

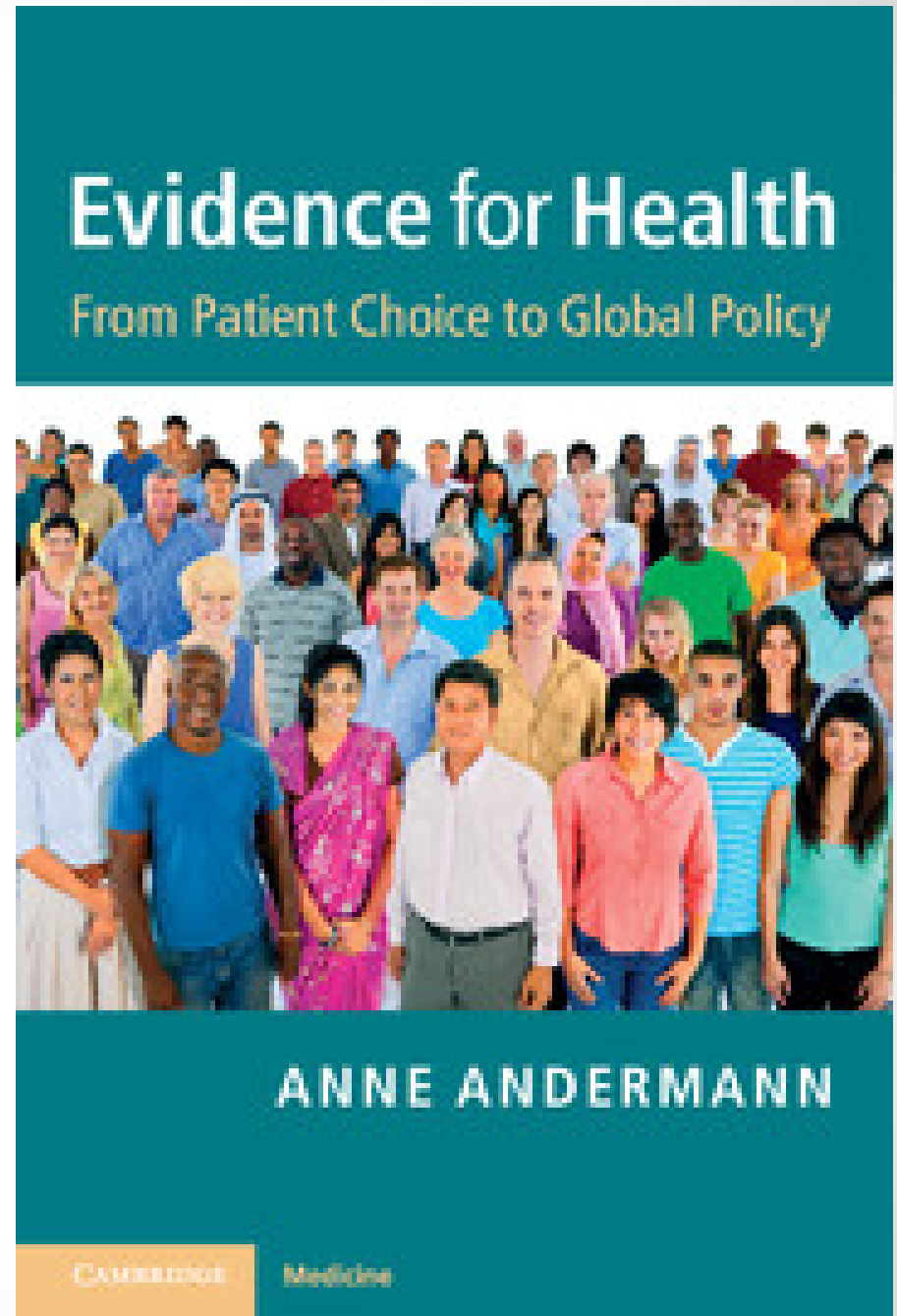
# A continuum of strategies for improving health

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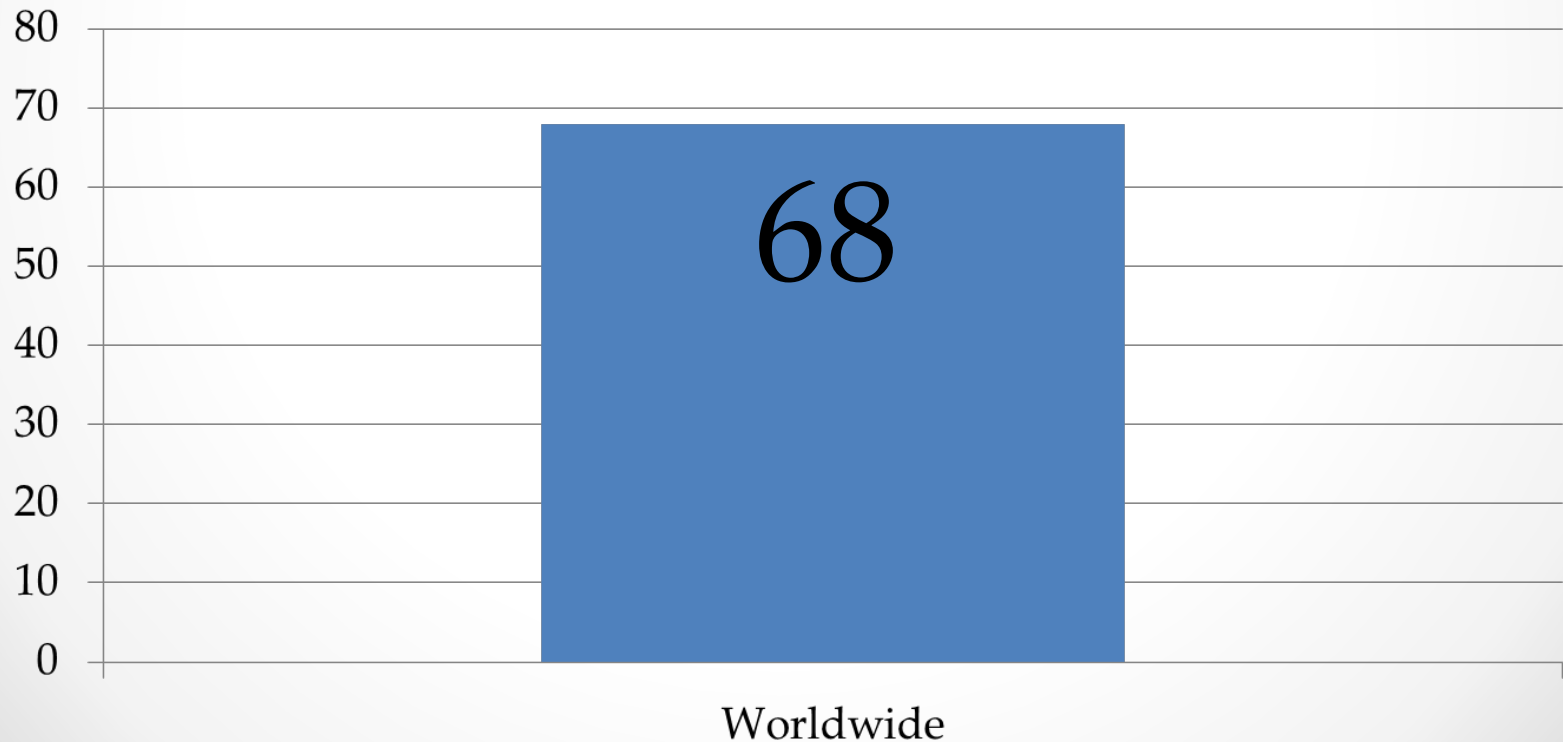
2013

