THE SOCIAL DETERMINANTS OF HEALTH AND SIMCOE MUSKOKA DISTRICT HEALTH UNIT

Dr. Lisa Simon, Associate Medical Officer of Health

Information Orillia, November 12, 2015

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OUTLINE

- Social Determinants of Health (SDOH) concepts
- SMDHU's work on the SDOH
- Consider relevance to Information Orillia members

Social Determinants of Health:

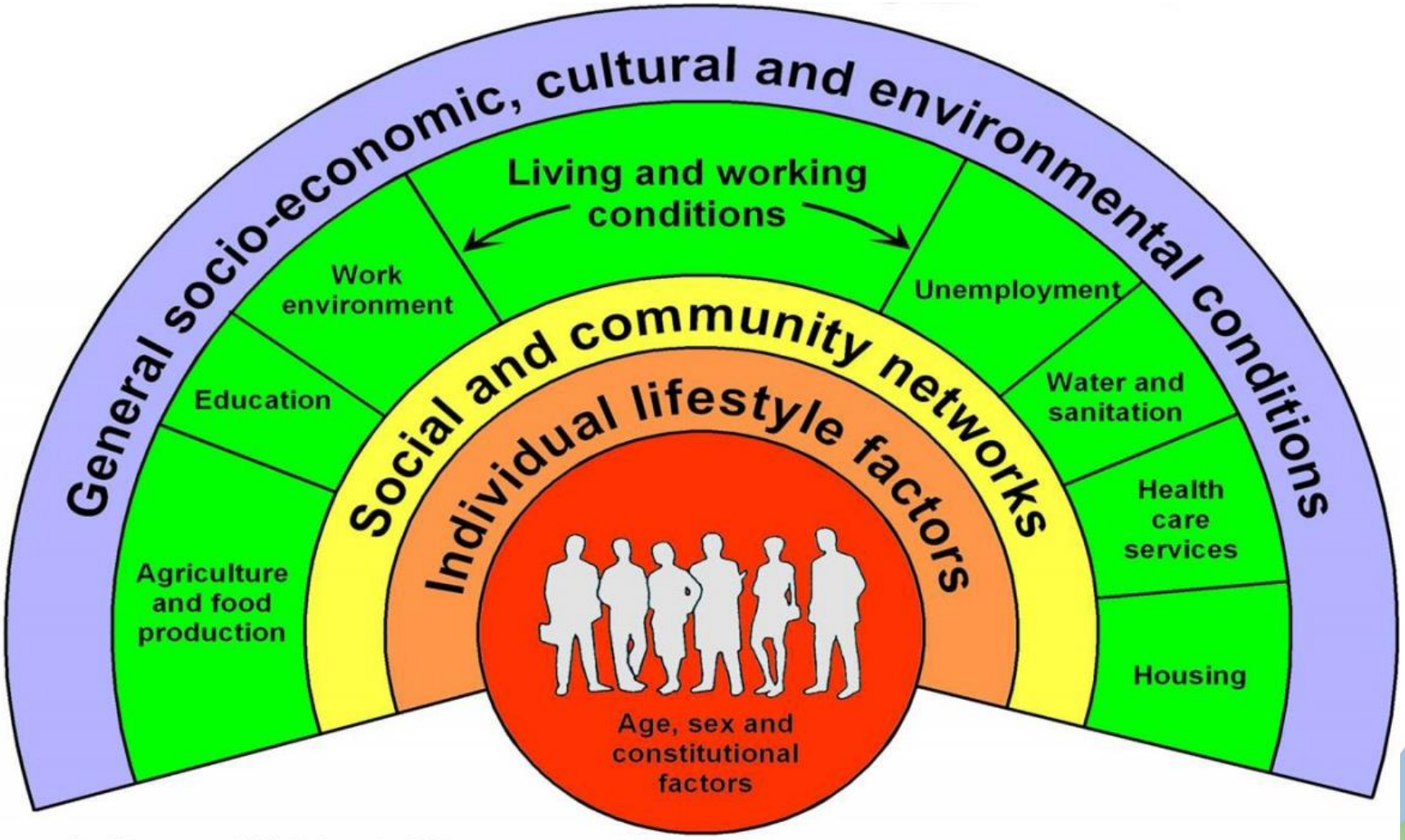
CONCEPTS

SOCIAL DETERMINANTS OF HEALTH (SDOH)

- Income and Income Distribution
- Education
- Unemployment and Job Security
- Employment and Working Conditions
- Early Childhood Development
- Food Insecurity
- Housing
- Social Exclusion
- Social Safety Net
- Health Services
- Aboriginal Status
- Gender
- Race
- Disability

