

# Relation of social and economic factors to health policy

---

Rasa Savičiūtė<sup>1,2</sup>,

Algirdas Juozulynas<sup>1,2</sup>,

Antanas Jurgelėnas<sup>1</sup>,

Algirdas Venalis<sup>1,3</sup>

<sup>1</sup> State Research Institute  
Centre for Innovative Medicine,  
Vilnius, Lithuania

<sup>2</sup> Institute of Public Health,  
Faculty of Medicine,  
Vilnius University,  
Vilnius, Lithuania

<sup>3</sup> Faculty of Medicine,  
Vilnius University, Vilnius,  
Lithuania

Health is more than just the absence of disease. Effective health systems need an efficient health policy that is formed by various factors (like environmental, genetic, social, economic, physical, etc.). The greatest challenge and major goal of health policy is to improve the health of all population, but if we want to do this it is necessary to improve the health care system so that it could work like one united system. The human being has a significant impact on health policy-making (his/her self-determination and choice). The fundamental value of health policy-making must be involvement of all citizens in the decision-making related to health policy, supervision, training/ education, etc. This process has to include society, public health professionals, doctors, politicians, press, business and so on, all of them must work, make decisions and find solutions together. Close and effective communication and collaboration are necessary between all sectors and public health professionals, also it is very important to collect information, ability and skills which would help to develop and improve existing characteristics and reform health policy. In order to achieve this goal, due attention and balance must be given to various cultural, management, technical, legal, political, social and economic processes.

**Key words:** health policy, social factor, economic factor, health relation

---

## INTRODUCTION

Health is more than just the absence of disease. Health is a daily source of life. This is an opportunity to realize hopes, cover needs, store and share life experiences, belong and participate in social activities, i. e. to be a part of society. Health is more than a system of public health or health care (2). State po-

licy (without various risk factors like environment, genetic, viewpoint, social, economic, physical, etc.) influences health, including management of health care system, planning and organization, and, conversely, health also affects state policy. However, most of all people influence health and policy themselves. Their chosen lifestyle, habits, etc. form some policy decisions. The greatest challenge and major goal of health policy is to improve the health of all population, but if we want to do this it is necessary to improve the health care system so that it could work like one united system (3). Health is very

important for human life, for that reason it must be supported by an efficient and effective policy and actions in Lithuania, a member state, at the European Community level and world scale (4). Cross-sectoral cooperation is needed. The fundamental value of health policy-making must be involvement of all citizens in the decision-making related to health policy, supervision, training/education, etc. Reduction of health inequality must be included. Although many Europeans live longer and healthier than the previous generation, but there is a lot of health inequality (that could be avoided by creating policy which would be based on the best available scientific evidence) (4). This process has to include society, public health professionals, doctors, politicians, press, business and so on, all of them must work, make decisions and find solutions together. Close and effective communication and collaboration are necessary between all sectors and public health professionals, also it is very important to collect information, ability and skills which would help to develop and improve existing characteristics, and reform health policy. It is necessary to find the easiest ways how to transmit these skills and experience to other professionals for avoiding any misunderstanding later. In order to achieve this goal, due attention and balance must be given to

various cultural, management, technical, legal, political, social and economic processes (5).

The aim of this study is to assess social and economic factors relation with health policy.

## DISCUSSION

Under the Treaty, EU action must aim to improve public health, prevent human illness and diseases, and identify sources of danger to human health. This has led to integrated health-related work, aiming to bring health-related policy areas together (1). The implementation of a united policy let to achieve better results in health and other spheres.

Appropriate medical care cannot improve health or reduce its inequality by itself. It depends on an individual choice and many other factors which affect the quality of life (Fig. 1) (6). Some of these factors are social and economic, and their reciprocity (connection) is shown.

