Fostering Equity and Wellbeing through HPH Networks - What Needs to Be Done?

Shu-Ti Chiou MD, PhD, MSc

- ***Chair***, Task Force on Health Promoting Hospitals & Age-friendly Health Care;
- ***Member of Global Executive Board***, International Union for Health Promotion and Education (IUHPE);
- ***Vice Chair***, Taiwan Parliamentary Commission on Strong-Generation Policies and Economic Development;
- ***Adjunct Professor***, College of Medicine, National Yang Ming Chiao Tung University, Taiwan;
- ***Former Director-General***, Health Promotion Administration, Taiwan;
- ***Founding President***, Health & Sustainable Development Foundation.

Plenary 5. The role of HPH networks in promoting equity beyond the health sector

Fostering equity and wellbeing through HPH networks - What needs to be done?

- Global policy context for health equity and determinants of health
- Literacy on determinants of health
- What needs to be done- examples
- Recommendations

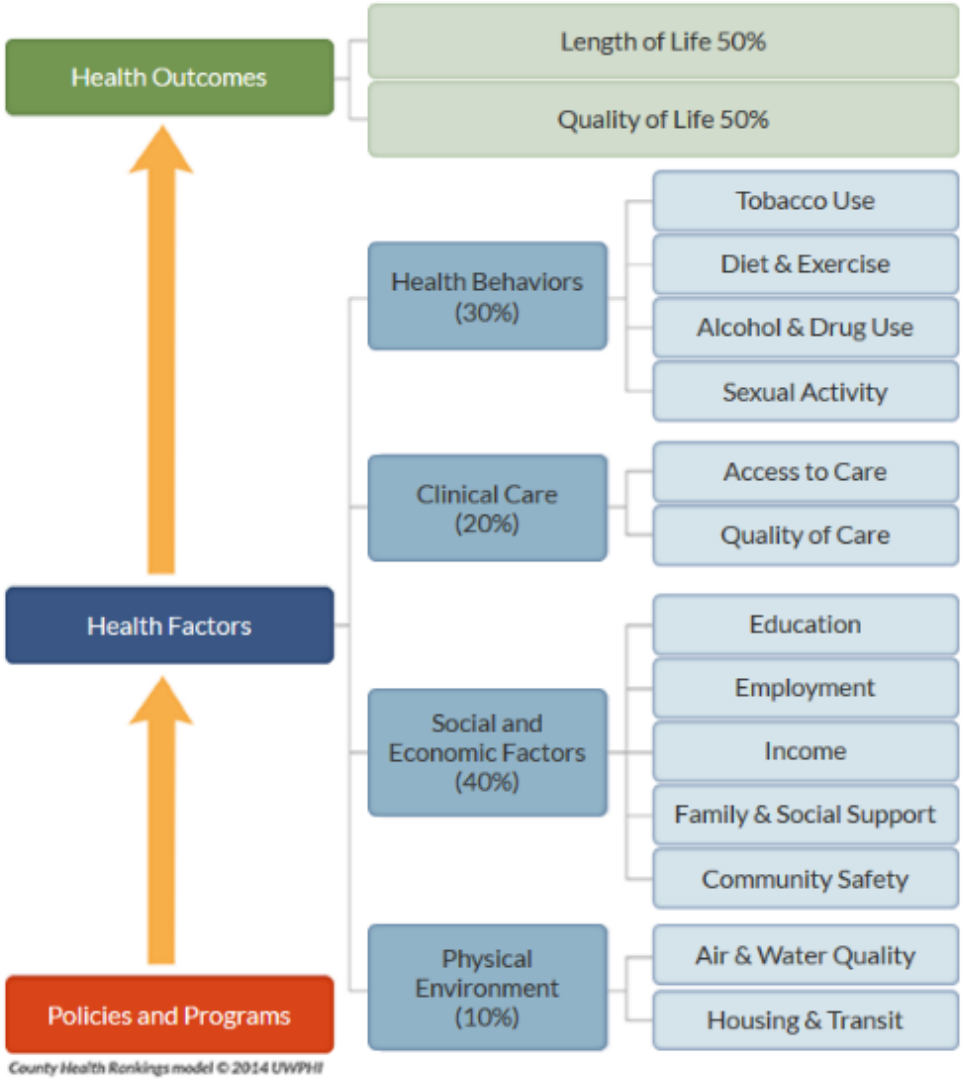
Global policy context for health equity and determinants of health

WHO definition of Health Promotion

"Health promotion is the process of **enabling people** to increase **control** over, and to improve their health." Health Promotion Glossary, 1998; Ottawa Charter, 1986

Bangkok Charter for Health Promotion in a Globalised World, 2005

Health promotion is the process of **enabling people** to increase **control** over their health and its determinants, and thereby improve their health.



What contributes to health outcomes?

Health behaviors (30%)
Clinical care (20%)
SDH (40%)
Physical environment (10%)

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2017.
https://www.aafp.org/family-physician/patient-care/the-everyone-project/aafp-center-for-diversity-and-health-equity.html

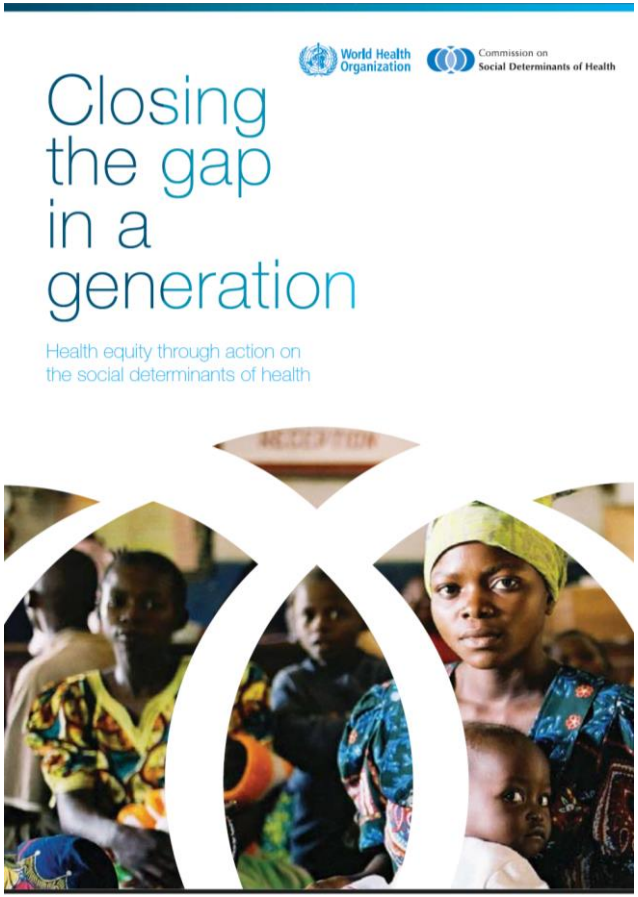
How to improve health equity?

WHO, 2008, Commission on Social Determinants of Health

The Commission's overarching recommendations

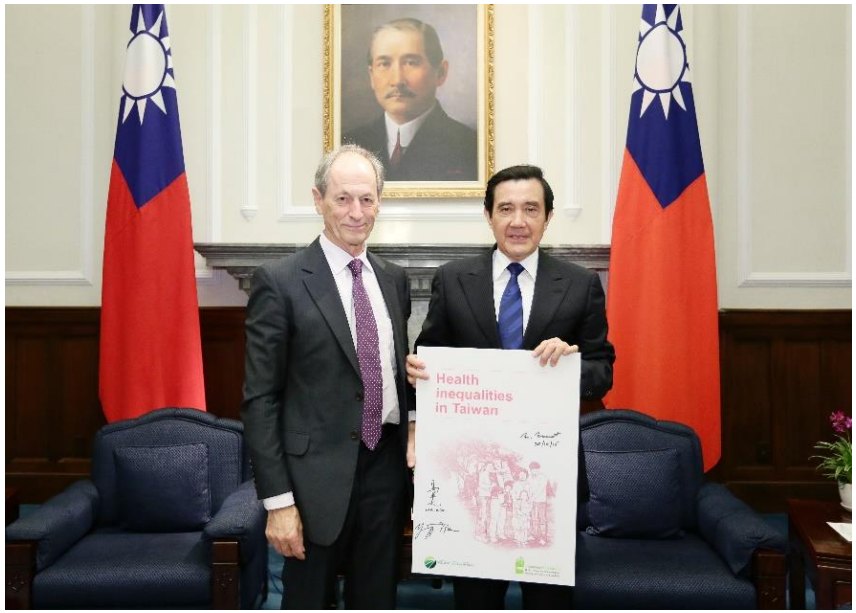
Three overarching actions:

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money, and resources
3. Measure and understand the problem and assess the impact of action



From national health inequalities report to commitment, monitoring & action

Sir Michael Marmot,
UCL Institute of Health Equity
London, 2013



The President met with Sir Michael Marmot to discuss on the report (2015.10.30)

Health inequalities in Taiwan

2016

UCL Institute of Health Equity

Promoting Your Health
Health Promotion Administration, Ministry of Health and Welfare

Foreword

Health and well-being are fundamental human rights that contribute to national stability and social and economic development. Yet, countries around the world are now facing public health issues and challenges like aging populations, lower birth rates, and socially determined health inequities. As "health equity can be a marker of national progress," it has become an international trend to advance health and health equity, which is also the focus of the 2030 Agenda for the United Nations' Sustainable Development Goals. Therefore, protecting citizens' health, improving the quality of healthcare, ensuring social fairness and justice, and increasing social harmony and welfare, all while maintaining the country's economic vitality and competitiveness, are important tasks for Taiwan in the 21st century.

