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LA FÉDÉRATION CANADIENNE  
DES SYNDICATS D'INFIRMIÈRES  
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# Global Café: Social Determinants of Health

**Dr. Monika Dutt, Executive Director  
Upstream  
&  
Jolanta Scott-Parker, Executive Director  
Canadian Federation of Nurses Unions**



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# Social Determinants of Health

- List the social determinants of health and describe how they impact health
- Discuss the concept of health inequities and apply it to an area of personal/work experience.
- Identify how your workplace is or could be addressing social determinants of health.
- Recognize how policies implemented by different orders of government (local, provincial/territorial, federal, indigenous) impact health.
- Reflect on how personal background can influence work with marginalized populations.
- Speak Up and advocate for change on a professional or personal level

# Agenda

- What does today look like?
  - *Learn*- social determinants of health
  - *Reflect*- what does it mean in our work as nurses
  - *Action*- what can we (as nurses) do



# Agenda

*10:15- 11:45: Learn*

Overview of social determinants of health

*11:45 – 1:00 Lunch*

*1:00 – 2:30 Reflect*

World Café discussions on SDOH

*2:30-3:00 Break*

*3:00-4:30 Action*

The Harvest: Being the change we want to see



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# World Café Principles

- Create a hospitable space
- Ask questions that matter
- Connect diverse perspectives
- Encourage each participants contribution
- Listen together for patterns, insights and deeper questions
- Share collective discoveries

# Discussion: Warm Up

Please discuss at your table groups.  
Doodle, scribble etc.

1. Why did you come today?
2. What do you hope to get out of the day?



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# Objectives

- List the social determinants of health and describe how they impact health
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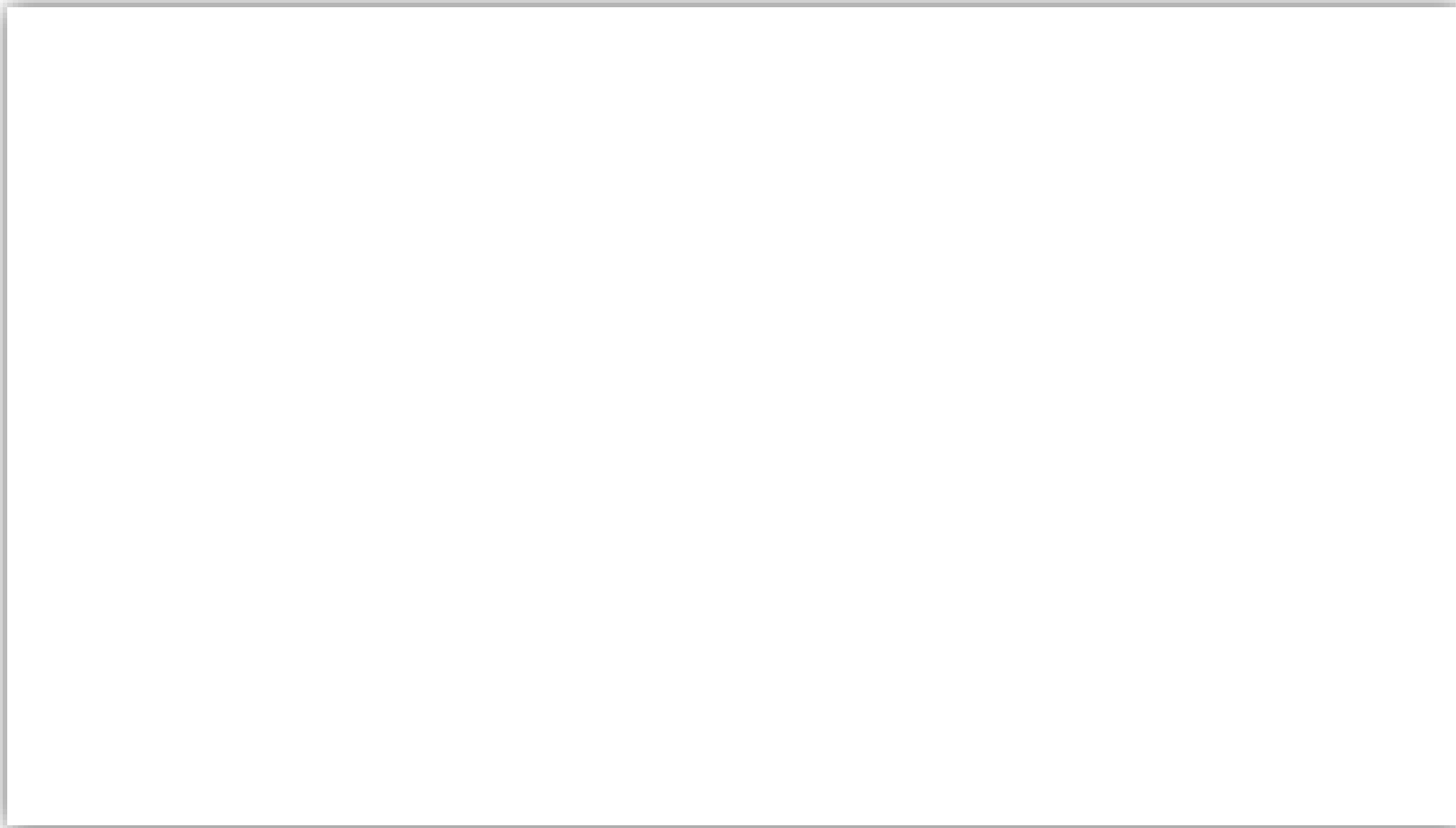
# Disclosures

- No commercial affiliations or financial conflicts of interest
- I speak from a position of privilege as a health care provider. I do not speak on behalf of people and communities, but as an ally.
- My presentation is grounded in evidence and the lived experiences of people I have encountered.

