Promoting health equity through addressing social determinants in healthy settings approaches
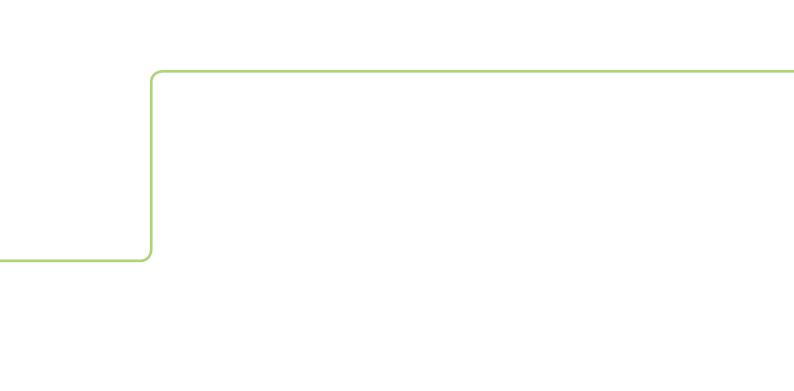
An evidence summary

VicHealth

Contents

Introduction

Background

Settings are the places and social contexts in which people engage in daily activities, and in which environmental, organisational and personal factors interact to affect health and wellbeing. They can be defined geographically (e.g. cities, villages, islands) or organisationally (e.g. schools, workplaces, hospitals); they can also be defined more fluidly, producing hybrids of the geographic and organisational forms (e.g. community gardens). Additionally, they can take the form either of a physical space where people come together on occasions of personal interaction (e.g. a mass gathering) or of a virtual space where they communicate electronically (e.g. a socially oriented website or service).
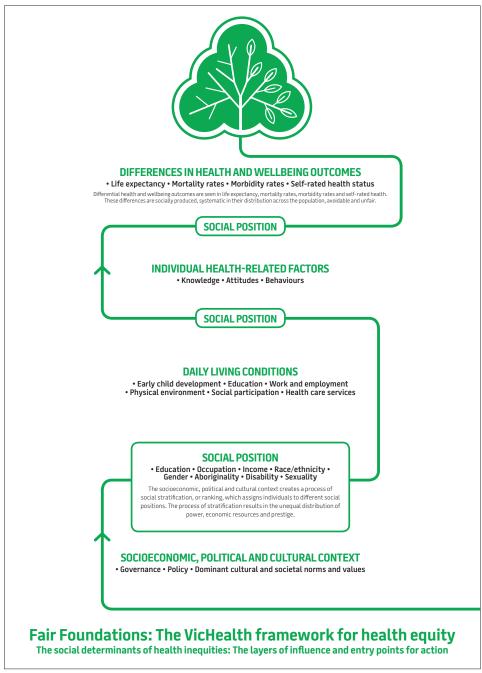
Making the settings of daily life more supportive of population health has long been a fundamental principle of health promotion. The settings approach to health promotion has its foundations in the principles outlined in the World Health Organization's (WHO's) Ottawa Charter for Health Promotion (1986). Healthy settings initiatives aim to modify the conditions of a setting itself (physical, social, economic, instructional, organisational, administrative, management, recreational or otherwise) and/or the structural conditions underlying it, in addition to influencing the people within it. This is in contrast to the many health promotion programs focused solely on modifying individual behaviours within settings.

Equity is one of the key principles of the healthy settings approach. The Ottawa Charter calls for health promotion strategies that tackle health inequities and the social gradient in health, and that ensure equal opportunities and resources for all. However, while healthy settings approaches have significant potential to address health inequities and reduce the social gradient in health, few have explicitly aimed to do so through addressing the social determinants of health inequities.

Health equity is the notion that all people should have a fair opportunity to attain their full health potential, and that no one should be disadvantaged from achieving this potential if it can be avoided.

Health inequities are differences in health status between population groups that are socially produced, systematic in their unequal distribution across the population, avoidable and unfair.