Andermann A.  
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From Patient Choice  
to Global Policy.*  
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Press, 2013.  
Available at  
[www.cambridge.org/  
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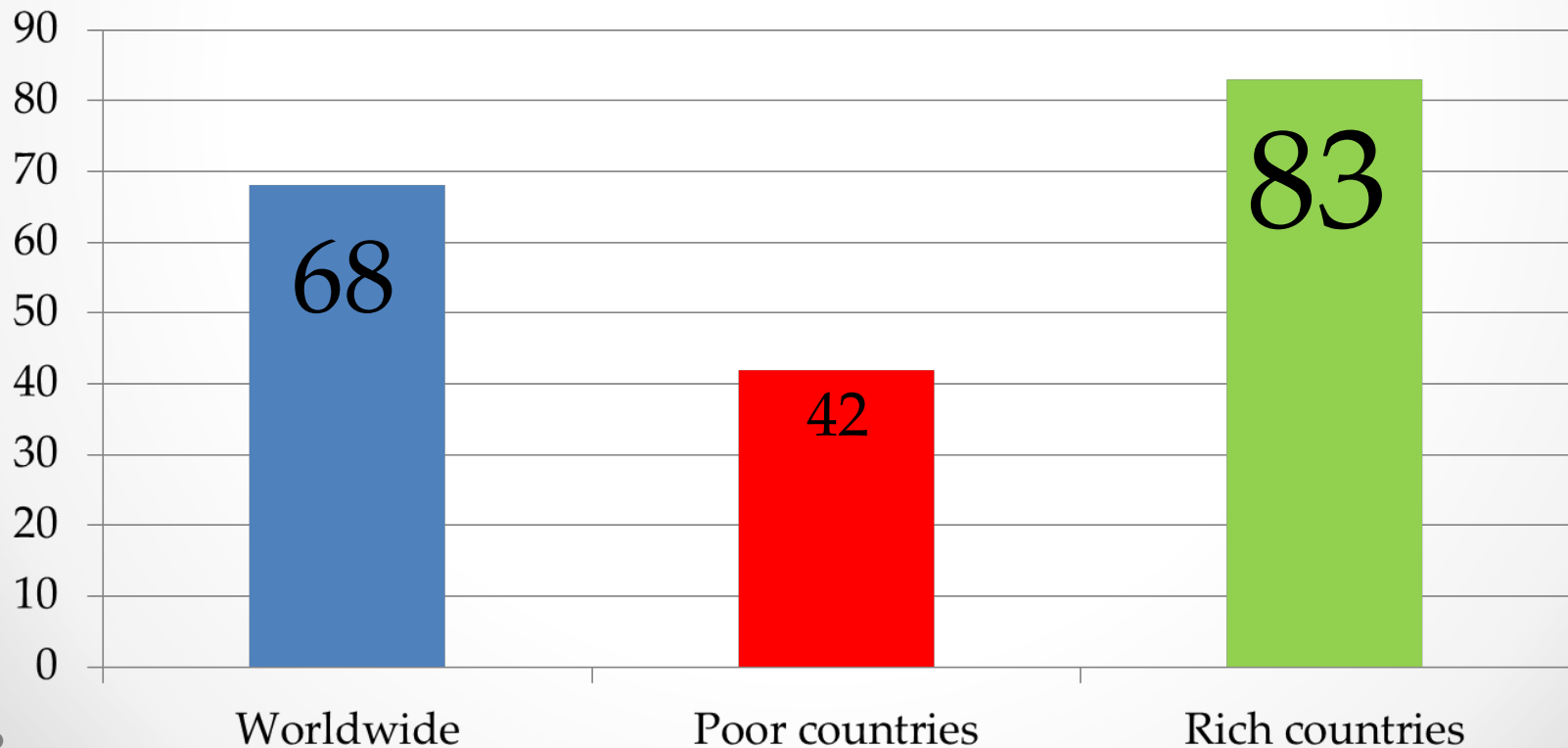
According to the World Health Organization, the **average life expectancy worldwide is 68 years**

Life expectancy in years



**But people in the poorest countries live about 40 years less than people in the richest countries in the world...**

Life expectancy in years

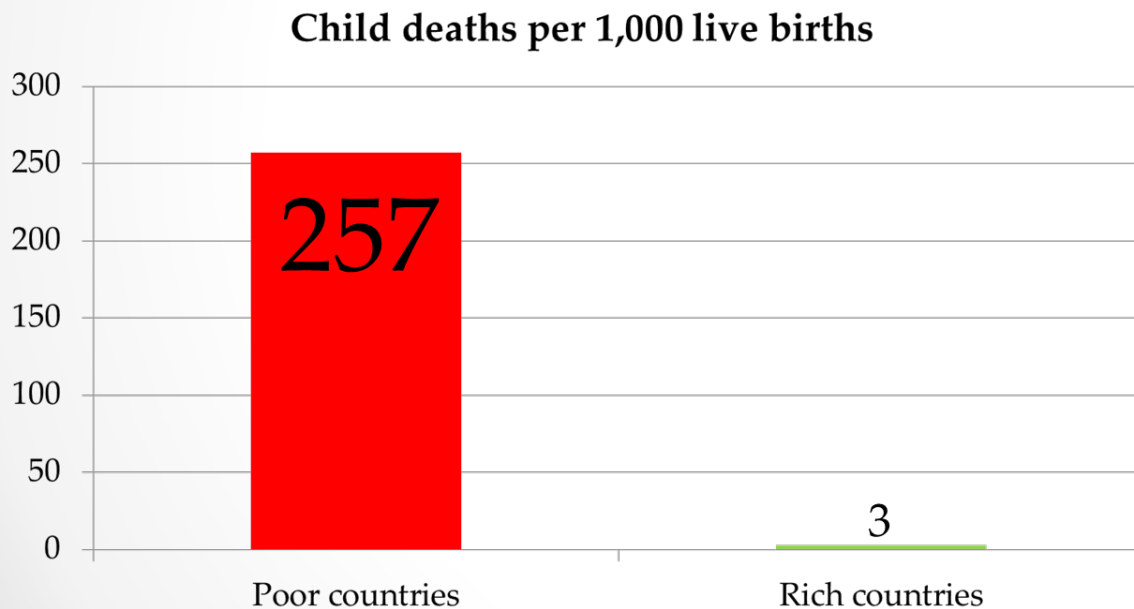


In some poor countries, over 1 in 5 children die before the age of 5, but in most rich countries over 99.5% survive

Child deaths per 1,000 live births



**There is no known biological reason why every population should not be as healthy as the best...**



These are  
*preventable*  
health gaps

# Growing inequities

Whether in rich or poor countries –  
health inequities are ubiquitous and  
know no boundaries

Health increases at every step up the  
socio-economic ladder

But what can we do?





# Healthy individuals

- Making people healthy requires more than going to the doctor when individuals are sick or injured...

sick or injured person



+

health care



= healthy?

# Healthy populations

- Rather, the health of individuals also depends on the health of their family, community and society...

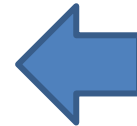
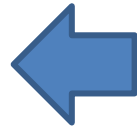
individual



family



community



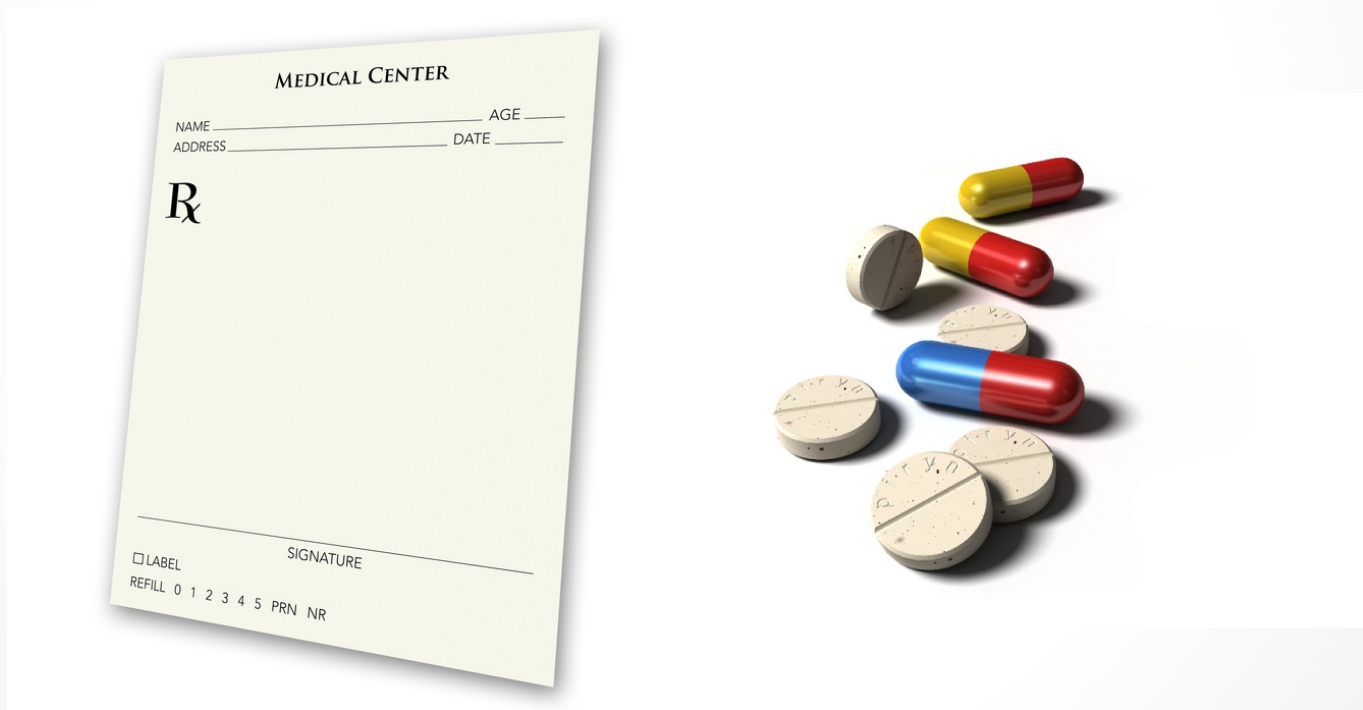
# Creating health

- So, what makes entire populations healthy?



# Health care services?

- While health care services are certainly important, they are not the only determinants of health...



