

HSS1101D: Determinants of Health

Social Determinants of Health

February 15 & 17, 2012

***NOTE:** Information is taken from sources as indicated at the bottom of or within the slides.

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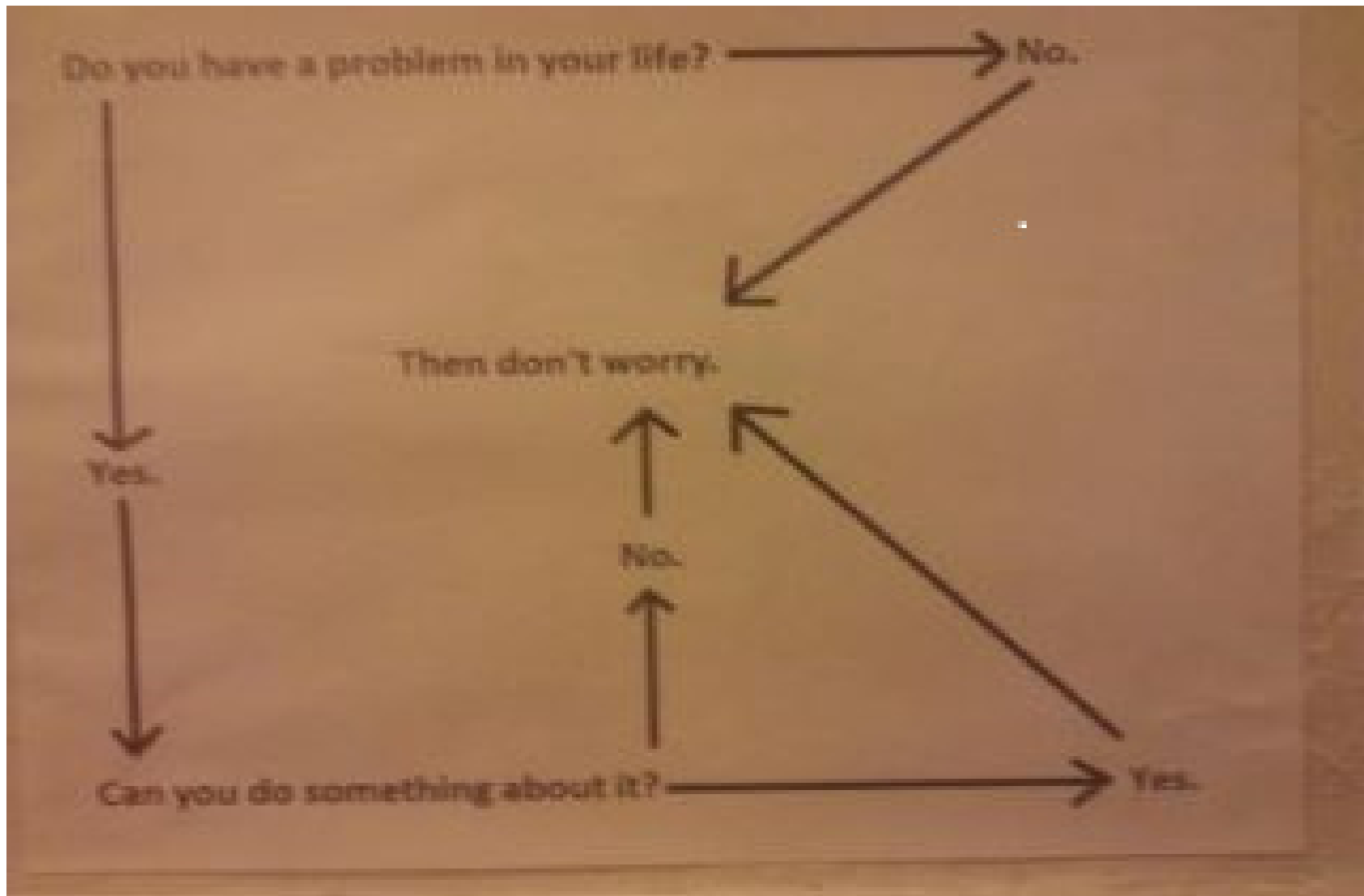
**Professor:
Dr. Sonia Gulati**



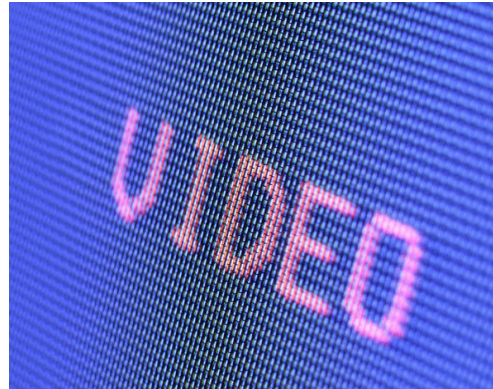
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Topics to be Covered

