

Social Determinants of Health and Nursing: A Summary of the Issues

What's the issue?

In all countries, it is well-established that poorer people have substantially shorter life expectancies and more illnesses than the rich. This phenomenon has been observed since at least the nineteenth century when Chadwick (1965) investigated the health of the working classes in Victorian England.

Two contemporary British studies have been very influential in their documentation of the relationship between socioeconomic factors and health status. The Whitehall civil service study compared the health status of individuals over time with their position in a well-defined job hierarchy. Those lower in the hierarchy experienced three times the risk of death from heart disease, stroke, cancer, gastrointestinal disease, accident and suicide compared with those at the top of the hierarchy. These differences could not be explained by differences in medical care.

The Secretary of State for Health in Britain was concerned about why – 30 years after the establishment of the National Health Service (which made health services available to all, regardless of income) – significant differences in mortality between social classes persisted. The Black Report, released in 1980 (Townsend et al., 1992) concluded that these differences in health status were not the result of individual differences, but rather of structural differences in the way members of these different classes led their lives. This included a wide range of factors such as income, employment and working conditions, housing, education, nutrition, stress and violence – what we now consider the social determinants of health.

Social determinants of health have a significant impact on the predisposition of individuals and groups to illness, as well as the way in which they experience and recover from illness. It is critical that nurses understand the impact of these factors on the individuals and groups that they work with, and include these factors in their assessments. This information may affect the choice of intervention and the need for other community resources. At a broader level, nurses can use their experience to advocate for progressive policies that address the social determinants of health.

Why is this issue important?

How this issue relates to the health of Canadians

Genetics and traditional risk factors, such as activity, diet and tobacco use, are not the best predictors of whether we stay healthy or become ill. Some of the best predictors of adult-onset diabetes, heart attack, stroke and many other diseases are social determinants.

Social determinants of health are the economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole. Social determinants of health determine whether individuals stay healthy or become ill (a narrow definition of health). Social determinants of health also determine the extent to which a person possesses the physical, social and personal resources to identify and

achieve personal aspirations, satisfy needs and cope with the environment (a broader definition of health). Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to its members.

(Raphael, 2004, p. 1)

A wealth of evidence supports the idea that the socioeconomic circumstances of individuals and groups have at least as much – and often more – influence on health status as medical care and personal health behaviours. The World Health Organization identifies the following as some of the most important social determinants of health (Wilkinson & Marmot, 2003):

Poverty

- Absolute poverty (not being able to access basic resources such as food and shelter) has a profound effect on health status. People living on the streets suffer the highest risk of premature death. In addition to the direct effects of being poor, an individual's health can be compromised by living in neighbourhoods with high concentrations of unemployment, poor housing, a poor environment and limited access to services. (Wilkinson & Marmot, 2003)
- Canada has made little progress in addressing the issue of poverty. In 2000, 14.7% of Canadians were poor, which is a higher percentage than in pre-recession 1989 (13.9%). Seniors were the only group for which the poverty rate decreased during this period (moving from 22.5% to 16.4%). (Curry-Stevens, 2004)
- Child poverty in Canada increased during the 1990s, from 14.7% in 1989 to 15 % in 2004, representing one in six children. (Curry-Stevens, 2004)
- There is a graded relationship between household income and emotional and behavioural problems in childhood – the lower the household income, the higher the incidence of these problems. (Canadian Institute of Child Health, 2004)
- Income is thought to affect health in these ways:
 - o material deprivation removes the prerequisites for healthy development such as shelter, food, warmth, and the ability to participate in society
 - o living on low income causes psychosocial stress, which damages people's health, and
 - o low income limits peoples' choices and works against desirable changes in behaviour.

