

## **Michael M. Rachlis MD MSc FRCPC**

Policy Analysis, Epidemiology, Program Evaluation  
Telephone (416) 466-0093 Facsimile (416) 466-4135

Website: [www.michaelrachlis.com](http://www.michaelrachlis.com) E-mail michaelrachlis@rogers.com

13 Langley Avenue  
Toronto, Ontario  
Canada M4K 1B4

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### **The OMA should identify poverty as a threat to health and advocate for its amelioration**

We are four OMA members who are concerned about the effect of poverty on patients and physicians' practices. We would like the OMA to take on poverty as a threat to health just as it has successfully tackled tobacco.

#### Poverty causes illness

The poor in Canada suffer disproportionately from most illnesses. Canadians living in poverty are at higher risk of dying from cancer, heart disease, diabetes, and respiratory diseases.<sup>1</sup> Studies in Montreal have shown that women in poor neighbourhoods live eight years less than those in wealthy neighbourhoods while the difference was 13.5 years for men.<sup>2</sup>

Poverty particularly affects women and children.<sup>3,4</sup> A study of women using Toronto's Daily Bread Food Bank found that over half reported suffering hunger in the previous month and regularly denied themselves food to feed their children. These women had lower energy levels and were at risk for a variety of nutritional deficiencies.<sup>5</sup>

Poverty's effects accumulate across the lifespan. Children's immediate and future health is especially susceptible to such exposures to material deprivation.<sup>6</sup> Canadian children living in poverty are more likely to develop a variety of illnesses and injuries, and are more likely to experience hospitalization, mental health problems, lower school achievement, and early school leaving.<sup>7</sup>

Despite over thirty years of universal coverage for physicians and hospital services in Ontario there remain inequalities of access to these services. Poorer Ontarians are less likely to receive specialized investigations, rehabilitation, and specialist follow up.<sup>8</sup> They are also less likely to access stroke rehabilitation<sup>9</sup>, preventive care such as screening tests for colorectal cancer<sup>10</sup>, get joint replacements, cancer surgery, and MRI scans.<sup>11</sup> Poorer Ontarians even have longer delays to hospital when they have chest pain.<sup>12</sup>

#### Poverty affects doctors

The care of poor patients presents a number of problems for doctors. Poor people may not be able to afford medication or a variety of other services not covered fully by OHIP such as rehabilitation and counselling. They may not be able to afford childcare or transportation to medical appointments. They may require longer hospital stays because they do not have housing or suitable housing for recovery. An informal survey in a

downtown Vancouver practice found that medical care was compromised by poverty for one in five patients.<sup>13</sup>

### Who is poor?

Studies in Canada have shown that single mothers, aboriginals, visible minorities, immigrants (especially recent immigrants) and the disabled are more likely to be poor.<sup>14</sup> Children are particularly at risk. In Ontario 450,000 children or 17% of all children are growing up in poverty.<sup>15</sup> Although there is some debate about the definition of poverty, most analysts accept the Statistics Canada Low Income Cut Off line or LICO designation. The LICO is based on the market costs of a variety of essential goods and services. Almost half of poor children in Ontario live in families headed by single mothers. These families are nearly \$10,000 below the LICO. By any definition there are hundreds of thousands of children living in poverty in Ontario, one of the world's wealthiest jurisdictions.

### The poor don't always have to be with us: Other countries do much better

Many Canadians tend to think that the "poor will always be with us." However, some other countries do a much better job than Canada. The 2000 Canadian general poverty rate of 10% and childhood rate of 14% were in the middle range for wealthy countries.<sup>16</sup> We do much better than the US which has poverty rates of 17% and 22% respectively but we do very badly compared with northern European countries which have average rates of 5% and 3% respectively. Even Czechoslovakia, a much less wealthy country than Canada has poverty rates of 4% and 7%. Other countries do better than Canada because of a number of public policies such as:

- aggressive labour market policies to ensure employability of marginal groups
- housing programs
- universal childcare
- a variety of income supports including social assistance and tax credits

### Ontario could do much better

The current government promised during the last election campaign to eliminate the Harris-era policy of clawing back the federal child tax credit of \$125 per month. However, Social Services Minister Sandra Pupatello recently said this could not be contemplated until after the next election in October 2007.<sup>17</sup>

The province also promised to reverse the Harris 1995 cuts of 22% to social assistance rates. Inflation has eroded benefits further so now social assistance recipients have 35% less purchasing power than before the 1995 cuts. However, so far the McGuinty government has only increased rates by 3%.

### What could the OMA do about poverty in Ontario?

1. The OMA should sensitize doctors to poverty as a major preventable cause of illness and death in the province. This might be done through a policy paper and presentations to various sections (e.g. family/general practice) and the board.
2. The OMA should screen other policy issues for the impact of poverty on health. For example, the recent OMA report on childhood obesity does not mention poverty and makes only one reference to the relationship with “socioeconomic status” as a risk factor.<sup>18</sup> Most diseases are related to poverty. Manly have very strong income gradients.
3. The OMA should advocate for increased access to health care for the poor though outreach and other innovative programs.
4. The OMA should advocate for public policies to reduce poverty. In particular, the OMA should consider supporting an immediate elimination of the claw back on the federal child tax credit and rolling back the Harris-era cuts with a 40% across the board increase in social assistance rates. The Association of Local Public Health Authorities and other Ontario health organizations have already taken such a position.

Dr. Michael Rachlis for:

Dr. Mimi Divinsky, Dr. Gary Bloch, Dr. Melissa Melnitzer

## **Endnotes:**

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