

When Poverty Makes You Sick: Shifting the Dialogue on Chronic Disease

Priming Action Workshop

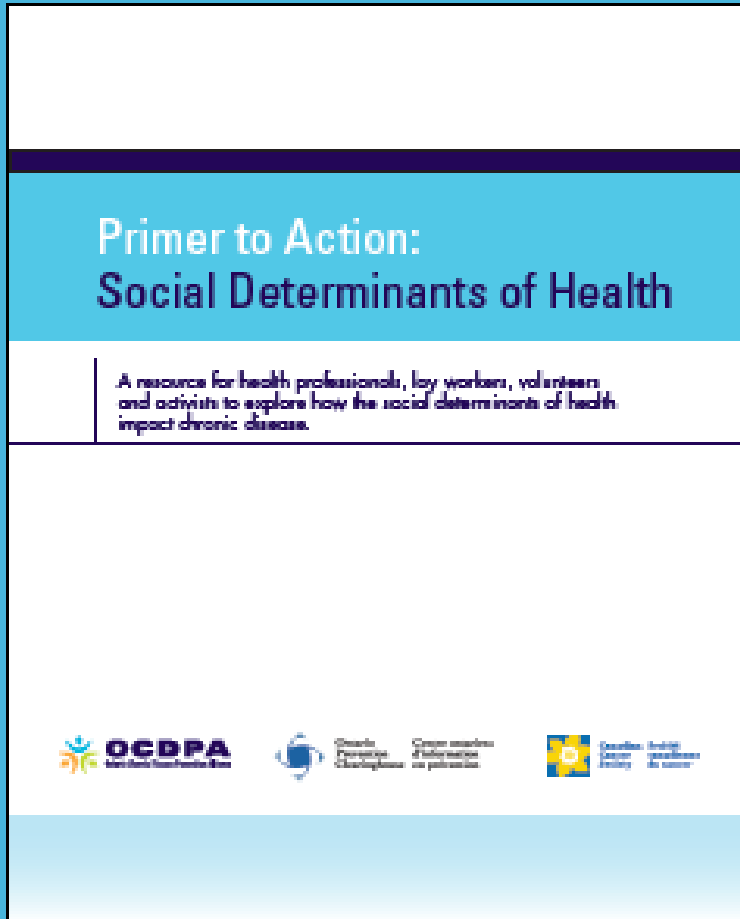
***South East Ottawa Centre for a Healthy
Community (SEOCHC)***

Subha Sankaran and Suzanne Schwenger
Ontario Prevention Clearinghouse

February 1, 2008



What is the Primer to Action?



- A resource to help those working in different capacities take action on the determinants of health
- Partnership between Ontario Prevention Clearinghouse, Ontario Chronic Disease Prevention Alliance and Canadian Cancer Society, Ontario division.



Priming Action, 2007-2008

Project Phase II: funded by the Public Health Agency of Canada – Ontario and Nunavut

