

Executive Summary

Social vulnerability and its health effects in Chile

*From understanding the phenomenon
towards implementing solutions.*

Editors:

Báltica Cabieses, PhD
Margarita Bernal, PhD
Alexandra Obach, PhD
Victor Pedrero, MSc



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Discussion and Conclusions	

FIRST SECTION

Introduction

Chapter 1

Introduction

Báltica Cabieses, PhD;
Margarita Bernales, PhD;
Alexandra Obach, PhD;
Víctor Pedrero, MSc

Summary

Chile has improved its health indicators with epidemiological statistics for which it stands out in comparison to other countries in the region. Nevertheless, currently many social groups within the country have characteristics that place them in a context of social vulnerability that may potentially affect their wellbeing in several areas, including physical, mental and emotional health. This chapter describes the purpose of this book, aimed at renewing the dialogue and debate about social vulnerability and its implications for population health and welfare in Chile. The epidemiological context taking into account to Chile's historical health achievements is described, the editorial lines are presented, key concepts are defined, and the methodology used for the development of the report is explained. As a whole, the editors propose that every person might potentially go through phases of vulnerability throughout their lives, sometimes related to life itself, like birth or aging, and sometimes related to preventable social vulnerabilities that need urgent attention. Hence, it is important to distinguish between human vulnerabilities and those that are related to social inequalities, which place individuals and groups at risk and are potentially preventable and controllable. This dialogue has potential to help bring our society together, as it recognizes each of us as unique individuals with particular needs, yet with a common goal of protecting those experiencing unnecessary and avoidable social vulnerability in Chile.

Keywords: social vulnerability, model of social determinants of health, social inequalities in health.

Chapter 2

The concept of vulnerability from the lens of social inequalities in health

Báltica Cabieses, PhD

Summary

Today there is a growing global concern about socially vulnerable groups that are not experiencing optimum quality of life or health. Although socioeconomic and technological advances have resulted in unprecedented standards of living, wellbeing and prosperity for more people than ever before in history, ironically these changes have also been accompanied by an increased awareness of the wide range of vulnerabilities which human societies are exposed to today. The vulnerability of social origin, however, has the potential to be a modifiable determinant of population health and wellbeing, often independent of economic development. Chile, as an emerging high-income country and a novel member of the OECD, faces the challenge of rethinking social vulnerability in its local context. It is imperative to recognize that a national vision prioritising reduction of social vulnerability is essential to improve health and increase social welfare of the population. The incorporation of policies oriented towards reducing social vulnerability and inequality should not only mobilize the main authorities but also the academic community, the private sector and across different sectors, through a transparent and participative exercise, maintaining a realistic, long-term vision.

Keywords: vulnerability, social inequality, health, Chile.

Chapter 3

The concept of social vulnerability from a philosophical, ethical and legal framework

Erick Valdés, PhD;
Juan Alberto Lecaros, PhD

Summary

A human being, conceived as a biological, psychological and social individual, is by nature vulnerable. As such, one is always exposed to dangers, risks and threats. Being vulnerable is inherent to human beings, and social contingency either reduces or increases this condition and is therefore of vital importance. Thus, we are all intrinsically vulnerable, and extrinsic factors determine whether we are more or less vulnerable as a result of the conditions and circumstances, benefits and burdens, that the social context displays and imposes. In this chapter, we assume that the ethical principle of vulnerability is of higher rank than that of integrity, as well as of the ethical principles of autonomy and dignity, since in concrete terms, these three ontological features –integrity, autonomy and dignity- are subject to the finite, feeble and fallible condition of the human being. Therefore, vulnerability is a crucial higher rank ethical principle that requires of special consideration. Considering the above, in our analysis we approach the notion of vulnerability not only on the descriptive level but also on the normative level, because, as we will demonstrate, vulnerability is not only an ontological and ethical concept, but legal concept as well.

Keywords: social vulnerability, integrity, dignity, ethical-legal framework.

SECOND SECTION

Vulnerability Throughout The Lifespan

Chapter 1

To be born in Chile in the XXI century: the health system as a critical social determinant of childbirth

**Michelle Sadler Spencer, MSc;
Gonzalo Leiva Rojas, MSc**

Summary

This chapter explores a vulnerability that has until recently been invisible in health research, namely the excessive medical intervention during childbirth and its negative effects on maternal and child health. We describe how medical attention during childbirth and the health system as a whole act as key social determinants of health, which must be analysed in a way that includes examination of power relations that shape models of care and attention. The adverse health effects of unnecessary medical intervention during childbirth and the recommendations and policies that have attempted to curb this trend are described, as well as some specific experiences where excessive medicalization of childbirth has been controlled.

Keywords: maternal mortality, medicalization, obstetric interventions, social determinants of health, caesarean section.

Recommendations for health policies and programs on medical attention at childbirth.

The problem of excessive medical intervention in childbirth is very complex. In this process several dimensions interact, for example, the health system in a normative way, the health system in its symbolic dimensions and how this impacts on the social construction of how children should be born in our population, the training of health professionals, and others. Therefore, the recommendations to reduce unnecessary medical interventions during childbirth and to recover the “naturalization” of this process as a physiological event instead of a pathological event should include multiple stakeholders. Listed below are recommendations that seem most urgent and strategic:

1. Educate the population in the physiology of delivery and the adverse effects of unnecessary medical interventions. This is of crucial importance because the population shares much of the birth imaginaries that the health system promotes, namely that childbirth is a risky and pathological event requiring interventions. Education on physiological delivery should be included in sexual education in schools and should be reinforced in the antenatal workshops provided by the national program for infant protection Chile Crece Contigo.
2. Train health professionals who participate in maternal health on the physiology of delivery in order to achieve more respectful and evidenced based practices.
3. Register and monitor all data related to labour and delivery in Chile, including both public and private institutions.
4. Respect each women's right to simple and clear information during labour and delivery regarding the reason behind any medical intervention, in particular the clinical justification for indicating a caesarean section given the high incidence of caesarean births in Chile.
5. Encourage and strengthen the implementation of a personalized and person-centered childbirth model in the country. Since 2008 policies that promote a model of personalized attention at childbirth have existed in Chile, however these policies have not been widely implemented. Healthcare practices promoting person-centered care are scarce and isolated and personalized birth attention depends more on individual will rather than on the formal implementation of the model in the healthcare system and its institutions.
6. Create safer and more formal (professional) alternatives of home birth assistance. This includes birth centers outside hospitals where woman with low obstetric risk can have give birth by vaginal delivery. This model of birth centers has proven to be successful in several countries worldwide and although there have been many projects in Chile, none of them have been approved. Since some time ago, the College of Midwives has been open to the implementation of these centers in Chile.

7. Ensure every woman is accompanied by the important person she chooses for the entire duration of labour and delivery (other than the health team). This is one of the most cost-effective measures for promoting a physiological delivery by recognizing the emotional needs of the birthing woman. Psychosocial support during labour and delivery reduces the need for obstetric interventions such as anesthesia, forceps and caesarean section. In addition it reduces the duration of labour, fear, anxiety and maternal depression, whilst it increases early establishment of breastfeeding
8. Reinforce international and national recommendations regarding medical interventions during labour and delivery, including caesarean section, which explicitly state that interventions are only indicated in specific, medically justified cases.
9. Encourage and conduct internal and external audits in public and private institutions to supervise the fulfilment and implementations of the services offered by the Chile Crece Contigo program and other maternal health indicators regarding quality, such as caesarean section rate.
10. Certify hospitals according to the 2015 “Mother-baby friendly birthing facilities” standards from the International Federation of Gynecology and Obstetrics (FIGO), International Midwives Federation, International Association of Pediatrics and the World Health Organization.

Experts who participated in the elaboration of these recommendations.

- **Michelle Sadler Spencer**, MSc. Profesora Asistente, Universidad de Chile, Departamento de Antropología y Departamento de Promoción de la Salud de la Mujer y el Recién Nacido; Co-directora e Investigadora Fundación CulturaSalud. msadler@culturasalud.cl
- **Gonzalo Leiva Rojas**, MSc. Profesor Asistente, Universidad de Santiago de Chile. gonzalo.leiva.rojas@gmail.com
- **Dr. René Castro Santoro**, Profesor Asistente Escuela de Medicina UDP. Integrante del Comité de Derechos Sexuales y Reproductivos, de la Federación Latinoamericana de Sociedades de Obstetricia y Ginecología rene.castro@mail.udp.cl
- **Jovita Ortiz Contreras**, MSc. Especialista en Perinatología, Profesora Asistente Depto. Promoción Salud de la Mujer y el Recién Nacido Universidad de Chile jortizc@med.uchile.cl

1. Why is this topic important?

- The experience of giving birth today exposes woman to several medical interventions, often unnecessary, for example, inductions, active handling of labor and scheduled caesarean sections.
- High rates of interventions during labour and caesarean sections are associated with negative short and long term health consequences for women and their newborns, as well as increasing health costs.
- Birth is a critical and sensitive stage in neurobiological and immunological development and should be encourage it to occur in the most physiological way possible.
- The high levels of birth interventions today in Chile have no medical nor biological justification, and its causes have not been approached comprehensively.

2. What do we know about it in Chile?

- The maternal mortality rate has decreased in the period 1990-2000, nevertheless during the new millennium it has maintained stable. One of the causes of this stabilization is the excessive use of medical interventions during delivery.
- Obstetric interventions are performed routinely even though a 70-80% of pregnancies are of low risk and do not require intervention.
- Caesarean births account for half of all births in Chile.
- The organizational conditions of the private healthcare system and existing financial incentives for physicians encourage them to conduct more caesarean sections, which in turn explain the large differences in caesarean rates between the public and private healthcare system in Chile.

3. What needs to be done to improve this situation?

- Increase the educational contents related to these topics in high-schools throughout the country, in addition to graduate and postgraduate education for all of health professions.
- Review and modify non-medical factors that explain the high rate of interventions during childbirth in Chile.
- Reinforce the implementation of personalized birth attention during the reproductive process, which begins when a woman enters the program Chile Crece Contigo.

Chapter 2

Early childhood risk and vulnerability

Felipe Lecannelier, PhD

Summary

If psychosocial risk in childhood has been a neglected topic in research and public programs and policies both in Chile and globally, the period of early childhood (0 -6 years of age) remains in almost complete silence and omission. However, current epidemiological evidence assessing several mental health problems during this stage have shown that Chile is the country with higher prevalence in almost all the assessed syndromes and disorders compared to other OECD countries. Furthermore, if the end of the continuum of vulnerability fluctuates towards more extreme levels, what is known as Complex Trauma, currently data, interventions and policies are absent. This chapter provides an overview of evidence and reflects on the urgency to implement preventive programs and conduct research that let us understand, sensitize and help millions of children in Chile, who suffered adverse experiences of risk and vulnerability during early childhood. In this context, experiences from an attachment and Complex Trauma program developed by the Center of Attachment and Emotional Regulation from Universidad del Desarrollo will be described.

Keywords: early childhood; complex trauma; early intervention.

Recommendations for health policies and programs in early childhood at risk in Chile

Before listing the recommendations, we wish to emphasize that each of the contributors adhere to the Alma Ata declaration of 1978 and we strongly believe in promoting children's health and wellbeing as a priority task. Some general recommendations are listed below:

- For a health policy in early childhood to gain national relevance, it is necessary to initiate local projects that start producing regional effects and allow for a planned development to larger areas, generating valuable experiences and data as the actions gain momentum and amplifying.
- To achieve deep cultural changes, health policies must be accompanied by broad actions across all sectors, precisely because the emphasis is on promotion and stakeholders from other fields are needed as protagonists.
- To achieve sustainable measures of early childhood development at an administrative level, interinstitutional partnerships are needed (for example ministries, schools and the healthcare sector).

Main recommendations for policies and programs

1. **Further efforts in educating about the “true existence” of emotional and behavioural problems in children should be included in medical and nursing schools.** In medical fields such as nephrology, neurology or gastroenterology it seems natural that even very young children can have medical problems (or even during foetal stage). However when it comes to a young child's behavioral organization: his/her social ability to relate to others, to communicate, and the way the child discovers the world and his/her own body, there is greater resistance in “accepting” that these problems or difficulties exist. The main barriers to accepting these problems lie with medical professionals and are rooted in the medical tradition, rather with a child's parents. Several surveys shown that parents of children with difficulties can recognize these early in life and seek help, although generally it is challenging for these parents to find professional assistance.
2. **Regarding the emotional life of children and parents, there is also a great resistance to accepting that a pregnant woman may be depressed or feel overwhelmed.** There are multiple cultural and family barriers that may make it difficult to confess feeling unhappy or that there are marital problems. Advertisements in newspapers and parental magazines, on television programs and documents available in obstetric and pediatric offices could be useful to sensitize people to maternal depression as a real problems that exist today and inform that there is assistance available. The same goes for the father.

