Advancing a Culture of Health

Multi-Sectoral Collaboration:

Moving all Sectors of a Community Toward Policies and Programs that Work
Culture of Health

"Action Domains"

Values & Social Cohesion
- Opportunity to be healthy is valued
- We're All in This Together
- Business, Govt, Indiv and Orgs Work Together

Multi-Sectoral Collaboration

Health of the Population Guides Decisions

Equity & Quality
- Individuals and Families have means - opportunities - choices - wellbeing
- Health Care Efficient and Equitable

"Optimal" health / wellbeing flourishes
- No one is left out
- Everyone has access
- Economy is less burdened

Long Term Success Outcomes
Equitable competitive market equilibrium
welfare theorems of economics
Provides a reference for equity and efficiency

mechanism for values and social cohesion
When coordination through the market mechanism is imperfect, policy is required

- public goods
- market failures
- Increasing returns to scale and market power
- barriers to technology adoption
- poor individual choices
- ...
- + poor income or wealth distribution

start needing multi-sectoral collaboration
Example: Public goods—a tradition

• Sanitation
• Vaccinations
• Public education
• Public support of university extension and scientific research
Long-term process of human development a way of looking at the process of health

Poverty gap
Failures in:
- markets,
- institutions,
- government

Universal Health Care Necessary

Intergenerational

Cheap inputs have high impact

Informed choice essential

- nutrition
- immunization
- sanitation
- maternal care
- literacy
- primary
- secondary
- tertiary
- higher life expectancy
- higher education
- infectious and deficiency diseases
- basic goods
- urbanization
- NCDs
- autocracy
- the digital divide
- democracy

$t$
Evidence-Based Policy Making for a Culture of Health

- Income inequality: conditional cash transfer programs econometrically evaluated
- Universal health care through universal health insurance
- Construct the culture of health by supporting the stages of human development e.g. data

- Healthy diet initiative
- Healthy cities
Evidence-Based Policy Making for a Culture of Health

- Data requires information on goods and prices
- Evaluation involves complex processes
- Policy requires coordination of many sectors
Example of health problem

Non communicable chronic diseases
• cardiovascular diseases
• cancers
• chronic respiratory diseases
• diabetes
Main NCD factors are largely preventable

- poor diet
- tobacco
- alcohol
- salt
- low exercise

Consumption of unwholesome goods
Environmental causes of Non-Communicable Chronic Diseases

- social, economic, and cultural change
- global trade and marketing
- nutrition transition

Choicemment

- ignorance
- poverty
- high prevalence of poor health

replaces rich fruit and vegetables diet with diet of animal fat calories, lower in carbohydrates
Lifecycle impact of NCD are complex and therefore so is evaluation.

Environment risks

Family Wealth, Health, Knowledge → Early Child Risks

Next Generation

Education Impact

Health Impact

Adult Income, Education, Health, Labor

Costs
Evidence-Based Policy Making for a Culture of Health

• Data requires information on goods and prices
• Evaluation involves complex processes
• Policy requires coordination of many sectors
Competitive equitable market equilibrium deformed by market power
Evidence-Based Policy Making for a Culture of Health

• Addresses health tradeoffs in economic policy

• *When coordination through markets is imperfect, improvements are possible by straightening markets towards the competitive, equitable, equilibrium:*

• *This can provide a map for social change required for achieving equity and quality*
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Advancing a Culture of Health Multi-Sectoral Collaboration

• What has been successful?
  – How have businesses, governments, individuals and organizations worked together to foster health communities and lifestyles?
  – Are there any good examples of how the health of a country’s population guides public and private decision making?
  – Examples of creative ways of evaluating integrated partnerships across organization type or sector?
  – What policies, incentives, and other structures have been successful in their acknowledgement of the value of integrated health frameworks?
  – Any examples of assessment of where health promoting activities appear to be the most successful?
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• What else could work?
  – How can hospitals, business and community-based organizations make effective partnerships?
  – How can individuals be empowered to use technologies to promote their health?
  – How can communities advance in wholesomeness?
    • Improve diet, exercise
    • Reduce tobacco, abuse of alcohol
  – How can communities advance in equity?
  – How can the democratic process be made more responsive to health issues?