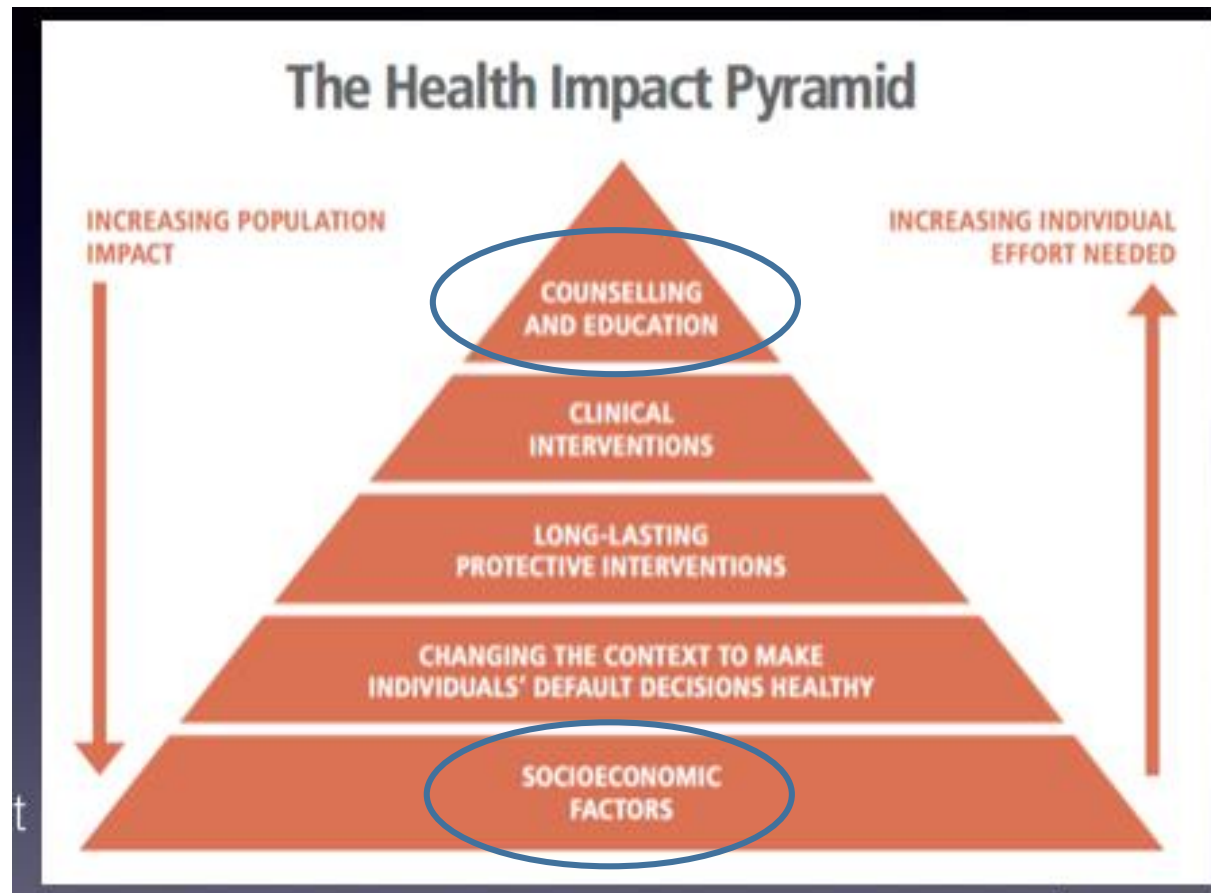
# Agenda

- What makes us healthy/sick
- Influencing policy
  - workplace, community, government
- Practicing anti-oppression in healthcare
- Upstream examples



