TRUUD

HEALTH AND PUBLIC POLICY EXPLAINER

What ‘health’ means and why that matters

This policy explainer is split into three sections.

1. The first section explains why it is important that that we ask what ‘health’ means;
2. The second examines three main areas of contemporary debate linked to ‘health’; and
3. The third sets out the implications of these for policy and for political responsibility.

We pay particular attention to preventative policies: those that aim to create the right conditions in society for both a lower incidence of ill health, and better and fairer enjoyment of good health by all.

1. Why ask what health means?

At different times in our lives, we will think about our health and the health of those around us. If asked, we would all agree that health matters. This is health’s ‘intrinsic value’.

Being in good health is also important for what it allows us to do for ourselves, our families, communities and society. This is health’s ‘instrumental value’.

Of course, the opposite of these points is also true. Being in poor health is intrinsically bad, and it brings costs and limitations for individuals, families and society.

Given that health is so evident as a value—as something that matters—why do we need to ask what health means? It is because ‘health’ is a surprisingly slippery term and to achieve good health policy we need to understand it better. Consider as a starting point that:

- Health is not a single thing: it refers to lots of very different sorts of physical and mental conditions and situations.
- Health problems vary in how they arise: as a result of injury, infection, genetic disorder, exposure to an unhealthy environment or engagement in health-harming behaviours.
- Health problems vary in presentation: severity, stage and predicted progression.
- Health problems vary in how they may be addressed: whether and how they can be prevented in the first place, whether and how they might be treated when they arise, and at what cost.

In the next section we highlight some of the contentious issues affecting our understanding of health. These are also illustrated in our timeline, where we highlight some key writers and policy organisations who have researched what it means to address the determinants of (ill) health.

Definitions of Health: Looking beyond responses to ill health

NEGATIVE

Health as the absence of medically-diagnosed physical or mental conditions in individuals

Ill health is an immediate problem to be treated in the healthcare system

POSITIVE

Health as a condition of physical and mental wellbeing embedded in and contributing to family, community, place, society and the economy.

Health is a value shared by everyone in society, with a view across communities, the life course and generations

2. What is health and what affects it?

1: There are both negative and positive understandings of health

Negative, or **biomedical**, understandings of **health** define it by reference to what it is not. They say that health is the absence of disease, illness or disorder. This promotes a 'medicalised' idea of health. It invites a focus on conditions that fall within the domain of the biomedical sciences, and provision of healthcare after the onset of ill health.

Positive understandings of health include the absence of disease, but in addition look to more holistic ideas, such as wellbeing. This encourages us to think about the good mental and physical health we aspire to as individuals, communities and societies and how this might be achieved. It invites a focus on broader social, economic, commercial, legal and environmental factors which impact human health. This is the domain of ill-health prevention.

Disease: Infectious diseases and the rise in non-communicable diseases

Diseases that are caused by pathogenic organisms and can spread from one person to another are classified as either 'infectious' or 'communicable' (e.g. viral, bacterial, fungal, parasitic).

'Non-communicable' diseases (NCDs), also known as 'chronic' diseases, are non-infectious and are the result of a combination of genetic, physiological, environmental and behavioural factors (e.g. cancer, cardiovascular disease, diabetes, mental ill-health).

Infectious diseases remain severe threats, but NCDs now account for 74 per cent of deaths globally, and 89 per cent of deaths in the UK (alongside associated morbidity), the majority of which are seen as avoidable.

2: Our circumstances affect our health outcomes

It is well established that patterns of disease and wellbeing can be identified and understood by looking at health at the **population level** as well as **individual cases**. In the last two hundred years, the causes, incidence and distribution of diseases ranging from cholera due to contaminated water sources to lung cancer due to tobacco use, have been identified by population-level analysis, and practices and policies have been implemented to prevent them.

Looking at population-level data exposes health effects within and across societies. For example, it can show whether groups of people suffer worse health outcomes depending on their geographical location, socio-economic position and the quality of their physical environment, as well as personal characteristics such as age, disability, gender or race. In doing so, it allows policymakers to identify the factors that cause health harms and benefits – known as the **social (or wider) determinants of health**.

