

DVM2110A: Health, Education Perspectives in International Development



**Social Determinants of Health:
Social and Health Inequalities and Inequities,
and Efforts to Target Social Exclusion**

January 16 & 18, 2013

NOTE: Information is taken or modified from
the sources written at the bottom of slides

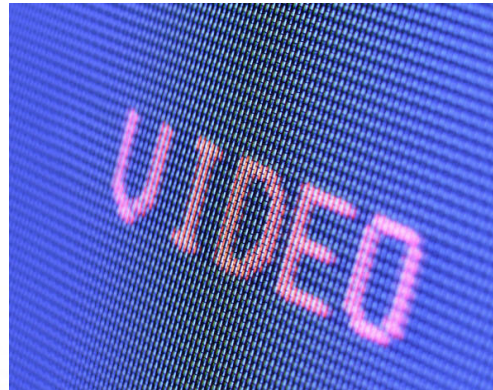
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Topics to be Covered

- Social Determinants of Health
- Social Environments
- Social Structure, Social Hierarchy
- Social Gradient
- Social Capital
- Social Safety Nets
- Social Justice, Social Exclusion
- Health Inequality versus Inequity
- Explanations for the Inequality-Health Relationship
- Health as a Commodity



What Determines Health?



- **Let's Start a Conversation About Health . . . and Not Talk About Health Care at All (5:10)**

<http://www.youtube.com/watch?v=jbqKcOqoyoo>



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Consider this story...

"Why is Jason in the hospital?

Because he has a bad infection in his leg.

But why does he have an infection?

Because he has a cut on his leg and it got infected.

But why does he have a cut on his leg?

Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.

But why was he playing in a junk yard?

Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.

But why does he live in that neighbourhood?

Because his parents can't afford a nicer place to live.

But why can't his parents afford a nicer place to live?

Because his Dad is unemployed and his Mom is sick.

But why is his Dad unemployed?

Because he doesn't have much education and he can't find a job.

But why ...?" (From Public Health Agency of Canada, <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants>)



Determinants of “Health”

Key Determinants of Health:

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment/Working Conditions
5. Social Environments
6. Physical Environments
7. Personal Health Practices & Coping Skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture

(From: Public Health Agency of Canada,
<http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants>)

