

***Social Determinants of Health***

*Third Edition*

By Dennis Raphael

**Student Resource**

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**Social Determinants of Health**, Third Edition

**Instructor's Manual**

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## **PART ONE: INTRODUCING THE SOCIAL DETERMINANTS OF HEALTH**

### **Chapter 1: Social Determinants of Health: Key Issues and Themes**

*Dennis Raphael*

#### **Learning Objectives**

- Students will be able to identify and define *the social determinants of health*.
- Students will be able to locate the concept of the social determinants of health within a broader historical context.
- Students will be able to distinguish between the relative explanatory power of living conditions, biomedical indicators, and lifestyle indicators as determinants of health.
- Students will be able to assess the importance of living conditions, over other indicators, as the primary determinant of health.
- Students will be able to employ the social determinants of health to explain the differences in health status between the present and the past, between Canadians and Americans, and between Canada and select Northern European countries.
- Students will be familiar with the emerging themes in the research on social determinants of health.

#### **Key Terms**

*Cultural/behavioural explanations of health:* Individuals' behavioural choices are responsible for their developing and dying from a variety of diseases.

*Laissez-faire approach:* A philosophy of government that favours a free-market over government regulation in all matters.

*Life-course approach to health:* This approach emphasizes the accumulated effects of experience across the lifespan in understanding the maintenance of health and the onset of disease.

*Neo-materialist explanation of health:* The neo-materialist explanation emphasizes the material conditions under which people live as being the primary factors in an individual's developing and dying from a variety of diseases, and extends the materialist analysis by asking how these living conditions came about.

*Materialist/structuralist explanations of health:* As evidenced in the UK's Black Report (1980), these explanations emphasize the material conditions under which people live as being the primary factors in an individual's developing and dying from a variety of diseases.

*Psychosocial comparison explanation of health:* The psychosocial comparison explanation considers whether we compare ourselves to others and how these comparisons affect our health and well-being.

*Social determinants of health:* The economic and social conditions that shape the health of individuals, communities, and jurisdictions as a whole. They are the primary indicators of whether a person stays healthy or becomes ill. They also determine the resources a person has to identify and achieve personal aspirations, satisfy needs, and cope with the environment.

*Welfare state:* The extent to which a government or state uses its power to provide for the social and economic well-being of its citizens. Social democratic states have highly developed welfare states.

## **Practice Quiz**

### **Multiple Choice (Questions 1–7):**

1. Which of the following is true about Canadian policies regarding health:
  - a) Numerous government bodies and jurisdictions in Canada have demonstrated a political commitment to addressing health issues based on the social determinants of health.
  - b) Canada has been more effective than Northern European countries, like Sweden, in implementing social programs that address the social determinants of health.
  - c) Canadians have been sufficiently educated that illness and risk factors are more likely found in the social determinants of health than in behavioural or medical causes.
  - d) Canada has been a leader in investigating the importance of the social determinants of health, but has consistently failed at structuring its political and economic policies around those priorities.
  
2. Most analysts conclude that the improvement in the health and longevity of Canadians since 1900 is primarily due to:
  - a) Access to improved medical care.
  - b) Improvements in behaviour, including reductions in tobacco use and changes to diets.
  - c) The improved material conditions of everyday life.
  - d) A better understanding of the role of disease and its limitation through vaccination programs.
  
3. Which of the following would be a healthy living tip based on social determinants?
  - a) Drink alcohol in moderation.
  - b) Exercise daily.
  - c) Do not smoke.

- d) Do not work in a stressful and poorly paid job.
4. According to a policy-oriented approach to the social determinants of health, the problem with improving the early health of children by encouraging more opportunities for physical activity at school might be:
- a) Individual teachers might change the curriculum to fit their own priorities and fail to provide children with sufficient exercise.
  - b) It individualizes a health issue that is best addressed at the policy level, by encouraging better housing and employment for those living in the community.
  - c) A focus on physical activity does not adequately address concerns about what children are fed at home.
  - d) It would only be beneficial if it was accompanied by in-class discussions of how children can find way to add more physical activity to their own lives.
5. Which of the following is NOT true about income?
- a) It is one of the social determinants of health.
  - b) Its value is an indication of an individual's desire to work hard and to practice self-care.
  - c) It is also an indicator of early life, education, housing, and other factors which influence the health of an individual.
  - d) It is a strong predictor of diseases.
6. According to Table 1.1. (p. 15), differences in health outcomes are primarily due to:
- a) The material living circumstances and the associated psychological stresses associated with not being as well-off as the wealthiest 20 percent of Canadians.
  - b) Diet and exercise, depression rate, and stress level.
  - c) A person's daily smoking rate.
  - d) It's just as likely to be influenced by social-demographic factors as by the additional variables.
7. Looking at the health of adults at one specific moment in their lives—when they develop a heart disease, for example—is:
- a) Problematic as recent research has demonstrated the importance of the life-course as a determinant of health. The health status of an adult is the accumulation of the effects of their experiences throughout their life.
  - b) Not effective in encouraging adults to improve their health. Making significant and important changes to their lifestyles requires years of follow-ups and tracking to ensure that the individual stays true to their health resolutions.
  - c) Statistically the best time at which to start treating the disease. Prior interventions would be based on guessing about the probability of a disease manifesting itself and would therefore likely be unsuccessful and drain the nation's resources.

- d) Dependent on the stage at which the disease was caught and the amount of time and resources available to make the required lifestyle changes to reverse the damage.

**Short Answers (Questions 8–10):**

- 8. Place the following in chronological order (from the earliest to the most recent) and include their dates of publication:
  - a) The UK's Black Report.
  - b) Canadian Federal Government's *A New Perspective*.
  - c) The World Health Organization's *Social Determinants of Health: The Solid Facts*.
  - d) Friedrich Engel's study of the housing and living conditions of the British working poor.
  
- 9. List the 16 determinants of health in the York University framework used in this volume.
  
- 10. What are the five themes in the current study of the social determinants of health addressed by this volume?

## **Chapter 2: Social Structure, Living Conditions, and Health**

*Dennis Raphael*

### **Learning Objectives**

- Students will be able to explain the relationship between social determinants of health and the health of individuals, communities, and entire jurisdictions.
- Students will understand and differentiate between several models that examine how living conditions directly affect health: the materialist, psychosocial comparison, and neo-materialist approaches.
- Students will be able to assess the significance of models of political economy that identify the economic and political forces that shape unequal distributions of social determinants.

### **Key Terms**

*Cumulative effects on health:* The accumulation of the varying health outcomes, set in motion by pathways begun in early life, over time.

*Horizontal structures:* The immediate social determinants of health with which people interact.

*Individual approach to health:* An approach that limits analysis of health risks to individual biomedical or behavioural risk factors for disease.

*Individualism:* A belief that the current social and economic system provides equal opportunities to all and that health risk factors are based on an individual's failure to seize the opportunity or to work hard enough to benefit from those possibilities.

*Latent effects:* The biological or developmental early life experiences that influence health later in life.

*Life-course perspectives:* Perspectives on health concerned with how exposures to varying economic and social conditions have a cumulative effect upon health across the lifespan of an individual.

*Material factors:* The concrete living conditions that include both exposure to positive health-enhancing events or situations and to negative health-threatening events or situations.

*Materialist framework:* A framework in which objective living conditions explain how social determinants of health shape health status. Within this framework, there are three key mechanisms that link social determinants to health: experience of material living

conditions, experience of psychosocial stress, and adoption of health-supporting or health-threatening behaviours.

*Narrow or broad health framework:* A narrow framework limits attention to behavioural risk factors. Broader frameworks consider more factors, specifically the social determinants of health, and how they directly and indirectly affect health.

*Neo-liberalism:* The belief that the marketplace should be the arbiter of how economic and other resources are organized and distributed. It suggests a limited role for government in a wide range of areas. Neo-liberal governments are less likely to take action to strengthen the overall quality of various social determinants of health.

*Neo-materialist framework:* Like the materialist framework, the neo-materialist framework shares a concern with how health outcomes are associated with varying social determinants of health over a person's lifespan, but it extends the analysis to explicitly consider how these health advantaging or threatening living conditions come about. In this analysis, the focus is on how a society allocates economic and social resources among the population.

*Pathway effects:* The experiences that set individuals onto certain trajectories and which influence health, well-being, and competence over the life course.

*Social comparison approach:* An approach that sees individual placement in the social hierarchy and social distance as the main reason for differences in health status.

*Social structure:* The organization of society and how it distributes access to actual material and social resources.

*Vertical structures:* More distant societal structures that influence the quality of the social determinants of health.

## **Practice Quiz**

### **Multiple Choice (Questions 1–8):**

1. The frameworks presented in this chapter attempt to:
  - a) Explain how social determinants of health lead to health outcomes.
  - b) Prove that the social determinants are scientifically significant.
  - c) Demonstrate how the policies of social democracies are effective at improving the health of their citizens.
  - d) Examine the effectiveness of the social determinants in assessing the relative health status of an individual.
2. Which of the following is true of an individual approach to health:

- a) It is an adequate predictor of life expectancy, cardiovascular disease and stroke, type 2 diabetes, respiratory disease, stomach cancer.
- b) It is an effective way to get those at risk to make changes to their lifestyle.
- c) It is inadequate explanation for how diseases and illnesses come about.
- d) It is supported by a philosophy that understands and addresses the sources of health and disease in populations that have been marginalized by lack of material and social resources.

3. According to Brunner and Marmot Figure 2.1. (p. 35), the three pathways that link social structure with health status are:

- a) First, individual approaches; second, materialist approaches; third, neo-materialist approaches.
- b) First, the experience of material living conditions; second, the experience of psychosocial stress; third, the adoption of health-supporting or health-threatening behaviours.
- c) First, early life influences health behaviours; second, genes affect the social environment and organ impairment; third, culture changes psychological perceptions.
- d) First, social structure and material factors; second, social structures which shape social and work environments that create psychological and behavioural responses; third, social structures shape social and work environments that directly impair bodily organs.

4. Brunner and Marmot's model Figure 2.1. (p. 35) fails to express:

- a) The inability of an individual approach to account for the social determinants of health.
- b) The forward and backward exchange process of the complex relationship between social determinants.
- c) The importance of material factors to understanding health outcomes.
- d) How genes, culture, and early life relate to health.

5. Which of the following is an example of a coping response?

- a) Talking with a friend about your concerns.
- b) Feeling overwhelmed but continuing to do what is expected of you.
- c) Managing to do your schoolwork but only barely passing the course.
- d) Drinking excessively to deal with the stress of a poorly paying and unstable job.

6. Which of the following is NOT a possible criticism of the social comparison approach offered in this chapter?

- a) It tends to reduce the health effects of varying social determinants of health to psychological processes of poor people's maladaptive coping.
- b) It ignores the effects of differences in material and social living conditions on health.

- c) It depoliticizes issues of societal organization and distribution of economic resources among the population.
  - d) It fails to account for the social determinants of health, focusing on the impact of biological and behavioural factors.
7. An analogy to “horizontal structure” and “vertical structures” might be:
- a) The amount of money raised by the Parent-Teacher Association in your school district; the number of well-maintained school swimming pools in your district.
  - b) The schools and libraries in your community; the Ministry of Education’s decisions about resources and curriculum.
  - c) The United Nations’ Charter of the Rights of Children; local afterschool programs in your community.
  - d) The provincial government’s allocation of a total budget to the Ministry of Education; a particular political party’s promise to prioritize higher teachers’ wages.
8. Neo-liberalism has a negative effect on the health of individuals because:
- a) Its focus on the market as an arbiter of distribution of resources leads to greater inequality of wealth and resources and it is associated with the deterioration in quality of many social determinants of health.
  - b) While it is similar to liberalism in its focus on material conditions, it does not properly account for the political processes that govern decisions about resource distribution.
  - c) In portraying itself at the centre of the political spectrum, it has frequently been left without a clearly identifiable political platform.
  - d) Liberals have been unable to deliver on their promise of greater resources for the social structures that determine the health status of individuals.

**Short Answers (Questions 9–10):**

9. Associate each of the following frameworks (a to d) with the brief description that accurately describes it (I to IV):
- a) Materialist
  - b) Life-course perspective
  - c) Neo-materialist
  - d) Social comparison
- I. Exposures to varying economic and social conditions have a cumulative effect upon health.
- II. Health outcomes are associated with exposures to varying quality social determinants of health over the lifespan; also explicitly considers how these advantageous or threatening living conditions come about.

- III. Individual placement in the social hierarchy and social distance explain differences in health status.
  - IV. Objective living conditions explain how social determinants of health shape health status.
10. List the three forms of identity discussed in this chapter (and throughout the volume) that affect the pathways and mechanisms through which the social determinants of health function.

## **PART TWO: INCOME SECURITY AND EMPLOYMENT IN CANADA**

### **Chapter 3: Precarious Changes: A Generational Exploration of Canadian Incomes and Wealth**

*Ann Curry-Stevens*

#### **Learning Objectives**

- Students will recognize the meaning and importance of income and wealth inequality.
- Students will be able to compare and question Canadian statistics on income.
- Students will be able to discuss the increase in income inequality, particularly its effects on how those in the lowest income segments.
- Students will be able to assess why non-White and new Canadians are particularly vulnerable to income disparity.
- Students will be able to demonstrate how these inequalities stem from government decisions to leave issues of income distribution to the marketplace.

#### **Key Terms**

*Deciles*: One-tenth segment of population, representing 10 percent.

*“Fair Shares”*: an equal gain in percentage for each segment of a population.

*Mean*: The average of a set of numbers; the sum of all the members of the set, divided by the number of members. It can be misleading if there are unduly high numbers at the top.

*Measure of wealth*: The total sum of the value of all assets minus all debts owed.

*Median income*: The actual income of the middle-income earner in a population.

*Poor*: Individual or families that fall below Statistics Canada’s Low-Income Cut-Off line.

*Quintiles*: One-fifth segment of a population, representing 20 percent.

*Redistributive factors*: The taxes and transfers that redistribute and thereby equalize incomes. These include welfare and unemployment benefits and the taxes through which these are paid.

*Vision-based solutions*: Solutions that attempt to create or speak to a different vision of the present, galvanizing support for particular objectives and directions. This tactic is often used by political parties during campaigns to propose a different alternative to the current

government, but is increasingly used by non-governmental organizations to garner popular support.

## Practice Quiz

### Multiple Choice (Questions 1–10):

1. The period from 1940-1970 is characterized as the “golden age” of capitalism because:
  - a) The growing value of gold drove the growth of the global economy.
  - b) During this period, the ideas and writings of Karl Marx were increasingly shown to be irrelevant.
  - c) Working conditions were more closely regulated, and conditions were improving.
  - d) It was a time of retrenchment of the welfare system established at the end of World War II.
2. When did Ontario stop racially segregating public education?
  - a) 1833
  - b) 1918
  - c) 1939
  - d) 1964
3. The *average* family income is a misleading standard for discussions of income inequality because:
  - a) When the distance between the highest and lowest incomes is very great, the average income tends to be much higher than the median income. Further, it tells us very little about those outside of the middle range.
  - b) We do not have enough concrete statistical data to create meaningful averages.
  - c) The way in which an average is calculated is liable to be influenced by cultural beliefs.
  - d) The average tends to make the distance between those with the lowest and those with highest seem much greater than it is, in terms of lived experiences. It exaggerates a problem that exists more in numbers than in fact.
4. The Centre for Social Justice, in its 1998 report, used the ratio of the top decile of income to the bottom decile as the basis of analysis because:
  - a) It was an effective way to study the declining number of middle-class families in Canada.
  - b) It wanted to examine in greater nuance the lives of those at the very top and the very bottom of the income divide in Canada.
  - c) Quintiles are not a useful statistical quantity with which to consider income disparity.
  - d) This ratio demonstrates the divide between the rich and the poor is not as great as it was in the past and that the income of the poorest may not be high but is growing at the same

rate as that of the richest.

5. Which of the following is TRUE of economic bust and boom cycles:
  - a) Studies of income disparity cannot account for the ebb and flow of economic cycles.
  - b) In the past 40 years, while economic depressions have been hard on everyone, they have been hard on everyone equally.
  - c) During times of recession, the poor lose far more earning power than any other group, but during times of economic growth, they fail to make up those losses.
  - d) The natural growth and contraction of the global economy accounts for most changes in income disparity in Canada in the past forty years.
  
