INSPQ INSTITUT NATIONAL DE SANTÉ PUBLIQUE DU QUÉBEC

Policy Avenues: Interventions to reduce social inequalities in health – Summary

Public Policy and Health

Mai 2014

Authors: Roseline Lambert, Julie St-Pierre, Lucie Lemieux, Maude Chapados, Geneviève Lapointe, Pierre Bergeron, Robert Choinière Marie-France Leblanc, Geneviève Trudel

This summary review focuses on the subject of social inequalities in health (SIH) and on public policies implemented in Québec and elsewhere in the world aimed at reducing these inequalities. It was produced by the Équipe politiques publiques [public policy team] of the Institut national de santé publique du Québec (INSPQ) [Québec's public health expertise and reference centre] and is based on a longer document. Its principal aim is to present a selection of government interventions that could help guide the Québec government toward the improvement or development of interventions that are aimed at reducing SIH or that indirectly contribute to their reduction. To this end, this document identifies examples of policies, strategies, laws, action plans and programs that constitute options or avenues that could prove inspiring. The main implementation conditions and the effectiveness or impact of these interventions are examined where data are available. Given the scope of the problem of combating SIH, this review focuses, with few exceptions, on central government interventions, even though many promising and relevant interventions aimed at reducing SIH emanate from the regional and local levels, or from still other sources, such as the community or private sectors.

Highlights

Various social factors, such as education, income, work, living environment, housing and access to services, determine an individual's state of health. These interact in varying combinations throughout the life course. Inequitable distribution of these factors, or health determinants, among groups generates considerable health differences among people within a community or a country, or between countries. The gaps, or unequal distribution of health status, linked to these determinants within a population are referred to as social inequalities in health (SIH). Inequalities are not inevitable and could be reduced, according to the World Health Organization. The problem of social inequalities in health is vast and complex: unequal power dynamics and exclusion, as well as certain policies and social norms and practices generate social and health disparities.

Data on the scope of SIH in Québec speak for themselves. The differences between socioeconomic groups, in terms of life expectancy and premature mortality, are marked. For example, in 2006, the gap in life expectancy between the most disadvantaged and most advantaged segments of the population was 8.1 years for men and 3.9 years for women. Similarly, in the most disadvantaged segment of the population, 93% more individuals did not consider their health to be good, 88% more were daily smokers, 54% more were dissatisfied with their social life and 28% more were obese, as compared with the most advantaged segment. Some population groups, such as Aboriginal peoples, were shown, in certain cases, to be affected to an alarming degree by social inequalities in health.

Government intervention to reduce SIH is neither simple nor unambiguous, and necessarily involves a group of interventions. Governments have developed different approaches to reducing SIH. Some countries, for example, have adopted a systematic and comprehensive government policy to reduce SIH, while others have instead developed a national public health policy explicitly aimed at reducing SIH, or at addressing the social determinants of health upstream. Implemented in conjunction with these global approaches, a number of sectoral or intersectoral interventions focused on health determinants can contribute significantly to combating SIH.

Québec

There is no scientific consensus regarding how to effectively take action to reduce SIH, although some authors recommend giving priority to interventions that promote more egalitarian access to resources, such as those targeting income, employment, and access to education and services. However, the need to take SIH into account when considering government intervention, at the very least to avoid worsening the situation, is acknowledged by experts.

In addition, this review demonstrates that to reduce SIH, social policies must be strengthened both at the level of the general population (universal interventions) and at that of disadvantaged populations (targeted interventions), without stigmatizing the latter. Consequently, proportionately targeted interventions, or actions aimed at the general population, but in conjunction with intervention modulated according to the social gradient of health, should be preferred and strengthened. The review of foreign experiences also helps to identify the conditions most likely to produce promising results, which include the mobilization of different actors around shared priorities for action, citizen participation in interventions, high quality interventions and the integration of services to facilitate their access.

Québec cannot adopt, at the provincial level, a policy on the same scale as those of several of the countries discussed in this document; it may, however, draw inspiration from them, while taking into account the federal context within which it operates. Québec does not have a policy that specifically or globally targets the reduction of SIH. However, the Québec government has implemented large-scale interventions that address social and economic inequalities by targeting poverty or social exclusion, for example. Some avenues to be explored by the Québec government emerge from this study, including, in particular, the promotion of a shared vision for reducing SIH that mobilizes all government sectors, the strengthening of achievements tied to social protection, to the fight against poverty and to action addressing the determinants of health, the establishment of a monitoring system and the participation of citizens in decision making.

Summary

This document focuses on the subject of social inequalities in health (SIH) and on public policies implemented in Québec and elsewhere in the world aimed at reducing these inequalities. Its principal aim is to present a selection of government interventions that could help guide the Québec government toward the improvement or development of interventions that are aimed at reducing SIH or that indirectly contribute to their reduction. The document firstly presents comprehensive approaches to combating SIH adopted by various countries, then the SIS-related intervention context in Québec and, thirdly, interventions that more specifically target social determinants of health, in Québec and abroad.

