Impact of Social Factors on Health
The Public Network for Health Equity in Israel
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Health is more than just medical care: in Israel, large health gaps exist between different social and population groups. Growing economic inequality serves to exacerbate the disparities in health. Quality medical care, that is both available and accessible to everyone equally, is <u>absolutely necessary</u> in order to close these gaps, but by itself is <u>insufficient</u> to do so.

Why? Poverty. Studies have linked the economic structure of society to the health of its citizens. Economic realities affect the material conditions at people's disposal that enable them to achieve health.

In Israel: one in five citizens is living in poverty (19.9%); Israel ranked second to last in poverty rates (ahead only of Mexico) among OECD countries, and much higher than the OECD average (11.1%). The percentage of Israelis reporting that it is hard or very hard for them to live on their current income is much higher than the OECD average – 39% versus 24%.

Why? Lack of political representation and political voice. Studies have further linked political patterns to health: the exclusion of various social groups – which denies them a voice in society and adequate political representation, denies them access to the centers of power and decision-makers, and denies them access to economic, cultural and political resources – has serious adverse repercussions for health.

In Israel: only 36% of citizens believe that the communities in which they live are tolerant of ethnic minorities, migrant workers, gays and lesbians; this ranks fourth from the bottom of OECD countries and well below the mean average (61%).

Why? Mental health. Additional studies have found a relationship between difficult living conditions (poverty, unemployment, jobs with low wages and/or unfair physical and mental conditions) and their impact on health, with an especially strong correlation between stress/depression and physical illness. Additional social factors that have been shown to influence health include social cohesion, social capital, and the crime rate in a person's living environment.

In Israel: the percentage of people reporting "very poor mental health" (mental pain, anxiety, sadness, stress, depression) is the highest compared to all other OECD countries – 31.1% versus an OECD average of 22.9%. The percentage of Israelis reporting themselves as "mentally well" is low compared to the rest of the OECD – 63.1% versus 71.5%.

Why? Income disparities. Studies have found the existence of a "social gradient" in relation to health – i.e. a person's socio-economic status in society vis a vis the income gap has an effect on his/her health. Along every rung of the socio-economic ladder we find a different health status. The higher you climb up the ladder, the better your health.

In Israel: there exists large inequality in income. Israel is ranked fifth from the bottom of the Gini index as compared to other OECD members (with a coefficient of 0.37 versus the 0.31 mean in OECD countries.) The last decade has seen a marked increase in income disparity in Israel.

Why? Environmental justice. Studies have found a link between socio-economic inequality and a person's exposure to environmental hazards.

In Israel: an action plan is needed in this country to examine the inter-relationship between socio-economic disparity and exposure to environmental hazards. Based on information collected, we must act to minimize the injury to health due to exposure to environmental hazards.

What's happening in the world?

The World Health Organization views inter-ministerial government involvement as important for advancing a national plan to reduce health gaps, and recommends a number of key steps for achieving this:

- Publication of data on health disparities in order to raise public awareness and foster the political will to change;
- Establishment of public bodies, such as national committees, to examine the impact of social factors on health status, and to further develop a national plan for addressing these;
- Instilling sensitivity to the value of equality in the health system – in programs, social structure, and policies;
- Encouraging inter-ministerial cooperation to address social factors that influence health through a "whole-of-government" approach;
- Encouraging the involvement of civil society in activities related to social factors affecting health;
- Developing tools and knowledge to support policies relating to the social factors affecting health.

Here's how to do it:
In Britain, Canada, the Netherlands, Sweden, the USA and other countries, government plans to reduce health disparities currently exist. Britain has been running such a plan for more than four decades, combining government programs with local initiatives to reduce the health gap. Among the steps being taken in Britain:

• Reducing poverty among children with a goal of eliminating child poverty by 2020, and caring for the normal, healthy development of children;
"Taking better care of our children's health and development could improve educational attainment and reduce the risks of mental illness, unhealthy lifestyles, road deaths and hospital admissions due to tooth decay".

• Encouraging employment by creating new jobs;
"Being in work leads to better physical and mental health, and we could save the UK up to £100 billion a year by reducing working-age ill health".

• Granting heating stipends to enable the heating of homes in winter;
"We could prevent many of the yearly excess winter deaths - 35,000 in 2008/09 - through warmer housing, and prevent further deaths through full take-up of seasonal flu vaccinations".

These steps are consistent with the Public Network for Health Equity in Israel and with our call upon the Israeli government:

To recognize Israel's health gap as a national problem: the Prime Minister must take responsibility to commit to a national plan to close these gaps, through an official government decision.

To establish an inter-ministerial body (comprised of the Ministries of Health, Finance, Welfare, Education, Industry and Trade, Environment, Transportation, etc.): this inter-ministerial body, under the direction of the Ministry of Health, will chart a long-term plan to eliminate Israel's health disparities. The plan must address all of the social determinants of health.

Galilee Association ‖ Adam Teva V'Din – Israel Union for Environmental Defense ‖The Association for Civil Rights in Israel (ACRI) ‖ The Coalition for Public Health ‖ Tene Briut ‖ Yasmin al-Naqab ‖ Adva Center ‖ Sikkuy – The Association for the Advancement of Civil Equality in Israel‖ Be'er Sheva Group for Equal Health ‖ Physicians for Human Rights - Israel ‖ Health Cities Network