Connecting the Dots: Public Policy, the Social Determinants of Health, and Mental Health

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Ontario Shores Centre for Mental Health Sciences
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Today’s Presentation

• To provide definitions of mental health, social determinants of health, and public policy

• To identify the role that the social determinants of health – that is, living conditions – play in shaping mental health

• To show how public policy – and the ideology behind it – shapes the quality of these social determinants to which people are exposed

• To identify means by which the mental health sector can contribute to public policy discussions that shape mental health
Poverty and Mental Illness

Introduction

People with mental illness often live in chronic poverty. Conversely, poverty can be a significant risk factor for poor physical and mental health. The relationship between poverty and mental illness is both straightforward and complex in its pervasive reach. Understanding this broader context is key to addressing poverty in order to promote mental health and support the recovery of persons with mental illness.
Housing and Mental Health

Introduction

Housing is a basic human right and requirement for good health. According to the United Nations the right to housing is protected under international law and Canada has endorsed such rights guaranteeing “an adequate standard of living... including adequate food, clothing and housing.” Likewise, the Ottawa Charter for Health Promotion identifies shelter as a basic prerequisite for health.
To provide definitions of mental health, social determinants of health, and public policy.
Defining Mental Health I

• “Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”

• “In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.”

Determinants of Mental Health

• “Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time.”

• “For example, persistent socio-economic pressures are recognized risks to mental health for individuals and communities. The clearest evidence is associated with indicators of poverty, including low levels of education.”

Strategies and Interventions

• “Mental health promotion involves actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. These include a range of actions to increase the chances of more people experiencing better mental health.”

• “A climate that respects and protects basic civil, political, socio-economic and cultural rights is fundamental to mental health promotion. Without the security and freedom provided by these rights, it is very difficult to maintain a high level of mental health.”

Defining Mental Health II

• In practice however, mental health is usually defined as not having a mental illness.
• Funding emphasis is on treatment of mental illness and perhaps prevention of mental illness (e.g., suicide) but not upon promoting mental health.
• Media coverage parallels this emphasis on mental illness.
• Recent emphasis is upon removing stigma of mental illness with virtually nothing being said about means by which mental health – as defined by the WHO -- can be promoted.
What are Social Determinants of Health?

• Social determinants of health are the economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole.
• Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to its members.
The Canadian Perspective

- Aboriginal status
- disability
- early life
- education
- employment and working conditions
- food security
- health services

- gender
- housing
- income and income distribution
- race
- social exclusion
- social safety net
- unemployment

What is Public Policy?

• Public policy is a course of action or inaction chosen by public authorities to address a given problem or interrelated set of problems.

• Policy is a course of action that is anchored in a set of values regarding appropriate public goals and a set of beliefs about the best way of achieving those goals.

• The idea of public policy assumes that an issue is no longer a private affair.

Public Policy Antecedents I

- early life – adequate income either inside or outside of the working force, availability of quality childcare and early education, support services
- education – support for literacy initiatives, public spending, tuition policy
- employment and working conditions – training and retraining programs (active labour policy), support for collective bargaining, increasing worker input into workplaces
- food security – developing adequate income and poverty-reduction policies, promoting health food policy, providing affordable housing
- health services – managing resources effectively, providing comprehensive accessible, responsive and timely care
Public Policy Antecedents II

- housing – providing adequate income and affordable housing, reasonable rental controls and housing supplements, providing social housing for those in need
- income and income distribution – fair taxation policy, adequate minimum wages, social assistance and social assistance levels that support health
- social exclusion – developing and enforcing anti-discrimination laws, providing ESL and job training, approving foreign credentials, supporting a variety of other health determinants
- social safety net – providing supports comparable to those provided in other developed nations
- unemployment – active labour policy, providing adequate replacement benefits, enforcing labour legislation and workplace regulations
To identify the role that the social determinants of health – that is, living conditions – play in shaping mental health
Prevalence of Major Depression in Canada by Income Group (in %), 2002

Probability of Depression (based on CIDI to SF Score) in Atlantic Canada, 2000-2001

Prevalence of Depression in 25 Census Metropolitan Areas, Canada, 2000-2001

“Low income is an important risk factor for becoming psychologically distressed, and stressors account for part of this increased risk.”
Social Determinants of Mental Health

SDOH can affect health in a number of ways:

• Social determinants define the prerequisites for health, such as shelter, food, warmth, and the ability to participate in society;

• Social determinants can cause stress and anxiety which can damage people’s health;

• Social determinants limit peoples’ choices and militates against desirable changes in behaviour.