Key points to note concerning comprehensive approaches to combating SIH

Several countries, each in accordance with its own political context, have adopted a broad approach to combating SIH that encompasses several sectors of intervention. The United Kingdom, Finland, Sweden, Norway, Australia and New Zealand are recognized for their experience in this area. This overview of foreign experiences reveals that the implementation of comprehensive approaches to combating SIH has most often been the work of governments headed by centrist, labour or social-democratic parties benefiting from political stability. Many of the countries examined were easily mobilized around the issue of SIH, which was aligned with the social values and social protection systems already promoted by these governments. All of the countries discussed recognize the need to work intersectorally to address SIH. The global approaches they have adopted generally fall under the responsibility of their departments of health, who, in almost all cases, have an expanded mandate that includes social services and/or social affairs. The United Kingdom, Finland and New Zealand have established government bodies to oversee intersectoral coordination or introduced advisory mechanisms to ensure the implementation of their policies. The United Kingdom, Sweden and Australia have assigned expert organizations the mandate of carrying out knowledge transfer activities, as well as the monitoring and evaluation of interventions. Several of these countries also make use of health impact assessment. In addition, it appears that regional and local authorities often play a key role in implementing comprehensive approaches, since they are, in many cases, introduced at these levels of governance.

This overview highlights some of the conditions that favour implementation of a comprehensive approach to reducing SIH, including political will and stability, the promotion of justice and equity as social values, and intersectoral governance that mobilizes the various sectors and levels of government. However, it also reveals that, on the one hand, the impact of the interventions implemented is not always evaluated and, on

the other hand, that the results obtained so far have not always been those expected. Foreign experiences demonstrate, ultimately, that it can be difficult to reach the most disadvantaged populations using only a universal strategy. This type of intervention, which targets the entire population, can increase SIH by more successfully reaching advantaged groups. The challenge is to find a balance between universal measures that affect the entire population and measures that proportionately target disadvantaged groups without stigmatizing them.

SIH in the Québec context

Québec is recognized for having advanced a model of social protection consistent with those that are the focus of discussion in Europe,[1] which distinguishes it within the North American context. However, Québec has not adopted a public policy that specifically or globally targets the reduction of SIH. Nor has it established a formal system for monitoring SIH and, therefore, it has not set specific targets for the reduction of SIH. The Québec government has mainly implemented a series of policies that, although not introduced specifically to combat SIH, may have a real effect on these by targeting one or more determinants of health. The Québec government has also established strategies for supporting intersectoral action that can serve as levers for action in the struggle against SIH.

However, Québec could play a more active role, much like certain European countries that are clearly committed to developing their own social policies. It is well known that many of the measures adopted by the Québec government, such as family allowances, parental leave and the $7-per-day daycare program, protect middle-class families and children.[2] Drug insurance, the work premium, employment support measures, and the indexation of social assistance benefits are other examples of measures identified as having contributed to recent successes. Government maintenance and strengthening of sustained interventions in the areas of social protection and health remains key to reducing SIH.

Key points to note on government interventions focused on determinants

The interventions outlined in this section focus on early childhood and education, employment, income and social solidarity, the environment and land use planning, lifestyle, and health and health services. These determinant-based approaches emanate from various sectors, including that of heath. These types of interventions, for example revenue support or municipality revitalization measures, do not usually focus on SIH or on health. Some measures focus on prosperity or economic development, which obviously have an indirect impact on SIH and on health. Several interventions derived from approaches focused on the living environment, such as community development, affect many determinants and are considered to be intersectoral projects.

This overview demonstrates that mobilization around the interventions adopted is crucial. We can assume that the top priorities adopted by governments and international organizations such as the WHO help foster stakeholder commitment to shared priorities for action, such as fighting obesity or ensuring sustainable development, by affirming the relevance of interventions in such areas. It is interesting to note that a strategic issue such as sustainable development, which aims to promote social and economic prosperity, can align with the fight against SIH, as the United Kingdom and French initiatives clearly show. Intersectoral projects focused on economic development, such as Slovenia's *Programme MURA* (health, agri-food, tourism, and transportation), have resulted in positive benefits for disadvantaged populations.

Several foreign initiatives highlight the relevance of citizen participation in interventions. Accordingly, several projects in England, Spain and Germany have shown that consulting local residents about which interventions to choose and how to implement them not only has a positive effect on community participation and on the ability of interventions to adequately meet needs, it also promotes the social inclusion of disadvantaged populations. Furthermore, these experiences show that citizen participation strengthens social networks.

This summary review also highlights the importance of the quality of the interventions implemented. Creating jobs that are risky or hazardous to health or building low-quality social housing will have little impact on reducing SIH or on health. In terms of housing, for example, the Welsh Housing Quality Standard proved very useful for improving tenant health, and in the early childhood services sector, foreign experiences show that the quality of daycare services and interventions for disadvantaged children is crucial. In addition to the requirements concerning quality, it appears that integrated services are often needed to ensure improved access for disadvantaged segments of the population; coherence among the different services for vulnerable people is fundamental to ensuring their participation in these interventions.

