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COVID-19, living and working conditions, and public policy

Dennis Raphael

The disproportionate infection and death rates from COVID-19 of Canadians who are not members of Canadian economic elites (i.e., Indigenous peoples, lower income, racialized, recent immigrants, persons with disabilities and precariously employed) have once again raised hopes that Canadian policy-makers will take account of the importance for health of living and working conditions.

Indeed, Canadian Chief Public Health Officer, Dr. Theresa Tam's report on the pandemic highlights the important role that the social determinants of health, i.e., living and working conditions play in the COVID-19 pandemic. Policy-makers, therefore, should do whatever they can to improve the conditions that make people susceptible to illness.

There are many reasons to doubt this lesson will be learned. The most obvious one is that in 2009 researchers found the factors that predicted hospitalization for the H1N1 illness were material and social deprivation, low education and income, immigrant status, ethnicity, and housing situation, i.e., social determinants of health (*The Social Determinants of Health and Pandemic H1N1 2009 Influenza Severity*).

Then, and now, these Canadian were vulnerable to COVID-19 because of increased susceptibility caused by various pre-existing health conditions and weakened immune systems due to previously experienced living and working conditions and greater exposures due to their current employment and housing circumstances.

Did Canadian governing authorities respond by improving the quality and equitable distribution of the social determinants of health of Canadian through public policy action? Hardly. The quality and equitable distribution of just about every social determinant of health has worsened since 2009 and this was the case even prior to the COVID-19 pandemic.

Canada's child poverty rate prior to the pandemic was 18th highest among 36 OECD nations, its public spending on families was 25th of 36, and employment protection for workers was 35th of 36. Its rates of food insecurity, core housing need (unsuitable, inadequate or unaffordable), and precarious work re-

mained stubbornly high. And when bad times occurred, unemployment benefits were ranked 15th of 36 and social assistance rates ranked 22nd of 36 OECD nations. Improving the quality and equitable distribution of the social determinants of health is not on the policy agenda of any provincial or territorial government or the federal government in Canada.

It cannot be assumed that governing authorities will, on their own, enact public policy that improves the social determinants of health (i.e., living and working conditions of Canadians) in general, and for the vulnerable, in particular, writes Dennis Raphael.

On the positive side, the pandemic has stimulated recognition of the important role that social determinants of health play in susceptibility to illness. Of course, some of us have been pointing out for decades, that these social determinants are the prime causes of heart disease, adult-onset diabetes, respiratory disease, and numerous other afflictions with little to no government action in response. Certainly, the major disease associations have taken no notice of these realities, continuing to put forth so-

called lifestyle explanation for chronic disease, adding insult to those experiencing the injury of illness.

Nevertheless, the mainstream media's coverage of these issues (e.g., *Coronavirus pandemic exposing health inequities among Canadian, experts say* and *Five big lessons experts say Canada should learn from COVID-19*) has once more given Canadians the opportunity to raise the importance of improving Canadians' living and working conditions to their political leaders. The pandemic has also clearly highlighted issues of privatization of health care services and this is particularly the case in long term care where striking differences in death rates between public and for-profit facilities are seen (*Ontario's long-term-care inquiry must look at the entire, broken system*). The problematic working conditions present in private care facilities have also come to the fore.

It cannot be assumed that governing authorities will, on their own, enact public policy that improves the social determinants of health (i.e., living and working conditions of Canadians) in general, and for the vulnerable, in particular. Once again, a health crisis has laid painfully laid bare the problems permeating Canadian public policy and the need for the public to demand action. Living and working conditions can be improved and the evidence for this is compelling and many examples of nations that are doing so are available. The future is up to us.

Dennis Raphael, PhD, is a professor of health policy and management at York University. The monograph, *Social Determinants of Health: The Canadian Facts*, second edition provides an overview of the importance for health

of living and working conditions and means of improving their quality and equitable distribution. It is available for free download at thecanadianfacts.org.