

# **The State of Public Health in Canada**

## *Inequalities and Social Determinants of Health*

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# PHAC and the CPHO

- Public Health Agency and the position of Chief Public Health Officer created in 2004
- The Role of the Chief Public Health Officer:
  - Deputy responsible for PHAC, reporting to Minister of Health
  - Advises Minister of Health and Government of Canada
  - Works with other governments, jurisdictions, agencies, organizations, and countries on health matters
  - Speaks to Canadians, health professionals, stakeholders, and the public about public health issues
  - Reports annually on the state of public's health
  - Can report on any public health issue, as needed



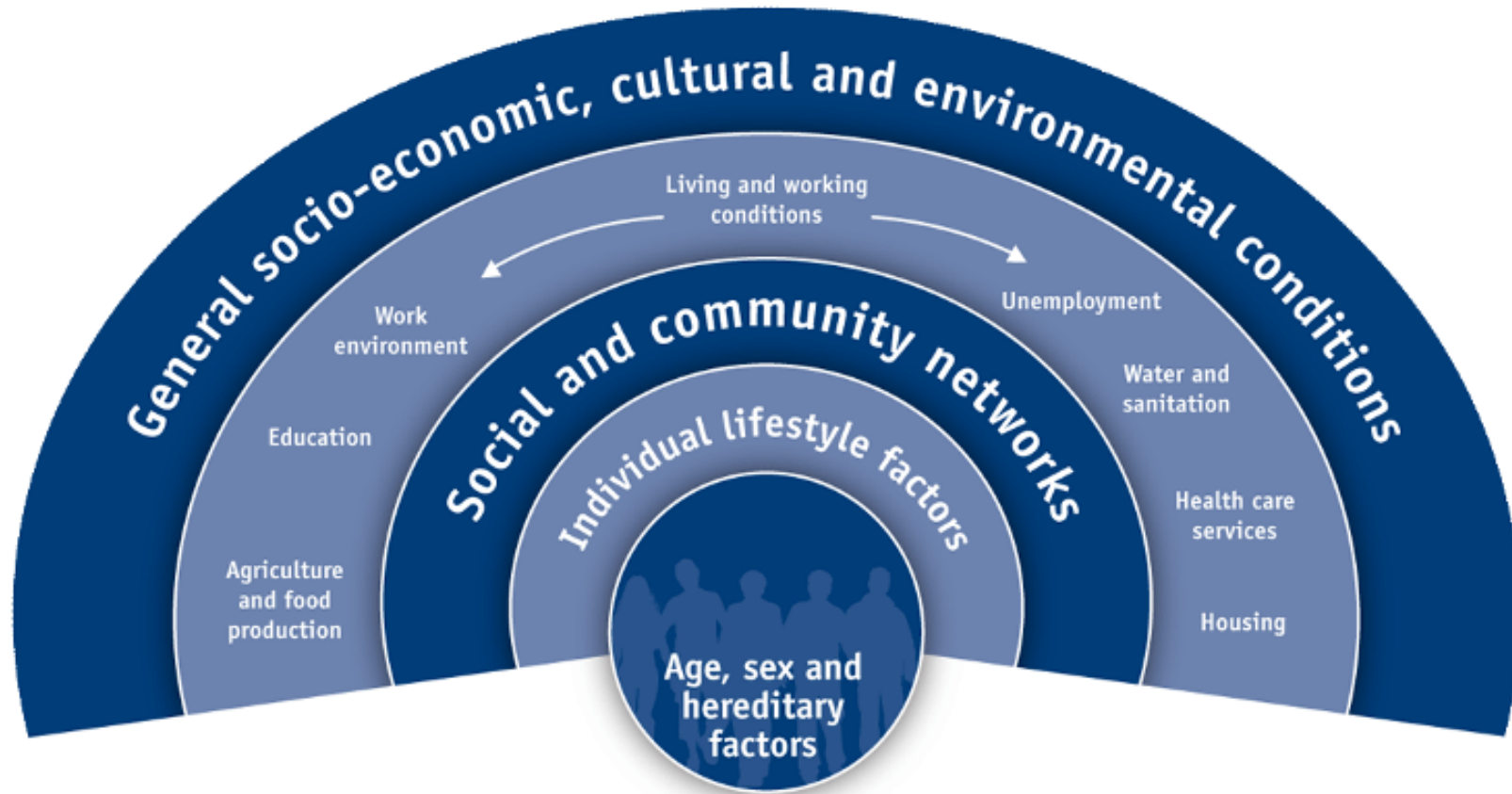
# Report Overview

- First report was published in June 2008
- Majority of Canadians enjoy good/excellent physical and mental health and are living longer lives
- Over the past century, we've made significant strides in improving collective health
- Not all health trends improving, not all Canadians benefiting to the same degree
- Some groups experience lower life expectancy, higher rates of infant mortality, injury, disease and addiction



# Public Health in Canada

## Factors that influence our health



**Source:** Dahlgren, G. & Whitehead, M. (2006). *European strategies for tackling social inequities in health: Levelling up Part 2*. World Health Organization.



# What Makes - and Keeps - us Healthy

- **Income:** Personal income increasing but poverty rate hasn't decreased proportionately
- **Housing:** Lack of housing contributes to vicious cycle influencing eligibility for income supports, community benefits, voter registration and employment options
- **Early Childhood Development (ECD):** Children of lower income and educated households with limited ECD opportunities may experience adverse health and education



# What Makes - and Keeps - us Healthy

- **Education and Literacy:** Generally, well-educated = better job, income, health literacy
- **Food Security:** Difference in reported food insecurity between households in lowest and highest income levels
- **Access to Health Care:** Some face barriers to health care services, e.g., Immigrants, Aboriginal peoples, those in remote communities



# Income

- Income is a significant contributor to health and, consequently, health inequalities
- While Canadians' overall personal income has increased over time, the poverty rate has not decreased proportionately.
  - 11% of Canadians currently live in poverty
