WHAT IS A NATIONAL HEALTH POLICY?

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Abstract

Unfortunately, most nation states have taken “health policy” to mean “medical care policy.” Medical care, however, is only one variable in a nation’s health equation. The article describes what the main components of a national health policy should be, including (1) the political, economic, social, and cultural determinants of health, the most important determinants of health in any country; (2) the lifestyle determinants, which have been the most visible types of public interventions; and (3) the socializing and empowering determinants, which link the first and second components of a national health policy: the individual interventions and the collective interventions. The author discusses the indicators that should be used for each component and for each intervention. The feasibility of this approach depends to a large degree on the political will of the national authorities and the broad understanding of the actual determinants of health. A good first step is the National Health Policy plan developed by the Swedish government. This article builds on and expands on that model.

A key objective of a national health policy should be to create the conditions that ensure good health for the entire population. Needless to say, all sectors and agencies in society should be responsible for creating those conditions, but the primary responsibility for ensuring the conditions for good health lies with the collective agencies that represent the interests of the population (freely expressed through democratic institutions) – that is, the public authorities and their public administration. Government (at the national, regional, and local levels), therefore, is the primary agency responsible for developing a national health policy.

What are the major components of a national health policy? There are three main types. The first includes public interventions aimed at establishing, maintaining, and strengthening the political, economic, social, and cultural *structural determinants of good health*. They are called *structural* because they are part of the political, economic, and social structure of society and of the culture that informs them. Although rarely listed in most national health plans, these are the most important public policies in determining a population's level of health. Indeed, there is very robust scientific evidence that shows, for example, that countries with lower class, race, and gender inequalities in standard of living also have better levels of health for the whole population (1). Public policies aimed at reducing social inequalities, therefore, are components of a national health policy.

The second type of intervention includes public policies aimed at individuals and focused on changes in individual behavior and lifestyle. These *lifestyle determinants* are also very important and have been the most visible among national health policies. One reason for the higher visibility of interventions of this type is that health policy makers perceive them as more manageable and easy to deal with than the first type, the structural

determinants. However, we cannot exclude the possibility that another reason for this difference in visibility and frequency is that the lifestyle determinants focus the responsibility for a population's health on the individual rather than on the public institutions that are primarily responsible for the structural determinants. This is one reason why conservative and liberal governments (and also, on many occasions, progressive governments) tend to emphasize this second type of intervention over the first type (which is actually more effective in improving a population's health).

The third type of public intervention, which I would call *socializing and empowering determinants,* links the second type (lifestyle determinants) with the first (structural determinants). Socializing and empowering interventions establish the relationship between the individual and the collective responsibilities for creating the conditions to ensure good health. This type of intervention would include the encouragement of individuals to become involved in collective efforts to improve the structural determinants of health, such as reducing the social inequalities in our societies or eliminating the conditions of oppression, discrimination, exploitation, or marginalization that produce disease. For example, encouraging individuals who are exploited to respond to that exploitation, not only individually but also collectively (with other persons who are similarly exploited), is an extremely important health policy intervention, linking improvement of the individual's health with improvement of the health of the exploited population.

Examples of these socializing and empowering determinants are many. For example, when the Black Panthers took over parts of the black neighborhoods in Baltimore (a city with a population that is 75% African American) in the 1960s and early 1970s,

mobilizing unemployed black youths, drug addiction declined dramatically among the young, and also among the entire black population of East Baltimore (2). Another example is what occurred among coal miners in Appalachia (West Virginia) in the 1970s, when they mobilized and went on strike to protest unhealthy working conditions (3). They paralyzed mine operations for several months, creating a situation in which the mine owners and employers almost lost control and called for the Army to take over the mines. In that mobilization, each miner fought not only individually but collectively to improve the health of all coal miners and, in that struggle, their own health improved as well as the health of the entire population. As both cases show, facilitating the linkage of the individual's fight for better health with the collective struggle for better health is an extremely important public intervention for improving the population's health as a whole.

