edmonton Social Planning council

the fACTivist

Spring 2005

Edmonton Social Planning Council 9624-108 Avenue Edmonton, AB T5H 1A4 Tel: (780) 423-2031 Fax (780) 425-6244 www.edmspc.com

Social policy investment, a key aspect of health care reform

by Kim Raine, Director, Centre for Health Promotion Studies, University of Alberta

Contrary to popular opinion, most influences on our health originate outside of the health system. Some experts estimate social and economic environments contribute to 50% of a population's health status, while the "illness care" system contributes only 25% (See chart on page 2 from the Canadian Institute for Advanced Research). So, if the Alberta government is to be successful in its search for innovative ways to reform the health care system it will need to address the social and economic environments of its citizens.

We know that there are several social and economic mechanisms at play that affect the health status of Albertans.

First, people need a basic level of income to provide resources for day-to-day necessities of life. While our universal health system is based upon principles of accessibility for all, regardless of their ability to pay, health disparities occur when people do not have equitable access to the resources necessary to achieve and support health (Health Canada). Poor quality housing and lack of access to nutritious food, both basic necessities of life, are a reality for many Albertans. A low minimum wage and low levels of social assistance are examples of policies, outside of health's jurisdiction, with a major influence on health.

A second mechanism that has been shown to be at work in connecting poverty, inequity and health disparities is the notion that social hierarchy (social class) affects health. Income inequalities lead to frustration, stress and family dysfunction that then contribute to increases in crime and violence in a community. Chronic stress and feelings of shame, distrust and not belonging are translated into poorer health *(Social determinants of health: The solid facts,* World Health Organization). Thus, health is limited not only to physical health, but through this mechanism, to mental and social health as well.

The third mechanism assumes poor health outcomes are reflective of under-investment in social policy – social infrastructure, employment, social welfare, and education. (Social Science & Medicine, 2000) Alberta has seen strong economic growth in the last decade. However, these same years have also seen persistent and increasing poverty, inequity, and the corresponding disparities in health status (Canadian Council on Social

Continued on page 5

In this issue we focus on the social determinants of health and ask why governments have been so slow to act on this well documented approach to our overall health and well-being.

Determinants of Health: What makes Canadians Healthy or Unhealthy?

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment/Working Conditions
5. Social Environments
6. Physical Environments
7. Personal Health Practices and Coping Skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture

Source: Health Canada, Public Health Agency of Canada

FACT

There were 2,192 homeless persons in Edmonton in 2004, an increase in homelessness of 14.5% since the last count in 2002 (Source: Edmonton Joint Planning Committee on Housing, Homeless Count conducted on Oct. 19, 2004)

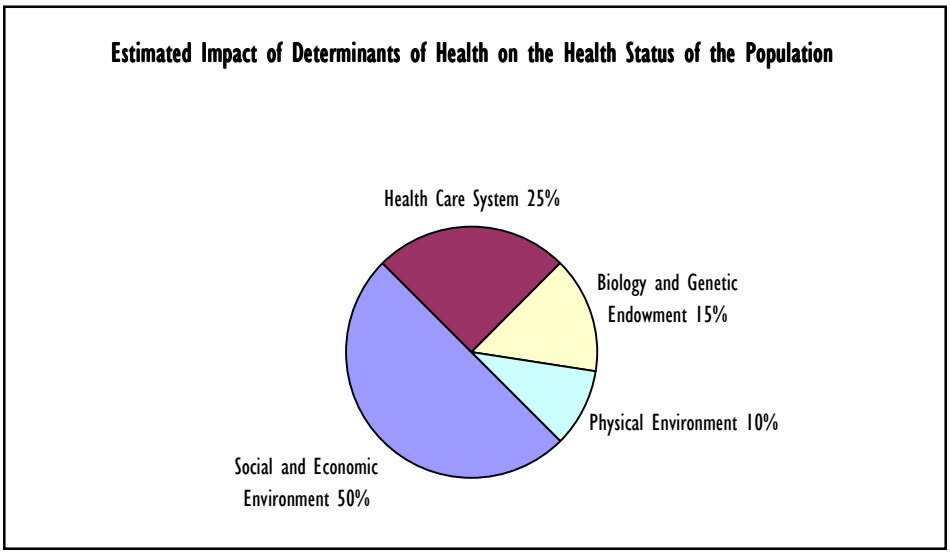
Reiterating the link between poverty and health

by Nicola Fairbrother, ESPC Executive Director

ESPC has for some time been an advocate for understanding that poverty is a determinant of health. We are in the company of some noted authorities on the subject: Health Canada and the World Health Organization, renowned Canadian scholars such as Dennis Raphael from York University, and locally Kim Raine at the Centre for Health Promotion Studies at the U of A.