Source: Juha Mikkonen and Dennis Raphael, 2010

MODEL OF DOH



Source: Dahlgren and Whitehead, 1991

IMPACT OF LOW INCOME/SES

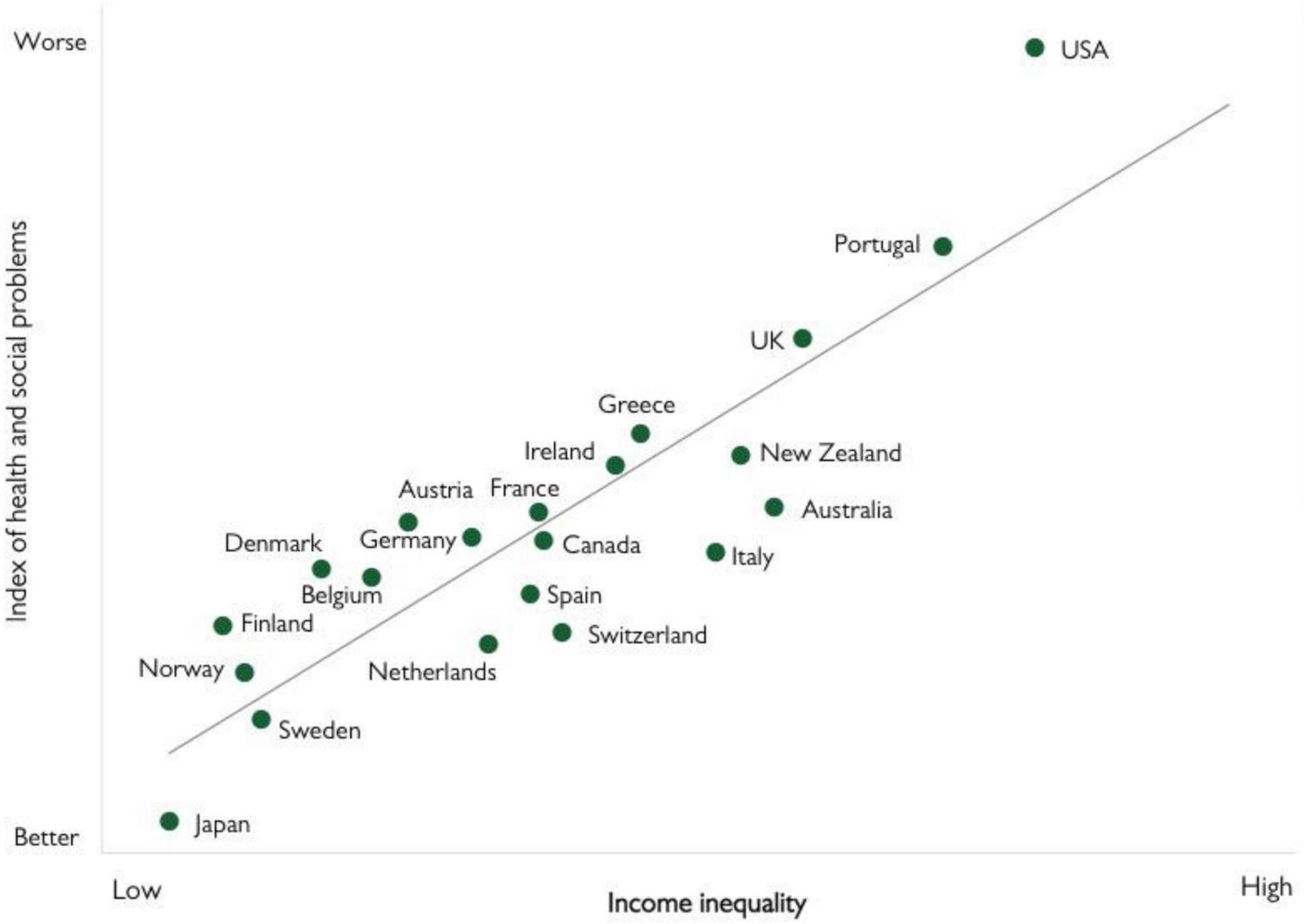
- “If all Ontarians had the same health as Ontarians with higher income, an estimated **318,000 fewer people would be in fair or poor health, an estimated 231,000 fewer people would be disabled, and there would be an estimated 3,373 fewer deaths** each year among Ontarians living in metropolitan areas.”

Source: POWER Study, Chapter 13 - Achieving health equity

POVERTY IN CHILDHOOD

TOXIC STRESS DERAILS HEALTHY DEVELOPMENT

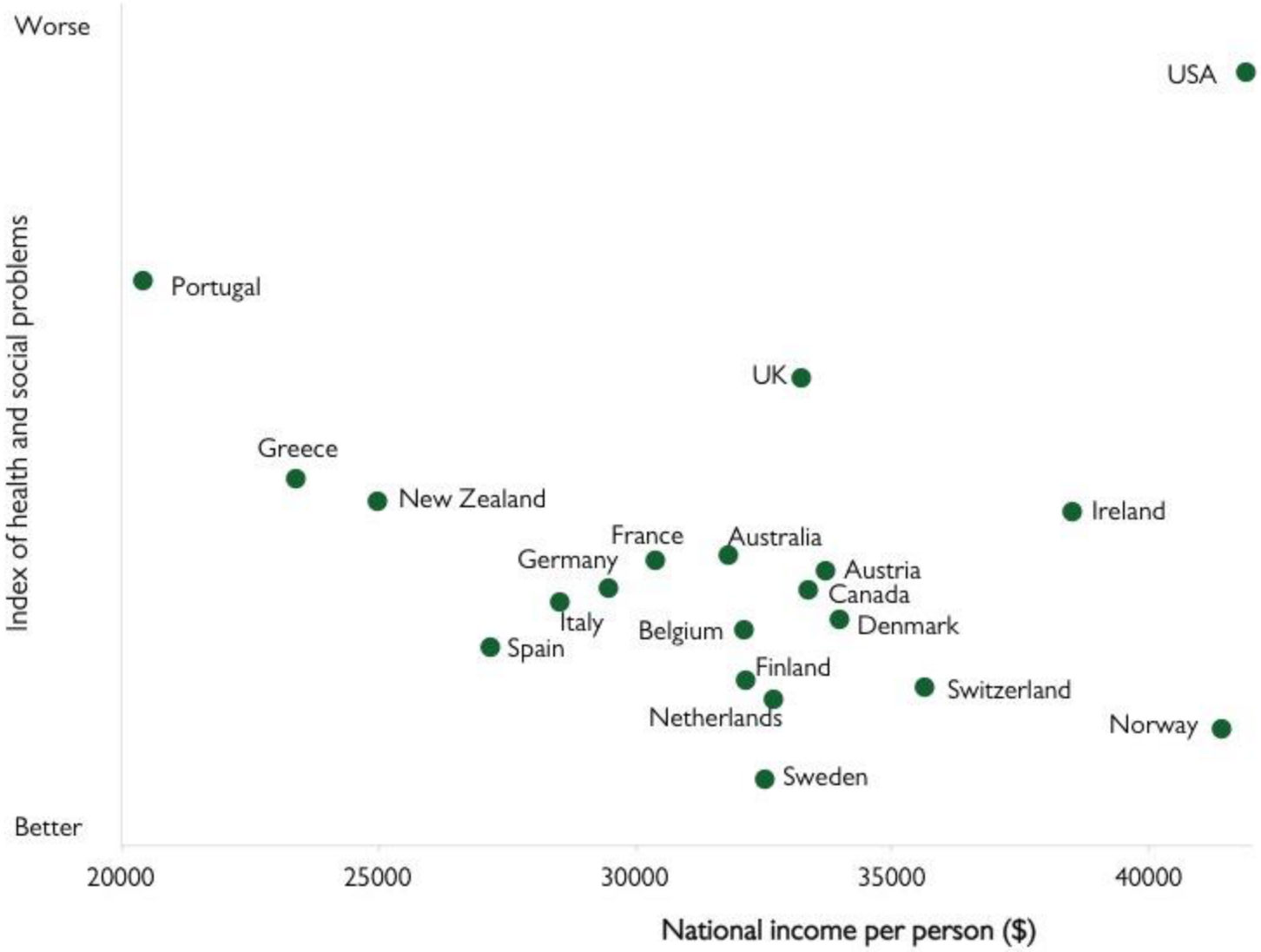
Health and social problems are worse in more unequal countries



Index includes:

- Life expectancy
- Maths & literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness (inc. drug and alcohol addiction)
- Social mobility

