



Integrating healthy public policy into public policy making

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Thesis

Effective public policy
IS
healthy public policy



Summary of argument

1. **Public policy** making **should be concerned about the health** of individual citizens & their communities
2. Public policy related to health **should be concerned with reducing inequities** among individuals & communities
3. **Health inequities** are the result of **structural drivers** of health & **social determinants** of health
4. The **social determinants of health** can only be effectively addressed through **collaboration among sectors** within government & other decision-making bodies
5. **Healthy public policy** is concerned with **reducing health inequities** by: addressing the **social determinants** and through **intersectoral collaboration**
6. Therefore, effective public policy **IS** healthy public policy



Premise #1

Public policy making should be ***concerned about the health*** of individual citizens and their communities



“Health”

“...a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”

(WHO Constitution, 1948)



“Health”

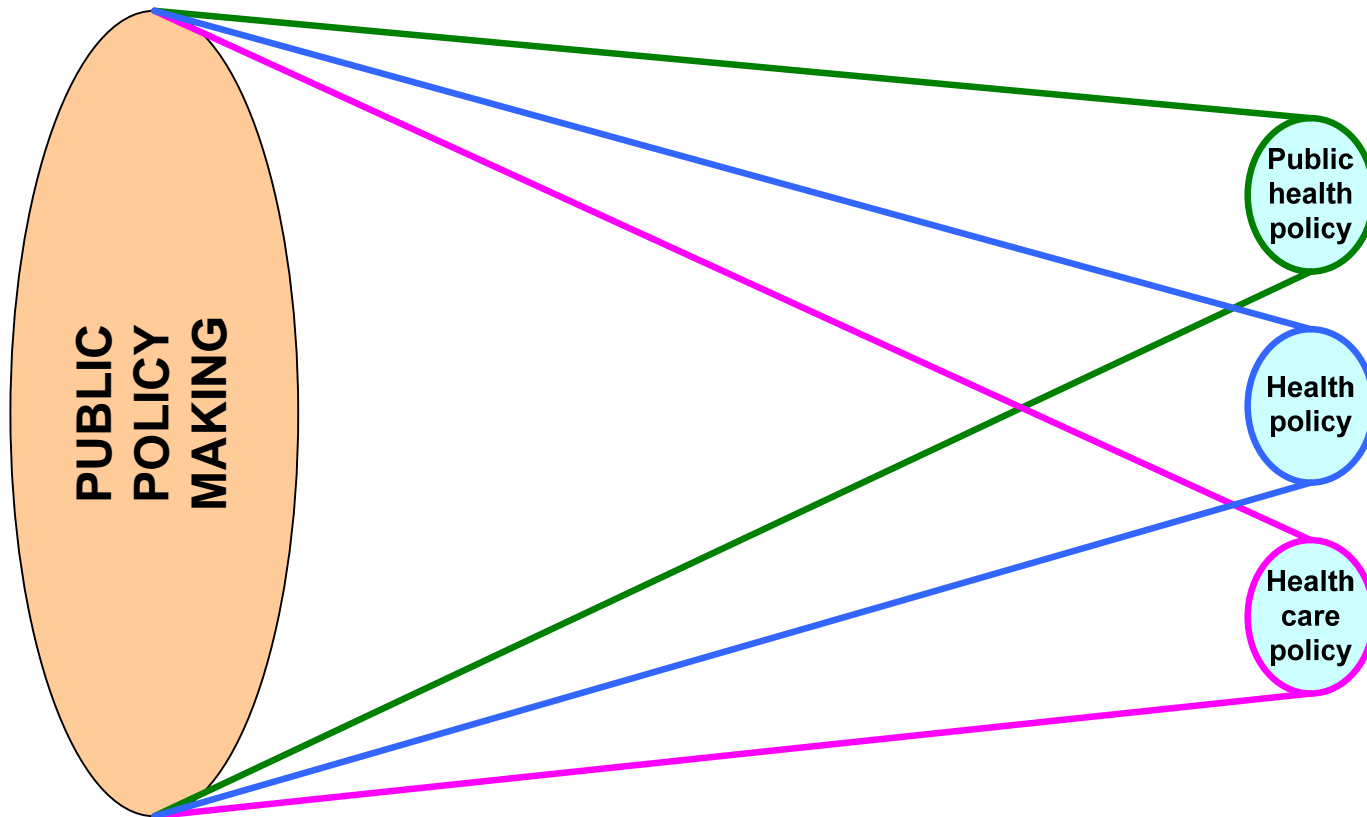
“To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.

