

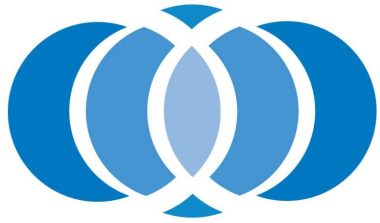
- “the tendency for policy to start off recognizing the need for action on upstream social determinants of health inequalities only to drift downstream to focus largely on individual lifestyle factors”.

Popay, Whitehead and Hunter, 2010

The problem with lifestyles: Evidence of effectiveness

- Little evidence on social marketing success in changing behaviours (see Syme, 2004)
- Some evidence on effectiveness when combined with structural change
- Evidence also suggests they tend to generate significantly less or little improvement within lower SES or other disadvantaged groups (Layte and Whelan 2009; Alvaro *et al.* 2010; U.S. Department of Health 2005, p. 8).
- Much evidence on social marketing stops at recognition of the advertisements and recall of the messages

What is to be done?



CSDH: 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/



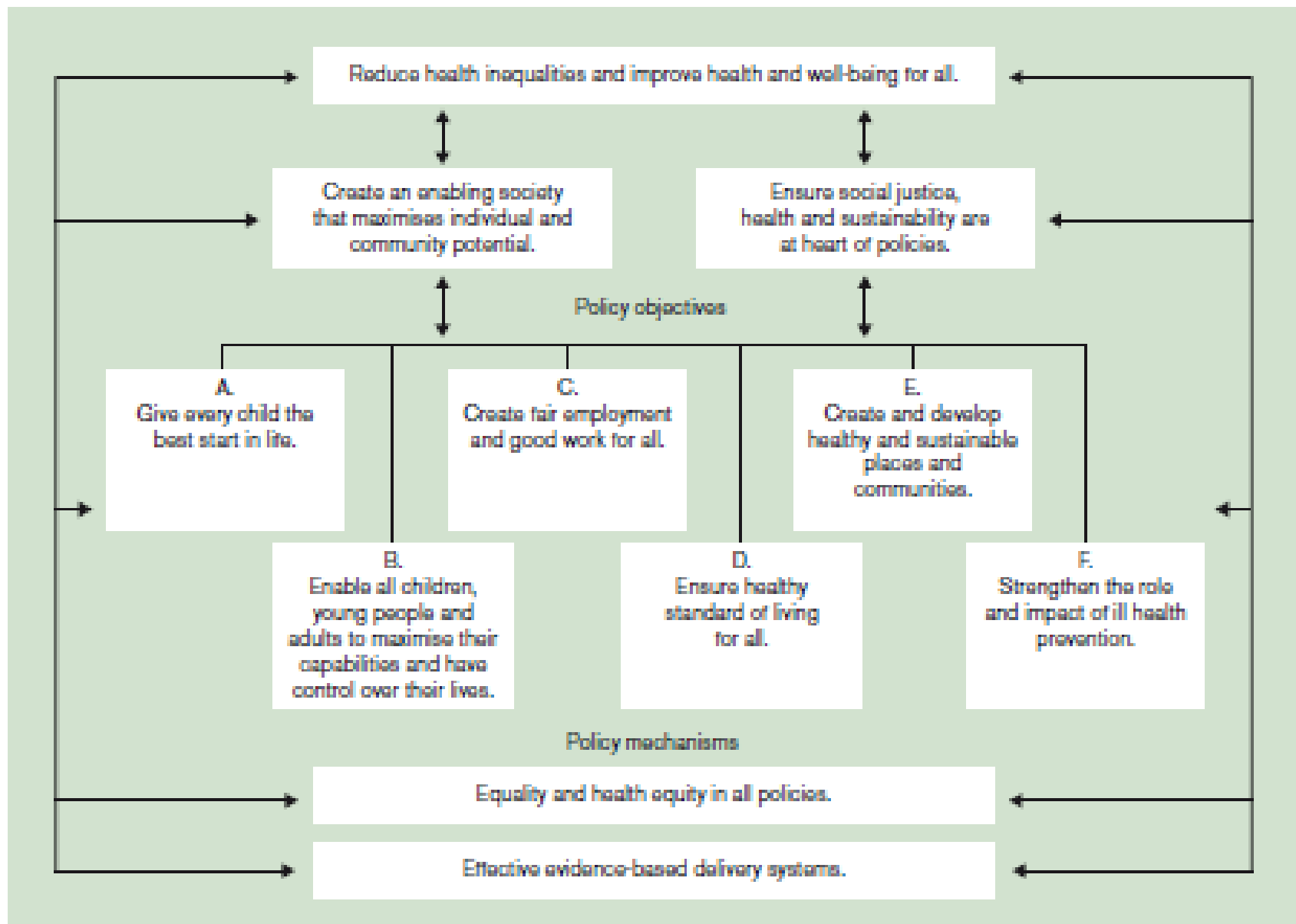
- Applying CSDH ideas to the UK and endorsed the basic approach of the CSDH
- Key messages relevant to a rich countries including Hong Kong

