FINDING SOLUTIONS

Research shows that health is affected by a person's socio-economic position, including their level of education, occupation and income. In general, the lower a person's socio-economic status, the greater their risk of poor health. This gradient creates health inequities that not only affect people with little income, but crosses the whole spectrum of society.

Living in low income is not a personal choice. Systems, structures and policies can impact a person's income and earning potential starting from the time they are born. Creating supportive and fair policies and developing systems that improve the social factors affecting health can give everyone an opportunity to be healthy.

What can we do to create communities where everyone is able to afford the basics of life and has a fair chance to be healthy? Here are some suggestions:

FOR INDIVIDUALS:

- Gain an understanding about what it's like to live in poverty. For example volunteer at a local food bank or shelter.
- Speak to your local municipal councilor about making your community more inclusive, such as providing: decent, affordable housing options; high quality affordable child care; access to affordable healthy food; vibrant community programs; and affordable, accessible public transit.
- Write to your provincial and federal government representatives asking them to take steps to address income inequality and poverty.
- Join a group or coalition working on issues related to poverty.

FOR PUBLIC & PRIVATE SECTOR & NON-GOVERNMENTAL ORGANIZATIONS:

- Work inter-sectorally and with the community, including those living in low income, to address social inequities.
- Create positive change by providing effective programs, services and healthy public policies for the whole population, but more intensely for those with greater need.
- Advocate for income security programs such as a fair wage for paid work, and a basic income guarantee for all.

DATA SOURCES:

Canadian Community Health Survey (CCHS) [2007-2014]. Statistics Canada, Share File, Distributed by the Ontario Ministry of Health and Long-Term Care.

Statistics Canada, Income Statistics Division, T1 Family Files [2011], Reference 15020.

Ontario Mortality Data [2009-2011], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: May, 2015.

Rapid Risk Factor Surveillance System (RRFSS) [2012], Simcoe Muskoka District Health Unit.

Statistics Canada, Income Statistics Division, Annual Estimates for Census Families and Individuals [2012], 13C0016. Taxfiler Table F-18 Family data.

Statistics Canada, National Household Survey [2011]. Catalogue no. 99-014-X2011006 and EO2065. Target Group Profile #12 - Low Income Status, Target Group Profile #10 - Recent Immigrants, Target Group Profile #11 – Aboriginal Identity, Target Group Profile #8 – Population with activity difficulties/reductions.

Data for the CCHS and RRFSS indicators (excluding household food insecurity) have been age-standardized to account for potential differences in age structure of each income group.

All health-related data presented on pages 2 & 3 illustrate statistically significant differences between low (Quintile 1) and high (Quintile 5) income groups. For the Oral Health Indicator, low and high income category definitions are available here: www.simcoemuskokahealthstats.org/Resources/Glossary.aspx#IncomeCat