Health is therefore seen as a resource for everyday life, not the objective of living.

Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”

(WHO, Ottawa Charter for Health Promotion, 1986)

Health domains of public policy making





Public policy

1. Anything a government chooses to do or not do (Dye, 1972)
2. A set of interrelated decisions taken by a political actor or group of actors concerning the selection of goals and the means of achieving them within a specified situation where those decisions should, in principle, be within the power of those actors to achieve (Jenkins, 1978)



Health policy

- **Health policy** is a formal statement or procedure within institutions (notably government) which defines priorities and the parameters for action in response to health needs, available resources and other political pressures
- **Health policy** is currently distinguished from *healthy public policy* by its primary concern with health services and programmes.

(WHO Health Promotion Glossary)



Public health policy

- **Public health policy**, the backbone of public health, is policy related to public health issues. Substantively, public health policy addresses a broad range of issues, including but not limited to: policies for infectious and chronic disease prevention and control, food security and food policy, climate change adaptation, environmental health policy, physical activity policy, substance abuse and harm reduction policy, gambling policy, and occupational health policy.
- **Public health policy** includes a wide array of legislative and regulatory interventions, administrative practices, financing and funding decisions, and various forms of soft law operating at all levels of government, affecting multiple settings, jurisdictions and sectors of activity.
- **Public health policy** is different than *health policy*, which focuses on issues of health services and health care delivery.

(<http://www.publichealthpolicy.utoronto.ca/>)



Healthy public policy

Healthy public policy is characterized by an explicit concern for ***health and equity*** in ***all areas of policy*** and by an ***accountability*** for health impact.

The main aim of health public policy is to ***create a supportive environment*** to enable people to lead healthy lives.

Such a policy makes health choices possible or easier for citizens. It makes ***social and physical environments health-enhancing***.

(WHO 1988: Adelaide Recommendations on Healthy Public Policy)



Healthy public policy (cont.)

In the pursuit of healthy public policy, ***government sectors*** concerned with agriculture, trade, education, industry, and communications need to ***take into account health as an essential factor when formulating policy.***

These sectors should be ***accountable for the health consequences of their policy decisions.***

They should pay as much attention to health as to economic considerations.

(WHO 1988: Adelaide Recommendations on Healthy Public Policy)



Premise #2

Public policy related to health should be concerned with ***reducing inequities*** among individuals and communities



Population Health

“Population health is an approach to health that aims to improve the health of the entire population and to ***reduce health inequities*** among population groups.

“In order to reach these objectives, it looks at and ***acts upon the broad range of factors and conditions that have a strong influence on our health.***”

(PHAC: Public Health Agency of Canada)



Premise #3

Health inequities are the result of ***structural drivers*** of health and ***social determinants of health***



Health inequities & inequalities

“Health inequities are avoidable inequalities in health between groups of people within countries and between countries.

These inequities ***arise from inequalities within and between societies.***

Social and economic conditions and their effects on people’s lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs.

(WHO Commission on the Social Determinants of Health)

www.who.int/social_determinants/thecommission/finalreport/en/index.html



Social determinants of health

“The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

(WHO Commission on the Social Determinants of Health)
www.who.int/social_determinants/thecommission/finalreport/en/index.html



