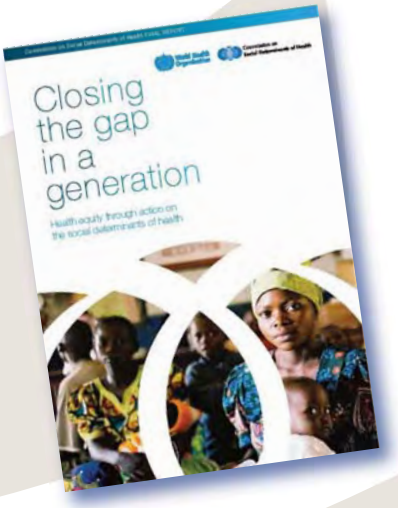
CPHA ACSP

CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTÉ PUBLIQUE

Canadian Public Health Association response to the World Health Organization (WHO) Commission's Report *Closing the gap in a generation: Health equity through action on the social determinants of health*



3 September 2008

About CPHA

Founded in 1910 and incorporated in 1912, the Canadian Public Health Association (CPHA) is a national, independent, not-for-profit, voluntary membership association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

Canadian Public Health Association
400–1565 Carling Avenue
Ottawa, Ontario K1Z 8R1

Telephone: 613 725 3769
Fax: 613 725 9826
E-mail: info@cpha.ca
Website: cpha.ca

The Commission and its Report

On August 28, 2008 the **World Health Organization's Commission on the Social Determinants of Health** released its long-awaited report entitled ***Closing the gap in a generation: Health equity through action on the social determinants of health***.[1] The Commission makes a compelling case that health is a concern for everyone and that immediate global action is required to eliminate the factors that affect health equity for all.

> "Health inequity really is a matter of life and death. But health systems will not naturally gravitate towards equity. Unprecedented leadership is needed that compels all actors, including those beyond the health sector, to examine their impact on health. Primary health care encompasses a 'health in all policies' approach to redress inequities in health."
>
> *Dr. Margaret Chan*
> *Secretary General, World Health Organization,*
> *August 28, 2008 on the release of the*
> *report of the WHO Commission on the*
> *Social Determinants of Health*

The Commission worked for over three years gathering and analyzing evidence about how to achieve and foster global action for health equity. The Commission's work involved a strong Canadian contingent. The Honourable Monique Bégin, former Minister of Health and Welfare, was Canada's appointed Commissioner and several other Canadians contributed to the work of the international research teams that produced the report's background studies.

The evidence presented in the Commission's report indicates that although universal access to appropriate health care is an important element in treating illness, the social determinants of health (such as income, housing, food, employment, and working conditions) are responsible for almost half of the variation in health outcomes within and across societies. The research demonstrates that the differences in health outcomes of population groups within and between countries in many cases are increasing.

The Commission makes over 200 recommendations, which are condensed into three principles of action:

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; and,

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 about the social determinants of health.

The Commission challenges all countries to achieve health equity within a generation. It calls for immediate action to lessen the impact of the structural and social conditions that negatively affect the health of all people.

> "These inequities in health, avoidable health inequities, arise because of the circumstances in which people grow, live, work and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social and economic forces. Achieving health equity within a generation is achievable, it is the right thing to do, and now is the right time to do it. "
>
> *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health, Final Report of the Commission on Social Determinants of Health, June 2008*

The Social Determinants of Health in the Canadian Context

Canada can be proud of its overall health achievements. As cited in the Chief Public Health Officer's 2008 report, life expectancy for men and women has increased substantially over the past 10 years and infant and maternal mortality are among the lowest in the world.[2] But the question as to why some in Canada are healthy and others are not is a very important one.[3]

> "Toronto has some of the healthiest and least healthy communities in Canada. The incidence of common health problems can vary twofold from one neighbourhood to another as a result of the basic determinants of health, such as income, housing, employment and education."
>
> *Dr. David McKeown*
> *Toronto's Chief Medical Officer of Health*
> *December 2006*

As the Honourable Monique Bégin poignantly stated in a recent *Globe and Mail* article, "Canada likes to brag that for seven years in a row the United Nations voted us 'the best country in the world in which to live.' Do all Canadians share equally in that great quality of life? No, they don't. The truth is that our country is so wealthy that it manages to mask the reality of food banks in our cities, of unacceptable housing, of young Inuit adults' very high suicide rates." Mme Bégin said she hopes the Commission's report will be a "wake-up call for action towards truly living up to our reputation."[4]

In Canada, one of the world's most economically prosperous countries, close to 1.5 million people, largely single mothers and children, lack safe and affordable housing, deal with violence both in their homes and in their neighbourhoods, and face serious food and nutrition insecurity.

