

Reflections on role of health professionals in addressing health inequalities

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Primero.....

Gracias por invitarme a hablar hoy. Es un privilegio y espero aprender mucho.

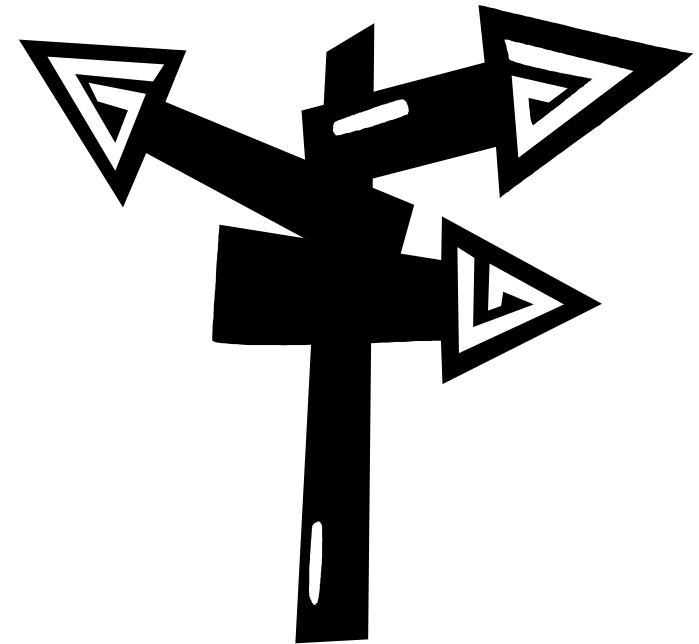
Lo siento por no hablar en español. Aprendo español pero muy muy despacio!!

Espero que entiendas la mayor parte de mi presentación!

Lo siento también por mi muy mal pronunciación

The presentation

- **My perspective on health inequalities and action to address them**
- **Brief comments on the ‘state of knowledge’ about health professional and systems contribution to reducing health inequalities**
- **My top tips for exemplary equity sensitive action**



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Health inequalities are....

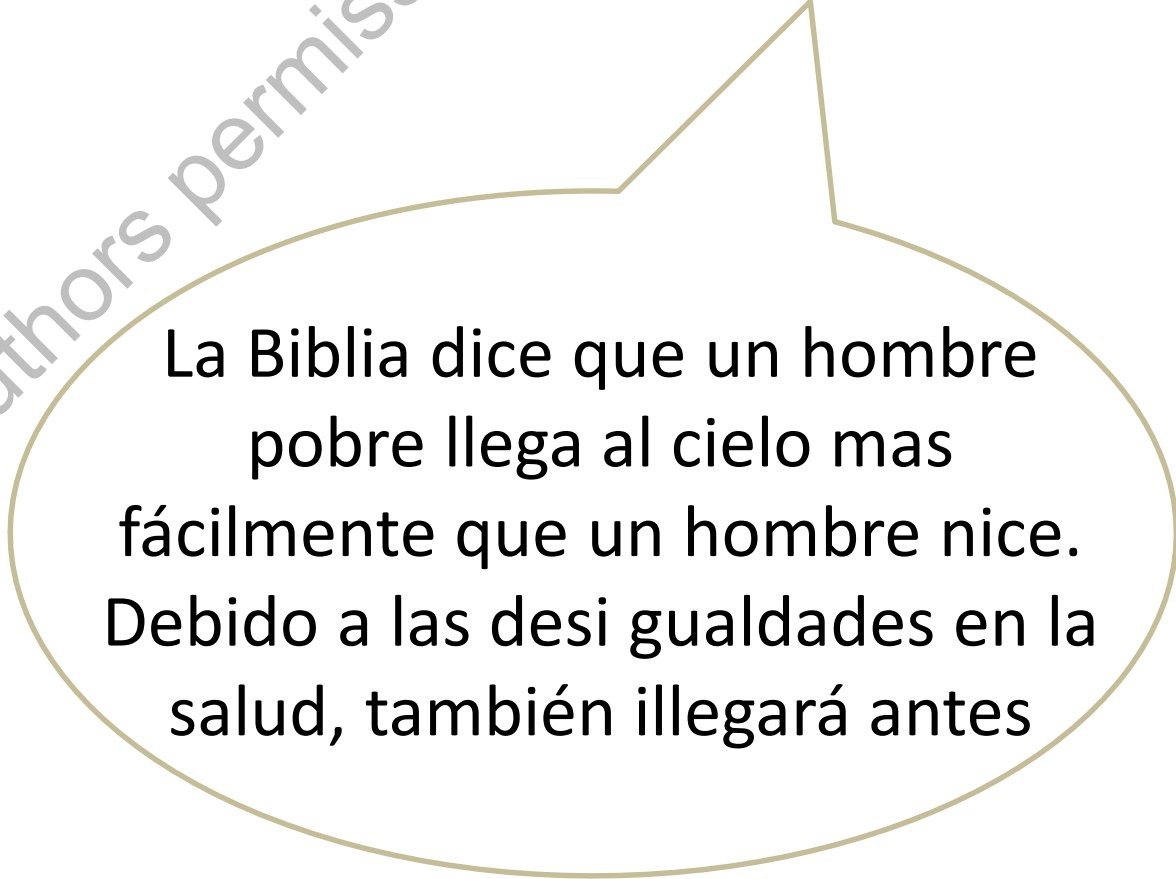
Systematic differences in health experience across populations by social class, gender, ethnicity, etc

