ALBERTA HISTORICAL RESOURCES FOUNDATION

A History of Action on the Social Determinants of Health in Alberta, through the Lens of the Alberta Public Health Association, 1943-Present

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Introduction

The Alberta Public Health Association (APHA) is a provincial not-for-profit association representing public health in Alberta, whose mission is to improve health and reduce health inequities. Advocating on issues related to what are today known as the social determinants of health (SDOH) has remained an essential activity of this organization since it was first established in 1943. This work contributes to the institutional memory of this organization, as well as to the history of public health in Alberta, both of which currently have important limitations. We provide examples of the efforts that APHA has taken on the SDOH through 3 overlapping historical time periods: (1) 1940s – early 1970s; (2) mid-1970s – 1980s; (3) 1990s – Present. We intend for these findings to further the discussion of public health advocacy in Alberta and how such efforts are influenced by changing economic, social, and political circumstances.

Methodology

We used a historical and qualitative methodology to analyze APHA archival materials (e.g., meeting minutes, annual reports, conferences), located at the Calgary Archives and the Provincial Archives of Alberta, and extract information related to actions that APHA has taken on the SDOH. Using Whitehead's (2007) typology of actions to tackle social inequalities in health (see Box 1), we classified all available resolutions that the APHA has supported from 1944 to 2015. In our findings, we present examples of the efforts the APHA has supported in taking action on the SDOH, both within and outside of the health sector, to illustrate this organization's history of attempting to reorient power, wealth, and resources in favour of health equity.

Box 1. Typology used for classifying APHA resolutions

Category 1: Strengthening individuals in disadvantaged circumstances and using person-based strategies.

Within and outside of the health sector: programs or services delivered to vulnerable individuals or population groups that perceive a personal deficit (e.g., providing information about health-damaging behaviours)

Category 2: Strengthening communities through building social cohesion and mutual support.

Within the health sector: strengthening communities via health sector programs or services (e.g., physical activity programs in senior housing facilities)

Outside the health sector: bringing people together within or between communities (e.g., interventions for low-income persons with disabilities)

Category 3: Improving living and working conditions by identifying critical causes of health inequalities, such as exposure to health-damaging environments.

Within the health sector: strengthening health services and increasing access (e.g., more funding for midwifery services in Alberta)

Outside the health sector: health protection-style interventions that benefit everyone (e.g., removing vending machines from schools)

Category 4: Promoting macro-policies to improve the economic, cultural, and environmental conditions that influence the standard of living for different groups.

Within the health sector: increasing funding towards prevention and equal access to health care services (e.g., publishing opinions about health reforms)

Outside the health sector: supporting policies that provide more equitable opportunities and resources (e.g., promoting human rights and environmental hazard control)

Reference: Whitehead, M. (2007). A Typology of Actions to Tackle Social Inequalities in Health. *Journal of Epidemiology and Community Health*, 61(6), 473–478.

Historical Context of Public Health Advocacy in Alberta

1940s – Early 1970s:

- Social Credit Party in power from 1943 to 1967.
- Economic growth coming out of the Second World War (e.g., booming oil industry, housing developments, population increase).
- Infectious disease outbreaks are still common in the province (e.g., tuberculosis).
- Growing trust in science (e.g., epidemiology, bacteriology, microbiology).
- Health services in the province begin to be organized into Health Units.

Mid-1970s – 1980s:

- Progressive Conservative Party comes into power among a growing middle class, increased wealth, and secularization in 1971 and remain in power until 2015.
- Health promotion incorporated into public health.
- Social movements influence public health to adopt health equity and social justice as core values.

Mid-1990s – Present:

- Government spending decreases in Alberta (under the Klein Government), while inequality increases in the province.
- APHA loses government funding in 2008.
- Population health discourse emerges in public health, which explicitly incorporates health equity and social determinants.

Table 1. Examples of APHA resolutions that tackle the SDOH

CLASSIFICATION	Within the Health Sector	Outside the Health Sector
Category 4	**1993**: Urge CPHA to develop a national statement of the principles of health reform. **1983**: APHA opposition to hospital user fees. **1983:** Balance billing education campaign.	**2014**: Support for guaranteed annual income. **2006**: Reconsideration for the National Child Benefit re-investment in Alberta. **2002**: Climate change and the Kyoto Accord. **1987**: Make Alberta a nuclear weapons-free zone.
Category 3	**1992**: Tuberculosis control in Alberta and Canada. **1976**: Inform the Minister of Social Services and Community Health about foreseeable decline in standard of public health service delivery in Alberta.	**1985**: Support smoking ban in indoor public places. **1984**: Reaffirm mandatory seatbelt legislation. **1962:** Compulsory pasteurization of milk.
Category 2	**2000:** Meeting the health needs of urban aboriginal people. **1972**: More lecture hours on the health care needs of the elderly and seniors in medical and nursing schools.	**1969**: Request study of facilities for the handicapped and that they be made available. **1963**: Establishment of a health education course in schools.
Category 1	**1957**: Employ a nursing consultant in Maternal and Child Health as part of the Division of Local Health Services. **1946**: Request the Department of Health to provide Gamma Globulin as part of its immunization service up to 4 years of age.	**1955**: Issue a copy of food-establishment regulations to operators. **1945**: Recommend to Child Welfare Department that more trained workers and more investigation be employed in the supervision of children in foster homes.

Figure 1. "Consumers Now" exhibit at the 1983 APHA Convention, as an example of social movements.

Figure 2. Exhibit on car restraints and accident prevention at the 1983 APHA Convention.

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APHA Positions in Support of Health Equity

- "Unemployment is mounting, interest rates are high and inflation continues unabated. In the midst of all these adverse effects on the public's health, health and social programs struggle to compete for increasingly scarce financial resources." — Gerry Predy (APHA President 1982 – 1983), APHA Newsletter, June 1982.
- "Social, political, and economic development at the regional, or national, or international levels may bode good or bad for the health of the people." — Statement of Philosophy of the APHA, January 1983.
- "The [APHA] is a provincial not-for-profit association representing public health whose mission is to improve health and reduce inequities." — APHA Mission Statement, 2013.

Figure 3. Panel on "Environmental Equity and the Alberta Conservation Strategy" at the 1989 APHA Convention.

Figure 4. Department of Transportation and Utilities exhibit at the 1989 APHA Convention.

Conclusions

- The efforts of the APHA have grown throughout its history to consider acting on the SDOH more broadly, particularly through efforts aimed outside of the health sector.
- The typology we applied to this project, Whitehead's categories along with indicating whether they are inside or outside the health sector (Box 1) appears to have promise for charting the SDOH over time, but further refinements are needed.
- APHA has evolved alongside the shifting social and economic circumstances of Alberta, which has led to its present focus on achieving health equity.

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Alberta PUBLIC HEALTH Association