Source: Adapted from Benzeval, Judge, & Whitehead, 1995, p.xxi, Tackling Inequalities in Health: An Agenda for Action.
Fig. 2.2 Social determinants of health. The model links social structure to health and disease via material, psychosocial and behavioural pathways. Genetic, early life, and cultural factors are further important influences on population health.

Figure 2.2: Income and health: A life-course perspective

- Childhood circumstances
  - Parental characteristics
  - Living standards
  - Other aspects of social environment

- Transitions to adulthood
  - Accumulated health capital and income potential (education)

- Adult circumstances
  - Social roles
  - Living standards
  - Behaviours
  - Social support

Pathways (Clyde Hertzman)

• Latent: Specific biologic or developmental factors at sensitive periods that have a lifelong effect regardless of later circumstances.

• Pathway: Experiences that set individuals unto life trajectories that affect health, well-being and competence over time

• Cumulative: Accumulation of advantage or disadvantage over time involving addition of latent and pathways effects
<table>
<thead>
<tr>
<th>Social Determinant of Health</th>
<th>Adverse State</th>
<th>Examples of Adverse Mental Health Effects</th>
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</thead>
<tbody>
<tr>
<td>Aboriginal status</td>
<td>marginalization/exclusion</td>
<td>addictions</td>
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<tr>
<td>early life</td>
<td>poverty and deprivation</td>
<td>blunted coping skills</td>
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<td>education</td>
<td>lower achievement</td>
<td>learned helplessness</td>
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<tr>
<td>employment/working conditions</td>
<td>high demands/low control</td>
<td>workplace stress</td>
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<tr>
<td>food security</td>
<td>food insecurity and hunger</td>
<td>guilt, shame</td>
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<tr>
<td>gender</td>
<td>lack of gender equity for women</td>
<td>dependency</td>
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<tr>
<td>health care services</td>
<td>lack of access/economic resources</td>
<td>lack of treatment</td>
</tr>
<tr>
<td>housing</td>
<td>housing insecurity/homelessness</td>
<td>stress, anxiety</td>
</tr>
<tr>
<td>income</td>
<td>low income and poverty</td>
<td>lack of control</td>
</tr>
<tr>
<td>social safety net</td>
<td>lack of responsive services</td>
<td>isolation</td>
</tr>
<tr>
<td>social exclusion</td>
<td>lack of participation</td>
<td>alienation, anomie</td>
</tr>
<tr>
<td>unemployment and employment security</td>
<td>no paid income, insecurity, lack of meaning and identity</td>
<td>hopelessness</td>
</tr>
</tbody>
</table>
To identify the role that the social determinants of health – that is, living conditions – play in recovery from mental illness
| Household               | Total income | Percent of common poverty measures for Toronto |  |  |  |
|------------------------|--------------|-----------------------------------------------|  |  |  |
|                        |              | After tax low-income measure | After tax low-income cut-off | Market Basket Measure |
|                        |              | Ontario Works |  |  |  |
| Single adult           | $7,878       | ($16,810) 47% | ($18,930) 42% | ($16,642) 47% |
| Two adult couple       | $13,669      | ($23,534) 58% | ($23,039) 60% | ($23,298) 57% |
| Lone parent - one child| $18,351      | ($23,534) 78% | ($23,039) 80% | ($23,298) 79% |
| Lone parent - two children | $23,384      | ($28,578) 82% | ($28,688) 82% | ($28,292) 83% |
| Two adult - one child  | $20,141      | ($28,578) 70% | ($28,688) 70% | ($28,292) 71% |
|                        |              | Ontario Disability Support Program |  |  |  |
| Single adult           | $13,362      | ($16,810) 80% | ($18,930) 71% | ($16,642) 80% |
| Two adult couple       | $20,557      | ($23,534) 87% | ($23,039) 89% | ($23,298) 88% |
| Lone parent - one child| $24,795      | ($23,534) 105% | ($23,039) 108% | ($23,298) 106% |
| Lone parent - two children | $29,996      | ($28,578) 105% | ($28,688) 105% | ($28,292) 106% |
| Two adult - one child  | $27,197      | ($28,578) 95% | ($28,688) 95% | ($28,292) 96% |
Putting policy into practice? Poverty and people with serious mental illness

