

Developing a Canadian Economic Case for Financing the Social Determinants of Health

Report on the
April 2007 Roundtable

David I. Hay

CPRN Research Report
November 2007

This research initiative was commissioned by the Public Health Agency of Canada.

Contents

Overview of the Report 1

The Determinants of Health 4

The Determinants of Economic Performance 7

Policy Perspectives for Understanding Health and Well-Being 8

Determinants of Health, Health and the Economy 10

Summary and Conclusions 11

References 13

Appendix 1. Annotated Bibliography 15

Figures

Figure 1. The Determinants of Health 4

Figure 2. The Determinants of Economic Performance 7

Figure 3. Policy Perspectives for Understanding Health and Well-Being 8

**Figure 4. The Relationship between the Determinants of Health, Health and
the Economy 10**

Developing a Canadian Economic Case for Financing the Social Determinants of Health: Report on the April 2007 Roundtable

Overview of the Report

The Public Health Agency of Canada (PHAC) has invested in research to explore the economic case for financing the social determinants of health. The Agency has partnered with researchers and engaged with research and policy experts in exploring this topic. The primary research question is: Do investments in the social determinants of health have economic consequences? If so, what particular investments have the strongest relationships with economic outcomes?

This report follows from a roundtable discussion with national and international experts, held in Ottawa in April 2007. The report builds on an earlier research brief (Hay, 2006), and provides a synopsis of the available research and the roundtable discussion. Attached in Appendix 1 is an annotated bibliography from a literature scan that was conducted.

The report begins by providing a short background to this policy research area; outlines in more detail the Public Health Agency's goals, objectives, activities and context for the work; lists the research questions; and, then discusses the research and policy issues arising from the literature scan and the roundtable discussion. The report also provides a brief summary and conclusions.

Background

Economic and social policies are increasingly interdependent. There is widespread agreement among policy-makers that governments are an important part of the production process, either as employers, subsidizers or rules setters (legislators), particularly in distributing resources and analyzing well-being. There is also evidence that economic growth is affected by public goods, finance, demographic parameters, income distribution, and social norms, all of which also contribute to social cohesion. This overall perspective is sometimes captured within an important discourse known as *social policy as a productive factor*. It is this discourse that is important background for developing an economic case for financing the social determinants of health.

Recent comparative social policy research and dialogues sponsored by Canadian Policy Research Networks (CPRN) suggest that the contribution of social policies to economic growth and prosperity are key in redesigning Canada's social security system, for the following reasons (Jenson, 2004):

- Strong and sustainable social programs can enhance economic competitiveness by supplying vital social infrastructures – health care, a skilled and knowledgeable workforce, resilient families, and healthy and secure societies – that bestow comparative advantage.
- Persistent inequalities of outcomes are a costly economic deadweight in terms of lost productivity, foregone tax revenue, reduced consumer spending and higher expenditures on income assistance, social services, health care and security. Inequalities impose economic as well as social and individual costs.

- Social policy can serve to create and stabilize collective goods, channel and mitigate industrial conflict during periods of structural adjustment, and, in turn, is likely to foster political stability and social cohesion.

In research terms, the contribution of social policy investments, i.e. taking action on the social determinants of health, is a testable hypothesis – social factors contribute to economic growth, productivity and prosperity. Social factors would include the distribution of income and wealth in an economy, the range of social policy interventions including early childhood development, health, education, labour market regulation, and a variety of income support programs. These social policies may be defined to include the tax-transfer system, which finances the social budget. Increasingly, a broader set of social factors are also proposed as contributing to economic performance. These include culture, creativity and social infrastructure among others (Evans, 2007; Bradford, 2004).

If social determinants are a quantitatively significant factor in productivity growth, then social policies to promote equity could also be defended on grounds that they simultaneously increase economic growth.

If there is adequate research evidence for the task of promoting further investments in social policies as contributors to both equity and economic efficiency, the next challenge is building a case for policy change. What are the opportunities to develop a Canadian economic case to finance the social determinants of health?

Goals

The Public Health Agency of Canada has the following goals in building a case for investment in the social determinants of health:

- Enhancing the overall health and well-being of Canadians
- Addressing inequalities in health

Objective

To contribute to these goals, the Public Health Agency of Canada has this objective:

- Develop a comprehensive rationale (or “case”) for investing in the social determinants of health

Activities

The following activities are inputs into achieving this objective:

- PHAC Research brief (Hay, D. *Economic Arguments for Action on the Social Determinants of Health*, Ottawa: CPRN, October 2006)
- International meetings (London, October 2006; Vancouver, June 2007)
- PHAC Policy research roundtable (Ottawa, April 23, 2007)

- PHAC Annotated bibliography (Ottawa: CPRN, June 2007)
- PHAC *Developing a Canadian Economic Case for Financing the Social Determinants of Health* Report (Report with annotated bibliography, September 2007)

Context

The Public Health Agency is participating in and supporting these activities within three particular contexts:

- WHO Commission on the Social Determinants of Health (SDOH)
 - Creating a body of knowledge and evidence on practical policy approaches and mechanisms to address the “causes of the causes” of ill health
 - Mobilizing action to address health inequities and inequalities
 - Developing economic arguments as part of the broad rationale
 - Reorienting international agencies to address Social Determinants of Health as integral part of policy and program development
 - Monitoring and assessing progress
- Emerging global initiative on “building the economic case”
 - Cost of investment vs. cost of non-investment
 - Determining investment priorities
 - Instruments / mechanisms for financing
 - Sources of financing
- Canadian context
 - Canadian evidence
 - Political context
 - Building on Canadian expertise
 - Action strategies

Research Questions

The central research questions are:

- Do investments in the social determinants of health have economic consequences?
- Which social determinants have the strongest relationship with economic outcomes?
- What are the characteristics of these relationships (*e.g.* indirect, direct, causal, uni- or bi-directional)?
- What particular investments in the social determinants of health have the strongest relationships with economic outcomes?

There is a wide range of evidence that bears on these central research questions. Not much of the evidence directly examines our research questions, however. For this reason, it is instructive to graphically represent relationships of interest, and then discuss them in segments.

Each segment is discussed regarding the status of the evidence, the assumptions inherent in that evidence, and any remaining questions. Each segment is also discussed as it relates to implications for research, policy research and policy.

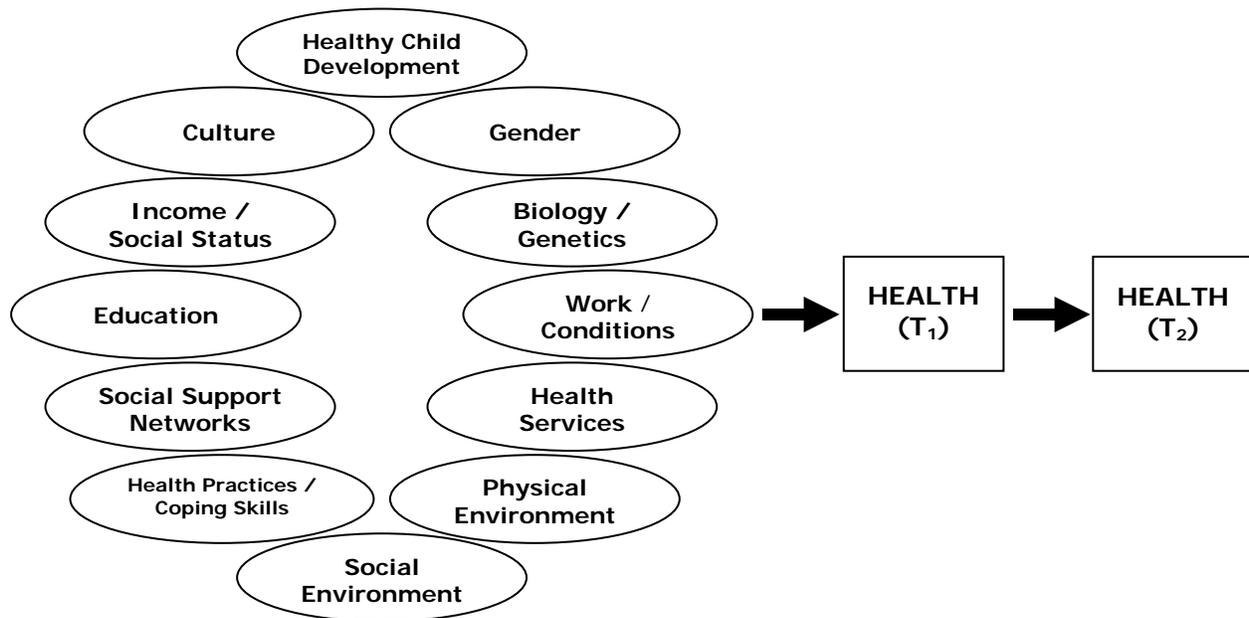
There are also a number of policy lenses or perspectives that are important to apply to fully understand the dimensions of health and well-being. In particular these include lenses of place (i.e. geography, diversity, identity), of time (i.e. dynamics, life-course), of governance (i.e. responsibility, politics) and of citizenship (i.e. values, rights and obligations).

Figures 1-4 depict the relationships of interest. Each is discussed in turn.

The Determinants of Health

There is a large body of literature from the fields of sociology, social epidemiology and population and public health describing a set of high-level factors that influence the health outcomes of individuals and populations. Figure 1 represents these factors and their influence on health.

Figure 1. The Determinants of Health



The determinants that are represented in Figure 1 are the product of substantial research and investigation. The determinants are almost universally accepted as the comprehensive set of factors that together shape health.

Evidence for this model of influences on health has primarily been synthesized from a large number of research studies that provide findings of relationships between a subset of the determinants and health. Most of the studies would examine one to four of the factors at most. Also, most of the research has been done with cross-sectional data, i.e. data collected at one point in time. There is an important body of studies using longitudinal approaches and methods, looking primarily at socioeconomic and lifestyle factors and their relationship with health. Relationships between the various determinants and health have been replicated many times and in many places, assuring any doubters of the robustness of the model.

The determinants are a complex of variables, and research studies have great difficulty in reliably sorting out the relative importance of the determinants in predicting variation in health. This is partly due to strong interrelationships among almost all of the determinants, i.e. amongst themselves. For example, there is abundant investigation and research looking at the relationship between, among others, education, occupation and income; work and gender; social and physical environment; work and coping skills; and so on. Many times the relative importance or strength of the relationship of any particular determinant with health is dependent on the aspect or measure of health that is used.

Investigations of relationships of health determinants with health using longitudinal data reveal further complexities. For example, longitudinal studies find that the single best predictor of current health status (i.e. health at T_2) is prior health status (i.e. health at T_1) (Hay, 1994). The strength of this prediction depends on the amount of time between the two measurement points, but the association generally holds. When prior health status is included in longitudinal studies investigating the influence of social determinants on health, and effects on health from variables such as income and education are found, the effects are marginal in comparison to the effect of prior health status. This doesn't mean that social variables such as education are not important – as the abundant research evidence makes very clear – but it raises the crucial question of when they are important. The implication is that many social determinants have their largest affect on health very early in an individual's life. This is indeed part of the rationale for the research and policy focus on the “early years,” including early childhood education and development (Canadian Population Health Initiative, 2004).

Relationships between health determinants and health outcomes are fundamentally causal, i.e. changes in determinants will produce changes in health. It is almost impossible to predict, however, what the effect of particular changes in any one determinant may be, and in what magnitude, on subsequent health outcomes. For example, as the longitudinal studies reveal, *when* the determinants have the largest effect on health is different at different points in the life-course of individuals. This has important implications for policy.

The predominant evidence for the determinants of health is essentially unidirectional, and to some extent, it is also assumed that causality is unidirectional. There is evidence of reverse causality as well, i.e. that health status can produce change in some of the determinants,

particularly the social determinants. For example, periods of ill health can result in loss of income and a deterioration of social networks. And health deficits at one stage of life can affect educational outcomes at other life stages (Mustard, Tompa and Etches, 2007). This suggests that all relationships between health determinants and health outcomes are dynamic and also, at least to some degree, bidirectional.

What are the policy implications of the determinants of health model? Does the model inform policy-makers as to the optimal mix of program interventions to maximize individual and population health outcomes? I will use the example of the relationship between education and health to shed light on these questions (Hay, 2006a; Feinstein *et al.*, 2006; Mustard, Tompa and Etches, 2007).

A recent review of the evidence of the relationship between education and health “suggests that the impact of education on health is substantive and universal” (Feinstein *et al.*, 2006: 104). Further, the authors conclude that “an expansion of [educational] supply and uptake would bring considerable public benefits” (Feinstein *et al.*, 2006: 104). This statement is qualified by a recognition that the complexity of the relationship is not sufficiently understood, particularly the timing and quality of education to be delivered.

The finding that educational levels affect health and that ill health can affect educational outcomes does less than might be expected to inform policy direction. Looking at education in relation to a particular desired outcome such as improved health raises more questions than answers. For example, the Feinstein *et al.* review is generally unable to point to particular levels and/or types of education that will make a substantial difference for health. Where it does, the evidence is focused on particular interventions in particular situations for particular health reasons (*e.g.* use of preventive health services or activities that address risk factors). From the number of studies and the quality of data and measurement, marginal health returns are bound to be small, even if they are able to be estimated.

Feinstein *et al.* are unable to answer the question of what level of education is a sufficient condition for a reasonable level of health. Is it high school, college, or some other level? There is not a precise answer, but if there was one, what would be the policy implications? Would governments endeavour to require and provide, for example, a college level education to all individuals, no matter what the individual and societal “needs” are? Is it functional for everyone to have a college education, given the division of labour and labour force requirements in advanced capitalist societies? What would be the intended and unintended consequences of such a policy?

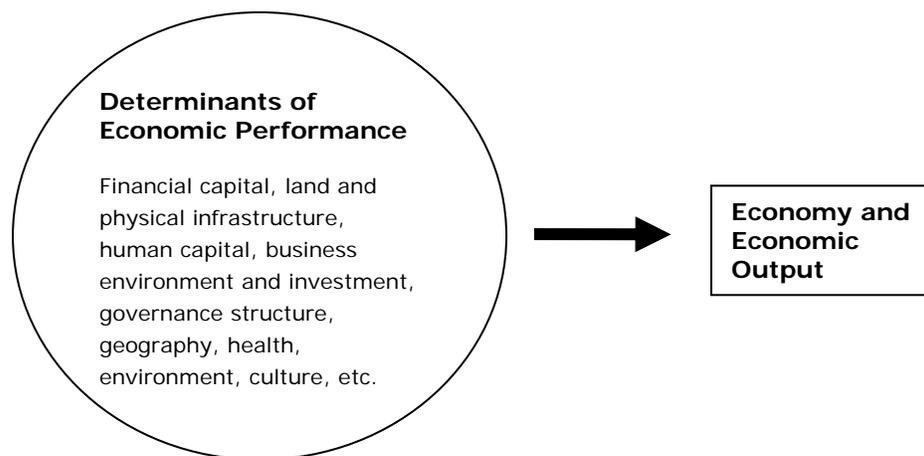
The strength of the policy conclusions that can be taken from an understanding of the evidence linking education as a social determinant of health are in two areas. First, education is a good thing and societies should endeavour to provide the conditions, social context, and educational services to support their populations in achieving appropriate and substantial levels of education. Second, marginal gains in social outcomes can be a by-product of education and learning, and one of these social outcomes is likely to be health. The policy question left unanswered by the research evidence is, how much more education will provide how much more health?

The Determinants of Economic Performance

Figure 2 simply depicts the relationship between the determinants of economic performance and the economy and economic output. An incomplete list of determinants, but including most of the major ones, is included in the figure.

In a similar way to the research into the relationship between health and its list of determinants, research on the relationship between the determinants of economic performance and economic outputs reveals a complex set of relationships and interrelationships among determinants.

Figure 2. The Determinants of Economic Performance



A primary indicator of economic performance is growth in gross domestic product (GDP). For developed countries productivity growth is generally found to be the most important contributor to overall economic growth. Explanations of productivity growth concentrate on economic determinants, concluding that a large part of productivity growth is related to investment, human capital, innovation and technology (Harris, 2002).

There has been abundant concern in Canada in recent years regarding Canada's productivity and productivity growth (*e.g.* Conference Board of Canada, 2007; Institute for Competitiveness and Prosperity, 2006; TD Economics, 2005). Arguments for policies and investments to increase productivity generally list areas of potential investment as human capital, information and communications technology, innovation and entrepreneurship (Organisation for Economic Co-operation and Development, 2007). Other than education and human capital investments, social policy investments rarely make the priority list of investment areas to drive productivity growth.

There are studies that link investments in social policy areas, primarily education (usually a mix of early childhood education, post-secondary education, and workplace skills and literacy), but also including culture, social capital and poverty reduction (*for a discussion, see* Hay, 2006b). For all of these studies, and similar to the determinants of health research, what is generally not examined is all of these factors together, meaning that marginal gains in productivity from any one factor, all factors considered, is usually not demonstrated.