Marmot Review key messages

- Health inequities is matter of social justice
- Social gradient
- Health inequalities result from social inequalities
- Universal action with scale and intensity proportionate to level of disadvantage – proportionate universalism
- Economic benefits: losses from health inequities associated with productivity losses, reduced tax revenue, higher welfare payments, increased treatment costs

Marmot Review key messages

- Measure more than economic growth – also fair distribution of health, well-being and sustainability
- Reducing health inequalities will require action on six policy objectives:
 - Give every child the best start in life
 - Enable all children. Young people and adults to maximise their capabilities and have control over their lives
 - Create fair employment and good work for all
 - Ensure a healthy standard of living for all
 - Create and develop healthy and sustainable places and communities
 - Strengthen the role and impact of ill-health prevention



Marmot Review key messages

- These policy objectives will require action by all levels of government, health service, NGOs, private sector and community groups.
- Effective local delivery requires participatory decision making at the local level and will require empowering local communities and individuals

Not acting on SDH costs \$\$\$

- \$0.5 million
Australians freed
from chronic illness
- \$2.3billion saved in
avoidable hospital
costs
- \$5.3m cut from PBS
- \$4 billion saved in
welfare benefits



THE COST OF INACTION ON THE SOCIAL DETERMINANTS OF HEALTH

REPORT NO. 2/2012

*STRICTLY EMBARGOED UNTIL
1AM (AEST), JUNE 4, 2012*

CHA-NATSEM Second Report on Health
Inequalities

PREPARED BY

Laurie Brown, Linc Thurecht and Binod Nepal

PREPARED FOR

Catholic Health Australia

MAY 2012

Characteristics of a health equity-oriented health care sector

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



Commission on the Social Determinants of Health Final Report

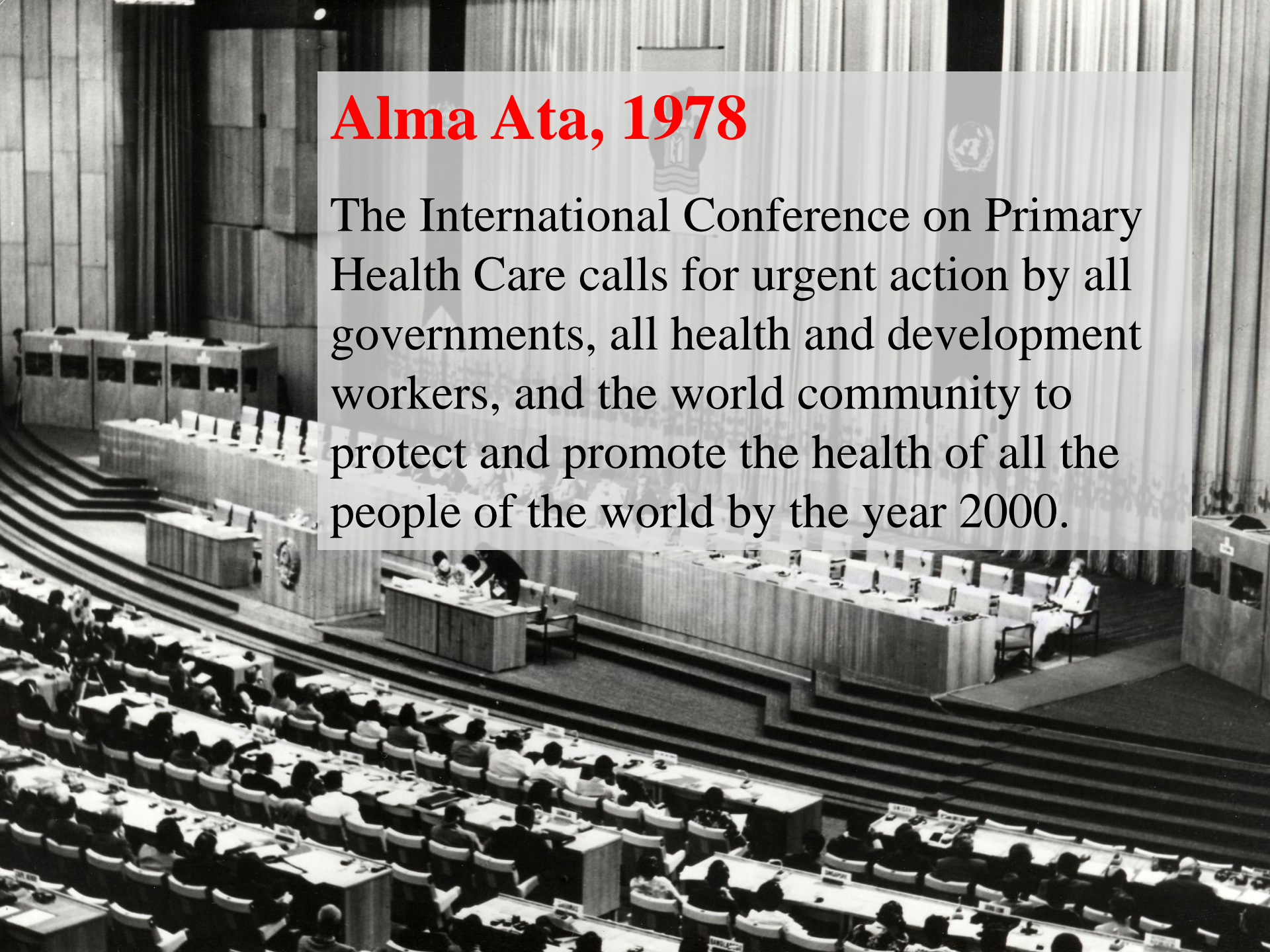
“Health systems should be based on the PHC model, combining locally organized action on the social determinants of health as well as a strengthened primary level of care, and focusing at least as much on prevention and promotion as on treatment” (CSDH, 2008).

