Identifying and Responding to the Barriers of Addressing the Social Determinants of Health

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St. Johns, Newfoundland, June 17, 2010

- Broadening future injury prevention efforts to also examine broader socioeconomic conditions alongside more proximal indicators associated with severe burn injury is likely to be more effective thann targeting individual behaviour alone.

- Nathaniel Bell, Burns, 2009, 35.

Overview

- Barriers to Addressing SDOH
- Lessons from Abroad
- The Analysis of Power and Influence
- Resources and Supports
- Moving Forward
- The Alternatives

There are significant – but not insurmountable -- barriers to having a social determinants of health perspective adopted

Barriers to Addressing SDOH

Forms of Knowledge

Individualism in Health

Dominant Political Ideologies

Forms of Knowledge/Inquiry

- *Instrumental (or positivist) knowledge* is developed through traditional scientific approaches. It is concerned with controlling physical and social environments (e.g., epidemiological, statistical methods).
- *Interactive (or idealist) knowledge* is derived from sharing lived experiences. It is concerned with understanding and the connections among human beings (e.g., ethnographic, qualitative methods).
- *Critical (realism) knowledge* is derived from reflection and action on what is right and just. It is concerned with raising consciousness about the causes of problems and means of alleviating them (e.g., structural, materialist analysis).

- Wilson, J. (1983). Social Theory. Englewood Cliffs NJ: Prentice Hall.
- Park, P. (1993). What is participatory research? In P. Park, M. Brydon-Miller, B. Hall & T. Jackson (Eds.), Voices of change: Participatory research in the USA and Canada. Toronto: OISE Press.

Scientific (positivistic) Knowledge is Privileged above others

- Quantitative (a problem)
- Individualized (a larger problem)
- Non-normative (an even larger problem)
- De-politicized (a profound problem)

- See Raphael, D., & Bryant, T. (2002). The limitations of population health as a model for a new public health. *Health Promotion International, 17,* 189-199.

What does de-politicized mean when talking about the social determinants of health?

- Assuming that individuals' behaviours, health, and well-being exist independently of the society in which they live
- Neglect of political and economic forces shaping the distribution of resources
- Emphasis on knowledge creation, dissemination, translation, and exchange rather than building social and political movements in the service of health

Individualism in Health

- “With exceptions, few decision makers examine the relationship of inequalities in health status to racism or social, political, and economic inequality. None suggest the need for major political and economic transformations to eliminate health inequities.
- Many analysts and policymakers instead focus on symptoms and treatments, microanalysis of individual risk factors, and changing people’s behavior and lifestyles, not conditions or places.
- They present options primarily through a biomedical model and remedial solutions, mostly associated with health care, rarely stressing social transformation.” (Hofrichter, 2003, p. 25).
- Hofrichter, R. (2003). The politics of health inequities: Contested terrain. In Health and Social Justice: A Reader on Ideology, and Inequity in the Distribution of Disease (pp. 1-56). San Francisco: Jossey Bass.

HEALTHY LIVING

Public involvement to inform the development of an Integrated Pan-Canadian Healthy Living Strategy

Select Highlights on Public Views of the

Determinants of Health

Canadian Population Health Initiative

Canadian Institute for Health Information
Institut canadien d'information sur la santé

National Survey of Canadians

- *If you had to identify the three most important things that contribute to GOOD health, what would they be?*
- Diet/nutrition 82%
- Physical activity 70%
- Proper rest 13%
- Not smoking 12%

Dominant Political Ideologies

- “It is profoundly paradoxical that, in a period when the importance of public policy as a determinant of health is routinely acknowledged, there remains a continuing absence of mainstream debate about the ways in which the politics, power and ideology, which underpin it influences people’s health.”

- Bambra, C., Fox, D., & Scott-Samuel, A. (2005). Towards a politics of health. Health Promotion International, 20(2), 187-193.

What is the central institution in Canadian Society – in terms of shaping the distribution of resources?

- The state (government)?
- The family?
- The market?

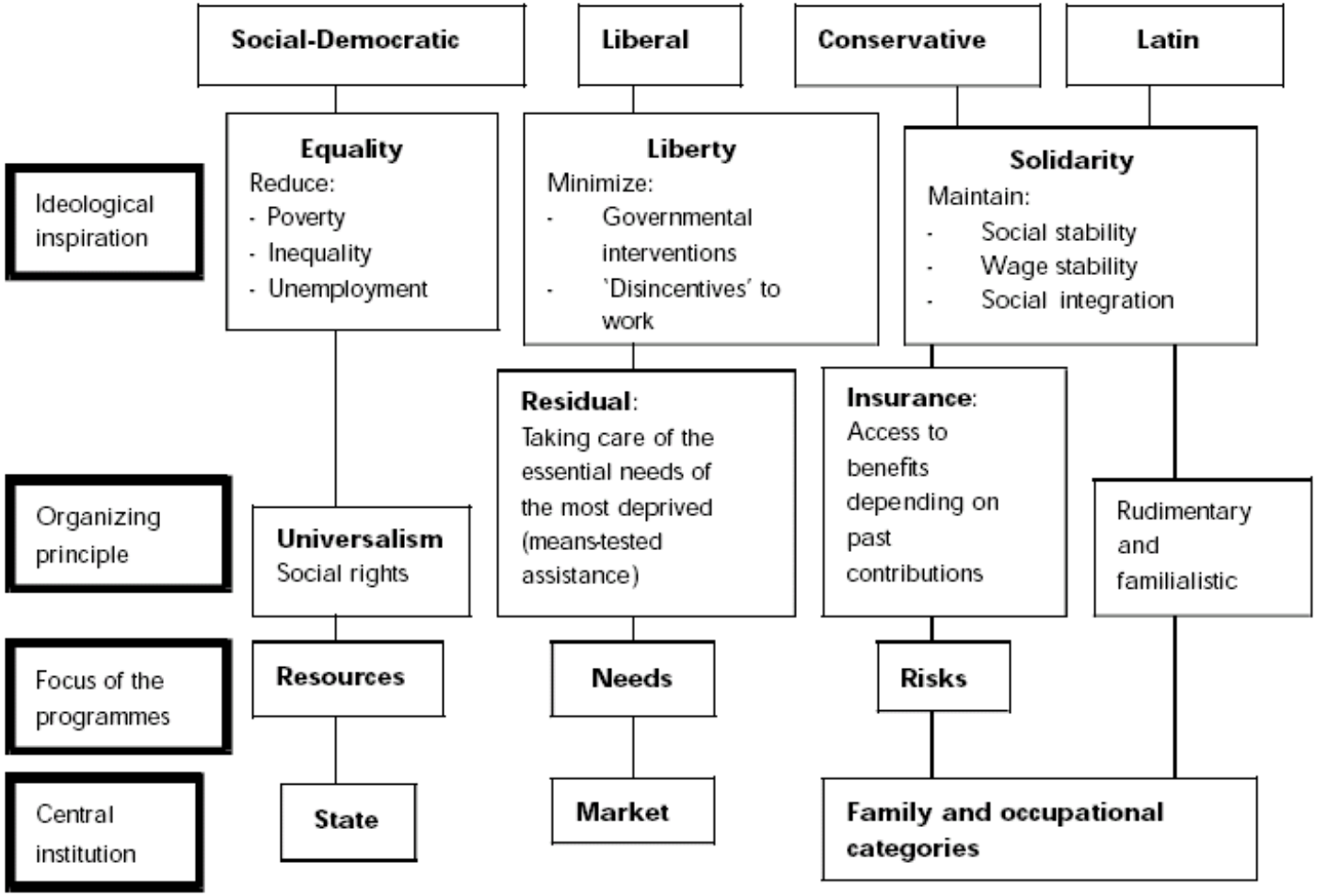
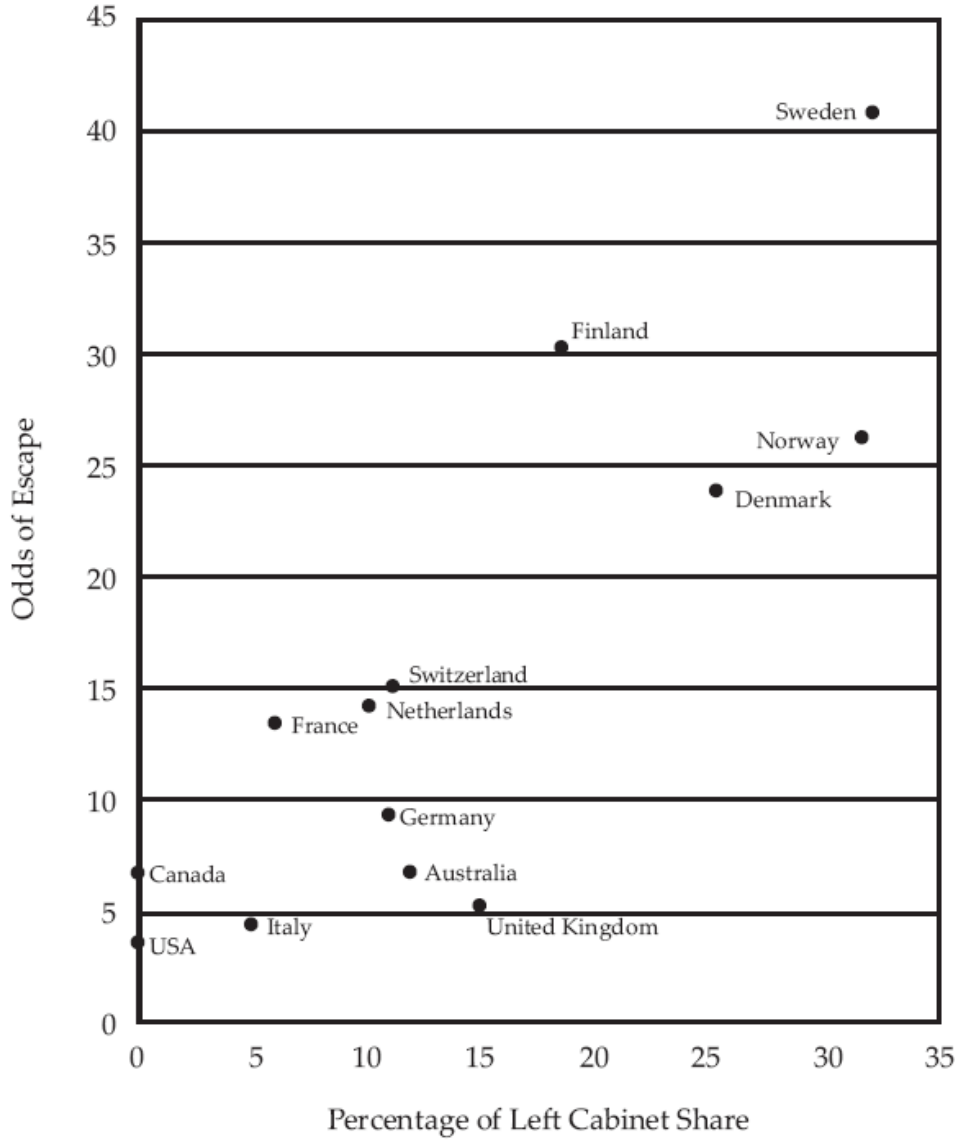