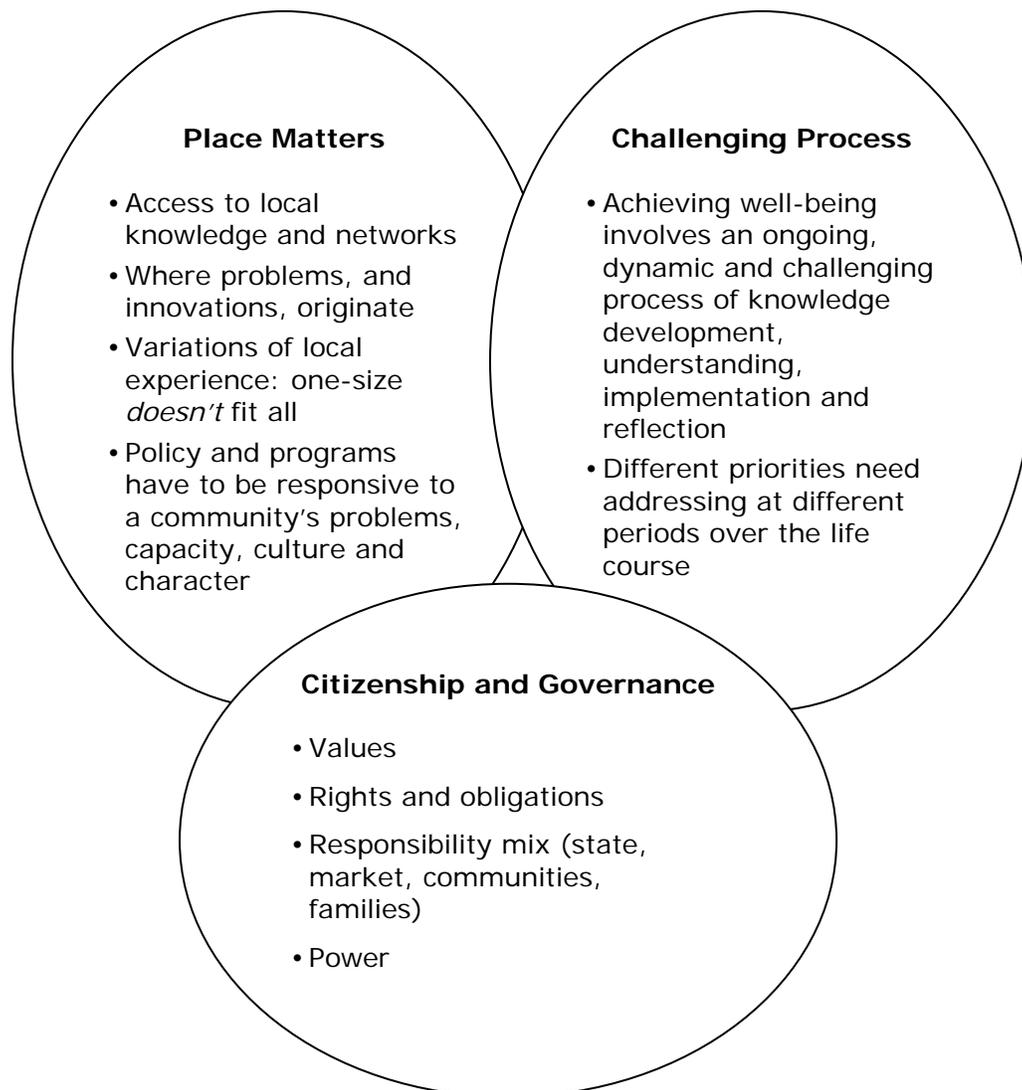
The studies that estimate economic return to social policy investments show the biggest impact from the models that estimate gains to GDP from investment in early childhood education (Bartik, 2006; Dickens, 2006; Dodge, 2003; Lynch, 2004). The general conclusion is that the educational gains produce economic and social gains later in life for individuals and society.

Policy Perspectives for Understanding Health and Well-Being

Relationships between health and the economy look different depending on the lenses applied. Important policy lenses include place (i.e. geography, diversity, identity), time (i.e. dynamics, life-course), citizenship (i.e. values, rights and obligations) and governance (i.e. responsibility, politics).

Some of the issues revealed by these lenses appear in Figure 3.

Figure 3. Policy Perspectives for Understanding Health and Well-Being



Place Matters

Community development practitioners have always known that place matters, i.e. that context is critical to understanding problems and working out solutions. Canada's existence as a federal state and the varying solutions to similar problems in different parts of the country also highlights the consequence of place – spatially and culturally – for policies, programs and quality of life.

Challenging Process

Policy analysis has to acknowledge that understanding and achieving well-being is not a static process; it involves an ongoing, dynamic and challenging process of knowledge development, understanding, implementation and reflection. And these stages also have to work together, conceptually and practically, to be most efficient and effective.

Another aspect of a consideration of process is that individuals, families and communities have different needs and priorities over different periods of their life. Mothers and families with very young children are seeking support in specific areas, areas very different from the particular support needs of an elderly couple in long-term care. This also suggests that examining demographics and population distributions can contribute to appropriate decisions on the life-stage mix of various policy and program supports.

Citizenship and Governance

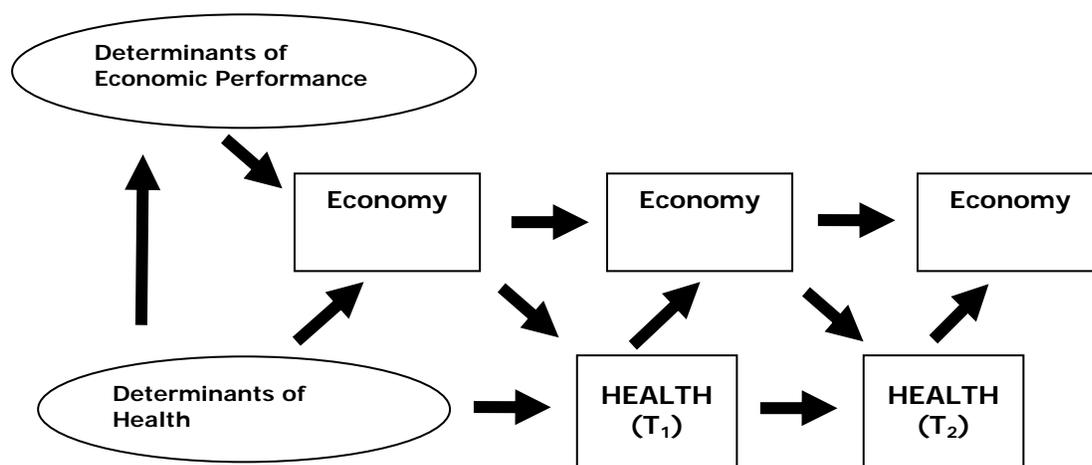
Canadians adhere to a core set of values that are reflected in our constitution, charter of rights and freedoms, justice system and our everyday human interactions (MacKinnon, 2004). These include values of equality, social justice, respect for diversity and the law, and so on (Hay, 2004; Rioux and Hay, 1993).

A governance lens both proposes and supposes that no person can go it alone. Well-being and quality of life depends on an interdependent mix of contributions and supports from four main groups in society – families, communities, business and governments. Policy analysis must recognize that effective policy solutions are similarly dependent on this responsibility mix.

Determinants of Health, Health and the Economy

Figure 4 combines the sets of relationships described in the previous three sections. Most of the policy perspectives, however, are not represented (although some aspects of dynamics and time are included), but are assumed as overlays on the model.

Figure 4. The Relationship between the Determinants of Health, Health and the Economy



Many of the arguments made for a relationship between social policy (i.e. investments in the social determinants of health) and growth focus on economic growth overall, sometimes specifying employment growth.

Of all the social policy investments, investments in human capital are seen to be the most economically productive. Human capital investments are primarily through spending on education and training, and according to the literature (*see reviews in Dodge, 2003; Fouarge, 2003; Harris, 2002*), “there is a very large body of evidence showing that increasing education has a substantial effect on productivity” (Harris, 2002: 35). And there is a dynamic relationship between human capital formation, a more equal distribution of income and economic performance.

This paper has emphasized the complexity of the interrelationships among the areas in the research model, and the difficulty in using research conclusions as definitive for policy direction. Research advances could be made with adequately dynamic data and a concerted effort on research modelling and testing. The approach to research should be primarily synthetic, integrated and interdisciplinary.

Summary and Conclusions

Reflecting on the determinants of health, the determinants of economic performance, and the relationship between the two, it seems we know a lot, but what we know is not sufficient for knowing what to *do*.

Much is known from research conducted to date and reviewed here, but in positivist research terms (*e.g.* understanding cause and effect) what we know is not enough to help in sorting out direct and indirect causal mechanisms.

What is known from the research is that relationships of determinants and outcomes (health and economic performance) are particularly complex and multidimensional:

- There are many concepts and variables in the models and there are more than ten major determinants for each of health and economic performance.
- Each major determinant is a high level concept with a number of meanings. There are multiple interpretations of what is most important for the concept and representative of the determinant. This has implications for the choice of measures and indicators.
- The determinants themselves are highly interrelated. Most of the determinants are social constructs. Given multiple interpretations of single determinants (the previous point), each determinant is, consequently, not mutually exclusive.
- Research findings hardly ever directly influence or predict policy. For example, if research confirms that higher population educational levels contribute to economic performance, the research finding does nothing to inform how to go about raising population educational levels.
- Interpretations of research relationships and policy prescriptions are affected greatly by:
 - Time
 - Stage of life
 - Place
 - Governance and politics
 - Values

So, what does all this mean for research and policy?

Certainly more research is needed to explore the many questions raised by this review. Investigations are needed to ensure robust and effective measures of the concepts and determinants. Sufficient cross-sectional *and* longitudinal data are required if any headway is to be expected in quantitative investigations in this area. The approach to research problems should be primarily synthetic, integrated and interdisciplinary. Substantial research resources over a number of years would be required to support the requisite number of research teams.

For policy-makers who were perhaps expecting the research to offer findings that are more definitive and developed for the economic development policy process, it is much more clear that there is no single “silver-bullet” social policy investment opportunity on the horizon that would quickly and directly increase economic performance. It is well-known, however, that research evidence is only one part of the mix of contributors to the policy development process. Many policy investment “priorities” on the policy agenda are in dispute for other reasons than lack of, or disputes over, evidence.

References

- Bartik, T.J. 2006. *The Economic Development Benefits of Universal Preschool Education Compared to Traditional Economic Development Programs*, Kalamazoo, MI: W.E. Upjohn Institute for Employment Research.
- Bradford, N. 2004. *Creative Cities: Structured Policy Dialogue Report*, Ottawa: Canadian Policy Research Networks.
- Canadian Population Health Initiative. 2004. *Improving the Health of Canadians*, Ottawa: Canadian Institute for Health Information.
- Conference Board of Canada. 2007. *Mission Possible Executive Summary: Sustainable Prosperity for Canada*, Ottawa: Conference Board of Canada.
- Dickens, W.T. 2006. *The Effects of Investing in Early Education on Economic Growth*. Washington: Brookings Institution.
- Dodge, D. 2003. *Human Capital, Early Childhood Development and Economic Growth: An Economist's Perspective*. Paper presented to the Annual Meeting of the Sparrow Lake Alliance, May.
- Evans, L. 2007. *Moving Towards Sustainability: City-Regions and Infrastructure*. Ottawa: Canadian Policy Research Networks.
- Feinstein, L., R. Sabates, T.M. Anderson, A. Sorhaindo, and C. Hammond. 2006. "The Effects of Education on Health: Concepts, evidence and policy implications. A review for the OECD Centre for Educational Research and Innovation (CERI)," In R. Desjardins and T. Schuller (eds.). *Measuring the Effects of Education on Health and Civic Engagement: Proceedings of the Copenhagen Symposium*. OECD Directorate of Education, Centre for Educational Research and Innovation. Paris: OECD. pp. 171-354.
- Fouarge, D. 2003. *Costs of Non-Social Policy: Towards an Economic Framework of Quality Social Policies – and the Costs of Not Having Them*. Report for the Employment and Social Affairs DG. Belgium: European Commission.
- Hay, D.I. 2006a. "Grounding in a Broader Framework of Determinants of Health." In R. Desjardins and T. Schuller (eds.). *Measuring the Effects of Education on Health and Civic Engagement: Proceedings of the Copenhagen Symposium*. OECD Directorate of Education, Centre for Educational Research and Innovation. Paris: OECD. pp. 363-372.
- _____. 2006b. *Economic Arguments for Action on the Social Determinants of Health*, Ottawa: Canadian Policy Research Networks.
- _____. 2004. *A New Social Architecture for Canada's 21st Century*, Research Highlights No. 5, Ottawa: Canadian Policy Research Networks.

- Harris, R.G. 2002. *Social Policy and Productivity Growth: What Are the Linkages?* Discussion Paper No. 11. Ottawa: Industry Canada.
- Institute for Competitiveness and Prosperity. 2007. *Agenda for Canada's Prosperity*, Report for Canada 2006, Toronto: University of Toronto.
- Jenson, J. 2004. *Canada's New Social Risks: Directions for a New Social Architecture*, CPRN Social Architecture Papers, Research Report F|43. Ottawa: Canadian Policy Research Networks.
- Lynch, R.G. 2004. *Exceptional Returns: Economic, Fiscal and Social Benefits of Investment in Early Childhood Development*. Washington, D.C.: Economic Policy Institute.
- MacKinnon, M.P. 2004. *Citizens' Values and the Canadian Social Architecture: Evidence from the Citizens' Dialogue on Canada's Future*, Ottawa: Canadian Policy Research Networks.
- Mechanic, D. 2007. "Population Health: Challenges for Science and Society." *The Milbank Quarterly* Vol. 85, No. 3: 533-559.
- Mustard, C., E. Tompa, and J. Etches. 2007. "The Effects of Deficits in Health Status in Childhood and Adolescence on Human Capital Development in Early Adulthood." In G. Picot, R. Saunders, and A. Sweetman (eds.). *Fulfilling Potential, Creating Success: Perspectives on Human Capital Development*. Kingston: McGill-Queen's University Press. pp. 13-36.
- Organisation for Economic Co-operation and Development [OECD]. 2007. *Micro-Policies for Growth and Productivity: Summary of Key Findings*, Paris: Organisation for Economic Co-operation and Development.
- _____. 2005a. *Extending Opportunities: How Active Social Policy Can Benefit Us All*. Paris: Organisation for Economic Co-operation and Development.
- _____. 2005b. *The Active Social Policy Agenda*. Paris: Organisation for Economic Co-operation and Development. See www.oecd.org/socialmin2005
- Rioux, M. and D.I. Hay (eds.). 1993. *Well-Being: A Conceptual Framework*. Vancouver: Social Planning and Research Council of British Columbia.
- Saunders, R. 2006. *Risk and Opportunity: Creating Options for Vulnerable Workers*. Document No|7, Vulnerable Workers Series. Ottawa: Canadian Policy Research Networks.
- TD Economics. 2005. *Canada's Productivity Challenge*, Toronto: TD Group Financial Services.

Appendix 1. Annotated Bibliography

Bibliography

Adam, S., *et al.* 2006. *The Poverty Trade-off: Work Incentives and Income Distribution in Britain*. New York: Joseph Rowntree Foundation.

Can we reconcile the conflict between policies to help people on low incomes by providing direct financial support and those which encourage them to earn more? Two of the strategies used by governments to help people on low incomes – providing direct financial support and encouraging them to earn more – generally conflict. Drawing on large-scale survey data from thousands of individuals and families spanning the last 26 years, this report from the Institute for Fiscal Studies analyses incomes and work incentives and how they are affected by the tax and benefit system. The report examines how work incentives vary across the population and how this has changed since 1979, estimates how far tax and benefit reforms have been responsible for changes in work incentives, and compares these trends with trends in poverty and inequality and considers how various policy options for the future would affect the distributions of income and work incentives.

Anderson, E., and S. Hague. 2007. *The Impact of Investing in Children: Assessing the Cross-Country Econometric Evidence*. Working paper 280. London: Overseas Development Institute.

This paper examines the hypothesis that increases in public expenditure which translate into benefits for children have a positive impact on economic growth and a negative impact on inequality. This may be due to the avoidance of irreversible disadvantage to a person's future productivity, mitigation of the intergenerational transfer of poverty, and reduction of future costs to health, education and social welfare systems. Thirteen child-welfare indicators are included in the analysis, including infant and child survival, preprimary, primary and secondary school enrolment, primary school completion, immunization against DPT and measles, births attended by skilled personnel, and access to water and sanitation. In addition, the effects of six different sectors of government expenditure are considered: health, education, housing and community amenities, social protection, agriculture, and transport and communications. Overall, the results caution against an overly pessimistic view of the effect of public expenditure. They also make clear that public investment in children is not solely a matter of meeting basic rights; it is also a matter of economic importance. It would be wrong to treat education and health expenditure as purely 'social' and distinct in its effects from 'productive' expenditure such as agriculture. Likewise, it is not only social expenditure which can accelerate human development. These insights can complement more detailed country-specific analysis of policy design and resource allocation at the national-level.

Arjona R., M. Ladaique, and M. Pearson. 2001. *Growth, Inequality and Social Protection*. Paper presented at the IRPP-CSLS Conference, Ottawa, January 26-27.