Health and social problems are not related to average income in rich countries



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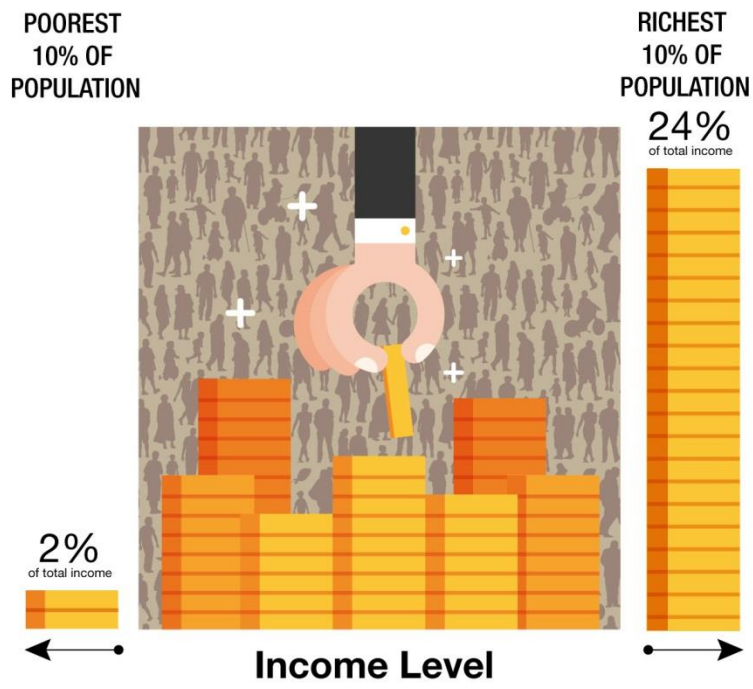
INCOME INEQUALITY IN SIMCOE COUNTY

Of total Simcoe County income, nearly one-quarter goes to those who make up the richest 10 % of the population,

while just 2 per cent goes to those who make up the poorest 10 per cent.



Data Source: Statistics Canada, Income Statistics Division, T1 Family Files [2011], Reference 15020.

PATHWAYS CONNECTING INCOME AND HEALTH

1. Material pathways: direct relation between what income can buy and health effects

2. Psycho-social pathways: indirect relation between income and health effects, mediated through variety of psychological/social mechanisms
   - Allostatic load: chronic social and environmental stress
   - Epigenetics

Social Determinants of Health:

SMDHU'S WORK

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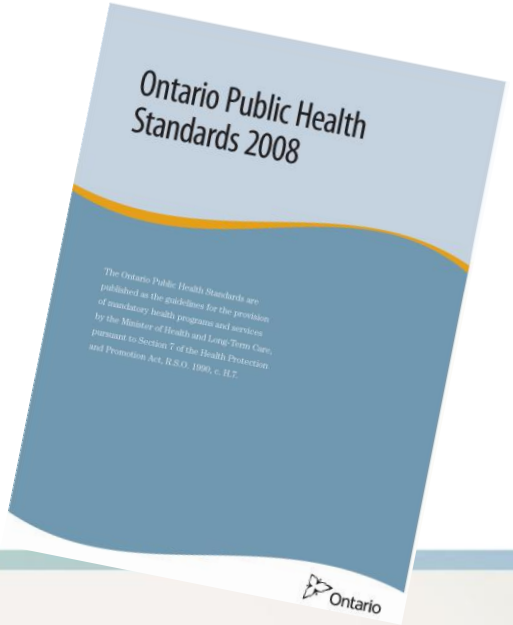
PUBLIC HEALTH MANDATE FOR SDOH

The Ontario Public Health Standards:

- Recognizes and defines health determinants and inequities
- Supports health units to identify local priority populations, and do health assessments & surveillance that includes inequities
- Programming:
  - Healthy Babies Healthy Children
  - Dental programs
  - Nutritious Food Basket



2012 – 2016 SMDHU STRATEGIC DIRECTIONS: THE DETERMINANTS OF HEALTH

Address the factors that create inequities in overall health and improve the quality of life for populations at risk of poor health outcomes.

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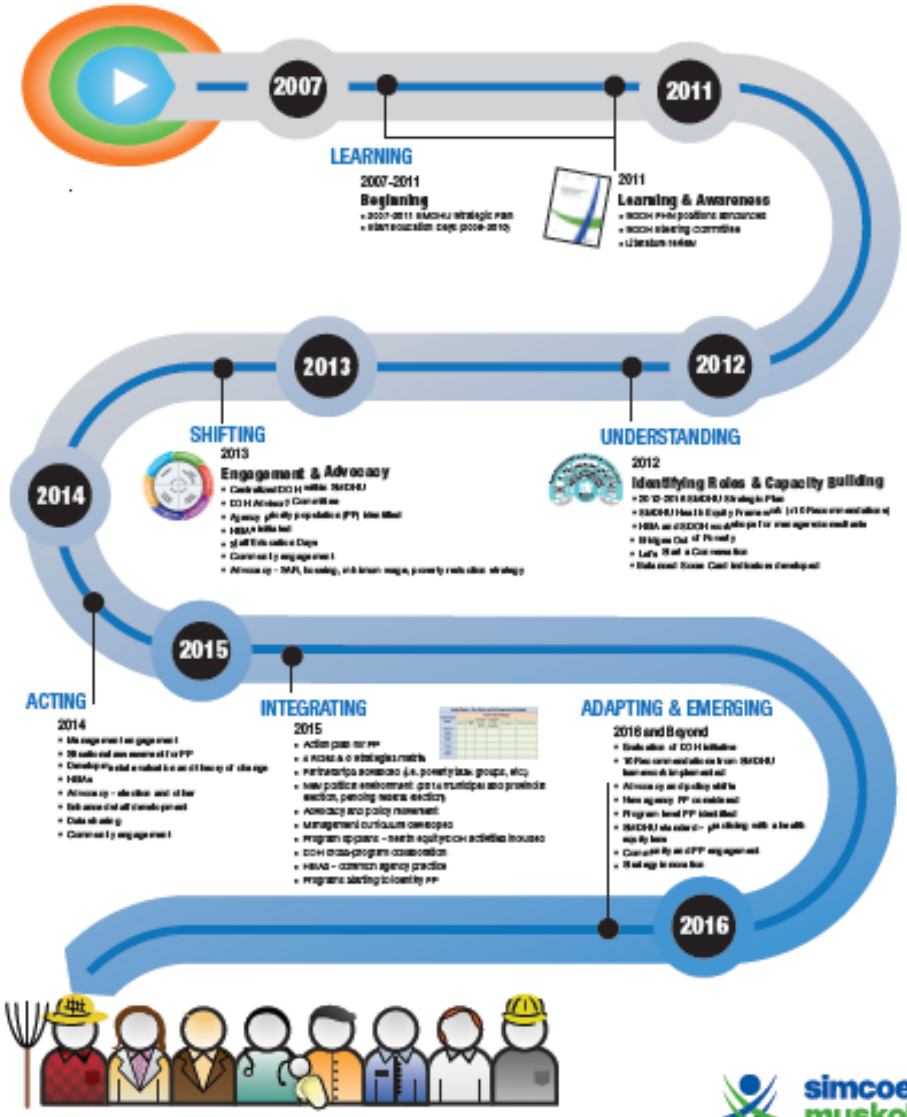
Determinants of Health Path
2007 to 2016 and Beyond



