

SOCIAL DETERMINANTS OF HEALTH

CNA POSITION

The social determinants of health are the conditions in which people are born, grow, live, work and age. They are mostly responsible for health inequities.

CNA recognizes the important but limited influence the health system has on health outcomes, and acknowledges that addressing the social determinants of health needs to be a priority.

CNA believes in a health-in-all-policies approach to promote health equity. Policies addressing income, employment, education, housing, transportation and other areas should be evaluated, in their planning stages, for their impact on health.

CNA believes registered nurses (RNs) have both a professional and ethical responsibility to promote health equity through action on the social determinants of health.

CNA believes that reducing health inequities — with a goal of eliminating them — must be a priority in all domains of nursing practice, in collaboration with others in and outside of the health sector.

CNA believes RNs must include the social determinants of health in their assessments and interventions with individuals, families and communities.

CNA believes that nursing education must include 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.

BACKGROUND

The **social determinants of health** are understood as “the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.”¹

These social determinants include the conditions of early childhood and access to education, the nature of employment and working conditions, access to healthy food and adequate income, social inclusion, access to housing, and the quality of both the built and natural environment in which people reside. 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.”²

Different groups will “have different experiences of material conditions, psychosocial support and behavioural options,

¹ (World Health Organization [WHO], 2013, para. 1)

² (Muntaner, Ng, & Chung, 2012; WHO, 2008, p. 3)

which make them more or less vulnerable to poor health.”³ Individual choices are constrained or promoted by these conditions. Hence, WHO refers to the social determinants of health as the “causes of the causes.”

The social determinants of health are mostly responsible for **health inequities**,⁴ which are “those inequalities in health that are deemed to be unfair or stemming from some form of injustice.”⁵ Inequities are both avoidable and unnecessary, and they “systematically burden populations rendered vulnerable by underlying social, economic and political structures.”⁶ **Health equity** occurs when everyone has the opportunity to “attain their full health potential, and no one [is] disadvantaged from achieving this potential because of their social position or other socially determined circumstance.”⁷

A large and growing body of evidence reveals the links between health outcomes and the way economies create and distribute wealth and power. And since “poorer people live shorter lives and are more often ill than the rich,” attention has been drawn to “the remarkable sensitivity of health to the social environment.”⁸

These economic links are evident even in a developed country like Canada, where statistics show approximately 1 in 10 Canadians living in poverty, including 1 in 4 First Nations children.⁹ Populations often overrepresented among those with worse health outcomes include persons living with disabilities, ethnocultural minorities, persons living in rural and northern areas, lone parents, immigrants and refugees, and persons with limited literacy skills.¹⁰ First Nations, Inuit and Métis people experience barriers to health due to a history of colonization, racism and social exclusion, as well as the repression of self-determination, both in general society and within health care.¹¹

In fact, the link between health and social environments runs so deep as to include every level of society, not only the most vulnerable. The effect follows a social gradient, where even those in the middle classes will generally have worse health outcomes than those in upper classes. Moreover, the health of communities in their entirety is affected by reduced productivity, increased social unrest and higher crime related to decreased community cohesion and families’ daily struggle to meet basic needs.¹²

³ (WHO, 2008, p. 3)

⁴ (Canadian Nurses Association [CNA], 2010)

⁵ (Kawachi, Subramanian, & Almeida-Filho, 2002, p. 647)

⁶ (Krieger, 2001, p. 698)

⁷ (Whitehead & Dahlgren, 2006, p. 5)

⁸ (Wilkinson & Marmot, 2003, Back cover, para. 1)

⁹ (Human Resources and Skills Development Canada, 2013; Raphael, 2011)

¹⁰ (Human Resources and Skills Development Canada, 2013; Public Health Agency of Canada, 2008; Standing Senate Committee on Social Affairs, Science and Technology, 2009)

¹¹ (Canadian Association of Nurses in AIDS Care, n.d., p. 2; Reading & Wien, 2009)

¹² (Wilkinson & Marmot, 2003)



ACTION ON THE SOCIAL DETERMINANTS OF HEALTH

Providing health care is not the highest priority in addressing the huge global burden of illness. The main action on social determinants of health must come from outside the health sector: by addressing adequate income and housing, food security, social inclusion and early childhood development, among other causes.¹³

WHO's commission on the social determinants of health uses the following three principles to guide the work of eliminating health inequities:

1. "Improve the conditions of daily life — the circumstances in which people are born, grow, live, work and age.
2. Tackle the inequitable distribution of power, money and resources — the structural drivers of those conditions of daily life — globally, nationally and locally.
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health and raise public awareness of the social determinants of health."¹⁴

Health in all policies is an approach that considers the health impacts of policies in areas such as finance, education, housing, employment and transport. It assists leaders and policy-makers to "integrate considerations of health, well-being and equity during the development, implementation and evaluation of such policies and services."¹⁵

For the most part, health professionals (including nurses) have focused their interventions on changing health behaviour¹⁶ and improving health-care accessibility. Although these may indeed be proximal (or intermediate) 'causes' of poor health,¹⁷ the social determinants of health at a structural level are the "most significant, because they influence health both directly and indirectly."¹⁸ Rather than focusing on the individual, then, attention must be paid to "the structures and processes that maintain power and privilege for some and marginalization for others."¹⁹

The CNA *Code of Ethics for Registered Nurses* states that "nurses should endeavour as much as possible, individually and collectively, to advocate for and work toward eliminating social inequities."²⁰ Similarly, the *ICN Code of Ethics for Nurses* states that "the nurse shares with society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations. The nurse advocates for equity and social justice in resource allocation, access to health care and other social and economic services."²¹

¹³ (WHO, 2008)

¹⁴ *Ibid.*, p. 2.

¹⁵ (WHO, 2010, p. 2)

¹⁶ (Schrecker & Taler, 2013)

¹⁷ (WHO, 2010)

¹⁸ (Reutter & Kushner, 2010, p. 270)

¹⁹ (Kerri Nuku, cited in New Zealand Nurses Organisation, 2011, p. 1)

²⁰ (CNA, 2008, p. 20)

²¹ (International Council of Nurses, 2012, p. 2)



Nurses in all domains of practice can address social inequities by

- recognizing the significance of the social determinants of health at an individual and collective level and including them in assessments, diagnoses, outcomes planning, implementation and evaluations;
- providing sensitive, empowering care at the individual, family and community level to those experiencing inequities;
- engaging with health and social organizations in policy analysis and advocacy to promote health equity and for change in inequitable health and social policies, legislation and regulations;
- advocating for publicly funded, not-for-profit health-care services that are available to all; and
- supporting environmental preservation and restoration.²²

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²² (CNA, 2005; CNA, 2009; Muntaner, Ng, & Chung, 2012; New Zealand Nurses Organisation, 2011; Reutter & Kushner, 2010; Royal College of Nursing, 2012)



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