Over the years, Taiwan has taken health impacts into consideration in policy implementation, and has strived to drive up health outcomes and improve the quality of life for everyone. The nation's many achievements regarding public health include our National Health Insurance, obesity control, mental health, decreased drunk driving and international assistance programs. Yet, with the interlocking nature of disparities in health, disparities in healthcare, and the role of social determinants, it is indeed a great challenge to achieve good health for all in society.

To do our part and participate in universal efforts to build a better world with no one left behind, from 2014 to 2015, the Health Promotion Administration under our Ministry of Health and Welfare collaborated with the University College London Institute of Health Equity (UCLIHE) on Health Inequalities in Taiwan, which involves completion of a health inequality report, drafting of a national plan to reduce health inequalities, and establishment of long-term monitoring mechanisms for health inequalities. Concrete recommendations in this report have been incorporated into the Sustainable Development Policy Guidelines drafted by the National Council for Sustainable Development as instructed by our Executive Yuan (Cabinet).

Moreover, the Council is drafting medium- and long-term quantitative sustainable development goals for the nation based on the United Nations' 17 Sustainable Development Goals (SDGs) and 169 targets, while also establishing an inter-ministerial platform for collaboration on health equity to formulate and implement integrated cross-government policies to enhance public health and gradually rectify health inequalities.

The pursuit of health equality is a whole-of-government and whole-of-society challenge. Government objectives are best achieved when all sectors include health and well-being as a key component of policy development. I earnestly hope that this report will increase public awareness of health inequalities and serve as a foundation for the nation's efforts to advance human development, sustainability and equity, as well as to improve health outcomes, striving for the World Health Organization's goal of Health for All and thereby contributing to the health and wellbeing of the global community.

馬英九

Ma Ying-jeou
President
Republic of China (Taiwan)

February 2016

Foreword

Health is not solely the responsibility of public health departments; instead, all levels of government agencies should take health into account in decision-making. Action on health's social determinants can also bring social and economic benefits. To seek synergies and enhance policy-makers' accountability for impacts on health and health equity, our government seeks political commitment from leaders at all levels.

These leaders can build inter-sectoral partnerships across government. They can promote the acquisition, dissemination and implementation of the best available evidence for policy-making, they can also create capacities to undertake health impact assessment of all policies, as well as incorporating health impact assessments in evaluating policies in all sectors. Human-centered social development requires this whole-of-government and whole-of-society approach.

To improve health for all, Taiwan has proposed a 2020 Health White Paper in line with the 2008 WHO Commission on Social Determinants of Health's final report, Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. The white paper included public health equity as a major policy objective of the Ministry's commitment to health equity. The guiding principles of our social welfare policy were revised and approved in 2012 in Toward a New Society of Equity, Inclusion and Justice. In this vision of strengthening the health and welfare system with greater care for the disadvantaged, the Ministry of Health and Welfare was established in 2013 by integrating the former Department of Health's services with the Interior Ministry's social programs. Our Ministry collaborates with the education sector on health-promoting schools, teams up with the labor sector to encourage health-promoting workplaces, and works with all relevant stakeholders to advance active aging and age-friendly cities.

To improve our people's health, reduce health inequalities and improve national health and social policies, we adopt a life-course approach to policy-making and promote health in all policies. We provide evidence-based policies for disease prevention and care needed by people in each stage of life. We promote health in various settings such as healthy cities, healthy and safe communities, health-promoting and safe schools, health promoting workplaces and hospitals, and have introduced various health promotion initiatives to create environments that foster health.

Based on the insights and recommendations in this report, we will promote multi-sectoral public policies that take into account health impact assessments in decision-making to address the social determinants of health, reduce inequalities and promote socially just development.

Been-Huang Chiang

Been-Huang Chiang
Minister
Ministry of Health and Welfare
Taiwan, R.O.C.

Foreword

The improvement in health in Taiwan has been quite remarkable: life expectancy is now close to the OECD average. Such improvement reflects dramatic advancements in quality of life for the people of Taiwan. As with so many countries, however, such improvement in health has not eliminated striking inequalities in health: the more deprived the area of residence, the lower the life expectancy. It is a major challenge to achieve good health for all in society and reduce unnecessary inequalities. However, it is of the utmost importance as these inequalities damage many lives and are hugely costly to society.

My colleagues and I at the UCL Institute of Health Equity are impressed with the initiative of the Health Promotion Authority to take a strategic approach to improvement of health equity and reduction of health inequalities in Taiwan. We were, therefore, very pleased to respond to the invitation to prepare this report. Key to improving health equity is action on the social determinants of health. Evidence from round the world, and from Taiwan itself, points to the conditions in which people are born, grow, live, work and age as fundamental causes of health inequalities. These are the domains in which action is needed.

Taiwan has a range of impressive programs ensuring access to health care and health promotion. What is now needed is a national commitment, across the whole of government, to action on social determinants of health. Such concerted action not only holds out the prospect of increasing health equity but improving society as a whole.

This report gives the building blocks for such a national strategy. We look forward to the implementation of this strategy, the continued monitoring of its effects and to reductions in health inequalities for the Taiwanese people.

Michael Marmot

Michael Marmot
Director
UCL Institute of Health Equity
Department of Epidemiology and Public Health

- Evidence and transparency as the first step to accountability
- Reduction of inequalities is both a domestic and global goal
- Health & equity in all policies as a commitment from the top;
- Health equity everywhere with the people and by the people

Foreword

Evidence and transparency as the first step to accountability

The existence of health inequalities is a universal phenomenon and is well-known in the Western world. However, such a phenomenon has rarely been documented systematically and officially by the governments in Asian countries. Do social determinants of health affect Eastern societies in a similar way to Western societies? To what extent, and with what trends? Are things getting better or worse along with the country's development? To see is to believe. What's measured gets done. This is why we decided to overcome all the technical and administrative barriers, for the first time ever both in Taiwan and in Asia, to analyze, document and publish Taiwan's inequalities in health. This is the first step of our government's efforts towards a fairer and healthier society for all of our people.

Reduction of inequality is both a domestic and a global goal

Social equity is one of the major dimensions of the 2030 Agenda for Sustainable Development, supported by the goals to end poverty and hunger; to combat inequalities within and among countries; to build peaceful, just and inclusive societies; to protect human rights and promote gender equality; to create conditions for sustainable and inclusive economic growth, shared prosperity and decent work for all; and to ensure inclusive and equitable quality education for all.

Achievements of these goals will lead to health for all. From 2016 on, the whole world has embarked on a collective journey to make sure that no one will be left behind. Our efforts in documenting the existence of and trends in health inequalities, in collaboration with Sir Michael Marmot and his team at University College London Institute of Health Equity, have produced timely evidence and a momentum for Taiwan to join this global journey and make sure that no one in the 23 million population will be left behind.

Health & equity in all policies as a commitment from the top

This report was based on the concept and analytical framework of the "Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010 (the Marmot Review)". During the drafting process, we held a workshop for representatives of the related ministries and sectors to look at the analytical results and the strategies proposed in the Marmot Review, and to discuss on feasible action plans to reduce the gaps. Further consultation meetings & press conferences were convened to share the results and foster grass-root participation.

In addition, the results were also reported to the National Committee of Sustainable Development chaired by the Prime Minister with ministers and civil representatives on board. A proposal to develop a comprehensive monitoring framework for SDGs has been made, so that monitoring and follow-up of progress and synergies between ministries can take place.

Health equity everywhere with the people and by the people

Tackling health inequalities is an on-going process. Realization of health equity relies not only on strong political commitment from the top but also on broad and long-term actions, developments and oversight. This can only be achieved by full participation and empowerment of the people. The publication of this report is only the first step. We look forward to further disseminations, discussions and implementations jointly with all stakeholders to make it happen that no one is left behind.

Shu-Ti Chiou

Shu-Ti Chiou
Director-General
Health Promotion Administration
Taiwan, R.O.C.

UN 2030 Agenda for Sustainable Development

pledged that no one will be left behind

=> Achieving equity through actions on economic, social and environmental areas

Preamble

This Agenda is a plan of action for people, planet and prosperity. It also seeks to strengthen universal peace in larger freedom. We recognize that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development.

All countries and all stakeholders, acting in collaborative partnership, will implement this plan. We are resolved to free the human race from the tyranny of poverty and want and to heal and secure our planet. We are determined to take the bold and transformative steps which are urgently needed to shift the world on to a sustainable and resilient path. As we embark on this collective journey, we pledge that no one will be left behind.

The 17 Sustainable Development Goals and 169 targets which we are announcing today demonstrate the scale and ambition of this new universal Agenda. They seek to build on the Millennium Development Goals and complete what they did not achieve. They seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls. They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental.

The Goals and targets will stimulate action over the next 15 years in areas of critical importance for humanity and the planet.