6. The decrease in the middle class over the past thirty years in times of recession and times of economic recovery is “counterintuitive” (p. 46) because:
  - a) It goes against the author’s politics to encourage the growth of the middle class at any point in the economic cycle.
  - b) Intuition, which is an unconscious psychological response to a stimulus, is an inappropriate basis for a meaningful statistical study.
  - c) It is contrary to the commonly held belief that a larger middle class is the foundation of a healthy democracy.
  - d) While common belief holds that the number of families in the middle class would grow during times of economic recovery because the stronger economy would allow more families to make enough money to move up from being poor up, this has not been proven to be the case.
  
7. The Gini coefficient is:
  - a) a number between zero and one that measures the relative degree of inequality in the distribution of income.
  - b) a number representing the income needed in a specific year to be above the poverty line.
  - c) a measurement to assess an individual or family’s economic output.
  - d) a number between one and one hundred that measures the percent of people living in poverty in a country.
  
8. In the 2003 Statistics Canada report on the findings of the now-terminated Ethnic Diversity Survey that included the experiences of persons of colour with discrimination or unfair treatment, how many persons of colour identified facing unfair treatment or discrimination at levels that were “often” or “sometimes” within the last five years?
  - a) 1 in 100.
  - b) 1 in 5.
  - c) 1 in 20.

- d) 1 in 1000.
9. Which of the following accounts for the difference in income between immigrants of colour and White Canadians?
- a) Their immigrant status alone is sufficient to understand the difference in incomes.
  - b) They are not as well educated.
  - c) They do not have the language skills required to participate fully in the Canadian economy.
  - d) Racism is deeply embedded in Canadian institutions and hurts the economic possibilities of people of colour.
10. A recent report by the bankruptcy firm Hoyes, Michalos, and Associates (2015) identifies that seniors in Ontario make up what percent of all bankruptcies?
- a) 30 percent
  - b) 5 percent
  - c) 10 percent
  - d) Under 2 percent

**Short Answers (Question 11):**

11. Examine Figure 3.3. Using specific numbers from the graph, explain why Ann Curry-Stevens refers to this as “income inequality on steroids.”

## **Chapter 4: Income, Income Distribution, and Health in Canada**

*Nathalie Auger and Carlyne Alix*

### **Learning Objectives**

- Students will be able to critically discuss what is known about the relationship between income and health.
- Students will be able to identify different ways of measuring income and levels of poverty.
- Students will be able to evaluate how those measurements are related to health.
- Students will be able to demonstrate that income is a social determinant of health.
- Students will be able to illustrate the importance of income as a social determinant of health using examples from Quebec.
- Students will be able to justify the need to focus on issues of income distribution, poverty reduction, and the provision of the basic prerequisites of health.

### **Key Terms**

*Absolute income hypothesis:* A theory that proposes a positive association between personal income and health but that the association is non-linear. In other words, the health of the poor benefits more significantly from improvements in income than those who are financially better off.

*Absolute poverty:* An understanding of poverty based on an assessment of having less than the absolute minimum income-level to meet the cost of basic needs.

*Ecologic fallacy:* Macro-level data (the big picture) are used to make inferences at the individual level.

*Income inequality:* The extent to which income is unequally distributed in a population.

*Relative poverty:* An understanding of poverty based on an assessment of less than the average standard in society.

*Reverse causation:* A bias that sees a causal relationship leading from one thing to another, when the explanation of the causation is the other way around.

*Subjective poverty:* An understanding of poverty based on an assessment of individuals' feelings that they do not have enough to meet their needs.

## Practice Quiz

### Multiple Choice (Questions 1–8):

1. If a study proposed to assess poverty based on whether an individual could afford the local price of rents, fuel, transportation, and food, they would be using:
  - a) An absolute definition of poverty.
  - b) A relative definition of poverty.
  - c) A subjective definition of poverty.
  - d) Standards that are too problematic to count as an assessment of poverty.
2. Which of the following is NOT listed as a possible drawback in trying to assess levels of poverty:
  - a) The value of accumulated debts.
  - b) The way in which poverty tends to feature more prominently at particular moments in the life-cycle.
  - c) The assessment of the value of sharing resources such as rent.
  - d) The biases of the researchers.
3. The relationship between income inequality and health is:
  - a) A subject of debate, as studies with different methodologies have come to competing conclusions.
  - b) Demonstrated by the correlation between income inequality and mortality in Canada.
  - c) Proven by the study of the association of poor self-reported health in Toronto.
  - d) Apparent for self-reported health but not for chronic conditions or distress.
4. Which of the following is NOT true of the relationship between individual income and health:
  - a) Numerous childhood diseases, including birth weight, injury-related mortality, and developmental problems, have been demonstrated to be associated with individual income.
  - b) Only a few studies have looked at the relationship between individual income and health over time but those that have found a negative correlation between income and numerous health statuses.
  - c) Studies have found that higher individual incomes lead to more favourable levels of general health, mental health, stress, and obesity.
  - d) Depending on the methodology used by a study, differing results have been obtained making the association between individual income and health a matter of debate.
5. The 2002 study of the urban health of Montrealers (Lessard et al., 2002) was influential in pushing forward the poverty agenda in Quebec because:

- a) While previous studies had examined the province of Quebec as a whole, this was the first study to demonstrate that inequalities of wealth were affecting health in Montreal.
  - b) By demonstrating the continuing association between neighbourhood poverty and a variety of health indicators, it motivated Quebecers to address social inequality as a determinant of health.
  - c) The differences in many health indicators between Quebec and the rest of Canada had meant that the relevance of income as a social determinant of health had been unclear until that study.
  - d) It clearly indicated that differences in health outcomes could not be clearly linked to income inequality and pushed government bodies to address individual health choices with greater determination.
6. According to Table 4.1. (p. 98), “Birth outcomes, by neighbourhood income and period, Quebec, 1989-2011,” which of the following is true:
- a) Among the neighbourhoods with either “Poor” or “Poor-middle” incomes, there was no measurable difference in infant mortality between 1989 and 2011.
  - b) Despite improvements in the rates of infant mortality and small-for-gestational-birth babies, both of these factors continue to be highest among the low-income quintile.
  - c) Rates of infant mortality remained the same for “Middle” incomes from 1989-2011.
  - d) Pre-term births were less of a concern in 2011 across all income levels than they were in 1989.
7. Differences in rates of mortality due to accidental injuries are:
- a) A result of differing definitions of what income level is understood as qualifying as poverty.
  - b) Particularly noticeable between the most and least deprived neighbourhoods in Quebec.
  - c) A part of the cultural and social differences between Quebec and the rest of Canada.
  - d) Inconclusive of any correlation between income and health.
8. In Quebec, income and material deprivation are:
- a) Weakly associated with health outcomes, particularly suicide.
  - b) Weakly associated with health outcomes in Quebec, but strongly associated with them in the rest of Canada.
  - c) Strongly associated with health outcomes in infants, children, and youths, but not with adults.
  - d) Strongly associated with a large spectrum of health outcomes.

**Short Answers (Questions 9-10):**

9. What are the three stated theories explaining how income inequality affects health?
10. What are the five key action areas of Quebec's Bill 112?

## Chapter 5: Precarious Work and the Labour Market

### *Diane-Gabrielle Tremblay*

#### Learning Objectives

- Students will be able to identify the economic and demographic transformations that are influencing the current Canadian employment market.
- Students will be able to critically define employment insecurity.
- Students will be able to demonstrate the problems of “boundaryless” careers.
- Students will be able to discuss the employment security issues that are particular to women.
- Students will be able to assess how economic and social forces, mediated by policy responses, influence employment security.
- Students will be able to compare and contrast American, Canadian, Quebecois, and Scandinavian approaches.

#### Key Terms

*Active labour force:* A possibly outdated concept that includes those in full-time, regular employment, but not those who are self-employed or in some other employment status (casual, temporary, reduced-time, part-time, etc.).

*Collective security:* The need to identify with or belong to a group, typically to exercise control over the behaviour of others to limit their control.

*“False” self-employment:* A self-employed person whose job is, in fact, dependent on one or more order-givers.

*Gender trap:* A cycle in which women are not able to invest themselves enough in the sphere of work and are often denied their individual rights or benefits due to their limited participation in the labour force, resulting in their required return to the home sphere.

*Non-standard work:* Work that is not full-time or permanent, such as part-time, occasional, or contract work.

*Security:* A sense of well-being or control, or mastery over one’s activities and development, as well as the enjoyment of certain self-esteem. It has frequently been seen as a system of defence against the development of a technical division of labour, often through measures that preserve some of the social divisions of labour process.

*Skill network:* The skill resources at the disposal of a business, not only the skills of its individual employees, but potentially those it hires on contract or temporary basis.

## Practice Quiz

### Multiple Choice (Questions 1-10):

1. The development of a “knowledge” economy has:
  - a) Resulted in high unemployment levels, particularly in the central regions and in the regions particularly reliant on natural resources.
  - b) Allowed young people entering the labour market to benefit from the employment security for which unions have fought over the past century.
  - c) Created careers that are more fragmented and that involve a greater number of jobs, projects, or businesses over the course of a single individual’s working life.
  - d) Presented new challenges but these have been adequately met by the existing theories of labour economics and social security measures.
  
2. Which of the following is most true of “boundaryless” careers?
  - a) While they might offer a level of flexibility for some, they also encourage greater employment instability, precariousness, and limit the opportunity of full-employment for others.
  - b) Their primary benefit is that they allow workers to move seamlessly between nations to conduct business.
  - c) They are the form of employment favoured in social democracies, such as Sweden.
  - d) In the past, they were guaranteed to most male industrial workers through the protections of their unions but are increasingly rare in an age of globalization.
  
3. The slow economic of growth in the 1970s influenced job security because:
  - a) Governments responded to the global economic crisis by protecting the rights of workers and ensuring that those who were unemployed received adequate support.
  - b) Many individuals left their well-paying permanent jobs to devote themselves entirely to disco dancing.
  - c) While men’s jobs remained largely secure, it was women’s jobs that suffered as a result of the economic downturn.
  - d) Despite the security of many male industrial workers, and despite regulations favouring stability, governments encouraged layoffs, allowed for long-term unemployment, and reduced the coverage of employment insurance benefits for the jobless.
  
4. Which of the following is NOT a suggested means to reduce workers’ insecurity:
  - a) Attacking its root causes.
  - b) Providing greater job security.
  - c) Providing great coverage of costs when unemployed.

- d) Removing constraints on the market to allow for a natural fluctuation of employment rates.
5. Men and women appear to perceive job insecurity to similar degrees because:
- a) While women have less full-time employment, they appear to have lower expectations of security and stability.
  - b) Men and women face the dangers of unstable or insecure employment to the same degree.
  - c) While men are currently less likely to find full-time employment, they appear to have lower expectations of security and stability.
  - d) Measures of insecurity are scientifically calculated.
6. A country which provided numerous programs to help individuals without work reintegrate into the workforce and work time-adjustment measures would, according to Esping-Andersen's typology, most likely be:
- a) A liberal state.
  - b) A conservative state.
  - c) A social-democratic country.
  - d) Influenced by the Anglo-Saxon philosophy of government.
7. The policies on insecurity in English-speaking Canada and the US are referred to as "palliative" and "passive" because:
- a) They provide long-term, meaningful support to all the members of society without forcing themselves upon individuals against their will.
  - b) There are few policies that provide active support for entry into regular employment such as education programs or affordable childcare. Instead, policies are put in place after the need has been established, for example, providing small supplemental bonuses to help with the unmediated cost of childcare.
  - c) They take strong measures to ensure job security by helping both men and women balance the requirements of work with those of family.
  - d) The author considers them to be superior to those of Scandinavian countries.
8. An example of a non-financial advantage to work would be:
- a) The material goods acquired while employed but that are not included in the financial wages, such as company-provided lunches.
  - b) Pride in one's work.
  - c) Pension benefits.
  - d) The minimum wage.

9. Why is greater support for men to take on a greater share of parenting and family responsibilities seen as an important means to ensure job security?
- a) Allowing men and women to share equally in home and work responsibilities provides greater security for women by allowing them to avoid the “gender trap” and thereby promising greater security for the family as whole.
  - b) Men have traditionally avoided participating in parental responsibilities.
  - c) In the modern world, women prioritize their jobs and neglect their family responsibilities, requiring men to do what women are increasingly unwilling to do.
  - d) More participation by fathers in childrearing would ensure the economic marginalization of women.
10. Which of the following is NOT suggested as a way to seek greater economic security?
- a) Considering the full range of types of work and social situations, particularly in terms of gender equality.
  - b) Defining economic security more clearly so that the various types of employment risks are taken into account.
  - c) Contesting the dominant economic models in favour of institutionalist theories.
  - d) Allowing companies to use flexibility to maximize production.

## **Chapter 6: Health Consequences of Labour Market Flexibility and Worker Insecurity**

*Emile Tompa, Michael Polanyi, and Janice Foley*

### **Learning Objectives**

- Students will be able to identify the health and productivity effects of increased labour market flexibility.
- Students will be able to evaluate the mixed character of the evidence in favour of work flexibility.
- Students will be able to demonstrate how greater flexibility can increase worker insecurity and threaten health and well-being.
- Students will be able to identify those most likely to feel the adverse affects of greater work flexibility and job insecurity.
- Students will be able to propose ways to balance economic competitiveness and employee health.
- Students will be able to prescribe policy changes, research and education, cultural and institutional changes to help redress current trends in job insecurity.

### **Key Terms**

*Flexible production:* Strategies aimed at responding quickly to market signals in order to increase productivity and decrease costs.

*Intensification of work:* Increased effort expended by employees. It is an important current trend in the labour market.

*Numerical flexibility:* Also known as “staffing flexibility,” it aims at increasing productivity and improving profitability through cost reduction. It includes reducing labour costs through downsizing, and shifting to short-term contracting and part-time work.

*Non-standard hours:* Work schedules that include rotating shifts, compressed work weeks, and irregular hours.

*Task flexibility:* Also known as “functional flexibility,” it aims at increasing productivity and improving profitability and service. It includes practices intended to elicit greater employee commitment and effort by enriching jobs and streamlining production processes.

## Practice Quiz

### Multiple Choice (Questions 1–10):

1. Flexible strategies have NOT been linked to which of the following:
  - a) Exacerbating the polarization of working conditions along racial lines.
  - b) Increasing levels of labour-market insecurity.
  - c) Intensifying work demands.
  - d) Promoting healthy and productive practices.
  
2. An example of “functional flexibility” is:
  - a) A group within a company that can serve numerous useful functions.
  - b) Reducing a predetermined percentage of employees to part-time work when there is a downturn in market demand.
  - c) Moving office headquarters to a low-traffic section of the city.
  - d) Placing workers into small teams to suggest ways to increase production, instead of having decisions made by management and passed down.
  
3. Costs associated with the use of non-standard and contingent workers include:
  - a) Making employees work less hours and at a lower intensity.
  - b) Reduced employee commitment and reduced quality of services.
  - c) Less security for those aged between 25 and 65, but there is conversely more security for the youngest and oldest in the labour market.
  - d) There are only benefits to the use of non-standard and contingent workers.
  
4. Which of the following is true about job insecurity?
  - a) Women are more likely to have insecure employment.
  - b) Men are more likely to have low-paid jobs.
  - c) Men and women are equally likely to have job insecurity.
  - d) It is of less concern in the present than it was in the past.
  
5. There are several possible pathways through which adverse labour-market experiences can affect health including:
  - a) Raising the minimum wage.
  - b) Increased risky health behaviour and a loss of social support.
  - c) A tendency to stop actively caring about health once a person gains health benefits.
  - d) A higher rate of online gambling in the workplace than at home.
  
6. “Leisure sickness” is:
  - a) An illness acquired while on vacation.

