

Relevance of Policy Change Models To Tackle Health Inequalities

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Overview

- State of Social Policy to address health inequalities in Canada.
- Theories of Public Policy: Pluralism, Policy Paradigms, and Political Economy – How they can help.

State of Social Policy and Health Inequalities

Canada – Wanting

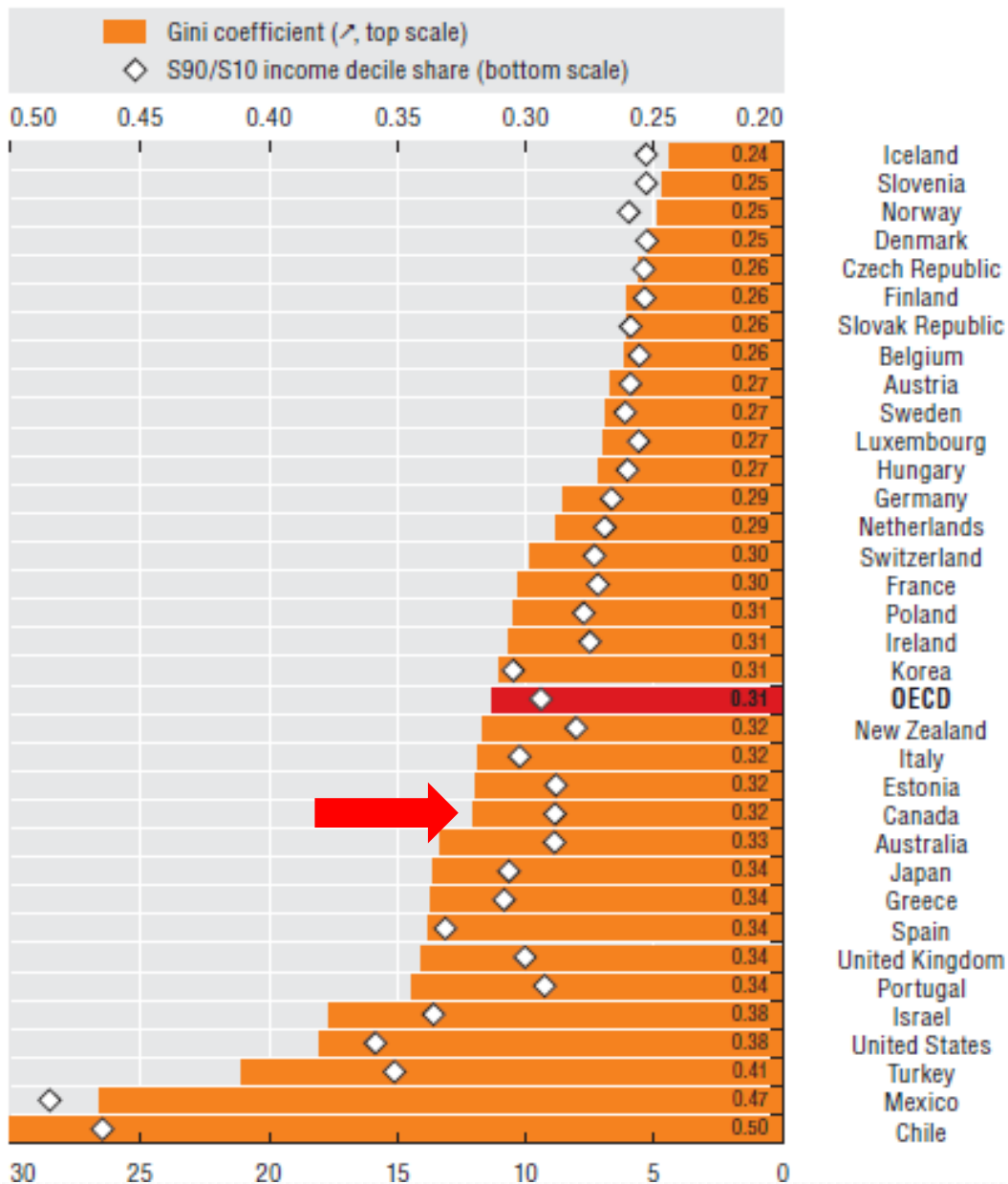
- Focus on changing health care.
- Lack of political will to address social inequalities in Canada.

Implications of Individualized Health Approaches

- Growing social and health inequalities in rich developed nations and poor nations.
- Canada - among biggest increases in inequality among rich countries.

OECD. (2008). *Growing Unequal? Income distribution and poverty in OECD countries*. Paris: OECD.

Panel A. Gini coefficient of household disposable income and gap between richest and poorest 10% in 2010



Source: Organisation for Economic Cooperation and Development. (2014). *Society at a glance: OECD Social Indicators*. Paris: OECD.

Canada

Dominant Political Influences:

- Federalism
- Political ideology -- Neo-liberalism – Emphasis on Market.
- Declining influence of federal government – decentralizing power to provinces in Canada.
- Influence Opposition parties – e.g. New Democratic Party, Green Party.

