

# Social Determinants of Health & Health Equity

## KEY MESSAGES:

- Algoma's community is quickly diversifying as the proportion of visible minority population is growing<sup>(4)</sup>.
- The majority of Algoma residents have completed high school and are employed<sup>(4)</sup>.
- 1 in 5 Algoma households is experiencing food insecurity<sup>(5)</sup>.
- The average cost to feed a family of four in Algoma increased by nearly 7% in one year from 2022 - 2023<sup>(11)</sup>.

Health is influenced by a broad range of factors, including our genetics, individual behaviour, and the physical, social and economic environments in which we live, work, and play. Factors beyond an individual's biology and behaviour are referred to as the **social determinants of health (SDOH)**. The SDOH contribute to individual and to community health outcomes<sup>(1)</sup>.

Differences in health outcomes between individuals or groups are known as health inequalities. When health inequalities can be changed or decreased through social action, they are called **health inequities**<sup>(2)</sup>. Health inequities are health differences that are<sup>(3)</sup>:

- Systematic, which means that health generally improves as socioeconomic status improves
- Socially produced, and these can be avoided by making sure that the social and economic conditions needed for good health are accessible to all people
- Unfair and/or unjust

## The social determinants of health in Ontario (SDOH)

Within Ontario, health equity is linked to the following key SDOH<sup>(1)</sup>:

- |  |  |
|--|--|
| • Access to health services                        | • Housing                                  |
| • Culture, race, and ethnicity                     | • Income and income distribution           |
| • Disability                                       | • Indigenous status                        |
| • Early childhood development                      | • Personal health practices and resiliency |
| • Education, literacy, and skills                  | • Physical environments                    |
| • Employment, job security, and working conditions | • Sexual orientation and attraction        |
| • Gender identity and expression                   | • Social inclusion/exclusion               |
| • Food insecurity                                  | • Social support network                   |

**"Health equity is the absence of unfair systems and policies that cause health inequalities"**<sup>(2)</sup> so that all people can reach their full health potential without being disadvantaged based on their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.

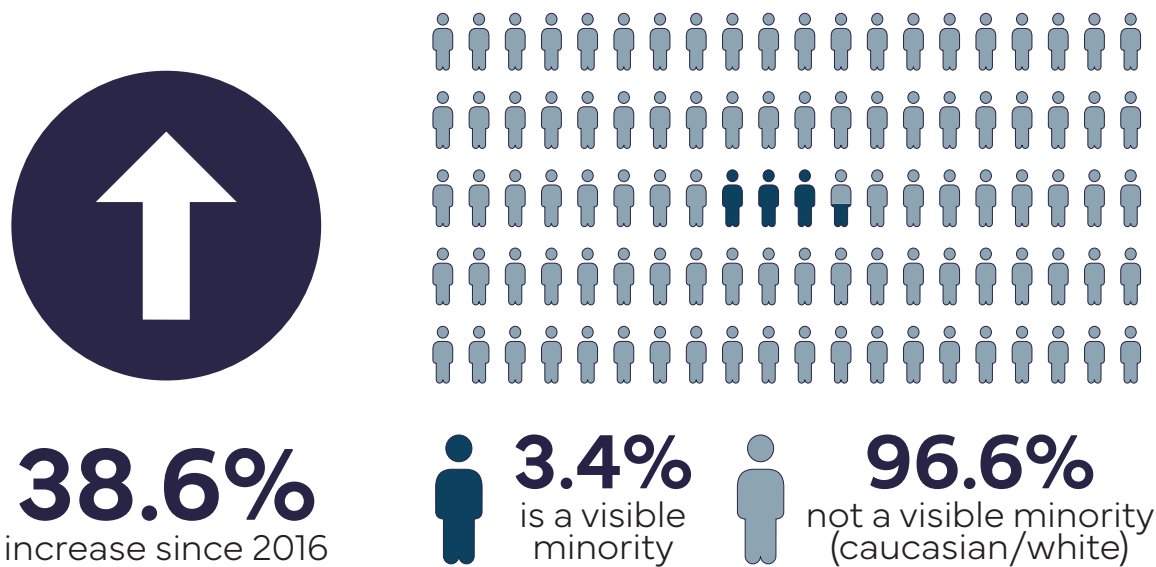


Some marginalized groups experience health inequities as a result of discrimination, racism and historical trauma