Figure 2 The Characteristics of Welfare Regimes

Source: Saint-Arnaud, S., & Bernard, P. (2003). Convergence or resilience? A hierarchial cluster analysis of the welfare regimes in advanced countries. Current Sociology, 51(5), 499-527.

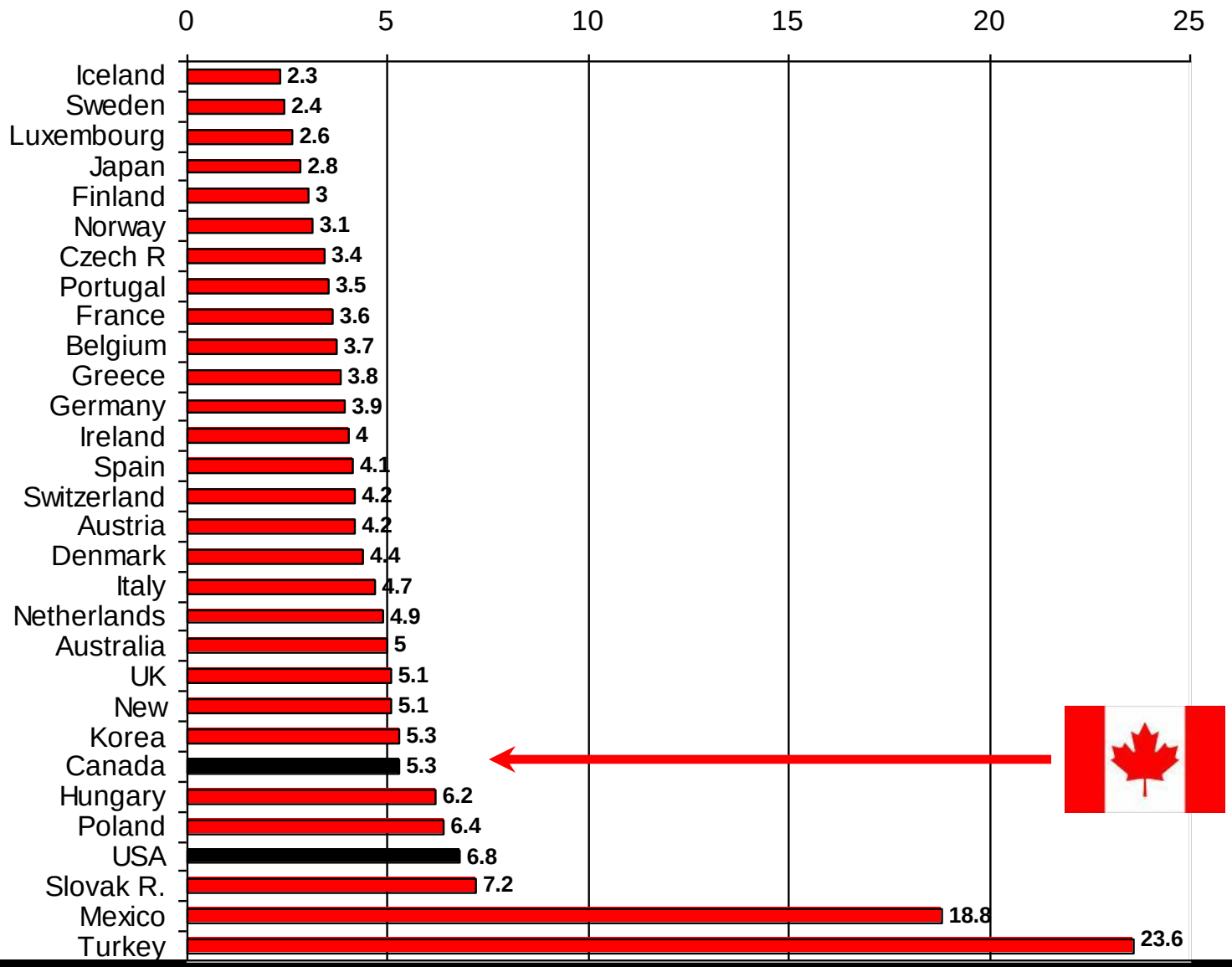
Lessons from Abroad

Figure 11.1: Odds in Fourteen Nations of Escaping Child Poverty, by Left Cabinet Share