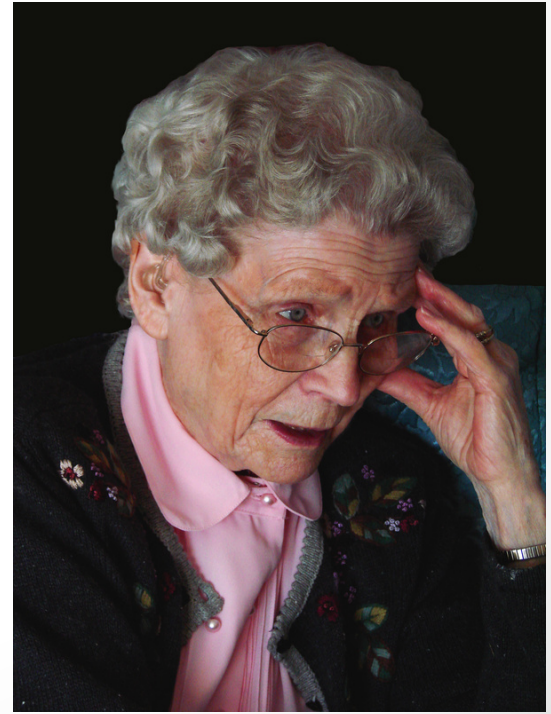
# Band-aids

- And often these services are just “band-aids” for larger underlying problems...



# Social causes of poor health

- Poverty, lack of education, unemployment, poor housing, social isolation, discrimination...



# Hopeless?

- These are often structural problems, deeply embedded within societies and often perpetuated from one generation to the next...



# Taking action

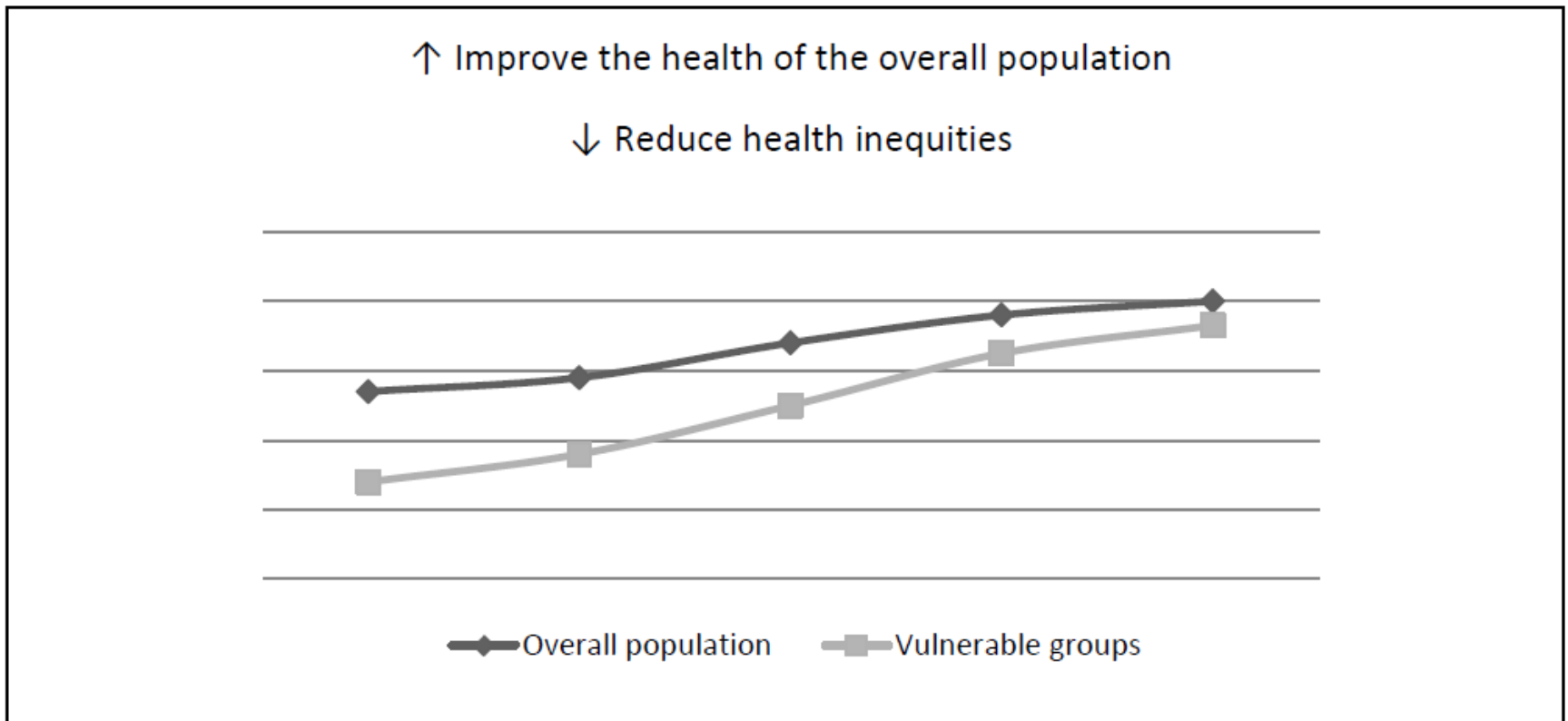
- Nonetheless, there are things that we can do...





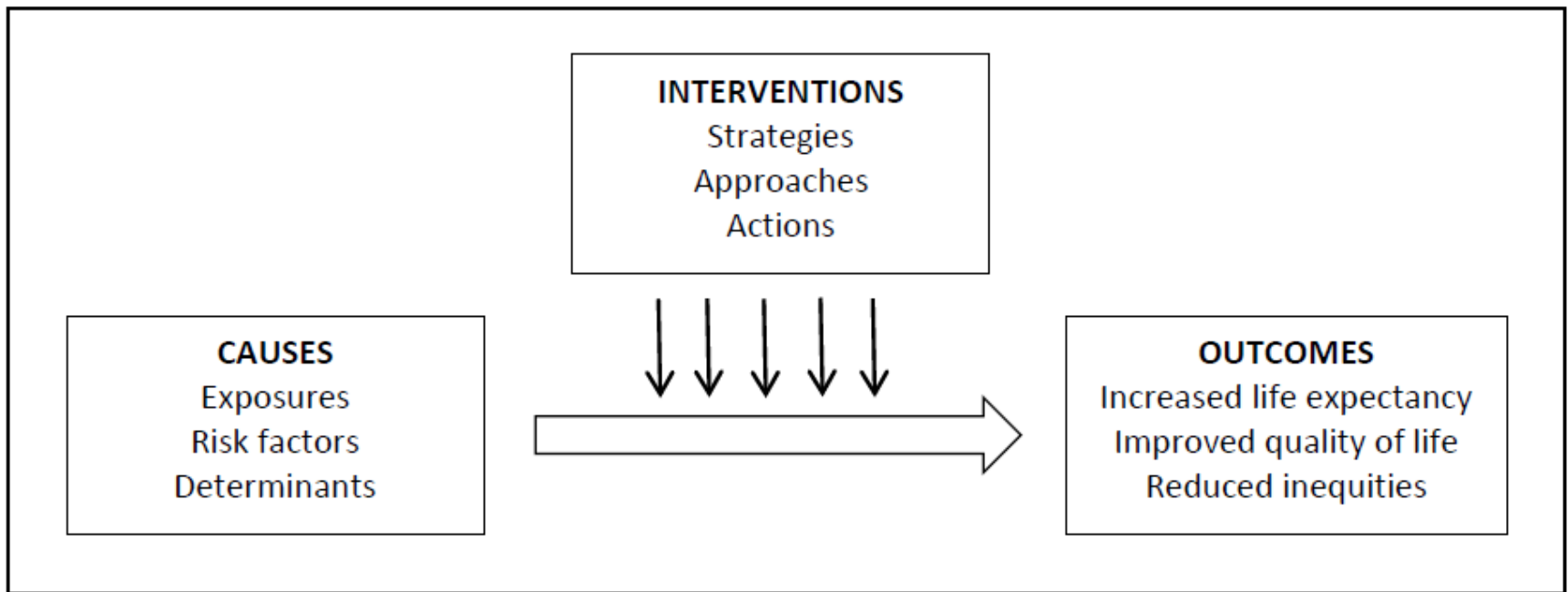
# The dual goals

Figure 2.2 The dual goal of population health is to improve health and to reduce health inequities



