

Wellesley Institute Submission to the World Health Organization: Social Determinants of Health Into Action

The World Health Organization’s Commission on the Social Determinants of Health has sparked broad interest in tackling persistent and widening health inequities by addressing the social and economic inequality, precarious employment, poverty, inadequate housing, social exclusion and other fundamental factors that underlie these health inequities.¹ The Commission set out an “exhaustive overview of what measures are possible, across different sectors, to act on the social determinants to improve health and reduce health inequities.”² In October 2011, WHO is sponsoring a global conference on how to implement the Commission’s recommendations. The banner of the conference is “all for equity.”³

As part of its preparations, WHO staff prepared a technical paper outlining key equity issues and challenges. It highlighted that attacking complex problems such as social determinants and health inequities requires “coherent policy responses across sectors and across countries.” WHO asked for input on the five key themes of the conference:

1. governance to tackle the root causes of health inequities: implementing action on social determinants of health;
2. the role of the health sector in reducing health inequities;
3. promoting participation and community leadership

1 Detailed information on the WHO Commission and other background materials are available at: http://www.who.int/social_determinants/en/. The Wellesley Institute’s work on “social determinants of health into action” is available at: <http://wellesleyinstitute.com/policy-fields/healthcare-reform/health-reform-through-an-equity-lens/social-determinants-of-health-into-action/>

2 Draft technical paper here: http://www.who.int/sdhconference/consultation/draft_WCSDH_Technical_Paper.pdf

3 Information at: <http://www.who.int/sdhconference/en/index.html>

4. monitoring progress: measurement and analysis to inform policies;
5. global action: aligning priorities and stakeholders.

The Wellesley Institute does a great deal of research, policy analysis and community engagement and mobilization on health equity and the social determinants of health. From this base we provide detailed input on four of the themes. This is not meant to be comprehensive; rather we are speaking to several particularly complex and often neglected facets of driving action on social determinants. Our comments follow the format of the technical paper, and readers may wish to read the full paper to get the detailed context for our analysis.

1: Governance and Policy Development to Address Root Causes

Health inequities and the determinants of health are classic “wicked” policy problems because:

- they cannot be “solved” with a program here or an investment there, but require interventions by multiple actors — including, but not limited to, public policies — over the long term;
- there is little agreement within policy circles on the most effective solutions, and limited evidence or predictability about the impact of interventions; and
- the longer-term impact and implications of any policy response are uncertain and dynamic.

The Commission set out a wide range of policy directions needed to address the determinants of health inequities. Key to implementing these directions and driving fundamental structural change is aligning policy with the dynamics, incentives and forces that move governments into action. This section discusses the kinds of policy frameworks and drivers needed to address such problems — and the success conditions for having an impact.

ADDRESSING “WICKED” POLICY PROBLEMS

Complexity may be in danger of becoming an over-used concept, invoked when policy and social problems appear too challenging. So we always need to specify exactly what is meant. The social determinants of health and pervasive and systemic health inequalities are complex problems because:

- health inequities are shaped by multiple intersecting and cumulative drivers — from global economic trends to local pay levels, from shifting labour markets to social exclusion;
- the roots of health inequities — and the profile of people and communities most likely to face inequitable health — is affected by wider structural trends in the labour force, economy, and society;
- these trends, and the resulting shape and scale of health inequities, are constantly changing;
- efforts to address the impact of the social determinants

in particular neighbourhoods and regions.⁴

But governments and policy analysts can’t just throw up their hands and say it is all too complex to deal with. We need models of policy thinking, strategic investment, and program interventions that can address complex problems related to health inequalities and their underlying determinants. Developing policy models and practices that can address complex issues and ‘wicked’ problems is one vital way in which WHO’s recommendations can be implemented.⁵ Key features of state policy frameworks that can drive change on social determinants include:

- **comprehensive:** policy development and investment that involves departments and programs from across government;
- **connected:** coordinated and well-focused policy and program interventions;
- **collaborative:** among government, community and

Tackling health inequities and social determinants of health is complex, but there are models of policy thinking and comprehensive community initiatives that can make a difference.

