



A Review of Frameworks on the Determinants of Health

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A Review of Frameworks on the Determinants of Health

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Preface

This report is based on research commissioned by the Canadian Council on Social Determinants of Health (CCSDH).

The CCSDH is a collaborative multi-sectoral stakeholder group established to:

- provide the Public Health Agency of Canada with advice on matters relating to the implementation of the *Rio Political Declaration on Social Determinants of Health*, including planning, monitoring, and reporting; and,
- facilitate and leverage action on the social determinants of health through member networks and targeted, intersectoral initiatives.

The CCSDH brings together intersectoral organizations, each with an important role to play in addressing the factors that shape health. The CCSDH also includes individuals selected

based on their knowledge and experience regarding policy, research, or intersectoral action on the social determinants of health.

The CCSDH fulfills its mandate through various activities, including the creation of reports to advance understanding and action on the social determinants of health. *A Review of Frameworks on the Determinants of Health (the Review)* is one such report. The CCSDH undertook this *Review* to highlight the usefulness of frameworks as tools to: raise awareness and promote action on the determinants of health; inform our understanding of complex problems; and support innovative planning and policy-development.

The development of the *Review* was guided by the Social Determinants of Health Frameworks Task Group of the CCSDH.

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Acknowledgements and Declarations

This document is based on work completed for the Canadian Council on Social Determinants of Health by Ms. Diana Daghofer of Wellspring Strategies. The Council is grateful for her contribution to this project.

The CCSDH wishes to note the inclusion of frameworks by Council members Dr. Trevor Hancock, Ms. Erica Di Ruggiero, and by the author of earlier versions of this review, Ms. Diana Daghofer. The Council also wishes to note references made to a report by Council Member Dr. Cory Neudorf.



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Executive Summary

Our health is influenced by many factors such as the work we do, our level of education, our income, where we live, the quality of our early childhood experiences and the physical environment that surrounds us (PHAC, 2008). These factors are called the determinants of health.

Frameworks, or visual depictions, can improve understanding of complex issues such as the determinants of health by explaining the impact of the determinants on the well-being of individuals, communities and populations. Through clear depictions of the complex relationships among determinants, frameworks can support innovative planning and policy development by identifying opportunities for health and other sectors to act to reduce health inequities¹ experienced by certain population groups.

The Canadian Council on Social Determinants of Health (CCSDH) undertook a review of existing frameworks on the determinants of health from Canada and abroad to create *A Review of Frameworks on the Determinants of Health* and, in so doing, developed a *Compendium of Frameworks on the Determinants of Health* to feature perspectives from different sectors and levels of government. Each of the 36 frameworks included in the *Compendium* represents a unique approach to understanding and describing the determinants, how they influence health, and what different sectors can do to address them. The wide variation among the frameworks with regard to their

depiction of the determinants of health and of the interactions between determinants reflects the many ways that frameworks can be used to communicate the determinants of health to diverse audiences.

Seven frameworks were selected from the *Compendium* for in-depth descriptions (*Closer Look*) due to their inclusion of features that are relevant for the Canadian context. The *Closer Look* also includes a discussion of key elements, identified among the seven frameworks, that should be considered when taking action on the determinants of health — such as the importance of engaging partners outside of the health sector and the benefits of acting upstream.

The *Review* is intended to act as a resource for policy-makers, researchers, practitioners and others working to raise awareness and promote action on the determinants of health, from both inside and outside of the health sector. The *Review* will also inform the way we understand of complex problems and support innovative planning and policy-development. This report is not an exhaustive catalogue of all frameworks on the determinants of health, nor was it designed as a formal evaluation of the frameworks that were included.

¹ Inequities are differences in health that stem from inequalities in the underlying social and economic conditions that are essential for health (Edwards & Di Ruggiero, 2011)

1. Introduction

Our health is influenced by many factors such as the work we do, our level of education, our income, where we live, the quality of our early childhood experiences and the physical environment that surrounds us (PHAC, 2008). These factors are called the social determinants of health.

Although research has demonstrated the importance of the social determinants of health on population health and other social and economic outcomes, public knowledge and understanding about them remains limited. Most Canadians believe their health is primarily influenced by the individual choices they make, such as smoking, diet, and physical activity. The influence of broader societal factors on health, such as level of income or education, is not as well recognized or understood (Canadian Institute for Health Information (CIHI), 2005). Awareness of the determinants of health also varies widely across sectors, with some (e.g. the health sector) having a greater understanding of the determinants and their influence than others (e.g., industry) (World Health Organization (WHO), 2008).

Frameworks can improve understanding of complex ideas or concepts by representing them visually. For example, frameworks can illustrate how an individual's experience of the social determinants of health results in different health outcomes across the life course (Raphael, 2009); communicate what the determinants are and the scope of their influence (explanatory frameworks); or show interactions between determinants and their combined effect on health (interactive frameworks). Frameworks that are most effective at informing policy and

decision-making will also illustrate who, when, where, and how action can be taken to improve the health trajectory of an individual or community (action-oriented frameworks). The particular focus of a framework on the determinants of health may range from narrow (such as one that considers a population sub-group) to broad (such as one that considers the entire population) based on the type and scope of the determinants they include (Raphael, 2009).

To support policy-makers, researchers, practitioners and others working to advance action on the determinants of health, the Canadian Council on Social Determinants of Health (CCSDH) undertook *A Review of Frameworks on the Determinants of Health* (the *Review*) and, in so doing, developed:

The *Compendium of 36 Frameworks on the Determinants of Health*, brings together a range of frameworks from different sectors to illustrate how frameworks can be used to advance innovative and intersectoral action on the determinants of healthy by:

- explaining the determinants of health to a broad audience;
- identifying opportunities to bridge sectors for improved impact;
- guiding intersectoral action;
- highlighting priority areas for action;
- modelling scenarios for intervention;
- identifying intervention points with high levels of potential impact;
- exploring conditions for success; and,
- identifying opportunities for engagement, collaboration and partnerships.

The *Closer Look*, in-depth descriptions of a selection of frameworks with features that are relevant for the Canadian context.

An overview of the frameworks included in the *Compendium* is found in Section 2.3, while the full *Compendium* with web links and descriptions of each model's determinants and key features, is found in Appendix A. Section 3, the *Closer Look*, identifies (Section 3.1) and briefly describes the seven frameworks selected for in-depth review (Section 3.3) and includes a discussion of the key elements identified among them (Section 3.4).

To provide the policy and historical context for the development of many of the frameworks included in this *Review*, Appendix C features an *Evolution of Perspectives on the Social Determinants of Health*, a brief chronology

of selected Canadian and international developments that have played a significant role in advancing the determinants of health.

The *Review* is intended to illustrate that there are many ways to describe and represent the factors that influence health, and that different approaches are appropriate in different circumstances. In this way, the *Review* is presented as a resource to raise awareness and promote action on the determinants of health; inform our understanding of complex problems; and support innovative planning and policy-development. As such, the *Review* is not an exhaustive examination of all frameworks on the determinants of health, nor does it imply that any single framework on the determinants of health could meet the needs of all sectors or audiences.

2. The Compendium

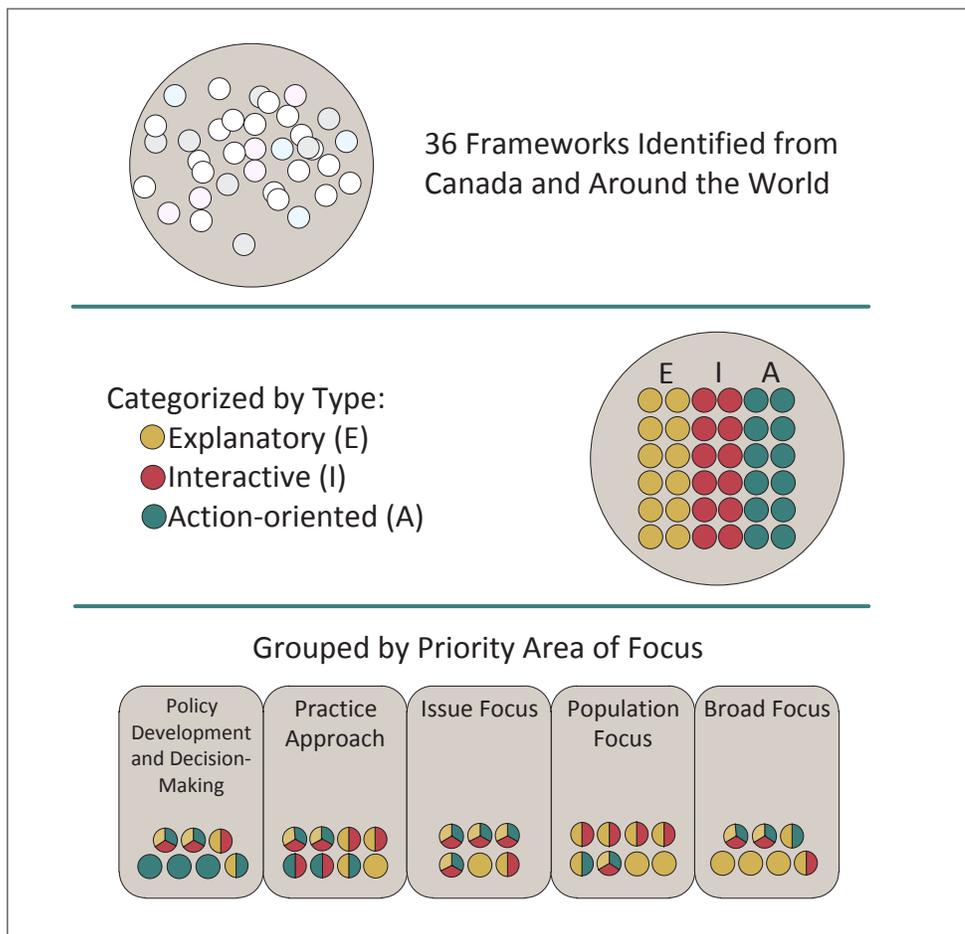
2.1 SELECTION OF FRAMEWORKS

A literature review resulted in the identification of 36 frameworks on the determinants of health from different countries, sectors, and levels of government. Diverse frameworks with a variety of foci and intended audiences were included to demonstrate the range of possible depictions of the determinants of health, their complex interactions and the role different sectors can play to address them. Frameworks with a specific focus on Aboriginal peoples were also included.

2.2 CATEGORIZATION AND GROUPING OF FRAMEWORKS

Figure 1, below, illustrates the categorization and grouping of the frameworks within the *Compendium*. Frameworks were first categorized by type as **Explanatory**, and/or **Interactive**, and/or **Action-Oriented**. Frameworks that addressed the requirements of more than one category are identified accordingly.

FIGURE 1 – CATEGORIZATION AND GROUPING OF FRAMEWORKS



TYPES OF FRAMEWORKS:

- **Explanatory** — these frameworks list the determinants of health, sometimes describing the relative contributions of each determinant. They are primarily used to explain the concept of health determinants to audiences who are unfamiliar with, or have a limited understanding of, the concept.
- **Interactive** — sometimes referred to as conceptual, these frameworks identify points of interaction and show relationships between determinants of health, however they generally do not identify strategies for action. Interactive frameworks identify the systemic or root causes of health differences among population groups, and the pathways that lead from root causes to inequities in health status. Most often, interactive frameworks are a statement of theoretical principles to guide the logical and systematic development of a research design, a specific policy or an approach to problem-solving.
- **Action-oriented** — also referred to as frameworks for action, these frameworks focus on decision or policy-making processes. They can support policy-makers, researchers and practitioners in taking action on the social determinants of health by identifying requirements for action and entry points for intervention. They can also help identify priority issues and evaluate the potential success of interventions by allowing for the possibility of modeling interventions (e.g. micro-economic modeling).

The frameworks were further grouped according to their **primary area of focus**, as follows:

1. **Policy Development and Decision-Making**
2. **Practice Approach**
 - Population Health
 - Health Reporting
 - Community Development
3. **Issue Focus**
 - Ecosystems and Environment
 - Living and Working Conditions
4. **Population Focus**
 - Gender
 - Aboriginal Peoples
 - Children
 - Rural
5. **Broad Focus**

2.3 OVERVIEW OF THE COMPENDIUM

This section identifies the 36 frameworks that are included in the *Compendium of 36 Frameworks on the Determinants of Health* found in Appendix A.

The *Compendium* represents work undertaken by different sectors and levels of government and reflects how the understanding of the determinants of health, both in Canada and around the globe, has evolved in recent decades. Accordingly, some of the older frameworks may not include more recent thinking on the determinants of health, such as the important role of sex and gender. Nonetheless, each framework makes an important contribution to understanding the determinants, and the areas wherein action is needed to address them.

Of the frameworks included in this *Review*, 86% (n=31) were identified as explanatory, 64% (n=23) interactive and 56% (n=20) action-oriented. These totals reflect the fact that a number of frameworks met the requirements of more than one type of

framework (for example, frameworks could be both explanatory and interactive). Table 1 provides a list of the 36 frameworks included in the *Compendium*, grouped by primary focus and listed in reverse chronological order.

Table 1 – Frameworks Included in the Compendium

LEGEND:	
	Explanatory,
	Interactive,
	Action-Oriented,
	Explanatory, Interactive and Action-Oriented,
	Explanatory and Interactive,
	Explanatory and Action-Oriented,
	Interactive and Action-Oriented

1. POLICY DEVELOPMENT AND DECISION-MAKING	
	<i>Relationship of the five themes of the World Conference on Social Determinants of Health</i> (WHO, 2011a)
	<i>Health in All Policies model and Health Lens Analysis</i> (Government of South Australia, 2011)
	<i>A Conceptual Framework for the Planning of a Healthy Community</i> (Gudes et al., 2010)
	<i>Conceptual Framework and Framework for Action on Tackling Social Determinants of Health Inequities</i> (WHO, 2007)
	<i>The Social Determinants of Health: Developing an Evidence Base for Political Action</i> (Kelly et al., 2007)
	<i>Action Spectrum on Equalities in Health</i> (Whitehead, 1998)
	<i>Model of Policy-Making</i> (Kingdon, 1995)

Table 1 – Frameworks Included in the Compendium (continued)

LEGEND:	
	Explanatory,
	Interactive,
	Action-Oriented,
	Explanatory, Interactive and Action-Oriented,
	Explanatory and Interactive,
	Explanatory and Action-Oriented,
	Interactive and Action-Oriented
2. PRACTICE APPROACH	
Population Health	
	<i>Links of the National Action Plan to Reduce Health Inequalities to other plans and programmes</i> (Ministry of Social Affairs and Health, 2008)
	<i>Conceptual Framework of Population Health</i> (Etches et al., 2006)
	<i>A framework for addressing the social determinants of health and wellbeing</i> (Queensland Health, 2001)
	<i>The Population Health Promotion Model</i> (PHAC, 1996)
Health Reporting	
	<i>Health Indicator Framework</i> (CIHI, 2013)
	<i>County Health Rankings</i> (University of Wisconsin Population Health Institute, 2003)
	<i>Health Information Framework, La Trobe Consortium</i> (WHO, 2003)
Community Development	
	<i>Reducing Disparities and Improving Population Health: The Role of a Vibrant Community Sector</i> (Danaher, 2011)
3. ISSUE FOCUS	
Ecosystems and Environment	
	<i>Public Health Framework for use in Health Impact Assessment and Health Profiling</i> (Schulz & Northridge, 2004)
	<i>Prism Framework of Health and Sustainability</i> (Parkes, Panelli & Weinstein, 2003)
	<i>Relationship between Key Determinants of Health and Sustainable Development</i> (Hancock, 2001)
	<i>The Mandala of Health</i> (Hancock & Perkins, 1985)
Living and Working Conditions	
	<i>Socio-Economic Determinants of Health</i> (Munro, 2008)
	<i>Social Determinants of Health and the Pathways to Health and Illness</i> (Brunner & Marmot, 2006)

Table 1 – Frameworks Included in the Compendium (continued)

