CPHA and the Social Determinants of Health: An Analysis of Policy Documents and Statements and Recommendations for Future Action

Azalyn T. Manzano, BHS Spec. Hon.,^{1,2} Dennis Raphael, PhD¹

ABSTRACT

Recently published reports have raised the Social Determinants of Health (SDH) to a level of prominence that makes it difficult for governments and health agencies to ignore. This commentary analyzes CPHA (Canadian Public Health Association) policy statements and positions dating from 1970 to the present to identify where these stand in relation to seven SDH discourses. We locate where CPHA stands on the SDH, appraise its role in the SDH debate, and propose actions to better position CPHA to address SDH. Our analysis indicates that CPHA has not only kept pace with developments in the field of social determinants, but has arguably been well ahead of its time. However, CPHA's response to the World Health Organization's Commission on the Social Determinants of Health shows a striking similarity to earlier commitments that have had limited impacts. We propose that CPHA consider analyzing some of the economic and political structures and justifying ideologies that have prevented its work in the public policy area from promoting public understanding and achieving public policy traction over the past 30 years. We also offer several steps that CPHA could take to reduce the gap between knowledge and action on the determinants of health in Canada.

Key words: Public health; public policy; health promotion; social determinants of health

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2010;101(5):399-404.

Social determinants of health (SDH) refer to the societal factors – and the unequal distribution of these factors – that contribute to both the overall health and existing health inequalities among Canadians.¹ The publication of the Commission on the Social Determinants of Health's final report and those of its knowledge hubs has provided the SDH concept with a prominence that makes it difficult for policy-makers, health researchers and professionals to ignore.²

The SDH figure prominently in health policy documents produced by the Federal government,^{3,4} the Chief Health Officer of Canada,^{5,6} the Canadian Senate,⁷ numerous public health and social development organizations and agencies,⁸⁻¹⁰ and research funding agencies.^{11,12} Even the business-oriented Conference Board of Canada has established an initiative focused on the social and economic determinants of health.¹³ All imply that something should be done to strengthen them.

It is well documented, however, that actual implementation of these concepts in Canada lags well behind other jurisdictions.¹⁴⁻¹⁷ The SDH concept – and its public policy implications – conflict with current governmental approaches that reflect welfare state retrenchment and deference to the dominant societal institution in Canada, the marketplace.^{18,19} The result is that while Canada has a *reputation* as a "health promotion and population health powerhouse",^{20,21} the actual *reality* is that inequalities in income and wealth have increased at the same time that governments have weakened their commitments to provision to citizens of various benefits and supports.²²⁻²⁴

What has the Canadian Public Health Association (CPHA) said and done about the SDH, and does it have a role to play in the SDH debate? To locate where CPHA stands on these issues, we analyze its

policy statements and positions to identify where these stand in relation to seven SDH discourses (see Table 1). The discourse hierarchy appears to be an accurate depiction of how SDH issues have been portrayed within and between different jurisdictions, with resultant policy within Canada and other nations like the United States, the United Kingdom, Norway and Sweden.^{60,61} These discourses range from a narrow focus on providing health and social services to Canadians experiencing adverse living conditions to cutting-edge analyses of the economic and social forces that threaten the quality of the SDH in Canada. We then suggest actions to better position CPHA to address the SDH.

RESULTS

Where CPHA Stands on the SDH

Overall, we found that CPHA has not only kept pace with developments in the field of social determinants, but has arguably been well ahead of its time. The position statements and resolutions we examined serve as consistent markers of CPHA's stance as an advocate of the social determinants of health alongside, perhaps even in spite of, changes in the external public policy environments. Appendix 1 contains brief summaries of the relevant documents and lists the determinants, as well as the discourse level, pertinent to each.

Author Affiliations

1. School of Health Policy and Management, York University, Toronto, ON
 2. School of Public Policy and Administration, Carleton University, Ottawa, ON
Correspondence and reprint requests: Dennis Raphael, School of Health Policy and Management, York University, 4700 Keele Street, Toronto, ON M3J 1P3, Tel: 416-736-2100, ext. 22134, E-mail: draphael@yorku.ca
Supporting agencies: CPHA provided funding for this project.
Conflict of Interest: None to declare.

