

Keeping the Determinants of Health in Mind As We Move Into a Recession:

The following story is used by the healthy-communities movement to illustrate the impact that the determinants of health have on our lives.

Why is Jason in the hospital?

Because he has a bad infection in his leg.

But why does he have an infection?

Because he has a cut on his leg and it got infected.

But why does he have a cut on his leg?

Because he was playing in the junkyard next to his apartment building and there was some sharp jagged steel there that he fell on.

But why was he playing in a junkyard?

Because his neighborhood is kind of run down. A lot of kids play there and there is no one to supervise them.

But why does he live in that neighborhood?

Because his parents can't afford a nice place to live.

But why can't his parents afford a nicer place to live?

Because his mom is depressed and can't work.

But why is his mom depressed?

Because she has no family and friends to support her and she worries about money all the time.

But why does she worry about money all the time?

Because her husband is unemployed.

But why is her husband unemployed?

Because he doesn't have much education and can't find a job.

But why...?

Jason's story shows the many different factors that affect how healthy we are. These factors are called the Determinants of Health. As identified by Health Canada, the determinants are:

- Income and Social Status
- Social Support Networks
- Education
- Employment and Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Culture
- Healthy Child Development
- Health Services
- Gender
- Biology and Genetic Endowment



Picture taken by [Jonathan McIntosh](#), 2004.

The Commission on Social Determinants of Health releases report: “Closing the gap in a generation: Health equity through action on the social determinants of health”

The Commission on Social Determinants of Health was set up by former World Health Organization Director-General JW Lee. It was tasked to collect, collate, and synthesize global evidence on the social determinants of health and their impact on health inequity, and to make recommendations for action to address that inequity.

The Commission’s work embodies a new approach to development. Health and health equity may not be the aim of all social policies but they will be a fundamental result. For example, central policy importance given to economic growth: Economic growth is without question important, particularly for poor countries, as it gives the opportunity to provide resources to invest in improvement of the lives of their population. But growth by itself, without appropriate social policies to ensure reasonable fairness in the way its benefits are distributed, brings little benefit to health equity.

The Commission calls for closing the health gap in a generation.

The Commission’s over arching recommendations

1. **Improve daily living conditions:** Improve the well-being of girls and women and the circumstances in which their children are born, put major emphasis on early child development and education for girls and boys, improve living and working conditions and create social protection policy supportive of all, and create conditions for a flourishing older life. Policies to achieve these goals will involve civil society, governments, and global institutions.
2. **Tackle the inequitable distribution of power, money and resources:** In order to address health inequities, and inequitable conditions of daily living, it is necessary to address inequities – such as those between men and women – in the way society is organized. This requires a strong public sector that is committed, capable, and adequately financed. The achievement of this requires more than strengthened government – it requires strengthened governance: legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree on public interests and reinvest in the value of collective action. In a globalized world, the need for governance dedicated to equity applies equally from the community level to global institutions.
3. **Measure and understand the problem and assess the impact of action:** Acknowledging that there is a problem, and ensuring that health inequity is measured – within countries and globally – is a vital platform for action. National governments and international organizations, supported by WHO, should set up national and global health equity surveillance systems for routine monitoring of health inequity and the social determinants of health and should evaluate the health equity impact of policy and action. Creating the organizational space and capacity to act effectively on health inequity requires investment in training of policy-makers and health practitioners and public understanding of social determinants of health. It also requires a stronger focus on social determinants in public health research.

Three principles of action:

1. Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age.
2. Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

For the full report go to:

http://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf

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