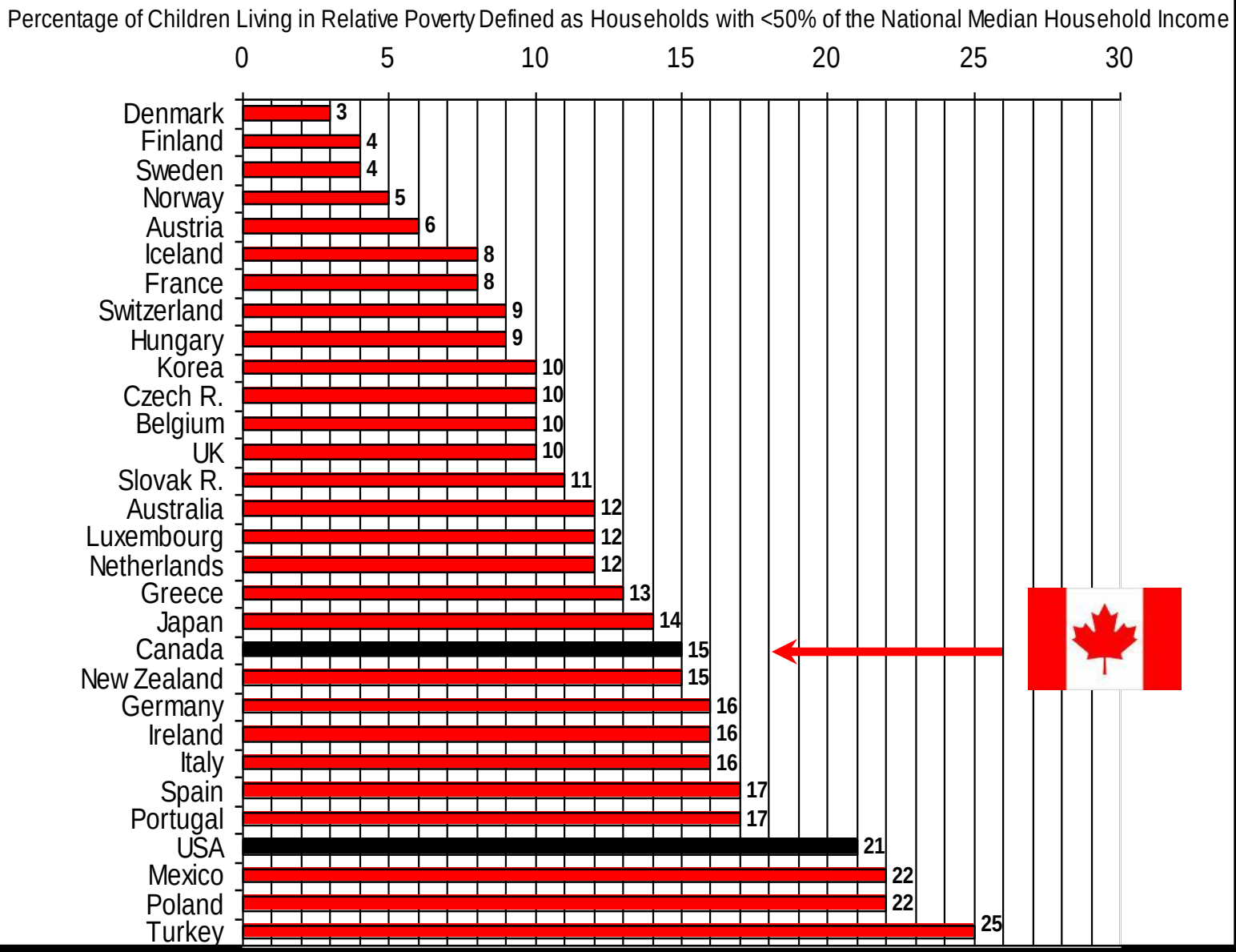
Source: From *Poor Kids in a Rich Country: America's Children in Comparative Perspective* (p. 71), by L. Rainwater and T. M. Smeeding, 2003, New York: Russell Sage Foundation.

Figure 1. Infant Mortality Rates/1000 in OECD Nations, 2005



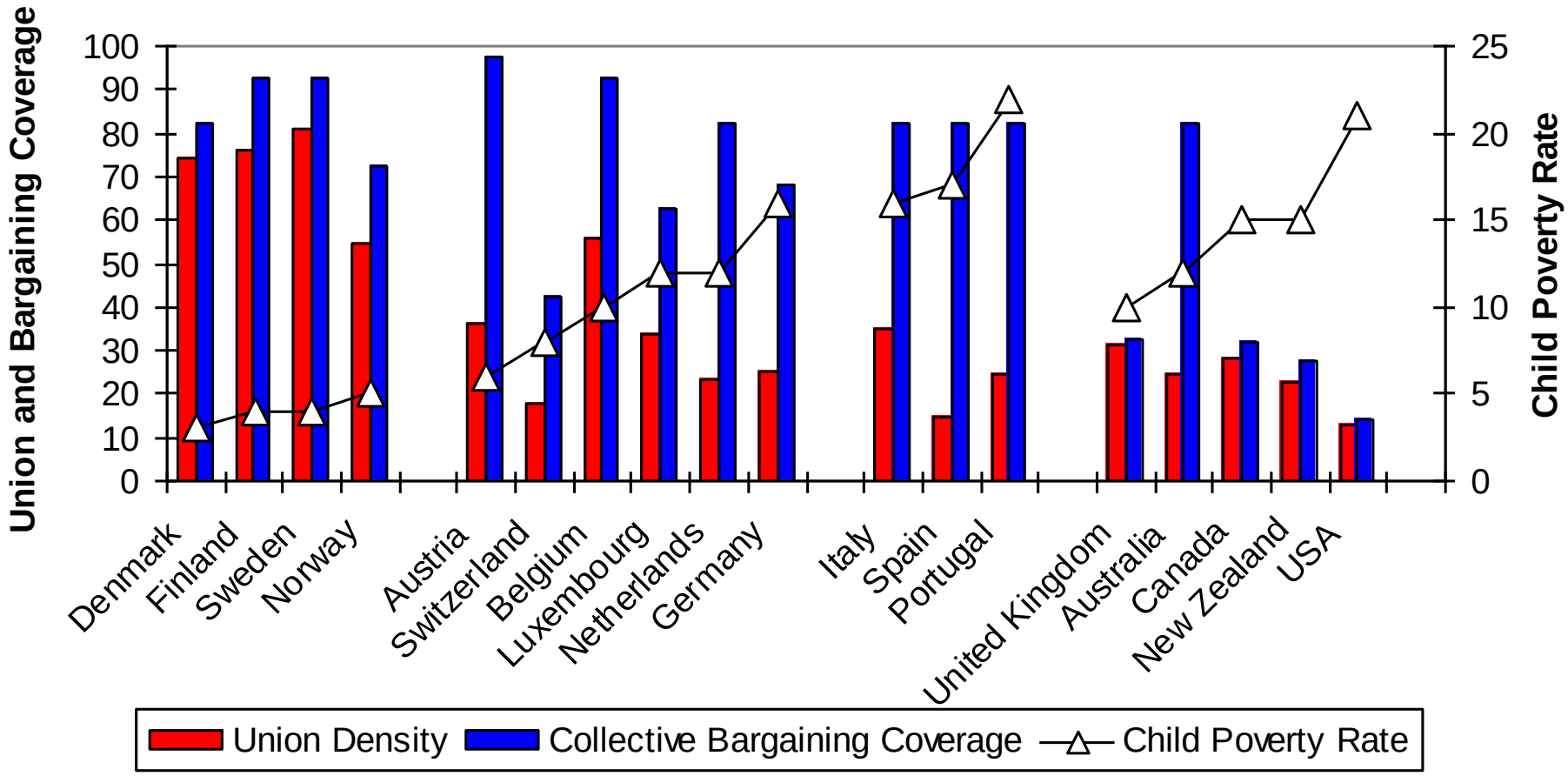
Source: Adapted from Organisation for Economic Cooperation and Development (2007). Health at a Glance 2007, OECD Indicators, Figure 2.8.1, p. 35. Paris: OECD.

Figure 3. Child Poverty in Wealthy Nations, Mid-2000s



Source: Adapted from Organisation for Economic Cooperation and Development (2008). Growing Unequal: Income Distribution and Poverty in OECD Nations, Table 5.2, p. 138. Paris: OECD.

Union Density, Collective Agreement Coverage and Child Poverty, Early 00's (coverage rates) and Mid 2000s (poverty rates)



Source: Organization for Economic Cooperation and Development (2006). Trade Union Members and Union Density. Available at http://www.oecd.org/dataoecd/8/24/31781139.xls and Organization for Economic Cooperation and Development (2009). Growing Unequal: Income Distribution and Poverty in OECD Countries Figure 5.a2.1, p.154.

