Politics of Health Group

Health Politics as if People Mattered

2. Good Practice in Academia

A Politics of Health Guide

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The Politics of Health Group is a non-profit making, loose network of people who are trying to build better understanding of the political causes and consequences of health and ill health. http://www.pohg.org.uk/

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Introduction

Power exercised through politics and its impact on public policy is of fundamental importance for health. A politics of health approach recognises that the opportunity for good health is the fundamental human right, without which other rights are diminished. This document, produced by the Politics of Health Group (PoHG), is intended to inform the work of people working in academic, encouraging them to think about the ways in which power and politics, exercised in academia, influences population health.

That health is political issue is sometimes disputed. This short paper makes the case that political decisions shape health and health inequalities and describes the ways in which universities are involved in this. Political theorist Harold Lasswell (1936) defined the discipline of politics as the examination of "who gets what, when, how." Consequently, inequalities in the determinants of health (such as income, housing, employment and control over one's circumstances) are political issues.

Bambra et al (2005: 187) argue that:
- Health is political because, like any other resource or commodity under a neoliberal economic system, some social groups have more of it than others
- Health is political because its social determinants are amenable to political interventions are thereby dependent on political action (or more usually inaction).
- Health is political because the right to 'an adequate standard of living or health and well-being' (United Nations, 1948) is, or should be, an aspect of citizenship and a human right
- Ultimately, health is political because power is exercised over it as part of a wider economic, social and political system

A politics of health approach to understanding health inequalities acknowledges that the key causes of ill health and health inequality are rooted and perpetuated in social and economic systems. Definitions of health inequality, rooted as they are in fairness, justice and avoidability, are inherently political. We define health inequalities as unfair or unjust differences in health determinants or outcomes within or between defined populations.

It is now accepted that there is a social gradient in health, with people who are better off (in terms of material wealth) experiencing better health (in terms of morbidity and mortality) than those who are less well off (possession of social status or power produces similar health gradients) (Marmot, 2010). The term social gradient refers to the slope that emerges when depicting the close relationship between wealth and health: that is, it is not just a gap between rich and poor that emerges when plotting this relationship but rather, the better off that people are, the better their life expectancy and also the risk of morbidity. The UK Department of Health (2011) explains that "poverty exposes people to health hazards. Disadvantaged people are more likely to live in areas where they are exposed to harm such as air-pollution and damp housing…. for example many studies have associated higher rates of childhood respiratory disease with damp housing."

It is not just material conditions that shape health inequalities though. Research shows that social inequalities between richer and poorer are a fundamental cause of ill health for all. People compare themselves to others unfavourably, especially if people are poor in a rich country. Wilkinson and Pickett (2009) argue that health is worse in societies that have high levels of economic inequality. The UK Department of Health (2011) explains that "Social inequality may affect how people feel which in turn can affect body chemistry. For example, stressful social circumstances produce emotional responses which bring about biological change that increase risk of heart disease…. [These] Psycho-social risk factors [for ill health] include social support, control and autonomy at work, the balance between home and work, and the balance between efforts and rewards". Discrimination and prejudice based on difference, including gender, age, ability, sexuality and ethnicity, profoundly affect wellbeing (Marmot, 2010).

Increasingly, academics are arguing that neoliberalism has had a strong influence on health inequalities (Coburn, 2004). It can be argued that neoliberal principles create and justify social inequality. These principles might make it very difficult for people to protest or resist neoliberalism without being seen as shirking their responsibilities. As Coburn (2004, p. 44) has argued, "neoliberal philosophy and policies are either unconcerned with, or positively endorse, inequalities (as encouraging work motivation, participation in markets, etc.). Moreover, [neoliberalists] are particularly "individualist" in attacking various forms of collective or state action - insisting that we face markets only as individuals or families – that we "provide for ourselves."

The most effective ways to reduce ill health and inequality are to narrow the wealth gap, redistribute resources and power and create conditions to ensure more socioeconomically disadvantaged people get more resources in order to, lead a healthy life. We need public policies that:

- support the development of loving family, social, and community relationships based on respect and support
- promote mental health, healthy child development and child protection
- support vulnerable people
- deliver decent housing and environments free from pollution and degradation
- ensure the availability of good affordable food
- provide meaningful, adequately rewarded safe work for all
- prevent violence and harassment
- support culture , green space and the arts
- maintain health protection
- encourage community cohesion.

PoHG members believe that it is the responsibility of governments to strive for equitable social, economic and environmental conditions in which the health of all can thrive. This short guide outlines a framework to guide academic labour and to inform the development of policies and practices within the workplace that support these basic principles.

The potential for people working in academia to influence the politics of health

If you work in academia (as a researcher, lecturer, manager or administrator), your actions influence the politics that affect people's health – both within your own institution and field and within wider society.