Caused by *unequal distributions of resources and power*

Able to be changed

Therefore *unfair*

A question of social justice



La Biblia dice que un hombre pobre llega al cielo mas fácilmente que un hombre rico. Debido a las desigualdades en la salud, también llegará antes

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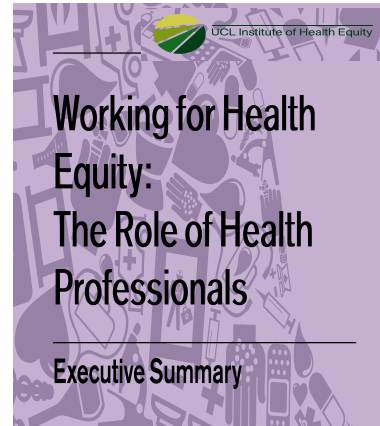
What should action on social justice look like?

Amartya Sen argues that:

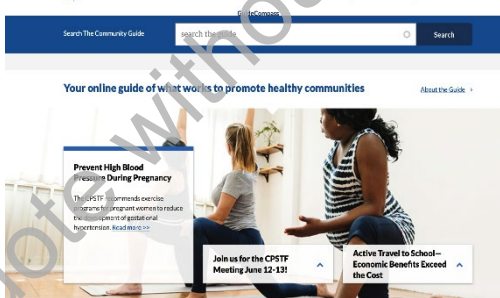
- Behavioural and health outcomes do not provide an ethical or appropriate goal for action promoting social justice – they don't tell us 'how' to act
 - An Aristotelian framework does tell us how to act
 - Human flourishing is the aim
 - Capability release and development are the means.
 - So action to promote social justice should:
 - support the release and development of individual/collective capabilities
 - Remove barriers to people's ability to exercise their reasoned agency
 - Make wise use of limited resources – are effective
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No shortage of ideas/tools for equity sensitive action

Improving health for the world's poor: what can health professionals do?
May 2007



- At different levels.....
- Individual patient
 - The clinical team
 - Within organizations
 - with local communities
 - In health systems
 - Local & national policy



Equality and Health Inequalities – Screening Tool

Comment

Role of nurses in tackling health inequalities

[Int J Equity Health](#). 2012; 11: 59.
Published online 2012 Oct 13. doi: 10.1186/1475-2875-11-59
PMCID: PMC3570279
PMID: 23061433

Closing the health equity gap: evidence-based strategies for primary health care organizations

Annette J Browne,¹ Colleen M Varcoe,¹ Sabrina T Wong,^{1,7} Victoria L Smye,¹ Josée Laviole,² Doreen Littlejohn,³ David Tu,³ Olive Godwin,⁴ Murry Krause,⁵ Koushambhi B Khan,¹ Alycia Fridkin,¹ Patricia Rodney,¹ John O'Neil,⁶ and Scott Lennox⁶

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Estimates of impact of health system on equity have varied over

BUT JUST IMAGINE IF.....

The whole system was equity sensitive

AND

Focused on redistribution of resources and power

AND

Acted as a powerful advocate for social justice

How do you get there.....



On equity/social justice sensitive action in health systems

Reality	Equality	Equity	Justice
	<p>The assumption is that everyone benefits from the same supports. This is equal treatment.</p>	<p>Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.</p>	<p>All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.</p>

Interaction Institute for Social Change | Artist: Angus Maguire: interactioninstitute.org and madewithangus.com.