ants of health and to reduce the level and severity of health inequities involve many stakeholders from a range of community, government, and other sectors;

- the public policy environment for addressing health inequities and other social problems is also incredibly dynamic — not just in terms of a constantly changing array of programs and strategic directions, but all of them working across jurisdictional boundaries, with varying degrees of autonomous action, co-ordination, and competition;
- these determinants of health interact and intersect with each other, producing mutually reinforcing and cumulative impacts over people’s lives and on the health of particular populations or communities. This complex activity occurs in a constantly changing and dynamic system — in fact, through multiple interacting and interdependent economic, social, and health systems that play out

other sectors, at and local, regional and national levels, to develop and implement responsive interventions;

- **integrated:** with an effective balance and inter-play between national frameworks and investment and local adaptation, implementation and innovation;
- **aligned:** with the real-life constraints, requirements, incentives and mechanisms through which governments and public policy actually work;
- **deep:** geared to reducing the structured social and economic inequalities that underlie health inequities;
- **long term:** investing in sustainable policy change and community development, and recognizing that

4 For a comprehensive discussion of complexity, population health, and imagining and building community and policy alternatives, see Bobby Milstein. 2008. *Hygeia’s Constellation: Navigating Health Futures in a Dynamic and Democratic World*. Atlanta: Centers for Disease Control and Prevention, Syndemics Prevention Network.

5 There is increasing recognition of the importance of policy networks of experts, stakeholders, researchers, and community and other service providers as inputs or allies within state policy formation; c.f. John Hudson & Stuart Lowe. 2009. *Understanding the Policy Process: Analyzing Welfare Policy and Practice*. Bristol: Policy Press. Ch. 8.

- fundamental change takes time; and
- **grounded:** in the interests and perspectives of those disadvantaged communities most affected by health inequities.

We will illustrate this with an emerging policy approach that is receiving considerable interest.

HEALTH IN ALL POLICIES

Figuring out how to address such “wicked” problems as persistent poverty, social exclusion, and health inequalities has led to a wider recognition of the need for comprehensive and coordinated cross-sectoral strategies, and more horizontal or cross-departmental processes within government.⁶ Health in all policies (HiAP) is a promising direction that puts this into practice.

The basic idea is that wide and diverse policy spheres — from the effect of taxes on consumption, through transportation and climate change adaptation policy, to school curricula — have health implications and impacts that must be considered in policy development. It has taken different forms, reflecting varying political and historical contexts, and comparative research would be useful.

However, experience in a number of jurisdictions has demonstrated that in order for HiAP to have policy impact:

1. participation from departments and agencies across government needs to be:
 - required through legislative, regulatory or policy directives;
 - enabled through effective and user-friendly processes and technical support from central agencies;
 - facilitated through proven tools such as Health Impact Assessment or Health Equity Impact Assessment;
2. there need to be forums for policy makers to share

experience and collaboratively analyze health implications of the different policy directions and programs;

3. requirements need to be matched with explicit deliverables and targets for departments and agencies:

- e.g. various British national plans to address health inequities have included deliverables from many non-health departments;

4. plus transparent reporting on progress against these targets;

5. matched with incentives, both:

- organizational, so that funding allocations for relevant departments are tied to delivering on wider social determinants and health equity expectations;
- and personal, so that the performance-related pay of senior government officials is tied to delivering on these cross-sectoral equity expectations every bit as much as their more specific departmental mandates.

EFFECTIVE AND FOCUSED POLICY INTERVENTIONS

While there is a need to move to a systems-level response to complex issues, and new governance models to accommodate this move, there is also a requirement for understanding the ability to leverage targeted interventions to achieve multiple outcomes. For instance, in a dynamic and complex world, an intervention to deliver affordable homes can deliver health, income, education and other benefits. A more informed understanding of the interconnections between targeted interventions aimed at the social determinants of health will help to improve policy and enhance impact.

These targeted impact and interventions tend to be most effective at the local level. The most innovative efforts to address deep-rooted poverty, disadvantage and health inequities have involved a flexible balance between comprehensive and progressive national programs and investment and local and community-based implementation and innovation.