Figure 1 shows that health-related behaviors and receipt of recommended medical care do not occur in a vacuum. Rather, these factors are shaped by more upstream determinants related to the living and working conditions that can influence health both directly and indirectly (by shaping the health-related choices that individuals

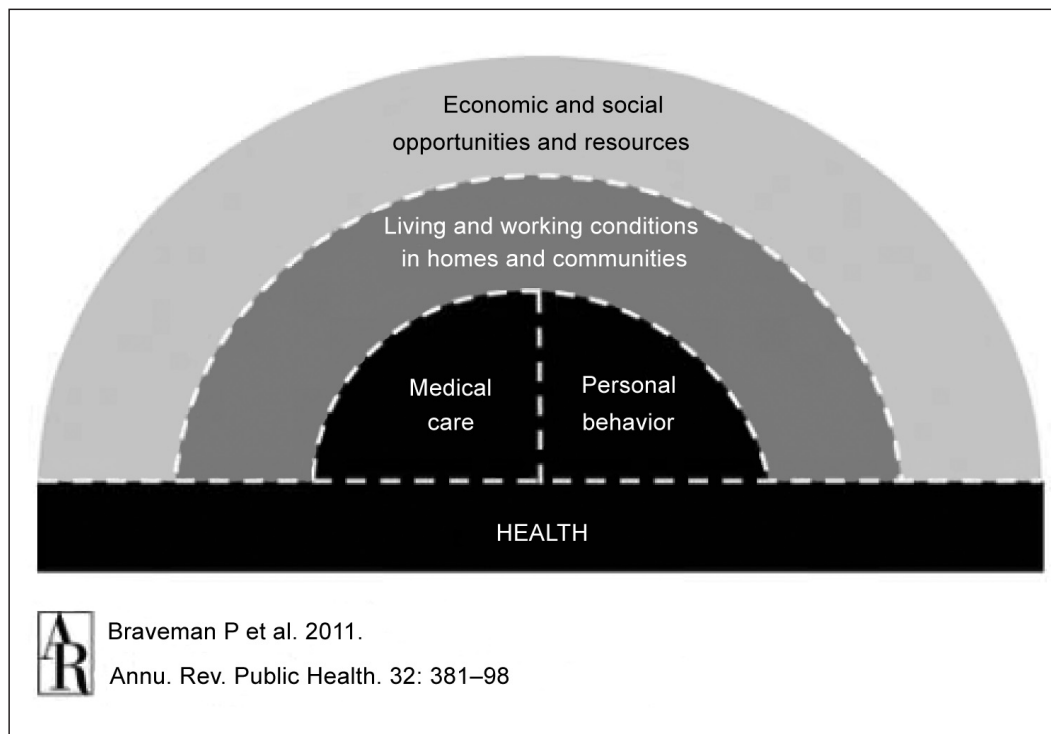


Fig. 1. Health factors (source [www.annualreviews.org](http://www.annualreviews.org) Social Determinants of Health)

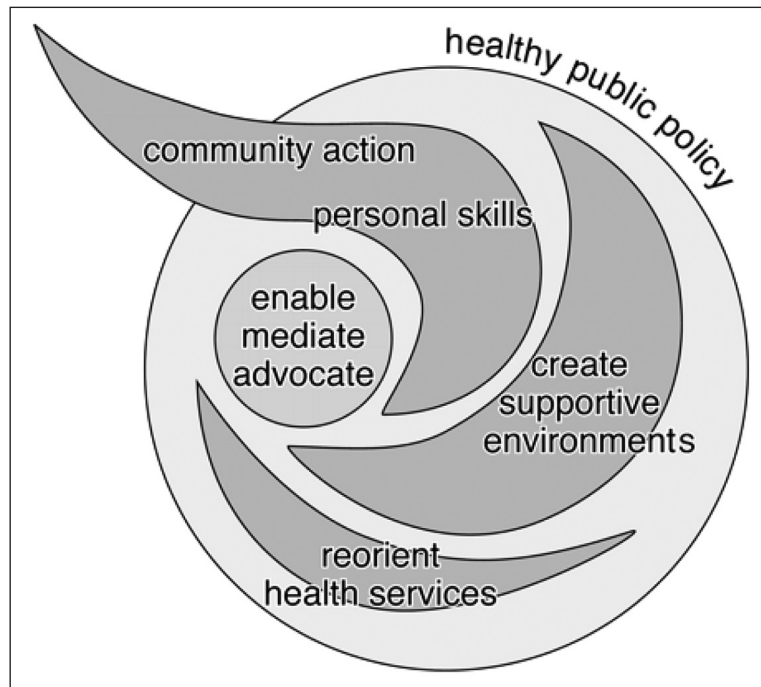


Fig. 2. Principles of Ottawa Charter. Factors of daily environment

have and make for themselves and their families). The figure highlights how health is shaped not only by living and working conditions, but also by even more upstream determinants reflecting the economic and social resources and opportunities, that influence an individual's access to health-promoting living and working conditions and to healthy choices (6).