Economic growth is, ultimately, the result of the myriad of transactions which take place in a market economy. Similarly, the distribution of income depends on who has ownership of factors of production, how much they can sell them for, and whether the resultant income is redistributed or not. It would be surprising were economic growth and income distribution not to be linked. But how exactly they might be linked has been the topic of many competing theories and empirical evaluations. Unfortunately, the studies have not led to a convergence on a common view that there is, or is not, a trade-off between the two goals of an equitable society and a rich one.

Baltussen, R., and L. Niessen. 2006. "Priority Setting of Health Interventions: The Need for Multi-Criteria Decision Analysis." *Cost Effectiveness and Resource Allocation* Vol. 4: 14. www.resource-allocation.com

Priority setting of health interventions is often ad-hoc and resources are not used to an optimal extent. This indicates the need for rational and transparent approaches to priority setting. The development of a multi-criteria approach to priority setting is necessary, and this has recently been identified as one of the most important issues in health system research. This paper calls for a shift away from present priority setting tools in health – that tend to focus on single criteria, towards transparent and systematic approaches that take into account relevant criteria simultaneously.

Bartik, T. 2006. *The Economic Development Benefits of Universal Preschool Education Compared to Traditional Economic Development Programs*. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research.

In this paper the author estimates that high-quality; universal preschool education would have large economic development benefits. The long-run effects would be to boost national employment and gross domestic product by almost 2 percent, which represents over 3million more jobs and almost \$1 trillion in increased annual GDP. These economic development benefits occur because high-quality preschool increases both the soft and hard skills of preschool participants, and also their ability to benefit from later education, which increases participants' future employability and productivity in the labor market. This increase in the quantity and quality of US labor supply stimulates business to create new jobs and expand output.

Baum, F., and L. Harris. 2006. "Equity and the Social Determinants of Health." *Health Promotion Journal of Australia* Vol. 17, No. 3.

A social determinants approach poses many challenges for health promoters. Perhaps most significantly, much health promotion starts with a focus on individuals and, in the past, has been strongly associated with attempts to change behaviour. The limitations of this approach have been noted, but the individualism associated with it still dominates much health promotion research and practice. While some attempts to change behaviour have met with success (such as smoking and reducing fat consumption), the focus on individuals has been supported by policy change and has had more success with better-off people. Thus, the net effect has been to increase inequities.

Belsky, J., *et al.* 2007. "Are There Long-Term Effects of Early Child Care?" *Child Development* Vol. 78, No. 2: 681-701.

Effects of early Childcare on children's functioning from 4 and one-half years through the end of sixth grade were examined in the "National Institute of Child Health and Human Development Study of Early Child Care and Youth Development." The results indicated that although parenting was a stronger and more consistent predictor of children's development than early child-care experiences, higher quality care predicted higher vocabulary scores and more exposure to center care predicted more teacher-reported externalizing problems. Discussion focuses on mechanisms responsible for these effects, the potential collective consequences of small child-care effects, and the importance of ongoing follow-up at age fifteen.

Birchenall, J. 2007. "Economic Development and the Escape from High Mortality." *World Development* Vol. 35, No. 4: 543-568. Portland, Oregon: Elsevier.

This paper studies the characteristic features of the escape from high mortality as recorded from the historical experience of Northwestern Europe and from the current experience of less developed countries. It documents stylized facts of mortality change and measures the contribution of economic development, represented by income per capita, to the mortality decline during the second half of the twentieth century. It posits that improvements in economic conditions since the eighteenth century are an important factor behind the decline in death rates in developed countries and in the subsequent reduction of death rates in less developed countries. The authors show that economic development lowers mortality through differential effects in infectious disease mortality and that quantitatively; income growth is able to account for between one-third and one-half of the recent mortality declines.

Bloom, D. 2007. *Education, Health, and Development*. Cambridge, MA: American Academy of Arts and Scienc.

David Bloom makes the case that investments in education and health are the driving forces that promote virtuous developmental spirals. He argues that good health fosters school attendance and improves learning. Good education of mothers boosts child health and these effects can last into adulthood. Policies that take advantage of the interactions between health and education therefore should be developed and implemented. However they should also avoid certain pitfalls. The author highlights a case study in Karnataka, India, that finds that a disproportionate share of subsidies for education and health benefited the well-off, and relatively little went to women, people in rural areas or others with low levels of health and education. Bloom concludes that because key questions remain unanswered, policy-makers have only slim evidence on which to formulate plans. More research is needed, and randomized studies should be an important focus of efforts, but different research designs have different strengths that may be beneficial to research efforts. Effective policy requires strong evidence, and a robust mix of studies may have the potential to push our understanding forward faster than any single research strategy.

Bonilla, G., and J. Gruat. 2003. *Social Protection: A Life Cycle Continuum Investment for Social Justice, Poverty Reduction and Sustainable Development*. International Labour Office, Geneva.

In spite of its achievements and contribution to human development, social protection has always been the object of intense criticism. Since their inception, social protection policies have been criticized on economic grounds for having a negative impact on overall economic performance. Critics argue that they cost too much and are a financial burden that deplete public funds and reduce opportunities for investing in other priority areas. They also argue that the policies create disincentives in the labour market leading to dependency on public support and undermining the work ethic, as well as hindering structural change. This paper presents a broader concept of social protection within the Decent Work Agenda of the International Labour Organization (ILO). It provides an analysis of the different dimensions of social protection within the context of life cycle events, considering all phases of life, not only working life but also including childhood and old age. Within this framework, it examines the role of the Social Protection Sector and how a broader concept of social protection can be advanced within the Decent Work Agenda.

Brooks, N., and T. Hwong. 2006. *The Social Benefits and Economic Costs of Taxation; A Comparison of High- and Low-Tax Countries*. Ottawa: Canadian Centre for Policy Alternatives. www.policyalternatives.ca

Findings from this study show that high-tax countries have been more successful in achieving their social objectives than low-tax countries and have done so with no economic penalty. Fifty indicators that are commonly used to measure a country's social progress are outlined and examined; on over half of these indicators, the outcomes in high-tax Nordic countries are significantly better than those in low-tax Anglo-American countries. In particular, in contrast to the United States, Finland ranks near the top of the industrialized world on several important social indicators such as income distribution, gender equality and political participation, economic security and a low poverty rate.

Browne, G., *et al.* 1999. "Economic evaluations of community-based care: Lessons from twelve studies in Ontario." *Journal of Evaluation in Clinical Practice* Vol. 5, No. 3: 191.

A summary of 12 studies which were designed to quantify the well-being and expenditure outcomes associated with different approaches to community based care of clients, with selected chronic conditions within a national system of health insurance (which used historic cohort analytic designs), illustrate that people maintain their well-being with a variety of approaches to community based care. The main lesson from the studies is that it is as or more effective and as or less expensive to offer health-oriented, proactive, intersectoral community services to people with synergistic risks than to provide services on demand in a piecemeal, sectoralized or separately financed manner.

Browne, G., *et al.* 2001. "When The Bough Breaks; Provider-Initiated Comprehensive Care is More Effective and Less Expensive for Sole-Support Parents on Social Assistance." *Social Science & Medicine* Vol. 53: 697-710. www.elsevier.com/locate/soscimed

This five-year study conducted in ON is designed to assess the effects and expense of adding a mix of provider-initiated interventions to the health and social services typically used in a self-directed manner by sole-support parents and their children receiving social assistance. Results from a two-year interim analysis show that providing social assistance families with proactive comprehensive care compared to allowing families to fend for themselves results in 15% more exits from social assistance with one year and substantial savings to society in terms of social assistance payouts. This study presents clear evidence that providing comprehensive care to social assistance recipients produces tremendous short- and long-term financial gains and societal benefits.

Canadian Institute of Health Research. 2006. *Moving Population and Public Health Knowledge Into Action*. Ottawa: CIHR.

In early 2005, the CIHR Institute of Population and Public Health (IPPH) and the Canadian Population Health Initiative, a part of CIHI, issued a joint call for Knowledge Translation (KT) "stories" that illustrated both successful and less-than-successful examples of the collaborative development and practical use of population and public health research evidence. They wanted to encourage and recognize KT activity and provide a vehicle for publishing and sharing lessons from KT experiences. Individuals, teams and organizations working in health and other sectors related to the advancement of population and public health were invited to contribute to this Knowledge Translation Casebook. Cases were selected based on review of the abstracts submitted. The collection represents a naturally broad cross-section of experiences-ranging from the use of research-based theatre in a knowledge translation initiative with injured workers, to developing a community health tool kit in partnership with Indigenous health organizations, to a large-scale international collaboration to identify issues in globalization, gender, and health.

Canadian Population Health Initiative. 2004. *Improving the Health of Canadians*. Ottawa: Canadian Institute for Health Information.

This report is the first in a biennial report series produced by the Canadian Population Health Initiative. It examines what we know about factors that affect the health of Canadians, ways to improve our health and the implications of policy choices on health. It builds on earlier reports on the health of Canadians from the Federal, Provincial and Territorial Advisory Committee on Population Health. The 2004 Report explores in-depth four key issues: income, early childhood development, Aboriginal Peoples' health and obesity.

Cardinal, N. 2006. "The exclusive city: Identifying, measuring, and drawing attention to Aboriginal and Indigenous experiences in an urban context." *Cities* Vol. 23, No. 3: 217-228.

Aboriginal and Indigenous people are among the world's poorest of the poor, and are forming increasing proportions of urban centres throughout the world. Little information is currently gathered on urban Aboriginal and Indigenous populations, and almost no systems exist that examine their quality of life or importance to urban sustainability. An indicators system was developed by the Centre for Native Policy and Research to examine the condition of the Greater Vancouver region's 36,000 Aboriginal people. The system was based on the traditional Aboriginal concept of the medicine wheel and incorporates four elements or directions (physical/economic, spiritual/cultural, emotional/social, and mental/environment) as the foundation of sustainability. Information for the indicators revealed a much lower quality of life for Aboriginal people in the Greater Vancouver region compared to other residents. Only 36% of the indicators ranked as fair or improving, while 60% ranked as deteriorating, weak, or poor. In order to improve our understanding of progress towards sustainability, Aboriginal and Indigenous people need to be involved in developing and defining measures of sustainability. Such measures should take into account the significant cultural heritage and importance of Aboriginal and Indigenous people, and the significant socioeconomic gaps that exist.

CCL Early Childhood Learning Knowledge Centre. 2006. *Why is High-Quality Child Care Essential? The Link Between Quality Child Care and Early Learning*. Lessons in Learning. Ottawa: Canadian Council on Learning.

Recent studies examining the effects of early child-care experiences on young children have focused primarily on the impact of the amount and quality of child care on how children develop socially, intellectually and emotionally; and whether the effects of child care vary according to a child's age, temperament, relationship to his or her parents and socio-economic background. The results of this study reveal both advantages and disadvantages to child care, but the strong consensus is that while parents continue to have the most influence on their children's lives, non-parental care can also have a significant impact.

Clark, M., and R. Sartorius. 2004. *Monitoring and Evaluation: Some Tools, Methods, and Approaches*. Washington, DC: The World Bank.

The purpose of this overview paper is to strengthen awareness and interest in monitoring and evaluation and to clarify what it entails. With an overview of a sample of M&E tools, methods, and approaches outlined, including their purpose and use; advantages and disadvantages; costs, skills, and time required; and key references. This overview discusses: performance indicators, the logical framework approach, theory-based evaluation, formal surveys, rapid appraisal methods, participatory methods, public expenditure tracking surveys, cost-benefit and cost-effectiveness analysis, and impact evaluation. Though this list is not comprehensive the paper points out that the choice of which M&E is appropriate will depend on a range of considerations such as the uses for which they are intended, the main stakeholders who have an interest in the M&E findings, the speed with which the information is needed, and the cost.

Commission on Social Determinants of Health. 2007. *A Conceptual Framework for Action on the Social Determinants of Health – Draft*. Discussion paper for the Commission on Social Determinants of Health. Geneva: WHO.

This paper seeks to clarify shared understandings around a series of foundational questions. The architects of the CSDH gave it the mission of helping to reduce health inequities, understood as avoidable or remediable health differences among population groups defined socially, economically, demographically or geographically. Getting to grips with this mission requires finding answers to three basic problems:

1. If we trace health differences among social groups back to their deepest roots, where do they originate?
2. What pathways lead from root causes to the stark differences in health status observed at the population level?
3. In light of the answers to the first two questions, where and how should we intervene to reduce health inequities?

The framework presented in the report has been developed to provide responses to these questions and to buttress those responses with solid evidence, canvassing a range of views among theorists, researchers and practitioners in the field of SDH and other relevant disciplines. To the first question, on the origins of health inequities, the authors answer as follows. The root causes of health inequities are to be found in the social, economic and political mechanisms that give rise to a set of hierarchically ordered socioeconomic positions within society, whereby groups are stratified according to income, education, occupation, gender, race/ethnicity and other factors. The fundamental mechanisms that produce and maintain (but that can also reduce or mitigate) this stratification include: governance; the education system; labour market structures; and redistributive welfare state policies (or their absence). The paper refers to the component factors of socioeconomic position as *structural determinants*. Structural determinants, together with the features of the socioeconomic and political context that mediate their impact, constitute the *social determinants of health inequities*. The structural mechanisms that shape social hierarchies according to key stratifiers are the root cause of health inequities. In answer to the second question, about pathways from root causes to observed inequities in health, was elaborated by tracing how the underlying social determinants of health inequities operate through a set of what we call *intermediary determinants of health* to shape health outcomes. The main categories of intermediary determinants of health are: material circumstances; psychosocial circumstances; behavioral and/or biological factors; and the health system itself as a social determinant. It is argued that the important complex of phenomena toward which the unsatisfactory term ‘social capital’ directs our attention cannot be classified definitively under the headings of either structural or intermediary determinants of health. ‘Social capital’ cuts across the structural and intermediary dimensions, with features that link it to both. The vocabulary of ‘structural determinants’ and ‘intermediary determinants’ underscores the causal priority of the structural factors. This paper provides only a partial answer to the third and most important question: what we should do reduce health inequities. The Commission’s final report will bring a robust set of responses to this problem.

Coulombe, S., and J. Tremblay. 2006. *International Adult Literacy Survey – Human Capital and Canadian Provincial Standards of Living*. Catalogue No. 89-552-MIE, No. 14. Ottawa: Statistics Canada. www.statcan.ca

This paper examines the role of human capital accumulation in explaining the relative levels of income per capita across Canadian provinces. Two different types of human capital indicators based respectively on university attainment and literacy test scores are used. Four main findings are revealed; first, both human capital indicators are strong predictors of the relative levels of per capita income across provinces, along with the relative rates of urbanization and specific shocks in Alberta and Quebec. Second, the skills acquired by one extra year of schooling result in an increase in per capita income of around 7.3%. Third, the literacy indicator used in this survey does not outperform the university attainment indicator. Fourth, by focusing on regional economies that have similar levels of infrastructure and social development, this analysis provides potentially more estimates of the contribution of human capital accumulation to relative living standards.

Council for Early Child Development. 2007. *Early Years Study 2: Putting Science Into Action*, Toronto: CECD.

The book maps out the neuroscientific explanation for why it was that study after study was confirming what primary school teachers had been reporting for some time: that in the vast majority of cases, when a child enters the school system her educational future already seems to have been decided. Highly verbal and attentive children go on to become successful students; children with poor language or social skills find school a stressful experience and in many cases go on to develop behavioral, psychological and health problems. *The Early Years Study* had a powerful impact on this determinist mindset. McCain and Mustard spelled out how recent advances in the branch of molecular biology known as *epigenesis* had shown that genes do not produce our various traits, all by themselves as it were. Even paradigm “fixed traits,” such as eye colour, are not solely determined by genes. Rather, genes are part of fully co-actional developmental systems involving everything from a mother’s nutrition and well-being to how caregivers interact with a baby or how a society supports child-rearing.

Crocker, R. 2006. *Human Capital Development and Education*. Ottawa: Canadian Policy Research Networks.

The author examines the relationship between resources in our schools and learning outcomes. Research results, he finds, are inconsistent. While spending targeting disadvantaged students may improve achievement, he concludes that it isn’t the resources that matter, but how they are used. This paper focuses on the conditions required to achieve desired educational outcomes. This is based on an “education production function” which treats educational resource allocation and use as independent variables and educational achievement as the outcome. The author makes the argument that the greatest impact of achievement lies not directly on economic returns but on access to higher levels of education. In particular, grades achieved in school are the key determinant of admission to universities and colleges where, arguably, the greatest individual economic benefits can be acquired. Investigating the determinants of school performance is thus key to understanding the relationship of education to human capital development.

Cutler, D., and A. Lleras-Muney. 2006. *Education and Health: Evaluating Theories and Evidence*, National Poverty Centre, Gerald R. Ford School of Public Policy, University of Michigan. www.npc.umich.edu/news/events/healtheffects_agenda/cutler.pdf

This paper reviews what is known and not known about the relationship between education and health, in particular about the possible causal relationships between education and health and the mechanisms behind them. The author assesses the extent to which education policies can or should be thought of as health policies.

Davidson, R., J. Kitzinger, and K. Hunt. 2005. "The wealthy get healthy, the poor get poorly: Lay perceptions of health inequalities." *Social Science and Medicine* Vol. 62, No. 9: 2171-2182.