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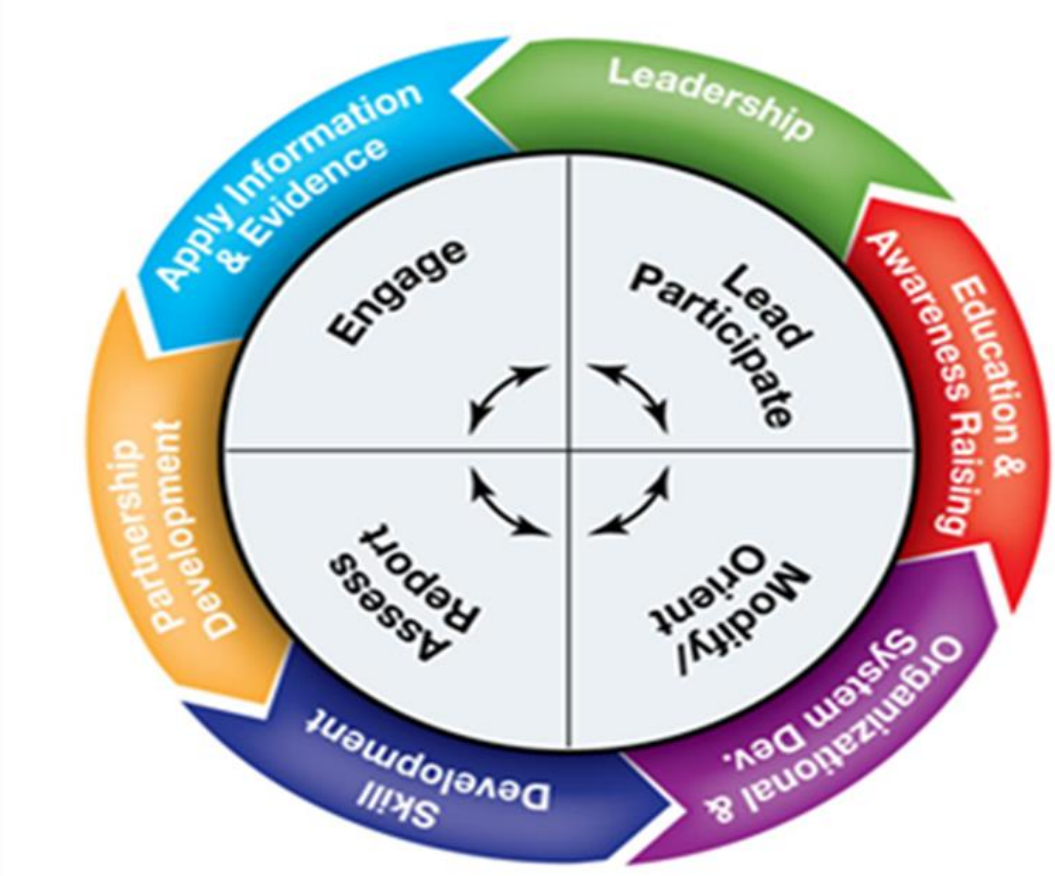
SMDHU HEALTH EQUITY FRAMEWORK