World Health Organization

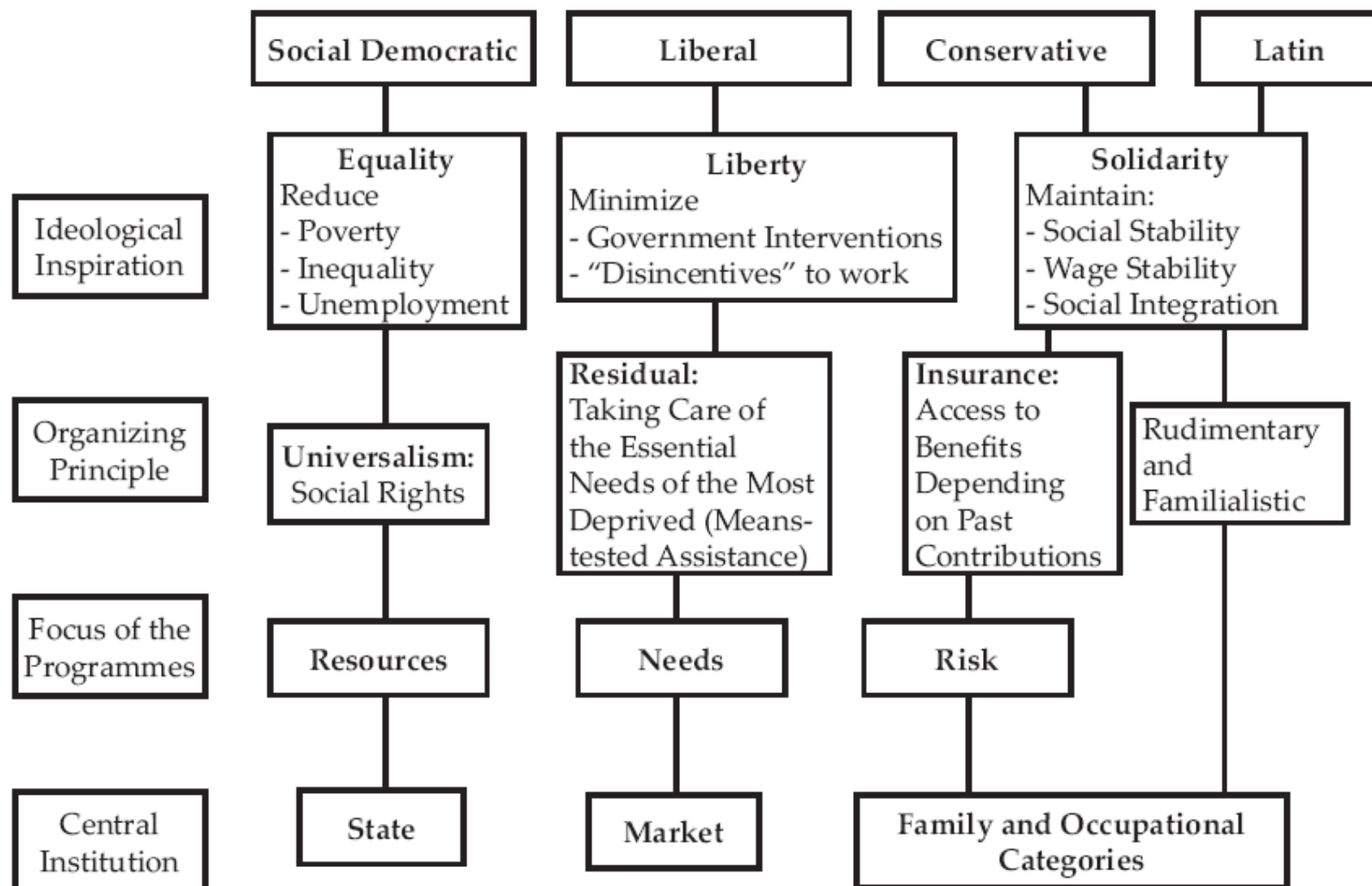
- “Health inequities exist because the wrong policies are in place.”

-- Dr. Margaret Chan
WHO Director General



Source: www.nicholsoncartoons.com.au

Figure 13.1: Ideological Variations in Forms of the Welfare State



Source: From "Convergence or Resilience? A Hierarchical Cluster Analysis of the Welfare Regimes in Advanced Countries," by S. Saint-Arnaud and P. Bernard, 2003, *Current Sociology*, 51(5), p. 503.

Policy Change Models

- Implementing or changing policy – essential to tackle health inequalities.
- WHO and others identify development of healthy public policy as cornerstone of new public health (Equity Action, 2012; World Health Organization, 2008, 2009).

Pluralism

- Widely used policy approach developed in North America.
- Interest groups: Key societal influence on public policy.
- State: neutral arbiter of societal interests.
- Consensus model of public policy.
- Emphasis on evidence and ideas.