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1. Avoid lifestyle drift

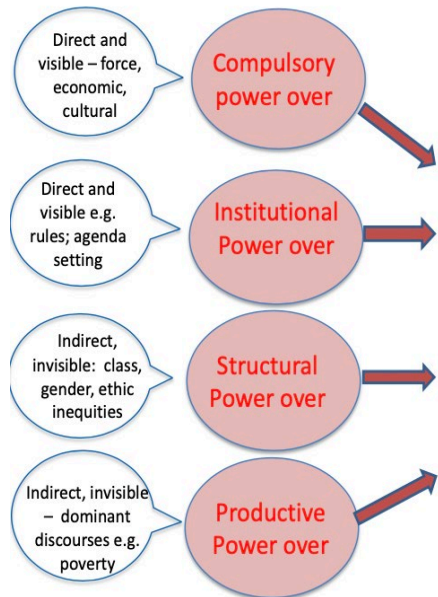
- Too often action initially intended to address upstream determinants of inequalities drift down to focus on behaviour and lifestyle changes
- Examples of resistance include:
 - Auditing equity tools for upstream social determinants e.g. ACE questionnaire
 - Shifting balance in social prescribing from lifestyle (exercise, diet, etc) to upstream determinants (housing, income and employment support)



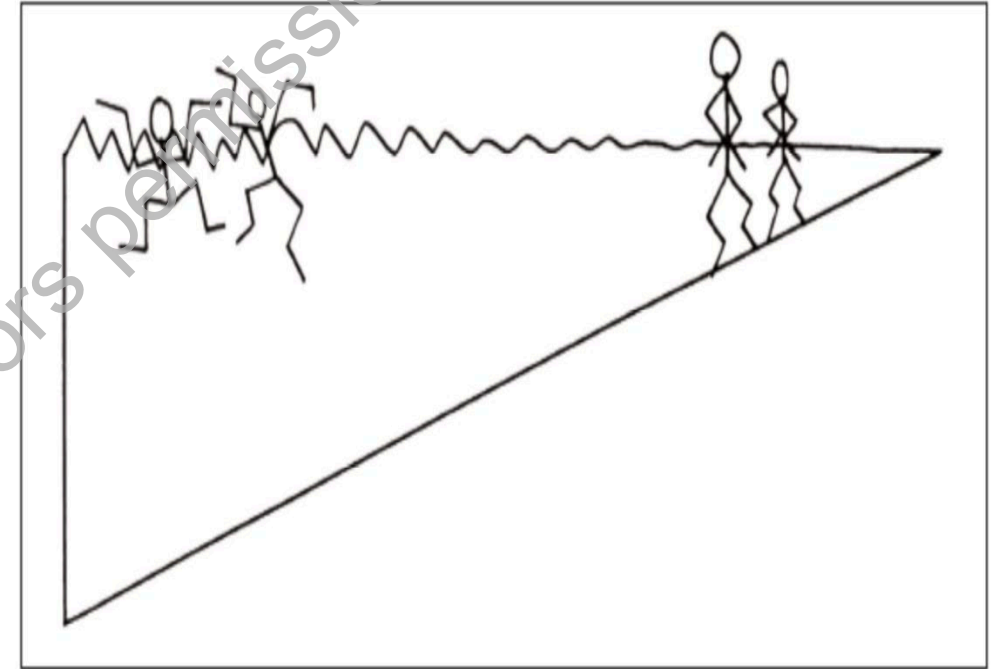
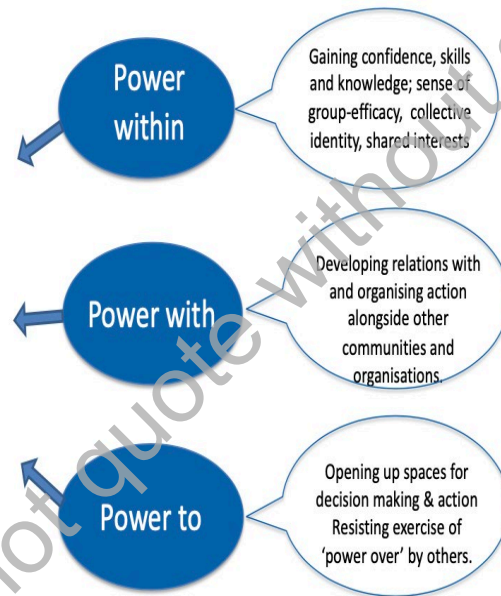
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2. Address the unequal distribution of power