An attempt to explore the gap in empirical work on the lay perceptions on how people experience and perceive socio-economic inequalities that have an impact on stress, self-esteem and social relations which, in turn impact on physical well-being. Based on the work of Richard Wilkinson who posits that socio-economic mechanisms may partly explain the socio-economic inequalities that run across the social spectrum in wealthy societies, this paper draws on the findings from 14 focus group discussions in Scotland and north of England. Contrary to other research which suggests that people from deprived backgrounds are more reluctant to acknowledge the effects of socio-economic deprivation, the findings here suggest that people from less favorable circumstances converse in a way to suggest that inequalities deeply affect their health and well-being.

Delegation of the United States to the OECD Global Science Forum, and the GSF Secretariat. 2006. *Summary of the Workshop on Science of Science Policy: Developing our Understanding of Public Investments in Science*. 12 July 2006, Helsinki, Finland. Paris: OECD Publishing.

Today, with advances in social science and economics applied to understanding the interactions between science, society and the economy, combined with the use of modern information technology and the Internet for research collaboration, and for making sense of vast amounts of data, it might be possible to advance a more rigorous science of science policy. The US proposal for the *Global Science Forum Workshop on Science of Science Policy: Developing our Understanding of Public Investments in Science* (presented at the 13th GSF meeting in July 2005) grew out of this challenge, which was understood to be a common concern in OECD countries. The goal of this one-day workshop was to strengthen the links between real-life, high-level science policy decisions and quantitative/analytical as well as qualitative models of the social and economic impacts of research and development (R&D) investments. Held in Helsinki on 12 July 2006, the workshop was attended by 22 OECD member countries, the European Commission, and Russia and South Africa.

De Maeseneer, J., et al. 2007. *Primary Health Care as a Strategy for Achieving Equitable Care: A Literature Review Commissioned by the Health Systems Knowledge Network*. WHO.

In this paper the authors explore the contribution that primary health care can make to address the social determinants of health in the context of a changing society. The concept of primary health care, endorsed by the World Health Organization in the Alma Ata Declaration in 1978, has been implemented in very different ways all over the world. The main features of primary health care are examined: what are the conditions that enable the introduction of primary health care, what is the evidence of the primary health care approach to promote health equity and intersectoral action and how may the health systems enhance the impact of primary health care on health equity, taking account of contextual factors. The aim is to draw an operational framework that may contribute to further developments in health systems contributing to more equity.

The authors conclude that primary health care has potential to address the social determinants of health through universal access and through its contribution to empowerment and social cohesion. The multidisciplinary team (nurses, family physicians, social workers, etc.) and the involvement of the local community is essential for the development of intersectoral action for health.

Dew-Becker, I., and R. Gordon. 2005. *Where Did the Productivity Growth Go? Inflation Dynamics and the Distribution of Income*. Washington: Northwestern University.

This paper creates a direct link between macro productivity growth and the evolution of the income distribution at the micro level. The most surprising result is that over the entire period 1966-2001, as well as over 1997-2001, only the top 10% of the income distribution enjoyed a growth rate of real wage and salary income equal to or above the average rate of economy-wide productivity growth. Growing inequality is shown to be not just a matter of the rich having more capital income; the increasing skewness in wage and salary income is what drives the authors' results. The paper concludes with a review of issues related to income mobility, consumption inequality, and the sources of growing income inequality. They argue that economists in their explanations of growing income inequality have placed too much emphasis on "skill-biased technical change" and too little attention to the "economics of superstars," i.e., the pure rents earned by the top CEOs, sports stars, and entertainment stars. This source of divergence at the top, combined with the role of deunionization, immigration, and free trade in pushing down incomes at the bottom, have led to the wide divergence between the growth rates of productivity, average compensation, and median compensation.

Dickens, W. 2006. *The Effects of Investing in Early Education on Economic Growth*. Washington: Brookings Institution.

A policy brief that analyzes the impact of a high-quality universal preschool policy on US economic growth, concluding that such policy could add \$2 trillion to annual US GDP by 2080. By 2080, a national program would cost the federal government approximately \$59 billion, but would generate enough additional growth in federal revenue to cover the costs of the program several times over.

Dodge, D. 2003. *Human Capital, Early Childhood Development, and Economic Growth: An Economist's Perspective*. Paper presented to the Annual Meeting of the Sparrow Lake Alliance, May.

A personal yet analytic perspective based on the economic literature on human capital development and its contribution to economic growth, followed by a focus on the contribution of ECD to the development of human capital, and finally outlines some considerations for improved policies. Given that the evidence seems to show that the greatest public benefits derive from ECD and the early years of schooling, the author suggests that society would achieve a more efficient allocation of resources by reducing the relative share of costs borne publicly for post-secondary education and even secondary schooling, while increasing relative share of costs of ECD borne publicly.

Dowd, B., and R. Town. 2002. *Does X Really Cause Y?* Washington: Academy Health, Robert Wood Johnson Foundation.

Good public policy decisions require reliable information about the causal relationships among variables. This paper aims to assist policymakers by providing an introduction to some of the problems associated with causal inference from empirical data. It concludes that while information over the past fifty years has become more available, its veracity is more difficult for the policymaker to establish. It offers some useful advice to those new to a field in deciphering any given data analysis technique and emphasizes the importance of reading the literature as widely and as critically as possible while being clear about one's own intentions, models, and results.

Economic Analysis Committee, National Crime Prevention Council Canada. 1996. *Safety and Savings: Crime Prevention Through Social Development*. National Crime Prevention Centre, Department of Justice, Canada.

This study examines the evidence that the most effective way to prevent crime is to ensure healthier children, stronger families, better schools and more cohesive communities. It concludes that crime prevention through social development is ultimately a sound social and economic investment.

Engbers, L., M. van Poppel, and W. Mechelen. 2007. "Modest Effects of a Controlled Worksite Environmental Intervention on Cardiovascular Risk in Office Workers." *Preventive Medicine* Vol. 44, No. 4: 356-362. www.sciencedirect.com

This study's objective is to present the effects of a relatively modest environmental intervention on biological cardiovascular risk indicators. The method used is a controlled trial, including two worksites. Measurements (i.e., body composition, blood pressure and serum cholesterol) took place at baseline and at a three and twelve month follow-up. The twelve month environmental intervention (The Hague, The Netherlands, 2004) consisted of: a "Food"-part: to stimulate healthier food choices by means of product information in the canteen, and a "Steps"-part: focused on stimulating stair use by means of motivational prompts in staircases and on elevator doors. The results showed significant differences in change between groups in favor of the intervention group. Both groups showed a decrease in all body composition values at both follow-ups. A significant difference in change in systolic BP was found in favor of the control group (approximately 4 mm Hg), due to an increase in the intervention group at both follow-ups. It concludes that based on the contrasting results, this modest environmental intervention was ineffective in reducing cardiovascular risk in a population of office workers.

European Commission. 2003. *The Cost of Non-Social Policies*. EC Memo, InfoBase Europe Resources 070, Brussels. www.ibeurope.com

This policy paper argues that the role of social policy is much wider than traditionally thought; it is integral to the development of modern, open economies and societies, and that it brings cumulative benefits through time. Overall this evidence points to the conclusion that social policy is a productive factor, and that an efficient, dynamic, modern economy needs to be built on solid social foundations and social justice. The traditional and simplistic comparisons of the US and EU social models with one seen as low cost and the other as high cost are misleading. Spending on health, education, social protection, and other social needs are rather similar across all developed market economies of the order of 30% of GDP.

European Commission. 2007. *European Directory of Good Practices to Reduce Health Inequalities*. www.health-inequalities.eu

Reducing health inequalities ranks highly on the health policy agendas of European countries. Numerous scientific studies show that low socio-economic status is associated with poor health over the life course: Socially disadvantaged groups face a higher risk of premature mortality, disease and accidents in childhood, while early detection and vaccinations are carried out less often amongst these groups. In addition, adverse health-related behaviours such as cigarette smoking, bad dietary habits or lack of physical activity are more prevalent amongst socially disadvantaged groups, and their risk of developing chronic conditions such as cardiovascular disease and depressive disorders is two- to three times greater than that of those with a higher socio-economic status. Unpublished data from a European research group on socioeconomic inequalities in eleven European countries show for example that in all European countries mortality rates (per 1,000 years) in early old age are higher among those women and men who are lower educated.

European Directory of Good Practices to Reduce Health Inequalities www.health-inequalities.eu/?uid=5f44c1e0948505520fa0c32d76b4d375&id=main2, European Health Inequalities Portal www.health-inequalities.eu/

Health promotion for socially disadvantaged persons and groups ranks highly on national and international policy agendas. Due to restricted resources in time, money and manpower there is an urgent need for effective and quality-based strategies and projects. Decision-makers, actors and clients require evidence-based and scientifically investigated interventions. This is problematic for, amongst others, the following reasons: health as a holistic concept according to the Ottawa Charter is dependent on a variety of factors which are not all part of a specific intervention; prevention and health promotion aim at improving overall life and health expectancy from which follows that there is a lack of measurable ‘clinical endpoints’; state-of-the-art interventions such as setting approaches are very complex and difficult to evaluate. Thus, professionals in public health are challenged to develop methods and instruments, which display and improve quality of (different phases of) interventions to improve the health of persons or groups that are disadvantaged in society. One of these methods is the ‘Good Practice’ approach, a comparatively simple and low threshold way to identify, promote and improve the quality of interventions. The Good Practice approach provides pragmatic solutions to complex health related problems: By making the existing good examples visible and traceable, other actors get the chance to reproduce the successful solutions within their own contexts.

Foster, J., and A. Ray. 2006. *Income Inequality and Self-rated Health in the United States: Does Education or Race Explain the Link?* Paper presented to WIDER conference, September.

The objective of this academic abstract is to evaluate whether the ecological variables of income inequality, educational attainment and racial composition have independent effects on self-rated health, controlling for individual characteristics. Set in all US states with the data source as the US Current Population Survey March Supplement for the year 1995. The results indicate that the percentage attaining less than twelve years of education is shown to be the only ecological variable that exerts independent impact on self-related health in the presence of individual variables. The paper concludes that the distribution of human capital, as measured by the percentage without a high-school diploma, is a significant marker of health whose impact remains strong even in the presence of other ecological and individual variables. Income inequality and racial composition in the US are not found to be independent health hazards.

Fouarge, D. 2003. *Costs of Non-Social Policy: Towards an Economic Framework of Quality Social Policies – and the Costs of Not Having Them.* Report for the Employment and Social Affairs DG. Belgium: European Commission.

This report demonstrates that social policies are to be seen as a productive factor and not as a hindrance to economic activity. In industrialized countries, the State takes an important position as an economic actor. Social policies can deal with market imperfections before they appear by exercising their protective roles as channels for economic allocation and redistribution, thus alleviating poverty, one of the obvious costs of non-social policy.

Frenette, M. 2007. *Why Are Youth from Lower-Income Families Less Likely to Attend University? Evidence from Academic Abilities, Parental Influences, and Financial Constraints.*” Catalogue No. 11F0019MIE. Ottawa: Statistics Canada. www.statcan.ca

In this study the author uses new Canadian data containing detailed information on academic abilities, parental influences, financial constraints, and other socio-economic background characteristics of youth to attempt to account for the large gap in university attendance across the income distribution. Findings indicate that 96% of the total gap in university attendance between youth from the top and bottom income quartiles can be accounted for by differences in observable characteristics. Differences in long-term factors such as standardized test scores in reading obtained at age fifteen, school marks reported at age fifteen, parental influences, and high-school quality account for 84% of the gap. In contrast, only 12% of the gap is related to financial constraints.

Gertler, M. *et al.* 2002. *Competing on Creativity: Placing Ontario’s Cities in North American Context.* Washington, DC: Urban Institute.

Ontario cities, with their social diversity and artistic creativity, have the kind of “creative capital” needed for economic growth and competitiveness in today’s world, according to a new research study. Many of the city-regions have both large immigrant populations and large numbers of professional artists, writers and performers – two statistical factors that have been found to correlate strongly with technology-based economic growth. Some city-regions are enjoying such growth already, and public policy throughout Canada should be geared to helping the process along, the study concludes.

Gilbert, N. 2005. *The “Enabling State?” from Public to Private Responsibility for Social Protection: Pathways and Pitfalls.* OECD Social, Employment and Migration Working Papers No. 26. Paris: OECD.

The author states that policies designed to advance the march toward private financing and delivery of social services follow five main pathways: tax incentives, fees for service, mandated legislation, cash or voucher public benefits, and purchase-of-service agreements. This paper examines the role the state plays in each of these pathways and cautions it to not be so focused on economic efficiency that it loses sight of the public purpose of social protection.

Gilson, L., *et. al.* 2007. *Challenging Inequity through Health Systems*. Final Report for the Knowledge Network on Health Systems, of the Commission on the Social Determinants of Health, WHO Commission on the Social Determinants of Health.

The World Health Organization's Commission on the Social Determinants of Health identifies health systems as one of nine areas that provide sites for action to promote greater equity in health. The Health Systems Knowledge Network (KN) was tasked with generating and synthesizing evidence to inform the large-scale health system action possible to address the root causes of health inequity. This report reflects two years of discussions and draws on: review of relevant literature from the last few decades; 10 commissioned papers and 20 case studies; and the wide-ranging policy, academic and civil society experience of the 15 KN members, as well as a wider circle of authors and reviewers. Evidence gathered through this work supports the argument that health systems matter in addressing health inequity. Health systems, defined as *'all the activities whose primary purpose is to promote, restore, or maintain health,'* (WHO, 2000) can make a difference to health equity by: providing leadership for a social rights agenda; building intersectoral relationships to tackle other underlying social determinants of health and promote population health; enabling social action and engagement; and providing equitable access to decent, good quality care that is affordable even to those on the lowest incomes. The key value underlying the report's analysis is that health is a fundamental social right of all citizens, and this drives the ethical imperative to preserve and protect the population's health. The challenge is not to lift the health status of the poor through pro-poor initiatives, but to establish the conditions in which people can exercise their entitlement to health care and the living conditions that will enable them to protect and promote their health, participate in the decisions that affect their lives, and demand accountability from the people and institutions whose duty it is to take steps to fulfill those rights (Freedman *et al.*, 2005). The KN is guided by a definition of health equity that encompasses the concept of a fair distribution of health outcomes, as well as a fair distribution of health care use and payment levels. Critically, our notion of health equity also includes redistribution of the power to make decisions that affect health and health care. This includes greater control over the resources for health. It implies building capabilities to tap and use these resources as well as to exercise greater influence over the distribution of resources.

Gilson, L. 2007. *What Sort of Stewardship and Health System Management Is Needed to Tackle Health Inequity, and How Can it be Developed and Sustained?* Paper prepared for the Knowledge Network on Health Systems, of the Commission on the Social Determinants of Health, WHO Commission on the Social Determinants of Health.

This paper argues that stronger and values-based public sector management and leadership is essential in building health systems that better address health inequities. By considering evidence on the existing weaknesses of health system action to redress inequity it identifies a complex and interlocking set of problems involving individuals, organizational culture and the ways in which wider political, economic and socio-cultural forces influence public sector organizations. From this base it then, first, examines the particular features of organizational culture in organizations judged to be better performing, and considers how change in organizational culture can be brought about. Second, it identifies the particular competencies of public sector managers and reviews evidence on how these competencies can be developed. Overall, the paper's four key conclusions are that: first, managerial action cannot be separated from the context in which it occurs, secondly, that strengthening public sector management will require efforts to generate organizational cultures that support and enable relevant managerial actions, third, changing organizational cultures involves multi-level actions focused on individuals within organizations, the organization and the wider system in which the organization is embedded, and finally, leadership training for senior and middle level public sector managers is an essential element of strengthening health system management.

Goldsmith, L., B. Hutchinson, and J. Hurley. 2004. *Economic Evaluation Across the Four Faces of Prevention: A Canadian Perspective*. Centre for Health Economics and Policy Analysis, McMaster University.

A synthesized economic evaluation of evidence for five types of disease prevention initiatives as well as the net societal and cost benefits deriving from the intervention. The study found that needle exchange and water fluoridation provided both societal benefit and cost savings while the other interventions studied showed societal but not cost benefits.

Graham, H., and M. Kelly. 2007. *Developing the Evidence Base for Tackling Health Inequalities and Differential Effects*. United Kingdom: Economic and Social Research Council. www.esrcsocietytoday.ac.uk

This report calls for closer coordination between all major policy areas including health, education, housing, employment and taxation. It claims that, despite major advances in health care and overall improvements in health, there is still a yawning gap between different social groups. There are serious differences between affluent and disadvantaged groups - including ethnic minority groups - in rates of obesity, high blood pressure, accidents and smoking. The report emphasizes that poor health is not simply about individual bad habits, in terms of junk food, drugs, alcohol and cigarettes and lack of exercise. Poor health, and the health inequalities that often result, are rooted in broader inequalities between rich and poor, with social disadvantage linked to a poor start in life, early school leaving, and poor living and working conditions in adulthood. It is important to include the right information when evaluating interventions in fields such as education and young people, employment and crime, housing and child protection. The report also provides an overview of the Government's approach to health inequalities, including key reports and initiatives since 1997.