The social determinants of health inequities are the social determinants of health – or the health-influencing social conditions in which people are born, grow, live, work, play and age – and the social processes that distribute these conditions unequally in society.

DIFFERENCES IN HEALTH AND WELLBEING OUTCOMES
• Life expectancy • Mortality rates • Morbidity rates • Self-rated health status
Differential health and wellbeing outcomes are seen in life expectancy, mortality rates, morbidity rates and self-rated health.
These differences are socially produced, systematic in their distribution across the population, avoidable and unfair.

SOCIAL POSITION

INDIVIDUAL HEALTH-RELATED FACTORS
• Knowledge • Attitudes • Behaviours

SOCIAL POSITION

DAILY LIVING CONDITIONS
• Early child development • Education • Work and employment
• Physical environment • Social participation • Health care services

SOCIAL POSITION
• Education • Occupation • Income • Race/ethnicity •
Gender • Aboriginality • Disability • Sexuality
The socioeconomic, political and cultural context creates a process of
social stratification, or ranking, which assigns individuals to different social
positions. The process of stratification results in the unequal distribution of
power, economic resources and prestige.

SOCIOECONOMIC, POLITICAL AND CULTURAL CONTEXT
• Governance • Policy • Dominant cultural and societal norms and values

Fair Foundations: The VicHealth framework for health equity
The social determinants of health inequities: The layers of influence and entry points for action

www.vichealth.vic.gov.au/fairfoundations

Using this document

This document is intended to provide policy makers and practitioners in Victoria and across Australia with practical, evidence-based guidance on reducing inequities in health through settings-based approaches that address their social determinants. It is designed to be used alongside 'Fair Foundations: The VicHealth framework for health equity' www.vichealth.vic.gov.au/fairfoundations – a planning tool developed by VicHealth in 2013 to stimulate and guide action on the social determinants of health inequities.

Common underlying drivers and determinants of health inequities are outlined in the Fair Foundations framework. This evidence summary is one of eight that use the framework to examine a specific health issue and its determinants (mental wellbeing, healthy eating, physical activity, alcohol, and

tobacco use), or specific opportunities for action (through social innovation, settings-based approaches, or a focus on early childhood intervention as an upstream solution to health inequities over the life course). In many cases, the key social determinants of health inequities (such as education or employment) are also discussed in relation to settings for action (e.g. schools, workplaces) within each summary.

This summary focuses on settings-based approaches to promoting health that have successfully impacted on, or that have significant potential to address, health inequities if designed and targeted appropriately to include addressing social determinants. It highlights best practice and priorities for action that cut across all three layers of the Fair Foundations framework – Socioeconomic, political and cultural context; Daily living conditions; and Individual health-related factors – in order to support coordinated, multisectoral approaches.

What can be done to promote health equity in settings approaches?

The limited evidence base for equity-focused healthy settings approaches includes initiatives that have sought to act directly on specific health-related behaviours (such as tobacco use or healthy eating), as well as those that have targeted the broader social determinants of health inequities (such as housing or working conditions). The majority of these efforts have focused at the mid layer of the Fair Foundations framework – on daily living environments – although there is significant potential for actions at the Socioeconomic, political and cultural level to provide a broad supportive context for settings-based initiatives at the other two levels.

Socioeconomic, political and cultural context

Healthy settings approaches can be supported by a range of mechanisms at this level, including legislation, policy, licensing, regulation and planning, as well as information-based approaches (such as mass media campaigns). Overall, regulatory and policy approaches appear to do more to reduce health inequities than information-based approaches, but can often challenge the social and/or economic status quo. They require sustained commitment, concerted planning and extensive cross-sectoral collaboration to deliver sustained benefits for health equity.