LEGEND:	
	Explanatory,
	Interactive,
	Action-Oriented,
	Explanatory, Interactive and Action-Oriented,
	Explanatory and Interactive,
	Explanatory and Action-Oriented,
	Interactive and Action-Oriented
4. POPULATION FOCUS	
Gender	
	<i>Gendering the Health Determinants Framework: Why Girls' and Women's Health Matters</i> (Benoit & Shumka, 2009)
	<i>POWER Study Gender and Equity Health Indicator Framework</i> (Clark & Bierman, 2009)
	<i>The Gender Migration and Health Conceptual Framework</i> (Bierman, 2007)
Aboriginal Peoples	
	<i>First Nations Holistic Policy and Planning Model</i> (AFN, 2013)
	<i>Integrated Life Course and Social Determinants Model of Aboriginal Health</i> (Loppie Reading & Wien, 2009)
	<i>Social Determinants of Inuit Health: A discussion paper</i> (Inuit Tapiriit Kanatami, 2007)
Children	
	<i>The Total Environment Assessment Model of Early Child Development</i> (Siddiqi, Irwin & Hertzman, 2007)
Rural	
	<i>Community Health Action Model: A Model for Community Development and Action</i> (Annis, 2005)
5. BROAD FOCUS	
	<i>Toward Health Equity: A Framework for Action</i> (Daghofer & Edwards, 2009)
	<i>Social Determinants of Health</i> (Raphael, 2009)
	<i>Ecosocial Framework</i> (Krieger, 2008)
	<i>Alberta Social Determinants of Health Framework</i> (O'Hara, 2005)
	<i>Public Health Agency of Canada – Determinants of Health</i> (PHAC, 1994)
	<i>The Wider Determinants of Health Model</i> (Dahlgren & Whitehead, 1991)
	<i>The Health Gradient, WHO Joint Working Group on Intersectoral Action</i> (Taket, 1990)



3. The Closer Look

3.1 SELECTION OF SEVEN FRAMEWORKS

Following the categorization (by type) and grouping (by primary focus) used to develop the *Compendium*, a selection of frameworks were identified from among the 36 for an in-depth review based on the inclusion of features that are relevant for the Canadian context. These frameworks were:

1. *First Nations Holistic Policy and Planning Model* (Assembly of First Nations (AFN), 2013);
2. *A Conceptual Framework for the Planning of a Healthy Community* (Gudes et al., 2010);
3. *Toward Health Equity: A Framework for Action* (Daghofer & Edwards, 2009);
4. *The WHO Commission on the Social Determinants of Health's Conceptual Framework and Framework for Action on Tackling Social Determinants of Health Inequities* (WHO, 2007);
5. *A framework for addressing the social determinants of health and well being* (Queensland Health, 2001);
6. *Wider Determinants of Health Model* (Dahlgren & Whitehead, 1991); and
7. *Mandala of Health* (Hancock & Perkins, 1985).

3.2 DESCRIPTION, ASSESSMENT AND IDENTIFICATION OF KEY ELEMENTS

DESCRIPTION AND ASSESSMENT

The seven frameworks were then described and assessed according to the following criteria:

- **Description:** general overview.
- **Origins:** the context in which the framework was developed and by whom.
- **Type:** identification as explanatory, interactive, or action-oriented.
- **Primary area of focus:** identification of the primary approach or focus.
- **Determinants cited:** identification of the determinants included in the framework.
- **Important features:** identification of unique or noteworthy features.
- **Strengths:** assessment of strengths.
- **Limitations:** assessment of elements that are weak or absent.
- **Examples of use:** identification of examples of uptake and use, if known.
- **Target audience:** the audience(s) that the framework was developed to reach.

Highlights of the description and assessment of each of the seven frameworks can be found below in Section 3.3 along with an image of each framework. The full description and assessment of each of the seven frameworks can be found in Appendix B.

IDENTIFICATION OF KEY ELEMENTS

During the description and assessment of the seven frameworks, several key elements were identified as relevant to advancing action on the determinants of health, namely:

- Element 1 and 2 – use of a holistic and intersectoral approach²
- Element 3 – recognition of social exclusion
- Element 4 – role of individuals and communities
- Element 5 – importance of upstream action
- Element 6 – clear identification of interactions between determinants.

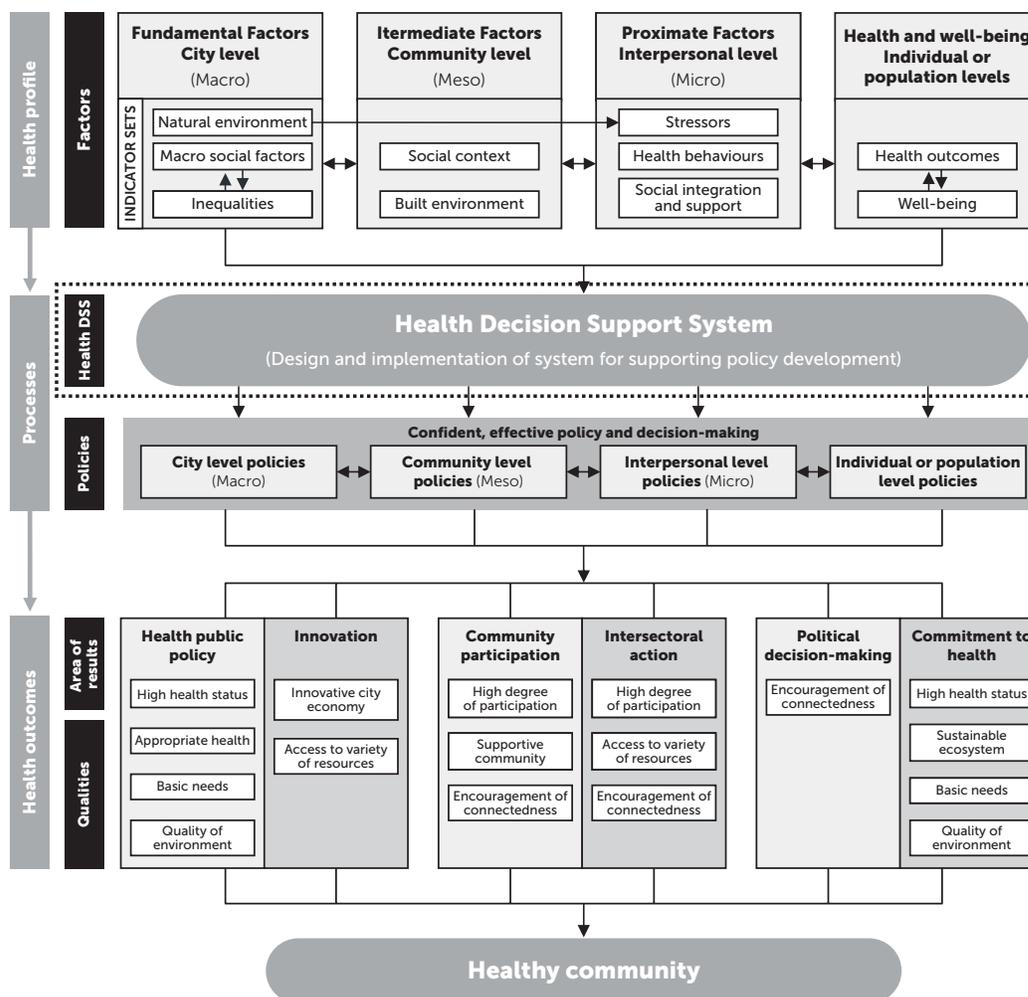
These elements are identified in the highlights section below and further explored in Section 3.4 Discussion of Key Elements.

3.3 HIGHLIGHTS OF THE DESCRIPTION, ASSESSMENT, AND IDENTIFICATION OF KEY ELEMENTS

Below, highlights of the description, assessment and identification of key elements accompany images of each of the seven frameworks selected for the *Closer Look*. Full descriptions are found in Appendix B.

² Due to the interrelatedness of these elements they are discussed as one concept.

FRAMEWORK 2 – A CONCEPTUAL FRAMEWORK FOR THE PLANNING OF A HEALTHY COMMUNITY (GUDES ET AL., 2010)



Type: Explanatory, Interactive, Action-Oriented

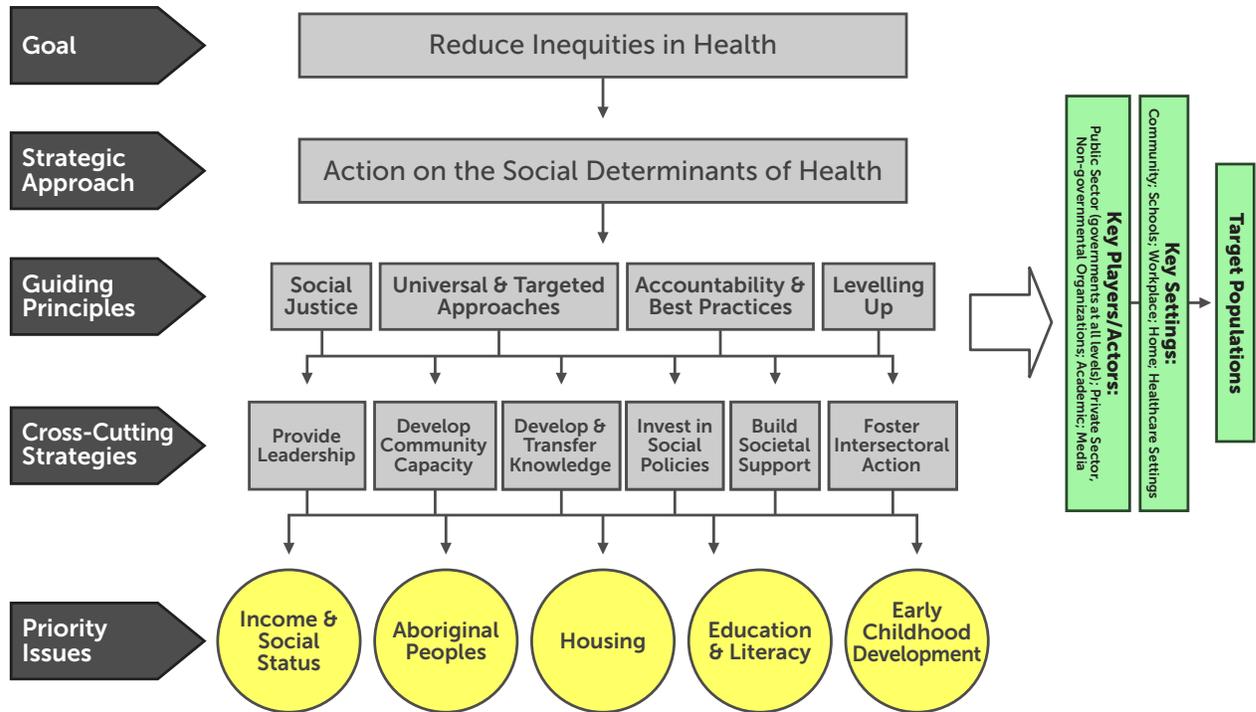
Primary Area of Focus: Policy Development and Decision-Making

Description:

- outlines the determinants of health and spheres of influence for building healthy communities.
- includes health factors and the built and natural environment.
- collaborative approach geared to urban planners.
- strong focus on intersectoral action.
- highly dependent upon robust health and Geographic Information System (GIS) data.

Key elements identified: Use of a holistic and intersectoral approach, role of the community.

FRAMEWORK 3 – TOWARD HEALTH EQUITY: A FRAMEWORK FOR ACTION (DAGHOFFER & EDWARDS, 2009)



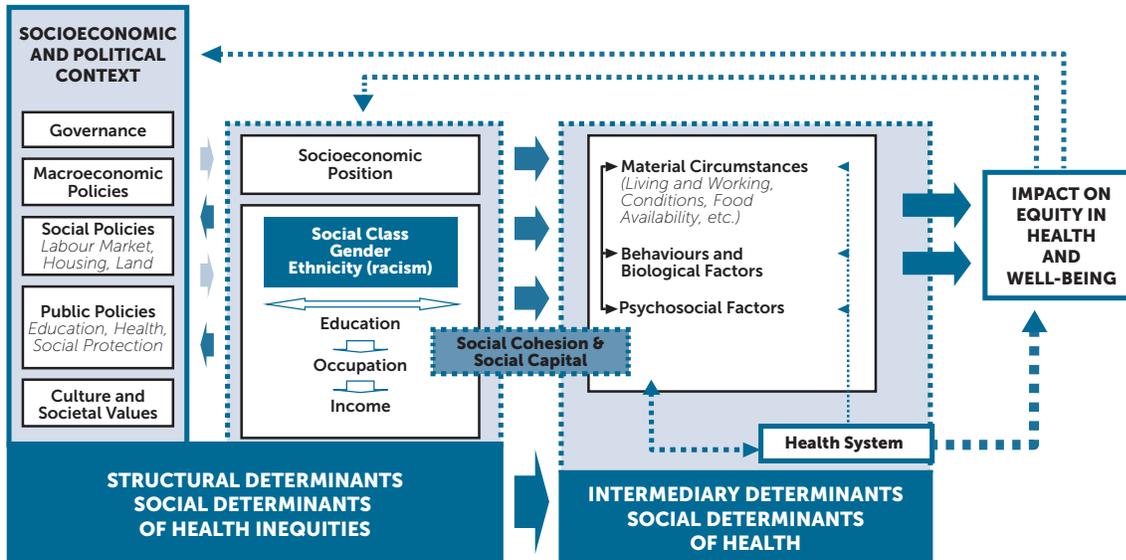
	Type: Explanatory, Action-Oriented	Primary Area of Focus: Broad Focus
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Description:

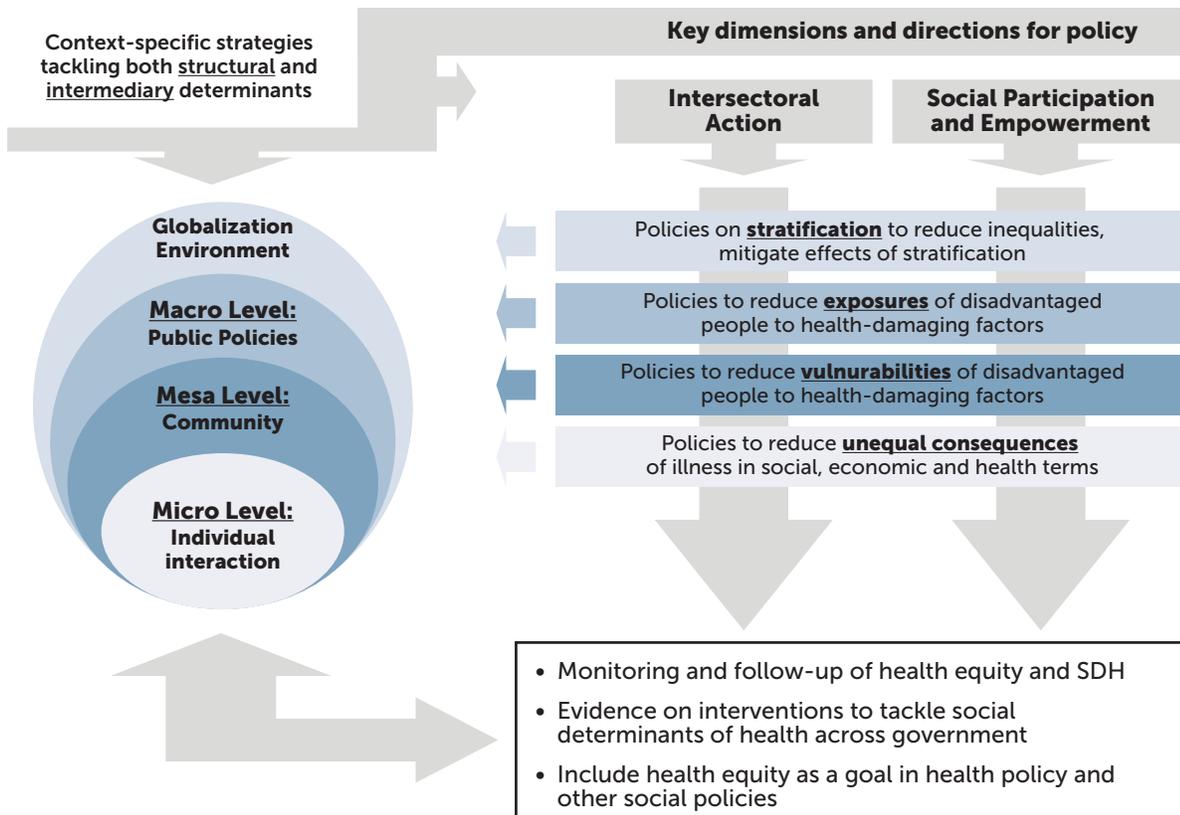
- depicts Canadian priorities and context.
- focuses on five priority issues: income and social status, housing, literacy and education, Aboriginal Peoples, and early child development.
- identifies six cross-cutting strategies to take action on the determinants of health: develop leadership; build community capacity; develop and transfer knowledge; invest in social policies; build societal support; and foster intersectoral action.