Our most direct contribution in this area was our work of 5+ years ago on the Cost of Healthy Living Index (first done in 1999 and updated in our 2002 Tracking the Trends). To develop that Index, we worked with the Canada West Foundation to come up with a list of the goods and services required for basic, healthy living (similar to the Market Basket Measure/MBM). That work was followed up when the Council hosted a symposium entitled Healthy Incomes – Healthy Outcomes in June of 2000.

This perspective has continued to inform our work in recent times, particularly around our Position Paper and Fact Sheets on the Market Basket Measure and our work on inclusion with the Inclusive Cities Canada initiative. Income matters, we are saying. Those living in low income are not simply poorer financially, they also experience poorer health and well-being, plus face barriers that exclude them from being able to participate meaningfully in our economic and social life.



Source: Canadian Institute for Advanced Research. The above graph is also found on the Alberta Health and Wellness website under the "Health Sustainability Initiative" section. See page 3 for more on the Alberta government's apparent awareness of the link between poverty and health.

We are being presented with yet another opportunity to bring this perspective to the fore. That opportunity comes in the form of Premier Ralph Klein's interest in uncovering the best practices and innovations in the world for making health care sustainable. The premier is launching this quest with an international symposium on health to be held May 3-5 in Calgary. To ensure that all the options are being considered, an alternative health conference is also being held in Calgary from April 30-May 1, sponsored by the Friends of Medicare, Parkland Institute, Public Interest Alberta and others.

ESPC, along with some of these others, may have the innovative approach that the Premier is seeking. Namely, we can point once again to the exhaustive research and analysis that has been done around the **Social Determinants of Health (SDOH)**. (See Kim Raine's article on page 1.) Given that "health care innovation, renewal and sustainability" will be "top of mind" for the provincial government as well as the media, the general public and policy makers at all levels, this is a window of opportunity to draw their attention to the possibilities of taking an SDOH approach to solve this societal issue. (See Phil O'Hara's article on page 4.)

Significant gains could be made on two fronts – health care policy and social policy – if the link between poverty and health is integrated into government actions. The work of ESPC and others has clearly shown that this is the kind of action required to build the healthy, just and inclusive community we are all striving for.

FACT

Voter Turnout, Elections 2004

Federal election, Alberta voters 58.9%
Provincial election, Alberta voters 44.7%
Civic election, Edmonton voters 41.6%

Sources: Elections Canada, Elections Alberta, City of Edmonton

Can Alberta walk the talk?

by John Pater, ESPC Communications Coordinator

It may come as a surprise to some, but the Alberta government is aware that poverty / low income is a main factor in influencing the health and well-being of its citizens. The concept of the social determinants of health appears to be known by many levels of policy-makers in the provincial government. Government documents such as the recent Speech from the Throne, health department reports, health studies and the government's annual business plan make frequent references to the connection between poverty and health. Here are some examples:

- "An individual's socio-economic status also contributes to their health and well-being." (*Alberta Budget 2004, Government of Alberta Strategic Plan*)
- "The determinants of health have been recognized for several years … Income affects health … people with low incomes are more likely to be heavy users of physician services, visit emergencies, be admitted to hospital, take multiple medications, and require home care services." (*Report of the Premier's Advisory Council on Health Care / Mazankowski Report, 2002*)
- "Health is much more than just the absence of disease or disability. It is a state of physical, emotional and social well-being. Our education, employment, income and physical environment influence our health as much or more than the quality and availability of health services … The government of Alberta is concerned about the health disparity between low and high income Albertans." (*Alberta's 2004 Report on Comparable Health Indicators, Dec. 9, 2004, Alberta Health and Wellness, Iris Evans, Minister*)

Not only is there awareness in provincial government circles of the link between poverty and health, that awareness is accompanied by what appear to be recommendations for action to address this causal link.

