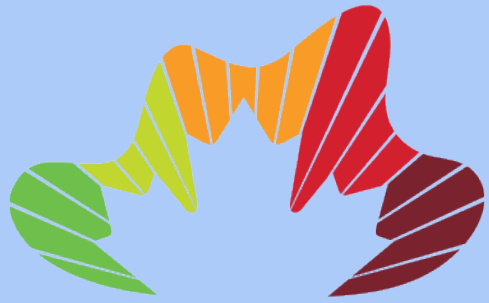


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The Social Determinants of Health for First Nations Communities in Canada

FNHMA Conference 2016 in Vancouver, BC
Concurrent Workshop

PRESENTED BY:

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Introduction

- ❑ The purpose of the presentation:
 - ❑ Is to highlight the importance and impact of the Social Determinants of Health on the health outcomes of a population
 - ❑ Have an overview of the SDH Globally and in Canada and especially for the Indigenous populations
 - ❑ Learn about the SDH strategies at global level and experiences from other countries
 - ❑ Explain how CAC is building culture sensitive approaches and taking into consideration the social determinants of health in health programming and accreditation processes.

Presentation Outline

- ❑ What are the Social Determinants of health globally: concept, framework, statistics
- ❑ The Social Determinants of Health in Canada and SDH for First Nations communities
- ❑ Global Strategies & International experiences
- ❑ How to address and tackle the SDH locally
- ❑ Your role as Health Managers
- ❑ Canadian Accreditation Council approach in addressing the SDH in communities in the Accreditation process

Equity and the Social Determinants of Health

What good does it do to treat people's illnesses

5



Then send them back to the conditions that made them sick?

Health inequity:

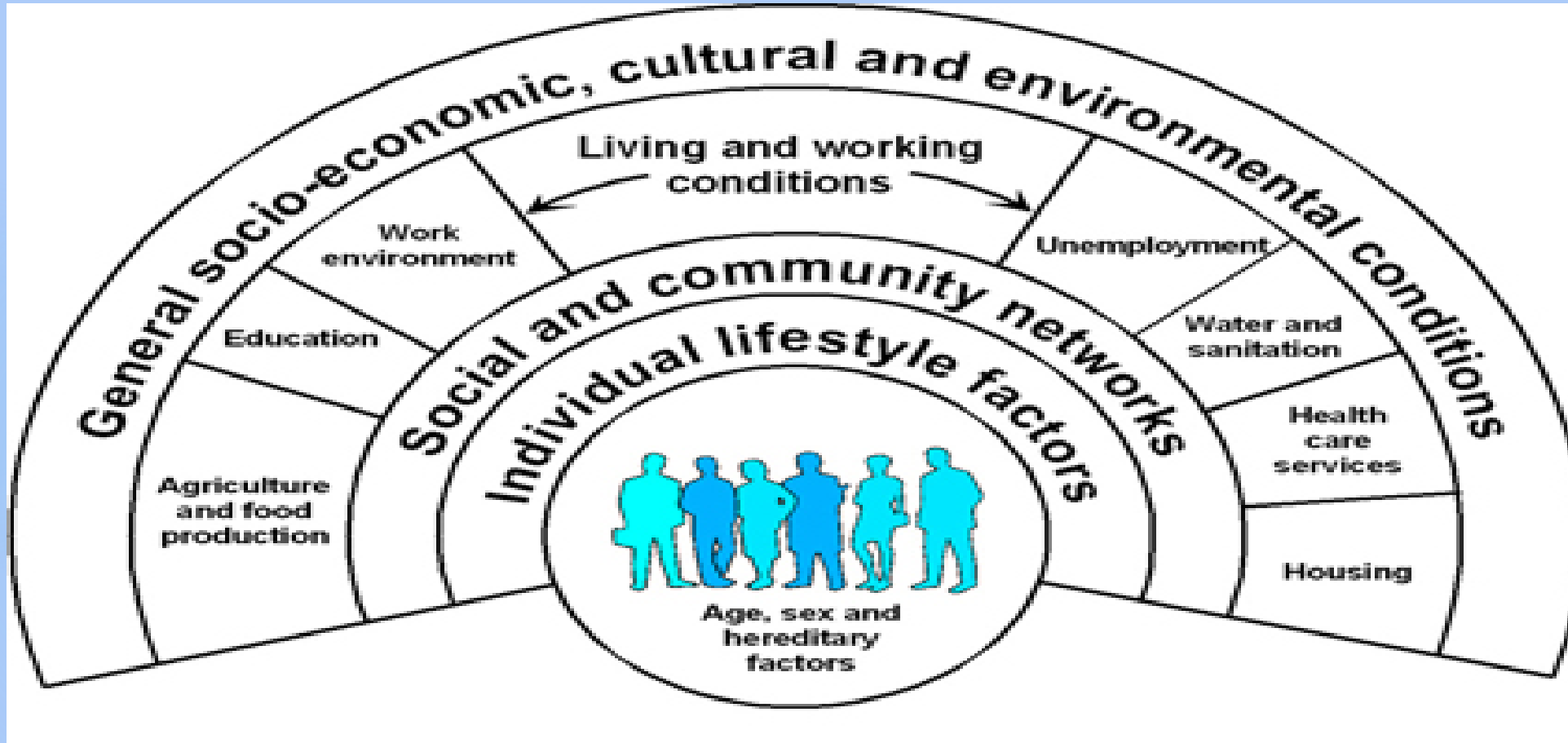
A multidimensional problem

- ❑ Geographical disparities in health: differences between different geographical areas.
- ❑ Gender inequity in health: systematic differences in health between men and women determined economically, socially or culturally (not biologically or physiologically).
- ❑ Ethnic inequalities in health: between different ethnic groups.
- ❑ Socioeconomic inequalities in health: based on social, economic, political, cultural, linguistic and others (marginalised groups).

Social determinants of health

- ❑ The circumstances in which people are born, grow, work and age and the systems put in place to deal with illness.
- ❑ The conditions in which people live and die are, in turn, shaped by political, social and economic forces.

What are the Social Determinants of Health?



What are the social determinants of health?

- ❑ “The social determinants of health refer to both specific features and pathways by which societal conditions affect health and that potentially can be altered by informed action.”

❑ Source: Krieger N. A glossary for social epidemiology. *J Epidemiology Community Health* 2001; 55:693-700

- ❑ Two categories of social determinants:
 - ❑ **structural** – fundamental structures of social hierarchy
 - ❑ **intermediate** - socially determined conditions in which people are born, grow, live, work and age

Themes underpinning SDH

❑ Health equity

- ❑ The absence of systematic disparities in health (or its social determinants) between more or less advantaged groups, or geographical areas.

❑ The right to health

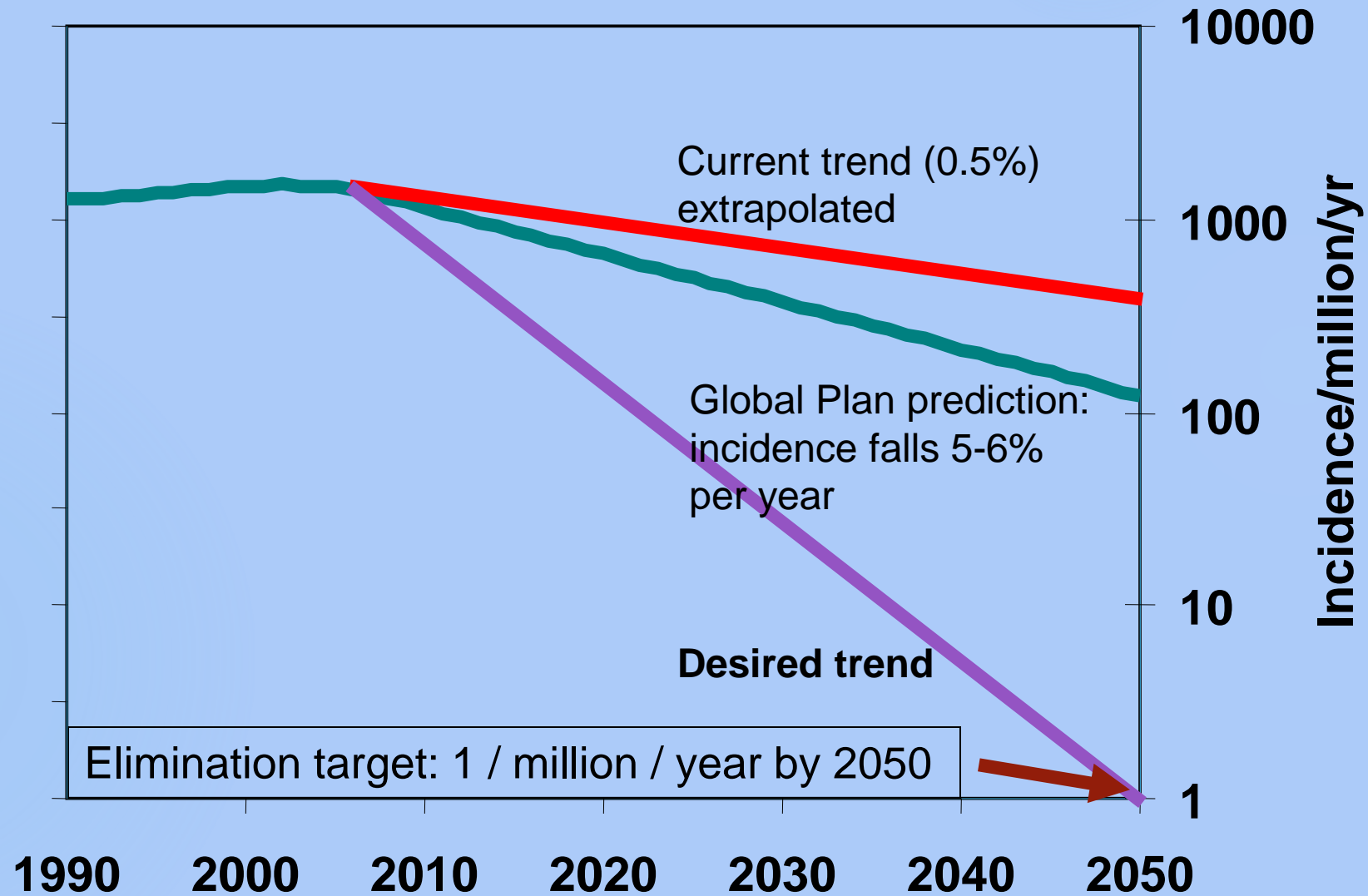
- ❑ “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” (WHO Constitution 1946).

Life Expectancy

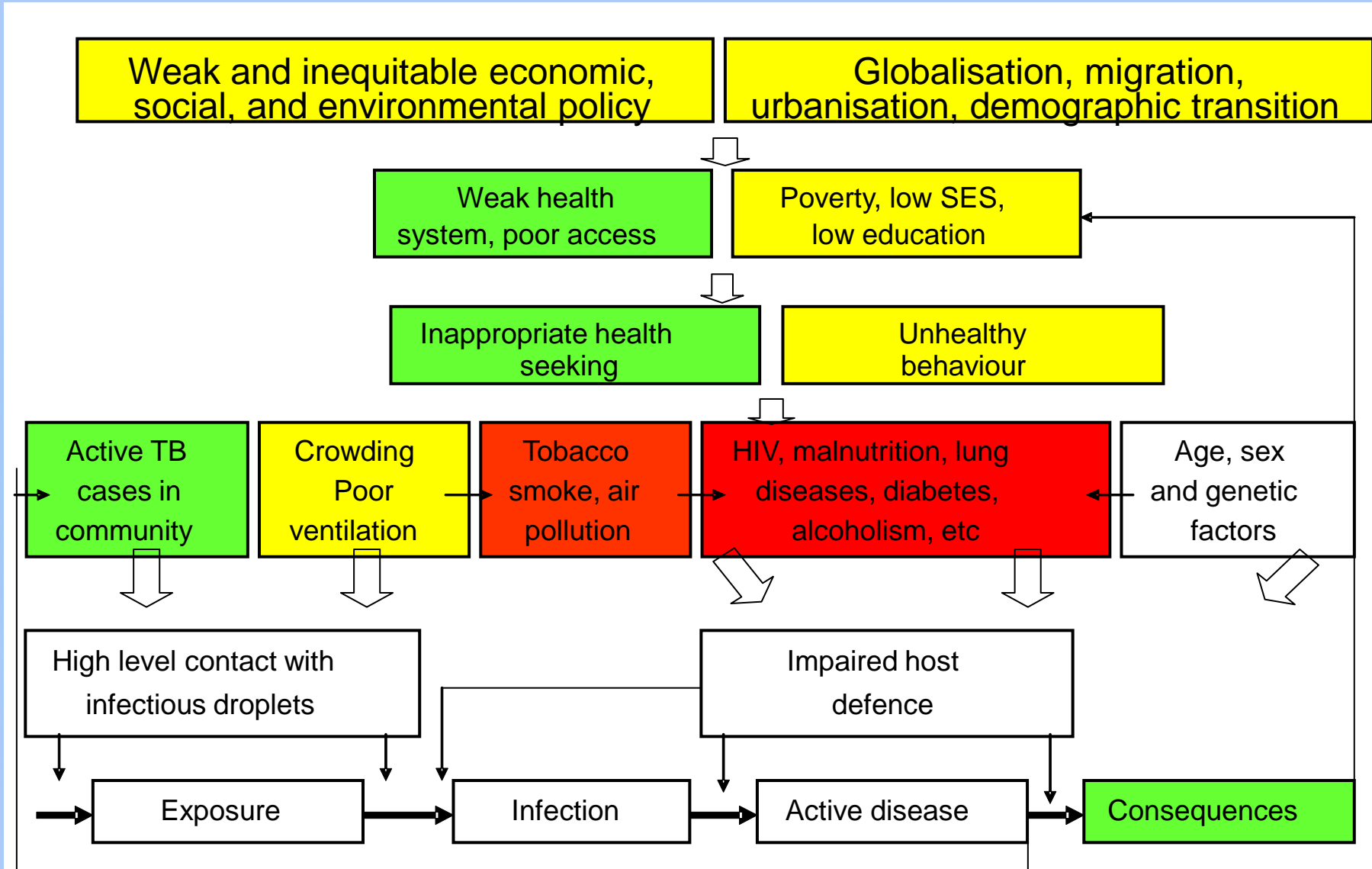
http://gamapserver.who.int/gho/interactive_charts/mbd/life_expectancy/atlas.html