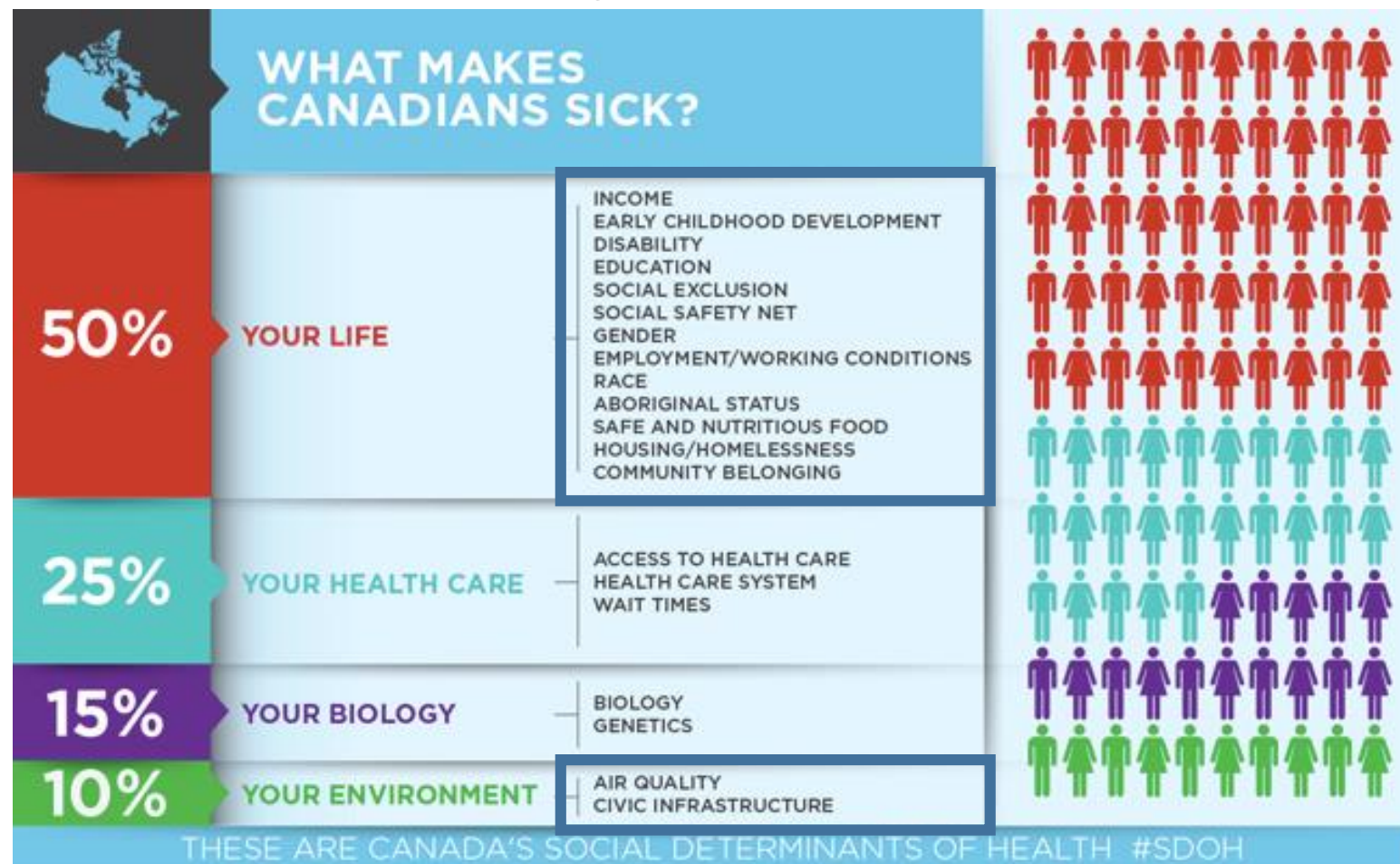


# What makes us healthy/sick?

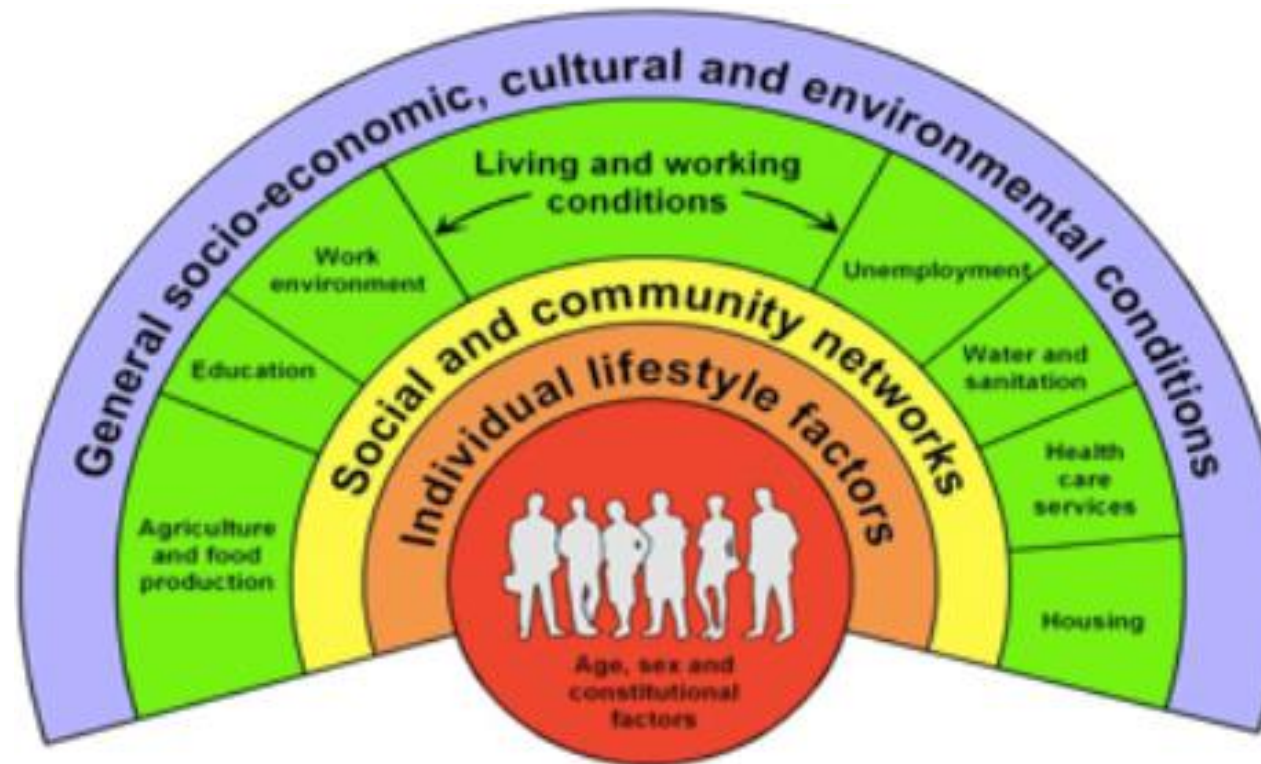




# What makes us healthy/sick?



# What makes us healthy/sick?

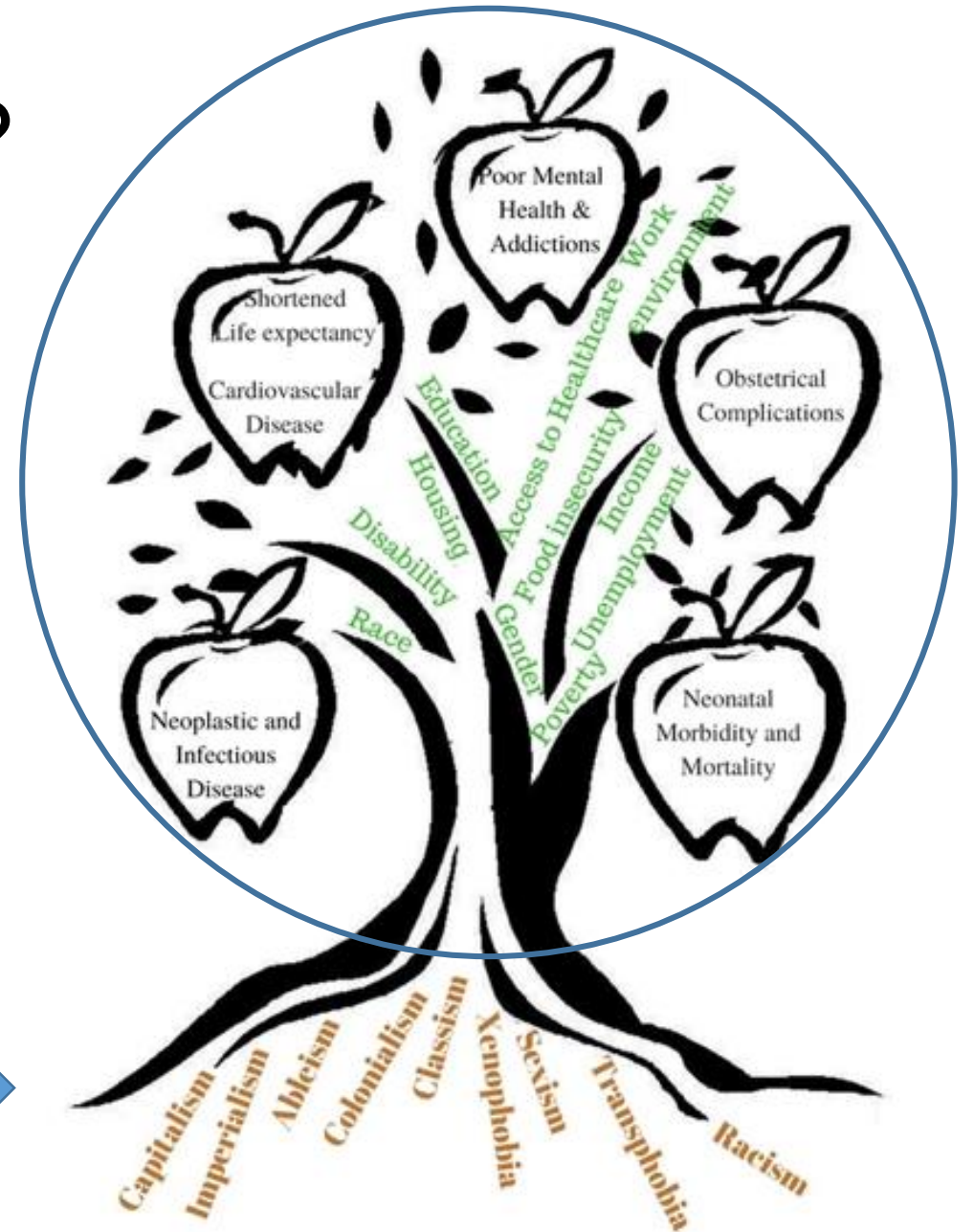


Dahlgren and Whitehead, 1991

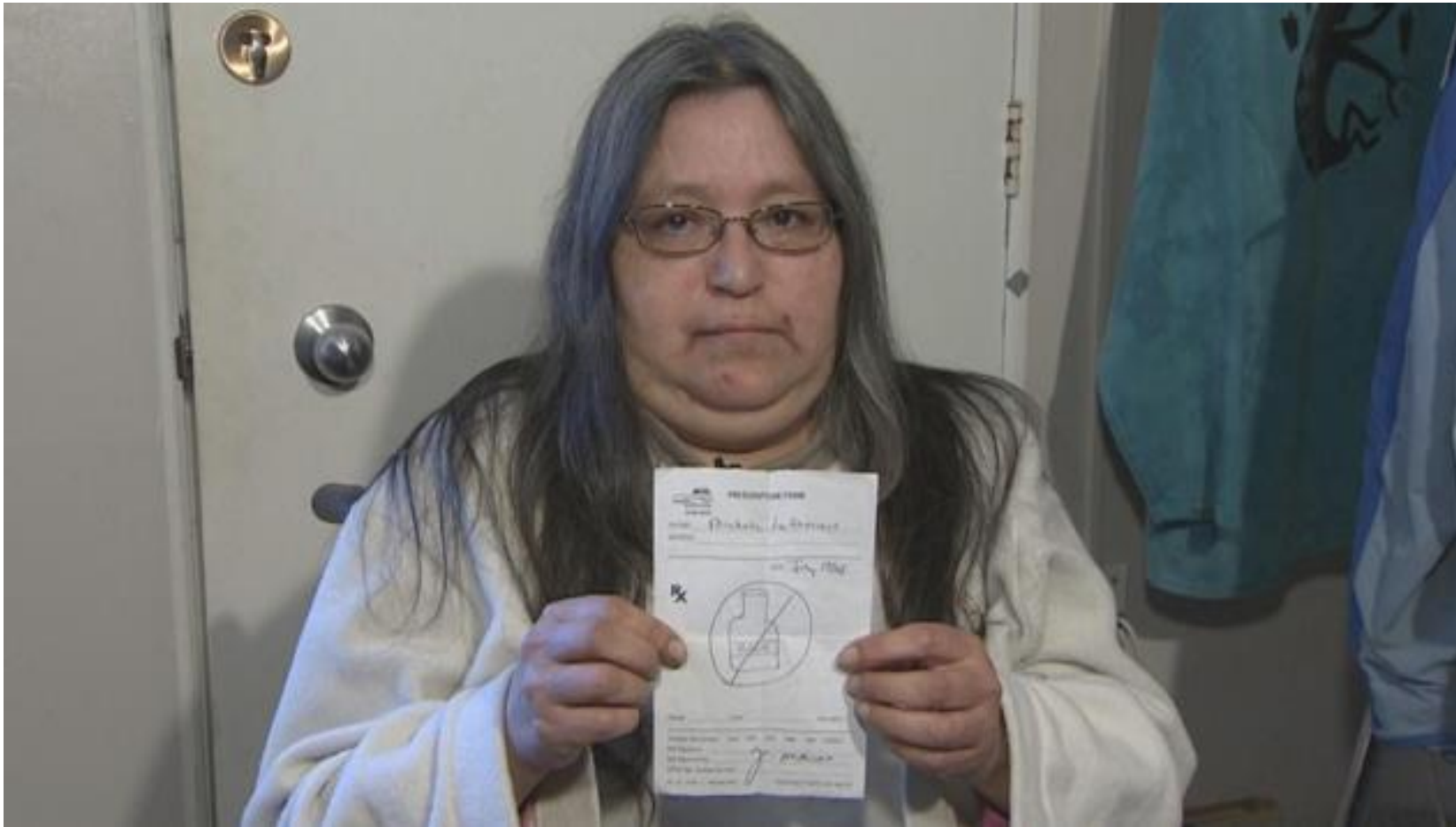
# How to avoid being sick...