25/09/2015

TRANSFORMING OUR WORLD: THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

A/RES/70/1

WHO, fourteenth general programme of work, 2025-2028

World Health Organization

SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY
Provisional agenda item 17

A77/16
3 May 2024

Draft fourteenth general programme of work, 2025–2028

Six strategic objectives in three areas

To **promote** health:

(a) respond to **climate change**, an escalating health threat in the 21st century; and

(b) address **health determinants and the root causes of ill health** in key policies across sectors.

To **provide** health:

(a) advance the **primary health care approach and essential health system capacities** for universal health coverage; and

(b) improve **health service coverage and financial protection** to address inequity and gender inequalities.

To **protect** health:

(a) **prevent, mitigate and prepare** for risks to health from all hazards; and

(b) rapidly **detect and sustain an effective response** to all health emergencies.

Literacy on determinants of health

Key to health promotion

- Health promotion is the process of enabling people to increase **control**, and improve their health.
- Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health.

What works: the health impact pyramid

Tom Frieden, 2010; The future of public health in NEJM, 2015

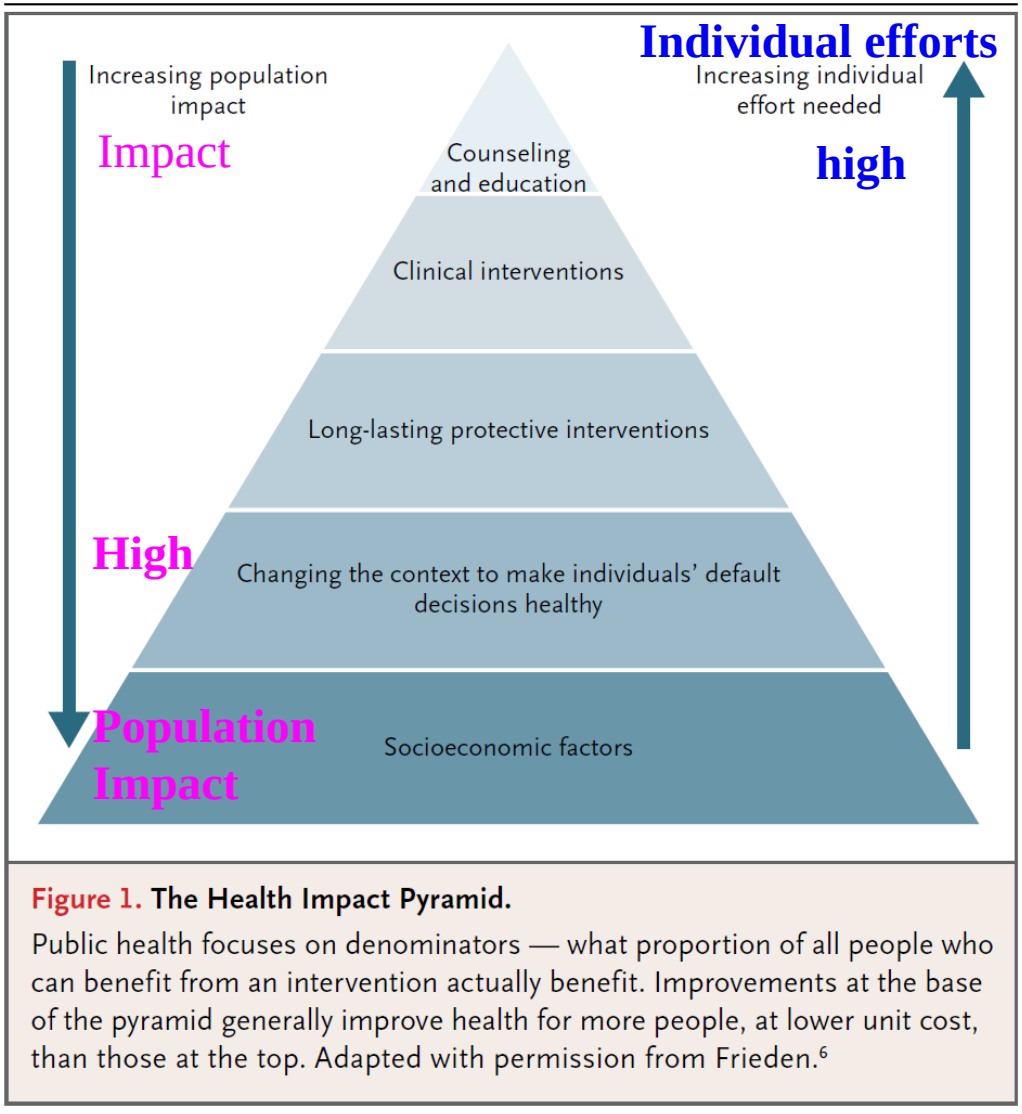


Figure 1. The Health Impact Pyramid.

Public health focuses on denominators — what proportion of all people who can benefit from an intervention actually benefit. Improvements at the base of the pyramid generally improve health for more people, at lower unit cost, than those at the top. Adapted with permission from Frieden.[6]

Counseling and education which health professionals traditionally count upon takes highest individual efforts and achieves lowest health impact.

Tackling health determinants at upstream takes least individual efforts but generates high and universal impact

A call for action to shift the orientation in tackling liver disease

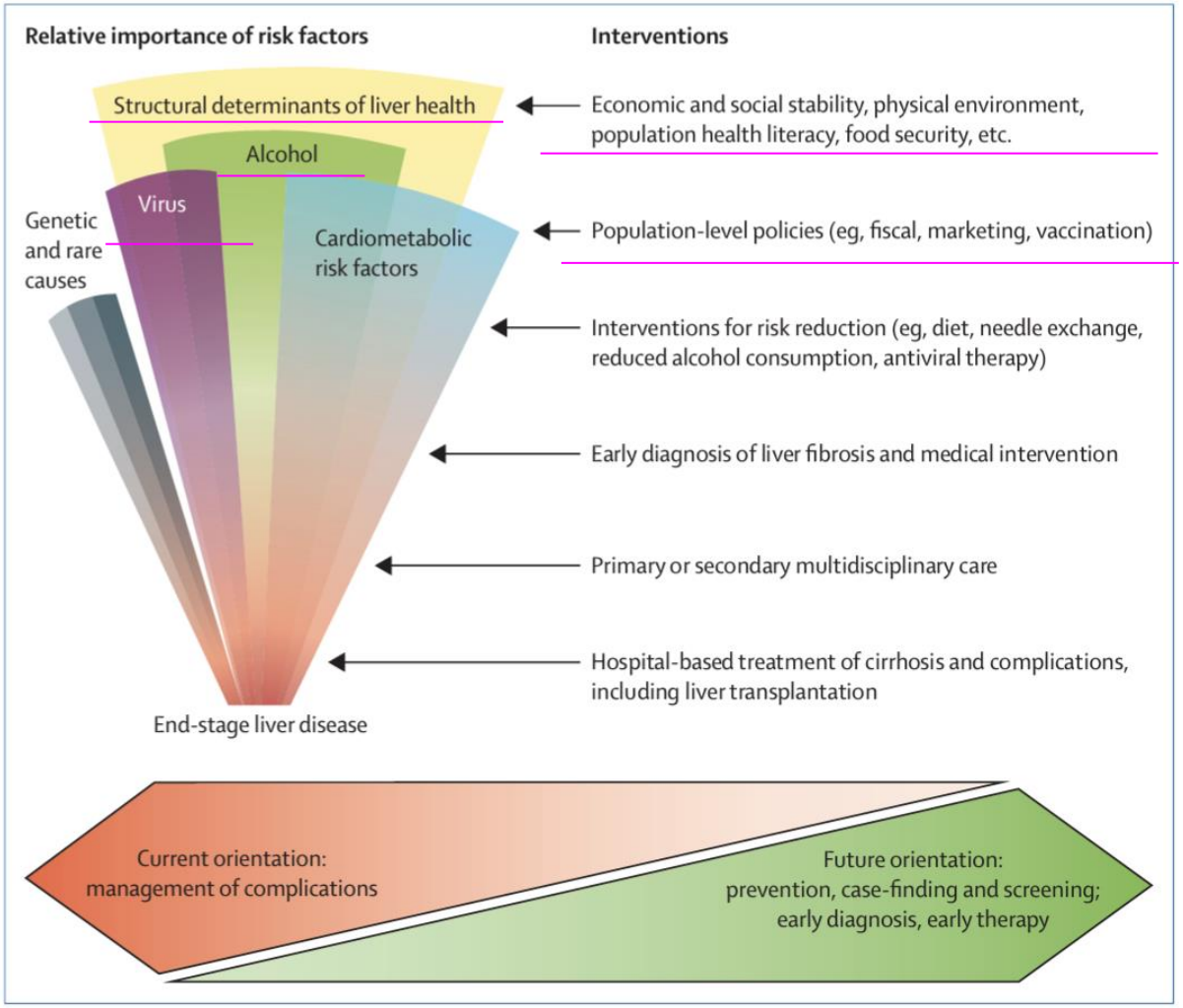


Figure: A call for action to shift the orientation in tackling liver disease

The EASL-Lancet Commission on liver health in Europe: Lancet, 2024

Characteristics of the influence of health determinants

- Beyond individual control: derived from inequitable distribution of power, money, resources
- Syndemics: adverse conditions (low income, poor housing condition, smoking) cluster and interact, throughout all stages of people's health status (i.e., occurrence, detection, treatment, and outcome)
- Vicious cycle: poverty, ill health, loss of job and income, poorer

