Fast FACTS
CANADIAN CENTRE FOR POLICY ALTERNATIVES – MANITOBA

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Treating Poverty with Income

A recent report by the Manitoba Centre for Health Policy (MCHP) examines the health of tenants in Manitoba Housing. It finds that overall, tenants in Manitoba Housing have worse health outcomes than other Manitobans. However, when income is taken into account, the report finds that tenants in Manitoba housing have the same health outcomes in six of 11 indicators as people with comparable incomes, worse health outcomes in three indicators, and better health outcomes in two indicators.

This tells us that poverty is a much more important factor in people's health than whether they live in Manitoba Housing or not.

This is not a surprise, as poverty is one of the social determinants of health—the economic and social conditions that shape the health of individuals and communities, and which give us the concept of 'health equity'. Social determinants of health include people's living and working conditions, such as the houses and neighbourhoods in which they live, type of employment (or lack of employment), education, Aboriginal status (Aboriginal people have worse health outcomes than non-Aboriginal people) and food security. Income is a particularly important social determinant of health, as it generally determines access to housing, food, and participation in social activities that then also affect health. We know that the health equity continuum follows income distribution: the less income you have, the less healthy you are.

Housing is an important social determinant of health, because it is foundational for many other aspects of life. However, in Manitoba, housing is an increasingly large expense for many households. Between 2005 and 2010, average rents increased from $589 to $703 per month, an increase of about 19 per cent. Average incomes, meanwhile, increased from $33,000 to $36,000 over the same period, an increase of only 9 per cent. For individuals and families on EIA, housing allowances continue to be significantly lower than the average rents.

Being able to afford rent is an on-going challenge for many low-income households. When rent is high, families have to dig into other parts of the budget by spending less on food and going to a food bank, for example, walking instead of taking a bus or driving, letting the telephone and utility bills pile up, or ignoring dental or medical needs.

Manitoba Housing and other social housing providers begin to address the affordability gap for those households that cannot afford housing in the private market. Subsidies keep rents low, at affordable rates that are linked to household income (usually around 25-30 per cent). These subsidies effectively increase household income so that families can begin to address other social determinants of health. Adequate income is a key component of good health.

At St. Michael's Hospital in Toronto, Dr. Gary Bloch includes information about patients' incomes when he gathers their

there is an alternative.

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medical history. He connects low income with low health, and says that "Treating people at low income with a higher income will have at least as big an impact on their health as any other drugs that I could prescribe them" (quoted in CBC News, May 26, 2013). His solution? As part of a holistic treatment plan, he works with patients to connect them to federal and provincial resources that can help increase their incomes.

The success of this model—increasing incomes to reduce health problems—was demonstrated here in Manitoba in the 1970s, with the Mincome project in Dauphin. This project experimented with the idea of ensuring that every household in Dauphin received a guaranteed annual income for four years. Even in this short timeframe, the impacts were dramatic: high school students were more likely to stay in school and the rate of hospitalizations for accidents and injuries dropped compared with similar individuals across the province (Forget 2010).

The best way to increase the health of low-income people, including those living in Manitoba Housing, is to increase their incomes, whether through a living wage for workers or through EIA. Ensuring that everyone has enough money to be able to access good quality housing, nutritious food and other essentials is the first step to ensure health equity.

Although subsidized housing such as that supplied by Manitoba Housing is a first step out of poverty and towards better health outcomes, it is clear from the MCHP report that this is not enough. We need to address poverty in a more holistic way, providing additional resources and supports to those living with a lack of health equity.

Ensuring people have access to healthcare is another step towards health equity. This point was driven home soon after the release of the MCHP report. The Winnipeg Free Press's report *Doctors blamed for death* (WFP, June 12, 2013 A3) tells the tragic story of a First Nation woman who was denied a medevac flight from the nursing station where nurses tried desperately to save her life while pleading for help to get her to hospital in Thompson. The report included the details of other tragedies that have occurred in remote First Nations, including the handling of the H1N1 flu epidemic. So not only are First Nation residents cruelly condemned to poor health in the first place through poor housing, food insecurity and unemployment, they are often left without the health services they need to deal with the often preventable health problems arising from their living conditions.

The report about low-income residents of Manitoba Housing units located in Winnipeg and the Free Press story about the tragic deaths of so many First Nation people living in more remote communities are closely related despite their geographic differences. The link between the two stories is poverty and how it plays out in so many aspects of people's lives, ultimately stealing their health. And as much as low-income Winnipeggers struggle to get decent housing, at least they have better access to health services than First Nation residents in remote areas.

We will not stop reading reports about people's lack of health and tragic deaths until we connect the dots between income equity and health equity.

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