1. Don't be poor. If you are, stop. If you can't, try not to be poor for long.
2. Don't have poor parents.
3. Own a car.
4. Don't work in a stressful, low-paid manual job.
5. Don't live in damp, low-quality housing.
6. Be able to afford to go on a foreign holiday and sunbathe.
7. Practice not losing your job and don't become unemployed.
8. Take up all benefits you are entitled to, if you are unemployed, retired or sick or disabled.
9. Don't live next to a busy major road or near a polluting factory.
10. Learn how to fill in the complex housing benefit/asylum application forms before you become homeless and destitute.

# What makes us healthy/sick?









# Privilege

- **Unearned advantages**, often systemic with historic origins, often mediated through positive unconscious associations
  - eg. you are trustworthy, you are intelligent, you are calm -- based on your race, gender, sexual orientation, ability etc.
- Often the dominant “normal” group eg. heterosexual, able-bodied, cis, Canadian-born, white
- We all experience SOME form of privilege – can you think of a way this has played out in your life?



*Privilege is an invisible, weightless  
backpack of special provisions, maps,  
passports, codebooks, visas, clothes,  
tools, and blank checks.*

*--Peggy McIntosh*

# Oppression

- **Unearned disadvantages**, often systemic with historic origins, often mediated through unconscious biases and discriminatory behaviour
  - eg. you are angry, you are lazy, you are stupid, you are dangerous based on your race, gender, sexual orientation, ability etc
- Often not the dominant “normal” group eg. homosexual, transgender, person with a disability, immigrant, racialized
- We all likely face SOME form of oppression – can you think of a way this has played out in your life?