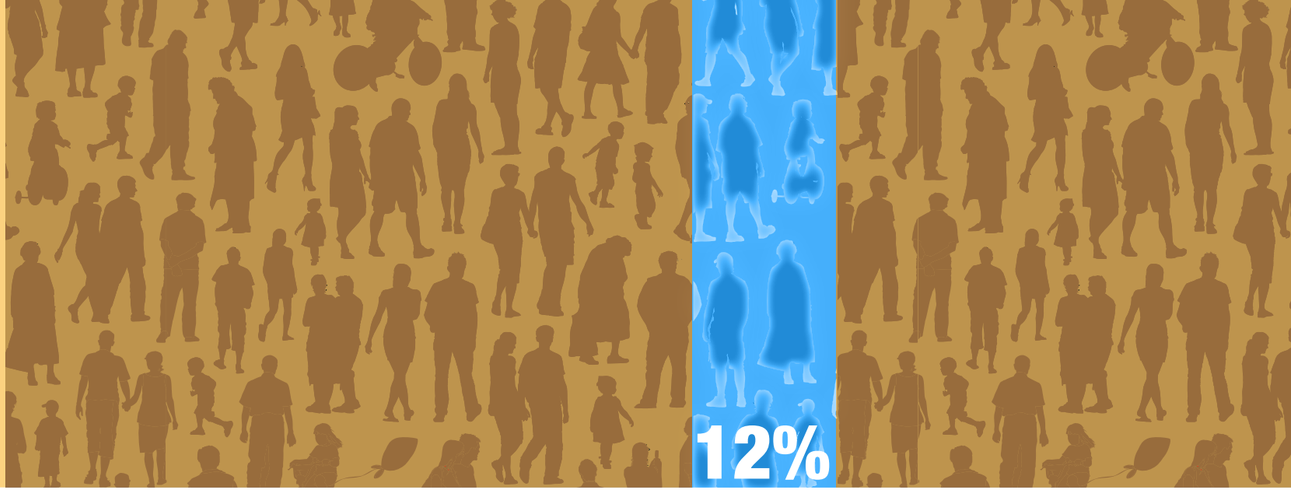
For the purposes of this report, low income is based on the Statistics Canada variable Low Income Measure After-Tax (LIM-AT). The LIM is defined as half the median household income, after taxes. A person whose income is below that level is said to be in low income. The LIM is adjusted for household size.

Activity limitations/difficulties refer to conditions or health problems that have lasted or are expected to last six months or more and for young children, include only those conditions or problems that have been diagnosed by a professional. Note: not to be used as an estimate of the population with a disability.

For more information about the data presented in this report, visit:
www.simcoemuskokahealthstats.org

or contact *Health Connection* at
705-721-7520
toll free at 1-877-721-7520
or email at hconnect@smdhu.org

simcoe muskoka DISTRICT HEALTH UNIT



Low Income

12% living in low income in Simcoe Muskoka

A report on low income and its impact on health in Simcoe Muskoka

Our health is determined by a variety of factors. While biology and health care account for 40 per cent of our health status, it is the factors in our daily life that have a far greater impact on our health. Where and how we live, the education, job and income we have, our gender, race and culture, our social networks and sense of connected-ness are the major determinants of health. Income has the most impact on health as it influences our living conditions and affects our overall quality of life and general well-being.

Individuals living in low income have higher rates of chronic diseases and are more likely to die earlier than individuals who are better off financially. Growing up and living in low income can also contribute to food and employment insecurity, lower levels of education, being poorly housed or homeless, social isolation, stress and difficulty accessing quality health care. In turn, some of these factors – in particular a lack of education and employment – further perpetuate low income.

All of these factors are related to poverty, although poverty is about more than lack of money. Income is one measure of poverty, but poverty also refers to the absence of equity, choice and power, which impacts a person's sense of belonging, citizenship and participation.

> "Income provides the prerequisites for health, such as shelter, food, warmth and the ability to participate in society; living in poverty can cause stress and anxiety which can damage people's health…"
>
> *Benzeval, Judge, & Whitehead, 1995*

Who lives in low income in Simcoe Muskoka?

- **12%** of the Simcoe Muskoka population (or about 59,300 people). The rate varies by age group with:
  - **17%** (17,940) of children (under 18 years) living in low income
  - **13%** (39,210) of adults (between 18 and 64 years) living in low income
  - **3%** (2,190) of seniors (65 years and over) living in low income
- Some groups living in low income are over represented with:
  - **32%** (7,030) of lone-parent families living in low income
  - **20%** (6,445) of the population ages 25 to 64 years who have not completed high school or beyond living in low income.
  - **20%** (780) of recent immigrants (immigrated to Canada between 2006 and 2011) living in low income
  - **19%** (3,310) of Aboriginal identity population living in low income
  - **15%** (16,885) of the population with activity limitations/ difficulties living in low income