Key social determinants of health across Algoma

Visible minority<sup>(4)</sup>

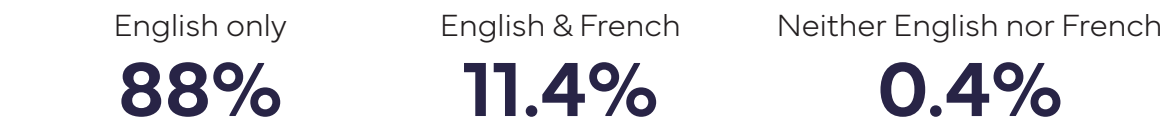
Proportion of Algoma's population that is a visible minority has increased from **2.3% to 3.4%** in 2021, due to an influx of immigration over the past several years.



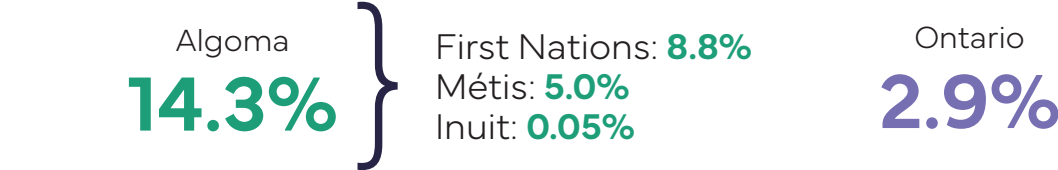
Ethnicity/language<sup>(4)</sup>

Most common visible minorities: **South Asian, Chinese, Black**

Knowledge of official languages



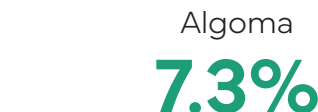
Indigenous Identity



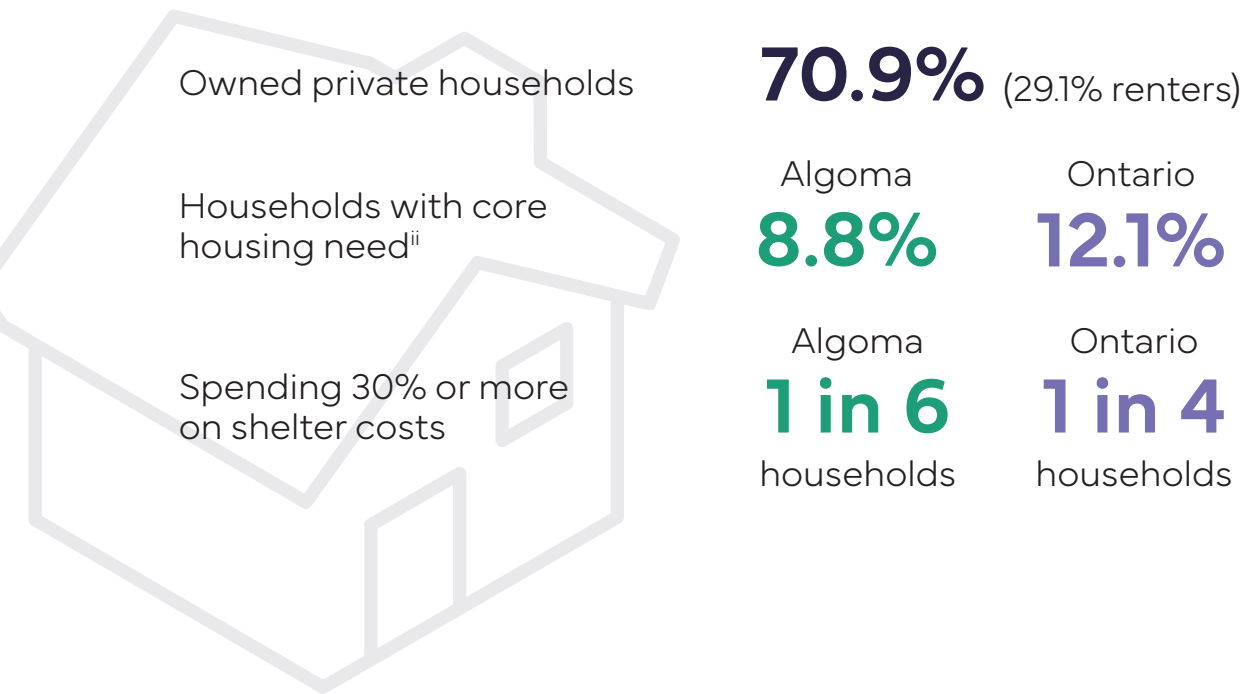
Indigenous language



Registered or Treaty Status<sup>i</sup>



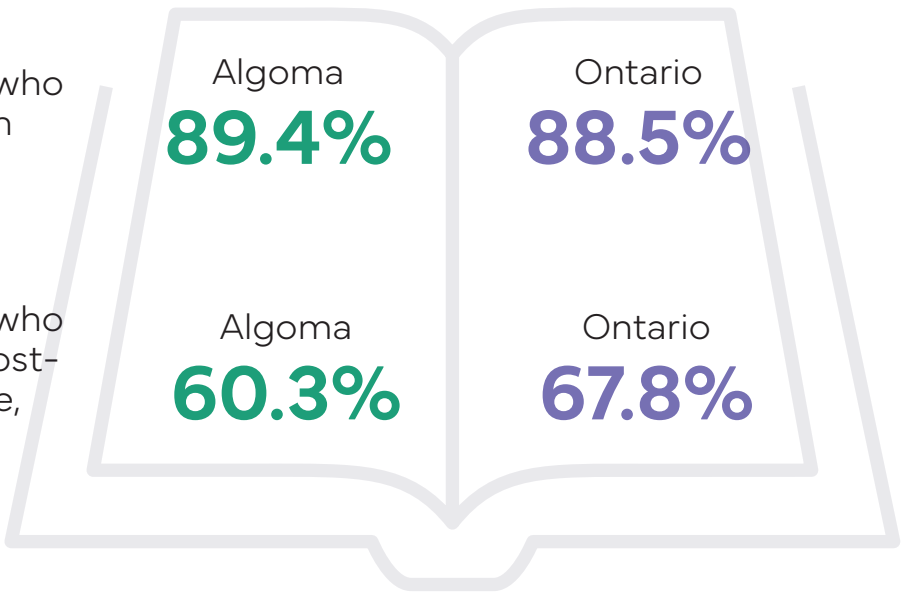
Housing<sup>(4)</sup>



Education<sup>(4)</sup>

25- to 64-year-olds who have completed high school or equivalent

