Policy Approaches to Reducing Health Inequalities: A practical exercise using the example of food insecurity

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This document presents an exercise to be used in conjunction with the briefing note, *Policy Approaches to Reducing Health Inequalities*, which we advise you to read before doing the exercise. This document is available at: https://www.ncchpp.ca/141/publications.ccnpps?id_article=1548

We hope to provide practical experience in distinguishing between the different approaches and to stimulate reflection on the implications of different policies designed to intervene on an issue related to health inequalities. The exercise is adapted from workshops and webinars given by the NCCHPP and is meant as a tool to assist public health actors in reflecting on the types of policy approaches that might be used to tackle health inequalities by reducing food insecurity. A summary of the main policy approaches to reducing health inequalities is followed by a practical exercise on the topic of food security.

Summary

For up-to-date knowledge relating to healthy public policy

Introduction

Health inequalities[1] have been a preoccupation of public health for many years. They occur when some population groups enjoy better health, longer life expectancy, and a host of other health-related advantages compared to other population groups. Health inequalities are often seen among different income groups but also occur between groups defined by gender, race, or age, for example. Different policy approaches have been proposed over the years to reduce health inequalities. In the briefing note, *Policy Approaches to Reducing Health Inequalities*, we distinguish between approaches that act predominantly on the social determinants of health and those that act predominantly on the social determinants of health inequalities. The former include approaches that target living conditions, communities and settings, as well as individuals, while the latter consist of approaches that focus on the social, political, cultural, economic and environmental contexts, as well as the social positioning of groups and individuals within the population. Below, an explanation of what we mean by policy approaches and a short summary of each is cited from the briefing note. For further comparison of the approaches, please consult the table on pages 11-15 of that document or in the standalone version available at: http://www.ncchpp.ca/docs/2020-Ineg-Ineg-Table-Policy-Approaches-Reducing-Inequalities-En.pdf. In the present document, we invite the reader to reflect on these approaches in relation to the specific policy issue of food insecurity.

[1] The Government of Canada defines health inequalities as "differences in health status experienced by various individuals or groups in society. These can be the result of genetic and biological factors, choices made or by chance, but often they are because of unequal access to key factors that influence health like income, education, employment and social supports" (Government of Canada, 2008, p. 5). While the term *health inequities* is often used in the literature, we have used *health inequalities* here as in other documents by the National Collaborating Centre for Healthy Public Policy (NCCHPP). Note: all of our documents are produced in both French and English and there has not yet been a widely agreed-upon translation of *health inequities* into French (the World Health Organization [WHO] Commission reports on the social determinants of health, for example, use *health inequities* in English and *inégalités en santé* in French). For clarity and consistency, we use *health inequalities* in English and *inégalités de santé* in French.

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Policy Approaches to Reducing Health Inequalities

"In this section, we look at various broad policy approaches that have been used to confront health inequalities. We have organized this presentation around what we've called policy approaches to reducing health inequalities to highlight the links that exist between broad approaches and likely outcomes related to inequality. The different approaches we have separated in what follows are neither uniform nor necessarily always mutually exclusive. Most of the categories are deliberately broad and not meant to be exhaustive. Yet, they cover most of the ways of approaching health inequalities with a view to diminishing them. We have deliberately avoided an in depth discussion of specific policy types (universal, targeted, targeted universal, etc. (cf. Carey & Crammond, 2014) in the hopes of going one step back from that and looking at how each of the approaches conceives of inequality and how this affects the point from which each of them is likely to enter the continuum of how health inequalities come to exist and persist. Our hope is that by categorizing them in this way, we help readers to see how tackling health inequalities from different broad approaches will significantly impact policy entry points and as a result, likely outcomes.

These approaches most often tackle either the social determinants of health inequalities, or the social determinants of health. Depending on the inequality reduction objective pursued (targeted, gaps, gradient) and the manner in which health inequalities are conceived (…), certain approaches have been more or less emphasized, alone or in combination with others.

