

Poverty and Health: Risks for Chronic Disease

Priming Action Workshop

Go For Health Windsor-Essex

Subha Sankaran and Suzanne Schwenger
Ontario Prevention Clearinghouse

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Let's Line Up

Do you address the social determinants of health in your work?



You are looking for information to help you:

- Plan and evaluate programs more effectively
- Deepen the work of local coalitions
- Learn more about determinants of health and their impacts
- Build food security into existing policy
- Explore disease management as a means of prevention
- Network and brainstorm with other professionals in the same situation



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

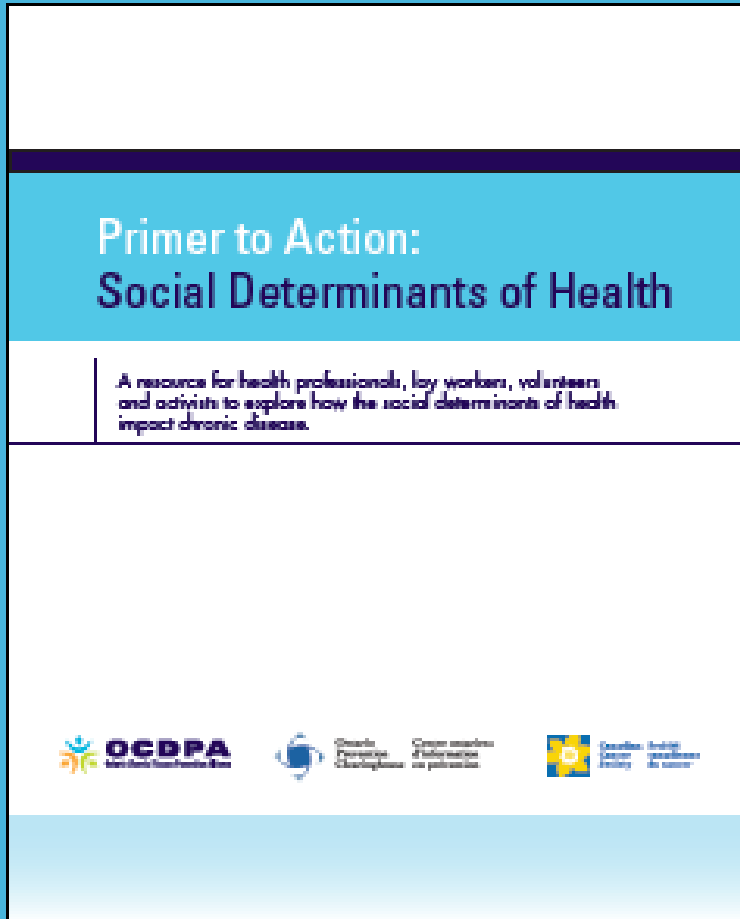


Agenda for today

- Introduction to the *Primer to Action*
- Social Determinants of Health and Chronic Disease
- Mapping our individual and collective power
- Local examples- small groups
- Plenary and wrap-up



