

research snapshot

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The Topic of Race Is Absent from Canada's List of the Social Determinants of Health

What is this research about?

Health is not determined by physical factors alone. There are social factors that determine a person's capacity to be healthy. These are known as the social determinants of health (SDOH). Canada uses the SDOH to look at the way inequality exists in health policy and resources. While it addresses multiple factors, race is absent from Canada's list of SDOH. The exclusion of race from the list does not allow for a full understanding of the inequalities that still exist in the health services today.

What did the researcher do?

The researcher looked at Health Canada's existing list for the SDOH. These key factors included:

1. Income and social status.
2. Social support networks.
3. Education and literacy.
4. Employment and working conditions.
5. Social environments.
6. Physical environments.
7. Personal health practices and coping skills.
8. Healthy child development.

What you need to know:

The Social Determinants of Health in Canada must include race on the list of factors that affect health. If we use race as a tool to look at inequalities in health, it allows us to see structural problems that limit access to health services and decision making for racialized peoples. As a result, the topic of race is also significantly absent from health initiatives by the government.

9. Biology and genetic endowment.

10. Health services.

11. Gender.

12. Culture.

The researcher sought to highlight the ways race could not be addressed by any of the SDOH named. Finally, the researcher examined the benefits of including race as a part of the social factors that affect health. This included the ways that race allowed for conversations about privilege.

What did the researcher find?

The SDOH cannot address race properly without including it as an additional factor that affects a person's health. Race is a social construct. Thus, it does not exist because of any scientific truths. "Biology and genetics" cannot address the effect of race on people's health. Income and social status also do not go far enough to address race. This is because it does not address the way people who are racialized have less power than other dominant groups in the health care system. Finally, culture is not the equivalent of race. Race deals directly with the external factors that cause both racism and privilege. People who are perceived as white gain a form of privilege that other SDOH do not examine more in depth. This supports more invisible forms of discrimination that are seen as normal.

The researcher found that without examining race, other inequalities would be reproduced within the SDOH. By looking at racism and privilege, issues around power and access to spaces and resources that improve a person's life can be seen. This is also known as social capital. The researcher found that health policy today focuses more on individual changes to improve health rather than changes within the structures of health institutions. As a result, these spaces continued to give access to power for those seen as white or rich in material or social capital. For people who are racialized, there is a limited access to power in spaces for decision making on health in roles like business, academia, workplace or NGOs.

How can you use this research?

This research may be used to explore ways of creating both policy and spaces in health that are more accessible. This would include addressing issues of racialized communities who seek out services and decision making opportunities. This research may also be useful for service workers and policymakers in health. It may offer ways to address improving services.

About the Researcher

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