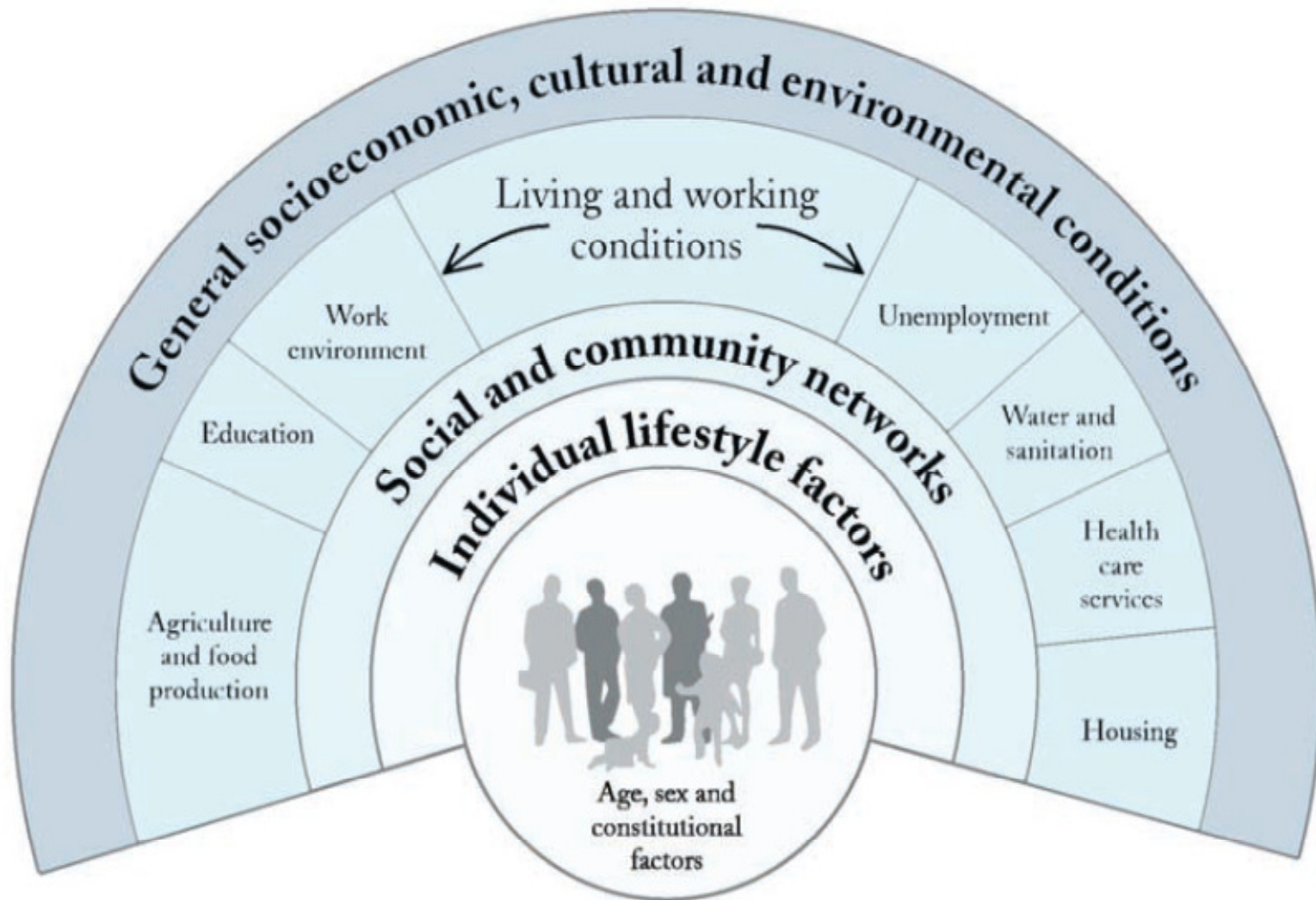
Social Determinants of Health:

1. Aboriginal status
2. Gender
3. Disability
4. Housing
5. Early life
6. Income and income distribution
7. Education
8. Race
9. Employment and working conditions
10. Social exclusion
11. Food insecurity
12. Social safety net
13. Health services
14. Unemployment and job security

(From: Mikkonen et al., 2010, p. 9)



Model of the Determinants of Health



Source: Mikkonen et al., 2010, p. 9

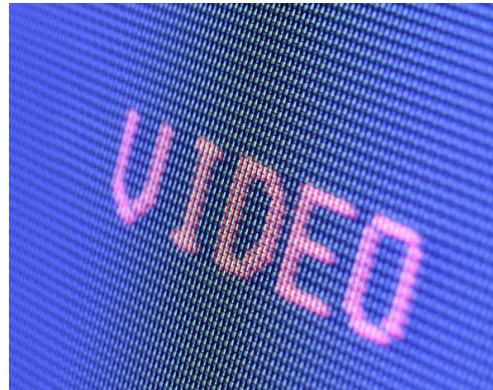
The Social Determinants of Health



*“The primary factors that shape the health of Canadians are not medical treatments or lifestyle choices, but rather the living conditions they experience – these conditions have come to be known as the **social determinants of health.**”*
(Mikkonen et al., 2010, p. 7)



