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Policy Frameworks to Enhance Health Equity

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Introduction

- health disparities are pervasive, persistent and solidly rooted in overall social and economic inequality
- but, action is possible:
  - many jurisdictions have developed comprehensive policies and programs to address health inequity – and there are enough indications of how these policies can be effective
  - there are huge numbers of on-the-ground initiatives addressing the impact of health disparities and their underlying social foundations
  - there is real potential for innovation and experimentation
- our goal today is to highlight some promising policy directions that can address health inequities, and ways to think about connecting up these initiatives in a coherent and integrated policy framework

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Key Messages

- health disparities are produced by a wide range of complex factors – the most important of which are far beyond the health care system
- much of the solution to health disparities lies in macro social and economic policy
- and this requires policy collaboration and coordination across governments
- still a great deal can be done within the health system
  - identifying and reducing barriers to access
  - targeted investments and interventions in the most health disadvantaged communities and populations
  - local and community-based action to address disparities on the ground
  - enhancing equity-focussed primary and preventive care
- local programmes and initiatives are vital → enabling and building on local initiatives is a key component of good policy
- we won't have a magic policy blueprint – but we do know enough to act

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Pervasive and Systemic Disparities in Health Outcomes

- all advanced countries – even those with best overall health – have significant disparities in health outcomes
  - considerable evidence that health disparities have increased in many countries → often the immediate challenge is seen to be preventing health disparities from continuing to worsen
- in Canada disparities have been well documented
  - men in the highest income quintile live five years less than men in the highest
  - life expectancy at birth, on average, is five to 10 years less for First Nations and Inuit peoples than for all Canadians
  - while infant mortality rates have been declining overall, infant mortality rates in Canada's poorest neighbourhoods remain two-thirds higher than those of the richest neighbourhoods
  - disparities exist in all provinces and territories -- in Ontario, risk-adjusted rates of death in hospital following a stroke were 36% higher in the worst regions than in the best

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Health Equity = Reducing Unfair Differences

- the most common sense of health equity is working to reduce differences in health outcomes that are **avoidable, unfair and systematically** related to social inequality and disadvantage
  - clear, understandable & actionable
  - it identifies the problem that policies will try to solve
  - it's also tied to widely accepted notions of fairness and social justice
- this definition sees health equity as the absence of socially structured inequalities and differential outcomes
- a more forward-looking and positive vision of health equity = equal opportunities for good health

1: Look Widely for Ideas and Inspiration

- we are looking for policy solutions – for policies, programmes, investments and initiatives that can reduce health disparities
- there is much to be learned from comparative analyses
- a number of countries have made lessening health disparities a top national priority and have developed cross-sectoral policy frameworks and/or action plans
- also increasing international and high-level attention:
  - international bodies such as the World Health Organization, especially its Commission on SDOH, and the European Union, with its *Closing the Gap* project to tackle health disparities

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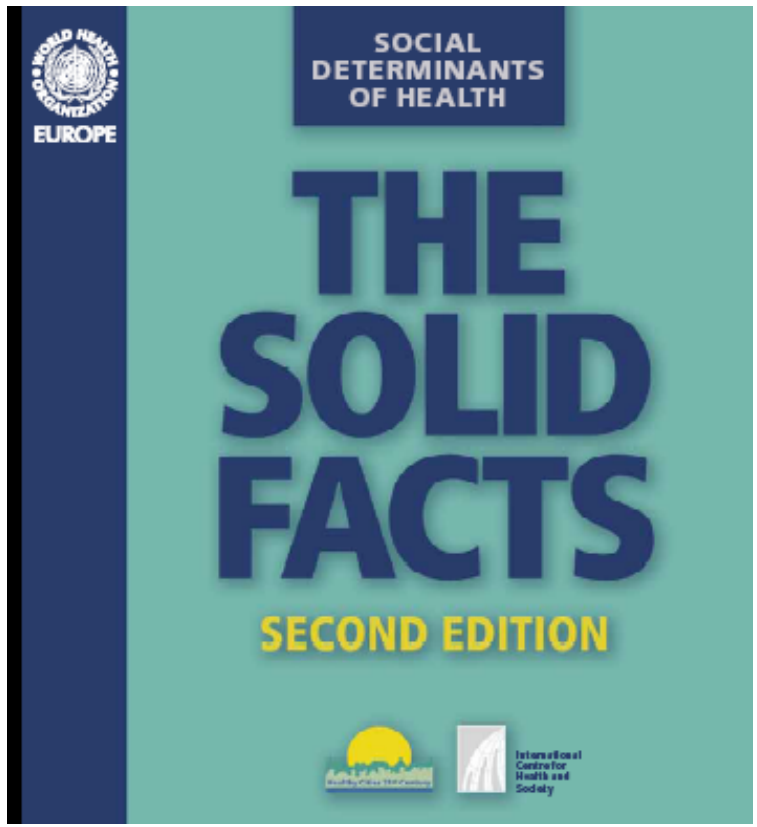
And Adapt Flexibly

