

INFORMATION FACT SHEET

Social Determinants of Health & Intersectionality



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Theoretical Framework



Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities (World Health Organization, 2019).

Examples:

Race
Gender
Education
Employment and job security
Income
Housing/ housing security
Early childhood development
Indigenous status
Food security
Access to health services
Working conditions
Disability

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INTRODUCTION

The Social Determinants of Health (SDH) are points of connection between oppression and disabilities. They raise awareness of the impact of oppression— such as sexism, racism and colonialism— on the well-being of individuals with disabilities (Riutort, Rupnarain and Masoud, 2017).

PURPOSE

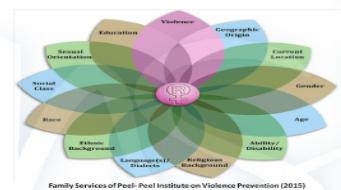
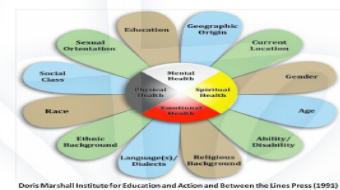
- ✓ To increase awareness of the need to incorporate SDH and intersectionality perspectives into working with individuals with disabilities
- ✓ To show how living with disabilities is related to oppression, inequity & violence (with a focus on systemic oppression, including sexism, racism, and colonialism)
- ✓ To improve understanding of the impact of service providers' social location on their relationships with clients with disabilities & the implications for their services

INEQUALITY VS. INEQUITY

These two concepts are often regarded as synonymous, but it's important to understand distinction between these two because the concept of inequity is central to the social determinants. While inequality implies differences between individuals or population groups, inequity refers to differences which are unnecessary and avoidable, but in addition, are also considered unfair and unjust. Not all inequalities are unjust, but all inequities are the product of injustice.

The definitions of just and unjust are subject to various interpretations. In the context of health, one of the more accepted definitions of "just" refers to equal opportunities for individuals and social groups to access and use health services, in accordance with their needs and regardless of their ability to pay. Example: Canadian Health System: Everyone has equal access to health care; however, not everyone has equal access to the drugs and medicine prescribed by physicians.

The difference between inequality & inequity is mirrored in the difference between equality & equity. Equality means sameness & usually refers to providing the same treatment for all persons. In contrast, equity emphasizes the importance of taking the particular circumstances of individuals & groups into consideration when providing support to those individuals & groups.



The Power Flower

The "power flower" is a tool developed by Canadian social change educators (Arnold et al., 1991) for working with individuals & groups to identify who we are (and who we aren't) as individuals and as a group in relation to those who wield power in our society. The petals of the flower illustrate some of the major social determinants of health & access to resources & opportunities in society.

When used in a learning activity to understand oppression, the objective of the power flower exercise is to help each person to discover how close or how distant "they" are to the dominant identity group in the society in which the exercise is taking place and the implications of their "social location" for the quality of their lives.

The concept of Intersectionality

Intersectionality is a term used to describe how different factors of discrimination can meet at an intersection and can affect someone's life. It is important because it allows the fight for gender equality to become inclusive. (Canadian Women Foundation, 2016). It illuminates the complex interplay of race, gender, accent, immigration status, sexual orientation, disability, and socioeconomic status in women's help-seeking decisions & the way services are offered to them. (Cramer & Plummer, 2009).

- Useful for capturing the combined experience at the axis of two or more social identities.
- Assumes complexity in health and social outcomes caused by numerous contributing factors interacting with each other.
- Systems of privilege and oppression (racism, sexism, etc.) maintain disparities at the point of intersection, especially for historical oppressed people.

Anti-racism & Anti-oppression Framework

Using the social determinants of health model of oppression, we can look at the ways in which access to critical social determinants of health is not equitable. The consequences of this inequity result in various negative outcomes (in education, employment, legal/policing, health, etc.), which can be traumatic. Access to social determinants of health is affected by oppression and discrimination.

Types of Social Determinants of Health

- **Proximal:** most immediate behavioral and environmental factors to the individual.
- **Intermediate:** the community infrastructure, systems, resources and capacities.
- **Distal:** historic, social, political, and economic factors.

Sources

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