Breastfeeding up to 6 months

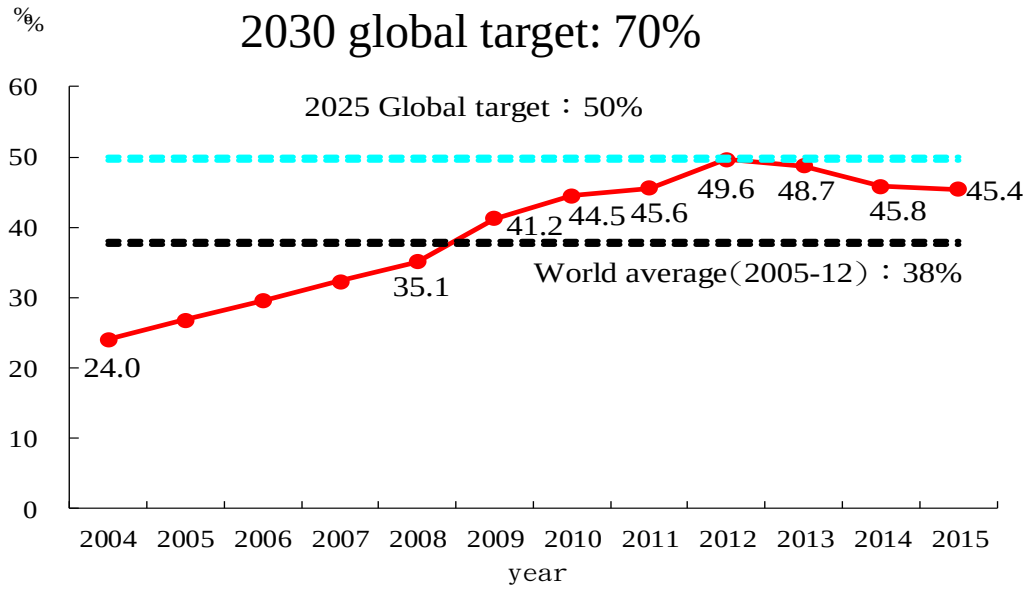
Table 2. Adjusted Odds Ratios (95% CI) of Breastfeeding-Friendly Environmental Factors on Continuing Breastfeeding at 6 Months Postpartum in Taiwan

Excl BF Any BF

	Exclusive breastfeeding, OR (CI)	*Any breastfeeding, OR (CI)*
Use of lactation rooms in public places	4.29 (4.00–4.60)***	5.04 (4.76–5.33)***
Delivery in baby-friendly hospitals	1.17 (1.09–1.26)***	1.15 (1.08–1.21)***
Use of lactation rooms in workplaces	2.68 (2.44–2.94)***	3.25 (2.99–3.53)***
Use of breastfeeding consultation phone lines	1.42 (1.27–1.59)***	1.63 (1.47–1.82)***
Use of breastfeeding consultation websites	1.42 (1.30–1.56)***	1.73 (1.60–1.87)***
Use of breastfeeding volunteers	1.09 (0.98–1.21)	1.20 (1.09–1.32)***
Participation in breastfeeding support groups	1.45 (1.29–1.63)***	1.38 (1.25–1.53)***
Duration of maternity leave		
1 month	0.95 (0.63–1.43)	0.88 (0.63–1.22)
2 months	0.87 (0.66–1.14)	0.77 (0.62–0.95)**
3 months	0.88 (0.49–1.55)	1.08 (0.69–1.70)
4 months	0.54 (0.27–1.06)	1.27 (0.77–2.08)
5 months	1.44 (0.70–2.98)	1.04 (0.54–2.04)
6 months	1.48 (1.24–1.77)***	1.47 (1.26–1.73)***
7 months or longer	1.52 (1.24–1.86)***	2.33 (1.90–2.84)***

*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$. *The reference groups were women who did not use the indicated services. The data are adjusted for maternal age, educational level, work status, parity, delivery mode, multiple gestations, preterm birth, and birth year.*

Exclusive Breastfeeding rates under 6 months



BIRTH ISSUES IN PERINATAL CARE
242
BIRTH 42:3 September 2015

2015

Breastfeeding-Friendly Environmental Factors and Continuing Breastfeeding Until 6 Months Postpartum: 2008–2011 National Surveys in Taiwan

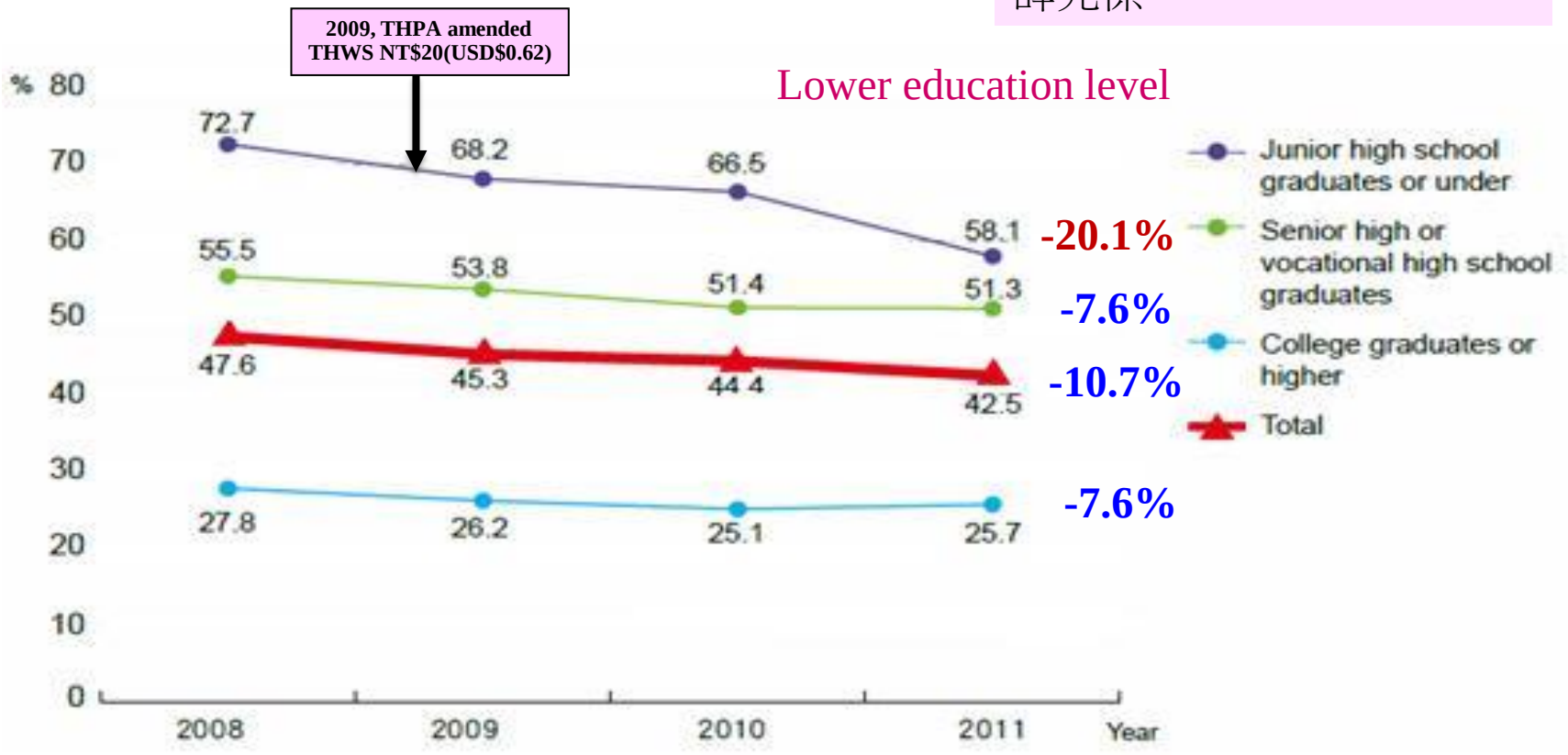
Chia-Chian Lee, MS, Shu-Ti Chiou, MD, PhD, Li-Chuan Chen, MS, and Li-Yin Chien, ScD

In addition to delivery in BF hospitals (OR 1.17), use of lactation rooms in public places (OR 4.29) and workplaces (OR 2.68), duration of maternity leave up to 6 months (OR 1.48), and use of support services were + associated with BF up to 6 months.

