RECOMMENDATION:

(a) That the Hamilton Public Health Services Position Statement on the Social Determinants of Health, as outlined in Appendix “A” attached to Report BOH09008, be approved by the Board of Health.

(b) That the Board of Health endorse the inclusion and integration of the social determinants of health in public health programs and services.

(c) That the Board of Health direct public health staff to advocate for social determinants of health improvements with citizens; community organizations; agencies; and, across all sectors and levels of government, as appropriate.

EXECUTIVE SUMMARY:

All over the world, people of different socio-economic status experience significantly different levels of health and incidence of disease. The evidence from Canada and other countries is that socio-economic factors are at least as important as medical care and personal behaviours in health status and specific outcomes such as incidence and mortality of various chronic diseases. The recognition of this phenomenon by researchers led to the coining of the term “Social Determinants of Health”.
The concept of Social Determinants of Health (SDOH) emerged in the literature in the 1970’s but the evidence linking health status and health inequity to the SDOH has grown exponentially in recent years, clearly documenting and communicating the importance of taking actions to address these determinants. Documents on the health impacts and the role of public health in SDOH were released internationally by the World Health Organization, federally by the Public Health Agency of Canada and provincially with the announcement of the new Ontario Public Health Standards. The Hamilton Public Health Services Strategic Plan reads “Orient public health services staff involved in chronic disease prevention programming on the social determinants of health as a framework for addressing chronic disease prevention.”

Social determinants of health have been recognized world-wide as the best predictors of health for individuals and populations\(^2\). SDOH are closely linked to health inequity, which exist when the differences in objectively measured health status are avoidable or changeable and thus socially unjust. While our knowledge of the complexities of health inequities continues to grow, the depth of our current understanding requires that we now take action to address these inequities.

In order to take action on the growing body of evidence that demonstrates the link between SDOH and population health and well-being, Public Health Services has developed and endorsed a Social Determinants of Health Position Statement. This document supports and guides the work of public health staff in addressing health inequities (See Appendix A), through the use of such strategies as advocacy, knowledge transfer, collaboration and partnership, policy development and evaluation.

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**Position Statement**

Public Health Services is committed to improving the health of all Hamiltonians. Addressing the Social Determinants of Health is fundamental to this work. Public Health Services recognizes that the social determinants of health are complex interactions between a range of factors, including social, economic, environmental, biological, cultural and individual factors. Together, they play a key role in determining the health status of individuals as well as the population as a whole.

PHS recognizes that efforts to improve population health require a social determinant of health approach that encompasses the following:

- advocate for and promote health equity
- evidence-based strategies
- strong collaborative partnerships within and outside of the traditional health sector
- flexibility and creativity in the face of complex challenges
The intent of this position statement is to guide the integration of the social determinants of health into all public health practice in the City of Hamilton. The recommendations contained in this report will ensure such integration is possible.

**BACKGROUND:**

“Social determinants of health have …been recognized world-wide as the best predictors of health both for individuals and populations. They influence people’s lifestyle choices and they interact with each other considerably. Furthermore, social determinants of health are closely linked to health inequity”\(^3\). Health inequalities are the differences in objectively measured health status. Health inequities exist when these differences in health are avoidable or changeable and thus socially unjust.

Social Determinants of Health increased in public prominence in 2008 with the release of several major documents. Reports on the health impacts and the role of public health in SDOH were published internationally by the World Health Organization, federally by the Public Health Agency of Canada and provincially with the new Ontario Public Health Standards, which mandate integration of the social determinants of health at the local public health level.

Ontario Public Health Standards (2008) outline the social determinants of health in the following order:

- Income and social status;
- Social support networks;
- Education and literacy;
- Employment/working conditions;
- Social and physical environments;
- Personal health practices and coping skills;
- Healthy child development;
- Biology and genetic endowment;
- Health services;
- Gender;
- Culture; and
- Language

The Ontario Public Health Standards mandates that “addressing determinants of health and reducing health inequities are fundamental to the work of public health in Ontario. Effective public health programs and services consider the impact of the determinants of health on the achievement of intended health outcomes.”\(^4\)

The PHS Strategic Plan states “Orient public health services staff involved in chronic disease prevention programming on the Social Determinants of Health as a framework for addressing chronic disease prevention.” To advance this action, 35 public health staff attended a workshop on Social Determinants of Health in March 2008. Staff recommended that a SDOH position statement be developed and endorsed by Public Health Services and the Board of Health and that the SDOH be fully integrated into the work of public health. In January 2009, PHSMT endorsed the position statement developed by PHS staff.
Additionally, to fulfil an additional PHS Strategic Goal, public health staff have drafted a definition of public health advocacy. This definition aligns with the SDOH; advocacy being a key strategy in addressing health inequities. The working definition states:

Health advocacy is a strategic collaborative process to influence decision-makers and bring about positive societal change. It utilizes individual and group actions to gain support for policy which is based on knowledge and recommends social and system changes that address health inequities. Successful advocacy efforts result in the improved health and well-being of all people.