The Commission recommends:

- *Publicly funded health care system*
- *Decision making processes that involve local communities*
- *Build quality health-care services with universal coverage, focusing on Primary Health Care.*
- *Build and strengthen the health workforce, and expand capabilities to act on the social determinants of health.*
- *Educational institutions and relevant ministries make the social determinants of health a standard and compulsory part of training of medical and health professionals*

Alma Ata, 1978

The International Conference on Primary Health Care calls for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world by the year 2000.



Principles of PHC

- Community Participation
- Multidisciplinary health care
- Health Promotion and disease prevention
- Appropriate technology
- Equity
- Social understanding of health
- Emphasis on global cooperation and peace - investment in health rather than armaments
- Call for New Economic Order

A broader social and economic program for a healthier society

Comprehensive
PHC

Selective PHC

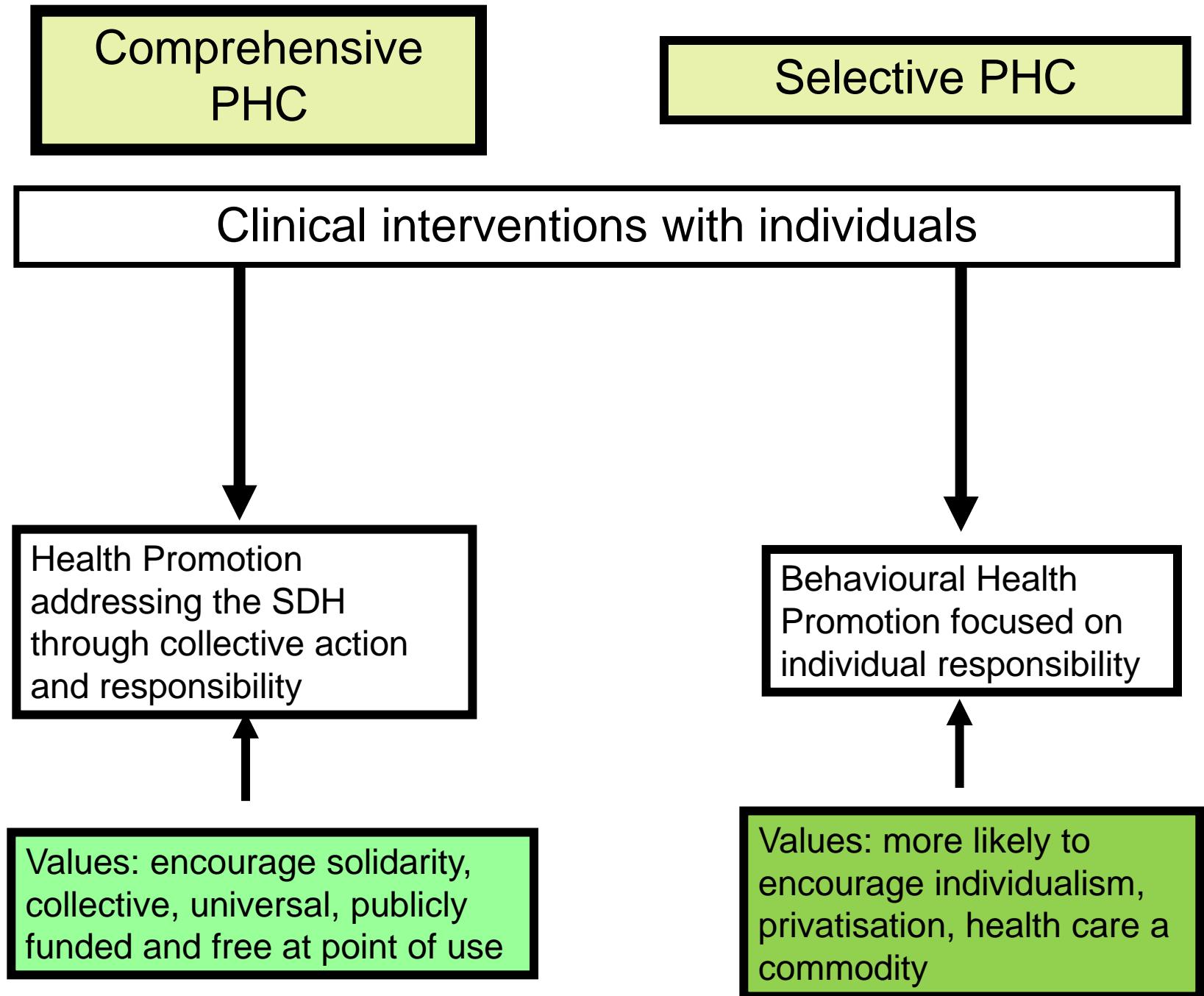
Clinical interventions with individuals

Health Promotion
addressing the SDH
through collective action
and responsibility

