

The case for action on the social determinants of health in France

The June 5, 2012
Recommendations

This document expresses the thoughts of those attending the interactive seminar: Action on the social determinants of health, European reflection and strategies for France. This seminar was organised by the INPES "Health Promotion" Chair at the EHESP and held in Paris on June 4th and 5th, 2012.

Its objective was to stimulate debate around the question of social determinants of health, and define avenues for exploration that will facilitate their integration into public health policy.

**This seminar was organised by
la Chaire INPES « Promotion de la santé » à l'EHESP**

in partnership with:

le Secrétariat général des ministères chargés des affaires sociales,
la Direction générale de la santé,
l'Institut national de prévention et d'éducation pour la santé,
la Société française de santé publique,
l'Union internationale de promotion et d'éducation à la santé,
ainsi que l'Agence régionale de santé Île-de-France.

Context

Social Determinants and Health Inequalities - The Facts

2009, Geneva, World Health Organisation Commission on Social Determinants of Health - Reducing health inequalities and improving living conditions for populations demands action on the social determinants of health (societal factors: the country's political and economic context, environment, material living conditions, etc.).

2010, Paris, Haut Conseil de Santé Publique - The reduction of health inequalities demands new approaches to public health and calls into question our current modes of governance.

Action on health inequalities cannot be restricted to disadvantaged or vulnerable populations. Work is needed on the social gradient in health. It demands the implementation of intersectoral public policy.

Social gradient in health

Observation of a correlation between the social position of individuals and their state of health

European Experiences

WHO Regional Office for Europe - **Health 2020** directly targets the question of health inequalities by acting on the social determinants of health. It recommends that all governmental bodies should come together around these issues to implement a coordinated and intersectoral policy.

Ministry of Health, Norway - **The new Public Health Act (2012)** seeks to contribute to societal development that promotes public health and reduces social inequalities in health. This will involve empowerment of the community and local actors in order to reinforce the action on the population's living conditions and promote individual health and well-being.

Health Planning Department, Catalonia - **The Public Health law (2006-2010)** creates the Catalan Public Health Agency and the Interdepartmental Public Health Plan. These political efforts serve to increase consistency in health governance (interministerial programmes, regulation agency assessing the impact on health of laws and interventions, etc.).

Empowerment

Process through which people and community gain greater control over decisions and actions affecting their health (WHO, 1998)

The French Context

The Hospital, Patients, Health, Territory law (2009) established the **Regional Health Agencies** by tasking them with the mission of defining and implementing national health policy objectives - one of which is the reduction of health inequalities.

In 2012, the Regional Health Agencies validated their roadmap for the next five years: **Regional Health Projects**, which detail the strategic actions to be developed in the prevention, treatment and medical-social fields.

They coordinate the **public policy coordination commissions** (intersectoral regional governance bodies) which combine the services of the state, regional authorities and Statutory Health Insurance bodies.

The reduction of health inequalities is a priority, and often transversal, objective of regional health policy

Strategy-focused Recommendations

Health - and more specifically the social determinants of health - must be thought out and written into all public policies

■ Equip ourselves with a strong national framework

Observation The fight against health inequalities is on the agenda of the Regional Health Agencies, yet the drawing up of regional policy is scarcely considered in a global approach to health which fails to solve the problem of health discrepancies at root.

Recommendation. Were the health gradient to have a higher profile in the public eye, it would be more likely to be taken more seriously as a factor in policy and interventions. For example, revision of the Public Health Law or the drawing up of a dedicated plan should support long-term action on the social determinants of health in order to reduce the social gradient by defining an explicit strategy.

■ Encourage sharing of a common culture

Observation. *In spite of mobilization among local actors in favour of health promotion, across the territory we are noting an uneven, non-harmonized level of knowledge among those involved in health inequalities, social determinants of health and the social gradient in health.*

Recommendation. It therefore seems necessary to raise awareness among both actors and agents, regardless of level (national, regional, local), mission (decision, programming, action, etc.) or sector (health, social, education, environment, etc.) so that all can share in a more thorough knowledge of the population's health determinants. Priority should be given to decision-makers, whose strategic mission enables an anchoring in regional and local policy.

■ Encourage on-going and harmonized observation of health inequalities

Observation Existing information systems and databases are often not shared enough, and actors are not very familiar with them. In addition, the health inequalities data is rarely harmonized - making it difficult to share and monitor.

Recommendation. By making good use of local operators (Regional Health Observatories, for example), existing information systems and by promoting ad hoc research, the observation of inequalities would allow improved identification and understanding of the economic issues involved, as well as the ability to ensure regular monitoring. Moreover, national momentum would help with harmonization of data, to facilitate comparison between territories.

Recommendations for action

■ Develop the research-intervention partnership

Observation. Little information is available on conditions that are favourable to the integration of social and environmental determinants in public health policy and interventions for populations.