Public health advocacy is an important role for PHS staff, Public Health Services and the Board of Health to embrace.

**ANALYSIS/RATIONALE:**

**The Hamilton Community**
There is a plethora of evidence to support the impact of the social determinates of health on the health and well-being of all people. Within our own community, the data paints a clear picture of the urbanization of poverty and the resulting health impacts.\(^5\)

A quarter of Hamilton’s population have emigrated from other countries (Census Canada 2006). Recent research suggests that newcomers to Canada potentially face greater health risks in the long-term, even though they may arrive here with better than average health.\(^6\) Notwithstanding the presence of a world class University within its boundaries, Hamilton still has a lower percentage of residents completing a university degree (15.5%) compared to Ontario (20.5%)\(^7\); and almost 1 in 5 residents (18.1%) live under the Low-Income Cut-off (LICO), more than is seen at the provincial (14.7%) or national (15.3%) level.\(^8\)

While there may be anecdotal cases in our community of people who have achieved great success with little education, “level of education is highly associated with earning power and job satisfaction throughout life, which in turn impacts on mental and physical health.”\(^9\) This is an especially relevant issue for Hamiltonians given the economic climate and the recent announcement of major manufacturing employers implementing lay-off notices and others on the brink of bankruptcies. Income, employment, housing and food security will all be affected by this crisis, and will in turn affect people’s ability to re-bound from this situation.
Prevalence of low income (before taxes) by select age group and family type categories, City of Hamilton and Ontario, 2005

<table>
<thead>
<tr>
<th>Percentage</th>
<th>City of Hamilton</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total persons</td>
<td>18.1%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Families*</td>
<td>14.3%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Male lone-parent families</td>
<td>20.1%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Female lone-parent families</td>
<td>39.4%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Children (less than 6)</td>
<td>26.4%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Seniors (65+)</td>
<td>16.6%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Unattached Individuals**</td>
<td>41.6%</td>
<td>34.1%</td>
</tr>
</tbody>
</table>

*Families refer to an economic family as defined by Statistics Canada: two or more household members who are related to each other by blood, marriage, common-law or adoption, and thereby constitute an economic family. **Unattached Individuals refers to persons not in economic families/household members who do not belong to an economic family. Persons living alone are included in this category.

Source: 2006 Census, Statistics Canada

More than 1 in 4 children under 6 fall below the LICO (26.4%) as compared to the provincial average of 19.3%. From birth, children experiencing poverty can be affected by a number of interconnected factors; each of these individually can have a negative impact on development. However, they tend to cluster, so magnifying the effects. At the extreme end, poverty manifests in homelessness and food insecurity. In Hamilton in 2006, almost 4,000 different individuals stayed at an emergency shelter. In March 2007, there were 8,179 visits to local food banks and over 52,000 hot meals were served at meal programs.

While those occupying the lowest gradient on the poverty scale are most impacted by income, poor health is a continuum such that with each move up the income scale, health status is shown to improve. This verifies the need to develop universal policies and practices that increase health equity for all.

Socio-Economic Status

While poverty is one of the key indicators in the social determinants of health, socio-economic status (SES) provides a more inclusive picture of this experience. SES is an index of multiple material and social dimensions. Canadian Institute for Health Information "addresses multiple material and social dimensions of SES by using an index that incorporates education, income, employment, single-parent families, persons living alone and the proportion of persons separated, divorced or widowed". The health impacts of socio-economic status for people in the Hamilton Census Metropolitan Area (CMA) are profound. People in the lowest SES group compared to those in the highest SES group are:
• 2.7 times more likely to be hospitalized due to diabetes.  
• 2.8 times more likely to be hospitalized for mental health issues.  
• 3.1 times more likely to be hospitalized for COPD (20 years of age and older).  
• 1.4 times more likely to have a low birth weight baby

These characteristics of the Hamilton population, along with evidence of the health impacts of SDOH on population health, build a convincing argument for the City of Hamilton to adopt the SDOH Position Statement and endorse SDOH programming within Public Health Services.