Inequality and Poor Health

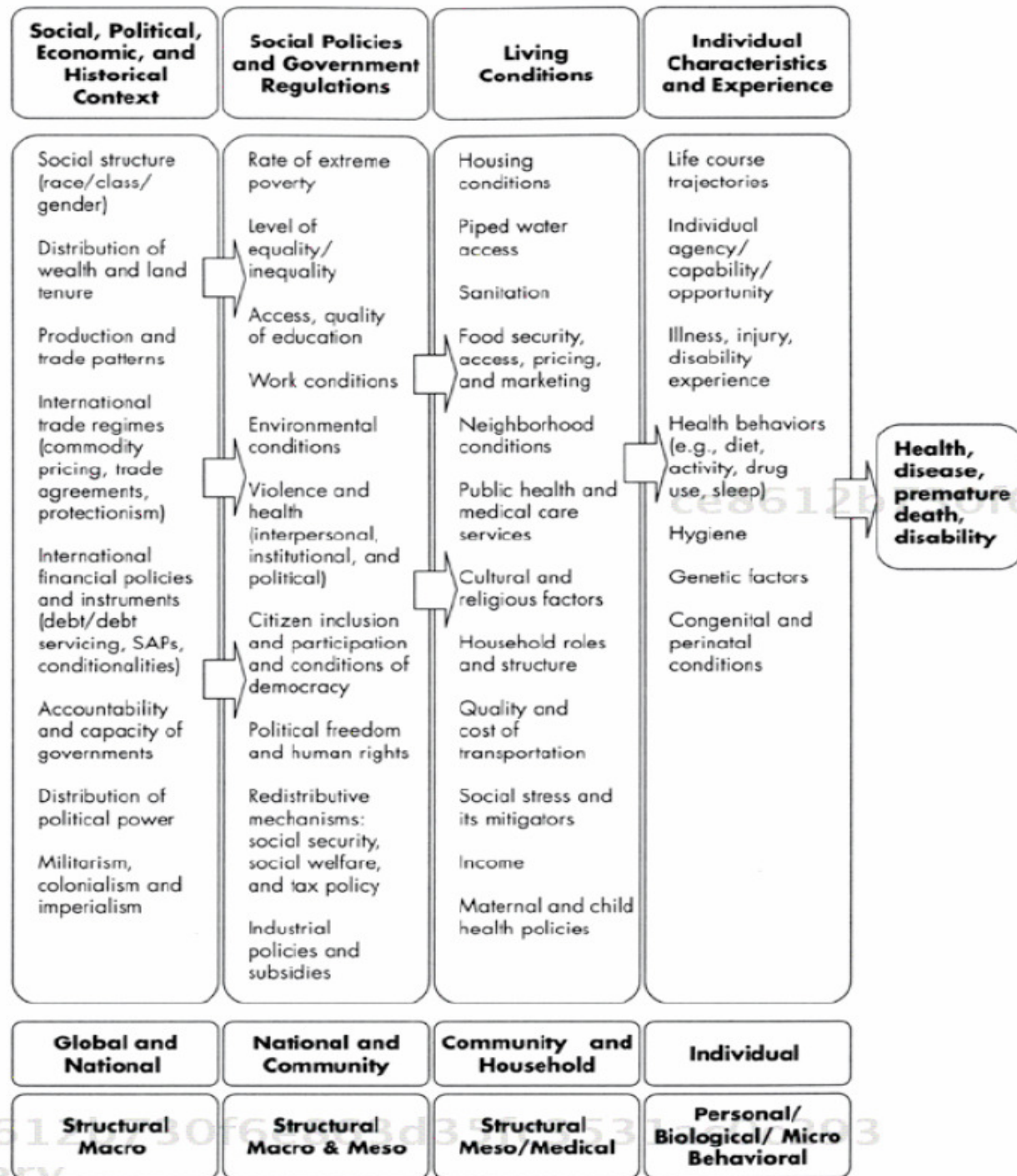


- **Inequality in society leads to poor health (5:05)**
<http://www.youtube.com/watch?v=qaV9jqCsEmk&feature=related>



Global Health: Societal Determinants of Health Framework

Source: Birn, 2011,
p. 38



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Social Environments

- Encompass **historical social and power relations** that have become institutionalized over time.
- Can be **experienced at multiple levels**, including households, kin networks, neighbourhoods, towns and cities, and regions.
- Are dynamic and **change over time**.
- Involve **relationships of dependency with other social environments** at different local areas connected through larger regional, national, and international social relations.

