Our health is deeply affected by decision-making at the provincial level. Here is some research evidence from the past few years to talk about with your candidates and communities during the 2014 Ontario election and beyond.

HEALTH, HOUSING AND INCOME

Good health depends on good housing
It's time to invest in the health of Aboriginal children
All Ontario residents need access to dental care
Mothers and babies need a livable income to thrive

TAXATION, POLICY INNOVATION & PUBLIC OPINION

Taking the burden off health care with ‘Health in All Policies’
The fairest way to pay for health care
Gender equality policies and women’s health
Ontario residents understand that health is related to wealth

GOOD HEALTH DEPENDS ON GOOD HOUSING

Housing Vulnerability and Health: Canada’s hidden health emergency (2010).
Available at www.crich.ca


Across Canada, people who have unstable housing face the same severe health problems and high death rates as people experiencing homelessness.

People experiencing homelessness/unstable housing have high rates of chronic health conditions (e.g. arthritis, Hepatitis B/C, asthma), traumatic brain injury, and mental health problems (e.g. depression, anxiety, bipolar disorder). In addition, we found that:

• 33% of people experiencing homelessness/unstable housing had trouble getting enough to eat.
• 38% had been beaten up or attacked in the last year.
• At some point in the last year, 38% needed health care but were unable to access it.

Our research also found that:

• Men who live in shelters die 16 years earlier than the richest people in Canada.
• Men experiencing homelessness/unstable housing have about the same chance of surviving to age 75 as an average Canadian man in 1921 – before the advent of antibiotics.

ASK A CANDIDATE:
What will you do to make sure everyone has access to healthy, stable housing?

IT’S TIME TO INVEST IN THE HEALTH OF ABORIGINAL CHILDREN

Available at www.crich.ca

BACKGROUND:
First Nations, Inuit and Métis children have dramatically worse health outcomes, compared to non-Aboriginal children in Canada. These health differences are directly tied to economic inequalities (like food insecurity, overcrowded housing and poor water quality) that disproportionately harm Aboriginal children.

STUDY FOCUS:
We conducted a systematic search of public health data on Aboriginal children’s health in Canada (birth to 12 years).

FINDINGS:
Compared to children in the general Canadian population:

• Infant mortality rate is 4 times higher among Inuit.
• Sudden Infant Death Syndrome is 3 times more common among BC First Nations with status.
• Injury rates are almost double for First Nations.
• Obesity rate is 4 times higher for First Nations.
• Aboriginal children also suffer higher rates of ear infections, dental problems and respiratory tract infections. Inadequate housing conditions, including poor ventilation and crowding, directly contribute to a child’s risk of respiratory tract infection.
• Vital statistics registration and health care data are nearly non-existent for First Nations without status, Métis and urban Aboriginal children. Without these data, health inequities experienced by these groups will be much more difficult to demonstrate – and change.

ASK A CANDIDATE:
How will you collaborate with First Nations, Métis and Inuit organizations and communities to improve health outcomes for Aboriginal children?
ALL ONTARIO RESIDENTS NEED ACCESS TO DENTAL CARE


BACKGROUND:
Ontario’s patchwork of public dental programs leaves many without care. In particular, thousands of adults living on low incomes cannot afford a visit to a dentist, which can harm their physical and emotional wellbeing and ability to get work. Organizations across the health and social sectors are calling for unified oral health services so that everyone, at every income level, has access to quality dental care. To learn more and get involved, visit www.oaphd.on.ca.

STUDY FOCUS:
Men and women experiencing homelessness can face the greatest barriers to dental care and suffer the worst consequences. To clinically document the extent of this need, we assessed the oral health of people at Toronto shelters in a cross-sectional survey that involved an interview plus a clinical exam in a portable dentist chair. The average participant was 39 years old and had been homeless for four years. This is the first peer-reviewed dental health survey of adults facing homelessness in Toronto.

FINDINGS:
• 97% of people surveyed in Toronto shelters needed dental treatment compared to 34% in the general Canadian population.
• 40% needed emergency dental treatment.
• 35% had avoided eating due to mouth problems.
• 32% said they experienced tooth pain over the last month. Of these, 75% did not receive care.
• 35% had not seen a dentist in four years or more.
• 70% had no insurance coverage for dental care.
• Oral health was markedly worse for people who were homeless or unemployed for longer than one year.
• People were often unaware of their own dental problems. While 20% said they had no dental problems, only 3% were found to be problem-free during an oral exam.

MOTHERS AND BABIES NEED A LIVABLE INCOME TO THRIVE


BACKGROUND:
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.

STUDY FOCUS:
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.

WHAT WE FOUND: 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.

ASK A CANDIDATE: What will you do to make sure everyone has access to dental care?
**TAKING THE BURDEN OFF HEALTH CARE WITH ‘HEALTH IN ALL POLICIES’**


**BACKGROUND:**
“Health in All Policies” (HiAP) is a new approach to public health that’s increasingly being used in different parts of the world. HiAP aims to improve population health and reduce health inequities by going beyond the health care system to involve the “whole-of-government” in planning improvements to society.

**REPORT FOCUS:**
We’ve collected information about examples of HiAP around the world and are currently analyzing those cases so that Canadian residents can benefit from the lessons learned.

