



The impacts of Poverty on Health

September 9, 2011

Health Providers Against Poverty

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Outline

Today we will...

- Talk about health inequity in Canada
- Explore how poverty comes up in our work
- Discuss challenges and opportunities to address poverty in Ontario
- Discuss ways to fight back and improve health and health equity

Health is Political

Economic policy
ex. low ODSP/OW rates

Politics



Poor access to food
Chronic stress

SDOH



Diabetes and
complications

Health

Getting started

Why did you come to today's conference and what do you want to learn at this workshop?

Have you seen the impacts of poverty on health?

Public Health Agency of Canada (2004)

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**.

World Health Organization (2008)

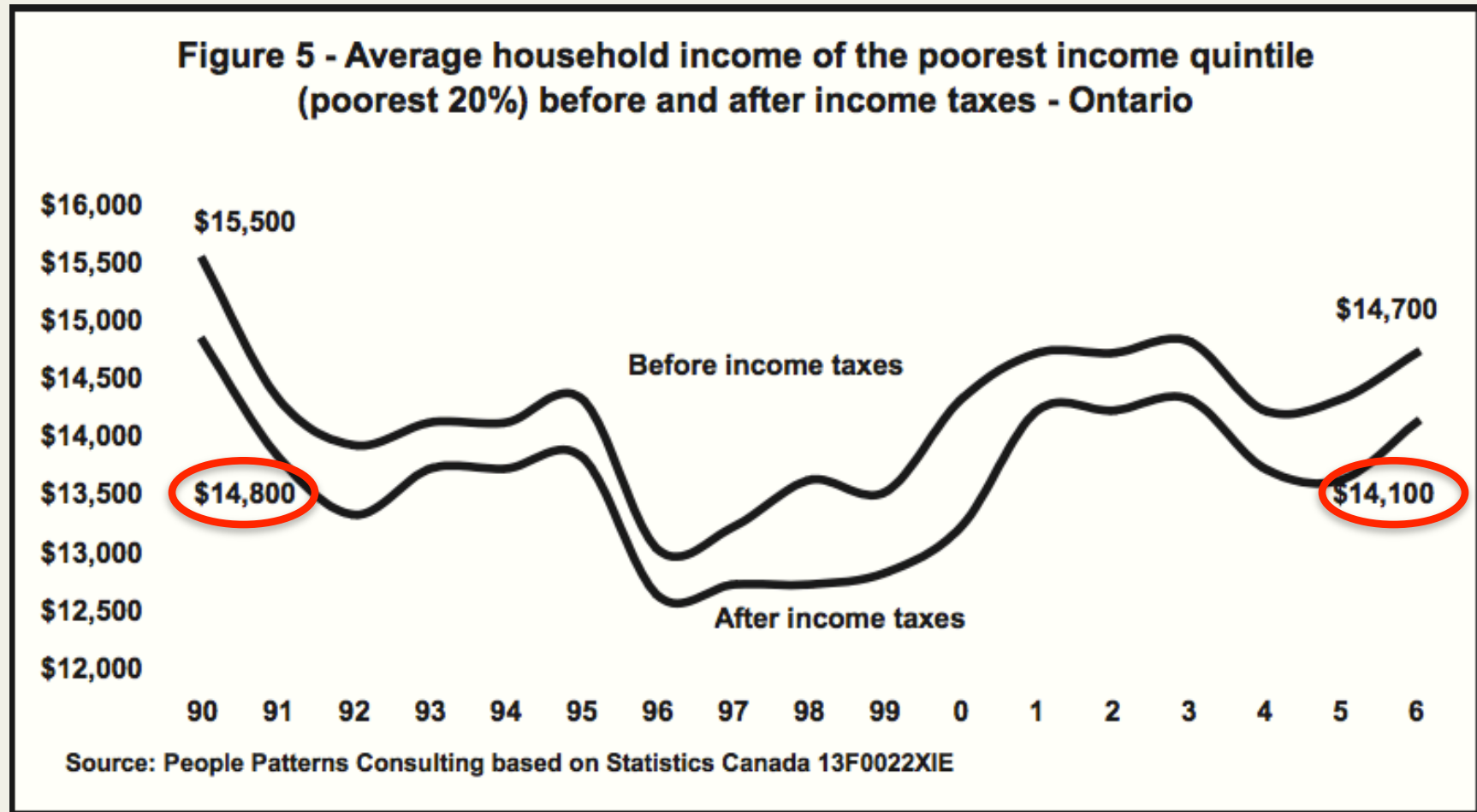
Inequity in the conditions of daily lives is shaped by deeper social structures and processes; the **inequity is systematic**, produced by policies that tolerate or actually enforce **unfair distribution of and access to power, wealth**, and other necessary social resources.

