

Making The Links: What Do Health Promotion, Crime Prevention,  
and Social Development Have in Common?

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Today I am going to explore some issues related to health promotion, crime prevention, and social development. I will examine the linkages between crime prevention, health promotion, and social development and show that there is much in common among the determinants of crime, health, and social development. I will consider the mechanisms by which human potential and development go awry and ask whether the source of the problem is best conceptualized as existing at the individual, community, or societal level. This leads to the question of what should be the focus of intervention. While there is need and benefit to intervene at the level of the individual and community, the neglected piece is that of health public policy. Exploring some differences between Canada and other nations, I will outline some policy solutions and how we can get there in the Canada of 2004.

The Linkages Between Illness, Crime, and Unhealthy Communities

The linkages between these three issues are straightforward: all share similar determinants, reflect a failure of some kind or another, are subject to different interpretations and approaches as to cause and intervention, and are subject to public policy decisions that determine the quality of various social determinants of health and well-being. Finally, the quality of these determinants does not appear to be improving.

Internationally, income inequality is related to both homicide and robbery rates among nations. Homicide rates are related to both income inequality and median income of 77 Chicago neighbourhoods. And it should not be surprising that income inequality is also related to homicide rates in the 50 states of the USA. What is less known is that homicide rates are also strongly related to income inequality among the ten Canadian provinces. This leads to the

questions of what are the determinants of societal dysfunction? I begin with what is known about the determinants of health and well-being.

## Determinants of Health

It is typically assumed that the profound improvements in health in Canada and other western countries over the past century are due to advances in medical and health care. To provide just one illustration, the public health community and the general public assume that the discoveries of the causes of, and means of immunizing children against, infectious diseases were responsible for much of the decline in mortality from common childhood diseases. While these developments supported population health, improvements in general social conditions were most responsible for these advances. It is estimated that improved medical care accounts for 10-15% of increased longevity in Western nations since 1900.

More recently, the public focus has been on behaviours such as tobacco use, quality of diet, and physical activity as being responsible for differences in the occurrence of diseases such heart disease, stroke, and cancer between and within nations. But British studies of more than two decades ago found most variation in health and disease among individuals in health could not be accounted for by these factors. Similarly, studies in the US reveal that behavioural risk factors account for a rather small proportion of variance in mortality rates as compared to income and education. The additional factors that predict illness and death include a variety of titles such as prerequisites for health, determinants of health, and social determinants of health.

The Ottawa Charter for Health Promotion identifies the prerequisites for health as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Health Canada accepted direction from the Canadian Institute for Advanced Research in outlining determinants of health -- only some of which are social determinants -- of income and social status, social support networks, education, employment and working conditions, physical and social environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, and health services. A British working group identifies social determinants of health as the social [class health] gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food, and transport.

The organizers of the 2002 York University Social Determinants of Health Across the Life Span conference synthesized these formulations to identify 11 social determinants of health

especially relevant to Canadians: Aboriginal status, early life, education, employment and working conditions, food security, health care services, housing, income and its distribution, social safety net, social exclusion, and unemployment and employment security.

#### Determinants of Crime

The Caledon Institute outlines these risk factors for crime: child and family poverty, inconsistent and uncaring parenting, experiences of family violence, substance abuse, poor schooling, unemployment, and social exclusion. The National Crime Prevention Program provides the following: poor or inadequate parenting, substance abuse, inappropriate peer, association, poor academic achievement, and lack of training or employment. Interestingly, we can begin to see the difference between a policy oriented and an individual approach. The Caledon list is more structural in focus, the Crime Prevention one less so. And the Standing Committee reported in 1993 that “Rather, it [crime] is the outcome of the interaction of a constellation of factors that include: poverty, physical and sexual abuse, illiteracy, low self-esteem, inadequate housing, school failure, unemployment, inequality and dysfunctional families.”

#### Mechanisms by Which Human Potential Go Awry

Poets, academics, and others have known for a long time what the mechanisms by which human potential is damaged: material deprivation, psychosocial stress and disorder, and adoption of unhealthy coping behaviours. The health field is focused on the precursors of disease, while criminology concerns itself with crime and victimization. The factors however are the same: society fails in one way or another to support human and social development.

Yet knowing this, health workers frequently focus on unhealthy lifestyle choices, and crime prevention on poor parenting, as if these issues arise completely devoid of the societal and community context in which people live. Even then, the data indicates that key determinants of health such as employment opportunities, adequate income, and community integration are the key predictors of healthy human and social development.

Concerning the impact on health, data from Statistics Canada shows that income is one of the primary predictors of death from a variety of diseases. For example, death rates from diabetes have exploded in low-income neighbourhoods across Canada with little attention being focused on why this might be the case.