- Poverty rates among certain groups are estimated to be significantly higher than the national average:
  - 26% for lone parents; 21% for work limited persons; 9% for recent immigrants; 17% for off-reserve Aboriginal Peoples
- Significant difference in disease prevalence and years of life lost to early death between high and low income earners

## Interventions, e.g.:

- National Public Pensions for Seniors
- Quebec's Family Policy
- Saskatchewan's Initiative



# Employment and Working Conditions

- Working environments can directly impact physical and mental health
- In 2006, Canada's unemployment rate was at a 30-year low (6.3%)
  - In 2009, unemployment rising given difficult economic climate
- Recent immigrants have a higher rate of unemployment (11.5%) although they are more likely to hold a university degree
- Regulations and policies protect Canadian employees, but work-related injury, disability and death still occur
  - Blue collar workers experience over 4 times the injury rates of white collar workers
  - Men experience over twice the rate of work-related injuries as women
- Since Canada extended its parental leave benefits, the number of parents taking leave and the length of leave have increased
  - Some mothers still do not take extended leave due to choice, eligibility or inability to live on non-supplemented employment insurance benefits





# Food Security

- 1 in 10 households with children don't always have enough food
- 48% of households at lowest income level food insecure... compared to 1% of households at the highest income level
- Households with lowest education (13.8%) reported income-related food insecurity... compared to households with the highest (6.9%)
- Children who go to school hungry/poorly nourished:
  - Impacts on: energy, memory, problem-solving, creativity, concentration, behaviour
  - 31% elementary students, 62% secondary students, almost 50% Grade 8 girls, do not eat breakfast

## Interventions, e.g.:

- **Breakfast for Learning, Food Banks**



# Environment and Housing

- Built environments can influence physical and mental health
  - Urban sprawl = increased suburban vehicle use = more injury, heart and respiratory diseases, obesity, and stress
  - Walkable neighbourhoods = increased activity with lower rates of obesity
- 13.7% of Canadians unable to access acceptable housing
- Overcrowding, poor ventilation, increases susceptibility to disease, impact mental health
- Estimated 150,000 homeless in Canada (underestimate)
- Lack of housing contributes to a vicious cycle