Empowering vulnerable populations is thus an essential component of a national health policy. Educating people to act not only individually but also collectively, making them aware of the commonality of their problems and encouraging them to act both individually and collectively to resolve them, is an important dimension of a national health policy. Indeed, the linkage of the individual with the collectivity is an important function of public health interventions. Let's analyze each type of intervention in more detail.

STRUCTURAL DETERMINANTS: POLITICAL, ECONOMIC, SOCIAL, AND CULTURAL HEALTH POLICY INTERVENTIONS

The agents that carry out interventions of this type are collective (i.e., they are not individual persons), including political parties, trade unions, neighborhood associations,

and others. The subjects of these interventions, too, are not individual persons but public and private institutions whose actions affect the conditions that ensure good health for the entire population. These interventions can be summarized as follows.

Public Policies Aimed at Encouraging Participation and Influence in Society

These extremely important interventions are aimed at facilitating the development of institutions and practices that create the conditions for persons (as members of social classes, genders, races, ethnic backgrounds, regions, or nations) to make decisions about and control their own lives. Interventions of this type are aimed at establishing institutions and practices that minimize popular alienation and powerlessness – conditions that cause a huge amount of pathology and ill-health (4). Of particular importance are interventions aimed at *providing political and social instruments* (such as political parties, trade unions, neighborhood associations, social movements, patients' groups) for the population and its different components. These instruments then facilitate and stimulate the population's active involvement in its members' political and social lives, deciding on the matters that affect their lives.

Of special importance is the existence of political and social instruments that enable groups who feel marginal, discriminated against, oppressed, or exploited to defend their interests, since breaking with such conditions is a key element for the full realization (including good health) of these populations. It is important, however, for these groups to establish alliances with other groups that experience similar conditions, thus broadening their social base to strengthen their power. In that respect, the segregation of the political actions of such groups – as in the United States, which has many "issue-oriented

movements," such as feminists, seniors, minorities, and others, but no strong class-based movement or party such as a social democratic or labor party that could relate different types of exploitations – can result in less improvement of health than if there were a larger political party and movement that could mobilize across issues. Women, seniors, and African Americans and other minorities in the United States have fewer social and health rights and worse health indicators than their counterparts in countries with less powerful women's, seniors', or minority movements but larger class-based labor movements – as in Sweden, for example (5). To make this observation (empirically verifiable) is not to engage in class reductionism but rather to clarify that most women, seniors, and minorities are among the working classes, and if these groups combined their struggle for better health, working within common political and social instruments, they could achieve greater influence and power. Actually, there is robust scientific evidence for a direct relationship between duration of governance of a country by labor parties and the improvement of its population's health (6). Indicators of these determinants of health are as follows:

1. Indicators of class, gender, and race power, such as years of government by progressive political parties, strength of class-based unions (as opposed to business-based or corporatist unions), and others
2. Types of democratic institutions facilitating representativeness, such as proportional representation (based on the principle of one person, one vote)
3. Absence of barriers to electoral participation
4. Ideological diversity and plurality of the media plus accessibility to the media, for all sectors of the population

The limited existence of these elements (as in the United States) considerably constrains the possibility of a population breaking with alienation and achieving good health. In developed countries, in fact, the evidence shows that the more democratic a society is, the healthier it is (6, p. 234). The poor health indicators in the United States are also based on its very limited democracy (7). If people feel they have good, representative institutions and instruments, they feel better and more confident that they can control their own lives and improve their health. The fact that the majority of people in Sweden feel positive about their representative institutions (with high electoral participation) while the majority in the United States feel negative about their representative institutions (with very low electoral participation) explains the lower rate of alienation and powerlessness in Sweden than in the United States (8). This has enormous consequences for the health of the populations living in these countries: very good health indicators in Sweden; very poor indicators in the United States.

Economic and Social Determinants

These are the interventions that aim at creating security and facilitating accomplishment. They include the following.