Social Structure



- Concept of **social structure (social hierarchy)** is used to think about how people in society differ from one another (i.e., placement on an “invisible social ladder”).
- Variables associated with social structure include: economic, occupational, educational, gender, social status
- Cross-cutting indicators of inequity influence one another
- Perspective of Conflict Theory & **Social Justice**:
 - ***Hierarchical structure is an indicator of inequality***
 - **Inequality becomes an inequity** when we judge the inequality as ‘wrong’

Social Justice



- Concept of social justice has been associated with:
 - the desire for a well-ordered society,
 - the right to basic equal liberty and opportunities,
 - social and economic disparities that benefit the least-advantaged individuals, and
 - offices and positions that are accessible to all under fair and equitable conditions and opportunities

Health Inequality vs. Inequity



“**Inequality** simply refers to the uneven distribution of health or health resources as a result of genetic or other factors or the lack of resources; while **inequity** refers to unfair, avoidable differences arising from poor governance, corruption or cultural exclusion.”

- Inequity is the result of human failure, which gives rise to avoidable illnesses, diseases, disabilities, and deaths.
- Inequity is often measured in terms of inequalities of health or health resources where one might reasonably expect equality.



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Source: Global Health Europe:

http://www.globalhealtheurope.org/index.php?option=com_content&view=article&id=179&catid=34&Itemid=90

Equality



- Equality refers to the right to equal protection, participation and benefits without discrimination based on race, national or ethnic origin, religion, sex, age, mental or physical ability, sexual orientation, etc.
- Each person is supported to make an equal claim about what society has to offer its citizens.
- **Equality takes into account that the conditions to participate may vary for each individual and may entail special accommodation to ensure an equal outcome.**



Social Structural Hierarchy, and Health Inequity

- There is a consistent and positive relationship between good health and location further up the social-structural hierarchy
- People who have more wealth tend to also be healthier, and people who have less wealth tend to have poorer health
- The overall degree of equity or inequity within a society affects the well-being of everyone, including both those at the top and those at the bottom of the hierarchy
- As the degree of overall inequality declines or increases, the level of health will also vary

