

CONCEPTUAL APPROACHES IN FRAMING SOCIAL POLICY IN HIV/HCV/HBV

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Overview

- ▣ Background on:
- ▣ Healthy public policy
- ▣ 'Evidence' vs. ideology in shaping social policy
- ▣ Conceptual frameworks in agenda setting
- ▣ Key areas for consideration
- ▣ Way forward for discussion

The good news...

- ▣ We do have a variety of policies in place ranging from testing to treatment to care
- ▣ We also have these in a variety of settings from clinics to workplaces to prisons

HOWEVER

The not-so-good news...

- ▣ We don't have a good handle on the policy-to-programming barriers and disconnects
- ▣ We don't have brilliant monitoring and evaluation approaches on the impact/outcome from our existing policy efforts (transparency)
- ▣ We haven't done enough in the area of knowledge translation and exchange
- ▣ *How can really capture the barriers to good policy and the way to shift/change bad policy if we cannot do better with the above??*

Healthy public policy

- ▣ *“...derived primarily from an analysis of the impact on health of national public policies (particularly social policy) in wealthy industrialized countries with functioning democratic governments and social welfare systems” (Nutbeam, 2008).*
- ▣ Argues for the need to reinterpret this concept to make it more relevant to a broader range of both political & governance structures

The economics of policy

- ▣ Use of 'economic restructuring' to rationalize the dismantling of social programs in Canada
- ▣ Who is most affected by such economic shifts?
- ▣ Socially/economically marginalized populations, especially women, IDU, prison populations, Aboriginal, mental health/addictions, trans people
- ▣ Inequity in social policies creates a schism between *"the principles that underlie the development of healthy public policy and those driving current social policy development"* (Thurston, 2002).

Evidence base(d)?

- ▣ *What is the evidence around the utility of existing HIV/HCV/HBV social policies?*
- ▣ What is seen as 'legitimate evidence' in shaping social policies?
- ▣ Privileging certain types of evidence/ideology?
- ▣ What is missing? Not working?
- ▣ What needs to be done? By whom? When? How?
- ▣ With an eye to *"This could really make a difference?"*

Hearing voices

- ▣ *Whose voices are we hearing at the table?*
- ▣ *Who is missing from this dialogue? Why?*
- ▣ Whose evidence (&/or ideology) is used to situate the discussion on effective vs. ineffective social policy issues in HIV/HCV/HBV
- ▣ What is consider important to policy makers? To funders? To community?
- ▣ Who & what is filtering and shaping social policy development? Within government, research, funding bodies, community, etc.?

Framing the discussion

- ▣ *A conceptual framework - a tool to 'scaffold research' and to assist in making meaning of findings.*
- ▣ Intended as a starting point for reflection about the research and its context.
- ▣ Forms part of the *agenda for negotiation* (Guba & Lincoln, 1989).
- ▣ Examples: determinants of health, social justice, social exclusion/inclusion, feminist/bioethics.

Key Determinants (PHAC)

Income and Social Status

Social Support Networks

Education and Literacy

Employment/Working Conditions

Social Environments

Physical Environments

Personal Health Practices and Coping Skills

Healthy Child Development

Biology and Genetic Endowment

Health Services

Culture

Gender

GENDER DETERMINES...

“MASCULINITY” AND
“FEMININITY”
(GENDER ROLES)

Roles, status,
norms, values

Responsibilities, needs,
expectations

Sexuality and Sexual
behaviour

GENDER

THE DIVISION OF
LABOUR, POWER AND
RESPONSIBILITIES

THE DISTRIBUTION OF
RESOURCES AND
REWARDS

Social Justice

Fair distribution of society's benefits, responsibilities and their consequences.

“...focuses on the relative position of one social group in relationship to others in society as well as the root causes of disparities and what can be done to eliminate them.” (CNA, 2006)

Must be considered at all stages and levels of policy development

Feminist lens

- ▣ Greater analysis of women's role in welfare provision – informal & formal sectors (Thurston, 2002)
- ▣ Development of feminist bioethics to further address concerns over dominant discourses in medical research, clinical practices, etc.
- ▣ Moving beyond women & prevention of vertical transmission to a more robust analysis of 'contexts of risk' (economic, political, social disparities)

Social Inclusion

- ▣ *Racialized group members, Aboriginal people and recent immigrants have been identified as among the most marginalized in Canadian society. However, much of Canadian health research and the health system as a whole fail to appreciate the dimensions of social exclusion that these groups face (Galabuzi, 2002).*

Key areas for consideration

- ▣ Policy-to-programming disconnects in harm reduction (prison populations)
- ▣ Mental health & addictions policies (silo approaches to policy)
- ▣ HIV counselling & testing policy shifts (preparedness & capacity issues)
- ▣ Impact of criminalization on testing patterns
- ▣ Policy drivers outside government sector (religious, charitable organizations,
- ▣ Private corporations (pension policies)

Cutting across silos

- ▣ Need to reframe development of social policy & related research for HIV/HCV/HBV to address broader, intersecting economic, political and social determinants of health contributing to:
- ▣ Connection between prevention of initial infection & secondary infection (risk contexts outside 'health')
- ▣ Augment policies for uptake of testing (rural/urban)
- ▣ Access to appropriate cross-sectoral care, treatment & support (related co-morbid conditions – addictions/mental health)

Way forward

- ▣ **Research based on current social policy evidence requires additional attention to:**
- ▣ Intersectionality of determinants of health
- ▣ Knowledge translation & exchange (KTE)
- ▣ Social justice
- ▣ Social inclusion
- ▣ Equity
- ▣ Thinking horizontally not vertically (cut across sectors)
- ▣ Active & meaningful participation of affected populations/communities
- ▣ Collective responsibility (beyond ideology)
- ▣ Ethic of sustaining health across sectors/populations

Thank You!

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