Structural drivers of health inequalities

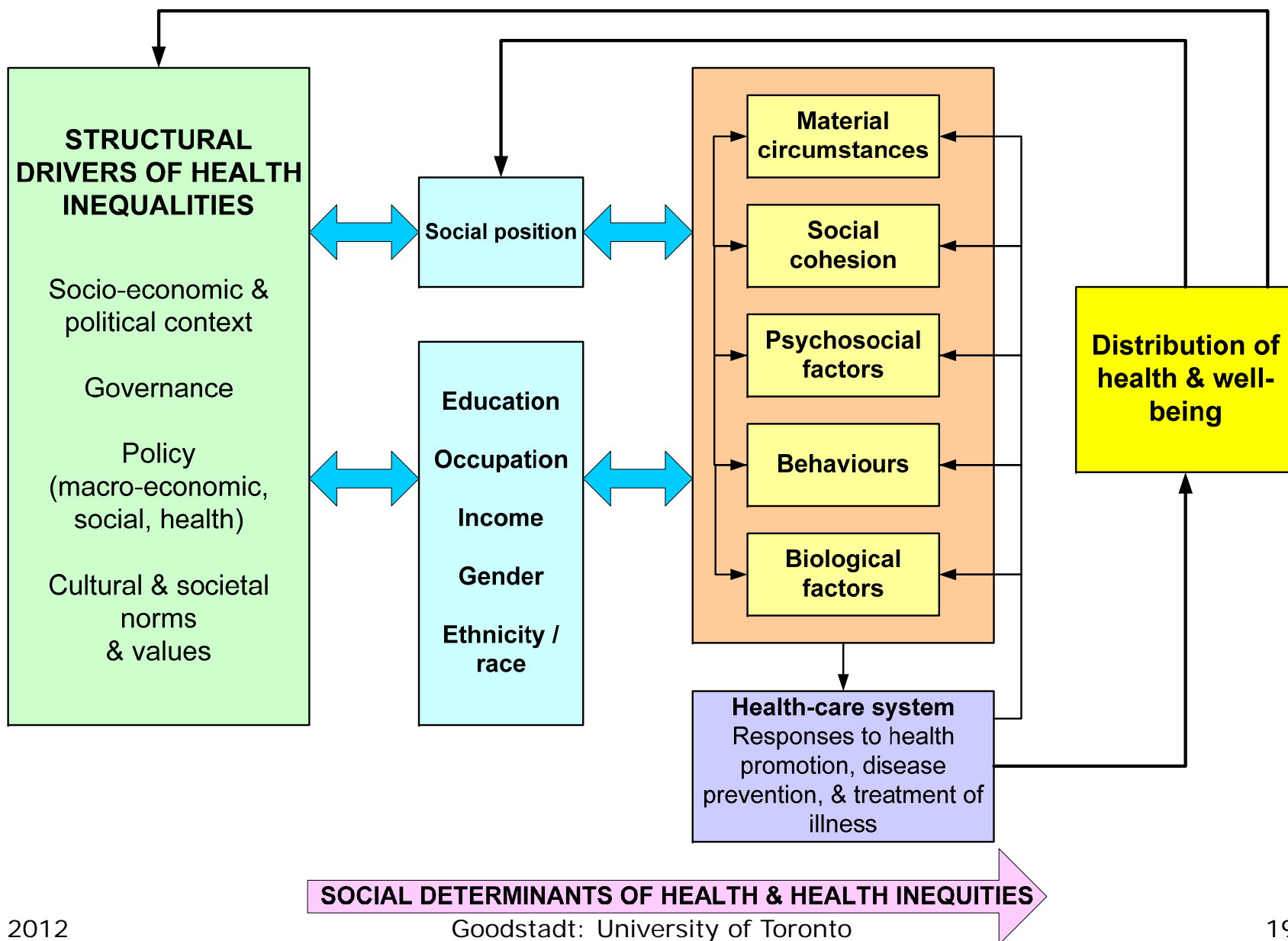
The global context affects how societies prosper through its impact on international relations and domestic norms and policies.

These in turn shape the way society, both at national and local level, organizes its affairs, giving rise to forms of social position and hierarchy, whereby populations are organized according to income, education, occupation, gender, race/ethnicity and other factors.