- we won't do the usual survey of policy frameworks in the leading countries – Sweden, other Nordic countries, the UK and the 'European social model'
- instead, we'll try to draw out some key lessons from these other countries' experiences:
  - what are the key features of effective and comprehensive policy frameworks to support health equity?
  - what are the key policy directions for reducing health disparities?
  - what are essential enablers or building blocks for enhancing health equity?
  - and how can these success factors and building blocks be adapted in different national and local circumstances?

Roots of Disparities Lie in Social Determinants of Health

- clear research consensus that roots of health disparities lie in broader social and economic inequality and exclusion
- impact of key determinants such as early childhood development, education, employment, working conditions, income distribution, social exclusion, housing and social safety nets on health outcomes is well established
- real problem is differential access to these determinants – many analysts are focusing more specifically on social determinants of health disparities



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2: Think Big: Macro Policy Is Fundamental

- social and structural basis of health disparities means that many of the policy solutions to health disparities lie outside the health system
- reducing overall social and economic inequality may be the most significant single way to reduce health disparities → requires a significant commitment and re-orientation of social and economic policy
- need to build equity into all macro social and economic policy:
  - not just as one factor among many to be balanced, but as core priority
  - some jurisdictions have built equity consideration into their policy processes – e.g. a change in tax policy or new environmental policy would be assessed for its differential and equity impacts
  - Canadian Index of Wellbeing = idea that how well a country is doing cannot be captured by GDP or stock market indexes, but should include social, cultural and other facets of wellbeing

Commitment to Equity: Sweden

- social welfare policy was seen to be key to reducing health disparities
- coordinated national policy to reduce the number of people at risk of social and economic vulnerability
  - focus on inclusive labour market, anti-discrimination, childcare, affordable housing and other policies
  - equitable access to improved health care was seen to be just one part of this broader package
- emphasized partnerships with community service providers and organizations – in both policy development and service delivery
- overall health strategy has 12 key objectives – five of which, defined as fundamental to all the others, are about improving socially and economic determinants
- similar directions in other Nordic countries – sometimes seen as a distinct model of social policy, one that arose out of a political culture with strong consensus on social solidarity

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3: Think Big But Get Going

- one problem is that health disparities can seem so overwhelming and the policy solutions so daunting
- everything can't be tackled at once:
  - split strategy into actionable components – phase them in
  - but coordinate though a cohesive overall framework
- need to recognize that fundamental policy action on equity takes time – need patience
- pick issues and levers that will show progress and build momentum for action on equity
  - look for collaborations on issues with broad consensus – e.g. child poverty
  - and initiatives that will show results and build momentum – linking schools, local health and social services to enhance early years services for high-need children, families and communities
  - re-frame issues from what other Ministries should do to reduce health disparities to common goals:
    - so more affordable housing is not just to reduce adverse health impacts, but to more effectively fulfill the mandate of housing departments
    - investments that build social cohesion and enhance human capital are of interest to many departments

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4: Act Across Silos

- dramatic improvements in health disparities require broad cross-sectoral coordination of public policy
  - for many countries this is still at the high-level policy stage and few have implemented comprehensive policies
  - but there is a clear consensus that integrated cross-sector policy frameworks are needed
- UK *Tackling Health Inequalities; A Programme for Action* was published in 2003:
  - committed to reducing inequalities in health outcomes by 10% by 2010
  - argued that links across government are essential to sustaining long-term change
  - spelled out specific targets for reducing child poverty, improving housing, early childhood development, employment, building healthy communities, and broad national redistributive and social policies for 12 key Departments

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5: Be Serious: Set and Monitor Targets and Incentives

