

Meeting with The Honourable Deb Matthews
Wednesday, October 25, 2006

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Health Providers Against Poverty

Issue

The health effects of poverty should be actively considered and addressed by the Ontario Ministry of Community and Social Services.

Background – The Relationship Between Poverty and Health

Many researchers have shown that poverty leads to ill health. In fact, poverty has convincingly been shown to be the most powerful determinant of health. Low income results in large disparities in key health indicators including life expectancy, infant mortality, disability, and chronic illness. Statistics Canada confirms that Canadians living in the poorest 20% of neighbourhoods are more likely to die from a variety of diseases, including cancer, cardiovascular disease, diabetes, and respiratory illnesses than other Canadians. The same data show that 23% of all premature years of life lost (a measure of preventable mortality) in Canada can be attributed to differences in income.

Research also shows that people who live in countries with less income inequality have better health. For example, child poverty rates in Norway are lower than in Canada; correspondingly, infant mortality in Norway is also lower than in Canada.

The effects of poverty on health accumulate across the lifespan. A recent report from the Canadian Institute for Child Health shows that Canadian children living in poverty are more likely to be admitted to a hospital, more likely to experience mental health problems and more likely to perform poorly in school and drop out.

Community consultations done by the Toronto Centre Local Health Integration Network (LIHN) in spring 2006 identified the importance of using the “social determinants model of care”, that specifically considers economic conditions, as a framework from which to address health issues.

Health Providers Against Poverty is a diverse group of front line health professionals who work with people living in poverty. It was formed in 2005 to educate health providers and policy makers about the effects of poverty on health, and to advocate for an end to poverty and its health-related consequences.

Poverty in Ontario – Key Considerations

According to the National Council on Welfare, 11.7% of Ontarians lived in poverty in 2001, including one in eight children. (The poverty rate is calculated using Statistics Canada’s low income cut-off measure.)

Specific populations are more likely to experience poverty. For example, a recent report by Michael Ornstein, a professor at York University, demonstrated that poverty in the

Toronto Census Metropolitan Area is racialized: the proportion of individuals from non-European backgrounds living below the poverty line is more than 20%, compared with only 10% for individuals of European background. Over 40% of single mothers (and children living with single mothers) live in poverty according to the National Council on Welfare.

Although welfare rates in Ontario have recently been increased, the cuts imposed by the previous government have not been reversed. Accounting for these cuts and the effect of inflation, welfare recipients have 21-37% less spending power today than they did in 1994, and have less than they did when the current government came into power. Welfare incomes provide individuals with only 40-60% of the income needed to reach the poverty line. More importantly, welfare incomes do not provide recipients with the means to live in a healthy way. A 2004 Toronto Public Health analysis demonstrated that single individuals on Ontario Works could not afford both housing and food. Those living in non-subsidized apartments would need an extra \$285 per month to afford to purchase a nutritious diet.

Recommendations

1. The Ministry of Community and Social Services should consider the health effects of low income when making policy decisions. **Health Providers Against Poverty would be pleased to review draft policy and comment on its health implications.**
2. The Ministry of Community and Social Services should work with the Ministry of Health to jointly address the health issues of low income Ontarians, specifically those on Ontario Works and the Ontario Disability Support Program. **Health Providers Against Poverty would be pleased to contribute its expertise to, and participate in, discussions or joint meetings.**
3. The Ministry of Community and Social Services should raise social assistance rates by 40% to return them to pre-1995 levels. **Health Providers Against Poverty would be pleased to provide an analysis of how this action would improve the health of those on social assistance.**
4. The Ministry of Community and Social Services should end the clawback of the National Child Benefit. **Health Providers Against Poverty would be pleased to provide an analysis of how this action would improve the health of those on social assistance.**

Please feel free to contact us any time through Dr. Tara Kiran at tara.kiran@utoronto.ca, or Dr. Gary Bloch at gary.bloch@utoronto.ca or 416-995-7018.