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

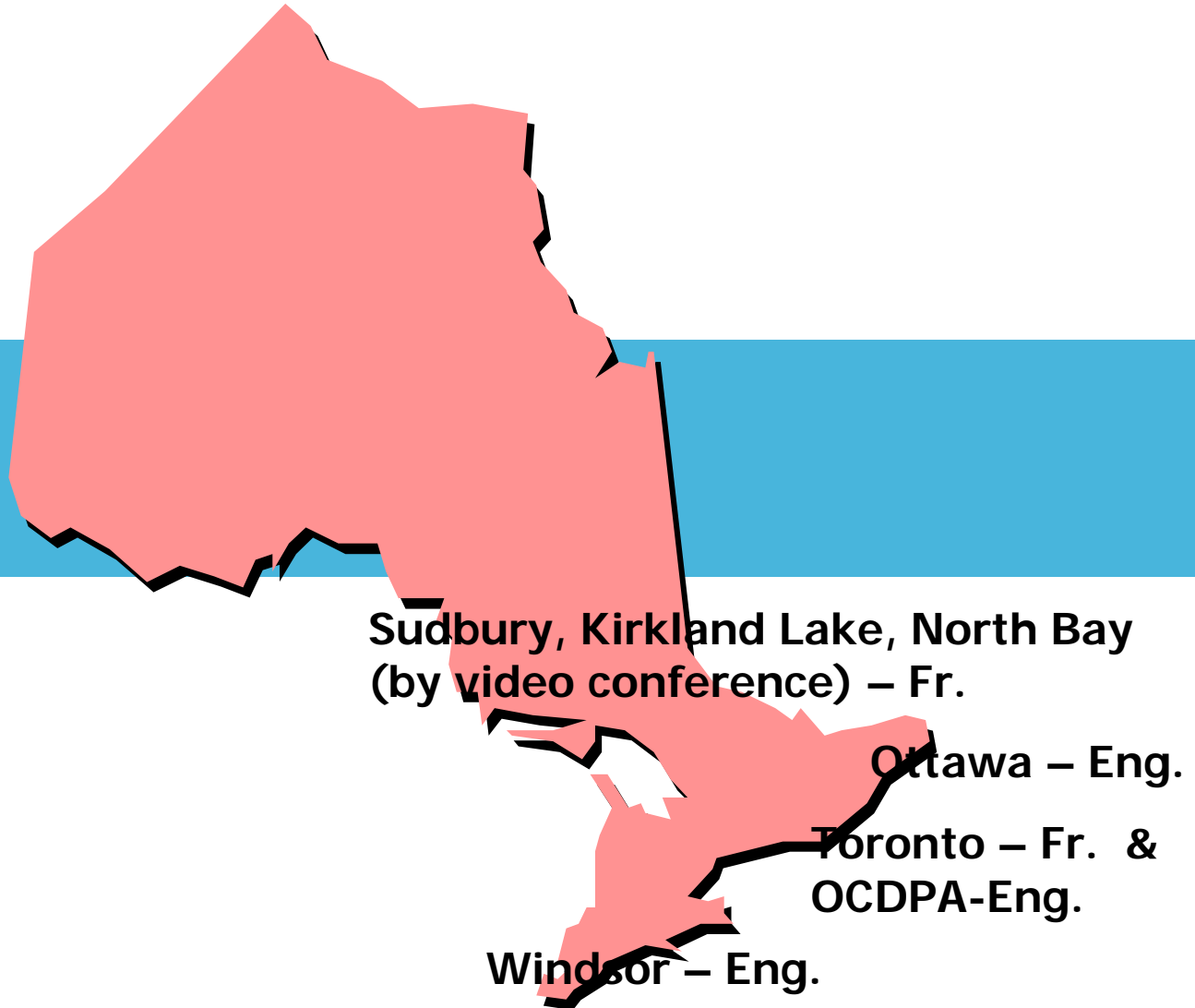
Project partners: OPC and OCDPA

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



What is *Health* ?

- Health is:
 - 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)



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.

Source: World Health Organization

http://www.who.int/topics/chronic_diseases/en/index.html



What about Windsor-Essex?



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



Current Message:

3 key changes can prevent many diseases

1. **Healthy eating**
2. **Physical activity**
3. **Smokefree living**



So what's the problem?