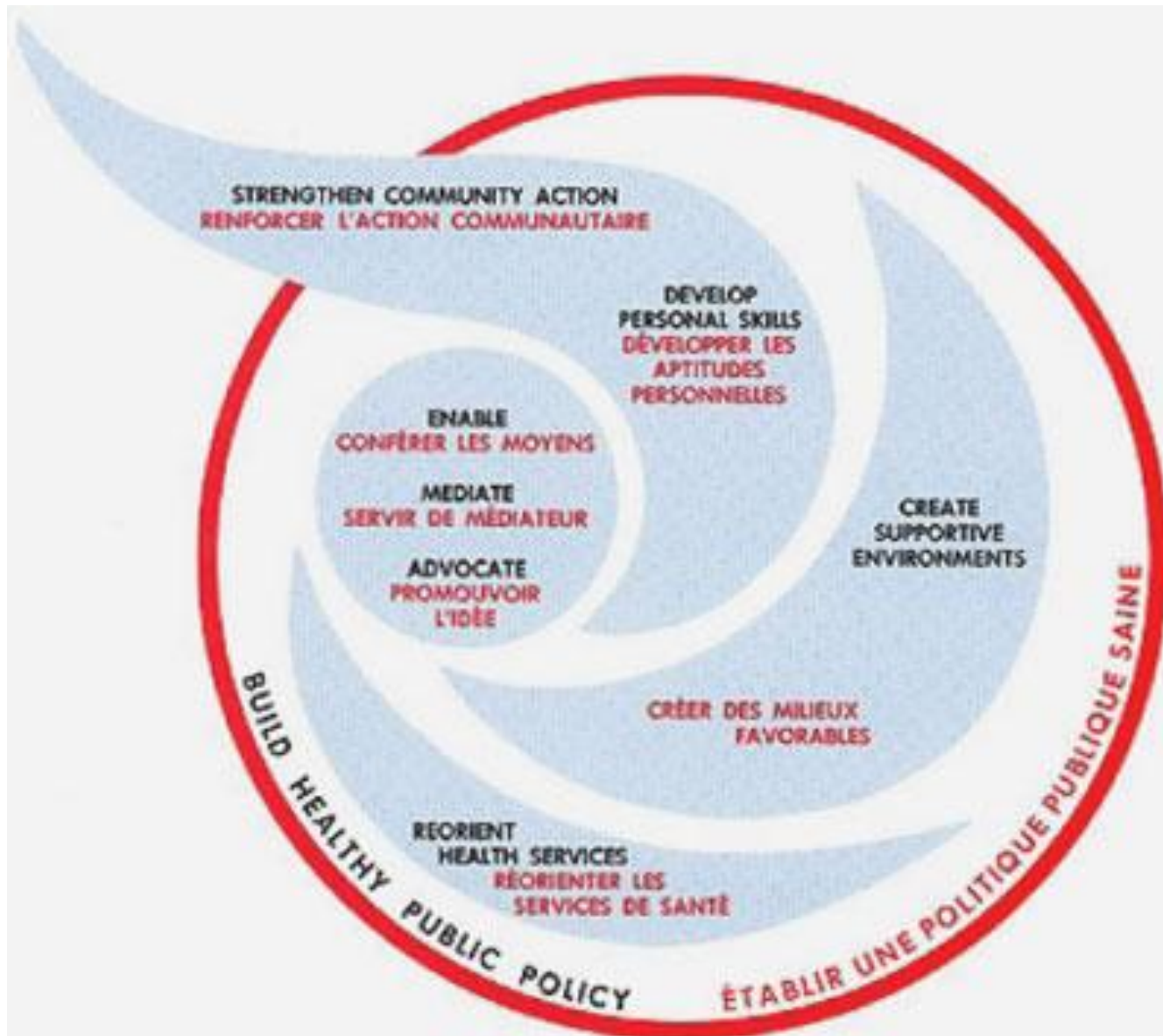
Behavioural Health
Promotion focused on
individual responsibility

Values: encourage solidarity,
collective, universal, publicly
funded and free at point of use

Values: more likely to
encourage individualism,
privatisation, health care a
commodity



Ottawa Charter: empowering health promotion



Health promotion is the process of enabling people to increase control over and to improve their health

Empowering health promotion

- Locally tailored programs that respond to local need, history and context rather than external developed and imposed programs
- Use groups and community development principles to really engage people
- Take the limited choices people have in their lives because of history, social and economic circumstances in to account
- Build on people's capabilities rather than focus on their short comings

Stewardship for Health

- Advocacy program for need for action on SDH and cross sector action
- Facilitating intersectoral action for health
- Health equity surveillance system – Health Equity Impact assessments
- Education on SDH in training programs (health, urban planning, architecture, public administration etc)
- Open to engagement with and supportive of civil society action for health