2: Role of the Health Sector

Even though the foundations of health disparities lie in wider social and economic inequality, how the health system is organized and how care is delivered is crucial to tackling health inequities.

First of all, it is in the health system that the most

6 For an interesting analysis of how recent British “New Labour” governments identified and addressed “wicked” problems and how this operated in health inequalities, see Steve Cropper and Mark Goodwin, “Policy Experiments’: Policy Making, Implementation, and Learning” (Ch. 2), in Steve Cropper et al. (eds.) 2007. *Community Health and Wellbeing: Action Research on Health Inequalities*. Bristol: Policy Press. There is a lot of policy literature on how – and how successfully – health inequities have been addressed. The dynamics and impacts from various British governments’ extensive policy and program responses have been examined by Elizabeth Dowler and Nick Spencer. (eds.) 2007. *Challenging Health Inequalities: From Acheson to ‘Choosing Health.*’ Bristol: Policy Press.

disadvantaged in SDoH terms end up sicker and needing care: equitable healthcare and support can help to mediate the harshest impact of the wider social determinants of health on health disadvantaged populations and communities.

In addition, there are systemic disparities in access and quality of healthcare that need to be addressed: people lower down the social hierarchy tend to have poorer access to health services, even though they may have more complex needs and require more care. Unless we address inequitable access and service quality, healthcare could make overall disparities even worse.

A multi-pronged and well-coordinated set of strategic directions is needed for acting on health equity and their underlying social determinants within the health sector:

1. Building equity into priority-setting and service planning:
 - this does not mean that every policy or program is all about equity, but all planning and program development needs to take systemic inequities into account;
 - Health Equity Impact Assessment and other planning tools are crucial success conditions;
2. Aligning equity initiatives with system drivers such as quality assurance and chronic disease prevention and management priorities:
 - all of these conditions are incredibly sensitive to social conditions and policies/programs, and will not succeed unless the different vulnerabilities and resources available to disadvantaged populations are taken into account;
 - programs need to be customized and targeted to the unique social context and circumstances of those most in need;
3. Embedding equity into performance measurement and management:
 - quality improvement is a crucial system driver in virtually all jurisdictions;
 - building equity into the very definition of quality and into the targets, standards and improvement process is crucial;
4. Targeting programs to address disadvantaged populations or key access barriers:
 - this can focus on particular access barriers -- culture and language are crucial in diverse societies, cost and access in almost all systems -- or on particular populations;

5. Going up-stream by building equity into health promotion;
 - universal programs can widen disparities if their message and programs are disproportionately taken up by the better off;
6. Tackling the underlying roots of health inequality in the wider social determinants of health through community development and cross-sectoral collaborations:
 - as above, it is crucial to work beyond professional and jurisdictional silos through collaboration;
 - these collaborations need to be explicitly focused not simply on better service coordination, but on enhancing population health and reducing inequities;
7. Building on the potential of existing equity-oriented innovations through sharing lessons learned and promising practices:
 - there are so many community-based front-line initiatives addressing inequities, but few systematic forums and infrastructure to share, assess and build on the potential of this innovation.

3: Promoting Participation: Community Leadership

We fully agree with the urgent need for new mechanisms, more effective forms of collaboration, enhanced resources and more innovation — as set out in this section. Not only do more resources need to be focused on those who are most at risk, but the people most at risk need to be engaged more fully and effectively. New forms of social finance, social enterprise and social innovation — including social purpose businesses — are emerging in many parts of the world specifically to ensure that real resources are effectively matched to real needs. But the “connecting tissue” — the web of intermediary organizations that nurture and sustain innovation — is not strong enough at the global level, or within many nations.

A key priority for ensuring global action on social determinants is to ensure that local communities, and global networks, are robust and adequately resourced to identify and share good practices. Community leadership is a resource-intensive process and needs to be funded appropriately.