(Raphael, 2004)

Economic inequality

- Economic inequality (the gap between the richest and poorest in a society) may be an even more significant social determinant of health than absolute poverty. As the gap between rich and poor widens, health status declines. (Auger et al., 2004; Raphael, 2002)
- Family incomes have become more polarized in Canada. The proportion of middle-income families (earning between \$30,000 and \$59,999/year) decreased by 17% relative to other income groups in the period from 1980 to 2000. “Well-off” families (between \$60,000 and \$99,999/year) also decreased by 6.1% relative to other income levels. At the same time, the ranks of the working poor (\$5,000 to \$19,999) and the very rich (above \$150,000) rose substantially – by 23% and 95.5% respectively – relative to other income groups. (Curry-Stevens, 2004)

Social status

- People with less social standing usually run at least twice the risk of serious illness and premature death as those with more. This is an effect that is not limited to the poor, but extends across all strata of society (Wilkinson & Marmot, 2003).

Stress

- Social and psychological circumstances can cause long-term stress. Continual anxiety, insecurity, low self-esteem, social isolation, and lack of control over work and home life have powerful effects on health, especially on the cardiovascular and immune systems. Individuals experiencing long-term stress are more vulnerable to conditions such as infections, diabetes, high blood pressure, heart attack, stroke, depression and aggression (Wilkinson & Marmot, 2003).

Education and care in early life

- The foundations of adult health are laid before birth, in infancy, and in early childhood. Poor fetal development is a risk for health in later life. For example, low birth weight has been linked to higher risk of diabetes (Wilkinson & Marmot, 2003). Low birth weight is more than twice as common for women with low incomes (9%) compared to women with higher incomes (4%) (Canadian Institute of Child Health, 2004).
- Infancy and early childhood are critical stages of physical, mental and emotional development. Insecure emotional attachment and low levels of stimulation can lead to reduced readiness for school and problem behaviour. High quality child care can mitigate against such inadequacies. It can provide intellectual and social stimulation that promotes cognitive development and social competence. The positive effects of high quality childcare persist into later life, especially in lower-income children. (Friendly, 2004)
- Good health-related habits, such as eating sensibly and exercising, are strongly influenced during early childhood.

- The public school system in Canada has played an important role in preparing young people for the future. This system has been under stress in recent years due to budget cutbacks, labour conflicts and pressure to address increased needs such as special education. If this universal system is not able to respond to such challenges successfully, an important pillar in the Canadian social structure will be threatened, which will impact on the health of Canadian children. (Ungerleider & Burns, 2004)

Social exclusion

- Social exclusion denies individuals the opportunity to participate in the activities normally expected of members of their society. There is evidence of growing social exclusion in Canadian society, particularly for Aboriginal people, non-European immigrants and people of colour.
- Aboriginal people and people of colour are more than twice as likely to live in poverty and three times as likely as the average Canadian to be unemployed, despite their level of qualifications (Galabuzi, 2004).

Employment and job security

- Although having a job is generally better for health than being unemployed, stress at work has an important impact on health. Having little control over one's work is associated with increased risk of low back pain, cardiovascular disease and depression (Wilkinson & Marmot, 2003).
- Longer and more unpredictable hours, combined with already high and rising job demands are particularly likely to cause stress and anxiety in families where both partners work, and for single-parent families. More than one-third of 25 – 44 year old women who work full-time and have children at home report that they are severely time-stresses, and the same is true of one in four men. Twenty-six percent of married fathers, 38% of married mothers, and 38% of single mothers report severe time stress, with levels of severe stress rising by about 20% between 1992 and 1998. (Statistics Canada, 1999)
- Unemployed people and their families often experience great psychological and financial problems. They are substantially at increased risk of premature death (Wilkinson & Marmot, 2003).
- Job insecurity has been shown to increase depression, anxiety and heart disease. Only one-half of all working Canadians has a single, full-time job that has lasted six months or more. Less than half of non-unionized workers have access to employer-sponsored benefits and pensions. The percentage of Canadians in full-time permanent jobs has dropped from 67% in 1989 to 63% in 2000. For many Canadians, work has become precarious. (Polanyi, Tompa, & Foley, 2004)

Social support

- Social support helps give people the emotional and practical resources they need to get through life. Social isolation and exclusion are associated with increased rates of premature death, depression, higher levels pregnancy complications and higher levels of disability from chronic illness (Wilkinson & Marmot, 2003).

