

SOCIAL DETERMINANTS OF HEALTH

CNA POSITION

- ▶ A Health in All Policies approach is best situated to promote health equity. Policies addressing income, employment, education, housing, transportation and others should be evaluated in their planning stages for their impact on health.
- ▶ All facets of nursing¹ practice, in collaboration with others in and outside of the health sector, should strive to reduce, and ultimately eliminate, health inequity.
- ▶ Nurses must include the social determinants of health in their assessments and interventions with individuals, families and communities.
- ▶ Nursing education must incorporate the analysis of the social determinants of health, starting with a critical understanding of the political, economic and social factors that are the root causes of health inequities.

CNA BELIEFS

CNA believes nurses have a professional and ethical responsibility to promote health equity through action on the social determinants of health (Canadian Nurses Association [CNA], 2017).

CNA recognizes the important, but limited, influence the health system has on health outcomes and we therefore acknowledge that addressing the social determinants of health needs to be a priority. We believe that a Health in All Policies approach can address inequity because many of the determinants of health are outside the narrow domain of the health-care sector and policies. This approach challenges policy-makers to consider how their decisions will affect the health of the population at all levels and in all areas of governance (WHO, 2014).

CNA believes intersectoral collaboration is a key tool for prioritizing the social determinants of health. We further believe that we must break long-existing

¹ Unless otherwise stated, nurse or nursing refers to any member of a regulated nursing category (i.e., a registered nurse, nurse practitioner, licensed/registered practical nurse or registered psychiatric nurse). This definition reflects the current situation in Canada, whereby nurses are deployed in a variety of collaborative arrangements to provide care.

organizational silos (de Andrade et al., 2015) by engaging with external stakeholders, such as interest groups, elected officials, municipal and provincial government staff, as well as health-care service providers to bring equity to the forefront of the policy agenda (McPherson, Ndumbe-Eyoh, Betker, Oickle, & Peroff-Johnston, 2016).

We believe partnership, input, and guidance at the community level are necessary components to policies that address the social determinants of health because community members understand the context and unique challenges where they live (McGill, Petticrew, Mountford, Milton, Whitehead, & Lock, 2015). This is especially important for Indigenous communities, which are disproportionately affected by the social determinants of health (Kolahdooz, Nader, & Sharma, 2015).

BACKGROUND

The social determinants of health are “the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels” (World Health Organization [WHO], 2018, para. 1). They include:

- ▶ The conditions of early childhood
- ▶ Access to education
- ▶ The nature of employment and working conditions
- ▶ Access to healthy housing, food and adequate income
- ▶ Social inclusion
- ▶ The quality of the built and natural environment in which people reside (American Academy of Family Physicians, 2018; McClintock & Bogner, 2017; WHO, 2008)

Different groups will “have different experiences of material conditions, psychosocial support and behavioural options, which make them more or less vulnerable to poor health” (WHO, 2008, p. 3). Individual choices are constrained or promoted by these conditions (Braveman & Gottlieb, 2014; Mahony & Jones, 2013). Hence, WHO refers to the social determinants of health as the “causes of the causes” (WHO, 2008, p. 42).

Social determinants also affect the ability to access and use health care, which have “consequences for the inequitable promotion of health and well-being, disease prevention, and illness recovery and survival” (WHO, 2008, p. 3).

This relationship between people’s health and factors outside traditional health care are being recognized in many forms. For instance, the United Nations’ 2030 agenda for sustainable development seeks to improve various conditions such as ending poverty and ensuring quality education (United Nations, 2015; Government of Canada, 2018). The social determinants of health are also being emphasized in the Health in All Policies approach, which considers the health impacts of policies in areas such as

finance, education, housing, employment and transport. In helping policy-makers, this approach “takes into account the health implications of decisions, seeks synergies and avoids harmful health impacts in order to improve population health and health equity” (WHO, 2018, p. 2).

The social determinants of health are the primary factor behind health inequities (CNA, 2010). Such inequities represent differences in distribution of health between different populations and are “likely to reinforce or exacerbate disadvantage and vulnerability” (Public Health Agency of Canada (PHAC), 2018, p. 14). Furthermore, health inequities are “inconsistent with Canadian values, threaten the cohesiveness of community and society, challenge the sustainability of the health system, and have an impact on the economy” (PHAC, 2018, p. 13).

The economic impact of health inequities is evident even in a developed country like Canada, where statistics show approximately 1 in 7 Canadians live in poverty, including almost a quarter of Indigenous people (Citizens for Public Justice, 2017). First Nations, Inuit and Métis people experience additional barriers to health due to a history of colonization, racism, social exclusion and the repression of self-determination, both in general society and within health care (Reading & Wien, 2009). While there have been some improvements in absolute values, the relative gap between Indigenous and non-Indigenous people continues to widen across a variety of categories, including education and income (Mitrou, Cooke, Lawrence, Povah, Mobilia, Guimond & Zubrick, 2014). As such, challenges remain.

One policy challenge has been the shift from a biomedical to a biopsychosocial model, the latter being a better reflection of the social determinants of health (Tallon, Kendall, Priddis, Newall, & Young, 2017). Furthermore, the determinants have often been poorly defined, in part because they are embedded in a complex web of causation (Baum, Laris, Fisher, Newman & Macdougall, 2013; Embrett & Randall, 2014). As a result, shorter term policies have taken precedent (Embrett & Randall, 2014).

*Approved by the CNA Board of Directors
November 2018*

Replaces: Social Determinants of Health (2013)

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