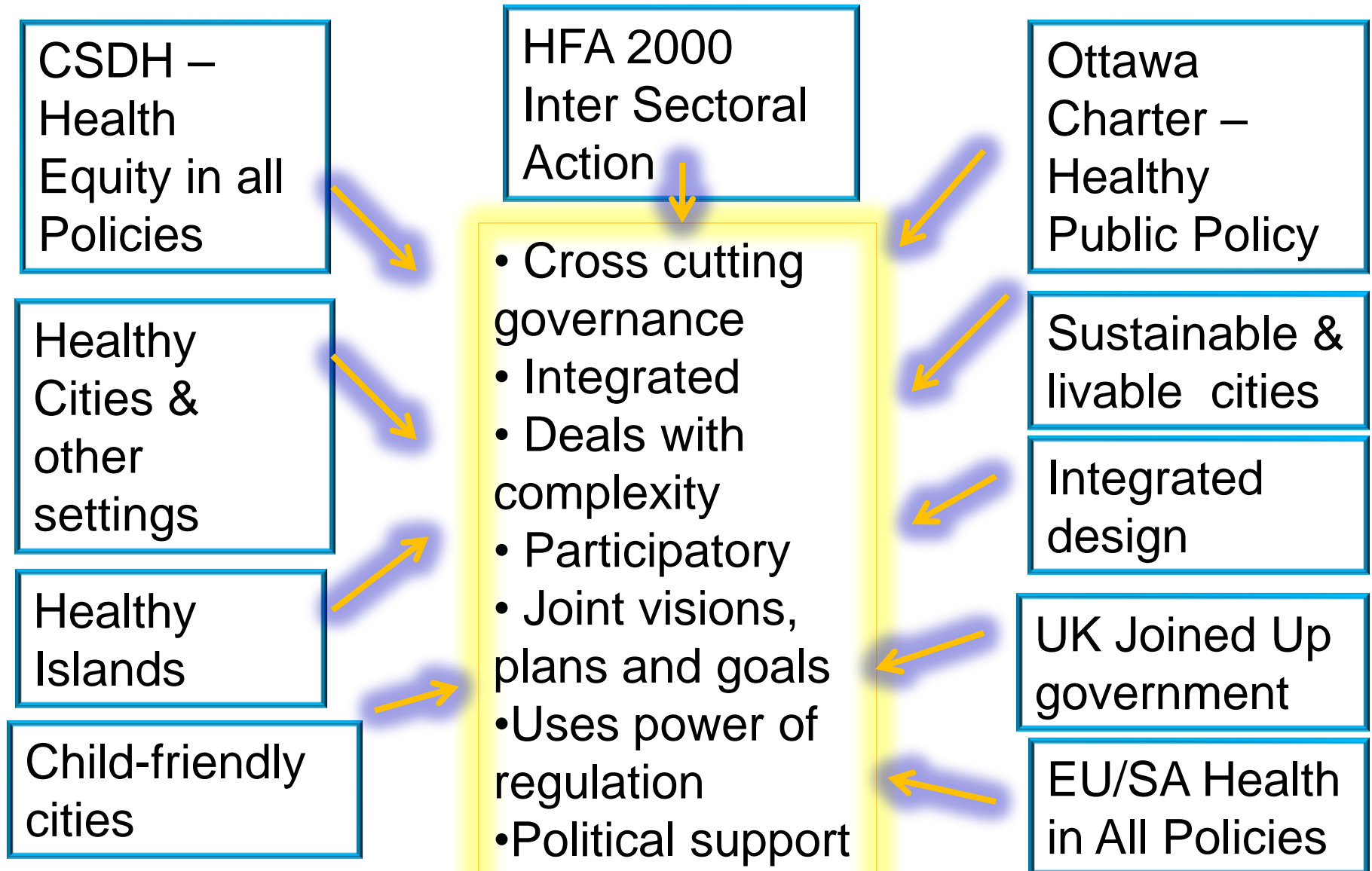
Ideas further developed in Baum, Begin et al (2010) AJPH, 99: 1967-74.

Whole of government & economy approach – facilitated by health sectors

- Vision and commitment to health equity
- Health and well-being adopted as shared goal of government
- Make all sectors aware of and accountable for their health, social and environmental impact
- Integrated policy responses
- Regulate private sector to ensure it acts in a way that promotes & supports health



Recognition of the need for integrated, holistic solutions to health issues



Tools & Instruments for multi-sectoral action

- Inter-ministerial and departmental committee
- Cross-sector action teams
- Integrated budgets and accounting
- Cross-cutting information and evaluation systems
- Join-up workforce development
- Community consultations and citizens juries
- Assessment mechanisms – Equity focused HIA, HLAs
- Legislative frameworks

Source: Adelaide Statement on Health in All Policies, 2010

Health in All Policies: Asks how do we create health?



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.