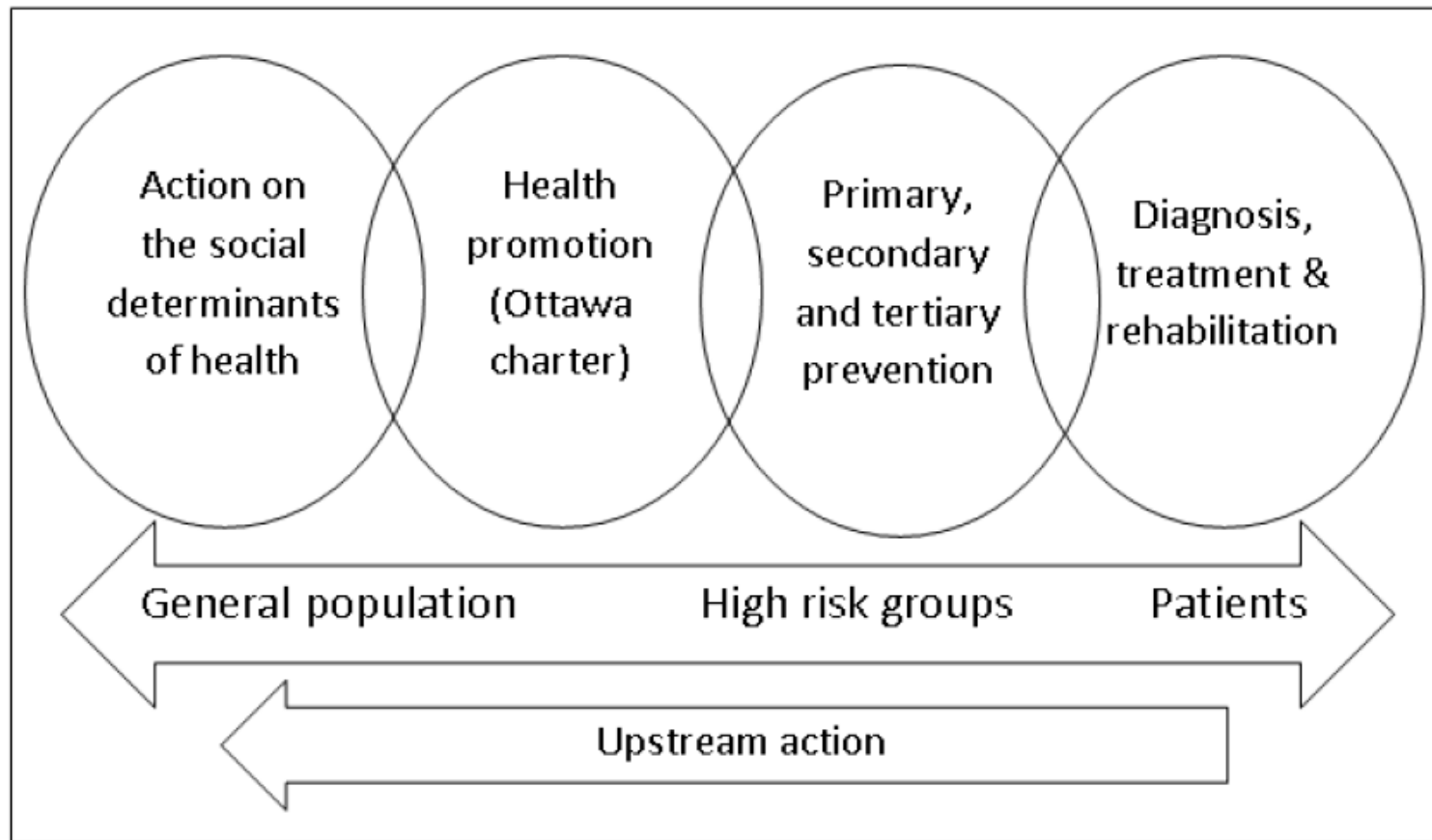
# Understanding the causes

Figure 2.3 Causes, interventions and outcomes



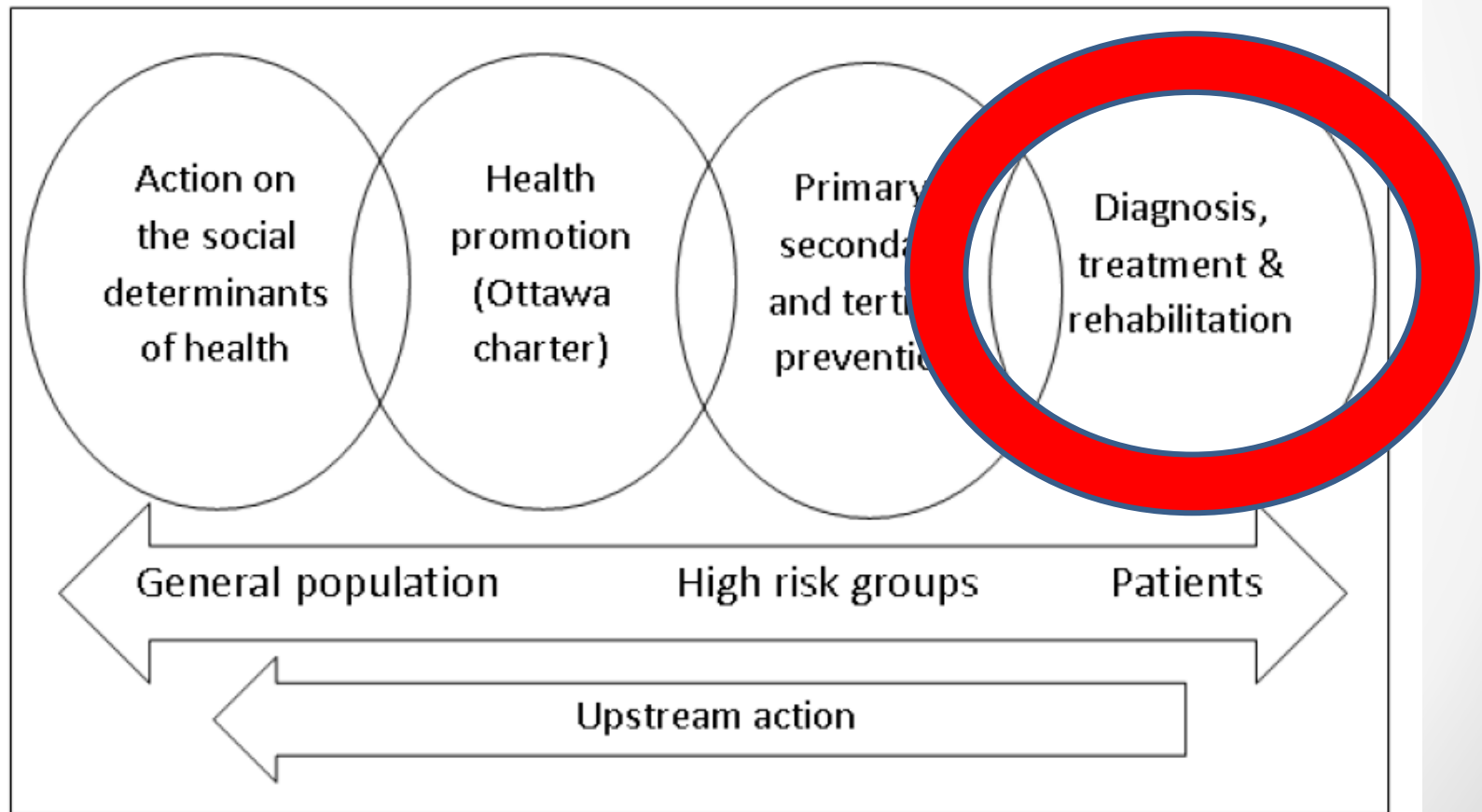
# Continuum of strategies

Figure 2.6 A continuum of strategies is required to improve population health \*



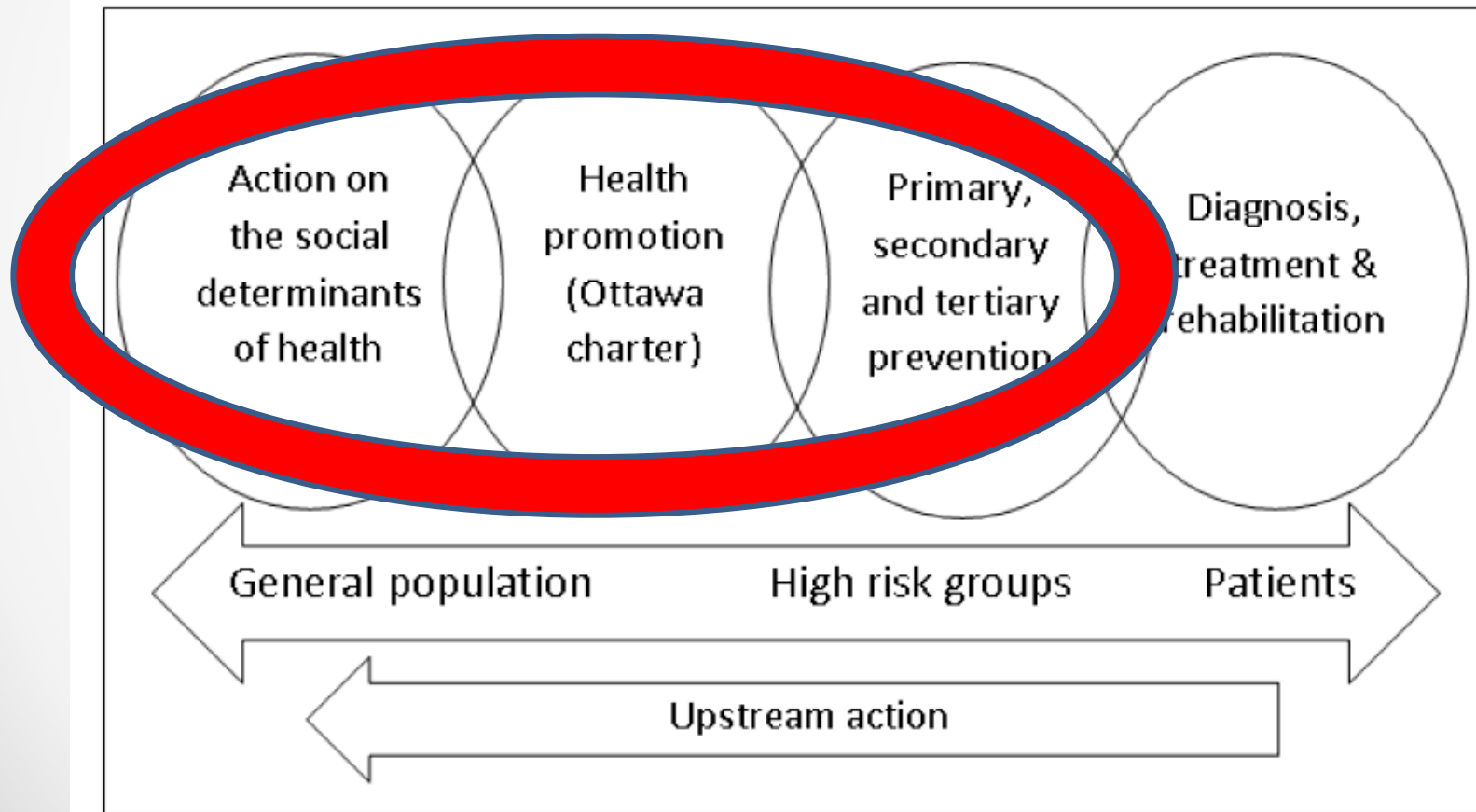
# Mostly intervene too late

Figure 2.6 A continuum of strategies is required to improve population health \*



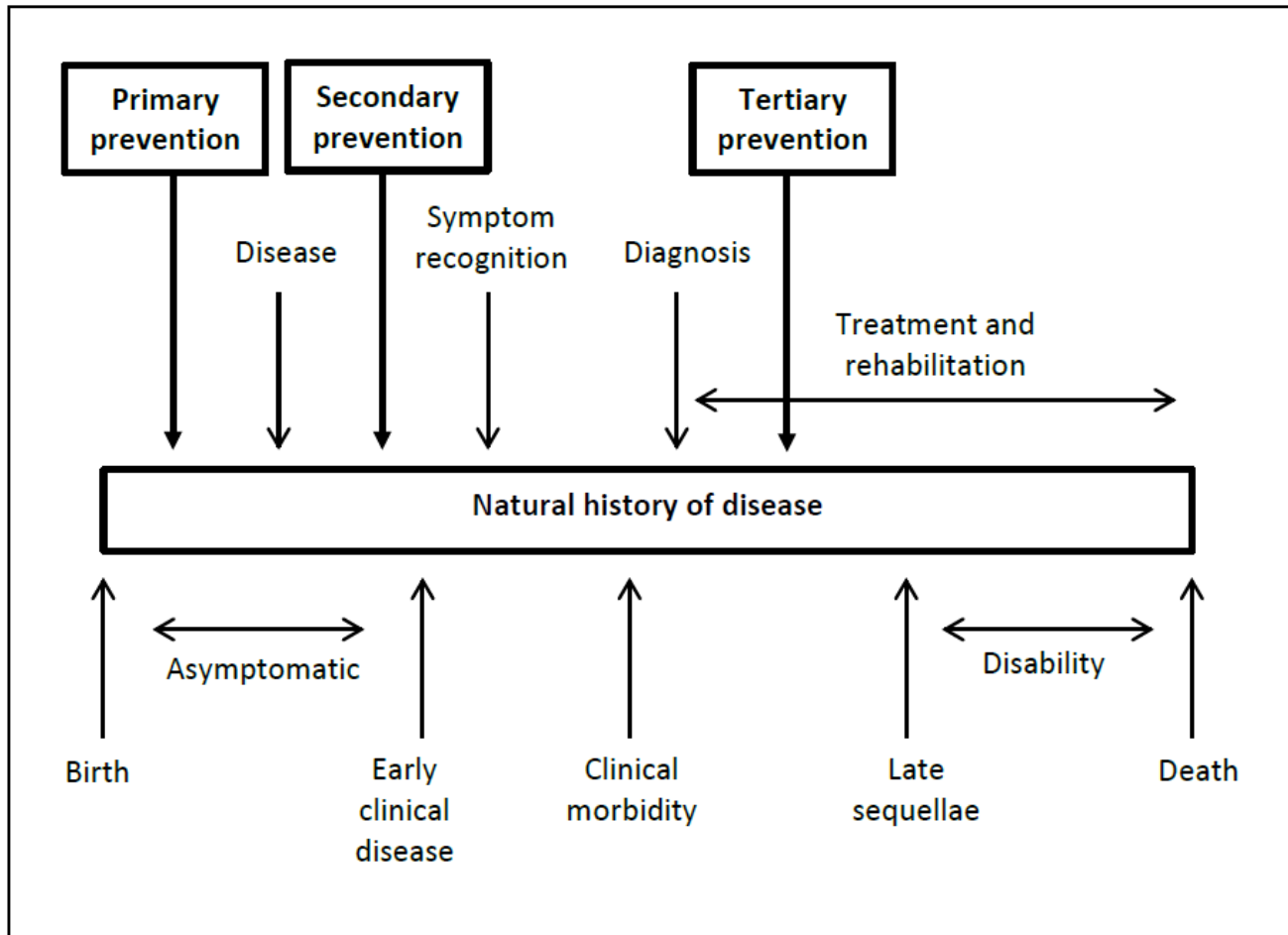
# But lots more we can do

Figure 2.6 A continuum of strategies is required to improve population health \*