Table 1. Various Discourses of the SDH Among Health Researchers and Professionals

SDH Discourse	Key Concept	Dominant Research and Practice Paradigms	Practical Implications of the Discourse	Examples of the Discourse
Level 1. SDH as identifiers of Canadians requiring specific health and social services.	Health and social services should be responsive to peoples' material living circumstances.	Develop and evaluate services for those experiencing adverse living conditions.	Focus limited to service provision with assumption that this will improve health.	(Refs. 25-28)
Level 2. SDH as identifiers of Canadians with modifiable medical and behavioural risk factors.	Health behaviours (e.g., alcohol and tobacco use, physical activity, and diet) are shaped by living circumstances.	Develop and evaluate lifestyle programming that targets individuals experiencing adverse living conditions.	Focus limited to health behaviours with assumption that targeting for behaviour change will improve health.	(Refs. 29-32)
Level 3. SDH as indicators of material living conditions that shape health.	Material living conditions operating through various pathways – including biological – shape health.	Identify the processes by which adverse living conditions come to determine health.	Identifying SDH pathways and processes reinforce concept and strengthen evidence base.	(Refs. 33-36)
Level 4. SDH as indicators of material living circumstances that differ as a function of group membership.	Material living conditions systematically differ among those in various social locations such as class, disability status, gender, and race.	Carry out class-, race-, and gender-based analysis of differing living conditions and their health-related effects.	Providing evidence of systematic differences in life experiences among citizen groups form the basis for further anti-discrimination efforts.	(Refs. 37-42)
Level 5. SDH and their distribution as results of public policy decisions made by governments and other societal institutions.	Public policy analysis and examination of the role of politics should form the basis of SDH analysis and advocacy efforts.	Carry out analyses of how public policy decisions are made and how these decisions impact health (i.e., health impact analysis).	Attention is directed towards governmental policy-making as the source of social and health inequalities and the role of politics.	(Refs. 43-48)
Level 6. SDH and their distribution as results of economic and political structures and justifying ideologies.	Public policy that shapes the SDH reflects the operation of jurisdictional economic and political systems.	Identify how the political economy of a nation fosters particular approaches to addressing the SDH.	Political and economic structures that need to be modified in support of the SDH are identified.	(Refs. 19, 49-52)
Level 7. SDH and their distribution as results of the power/influence of those who create and benefit from health and social inequalities.	Specific classes and interests both create and benefit from the existence of social and health inequalities.	Research and advocacy efforts should identify how imbalances in power and influence can be confronted and defeated.	Identifying the classes and interests who benefit from social and health inequalities mobilizes efforts towards change.	(Refs. 53-59)

The earliest dated statement pertaining to a social determinant pre-dates the landmark 1974 Lalonde Report, marking at least level two in the hierarchy of discourses discussed above: it identifies the need for an intervention (the placement of services) to promote behaviour changes, targeting certain individuals in adverse living conditions.

The rest of the documents climb rapidly from Level 3 (recognizing the pathways through which living conditions influence health) to Level 5 (attention to the public policy decisions that influence the social determinants and their distribution). The Epp Report and the Ottawa Charter for Health Promotion were both published in 1986. From 1970 to 1986, CPHA released seven more resolutions relating to SDH, reinforcing CPHA's growing recognition of SDH, and marking the beginning of calls for CPHA to become involved in knowledge translation and raising public awareness, and comprehensive system-wide reforms.

The Adelaide Recommendations in 1988 sparked a flurry of research on 'healthy public policy', with CPHA again moving forward to advocate for federal action and a multi-sectoral approach towards 'a social justice strategy' (1988 and 1989 Position Papers). CPHA's own 1991 Regina Charter on Reducing Health Inequities clearly delineates the critical perspective it has taken with regards to health inequities (1993 Position Paper II). In 1994, in what has been criticized as a step back towards a more traditional health paradigm, the government sectors' movement towards Population Health spurred research to quantify these 'health inequalities'.⁶² Despite this, CPHA continued to call for advocating of public policies to support SDH.