- b) Physical ailments, such as headaches and nausea, suffered by workers on weekends and days off.
  - c) A consequence of precarious work arrangements.
  - d) High levels of stress when participating in forced-leisure work activities, such as a holiday party.
7. Which of the following is NOT a possible reason why precariously employed workers experience poorer health?
- a) More difficult working conditions.
  - b) Higher levels of job insecurity.
  - c) Greater choice in work schedules.
  - d) Poorer quality social interactions.
8. Price and colleagues (2002) found that a significant portion of the relationship between employment status and subsequent depression was caused by:
- a) Employment insecurity.
  - b) Employee-friendly organizational practices.
  - c) Financial strain.
  - d) Flexible staffing.
9. To measure household insecurity, as a component of employment strain, one could measure:
- a) The same factors as the ISO-strain.
  - b) The effort in keeping jobs.
  - c) Scheduling uncertainty.
  - d) Individual and household earnings
10. Policies that support worker empowerment through organization, changes to education and training policy, and the regulation of workplace practices and benefits are examples of:
- a) Policies and legislations that would encourage employee-friendly organizational practice and favour both greater health and production.
  - b) Problems with the current trend towards greater flexibility and temporary work in the labour market.
  - c) Culture changes required to encourage the prioritization of both productivity and health by employers.
  - d) Evidence of the relationship between income insecurity and health.

## **Chapter 7: The Unhealthy Canadian Workplace**

*Andrew Jackson and Govind Rao*

### **Learning Objectives**

- Students will be able to define and discuss the characteristics of a good job, including security, adequate conditions, opportunities for self-expression and individual development, and the balance between work and life.
- Students will be able to interpret the recent deterioration of the characteristics of a good job.
- Students will be able to assess the importance of unionization in improving conditions and improving security and benefits.
- Students will be able to propose avenues through which governments can help equalize bargaining power between workers and employers.

### **Key Terms**

*Decency principle:* Set out by Commissioner Arthurs of the federal task force on employee standards (Government of Canada, 2006), states that “no worker should be subject to coercion, discrimination, indignity or unwarranted danger in the workplace, or be required to work so many hours that he or she is effectively denied a personal life.”

*Employment strain:* Stress arising from the precarious nature of many employment relationships in today’s job market.

*High job strain:* A combination of high psychological demands at work combined with a low degree of control over the work process.

*Personal Security Index (PSI):* A standard of measurement used by the Canadian Council on Social Development (CCSD) to track the proportion of people who think there is a good chance they could lose their job over the next two years.

*Precarious work:* Temporary or contract work.

*Role overload:* Having too much to do at work in a given amount of time.

### **Practice Quiz**

**Multiple Choice (Questions 1–9):**

1. Which of the following is NOT listed as a possible source of work stress?
  - a) Job insecurity.
  - b) Lifestyle.
  - c) Physical demands of work.
  - d) Work-life conflict.
  
2. A good job is:
  - a) Impossible to objectively define.
  - b) Defined by a salary of above \$50,000/year.
  - c) A combination of economic, social, and labour practices factors.
  - d) A “disutility.”
  
3. The unemployment rate understates the true extent of employment security because:
  - a) It has a very restricted definition of unemployment, requiring that an unemployed person not work at all and actively seek work.
  - b) It has a very restricted definition of employment, requiring that an employed person work a minimum of 40 hours a week, for a minimum of 10 consecutive weeks.
  - c) Governments employ many people who would otherwise be unemployed, so as to mask the true number.
  - d) It focuses mostly on male wage-earners above 18 years of age.
  
4. The most important employer-sponsored health benefit for the working-age population is:
  - a) Workplace safety.
  - b) A pension plan.
  - c) Childcare.
  - d) Prescription drug coverage.
  
5. Precarious employment presents health risks because of:
  - a) Decreased occupational diseases but increased workplace fatalities.
  - b) Increased occupational diseases but decreased workplace fatalities.
  - c) Decreased stress and anxiety but increased access to benefits.
  - d) Increased stress and anxiety but decreased access to benefits.
  
6. The nature of workplace injuries and conditions are changing because of:
  - a) The increased incidence of the repetitive-strain and soft-tissue injuries.
  - b) The growing blue-collar, industrial work.
  - c) The age of employees.
  - d) The benefits available to all employees.
  
7. High-strain jobs are most prevalent in:

- a) High-income high-status professional positions.
  - b) Lower-income sales and services positions.
  - c) Commission-based sales positions.
  - d) Healthcare-related positions.
8. In the EU, the average paid vacation leave provided for by collective agreements is:
- a) 10 days.
  - b) 15 days.
  - c) 20 days.
  - d) 25.7 days.
9. Overall, current trends in Canadian workplaces suggest:
- a) Cautious optimism about the growing concern for the physical and well-being of workers.
  - b) That the policies of the past seem adequate to face the changes in the job market.
  - c) Concern over the health impact of the growth of jobs that pose threats to physical health, job insecurity, and the growing number of high-strain positions.
  - d) Jobs today might require more time commitment but women have benefitted disproportionately from the greater physical safety and longer holidays.

**Short Answers (Question 10):**

10. What are the seven key dimensions of employment with relevance to well-being and health?

## Chapter 8: Understanding and Improving the Health of Work

*Peter Smith and Michael Polanyi*

### Learning Objectives

- Students will be able to identify the major work dimensions and their influence upon health.
- Students will be able to employ a framework for promoting healthy work.
- Students will be able to evaluate the dimensions of healthy and productive work.
- Students will be able to appreciate the role of workers as active workplace participants and contributors to society.
- Students will be able to define *flexicurity* and to assess its role in improving conditions and health by securing basic income.
- Students will be able to propose actions that democratize policy-making processes and provide citizens with opportunities for meaningful engagement with democratic deliberation.

### Key Terms

*Effort-reward imbalance*: This model (ERI) underlines the importance of rewards being in line with demands. When efforts are perceived to be higher than rewards, this leads to emotional distress.

*Flexicurity*: A framework for the organization of work that accepts the emergence of employment flexibility and short-term jobs but also provides generous social welfare, unemployment benefits, and active training support. This framework has been implemented most notably and effectively in Denmark.

*Job strain*: When people's autonomy over their work and their ability to use their skills are low while the psychological demands placed upon them are high.

*Organization justices*: The extent to which people believe their supervisor considers their viewpoints, shares information concerning decision making, and treats individuals fairly.

### Practice Quiz

#### Multiple Choice (Questions 1–10):

1. The proposed strategy for addressing key workplace determinants of health is:

- a) Analysis of Labour History › Gathering research evidence › Envisioning a desirable future › Revolutionary change.
  - b) Job-strain › Effort-reward imbalance › Organizational justice › Work-life conflict.
  - c) Availability › Adequacy of income › Appropriateness › Appreciation.
  - d) Gathering research evidence › Critical reflection › Envisioning a desirable future › Advocating for action.
2. Instead of using solely scientific and observational approaches to research, public understanding and action would be more likely to encouraged by:
- a) Flexicurity.
  - b) Researchers and non-researchers engaging in new forms of collective inquiry, dialogue, and knowledge transfer.
  - c) Agreement on the most important factors in the relationship between working conditions and health.
  - d) Government initiatives to release public information booklets about workplace safety.
3. Which of the following is NOT evidence that the content, organization, and arrangements of work are centrally linked to health outcomes?
- a) There are clear pathways, neuroendocrinological responses or changes in health behaviour patterns, in which the work environment might worsen health status.
  - b) The associations between dimensions of work and poor health have been found in the working populations of a variety of countries.
  - c) The current global economy has required countries such as Denmark to combine employer flexibility with strong social welfare programs.
  - d) Higher exposure to a psychosocial work environment at one point in time is associated with a larger current and future risk of poor health.
4. If an individual was having a difficult time managing her work requirements with support at home for her spouse, who was a full-time student in a degree program, and her commitment to coaching the local house-league soccer team, she would be displaying which work dimension?
- a) Work hours.
  - b) Work-life conflict.
  - c) Precarious work.
  - d) Status inconsistency.
5. An analysis of the relationship between workplace health and competitiveness that assumed employers need flexibility to respond freely to changing market demand:
- a) Would have no effect on employee health status.
  - b) Exemplifies “flexicurity.”

- c) Fails to acknowledge the legitimacy of this flexibility in the global economy.
  - d) Provides little incentive for companies to improve working conditions and allows them to ignore the social needs of productive employees.
6. A “good job” in Canada, most probably:
- a) Allows an individual to value his or her own life.
  - b) Can be identified by wage level alone.
  - c) Would not be in the primary resource-extraction sector.
  - d) Is too subjective to be of analytical value.
7. The democratic voice of employees within their companies could be improved through:
- a) Mandated employee-participation councils.
  - b) Greater awareness of the relationship between a parent’s working hours and his or her child’s self-esteem.
  - c) Flexicurity.
  - d) Researchers relying on the experiences of workers to drive and inform their investigations.
8. Articulating a vision for work and a set of policy options conducive to healthy work will fail if:
- a) They are solely based on evidence indicated the relationship between work and health.
  - b) They do not account for worker participation in the decision-making processes.
  - c) They do not grapple with the complex relationship between worker health and firm competitiveness.
  - d) They do not lead to action.
9. Why is it important to provide citizens with opportunities for meaningful engagement in “democratic deliberation”?
- a) They will be more likely to elect Liberal politicians, who are more inclined to support policies that address the social determinants of health.
  - b) Supporting democracies around the world is one of the top three strategies to addressing inequalities in health, according to Baum (2007)’s “nutcracker” effect.
  - c) They are statistically more likely to volunteer, especially in the health care sector and with vulnerable populations.
  - d) Pushing for meaningful citizen involvement in the development and implementation of social, economic, and political policies and practices that impact on their well-being may be our best chance at improving population health.
10. An example of the “nutcracker” effect (Baum 2007) would be:

- a) A group of workers created a committee to help improve their own working conditions by focusing the most difficult and pressing problem they faced, as a group, and working to “crack” it.
- b) A fascist or totalitarian regime is ousted by a democratic party, and significant improvements are made to the health care system.
- c) The provincial government agrees to act on its party’s election promise to increase funding for after-school arts programs after a coalition of parents and teachers organized a public awareness campaign in its support.
- d) A team of researchers, with the help and support of the community with which they work, finds that, though long and difficult, their study is meaningful and had helped implement measurable change, like the edible nut inside its hard, inedible shell.

## **PART THREE: FOUNDATIONS OF LIFE-LONG HEALTH: EDUCATION**

### **Chapter 9: Early Childhood Education and Care as a Social Determinant of Health**

*Martha Friendly*

#### **Learning Objectives**

- Students will be able to assess the importance of early childhood education and care (ECEC) to the health of Canadians in general and of children in particular.
- Students will be able to characterize quality ECEC and to describe its health effects upon children, their families, and society as a whole.
- Students will be able to critique the current state of ECEC in Canada and its inadequate ability to meet the needs of Canadian families.
- Students will be able to propose lessons to improve access to and the quality of regulated child care in Canada.

#### **Key Terms**

*Early childhood education and care (ECEC):* The inclusive and integrate services that play multiple roles for children and families. Previously, it was known as “daycare,” then “child care,” then “early learning and child care.” Its current name reflects the connection between care and education. In Canada, it encompasses child care centers and other care services like family child care in private homes.

*OECD:* Organisation for Economic Co-operation and Development. Beginning in 1996, they conducted a decade-long study of the ECEC in twenty participating nations, the Thematic Review of ECEC.

*System:* A connection between a care-provider, similar care-providers and the broader policy and governmental-level agencies. It is characterized by organized guiding principles and requires the support of strong public policy.

#### **Practice Quiz**

##### **Multiple Choice (Questions 1–10):**

1. Encouraging the experience of social and racial diversity is representative of which ECEC goal?

- a) Enhancing Children's Well-being, Healthy Development, and Lifelong Learning.
  - b) Supporting Parents in Education, Training, and Employment.
  - c) Strong Communities.
  - d) Providing Equity.
2. Providing children with a disability the opportunity to participate in activities with typical children is representative of which ECEC goal?
- a) Enhancing Children's Well-being, Healthy Development, and Lifelong Learning.
  - b) Supporting Parents in Education, Training, and Employment.
  - c) Strong Communities.
  - d) Providing Equity.
3. According to this chapter, which of the following is true?
- a) The primary concern in assessing child care is its availability, not its quality.
  - b) Quality is the determining factor in how developmentally effective an ECEC program is.
  - c) The only parental benefit of ECEC program is being able to participate fully in the labour market.
  - d) ECEC's value is only found in children under the age of six. After that age, its effects are short-term and unproven.
4. Which of the following is NOT a characteristic of high-quality ECEC programs?
- a) Challenging, non-didactic, play-based creative, enjoyable activities.
  - b) Consistent adult and peer groups in well-designed physical environments.
  - c) Staff who are well educated for their work and have decent working conditions and wages.
  - d) A focus on meeting the basic health and safety requirements to support a child's development, learning, and well-being.
5. Canadian federalism, in which social programs are primarily provincial or territorial concerns, has:
- a) Made it more difficult to develop a national approach to ECEC.
  - b) Helped create diverse programs across the country that are tailored to that areas particular needs and concerns, ensuring that all Canadian children have access to the ECEC programs they need and deserve.
  - c) Hurt the poorer provinces, by making it difficult for them to implement appropriate programs, but has benefitted provinces, like Ontario, which provide equal access to fully funded ECEC programs.
  - d) Had a negative effect on in-home child care programs but has not had effect on organizing a national ECEC strategy.

6. The OECD's Thematic Review of Early Childhood Education and Care's nation report on Canada found that:
  - a) Canada has effectively dealt with and helped to minimize child poverty.
  - b) Canada spends more, as a proportion of its GDP, on child and family programs than all but three other participating countries.
  - c) In Canada, costs to parents for ELCC programs are high, with only three other countries that were higher.
  - d) Compared with the other 14 countries for which data were available, Canada was a high spender on ELCC programs.
  
7. The poor accessibility and inadequate quality of ECEC in Canada is linked to:
  - a) Its comparative poverty compared with other participating OECD countries.
  - b) High housing markets in big cities and poor housing markets in rural areas.
  - c) The strong and equal partnership between ECEC and the education system.
  - d) The absence of a systematic approach to ECEC.
  
8. Which of the following is NOT a characteristic of accessible ECEC:
  - a) Availability.
  - b) Affordability.
  - c) Appropriateness.
  - d) Agreeableness.
  
9. The proportion of children for whom there was a space in regulated childcare in 2012 was:
  - a) 7.5 percent
  - b) 14 percent
  - c) 20.5 percent
  - d) 50 percent
  
10. The *first* recommendation for Canada from the OECD's study of Canadian ECEC provisions was:
  - a) For greater integration of kindergarten and child care.
  - b) To revise the inefficient subsidy system with widely varying and complex eligibility criteria, accessed by only 22 percent of lone parents and around 5 percent of married mothers from low-income families.
  - c) For governments, policy makers, researchers, and other stakeholders sit down together to conceptualize a coherent, long-term vision for each province and the country as a whole.
  - d) To substantially increase public funding of services for young children.

**Short Answers (Question 11):**

11. Briefly, what were the eight policy lessons for promoting equitable access to quality ECEC taken from the OECD's 2006 study?

## Chapter 10: Early Child Development and Health

*Dennis Raphael*

### Learning Objectives

- Students will be able to demonstrate that early child development (ECD) is an important social determinant of both children's health and their later health as adults.
- Students will be able to provide an overview of the current state of ECD in Canada.
- Students will be able to critically compare the situation of ECD in Canada with other developed nations.
- Students will be able to identify the patterns of long-term-exposure-to-expression relationships in the life course.
- Students will be able to discuss the state of social determinants contributing to ECD.
- Students will be able to offer a variety of actions to improve the current ECD situation in Canada.

### Key Terms

*Cultural/behavioural approach:* Parental beliefs, norms, and values expose children to qualitatively inferior behaviours such as use of tobacco and alcohol, poor diet, and lack of physical activities.

*Cumulative:* Cumulative effects identify how children living in advantaged or adverse living circumstances over time come to express such different health and developmental outcomes.

*Latency:* Latency effects are about how specific exposures during pregnancy and early childhood manifest in both childhood and adult health status.

*Lifecourse approach:* Events and processes starting before birth and occurring during childhood influence both physical health and the ability to maintain health during childhood, adolescence, and adulthood. Health and social circumstances influence each other over time.