Forms of power that limit the exercise of collective control



Forms of power that enhance capabilities for Collective Control

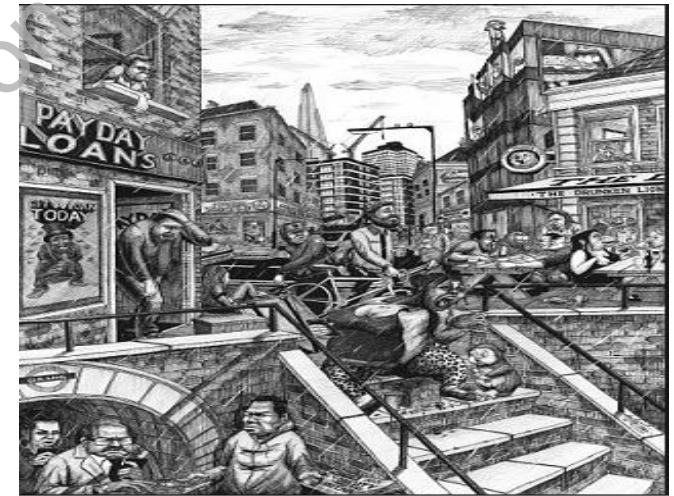


Source: (Watt 2006)

3. Stop stigmatising people and places

Stigma causes psychological stress and lower wellbeing and creates barriers to services, jobs and resources

- Avoid language, images or engagement activities that create or compound stigma
- Draw attention to positive behaviours and attributes and challenge negative narratives of people/places
- Support disadvantaged people to construct and share positive images and stories about themselves
- Challenge stigmatising coverage in media & official reports
- Give more prominence to how social and commercial determinants of health shape behaviours



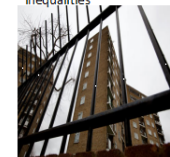
Royal Society for Public Health UK

Professional discourse on health inequalities threaten positive moral and social identities

National Audit Office
Tackling in areas with the worst
Health and deprivation



The Guardian
Close call on health
inequalities



Holyrood website
Scottish Government's
health inequalities pilot nears end



PHARMAFILE website
NHS Slow to tackle inequalities



FUSE Newcastle University
understanding and tackling
health inequalities



Sustainable Development Commission
the key to tackling health inequalities

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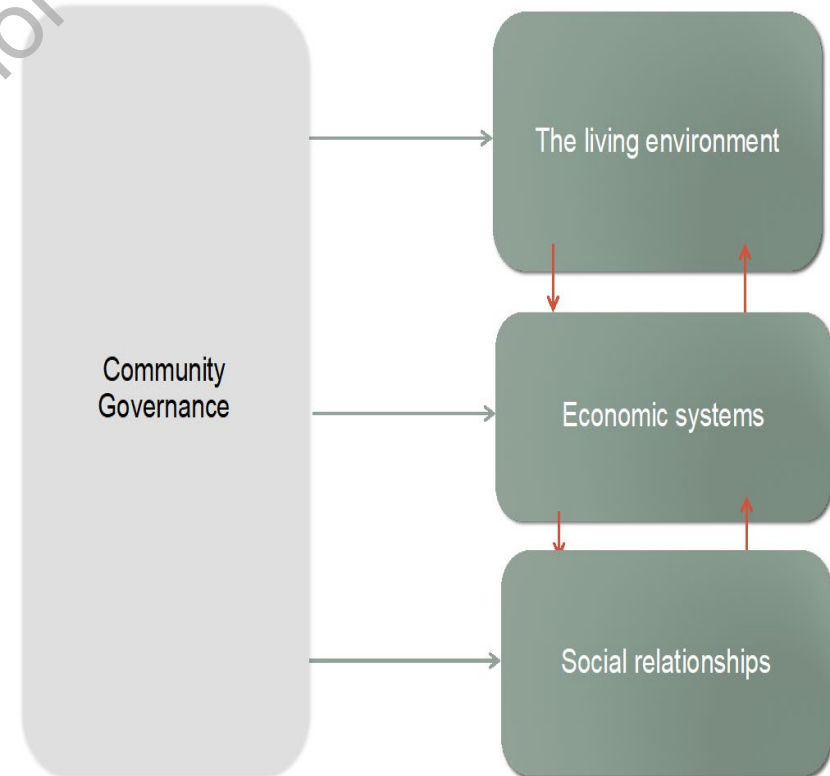
4. Work with others to develop equitable, resilient health systems