3. **Different institutions need to develop a strategy to accompanying future or new parents.** Risk factors for child neglected or abuse are well known and easy to identify during obstetric antenatal visits or in pediatric visits. Families at risk need to receive support and have people who can help in solving problems in the moment they occur. This strategy it could help many families to avoid child abandonment, neglect or abuse by providing have useful strategies to alleviate parental and child problems. This may seem expensive but in long term, it may result in considerable savings for mental health and other services throughout the lifespan.
- **It is necessary to set up trauma and negligence prevention policies of wide national multi-sectoral scope.** Trauma and neglect are the origins of many further complications, such as depression, school failure, criminal and antisocial behavior and intergenerational transmission of these problems to children. Therefore, it is necessary that people realize that verbal and physical abuse, and neglect can have major negative mental and emotional effects for children and that we must be sensitive to childhood experiences.

Experts who participated in the elaboration of these recommendations

- **Felipe Lecannelier, PhD.** Profesor Facultad de Psicología CAS-UDD.
flecannelier@udd.cl
- **Martin Maldonado Duran, PhD,** Associate Professor Department of Psychiatry School of Medicine, University of Missouri-Kansas City.
martin.maldonado@tmcmed.org
- **Prof. Dr. Miguel A. Cherro Aguerre,** Maestro de la Psiquiatría Infantil, Uruguay.
macherro@mednet.org.uy
- **Báltica Cabieses, PhD. PhD.** Profesora Facultad de Medicina CAS-UDD.
bcabieses@udd.cl

1. Why is this topic important?

- National evidence is scarce, with only governmental reports about the topic.
- There is more international evidence, but it remains insufficient to help us fully understand early childhood experiences and their long-term consequences.

2. What do we already know about it in Chile?

- Several studies have shown that Complex Trauma during childhood is related to the presence of several physical disease such as diabetes, cardiac affections, different types of cancer, lung and liver diseases, high immunological vulnerability and skeletal disease.
- Regarding psychosocial health, Complex Trauma is associated with almost all mental diseases highly prevalent among the population.
- In Chile, the only programs that exist are those provided by SENAME (National Service of Childhood) or programs that depend from it. However, there is lack of evidence about their effectiveness, systematic level and, above all, the real impact on a child's welfare and reduction of their psychosocial risk.

3. What needs to be done to improve this situation?

- Inform the population about the reality of children who suffer Complex Trauma.
- Conduct systematic empirical studies using multi-reporting and diverse instruments measuring the prevalence, characteristics of Complex Trauma, in addition to and biological, emotional and psychosocial risk factors.
- Develop and/or adapt educational interventions on preventive work with children at risk.
- Conduct studies measuring effectiveness, efficiency and extension of these interventions.
- Establish an informative methodology on the most appropriate way of conveying to the government ministries and politicians the relevance of monitoring early infringement (efficient communication system).
- Add the topic of "early traumatization" in nursery and primary school training curricula.

Chapter 3

Social vulnerabilities and the health consequences for preschool and school children

**Dayann Martin Santana, PhD(c);
Angélica Farías Cancino, MSc;
Natalia Vergara Navarrete;
Paula Vega Vega, MSc;**

Summary

The concept of vulnerability is not only related to the individual person but also to their context. Preschool and school aged children are exposed to accelerated and transcending physical changes that have direct impact on their later years. The integration of body functions, together with the growth and maturation of organs and systems that enable the achievement of autonomy, depends on solid and sustainable support, which is subordinated to the familiar, social and political environment of the child. This is why the presence and active involvement of adults becomes relevant for the development and expression of these capabilities. In the same manner, the State as principal guarantor of children's health and rights must protect them from any condition that limits the equality of opportunities for all children in our country. In Chile, children under 10 years of age represent 14,5% of the country's population and 22,8% of them live below the poverty line. The children most affected by extreme poverty are those between 0 and 3 years of age (8,7%), followed by the group between 4 and 8 years of age (7,7%). 63% of those who perform informal under-age work are between 5 and 14 years old. The social system focus on childhood protection in Chile has been adopting new strategies to adapt to the changing and emerging need at each stage of a child's development.

Keywords: social vulnerability, childhood, infancy, preschool, school, health, childhood politics, Chile.

Recommendations for health policies and programs for preschool and school children

1. Incorporate and emphasize the historic meaning the concept of childhood and the concept of vulnerability in order to increase understanding of the phenomenon with a view to recognizing the historic difficulties in relation to access and lack of opportunities to develop and flourish as human beings.
2. Children have different needs depending on their age and gender, therefore vulnerabilities in childhood must be addressed from intergenerational and gender perspectives.
3. Align the concept of vulnerability in this group by considering the context as an essential element which can provide or limit opportunities for every child.
4. Discuss the scope of what defines family today in Chile, since existing policies are aimed at certain types of family structure and dynamics.
5. In order to analyse the exposure to vulnerability in this age group, the “approach of force” should be considered, which proposes that an individual person's human resources and their environment should be the central focus of assistance, more than an individual's pathologies and problems.
6. When analyzing the situations of vulnerability of this group, it is essential to utilize a systemic approach, because children are embedded in a family system. Hence, challenges parents or caregivers face in accessing assistance and opportunities will determine their child's development. Therefore, improving the context of vulnerability in which adults are embedded will have positive impact on their children.
7. Chile has the public institutionalism to allocate economic resources to create a system of comprehensive protection of children's' rights that must be urgently developed.
8. Strengthen the training of professionals and all individuals whom work with to children in this age group, mainly in the areas of health and education, in order to assist in the detection and reduction of situations of vulnerability.

Experts who participated in the elaboration of these recommendations

- **Dayann Martínez Santana.** Enfermera; Doctoranda en Ciencias, área Cuidado en Salud, Escuela de Enfermería USP, Bachiller en Cs. UC. Profesora Asistente Adjunto, Escuela de Enfermería, Pontificia Universidad Católica de Chile. dcmartin@uc.cl
- **Angélica Fariás Cancino.** Enfermera; Magíster en Psicología, mención Comunitaria. Universidad de Chile. Profesora Asistente Adjunto, Escuela de Enfermería. Pontificia Universidad Católica de Chile. amfariac@uc.cl
- **Natalia Vergara Navarrete.** Enfermera con diploma en Salud del Niño y del Adolescente. Diplomada en “Niñez y Políticas Públicas” y en Gestión en Salud. nivergar@uc.cl
- **Paula Vega Vega.** Enfermera Matrona. Magister en Enfermería. Profesor Asociado, Escuela de Enfermería, Pontificia Universidad Católica de Chile. pvegav@uc.cl
- **Fabiola Cortez-Monroy.** DEA en Sociología. Université Catholique de Louvain, Profesora Pontificia Universidad Católica de Chile. fcortezm@uc.cl
- **M^a Carolina Velasco.** Hodgson Master in Social Work, Boston College, Psicóloga y Licenciada en Psicología, Universidad Diego Portales. mvelascoh@uc.cl
- **Viviana Aliaga Barros.** Enfermera,. Postítulo En Salud Familiar y Comunitaria UC. vpaliaga@uc.cl
- **Marcela Urrutia Egaña.** MSc, Diplomado Salud Mental y Psiquiatría,. Profesora Facultad de Medicina, Pontificia Universidad Católica de Chile. marcelaurrutia@uc.cl

1. Why is this topic important?

- Preschool and school ages are crucial stages in a person’s life and should not be considered as periods of transition from early childhood to adulthood.
- During these stages of development, multiple and interacting aspects that will have impact throughout life are forged.
- Interventions during these early stages are key to prevent problems in adulthood, since returns on investments in early childhood are higher than the returns on investments in later stages of life. Chile needs to attend to this evidence in a much stronger way.

2. What do we already know about it in Chile?

- An adult-centered vision of childhood predominates in Chile, which has historically positioned children as underserved and vulnerable subjects, when compared to adults.
- Preschool and school-aged children are exposed to rapid and transcending physical changes that directly affect their health and life in later stages.
- The integration of body functions, together with the growth and maturation of organs and systems that enable the achievement of autonomy, is intimately correlated with the familial, social and political environment.
- Children under 10 years of age account for 14.5% of the total population; it is estimated that by 2030 this figure will be reduced.
- 22.8% of the child population is under the absolute poverty line.
- 71% of children are victims of violence from their mother and/or father. 8.7% suffer sexual abuse, with the first episode of abuse occurring on average aged 8.5 years
- During childhood, boys and girls are more susceptible to vulnerabilities related to their bio-psychosocial and economic environment. In addition, children do not have all the resources to recover their welfare (e.g. resilience capabilities).
- In the opinion of the authors, one of the most important vulnerabilities for children during these stages is the lack of participation, because society in general does give them a voice or not provide of opportunities for participation in decisions that directly concern them.

3. What needs to be done to improve this situation?

- Link the rights of children with specific needs.
- Ensure existence of laws and legal bodies to ensure compliance of children's rights and satisfy their needs.
- Strengthen existing public bodies such as the National Council for Children, an organization that is responsible for generating a universal law guaranteeing the rights of the child.
- Increase the development of interdisciplinary research in this age group in order to develop a more comprehensive understanding of their needs. This should consider all sectors including education, law, culture and health.

Chapter 4

Social vulnerability in health for youth and adolescents in Chile

Alexandra Obach, PhD; Anna Macintyre, RN, MPhil

Summary

The present chapter is a reflection on the situation of youth and adolescents in the region and the country, particularly from the perspective of social vulnerability. For decades, the health needs of adolescents and youth did not appear in public or political agendas and until recently the governments did not consider these needs a priority. Youth and adolescents face several obstacles which exclude them from health care and place them in a position of social vulnerability, including poverty, marginalization and discrimination. During the recent years, Chile has generated specific actions to meet the health needs of this segment of the population. This chapter reviews these actions and the perspectives from which the health sector has conceptualized youth and adolescents, and critically reviews the approaches taken to date, primarily in the area of sexual and reproductive health. Ongoing challenges on this matter are discussed, primarily regarding the inclusion of a new perspective based on rights and participation, as well as the inclusion of the concept of diversity.

Keywords: adolescence and youth; participation and rights; sexual and reproductive health; sexual and reproductive rights.

Recommendations for health policies and programs on youth and adolescents in Chile

Main recommendations for policies and programs

1. Develop qualitative research that accounts for current youth cultures and the diversity of the youth world.
2. Train the health sector in novel, more inclusive conceptualizations of adolescence and youth.
3. Incorporate the topic of adolescent and youth health in the curriculums of health careers at undergraduate and postgraduate levels.
4. Encourage the health sector to find instances for approaching the youth world in a more respectful, horizontal and inclusive way. This implies working outside the health system and promoting collaboration across different sectors in the country.
5. Encourage adolescent and youth participation in the diagnosis, implementation and monitoring of health policies and actions.
6. Generate strategies for effective communication of health services available for adolescents and youth, for example, the existence of youth friendly health centres at the neighbourhood-level in several areas of the country.
7. Generate psychosocial intervention strategies together with adolescents and youth in various fields of health, including sexual and reproductive health.
8. Encourage inter-sectoral and intra-sectoral work with adolescents and youth at the healthcare level.
9. Promote sex education programs for adolescents with cross-sectoral strategies, involving health, education and other stakeholders.
10. Integrate gender and masculinity approaches in health programs that serve adolescents and youth.
11. Train healthcare professionals in more comprehensive definitions of gender and masculinities.
12. Train health care professionals in intercultural perspective in youth and adolescence.
13. Generate strategies to attract male adolescents and youth to the health sector.
14. Expand the range of health services for female adolescents and youth beyond those concerning reproductive health.

Experts who participated in the elaboration of these recommendations

Margarita Bernales, PhD. Profesora Facultad de Medicina CAS-UDD.
margaritabernales@udd.cl

Michelle Sadler Spencer, MSc. Profesora Asistente, Universidad de Chile, Departamento de Antropología y Departamento de Promoción de la Salud de la Mujer y el Recién Nacido; Co-directora e Investigadora Fundación CulturaSalud. msadler@culturasalud.cl

Elizabeth Licanqueo, SEREMI Metropolitana, Chile.
elizabeth.licanqueo@redsalud.gob.cl

Alexandra Obach, PhD. Profesora Facultad de Medicina CAS-UDD.
aobach@udd.cl

1. Why is this topic important?

- Although during recent years Chile has generated specific actions to meet the health needs of this segment of the population, many of these actions are structured from adult-centered perspectives, and do not consider the rights and participation of youth and adolescents.
- The vulnerability of this group is particularly evident when analysing sexual and reproductive health and rights, in particular the way gender stereotypes are perpetuated and the invisibility of the rights of both young men and women.