Green, D., and J. Kesselman. 2006. *Dimensions of Inequality in a Just Society*. Vancouver: UBC Press. Ch.1.

Inequality in economic and social outcomes is pivotal in the politics, public policy, and justice of a society. The many dimensions of inequality in Canada are analyzed in this volume by researchers from economics, sociology, political science, and philosophy. Their studies examine what is known about Canadian inequality, adding to the evidence, identifying research gaps, and suggesting policies for reducing inequality. A wide variety of conceptual, analytical, and statistical approaches are employed in the studies. Inequality is measured in income, consumption, political participation, social exclusion, income mobility, earnings, work hours, and health. Inequality is seen to vary with gender, ethnicity, skill and education level, employment status, and family status. Data deficiencies and potential biases of research methodology are identified and assessed. The studies combine to give a detailed picture of inequality in Canada, a better understanding of its causes, and insights into the impacts of policies designed to affect it. They take a large step toward establishing a sounder basis for choosing future policies to create a more just society.

Haas, M., M. Shanahan, and R. Anderson. 2007. *Assessing the Costs of Organized Health Programs: The Case of the National Cervical Screening Program*. Sydney, Australia: Centre for Health Economics Research and Evaluation.

This paper describes the process of undertaking a program-level cost analysis, using principles developed to ensure the quality of such evaluations. This paper is used to illustrate the approach and the difficulties encountered, assumptions made and solutions employed are discussed. It concludes that despite the limitations to estimating the costs of health programs identified, there are several ways in which evaluators can take full advantage of the data available. First, by using a systematic description of the program as a basis for costing, constructive information about where resources are being deployed can be demonstrated even in the most multi-faceted programs. Second, the wide range of assumptions needed in a cost analysis of a health program is best tested using the expertise available within a specifically appointed advisory or working group. Finally, using sensitivity analysis to assess the robustness of uncertain assumptions and data provides a greater level of confidence in the results.

Harchaoui, T., and F. Tarkhani. 2005. "Four Decades of Productivity Performance in Canada." *The Canadian Productivity Review*. Ottawa: Statistics Canada. www.statcan.ca

The main findings of this study are summarized as the following: labour productivity advanced at 2.0% annually over the 1961-2004 period; productivity matters for growth. Real gross domestic product (GDP) increased by 3.9% over that period; productivity growth has accounted for more than half of the increase in Canada's output over the past four decades; productivity matters for living standards; real GDP per person in 2004 was over 2.9 times higher than in 1961; productivity growth accounted for 80% of that increase; productivity growth matters for income distribution. Over the last forty years, real hourly compensation of workers has generally tracked labour productivity gains closely.

Harris, R. 2002. *Social Policy and Productivity Growth: What Are the Linkages?* Discussion Paper No. 11. Ottawa: Industry Canada.

This paper reviews the evidence and theory linking the social determinants of productivity growth and contrasted these with more conventional economic determinants such as investment and innovation. The author states that while recent empirical and theoretical contributions are interesting and suggest some important new areas for research, it is "premature to assume that this literature proves a robust linkage running from social policy and inequality to productivity growth." The conclusion that more social spending leads to increased productivity growth rests on what the author posits to be statistically fragile data. The one exception though is education. There is a large body of evidence demonstrating that increasing education has a substantial effect on productivity.

Hay, D.I. 2006, *Economic Arguments for Action on the Social Determinants of Health*. Ottawa: Canadian Policy Research Networks.

This summary document, contracted by PHAC, frames the subject of economic arguments in support of action on the social determinants of health through a succinct examination of available literature and current policy dialogue. The document looks at the purpose of social policy and social protection, the costs associated with social policy and non-social policy, and evidence of economic effects of social policy investments. It concludes that social policy seems in most cases to be only weakly related to productivity and economic growth.

Hay, D.I. 2006. "Grounding in a Broader Framework of Determinants of Health." In Desjardins, R. and T. Schuller (eds.). *Measuring the Effects of Education on Health and Civic Engagement: Proceedings of the Copenhagen Symposium*. OECD Directorate of Education, Centre for Educational Research and Innovation. Paris: OECD. pp. 363-372.

There is substantial evidence that education matters for many social outcomes, including health. It is also clear that the relationship is complex such that causal mechanisms and pathways are difficult to study and understand. This is partially due to limitations of available data, difficulties in translating multidimensional social concepts into adequate measures, and the challenges of finding research methods and statistical techniques that can appropriately deal with social complexity. These issues need to be addressed, however if research is to provide information for policy-makers that they can understand and use, and also recognize as information that is reliable and valid.

Heymann, Jody. 2006. *Forgotten Families: Ending the Growing Crisis Confronting Children and Working Parents in the Global Economy*. New York: Oxford University Press.

In the last half-century, radical changes have rippled through the workplace and the home, from Boston to Bombay – changes that have dramatically affected how men and women can care for their families. In the face of rapid globalization, these changes affect us all, and we can no longer confine ourselves to addressing working and social conditions within our own borders without simultaneously addressing them on a global scale. This is, however, a daunting task, and few have attempted to bridge either the gaps between families in different countries or the rifts between families, employers, and governments around the world. This is the goal of *Forgotten Families: Ending the Growing Crisis Confronting Children and Working Parents in the Global Economy*. Based on over a thousand in-depth interviews and survey data from more than 55,000 families spanning five continents, *Forgotten Families* is the first truly global account of how the changing conditions of work threaten children, women and men, and the infirm. It addresses problems faced by working families in industrialized and developing countries alike, touching on issues of child health and development, barriers to parents getting and keeping jobs, and problems families confront daily and in times of crisis.

Holzer, H. *et al.* 2007. *The Economic Costs of Poverty in the United States: Subsequent Effects of Children Growing Up Poor*. Washington: Centre for American Progress. www.americanprogress.org

A review of a range of rigorous research studies that estimate the average statistical relationships between children growing up in poverty and their earnings, propensity to commit crime, and quality of health later in life. This paper also gives estimates of the costs that crime and poor health per person impose on the economy. The authors aggregate all of these average costs per poor child across the total number of children growing up in poverty in the United States to estimate the aggregate costs of child poverty to the US economy. Findings suggest that the costs to the United States associated with childhood poverty total about \$500B per year, or the equivalent of nearly 4 percent of GDP. More specifically, they estimate that childhood poverty each year: reduces productivity and economic output by about 1.3 percent of GDP, raises the costs of crime by 1.3 percent of GDP, raises health expenditures and reduces the value of health by 1.2 percent of GDP. What does all of this imply for public policy? The high cost of childhood poverty to the United States suggests that investing significant resources in poverty reduction might be more cost-effective over time than we previously thought.

Ioannidis, J. 2005. "Why Most Published Research Findings are False." *PLoS Med* Vol. 2, No. 8: e124.

There is increasing concern that most current published research findings are false. The probability that a research claim is true may depend on study power and bias, the number of other studies on the same question, and importantly, the ratio of true to no relationships among the relationships probed in each scientific field. In this framework a research finding is less likely to be true when the studies conducted in a field are smaller; when there is a greater number and lesser pre-selection of tested relationships; where there is greater flexibility in designs, definitions, outcomes and analytical modes; when there is greater financial and other interest and prejudice; and when more teams are involved in a scientific field in chase of statistical significance. Simulations show that for most study designs and settings, it is more likely for a research claim to be false than true. This essay also discusses the implications of these problems for the conduct and interpretation of research.

Irwin, A. *et al.* 2005. *Action on the Social Determinants of Health: Learning From Previous Experiences*. Geneva: World Health Organization. www.who.int/social_determinants/en/.

Paper by the Commission on Social Determinants of Health (CSDH), based in the WHO Health Equity Team. Historically, the social dimensions of health have been eclipsed since 1948 during the public health era dominated by technology-based “vertical” programs, and then after 1978 “selective primary health care” focused on a small number of cost-effective interventions but downplayed the social dimension. In the neoliberal economic and political consensus dominant in the 1980s and beyond with its focus on privatization, deregulation, shrinking states and freeing markets, state-led action to improve health by addressing underlying social inequities appeared unfeasible. The 1990s saw an increasing influence of the World Bank in global health policy, with mixed messages from the WHO. The 2000s have seen a pendulum swing in global health politics. Momentum for action on the social dimensions of health is building – “The Millennium Development Goals” were adopted by 189 countries at the United Nations Millennium Summit in 2000 – and shaping the current global development agenda. They set ambitious targets for health and social welfare improvements to be reached by 2015. The MDG’s have created a favourable climate for multisectoral action and underscored connections between health and social factors.

Irwin, A. *et al.* 2006. “The Commission on Social Determinants of Health: Tackling the Social Roots of Health Inequities.” *PLoS Med* Vol. 3, No. 6: e106. DOI:10.1371/journal.pmed.0030106.

The Commission on Social Determinants of Health (CSDH) was formally launched in March 2005 and will operate until May 2008. Its goal is to strengthen health equity. It aims to do so by catalyzing policy and institutional change to address the social determinants of health (SDH) within countries, among institutions working in global health, and within the World Health Organization (WHO) itself. This paper asks: what would success look like? The commission intends to influence policy change by turning public health knowledge into pragmatic global and national policy agendas. The CSDH hopes to have achieved the following outcomes by 2008: first, that the SDH will be incorporated into national debates and policy processes in a growing number of countries, particularly in the developing world; secondly that the opportunities for policy action on SDH and the costs of not acting, will be widely known and discussed; thirdly, that the CSDH partner countries will be implementing policies on SDH and sharing results; fourth, that scientific knowledge on SDH will be consolidated, knowledge gaps clarified and appropriate directions for ongoing research identified; fifth, a WHO reference group linked to the commission will have presented detailed recommendations on how to incorporate SDH sustainably at WHO; and finally SDH will inform WHO policy dialogue and technical work at a national level.

Irwin, L., A. Siddiqi, and C. Hertzman. 2007. *Early Child Development: A Powerful Equalizer*. Final Report for the World Health Organization's Commission on the Social Determinants of Health.

This document synthesizes knowledge about opportunities to improve the state of early child development (ECD) on a global scale. In keeping with international policy standards, the authors define early childhood as the period from prenatal development to eight years of age. What children experience during the early years *sets a critical foundation for their entire life course*. This is because ECD – including the physical, social/emotional and language/cognitive domains – strongly influences basic learning, school success, economic participation, social citizenry, and health. Within the work of the Commission, ECD has strong links to other social determinants of health, particularly Urban Settings, Gender, Globalization, and Health Systems. Areas of common concern with these determinants are discussed throughout this document. Research confirms a strong association between child survival and child development, such that the child survival and health agendas are indivisible from ECD. Our developmental approach to the early years includes the factors that affect child health and survival, but goes beyond these to consider how the early years can be used to create thriving global citizens. Here, the authors provide a framework for understanding the environments (and their characteristics) that play a significant role in influencing early development. The evidence and its interpretation is derived primarily from three sources: 1) peer-reviewed scientific literature, 2) reports from governments, international agencies, and civil society groups, and 3) a Knowledge Network of experts in ECD that is representative in both international and intersectoral terms. The principal strategic insight of this document is that the nurturant qualities of the environments where children grow up, live and learn – parents, caregivers, family and community – will have the most significant impact on their development. In most situations, parents and caregivers cannot provide strong nurturant environments without help from local, regional, national, and international agencies. Proposed are ways in which government and civil society actors, from local to international, can work in concert with families to provide equitable access to strong nurturant environments for all children globally.

Karoly, L., *et al.* 2005. *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, CA: Rand Corporation.

Parents, policymakers, business leaders, and the general public increasingly recognize the importance of the first few years in the life of a child for promoting healthy physical, emotional, social, and intellectual development. Nonetheless, many children face deficiencies between ages 0 and 5 that can impede their ability to develop to their fullest potential. The *PNC Grow Up Great* initiative, a program financed by PNC Financial, Inc., asked RAND to prepare a thorough, objective review and synthesis of current research that addresses the potential for various forms of early childhood intervention to improve outcomes for participating children and their families. The authors consider the potential consequences of not investing additional resources in the lives of children, the range of early intervention programs, the demonstrated benefits of interventions with high-quality evaluations, the features associated with successful programs, and the returns to society associated with investing early in the lives of disadvantaged children. Their findings indicate that a body of sound research exists that can guide resource allocation decisions. This evidence base sheds light on the types of programs that have been demonstrated to be effective, the features associated with effective programs, and the potential for returns to society that exceed the resources invested in program delivery.

Keating, D., and S. Simonton. 2006. *Developmental Health Effects of Human Development Policy*. National Poverty Centre, Gerald R. Ford School of Public Policy, University of Michigan.

This policy paper demonstrates that early childhood programs have significant and sustained direct and indirect effects on health and well-being through childhood and into adulthood. Evidence for long-term intervention effects on academic achievement and educational attainment is especially consistent and robust. Participation in early childhood programs can lead to sustained increases in adult socio-economic status. Several themes and questions for future research arise from this review of the literature. First, evidence suggests that earlier interventions may be more effective than those offered during the primary school years. Second, comprehensive programs that address multiple risk factors by combining early childhood education with family support services and health and nutrition resources may more effectively address multiple dimensions of child and adult well-being. Third, the quality of school attended post-program may mediate and/or moderate the effects of early childhood programs on developmental health outcomes through child and adulthood.

Keeley, B. 2007. *Human Capital: How What You Know Shapes Your Life*. Paris: OECD Publishing.

This first book in the new OECD Insights Series examines the increasing economic and social importance of human capital – our education, skills, competencies, and knowledge. As economies in developed countries shift away from manufacturing, economic success for individuals and national economies is increasingly reliant on the quality of human capital. Raising human capital has emerged as a key policy priority, particularly for low-skilled individuals, who are at risk of being left even further behind. Policy in this area is focusing on early childhood development, improving quality and choice in schooling, creating excellence in tertiary education, and widening access to adult learning. Drawing on the research and analysis of the OECD, this dynamic new book uses straightforward language to explain how countries across the OECD area are responding to the challenge of raising their levels of human capital. This book includes Stat links, URLs linking statistical tables and graphs in the text of the book to Excel spreadsheets showing the underlying data.

Kelly, M. *et al.* 2005. *Economic Appraisal of Public Health Interventions.* UK Health Development Agency.

The economic appraisal of public health interventions is both underdeveloped and intrinsically difficult. This paper considers some of the problems, and points towards potential solutions. It posits that over a long period, there have been overall improvements in the aggregate health of the population. However, at the heart of public health is a conundrum – as the overall health of the population has improved, in the most recent past, inequalities in health have worsened. Despite vast literature on the determinants of health, specific analysis of the determinants of inequalities in health is underdeveloped and there is relatively little evidence of what interventions will work to reduce inequalities in health. Consequently the baseline for analysis of effectiveness is limited.

Kelly, M. *et al.* 2006. *The Development of the Evidence Base About the Social Determinants of Health*. World Health Organization, Commission on Social Determinants of Health, Measurement and Evidence Knowledge Network. Geneva: WHO.

A paper prepared by the Measurement and Evidence Knowledge Network, one of the Knowledge Networks (KN) commissioned by the WHO in 2005 to synthesize knowledge about the social determinants of health. Its purpose is to articulate a series of methodological, theoretical and epistemological principles that will help to inform the development of the evidence base about the social determinants of health. Using an evidence-based approach, it concludes that while evidence is an essential basis for policy action, it is not sufficient. The reader is urged to consider that in public health and related interventions, culture and human behaviour and social differences in the population play a greater mediating role than in clinical interventions and therefore, different forms of data and evidence will be called into play, external validity will be inherently problematic and that time from intervention to outcome will generally be long-term.

Kempf, A. *et al.* 2006. *The Burden of Excess Deaths in Wisconsin*. Population Health Institute, University of Wisconsin. www.pophealth.wisc.edu/uwphi

In this brief report, the authors state that death rates across different groups are often compared, but measures that incorporate both risk and population size are seldom examined. Using such a measure indicates that almost 5000 deaths in Wisconsin could be avoided each year. These excess deaths are not evenly distributed across the State: although only 11 percent of Wisconsin's population resides in Milwaukee, the city accounts for 28 percent of the excess deaths that occur each year. The report admonishes state policymakers to consider the distribution of excess deaths across Wisconsin for planning programs, allocating resources, and targeting approaches for reaching state and local health goals.

Kickbusch, I. *et al.* 2006. *Navigating Health: The Role of Health Literacy*. International Longevity Center, UK.

A "Call to Action" to policy-makers to make health literacy a central pillar in health policy discussions, research and action at a European, national and local level.

Kindig, D. *et al.* 2003. "What new knowledge would help policymakers better balance investments for optimal health outcomes?" *Health Services Research* Vol. 38, No. 6: 1923-1937.

The objective of this paper is to review the limitations in cross-sectoral health outcomes research and suggest a future research agenda. The principal findings show that the research evidence that would aid public and private policy-makers in answering the question the title poses is quite limited. It concludes that much more evidence from diverse disciplines is needed, and key areas are suggested. Criteria for progress by 2010 are proposed.