## Interventions, e.g.:

- **Vancouver Agreement, Healthy Cities**



# Early Childhood Development (ECD)

- Children from lower income families and lower education levels have poorer overall health
- Inability to access early childhood programs (affordability, distance) is a significant barrier to development
- Programs need to be culturally relevant and in familiar language

## Interventions, e.g.:

- **Community Action Program for Children (CAPC)**
- **Aboriginal Head Start in Urban and Northern Communities/  
Aboriginal Head Start On Reserve**
- **Healthy Child Manitoba**



# Education and Literacy

- Generally, well-educated = better job, income, health literacy, understanding of unhealthy behaviour, ability to navigate health care system
  - Those with post-secondary earn almost 2X those who haven't completed high school
- Canadians with lower levels of education often experience poorer health outcomes, including reduced life expectancy and higher rates of infant mortality
  - First Nations have lower rates of high school completion than Canadian average
- About 42% of Canadians aged 16-65 perform below the literacy level needed to succeed
  - including the ability to correctly use medication or understand safety risks

## Interventions, e.g.:

- **Pathways to education**



# Social Support and Connectedness

- Family, friends, sense of community belonging – being a part of something larger than self - contributes to physical and mental health
- Social exclusion experienced with limited control, or access to social, political and cultural resources
- Social connectedness influenced by actual and perceived safety – which may also impact mental and physical health

## Interventions, e.g.:

- **Nova Scotia's Eskasoni Primary Care Project**



# Access to Health Care

- Prevention and health promotion services integrated into primary care include vaccinations, disease screening, healthy living advice, as well as mental health counselling
  - 80% of the Canadian population report visiting a family physician regularly
  - 64% report being in contact with a dental professional
- Some people face barriers to health care services, such as:
  - Immigrant women, Aboriginal Peoples living on and off reserve, Canadians living in remote communities

## Interventions, e.g.:

- Toronto's Mobile Health Unit
- TeleHomeCare, Prince Edward Island



# Why is this important to nurses?

- You are on the front-lines of the health care system and seeing the impact of social determinants of health everyday.
- Demands on the health care system (and on front-line workers) increase in times of financial stress. Awareness and action to strengthen determinants of health is even more important right now.

From the CNA...

*"Nurses can play an important role to address social determinants of health by working on their individual practices, helping to reorient the health care system and advocating for healthy public policies."*



# Addressing Inequalities

Making a difference to reduce health inequalities involves these priority areas for action:

- Social investment
- Community capacity
- Inter-sectoral action
- Knowledge infrastructure
- Leadership





