

CDPAC Position Statement

Social Determinants of Health (SDOH)



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Background

Chronic diseases such as cancer, diabetes, stroke and other cardiovascular and respiratory diseases, are responsible for about two-thirds of deaths in Canada each year. Currently, three out of five Canadians over the age of twenty have a chronic disease and four out of five are at risk.¹ As well as taking healthy years of life away from Canadians,² they also exert a significant financial toll. In total, it is estimated that chronic diseases cost Canadians \$190 billion annually, with \$122 billion in indirect income and productivity losses, and \$68 billion in direct health care costs. The direct cost of chronic diseases accounts for about 58% of the annual health care spending in our country.³

Research done at international, national, provincial and regional levels, show a strong connection between socio-economic conditions⁴ and health generally, and chronic diseases specifically.^{4,5,6,7,8,9,10,11,20} Population health data clearly demonstrates that there is an active gradient, as socio-economic status improves, so too do health indicators and outcomes. Many chronic diseases follow this gradient; for example, compared to those with the highest incomes, people with the lowest incomes have double the rate of diabetes and nearly double the rate of heart disease.^{12,13,14}

The social determinants of health encompass material, environmental and social conditions that enable individuals, families and communities to lead healthy lives. There is a dynamic inter-relationship between the key determinants, which include:

- Income
- Education, literacy and skills
- Affordable housing
- Healthy built environments & green spaces
- Gender
- Early childhood development
- Employment and working conditions
- Food security
- Access to health care
- Social inclusion

At-Risk Populations

Canadians who experience socio-economic disadvantage have a greater susceptibility to chronic conditions. In turn, those with chronic disease are at increased odds of being burdened through disability and loss of income and social supports; and becoming susceptible to socio-economic disadvantage.¹⁵ This is particularly pronounced in populations that are economically or socially marginalized such as immigrant, refugee, ethno-cultural and racialized groups; Aboriginal Canadians; single mothers and their children; people with disabilities; and the unemployed, under-employed and low-wage workers. Women also tend to be disproportionately affected when compared to their male peers.⁷

Canada has made numerous improvements in recent decades with regards to health outcomes for Aboriginal Canadians¹⁶, but there are still areas where improvement is needed. For example, Aboriginal Canadians in particular experience much higher rates of poverty and poor living conditions and almost 33% experience food insecurity yearly.¹⁷ “[T]hey are 3 to 5 times more likely to develop diabetes than the general population. This is as a result of various factors including lifestyle, genetic susceptibility, and historic-political factors...[L]ow income, lack of education, high unemployment, poor living conditions, lack of social support, negative stereotyping and poor access to health services compound the problem.”¹⁸

¹Socio-economic conditions refer to a combination of factors that influence an individual's interactions in society and financial status.

Barriers to Healthy Living

Health promoting behaviours known to prevent chronic diseases such as physical activity, healthy diet, moderate use of alcohol and tobacco-free lifestyles also follow a social gradient.^{7,11} One recent study found that compared to Canadian men with the highest incomes, Canadian men on average were 35% more likely to die from smoking-related conditions and 39% more likely to die from alcohol-related conditions.⁶

There are numerous barriers to healthy living for lower income groups. A lack of financial resources for healthy foods and recreational opportunities often puts healthy lifestyles out of reach for lower income Canadians. And high levels of stress experienced by those suffering from adverse material and social living conditions can lead to “unhealthy coping behaviours, such as the excessive use of alcohol, smoking and overeating carbohydrates.”⁷ Although risk behaviours help to explain some of the gradient in health outcomes between those in the lowest and highest income groups, research shows that even when other risk factors are controlled for this gradient remains.¹¹ Experts deem the social determinants of health to be the greatest contributors to health outcomes.⁴

Summary of Recommendations:

Recommendations on General Social Determinants of Health

- 1) That a pan-Canadian population health strategy to address the social determinants and health inequities be created through an intergovernmental collaborative mechanism established.
- 2) That the monitoring of social determinants and health equity indicators be institutionalized within health equity impact assessment (HIA) of all federal policies, programs, and plans.
- 3) That the Government of Canada work with Provincial/Territorial Premiers and Ministers of Health/Health Promotion/Healthy Living to establish population health policies to address the social determinants and health inequities.

Recommendations on Poverty Reduction, Income and Employment

- 4) That the federal government work with Provincial/Territorial governments to develop and enact a sufficiently resourced, long-term and targeted poverty reduction plan for Canada.
- 5) That the Federal government develop and enact comprehensive employment legislation. This should include enhancements to equal opportunity hiring and promotion, pay, and training; and support for unemployed Canadians.

Recommendation on Early Childhood Development

- 6) That the federal government assess and restructure the Universal Childcare Benefit (UCCB), Child Care Expense Deduction (CCED), Child Tax Credit (CTC), and Child Fitness Tax Credit (CFTC) programs to better support low-income families and the creation of childcare spaces and access to quality childcare services for low-income families.