The beginning of the new millennium brought an increased focus on working with other organizations, as well as a call for a

National Urban Strategy (2002), a \$60 million Determinants of Health fund to support SDH initiatives (2008), and most recently, a National Housing Strategy within a SDH framework (2009). CPHA also called for a social marketing campaign to reach the public and inform them about the persistence of poverty despite economic growth, referring to services and mechanisms that address SDH as 'health security'. Moreover, CPHA documents since 2008 have seen greater policy analysis identifying issues with greater depth and with recommendations following accordingly, from increased investments in SDH-related sectors to more equitable taxation policies, to expanded day care and early childhood development programs.

CPHA positions and the cutting edge

The WHO's Commission on the SDH final report² presents a cutting-edge analysis of the SDH that appears to be at levels 5 (*SDH and their distribution as results of public policy decisions made by governments and other societal institutions*) and 6 (*SDH and their distribution result from economic and political structures and justifying ideologies*) of the Table 1 hierarchy. As noted, CPHA documents have long been situated at level 5 with an occasional dabbling at identifying some of the ideological discourses that justify health-threatening public policies.

It cannot be expected that CPHA would provide a public face at level 7 nor would it be expected that it could present a sustained level 6 effort. However, it seems necessary for it to consider analyzing some of the *economic and political structures and justifying ideologies* that have prevented its work in the public policy area from promoting public understanding and achieving public policy trac-

Appendix 1. CPHA Statements on Social Determinants of Health, Level of Analysis, and Key Aspects

Year	CPHA Document	Determinant(s)	SDOH Level*	Comments
2009	Moving Forward on Housing and Homelessness: 2009 Consultations on Federal Housing and Homelessness Investments	Housing	5	Calls for a National Housing Strategy that acknowledges a social determinants framework, and for housing investments by all levels of government in affordable and supportive housing; calls for immediate and full attention to Aboriginal peoples' housing issues, as well as those of low-income children, families, seniors, and people living with a mental illness.
2009	Growing Up Well – Priorities for a Healthy Future: CPHA response to the Chief Public Health Officer's 2009 Report	Income and its distribution, food security, shelter, water and sanitation, healthy child development, Aboriginal status, employment and working conditions	5	Calls for intersectoral partnerships to support children's health by enhancing labour market policies, expanding the National Child Benefit, providing expanded day care and early childhood development programs, and eliminating the need for food bank and shelter use; recognizes the situation of lone-parent families and working mothers; recognizes wide disparities between the population and Aboriginal health, as well as the dearth of information on the latter; calls for the federal government to work more closely on issues affecting the health of Aboriginals.
2008	CPHA's Response to the WHO Commission on the Social Determinants of Health	Housing, food security, income, social inclusion, employment and employment security, education, Aboriginal status	5	Calls for a reinforcement of federal leadership and increased investments in public health and other sectors related to social determinants; calls for knowledge transfer mechanisms to build public awareness and engagement, for consultations with stakeholders to create tools and for a coordinated Canadian approach to address social determinants and measure progress.
2008	Campaign 2008: Public Health and the Federal Election	Water and sanitation, income, social safety net/social support	5	Calls for progressive action by the federal government to address health inequities, and the implementation of social support mechanisms and taxation policies.
2008	An Investment in Public Health: An Investment in the Public's Health Brief to the Standing Committee on Finance	Income, social inclusion, employment, early childhood development, education, housing, and food security, absence of stress and addiction	5	Calls for the creation of a new \$60-million Determinants of Health Fund to support initiatives that take action on the social determinants of health, to be administered by the Public Health Agency of Canada.
2008	CPHA response to the Chief Public Health Officer's 2008 Report	Income security	5	Calls for both universal and targeted policies to address poverty and health inequities; calls for action across all levels of government, with a leadership role for the federal government, recommending the pan-Canadian Public Health Network as a means to achieve this.
2008	Brief to the Senate Subcommittee on Population Health	Poverty, income, social inclusion, health literacy (education)	5	Refers to services and mechanisms that address the social determinants of health as health security; calls for a health security strategy to promote knowledge translation; one of the recommended options calls for political leadership, government investment, and intersectoral work to address the social determinants; urges the uptake of multi-level public health approaches to foster public support and advocacy.
2008	Budget 2008: A passing grade for the public's health?	Income, housing, Aboriginal status	5	Commends the Conservative government for investing new money into mental health and homelessness issues, as well as increased spending on programs and services for Aboriginal Canadians; comments on the very small impact the proposed tax breaks will have on low-income Canadians, and the lack of action on sub-standard housing.
2004	CPHA Resolution No. 1 Violence Prevention	Peace	1	Endorses the World Health Assembly Resolution 49.25, the World Health Organization campaign on violence prevention; collaborates with the Ontario Public Health Association to contact branches and associations to promote a national public health strategy on violence prevention.
2002	CPHA Resolution No. 4 National Urban Health Strategy	Income, housing, transportation, water and sanitation, peace	5	Calls for the development of a National Urban Health Strategy in collaboration with the Federation of Canadian Municipalities and other stakeholders, with the leadership of the federal government.
2001	Creating Conditions for Health	Income, education, housing, food security, peace, equity, social justice, health care services, safe environments	1/5	Calls for a cost escalator to ensure adequate financing for the full health care system; mentions the need to address barriers in vulnerable peoples' access to key health determinants but does not identify which determinants and groups, nor specific policy actions.