Key elements identified: Use of an intersectoral approach, importance of upstream action.

FRAMEWORK 4A – WHO COMMISSION ON SOCIAL DETERMINANTS OF HEALTH – CONCEPTUAL FRAMEWORK (WHO, 2007)



FRAMEWORK 4B – A FRAMEWORK FOR ACTION ON TACKLING SOCIAL DETERMINANTS OF HEALTH INEQUITIES (WHO, 2007)





Type: Explanatory, Interactive, Action-Oriented

Primary Area of Focus: Policy Development and Decision-Making

Description:

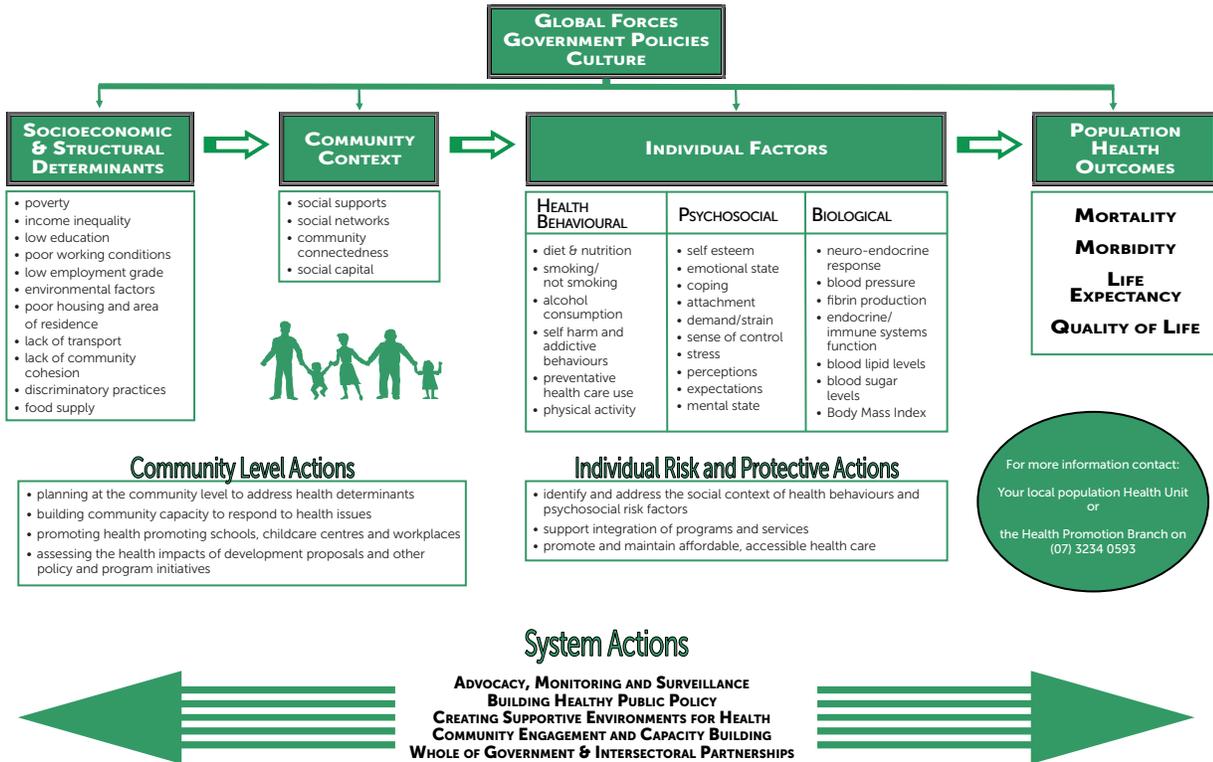
- includes both structural and intermediate factors as determinants of health
- identifies key dimensions and directions for policy action.
- emphasizes intersectoral action, social participation and empowerment at the global, public policy, community and individual levels.
- the two frameworks must be used together to describe the determinants, their interactions and possible interventions.

Key elements identified: Use of a holistic and intersectoral approach, recognition of social exclusion, role of individuals and communities, importance of upstream action, clear identification of interactions between determinants.

FRAMEWORK 5 – A FRAMEWORK FOR ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND WELLBEING (QUEENSLAND HEALTH, 2001)

A framework for addressing the social determinants of health and well being

Health is a matter that goes beyond the provision of health services as people’s health cannot be separated from the social, cultural and economic environments in which they live, work and play



E A I Type: Explanatory, Interactive, Action-Oriented

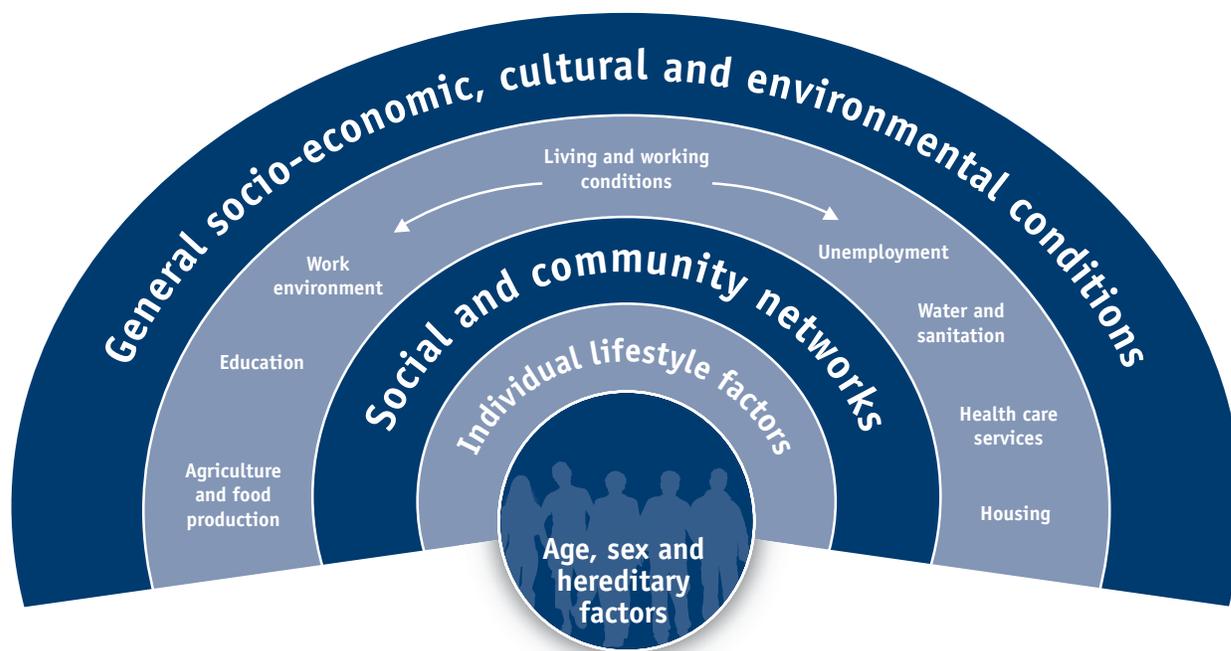
Primary Area of Focus: Practice Approach – Population Health

Description:

- clearly identifies the role of public health in promoting health equity.
- outlines the role of public health with regard to intersectoral collaboration and community action.
- identifies a range of determinants and actions at the individual, community, and systems levels.

Key elements identified: Use of a holistic and intersectoral approach, recognition of social exclusion, role of individuals and communities, importance of upstream action.

FRAMEWORK 6 – WIDER DETERMINANTS OF HEALTH MODEL
(DAHLGREN & WHITEHEAD, 1991)



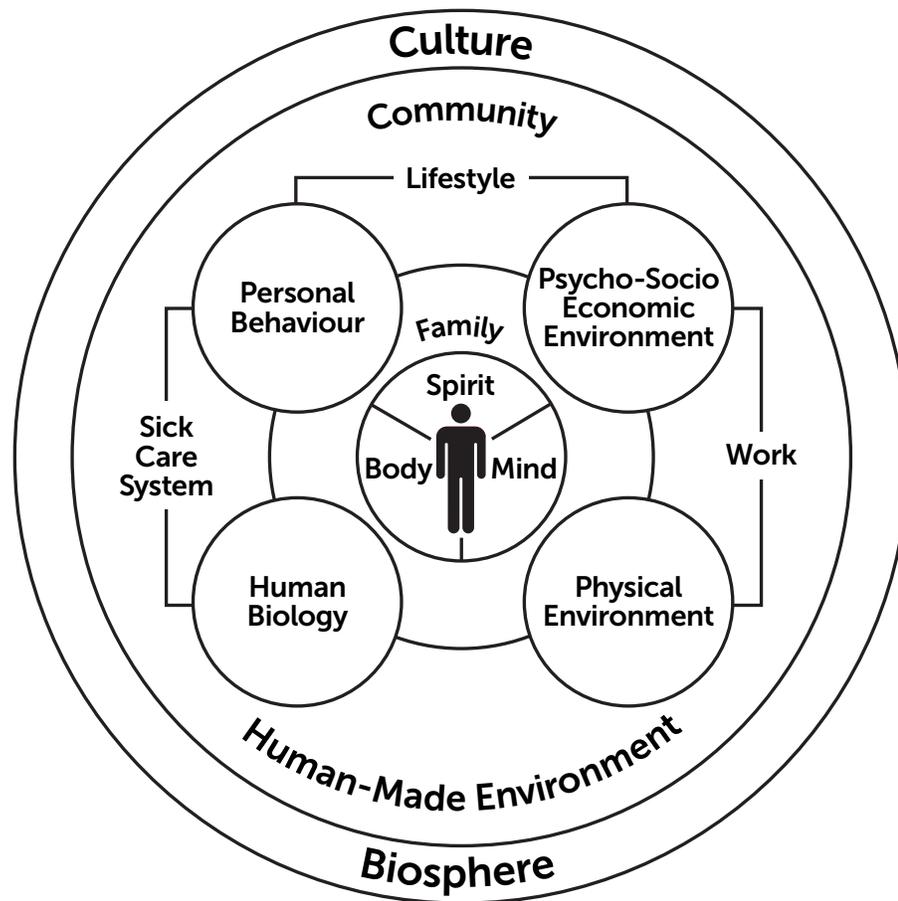
<p>E Type: Explanatory</p>	<p>Primary Area of Focus: Broad Focus</p>
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Description:

- most widely known and widely used of all models on the determinants of health.
- illustrates the influence of various factors on individual health and well-being, beginning with the most foundational (socio-economic, cultural and environmental conditions) and extending to the most malleable (individual lifestyle factors).
- useful for explaining the concept of health equity to a broad intersectoral audience.

Key elements identified: Use of a holistic and intersectoral approach, importance of upstream action.

FRAMEWORK 7 – THE MANDALA OF HEALTH (HANCOCK & PERKINS, 1985)



	Type: Explanatory, Interactive	Primary Area of Focus: Broad Focus
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Description:

- pioneering Canadian framework on the determinants of health
- depicts elements of *A New Perspective on the Health of Canadians* (Lalonde, 1974)
- reflects an ecological approach by depicting how interactions between culture and environment influence health
- clarifies the role between lifestyle and personal behaviour, noting that lifestyle is influenced, modified and constrained by a lifelong socialization process, as well as by the psychosocial environment, including family, community, cultural values and standards
- useful for explaining an ecological approach to a broad audience.

Key elements identified: Use of a holistic approach, identification of interactions between determinants

3.4 DISCUSSION OF KEY ELEMENTS

During the description and assessment of the seven frameworks selected for the *Closer Look*, several important elements emerged as identified in Section 3.2. This section provides a discussion of the relevance of those elements and how they inform our understanding of the determinants of health.

ELEMENTS 1 AND 2 – USE OF A HOLISTIC AND INTERSECTORAL APPROACH

The interrelated elements of using a holistic and intersectoral approach are broadly recognized in Canada, and internationally, as important components of a population health approach³ that seeks to achieve health equity⁴. Prominent policy documents that have emphasized the need for holistic, intersectoral action to ensure progress on the determinants of health, include *Closing the Gap in a Generation: Health equity through action on the social determinants of health* (WHO, 2008) (which called upon all sectors to ensure that their policies do not have a negative impact on health or health equity), and *The Adelaide Statement on Health in All Policies* (which describes the need for the health sector to “engage across government and with other sectors to address the health and well-being dimensions of their activities.”) (WHO, 2010).

Unique depictions of holistic and intersectoral approaches were found in all seven frameworks selected for the *Closer Look*. A few examples are discussed below.

³ Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, a population health approach recognizes and acts upon the broad range of factors and conditions that have a strong influence on our health.

⁴ Whitehead (1992) defines health equity as “differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair, and unjust.”

“Action on the social determinants of health must involve the whole of government, civil society and local communities, business, global fora, and international agencies. Policies and programmes must embrace all the key sectors of society not just the health sector.”

– WHO, 2008

The ***Mandala of Health***, a Canadian framework, is a foundational depiction of how individual health is simultaneously influenced by human biology, personal behavior, psychosocial environment, physical environment, and natural environment (Hancock & Perkins, 1985). The *Mandala* is the first known model that distinguishes between lifestyle (as a constellation of psycho-socio-economic elements over which individuals lack direct control) and personal behavior (e.g., eating well and exercising). The *Mandala* conceptualizes many aspects of *A New Perspective on the Health of Canadians* (Lalonde, 1974) which formalized the notion that health is more than just the result of individual health behaviors.

The ***Wider Determinants of Health Model*** (Dahlgren & Whitehead, 1991) may be the most recognizable and widely used framework depicting the determinants of health. The *Model* identifies the environmental, social, and individual spheres of influence in addition to the myriad of sectors that can hinder or enhance the health status of individuals and populations (e.g., agriculture and food, education, employment, water and sanitation, health care services and housing). The chief strength of both the *Mandala* and the *Wider Determinants of Health Model* is their ability to depict the elements that are essential to the achievement of health equity and describe

the determinants of health to broad audiences from different sectors.

As understanding of the determinants of health continues to evolve, so too does our understanding of how to best address them. McDavid Harrison and Dean (2011) described a holistic approach as one that “address[es] individual, social, structural, and environmental determinants, ... work[s] with a wide array of sectors such as health, education, justice, environment and labour [and] with diverse kinds of data including disease, surveillance, legal, land use, marketing, workforce, education and financial.” This approach was implemented by Gudes et al. (2010) in the development of a **Conceptual Framework for the Planning of a Healthy Community**. This framework underpins a geographic information system (GIS)-based decision support system (DSS) that was designed to improve “the health status of populations [through] evidence-based practice across the continuum from health determinants to service interventions” (Gudes et al., 2010). The elaborate model integrates data from fundamental (macro) factors (such as the natural environment, social factors), with intermediate (meso) factors (like the built environment, social context) and proximate/interpersonal (micro) factors (such as stressors, health behaviors and interpersonal relationships) alongside data describing an individual’s health outcomes and well-being.

“Since good health is a fundamental enabler and poor health is a barrier to meeting policy challenges, the health sector needs to engage systematically across government and with other sectors to address the health and well-being dimensions of their activities.”