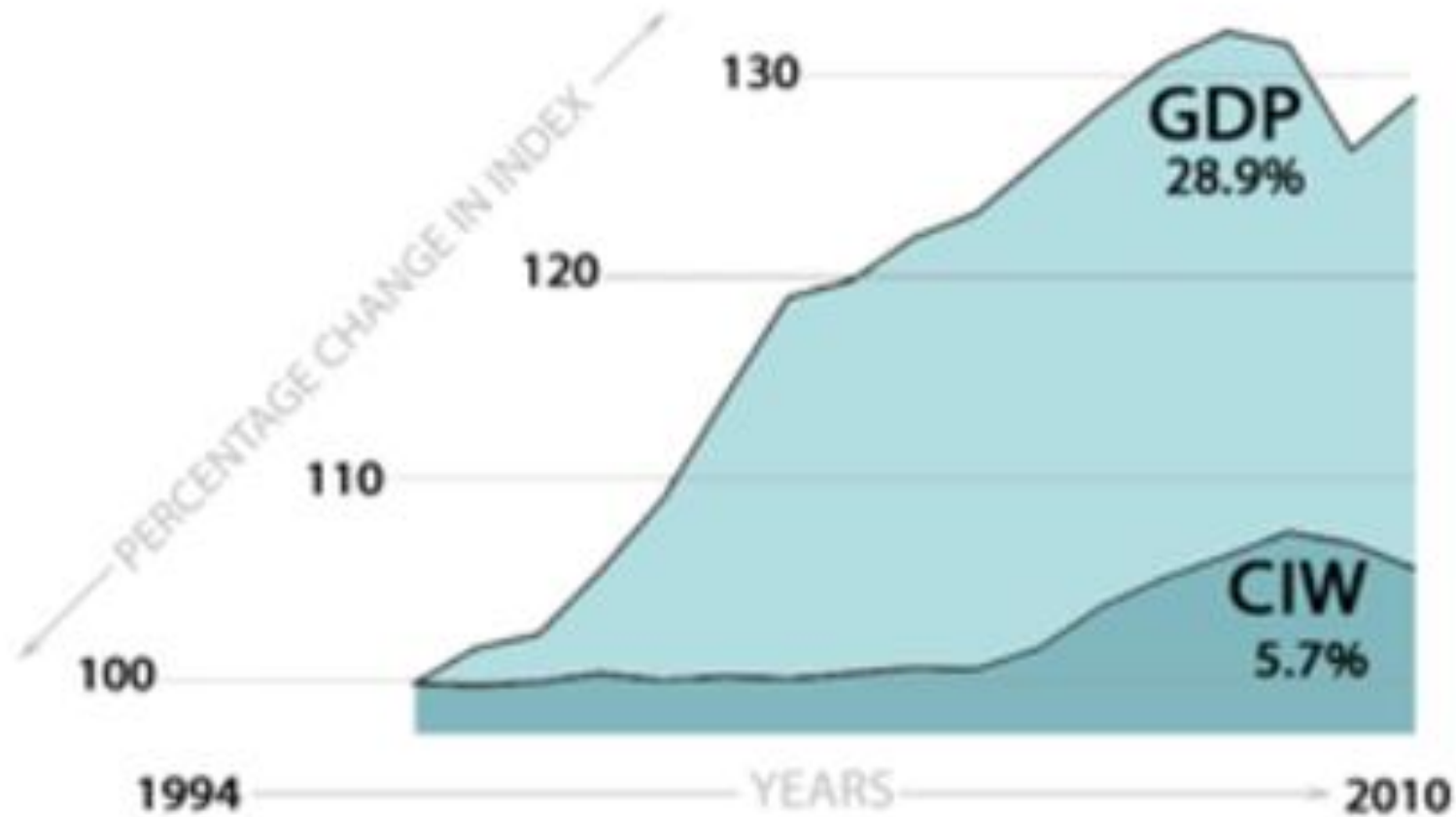
# Intersecting identities



WE NEED  
A NEW  
FRAME

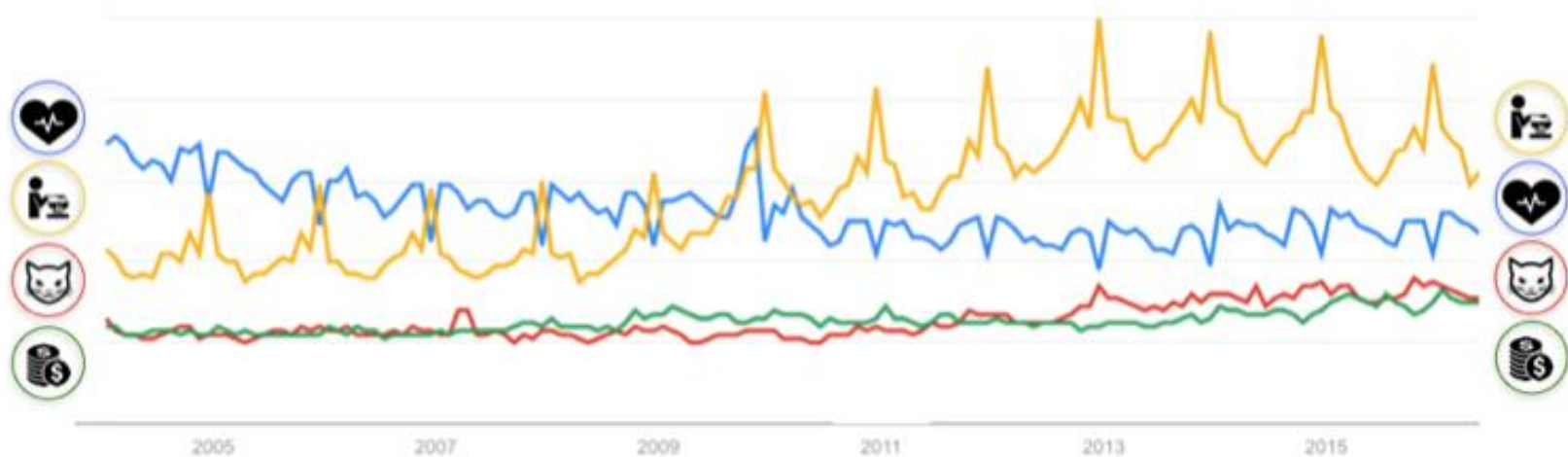


# Canadian Index of Wellbeing

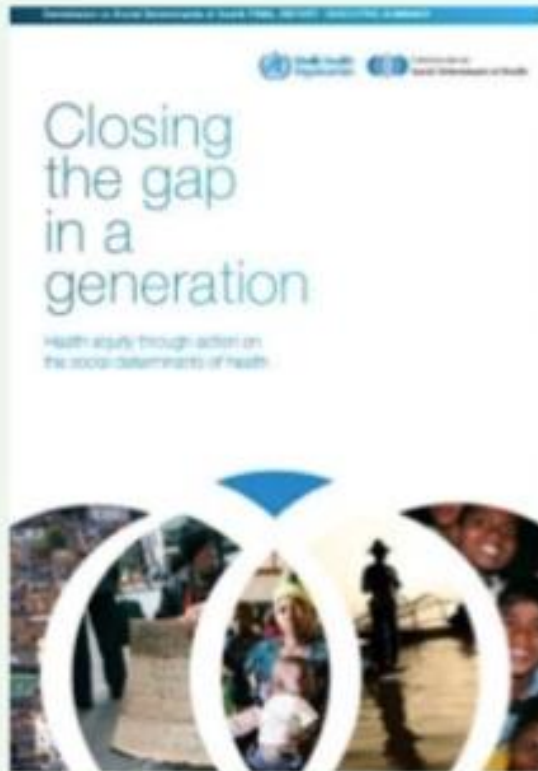


## Google search trends over time Canada, 2004-present

Health   Cats   Recipe   Money



## The WHO Commission on Social Determinants of Health (CSDH) – Closing the gap in a generation



Improve the conditions in which people are born, grow, live, work, and age

Tackle the Inequitable Distribution of Power, Money, and Resources

Measure and Understand the Problem, Evaluate Action, Expand the Knowledge Base, Develop the Work Force

“We need a  
social movement,  
based on evidence,  
to reduce inequalities  
in health.”

- **Sir Michael G. Marmot**  
*The Health Gap: The Challenge of  
An Unequal World*



Closing the Gap



# Nurses: A respected voice

## Nurses and Farmers Seen as Canada's Most Respected Professions

June 1st, 2016



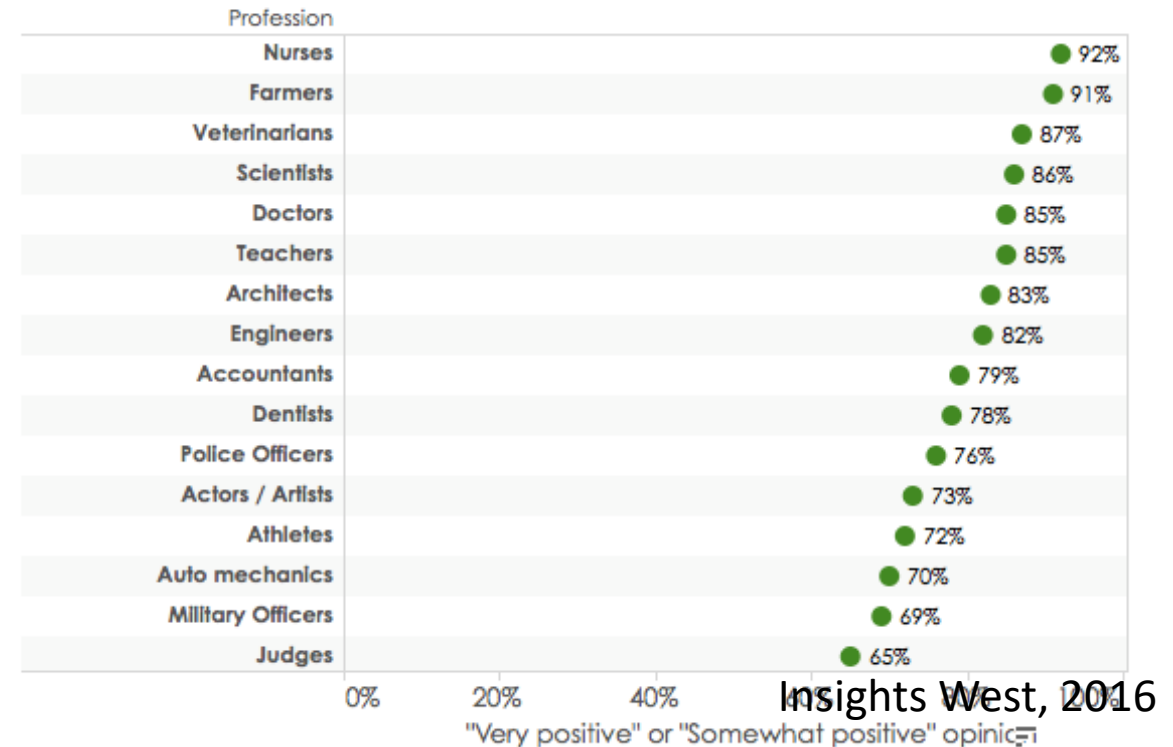
**Seven-in-ten Canadians say they have a negative opinion of politicians.**

Vancouver, BC – An overwhelming majority of Canadians express admiration towards two professions, a new Canada-wide Insights West poll has found.

In the online survey of a representative national sample, more than nine-in-ten Canadians have a positive opinion of nurses (92%) and farmers (91%).