Union membership and collective agreement coverage *r*=.52

Union membership and child poverty *r*= -.77

Collective agreement coverage and child poverty *r*=-.40

n=18 nations

Figure 2: Total Public Expenditure as % of GDP, OECD Nations, 2003

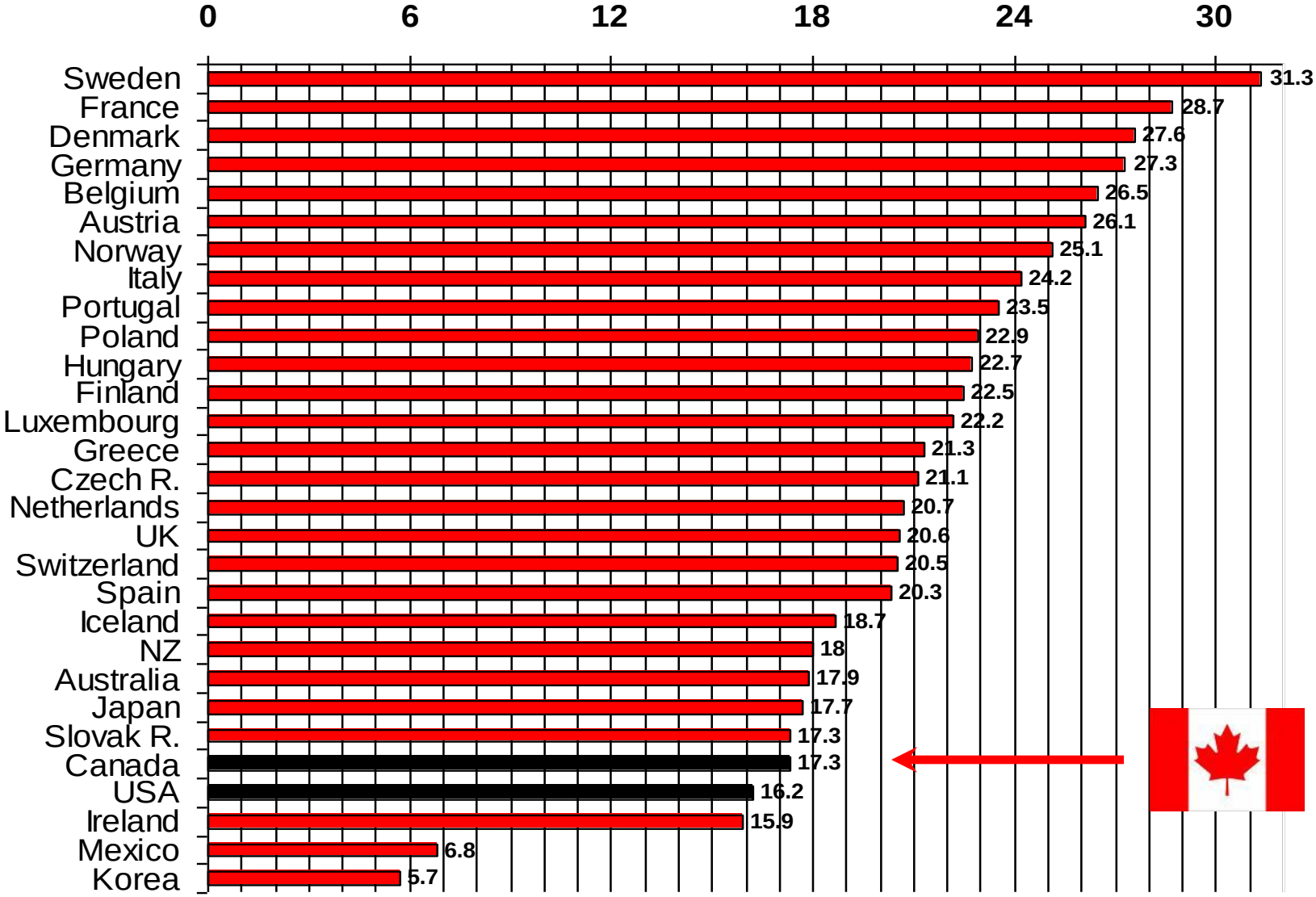
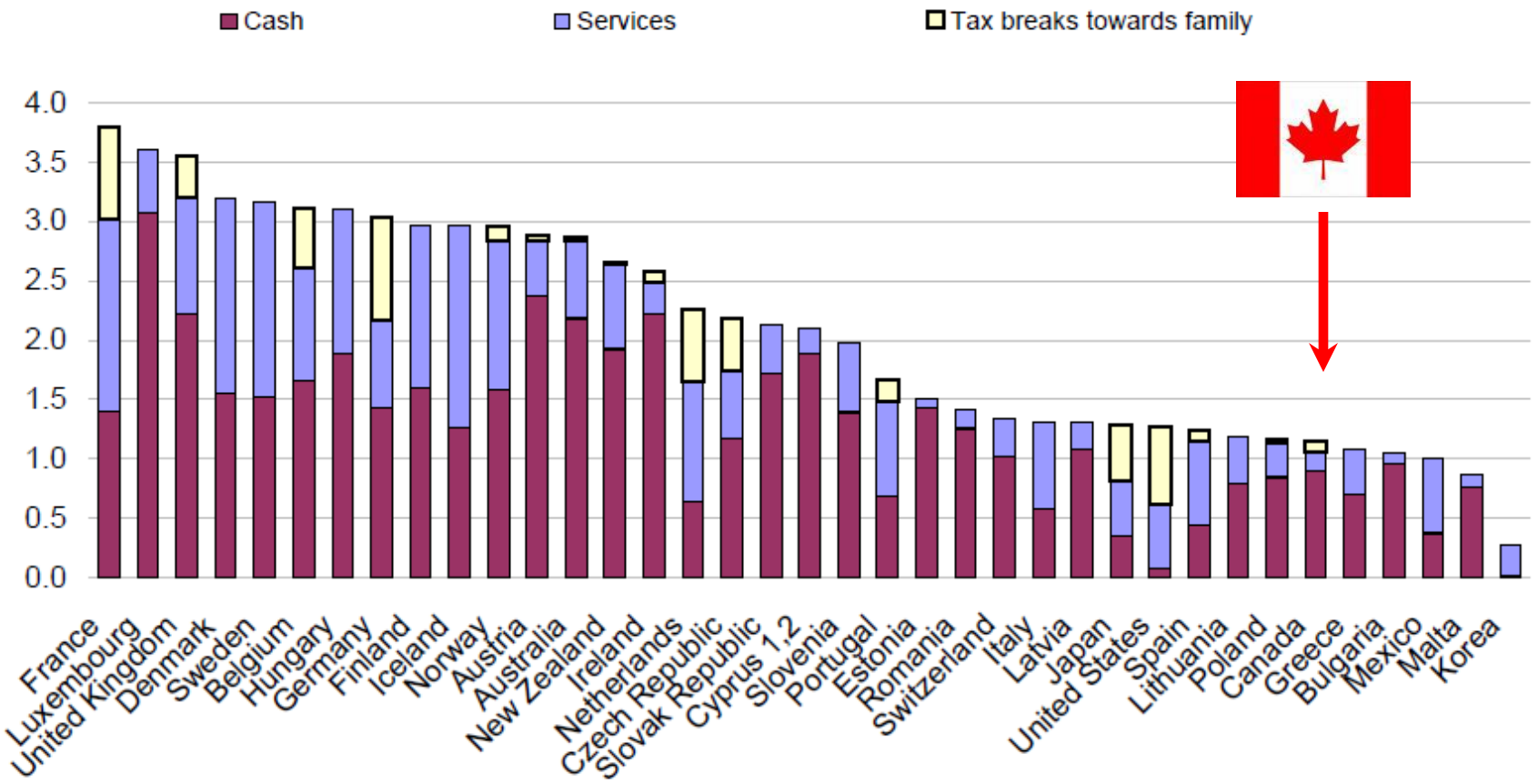


Figure 1. Public spending on family benefits in cash, services and tax measures, in per cent of GDP, 2005

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



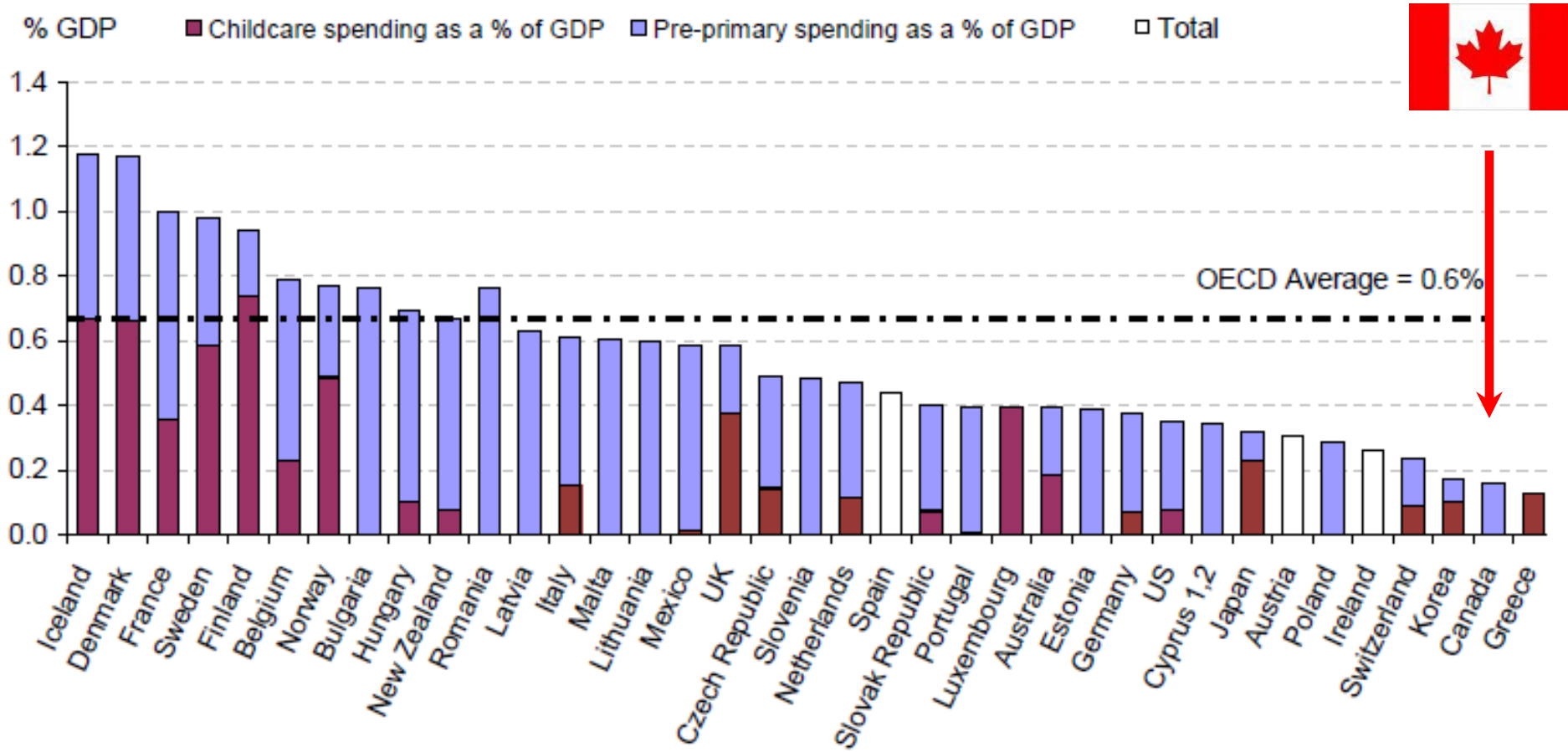
Notes:

- 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 2. Public expenditure on childcare and early education services, per cent of GDP, 2005

Public spending on childcare including pre-primary education, 2005



Notes: Figures for Austria, Ireland and Spain cannot be disaggregated by educational level.

Figure 7: Expenditure on Active Labour Policy as % of GDP, OECD Nations, 2003

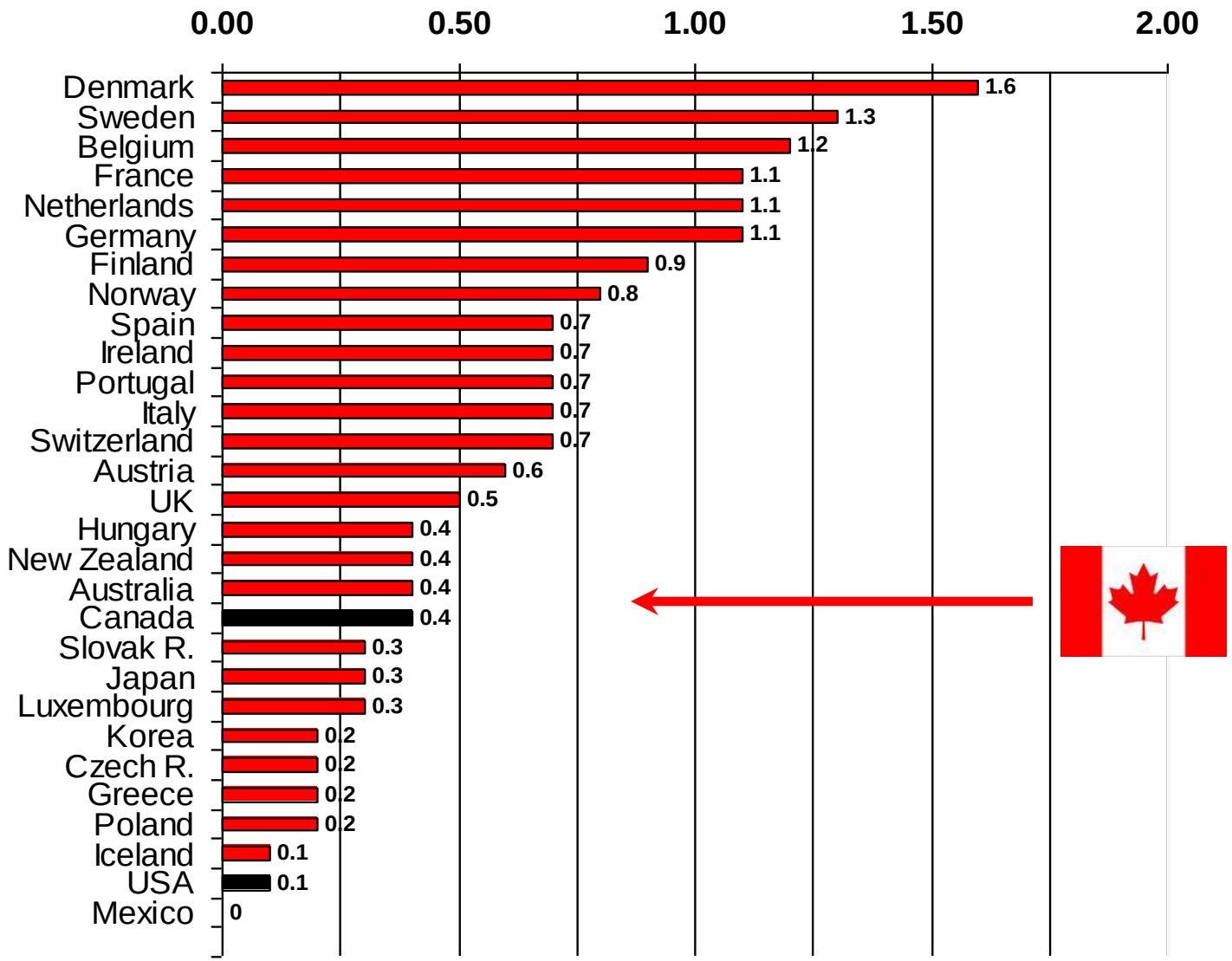


Table 13.2: National Rankings on a Range of Indicators

(Note: Rankings for each domain are only provided for the top 12 nations in each category.)

	Health	Health Determinants	Education and Skills	Environment	Society	Economy	Innovation
Canada	10	9	3	8	11	12	5
Denmark*	12	2	5	6	1	10	7
Finland*	7	4	1	3	6	10	
Norway*	4	3	2	3	4	1	1
Sweden*	2	1	3	1	3	3	1
Iceland	1			11		7	4
Australia+	7		7				11
Ireland+						2	
N Zealand+			7	7	12	3	
UK+			6				
USA+			10			3	3
Austriax				2	10		
Belgiumx					7		12
Francex				10	7		
Germanyx			10		5		
Italyx	7						
Netherlandsx	11	6	7	8	2	8	7
Spainx	5						
Switzerlandx	3	5	10	3	7	3	7
Japan-	5	11		12			10
Korea-						8	6

* Social Democratic political economies
+ Liberal political economies
x Conservative political economies
- Asian hybrid economies

Source: Adapted from *Performance and Potential 2005-2006: The World and Canada, Trends Reshaping Our Future* (p. 30, 36, 42, 48, 53, 60), by the Conference Board of Canada, 2006, Ottawa: Conference Board of Canada, and *Defining the Canadian Advantage* (p. 42), by the Conference Board of Canada, 2003, Ottawa: Conference Board of Canada.

