

Welcome! To the inaugural issue of the HPAP Newsletter. Health Providers Against Poverty came together formally as a network in 2005 to focus public attention on the reversible health impacts of poverty and low income. Our membership includes a cross section of front-line providers, including physicians, nurses and nurse practitioners, dietitians, health promoters, outreach workers and the like. We are involved in lobbying governments, educating health providers and the public on the health effects of poverty, and participating in creative direct action such as holding a mass “special diet” clinic on the front lawn of Queen’s Park. This newsletter is intended to keep our membership and other people who are interested in our work updated on our activities. If you want to become more involved, check out our website and contact us!

Provincial Finance Hearings

Catherine Oliver, on behalf of HPAP and with the support of Janet Maher, submitted a brief to the Ontario pre-budget hearings in January 2008 in which we called for substantive increases to social assistance rates and the minimum wage, as well as increased affordable housing.

Speech to the Registered Nurses’ Association of Ontario (RNAO) Board of Directors

In late January 2008 HPAP member Kathy Hardill addressed the Assembly of the RNAO Board of Directors. This group is comprised of RNAO leaders and provincial chapter delegates from across Ontario. The talk focused on how nursing leadership can address the social determinants of health. Out of this RNAO has requested the development of a workshop module designed to educate staff level nurses across the province on how to integrate the social determinants of health into every day nursing practice.

Ontario Budget

The March 2008 provincial budget promises action on poverty reduction. However, a 2% increase to social assistance rates will not reduce the poverty experienced by social assistance recipients. No targets to reduce poverty have been set. The Federal Child Tax Benefit will continue to be clawed back by the province. Grossly insufficient funds were allotted to affordable housing. Although the monies promised for broader dental coverage and nutrition programs are encouraging, it remains to be seen how many people will actually benefit.

25 in 5 Campaign

This campaign seeks to reduce poverty by 25% in 5 years, and by 50% in 10 years. It is an Ontario-based multi-sector network comprised of over 100 provincial and community organizations working to eliminate poverty. For more information, check out www.25in5.ca.

25 in 5 hosted a day long forum in Toronto in April 2008 to build momentum for Ontario’s poverty reduction plan. HPAP representatives Catherine Oliver, Anne Egger, Lynn Anne Mulroney and Janet Maher presented a workshop on why poverty reduction makes sense from a health standpoint.

Nutritious Food Basket Reports – A Serious Disconnect?

Public Health Units across the province are in the process of releasing their annual reports on the costs of eating nutritiously. These reports traditionally provide very accurate information on the gaps between what it costs to eat healthy food, and the amount of money low income people have to spend on food. Begs the question: why calculate the discrepancy if we do not use the information to set social assistance rates and minimum wage levels? Watch for the release of these reports sometime in May 2008.

HPAP members to know!

One of the founding members of HPAP is **Catherine Oliver**. Catherine grew up in Petrolia, a small town near Sarnia, Ontario. She obtained degree in history before studying medicine at McGill. She began her practice in Wawa doing the full spectrum of rural family medicine – which included delivering babies and caring for people involved in car-moose collisions on highway 17. She then went to Tanzania with CUSO for 2 years, about which she says “there’s nothing like living in a very different culture... for raising your awareness of how centred you are in your own...” She also describes this as her first practical initiation in poverty and health.

Following a short stint in Moose Factory, she then began working in the Community Health Centre system in Toronto where she continues to practise today, citing her love of team work and the ability to take time with her patients, some of whom present with many challenges. Because she had experience working with midwives prior to regulation, she participated on the Interim Regulatory Council for Midwifery almost 20 years ago. Mother of two nearly grown children, Catherine became involved with HPAP “because I liked the idea of being able to get some money into the pockets of people on social assistance as well as develop some advocacy work with other health providers. It’s important for doctors to be involved in this work because most physicians don’t have a lot of awareness about the importance of poverty as a determinant of health.”

Did you know:

- Ontario has 44% of Canada’s poor children (Campaign 2000, 2007 Report Card on Child and Family Poverty in Ontario)
- The child poverty rate has been on an upward trend since 2001 (Campaign 2000, 2007 Report Card on Child and Family Poverty in Ontario)
- In the lowest income areas of Ontario, the prevalence of Type II Diabetes is 40% greater for men, and an astonishing 280% greater for low income women (The Institute for Clinical and Evaluative Sciences (ICES) Practice Atlas: Diabetes in Ontario, 2002)
- Ontario’s Aboriginal people are significantly poorer than other Ontarians. Aboriginal people have from 6 to 11 years shorter life expectancy than the general population. This is related to higher infant mortality rates and higher rates of suicide, diabetes, whooping cough and tuberculosis (Adelson, Canadian Journal of Public Health 2005, 96 (2 supplements))