

ALBERTA FACTS

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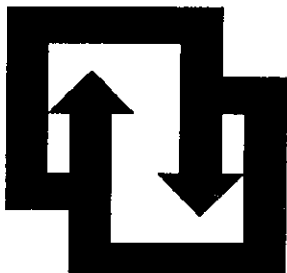
March, 1990

Poverty and Illness: An Unhealthy Connection

Jane works as a janitor in a warehouse, cleaning at night. Although she is reluctant to admit it, the fumes from the cleaning solutions have been giving her more headaches than ever before. She has a young son, Jeffrey, whom she's forced to leave with a neighbour while she's at work because she can't afford to hire a babysitter. She's concerned he is not well looked after, as he burnt himself last week on a cigarette.

Jane walks to work to save the bus money, but the neighbourhood has become so unsafe she feels anxious every time she does. The apartment's heating system is not working, and Jeff has a constant cough. If she takes him to the doctor, it will mean she won't get any sleep that day. In any event, she won't likely be able to afford the medicine the doctor would prescribe. Jane is nineteen years old.

What could be worse than being poor? Being poor and being sick. Yet many low-income Canadians find themselves in the position of being both poor and sick. The connection between poverty and illness is strong. Yet, only recently, have researchers and other Canadians recognized the link.



What causes this unhealthy connection? Why are the poor burdened with this added weight? More and more, researchers are discovering that a life of poverty means much more than lack of income.

What's the connection?

Research shows that people who are poor are much more likely than the well-to-do to:

- get more illnesses and stay ill for longer periods
- spend more time in hospitals and use other medical services
- have less education on health and nutrition
- live and work in more hazardous environments
- become injured or disabled
- die from preventable or curable diseases
- be unhappy.

Especially hard hit by the connection between poverty and illness are children. Many studies have shown that poor children are more likely to:

- be born prematurely and underweight
- die in infancy
- suffer from malnutrition
- get infectious diseases
- have chronic health problems
- have impaired physical/intellectual development
- smoke cigarettes
- have respiratory illnesses
- die in childhood accidents.

"If you're poor, you're more likely to be sick, less likely to receive adequate medical care, and more likely to die at an early age."

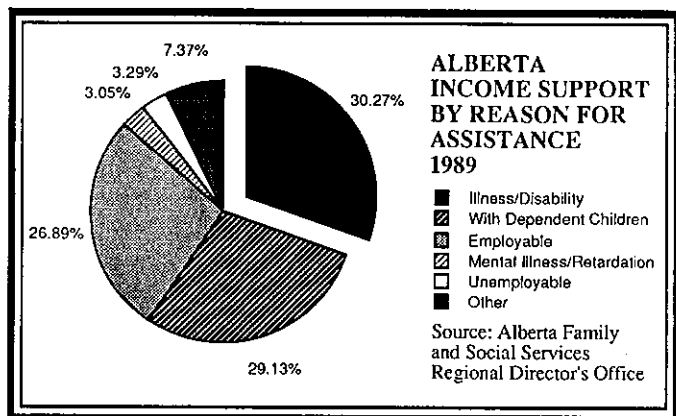
*Ruth Sidel,
Women and Children Last, 1986*

Who is poor in Alberta?

Some parts of the population are more likely to be poor than others. As a result, these groups are more susceptible to the illnesses which are associated with poverty. These groups include:

- women
- the elderly
- the working poor
- the uneducated
- children born to poor parents
- native people
- immigrants
- single-parents

Together, these groups represent a large portion of society. Their poverty indicates a significant percentage of Alberta's population live with the risk of poverty-related illness. A 1986 survey indicated that one in every six households in Alberta was poor.



Alberta's poor and ill

As the chart above indicates, almost a third of the people receiving provincial government assistance do so because they are ill or disabled. The link in Alberta between poverty and illness is strong.

"The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Improvements in health require a secure foundation in these basic prerequisites."

World Health Organization, 1986

What is the relationship between income & health?

"Poverty is not, in itself, the cause of any specific illness. Rather, it is the context or environment in which illness flourishes."