...continued

- * 1. SDH identifies those in need of health and social services.
2. SDH identifies those with modifiable medical and behavioural risk factors.
3. SDH indicates material living conditions that shape health.
4. SDH indicates material living circumstances that differ as a function of group membership.
5. SDH and their distribution as results of public policy decisions.
6. SDH and their distribution result from economic and political structures and justifying ideologies.
7. SDH and their distribution result from the power and influence of those who create and benefit from health and social inequalities.

Appendix 1, continued

2000	CPHA Resolution No. 2: Reducing Poverty and Its Negative Effects on Health	Income, employment, social safety net	5	Seeks to work with health, social, and anti-poverty organizations and coalitions to lobby governments to develop and implement a comprehensive coordinated network of policies and programs to reduce inequities; develop a social marketing campaign to educate the public about the negative effects of poverty and its persistence despite economic growth.
1997	1997 Resolutions No. 1 and 2 related to Position Paper on Homelessness and Health	Housing (mention of unemployment and economic instability)	5	Calls for extensive efforts to build coalition to develop public policies that will promote meaningful employment for all and income maintenance programs for unemployed persons; calls for an education strategy to inform a variety of organizations about the extent of homelessness and its links to health.
1997	1997 Resolution No. 15 Safe Housing, Water, Sanitation	Housing, water, safe sewage	5	Lobby governments to assure these and support and lobby Aboriginal leadership and groups in their efforts to assure same.
1996	1996 Discussion Paper on the Health Impacts of Unemployment	Employment	4	Extensive review and discussion of how unemployment leads to adverse health outcomes for Canadians and specific groups; calls for CPHA involvement in discussion about employment and labour policies in Canada.
1996	1996 Resolutions No. 1 and 2 related to Discussion Paper on the Health Impacts of Unemployment	Employment	3	Passing reference to public policy; CPHA should help develop coalition advocacy group to promote meaningful employment in Canada; advocate for appropriate maintenance support services for unemployed persons; recommend governments at all levels study the health impacts of their public policies pertaining to unemployed persons; urge health sciences schools to include in their curricula the impact of social determinants, such as unemployment, poverty and homelessness.
1993	1993 Position Paper II: Reducing Inequities in Health	Income, social class, literacy, employment level, education, working conditions, housing, neighbourhoods, social support and networks, food	5/6	Definitive work on sources of inequities and means of addressing them – <i>Regina Charter on Reducing Health Inequities</i> ; statements about opposing public policies that make the least able to afford it bear the brunt of measures to reduce government deficits; support Aboriginal efforts recognizing their alienation from land, culture, and livelihood; reform health care; calls for CPHA to take “position of leadership... as a proponent of public policies to reduce health inequities” and support local associates to do same.
1993	1993 Resolution No. 12 Position Paper on Reducing Inequities in Health	Adopt paper on Reducing Inequities in Health	5/6	Carried.
1989	1989 Resolution No. 1 Healthy Public Policy: A Framework	Housing, employment, literacy and education, income, food security	5	Urges governments to document inequities in health, petition National Council of Welfare to address inequities in health, governments to address housing, employment, education, and minimum wage and identify causes of hunger, and fund healthy public policy efforts.
1988	1988 Position Paper on Healthy Public Policy	Food, shelter, work, education, and income	5	Calls for national food, housing, employment, educational policies and minimum wage, assistance, and pension levels that assure no one is below LICOs.
1986	Motion #1 Standards for Child Day Care	Early child development	5	Calls for establishment of a system of comprehensive and accessible care.
1985	Motion #2 Income Maintenance for Seniors	Income	5	Assure basic income security for seniors.
1984	Resolution #4 Prenatal Supplementation	Early child development, income	5	Advocates policy for prenatal allowance to pregnant women.
1983	Resolution #1 “Lifestyle” Revisited	External determinants of health	3	Calls for CPHA “to focus attention on the effect on health of external circumstances beyond the individual's control and on fitness in all aspects of well being (including the physical).”
1983	Resolution #2 Health for the Elderly	Elderly health	5	Calls for CPHA to “become actively involved in raising public awareness and advocating on behalf of the elderly and challenging governments on these issues relevant to the quality of life for Canada's elderly population.”
1982	Resolution #1 Institution of Pre-Natal Family Allowances in Canada	Early child development	5	Pay prenatal allowance to pregnant women.
1976	1976 Policy Statement Environmental Health	Working conditions	3	Regulate workplaces to ensure healthy working conditions.
1970	Resolution #5 Housing	Placement of services	2	Place facilities for health, education and recreation in appropriate places with concern for supervision of young children.