Robert Wilton*

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Abstract

This paper addresses the effects of chronic poverty on people with serious mental illness. More specifically, we are concerned with the extent to which welfare restructuring, by deepening the poverty facing people with serious mental illness, undermines the expressed intent of mental health policy to improve the quality of life (QOL) of this population. The province of Ontario in Canada forms the setting for the study. The paper first examines recent trends in mental health care and social assistance policy in Ontario. While income support is consistently recognized as a core element of mental health care, welfare restructuring has led to a significant decline in the real value of income supports received by people with serious mental illness. The paper then examines the implications of this trend for the QOL of residential care facility tenants in Hamilton, Ontario. Here, the case study is explicitly connected to QOL scholarship. In addition, the study is grounded in an analysis of the broader transformation of the welfare state in Ontario. Interview data suggest that tenants experience chronic poverty that has a deleterious impact on multiple life domains including basic needs, family, social relations, leisure and self-esteem. Implications for research and policy are discussed.

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Keywords: Mental illness; Poverty; Quality of life; Welfare restructuring; Residential care facilities; Canada
Poverty and Mental Health: A Qualitative Study of Residential Care Facility Tenants

Robert D. Wilton, Ph.D.

ABSTRACT: The impact of poverty on daily living was assessed for twenty-two mental health consumers using qualitative in-depth interviews. Consumers reported considerable difficulty meeting basic needs, such as clothing, shoes and personal care items. A majority reported running out of money before the end of each month. Respondents used strategies including careful budgeting, borrowing and employment to cope with poverty. Analysis indicated that the poverty experienced by respondents worked directly against participation in meaningful activities and their ability to build and sustain social relationships. Moreover, poverty directly contributed to stigma experienced by respondents. Findings suggest that a failure to recognize poverty as a key mental health policy issue will continue to constrain efforts to facilitate consumer empowerment and social integration.

KEY WORDS: poverty; mental health; Canada; basic needs; stigma.
Meeting Basic Needs
The primary issue that emerged from interviews with participants was meeting basic needs. Some illustrative statements follow:

- I guess you just have to accept it and go on. You budget out your money at the beginning of the month and figure out how much you can spend every day, and when I see something that I’d like, well, you know that you just can’t have it. I buy cheaper things with the clothing. I limit myself to a couple of coffees per week. I don’t go to [the cinema] or anything like that and I watch a lot of television. (Wilton, 2004, p. 32)

Difficulties Maintaining Family Relations
Participants reported that their living conditions made maintaining family relationships very difficult.

- I can’t even buy my grandchildren things for Christmas or anything like that. You just send them a lousy card. You feel torn apart. (Wilton, 2004, p. 33)
- I like to go for coffees with my friends, but I don’t have the money for it. You know, I can’t even go visit my sisters because I can’t go out with them. I can’t ask them to pay for my coffees or whatever because I don’t want to feel like a bum all the time. (Wilton, 2004, p. 33)
Problems with Friendships
Living conditions also made developing and maintaining friendships difficult.

- I haven’t gone to a movie in so long. I can’t remember when. My girlfriend works, but she doesn’t make a heck of a lot of money so I don’t want to lean on her. I don’t want to keep bringing up the problem of money. (Wilton, 2004, p. 34)
- It really cuts in to your social life. Like if I meet a girl or something, I couldn’t afford to take her to dinner, or even if we went Dutch treat I’d have a hard time budgeting. The best I could do is take her out for a coffee, but if things progressed along. (Wilton, 2004, p. 34)

Lack of Leisure Opportunities
Not surprisingly, it is difficult to manage leisure opportunities.