# Prevention better than cure

Figure 2.7 Prevention strategies according to the timing of action in the natural history of disease

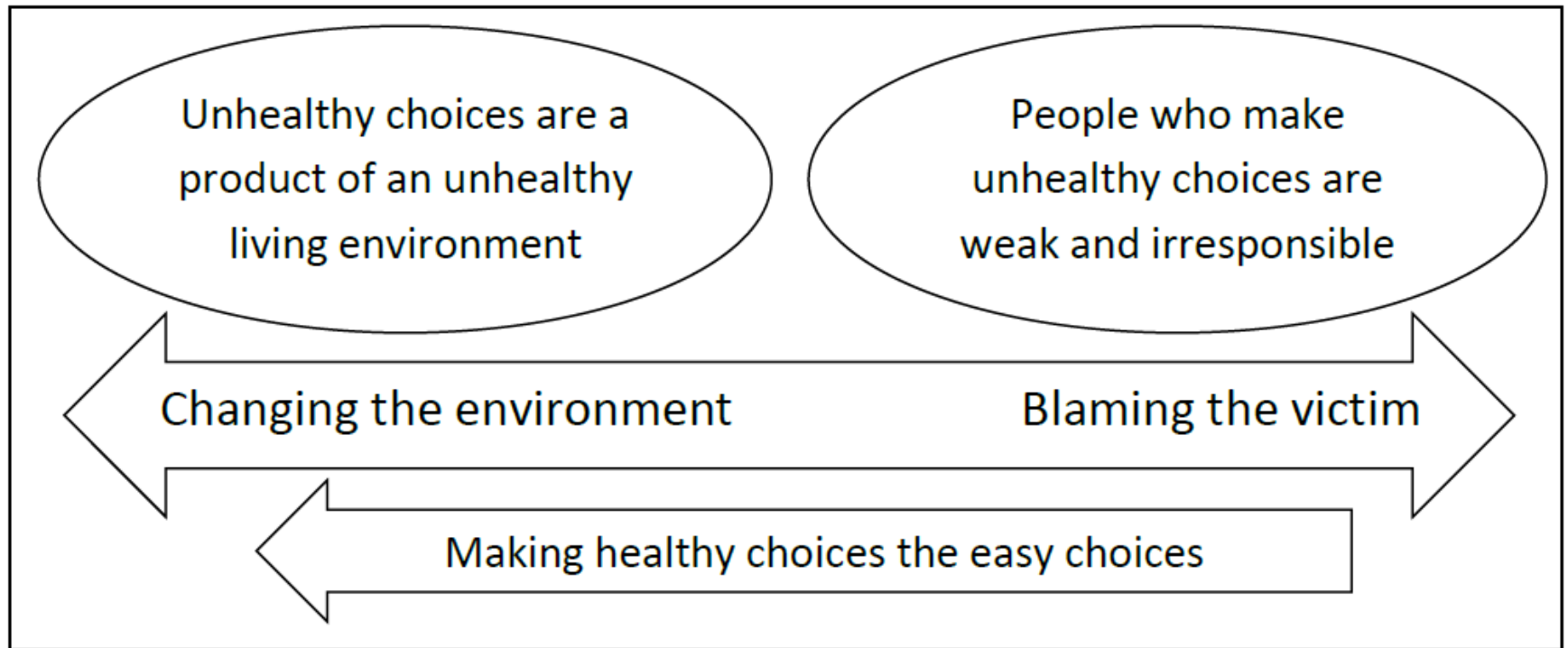


# Health promotion



# Stop blaming the victim

Figure 2.9 Creating supportive environments is needed to make the healthy choices the easy choices





# Addressing the causes

- “The primary determinants of disease are mainly economic and social, and therefore its remedies must also be economic and social. Medicine and politics cannot and should not be kept apart.”