Michele Harding, 1987

The numerous health risks which the poor face in everyday life include the following.

At home:

Even home is not a safe place for the poor. Many of the poor live in badly-maintained buildings. Poor building maintenance increases the risk of accidents in the home, especially for children. If the home has inadequate cooking or bathing facilities, the residents must cope with improper hygiene, which greatly increases the chances of disease.

Inadequate heating leaves residents feeling perpetually cold, and this gradually weakens their ability to fight off disease. Finally, the overcrowding of living space often experienced by the poor permits the easy spread of disease.

"I don't have an address - I live in my car".
-Person on welfare in Alberta

In the neighbourhood:

The poor are often forced to choose cheap housing in deteriorating neighbourhoods. Living close to heavy traffic increases the risk of serious accidents, again, especially for children. (The rate of pedestrian accidents for the poor was almost five times higher than for other Canadians).

These neighbourhoods are usually far from any recreation facilities, however, so children have no choice but to play in the street. For adults, too, there is little relief from the stress of the day in a leisure activity, and no chance to keep fit.

"Everyone needs a break from their kids, but on welfare you can't pay a babysitter regularly and if you could afford that, you can't afford an exercise class anyway."
- A young woman on welfare in Edmonton

When homes are close to sources of pollution, the threat of disease is always present, and the poor have much higher rates of respiratory illness than the well-to-do. (Four times as many poor children die from respiratory illness as other children). The pollution also reduces the body's resistance to illness.

Areas with high levels of violent crime produce daily anxiety about safety, and a constant risk of personal injury.

At work:

A single parent earning minimum wage in Alberta would have to work 68 hours a week to support one child at the poverty line. Low wages lead to long hours of work in order to earn sufficient money -- resulting in fatigue or exhaustion.

Often these jobs involve exposure to dangerous equipment, which can result in injury or even permanent disability. Many low-paying jobs also involve exposure to hazardous chemicals, which can have serious effects, and can lead to physical illness or disability. Workers in these types of jobs have little job security and few benefits .

"I clean houses. Some of my duties are moving fridges and stoves to clean underneath them, cleaning ovens and toilets, washing windows and climbing up ladders to clean lights and vents, moving couches..."

- 50 year-old woman in Alberta

Other health problems

The poor have many other everyday problems, most arising simply out of a lack of money. The poor are often unable to buy adequate amounts of food, or cannot afford fresh food, and so must accept food of poorer quality because it is cheaper. Sometimes lack of education means ignorance about proper nutrition.

All of this can lead to serious malnutrition, which weakens the body's ability to fight off disease, limits the ability to concentrate, and results in a lack of energy, which makes it difficult to work or study.

"You pay rent, then you have nothing left to eat." ...

"I have gone without eating just so I can feed my child at times and that gets pretty bad for this day and age."

- *People on welfare in Alberta*

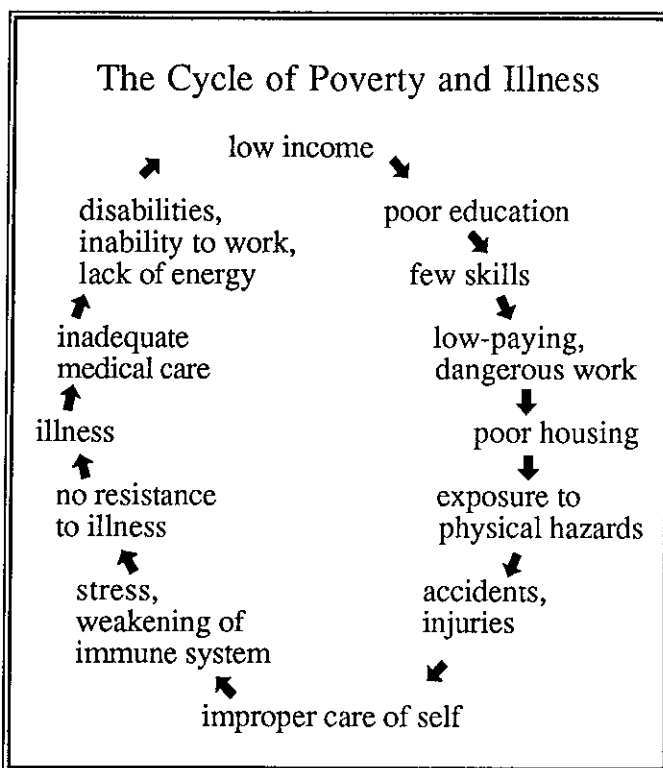
Lack of money for such things as child care means that children are often left alone, and this results in a high rate of accidents for poor children (three times higher rate of drowning for poor children). Also, symptoms of illness in children are often missed, because the children aren't properly supervised or ignored because the parent can't afford to take time off work to visit doctors or care for sick children.