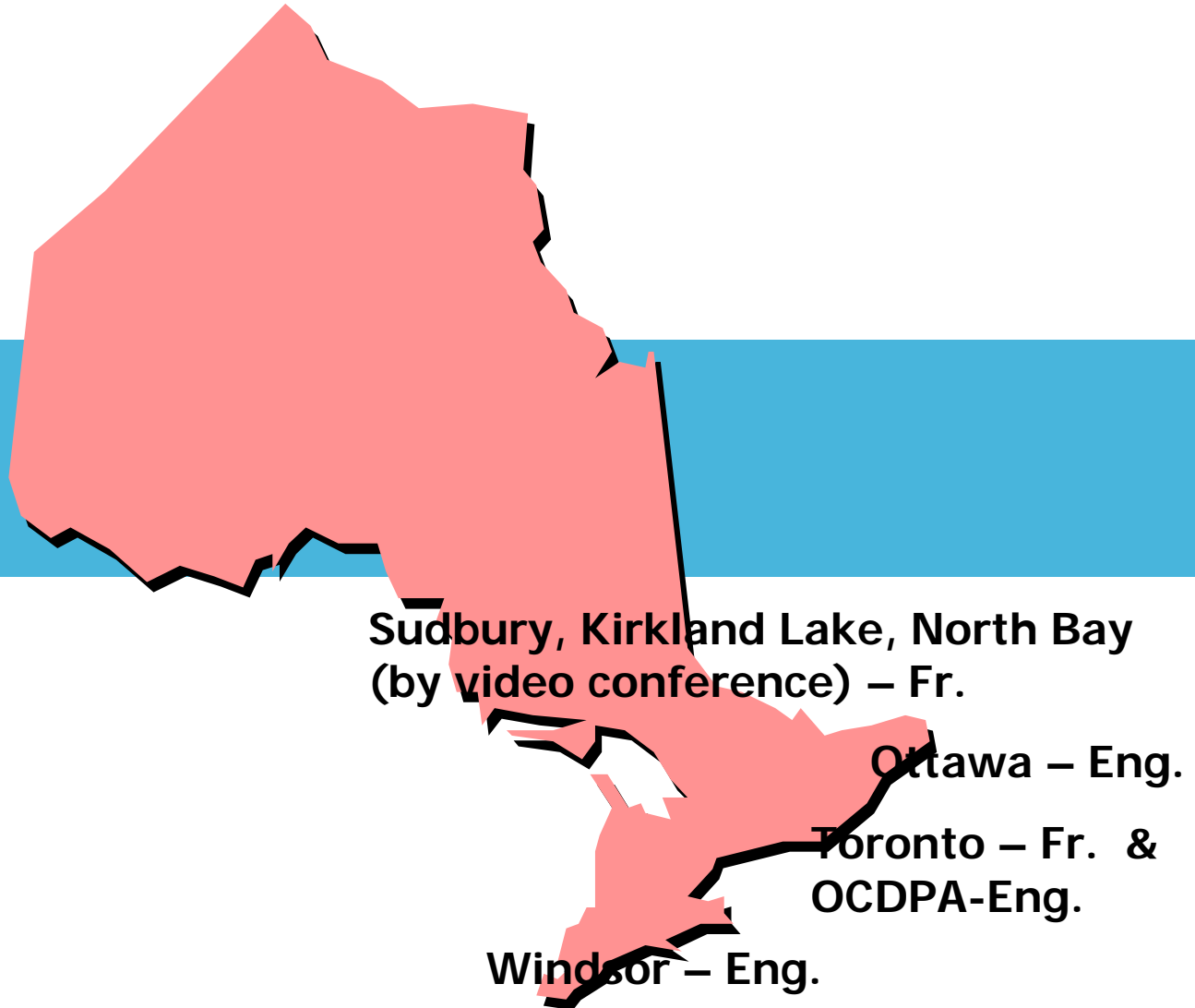
Project partners: OPC and OCDPA

Objectives

- Test, apply and revise Primer document
- Educate non-traditional Ontario health intermediaries
- Support OCDPA member agencies to integrate SDOH into their work
- Disseminate materials and project learnings widely



5 Workshop Locations



Where do we fit in?

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OCDPA
Ontario Chronic Disease Prevention Alliance

Our goals for today

1. To provide practitioners with the knowledge and capacity to use the *Primer* as a tool in their everyday work
2. To engage people to make the links between SDoH and chronic disease
3. To enhance the ability of existing and new networks to address SDoH



Agenda for today

- Introduction
- Social Determinants of Health and Chronic Disease
- Mapping our individual and collective power
- Applying the Primer to Housing
- Ottawa area examples- small groups
- Plenary and wrap-up



Break

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We start by defining *health*

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (WHO, 1948)

Created and lived by people within the settings of their everyday life; where they learn, work, play and love.

