



LESSONS LEARNED FROM TEN YEARS OF EDUCATION, ENGAGEMENT, AND POLITICAL ADVOCACY

SAMANTHA GREEN, MIKE BENUSIC, LUCY BARKER
TORONTO PEOPLES' SOCIAL FORUM
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Introductions

Presenter Disclosures

We approach this work from a privileged position as health care providers. We do not speak on *behalf* of people living in poverty; we speak as *allies* to these individuals.

Objectives

1. Discuss how poverty leads to poor health
2. Review methods that health care providers have used to address this
3. Reflect on successes and challenges of HPAP
4. Brainstorm how we can harness our individual skills and expertise in a variety of fields to work for progressive action on poverty

What Is Poverty?

“Poverty Line” – lack of material resources

Low Income Cut Off (LICO)

\$30,487 per year (\$2540 per month)

Statistics Canada, 2013

**lack of access to power
social and political exclusion
systemic disenfranchisement**

Poverty in Canada

15% of Canadians live in poverty¹

Toronto: **19%**²

1 in 7 children live in poverty in Canada³

Toronto: **1 in 4**²

156,000 Ontario households waiting for affordable, rent-geared-to-income housing⁴

¹ Statistics Canada 2013

² City of Toronto 2015

³ UNICEF 2012

⁴ Ontario Non-Profit Housing Association 2012

Poverty in Toronto

“Toronto is the national capital of working poverty, and the provincial capital of income inequality”

Over the past 6 years

cost of child care ↑30%

rent ↑13%

cost of public transit ↑36%

median income in Toronto ↓2.8% (\$33,601 to \$32,670)

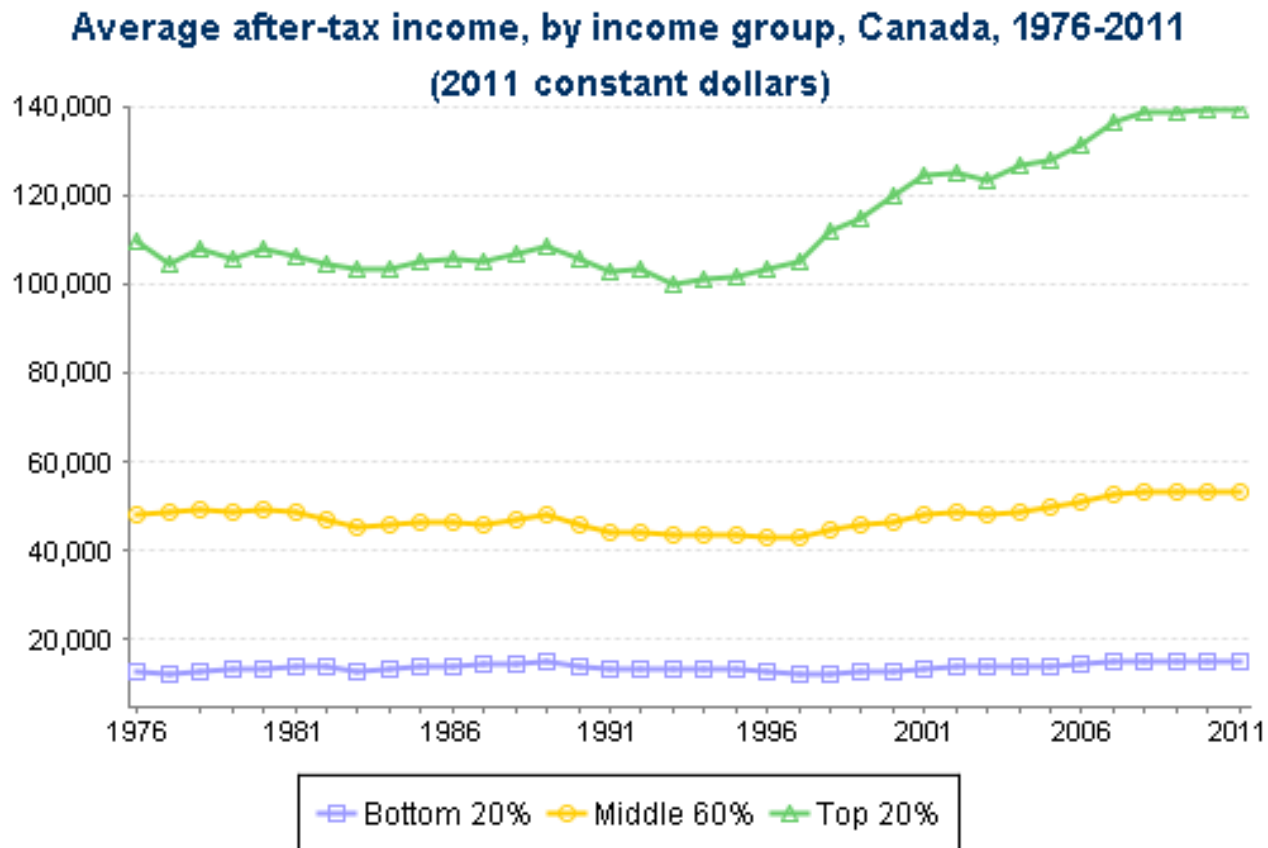
16,800 children on waiting list for subsidized care