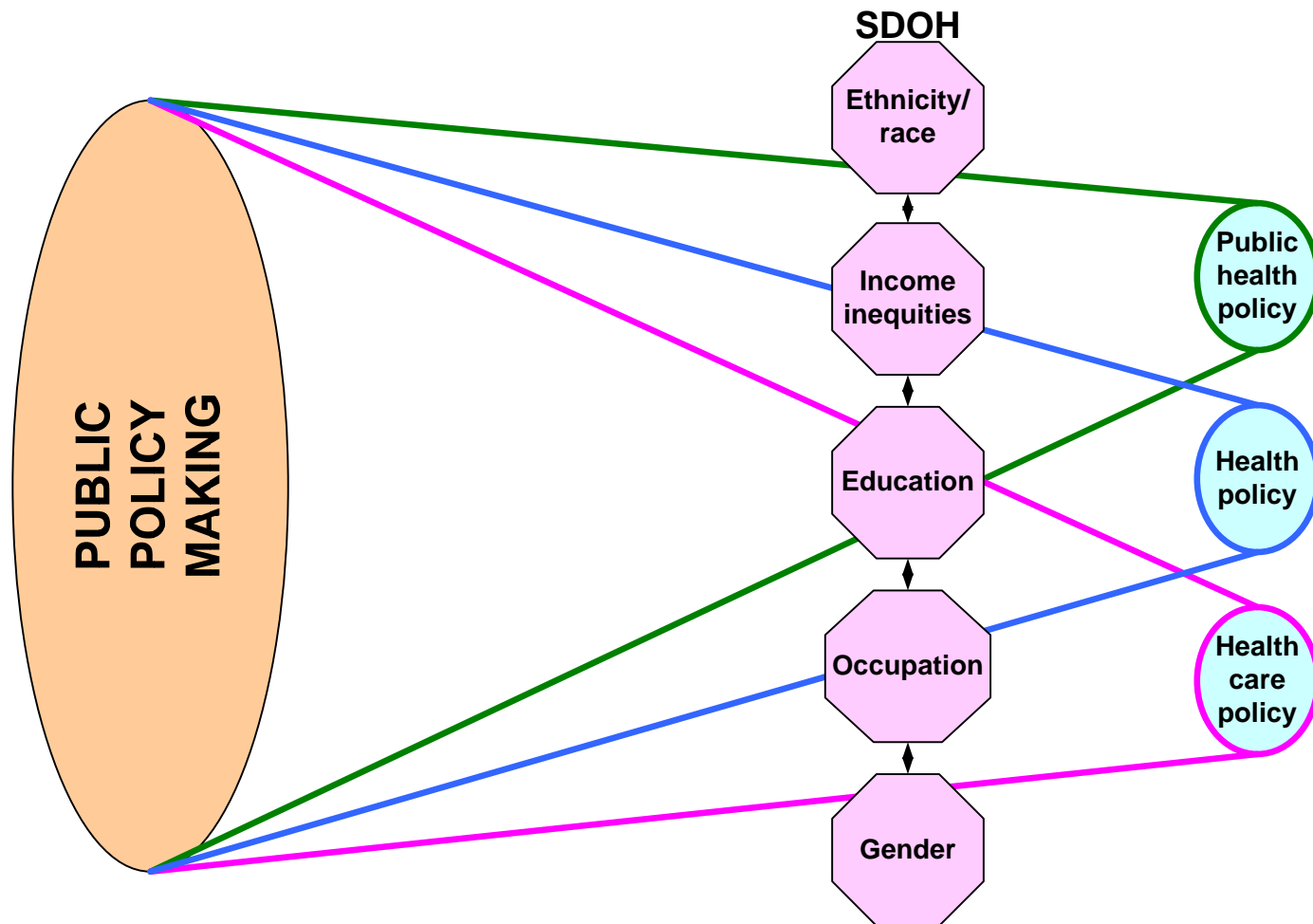
Where people are in the social hierarchy affects the conditions in which they grow, learn, live, work and age, their vulnerability to ill health and the consequences of ill health.

(WHO Commission on the Social Determinants of Health)

WHO Commission on Social Determinants of Health: Conceptual Framework (2008)



Addressing the social determinants of health in public policy making





Premise #4

The social determinants of health can only be effectively addressed through ***collaboration among sectors*** within government and other decision-making bodies