http://www.simcoemuskokahealth.org/JFY/OurCommunity/DOH.aspx

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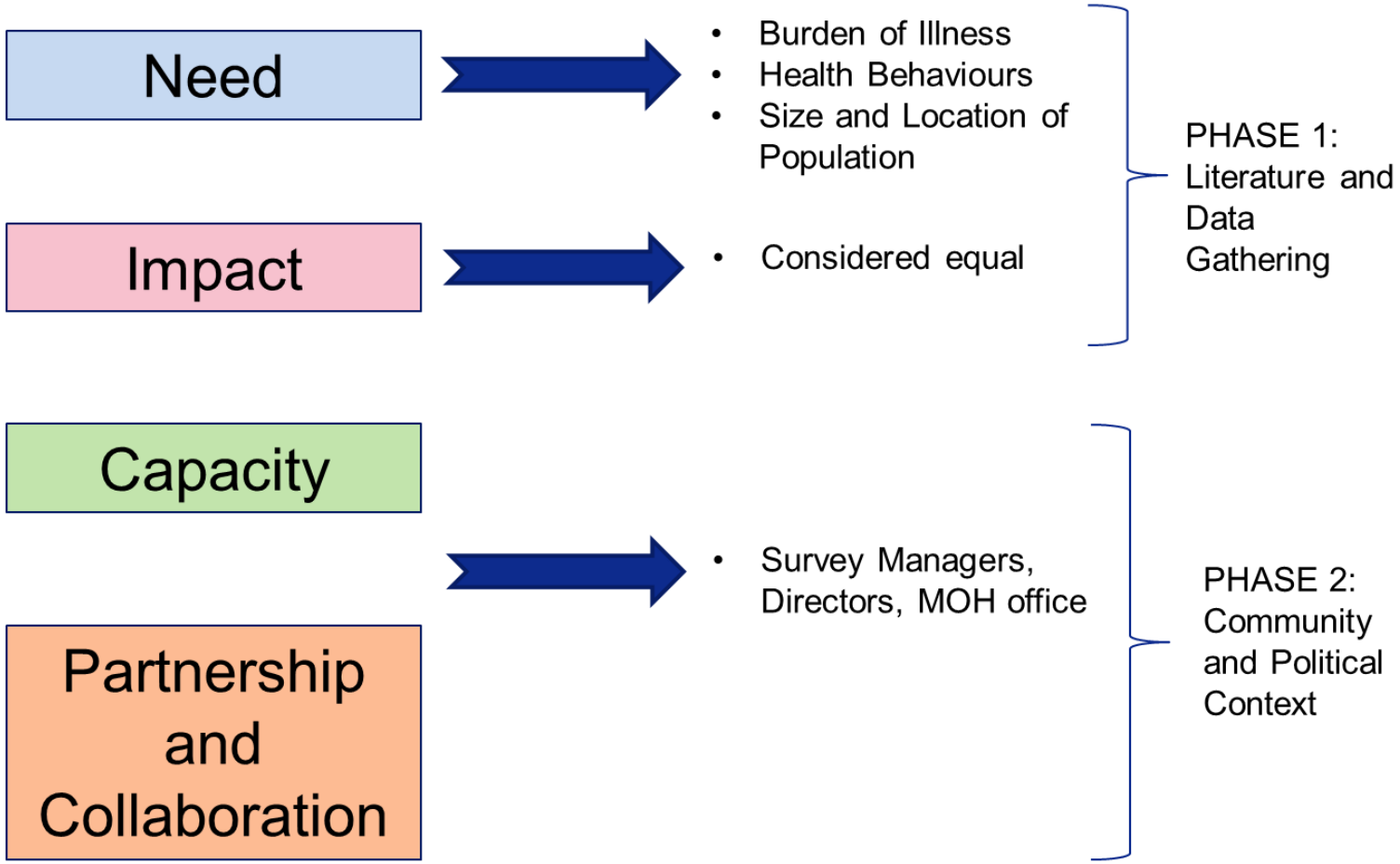
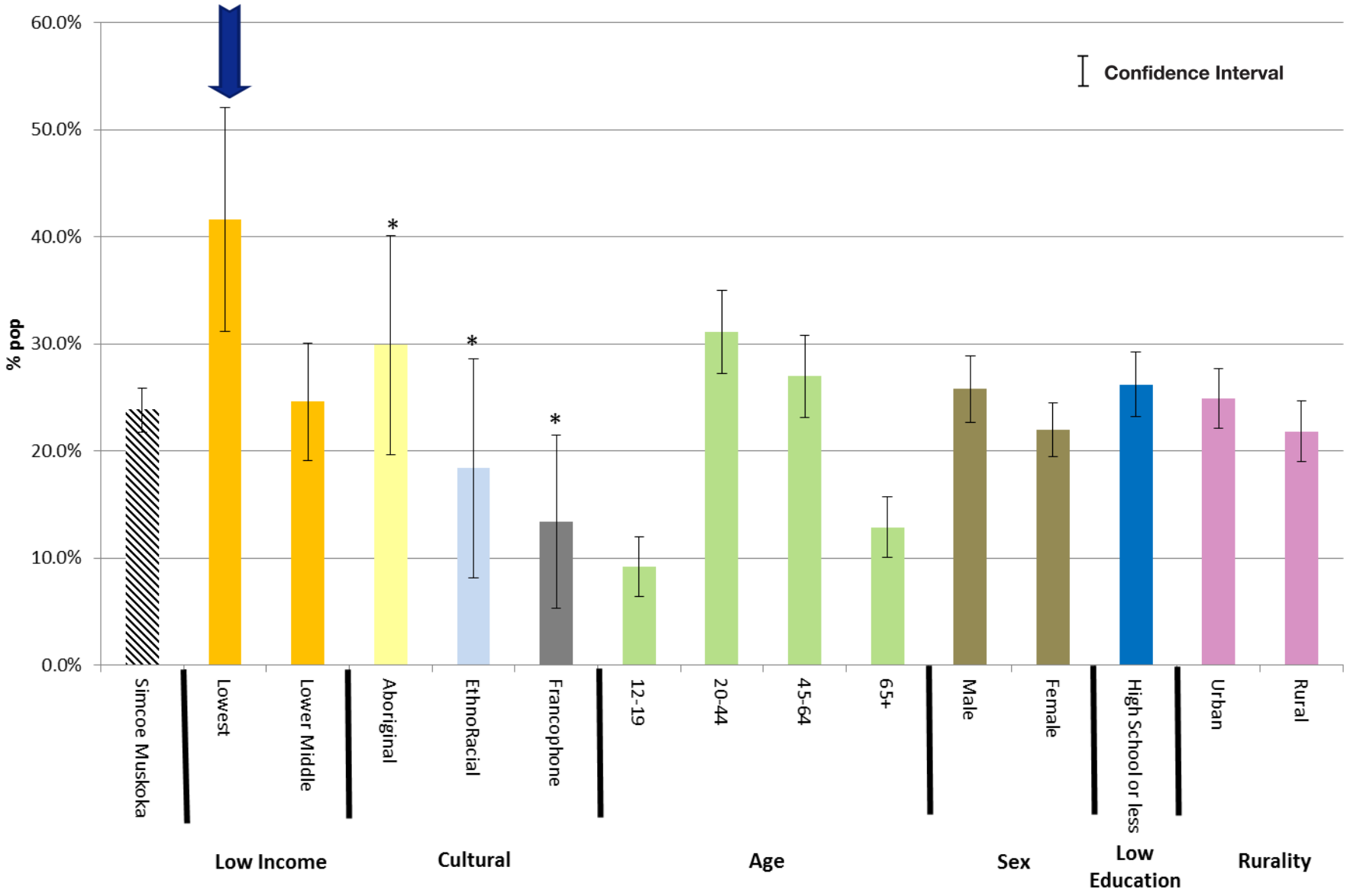
1) ASSESS AND REPORT: SELECTING FIRST AGENCY PRIORITY POPULATION



