Connecting Voices

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Feature

Health Equity and Social Work Practice: Digging Deeper to Root Causes

BY PRISCILLA CORCORAN MOONEY MSW, RSW

We've all been there, that moment in our social work practice when our awareness of the deeper causes of inequity bubble to the surface. You might have been a discharge planner, watching wearily as a patient returned to less than ideal housing. Maybe you worked in a community agency organizing a job fair, acutely aware of the lack of meaningful employment in your community. My own awareness of the effects of diminished opportunity grew exponentially, as did my friendship with a lady living on a low-income in a rural community. Her inability to access the resources that so powerfully impacted her health- healthy food, stable employment, adequate housing – taught me more about health inequity than any course I'd completed or book I'd read and I am thankful for that opportunity to see and feel health inequity in action. It has informed my social work journey tremendously, steering me into community-based practice.

So what is health equity? First, we must explore what "health" means in this context. The Ottawa Charter for Health Promotion (1986) describes health broadly: "Health is not just the responsibility of the health sector but goes beyond healthy lifestyles to well-being" (para.3). This definition asks that we move beyond traditional lifestyle-oriented approaches to using a social determinants of health lens. Thoughtfully examining the social determinants as root causes allows us to see that health outcomes are determined less by health behaviors and services than they are by social and economic factors. Health equity is the result of action on these social determinants. It happens when everyone has the opportunity to reach their full health potential and no one is disadvantaged because of socially determined circumstances (Centers for Disease Control and Prevention, 2008). When these opportunities for full health do not exist, disparities result.

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Let's place health equity in the context of Newfoundland and Labrador. While great strides have been made towards poverty reduction, many continue to live in poverty. An individual in receipt of income assistance, living alone in their own home, receives $534 monthly. Income is known to be one of the strongest predictors of health so achieving optimal health with such little income must be an uphill battle. Individuals living on a low income experience a greater incidence of chronic conditions (Fang, Kmetic, Millar, & Drasic, 2009). Mortality rates are even impacted. For those with the lowest income, men can expect to live to age 75.6 while those in the highest income bracket will potentially reach 80.3 (Public Health Agency of Canada, 2013). Sir Michael Marmot, in Fair Society, Healthy Lives (2013), calls this phenomenon the social gradient – a graded relationship between social circumstances and health.

Before we think about the "how" of health equity, let's consider the "why." Social work is built on a foundation of social justice. Donna Baines (2011) reminds us of this foundation and the dual role of anti-oppressive practice: "Social justice oriented social work assists individuals while simultaneously seeking to transform society" (p. 6). Each time we encourage others to make healthy choices, we must ask ourselves how much choice is really involved and then work to ensure that he/she lives in a supportive environment which supports the social conditions to make those options attainable.

So how do we participate in the promotion of health equity in our busy, task-laden practice?

- **Use Your Voice –** *"All policy is health policy" (Williams, 2008). Using our unique knowledge base, we can use our voices to ensure that leaders in all sectors are aware of the impact that public policy has on the health of individuals and communities. We must also encourage those most affected by health inequity to share their stories in ways that make sense to them. In our current fiscal climate, this is more important than ever.*

- **Stay Awake –** *A well-known philanthropist (Oprah, of course!) espouses the value of "staying awake!" We can engage in continuous self-reflection and examine our own attitudes and assumptions, reflecting on why we live in a society where many experience poorer health outcomes based on socioeconomic factors. Reflection teaches us to more critically examine our role in social change.*

- **Get to Know Your Community –** *Being aware of the resources available in your own community can reduce health inequity. Is there a community kitchen you could refer to? How about a new tax incentive? Dr. Gary Bloch at the University of Toronto consciously increased his awareness of government programs and started prescribing income to his patients. We can do the same by making an effort to connect clients with resources that impact their health, resources that improve income and food security and access to health services. A community health nurse once shared a story that speaks to the importance of being aware of resources. She visited a fishermen who had been unable to work for some time. He said that while he was pleased that she was checking on him, he was more concerned about his inability to access employment assistance. She explained the EI sick benefits program and called Service Canada with his permission. He was in receipt of sick benefits the next time she visited and feeling much better. Our advocacy efforts at an individual level and a structural level can have a dramatic impact on the promotion of health equity.*

This is not easy work. However, social workers can help to change health outcomes for the most marginalized among us. We must not view this as an ideology, but as an approach that we can weave through our practice. Some days, this weaving will be gentle and tempered, while at other times it will be strong and powerful. The weaving has started for one group! This spring, a small group gathered for the first time to form Health Providers against Poverty (HPAP-NL). This group meets monthly by phone and in person and at present, we are made up of occupational therapists, social workers, physicians and community planners and activists. Using a collective approach, HPAP-NL will place a spotlight on the relationship between the social determinants of health and the well-being of people and their communities.

Sir Michael Marmot (2013) sums it up very well and offers this call to action, "Systematic differences in health that are avoidable by reasonable means are unfair. Putting them right is a matter of social justice." As social workers, we have the tools to put them right, or at least try.

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