

## DEBATE

# Escaping from the *Phantom Zone*: social determinants of health, public health units and public policy in Canada

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### SUMMARY

Despite the Canadian record of concern with the social determinants of health (SDOH), actual public health activities consistent with such an approach are sporadic at best. Canadian research and advocacy activities in the service of strengthening the SDOH are so divorced from everyday public policy activity, media discourse and public awareness as to metaphorically suggest that SDOH

researchers and advocates exist in a *Phantom Zone* of irrelevance. Why this might be the case and means of escaping from such irrelevance are presented. Implications for jurisdictions where the situation appears to be even worse—such as the USA—and for those where the situation may be somewhat better are also presented.

*Key words:* social determinants; health promotion; public policy

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*Jor-El's discovery of the Phantom Zone, and his invention of the Phantom Zone Projector (a device which allows individuals to be cast into the Zone), ended the debate on what to do with Kryptonian society's worst offenders. Inside the Phantom Zone, individuals became disembodied spirits, able to communicate with one another telepathically and to observe the real events as unseen voyeurs - but they were incapable of doing harm. No one in the Phantom Zone aged, and no one could die there. It seemed the perfect humanitarian prison. In actuality, it was a living Hell (World of Superman, 2008).*

### INTRODUCTION

The recent release of the final report of the World's Health Organization's International Commission on the Social Determinants of

Health provides researchers and advocates with yet another opportunity to place these issues on the public policy agenda (World Health Organization, 2008a). In Canada, and certainly the USA, efforts to raise these issues have proved so difficult as to suggest that those concerned with raising these issues are essentially living within a *Phantom Zone* of irrelevance in which we interact with like-minded spirits but have little if any impact on the world around us (Raphael and Bryant, 2006). In this article, I discuss why this might be the case and suggest means of escaping from such policy irrelevance.

Though this analysis is focused on the Canadian scene, there are implications for those in other jurisdictions. For those also struggling to have broader determinants of health addressed by policymakers—and this is more likely in English-speaking nations and especially so in the USA—the analysis presented here and its

subsequent suggestions should be relevant. For those who have found the making of public policy consistent with social determinants of health (SDOH) principles, such as in many European nations, it is a timely reminder of the need to continually reinforce such efforts in the service of securing health promoting public policy.

## BACKGROUND

The primary determinants of individual and population health are the living conditions—the SDOH—to which people are exposed (Marmot and Wilkinson, 2006; Raphael, 2008b). Since the seminal writings of Rudolph Virchow and Friedrich Engels in the mid-19th century (Engels, 1845/1987; Virchow, 1848/1985), an impressive amount of evidence in support of this hypothesis has accumulated (Marmot and Wilkinson, 2006; Raphael, 2008b). These findings have profoundly influenced the development of the field of health promotion by directing attention to the prerequisites of health, the importance of citizen engagement and the importance of influencing public policy in the service of health (ACT Health Promotion, 2004).

The culmination of the World Health Organization's Commission on the Social Determinants of Health (CSDH) and the release of its final report and numerous knowledge network documents only reinforce the existing evidence base (World Health Organization, 2008b). Many of the concepts and findings in support of the importance of the SDOH have originated in Canada, and Canada is well represented among those who have contributed to the WHO CSDH effort (O'Neill *et al.*, 2007). Two of the CSDH knowledge hubs—*Globalization and Health and Early Childhood*—were situated at Canadian institutions and another—*Employment and Working Conditions*—saw strong Canadian involvement.

These concepts and findings have not gone unnoticed in Canada. Health Canada (2001), the Public Health Agency (Government of Canada, 2004), the Canadian Population Health Initiative (Canadian Population Health Initiative, 2004a), the Canadian Senate (Senate Subcommittee on Population Health, 2008), the Canadian Institutes for Health Research (Canadian Institute for Health Information, 2002) and numerous public health units, social

development organizations and various policy institutes have all produced documents, statements, declarations and research funding to support inquiry into—and policy implementation—of the idea that living conditions are the most important factors shaping health and predicting the onset of disease and premature mortality (Raphael, 2008b). Along the way, it has also been determined that the SDOH are also good predictors of the incidence of crime, educational attainment, social problems and quality of life, however defined (Raphael, 2007c).

