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PART 1

KEY PUBLIC HEALTH MESSAGES: POVERTY AND HEALTH

There are strong links between poverty and health. Low income is a primary determinant of health.

The Wellesley Institute and the Community Social Planning Council of Toronto used Canadian Community Health Survey and income files to explore the links between poverty and health, concluding that "poverty is making Canadians sick… leading to widespread preventable illness and creating huge costs for the health care system." [1]

Some groups are more vulnerable to poverty than others: mother-led single parent families, First Nations and Aboriginal people, new immigrants, African Nova Scotians, people with a disability, and others.

When compared to the 20% of Canadians with the highest incomes, the 20% of Canadians with the lowest incomes are: ♦ more than 2 times as likely to have diabetes or heart disease ♦ more than 2 times as likely to have two or more chronic health conditions ♦ more than 3 times as likely to have bronchitis ♦ nearly 2 times as likely to have arthritis or rheumatism ♦ 358 times more likely to have a disability.[2]

Halifax was one of 15 urban centres included in a recent analysis of the links between socio-economic status and health in urban Canada.[3] The analysis revealed clear differences in hospitalization and self-reported health across socio-economic levels. People at the low income level had poorer health outcomes in terms of 21 indicators, including mental health, injuries, respiratory health, asthma in children, diabetes, anxiety related disorders, substance related disorders, and others.

Among the homeless population in Halifax in 2008, 80% experienced at least one chronic health condition and 23% had 6 or more chronic health conditions. Nearly half (47%) had used emergency services in the past year.[4]

Poverty has a very high cost for health[5], contributing to:
- ► Limited social and cognitive development in the early years
- ► Leaving school early, low rates of literacy, low levels of education
- ► Nutritionally deprived food environments (higher rates of obesity in low-income populations)
- ► Income insecurity
- ► Poor quality working conditions
- ► Barriers to recreation and social inclusion

► Barriers to normal access to health care and quality experiences in the health care system
► Stress (associated with income, housing and food insecurity, health problems, etc.)

Social policy is health policy.
Social policy is needed to break the links between poverty and poor health.

The Poverty Reduction Strategy in Newfoundland and Labrador originated in 2003 and was formally launched in 2006. Currently the strategy is comprised of over 80 initiatives with an investment this fiscal year of over $132 million. The incidence of low-income in NL has decreased from 12.2 per cent (63,000 persons) in 2003 to 6.5 per cent in 2007 (33,000 persons).[6]

Research in Québec has shown that the province's comprehensive anti-poverty strategy implemented in 2002 has led to social and health care policies that give its low-income residents significant advantages in chronic disease prevention.[7]

When people are living in poverty, they have many obstacles to making good health choices.

The choices people make are shaped by the choices they have.[8] In low-income neighbourhoods, there are few options available for healthy eating and sport/recreation. Some neighbourhoods are not safe, and the stresses associated with poverty are isolating.

Your postal code may be more important than your genetic code in determining your health.

Where you live influences your health. Supportive physical and social environments are critical to healthy, active living and social inclusion.

Research shows that people who live in low-income neighbourhoods are more likely to be hospitalized for health attacks, mental health problems, diabetes, respiratory problems and substance abuse than people in high-income neighbourhoods. "Simply put: the better off you are, the healthier you are, and the less health care you use."[9]

Working is not enough to raise people out of poverty.

About 40% of low-income households in Canada (below the Low Income Cut Off) include at least one working adult. Creative strategies are needed to provide families with a living wage.

Children who live in poverty may not get off to a good start in life.

The conditions of early childhood life set the stage for health across the lifespan. Children living in poor families have much higher rates of illness and disability, both physical and developmental, as children living in non-poor families. Children who experience persistent poverty are at even greater risk than children who experience sporadic and/or short-term poverty.[10]

Health is a prerequisite for economic productivity and prosperity.
Prevention is a good investment.

In 2008, the Conference Board of Canada released *Healthy People, Healthy Performance, Healthy Profits* which concluded that "well targeted investments in preventive measures have the potential to

produce long-term cost savings through reduced demand on health care services."[11] Merging economic and health policies makes sense – the outcomes go hand in hand.

PART 2

SOME RESPONSES TO THE QUESTIONS POSED IN *"GETTING BACK TO BALANCE":*

1. ***What should the government do to increase revenue and reduce spending?***

Increasing GST/HST is likely to result in a higher cost for people living in poverty. Changes to the income tax system are likely to have a less adverse effect on people with low incomes. Use the taxation system to minimize the effects of changes on the most disadvantaged populations.

Consider the implementation of a guaranteed annual income through the taxation system, which would reduce the need for the myriad of programs, the maze of eligibility, and the human resources base required to implement the highly complex system for income supports and supplements.

2. ***What changes should be made to programs and services? Are there things government should to better, stop doing, or do more of?***

Ensuring that everyone has a decent, affordable place to live will reduce overall costs for social programs and allow people to improve their lives and contribute to overall prosperity in the province.

Ensuring that everyone has access to affordable, nutritious food will help to address food insecurity (NS has the highest rates in the country) and lessen the incidence of chronic illness (and demands on the health care system).

Tax credits that benefit people who are well-off (e.g., sport and recreation credits) do little to improve the health and productivity of low income populations. These credits could cease, and the funds freed up used to address income, housing and food insecurity.

Provide support for promising community development services and initiatives. The current system of supports is fragmented, reducing reach and limiting progress.

Sustained, multi-faceted interventions are showing positive results for families. An integrated, strategic approach involving federal, provincial and local governments can be used to end the granting cycle and provide a single sustainable funding strategy. Examples include Family Resource Centres, Women's Centres, Transition Houses, Early Intervention Services, etc.

"Parents need supports in multiple arenas of functioning. High-quality programs can make a difference in the health and well-being of families... there are no quick fixes. Families need intensive services of substantial duration in order to reap significant benefits."[12]

3. What investments should be made today that will help to grow the economy in the long term?

Invest in early childhood development and day care. Early childhood investment should begin pre-birth. Poverty has lasting consequences for health.

Current programming (Healthy Beginnings) is showing strong evaluation results. Federal funding is insufficient and will expire in 2-3 years.

Early childhood development will support the growth and education of future workers and volunteers in the province. Quality day care will allow parents to return to work or engage in training to improve their knowledge and skills for contributing to the provincial workforce (and the tax base).

Cut back on spending on the health care system (e.g., physicians, pharmaceuticals, technology) and increase spending on prevention. Use upstream investment to reduce illness rather than 'mopping up' the constantly 'dripping tap' of illness and injury.

Address issues of economic and social exclusion by increasing opportunities for participation in the labour force, in volunteerism and in community affairs. For example, African Nova Scotian males have a 10 per cent lower participation rate in the labour force. Addressing education and income inequities, and improving social status, levels out the playing field so all can achieve health and contribute to society.

4. How soon should government bring Nova Scotia's finances back to balance?

Over 3-4 years, so that the impacts of increased taxes and reduced programs are less harsh than implementing the changes in a shorter time frame.

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[12] [http://dsp-psd.pwgsc.gc.ca/Collection/H118-11-2003-2E.pdf]