(Ottawa Charter for Health Promotion, 1986)



Health

Health Services

Income and
Social Status

Education

Employment
and Working
Conditions

Social
Support
Networks

Physical
Environments

Biology and
Genetic
Endowment

Social
Environments

Healthy Child
Development

VALUES

Culture

Personal
Health
Practices and
Coping Skills

Gender

BELIEFS

ASSUMPTIONS



Defining *Health Promotion*

The process of enabling people to increase control over the determinants of health, and thereby improve their health.

(Regional framework for health promotion, WHO 2002)



What are Chronic Diseases?

- Diseases of long duration and generally slow progression.
- *Heart disease, stroke, cancer, chronic respiratory diseases and diabetes*, are the leading cause of mortality in the world.
- Of the 35 million people who died from chronic disease in 2005, half were under 70 and half were women.



Alarming Rise of Chronic Disease among Canadians

- 9 million Canadians live with chronic disease
- 80% age 65+ have 1 chronic disease.
- 70% age 65+ have 2 or more
- 30% will die of cardiovascular disease
- 25% will die from cancer
- 2 million have diabetes



What is the link between chronic diseases and the social determinants of health?

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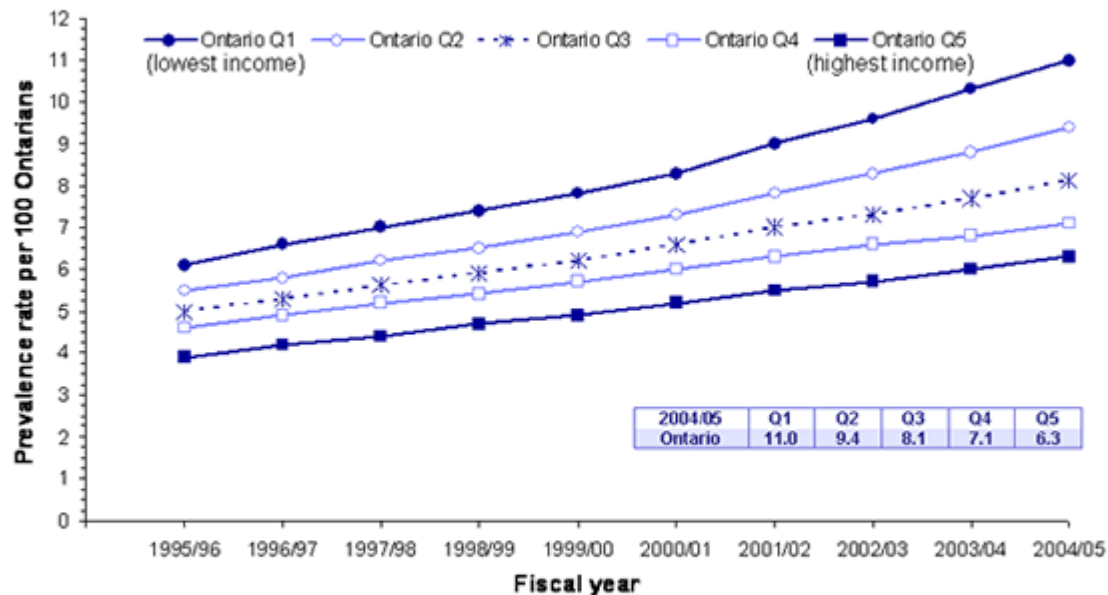
Context: Shifting Paradigms of Health

- Bio medical
- Lifestyle
- Social determinants of health – the causes of the causes
- Not mutually exclusive, each relevant in its own sphere, **BUT** for large scale improvements in population health, need to operate at level of social determinants



Poverty closely linked to diabetes

Age- and sex-adjusted prevalence rate of diabetes mellitus (DM) per 100 Ontarians aged 20 years and older, by neighbourhood income quintile*, 1995/96–2004/05