Global Plan: TB not eliminated by 2050



SDH affecting TB Prevalence

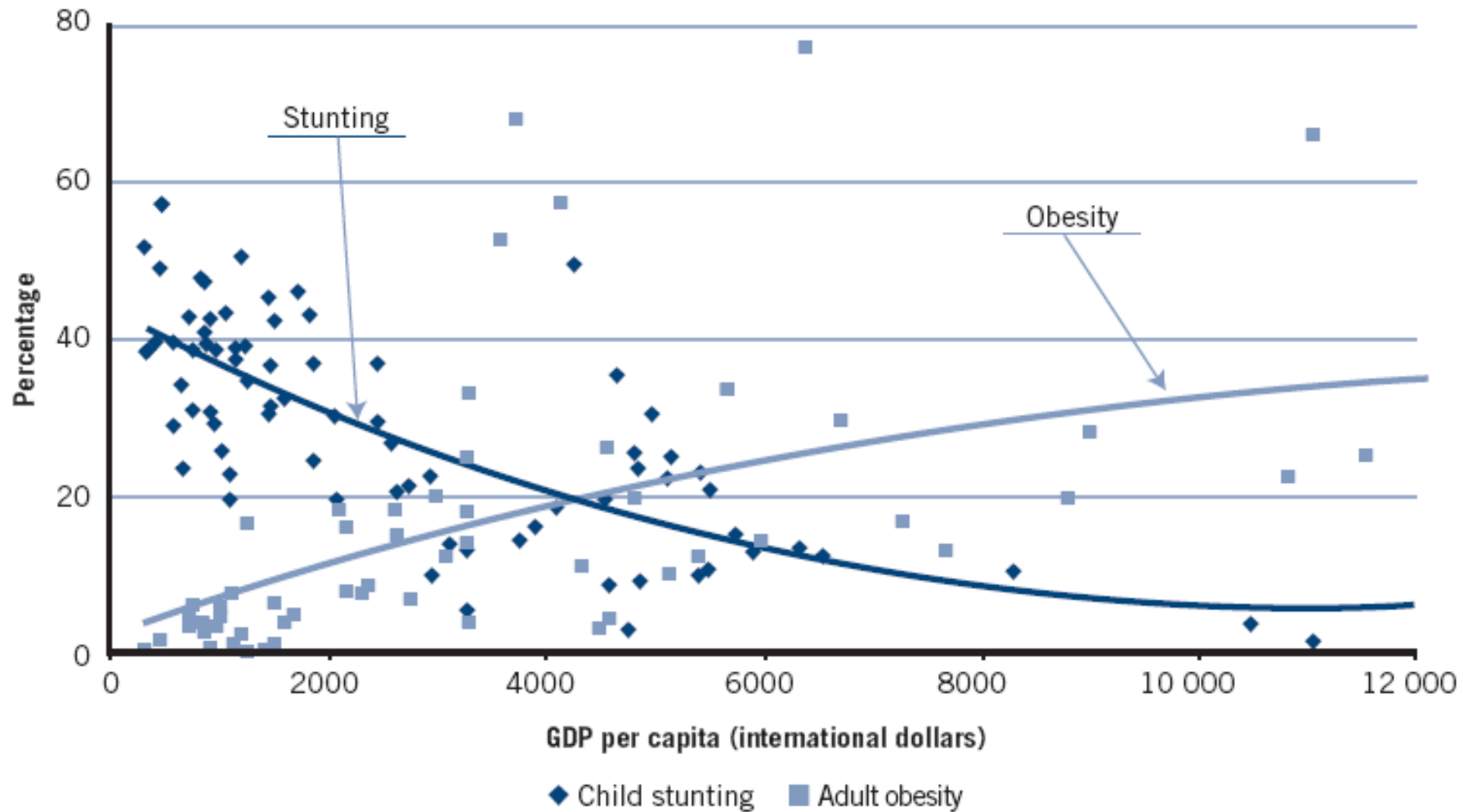


Upstream

Downstream

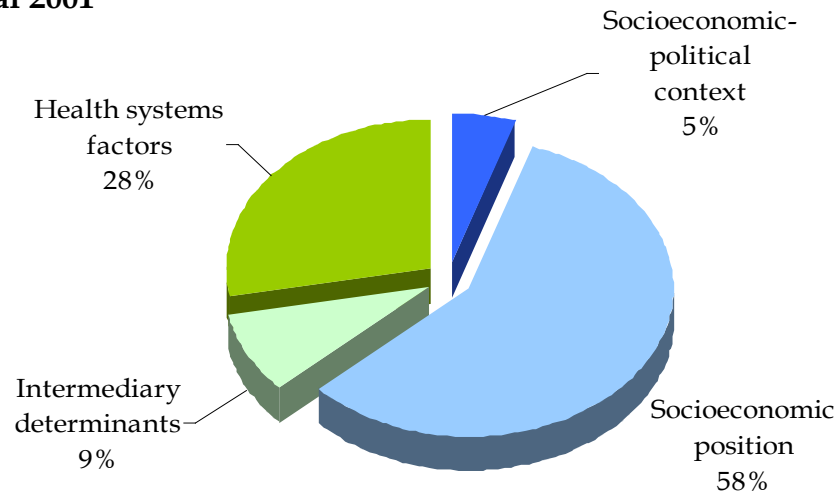
The Nutrition Transition

Undernutrition and obesity by the level of GDP per capita



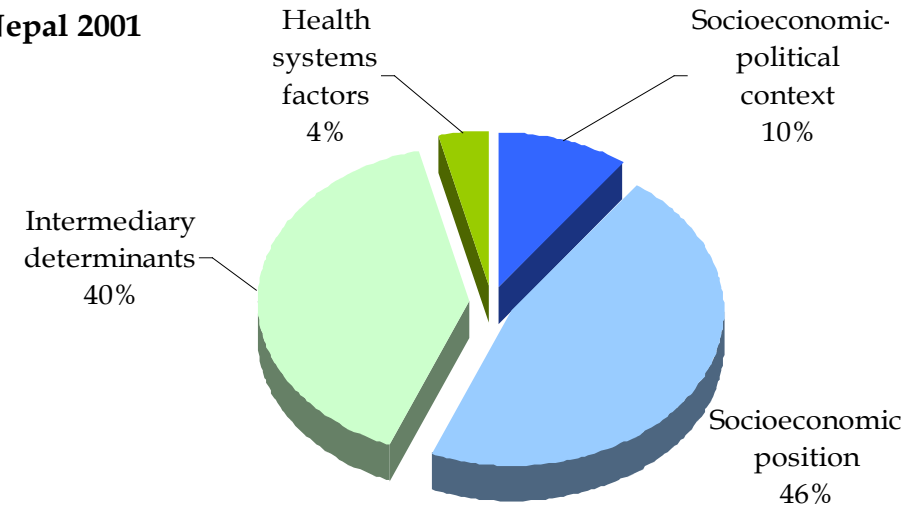
Reducing inequities in maternal mortality

Nepal 2001



Reducing inequities in child malnutrition

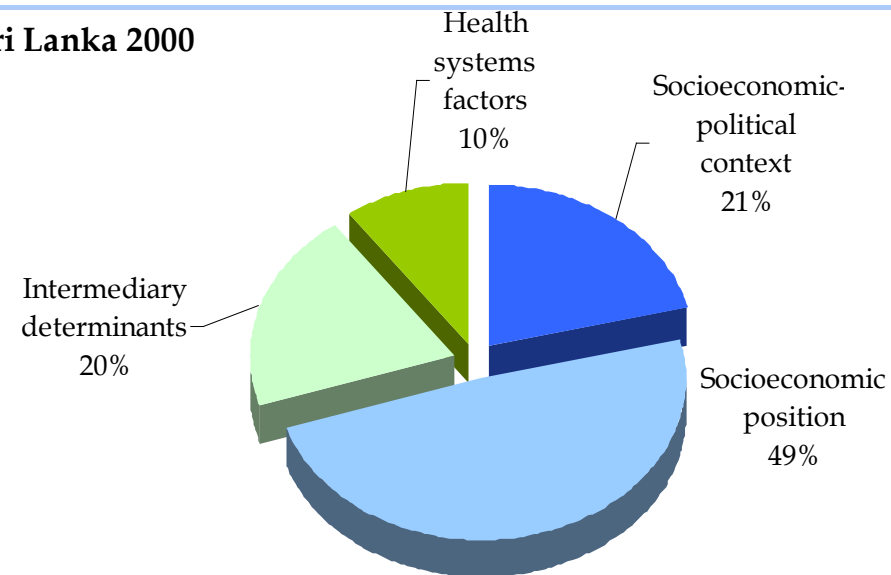
Nepal 2001



The relative impact of other sectors on health outcomes varies:

- by condition/health issue
- the health system's redistributive orientation
- the nature of the intervention (e.g. with respect to duration)

Sri Lanka 2000



Key Determinants of Health in Canada

By Public Health Agency Canada

- ❑ [Income and Social Status](#)
- ❑ [Social Support Networks](#)
- ❑ [Education and Literacy](#)
- ❑ [Employment/Working Conditions](#)
- ❑ [Social Environments](#)
- ❑ [Physical Environments](#)
- ❑ [Personal Health Practices and Coping Skills](#)
- ❑ [Healthy Child Development](#)
- ❑ [Biology and Genetic Endowment](#)
- ❑ [Health Services](#)
- ❑ [Gender](#)
- ❑ [Culture](#)

<http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#What>

Social Determinants of Aboriginal Health

- ▶ Demonstrates health disparities with Aboriginal groups compared to non-Aboriginal
- ▶ Links with Distal, Intermediate, and Proximal levels to health inequities
 - ▶ Distal: historic, political, social and economic
 - ▶ Intermediate: community infrastructure, resources, systems and capacities
 - ▶ Proximal: health behaviors, physical and social environments

Source: Reading & Wien, 2013

Consensus on SDH of Aboriginal People

While there is no definitive list of social determinants for Aboriginal peoples, there is consensus in the research community that the following promote the health and wellbeing of Aboriginal peoples and communities:

- ❑ food security,
- ❑ connection to the land,
- ❑ housing and community infrastructure,
- ❑ access to potable water,
- ❑ income distribution and employment,
- ❑ mental and physical wellness,
- ❑ early childhood development and education,
- ❑ prevention of family violence, and
- ❑ access to language and culture.

Sources:

Aboriginal Children in Care Working Group.(2015). Aboriginal Children in Care: Report to Canada's Premiers (Page14); Reading and Wien 2013

Colonization is a Fundamental Health Determinant (WHO)

Along with social determinants that affect socio-economic status and physical and mental wellbeing, several seminal reports have argued that the ongoing impact of colonization is a key factor in the poorer health and wellbeing outcomes for Aboriginal peoples. In its extensive work on this topic, the World Health Organization (WHO) concluded that the “colonization of Indigenous peoples was seen as a fundamental underlying broader health determinant.” Aboriginal partners and organizations have consistently advocated for policies that target social determinants, including measures to combat the legacy of colonialism. Meaningful gains in Aboriginal child and youth outcomes will only be achieved by supporting the self-determination of First Nations, Métis and Inuit peoples which will enable them to realize their own social and economic goals.

Source: World Health Organization. *Social Determinants and Indigenous Health: The International Experience and its Policy Implications*. 2007. Page 2.