In Canada, median income among the top 20% earners increased by 16.4% over the period between 1980 and 2005. In contrast, median income for Canada's poorest fell 20.6%.[5] This means that the spread between the very rich and the very poor grew over the last 25 years and there are significant health disparities between these population groups.

In Canada, employment and secure income have a significant effect on health. Precarious work and employment insecurity produce financial hardships, increased health risks and greater social isolation.[6] Current statistics indicate

that almost 375,000 families and almost one-half million individuals in Canada, although full-time wage earners, are poor. Those working on contract or part-time may not be eligible to receive employment-related benefits. When a person does not have benefits, the result can be devastating to both individual and family health. The unemployed and their dependents suffer significantly more health problems than people who work, and who have secure employment.[7]

In Canada, more than 100 First Nations reserves have been identified as lacking safe water supply and sanitation systems, having substandard housing, and inadequate community services. In 2005, several hundred people from the Kashechewan Cree community near James Bay were evacuated and temporarily housed throughout Ontario because of unsafe water. Unfortunately, the people were sent back to their communities without addressing the issues that created the crises in the first place.

In Canada, food insecurity has been found to increase with declining income and reliance on social assistance and is highest amongst single mothers with children[8]. Children from families receiving social assistance are far more likely to experience hunger. Food banks are not a solution; they are a symptom of a society that is not dealing head-on with food security as a public health priority.

In Canada, universal primary education is a basic human right. The level of education and functional literacy and numeracy are important determinants of health. Studies demonstrate that education levels have an impact on risk factors for chronic diseases. A Statistics Canada study reported that 42% of adults aged 16 to 65 did not have the necessary literacy skills to manage most everyday reading requirements.[9] Populations with lower education and literacy skills are at greater risk for health problems related to smoking, physical inactivity, obesity and unhealthy diet.[10]

> "We cannot rate our collective health and well-being by looking only at those who are healthiest. Nor can we focus only on averages, as these mask important differences between the least and most healthy. We must also consider those left behind: those who are less healthy, illiterate, on the streets, or have little or no resources."
>
> *Dr. David Butler-Jones*
> *The Chief Public Health Officer's Report on the State of Public Health in Canada 2008*

In Canada, substantial deficiencies in population health data remain. While reliable information is collected at the national, provincial/territorial and regional levels, the data, particularly among Aboriginal peoples, is often incomplete. The impact of the determinants on health cannot be explained in terms of single commonly-used measures of socio-economic status, such as income, education, or occupation.[11] The data from the various sources have to be linked in order to provide a strong platform to take action on the social determinants of health.

The Commission's report demonstrates that raising the health status of people with the greatest need would have a major impact on overall health and could also improve the nation's productivity. This is also true in Canada. In 2004, health care spending in Canada was approximately $120 billion per year, equivalent to about $3,650 per inhabitant.[12] The poorest households accounted for about 31% of total expenditures on health care for the household population, almost double the utilization of the highest-income grouping. If the health status and utilization patterns of the lower-income groups equalled those with middle income, significant savings on health care costs would be possible. This could also translate into more people participating productively in the economy.

The evidence indicates significant health inequity across the social gradient in Canada. We have the knowledge and the skills to solve the situation. What we need is the political commitment, a national will and the resources to turn talk and numerous pilot projects into results.

CPHA's Response and Commitment

Over the years, CPHA has emphasized the need for a broad-based, comprehensive, whole-of-government and inter-sectoral approach that includes significant investment at the federal, provincial and territorial levels and in the municipal and rural areas in Canada's public health infrastructure and services.

Social determinants of health is also referred to as the causes of the causes of ill health including such factors as gender, poverty, employment, working conditions, homelessness and education.

Health Equity is the absence of disparities in health or in the social determinants of health between groups with different levels of social advantage/disadvantage—that is, wealth, power, or prestige.

Public health initiatives are most effective with a combination of community buy-in, policy leadership, effective collaboration and communication, public health capacity and research and adequate funding within and outside of the health sector. Investments must also be made to expand and enrich the population health database to better understand the factors that affect health and to evaluate the effectiveness of interventions put in place in Canada.