tion over the past 30 years. These analyses can be carried out and presented in an "objective" manner so as to minimize potential repercussions from these efforts.

Where CPHA could be

CPHA's response to the WHO SDH Commission shows a striking similarity to earlier commitments that have had limited impacts: advocacy towards governments; consultation with others; convening forums; building public awareness and engagement; learning from others' SDH experiences; and consulting to measure Canadian progress in reducing the social health gradient.⁶³

To avoid repeating the shortcomings of earlier efforts, we propose the following:

1. Produce a brief overview of the SDH focused on Canadian contributions and how these are related to the public health mandate in Canada.
2. Act as clearinghouse and dissemination centre for communicating Canadian public health unit activities addressing the SDH.
 - a) Create a repository of public health documents, reports, and related activities.
 - b) Produce an ongoing series of newsletters profiling public health unit activities addressing the SDH.
3. Act as a clearinghouse and dissemination centre for communicating how Canadian and other governmental authorities are addressing the SDH.
 - a) Collect and disseminate SDH-related documents, reports and activities from Canadian federal and provincial authorities and other wealthy developed (OECD) nations.
 - b) Produce an ongoing series of newsletters directing members to these materials.
4. Actively build the capacity of provincial/territorial public health associations to engage in the advocacy activities required to address the SDH at level 5 and above.
5. Educate the media as to the importance of the SDH.
 - a) Organize information sessions for the media.
 - b) Commit to an ongoing program of issuing press releases and position papers in response to emerging SDH developments.

CONCLUSION

Like other Canadian agencies and organizations, CPHA has consistently offered cutting-edge statements and analyses of the determinants of health. As with these other agencies and organizations, these efforts have borne little fruit. We have offered means by which CPHA can attempt to reduce the gap between knowledge and action on the determinants of health in Canada. Clearly, there are formidable barriers to achieving this. Concerted and sustained action on the part of CPHA – in collaboration with others – seems called for.

REFERENCES

1. Graham H. Social determinants and their unequal distribution: Clarifying policy understandings. *Milbank Q* 2004;82(1):101-24.
2. Commission on the Social Determinants of Health. Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Geneva, Switzerland: World Health Organization, 2008.
3. Public Health Agency of Canada. National Collaborating Centre for Determinants of Health. Antigonish, NS: PHAC, 2008.
4. Public Health Agency of Canada. Canada's Response to WHO Commission on Social Determinants of Health. Ottawa, ON: PHAC, 2007.
5. Butler-Jones D. Report on the State of Public Health 2008, Addressing Health Inequalities. Ottawa: PHAC, 2008.