Health inequities are...

“...differences in health that
are unnecessary, avoidable,
unfair and unjust”

(Whitehead)

Poverty in Ontario



The Cost of Poverty. Assoc of Foodbanks. 2008

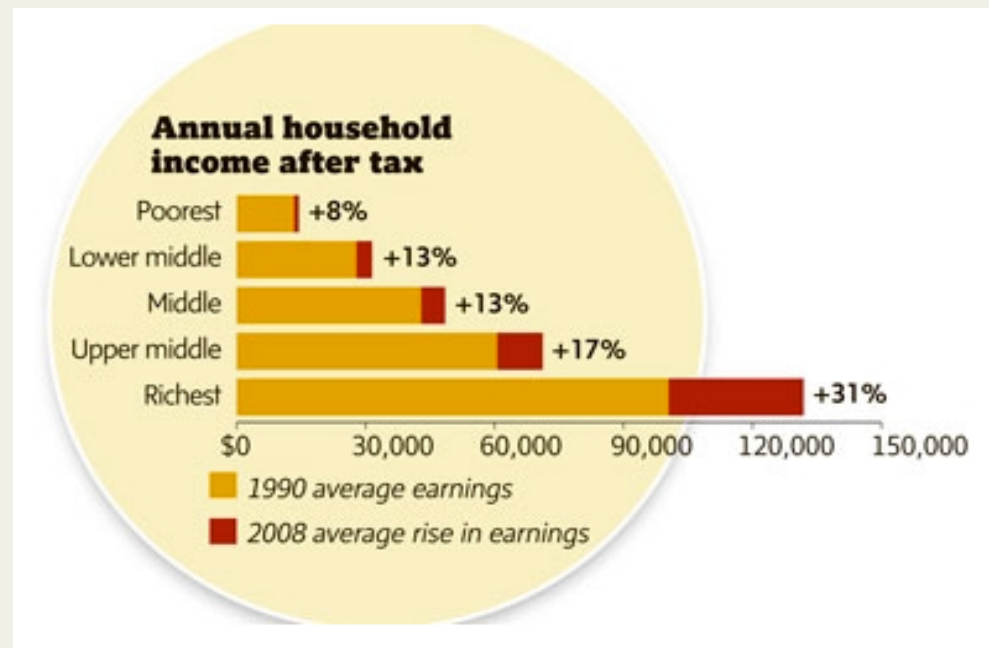
How paying people's way out of poverty can help us all

ANNA MEHLER PAPERNY AND TAVIA GRANT

Globe and Mail Update

Published Thursday, May. 05, 2011 7:37PM EDT

Last updated Friday, May. 06, 2011 1:55PM EDT



Globe and Mail. May 5, 2011

What does health inequity look like in Canada?



Mortality

Homelessness cuts life short.