* A measure of overall socioeconomic status

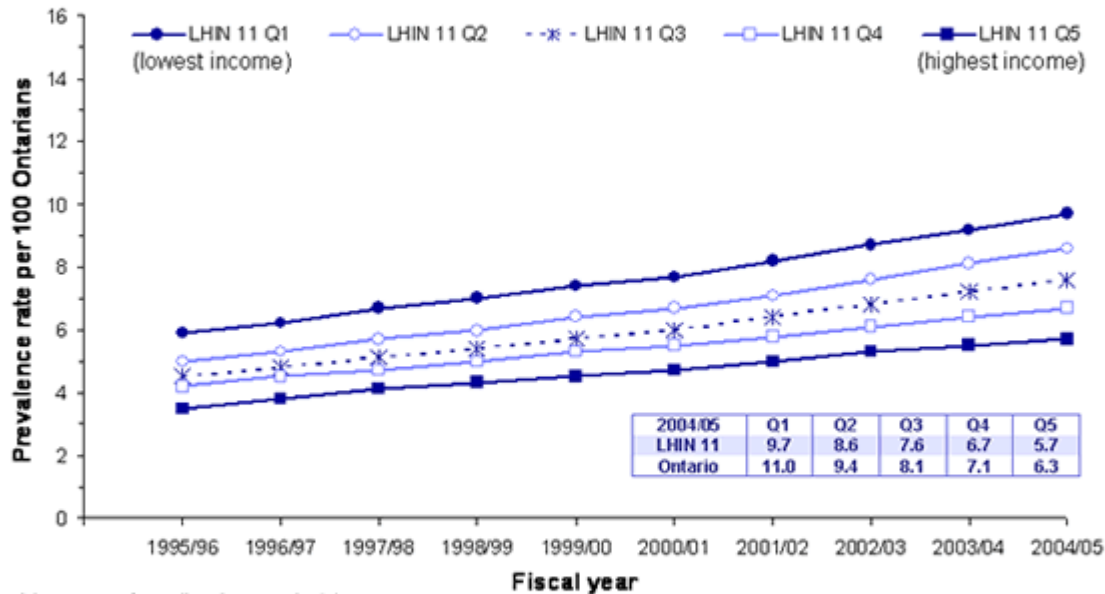
- Prevalence rates of DM increased from 1995/96 to 2004/05 in all socioeconomic status (SES) groups.
- The greatest increases were in the two lowest income groups (Q1 and Q2), resulting in a widening over time in the disparity of DM prevalence rates across SES.



Diabetes highest among low income groups

Age- and sex-adjusted prevalence rate of diabetes mellitus (DM) per 100 Ontarians aged 20 years and older, by neighbourhood income quintile*, 1995/96–2004/05

LHIN 11 (Champlain) vs. Ontario



* A measure of overall socioeconomic status

- From 1995/96 to 2004/05, prevalence rates of DM in the Champlain LHIN increased across all socioeconomic status (SES) groups.
- The lowest SES group (Q1) had the highest prevalence rates while the highest SES group (Q5) had the lowest prevalence rates throughout the study period and this difference increased slightly over time.



