



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé




**LET'S TALK**

**DETERMINANTS  
OF HEALTH**

**PART OF THE LET'S TALK SERIES**

## WHY DO WE NEED TO TALK ABOUT THE DETERMINANTS OF HEALTH?




**“It’s important to talk about the social determinants of health because it’s about what binds us ... understanding how they can be interpreted, taken up and applied points to what is next for us as people who work in this field.”<sup>1</sup>**

Dr. Alycia Fridkin

Within the Canadian public health community, ideas about what drives health and well-being continue to evolve. Phrases and frameworks such as the *structural, social, ecological, political, economic* and *commercial determinants of health* are in continuous circulation. However, ideas about how these determinants work together are developing, and these terms are not always used consistently. Overall, the public health system continues to put resources towards addressing health behaviours and specific conditions of daily life with little

account for the forces and systems that drive these behaviours and conditions. This focus will not move the needle on systemic inequity nor support achieving health for all.<sup>2,3</sup>

This Let’s Talk is intended to support discussion about the different determinants and how they fit together. It is also meant to support wider, more integrative public health action on the structural drivers of health. These drivers shape the conditions of daily life and, by extension, the health of individuals, families, communities and populations.



**“In any conversation about the social determinants of health, we need to be careful not to decontextualize. And it’s helpful to be able to have a way to use the determinants of health in teaching — the social, structural, ecological, political — in a way that nests them.”<sup>4</sup>**

Dr. Maya Gislason

### FROM THE NCCDH GLOSSARY OF ESSENTIAL HEALTH EQUITY TERMS<sup>5</sup>

- **Health** is more than the absence of disease. Health is the physical, spiritual, mental, emotional, environmental, social, cultural and economic wellness of the individual, family and community. Individuals and groups define health differently depending on their values, culture, experiences and world view. Health is not an endpoint; rather, it is considered a resource for everyday living to support people to live dignified and fulfilling lives, despite the presence or absence of disease.
- **Health inequity** refers to differences in health associated with structural and social disadvantage that are systemic, modifiable, avoidable and unfair. Health inequities are rooted in social, economic and environmental conditions and power imbalances, putting groups who already experience disadvantage at further risk of poor health outcomes.
- **Determinants of health** refer to the factors that influence the health of individuals, communities and populations. Determinants of health include individual characteristics (e.g., behaviours, biology, genetics, lifestyle) and social, economic and physical environments, in addition to health care. While it is often used synonymously with social determinants of health, the term determinants of health is a broader concept that is not specific to the social justice roots of health inequities.

# REFLECTING ON THE CAUSES OF HEALTH INEQUITIES AND OPPORTUNITIES FOR PUBLIC HEALTH ACTION

A tree image and metaphor has long been used as an effective way to depict and reflect on the root causes of health and health inequities.

Loppie and Wien have offered a well-known tree image and metaphor for understanding Indigenous health inequities and the social determinants of Indigenous Peoples' health.<sup>6</sup> Other groups, such as Human Impact Partners and The Praxis Project, use other tree images.<sup>7-10</sup>

The National Collaborating Centre for Determinants of Health (NCCDH) has found that a tree image (Figure 1) supports discussion with public health professionals and partners about their current work and underlying drivers of health inequities.

Through a reflective exercise, public health practitioners discuss and identify the following, and map them onto a tree:

- health issues that they observe in communities and populations (the leaves),
- behaviours that could be linked to these health issues (the trunk),
- conditions of daily life that indirectly or directly influence health outcomes (the roots), and
- underlying drivers of these conditions and their inequitable health impacts (the soil).

The tree image is a flexible tool that can be tailored for different purposes. The examples listed throughout can be adapted for different topics and different contexts (e.g., community, population).

This document will explore the concepts depicted by the tree roots and the soil surrounding them.