*Materialist approach:* Parental income and employment situations determine children's access to adequate diet, housing quality, and educational and recreational opportunities. Income and place of residence shapes the quality of schools, neighbourhoods, and polluted environments.

*Pathways:* Pathways effects draw attention to how children's life course trajectories are shaped by prior circumstances and whether various societal institutions (e.g., child care, communities, schools, etc.) either maintain or shift these trajectories.

*Political economy approach:* Political processes and distribution of power affect distribution of economic resources, provision of citizen supports and services, and quality of physical environments and social relationships. Children of different incomes come to experience profoundly different exposures to health-influencing circumstances.

*Psychosocial approach:* Children's perceived status, psychosocial stress, sense of control, family environment, and social support influence health through their impact on bodily systems and functions.

## **Practice Quiz**

### **Multiple Choice (Questions 1-10):**

1. Long-term-exposure-to-expression relationships (Hertzman & Power, 2003) measure:
  - a) associations of childhood circumstances with health outcomes
  - b) the length of time it takes from exposure to a virus to an expression of the virus
  - c) the long-term exposure of children to tobacco products and their rates of smoking in adult life
  - d) the effects of water pollution on the municipal drinking supply and its effect on children's health
  
2. Which of the following statements is TRUE?
  - a) In OECD reports, Canada was ranked last among 25 wealthy developed nations in meeting various childhood development objectives, and was one of the lowest spenders on early childhood education.
  - b) In OECD reports, Canada was the second-highest spender on early childhood education and third among 25 wealthy developed nations in meeting various childhood development objectives.
  - c) In OECD reports, Canada is measured as two separate countries—"Canada South" and "Canada North"—due to the wide discrepancy between ECD in each region.
  - d) The OECD has continually neglected to include Canada in its reports in protest of Canada's treatment of Indigenous peoples.
  
3. The report *Children Vulnerable in Areas of Early Development: A Determinant of Child Health Measuring Child Vulnerabilities* (Canadian Institute for Health Information, 2014) provides scores for kindergarten children obtained through the Early Development Instrument (EDI), which monitors a child's performance in five general areas of development. Which of the following is NOT an area of development?
  - a) Social competence.
  - b) Language and cognitive development.
  - c) Physical health and well-being.
  - d) Quality of housing.

4. In chapter 10, Dennis Raphael highlights important social determinants contributing to ECD. What does Raphael say is the most important of these?

- a) Programs Directly Influencing ECD.
- b) Social location.
- c) Income and employment.
- d) Food Security and housing.

5. The effects of asbestos on elevating the risk of various cancers decades after exposure has ceased is one vivid example of what relationship?

- a) Latency effects.
- b) Cumulative effects.
- c) Pathways effects.
- d) Psychosocial effects.

6. A pregnant woman suffers from malnutrition during her pregnancy and the child is born with a low birth weight. The same child is diagnosed with type 2 diabetes as an adult. This is an example of what relationship?

- a) Latency effects.
- b) Cumulative effects.
- c) Pathways effects.
- d) Psychosocial effects.

7. A child is exposed to second-hand smoke in her home throughout childhood. As an adult, she is diagnosed with lung cancer. This is an example of what relationship?

- a) Latency effects.
- b) Cumulative effects.
- c) Pathways effects.
- d) Psychosocial effects.

8. For parents unable to work, levels of social assistance are key factors in determining income levels. Which of the following statements are TRUE regarding Canada?

- a) The supports offered by Canadian governments are well above those provided by most other wealthy developed nations.
- b) The supports offered by Canadian governments are well below those provided by most other wealthy developed nations.
- c) Levels of social assistance in Canada have increased when it comes to seniors, but they have decreased for people with small children.
- d) All social assistance in Canada is given in the form of tax-breaks.

9. Analysis focusing on how public policy within a nation is very much a function of the general organization of governmental decision making is known as a:

- a) Political party analysis.

- b) “Nutcracker” analysis.
- c) Substance analysis.
- d) Worlds of welfare analysis.

10. The statement “health and social circumstances influence each other over time” is an indicative of which of the following explanations?

- a) Lifecourse.
- b) Psychosocial.
- c) Political economy.
- d) Cultural/behavioural.

## **Chapter 11: The State and Quality of Canadian Public Elementary and Secondary Education**

*Charles Ungerleider and Tracey Burns*

### **Learning Objectives**

- Students will be able to assess the importance of education to Canadian society.
- Students will be able to distinguish specific factors that determine educational success.
- Students will be able to demonstrate how changing Canadian values influence perceptions of the Canadian educational system.
- Students will be able to identify issues facing Aboriginal students and their school performance.
- Students will be able to defend Canadian public education in order to help implement strategies to strengthen wavering support for public education.

### **Key Terms**

*Band-centred education:* Elementary and secondary school programs for First Nations peoples, operated by the local band. This is a growing and important role for bands. It allows for educational programs to be based on self-determined priorities and identities. In 2000-2001, 61 percent First Nations children were enrolled in band schools.

*Canadian Index of Wellbeing (CIW):* The CIW provides a picture of the quality of Canadian life by aggregating data, primarily from Statistics Canada, and following 64 separate indicators in eight domains central to the lives that Canadians live: Community vitality, democratic engagement, education, environment, healthy populations, leisure and culture, living standards, and time use.

*First-generation immigrant:* An individual who was not born in her or his current country of residence; the parent of second-generation immigrants.

*PISA:* Program of International Student Assessment, a program of the OECD, is an international survey that aims to evaluate education systems worldwide by testing the skills and knowledge of 15-year-old students.

*Second-generation immigrant:* An individual whose parents were not born in the country in which the individual was born; the child of first-generation immigrants.

### **Practice Quiz**

#### **Multiple Choice (Questions 1-8):**

1. When considering Figure 11.2, which of the following statements is TRUE regarding poverty over the past 25 years?
  - a) Younger generations have replaced the elderly as the group experiencing the greater risk of poverty.
  - b) Elderly people have replaced the younger generations as the group experiencing the greater risk of poverty.
  - c) The relative poverty rate of the entire population has remained stable.
  - d) Single-parent families are at more risk than Indigenous families to live in poverty.
  
2. Socio-economic status and levels of educational achievement are:
  - a) Theoretically related, but the relationship is not supported by verifiable research.
  - b) Directly related.
  - c) Not related to a mathematically significant degree.
  - d) Are related, but only for non-Aboriginal children.
  
3. In addition to their education, the learning experiences of children in low-income families are affected by:
  - a) Their religious beliefs.
  - b) Their birth order.
  - c) Their socialization.
  - d) Their participation in certain organized sports.
  
4. The Canadian Community Health Survey (CCHS) is a cross-sectional survey administered by Statistics Canada that collects:
  - a) Housing statistics from Vancouver, Calgary, and Toronto every two years.
  - b) Information about Canadian cities and their sister communities worldwide, in order to develop a comparative analysis of Canada's population health.
  - c) Qualitative information regarding community-based clinics vs. private clinics for grant funding purposes.
  - d) Health-related information on a representative sample of about 60,000 Canadians each year.
  
5. What is the aggression trap?
  - a) Children who exhibit aggressive traits when they are young are 50% more likely to be incarcerated as adults.
  - b) The more risk factors children and youth face, the more likely they are to say they are engaged in aggressive and delinquent behaviours.
  - c) Biological studies have shown that an "aggressive gene" may be passed genetically from father to son, illustrating that some children need to escape a biological "trap" in order to have a healthy life as an adult.

- d) Children who grew up with incarcerated parents are more likely to be violent adults, unless they escape the “trap” through remedial schooling.
6. Which of the following is NOT a repercussion for the failure to learn alternatives to physical aggression early in life, according to Richard Tremblay?
- a) More likely to engage in violent behaviour.
  - b) More likely to be hyperactive or inattentive.
  - c) Often rejected or isolated by their classmates.
  - d) More likely to escape the cycle of poverty.
7. There is a cultural “mismatch” between Aboriginal students’ worldview and that of the non-Aboriginal curriculum taught in elementary and secondary schools because:
- a) Learning environments in non-Aboriginal-centred schools focus on values and priorities, such as competition, which are at odds with the social and cultural values of many Aboriginal communities.
  - b) Aboriginal students do not seem able to learn science sufficiently well.
  - c) Non-Aboriginal students are unable to cooperate.
  - d) Any student, who is unengaged with their education, will be “out of sorts.”
8. It is suggested that one way to reduce the drop-out rate and to increase the likelihood of a dropout returning to complete their education is:
- a) A greater focus on the growing rates of male drop-outs.
  - b) To examine the high number of rural drop-outs, as compared to the much smaller number of urban drop-outs.
  - c) More resources for at-risk adolescents and teen parents.
  - d) Authorize stipends for single mothers who choose to stay in school.

**Short Answer (Questions 9–10)**

9. What are the conclusions drawn from Box 11.3: The Canadian Index of Wellbeing (CIW) (p. 255)?
10. Joni Mitchell’s lyric, “[y]ou don’t know what you’ve got ’til it’s gone,” was used to demonstrate which point?

## **Chapter 12: Literacy and Health Literacy: New Understandings about Their Impact on Health**

*Barbara Ronson McNichol and Irving Rootman*

### **Learning Objectives**

- Students will be able to demonstrate the pivotal importance of literacy for health across the lifespan.
- Students will be able to identify the direct and indirect effects of literacy upon health and the mechanisms by which these effects occur.
- Students will be able to establish which factors support or hinder literacy and the interaction among these and other social determinants of health.
- Students will be able to formulate strategies for improving literacy.
- Students will be able to critically assess the purposes and effects of literacy testing, which is becoming increasingly common in Canada.

### **Key Terms**

*Document literacy:* The ability to use forms, graphs, charts, etc., effectively.

*Health literacy:* “The ability to access, understand, evaluate and communicate information as a way to promote, maintain, and improve health in a variety of settings across the life course” (Rootman & Gordon-El-Bihbety, 2008).

*IALSS:* International Adult Literacy and Life Skills Survey, a study conducted in 2003 of over 23,000 Canadians.

*Literacy:* According to the 1997 *International Adult Literacy Survey*, is “the ability to understand and employ printed information in daily activities—at home, at work and in the community—to achieve one’s goals and develop one’s knowledge and potential.”

*Prose literacy:* Reading and comprehending text in sentence and paragraph form.

*Quantitative literacy:* The ability to use numerical information effectively, also known as numeracy.

*Reading practices:* The incorporation of reading into daily life through books, newspapers, magazines, and letters, notes, or emails.

## Practice Quiz

### Multiple Choice (Questions 1-9):

1. On the IALSS, the percentage of Canadians of working age that fall below level 3 for health literacy was:
  - a) 55 percent
  - b) 42 percent
  - c) 12.1 percent
  - d) 3 percent
  
2. Current assessments of health literacy fail to account for:
  - a) The ability to read prose as part of the skills necessary for health literacy.
  - b) The relationship between literacy skills, including prose, document, and quantitative literacy.
  - c) The skills required to find and access material regarding health.
  - d) The underlying attitudes and values needed to use one's skills for health improvement.
  
3. An example of a consequence of poor health literacy might be:
  - a) An inability to remember the family doctor's office phone number in a time of emergency.
  - b) Misuse of prescribed medication due to difficulty reading the instructions regarding its use.
  - c) A failure to finish secondary education.
  - d) There are no measurable effects of health literacy on health.
  
4. "Literacy tests are not value neutral" (p. 269). In this context, "value neutral" means:
  - a) To have no value as a quantitative measure.
  - b) To demonstrate no cultural bias.
  - c) That political parties will not use the results for their own benefit.
  - d) That no grants or monetary donations have swayed the outcome of the research.
  
5. That the difference in literacy scores between Norwegians whose parents had completed 12 years of schooling with those whose parents had completed eight is smaller than the difference for the same groups in Canada is evidence that:
  - a) Norwegians have less of a need for health literacy in their everyday lives.
  - b) Norwegians are less likely to have completed 12 years of schooling.
  - c) Differences in average income make comparisons such as this statistically irrelevant.
  - d) Literacy can be addressed through policy and the quality of the education system.
  
6. The most significant factor related to health literacy in the IALSS was:

- a) Level of education.
  - b) Household income.
  - c) Workplace environment.
  - d) Reading practices in daily life.
7. Which of the following is NOT a characteristic that tends to be common to students who performed well on literacy tests, across all participating countries:
- a) Level of parents' education.
  - b) Enjoying reading.
  - c) High career aspirations.
  - d) Accompanying parents to cultural events.
8. Reaching a certain level of reading and writing skills may be less important, or no more important than:
- a) Reaching a certain level of numeracy.
  - b) Acquiring physical skills.
  - c) A sense of belonging and connectedness.
  - d) An understanding of how literacy tests are administered and why.
9. A "healthy school" would most likely do which of the following:
- a) Remove children with communicable diseases from contact with other students to prevent the spread of such diseases.
  - b) Focus most of its energy on following the ministry's standards and achieving high scores on literacy tests.
  - c) Institute programs to encourage greater physical activity during recess, open the swimming pool to the community for free on the weekend, and assess the health of the physical building.
  - d) Invest in new computers and other technology to increase the document literacy level of students.

**Short Answer (Questions 10–11)**

10. According to "Relative importance of education/literacy as a determinant of health" (Box 12.1.), which is a more important correlate of health: income or education? Why?
11. What are the five kinds of action that improve literacy, according to the National Literacy and Health Research Program (2002, p. 275)?

## **PART FOUR: FOUNDATIONS OF LIFELONG HEALTH: FOOD AND SHELTER**

### **Chapter 13: Food Insecurity**

*Lynn McIntyre and Laura Anderson*

#### **Learning Objectives**

- Students will be able to discuss the history of food insecurity in Canada and compare it with recent information on its incidence.
- Students will be able to judge who is most at risk and relate these factors to a lack of available income resources.
- Students will be able to illustrate how lack of money is the primary factor in food insecurity.
- Students will be able to appraise the nutritional implications of food insecurity.
- Students will be able to critique how assessments of food insecurity have been made and the repercussions for meaningful comparative data.
- Students will be able to propose a number of policy options to address food insecurity in Canada.

#### **Key Terms**

*Food insecurity:* The inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so due to income constraints.

*Malnutrition:* The failure to achieve nutrient requirements, which can impair physical and mental health.

*Social deprivation:* A deprivation of resources required for a dignified participation in society.

#### **Practice Quiz**

##### **Multiple Choice (Questions 1-8):**

1. In higher-income countries, like Canada, food insecurity is the result of:
  - a) Individual factors.
  - b) Social conditions and policies that limit the resources available to a household to purchase adequate, nutritious food.
  - c) Nutrient deficiency.

- d) Bad or unfortunate people who did not have enough money to buy nutritious food.
- 
- 2. Graham Riches (2002) speaks about a “right to food” as being a way to conceptualize:
    - a) Hunger as a matter of charity.
    - b) The argument that food insecurity would be best addressed through social justice action.
    - c) The current corporate-sponsored food-bank system.
    - d) The media’s social construction of hunger.
- 
- 3. An individual or a household’s food insecurity is a factor of:
    - a) Agricultural policies that support or disadvantage local domestic producers.
    - b) Processed-food marketing and distribution.
    - c) The agri-food industry.
    - d) All of the above.
- 
- 4. For very low-income and food-insecure families, the food budget is often the most “elastic” meaning:
    - a) It is the component that has the most flexibility; shelter costs and child care often take budgetary priority.
    - b) Any extra disposable income will be spent on food.
    - c) The decision of what food to buy changes often, usually from week to week.
    - d) Families buy in bulk to save money on food items.
- 
- 5. According to the *Canadian Community Health Survey* of Canadian households in 2012 (see Table 13.1), the percentage of people (“all”) living in food-insecure households in Canada was:
    - a) Insignificant. Canada adequately ensures the food security of its population.
    - b) 28.2 percent.
    - c) 12.6 percent.
    - d) 50 percent.
- 
- 6. The difficulties in assessing changes in food insecurity over the long term and in comparing studies of hunger and food insecurity are the result of the fact that:
    - a) The sources of food insecurity change over time and make comparative studies statistically meaningless.
    - b) Different surveys and studies have use different measures and terms to assess a variety of food-insecurity-related concepts and situations.
    - c) Food insecurity has not been studied long enough to provide meaningful data from which to ground positive scientific analysis.