A dangerous equation

Immigration

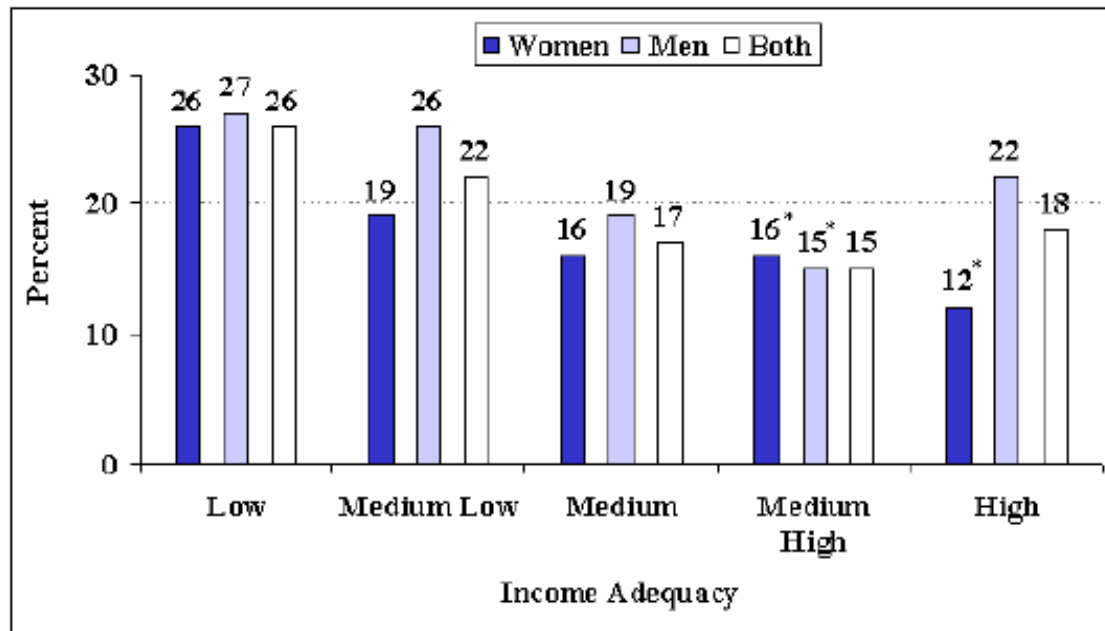
+poverty

+ postal code

= diabetes epidemic

Smoking and Income

Figure 45: Percentage of the General Population Aged 15+ Years Who Were Daily