Food security

- A well-balanced diet and an adequate supply of nutritious food are essential elements for good health. Shortage of food and lack of variety cause malnutrition and a range of deficiency diseases. Overeating contributes to cardiovascular diseases, diabetes, cancer, obesity and cavities (Wilkinson & Marmot, 2003).
- Food insecurity is defined as the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways. One in ten Canadian households (representing three million people and 678,000 children) experience food insecurity (McIntyre, 2004).

How this issue relates to the functioning of the health care system

In 1996, Statistics Canada estimated that 23% of years of life lost from all causes prior to age 75 could be attributed to income differences (Raphael, 2004). The two diseases where the links to social determinants have been investigated most thoroughly are heart disease and diabetes.

Cardiovascular disease

- Heart disease and stroke are the leading killers of Canadians, responsible for 40,000 deaths every year – over one-third of all Canadian deaths. These diseases account for 18% of hospital patient days. The total combined cost to the Canadian economy of heart disease and stroke is estimated to be \$18.5 billion per year. (Heart and Stroke Foundation, 2003)
- Income differences account for 6,366 additional premature deaths from cardiovascular disease (Raphael, 2001).

Diabetes

- It is estimated that two million Canadians have diabetes and the rate of incidence is rising. Diabetes is one of the eight leading causes of hospitalization, accounting for close to 300,000 admissions per year. Diabetes costs the Canadian economy an estimated \$13.2-billion every year. (Canadian Diabetes Association, 2004)
- There has been a huge increase in mortality due to diabetes in low-income communities in Canada. Low-income Canadians face higher risks of diabetes than average Canadians, particularly females (four times higher risk) and aboriginals (three to five times higher risk) (Ling Yu & Raphael, 2004).

Why is this issue important to nurses?

Working on the front lines of the health care system, nurses see the impact of the social determinants of health every day. They see individuals and groups of people who are more susceptible to illness, who experience more complications or whose recovery process is much longer. If they ask the right questions during their assessment process, nurses will often find links between these people and issues such as low income, high levels of stress, job

insecurity, food insecurity, poor housing, and social isolation. Even if they do know about these issues, nurses often feel powerless to address them.

Despite mounting evidence for the role of social determinants on health status, much of the focus for prevention and management of diseases such as diabetes and heart disease remains highly medicalized. Our system is really about sick care, not health care. The emphasis is on identifying high-risk individuals who are urged to seek medical attention where a health provider will screen for biomedical risk factors, prescribe medication (if necessary), advise adopting a healthy lifestyle, and then monitor the disease. Research has placed a similar focus on the identification of individual risk factors, as opposed to structural or societal issues. As well, government policies and programs have emphasized individual responsibility for health almost exclusively (Ling Yu & Raphael, 2004).

Addressing social determinants of health requires a shift in some of the prevailing thinking about health. It requires people to realize that the health system has an important – but limited – role in addressing health. It also requires people to challenge some of the ideas they may have about poverty, equity and social justice. These are not individual issues, but structural ones.

What do we do, as a society, to address the social determinants of health? The forces of globalization and changing economic policies force many people into precarious employment where they cannot earn enough to support themselves and their families. Recessions and systematic budget cutting over the past 20 years have decimated health, social and educational infrastructures across the country. In addition, we like to think we live in an egalitarian society but, in fact, some groups, such as visible minorities, new Canadians, Aboriginal people and single parent families, face substantial economic and social barriers that have significant impacts on health. Confronting these issues is a big challenge that means addressing some of our most fundamental values.