- d) Canadians and Americans do not experience food insecurity in a comparable way.
7. According to Figure 13.1., “Proportion of children living in food-insecure households, 2012,” the province or territory with the highest levels of child food insecurity was:
- a) Nova Scotia.
  - b) Quebec.
  - c) Nunavut
  - d) Ontario
8. The individual in a household most likely suffer the greatest nutritional deficiencies in a family due to food insecurity is:
- a) The mother.
  - b) The father.
  - c) The youngest sibling.
  - d) The eldest daughter.

**Short Answers (Question 9)**

9. Summarize six policy recommendations listed in the chapter to address food insecurity.

## **Chapter 14: Health Implications of Food Insecurity**

*Valerie Tarasuk*

### **Learning Objectives**

- Students will be able to evaluate how food insecurity threatens healthy nutritional status, interferes with chronic disease management, and can lead to body-weight problems.
- Students will be able to distinguish the different ways in which food insecurity affects the health of children, youth, adults, and the elderly.
- Students will be able to demonstrate how food insecurity increases the likelihood of emotional and health problems among the elderly, leads to poor academic and psychosocial development of younger children, and leads to depressive disorders among adolescents.
- Students will be able to prescribe policy solutions, including providing people, especially those out of work, with enough income to cover the costs of meeting basic needs.

### **Key Terms**

*Canadian Community Health Survey (CCHS):* The CCHS is a cross-sectional survey administered by Statistics Canada that collects health-related information on a representative sample of about 60,000 Canadians each year.

*Healthy eating:* A diet that includes an emphasis on fruits and vegetables (particularly dark green and orange vegetables), whole-grain breads and cereals, low-fat milk products, fish, and foods low in sodium.

### **Practice Quiz**

#### **Multiple Choice (Questions 1–9):**

1. The questions regarding food-insecurity in the Household Food Security Survey Module (HFSSM):
  - a) Are too inconsistent to provide a reliable basis for statistical comparison.
  - b) Focus on concrete experiences of diminished diet quality and reductions in food intake due to financial constraints, differentiating the experiences of adults from those of children in the household.
  - c) Are related to the experience food-insecurity of children, but not their parents.
  - d) Examine patterns of behaviour over the course of a decade, resulting in intriguing suggestions for policy but not sufficient practical solutions.

2. Which of the following statements is true regarding Table 14.1., “Responses to items in the Household Food Security Survey Module, Canada, 2012”:
  - a) Households without children and households with children report very similar levels of food insecurity.
  - b) Households without children do not report experiences of food insecurity.
  - c) It is more common for households to report experiences of anxiety and compromises in diet quality than to report food deprivation.
  - d) In households with children, food insecurity is more common among children than adults.
  
3. The sequence of events that characterize food insecurity in domiciled families might be:
  - a) Unclear and likely to be different for each family.
  - b) Compromises in food intake or in quality or variety of foods; food-related anxiety; absolute food deprivation.
  - c) Absolute food deprivation; compromises in food intake or in quality or variety of foods; food-related anxiety.
  - d) Food-related anxiety; compromises in food intake or in quality or variety of foods; absolute food deprivation.
  
4. The strongest predictor of household food insecurity in Canada is:
  - a) Lack of food preparation skills.
  - b) Lack of motivation to prepare foods from scratch.
  - c) Poor budgeting skills.
  - d) Income adequacy.
  
5. Compared with food-secure households, the food-insecure consumed noticeably less:
  - a) Fruits and vegetables, and milk products.
  - b) Meats.
  - c) Grains.
  - d) Bread and pasta.
  
6. Based on existing studies, the belief that food insecurity leads to obesity or being overweight is:
  - a) Proven by numerous Canadian and American studies.
  - b) Unclear, as there is no evidence that food insecurity actually causes obesity.
  - c) Only proven true for the adult male population.
  - d) Sufficiently plausible based on common sense so as not to require further research.
  
7. Which of the following is true of household food insecurity:
  - a) The nutritional health of children is most affected.
  - b) The nutritional health of adolescents and adults is most affected.

- c) The nutritional health of the male family members is most affected.
  - d) The nutritional health of all family members is equally affected.
8. Which of the following statements is true regarding the relationship between food insecurity and health?
- a) Food insecurity in Canada is linked to a myriad of physical and mental health problems, with wide-ranging implications for the health care system related to excess morbidity and premature death.
  - b) There are no Canadian studies that show a correlation between food insecurity and health.
  - c) Food insecurity comprises health, and health problems increase the likelihood of food insecurity.
  - d) Answers A and C
9. Which of the following is NOT a pathway through which chronic food insecurity affects health?
- a) Lack of knowledge about the relative nutritional value of food.
  - b) Depression in adolescents.
  - c) Depression in women.
  - d) Stress.

## **Chapter 15: Housing**

***Toba Bryant and Michael Shapcott***

### **Learning Objectives**

- Students will be able to define the scope of the housing crisis in Canada today and to illustrate its severity through the increasing number of housing-insecure and homeless Canadians.
- Students will be able to describe and characterize the changes in housing policies by federal and provincial governments since the 1990s.
- Students will be able to explore and critique the barriers to adequate housing faced by Aboriginal peoples and Canadian women.
- Students will be able to formulate strategies to help Canada recover its former position as a leader in providing adequate housing to its citizens, instead of the critical and negative international attention its policies have recently drawn.
- Students will be able to envision solutions to the housing crisis based on the latest developments in housing policy and housing advocacy.

### **Key Terms**

*Affordable Housing Framework Agreement:* A 2001 agreement between the federal, provincial, and territorial governments that was supposed to deliver federal funds, which would be matched by provincial dollars, for new affordable homes. By 2006, the federal government only transferred about a quarter of the promised sum and the provinces cut spending, instead of the promised increase. The worst offender was Ontario, which cut spending by \$732 million.

*Canada Mortgage and Housing Corporation (CMHC):* The national housing agency that was “commercialized” by the federal government in 1998. Instead of encouraging the development of a range of housing, the CMHC now generates profit on its mortgage-insurance program, which often makes the premium too high for developers to build affordable units.

*Non-conventional rental market:* Also known as the secondary rental market, it is housing that is rented from owners in an alternative arrangement, either in condominiums, illegal or substandard housing, or other rental spaces. As this market is largely unregulated, it poses serious concerns for the security of tenure for low-income tenants.

## Practice Quiz

### Multiple Choice (Questions 1-9):

1. The housing “haves” and “have-nots” refers to:
  - a) Conditions of ownership that are prevalent in the developing world, but not in prosperous country, like Canada.
  - b) The increasingly deep divisions between those who can afford to purchase homes and those who cannot.
  - c) The difference between those willing to make the financial sacrifices to save enough to purchase a home and those who are not.
  - d) A personal choice between owning or renting.
  
2. The “hidden homeless” are:
  - a) Individuals who live on the street, without housing, but in spaces that are hard for surveyors and other researchers to find.
  - b) People who lie about their lack of housing to avoid the social stigma.
  - c) Persons who are homeless for a transient, limited period, not on a permanent basis.
  - d) Individuals or families who live in overcrowded housing, so while they have shelter, it is completely inadequate in order to maintain a basic level of dignity.
  
3. The proportion of Canadians who are renters is:
  - a) 1/10
  - b) 1/5
  - c) 1/3
  - d) 1/2
  
4. The Federation of Canadian Municipalities (FCM) outlines three recommendations to address the housing crisis in Canada. Which of the following is NOT one of the recommendations?
  - a) Prohibit rental agreements wherein the renter must spend over 50 percent of their income on rent.
  - b) Stimulate market and affordable rental construction.
  - c) Preserve and renew federal investments in social housing to rebalance the fiscal burden between the federal government and provincial/territorial governments.
  - d) Develop a supporting framework for homeless strategies.
  
5. Core housing need refers to three criteria:
  - a) Appearance, cost, and location.
  - b) Renter, owner, and landlord.
  - c) Affordability, suitability, and adequacy.

- d) Social Assistance, social support, and social engagement.
6. According to the Assembly of First Nations, on-reserve housing is:
- a) The single most critical issue they face.
  - b) Well-suited to the needs of First Nations peoples.
  - c) Not ideal, but what it lacks has been compensated for by the urban housing supply.
  - d) Not sufficient in number, but the quality is commendable.
7. Which of the following statements is TRUE regarding Indigenous households?
- a) On reserves, Indigenous housing is insufficient, but there have been major strides in affordable and adequate housing in cities and towns.
  - b) The single most critically issue Indigenous households face is adequate healthcare.
  - c) The Liberal government has invested enough money and resources to fix the housing crisis on reserves by 2018.
  - d) Indigenous households are three times more likely to be living in poverty than non-Indigenous households.
8. The One Percent Solution argues that:
- a) Provincial and federal governments should work together to ensure that no more than one percent of the population faces a severe housing shortage.
  - b) Regardless of housing policies within Canada, the federal government should endeavor to work so that no less than one percent of the world's population is in dire need of housing, as agreed by the 1996 Habitat Agenda.
  - c) One percent of the provincial budget, allocated to supporting private business building additional rental units for middle-income households, would alleviate the current provincial need for more affordable units.
  - d) If all levels of governments increased their current average housing budgets of one percent, by an additional one percent, they would be able to fund a comprehensive national housing strategy.
9. The One Percent Solution is advocated as a “manufactured” response to a “manufactured” crisis because:
- a) The housing crisis faced Canadians across the country in the first decade of the twenty-first century was created by specific policy decisions at various government levels that purposely removed funding for new and healthy affordable housing.
  - b) They are proposing an industrial response to a social problem.
  - c) The privatization or monetization of housing agencies, such as the CMHC, will provide a viable and profitable solution to the housing crisis in Canada.
  - d) The “crisis” in housing has been created by individuals who fail to invest in housing and choose to delay buying in favor of renting for an extended period of time.

## **Chapter 16: Housing and Health: More than Bricks and Mortar**

***Toba Bryant***

### **Learning Objectives**

- Students will be able to assess the health effects of homelessness and housing insecurity.
- Students will be able to offer critiques of traditional epidemiological approaches to studying housing and suggest new ways of conceptualizing the relationship between health and housing.
- Students will be able to identify the threats to health caused by federal and provincial housing policies that increase homelessness and housing insecurity.
- Students will be able to define the stresses associated with increasing housing insecurity and to illustrate how they threaten health.
- Students will be able to distinguish other social determinants of health affected by housing.
- Students will be able to explain and apply Bryant's model for policy change to provoke action on housing and other social determinants of health.

### **Key Terms**

*Adequacy difficulty:* Tenants' homes lack full bathroom facilities, or require significant repairs.

*Affordability (housing) difficulty:* Tenants pay more than 30 percent of their gross income on their housing.

*Biological stress-reaction system:* The human body's reaction to emergencies, which triggers a range of stress hormones that affect the cardiovascular and immune systems.

*Core need:* A term used to help track the number of households experiencing difficulty. Core-housing needs to exist if affordability, suitability, or adequacy is an issue.

*Dose-response relationship:* The worse the conditions, the greater the health effects.

*Epidemiology:* The study of the distribution and determinants of diseases and injuries in human populations.

*Suitability (housing) difficulty:* Tenants live in overcrowded conditions, whereby household size exceeds recommended actual space.

*Toronto Disaster Relief Committee (TDRC):* The committee that helped develop the One Percent Solution to end the housing crisis.

## Practice Quiz

### Multiple Choice (Questions 1–8):

- Which of the following is NOT a contributing factor to Canada's housing crisis?
  - The lack of affordable rental accommodation.
  - The domination of its housing system by private companies that are market oriented.
  - The growth of low-paying jobs or precarious employment.
  - The large size of its social housing sector.
- An example of a core-housing need based on the failure of the suitability of the house would be:
  - Mary and her three children share a one-bedroom apartment with another family.
  - Alex lives in an apartment in which the toilet rarely works and the water is only turned on for a few hours in the evening.
  - John and his family spend \$1,200 a month of their joint-income of \$2,400 on their apartment.
  - Chris uses the services of a shelter every couple of months to escape a violent spouse.
- Of the three main issues affecting core-housing need, the most commonly reported is:
  - Affordability.
  - Suitability.
  - Adequacy.
  - They are equally reported.
- According to the UK's Chief Medical Officer in 1944, the three evils of inadequate housing are:
  - Affordability, suitability, adequacy.
  - Diminished personal cleanliness and physique, high sickness rates, higher death rates.
  - Debility, fatigue, and unfitness.
  - Not problems that currently face the housing insecure in Canada, in the twenty-first century.
- When Bryant writes that sets of variables upon health as indicators of disadvantage "cluster together," she means that:
  - Those who find themselves housing insecure desire to spend their time with those who are facing similar disadvantages.
  - Individuals who are unable or unwilling to participate in the Canadian economy in a meaningful way will likely feel the disadvantages of their choices in numerous ways.

- c) Social and economic disadvantages, like food insecurity and housing insecurity, tend to occur in tandem with each other as part of the unequal way in which wealth is distributed.
  - d) Disadvantages, such as housing insecurity, are found only in particular neighbourhoods.
6. One problem faced by an epidemiological model of housing effects on health is that:
- a) It sees housing disadvantages as part of a broad system of social policy instead of the result of specific cause that influences health outcomes.
  - b) Epidemiologists look to identify specific causes for a particular outcome, but in this case, housing disadvantage is so closely linked with other forms of disadvantage that it can be almost impossible to clearly identify such a single specific cause.
  - c) While it adequately examines the role of pre-existing ill health, it cannot sufficiently eliminate other risk factors.
  - d) Epidemiologists fail to account for the effect of material aspects of housing, such as mould or drafts, on the health status and mortality rates of individuals.
7. People who suffer ill health as a result of poor housing most probably:
- a) Do not clean their homes properly.
  - b) Have low incomes.
  - c) Are unaware of the dangers posed by their living conditions.
  - d) Could choose to live elsewhere.
8. An example of the “spatial dimensions” of housing relevant to health, as defined by James Dunn, would be:
- a) Bob suffers from frequent headaches. He suspects that his apartment building has mould.
  - b) Pablo’s house desperately needs a new roof. To afford the repairs, he has had to drastically reduce his family’s food budget.
  - c) To obtain affordable public housing, Anita and her two children had to move to an apartment block far from public transit and the children’s schools.
  - d) Ravi and her family live in an illegal basement apartment in which the furniture is owned by the landlord, who forbids any additions or changes to the space.

**Short Answer (Question 9–11):**

- 9. What are the three aspects of the housing crisis that have implications for health?
- 10. What are the components of a healthy housing sector?
- 11. What are the four strategies suggested to influence government policy?

## **PART FIVE: SOCIAL EXCLUSION**

### **Chapter 17: Social Exclusion**

*Grace-Edward Galabuzi*

#### **Learning Objectives**

- Students will be able to appreciate social exclusion as both a process and an outcome.
- Students will be able to define and identify four aspects of social exclusion: legal processes; acquisition of social goods; social production; and economic activities.
- Students will be able to distinguish the political, economic, and social forces that are driving social exclusion in Canada.
- Students will be able to recognize and to envisage alternatives to the threat that social exclusion poses to individual, community, and population health.
- Students will be able to evaluate the origins of social exclusion.
- Students will be able to discuss the prevalence of social exclusion among new Canadians and racialized groups.

#### **Key Terms**

*Social exclusion:* The social processes that systematically lead to groups being denied the opportunity to participate in commonly accepted activities of societal membership. It is an integrative concept that provides insights into how and why these groups experience material deprivation and how political, economic, and social conditions contribute to these conditions.

*Racialization of poverty:* The disproportionate and persistent incidence of low income among racialized groups in Canada.

*Underclass culture:* The result of a combination of the multiple mutually-reinforcing dimensions of social exclusion, including inequality of access to employment, substandard housing, insecurity, stigmatization, institutional breakdown, social service deficits, spatial isolation, disconnection from civil society, discrimination, and higher health risks.

*Sweatshops:* Places of work characterized by intense economic exploitation, frequently combined with particularly precarious employment. They are a production form often found in the garment and clothing industry.

