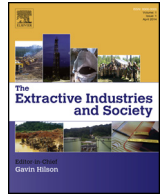




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## Review article

# Linking social determinants of health to corporate social responsibility: Extant criteria for the mining industry

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### ARTICLE INFO

#### Article history:

Received 14 August 2014  
Received in revised form 9 January 2017  
Accepted 9 January 2017  
Available online xxx

#### Keywords:

Corporate social responsibility  
Social determinants of health  
Social justice  
Human rights  
Environmental health

### ABSTRACT

Literature from the disciplines of epidemiology, public health, and social responsibility supports the notion that social determinants of health are plausible criteria to consider when integrating corporate social responsibility (CSR) benchmarks into a firm's business strategy. CSR models have adapted over time to align with stakeholder concerns. Some are more progressive, already including criteria to hold corporations accountable, even in dynamic business circumstances, in addressing issues of sustainable development and environmental health. Future adaptations of CSR models explicitly should incorporate criteria that have the potential to constructively influence social determinants of health. This is especially important for the mining industry, in light of the transnational expansion of its operations, and diffusion into developing countries, where sustainable practices are essential to support occupational, environmental, and public health.

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## 1. Introduction

*Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.*

The Universal Declaration of Human Rights (UDHR), adopted in 1948, is the foundation initiative established by the United Nations that identifies health as a central piece of human rights law. In

1972, the United Nations Conference on the Human Environment elaborated on the UDHR, declaring that “man's environment, the natural and the man-made, are essential to his well-being and to the enjoyment of basic human rights – even the right to life itself.” Although it is not legally binding, the UDHR is accepted as customary law, and is explicit in the declaration that business will use it as a starting point to express a commitment to human rights (Leipziger, 2010). In 2003, at the International Business Leaders' Forum, it was agreed that the UDHR framework offers specific human rights guidance on the diverse challenges affecting a broad spectrum of industries, and should form the basis of a company's human rights policy (IBLF, 2003). This means it is the responsibility of business to comply with each individual right that is relevant to the size and nature of its operations. To address this, businesses

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generally use Corporate Social Responsibility (CSR) models for guidance.

However, there are a number of issues that confound the effectiveness of CSR program implementation. [Abuya \(2016\)](#) indicates that within the mining industry the primary challenges in developing countries include a lack of regulation regarding CSR program design or a national agenda to support it. This gives industry substantial discretion to design programs that benefit corporate rather than local interests. Stakeholders also have the expectation that CSR programming translates directly into the development of tangible projects, and communities become disillusioned when projects do not materialize or are not kept to a defined timeline.

[Gamu et al. \(2015\)](#) conclude that institutions set the stage for the relationship between poverty and extractive resource development. To address poverty in resource-rich communities, livelihood diversification for the poor is essential along with the assurance that, at the national level of low and middle-income resource-rich countries, programs are in place to return benefits of these resource endowments directly to communities. Governments can use revenues from industrial mining operations to directly reduce poverty through sustained investment in health care and education or indirectly by financing infrastructure projects.

[Basu et al. \(2015\)](#) found that initial and ongoing engagement with local communities can improve investment outcomes for corporations. In this particular case from Australia, genuine corporate engagement with the community resulted in the ability of the corporation to overcome the negative impacts of mining operations. The company initiated a relationship with stakeholders and community groups, educating its staff and the community from the beginning. As a result, the company is perceived as a good corporate citizen, building trust, and known for transparency, consistency, and reliability.