(…)

APPROACHES THAT ACT *PREDOMINANTLY* ON THE SOCIAL DETERMINANTS OF HEALTH INEQUALITIES

Approaches that act on the social determinants of health inequalities target the social, political, cultural, economic and environmental contexts, as well as the social positioning of groups and individuals within the population. Thus, they have an effect on how the social determinants of health are distributed within the population. These approaches are political economy, macrosocial policies, intersectionality, and life course.

Political economy

Political economy refers to a theory and an approach which, when applied to health inequalities, attempts to look at the assumptions and ideologies that underlie political and state structures and the effects that these have on populations. Political economy focuses on power and where it is concentrated in a society and examines how policies tend towards producing and maintaining inequality. Work on health inequalities from this perspective often emphasizes the need to fundamentally alter the nature of the role played by the state in liberal democracies so that it more closely resembles democratic states such as those found in Nordic and Scandinavian countries (Bambra, 2011; Raphael, 2007).

Macrosocial policies

The approaches which focus on macrosocial policies tend to suggest ways of reducing inequality through broad social policies but do not necessarily question the ways in which the structures and ideologies of governance define the extent to which this is possible. These approaches tend to favour policies that provide the conditions concomitant with the underlying ideological structures of governance of the state (universal health care, in liberal-democracies, for example, or provisions for daycare in social democracies). These universal policies are often seen from this perspective as best applied in combination with provisions targeting the most disadvantaged (Wilkinson & Pickett, 2009).

Intersectionality

Intersectionality is an approach that attempts to deal with multiple intersecting social positions of disadvantage. It was originally conceptualized by Black feminist theorists in the U.S. in the late 1980s as a way of explaining the dual discrimination faced by Black women as something distinct from the simple addition (woman + Black) of two categories of disadvantage. Although this approach originates outside of public health approaches to health inequalities, in recent years it has come to be seen as distinctly useful in designing, analyzing and evaluating public policies, including public health

policies (Bowleg, 2012; Hankivsky, 2011; Morrison, 2015).

The key to intersectionality is understanding that discrimination and disadvantage operate in distinct ways across social categories to produce intersections that are more or less salient in some places and times.

The life course approach

The life course approach calls for intervention aimed at reducing health inequalities by considering the multiple dimensions of lives as they are actually lived. Additionally, it provides a framework for analyzing the origin of health inequalities that allows for consideration of how exposure to different physical or social risks, both at times of greater vulnerability and throughout the life course, may produce long term effects (latent effects), orient life trajectories (pathway effects) and produce an accumulation of effects (cumulative effects). The life course approach proposes long-term policies that build human capital and short-term policies that support individuals at vulnerable times during the life course. In short, an approach focused on the life course offers the potential to develop public policies which take into account the uniqueness of lives and their trajectories as well as the progress of life calendars (Cooke & McWhirter, 2011; Gaudet, Burlone, & Li-Korotky, 2013; Halfon & Hochstein, 2002; McDaniel & Bernard, 2011; University of Wisconsin-Madison Institute for Research on Poverty, 2005).

APPROACHES THAT ACT *PREDOMINANTLY* ON THE SOCIAL DETERMINANTS OF HEALTH

This category groups together approaches that target living conditions, communities and settings, as well as individuals. These approaches influence the type of resources available in a living environment, access to these resources and their use, health behaviours, and may promote social cohesion, solidarity and participation. They act mainly on the social determinants of health, but are not best suited to reducing the social inequalities underlying health inequalities. They can be conceived of as possible entry points for action on health inequalities as they offer the possibility to reduce gaps and target the most vulnerable. They also may help establish or support a critical mass of individuals able to actively participate in influencing the formulation of policies that are better suited to reducing social inequalities and levelling the distribution of social determinants of health.

APPROACHES AIMED AT IMPROVING LIVING AND WORKING CONDITIONS

These target living conditions whose quality diminishes with social position. They target essential programs, services and resources throughout the life course (early child, education, physical environment (neighbourhood recreational resources (parks, sports facilities), the food supply, transportation infrastructure, physical safety, housing, etc.), working conditions, relationships and social norms, health care services, etc.) (VicHealth, 2015; Whitehead, 2007).

