Fair Foundations:
The VicHealth framework for health equity
The VicHealth Action Agenda for Health Promotion is based on the following commitment:

- In partnership with others, we promote good health.
- We recognise that the social and economic conditions for all people influence their health.
- We promote fairness and opportunity for better health.
- We support initiatives that assist individuals, communities, workplaces and broader society to improve wellbeing.
- We seek to prevent chronic conditions for all Victorians.

As part of this commitment we have developed ‘Fair Foundations: The VicHealth framework for health equity’. ‘Fair Foundations’ is a planning tool based on a conceptual framework developed by the World Health Organization Commission on the Social Determinants of Health. It aims to increase understanding of the social determinants of health inequities and suggests entry points for action, for the development of policies and programs that promote health equity.

Individuals’ health-related knowledge, attitudes and behaviours result from and are responses to, their socioeconomic, political and cultural context, social position and daily living conditions. Positive changes in health-related knowledge, attitudes and behaviours are most achievable for those in better socioeconomic, political and cultural positions, with more control and influence over their daily living conditions.

Taking an equity focus in knowledge, attitude and behaviour change strategies is most effective and sustainable when complemented and reinforced by changes to the socioeconomic, political and cultural context, and/or daily living conditions.

Social stratification means that different social groups have differential exposure and vulnerability to a range of daily living conditions — or the circumstances in which they are born, live, work, and age. The quality of these conditions affects people’s material circumstances, psychosocial control and social connection, and can be protective or damaging to health.

Early childhood development refers to physical, social/ emotional, and brain/cognitive development between the prenatal period and eight years of age. This is the most important developmental phase in the lifespan.

Education refers to the development of knowledge and skills for problem solving, and a sense of control and mastery over life circumstances. Education increases work opportunities, security, satisfaction, and income.

Work and employment refers to nature of employment and working conditions including job security, flexibility, physical working conditions, and social connection.

Physical environment refers to built and natural environments — including housing, transport systems, air quality, place of residence, neighbourhood design and green space.

Social participation refers to supportive relationships, involvement in community activities, and civic engagement (participation in decision making and implementation processes).

Health care services include preventative and treatment services. Accessibility of health care services is central to their performance in meeting health needs.

Examples of action
• Smoking cessation programs that are tailored to particular consumer needs and supported by other strategies such as restrictions on tobacco advertising, availability and price-free area policies.
• School-based sexuality education that is supported by a whole-school approach to healthy relationships.
• Mobile phone applications for individual health behaviour change, supported by social marketing that challenges societal norms and values.
• Individual behaviour and risk profiling conducted in workplaces, followed-up and supported by workplace health promotion strategies.

Social position

Examples of action
• Early childhood development programs and services such as new-parents’ groups
• School programs that prepare students’ transition from starting school
• authentic youth participation and leadership in schools
• Organizational policies that mobilize and encourage women’s leadership positions
• Organizational policies that guarantee adequate income and employee benefits supportive of gender parity
• Housing developments that address security of tenures, space, place, affordability and quality of tenure.
• Collaboration between planners and residents on a neighborhood priority — for example, cycling and walking.
• Community advisory for public transport infrastructure
• Civic engagement for social change, using digital technologies
• Community-controlled health organizations
• State-funded, university available immunisation programs, cancer screening, contraception, and breastfeeding programs
• Primary health care — socially appropriate, universally available, evidence-based first level care that gives priority to those most in need, maximises community and individual participation and control; and involves collaboration and partnership with other sectors to promote public health.

Examples of action
• Mandatory notification of domestic violence and family violence
• Ethnicity and culture sensitised mental health, primary health care.
• Community-led hate speech and bullying prevention programs
• Organisational policies that guarantee adequate income and employee benefits supportive of gender parity
• Housing developments that address security of tenures, space, place, affordability and quality of tenure.
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Examples of action
• Fair Foundations: The VicHealth framework for health equity
• The social determinants of health inequities: the layers of influence and entry points for action

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The social determinants of health inequities: the layers of influence and entry points for action

Socioeconomic, political and cultural context

Examples of action
• Constitution and recognition of Indigenous Australians
• Development of Disability Care Australia (National Disability Insurance Scheme)
• Legislation for Indigenous cultural safety
• Media that promotes public debate about individual choice versus collective responsibility for health
• Arts sector work that promotes awareness and challenges cultural stereotypes

Prompts for planning
• How could you improve the quality of people’s daily living conditions?
• How could you frame the issue to engage relevant sectors?
• What are the most pressing issues concerning community members/consumers?
• How could you influence these policies?
• How could you engage affected groups, to build capacity and advocate for change?

Examples of action
• How could you meaningfully engage affected groups, to build capacity and advocate for change?
• Which cultural and societal norms and values generate or perpetuate social hierarchies and subsequent inequitable outcomes?
• Which policies create social hierarchies and exclusion of some groups?
• Consider how governance processes empower some people over others, and exclude or devalue some people?
• Which policies create social hierarchies and subsequent inequitable outcomes?
• How could you engage affected groups, to build capacity and advocate for change?
• How could you engage affected groups, to build capacity and advocate for change?

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.

• Knowledge • Attitudes • Behaviours

Differences in health and wellbeing outcomes: the layers of influence and entry points for action

Socioeconomic, political and cultural context

Examples of action
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Daily living conditions

Examples of action
• Early childhood development programs and services such as new-parents’ groups
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• Organizational policies that mobilize and encourage women’s leadership positions
• Organizational policies that guarantee adequate income and employee benefits supportive of gender parity
• Housing developments that address security of tenures, space, place, affordability and quality of tenure.
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Individual health-related factors

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Socioeconomic, political and cultural context

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Bibliography

The VicHealth framework for health equity is an adaptation of work by the WHO Commission on the Social Determinants of Health:


Other published works that informed the framework are:


World Health Organization Regional Office for Europe 1985, Targets for health for all: targets in support of the European regional strategy for health for all, World Health Organization, Copenhagen.

Glossary

Health equity is the notion that everyone 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 are the social conditions in which people are born, grow, live, work, play and age – that influence their health.

The social determinants of health inequities are the social determinants of health and the social processes that distribute these determinants unequally in society.