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



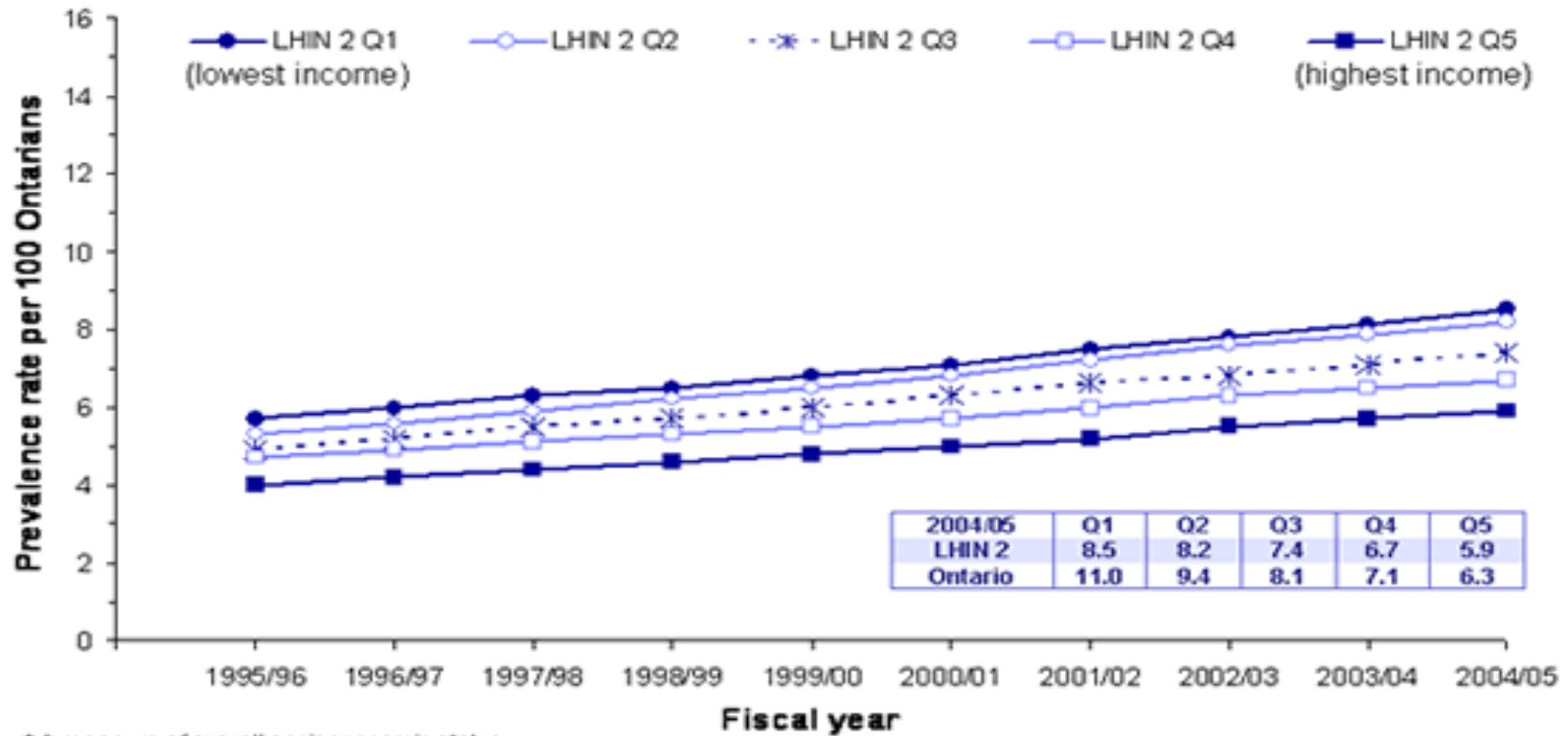
Key research

- ***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



Ontarians aged 20 years and older, by neighbourhood income quintile*, 1995/96–2004/05