Governance

Governance structures play a key role in creating supportive social and physical environments for health equity, and in addressing the social determinants of health inequities beyond the health sector. Governance structures are most successful when they facilitate the genuine involvement of a broad range of community stakeholders in governance structures at all levels, cross-sectoral collaboration and policy development, and long-term policies, strategies and funding. Short-term funding or policies do not always allow sufficient time for structural changes to be made, or for such changes to work through to changed behaviours.

The Health in All Policies approach gives a mandate to the health sector to lead cross-sector policy development that addresses the social determinants of health and equity. The urban-planning sector has a particularly important role to play in promoting health equity through settings at the Socioeconomic, political and cultural level – that is, by promoting health equitably through neighbourhoods and communities, good environmental design and regulatory controls, and by championing gender equity. Opportunities include focusing investment in active transport, retail planning to manage access to unhealthy foods, and good environmental design and regulatory controls (such as regulation of the number of alcohol outlets in an area).

Legislation, regulation and policy

There are multiple opportunities for legislative, regulatory and policy environments to support equity-focused settings initiatives at other (community and educational) levels. Change has been most obviously effective at this governmental level at the points at which revisions in tobacco legislation and taxation have complemented community programs and education strategies to contribute to reductions in population-level smoking rates. Federal or state regulations can also support early childhood and school-based initiatives by, for example, addressing the nutritional quality of food provided and sold in childcare centres and schools, ensuring free availability of drinking water, and mandating national safety guidelines and minimum area size requirements for playground areas. Legislation and policies can also send clear messages about cultural norms, such as in relation to non-tolerance of racism and to the building of cultural respect and understanding.

Health promotion organisations can play a key role in advocating for, and supporting, the development or modification of legislation, regulations and policies to provide greater support for health equity. Many of the WHO Healthy Settings initiatives provide policy-level equity guidance that is applicable to the national, state, regional and community levels.

Social and cultural norms and values

There are multiple opportunities for leadership at the upstream level to support settings-based initiatives by promoting cultural respect and counter discrimination and racism as important social determinants of health equity. Strategies include the development of more culturally diverse workforces (including, but not limited to, the health sector); the incorporation of different cultural conceptualisations of what constitutes 'health and wellbeing' and how it can be fostered within policy development across governments; and the promotion of health in places that are seen as familiar by people from different cultural and socioeconomic backgrounds, and as socially accessible, culturally appropriate and non-judgmental. Respect, discrimination and racism are key determinants of health that can be addressed at the political and governance level, including in a nation's constitution and through greater political empowerment of disadvantaged groups.

Interventions in this area can also target less obvious system-level structures, such as the food system or sporting codes, which can reproduce socioeconomic and health inequities in hidden ways. Although evaluations are not available, examples of promising strategies in Australia include the Food for All Tasmanians: Food Security Strategy (which seeks to improve food access and affordability through regional development, community food solutions and planning for local food systems) and the APY-Lands Food Security Strategy (which recommends addressing financial wellbeing, freight issues and support for local stores to supply healthier foods). Within the sporting context, the national Racism: It Stops With Me Strategy developed by the Australian Human Rights Commission and the Australian Football League aims to promote cultural respect, and to counter racism and discrimination.

Daily living conditions

Educational settings

Childcare, preschool, school, further-education and university settings have been the subject of considerable attention within the healthy settings literature. Within early childhood and school settings in particular, there has been a dominant focus on physical activity, healthy eating and obesity prevention, with modest positive impacts overall.

Most educational settings provide an almost universal way to address the broader determinants of health and equity without risk of attracting stigma. However, few health promotion initiatives conducted in educational settings have explicitly aimed to reduce inequities or tackle the social gradient in health among children and young people.

One strategy that has shown some success in addressing health inequities in early childhood and school settings is the promotion of economic and physical access to healthy foods. Delivery channels include school breakfast and lunch programs, menu modification, and provision of free or subsidised fruits and vegetables. School meal programs have shown some positive impacts on a number of broader determinants of health and development among Australian children from low socioeconomic and Indigenous backgrounds, including student concentration, social relations between students and staff, friendship between students, punctuality and attendance. A problem that arises from the targeting of children from disadvantaged backgrounds, however, is that this in itself can create stigma for program recipients.