2. What do we already know about it in Chile?

- In Chile, 24.3% of the population (4,189,713 persons) are youth and adolescents between 10 and 24 years old. 49.3% of them are female and 50.7% are male. In terms of age, 29.3% are aged 10 and 14 years and 70.7% are aged 15 - 24 years.
- Data from the Casen Survey 2013 suggests that youth and adolescents in the country represent the group with the highest percentage of people living in poverty, which means they are one of the most vulnerable social groups in the country.
- The analysis of this segment of the population requires the incorporation of approaches that go beyond individual risk perspectives, instead focussing on the social determinants that generate the specific contexts within which youth and adolescents experience vulnerability.
- In general terms the policies, programs and services address youth and adolescent's health and development from a top-down perspective and tend to be problem focused. There is global consensus that insufficient attention has been paid to the specific needs of youth and adolescents taking into account their age, stage of development, culture and gender, resulting in insufficient access to health services for these populations in most countries.

3. What needs to be done to improve this situation?

- There are significant challenges pending in the country regarding rights and participation on health issues for adolescents and youth.
- Many of the programs and policies developed in the field of adolescent and youth health are formulated without considering the opinion or perspective of young people regarding their own health and that of their community.
- This has left youth and adolescents out of the decision-making process. Renewed efforts are needed to promote the development of such strategies in the health sector and intersectional work is needed to endorse the efforts to date

Chapter 5

Social vulnerabilities and health consequences for men in Chile: the fragility of the “*invulnerable*”

Margarita Bernales, PhD;
Juan Guillermo Figueroa, PhD

Summary

Globally, men have a higher prevalence of health risk factors and life expectancy is lower than for women, however, there are few health policies focused on this group and very few include gender perspectives to approach the specific needs of masculinities. The aim of this chapter is to analyze the health situation of men in Chile from the perspective of social vulnerability in health. The chapter is divided into four sections: (i) introduction in which an overview of men's health is presented utilizing epidemiological reports by the WHO, PAHO, and the Chilean Ministry of Health; (ii) perspective of gender and health where classical definitions of gender will be addressed and the way gender mainstreaming becomes a significant edge to analyze processes of health, illness and vulnerability in men is discussed, considering the context of social determinants of health; (iii) health systems and strategies including and analysis of the response of health systems worldwide to the health needs of men, including a specific analysis of the Chilean health system; and finally, (iv) reflections and conclusions reflecting on some of the remaining challenges related to men's health.

Keywords: social vulnerability, gender, masculinities, social determinants of health.

Recommendations for health policies and programs for adult men in Chile

Main recommendations for policies and programs

- 1. Generation of human resources:** Strengthen the training of healthcare workers using a gender approach, emphasizing the importance of taking into consideration the experiences of different masculinities.
- 2. Insert new elements in the culture of healthcare systems:** Raise awareness among healthcare workers and the general public about men's health needs (physical, emotional and social). Suggested strategies include:
 - Using the model of primary healthcare, establish strategies to make men visible in the family health model;
 - Generating targeted health goals for men.
- 3. Research:** It is necessary to generate evidence which is sensitive to the diverse needs of men in Chile. Suggested strategies include:
 - Implementing the life course approach to researches that focus on men, in order to understand the processes that affect men's health throughout the lifespan;
 - Generating evidence about how to implement health strategies in the men's workplaces.

Experts who participated in the elaboration of these recommendations

- **Margarita Bernales**, PhD. Profesora Facultad de Medicina CAS-UDD.
margaritabernales@udd.cl
- **Juan Guillermo Figueroa**, PhD. Académico de El Colegio de México.
jfigue@colmex.mx
- **Francisco Aguayo**, MS. Director Fundación Cultura Salud.
faguayo@eme.cl
- **Alexandra Obach**, PhD. Profesora Facultad de Medicina CAS-UDD.
aobach@udd.cl
- **Báltica Cabieses**, PhD. Profesora Facultad de Medicina CAS-UDD.
bcabieses@udd.cl

1. Why is this topic important?

- The male population represents about half of the population in the world; however, gender in health has largely focused on women, obscuring the processes of health and illness experienced by men.
- In the absence of public policies that address the men's health from a gender perspective, the health system violates the health of this group in general, and in particular the health of men belonging to specific groups such as ethnic groups or immigrant men.
- The implicit assumption that men are in a privileged position influences and perpetuates the invisibility of the needs of this group.

2. What do we already know about it in Chile?

- Men generally attend health centres far less frequently than women and when they do attend, diseases are often in an advanced stage.
- Men's mental health represents significant challenges including the need for a better understanding of the dynamics of violence that impact their social relationships, high suicide rates and high rates of alcohol misuse.
- The program Chile Crece Contigo has incorporated a strategy to strengthen the role of men in the family and raising children. To build on this, healthcare teams must be sensitised so they can actively involve men in the care and attention of their children. This strategy has become one of the first explicit strategies in the health sector focused on men.

3. What needs to be done to improve this situation?

- Explicit inclusion of the group of men in public policies. Creation of a men's health policy in Chile.
- To improve access, the health sector must develop strategies that allow healthcare teams to provide services in places where men are (for example workplaces and football clubs).

Chapter 6

Social vulnerability and its impact on women's health

Margarita Bernales, PhD;
Alexandra Obach, PhD

Summary

The health and welfare of women has been a global concern for decades, first from a biomedical perspective that focused on the pathological dimension of health and the disease processes, and recently from the social determinants approach that allows for further, more comprehensive analysis of larger social vulnerability found in different groups. Within the model of the social determinants, the social position of the subject is central to the development of illness or poor health, and gender is one of the variables that determines social position, along with ethnicity and socioeconomic status. Gender is recognized as central to the structuring of the social hierarchy within a country or society. Gender roles have been defined as an action or attitude of a person according to societal, political, cultural, ethical and religious norms, resulting in a distinctive understanding of what defines “masculine” and “feminine”. The aim of this chapter is to analyze the health situation of women in Chile from the perspective of both gender and social vulnerability in health. The chapter is divided into four sections: (i) the conceptual definition of gender, including a reflection on the conceptual transit and its implications; (ii) the complex relationship between women and several dimensions of social vulnerability, in which specific issues such as pauperization; care and domestic responsibilities and work are included; (iii) the conceptualization of women from the biomedical perspective; and finally (iv) a critical review of the main indicators of health of women in Chile.

Keywords: woman, social vulnerability, Chile, health, gender.

Recommendations for health policies and programs for women in Chile

- 1. Generation of human resources:** Strengthen the training of healthcare workers with a more profound discussion of gender issues emphasizing the importance of taking into consideration the experiences of different femininities in Chile.
- 2. Insert new elements in the culture of healthcare systems:** Expand and strengthen awareness among health worker and the general population about the emerging health needs of women (physical, emotional and social). Suggested strategies include:
 - Incorporating a gender in the health system that moves beyond reproductive health.
 - Raising awareness of the importance of empowering women in their role from the perspective of social participation and rights
- 3. Research:** It is necessary to deepen the existing generation of evidence allowing for work that is sensitive to the diverse needs of women. Suggested strategies include:
 - Implementing a lifespan approach to researches that focus on women, in order to understand the processes that affect their health throughout the lifespan;
 - Generating evidence about how to implement health strategies in women's workplaces.
 - Deepening the current work around the mental health, experiences of violence and aging of women in Chile and the region.

Experts who participated in the elaboration of these recommendations

- **Margarita Bernales, PhD.** Profesora Facultad de Medicina CAS-UDD.
margaritabernales@udd.cl
- **Alexandra Obach, PhD.** Profesora Facultad de Medicina CAS-UDD.
aobach@udd.cl
- **Rosina Cianelli, PhD.** Universidad de Miami,
rcianelli@miami.edu
- **Natalia Villegas, PhD.** Universidad de Miami,
nvillegas@miami.edu

- **Giselle Riquelme, MSc.** Universidad del Desarrollo, griquelme@udd.cl
- **Báltica Cabieses, PhD.** Profesora Facultad de Medicina CAS-UDD. bcabieses@udd.cl

1. Why is this topic important?

- The female population represents about half of the world population.
- Women's health and welfare has been of global concern for decades. This has led to the development of different initiatives and programs such as the Millennium Development Goals, UN Women, and in Chile the National Women's Service (SERNAM).
- Gender is recognized as a central aspect for the structuring of peoples identity. Gender role has been defined as an action or attitude of a person according to societal, political, cultural, ethical and religious norms that surround, him/her and which defines "masculine" and "feminine"

2. What do we already know about it in Chile?

- Globally and locally women's social vulnerabilities regarding work, social participation, and other forms of exclusion which affect their health have been consistently reported,
- In Chile, primary health care has focused on women's reproductive health.
- Women's mental health represents important challenges, such as the dynamics of violence that impact their social relationships, and high rates of depression and anxiety.

3. What needs to be done to improve this situation?

- Strengthen the training of health workers with a more profound discussion of gender issues.
- Expand and strengthen among health workers and the general population the inclusion of emerging health (physical, emotional and social) needs of women
- Debate the existing analytical tools utilized in generation of evidence regarding women's health, allowing for the creation of evidence that is reliable and sensitive to the diverse needs of women.

Chapter 7

A look at social vulnerability and health consequences for the elderly in Chile

**Macarena Hirmas, MSc;
María Teresa Abusleme, MSc;
Isabel Matute, MSc;
Andrea Olea, MSc;
Lucy Poffald, MSc**

Summary

Individuals over the age of 65 –the elderly- currently represent 14.3% of the population in Chile, and the proportion of elderly people has been progressively increasing. It has been projected that by 2050, 21.6% of the population will be in this age group. The typical physiological changes of aging and associated health problems can produce decline in physical functionality, however these changes occur in combination with social, economic and cultural factors, which in turn create different degrees of vulnerability. Social vulnerability in the elderly is not a direct expression of chronological age, but it is explained by the accumulation and interaction throughout life considering the individual's social, familial, physical, cultural and biological conditions. There are elderly people in Chile who are socially vulnerable as they experience physical conditions and social insecurity that affect their quality of life and health status. In addition, existing gender inequities throughout the lifespan also culminate producing greater disadvantage for elderly women. Although Chile has tried to develop integrative and high quality social and health strategies with the aim of reducing the degree of social vulnerability, there are differences in their design, implementation and execution. The aim of this chapter is to approach social vulnerability in the elderly, to describe the different social programs, how they are evaluated and which gaps exist in relation to the quality of life of the elderly in Chile.

Keywords: social vulnerability, quality of life, health status, elderly and aging.

Recommendations for health policies and programs for elderly in Chile

From the analysis presented in this chapter, a set of general recommendations for the consideration of vulnerability in the elderly in Chile and globally have been established:

1. Address the programs and policies aiming to intervene in the conditions in which the elderly live and develop from the perspective of social determinants of health. This perspective includes: education and job training; employment participation; social security; recreation and sociability; family, distribution of power and hierarchies; city infrastructure and housing; access to health; culture and social values. This approach must recognize and consider the uniqueness of aging and being elderly.
2. Rather than only focussing on the senior citizens, introduce the concept of lifetime into public policies, taking a long-term prospective based on the understanding that aging is a process that develops over a lifetime. It is throughout the all the lifespan that conditions of social, economic and health disadvantage are generated, which accumulate and culminate with deterioration in old age. The above requires considering the effect on aging of interventions at earlier stages.
3. Breaking the strict barriers defined by age in current public policy programs and interventions, which at present involve fully segmented policies instead of integrated ones.
4. Develop across-sectoral, transversal and multidisciplinary approach to social vulnerability in the elderly based on the need for policies, plans and programs with cross-sectoral approach during the stages of design, implementation, monitoring and evaluation. This approach demands considerable effort and coordinated teamwork at different levels: policy makers, decision makers, social representatives and the community. It requires active participation by the elderly considering their needs and experiences.
5. Position this topic on the country's agenda and in debates with other age groups in order to make aging and the elderly visible, encouraging intergenerational exchange. Through media campaigns and civic education programs, install the "naturalization" of aging as a part of life, inviting the community to become aware of and accept ageing as a process in which people can contribute society. This would contribute to build a more united and conscious society of the elderly, providing support and exchange between generations.
6. Through media campaigns and educational contents, transform the prevailing social concept of aging as a time characterised by the onset of health problems, loss of autonomy, absence of significant social roles and presence of economic problems.

7. Transfer previous theoretical developments, learning and psychosocial research methodologies that have been useful in other population groups, to the study of vulnerability in the elderly, actively incorporating the cultural and social elements, not only economic.
8. Conduct studies that specifically measure social vulnerability in the elderly, in order to have novel and updated evidence for creating policies in this area. For this, it is necessary to have specific and continued funding for research and training on issues of aging and create a network between the various stakeholders (State, international organizations, universities and academic institutions, social organizations, NGOs, etc.) in order to develop this research systematically and collaboratively.

