

Community Health Board Summit, October 29, 2016

Race as a Social Determinant of Health

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Who is Robert Wright?

- A Sociologist and Social Work Private Practitioner,
- Former Executive Director Family & Children's Services of Cumberland County
- Former Executive Director, Child & Youth Strategy of Nova Scotia



Social Determinant

- Since the Lalonde report in 1974 we've recognized that health outcomes have less to do with health than social factors

PHAC Social Determinants

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- **Culture**

Culture as a Determinant

- Sometimes misunderstood as explaining influence of cultural practices and health/help seeking behaviors
- More properly explaining the effect of racism on health (marginalization, stigmatization, overt and micro racial aggression)

Pronounced Inequities

- African Canadians increased rates of hypertension, lower survival rates of cancer and heart disease (though lower reported incidence)
- Asian Canadians report poorer mental health and overall physical health
- Aboriginal Canadians experience significantly lower life expectancy (67yr on rez, 72yr off m), twice the rate of diabetes, increased rate of infectious disease, increased incidence of suicide

Not Culture, but Racism

- Health disparities unexplained by cultural corollaries. Explained better by experiences with institutional racism and/or “sear and tear of experiences of racism and discrimination in everyday life.”
- (Veenstra, 2009)

Intersection of Determinants

- Culture/race influences almost all other social determinants.

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Cultural Competence a Response

- Cultural competence refers to an ability to interact effectively with people of different cultures. Cultural competence comprises five essential capacities. We must:
 - A. understand our own cultural positions and how they differ from and are similar to others
 - B. understand the social and cultural reality in which we live and work and in which our clients live and work
 - C. cultivate appropriate attitudes towards cultural difference
 - D. be able to generate and interpret a wide variety of verbal and non-verbal responses
 - E. **understand structural oppression and demonstrate awareness and commitment to social justice**

IWK Health Centre
Province of Nova Scotia

SPRING 2006

Cultural Competence for Primary Health Care in Nova Scotia: A DVD and Discussion Guide



Cultural Competence

- Improving health practitioner cultural/poverty competence
 - Will significantly improve client engagement
 - Will improve health care delivery and patient compliance and cooperation with treatment

Advocacy and Activism

- From the Cultural Competence definition:
 - understand structural oppression and demonstrate awareness and commitment to social justice

With the knowledge of social determinants affect on health, health care interventions must look like activism

Social Justice Health Interventions

- Focusing on social determinants of health – interventions which change the social context for poor Canadians will create greatest health improvements
- Requires reframing the focus of intervention
- Requires skills of social justice and social policy advocacy
- Will require greater engagement with other professionals and sectors
- Advocate for greater power and independence for Public Health Officers (Ombudsman, legislative officer role)

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