- Social Determinants of Health
- Social Environment
- Social Structure and Hierarchy
- Social Gradient
- Social Inequity and Inequality
- Socio-Economic Status and Social Capital
- Life Expectancy
- Poverty
- Social Safety Nets
- Water and Food Security
- Place of Residence
- Race / Ethnicity (Aboriginal and Immigrant Health)
- Job / Occupation, and Education
- Gender , Religion, and Age



Video: 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=KA-fDiDVmIU>

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)

Defining 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)
- **Social determinants** are “proposed or established causal factors in the social environment that affects health outcomes.” (Kindig, 2007). They can be understood as the social conditions in which people live, work, study, and play.
- The **social environment** includes the groups to which we belong, the neighbourhoods in which we live, the organization of our workplaces, and the policies we create to order our lives. (Yen, 1999)

Social Determinants of Health – Canadian Facts (Mikkonen et al., 2010)

Understanding Population Health (Kindig, 2007)

Social Environment and Health (Yen et al., 1999)



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Social Determinants of Health

- “The **economic and social conditions** that influence the health of individuals, communities and jurisdictions as a whole. They 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...” (Dennis, 2004)



Some students report that when they go away to university they are more likely to drink alcohol and become drunk more often than they had done in the past –

Which social determinants of health help to explain and understand such behaviours?



Recall: Health Inequalities and Inequities

- **Health inequalities** – the differences in health outcomes across different subgroups of the population
- **Health inequities** – what is perceived as unfair, unjust, and avoidable differences in health across different subgroups of the population



PROGRESS - Social Determinants of Health

Place of residence

Race or ethnicity

Occupation

Gender

Religion

Education

Socio-economic status (SES)

Social capital



PLUS ... disability, sexual orientation, and age

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

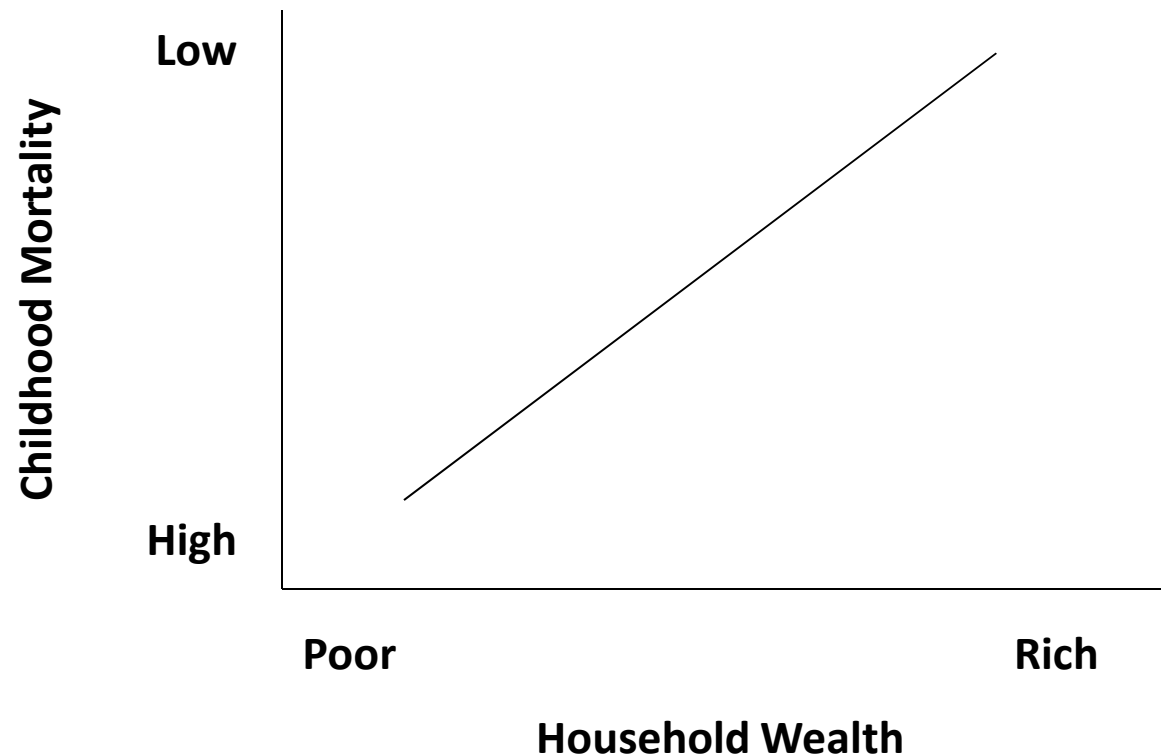
Social Hierarchy and Health

- Concept of social structure is used to think about how people in society differ, and how they are placed on an invisible ladder.
- Cross-cutting indicators of inequity reinforce one another (e.g., gender, disability and poverty).
- Hierarchical structure is an indicator of inequality (***inequality becomes an inequity** when we judge the inequality as ‘wrong’, avoidable, unnecessary and/or unjust).
- There is a consistent and positive relationship between good health and location further up the social hierarchy (e.g., people who have more wealth tend to also be healthier).
- As the degree of overall inequality declines or increases, the level of health will also vary.