Experts who participated in the elaboration of these recommendations

- **Gabriel Guajardo MSc**, Investigador Asociado FLACSO-Chile, experto en género y envejecimiento gabriel.guajardo@flacsochile.org.
- **Marisol del Pozo**, psicólogo, psicogerontóloga, y docente de la Universidad Alberto Hurtado. mdelpozo@uahurtado.cl
- **Andrea Slachevsky**. Doctor en Ciencias. Profesor Asociado Facultad de Medicina Universidad de Chile, Vicepresidente Corporación Profesional de Alzheimer y Otras Demencias (Coprada), Coordinadora Unidad de Neurología Cognitiva y Demencia Servicio de Neurología Hospital del Salvador. aslachevsky@me.com
- **Elaine Acosta**. PhD Estudios Internacionales e Interculturales. Directora del Magister en Sociología de la Universidad Alberto. eacosta@uahurtado.cl
- **Angela Arenas**, Phd en Bioética, Docente de la Pontificia Universidad Católica de Chile, Editora del libro “Adulto Mayor. Nuevas perspectivas para el desarrollo humano”. angelaarenasmassa@gmail.com
- **Evelyn Magdaleno**, Directora regional de la región Metropolitana de SENADIS. emagdalenos@senadis.cl
- **Jean Gajardo**. PhD (c) Salud Pública, MSc Gerontología Social, Profesor Asistente Universidad de Chile. jean.gajardo@gmail.com
- **Marcelo Hermosilla**, MSc Política y Gobierno FLACSO-Chile. marcelo.hermosilla.j@gmail.com

- **María Teresa Abusleme**, Socióloga, Magíster en Política y Gobierno (en definición la pertenencia institucional, cargo anterior Encargada de Unidad de Estudios de SENAMA), Chile.
teresaabusleme@gmail.com
- **Lucy Poffald**, Psicóloga, Magíster en Psicología Social y Comunitaria, Universidad del Desarrollo, Chile.
lpoffald@udd.cl.
- **Andrea Olea**, Médica, Magíster en Salud Pública (c), Universidad del Desarrollo, Chile.
aolea@udd.cl.
- **María Isabel Matute**, Socióloga, Magíster en Salud Pública, Universidad del Desarrollo, Chile.
mimatute@udd.cl
- **Macarena Hirmas**, Matrona, Magíster en Salud Pública, Universidad del Desarrollo, Chile.
mhirmas@udd.cl.

1. Why is this topic important?

- Chile is in an advanced stage of demographic transition towards an aging population, similar to a significant portion of the world population is heading to. This context imposes major challenges that must address the social, political, economic and cultural structure of the country.
- The aging the population in Chile has been insufficiently considered in public policies, barely addressed in the political sphere and has had little visibility in the public arena, unlike other issues that have been prioritized in the political and public agenda as a result of civil society demands such as education and public safety.
- The way Chile has addressed the aging population in recent years, has been through segmented policies and programs. This gives emphasis on the allocation of benefits rather than notion of social rights and guarantees, which can be accessed if requirements are met, unlike the social policies of universal coverage for all those in need.

2. What do we already know about it in Chile?

- Advances in the understanding of this topic are mainly related to health, quality of life and poverty. Aging is understood from a clinical and epidemiological diseases perspective, whilst vulnerability is addressed mainly in relation to absolute material poverty instead of relative poverty.
- There are few studies that describe aging from a social perspective, critical of the structural, social and cultural conditions in which the aging process occurs and which incorporates achievements in other topics. An example is in the case of individuals with HIV, where an integrated public health response was proposed and has allowed for analysis of social issues such as social stigma, exclusion and discrimination, and subsequent measures of psychosocial intervention.

3. What needs to be done to improve this situation?

- Use prior learning about theoretical developments in other areas to study social vulnerability in the elderly.
- Consider social inclusion models that have been effective in aging societies and which consider cultural differences.
- Define key issues where research is needed.
- Evaluate ongoing programs and interventions.
- Encourage visibility of this topic in the national political and social agendas.
- Incorporate the topic of ageing in the transversal educational contents, as part of civic education.
- Promote the creation of social stakeholders who advocate specifically for the elderly in Chile.
- Recognise the particular needs of each group: the healthy aging population versus the population that has chronic or acute diseases, different socio-cultural levels, genders, ethnicity, etc.

Chapter 8

Social vulnerability and its effects on health at the end of life in Chile

Erick Valdés, PhD

Summary

Social vulnerability at the end of life might lead to essential inequalities in a population. Social structure can be understood as the universe of social factors that influence or shape the susceptibility of various groups and potentially develop into severe health damage. Social vulnerabilities (one of many types of vulnerability), especially those arising in the field of health, are particularly important when concerning the elderly, the sick and the marginalized. Social vulnerabilities have been widely ignored, mostly because of the difficulty in quantifying their real effects on a society among those who are marginal and therefore invisible. Thus, social vulnerability emerges from the interaction of colliding forces, such as the profitable versus constitutional right to public health, and the presence of multiple stressors throughout the lifespan, especially relevant at the end of life. Even when a single, socially vulnerable individual, is able to break the “cycle of vulnerability”, more structural social vulnerability persists at the higher political structure, preventing the individual from achieving better health and wellbeing. This chapter seeks to demonstrate that social vulnerability at the end of life is not only a product of objective conditions of old age, disease and marginalization, but also sensitive to the resilience of the health system designed to support individuals towards the end of life. .

Keywords: Social vulnerability, end of life, health system, social structure.

Recommendations for health policy and programs at the end of life in Chile

The recommendations presented below address the issue of social vulnerability at the end of life from the perspective of health systems geared toward older adults in situations of social marginality. This is closely related to the discussion in the chapter dedicated to deepening social vulnerabilities and ethical implications about the end of life in Chile.

- 1. Generate trained and specialized human resources:** Strengthen the implementation of training and specialization of health workers, with strong emphasis on the treatment of vulnerable elderly, with special consideration of those sick and experiencing social marginality. Consider policies that encourage the development and maintenance of geriatric specialists trained in primary care, in addition to strengthening multidisciplinary teams for the care for the elderly.
- 2. Strengthen the issue on the public agenda:** Develop and implement epistemological discussion platforms focused on health vulnerability at the end of life in Chile, for example seminars and workshops. In addition, establish relationship ties and collaboration with entities engaged in research and problem solving in this matter.
- 3. Insert new elements of awareness in the healthcare culture:** Raise awareness among health workers and the general public about health needs (physical, emotional and social) of vulnerable seniors, in terms of disease and marginalization. Some related strategies include:
 - Based on the model of primary healthcare, establish strategies to make visible vulnerable seniors and other groups facing the end of life;
 - Develop health objectives focused on the specific group.
- 4. Strengthen, regulate and monitor nursing homes in Chile:** It is important to review existing legislation and regularization in Chile around nursing homes for elderly, some of which do not comply with the minimum standards health, dignity and support for homeless older people. Currently high quality, recognised nursing homes exist that are run by the government (the SENAMA), however these do not exist in all regions of the country. Increased supervision and monitoring of these institutions is also required, in order to ensure social and health protection of socially vulnerable older people, especially at the end of their lives.
- 5. Develop of long-stay protected spaces for vulnerable seniors at the end of life:** In addition to the above, it is important to recognize that older adults living on the street develop their own pathologies, as well as present health problems related to their age. These health conditions, in addition their homeless status, hurt their dignity and causes deterioration of their age-related conditions.

6. **Install everyday spaces adapted to vulnerable elderly to enhance and/or develop remaining capacities until the end of life:** The vulnerability of seniors in most cases is tinged with despair and loss of self-esteem, which reduces their engagement in activities that promote and strengthen their confidence, and that could positively affect their overall health and wellbeing.
7. **Draw attention to vulnerable elderly as a subject in health sector law:** While the protection of health is constitutionally guaranteed by the current Constitution of Chile that guarantees free and equal access to healthcare, it is time to consider that many seniors (particularly those vulnerable and homeless) do not have the option of “access”. Oblivion has many of them bedridden, unable to move to a hospital.
8. **Research:** Generate consistent evidence that allows for efficient and effective work in relation to the diverse needs of vulnerable seniors.

Experts who participated in the elaboration of these recommendations

- **Erick Valdés**, PhD y Postdoctorado en Bioética y Bioderecho. Director Cátedra Internacional de Bioderecho, UDD. Profesor Titular del Centro de Bioética y Observatorio de Bioética y Derecho, de la Universidad del Desarrollo, Santiago de Chile. Adjunct Research Professor, Kennedy Institute of Ethics, Georgetown University, USA. Visiting Professor, American University of Sovereign Nations, UNESCO, USA, erickvaldes@udd.cl
- **Javiera Flaño**, Médico cirujano, MSc Salud Global, Asesora técnica en Salud, Fundación América Solidaria, jflano@americasolidaria.org
- **Loreto Vidal**, Enfermera y abogada, docente de la Universidad Andrés Bello, de la Universidad San Sebastián, de la Universidad de las Américas, especialista en Diálisis, trabaja en ONG Corporación Hallazgos en Concepción dedicada a personas en situación de calle, loreto.vidal.hernandez@gmail.com
- **Isabel Lacalle Pons**, Directora ejecutiva Corporación Nuestra Casa, isabel.lacalle@nuestra-casa.cl

1. Why is this issue important?

- Social vulnerability at the end of life can lead to essential inequalities due to structural inequalities.
- Social vulnerability arises from the interaction of colliding forces, such as the profitable and constitutional right to public health, and the presence of multiple social stressors.
- Even when a socially vulnerable individual is able to break the “cycle of vulnerability” social vulnerability survives as the social and political structure reinforces it.

2. What is known about this subject to date in Chile?

- The expression of social vulnerability at the end of life and its impact on the area of health is multifaceted, and affects different social and cultural issues, including:
 - a. Deconstructions and constructions of social health;
 - b. The rights and obligations emerging from the implementation of a health system;
 - c. Poverty;
 - d. Human experimentation and informed consent;
 - e. Euthanasia and assisted suicide in terminally ill patients;
 - f. Death and dying at the end of life, both the elderly and those terminally ill;
 - g. Health and justice at the end of life;
 - h. Quality of health care at the end of life;
 - i. Marginal care and elderly care at the end of life.
- As the objectives of a health system and clinical medicine in general are increasing prosperity and welfare, the health system should always be focussed on the good of the community.
- The principles used to determine which programs are worth being implemented and which are not, have not evolved over time. The development of such references is a growing interest in the field of ethics of public health and most of the authors have proposed a system based on utilitarian criteria or the community model.

10. What needs to improve?

- Social vulnerabilities, particularly those that have an impact on health, and particularly those concerning the elderly, the sick and the marginalized, have been widely ignored, mostly because of the difficulty in quantifying their real effects on society.
- The social vulnerability at the end of life lies not only in itself, namely on factors per se, as the objective conditions of old age, disease and marginalization of the case study for example, but also and especially in sensitivity and resilience of a health system prepared to handle it.
- Access to health and health care in Chile, as well as possibilities to choose a good quality system, are not equivalent. Social biases are obvious and delivery is mediated by a multitude of situations that result in harm to the most vulnerable subpopulations.
- We need to strengthen the implementation of training and specialization of health workers, with strong emphasis on the treatment of the vulnerable elderly, with special consideration for those sick and experiencing social marginality.
- We must sensitize health workers and the general public about health needs (physical, emotional and social) of vulnerable seniors, particularly those who experience disease and marginalization.

THIRD SECTION

Vulnerability in Specific Groups and Situations in Chile

Chapter 1

Social vulnerability to natural disasters

Andrea Vásquez, MSc; Paula Repetto, PhD; Sylvia Ramis, BSc

Summary

The social vulnerability to natural disasters is a complex concept that has been approached from different disciplines. As a consequence, its measurement has experienced some challenges over time, which in turn affects the way in which we understand this issue globally and in Chile. Exposure to natural disasters must be considered in Chile not only as a relevant matter itself, but also as it interacts with other social determinants of health like social vulnerability. The threat of natural disasters in our country reminds us about the distinctive characteristics of different social groups residing within our national territory that put them in higher risk (e.g. those living in high risk coastal areas, those in poverty). It also reminds us of broader, more general risks to natural hazards that all members of society experience when a natural disaster takes place. These risks are, however, intensified among those experiencing social vulnerability. Therefore, the questions that guide this chapter are: What is defined as social vulnerability? What makes some human groups more vulnerable than others to natural disasters? We consider available literature on human vulnerability and social vulnerability. Social vulnerability to disasters not only allows us to know where the most vulnerable are located in our country, but also poses the challenge of knowing how to help improve their preparedness to respond more effectively over time.