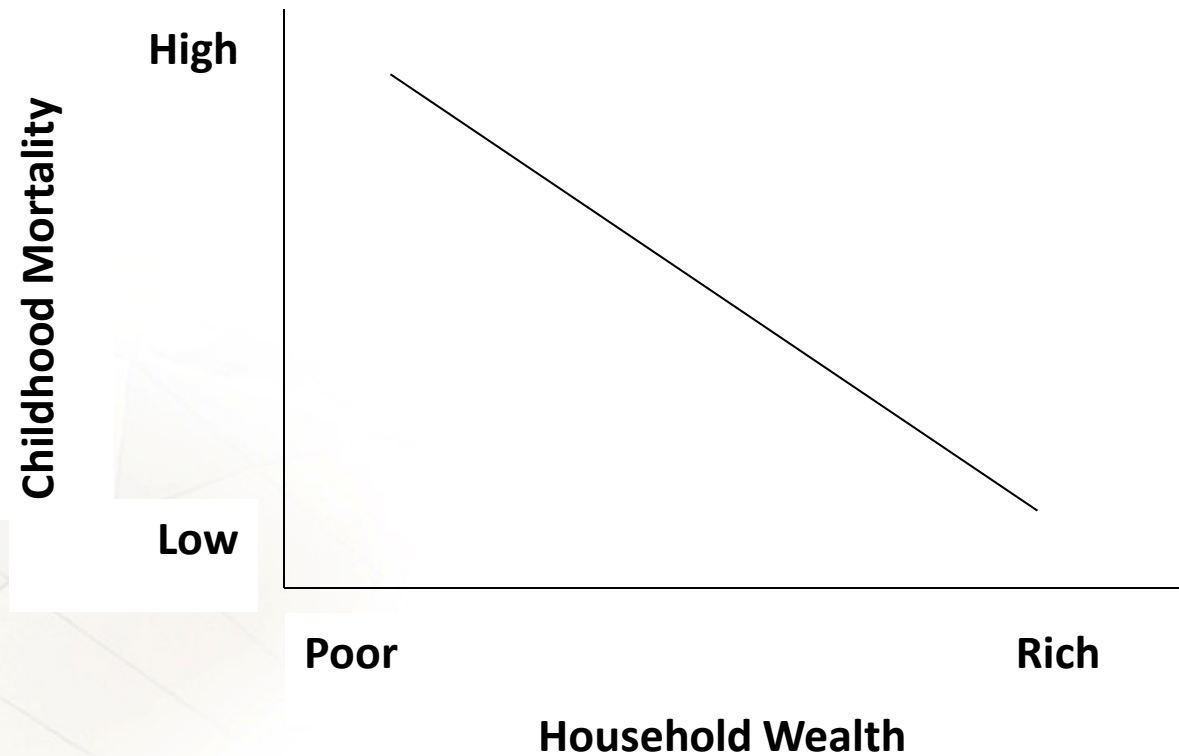


Social Gradient



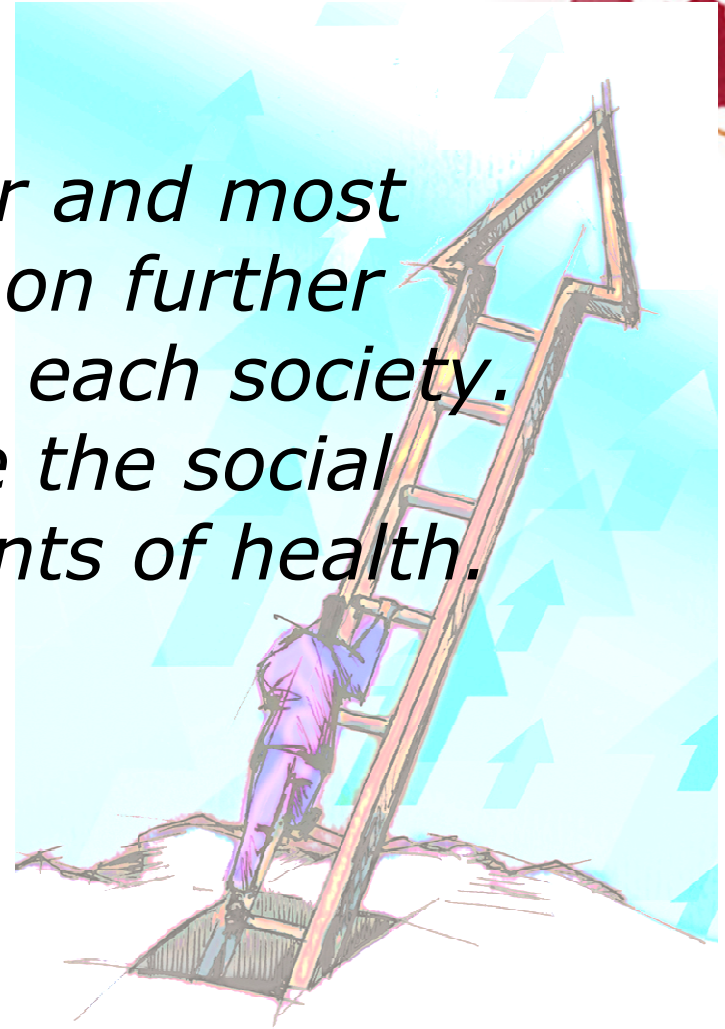
Health and illness follow a **social gradient**: lower the socioeconomic position, the worse the health (Mikkonen et al., 2010, p. 5).

EXAMPLE



Source: Mikkonen & Raphael, 2010
(Social Determinants of Health – Canadian Facts)

Life expectancy is shorter and most diseases are more common further down the social ladder in each society. Health policy must tackle the social and economic determinants of health.