- What I’d like to do is go out to supper, not expensive places, but just to go out for a hamburger or something like that, just once a month or once every two months even…. I don’t go now because I can’t afford it. (Wilton, 2004, p. 34)
- Once you buy your clothes and your personal stuff, it really doesn’t leave you that much money because if you want to go to a movie or something, you know, treat yourself to something, sometimes you can’t. [Int: How do you feel about that?] Sometimes it makes you, you know, angry. (Wilton, 2004, p. 34)
Lack of Self-Esteem and Experience of Stigma
Similar to findings from other studies of people living in poverty, participants reported a variety of negative interpersonal experiences.

- NO, you got nothing to go out with. Look, if you want to buy a jacket or something like that, a decent jacket could be fifty or a hundred, and it’s wintertime. In the summer you might be able to just go in a shirt but … that’s basically it, but I mean you’ve got to get clothes that match the pants right, and the Salvation Army is kind of a joke. It’s old man’s clothes. YOU LOOK STUPID!

Perception of Poor Appearance Projected onto Others
There is specific concern about appearance and the reactions of others. (Wilton, 2003, p. 151)

- It’s degrading and you start feeling really bad about yourself.
- Bad, it makes you feel bad.
- Not very equal, I mean, I want a decent pair of shoes … I just want to scream.
- It kinda makes me feel like a bum on the street … a very low class part of society. Sometimes I feel like people are saying: ‘that guy’s a bum’ because of the way I dress.
To show how public policy – and the ideology behind it – shapes the quality of these social determinants to which people are exposed
Materialist Approach

• “Health inequalities result from the differential accumulation of exposures and experiences that have their sources in the material world.”

Figure 7.1 Child Poverty in Wealthy Nations, Mid-2000s

Neo-Materialist Approach

• “The effect of income inequality on health reflects a combination of negative exposures and lack of resources held by individuals, along with systematic underinvestment across a wide range of human, physical, health, and social infrastructure.”

Figure 3. Total Public Expenditures as Percentage of GDP, Selected OECD Nations, 2007

Figure 6. Public Spending on Active Labour Policy as Percentage of GDP, Selected OECD Nations, By Welfare State Type, 2007

Figure 7. Public Expenditure on Childcare and Early Education Services as Percentage of GDP, Selected OECD Nations, by Welfare State, 2005

Almost half of respondents said they are saving five per cent or less of their income (Canadian Press)

Almost 60 per cent of Canadians live paycheque to paycheque and say they'd be in financial difficulty if their paycheque were a week late.
One in two Canadians would have difficulty paying bills if paycheque late

**METHODOLOGY**

To follow is a review of the latest Nanos national representative online survey of 1,000 Canadians 18 years of age and older. It was completed between October 13th and 14th, 2012 and reflects the views of the Canadian populace.

Any use of this research data should identify it as a “Nanos Survey”.

**QUESTION:** If your next paycheque was delayed for a week, would it be difficult, somewhat difficult, somewhat easy or easy to meet your current financial obligations?

- **Difficult:** 21%
- **Somewhat difficult:** 30%
- **Somewhat easy:** 23%
- **Easy:** 18%
- **Unsure:** 8%

Canadians more stressed out than most: poll

Canada is one stressed-out nation, a new Ipsos poll suggests.

Seventy-six per cent of Canadians experience stress in their daily lives either frequently or fairly often, the poll says.

The only countries more on edge are South Korea and Australia. Mexico and Spain, meanwhile, are among the most relaxed.

Ipsos, a North American research company, interviewed 1,000 people in 10 countries in November to come up with its findings.

The poll found that the stress levels in many nations are high, almost as high as Canada's. Here's how the countries fared:

- South Korea (61 per cent of population feels regular stress).
- Australia (77 per cent).
- Canada (76 per cent).
- France (76 per cent).
- United Kingdom (76 per cent).
- United States (76 per cent).
- Germany (76 per cent).
- Italy (73 per cent).
- Spain (61 per cent).
- Mexico (45 per cent).