DeColonization becomes paramount

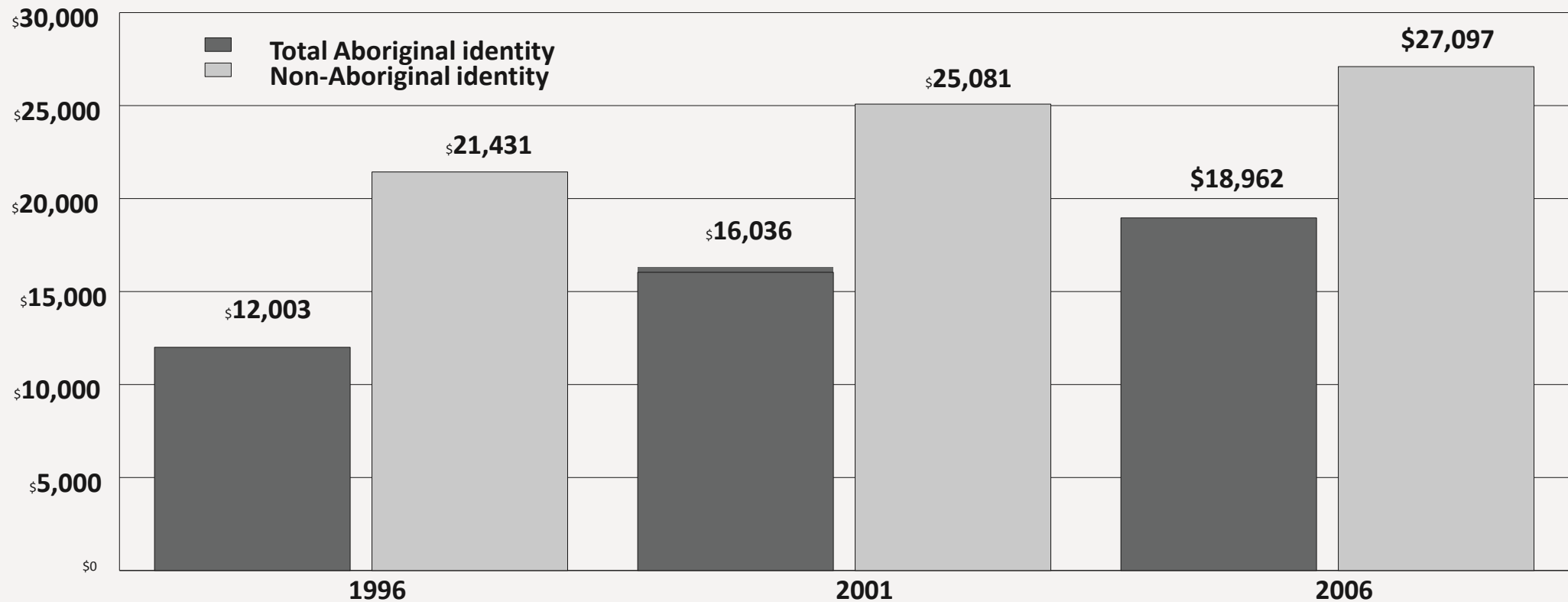
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- Racism and social inclusion (not exclusion)
- Self determination – education, housing, safety and health

Source: World Health Organization. *Social Determinants and Indigenous Health: The International Experience and its Policy Implications*. 2007. Page 2.

Median Employment Income Gap

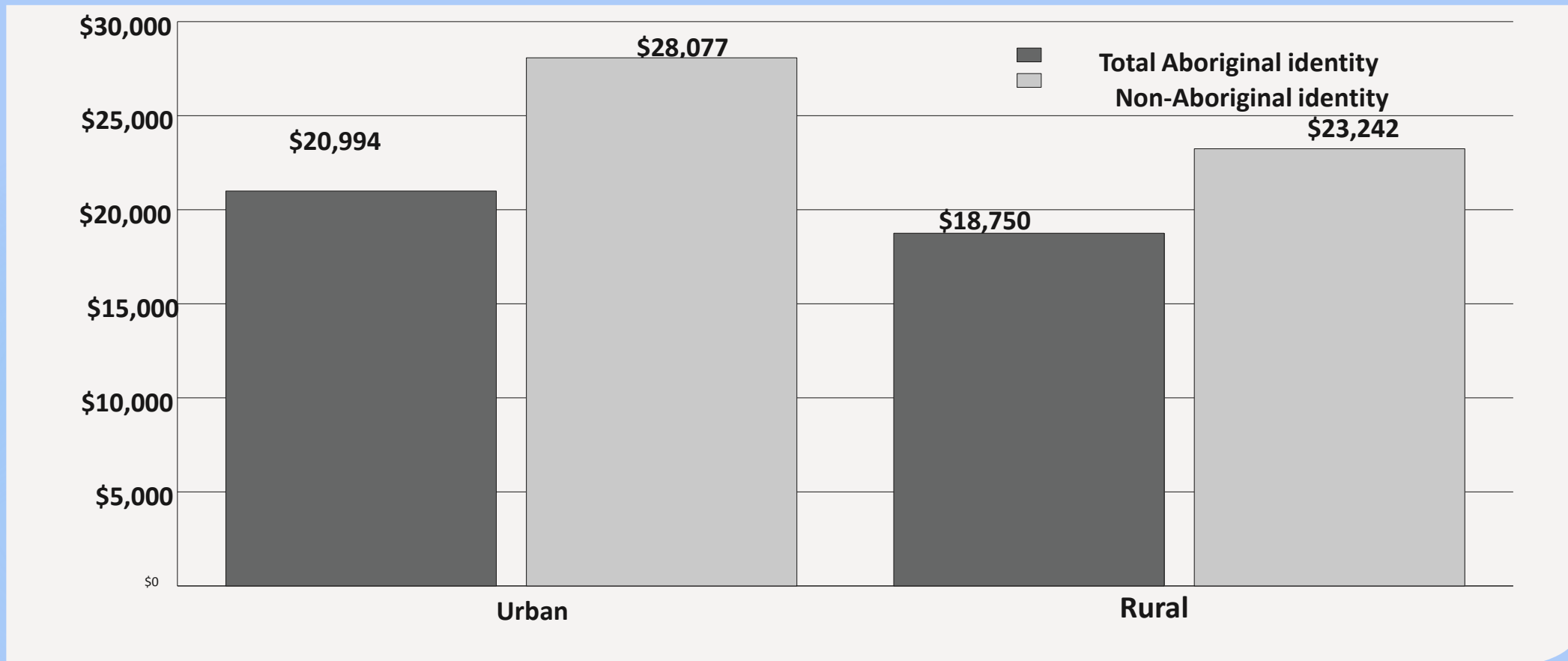
Median Employment Income for Aboriginal and Non-Aboriginal Populations by Census Year



- Daniel Wilson and David Macdonald (2010). The Income Gap Between Aboriginal Peoples And The Rest Of Canada.

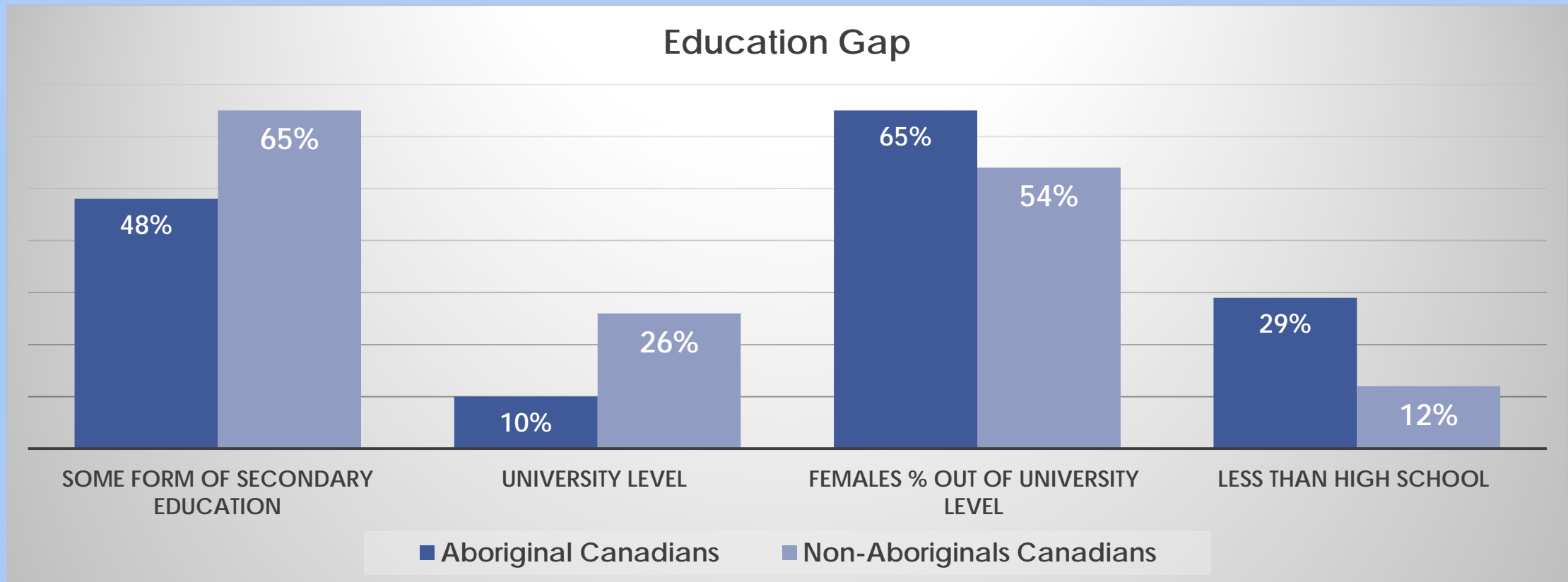
Median Employment Income Rural/Urban

5 Median Employment Income Rural/Urban (2006) 9



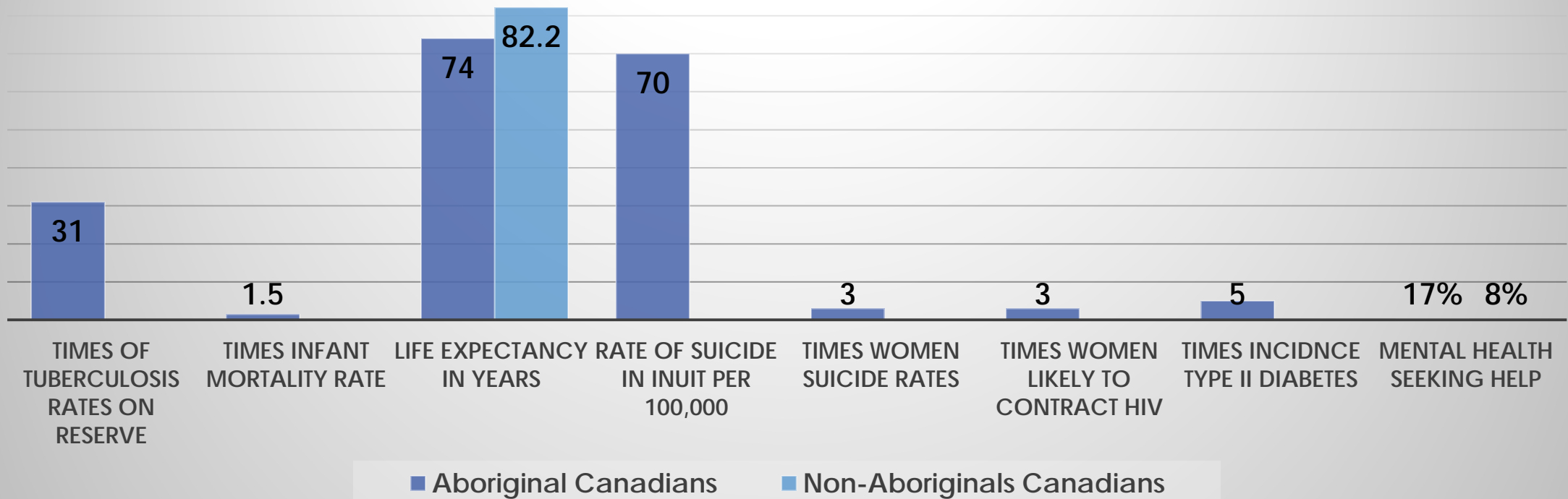
- Daniel Wilson and David Macdonald (2010). The Income Gap Between Aboriginal Peoples And The Rest Of Canada.