Full-employment policies aimed at creating good, well-paid, satisfying jobs. High or full employment is good for everyone's health, including those who are not employed. Access to plenty of jobs gives everyone a greater sense of security – including those who do not currently have a job (because they feel they could easily get one if they wanted to) – than does a high unemployment or low employment rate. Not being able to work because

one cannot get a job creates enormous health problems (9). These unhealthy consequences of unemployment are due not only to lack of resources but also to the feelings of insecurity that unemployment entails. Indicators of these policies include:

1. Percentage of adult population working, and extent of wage differentials in the labor force
2. Levels of unemployment
3. Long-term unemployment

Social security and welfare state policies provide a sense of security to people who are at risk, providing them with the instruments, knowledge, practice, and resources to feel secure and have a chance to progress. The indicators of these interventions are the social rights in existence in a society (access to medical care, education, home care, child care, social services, public housing, and pensions for the elderly and people with disabilities) and the resources for developing these rights. Populations of countries with higher social rights and public social resources (including public funds and legislative power) are healthier than those of countries with lower social protections (1). Indicators of such policies are:

1. Percentage of elderly people and people with disabilities who get good public pensions
2. Percentage of population covered by public medical care, and resources for public medical care

3. Percentage of children in public child care and pupils/students in primary, secondary, and tertiary education (including vocational and university education), and public resources invested in these services

4. Percentage of elderly people and people with disabilities who receive home care services, and public resources invested in these services

Policies on Reduction of Inequalities

Policies that reduce social inequalities (including income inequalities) by class and by gender, race, ethnicity, and region diminish the distance between social classes (and occupational, educational, and income groups within each social class) as well as between genders and among races, ethnic groups, and regions. Social inequalities can generate pathology and reduce the opportunities for persons to become healthier (10). Policies on reducing inequalities should include measures aimed at diminishing the social distances among all classes and groups, not only between rich and poor. There is strong empirical evidence that the most effective intervention to save lives and decrease mortality would be one that guaranteed a mortality rate for all social classes that is the same as that of the upper class (11). In this sense, antipoverty programs and programs aimed at preventing social exclusion (which characterize the Blair government's approach to reducing inequalities in Great Britain) are very important components of inequality-reducing policies, but they are just one component, and not the most effective. Policies aimed at reducing inequalities among all sectors of the population (that is, universal policies rather than antipoverty or anti-exclusion policies), such as those carried out by the social democratic governments in Sweden, are more effective in red

ucing mortality and morbidity (including among the poor and/or excluded groups) than are poverty-oriented policies (12). Key indicators for these types of policies are:

1. The redistributive impact of public interventions by the welfare state (e.g., changes in income distribution measured by the Gini or Theil indicators, before and after welfare state interventions). These public policies, enacted to reduce social inequalities, should be part of a broader policy directed at the causes of these inequalities, including the reduction and elimination of relations of oppression, discrimination, exploitation, and domination.
2. Changes in the percentage of national income derived from salaries. Empirical evidence shows that countries with a greater amount of income derived from property and a lesser amount from labor have worse health indicators. In this respect, the United States and Sweden represent the two ends of the spectrum (13). Policies aimed at reducing the percentage of income derived from capital and policies aimed at increasing the percentage derived from labor, as well as fiscal and economic policies aimed at redistributing resources, are effective in improving the health of populations.

Cultural Interventions

Cultural interventions are aimed at creating a culture of solidarity rather than a culture of competition. A strong sense of competition creates enormous insecurity and stress, which produces a lot of pathology. This was shown when Thatcher's liberal policies were established and developed in Great Britain, with a consequent fall in the rate of mortality

decline across all age groups (14). A culture of high competition that focuses on individual competitiveness (reflected in the slogan "everyone should fly on their own") is unhealthy, since this creates anxiety and frustration.