- under the British Programme for Action:
  - a 2005 status report assessed how each Department was doing against the targets – most were on target
  - concrete targets and public scrutiny were certainly part of that progress – similar pattern in other countries
  - so too was high level attention and support – e.g. social exclusion unit in Cabinet Office, clear commitments from Prime Minister
- further key lessons from other countries:
  - build equity considerations into policy at design stage
  - use tools such as Health Equity Impact Assessments

6: Act on Equity Within the Health System

- evidence showing that health care system has less impact on health than social and economic factors doesn't mean that how the health system is organized and how services and care are delivered are not crucial to tackling health disparities
- while there was a significant focus on social and economic policy in those countries emphasizing health equity, all also saw transforming the health system as an indispensable element of comprehensive strategy around health equity, including:
  - reducing barriers to equitable access
  - targeted interventions to improve the health of the poorest fastest – generally as part of community/local initiatives
  - primary care as a key enabler of health equity
  - enhanced community participation and engagement in health care planning
  - more emphasis on health promotion, chronic care and preventive programmes

6a: Reduce Access Barriers

- critical part of health equity strategy is to identify and reduce barriers to access:
  - within system architecture: considerable evidence that private provision and payments -- such as user fees -- create greater barriers for poorer people
  - availability of specialist, primary and other care varies by region and neighbourhood → need targeted remedial plans to enhance access in under-served areas
  - language and culture → ensure culturally competent care and build anti-racism/oppression approach into service provision
- one policy direction is to assess what models have best served the most vulnerable communities
  - Community Health Centres, public health and other community-based service providers have explicit mandates to serve the most under-served communities
  - invest in expanding their coverage and impact

6b: Target Intervention To Most Disadvantaged

- comprehensive and successful health equity strategies target resources and services to specific areas or populations
  - those facing the harshest disparities – to raise the worst off fastest
  - or most in need or specific services
  - or where interventions will have the most impact
- this requires sophisticated analyses of the bases of disparities:
  - i.e. is the main problem language barriers, lack of coordination among providers, sheer lack of services in particular neighbourhoods, etc.
  - which requires good local research and detailed information – speaks to great potential of community-based research to provide rich local needs assessments and evaluation data
  - involvement of local communities and stakeholders with local knowledge is critical to understanding the real problems

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6c: Act Locally

- clear conclusion from leading countries is that action on equity cannot just come from senior governments → many of the most innovative and insightful programmes addressing health disparities have come from local authorities or community providers
  - emerging evidence that neighbourhood has an independent or reinforcing impact on health disparities
  - lived experience of health problems and opportunity structures always takes place in a local context
  - this requires that equity-driven interventions be locally focussed
- in those many countries with regional planning and delivery, regional health authorities (RHAs) have been an important enabler and lever for planning and promoting local initiatives

Act Locally Systematically: Integrated Policy and Planning Frameworks

- to implement equity locally RHAs can:
  - use planning tools such as diversity lenses and health equity impact assessments
  - target investment and programmes in disadvantaged neighbourhoods
  - build the voices and interests of the whole community – including marginalized and traditionally excluded – into their governance and planning
  - fund or pilot new ways of addressing barriers or supporting hard-to-serve communities
  - encourage on-the-ground collaborations and partnerships among health care providers and beyond
- cross-sectoral collaboration also needs to take place at local and regional levels
  - back to British example – Health Action Zones, designed to combine community development with targeted health care access and service improvements – particular program was ended, but principle remains
  - and in Canada, RHAs have developed operational and planning links with local social services, emphasized community capacity building as key to addressing health and developed interventions which integrate health and other services

Challenge: Balance Between Local Initiatives and Overall Strategy and Objectives

- need enough flexibility to allow local experiments and interventions that best respond to local needs and situations
- but also need to ensure equity is addressed seriously and consistently in every region
- need provincial or national enabling policy and resources:
  - first of all, the Ministry must set equity targets and expectations
    - reduce health disparity in region by X%
    - ensure utilization patterns reflect ethno-cultural diversity and needs of local population, etc.
  - how these objectives are achieved is then up to local RHA
  - secondly, Ministry must provide the necessary financial incentives:
    - RHAs only get certain funds if they use them to address equity
    - including for special initiatives targeted to poorest areas
- in policy design terms, all of this can be seen as cascading expectations and incentives from the Ministry to RHAs and then to their service agreements with hospitals, centres and other health care providers