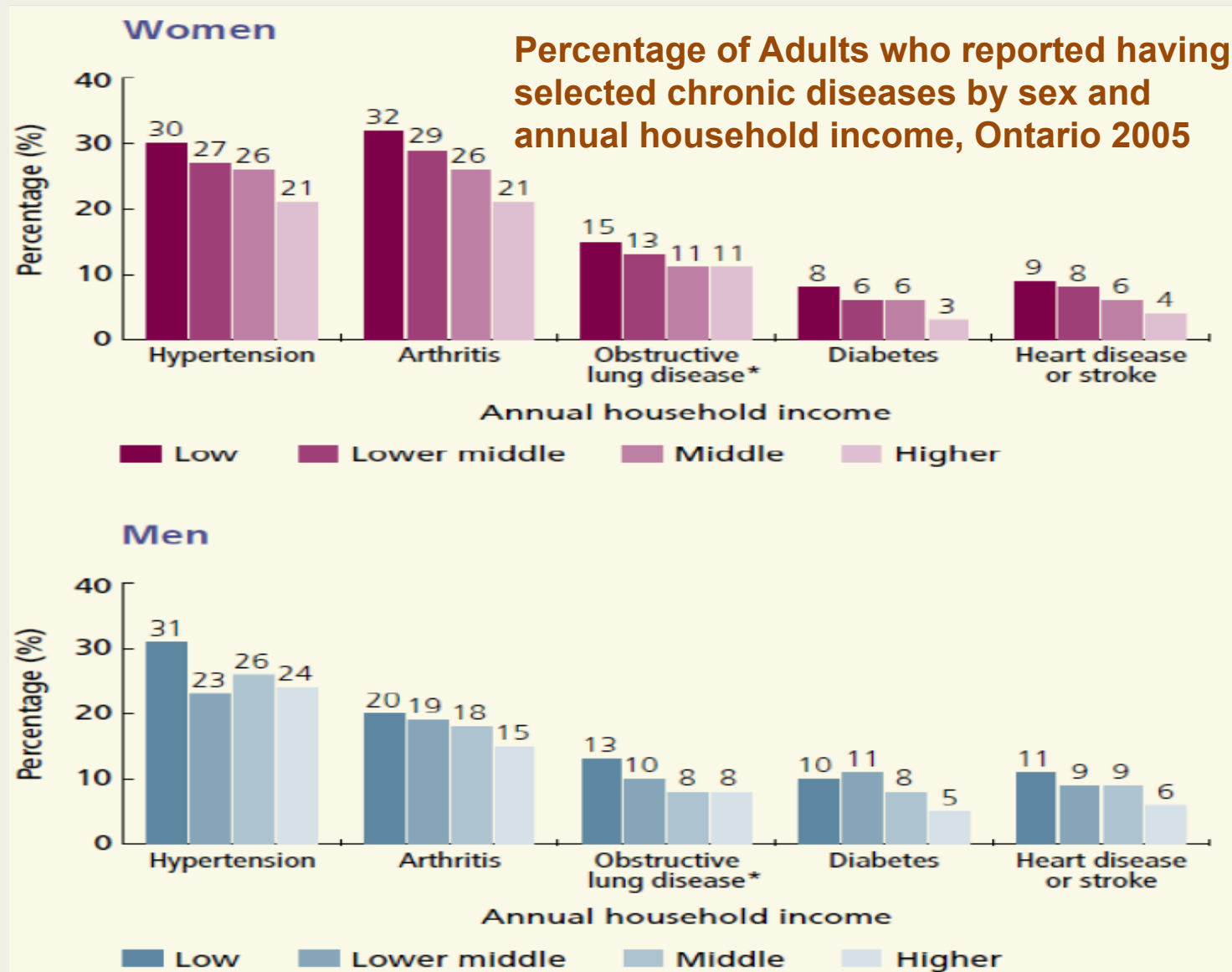
LIFE EXPECTANCY AT AGE 25:

AVERAGE CANADIAN MAN: 77 YEARS

AVERAGE CANADIAN MAN WHO LIVES IN A SHELTER: 64 YEARS

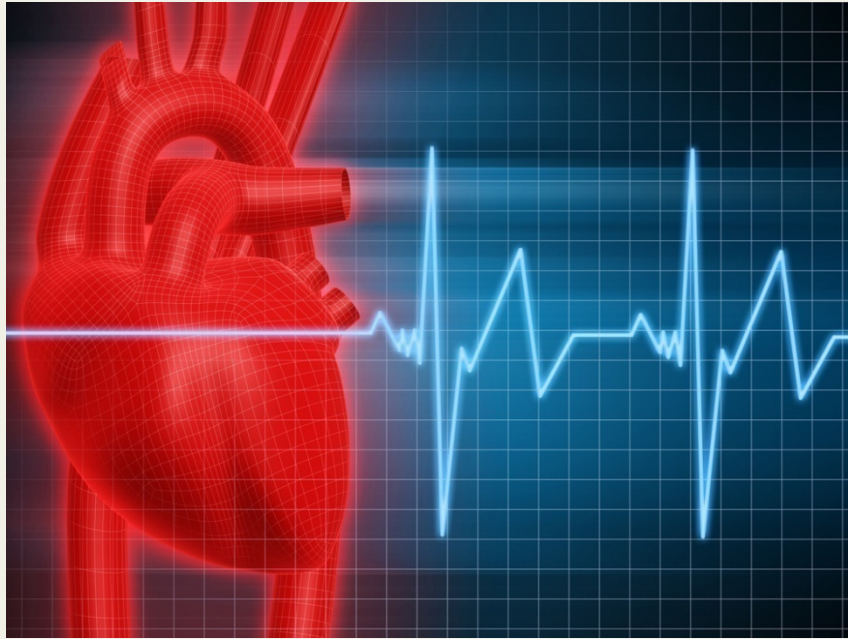


Source: Hwang SW, Wilkins R, Tjepkema M, O'Campo PJ, Dunn JR. Mortality among residents of shelters, rooming houses, and hotels in Canada: 11 year follow-up study. *BMJ*. 2009 Oct 26;339:b4036. Centre for Research on Inner City Health, St. Michael's Hospital.



Bierman AS, Ahmad F, Angus J, Glazier RH, Vahabi M, Damba C, Dusek J, Shiller SK, Li Y, Ross S, Shapiro G, Manuel D. (2009) Burden of Illness. In: Bierman AS, editor. *Project for an Ontario Women's Health Evidence-Based Report: Volume 1*: Toronto; 63

Heart Disease



McKeown, D., et. al. (2008) *Toronto Public Health: Unequal City: Income and Health Inequalities in Toronto.*

In Toronto, men in the *lowest* income group have a premature mortality rate from cardiovascular disease **13% above** the overall rate for Ontario

If everyone had the premature mortality rate of the *highest* income group, there would be **21% fewer premature deaths** from heart disease.

Diabetes

Prevalence of diabetes is **more than double** in the lowest income group compared to highest income group

Deaths related to diabetes
70% higher for women
and 58% for men



Bierrman AS, Ahmad F, Angus J, Glazier RH, Vahabi M, Damba C, Dusek J, Shiller SK, Li Y, Ross S, Shapiro G, Manuel D. (2009) Burden of Illness. In: Bierman AS, editor. *Project for an Ontario Women's Health Evidence-Based Report: Volume 1*: Toronto; 63

Cancer

- Lower income groups have higher rates of oral, lung and cervical cancer
- Lower 5 year survival rates for most cancers
- Lower income women face more barriers to screening tests such as Paps and mammograms



Krzyzanowska, M.K., et. al. (2009) Cancer. In Bierman, A.S., editor. Project for an Ontario Women's Health Evidence-Based Report: Volume 1. Toronto, 35 .

Conway, D.I., et. al. (2008) "Socioeconomic inequalities and oral cancer risk: A systematic review and meta-analysis of case-control studies," International Journal of Cancer, 122, 2814.

Shack, L., et. al.,(2008) "Variation in incidence of breast, lung and cervical cancer and malignant melanoma of skin by socioeconomic group in England," BMC Cancer, 8, 271.

Singh, G.K., et. al.,(2003) "Area Socioeconomic Variations in US Cancer Incidence, Mortality, Stage, Treatment, and Survival, 1975-1999," NCI Cancer Surveillance Monograph Series, No. 4. Bethesda, Md: National Cancer Institute, 95.

Mental Health



Smith, et. al., (2007) "Gender, Income and Immigration Differences in Depression in Canadian Urban Centres," Canadian Journal of Public Health, 98(2), 149.
Lightman, E., Mitchell, A. & Wilson, B.. (2009) Sick and Tired: The Compromised Health of Social Assistance Recipients and the Working Poor in Ontario. Wellesley Institute, Toronto, 12.