Most Canadians (32 per cent) say their job is the biggest source of stress in their lives.

Twenty-eight per cent of Canadians said they were most stressed out about finances, while 16 per cent fretted about health and 13 per cent about family and relationships.
Science News

Obesity Linked to Economic Insecurity

ScienceDaily (Jan. 24, 2011) — An Oxford University study suggests that people living in countries with "free market" regimes are more likely to become obese due to the stress of being exposed to economic insecurity.

The researchers believe that the stress of living in a competitive social system without a strong welfare state could be causing people to overeat. According to the study published in the latest issue of the journal Economics and Human Biology, Americans and Britons are much more likely to be obese than Norwegians and Swedes.
CODE RED: Mapping the health of Hamilton

Percentage of People 15 Years and Older Living Below Poverty Line

- Highest 20%
- Middle 20%
- Lowest 20%
- No data

Rate of Psychiatric-Related Emergency Room Visits per 1,000 people

- Highest 20%
- Middle 20%
- Lowest 20%
- No data
Toronto
Where diabetes hits hardest

The Northwest and East of Toronto are hardest hit by diabetes

Visible minorities

Poverty, visible minorities and diabetes seem to overlap in Toronto

Poverty in the city

Poor parts of the city generally align with those with the highest rates of diabetes

Murders in Toronto

Source: Toronto Star
More responsibility, less control: psychiatric survivors and Welfare State restructuring

DOI: 10.1080/09687590410001689476

Robert D. Wilton
Figure 3.5: Total Average Income by Income Quintile, All Family Units, Canada, 1995-2008
Figure 3.6: Whose wealth has increased? Comparison of median net worth, 1984, 1999, and 2005

FIGURE 1: Number of people assisted by food banks in Canada: 1989-2010 (March of each year, in thousands)
## Table 5. Housing Conditions of Urban Households, by Province, 2008

<table>
<thead>
<tr>
<th>Province</th>
<th>Incidence of Core Housing Need %</th>
<th>Median Shelter-to-Income ratio (STIR) %</th>
<th>Median Depth ($)</th>
<th>Average Depth Ratio (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>13.7</td>
<td>49.3</td>
<td>2,680</td>
<td>30.2</td>
</tr>
<tr>
<td>Alberta</td>
<td>10.3</td>
<td>43.8</td>
<td>2,400</td>
<td>24.3</td>
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<tr>
<td>Saskatchewan</td>
<td>10.5</td>
<td>47.8</td>
<td>1,560</td>
<td>25.2</td>
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<tr>
<td>Manitoba</td>
<td>8.9</td>
<td>44.9</td>
<td>1,440</td>
<td>26.8</td>
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<tr>
<td>Ontario</td>
<td>15.1</td>
<td>46.1</td>
<td>2,400</td>
<td>28.7</td>
</tr>
<tr>
<td>Quebec</td>
<td>11.1</td>
<td>43.8</td>
<td>1,350</td>
<td>24.2</td>
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<tr>
<td>New Brunswick</td>
<td>7.7</td>
<td>40.5</td>
<td>1,240</td>
<td>25.0</td>
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<tr>
<td>Nova Scotia</td>
<td>15.1</td>
<td>50.2</td>
<td>2,500</td>
<td>34.6</td>
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<tr>
<td>Prince Edward Island</td>
<td>7.4</td>
<td>43.8</td>
<td>1,250</td>
<td>22.6</td>
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<tr>
<td>Newfoundland and Labrador</td>
<td>16.7</td>
<td>44.5</td>
<td>2,150</td>
<td>29.0</td>
</tr>
<tr>
<td>All Provincial Urban Households</td>
<td>13.0</td>
<td>45.9</td>
<td>2100</td>
<td>27.6</td>
</tr>
</tbody>
</table>

Source: CMHC (SLID-based Housing Indicators and Data).
Figure 5.1 Increase in Various Forms of Employment for 15-64 Year Olds, Quebec and Canada, 1976-2003

Figure 7.1 Child Poverty in Wealthy Nations, Mid-2000s

Percentage of Children Living in Relative Poverty Defined as Households with <50% of the National Median Household Income

Losing Ground in Health: Infant Mortality

Figure 14: We are losing ground among industrialized countries with respect to important health indicators.