We have strong support from both political leaders and champions of healthcare professionals to pass gender equity law and maternal-friendly laws
江千代、楊文理、…

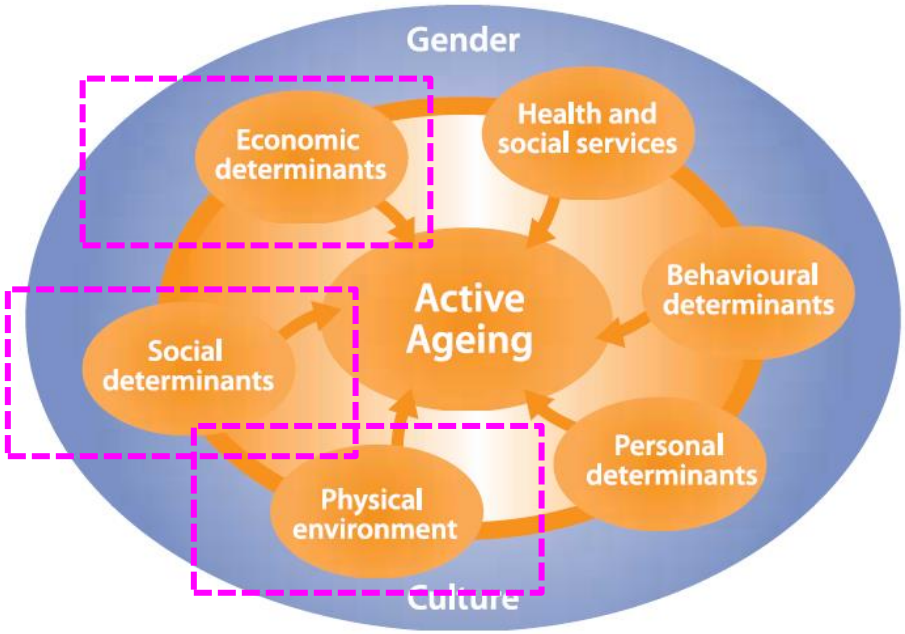
Tobacco control: price increase via taxation created most powerful, universal effectiveness and reduced health inequalities

We have strong support from healthcare professionals!
薛光傑

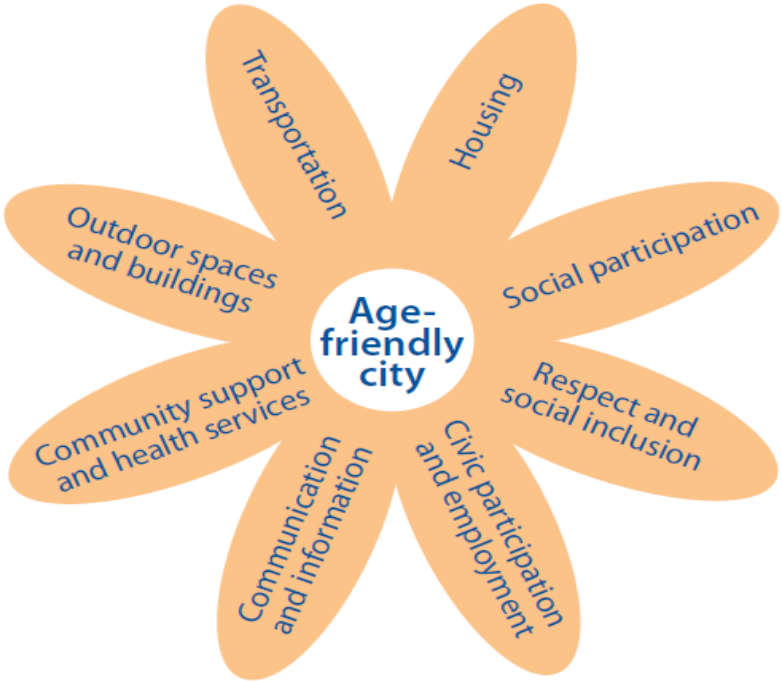


Determinants of healthy ageing for all

Determinants of healthy ageing WHO, 2002



8 domains for an age-friendly city, 2007



1st country achieving full coverage of age-friendly city initiatives => Several physicians/nurses were members of the advisory committee of city/county governments

Shu-Ti Chiou

陳亮恭醫師、
周明岳醫師、
陳偉醫師、…

2013年

天下雜誌

1月23日

From age-friendly health care to active-ageing society

***Vice Chair*, Taiwan Parliamentary Commission on Strong-Generation Policies and Economic Development (established on 04/26/2024)**

由立委吳春城推動成立的立法院「壯促會」，8月12日邀請10個政府部會官員及上百位專家學者舉行「立法院壯世代政策及產業發展」公聽會，與會的專家學者圍繞針對「壯世代」的議題提出專業看法及建言。並達成了「全方位營造壯世代適性就業環境」、「建構壯世代金融生態系，以帶動產業發展」等八大共識，這些共識將當作行政院及各部會推動壯世代政策的指引，同時也將是委員下一步推動《壯世代基本法》立法的重要基石。

與會官員一致對「壯世代」的新概念以及專家學者提出的建議表達正面看法，也允諾將依據「壯世代」概念對行政院相關部門進行整合。(照片/吳春城提供)

加下公職後積極參與國際事務的前國健署署長邱淑媛提出「破除年齡歧視、跨代共榮」的國際趨勢，台北金融研究發展基金會董事長周吳添則指出國內對於保險年齡投保項目設限太過嚴格，感覺就只是「準備喪葬費用」。此外，中小企業企業主其實就是「工頭」，本身也是勞工卻沒有勞退的基本保障，理應透過修法保障他們的權益。

2022 UN World Urban Forum 11

WORLD URBAN FORUM 11

OLDER PERSONS ROUNDTABLE

TUESDAY, 28 JUNE
13:30 – 15:30
CET ROOM 2

WELCOME AND MODERATOR

Angela Mwai Leader Gender and Human Rights Unit, Programme Division, UN-Habitat

Stanislaw Swed Polish Minister

Mrs. Helena Hrapkiewicz Founder of the University of the Third Age in Katowice, Plenipotentiary of the President of Katowice for older people

Mrs. Krystyna Męcik Polish older woman discussing support for older Ukrainian refugees

SPEAKERS

Dr. Thiago Herick de Sá Technical Officer, Age-friendly Environments, World Health Organization. (video)

Dr. Shu-ti Chiou former Director-General Health Promotion Administration, Ministry of Health and Welfare, Taiwan R.O.C. She introduced the concept of Age-friendly Cities and Communities first in one province and then ultimately throughout the country. She is now retired from government service and has created an NGO and was on tv throughout the pandemic offering advice. (video)

Dr. Cynthia Bullock Deputy Challenge Director, Healthy Ageing, UK Research and Innovation. She will describe what is Innovate UK, its aims, challenges and recommendations. (video)

COMMUNITY EXAMPLES

Silvia Gascon Active Ageing and Longevity Center in Isalud University, Argentina describing long time implementation of Age-friendly Cities &

Katherine Kline co-chair General Assembly of Partners Older Persons Partner Constituent Group. (in-person)

Q & A Session

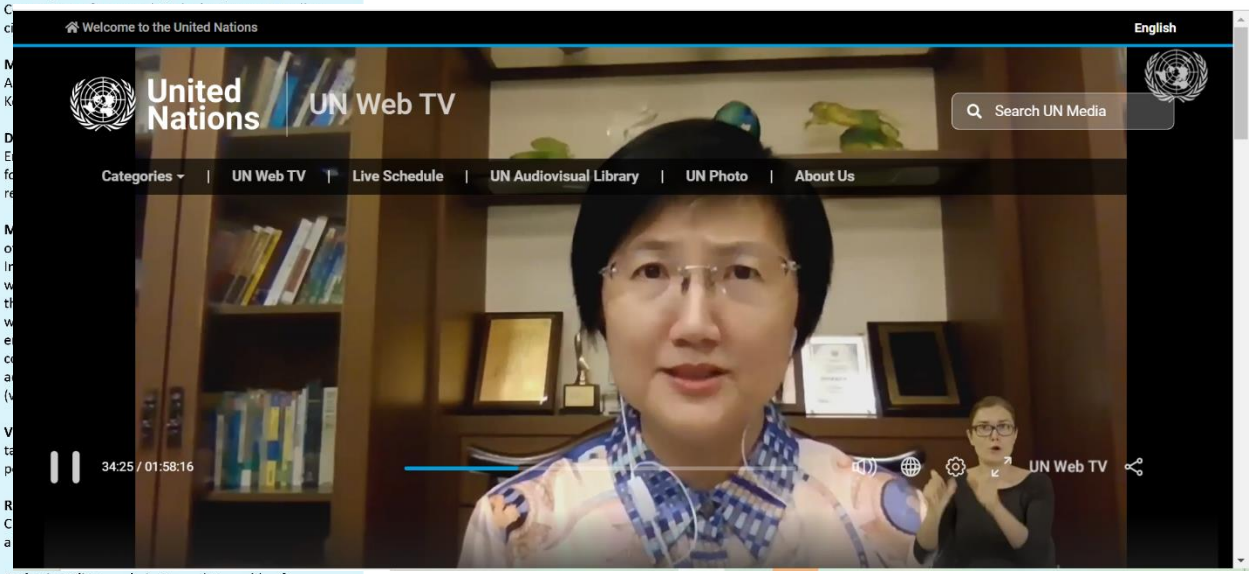
Facilitated by Katherine Kline
(Speakers for 3 minutes each)