## LEGEND

FIGURE 1: TREE IMAGE DEPICTING THE CAUSES OF HEALTH INEQUITIES AND OPPORTUNITIES FOR PUBLIC HEALTH ACTION



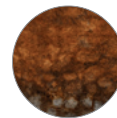
**LEAVES:** examples of the physical and mental health outcomes in communities and populations



**TRUNK:** examples of individual behaviours that contribute to health, often the focus of public health interventions



**ROOTS:** examples of the conditions of daily life that can directly or indirectly influence health outcomes (e.g., availability and affordability of food can indirectly influence dietary choices and, by extension, Type 2 diabetes; poor air quality can directly trigger asthma)

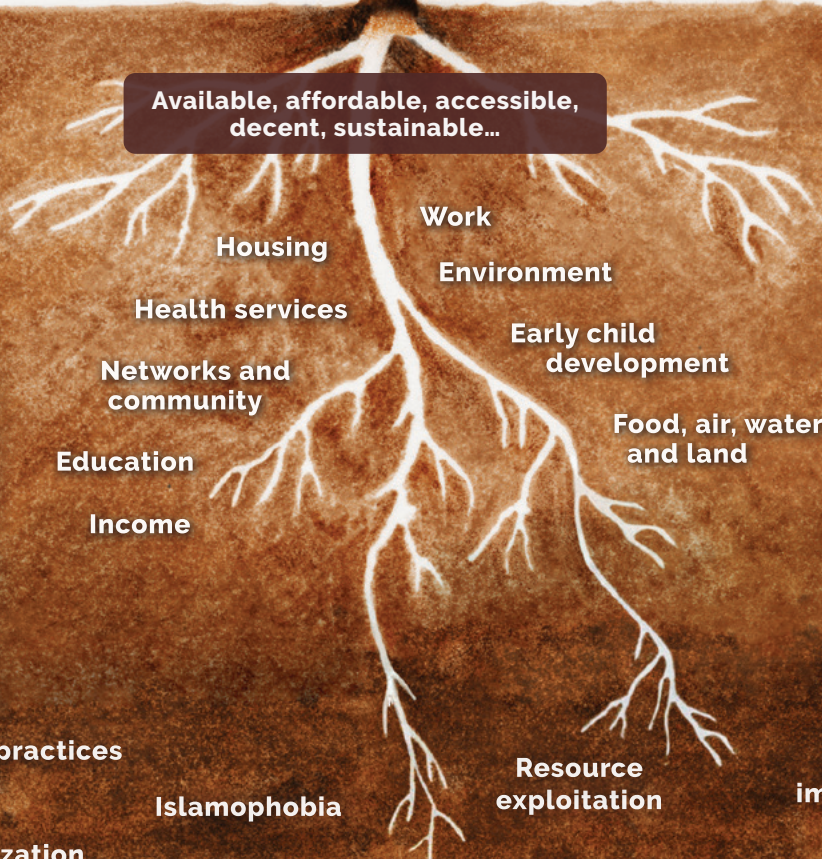


**SOIL:** examples of the underlying values, world views, policies and practices that shape the conditions of daily life and pattern health outcomes (e.g., by race, ability, gender, sexual orientation)

Most visible public health action

Asthma  
Depression  
Low birth weight  
Diabetes  
Drug poisoning and toxicity  
Diet Exercise  
Substance use

Available, affordable, accessible, decent, sustainable...



Housing  
Health services  
Networks and community  
Education  
Income

Work  
Environment  
Early child development

Food, air, water and land

Opportunity for public health to redistribute power for health equity, collaborate across sectors, partner with community organizers and engage with social movements for social justice<sup>11-20</sup>

Hiring practices  
Islamophobia  
Resource exploitation  
Tiered immigration  
Financialization of housing  
Sixties Scoop  
Fossil fuel extraction  
Insufficient disability benefits  
Homophobia  
Residential schools  
Air pollution  
Slavery  
Colonialism  
Cis-heteronormativity  
White supremacy  
Sexism  
Ableism  
Racism  
Capitalism  
Anthropocentrism

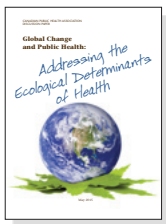


## ROOTS: THE CONDITIONS OF DAILY LIFE

The conditions of daily life have social, economic and environmental dimensions. These are conceptualized as the social and ecological determinants of health.