A review of [Leipzig \(2010\)](#), which entailed critically examining the components of 15 relevant CSR models pertaining to environmental health, indicates that such models do not comprehensively address “standards of living adequate for health.” The purpose of this article, therefore, is to review how current CSR models do not consistently include the social determinants of health, essentially the social gradient in disease and its impact on life expectancy, and how linking social determinants of health to CSR models may improve human rights policy. Given the evolution of CSR models since the 1950s, with the addition of new categories, including “diversity,” “environmental responsibility,” and “ethical orientation,” explicit inclusion of the social determinants of health as part of CSR makes sense ([Lee, 2008](#)). In addition, given that strategic health management requires linking health objectives with an organization’s business strategy, which also involves organizational change through various developmental phases, and the coordination of health management plans with annual business plans and organizational development strategies ([Dunphy et al., 2007](#); [Zwetsloot and Scheppingen, 2007](#)), inclusion of social determinants of health will serve to strengthen CSR, specifically as it relates to human rights.

## 2. The importance of the social determinants of health

This section of the review will familiarize readers with the social determinants of health, and provide a brief history of the development of corporate social responsibility policy. *Social determinants of health* (SDH) are broadly defined as the circumstances in which people live and work that have the potential to powerfully influence health ([Brunner and Marmot, 2006](#)). In 1967, Professor Sir Michael Marmot began the Whitehall Study, investigating cardiorespiratory disease in British civil servants.

In this research, Professor Marmot first observed the *social gradient*, whereby social hierarchy and the organization of work are linked to health and disease:

In relation to the social gradient, observed in the Whitehall studies of British civil servants ([Marmot et al., 1984, 1991](#)), we argued that it is significant that it runs right across the social hierarchy from the top employment grades to the bottom. The fact that civil servants in the second grade from the top have worse health than those at the top shows that we are dealing not only with the effects of absolute deprivation. Rather, position in the hierarchy is important ([Brunner & Marmot, 2006, p. 6](#)).

The Whitehall researchers determined that there was an inverse association between level (grade) of employment and mortality from coronary heart disease ([Marmot et al., 1984](#)). This outcome was attributed to the socioeconomic status of workers. Within countries, the evidence demonstrates that the lower an individual’s socioeconomic status, the worse their health will be. This is the *social gradient*, a global phenomenon which dictates that health inequalities affect everyone across the socioeconomic spectrum. In real terms, this means that populations existing on the lower rungs of the *health gradient* – a statistical certainty confirming that health follows a social gradient sensitive to psychosocial and economic factors – are destined to experience a shortened lifespan ([Marmot and Wilkinson, 2008](#)). The health gradient is a succinct representation of the social determinants of health.

Social determinants of health are more specifically defined as the environmental circumstances in which people are born, grow up, live, work, and age, including the economic, social, and political forces that shape the lives of individuals, and how these conditions affect a wide range of health and quality-of-life risks and outcomes ([CDC, 2013](#); [U.S. Department of Health and Human Services, 2010](#)). Extensive research indicates that social and economic determinants have a fundamental influence on health. Therefore, conditions existing within the larger contextual environment are integral to the health of communities and populations ([McMichael, 2001](#); [Marmot and Wilkinson, 2008](#); [Syme and Berkman, 2013](#); [Williams and Sternthal, 2013](#); [Banks et al., 2013](#)). Social determinants of health are evident in the Universal Declaration of Human Rights. According to the Joint Statement of the United Nations Platform on Social Determinants of Health:

... there is growing recognition that non-communicable diseases are one of the major causes of mortality and morbidity globally. The causes and determinants of non-communicable diseases are wide ranging and include exposure to environmental toxins, unhealthy diets and various forms of malnutrition, tobacco use, excess salt and alcohol consumption, and increasingly sedentary lifestyles. These proximal drivers are, in turn, linked to broader social conditions, such as low and insecure income, poor housing and working conditions, inadequate transportation systems, and misguided agricultural and education policies. Moreover, these social conditions are shaped by patterns of national and international economic development, international commerce, environmental conditions, finance, advertising, traditions, culture and communications. (p. 3)

Stress, social tensions, and the disruption of community and culture, environmental degradation and contamination, and inequitable distribution of wealth are some of the defining characteristics of the social determinants of health. Typically, when a population lives under these conditions, individuals lack control over their lives, which results in higher mortality rates

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