Education Gap: Indigenous and Northern Affairs Canada (www.aadnc-aandg.gc.ca)



Health Gap:

Health Gap



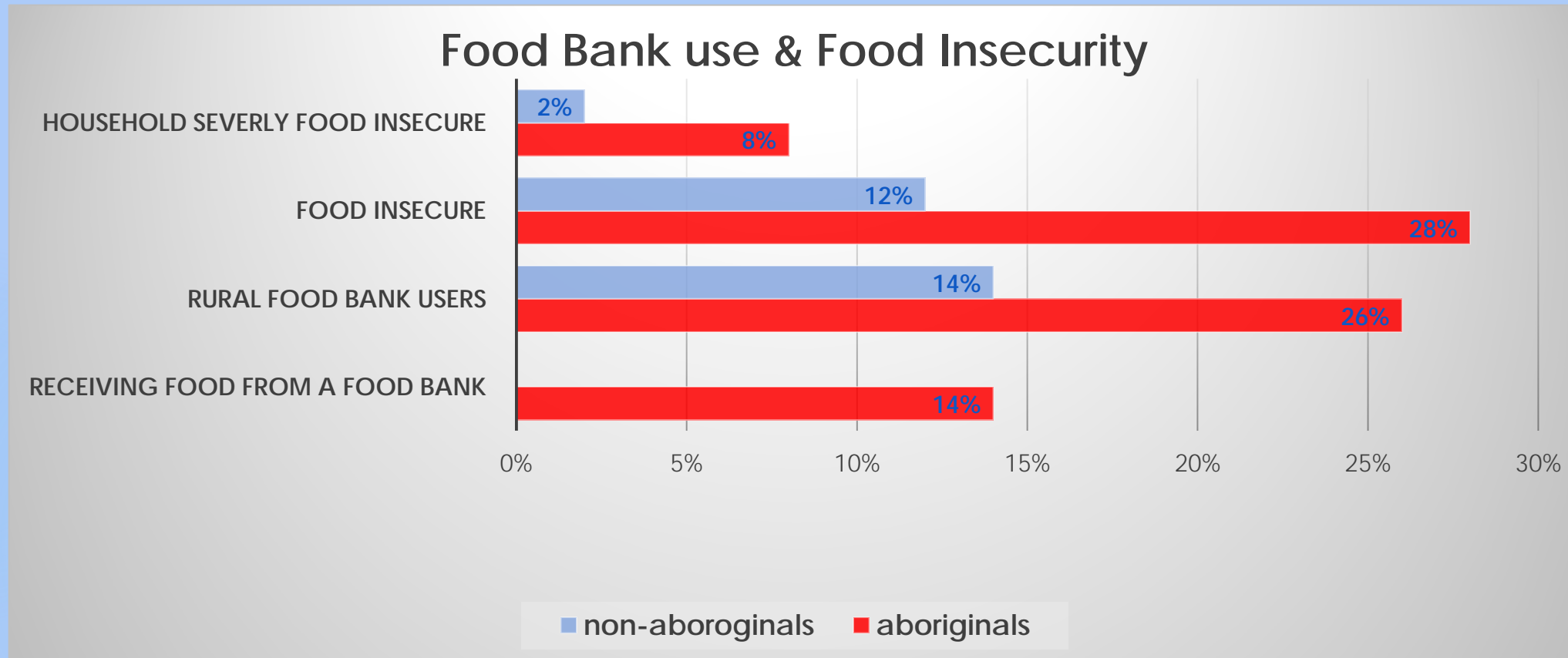
Source: <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php#culture>

<http://www.heretohelp.bc.ca/visions/aboriginal-people-vol5/aboriginal-mental-health-the-statistical-reality>

The Standing Senate Committee on Social Affairs, Science and Technology, "Proceedings from the Standing Senate Committee on Social Affairs, Science and Technology," Issue 7, Evidence, 17 November, 2011, 1st Session of the 41st Parliament.

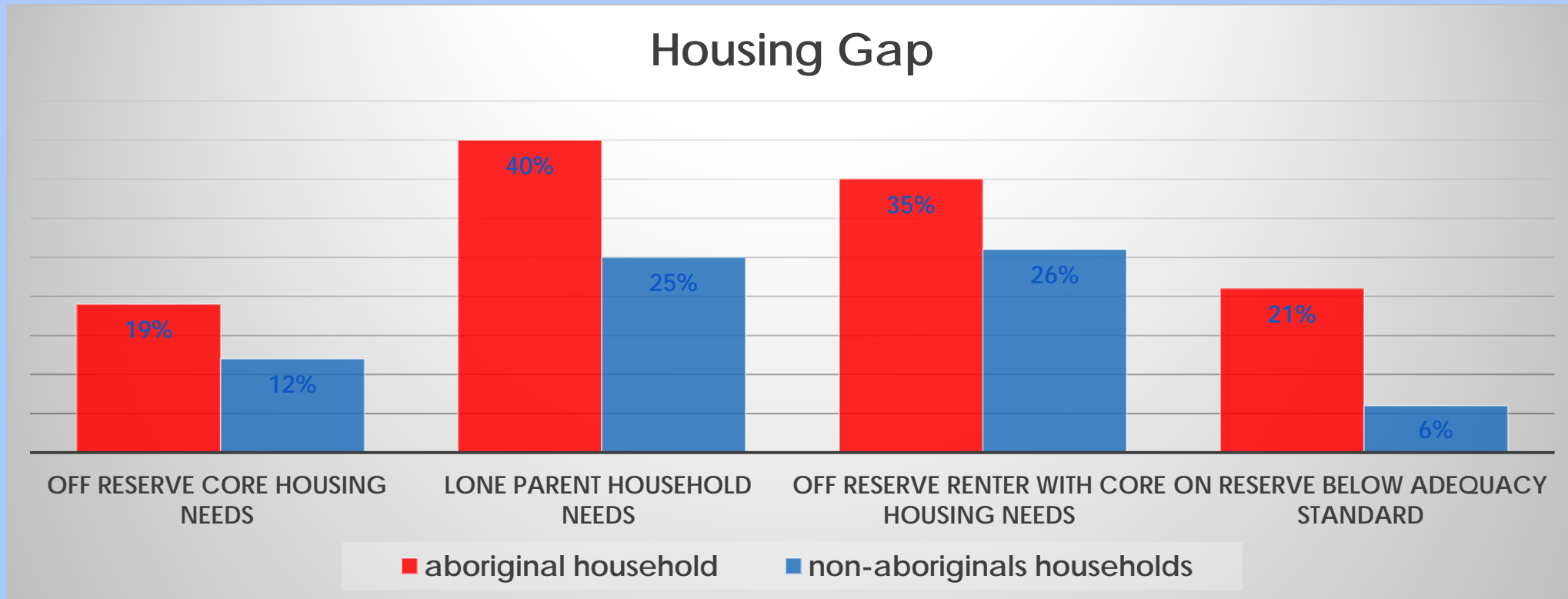
http://www.parl.gc.ca/Content/SEN/Committee/411/soci/07mn-49183e.htm?Language=E&Parl=41&Ses=1&comm_id=47

Food Bank Use and Food Insecurity



Sources: Tarasuk, V, Mitchell, A Dachner, N. *Household food insecurity in Canada 2011. Research to identify policy options to reduce food insecurity* (PROOF). <http://nutritionalsciences.lamp.utoronto.ca/resources/proof-annual-reports/annual-report-2012/>
Food Banks Canada, *Hunger Count 2014*. <http://www.foodbankscanada.ca/FoodBanks/MediaLibrary/HungerCount/HungerCount2013.pdf>

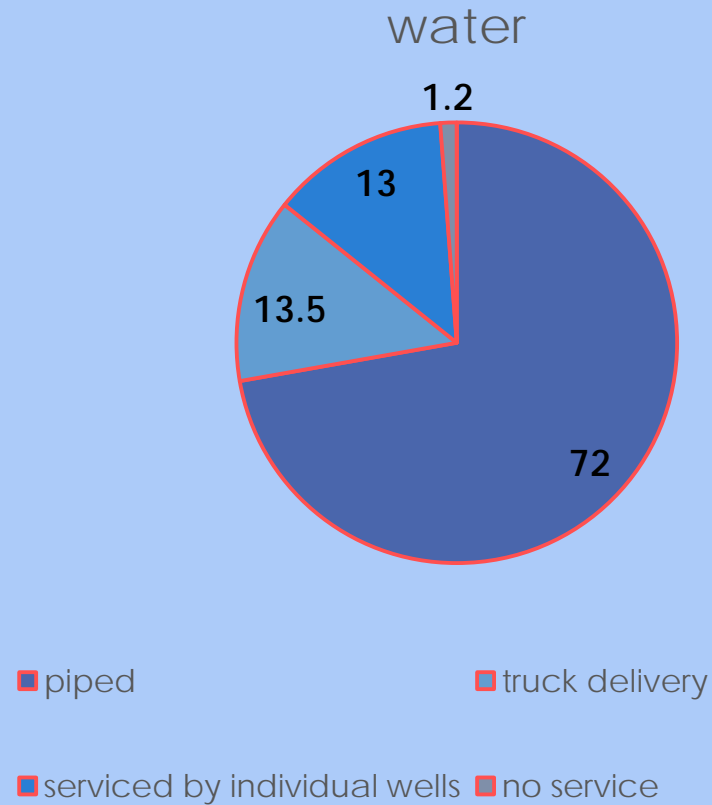
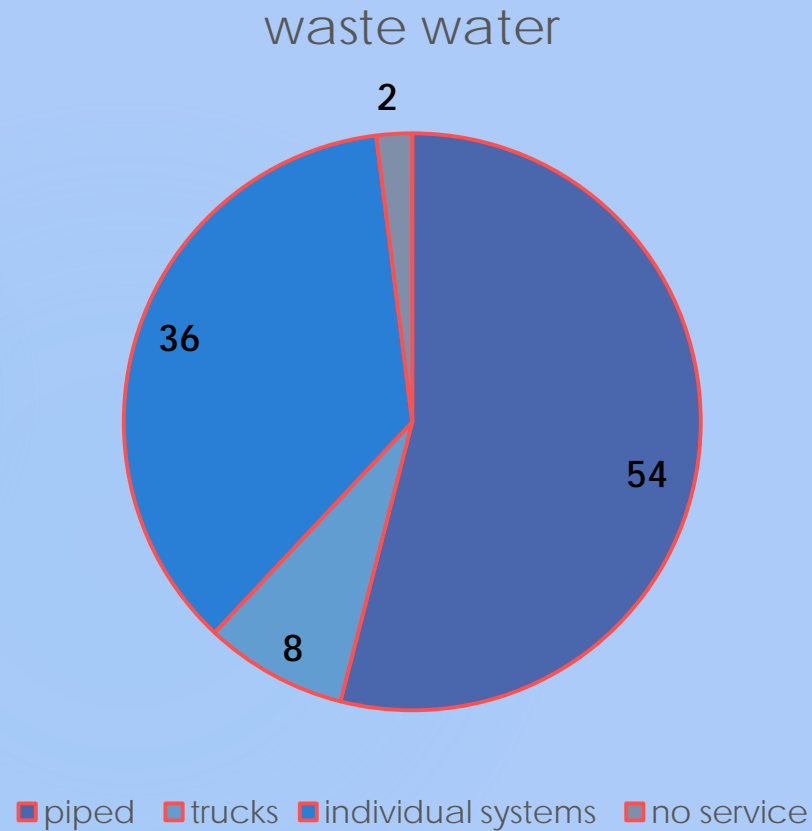
Housing Gap



Information on shelter costs for on-reserve housing is not collected by the National Household Survey; however, adequacy and suitability of housing on-reserve can be examined. Using household incomes (collected on-reserve); the percentage of households living in housing below standard(s) and unable to meet the cost of acceptable housing can also be derived.

