

Sick of Inequality

The Case for Action by the Government of Alberta on the Social Determinants of Health

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THE SOCIAL DETERMINANTS OF HEALTH

What are the surest predictors of an individual's health? Much of the current popular wisdom would point to smoking, diet, exercise, and genetic factors. These certainly play a role. But increasingly, research is demonstrating that other factors have more profound effects on health outcomes. The social determinants of health, a range of socio-economic factors including everything from income and income disparity to early childhood education, are increasingly understood as major elements determining whether people enjoy good health or suffer with illness. Determinants such as appropriate housing, adequate employment, and membership in racialized groups operate together to create a socio-economic gradient in health with significant consequences for all members of society.

Researchers have found that the way societies organize themselves and distribute resources significantly influences population health.¹ Most major health problems ranging from heart disease to diabetes should be considered in relation to inequality because they are very strongly associated with income and other measures of social status.² From this perspective, socio-economic status is correlated with health outcomes: the lower an individual's status, the more likely an inadequate diet and lack of exercise will undermine health outcomes. In the absence of sufficient empowerment, education, and financial resources, individuals are far less likely to participate in behaviors that are associated with improved health.

As the Government of Alberta looks at future budgets, it should commit to taking action on the social determinants of health. A first step would involve ensuring that all Albertans benefit from high quality public programs funded by a reliable provincial revenue stream.

This fact sheet focuses in particular on the issue of income inequality, which is greater in wealthy Alberta than in any other Canadian province. Income

distribution is a "prime social determinant of health" because of its strong and consistent correlation with health.³ The fact sheet considers both the ethical and economic reasons to take action to address health inequalities.

RESEARCH ON THE SOCIAL DETERMINANTS OF HEALTH

There is a broad expert consensus on the importance of the social determinants of health, and the need to address them in order to improve overall well-being.

Britain's Whitehall study, which from the late 1960s tracked the health of 18,000 British men within the highly-stratified ranks of the civil service, helped establish the existence of a socio-economic gradient in health not explained by conventional biologic risk factors such as smoking or high cholesterol.⁴ A more recent landmark in international recognition of the significance of the social determinants of health is the 2011 Rio Declaration, which emerged out of a World Health Organization conference. The declaration makes clear that "health inequities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable...."⁵

TOP TIPS FOR HEALTH

We are all subject to suggestions about how to enjoy better health. But the tips we get are not consistent with the evidence about the factors that have the most significant impact on health.

Traditional tips:

- 1 Don't smoke. If you do smoke, stop.
- 2 Follow a balanced diet with plenty of fruits and vegetables.
- 3 Participate in regular exercise.

Tips that take into account research on the social determinants of health:

- 1 Don't be poor. If you are living in poverty, change your circumstances.
- 2 Don't have poor parents.
- 3 Live in a more equal society and supportive community.

The second set of tips incorporates our understanding that poverty causes illness and death, in part through the mechanisms of smoking and poor diet.⁶

In summer 2013, the Canadian Medical Association reported on nationwide consultations about the health of Canadians. The organization found that Canadians understand that the biggest barrier to good health is poverty, and documented a desire for concerted action by all levels of government to address the deprivations that lead to poor health.⁷

Even the Conference Board of Canada, an organization primarily concerned with the financial success of for-profit business, understands the need to address the social determinants of health. As early as 2008, the Conference Board of Canada advocated that businesses should address the social determinants of health, because of how such actions would positively affect firms' performance and profits.⁸