### Social policy influence on health

To create equal social and economic conditions to all population, that could help to ensure health and health-friendly environment, is a difficult task which may not always succeed the first time (8). For achieving this goal it is necessary to ensure the protection of various social groups, to reduce their vulnerability, to give them equal conditions and enhance society influence dealing with various issues. Participation of the society members in the development and formation of health-friendly environment and health policy (decision-making) is very important. According to the Mayo social model, human behaviour is mainly determined by groups especially if they are members of that group, than management control and incentives (19). This was also highlighted in the Ottawa Charter which states that (Fig. 2) in our daily life people create and support health (9).

Not only various social, economical and environmental factors affect public health, but also society itself affects these factors (11).

It is necessary to save, to develop and to secure values related with social model – equality, solidarity, individual rights and responsibilities, non-discrimination, sharing welfare and opportunity using quality health, social and other various services for all citizens both in the country and in Europe. In order to achieve this, stronger economical and social basis must be created (need to save their cohesion) to implement various reforms (7). Various interactions of social, economic, environmental and health factors can be applied at various levels of public health development (10), generating strategies which influence or form the quality of life.

The modern health understanding refers to not only the absence of diseases, but to much wider social conception in which health as a social process is increasingly accepted as one of the major elements of the quality of life (12). Health is very important for all well-being (for an individual person and for society), healthy population are assumption of economic productivity and well-being. Spending on health is an investment, not just a cost. It is necessary to coordinate decision of health problem considered to recommendations and activity of various international organizations (WHO, OECD, COE, UN, etc.) (4).

### **Social changes**

One of the major tender problems in Europe countries and beyond is social inequality. A significant social exclusion persists, the quality and availability of health care are different in the centers and regions. One of the biggest problems in Lithuania is to ensure equal opportunities for all people regardless of their residence place.

Intensive population movement within and between countries disorganizes services succession: their health information (which is necessary in providing quality services) is delayed or/and short. Numbers of educated people are growing; they miss more information about health, health services, alternative choices, etc., they want to actively participate in wellness and healing processes, but such kinds of persons are not so numerous and depend on various reasons (16). Big inactivation of population, growing unemployment and the lack of well-trained and high quality professionals work against common population's living standards, social security status, social stability, quality of life and health.

### **Economic factors that influence health and health inequality**

Health is the main indicator which reflects social changes in society. Social-economic situation and health are going better in many economically developed countries of the world, however, higher rates of improvement in some groups are increasing health inequality (14). Social-economic situation changes can stipulate the feeling of insecurity to some groups in Lithuania, they find it difficult to adapt to a new modern life, social, economic and political changes (13).

Health is the main thing of each person's welfare, work and social activities, gender equality, and the development and growth factor of any societies. Health systems and social cohesion improving ensure the financing mechanism of health care and conscientious equal occasion reception for all (15).

Lithuania demographically becomes the senescent country. Large-scale emigration, especially among young and educated people, is one of the reasons that weighted this phenomenon. 83 thousand people declared departure only the last year, but there are a lot of persons who did not declare their departure. Therefore, we can only guess about the true numbers of emigrants. The results of this

emigration are decreasing birth rates, growth of old-age population, increasing of psychosocial stress, morbidity and mortality. All this goes to the demography imbalance, depopulation which endangers both the national and the economic security. Population aging increases the strain of the social security system (17, 18).

### **Connections of socio-economic factors**

Creating health-friendly environment, we are creating and improving population health and health policy. Socio-economic risk factors have a significant influence on human health. Even in the wealthy societies health is closely related with social and economic factors. It is evident that a large number of people emigrations affect economy. It is mostly influenced by factors related to living environment, work, culture, income, education, social relations, etc. Reciprocity of socio-economic factors (considering the aforesaid factors) can determine some differences between people, which will lead to the socio-economic inequalities, and this is the reason of more than half of all diseases from the viewpoint of public health (20).

