

Book Review

Dennis Raphael, Ed.

Social Determinants of Health: Canadian Perspectives, 3rd ed.

Toronto, Canada: Canadian Scholars Press, 2016

Reviewed by Howard A. Doughty

The Innovation Journal has been publishing regularly for almost a quarter century. In all that time, there have been very few rules about selecting the books for review in its pages. There are, however, some very rough guidelines. Most obviously, each book should have something to do with “innovation” in theory and practice. Each one should have some at least tenuous relationship to the public sector. And ... that’s about it. Of course, there are also some unwritten guidelines.

Books that are on the “Best-seller Lists” of major newspapers are usually given a wide berth. (They have all the publicity they need, and *Innovation Journal* readers are probably aware of them anyway.)

Books that have been in print for a long time are also generally passed over. That’s not to say that people couldn’t benefit from re-reading Plato’s *Republic* or George Orwell’s *1984* (if only as warnings); but, there have been ample commentaries on such classics and it is doubtful that anything said here will add much that hasn’t already been said as well or better by others.

Finally, there are certain types of books that are normally avoided: volumes of spiritual inspiration are generally left to others. So are comic books, political manifestos and that dreariest publishing category of all—the college or university textbook. Whenever one of those publications is put before our readers, there had better be pretty good reasons. And, in the case of Dennis Raphael’s *Social Determinants of Health*, there are.

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Professional practitioners in the fields of health policy, research funding, hospital administration, health care delivery, medical education, training and research, or any other field directly related to health and wellness or disease and its treatment are likely already familiar with the book. So might be people in related fields of addiction and mental health, social work and economic reform, corporate human resources, industrial health and safety, human rights and support for vulnerable people, volunteerism and philanthropy, immigration and settlement, aboriginal affairs and urban poverty ... the list of likely readers could be almost endless.

Although *Social Determinants of Health* is not as dominant as, say, Samuelson’s *Economics* was at one time when it was regarded as the “bible” of the “dismal science,” it is certainly a text that has been assigned by many a professor in Canadian institutions of higher

education. The reasons for paying heed to it, here and now, however, are compelling—especially in light of its broad applicability to concerns about such matters as the alleged “crisis” in health care. That crisis, of course, has many sources. It may be demographics (e.g., the aging population of modern societies), the ongoing technological revolution (e.g., fMRIs and robotic surgery), or organizational innovations arising out of electronic record keeping. It may involve extended use of algorithms in determining not only what is wrong with a patient, but supplying computer-based differential diagnoses and treatment regimens to be read and initiated—perhaps uncritically—by young doctors and others. It may result from “big data analytics” which have the potential to serve as “death committees,” once the exclusive fantasy of paranoid American opponents of “socialized medicine” who, to this day, seem unable to grasp that actuaries with lap-tops can work for private insurance companies as easily as government officials.

Information hardware and software, combined with the tremendous advances in genetic research, neuroscience, prostheses, pharmaceuticals and any number of domains, would have been almost literally unimaginable a few decades ago. However helpful they are or may become, they are not without cost. This cost, moreover, must be seen in the context of the increasingly intense polarization of opinion about the “public” status of public health. Overall fiscal austerity, not-so-new but persistent neoliberal public sector management strategies, interminable layers of accountability protocols directed more by people with MBAs than with MDs, and the proliferation of public-private-partnerships as a way to socialize risk while privatizing profit are fraught with political and philosophical conflict. The path to improved health and medical care is often blocked less by an absence of expertise and equipment than by political beliefs and economic motives.

Overarching issues of the political economy of health tend to suppress or divert discussion from arguably equally or more important topics, including some with enormous consequences for social well-being and the fiscal bottom line. Accurate statistics including such things as the amount of corporate money that goes to advertizing pills rather than researching their efficacy are especially elusive. Likewise, the proportion of actual research done free of charge or on the cheap by public universities is especially hard to find. So, while the once opaque Watergate “confidential informant,” code-named “Deep Throat,” was certainly right to say that the most reliable way to get to the truth in any controversy is to “follow the money,” in the case of complex issues such as health care, that isn’t always easy to do. Or, as Donald J. Trump so insouciantly said: “Who knew health care could be so complicated?”

Even working with loose and highly contested numbers, however, it is pretty clear that the amount of public money given to “upstream” projects such as “health promotion” and preventive medicine is usually less than 5% of any government’s health care budget.

And this is where Dennis Raphael’s “textbook” comes in. The fact is that, while most people understand that “an ounce [28 g] of prevention is worth a pound [.45 kg] of cure,” those responsible for the allocation of public funds ignore this astute folk wisdom. In fact, best evidence suggests that, for every dollar invested “upstream” in public health programs, as much as \$30.00 can be realised in “downstream” acute treatment and chronic care savings. So, while childhood obesity, early cancer detection and adult fitness initiatives aren’t as big and shiny as the newest diagnostic or therapeutic technology; but, from a strictly economic perspective,

allocating funds for health promotion seems to be a vastly more efficient use of money than spending millions of dollars on high technology. What's more, *if* greater support for preventative medicine were given to combat the social origins of illness, the savings might actually permit greater investment in cutting-edge surgical, pharmaceutical and other innovations.