25- to 64-year-olds who have completed a post-secondary certificate, diploma, or degree

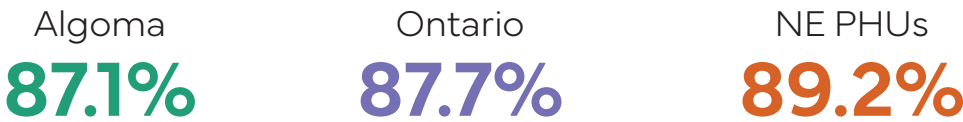


<sup>ii</sup> Refers to a person registered under the Indian Act of Canada and belongs to a First Nation or Indian band, that has signed a treaty with the Crown.  
<sup>iii</sup> Core housing need is a measure of whether a private household falls below at least one of the indicator thresholds for housing adequacy (not requiring any major repairs), affordability (spending less than 30% of before-tax income on shelter costs) or suitability (having enough space for the size and composition of household occupants).

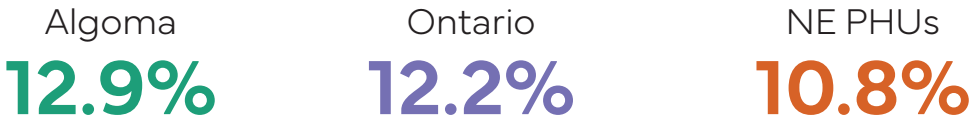
Key social determinants of health across Algoma