The Social Gradient

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

EXAMPLE



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.



Life Expectancy

- Life expectancy has varied over the years. In Canada...
 - 1831: 39 years ; 2004: 80 years
 - Females born in 2001: 82.2 years ; Males born in 2001: 79.7 years
- **Some explanations for increase in life expectancy:**
 - **Epidemiological transition** (Omran, 1979) – as the economy changes from low to high per capita income, there is a corresponding transition from high mortality and high fertility TO low mortality and low fertility (e.g., people begin to live longer and die of emerging industrial and degenerative diseases)
 - **Sequential improvements** (McKeown, 1976) – increase in life expectancy was a result of improved nutrition, hygiene, immunization & medical therapy
 - **Socio-economic resources** (Kim & Moody, 1992) – make a significant contribution to the health of a population
 - **Political economy perspective** – considers the place of workers in the global economy in terms of occupational conditions (e.g., pay, security, safety) as the prime determinant of equality, living conditions, and health

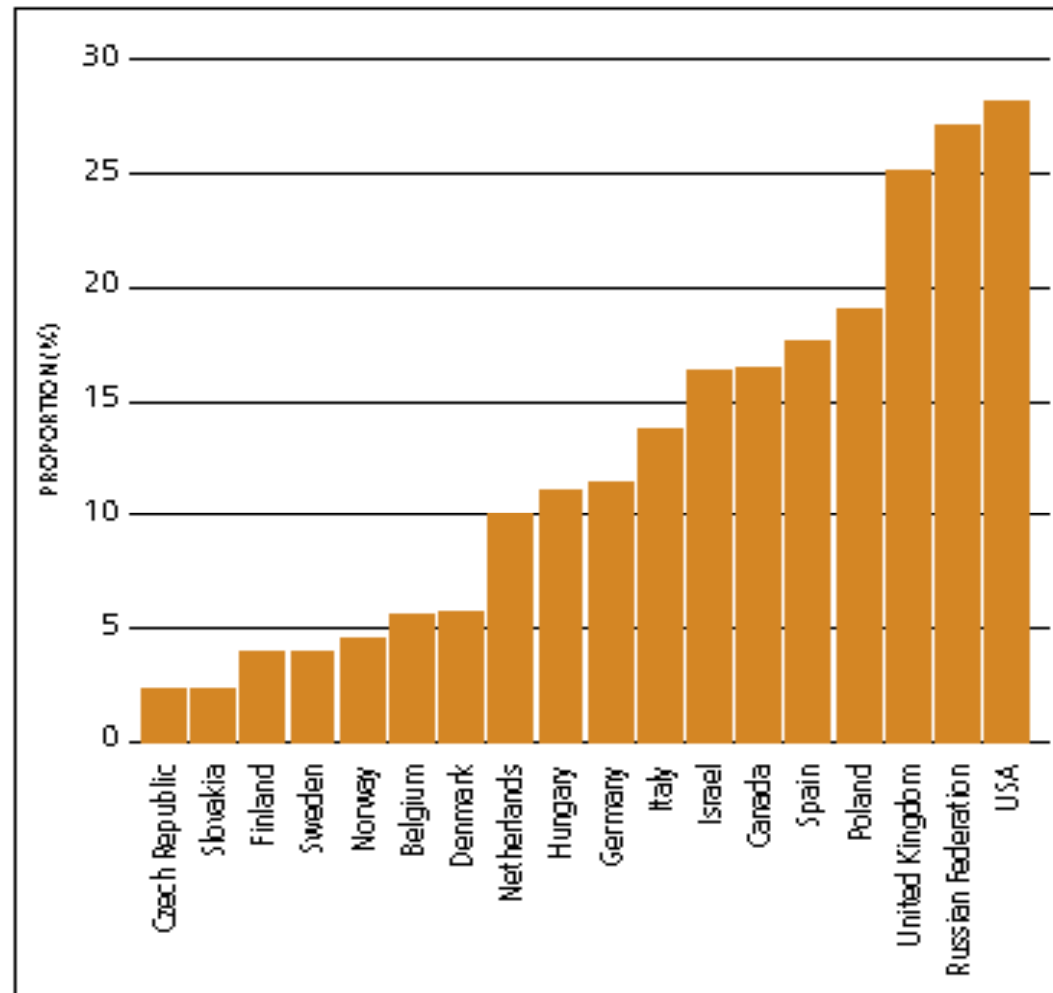
Why is it that men today live shorter lives than women?