As well as a lack of money, poverty results in a lack of power and choice -- which can become major sources of stress. This type of stress has been linked to an increase in mental illness, high blood pressure and heart disease.

The vicious cycle

Poverty is part of a vicious cycle of lack of education, lack of job opportunities, illness and more poverty. In turn, as the poor become more susceptible to illness, their chance of escaping poverty becomes less and less likely.

Their children, raised in the same environment, also become prime targets for the same type of life.



Adapted from M. Harding, *The Relationship between Economic Status and Health Status and Opportunities* (Toronto, 1987).

Breaking out

Our challenge is to break this cycle. In order to ensure everyone of a healthy future, we need to look at alleviating poverty. If we can ensure equitable access to the conditions leading to good health, we should be able to reduce the existing differences in health status. Preventive medicine takes on a whole new meaning when viewed in this light.

Questions for discussion:

1. John Oldring, Alberta's Minister of Family and Social Services, recently said that "more money isn't the answer" to poverty. Do you agree with him? What is the solution?
2. Can poverty be eliminated, or is it a necessary evil?
3. What are some of the future implications of a large segment of society growing up in poverty and experiencing an undue share of health problems?
4. What are some of the health implications for all of us if steps are not taken to improve the environment?

What can you do?

1. Recognize that health is a fundamental human right which we all deserve, and that poverty keeps people from health as well as from happiness.
2. Support programmes which try to break the cycle of poverty and illness, including food programmes in schools for poor children, and life skills and vocational training for the poor.
3. Join or start a group to look at issues of poverty and illness. Start by looking at your own neighbourhood for ways to begin. Convince others of the need for action.
4. Challenge governments, businesses, and all

voters to help raise the level of financial assistance to the poor, including minimum wages, social allowance, disability benefits, old age security, and to legislate such changes as: affordable housing, child care, and dental care, stronger occupational safety regulations, and pay equity for women.

Write to your Member of Parliament (MP), your Member of the Legislative Assembly (MLA), and your local Chamber of Commerce, and ask them what they are doing to encourage the above changes.

Recommended reading:

Harding, Michele, *The Relationship between Economic Status and Health Status and Opportunities: A Synthesis*, Toronto: Ontario Social Assistance Review Committee, 1987.

Rootman, Irving, "Inequities in Health: Sources and Solutions", *Health Promotion*, Health and Welfare Canada, Volume 26, Number 3, Winter 1988.

Ross, David P. and Shillington, Richard, *The Canadian Fact Book on Poverty: 1989*, Ottawa: Canadian Council on Social Development, 1989.

Sidel, Ruth "The Impact of Poverty on Health and Wellbeing", ch. 7 in *Women and Children Last*, Markham, Ontario: Penguin, 1986.

Surviving on Welfare: A No-Frills Flight, Edmonton: Edmonton Social Planning Council, 1986.

Wigle, D. T. and Mau, Y., *Mortality by Income Level in Urban Canada*, Ottawa: National Health and Welfare, 1980.

Poverty and Illness: An Unhealthy Connection is one of a series of fact sheets on social issues produced by the Edmonton Social Planning Council. Copies are available in bulk for classes and study groups.

The Edmonton Social Planning Council is an independent, non-profit social action agency which seeks social justice through policy analysis, applied research, community development, and training and consultation.

For more information about the Council, its regular publications **First Reading** and **Alberta Facts**, or other publications, please contact:



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