78,000 households waiting for affordable housing



TO Prosperity: Interim Poverty Reduction Strategy

Income Inequality



Poverty in Canada

Women, children, aboriginal peoples, people with disabilities and racialized people are disproportionately affected by poverty

Social Assistance In Ontario

	Monthly	Yearly
<i>Ontario Works</i>	\$656	\$7,872
<i>Ontario Disability Support Program</i>	\$1098	\$12,936
<i>Low-Income Cut Off</i>	\$2540	\$30,487

ODSP recipients report having
less than \$4 per day to spend on food

OW recipients report **less than \$1 per day**

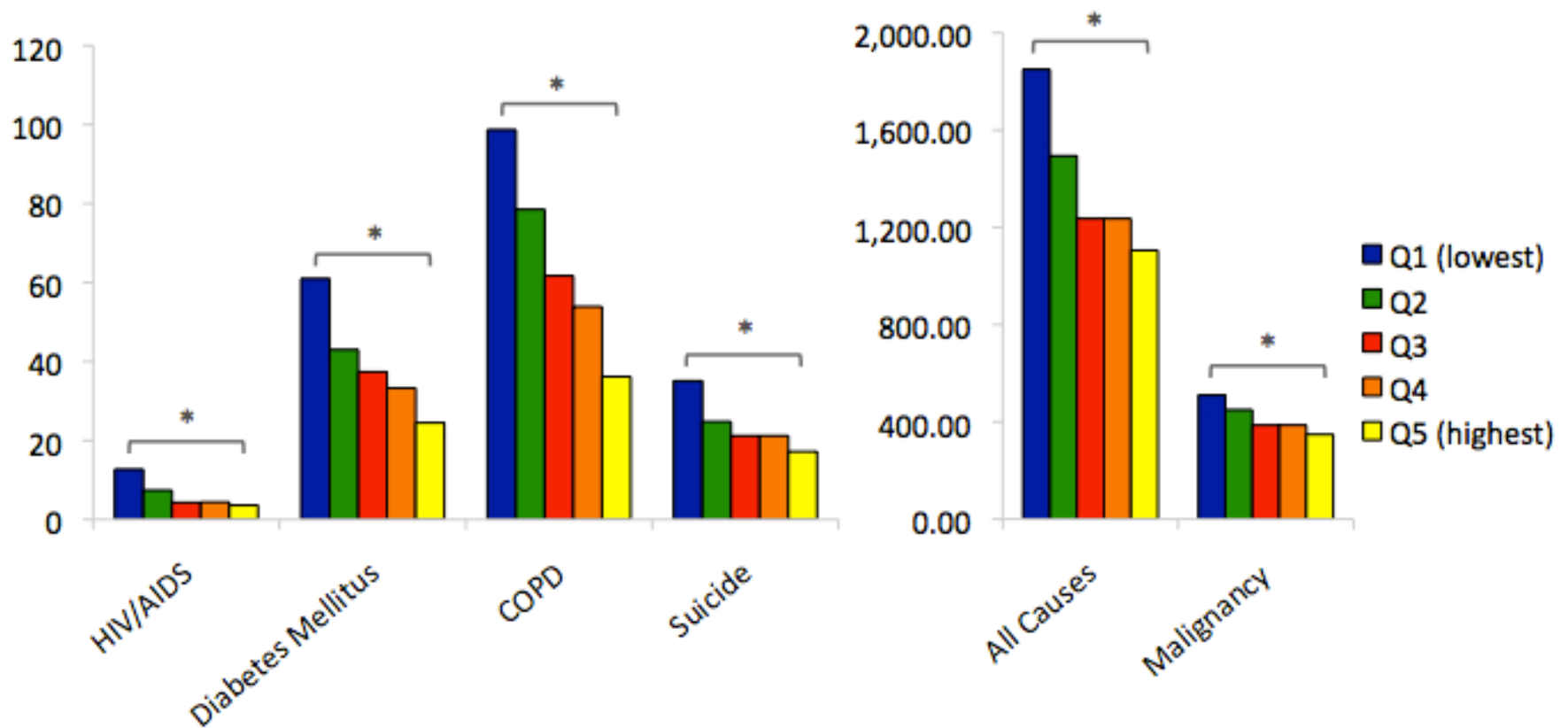
Pinto et al., 2010.

