

Reducing Social Inequalities in Health (SIH): Working together Toward a More Equitable, Healthier and Resilient Society

HIGHLIGHTS

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For ministries and organizations to be better positioned to collaboratively design new ways to reduce social inequalities in health (SIH), there is a need to clarify the pivotal role of reducing social inequalities across all levels of government and cross-sectoral efforts in preventing negative impacts on population health, and the potential contribution of multiple sectors to improving the health and well-being of the Québec population.

Highlights

The health of the population is closely tied to underlying social factors. Poverty, which involves the intersection of multiple forms of social inequalities, has repercussions that often extend beyond health to impact other social determinants of health in a negative downward spiral. The rise in social inequalities undermines the health status and well-being of the population, harms economic growth, and creates the potential for a breakdown in social cohesion.

Reducing social inequalities in health (SIH) is only possible through concerted action involving numerous sectors to address the many social determinants of health such as housing and income. SIH must be taken into account by all sectors, ministries, and organizations with a minimum objective of not (inadvertently) exacerbating these inequalities when new policies are implemented.

Québec's experience is an excellent example of the positive role public policies can play in promoting a more equitable society, and as a result, a healthier and more resilient population. Certain tools, like the *Politique gouvernementale de prévention en santé*¹ (PGPS), the Québec government's intersectoral policy of emphasizing prevention and early intervention to improve population health, includes a cross-cutting objective of reducing SIH and provides many examples and opportunities of how, working together and focusing on prevention, we can be more effective and achieve greater population health gains.

To address the complex challenge of reducing SIH, there are three key findings to consider:

¹ [Politique gouvernementale de prévention en santé - Publications du ministère de la Santé et des Services sociaux](#) (in French)

1. Public policies within the health sector that aim to reduce SIH by focusing on lifestyle interventions or improving access to health and social services are often intervening too late. There is therefore a need for more structural, “upstream” and intersectoral approaches, by ministries and organizations outside of the health and social services sector to prevent SIH before these inequalities lead to negative impacts on health.
2. The United Kingdom’s vast experience in reducing SIH underscores the importance of complementarity between approaches tailored to the needs of individuals and specific underserved communities and approaches that recognize the central role of population-wide government policies and programs (i.e., social assistance, education programs, etc.).
3. Social policies (e.g., on early childhood, housing, social and built environments, etc.) play an essential role in improving health and reducing SIH, much like economic policies (e.g., business and tax policies and those related to income, employment conditions, and the minimum wage). Although actions, policies and programs influencing socioeconomic, cultural, and environmental factors are effective at reducing inequalities, they are more difficult for the health sector to implement on its own, as compared with interventions targeting lifestyle habits or access to health and social care services, which is why these intersectoral partnerships and collaborations are so crucial.

The SARS-CoV-2 (COVID-19) pandemic caused Québec, and governments around the world, to urgently make a number of critical decisions to protect the health and safety of the population and the integrity of their overburdened health system, but these interventions also had inadvertent repercussions on social inequalities and the social determinants of the population’s health. The far-reaching impacts of this crisis will persist in all sectors of government activity for the coming years, and will likely continue to have ongoing impacts on health long after the pandemic is officially declared to be over. The PGPS provides a timely and important opportunity to work together towards an ambitious vision of a Québec society that is more equitable, healthier and more resilient to face current and future challenges (such as the growing threat of climate change which also risks further exacerbating social inequalities).

Overview

Social inequalities can take various forms such as unequal access to employment, food, housing, arts, culture, recreation, sports, nature, as well as certain services such as child care, transportation and quality education.

Unequal access to resources limits opportunities for specific groups (e.g. low-income families, ethnocultural communities, persons living with disabilities, persons experiencing homelessness, newly arrived immigrants) and is thereby detrimental to their conditions of daily living, leading to increased social inequalities in health. Disadvantaged groups with less access to these resources results in a compounding effect, leading to poorer health.

SIH are the health disparities observed between different groups of society. Take the example of life expectancy, which is often used as an overall health indicator.

In Québec in 2011, a male infant born into a family from the lowest income group had a life expectancy at birth of 75.3 years, compared to 83.9 years for the highest income group. For female infants, the difference was 81.4 years, compared to 86.2 years. Therefore, the gap in life expectancy between the lowest income and highest income groups was 8.6 years lower for males and 4.9 years lower for females.