○ Rose G. *Rose's Strategy of Preventive Medicine*. Oxford: Oxford University Press, 2008.

**Intersectoral action**

**Health in all policies**

# A good start in life

A stable home



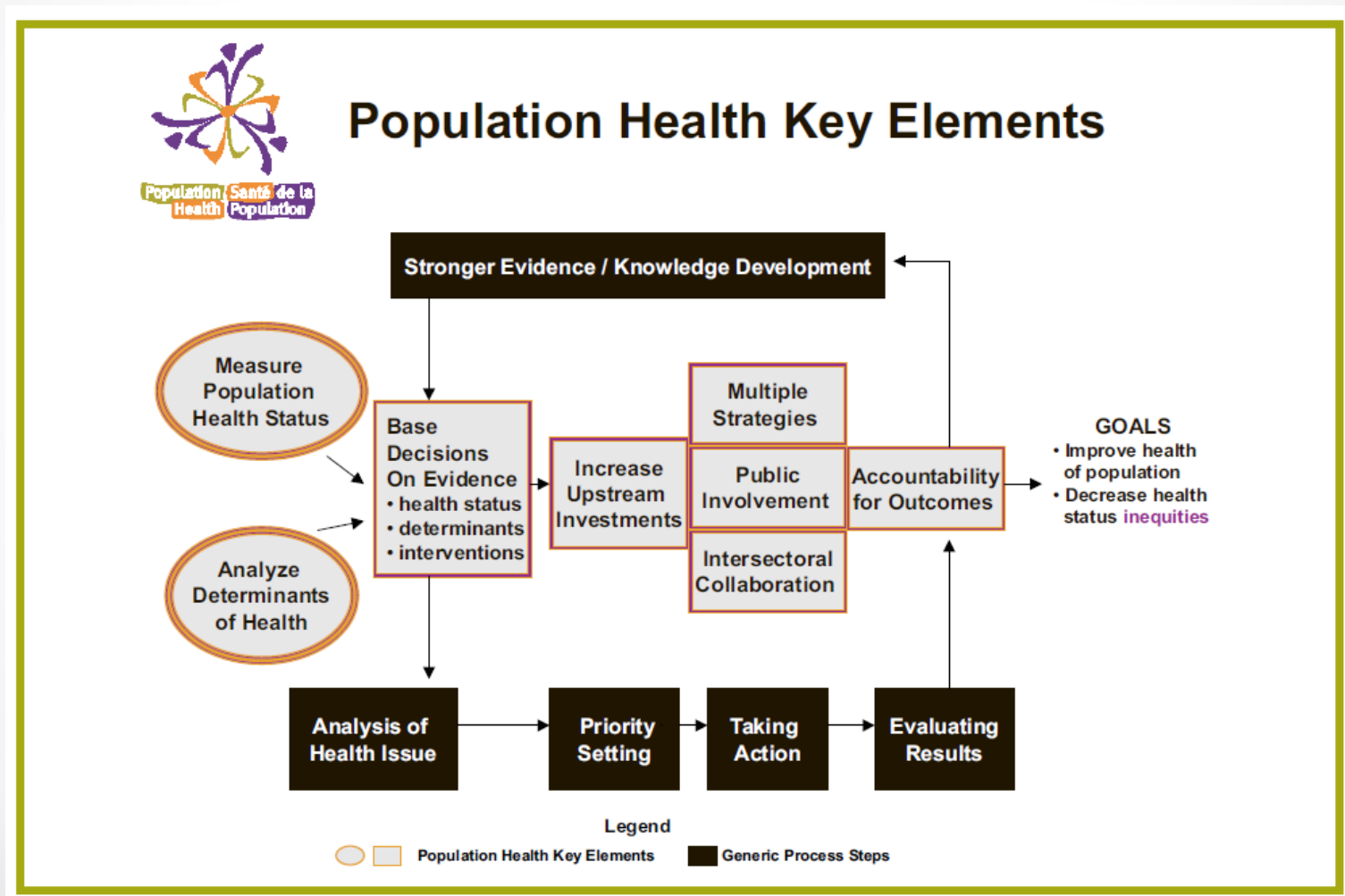
Vaccination



Child care

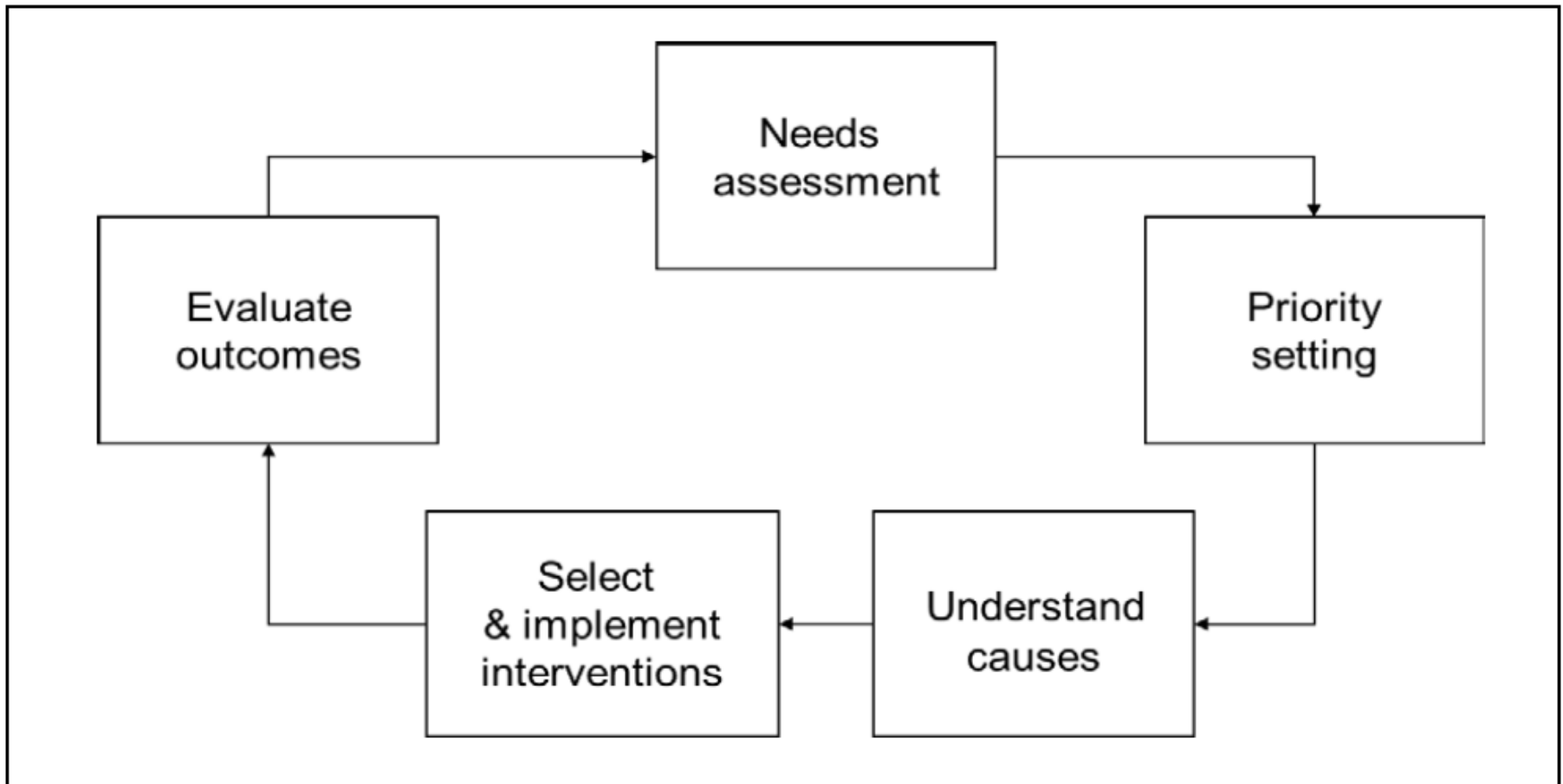


# Action at multiple levels



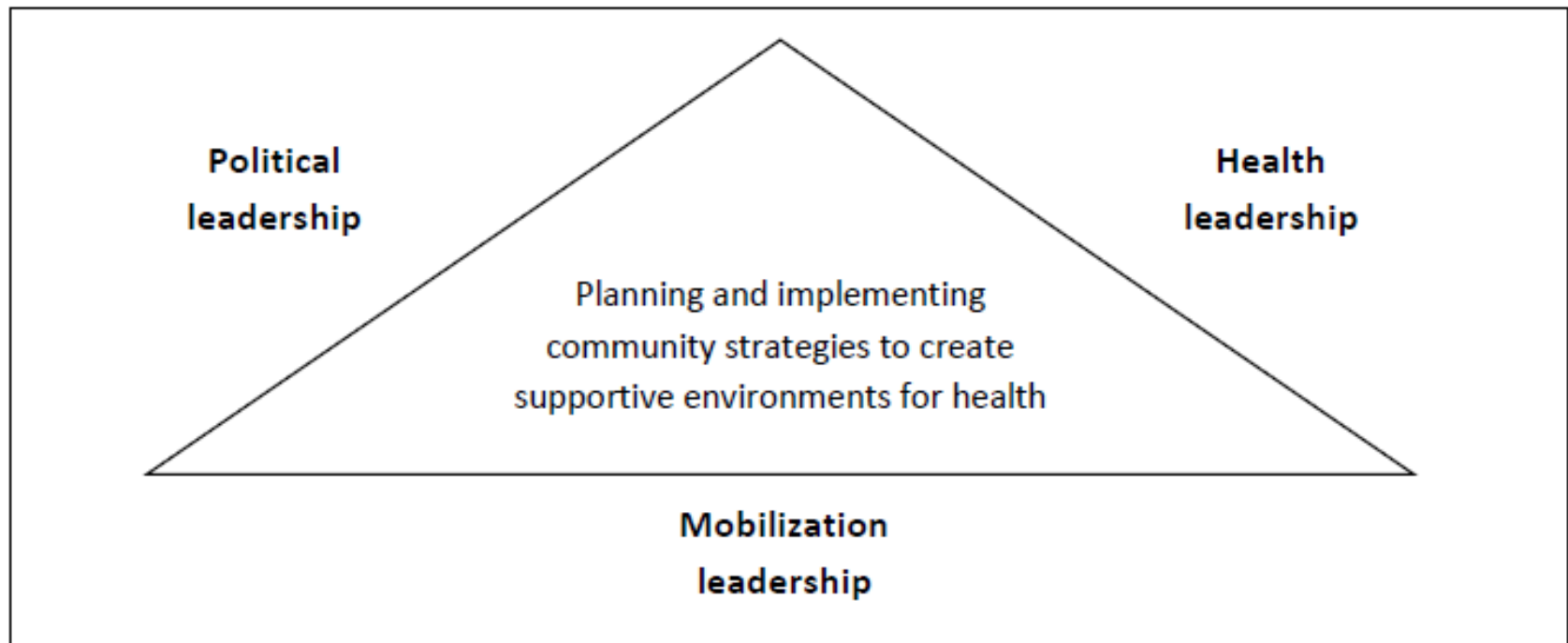
# Requires planning

Figure 2.5 The health planning cycle



# Health leadership

Figure 7.2 Tackling the social determinants takes multiple types of leadership \*



\* Adapted from: Bourque D. *Concertation et partenariat: Entre levier et piège du développement des communautés*. Québec: Presses de l'Université du Québec, 2008.

# Evidence of “what works”

- Early childhood home visitation programs prevent child maltreatment
- Publicly-funded, center-based early childhood development programs increase school readiness
- Full-day kindergarten programs improve the health prospects of low-income and minority children
- Individual & group cognitive behavioural therapy reduce psychological harm following traumatic events
- Universal school-based programs to reduce violence prevent or reduce violent behaviour
- Tenant-based rental assistance programs reduce household victimization and social disorder

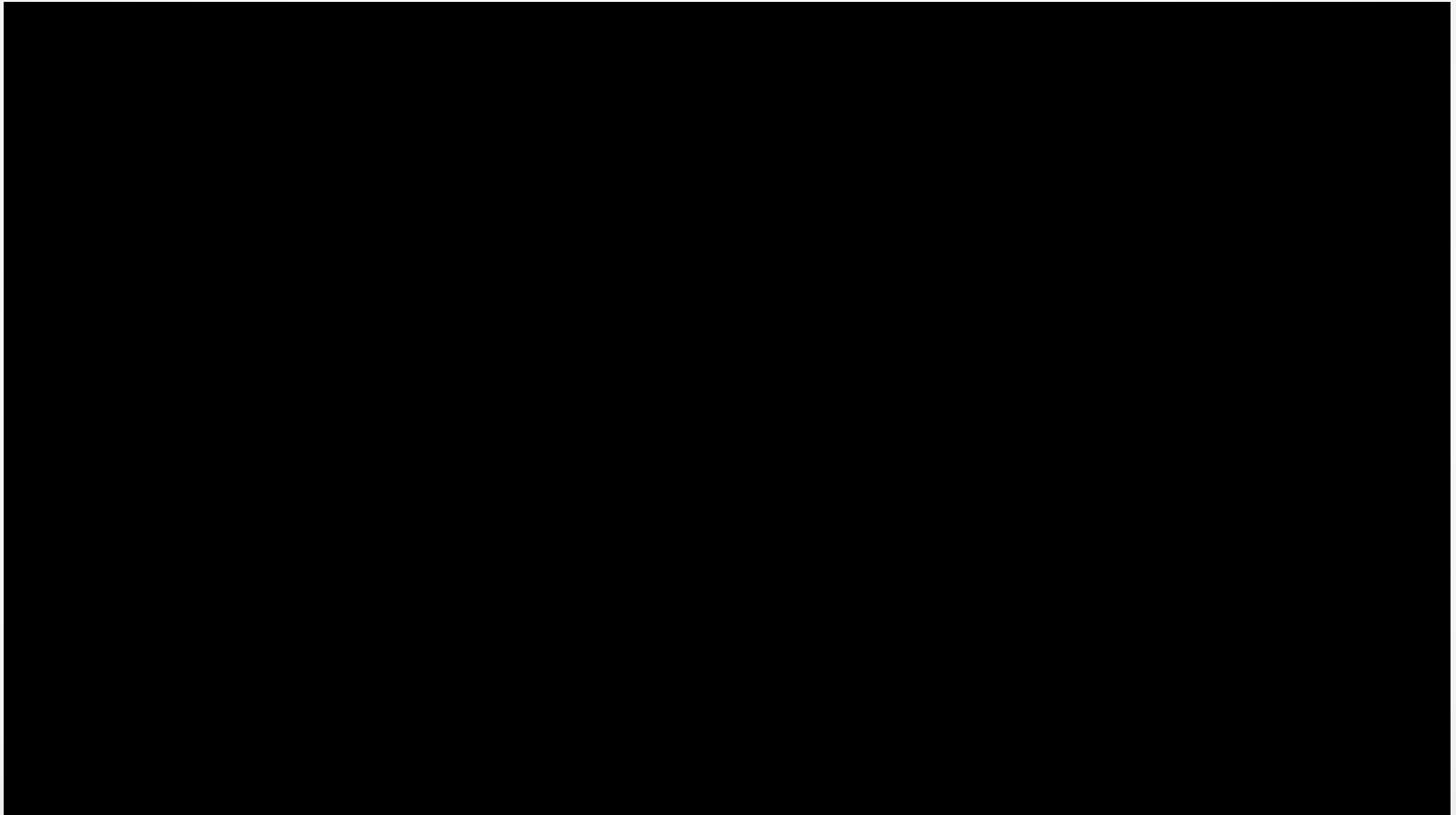
<http://www.thecommunityguide.org/>



# What about where I live?

- In spite of the 10/90 research gap... there is growing evidence for what works in low and middle income countries, for example...
  - Cochrane Collaboration  
<http://summaries.cochrane.org/>
  - Campbell Collaboration  
<http://www.campbellcollaboration.org>
  - WHO EVIPNet  
<http://www.who.int/evidence/en/>
  - SURE policy briefs  
<http://www.who.int/evidence/sure/policybriefs/en/index.html>

# Evidence in the real world



• <http://www.who.int/evidence/sure/videos/en/index.html> •



# Proven interventions for

- De-worming HIV co-infected patients  
<http://summaries.cochrane.org/CD006419/>
- Improving household water quality  
<http://summaries.cochrane.org/CD004794/>