Settings approach

The settings approach involves making the environments of people's lives more supportive of health and healthy choices throughout the life course. Ideally, when it involves reducing inequalities in health, the settings approach goes much further than mere individual behaviour change interventions within the setting. It is conceived of as a complex, open and dynamic system. Within this system, the structure and organization of the setting (the social, economic and institutional environments, the organization of the community and of social interaction within the setting) can be targeted so as to create more physical and social resources (structures of opportunity) conducive to better health. At the same time, the ability of individuals to participate in these changes and to take advantage of these new opportunities is also considered and supported. These approaches, ideally, integrate both individual and structural action, at several levels and in several sectors (Abel & Frohlich, 2012; Bernard et al., 2007; Dooris, 2009; Frohlich & Abel, 2014; Newman et al., 2015; Shareck, Frohlich, & Poland, 2013; Veenstra & Burnett, 2014).

Approaches that target communities

The approaches that target communities generally either consider them as settings "concomitantly the subject and object of [their] transformation" [translation] (Vibert & Potvin, 2012, p. 112), or as productive of local solidarity and as having the

power to mobilize and take action (Vibert, 2007). The latter category includes various approaches that view communities as capable of taking into account local realities and of developing innovative local practices within social environments in "partnership" with the government.

Here, local community organizations attempt to compensate for the government's limitations by meeting the needs of vulnerable groups in the community; these new forms of solidarity are gradually replacing traditional support networks. Intervention approaches that support social environments (often community development approaches) thereby promote social support, cohesion, inclusion and participation, develop relationships and solidarity and promote local collective action and partnership action which foster autonomy and increase the potential for interaction with the government that is more likely to promote fairer and more responsible policies (Blas et al., 2008; Bourque & Favreau, 2003; Frahsa, Rütten, Roeger, Abu-Omar, & Schow, 2014; Vibert, 2007). These approaches must, however, consider not only the ability of organizational and social structures to facilitate the desired type of participation, but also the long-term sustainability of such opportunities (Popay et al., 2010).

Policy approaches aimed at supporting individuals

These approaches are aimed at developing individual characteristics within certain individuals or groups. They entail strategies aimed at improving knowledge, attitudes or behaviours such as education, literacy, physical activity, individual support, empowerment, the capacity to act, mindfulness, etc. (Baum, 2011; Whitehead, 2007). Within these approaches, the absence of such characteristics is considered to be the cause of the deficiencies or disadvantages within certain groups, for example: limited personal knowledge, certain beliefs, low self-esteem, low levels of competence or lack of power." (Mantoura & Morrison, 2016, pp.4-8).

Practical Exercise: Food Insecurity as a Policy Issue

In this section, we use the example of food insecurity to examine which suggested policy approach is more likely to reduce health inequalities.Food Insecurity is defined as, "the inadequate or insecure access to food due to financial constraints" (Food Insecurity Policy Research at the University of Toronto, n.d.) and affects as many as one in eight Canadian families (Tarasuk et al., 2016). Inadequate or insecure access to food is related to a variety of poor health outcomes and is associated with health inequalities.[2]

Context for the exercise

Imagine that your provincial/territorial government has announced a new program, *Enough Healthy Food for Everyone!*, and that your public health organization has been asked to evaluate the potential of two policy proposals to combat food insecurity in your area with a view to reducing health inequalities.

Proposal 1

It is important that all of our citizens have access to sufficient and healthy food. As part of its *Enough Healthy Food for Everyone!* program, the government will adopt a new policy that allocates coupons (food stamps) for amounts on a sliding scale depending on household income, with those with the lowest income receiving the most, and those with the highest income receiving none. The coupons can be used to purchase healthy food in most grocery stores.

Proposal 2

Knowing how to make the most of our budget is an important part of eating well. As part of its *Enough Healthy Food for Everyone!* program, the government will finance a large-scale media campaign designed to inform and educate citizens on eating healthy foods on a limited budget. This campaign will include basic nutritional information as well as tips on shopping and cooking on a limited budget.