- "We'll take steps to make Albertans the healthiest people in the world, because even the best medical treatments aren't as good as staying healthy in the first place …We will examine a range of wellness strategies promoting healthy outcomes for all Albertans." (*Speech from the Throne, March 2, 2005*)
- "Objective: Optimize Albertans' health by working collaboratively to address factors that influence health. Strategies: Implement cross-ministry approaches to improve the health status of low-income Albertans … by addressing key determinants of health." (*Health Sustainability Initiative, 2004 Government of Alberta Strategic Business Plan*)
- "The first reform is to stay healthy. Too much of the focus in our health system is on treating people when they're sick. The best way of sustaining Alberta's health system in the longer term is … by taking a global view of all of the factors that determine and affect people's health. … Actions should be taken at both the population level and by individuals in order to improve overall health." (*Report of the Premier's Advisory Council on Health Care / Mazankowski Report, 2002*)

Given this context – that there seems to be both awareness and recommendations for action within the provincial government to address the link between poverty and health – the Premier's call for a "Third Way for health renewal" has some interesting implications. When the Premier says that Alberta has to "get on with things we already know need to be done" could he be thinking, at least in part, about the social determinants of health?

- "The Third Way for health renewal … get serious about wellness and aim to have the healthiest population in the world.
- "This isn't just about big ideas or grand plans. There are some specific and tangible things all of us can do, starting now … The program will combine the best of what we know about healthy eating, staying active, and taking care of ourselves. And if we do this right, we'll succeed in building the healthiest population in the world, and we'll save the health system millions of dollars over the longer term.

(*Premier Ralph Klein, Speech to the Canadian Club, Calgary, January 11, 2005*)

FACT

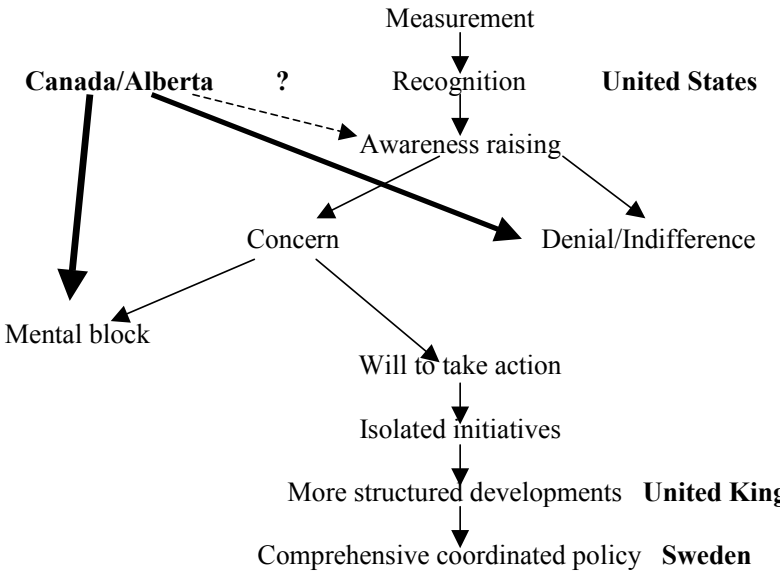
23.5% of Edmontonians say they have "quite a lot" of life stress

(Source: Annual Report of the Medical Officer of Health 2004, Capital Health Region)

Barriers to taking action on what we know

by Phil O'Hara, ESPC Research & Policy Coordinator

Why aren't we taking action on what we know? Elsewhere in this *fACTivist*, colleagues have convincingly made the case that the Alberta government is aware that the social determinants are key factors influencing health. Other noted analysts have shown (see the diagram to the right) that Canada and Alberta recognize and raise awareness about the importance of the social determinants, but then denial/indifference and mental blocks undermine our will to take coordinated action.



Source: Action spectrum on equalities in health (Whitehead 1998); Drawing on reality to influence public policy (Raphael 2005)

Canada played a leading role in developing the concepts of health promotion, population health and the social determinants. But compared to the UK and Sweden, Canada has fallen behind in adopting policies that effectively address the primary social and economic determinants of poverty and inequity. (For example, in 2004, Canada could only manage a 12th place ranking out of the 17 OECD countries listed in a Human Poverty Index. Sweden was listed as number one.)

In general, neither the public nor the media understand the key influence of the social determinants on health. Results of a 2005 survey conducted by the Canadian Institute for Health Information showed that Canadians generally believed that making lifestyle changes could improve health to a much greater extent than could the social determinants. Media analysis in the survey showed that very few newspaper stories dealt with such determinants as housing, employment, and income distribution.

