

# Health Providers Against Poverty

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### *Introduction*

I am a family physician in inner city Toronto. I work primarily with people living in severe poverty. I am here today representing Health Providers Against Poverty, a group of physicians, nurses, nurse practitioners, dietitians, health promoters, and other health providers who have come together to combat poverty, the number one health risk facing Ontarians today.

Most of my patients live far below the poverty line. And most of them depend on social assistance to pay the rent and to buy food. I see, firsthand, on a daily basis, the real life health consequences of living in severe poverty.

### *Background on Poverty and Health*

Poverty has long been recognized as a major determinant of ill health. There is no longer serious dispute within the health community regarding this connection. People living in poverty are at higher risk of suffering from devastating illnesses, including diabetes, cancer, heart disease, and mental health problems.<sup>1</sup>

These effects accumulate over a person's lifespan, meaning that children who grow up in poverty continue to suffer the health effects of that poverty well into adulthood, even if their financial circumstances improve.<sup>2</sup>

While many assume that it is a person's ill health that usually leads to their poverty, in most cases the reverse is true: living in poverty itself causes ill health.<sup>3</sup> In fact, nearly a quarter of all premature years of life lost in Canada have been attributed to poverty.<sup>4</sup>

We are facing a health crisis: the crisis of poverty. The tragedy is this crisis is absolutely preventable. The good news is it is reversible if we deal with it before it is too late.

### *Background on Social Assistance Rate changes*

The most urgent step that must be taken to improve the health of Ontarians living in poverty is to increase social assistance rates. In Ontario, welfare is the common landing ground for most people who fall into extreme poverty.

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<sup>1</sup> Statistics Canada (2001), *Estimates of Premature Deaths (Prior to Age 75) Due to Cardiovascular Disease Among Canadians*, special tabulation of mortality by neighbourhood income data for urban Canada, Ottawa.

<sup>2</sup> G. Davey Smith (Ed.), *Inequalities in health: Life course perspectives*. 2003, Bristol, UK: Policy Press.

<sup>3</sup> S. Phipps, "The impact of poverty on health: a scan of the research literature," 2003, Ottawa: Canadian Institute for Health Information.

<sup>4</sup> D. Raphael (Ed). *Social Determinants of Health: Canadian Perspectives*. 2004, Toronto, Canada: Canadian Scholars' Press Inc., p. 8.

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Social assistance rates today are far below the level required for recipients to meet their most basic needs, including shelter and food. The Toronto Board of Health estimates a single person living on welfare in Toronto, who receives approximately \$550 a month in assistance, would need an additional \$390 a month just to afford a basic nutritious diet and to keep a roof over her head.<sup>5</sup>

Welfare rates have fallen forty percent in real spending terms over the last decade. This from a level that was already well below the poverty line. This trend has continued under the current government, despite election promises to the contrary. From a health perspective, this decline in rates is unconscionable. It has forced people already at high risk for serious health problems into a state of dramatically higher risk. When this occurs in other sectors, such as when restaurant workers are exposed to secondhand smoke, dramatic action is usually taken.

Furthermore, this trend does not make financial sense. The short term savings to the social services budget will result in significant long term costs to the health system. The price of caring for someone with diabetes or heart disease can easily run into the hundreds of thousands of dollars. These conditions can be prevented by providing these individuals with a few thousand dollars a year in extra income.

## *Proposal*

We therefore propose that, at a minimum, this budget include an increase in welfare rates of forty percent across the board. This will help to prevent the most egregious health consequences of living in poverty, and will result in a healthier and more productive population into the future.

While we support targeted initiatives to improve the subsidies provided to families with children, and to improve the job skills of people living on welfare, it is a simple increase in income that will allow people living on social assistance the opportunity to stay healthy. Legislated poverty is unacceptable in a society as wealthy as ours. We can afford to take this step to improve the health of our province, and it will have a greater real impact on the lives of people in need than almost any other measure this budget is likely to include.

Thank you for your attention to these matters,

Gary Bloch BA MD CCFP  
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Lecturer, University of Toronto  
Primary Care Director, Inner City Health Associates

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<sup>5</sup> [http://www.toronto.ca/health/pdf/nutritious\\_food\\_basket\\_2005.pdf](http://www.toronto.ca/health/pdf/nutritious_food_basket_2005.pdf)