Water & Waste Water Systems Sources (%)

As of January 31, 2015 136 Drinking Water advisory in 93 First Nations Communities

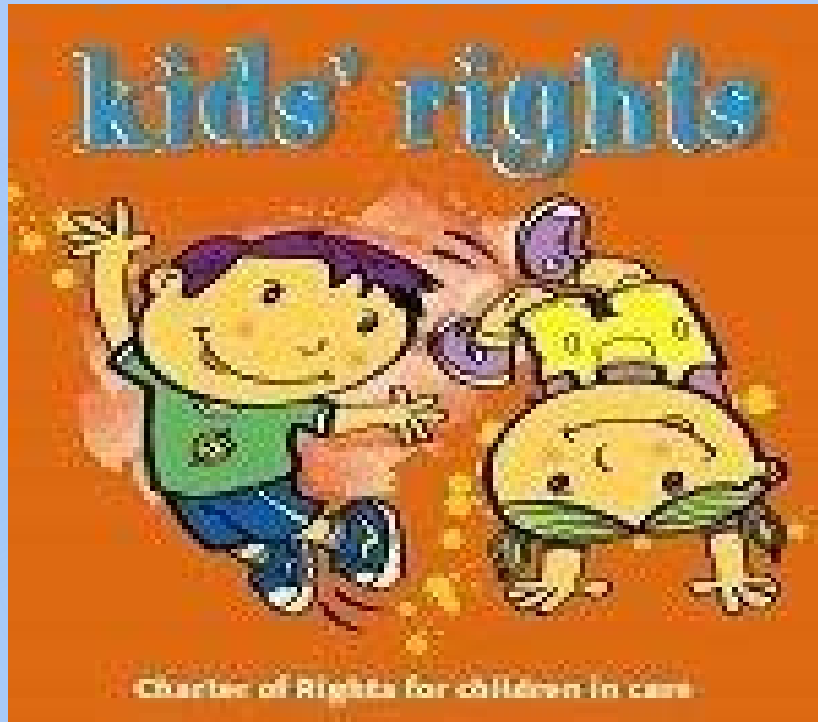


Violence Against Women



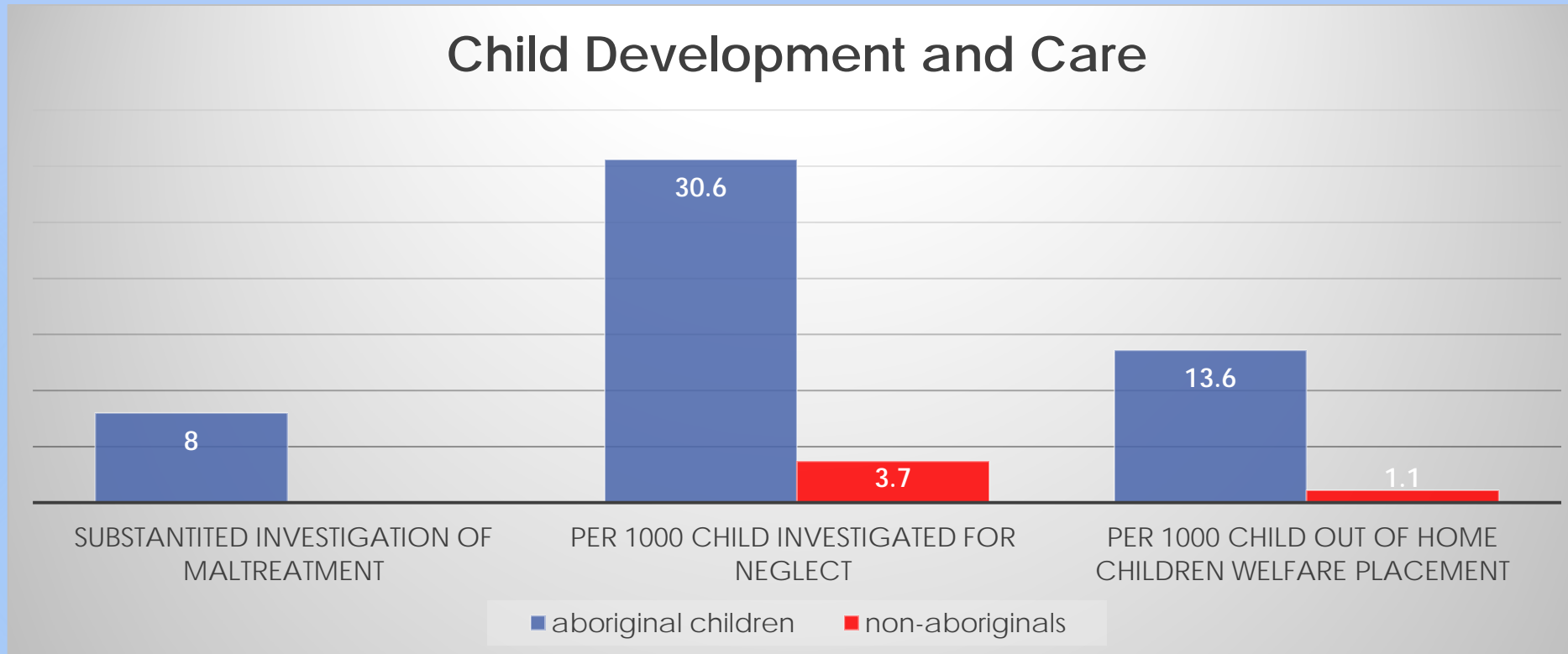
Source: United Nations. *Committee on the Elimination of Discrimination against Women Report of the inquiry concerning Canada of the Committee of the Elimination of Discrimination against Women under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women*. CEDAW/C/OP.8/CAN/1. March 6, 2015. (Advance Unedited Version) http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/CAN/CEDAW_C_OP-8_CAN_1_7643_E.pdf

Early Child Development and Child Care

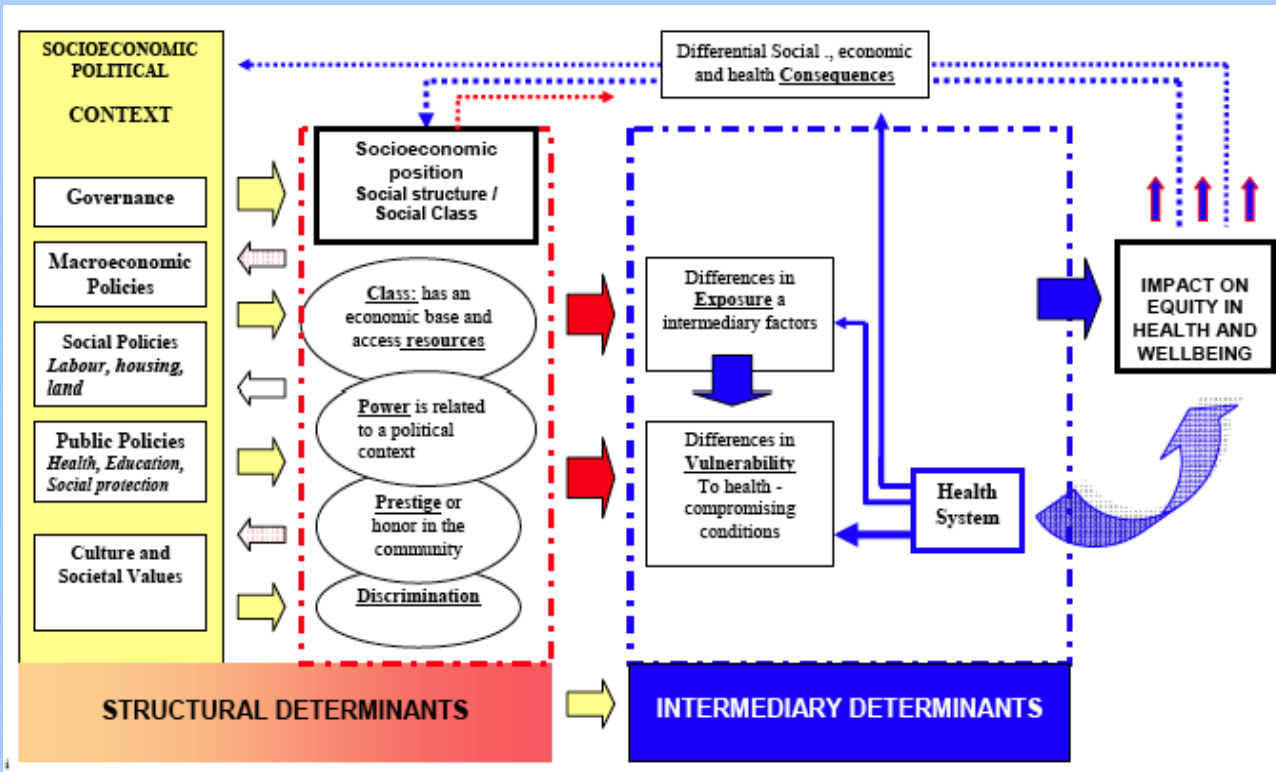


- Less than a third of children living in First Nations communities receive child care (30%)
- Only 39% of the 30 % receive child care in a formal setting
- 78% do not have access to licensed, regulated child care services

Early Childhood Development: FNCIS 2008 Report



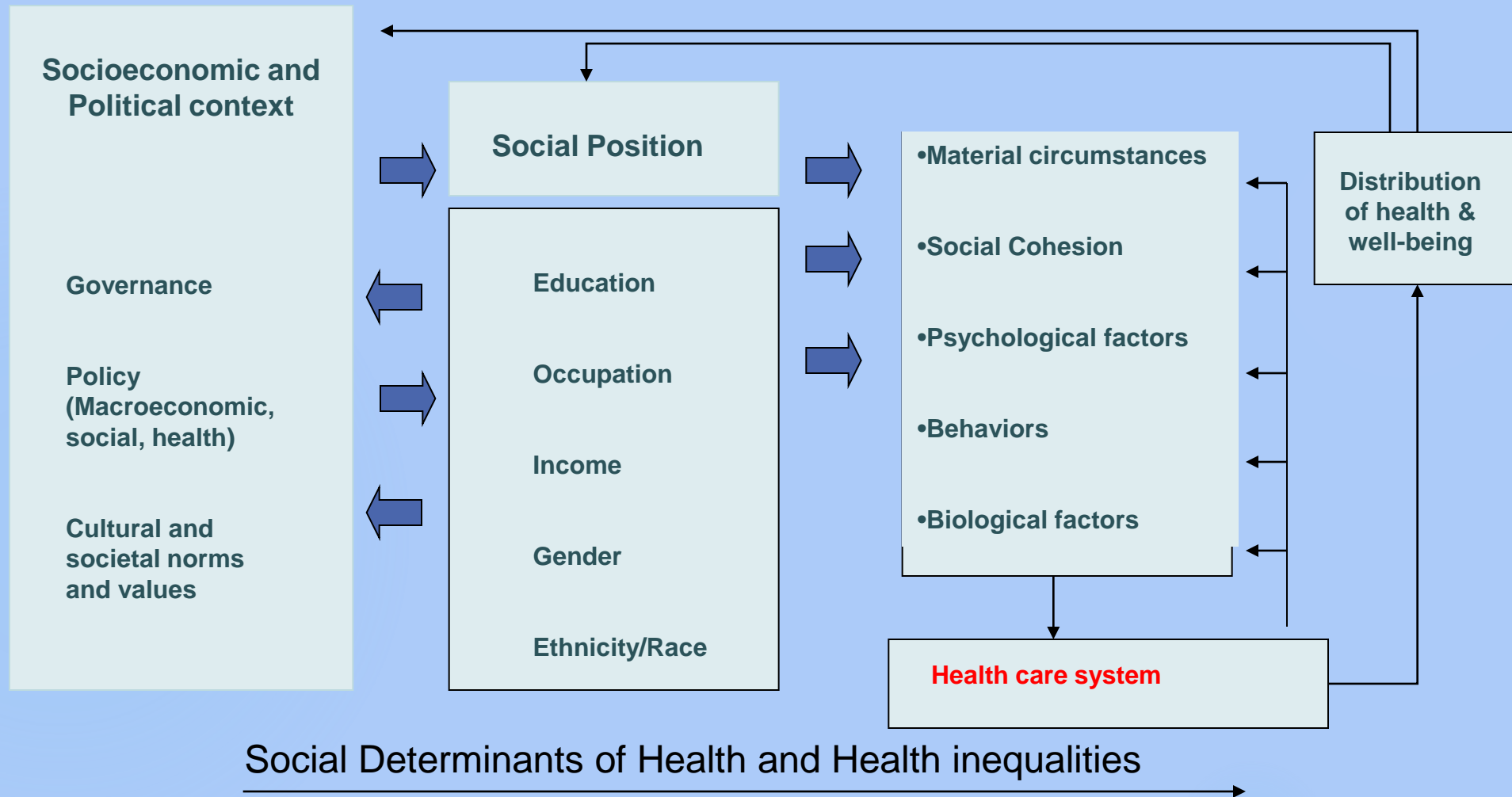
Global and Local Strategies



Global Commission on Social Determinants of Health

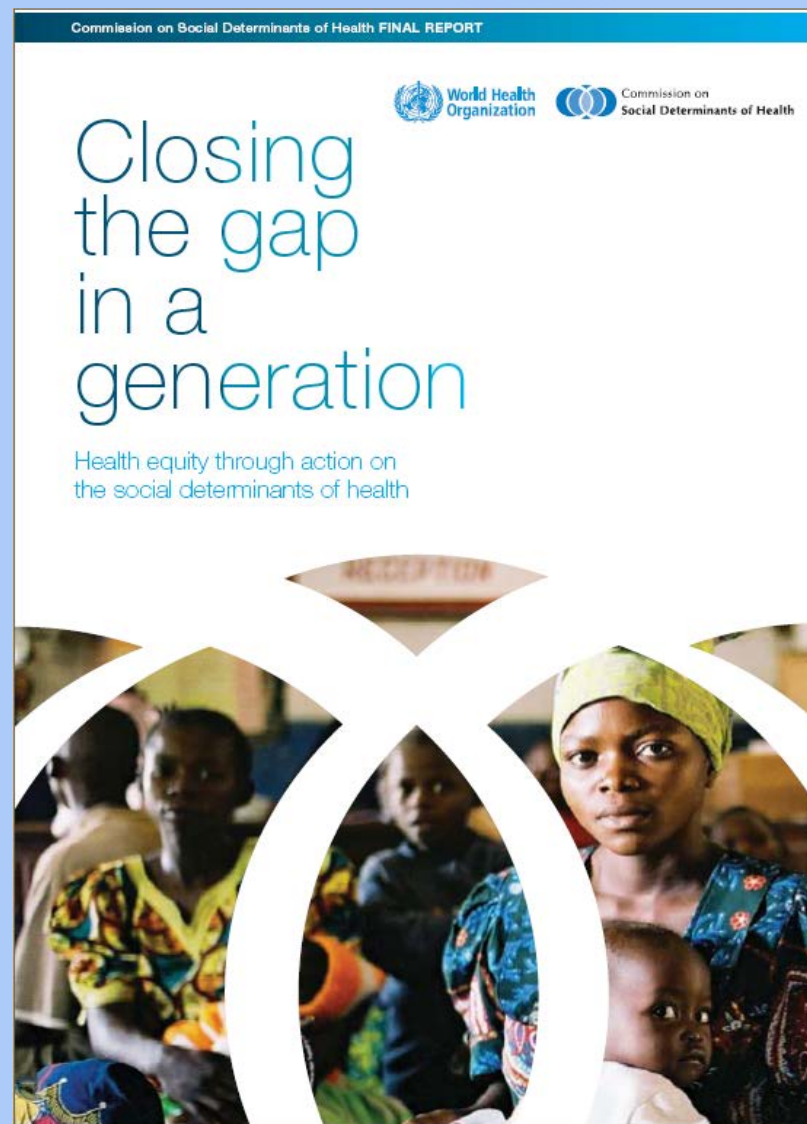
- ❑ The global Commission on Social Determinants of Health (CSDH) was launched by WHO in March 2005.
- ❑ The Commission's mandate is to turn "existing knowledge on social determinants [of health] into actionable global, regional and national policy agendas" based on the relevant evidence and existing interventions to address them.
- ❑ Suggested options ranged from correcting "health disparities" by recommending specific health care strategies, to taking a stronger stand for health equity that requires far reaching social change.