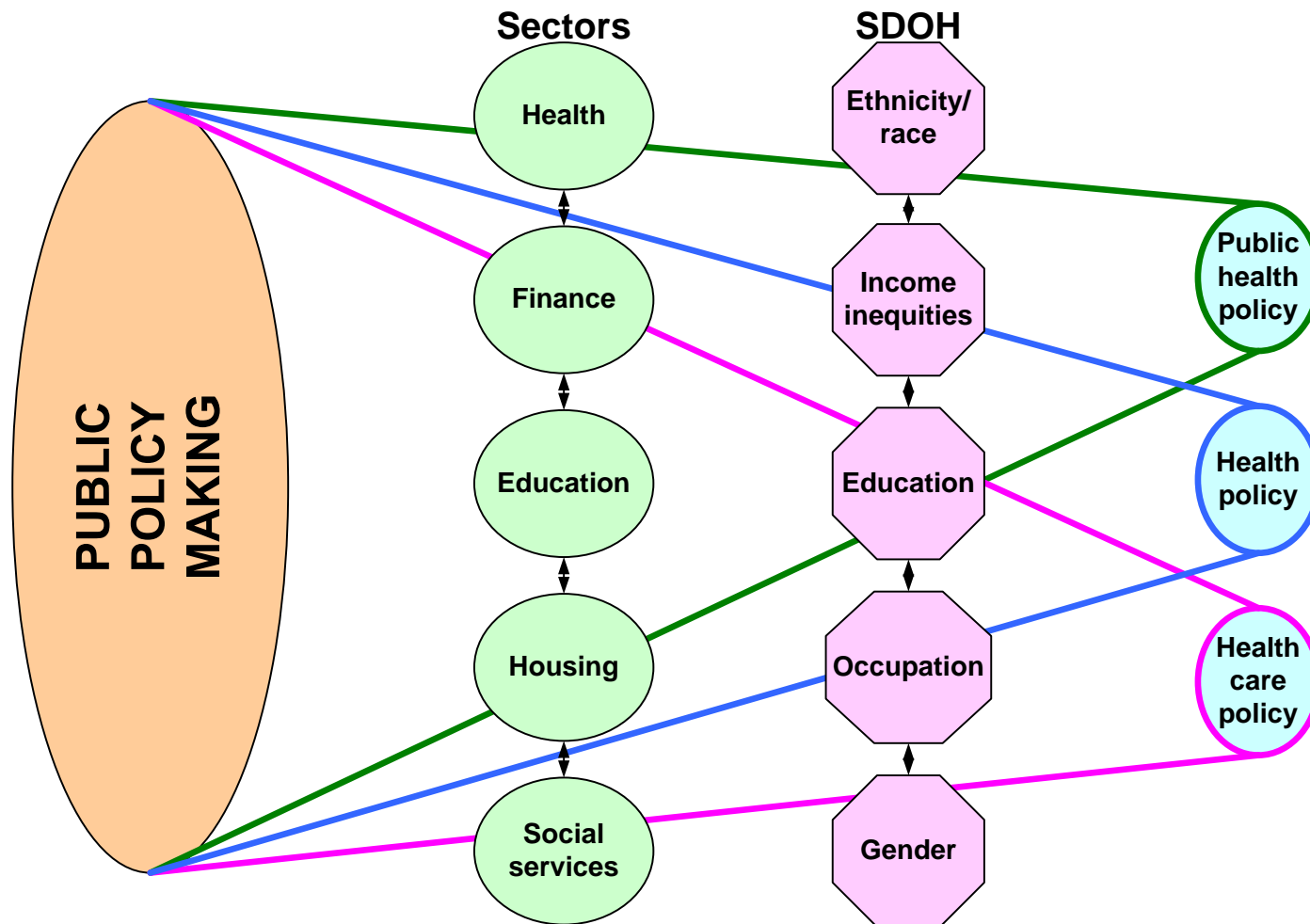


Intersectoral collaboration

A recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve *health outcomes* or *intermediate health outcomes* in a way which is more effective, efficient or sustainable than might be achieved by the *health sector* acting alone.