The **social determinants of health** are the non-medical conditions of daily life that influence health.<sup>23</sup> Social determinants differ from genetically determined biological characteristics. They are the conditions in which people are born, grow up, live, work, play, learn and age.<sup>23,24</sup>

When first conceptualized, the social determinants of health were understood to go beyond these conditions. The World Health Organization, for example, includes “the wider set of forces and systems shaping the conditions of daily life” in its definition.<sup>23</sup> However, the way the concept of social determinants has been taken up in public health practice, programs and policy reflects a narrow focus on the conditions of daily life.<sup>25</sup> Responding to the current public health context, the NCCDH is choosing to name the forces and systems that drive health inequity in our description of the structural determinants (below).



“The social and ecological determinants of health intertwine and interact, influencing each other and ultimately the health of people, communities and societies, along with the health of countless other species with whom we share the planet.”<sup>33(p1)</sup>

Several lists, frameworks and models depict the social determinants of health<sup>2,6,23,26-29</sup> and are appreciated for calling attention to the notion that health is caused by more than health care or biology. Lists, frameworks and models are also critiqued for being inconsistent and ambiguous and for insufficiently conveying power relationships and social hierarchies.<sup>29-32</sup>

The **ecological determinants of health** are the conditions that enable life on earth. They include oxygen, water, food, fuel and natural systems that recycle and detoxify many forms of wastes; an ozone layer that protects from the sun’s UV radiation; the natural resources used to build and operate civilizations; and a reasonably stable and habitable climate.<sup>33</sup> The ecological determinants of health and the social determinants of health are inextricably linked.

“Since the social determinants of health are embedded in structural determinants (e.g., global capitalism and the commercial/corporate determinants of health, imperialism, economic globalization, social murder, necropolitics, slow violence ... ), it is impossible to separate what happens in the macro context from what happens at the social determinants, at the pointy edges of everyday human experiences, and suffering at the hands of systemic oppression.”<sup>22</sup>