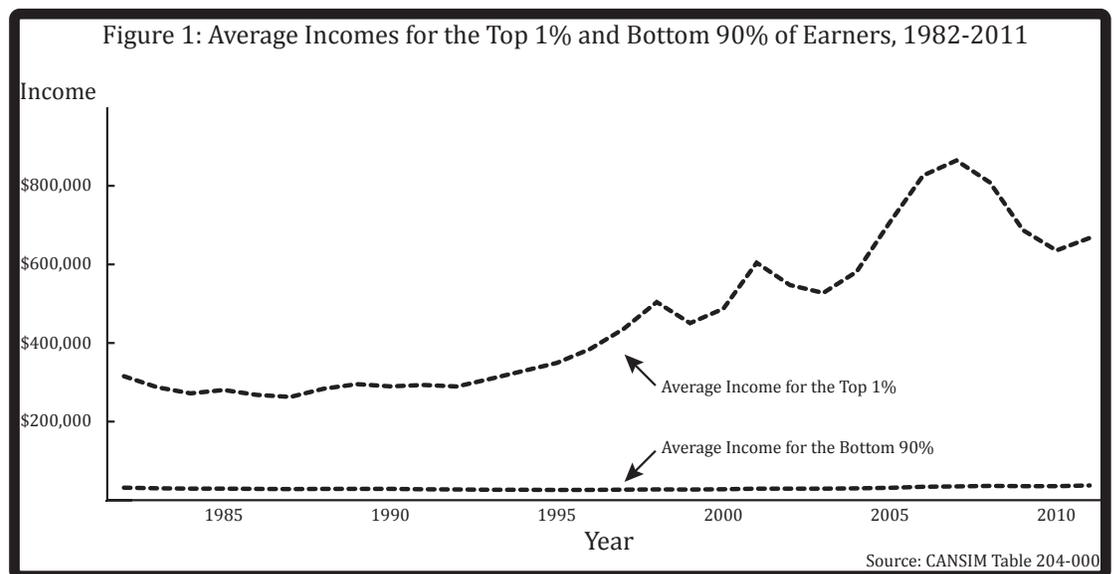
Importantly, research indicates that all members of a society – rich and poor alike – would be better off in conditions of greater socio-economic equality. Even comparatively well-off Albertans stand to benefit from efforts to address inequality.⁹

Alberta has undertaken research on the social determinants of health. In February 2011, Alberta Health Services co-hosted a workshop intended to explore policies and practices related to measuring and addressing health inequalities. The report on the event acknowledged that “when compared to personal health behavior, social determinants of health have equal, if not greater, impact on health.”¹⁰ It also included a call for “ongoing action” to put in place the “policies, programs, services, types of community engagement and other interventions that effectively reduce health inequalities.”¹¹

INEQUALITY IN ALBERTA

Alberta is an enormously wealthy province, due in large measure to its publicly-owned petroleum resources. But many more Albertans could share in this wealth if the provincial government abandoned policies that prioritize corporate profit over the public good. These policies include low royalty rates, the lowest corporate tax and minimum wage rates in the country, and labour policies that have contributed to Canada's lowest provincial unionization rate.¹³

Recent data from Statistics Canada shows that income inequality in Alberta is the highest in the nation. Figure 1 shows the growing gap between the incomes of those at the top and the vast majority of Albertans. In 1982, the top 1% made 10 times what the bottom 90% made; by 2011, this had risen to 18 times. Economists addressing circumstances across Canada have made clear that while the profits of the super-rich are sky-rocketing, middle-class earnings are “being squeezed.”¹⁴



Despite being both incredibly wealthy and dramatically unequal, Alberta has taken little concrete action on the social determinants of health. The provincial government's unwillingness to ensure an adequate provincial revenue stream creates a situation in which public services are funded out of an artificially constrained public purse.¹⁵ Public programs have been obliged to grapple with shrinking budgets, particularly when inflation and population growth are considered. Other policies, such as Alberta's low minimum wage and nearly flat rate personal income tax rates, serve to further exacerbate the income inequalities that are linked to negative health outcomes.

ALBERTA OPPORTUNITIES

The Canadian Institute for Health Information [CIHI] has analyzed how income inequality affects the health of Canadians. By analyzing key indicators of health and health system performance by income quintile and making this data

Prescribing Income

Dr. Gary Bloch is a Toronto family physician offering a unique prescription to improve the health of his patients: income. Bloch recognizes he can better address health problems by bolstering patients' socio-economic position, rather than by providing them with medication.

Ultimately, it is governments, not physicians, who have the power to prescribe income on the scale necessary to meaningfully address the socio-economic gradient in health.¹²

