Policy Brief: "In pursuit of community wellness: recognizing it is the duty of all"
January 2020

With South Africa consistently being ranked among the most unequal countries in the world , the need to actualize the right to health becomes ever more demanding (1). This right is advocated in international documents such as the Declaration of Human Rights as well as national documents such as the Constitution of the Republic of South Africa. Health and the well-being extend far beyond healthcare contexts; permeating every sector and industry. As a result, wide-sweeping efforts need to be made to ensure that a variety of stakeholders recognize and contribute to the wellness of others.

This policy brief seeks to explain how different social and environmental circumstances can affect an individual's wellness. In doing so, a broader context of health and wellness will be explored, including what are the social determinants of health, why are they important for everyone to know, and the different ways they are commonly addressed. The role of health committees (HCs) shall also be highlighted as a driver for improving the wellness of community members. Recommendations are directed to policymakers on how they can help cultivate greater community wellness.

Methodology

This policy brief was developed through an extensive desk review of literature pertaining to the Social Determinants of Health, Health committees and health in South Africa. In addition to this, key informant discussions were held with HC members from the Klipfontein subdistrict as well as the project manager of Community Systems Strengthening for Health (CSS) at the University of Cape Town (UCT). Informants were made aware of the information in the policy brief either through telephonic follow-up discussions or opportunities to see iterations of the policy brief throughout its development to ensure that their insights were represented correctly.

Understanding health and well-being

The most commonly accepted definition of health, developed by the World Health Organization in 1946, is that health is a "state of complete physical, mental and social well-being". Decades later, this definition is still greatly relevant, but not all-encompassing. Spirituality, for example, is not included and has been discussed as an important aspect to incorporate . Another perspective sees the ability for one to adapt and manage the complex environment and conditions presented to them; as a component of health and well-being.

Within the Western Cape Department of Health (WCDoH), health is viewed through the lens of wellness. The Healthcare 2030 document explains wellness as one's ability to maximise personal potential in all aspects of their lives. In framing health in this way, the WCDoH is making a paradigm

shift from not only saving lives but also ensuring a life can be lived (2). This places great importance on understanding what and how factors commonly affect people.

What are Social determinants of wellness

Social determinants of wellness, more commonly described as the Social determinant of health (SDOH) refers to the cultural, political, social, economic and environmental factors that affect an individual's overall state of wellbeing; in essence, the conditions that people are "born, raised in, live and work in"(3). For example, one's ability to get transport to a health facility is impacted by their financial situation as opposed to someone who is of higher socio-economic standing. Likewise, if any environment has a high crime rate, this may impact negatively on one's mental health, increase a person's chance of being a victim of crime as well as deter them from moving around; creating a more sedentary lifestyle as well as reducing health service-seeking behaviour.

Though examples can be made easily, it must be noted that SDOHs are very complex in their creation, interrelation and solving. Increasing police presence in an area with a high crime rate will not necessarily translate into reduced crime rates. As a result of difficulties determining the causes of what creates and exacerbates SDOHs, a definitive list of key factors was created. The 10 aspects on the list are physical and emotional stress, early life, social exclusion, work, unemployment, social support, addiction, food, transport and one's socioeconomic standing (3).

Why are they important to know?

A person's health journey begins and continues long before they require health services or access a health facility. It takes place in the streets of communities, within schools; in places of work and amongst family, as well as a host of other structures and is impacted by a variety of experiences. As a result, to ensure that holistic approaches to wellness are found, improvements need to go beyond the health sector and include other sectors and stakeholders from the public sector, development sector, private sector, community and social networks and the like.

Within the South African context, a complex array of health issues was created through the country's volatile past of colonialism and Apartheid. Though democracy was achieved in 1994, the inequalities and remnants of segregation still permeate through people's lives and by extension, their health and the overall health system (4). Approaches beyond disease must, therefore, be explored as the health issues seen today are also ramifications of segregative practices of the past and in some cases, present. Novel approaches to meet this complexity need be investigated.

How can wellness be addressed?

Frequently , SDOHs are analysed in terms of poverty transport and health services. As a result of this, efforts to alleviate the strain caused by SDOHs have been narrow in their reach. A more focused intersectoral collaboration is required. intersectoral collaboration can be seen as the working together of different contributors whose backgrounds vary yet driven by a common agenda. More recently, researchers and policymakers have advocated for such a common vision through initiatives such as

Health in All Policies (HiAP). HiAP is a move to have elements of health integrated into policies irrespective of the field that the policy is meant to focus on (5). In doing so, the hope is that people and communities who are governed by these integrated policies are assisted in achieving a better state of health and well-being.