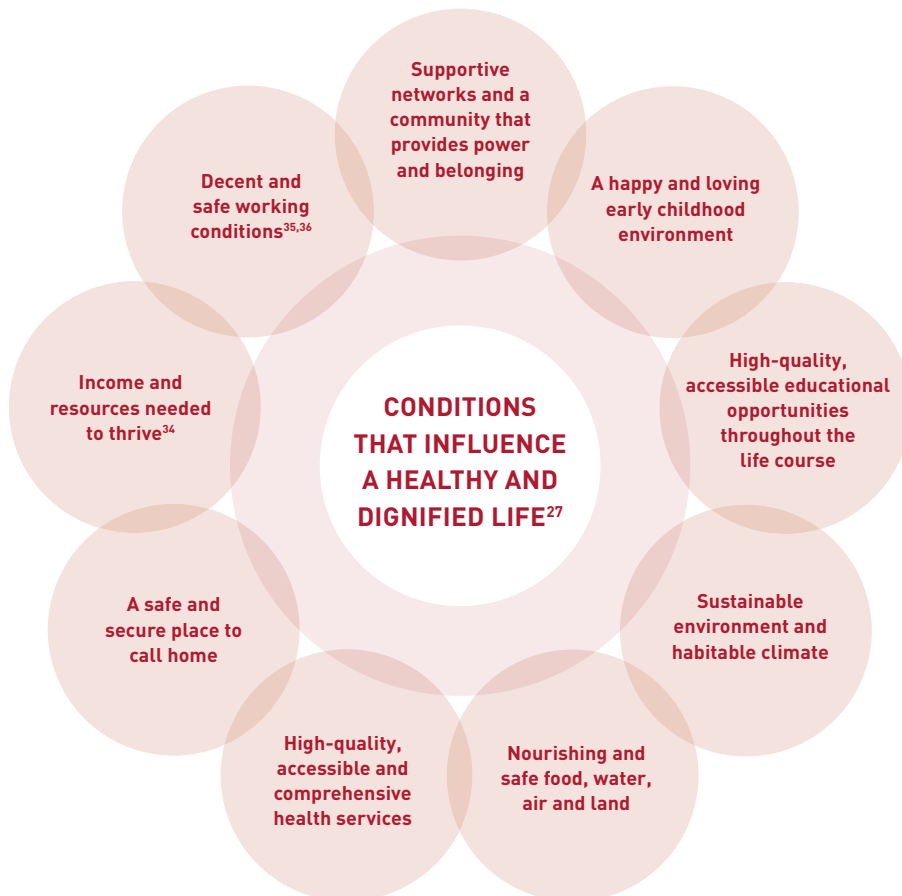
Dr. Elizabeth McGibbon

## EXAMPLES OF CONDITIONS THAT INFLUENCE A HEALTHY, DIGNIFIED LIFE

It is difficult, if not impossible, for a single list or model to convey the range of complex conditions that influence health, health equity and a dignified life. Recognizing this, Figure 2 depicts examples of the social, economic and ecological conditions of daily life. These conditions are asset-based, interrelated goals that public health, intersectoral partners, community organizers and decision-makers can work towards, together.

These goals are neither discrete nor hierarchical. For example, living in a habitable climate with safe air plays a role in having a safe and secure place to call home. Having the income and resources necessary to thrive plays a role in having nourishing food. These conditions are related to completing educational milestones, gaining meaningful employment and earning the income needed to thrive and lead a dignified life.

FIGURE 2: EXAMPLES OF SOCIAL, ECONOMIC AND ECOLOGICAL CONDITIONS OF DAILY LIFE THAT INFLUENCE A HEALTHY AND DIGNIFIED LIFE



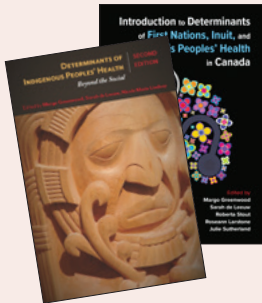
The wording in Figure 2 expands on the wording for the roots of the tree (Figure 1). Socially constructed factors and other attributes that are associated with stigma, discrimination and social exclusion (e.g., race, disability, gender) are not included in these conditions. Instead, oppressive forces and systems that drive differential health outcomes (e.g., racism, colonialism, ableism, sexism) are discussed in the next section as part of the structural determinants of health.



**“For me, the social determinants were always structural. They were always compatible with thinking about capitalism and things like that, but it’s just drifted over time.... I think calling that out is important. If you hear somebody say ‘social determinants of health,’ you can’t assume that they are talking about the same thing. It may be a very downstream version.”<sup>37</sup>**

Dr. Lindsay McLaren

“As the testimonies of residential school survivors and their families so powerfully remind us in the [Truth and Reconciliation Commission] report, and as the voices and bodies of Indigenous activists won’t let us forget, colonial violence is still very much with us, and it is still a powerful determinant of health—marked not only in the loss of Indigenous lives to addictions or suicide or chronic disease or violence, but in the conditions of poverty, lack of services, experiences of racism, and institutional neglect experienced by too many Indigenous nations, communities, and individuals.” <sup>21</sup>(pxviii)

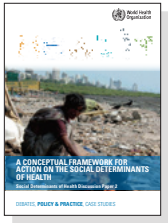


Visit the National Collaborating Centre for Indigenous Health website ([www.nccih.ca](http://www.nccih.ca)) for a body of work on the structural and social determinants of First Nations, Inuit and Métis Peoples' health in Canada.



## SOIL: FEEDING THE ROOTS

There is a lot taking place beneath the surface in the tree image. The practices, policies, world views, values and power relations shown in the soil cover a range of important factors. These are conceptualized as the structural determinants of health, which include both political and economic drivers.



“Conflating the social determinants of health and the social processes that shape these determinants’ unequal distribution can seriously mislead policy.”<sup>2(p5)</sup>

### STRUCTURAL DETERMINANTS OF HEALTH

The phrase *structural determinants of health* has been increasingly used within the public health community.<sup>25</sup> However, it has not been used consistently.