Employment<sup>(4)</sup>

People aged 15+ years old in the labour force who are employed



People aged 15+ years old in the labour force who are unemployed



Income<sup>(4)</sup>

Adults (18 to 64 years old) in low income<sup>iii</sup>



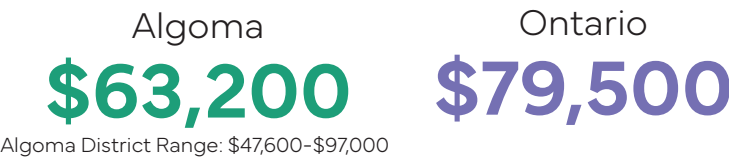
Children (<18 years old) in low income



Children (<5 years old) in low income



Median Income After Taxes – Households

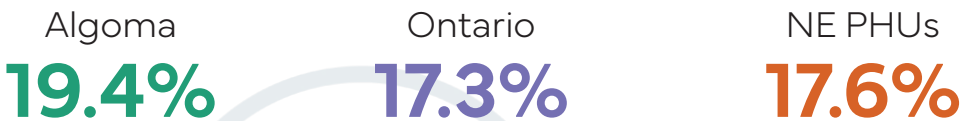


Median Income After Taxes – Individual



Food insecurity

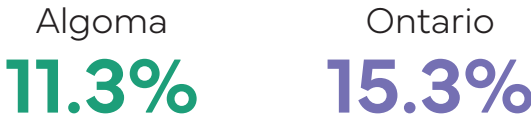
Households experiencing food insecurity<sup>(5)</sup>



Employed households experiencing food insecurity<sup>(6)</sup>



Children and youth (1-17 years old) experiencing food insecurity<sup>(7)</sup>



Health care<sup>(6)</sup>

Have a regular health care provider



Talked to a general practitioner or family doctor in the past 12 months about their emotional or mental health



<sup>iii</sup> Measured as living in a low income household after taxes which is approximately 50% of the median income when taking household needs into account.

## Increasing health equity: A health promotion approach

Health promotion action means building healthy public policy, creating supportive environments for health, strengthening community action, developing personal skills and re-orienting health services to help people reach a complete state of physical, mental and social well-being<sup>(8)</sup>.

Upstream interventions try to change the conditions (social determinants of health) that cause health inequities. Upstream interventions based on evidence are necessary to reduce health inequities<sup>(1)</sup>.

### Levels of interventions<sup>(1)</sup>

#### Upstream interventions

Seek to reform the fundamental social and economic structures that distribute wealth, power, opportunities, and decision-making.

These changes generally occur at the macro policy level: national or transnational.

**They are about diminishing the causes of the causes.**

#### Midstream interventions

Seek to reduce exposure to hazards by improving material working and living conditions, or to reduce risk by promoting healthy behaviours.

These changes generally occur at the micro policy level: regional, local, community or organizational.

**They are about changing the causes.**

#### Downstream interventions

Seek to increase equitable access, at an individual level, to health and social services.

These changes generally occur at the service or access to service level.

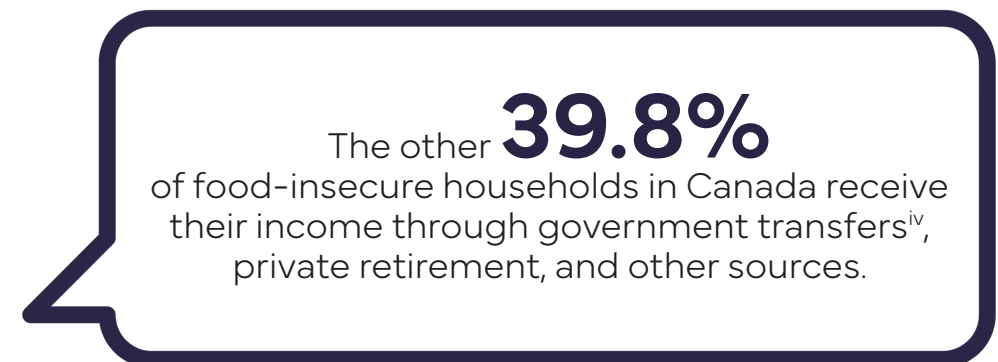
**They are about changing the effects of the causes.**

## Focus on food insecurity and food affordability in Algoma

Food insecurity is uncertain or inadequate access to sufficient quantity and/or quality of food, because of financial limits. Food insecurity most often affects households with lower income. Many people who struggle with food insecurity have a job.



...of food-insecure households in **Canada in 2021** were those who earned wages, salaries or were self-employed<sup>(10)</sup>.



Food insecurity is associated with higher risk of chronic illnesses, mental illnesses, infectious diseases, substance use, and premature death. Because of systems of oppression, racial disparities are also observed in food insecurity, with Indigenous and Black households experiencing rates 2-3 times higher than White households<sup>(9)</sup>.

<sup>iv</sup> Government transfers include all cash benefits received from federal, provincial, territorial or municipal governments.