## **METHODS AND RESULTS**

The research method includes analysis and evaluation of scientific literature, statistic data and European documents.

An assay shows that at the beginning of 2011, 3,244.6 thousand of population live in Lithuania, i. e. 84.4 thousand less than at the beginning of 2010. There are two main reasons of the decreasing number of the country population – negative net international migration and negative natural change. However, even 92.3% are determined by the migration. Over the past ten years (from 2001 to 2010), a number of population decreased by 242.4 thousand (7%). During this period, because of negative net migration a number of population decreased by 140.5 thousand (58% of total reduction), and for the negative natural fluctuation it decreased by 101.9 thousand (42% of total reduction) (21, 22).

## **CONCLUSIONS**

1. Not only various social, economical and environmental factors affect public health, but also society itself affects them.

2. It is necessary to ensure the protection of various social groups, to reduce their vulnerability, to give them equal conditions and enhance society influence dealing with various issues.

3. Large numbers of people emigrations affect economy. It is mostly influenced by factors related to living environment, work, culture, income, education, social relations etc.

Received 13 February 2012

Accepted 21 February 2012

## References

1. Europos Sąjungos portalas apie sveikatos apsaugą. Sveikata–ES. Politikos kryptys. Available from: [http://ec.europa.eu/health-eu/health\\_in\\_the\\_eu/policies/index\\_lt.htm](http://ec.europa.eu/health-eu/health_in_the_eu/policies/index_lt.htm)
2. Sheridan L. Social and Economic Determinants of Health /from the Report of HIA on the Greater London Authority draft economic development strategy/. p. 31–6. Available from: [www.health.state.mn.us/strategies/](http://www.health.state.mn.us/strategies/)
3. Van Wave TW, Scutchfield FD, Honore PA. Recent Advances in Public Health Systems Research in the United States. Review in Advance/The Annual Review of Public Health/. 2010; 31: 283–95. Available from: [www.annualreviews.org](http://www.annualreviews.org)
4. Baltoji knyga. Kartu sveikatos labui, 2008–2013 m. ES strateginis požiūris. Briuselis, 23.10.2007 KOM (2007) 630 galutinis.
5. Fahey DK, Carson ER, Cramp DG, Muir Gray JA. Applying Systems Modelling to Public Health. System Research and Behavioral Science. 2004; 635–49.
6. Braveman P, Egerter S, Williams DR. The Social Determinants of Health: Coming of Age. Review in Advance/The Annual Review of Public Health/. 2011; 32: 3.1–3.18. Available from: [www.annualreviews.org](http://www.annualreviews.org)
7. P6–TA(2006)0340 Būsimas Europos socialinis modelis. Europos Parlamento rezoliucija dėl Europos ateities socialinio modelio (2005/2248 (INI)).
8. Kasalienė S. Lietuvos gyventojų mirtingumo nuo retesnių mirties priežasčių pokyčiai ir demografiniai socialiniai netolygumai [dissertation]. Kaunas: University of Medicine; 2010.
9. Ottawa Charter for Health Promotion, 1986. Available from: [http://www.who.int/hpr/NPH/docs/ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf)
10. Jurgelėnas A, Juozulynas A, Norvaišas S, Šurkienė G. Visuomenės sveikatos plėtros valdymas. Sveikatos mokslai. 2004; 3(34): 38–40.
11. Jurgelėnas A, Juozulynas A, Norvaišas S, Šurkienė G. Visuomenės sveikatos plėtros integruotas tyrimas. Sveikatos mokslai. 2004; 3(34): 21–4.
12. Jurgelėnas A, Čeremnych E, Filipavičiūtė R. Pagyvenusių žmonių ambulatorinis sergamumas ir sveikatos kokybės poreikis. Gerontologija. 2003; 4(1): 18–22.
13. Brazienė R, Guščinskienė J. Socialinės atskirties modeliai. Filosofija. Sociologija. 2004; (4): 50–6.
14. Demografiniai, socialiniai ir teritoriniai sveikatos netolygumai. Available from: <http://www.vsv.lt/statistika1/index.html>
15. EUROPOS BENDRIJŲ KOMISIJA. Komisijos komunikatas tarybai ir Europos parlamentui /Investavimas į žmones /Komunikatas dėl Žmogaus ir socialinės raidos teminės programos ir 2007–2013 m. finansinių perspektyvų. Briuselis, 25.1.2006 KOM (2006) 18 galutinis.
16. Pranešimas apie žmogaus socialinę raidą Lietuvoje 2000: Teritoriniai skirtumai ir žmogaus socialinė raida. Vilnius: JTVP/SPG; 2000.
17. Lietuvos Respublikos Vyriausybės 2009 m. lapkričio 4 d. nutarimas Nr. 1424 „Dėl Nacionalinės mokslo programos „Socialiniai iššūkiai nacionaliniam saugumui“ patvirtinimo“. Vilnius, 2009.
18. Statistikos departamentas prie Lietuvos Respublikos Vyriausybės. Deklaruotos ir nedeklaruotos emigracijos šaltiniai. Available from: <http://db1.stat.gov.lt> [2011 June 04].
19. Bugakovas M, Merkevičius J. Žmonių elgsenos suvokimas. Sociologinės motyvacijos teorijos: Mejo socialinis modelis. Available from: [http://distance.ktu.lt/kursai/verslumas/personalo\\_motyvacija\\_I/fcontent.html](http://distance.ktu.lt/kursai/verslumas/personalo_motyvacija_I/fcontent.html)
20. LR Sveikatos apsaugos ministerija. Sveikos gyvensenos ugdymas šeimoje. Sveikata ir socialiniai ekonominiai veiksniai. Available from: [http://sena.sam.lt/lt/main/sveikatos\\_patarimai/gyvensena/sveikos\\_gyvensenos\\_u](http://sena.sam.lt/lt/main/sveikatos_patarimai/gyvensena/sveikos_gyvensenos_u)
21. Lietuvos statistikos departamentas. Demografijos metraštis 2010. Vilnius, 2011; ISSN 2029–3739.
22. Lietuvos statistikos departamentas. Sveikatos priežiūros išlaidos 2010 m. Available from: <http://www.stat.gov.lt/lt/news/view/?id=8870>