Our ranking for infant mortality (IMR) has slipped from 18th in 1980 to 25th in 2002.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>IMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Iceland</td>
<td>2.3</td>
</tr>
<tr>
<td>2</td>
<td>Finland</td>
<td>2.5</td>
</tr>
<tr>
<td>3</td>
<td>Japan</td>
<td>2.6</td>
</tr>
<tr>
<td>4</td>
<td>Sweden</td>
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<tr>
<td>5</td>
<td>Norway</td>
<td>2.7</td>
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<tr>
<td>6</td>
<td>Norway</td>
<td>2.7</td>
</tr>
<tr>
<td>7</td>
<td>Greece</td>
<td>2.8</td>
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<tr>
<td>8</td>
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<td>9</td>
<td>Ireland</td>
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<td>Germany</td>
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<td>Spain</td>
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<td>14</td>
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<td>15</td>
<td>Italy</td>
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<td>16</td>
<td>France</td>
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<td>17</td>
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<td>18</td>
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<td>20</td>
<td>Sweden</td>
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<td>21</td>
<td>Greece</td>
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<td>United States</td>
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<td>23</td>
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<td>34</td>
<td>Turkey</td>
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</tbody>
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Public Policy and Ideology
Figure 2 The Characteristics of Welfare Regimes

Figure 1. Union Density, Collective Agreement Coverage and Child Poverty, 2008 (density and coverage rates) and Mid 2000s (poverty rates)
Reject unions and prosper

Enacting a worker-choice law would give a province a competitive advantage

by Niels Veldhuis and Amela Karabegović

Over the past two decades, Canadian politicians, bureaucrats, and others have become increasingly aware of the importance of business investment to the overall health of our economy. Business investment in plants, machinery, and equipment drives economic growth, creates jobs, and increases productivity. When workers have more capital (machines, equipment, and technology) at their disposal, they can produce more and/or higher-valued goods and services per hour and they can, therefore, demand higher wages.

To attract business investment many provinces have focused on implementing policies to improve their investment climates. These have included more prudent management of government finances (pre-recession, of course), lower personal and corporate income taxes, the elimination of corporate capital taxes, invest-

Given a choice, workers choose unions less often
Increasing minimum wage decreases employment: CFIB research report

TORONTO, Feb. 10 /CNW/ - The Canadian Federation of Independent Business (CFIB) has released a research report challenging the overall effectiveness of minimum wage policy in Canada. Minimum Wage: Reframing the debate reveals that minimum wage increases tend to hurt the very people they are supposed to help.

Small business owners aim to offer competitive wages that will help them attract and retain good staff. However, large jumps in the minimum wage force business owners to reduce hours, reduce training or even eliminate jobs.

Contrary to groups that assert minimum wage increases do not adversely affect the economy, CFIB’s research report paints a very different picture on the potential job impact. To illustrate, the report estimates that a 10 per cent increase in the minimum wage across all provinces costs up to 321,300 jobs. These jobs losses would take the form of hiring freezes, slower employment growth, or direct job cuts during economic downturns. "At a time when the economy is in slow recovery, the last thing governments should be considering are policies that further hinder job creation," said Marilyn Braun-Pollon, CFIB’s Vice President for Saskatchewan and co-author of the report.
To identify means by which the mental health sector can contribute to public policy discussions that shape mental health
If you are in a hole and you want to get out, the first thing you have to do is stop digging.

-- Alexander Raphael, Age 8.
Structural Health Promotion

- Identifying how societal structures and public policy shape the health of populations in general and the most vulnerable in particular
- Increasing activities that individuals and communities can take to increase their control over the determinants of health
- Creating healthy public policy that is responsive to the needs of the citizenry.

Structural Mental Health Promotion

- Providing all citizens with basic human rights and citizenship
- Strengthening communities
- Increasing consumer and professional participation in mental health activities and services
- Promoting knowledge development on the determinants of mental health
- Coordinating public policy development in areas that influence mental health

What is the Political System?