CPHA's 2006 and 2008 membership surveys and policy discussions at the CPHA 2008 Annual Conference reaffirmed the need to address the social determinants of health. These events continue to lay the groundwork for the Association's policy efforts on this front. CPHA has and will continue to advocate consistently for:

- the federal government to reinforce its leadership in public health and take progressive action through a whole-of-government approach to address the social determinants of health in consultation with all other levels of government;
- enhanced public health capacity in Canada through surveillance, human resource development and research; and
- increased investment in public health, through a variety of mechanisms including support to the Public Health Agency of Canada, transfer payments to the provinces and territories that includes funding earmarked for support of public health functions and/or programs, and through mechanisms that increase the amount of money available to Canadians to provide for their basic needs.

"The truth is that our country – the ninth richest in the world - is so wealthy that it manages to mask the reality of poverty, social exclusion, discrimination, employment erosion, mental health and youth suicides. In doing so, we hide the fact of a very serious national public health problem."

The Honourable Monique Bégin, August 2008

The Commission's challenge to address and eliminate health inequity is now in the hands of Canadians.

CPHA will do its part to contribute to the achievement of this goal. To this end, the Association commits itself to:

- advocate for an increase in federal investment in public health, as well in sectors that have a significant effect on population health and health equity such as housing, employment, child development and care;
- update past CPHA resolutions, motions, policy statements and positions on issues related to the social determinants of health and share them widely;
- help formulate, in consultation with all stakeholders responsible for health outcomes including the Canadian public health community and other communities external to the health system, a "made-in-Canada" approach to address the social determinants of health;
- convene a forum for public health practitioners, health and social service partners and other relevant stakeholders to share experiences, knowledge, and best practices in support of a social determinants of health approach to address health inequity in Canada and around the world;
- consult with the provincial and territorial public health associations and public health practitioners across Canada to identify and make accessible tools for addressing the social determinants of health in their respective jurisdictions as well as a means to coordinate messages and actions;
- devise effective ways to build broad public awareness and engagement by "telling the stories" of health inequities and the innovative and effective ways that Canada and other countries are addressing the issue;

- liaise with other non-governmental organizations in Canada and abroad to learn from their experiences in addressing the social determinants of health;
- in consultation with other parties, contribute to the development of a process to measure progress within Canada for reducing the social gradient in health; and,
- position the 2009 Annual Conference (7-10 June 2009, Winnipeg, Manitoba) as a forum for sharing progress in Canada on addressing health equities.

Canada can no longer mask the fact that we have a very serious public health problem. As the Commission highlights, "[a]chieving health equity within a generation is achievable, it is the right thing to do, and now is the right time to do it."[13]

References

1. World Health Organization's Commission on the Social Determinants of Health report, *Closing the gap in a generation: Health equity through action on the social determinants of health*, available online at: http://www.who.int/social_determinants/final_report/en/index.html.
2. Chief Public Health Officer. Report on the State of Public Health in Canada 2008.
3. Evans RG, Barer ML, Marmor, TR. (Eds). (1994) Why are some people healthy and others not? The determinants of health of populations. New York: Aldine de Gruyter.
4. Picard, A. (2008, August 28). Social injustice can kill, global panel claims, Globe and Mail, http://www.theglobeandmail.com/servlet/story/RTGAM.20080828.wdeterminants28/BNStory/specialScienceandHealth/home.
5. Statistics Canada, May 5, 2008, The Daily. Income of Canadians.
6. Raphael, D. (ed.) (2004) Social Determinants of Health: Canadian Perspectives. Canadian Scholars Press, Toronto.
7. Ontario Chronic Disease Prevention Alliance, Health Nexus (2008) Primer to Action: Social Determinants of Health. Toronto: Health Nexus.
8. Che J. and Chen J. (2001). Food insecurity in Canadian households. Health Reports, 12, 11-22.
9. Organisation for Economic Co-operation and Development and Statistics Canada: Adult Literacy and Life Skills Survey, 2003
10. Heart and Stroke Foundation of Canada: The Growing Burden of Heart Disease and Stroke in Canada, 2003.
11. Senate Subcommittee on Population Health: Population Health Policy: Issues and Options, 2008.
12. Reducing Health Disparities–Roles of the Health Sector: Discussion Paper Prepared by the Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security, December 2004.
13. Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Final Report of the Commission on the Social Determinants of Health, June 2008.


CPHA ACSP
CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTÉ PUBLIQUE