

Systems thinking for health equity

David Lilley

The issue

Health is a multidimensional concept that includes physical, mental, and social wellbeing, as well as the opportunities for self-determination that these afford. However, many of our current efforts to achieve health equity rely on responding to isolated aspects or determinants of ill-health, which may have little impact on wellbeing and self-determination, while producing unintended consequences. In contrast, a systems view of health provides a more strengths-based and sound framework for improving health, wellbeing, and equity.

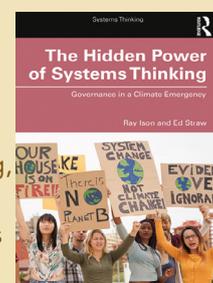
What we already knew

Writing in the 1970s, Russell Ackoff¹ offered two key ideas of relevance here. The first is a distinction between mechanical thinking (breaking problems down into parts, 'fixing' the parts, and reassembling them), and systems thinking (understanding the complex interrelationships between a problem and the various aspects of its environment). The second idea is a distinction between reactive planning, which responds to problems after they have arisen, and interactive planning, in which the goal is to design and bring about a desirable future.

New evidence suggests...

In a new book titled 'The Hidden Power of Systems Thinking', Ison and Straw² show that taking the above ideas seriously requires engagement with macro policy, up to and including a state or country's constitution. A constitution that prioritises health and wellbeing provides the basis for coherence between all policies

and agencies. However, a constitution that lacks such a focus hampers efforts to achieve health and wellbeing, as there is no basis for coherent and concerted action, and there are always competing priorities.



The strength of the evidence in practice

While few nations have built health and wellbeing into their constitutions (Switzerland being one of a small number of exceptions), the Healthy Cities Movement³ provides strong evidence for the potential of this approach, albeit at a city level. Thousands of cities around the world have made holistic/ecological health and wellbeing a, or the, priority of government.

Unfortunately, the capacity for Australian cities to implement this visionary approach are limited, due to the comparatively narrow budgets, responsibilities, and geographical scales of local government. They will therefore need to join forces with each other, and with other levels of government, to attain comparable outcomes.

Putting it into policy and action

Addressing health equity through a multitude of narrow programs, delivered by diverse organisations with competing interests, is like assembling a puzzle with pieces from different jigsaws; it's time consuming, frustrating, and leads to poor results. Systems are important. The Healthy Cities Movement shows us that establishing diverse partnerships, shared interest and intent, and holistic governance processes, can make a difference.

Our biggest challenge and opportunity is to secure common purpose at the top of each tier of government, followed by mechanisms for collaborative governance, and a commitment to action that makes a difference. The policy development and implementation puzzle relies on different forms of governance at different levels⁴. Systems thinking for health equity policy requires simultaneous and reciprocal constitutional, directive and operational awareness.

References

- Ackoff, R. (1974) Redesigning the Future: A systems approach to societal problems, John Wiley and Sons, New York.
- Ison and Straw (2021) The Hidden Power of Systems Thinking: Governance in a Climate Emergency, Routledge, London & New York.
- De Leeuw, E. and Simos, J. Eds (2017) Healthy Cities: The Theory, Policy, and Practice of Value-Based Urban Planning, Springer, New York
- Imperial, M. T. (2021). Implementation Structures: The Use of Top-Down and Bottom-Up Approaches to Policy Implementation. In Oxford Research Encyclopedia of Politics. <https://doi.org/10.1093/acrefore/9780190228637.013.1750>

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