LHIN 2 (South West) vs. Ontario



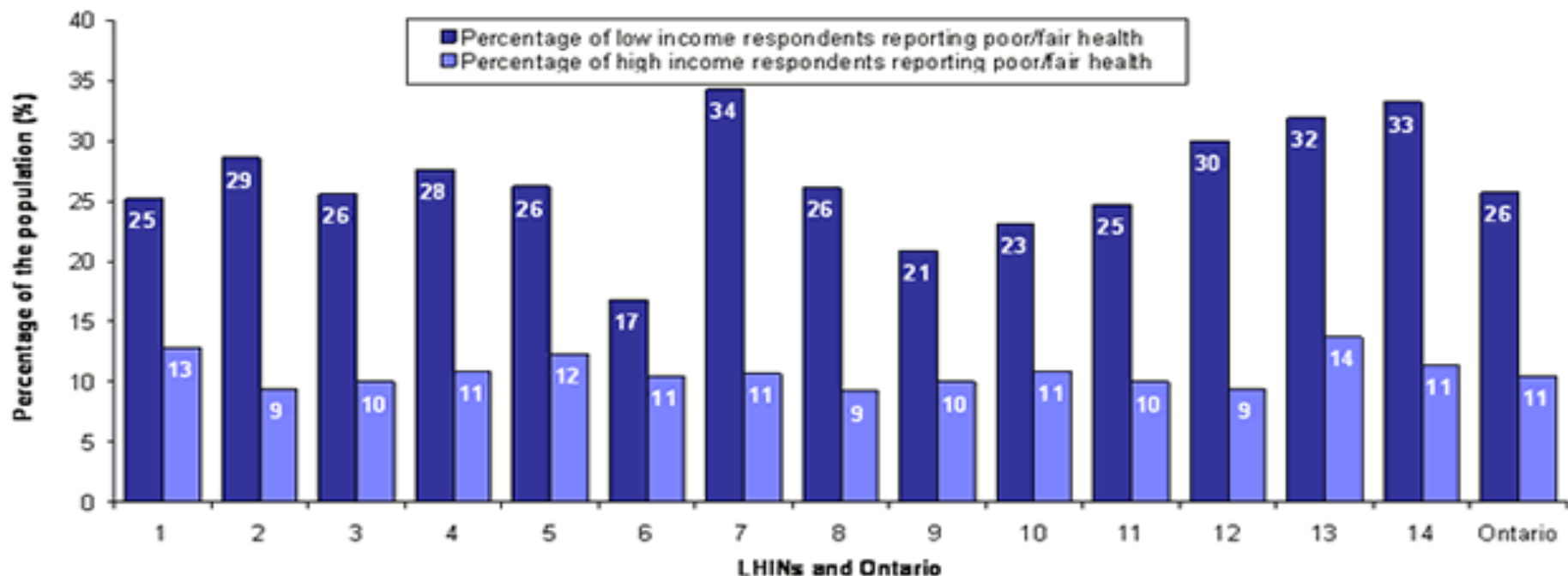
* A measure of overall socioeconomic status

- From 1995/96 to 2004/05, prevalence rates of DM in the South West 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.



reporting poor or fair health, 2000/01

By Local Health Integration Network (LHIN) and for Ontario



1. Erie St. Clair	5. Central West	9. Central East	13. North East
2. South West	6. Mississauga Halton	10. South East	14. North West
3. Waterloo Wellington	7. Toronto Central	11. Champlain	
4. Hamilton Niagara Haldimand Brant	8. Central	12. North Simcoe Muskoka	

- Across Ontario, low income respondents were 2.4 times more likely to have rated their health as fair or poor than those with high incomes.
- The greatest disparities were found in the Toronto Central, North Simcoe Muskoka and South West LHINs—all with a greater than three-fold difference in the respondents of poor or fair health by income.

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.