- Political System: comprises numerous forces that affect the state and government, including the private sector (interest groups such as health insurance/social security corporations, professional organizations) hospitals, pharmaceutical industry, political parties, and civil society (social movements, individual citizens, etc.

Figure 13.3: Policy Priorities of Canadian Food Banks

- **Increase Social Assistance Benefits**: 80%
- **Raise the Minimum Wage**: 75%
- **Facilitate Affordable Rental Housing**: 70%
- **Improve Rates and Access to EI**: 60%
- **Increase Disability Supports**: 55%
- **Improve Income Supports for Seniors**: 50%
- **Expand Job Training Opportunities**: 45%
- **Provide Affordable Childcare**: 40%
- **Increase National Child Benefit**: 35%
- **Lower Tuition, Increase Student Grants**: 30%
- **Other Policies**: 25%
- **Expand Settlement Services**: 20%

Source: From Hunger Count 2005: Time for Action (p. 27), by the Canadian Association of Food Banks (CAFB), 2005. Toronto: CAFB.
Canada

Current as of September 29/08

Campaign 2000 wrote to each national party leader on these issues. Their responses are summarized with a check (\checkmark) if their party has committed to Campaign 2000’s policy recommendations:

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>CONSERVATIVE</th>
<th>LIBERAL</th>
<th>NDP</th>
<th>GREEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish specific targets and timetables for poverty reduction?</td>
<td>X</td>
<td>√</td>
<td>√</td>
<td>√/*</td>
</tr>
<tr>
<td>Increase Canada Child Tax Benefit or equivalent to $5,100/child per year?</td>
<td>X</td>
<td>√</td>
<td>√</td>
<td>X</td>
</tr>
<tr>
<td>Establish a system of universally accessible early childhood education and care (ECEC)?</td>
<td>X</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Invest in a National Housing/Homelessness Strategy?</td>
<td>X</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Raise minimum wage to $10 per hour)</td>
<td>X</td>
<td>X</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Increase WITB to $2,400 per year for all employed adults?</td>
<td>X</td>
<td>X**</td>
<td>√</td>
<td>X***</td>
</tr>
<tr>
<td>Restore eligibility for Employment Insurance (EI)?</td>
<td>X</td>
<td>√</td>
<td>√</td>
<td>X****</td>
</tr>
<tr>
<td>Enhance maternity/parental leave?</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>New Canadians: Steps to recognize foreign credentials?</td>
<td>X</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Establish a poverty reduction strategy for First Nation communities?</td>
<td>X</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>For urban Aboriginal Peoples?</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Establish a basic income for individuals with a disability?</td>
<td>X</td>
<td>√+</td>
<td>√+</td>
<td>√</td>
</tr>
<tr>
<td>Improve access to both postsecondary education and training/skills upgrading?</td>
<td>X</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
</tbody>
</table>

* Greens strongly support targets and timetables but not yet able to set them  
** Liberals have stated they will enrich the WITB but amount has not been specified  
*** Greens have stated that the Guaranteed Liveable Income (GLI) will eliminate the need for the WITB and will alleviate many of the problems associated with the current EI program.  
**** Greens appear to incorporate EI into GLI and, therefore, eliminate EI as it currently exists  
~Liberal & NDP make proposals that contribute to a basic income for people with disabilities

Other note: Campaign 2000 has not received a response from the Conservative Party as of Sept. 29/08 and has obtained platform information from their website.
Ontario Campaign 2000 assessed the Election 2011 platforms produced by the Ontario Liberal Party, the Ontario NDP, the Ontario PC party and the Green Party of Ontario and asked the respective party leaders questions on issues relating to poverty. Below is a short grid on each party’s commitment to some of Ontario Campaign 2000’s key policy recommendations as they appear in our 2010 Report Card.

A check (✓) has been given when a party has fully committed to Ontario Campaign 2000’s policy recommendation, a slash (/) is for partial commitments, and a cross (X) has been given when no commitments have been made.

