

# The Healthy Torontonian

Unanswered Questions on Public  
Perceptions of What Causes Poor Health  
in the GTA

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**Wellesley  
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**OUT ON A LIMB**  
Ideas for a healthier GTA

The Wellesley Institute engages in research, policy and community mobilization to advance population health.

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## **OUT ON A LIMB**

**Ideas for a healthier GTA**

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## The Healthy Torontonian

As evidenced by our commuter cyclists, packed public parks, and many citizen city building initiatives, Torontonians are engaged and invested in the future of their city. Jane Jacobs and others have inspired what an ideal city could look like in [The Death and Life of Great Cities](#), but David Hulchanski has shown us the reality of Toronto's growing segmentation in [The Three Cities Within Toronto](#). These theories consider our streets and connectedness, our incomes and what divides us, but it is rare for them to make the further link to our physical and mental health. And the question, "What does good health look like in the City of Toronto?" has not been asked.

Our health care system is an important symbol of Canadian identity (3). Health care policy and funding is at the top of mind during elections and budget season. But, when we think about health, all too often we lean heavily on assumptions of personal responsibility and the solutions are medical care. So when uncle John gets diabetes we think about his poor diet and lack of exercise and expect swift medical attention when he gets complications. We want a high quality health care system to mind these matters.

**We know little about the public's perception of what causes poor health.**

At the same time we all know that good health is about more than doctors, drugs and hospitals. The social determinants of health are the conditions in which people are born, grow, work and age. But these somehow often get forgotten when we talk about health. Dennis Raphael asks why "the social determinants of health are not the primary understandings held by the public, health workers, and government policy makers when it has been pointed out that the 'holy trinity of risk' of tobacco, diet, and physical activity receives the predominant share of attention by public health workers and government policy makers?" (10).

Surprisingly, we know little about the public's perception of what causes poor health and the social determinants of health. We need to know

more about the public understands these concepts if we are to work toward health-enhancing economic and social policies that emphasize the social determinants of health that also generate widespread public support.



Global Roots Garden at The Stop Community Food Centre. Photo by Aviva West.

There is already a lot happening to improve the health and well-being of Torontonians. Work has been done to make parks and green spaces safe and inclusive like at Dufferin Grove Park and [R.V Burgess Park in Thorncliffe Park](#). We support food banks like [The Stop Community Food Centre](#) that consider so much more than just calories in tummies when organizing programming. We debate transit in city hall trying to work out the best solution to get people from home to work and back home again, even though the fruits are yet to be seen. We talk about jobs and wages and improving conditions for workers. At Toronto Public Health the vision is “a healthy city for all” and their mission is to reduce health inequities and improve health for the whole population and they have worked hard to connect our health to our daily lives and activities, like in their

[Walkable City](#) report (13). If these are the things we mobilize around and debate and value, then why don't we connect them all together when it comes to the onus on individual health?

This paper touches briefly on a few recent studies done in Canada and the United States that have gauged public perceptions of health causation, or what causes or puts us at risk of poor health. The studies from the U.S. show us what we know about high-level social determinants of health messaging. The Canadian studies show us that Canadians are more open to social determinants of health messaging than our American counterparts but still too often equate health with personal responsibility and therefore reducing health-care costs remains a high priority, and an essential value. We don't know much about the Toronto context specifically, but Toronto Public Health and the United Way research shows that there is some understanding of the impacts of health inequities and inequality in our city.

Through this discussion, this paper identifies barriers to public understanding of social determinants of health and how economic and social policies aimed at social determinants of health can reduce health disparities. It identifies some gaps in knowledge about social determinants of health in the GTA and suggests that a better understanding of Torontonians perceptions of health causation may improve our ability to communicate social determinants of health and build broader support for health-enhancing economic and social policy.

## **What We Know: Public Perceptions of Health Causation**

Most people understand in a real sense that eating right, getting enough sleep and being active will result in better personal health. Don't drink too much. Don't smoke. Don't eat a bag of chips for breakfast everyday. But less is understood about social factors that contribute to poor health.

About 50 percent of health outcomes are influenced by a person's socio-economic environment (1). That's a huge proportion. However, Canadian public opinion remains that diet and nutrition and physical activity are the top factors contributing to health while social and economic factors like income and employment, education and health care access register

much lower on the scale (4). This same study looks at media stories covering health and finds that the environment and personal health behaviours “were the top two health determinants covered by the print media in all of the regions across Canada” during the timeframe of the study (4).

If people got the right messages at the right time connecting social determinants of health to risk for poor health outcomes to health enhancing economic and social policy, could we move the needle on health?

Good jobs create conditions for good health. So do green spaces. So does affordable housing free of bed bug infestations and black mold, with windows that open to let in fresh air.

There are a handful of interesting studies on the public’s understanding of social determinants of health.

In work done in the United States by Sarah E. Gollust, she found that people’s views on the causes of health differences were impacted by their ideological frame. In the U.S., conservatives were less likely to recognize health inequities than liberals. Part of this is attributed to the strong sense of individual responsibility and the narrative of equality of right rather than equality of opportunity that permeates American culture. However, the public doesn’t fully subscribe to this narrative 100 percent and there is encouraging room for positive messaging on the social determinants of health.