COMPREHENSIVE COMMUNITY INITIATIVES

A promising direction to mobilize community and

collaborative efforts is comprehensive community initiatives (CCIs). CCIs bring together a wide range of service providers, people with lived experience, community leaders, and other stakeholders to build broad collaborations to address the roots of local problems in their specific communities. These initiatives have tremendous potential as one part of the policy and program repertoire needed to address complex social problems and policy challenges.⁷

Comprehensive community initiatives have been developed across Canada and in many other jurisdictions to address poverty, concentrated social disadvantage in particular neighbourhoods or regions, health inequities, community safety and environments, and other complex social problems. They arose out of frustration with the limited impact of isolated programs working only on the symptoms of poverty and other problems, and out of a realization that the complexity of these challenges required comprehensive solutions. It was also increasingly recognized that these complex social dynamics play out in particular places; that efforts need to be planned and located at a local city or neighbourhood level; and that they need to bring together the widest range of service providers, stakeholders, and community members in collective efforts. Similarly, policies addressing health inequalities in many countries combine broad national policy targets with local priority setting and implementation.⁸ For example Britain's Health Action Zones concentrated local investment and programming in disadvantaged areas, not just to enhance access to healthcare but to support employment, education and other community capacity building efforts.⁹

CCIs are also one important way to think big about inter-sectoral collaboration. Such collaboration is much emphasized among population health policy circles. But key questions are:

- collaboration towards what ends?
- what are the key success conditions for collaboration with impact?
- in realist or developmental evaluation terms, what

7 This section is based upon Wellesley Institute research commissioned by the Tamarack Institute in 2010 at <http://www.wellesleyinstitute.com/research/comprehensive-community-initiatives-lessons-learned-potential-and-opportunities-moving-forward>

8 Tim Blackman. 2006. *Placing Health: Neighbourhood Renewal, Health Improvement and Complexity*. Bristol: Policy Press.

9 Reflecting a common but less welcome feature of public policy, this initiative was reconfigured, arguably before its full impact could be demonstrated

is the “theory of change” or guiding assumptions and objectives that underpin the emphasis on inter-sectoral collaboration as a way of addressing the inter-dependent nature of the social determinants of health?

Comprehensive community initiatives both highlight the need to clarify these question and point the way to how to realize the potential of inter-sectoral collaboration.

From a policy point of view, CCIs offer a way to bridge the gap from local to system-wide: they can dig deep to address the local roots of poverty, while building broad local collaborations and integrated efforts, and simultaneously highlighting the wider systemic and policy changes needed to address the foundations of poverty. Especially given the ineffectiveness of most piece-meal program and policy responses to date in shifting poverty and other deep-seated problems, CCIs can be a critical addition to the policy toolkit to address complex social problems.

To realize this potential, governments need to think about policy, funding and regulatory enablers. For example, there has also been a great deal of thinking within government and the community sector about the need to restructure public funding regimes to more effectively enable community organizations to fulfill their mandates. In terms of CCIs specifically, this means explicitly funding collaboration efforts and infrastructure, not just the delivery of “X” discrete, narrowly-defined services to “Y” people. This cannot mean simply adding collaboration and partnerships as one more requirement for funding applications; rather, it means explicitly recognizing that building collaborations takes significant resources. Longer-term funding and impact horizons are needed because comprehensive collaboration cannot be sustained with a never-ending series of short-term project grants, and their impacts will take years to show up.

4: Monitoring Progress

We fully agree with the emphasis on monitoring. We would broaden this direction in three ways:

- requiring public programs to collect social determinant-relevant data, develop equity indicators and targets, and monitor progress against them;
- explicitly highlighting evaluation as a success condition for effective policy and social interventions; and
- adding community-based and participatory research as unique means of enhancing know-

ledge on the dynamics of complex problems such as health inequities.

EMBED EQUITY IN MEASUREMENT AND PERFORMANCE MANAGEMENT

Public programs — whether childcare, employment support or acute healthcare — should collect participant and community data on the most relevant social determinants for their context — income, employment, race, immigration, ethno-cultural background, sexual orientation, etc.