Income and Health

Income is the single most important factor which determines whether someone is healthy or not

Canadian Population Health Initiative, 2004

Income and Health



Age-Standardized Mortality Rates For Selected Causes By Income Quintile Q1-Q5

Statistics Canada, 2013

Income and Health

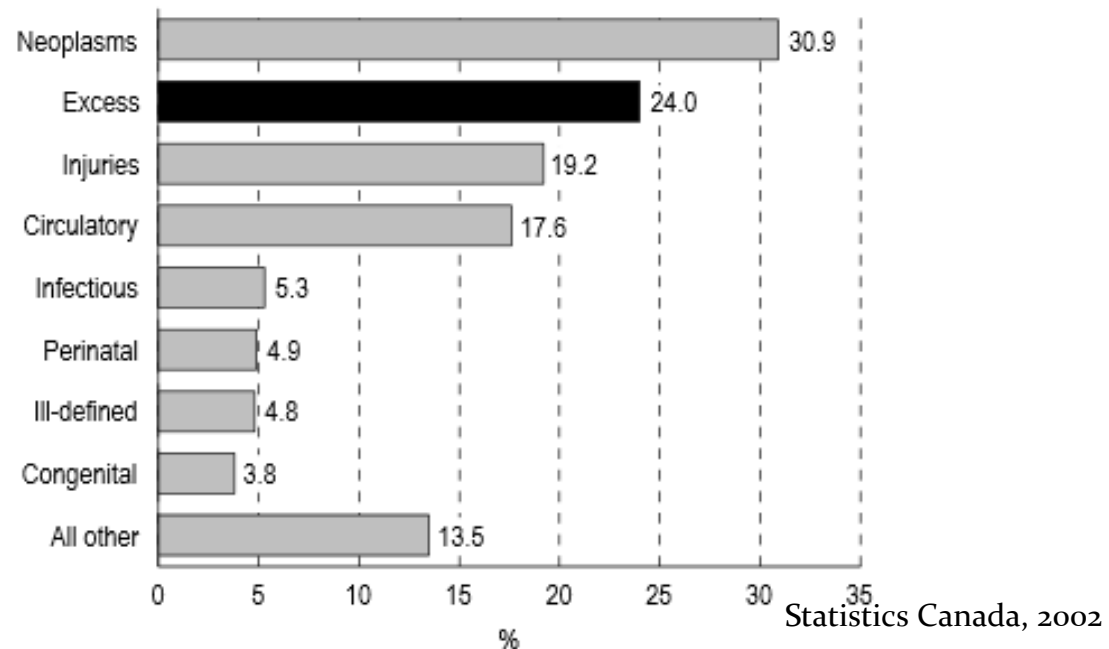
Infants living in poverty have **60% higher mortality** before 1-yr of age

Children from low-income families are at higher risk of;

- low birth weight
- learning difficulties and mental health problems
- micronutrient deficiencies
- asthma
- injuries and hospitalization

Income and Health

poverty accounts for 24% of person years of life lost in Canada



eliminating poverty would be as impactful as eliminating injuries or heart disease

Reactions / Reflections

Health Providers Against Poverty (HPAP)

Multidisciplinary alliance of health care providers

Started in 2005 with the “Special Diet Campaign”

Initially Toronto-based, now Canada-wide connections

HPAP Mission Statement

Poverty represents a serious but reversible threat to health. As health providers we often enjoy privilege and access to power which many others do not. As a high-impact health intervention, we will work to eliminate poverty and reduce health inequities.

HPAP Objectives

Contribute towards the movement for income security and social security for all

Raise awareness about the health impacts of poverty

Engage health providers and people living in poverty in social and political change

Strategies

Direct action

Political lobbying

Collaboration

Public education

Health provider education



Strategies – Direct Action

Special Diet Campaign

- Initiated by Ontario Coalition Against Poverty in Feb 2005
- Part of the provincial “Raise the Rates” campaign
- Extra funds available to people on social assistance for nutritious foods if medical conditions verified by health care provider
- Histories taken by volunteer providers and forms completed
- > 20 community clinics



Strategies – Direct Action



Strategies – Direct Action



Strategies – Direct Action



Strategies – Political Lobbying

Letters to government representatives

Pre-budget submissions

Government consultations



Strategies - Collaboration

Ontario Coalition Against Poverty (OCAP)