Keywords: natural disasters, social disaster vulnerability, vulnerable groups, indicators of vulnerability

Recommendations for health policies and programs on natural disasters in Chile

1. What can we do to be better prepared to limit the social vulnerability to natural disasters? Although in general, literature on social vulnerability to disasters has focused on the individual characteristics of those affected by them, there is a lack of literature describing cases that have dealt with a natural disaster with a positive outcome.
2. Similarly, the incorporation of measures on social capital and some variables of social cohesion are relevant and could impact the characterization of social vulnerability. An example of this occurs with immigrants, a heterogeneous population that often faces unique challenges to disaster preparedness, such as language barriers, which affect post-disaster recovery.
3. We need a single measurement for natural disasters that allows for international comparisons but also for addressing the particularities of the Chilean case, particularly regarding its interaction with social vulnerability.
4. There is a need to improve training towards natural disasters prevention and management. The addition of a general training course on natural disasters for people working in several key sectors and civil society would highlight the issue as a necessary topic to be addressed in broad social terms. If this were achieved, then research would not be an isolated effort but a relevant and transferable skill to promote in Chile. This has the potential to reducing current trends of improvisation and lack of coordination when natural disasters take place.
5. Finally, recovery after a natural disaster involves various individual and community resources: economic, physical and emotional. For this multi-level coordination it is crucial to address ongoing social vulnerability that exists in Chile today. In that sense, the development of explicit roles and effective strategies on how to cope with disasters and vulnerable populations could improve post-disaster action.

Experts who participated in the elaboration of these recommendations

- **Andrea Vázquez**, MS. Coordinadora de Investigación CIGIDEN, Facultad de Ingeniería, Pontificia Universidad Católica de Chile. arvasque@uc.cl
- **Paula Repetto**, PhD. Profesor Asociado, Escuela de Psicología. Investigadora Principal CIGIDEN, Pontificia Universidad Católica de Chile. prepetto@uc.cl
- **Margarita Bernales**, PhD. Profesora Facultad de Medicina CAS-UDD. margaritabernales@udd.cl

1. Why is this topic important?

- Given the frequency of natural disasters in Chile and their implications for individuals and communities, measuring social vulnerability would help identify and support those who are in most need and at a highest risk, and channel specific actions to these groups in the different phases of disaster such as mitigation, preparedness and response,.
- Natural disasters make visible existing human and social vulnerability of individuals and communities, suggesting the need to recognize these groups and coordinate relief efforts to meet their needs. Examples include: (i) characterization and the ongoing work with the most vulnerable groups (Ministry of Social Development, National Disability Service, Service for Older Persons) (ii) work with the most vulnerable population in a natural disaster context. In the latter case, the role of the National Emergency Office (Onemi) and the coordination with the other branches of the government becomes essential, while developing policies to differentiate the roles to the emergency and define the responsibilities of each institution regarding emergency response.

2. What do we already know about it in Chile?

- Vulnerable groups tend to be poorly recognised within societies, we sometimes do not know where they are or what characterizes them. We need this information in public administration and research to continue advancing in this area in Chile;
- Social vulnerability is a multidimensional concept and Chile has instruments to approach the phenomenon in spatial and temporal terms that allow us to better characterize these individuals and groups. The National Socioeconomic Characterization Survey (CASEN) is an instrument that has been implemented since 1985 and even post-earthquake 2010. This means we have a standardized instrument that allows a measurable approach to social vulnerability over time and that can become very useful for natural disasters prevention and control;
- Generally the emphasis has been placed on the occurrence of earthquakes and tsunamis, which appear with considerable time lapses and obscure other types of disasters (eruptions, landslides, floods).
- Despite the number of natural disasters occurring in Chile, it seems that we do not know enough yet about them. In 2015 at least four large natural disasters occurred: two volcanic eruptions (Calbuco and Villarrica) and two extensive floods in the north. They vary by location, population affected, intensity and available strategies of control. This needs further attention, particularly when they affect those experiencing social vulnerability.

3. What needs to be done to improve this situation?

- We need to generate strong public policies for natural disasters emergencies, permitting both central and local delineation of roles and coordination. These should consider the social vulnerability of communities and individuals among those that experience the disaster and in terms of the actions that are performed during and after the natural disaster happens.

- In addition, we need to measure vulnerability more accurately in order to characterise it more completely and understand how it interacts with natural disasters, affecting the lives and wellbeing of large proportions of our population.
- In this sense, natural disasters are an opportunity to visualize and understand the complexity of social vulnerability and the costs in terms of physical, emotional and social harm suffered by this population when these events occur.

Chapter 2

Health and poverty

Andrea Rioseco, MD; Benito Baranda, PhD; Javiera Flaño, MD, MSc

Summary

Health and poverty are both closely and bi-directionally related. The conditions under which a person is born, grows, lives, works and ages, known as the social determinants of health, directly affect the situation and health of a person during the lifespan and vice versa. Health is a major asset available to a person that, when compromised, reduces their opportunity to develop and flourish, inhibiting them from moving out of poverty, impoverishing them even more. Although historically poverty has been defined and measured from an economic point of view, the multidimensional measurement of poverty has become more relevant nowadays, as it is associated with a much broader, complex and integral definition of poverty. To be affected by both poverty and poor health limits a person's opportunity to reach their full potential, which prevents them from achieving an optimal social, economic and productive life. Those living in poverty are most affected in terms of their health status and access to healthcare. Consequently, they tend to report a higher prevalence of diseases and health problems in most countries in the world. There are significant international and national efforts aimed at reducing health inequities in order to control social vulnerability and its effects on the health of those living in poverty. These programs should be more coordinated and integrated from different sectors, including the issue of Health in All Policies and encompassing the social determinants that are the main causes of these health inequities in Chile and globally.

Keywords: health, poverty, multidimensional poverty, social determinants of health, primary health care, mental health, equity.

Recommendations for health policies and programs on health and poverty in Chile

1. Strengthen community action in various ways through primary healthcare (PHC): strengthen the response capacity of PHC by performing diagnostic and therapeutic procedures, or increase the amount and availability of these. Strengthen health promotion and include complementary medicines with knowledge and promotion of these. Strengthen PHC programs for people, especially children, with special needs. Incorporating gyms (physical therapy) and kitchens in the PHC. Strengthen the issue of occupational health, by putting the PHC in charge and not the employer, as is currently the case. An example is the adoption of PHC preventative health programs which could be transferred and implemented in different workplaces.
2. Strengthen the community health approach: this is especially important in relation to mental health and chronic diseases.
3. User satisfaction: in relation to the social determinants of health, measure satisfaction and perception of users in relation to healthcare. Social determinants have an impact on attention and quality, particularly in the sense of injustice perceived by patients at the healthcare clinics. It is important to measure satisfaction of healthcare programs, which may not decrease mortality, but may increase perceived quality and satisfaction, which is very important for users.
4. Strategy for *Health in All Policies*: ensure this approach across all sectors and at all levels of governance. This requires inclusion of different elements, such as transparency, accountability, access and collaboration,. Observe how these elements affect specific health issues such as housing and work, and develop strategies according to these dimensions.
5. Cross-cultural integration: integrate and include ethnic minorities in the country by incorporating their cultural, medical and health beliefs. An example is the Intercultural Hospital of Cañete.
6. Integrated health innovation: include scientific, social and economic innovation to improve the area of health.
7. Multidimensional measurement of poverty within the health dimension: it is important to know how these indicators of multidimensional poverty correlate with each other and in relation to health indicators, and it is vital that the indicators are determined not only according to the data available but also determined according to their true reflection of the reality.

Experts who participated in the elaboration of these recommendations

- **Jorge Jimenez.** MPH, Profesor Titular Departamento de Salud Pública Pontificia Universidad Católica de Chile. Asesor Senior Departamento de Desarrollo estratégico Minsal. Presidente Foro Nacional del Cáncer. jjimened@gmail.com.
- **Klaus Puschel.** MSc. Profesor Titular, Director Escuela de Medicina Pontificia Universidad Católica de Chile. kpuschel@med.puc.cl.
- **Martín Plaza.** Médico Familiar Red Ancora UC. Presidente Corporación Acercando Salud. martin.plaza@gmail.com.
- **Javiera Flaño.** MSc. Asesora Técnica America Solidaria. jayaflano@gmail.com

1. Why is this topic important?

- There are various ways of defining and measuring poverty. Historically and internationally, it is often measured based on an individual's economic situation.
- Poverty and health are related bi-directionally. Poverty produces poor health and poor health is a risk factor for poverty.
- Based on the World Bank definition, in 2011 globally 2,723 million people were living in poverty and 1,011 million were living in extreme poverty. In Latin America there are 167 million people living in poverty.
- In Chile, according to the latest CASEN study from 2013 and according to the new methodology for measuring of poverty by income, 9.9% of the population live in poverty and 4.5% in extreme poverty, making a total of 14.4% of the total population.
- Currently Chile uses also a multidimensional methodology to measure poverty that includes other variables beyond income.

2. What do we already know about it in Chile?

- Poverty and health are inextricably linked mainly through the so-called social determinants of health. That is, the conditions under which a person is born, lives, works and grows, largely determines their health status.
- People living in poverty have less access to healthcare and struggle in terms of health financing, potentially experiencing long waiting lists and poor quality care. They also experience reduced access to supplementary insurance and to other opportunities and conditions that affect their health. They have a higher risk of disease, disability and catastrophic impoverishment.

- The causes and prevalence of diseases and health conditions vary by socioeconomic status and economic development.
- In Chile, there is a predominance of chronic non-communicable diseases and their distribution is not equitable. Reverse gradients exist between these health problems and educational level. Likewise, those in poverty are more affected by specific health problems, for example mental health conditions, teenage pregnancy, and nutritional problems.

3. What needs to be done to improve this situation?

- Work in coordination with other sectors. Health problems must not be addressed in isolation, instead the perspectives of health policies and programs should incorporate all different governmental sectors. Teaming up either within the healthcare field as well as with other areas should allow our country to aim for Health in All Policies with focus on reducing poverty.
- Address the challenges that Chile faces according to epidemiological, demographic and economic context. Taking these challenges into account, adapt the curricula of different healthcare workers in order to address the changing epidemiology and health inequalities that Chile faces as the country becomes a high-income nation. Training should emphasise broad skills like professionalism and social responsibility.
- Further address the concepts of human respect and integration as essential dimensions for population health and wellbeing, including the health of all groups, such as ethnic, sexual and religious minorities. Taking cross-cultural integration of policies requires integrated innovation, including scientific, social and economic innovation.
- Finally, include and address emerging issues that affect mainly the poorest of society, such as chronic diseases, problems related to uncontrolled and unregulated urban development, and those diseases and health problems associated with climate change.

Chapter 3

Violence against women and its health effects

Javiera Hauser Dacer, PhD;
Victoria Cáceres Cáceres, PhD

Summary

In this chapter the concept of vulnerability is presented from the lens of public policies, especially those concerned with addressing violence against women. In the first part available understandings associated with the concept of vulnerability are described, as they are applied today in work with social inequalities in the education, health, psychology and legal fields. The second part presents and analyses the problem of violence against women, presenting data that account for its presence in the field of health globally. This section also considers international legal developments to address violence against women. In the third part the issue of violence against women in Chile is developed.

Keywords: violence against women, social vulnerability, Health, Chile

Recommendations for health policies and programs on violence against women in Chile

From the analysis presented in this chapter we established a set of general recommendations for consideration to protect women suffering from violence in Chile and globally. Before providing details of such recommendations, there are two general ideas to expose:

- We believe that all levels of action, from the political to the purely technical, should be adopted to ensure positive results to reduce violence against women. From the political arena, public responsibility must be promoted through plans, programs, actions and measures which place equality between women and men as a priority objective.
- Isolated programmes alone cannot achieve the goal of advancing social equality for women and men. Therefore, the preparation of various multidisciplinary teams to execute multiple policies and strategies is essential for implementing effective and practical approaches in public policies addressing vulnerability and promoting non-violence.

The following are recommendations for improving visibility of the issue and strengthening the prevention of violence against women. We should consider national and international levels of action as well as various types of violence against women as they have been classification of the United Nations (2006):

- Violence within the family;
- Violence of symbolic character;
- Sexual violence;
- Violence in the workplace and in the community;
- Violence by the State.
- Violence against women in situations of disasters, armed conflict, trafficking and trade;
- Violence through discrimination;
- Obstetric violence;
- Violence limiting reproductive freedoms;
- Violence when integrating sexual diversity;
- Violence against migrant women;
- Violence against women of indigenous background.

1. The role of information systems in the reduction of violence against women:

- Include in the information and communication systems of health, education, social and judicial sectors continuing awareness and educational strategies that take into account the various issues of vulnerability and gender based violence, aimed at all those working in these systems. This training should include the development of professional skills to establish symmetrical relationships with female users in their workplaces.
- Encourage a favourable attitude or disposition among professionals from all sectors to incorporate gender, vulnerability and violence as relevant technical actions that should be constantly promoted.
- Experts who assess information systems should monitor and actively increase awareness about violence against women.
- An additional recommendation is to add creative arts therapies in the prevention and care of women who are victims of gender based violence. It has been demonstrated that art therapy work is an effective tool that can include a gender perspective in the prevention of violence against women and girls and treatment of victims of violence.

