Implications of the Social Determinants of Health for Health Promotion and Injury Prevention

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Overview

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- Defining Injury and Injury Prevention
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Key Questions

• What are the fundamental causes of health, illness, and injuries?
• What are the levels at which interventions can take place?
• What will be the most effective means of promoting health and preventing injuries?
• What are the barriers to adopting these approaches?
Defining Health Promotion

• Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health.

• Prerequisites of health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity.

• Health promotion action areas are:
  – Build Healthy Public Policy
  – Create Supportive Environments
  – Strengthen Community Actions
  – Develop Personal Skills
  – Reorient Health Services

Defining Injury and Injury Prevention

- Injury is physical damage to the body.
- Unintentional injuries include most injuries resulting from traffic collisions, burns, falls, and poisonings.
- Intentional injuries are injuries resulting from deliberate acts of violence against oneself or others.
- Injury prevention simply means trying to minimize the risk of injury.

Defining Social Determinants of Health

• Social determinants of health are the economic and social conditions that shape the health of individuals, communities, and jurisdictions as a whole.

• A variety of lists are available but the one that grew out of a national conference at York University is 2001 has proven especially useful.
The Focus of the Canadian SDOH Conference

- Aboriginal status
- disability
- early life
- education
- employment and working conditions
- food security
- health services
- gender
- housing
- income and income distribution
- race
- social exclusion
- social safety net
- unemployment

Establishing the Links

• Strong empirical relationship between living circumstances and injuries within jurisdictions.
• Strong empirical relationship between living circumstances and injuries between jurisdictions.
• What are the implications of these findings?
Pedestrians hit by motor vehicles, both sexes

Greater Risk of Injury among Lower Socioeconomic Children, Ontario, 1996

Risk of Injury as Compared to Wealthiest Quintile

Income Quintile

Highest | 2nd | Middle | 4th | Lowest

Minor Injury

Moderate Injury

Extreme Injury

Socio-economic Status and Types of Injuries in Alberta, Odds Ratios Compared to Unsubsidized Reference Group (OR=1), 1995-1996

Canada gets a marginal grade on childhood injury

• UNICEF’s second Innocenti Report Card, which focuses on child deaths by type of injury, ranks Canada 18th of 26 OECD nations for deaths from both intentional and unintentional injuries among children 1–14 years of age during 1991–1995.

• Not surprisingly, Canada fared worse than the world leaders from the Scandinavian countries; however, it also did worse than Spain, Greece and Australia.

• Had Canada enjoyed the rate achieved by the leader Sweden, 2665 more children would be alive today.

• Source: Richard Stanwick, editorial, CMAJ, October 10, 2006, 175(8), 845.
The child injury death league

Figure 1
The table shows the annual number of deaths from injuries (unintentional and intentional) among 1 to 14 year old children during 1991-95, expressed per 100,000 children in the age group (details of the data and calculations are given on page 25).
Such an approach concentrates on environmental change to secure injury reductions rather than solely relying on programs that focus on the behaviours of the individual or family.

In keeping with this broad environmental approach, I suggest that we not only consider targeted interventions for poor children but that we also look at the facet of the social environment that is at the root of the disparity in injury-related death rates — child poverty.
Answering the Key Questions

• What are the fundamental causes of health, illness, and injuries?
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Fundamental Causes

• “We argue that social factors such as socioeconomic status and social support are likely "fundamental causes" of disease that, because they embody access to important resources, affect multiple disease outcomes through multiple mechanisms, and consequently maintain an association with disease even when intervening mechanisms change.”

What are the fundamental causes of health, illness, and injuries I?

• “Health inequalities result from the differential accumulation of exposures and experiences that have their sources in the material world.”

Fig. 2.2 Social determinants of health. The model links social structure to health and disease via material, psychosocial and behavioural pathways. Genetic, early life, and cultural factors are further important influences on population health.

What are the fundamental causes of health, illness, and injuries II?

- “The effect of income inequality on health reflects a combination of negative exposures and lack of resources held by individuals, along with systematic underinvestment across a wide range of human, physical, health, and social infrastructure.”

Figure 1. Public spending on family benefits in cash, services and tax measures, in per cent of GDP, 2005

Family spending in cash, services and tax measures, in percentage of GDP, in 2005

Notes:
- Public support accounted here only concerns public support that is exclusively for families (e.g. child payments and allowances, parental leave benefits and childcare support). Spending recorded in other social policy areas as health and housing support. Spending recorded in other social policy areas as health and housing support also assists families, but not exclusively, and is not included here.
- OECD-24 excludes Greece, Hungary, Luxembourg, Poland, Switzerland and Turkey where Tax spending data are not available.