There are multiple opportunities for racism, social discrimination and bullying to be more widely addressed in schools through policies, guidelines, training and curriculum content.

Broader school-based approaches can also be aimed at improving mental health, adolescent resilience and academic achievement. Mental health has generally been addressed in school settings through information provision, curriculum content and increased support for school counsellors. However, successful whole-of-school approaches can also include changes to school policies, guidelines, training and curriculum content to include, for example, multicultural and anti-racist education, 'bystander training' and violence-prevention programs.

An innovative approach would be to address mental wellbeing through combining Healthy Schools initiatives with the Environmentally Sustainable Schools program. There is also some evidence that social determinants of health equity could be better addressed by integrating interventions in school settings with other health-related strategies in a multiple-settings approach (including preschool, social services, parental support, clinical health, transport access and safe, stimulating environments).

The WHO Health Promoting Schools framework provides the basis for a joint initiative between the Department of Health and Human Services and the Department of Education and Training in Victoria. The initiative supports schools to integrate health and wellbeing into their strategic plans. It encourages attention to broader determinants of health, such as promoting healthy social and physical environments that support curriculum changes – thereby generating outcomes in which respect, fairness and equality are valued.

Healthy universities and healthy further-education settings show considerable promise for addressing a broad range of social determinants of health inequities but have received little attention in the literature.

Workplace settings

Workplaces have received considerable attention in the healthy settings literature. Again, though, there has been little explicit attention to equity. Workplace initiatives with the potential to address inequities include interventions that increase workers' job control and autonomy by targeting role ambiguity, work relationships, person–environment fit, workers' involvement in decision-making, noise and space in the physical work environment, stress of job insecurity, and precarious employment. Workplace policies that enable workers to make changes that benefit their workplace relationships, employment security and degree of control over hours worked – including being supported to make complaints without detrimental repercussions (such as vilification or job loss) – may be particularly effective at improving health equity for those with particular health conditions, such as poor mental health. Also promising are organisational and supervisory supports within the workplace aimed at reducing discriminatory attitudes and perceptions towards employees with disabilities, especially those with non-physical disabilities.

Healthy cities and neighbourhoods

The WHO Healthy Cities program is one of the most well-known settings-based approaches to health promotion. It provides a local governance model that can be adapted worldwide to address the social determinants of health inequities. Most Healthy Cities programs have combined changes to the physical environment with strategies to promote social participation. Many also involve actions at the governance, policy and urban-planning level.

Healthy Cities initiatives, Age-Friendly Cities, Child-Friendly Cities and similar initiatives have proved to be integrated ways to address the social determinants of health and equity, including for women, older people, children and those experiencing homelessness.

Transit-oriented designs can create compact, walkable neighbourhoods and communities around transit stations where residents have quality places to live, work and play. Improving built design (e.g. through better street lighting, redesigning of stairs and ramps) can improve safety and access for a range of social groups, including people with mobility requirements. Renaming 'disability ramps' as 'access ramps' both avoids highlighting people with disabilities and provides improved access for anyone with temporary or ongoing mobility problems. Gender inequities can be addressed by increasing representation of women on policy and planning teams, considering women's differential use of urban space, increasing night time safety for women and collecting data disaggregated by gender.

A number of tools are available to support purposeful urban planning for health equity, including the equity-focused health impact assessment and the New South Wales Healthy Urban Development Checklist for health services. Other planning checklists variously encourage a focus on equity, such as the Planning Checklist for Cycling for use in greenfields developments.

Community settings

The community and neighbourhood are common settings for health promotion, with a wide range of community types included. However, most interventions in this category have focused on providing behaviour-change health promotion within a particular locality or for a particular community group, and have not involved broad changes to the setting itself. Others, such as the large range of locality-based community projects – which currently represent a very significant investment in obesity prevention in Australia – have not been explicitly evaluated for their equity impacts.

