JOURNAL OF INTERNATIONAL CRISIS AND RISK COMMUNICATION RESEARCH
ISSN: 2576-0017
2024, VOL 7, NO 2

Public Health Policy and Practice: A Critical Analysis of The Healthy Public PolicyIdea and Appraisal of Its Capacity to Reduce Health Inequalities

Mahdi Zamil Al Zammal[1], Saleh Salem Hamed AlMutyif[2], Saleh Salem Hamed AlSuliman[3], Hussein Abdullah Hamed Al Mansor[4]

1. Specialis-Public Health , Eradah Complex and Mental Health, Najran Health Cluster,KSA
2. Technician-Public Health , Eradah Complex and Mental Health, Najran Health Cluster, KSA
3. Technician-Xray ,Eradah Complex and Mental Health, Najran Health Cluster,KSA
4. Health Assistant, New Najran General Hospital ,, Najran Health Cluster,KSA

Introduction

The concept of Healthy Public Policy is a notable milestone in the global evolution of Public Health (Rosen G, 1993). This concept is regarded a special milestone since it described for the first time the idea of interdisciplinary and multidisciplinary integrated approach in combating public and clinical health problems (Awofeso, 2004). Over the decades some degree of determination to improve the health status of individuals, families and communities at national and international levels can be appreciated. One such determination, at international level, was in 1988 when the World Health Organization (WHO) convened a conference on health promotion and deliberated on the Healthy Public Policy. Such an idea had already been earmarked for action two years earlier (Ottawa, Canada 1986). The conference aimed at describing the concept of healthy public policy and how it can be applied to address issues of inequality and access of health care and how it is closely linked to socio-economic development (WHO, 1988).

Healthy public policy is comprehensive, extensive and inclusive. Its core ethos being shaping and influencing policies at higher levels so as to favourably alter the determinants of public health (Whitehead, 1995).

In this essay a critical analysis of healthy public policy is presented followed by discussion of potential causes of health inequalities and how implementation of such a policy could improve health equity. A conclusion comes last with a summary of the main points discussed.

A critical analysis of Healthy Public Policy

The history of policies in Public Health is a long one and has a dynamic nature. Most of what is seen in the modern world developed to a greater extend during the 18th and 19th century
(Baggott, 2011) in Western Europe. Public policies took much of a recognisable transition in Europe and at least influenced the rest of the world.

Based on its original concept, aims and objectives, one could argue that the Healthy Public Policy is one of the most comprehensive recommendations ever made as a guide towards health policy formulation by governments and other organisations implementing health related programs (Kemm 2001). Kemm makes a clear emphasis that the health sector needs to take the lead in addressing key public health problems however the role played by other sectors namely agriculture, education, trade, industry and communications should be appreciated. These sectors need to take into account the health of the public when formulating and implementing their policies (WHO, 1988).

It can then be seen that healthy public policy has an important entity of basic human rights (Beyrer, 2007). Beyrer argues that misguided public health policies lead to marginalization of vulnerable groups in the community when it comes to health care. It can as well be argued that such marginalization will not only lead to inequalities in health but it will affect the ability to access other social needs like education, water and infrastructure which will potentiate the inequality in health. When individuals, families and communities lead healthy and satisfying lives, their social and economic productivity increases leading to long term economic and societal gains in all aspects of development. This underscores the importance of formulating relevant policies that are easily understood by all implementers at all levels but are also practical and comprehensive (Black 2001).

Policies may affect health impacts through various routes, either directly or indirectly. This makes it difficult to define a discrete model of interplay of different sectors that culminates into defining a health impact. The health status of an individual or a community will be determined by a collective blend of factors that variably would contribute to the impact while in others consideration of a single factor may be all that is needed. Adolescent health will depend on the physical health of the person, the community in which that person is staying, peer pressure, a stable family, good food, good education and security to name but a few. Healthy Public Policy aims

462

to bring to the beneficiaries policies that will address all sectors that affect health of individuals or communities (Black 2001).