This seemingly obvious observation, however, does not comport well with either the myopic profit projections of the health care "industry" or the sustaining ideology that supports it. Rafael and his fellow authors are not talking here about some nefarious "capitalist conspiracy" (though it may not be prudent to ignore it completely). Rather they are referring to the domination of health-care thinking by what's called the "bio-medical model." Health practices designed to stop the problem before it starts are necessarily "low tech," labour intensive and best carried out by people with degrees in Social Work as much as in medicine, pharmacology and like disciplines.

Believing that the cause of diseases are all but exclusively to be found in biology and best to be treated by invasive techniques and technologies, the bulk of our medical system is mostly concerned with dealing with illnesses after they have appeared and often when it is too late to "cure" them. The writers whom Raphael has recruited as contributors to his book do not, of course, deny that cancer is cancer, osteoporosis is osteoporosis and the avian flu is the avian flu. They cannot be wished away or eradicated by good intentions and positive conversations. They are not overly interested in shamans and have little time to devote to fomenting political revolutions. They are certainly not encouraging that we ignore the results of blood tests, CT scans and ultrasonography. What *do* interest them are the remediable socio-economic conditions that, if even modestly altered, could massively reduce health care costs and improve health care quality. That, however, would require dispensing with the myth of scarcity, committing to a moderate redistribution of income (say, to pre-1980 levels) so that health problems could be avoided or delayed *before* people get sick and need urgent or extended care.

In *Social Determinants of Health*, York University Professor of Health Policy and Management Dennis Raphael introduces the key issues identified by research into the social conditions that contribute more than any other single variable to health and medical problems in Canada (or any other complex society). Simply put, social structures—most obviously social class or more diffidently, social stratification into status and income groups—fundamentally determine living conditions and living conditions ultimately determine health. By these lights, *every* disease is at least partly a "social disease."

Upon this base, Rafael and his thirty-eight expert co-contributors explore five main themes: income security and employment; education; food and shelter; and social exclusion. They then bring their explorations together in a concluding set of chapters dealing with specific issues of public policy and proposals for change.

This new edition includes up-to-date information on recent developments in health policy and practice. It explains the political and economic factors that not only create conditions for illness, but also obstruct efforts to make policy and process improvements in the public interest.

Why this obstruction? In part because there is more profit in costly cures than in low-cost prevention. But, this is by no means a mechanistic Marxist (neo-Marxist, post-Marxist) diatribe. Reality is more complex, nuanced and sustainably self-contradictory for any formulaic approach to provide an adequate explanation of any major field of public policy, and health policy is far from the least difficult of these.

In each substantive section, the authors present persuasive, evidence-based arguments in support of an approach that has no wish to undermine the extraordinary work being done by scientists, technologists and front-line medical professionals. And I, for one, have no wish to frame their positions as a reactionary rejection of modernity; indeed, had it not been for modern surgical techniques and astonishing advances in medicines, I can count at least three occasions on which I would have departed this world (at age 16, 55 and 62 and ... counting). What Raphael and his associates ask us to understand is the practical necessity of achieving a balance in which the apparently competing approaches can become mutually supportive in ways that will provide the greatest benefit for the greatest number, without compromising existing and future research into biomedical treatment and, in fact, could free up cash for technological innovation at the high end of health science.

Of course, the current dysfunctional and (dare I say?) unhealthy balance occasionally requires that words such as “oppression” and “inequity” as well as “prejudice” and “discrimination” be used openly and robustly. This assertive rhetorical strategy is not meant to inflame readers or to disrespect more well-established and more powerful parts of the health care system. The point is to stress that there’s little need to “speak truth to power” (the privileged parts of the health care industry are already well acquainted with the system). Instead, *Social Determinants of Health*, speaks truth to practitioners and members of the attentive public alike. Its twenty-four main chapters give us knowledge to share among ourselves and to demand better for what are commonly called our “tax dollars” and, ultimately, for our long-term quality of life.

The implicit and explicit principles articulated in this book are, moreover, broadly applicable throughout the public sector. A careful reading of almost any chapter will quickly suggest connections to the public policy process in almost any area of municipal, provincial, federal or even international responsibility. The one that stands out to me, however, concerns the foundational point of public service itself. That is (or ought to be) the bias-free, interest-free pursuit of the public good. This is not a sanctimonious, self-serving bit of banality, but an important ethical premise from which public sector managers and workers diverge at their peril.

Social Determinants of Health is widely used as a text book in college and university programs, but it is far more than a student resource. Written in accessible English, it gives the reader important insights to help shape our personal approaches to health as well as to hold governments and institutions—both public and private—accountable for health promotion and medical treatment. If political leaders were to take seriously the fact that the most important factors in determining whether people will thrive or even survive are variables that include socio-economic class, age, gender, ethnicity and racial identities—particularly as they affect other people’s perceptions—then they would quickly understand that in both visible and hidden ways, what kind of social innovations are needed for social equity to produce salutary results.

Rafael is among Canada's most influential advocates for health and wellness. He reveals and convincingly explains the root causes of *unnecessary* threats to life and to lives well-lived. The range of knowledge held and effectively disseminated by his contributors is encyclopedic. They present clear and irrefutable reasons for their strong conclusions about the political and social changes needed to reduce costs and massively improve measurable health outcomes in Ontario. The lessons they teach are, however, not culturally or geographically limited; they could and should be applied elsewhere and made the subject of effective demands for systemic reform. *Social Determinants of Health* is not recommended here as a school book, but as an essential reference work for attentive citizens and health care professionals as well.

About the Author:

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