



What are the Social Determinants of Health?

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Our health is determined by the conditions of our everyday lives, and by systems that help keep us healthy and support us when we get sick. The term ‘social determinants of health’ describes the many social conditions that interact to influence risks to our health and well-being and affect how vulnerable we are to disease and injury.

As early as 1948, the World Health Organization (WHO) described health as “a state of complete physical, mental and social well being.”¹ By 2008, WHO defined the social determinants of health as “the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.”²

*Social Determinants of Health: The Canadian Facts*³ highlights 14 interrelated factors that influence people’s health: First Nations, Inuit, or Métis status, disability, early life, education, employment and working conditions, food insecurity, health services, gender, housing, income and income distribution, race, social exclusion, social safety network, unemployment and job security. These determinants are shaped by other broad forces in society such as economics and politics. Determinants of health do not exist in isolation from each other; instead, they interact, creating compound effects.

Why is it important to learn about and address the social determinants of health?

Many Canadians aren’t aware that the social and economic circumstances of peoples’ lives have a greater influence on individual and community health status than medical care and personal health behaviours do. The final report of a Senate Subcommittee found that socio-economic factors account for fully 50% of all health outcomes, while health care, genetics, and physical environment account for 25%, 15%, and 10% of health outcomes, respectively.⁴

Although many people know that quality of life and health indicators such as life expectancy differ between populations, many of us tend to think of the big differences as existing between countries and continents. Few Canadians know that a child born in Nunavik in Northern Quebec has a life expectancy of less than 67 years - a similar life span as someone born in Uzbekistan or Tonga, and 14 years less than Canada’s average life expectancy of 81 years.⁵ Similarly, there is an eleven year gap in life expectancy between residents of Montreal’s wealthiest and poorest neighbourhoods.⁶

Around the world, the poorest of the poor tend to have the worst health. Evidence shows that health and social status are intimately linked, such that those with higher social status tend to have better health, while those with lower social status tend to have worse health outcomes. This pattern happens at every stage up the social ladder and is called the social gradient.⁷ When differences in health status within or between groups are shown to be systematic and avoidable, they are unfair. These systematic and avoidable differences in health status are called health inequities.⁸

Differences in social status within and between populations have a significant impact on the health status of the larger community within which those differences occur. If the gap is large, the health status of the overall population is lower. It's a disadvantage for everyone, not just for those living with the least advantages.⁹ With this in mind, advancing health equity is an essential strategy for improving the health of the population as a whole.

Principles of action to advance health equity

Because social determinants of health have such a profound impact on all of society, to improve health and reduce inequities in health will require changing the social determinants of health. The WHO's Commission on the Social Determinants of Health noted that "action on social determinants of health empowers people, communities and countries."¹⁰

The Commission recommended three principles of action to advance health equity:

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 trained in the social determinants of health, and raise public awareness about the social determinants of health.¹¹

Improving the health of the whole population by advancing health equity is a core function of public health practice in Canada.

For more information

- National Collaborating Centre for Determinants of Health. See, for instance, <http://www.healthequityclicks.ca/>
- Public Health Agency of Canada. See, for instance, *Chief Public Health Officer's Report on the State of Public Health in Canada, 2008*. <http://www.phac-aspc.gc.ca/publicat/2008/cpho-aspc/pdf/cpho-report-eng.pdf> and *What Determines Health? (2003)* <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php>.
- Health Nexus. See, for instance, *Primer to Action: Social Determinants of Health (2007)*. <http://www.healthnexus.ca/projects/primer.pdf>
- And, all of the references cited below.

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