2. Public policies on gender and violence:

- Develop public policies that increase universal preschool coverage for children under three years of age. There is also a need for after-school services and family support for working women.
- Make available more resources for prevention and early detection of violence against women and improve the collaboration between health and social, police, judicial and education sectors. We need training programs for professionals and clerical staff in these disciplines who may have contact with children, adolescents and women who are victims of violence.
- Promote intervention programs to reduce teenage pregnancies and obstetric violence, reflected in the high rates of unnecessary obstetric intervention in Chile at present.

Experts who participated in the elaboration of these recommendations

- **Eduardo Torres**, Director de Espacio Crea, Codirector Magister en Arteterapia Universidad del Desarrollo. eduardotorres@udd.cl.
- **Camila Ovalle**, Grupo de Investigación sufrimiento, salud mental y trabajo, Programa de Psicoanálisis Universidad de Chile. Profesora Postítulo Arteterapia Universidad de Chile. camilaovallesazie@gmail.com.
- **Daniela Gloger**. Directora Magister en Arteterapia Universidad del Desarrollo. dgloger@udd.cl.
- **Javiera Hauser** Phd MSc. Profesora Postítulo Arteterapia Universidad de Chile. javierahauser@gmail.com.
- **Victoria Cáceres** Phd, Coordinadora Académica de Programa de Doctorado en Ciencias de la Educación Mención Educación Intercultural. Facultad de Humanidades Universidad de Santiago de Chile.
- **Alexandra Obach**, PhD. Profesora Facultad de Medicina CAS-UDD. aobach@udd.cl

1. Why is this topic important?

- Vulnerability is defined today as the identification and recognition of groups of the population that experience inequality and discrimination.
- Currently, at some point, all girls and women are affected by power asymmetries and social inequalities that limit their opportunities to flourish and take care of themselves over their life span.
- Throughout their entire lifespan, women in many countries of the world do not have equitable access to basic healthcare services.
- According to UN Women (2015), girls often receive less attention than boys in the prevention and treatment of childhood diseases globally.
- In some cases, girls may face health risks even before birth or directly after birth as female offspring may be the victim of feticide or infanticide as a result of social and cultural preferences for boys.

2. What do we already know about it in Chile?

- The Domestic Violence Law Number 20,066 in Chile considers that family violence is any act or omission committed within the family by one of its members, undermining the life or physical or psychological integrity, or liberty of another person the family.
- In 2007 SERNAM began a shelters program, which has the main objective to protect female victims of partner violence and provide shelter for those women whom have their life threatened by violent partner.
- In 2008 the Chilean Ministry of Health enacted the Health Policy on Gender Violence, the first explicit strategy for detection and response to violence as a routine procedure in health care services in the country.

3. What needs to be done to improve this situation?

- The political arena must promote public responsibility plans, programs, actions and measures which place equality between women and men as a priority.
- They must develop continuing education programs for health, education, social and judicial sectors that take into account the various issues of vulnerability and gender violence, aimed at all those working in these systems. Also, this training should include the development of professional skills to establish symmetrical relationships with female users and partners.
- They must develop public policies that increase public school preschool for children under three years. Post-school services and family support for working women are also needed.
- More resources for prevention and early detection of violence against women are needed to improve collaboration between health services, social, police and judicial education.

Chapter 4

Social vulnerability in health among international migrants

Báltica Cabieses, PhD; Patricia Bustos, MSc(c)

Summary

Migration is a recognized social determinant of health internationally and in Chile. International migration in Chile has increased in recent years, reaching 2.7% of the total population in 2014. There are several reasons that could justify the existence of some international migrants that experience social vulnerability in Chile: (i) international migrants are a highly heterogeneous group in terms of cultural beliefs and socioeconomic status; (ii) there is an unknown proportion of immigrants now living in Chile illegally or undocumented; (iii) many migrants make remittances of revenues back to their countries of origin; (iv) international and national evidence suggests that immigrants experience different degrees of vulnerability caused by the migration experience itself and due to poor living conditions in the host country. On average, immigrants in Chile self-reported better health outcomes than the local population, possibly through a process of natural selection and the age of those who migrate (mostly young adults). However, the effect of “healthy migrant” disappears in groups with lower socioeconomic status and those who have lived for more than 10 years in Chile. In addition, according to updated data from CASEN 2013 about 8% of the immigrant population reported not belonging to any health insurance system. Chile is currently in the position to protect the welfare and health of international migrants. The country has agreed to adhere to international conventions in this area and today these statements require implementation at central and regional levels, along with a timely assessment.

Keywords: international migration, Chile, social vulnerability, access to health, health outcomes

Recommendations for health policies and programs on international migration and health in Chile

Rebuilding a focus on social determinants of health:

1. Focus on law and citizen participation: as part of improving migrants' social inclusion, welfare and health, it is essential to empower migrants regarding their universal rights and participation. In many countries, the migrant population cannot experience the full extension of their universal rights, despite these rights being a central aspect of the "development and flourishing of every human being throughout his life" (M. Marmot, 2010, The Marmot Review). The consideration of the migrant as an equal in their rights in Chile is a minimum we need to acknowledge and protect actively in the country. Health is reflection of how societies define and organize themselves, along with those whom we choose to protect. The growing immigrant population in Chile offers the opportunity to re-define who makes up our society and how to protect each member regarding their equal legal, civic and health rights.
2. The lifespan approach: much of what we need to understand about life and health of migrants could unfold if we obtain information on health and living conditions of migrants throughout their life trajectory. The migration process has at least three critical moments: before migrating (the process of preparation), the migration itself (border and cultural movement), and the life in the host country (initial culture shock, attempts at integration, acculturation and assimilation, strengthening ones original traditions or enculturation). Chile could aim at obtaining more robust information from at least the two final stages, with the desire to generate research cohorts of migrants of all ages over time. While it is a major effort, the potential value of this information will be enormous, as it will unveil "hot spots" and true "windows of opportunity" to intervene in the control and protection of the health of migrants in Chile.

Towards an articulation of current and future efforts of the country:

3. Improve monitoring: it is necessary to develop and implement a system for recording and continuous monitoring of health and living conditions of migrants in Chile. This would generate updated evidence efficiently, moving beyond the traditional diagnostic vision and strategy towards a comprehensive and sustainable intelligence regarding the migrant situation in Chile. The migration process is complex and multidimensional, and consequently, its registration must take account of that dynamism. For example, the migration record might be centrally stored by the Ministry of Health, but data collection may be conducted by local municipal units. This would prevent the problem that exists currently in data collection on other health issues where there is a breakdown and poor harmonization of the information collected. Registration should be individual and confidential to protect migrants in a situation of social vulnerability.

4. Integrate national efforts in collaborative networks: even if the multi-sectoral approach is a necessary minimum, it is important that the Chilean and Latin American society is organized around the theme of migration and health in the region. While there are important and recognized efforts regarding the human rights of migrants at international and national level, there is less work undergone among immigrant's health. NGOs, academia and research communities of migrants have huge potential if they organize and develop concrete strategies for a fairer, more culturally competent and inclusive country.
5. Multi-sectoral approach to health policies and goals: one of the biggest challenges for our country is to reach a real focus on Health in All Policies that corresponds to the perspective of social determinants of health. It is therefore urgent to catalyze the exchange of views between all sectors, the government and any other civil organization interested in the health and living conditions of international migrants in Chile. The common goal should be to achieve the health goals set for increasing social equity in health in our country, including critical indicators of health and life of migrants.

Towards a “cultural competence in health” approach:

6. Awareness of workers in primary and secondary health sectors: awareness is urgently needed among health workers in both public and private sectors. This awareness should involve all areas, technical, professional and administrative, and even external services such as cleaning staff. It should also have a focus on continuous education and training, not only to reinforce concepts, but to support adoption of positive attitudes and behaviours towards migrants.
7. Develop human capital trained in cultural competence in health: simultaneously to support those who already work with migrant or Chilean population in our country, it is urgent to discuss a shift in training from the undergraduate curriculum in Chile regarding cultural competence in health. The country has the opportunity today to strengthen and deepen the formation of human capital in cultural competence, resulting in healthcare workers that are able to adapt in a respectful and empathic way to the belief system of each service user, including their ideological, religious, ethnic or cultural understanding of health and disease. A revision of the national curricula of training of health professionals is proposed in order to discuss how to promote development of attitudes, knowledge and skills in cultural competence in health in Chile.

Experts who participated in the elaboration of these recommendations

- **Báltica Cabieses**, Epidemióloga social, PhD, Profesora Titular Facultad de Medicina Universidad del Desarrollo, bcabieses@udd.cl
- **Cecilia Moya**, Enfermera, División de Atención Primaria, Ministerio de Salud de Chile, cmoya@minsal.cl
- **Claudia Padilla**, Profesora referente del programa de inmigrantes, División de Atención Primaria, Ministerio de Salud de Chile, cpadilla@minsal.cl
- **Marcela Correa**, Cientista Política, MSc Gobernabilidad y Gestión Pública, Coordinadora Nacional de Incidencia, Directora de Santiago, Servicio Jesuita de Migrantes. marcela.correa@sjmchile.org
- **Florencia Saffino**, Trabajadora social, Coordinadora Nacional Área Social, Servicio Jesuita de Migrantes, florencia.saffino@sjmchile.org
- **Mireya Valdebenito**, Socióloga, MSc Ciencias Sociales, Consultora Demoscópica, mvaldebenito@demoscópica.cl
- **Alexandra Obach**, PhD, Profesora Asociada Facultad de Medicina Universidad del Desarrollo. aobach@udd.cl
- Elena Morote, inmigrante peruana, Co-Directora Organización Comunitaria Habla Mujer, Miembro del Colectivo y Centro de Estudios Amauta, comuna de Recoleta, región metropolitana, elmodu@hotmail.com

1. Why is this topic important?

- It is a global issue: the scale of international migration in Chile increasingly involves more countries and more people. Migration is a topic of relevance to everyone, even when it happens in other countries
- Migration responds to a human longing for a better life: usually migrants are increasingly seeking greater equity, better living conditions and higher quality of life. The migrant often longs to live in a more inclusive, respectful and open society.
- It is an urgent human rights issue: migration is a human right, but how many issues affect the lives of migrating people. Irregular or undocumented migrants may suffer human trafficking, severe abuse, slavery and torture. Unfortunately in some cases migration is associated with serious human rights violations worldwide.
- Migration encourages us to look at the world as a global community: the boundaries are blurred. In this sense, migration can be viewed as an opportunity for a global meeting.

- Migration sometimes leads to social misunderstandings and discrimination: for example denial of migrants at national borders, selective migration and rejection of refugees
- Migrants have specific health needs: it is important to highlight and recognize the particular needs of migrant populations in Chile in order to meet their urgent social and health needs.
- Chile has undocumented migrants: it is a national challenge to meet the health needs of irregular migrants, many of whom are unknown to the system. The Chilean health system and society as a whole face the challenge of hosting and including these populations in a timely and respectful manner.
- Migration has an impact on public health in Chile: the health problems of migrant populations in Chile are associated with the re-emergence of communicable diseases that were once eradicated or controlled in our country (for example tuberculosis and Chagas disease). The migrant population also experiences the same health problems of the local population and risk factors, such as consumption of tobacco and alcohol, influencing the dynamics of the national epidemiology.

2. What do we already know about it in Chile?

- The overall situation of migration in Chile: the country has been seen as an attractive host country for migrants in recent years due to its economic and political stability. Globally the largest recipients of migrants are European countries and the USA, however in the Latin American region, Chile has become a magnet for migrants from the southern cone. Chile has acquired an international image as “the new American dream”, particularly in Colombia, consisting of the idea that work is a guaranteed for migrants upon arrival in Chile.
- The border challenges: cases of differential treatment based on skin colour or nationality have been known in the borders of Chile, facilitating the illegal transit of migrants and in some cases the abuse of human rights.
- The information is divided and disintegrated: most studies in this topic describe pockets of migrants in specific neighbourhoods or from a particular country of origin. There are few systematic collections of integrated data providing information on the overall situation of migrant populations in Chile. We need to improve the dialogue between different actors who are discovering relevant information about migrants, in order to achieve better policy development and social and health programs. The quality of public records in this area requires improvements regarding the way immigration status in social care and health care are measured.
- The living conditions of migrants in Chile: problems of certain groups of migrants due to overcrowding, poor housing and insecurity, especially in northern Chile, are well known. The most vulnerable migrants live in neighbourhoods with violence, crime and few parks or green areas. Many migrants work informally in unregulated conditions, putting them at risk of accidents and injuries that increase their social vulnerability.
- The health needs of migrants: migrants are composed of various groups from geographically and culturally diverse backgrounds, and migrants are treated differentially in Chile according to their nationality. The health vulnerability of international migrants is a reflection of social issues such as exposure to violence, informal and unprotected work, and accidents. There are challenges to how migrants learn to navigate the Chilean health system, which is complex even for the Chilean population. These challenges include the process of

making health appointments, negotiating waiting lists for treatment, and time spent waiting for the attention, and are issues experienced by the entire population residing in Chile. There is particular concern about the mental health of migrants in Chile, given the impact of the migration process, the fact that many migrants leave their children and families behind, in addition to the exposure to discrimination, conflict and exclusion that some of them experience in Chile.