In my work I focus on what are called social determinants of health. I do so since the research indicates that social determinants of health have a direct impact on health, predict the greatest proportion of health status variance, structure health behaviours, and interact with each other to produce health

What are the Sources of the Problems?

Many of the initiatives focused on health promotion see the issues as being unhealthy lifestyle choices. This is the case in spite of the evidence that these issues are relatively unimportant as compared to broader ones, and in the face of Canada's perceived leadership role in outlining determinants of health. Indeed, much of the discourse is focused plainly on lifestyle issues as the end all and be-all of solving health problems. No doubt similar approaches to crime prevention exist as well. However numerous researchers identify how focus on lifestyle choices is not a viable solution to dealing with many health issues.

Is the problem one of communities? Community development has been outlined as a means of solving both health and crime-related issues. The involvement of social development approaches is consistent with this view. And it appears that a strong emphasis of the National Crime Prevention Strategy is one of building and strengthening communities

Or is the problem one of societies and how these produce and distribute resources among its members? If we look at poverty rates in Canada, one cannot be struck by the striking differences in levels between Canada and other developed nations. Despite its being one of the wealthiest OECD nations, Canada has one of the highest general poverty rates and child poverty rates. Indeed these findings suggest that the problem with the quality of various social determinants of health exists at the broad policy level rather than at the community and individual levels. The individual and community shows the effects of these unhealthy public policies but are not the sources of the problems we are concerned with.

What should be the Focus of our Interventions?

It goes without saying that work has to be done at all three levels: the individual; community; and societal. But this is where ideology comes into play. The decision to intervene is not necessarily made on the basis of evidence but rather on the basis of values, politics, and who is responsible for doing the intervention. Using crime prevention as an example, we can see

how crime prevention can be seen as dealing with problematic individuals or communities, but rather less often with problematic social policy. Building more jails appears to be a favoured policy solution to crime in the USA, such that the USA has one of the highest incarceration rates in the world, close to no developed nation. Intervening in communities is seen as a potential solution to health and crime issues, but there are problems related to limiting focus at that level, and ignoring broader issues.

I have done some work with communities and clearly such work has the potential to identify a wide range of issues deserving of action. Such action should improve health and help reduce crime. Much of this involves what might be termed social development. But as I noted, solely focusing on communities can be problematic when upstream influences directly threaten health by weakening the determinants of health. However, well-developed approaches to social development recognize the profound importance of public policy, a topic to which I now turn.

### The Importance of Public Policy

Numerous Government of Canada documents highlight the importance of public policy approaches. And many comparative policy analyses of societal functioning provide rich insights into how differences in public policy can affect human and social development. Canada does not perform well on these social policy indicators, although doing much better than the USA.

In terms of social expenditures, Canada's performance has deteriorated sharply since 1992 and its poverty levels continue to be high as compared to many developed nations. Much of the high child and family poverty rates in Canada can be attributed to a rather large number of low paid workers and low social transfers to families at risk. These findings are obvious and clear and clear cause for concern.

Within Canada, the National Council on Welfare has been a consistent voice in outlining these threats to health and well-being. The claw-back by many provinces of the Child Benefit is one example of poor public policy. International analysis indicates that this situation need not be the case. The Swedish public health policy is one example of an enlightened approach to health and public policy. Similarly, numerous Canadian voices have been raised that have outlined numerous policy solutions to child poverty and other issues that threaten Canadians' health and well-being. These voices include reports from United Ways across Canada, documents from the Canadian Population Health Initiative, and even reports from the Toronto Dominion Bank!

## Signs of Hope

There is increasing recognition of the problems Canadian society is facing and potential solutions. Canadian values are consistent with building a caring society manifested through nurturing of a strong social safety net. The Liberal Party platform spoke of the importance of social programs with emphasis upon providing early childhood education and care and housing for all. The way to proceed is to develop communication between various sectors concerned with community health and crime prevention and educate citizens about the consequences of policy decisions and poverty upon community health and safety. There should be support for health departments and police forces in taking a determinants of health and safe communities approach, and governments should be lobbied to maintain the community and service structures that maintain health and prevent crime. We have to understand the forces that threaten the determinants of human and social development. Surprisingly, one change that could see instant results appears to be the introduction of proportional representation in electoral processes. Nations with such an approach appear to be more progressive in their approaches to public policy and resource provision to citizens.

## What is the Alternative?

Statistics Canada reported that Canadian crime rates increased from 2002-2003, especially in the Atlantic Region. We know from comparative data that nations that invest less in citizens produce poorer health and more dysfunctional communities. We have a choice to make: Do we move towards less societal provision of goods and services to all citizens or do we strengthen the societal structures that have led to Canada being one of the healthiest societies in the developed world?