Research-related activities
1. Support the development of research that explores the processes upholding inequitable social, economic and environmental conditions (which in turn perpetuate inequalities in health). This might involve lobbying funders to prioritise work in these areas or contributing to dialogue in public forums about the need for such research.
2. Support research that seeks to find methods for reducing health inequalities
3. Engage with public servants (teachers, healthcare professionals, community practitioners and others) to increase the likelihood that research reflects the needs of these practitioners in supporting the development of sustainable health for all.
4. Engage with lay people (including patients and service users) – particularly those from more marginalised groups - to increase the likelihood that

research reflects the needs of these groups in supporting the development of sustainable health for all. INVOLVE has a wealth of advice and resources.

5. Work to ensure that the implications of research findings for health are well understood by the public, supporting people's capacity to be engaged, individually and collectively, in the development, delivery and review of policies and interventions aimed at sustaining and developing their health. This includes publishing research outputs in ways and in places that are accessible to people in their everyday lives, and reaching out to ensure the widest possible audience, through use of social media and publicity for example.

Teaching-related activities

1. Support fair access to higher education for all through engagement with the fees and recruitment policies at your institution.
2. Develop curricula that encourage students to reflect on the implications of their work for health, helping to influence civic responsibility for health.
3. Support policies that foster supportive environments in which students can feel valued and flourish. Seek to help students feel integrated into the life of their department, supporting their right to be supported in developing respectful relationships that are conducive to good health.
4. Support schemes that endeavour to provide safe, warm, dry, secure and affordable housing for students.
5. Include engagement with the sociopolitical context of health in all aspects of the health curriculum.
6. Encourage students to engage with the sociopolitical context in which they study, for example, medical students might wish to join Medsin, the Medical Students International Network.

Wider institutional work

1. First do no harm—ensure institutional policy and practice promote the health of staff and students rather than adversely affecting the health of people and the environment. Advocate for or support formal or informal health impact assessment of new policies and procedures.
2. Use, develop and extend democratic processes within your institution, which are essential to fostering good health by giving staff and students more control over their circumstances at work and study. Engage in consultation and advocate for wider staff and student involvement in decisions that affect their work. Promote policy and practice work which

builds communities and networks of place and of interest that support people's self-determination.

3. Ensure equality and diversity is respected, protected and celebrated in all institutional policies and practice; know the law and also best practice. There is no public health without equality. Promote at all times institutional policies which have the most chance of reducing inequalities, discrimination and prejudice.

4. Within your organisation, argue strongly for practices that enable sustainable development - that is work and development which does not harm human or environmental health now and for the future.

5. Engage in discussions about fair pay at all levels of the institution, supporting everyone's right to an income that provides the material means to a standard of living adequate for health and wellbeing. Argue for less inequity between those at the top and those at lower ends of the pay bands

6. If you are a manager or leader respect others, serve others, show justice and honesty, reduce stress, promote the health of the workforce and build communities.

7. Use internal staff networks to promote the above principles, using humour and language to demystify and to reduce hierarchical behaviour by colleagues.

8. Support or lobby for institutional policies that open up institutional resources to communities

3) Examples of good practice

1. Research: For publicising methods to democratise the research process, this project aimed to demystify participation in the health systems research community and promote a 'communitarian' approach to knowledge generation, ultimately raising critical consciousness and emancipatory transformation for those experiencing greatest disadvantage.

http://www.equinetafrica.org/bibl/docs/PAR%20Methods%20Reader2014%20for%20web.pdf

2. Teaching: An MSc programme in Global Mental Health that has a critical focus on health processes

http://www.gla.ac.uk/postgraduate/taught/globalmentalhealth/

Teaching: short extra-curricular pan- university courses on modern society and its relationship to wellbeing. In Aberdeen for example, Ian Diamond has set up the [Six Century Course](). This should include helping students (and staff) to understand how each of them can contribute as individuals, whether or not through work, to creating a fairer and therefore healthier society.

3.   Institutional: the ATHENA SWAN initiative relates to ensuring equality and diversity at the institutional level

 http://www.abdn.ac.uk/clsm/working-here/athena-swan.php

References

Bambra, C. and Fox, D. and Scott-Samuel, A. (2005). Towards a politics of health. *Health Promotion International., 20,* 187-193.

Coburn, D. (2004). Beyond the income inequality hypothesis: class, neo-liberalism, and health inequalities. *Social Science and Medicine, 58,* 41-56.

Department of Health. (2011). *Inequalities in the distribution of health and health care and its access, including inequalities relating to social class, gender, culture and ethnicity, and their causes*. Retrieved July 7, 2013 from http://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4c-equality-equity-policy/inequalities-distribution

Laswell, H. (1936). *Politics: Who gets what, when how.* McGraw-Hill book Company, Incorporated: New York.

Marmot, M (2010). *Fair society, healthy lives: The marmot review.* University College London.

Wilkinson , R. & Pickett, K. (2009). *The spirit level: Why more equal societies almost always do better,* Penguin Books Ltd: London