Sweden and Finland have taken progressive national approaches to address social determinants of health. Building on these examples, Raphael (2004) advocates that Canada take action in three key areas:

- develop policies to reduce the incidence of low income (including increasing minimum wages and improving pay equity)
- develop policies to reduce social exclusion (including progressive taxation to reduce inequalities in income, measures to protect the rights of minority groups, and employment policies that preserve and create jobs)
- develop policies to restore and enhance Canada's social infrastructure (including strategies to ensure access to pharmaceuticals and dental care, a national child care strategy, and strengthened health and social services)

The social determinants of health are not external to their work in the health system; indeed, they are the very foundation of a healthy society. The *Ottawa Charter for Health Promotion* (WHO, 1986) outlines the prerequisites of health as peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Canadians will not be able to achieve the health goals we set as a society – and nurses and other health professionals will not be able to achieve the success they seek in their individual work with patients – until we make it a priority to address social determinants.

What has CNA done to address this issue?

CNA participates on a variety of national coalitions and committees that address the social determinants of health:

- CNA is a partner of **Child and Family Canada**, which provides quality, credible resources on children and families.
- CNA is a member of the **National Children's Alliance**.
- CNA staff served on the **Expert Advisory Board** of the **Children's Health Team**, which reported to the **Commission for Environmental Cooperation**.
- CNA is a member of the **Environmental Health Coalition**.
- CNA is a member of the **Canadian Coalition for Green Health Care**.
- CNA is a member of the **Canadian Coalition for Public Health in the 21st Century**.

CNA has developed policy papers and position statements that address the social determinants of health including:

- Position statement, *The Environment is a Determinant of Health*
- Joint policy statement with the Canadian Medical Association, *Environmentally Responsible Activity in the Health Sector*

What can nurses do about this issue?

Nurses can play an important role to address social determinants of health by working on their individual practices, helping to reorient the health care system, and advocating for healthy public policies:

Individual nursing practice

- Understand the impact of social determinants on the health of your patients.
- Include questions on social determinants – for example, income, housing, food security, social support – in your assessments of patients.
- Consider social determinants in your treatment and follow-up plans. For example, determine whether patients are financially able to access recommended programs such as physiotherapy. If not, try to help the patient to access financial assistance to make these programs accessible.
- If you work with disadvantaged communities, help people with common health issues to understand the link to social determinants, and to organize to take action.
- Know what community and health resources are available to your clients.

Reorienting the health care system

- Ensure that health promotion programs go beyond lifestyle and behaviour to take social determinants into account. For example, physical activity programs should be designed so that fees and transportation are not barriers to participation. When access to nutritious food is an issue, refer people to programs such as community gardens and collective kitchens.
- Encourage health departments to take a social determinants approach, including considering the impact of economic inequalities and poverty.
- Advocate for universal access to basic health programs such as dental care and pharmacare.

Healthy public policies

- Speak from experience. Use stories from your patients to help advocate for policies that address social determinants of health.
- Make decision-makers aware of the research on the links between socioeconomic factors and health.
- Look at how structural issues of class, race and gender affect the way in which populations experience health problems, and develop initiatives that address these issues. For example, Aboriginal people are at very high risk of diabetes, yet this is being treated largely as an individual lifestyle issue. Research shows that issues like poverty, housing, employment and food security in this population need to be addressed before real progress in dealing with this and other health and social issues can be made.

Where can you go for further information?

- Dr. Dennis Raphael's website, York University has many reports and publications on social determinants of health and a link to the SDOH listserv (quartz.atkinson.yorku.ca/QuickPlace/draphael/Main.nsf/h_Toc/add17a118af948d985256cd900682d5b/?OpenDocument).
- Genuine Progress Index for Atlantic Canada (www.gpiatlantic.org).
- Public Health Agency of Canada (www.phac-aspc.gc.ca/ph-sp/phdd/whatsnew.html).
- World Health Organization Commission on Social Determinants of Health (www.who.int/social_determinants/en).

Further Reading

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