Finally, two challenges appear to be associated with interventions targeting determinants of health, and these tie in with those identified for comprehensive approaches. Firstly, the scarcity of results regarding the impact of these interventions on health and on SIH makes prioritizing the most effective interventions very difficult. Secondly, effectively reaching the most vulnerable segments of the population is also difficult, given that these individuals rarely use public services, even when the services are free and easily accessible. Actions specifically targeting disadvantaged neighbourhoods (*MURA*, *North Karelia Project*) have produced noteworthy results in terms of promoting healthy lifestyles. This type of targeted strategy nonetheless runs the risk of creating stigmatization, which can, however, be lessened by focusing on a community sector, rather than on a socioeconomic group much like the United Kingdom's *Sure Start* initiative, for example.

Challenges and limitations of government interventions to reduce SIH

This document demonstrates that governments can, through comprehensive strategies aimed at combating SIH, adjust their economic, social and health policies so as to promote social equity. The comprehensive strategies outlined in this review are the product of many years of hard work. Despite the effort invested, these large-scale initiatives do not always produce the desired results. Even though they often promote health improvement for all social groups, they very often fail to reduce health disparities between groups. Sectoral or cross-sectoral interventions that focus more specifically on particular determinants of health can strengthen these global approaches because they have a more direct bearing on SIH. Interventions aimed primarily at promoting more egalitarian access to resources, such as interventions focused on income, work, and access to education and services, as proposed by Link and Phelan, are avenues worth exploring.[3]

Combating SIH can sometimes cause unwanted effects, such as when government interventions threaten to widen health gaps. In fact, foreign experiences demonstrate that it can be difficult to reach the most disadvantaged populations and that the implementation of universal strategies can, in some cases, inadvertently increase SIH by more successfully reaching advantaged groups, even if progress can be observed among more disadvantaged groups. It is obvious that the problem of social inequalities in health is vast and complex and that unequal power dynamics and exclusion, as well as certain policies and social norms and practices generate social and health disparities. Therefore, government intervention to reduce SIH is anything but simple, and necessarily takes place within a specific context and involves a set of interventions. There is no scientific consensus regarding how to effectively take action to reduce SIH. However, the need to take SIH into account when considering government intervention, at the very least to avoid worsening the situation, is acknowledged by experts. In addition, this review demonstrates that to reduce SIH, social policies must be strengthened both at the level of the general population (universal interventions) and at that of disadvantaged populations (targeted interventions), without stigmatizing the latter. Consequently, proportionately targeted interventions, or actions that target the general population, in conjunction with intervention that is modulated according to the social gradient of health, should be preferred and strengthened.

Québec's approach to social policies often reflects this perspective, favouring the association of universal interventions with proportionately targeted interventions. The Québec government could, like certain European countries, take a more specific and declarative stance in the fight against social inequalities in health by exploring a few policy avenues such as the promotion of a shared vision for reducing SIH that mobilizes all government sectors, the strengthening of achievements tied to social protection, to the fight against poverty and to action addressing the determinants of health, the establishment of a monitoring system and the participation of citizens in decision making. It can also enhance its policies based on the evidence brought to light by the numerous examples presented in this document.

References

1 Noël, Alain, 2009. *La loi 112 et les inégalités sociales*, Revue Développment Social, Volume 10, Nº 2. http://www.revueds.ca/la-loi-112-et-les-inegalites-sociales.aspx

2 Raynault, Marie-France, 2009. *Les inégalités sociales, un choix de société?* Revue Développement Social, Volume 10, Nº. 2. http://www.revueds.ca/les-inegalites-sociales-un-choix-de-societe.aspx

3 Phelan, J C, Link B G, Tehranifar, P. 2010. *Social Conditions as Fundamental Causes of Health Inequalities: Theory, Evidence, and Policy Implications.* Journal of Health and Social Behavior, 2010 51: S28.

Policy Avenues: Interventions to reduce social inequalities in health – Summary

AUTHORS

Roseline Lambert
Vice-présidence aux affaires scientifiques

Julie St-Pierre
Vice-présidence aux affaires scientifiques

Lucie Lemieux
Vice-présidence aux affaires scientifiques

Maude Chapados
Vice-présidence aux affaires scientifiques

Geneviève Lapointe
Vice-présidence aux affaires scientifiques

Pierre Bergeron
Vice-présidence aux affaires scientifiques

Robert Choinière, consultant

Marie-France Leblanc
Vice-présidence aux affaires scientifiques

Geneviève Trudel
Vice-présidence aux affaires scientifiques

This document is available in its entirety in electronic format (PDF) on the Institut national de santé publique du Québec Web site at: http://www.inspq.qc.ca.

Institut national de santé publique Québec