The **structural determinants of health** are “the written and unwritten rules that create, maintain, or eliminate durable and hierarchical patterns of advantage among socially constructed groups” and the manifestation of power imbalances.<sup>25(p1)</sup> These health-influencing rules take the form of values, beliefs, world views, culture and norms; governance; laws, policies, regulations and budgets; and institutional practices<sup>25</sup> (Figure 3).

### Power is baked into the rules, and the rules are powerful

Importantly, the rules manifest current power relationships in several different ways:

- They “enshrine and encode” oppressive systems (e.g., capitalism, racism, ableism, cis-heteronormativity, sexism, colonialism) and related ideologies.<sup>25</sup>
- They drive patterns of advantage that show up in the conditions of daily life (e.g., the advantages experienced by White, cisgender and/or non-disabled people).<sup>25</sup>
- They influence how humans view and interact with other species and with natural environments (e.g., through “human-centric” world views).<sup>38</sup>

### How are the rules made? Who makes them?

Power is unfairly distributed in society. Heller and colleagues made the case that people with power create the rules.<sup>25</sup> These rules, in turn, create economic and political structures and lead to socioeconomic and ecological conditions. Intentionally or unintentionally, explicitly or implicitly, the people with more power create rules that maintain their advantage. In what can be described as a circular relationship, the rules made by those in power reinforce their power.







“Since the early days of colonialism, Indigenous Peoples have been proclaiming the health harming effects of oppressive political, economic, and social structures and systems.”<sup>6(p10)</sup>

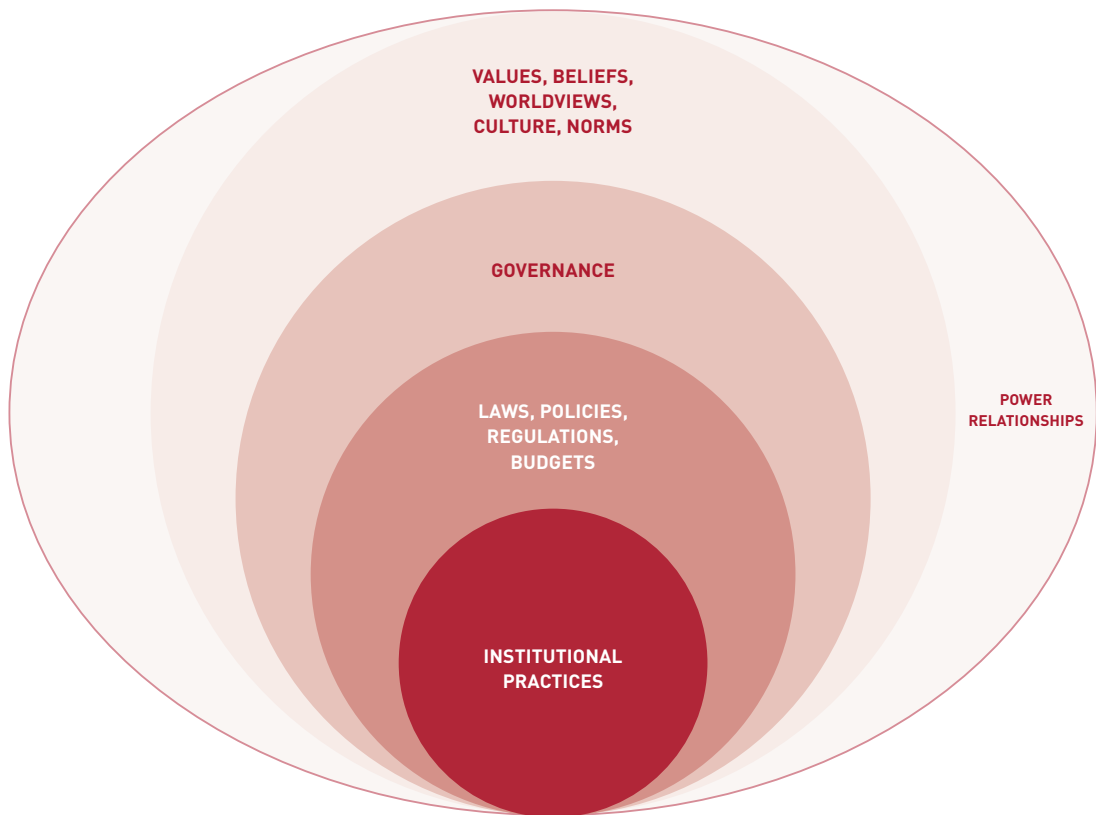
Heller et al.’s work,<sup>25</sup> in tandem with views from health promotion and planetary health,<sup>3,38-40</sup> points to the following idea: If the balance of power were to shift, then the rules could change to create a fairer society and a healthier planet. For this to happen, power would have to be redistributed to people who