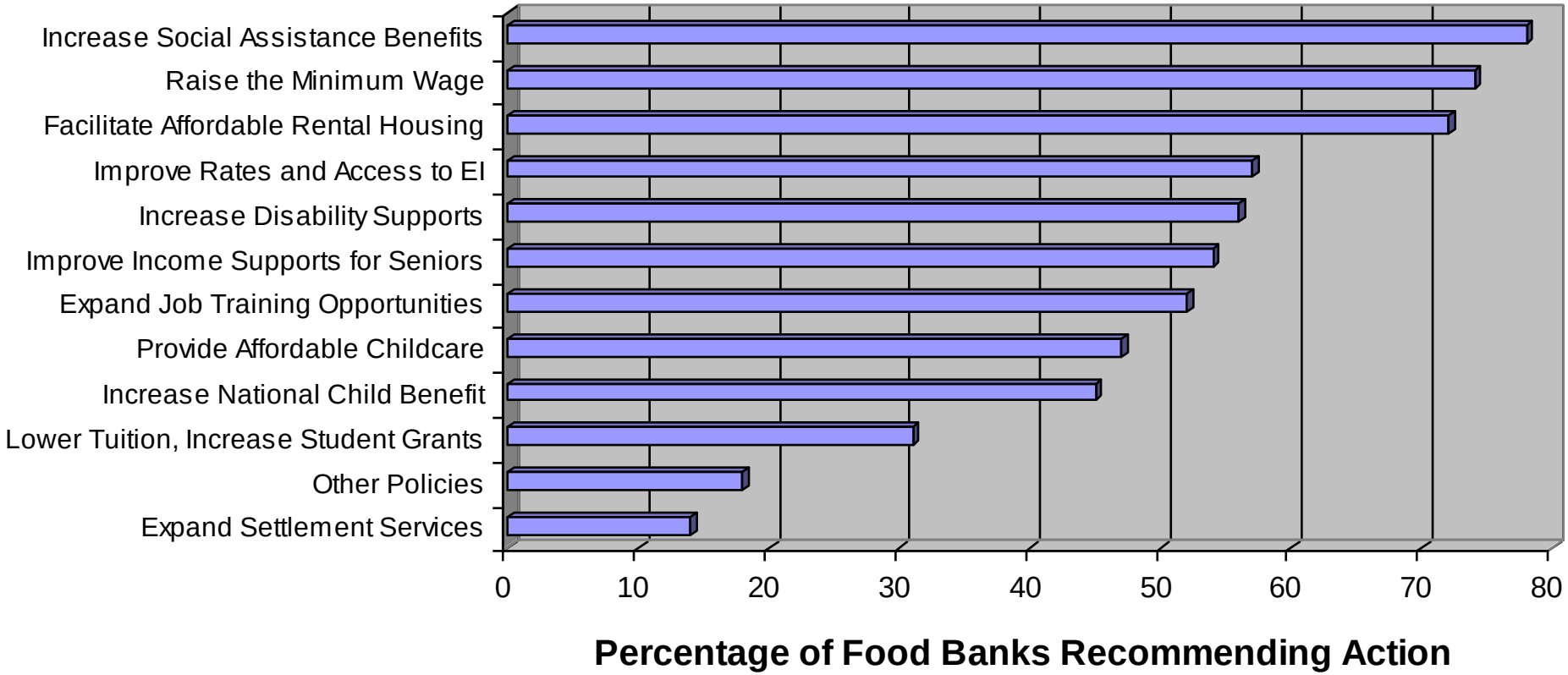
The Analysis of Power and Influence

Poor SDOH are an Unfortunate By-Product of Change

Therefore, we should try to *convince* policymakers to improve the SDOH.

Advocate, Lobby, and *Convince* Policymakers

Figure 13.3: Policy Priorities of Canadian Food Banks

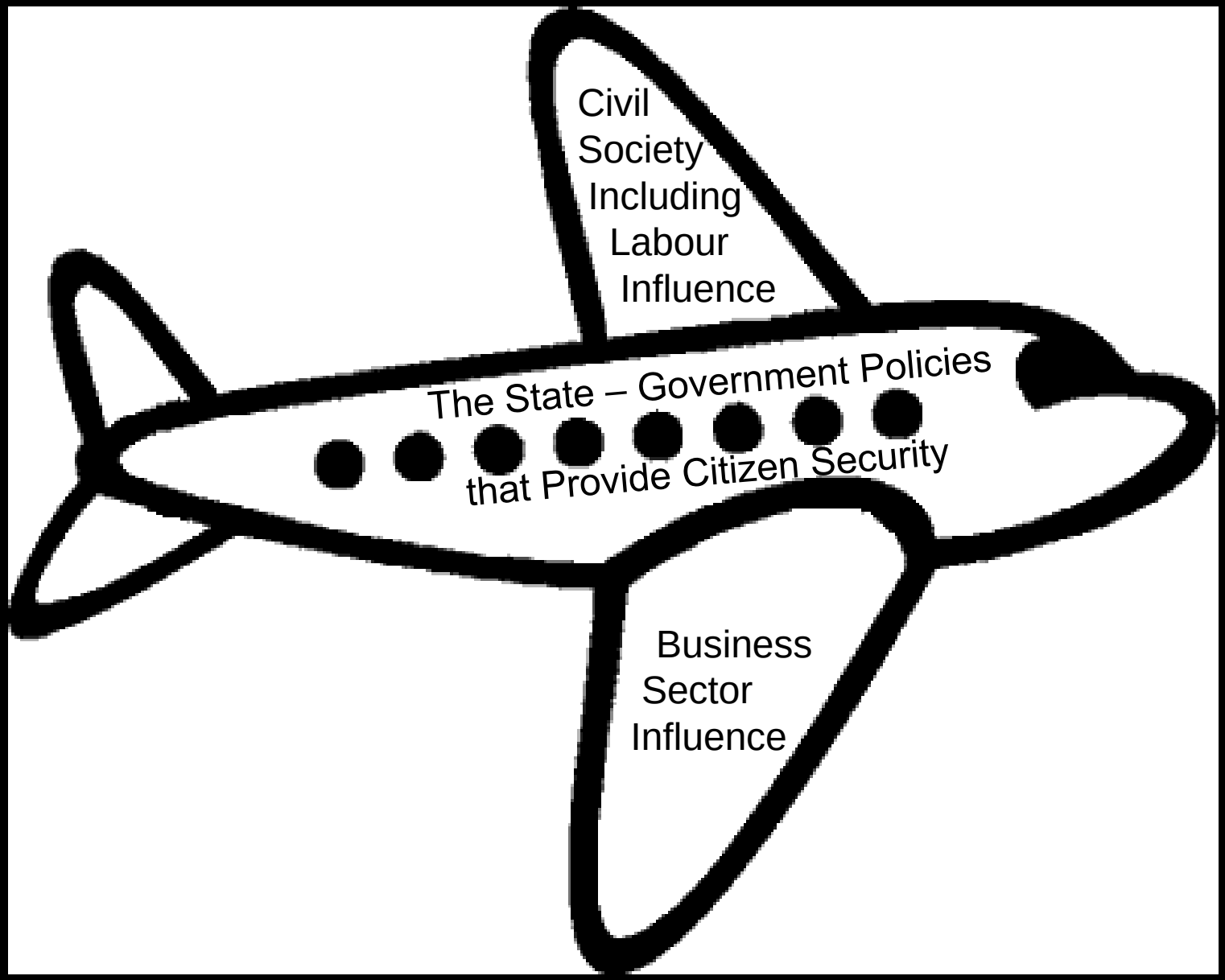


Source: From Hunger Count 2005: Time for Action (p. 27), by the Canadian Association of Food Banks (CAFB), 2005. Toronto: CAFB.

But little appears to be happening.

Maybe…

Poor SDH Reflects an Imbalance of Power



Balance: The Post-World War II Consensus 1945-1975

Imbalance:

The Post-1975 Scene

Therefore, we need to educate and organize Canadians to *force* policymakers to improve the SDOH

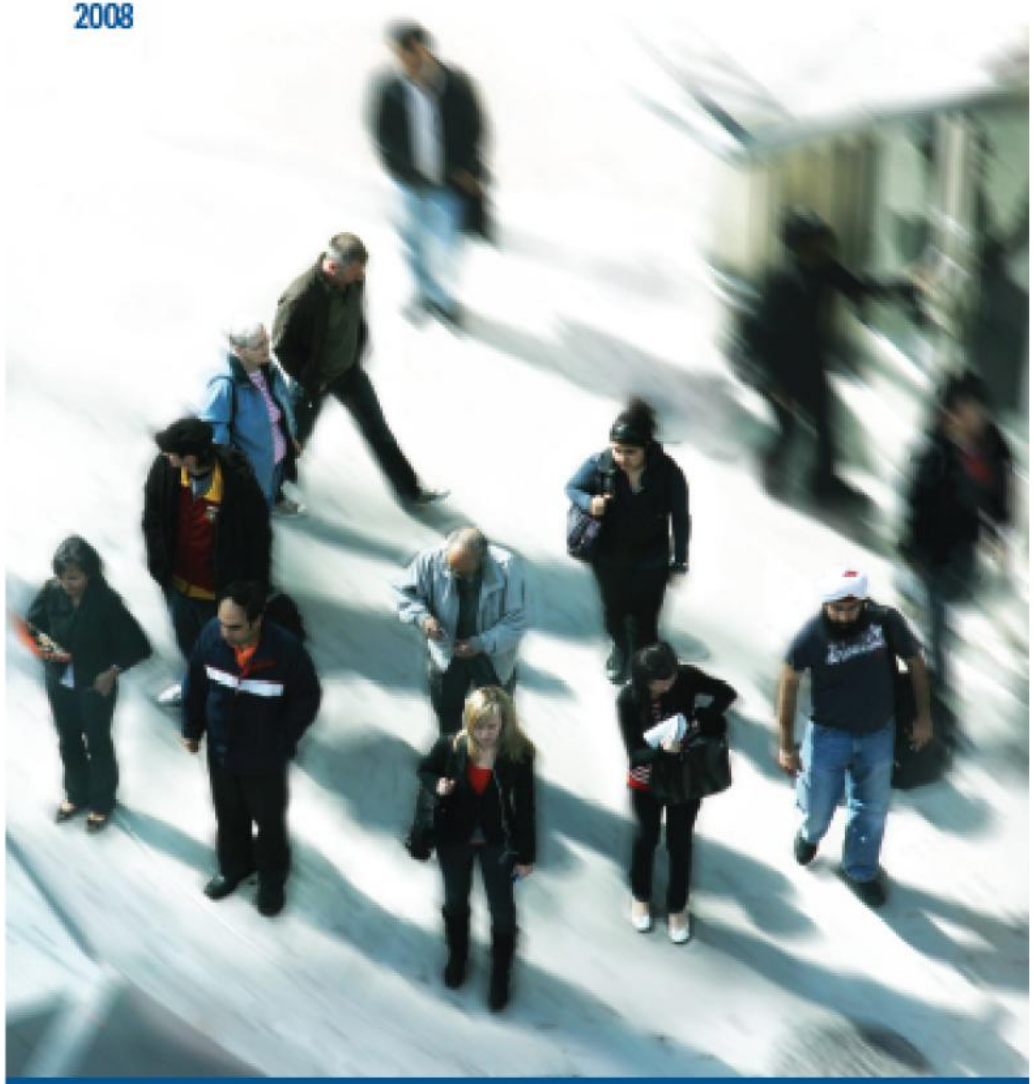
One Way Forward:

Health Assessment

The Unequal City:

Income and Health Inequalities in Toronto

2008



416.338.7600 toronto.ca/health | Toronto Public Health

The Chief Public Health Officer's

Report on the State of Public Health in Canada

2008

Canada

The Chief Public Health Officer's

Report on the State of Public Health in Canada

2009

Growing Up Well — Priorities for a Healthy Future

Canada

The Real Way Forward:

Public Education

Peterborough County-City Health Unit

Poverty & Health

Great Links

Peterborough Poverty Reduction Strategy

Poverty & Health

Take Action for a Heathier 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 neighbourhoods 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.

Box 17.1 An Example of a Health Promotion Campaign Acknowledging Social Determinants of Health

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.

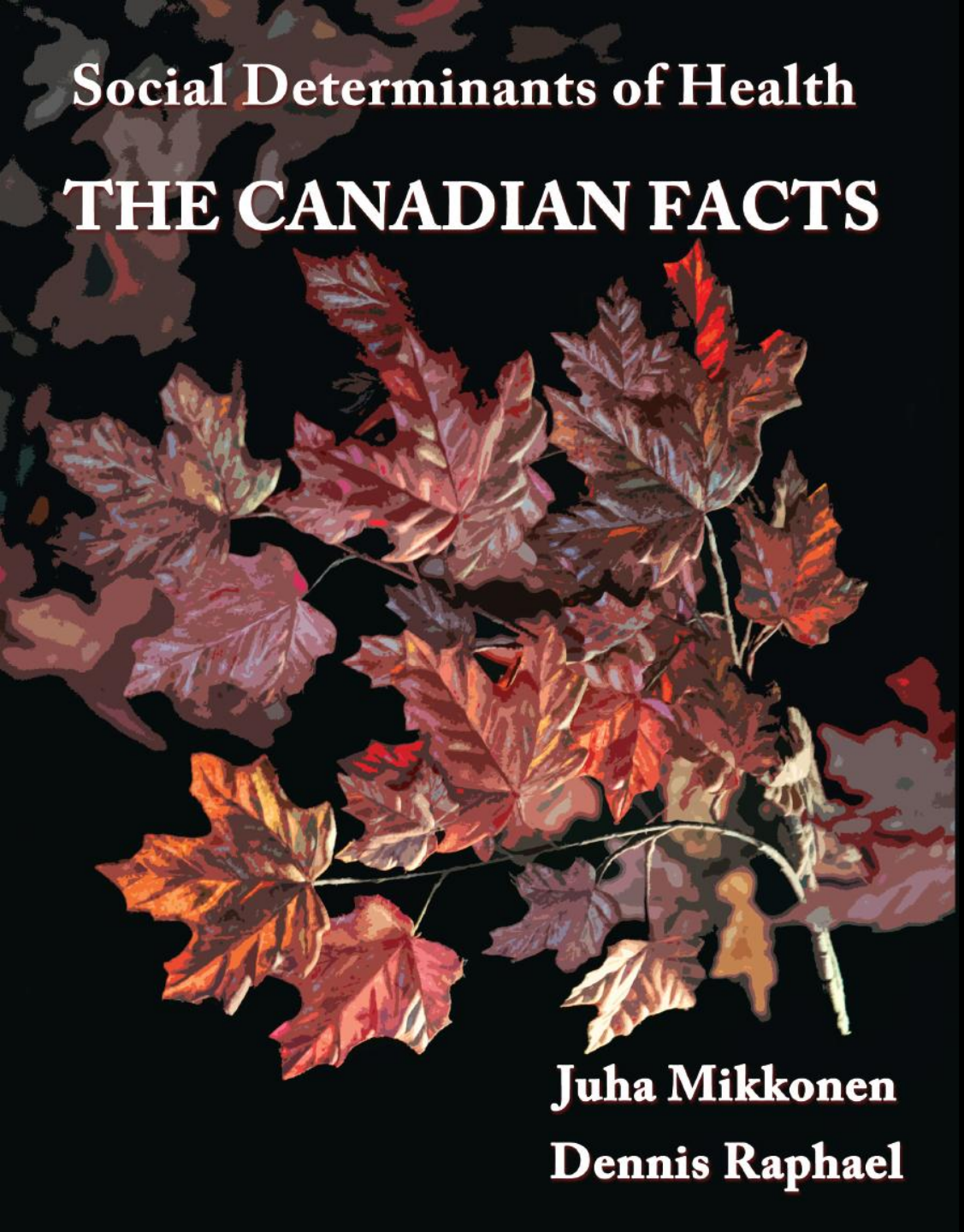
Health = Community belonging
A community that offers support, respect, and opportunities to participate helps us all be healthy.
Feeling included makes a difference.

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.

Make it a Healthy Day!
Sudbury & District Health Unit
Service de santé publique de Sudbury et du district



thecanadianfacts.org

An Opening in Atlantic Canada

Newfoundland Labrador

Empowering People

Engaging Community

Enabling Success

First Progress Report on the
Government of Newfoundland and Labrador's
Poverty Reduction Strategy

PREVENTING POVERTY. PROMOTING PROSPERITY.

Nova Scotia's Poverty Reduction Strategy

NOVA SCOTIA
NOUVELLE-ÉCOSSE

OVERCOMING POVERTY TOGETHER

The New Brunswick Economic and Social Inclusion Plan

PREAMBLE:

Premier Shawn Graham launched a public engagement initiative to adopt a poverty reduction plan for New Brunswick in October 2008. A public engagement approach was adopted in recognition of the fact that successfully reducing poverty in New Brunswick is the shared responsibility of every citizen of New Brunswick: people living in poverty, the non-profit, business and government sectors together with individual citizens.

Three co-chairs were appointed by the Premier to oversee the public engagement initiative, Léo-Paul Pinet as a representative from the non-profit sector, Gerry Pond as a representative from the business sector and the Honourable Mary Schryer followed by the Honourable Kelly Lamrock as the representative from government.

The public engagement initiative was divided into three interconnected phases, a Public Dialogue Phase (wide public input), the Roundtable Phase (development of options to reduce poverty) and the Final Forum Phase (adoption of a poverty reduction plan).

During the Public Dialogue Phase over 2500 New Brunswickers contributed their passionate views and opinions on the causes of and solutions to poverty which were captured in the resulting document entitled "A Choir of Voices" . The members of the Roundtable were inspired by the input from the Public Dialogues and the options they crafted for the final poverty reduction plan were derived directly from A Choir of Voices.

The presence at all stages of this undertaking of citizens who have experienced poverty shaped the final poverty reduction plan. This initiative was launched and successfully maintained as a non partisan exercise, given the nature and importance of the venture for the province.

The present plan is five years in duration but investments with longer term impact need also be made to maintain momentum. Accordingly, it is agreed that this plan will be renewed in five years.

Final Forum participants are in full agreement that the implementation of a poverty reduction plan for the province is the key driver for economic and social inclusion for all New Brunswickers.