Social Determinants of Health Conceptual Framework



The Final Report of CSDH

- ❑ Focuses on inequalities in health that are **avoidable**, and therefore inequitable;
- ❑ Accepts that addressing such inequities is a matter of **fairness and social justice**;
- ❑ Is prompted to act by **evidence** that a social gradient in health exists in all countries;
- ❑ Recommends **three areas for action** to close this gap:
 1. the conditions in which people are born, live, grow, work and age;
 2. the structural drivers of those conditions at the global, national and local level;
 3. monitoring, training and research



The Commission's Overarching Recommendations

1. Improve Daily Living Conditions

- ❑ Improve the well-being of **girls and women** and the circumstances in which their children
- ❑ 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.**

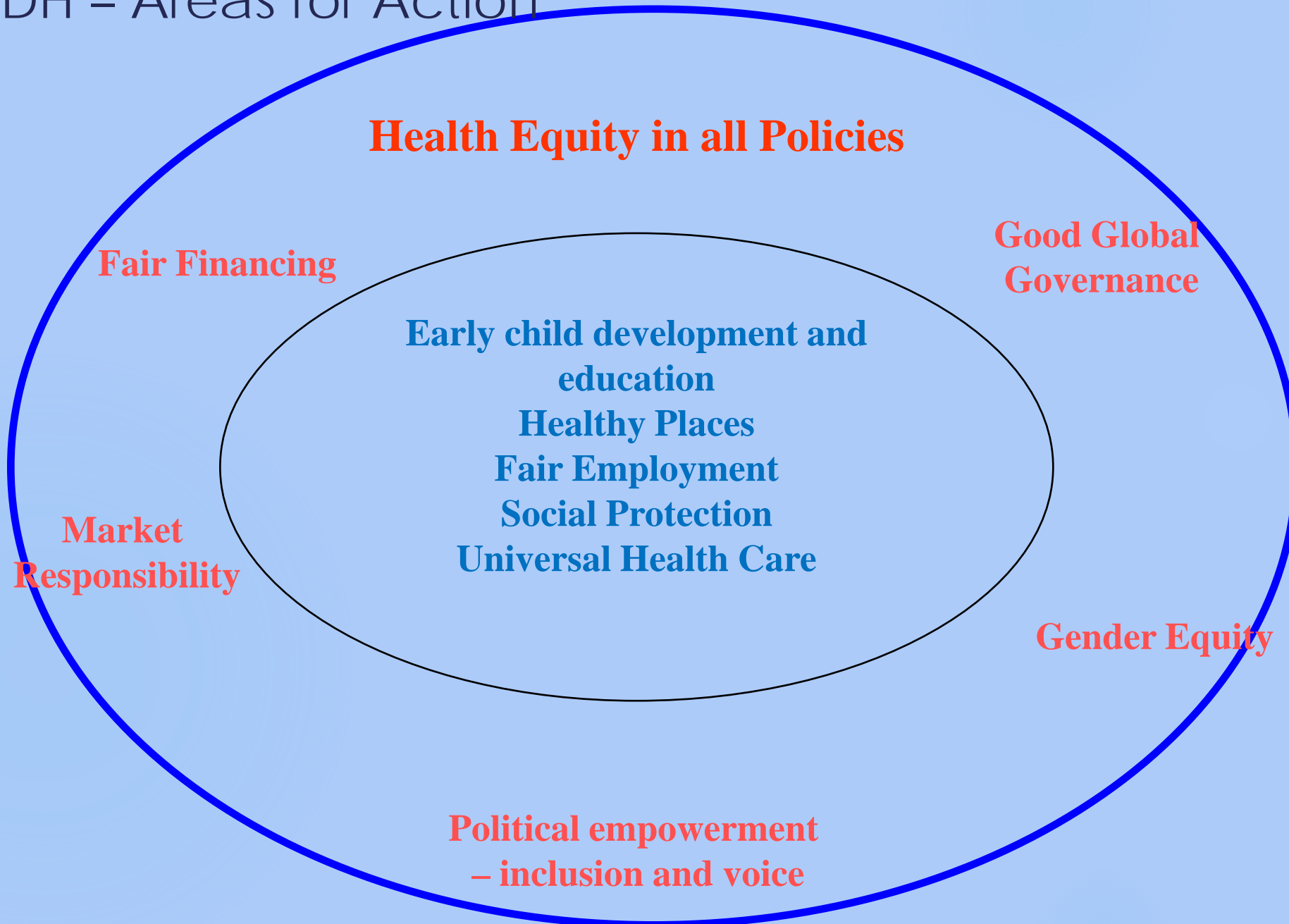
2. Tackle the Inequitable Distribution of Power, Money, and Resources

- ❑ Address **inequities** – such as those between men and women
- ❑ **Strong public sector** that is committed, capable, and adequately financed.
- ❑ Strengthened **governance**

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
- ❑ **Establish ongoing surveillance system**

Source: Closing the Gap Into a Generation, Commission on Social Determinants of Health FINAL REPORT, 2010 P 43.



Key ways of addressing the social determinants of health

▶ *Life course approach*

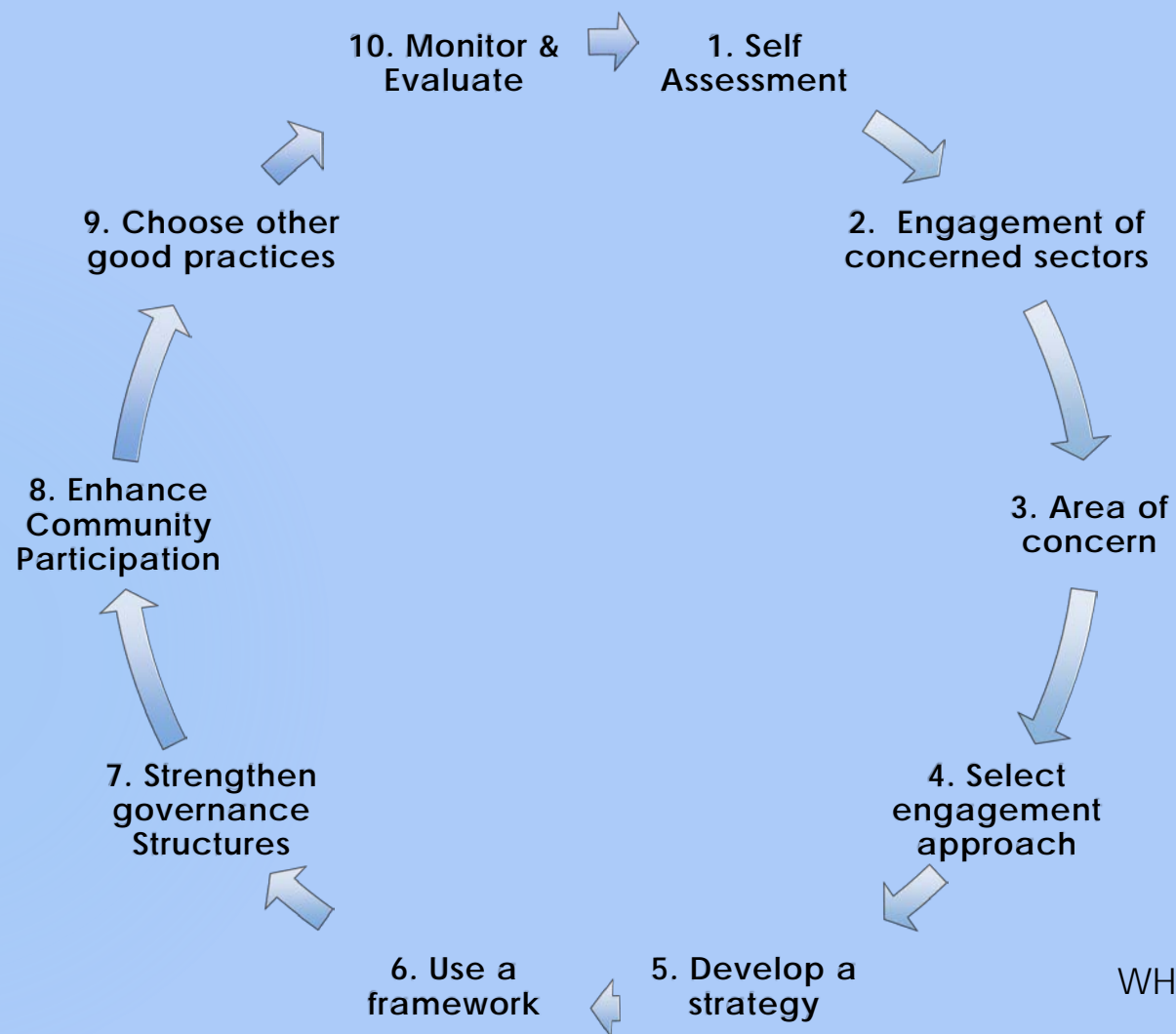
- ▶ The life course perspective looks at people's lives and the structural context in which they live over the course of their life.
- ▶ The life-course perspective should be used to understand the context of patients' lives and is an effective way to plan partnerships and action on social determinants of health appropriately, at every stage of life.
- ▶ with a focus on the early years as a key time to intervene

▶ *Social Gradient*

- ▶ Completely eliminating the social gradient in health and wellbeing is unlikely. But it is possible to have a shallower social gradient than is currently the case.
- ▶ Everybody is affected by health inequality, including health professionals. Actions to improve the social determinants of health will benefit everybody.