- Prevalence of depression is 58% greater in lower income populations compared to the Canadian average
- Suicide attempt rates are **18 times higher** for social assistance recipients than for people with higher incomes

Chronic Disease and Disability

The poorest Canadians are twice as likely to have multiple chronic health conditions compared to those with the most income.

Canadians with the least income have significantly more disability days than those with higher incomes.



Case Study: Part 1

- You are a personal support worker in home care. You visit a older woman, Leila, for baths every second week.
- At today's visit, there is a man sleeping on the couch. Leila explains that Gordon is an old friend. He normally stays in shelters or outside but asked if he could stay for a couple of days because he is feeling really sick. Like Leila, he is a diabetic.
- You notice that Gordon is coughing and sweaty. There is a community health centre down the street where some of your clients see a doctor. You suggest he could go there for help.
- It has been hard on Leila to take care of him because of her own health issues. The unit she lives in is small. You know her income comes from Ontario Works because she has asked you to help her figure out how to get supplies for her diabetes care. She used to get \$250 from the Special Diet Allowance but that has just been just cut to only a few dollars a month. She mentions she has been feeding her friend but now money has run out and she is going to the food bank, if she make it there on the TTC.

Question for reflection and discussion

- In this case study, how do you think Leila and Gordon's social and living conditions affect their health?

Health System Values

- Values determine how we understand, talk about and take action on health problems.
- What are some of the values that you see in our health and social services systems?
- What are some individual values that you have about health and caring for others?

Case Study, Part 2

- The following week, you pick up an extra shift at the hospital.
- You walk into a room and realize that Gordon is now an inpatient.
- He was admitted for pneumonia. He looks better today than when you saw him before. He tells you it's been good to eat three meals a day, even if it is hospital food.
- He is being discharged the next day. He tells you he has no money and no place to stay. He will likely be back at the shelter or sleeping outside by the day after tomorrow.
- You overhear the CCAC discharge planner saying that they expect him to return to Leila's bachelor apartment, since that is the address he gave when he came into the emergency department. She seems in a rush and says she doesn't have time to find somewhere else for Gordon to stay.

Questions for reflection and discussion

- In this example, how do the values of the health and social services systems determine what kind of care Gordon and Leila get and, ultimately, the quality and length of their lives?
- What are the most important issues impacting Gordon's health? What could you do to help?