– WHO, 2010

Other strong examples of a holistic and intersectoral approach include the inter-reliant frameworks created by the WHO’s Commission on Social Determinants of Health (the Commission): **Conceptual Framework** and **Framework for action on tackling social determinants of health inequities**. The Commission’s *Conceptual Framework* is an action-oriented framework that depicts how social, economic and political mechanisms result in socio-economic positions of poverty and ill-health (health inequity), or affluence and well-being. The framework distinguishes between the social factors that influence health and the social processes that determine their unequal distribution. The *Conceptual Framework* also identifies several elements of the socio-political context that give rise to inequities, including the labour market, housing, land, education, health, and elements of cultural and societal value (WHO, 2007). The framework also includes ethnicity and racism as factors that influence socio-economic position. Ranging from the very “upstream” (such as policies to reduce inequalities and mitigate the effects of social stratification at the global level) to the very “downstream” (such as policies to reduce the unequal consequences of illness at the individual level), the complementary *Framework for action on tackling social determinants of health inequities* (WHO, 2007) identifies entry points for action.

The **First Nations Holistic Policy and Planning Model** (AFN, 2013) has a uniquely First Nations focus and uses a holistic approach to identify the sectors of justice, economic development, housing, health care, and environment (among others) as essential components to the attainment of health and social well-being among First Nations populations. A holistic approach is especially important to reflect both the historical and ongoing barriers to health and wellbeing experienced by Canada’s Aboriginal Peoples.

The ability of a framework to successfully foster intersectoral action on the determinants of health is influenced by its recognition and depiction of issues that are important across multiple sectors and by outlining how, when, and where support is needed to achieve the greatest impact. A holistic approach, such as one that includes the interactions of culture and environment, can be used to transcend sectors by resonating with all audiences.

ELEMENT 3 — RECOGNITION OF SOCIAL EXCLUSION

Due to the great diversity of the Canadian context and population, the element of social exclusion is important in any framework on the determinants of health intended for use in Canada. Social exclusion can stem from poverty, unemployment, homelessness, racism, and discrimination and results in lack of access to housing, education, transport and “other factors vital to full participation in life” (Wilkinson & Marmot, 2003). There is extensive evidence illustrating the differences between cultural and racial subgroups of the Canadian population with regard to determinants of health, health, social and economic outcomes (Nestel, 2012). Among these subgroups, Canada’s Aboriginal Peoples continue to experience disproportionately poorer health and social outcomes than other cultural and racial subgroups (Nestel, 2012).

**“Life is short where its quality is poor.
By causing hardship and resentment,
poverty, social exclusion and
discrimination cost lives.”**

— Wilkinson & Marmot, 2003

The impact of social exclusion is experienced across the life course and affects where individuals live, the work they do, the wage they are paid, the level of education they achieve and the relationships they form (Wilkinson & Marmot, 2003). An individual’s interactions with the health care system can also be influenced by social exclusion, such as lack of access to culturally and/or linguistically appropriate health care services and treatment options (Nestel, 2012). This is especially true for Canada’s Aboriginal Peoples for whom traditional healing options are not widely understood or accessible within Canada’s mainstream health care system.

The ***First Nations Holistic Policy and Planning Model*** (AFN, 2013), illustrates the social exclusion experienced by Canada’s Aboriginal Peoples due to racism and discrimination alongside others such as historical conditions and colonialism. The *Model* also includes elements of self-determination, language, heritage and culture, and relationships within and across communities as well as with formal institutions to illustrate how a holistic and intersectoral approach is critical to reducing the social exclusion experienced by Canada’s Aboriginal Peoples (AFN, 2013).

Frameworks that include the important aspect of social exclusion can be used to identify opportunities to reduce barriers and improve access to health and social services among marginalized populations.

ELEMENT 4 — UNDERSTANDING THE ROLE OF INDIVIDUALS AND COMMUNITIES

The importance of the role of individuals in establishing and maintaining healthy communities (grassroots mobilization) has been explored in recent decades.

A growing body of literature has investigated how neighbourhoods influence health while controlling for confounding individual attributes such as race and socio-economic status (Clark, 2005; Diez Roux, 2001). Research has shown how key determinants of health (such as education and health status) are associated with engagement and connectedness among community residents. This “social capital” or “social cohesion” is characterized by “features of social organization such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit” (Putnam, 2005).

While all of the seven frameworks reviewed contain the important elements of individual and community level action, five frameworks were especially strong in this regard.

Meaningful engagement is defined as including all the elements of **informing** (providing information), **consulting** (obtaining feedback), **involving** (working with communities), **collaborating** (partnering to make decisions) and **empowering** (ensuring communities have the “last word” and ultimate control over key decisions that affect their wellbeing).

– WHO, 2007

The goal of **A Conceptual Framework for the Planning of a Healthy Community** by Gudes et al. (2010) was to develop a community’s ability to take action on local health issues through improved accessibility, understanding and integration of health, social, environmental, economic and political data. The robust theoretical framework synthesized complex data sets to facilitate local action on the determinants of health.

“The development of social capital... is based on citizen participation. True participation implies a (re)distribution of empowerment, that is to say, a redistribution of the power that allows the community to possess a high level of influence in decision-making and the development of policies affecting its well being and quality of life.”

– WHO, 2007

The WHO Commission’s **Conceptual Framework** (2007) highlights the crosscutting determinant of social cohesion. In addition to identifying the importance of trust and cooperation among community level networks that are similar in social identity⁵, the *Conceptual Framework* emphasizes the importance of establishing cooperative relationships between citizens and institutions by depicting social cohesion and social capital as elements that straddle both the structural and intermediary determinants of health within the model (WHO, 2007). The *Conceptual Framework’s* companion **Framework for Action** (WHO, 2007) emphasizes the need to engage and empower citizenry to achieve long-term sustainability of policies and processes that can improve community and individual health. For this reason, “Social participation and empowerment” is prominently identified in the *Framework for Action* in addition to the

⁵ Szreter and Woolcock (2004) describe “bonding social capital” as the trust and cooperation achieved among community level networks that are similar in social identity; “bridging social capital” as respectful relationships and mutuality between individuals and groups that are aware they do not share the same socio-demographic characteristics; and “linking social capital” as the “norms of respect and trust[ing] relationships between individuals, groups, networks and institutions that interact from different positions along explicit gradients of institutionalized power.

levels at which action can be taken to influence policies, processes and decisions (WHO, 2007).

The important roles of self and of community are evident in the ***First Nations Holistic Policy and Planning Model*** (AFN, 2013). With community at its core, the medicine wheel-styled approach reflects the “bonding”, “bridging,” and “linking social capital” approach described by Szreter and Woolcock (2004) to illustrate the importance of developing internal community capacity and empowerment, working collaboratively with other communities, and of promoting strong and sustainable grassroots change through meaningful engagement with formal institutions. The need for bonding, bridging and linking social capital is especially relevant among First Nations communities with regard to the achievement of self-determination (noted as a key determinant of health in this model).

The ***Framework for addressing the social determinants of health and wellbeing*** (Queensland Health, 2001) also identifies the community, individual, and system level actions needed to support meaningful progress on the determinants of health. This framework combines the concept of “bonding social capital” (community planning and capacity building to respond to health issues) with those of creating supportive environments for health, community engagement and capacity building to prevent ill health, and a “whole of government approach” that includes intersectoral partnerships (“linking social capital”) (Queensland Health, 2001; Szreter & Woolcock, 2004).

Finally, Daghofer and Edwards (2009) identify a role for community engagement in all six of their cross-cutting strategies for action on the determinants of health within

Toward Health Equity: A Framework for Action. For example, leadership, community capacity, knowledge development and transfer, investment in social policies, building of societal support and the fostering of intersectoral action are all required to act upon on upstream issues such as income and social status, or early childhood development. While this model illustrates the “bonding” aspect of social capital (though enhancing community capacity), its primary focus appears to be aimed at “linking social capital” through strong emphasis on social justice and governmental accountability with regard to action on the determinants of health.

Including social capital in these frameworks shows how policy-makers, researchers, and practitioners can engage meaningfully with individuals or communities to advance action on the determinants of health. Similarly, frameworks emphasizing social capital can be used within communities to raise awareness regarding the benefits of connectedness and collaboration.

ELEMENT 5 – RECOGNIZING IMPORTANCE OF UPSTREAM ACTION

The identification of upstream action as an essential element within a framework on the determinants of health reflects the strong evidence that the root causes of many inequalities are located in structural and intermediate determinants of health, such as material conditions, socio-economic status and political and economic contexts (Irwin, Siddiqui & Hertzman, 2007). Addressing these root causes often requires upstream interventions, in addition to interventions that target individual behavioral change. Some of the most important upstream actions are those focused on healthy child development. The formative impact of early childhood experiences on

mental, physical, and social well-being across the life course is widely documented. Effective investment in the early years is considered a cornerstone of human development central to successful societies, and a goal to which many sectors can contribute (Irwin et al, 2007). Other key upstream actions include economic development, income (poverty), affordable housing, food security, education and literacy (Munro, 2008).

“... investment in early childhood is the most powerful investment a country can make, with returns over the lifecourse many times the amount of the original investment.”

— Irwin et al. 2007

Five of the seven frameworks reviewed include a strong focus on upstream intervention. As described above, Daghofer and Edwards (2009) depict income and social status, housing, education and literacy and early childhood development along with the strategies that are necessary for action such as leadership, community capacity and intersectoral action. Both the **Framework for addressing the social determinants of health and wellbeing** (Queensland Health, 2001) and the **Wider Determinants of Health Model** (Dahlgren & Whitehead, 1991) also identify upstream elements that influence health and should be considered as areas of action to achieve the greatest population health gains, though early childhood development is notably absent in the latter (Dahlgren & Whitehead, 1991).

The **First Nations Holistic Policy and Planning Model** (AFN, 2013) includes the traditional upstream considerations of housing, health care, employment and economic development alongside more tailored

considerations such as the maintenance of language, heritage and culture, environmental stewardship and use of land and resources — issues that are of great significance to Canada’s Aboriginal peoples and linked intimately to emotional, physical and spiritual health (Loppie Reading & Wein, 2009). Although early childhood development is not featured alongside the elements upon which upstream action can be taken, the considerations of the child and childhood are included in the circle depicting the life course (AFN, 2013).

Finally, the WHO’s **Conceptual Framework** (2007) identifies areas for upstream action from the socio/economic/political context (with regard to labour, housing, land, education, and health), across the structural determinants of health inequities (education, occupation, and income) to the intermediary determinants of health such as living and working conditions, and availability of food. The related **Framework for action** (WHO, 2007) outlines the cascade of how global-level policies regarding social stratification can reduce inequalities. For example improving macro-level policies can reduce exposure to health-damaging factors among disadvantaged populations while mesa-level policies can be implemented to reduce vulnerabilities among disadvantaged populations. Micro-level policies are also identified as those which can be designed to reduce the unequal consequences of illness experienced by disadvantaged populations with regard to social, economic and health outcomes can all be used to make sustainable progress on the determinants of health (WHO, 2007).

Frameworks can be used to identify the causes and pathways to poor health, and to explore the potential benefits of upstream action at various points across the life course.

In this way, frameworks can guide opportunities for collaboration and intervention to achieve the greatest upstream impact.

ELEMENT 6 – IDENTIFICATION OF INTERACTIONS BETWEEN DETERMINANTS

The final element identified as integral to a framework on the determinants of health is the inclusion of clear depictions of the interactions between determinants within the framework itself.

All seven of the frameworks selected for the *Closer Look* reflected this element by identifying interactions between the determinants of health. The strongest depiction of interactions between determinants were shown in the **Conceptual Framework** by Gudes et al. (2010) and the WHO's inter-reliant frameworks (WHO, 2007). The strength of their approach lies in the bi- and multi-directional identification of interactions between determinants. These models reflected how the "macro," "meso," and "micro" level determinants affect each other in a fluid way.

The **Mandala of Health** (Hancock & Perkins, 1985) identifies some bi- and multi-directional interactions within the circle of influence of community and human-made environment, however, interactions between other layers are not identified. Among the remaining frameworks, Queensland Health (2001), and Daghofer and Edwards use a uni-directional linear approach to interactions without illustrating feedback between levels, while the **Wider Determinants of Health Model** (Dahlgren & Whitehead, 1991) and the **First Nations Holistic Policy and Planning Model** (AFN, 2013) use concentric arches and circles to identify layers of influence without depictions of the interactions between layers.

Clear depictions of interactions between determinants can raise awareness and promote action on the determinants of health by engaging and mobilizing sectors outside of health, especially those that may not use the language of "health determinants." Identifying interactions between determinants can also improve understanding of the need to act across levels — from individual level action to upstream action.

4. Other Considerations

Other unique and interesting features were found among the remaining 29 frameworks in the *Compendium* that could be of value in other contexts and for different audiences. For example, the ***Social Determinants of Health and the Pathways to Health and Illness*** (Brunner & Marmot, 2006) illustrates the physiological and psychological impacts of stress as a determinant of health. The ***County Health Rankings*** has developed a ranking system of weighted measures for health outcomes and health factors (University of Wisconsin Population Health Institute, 2003). The ***Alberta Social Determinants of Health Framework*** (O'Hara, 2005) highlights strategies such as collaboration across sectors, awareness and education, and

best practices, which may help identify the role(s) of different sectors in addressing determinants of health. For policy-makers, researchers or practitioners considering the role of gender in the achievement or maintenance of health, ***Gendering the Health Determinants Framework: Why Girls' and Women's Health Matters*** (Benoit & Shumka, 2009), ***Gender and Equity Health Indicator Framework, Project for an Ontario Women's Health Evidence Based Report*** (Clark & Bierman, 2009) and the ***Gender Migration and Health Conceptual Framework*** (Bierman, 2007) provide guidance on how to integrate this important determinant.



5. Conclusion

This report illustrates the many ways in which the determinants of health can be depicted in a framework and the range of possible uses for such frameworks. These uses include raising awareness of the determinants of health; improving our understanding of complex problems, and supporting innovative planning and policy development to advance action on the determinants. The frameworks included in the *Review* vary in design from the simple, such as those designed to communicate the determinants of health to a broad audience, to the complex, such as those designed to take action on the root causes of health inequities.

Appendix A

COMPENDIUM OF 36 FRAMEWORKS ON THE DETERMINANTS OF HEALTH



a framework on the determinants of health may range from narrow (such as one that considers a population sub-group) to broad (such as one that considers the entire population) based on the type and scope of the determinants they include (Raphael, 2009).

This *Compendium* was created to bring together a range of frameworks from different sectors to illustrate how frameworks can be used to advance innovative and intersectoral action on the determinants of healthy by:

- explaining the determinants of health to a broad audience;
- identifying opportunities to bridge sectors for improved impact;
- guiding intersectoral action;
- highlighting priority areas for action;
- modeling scenarios for intervention;
- identifying intervention points with high levels of potential impact;
- exploring conditions for success; and,
- identifying opportunities for engagement, collaboration and partnerships.

The frameworks were first categorized based on their type, as follows:

TYPES OF FRAMEWORKS:

- **Explanatory** — these frameworks list the determinants of health, sometimes describing the relative contributions of each determinant. They are primarily used to explain the concept of health determinants to audiences who are unfamiliar with, or have a limited understanding of, the concept.
- **Interactive** — sometimes referred to as conceptual, these frameworks identify points of interaction and show relationships between determinants of health, however

they generally do not identify strategies for action. Interactive frameworks identify the systemic or root causes of health differences among population groups, and the pathways that lead from root causes to inequities in health status. Most often, interactive frameworks are a statement of theoretical principles to guide the logical and systematic development of a research design, a specific policy or an approach to problem-solving.

- **Action-oriented** — also referred to as frameworks for action, these frameworks focus on decision or policy-making processes. They can support policy-makers, researchers and practitioners in taking action on the social determinants of health by identifying requirements for action and entry points for intervention. They can also help identify priority issues and evaluate the potential success of interventions by allowing for the possibility of modeling interventions (e.g. micro-economic modeling).

