Social determinants of health

Social, environmental and economic factors are critical in determining how healthy we are.

Among these determinants of health are income, work, early childhood development, education, quality of housing and culture.

In Canada, we are proud of our universal health care system, which reflects our caring and compassionate society. But there are differences in health outcomes between regions, between neighbourhoods and between people with different levels of education, jobs and income. Aboriginal peoples in Canada have much poorer health than Canadians as a whole. In Canada, all individuals should have the opportunity to achieve their full health potential. This is health equity.

Fast facts
An estimated 20% of the $200 billion we spend on health care every year is attributable to socio-economic disparities. It makes sense, both economically and from a social standpoint, for governments to look at the influences on health “upstream” and to consider ways to reduce the burden of illness.

The CMA and more than 130 medical, health and patient organizations in Canada have endorsed a set of Principles to Guide Health Care Transformation. One of these principles says: “The health care system has a duty to Canadians to provide and advocate for equitable access to quality care and policies to address the social determinants of health.”

Despite greater investments in health care and new treatments and technologies, health outcomes in Canada are not improving. In fact the incidence of chronic disease, such as diabetes, continues to rise, as do the corresponding risk factors (e.g., obesity). This comes at great cost to individuals, families, communities and governments.

Canada’s health care system needs:
- The federal government to recognize the ways in which the social determinants of health affect demands on the health care system.
- All new federal policies, programs and services to be put to the test of a health impact assessment prior to approval by Cabinet.

This would:
- Contribute to a healthier population while simultaneously reducing the strain on the health care system.
- For every dollar spent on early childhood development, there is between a $1.50 and $3.00 return on investment. For disadvantaged children the benefit ratio is in the double digits. (TD Bank, 2012)
- Poverty is a greater risk factor in diabetes than diet or exercise. Canadians with annual incomes under $30,000 are at least twice as likely to contract diabetes as those with incomes over $80,000.
- Research estimates that one in 10 hospital admissions in Canada are due to diabetes and its complications; the Canadian Diabetes Association tallies total direct health costs at over $13-billion per year.

To learn more, please write to grassroots@cma.ca or call 800-663-7336 x2397