A systems approach to resilience

Resilient **systems** are those that take action to enhance the personal and collective capacity of citizens and institutions in the system to respond to and influence the course of social, economic and environmental change towards **greater equity**

Adapted: Canadian Centre for Community renewal)

The conceptual model



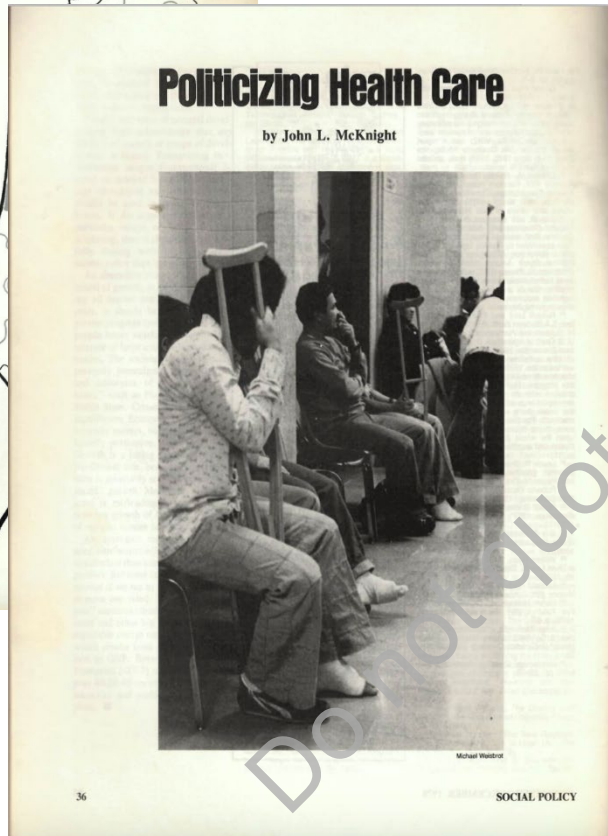
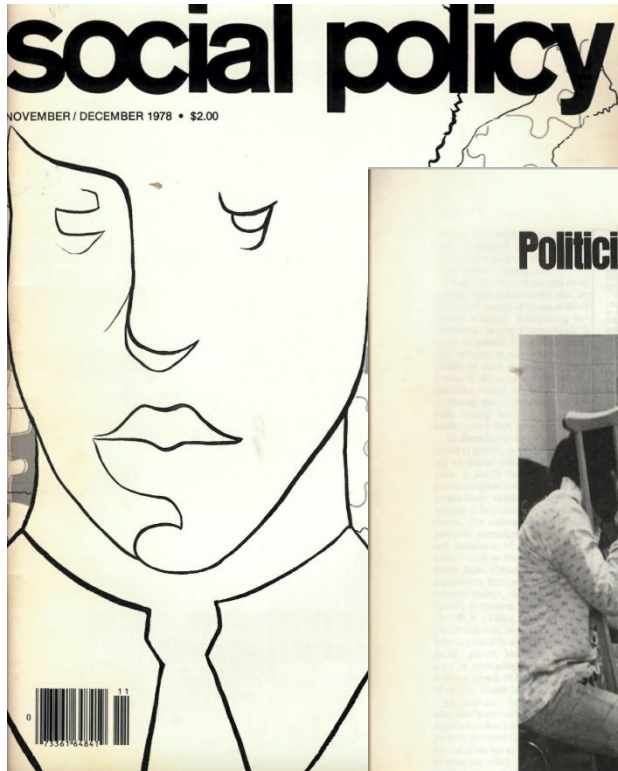
5. Take people's experiential knowledge seriously



‘The people are excluded from forming judgements on various matters on the ground that expert knowledge is required, and that of course the people cannot possess.... The debunking of the expert is an important stage in the history of democratic communities because democracy involves the assertion of the common against the special interests’

(Aneurin Bevan, quoted in Smith, 1993:178).

6. Advocate for greater social justice



Exemplary practitioners: actively work to make a difference in the communities they work in through: 1) acting as advocates within and outside their organisations; 2) seek to improve connections with local services, and 3) influence top-down policy. Babbell, 2016:243

"Nurse Leaders have in common" political activism that grew out of the personal knowledge they gained in providing care ... and understanding that their efforts toward achieving social justice were as important to health as direct nursing care they provided. International Council of Nurses 2017

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Gracias

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