3. What needs to be done to improve this situation?

- Draw attention to migrants in Chile: it is urgent to generate more solid and ideally longitudinal studies on life trajectories of migrants in Chile, especially those of lower socioeconomic status. There should also be an improvement in the utilization of data from high quality studies that have been generated to date in this area, whilst taking into account the limitations and bias of these research efforts. The country faces the challenge of making visible not only documented migrants, but irregular migrant children and infants currently residing in Chile.
- Pragmatic approach of research and cultural construction of this phenomenon: we lack such an approach combining quantitative and qualitative research (i.e. sociocultural epidemiology) that could generate more profound scientific evidence on the national migration situation, acknowledging the complexity and cultural diversity of these populations.
- Improve integration: the country lacks of integrative initiatives, studies and proposals for promoting the health and wellbeing of migrants in Chile. If we continue to conduct isolated initiatives, it will remain difficult to understand the true migration process, its complexity, heterogeneity and the urgent needs for health policies and programs. An integrated registration information system is urgently needed, not only for migrants but for different cultural groups.
- Lack of multi-sectoral efforts in this issue: there are limitations in our country to meeting the social and health needs of migrants in Chile in a timely and respectful way.
- Health of migrants: not all migrants are vulnerable per se, but they may be vulnerable due to the absence of comprehensive social and health policies in Chile. For example, migrants who are homeless or in an irregular situation. This is important not just for first generation migrants but also second generation (children of migrants born in Chile) that today are invisible in national social and health records.
- Install an approach to cultural competence in health: healthcare and social workers should approach the cultural vision of migrant populations, leaving the paternalistic approach of healthcare and focus on cultural competence that promotes respect and the meeting of cultures in every exchange between healthcare workers and the migrant.
- Improve access to healthcare, particularly secondary care. It is urgent to train and sensitize health workers on health of migrants in Chile and globally. Furthermore, it is urgent to improve the delivery of information to migrant communities, as information currently provided may be confusing or erroneous, hindering health and social inclusion of migrants.

Chapter 5

Social vulnerability and health among ethnic groups

Alexandra Obach, PhD

Summary

The health of ethnic groups, both in Chile and in the region, is characterized by the ongoing link with historical situations of exclusion and discrimination to which these people have been subject to. Studies have shown systematic health gaps between indigenous and non-indigenous groups, demonstrating the social and health vulnerability of this population. This situation is exacerbated by the absence of the ethnic variables in health statistics and records, which makes it difficult to identify the epidemiological profile of indigenous populations in the country. Furthermore, the lack of gender and generational approaches towards ethnic groups leave them in a situation of greater social and health vulnerabilities. Intercultural health strategies implemented in the region and the country seek to overcome the subordination of indigenous peoples, and their ancestral understanding of health and disease, to existing biomedical healthcare systems. Such strategies have meant significant progress in this area, but do not necessarily imply a change in the living conditions or the symbolic representation of the indigenous society, nor do these strategies provide answers to the construction of indigenous identity in contemporary global societies. This chapter proposes to revise the concept of intercultural health, thus overcoming essentialisms in health, and proposes models aimed at building new partnerships in health and indigenous populations in Chile.

Keywords: health systems, indigenous peoples, intercultural health, social determinants of health, health vulnerability.

Recommendations for health policies and programs on ethnic groups and health in Chile

1. Develop strategies for effective participation of indigenous communities in building programs and health policies that take into account the voice and proposals of indigenous communities, valuing their diversity and heterogeneity.
2. There is a need to build new health criteria to understand the worldview of indigenous groups regards their health. Reinforce the development of a sociocultural epidemiology in the country and review their conceptual basis, in order to allow the inclusion of non-Western world views in these efforts.
3. Generate permanent strategies for updating epidemiological profiles created from and within ethnic groups, thus avoiding the Western bias of epidemiological tools currently used.
4. Raise the focus of sociocultural epidemiology in existing biomedical health teams and also those workers who apply instruments that measure socio-demographic profiles. This aims to avoid discrimination and invisibility of indigenous health and promote structural changes in policy decision-making and every day work in the healthcare system.
5. Generate a regulatory framework, in addition to strengthening intercultural health strategies, allowing ethnic groups to develop their autonomy in health care.
6. Review intercultural programs and health policies, which are responding to Western biomedical parameters more than the health needs of specific ethnic groups.
7. Include in the curricula of primary, secondary and higher education, values regarding human dignity of every person, respect and cultural relativism, all of which could contribute to a social and cultural change and contribute towards improving the social determinants of health.

Experts who participated in the elaboration of these recommendations

- **Claudio Millacura Salas**, Doctor en Historia, mención Etnohistoria. Coordinador académico, Cátedra Indígena, Facultad de Ciencias Sociales, Universidad de Chile.
claudio.millacura@u.uchile.cl
- **Elizabeth Licanqueo** Calfuqueo. Ingeniero Angrónoma. Referente Pueblos Indígenas, Extranjeros y Género, Hospital el Carmen “Luís Valentín Ferrada”.
elilicanqueo@gmail.com

- **Solange Campos Romero.** Enfermera matrona PUC. Magister en Psicología Social Comunitaria. Doctor© en Salud Pública. Profesor Asociado, Escuela de Enfermería, Pontificia Universidad Católica de Chile. scampos@uc.cl
- **Michelle Sadler Spencer.** Antropóloga Social. MSc en Antropología Médica y Estudios de Género. Académica del Departamento de Antropología de la Facultad de Ciencias Sociales y de la Escuela de Obstetricia de la Facultad de Medicina de la Universidad de Chile.
- **Alexandra Obach,** Antropóloga Social. Doctora en Antropología Social y Cultural. Magister en Estudios de Género. Profesora Asociada Facultad de Medicina CAS-UDD. aobach@udd.cl

1. Why is this topic important?

- The health of ethnic groups, both in Chile and in the region, is characterized by being linked to the historical situations of exclusion and discrimination that these peoples have been subjected to.
- Studies have shown systematic health gaps between indigenous and non-indigenous, demonstrating the social and health vulnerability of this population.

2. What do we already know about it in Chile?

- There is the absence of ethnic indicators in vital statistics and health records, which makes very difficult to identify and update the epidemiological profile of ethnic groups in the country.
- There is a lack of focus on gender and intergenerational health among ethnic groups in Chile.
- Intercultural health strategies implemented in the region and in the country have been set up as alternatives that seek to overcome the subordination of indigenous peoples to allopathic health care systems.
- These strategies have meant significant progress in this area, but does not necessarily imply a change in the conditions of life or the symbolic representation of ethnic groups within society.

3. What needs to be done to improve this situation?

- Revise the concept of intercultural health, thus overcoming dominating essentialism in health towards ethnic groups, and propose models aimed at building new partnerships between the healthcare sector and indigenous communities.

Chapter 6

Sexual diversity and health

**Andrea Infante Soler, MSc;
Juliana Rodríguez Bothe, MSc**

Summary

Prejudice and discrimination are the cause of different forms of violation and vulnerability among the sexually diverse population. That is why diverse aspects of their lives are adversely affected. One of the biggest negative impacts of this discrimination is in the health of this population, particularly in mental health. This has generated a special focus for the development of intervention plans, research and creative work tools for this population, based on the understanding of the experiences and specific health needs of sexually diverse people. Different NGOs participate in the challenge of transforming Chile into a country free of discrimination and prejudice, promoting the welfare of all people irrespective of sexual orientation. This chapter focuses on generating public policies that recognize, protect and guarantee the rights of lesbian, gay, bisexual, trans and intersex individuals (LGBTI). It seeks to promote the visibility of sexual diversity as a common feature of all societies, which should in turn prevent discriminatory, homophobic or transphobic behaviour.

Keywords: sexual diversity, LGBTI, discrimination, health effects, Chile.

Recommendations for health policies and programs on sexual diversity and health in Chile

1. Implement effective sexual education programs, covering the biology of sexuality, sexual identity (including sexual diversity), specific behaviors and the prevention of sexually transmitted infections. Expansion of sex education and demystifying sexual diversity is an urgent priority.
2. Programs of sexual education and sexual identity should be included in preschool, elementary school and high school education, as well as all higher education institutions.
3. The language used for health programs, laws and policies must be modified, so that it is inclusive and without discrimination by sex or gender (for example “women’s health” can be renamed “reproductive health”).
4. Allocate funds for research to generate knowledge on issues of LGBTI people and related topics, such as internalized homophobia, depression, anxiety-inducing disorders, risky sexual behavior, sexually transmitted infections, suicide, delinquency, drug addiction, cardiovascular problems, cancer, and hormonal disorders..
5. Modify explicit policies and access to health care in both the public and private sectors. Protocols and pathways should improve fluidity and accessibility to primary and secondary care without prejudice and stigma associated to those who are sexually diverse.
6. Mass media efforts to reduce stigma and discrimination: promote advertising campaigns and projects that incorporate new cultural resources, fresh visions and new ways of raising awareness in this topic to society.
7. Eliminate parental consent for young people between 14 and 18, so that they can freely access health screenings and encouraging responsible sexual and reproductive health.

Experts who participated in the elaboration of these recommendations

- **Francisca Burgos.** Psicóloga Centro Integrado de Especialidades Psicológicas
- **David Palma.** MSc (c) Sexualidad y Afectividad. Medico. Corporación Miles Chile
- **Cristian Jesam.** Especialista en Fertilidad y Medicina Reproductiva. Director Fundación Todo Mejora
- **Alexandra Obach.** Phd. Profesor Facultad de Medicina CAS-UDD
- **Andrea Infante.** MSc Desarrollo Humano e Intervención Social Universidad de Nueva York

1. Why is this topic important?

- Sexually diverse individuals often experience discrimination, prejudice and ignorance.
- The impact of these on the health of sexually diverse people is severe, affecting both their perceived and actual health and wellbeing.

2. What do we already know about it in Chile?

- Various actions such as the emergence of NGOs focused on this topic, marches, talks between the government (sectoral level) and civil society, have taken place. Anti-discrimination laws and projects have been created with an expected public policy impact.

3. What needs to be done to improve this situation?

- The creation of new laws and policies that reduce stigma and discrimination.
- Adequate and reliable training, generating a common language between those who are sexually diverse and societies, in order to reduce discrimination.
- Individuals in society need to learn more about sexuality as a whole and its various expressions in Chile.

Chapter 7

Disability and its effect on health

**Paula Nahuelhual Cares;
Carolina Giaconi Moris**

Summary

Having a disability creates a state of vulnerability that affects several areas of an individual's life. The objective of this chapter is to describe disability and its effect on health, taking account of the population that experiences this condition, the difficulties they face in the field of health, and prevention interventions and improvements that have been made to reduce vulnerability and improve the health of this population. Regarding the extent of disability, 15% of the world population experiences some form of disability, a proportion of the population that also concentrates other social conditions of vulnerability: poverty, poor access to health, lower levels of education and lower access to employment, poor social participation and greater risk of abuse, discrimination and violence. Among these difficulties, persons with disabilities (PSD) must deal with additional health problems, along with the need for timely access to health services, which may contribute to worsening health status. In the national and international context, governments, private institutions and organized civil society have started many initiatives to promote social inclusion of the PSD, through development of interventions in areas such as health, education and participation, achieving substantial improvements in the quality of life of PSD and their families.

Keywords: social vulnerability, health, disability, social inclusion, Chile.

Recommendations for health policies and programs on disability and health in Chile

1. Improve the measurement of disability in population surveys conducted in Chile (Census, CASEN) to facilitate the comparison of data.
2. Create employment programs for caregivers of PSD, allowing caregivers to work from home and complement work with informal care they provide to the PSD.
3. Build specialized protocols for health care of people with disabilities, which can be added to existing protocols.
4. Strengthen community based rehabilitation programs, in order to expand coverage, diversifying the population and the type of disabilities they address.
5. Promote human capital formation through incorporation of curricular contents related to disability in higher education (pedagogy, health careers, architecture, design, etc.).
6. Develop specific initiatives and funding programs for research on topics related to disability.
7. Strengthen multi-sectoral work in addressing disability, as this requires a global perspective and an articulated work.

