



Fast

FACTS

CANADIAN CENTRE FOR POLICY ALTERNATIVES – MANITOBA

there is an alternative.

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Focus on Food to Take Pressure off Health Care System

By some estimates, health care expenditures will account for about 80 percent of provincial program spending by 2030. This means fewer dollars for other priorities. With a problem this big, it's important to get the diagnosis right.

Many on the right would have us believe that it's our public health care system causing expenditures to increase, but that's nothing more than a corporate fantasy. It's been well documented that public delivery is far more efficient than the private alternative.

The appropriate response to Canada's health care spending woes is to adopt a Social Determinants of Health (SDH) approach to delivering health care. Along with housing, education and income, food security is an important SDH. In fact, we have now reached the point where 75 percent of health care dollars are spent on treating diseases (heart, cancer, stroke, diabetes) where poor diet is the major risk factor.

The Canadian Diabetes Association predicts the annual direct costs incurred by governments to treat diabetes in Canada will soon exceed \$3 billion and when adding in cost to employers in sick time, health insurance premiums and costs incurred by patients, this number balloons to \$13.8 billion.

We need a three pronged approach to taking pressure off our health care system in Canada.

1. Poverty and Public Health

Poverty is all about taking away the ability to make choices. So it is not surprising that income levels (another SDH) are a good predictor of poor health as good, healthy food is more expensive than high, carb and high sugar options. According to Statistics Canada, the highest proportion of people with obesity live in the Northwest Territories, at 33.7 per cent – much higher than the 20 percent national average. And obesity rates are shockingly high in Canada's Aboriginal community at 37.8 per cent.

According to a 2011 study by the Canadian Institute for Health Information and the Public Health Agency of Canada, government policy could prevent obesity in 160,000 Canadians just by shifting low-income Canadians to a higher income group. Measures to do this include implementing a Guaranteed Annual Income, raising the minimum wage to \$15 an hour and increasing partnerships with social enterprises who hire people with little or no access to the labour market. Other SDHs would improve as well.

In 1972 the government of Canada and the government of Manitoba began a research study that provided everyone in Dauphin, Manitoba a guaranteed annual

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income. One positive benefit of the experiment is that hospitalization visits fell by 8 percent.

2. Community Public Health and Health Care Spending

Community health advocates have long made the argument that investments in public health disease prevention and health promotion will result in decreased pressure on our health system. Some studies show that increases in local public health spending will achieve 27 times more bang for the buck than clinical and pharmaceutical interventions, yet, only a small proportion of investment is made by federal and provincial/territorial governments in 'upstream' public health functions.

3. Health Care Spending and our Food System

There is consensus in some groups that there's nothing we can do about the food system because people will eat what they want. However, the University of Winnipeg has transformed their food system by contracting with Diversity Foods, a Winnipeg based social enterprise. In turn, Diversity buys over 50 percent of its food from three dozen small, sustainable farmers. This food is unprocessed, fresh and healthy. If Manitoba's publically funded institutions adopted this model for just 20 percent of the food sold on campus, there would be an additional 300 healthy food producing farms contributing to the local economy.

The cost of treating diabetes on Manitoba's First Nations is tremendous. Using start-up funds equal to the costs of treating just one dialysis patient for three years, the Garden Hill First Nation in Manitoba is plowing new ground by starting a farm the size of a large shopping centre to tackle its diabetes crisis head on. Making sure people have access to healthy food is the first step in preventing illness.

The Public Health Agency of Canada also estimates that getting those who eat virtually no fruits and vegetables to eat the minimally recommended five servings daily could result in lowering the number of obese Canadians by 360,000. This suggests a complete rethink of the Federal government's Nutrition North Canada subsidy program that favours large corporate food chains that sell mostly unhealthy food.

We need a serious discussion about health in this country, which would include increasing incomes for low income Canadians, investing in preventative public health measures, and supporting the local and healthy food movements.

We should get on with it. Doctor's orders.

Shaun Loney is a Social Enterprise Developer. He has development of a number of successful social enterprises including BUILD Inc., Manitoba Green Retrofit, the Winnipeg Social Enterprise Centre and Aki Energy.

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