Intersectoral Action on Health (IAH)

Working together across sectors to improve health and influence its determinants



Experiences from other countries

- ❑ **Viet Nam's national mandatory helmet law** – success of a multisectoral approach: the NTSC reported that 1557 lives had been saved and 2495 serious injuries prevented since the helmet law took effect, compared to the same time the previous year.
- ❑ **Liverpool Active City** – an intersectoral approach to improve health and well-being by boosting levels of physical activity
 - ❑ The strategy and actions have focused on:
 - ❑ Increasing the profile of active living in Liverpool.
 - ❑ Improving the coordination of existing services.
 - ❑ Ensuring access to appropriate activities for all.
 - ❑ Ensuring structural support for physical activity and integrating with wider urban agendas.
 - ❑ Findings from the Sport England Active People Survey and the national survey PE and Sports Strategy for Young People provide some evidence that physical activity levels in Liverpool have increased since the onset of the Liverpool Active City programme – particularly amongst children and within areas with the worst health outcomes. Programme output data also paints a compelling picture to suggest that the programme has resulted in more people being more active more often.
- ❑ **Jordan: Women Overweight and Obesity in Jordan-** an Intersectoral collaboration to reduce incidence and prevalence of Non-communicable diseases as diabetes

SDH National Workshop in July 2009

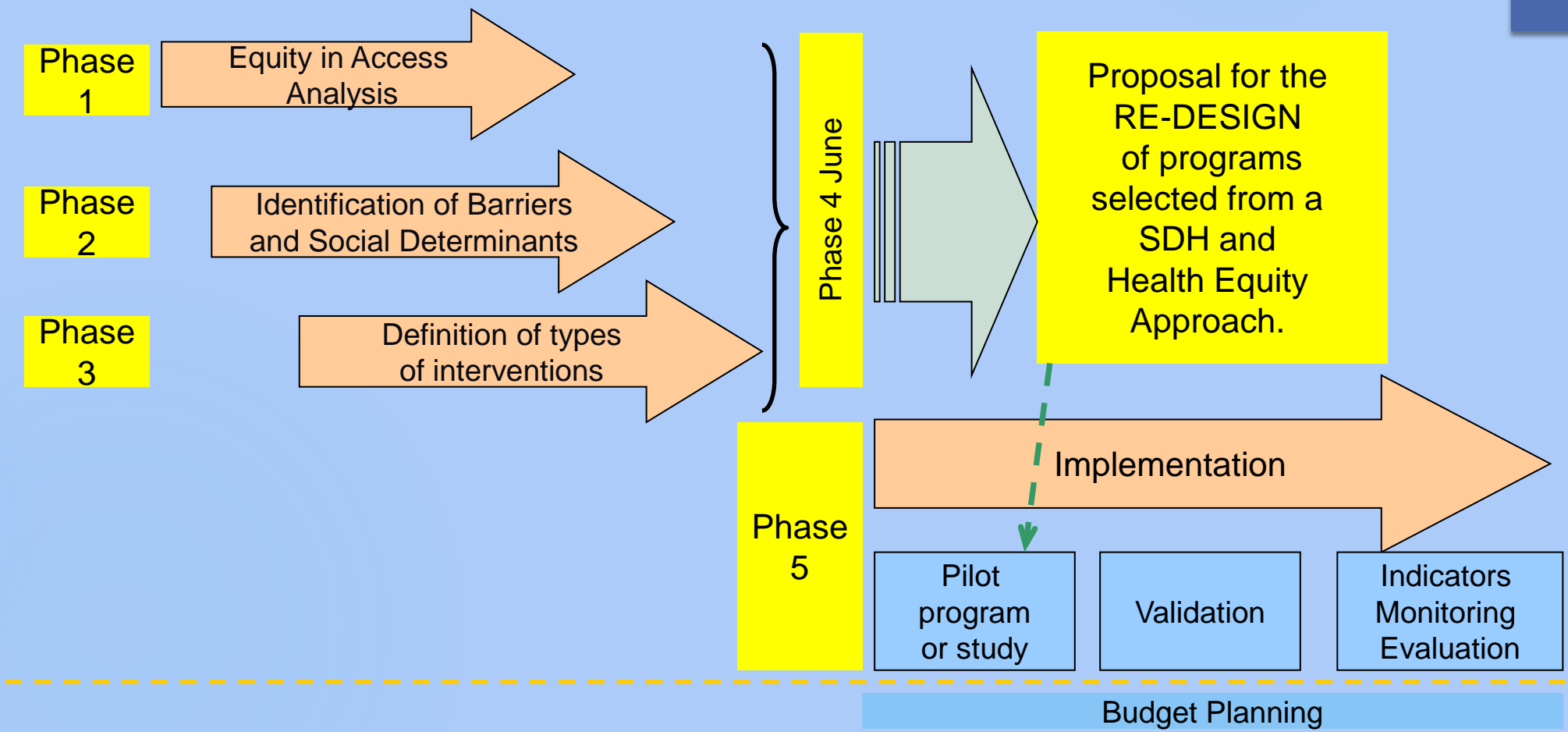


Jordan experience – how to apply

- ❑ Identify inequities: communities health profiles
- ❑ Identify the social determinants of health for the health outcomes : geographic /gender/poverty/access to information and services
- ❑ Prioritization: high volume/high risk/ problem prone/ cost of inaction/preventable and under control and authority
- ❑ Form steering level committee / Task force committee
- ❑ Intersectoral approach: government sectors, health, education, JFDA, RMS, municipalities, Universities, civil societies and community representatives (healthy villages programs)
- ❑ A strategy and a framework for action prepared

Overweight and Obesity among Jordanian Women and its Social Determinants

1. **Place of residence** was significantly related to BMI status . More than 60% resided in the central region and around 9% in the south
2. **Women married at age 10-15** were more likely to be obese compared to women married at age 20 or above.
3. **Women who didn't smoke were 1.5 times** more likely to be obese compared to women who smoked
4. Women gave **birth to six children** or more were 2.5 times more likely to be obese compared to women who gave 1-2 births
5. Women classified at **low** (30%, 40%) and **middle** (33%, 40%) wealth index were slightly more likely to be obese compared to women classified as having **high wealth index** (36%, 37%)

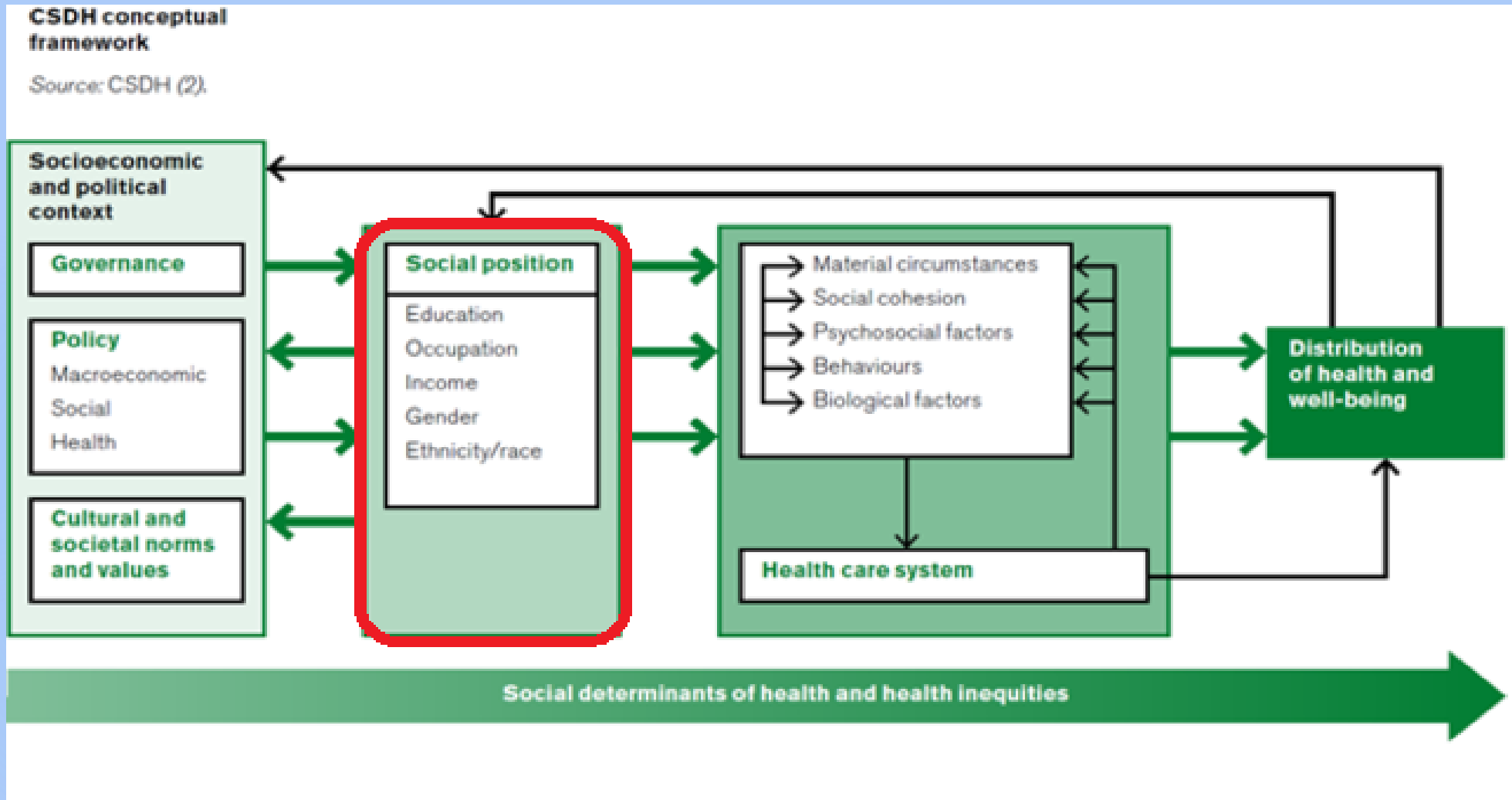


Phases for the Integration of a SDH and HE in Public Health Programs

Jordan experience – how to apply

- ❑ A list of policies were suggested and enforced by legal authorities
- ❑ Raising awareness and advocacy about the problem
- ❑ Building capacities for staff and communities
- ❑ Empowering communities to participate: Development Councils / Income generating projects/Employment opportunities /environmental factors/gender representation/Elders involvement
- ❑ Health in All Policies: Education sector, schools canteens, poverty strategy, civil societies, municipalities,
- ❑ Initiate programs to tackle the issue: health promotion and education at community level
- ❑ Monitor indicators: health outcomes, Obesity? Incidence of Diabetes? heart diseases?

Social determinants of health model - social position CSDH Conceptual Framework



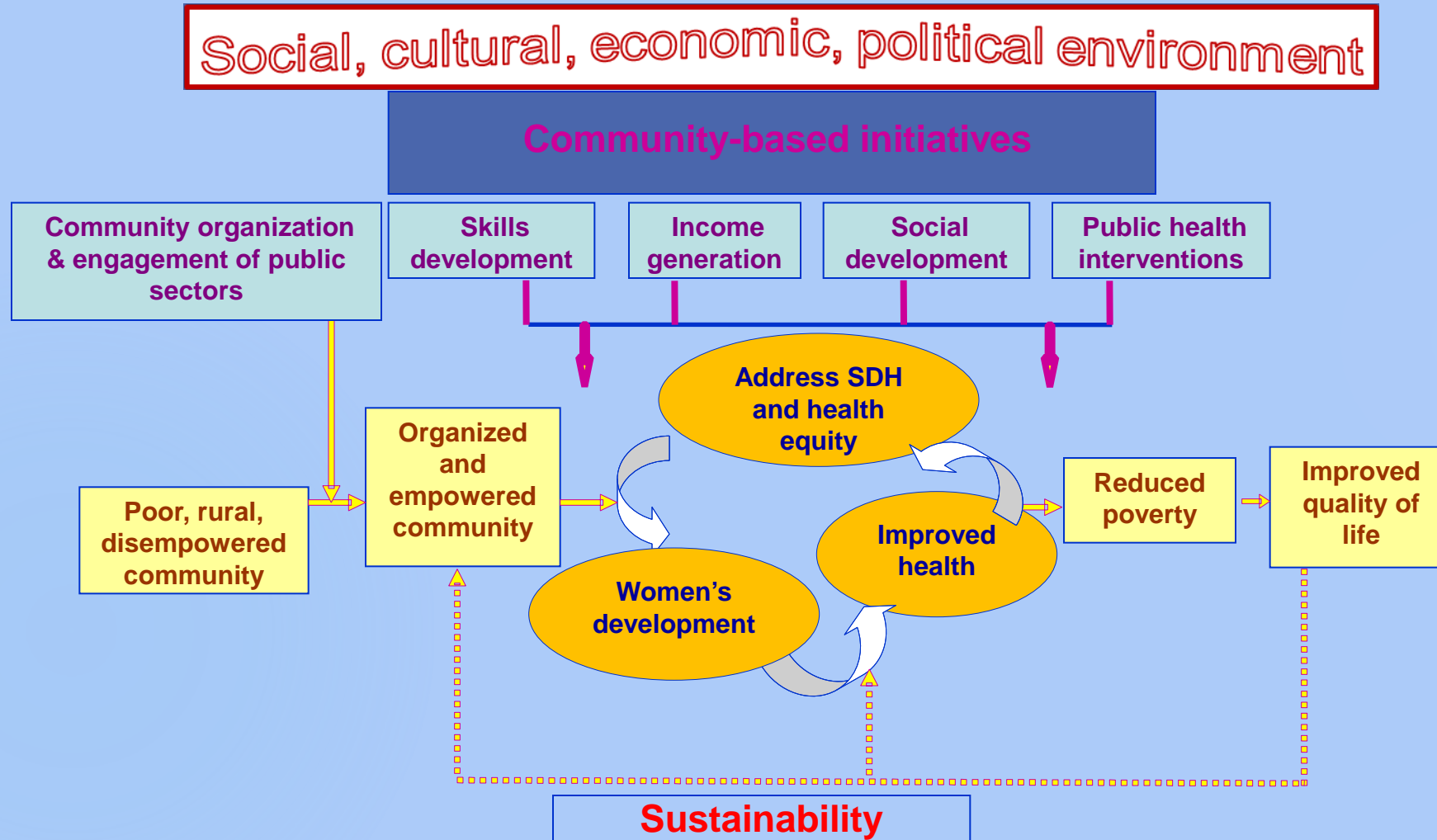
Challenges

- ❑ Program ownership between entities
- ❑ Mindsets and Long history of working alone and culture of Anti partnership
- ❑ Inadequate awareness of decision makers on the importance of approaching various aspects of social determinants of health from the perspective of health in all policies.
- ❑ Poor coordination of different health and non health sectors in addressing SDH issues and endorsing health policies in all sectors.
- ❑ Lack of concerted efforts among donors to fund different interventions tackling SDH (pooling of resources).