What is the relationship between health and poverty?

- **Absolute poverty** – lack of the basic material necessities of life
- **Relative poverty** – being much poorer than most people in society and is often defined as living on less than 60% of the national median income (e.g., denies access to decent housing, education, transport and other factors vital for full participation)
- ***Health and poverty are inextricably linked***
 - How are health and poverty linked?
 - How does this relationship work?
 - Reducing poverty → improves health ?
 - Improving health → reduces poverty ?

Fig. 3. Proportion of children living in poor households (below 50% of the national average income)



Poverty and Inequality

- Income level is associated with:
 - Work
 - Education
 - Food
 - Shelter
 - Water
 - Hygiene
 - Sanitation
- Poverty is often associated with:
 - Political powerlessness
 - Social exclusion and marginalization
- Economic decline affects the standard of living and health of all



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.



Water and Food Security & Safety

➤ Availability of clean drinking water is a critical to health

- More than one billion people lack access to safe drinking water
- Many fatal/debilitating chronic illnesses are spread by unsanitary water
- Prevention depends upon changes in water supply, hygiene, sanitation

➤ Food security refers to “a situation, either chronic or acute, in which people do not have access to enough safe, nutritious, and culturally acceptable food” (p. 54)

- ~ 852 million people lack adequate nutrients for daily life → food insecurity may result from war, poverty, natural disasters, epidemics, and political & economic crisis
- More than half of the deaths occurring each year in the developing world are associated with malnutrition

Place of Residence and Health

Housing

Housing is a multi-dimensional concept that is more than simply the provision of shelter.¹

Figure 1

Multi-Dimensional Concept of Housing

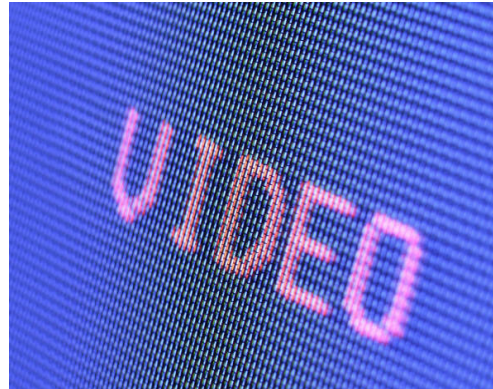


1. S. Hwang, E. Fuller-Thomson, J. D. Hulchanski, T. Bryant, Y. Habib, W. Regoeczi, Housing and Population Health: A Review of the Literature (Ottawa: Canada Mortgage and Housing Corporation, 1999).

Place of Residence

- Poorer housing relates to poorer health. Factors impacting health:
 - **Biological, chemical, and physical exposures** – lead, radon, asbestos, allergens (dust mites and cockroaches), tobacco smoke
 - **Physical aspects** – home safety, smoke detectors, protection from extreme cold/heat, density/overcrowding (spread infectious disease)
 - **Ownership versus renting** – owners have better health (sense of control, pride) or it may be a proxy for SES
 - **Housing affordability** – spending greater proportion of income on housing (fewer funds for other needs - utilities, food, clothing, transport)
 - **Neighbourhood characteristics** – i) institutional resources (quality, availability, and diversity of child care, schools, health care, employment, and recreation opportunities); ii) relationships (parental characteristics, community support and behaviour); iii) norms and collective efficacy of the community (community institutions and informal efforts to support healthy development); iv) behaviours (of children and adolescents); v) physical risks present in the community

Video: Housing - Habitat for Humanity Canada



- Choices (Food) (0:27)
<http://www.youtube.com/watch?v=tH3THRpMNQo>
- Choices (Electricity) (0:29)
<http://www.youtube.com/watch?v=v4zyS8EbIPY&feature=related>

Place of Residence – Risks to Child Development

Example:

- Exposure to physical hazards (lead, cockroaches, mice, lack of or defective smoke detectors)
- Housing costs that impact availability of funds for other necessities (recreational activities)
- Chronic financial pressures that impact parenting behaviour and mood, which may affect parent-child attachment
- Exposure to violence/crime
- Lack of safe outdoor recreation activities
- Lack of continuity and connectedness with community and schools due to frequency of moves because of housing insecurity

Race / Ethnicity and Health

Race, ethnicity, and minority status affect health in Canada and around the world

- **Race:** A social and political construct used to distinguish among people on the basis of physical characteristics such as skin colour and texture, bone density, blood types, and facial structures
- **Ethnicity:** A common cultural background
- **Minority status:** Numerical distribution of different ethnic categories of people
- **Race/ethnicity health outcomes:** may be attributable to –
 - 1) biological markers or genetics and/or
 - 2) social and economic risk factors



Race and Ethnicity

- Canada has 56 Aboriginal nations speaking 30 languages, and immigrant families comprise 19.8% of Canada's population (Statistics Canada, 2006 Census).
- Racial / ethnic minority groups tend to be at higher risk for ill health due to poorer social and physical conditions, racism and discrimination (Veenstra, 2009).
- Ethnic minorities often face issues with access and use of health care services and treatments, which may relate to language preferences or barriers and cultural beliefs.