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Source: WHO, 2003

(Social Determinants of Health – Solid Facts)



Factors impacting health: Poor living conditions

- Living conditions include: housing/neighbourhood, food/water, hygiene/sanitation, health facilities/social services, transportation, culture/religion, working conditions, etc.
- Poor living/housing conditions may result in increase prevalence or risk of disease.
- Homelessness is a significant problem across the globe, and nearly 1 billion people live in “slums”
- 1/6 of the world’s population lives without adequate supply of safe water.
- 1/2 of world’s population lacks access to most basic sanitation
- 1/7 of world’s population deals with hunger as a severe issue

Source: Birn, 2011



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Poor Living Condition (“slums”)

Source: Gulati, Sonia, 2005



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Water Shortage

Source: Gulati, Sonia, 2005

Millennium Development Goal #1:

"To eradicate
extreme poverty
and hunger"

Target 1: To halve the
proportion of people
who suffer from
hunger by 2015



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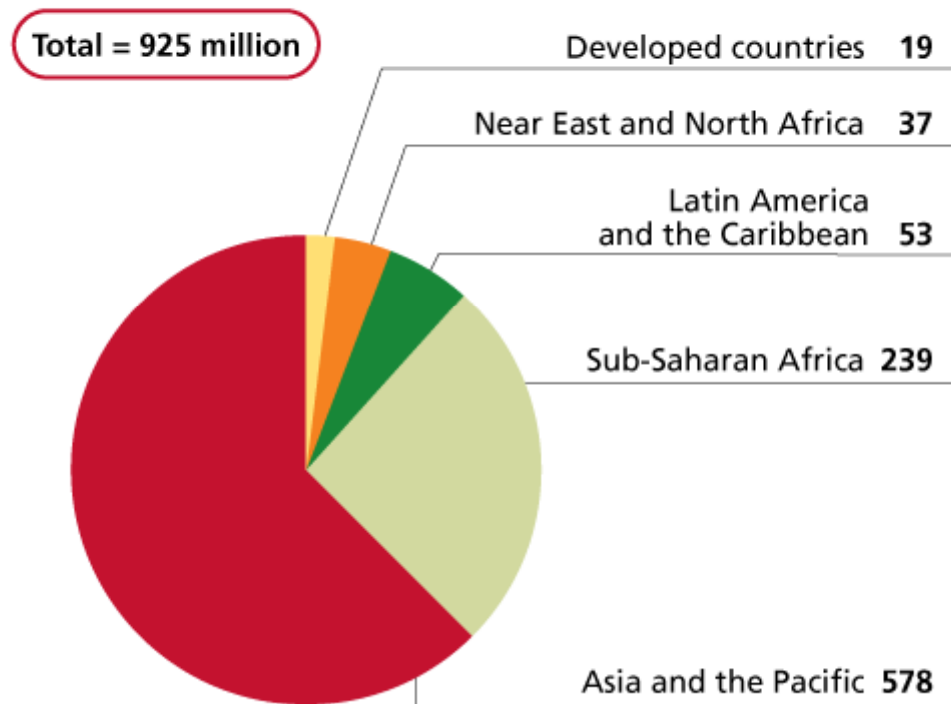
Food Security

Source: Deonandan, R., Guest Lecture HSS3105, 2012



Number of hungry people in the world

925 million hungry people in 2010



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Source: Worldhunger.org
Deonandan, R., Guest Lecture HSS3105, 2012

The Three Pillars of Food Security





Climate Change

Climate change is a problem of asymmetric causes and impacts; those who disproportionately cause it are also disproportionately able to shield themselves from its impacts.