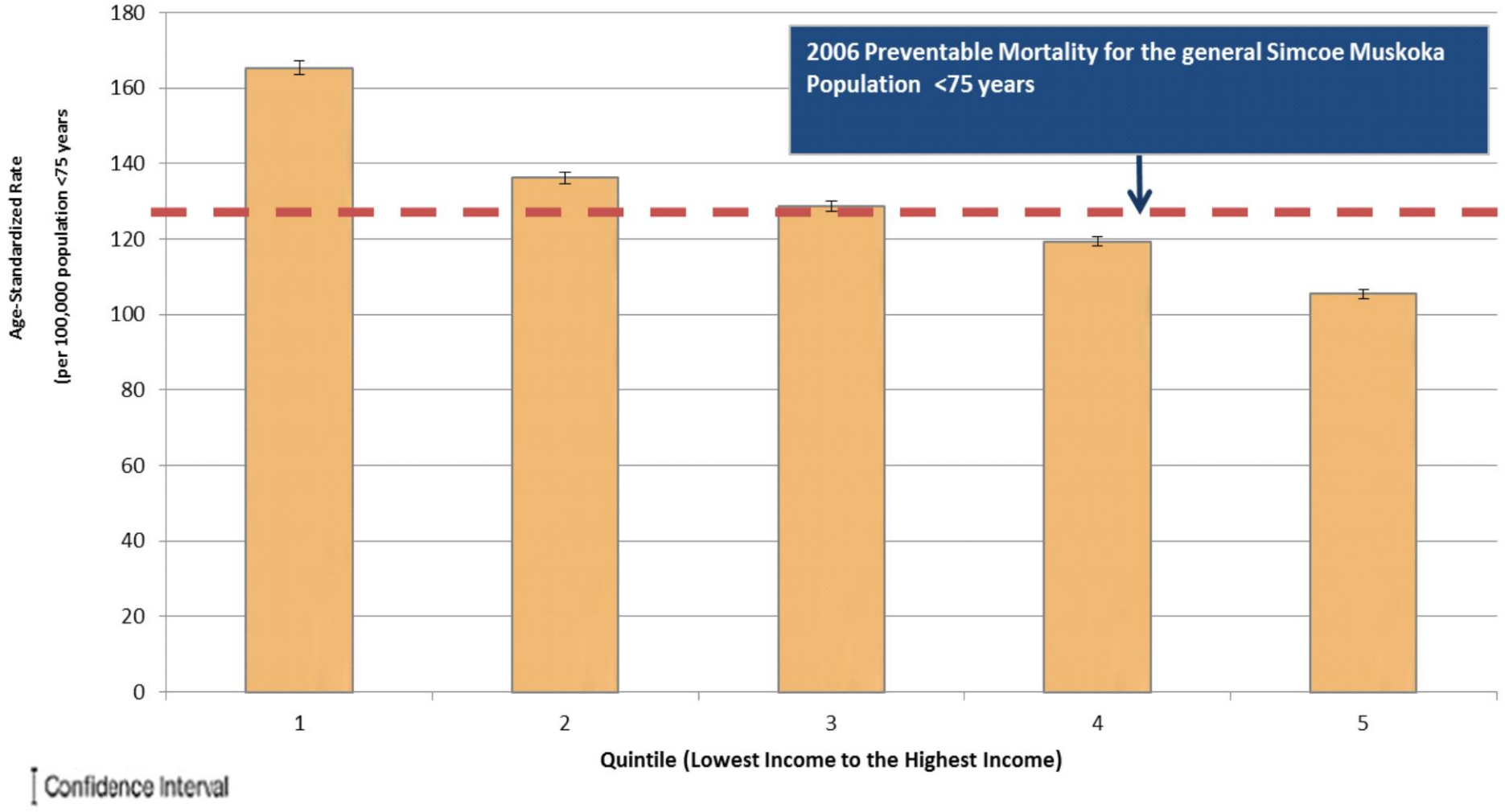
Current Smokers
Simcoe Muskoka and Vulnerable Populations, 2007-2010 combined



Source: Statistics Canada, CCHS 2007-2010 Share File.

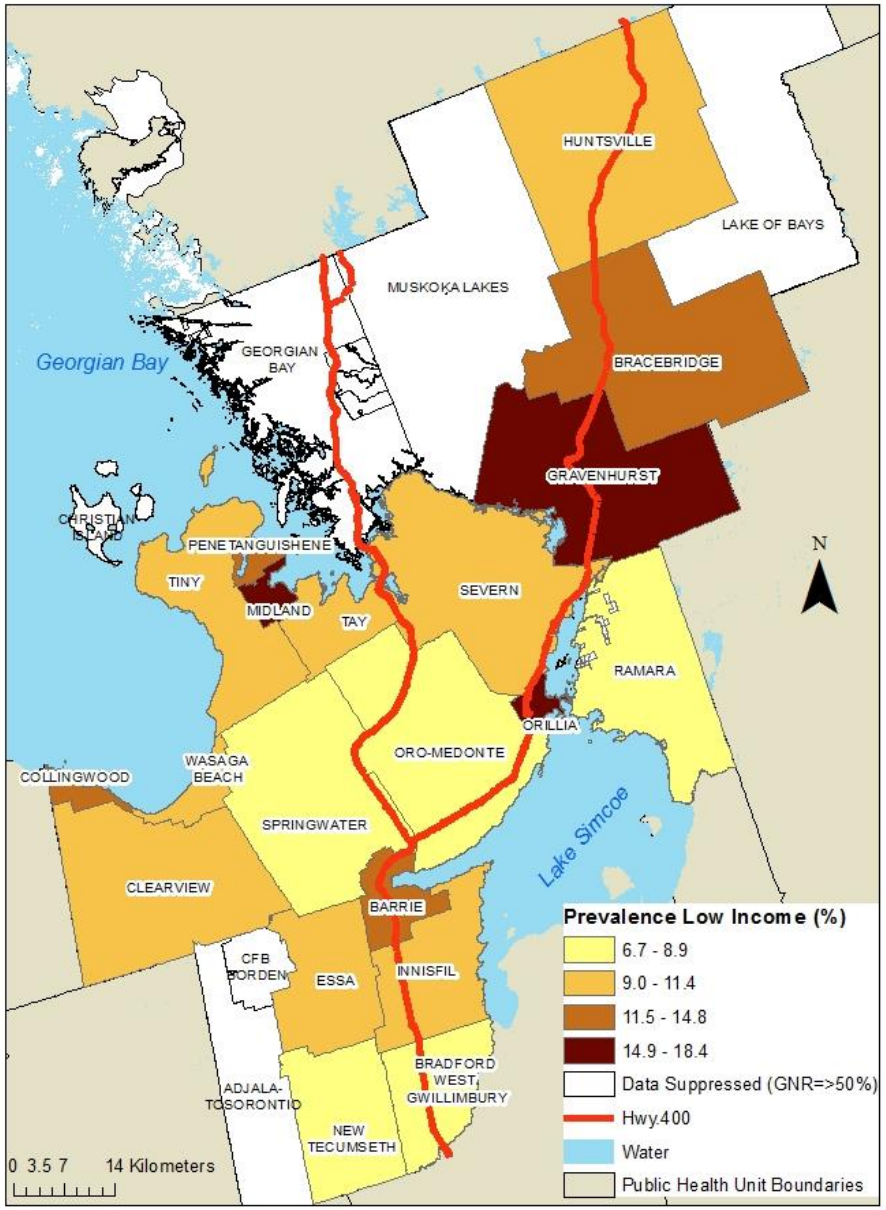
*interpret with caution.