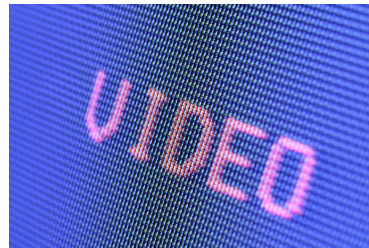


Aboriginal and Immigrant Population

- ❖ *Refer to lecture on “Determinants of Immigrant Health”*
- ❖ Aboriginal people experience poorer life chances and lower life expectancy than non-Aboriginal Canadians (i.e., males 68.9 years; females 76.6 years). Indicators of aboriginal health:
 - Aboriginal birth rate is 1.5 times greater than non-Aboriginals, and 4 times as many teenage Aboriginal mothers
 - Higher rates of smoking, substance abuse, gambling problems, unsafe sexual practices, sexually transmitted diseases, infectious diseases, nutritional inadequacy, overweight and obesity, diabetes and hypertension, and disability
 - Aboriginal people are more likely to experience inequalities, including lower incomes, less education, underemployment or unemployment, inadequate housing, and homelessness

Aboriginals and Residential Schools

- 3 unique important factors affecting the mental and physical health of Aboriginal Canadians include:
 - 1. **Experience of residential schools**
 - 2. Questions regarding governance and landownership
 - 3. Quality of the physical environment and reserves

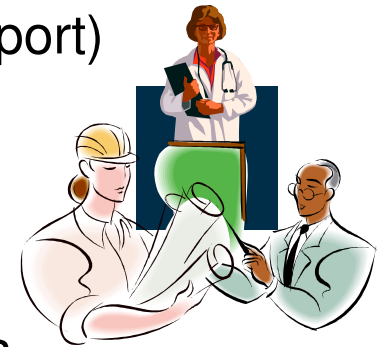


- **Canada apologizes for residential school system (10:42)**

<http://www.youtube.com/watch?v=-ryC74bbrEE&feature=related>

Job / Occupation and Health

- **Occupation can affect health directly via:**
 - physical job conditions (e.g., manual labor, exposure to toxins and harmful substances, exposure to noise and heat)
 - psychosocial job characteristics (e.g., stress, social support)
- **Occupation may also affect health indirectly via:**
 - income and health insurance
 - prestige and authority
 - influence of peers or workplace characteristics on habits
- Health impacts may widen at older ages if the effects of job characteristics accumulate/persist beyond the working years
- Chronic stress, which may be related to work, results in a physiological response leading to overproduction of cortisol.



Retirement and Unemployment

- The relationship between occupation and health is shown to differ after retirement
 - Health can improve for those in manual occupations when they are relieved of the physical demands or psychosocial stress of their occupations once and after they retire (Gueorguieva et al., 2009).
- Unemployment increases the probability of death by nearly 50% due to increased risks of suicide and disease (other than cancer and cardiovascular diseases) for the unemployed (Gerdtham et al., 2003).



