Social Determinants of Health: Implications for Health Promotion

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Learning objectives

At the end of the session, you will be able to:

1. Understand what the social determinants of health (SDOH) are and why they are important to health promotion/public health practice.

2. Clarify the different terms used in this field.

3. Learn about what actions can be taken to contribute to greater health equity.
Social Determinants of Health

Social determinants of health are the \textit{economic} and \textit{social} conditions that influence the health of individuals, communities and countries.

Social determinants of health refer to the \textit{quantity} and \textit{quality} of a variety of resources that are made available to people.

Social determinants of health are underpinned by structural factors, such as race, sexual orientation, and the history of colonization among First Nations communities.

Social Determinants of Health

• Income and social status
• Social support networks
• Education and literacy
• Employment/working conditions
• Social environment
• Physical environment

• Personal health practices and coping skills
• Healthy child development
• Health services
• Culture
Social and Economic Determinants (i.e. income, housing, employment, etc.): 60%

Regardless of funding

Health Care: 25%

Figure 1.1 A Model of the Determinants of Health

The figure shows one influential model of the determinants of health that illustrates how various health-influencing factors are embedded within broader aspects of society.

Social Determinants Affect Health

• **Chronic Stress** (For example, living in poverty can become toxic due to prolonged, elevated levels of cortisol, a hormone which has been linked to a variety of pathogenic processes including cognitive decline, immunosuppression and insulin resistance).

• **Limits healthy choices** (For example, less money to buy adequate, nutritious food).

Sources:


Global endorsement

• “This unequal distribution of health-damaging experiences is not in any sense a ‘natural’ phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics.”

The World Health Organization states that

“Poverty is the single largest determinant of health.”

Growth of poverty in Toronto: Percentage of low-income families by neighbourhood
Social gradient in health

- Poorest men live about 7 years less than richest men beyond age 25.
- There is a steady rise/gradient in longevity across income levels – “social gradient in health”.
- Poorer people experience double deficit of shorter life and less healthy one.

**Figure 2.1: Remaining life expectancy at age 25 in Canada by sex and income quintile, non-institutionalized population, 1991 to 2001.** (Reference: AFMC Primer on Population Health, 2011).
Diabetes prevalence by age and income, 2005

Source: Statistics Canada Canadian Community Health Survey

- NO INCOME or < $29,999
- $30,000-$79,999
- $80,000 or more

Source: Adapted from Raphael, D. (2011). New Developments in Understanding the Social Determinants of Health in Canada, Presentation at LAMP CHC.
Definitions

- **Health inequality** is a *generic* term to refer to systematic differences in health between groups of people, including both those that arise naturally and need not imply a moral judgment, and also those whose origins lie in social disadvantage (AFMC Population Health Primer, 2011).

- **Health disparities** are consistent contrasts in health status between different population groups. Refers to a *subset* of health inequalities that include variations that are probably systematic, and arise from social or other form of disadvantage that may in theory be correctable (AFMC Population Health Primer, 2011).

- **Health equity** refers to the idea that ideally everyone should attain their full health potential and that no-one should be disadvantaged from achieving this potential because of their social position or other socially determined circumstance (Whitehead & Dahlgren, 2006).

- **Health inequity** refers to those inequalities in health that are deemed *unnecessary, avoidable and unjust* (Whitehead & Dahlgren, 2006).

- **Priority populations** are those population groups at risk of socially produced health inequities (SDHU Priority Populations Primer, 2009).
Examples of priority populations who may be at increased risk of socially produced health inequities

- People living on low incomes
- First Nations, Inuit, or Metis communities
- Those with limited education
- Unemployed or underemployed people
- Those living in rural, remote and/or isolated communities
- People living with disabilities and/or mental illness
- People who are homeless or precariously housed
- Those who may be discriminated against due to culture, race, language, sexual orientation, etc. (Priority Populations Primer, SDHU, 2009)
Examples of how differences in social and economic conditions can give rise to social inequities in health

In Sudbury District Health Unit (SDHU), 2003-2007:

• 60% of individuals with incomes less than $20,000 reported being physically inactive compared to 50% and 40% of those with household incomes of $20,000 - $49,000 and $50,000 +

• 43% of individuals living in households with incomes less than $20,000 had first sexual intercourse at 16 years of age or younger compared to 21% and 22%....