Share of Canadians with a "very" or "somewhat positive" opinion of the following professions

Insights  
West





# Looking local: Housing First

“As a nurse with acute care experience in both inner city and rural Emergency Departments I am able to rely on my experience of what poor health from poverty looks feels and smells like. I cared for people with trench foot from walking the cold wet streets because there are no warm shelters available. I have cared for people with systemic sepsis from a dental abscess that was untreated because the person couldn’t afford dental care. I have had the sickening experience of watching someone being discharged back into homelessness, knowing that a permanent home would be the one thing that would improve their health most. I know what hunger and cold looks like up close.”

-- Judy Kelley, Public Health Nurse, Cape Breton, NS  
(Working with Cape Breton Community Housing Association)



2016

# Homelessness in CBRM

During a 12 hour period on April 13th, 2016, **60** volunteers collected data from shelters, transitional housing facilities, police lock up, hospital emergency rooms and community drop in centres. The volunteers also walked the streets in Sydney, Glace Bay, New Waterford, North Sydney, Sydney Mines and asked over 500 people about their housing situation. Everyone whose circumstances fit the definition of homelessness were asked to complete a 16 question interview about their experiences. This is the first time a comprehensive look at homelessness was ever attempted in CBRM.

The results: **137 PEOPLE** were experiencing homelessness in Cape Breton Regional Municipality



## ABSOLUTE HOMELESSNESS:

People who are staying outside or in places not fit for human habitation, or are using emergency homeless shelters.

### Unsheltered

24 people were unsheltered, that is, staying in a public space, sleeping in a car or not knowing where they would sleep that night.



### Emergency Shelters

30 people stayed in an emergency homeless shelter or a Violence Against Women shelter.



## PROVISIONALLY ACCOMMODATED:

People who may be temporarily accommodated by an organization or simply staying at someone else's place - couch surfing.



17 people were staying in transitional housing as a provisional step out of homelessness.



30 people did not have their own residence to return to. Instead, they reported staying with a friend or family member.



36 people were provisionally housed in an addiction treatment centre, half-way house or hospital ER.

## KEY FINDINGS

Of the 137 enumerated, **52%** participated in the full survey.

### From these surveys, the following trends emerged:



There was significant variation in age, with the youngest being **3 years old** and the oldest being **70 years old**



**65%** self-reported a medical condition, addiction, or mental health condition.

**1 in 3** people were homeless for more than **6 months** in the past year.



Notably, **19%** were children and youth up to the age of 24.

There was an overrepresentation of **First Nation individuals** experiencing homelessness.



Poverty, addiction and substance use, family conflict and domestic abuse were the **MAIN CAUSES** of homelessness.

**6%** reported previous service in the military.  
**1 in 5** of the adult respondents first experienced homelessness as **children (under 18)**.

# In the clinic: Poverty Intervention Tool

## HPAP Mission:

Poverty represents a serious but reversible threat to the health of people living in Ontario. As health providers, we enjoy privilege and access to power which many do not. As a high impact health intervention, we will work to eliminate poverty.



## Poverty: A Clinical Tool for Primary Care Providers (AB)

Poverty is not always apparent: In Alberta, 8.2% of families live in poverty.<sup>1</sup>

### 1 Screen Everyone

"Do you ever have difficulty making ends meet at the end of the month?"

(Sensitivity 98%, specificity 40% for living below the poverty line)<sup>2</sup>

### 2 Poverty is a Risk Factor

#### Consider:

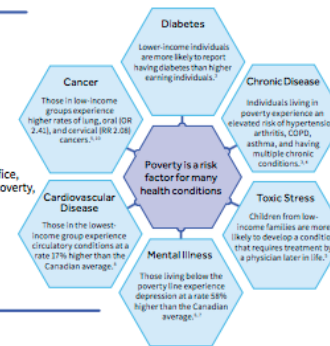
New immigrants, women, Indigenous peoples, and LGBTQ+ are among the highest risk groups.

#### Example 1:

If an otherwise healthy 35-year-old comes to your office, without risk factors for diabetes other than living in poverty, you consider ordering a screening test for diabetes.

#### Example 2:

If an otherwise low-risk patient who lives in poverty presents with chest pain, this elevates the pre-test probability of a cardiac source and helps determine how aggressive you are in ordering investigations.



### 3 Intervene

Ask Everyone: "Have you filled out and sent in your tax forms?"

- Ask questions to find out more about your patient—their employment, living situation, social supports, and the benefits they receive. Tax returns are required to access many income security benefits: e.g., GST / HST credits, child benefits, working income tax benefits, and property tax credits. Connect your patients to [Free Community Tax Clinics](#).
- Even people without official residency status can file returns.
- Drug Coverage: All Albertans have access to prescription drug benefits through the Alberta government sponsored drug program. Visit [drugcoverage.ca](#) to see what benefits you may be eligible for.

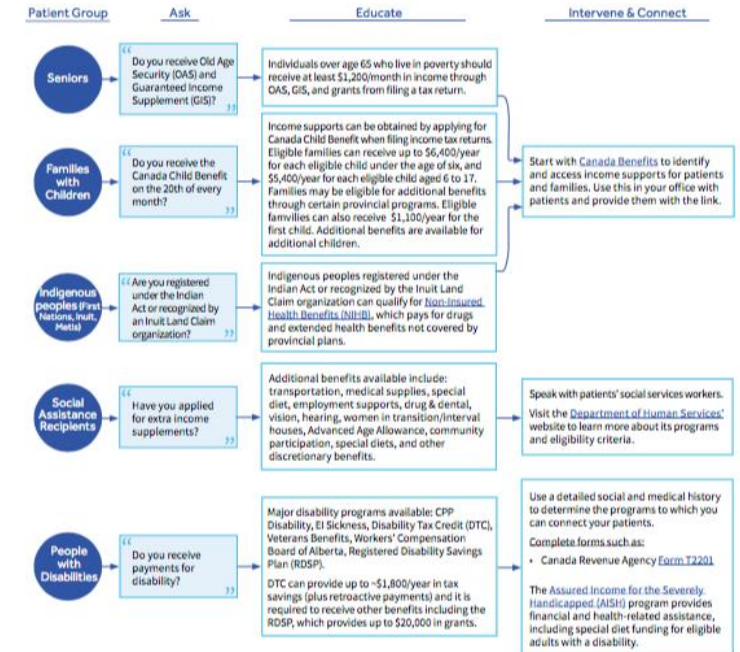


October 2016, Version 1.

[thewellhealth.ca/poverty](#)

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## Intervening can have a profound impact on your patients' health



## Key Resources

<b>Canada Benefits</b> <a href="http://www.canadabenefits.gc.ca">www.canadabenefits.gc.ca</a> Provides a full listing of federal and provincial income and other supports, organized by personal status (e.g., "parent," "Indigenous peoples") or life situation (e.g., "unemployment," "health concerns"), with links to the relevant program websites and to application forms.	<b>2-1-1</b> <a href="http://www.ab.211.ca">www.ab.211.ca</a> Call 2-1-1 or browse the website to find community support and advocacy organizations, based on topic and location.	<b>LawCentral Alberta</b> <a href="http://www.lawcentralalberta.ca">www.lawcentralalberta.ca</a> Provides law-related information and educational resources on justice and legal issues of interest to Albertans.
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**Remember:** As health care providers, it is our responsibility to provide complete and detailed information that accurately portrays our patients' health status and disabilities. It is NOT our role to serve as the gatekeepers for income security.

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[thewellhealth.ca/poverty](#)

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# Using stories to inform policy



Since earlier this year, local agencies have been sharing data with Toronto Public Health to more accurately track deaths among the city's homeless.

Global News



A practicing Toronto street nurse believes the number of homeless deaths in the city is "likely higher" than what's being recorded through Toronto Public Health's (TPH) new data collection method.