Kindig, D. *et al.* 2004. *Health Literacy: A Prescription to End Confusion*. Washington, DC: National Academies Press.

Nearly half of all American adults – 90 million people – have difficulty understanding and using health information, and there is a higher rate of hospitalization and use of emergency services among patients with limited health literacy, says a report from the Institute of Medicine titled *Health Literacy: A Prescription to End Confusion*. Limited health literacy may lead to billions of dollars in avoidable health care costs. A concerted effort by the public health and health care systems, the education system, the media, and health care consumers is needed to improve the nation's health literacy, the report says. If patients cannot comprehend needed health information, attempts to improve the quality of care and reduce health care costs and disparities may fail. The report recommends that health care systems should develop and support programs to reduce the negative effects of limited health literacy and that health knowledge and skills be incorporated into the existing curricula of kindergarten through 12th grade classes, as well as into adult education and community programs. Furthermore, programs to promote health literacy, health education, and health promotion programs should be developed with involvement from the people who will use them. And all such efforts must be sensitive to cultural and language preferences.

Knack, S., and P. Keefer. 1997. "Does Social Capital Have an Economic Payoff? A Cross-Country Investigation." *Quarterly Journal of Economics* Vol. 112, No. 4: 1251-1288.

This paper presents evidence that "social capital" matters for measurable economic performance, using indicators of trust and civic norms from the World Values Surveys for a sample of 29 market economies. Memberships in formal groups – Putnam's measure of social capital – is not associated with trust or with improved economic performance. The authors find trust and civic norms are stronger in nations with higher and more equal incomes, with institutions that restrain predatory actions of chief executives, and with better-educated and ethnically homogeneous populations.

Lefebvre, S., et al. 2006. *A Framework to Integrate Social and Economic Determinants of Health into the Ontario Public Health Mandate: A Discussion Paper*. Sudbury & District Health Unit (SDHU), Sudbury, Ontario.

Building on the work and momentum of the 2005 Joint Conference of the Association of Local Public Health Agencies and Ontario Public Health Association (OPHA), the SDHU was commissioned to draft this discussion paper. This discussion paper builds an argument for the public health mandate that includes the social and economic determinants of health based on the current Mandatory Health Programs and Services Guidelines (MHPSG). It argues for a shift in the focus of public health activities toward the social and economic determinants of health that has great potential to improve opportunities for health for all Ontarians. The following recommendations are made for the successful incorporation of social and economic determinants of health into the formal Ontario public health mandate: that a general and a program standard related to the social and economic determinants of health be incorporated in the revisions to the MHPSG, that the models and frameworks presented in this paper be adopted within the new MHPSG. Finally, that an interministerial committee be assembled as soon as possible with key in-services related to the health impact of social and economic conditions and opportunities for policy recommendations and implementation.

Li, K., and P. Heller. 2007. *What Should Macroeconomists Know About Health Care Policy?* International Monetary Fund WP/07/13. www.imf.org/external/pubs/ft/wp/2007/wp0713.pdf

This primer aims to provide IMF macroeconomists with the essential information they need to address issues concerning health sector policy, particularly when they have significant macroeconomic implications. Such issues can also affect equity and growth and are fundamental to any strategy of poverty reduction. The primer highlights the appropriate roles for the state and market in health care financing and provision. It also suggests situations in which macroeconomists should engage health sector specialists in policy formulation exercises. Finally, it reviews the different health policy issues that confront countries at alternative stages of economic development and the range of appropriate policy options.

Lion, C., and P. Martini. 2005. *The Evaluation of a Complex Social Program: Lessons Learned from the Experience of the European Social Fund*. Evaluation and Program Planning, Elsevier. www.elsevier.com/locate/evalprogplan

The European Social Fund (ESF) is the main financial tool for implementing the European Union's strategic employment policy. The ESF provides funding to all European Member States on a major scale for programs that develop or regenerate people's 'employability'. The focus is on providing citizens with appropriate work skills and bolstering their adaptability in the marketplace. This article presents the Evaluation Unit's experience in evaluating the 2000-2006 ESF program in itinerary by describing the pathway taken and the lessons learned.

Lynch, F., and G. Clarke. 2006. "Estimating the Economic Burden of Depression in Children and Adolescents." *American Journal of Preventative Medicine* Vol. 31, No. 6S1. Portland, Oregon: Elsevier.

Depression in childhood and adolescence creates significant burden to individuals, families, and societies by increasing morbidity, increasing mortality, and negatively affecting quality of life during times of significantly depressed mood. Several studies have estimated the cost of depression in the United States and elsewhere, but none have included the costs associated with depression in children or younger adolescents. This paper reviews data currently available on the cost of depression in childhood and the cost effectiveness of interventions to treat and prevent depression in this population. A systematic review was conducted of published literature related to the cost of depression in children and adolescents and of economic evaluations of interventions to treat or prevent depression in this population. Five articles were identified that included any type of data related to the cost of depression in childhood; four articles were identified that conducted economic evaluations of interventions to treat or prevent depression in children or adolescents. The study concludes that little information on the economic burden of depression in childhood is currently available.

MacKinnon, J. 2004. "The Arithmetic of Health Care." *Policy Matters* Vol. 5, No. 3. Montreal: Institute for Research on Public Policy. www.irpp.org

This article argues for changes in the health care system and the way it is financed. Based on the premise that health care costs are increasing at a faster rate than the revenue of any government in Canada, it advises against the federal government returning to deficit and admonishes that it should resist provincial demands to pay a fixed share of health care costs. Instead the author suggests that a revenue measure to pay for health care should increase as costs increase; it should be related to income and ability to pay; it should be charged annually rather than when care is needed so people are not deterred from seeking necessary services. Also, the current system does not, but should, use incentives to encourage people to take more responsibility for their health. Finally the author states that it is unfair to impose higher taxes on a younger generation to pay for services that will primarily be used by older people.

Mackintosh, M. 2007. *Planning and Market Regulation: Strengths, Weaknesses and Interactions in the Provision of Less Inequitable and Better Quality Health Care*. WHO Health Systems Knowledge Network WHO.

This paper argues that planned health care provision and market regulation play distinct roles in relation to the effective provision of equitable health care. Governmental planned provision has as a core objective ensuring that the health system is redistributive and that the poor have access to competent care. Market regulation has as its central objective the shaping of the role and behaviour of the private sector within the health system. Management of the health system as a whole, which is governmental responsibility, therefore requires the integration of planning and regulation in a manner appropriate to each particular context.

Magnuson, K., C. Ruhm, and J. Waldfogel. 2007. "The Persistence of Preschool Effects: Do Subsequent Classroom Experiences Matter?" *Early Childhood Research Quarterly* Vol. 22: 18-38. www.sciencedirect.com

Results from this study indicate that the longer-term effects of early childhood experience partly depend on classroom experiences during the first five years of life. Using rich longitudinal data this study finds that children who attended preschool enter public schools with higher levels of academic skills than their peers who experienced other types of childcare. Other findings suggest that most of the preschool-related gap in academic skills at school entry is quickly eliminated for children placed in small classrooms that provide high levels of reading instruction.

Mayston, D. 2000. *The Economic Determinants of Health Inequalities*. Department of Economics, University of York.

A challenge of the findings of others (Wilkinson, Evans), Mayston examines certain economic pathways and discusses their implications for resulting patterns of health outcomes and health inequalities. The author posits that influence of relative income on health status is primarily determined by the influence of relative income on the consumption levels of key health-related positional goods such as housing and food, and invites policymakers to better enable the less fortunate to secure these goods.

McKee, M., J. Figueras, and S. Lessof. 2006. "Research and Policy: Living in the Interface." *Eurohealth* Vol. 12, No.1.

The probability that policy-makers will draw on research evidence is maximized when that evidence is driven by, and organized around, their policy questions; when its dissemination is timely (taking advantage of policy windows) and is targeted at the key stakeholders; when policy-makers are involved from the formulation of the question to the development of the answer; and where there is mutual trust.

Mustard, C., E. Tompa, and J. Etches. 2006. *The Effects of Deficits in Health Status in Childhood and Adolescence on Human Capital Development in Early Adulthood*. Ottawa: Canadian Policy Research Networks.

The authors conclude that childhood disorders that may undermine human capital attainment affect from 15-25% of all children. The authors argue for government intervention to reduce the incidence of these disorders that targets the most vulnerable households and children.

Navarro, V. 2007. "What is a National Health Policy?" *International Journal of Health Services* Vol. 37: 1-14.

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 social democratic government. This article builds on and expands on that model.

Navarro, V. *et al.* 2006. "Politics and Health Outcomes." *Lancet* September, Vol. 368, No. 9540: 1033-1037. www.thelancet.com

The aim of this study is to examine the complex interactions between political traditions, policies, and public health outcomes, and to find out whether different political traditions have been associated with systematic patterns in population health over time. A number of political, economic social and health variables area analyzed over a 50-year period, in a set of wealthy countries belonging to the OECD. Findings support the hypothesis that the political ideologies of governing parties affect some indicators of population health. The analysis makes an empirical link between politics and policy, by showing that political parties with egalitarian ideologies tend to implement redistributive policies. An important finding of the research is that politics aimed at reducing social inequalities, such as welfare state and labour market policies, do seem to have a salutary effect on the selected health indicators, infant mortality and life expectancy at birth.

Nutley, S., I. Walter, and H. Davies. 2007. *Using Evidence, How Research Can Inform Public Services*. The Policy Press, University of Bristol, Great Britain. www.policypress.org.uk

This book explores what is known about the influence of research on national policy and local policy actors and front-line practitioners. Looks at not only the use of research findings per se but also in the broader assimilation of research ideas, theories, and concepts into discourse and debates. The authors believe that the ways in which research is combined with other forms of evidence and knowledge could have important impacts on the nature, distribution, effectiveness, efficiency and quality of public services. The assertion is made that is reasonable to suppose that more deliberative and judicious engagement with high-quality research may be sufficiently advantageous to be an important goal of public service reform.

Ohmori-Matsuda, K. *et al.* 2007. "The Joint Impact of Cardiovascular Risk Factors Upon Medical Costs." *Preventive Medicine* Vol. 44: 349-355. www.sciencedirect.com

The joint impact of obesity, hypertension, and hyperglycemia upon medical costs is not well known. Our objective was to evaluate the joint impact of these cardiovascular risk factors upon medical costs in the rural Japanese population. The data were derived from a six-year prospective observation of National Health Insurance beneficiaries in rural Japan. Data on blood chemistry tests, blood pressure, weight, and height were obtained from an annual health check-up provided by the local municipalities in 1995. We prospectively collected data on medical costs over a six-year period for 12,340 subjects (5306 men and 7034 women) without prior histories of cardiovascular disease or cancer. Results indicate that mean medical costs for individuals being overweight/obese, hypertensive, and hyperglycemic were 91.0% higher than those for individuals without any of these three cardiovascular risk factors. In this cohort, 17.2% of total medical costs were attributable to these three risk factors. The study concludes that obesity, hypertension, and hyperglycemia could have a large impact on health care resources in rural Japan.

Okun, A. 1975. *Equality and Efficiency: The Big Tradeoff*. Washington: The Brookings Institution.

Contemporary American society has the look of a split-level structure. Its political and social institutions distribute rights and privileges universally and proclaim the equality of all citizens. Yet economic institutions, with efficiency as their guiding principle, create disparities among citizens in living standards and material welfare. This mixture of equal rights and unequal economic status breeds tensions between the political principles of democracy and the economic principles of capitalism. Whenever the wealthy try for extra helpings of supposedly equal rights, and whenever the workings of the market deny anyone a minimum standard of living, “dollars transgress on rights” in the author’s phrase. In this revised and expanded version of the Godkin Lectures presented at the John F. Kennedy School at Harvard University in April 1974, Arthur M. Okun explores the conflicts that arise when society’s desire to reduce inequality would impair economic efficiency, confronting policymakers with “the big tradeoff.” Other economic systems have attempted to solve this problem; but the best of socialist experiments have achieved a greater degree of equality than our mixed capitalist democracy only at heavy costs in efficiency, and dictatorial governments have reached heights of efficiency only by rigidly repressing their citizenry. In contrast, our basic system emerges as a viable, if uneasy, compromise in which the market has its place and democratic institutions keep it in check. But within the existing system there are ways to gain more of one good thing at a lower cost in terms of the other. In Okun’s view, society’s concern for human dignity can be directed at reducing the economic deprivation that stains the record of American democracy—through progressive taxation, transfer payments, job programs, broadening equality of opportunity, eliminating racial and sexual discrimination, and lowering barriers to access to capital.

Ontario Prevention Clearinghouse. 2006. *The Case for Prevention: Moving Upstream to Improve Health for all Ontarians*. Ontario Prevention Clearinghouse. www.opc.on.ca

Despite increasing knowledge about positive and affordable impacts of prevention and SDOH, development of healthy public policies to address these issues has remained inadequate. This paper serves as a primer for the public on SDOH and outlines the Ontario Prevention Clearinghouse’s three priority goals: to provide children with the best start in life, to prevent chronic disease and detect those that occur earlier, and to create an inclusive society that fosters a sense of belonging. The economic arguments related to social inclusion are less tangible unless viewed in terms of apparent health disparities among marginalized populations. As estimated in the federal/provincial/territorial (FPT) paper *Reducing Health Disparities: Roles of the Health Sector*, at least 20% of health care spending may be attributable to income disparities.

Organisation for Economic Co-operation and Development. 2005. *Can Parents Afford to Work? Childcare Costs, Tax-Benefit Policies and Work Incentives*. DELSA/ELSA/WP1 (2005)4; JT00190987. Paris: OECD Publishing.

Child care policies play a crucial role in helping parents reconcile care and employment-related tasks. The main findings in this paper can be summarized as follows: net childcare costs are found to be high in many countries; in a number of countries, supply side subsidies to providers or direct cash support for parents succeed at keeping childcare costs low for those who manage to find a childcare place; given the very high cost of childcare provision, particularly for infants, government support can help to achieve this balance, however policy responses need to be multi-faceted and carefully tailored to the situation in each country.

Organisation for Economic Co-operation and Development. 2005a. *Extending Opportunities: How Active Social Policy Can Benefit Us All*. Paris: OECD Publishing.

This document builds on the experiences of OECD countries over the past two decades. It argues that social protection is as important as ever for attaining a broad range of social goals. Recent policy experimentation –together with better research and evaluation – has started to pay off. More is known today about effective policies to address problems that seemed intractable only a few years ago. In particular, we have learned how to better integrate social and labour market interventions aimed at reducing poverty, exclusion and dependency among some groups dependent on welfare benefits. However, while many policies have been effective in achieving desired outcomes, others have not, and difficult challenges lie ahead. Indeed, the recent optimism that we can improve the lives of those most exposed to disadvantage poses a challenge in itself: citizens – knowing that social protection can do more to help people on welfare or with disabilities, or to enhance the life chances of children and to help parents – expect quality interventions in each of these fields. But society has already committed vast resources to meeting other social policy challenges – in particular, to provide old-age pensions to an increasing number of elderly persons. In this context, is an expansion of public responsibilities affordable or desirable? If not, how can society rebalance its interventions to meet the needs of individuals at different stages of their life-cycle? Are there better means of achieving social goals? These are some of the questions that will be confronting Social Policy Ministers as they meet in Paris on 31 March and 1 April 2005 (www.oecd.org/socialmin2005). This report has been prepared by the OECD Secretariat to inform those discussions.

Organisation for Economic Co-operation and Development. 2005b. *The Active Social Policy Agenda*. Paris: OECD Publishing. www.oecd.org/socialmin2005

For generations, social policy was limited to providing social assistance and insurance against a few, well-defined risks, such as short-term unemployment, incapacity during working years, and inadequate resources in childhood and retirement. This approach was based on a series of assumptions: the different stages in an individual's life, such as childhood, study, work, and retirement, were clearly marked and separated; gender roles within families were well defined with women being homemakers and men breadwinners; there were strong bonds within nuclear families; and those who worked generally had uninterrupted careers working full-time. These assumptions do not hold true anymore for the majority of OECD societies. The life-course is more varied and people switch between or combine different activities at all ages. The male breadwinner model is increasingly obsolete. Children are increasingly unlikely to spend their entire childhood living with both their biological parents. People separate and household re-formation is frequent. Careers are often interrupted due to unemployment, disability, return to education, child rearing or caring for the elderly. Social policies that work need to fit these new realities. They need to place greater emphasis on investment in people in order to help them change their lives for the better. Such policies can improve individual well-being, better nurture children, reduce benefit payments, social exclusion and poverty and create a more cohesive society.

Organisation for Economic Co-operation and Development. 2006. *Starting Strong II: Early Childhood Education and Care*. Executive Summary. Paris: OECD Publishing.

This review of early childhood education and care (ECEC) in 20 OECD countries describes the social, economic, conceptual and research factors that influence early childhood policy.

Organisation for Economic Co-operation and Development. 2006. *Economic Survey of Canada 2006*. Paris: OECD Publishing. www.oecd.org/publications/policybriefs

Canada's economic performance has been excellent in almost all respects and Canadians continue to enjoy among the highest living standards in the OECD. The economy is undergoing significant structural change in response to soaring commodity prices, expanding oil and gas production and exchange rate appreciation and has so far shown a remarkable capacity to adjust. Looking ahead, the key challenges for all levels of government will be to lift productivity growth and to maintain sustainable fiscal and social policies to deal with the pressures arising from population ageing. Some broad re-orientations of policy should underpin the strategy.