**Rasa Savičiūtė, Algirdas Juozulynas,  
Antanas Jurgelėnas, Algirdas Venalis**

## **SOCIALINIŲ IR EKONOMINIŲ VEIKSNIŲ RYŠYS SU SVEIKATOS POLITIKA**

### *Santrauka*

Sveikata yra daugiau nei vien tik ligos nebuvimas. Efektyviam sveikatos užtikrinimui būtina veiksminga sveikatos politika, kurią formuoja daugelis veiksnių (aplinkos, genetiniai, socialiniai-ekonominiai, fiziniai ir kt.). Didžiausias sveikatos politikos tikslas ir iššūkis – gerinti visos populiacijos sveikatą, tačiau tam būtina gerinti ir pačią sveikatos sistemą, kad ji veiktų kaip viena vientisa sistema. Formuojant sveikatos politiką, didelę įtaką daro pats žmogus, jo apsisprendimas ir pasirinkimas. Sveikatos politikos formavimo pagrindas – piliečių įtraukimas priimant sprendimus, susijusius su sveikatos politika, priežiūra, mokymu ir pan. Visuomenė, visuomenės sveikatos priežiūros specialistai, medikai, politikai, verslo atstovai ir pan. – visi turi veikti kartu ir priimti sprendimus bei ieškoti problemų sprendimo būdų. Būtinai efektyvus visuomenės sveikatos specialistų bendradarbiavimas, taip pat būtina kaupti informaciją, tobulinti kompetenciją ir įgūdžius. Siekiant užsibrėžto tikslo, būtina sutelkti dėmesį į įvairius kultūrinius, valdymo, techninius, teisinius, politinius, socialinius ir ekonominius procesus.

**Raktažodžiai:** sveikatos politika, socialiniai veiksniai, ekonominiai veiksniai, sveikatos santykis