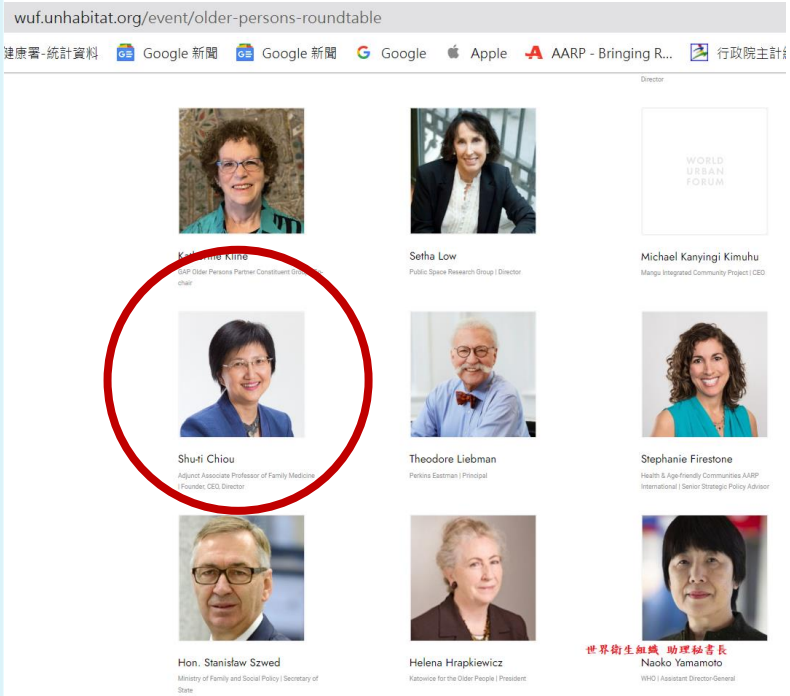
Setha Low anthropologist; expert in public space (in-person)

Ted Liebman architect and planner (in-person)

Stephanie Firestone AARP Senior Strategic Policy Advisor, Health & Age-friendly Communities (live streaming)

Lance Brown President Consortium for Sustainable Urbanization (in-person)





Obesity control- legislations

We have strong support from healthcare professionals!
祝年豐醫師

- A total ban on the advertisement and promotion of food products not suitable for long-term consumption by children was enacted in 2014 and became effective from 1 January 2016.
- The ban on the use of artificial trans fat (partially hydrogenated oils) in food products was announced in 2016 and became effective from 1 July 2018.
- Mandatory labeling of total sugar content in packaged foods and mandatory labeling of the amount of added sugar and its equivalent calories for drinks prepared in food establishments were both enacted in 2015.

What needs to be done- examples

LANCET COMMISSION ON EDUCATION OF HEALTH PROFESSIONALS

2010

Complementing the work of the WHO Commission, the *Lancet* convened global academic thought leaders to articulate a new vision for health professional education (Frenk et al., 2010). The *Lancet* commissioners, too, note glaring gaps and inequities in health both within and among countries. They further express concern that health professionals are not graduating with the sorts of competencies needed to understand how to combat such disparities. To address this and other concerns, the commissioners recommend instructional and institutional strategies for reforming health professional education that, if adopted, would lead to transformative learning and interdependence in education, respectively. The *Lancet* commissioners posit that the purpose of transformative learning is to "produce enlightened change agents" (Frenk et al., 2010, p. 1924) and to create leaders. Interdependence would involve the alignment of education and health systems; stronger and more stable networks, alliances, and partnerships; and a broader perspective on learning that would encompass models, content, and innovations from all countries and communities. These instructional and institutional strategies would involve competency-based approaches to instructional design that are global and collaborative and would place particular emphasis on faculty development. The envisioned health workforce that would result from implementation of these strategies would be better prepared to advocate with and for others, to partner with community leaders to make positive change in their community, and to work toward achieving equity in health and well-being for all populations.

WORLD MEDICAL ASSOCIATION

2011 World Medical Association

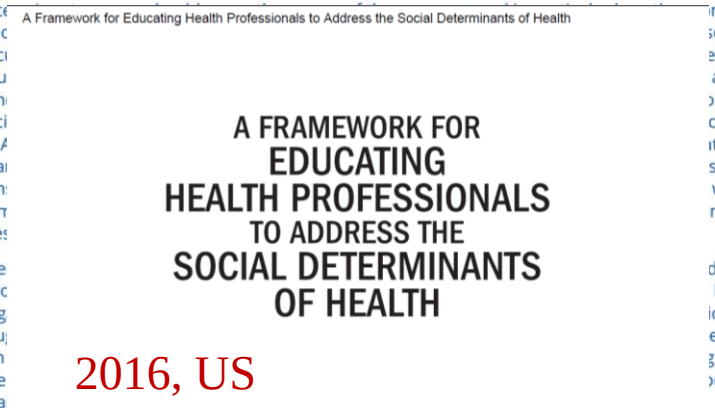
WMA DECLARATION OF OSLO ON SOCIAL DETERMINANTS OF HEALTH

Adopted by the 62nd WMA General Assembly, Montevideo, Uruguay, October 2011
and the title (Statement to Declaration) changed by the 66th WMA General Assembly, Moscow, Russia, October 2015

The social determinants of health are: the conditions in which people are born, grow, live, work and age; and the societal influences on these conditions. The social determinants of health are major influences on both quality of life, including good health, and length of disability-free life expectancy. While health care will attempt to pick up the pieces and repair the damage caused by premature ill health, it is these social, cultural, environmental, economic and other factors that are the major causes of rates of illness and, in particular, the magnitude of health inequalities.

Historically, the primary role of doctors and other health care professionals has been to treat the sick – a vital and much cherished role in all societies. To a lesser extent, health care professionals have dealt with individual exposures to the causes of disease – smoking, obesity, and alcohol in chronic disease, for example. These familiar aspects of life style can be thought of as 'proximate' causes of disease.

The work on social determinants goes far beyond this focus on proximate causes and considers the "causes of the causes". For example, smoking, obesity, alcohol, sedentary life style are all causes of illness. A social



2016, US

Committee on Educating Health Professionals to Address the Social Determinants of Health

Board on Global Health

Institute of Medicine

The National Academies of
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Nurs Outlook 70 (2022) 10–27

Nursing Outlook
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2022, Am. Academy of Nursing

Defining the social determinants of health for nursing action to achieve health equity: A consensus paper from the American Academy of Nursing

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ARTICLE INFO

Article history:
Received 12 May 2021
Received in revised form

ABSTRACT

Background: The 2019-2020 American Academy of Nursing (Academy, 2019) policy priorities document states that "they have a clear and distinct focus on social determinants of health and uses this lens to advance policies and solutions

NEJM Catalyst | Innovations in Care Delivery

2019, US

CASE STUDY

Assessing and Addressing Social Needs in Primary Care

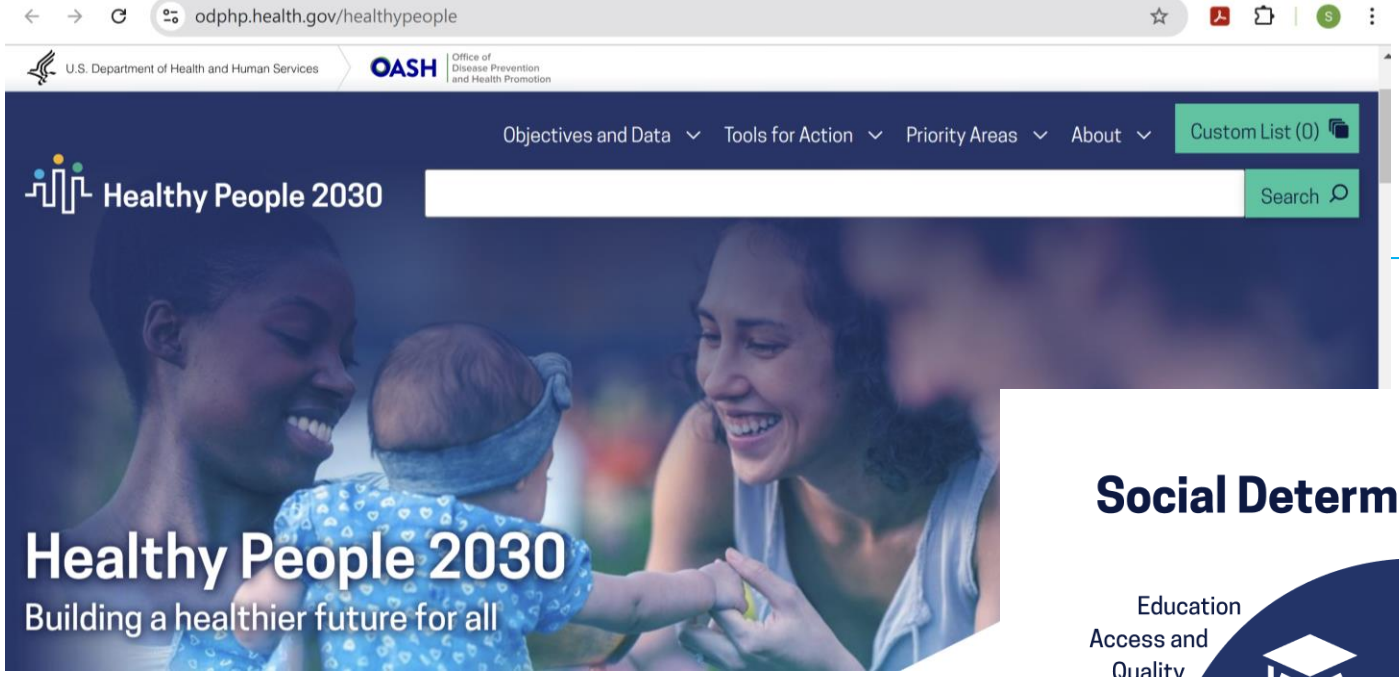
Connor Drake, MPA & Howard Eisenson, MD

Originally published by NEJM Catalyst; November 6, 2019;
https://catalyst.nejm.org/doi/full/10.1056/CAT.19.0693

Lincoln Community Health Center improved care quality by measuring and responding to upstream social and economic risk factors disproportionately affecting low-income households.