[2] To learn more about food insecurity, here are a few resources:
- Food Secure Canada: https://foodsecurecanada.org/
- Food Insecurity Policy Research at the University of Toronto: https://proof.utoronto.ca/
- Public Health Agency of Canada. (2016). *Canadian Best Practice Portal: Food Security*: https://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/food-security/

Exercise

1. Use the table, *Summary of policy approaches to reducing health inequalities*[3] , to answer the following questions about each policy proposal.

   The table is available at: http://www.ncchpp.ca/docs/2020-Ineg-Ineq-Table-Policy-Approaches-Reducing-Inequalities-En.pdf.

   a. How does the proposal (implicitly or explicitly) define inequality?

   b. How does the proposal explain health inequalities?

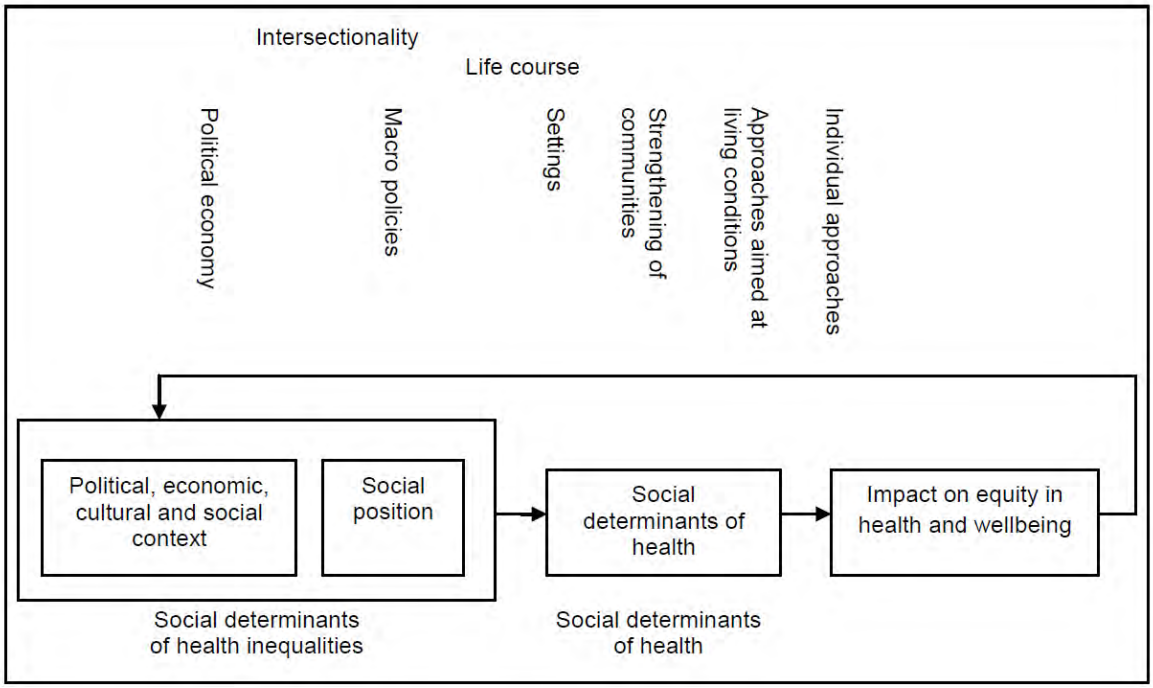
   c. Who/what is the policy focused on?

2. Based on your answers to the above questions, what policy approach is each proposal more closely associated with?

Note that the policy approaches are not necessarily mutually exclusive and, in some cases, a policy, or series of policies, may contain elements that combine different policy approaches. In doing this exercise, it would be helpful to think of the policy approaches as ideal types.

3. Using the summaries of the different approaches described above and Figure 1 reproduced below from page 5 of the briefing note, determine whether the intervention targets the social determinants of health or the social determinants of health inequalities?