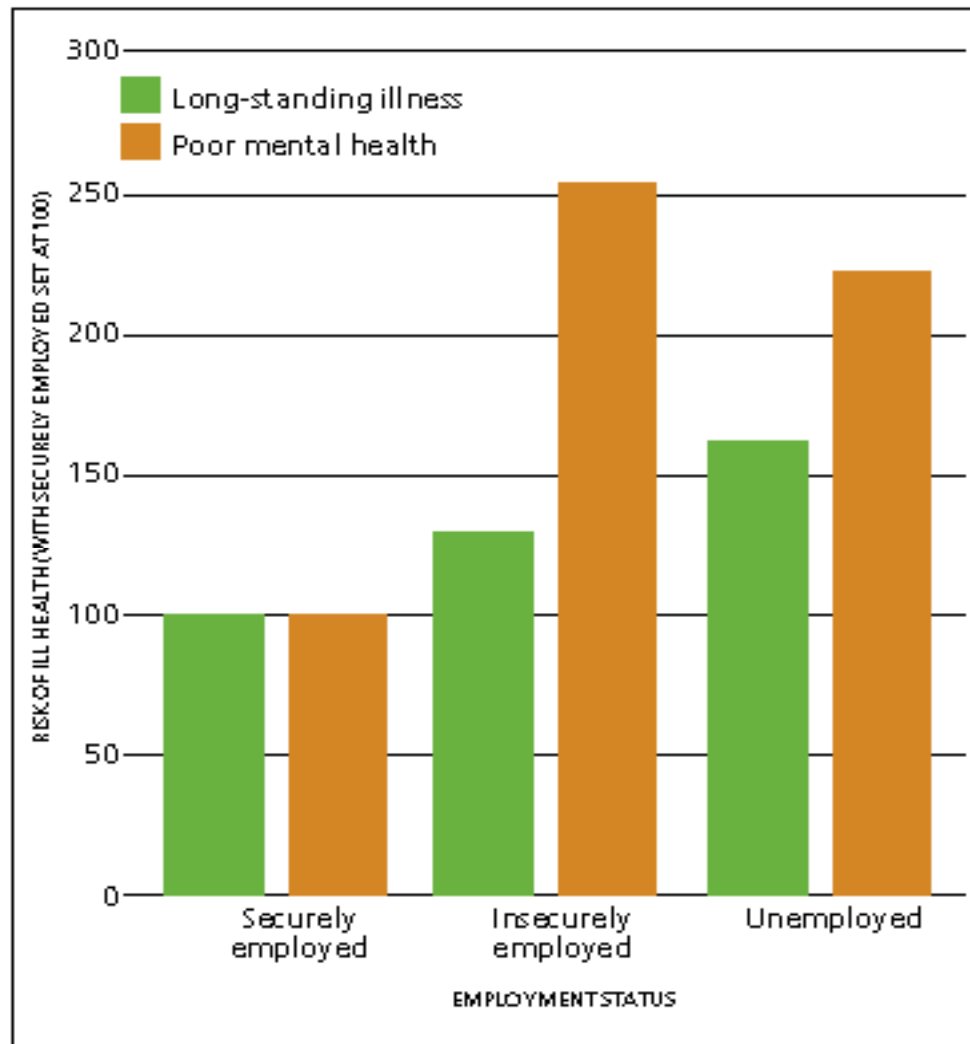
Impact of Occupation on Self-Rated Health (Gueorguieva et al., 2009)

Effect of Unemployment (Gerdtham et al., 2003)

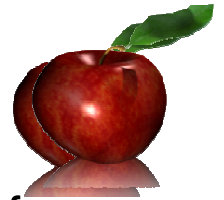


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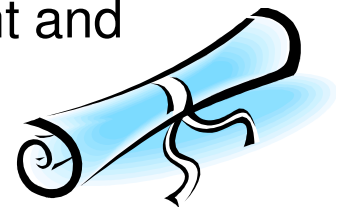
Fig. 5. Effect of job insecurity and unemployment on health