The health and social benefits of addressing the SDOH make a compelling case for action. Locally, the City of Hamilton has adopted a Strategic Vision “To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.” This plan includes the key focus areas of social development and healthy communities which focuses on poverty reduction, increased social supports to families, increased high school completion rates, and the establishment of a community development strategy. The community also took issue with levels of local poverty. The Hamilton Roundtable on Poverty Reduction is a group of key community stakeholders, who came together in 2005 to understand Hamilton’s high levels of poverty, to focus attention on the issue and to find solutions. This is one example of Public Health collaborating and partnering with community coalitions to address the social determinants of health.

**Public Health Role**

In addition to the new Ontario Public Health Standards, the federal Core Competencies for Public Health in Canada continually refers to the social determinants of health and identifies commitment to equity, social justice, respect for diversity and empowerment as important attitudes and values for public health staff. The Chief Public Health Officer for Canada states “because good health is not equally shared by all Canadians, it is essential that we understand the many factors that contribute to what we call health ‘inequalities’ if we hope to develop solutions to turn this around.” Clearly, public health agencies have an identified and mandated role in collaborating with the community to identify and address the social determinants of health.

Overwhelmingly, levels of government, research bodies and NGO’s have acknowledged the importance of the SDOH on the health and well-being of all people. In order to address this issue, communities must work together to build knowledge, develop and review policy and advocate for change. Public Health has a clear role in leading and supporting these upstream collaborative initiatives.

In their work, frontline PHS practitioners play a range of advocacy roles with individual clients. This sort of advocacy spans the SDOH spectrum and facilitates access to a range of external services related to community agencies, health care systems and government programs. PHS, as an organization, has a role in translating these individual advocacy activities into systemic advocacy. For example, a public health practitioner may advocate for a client to receive a special nutritional allowance through Ontario Work. PHS may, in turn, advocate to the Board of Health to increase the
nutritional allowance for all Ontario Works recipients, as detailed in the Nutritious Food Basket. The Board of Health may then advocate to the Province of Ontario for an increase in these benefit rates. By providing such strategic systemic advocacy, PHS can more broadly address the SDOH, especially in areas where PHS has no direct jurisdiction such as income and social status.

**HPHS Actions**

With the implementation of the Strategic Plan, Hamilton Public Health Services has taken action on the SDOH. In addition to the staff workshop on Social Determinants of Health in 2008, we have developed and endorsed a PHS Position Statement, which serves as a call to action to address the social determinants of health as a key public health function. We have revised and implemented staff workshops recommended for all of PHS staff, received funding to evaluate these workshops from PHRED and have agreed to provide them in 2010 for all staff. A key next step is the development of a long-term strategy of community engagement. To that end, we have met with representatives from the Hamilton Roundtable for Poverty Reduction to begin the community engagement process. While we acknowledge that the “how to” of integrating SDOH work into public health services and the services offered within the Hamilton community presents a challenge (as evidenced by the dearth of information on how to accomplish this goal within public health units provincially, nationally and globally), we will continue to explore new avenues, methods and partnerships as our strategy evolves.

SDOH work also aligns with our work on equal access, which decreases the barriers for people who have unequal access to PHS services as well as our work on public health advocacy.

**ALTERNATIVES FOR CONSIDERATION:**

To not adopt the Position Statement nor endorse the SDOH into public health programming would limit the ability of PHS to fully embrace the new standards recently released by the Ministry of Health and Long-Term Care (OPHS), which are fundamental to public health work.

The social determinants of health position statement is aligned with Ontario's new Public Health Standards.

The Board of Health’s endorsement of the position statement supports the integration of the determinants of health into public health programming so that Hamilton Public Health Services meets mandated requirements.

The new OPHS states:

- A key component of the requirements outlined in the Ontario Public Health Standards is to identify and work with local priority populations. Priority populations are identified by surveillance, epidemiological, or other research studies and are those populations that are at risk and for whom public health interventions may be reasonably considered to have a substantial impact at the population level.
Addressing determinants of health and reducing health inequities are fundamental to the work of public health in Ontario. Effective public health programs and services consider the impact of the determinants of health on the achievement of intended health outcomes.

**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

No cost implications

Staff will be better informed and enabled to deliver more effective practice.

