Declaration on Health Equity

**Achieving health equity through action on the social determinants of health
– IFEH working to close the gap in a generation**

'Social justice is a matter of life and death' – World Health Organisation[1]

Members of the World Health Organisation have committed to closing the closing the gap in health inequality within a single generation. The IFEH Council believes that environmental health professionals can do much to assist in reducing the levels of health inequity across the world by tackling the wider determinants of health.

Background

The IFEH Council in Vancouver in September 2010 discussed the definition of environmental health. While environmental health may be concerned primarily with the impacts of environmental stressors on health, these in turn are heavily influenced and frequently reflect economic and social factors. For example those with more economic power are able to purchase safe water, have easier access to more nutritional food or live in housing located well away from obvious emissions from industrial plants. It was in this context that it was agreed to prepare a paper setting out how the International Federation of Environmental Health and its constituent parts can help close the gap in health inequities across the world.

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[1]   WHO, 2008, *Closing the Gap in a Generation*, the Report of the Commission on Social Determinants of Health, Geneva, Switzerland http://www.who.int/social_determinants/en/

At an EFEH meeting in Belfast in November 2011 CIEH representatives Dr. Stephen Battersby and Peter Archer presented a further report and it was agreed that this should form the basis of an IFEH Position Paper to be adopted by Council in Vilnius in May 2012. Peter Archer and Peter Wade of ENVINA were charged with preparing the paper. At the Vilnius council meeting, additional discussion of the paper took place and revisions of the draft were adopted.

This position paper aims to focus on the outcome of WHO research and to apply it to the work of member organisations within the IFEH.

IFEH discussions have to date focussed on the WHO commission report from 2008, 'Closing the Gap in a Generation' led by Professor Michael Marmot and a subsequent review undertaken in the UK that was published in 2010 'Fair Society- Healthy Lives'. The WHO report points out that a girl born today can expect to live for more than 80 years if she is born in some countries – but less than 45 years if she is born in others. However even within countries there are dramatic differences in health. The WHO Commission has argued that these differences within and between countries are avoidable and should not happen. It is not just a matter of improving sanitation and housing conditions, however important these matters are, but of ensuring people have greater control over their own lives. There is a **social gradient** in health in that the higher up the social scale, the greater the individual control there is over one's own life and the healthier one is. If you have a high demand job but at the same time have a high degree of control then you will have a long life and the contrary position of high demand but low control then your life will be shortened. Marmot established that this social gradient within the UK went from 54 years life expectancy for the poorest people to 82 years for the richest. Further to that he has found that the social gradient is a universal factor not just something limited to the richest countries.

Michael Marmot says that 'social injustice is killing on a grand scale' and calls on all governments to close the gap within a generation.

The WHO Commission set out three principles of action:

1. Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age.
2. Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

The Commission called on the WHO and all governments to lead global action on the social determinants of health with the aim of achieving health equity. It is essential that governments, civil society, WHO, and other global organizations such as the International Federation of Environmental Health come together in taking action to improve the lives of the world's citizens. The WHO Commission argued that '*achieving health equity within a generation is achievable, it is the right thing to do, and now is the right time to do it'*. Many issues that are relevant to environmental and public health professionals are matters of equity – for example access to healthy housing, safe food and water and sanitation, and an absence of harmful emissions.

Tackling climate change and creating a sustainable future is entirely compatible with action to reduce health inequalities: sustainable local communities, active transport, sustainable food production, and zero-carbon houses will have health benefits across society. For

example, spatial planning that allows or encourages urban sprawl with little affordable housing, few local amenities, and irregular unaffordable public transport does little to promote good health for all. Thus policy coherence is seen as crucial. The policies of different government departments should complement rather than contradict each other in relation to the production of health and health equity. This is something on which environmental health professionals (EHPs) can advocate, as they, along with other professionals with broad perspectives, see how these matters are inter-connected. EHPs are able to determine how inter-sectoral action for health, coordinated policy and action among health and non-health sectors can be a key strategy to achieve this.

In October 2011, WHO held a 'World Conference on Social Determinants of Health' in Rio de Janeiro which was attended by more than 1,000 delegates. The conference agreed on a resolution designed to encourage all countries to work to urgently close the gap in health inequities. The 'Rio Political Declaration on Social Determinants of Health' was the outcome of this conference[2].

Proposal for IFEH policy for tackling health inequalities through focusing on the key social determinants of health
Traditionally, society and governments have looked to the health (medical) sector to deal with its concerns about health and disease. Policy research has shown, that the high burden of illness responsible for premature loss of life and lack of wellbeing arises in large part because of the conditions in which people are born, grow, live, and work. It is social and economic policies that lead to poor and unequal living conditions.