Workers Action Centre

Put Food in the Budget

25 in 5 Network

Raise the Rates

Hamilton Roundtable for Poverty Reduction

Health For All

YWCA Hamilton

Strategies - Collaboration



Strategies – Public Education

Media Coverage

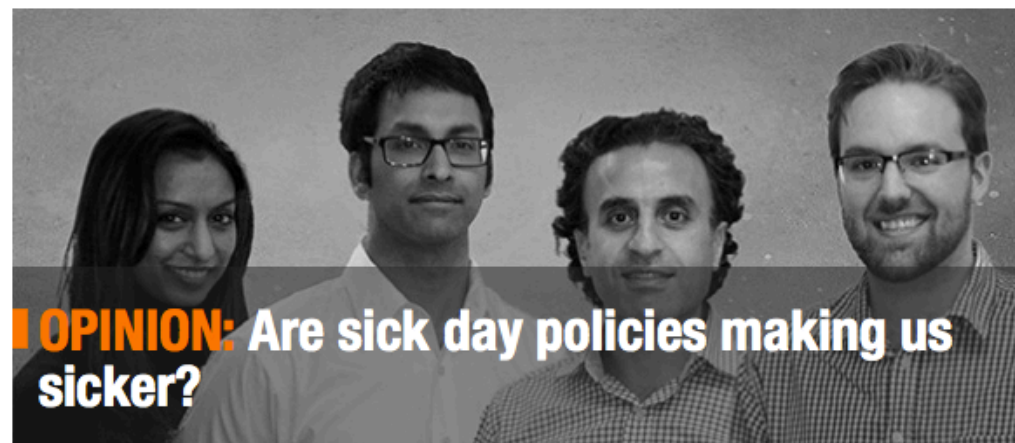
Press Releases

Lectures

Blogs

Interviews

Op Eds



by Mike Benusic, Chantel Lutchman, Najib Safieddine & Andrew Pinto
MARCH 18, 2015

Holding on to disability benefits an unfair struggle

» thestar.com «

By Ritika Goel, www.thestar.com

May 28th, 2015

[View Original](#)

THE GLOBE AND MAIL

As a doctor, here's why I'm prescribing tax returns. Seriously

GARY BLOCH

Contributed to The Globe and Mail

Published Wednesday, Mar. 20, 2013 7:10AM EDT



Health Providers Call For 'Livable' Minimum Wage

Press Conference – January 14, 2014



Strategies – Provider Education

Educational initiatives for:
health care providers
medical students
nursing students

Ontario Medical
Review Series: 2008, 2013

Poverty Interventions
for Family Physicians

POVERTY:

A clinical tool
for primary care
in Ontario

Poverty requires intervention
like other major health risks:
The evidence shows poverty
to be a risk to health equivalent
to hypertension, high
cholesterol, and smoking. We
devote significant energy and
resources to treating these
health issues. Should we treat
poverty like any equivalent
health condition?

Of course.

*"There is strong and growing evidence
that higher social and economic status is
associated with better health. In fact,
these two factors seem to be the most
important determinants of health."*
— Public Health Agency of Canada

Poverty accounts for 24% of person years of life lost in Canada
(second only to 30% for neoplasms).²
Income is a factor in the health of all but our richest patients.

ONTARIO COLLEGE OF
FAMILY PHYSICIANS

Family & Community Medicine
UNIVERSITY OF TORONTO

Successes

Increased Recognition of Link Between Poverty & Health

- CMA Report *What Makes Us Sick* (July 2013)
“Poverty is the most important factor and must be addressed”
- Ontario Medical Review (October 2013)
“It is clear poverty represents a serious but modifiable threat to health”
- RNAO Newsroom (August 2013)
“Poverty reduction is one of our biggest priorities”
- Canadian Family Physician (June 2012)
“Further research into how primary care teams can screen for and intervene in our patients’ poverty is necessary to understand how best to improve health outcomes.”

Successes

Increased minimum wage to \$11/hour in Ontario and to increase with inflation

- Continuing to advocate for further increase to \$15/hour

Work with Canadian Doctors for Refugee Care and other groups led to court ruling in November 2014 forcing the federal government to reverse most cuts to refugee health care

More recent success slowing confusing ODSP reviews; ongoing collaboration with ISAC and the provincial government to streamline the ODSP review process

Challenges

How to identify, agree on, and disseminate timely media responses to ad hoc issues?

How do we create a credible, interdisciplinary advocacy group?

How do we move beyond the silos of our respective disciplines?

How do we leverage our privilege while still respecting those with lived experience of poverty?

Discussion

- How does this reflect what you have experienced in your own advocacy work?
- How can organizations like HPAP advocate with people rather than just on behalf of people? How can we empower the voices of those living in poverty rather than just speaking for these people?
- What other strategies can HPAP adopt to better address poverty?
- Are there novel ways that you can use your skill set or expertise to work towards progressive action?