Some cultural traits can also be very unhealthy, such as the excessive commercialization of society and the preponderance of the values of egocentrism, narcissism, consumerism, violence, and hedonism, which also create stress and frustration. This value contamination, one of the worst public health problems in society, should be a wakeup call for public authorities to intervene in the value-generating systems – from the schools to the media – to discourage and eliminate unhealthy values. The definition of beauty as "young and sexy," for example, is very exploitative; it generates great frustration among the majority of people who are not young or sexy (but feel they must strive to appear so in order to be accepted in our society). Also, the ubiquitous presence, in most countries, of members of the upper middle class as the main characters in television programs also creates frustration among viewers, most of whom are working class (whose lives are rarely presented in the media). Indicators of these interventions include:

1. Number of educational programs that embrace solidarity rather than competition
2. Degree of violence in television programs
3. Degree of reproduction of class, race, and gender stereotypes in the media

Healthier Working Life Interventions

These interventions aim at creating safe, satisfying, creative, and enjoyable work. There is strong evidence to suggest that the nature, type, and conditions of work are among the

most important variables determining a population's level of health (3). Indicators of these types of interventions include:

1. Self-reported work-related health status
2. Index of accumulation of risk factors
3. Index of job strain and job conditions
4. Index of workers' satisfaction with their work
5. Workers' self-perceived level of control over their working conditions

Environmental and Consumer Protection

This protection is aimed at improving the physical environment for workers, consumers, and residents, thus ensuring conditions that protect and promote health. Indicators of such interventions include:

1. Percentage of population exposed to unhealthy noise levels
2. Nitrogen dioxide levels in outdoor settings
3. Levels of persistent chemical substances in breast milk
4. Injury incidence (deaths, and numbers of injured treated in medical care institutions) per 100,000 workers in different environments

Secure and Favorable Conditions during Childhood and Adolescence

Interventions of this type are among the most effective ways of reducing poverty and preventing social exclusion. Here, again, there is plenty of evidence that children and

adolescents in families that are poor feel excluded (15). It is therefore of great importance to provide good remedial education from birth to age 18 (including good child care services) and good jobs for parents (especially for single mothers) in order to prevent social exclusion. Indicators of such types of interventions include:

1. Percentage of children (0-3 years) in public child care centers, by social class
2. Level of education of preschool children
3. Percentage of youngsters who finish primary and secondary school and enter and complete tertiary education, by social class
4. Indicators of students' and teachers' influence in the schools

Health Care Interventions That Promote Health

These policies should emphasize public health interventions, both outside and within medical care services that cover the entire population. The medical care services should be designed in a way that facilitates access, comfort, and satisfaction for users and the population at large. Also, health promotion should be a key element of the medical care system, and all health personnel (particularly physicians and other health professionals) should be trained in the political, economic, social, and cultural determinants of health as well as in individual lifestyle interventions. Indicators of these interventions include:

1. Percentage of population covered by the public medical care system and by public health services
2. Percentage of adult population working in health services

3. Percentage of public expenditures in health care that are spent on primary care

4. Indicators of accessibility to health care services

5. Indicators of power resources held by public health agencies to sanction delinquent corporate or business behavior

6. Percentage of people in the population who smoke or are alcoholics

7. Percentage of unwanted pregnancies

8. Percentage of television and radio time dedicated to health promotion

9. Rates of food poisoning in the population

10. Level of citizens' satisfaction with health care received and information provided

11. Percentage of population vaccinated against communicable diseases

12. Rates of HIV/AIDS

LIFESTYLE INTERVENTIONS

Lifestyle interventions, as the name indicates, are aimed at changing the unhealthy behaviors of individuals. These are the most classical interventions and the most visible components of health promotion. They include the following.

Interventions on Safe Sexual Behavior and Good Reproductive Health

These interventions are aimed at developing sexuality as a human right, separating enjoyment and pleasure from reproduction. Sexuality should be seen as an enjoyable activity and a component of human caring, and positive views about sex should be

promoted. Information about sexuality should be available to all age groups, starting with the young. People should be able to express their sexual identity freely, without discrimination, and reproductive health information and care should be available to all persons who may benefit from it. Indicators of these interventions include:

1. Number of pregnancies and abortions per 1,000 women under 20 years of age
2. Incidence of Chlamydia infections in the 15 to 29 age group
3. Percentage of population that receives information on sex and sexuality
4. Availability of methods of contraception to the population
5. Analysis of media content to evaluate television and radio programs and avoid commercialization, exploitation, and stereotyping of sexual behavior
6. Redefinition of exploitative standards of beauty (such as equating it with "young and sexy") that creates frustration