The members of the Final Forum gathered in Saint John on November 12th and 13th, 2009 agree on the following essential elements of New Brunswick's first poverty reduction plan. They are committed to work towards achieving the vision, the global objective and the priority actions within the timeframe and through the governance model specified below.

Prince Edward Island
Advisory Council on the Status of Women

2009 PEI Equality Report Card

June 2009

But in the end,
maybe it comes down to:

Liberal

NDP

BLOC
QUÉBÉCOIS

Table 1. Federal Party Positions on Issues Identified by *Campaign 2000* as Essential to Eliminating Child Poverty

"Yes" indicates party position meets *Campaign 2000* policy recommendation
"Partial" indicates party position partially meets *Campaign 2000* policy recommendation
"No" indicates party makes no commitment that *meets Campaign 2000* policy recommendation

ISSUE	CPC	LIB	NDP	BLOC
Increase Canada Child Tax Benefit to $4,900/child by 2007 & end clawback from families on social assistance	No	No	Yes	No*
Commit to key principles (quality, universal, accessible & developmental programming) for child care system	No	Yes	Yes	No*
Introduce legislation to secure early learning & child care as permanent social program	No	No	Yes	No*
Increase federal funding for a national public system of Early Learning & Child Care	No	Yes	Yes	Yes
Commit to increase social housing & increase funding by $2 B/year	No	Partial	Yes	Yes
Raise the federal minimum wage to $10/hour	No	No	Yes	No*
Restore eligibility for Employment Insurance	No	No	Yes	Yes
Increase funding for post-secondary education	No	Partial	Partial	Yes

Source: Adapted from Addressing Child and Family Poverty in Canada: Where do the Parties Stand? (p. 2), by Campaign 2000, 2006. Toronto: Campaign 2000. Available at www.campaign2000.ca/act/06fedelec/c2000_election06partypositionsummary.pdf.

Campaign 2000

END CHILD & FAMILY POVERTY IN CANADA

Current as of September 29/08

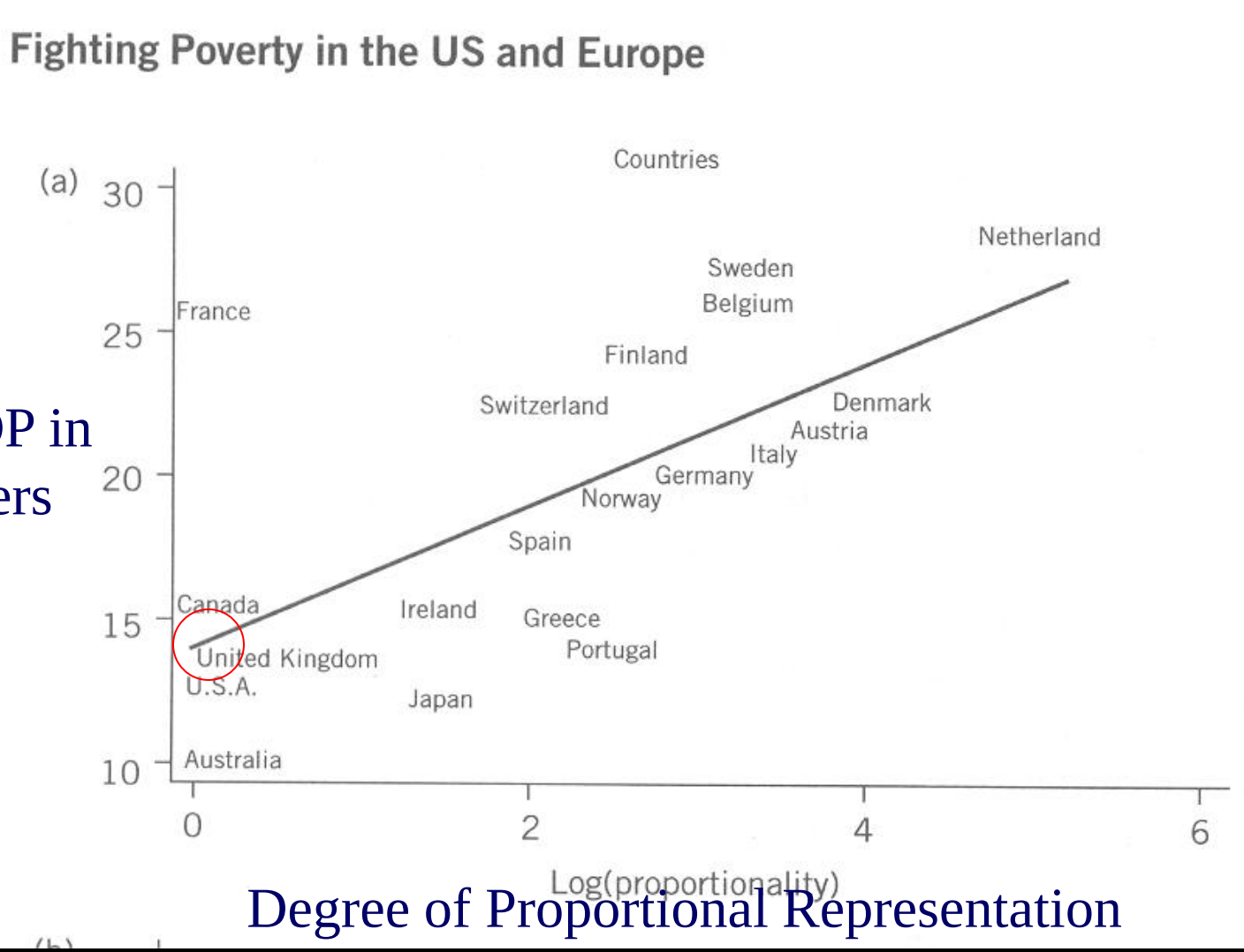
Campaign 2000 wrote to each national party leader on these issues. Their responses are summarized with a check (√) if their party has committed to Campaign 2000's policy recommendations:

ISSUE	CONSERVATIVE	LIBERAL	NDP	GREEN
Establish specific targets and timetables for poverty reduction?	X	√	√	√*
Increase Canada Child Tax Benefit or equivalent to $5,100/child per year?	X	√	√	X
Establish a system of universally accessible early childhood education and care (ECEC)?	X	√	√	√
Invest in a National Housing/Homelessness Strategy?	X	√	√	√
Raise minimum wage to $10 per hour)	X	X	√	√
Increase WITB to $2,400 per year for all employed adults?	X	X**	√	X***
Restore eligibility for Employment Insurance (EI)?	X	√	√	X****
Enhance maternity/parental leave?	√	√	√	√
New Canadians: Steps to recognize foreign credentials?	X	√	√	√
Establish a poverty reduction strategy for First Nation communities?	X	√	√	√
For urban Aboriginal Peoples?	X	X	X	X
Establish a basic income for individuals with a disability?	X	√+	√+	√
Improve access to both postsecondary education and training/skills upgrading?	X	√	√	√

* Greens strongly support targets and timetables but not yet able to set them
**Liberals have stated they will enrich the WITB but amount has not been specified
*** Greens have stated that the Guaranteed Liveable Income (GLI) will eliminate the need for the WITB and will alleviate many of the problems associated with the current EI program.
**** Greens appear to incorporate EI into GLI and, therefore, eliminate EI as it currently exists
+Liberals & NDP make proposals that contribute to a basic income for people with disabilities

Other notes: Campaign 2000 has not received a response from the Conservative Party as of Sept. 29/08 and has obtained platform information from their website.

Source: Campaign 2000 (2008). www.campaign2000.ca/FullPartyGridElection008.pdf



% of GDP in Transfers

Degree of Proportional Representation

Source: Alesina, A. & Glaeser, E. L. (2004). *Fighting Poverty in the US and Europe: A World of Difference*. Toronto: Oxford University Press

The Alternative

- The growing gap between rich and poor has not been ordained by extraterrestrial beings. It has been created by the policies of governments: taxation, training, investment in children and their education, modernization of businesses, transfer payments, minimum wages and health benefits, capital availability, support for green industries, encouragement of labor unions, attention to infrastructure and technical assistance to entrepreneurs, among others.
- In the U.S., government policies of the past 20 years have promoted, encouraged and celebrated inequality. These are choices that we, as a society, have made. Now one half of our society is afraid of the other half, and the gap between us is expanding. Our health is not the only thing in danger. They that sow the wind shall reap the whirlwind.

- Source: Montague, P. (1996). Economic Inequality and Health. Rachel's Environment & Health Weekly #497. Annapolis, IN: Environmental Research Foundation.

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This presentation and other presentations and related papers are available at:

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