The frameworks were then grouped according to their **primary area of focus**, as follows:

1. **Policy Development and Decision-Making**
2. **Practice Approach**
 - a. Population Health
 - b. Health Reporting
 - c. Community Development
3. **Issue Focus**
 - a. Ecosystems and Environment
 - b. Living and Working Conditions
4. **Population Focus**
 - a. Gender
 - b. Aboriginal Peoples
 - c. Children
 - d. Rural
5. **Broad Focus**

Table A1 – Categorization and Assessment of Frameworks on the Determinants of Health

LEGEND:			
	Explanatory,		Interactive,
	Action-Oriented,		
	Explanatory, Interactive and Action-Oriented,		Explanatory and Interactive,
	Explanatory and Action-Oriented,		Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
1. POLICY DEVELOPMENT AND DECISION-MAKING			
<p>1. Relationship of the five themes of the World Conference on Social Determinants of Health (WHO, 2011a)</p> <p>http://www.who.int/sdhconference/Discussion-Paper-EN.pdf?ua=1</p>		<p>Employment; economy and trade; education; justice; housing and environment; agriculture and food; transportation.</p>	<p>Emphasizes key mechanisms by which countries can incorporate action on social determinants into policy goals and implementation. Builds on evidence that progress requires holistic action across sectors on all five themes (governance, participation, role of the health sector, global action, monitoring progress).</p>
<p>2. Health in All Policies model (HiAP) and Health Lens Analysis (HLA), South Australia (Government of South Australia, 2011)</p> <p>http://www.sahealth.sa.gov.au/wps/wcm/connect/cb6fa18043aece9fb510fded1a914d95/HiAPBackgroundPracticalGuide-v2.pdf?MOD=AJPERES&-CACHEID=cb6fa18043aece9fb510fded1a914d95</p>		<p>HLA steps are to engage, gather evidence, generate, navigate and evaluate.</p>	<p>Focuses on gaining attention for health as a criterion for policy-makers who may not consider health as part of their responsibilities, or who may not see the value of such an approach. Extends <i>Health Impact Assessment</i>⁶ techniques to include a variety of other methods, including qualitative research, policy analysis, and economic modeling.</p>

⁶ Health Impact Assessment (HIA) is a means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques. For additional information, please visit: <http://www.who.int/hia/en/>

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>3. A Conceptual Framework for the Planning of a Healthy Community (Gudes et al., 2010)</p> <p>http://www.academia.edu/243531/Rethinking_health_planning_a_framework_for_organising_information_to_underpin_collaborative_health_planning</p>		<p>Natural environment and macro social factors (city level); social context and the built environment (community level); stressors, health behavior and social integration, and support (interpersonal level) to determine policies that promote healthy communities and lead to individual and population health and well-being.</p>	<p>Incorporates Geographic Information System (GIS) data within a decision-making process that combines health factors and the built and natural environment, with a focus on developing the characteristics of healthy communities (healthy public policy, innovation, community participation, intersectoral action, political decision-making and a commitment to health).</p>

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>4A. Commission on Social Determinants of Health – Conceptual Framework (WHO, 2007)</p> <p>http://www.who.int/social_determinants/resources/csdh_framework_action_05_07.pdf</p>		<p>Structural determinants: context plus socio-economic position (social class, gender, ethnicity, education, occupation, income).</p> <p>Intermediary determinants: material, behavioral and biological and psychosocial.</p> <p>Social cohesion and social capital bridge the structural and the intermediary determinants.</p>	<p>Seeks to address:</p> <ul style="list-style-type: none"> • Origins of health differences between social groups • Pathways connecting root causes and population health differences • Options for intervention
<p>4B. Commission on Social Determinants of Health – Framework for Action on Tackling Social Determinants of Health Inequities (WHO, 2007)</p> <p>http://www.who.int/social_determinants/resources/csdh_framework_action_05_07.pdf</p>		<p>Policies required at various levels:</p> <p>Global: stratification to reduce inequalities.</p> <p>Public policy: to reduce exposures to damaging factors by the disadvantaged.</p> <p>Community: to reduce vulnerabilities for disadvantaged populations.</p> <p>Individual: to reduce unequal consequences of illness, in social, economic and health terms.</p>	<p>Lays out key dimensions and directions for policy, focusing on intersectoral action and social participation and empowerment at the global, public policy, community and individual levels.</p>

LEGEND:

-  Explanatory,
  Interactive,
  Action-Oriented,
  Explanatory, Interactive and Action-Oriented,
  Explanatory and Interactive,
  Explanatory and Action-Oriented,
  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>5. The Social Determinants of Health: Developing an Evidence Base for Political Action (Kelly et al., 2007)</p> <p>http://www.who.int/social_determinants/resources/mekn_report_10oct07.pdf</p>		<p>Process to get social determinants on the policy agenda:</p> <ul style="list-style-type: none"> • Generate evidence • Synthesize and act upon evidence • Implement and evaluate • Learn from practice • Monitor at all stages 	<p>Aims to help policy makers, researchers and practitioners assess and prioritize determinants; stimulate societal debate; apply and evaluate policy proposals; learn lessons from implementation.</p>
<p>6. Action Spectrum on Inequalities in Health (Whitehead, 1998)</p> <p>http://onlinelibrary.wiley.com/doi/10.1111/1468-0009.00099/abstract</p>		<p>How the policy development process moves from inaction to coordinated efforts through the following steps: measurement, recognition, awareness raising, will to take action, isolated initiatives, more structured developments, comprehensive coordinated policy.</p>	<p>Provides insight into the process of raising awareness of socioeconomic inequity in health, and gaining momentum in political and policy areas. Has been used to identify and analyze factors critical to implementing policies to reduce social inequity in health.</p>

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>7. Model of Policy Making (Kingdon, 1995)</p> <p>Cited in:</p> <p>http://www.euro.who.int/__data/assets/pdf_file/0014/110228/E93431.pdf</p>		<p>Structural determinants.</p>	<p>Provides a graphic representation of how issues get onto the agenda when three streams are linked: problem definition, policy strategy and political process. Linkage may occur through chance factors, political (e.g. elections) or organizational cycles (e.g. staff turnover), or by the actions of policy entrepreneurs (facilitators who invest their reputation, status and time in the issue).</p>

2. PRACTICE APPROACH

POPULATION HEALTH

<p>8. Links of the National Action Plan to Reduce Health Inequalities to other plans and programs (Ministry of Social Affairs and Health, 2007)</p> <p>http://web.archive.org/web/20130719193151/http://pre20090115.stm.fi/pr1227003636140/passthru.pdf</p>		<p>Application of a whole-of-government approach that works from the policy to the social environment:</p> <ul style="list-style-type: none"> • Influences social inequality through policy (social status). • Reduces exposure to hazards (work, living conditions, lifestyle). • Reduces vulnerability (illness or injury). • Prevents unequal consequences (social consequences of poor health). 	<p>Aims to improve public health and reduce health inequalities. Demonstrates intra-governmental links between various programs and health projects, within the Finnish National Action Plan.</p>
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LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>9. Conceptual Framework of Population Health CIHR-IPPH (Etches et al., 2006)</p> <p>http://www.annu-alreviews.org/doi/pdf/10.1146/annurev.publhealth.27.021405.102141</p>		<p>Upstream: political, social, cultural, economic, spiritual, ecological, and technological forces.</p> <p>Proximal: physical and social environments and biological factors (including gene-environment interactions).</p> <p>Disparities across sub-populations: race, ethnicity, gender, socio-economic status, and geography.</p>	<p>Highlights the complex interactions between upstream, proximal and societal factors. Noted as an excellent foundation for strategies for action.</p>
<p>10. A framework for addressing the social determinants of health and well being (Queensland Health, 2001)</p> <p>http://web.archive.org/web/20120506050300/http://www.health.qld.gov.au/ph/documents/hpu/24310.pdf</p>		<p>Determinants: poverty, income inequality, education, working conditions, environmental factors, housing, transport, community cohesion, and food security.</p> <p>System action: raise awareness and advocate; coordinate health planning; extend <i>Health Impact Assessment</i> techniques, strengthen community and intersectoral action; and develop organizational capacity.</p>	<p>Addresses the role of public health in addressing the social determinants of health, through leadership and support for intersectoral collaboration and community action.</p>

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>11. The Population Health Promotion Model (PHAC, 1996)</p> <p>http://www.phac-aspc.gc.ca/ph-sp/php-ppsp/php3-eng.php#Developing</p>		<p>Determinants: income and social status; social support networks; physical environments; biology and genetics; personal health practices and coping skills; healthy child development; and health services.</p> <p>Strategies: strengthen community action; build healthy public policy; create supportive environments; develop personal skills; and reorient health services.</p>	<p>Builds on the 1986 Ottawa Charter for Health Promotion to answer the following:</p> <ul style="list-style-type: none"> • WHO: With whom can we act? The levels within society where action can be taken. • WHAT: On what can we take action? Determinants of health — areas in which action could improve health. • HOW: How can we take action to improve health?

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
HEALTH REPORTING			
<p>12. Health Indicator Framework (CIHI, 2013)</p> <p>https://secure.cihi.ca/free_products/Hi2013_EN.pdf</p>		<p>Health Status: well-being, health conditions, human function, death.</p> <p>Non-Medical Determinants of Health: health behaviours, living and working conditions, personal resources, environmental factors.</p> <p>Health System Performance: acceptability, accessibility, appropriateness, competence, continuity, effectiveness, efficiency, safety.</p> <p>Community and Health System Characteristics: Community, health system, resources.</p>	<p>Features four tiers of indicators with a strong focus on health systems. Revised version of foundational health indicator framework released in 1999.</p>

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>13. County Health Rankings (University of Wisconsin Population Health Institute, 2003)</p> <p>http://www.countyhealthrankings.org/our-approach</p>		<p>Population health model components: health outcomes (length and quality of life); health behaviors; clinical care; social and economic factors; physical environment.</p>	<p>Compiles U.S. county-level measures from a variety of national and state data sources which is standardized and combined using scientifically informed weights. The framework illustrates the relative contribution of the various categories of health determinants.</p>
<p>14. Health Information Framework, La Trobe Consortium (WHO, 2003)</p> <p>http://whqlibdoc.who.int/hq/2003/WHO_WKC_Tech_Ser_03.2.pdf</p>		<p>Environmental, socio-economic status, social and community, household, health-related mediators (health behaviors and psycho-social), bio-medical.</p>	<p>Allows international comparison and analysis of gender equity within health systems. Adopts the approach of incorporating a gender perspective into mainstream health frameworks. Applies an equity lens to four levels of health information: health status, determinants, health system performance, and community and welfare system characteristics.</p>
COMMUNITY DEVELOPMENT			
<p>15. Reducing Disparities and Improving Population Health: The Role of a Vibrant Community Sector (Danaher, 2011)</p> <p>http://www.wellesleyinstitute.com/publications/reducing-disparities-and-improving-population-health-the-role-of-a-vibrant-community-sector/</p>		<p>Determinants: Community, literacy, mental health, access to health and social services.</p> <p>Policies: childcare, support for older persons, access to services, building community capacity and resilience.</p>	<p>Sets out how a responsive and effective community sector can contribute to reducing health disparities using three approaches: providing services, building healthy communities, and mobilizing the community to influence policy on social determinants of health.</p>

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
3. ISSUE FOCUS			
ECOSYSTEMS AND ENVIRONMENT			
<p>16. Public Health Framework for use in Health Impact Assessment and Health Profiling (Schulz & Northridge, 2004)</p> <p>http://heb.sagepub.com/content/31/4/455.full.pdf+html</p>		<p>Macro level: environment and macrosocial factors.</p> <p>Meso/community-level: built environment, social context.</p> <p>Micro/interpersonal: stressors, health behaviors, social integration and social support.</p> <p>Individual/population level: health outcomes and well-being.</p>	<p>Outlines the mechanisms through which social factors contribute to disparate environmental exposures and health inequalities. Emphasizes the interplay of social processes with features of the built and natural environment, including relationships between social inequalities, physical spaces where people live, and population health, specifically addressing racial disparities.</p>
<p>17. Prism framework of health and sustainability (Parkes, Panelli & Weinstein, 2003)</p> <p>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1241473/pdf/ehp0111-000669.pdf</p>		<p>Natural resource and ecosystem management; health services and infrastructure; equitable community and social development; social networks, cohesion, health promotion, and education.</p>	<p>Integrates biophysical and social sciences with environmental health. Links ecosystems and social systems as the foundation for health and sustainability.</p>

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>18. Relationship between Key Determinants of Health and Sustainable Development (Hancock, 2001)</p> <p>http://heapro.oxfordjournals.org/content/16/3/275.full</p>		<p>Natural capital; social capital; built capital; human capital; economic capital.</p>	<p>Assesses various forms of capital as determinants of health, including: natural, built, social, economic and human. This framework illustrates health as it relates to sustainable development.</p>
<p>19. The Mandala of Health (Hancock & Perkins, 1985)</p> <p>Available from:</p> <p>http://isecn.org/2013/05/07/vision-and-values-matter-and-so-do-sailing-lessons/</p>		<p>Four factors affecting health: human biology, personal behavior, psychosocial environment, physical environment.</p>	<p>Outlines an ecologic model of human health that depicts the interaction of culture with environment within the context of the holistic, interactive and hierarchic nature of health. Emphasizes the links between lifestyle and personal behavior, recognizing that lifestyle is influenced by the social and psychosocial environment.</p>
LIVING AND WORKING CONDITIONS			
<p>20. Socio-Economic Determinants of Health (Munro, 2008)</p> <p>http://www.conferenceboard.ca/Libraries/NETWORK_PUBLIC/dec2008_report_healthypeople.sflb</p>		<p>Inclusion, infrastructure, water, literacy, injury, choices, coping skills, early childhood, nutrition, safety, health services, social support, culture, environment, gender, income, biology and housing.</p>	<p>Makes the case that improved work force and community health can lead to improved productivity and economic growth. Includes employer action, promoting collaborative approaches between businesses and government to achieve better health outcomes for Canadians.</p>

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>21. Social Determinants of Health and the Pathways to Health and Illness (Brunner & Marmot, 2006)</p> <p>Cited in:</p> <p>http://www.thecanadianfacts.org/The_Canadian_Facts.pdf</p>		<p>Social structure, social environment, material factors, work, psychological factors, and health behavior.</p> <p>Highlights stress-creating factors: coping with low income, poor quality housing, food insecurity, working conditions, insecure employment, and various forms of discrimination based on Aboriginal status, disability, gender or race.</p>	<p>Features stress as a determinant, in particular how stress affects health at the physiological and psychological levels. Large focus on individual behavior.</p>

4. POPULATION GROUP

GENDER

<p>22. Gendering the Health Determinants Framework: Why Girls' and Women's Health Matters (Benoit & Shumka, 2009)</p> <p>http://people.stfx.ca/accamero/Gender_and_Health/Concept_of_Gender_and_Health/Health-Determinants-Framework-Why-Girls-and-Womens-Health-Matters.pdf</p>		<p>Macro: sex, gender, social class, race, ethnicity, immigrant status, age, and geography.</p> <p>Meso: employment, education, childcare, safe living, and health services.</p> <p>Micro: smoking, diet, exercise.</p>	<p>Emphasizes sex and gender as fundamental structural determinants of health that intersect with other types of social status, not just attributes of individuals.</p>
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LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>23. POWER Study Gender and Equity Health Indicator Framework (Clark & Bierman, 2009)</p> <p>http://powerstudy.ca/wp-content/uploads/downloads/2012/10/Chapter2-ThePOW-ERStudyFramework.pdf</p>		<p>Non-medical: living and working conditions, health behaviors, personal resources.</p> <p>Community: conditions and resources to support healthy living.</p> <p>Health system characteristics and performance.</p>	<p>Posits gender to be a central element that shapes, and is shaped by, all other health domains.</p>
<p>24. The Gender Migration and Health Conceptual Framework (Bierman, 2007)</p> <p>Available from:</p> <p>http://hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/2007-bierman-eng.php</p>		<p>Pre-Migration and Resettlement determinants of health:</p> <p>Macro: migration policies, economics, global position, labour market</p> <p>Meso: community characteristics, social norms and networks</p> <p>Micro: income, education, family structure, occupation, ethnicity, age, health beliefs and behaviors, etc.</p>	<p>Focuses on the health of immigrant women, specifically the geo-political environment which is understood to encompass all other health determinants. Gender is a key determinant, interacting with both pre-migration and resettlement factors to affect health outcomes.</p>