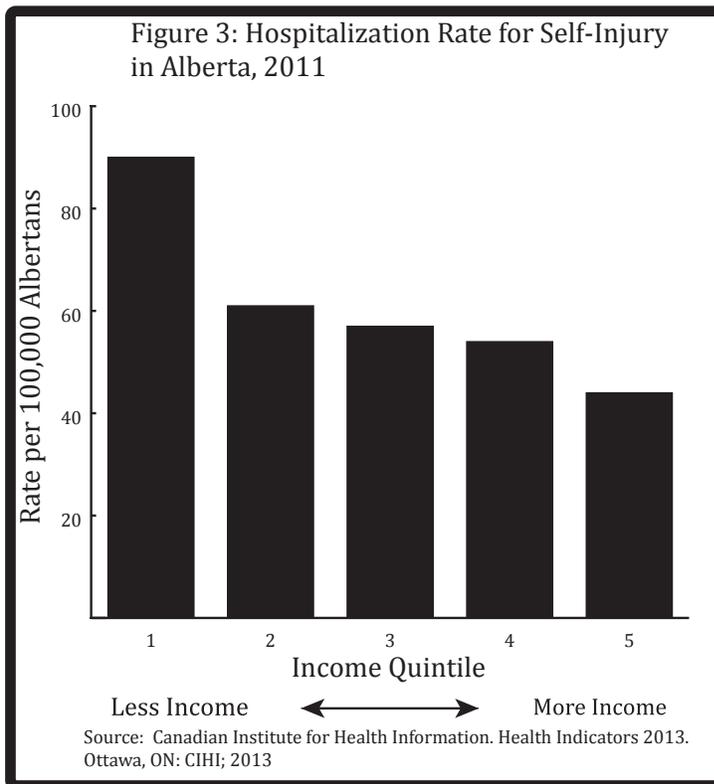
available at a provincial level, CIHI has provided a window on the effect of income disparity on the health outcomes and healthcare needs of Albertans.

Consider, for instance, the Alberta healthcare system’s performance in terms of hospitalization rate for ambulatory care sensitive conditions. These are conditions such as diabetes, heart failure, and asthma, where appropriate ambulatory care prevents or reduces the need for admission to hospital. Figure 2 shows how the hospitalization rate drops as income rises. Those in the lowest income quintile are more than twice as likely as those in the uppermost quintile to require hospitalization.

Consider, also, the Alberta healthcare system’s performance in relation to the rate of hospitalization resulting from self-injury.¹⁶ Figure 3 tracks the discrepancy among hospitalization rates between income quintiles. Those in the lowest income quintile are twice as likely as those in the uppermost quintile to be hospitalized for self-injury.

Social determinants of health research suggests that removing income as a significant factor in determining health outcomes and the need for health services may ease the financial burden of public healthcare.¹⁷ If the hospitalization rates for all Albertans equaled those of the most affluent income quintile, the data from CIHI suggests there would be a reduction of up to 33% in hospitalization rates for ambulatory care sensitive conditions, and a reduction of up to 28% in self-injury hospitalizations.

Ensuring all Albertans require hospitalization only at the low rates currently reserved for the most prosperous is a laudable goal. But it is ambitious. Even more modest goals



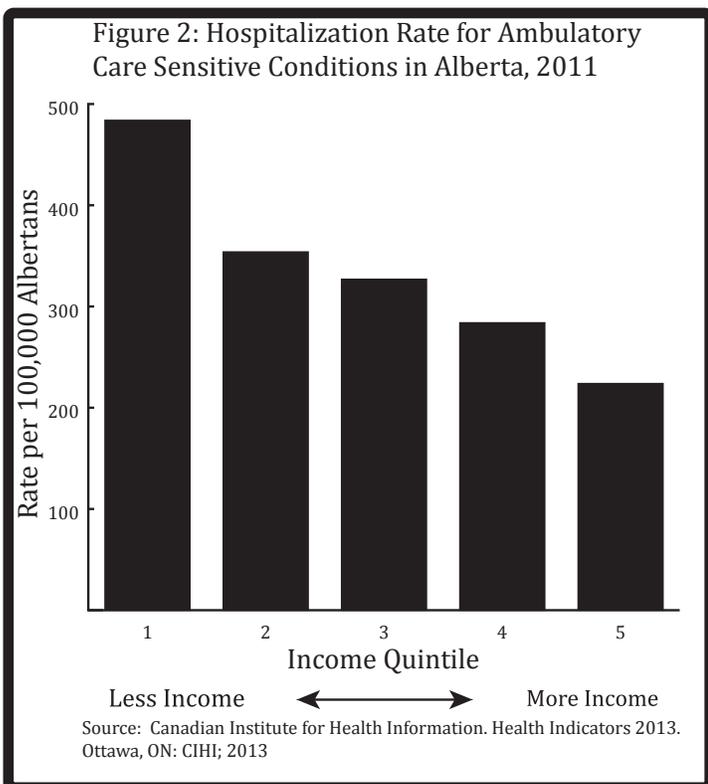
could lead to real improvements in population health, as well as significant savings. It has been estimated that improving the health of Albertans in the lowest income quintile so as to bring their healthcare usage rates in line with that of Albertans in the second lowest income quintile would save \$1.2 billion annually.¹⁸

Improvements in population health achieved by addressing the social determinants of health promise to increase the efficiency of the healthcare system, while ensuring that Albertans enjoy all the benefits of a more equal society.