Adopting healthy public policies, which have an explicit concern for health and equity, is an essential component in addressing the social determinants (WHO, 2005). Acting through a social determinants lens requires various ministries to coordinate policy-making and implementation and have the patience to assess their effectiveness over long timelines (Dennis Raphael, 2003). But as at least one policy analyst has noted that "the problems of policy coordination are exacerbated by intersectoral rivalry and territorial jealousy" (Walt, *Health Policy: An Introduction to Process and Power*, 1994). As well, the emphasis on timely measurable outcomes can discourage the adoption of policies requiring long term outcomes.

Another barrier to taking action on the social determinants is what Louise Arbour, former Justice of the Supreme Court of Canada and currently United Nations High Commissioner for Human Rights, describes as "our very partial and hesitant embrace of economic, social and cultural rights in Canada" (LaFontaine-Balwin lecture, 2005). She challenges Canadians to consider whether our democratic process, legal system and our basic values explain the persistence of poverty and inequity in Canada. "Poverty and exclusion is too readily accepted by majorities as regrettably accidental, or natural or inevitable, rather than the outcome of conscious policy choices."

Arbour contends that Canada needs to evolve from a charitable model to an acknowledgement of entitlement. "There will always be a place for charity, but charitable responses are not an effective, principled or sustain-

Continued on page 5

FACT

Only 63.7% of Edmontonians rate their health as excellent or very good

(Source: Annual Report of the Medical Officer of Health 2004, Capital Health Region)

The politics of health in Alberta

Debate in the Alberta legislature on a motion from Liberal MLA Laurie Blakeman (Edmonton-Centre) that the government establish a "wellness fund to support wellness programs, public health initiatives and research." Quoted from Alberta Hansard, March 7, 2005

David Swann, Liberal MLA, Calgary-Mountain View

… this is the crux of a new paradigm we call health promotion – it's political; it's not medical – stimulating liberating, caring, healthy communities. It's a challenge to all of us to think about who is responsible for health. The medical model says: we will take care of you. The wellness model says: together we can create healthy, caring communities.

Bruce Miller, Liberal MLA, Edmonton-Glenora

… the most important question, I believe, for us in this Assembly is to ask ourselves: has government policy contributed to our wellness or undermined it by weakening the quality of so many social determinants of health? We must ask if government policy, especially since 1993, has contributed to our wellness or undermined our wellness. Has government policy done more harm than good?

Barriers to healthy public policies

Continued from page 4

able substitute for enforceable human rights guarantees."

Finally, even when Alberta recognizes the importance of the social determinants, such as income, education, housing, etc. in the Mazankowski Report (Report of the Premier's Council of Health Care, 2002), the primary emphasis is still on Albertans making "healthier lifestyle choices". However the evidence is quite clear: transforming Alberta into "the healthiest population in the world" requires moving from an emphasis on "healthier lifestyle choices" to the adoption of the healthy public policies that address the social determinants of health.

Social policies affect health

Continued from page 1

Development and Public Health Agency of Canada). Alberta cannot, therefore, rely on a strong economy and economic growth alone to influence poverty rates and health status. Choices of how economic growth is directed and reinvested in the province will have implications for the health status of Albertans. Of fundamental concern to health, then, are social policies, which in turn are primary determinants of poverty and inequity. Re-investment in all those areas that cultivate human and social capital would go a long way to fostering the development of healthy, active, autonomous, and responsible citizens.

Is this what Premier Ralph Klein is hinting at when he talks about his Third Way for Health and "being open to the newest and best ideas from anywhere in the world"? (Speech to the Canadian Club, Calgary, January 2005) He seems to have a kernel of the idea when he speaks of his aim "to have the healthiest population in the world" and the need to invest in the health of Alberta's children. These build on the recommendation contained in the Mazankowski report that "the first reform is to stay healthy" (*A framework for reform*, Premier's Advisory Council on Health).

It will be up to us, as advocates and activists, to push the idea of social investment – not just health care investment – as a way to achieve these possible reforms and the health of all Albertans now and in the future.

The author would like to thank her students, Rhonda Breitkreuz and Lisa Purdy for contributing their ideas.

