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People With Disabilities and Social Determinants of Health Discourses

Gregor Wolbring, PhD

ABSTRACT

Social determinants of health (SDH) are an important public health policy discourse and the concept and scope of SDH is debated within and outside of the public health field. This article concerns itself with the visibility of people with disabilities in existing SDH discourses. It employed a frequency analysis of Google and Google Scholar search hits obtained with the phrase “social determinants of health” in combination with various social groups and looked at the visibility of people with disabilities within key SDH documents, the Millennium Development Goals and some contemporary SDH such as energy, water and climate change security. It found that people with disabilities are much less visible than other social groups despite the major impact SDH have on this population.

Key words: Disabled persons; person with disabilities; social determinants of health; energy security; water security; climate change security; Millennium Development Goal

La traduction du résumé se trouve à la fin de l'article.

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According to the recent WHO report *Equity, social determinants and public health programmes*, “Social Determinants of Health (SDH) are a broad concept encompassing nearly all aspects of life, including distribution of power, income, goods and services and the circumstances people live in such as their access to health care, schools and education; their conditions of work and leisure; their homes, communities, and rural or urban settings; and their chances of leading a flourishing life.”¹ The UN Convention on the Rights of Persons with Disabilities² is a testament to the systemic problems people with disabilities face to realize their chance of leading a flourishing life.¹ The Public Health Agency of Canada (PHAC) list of SDH includes: income and social status, social support networks, education and literacy, employment and working conditions, social environments, physical environments, personal health practices and coping skills, child development, biology and genetic endowment, health services, gender, and culture.³ Many advances have been made in improving various SDH such as access to education and the physical environment for people with disabilities in Canada and elsewhere. However, the number of topics identified in the UN Convention on the Rights of Persons with Disabilities as in need of interventions suggests that there is still room for improvement with regard to all SDH areas. Unfortunately, the linkages between many SDH and disabled people are not acknowledged; for example, the 2010 publication describing SDH in Canada,⁴ although covering a wide range of SDH, only identifies employment, support for participation in society and poverty as SDH linked to disabled people. Further, in line with a medical understanding of disability, disability is itself seen as a SDH (see for example ref. 1).

“All people need social protection across the life course, as young children, in working life, and in old age. People also need protection in case of specific shocks, such as illness, disability, and loss of income or work.”¹ Interestingly, the one SDH on which many peo-

ple feel that people with disabilities are short changed (i.e., biological and genetic endowment) is not evident as a ‘deficiency’ in the UN Convention on the Rights of Persons with Disabilities. The invisibility of people with disabilities also becomes evident if one performs simple Google searches (to represent the public domain discourse) and Google scholar searches (to represent the academic literature discourse) for “SDH” and various social groups.

Table 1 illustrates that searching Google and Google Scholar for the phrase “social determinants of health” in combination with “disabled people” or “people with disabilities” generates at least 10 times fewer hits than if one uses the phrase with “women” or “gender” and 5-10 times fewer than with “the South” or “the poor”. Indeed, the term “indigenous people” comes closest in frequency of hits to “people with disabilities”. Interestingly, the phrase “social determinants of health” used together with the ‘social group’ “patient” has 1.5 times the hits compared to in combination with “women” in Google; has the third highest number of hits after the terms “women” and “gender” in Google Scholar; and has roughly 7 times the hits compared to in combination with “disabled people” and roughly 13 times the hits compared to with “people with disabilities” in Google Scholar. The relative invisibility of people with disabilities versus other social groups and the high visibility of the term “patients” is also evident within specific SDH such as education (Table 2) and social status (Table 3), to give only two examples.

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Conflict of Interest: None to declare.

Table 1. Google and Google Scholar Hits Obtained With the Combination of the Phrase “Social Determinants of Health” and Various Social Groups

Key Words	Google Hits	Google Hits %	Google Scholar Hits	Google Scholar Hits %
“Social determinants of health”	193,000	100%=193,000	15,000	100%=9130
+ Women	87,300	45.23316	9130	60.86667
+ Gender	62,300	32.27979	7000	46.66667
+ Disabled people	3490	1.80829	374	2.493333
+ People with disabilities	7340	3.803109	628	4.186667
+ The poor	24,700	12.79793	3890	25.93333
+ The South	16,900	8.756477	1910	12.73333
+ Indigenous people	7240	3.751295	767	5.113333
+ Patient	137,000	70.98446	4990	33.26667

Table 2. Google and Google Scholar Hits Obtained With the Combination of the Phrase “Social Determinants of Health” and “Education” Compared to With Various Social Groups

Key Words	Google Hits	Google Hits %	Google Scholar Hits	Google Scholar Hits %
“Social determinants of health” + Education	118,000	100%=118,000	12,000	100%=12,000
+ Women	71,400	60.50847	8040	67
+ Gender	53,000	44.91525	6250	52.08333
+ Disabled people	3230	2.737288	352	2.933333
+ People with disabilities	6830	5.788136	595	4.958333
+ The poor	22,400	18.98305	3510	29.25
+ The South	15,500	13.13559	1750	14.58333
+ Indigenous people	6530	5.533898	701	5.841667
+ Patient	14,000	11.86441	4330	36.08333