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
ABORIGINAL PEOPLES			
<p>25. First Nations Holistic Policy and Planning Model (AFN, 2013)</p> <p>http://health.afn.ca/uploads/files/sdoh_afn.pdf</p>		<p>Determinants: self-determination; environmental stewardship; social services; justice; gender; life-long learning; languages, heritage and culture; urban/rural; lands and resources; economic development; employment; health care; on/away from reserve; housing.</p>	<p>Features uniquely First Nations considerations within a medicine wheel approach. Self-government and social capital interact with health determinants across the lifespan.</p>
<p>26. Integrated Life Course and Social Determinants Model of Aboriginal Health (Loppie Reading & Wien, 2009)</p> <p>http://www.nccah-ccnsa.ca/docs/social%20determinates/NCCAH-Loppie-Wien_Report.pdf</p>		<p>Proximal: health behaviors, physical environments; employment and income, education, food insecurity.</p> <p>Intermediate: health care, education, community infrastructure, resources and capacities, environmental stewardship, cultural continuity.</p> <p>Distal: colonialism, racism and social exclusion, self-determination.</p>	<p>Reflects indigenous ideologies that embrace a holistic concept of health, reflecting physical, spiritual, emotional and mental dimensions and their interrelatedness. Also reflects the complex and dynamic interplay of social, political, historical, cultural, environmental, economic and other forces that directly and indirectly shape Aboriginal health.</p>

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>27. Social Determinants of Inuit Health: A discussion paper (Inuit Tapiriit Kanatami, 2007)</p> <p>http://ahrnets.ca/files/2011/02/ITK_Social_Determinants_paper_2007.pdf</p>		<p>Acculturation; productivity; income distribution; housing; education; food security; health care services; social safety nets; quality of early life; addictions; and the environment.</p>	<p>Includes some unique elements: e.g. acculturation, productivity, addiction, the environment. These determinants are the result of community dialogues and were not developed into a full framework.</p>
CHILDREN			
<p>28. The Total Environment Assessment Model of Early Child Development (Siddiqi, Irwin & Hertzman, 2007)</p> <p>http://www.who.int/social_determinants/resources/ecd_kn_evidence_report_2007.pdf?ua=1</p>		<p>Positions the individual child at the centre of interacting and interdependent spheres: family and dwelling, residential and relational communities, programs and services, regional, national and global environments.</p>	<p>Developed to highlight environments and experiences that influence early child development. Builds on the bio-ecological model, development psychology, and the concept of biological embedding.</p>
RURAL			
<p>29. Community Health Action Model: A Model for Community Development and Action (Annis, 2005)</p> <p>http://www.brandonu.ca/rdi/files/2011/03/SSHRC_FinalReport-Public.pdf</p>		<p>Shows the interaction between social, economic and environmental forces, noting ten determining factors: health, safety and security, economic, education, environment, community processes, infrastructure, recreation/heritage/ arts, social supports and population.</p>	<p>Three frameworks focusing on: community resiliency; rural community health and well-being; and the community health action model. Developed to generate and adapt health indicators to assist rural populations and communities in the assessment of health and sustainability.</p>

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
5. BROAD FOCUS			
<p>30. Toward Health Equity: A Framework for Action, Public Health Agency of Canada (Daghofer & Edwards, 2009)</p> <p>Available from:</p> <p>http://opha.on.ca/getmedia/c4536b04-2ce1-44e8-8b40-81bfe75be8f9/HealthEquityComparativeAnalysis-FinalReport-Mar2009.pdf.aspx?ext=.pdf</p>		<p>Cross-cutting strategies:</p> <ul style="list-style-type: none"> • Develop leadership • Build community capacity • Develop and transfer knowledge • Invest in social policies • Build societal support • Foster intersectoral action <p>Five Priority Issues:</p> <ul style="list-style-type: none"> • Income and social status • Housing • Literacy and education • Aboriginal peoples • Early child development 	<p>Developed through the analysis of common recommendations from 12 major national and international reports on the determinants of health, assessed with regard to the Canadian context.</p>

LEGEND:

-  Explanatory,  Interactive,  Action-Oriented,
-  Explanatory, Interactive and Action-Oriented,  Explanatory and Interactive,
-  Explanatory and Action-Oriented,  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>31. Social Determinants of Health (Raphael, 2009)</p> <p>Cited in:</p> <p>http://www.thecanadianfacts.org/The_Canadian_Facts.pdf</p>		<p>Aboriginal status, gender, disability, housing, early life, income and income distribution, education, race, employment and working conditions, social exclusion, food insecurity, social safety net, health services, unemployment and job security.</p>	<p>Developed by participants at a York University Conference in 2002, cited as especially useful for understanding why some Canadians are healthier than others.</p>
<p>32. Ecosocial Framework (Krieger, 2008)</p> <p>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2376874/</p>		<p>Gender, class, race/ethnicity.</p> <p>Pathways and power at societal and ecosystem levels.</p>	<p>Captures the complexity of how social, political, economic and ecological factors shape health, linking the various forms of inequality.</p>
<p>33. Alberta Social Determinants of Health Framework (O'Hara, 2005)</p> <p>http://www.who.int/social_determinants/resources/paper_ca.pdf</p>		<p>Determinants: social and economic equity; social inclusion; affordable housing; education.</p> <p>Strategies: fostering political will; collaboration across sectors; health public policy; awareness and education; surveillance; best practices; research and evaluation.</p>	<p>Grounded in four guiding principles, this framework outlines actions by stakeholders to address priority issues: social and economic equity, social inclusion, affordable housing and education.</p>

LEGEND:

-  Explanatory,
  Interactive,
  Action-Oriented,
 Explanatory, Interactive and Action-Oriented,
  Explanatory and Interactive,
 Explanatory and Action-Oriented,
  Interactive and Action-Oriented

FRAMEWORK NAME	TYPE	DETERMINANTS / POLICIES CITED	IMPORTANT FEATURES
<p>34. Public Health Agency of Canada – What Determines Health? (PHAC, 1994)</p> <p>Determinants listed at:</p> <p>http://www.phac-aspc.gc.ca/ph-sp/determinants/#What</p> <p>Image available from:</p> <p>http://www.wrha.mb.ca/community/commdev/files/CommDev-Framework.pdf</p>		<p>Income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, education, and culture.</p>	<p>List of 12 determinants of health, based on research from “Strategies for Population Health – Investing in the Health of Canadians (1994) and Toward a Healthy Future: Second Report on the Health of Canadians (1999).</p>
<p>35. Wider Determinants of Health Model (Dahlgren & Whitehead, 1991)</p> <p>Cited in:</p> <p>http://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/DETERMINE-Final-Publication-Story.pdf</p>		<p>Organized in three rings:</p> <ol style="list-style-type: none"> 1. Socio-economic status, culture, environmental 2. Social and community networks 3. Individual lifestyle factors 	<p>Purpose was to clarify the concept of equity in the health context and its implications for policy development. Framework has been widely used to raise awareness of health equity with a broad audience. Rainbow graphic shows how outer ring (1), has greater affect than middle (2), which has greater effect than inner ring (3).</p>
<p>36. The Health Gradient, WHO Joint Working Group on Intersectoral Action (Taket, 1990)</p> <p>Cited in:</p> <p>http://en.healthnexus.ca/sites/en.healthnexus.ca/files/resources/primer_to_action.pdf</p>		<p>Poverty, housing, employment, food and nutrition, education, and environmental health hazards.</p>	<p>Emphasizes the additional effort required at the individual level when broader social and living conditions are challenging.</p>

Appendix B

CLOSER LOOK – DESCRIPTIONS OF THE SEVEN FRAMEWORKS



Introduction

Following development of the *Compendium*, a selection of frameworks were identified from among the 36 for an in-depth review based on the inclusion features that are relevant for the Canadian context. These frameworks were:

1. *First Nations Holistic Policy and Planning Model* (Assembly of First Nations (AFN), 2013);
2. *A Conceptual Framework for the Planning of a Healthy Community* (Gudes et al., 2010);
3. *Toward Health Equity: A Framework for Action* (Daghofer & Edwards, 2009);
4. *The WHO Commission on the Social Determinants of Health's Conceptual Framework and Framework for Action on Tackling Social Determinants of Health Inequities* (WHO, 2007);
5. *Wider Determinants of Health Model* (Dahlgren & Whitehead, 1991);
6. *A framework for addressing the social determinants of health and well being* (Queensland Health, 2001);
7. *Mandala of Health* (Hancock & Perkins, 1985).

The seven frameworks were described and assessed according to the following criteria:

- **Description:** general overview.
- **Origins:** the context in which the framework was developed and by whom.
- **Type:** identification as explanatory, interactive, or action-oriented.
- **Primary area of focus:** identification of the primary approach or focus.
- **Determinants cited:** identification of the determinants included in the framework.
- **Important features:** identification of unique or noteworthy features.
- **Strengths:** assessment of strengths.
- **Limitations:** assessment of elements that are weak or absent.
- **Examples of use:** identification of examples of uptake and use, if known.
- **Target audience:** the audience(s) that the framework was developed to reach.

The description and assessment of these seven frameworks resulted in the identification of the following **key elements: the use of a holistic and intersectoral approach, recognition of social exclusion, role of individuals and communities, importance of upstream action**, and the need for **clear identification of interactions between the determinants of health**. These key elements are identified as part of the description of each framework.

Description: In this model, the inequities in health are noted as a reflection of systemic, societal and individual factors that influence the health of First Nations people. Fifteen health determinants are identified under the categories of:

- **Environmental** — First Nations must be recognized as legitimate stewards of lands and resources to promote environmentally friendly, sustainable and renewable development, to eliminate poverty, create wealth, and protect the future of the land.
- **Economical** — Focused on financial security.
- **Cultural and social** — To combat continuing anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life, all of which affect health.

Origins: To help address the fact that First Nations people have poorer health outcomes than most Canadians, including a disproportionately higher rate of mortality and morbidity for many diseases, the Assembly of First Nations developed this framework to improve individual and community health.

Type: Explanatory, interactive, and partially action-oriented.

Primary area of focus: Population focus — Aboriginal Peoples (specific to First Nations).

Determinants cited: Individual factors: community (at the centre), mental, spiritual, emotional and physical factors (next ring); economic, social, environmental, cultural. Specific determinants included: Self-determination and non-dominance; languages, heritage and strong cultural identity, community readiness; historical conditions and colonialism; legal and

political equity; employment; environmental stewardship; social services and supports; lands and resources, life-long learning, economic development; housing; racism and discrimination; on/off reserve; and urban/rural living.

Strengths: In this complex framework, the Aboriginal medicine wheel, First Nations self-government and social capital interact with health determinants across the lifespan. The Model identifies the unique health situation of First Nations peoples, incorporating environmental health and sustainable development, and cultural and social elements — key considerations to inequities among First Nations people. It builds upon traditional First Nations approaches (the Medicine Wheel) and incorporates self-government with health determinants and social capital.

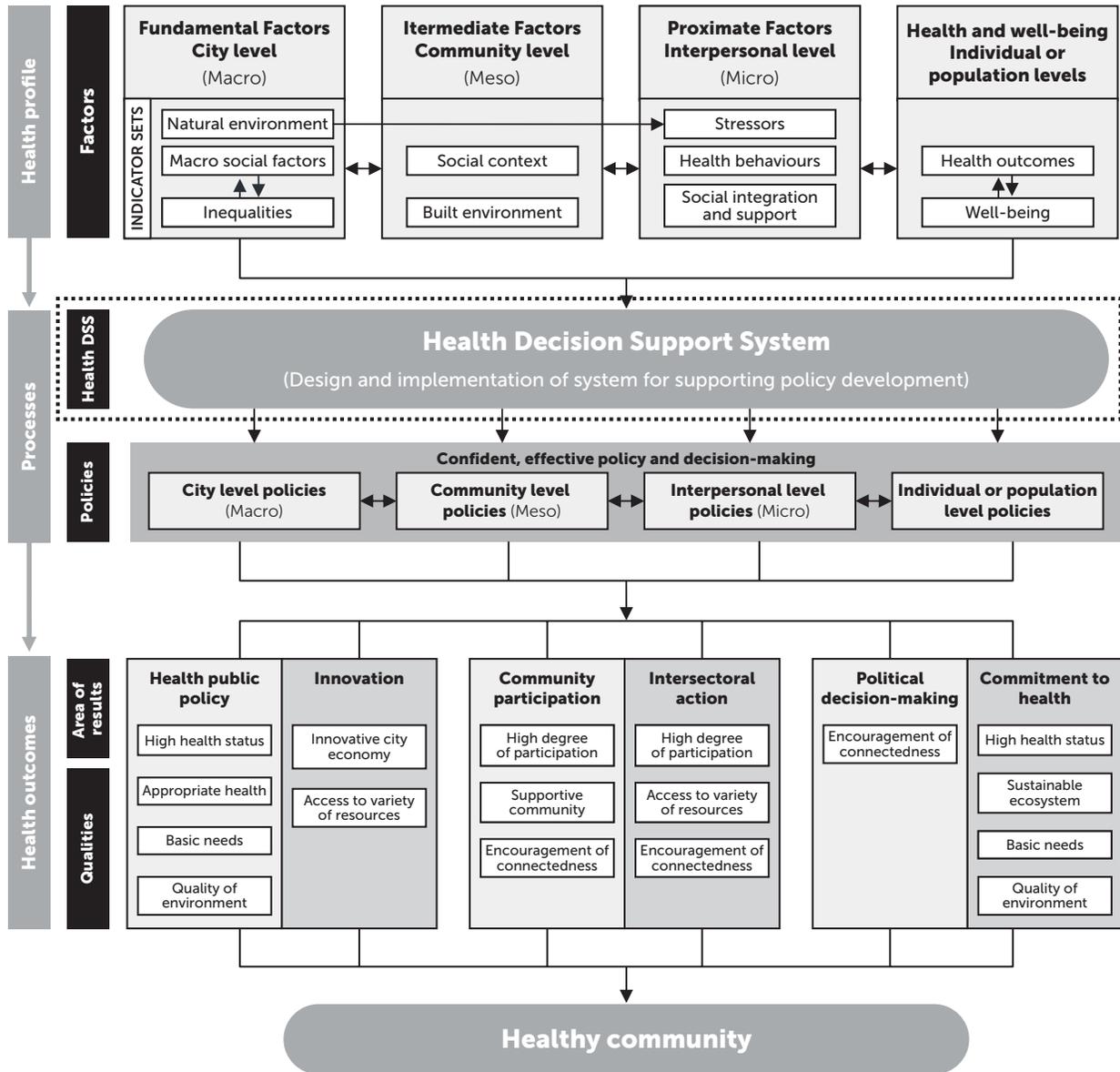
Limitations: This framework is designed specifically to address First Nations health. It refers to interactions between various elements; however, it does not identify interventions. (Note: the report on this framework provides 105 recommendations for action).

Examples of use: Use of this framework is unknown.

Target audience(s): Intended for use among First Nations populations, use by other Aboriginal Peoples or non-Aboriginal audiences is unknown.

Key elements identified: Use of a holistic and intersectoral approach, recognition of social exclusion, role of individuals and communities.

FRAMEWORK 2 – A CONCEPTUAL FRAMEWORK FOR THE PLANNING OF A HEALTHY COMMUNITY (GUDES ET AL., 2010)



Description: This framework was designed to underpin a Health Decision Support System (HDSS), a mechanism to facilitate collaborative and evidence-based decision-making between various sectors, including urban planners and health professionals, to build healthy communities. The HDSS project uses Geographic Information Systems (GIS) mapping and spatial statistics modelling methods, combined with a social determinants of health and chronic disease framework. The framework is designed to translate complex datasets into meaningful decisions. The framework encourages planners to engage with the entire range of health determinants, and also provides sufficient flexibility to allow for exploration of the local circumstances.

Origins: This framework is the result of the Health Decision Support System (HDSS) project in Queensland, Australia, led by Dr. Ori Gudes, an expert in GIS mapping. It was developed to respond to the relative absence of health data being used in health service planning and performance evaluation in Queensland. The framework is based on theories of collaborative health planning, grounded in both communicative planning theory and population health theory. The project was awarded the 2011 Queensland Spatial Excellence Award for research and innovation.