In spite of this, Canadian public health activities—and most health promoters are employed in such government organized units—focused on the SDOH have been sporadic at best (Sutcliffe *et al.*, 1997; Williamson, 2001; Williamson *et al.*, 2003). One of the greatest barriers to having the SDOH taken seriously in Canada has been public health preoccupations with behavioural and 'lifestyle' approaches rooted in individualized approaches to disease prevention (Raphael, 2003). Although notable exceptions exist (Lessard, 1997; Waterloo Region Public Health Unit, 2002; Alberta Social Health and Equities Network, 2004; Interior Health Region, 2006; Sudbury and District Health Unit, 2006; Regina Qu'Appelle Regional Health Authority, 2007; Peterborough County-City Health Unit, 2008), the establishment of a National Coordinating Centre on the Determinants of Health by the Canadian Public Health Agency is an explicit recognition that such activities need to be strengthened and expanded (Government of Canada, 2004).

## IN THE PHANTOM ZONE

The Canadian Chief Public Health Officer's *Report on the State of Public Health in Canada 2008* presented a strong statement on the importance of the SDOH and public policy that supports such determinants (Butler-Jones, 2008). Yet, the report was released without an accompanying press conference and received virtually no media coverage. There certainly was little effort expended by most health units across Canada in publicizing these messages.

Once again, the idea was reinforced that for those of us in Canada who work on the SDOH—health promoters, population health researchers and healthy public policy advocates—we exist in a separate universe from the

world of day-to-day public health activity, public policy, societal discourse and public awareness.

The evidence that we are in a SDOH *Phantom Zone* abounds. Public policy in Canada that explicitly considers the SDOH is virtually non-existent (Raphael, 2007a). Media coverage of the SDOH is non-existent (Gasher *et al.*, 2007; Hayes *et al.*, 2007). As a result, public awareness of our work and its implications pales in relation to knowledge and concern with the holy trinity of risk (Nettleton, 1997) of tobacco use, poor diet and lack of physical activity (Canadian Population Health Initiative, 2004b). Public health attention to these issues on the ground is sporadic (Raphael, 2003; Williamson *et al.*, 2003).

A handful of Canadian researchers, advocates and funding agencies carry on with their activities of SDOH ‘knowledge generation’, ‘knowledge dissemination’, ‘knowledge translation’ and ‘knowledge exchange’ (National Coordinating Centre on the Determinants of Health, 2008). We publish articles, reports and collected volumes, organize workshops and think tanks, engage in international commissions and achieve even longer and more impressive academic resumes. Yet, our effects on public health activity and other aspects of the real world in which Canadians live frequently appear to be non-existent.

Like criminals from Krypton, we exist as disembodied spirits. We communicate with each other telepathically and observe the making of public policy and the shaping of public understandings of the determinants of health as unseen voyeurs. We seem to be incapable of influencing the forces that threaten the quality of the SDOH Canadians experience. Even worse, our inability to influence the SDOH is especially apparent in regard to the most vulnerable of Canadians: the sick, the poor, Aboriginal Canadians and immigrants to Canada whose ancestry is not European (Raphael, 2008b).

## ESCAPING FROM THE PHANTOM ZONE

Are we Canadian researchers and advocates destined to remain in this living hell of irrelevance? Is there any hope of our escaping the SDOH *Phantom Zone*? I think there is. First, we have to recognize that we are in the

*Phantom Zone*. We have to acknowledge that despite our best and sincere efforts, we and our work are currently irrelevant. Second, we have to recognize that the approach we have been taking in the areas of ‘knowledge this’ and ‘knowledge that’ is not enough for us to escape the *Phantom Zone* and rejoin the real world in which public policy and public understandings of the determinants of health are created. Third, we have to resolve to develop and carry out activities which will engage policymakers and the public in discussion and analysis of the importance of living conditions—the SDOH—in shaping health and well-being. This is a role that public health units—along with the health promoters employed in such units—*must* play. Without the support and endorsement of public health units across Canada, we are frequently seen as eccentric cranks whose ideas are not seen as worthy of attention by policymakers, the media and the public.

## PUBLIC HEALTH ROLE

What might these activities be? For many public health units where advocacy activities in the service of health public policy must be strategically developed and carried out, the answer is simple. Do the same things that you have been doing on the issues of tobacco use, diet and physical activity, which have been so successful in having these agendas taken up. Such activities should serve to facilitate escape from the irrelevance of the *Phantom Zone*:

- (i) *Create a constant drumbeat of messaging as to the importance of the SDOH.* There is no shortage of evidence and data that show individuals’ living conditions are the primary determinants of health (Raphael, 2008b). To date, the public is not being made aware of these findings. The neglect of these issues by the media has been especially egregious (Gasher *et al.*, 2007; Hayes *et al.*, 2007).
- (ii) *Use strong language.* Public health researchers and workers have had no hesitancy about warning of the dire health consequences of tobacco use, obesity and sedentary activity. Yet they have been unwilling to discuss the health consequences of growing social and economic

inequality, deepening poverty and the increase in income, employment, housing and food insecurity (Raphael, 2003). Indeed, Canadians have so internalized these lifestyle messages that their awareness of how adverse living conditions threaten health is virtually non-existent (Eyles *et al.*, 2001; Paisley *et al.*, 2001; Canadian Population Health Initiative, 2004b).