SIH represent more than health gaps between the wealthiest and the poorest individuals. Across the entire population, there is a gradient whereby health status progressively worsens with diminishing socioeconomic status and vice versa: the higher the socioeconomic status, the better the group’s overall health.

Social inequalities not only impact physical health, but also mental health and social well-being, and these impacts are intertwined and reinforcing. Therefore positive impacts in one area can have knock on effects that also positively impact other social determinants of health in a mutual feedback loop.

Social determinants of health (SDOH) are defined by the World Health Organization (WHO) as the conditions in which people are born, grow, work, live, and age, as well as the wider set of forces and systems shaping these conditions of daily life (WHO, 2008). The SDOH include

living and working conditions, access to essential health services and other public services, education, income, housing, natural and built environments, lifestyle habits, and behaviours. These determinants interact throughout an individual's life cycle and have cumulative effects. Social inequalities arise between groups across the life course, including children, adolescents, adults, and seniors, who are all affected by the unequal distribution of resources for health and the impact of the social determinants on their physical health, mental health and social well-being.

Intersectoral partners collaborating with the health sector on the implementation of the PGPS possess important levers for taking action on the social determinants of health, reducing social inequalities between groups, and thereby promoting the overall health of the population, and particularly disadvantaged and underserved groups most at risk.

Rising to the challenge together. Reducing social inequalities and their repercussions on health is only possible through concerted efforts involving numerous government sectors. No single sector or intervention on its own can succeed in redressing social inequalities in health.

According to the WHO (WHO, 2019; p.49), the proposed solutions are more effective when they are cross-cutting, comprehensive and ongoing, thereby minimizing siloed approaches and narrow public policies that only serve to address a specific area in a more limited way in the shorter term. In contrast, coordinated approaches that incorporate a range of multisectoral interventions in an ongoing way can lead to a reduction of social inequalities and resulting health impacts within only two to four years. This type of approach is particularly effective when there are concerted government policies and programs in the following five domains:

- Income security and social protection (e.g., basic income, reduction of the risks and consequences of poverty throughout individuals' lifetimes)
- Living conditions (e.g., differentiated access to opportunities, differentiated exposure to environmental conditions)
- Human and social capital (e.g., education, training, knowledge, literacy)

- Employment and working conditions (e.g., accessibility of employment, wages, and job-related conditions)
- Healthcare services (e.g., availability, accessibility, quality)

Québec's approach drawing on international experience. Québec has drawn inspiration from a number of national governments that have taken a leadership role in combatting SIH over several decades. The strategies used by the United Kingdom, several Nordic countries (e.g. Finland, Sweden, Norway), as well as Australia and New Zealand, have been well documented.

Québec is making similar efforts. It has various levers allowing intersectoral partners to innovate in synergy concerted interventions with a view to reducing social inequalities across the five major domains of intervention promoted by the WHO.

Québec has a number of overarching policies and legal frameworks related to these various areas of activity. For example, the *Act Respecting Health Services and Social Services* includes the objectives of attaining comparable standards of health across the entire population and in the different geographic regions. Similarly, one of the goals of the *Act to Combat Poverty and Social Exclusion* first enacted in 2002 is to reduce the social inequalities that are detrimental to social cohesion and threaten the social fabric of society. Finally, other acts like the *Sustainable Development Act* and the *Act to Ensure the Occupancy and Vitality of Territories* also aim to reduce social inequalities.

Furthermore, Québec relies on a number of government initiatives to reduce social inequalities which, while not directly targeting the health of the population, can contribute to improving it. The following are a few examples:

Examples of Québec policy initiatives for reducing social inequalities

- [The National Strategy to Combat Poverty and Social Exclusion](#) and the [Government Action Plan to Foster Economic Inclusion and Social Participation 2017-2023](#)
- [The 2015-2020 Government Sustainable Development Strategy](#) (in French)
- [The 2018-2022 Government Strategy to Ensure the Occupancy and Vitality of Territories](#)
- [The Government Strategy for Gender Equality Toward 2021 – Together for Equality](#)
- [The Strategy for Children from Birth to Age 8 – It’s All About the Children](#)
- The [2017–2022 Government Action Plan for the Social and Cultural Development of the First Nations and Inuit: Do More, Do Better](#)
- The [Politique nationale de lutte à l’itinérance – Ensemble pour éviter la rue et en sortir](#) (in French) [Québec’s “National policy to reduce homelessness – Together to prevent and exit homelessness”]