Through exploring intersectoral collaboration, public health services could relay information on areas from which there are high rates of patients to appropriate sectors that may impact these rates; and jointly investigating the causes in order to develop integrated interventions. For example, the transport sector working with health and social services sectors may be able to better address the high motor vehicle fatality rates in South Africa. In collaborating with engineering and transport services, speed bumps could be implemented in high accident areas as these have been shown to be the greatest method of reducing accidents (6). For this to ultimately work, advocates who can speak to the cross-cutting challenges faced in communities are greatly needed; a gap that HC's could assist in filling.

An example of an approach that can be used to empower individuals is the University of Cape Town's (UCT) Community systems strengthening pilot (CSS). This is a three-year partnership pilot that UCT managed in partnership with Women on Farms Project and Training for Transition. CSS recognizes that health is multifaceted and needs to be contextualised to communities and their values. Thus, the CSS project centres on building the capacity of HC's and community members so that they can provide a more grassroots response to the SDOHs and actualize their health rights. HCs and community members involved in the CSS project are trained in following four cross-cutting themes: Child protection, Food and Nutrition, Health Promotion and Peacebuilding (violence reduction). Through the training community members receive, they soon to shape the lessons to their realities and develop their own initiatives.

Child protection

Here, community members are upskilled on what early childhood development is and why it is important, what are children's rights and how may they be exercised, forms of child abuse and how communities may strive towards child protection in their respective contexts.

A Child-focused project in Klapmuts, Western Cape

Health promotion

Providing education in a bid to change or better health practices; focusing prevention of illnesses and understanding chronic conditions seen often in the South African context such as hypertension or diabetes.

A health promotion talk by HC and community members on Epilepsy in Guguelthu, WC

Peacebuilding

This is centred around creating positive behaviours and life skills that in turn, lead to a decrease in violence and subsequent prevention. Particular attention is paid to strengthening youth leadership.

CSS Participants deliver Peacebuilding and life skills programmes at Belhar Schools, Western Cape

Food and nutrition

As there are high rates of hunger seen, this theme focuses on food security and the development of gardens both in people's homes and around communities; ensuring that they have nutritious and sustainable foodstuffs while also gaining greater insight on healthy eating and living practices.

A Food garden in Gugulethu, Western Cape

Community Leadership Skills

In addition to the four main work packages, a selection of community members took part in an adult education course to strengthen their community leadership skills as community advocacy, in general, is a large part of the CSS project.

How can HCs impact them positively?

HCs are the link between communities and health facilities. Being the amplifiers for the voices of those they serve, HCC members are in a position to gain insight into the challenges faced by their community members on a day-to-day basis. In addition to this, they also have a sense of what methods might or might not work should there be ideas and interventions implemented. Furthermore, HCs can provide

an understanding of how different factors, such as sanitation, hunger, crime etc. play out and interact in their communities in a way that researchers may not be able to speak to. Practically, HCs, along with their communities as seen through the CSS project, can highlight gaps in policies across a spectrum of disciplines, highlight why presented interventions may not be welcome and help keep governmental structures accountable to their promises.

Based on discussions with key informants, it can be seen that addressing SDOHs holistically would require improvements in policies to strengthen HCs, an implementation of an HiAP framework, aligning the mandates of governments and NGOs with that of the people they are meant to benefit. Furthermore, a recognition that the language used around addressing these issues is very healthcare-centric. To fully integrate and collaborate with different fields, a common language that does not privilege one field or discipline over the other needs to be explored for a common vision built on multilevel partnerships to be created and seen to.

Conclusion

In conclusion, social aspects that can impede health are not dealt with well enough. Health issues need to be dealt with through collaborative efforts between different sectors and community members. In giving people a voice and recognizing that one should not aim to address an issue when in a hospital, but before it has even had the chance to reach that point, a state of true and holistic wellness can be cultivated. Good health, in its broadest form, needs to be strived towards.

Author

Philip Mbulalina Dambisya, BSc (Audiology), PgDip (HPE)

References

1. Hurlbut WB. Overcoming poverty and inequality in South Africa: An assessment of drivers, constraints and opportunities: World Bank; 2018.
2. Health WCG. Healthcare 2030: The road to wellness. Department of Health Cape Town; 2014.
3. World Health Organization. A conceptual framework for action on the social determinants of health. 2010.
4. Coovadia H, Jewkes R, Barron P, Sanders D, McIntyre D. The health and health system of South Africa: historical roots of current public health challenges. The Lancet. 2009;374(9692):817-34.
5. World Health Organization. Health in all policies: Helsinki statement. Framework for country action. 2014.
6. Werner T. Do Speed Humps Help Reduce Vehicular Speeds, Volumes, and Motorist Accidents? 2015.