share equity-promoting world views; people who recognize that all living things and natural systems have inherent value and are worthy of dignity, respect and love.

**“Public health needs to reckon with centuries of racial exploitation, dispossession and oppression — these are structural drivers of inequity that profoundly impact one’s ability to flourish. Any action to shift the structural determinants of health must centre Indigenous sovereignty and Black liberation.”<sup>41</sup>**

Sume Ndumbe-Eyoh

**FIGURE 3: STRUCTURAL DETERMINANTS: THE WRITTEN AND UNWRITTEN RULES THAT INFLUENCE HEALTH**



## SUBTYPES OF THE STRUCTURAL DETERMINANTS: THE POLITICAL AND ECONOMIC DETERMINANTS OF HEALTH

The **political determinants of health** were originally conceptualized as “different power constellations, institutions, processes, interests, and ideological positions [that] affect health within different political systems and cultures and at different levels of governance.”<sup>43(p11)</sup> This broad description invokes many of the same concepts as the structural determinants of health as described above (e.g., power, ideologies, world views, culture, practices). However, recent application of political determinants has shifted, narrowing the concept to voting, government and policy as pathways to differential health outcomes.<sup>44</sup> Since these pathways result from written and unwritten rules, this narrowed conceptualization of the political determinants positions them as a subtype of the structural determinants of health.



“Recent acknowledgements of the importance of the social determinants of health are welcome but fail to seriously address the underlying political determinants of health and health inequity.”<sup>42(p188)</sup>

Less has been written to conceptualize the **economic determinants of health** overall, but there has been recent important scholarship on the macroeconomic determinants of health and the commercial determinants of health.<sup>45–48</sup>

The **macroeconomic determinants** describe the broad economic factors that impact health, including market regulation; the supply of money, finance and loans; the balance of private, public and third sector; labour; production and consumption;

and approaches to the economy.<sup>45</sup> These macroeconomic determinants and economic systems shape economic conditions that are included within the social determinants of health concept, such as income, employment, and having enough money for food, housing and medicine.

The **commercial determinants of health** are “the systems, practices, and pathways through which commercial actors drive health and equity.”<sup>46(p1195)</sup> The commercial determinants model includes policies and conditions across the political and economic system, regulatory approaches and upstream policies, sectoral public policies, and environments, as well as commercial sector practices and underlying drivers.<sup>46</sup> Recently, scholars have called for increased attention to the links between the commercial determinants of health, colonialism and Indigenous health and well-being.<sup>47,48</sup>

Both the macroeconomic and the commercial determinants of health can be thought of as a subset of the structural determinants of health. As Heller et al. described:

*The commercial determinants of health framework includes discussion of: norms shaped by commercial interests; governance decisions such as privatization and deregulation; policies related to trade, housing, agriculture, and many other domains; and political, scientific, marketing, supply chain and waste, labor and employment, and financial practices. The commercial determinants framework includes explicit discussion of power imbalances and the patterned inequities that result from these drivers.*<sup>25(p9)</sup>

### Terms similar to the structural determinants of health

- Structural drivers of health inequity
- Social determinants of health inequities
- Root causes of (health) inequities
- Macro determinants
- Systemic drivers of inequity
- Upstream drivers

### HOW THE STRUCTURAL DETERMINANTS OF HEALTH INTERACT WITH THE CONDITIONS OF DAILY LIFE

The structural determinants of health, including political and economic determinants, shape the conditions of daily life. These, in turn, interact with each other and influence the structural determinants. Below are just two of many possible examples of these interactions.