Recommendation on Housing

- 7) That the Federal government collaborate with Provincial/Territorial governments to develop sufficiently resourced strategies to ensure a full spectrum of access to adequate, affordable and safe housing for Canadians in need.

Recommendations on Food Security

- 8) That the Federal government establish and implement a pan-Canadian evidence-based food security strategy, in close collaboration Provincial/Territorial governments.
- 9) That the Federal government enhance surveillance of nutritional status and food security of Canadians in the Canadian Community Health Survey.

Key Social Determinants in Chronic Disease Prevention

For the purpose of this policy brief, CDPAC has chosen to focus on those determinants with strong linkages to chronic disease prevention and promising policy solutions for closing their related health gaps.

Income

Income is considered one of the most important determinants of health because of the central role it plays in shaping overall living conditions, food security, housing, opportunities for health (including quality of diet, physical activity levels, tobacco and alcohol use) and protecting against negative factors. A recent national study linked mortality and income tax records to examine cause of death by income and found that at the “each successively lower level of income had a higher mortality rate.”⁶

While health inequalities between the richest and poorest 20% have decreased in Canada between 1971 and 1996¹⁹, areas where improvement is needed remain. For example, the table below illustrates the excess mortality in the population that is caused by low income, using census data from 1991-2006. The percentage of income-related excess mortality describes the percentage of Canadians who die from a chronic disease in excess of those who would die if the rate experienced by high income Canadians is applied across the population.

Cause of Death	Income-related Excess Mortality
Non-Communicable Diseases	19.3%
Malignant Neoplasms	16.3%
Liver cancer	21.1%
Trachea, bronchus and lung cancer	32.4%
Diabetes	36%
Cardiovascular disease	18.7%
Ischemic heart disease	20.5%
Respiratory diseases	36.9%
Chronic obstructive pulmonary disease	44.7%

Source: 1991 to 2006 Canadian census mortality and cancer follow-up study¹¹

Income impacts other determinants such as housing, food security and early childhood development. For example, “of 27 factors identified as having an impact on child development, up to 80% were seen to improve as family income increases.”⁸

Early Childhood Development

Early childhood is a critical period in human development which includes important physical, cognitive, and emotional growth and change. Linked to educational achievement and socio-economic status, the quality of a child's early experiences establish a foundation and trajectory for life. Risk factors associated with poorer health such as low birth weight, poorer quality of pre- and post-natal nutrition and exposure to poorer air quality are conditions to which children in families of lower socio-economic status are also known to be more vulnerable.²⁰ The same children also have a higher risk for behavioural problems and mental health disorders which impact readiness for, and success in school.

Children who participate in quality early childhood development (pre-school) programs have significantly better socioeconomic, educational, and emotional developmental outcomes and longitudinal studies have demonstrated that measurable differences can be made in the lives of disadvantaged children in these areas.^{21,22} However, according to a 2008 UNICEF report, Canada has achieved only one benchmark out of ten for minimum standards in early childhood education and care services, sharing with Ireland the lowest ranking out of 25 affluent OECD countries.²³ This is an area where Canada can and should be motivated to improve.

Affordable Housing

Housing is an essential need and often the biggest single cost in a household's monthly budget. Because of this, its relative affordability can impact how much budget is available for other health-promoting goods or services such as fresh produce or recreation.²⁴ Quality of housing is known to directly and indirectly impact the health of individuals. Poor lung function and chronic respiratory disease can develop when exposed to mold and other allergens and toxic substances located in unsafe housing. Overcrowding is also known to increase transmission of illness and lead to stress and poorer mental health. Data from 2006, indicates that at the time 13.6% of Canadians were not able to access adequate, affordable housing.²⁵

With nearly one quarter of Canadians employed in low-paying work, Canada has one of the highest levels of low-paid jobs and family poverty among Western nations. This has been linked to the increasing number of people experiencing housing insecurity in Canada.⁷ The international community has urged to Canada to take action and "address homelessness and inadequate housing as a national emergency."²⁶

Food security

The regular consumption of vegetables and fruit as part of a nutritious diet is known to reduce the risk for obesity and protect against a number of diet-related chronic diseases such as type 2 diabetes and heart disease. Research also shows that maintaining a healthy body weight reduces risk of developing cancer. The relative availability and affordability of healthy food to a community or household determines whether those people are food secure and able to eat to the benefit of their health.²⁴

Food insecurity was experienced by 3.9 million individuals in Canada in 2011.²⁷ Those who report being food insecure are most often in the lowest income groups (48.3%); this follows a gradient and just 1.3% of those in the highest income groups report food insecurity.⁸ In addition to increasing risk for disease, dietary deficiencies make chronic disease management more difficult and when experienced during childhood have long-term effects on an individual's physiological and psychological development. Furthermore, negative health effects are exacerbated by the stress created when the availability and quality of food is precarious.⁷