Government assistance income scenarios for Algoma, 2023<sup>i</sup>

	Family of four <sup>v</sup> on Ontario Works <sup>vi</sup>	Single parent with two children, on Ontario Works <sup>vi</sup>	Single person on Ontario Works <sup>vi</sup>	Single person on ODSP <sup>vii</sup>	Single pregnant person on ODSP <sup>vii</sup>	Single person on Old Age Security <sup>viii</sup> / Guaranteed Income Supplement
Monthly income <sup>ii</sup>	\$2821	\$2587	\$882	\$1386	\$1426	\$2010
Average monthly rent <sup>iii</sup>	\$1220	\$1091	\$718	\$718	\$916	\$916
Monthly cost of food <sup>iv</sup>	\$1181	\$870	\$423	\$423	\$423	\$306
% of Income required to purchase healthy food	42%	34%	48%	31%	28%	15%
Amount leftover for other expenses	\$420	\$627	-\$260	\$46	\$108	\$787




**\$420.00** is the amount leftover for 'other expenses,' which for many families include:


Daycare costs




Phone/internet bill




Personal care items




Transportation




Clothing



Heat/hydro



Cleaning products



The average cost to feed a family of four in Algoma in 2023 was **\$1180.92** representing a **6.86%** increase since 2022 (\$1099.86).

Social assistance rates do not pay enough to cover rent, food, and other household necessities. Further, the amount leftover is likely an overestimate, as the rental market data underestimates the current rental prices by as much as 35-50%<sup>(11)</sup>.

Everyone in Algoma deserves dignified access to safe, nutritious, and culturally appropriate foods. Learn more about what you can do to help reduce household [food insecurity](#).

Note: please refer to the end of this chapter for the footnotes corresponding to this page.



## Focus on gender identity & sexual orientation

Gender identity and sexual orientation also play a role in health outcomes. Gender-based discrimination intersects with other discrimination, such as ethnicity, socioeconomic status, disability, age, and geographic location, among others<sup>(12)</sup>.

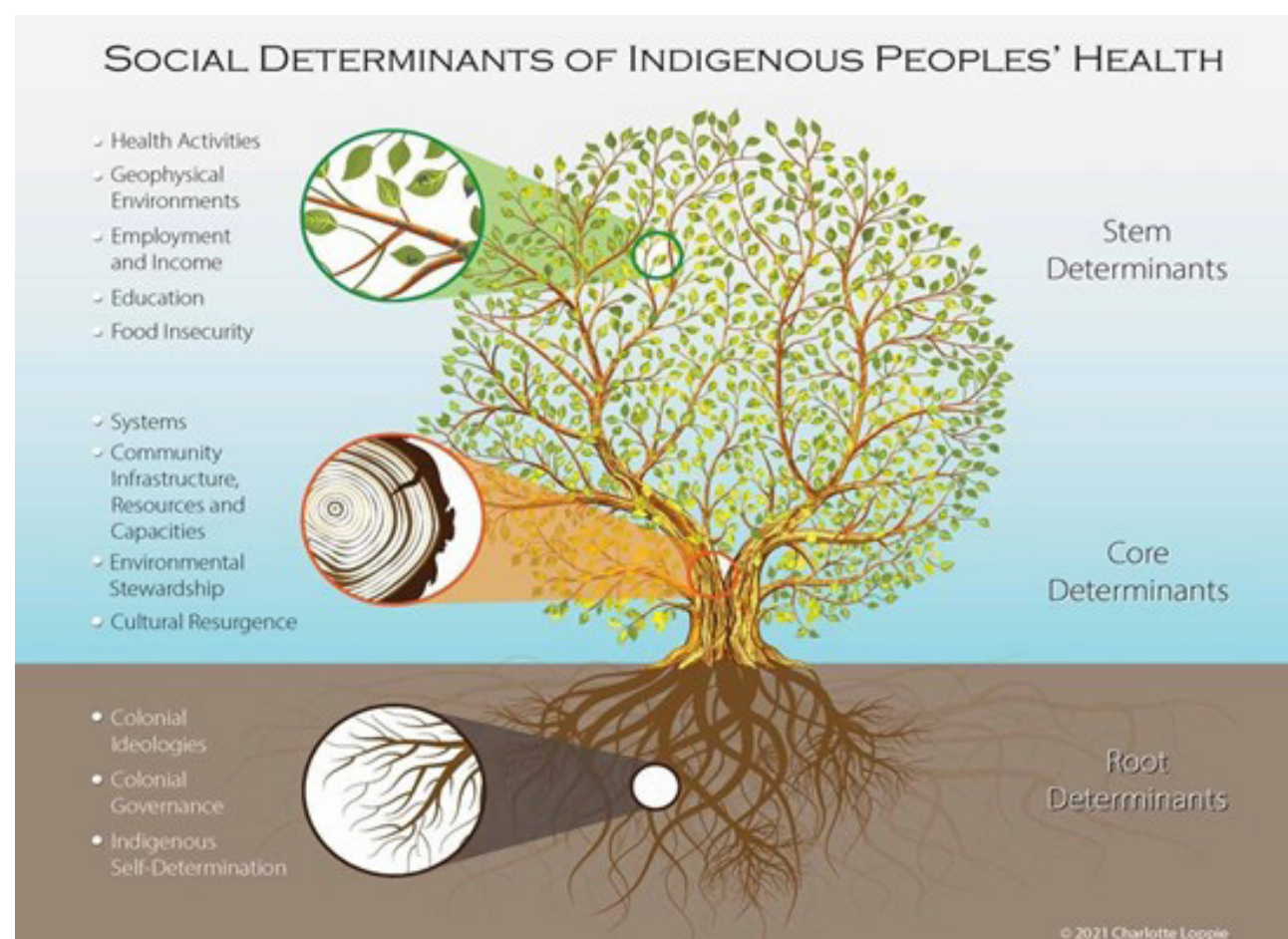
Data suggests that sexual minority individuals<sup>v</sup> are at a greater risk for mental health conditions and other chronic diseases<sup>(13)</sup>.