**“We should recognize that we are all part of a series of interconnected social, cultural, and environmental systems, and that we ignore these connections at our own peril.”<sup>49</sup>(p153)**

Structural racism, structural sexism and structural income inequality are all structural determinants of health — they are established by the written and unwritten rules discussed above. Structural racism includes rules such as “beliefs in White supremacy, ‘law and order’ worldviews, weak enforcement of environmental regulations that result in environmental injustices, laws that limit voter participation and practices that overpolice communities of color.”<sup>25</sup>(p10) These rules create social, economic and environmental conditions that harm the health of Black, Indigenous and other racialized peoples. Examples include systemically lower incomes, precarious work and hazardous working

conditions, lack of educational opportunities, poor air quality and contaminated water.<sup>35,50-53</sup> These outcomes are then used by those in power to reinforce negative world views about Black, Indigenous and other racialized peoples.

Our attitudes towards natural systems and the planet create a society that exploits nature and feeds an economic system that ignores environmental costs. Capitalist ideologies drive laws and regulations about clean energy development and fossil fuel extraction and burning. All this drives ecological damage. Institutional practices, such as oil companies’ greenwashing, have only aggravated and hidden the damage caused. Collectively, these structural determinants of health have resulted in what the United Nations refers to as a “triple planetary crisis” of climate change, biodiversity loss and pollution.<sup>54</sup>

These crises are connected to the increased frequency and severity of hurricanes, storms, floods, droughts and heatwaves. What’s more, extreme weather has significant impact on social determinants of health, including one’s place to call home; access to safe, nutritious foods; and conditions for decent work.<sup>55</sup> Finally, the impact of these concurrent ecological crises can feed back into structural determinants, such as societal beliefs about the roles of government and corporations, laws related to emitting greenhouse gases, and the world view that equity rights should be extended to natural systems such as rivers and forests.<sup>38</sup>

**“Public health has an incredible opportunity to learn from the wealth of Indigenous knowledges, to connect with others around the foundation of lands and waters for all life and health, and to find synergies in these perspectives that also disrupt structural inequities.”<sup>56</sup>**

**Dr. Margot Parkes**

## CHANGING THE SOIL: APPLYING A STRUCTURAL LENS TO PUBLIC HEALTH ACTION

Public health has a range of established roles and approaches at its disposal to advance health equity. These include collaborating across sectors, participating in policy development, advocating, assessing and reporting on health inequities, and modifying and orienting interventions to reduce inequities.<sup>57</sup> To create new “rules” that influence health (i.e., change the soil), an explicit **structural lens** must be consistently applied to each of these areas.

This means:

- thinking broadly and deeply about multiple, interacting drivers of health inequity,
- reckoning with current power relationships,
- partnering with community organizers to redistribute power for health equity,
- strategizing about how public health can take advantage of political opportunities, and
- working with others to serve larger social movements for social and environmental justice.<sup>11–20,25,29,31,33,38–40,58</sup>

Ideas about what drives health and well-being continue to evolve. This document is our attempt to summarize current thinking; support discussion about the different determinants and how they fit together; and encourage public health action on the structural, social and ecological determinants of health.

We welcome your thoughts, ideas and stories! Email us at [nccdh@stfx.ca](mailto:nccdh@stfx.ca).

### DISCUSSION QUESTIONS

- What did you learn in school or at work about the determinants of health? How has your understanding of the determinants of health evolved over time?
- Is your public health work guided by a specific list of determinants? Are there benefits and challenges that you have noticed related to the use of these lists?
- How do the determinants of health differ for specific communities (e.g., Indigenous, Black, 2SLGBTQI+, people without permanent immigration status)?
- Think about the public health work you are leading or supporting. What determinants of health are you focused on addressing (e.g., individual behaviours, the social determinants of health)? How might you expand and redirect this work to consider ecological and structural determinants of health?
- With whom does public health need to have relationships with to address the structural determinants of health? What are some first steps you can take to start building those relationships?

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