Table 3. Google and Google Scholar Hits Obtained With the Combination of the Phrase “Social Determinants of Health” and “Social Status” Compared to With Various Social Groups

Key Words	Google Hits	Google Hits %	Google Scholar Hits	Google Scholar Hits %
“Social determinants of health” + Social status	8050	100%=8,050	2040	100%=2040
+ Women	7840	97.3913	1600	78.43137
+ Gender	7130	88.57143	1390	68.13725
+ Disabled people	537	6.670807	94	4.607843
+ People with disabilities	911	11.31677	133	6.519608
+ The poor	3910	48.57143	789	38.67647
+ The South	1990	24.7205	387	18.97059
+ Indigenous people	763	9.478261	108	5.294118
+ Patient	3910	49.44099	729	35.73529

Two World Health Organization SDH reports and people with disabilities

The final report of the SDH commission of the WHO in 2008⁵ mentions “women” 337 times, “gender” 237 times, “the poor” 75 times, “the South” 8 times, “indigenous people” 37 times, “disabled people” 1 time and “people with disabilities” 3 times. These results highlight the same invisibility of people with disabilities in relation to other social groups as found in the Google and Google Scholar searches. Interestingly, the WHO document shows a much less frequent mention of the term “patients” (7 times) compared to the SDH Google and Google Scholar searches. The WHO report *Equity, social determinants and public health programmes*¹ mentions “women” 356 times, “gender” 158 times, “the poor” 160 times, “the South” 2 times, “indigenous people” 1 time, “disabled people” 0 times, “people with disabilities” 1 time and “patients” 121 times. It follows the same familiar pattern of invisibility of people with disabilities and indigenous people and high visibility of patients.

Millennium Development Goals (MDGs) and people with disabilities

One could classify the actions around the Millennium Development Goals as a global effort to act on many SDH in order to increase quality of life, especially in low-income countries.⁶ However, putting the MDGs into practice has been problematic with regard to people with disabilities.⁷ The MDGs, their targets and the monitoring indicators do not mention people with disabilities. A MDG Summit took place 20-22 September 2010 at the United

Nations to reorient the strategy to fulfill the MDG targets. The resulting document “Outcome: Keeping the Promise – United to Achieve the Millennium Development Goals,”⁸ was adopted by the General Assembly on 22 September 2010. For the first time, people with disabilities were mentioned. The following additions to the outcome document pertain to people with disabilities:

- policies and actions must focus on the poor and those living in the most vulnerable situations, including persons with disabilities
- particular need to provide more equitable access to economic opportunities and social services
- full and productive employment and decent work for all
- meet the nutritional needs.

However, other themes and actions seen as essential in this document for other social groups are not seen as essential for people with disabilities: empowerment; agent of development; involved in decision making at all levels; inclusive financial services, particularly microfinance, and including affordable and accessible credit, savings, insurance and payments products; access to all levels of quality education and training and vocational training, including technical, managerial and entrepreneurial training and to affordable and adequate public and social services; inclusion in the political and economic decision-making processes; capacity-building; mainstreaming; enhanced dialogue between donors and partners involving, as appropriate, civil society and the private sector with a view to ensuring adequate funding; adequate housing.

When people link the MDG to new threats such as climate change,⁹ they do not think about people with disabilities.⁹

Although it is a step forward that people with disabilities are mentioned in the Outcome document, one wonders why their needs are seen as different from those of other social groups. All of the needs mentioned for other social groups in the Outcome document reflect points made in the UN Convention on the Rights of Persons with Disabilities. Water, energy and climate change security are three increasingly important SDH. The invisibility of people with disabilities is also evident within the discourses around these SDH.

The SDH of water, energy and climate change security and disabled people

Access to clean water and sanitation is an important SDH.¹⁰ However, all world water reports (the latest being the 2009 third edition), the 2009 memorandum for a World Water Protocol (MWWP) and the Human Development Report 2007/2008 – which among others covered water scarcity and floods – ignore the needs and insights of people with disabilities despite mentioning other social groups. Global warming and climate change negatively influence human life¹¹ and many MDGs,⁹ especially in lower-income countries.¹¹ However, people with disabilities are not part of the climate change discourses in a meaningful manner.¹² Energy is seen as “fundamental to the quality of our lives. Nowadays, we are very dependent on an abundant and uninterrupted supply of energy for living and working. It is a key ingredient in all sectors of modern economies.”¹³ Energy security based on access, affordability and quality is identified as an essential driver for development.¹⁴ People with disabilities have higher-than-average energy needs.¹⁵ However, people with disabilities are not present in this discourse either.

