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## Caring about *inequities*

February is Heart Month in Canada. It is a time when many of us will strengthen our resolve to eat healthier, exercise more, avoid tobacco smoke and manage the stress in our lives to prevent chronic disease. At the same time, many Canadians cannot make these health-promoting resolutions because they are simply unrealistic. For many Canadians, despite the best of personal intentions it is social and economic conditions that determine their health.

The way forward requires that we have a solid understanding of the determinants of health, recognize that social and economic inequalities exist and feel passionate about reducing social inequities.

Inequitable social and economic conditions are precursors to inequalities in population health status. Conversely, achievement of significant improvements in population health status, particularly among those who are most vulnerable, is dependent on a reduction in the inequities of social and economic conditions. This relationship makes sense intuitively and has been observed empirically, but how should it inform nursing practice? How can nursing work to improve overall population health and reduce health inequities?

I believe that the answers reside in large part in our nursing values and beliefs. Nursing is renowned for its values, belief systems and practices that are grounded

in caring. Caring underpins our profession and connects nurses on issues that matter, irrespective of our practice setting.

In 2007, I celebrated 25 years of being a nurse. Over the years, the crux of what I care about has evolved and matured. Today, my concern is that every citizen has the opportunity for health and that the barriers and conditions that create inequalities in health status are removed so that the healthy choice can become the

easy choice for each and every Canadian.

The way forward requires that we have a solid understanding of the determinants of health, recognize that social and economic inequalities exist and feel passionate about reducing social inequities. If our goal is to prevent chronic disease and promote health promotion, we must consider two key questions: Are there policies that can be changed that would ensure access for and participation of all Canadians? Are there environmental supports that can be put in place that would ensure access for and participation of all Canadians?

Once we start using a social inequities lens, nurses can ask themselves some hard questions: Why raise awareness of Canada's Food Guide among low-income

Canadians, without also advocating that those individuals have access to an adequate income to purchase healthy food? Why promote physical activity through organized sport and recreation, without also advocating for the social, economic and infrastructure supports that will ensure that no one is excluded because of financial circumstances? Why promote positive parenting, without also advocating for affordable child care and family-friendly workplace policies? Those who are housing insecure or food insecure, who lack access to transportation or who are excluded because of their culture or economic circumstances face more barriers to achieving improved health.

On Valentine's Day, we exchange expressions of caring. Caring can also be a powerful motivator that provides strength to fuel advocacy. What an ideal time to become more familiar with the social conditions that determine health. Make this the month that you commit to using a social inequities lens through which to review your work and commitment to preventing chronic diseases and improving heart health! ■

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