Food insecurity exists to varying degrees across Canada but is pronounced in "rural and especially remote, Northern communities [which] have higher prices than more central areas

and poorer availability of nutritious foods.”²⁸ A growing body of research also indicates that accessibility of calorie-dense foods high in sugar, fat and sodium is much higher in lower income neighbourhoods,²⁹ and there is evidence to support the concern that low-cost junk food could displace more nutritious foods in communities where food budgets are already stretched.³⁰

Recommendations:

Canada pledged action on the social determinants of health through comprehensive intersectoral approaches as signatory to the Rio Political Declaration on the Social Determinants of Health (2011). The important connections between chronic disease and the social determinants of health provide the rationale for CDPAC to recommend the following policy options:

Recommendations on General Social Determinants of Health

1) That a pan-Canadian population health strategy to address the social determinants and health inequities be created through an intergovernmental collaborative mechanism established through the leadership of all Federal Ministers and the Prime Minister of Canada;

- *The federal government has an essential role to play in shaping the health of all Canadians. Beyond Health Canada and the health-care system, the federal government has jurisdiction and influence over many of the socio-economic factors that impact health outcomes, including chronic disease.*
- *Social determinants of health need to be addressed by government departments beyond just health. Intergovernment partnerships involving ministries of labour, immigration, agriculture, employment and social development, as well as aboriginal affairs are necessary.*

2) That the monitoring of social determinants and health equity indicators be institutionalized within health equity impact assessment (HIA) of all federal policies, programs, and plans (see CDPAC’s Policy Position on HIA);

- *Indicators should match, as appropriate, with the UN-NCD Framework indicators and Health Goals for Canada.*

3) That the Government of Canada work with Canada’s Provincial/Territorial Premiers and Ministers of Health/Health Promotion/Healthy Living to establish Provincial/Territorial population health policies to address the social determinants and health inequities, to achieve the goals of the federal population health strategy;

- *Acknowledging that effective policy and decision-making processes regarding social determinants and health inequities must include the voices of all relevant health sectors and groups.*
- *In particular, ensuring that First Nations, Inuit and Métis leaders are included in developing policies that address gaps in health outcomes for Aboriginal Canadians.*

Recommendations on Poverty Reduction, Income and Employment

4) That the federal government work with Provincial/Territorial governments to develop and enact a sufficiently resourced, long-term and targeted poverty reduction plan for Canada;

- *Existing Provincial/Territorial poverty reduction strategies are demonstrating results and may be enhanced through leadership Federally.*
- *Priority actions should include assessing minimum wage and social protection policies including Employment Insurance to ensure they support an adequate level of income for healthy living for all, and ensuring that social assistance transition programs allow people to meet their basic living expenses while finding sustainable income.*

5) That the Federal government develop and enact comprehensive employment legislation. This should include enhancements to equal opportunity hiring and promotion, pay, and training; and support for unemployed Canadians;

- *Specific focus on intensified efforts to help immigrants and refugees adjust to life in Canada by improving employment assistance, removing long-standing barriers to qualification for professionals trained abroad, making more language training available, and improving employment standards and human rights protections.*

Recommendation on Early Childhood Development

6) That the federal government assess and restructure the Universal Childcare Benefit (UCCB), Child Care Expense Deduction (CCED), Child Tax Credit (CTC), and Child Fitness Tax Credit (CFTC) programs to better support low-income families and the creation of childcare spaces and access to quality childcare services for low-income families;

- *The House of Commons Standing Committee Report on Reducing Poverty in Canada notes that the current UCCB, CCED and CTC are not optimally designed to assist low-income families; they are insufficient to cover the real costs of child care and as tax deductions the CTC and CCED tend to benefit those with greater taxable income.³¹*
- *The evidence suggests that the lowest income families, who already have disproportionately lower physical activity participation, are less aware of and less likely to access the CFTC than families in with higher income.³²*

Recommendation on Housing

7) That the Federal government collaborate with Provincial/Territorial governments to develop sufficiently resourced strategies to ensure a full spectrum of access to adequate, affordable and safe housing for Canadians in need;

- *The Federal and Provincial/Territorial governments can and should play a leadership role in stimulating and coordinating and stimulating the efforts and investments of stakeholders in the non-profit and private sectors, and other levels of government.*
- *Programs that provide housing for people with chronic conditions such as the “Housing First” approach developed by the Mental Health Commission of Canada should be continued and scaled up across Canadian jurisdictions.*

Recommendations on Food Security

8) That the Federal government establish and implement a pan-Canadian evidence-based food security strategy, in close collaboration Provincial/Territorial governments, to ensure equitable access to safe, affordable, and nutritious food for all Canadians, addressing the food system from production to consumption and harmonizing agriculture and public health goals;

- *Priority must be given to remote First Nations, Inuit, and Métis communities, including enhancing programs such as the Northern Food Program and ensuring access to safe drinking water.*

9) That the Federal government enhance surveillance of nutritional status and food security of Canadians into the Canadian Community Health Survey in order to measure progress towards healthy eating, chronic disease reduction and food security (see CDPAC's Policy Position on Food Security)

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