**POLICIES AFFECTING PROPOSAL:**

Ontario Public Health Standards (2008)
Public Health Services Strategic Plan

**RELEVANT CONSULTATION:**

Sudbury and District Public Health Department
Hamilton Roundtable on Poverty Reduction

**CITY STRATEGIC COMMITMENT:**

By evaluating the “Triple Bottom Line”, (community, environment, economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

- **Community Well-Being is enhanced.**   Yes   No
  The goal of SDOH is to increase health across populations, encompassing people at all increments of the health continuum. At an individual level, advocating for increased social assistance for food and rent would benefit those individuals on social assistance by directly improving their living conditions, but would also increase the health of the community, because it would decrease people who are homeless and asking for money to feed themselves on the streets.

- **Environmental Well-Being is enhanced.**   No

- **Economic Well-Being is enhanced.**   Yes   No
  Employment is a key SDOH, and advocating for employment policies increases health for individuals as well as the whole population. The healthier a population, the more productive an economy. Ontario loses 4 to 6.1 billion dollars in government revenue due to poverty.21

Does the option you are recommending create value across all three bottom lines?

- **Yes**   - **No**

Do the options you are recommending make Hamilton a City of choice for high performance public servants?

- **Yes**   - **No**
Improving population health and community well-being makes Hamilton a healthier and more inviting city in which to live and work, attracting high performance public servants to the area.

2 ibid
3 ibid, pg. 1
4 ibid, p. 2.
7 ibid
10 ibid
15 ibid
16 ibid
17 ibid
18 ibid
SOCIAL DETERMINANTS OF HEALTH POSITION STATEMENT

Position Statement
Public Health Services is committed to improving the health of all Hamiltonians. Addressing the Social Determinants of Health is fundamental to this work. Public Health Services recognizes that the social determinants of health are complex interactions between a range of factors, including social, economic, environmental, biological, cultural and individual factors. Together, they play a key role in determining the health status of individuals as well as the population as a whole.

PHS recognizes that efforts to improve population health require a social determinants of health approach that encompasses the following:

- advocate for and promote health equity
- evidence-based strategies
- strong collaborative partnerships within and outside of the traditional health sector
- flexibility and creativity in the face of complex challenges

Background
All over the world, people of different Socio-Economic Status (SES) experience significantly different levels of health and incidence of disease. The evidence from Canada and other countries is that socio-economic factors are at least as important as medical care and personal behaviours in health status and specific outcomes such as incidence and mortality of various chronic diseases. The recognition of this phenomenon by researchers led to the coining of the term “Social Determinants of Health.”

Social determinants of health have been recognized as the best predictors of health both for individuals and populations. They influence people’s lifestyle choices and they interact with each other considerably. Furthermore, social determinants of health are closely linked to Health inequity. Health inequalities are the differences in objectively measured health status. Health inequities exist when these differences in health are avoidable or changeable and thus socially unjust.

Poverty is a key social determinant of health. “There is a very clear and very robust relationship between individual income and individual health. That is, poverty leads to lower health status.” In Canada, people living in the lowest income quintile are four times as likely to rate their health as ‘poor’ or ‘fair’ compared to people in the highest income quintile. Furthermore, the incidence of developing multiple chronic conditions rises as income level drops. “High income…does not guarantee good health; but low income almost inevitably ensures poor health and significant health inequity in Canada.”
The Hamilton Story
The Hamilton community has an extensive network of social service agencies with a reputation for innovation, academic excellence and collaboration. It is a community with spirit, a wealth of social capital, and world-class health care and educational institutions. Like most Canadian cities, Hamilton is coping with: an aging infrastructure; provision of social services downloaded from higher levels of government; and, amalgamation of outlying towns and rural areas into the urban boundary.

This city of more than a half a million people is home to two of Canada’s largest steel producers and many diverse manufacturers. Historically, these have been the major employers however; many have downsized, relocated or closed. Hamilton is diversifying its economy. By 2001, sales and service had become the largest occupational sector in the city. Today Hamilton boasts a $1 billion per year agricultural industry and a bio-sciences/medical sector that is second to none in the country.  

A quarter of Hamilton’s population, according to the 2006 census, has emigrated from other countries, and now calls this city home. Notwithstanding the presence of a world class University within its boundaries, Hamilton still has a lower percentage of residents completing a university degree (15.5%) compared to Ontario (20.5%); and almost 1 in 5 residents (18.1%) live under the Low Income Cut-off (LICO), more than is seen at the provincial (14.7%) or national (15.3%) level. Young people (18 years and under) have even higher rates, with 23.6% falling below the LICO. Most compellingly, more than 1 in 4 children under 6 fall below the line (26.4%) as compared to the provincial average of 19.3%. “From birth, children experiencing poverty can be affected by a number of interconnected factors; each of these individually can have a negative impact on development. However, they tend to cluster, so magnifying the effects.”