Analysis of population data can show us the difference in these determinants in relation to issues of fairness: **health inequalities** or, as they are sometimes labelled, **health disparities**. This creates opportunities for decision-makers to enact policies and practices which address unfair, structural health inequalities.

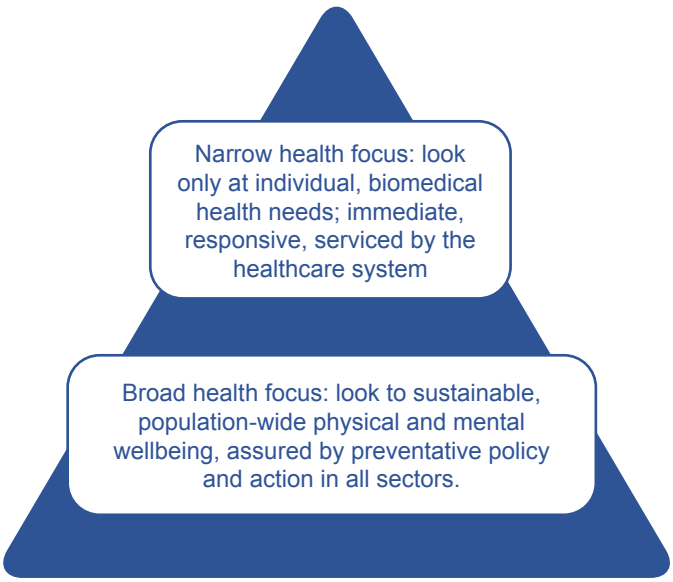
There is a very wide range of health determinants – see the timeline below. Recent examples of policy mechanisms aimed at addressing these determinants are similarly wide-ranging and include: clean air zones in cities, which aim to reduce illness and premature death arising from air pollution; proposals for measures to regulate landlords whose tenants live in unacceptable damp conditions, which aim to prevent respiratory illnesses; and calls for greater regulation of vape products, which aim to prevent nicotine addiction among young people.

3: Health policy needs to be both immediate and long term

When we explore questions concerning health, we may be drawn just to look at the **immediate moment**: to ask whether someone, right now, is afflicted with a particular disease or illness and what can be done about that.

However, looking to a person's or group's health across their **lifecourse** demands consideration of the factors that will allow people to flourish in childhood, to have a fulfilling and productive adulthood, and an enjoyable retirement. These factors go beyond individual and family influences to include population-scale structural determinants of health, which impact - for better and worse - on the overall wellbeing we experience across time.

These determinants are strongly influenced by the policy domain – by the choices made by political leaders across a broad spectrum of policy areas, not just healthcare. Taking the consideration of time a step further, it is also necessary for those policymakers to consider the health of **future (not yet born) generations**, who are likely to be affected by decisions made in the present on the economy, education and the environment, as well as on the NHS.



3. Health: whose responsibility?

It is widely accepted that 'prevention is better than cure', but what is less well understood is that this has implications for all areas of policy. In other words, we need to understand health as a cross-governmental, cross-sectoral concern, not just a concern for the NHS. There are high individual and societal costs of experiencing and treating ill-health. Therefore, it is beneficial for people, the economy and the resilience of the healthcare system if policymakers seek to secure population good health and wellbeing through positive, preventative measures.

When we think about responsibility for health, it can be too easy to fall into the trap of mistakenly suggesting it is binary: either all about the individual or all about the government. Rather, health must be a shared responsibility. It is affected by different decision-makers in our social systems, who have the power to control factors that influence people's physical and mental health.

Health is influenced by a complex web of public, private and third sector decision-makers. Many factors lie outside of national control, such as international rules on taxation, geopolitical developments, global action on climate and biodiversity, international trade and global shifts in commodities' pricing. Yet there are a very wide range of material factors that are within our national control. These include housing and the quality of our environment, the air we breathe and our access and connection to nature; the availability of healthy and affordable food and the presence of health-harming consumer products (tobacco, alcohol, gambling); working conditions; the opportunities for enriching play and education for our children, and the safety of the online media they and we consume.

