COMMENTARY

Getting to the Root of the Problem: Health Promotion Strategies to Address the Social Determinants of Health

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ABSTRACT

Although extensive research shows that the social determinants of health influence the distribution and course of chronic diseases, there is little programming in public health that addresses the social determinants as a disease prevention strategy. This paper discusses different types of health promotion initiatives and differentiates them based on whether they attempt to impact intermediate (environmental) determinants of health or structural determinants of health. We argue for the importance of programming targeted at the structural determinants as opposed to programming targeted solely at the immediate environment. Specifically, the former has more potential to create significant improvements in health, contribute to long-term social change and increase health equity. We urge public health leaders to take this distinction into consideration during public health program planning, and to build capacity in the public health workforce to tackle structural mechanisms that lead to poor health and health inequities.

KEY WORDS: Chronic disease; health promotion; public health practice; social conditions; social change; social environment

La traduction du résumé se trouve à la fin de l'article.

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It is increasingly acknowledged in Canada and around the world that to combat chronic diseases it is necessary to address the social determinants of health (SDH).[1,2] However, definitions and conceptualizations of the SDH are continually evolving and may lead to confusing and at times conflicting messages to public health practitioners. Even more challenging is finding a clear way to meaningfully impact the SDH. We evaluated healthy living initiatives in British Columbia and Ontario to examine program approaches to the SDH and health inequities.[3] Analysis pointed to different ways of approaching the SDH, two of which we classified as environment-based and structure-based initiatives. This paper aims to elaborate on these classifications and make the case for structure-based initiatives, based on a discussion of their implications for health outcomes and health equity. We will first define environment-based and structure-based initiatives, followed by an argument statement, a discussion of each initiative type, and finally conclusions and recommendations.

Definitions of environment-based and structure-based initiatives

Environment-based initiatives were defined as "those that are meant to improve healthy living by influencing the immediate environment in which people spend their time, such as schools, workplaces and community spaces".[3, pg.47] Examples of these initiatives range from offering more physical activity options in schools, to providing lunches and snacks for children participating in community activities, to rewarding workplaces that have nutritious food options and a healthy eating policy. A common factor in these initiatives is that they occur in particular settings and they attempt to change factors in the proximal environment that impact health outcomes. This concept is similar to what the World Health Organization (WHO) terms "intermediary determinants" in its conceptual framework, which encompass more immediate factors that influence health. One dimension within intermediary determinants is material circumstances, which involves housing, neighbourhood and work environments. According to the framework, intermediary determinants influence health outcomes, but they themselves are shaped by more distal determinants,[4] which we elaborate on below.

Structure-based initiatives focus on upstream determinants. These initiatives were defined as those that "directly acknowledge the impact of various structures (e.g., social, political, economic) that create inequities and attempt to address them directly in order to improve healthy living".[3, pg.47] Examples include an initiative that empowers communities to act on the social determinants of health in order to combat chronic diseases, a toolkit to assist community organizations undergoing organizational change to become more inclusive of diverse community members, or grants that are geared toward increasing food affordability and accessibility. This category is related to what WHO terms "structural determinants". These encompass political, economic and educational systems and structural mechanisms that create social stratification along lines of income, education, class, gender and race/ethnicity, among others, and the resulting gradient of socio-economic status among individuals.[4] It is these socio-economic positions that shape intermediary determinants, which in turn affect levels of vulnerability and potential exposure to unhealthy conditions.

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Argument

We argue that it is important for public health practitioners to distinguish between these two levels when planning public health initiatives because they have different implications for health and health equity outcomes.[4-6] Specifically, we propose that addressing *only* intermediary determinants (using environment-based initiatives) will not produce significant improvements in health, contribute to long-term social change, or improve health equity – it is necessary to intervene at the structural level as well.

Discussion of environment-based initiatives

First, environment-based initiatives only operate in a specific context, e.g., school, workplace or neighbourhood. As environment-based initiatives rarely operate collectively to transform peoples' material circumstances, they may be unable to significantly improve health outcomes.[7,8] A healthy lunch program for elementary students, for example, is not able to affect food intake at home, where nutritious options may be unaffordable and inaccessible. Nor does it decrease the number of easily accessible fast food restaurants near the school. Further, evidence shows that in order for initiatives in specific settings to be successful, it is important that they are multifactorial and address both structural *and* intermediary determinants.[9,10]

Second, it is not realistic to try to improve healthy eating, reduce tobacco consumption and increase active living through environment-based initiatives alone when the mechanisms that produce unhealthy environments are left untouched. As WHO argues, intermediary determinants are produced by structural determinants, and they will be maintained and reproduced as long as stratifying economic and political structures persist.[4,11] What help does a free school lunch for a child from a low-income family provide if structural mechanisms dictate that she remain in poverty and her children be born in poverty? Targeting only intermediary determinants cannot sustain change over a lifetime of chronic disease or across generations.[11]