• 88% of mothers with a degree tried breastfeeding their last baby compared to 60% without a degree.

(Reference: Priority Populations Primer, SDHU, August 2009)
Health Inequities and the OPHS Foundational Standard

“Public health interventions shall acknowledge and aim to reduce existing health inequities. Furthermore, **Boards of Health shall** not only examine the accessibility of their programs and services to address barriers (e.g., physical, geographic, social and economic), but also **assess, plan, deliver, manage and evaluate programs to reduce inequities in health** while at the same time maximizing the health gain for the whole population.”

Ontario Public Health Standards (2008), p.13
Key Roles in Public Health

• **Assess and report** on the health of populations, existence & impact of health inequalities & inequities, & effective strategies.

• **Modify/orient** public health interventions to reduce inequities.

• **Partner** with other service providers to collectively address health inequities.

• **Lead/participate and support** other stakeholders in policy analysis, development and advocacy.

(Reference: Integrating Social Determinants of Health and Health Equity into Canadian Public Health Practice: Environmental Scan 2010, [www.nccdh.ca](http://www.nccdh.ca))
Shifting the frame...changing the conversation.

- Psychological research has found that “humans tend to overemphasize individual factors and underemphasize contextual factors when attributing responsibility for others’ actions or dispositions”.

### “Changing the Questions” Examples

<table>
<thead>
<tr>
<th>Instead of only asking...</th>
<th>Perhaps we should also ask...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why do people smoke?</td>
<td>What social conditions and economic policies predispose people to the stress that encourages smoking?</td>
</tr>
<tr>
<td>Who lacks health care coverage insurance and why?</td>
<td>What policy changes would redistribute health care resources more equitably in our community?</td>
</tr>
<tr>
<td>How do we connect isolated individuals to a social network?</td>
<td>What institutional policies and practices maintain rather than counteract people’s isolation from social supports?</td>
</tr>
<tr>
<td>How can we create more green space, bike paths, and farmers’ markets in vulnerable neighbourhoods?</td>
<td>What policies and practices by government and commerce discourage access to transportation, recreational resources, and nutritious food in neighbourhoods where health is poorest?</td>
</tr>
</tbody>
</table>
A New Way to Talk About the SDOH

1. Traditional phrasing of social determinant language consistently tested poorly in every phase of research.

2. Priming audiences about the connection with messages they already believe makes the concept more credible.

3. Use one strong and compelling fact – a surprising point that arouses interest, attention and emotion.

4. Identify the problem, but offer potential solutions.

5. Incorporate the role of personal responsibility.

6. Mix traditionally conservative values with traditionally progressive values.

7. Focus broadly on how SDOH affect all Americans.

Role of public health practitioners/health promoters

- Educators – support efforts among other groups
- Motivators – personal stories
- Activators
  - Understand and participate in the policy-making process
  - Frame their research to fit within current political context
  - Use research directly in public health advocacy to influence priorities

What Local Health Units are Doing

• Online survey of Ontario health units in summer 2010.

• 23 PHUs (64%) response rate.

• Nearly all agreed that “community engagement, multi-sectoral collaboration, and support for policy advocacy are appropriate domains of public health unit activity on the SDH.”

• Policy advocacy and staff skill development listed as top areas for improvement at local level.

• Also wanted practical help with knowledge brokering services, strategies, tools and checklists, and infrastructure to share info.