It can then be drawn from the above argument that an appropriate healthy public policy should precisely foresee the consequences of various policies in place and make alternative recommendations. Such recommendations should lead to target communities being involved in realization of the policies at hand and the possible results from it in an atmosphere of transparency and accountability among all stakeholders involved (Kemm J. 2001). This, in my opinion will ensure active participation by the members of the community and will ensure sustainability of such a program.

Another point worth noting is that Healthy public policy entails that individuals and communities are enabled to take control of their own health. It also implies that individuals make informed choices on the various issues in life. This should happen in a free and noncohesive atmosphere fostering responsible behaviours and regard for the wellbeing of others. Two levels of this kind of ownership have been describe; higher and lower level. The higher level include environmental conditions, conditions at the workplace and living conditions, social and community influences in general (Whitehead, 1995) whereas lower factors pertain to individual factors such as age, sex, race, genetics, lifestyle and demeanour (Marmot, 1998).

While factors that play role at both levels may be deemed important, the high level factors are probably more important and more aptly influenced by the prevailing policies than the latter. Nevertheless health at individual level is invariably affected by health of the whole community and the surrounding environment.

One important determinant of the high level factor is education attained by an individual or literacy level. Policy literacy among primary beneficiaries of that policy is vital for effective implementation. Illiteracy to the police has been linked to inability to effectively make informed health decisions that are key to leading a healthy life (Chiarelli, 2006). The main reason for this notion is that populations will respond effectively and promptly in particular policy recommendations based on how much they understand the present and future consequences of the policy. Since populations are dynamic, repeated sustained training efforts will be vital. Communities have a tendency to spread word for a good practice. Thus literacy may be required for a critical mass of members of the community to understand well the policy and that may have long lasting effects.

For a better understanding of the healthy public policy several authorities have developed conceptual frameworks which aims at guiding the primary implementers and beneficiaries. One such framework is the Cognitive framework which was developed by Gagnon. (Gagnon, 2006). In this framework two important aspects of policy that are aimed at cognitive faculty are expressed. One is the idea of subsystem of public policies in healthy public policy and the other a clearer path in decision making process. This idea has some parallel assumptions with the notion of policy literacy that a better understanding of the existing policy results into more ownership and compliance.

It is not only enough to emphasize on thorough understanding of the policy formulation process. Another quite important aspect of healthy public policy is embarking on a demanding but rewarding task of policy analysis. Analysing policies help understand relationships between ideas, key institutions involved and the various interests. (Walt 2008).Policy analysis reinforces the capacity of predicting consequences by systematically deducing mistakes done in the past as well as lessons learnt and applying the experience to shape the future policies.

Additionally policy analysis enables a second look at the context in which a policy has to be operationalised. A policy that might have been very effective in addressing health equity in a developed country might not directly translate into same results when applied in a developing country setting. Policy analysis enables for detailed understanding of nitty-gritty enablers and barriers to a specific policy process and can suggest ways in which a similar policy would be practical in a new setting with some adjustable entities (Gagnon, 2006).

An example of how this works was reported by Moloughney in 2012 who did a literature review on use of Policy framework to understand health related public processes. In this review the author presents policy process frameworks that have worked in helping to understand how health related public policy is implemented (Moloughney, 2012). This is interesting example of a detailed and thorough follow up at each process of the policy process making it easy to translate policy into action.

One example given is on an example of a public policy to address metabolic diseases. The framework needs to address the current and predicted scale of the problem as well as current and predicted consequences of the recommended health policy. Since there could be a change over time of the prevalence and incidence of target conditions, a suitable policy should have provision to accommodate the possible changes (Moloughney, 2012).

However policy processes are not as simple as they sound.

Some authors have described the healthy public policy processes and implementation as more of a complex iterative process. Its complex nature reveals itself in the difficulties which emerge when using policy in health promotion (Leeuw, 2007). The author underscores the idea that public policies are ubiquitous but yet elusive. Being present in the daily lives but having little or no power to change the established norms and beliefs including how health care is delivered. This augment however in my opinion lacks credible empirical evidence.

