

Chapter 41

The Role of Average Health Status:

Health Inequalities Matrix for Assessing Impacts on Population Health in Health in All Policies

Jordan Panayotov

Independent Centre for Analysis and Research of Economies (ICARE), Australia

ABSTRACT

Economic, social and environmental policies, programs and projects have impact on health. Health in All Policies (HiAP) aims to improve population health by taking into account these impacts. HiAP needs appropriate tools for assessing impacts on population health. When making choices between policy options, decision-makers rely on predictions from Health Impact Assessment. Currently there is no gold standard for establishing and assessing validity of predictions. This paper distinguishes between two levels of causal pathways regarding health impacts – specific and conditional, and proposes the Average Health Status – Health Inequalities Matrix as gold standard. The Matrix facilitates making the right choices at any level and local context, thus is useful for researchers, policy-makers and practitioners for designing, analysing and evaluating all kinds of policies. By allowing quick, reliable and inexpensive appraisal of different policy options the matrix makes feasible taking into account the impacts on population health and paves the way for institutionalizing of HiAP.

INTRODUCTION

Simplicity is the ultimate sophistication (Leonardo da Vinci)

There is increasing awareness that policies in all sectors have some impact on health. Health in All Policies approach aims to improve population health and health equity by taking into account these impacts when decisions are made (WHO, 2014). In order to be successful, apart from political will and

DOI: 10.4018/978-1-5225-1674-3.ch041

resources, Health in All Policies needs appropriate tools for proper assessment of impacts on population health from different policy options. Such tools include: Social Impact Assessment which looks at social consequences from a policy and aims sustainable development (Becker, 1997); Health Impact Assessment (HIA) which explicitly looks for and examines impacts on population health (Lehto & Ritsataakis, 1999); Average Health Status – Health Inequalities Matrix (Panayotov 2006b; 2008a) which looks at the impacts on population health from different policy options in terms of changes in average health status and health inequalities; and Equity-Focussed Evaluation – an emerging concept with developing methodology, which is concerned with achieving equitable development (Bamberger & Segone, 2011).

Melkas (2013) suggests that “HIA is a key tool”. However, Panayotov (2010) points out that there are problems with HIA methodology, and policies can create and/or widen health inequalities, even if nobody is worse-off (see Examples, Case I). How to determine which is the best tool for successful Health in All Policies approach?

Population health has two major variables: average health status (AHS) and health inequalities (HI). During the last six decades decision-makers around the world were focused on improving AHS. HI are discussed since 1990 and Douglas & Scott-Samuel (2001) suggest that HIA should address HI, recognising that there is tension arising from the trade-offs between improving AHS and improving health of the most disadvantaged. What should decision-makers strive for in relation to population health: *improving AHS*, or *reducing HI*? While analysing the correlation between these two variables, Panayotov (2006a) points out that although that these two goals may look similar, they have different paths which lead to different ends. For example, AHS will improve, when the health of those who are better-off improves faster than rest of the population, but as result HI will increase. He points out that from an economics point of view creating and/or widening of HI represents *inefficient* and *unsustainable* allocation of limited public resources (Panayotov, 2006b). Showing that in relation to population health achieving *equity* is a premise for *efficiency* (*maximizing population health with limited available resources*), Panayotov (2006b) asserts that HI should be reduced not only on compassionate grounds. Therefore, he suggests that the goal for improving AHS should go hand-in-hand with the goal for reducing HI.

Since neglecting health will cost much more later, the negative, mainly direct impacts are usually addressed and mitigated, often required by the local legislation. Vanclay et al. (2015) note that the focus of Social Impact Assessment has shifted from primarily addressing the negative impacts to enhancing the benefits (i.e. positive impacts). However, it has been noted that while enhancing positive impacts is a *prima facie* improvement, it can create and/or widen HI (Panayotov 2008a; 2008b; 2010). This happens when people who benefit more from the new policy are those who already are better-off. Panayotov (2008a; 2008b; 2010) asserts that for policies distribution of the benefit among the population is an important factor influencing outcomes, whether improving health is the primary objective (health policies, see Examples, Case I and Case IV) or the primary objective is different than health (policies in other sectors: energy, transport, education, agriculture, urban planning, etc., see Examples, Case II and Case III). In other words, *the distribution of the benefit from different policy options determines population health and/or its determinants*. Panayotov (2008a; 2008b) concludes that achieving equitable development (what Social Impact Assessments and Equity-Focussed Evaluations are about) is a premise for reducing HI and improving population health (what Health in All Policies and HIA are about).

By definition HIA is concerned with the potential and/or unintended effects on population health and the distribution of those effects within the population (Lehto & Ritsataakis, 1999). However, Kemm (2006) notes that many HIAs often “fall short of a proper analysis of distribution of impacts detailing how the various impacts would fall on different groups within the population”. Probably because of

14 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/the-role-of-average-health-status/165846

Related Content

Ethics of Outsourcing Drug Trials

Somjit Barat (2021). *International Journal of Applied Research on Public Health Management* (pp. 1-16).

www.irma-international.org/article/ethics-of-outsourcing-drug-trials/278787

Emotional Intelligence and Online Healthcare: The Case Study of Canada

Khadijeh Roya Rouzbehani (2019). *International Journal of Applied Research on Public Health Management* (pp. 1-14).

www.irma-international.org/article/emotional-intelligence-and-online-healthcare/232253

The Analysis of Health Care Expenses of Turkey between 1990-2012

Hayriye Iikand Yaar Akda (2017). *Public Health and Welfare: Concepts, Methodologies, Tools, and Applications* (pp. 621-635).

www.irma-international.org/chapter/the-analysis-of-health-care-expenses-of-turkey-between-1990-2012/165833

The Causal Impact of Coping Strategies of Frontline Health Workers and Board Competencies During the COVID-19 Outbreak: Patient Advisory Intervention and Cost Effectiveness

Nancy Ali Youssef (2022). *International Journal of Applied Research on Public Health Management* (pp. 1-19).

www.irma-international.org/article/the-causal-impact-of-coping-strategies-of-frontline-health-workers-and-board-competencies-during-the-covid-19-outbreak/302648

Health Literacy: An Essential Ingredient for Better Health Outcomes – Overview of Health Literacy Theoretical Concepts

Glenda Denson Knight (2014). *Handbook of Research on Adult and Community Health Education: Tools, Trends, and Methodologies* (pp. 280-307).

www.irma-international.org/chapter/health-literacy/113625