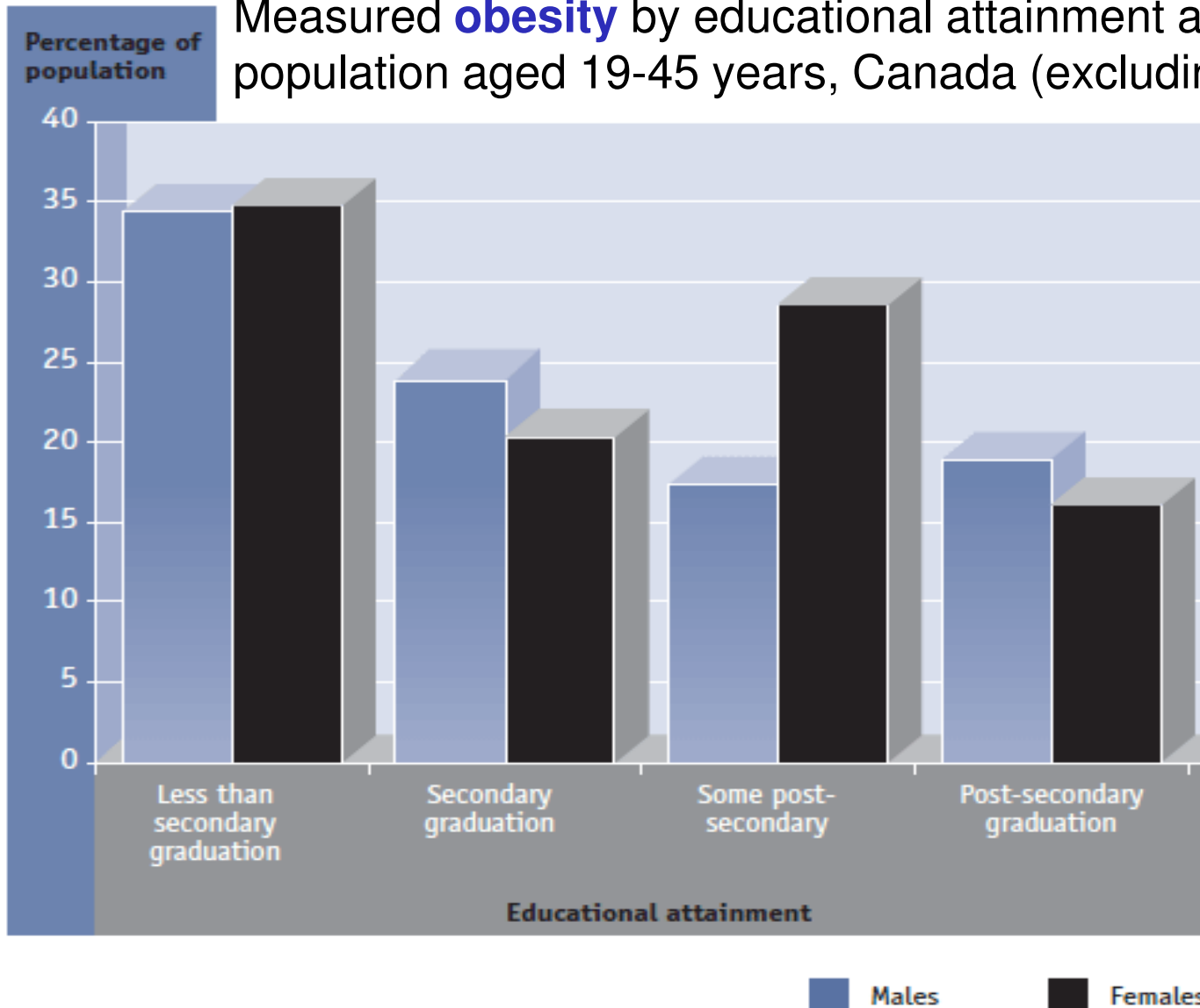
Education and Health



- Education means **educational attainment**, or the years or level of overall schooling, rather than instruction on specific health topics like hygiene, diet or exercise. (Commission to Build a Healthier America, 2009)
- People with more education are more likely to live longer, to experience better health outcomes, and to practice healthy behaviours (e.g., regular exercise, refraining from smoking, and accessing health care services).
- Those without a high school degree are more likely to be obese, have higher rates of arthritis/rheumatism, have higher risk of heart disease, have higher infant mortality, and lower life expectancy, compared to those who had a high school degree or higher. (PHAC, 2008)
- The pathways through which educational attainment and health are linked include: health knowledge and behaviours; employment and income; and social and psychological factors.
(Commission to Build a Healthier America, 2009)



Measured **obesity** by educational attainment and sex, household population aged 19-45 years, Canada (excluding territories), 2004



Public Health Agency of Canada, 2005
<http://www.phac-aspc.gc.ca/publicat/2008/cphorsphc-respcacsp/cphorsphc-respcacsp06e-eng.php>



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Gender and Health

- **Sex:** the biological and physiological characteristics that define men and women (e.g., women menstruate; men have testicles)
- **Gender:** the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.
- Gender differences in access to or control over resources, and in roles and responsibilities, influence the health of both men and women.
- Gender influences health status in the following ways:
 - Exposure, risk or vulnerability, and violence
 - Nature, severity or frequency of health problems
 - Ways in which symptoms are perceived
 - Health seeking behaviour
 - Access to health services
 - Ability to follow prescribed treatments
 - Long term social and health consequences



Position of Women

- Position of women in society has a significant impact on the health of the people
- In no region of the world, are men and women equal in economic or social rights – this is particularly true in the developing world
- Reducing poverty will lead to an increase in the status of women, and will enhance economic development
- In some parts of sub-Saharan Africa women have 1 in 6 chance of dying in childbirth as compared to 1 in 8,700 in North America
- ~ 1 in 3 women around the globe has experienced sexual and other abuse in her lifetime

Examples of gender influences on health and inequalities

- Women earn significantly less money than men for similar work.
- A woman cannot receive needed health services because norms in her community prevent her from traveling alone to a clinic.
- A married woman contracts HIV because societal standards encourage her husband's promiscuity while simultaneously preventing her from insisting on condom use.
- A country's lung cancer mortality rate for men is much higher than the corresponding rate for women because smoking is considered an attractive marker of masculinity, while it is frowned upon as unfeminine in women.

<http://www.who.int/gender/whatisgender/en/index.html>

<http://www.who.int/gender/genderandhealth/en/index.html>



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In the News....