*Hypersegregated:* Neighbourhoods with a particularly heavy concentration of individuals from a particular racialized group.

*Perceived racial discrimination:* A minority group's subjective perception of unfair treatment based on racial prejudice. The focus on the perceived nature of discrimination is to accommodate the reality of the subtle and elusive nature of certain forms of racism in the Canadian context.

## Practice Quiz

### Multiple Choice (Questions 1–9):

1. The stress associated with dealing with social exclusion:
  - a) Is the product of perception but not of material reality.
  - b) Has, in some cases, a noticeably positive effect on health status.
  - c) Has no direct bearing on health.
  - d) Has pronounced psychological effects.
  
2. Which of the following is NOT a factor in the intensification of social exclusion the late twentieth and early twenty-first centuries?
  - a) Demographic changes due to increased global migrations.
  - b) Intensification of labour through longer hours, work fragmentation, and precarious work.
  - c) The deregulation and re-regulation of markets.
  - d) The growth of the welfare state.
  
3. While studies on social exclusion tend to focus on Canadians living on low incomes, multiple dimensions of this phenomenon should be further interrogated because:
  - a) There is a subgroup dimension to social exclusion, which helps understand how these experiences are different according to a variety of characteristics by which individuals are oppressed.
  - b) The current evidence is insufficient to definitively prove whether exclusion is a significant experience among Canadians.
  - c) While social exclusion was a particularly important issue in the past in Canada, or currently in developing countries, it is not meaningful to consider in an industrialized economy.
  - d) The inability of the available research to conclusively identify links between exclusion and health outcomes undermines advocates who attempt to combat social exclusion practices.
  
4. According to the 2011 National Health Survey, the percentage of the total population that was made up of immigrants was:
  - a) 20.4 percent and shrinking
  - b) 20.4 percent and growing

- c) 10 percent and shrinking
  - d) 10 percent and growing
5. The trend towards the growing racialization of poverty is the result of:
- a) The growing number of immigrants from the Global South.
  - b) A lack of skills and education on the part of racialized immigrant groups.
  - c) A recent development in racial inequality after decades of commitment by the Canadian government since World War II to the eradication of all forms of racism.
  - d) Historical forms of racial discrimination in the labour market combined with structural changes in the Canadian economy.
6. Evidence for the racialization of poverty might be found in:
- a) The growing low-income groups among a variety of immigrant communities despite a fall in the average poverty rates among the Canadian population as a whole.
  - b) The “immigrant factor,” whereby immigrants were often subject to a short and limited period of lower incomes before catching up with or overcoming the incomes of Canadian-born individuals.
  - c) The relative equality of income among all Canadians.
  - d) The United States, but is not a factor in Canada.
7. Table 17.4., “Employment earnings for racialized and non-racialized populations, 2000 and 2005” illustrates that:
- a) There is an income gap between racialized and non-racialized populations, but the gap closed significantly in all categories between 2000 and 2005.
  - b) Korean immigrants are found to have higher earning than non-racialized populations.
  - c) The income differences between racialized populations illustrates that some immigrant groups are biologically better suited to living in Canada.
  - d) Most racialized group members experience significant income inequality, in some cases over \$10,000.
8. Labour market-related social exclusion has direct implications for health status because:
- a) Its related experiences have a direct relationship with the levels of stress related to a job or workplace.
  - b) Income inequality is not a social determinant of health.
  - c) It is a condition only experienced by low-income individuals, who already have poor health.
  - d) While it has little bearing on the intellectual experiences of belonging, dignity, and self-esteem, it is important to the physical experience of labour.

9. According to Health Canada, if today's immigrants have higher rates of illness than native-born Canadian, it is because:
- a) They bring diseases with them to Canada.
  - b) They are less concerned with hygiene and preventative health measures.
  - c) They suffer from personal vulnerability and resettlement stress, at the same time as a lack of services.
  - d) Their English is insufficient to understand the precautions necessary for healthy outcomes in Canada.

**Short Answers (Question 10–11):**

10. According to Health Canada, what are some groups that experience social exclusion in Canada?
11. Which appears to be a more reliable predictor of how the foreign education of an immigrant from outside of Europe will be evaluated by employers in Canada: race or their location of origin? Based on what you have learned from previous chapters, why do you think this may be so?

## **Chapter 18: Social Inclusion/Exclusion and Health: Dancing the Dialectic**

**Ronald Labonté**

### **Learning Objectives**

- Students will analyze the concept of social exclusion.
- Students will be able to critique how the concept of social inclusion tends to deny the sources of exclusion and to examine how blame for exclusion is centered upon individuals.
- Students will be able to discuss how the social inclusion/exclusion concept advances our understanding of the social determinants of health.
- Students will be able to demonstrate the material and economic underpinnings of social exclusion and to evaluate who benefits from exclusion.
- Students will be able to appreciate the advantages of the concept of social inclusion while maintaining a critical eye on the political, economic, and social forces that continue to promote exclusion in Canadian society.

### **Key Terms**

*Conflict sociology:* A school of thought that holds that societies have always been a tenuous arrangement of fluid groupings in some degree of conflict with one another.

*Social inclusion:* As defined by Guildford (2001), is “to be accepted and to participate fully within our families, our communities, and our society.”

*Mobilization:* The tool for social transformation that shifts power relations in ways that allow societies to become more inclusive.

*Revenu minimum d’insertion (minimum insertion income):* A policy first employed by the French government in the late 1980s. It was a guaranteed minimum income, but only if people “inserted” themselves into economic or civil life through training and work programs with the private sector, government, and voluntary associations.

*Anomie:* Coined by French sociologist Emile Durkheim, it is a loss of personal meaning arising from deep tears in the social fabric that normally binds people together.

*Corporative organizations:* Proposed by Durkheim as a solution to *anomie*. These community betterment groups aimed to change how people thought of themselves, essentially transforming their social identities to conform to how the economy had changed.

*Social justice:* Defined by one of two broad norms: equality of opportunity or equality of outcome.

*Dialectic*: A form of reasoning or argument based on “a contradiction of ideas that serves as the determining factor in their interaction.”

## Practice Quiz

### Multiple Choice (Questions 1-9):

1. One advantage of using the term “social” over that of “community” is:
  - a) It can include references to empowerment and capacity.
  - b) It is a concept people are more familiar with.
  - c) It emphasizes the importance larger political systems and structures.
  - d) There is no advantage; both are jargon for the same phenomenon.
  
2. The social movements of the 1960s and 1970s preferred the use of “community” because:
  - a) It was an adjective.
  - b) It was done without concern for the minutiae of vocabulary.
  - c) It focused on the power structures of large political and economic forces.
  - d) It emphasized the importance of local, specific concerns, and empowerment processes.
  
3. The lesson, “small may be beautiful, but it may also be insignificant” (p. 420), taught activists that:
  - a) Insignificance was not a concern if what was created at the local level was worthwhile.
  - b) Too much focus on local issues detracted from holding political, economic, and social powers accountable for inequalities.
  - c) Beauty was an appropriate means through which to achieve social equality.
  - d) Insignificance could be interpreted as invisibility, positive in its freedom, but negative in its lack of weight and authority.
  
4. The “positive practices of power” (p. 422) are:
  - a) Optimistic outlooks on the distribution of influence.
  - b) The ways in which those in power help those who are not.
  - c) The power-confidence gradient illustrates that the more power people hold in their personal relationships, the more they report feelings of security and wellbeing
  - d) The ways in which individuals are convinced to actively maintain unequal distributions of power that are disadvantageous to them.
  
5. The difference between “exclusion” and “excluding structures” (p. 272) is:
  - a) The first relates to people, the second relates to architecture.
  - b) The first refers to experiences relating to sexism, the second to experiences of racism.
  - c) The first focuses on the experience of the individual; the second emphasizes the relations of power that categorize people into those included and those excluded.

- d) The first refers to individuals who belong to specific groups; the second are the lists of those excluded groups.
- 
- 6. The new global trade regime based on a so-called “level playing field” (p. 427) is an example of:
    - a) The proliferation of sports metaphors in social inclusion/exclusion research.
    - b) The inequalities inherent in discourses of equality of opportunity.
    - c) The failure of the World Trade Organization to provide sufficient voice for civil society protestors.
    - d) The dangers of offering poor and developing countries “special and differential” exemptions from trade agreements and tariff barriers.
- 
- 7. Creating inequalities in opportunities through targeted programs are:
    - a) The best way to ensure programs do not exacerbate the inequalities they seek to resolve.
    - b) The result of a level-playing field.
    - c) Unfair, as they are not universal.
    - d) Disadvantageous to the poor and disempowered.
- 
- 8. A global lens is important when considering social inclusion/exclusion because:
    - a) Given the lack of adequate labour protection in the globalized market, the social inclusion of one group may easily come at the expense of some geographically-distant other group.
    - b) The role of women in the post-industrial economy is changing and providing them with ever-greater access to empowerment.
    - c) It demonstrates the ways in which semi-skilled, blue-collar, primarily White, male workers in the industrialized West are benefiting from the globalization of trade.
    - d) Poor countries may look to grow their economies at the expense of nations with developed, established capitalist economies.
- 
- 9. The “dialectic” in the chapter title refers to:
    - a) The tension between improving the lives of many through social inclusion with the desire to challenge the system itself, instead of making it manageable.
    - b) The possibilities for self-discovery provided by the dance-based therapies in the conclusions section.
    - c) The way “hopefulness” is a blinding and negative force in social activism.
    - d) The desire to criticize social inclusion as a useless and possibly damaging concept.

**Short Answers (Question 10):**

10. What does the metaphor of the frog in a pot of water represent (p. 424)?

## Chapter 19: The Health of Indigenous Peoples

*Janet Smylie and Michelle Firestone*

### Learning Objectives

- Students will be able to locate Indigenous health issues in the context of an Indigenous-specific and decolonizing perspective.
- Students will be able to connect Indigenous peoples' history and living with various historical events and public policies.
- Students will be able to interpret the health of Indigenous peoples within a social determinants of health framework.
- Students will be able to explain how differences in living circumstances have resulted in health inequities between Indigenous peoples and other Canadians.
- Students will be able to propose means by which the living situations of Indigenous peoples can be improved, thereby reducing inequities in health.

### Key Terms

*Status Indians*: People who are registered under the federal Indian Act.

*Colonization*: The process by which one group forcibly acquires the land, persons, and resources of another. It includes dislocation from traditional lands and lifestyles, policies of cultural or linguistic suppression and forced assimilation, degradation of traditional lands by industrial processes, ongoing interpersonal and institutional racism.

*Indian Act of 1876*: The first piece of federal legislation concerning Indigenous peoples that continues, despite amendments, to be the framework for their political and economic status. The original act defined who was or was not "Indian," and focused on the goals of assimilation and appropriation.

*Scrip*: The form in which the Canadian government offered Métis land grants as individuals, after refusing to recognize collective use and ownership. It became the basis of exchange and was eventually offered as a fixed monetary value, instead of land.

*First Nations and Inuit Health Branch (FNIHB)*: A branch of Health Canada, which includes the Primary Care and Public Health Directorate. Its services are limited to First Nations and Inuit people registered with the Department of Indian and North Affairs Canada (INAC) and many of their programs are limited to those living on-reserve.

*Royal Commission on Aboriginal Peoples (RCAP)*: A five-year consultation process with Indigenous and non-Indigenous stakeholders from across Canada. Its final

recommendations, in 1996, included a fundamental change in the way the government approaches First Nations people, including recognition of their moral, historical, and legal rights to self-determination.

## Practice Quiz

### Multiple Choice (Questions 1-10):

1. The percentage of the Canadian population in 2011 who identified themselves as Aboriginal persons was:
  - a) 1.2 percent
  - b) 4.3 percent
  - c) 33 percent
  - d) 60 percent
  
2. According to the World Health Organization's Commission on Social Determinants of Health, the most critical social determinant affecting the lives of Indigenous people across the globe is:
  - a) The effects of colonization.
  - b) Low-income.
  - c) Poor housing.
  - d) Social exclusion.
  
3. The first Indian Act of 1876 enacted policies that sought to:
  - a) Redefine "Indian" to include women, regardless of their marital status.
  - b) Recognize the rights of Métis to their own lands and culture.
  - c) Take Indigenous lands and provide them to non-Indigenous settlers or businesses.
  - d) Allow Indigenous populations to retain their languages and cultural practices, which had indirect bearing on economic policy, but not their lands.
  
4. "Reserve lands" are:
  - a) The traditional homelands of First Nations communities.
  - b) The locations which seemed most promising to First Nations people, when given the opportunity to choose where they might wish to live.
  - c) The spaces most abundant in wildlife, from which First Nations communities might continue their traditional lifestyles.
  - d) The lands to which First Nations communities were forced to move, after they were dislocated by the Canadian government from their traditional territories
  
5. The "medicine chest clause" (p. 443) is:

- a) A treaty clause that ensured access to lands containing required organic medical materials.
  - b) A treaty clause that has been interpreted by many that the federal government's provision of health care services to First Nations peoples is a negotiated treaty right.
  - c) A treaty clause that helped the Cree in the 1880s, but as they no longer require "medicine chests," it is of no relevance to the current experience of the Cree.
  - d) Part of the personal monetary benefits of the Indian agent.
6. The settlement at Batoche sought to:
- a) Establish itself as a separate colony with a different relationship to the Government of Canada that would recognize Indigenous rights in general, and those of the Métis in particular.
  - b) Negotiate its land ownership with the Hudson Bay Company.
  - c) Establish Inuit self-governance.
  - d) Create a "reserve" that would demonstrate their willingness to participate in the newly established Canadian Confederation.
7. The statistical information on life expectancy, infant mortality, and disease-related mortality for Métis and First Nations people without status is:
- a) Similar to that of Status First Nations.
  - b) Worse than that of Status First Nations.
  - c) Hard to measure, as there is very little information available.
  - d) Better than that of Status First Nations.
8. The environmental exposure to contaminants in the food chains and living environments of Indigenous people in Canada has been linked to:
- a) The misuse of their own resources.
  - b) No specific factor. There are hypotheses about its relation to climate change, but these remain unproven by verifiable evidence.
  - c) Changes in the lifestyles and priorities of the First Nation communities on reserves.
  - d) Mainly non-Indigenous commercial exploitation of traditional lands.
9. Problems with the First Nations and Inuit Health Branch (FNIHB) include:
- a) Over-capacity problems resulting from the inclusion of all Indigenous people, regardless of status or settlement on reserve.
  - b) There are no Indigenous peoples on the board of directors or in upper management.
  - c) Its lack of interest in producing centralized policies.
  - d) Limited opportunities for substantive local input and exclusion of Metis and First Nations peoples without status.

10. When the Declaration of the Rights of Indigenous Peoples was finalized and adapted by the United Nations General Assembly in September 2007, Canada:
- a) Supported the adaptation of the declaration.
  - b) Abstained from the adaptation of the declaration.
  - c) Voted against the adaptation of the declaration.
  - d) Boycotted the signing of the declaration.

**Short Answers (Question 11):**

11. What were some of the recommendations of the Royal Commission on Aboriginal Peoples (RCAP) for the Government of Canada's approach to First Nations, Inuit, and Métis peoples?

## **PART SIX: PUBLIC POLICY**

### **Chapter 20: Follow the Money: How Business and Politics Define Our Health**

*David Langille*

#### **Learning Objectives**

- Students will be able to identify the political forces influencing the social determinants of health.
- Students will be able to demonstrate how Canadian public policy has been shaped by business needs.
- Students will be able to assess the role of macroeconomic policy in setting constraints on the role and scope of government, which affect the social determinants of health.
- Students will be able to critique the argument that Canadian social and other programs are not affordable.
- Students will be able to employ specific strategies to reclaim equality as a positive social value.

#### **Key Terms**

*Business Council of Canada (BCC):* Previously known as the Business Council on National Issues (BCNI) and the Canadian Council of Chief Executives, it was founded in 1976 by corporate leaders to exert more influence on the state. They seek to shape public policy to meet their interests in free trade and the development of the private sector.

*Interest groups:* a term used by liberal-pluralist political theorists to legitimize the influence wielded by groups in the political process, as opposed to citizens.