Type: Explanatory, interactive, and action-oriented.

Area of focus: Policy development and decision-making.

Determinants cited: Incorporates health factors, including the natural environment and macro social factors (city level); social context and the built environment (community level); stressors, health behavior and social integration, and support (interpersonal level) to determine policies that promote healthy communities and lead to individual and population health and well-being.

Strengths: Takes a pragmatic approach to applying health and GIS data to decision-making to plan healthy communities, including health service provision. Outlines a decision-making process that combines health factors and the built and natural environment, with a focus on developing the characteristics of healthy communities (health public policy, innovation, community participation, intersectoral action, political decision-making and a commitment to health).

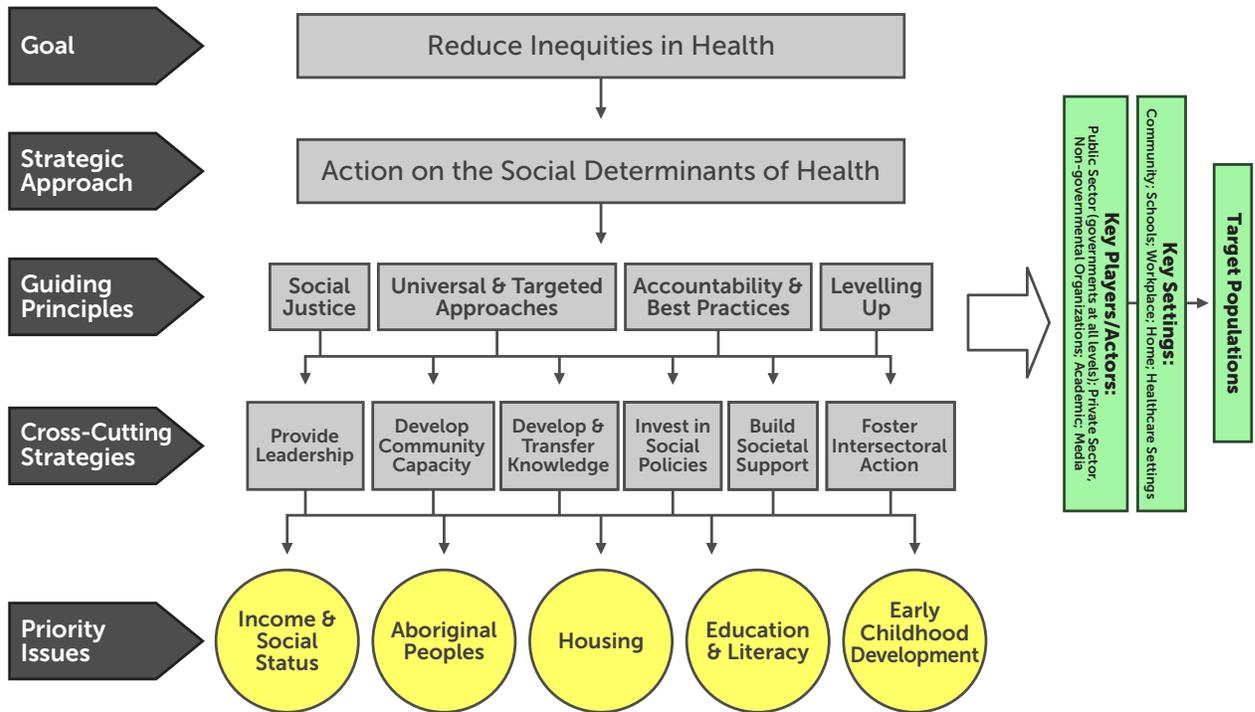
Limitations: Requires significant data from a variety of sources (natural environment, macro social factors, social context, built environment, stressors, health behaviors, social integration and support and health outcomes).

Examples of use: None available.

Target audience(s): Geared to urban planners and may have broad applicability to inform the intersection of city planning with the health sector.

Key elements identified: Use of a holistic and intersectoral approach, role of the community.

FRAMEWORK 3 – TOWARD HEALTH EQUITY: A FRAMEWORK FOR ACTION (DAGHOFFER & EDWARDS, 2009)



Description: This framework was developed by Diana Daghofer and Peggy Edwards for the Public Health Agency of Canada following the analysis of recommendations from 12 major national and international reports on the determinants of health. It builds on an assessment of the Canadian context and suggests the parameters of a broad plan to reduce inequities in health through multi-sectoral action on the social determinants of health. Four guiding principles underlie the use of six cross-cutting strategies for action on five priority issues within the Canadian context.

Origins: The framework was developed as part of a review paper to inform a 2009 meeting co-hosted by the Public Health Agency of Canada, the National Collaborating Centre for Determinants of Health, the Canadian Population Health Initiative, the Canadian Public Health Association, the Institute of Population and Public Health, and the Population Health Promotion Expert Group of the Pan-Canadian Public Health Network.

Type: Explanatory and action-oriented.

Area of focus: Broad focus.

Determinants cited: Determinants are focused on five priority issues: income and social status, housing, literacy and education, Aboriginal peoples and early child development. The recommendations are based on six cross-cutting strategies: develop leadership; build community capacity; develop and transfer knowledge; invest in social policies; build societal support; and foster intersectoral action.

Strengths: An action-oriented framework focused on Canadian priorities and that incorporates public opinion. Developed through the analysis of cross-cutting recommendations from 12 major national and international reports on the determinants of health.

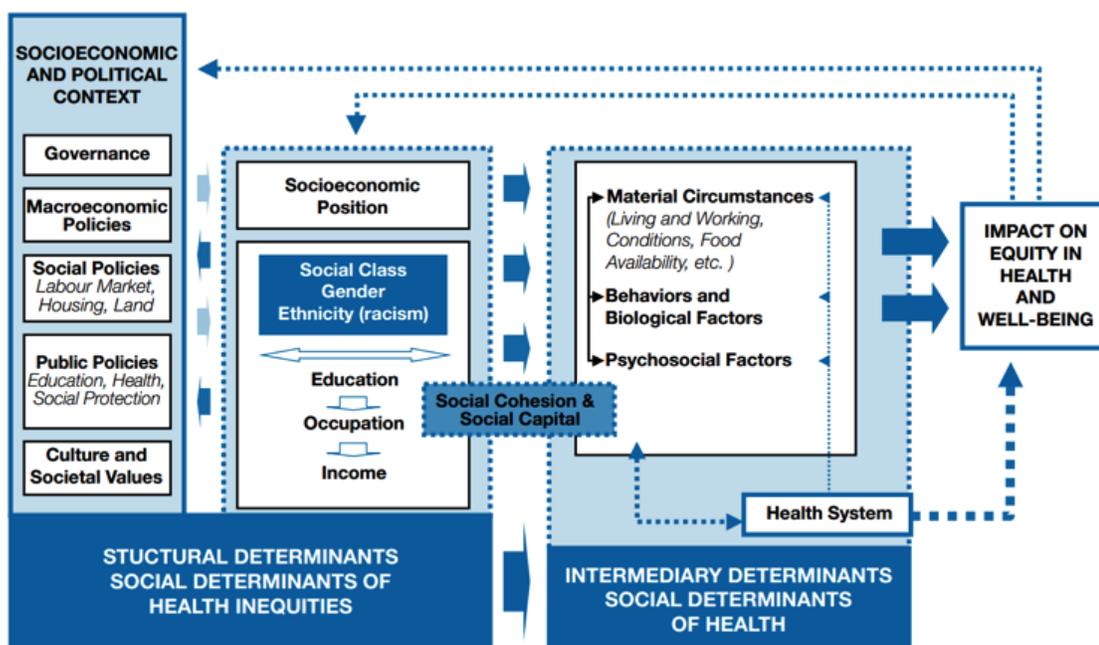
Limitations: Recommendations for strategies and priority issues are based on common suggestions from the 12 reports analyzed. Although each of these reports is evidence-based, the authors did not go back to the evidence to determine the weighting of determinants and effectiveness of proposed actions.

Examples of use: Cited in a number of Canadian social determinants of health resource lists, including the National Collaborating Centre on Determinants of Health, the Ontario Public Health Association, Leddy Library (University of Windsor) and University of Ottawa.

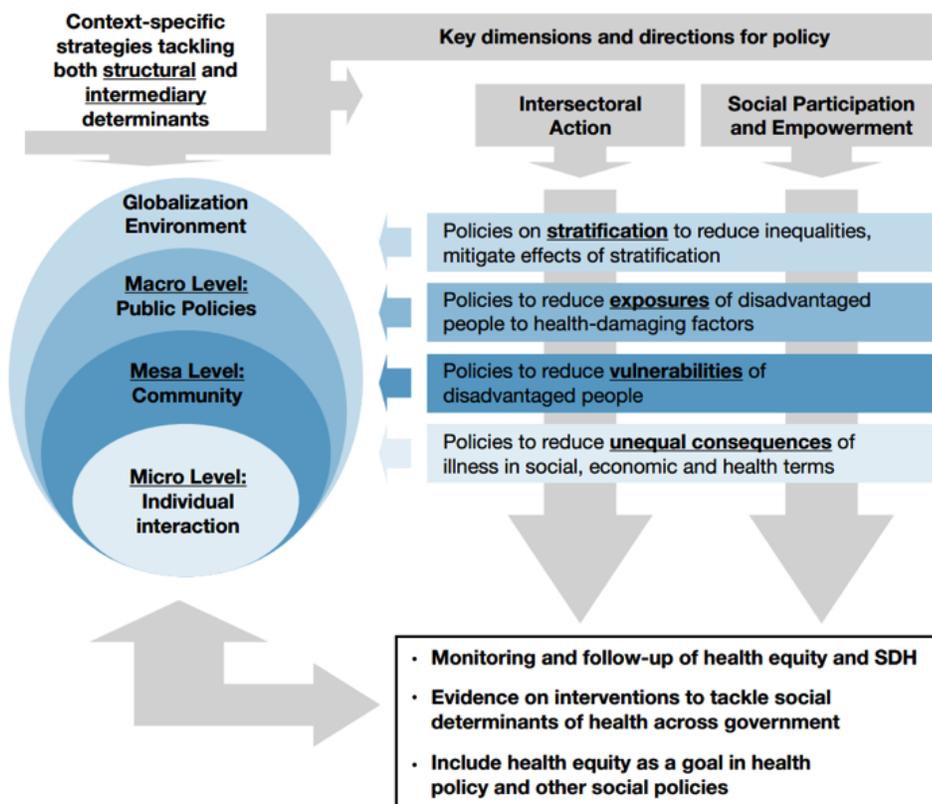
Target audience(s): Primarily intended for policy and decision-makers; however also useful to a broad intersectoral audience, including those outside the health sector.

Key elements identified: Use of an intersectoral approach, importance of upstream action.

FRAMEWORK 4A – WHO COMMISSION ON SOCIAL DETERMINANTS OF HEALTH – CONCEPTUAL FRAMEWORK (WHO, 2007)



FRAMEWORK 4B – A FRAMEWORK FOR ACTION ON TACKLING SOCIAL DETERMINANTS OF HEALTH INEQUITIES (WHO, 2007)



Description: These two frameworks were designed to answer the following questions:

1. Where do health differences among social groups originate at their deepest roots?
2. What pathways lead from root causes to the stark differences in health status observed at the population level?
3. In light of the answers to the first two questions, where and how should we intervene to reduce health inequities? (Focus of the *Framework for Action*)

The two frameworks build on three main theoretical directions of social epidemiology:

1. psychosocial approaches;
2. social production of disease/political economy of health; and
3. ecosocial theory and related multilevel frameworks.

Origins: These frameworks were developed to guide the work of the Commission on Social Determinants of Health (CSDH). First drafted in May 2005 by the CSDH Secretariat, a revised draft was presented in June 2007, in Vancouver. A number of reviewers contributed to the discussion paper which formed the framework, including Canadian researchers Ron Labonte and Ted Schrecker.

Type: Together the frameworks are explanatory, interactive and action-oriented.

Area of focus: Policy development and decision-making.

DETERMINANTS CITED:

FRAMEWORK 4A:

Organized as '**Structural**' — context plus socio-economic position (social class, gender, ethnicity, education, occupation, income); and '**Intermediary**': material, behavioral and biological and psychosocial. Social cohesion and social capital bridge the two frameworks.

FRAMEWORK 4B — POLICIES REQUIRED AT VARIOUS LEVELS:

- **Global** — stratification to reduce inequalities
- **Public policy** — to reduce exposures to damaging factors for the disadvantaged
- **Community** — to reduce vulnerabilities for the disadvantaged
- **Individual** — to reduce unequal consequences of illness (in social, economic and health terms).

Strengths: Includes socio-economic and political context as structural determinants, with socioeconomic position key to other structural and intermediary determinants; lays out key dimensions and directions for policy, focusing on intersectoral action and social participation and empowerment at the global, public policy, community and individual levels. Combined, these two frameworks provide both a conceptual and action-oriented approach to addressing health inequities. The first identifies the root causes and pathways of health differences among social groups, and the second shows where and how to intervene to reduce health inequities.

Limitations: Two separate frameworks are required to show the determinants, their interactions opportunities for action.

Target audience(s): Useful to a broad intersectoral audience, including those outside of the health sector.

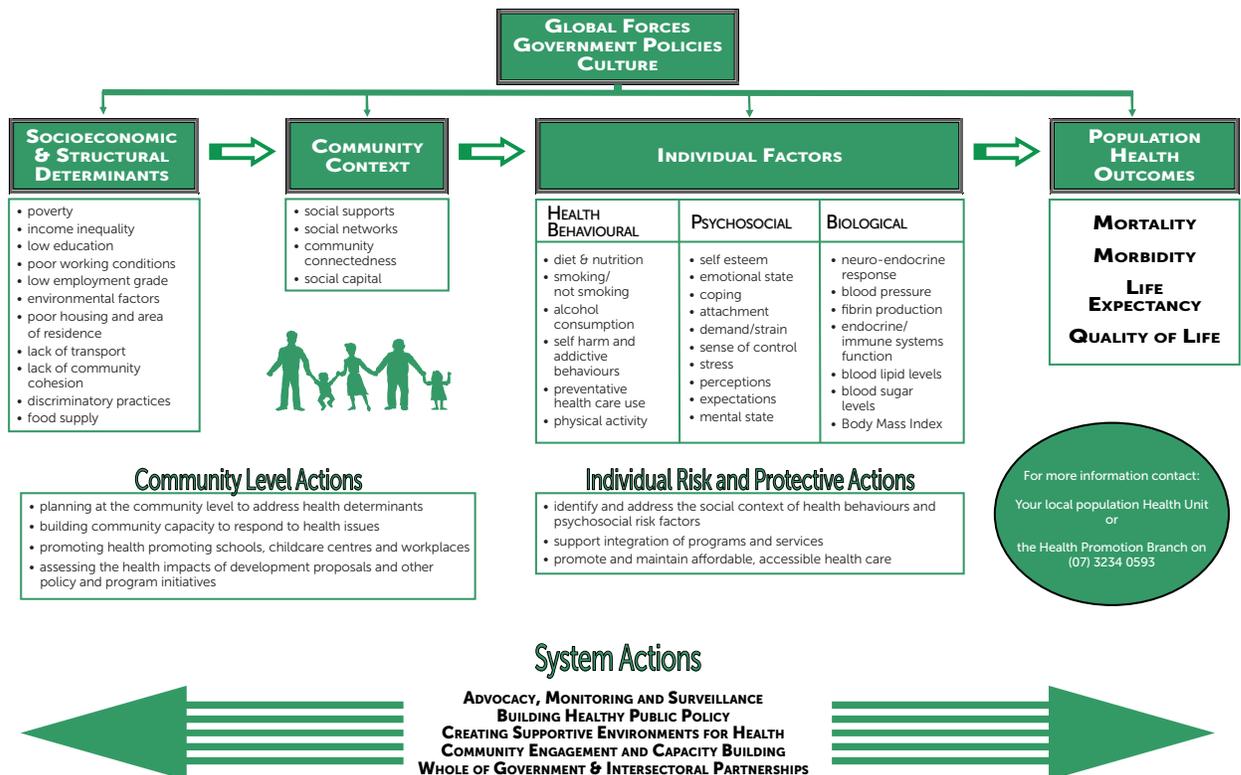
Examples of use: Used in numerous European Union (EU) efforts, including "DETERMINE" – An EU Consortium for Action on the Socio-economic Determinants of Health and by the Health Officers Council of British Columbia.