We do not forget the responsibility of every individual. People can and do have their own freedoms and responsibilities, and may choose to prioritise values other than health. But it is crucial to recognise these wider influences on mental and physical health that are beyond the control of individual people, especially if we are to respond to entrenched health inequalities and before the growing burden of disease from the climate and biodiversity crises. These include the conditions that will meet future generations, who have no means of influencing current policy.

There are clear limitations on individuals' control of how good—or bad—their social, economic and environmental circumstances may be for their health. Governments are at the heart of a network of influence with the power and the responsibility to implement cross-sector policies which aim to yield health benefits and fairness for all.

4. Conclusion

If we, as a society, wish to achieve good, sustainable health, equitably enjoyed, we need to prioritise people's immediate needs, their requirements across and beyond their lifespan, and the conditions for generations to come.

When we do this, it is clear that addressing health is not only for government; but it also runs across government. By thoughtfully aligning environment, transport, education, justice, culture and the economy with clear health goals, the wellbeing of people living in the UK now and in the future can be greatly enhanced and pressure on the NHS significantly reduced.

Top tips for policymakers

- **'Health' (i.e. the 'prevention of ill-health') must be the shared responsibility of all government departments.**
- **The meaning of 'health' should be made much clearer in health research, across public, private, and third sector organisations, and the communities across society: this includes reflection on different understandings of health, and of health inequalities.**
- **Preventative measures and a focus on longer-term outcomes need to be made visible, to avoid a disproportionate focus on short-term prioirities and to bring resilience and sustainability; mechanisms for doing this should be developed.**
- **Complex and morally challenging trade-offs are inevitable and should be deliberated on through democratic methods such as Citizens' Assemblies.**

About TRUUD

Tackling Root causes upstream of Unhealthy Urban Development (TRUUD) is a research project, based at the University of Bristol, looking at how urban centres can be planned to reduce health inequalities. The TRUUD consortium includes the Universities of Bath, Bristol, Reading, Manchester, Stirling and the University of the West of England across disciplines of public health, law, psychology, management, systems engineering, environmental and health economics, real estate, planning, urban development, policy and public involvement.

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Get in touch

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WHAT DETERMINES OUR HEALTH?

1991

Main determinants of Health
(Dahlgren and Whitehead)

Age, sex and constitutional factors	
Individual lifestyle factors	
Social and community networks	
Living and working conditions	• Agricultural and food production • Education • Work environment unemployment • Water and sanitation • Social support networks • Healthcare services • Housing
General socioeconomic, cultural and environmental conditions	

2006

Health Map
(Barton & Grant)

Social ecosystem	• Climate stability • Biodiversity
Natural environment	• Natural habitats • Air • Water • Land
Built environment	• Buildings • Places • Streets • Routes
Activities	• Working • Shopping • Moving • Living • Playing • Learning
Local economy	• Wealth creation • Resilient markets
Community	• Social capital • Social networks
Lifestyle	• Diet/nutrition • Work-life balance • Physical activity

2014

10 dimensions of wellbeing
(What works Wellbeing / ONS)

Personal (subjective) wellbeing
Health
Our relationships
What we do
Where we live
Personal Finance
Education and skills
The natural environment
The economy
Governance

2017

Determinants of Health
(World Health Organisation)

Headline Categories	Examples Given
Social and economic environment	• Income and social status • Education • Employment and working conditions • Safe water and clear air, healthy workplaces, safe houses, communities and roads • Social support networks • Culture (customs, beliefs, traditions) • Genetics • Personal behaviour and coping skills (balanced eating, keeping active, smoking, drinking, how we deal with life's stresses and challenges) • Health services • Gender
Physical environment	
Person's individual characteristics and behaviours	

2019

Legal determinants of Health
(Gostin et al / Lancet)

Law can translate vision into action
Law can strengthen the governance of national and global health institutions
Law can implement fair, evidence-based health interventions

2024

Commercial determinants of Health
(Gilmore et al / Lancet)

Political and economic system
Regulatory approaches and upstream policies
Sectoral public policies
Environments
Final routes to health inequalities
Ill-health and health inequalities
Commercial actors and allies
Underlying drivers