Source:

<http://www.winnipegfreepress.com/arts-and-life/entertainment/TV/dancing-star-bono-boosts-visibility-of-trans-people-but-discrimination-persists-130218568.html>

The Canadian Press - ONLINE EDITION

'Dancing' star Bono boosts visibility of trans people, but discrimination persists

By: Lauren La Rose, The Canadian Press

Posted: 09/20/2011 2:44 PM | Comments: 0 (including replies)

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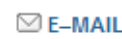
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 REPORT ERROR

TORONTO - As the first transgendered participant on "Dancing With The Stars," Chaz Bono had controversy swirling around him before he even set foot on the ballroom floor.

The LGBT rights advocate made his toe-tapping debut this week on the popular series, receiving a standing ovation following his cha-cha with dance partner Lacey Schwimmer to close out the show.

While Bono has received outspoken public support from his mother, Cher, among many others, the 42-year-old had also been subjected to hateful blog posts and even calls by some for a "Dancing" boycott in the leadup to his appearance.

"I think there are a couple of different points that come up in theme, and one is certainly around the question of social exclusion," said Nicola Brown, staff psychologist with the Gender Identity Clinic at the Centre for Addiction and Mental Health in Toronto.

"Does (Bono) belong on the show?' And of course he belongs, as much as anybody else. But this question of 'Do you belong? Can you be in this space?' is a profoundly painful one, and has large-scale implication for trans people in every sphere of their lives."

"Some of these spheres are very high stakes — employment, housing, health care; the kinds of things that we recognize as being really fundamental social determinants of health for people."

Hershel Russell has been counselling trans individuals and their families since 1995. The Toronto-based psychotherapist, educator and consultant said he has the "warmest respect and appreciation" for Bono and his decision to appear on "Dancing."

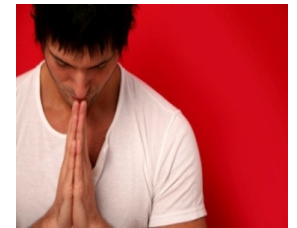
"I feel so appreciative of all those people who are willing to stand up and be visible in this moment where discrimination is still so strong because that's how things are going to change," he said in a phone interview.

In 2000, Russell began taking hormones, embarking on the transition from female to male. Being in the position of counselling and supporting trans people while deciding to transition himself made the process both "easier and harder."

"I've had the realities of what it's going to be like rubbed in my face because I've been helping other

Religion

- The relationship between religion and health remains poorly understood and at times controversial
- Religious beliefs are generally supportive of i) social connectedness and responsibility (e.g., love thy neighbor, do good to others, don't steal, be faithful), ii) banning certain habits (e.g., avoid drugs and alcohol), and iii) enhancing social contacts and social support
- Religion may also have negative health effects:
 - may be used to justify hatred, aggression, and prejudice
 - may be a source of stress (e.g., failure to conform may evoke criticism; guilt; failure to meet religious expectations or cope with religious fears)
- Parents' reliance on faith healing instead of appropriate medical care can lead to negative outcomes and death for many children
 - e.g., Jehovah's Witness and blood transfusions



***What do you think about the following case/article:
“Girl’s forced blood transfusion...”?***



Socio-Economic Status (SES)

- A description of a person's societal status using factors or measurements such as income, relationship to national poverty line, educational achievement, neighbourhood, home ownership (CDC, 2006).
- The physical/material conditions of life which are determined by occupational class produce **class gradients** in health and death; relative deprivation in income and wealth produces relative deprivation in health and longevity (McIntyre 1997).
- SES is directly associated with health → the lower your SES, the poorer your health and vice versa.
- Societies with greater income inequality also have lower social cohesion (lack of trust and social connectedness).
- Perceived unfairness, lack of personal connections, and reduced quality of personal relationships leads to reduced perceived control, increased stress, and adverse health effects.



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, the healthier you are
 - Greater social capital has been linked to → lowered mortality rates, higher life expectancy, and better self-reported health.
- 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.

America's Declining Social Capital (Putnam, 1995)

http://muse.jhu.edu/demo/journal_of_democracy/v006/putnam.html

Measuring Social Capital (Blaxter et al., 2001)



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Key Sources of Social Capital

- **Social participation** – personal contacts and interactions that are made by meeting people through clubs, church, etc. Includes people's willingness to undertake activities that benefit others.
- **Social networks and social support** – exchange between people within a network and shared identities that develop → can influence the amount of support an individual has, as well as giving access to other sources of help.
- **Reciprocity and trust** – reciprocity measures people's willingness to co-operate for mutual benefit.
- **Civic participation** – includes individual involvement in local affairs, perception of ability to influence local affairs, and having confidence in civic institutions.

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.
- Throughout the world, women are paid 36% less for doing the same exact work as men.

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