6. Butler-Jones D. Report on the State of Public Health 2009, Growing Up Well – Priorities for a Healthy Future. Ottawa: PHAC, 2009.
7. Senate Subcommittee on Population Health. Canada Senate Subcommittee Reports: International Community's Approach to Population Health. Ottawa: Senate of Canada, 2008.
8. United Nations Association of Canada. Healthy Children, Healthy Communities. United Nations Association of Canada, 2006.
9. Canadian Public Health Association. Response of the Canadian Public Health Association to the Report of the World Health Organization's Commission on the Social Determinants of Health. Ottawa: CPHA, 2008.
10. Chronic Disease Alliance of Ontario. Primer to Action: Social Determinants of Health. Toronto, ON: Chronic Disease Alliance of Ontario, 2008.
11. Institute of Population and Public Health. The future of public health in Canada: Developing a public health system for the 21st century. Toronto: Institute of Population and Public Health, 2003.
12. Canadian Institutes of Health Research. Pathways and Gateways from Research to Policy: Focus on the Determinants of Immigrant Health. Ottawa: CIHR, 2005.
13. Conference Board of Canada. Healthy People, Healthy Performance, Healthy Profits. The Case for Business Action on the Socio-Economic Determinants of Health. Ottawa: Conference Board of Canada, 2008.
14. Canadian Population Health Initiative. Canadian Population Health Initiative Brief to the Commission on the Future of Health Care in Canada. Ottawa: CPHI, 2002.
15. Raphael D, Curry-Stevens A, Bryant T. Barriers to addressing the social determinants of health: Insights from the Canadian experience. *Health Policy* 2008;88:222-35.
16. Lavis J. Ideas at the margin or marginalized ideas? Nonmedical determinants of health in Canada. *Health Affairs* 2002;21(2):107-12.
17. Collins P, Abelson J, Eyles J. Knowledge into action?: Understanding ideological barriers to addressing health inequalities at the local level. *Health Policy* 2007;80(1):158-71.
18. Irwin A, Scali E. Action on the social determinants of health: An historical perspective. *Global Public Health* 2007;2(3):235-56.
19. Raphael D, Bryant T. Maintaining population health in a period of welfare state decline: Political economy as the missing dimension in health promotion theory and practice. *Promot Educ* 2006;13(4):12-18.
20. Restrepo HE. Introduction. In: Pan American Health Organization, editor, *Health Promotion: An Anthology*. Washington, DC: PAHO, 1996;ix-xi.
21. Raphael D. Grasping at straws: A recent history of health promotion in Canada. *Critical Public Health* 2008;18(4):483-95.
22. Organisation for Economic Co-operation and Development. Growing Unequal: Income Distribution and Poverty in OECD Nations. Paris, France: OECD, 2008.
23. Raphael D (Ed.), *Social Determinants of Health: Canadian Perspectives*, 2nd ed. Toronto: Canadian Scholars' Press Incorporated, 2008.
24. Bryant T. *An Introduction to Health Policy*. Toronto: Canadian Scholars' Press, 2009.
25. Benoit C, Carroll D, Chaudhry M. In search of a Healing Place: Aboriginal women in Vancouver's Downtown Eastside. *Soc Sci Med* 2003;56(4):821-33.
26. Sword W. Influences on the use of prenatal care and support services among women of low income. *Nat Acad Pract Forum* 2000;2(2):125-33.
27. Hwang S, Bugeja A. Barriers to appropriate diabetes management among homeless people in Toronto. *CMAJ* 2000;163(2):161-65.
28. Saxena S, Majeed A, Jones M. Socioeconomic differences in childhood consultation rates in general practice in England and Wales: Prospective cohort study. *BMJ* 1999;318(7184):642-46.
29. Potvin L, Richard L, Edwards A. Knowledge of cardiovascular disease risk factors among the Canadian population: Relationships with indicators of socioeconomic status. *CMAJ* 2000;162:S5-S12.
30. Choiniere R, Lafontaine A, Edwards A. Distribution of cardiovascular disease risk factors by socioeconomic status among Canadian adults. *CMAJ* 2000;162:S13-S18.
31. Choi BCK, Shi F. Risk factors for diabetes mellitus by age and sex: Results of the National Population Health Survey. *Diabetologia* 2001;44(10):1221-31.
32. Allison K, Adlaf E, Ialomiteanu A, Rehm J. Predictors of health risk behaviours among young adults: Analysis of the National Population Health Survey. *Can J Public Health* 1999;90(2):85-89.
33. Hertzman C, Frank J. Biological pathways linking the social environment, development, and health. In: Heymann J, Hertzman C, Barer M, Evans RG (Eds.), *Healthier Societies: From Analysis to Action*. Toronto: Oxford University Press, 2006;35-57.
34. Brunner E, Marmot M. Social organization, stress, and health. In: Marmot M, Wilkinson RG (Eds.), *Social Determinants of Health*, Second ed. Oxford, UK: Oxford University Press, 2006.
35. Dunn J, Hayes M. Identifying social pathways for health inequalities. The role of housing. *Ann NY Acad Sci* 1999;896:399-402.
36. Keating DP, Hertzman C (Eds.), *Developmental Health and the Wealth of Nations*. New York, NY: Guilford Press, 1999.
37. Ornstein M. Ethno-Racial Inequality in the City of Toronto: An Analysis of the 1996 Census. Toronto, Canada: Access and Equity Unit, Strategic and Corporate Policy Division, Chief Administrator's Office, 2000.
38. Pederson A, Raphael D. Gender, race, and health. In: Raphael D, Bryant T, Rioux M (Eds.), *Staying Alive: Critical Perspectives on Health, Illness, and Health Care*. Toronto: Canadian Scholars Press, 2006.