Organisation for Economic Co-operation and Development. 2007. *Human Capital, How What You Know Shapes Your Life*. Paris: OECD Publishing.

This first book in the new OECD Insights Series examines the increasing economic and social importance of human capital - our education, skills, competencies, and knowledge. As economies in developed countries shift away from manufacturing, economic success for individuals and national economies is increasingly reliant on the quality of human capital. Raising human capital has emerged as a key policy priority, particularly for low-skilled individuals, who are at risk of being left even further behind. Policy in this area is focusing on early childhood development, improving quality and choice in schooling, creating excellence in tertiary education, and widening access to adult learning. Drawing on the research and analysis of the OECD, this dynamic new book uses straightforward language to explain how countries across the OECD area are responding to the challenge of raising their levels of human capital. This book includes Stat links, URLs linking statistical tables and graphs in the text of the book to Excel spreadsheets showing the underlying data.

Osberg, L. 1995. "The Equity-Efficiency Tradeoff in Retrospect." *Canadian Business Economics* Spring: 5-19.

In the 1970s, the dominant view in economics was that there was a trade-off between "equity" and "efficiency." In the 1990s, the literature on endogenous growth has argued that this trade-off does not exist. As section 1 discusses, the new endogenous growth literature argues that more equal societies grow faster, due to a more efficient process of human capital acquisition, more economically rational taxation decisions and more rapid structural change. Section two considers why the "trade-off" arguments of the 1970s are no longer convincing. By the 1990s, the importance of the intergenerational transmission of human capital was recognized, econometric research concluded that the wage elasticity of labour supply (and hence the deadweight loss of income taxation) is rather small and the discussions of efficiency shifted from static allocative efficiency to dynamic efficiency in the growth of output over time. The essay concludes with a discussion of the social pressures shaping the discussion on equality and efficiency and the policy implications of this shift in economists' perspectives.

Osberg, L. (ed.). 2003. *The Economic Implications of Social Cohesion*. Toronto: University of Toronto Press.

The editor of this book, Lars Osberg, is a well-known Canadian economist who has spent much of his professional life worrying about the implications and mismeasurement of poverty. For this book, he has assembled a group of academics with different expertise on issues of social cohesion and economic growth. The Canadian focus of some of the chapters is combined with more general conclusions that are directly applicable to other developed countries and indirectly to developing countries. "Trust in people" is the most pervasive indicator used in this book as an indicator of social cohesion. Information about this indicator has been collected from a number of countries over time in the international social science survey, World Values Survey.

Patrinos, H. 2006. *Abstract: Measuring Well-Being and Societal Progress*. 19-21 June 2006, Milan. *JRC/OECD Workshop Series*. Paris: OECD Publishing.

The purpose of this workshop was to discuss new and better ways to measure progress and well-being. Quite a bit of work is already underway and this workshop provided a forum for participants to share experiences and learn from one another. This paper presents an overview of national work in this area based on notes submitted by several countries (Australia, Canada, Finland, Korea, New Zealand, the Netherlands, Norway, Switzerland and the United Kingdom).

Pearson, M., and J. Martin. 2005. *Should We Extend the Role of Private Social Expenditure?* OECD Social, Employment and Migration Working Papers No. 23. Paris: OECD Publishing.

A scrutinized look at claims about the macroeconomic advantages to be gained from greater reliance on the private sector for the provision of social protection. The author claims that private financing and provision of social benefits is not a “magic wand;” nevertheless the private sector can promote microeconomic efficiency and services which are more responsive to consumer preferences and furthermore can sometimes deliver either a slightly cheaper, more varied or more flexible system of social protection.

Pestieau, C. 2003. *Evaluating Policy Research*. Ottawa: Canadian Policy Research Networks.

The aim of this paper is to advance understanding of how to evaluate policy research. Its starting point is the assumption that institutes and networks undertaking policy research outside government do so to influence public policy. Public policy is understood in a broad sense including both discrete policy decisions and the ways in which policy is developed. Part I reviews the relationship between research and policy to see what kind of influence research can expect to have on policy-makers and their environment. In Part II, the role of evaluation in the public sector is looked at and the way evaluators and those commissioning evaluations approach their work. Both Parts reveal the difficulty of demonstrating relationships of cause and effect. This double challenge leads the author to conclude that we have to be prudent in attributing influence to research activities and choose our approach carefully in evaluating the work of a research network.

Petring, A., and C. Kellermann. 2005. *New Options for a European Economic and Social Policy*. International Policy Analysis Unit, Friedrich Ebert Foundation, Bonn.

The EU is currently facing a severe crisis of legitimacy due to growing ambivalence concerning the economic and social consequences of European integration. All major issues of European economic and social policy are subject to profound criticism of inherent inefficiencies, social imbalances and asymmetries. In this paper eleven economic and social policy issues are discussed to elucidate their scope and importance for a single European Economic and Social Model. These are: fiscal policy and the Stability and Growth Pact, wage policy, employment policy and the Lisbon Strategy, social policy, social dialogue, macroeconomic coordination, tax harmonization, agricultural policy, structural and cohesion policy and the services directive. In each of the policy issues competing problem analyses and corresponding reform proposals are systematically elaborated and set against each other. The paper concludes that given that consensus building in the EU is getting more and more complex and difficult, it attempts to lay the groundwork for a Europe-wide survey of political feasibility of reform proposals in the short run. Instead of drawing a conclusion at this stage, the Friedrich Ebert Foundation decided to carry out a research project on the economic framework and the social dimension of European integration that was aimed to be made available by mid-2006.

Picot, G., R. Saunders, and A. Sweetman. 2007. *Fulfilling Potential, Creating Success: Perspectives on Human Capital Development*. Montreal & Kingston: McGill-Queen's University Press.

Fulfilling Potential, Creating Success examines human capital development from the perspective of several disciplines including education, psychology, sociology, politics, economics, geography, health, and civic engagement. This volume produced by the Canadian Policy Research Networks (CPRN), the School of Policy Studies at Queen's University (SPS), and Statistics Canada, outlines what each of the disciplines can tell us about human capital development. Contributors explore the value in integrating family, education, and public health policies into a coherent "life course" so that influences at early stages of life have implications for human capital development at later stages. The volume also emphasizes connections between the acquisition of human capital and individual and societal outcomes and the policy implications of these relationships. Topics include the personal and social gains of the acquisition of skills and knowledge such as improved employment prospects, less crime, improved health, greater participation in political activity, more engagement of citizens in their communities, and a more innovative economy.

Policy Research Initiative. 2005. *Social Capital as a Public Policy Tool*. Ottawa: Policy Research Initiative.

The PRI has released the final publications from its social capital project. What is social capital? Who benefits – and who does not? Is there a role for government? How can we measure it? Examining the potential of the concept of social capital to inform policy development and evaluation, the publications offer a clear framework for the analysis of the concept, identify policy and program areas where social capital makes a difference, and offer a strategic set of recommendations for testing new approaches, improved measurement, and policy action.

Policy Research Initiative. 2006. *European Integration and Convergence of the National Welfare States*. Ottawa: Policy Research Initiative.

European Union (EU) member states have experienced many pressures that could lead to convergence of their welfare systems. Globalization and European Integration are sources of such pressure. Additional pressure comes from the European social policy which is implemented through a number of the Commission's instruments. There is no clear unanimity of experts on whether there is convergence. The more cautious answer is that there is some convergence, but the underlying structures of the system are rather resilient. Although the concept of convergence is not easy to define, most scholars agree that convergence is limited. Some convergence exists at the level of social and economic pressures, less at the level of intentions, and even less at the level of outcomes, and the least convergence at the level of the structures of the social policies regimes. As a consequence, it seems there is still ample room for political input in devising and implementing national welfare systems.

Porzolt, F., M. Ackermann, and V. Amelung. 2007. *The Value of Health Care – A Matter of Discussion in Germany*. BMC Health Services Research, Germany. www.biomedcentral.com/1472-6963/7/1/prepub

Interest in assessing the value of health-care services in Germany has considerably increased since the foundation of the Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen, IQWiG (Institute for Quality and Efficiency in Health Care). The practical application of value assessment illustrates how problematic the process can be. In all decisions made for the provision of health care, data concerning the measurable dimensions (quantity and quality of efficacy and effectiveness, validity of the results and costs) flow into a complex and not yet standardized decision-making process concerning public financing. Some of these decisions are based on data of uncertain validity, unknown reproducibility and unclear appropriateness. This paper describes the theoretical aspects of value from psychological and economic viewpoints and discusses national and international approaches. Methodic details and difficulties in assessing the value of health-care services are analysed. It concludes that the description of intangible value from the viewpoint of different stakeholders is a useful measure for subsequent steps (not discussed here) – the evaluation of costs and of patient benefit. A standardized, transparent, fair and democratic evaluation is essential for the definition of a basic benefit package.

Public Health Agency of Canada and Centre for Health Policy. 2007. *Crossing Sectors – Experiences in Intersectorial Action, Public Policy and Health*. Public Health Agency of Canada.

This paper represents the first phase of a Canadian initiative on intersectoral action for health and provides an overview of approaches to intersectoral action at the global, sub-regional, national, sub-national, and community levels. It is intended to contribute to the World Health Organisation's Commission on Social Determinants of Health (SDH) and is the result of collaboration between EQUINET, the Health Systems Knowledge Network of the Commission on SDH and the Public Health Agency of Canada. Experiences documented by academics, policy-makers and practitioners in more than 15 countries are examined in an attempt to improve understanding of questions relating to: the types of problems addressed through intersectoral action (IA); the conditions that shape horizontal and interjurisdictional collaboration; tools, mechanisms and approaches to support IA; and roles played by the health sector and other actors. The experiences reviewed in this paper demonstrate some successes in working vertically and horizontally for health gains. Given the resource implications of intersectoral efforts, however, a critical assessment of when, where and how to act is required. While a range of approaches have been used, at different levels of governance, there does not appear to be a "one size fits all" model. Many questions remain. The information gleaned from this paper will help shape questions to be explored in the next phase of this initiative, involving subsequent case studies and analyses and a report of country and regional experiences in IA. This paper is also expected to inform the final report of the Health System Knowledge Network (HSKN) to the WHO Commission on Social Determinants of Health.

Raphael, D. 2006. "Politics, Political Platforms and Child Poverty in Canada." *Policy Options* July – August.

Critical look at Canada's current conservative approach to public policy in the prevention of child (family) poverty. Despite the 1989 House of Commons all-party motion committing Canada to eliminate child poverty by 2000, Canada has one of the highest poverty rates for individuals, families and children among modern industrial nations. The author asks: why does a wealthy nation such as Canada have 15 % of its children living in internationally defined relative poverty, while far less wealthy nations such as Denmark and Finland have less than 3% of their children living in such conditions? Raphael posits that Canada has one of the highest proportions of low-paid workers, provides lower benefits for those unable to work or experiencing unemployment and has less spending related to pensions, disability and families than most developed nations, according to a 2005 OECD report. Poverty levels are lower and government commitments to supporting citizens stronger when popular vote in support of reducing poverty is more closely translated into representation in the House of Commons.

Rootman, I. and B. Ronson. 2005. "Literacy and Health Research in Canada: Where Have We Been and Where Should We Go?" *Canadian Journal of Public Health*, Volume 96, Sup. 2: S62-S77.

This article reviews current literature and research on literacy and health and identifies priorities for research on this topic in Canada. Information sources included documents found through an environmental scan, the Alpha Plus collection and a computer search of recent documents. The information was analyzed using a conceptual framework. The review found that low literacy has direct and indirect impacts on health. Families are at risk due to difficulty reading medication prescriptions, baby formula instructions and health and safety education materials. People with lower levels of literacy tend to live and work in less healthy environments. They have more difficulties obtaining employment and income security. Determinants of literacy include: education, early childhood development, aging, living and working conditions, personal capacity/genetics, gender and culture. Action is needed to improve literacy and health through a combination of health communication, education and training, community development, organizational development, and policy development. There is some evidence that such interventions can have a positive effect on health, particularly when combined with one another. Further program and policy development requires greater evidence and evaluation of existing initiatives, more cost/benefit analyses, more culturally specific studies, and greater attention to current social trends and needs.

Rubery, J. *et al.* 1999. *Equal Opportunities as a Productive Factor*. European Commission, Belgium.

Equal opportunities, far from adding an additional constraint or burden, can play an important role in achieving the development of a productive Europe. The notion of equal opportunities as a productive factor provides both an underpinning to the case for mainstreaming gender into employment policy and a contribution to the general conceptualization of social policy as productive and supportive of employment policy.

Rush, B., A. Sheill, and P. Hawe. 2002. *A Census of Economic Evaluations of Primary Prevention Interventions in Population Health*. Department of Community Health Sciences and Centre for Health and Policy Studies, University of Calgary.

A study of evidence on the economic efficiency of population health promotion interventions. Highlights that while most economic interventions in the literature and examines the effectiveness of vaccination and other infectious disease prevention initiatives, evidence on mental health, community development and school-based programs is scant.

Sapir, A. 2005. *Globalisation and the Reform of European Social Models*. Brugel, Brussels. www.bruegel.org

Background document for the presentation at ECOFIN Informal Meeting in Manchester, September 9, 2005. This paper argues for three points: one, that the global economy of the 21st century is characterized by rapid changes that create both threats and opportunities. The biggest challenge for the European economy is to become sufficiently flexible by embracing labour market and social policy reforms. Second, the notion of “European social model” is misleading. There are in reality different European social models and not all are either efficient or sustainable. Third, the author argues for a two-handed strategy combining reforms at EU and national levels in order to coordinate labour market and social reforms, especially for the countries in the Eurozone that share a common currency.

Saunders, R. 2006. *Risk and Opportunity: Creating Options for Vulnerable Workers*. Document No. 7, Vulnerable Workers Series. Ottawa: Canadian Policy Research Networks.

The final report in CPRN’s research series on vulnerable workers presents the most comprehensive analysis of the subject to date. It also proposes measures to overcome this threat to Canada’s well-being and competitiveness. Provides a synthesis of the findings of six previous research studies, as well as other recent literature, with an emphasis on their implications for public policy.

Saunders, R. 2006. *Skills and Knowledge for Canada’s Future: Seven Perspectives – Towards an Integrated Approach to Human Capital Development – Overview*. Ottawa: Canadian Policy Research Networks and Statistics Canada.

A new volume of research papers – the product of a research program managed by CPRN, the School of Policy Studies at Queen’s University (SPS), and Statistics Canada, provides a synthesis of recent research on human capital development in seven different academic disciplines (economics, sociology, psychology, education, public health, economic geography and political science). The authors identified areas for new research and specifically research that would cross disciplinary boundaries.

Ståhl, T. *et al.* (eds.). 2006. *Health in All Policies: Prospects and Potentials*. Ministry of Social Affairs and Health, Finland.

Health is largely determined by factors outside the health care domain. Efforts to integrate health considerations into societal policy-making with the aim to improve population health are being made almost everywhere, both at the Community level as well as at the national, regional and local levels. This volume, published in the context of the Finnish Presidency of the European Union (EU), aims to highlight how and why the health dimension can and should be taken into account across all government sectors. Particular emphasis is placed on the unique mandate and obligation of the EU to protect health in all its policies. The topic is explored from the perspectives of available methods and different levels of policy-making, and examples are included from specific policy areas and health issues.

Statistics Canada. 2007. "Study: GDP per capita and productivity in Canada and the United States, 1994 to 2005." *The Daily*, Statistics Canada, Ottawa, March 26.

Canada's economic output per person is lower than it is in the United States, but the gap has narrowed since the turn of the millennium, according to a new study. Canada's gross domestic product (GDP) per capita stood at 84.3% of GDP per capita in the United States in 2005, an improvement from the low of 81.0% in 1998. This was also slightly above the average of 83.2% for the twelve-year period between 1994 and 2005. The gap in GDP per capita between Canada and the United States is driven by two factors. These are the differences in labour productivity, which are measured as GDP per hour worked, and the differences in the number of hours worked per capita between the two countries.

Statistics Canada. 2007. "Study: Year end Review of the economy: 2006." *The Daily*, April 12, Statistics Canada – Cat. No. 11-001-XIE.

In retrospect, the most surprising development in Canada's economy last year was not that a surge in oil prices or the bursting of the American housing bubble failed to dampen growth, according to a year-end review of the economy. Instead, the surprise was that so many people continued to underestimate the ability of Canadians to react and adapt to fast-changing or unexpected circumstances, the review suggests. The theme that really stands out is the adaptability of Canadians faced with rapid changes in their economy, it concludes. The most dramatic example of this was the increased migration of people to oil-rich Alberta during the past year. The study, published today in the online edition of *Canadian Economic Observer*, concludes that Alberta's dominant role in economic growth was the biggest economic story of the year.

Stoddart, G. *et al.* 2006. "Reallocating Resources across Public Sectors to Improve Population Health." In Heymann, J., *et al.* (eds.) *Healthier Societies: From Analysis to Action*. Oxford University Press. pp. 327-347.