While poverty is one of the key indicators in the social determinants of health, socio-economic status (SES) provides a more inclusive picture of this experience. SES is an index of multiple material and social dimensions. Canadian Institute for Health Information uses “an index that incorporates education, income, employment, single- parent families, persons living alone and the proportion of persons separated, divorced or widowed.” The health impacts of socio-economic status for people in the Hamilton Census Metropolitan Area (CMA)are profound. People in the lowest SES group compared to those in the highest SES group are:

- 2.7 times more likely to be hospitalized due to diabetes.
- 2.8 times more likely to be hospitalized for mental health issues.
- 3.1 times more likely to be hospitalized for COPD (under 20 years of age).

The past few decades have seen an increasing polarization of income between the wealthiest and poorest of Hamilton’s citizens, with the wealthiest 40% of the population experiencing increasing incomes, while the poorest 60% of the population have seen their income decline. At the extreme end, poverty manifests in homelessness and food insecurity. In 2006, almost 4,000 different individuals stayed at an emergency shelter. This represents a 30% increase in shelter usage between 2005 and 2006. In March 2007, there were 8,179 visits to local food banks and over 52,000 hot meals were served at meal programs.

Rationale
Internationally, the World Health Organization recognized the social determinants of health as critical to health and well-being by convening the Commission on Social Determinants of Health. Their 2008 final report calls on the international community to close the health gap in a
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generation. The report states “Where systematic differences in health are judged to be
avoidable by reasonable action they are, quite simply, unfair… Putting right these inequalities –
the huge and remedial differences in health between and within countries – is a matter of social
justice.”

Nationally, the Chief Public Health Officer for Canada states “because good health is not equally
shared by all Canadians, it is essential that we understand the many factors that contribute to
what we call health ‘inequalities’ if we hope to develop solutions to turn this around. We know
that age, sex and heredity are key factors that determine health. We also know that our lifestyle
and behavioural choices matter, and that these factors are influenced by our environments,
experiences, cultures and other factors. Finally, we know that for some, even when the best
choices are made, their health outcomes are limited by these broader influences.”

The Core Competencies for Public Health in Canada continually refers to the social
determinants of health and identifies commitment to equity, social justice, respect for diversity
and empowerment as important attitudes and values for public health staff.

Provincially, the recently released Ontario Public Health Standards (2008) mandates the social
determinants of health. “The health of individuals and communities is significantly influenced by
complex interactions between social and economic factors, the physical environment, and
individual behaviours and conditions. These factors are referred to as the determinants of
health, and together they play a key role in determining the health status of the population as a
whole.”

Ontario Public Health Standards (2008) outline the social determinants of health in the following
order:
• Income and social status;
• Social support networks;
• Education and literacy;
• Employment/working conditions;
• Social and physical environments;
• Personal health practices and coping skills;
• Healthy child development;
• Biology and genetic endowment;
• Health services;
• Gender;
• Culture; and
• Language.

In addition to integrating the social determinants of health into the core fundamental work of
public health, the provincial government also introduced its Poverty Reduction Strategy in
December 2008. The strategy sets a target of reducing the number of children living in poverty
by 25 per cent over 5 years.

Locally, the City of Hamilton has adopted a Strategic Vision “To be the best place in Canada to
raise a child, promote innovation, engage citizens and provide diverse economic opportunities.”
This plan includes the key focus areas of social development and healthy communities which
focuses on poverty reduction, increased social supports to families, increased high school
completion rates, and the establishment of a community development strategy. The community
also took issue with levels of local poverty. The Hamilton Roundtable on Poverty Reduction is a
group of key community stakeholders who came together in 2005 to understand Hamilton’s high
levels of poverty, to focus attention on the issue and to find solutions.
The Public Health Services Mission statement directs us to work together with the community to assess, promote and protect health, and to prevent disease and injury. Our vision is that Public Health Services will be an effective, innovative and efficient organization that is recognized as essential to the health and well-being of people in Hamilton.

Public Health practitioners have always demonstrated knowledge of public health science, however, today more than ever, we must utilize tools such as evidence-based practice, surveillance data and evaluation tools, advocacy guidelines, and strategies and action plans to address health inequities and the social determinants of health.