39. McMullin J. *Understanding Social Inequality: Intersections of Class, Age, Gender, Ethnicity and Race in Canada*, 2nd ed. Toronto: Oxford University Press, 2008.
40. Galabuzi GE. Social exclusion. In: Raphael D (Ed.), *Social Determinants of Health: Canadian Perspectives*. Toronto: Canadian Scholars Press, 2004.
41. Wallis M, Kwok S (Eds.). *Daily Struggles: The Deepening Racialization and Feminization of Poverty in Canada*. Toronto: Canadian Scholars Press, 2008.
42. Dunn J, Dyke I. Social determinants of health in Canada's immigrant population: Results from the National Population Health Survey. *Soc Sci Med* 2000;51(11):1573-93.
43. Bryant T, Raphael D, Schrecker T, Labonte R. Canada: A land of missed opportunity for addressing the social determinants of health. *Health Policy* (in press).
44. Armstrong P. Unravelling the safety net: Transformations in health care and their impact on women. In: Brodie J (Ed.), *Women and Canadian Public Policy*. Toronto: Harcourt Brace, 1996.
45. Shapcott M. Housing. In: Raphael D (Ed.), *Social Determinants of Health: Canadian Perspectives*, 2nd ed. Toronto: Canadian Scholars' Press, 2008;221-34.
46. McIntyre L, Rondeau K. Food insecurity in Canada. In: Raphael D (Ed.), *Social Determinants of Health: Canadian Perspectives*, 2nd ed. Toronto: Canadian Scholars Press, 2008;188-204.
47. Tremblay DG. Precarious work and the labour market. In: Raphael D (Ed.), *Social Determinants of Health: Canadian Perspectives*, 2nd ed. Toronto: Canadian Scholars' Press, 2008;75-87.
48. Bryant T. Politics, public policy and population health. In: Raphael D, Bryant T, Rioux M (Eds.), *Staying Alive: Critical Perspectives on Health, Illness, and Health Care*. Toronto: Canadian Scholars Press, 2006;193-216.
49. Coburn D. Beyond the income inequality hypothesis: Globalization, neo-liberalism, and health inequalities. *Soc Sci Med* 2004;58:41-56.
50. Navarro V, Shi L. The political context of social inequalities and health. In: Navarro V (Ed.), *The Political Economy of Social Inequalities: Consequences for Health and Quality of Life*. Amityville, NY: Baywood, 2002;403-18.
51. Bambra C. Health status and the worlds of welfare. *Soc Policy Society* 2006;5:53-62.
52. Bambra C, Fox D, Scott-Samuel A. Towards a politics of health. *Health Promot Int* 2005;20(2):187-93.
53. Langille D. Follow the money: How business and politics shape our health. In: Raphael D (Ed.), *Social Determinants of Health: Canadian Perspectives*, 2nd ed. Toronto: Canadian Scholars Press, 2008;305-17.
54. Navarro V. What we mean by social determinants of health. *Global Health Promot* 2009;16(1):5-16.
55. Chernomas R, Hudson I. Social murder: The long-term effects of conservative economic policy. *Int J Health Services* 2009;39(1):107-21.
56. Scambler G. *Health and Social Change: A Critical Theory*. Buckingham, UK: Open University Press, 2001.
57. Yalnizyan A. The Rich and the Rest of Us: The Changing Face of Canada's Growing Gap. Toronto: Canadian Centre for Policy Alternatives, 2007.
58. Kerstetter S. Rags and Riches: Wealth Inequality in Canada. Ottawa: Canadian Centre for Policy Alternatives, 2002.
59. Wright EO. Class analysis, history and emancipation. In: Antonio RJ (Ed.), *Marx and Modernity: Key Readings and Commentary*. Oxford, UK: Blackwell Publishers, 2003.
60. Raphael D, Labonte R, Colman R, Torgeson R, Hayward K, Macdonald J. Income and health research in Canada: Needs, gaps, and opportunities. *Can J Public Health* 2006;97(Suppl. 3):S16-S23.
61. Raphael D, Bryant T. The political economy of public health: Public health concerns in Canada, the U.S., U.K., Norway, and Sweden. In: Bryant T, Raphael D, Rioux M (Eds.), *Staying Alive: Critical Perspectives on Health, Illness, and Health Care*, 2nd ed. Toronto: Canadian Scholars' Press, 2010;395-434.
62. Collins P, Hayes M. Twenty years since Ottawa and Epp: Researchers' reflections on challenges, gains, and future prospects for reducing health inequities in Canada. *Health Promot Int* 2007;22(4):337-45.
63. Canadian Public Health Association. Canadian Public Health Association Response to the World Health Organization Commission's Report. Ottawa: CPHA, 2008.