**If people got the right messages at the right time... could we move the needle on health?**

In an earlier study by Gollust, people exposed to social determinants of health messaging were more likely to acknowledge the existence of social factors in causing Type 2 diabetes. This illustrates that connecting social determinants of health to poor health outcomes may make people more likely to support policy interventions that target social determinants of health (6). But Gollust also found that this response was different depending on ideology, with conservatives being more resistant to these messages. This demonstrates that raising awareness of social determinants of health is not the fast fix to increasing support for social policy on social determinants of health. “Raising awareness of the range of ways policies

can influence health,” says Helen Lundell in her paper on Health Causation and Inequality, “and thus the range of ways in which policy makers can fulfill their responsibility, beyond regulating behaviors, might promote a more complex view of health and support for broader upstream initiatives” (9). But people are still left to make the connections.

In Canada, research shows that Canadians in particular who believe in structural or systemic explanations for health inequalities were also more supportive of social policies to address poverty than those who connected health outcomes primarily to behaviour, but that broader determinants of health are still less recognized as having an impact on health. In work done by the Canadian Institute for Health Information (CIHI), they found that “lifestyle issues such as lack of exercise, smoking, poor nutrition and stress were considered to be important factors influencing health.” Nearly one quarter of respondents didn’t consider one group as having any worse off health than any other group, though 30 percent of people identified that being economically disadvantaged contributed to poor health (4). Behavioural factors like diet and nutrition, physical activity and not smoking along with proper rest were the top four factors contributing to good health, according to the 2003 CIHI survey. Researchers found that while Canadians readily identified individual factors as highly important to influencing health, no population level factors influencing health were identified.

CIHI, who revisited the The Citizen’s Dialogue on the Future of Health In Canada report, indicated that people wanted more focus on prevention education and wellness programs to cut down on future health care costs, reinforcing the frame that good health is an individual responsibility and health care is the solution.

In 2014, the Halton Region Health Department released a report called “Attitudes and Beliefs about Social Determinants of Health.” What makes addressing social determinants of health challenging the author says is that “perceptions of factors that influence health tend not to include those elements related to socioeconomic status such as income, education and employment” (1). It doesn’t fit that our socioeconomic en-

vironment accounts for 50 percent of population health outcomes but yet people's perceptions of poor health outcomes still seem to land largely on behavior time and time again.

These Canadian findings are interesting because they help to demonstrate how we are currently communicating population health, and that social determinants of health issues aren't connecting with people and being reflected in public opinion about health causation. The focus on individual responsibility with an eye to lowering health-care costs seems out of sync with Canadians who, studies show, have a sense of collective responsibility for each other (2). Canadians still largely look at investing in health care as a path to solutions for good health in this country.

## The System of Poor Health

The social determinants operate in a system of direct and indirect causal relationships. Like climate change things that happen in society are not direct, they are a complex system of factors that are linked to each other (7,8). How do the concepts of systemic causation and direct causation play into our understanding of social determinants of health? Direct causation ideation says that if you eat junk food every day you'll get fat, or worse yet, you'll get Type 2 Diabetes or heart disease. Systemic causation says, the result is Type 2 diabetes, but the path to get there is directed by a whole system of causal relationships from your job, to your education, to your diet as a child. This list of connecting factors that increase risk can extend to the neighbourhood you live in and its proximity to grocery stores that sell fresh food, to your neighbourhood environment and how able you are to move around in it, to your social relationships that dictate whether or not you will get out of your house and move around in your neighbourhood. This is the system wherein the social determinants live.

We know a fair amount about the health of Torontonians in particular as it relates to income inequality. Toronto Public Health's [The Unequal City](#) looks at differences in health outcomes between income groups in Toronto. United Way Toronto's major release [The Opportunity Equation](#) give us many insights into the impact of income inequality on the City of



Toronto including the important insight that 86 percent of Torontonians feel the income gap is too large (14). Poverty is a major contributor to health and supporting growth for good jobs and fair wages are certainly positive solutions for alleviating poverty and reducing health disparities along with closing the income gap.

We know about the health impacts of employment and [the dramatic impacts of racism on health](#) and well-being in Toronto. We also know that poor health and rising instances of chronic disease are [clustered in the poorest parts of our city](#). What we don't know is how deep the population's understanding of the social determinants of health is and what messages are out there about health causation.

## **Improving Understanding of Social Determinants of Health Can Improve Economic and Social Policy**

There are many policy levers that influence the social determinants of health. Policy determines our social safety nets. It determines how we take care of our children while we're working, the acceptable income floor, how much rental housing is built in the city, and so on, so "the quality of many social determinants of health is determined by approaches to policy" (10).

Public policy is an effective way to address poverty and its health consequences (11). Policies to address the social determinants of health need widespread public support to receive government support (1). So it matters what people think. However, public understanding of social determinants of health is low.

Before we can garner broad public support for health-enhancing economic and social policy in Toronto we need to know more about how to communicate social determinants of health effectively. In order to do that, we need to do our research. Some questions to explore with further research then are: 1) How do Torontonians perceive health causation and inequality; 2) What do Torontonians already know and understand about the social determinants of health; 3) What are the common messages about health being received by Torontonians?

With improved understanding of how to frame social determinants of health messaging for Toronto we can address social determinants of health through economic and social policy with broad public support and in turn reduce health inequities in the City of Toronto.

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