Experts who participated in the elaboration of these recommendations

- **Paula Nahuelhual Cares** Magister en Epidemiología Clínica© Universidad de la Frontera. Dirección de Investigación y Desarrollo, Teletón Chile.
phanuelhual@teleton.cl
- **Carolina Giaconi Moris** Licenciada en Psicología, psicóloga Universidad de Chile. Dirección de Investigación y Desarrollo, Teletón Chile.
cgiaconi@teleton.cl
- **Carmen Pilar Artaza Barrios** Directora Área Técnica, Fundación Coanil.
cartaza@coanil.cl
- **Claudia González Godoy** Magister en Salud Pública Comunitaria y Desarrollo Local, Universidad de la Frontera, Temuco. Docente Carrera Terapia Ocupacional, Universidad Mayor, Sede Temuco.
claugonzalezg.to@gmail.com
- **Lida Vargas Areyuna** Traductora inglés-español. Administrativa de apoyo, Dirección Investigación y Desarrollo, Teletón. Portadora de distrofia muscular Werdning Hoffman.
Lvargas@teleton.cl

- **María Soledad Astorga Lagos** Encargada de Participación Social, Jefa Unidad de Servicio Social y Secretaria Ejecutiva de Consejo Consultivo del INR PAC. Integrante Consejo Comunal de la Discapacidad de Peñalolén. soledad.astorga@redsalud.gov.cl
- **María Ximena Rivas Asenjo** Presidenta Directorio ONG Corporación Incluye 360. Ex Directora Servicio Nacional de la Discapacidad. mxrivas@incluye360.cl
- **Raquel Calvarro Arroyo** Asistente Social, Universidad Complutense de Madrid, Universidad de Madrid. Coordinadora Nacional y Jefa de Unidad Laboral, Teletón Chile. rcalvarro@teleton.cl

1. Why is this topic important?

- Disability includes impairments, activity limitations and participation restrictions, reflected in challenges to interactions between people with disabilities and personal and environmental factors.
- People with disabilities constitute the largest and most disadvantaged minority group worldwide.
- Disability is a condition that affects more vulnerable populations as being more recurrent in low-income countries, among women, elderly, children and adults who are in a state of poverty.
- Disability is a condition that is increasing due to greater presence of chronic diseases, an aging population, emerging diseases, war, social violence, accidents, use and abuse of alcohol and drugs, malnutrition, child abandonment, extreme poverty and natural disasters.

2. What do we already know about it in Chile?

- 12.9% of the Chilean population has a disability (1 in 8 Chileans).
- Disability in Chile mainly affects women, reaching 58.2% of the total (for every 7 men with disabilities there are 8 women with disabilities).
- Disability mainly affects people in adulthood, with 86.1% of people with disabilities over 29 years of age and 43.3% people over 65 year of age.
- Disability mainly affects people of lower socioeconomic levels. 39.5% of disabled people live in low socioeconomic status, 55.4% live in the middle socioeconomic level and only 5.08% belong to higher socioeconomic status.

3. What needs to be done to improve this situation?

- There must be a broader and deeper diagnosis of the population with disabilities, which will characterize the many variables that make disability status according to the international functioning definition.
- We must make adaptations and improvements to facilitate access of PSD to the various services and institutions, hereby facilitating their inclusion into society.

Chapter 8

People living in prison

María Beatriz de Gregorio R.

Summary

The concept of vulnerable populations has many definitions, from populations without access to welfare conditions, disadvantaged social groups or populations whose specific characteristics put them at high health risk. Regardless of the definition chosen, all of them include people who are serving prison sentences. Imprisonment is itself a vulnerability factor to human existence. Although the classic definition only refers to the restriction of movement, the conditions in which prisoners live favor the violation of fundamental human rights, including the right to health. By having people living in prison in our countries we are confronted by a reality that society often ignores. Prisons are a reservoir of detainees in a hostile environment, in unsanitary conditions, where the sense of human dignity is tested daily. This chapter has the following structure: description of prisoners in the world; effects on health; the local national situation; and finally a discussion about whether prisoners should be included in the healthcare system through the prison system or through the existing health care system (health when needed versus health as a universal right).

Keywords: detention, health, vulnerability, social inequality, Chile.

Recommendations for health policies and programs for people living in prisons in Chile

Policy recommendations

- Improve strategies across all ministries. Currently no active agreements between the Ministry of Health and the Ministry of Justice on this matter exist.
- Establish a more direct relationship with prisons and primary care for prevention and health promotion of the prison population.
- Implement strategies to increase the visibility of the health problems of the prison population in our country
- Build health protocols from the Police department, to control chronic and communicable diseases, through working together with the scientific community and the Ministry of Health

Financial recommendations

- Establish formal agreements between the Ministries of Justice and Health to address health issues of the prison population in future budgets.
- Encourage the autonomy of healthcare by Police department, to manage resources, promote and improve healthcare.

Human resources recommendations

- Implement periodic rounds with medical specialists who attend the prison population in collaboration with primary care health teams
- Promote permanent training to health personnel and prison staff for prevention and control of diseases within the entire penitentiary community
- Promote the work of nurses taking into consideration the living and health conditions within prisons.

Infrastructure recommendations

- Increase the response capacity of nurses in correctional institutions, for example through the implementation of rapid diagnostic tests.
- Promote telemedicine procedures for early diagnosis in prisons.

Experts who participated in the elaboration of these recommendations

- **Beatriz De Gregorio.** Dirección de Salud Gendarmería de Chile.
bdegregorio@gendarmeria.cl.
- **Ximena Aguilera** MSc. Directora Centro de Epidemiología y Políticas en Salud Facultad de Medicina Clínica Alemana Universidad del Desarrollo.
xaguilera@udd.cl.
- **Víctor Pedrero,** MSc. Equipo de Estudios Sociales en Salud Facultad de Medicina Clínica Alemana Universidad del Desarrollo.
vpedrero@udd.cl

1. Why is this topic important?

- Chile has the fourth highest proportion of prisoners globally with a current rate of 305 inmates per hundred thousand inhabitants.
- The prison population includes mostly young, poor males (only 8% of the prison population is female) and with an average education level of incomplete secondary education.
- These people come from low socioeconomic strata, and are therefore vulnerable in terms of social conditions and health. They usually do not consult in healthcare services prior to imprisonment, which means individuals enter prison establishments with infections and diseases that have not been treated or controlled and are often aggravated imprisonment. These conditions are then exacerbated by unhealthy situations, violence and overcrowding while living imprisoned.
- The constant inputs and outputs of the system facilitate the transmission of infectious diseases and aggravate the problem of public health management for the entire penitentiary community, including the army and prison workers.

2. What do we already know about it in Chile?

- The prison population in Chile has poor access to health care. Currently the healthcare of this group is under the control of the Ministry of Justice and not the Ministry of Health. This is important when assuming responsibility in this matter, because although the Police department makes considerable efforts in this area, existing prison hospitals are insufficient to meet the demands of this population.
- The Police department has taken important steps of protecting terminally ill patients and increased provision of nursing services and creation of mental health programs. All these initiatives have been aimed at combating the vulnerability and its impact on the health of the prison population. Nevertheless, it is clear that much remains to be done in this area, which not only involves efforts the Police department but also effective action from the central government.

3. What needs to be done to improve this situation?

- On the one hand, strategies across ministries that consider transfer of resources to improve health care in the prison population should be generated.
- On the other hand, there should be increased training of health personnel, the army workers and prisoners to respond to health issues within prisons, and increase the response capacity of the prison hospitals.

Chapter 9

Social vulnerability and its effect in human research

Dra. Carmen Paz Astete, MSc

Summary

Multiple social conditions influence individuals or groups and can place them in a situation of vulnerability. In general terms, research on human subjects defines vulnerability as those individuals who are unable to give a valid informed consent, either due to a lack of competence or a lack of true freedom to refuse to participate in research. The purpose of medical research involving human subjects must be to improve diagnostic, therapeutic and prophylactic procedures and the increase understanding of the aetiology and pathogenesis of disease. The Universal Declaration of Human Rights states that there is a right of all individuals to be beneficiaries of advances in scientific research. In Chile, much of the clinical research is conducted on subjects who are treated in public hospitals and universities, most of them experiencing social vulnerability and yet only reaping the benefits of research if the state incorporates the treatments or procedures in their public health care programs (vaccines, treatment guidelines, etc.). Often the high costs of implementing new technologies determine that the poorest individuals do not have access to them and therefore do not benefit directly from such advances, even though in some cases there is the indirect benefit by the fact that participating in research as a subject has proven to reduce the chances of infection or error in treatment. In order to protect individuals from abuse or unnecessary damage while research is conducted, the participation of these subjects in research should be under strict regulation by Scientific Ethics Committees (SEC), which should ensure that both legal regulations and international conventions in the development of scientific research are met.

Keywords: vulnerability in research ethics in biomedical research, research benefits, protection of human research subjects.

Recommendations for health policies and programs for human research in Chile

1. Promote quality accreditation of SEC and the training of its members to all necessary measures to protect vulnerable subjects during research.
2. The members of the SEC in Chile must know which subjects are vulnerable groups.
3. Research in Chile should respond to prioritized national topics, relevant to the health problems of the population.
4. The most vulnerable populations, including individuals who are unable to consent, should be able to participate in all the research that could benefit them.
5. The policies related to research funding should be equitable and promote initiatives to remedy problems of vulnerable populations.
6. Researchers and funding agencies should consider within the costs of the investigation initiatives to ensure that the benefits of the research reach those who participated and those in social vulnerability.

Experts who participated in the elaboration of these recommendations

- **Dra. Carmen Astete**, Directora del Centro de Bioética Facultad de Medicina Universidad del Desarrollo, Profesor Titular Universidad del Desarrollo, Miembro Comité de Ética Asistencial. Hospital Luis Calvo Mackenna. castete@udd.cl
- **Dra. María Inés Gómez**, Directora Hospital Padre Hurtado, Docente Centro de Bioética Facultad de Medicina Universidad del Desarrollo, Miembro Comité de Ética Asistencial Hospital Padre Hurtado, Miembro Comité Ético-Científico Servicio de Salud Metropolitano Sur Oriente, Integrante Comisión Ministerial de Ética de Investigación (CMEIS), migomez@hurtadohosp.cl
- **Dra. Sofía Salas**, Profesor Titular de la Facultad de Medicina de la Universidad Diego Portales, Miembro del Departamento de Ética del Colegio Médico de Chile, sofia.salas@udp.cl
- **Dr. Juan Pablo Beca**, Profesor Titular Universidad del Desarrollo. Miembro Honorario de la Academia de Medicina de Chile, Miembro del Comité de Ética Científico Facultad de Medicina CAS-UDD y del Comité de ética asistencial Clínica Alemana. jpbeca@udd.cl

1. Why is this topic important?

- Vulnerability in research is defined by the risk that individuals might suffer due to damage to their physical, mental, or general integrity.
- In Chile, as in other countries, the most vulnerable groups in relation to biomedical research are those belonging to the poorest quintile, those with less education and those with diseases that cause great suffering. These conditions take away degrees of freedom and the ability to assess risks and benefits to research participation.
- In Chile there is a special group who are mentally disabled who have been excluded by law from the possibility to participate in scientific research that potentially benefits them.
- The most vulnerable groups in the world assume the risks of scientific research but do not receive the same proportion of profits related to it.

2. What do we already know about it in Chile?

- International standards, the Charter of Human Rights and statements by medical associations have contributed to regulate scientific research involving human subjects and protect the most vulnerable individuals against foreseeable and unnecessary damage through research participation.

3. What needs to be done to improve this situation?

- Strengthen the role of the SEC as protectors of individuals who participate in research.
- Improve training of researchers in the ethics of research.
- Educate the public in general and researchers in particular about protection of individuals and groups with social vulnerability.
- Recognize that there are vulnerable groups that cannot be excluded and through legislation, well-designed regulations and mechanisms of protection these individuals should be offered the opportunity to participate in scientific research and enjoy the benefits, whilst guaranteeing the respect of their rights and protection from damage.

FOURTH SECTION

Discussion and Conclusions

Chapter 5

Discussion and Conclusions

Dr. Sebastián Peña, MSc;
Paula Sierralta, MSc;
Dr. Roberto del Águila;
Báltica Cabieses, PhD

Summary

Health is an essential component of a society and is influenced by commercial, political, environmental and social determinants which circumscribe the manner in which people are born, grow, live, study, play, work and age. Throughout the lifespan, we humans are exposed to different levels of risk that test and threaten our ability to respond. The dynamic and multifactorial nature of vulnerability and its impact on welfare and health of an individual imply the need for the state to articulate cross-sectoral policies to achieve consistency and align sectoral objectives around which society as a whole is proposed as a goal or ideal linked to ensure the protection of human rights, social justice, welfare and equity. Health in All Policies is an emerging tool with the potential to contribute to the process of designing cross-sectoral policies to reduce vulnerability and to mitigate the social and health consequences in Chile.

Keywords: health, state social vulnerability, Health in All Policies.

Translated to English by:

Anna Macintyre, RN, MPhil

Javiera Flaño, MD, MSc

Báltica Cabieses, PhD