Summary

While efforts to assess and address social determinants of health (SDOH) in primary care are inherently limited in their ability to address larger systemic challenges, approaches to respond to individual level patient social needs show real potential for improving health and reducing disparities by integrating clinical care with social services. Our work at Lincoln Community Health Center (LCHC) is part of a larger nationwide movement toward re-imagining the role and responsibility of health systems with respect to the communities that they serve. The long-term success of efforts to assess and address SDOH in primary care will involve health systems as catalysts for community engagement and cross-sector collaboration with real potential to achieve better population health and health equity.



Social Determinants of Health

Social determinants of health have a major impact on people's health and well-being — and they're a key focus of Healthy People 2030.

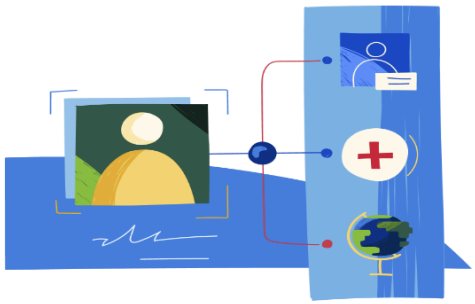
AAFP- The EveryONE Project

- The results of AAFP member indicate that while 85% of surveyed physicians believe social needs are directly related to poor health, 80% are not confident in their ability to address their patients' social needs.
- The AAFP formed the Center for Diversity and Health Equity to address social determinants of health with The EveryONE Project by

- Providing AAFP members with education and information about health equity.
- Identifying and developing clinical tools and resources to address patients' social needs.
- Supporting research and policy development.
- Advocating for policies that encourage health equity.
- Encouraging workforce diversity.
- Serving as a resource center for AAFP members.

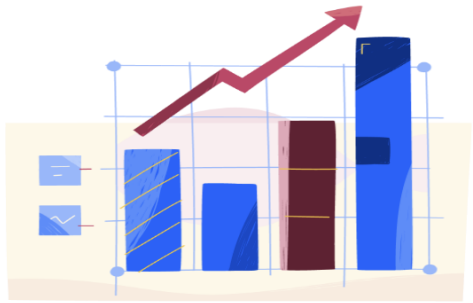
The Health Equity Transformation Assessment

The Six Levers of Transformation



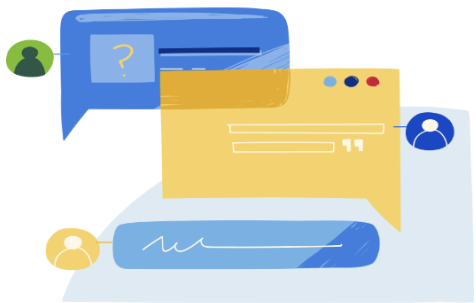
Culturally Appropriate Patient Care

Equitable and Inclusive Organizational Policies

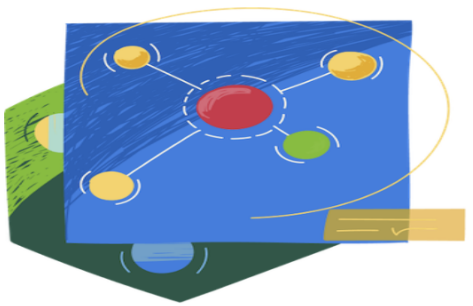


Collection and Use of Data to Drive Action

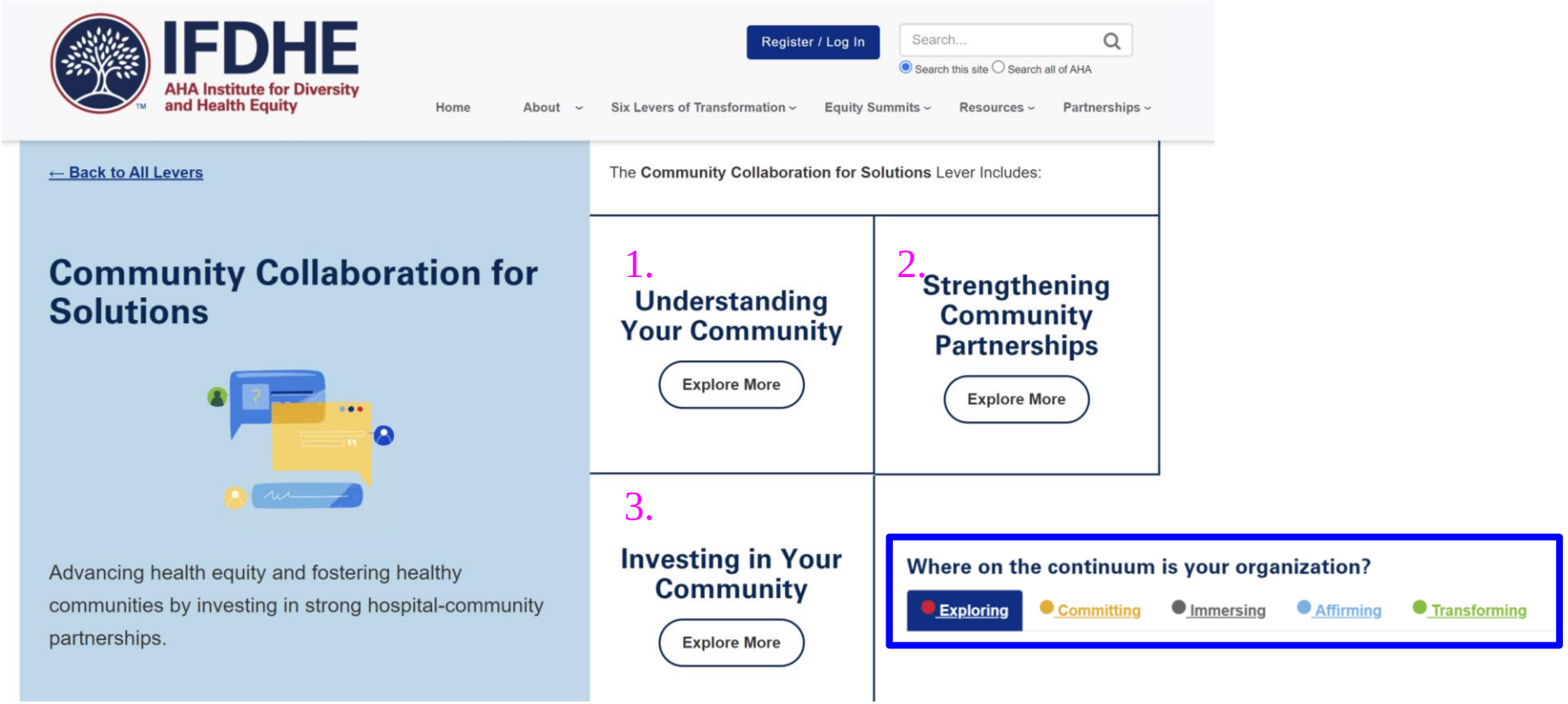
Diverse Representation in Leadership and Governance



Community Collaboration for Solutions



Systemic and Shared Accountability



1. Hospital uses different data collection methodologies to understand their patient population and community served and develop improvement strategic plans.
2. Hospital implements community engagement and partnership plans. Organization conducts continuous self-assessment of policies and practices that support community engagement and partnerships.
3. Hospitals have community investment strategies that produce positive social, economic or environmental impacts within their service areas.

Recommendations

New narrative on value of health promotion

- Leveraging sustainable development & global climate action momentum=> health promoting services are climate services
- Advocate for well-being economy and well-being budget