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>Ontario Liberal Party</th>
<th>Ontario NDP</th>
<th>Ontario PC Party</th>
<th>Green Party of Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income security programs that ensure basic needs are met and give people real opportunities to get ahead, with a firm commitment to ensuring the Social Assistance Review process proceeds;</td>
<td>/</td>
<td>✓</td>
<td>X</td>
<td>/</td>
</tr>
<tr>
<td>Complete the current review of social assistance and commit to fully indexing social assistance rates to inflation.¹</td>
<td>/</td>
<td>✓</td>
<td>X</td>
<td>/</td>
</tr>
<tr>
<td>Increase the Ontario Child Benefit to $125/month ²</td>
<td>/</td>
<td>/</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Paid work at a fair wage that accommodates disability, is equitably accessible, and provides a real pathway out of poverty;</td>
<td>/</td>
<td>/</td>
<td>X</td>
<td>/</td>
</tr>
<tr>
<td>Increase minimum wage to $11 an hour in 2011 &amp; fully index it to inflation ³</td>
<td>/</td>
<td>✓</td>
<td>X</td>
<td>/</td>
</tr>
<tr>
<td>Pursue a Good Jobs strategy, Employment Standards, Employment Equity and Pay Equity</td>
<td>/</td>
<td>/</td>
<td>X</td>
<td>/</td>
</tr>
<tr>
<td>Social infrastructure that establishes a foundation for inclusive communities, including decent, affordable housing options, high quality affordable early learning and child care, a strong and equitable public education system, as well as vibrant community programs and affordable public transit;</td>
<td>/</td>
<td>/</td>
<td>X</td>
<td>/</td>
</tr>
<tr>
<td>Invest in current child care spaces, create new affordable spaces and develop a comprehensive child care development and funding policy ⁴</td>
<td>/</td>
<td>/</td>
<td>X</td>
<td>/</td>
</tr>
<tr>
<td>Improve access to affordable housing in Ontario ⁵</td>
<td>/</td>
<td>/</td>
<td>X</td>
<td>/</td>
</tr>
<tr>
<td>Targeted strategies that recognize the heightened risk in specific regions and neighbourhoods, and among such groups as people who have disabilities, racialized groups - both Aboriginal people and people of colour, women, lone-parent families, and newcomers.</td>
<td>/</td>
<td>/</td>
<td>X</td>
<td>/</td>
</tr>
<tr>
<td>Commitment to setting targets, timelines and actions on poverty reduction ⁶</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
</tbody>
</table>
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Closing the gap in a generation
Health equity through action on the social determinants of health
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...
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- University of Toronto
- University of Alberta
- Sudbury and District Public Health Unit
- Canadian Association of Family Resource Programs
- YMCA, National Office
- YWCA, National Office
- Canada Without Poverty
- Canadian Association of Social Workers
- House of Friendship, Kitchener
- KFL&A Public Health Unit
- Canadian Mental Health Association
- Canadian Public Health Association
- Association of Ontario Health Centres
- Association of Local Public Health Associations
- SPC of Cambridge and North Dumfries
- Hamilton Spectator
- Canadian Medical Association
- Medical Reform Group
- Health Providers Against Poverty
- Alberta Health Services
- Public Health Association of B.C
- Child and Youth Health Network for Eastern Ontario
- National Collaborating Centre for Determinants of Health
- Canadian Association for School Health
- Canadian Association of Community Health Centres
- Canadian Centre for Policy Alternatives
- Canadian Council on Social Development
- Wellesley Institute
- Ontario Healthy Communities Coalition
- Centre for Effective Practice
- ERDCO (Ethno-racial People with Disabilities Coalition of Ontario)
- Community-Campus Partnerships for Health
- Mamow-ki-ken-da-ma-win - North-South Partnership for Children
- People's Health Movement Canada
- Population Health Research Network Initiative, Government of Ontario
- Interfaith Social Assistance Reform Coalition
- Saskatoon Health Region
- Ontario Women's Health Network
SOCIAL DETERMINANTS OF HEALTH
Second Edition
Edited by
Dennis Raphael

Forewords by
the Hon. Roy J. Romanow
and the Hon. Carolyn Bennett
Dennis Raphael

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