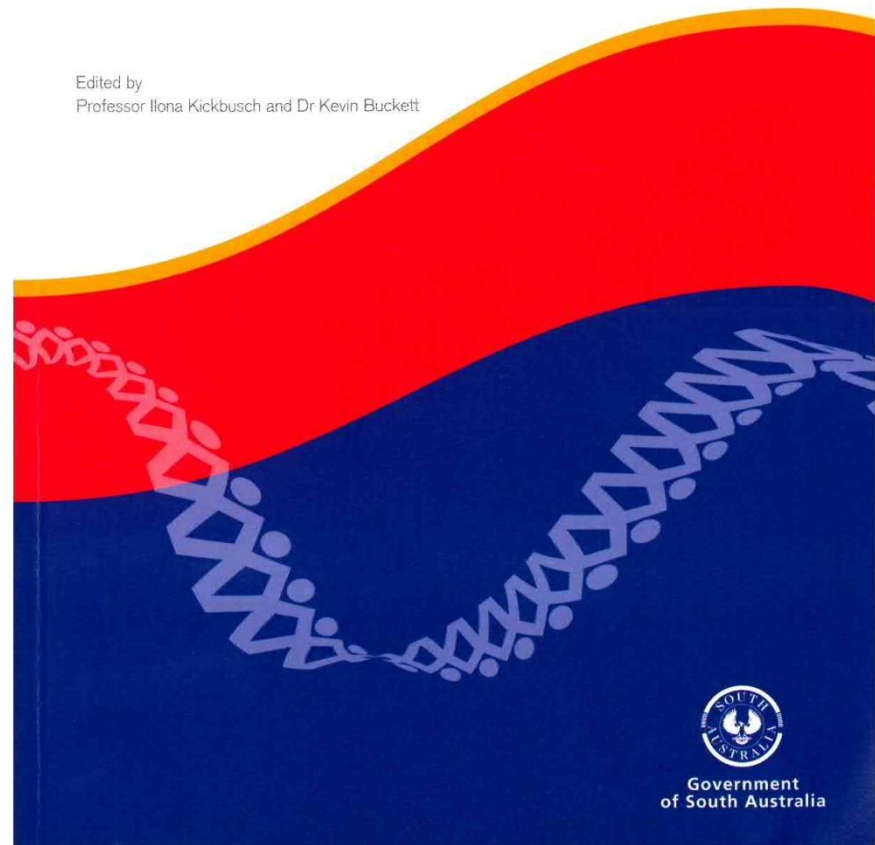
Health in All Policies in SA is facilitated by health sector by direction and authority from Premier and Cabinet

Health sector as catalyst and understanding