Cathy Crowe, a visiting practitioner at Ryerson University's department of politics and public administration and longtime homelessness activist, says the numbers the TPH are getting are likely "still underreported."

[Cathy Crowe, Toronto Street Nurse](#)





# National policy influence: CFNU and National Pharmacare



Canada's nurses are calling on citizens and residents of Canada to sign the petition to the Government of Canada to implement:

- 1.) A Pan-Canadian Universal Pharmacare Plan, in this 42nd Parliament; and
- 2.) A National Formulary for medically necessary drugs including a drug monitoring agency providing regulations and oversight to protect Canadians.



# Workplace health (WHO framework)

- Occupational health & safety
- Workers' compensation
- Union presence
- Employment standards
- Psychosocial hazards
- Personal health resources

# World Café Discussion:

1. Did you learn anything new?
2. Did anything you heard, challenge you to think about health in a new way?
3. Did anything you heard challenge you to think about health care in a new way?



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# Lunch Break

We re-convene at 1:00



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# World Café Discussions

## Reminders

1. Ensure 1 person is your table host and will stay behind when the group moves.
2. Doodle, write, document your conversation on the table in front of you.
3. Listen actively and meaningfully. Dialogue and conversation is very important around questions that matter
4. We are experts in our own experiences, sharing our collective knowledge is key
5. If there are questions we aren't asking that we should be – please raise them.



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# World Café Discussion: Individual

- 1. What aspects of your background and lived experience may impact how you work with patients, clients and communities.*
- 2. What power/privilege do you experience?*
- 3. What oppressions do you face?*



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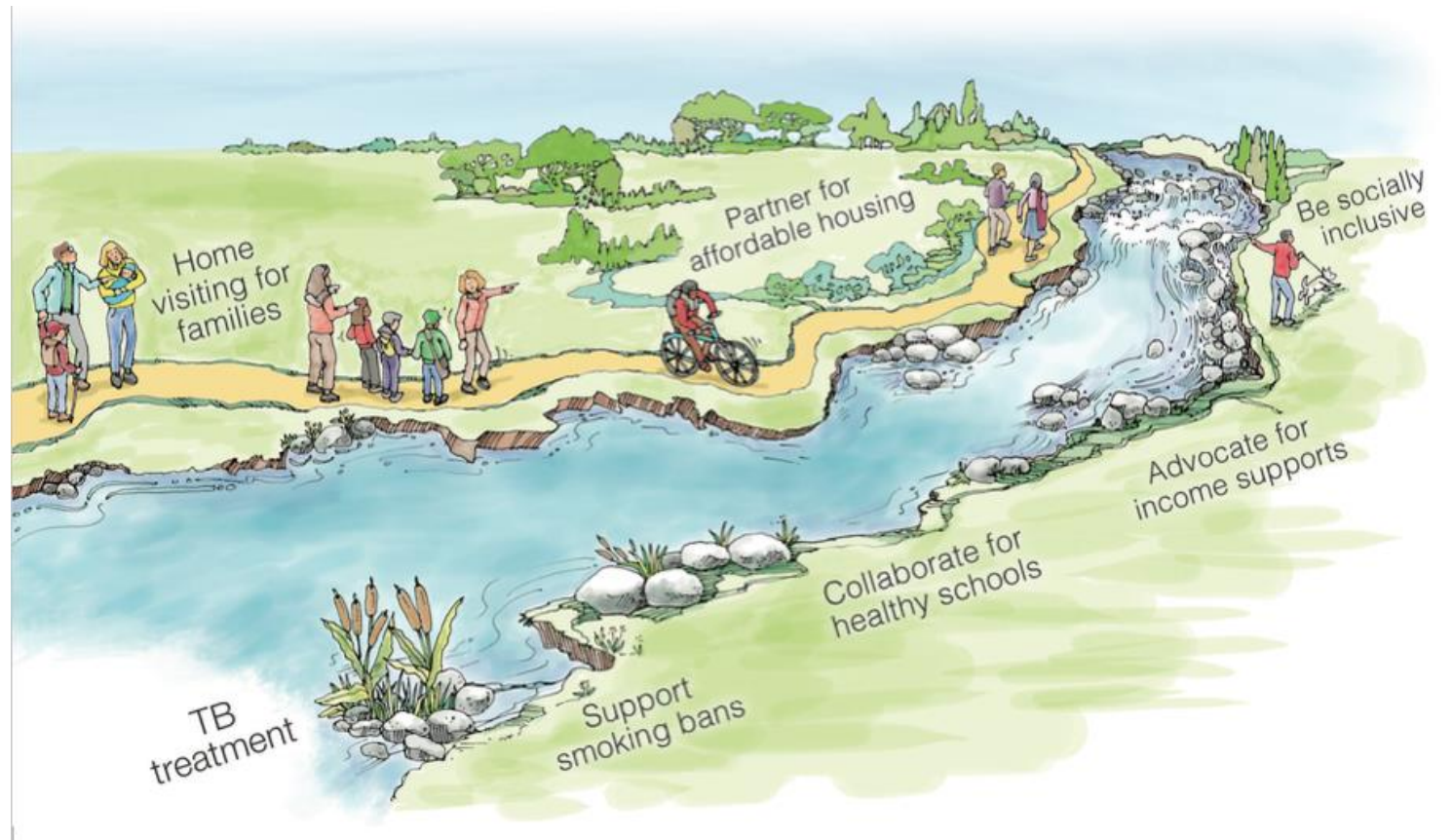




# Social Determinants of Health

*Primer for action:*

*Workplace, Community (local/provincial/territorial/federal)*



# What can nurses do?

## *Types of interventions...*

### DEFINITIONS <sup>b, 2-4</sup>

UPSTREAM INTERVENTIONS	MIDSTREAM INTERVENTIONS	DOWNSTREAM INTERVENTIONS
<p>Seek to reform the fundamental social and economic structures that distribute wealth, power, opportunities, and decision-making.</p> <p>These changes generally happen at the macro policy level: national and transnational.</p> <p>They are about diminishing the causes-of-the-causes.</p>	<p>Seek to reduce exposure to hazards by improving material working and living conditions, or to reduce risk by promoting healthy behaviours.</p> <p>These changes generally occur at the micro policy level: regional, local, community or organizational.</p> <p>They are about changing the causes.</p>	<p>Seek to increase equitable access, at an individual or family level, to health and social services.</p> <p>These changes generally occur at the service or access to service level.</p> <p>They are about changing the effects of the causes.</p>

National Collaborating Centre for Determinants of Health

# What can nurses do?

## *Types of interventions...*

DETERMINANT	UPSTREAM	MIDSTREAM	DOWNSTREAM
<b>Income</b>	advocate for living wage policies, wage capping, progressive taxation	link clients with welfare, social assistance, or back-to-work programs	ensure that chronic disease prevention programs are accessible to low income people
<b>Education</b>	create opportunities for educators, law enforcers and employers to work together to reduce barriers to education for youth	support adult high school completion programs	expand mental health promotion and early intervention programs
<b>Housing</b>	meet with elected officials and citizen groups to push for more affordable housing	bring stakeholders together to improve the enforcement of regulations to improve substandard housing	increase the availability of allergy and asthma treatment to vulnerable populations

National Collaborating Centre for Determinants of Health



# World Café Discussion: Workplace

1. *How is your workplace addressing specific social determinants of health of the population(s) you serve.*
2. *What is the capacity of our workplaces to work “Upstream” / “MidStream”/ “Downstream”*
3. *What are some of the challenges for workplaces when it comes to addressing social determinants of health?*