CONCLUSION

People with disabilities and their problems need more visibility within the various SDH discourses on all levels. Without this, the problems of this social group will be underserved or simply not recognized and with that, no equity in public health programs through SDH interventions will be achieved. As Wolfensohn, the former World Bank president, stated: “Eliminating world poverty and meeting the MDGs is unlikely to be achieved unless the rights and needs of disabled people are taken into account.”¹⁶

REFERENCES

1. Various people. Equity, Social Determinants and Public Health Programmes. Geneva, Switzerland: World Health Organization, 2010. Available at: http://whqlibdoc.who.int/publications/2010/9789241563970_eng.pdf (Accessed September 25, 2010).
2. United Nations. Convention on the Rights of Persons with Disabilities. United Nations, 2007. Available at: <http://www.un.org/disabilities/index.asp> (Accessed September 25, 2010).
3. Public Health Agency of Canada. What Determines Health? Public Health Agency of Canada, 2010. Available at: <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php> (Accessed September 25, 2010).
4. Mikkonen J, Raphael D. *Social Determinants of Health: The Canadian Facts*. Toronto, ON: York University School of Health Policy and Management, 2010. Available at: http://www.thecanadianfacts.org/The_Canadian_Facts.pdf (Accessed September 25, 2010).

5. WHO Commission on Social Determinants of Health. Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Final Report. Geneva: WHO, 2008. Available at: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf (Accessed September 25, 2010).
6. United Nations. United Nations Millennium Development Goals (MDGs). United Nations MDG webpage, 2005. Available at: <http://www.un.org/millenniumgoals/> (Accessed September 25, 2010).
7. Godziek S. MDG 6 – What about Disabled People? *J Health Management* 2009;11(1):109-26. Available at: <http://jhm.sagepub.com/content/11/1/109.abstract> (Accessed September 25, 2010).
8. United Nations General Assembly. Keeping the Promise: United to Achieve the Millennium Development Goals. High-level Plenary Meeting of the General Assembly on the Millennium Development Goals. September 20-22, 2010. Available at: <http://www.un.org/en/mdg/summit2010/pdf/mdg%20outcome%20document.pdf> (Accessed September 25, 2010).
9. Kreft S, Harmeling S, Bals C, Zacher W, van de Sand K. The Millennium Development Goals and Climate Change: Taking Stock and Looking Ahead. *Germanwatch* 2010. Available at: <http://www.germanwatch.org/klima/klimdmg10e.pdf> (Accessed September 25, 2010).
10. UNESCO World Water Assessment Program. The Millennium Development Goals and Water. UNESCO World Water Assessment Program, 2003. Available at: http://www.unesco.org/water/wwap/facts_figures/mdgs.shtml (Accessed September 25, 2010).
11. World Health Organization. 7th Global Conference on Health Promotion. 2010. Available at: <http://www.who.int/healthpromotion/conferences/7gchp/en/index.html> (Accessed September 25, 2010).
12. Wolbring G. A culture of neglect: Climate discourse and disabled people. *J Media Culture* 2009;12(4). Available at: <http://journal.media-culture.org.au/index.php/mcjournal/article/viewArticle/173> (Accessed September 25, 2010).
13. European Commission. The Importance of Energy. European Commission, 2009. Available at: http://ec.europa.eu/research/energy/gp/gp_imp/article_1081_en.htm (Accessed September 25, 2010).
14. Pandey U. Energetic Struggle. *Bangkok Post* 2009, March 10. Available at: <http://www.bangkokpost.com/business/economics/24980/energetic-struggle> (Accessed September 25, 2010).
15. House of Parliament UEFaRAC. Energy efficiency and fuel poverty - Environment, Food and Rural Affairs Committee Contents. London, UK: House of Parliament, 2009. Available at: <http://www.publications.parliament.uk/pa/cm200809/cmselect/cmenvfru/37/3703.htm> (Accessed September 25, 2010).
16. Wolfensohn JD. Poor, Disabled and Shut Out. *Washington Post* 2002, December 3. Available at: <http://www.globalpolicy.org/soecon/develop/2002/1203disabled.htm> (Accessed September 25, 2010).

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RÉSUMÉ

Les déterminants sociaux de la santé (DSS) sont un élément important du discours sur les politiques de santé publique, et le concept et la portée des DSS sont débattus à l'intérieur et à l'extérieur du champ de la santé publique. Cet article porte sur la visibilité des personnes handicapées dans le discours sur les DSS. Nous avons employé une analyse de fréquence des résultats de recherche obtenus dans Google et Google Scholar pour l'expression « déterminants sociaux de la santé » combinée à divers groupes sociaux, et examiné la visibilité des personnes handicapées dans les documents clés sur les DSS, dans les objectifs du Millénaire pour le développement et dans quelques DSS contemporains comme la sécurité relativement à l'énergie, à l'eau et au changement climatique. Nous avons constaté que les personnes handicapées sont beaucoup moins visibles que d'autres groupes sociaux, en dépit du fait qu'elles sont tout aussi touchées, sinon plus, par les DSS.

Mots clés : personnes handicapées; déterminants sociaux de la santé; sécurité énergétique; sécurité de l'eau; sécurité relativement au changement climatique; objectifs du Millénaire pour le développement