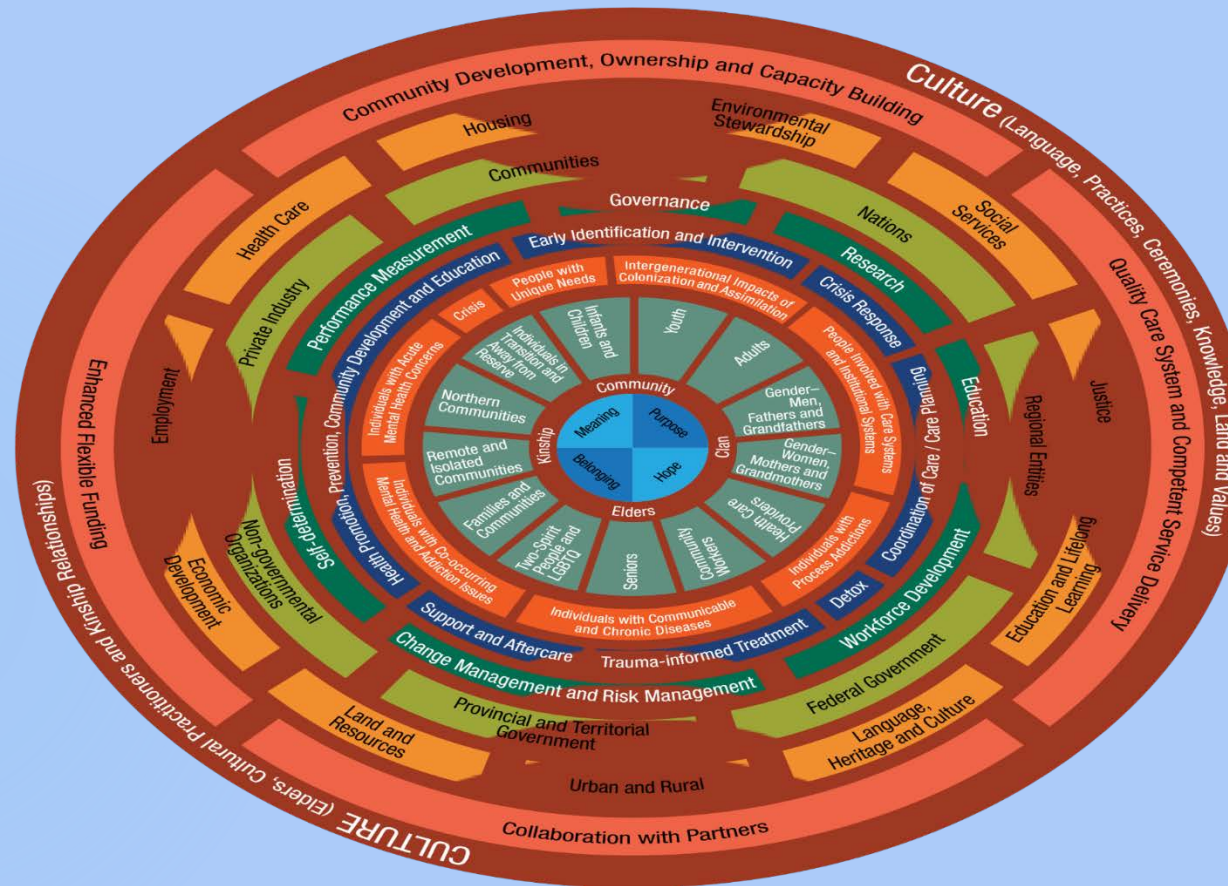
Local actions

- ❑ Policy-makers engagement in health sector strategies
- ❑ Health profiling and SDH at local level
- ❑ Programs based on local needs and priority health indicators
- ❑ Research: quantitative and qualitative
- ❑ Community participation and empowerment : community leaders, elders, chiefs, patients groups
- ❑ Intersectoral collaboration examples:

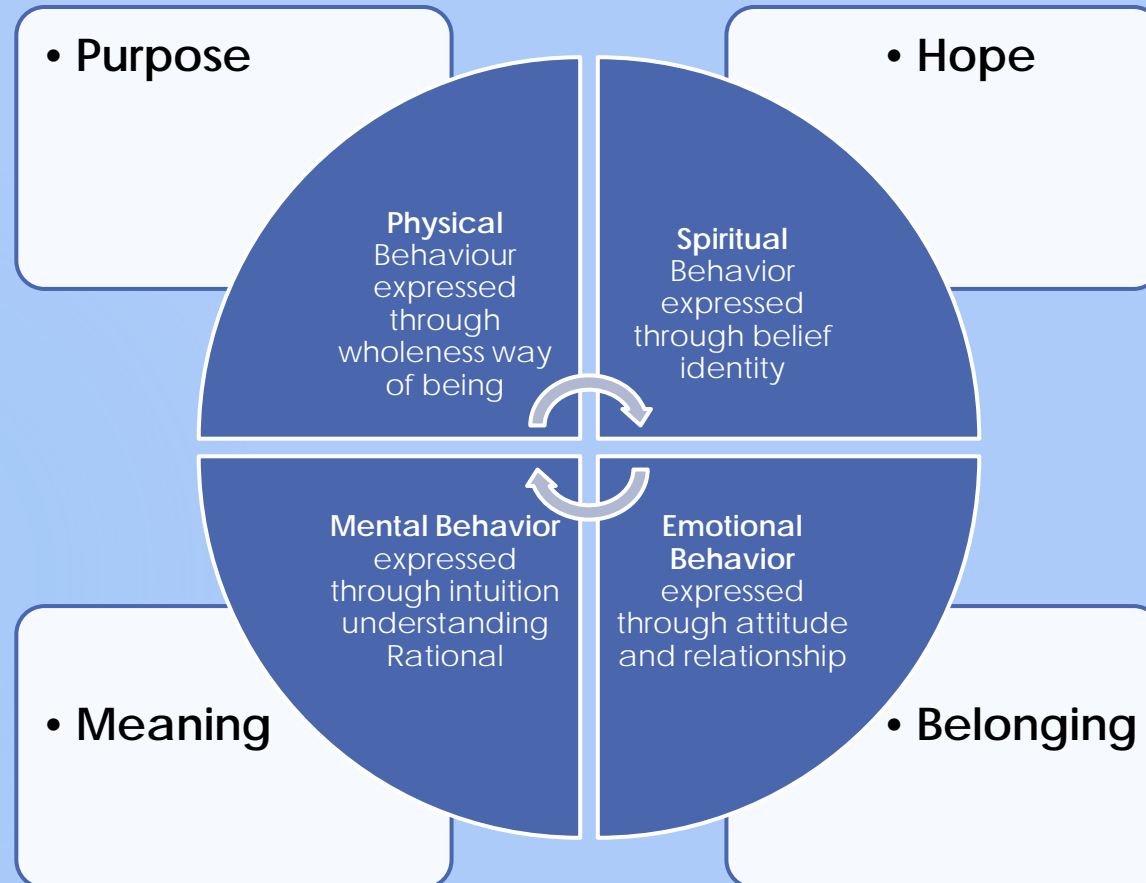
Tackling social determinants and health equity through community-based initiatives



First Nations Mental Wellness Continuum Framework January 2015, by Health Canada



Indigenous wellness framework (2015) Health Canada: culture as an intervention model



Health System Roles

- ▶ Health system roles: as employers, managers and commissioners
 - ▶ As employers: Employing a diverse workforce
 - ▶ As managers: Creating equitable workplace environments
 - ▶ As commissioner: addressing health equity in procurement and practices
- ▶ Working in partnership: within the health sector and beyond
- ▶ Advocating for change: for the patient, community and health system
 - ▶ For patients and their families: This includes advocacy on behalf of patients to ensure they get appropriate care and support from health services and wider services and support in the community
 - ▶ For communities: Advocacy should extend to advocating for improvements in the community which will positively impact on patients health such as promoting good quality green spaces and healthy housing.
 - ▶ At the policy and strategy level: Health professionals should contribute to policy and strategy setting at the local, national and international level.

Source: Institute for Health Equity © IHE

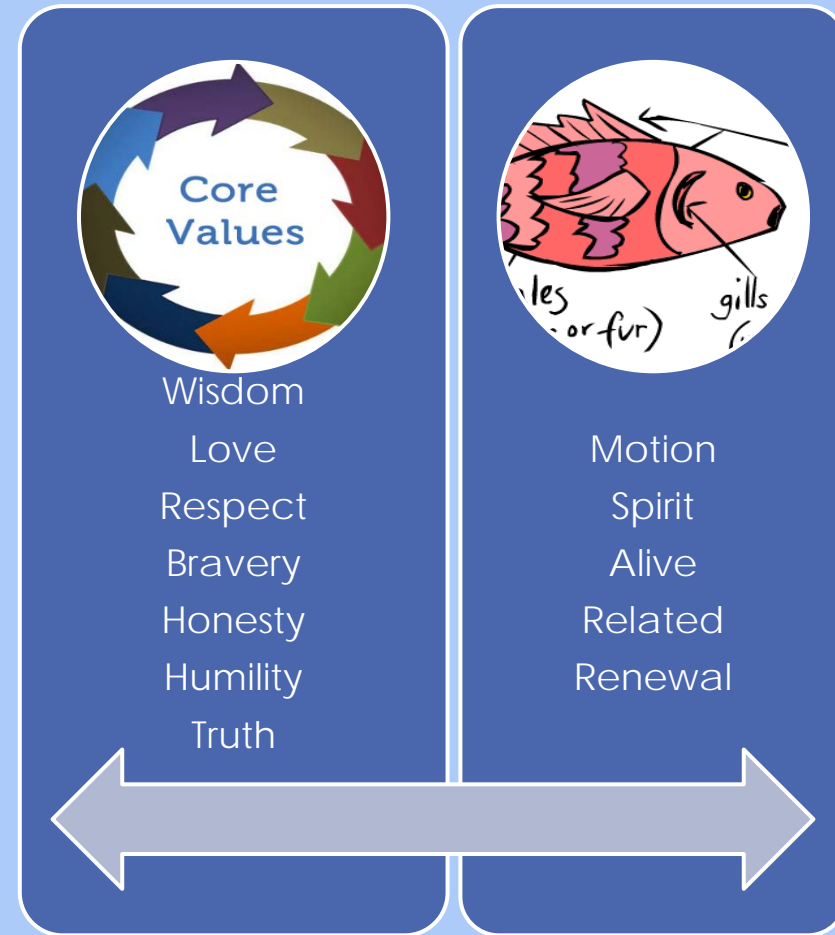
Canadian Accreditation Council approach

- ❑ Literature review and evidence based approach in developing standards
- ❑ Multi disciplinary approach
- ❑ Engaging elders, chiefs and First Nations Treaties personnel in the process of planning, development and implementing accreditation programs
- ❑ Rely on peer volunteer reviewers from same culture, language, background familiar with the community challenges and the social determinants
- ❑ Standards address community engagement in the health programs implementation
- ❑ Standards address that programs are developed based on local health needs and epidemiological profiles

Canadian Accreditation Council approach

- ❑ Standards address that health outcomes are monitored regularly, measures include collection of outcome data, outcome data analysis, outcome tools and process assessment and outcome data dissemination
- ❑ Support organizations to develop research-based practices
- ❑ Focus on Patient – centered care and persons served outcomes: inclusiveness, uniqueness, achieving goals, safety and health
- ❑ Develop tools to measure dimensions of quality of services that looks behind the health sector
- ❑ Provides training on culture and diversity inclusion
- ❑ Recruit diverse technical and administrative staff
- ❑ Have Aboriginal Advisory Board

Framework for the Treaty 8 First Nations of Alberta Standards for Schools



Canadian Accreditation Council Roles in the process of Accreditation

❑ **Convening role**

- ❑ Convening sectors nationally and regionally
- ❑ Convening expert advice on methods and tools for measurement of health equity to issue guidelines
- ❑ Engaging with existing processes of health and social reform
- ❑ Working with specific key sectors affected by the SDH as poverty, gender inequities, priority public health conditions, child health

❑ **Synthesizing Policy lessons**

- ❑ Reviewing evidence
- ❑ Recognising problems of current approaches
- ❑ Learning for successful models
- ❑ Assisting in providing solutions rather than making diagnosis
- ❑ Sharing experience with implementation

❑ **Engaging organizations in research**

- ❑ Sharing successes and best practices
- ❑ Discussing barriers and challenges
- ❑ Collecting and disseminating tools

Closing the gap in a generation

56



www.who.int/social_determinants/en