Source: Social Expenditure Database (www.oecd.org/els/social/expenditure).
Figure 8. Child Poverty in Wealthy Nations, Mid-2000s

Percentage of Children Living in Relative Poverty Defined as Households with <50% of the National Median Household Income

What are the levels at which interventions can take place?

- Immediate – micro-level interventions focused on reducing individual risk
- Community – meso-level interventions concerned with local area-based initiatives
- Societal – macro-level public policy initiatives that improve the quality and equitable distribution of the social determinants of health
Figure 13.2: A Framework for Identifying the Pathways from the Social Context to Health Outcomes, and the Means of Introducing Policy Interventions

What will be the most effective means of promoting health and preventing injuries?

• “Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age.

• Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.

• Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.”

What are the barriers to adopting these approaches?

- Paradigmatic assumptions of the health sciences and epidemiology
- General lack of understanding and neglect of the social determinants of health
- Increasing withdrawal of governments from intervening in operation of the market economy
- Perception of threat in raising issues of public policy as part of health promotion and injury prevention
One Way Forward:

Health Assessment
The Unequal City:
Income and Health Inequalities in Toronto
2008
Overall, we found that CPHA has not only kept pace with developments in the field of social determinants, but has arguably been well ahead of its time.

If a report falls in the forest, but no one is there to hear it, does it make a sound?
The Real Way Forward:

Public Education
From Concept to Action: a Social Determinants of Health Work Plan

Prepared by Carla Bolen & Doug Ramsay
Regina Qu’Appelle Health Region, Mental Health & Addiction Services for the Regina Regional Intersectoral Committee, April 2008
Poverty & Health

Take Action for a Healthier Community

Some things a doctor can't prescribe... but they can be just as important to health as the ones she can. Social and economic conditions like income, housing, and access to nutritious food are powerful determinants of health.

Research has shown that people who live in the poorest neighborhoods have a lower life expectancy, and higher mortality rates for cancer, cardiovascular disease, diabetes and respiratory diseases. Children living in poverty are more likely to have poorer developmental outcomes, to drop out of school sooner, and to suffer from asthma and chronic diseases.

It has been suggested that over 20% of health care spending in Canada is due to income disparities. Policies and programs which reduce social and economic inequities can reduce the burden on the health care system.

In Peterborough, poverty and its impact on health is a major concern.

- To learn more about the determinants of health click here.
- To read a report about Poverty in Peterborough City and County click here.
- For more information on child poverty in our community, click here.
- To view three 30-second television ads on the impact of income, housing and access to food on health, click here.
- To view the Peterborough Health Services Directory of free and low cost health and mental health services, click here.
- For more information on the link between income and nutrition in our community, click here.
- To view a report on the Food Security Community Partnership Project, click here.
- For more information on the link between income and housing in our community, click here.
- To find out how you can take action click here.
The most important things you need to know about your health may not be as obvious as you think.

**Health = A rewarding job with a living wage**
Little control at work, high stress, low pay, or unemployment all contribute to poor health.
Your job makes a difference.

**Health = Food on the table and a place to call home**
Having access to healthy, safe, and affordable food and housing is essential to being healthy.
Access to food and shelter makes a difference.

**Health = Having options and opportunities**
The thing that contributes most to your health is how much money you have. More money means having more opportunities to be healthy.
Money makes a difference.

**Health = A good start in life**
Prenatal and childhood experiences set the stage for lifelong health and well-being.
Your childhood makes a difference.

**Health = Community belonging**
A community that offers support, respect, and opportunities to participate helps us all be healthy.
Feeling included makes a difference.

**How can you make a difference?**
Action to improve the things that make ALL of us healthy depends on ALL of our support.

Start a conversation.
Share what you know.

To learn more, call the Sudbury & District Health Unit at (705) 522-9200, ext. 515 or visit www.sdhu.com.
Conclusions

• Interventions have to take place at all levels
• Health-related behaviours and injuries are embedded with living circumstances and conditions
• Improving these circumstances and conditions would serve to improve overall health and reduce injuries
• The social determinants of injuries requires further attention in research inquiry, practice, and public policy analysis and development
“It may be a coincidence that Canada’s world rankings on child injury and child poverty are so similar.

However, if Canada were to make a concerted and ultimately successful effort in reducing child poverty, our standing among OECD nations should improve in future UNICEF report cards.

Nevertheless, action specific to childhood injuries needs to be taken on a variety of fronts, from the creation of a federal injury prevention strategy to enactment of healthy public policies at the local, provincial and federal levels.

Collectively, Canada should strive for nothing less than top marks for all aspects of child health.”

Source: Richard Stanwick, editorial, CMAJ, October 10, 2006, 175(8), 845.