Smokers, by Income Adequacy and Sex, Canada, 2001



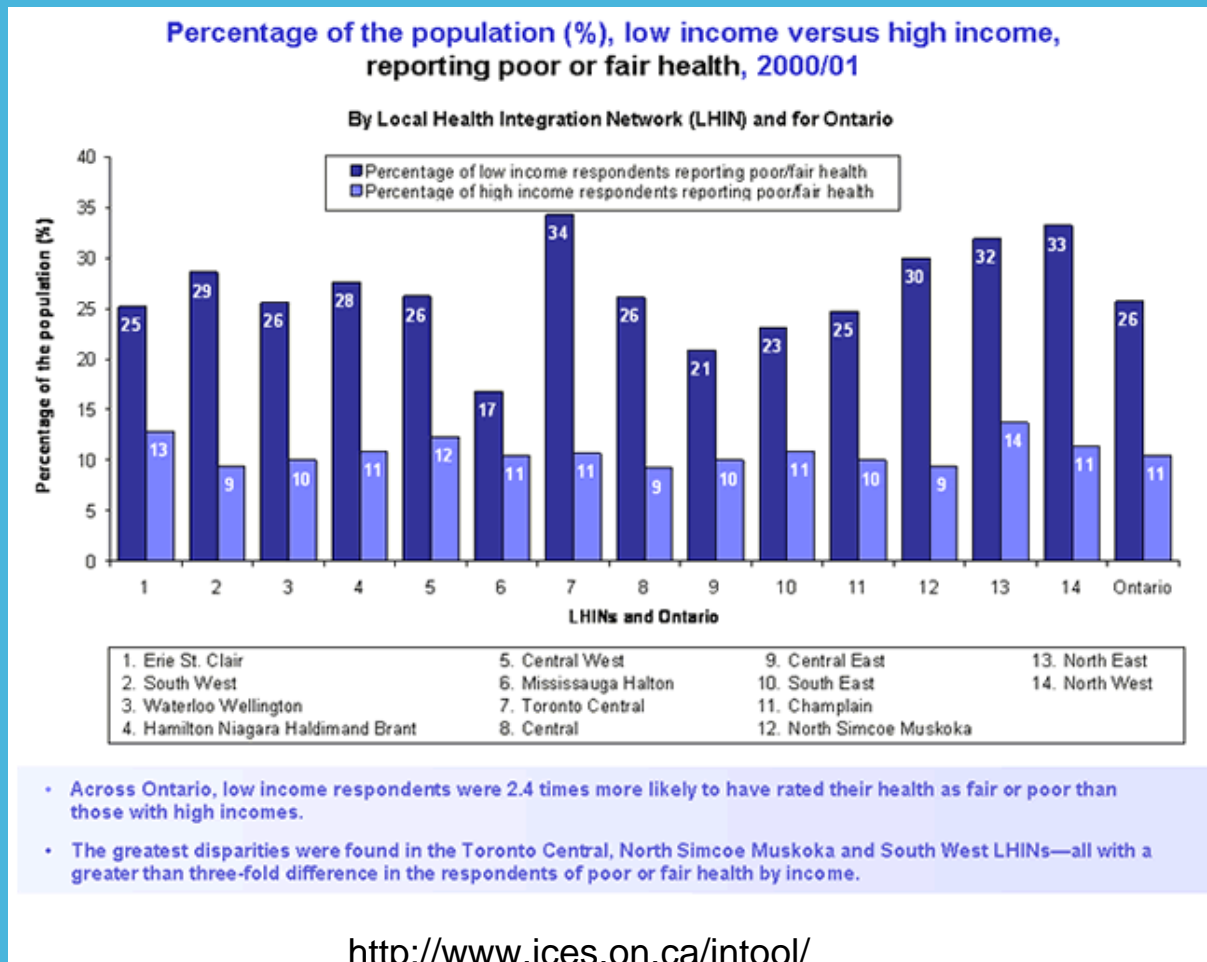
Note: Taken from Heart and Stroke Foundation of Canada: *The Growing Burden of Heart Disease and Stroke in Canada 2003*.