*Neo-liberal:* The re-emergence, particularly in the 1990s, of an interest in free-enterprise and a free-market macroeconomic policy. The governments of Jean Chrétien (Canada), Bill Clinton (US), and Tony Blair (UK) serve as examples.

*Neo-conservatives:* Celebrate the merits of free enterprise but also favour a strong state in order to defend religious values, national security, and domestic law and order. Examples include Ronald Reagan (US), Margaret Thatcher (UK), and George W. Bush (US).

#### **Practice Quiz**

**Multiple Choice (Questions 1–9):**

1. Given the growth of the Canadian economy, based on the GDP, the reason for the failure of governments to spend more on social programs is most likely:
  - a) Political.
  - b) Economic.
  - c) Social.
  - d) Cultural.
  
2. Public opinion in Canada has been shown to favour:
  - a) Tax-cuts.
  - b) Corporate spokespeople.
  - c) Free-trade.
  - d) Public spending.
  
3. Of interest groups, social movements, and non-governmental organizations, the most influential force on Canadian public policy has been:
  - a) The Fraser Institute.
  - b) Citizens' associations.
  - c) Lobbyists.
  - d) Business Council of Canada (BCC)
  
4. The primary objective of the Business Council of Canada (BCC) is:
  - a) The support of strong social programs.
  - b) Curbing the role and size of the state.
  - c) Increasing the incomes of the poorest Canadians.
  - d) Protecting the environment.
  
5. As Finance Minister in the Liberal Government during the 1990s, Paul Martin:
  - a) Focused on job creation.
  - b) Rejected neo-liberal priorities.
  - c) Created the economic revival of the late 1990s through his necessary fiscal cuts to health and education,
  - d) Allowed for inequality to grow by favouring policies such as free trade that supported corporate interests.
  
6. The power of the Business Council of Canada (BCC) rests primarily on:
  - a) The control of enormous economic assets.
  - b) Their representation of the concerns of millions of Canadians.
  - c) Their creation of "shadow cabinet."
  - d) Their research institutes.

7. A chequebook activist is:
- a) A member of the Business Council of Canada (BCC)
  - b) A person who refuses to participate in political campaigns.
  - c) A person who financially supports non-governmental organizations involved in research, education, and advocacy.
  - d) A community leader.
8. Free public transit would:
- a) Be a mistake, playing into the hands of groups like the Business Council of Canada (BCC).
  - b) Refocus our interests on a more local and communal level, lessening our dependence on transnational corporations. It would also help the environment.
  - c) Be possible in small communities, but large ones should be careful of providing free services to citizens who are unclear about the role of corporate interests in government functioning.
  - d) Help progressive political leaders get elected.
9. A better balance between equality and freedom means:
- a) Individual freedoms have been eroded by neo-liberal governments.
  - b) Neo-conservatives use their political power to emphasize the need for equality.
  - c) We need exactly the same amounts of freedom and equality to be healthy.
  - d) While freedoms are important, they are used by corporate interests to favour inequality. Concerned citizens should mobilize around equality as an important social goal.

**Short Answer (Question 10):**

10. What are three ways in which citizens can curb corporate power and restore democratic control?

## **Chapter 21: Oppressions and Access to Health Care: Deepening the Conversation**

***Elizabeth McGibbon***

### **Learning Objectives**

- Students will be able to articulate the relevance of a human rights perspective when considering the intersection of the social determinants of health, various personal identities, and geography of access to health care issues.
- Students will be able to demonstrate the clear inequities in access to health care in Canada.
- Students will be able to consider how social inequities interact with socially produced health inequities to create profoundly unequal outcomes among various Canadian population groups.
- Students will be able to critically assess the role of biomedical and lifestyle approaches in neglecting contextual issues.
- Students will be able to recommend specific steps to implement human rights stewardship in Canadian health care.

### **Key Terms**

*Civil society:* According to the World Health Organization, it is “a social sphere separate from the state and market, made up of non-state, non-for-profit, voluntary organizations, ranging from formal organizations registered with authorities, to informal social movements coming together around a common cause.”

*Human rights perspective on health care:* Healthy population outcomes are seen as a legal entitlement rather than a desire.

*Intersectionality:* A framework that recognizes the synergistic effects of various forms of oppression. It helps describe the interwoven influences of identities such as gender, sexual orientation, race, ethnicity, (dis)ability, and age on experiences of injustice.

*Medicalization:* The rendering of life experiences as processes of health disorders, which can be discussed exclusively in medical terms and to which only medical solutions can be applied.

*Primary health care (PHC):* Health care rooted in universal, community-based, preventive, and curative services with substantial community involvement, and the inclusion of nurses and health extension officers who would be educated to work in community health centres.

*Segregation:* The physical separation of the races in residential contexts.

## Practice Quiz

### Multiple Choice (Questions 1–8):

1. In Chapter 21, Elizabeth McGibbon focuses on the embedded nature of three key contexts of oppression. Which of the following contexts is NOT included by McGibbon?
  - a) Social location contexts.
  - b) Point-of-care contexts.
  - c) Systematic contexts.
  - d) Personal identity contexts.
2. Inequitable access to health care is:
  - a) Unconstitutional, under the Canadian Charter of Rights and Freedoms (1982).
  - b) Unfortunate, but hardly avoidable.
  - c) Illegal in Canadian law.
  - d) Less important than the quality of care provided.
3. One of the ways to understand systemic oppression and the way it produces and sustains inequalities in health care access is to call it:
  - a) A frog in the water.
  - b) Stop-access.
  - c) Structural violence/social murder.
  - d) Slavery.
4. The ways in which Debbie's position of a woman of colour, her location in a large suburban community, and her particular childhood experiences all simultaneously affect her access to health care is an example of:
  - a) Human rights.
  - b) The social determinants of health.
  - c) Intersectionality.
  - d) Race oppression.
5. In the context of Box 21.1 "Spatial determinants of rural peoples' health: A case example," the "rurality tax" for Marya is:
  - a) The additional costs her family incur on account of their living in a rural community.
  - b) The tax imposed on those in rural communities to account for the distance their health care providers must travel to meet their needs.
  - c) The additional costs paid by her family for braces and other orthodontics.
  - d) The income tax benefits accrued for living in a rural area.

6. Failure to address the social and economic sources of stress that cause depression and, instead, focusing on a pharmaceutical treatment of the symptoms is an example of:
  - a) The benefits of using DSM-IV-TR.
  - b) Medicalization.
  - c) The recent changes to the psychiatric assessment system.
  - d) The benefits of the influence of pharmaceutical companies on the Canadian health care system.
  
7. Which of the following statements is TRUE regarding rates of hospitalization?
  - a) The lower the socioeconomic status, the higher the rate of hospitalization.
  - b) The higher the socioeconomic status, the higher the rate of hospitalization.
  - c) Rates of hospitalization are relatively the same among people with low and high socioeconomic status, but people with low socioeconomic status face discrimination in hospital settings.
  - d) Rate of hospitalizations do not relate to socioeconomic status at all. An individual's rate of hospitalization is determined by their proximity to a hospital.
  
8. The goals of privatization are inconsistent with a civil society participatory approach to improving health care because:
  - a) There is no mandate for participatory design in market-driven healthcare and privatization only works for people with sufficient financial resources.
  - b) There is a focus on participatory design, which only works for people with sufficient financial resources.
  - c) It is incompatible with trends towards globalization.
  - d) They do not provide a framework for the government to turn a profit from the healthcare system.

**Short Answers (Question 9):**

9. Which section of the Canadian Charter of Rights and Freedoms safeguards equitable access to health care? Why is this important?

## Chapter 22: Public Policy, Equality, and Health in Canada

*Lars K. Hallstrom*

### Learning Objectives

- Students will be able to explain how political scientists approach public policy and policy analysis.
- Students will be able to compare and contrast the role of the state or government, and its ability to influence the lives of citizens in the 20th and 21st centuries.
- Students will be able to evaluate the often-contradictory approaches to health policy in Canada.
- Students will be able to propose possible avenues for policy-makers to address the social determinants of health, with a focus on shifting health policy from a curative to a preventive emphasis.

### Key Terms

*Classic federalism:* Different levels of government act unilaterally with minimal interaction or coordination.

*Collectivist perspective:* Communally-oriented goals, such as promoting economic growth, protecting the weak and disadvantaged, and redistributing wealth.

*Joint-decision federalism:* The formal agreement of both levels of government is required.

*Positive state:* The idea that the state can and should play a role in either the provision of public goods or the management of goods seen as necessary or beneficial to the lives of citizens.

*Public policy:* The process by which decisions about who gets what, where, when, and how is made and implemented. According to Thomas Dye (1972), it is “anything a government chooses to do or not to do.”

*Shared-cost federalism:* The federal government offers financial support to the provinces on specific terms.

### Practice Quiz

#### Multiple Choice (Questions 1-8):

1. Public policy is:
  - a) The decision of who gets what, where, when, and how.

- b) A rational analysis of every government action as equal.
  - c) A decision by a government, and a decision that was made deliberately, in order to pursue a specific course of action.
  - d) Decided through a public referendum and implemented by the government.
2. The most important component of any public policy is most probably:
- a) The identification or definition of a specific problem or issue area.
  - b) The identification of specific objectives and goals that are desired.
  - c) The instruments or means by which the goals will be achieved and the problem resolved or at least somewhat alleviated.
  - d) They are all equally important.
3. The identification of a problem to address is complicated by the fact that:
- a) The possible solutions may put groups at odds with each other, so that either way, someone will be unhappy.
  - b) Only new problems, which have never existed before, can be properly addressed by public policy.
  - c) Neo-liberalism is an important philosophical motivation in governments.
  - d) Governments employ free will to make decisions.
4. While there are differences in the models and perspective of policy analysis, most agree that:
- a) The state is viewed as a passive and apolitical entity.
  - b) The state plays a role as either an active or reactive actor.
  - c) The state should not be taken into account, as it is subject to changing political objectives.
  - d) The state's role should be limited to guaranteeing order and sovereignty.
5. What can best explain the fact that the richest quintile has seen the value of their government transfers surge by 62 percent from 1980-2011 (Figure 3.6)?
- a) The idea of universality: when everyone receives a benefit from a government program, it will likely receive support across the population, and thus be less vulnerable to cuts or cancellation of the program.
  - b) There is an increasing trend for children from high socio-economic groups to claim welfare while living at their parents' (high-income) homes.
  - c) Conservative governments were in power over the majority of this time period.
  - d) The tax breaks on real estate developments from 1985 onwards.
6. The Canada Health Act (1984) was developed to:
- a) Increase the provincial revenue from the health care system.

- b) Respond to the Supreme Court of Canada's decision in the Chaoulli case.
  - c) Reinforce the principles of the 1966 Act by preventing the provinces from allowing extra-billing by physicians.
  - d) Reject the premises and purposes of the 1966 Act.
7. The curative focus of the Canadian health system, with limited attention to public policies and interventions to address the social determinants of health, is the result of:
- a) A compromise to support different health care needs across all the provinces and territories.
  - b) The failure to give the Public Health Agency of Canada (PHAC) proper funding for health care initiatives.
  - c) The primacy of public policy makers over medical professionals in positions of power in government.
  - d) The political questions that lie at the heart of public health and social determinants of health have made it difficult for health policy in Canada to move toward a more preventative approach.
8. To reform Canadian health policy to actually address the social determinants of health would require:
- a) Greater emphasis on neo-liberal policies of freedom and free trade.
  - b) Increased engagement from Canadians and increases in regulation and taxation.
  - c) Individuals to take more responsibility for their own health.
  - d) A marginal shift in policy.

**Short Answer (Questions 9–11):**

9. What are the three central components of public policy?
10. What were the three periods of federalism that have contributed to the current set of social policies in Canada? Briefly describe each period.
11. List four of the principles set down by the Medical Care Act of 1966.

## Chapter 23: Public Policy, Gender, and Health

*Pat Armstrong*

### Learning Objectives

- Students will be able to demonstrate the importance of a gender-based perspective for health research and public policy-making.
- Students will be able to define the distinction between gender and sex and to question the dichotomies these categories create.
- Students will be able to provide examples of gender-based approaches.
- Students will be able to use gender as a lens through which to analyze the impact of various other social determinants of health on women.
- Students will be able to discuss the profound relationships among gender and the other determinants of health.
- Students will be able to explain the importance and value of more research and health policies that incorporates gender into their analysis.

### Key Terms

*Canadian Institutes of Health Research (CIHR)*: The main source of funding for research on health and care in Canada.

*Gender*: That which is socially recognized as feminine and masculine.

*Gender-based Analysis (GSBA)*: A framework for analysis that acknowledges that the biological always exists inside the social at the same time that it acknowledges that gender matters.

*Sex*: Biological differences between men and women.

### Practice Quiz

#### Multiple Choice (Questions 1–8):

1. Which of the following is NOT an example of gender:
  - a) The clothes you pick in the morning.
  - b) A grandparent gives their granddaughter a toy oven because little girls always like to pretend to cook.
  - c) Drawings of the male and female reproductive organs.
  - d) A man attempts to stop himself from crying as it is not something grown men are supposed to do.

2. Which of the following is true about “biological processes”:
  - a) They are irrelevant to health and have been replaced by a concern for gender.
  - b) They are permanent and unchanging aspects of being a human.
  - c) Science has been able to determine which biological processes are proper to men and which are proper to women.
  - d) They are the subject of continuing debate, as they are located between the physical experiences of bodies and their construction by external forces and ideas.
  
3. Gender-based analysis means:
  - a) Disregarding the experiences of men in favour of a focus on women’s health issues.
  - b) Giving primacy to gender over other forms of experience and identity.
  - c) Being aware of how the categories of sex are socially shaped and how sex is a variable, not dichotomous, construct.
  - d) Replace a concern with men/women with a vocabulary focused on male/female.
  
4. According to a gender-based analysis, gender shapes and is shaped by:
  - a) Practices.
  - b) Market relations.
  - c) Power relations.
  - d) All of the above.
  
5. Gender is:
  - a) A stable category of health.
  - b) A social determinant of health, but it also pervades the other determinants.
  - c) An important form of identity but not a direct determinant of health itself.
  - d) A focus on the reproductive capacities of the human body.
  
6. On the whole, income equality between men and women has not been achieved. One area that has, however, seen improvement in the disparity between men and women is:
  - a) The incomes of senior women.
  - b) The incomes of women in Ontario.
  - c) The incomes of women of colour.
  - d) The incomes of Indigenous women.
  
7. On average, what percentage of household work hours did women perform per week in 2010 (Figure 23.2)?
  - a) 60.4
  - b) 2.2
  - c) 13.8
  - d) 35

8. The consequences of a failure to apply a gender-based analysis include:
- a) Poor science.
  - b) Bad policy and practice.
  - c) Continuing inequalities.
  - d) All of the above.

**Short Answer (Questions 9–10):**

9. Provide one of the examples given in the chapter that demonstrates that biology is profoundly affected by social and economic contexts.
10. What are the four fundamental principles that govern the application of a gender-based analysis by Health Canada (Box 23.1)?

## **Chapter 24: Surmounting the Barriers: Making Action on the Social Determinants of Health a Public Policy Priority**

*Dennis Raphael and Ann Curry-Stevens*

### **Learning Objectives**

- Students will be able to define various barriers that work against having a social determinants approach to direct public policy-making.
- Students will be able to illustrate how Canada's relatively undeveloped welfare state makes a social determinants perspective difficult to implement.
- Students will be able to describe and assess different models of the public policy-making process.
- Students will be able to analyze some of the psychological and social forces that lead to the social determinants of health being low on the policy agenda.

### **Key Terms**

*Hegemony:* A concept originally identified by Antonio Gramsci whereby social structures more accurately reflect the happenstance of one's identity at birth, as opposed to merit, and individuals become willing or unknowing agents in their own marginalization.

*Individualism:* The belief that one's place in the social hierarchy—one's occupational class, income and wealth, and power and prestige, as well as the effects of such placement such as health and disease status—comes about through one's own efforts.

*Political economy approach to public policy:* Public policy is driven by powerful interests in the economic market sector and their powerful partners in the political arena.

*Pluralist approach to public policy:* Policy development is believed to be driven primarily by the quality of ideas in the public policy arena so that those judged as beneficial and useful will be translated into policies by governing authorities.

