Social Determinants of Healthy Eating and Obesity

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Della’s Story

https://www.youtube.com/watch?v=gLKpywfFD4c
WHAT MAKES CANADIANS SICK?

50% YOUR LIFE
- INCOME
- EARLY CHILDHOOD DEVELOPMENT
- DISABILITY
- EDUCATION
- SOCIAL EXCLUSION
- SOCIAL SAFETY NET
- GENDER
- EMPLOYMENT/WORKING CONDITIONS
- RACE
- ABORIGINAL STATUS
- SAFE AND NUTRITIOUS FOOD
- HOUSING/HOMELESSNESS
- COMMUNITY BELONGING

25% YOUR HEALTH CARE
- ACCESS TO HEALTH CARE
- HEALTH CARE SYSTEM
- WAIT TIMES

15% YOUR BIOLOGY
- BIOLOGY
- GENETICS

10% YOUR ENVIRONMENT
- AIR QUALITY
- CIVIC INFRASTRUCTURE

THESE ARE CANADA'S SOCIAL DETERMINANTS OF HEALTH #SDOH

What makes Canadians Obese??

Societal Influences: media, advertising, passive entertainment

Built environment: transport and walkability

Physical activity

Cost of Physical Exercise

Parental modeling of activity

Healthy eating

Food literacy

Education

Female employment

Food environment: production and accessibility

Market price of food

Cost of ingredients

Purchasing power

Level of employment

Biology and Physiology: metabolism and growth

Social depreciation of labour and dominance of sedentary employment

Social Determinants of Health

• Social determinants of health are the *economic* and *social* conditions that influence the health of individuals, communities and countries.

• Social determinants of health refer to the *quantity* and *quality* of a variety of resources that are made available to people.

Structural Determinants of Health

• Social determinants of health are underpinned by structural factors, such as race, sexual orientation, and the history of colonization among First Nations communities.

Determinants of Inequities

Health Equity

The absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, or geographically.

Promising Practice #5

• Health equity assessment tools:
  • Can assist decision makers to minimize and/or mitigate negative health outcomes
  • Can increase awareness of SDOH and equity considerations among decision makers
  • Potential to influence both immediate and long-term policy decisions
  • Helps users to align services with need—enabling better health outcomes
  • It builds on existing work and creates greater consistency and transparency in the way that equity is being considered across the health system

Sudbury and District Health Unit. (2011). 10 promising practices to guide local public health practice to reduce social inequities in health: Technical Briefing. Sudbury, ON
Case Study Example
Example for training purposes

Project title:
Incorporating Food Safety Teaching into HBHC Family Home Visitor protocols

Project summary:
While teaching food skills family home visitors recognized a need to “leave behind” user friendly tools on the safe handling food practices for HBHC clients – this tool will be part of a larger, comprehensive strategy (including budgeting, recipes, nutrition), will be focus tested before full implementation and may include a fridge thermometer and cutting board. This project is a collaboration between environmental health and family health services.

HEIA Objective:
To ensure that the new tool, messaging content, format and teachability does not increase or perpetuate inequities. May also identify equity based improvements in program design and delivery.
HEIA Summary

• Step 1: Affected populations and inequities
  • Variable access to food preparation appliances in low income, under housed, marginally housed populations

• Step 2: Potential unintended impacts of message
  • Current materials assume all participants have access to recommended storage (refrigeration) and preparation (heating) appliances.
  • Many clients experience intermittent utilities due to inability to regularly pay utility bills
  • Also consider linguistic communities and need for translation
• Step 3: Mitigation measures for impact identified above
  • Include information on “less” perishable fresh foods; have information prepared on what to do in the event of a power outage or service interruption. Consider need for translation.

• Step 4: Monitoring effectiveness of mitigations
  • How is information used and received by clients? Have behaviors changed?

• Step 5: Dissemination of HEIA results and materials
  • Sharing of food safety materials developed with other health units and service sites
Summary

• Socioeconomic and political contexts influence lifestyle, health and obesity system.

• Health equity considerations can be integrated across healthy eating, physical activity and other factors influencing healthy weight weights

• Completing HEIA can help to identify and amplify/mitigate unintended positive or negative impacts on health equity of policies, programs, and interventions.