Organizing for SDOH in Alberta

A provincial organization is being developed as a result of a Social Determinants of Health conference that took place in Calgary in March. It will be called the **Alberta Social and Health Equity Network**. ESPC is participating in some start-up discussions. More details will be shared in upcoming fACTivists.

FACT

Smoking prevalence among select socio-economic groups in Edmonton

Employed	25%
Unemployed	42%
"Blue collar" occupations	38%
Professional occupations	13%
Less than high school	32%
University degree	12%

(Source: Population Health Survey 2002, Annual Report of the Medical Officer of Health 2004, Capital Health Region)

Social policy for the next ten years

by Don Mayne, Quality of Life Commission

The Quality of Life Commission, a citizen advocacy group, celebrated its tenth anniversary this fall by holding a conference and asking what social policy should look like in Alberta for the next decade.

The Commission began in 1994 when some concerned citizens came to the Edmonton Social Planning Council to talk about the people who were being hurt by the Alberta government's cuts in health, education and social services. The Commission was formed to ask those affected "What has happened to your quality of life?" Its initial work featured some "eminent" concerned citizens, including the late Lieutenant Governor Lois Hole and recently retired Senator Doug Roche. It evolved into a more general citizen advocacy group for people on low income, with special emphasis on child poverty and housing. (See www.albertaqualityoflife.ca)

The one hundred people attending the conference called on Albertans to be aware of the needs of vulnerable groups in our society and to lobby for additional services to be provided to them. Here are some of the highlights of the discussions.

FACT

Child poverty rates (based on LICO pre-tax, 2002) among select social groups in Alberta

Aboriginal identity	35.8%
Visible minority	26.7%
Immigrant	33%
Immigrated in 1996-2001	41.6%

(Source: Campaign 2000's 2004 Report Card on Child Poverty in Canada)

Low Income

- the far-reaching and debilitating effects of poverty – on the health of individuals, the loss of self-esteem, the resilience needed to cope with too little income month after month, the danger of succumbing to addiction, and the cost to children as well as adults.
- the difficulties in persuading the government to act on low-income issues when most Albertans earn adequate incomes.
- advocates need to be persistent in speaking to decision makers.

Homelessness and Housing

- the shortage of safe, affordable housing in Edmonton.
- rents should be kept to 30% of a household's income.
- instead of rent controls, rent supplements should be used to reach the 30% threshold.
- people with proper housing tend to be more resilient, better able to hold jobs and are less dependent on social services.

Children

- skill development needs to be emphasized in order to provide for the long-term needs of children.
- the Families First program in Edmonton is an example of dealing with the specific needs of children. It was sparked by the Commission's "Listen to the Children" research project.

Seniors

- there is a need for assistance with household work in addition to the medical help that is available through Home Care.
- the federal government could help low income seniors by increasing the Guaranteed Income Supplement.
- just as parental leave is now provided to mothers and fathers, paid leave should also be provided so family members can care for ill parents.
- an independent Seniors Advocate should be appointed.

Child poverty network

by Jill Atkey, ESPC Research Assistant

ESPC has for several years been an Alberta partner to Campaign 2000, a cross-Canada education movement that builds awareness and support for the federal government's 1989 resolution to eliminate child poverty in Canada by the year 2000.

Last fall for the first time we published an Alberta fact sheet on child poverty to accompany Campaign 2000's annual report card on child poverty (available on our website). Recently we have begun to seek out and bring together others throughout the province who are interested in addressing child poverty. An initial gathering was held in December, a second meeting was held this spring.

Still in its infancy, this Alberta network aims to consolidate the efforts of existing partnerships and initiatives in Alberta. The goal is to create a network that can respond to emerging provincial and federal policy issues and advocate for policies aimed at reducing, and ultimately eliminating, child and family poverty in this province.

ESPC celebrates independence of Centre for Equal Justice

by Bryan Sandilands, ESPC President, ECEJ Board Member

After three years of being a project of the Edmonton Social Planning Council, the Edmonton Centre for Equal Justice (ECEJ) has become an independent organization. The law clinic, which provides free legal services for people on low income, gained Society status in January 2005 and is now run by its own board of directors.

Prior to ECEJ's existence, various social agencies and interested people in the legal community had come to recognize that poverty was a significant barrier in accessing the justice system. Believing that equal access to law is imperative in a just society, the Centre was built as a response to this pressing need. Encouraged by many community stakeholders, the Social Planning Council took a leadership role in getting the Centre started in 2002 and facilitated its first years of operations.