This chapter reports on the Prince Edward Island (PEI) experience with cross-sectoral reallocation of resources for health. The results stemming from four studies of cross-sectoral reallocation in PEI suggest that although some reallocation has occurred, it has been modest and limited at best.

Suhrcke, M. *et al.* 2005. *The Contribution of Health to the Economy in the European Union*. European Commission, Belgium.

This paper makes the case for the economic arguments investing in the health of developing countries and developed countries alike. It refers to the 2001 report of the Commission on Macroeconomics and Health (CMH) in which a strong economic case for investing in health is made. Central to the paper is the notion that since human capital matters to economic outcomes and since health is an important component of human capital, health matters for economic outcomes. At the same time economic outcomes also matter for health. A recurring theme in this publication is the existence of feedback loops offering the scope for mutually reinforcing improvements in health and wealth.

Suhrcke, M. et al. 2007. *Economic Consequences of Noncommunicable Diseases and Injuries in the Russian Federation*. Copenhagen: World Health Organization. www.euro.who.int/PubRequest

There is increasing evidence of the two-way relationship between health and economic growth: while economic development can lead to improved population health, a healthier population can also drive economic growth. Although this finding has important policy implications, there is little known about its direct relevance for the “transition” countries in central and eastern Europe and the Commonwealth of independent States that are facing a very particular health challenge, predominantly posed by noncommunicable diseases and injuries. This study takes a first step towards analyzing the issue. The focus is on the Russian Federation. Two important questions are examined: what effect has adult ill health, in particular NCD and injuries, had on the Russian economy and the economic outcome of the people living there? And if the excessive burden of ill health in the Russian Federation were reduced, what economic benefits could result? The answers are unambiguous: poor adult health negatively affects economic wellbeing at both the individual and household levels in the Russian Federation; and, if effective action were taken, improved health would play an important role in sustaining high economic growth rates.

Temple, J. 1999. “The New Growth Evidence.” *Journal of Economic Literature* Vol. 37: 112-156.

Why do growth rates differ? This paper surveys the recent empirical literature on economic growth, starting with a discussion of stylized facts, data problems, and statistical methods. Six research questions are emphasized, drawing on growth and convergence research. In answering these questions, the paper argues that efficiency has grown at different rates across countries, casting doubt on neoclassical models in which technology is a public good. The latter half of the paper rounds up a variety of findings before providing answers to all six questions, including a short summary of how differences in growth rates arise.

The Associated Press. 2006. *Economists Call for Minimum Wage to be Raised*. New York: The Associated Press.

More than 650 economists, including five winners of the Nobel Prize for economics, called Wednesday for an increase in the minimum wage, saying the value of the last increase, in 1997, has been “fully eroded.” Economists including Nobel prize winners Kenneth Arrow of Stanford University, Lawrence Klein of the University of Pennsylvania, Robert Solow of the Massachusetts Institute of Technology, Joseph Stiglitz at Columbia University and Clive Granger of the University of California, San Diego said in a statement released Wednesday that the real value of today’s federal minimum wage is less than it has been at any time since 1951.

Torjman, S. 2005. *What Is Policy?* Ottawa: Caledon Institute of Social Policy.

This paper discusses the concept of policy from a general perspective, and affirms at the outset “there is no simple answer to this question.” Using a blanket definition, it sums up policy as “...the formulation of public policy involves a process of making good decisions – for the public good.” Public policy represents a decision, made by a publicly elected or designated body, which is deemed to be in the public interest. Various factors are taken into account: who benefits, who might be negatively affected, how much time is required to implement, associated costs and financing, and the political complexities of a federated government structure.

Torjman, S. 2006. *Shared Space: The Communities Agenda*. Ottawa: Caledon Institute of Social Policy.

The goal of the Communities Agenda is to promote resilience – in order to build strong and vibrant communities. Resilience is defined in this paper as the result of strategic actions taken in four independent, but associated “clusters.” These relate to sustenance, adaptation, engagement, and opportunity. The process of the Agenda involves work in shared space within and between clusters. The Communities Agenda is essentially about creating linked communities.

Tugwell, P. *et al.* 2006. “Reduction of Inequalities in Health: Assessing Evidence-Based Tools.” *International Journal for Equity in Health*, Vol. 5, No. 11. www.equityhealthj.com/content/5/1/11

Highlighted in this research report, is that the reduction of health inequalities is a focus of many national and international health organizations. The need for pragmatic evidence-based approaches has led to the development of a number of evidence-based equity initiatives. This paper describes a new program that focuses upon evidence-based tools, which are useful for policy initiatives that reduce inequities. It argues that just as important as the evidence collected is the process by which it is done. When the evidence generated is assimilated, interpreted and owned by the communities whose development it is meant to serve, evidence-based planning has the additional effect of creating an environment of sustained participation and transparency. If this dynamic can be activated, governments can acquire the skills to facilitate an evidence-driven and participatory process, and civil society groupings will become more able advocates for effecting change.

UNICEF. 2007. "Child Poverty In Perspective: An Overview of Child Well-Being in Rich Countries." *Report Card 7*, UNICEF, Italy. www.unicef.org/irc

Report Card Seven focuses on the well being of children and young people in the world's advanced economies and provides the first comprehensive assessment. The six dimensions taken to measure the well-being of children – material well-being, health and safety, education, peer and family relationships, behaviours and risks, and young people's own subjective sense of well-being – offer a picture of the lives of children, and no single dimension can stand as a reliable proxy for child well-being as a whole. The landmark report shows that among all of the twenty-one OECD countries there are improvements to be made and that no single OECD country leads in all six of the areas. "All countries have weaknesses to be addressed," says Innocenti Director Marta Santos Pais, "No single dimension of well-being stands as a reliable proxy for child well-being as a whole and several OECD countries find themselves with widely differing rankings for different dimensions of children's lives." According to the Report Card small North-European countries dominate the top half of the table, with child well-being at its highest in the Netherlands, Sweden, Denmark and Finland. There is no strong or consistent relationship between per capita GDP and child well-being. The Czech Republic, for example, achieves a higher overall rank for child well-being than several much wealthier European countries. Also no country features in the top third of the rankings for all six dimensions of child well-being.

United States Government Accountability Office (GAO). 2007. *Poverty in America – Economic Research Shows Adverse Impacts on Health Status and Other Social Conditions as well as the Economic Growth Rate*. United States Government Accountability Office. www.gao.gov/cgi-bin/getrpt?GAO-07-344

In 2005, 37 million people, approximately thirteen percent of the total population, lived below the poverty line, as defined by the Census Bureau. Poverty imposes costs on the nation in terms of both programmatic outlays and productivity losses that can affect the economy as a whole. To better understand the potential range of effects of poverty, GAO was asked to examine (1) what the economic research tells us about the relationship between poverty and adverse social conditions, such as poor health outcomes, crime, and labor force attachment, and (2) what links economic research has found between poverty and economic growth. To answer these questions, GAO reviewed the economic literature by academic experts, think tanks, and government agencies, and reviewed additional literature by searching various databases for peer-reviewed economic journals, specialty journals, and books. Economic theory suggests that when poverty affects a significant portion of the population, these effects can extend to the society at large and produce slower rates of growth. Although historically research has focused mainly on the extent to which economic growth alleviates poverty, some recent empirical studies have begun to demonstrate that higher rates of poverty are associated with lower rates of growth in the economy as a whole. For example, areas with higher poverty rates experience, on average, slower per capita income growth rates than low-poverty areas.

Välimäki, K. 2006. *National Report on Strategies for Social Protection and Social Inclusion*. Saari, J. et al. (eds.), Ministry of Social Affairs and Health, Finland.

This report outlines the most important social policy issues for the UK from 2006-2008 in contributing to these Lisbon goals. Economic and employment aspects, although integral to UK social policy-making, are not repeated here, but are covered in the UK's National Reform Programme report. Tackling the challenges set out in this report is the responsibility of UK authorities, whether central, regional or local. But the EU plays an important role by enabling the sharing of ideas and good practice between Member States. The development of this National Report therefore helps support the achievement of our Lisbon goals by facilitating this practical co-operation between the Member States, for example by helping to inform peer review. In order to enhance this mutual learning, the report has also been produced with reference to common objectives, indicators and an outline format agreed between the Member States and the European Commission. This new UK report also builds on work that has been undertaken at national level since 1997 on improving consultation on inclusion issues, and subsequently engaging with the EU through the National Action Plans on Social Inclusion and National Strategy Reports on Pensions. It also provides greater detail on UK social policy than is in the UK National Reform Programme for Growth and Jobs.

Vallgarda, S. 2007. *Critical Public Health – Health Inequalities: Political Problematizations in Denmark and Sweden*. Routledge. www.informaworld.com

Through a study of political documents in the field of public health policies from Denmark and Sweden published during the previous decades, this article analyses the problematisation of social inequalities in health. This article concludes that in spite of similarities between Denmark and Sweden, in several social and political issues, politicians in the two countries problematised social inequalities in health differently. While in Denmark social inequalities in health were predominantly defined as poor health of the disadvantaged caused by their own inappropriate behaviour, in Sweden they were defined as a gradient along income educational achievements caused by both behaviour and living conditions. In Swedish problematisation, the welfare state played a central role and the citizen was seen as part of the community, dependent on the way society was organized. The Danish approach on the other hand implied a more individualistic interpretation of people's conditions and health plights and the state were accorded a less prominent place.

Van Doorslaer, E., C. Masseria, and X. Koolman. 2006. "Inequalities in access to medical care by income in developed countries." *CMAJ* Vol. 174, No. 2.

Most of the member countries of the Organisation for Economic Co-operation and Development (OECD) aim to ensure equitable access to health care. This is often interpreted as requiring that care be available on the basis of need and not willingness or ability to pay. The authors sought to examine equity in physician utilization in 21 OECD countries for the year 2000. Using data from national surveys or from the European Community Household Panel, they extracted the number of visits to a general practitioner or medical specialist over the previous 12 months. Visits were standardized for need differences using age, sex and reported health levels as proxies. They measured inequity in doctor utilization by income using concentration indices of the need-standardized use. The authors found inequity in physician utilization favouring patients who are better off in about half of the OECD countries studied. The degree of pro-rich inequity in doctor use is highest in the United States and Mexico, followed by Finland, Portugal and Sweden. In most countries, no evidence of inequity was found in the distribution of general practitioner visits across income groups, and where it does occur, it often indicates a pro-poor distribution. However, in all countries for which data are available, after controlling for need differences, people with higher incomes are significantly more likely to see a specialist than people with lower incomes and, in most countries, also more frequently. Pro-rich inequity is especially large in Portugal, Finland and Ireland. Although in most OECD countries general practitioner care is distributed fairly equally and is often even pro-poor, the very pro-rich distribution of specialist care tends to make total doctor utilization somewhat pro-rich. This phenomenon appears to be universal, but it is reinforced when private insurance or private care options are offered.

Wetterberg, A. 2007. "Crisis, Connections, and Class: How Social Ties Affect Household Welfare." *World Development* Vol. 35: 585-606.

Paper illustrates the effects of different types of social ties on the welfare of Indonesian households. Guided by social capital theory, the analysis indicates that certain social ties can be a means of improving welfare for poor families. The distribution of different ties varies with socio-economic class, however, and each type is linked to distinct resources. The distribution of ties may be shifting in Indonesia, with greater access for poor households to state-sponsored ties and accompanying resources.

Wilkinson, R. 2006. "Politics and Health Inequalities." *The Lancet* Vol. 368. UK.

This review of the book *Social Inequalities in Health* edited by Johannes Siegrist and Michael Marmot, underscores the book's central message that mortality studies show that social inequalities in health include, but are not confined to, worse health among the poor. Wilkinson asserts that having established health inequalities as a political fact, we are now learning about the mechanisms that link poorer health to poorer circumstances. What emerges clearly is the importance of social environment and of the biological effects of the psychosocial processes between us. The author favors political strategies that redistribute income, and states that the overwhelming advantage of improving health by tackling the underlying socioeconomic inequalities is that the benefits extend well beyond health. More equal countries also have better education, higher social capital and lower levels of violence and prison populations.

Wilson, T. 2005. "Societal Indicators and Government – Wide Reporting." *Horizons*, Vol. 8, No.1. Ottawa: Policy Research Initiative.

From the perspective of the Government of Canada's management board (the Treasury Board and its Secretariat), key societal indicators can be useful for government-wide analysis. They can be used to achieve a deeper understanding of broad societal trends in order to guide policy and planning, and to provide a context within which government performance can be assessed. The Government's initial explorations of this possibility have led to the production of an annual report, *Canada's Performance* (http://www.tbs-sct.gc.ca/report/govrev/03/cp-rc_e.asp). The annual report certainly fulfils the latter of these purposes; that is, it provides a context for assessing government performance. However, the explicit link to the planning process is not there yet. This paper outlines the background of the approach to reporting on societal indicators used in the *Canada's Performance* report as well as possible future directions for this type of reporting in the Government of Canada – namely, the use of societal indicators in conjunction with a government-wide planning process.

Wolf, A. 2006. "Measuring Well-Being and Societal Progress." *JRC/OECD Workshop Series*, King's College, London.

The way in which education contributes to productivity is far more complex than conventional political wisdom suggests. Simplistic theories of how education and the economy interlink often produce education policies that are unlikely to make any substantial contribution to economic well-being, and may indeed have the opposite effect. Unfortunately, many of the current measures of education used by international agencies (among others) reinforce this over-simple approach. They also distract attention from other ways in which education may increase well-being. The wider benefits of education were central to the way in which education policy was approached by our less affluent forebears, and deserve greater attention today.

Woolf, S. *et al.* 2007. "Giving Everyone The Health of the Educated: An Examination of Whether Social Change Would Save More Lives Than Would Medical Advances." *American Journal of Public Health* Vol. 97, No. 4: 679-683.

The objectives of the report examines whether social determinants of health, such as inadequate education, contribute greatly to mortality rates. The authors investigate whether correcting the social conditions that account for excess deaths among individuals with inadequate education might save more lives than medical advances (e.g., new drugs and devices). Using US vital statistics data for 1996 through 2002, the authors applied indirect standardization techniques to estimate the maximum number of averted deaths attributable to medical advances and the number of deaths that would have been averted if mortality rates among adults with lesser education had been the same as those among college-educated adults. Medical advances averted a maximum of 178,193 deaths during the study period. Correcting disparities in education-associated mortality rates would have saved 1,369,335 lives during the same period, a ratio of 8:1. The report concludes that higher mortality rates among individuals with inadequate education reflect a complex causal pathway and the influence of confounding variables. Formidable efforts at social change would be necessary to eliminate disparities, but the changes would save more lives than would society's current heavy investment in medical advances. Spending large sums of money on such advances at the expense of social change may be jeopardizing public health.

Woolf, S., R. Johnson, and J. Geiger. 2006. "The Rising Prevalence of Severe Poverty in America: A Growing Threat to Public Health." *American Journal of Preventive Medicine* Vol. 31, No. 4.

From 2000 to 2004, the prevalence of severe poverty increased sharply while the proportion of Americans in higher income tiers diminished. These trends have broad societal implications. Likely health consequences include a higher prevalence of chronic illnesses, more frequent and severe disease complications, and increases demands and costs for healthcare services. Adverse effects on children warrant special concern. The growth in the number of Americans living in poverty calls for the re-examination of policies enacted in recent years to foster economic progress.

Yalnizyan, A. 2007. *The Rich and the Rest of Us – The Changing Face of Canada’s Growing Gap*. Ottawa: Canadian Centre for Policy Alternatives. www.growinggap.ca

The study, “The Rich and the Rest of Us: The Changing Face of Canada’s Growing Gap,” looks at the earnings and after-tax incomes of Canadian families raising children under 18, comparing families in the late 1970s and those in the early 2000s. The study finds: Canada’s income gap is growing: In 2004, the richest 10% of families earned 82 times more than the poorest 10% – almost triple the ratio of 1976, when they earned 31 times more. In after-tax terms the gap is at a 30-year high. The bottom half is shut out: between 1976-79 the bottom half earned 27% of total earnings. In the years between 2001-04 that dropped to 20.5%, though they worked more. Up to 80% of families lost ground or stayed put compared to the previous generation, in both earnings and after-tax terms. The poorest saw real incomes drop. Work is not enough: all but the richest 10% of families are working more weeks and hours in the paid workforce (200 hours more on average since 1996) yet only the richest 10% saw a significant increase in their earnings – 30%.

York Economics Consortium. 2006. *Cost Benefit Analysis of Health Impact Assessment*. York, UK: York University Economics Consortium.

The report sets out the findings of the cost benefit evaluation of Health Impact Assessment (HIA). York Health Economics Consortium followed 16 HIAs looking at the process, impact, outcomes and costs and benefits of HIA. The findings show the benefits outweigh the costs, although it was a small sample. The report will be subject to further consideration and comments are welcome.



Canadian Policy Research Networks – Réseaux canadiens de recherche en politiques publiques
214 – 151 rue Slater Street, Ottawa, ON K1P 5H3
☎ 613-567-7500 – 📠 613-567-7640 – 🌐 www.cprn.org