Finally, even if environment-based initiatives are able to temporarily improve health outcomes, they cannot influence the distribution of health outcomes to improve health equity because they fail to tackle structural mechanisms which stratify populations.[5] In some cases, environment-based initiatives can even increase the health equity gap because they are accessible only to those who already have the most resources.[12] An example can be found in the *BC Farm to School Salad Bar* program, an initiative of the BC Healthy Living Alliance (BCHLA) that connects schools to local farmers in an effort to increase healthy foods for children. Although the overall initiative is funded by the BCHLA, start-up costs of the salad bars are not covered and schools rely on grants, donations and community fundraising.[13] In poorer communities, fundraising and donations may be harder to achieve and a salad bar may be more difficult to start up or be more basic than in a wealthier area. Moreover, to ensure the program is sustainable, parents pay a fee for salad bar lunches. To make this accessible to children from lower-income families, the program guide suggests a pre-payment program where contributions from wealthier parents cover the cost for those children whose families cannot pay. However, parental contributions are less feasible in poorer communities, especially in smaller ones where the ratio of students who cannot afford to pay exceeds those who can. In the end, children in a) wealthier communities and b) wealthier families may benefit more from the *BC Farm to School Salad Bar* initiative.

Discussion of structure-based initiatives

An initiative that attempts to change the structural determinants, on the other hand, has positive implications for long-term health outcomes and health equity. A structure-based initiative would work to change the underlying mechanisms that generate inequities, and so create sustainable improvement in health equity across the lifetime and future generations.[1,5,6] Because it would transform the contexts and mechanisms that create stratifications, which then lead to the intermediary determinants that cause differential exposures and health outcomes, a successful initiative would reach populations in multiple settings and contexts, not merely one or two, such as the school or workplace.[4] Structure-based initiatives may also have a powerful impact on health outcomes because they have the potential to tackle multiple diseases simultaneously,[14] including interacting chronic diseases such as obesity, cardiovascular disease and diabetes.[15]

In contrast to the *BC Farm to School Salad Bar*, an example of a food-centred initiative that addresses structural determinants is *Foodnet Ontario*, a cross-organizational provincial network the mission of which is to "create sustainable local food systems and achieve (community) food security in communities across Ontario".[16] *Foodnet Ontario* works towards this through a website on which it shares research and resources on food security initiatives, many of which focus on children, as well as political advocacy tools (letters, campaigns, charters, and policies) to fight for food security and sustainable food production.[16]

Another excellent example of a structure-based initiative is organized by ProMOTION Plus, a non-profit organization in BC that is committed to increasing opportunities for girls and women in sports and recreation. Among other activities, ProMOTION Plus performs gender audits for recreational organizations and clubs, with the intention of providing workable solutions and creating equitable policies and procedures.[17] Examples include more equitable allocation of recreation facilities for women and girls, collection of gender-based recreational participation data, and creation of a more accessible and safe sports environment. The organization also runs the "Toward Balance Award Program", which recognizes organizations, clubs and programs that promote gender equity.[18] ProMOTION Plus services attempt to influence active living by attending to mechanisms that stratify people by gender and create health inequities between males and females. It recognizes that active living behaviours may be the product not only of individual choices and an accessible built environment, but also of societal structures that create a male-dominated sports environment and discourage women from competitive recreational activities.

CONCLUSIONS

Unfortunately, to date there are few structure-based initiatives operating in Ontario and British Columbia compared to environment-based initiatives.[3] To balance this focus, a shift in the culture of public health to one that actively prioritizes and targets the SDH and health equity is needed. This would include reflective practice during program planning and delivery to consider: a) how the program targets the SDH; b) the likely short- and long-term impacts of the program; and c) the program's implications for health equi-

ty. In order to build momentum, public health leaders need to campaign actively for SDH capacity building, which could include advocacy training, intersectoral partnership development or equity-focused program evaluation skills for practitioners. Only by doing so can we ensure that public health services are not initiating, contributing to or maintaining health inequities in our communities.

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RÉSUMÉ

De nombreuses études montrent que les déterminants sociaux de la santé influencent la distribution et l'évolution des maladies chroniques, mais peu de programmes de santé publique abordent les déterminants sociaux comme stratégie de prévention des maladies. Nous expliquons les différents types d'initiatives de promotion de la santé et nous les différencions selon qu'elles tentent d'avoir des effets sur les déterminants intermédiaires (environnementaux) ou structurels de la santé. Nous plaidons en faveur de l'importance des programmes qui ciblent les déterminants structurels plutôt que ceux qui ciblent uniquement l'environnement immédiat. Les premiers sont en effet plus susceptibles d'apporter des améliorations significatives à la santé, de contribuer à un changement social durable et d'accroître l'équité en santé. Nous exhortons les responsables de la santé publique à tenir compte de cette distinction dans la planification des programmes de santé publique et à renforcer la capacité des effectifs de la santé publique de s'attaquer aux mécanismes structurels qui mènent aux problèmes de santé et aux iniquités en santé.

MOTS CLÉS : maladie chronique; promotion de la santé; pratique en santé publique; situation sociale; changement social; environnement social