In a very short time, it has become apparent how pressing the need really is. The number of clients seeking advice and representation for civil legal matters and social benefits advocacy has increased yearly – from 486 in 2002 to 1,044 in 2004.

The extraordinary commitment of the legal community to ECEJ's mandate is an essential part of its success. In 2004, 39 lawyers volunteered at the evening clinics, providing 525 volunteer hours and taking on a significant number of *pro bono* cases. This volunteerism and the efforts of a passionate staff have created something more than just "a poverty-law clinic." It is a vision towards equal justice that has begun to be realized.

To guide the transition from project to autonomous Society, the new Board of Directors, chaired by John Henderson (former Vice President of ESPC), hired Lori Shortreed as ECEJ's first Executive Director. Lori and the rest of the ECEJ staff are proud to build upon the strong social justice foundations nurtured by ESPC.

ESPC will maintain a relationship with the Centre, in the sharing of data, social policy analysis and anecdotal experiences. In this way, the daily issues faced by the Centre's clients can be formulated into recommendations for change at the local, provincial and national levels of government. Please visit ECEJ's website to learn more about this great success: www.ecej.ca .

Thousands in community provided access to former school

by Dianne Henshaw, ESPC Office Coordinator

One of the Edmonton Social Planning Council's purposes in moving to the Sacred Heart School site was to facilitate the community's access to the building now that it no longer was a school. With our Collective partners, we agreed to pay rent at a slightly higher rate in order to allow community groups to have free access to meeting room and recreation space. But we were uncertain about the extent of the community's need for space.

After operating the Collective for just over one year, we now have our answer. Between November 2003 and the end of December 2004, 39 community groups have booked space on a regular basis (weekly, or monthly for a period of time) and 25 groups have used the space for a one-time-only event. In addition, the school has been used by City of Edmonton Community Services to provide day camp opportunities for children and teens who live in this area.

We calculate that there have been nearly 5,000 people who have used the school, and if you take into account the number of times regular users have come to the school, there have been over 20,000 community-use visits.

The Edmonton Social Planning Council is very pleased to be able to facilitate access to space for all of these activities. We are currently gathering evaluation data from each of the community users so that we may be able to provide the best service possible in the coming year. We look forward to providing opportunities for even more groups to get together, casually or formally, in our small community hub in the heart of the McCauley area.

FACT

57.9% of children living in low income (based on LICO pre-tax, 2002) or 56,700 children in Alberta live in families where the parents work an equivalent of full-time hours

(Source: Campaign 2000's 2004 Report Card on Child Poverty in Canada)

9624 - 108 Avenue Edmonton AB T5H 1A4 Tel: (780) 423-2031 Fax: (780) 425-6244 edmspc@interbaun.com www.edmspc.com

edmonton Social Planning council

Vision Statement

A healthy, just and inclusive community.

Mission Statement

The Edmonton Social Planning Council provides leadership to the community and its organizations in addressing social issues and effecting changes to social policy.

Nicola Fairbrother
Executive Director
nfairbrother@edmspc.com

Dianne Henshaw
Office Coordinator
diannehenshaw@edmspc.com

Phil O'Hara
Research and Policy Analysis Coordinator
philohara@edmspc.com

Jill Atkey
Research Assistant
jatkey@edmspc.com

John Pater
Communications Coordinator
paterjc@edmspc.com

ESPC
Annual General Meeting

May 17, 2005
7pm
Sacred Heart Centre
9624 - 108 Avenue

Celebrating 65 years
1940-2005

FACT

Edmonton Homeless Count

	2004	2002
Children	276	267
Women	508	513
Men	1297	1096

(Source: Edmonton Joint Planning Committee on Housing)

Join us! Annual Membership Fees:

Organization	$45	Household	$25
Associate*	$10	Individual	$15
Limited Income	$5	Student	$5

* Associate members do not receive a vote

Membership Application:

Name_____

Organization_____

Position_____

Address_____

City/Town and Postal Code_____

Phone Number with Area Code_____

Fax Number with Area Code_____

E-mail address_____

Please send completed form with a cheque or money order payable to:
Edmonton Social Planning Council

Membership form and details also available on our web page at www.edmspc.com
Donations welcome, may include with cheque or money order for membership

The ***fACTivist*** is published by the Edmonton Social Planning Council