Mortality from Preventable Causes, <75 years of age, by Income Quintile^ Simcoe Muskoka, 2006



Sources: Ontario Mortality Data (Data Years 2006) & Population Estimates (Data Year 2006), Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, extracted February 22, 2013.
*Number of deaths at age younger than 75 from preventable causes. Based on CIHI methodology (https://secure.cihi.ca/free_products/health_indicators_2012_en.pdf). ^Income quintile based on postal code at the time of death using Statistics Canada QAIPPE (Quintile of Annual Income Per Person Equivalent) provided on the Postal Code Conversion File (PCCF+).

Prevalence of Low Income Persons in Private Households (After-Tax)
Simcoe Muskoka, 2010



Sources: Statistics Canada. National Household Survey, 2011.
Land Information Ontario. Boundaries, Water, Roads.

LOW INCOME IN SIMCOE AND MUSKOKA

56,055 persons (11.4% of total population) living in low income situations.

FIRST AGENCY PRIORITY POPULATION: INDIVIDUALS AND FAMILIES IN LOW INCOME

- Identified in 2013
- Situational assessment in 2014
- Planning and implementation in 2015

The social and health

IMPACTS of LOW INCOME

in Simcoe Muskoka

LIFE EXPECTANCY

Life expectancy is lower for the population in lower income groups. Females in the highest income groups live two and a half years longer (85 years) than females in the lowest income groups (83 years). Males in the highest income groups live almost five years longer (81 years) than males in the lowest income groups (76 years).

MENTAL HEALTH

Perceived mental health status increases with higher levels of income. Only 62% of the population ages 12 years and over in the lowest income group rate their mental health as excellent or very good compared to 82% of the population in the highest income group.

OVERALL HEALTH STATUS

Self-rated health status increases with higher levels of income. Nearly three-quarters (72%) of the population ages 12 years and over in the highest income group rated their health as excellent or very good compared to only about half (53%) of the population in the lowest income group.

ORAL HEALTH

Twice as many Simcoe Muskoka adults ages 18+ (4 in every 10) living in the lower income groups report missing teeth due to decay or gum disease compared to adults living in the highest income group (2 in every 10).

HEART DISEASE

The prevalence of self-reported heart disease in Simcoe Muskoka adults (age 50+) in the lowest income group (15%) is more than 1.5 times greater than that of the highest income group (10%).

SMOKING

More than one-third (35%) of of the adult population (ages 20+) in the lowest income group are reported current smokers compared to almost one in five (19%) in the highest income group.

DIABETES

The prevalence of self-reported diabetes in Simcoe Muskoka adults (age 50+) in the lowest income group (16%) is double that of the highest income group (8%).

INCOME INEQUALITY

Of total Simcoe Muskoka income, nearly one-quarter (24%) goes to those who make up the richest 10% of the population, while just 2% goes to the population who make up the poorest 10%.

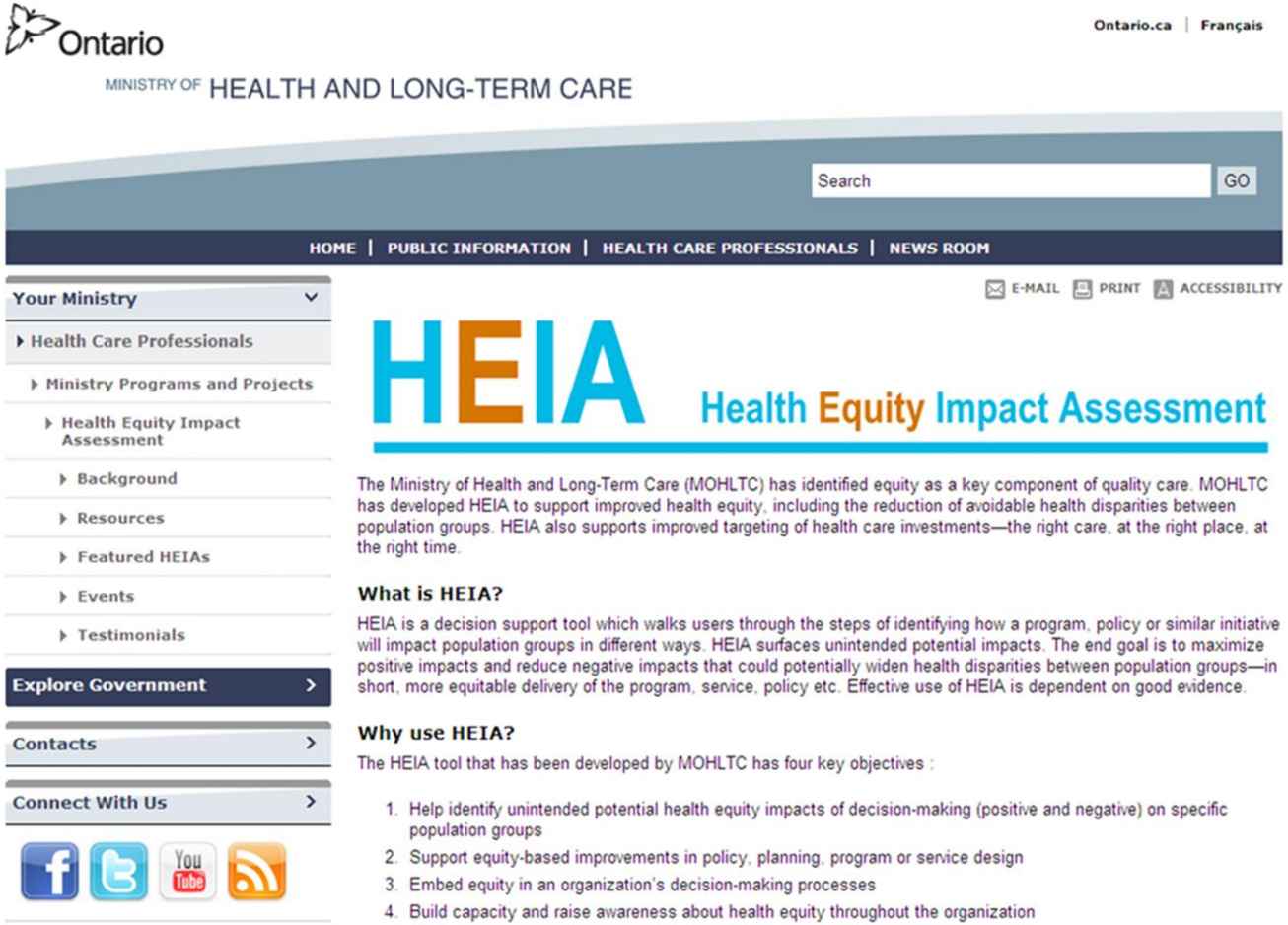
HOUSING

Affordable housing should cost less than 30% of total before-tax household income. Almost half of renters in Simcoe County (44% or 12,910) and Muskoka District (43% or 1,610) spend more than 30% of their total before-tax household income on shelter costs (i.e. rent, electricity, heat and municipal services).