## Focus on Indigenous social determinants of health

Indigenous Peoples aligned with APH include First Nations, Métis, and Inuit who live in First Nations communities, urban, and rural areas of Algoma. While Indigenous identity is recognized as a SDOH in Ontario, specific social determinants of Indigenous Peoples' health<sup>(15)</sup> have also been identified.

# 1.3 million

Canadian residents identify as part of the 2SLGBTQI+ communities<sup>(14)</sup>. We do not currently have Algoma-level gender and sexual identity data.



“

Since the early days of colonialism, Indigenous Peoples have been denouncing the health harming effects of oppressive political, economic, and social structures and systems. During the past 25 years, national and international initiatives[...] have confirmed these assertions and espoused Indigenous self-determination and equity as vital pathways to wellness<sup>(15)</sup>.

”

<sup>v</sup> Persons who describe their sexual orientation as something other than heterosexual.

Indigenous Peoples experiencing health inequities are more susceptible to poor health and have limited access to beneficial resources. These inequities were identified in the [Mamow-Ahyamowen report on mortality experiences of First Nations in northern Ontario](#). Compared to Ontario, Mamow-Ahyamowen community members are much more likely to die before retirement age (65 years) and many could live longer with better public health and/or medical care.

Indigenous health in Northern Ontario<sup>(16)</sup>

61%

of all deaths among band members occurred before retirement age (65 years old) compared to 22% for Ontario overall.

3 out of every 10

deaths in communities could potentially have been avoided with effective and timely health care or public health intervention. This means there are ways we can help Indigenous community members live longer.

Common causes of death



Diabetes

392

total deaths or **8 deaths per 1,000** community members. This is 4.1x the rate for Ontario overall.



Respiratory

368

total deaths or **7 deaths per 1,000** community members. This is 1.5x the rate for Ontario overall.



International and unintentional injuries

1,369

total deaths or **27 deaths per 1,000** community members. This is 3.8x the rate for Ontario overall.



Other

963

total deaths or **19 deaths per 1,000** community members. This is 1.5x the rate for Ontario overall.



Cancers

883

total deaths or **17 deaths per 1,000** community members. This is about the same rate as Ontario overall.



Infections

134

total deaths or **3 deaths per 1,000** community members. This is 2.0x the rate for Ontario overall.