The fact that routine actions do not change easily based on policies doesn't mean that policies will have no influence at all in people's lives. It may take long but a useful policy recommendation will gradually put in practice all healthy behaviours. Of course this will be context specific.

However that does not forestall the fact that some policies that were once advocated were later refuted on the grounds of adding to the existing inequality in health. An example to this is a policy that encourage wealth accumulation hoping that the poor would benefit through a trickle down process did not work. The inequity in health became even more obvious and with severe consequences for the majority in the long run (Wilkinsonm 1996). Thus advocacy aimed at making it possible for the widest audience to get involved at the very initial steps of policy formulation seems invaluable.

Such advocacy becomes an important entity of the process of policy formulation. Ideally all policy development bodies need to realise a focused, swift and uniform process. This idea delves into the inclusiveness of policy development process. Since there is a varied overlap of how the different sectors play role in the final impact on health, a concerted effort by the responsible governing body needs to be able to link policies and potential overlap in their demand and implementation (Kemm J. 2001).

Potential causes of health inequalities

Inequality in health is common, differences exist between and within countries. The inequality may result from external factors like environment and surrounding community or internal factors like genetic make-up of an individual. At time a combination of the two. Understanding possible root causes of inequalities in health is key to tailored efforts towards reducing the health gap between the advantaged and the less advantaged in the society (Marmot 1998).

Inherently differences in health status of the people change much as other facets of life keep changing. Wealthy people are at a higher risk of metabolic diseases than people with low income. However this is not always the case and it can be environment dependent. Whereas people with high income in the less developed parts of the world are at a higher risk of obesity in high income settings a wealthy person will be able to afford more healthy food and avoid such problems. Thus a single policy will not cater for the needs of individuals in both settings. These needs however have potential to change over time and so focused policies need to do the same (Black 2001).

Similarly being vulnerable and disabled is a potential area which may bring about difference in accessing health. Vulnerable community members such as children and women and disadvantaged groups such as the disabled need in place policies that will protect and promote their health. In this case health inequality may be based on their natural attributes or to stigma. Another group that need humanitarian assistance like refugees and internally displaced people makes another group with potential inequality in health (Leaning J 2011).

A careful research is important in understanding needs of special groups before setting policies.

Based on common observations, it can be added that a difference in political affiliations or leadership can create inequality in health. It is a common occurrence for a politician to lobby for certain services for a particular community. Such a move creates a divide between members of the favoured community against those who are not part of it. If say the service lobbied was a health facility. Members of that particular community will have easy access to services as opposed to the others who may need to incur travel expenses. It is however understood that resources are scarce and such an occurrence is not exceptional however if one community is treated with partiality then an inequality exists that may take long to address.

How Healthy Public Policy approach can reduce health inequalities

Effective and sustained implementation of the Healthy Public Policy can bring about equity in health. This was supported by a number of case studies that were presented during the WHO conference in 1988 but also supported by several other authors (WHO, 1988, Kemm 2001).

Any policy however will have positive and negative effect(s) on health. A ban on tobacco use and smoking will improve health status of the population but at the same time reduce government revenue and consequently reduce health budget and similarly reduce employment and income on a particular population. Similarly construction of a high speed railway improves economy of a country or state but it disrupts the comfort of facilities and communities in the vicinity of the railway (Donalson L 2001). Thus, there has to be a tradeoff. Policy makers needs to assess carefully benefits and risks of a particular policy before rolling it out.

Different authors agree that in order to abolish inequalities in health and promote sustainability, both the present and the future state of health need to be considered in great detail. This includes preventing and promoting health and being mindful of the environment which supports all life (Coles, 1999, Joffe, 1997). Environment consideration is of particular importance in this case. All human health is depended on the environment in which they reside. Healthy public policy must address environmental conservation and preservation as an integral part of individual and community responsibility. Restrictive policies are needed to conserve the environment and promote health.

