Health equity and the social determinants of health are affected by federal government decision-making. These issues deserve more attention during the 2011 federal election. Here's some research evidence to talk about with your candidates and communities:

- Good health depends on good housing
- It’s time to invest in the health of Aboriginal children
- Of all the ways to pay for rising health care costs, progressive income taxation is the fairest
- Some countries are starting to put “health in all policies”, to take the burden off health care

**HOMELESSNESS IS CANADA’S HIDDEN HEALTH EMERGENCY**


Across Canada, people who have unstable housing face the same severe health problems and high death rates as people who are homeless:

- Canadians who are homeless/have unstable housing live with high rates of chronic health conditions (e.g. arthritis, Hepatitis B/C, asthma) and mental health problems (e.g. depression, anxiety, bipolar disorder). Almost two-thirds have a history of brain injury.
- At least once a year:
  - 40% of Canadians who are homeless/have unstable housing are assaulted
  - 33% struggle to get enough to eat
  - 38% need health care, but can’t access it
- Men who live in shelters die 16 years earlier than the richest Canadians.
- Men who are homeless/have unstable housing have about the same chance of surviving to age 75 as an average Canadian man in 1921 - before the advent of antibiotics.
- Women who are homeless/have unstable housing have about the same chance of surviving to age 75 as an average woman in Guatemala, where health care services are lacking.
- Many Canadians who are homeless/have unstable housing die for reasons that could be avoided: e.g. alcohol and smoking-related diseases, homicide, suicide and injury.

**EXTREMELY POOR HEALTH OUTCOMES FOR ABORIGINAL CHILDREN**


**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:**

What will you do to improve the health of Canadians who are homeless or have unstable housing?

**ASK A CANDIDATE:**

What will you do to protect the health of Aboriginal children?
“HEALTH IN ALL POLICIES”: AN OPTION FOR CANADA?


Background:
“Health in All Policies” (“HIAP”) is a new but increasingly important public health idea that’s gaining worldwide attention. “HIAP” is a “whole-of-government” approach that goes beyond the health care system to improve population health and reduce health inequities.

Report Focus:
We’ve collected and are now analyzing what’s known about “HIAP” around the world, so that Canadians 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 to build 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.

HOW TO PAY FOR HEALTH CARE EQUITABLY: MORE TAXES, FEWER TAX BREAKS

Dhalla IA, Guyatt GH, Stabile M, Bayoumi AM. Broadening the base of publicly funded health care. CMAJ. 2010 Nov 29 [Epub ahead of print]. Also featured in Nov/Dec 2010 CRICH Research Flash.

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?

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

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.

VISIT WWW.CRICH.CA TO ACCESS:
- CRICH Research Flash archives
- Plain-language fact sheets and videos on the issues we study
- Updates on current projects
- Stories about CRICH research in action

Connect with us at Facebook.com/CRICHStMikes
Follow us at Twitter.com/CRICH_StMikes
Email HoltonE@smh.ca to subscribe to the Research Flash email listserv