Source: Paterson, M. Guest Lecture HSS3105, 2012



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Class Struggles

Vincente Navarro (1976)

- Analysis focuses on patterns/dynamics of power relations between social classes or the sexes.
- Explains the relationship between capitalism, which is an economic system driven by profit, and the health needs of the population.
- Navarro believes that there are two major goals of contemporary capitalism:
 1. The concentration of capital
 2. The growth of the state



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Source: Health, Illness, and Medicine in Canada, by Clarke, 2012, Chapter 1; Birn, 2011



Different Explanations of the Inequality-Health Relationship



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Source: Health, Illness, and Medicine in Canada, by Clarke, 2012, Chapter 4

1. Political-Economic Explanation



The political, economic structure (measured by degree of income inequality, public expenditures and health-care benefits, and public support for families) is related to rates of poor health, disease, and death in a population.

- According to Coburn (2003), inequality & inequity have been growing since the golden years of capitalism (1945-1980), AND the justification is rooted in the ideology / chief assumptions of neo-liberalism
 1. Markets are the best and most efficient allocators of resources in production and distribution
 2. Societies are composed of autonomous individuals (producers & consumers) motivated mainly by material/economic considerations
 3. Competition is the major market for innovation



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Source: Health, Illness, and Medicine in Canada, by Clarke, 2012, Chapter 4; Birn, 2011

2. Materialist Explanation



Health is linked to the provision of basic material goods and services

- Health depends on available, accessible, good quality:
 - food & water; transportation system & infrastructure; employment & housing; etc
- **Income sufficiency & income stability** is central to health
 - income inequity perpetuates itself through generations and leads to poorer health
- Material insufficiencies are associated with: nutritional inadequacies; diminished capacity to cope; challenges to mental health and well-being; health-threatening behaviours (e.g., lack of exercise; poor diet choices; smoking)

3. Neo-Materialist Explanation



Acknowledges the importance of a basic level of material adequacy, BUT emphasizes the significance of the relative distribution of material and social goods in society

- Once a certain degree of material adequacy has been reached (estimated at \$5,000 US), **equity & perceived equity** become essential to the overall health of a population
- Societies with progressive redistribution policies to ensure social welfare (e.g., unemployment insurance; leave policies for sickness, companionate care, and disability; early childhood education and care programs; universal education; etc)
→ are more likely to have lower infant mortality, longer life expectancy, and longer disability-free life expectancy.

Social Safety Nets



- Social safety net refers to a range of benefits, programs, and supports that protect citizens during various life changes and transitions (e.g., having/raising children, finding housing, pursuing education, employment training and entering the work force, and preparing for retirement).
- There are also unexpected life events that can affect health (e.g., having an accident, injury, experiencing family break-ups, becoming unemployed, and developing a physical or mental illness or disability).
- These events threaten health because they increase economic insecurity and provoke psychological stress, which are all important determinants of health.



Source: Social Determinants of Health – Canadian Facts (Mikkonen & Raphael, 2010)

4. Social-Psychological Explanation



Explains how neo-materialist theory works at the level of the individual, and emphasizes the impact of inequity

- Highlights importance of **social inclusion/exclusion** and how **social capital** enhances social inclusion
 - Social capital refers to: access to & presence of social benefits; social, cultural & economic capital work together; provides resources via social network & community inclusion
- Type of capital or resources necessary for health: Natural; Human; Material; Social and Cultural; Psychological; Corporal

Those with adequate capital are less likely to be marginalized and more likely to be included in social life.



Social Inclusion/Exclusion

- With regards to individuals with illness and disability, constructing inclusion in modern societies raises contradictions because one of the major processes in the attempt at inclusion and integration is normalization.

Social inclusion is related to social capital and is evident in characteristics of communities such as:

- civic engagement; voter turnout; representation of people with diverse backgrounds in positions of power/ in organizations
- Presence of well-functioning infrastructure contributes to a high level of social inclusion (e.g., public transportation; free libraries).
- Private education, health clubs, lack of accessible transportation, etc marginalizes people who are unable to pay for private goods.