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# 8 steps to developing a healthy public policy

1. Describe the problem
2. Assess readiness for policy development
3. Develop goals, objectives and policy options
4. Identify decision-makers and influencers
5. Build support for the policy
6. Draft and/or revise the policy
7. Implement the policy
8. Evaluate and monitor the policy



At a glance: the eight steps to developing a healthy public policy

1 Describe the problem	2 Assess readiness for policy development	3 Develop goals, objectives, and policy options	4 Identify decision-makers and influencers
<p><i>Obtain a detailed understanding of the specific problem. This will be a foundation for developing clear goals, assessing options, and building support for the policy among decision-makers.</i></p> <p>Consider measurable objectives at all four levels (individual, network, organization, and society) and ensure they are specific, measurable, attainable, realistic, time-bound (SMART) and a strategic priority.</p> <p>Understand the problem: <b>Causes</b> – what is the origin or cause of the problem? What has contributed to its development?</p> <p><b>Impact</b> – what is the extent and cost of the problem in your community? What would happen if it was NOT dealt with?</p> <p><b>Perception</b> – who else thinks it is a problem? Who thinks it is not?</p>	<p><i>Determine whether to proceed. This decision should be based on whether your community is ready for a specific policy and your organization is ready to lead or support the process.</i></p> <p>Assess readiness:</p> <p><b>Community</b> – who will be supportive or unsupportive? Why? What is public opinion? What reasons to oppose this policy will be put forward? Are there educational and awareness programs in your community that focus on your problem? How successful have they been? Has the problem been a recent focus in the media?</p> <p><b>Organizational</b> – is the policy and development process a fit with your mandate? How much time/resources do you have to support it? Who</p>	<p><i>Define clear goals and objectives for the policy change and generate a list of policy options that you want decision-makers to consider. Putting forward more than one option shows stakeholders that you are flexible and willing to negotiate. Assessing several options prepares you to explain why there are certain ones that you will not support.</i></p> <p><b>Develop one or two goals</b> – these are broad statements summarizing the ultimate direction or desired achievement of your policy.</p> <p><b>Develop your objectives</b> – these are brief statements specifying the desired impact or effects of a policy. Objectives should be SMART - specific, measurable,</p>	<p><i>Decide which decision-makers will be the focus of your support-building efforts. Choosing the wrong people can waste resources and may even jeopardize future strategies if you approach people at the wrong level, or wrong time.</i></p> <p>Ask your stakeholders who would be best to approach and how to approach them. Don't assume that you already know the best person. Consider starting with someone lower on the hierarchy rather than heading straight for the top. Start with more sympathetic and supportive individuals rather than pouring your energy into the "toughest nut."</p> <p>Find out as much as you can about</p>

# World Café Discussion Community

- *How have you seen communities and governments (municipal, provincial, federal) addressing social determinants of health?*
- *Can you describe examples of successful work or initiatives on SDOH at either the Upstream or Midstream level?*
- *What led to the success? Failure?*



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# Break

We re-convene at 3:00.



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upstream

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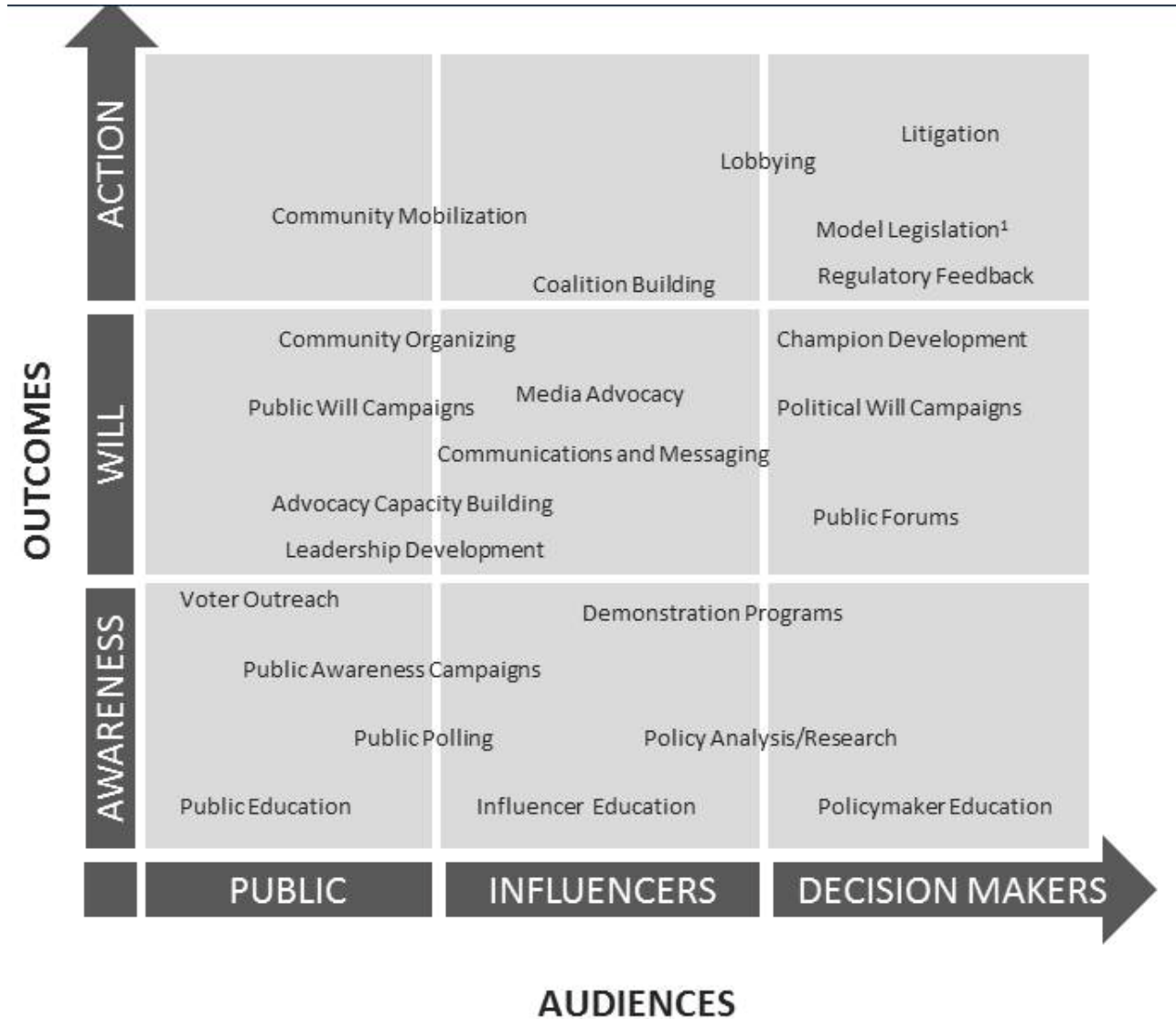
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National Collaborating Centre for Determinants of Health

# Being the change we want to see





# World Café Discussion Action

1. *What is the change you would like to see happen?*
2. *In your workplace? Through your union? In your community? Through your government?*
3. *How would you go about achieving that change? Upstream? Mid Stream? Downstream? What are the levers? What are the actions?*
4. *What are the opportunities for influence? How can we use our power?*



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# CANADA'S NURSES **Speak Up**

2017 BIENNIAL CONVENTION



CANADIAN FEDERATION  
OF NURSES UNIONS

LA FÉDÉRATION CANADIENNE  
DES SYNDICATS D'INFIRMIERES  
ET INFIRMIERS



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# Merci Thank you

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