PublicHealthOntario.ca)
Health Equity Impact Assessment (HEIA) Public Health Supplement Guide

• Collaborating with MOHLTC to revise their Health Equity Impact Assessment (HEIA) tool and develop a public health supplement guide that assists health units with implementing the HEIA

Leads

• Brian Hyndman and Ingrid Tyler

Field Engagement

• A multi-stage process to engage health units through focus groups and field testing will commence in March 2012

Timelines

• Mid 2012

Anticipated Outcomes

• Resources and supports that better enables Ontario health units to meet the requirements of the OPHS Foundational Standard
Example of a social marketing campaign to increase public and decision-maker awareness of SDOH

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 things that contribute 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
Premature 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.

Les choses les plus importantes que vous devriez faire pour votre santé ne sont peut-être pas aussi évidentes que vous le croyez.

Apprenez
Bien manger et faire de l'exercice sont importants, mais ce qui contribue LE PLUS à notre santé sont le montant d'argent à notre disposition et le statut que nous occupons dans la communauté.
La santé = avoir des choix et des opportunités
La santé = un emploi gratifiant et un salaire adéquat
La santé = de la nourriture sur la table et un endroit où dormir
La santé = un bon départ dans la vie
La santé = le sens d'appartenance à une communauté

Écoutez
Chacun a une histoire personnelle à raconter. Écoutez et souvenez-vous de ces histoires pour comprendre la capacité de ces personnes à se maintenir en santé.
« Je voudrais perdre mon emploi. »
« Il y a de la mauvaise terre dans mon appartement. »
« J'aimerais avoir des amis proches. »
« Je ne peux pas trouver un bon service de garde. »
« Parfois, je me relève à l'âcole et j'ai faim. »

Faites-vous entendre.
Les actions pour améliorer les choses qui frappent notre santé à TOUS dépendent de TOUT notre soutien.

Engagez une conversation.
Partagez vos connaissances.

Pour en savoir davantage, appelez la Service de santé publique de
Sudbury et du district,
(705) 522-9200, poste 515 ou visitez notre site Web au www.sdhu.com.
Peterborough Community Food Security Partnership

- In Peterborough, food insecurity affects 7.3% of the population with 2.4% categorized as severe.
- The Peterborough County-City Health Unit launched its food Security Community Partnership Project to address the problem.
- Goal to bring together community members and org to create a coordinated system for food security programs.
- Over 40 agencies came together to address food security as part of the county’s poverty reduction efforts.

Summary

• SDOH refer to social and economic conditions that impact on people’s health – significant and complex, affect opportunities and health behaviours.

• Health follows a social gradient.

• Specific roles that PH can do; good work already underway.

• Need to shift the dialogue, frame, and use language effectively.

• Tools such as HEIA can help to promote equity.
Resources
References

AFMC Primer on Population Health, [www.afmc-phprimer.ca](http://www.afmc-phprimer.ca)


National Collaborating Centre for Determinants of Health (2011). Integrating Social Determinants of Health and Health Equity into Canadian Public Health Practice: Environmental Scan 2010, [www.nccdh.ca](http://www.nccdh.ca)


Our Consultation Service

- Free to those working on Ontario-focused projects
- Scope varies, depending on need:
  - Brief, one-time advice;
  - Review your work or product;
  - Hands-on assistance working through the steps;
  - Links to other sources of information and resources.

- Service Request Form:
  [http://www.thcu.ca/consultation/request_form.cfm](http://www.thcu.ca/consultation/request_form.cfm)
Upon-request workshops

• All of our workshops are available upon request for groups as small as 30 and as large as 50.

• Any coalition or agency can partner with THCU to host a workshop in their community.

• We provide the facilitators at no cost and will work with you to help tailor, organize and promote the event.

• Service request form:

http://www.thcu.ca/consultation/request_form.cfm
Public Health Ontario wishes to acknowledge and thank THCU staff and many partners who contributed to an earlier version of this document. THCU (originally known as the Health Communication Unit, started in 1993 at the University of Toronto) moved to Public Health Ontario’s Health Promotion, Chronic Disease and Injury Prevention Department in 2011.
Possible Questions for Discussion

• Are there examples of interventions about SDOH that you would like to share?
  • What are some of the outcomes, challenges and issues?

• What experience do you have in assessing the health of the population?