- (iii) *Produce daily press releases that the media can use to bombard the senses of Canadians.* Even when public health units raise these broader issues, the events are sporadic and lost in the background of a deluge of messaging about ‘healthy lifestyles’, ‘medical breakthroughs’ and ‘health care crises’ (Gasher *et al.*, 2007; Hayes *et al.*, 2007). A sea change in messaging emphasis seems called for.
- (iv) *Show no fear.* A common message I hear from public health workers and managers is that raising the SDOH can be a ‘career threatening move’. In the end, political masters cannot fire every medical officer of health, public health manager and public health worker in Canada for attempting to carry out their jobs in an ethical and honest manner.

## RECOGNIZING BARRIERS

We must also realize that once outside of the *Phantom Zone*, there is a real world of political, economic and social barriers to having our evidence translated into action. Less so than is the case for tobacco control and obesity reduction, there are powerful economic and political forces that oppose an SDOH agenda (Raphael, 2007b). This is especially the case in English-speaking nations governed by market-oriented political economies (Raphael and Bryant, 2006). Advocates of the unbridled free market will not support an agenda that aims to improve the living conditions of Canadians—especially the most vulnerable—through State intervention (Langille, 2004).

Make no mistake about it: An SDOH agenda calls for a counterbalancing of market forces with a polis of communal responsibility associated with the welfare state (Stone, 1988; Raphael and Bryant, 2006). Health promotion is ultimately a political activity and thought

must be given on how to respond to the inevitable attacks that a broader approach to health will elicit (Raphael, 2006, 2008a).

In many ways, life in the *Phantom Zone* has certain advantages. We can go about our activities knowing full well that our activities have no effects upon the world thereby avoiding the inevitable disappointments that engagement can produce. Yet as the public policy world outside continues to deteriorate, many of us feel compelled to escape. Already there are public health units that have fled the social determinants *Phantom Zone*, but they are few and very far between.

## ADDING PUBLIC HEALTH VOICES TO ONGOING SOCIAL DETERMINANTS ACTIVITIES

It is not as if public health activity in support of the SDOH would be completely novel. In Canada, there are many non-health sectors that are pushing an SDOH agenda. These include charitable organizations (United Way of Ottawa, 2003; United Way of Winnipeg, 2003; United Way of Greater Toronto, 2004; United Nations Association of Canada, 2006), social development agencies (O’Hara, 2006), anti-poverty groups (MacAdam, 2004; Campaign 2000, 2004), policy institutes (Hay, 2006; Gardner) and even the Canadian Senate (Senate Subcommittee on Population Health, 2008).

There have also been some noteworthy contributions to these efforts from the health-care sector. The Association of Ontario Health Centres, the Chronic Disease Prevention Alliance of Ontario, the Registered Nurses Association of Ontario and the Canadian Nurses Association have raised the social determinants issue (Canadian Nurses Association, 2005; Registered Nurses Association of Ontario, 2007; Association of Ontario Health Centres, 2007; Chronic Disease Alliance of Ontario, 2008). Physicians, nurses and other health-care providers in Ontario have formed *Health Providers against Poverty* (Health Providers Against Poverty, 2008). An *Ontario Physicians Poverty Work Group* has been formed that has provided a five part primer for physicians on how to address determinants issues (Ontario Physicians Poverty Work Group, 2008a, b).

Yet, for the most part, the public health community has been silent on these issues. Public

health units in Canada receive significant economic resources, employ thousands of workers and garner significant public respect. Without their cooperation in the raising of the SDOH enterprise, we can expect little reward for our efforts.

Canadian examples of public health activity in support of the SDOH exist. The Canadian Chief Public Health Officer is on-side. The World Health Organization is on-side. There is even evidence that most Canadians' values are also on-side (Adams, 2000, 2003). Yet without broader public health community support, such efforts will come too little. To have these issues taken seriously by those outside the *Phantom Zone* will require public health involvement on a scale not yet seen. Can we count upon the extensive Canadian public health infrastructure to support these efforts?

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