# Individual Nursing Practice...

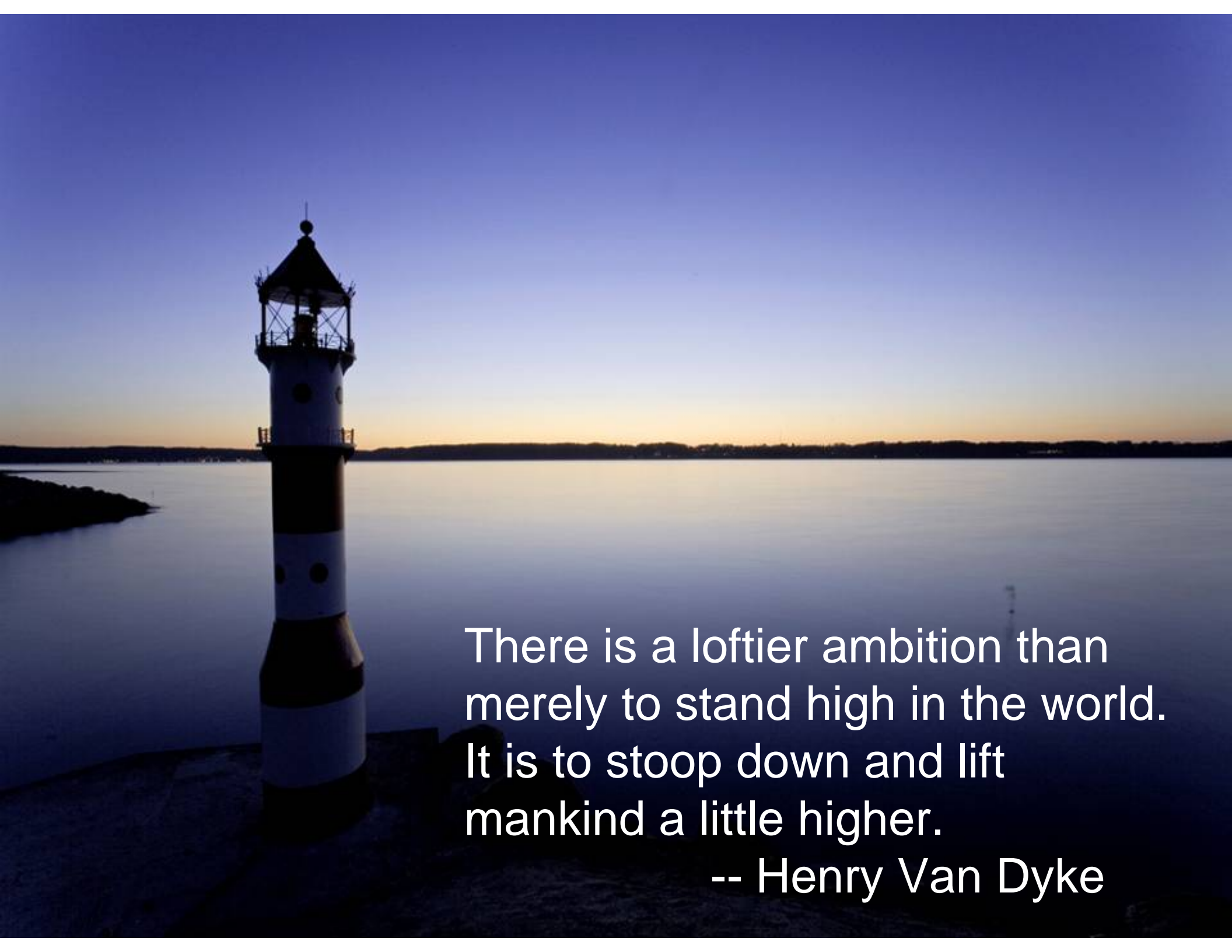
- Understand the impact of social determinants on the health of your patients
- Include questions on social determinants in your patient assessments
- Consider social determinants in your treatment and follow-up plans
- Ensure that health promotion programs go beyond lifestyle and behaviour to take social determinants into account
- If you work with disadvantaged communities, help people with common health problems to understand social determinants and to take action
- Get to know the available community resources and interventions



# Encourage Healthy Public Policies...

- Use stories from your patients to help advocate for policies that address social determinants of health
- Encourage health departments to take a social determinants approach
- Help educate decision-makers on the links between socio-economic factors and health
- Look at how structural issues of class, race and gender affect the ways in which populations experience health problems and develop initiatives that address underlying issues





There is a loftier ambition than  
merely to stand high in the world.  
It is to stoop down and lift  
mankind a little higher.

-- Henry Van Dyke

# PHAC Action on Reducing Inequalities

- Investing to help communities reduce health inequalities
  - Aboriginal Head Start, CAPC, CPNP, Age-Friendly Cities
- Forging/Strengthening Partnerships
  - PHN, Bilateral Agreements with P/Ts to fund healthy living projects
- Partnering with International Community
  - WHO Commission on SDOH, Hosting WHO Collaborating Centre on Chronic, non-communicable disease policy, IANPHI



# PHAC Action on Reducing Inequalities cont'd

- Building an effective Canadian public health system
  - Helping communities access surveillance data
  - Core Competencies for Public Health
- Increasing internal focus and capacity
  - Established an internal focal point on determinants and inequalities (SIID) and on Aboriginal Public Health (Aboriginal Strategic Policy and Relations)



# A Commitment to Change

- Health is influenced by the type of society we choose
- No one is immune to health problems and health inequalities – everyone is affected
- Many policies and programs already contributing to a reduction in inequalities in health
- Canada has the ability to build on these experiences
- All Canadians have a role to play



# Additional information



For more information and/or to obtain a copy of the *CPHO's Report on the State of Public Health in Canada, 2008* or the *Report-at-a-Glance* please visit:

<http://www.publichealth.gc.ca>