- Using micronutrient powders in infant food  
<http://summaries.cochrane.org/CD008959/>
- Increasing school enrollment  
<http://campbellcollaboration.org/lib/project/123/>
- School feeding programs  
<http://campbellcollaboration.org/lib/project/23/>
- Conditional cash transfer programs  
<http://summaries.cochrane.org/CD008137/>
- “Hot spot policing” to prevent crime  
<http://campbellcollaboration.org/lib/project/24/>
- Street lighting to prevent motor-vehicle fatalities  
<http://summaries.cochrane.org/CD004728/>

# And many on the way...

- Water and sanitation  
<http://campbellcollaboration.org/lib/project/245/>
- Social health insurance  
<http://campbellcollaboration.org/lib/project/137/>
- Micro-credit  
<http://campbellcollaboration.org/lib/project/178/>
- Cash transfer payments  
<http://campbellcollaboration.org/lib/project/218/>
- Community-oriented policing  
<http://campbellcollaboration.org/lib/project/228/>
- Land property rights  
<http://campbellcollaboration.org/lib/project/220/>
- Elections  
<http://campbellcollaboration.org/lib/project/217/>

# The know-do gap

“Despite a growing body of scientific evidence on how to best improve health, decisions often do not incorporate this evidence. At times the reasons for disregarding the scientific evidence are strategic, economic or political. However, more often it is due to a lack of awareness and understanding, as well as issues of logistics and timing. Having the right information at the right time in the right format is critical to incorporating evidence into decision-making.”



# But what can busy health workers do?



**The CLEAR toolkit** was developed by an international collaboration of researchers and policy makers to help frontline health workers tackle the social causes of poor health



The CLEAR toolkit  
IMPROVING LIVING CONDITIONS SAVES LIVES

Version 2.0



**The goal** of the CLEAR toolkit is to help frontline health workers **prevent disease** and premature death by taking practical steps to improve the living conditions of their patients.