Key elements identified: Use of a holistic and intersectoral approach, recognition of social exclusion, role of individuals and communities, importance of upstream action, clear identification of interactions between determinants.

FRAMEWORK 5 – A FRAMEWORK FOR ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND WELL BEING (QUEENSLAND HEALTH, 2001)

A framework for addressing the social determinants of health and well being

Health is a matter that goes beyond the provision of health services as people's health cannot be separated from the social, cultural and economic environments in which they live, work and play



Description: The framework identifies the role of multiple sectors to address the social determinants of health while recognizing the significant responsibility of those working in the health system generally, and public health services specifically, to lead and support intersectoral collaboration and community actions to improve population health and well-being.

Origins: This framework was developed in 2001 by Queensland Health, a ministry of the state of Queensland, under the Communities and Local Government Partnership. It is based on the premise that, "Health is a matter that goes beyond the provision of health services as people's health cannot be separated from the social, cultural and economic environments in which they live, work and play."

Type: Explanatory, interactive and action-oriented.

Area of focus: Practice approach — population health.

Determinants cited: Socioeconomic and structural determinants, community context and individual factors.

Strengths: Notes the role of population health in addressing the social determinants of health, through leadership and support for intersectoral collaboration and community

action. This framework clearly defines the roles of population health in promoting health equity. It identifies a broad range of determinants and actions at the individual, community and systems levels.

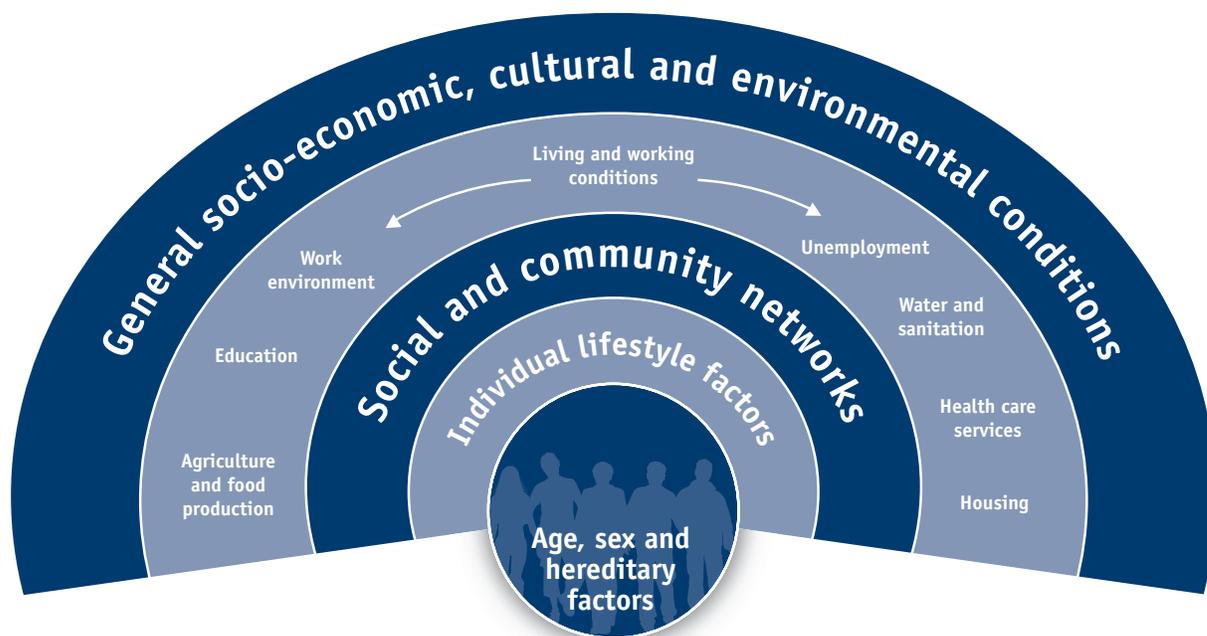
Limitations: The framework could be strengthened with improved identification of interactions between determinants.

Examples of use: The uptake of this framework is unknown. However, an accompanying support package includes a series of fact sheets that address the life course, income, nutrition, Aboriginal health, social capital, education, unemployment, mental health, housing, and ethnicity.

Target audience(s): This framework is primarily intended for those working in public health; however due to the clear depiction of the determinants and pathways to health or illness, the framework is also useful to a broad intersectoral audience, including those outside the health sector.

Key elements identified: Use of a holistic and intersectoral approach, recognition of social exclusion, role of individuals and communities, importance of upstream action.

FRAMEWORK 6 — WIDER DETERMINANTS OF HEALTH MODEL (DAHLGREN & WHITEHEAD, 1991)



Description: This frequently cited framework was designed to clarify the concept of equity in the context of health, and its implications for policy development. The framework and the background papers accompanying it, serve to raise awareness and stimulate debate about health equity for general audiences.

Origins: This framework was developed for the WHO Regional Office for Europe as part of a companion paper on policies and strategies: *The Concepts and Principles of Equity and Health* (Whitehead, 1990)

Type: Explanatory.

Determinants cited: Organized on three levels: 1) socio-economic status (SES), culture, environmental; 2) social and community networks; 3) individual lifestyle factors.

Strengths: The framework helps to clarify the concept of equity and its implications for policy development. Internationally recognized as useful in raising awareness of the determinants of health and in stimulating debate about health equity.

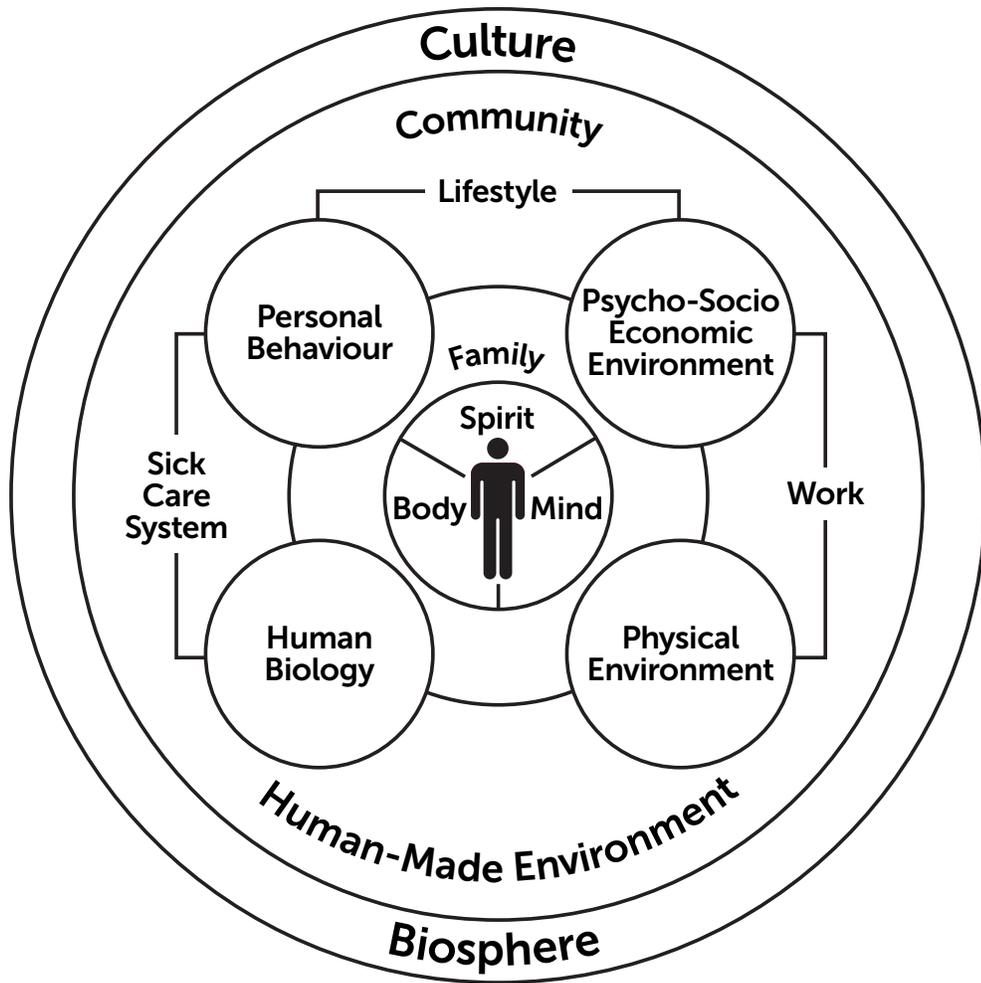
Limitations: While the levels approach helps identify the relative weight of various factors, interactions are not clearly defined and areas of possible intervention are absent.

Examples of use: Wide uptake of the background documents across Europe, North America and Australasia, translated into 20 languages and incorporated into training materials for many disciplines. It was used in Health in All Policies (Government of South Australia, 2011); The Canadian Facts (Mikkonen & Raphael, 2010); Sudbury and District Health Unit, Northwestern Health Unit, and the Simcoe Muskoka District Health Unit.

Target Audience(s): Useful to a broad intersectoral audience, including those outside of the health sector.

Key elements identified: Use of a holistic and intersectoral approach, importance of upstream action.

FRAMEWORK 7 – THE MANDALA OF HEALTH (HANCOCK & PERKINS, 1985)



Description: The Mandala of Health is an ecologic model of human health which recognizes the interactions of human society (culture) with the environment. The model emphasizes the differences between lifestyle and personal behavior, noting that lifestyle is influenced, modified, and constrained by a lifelong socialization process, as well as by the psychosocial environment, including family, community, cultural values and standards.

Origins: The Mandala of Health was developed by Trevor Hancock and Fran Perkins in the early 1980s, while at the Department of Public Health at the City of Toronto.

Type: Explanatory and somewhat interactive.

Area of focus: Issue focus — Ecosystems and environment.

Determinants cited: Four immediate factors that largely follow the four health fields noted in *A New Perspective on the Health of Canadians* (Lalonde, 1974) as affecting the health of individuals and the family:

1. **Human biology** — genetic traits and predispositions
2. **Personal behavior** — dietary and other habits, including risk-taking and preventive behaviors
3. **Psychosocial environment** — socio-economic status, peer pressure, social support systems and other factors.
4. **Physical environment** — housing, physical state of the workplace and the immediate environment.

(The health care system is also included, with its focus on human biology and behavior.)

Strengths: A simple public health model that clarifies the interaction of culture with environment in the context of the holistic, interactive, and hierarchical nature of health. The framework also clarifies the role of lifestyle and personal behavior, which are often confused.

Limitations: Does not identify actions that can be taken to reduce health inequities.

Examples of use: Has been used in a number of text books and academic articles, including in the Association of Faculties of Medicine of Canada (AFMC) *Primer on Population Health* (AFMC, 2013), the Indigenous Communities Environmental Health National Workforce Capacity Building Program and Australia's *Health Promotion Board 2005–2008 Strategic Plan* (Australian Capital Territory, 2005).

Target Audience(s): Useful to a broad intersectoral audience, including those outside of the health sector.

Key elements identified: Holistic, clear identification of interactions between determinants.

Appendix C

EVOLUTION OF PERSPECTIVES ON THE SOCIAL DETERMINANTS OF HEALTH



Evolution of Perspectives on the Social Determinants of Health 1974–2014

To provide the policy and historical context for the development of many of the frameworks included in this *Review*, below is a brief chronology of selected Canadian and international developments between 1974 and 2014 that have played a significant role in raising awareness of and taking action on the determinants of health.

1974 — Key Canadian report	<i>A New Perspective on the Health of Canadians</i> (Lalonde, 1974) identifies lifestyle, and social and physical environments as key elements of health.
1978	Canada adopts the World Health Assembly's 1978 <i>Declaration of Alma-Ata</i> , which proposed that health is a human right and called upon every nation to provide "Health for All by the Year 2000" (World Health Organization (WHO) 1978).
1986	Following the WHO's First International Conference on Health Promotion, two key reports are released: <i>Achieving Health for All: A Framework for Health Promotion</i> (Health and Welfare Canada, 1986) and the <i>Ottawa Charter for Health Promotion</i> (WHO, 1986) which outlines eight prerequisites to health: peace, shelter, education, food, income, a stable eco-system, sustainable resources, and social justice and equality.
2000	The Canadian Institutes of Health Research (CIHR) begin funding research to address issues of health disparities related to poverty and income inequality.
2004	<i>Improving the Health of Canadians</i> published by the Canadian Institute for Health Information (CIHI) (CIHI, 2004) promoting the idea that "patterns of health and disease are largely a consequence of how we learn, live and work".
2005	The WHO forms the Commission on the Social Determinants of Health to "lever policy change by compiling evidence on the science and action on social determinants of health...proposing national and global policies for action".
2005	The Public Health Agency of Canada (PHAC) establishes six National Collaborating Centres (NCCs) for Public Health, including the NCCs for Determinants of Health, Aboriginal Health, and Healthy Public Policy.
2005	PHAC establishes the Canadian Reference Group (CRG) on Social Determinants of Health to support its participation in the WHO Commission on the Social Determinants of Health and to outline the Commission's implications for Canada.
2006 — Key Canadian report	<i>Health Disparity in Saskatoon: Analysis to Intervention</i> (Lemstra & Neudorf, 2006).

2008	WHO Commission on Social Determinants of Health publishes <i>Closing the Gap in a Generation</i> which contains three overarching recommendations: to improve daily living conditions; to tackle the inequitable distribution of power, money, and resources; and to measure and understand the problem and assess the impact of action (WHO, 2008).
2008 – Key Canadian report	<i>The Chief Public Health Officer’s Report on the State of Public Health in Canada – Addressing Health Inequalities</i> (PHAC, 2008) discusses individual and collective responsibilities to advance public health in Canada.
2009	CRG’s mandate is renewed to focus on the Canadian context and broadens its membership to become intersectoral.
2009 – Key Canadian report	<i>A Healthy, Productive Canada: A Determinant Of Health Approach</i> , Senate Subcommittee on Population Health of the Standing Senate Committee on Social Affairs, Science and Technology (Senate of Canada, 2009).
2009 – Key Canadian report	<i>Health Inequalities and Social Determinants of Aboriginal Peoples’ Health</i> (Loppie Reading & Wein, 2009) describes health inequalities experienced by diverse Aboriginal peoples in Canada.
2009	CIHR identifies the reduction of health inequities among Aboriginal peoples and other vulnerable populations as a research priority in their 2009–2014 <i>Health Research Roadmap</i> (CIHR 2009a). As well, <i>Health Equity Matters</i> , the 2009–2014 strategic plan of the CIHR Institute of Population and Public Health, focuses on understanding health and health equity (CIHR, 2009b).
2011	WHO hosts a conference in Rio de Janeiro, Brazil to advance the understanding of what determines health. The conference results in a non-binding state agreement entitled, the <i>Rio Political Declaration on Social Determinants of Health (The Declaration)</i> (WHO, 2011b).
2012	The <i>Declaration</i> is adopted by member states including Canada. The CRG evolves to become the Canadian Council on Social Determinants of Health (CCSDH) with a dual mandate to advise the Public Health Agency on matters relating to the <i>Declaration</i> , and to advance action on the social determinants of health.
2012 – Key Canadian report	<i>The Chief Public Health Officer’s Report on the State of Public Health in Canada – Influencing Health – The Importance of Sex and Gender</i> (PHAC, 2012) identifies the important role of sex and gender with regard to health.
2014 – Key Canadian report	<i>A Statistical Profile on the Health of First Nations in Canada: Determinants of Health, 2006 to 2010</i> (Health Canada, 2014) presents a national description of the social determinants of health among First Nations adults living in First Nations communities in Canada.

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