the political & bureaucratic imperatives of other sectors and building workforce capacity to engage in IAS

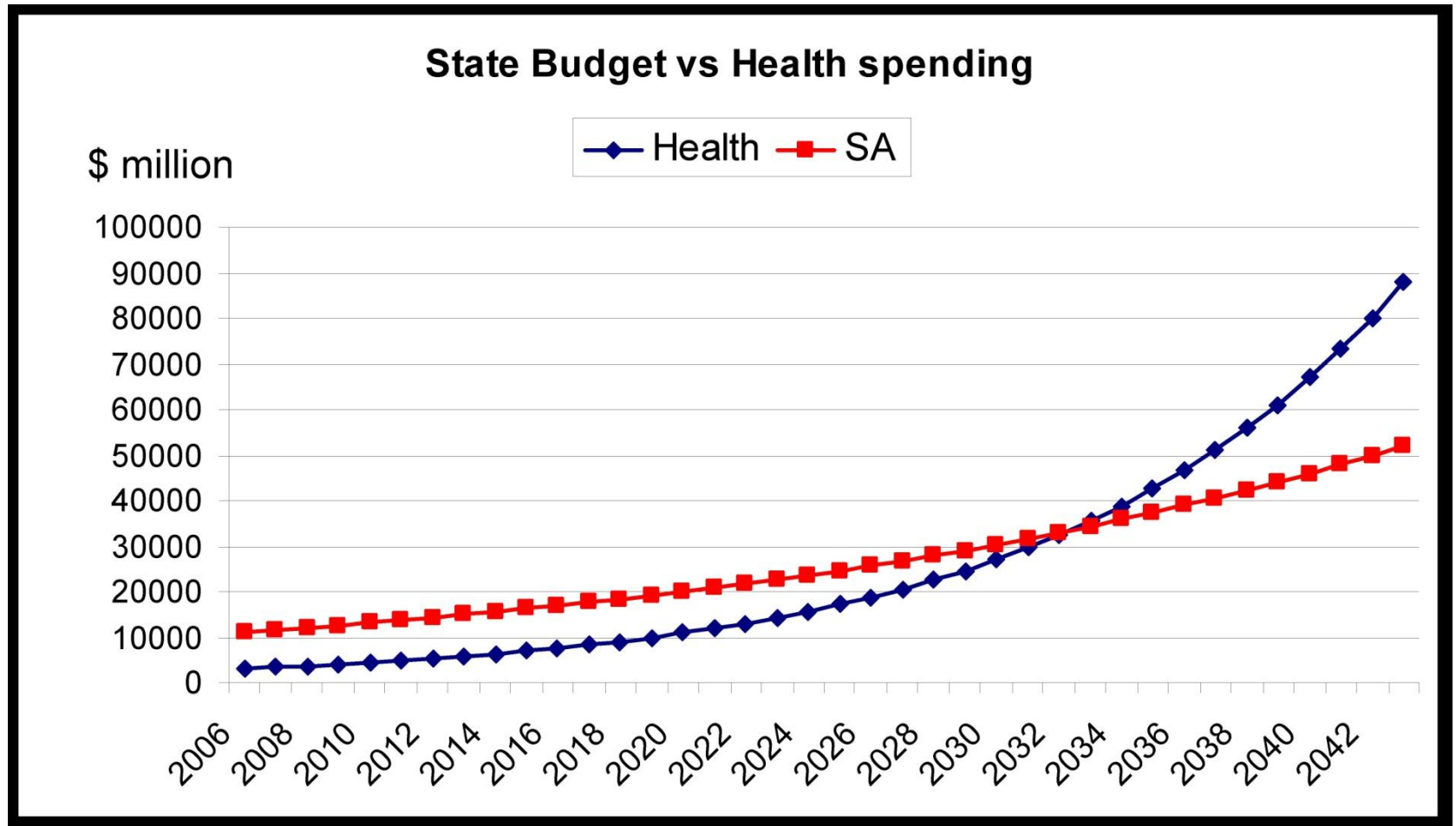
Evidence of effectiveness is slowly accumulating