*Positivist science:* A natural sciences approach associated with the rise of physics, chemistry, and biology as areas. It is focused on the concrete and observable. It avoids dealing with aspects of broader environment.

*Social wage:* Government-provided services that people need to live and develop their ability to work.

## Practice Quiz

### Multiple Choice (Questions 1–7):

1. The social determinants of health pose challenges to traditional ways of thinking about health, such as:
  - a) The pluralist approach.
  - b) The way epidemiology constructs disease as the result of multiple, intersecting social and environmental factors.
  - c) The responsibility of the richest in society to care for the needs of the poorest.
  - d) The adherence to positivist science as the preferred means of understanding health and its determinants.
  
2. One difference between the pluralist and the materialist approaches is:
  - a) Pluralists and materialists have similar views on how policy is made but seek different ends.
  - b) Pluralists focus on equality, while materialists focus on liberty.
  - c) Pluralists aim to force policy-makers, while materialists aim to convince them.
  - d) Pluralists assume that Canadian policy making is a democratic process, while materialists assume that it is driven by powerful interests in the economic market sector.
  
3. The objectivity of positivist sciences is questioned because:
  - a) They demonstrate a bias towards biomedical markers and behavioural risk factors.
  - b) They do not base their findings on reproducible laboratory findings.
  - c) They focus only subjective issues, like the broader social determinants of health.
  - d) Their careers often benefit when they speak in favour of broader issues affecting health.
  
4. The traditional health sciences approach and a neo-liberal political ideology are “congruent” (p. 563) because both:
  - a) Support a greater investment in addressing the social determinants of health.
  - b) Define social problems as individual issues.
  - c) Consider collective health and well-being to be a responsibility of government.
  - d) Are preventative, seeking to solve problems before they occur.
  
5. The “money taboo” refers to:
  - a) The desire of workers to steal money from the management.
  - b) The social stigma of asking for a raise.
  - c) The unwillingness of workers to share information about their wages.

- d) The importance for an employee to keep their salary information a secret, so others do not get better paying jobs.
6. In a 2012 survey about trust and professions, how did federal politicians rank?
- a) Most-trusted.
  - b) The middle of the pack.
  - c) The third-most trusted.
  - d) Second worst position, above psychics.
7. According the political economy approach to public policy, the failure to enact policies to address the social determinants of health is:
- a) A matter of insufficient scientific evidence.
  - b) A matter of awareness.
  - c) A matter of power and influence.
  - d) A matter of individual willpower.

**Short Answers (Questions 8–9):**

- 8. What are the three primary tenets of neo-liberalism?
- 9. What are some of the benefits of enhanced social spending?

## **Practice Quiz Answers Key**

### **PART ONE: INTRODUCING THE SOCIAL DETERMINANTS OF HEALTH**

#### **Chapter 1: Social Determinants of Health: Key Issues and Themes**

*Dennis Raphael*

##### Multiple Choice (Questions 1-7):

1. d
2. c
3. d
4. b
5. b
6. a
7. a

##### Short Answers (Questions 8-10):

8. d (1845), b (1974), a (1980), c (2003)
9. Aboriginal status, early life, education, employment and working conditions, food security, gender, health care services, housing, income and its distribution, social safety net, social exclusion, unemployment and employment security
10. (1) empirical evidence concerning the social determinants of health; (2) the mechanisms and pathways by which social determinants of health influence health; (3) the importance of a life-course perspective; (4) the role that policy environments play in determining the quality of the social determinants of health within jurisdictions; (5) the role that political ideology plays in shaping state and societal receptivity to social determinants of health concepts

#### **Chapter 2: Social Structure, Living Conditions, and Health**

*Dennis Raphael*

##### Multiple Choice (Questions 1-8):

1. a
2. c
3. d
4. b
5. d
6. d
7. b

8. a

Short Answers (Questions 9-10):

9. a-4; b-1; c-2; d-3.

10. Gender, race, and disability.

**PART TWO: INCOME SECURITY AND EMPLOYMENT IN CANADA**

**Chapter 3: Precarious Changes: A Generational Exploration**

*Ann Curry-Stevens*

Multiple Choice (Questions 1-11)

1. c
2. d
3. a
4. b
5. c
6. d
7. a
8. b
9. d
10. a

Short Answers (Question 11):

11. At the highest incomes—a group of 2,615 tax filers—the group now makes almost \$4 million annually each, more than doubling their 1982 incomes and making an *extra* \$2,223,050 each year. The most affluent take home the lion's share of the income, at increasingly exorbitant levels.

**Chapter 4: Income, Income Distribution, and Health in Canada**

*Nathalie Auger and Carlyne Alix*

Multiple Choice (Questions 1-8):

1. a
2. d
3. a
4. d

5. b
6. b
7. b
8. d

Short Answers (Questions 9-10):

9. (1) Income inequality may result in underinvestment in human capital, manifested through lower social spending in sectors such as education, which leads to individuals lacking private resources and having reduced access to material infrastructure necessary for health. (2) Income inequality leads to underinvestment in social capital by diminishing community solidarity and social cohesion (3) The perceived widening of the income gap leads to frustration and biological processes that are harmful to health.
10.
  - I. Prevention of poverty, with a focus on developing the potential of individuals;
  - II. Strengthening social and economic safety nets;
  - III. Promoting access to employment;
  - IV. Promoting the involvement of society as a whole;
  - V. Ensuring intervention at all levels.

**Chapter 5: Precarious Work and the Labour Market**

*Diane-Gabrielle Tremblay*

Multiple Choice (Questions 1-10):

1. c
2. a
3. d
4. d
5. a
6. c
7. b
8. b
9. a
10. d

**Chapter 6: Health Consequences of Labour Market Flexibility**

*Emile Tompa, Michael Polanyi, and Janice Foley*

Multiple Choice (Questions 1-10):

1. d
2. d

3. b
4. a
5. b
6. b
7. c
8. c
9. d
10. a

## **Chapter 7: The Unhealthy Canadian Workplace**

*Andrew Jackson and Govind Rao*

### Multiple Choice (Questions 1-9):

1. b
2. c
3. a
4. d
5. d
6. a
7. b
8. d
9. c

### Short Answers (Question 10):

10. Job and employment security; Physical conditions of work; Work pace and stress; Working time; Opportunities for self-expression and individual development at work; Participation at work; Work-life balance.

## **Chapter 8: Understanding and Improving the Health of Work**

*Peter Smith and Michael Polanyi*

### Multiple Choice (Questions 1-10):

1. d
2. b
3. c
4. b
5. d
6. a
7. a
8. d
9. d

10. c

### **PART THREE: FOUNDATIONS OF LIFELONG HEALTH: EDUCATION**

#### **Chapter 9: Early Childhood Education and Care as a Social Determinant of Health**

*Martha Friendly*

##### Multiple Choice (Questions 1-10)

1. c
2. d
3. b
4. d
5. a
6. c
7. d
8. d
9. c
10. d

##### Short Answers (Question 11)

11.

1. The value of a systematic and integrated approach to policy development and implementation, including a coordinated policy framework and a lead ministry.
2. A strong and equal partnership with the education system.
3. A universal approach to access to high-quality ECEC regardless of family income, parental employment status, special educational needs, or ethnic/ language background with particular attention to children in need of special support.
4. Substantial public investment in services and infrastructure.
5. Pedagogical frameworks focusing on children's holistic development, strategies for ongoing quality improvement, and that all forms of ECEC be regulated and monitored.
6. Appropriate training and working conditions for staff in all forms of provision is a foundation for quality ECEC services, which depend on strong staffing and fair working conditions.
7. Systematic monitoring and data collection with coherent procedures on the status of young children, ECEC provision, and the early childhood workforce.
8. Sustained investment to support research on key policy goals.

#### **Chapter 10: Early Childhood Development and Health**

*Dennis Raphael*

### Multiple Choice (Questions 1-10)

1. a
2. a
3. d
4. c
5. a
6. c
7. b
8. b
9. d
10. a

## **Chapter 11: The State and Quality of Canadian Public Elementary and Secondary Education**

*Charles Ungerleider and Tracey Burns*

### Multiple Choice (Question 1-8)

1. a
2. b
3. c
4. d
5. b
6. d
7. a
8. c

### Short Answers (Question 9-10)

9. Between 1994 and 2010, Canada's GDP grew by 28.9 percent, but the improvement in Canadians' well-being was much smaller (CIW = 5.7%). In other words, Canada's economic growth did not translate into equivalent or even similar gains in quality of life. Only two domains, education and living standards, have grown at roughly the same rate as GDP, but, since 2008, education appears to have stalled and living standards appears to have declined dramatically. The other domains—healthy populations, time use, the environment, and leisure and culture—have grown little since 1994 and, since 2008, are showing indications that they are declining.
10. Canadian public schools are important institutions that serve multiple purposes for Canadian society, many of which are unacknowledged, but they risk being lost by current trends towards selfishness, individualism, ethnocentrism and petty regionalisms.

## **Chapter 12: Literacy and Health Literacy: New Understandings about Their Impact on Health**

*Barbara Ronson McNichol and Irving Rootman*

### Multiple Choice (Question 1-10)

1. a
2. d
3. b
4. b
5. d
6. d
7. a
8. c
9. c

### Short Answers (Questions 10-11)

10. Education. It is a causal determinant of other components of socioeconomic status: income and occupation.
11. Health communications, capacity development, community development, organizational development, and policy development.

## **PART FOUR: FOUNDATIONS OF LIFELONG HEALTH: FOOD AND SHELTER**

### **Chapter 13: Food Insecurity**

*Lynn McIntyre and Krista Rondeau*

### Multiple Choice (Questions 1-8)

1. b
2. b
3. d
4. a
5. c
6. b
7. c
8. a

### Short Answers (Question 9)

9.
  1. Real incomes must rise.

2. Healthy foods must be affordable, especially food staples such as milk.
  3. Affordable housing is urgently required.
  4. Quality, affordable daycare is needed by families with children.
  5. Work-related supports, health and recreation provisions, and other transitions assistance should be available.
  6. Consistent monitoring of hunger and food insecurity.
- (Feel free to use alternative recommendations from the chapter)

## **Chapter 14: Health Implications of Food Insecurity**

*Valerie Tarasuk*

### Multiple Choice (Questions 1-10)

1. b
2. c
3. d
4. d
5. a
6. b
7. b
8. d
9. a

## **Chapter 15: Housing**

*Toba Bryant and Michael Shapcott*

### Multiple Choice (Questions 1-9)

1. b
2. d
3. c
4. a
5. c
6. a
7. d
8. d
9. a

## **Chapter 16: Housing and Health**

*Toba Bryant*

### Multiple Choice (Questions 1-8)

1. d
2. a
3. a
4. b
5. c
6. b
7. b
8. c

### Short Answers (Questions 9-11)

9. Homelessness, the experience of poor living conditions, and the effects of housing insecurity on other social determinants of health.
10. Rental housing; ownership housing; social housing with mixed incomes; support for people with special needs to enable them to live independently.
11. A legal approach; public relations; personal stories; political-strategic approach.

## **PART FIVE: SOCIAL EXCLUSION**

### **Chapter 17: Social Exclusion**

*Grace-Edward Galabuzi*

### Multiple Choice (Questions 1-9)

1. d
2. d
3. a
4. b
5. d
6. a
7. d
8. a
9. c

### Short Answers (Questions 10-11)

10. Aboriginal peoples, immigrants and refugees, racialized groups, people with disabilities, single parents, children and youth in disadvantaged circumstances, women, the elderly and unpaid caregivers, gays, lesbians, bisexuals, and transgendered people.

11. Race. (p. 259)

## **Chapter 18: Social Inclusion/Exclusion and Health: Dancing the Dialectic**

*Ronald Labonté*

### Multiple Choice (Questions 1-9)

1. c
2. d
3. b
4. d
5. c
6. b
7. a
8. a
9. a

### Short Answers (Question 10)

10. That if we do not pay attention to the changing meaning of a concept, like social inclusion/exclusion, we may find over time that it comes to represent a set of assumptions that was not initially intended. In this case, social inclusion might become a goal without the necessary simultaneous questioning of whose interest this “inclusion” serves or whether new or different excluded groups pay the price for these inclusions.

## **Chapter 19: The Health of Indigenous Peoples**

*Janet Smylie and Michelle Firestone*

### Multiple Choice (Questions 1-10)

1. b
2. a
3. c
4. d
5. b
6. a
7. c
8. d
9. d
10. c

### Short Answers (Question 11)

11. Any of the following (p. 453): a legislation process setting out treaty rights and recognition of self-government; recognition of an Aboriginal order of government; replacement of the Department of Indian Affairs; creation of an Aboriginal Parliament; expansion of the Aboriginal land and resource base; recognition of Métis self-government; initiatives to address social, education, health, and housing needs.

## **PART SIX: PUBLIC POLICY**

### **Chapter 20: Follow the Money: How Business and Politics Define Our Health**

*David Langille*

#### Multiple Choice (Questions 1-9)

1. a
2. d
3. d
4. b
5. d
6. a
7. c
8. b
9. d

#### Short Answers (Question 10)

10. Participate or support social movements; strengthen on community-level economic and political bonds; elect progressive political leaders.

### **Chapter 21: Oppressions and Access to Health Care: Deepening the Conversation**

*Elizabeth McGibbon*

#### Multiple Choice (Questions 1-9)

1. d
2. a
3. c
4. c
5. a
6. b
7. a
8. a

Short Answers (Question 9)

9. Section 15.

**Chapter 22: Public Policy, Equality, and Health in Canada**

*Lars K. Hallstrom*

Multiple Choice (Questions 1-8)

1. c
2. a
3. a
4. b
5. a
6. c
7. d
8. b

Short Answers (Questions 9-11)

9.

1. The identification or definition of a specific problem or issue area;
2. The identification of specific objectives and goals that are desired;
3. The instruments or means by which the goals will be achieved and the problem resolved or at least somewhat alleviated.

10.

- Early Period (1867-1930s): The state's role was quite limited in the beginning. Some welfare initiatives did emerge, particularly at the provincial level, but governments of all levels were caught between wanting to create and to avoid social policies.
- Mid-Period (1945-1970s): Welfare reform was strengthened and universalized in the years after the Second World War. There was a heavy federal involvement, though that began to change, as did the broader agreements between the provinces and the federal government, in the 1960s and 1970s.
- Neo-liberal Period (1975-Present): A shift to neo-liberalism which sees to withdraw the state from the provision of public goods in favour of privatization.

11.

1. Non-profit operation by a public authority;

2. Universal and equal access;
3. Comprehensive health insurance plans;
4. Portable coverage.

## **Chapter 23: Public Policy, Gender, and Health**

*Pat Armstrong*

### Multiple Choice (Questions 1-8)

1. c
2. d
3. c
4. d
5. b
6. a
7. c
8. d

### Short Answers (Questions 9-10)

9. Age of puberty varies among economic groups; women employed in some jobs cease to menstruate as a result of the conditions in which they work; definitions of what is “genetic” change.
10.
  - Gender equality can be achieved only by recognizing the different impact of norms or measures on women and men according to their diverse life situations.
  - Gender-based analysis is an integral part of the substantive analytical process and must be applied at each stage of this process.
  - Gender-based analysis focuses not only on results but also on concepts, arguments, and language used in the work process.
  - Gender-based analysis must lead to remedies to inequality.

## **Chapter 24: Surmounting the Barriers: Making Action on the Social Determinants of Health a Public Policy Priority**

*Dennis Raphael and Ann Curry-Stevens*

### Multiple Choice (Questions 1-7)

1. d
2. d
3. a

- 4. b
- 5. c
- 6. d
- 7. c

Short Answers (Question 8-9)

8.

- 1. Markets are the best and most efficient allocators of resources in production and distribution;
- 2. Societies are composed of autonomous individuals (producers and consumers) motivated chiefly or entirely by material or economic considerations;
- 3. Competition is the major market vehicle for innovations.

9. Social spending has a ripple effect. It increases the amount collected through income taxes. It lowers the demands on unemployment insurance. It is spent on goods and services, generating economic activity (other examples are acceptable—students are encouraged to research their own examples).