Received: March 19, 2010

Accepted: June 6, 2010

RÉSUMÉ

Des rapports publiés récemment donnent aux déterminants sociaux de la santé (DSS) une visibilité qui les rend incontournables pour les gouvernements et les organismes de santé. Nous analysons les énoncés de politique et les positions de l'ACSP depuis 1970 pour voir où ils se situent par rapport à sept discours sur les DSS. Nous cernons la position de l'ACSP à l'égard d'un DSS, nous évaluons son rôle dans le débat et nous proposons des mesures pour qu'elle soit mieux à même d'aborder ce DSS. D'après notre analyse, non seulement l'ACSP a-t-elle fait place au changement dans le domaine des déterminants sociaux : elle a été très en avance sur son temps. Cependant, sa réaction à la Commission des déterminants sociaux de la santé de l'OMS est remarquablement semblable à ses engagements antérieurs, qui ont eu peu d'impact. Nous proposons à l'ACSP d'analyser certaines structures économiques et politiques et les idéologies sous-jacentes qui ont nui à ses efforts pour convaincre la population et pour faire avancer les politiques publiques au cours des 30 dernières années. Nous suggérons aussi plusieurs mesures que l'ACSP pourrait prendre pour réduire l'écart entre les connaissances et l'action sur les déterminants de la santé au Canada.

Mots clés : santé publique; politique publique; promotion de la santé; déterminants sociaux de la santé

CJPH Online Submission

The *Canadian Journal of Public Health* (CJPH) is using an online manuscript submission and review system designed to provide authors and reviewers with a convenient and user-friendly environment for submitting and reviewing manuscripts.

Canada has been a world leader in public and population health and the CJPH is now able to better reflect this Canadian scientific leadership and showcase its best research, policy and thinking.

All manuscripts must be submitted online at <http://journal.cpha.ca>.

Système de soumission en ligne pour la RCSP

La *Revue canadienne de santé publique* (RCSP) utilise un système de soumission et d'évaluation en ligne des manuscrits, qui se veut un moyen pratique et convivial pour les auteurs de soumettre des manuscrits et pour les évaluateurs de les évaluer.

Le Canada est un chef de file mondial en santé publique et des populations; la Revue peut maintenant mieux refléter ce leadership scientifique canadien et faire connaître le meilleur de la recherche, des politiques et des réflexions dans son domaine.

Tous les manuscrits doivent être soumis en ligne à l'adresse <http://journal.cpha.ca>.