In rural Australia, agricultural retail outlets and local stores have been identified as potentially promising non-health-community settings within which to deliver health services, improve food security (e.g. through improved supply of fruit and vegetables in remote Aboriginal communities) and strengthen local networks.

Other neighbourhood settings with the potential to promote health equity include community gardens or community kitchen gardens. These can be developed as an integrated part of urban planning or urban renewal, can be part of school- and prison-based health promotion or can be built into the design of public housing. In addition to improving food access, community gardens and kitchens can promote physical activity and mental health, as well as foster community cohesion and social networks.

Genuine community engagement is key to the success and sustainability of community-based interventions. Successful approaches have tended to adopt asset-based participatory community development that includes local government and non-government organisations. Positive impacts on health equity for Indigenous communities, in particular, result from settings approaches that involve Indigenous community-controlled organisations or that support active involvement in program development and delivery. Benefits also derive from ensuring that researchers share the culture and language of the study population.

Community settings approaches can also address health equity through engaging local people to work in or promote the program, as well as by extending standard approaches into outreach or home-delivered versions to better support the needs of particular disadvantaged groups.

Green settings

Green settings include parks, reserves and farms. Although there is limited intervention evidence in this area, green settings show considerable promise as an innovative approach to addressing health inequities in both urban and rural areas, while offering the potential for additional benefits for the environment. Being 'in nature' or in parks, as well as caring for the land, have been associated with a range of health outcomes, including increased physical activity and improved sleep patterns, mental health, self-esteem and overall wellbeing. There is particularly significant potential to leverage green space to address health inequities by targeting institutions and localities – such as prisons, farms and geographically remote communities – that host high proportions of people experiencing or at risk of different kinds of disadvantage.

In rural Australia, natural-resource-management programs designed to address environmental degradation have demonstrated promise as 'non-conventional place-based wellbeing interventions'. Such programs are able to influence key determinants of farmer wellbeing, including increased social capital, self-efficacy, social identity, material wellbeing and health. Programs in which links between population health and landcare have been addressed through 'Caring for Country' practices in Aboriginal communities have also demonstrated significant and substantial health benefits for Aboriginal landowners in remote areas.

There is potential to expand green settings work by combining it with approaches in other settings, such as Health Promoting Schools and Healthy Cities initiatives, and in other sectors, such as that concerned with climate change. Higher-level policy support and partnerships – including using and strengthening local networks and integrating initiatives with existing agencies – will be critical. Collaborative strategies around 'green settings' between researchers and primary health services, social services, urban planning and environmental management, for example, could support improved mental health for subpopulations and communities at higher risk of ill health.

Health care settings

There is a large literature on interventions to address the social determinants of health within health care settings, such as health-promoting hospitals and community health centres, although few explicitly target health inequities. However, there are multiple opportunities for health care settings to support broader determinants of health equity. These include the provision of ethno-specific health services and the employment of staff who share the culture and language of clients (in order to improve access for people from non-English-speaking backgrounds). Similarly, programs tackling food security could have beneficial effects, as could those that provide peer education for disadvantaged groups. Health care access and utilisation among disadvantaged groups can be improved by providing health care services within community settings (e.g. delivering health services to young men in sports clubs or other community settings), through outreach services (particularly in remote areas of Australia) or through Aboriginal community-controlled health organisations.

Other opportunities to improve equity in access include the provision of shared walking/cycling routes to hospitals and inclusive breastfeeding facilities. Quality of care can be improved by ensuring that services are culturally tailored to meet patients' needs, employing multidisciplinary teams of care providers and targeting multiple leverage points along a patient's pathway of care. Integrated approaches (such as providing drug and alcohol treatment within primary health care settings) and innovative approaches such as the arts-in-health approach also offer promise.

