RAISING INCOME COULD DRAMATICALLY IMPROVE HEALTH FOR MOTHERS AND BABIES


**Issue:** Health equity researchers generally study the links between having a low income and a single health problem like diabetes. But a low income doesn’t simply lead to one disease or another. It has an overall negative effect on physical and mental health and leads to multiple, concurrent health problems.

**What we did:** We looked at health survey data from more than 6,000 Canadian women who had recently given birth. We looked at their experience of these health problems: adverse birth outcomes, postpartum depression, serious abuse, hospitalization during pregnancy and frequent stressful life events.

Typically, researchers would look at how income impacted each one of these conditions, separately. In this study, we looked at income and the chance of having multiple health problems (3-5 problems) at the same time.

**Findings:** Lower income was directly related to having multiple health problems. New mothers with very low incomes were nearly 20 times more likely to face multiple health problems than new mothers with high incomes.

**Implications for policy:** This study suggests that if new mothers did not have to live on low household incomes, they could see substantial increases to their health and the health of their babies.

We found that if all new mothers had household incomes of at least $50,000 a year, the occurrence of multiple health problems around pregnancy could be reduced by 60%.

**Implications for research:** By focusing on single diseases, researchers can inadvertently obscure the fact that low income poses pervasive, generalized harm to health and leads to multiple health problems. Researchers should adopt alternative research models that reflect the overall health impacts of socio-economic inequality.

HALF OF ONTARIO RESIDENTS THINK HEALTH IS RELATED TO WEALTH


**Issue:** Research shows clearly that living on a lower income is directly linked to having poor health. It’s not clear, however, if health inequality is well understood by the public. As public opinion is an important factor in moving policy-makers to take action, we decided to explore what Ontario residents think about income and health.

**What we did:** We analyzed results from phone interviews conducted in 2010 with 2,006 Ontario residents over 18. Participants were asked demographic questions and if they agreed or disagreed with a series of statements about population health.

**Findings:**
- 53% agreed: “In Ontario, people who are rich are much healthier than people who are poor.”
- 61% agreed: “In Ontario, people who are poor are less likely to live into their 80s than people who are rich.”
- 56.5% agreed: “Over the last few years, people who are rich have become healthier while people who are poor have become less healthy.”
- People under 55, living in rural areas, and who voted for parties other than the NDP were less likely to be aware of health inequalities.
- Women were often less likely to be aware of income-related health inequalities than men.
- Participants with lower incomes were more likely to be aware of health inequalities, while those without post-secondary education were less likely to be aware.
- While participants had a sense that low income can limit the degree to which people can achieve good health, they weren’t clear that it can lead to specific outcomes like heart disease, mental illness and accidents.

**Implications:** As we work to build public support to reduce health inequalities, we should be communicating to Ontario residents about the many ways in which income impacts health. Targeting communications to focus on younger people, people living in rural areas and women may be effective in increasing the level of awareness Ontario residents have about health inequalities.
URGENT NEED FOR DIVERSITY OF HEALTH PROMOTION STRATEGIES AROUND INFANT SLEEP POSITION


**Issue:** Putting infants to sleep on their backs can help reduce the risk of Sudden Infant Death Syndrome (SIDS). Over the past 20 years, public health campaigns promoting “back to sleep” have been linked to dramatic reductions in SIDS rates in many countries. In Canada, SIDS rates dropped by 70% between 1985 and 2004. More recently, SIDS rates have stabilized in many countries, while remaining high among some groups facing barriers to achieving socio-economic equality.

**What we did:** We looked at health survey data from more than 6,000 Canadian women who had recently given birth, and analyzed how socio-economic position influences associations between factors like where mothers live, their life experiences, their health care service use and infant sleep position.

**Findings:** More than 22% of mothers reported putting their infant in a non-supine position (not on their backs) during the first 4 months. Women with less than high school education were more than twice as likely to put their baby in a non-supine sleep position compared to women who had completed post-secondary education.

We found that different factors influenced women’s practices for putting their baby to sleep depending on their level of formal education. Here, we focus on the impacts of health care services.

- **Late initiation of pre-natal care had a negative impact for women with less than a high school education.**
- **The absence of postpartum contact from a health provider had a negative impact for women who completed high school.**
- **The absence of prenatal classes and postpartum contact from a health provider had a negative impact for women who completed some post-secondary education.**

Notably, self-reported sufficiency of postpartum information on SIDS was not found to have any impact on infant sleep practices for women from any educational background.

**Policy and program implications:** There is an urgent need for additional health promotion strategies to make sure mothers and families across socio-economic groups are aware of the importance of putting babies to sleep on their backs. It should be noted that postpartum health interventions seem to be tailored to women with higher socio-economic positions, and are not equally benefiting all new mothers. It should also be noted that rural residence was associated with non-supine sleep position for both women with some post-secondary education, and women who had not completed high school.

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HOW TO HELP REDUCE BARRIERS TO CANCER SCREENING FACED BY SOUTH ASIAN COMMUNITIES

Lobb R, Pinto AD, Lofters A. Using concept mapping in the knowledge-to-action process to compare stakeholder opinions on barriers to use of cancer screening among South Asians. Implementation Science. 2013; 8: 37. Contact: Rebecca Lobb (lobbr@wudosis.wustl.edu)

**Issue:** Health providers encourage people to get screened at specific ages for three cancers that can be detected early—breast, cervical and colorectal cancer. Evidence suggests immigrants, people who are racialized, people living on low incomes and people isolated by geography are under-screened for these cancers in Canada and the US. In Ontario, recent evidence suggests South Asians might be particularly vulnerable to under-screening.

**What we did:** We asked South Asian residents, community agencies, health service organizations and health providers in Peel Region, Ontario, about barriers South Asians face when it comes to cancer screening.

**Findings:** Based on what participants told us, health providers and other organizations can help improve screening rates for South Asians in Peel by providing:

- **Logistical supports** like shorter wait times for appointments; interpretation services; transportation help (like tokens); and hours that don’t interfere with employment and other responsibilities.
- **Educational materials** that are well-translated, easy to understand, include endorsements from credible community sources and are distributed through media outlets accessed by South Asian residents. They should include information about:
  - Screening—when and how to get it, and that it’s free of cost;
  - Cancer risk factors, and the success of cancer treatment;
  - Using the health system for prevention, before you get sick.
- **Cultural competency training** emphasizing respect for South Asian cultures and traditional notions of health.
- **Primary care physicians who emphasize the need for screening**, listen to concerns and answer questions; more female health providers and health providers and technicians from South Asian cultures and who speak South Asian languages.

- The term “racialized groups” is used to acknowledge “race” as a social construct and a way of describing a group of people. Racialization is the process through which groups come to be designated as different, and on that basis subjected to differential and unequal treatment. In the present context, racialized groups include those who may experience differential treatment on the basis of race, ethnicity, language, economics, religion. (Canadian Race Relations Foundation)

- South Asian communities are incredibly diverse on many levels. For the purposes of this study, South Asians were defined as people with Indian, Pakistani, Bangladeshi or Sri Lankan ancestry, with varied religious beliefs and linguistic preferences, born both inside and outside of Canada.

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The Centre for Research on Inner City Health (CRICH) is part of the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael’s Hospital. Our mission is to reduce health inequities through innovative research that supports social change. Research Flash highlights research conducted by CRICH and our partners. More information is available at www.crich.ca. You can also follow us on twitter at @crich_stmikes or connect with us on at facebook.com/CRICHTermates.