Québec also relies on intersectoral action across many wide-reaching programs such as the Prescription medication insurance program through which all Québec residents receive permanent prescription medication insurance coverage to be able to afford often costly prescription medicines. In addition, there is the evidence-based Integrated Perinatal and Early Childhood Services program (also known as Services intégrés en périnatalité et pour la petite enfance - SIPPE), which aims to provide support to disadvantaged families from pregnancy, through infancy and into early childhood to promote healthy child development and a strong start in life. Other programs from a number of sectors include Accès Logis Québec to improve access to affordable housing, student financial assistance, and the wage subsidy for older workers.

The PGPS: a complementary lever. By adopting the PGPS in 2016, Québec launched a wide-scale strategy spanning a decade as a complement to build upon and further strengthen existing initiatives.

The PGPS is the result of a commitment by 15 government ministries and organizations under the leadership of the Ministère de la Santé et des Services sociaux (MSSS) to act on a set of factors to improve the health status and quality of life of the population and reduce SIH. This inter-ministerial action plan sets out the concrete actions of each sector and the roles and responsibilities of each of the participating ministries and organizations.

The PGPS policy offers ministries and organizations opportunities to establish and maintain a dialogue on issues related to social inequalities and to develop potential solutions together. It provides a means of navigating the design and implementation of solutions while benefiting from the respective input of all involved and the synergies created by intersectoral efforts. It also supports ministries’ and organizations’ pursuit of enhanced solutions that benefit all.

In concert with the other levers, the PGPS can help achieve more equitable tax policies or even support education policies that promote the success of youth from across all socio-economic and social groups.

The PGPS can also help enhance the range of measures promoting access to high-quality educational childcare for children from disadvantaged areas, support organizational policies in workplaces, and even improve housing quality.

The PGPS can also improve or supplement existing local sectoral initiatives.

Without seeking to modify the planned objectives and trajectories of participating ministries and organizations, or project leaders in other sectors, an intersectoral partnership within the PGPS framework aims more specifically to help optimize and synergize the positive effects of various policies and programs, and mitigate any potential negative effects or harms to the health of various populations sub-groups, as well as ensuring an equitable distribution of the benefits and potential harms across population sub-groups. Achieving these results relies on the PGPS’s cross-cutting nature, particularly the emphasis on reducing poverty and SIH.

The PGPS targets four main categories of factors that influence health: developing individual competencies and skills from early childhood, organizing healthy and safe communities and territories, improving living conditions to promote health, and strengthening prevention within the health and social services system.

Achieving these targets and objectives of the PGPS requires the participation of numerous ministries and organizations at regional and municipal levels and the cooperation of the non-governmental sector. A particular emphasis is working with those responsible for creating social policy across a number of key areas that can influence SIH, including those responsible for early childhood, youth, families, seniors, Indigenous Peoples, people living with disabilities, immigration, education, housing, health and social services, social assistance and the fight against poverty and social exclusion, sports and recreation, municipal affairs, housing, buildings, public safety, and culture, as well as the participation of economic and environmental sectors, including those responsible for policies aimed at taxes, business, bio-food, the labour market, transportation, and the environment.

The convening and facilitator role of the MSSS. The MSSS is responsible for leadership, coordination, monitoring, and mobilization related to the PGPS through its Bureau de coordination et de soutien [Coordination and Support Office] and involvement in different sectors of its organization.

Different opportunities for collaboration between the ministries and organizations and the MSSS may prove beneficial at any point in a project's development. Whether the project is in its design, implementation, assessment, or review phase, the MSSS can act as a facilitator and provide support.

While the impacts of the SARS-CoV-2 (COVID-19) pandemic will persist in all sectors of government activity for the coming years, the PGPS provides an excellent opportunity to hasten recovery and achieve an ambitious vision of a Québec society that is more equitable, healthier and resilient to face ongoing and future challenges.

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