FOOD INSECURITY

Overall, 8% of all Simcoe Muskoka households report experiencing food insecurity at least once in the past 12 months. Almost one-quarter of households in the lowest income quintile (22%) report food insecurity which is 20% higher than households in the highest income quintile.

2) MODIFY PUBLIC HEALTH INTERVENTIONS: HEALTH EQUITY IMPACT ASSESSMENTS



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HEIA Health Equity Impact Assessment

The Ministry of Health and Long-Term Care (MOHLTC) has identified equity as a key component of quality care. MOHLTC has developed HEIA to support improved health equity, including the reduction of avoidable health disparities between population groups. HEIA also supports improved targeting of health care investments—the right care, at the right place, at the right time.

What is HEIA?

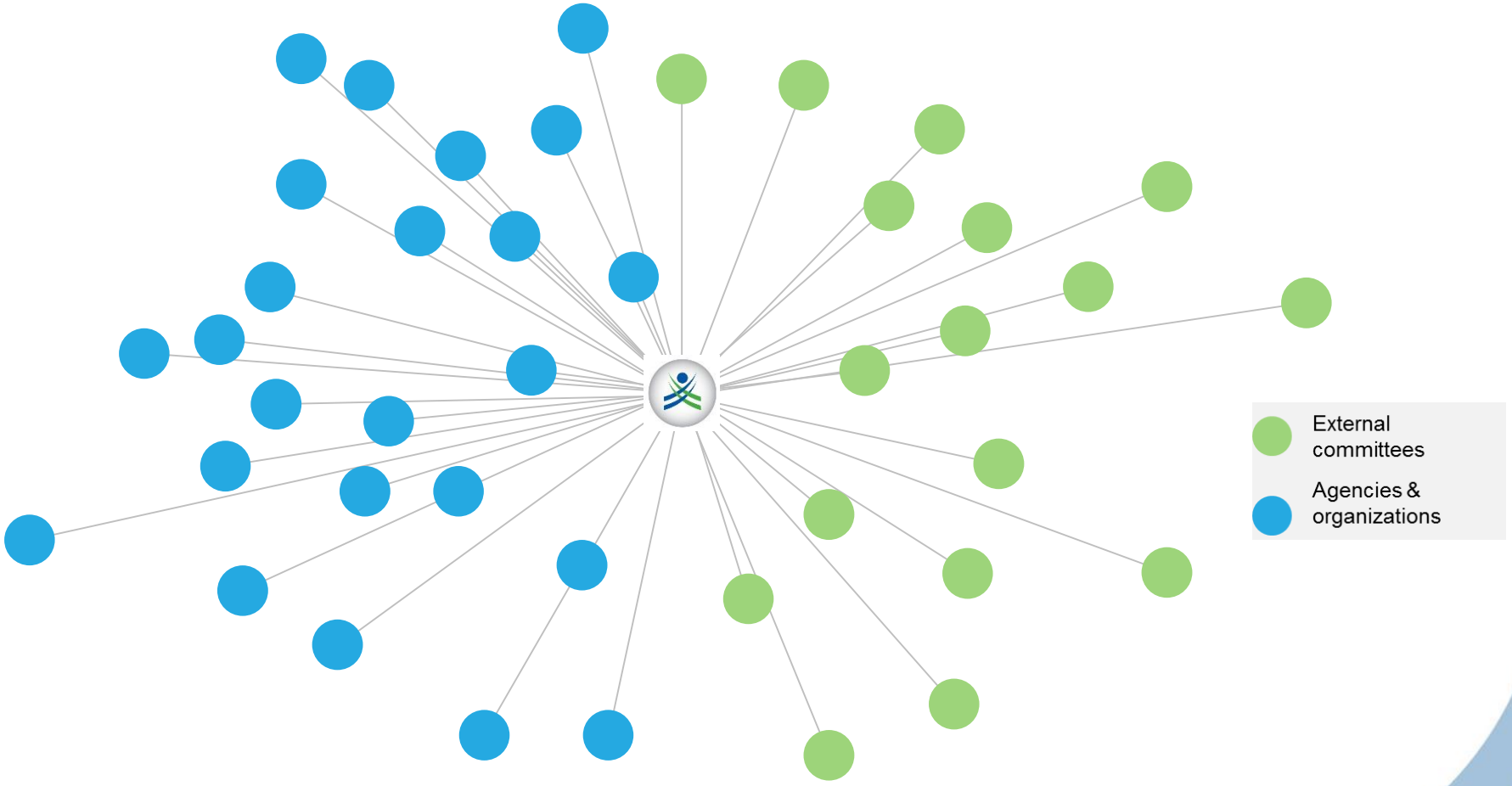
HEIA is a decision support tool which walks users through the steps of identifying how a program, policy or similar initiative will impact population groups in different ways. HEIA surfaces unintended potential impacts. The end goal is to maximize positive impacts and reduce negative impacts that could potentially widen health disparities between population groups—in short, more equitable delivery of the program, service, policy etc. Effective use of HEIA is dependent on good evidence.

Why use HEIA?

The HEIA tool that has been developed by MOHLTC has four key objectives :

1. Help identify unintended potential health equity impacts of decision-making (positive and negative) on specific population groups
2. Support equity-based improvements in policy, planning, program or service design
3. Embed equity in an organization's decision-making processes
4. Build capacity and raise awareness about health equity throughout the organization

3) ENGAGE IN COLLABORATION: EXTERNAL RELATIONSHIPS RELATED TO LOW INCOME POPULATION



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4) ADVOCACY FOR POLICY CHANGE: POVERTY

- Advocacy by Board of Health – e.g. food insecurity, affordable housing
- Submitted feedback to provincial and local policy reviews – e.g. Ontario's poverty reduction strategy review, local affordable housing plan reviews
- Included in SMDHU's municipal and provincial election candidate primers
- Facilitating public health discussion on specific anti-poverty policies – e.g. basic income guarantee

Social Determinants of Health:

RELEVANCE TO INFORMATION ORILLIA MEMBERS?

RELEVANCE OF THE 4 ROLES?

1. Assess and report on inequities

2. Modify/orient interventions to reduce inequities

3. Engage in community and multi-sectoral collaboration

4. Lead/participate and support other stakeholders in policy analysis, development and advocacy

THANK YOU