**The focus** of the CLEAR toolkit is on improving the health of **the most disadvantaged** and vulnerable groups in each local community.

**The audience** of the CLEAR toolkit is **local community health workers** who come into direct contact with those who are the most disadvantaged and vulnerable.

**The intended impact** of the CLEAR toolkit is to create **healthier communities** with higher living standards and improved health, particularly for those who are most in need.

What can frontline community health workers do to improve living conditions for disadvantaged groups?



- **TREAT** the immediate health problem
- **ASK** about underlying social problems
- **REFER** to local social support resources
- **ADVOCATE** for more supportive environments

©Dr. Anne Andermann on behalf of the CLEAR Collaboration. Suggested citation: Andermann A on behalf of the CLEAR Collaboration. *The CLEAR Toolkit: Helping Health Workers Tackle the Social Causes of Poor Health* [version 2.0]. Montreal: Department of Family Medicine, McGill University, 2013. Available at: <http://www.mcgill.ca/familymed/research/clear>

Frontline health workers can make a difference by...

1. **Treating** the immediate health problem





2. **Asking**  
about  
underlying  
social  
problems

3. **Referring**  
to local  
social  
support  
resources,  
and





# 4. **Advocating** for more supportive environments

Good schools



Safe jobs



Healthy food



Public transport



Green spaces



Clean water

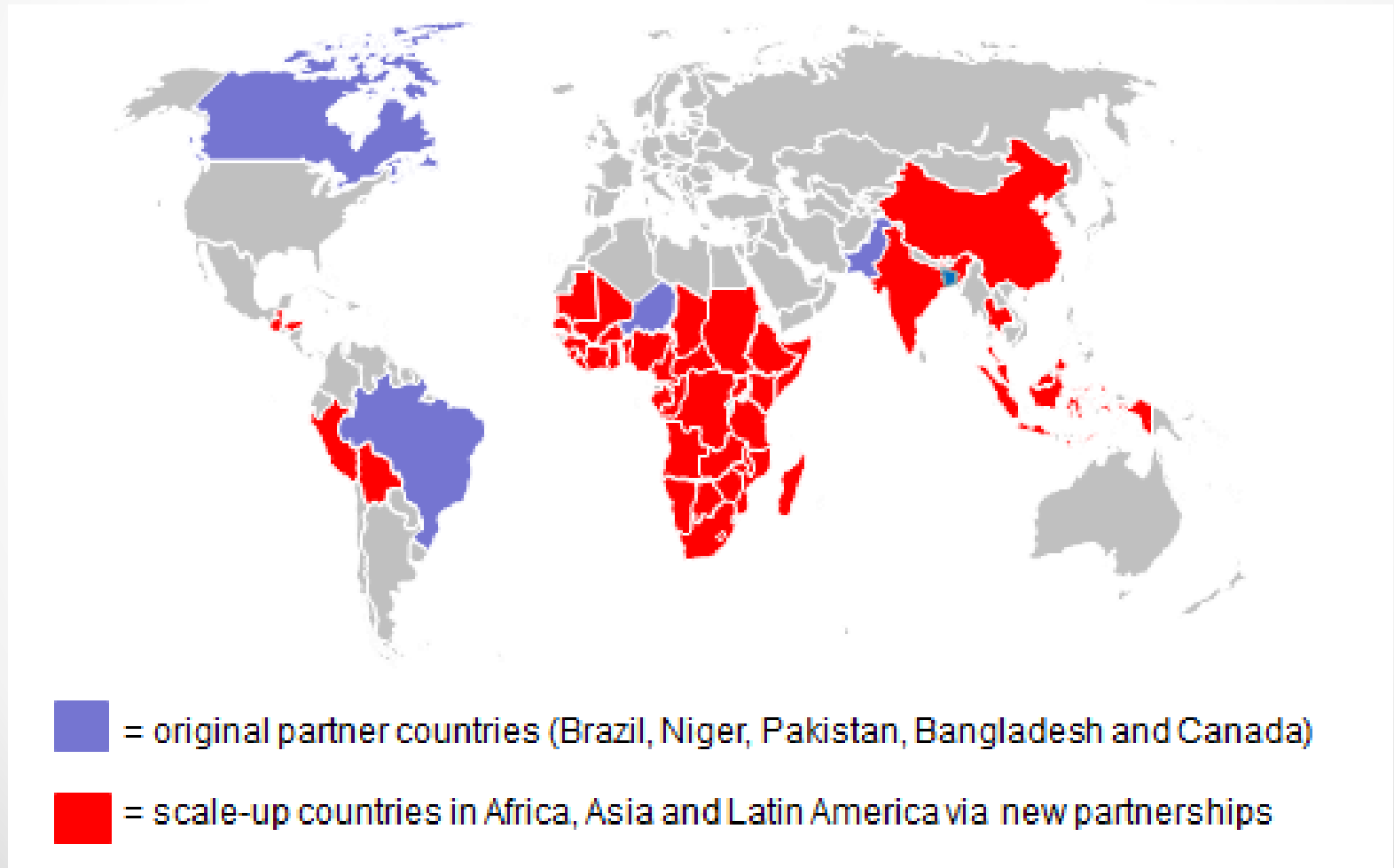


But, the CLEAR toolkit can only impact people's lives if it is being used by frontline health workers who **reach out** to disadvantaged groups

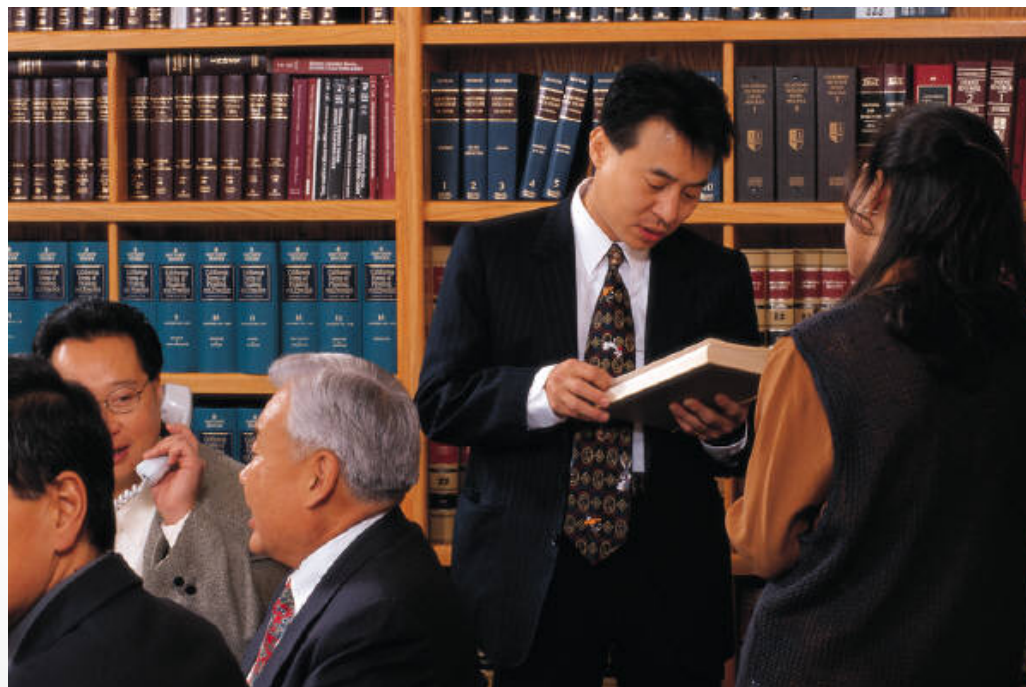


*Without  
contact  
there  
can be no  
impact*

Our partners are piloting and rolling out the CLEAR toolkit among frontline community health workers **worldwide**



The toolkit is being embedded into local health worker training programs in dozens of countries with the involvement of ministries of health to ensure coherence and **sustainability**



Implementation research is being used to refine the toolkit, facilitate local adaptation, measure the health and social impacts, and build the **evidence base**





## The CLEAR toolkit

aims to:

- Improve social support, and
- Create more supportive environments for health

Which can in turn:

- Increase health and well-being
- Lower childhood mortality
- Strengthen communities, and
- Reduce health inequities

Because  
every  
child  
deserves  
a fair start  
in life



# Video clips

- Making the connections: our city, our society, our health...

<http://www.wellesleyinstitute.com/our-work/research-methods-tools/systems-thinking/making-the-connections/>

- Let's start a conversation about health and not talk about health care at all...

<http://www.youtube.com/watch?v=A-3Q3vpPQNM>





# Beyond the hospital

“If our goal is to improve health, those within the health sector must move outside classrooms, laboratories, and hospital walls to embrace a broader approach to health”

- Mary Ann Mercer

# It's about people

“Everything that structures our lives has been decided by people, and if we want, these decisions could be changed to create a healthier and more equitable world.”



# Learning from each other

- What experiences have you had in addressing the social causes of poor health in your local context?
- What has worked well and why?
- What changed as a result of these actions and how could such changes be measured?
- What would you recommend?

**You know your local community best,  
You hold the key to creating change**

# Questions?

