

Policy Approaches to Reducing Health Inequalities: Social Determinants of Health and Social Determinants of Health Inequalities

March 2017

This paper is part of a series of short documents based on the longer Briefing Note, *Policy Approaches to Reducing Health Inequalities*, published by the National Collaborating Centre for Healthy Public Policy in March, 2016. The series is meant to provide a brief discussion of each of the eight policy approaches discussed in the longer document as well as provide a conceptual context for this work.

To access the complete briefing note, click here: http://www.ncchpp.ca/141/publications.ccnpps?id_article=1548

This first in the series of short documents explores the difference between the social determinants of health and the social determinants of health inequalities. The objective is to enable public health actors to distinguish between policy approaches to reducing health inequalities by familiarizing them with how acting on the social determinants of health is distinct from acting on the social determinants of health inequalities. Both are important for the development of healthy public policies but only the latter is likely to have significant and lasting impact on health inequalities.

Health inequalities and the social determinants of health

Health inequalities¹ are understood to be unfair and systematic differences in health among and

¹ The Government of Canada defines health inequalities as “differences in health status experienced by various individuals or groups in society. These can be the result of genetic and biological factors, choices made or by chance, but often they are because of unequal access to key factors that influence health like income, education, employment and social supports” (Government of Canada, 2008, p. 5). While the term health inequities is often used in the literature, we have used health inequalities here as in other documents by the National Collaborating Centre for Healthy Public Policy (NCCHPP). (Note: all of our documents are produced in both French and English and there has not yet been a widely agreed-upon translation of health inequities into French (the WHO Commission reports on the social determinants of health, for example, use health inequities in English and *inégalités en santé* in

between social groups – differences which need to be addressed through action. These result from social and political circumstances and are therefore potentially avoidable. To address these inequalities, the relationships between the determinants of health and the health of the population have been brought to the fore so as to direct political action, which can include programmatic intervention at several levels.

What is Lifestyle Drift?

Despite repeated calls for more action at the structural level *and* despite political recognition of the importance of this type of action for reducing health inequalities (Popay, Whitehead, & Hunter, 2010), in reality, for various ideological, historical or practical reasons (Baum, 2011; Baum & Fisher, 2014), policies have more generally aimed at promoting healthy lifestyles and behaviour (e.g., the tax credit promoting physical activity for children in families).

This tendency to recognize the need to act on the more structural determinants of health inequalities but to instead develop interventions targeting the more behavioural determinants of health is sometimes called ‘lifestyle drift.’ This has heightened the individualization of responsibility for health (Baum & Fisher, 2014; Baum, 2011) and in some cases, limited the reduction of inequalities or even, led to their intensification (Scott-Samuel & Smith, 2015). There is also a preponderance of policies targeting individuals and communities that are already disadvantaged rather than attempting to reduce inequalities across the gradient. Such policies limit action that effectively reduces health inequalities throughout the population (Popay, Whitehead, & Hunter, 2010).

French). For clarity and consistency, we use health inequalities in English and *inégalités de santé* in French.



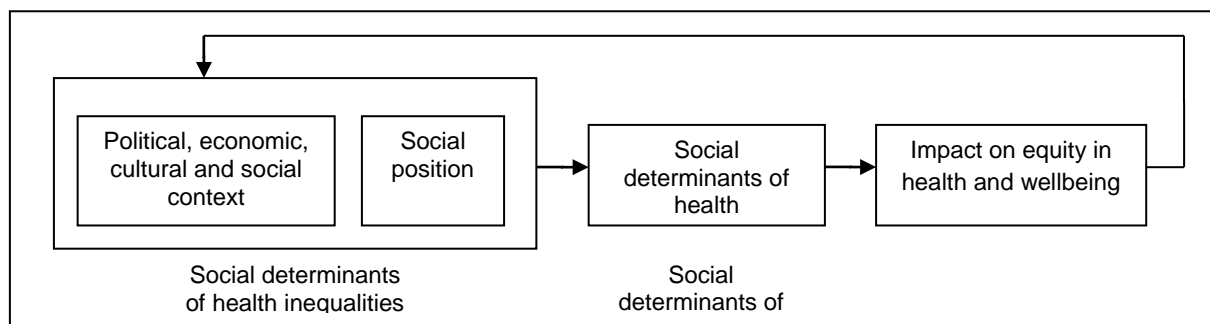


Figure 1 Social Determinants of health and of health inequalities

Source: Adapted from the conceptual framework of the CSDH WHO, 2008

What are the social determinants of health inequalities?

It has come to be commonly accepted that health inequalities are the outcome of an unequal distribution of the social determinants of health and that these determinants are in turn shaped by a wider set of forces: economics, social policies and politics, notably (World Health Organization's Commission on Social Determinants of Health [CSDH WHO], 2008). These wider forces have been identified in the literature variously as the distal, underlying social determinants, the 'causes of the causes,' or the structural determinants of health. These factors are the social determinants of health inequalities. Figure 1 above is adapted from the conceptual framework of the WHO Commission on Social Determinants of Health (2008).²

Figure 1 shows the social determinants of health inequalities to be the political, economic, cultural and social context and the social positions it engenders (through fiscal, labour, educational, and other policies). These determinants of inequalities are antecedent to and impact upon the social determinants of health which include the material and living circumstances in which people find themselves. While the line between the two types of determinants is never quite as solid as it appears is in this representation, the two are nonetheless distinct in terms of how they may be acted upon by those wishing to reduce health inequalities.

While much work on reducing health inequalities notes the importance of tackling the social determinants of health inequalities, in practice, the efforts to reduce health inequalities have mainly concentrated on mitigating the effects of the social determinants of health on different groups.

What is the relationship between the social determinants of health and the social determinants of health inequalities?

As Graham notes, the social determinants of health and of health inequalities are best understood as operating quite distinctly, even at times, being at odds with each other. It is possible, for example, to adopt policies aimed at improving the daily living conditions of children from economically disadvantaged backgrounds by, for example, instituting school-based breakfast programs, while at the same time having broader, structural policies which influence the social determinants of health inequalities in such a way that inequality increases in society. An example of the latter would be social welfare policies which tend to worsen or entrench poverty. In other words, these policies aimed at the social determinants of health may have their positive impacts "mediated by more far-reaching policies: by employment and fiscal policy and by the public provision of education, housing, and social security" (Graham, 2004, p. 115). One of the main reasons for this lies in how the social determinants of health operate differently from the social determinants of health inequalities.

² The original framework is reproduced in Appendix 1 to the full document: *Policy Approaches to Reducing Health Inequalities*.

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