Social Capital

- Social capital is a socio-economic resource. It refers to the characteristics of social organizations (e.g., networks, norms, trust) that facilitate coordination/cooperation for mutual benefit.
- There is a direct and positive relationship between health and social capital → greater your social capital, healthier you are
- Decline in levels of social capital have been identified as the cause of a range of social problems, including lack of economic development, poverty, death, disease, low quality of life, reduced trust in government, and higher rates of crime and violence.





5. Life-Course Explanation

Focuses on how: Impoverishment, inequity, lack of redistributive policies, social exclusion, and negative social comparisons are exacerbated when they occur in childhood & continue through life.

- The health costs of childhood are increased through **pathways, latency** and **cumulative effects**.
- **Pathways:** Set children onto a life course, which is influenced by helpful and unhelpful health experiences (e.g., a child who receives support and does well in elementary school is more likely to do well in high school)
- **Latency:** Early developmental effects may influence later life (e.g., underweight or overweight infants are more likely to deal with obesity)
- **Cumulative effects:** Accumulation of disadvantages or advantages over a lifetime, including pathways & latency (e.g., lead to health/disease later)



Consider these 'Injustice Facts'...

- Canada with a population of 30 million consumes more water than the entire continent of Africa.
- In 2008, Americans spent \$558 billion on eating out, enough to wipe out world poverty for 3 years.
- In the U.S. you are 78 times more likely to be killed by a violent family member than a terrorist.
- Wal-Mart has a single-day revenue larger than the annual GDP of 36 independent countries.

NOTE: For discussion purposes only. Supporting research and evidence not available

Source: <http://twitter.com/#!/InjusticeFacts>



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An Operating Model for the Social Determinants of Health

Health, illness, and death are not randomly distributed in a society. Many factors influence health outcomes:

- **Globalization of capital** (i.e., trade rules and regulations & neo-liberal ideologies have encouraged dominance of free markets and free-flowing capital, which has affected disease burdens of peoples)
- **Political-economic systems** (i.e., cause differences in access to resources such as food, shelter, work, etc)



- ***Social policies*** (i.e., policies such as early childhood education, pensions, unemployment insurance aim to improve health of all)
- ***Cultural differences*** (i.e., in the interpretation of health symptoms and behaviours, prevention of disease)
- ***Social-structural positions*** (i.e., age, race, gender etc are related to health outcomes)
- ***Social determinants of health*** (i.e., operate through accessibility and quality of food, housing, education, etc)
- ***Individual behaviours and coping responses*** (i.e., such as smoking, stress, etc are implicated in health outcomes)



Health as a Commodity



- Health in a capitalist society is subject to supply and demand (e.g., buying/selling of organs for transplantation into unhealthy bodies).
- Health is purchasable for those with money.
- Health is being commodified whenever a government or corporation decides to allow the continuance of a practice that is destructive to the health of a population in the interests of financial benefits such as taxes or profits
- Health itself is an object that reflects value and worth back on the individual.

Medical and Reproductive Tourism
are rapidly growing areas...

***What do you think about
buying/selling human
tissue/organs, particularly
when transactions/services
take place between
individuals from developed
and developing countries?***



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Targeting Social Exclusion?

How useful is the concept of social inclusion/exclusion where poverty is a mass phenomenon rather than the characteristic of a small lower class?

Source: Kabeer, N. 2000



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International Efforts to Target Social Exclusion

Debate about whether the concept refers to:

1. Problematic groups (beggars, minorities, HIV+, ...)
 2. Problematic conditions (slums, unemployment, ...)
 3. Problematic processes (political, social, ...)
- Recognition and acknowledgment of disadvantage, and redistribution
 - Analysis and modification of institutional rules
 - Legally enforceable entitlements
 - Consider social actors/groups in control, etc.
 - Examination of social practices and social policies

Source: Kabeer, 2000

Affirmative Action & Social Inclusion



Affirmative action commonly refers to policies that aim to restore equality in employment and education for those who suffer from discrimination (e.g., persons with disability, visible minorities, etc). What do you think about the notion of affirmative action?