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

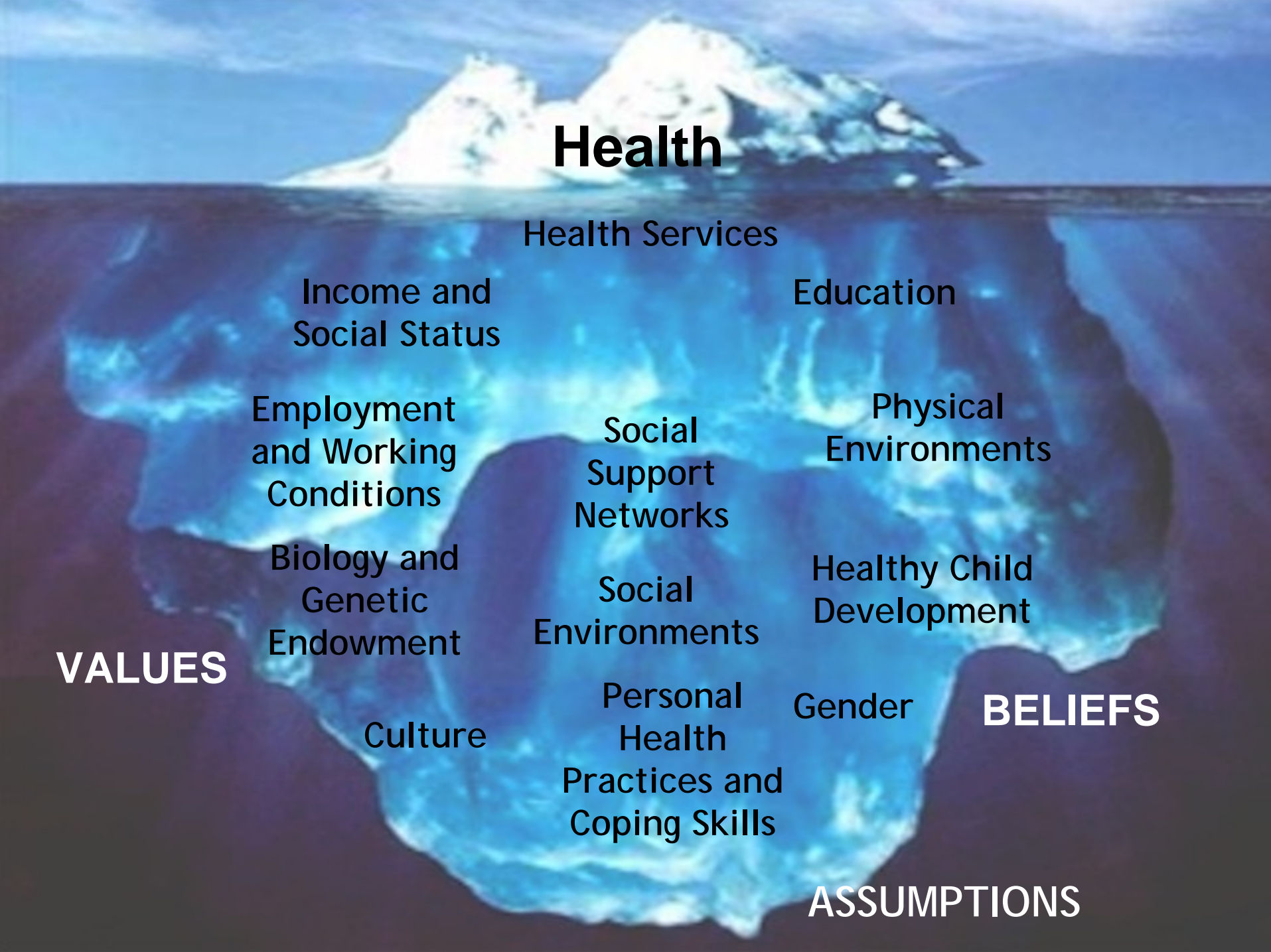
Culture

Personal
Health
Practices and
Coping Skills

Gender

BELIEFS

ASSUMPTIONS



Health Promotion

- Health promotion is:
 - 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*)



Power Flower

Poverty and Health: Risks for Chronic Disease
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Ontario Chronic Disease Prevention Alliance

Break

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What's Inside the Primer to Action?

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



Example: Employment and Health

“For one month, the total they paid me was \$526.”

(Sharif, works 10-12 hours per day as a courier)

“You don’t sleep well at night. You don’t eat. There’s stress. It takes a big effect on your physical and mental health.” (Andrew, about work at a temp agency)

“A lot of employers are delighted to hear that you have no papers, because they can overwork you.”

