Our health is shaped by wealth and income

Dennis Raphael, Toba Bryant, Juha Mikkonen and Alexander Raphael

The primary factors that shape the health of Canadians are not medical treatments or lifestyle choices, but rather the living and working conditions they experience.

These conditions have come to be known as the social determinants of health. There are 17 of these: disability, early child development, education, employment and working conditions, food insecurity, geography, health services, gender, globalization, health services, housing, immigration, income and income distribution, Indigenous ancestry, race, social exclusion and the social safety net.

The importance to health of living and working conditions - including many of these social determinants - was established in the mid-1800s and has been enshrined in Canadian government policy documents since the mid-1970s. In fact, Canadian contributions to the social determinants of health concept have been so extensive as to make Canada a "health promotion powerhouse" in the eyes of the international health community.

Reports from Canada's chief public health officer, the Public Health Agency of Canada and Statistics Canada continue to document the importance of the social determinants of health. But this information - based on decades of research and hundreds of studies in Canada and elsewhere - tells a story still unfamiliar to many Canadians. Canadians are only now becoming more aware that our health is shaped by how income and wealth is distributed, whether we are employed, and if so, the working conditions we experience.

Furthermore, our well-being is also determined by the health and social services we receive and our ability to obtain quality education, food and housing, among other factors. And contrary to the assumption that Canadians have personal control over these factors, in most cases these living and working conditions are - for better or worse - imposed upon us by the quality of the communities, housing situations, our work settings, health and social service agencies, and educational institutions with which we interact.

The COVID-19 crisis has dramatically placed these issues in front of Canadians as those who are already disadvantaged are not only more likely to contract and succumb to COVID-19 but are also the ones bearing the brunt of its adverse economic effects.
Health: The Canada Facts was made available to fill the vacuum created by Canadian governments and public health agencies on the social causes of illness and health.

It had a foreword by Monique Begin, a former minister of national health and welfare who was a member of the World Health Organization's Commission on Social Determinants of Health. She stated:

"The truth is that Canada - the ninth richest country in the world - is so wealthy that it manages to mask the reality of poverty, social exclusion and discrimination, the erosion of employment quality, its adverse mental health outcomes, and youth suicides.

While one of the world's biggest spenders in health care, we have one of the worst records in providing an effective social safety net. What good does it do to treat people's illnesses, to then send them back to the conditions that made them sick?"

The situation has not improved since then and arguably the quality of each of the social determinants of health has either stagnated or worsened.

No governing authority in Canada or political party has explicitly taken up the issue of improving the quality and equitable distribution of the social determinants of health.

Highlighting these issues is in the interest of Canadian political parties. In fact, the Labour Party in the UK gained power in 1997 running a campaign explicitly focused on improving the living and working conditions that determine health. This contains a lesson for every political party, and this would seem to be especially the case for the NDP.

Despite virtually no media coverage the document was downloaded over 1,200,000 times over the decade, 85 percent of which were by Canadians. It penetrated just about every civil society and public health agency document and gets 7730 hits in a Google search. It has 941 scholarly citations.

We have now produced a second updated edition, available at thecanadianfacts.org. Of special interest to Canadians should be the epilogue that places all of the information into a political economy perspective that considers how the dominance in power and influence among certain groups such as the corporate and business sector has skewed public policy-making to threaten, rather than promote the health of Canadians.

We produced our second edition of the Social Determinants of Health: The Canada Facts to educate and mobilize Canadian to demand action on these issues.

The COVID-19 crisis makes addressing these issues all the more important.

Dennis Raphael is a professor at York University. Toba Bryant is an associate professor, Ontario Tech University. Juha Mikkonen is executive director of the Finnish Association for Substance Abuse Prevention and Alexander Raphael is a student at Ryerson University.