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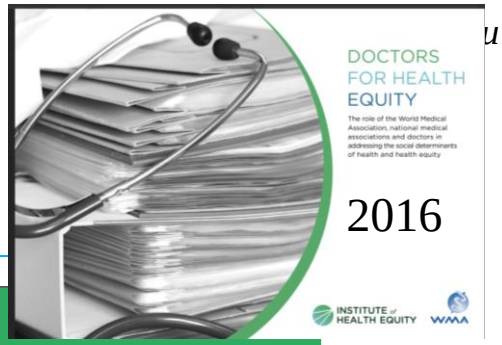
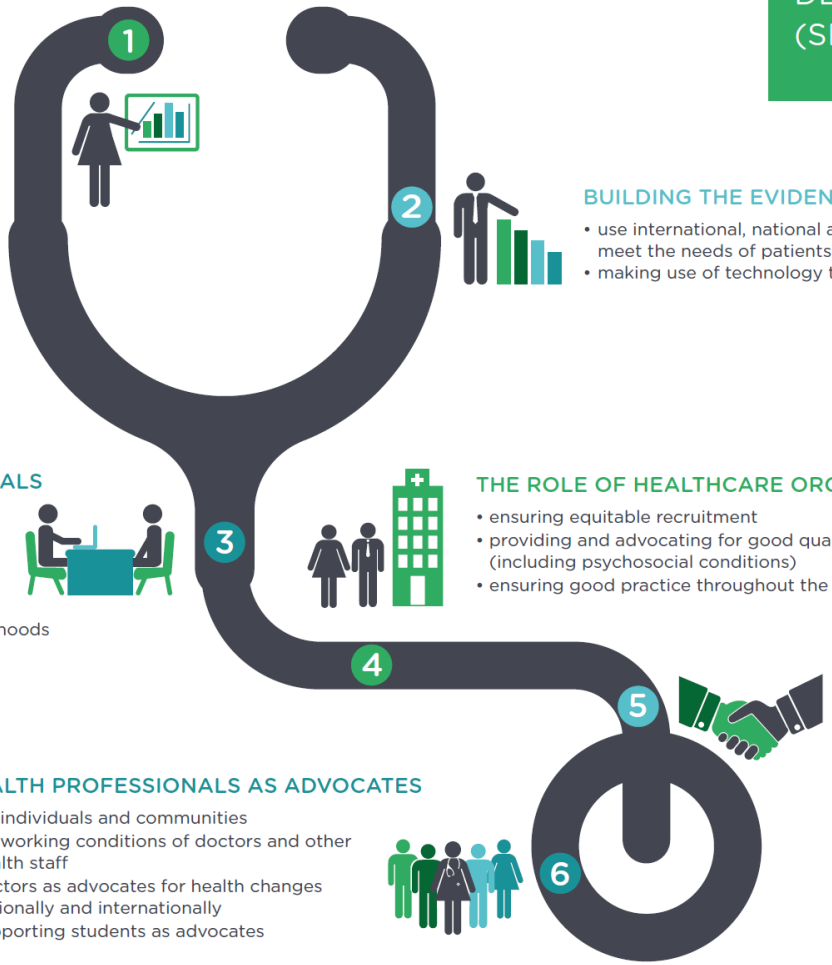
Climate-related financial disclosure
Nature-related financial disclosure
Carbon footprint verification
Carbon pricing, emission trading system,
Carbon tax, carbon fee,
Carbon border tax
…

Guidelines for health professionals on the SDH



GUIDELINES FOR DOCTORS: TACKLING THE SOCIAL DETERMINANTS OF HEALTH (SDOH)

WMA, national medical associations and medical professionals on how to better incorporate the social determinants of health into their work. The approaches set out for this strategy are categorised according to the following sections:



UNDERSTANDINGTHE ISSUE AND WHAT TO DO ABOUT IT: EDUCATION AND TRAINING

- Improve access to medical training and education
- teach the practical skills and competencies to address health inequality.
- using different channels, such as e-learning and community involvement to teach health professionals
- develop the social agency of doctors

BUILDING THE EVIDENCE: MONITORING AND EVALUATION

- use international, national and local level data to help design services to meet the needs of patients and communities
- making use of technology to capture data

THE CLINICAL SETTING: WORKING WITH INDIVIDUALS AND COMMUNITIES

- rethinking consultation times and formats
- taking social history, care planning and social prescribing
- creating networks in neighbourhoods

THE ROLE OF HEALTHCARE ORGANISATIONS

- ensuring equitable recruitment
- providing and advocating for good quality employment (including psychosocial conditions)
- ensuring good practice throughout the procurement chain

WORKING IN PARTNERSHIP: WITHIN THE HEALTH SECTOR AND BEYOND

- form partnerships both inside and outside the health service
- work with a range of local organisations and services
- work across government sectors such as education and environment, to ensure the health implications of decisions are considered

HEALTH PROFESSIONALS AS ADVOCATES

- for individuals and communities
- for working conditions of doctors and other health staff
- doctors as advocates for health changes nationally and internationally
- supporting students as advocates

Recommendations

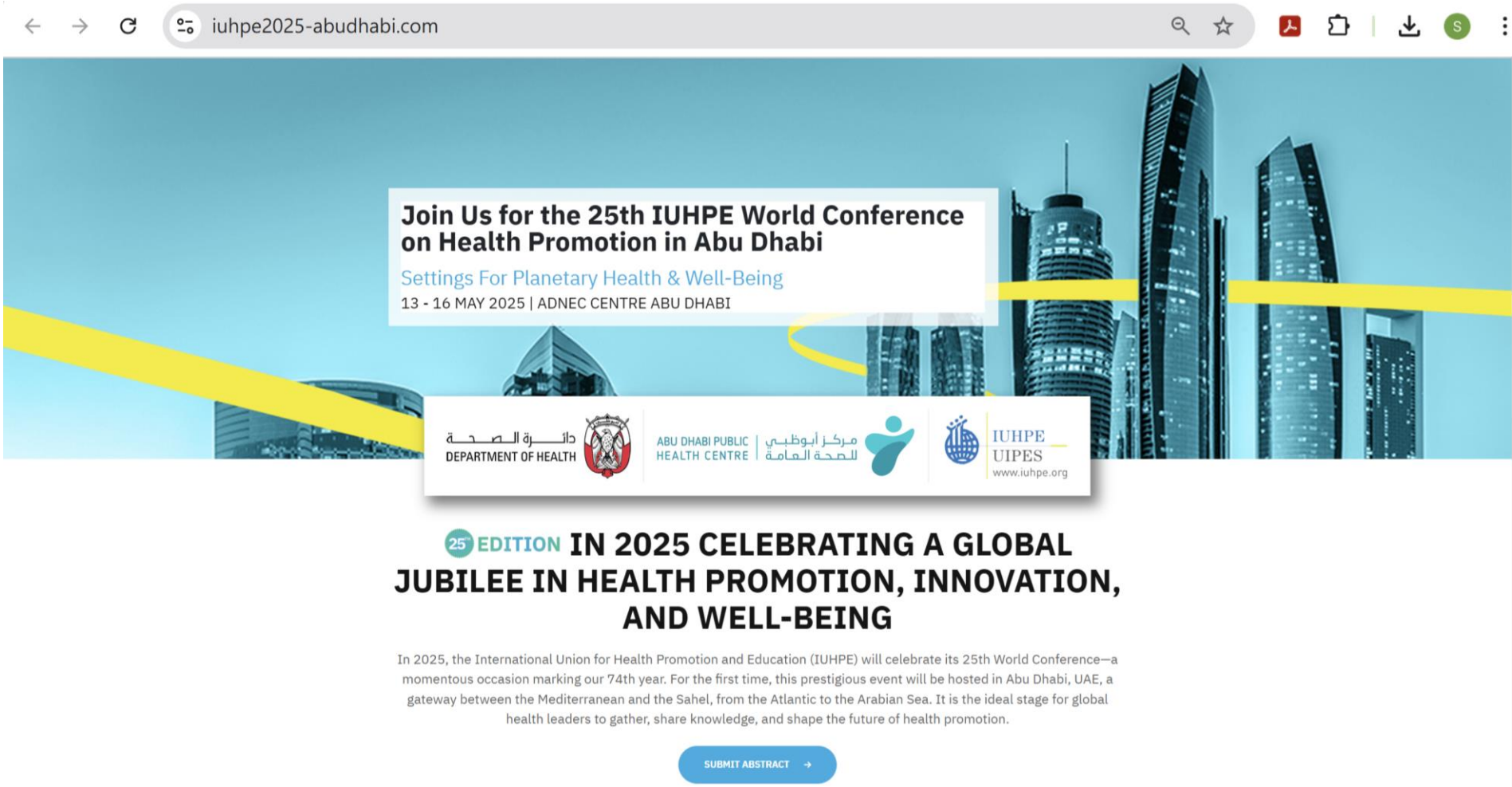
- Seen as leaders and experts in health promotion, HPH networks (HPH-Ns) can play a leading role to advocate for equity and wellbeing
  - by harnessing the power of data to visualize the existence of health inequalities and health determinants, and
  - using their influence to call for collaborative changes towards a fairer society.
- Education and training should be provided to HPH leaders, staff, and future health professionals, to increase their literacy on determinants of health and broaden their perspective from the "individuals" to the "system".
- HPH-Ns could also help increase literacy on determinants of health among political leaders and community partners through working with the community to identify priority health problems, their key determinants, and mobilize power, money and resources for policy interventions involving other key sectors, such as education, transport, food and agricultural systems, social policy, workplaces, and housing, that improve health equity across the life course.
- HPH-Ns can support their members to lead by example,
  - leveraging their roles as employers, managers and commissioners.
  - demonstrate how synergies might be created between different determinants of health to foster equity and wellbeing of people and planet.
- Progresses should then be monitored, celebrated and continuously improved.
- By fostering equity and wellbeing with and in the communities, HPH-Ns are supporting their members to demonstrate best practices in ESG.

HPH standards- what is HP, whose health, and how

The focus on health orientation and health outcomes

"Health promoting hospitals and health services (HPH) orient their governance models, structures, processes and culture to optimize health gains of patients, staff and populations served and to support sustainable societies." (4)

- Expand focus of health from individual physical and mental health to equity & wellbeing of people & planet;
- Target populations, same: patients, staff, the organization itself, the community (including the ecosystems)
- Action areas, same: governance model, structures, processes and culture
- Care processes: patient assessment to include social needs; patient intervention to include social prescribing and referral to community resources;
- Working with the community: expand the scope to include other sectors beyond public health sector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