From The Colour of Poverty campaign: www.colourofpoverty.ca



Ways to use the Primer

- Good introduction to idea of determinants of health
- Key websites for writing a proposal for funding
- Great examples of *lessons learned* from other communities.
- Good place to start when planning a community initiative.
- Helps you think systematically about how to address issues in your work

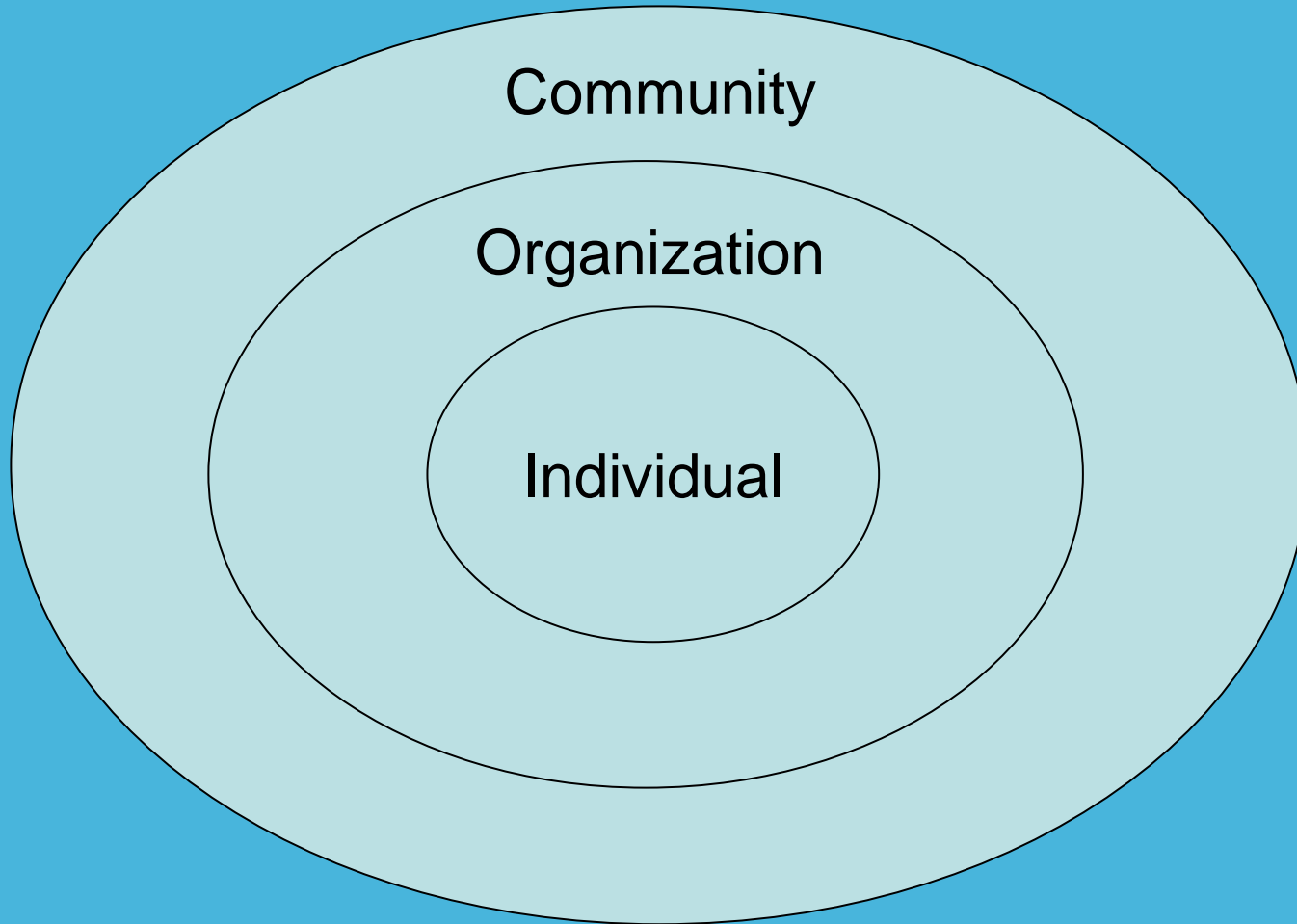


Local examples- small group discussions

- **Education**
- **Housing**
- **Food Security**
- **Employment**



Taking action at many levels



Reflection

How could *you* use the *Primer to Action*?



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.

s.sankaran@opc.on.ca

s.schwenger@opc.on.ca