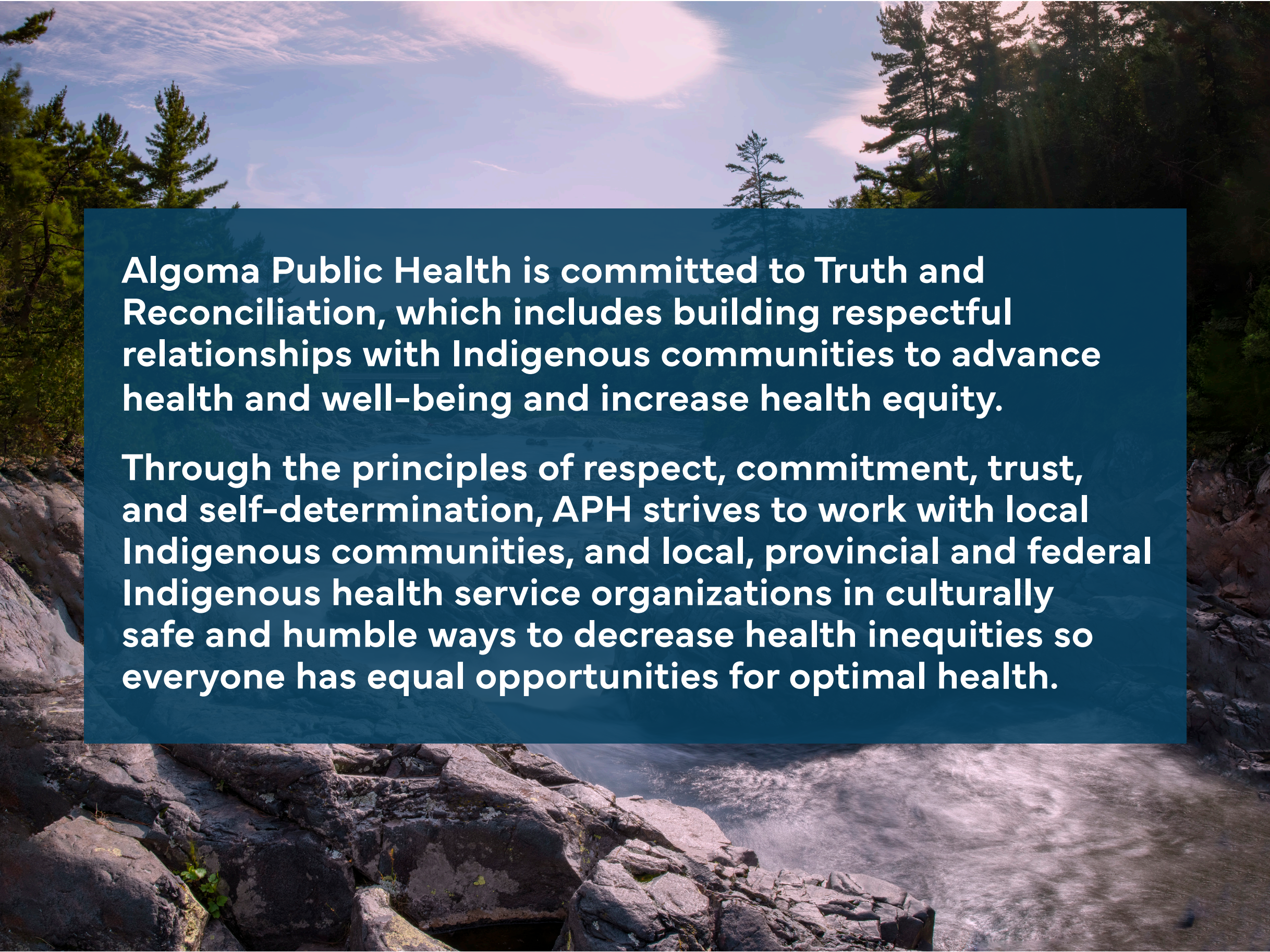
Circulatory (i.e. heart attacks, strokes etc...)

1,102

total deaths or **21 deaths per 1,000** community members. This is about the same rate as Ontario overall.

The First Nations principles of OCAP® (ownership, control, access, and possession) guide how First Nations' data is governed. First Nations own their data and control how it is collected, stored, interpreted, used, or shared. For more information, please visit the [First Nations Information Governance Centre](#) website.