Health care professionals and health promoters can advocate for increased representation of people from diverse ethnic, socioeconomic and demographic backgrounds within the workforce and health care governance structures. This would include supporting capacity building for consumers to be more widely involved in developing and implementing initiatives and policies, and in functioning as lay peer educators.

Prisons

Prisons represent significant opportunities to address health-related matters for socially excluded people, particularly for those experiencing poorer health, as well as for prison workers. Prison-based health promotion interventions inherently address health inequities because Indigenous Australians and socially excluded members of the community disproportionately make up the prison population in Australia. Promising prison-based approaches include providing better health-screening programs, such as for detection of diabetes and sexually transmitted infections, and for improving immunisation levels; administering culturally appropriate physical and mental health services; developing green spaces; and formulating strategies to support prisoners' future employability. Ideally, interventions that aim to reduce the number of young people entering the prison system should be extended to the community level. This could be achieved through programs designed, for example, to address school retention and employment.

Sports settings

Sports clubs are underutilised settings for health promotion but show considerable promise for promoting nutrition, cultural diversity and social inclusion, and for reducing alcohol and substance abuse. Sports settings also show promise for addressing health inequities, particularly for Aboriginal Australians, and for achieving outcomes such as improved school retention rates, improved learning attitudes, increased social cohesion, crime reduction and suicide prevention.

Health promotion initiatives delivered through sports settings have targeted a range of health-damaging behaviours, including smoking, risky alcohol consumption, sun exposure, unhealthy eating and lack of physical activity. However, there are limitations to the extent to which these programs can address inequities and reduce disadvantage.

Programs delivered in sports settings can better target the social determinants of health inequities by aligning program specifications with the needs of target communities and by linking to other services (such as health, counselling, employment or education services). Racism, sexism, discrimination and homophobia in sports can be challenged through policies formulated by national sporting codes, as well as by proactive measures undertaken at local club level to develop more socially and culturally inclusive environments.

The design, development and implementation of sports-related programs would, ideally, benefit from the collaboration of clubs and health promotion organisations, which could jointly identify ways to enable diverse representation from local communities. An important objective would be to determine how participation could be expanded to ensure the involvement of a wide range of social groups as players, coaches, umpires and spectators. Organisational-level training could also be provided for professional and amateur sports coaches to become active health promoters.

Faith-based settings

Church- and other faith-based settings have been under-researched from a health promotion perspective in Australia, and most initiatives in these settings have focused on individual behaviour change and social marketing. However, faith-based settings are promising locations in which to expand health promotion in accessible ways and to address health inequities. Faith-based health promotion can be important in acknowledging cultural narratives about how disease impacts on individuals' propensity to seek interventions. They confirm the need, for certain groups, to ground health messages in a spiritual context.

Strategies can include providing health promotion messages in culturally relevant ways, using faith-community leaders as key disseminators of health messages, improving access to health care screening and treatment for a range of disadvantaged groups, and considering ways to support faith-based settings to partner with other settings for broader impact (e.g. community-based and health care services).

Online settings

Most online health promotion initiatives have focused on health promotion for individual behaviour change and disease self-management, through online information resources and communities, technologies to motivate behaviour (such as smartphone apps) and individual health-monitoring technologies (such as physical activity monitors). There has been little consideration of the equity implications of these initiatives.

This is a particular concern in online settings because the social gradient in health is mirrored by a social gradient in the use of the internet and digital technologies, meaning that those in greater health need are usually less able to get online and access these resources. Online settings for delivering prevention and early intervention health care appear to be particularly well suited to those who prefer anonymous services, who live in rural and remote areas, or who have a preference for self-help methods.

The development or implementation of any online initiative should include evaluation of the extent of digital access across the social gradient, and between and within different socioeconomic groups. Consideration should be given to how to support digital access and ICT use across the socioeconomic gradient in innovative and sustainable ways. In some cases, this may be as simple as including target groups, including non-English speakers and people with disabilities at the development stage of a program to identify their needs.