Programs should then continually monitor service delivery and impact in terms of equity: Are childcare programs accessible equitably? Have investments in transportation, parks and environmental improvement been appropriately concentrated in the disadvantaged neighbourhoods that are most in need? Are differences in access to health promotion by cultural groups being reduced? A concrete example from healthcare delivery on how to put this into practice:

- the risk and impact of diabetes is extremely sensitive to social and living conditions;
- there is a very clear clinical consensus on what constitutes quality preventative care and treatment;
- a good overall indicator is the percentage of people with diabetes who receive the consensus checklist of quality services;
- the equity dimension is reducing the differential in the percentage receiving quality care between rich and poor, by race, by gender, etc.

The goal of social determinants policy is to close the gap — in both the underlying determinants and in health outcomes — and we need data, effective and reliable indicators, and monitoring and measurement systems to assess this. And we also need to know what kinds of program and services work best to address social and health inequities.

INVEST IN EVALUATION FOR COMPLEX POLICY INTERVENTIONS

Our research on comprehensive community initiatives and addressing complex health interventions has also highlighted the need to build evaluation into a continuous learning and innovation cycle. To understand complex problems and guide effective interventions, we need sophisticated evaluation strategies, such as realist and developmental approaches.

Governments need to explicitly fund evaluation as a core element of effective interventions and innovation,

and not expect community organizations to somehow pay for evaluation out of their overall budgets. Funders must also change their expectations regarding evaluation. They must support evaluation as an enabler of innovation, continuous service improvement, and organizational learning — not simply as a means to meet narrow accountability requirements.

This learning needs to extend beyond individual community organizations or initiatives. Forums and infrastructure are needed to share experience and lessons learned, assess promising practices, and scale up effective interventions where appropriate. While learning and innovation may be local, this knowledge management infrastructure needs to be systematic and broad, and it is one more critical enabler that governments need to ensure.

PARTICIPATORY HEALTH RESEARCH

Solid research and evidence is needed to drive action on the social determinants of health. One critical challenge is to ensure that what counts as evidence is not too narrowly defined. The traditional “gold standard” of medical and health research of randomly controlled trials does not work for complex policy and social interventions. Community-based and participatory forms of research add rich and nuanced knowledge of the dynamics and lived realities of health inequities and social determinants. These approaches are especially important as a means of ensuring knowledge from most marginalized communities is tapped into and acted upon. Community-based and participatory research must be seen as an important part of the research into policy repertoire needed to ground and drive action on social determinants of health.¹⁰

This also ties into planning/governance and measurement issues. We also need to ensure that the full range of community voices and interests is included in defining core principles (community-driven, collaborative), values (equity, social justice, sustainability) and concrete priorities and objectives. Participatory research is part of this; as a more community-orientated and deliberative forms of planning and engagement.

¹⁰An International Collaboration for Participatory Health Research has been formed to drive quality standards, share and build methodological knowledge, and enhance the impact of this approach at <http://www.icphr.org/en>.

Conclusion

This paper has highlighted the need for policy-makers to take a more comprehensive and integrated approach to health inequities that reflects the interconnected and interdependent nature of the social determinants of health. Considering the health impacts of policies across all areas of government allows the root causes of health and social inequities to be more clearly identified and policy responses to be more effectively designed and targeted. It is also essential for communities to work alongside and with government in order for the lived experiences of health disadvantaged populations to be fully addressed.

A variety of policy drivers are available to policy-makers and communities in addressing complex social problems. The overarching theme in addressing complex challenges is to begin from a clear starting point and to identify the areas where impact is likely to be quickest and most direct. This does not mean overlooking more difficult elements, but by creating leverage through targeted policy changes, incremental progress can be achieved and momentum built. Moving the needle on complex social problems requires a clear strategy and a whole-of-government and whole-of-community commitment to making change.

**WELLESLEY INSTITUTE
10 ALCORN AVENUE
TORONTO, ON M4V 3B2**

**TEL 416 972 1010
FAX 416 921 7228**

WWW.WELLESLEYINSTITUTE.COM



© The Wellesley Institute, 2011