6d: Enhance Equity Focused Primary Care

- considerable international evidence that expanding primary care can reduce health disparities
- major reforms are underway across Canada to restructure primary care
  - these system-level reform initiatives also present the opportunity to build equity in by concentrating increased primary care in areas with poorest access or health status
  - in terms of policy levers, it has been easiest to establish CHCs and other clinics, than to reform private medical practice
- can also see primary care reform as a lever for wider changes -- for collaborative action beyond health:
  - many countries have clinics that provide both health and wider social services in one place
  - CHCs, child care and other partners work together on early years programmes in Toronto
  - the development of the new satellite CHCs in designated high-need areas in Toronto — with primary care and social and other services out of the same facilities – is one among many examples of complementary services from different agencies being provided together in community locations

7: Up Stream Through an Equity Lens

- investing in better chronic care management, preventive care and health promotion are seen to be vital elements of health reform
  - a very interesting primer has been developed by the Ontario Chronic Disease Prevention Alliance and other partners to help incorporate social determinants into chronic care management and support http://www.ocdpa.on.ca/docs/Primer%20to%20Action%20SDOH%20Final.pdf
- health promotion needs to be planned and implemented through an equity lens
  - anti-smoking, exercise and other health promotion programmes need to take account of the particular social, cultural and economic factors that shape risky behaviour in poorer communities
  - this means explicitly foregrounding social determinants in promotion campaigns – not the usual focus on individual behaviour and lifestyle
  - equity-driven health promotion would ensure preventive, dental care, sexual and reproductive health, immunization and related public health services are provided equitably in disadvantaged communities
  - specific efforts need to be made to address language, cultural and other barriers to disadvantaged communities getting the health promotion information and support they need

8: Build on Imagination and Innovation

- have been arguing that the way to proceed on massive challenge of health disparities is by 'chunking out' actionable projects, by experimenting and by relying on local community-based and other front-line innovations
- to realize this potential, senior governments need to develop a framework to support experimentation and innovation:
  - common data and information platforms
  - funding for pilot projects
  - dedicated funding lines to RHAs for pilots, and expectations that each RHA will undertake innovations
  - looking for results and value, but also need funding regimes that are flexible and not too bureaucratic
- then need a provincial or national infrastructure to:
  - systematically trawl for and identify interesting local innovations and experiments
  - evaluate and assess potential beyond the local circumstances
  - share info widely on lessons learned
  - scale up or implement widely where appropriate
- all to create a permanent cycle and culture of front-line driven innovation on equity

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Action Conclusions

- there isn't a magic blueprint that can be applied in every country to reduce disparities
- but we have tried to set out some fundamental components of successful policy
- first of all, research what other countries are doing to address health equity and adapt the best to your circumstances
- the roots of health disparities are in broader social and economic inequalities and addressing them must be the core of any equity strategy
- we need a comprehensive and integrated strategy – but don't wait for the prefect strategy – get going on what you can
- act across silos and sectors – policy collaboration and coordination are key
- set clear targets and incentives – and hold those responsible up to public scrutiny

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Action Conclusions II

- build equity into health system reform:
  - make equity a core objective – every bit as important as efficiency, sustainability and quality
  - reduce barriers to equitable access to services and care
  - target interventions and enhanced services to the most disadvantaged communities
  - mobilize key levers – such as enhanced primary care – that have the most impact on reducing health disparities
- encourage local innovation, initiatives and collaborations
- invest up stream in prevention and health promotion, also targeted to the most disadvantaged
- and, finally, pull all these components together to learn from on-the-ground innovations and build on what is working well locally to transform the whole system

About the Wellesley Institute

- funds community-based research on the relationships between health and health disparities, and housing, poverty and income inequality, social exclusion and other social and economic determinants
- works to identify and advance policy alternatives and solutions to pressing issues of urban health and health equity
- works in diverse collaborations and partnerships for progressive social change
- provides workshops, training and other capacity building support to non-profit community groups
- all of this is geared to addressing the pervasive and inequitable impact of the social determinants of health

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Contact Us

- these speaking notes and further resources on policy directions to enhance health equity, health reform and the social determinants of health are available on our site at http://wellesleyinstitute.com
- my email is bob@wellesleyinstitute.com
- I would be interested in any comments on the ideas in this presentation and on initiatives or experience that address these challenges