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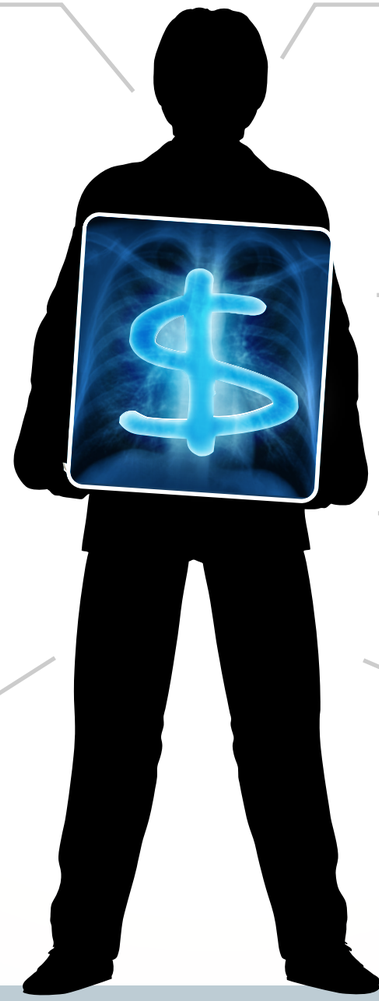
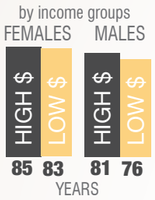
The social and health

IMPACTS of LOW INCOME

in Simcoe Muskoka

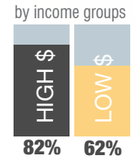


LIFE EXPECTANCY



Life expectancy is lower for the population in lower income groups. Females in the highest income groups live two and a half years longer (85 years) than females in the lowest income groups (83 years). Males in the highest income groups live almost five years longer (81 years) than males in the lowest income groups (76 years).

MENTAL HEALTH

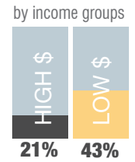


Perceived mental health status increases with higher levels of income. Only 62% of the population ages 12 years and over in the lowest income group rate their mental health as excellent or very good compared to 82% of the population in the highest income group.

OVERALL HEALTH STATUS

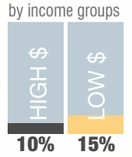
Self-rated health status increases with higher levels of income. Nearly three-quarters (72%) of the population ages 12 years and over in the highest income group rated their health as excellent or very good compared to only about half (53%) of the population in the lowest income group.

ORAL HEALTH



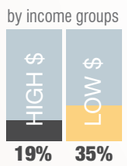
Twice as many Simcoe Muskoka adults ages 18+ (4 in every 10) living in the lower income groups report missing teeth due to decay or gum disease compared to adults living in the highest income group (2 in every 10).

HEART DISEASE



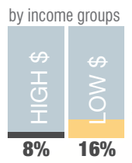
The prevalence of self-reported heart disease in Simcoe Muskoka adults (age 50+) in the lowest income group (15%) is more than 1.5 times greater than that of the highest income group (10%).

SMOKING



More than one-third (35%) of of the adult population (ages 20+) in the lowest income group are reported current smokers compared to almost one in five (19%) in the highest income group.

DIABETES



The prevalence of self-reported diabetes in Simcoe Muskoka adults (age 50+) in the lowest income group (16%) is double that of the highest income group (8%).

INCOME INEQUALITY

Of total Simcoe Muskoka income, nearly one-quarter (24%) goes to those who make up the richest 10% of the population, while just 2% goes to the population who make up the poorest 10%.

HOUSING

Affordable housing should cost less than 30% of total before-tax household income. Almost half of renters in Simcoe County (44% or 12,910) and Muskoka District (43% or 1,610) spend more than 30% of their total before-tax household income on shelter costs (i.e. rent, electricity, heat and municipal services).

FOOD INSECURITY

Overall, 8% of all Simcoe Muskoka households report experiencing food insecurity at least once in the past 12 months. Almost one-quarter of households in the lowest income quintile (22%) report food insecurity which is 20% higher than households in the highest income quintile.