Recommendation. Interventional research programmes provide operators with scientific expertise on action on social determinants of health at both local and regional levels. They simultaneously offer researchers a chance to improve the state of knowledge of interventions in real-life situations. These research projects should receive better support in terms of both financing and implementation.

■ The perinatal period and early childhood should be prioritized

Observation. The state of health of an adult is highly dependent on the conditions and milieu in which the person grew up and was raised. These differences (noted from the very earliest age) will have repercussions on people's living and health conditions as adults.

Recommendation. Both actions and policy should prioritize work in the perinatal and early childhood field, in order to guarantee healthy and even development for future generations.

Programme-focused Recommendations

Every action or strategy that is developed must be careful to avoid accentuating the social gradient in health.

■ Support actors and elected representatives methodologically

Observation. Owing to their areas of competence, local elected representatives are key partners in the action integrating the social determinants of health. According to the Norwegian model, the local level lends itself to action on the social determinants of health - however, local elected representatives lack arguments for supporting the action on determinants, whereas actors on the ground lack the formalized tools to act.

Recommendation. Actors and elected representatives could be provided with national-level guides, to facilitate the integration of social determinants of health to the various programmes and systems having an impact on health. All sectors can feel concerned by the health of the population: education, environment, transport, etc.

■ Designate a 'health inequalities' advisor within each ARS (Regional Health Agency)

Observation. To fulfil its objective of reducing health inequalities, the Provence-Alpes-Côte d'Azur Regional Health Agency has appointed transversal Health Inequalities advisors, enabling improved interfacing between the sanitary, medical-social and social aspects, as well as with external partners (Direction Régionale de la Cohésion Sociale, regional authorities, etc.).

Recommendation. This initiative could be usefully reproduced across the various regions. As expert consultants, these advisors would be able to offer support and guidance on the decisions and actions of regional and local actors.

■ Work in intersectorality

Observation. There are systems which favour intersectorality at regional and local level (Contrat Local de Santé, Ateliers Santé Ville) as well as bodies dedicated to closer cooperation (Commission de Coordination des Politiques Publiques, health democracy bodies, etc.). However, intersectorality remains difficult, insufficiently formalized in policies and actions having an impact on health.

Recommendation. Cooperation must be reinforced at each stage of the intervention (from diagnosis to evaluation). The intersectoral approach must be evident at every hierarchical level, allowing free circulation between levels, be these vertical (national, regional, local) or horizontal (health, social, environment, social and solidarity economy, etc.). The role of the national level is to facilitate, by pooling experiences. The regional and local levels should also draw on the existing partnerships and systems of contractualization.

■ Organise sharing of effective and innovative experiences

Observation. Despite the existence of regional resource centres, which are equipped with tools for the evaluation and monitoring of the many actions carried out across the territory, these actions are often undervalued and undershared. Other territories are therefore unable to draw inspiration from effective and/or innovative actions.

Recommendation. Harmonization of local databases facilitates this sharing of experiences. This could be made possible through, for example, generalisation of the OSCARS database (Observation et Suivi Cartographique des Actions Régionales de Santé), which aims to collect and localize the different actions having an impact on health.

■ Use an appropriate evaluation procedure

Observation. As a result of poor methodological resources, measurement of the impact of interventions - on the health of populations and on equity - is often lacking.

Recommendation. Health impact assessment (HIA) offers ways of anticipating the effects of a policy or project on health, and then allows suggestion of reorientations aimed at reducing the negative effects. This method of evaluation should be better known, and offered as a resource for the evaluation of interventions having an impact on health.

For further information

- Potvin L., Moquet M.-J., Jones C. (dir.). *Réduire les inégalités sociales en santé*. Saint-Denis : Inpes, coll. La Santé en action, 2010 : 380 p.
- Haut Conseil de la santé publique (HCSP). *Les inégalités sociales : sortir de la fatalité*. Paris : HCSP, 2009 : 100 p.
- OMS Bureau Régional pour l'Europe, Santé 2020 : <http://www.euro.who.int/fr/what-we-do/health-topics/health-policy/health-2020>
- The Norwegian Public Health Act - Act 2011-06-24 n°29
- 2011-2015 Health Plan for Catalonia
- Institut national d'éducation pour la santé, association « Élus, santé publique et territoires », Réseau français des Villes-Santé de l'OMS. *Réduire les inégalités sociales et territoriales de santé. Intérêts d'une approche locale et transversale*. Saint-Denis, Inpes, juin 2013 : 12 p.

Suggested citation:

Chaire Inpes « Promotion de la santé » à l'EHESP and the participants to the June 4-5, 2012 Seminar. The case for action on the social determinants of health in France. The June 5, 2012 Recommendations. Rennes: Ecole des hautes études en Santé Publique in partnership with the Institut national de prévention et d'éducation pour la santé, the Secrétariat général des ministères chargés des affaires sociales, the Direction générale de la santé, the Société française de santé publique, the International Union for Health Promotion and Education, and the Agence régionale de santé Île-de-France, 2013. 6p.

www.inpes.sante.fr
www.ehesp.fr