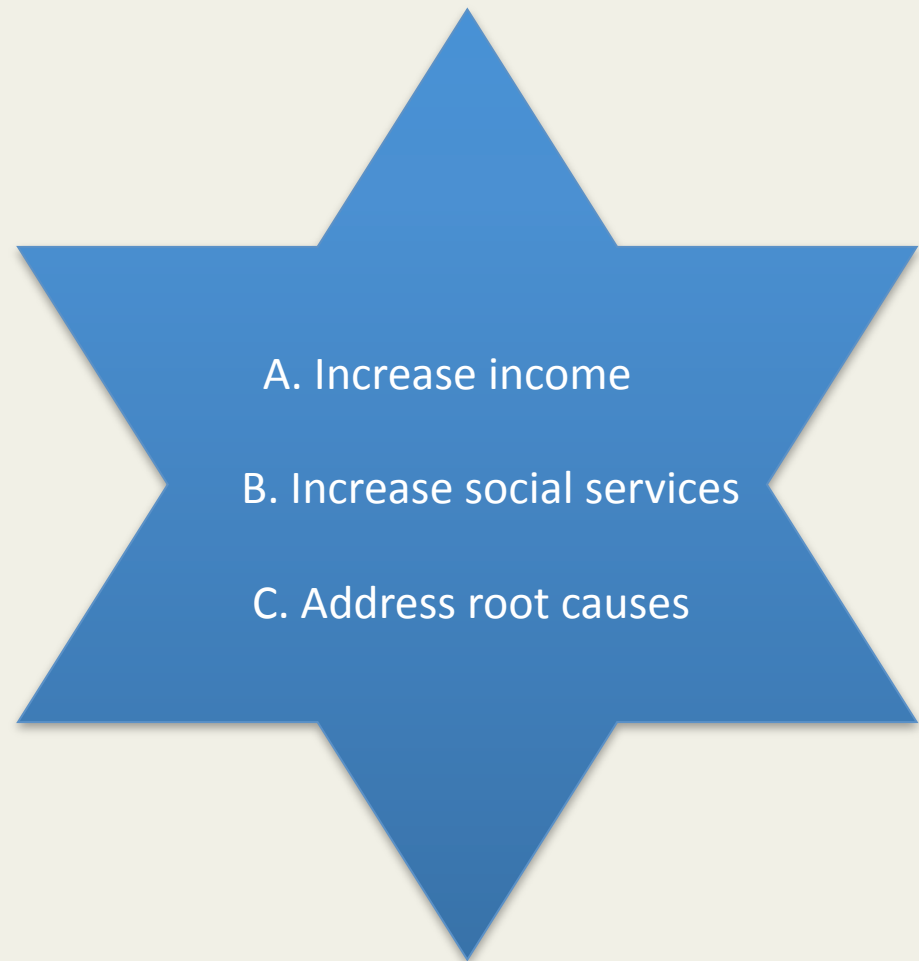
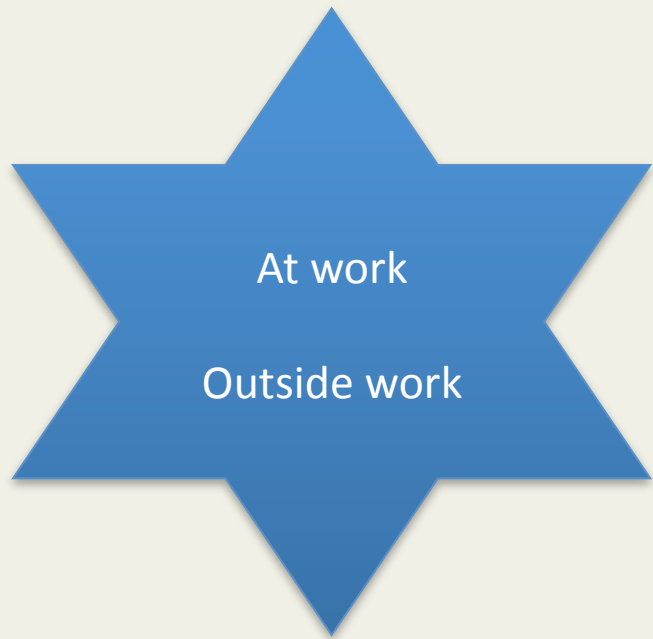
Address Root Causes



Austerity

- **Internationally** – cuts to health services in UK, Greece, Spain
- **Nationally** – push towards healthcare privatization, user fees for health
- **Provincially** – cuts to the Special Diet
- **Locally** – Ford's plans to:
 - Cut daycare spaces
 - Cuts to libraries
 - Reject funding for public health nurses
 - Threatened cuts to EMS
 - User fees for community spaces/programs

Poverty Interventions



Discussion – Fightback!

- Examples of effective anti-poverty work in your workplace?
- Barriers to anti-poverty work?
- Ideas for action?

SEPT 10TH TOSTOPTHECUTS@GMAIL.COM
TORONTOSTOPTHECUTS.COM
12PM-5PM @ DUFFERIN GROVE PARK

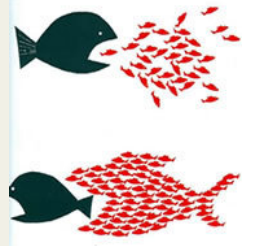
STOP FORD'S CUTS

*Free Refreshments/Food
*Musical Performances *TTC Tokens Available

*Language Translation (Spanish & ASL-English) *Free On-site Childcare

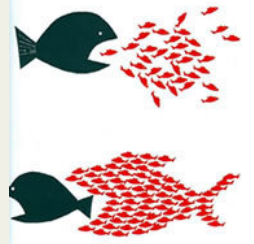


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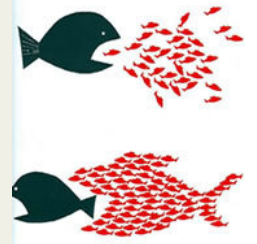


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