Increased Physical Activity

This is an important but not highly visible health-enhancing intervention that prevents, among other diseases, hypertension and type 2 diabetes, which are increasing among obese and sedentary people. The public authorities should promote physical activity in preschools, schools, and centers of work and learning, and should encourage the use of bicycles and walking. Indicators of such intervention include:

1. Percentage of population physically active for at least 30 minutes per day
2. Percentage of youngsters (15-29) who have had a physical examination

3. Percentage of physical space in an urban center that is dedicated to physical activity

4. Availability of physical exercise centers per 10,000 inhabitants per year

5. Availability of physical exercise centers adapted to elders and persons with disabilities

6. Percentage of the population walking or cycling in relation to total personal transportation methods

Good Eating Habits and Safe Food

This intervention addresses one of the most important aspects of improving health, since at least 30 percent of disease can be related to eating behaviors. Being overweight is now one of the main health problems in developed countries. It is imperative, therefore, that (*a*) good and healthy food should be widely available to the whole population, including a wide variety of food choices; (*b*) food should be safe, with delinquent corporate behavior, as well as restaurants responsible for food poisoning, strongly penalized; (*c*) the public should be fully informed about the caloric content and composition of all food products; and (*d*) the public should be educated about the relationship between food and health. Indicators of these interventions include:

1. Body mass index (BMI)

2. Percentage of population eating at least 500 grams of fruit and/or vegetables every day

3. Percentage of infants breastfed (exclusively, at the age of 4 months and 6 months)

4. Incidence of campylobacter and salmonella infections

Reductions in Tobacco and Alcohol Consumption, Drug Use, and Excessive Gambling

Tobacco addiction is a disease and should be cured by helping the individual control his or her addiction. The tobacco industry should be prohibited from encouraging that addiction. Tobacco advertising targeted to the young should be made illegal, and advertising should be restricted to certain forums, with restriction of ads on radio and television. Tobacco should be highly taxed, with the collected funds assigned to programs aimed at curing tobacco addiction. Tobacco industry contributions to political parties or candidates or to political and social causes should be outlawed. Smoking should be forbidden in all public spaces, restaurants, theaters, streets, and workplaces.

Alcohol consumption should also be reduced (it has increased in the countries of the Organization for Economic Cooperation and Development), and alcoholic beverages should be taxed according to their alcohol content. Alcohol consumption should be allowed only in restricted areas and not in public places, such as streets, theaters, or sports forums.

Individuals who are addicted to drugs should be assisted and not penalized (except when drugs are consumed in public places), but the distribution of drugs should be strongly penalized.

Indicators of these interventions include:

1. Self-reported tobacco use
2. Self-reported exposures to environmental tobacco smoke
3. Percentage of restaurants and public places in violation of smoking, alcohol, and drug restrictions
4. Total consumption of alcohol
5. Mortality and injuries due to alcohol consumption
6. Percentage of drivers intoxicated by alcohol
7. Percentage of population taking drugs (self-reported and police-reported)
8. Mortality due to narcotics-related diseases and injuries
9. Prevalence of excessive gambling

EMPOWERMENT STRATEGIES

Empowerment strategies should help individuals link their personal struggle for improved health with the collective struggle to improve everyone's health. There is robust evidence to show that individuals who are aware of their health limitations and the causes of these limitations can improve their health if they link their own struggle for better health with the struggles of other persons who share their limitations. As noted above, young people with drug addictions who became members of the Black Panthers in the 1960s and 1970s improved their own health (i.e., stopped taking drugs) and the health of their neighborhoods. Black Panther-controlled areas became drug-free areas. And the coal miners of West Virginia who went on strike to improve their working conditions improved both their own health and the health of their community.