Another strategy that can effectively be employed to help bridge the gap of inequality in health is by investing efforts in making the community to understand policies governing their daily lives. This augment brings in the

464

picture the role of policy literacy among primary beneficiaries as a determinant of successful policy. Once the community is aware of the existing policies and the value there is in implementing them they will take action regardless of which status they are in the community, that way inequality is partly addressed. The more educated members of the community are, the more the likelihood that each member will anonymously take part in the implementation of the policy (Chiarelli 2006).

Conclusion

Healthy Public Policy idea has stood the taste of time in that, while the approach to unpacking its elements and implications has changes over time, the bigger picture of the concept remains the same. Thus underscoring the fact that while the definition and set strategies for public health policy may seem stable over time, its rationale has changed considerably (Donalson, 2001).

The health gap between the advantaged and the less advantaged appears to have increased in the recent past. Formulating policies based Healthy Public Policy framework has been described to reduce health inequalities and lead to equity. A strong commitment by policy formulating bodies of governments and other development partners is needed to ensure all policies are healthy oriented, comprehensive and context specific. Furthermore, a strong sustained emphasis on a multi-sectoral approach is needed to bring concerted efforts together for a bigger and immediate change. A healthier community leads to improved social and economic productivity, which hopefully create a vicious cycle of success (Kemm 2001).

Addressing policy formulation issues based on the concept of healthy public policy should not be viewed as a linear relationship between various policy determinants. It is a complex interplay of policy enablers and hindrances at various levels of policy formulation, integration and implementation (Leeuw, 2007).

This calls for a careful research to be done that will help sharpen the precision of prediction of healthy policy consequences. In turn this has the potential to inform the process of policy formulation and implementation. Well formulated and clearly stipulated polices are a sure prerequisite for an effective translation of the demands of the policy (Baggott R 2011).

Reference list

WHO 1988. Adelaide recommendations on healthy public policy. Second international conference on health promotion, Adelaide, South Australia, 5 – 6 April 1988.

Kemm J (2001). Health Health impact assessment: a tool for healthy public policy. Promotion International; 16(1): 79 – 85

Cole, D.C., Eyles, J., Gibson, B.L and Ross, N (1999) Links between humans and ecosystems: the implications of framing for health promotion strategies. Health Promotion International, 14, 65 – 72

Joffe, M and Sutcliffe,J. (1997) Developing policies for a healthy environment. Health Promotion International, 12, 169 – 173

Whitehead , M (1995). Tackling inequalities, a review of policy initiatives. King's Fund, London, UK

Marmot, M.G (1998) Improvement of social environment to improve health. Lancet, 351, 57 – 60

Baggott R. (2011) Public Health: Policy and Politics. Basingstoke, Macmillan 2nd Edition.

Chiarelli, L., Edwards P.(2006): Building Healthy Public Policy. Canadian Journal of Public Health: 97 (2); 37 – 42

Gagnon F., Turgeon J., Dallaire C. (2006): Healthy Public Policy, A conceptual cognitive framework. Health Policy; 81(1); 42 - 55

Walt G.,Shiffman J., Scheider H., et al (2008): 'Doing' health policy analysis: methodological and conceptual reflections and challenmges. Health Policy Plan (2008) 23(5) 308 – 317

Carole ClavierEvelyne de Leeuw (2007) Framing public policy in health promotion: ubiquitous, yet elusive. Chapter 1. Oxford University Press.

Wilkinson R (1996) Unhealthy societies. The afflictions of inequality, London, UK.

Rosen G (1993) A history of Public Health. London, England: Johns Hopkins University Press; 38 – 41, 171 – 172.

Awofeso N (2004) What's new about the New Public health. American Journal of Public Health. 94; 5 : 705 – 709

Donalson L (2001) 125 years of public health in the UK. Journal of Social Promotion in Health; 121(3): 146 – 151

Beyrer C., Pizer H., (2007) Pub;lic Health and Human Rights. Evidence Based Approaches. Johns Hopkins University Press. 63 – 72

Black N (2001) Evidence Policy: Proceed with Care. Commentary. BMJ 2001; 323:275

Leaning J., Spiegel P., Crisp J., (2001) Public Health equity in refugee situations. Conflict and Health 5:6