Figure 1 Entry points of the different policy approaches



Source: Adapted from the conceptual framework of the Commission on the Social Determinants of Health, WHO, 2008.

4. Based on this exercise, which of these proposals would you choose to recommend as a policy to reduce health inequalities? Why?

[3] This table is reproduced from pages 11-15 of the briefing note *Policy Approaches to Reducing Health Inequalities* (Mantoura & Morrison, 2016).

Discussion

While fictional within this exercise, the two policy proposals might well be put forward as ways to reduce food insecurity with a view to thus reducing health inequalities. As with all policies and proposals in the "real world," it is almost impossible to say precisely which policy approach is being taken here. There are always elements of cross-over and blurred characteristics, but by identifying the assumptions that underlie the policy or proposal – How is inequality implicitly or explicitly defined?

What explains health inequalities? Who or what is targeted for change? If we look at the bases for the two proposals from the angles presented in Table 1 below, we can see that one approach emerges as the closest fit. We might consider the assumptions underlying the two proposals in the following ways – assuming in both cases, and for the purposes of this exercise, that assuring food security is one way of reducing health inequalities, and keeping in mind that the *Enough Healthy Food For Everyone!* program makes an explicit connection between health and food (healthy food) and existing inequalities (enough… for everyone).

Table 1 Comparison of policy proposals to reduce food insecurity

	Proposal 1	Proposal 2
How is inequality defined?	(At least in part) as a matter of access to food primarily determined by income.	(At least in part) as a matter of knowledge and skill about healthy food and budgeting.
How are health inequalities explained?	As related to income.	As related to education and life skills.
Who/what does the proposal focus on?	The entire population as translated through 'individual households' ability to gain access to 'healthy' food dependent on income.	All citizens (with access to media) with a focus on those living on a limited budget and their ability to shop for and prepare 'healthy' food.

Based on the answers to these questions and how they line up with the entries on pages 11 to 15 in the briefing note, which describe the characteristics of the eight policy approaches, we might reasonably conclude that Proposal 1 is primarily a macrosocial policy approach while Proposal 2 fits most closely with approaches aimed at individuals.

Macrosocial approaches tend to suggest policies and programs that are universally applied (although often targeted to different groups in different ways, as in our example) and that focus on wealth redistribution within existing structures of governance and ideology. The type of policy in Proposal 1 seeks to remedy an unequal access to healthy food perceived to be caused by lack of income.

Proposal 2, which seeks to educate the population, but especially those on a limited budget, most closely aligns with the features of approaches that target individuals who are often portrayed as lacking the ability (whether in terms of skill, knowledge, or opportunity) to incorporate 'healthy' choices into their lives. There is often an assumption from this perspective that if less advantaged people were taught the way, they would adopt behaviours favourable to their health. Although the media campaign is designed to reach the entire population, it is mostly about teaching individuals in individual homes how to shop and eat 'healthy' food on a limited budget.

The final question asked of you in this exercise is whether the proposals target the social determinants of health or the social determinants of health inequalities. In keeping with the figure above, Proposal 1, as it is a macrosocial approach, has the potential to impact the social position of those who receive support from the policy (by for example, freeing up income previously spent on food to be spent on other things). Social position, in the above diagram, is considered to be a social determinant of health inequalities and, therefore, this policy proposal has the potential to reduce health inequalities.

Proposal 2, as it targets individuals and individual behaviour, has the potential to impact equity in health and the well-being of individuals, but does not have the scope to either change social positions or impact deeper structural causes of inequality, as it impacts the social determinants of health, rather than of health inequalities.

Both of these proposals have the potential to improve access to sufficient and healthy food, but while Proposal 2 might potentially improve this access for individuals and individual families, only Proposal 1 has the potential to reduce food-related health inequalities by impacting the social positions of the households targeted. There are many other questions that arise from these types of policy proposals (for example, who defines what counts as 'healthy' food and who decides where food stamps might be spent) but for the purposes of this exercise, we hope to have contributed to your thinking about how different policies and policy proposals might impact health inequalities depending on what policy approach is foregrounded

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