Implementing Health in All Policies Adelaide 2010

Edited by
Professor Ilona Kickbusch and Dr Kevin Buckett



Budget implications of increased health expenditure



Action on SDH has benefits for other sectors which are good for parents & children

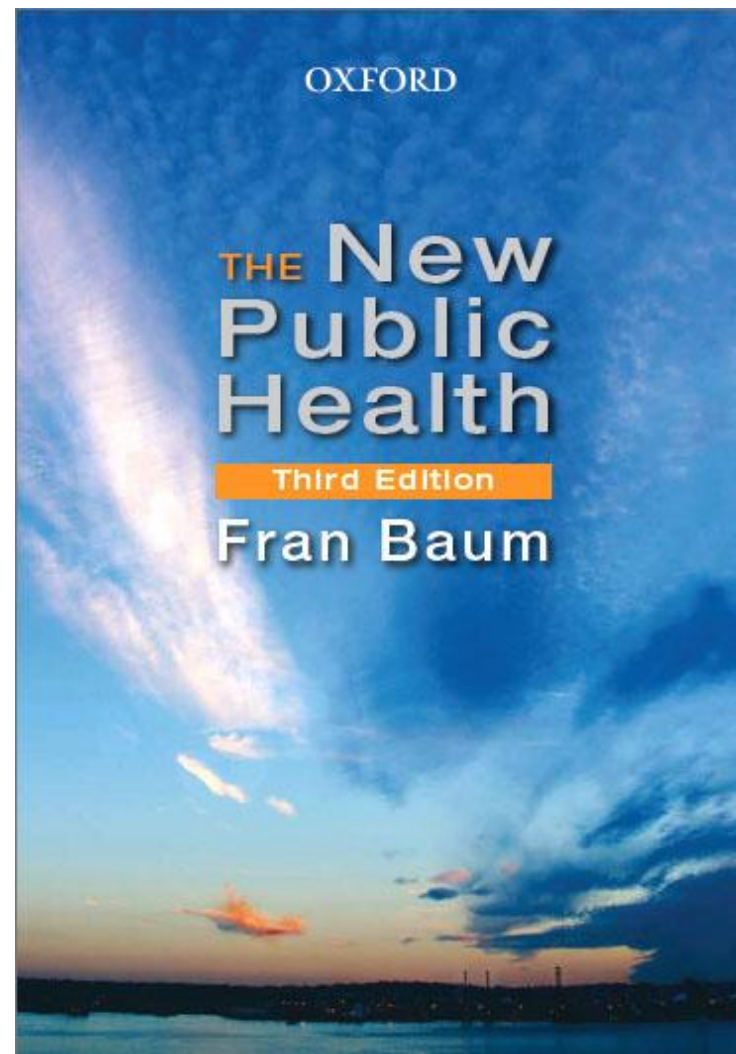
- **Healthier population** - good for employers, education, social interaction, parenting
- Action on SDH highly compatible **with low carbon & sustainable futures – good for everyone**
- **Economic benefits**: losses from health inequities associated with productivity losses, reduced tax revenue, higher welfare payments, increased treatment costs
- **Lower health care costs increase funds for investment in other sectors** that can be used for measures that support parents & children – virtuous cycle

Achieving flourishing lives for parents and children requires effective action on the SD of health & health equity

Action on the SDH is good for people, the economy and wider society

Thank you!

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