The intention of this position statement is to guide integration of the Social Determinants of Health into all public health practice within the City Of Hamilton.

Developed by the Social Determinants of Health Workgroup:
Suzanne Brown, Healthy Living
Ana Carias, Planning and Continuous Improvement
Dr. Adriana Dragan, Office of the Medical Officer of Health
Claire Lechner, Family Health
Bea McDonough, Healthy Living
Theresa McMillan, Healthy Living
Jo Ann Salci, Healthy Living
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Donna Weldon, Healthy Living
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Final Draft by SDOH Workgroup: January 8, 2009

Approved by Chronic Disease Prevention Review Team January 15, 2009

Approved by Public Health Services Management Team January 28, 2009
Appendix 1

GLOSSARY OF TERMS

Social Determinants of Health
Social determinants of health are the social conditions in which people live and work. There is evidence that at least some of these determinants can be affected by intentional, informed action. In addition to having a direct impact on the health of individuals and the population, social determinants of health have also been recognized as the best predictors of health both for individuals and populations. They influence people’s lifestyle choices, and they interact with each other considerably. Furthermore, social determinants of health are closely linked to health equity, both in terms of their relationships to the population and to policy-making processes.24

The 12 Determinants of Health
1. Income and social status: There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health.
2. Social support networks: The health effects of social relationships may be as important as established risk factors such as smoking, physical activity, obesity, and high blood pressure.
3. Education and literacy: People with higher levels of education have better access to healthy physical environments for their families. Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high levels of literacy.
4. Employment/Working conditions: employment provides not only money but also a sense of identity and purpose, social contacts and opportunities for personal growth. Unemployed people have a reduced life expectancy and suffer significantly more health problems.
5. Social environments: Effective social and community responses can add resources to an individual’s choices of strategies to cope with changes and foster health.
6. Physical environments: At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects. In the built environment, factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our physical and psychological well-being.
7. Personal health practices and coping skills: There is growing recognition that personal health choices are greatly influenced by the socioeconomic environments in which people live, learn, work and play.
9. Biology and genetic endowment: The basic biology and organic make-up of the human body are a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of responses that affect health status and appears to predispose certain individuals to particular diseases or health problems.
10. Health services: Health services designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health.

11. Gender: Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. “Gendered” norms influence the health system’s practices and priorities.

12. Culture: Some persons or groups may face additional health risks largely due to a socio-economic environment which is determined by dominant cultural values that may perpetuate conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally sensitive appropriate health care and services.25

Census Metropolitan Area (CMA)
CMA consists of one or more neighbouring municipalities situated around a major urban core. A census metropolitan area must have a total population of at least 100,000 of which 50,000 or more live in the urban core. A census agglomeration must have an urban core population of at least 10,000. The Hamilton CMA includes the City of Hamilton, Burlington and Grimsby.26

Health inequalities
Health inequalities are differences in health status experienced by various individual or groups in society. These can be the result of genetic and biological factors, choices made, or by chance; but often they are because of unequal access to key factors that influence health, like income, education, employment and social supports27

Health inequity
Health inequity is the presence of avoidable or changeable difference in the major social determinants of health among population groups. Population groups with difference levels of wealth and power have different opportunities and possibilities to lead a healthy life. The word “inequity” implies that differences in health status are inherently unfair or unjust.28

Low Income Cut-off (LICO)
LICO is the Low Income Cut-Off developed by Statistics Canada to identify those individuals who are financially worse-off than the average individual or family. It is an income threshold below which an individual/family will likely devote a larger share of its income to the necessities of food, shelter and clothing than the average family/individual.29 The LICO used in this position statement is a before-tax measure. An after-tax measure is also developed by Statistics Canada.

Socio-Economic Status (SES)
Socio-economic status is an index of multiple material and social dimensions. Canadian Institutes of Health Information uses "an index that incorporates education, income, employment, single- parent families, persons living alone and the proportion of persons separated, divorced or widowed.30

2 ibid

3 Phipps, Shelley (2003). *The Impact of Poverty on Health: A Scan of Research Literature*. Canadian Institute for Health Information, p. iii


5 Ibid, p. 25


8 ibid


11 ibid


15 ibid

16 ibid


18 City of Hamilton & Social Planning and Research Council (2007). *On any given night: Measuring Homelessness in Hamilton*, p. 6


26 Statistics Canada, retrieved from www12.statcan.ca/english/census06/reference/dictionary/geo009.cfm


