

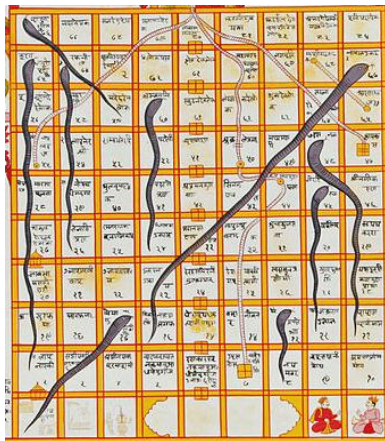
Social Determinants of Health Challenges and Opportunities

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There are many factors that influence a person's health, called determinants. The social determinants of health are known to have some of the greatest impact on health, and refer to the quantity and quality of the resources that a society makes available to its members (Raphael 2004).

A 'snakes and ladders' metaphor can help explain how the social determinants affect health. We use



opportunities available to us (the ladders), and try to avoid the challenges that will result in set-backs and negative consequences (the snakes). Education, employment, and access to health services act as ladders in achieving good health. Low

income, unsafe environments and lack of social supports act as snakes (Huron County 2009).

This report outlines how determinants of health act as snakes and ladders for residents in the Northwestern Health Unit (NWHU) catchment.

Income

Income can determine our living conditions, the kind of food we buy and our social activities. Research tells us that people with higher incomes are more likely to report that they have excellent or very good health, live longer and have fewer illnesses (NWHU 2006). Average household income is reported by the median income – the mark at which 50% of census families

report earning more income and 50% report earning less income. In 2005, the average after-tax household income for both the Kenora (\$52,896) and Rainy River (\$57,362) districts was lower than that found for census families in Ontario (\$59,337) (NWHU 2006).

Inequality in health is growing as the gap between the rich and the poor gets larger (Raphael 2004). In the Rainy River District, female-led lone-parent families continue to be the most economically disadvantaged, reporting a 53% lower median after-tax income than male-led lone-parent families (\$26,248 versus \$49,501 after-tax income) (NWHU 2006).

In the NWHU region in 2010, almost 1000 residents, couples, and families received social assistance income support (Schelske, J., Shute, S. personal communication 2011).

Employment & Working Conditions

Employment, job security, and working conditions affect both physical and mental health. Income from work provides a practical means to contribute and be part of society. More control over our work translates to more control over our health. The social organization of work, management styles and social relationships in the workplace all affect how healthy we are.

The employment rate represents the number of people employed in the week prior to census day. The employment rate for 2006 in the Northwestern Health Unit catchment area was 59.6%, below the provincial rate of 62.8% (NWHU 2006).

In the NWHU area, residents reported a higher percentage of workers in apprenticeship and trades compared to Ontario (19.1% versus 14.1%) - a



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Employment & Working Conditions (continued)

reflection of the division of labour across the province. Primary industries reflect the type of employment available to our residents: those based on natural resources (9.0% versus 2.9% for Ontario), as well as health care and social services (14.3% versus 9.4% for Ontario); education (8.2% versus 6.7% for Ontario) (NWHU 2006).

Between 2003-2008, 4855 residents left the Kenora and Rainy River Districts. Over half of these residents were working age, 18-44 (Northwest Training and Adjustment Board 2011).

Education

Education influences our sense of control over our lives. Higher education increases opportunities for employment, income, and job security. Persons with higher education are more likely to be physically active, have access to healthier foods, prepare their children for school, and are less likely to smoke. (NWHU 2006).

The Northwestern Health Unit area has more high school graduates aged 25-34 than Ontario (28.9 compared to 23.8%) and less university graduates with diplomas or degrees than Ontario (13.3% versus 32.7%) (NWHU 2006).

Social Inclusion and Social Support Networks

Inclusion and social connection increases our ability to deal with adversity. It provides us with a sense of community, feelings of belonging, and means we get to participate in the things we want to join. Those who are strongly connected to the community are less likely to be involved in risky health behaviours (Huron County 2009).

In 2010, residents age 12 and older in the Northwestern Health Unit area reported a higher sense of community belonging than the rest of Ontario (73.3% versus 67.7%), although since 2003 this has been declining in the NWHU area (down from 77.4%) and increasing in Ontario (up from 64.4%) (Statistics Canada 2010).

Food Security

Adequate food and food supply are central to good health. Everyone has the right to enough safe, nutritious and culturally acceptable food. Families or households that experience food insecurity are more likely to report poor or fair self-rated health and chronic health conditions (Huron County, 2009).