**FINDINGS:**
We found Health in All Policies (HiAP) processes in 16 countries or regions around the world. So far, we’ve learned:

- HiAP aims to address the health of all people. It usually combines universal policies to improve everyone’s health and targeted policies for vulnerable groups.
- HiAP has been adopted in both strong and weak welfare states.
- Some HiAP countries used “health impact assessment” to ask whether policies made outside the health care system were likely to harm or help health.
- HiAP is often aimed at building bridges between government and non-governmental actors from civil society and the private sector.
- HiAP can be supported through joint budget development processes, and interministerial committees that work collaboratively.
- HIAP is almost always preceded by the existence of informal intersectoral collaborations to promote health and health equity.

**ASK A CANDIDATE:**
*Will you promote Health in All Policies?*

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**THE FAIREST WAY TO PAY FOR HEALTH CARE**

*Dhalla IA, Guyatt GH, Stabile M, Bayoumi AM. Broadening the base of publicly funded health care. CMAJ. 2010 Nov 29 [Epub ahead of print].*

**BACKGROUND:**
In Canada, our health care system is financed mainly through personal and corporate income tax revenue. To keep up with rising health care costs, our government will need to raise more money.

**STUDY FOCUS:**
We looked at several strategies to raise public funds for health care. We evaluated them for:

- Fairness/equity (who would pay most/least?)
- Transparency (is the process explicit/open to scrutiny?)
- Efficiency (how much does it cost to administer?)
- Feasibility (is it acceptable to voters and governments?)

**FINDINGS:**
The most equitable options to broaden the base of publicly funded health care are:

- Raising personal or corporate income tax progressively (i.e. higher rates for higher incomes).
- Implement universal pharmacare plus eliminate tax breaks on employee health insurance benefits. The tax breaks help high-income earners the most.
- The most inequitable options are user fees and deductibles for doctor visits (e.g. $25 per physician visit). User fees hit low-income patients hardest, and can deter vulnerable groups from accessing care.
- Other funding options include new “sin taxes” on unhealthy foods and products, and new taxes earmarked for health care. The equity impact of these mechanisms depends on how they’re implemented.

**ASK A CANDIDATE:**
*Which strategy do you support?*
GENDER EQUALITY POLICIES AND WOMEN’S HEALTH


BACKGROUND:
Women suffer more than men from non-fatal physical and mental health problems, and are generally expected to live fewer years in good health. There are few epidemiological studies, however, that look at the potential of government policies to improve women’s health and wellbeing.

STUDY FOCUS:
We analyzed peer-reviewed articles that compared gender equality policies across two or more jurisdictions. Gender equality policies can include components like flexible work time, parental leave, benefits for work inside the home, equal pay initiatives and programs to increase women’s representation in political office. We looked at articles published in English, French, Spanish, Portuguese and Italian between 1970 and 2012.

WHAT WE FOUND:
In general, social and labour policies explicitly intended to reduce or mitigate unequal power relations between women and men – as compared to policies aimed at the entire population – are associated with improved health outcomes for women. In addition:

• ‘Dual-earner’ policy models designed to facilitate women’s participation in the work force and foster equitable relationships around unpaid work in the home seem to support better health.

• Longer maternity leaves are generally associated with reductions in depression and longer duration of breastfeeding.

• US studies demonstrate a link between reproductive rights and mental health.

• Gender equality policies, depending on how they are designed, could affect different populations differently. One US study found that the positive effects of maternity leave were most pronounced overall for women who were white, married and returning to full-time work.

IMPLICATIONS:
In Canada, opportunities to enhance gender equality policies and improve women’s health include ensuring that all families have access to high quality, affordable child care and that all parents have access to paid parental leave of sufficient length. In addition, policy-makers should consider how gender equality policies affect different populations, and design and implement policies that yield maximum benefit for all women.

ONTARIO RESIDENTS UNDERSTAND HEALTH IS RELATED TO WEALTH


BACKGROUND:
Research shows that people living on higher incomes have better health than people living on lower incomes. It is not clear, however, how the relationship between income and health is understood by the public. As public opinion is an important factor in moving policy-makers to take action, we worked with our partners to ask Ontario residents what they think about income and health.

STUDY FOCUS:
We worked with our partners to analyze results from phone interviews conducted in 2010 with 2,006 Ontario residents over the age of 18. Study participants were generally representative of the Ontario population. Participants were asked if they agreed or disagreed with a series of statements on population health. First, we looked at the data to explore the degree to which Ontario residents recognize the fact that people living on high incomes are healthier than people living on low incomes. In this paper, we ask why Ontario residents think people living on high incomes are healthier than people living on low incomes.

WE FOUND THAT ONTARIO RESIDENTS:
• Believe the social determinants of health are key drivers of poor health. 84% agree that ‘if you work in a poorly paying job, the insecurity you feel can have a bad effect on your health.’ 74% agree that ‘the rich are healthier because they have better access to high quality food.’

• Do not believe that health problems are largely due to personal behaviours. For example, 60% – 63% do not believe health inequalities can be attributed to ‘unhealthy coping behaviour’ or ‘unwise spending.’

• Believe that the privilege of people living on high incomes plays an important role in generating health inequalities. For example, 55% agree that the ‘rich get more out of the health system than the poor’ and 84% agree that ‘the rich have more choices and control over their lives and health than the poor.’

IMPLICATIONS:
These findings can inform educational campaigns to raise awareness about income-related health inequalities. In addition—as the majority of Ontario residents understand the importance of the social determinants of health—policy-makers, organizations and groups working to address issues like economic injustice, quality housing and food insecurity may wish to discuss the links between these issues and health.

ASK A CANDIDATE: How will you enhance gender equality policies?

ASK A CANDIDATE: What will you do to address the social determinants of health?