Individual commitment to improving other people's health improves one's own health – that is, commitment and solidarity are good for your health. *Commitment* means a desire to serve others; *solidarity* means development of networks of support in a joined cause to improve individual and collective health. Moreover, a collective response strengthens individual efforts to gain power, thus empowering the individual. These linkages between individual response and the collective, based on commitment and solidarity, are critical to achieving the structural determinants of good health. Collective action (political empowerment, using the term *political* in the broad sense of the collective expression of power) is of extreme importance to producing a healthy society. Its opposite is either acceptance or alienation (individual and collective). Acceptance of exploitation, however, would not be unhealthy if the person who is exploited were unaware of being exploited. A person may believe she lives in poverty, for example, because God wants her to be poor (what Mother Teresa called "the gift of poverty"). Poverty is thus seen as a welcome stage that helps individuals get to heaven, their final and most important destination (their stay on earth being merely a transition). It is highly unlikely, however, that poverty and inequality are welcome to those who suffer them.

Poverty and inequality will be increasingly resisted because all the available information shows that inequality (and the social distance it creates) is frequently based on exploitation – that is, the wealthy classes are healthier because the poorer classes are less wealthy and less healthy. The perception of this social distance as exploitative is the basis for the widely held opinion in western societies that society is not fair, that there is too much inequality. Indeed, opinion polls show that large majorities in the developed countries believe there is too much inequality in their societies (16). Needless to say, those

at the top, the 20 to 25 percent of the population in the upper income brackets (who hold enormous power and influence in western societies and are the healthiest sectors of the population), want the other 75 to 80 percent to believe that those at the top are there because of merit – that they deserve it; that this distance in status is a natural event; and that the current social order requires an acceptance of this situation in order to maintain itself. The problem is that increasing numbers of people do not believe that merit is the real criterion for social standing. The awareness of exploitation is one of the greatest threats for those at the top.

The response to an awareness of exploitation can be twofold. One response can be individual, which can create serious pathology (both individual and collective) as a consequence of frustration. Contrary to prevalent cultural ideas, such as the image of the solitary cowboy single-handedly dispatching the gang of bad guys, individual responses are inefficient and of limited value. The individual response of young black persons in East Baltimore to their exploitation is unhealthy, since it may take the form of anger, frustration, alcoholism, drug addition, and crime. This enormous energy, individually channeled, is of limited value and is unproductive for society.

The other possible response to exploitation is for that young person to join a group of youngsters to respond to and struggle together against that exploitation. This is the healthier alternative. The sense of commitment, struggle, solidarity, and hope for a better future are the healthier solutions, linking individual lifestyle determinants with structural determinants.

This long tradition of linking the individual and collective struggle (which has characterized the history of the labor movement, among others) predates the faulty concept

of "social capital," widely used by some researchers in the field of inequality, which trivializes the concept of solidarity and its purpose. The famous Putnam vision (17) of encouraging social capitalists to be even better capitalists (as one of his chapter titles phrases it) and to win in the competitive world is different from the concept of solidarity. It is the opposite of what healthy social behavior should be and the opposite of what is advocated here – that is, to link the struggle for individual liberation and health with the collective struggle. The objective should not be to enhance competitiveness in our societies but rather to enhance solidarity (18).

I also disagree with the widely used concept of "social cohesion," which I consider to be profoundly conservative. As a matter of fact, this concept was established by the conservative and Christian democratic traditions as a response to the labor movement's struggle to change society (19). Social cohesiveness can exist side-by-side with enormous exploitation. There are many cohesive societies, where the social order is widely accepted, but where cohesiveness masks enormous exploitation and high levels of disease. In fact, a healthy intervention may be needed to facilitate a collective response by those who are exploited against that very cohesiveness.

There is a need to favor the concept and use of solidarity and a solidarious society as an alternative to a highly competitive society in which social capital helps individuals compete better. The ideas outlined in this article present an alternative to the dominant and hegemonic views in our societies. Still, we have recently witnessed some developments that are encouraging. Among them is the Swedish government's national health plan, which includes many of the structural and individual determinants of health and represents a gigantic step in the correct direction. It is important to expand these interventions along

the lines outlined in this article, as well as to include the empowerment strategies referred to here. As it now stands, Sweden's national health plan is the most progressive such plan in existence. It is developing a strategy that far surpasses the narrow, reductionist view that tends to limit health policy to medical care interventions. Still, more needs to be done. I hope this article will help to define the pointers for a road toward better health.

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