Letter to the Editor/Correspondance

Dear Editor,

I have 35 years experience in many venues of nursing, have worked in five provinces of Canada, and have followed the logical sequence from Marc Lalonde's *A New Perspective on the Health of Canadians*,¹ to Evans, Barer, & Marmor² synthesizing epidemiological evidence to determine the etiology of health and disease – from which emerged 'determinants of health' as a vital concept. Currently teaching community health nursing from a population-focused perspective in an undergraduate Bachelor of Science in Nursing Program, I think of myself as a committed public health nurse, an educator who is fairly aware of the 'big picture', who relearns and applies concepts and perspectives each semester with my students.

Determinants of health are fundamental to understanding the range of factors, conditions, and interactions shown to influence health over the life course.³ But it was a woman from Africa, Wangari Maathai, who made me understand the existence of an 'un-named' determinant of health – government! Infusing all determinants, government threads 'un-named' through the existing literature and research. Maathai, 2004 Nobel Peace Prize laureate, outlines seven areas of concern she learned from her work to reforest her native Kenya – environment, empowerment, education, good government, sustainable development, employment, and the future.⁴ Maathai clearly recognizes the positive effect of good government on the health of humans, stating that good government protects the environment, in effect showing respect for human rights. Maathai's work to effect change challenged govern-

ment's management of land, empowered women to organize to implement activities to stop soil erosion, and developed education programs as a link between community, the environment, and government. Now, from inside government as an elected member of parliament, Maathai looks to future employment and education of rural citizens to sustain and manage environmental resources.

As health professionals, we are aware of the impact of Determinants of Health and the Social Determinants of Health. Among colleagues and with students, educators often discuss the missing determinants of health – war, racism, poverty, literacy, natural disasters, etc. We teach student nurses how to act as advocates to improve the health of populations by understanding community development and empowerment and encouraging engagement as citizens for social justice issues. Students learn about the population health promotion⁵ movement which stresses essential strategies of strengthening community health services, of coordinating healthy public policy, and of fostering public participation. The Population Health Template,³ developed by Health Canada, recognizes public policy within the key elements of population health status, but forgoes naming government as a determinant of health.

The Canadian government – in reaction to reports after Walkerton, SARS,⁶⁻⁸ and escalating 'illness' care costs related to chronic preventable diseases⁹ – established in 2004 a new Pan-Canadian Public Health Agency which aims to strengthen efforts in public health to improve the health of all Canadians. I dream the new Public Health Agency of Canada might work to enunciate GOVERNMENT as a

key determinant to all health issues. Government as a determinant of health needs diligent analysis and measurement of its interactions and links with other determinants, and its impact on the health of populations. I thank Wangari Maathai for naming the un-named, and for inspiring me as an educator and practitioner.

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