In 2007-2008 in the Northwestern Health Unit area, 94.4% of households reported being food secure, compared to 92.3% for the province (Statistics Canada 2007). However, the cost of eating continues to rise in the Northwestern Health Unit area at a rate much faster than income or social assistance. In 2010 the cost of feeding a family of four for a month increased 11% to \$916.53, compared to \$732.51 for that of Ontario (up only slightly from \$729.61 in 2009) (NWHU 2010).

Housing

Housing is a necessity in life. Lack of affordable, acceptable housing impacts health in many ways. High cost housing affects the resources that we have left over for living, which can lead to stress and increased sickness. Homeless people experience poor health status and have limited access to care. Poor housing conditions from lead, asbestos, cold, heat, radon, dust mites, and bed bugs are linked to negative health outcomes (Raphael 2004, NCCID 2011).



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Housing (continued)

In the NWHU area, the Kenora and the Rainy River District Services Boards (2011) have housing units available for people in need. Housing units are categorized as public non-profit, municipal or federal non-profit and rent supplement. In the NWHU area there are fewer than 1600 housing units available, and waiting lists are common. Information from District Service Boards suggests that in 2011, around 170 seniors and 315 families are waiting for social housing units.

Emergency shelters can help ensure safe places during crisis. There are six women's shelters in the Northwestern Health Unit area. In 2010, for those shelters that provided information, there are at least 36 shelter beds and at least 19 units (which may have 1-2-3 bedrooms). It is reported that shelter staff provided assistance to almost 800 women and children and dealt with almost 5,000 crisis calls (Lakehead Social Planning Council 2011; Dubec, B., Brown, C., Hanson, S., personal communication, 2011).

Limitations of the Data

Both early child development and aboriginal status are important social determinants of health, and represent how inextricably social determinants of health intertwine to compound the effects. Lacking specific indicators for our region, they are included in discussion below.

Early child development affects long-term health. Adverse socio-economic conditions in early life can lead to increased health risks in adulthood. Disadvantaged children and youth do not perform as well in school as advantaged young people. Adult employment, education, income, status and lifestyle are all affected by early childhood experiences.

Aboriginal peoples in Canada have experienced centuries of being stripped of land, religion, culture, language, and autonomy, and this has taken a toll on all aspects of health (Raphael, 2004). Aboriginal peoples are the fastest growing demographic group in Canada, with almost 60% of the Aboriginal population under the age of 25 (NCCAH 2009). The percentage of the population that reports to be of aboriginal status is higher in the Northwestern Health Unit area (32%) compared to Ontario (2%). (*Statistics Canada, Census 2006.*)

Aboriginal adults are more likely than other adults in Canada to smoke, not finish high school, be unemployed, and with the exception of the Metis, are more likely to live in poor, crowded housing conditions (NCCAH 2009).

Additional limitations:

- The most current census data is from 2006 and does not reflect the financial or social changes in the area as of 2010.
- Our small population base leads to inadequate data from surveys.
- There is a need to group data to protect the confidentiality of smaller communities.
- Annual, average data does not reflect the monthly changes that occur relating to wait lists, vacancies or financial assistance.
- Local agency administrative data may be collected with different methods.
- Information contained in the report is incomplete as not all requests for data were provided and there is no available data to represent some meaningful indicators.



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Conclusion

The Sudbury District Health Unit identified promising practices to reduce social inequities in health. The practices include reporting on health equities, conducting equity-focused assessments, making health equity a priority in the organization, engaging the community, and working with partners (SDHU 2010).

The Northwestern Health Unit is making progress in this area by:

- Using a cross-program planning team to develop organizational health equity tools.
- Conducting staff training to build competencies around social determinants of health and working with vulnerable populations.
- Providing universal access programs such as Healthy Babies, Healthy Children and Student Nutrition.
- Facilitating opportunities to create a unified vision of a healthy community, that enabled residents to identify that access to food, an inclusive culture, community cohesion, parenting, housing, and education are priorities.
- Developing a bed bugs program.
- Providing community resources and programming to build capacity, help meet needs, and link people with other community services.

The Northwestern Health Unit will take action by:

- Incorporating a 'health equity lens' into program planning.
- Disseminating this report as an advocacy tool, a reference document, and a discussion starter.
- Introducing a position on the social determinants of health that shows our organizational commitment to addressing health inequities.
- Increasing outreach to priority populations with community nursing positions.

- Sharing information about determinants of health and health inequities with the public and community partners.

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