Other settings

Other settings, such as temporary (sports or cultural events) and nightlife settings, may also offer potential for equity-focused settings initiatives; however, at present there is an absence of intervention evidence from which to identify promising approaches.

Individual health-related factors

Settings-based approaches that focus solely on individual behaviour change generally provide only modest or short-term improvements for health, and have the potential to exacerbate existing health inequities. However, initiatives that integrate strategies to influence individual knowledge, attitudes and behaviours can be effective if they are part of a broader strategy that also addresses the lower two layers of the Fair Foundations framework.

Priority actions

Priorities for all actions seeking to address social determinants of health inequities:

- Coordinate a blend of measures across all three layers of the Fair Foundations framework, with particular emphasis on, and investment in, the lower two layers to rebalance the current emphasis on individual-level health factors.

- Seek to address both inequities in health outcomes and the wider social determinants of these inequities.

- Incorporate explicit equity objectives.

- Apply principles of proportionate universalism: interventions should be universal, but the level of support should be proportionate to need.

- Ensure that targeted supports do not stigmatise particular groups.

- Promote active and meaningful engagement of a wide range of stakeholders, and increase the diversity of representation at all stages of development and implementation.

- Conduct a thorough assessment of the needs, assets, preferences and priorities of target communities.

- Allocate adequate, dedicated capacity and resources to ensure sufficient intensity and sustainability.

- Monitor and evaluate differential impacts across a range of social indicators to ensure that they achieve their objectives without doing any harm, as well as to strengthen the evidence base for future interventions.

- Invest in equity-focused training and capacity building in both health and non-health sectors, from front-line staff to policy and program decision-makers.

- Make strategies flexible and adaptable at the local level.

Priorities for action within each layer of the Fair Foundations framework:

Socioeconomic, political and cultural context

- Promote the development of governance structures that include genuine engagement of a wide range of social groups.

- Advocate for greater cross-sectoral collaboration in policy development, including between the health sector and urban-planning sector in particular.

- Identify specific laws and regulations that can be developed at national or state level to provide greater support for settings work at the Daily living conditions level.

- Promote cultural respect, and counter discrimination and racism as important social determinants of health equity.

- Advocate for, and support, the inclusion of different cultural conceptualisations of health in policy development.

- Advocate for capacity building in the health workforce to include people from a wide range of cultural and language backgrounds.

Daily living conditions

- Encourage community input from a wide range of social groups into planning, development, implementation and evaluation of health promotion activities – for example, as lay educators, researchers and committee members.

- Support improved urban planning for health; encourage cross-sectoral partnerships and action between health, planning and other sectors.

- Encourage the conduct of equity-focused health impact assessments during the planning phase of initiatives.

- Ensure that obesity-prevention programs identify ways to focus on the social determinants of health inequities, and that they explicitly evaluate impacts on different social groups.

- Investigate ways to incorporate school-based programs into broader area-based community-development initiatives that address a range of social determinants of health inequities.

- Investigate ways to amend standard programs into outreach versions that better support the needs of equity groups – in particular, by considering the potential of home visiting to increase social and physical access.

Individual health-related factors

- Broaden settings-based health promotion initiatives beyond addressing individual-level factors to integrate with actions at the Daily living conditions and Socioeconomic context levels.

Priority evidence gaps

- Rigorous evaluations of settings initiatives from an equity perspective.

- Evaluations of the health equity impacts of combining settings-based action on social determinants at the individual and structural levels.

- Opportunities for health inequities to be addressed through underutilised settings, including nightlife settings, temporary gatherings, higher-education and faith-based settings.

- Innovative approaches to increase equity in digital access that go beyond ICT skills courses for older people, young people, people with disabilities and people from non-English-speaking backgrounds.

- Innovative ways to use online settings to promote health in Aboriginal communities.

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