Critique of Pluralism

- Undeveloped understanding of inequality.
- Assumes all citizens have equal access to political process.
- Citizens should not experience undue resistance to their ideas from government.
- Benevolent state will weigh evidence and merit of ideas.

Policy Paradigms

Three levels of policy change:

- ❖ First-order: change in policy settings;
e.g. Increase number of community health centres.
- ❖ Second-order: change in policy instruments.
e.g. To discourage smoking, use public education (voluntary). If ineffective, increase taxes on tobacco products (involuntary).
- ❖ Paradigmatic/Radical Policy Change: radical overhaul of policy goals and objectives.
e.g. Government shifts focus from health care to social determinants of health.
Development of welfare state in developed nations in post-WWII era.
Privatization in health care.

Policy Paradigms

- Paradigm shifts: based on ideas; politically rather than scientifically based.
- Anomalies of received paradigm (E.G. biomedicine) mount.
- Paradigm replaced by alternative paradigm (e.g. social determinants).
- Consensus – rational approach.

Political Economy

- Materialist perspective on politics and political process.
- Societal organization of production and distribution of social and economic resources give rise to ideas and institutions.
- Politics and economics – interrelated, shape public policy process and living conditions.
- Political, economic and social forces interact with social locations (i.e. class, gender, race, etc.)

Political Economy

- Influence of political ideology, specifically Neo-liberalism (ideology of market); political power.
- Compatible with social determinants and how political and economic environments shape distribution of resources within society.
- Focus on income-related health inequalities.

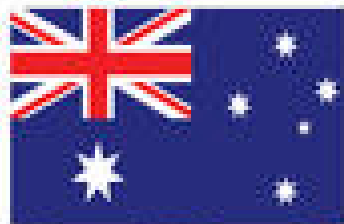
Table 10.1 State Institutions and Models of Policy Change – Welfare Regime, Electoral Process, Central vs. Federal System

	Finland, Norway, and Sweden	Australia and Britain and Northern Ireland	Canada and the USA
Pluralism	Maintain public support for the Nordic welfare state.	Continue to build public support for policy initiatives.	Public education as to the social determinants of health inequalities.
Policy Paradigms	Evaluate and communicate the Nordic welfare state paradigm's successes in promoting health and well-being.	Work to maintain state structures and interest in intervening in operation of the established market economy.	Recognize the profound barriers to paradigmatic shifts among well-established liberal welfare state.
Political Economy	Work to maintain social democratic ideals behind the Nordic welfare state	Recognize that forward movement will require ongoing vigilance against market forces.	Work to offset dominance of the policy agenda by corporate and business interests.
Proportional Representation	Maintain proportional representation in the electoral process.	All three policy models suggest means of promoting electoral reform towards proportional representation through public education, restructuring government, and balancing political power.	

Table 10.2 Power Relations and Models of Policy Change – Electoral Behaviour, Trade Union Strength, and Civil Society Coalitions

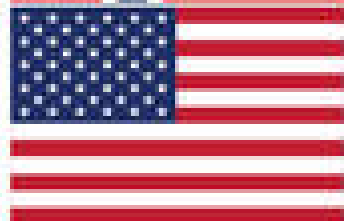
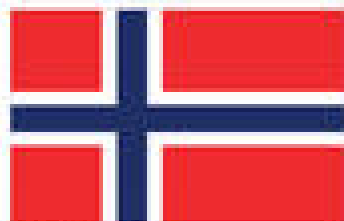
	Finland, Norway, and Sweden	Australia and Britain and Northern Ireland	Canada and the USA
Pluralism	Plurality of interests has historically supported public policies that promote health equity.	Plurality of interests that support health equity has varied over time such that policy directions are inconsistent.	Plurality of interests has never coalesced around tackling health inequalities through public policy action.
Policy Paradigms	Long-standing Nordic traditions promote receptivity to tackling health inequalities.	Shifting political fortunes of social democratic parties limit longstanding institutional commitments.	Dominance of corporate and business interests make tackling health inequalities by governments difficult.
Political Economy	Relative balance between business, labour, and civil society promotes progressive public policy.	Shifting political fortunes of social democratic parties provide inconsistent public policy activity.	Dominance of economic interests makes the raising of issues of health inequalities difficult.

	Finland, Norway, and Sweden	Australia and Britain and Northern Ireland	Canada and the USA
Pluralism	Continue to advocate for strong welfare state.	Advocate for continuing strengthening of commitment to address health inequalities.	Educate the public as to the deficiencies of the Canadian and USA welfare states.
Policy Paradigms	Maintain strong commitments to provision of economic and social security to citizens.	Strengthen institutional support for provision of economic and social security to citizens.	Confront and lobby for changes to weak and inadequate economic and social security provided to citizens.
Political Economy	Maintain strong commitment to social democratic principles in public policy.	Recognize significant sectors that resist state provision of economic and social security.	Strengthen citizen action that supports public policy in the service of all.



TACKLING HEALTH INEQUALITIES

Lessons from International Experiences



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Thank you!

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