BC NURSES' UNION

Standing up for health care

POSITION STATEMENT

SOCIAL DETERMINANTS OF HEALTH

www.bcnu.org

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UNIFOR Local 888 cope 378

BC NURSES' UNION BELIEVES THAT:

- Health is a complete sense of mental, physical, and socioeconomic well-being.[1]
- Socioeconomic factors are the roots of health; amongst other factors, income and social status determine health to a great extent.
- When socioeconomic and environmental conditions improve, population health improves, so health advocacy is a vital aspect of the work of health professionals in all areas.
- It is possible to create a healthier BC through social, environmental and economic justice initiatives such as:
  - eliminating (or at least alleviating) poverty
  - eliminating systemic discrimination based on ability, age, class, ethno-racial identity, sex/gender, sexual orientation and other categories of difference
  - safe housing for all British Columbians
  - protecting our environment so that air, soil, water, forests and other parts of our ecosystems are clean and remain in their natural state
  - supporting publicly-funded services in health, social services, education, transportation, and more
  - taxation systems that equally distribute the responsibility to all taxpayers including corporations and individuals
  - supporting early childhood development through literacy, food security, high quality, affordable childcare and all of the above
- Nurses already play an important role in advocating for British Columbians' health; nurses in the community, schools, addiction centres, on the streets and elsewhere are working hard to "level the playing field" so that everyone has access to housing, food, income security and so forth.
- In a redesigned, integrated health-oriented system, an expanded role for nurses in health promotion, prevention and chronic disease management has the potential to have a significant, positive impact on population health.
- Unions like BCNU play an instrumental role in struggles for social justice and improved community health.

BACKGROUND: WHY BC NEEDS HEALTH ADVOCACY

The social determinants of health are the roots of health. As the circumstances in which people live and work, the social determinants of health reflect social hierarchies and integrate mental, physical and socioeconomic dimensions. Those who work towards health equity are health advocates (or activists). Generally, people whose basic needs are met are able to pursue opportunities which enhance the quality of their lives; these groups of people typically enjoy better health. Conversely, poorer health is commonly experienced by those facing poverty and systemic barriers; these groups have fewer life choices. The causative association between psychological, socioeconomic and environmental factors with health status has been proven with robust research evidence, carried out over decades.[2] Landmark documents in this area were written by Canadians* so we are leaders in this field – at least in policy. Moving from rhetoric to action is one of the most urgent tasks of our times as Canadians are suffering and dying as a result of systemic inequities.

British Columbians, by and large, are healthy people, living longer than the Canadian average; however, variations in socio-economic status, social support and other factors, create considerable health disparities between British Columbians.

Income is a major determinant of health. BC is one of Canada's wealthiest provinces as it is abundant in natural and other resources.

*To name just a few of these documents: the Lalonde Report (federal government, 1974) "A new perspective on the health of Canadians"; the Epp Framework "Achieving Health for All" (federal government, 1986); the Ottawa Charter for Health Promotion (WHO, 1986). They established the notion that the medical system is not the main determinant of health and that redressing inequities holds great potential for creating healthier populations.

1. WHO (1946). Preamble to the Constitution of the World Health Organization adopted by the International Health Conference, New York, June 19-22, 1946; entered into force on April 7, 1948.
2. Macdonald, J. (2005). Environments for Health: a salutogenic approach. Earthscan, UK.
3. HRSD Canada (2011). Financial Security—Income Distribution: Regions. http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=22; accessed Mar 16/15.
4. First Call with SPARC BC (2010). 2010 Child Poverty Report Card: http://www.firstcallbc.org/pdfs/economicequality/3-reportcard2010.pdf; accessed Aug 30/11.
5. City of Vancouver (2010). News Release: Initial Homeless Count shows drop in street homelessness; overall homelessness increasing: http://vancouver.ca/mediaroom/news/detail.htm?row=54&date=2010-04-08 accessed Aug 30/11.
6. Food Banks BC (2011). About Hunger in British Columbia. http://foodbanksbritishcolumbia.ca/about-hunger.html accessed Aug 30/11.
7. Human Resources and Skills Development Canada (2011). Current and Forthcoming Hourly Minimum Wage Rates for Experienced Adult Workers in Canada. http://srv116.services.gc.ca/dimt-wid/sm-mw/rpt1.aspx?lang=eng; accessed Sept 2/11.
8. Hertzman, C. (2009). The state of child development in Canada: Are we moving toward, or away from, equity from the start? Pediatric Child Health, Dec; 14(10): 673–6.
9. Cox, W. & Pavletich, H. (2010). 6th Annual Demographia International Housing Affordability Survey. Frontier Centre for Public Policy. http://www.fcpp.org/files/1/gdhi-final.pdf; accessed Aug 30/11.
10. Kothari, M. (2007). Report of the Special Rapporteur on Adequate Housing—Mission to Canada. UN General Assembly, Human Rights Council. http://www2.ohchr.org/english/bodies/hrcouncil/docs/10session/A.HRC.10.7.Add.3.pdf; accessed Aug 30/11.

Distribution of this wealth and access to such basics as clean water is, however, uneven, largely due to unjust government policies, implemented within the context of a capitalist economy. The income gap is growing: in 2011 the top 20% income earners in BC made 10.3 times that of the bottom 20%, making income disparities worse in BC than anywhere in Canada.[3] Many First Nations people, new immigrants, single mothers, those with disabilities, the elderly (particularly women) and others experience poverty and other systemic barriers. BC has the country's highest child poverty rate[4] and very high rates of homelessness.[5] Food banks in BC serve approximately 70,000 people every month and malnutrition is a growing concern.[6] BC has one of the lowest minimum wages in the country, currently $10.25 per hour[7]; increasing to $10.45 in September 2015.