* Interpret with caution: based on small sample.

Source: Canadian Tobacco Use Monitoring Survey (CTUMS) Health Canada.

Source: **Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities** OCDPA

Income affects how people view their health



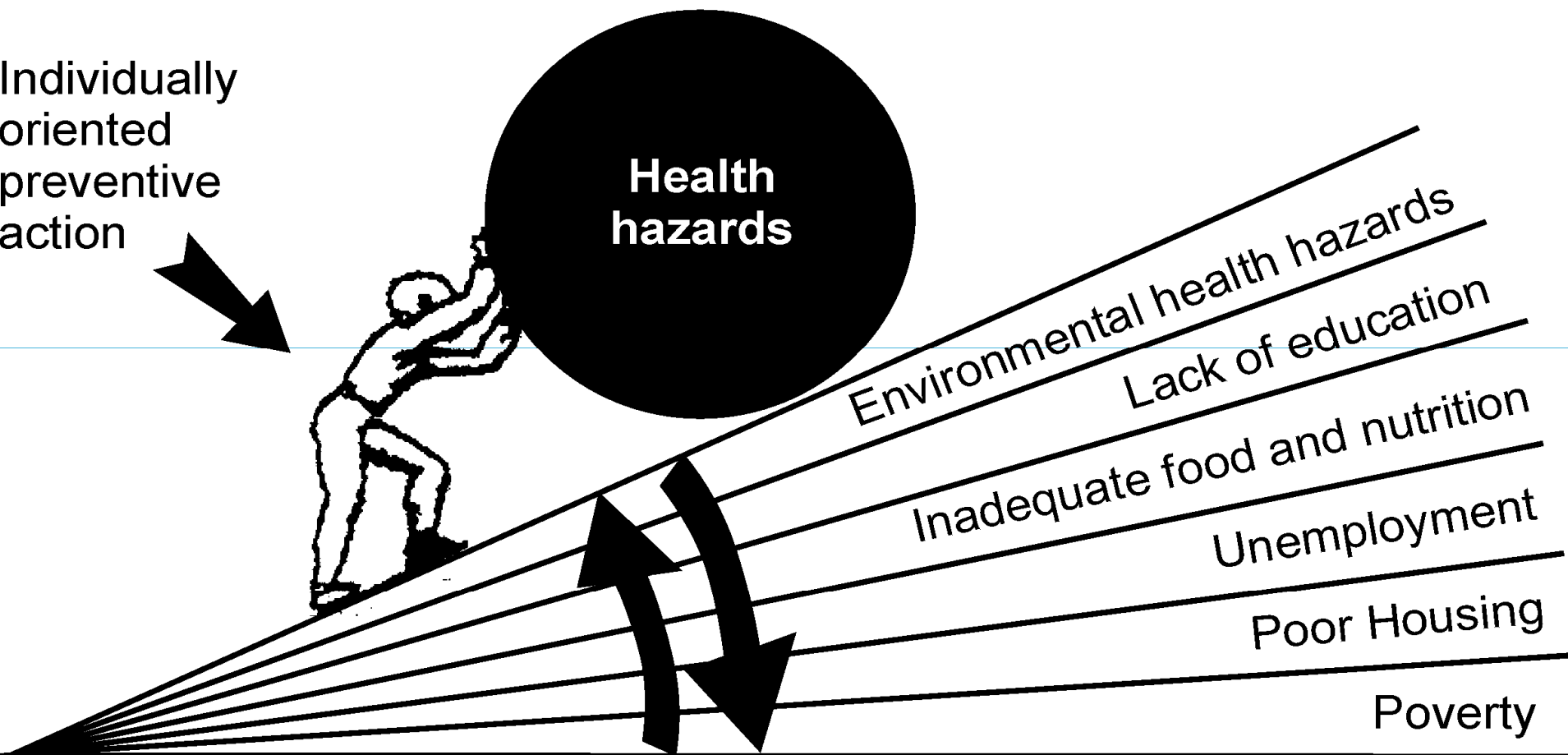
Key research

- ***Social Determinants of Health- Canadian Perspectives.*** Ed. Dennis Raphael
- ***Social Determinants of Health– The Solid Facts-*** Wilkinson and Marmot, World Health Organization
- ***The Tides of Change. Addressing Inequity and Chronic Disease in Atlantic Canada.*** A Discussion Paper. (Hayward & Colman)
- ***Key to Women’s Health*** – Ontario Women’s Health Network
- **A Framework to Integrate Social and Economic Determinants of Health into the Ontario Public Health Mandate:** - Sudbury & District Health Unit (SDHU)
- **Social Inequities in Health and Ontario Public Health** (SDHU, NWHU and SMDHU)
- ***Social Inclusion as a Determinant of Health-*** Galabuzi & Labonte

Key messages from the research

- Social and economic factors are more influential than lifestyle when it comes to chronic disease.
- Chronic disease disproportionately affects vulnerable groups experiencing inequities.
- Inequities in society affect the *entire population*, not just the poor.
- Social and economic pathways are modifiable. Effective strategies must address the root causes of inequities in society.

The Health Gradient



Source: adapted from Making Partners: intersectoral action for health.

Break

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Moving upstream story

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What's Inside the Primer to Action?