In addition, health status can be seriously impacted by social factors that contribute to lifestyle decisions   and patterns. For example, in a growing number of nations, the issue of obesity has emerged as an alarming threat to both health and life expectancy.

Action on the social determinants of health must involve the whole of government, civil society and local communities, as well as business and global, and international agencies such as the IFEH. Policies and programmes must embrace all the key sectors of society not just the traditional health sector that limits itself to the medical model of public health. However as the WHO Commission has argued, in any country the 'Minister of Health', who should also be the lead on environmental health issues, and the supporting officials, are critical to achieving the necessary changes. They can champion a 'social determinants of health' approach at the highest level of society, they can demonstrate effectiveness through good practice, and they can support other ministries such as the economic, social, housing and environment ministries, as well as planning authorities, in creating policies that promote health equity.

Effective local delivery requires effective participatory decision-making at the local level. So the environmental health profession needs to be concerned with community engagement and this can only happen by empowering individuals and local communities. As Marmot has also pointed out, focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This requires general understanding of the challenges in the community and among all citizens. The politics of good health equity requires acceptance among the holders of power in society – be it a broad popular consensus, or agreement among the political, economic and cultural leaders of a nation.

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[2]   http://www.who.int/sdhconference/background/news/EB_130.R11_resolution/en/index.html

Finally, it should be noted that a very direct correlation exists between the economic health of a nation and the health status of its citizens. Any movement aimed at improving overall public health needs to therefore recognize and support environmentally sound efforts that contribute to the enhancement of the economic health of nations.

The next steps

If the International Federation for Environmental Health accepts its responsibility for working with others '*to close the gap in inequities within a generation'* it is important that we set out some practical steps for member organisations to adopt and follow. It is accepted that EHPs across the world have widely differing roles and responsibilities but all have a common objective of working to improve the health of communities.

IFEH Member Organisations will have members involved in addressing the broad range of issues :
- ✓ safer and affordable food,
- ✓ future availability of food - food security
- ✓ climate change,
- ✓ safer water,
- ✓ future availability of safe water,
- ✓ safer environment and clean air,
- ✓ safer workplaces,
- ✓ safer and healthy schools,
- ✓ improved sanitation
- ✓ affordable and healthy housing,
- ✓ an absence of fuel poverty
- ✓ healthy transport forms
- ✓ reduction in carbon dioxide and other greenhouse gas emissions,
- ✓ epidemiology and infectious disease control
- ✓ non-communicable and lifestyle disease (eg. obesity, cancer, cardio- vascular)
- ✓ environmental determinants of disease

This list is not exhaustive and there will be other issues which EHPs are tackling on an everyday basis which are specific to certain localities. Each of these nine listed goals has an impact on reducing health inequalities.

It is recommended that all IFEH Member Organisations develop a framework relevant to their field of work for assessing progress in reducing the 'social gradient' and for 'closing the gap in health inequality in a generation'.

To strengthen health equity efforts in connection with the above mentioned goals it is recommended that IFEH member organisations work with some or all of the following:

- Learn more about health equity issues, analysis and policy, for example using the WHO social determinants website at http://www.who.int/social_determinants/en/
- Prepare local, regional and national policy proposals either alone or in dialogue with other professional organisations.
- Establish or engage in regional and national public health associations, raising policy issues concerning health equity.
- Start dialogue on health equity issues and policy with appropriate government levels and ministries.
- Start or engage in round table consultations on health equity with government bodies, political and business leaders, labour representatives and other relevant

organisations. There are many models for this, not least many examples of round table consultations on poverty or environment.

- Use examples of good practise from WHO (e.g. from http://www.actionsdh.org/), the IFEH Sustainability Initiative (http://www.ifeh.org/indicators/compendium/index.html) or other public health sources with good practice examples.
- Making partnerships with other organisations, establishing common goals and working together for health equity.
- Improve the content of health equity issues in the education of health and public health professionals. Ensure a greater focus on the social determinants of health in under- and post-graduate course curriculum in all relevant educational areas.
- Engage in projects that empower people and communities to take control over their own lives and the future of their community and community health.
- Engage in dialogue with public health leaders concerning health equity and policy development.
- Monitor or contribute to the monitoring of health inequity and the advancement of health equity, publicise the results and use the results in policy action work.
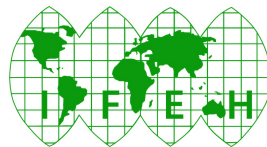
Follow-up

It is recommended that the IFEH prepare and adopt a framework to identify and analyse the progress being made by the different IFEH Member Organisations. This framework should be in place by the end of 2012, so that the IFEH can from 2013 onwards begin receiving reports concerning the work of member organisations on the advancement of health equity.

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