Canada's policies and programs for early childhood development are the worst amongst the world's wealthy nations, largely due to systemic problems that leave many children in poverty and their parents without support. Out of 25 wealthy nations, Canada tied for last place—achieving only 1 out of 10 benchmarks set by UNICEF for quality early childhood education and care.[8]

Housing, a basic need, is severely lacking for many Canadians. Vancouver is one of the world's most expensive cities in which to own a house[9] and the rest of the nation also has a dismal record with respect to provision of housing for all. Since 1999, the UN has called upon Canada to commit funding and resources for national housing strategies, particularly for Indigenous peoples and women of all communities, asserting that hundreds of people have died as a result of homelessness. In a 2007 report on housing, the UN criticized the Harper government for cutting funding to vital women's organizations such as Status of Women Canada, contending that Canada risks reneging on its obligations to human rights treaties such as the International Covenant on Economic, Social and Cultural Rights.[10] All of these factors bode poorly for the health of Canadians.

Injustice leads to conditions that create poor population health and premature death. Health status is thus a litmus test for civilizations, indicating how resources and power are distributed. Working towards social, economic and environmental justice is thus a matter of life and death.[11]

WORKING TOWARDS HEALTH EQUITY

ELIMINATING POVERTY

Despite these contemporary trends, Canada has an impressive history of collective caring. In the decades following World War II various social programs helped to lift some people out of poverty, such as financial aid schemes for single mothers, people living with disabilities, families with young children, those without paid work, the elderly and those in need of medical assistance. During these same years, progressive taxation also helped distribute our collective wealth in an equitable fashion, which was one of the factors that created a booming economy.[12] The labour movement helped to create employment insurance, workers' compensation and unions, all of which have raised the standard of living in Canada. In the 80s and 90s the safety net of our nation was unraveled by some governments.

Newfoundland and Labrador are leaders in effective governmental approaches to reducing poverty. Under a Conservative government in 2006, they implemented a poverty reduction strategy with a focus on supporting low income families. It included enabling greater self-reliance, strengthening access to early childhood development, enhancing integrated supports for those most vulnerable to poverty, and building social infrastructure and capacity in communities.[13]

Knowing that poverty has been addressed elsewhere, we gain inspiration to eliminate

poverty in BC. Abundant wealth and resources exist here. Distributing income in a more just fashion is achievable through various mechanisms. In addition to those instituted in Newfoundland and Labrador, re-implementing progressive taxation schemes would help to spread wealth more evenly and produce greater shared economic prosperity. Raising the minimum wage above the low income cutoff would guarantee, to some extent, that basic needs would be met. Unions help to eliminate poverty by providing workers with livable wages and helpful benefits; unions also help in maintaining human rights in workplaces. In these times, supporting unions is an extremely important political act. Publicly-financed healthcare, social services, education and more further assist in sharing wealth more fairly. Social safety nets are required to assist those in financial need, particularly women, Indigenous people, those with disabilities, new immigrants, elders (especially women) and others who are struggling financially. Finally, as mentioned above, housing for all would also make a powerful contribution to the elimination of poverty and the improvement of community health status.

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VALUING ALL MEMBERS OF SOCIETY

Deeply embedded negative attitudes and practices against particular communities are challenging to redress. Eliminating all forms of discrimination and systemic inequities require multi-pronged, long term approaches with the aim of creating new norms that genuinely support diversity. Education and training about diversity and difference assists people in learning about others; these kinds of learning activities are already being carried out in various organizations and communities and need to be expanded to reach more people. Furthermore, equity in workplaces, housing and other sectors may be achieved through legislation that promotes impartiality; of vital importance is enforcement of legislation by courts, police and others. Social justice movements have also been successful in helping to create cultural shifts in attitudes and practices.

It is possible to create healthier conditions for all communities globally, in one generation.[14] Health professionals in all specializations and settings have the capacity to advocate for health.[15] Besides greater social, economic and environmental equity, a redesigned healthcare system that prioritizes health promotion, prevention and chronic disease management is vital for the creation of healthier communities. Nurses will play a lead role in this new healthcare system.

BCNU: ADVOCATING FOR HEALTH AND JUSTICE

BCNU advocates for population health through the development of greater equity in our society. As a union, we support the human rights of our members and all people. As nurses, we recognize that health is rooted in social, economic and environmental conditions. We support initiatives that fight injustice and move our society towards greater equity for all.

FOR MORE INFORMATION

Please contact your BCNU Regional Chair to discuss these issues. Go to **www.bcnu.org** or look in your **Update** magazine for a list or representatives.

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12. McQuaig, L. & Brooks, N. (2010). The Trouble with Billionaires: why too much money at the top is bad for everyone. Penguin.
13. Government of Newfoundland and Labrador (2009). Standing Strong in the Fight Against Poverty. News release: http://www.releases.gov.nl.ca/releases/2009/exec/0326n15.htm.
14. Marmot, M., Baum, F., Begin, M. et al (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. WHO Commission on the Social Determinants of Health, Geneva: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf.
15. Mu, L., Shroff, F., Dharamsi, S. (2011). Inspiring Health Advocacy. Education for Health 11 (online) 534: http://www.educationforhealth.net/publishedarticles/article_print_534.pdf.the first and only service of its kind in the country. It is located in Vancouver's Downtown Eastside (DTES), one of Canada's most dispossessed neighbourhoods, where extreme poverty, homelessness, high rates of mental illness, violence and other social problems exist. The majority of residents in DTES are Indigenous people, who continue to confront ongoing legacies of residential school syndrome, racism and other repressive realities.

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