**Algoma Public Health is committed to Truth and Reconciliation, which includes building respectful relationships with Indigenous communities to advance health and well-being and increase health equity.**

**Through the principles of respect, commitment, trust, and self-determination, APH strives to work with local Indigenous communities, and local, provincial and federal Indigenous health service organizations in culturally safe and humble ways to decrease health inequities so everyone has equal opportunities for optimal health.**



References

1. Ministry of Health and Long-Term Care. Population and Public Health Division. Health equity guideline, 2018. 2018. Available from: <https://files.ontario.ca/moh-guidelines-health-equity-guideline-en-2018.pdf>

2. Government of Canada. Social determinants of health and health inequities. 2023. Available from: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

3. World Health Organization. Concepts and principles for tackling social inequities in health: Levelling up, part one. 2006. Available from: [https://www.who.int/publications/cop/docs/concepts\\_and\\_principles.pdf](https://www.who.int/publications/cop/docs/concepts_and_principles.pdf)

4. Statistics Canada Census Profile, 2021 Census of population [Date extracted: May 26, 2023]. Available from: <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>

5. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: household food insecurity snapshot [Internet]. Toronto, ON: King’s Printer for Ontario; c2024 [modified 2024 Jul 5; cited 2023 May 30]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Household-Food-Insecurity>

6. Statistics Canada. Canadian Community Health Survey (CCHS), Ontario Share File 2019-2020 [data files]. Ottawa, ON: Government of Canada [producer]; Toronto, ON: Ontario Ministry of Health [distributor].

7. Statistics Canada. Canadian Health Survey on Children and Youth (CHSCY), Ontario Share File 2019 [data file]. Ottawa, ON: Government of Canada [producer]; Toronto, ON: Ontario Ministry of Health [distributor].

8. World Health Organization. Health Promotion. 2024. Available from: <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>

9. Canadian Public Health Association (CPHA). Household food insecurity: it’s not just about food. 2023. Available from: <https://www.cpha.ca/household-food-insecurity-its-not-just-about-food>

10. PROOF. Household Food Insecurity in Canada, 2022. 2022. Available from: <https://proof.utoronto.ca/wp-content/uploads/2023/11/Household-Food-Insecurity-in-Canada-2022-PROOF.pdf>

11. Algoma rental market survey [unpublished]. 2023.

12. World Health Organization. Gender and health. 2023. Available from: [https://www.who.int/health-topics/gender#tab=tab\\_1](https://www.who.int/health-topics/gender#tab=tab_1)

13. Bränström R, Narusyte J, Svedberg P. Sexual-orientation differences in risk of health-related impaired ability to work and to remain in the paid workforce: a prospective population-based twin study. BMC Public Health. 2023; 23(1): 454.

14. Statistics Canada. Socioeconomic characteristics of the 2SLGBTQ+ population, 2019 to 2021, Table 13-10-0874-01. 2023. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310087401>

15. Loppie C, Wien F. Understanding Indigenous health inequalities through a social determinants model. National Collaborating Centre for Indigenous Health: Prince George, BC, Canada. 2022.

16. Mamow Ahyamowen Partnership. Learning from our ancestors: mortality experience of First Nations in northern Ontario: 2020. Available from: <https://mamowahyamowen.ca/wp-content/uploads/2020/10/Mamow-Ahyamowen-UPDATED-March-2020-4.pdf>

<sup>i</sup> The Nutritious Food Basket (NFB) is a survey tool used to monitor the cost and affordability of healthy eating for Canadians. APH uses the NFB annually to determine the cost of healthy eating for individuals and families in Algoma. The NFB adds the cost of food to the rental market housing rates and compares the total to monthly income, for various individual and family household scenarios.

<sup>ii</sup> Based on Ontario Averages, includes benefits, such as the Canadian Child Benefit and tax deductions.

<sup>iii</sup> Based on Canadian Mortgage and Housing Corporation (CMHC) data and Consumer Price Index. Algoma Public Health conducted additional research to assess how well CMHC data represents the current rental market, and initial findings suggest it might still underestimate rental prices by as much as 35-50%. Please consider these limitations when evaluating the income scenarios.

<sup>iv</sup> Calculated using the 2023 Nutritious Food Basket collected by Algoma Public Health.

<sup>v</sup> Family of four: two adults aged 31-50, one male aged 14, and one female aged 8.

<sup>vi</sup> Provincial support program for those in need of assistance with food, housing, and/or employment support.

<sup>vii</sup> The Ontario Disability Support Program is a provincial support program for persons with a disability (as defined by the Ontario Disability Support Program Act, 1997) in need of assistance with food, housing, and/or employment support.

<sup>viii</sup> Old Age Security (OAS) is a monthly pension payment for eligible Canadians aged 65 and older.