THE WAY FORWARD

Albertans believe that everyone should have the opportunity to work hard and improve their circumstances. And Albertans understand that some people face particular barriers to success. The government’s job is to ensure the necessary social and economic programmes are in place to enable all Albertans to reach their potential. Recognizing that inequality drives unhealthy behaviours and ill health, which in turn increase healthcare usage, there is also an economic imperative to minimize inequality in Canada’s most unequal province. As others have said, “sustainable health care begins with the social determinants of health.”¹⁹

The most effective way to reduce inequality is through a fair, progressive personal income tax system, increased collection of natural resources royalties and corporate taxes, and well-funded and effective public services. Budget 2014 provides Alberta’s provincial government the opportunity to get the province headed in the right direction – toward a system of revenues and expenditures designed to create a more equal society and a healthier population.



- 1 Dennis Raphael, ed., *Social Determinants of Health: Canadian Perspectives 2nd ed.* (Toronto: Canadian Scholars' Press Inc., 2009), 1.
- 2 Dennis Raphael, *Social Justice is Good for Our Hearts: Why Societal Factors – Not Lifestyle – Are Major Causes of Heart Disease in Canada and Elsewhere*, CSJ Foundation For Research and Education, 2002; Mihaela Dinca-Panaitescu et al., "The Dynamics of the Relationship between Diabetes Incidence and Low Income: Longitudinal Results from Canada's National Population Health Survey," *Maturitas* 72 (2012): 229–235.
- 3 Dennis Raphael, ed., *Social Determinants of Health: Canadian Perspectives 2nd ed.* (Toronto: Canadian Scholars' Press Inc., 2009), 39.
- 4 A follow-up to the Whitehall study, Whitehall II, began nearly 20 years later. This second study has further documented the relationship between socio-economic factors and health. Researchers associated with Whitehall II continue to release findings. For more information, see: <http://www.ucl.ac.uk/whitehallII>.
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- 11 Alberta Health Services and Calgary Institute for Population and Public Health, "Measuring Health Inequalities: Learning for the Future," Calgary, February 28, 2011, <http://www.albertahealthservices.ca/poph/hi-poph-surv-shsa-measuring-health-inequalitie.pdf>.
- 12 Gary Bloch, "As a Doctor, Here's Why I'm Prescribing Tax Returns. Seriously." *Globe and Mail*, March 20, 2013, accessed December 15, 2013, <http://www.theglobeandmail.com/globe-debate/as-a-doctor-heres-why-im-prescribing-tax-returns-seriously/article9981613/>.
- 13 David Campanella, *Misplaced Generosity, Update 2012: Extraordinary Profits in Alberta's Oil and Gas Industry*, Parkland Institute, March 2012; Shannon Stunnen Bower, Trevor Harrison, and Greg Flanagan, *Stabilizing Alberta's Revenues: A Common Sense Approach*, Parkland Institute, February 2013; HRSDC calculations based on Statistics Canada, *Table 282-0078 - Labour Force Survey Estimates (LFS), Employees by Union Coverage, North American Industry Classification System (NAICS), Sex and Age Group, Annual (persons)*, CANSIM (database). Available online at: http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=17#M_4.
- 14 Glen Hodgson and Brenda Lafleur, "Canada's Middle Class Feels the Brunt of the Income Inequality Squeeze," *The Globe and Mail*, October 2, 2013, <http://www.theglobeandmail.com/report-on-business/economy/economy-lab/canadas-middle-class-feels-the-brunt-of-the-income-inequality-squeeze/article14635779/>; Angella MacEwen, posting on *The Progressive Economics Forum*, October 4th, 2012, "Income Inequality and Twitter," <http://www.progressive-economics.ca/2012/10/04/income-inequality-twitter/>.
- 15 In 2013, the Government of Alberta could have collected over \$10 billion more in taxes while remaining the Canadian jurisdiction with the lowest tax rate. *Government of Alberta, Budget 2013, Tax Plan*, 116.
- 16 Self-injury is defined as a deliberate bodily injury resulting from either suicide or self-harming behaviors that may or may not lead to death. Self-injury can often be prevented by early treatment of mental illnesses.
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