(WHO Health Promotion Glossary)

Intersectoral integration of health-oriented public policy making





Premise #5

- Healthy public policy*** is concerned with reducing health inequities by:
1. addressing the social determinants
 2. through intersectoral collaboration



Health promotion

The process of enabling people [and communities] to increase control over [the factors that affect] their health,
and [thereby] to improve their health

(WHO Ottawa Charter for Health Promotion, 1986)



Health Promotion Action Areas

1. ***Building healthy public policy***
2. Creating supportive environments
3. Strengthening community action
4. Developing personal skills
5. Reorienting health services

Ottawa Charter for Health Promotion (WHO, 1986)



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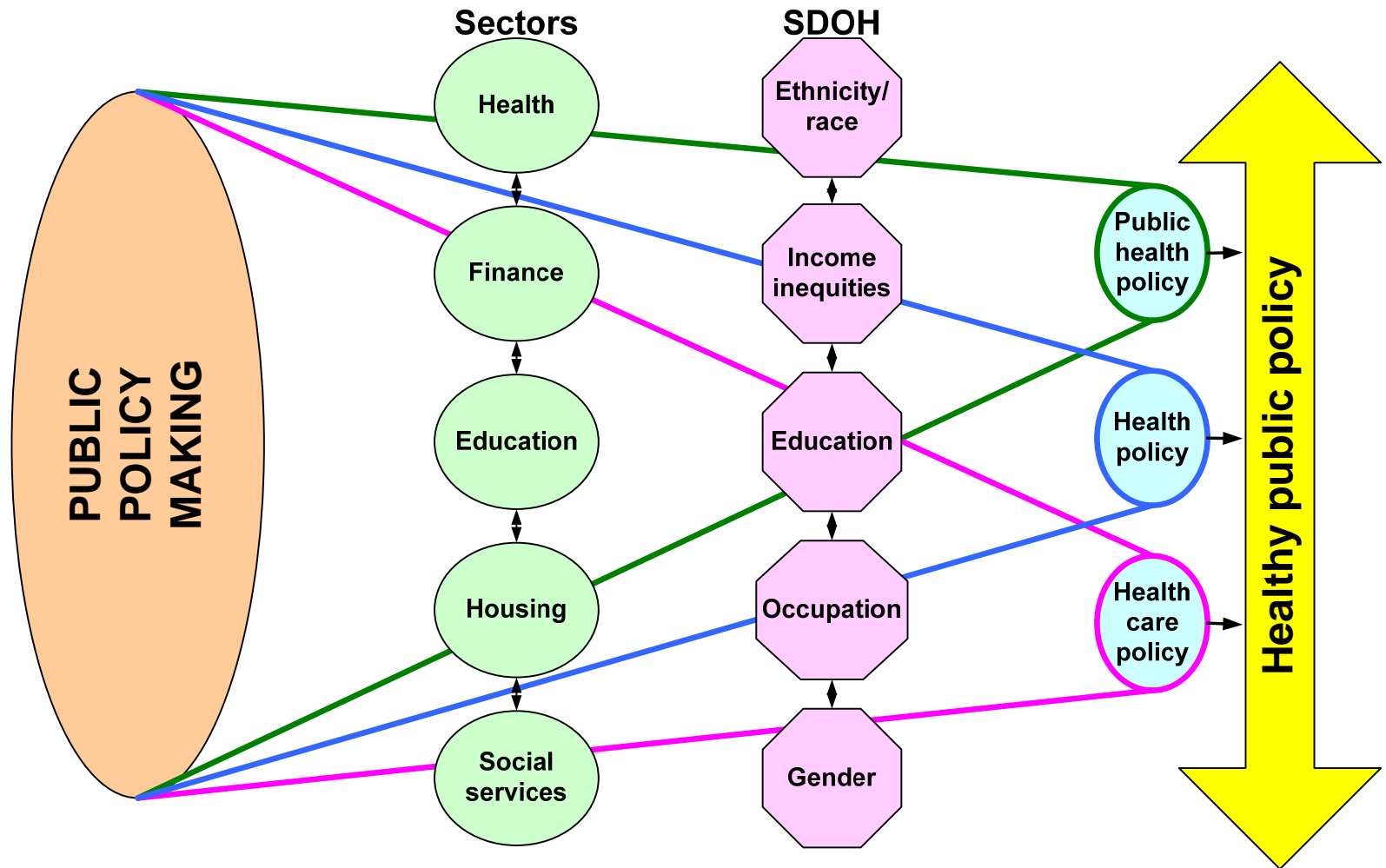
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Conclusion

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IS
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Integration of healthy public policy into public policy making





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