How do I Avoid Thee?
Let me Count the Ways
Public Health Approaches Towards the Social Determinants of Health

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Basic Problem

• “Social injustice is killing people on a grand scale” – World Health Organisation
• Living circumstances – SDOH – are the primary determinants of health
• Living circumstances are deteriorating in Canada
• Public Health – despite its ever-increasing conference organizing and document production is generally on the sidelines
Figure 1. Diabetes Mortality, Urban Canada, 1971-2001, Males


See: http://tinyurl.com/ycysb9l
Basic Solution

• 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.
Barriers to Public Health Action

• **Paradigmatic** – domination by health sciences and epidemiological perspectives

• **Class tendencies** – emphasis on individualistic and moralistic approaches focused on “acceptable behaviour” (see Philip Alcabes – “What Ails Public Health”)

• **Political** – perceived threat of operating in increasingly neo-liberal environments

• **Conceptual** – existence of competing SDOH discourses
Discourse 1: SDH as Identifying those in Need of Health and Social Services

• **Key Concept**: Health and social services should be responsive to peoples’ material living circumstances

• **Dominant Research and Practice Paradigms**: Develop and evaluate services for those experiencing adverse living conditions

• **Practical Implications**: Focus limited to service provision with assumption that this will improve health

Identifies key issues of access to, and responsiveness of services.
**Discourse 2: SDH as Identifying those with Modifiable Medical and Behavioural Risk Factors**

- **Key Concept:** SDH as identifying those with modifiable medical and behavioural risk factors
- **Dominant Research and Practice Paradigms:** Develop and evaluate lifestyle programming that targets individuals experiencing adverse living conditions
- **Practical Implications of the Discourse:** Focus limited to health behaviours with assumption that targeting for behaviour change will improve health

Problems of moralizing, victim-blaming, and diverting attention from central public health issues.
Discourse 3: SDH as Indicating the Material Living Conditions that Shape Health

- **Key Concept:** Material living conditions operating through various pathways – including biological -- shape health.

- **Dominant Research and Practice Paradigms:** Identify the processes by which adverse living conditions come to determine health.

- **Practical Implications of the Discourse:** Identifying SDH pathways and processes reinforce concept and strengthen evidence base. Identifies key public health issues.
Discourse 4: SDH as Indicating Material Living Circumstances that Differ as by Group Membership

- **Key Concept:** Material living conditions systematically differ among those in various social locations such as class, disability status, gender, and race.

- **Dominant Research and Practice Paradigms:**
  Carry out class-, race-, and gender-based analysis of differing living conditions and their health-related effects.

- **Practical Implications of the Discourse:**
  Providing evidence of systematic differences in life experiences among citizen groups form the basis for further anti-discrimination efforts.
Discourse 5: SDH and their Distribution as Results of Public Policy Decisions Made by Governments and other Societal Institutions

• **Key Concept:** Public policy analysis and examination of the role of politics should form the basis of SDH analysis and advocacy efforts.

• **Dominant Research and Practice Paradigms:** Carry out analyses of how public policy decisions are made and how these decisions impact health (i.e., health impact analysis).

• **Practical Implications of the Discourse:** Attention is directed towards governmental policymaking as the source of social and health inequalities and the role of politics.
Public Health Actions I

1. SDH as identifying those in need of health and social services.
2. SDH as identifying those with modifiable medical and behavioural risk factors.

Business as Usual

Also Safe, Fundable, and Non-Threatening
HEALTHY LIVING
Public involvement to inform the development of an Integrated Pan-Canadian Healthy Living Strategy
3. **SDH as indicating the material living conditions that shape health.**

4. **SDH as indicating material living circumstances that differ as a function of group membership.**

**Public Education**

*Shifting public understanding.*
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.
Public Health Actions III

5. SDH and their distribution as results of public policy decisions made by governments and other societal institutions.

Health Impact Assessment
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
Beyond Health Services and Lifestyle

NOVEMBER 2006
**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 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.
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SHOW NO FEAR
Daring Actions in Canadian Military History

Edited by Colonel Bernd Horn
Beyond “public health”
Discourse 7: SDH as Identifying those who Create and Benefit from Health and Social Inequalities

• **Key Concept:** Specific classes and interests both create and benefit from the existence of social and health inequalities

• **Dominant Research and Practice Paradigms:** Research and advocacy efforts should identify how imbalances in power and influence can be confronted and defeated.

• **Practical Implications of the Discourse:** Identifying the classes and interests who benefit from social and health inequalities mobilizes efforts towards change.
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