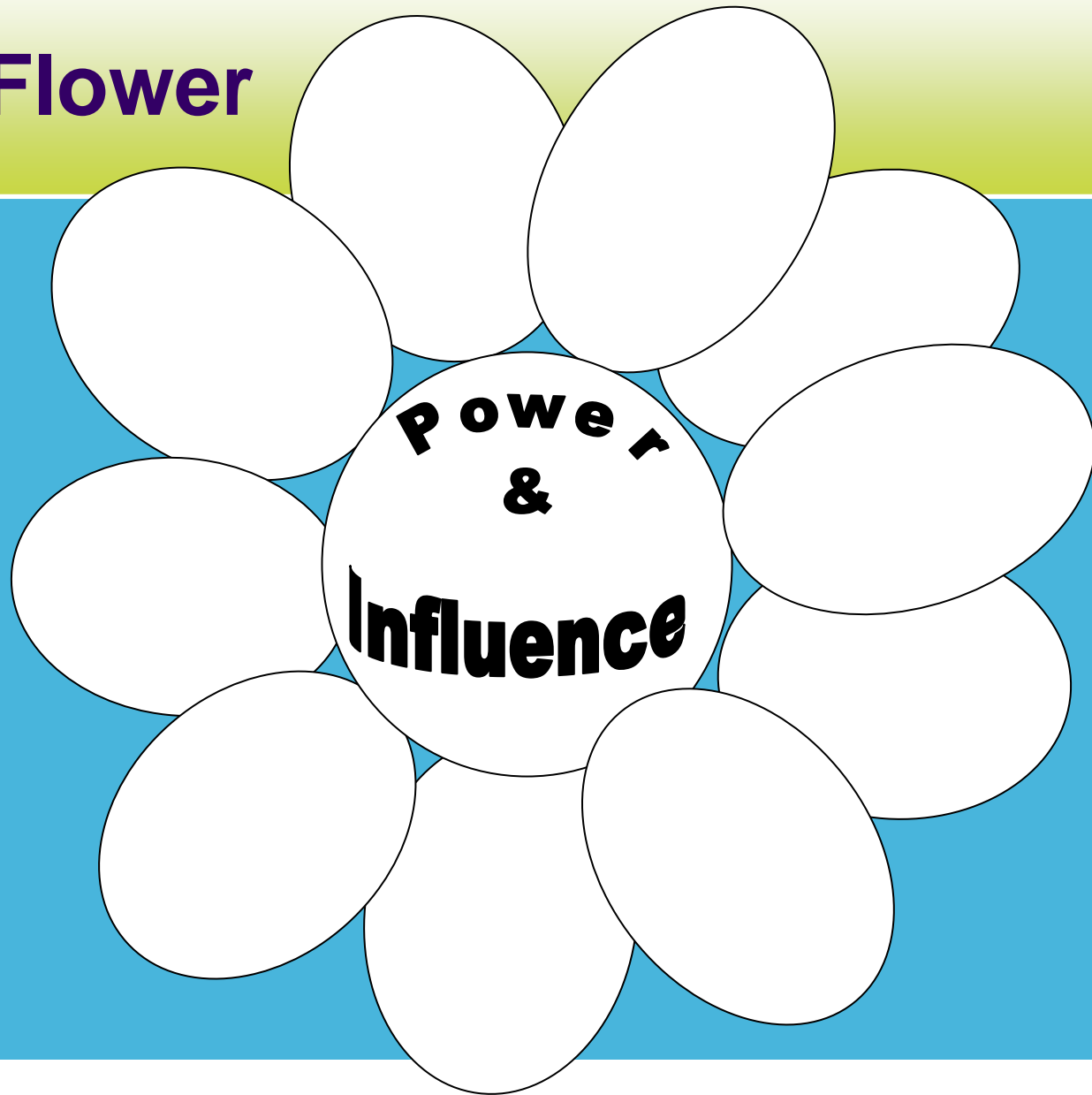
Six key determinants – income, employment, housing, food, education, inclusion



Online Tour

- <http://www.opc.on.ca/english/projects/primingaction/PrimertoAction-EN.pdf>

Power Flower



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Lunch & WHO slide show

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Street Health Stories

- <http://www.youtube.com/watch?v=-omQ5rr3GUk>

Inclusion

- A lens to help focus on the political, social and economic factors that influence the health of populations
- Inclusion focuses on social structures and conditions, rather than the specific factors that contribute to each individual's social exclusion or inclusion.

Stay connected with us

Help us make the Primer better!

- Fill out the on-line survey at www.opc.on.ca
- Send us your suggestions for resources
- Send us your stories!
- Check our website for updates.

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