

8. HEALTH

Ensure that publicly funded physical and mental health services are accessible to all Manitobans.

High income does not guarantee good health, but low income almost inevitably ensures relatively poor health and significant health inequity. Health inequities are explained by factors that have much less to do with lifestyle choices and health care and much more to do with the economic and social conditions we live in (poverty, income inequality, unemployment, inadequate housing). It is widely recognized that these social determinants of health contribute to good or poor health, and that our collective health would improve dramatically if investments were made toward improving these economic and social conditions. More significantly, it has been proven that disparities in income in a population affect the overall health of the entire population. That is, the greater the difference between rich and poor and the greater the population that is prevented from having the same resources as the rest of the population in a society, the worse is the health of the entire population.¹³⁹

A 2010 publication on the social determinants of health in Manitoba provides further evidence in support of a social determinants of health approach to improving health outcomes.¹⁴⁰ Manitobans living in the lowest income neighbourhoods experience shorter life expectancies, higher premature mortality rates, higher infant and child mortality rates, and higher rates of chronic disease than Manitobans from the highest income neighbourhoods. While data show that the general health of Manitobans has improved at times over the last couple of decades, these improvements have not been experienced by Manitobans living in low socio-economic areas, meaning health disparities are widening over time, and more Manitobans are being left behind. Data also show that First Nations in Manitoba experience shorter life expectancies, premature mortality rates that are twice as high, and diabetes prevalence rates that are four times as high compared to all other Manitobans.

The Province of Manitoba must continue to build upon preventative actions that reduce economic and social disparities within Manitoba and therefore also improve overall population health outcomes. Urban inner-city neighbourhoods and First Nations in Manitoba have some of the highest poverty rates in the province. Women, Aboriginal people, persons with disabilities, and visible minorities are over represented among those who are poor and therefore are also at greater risk of poor health. Targeted actions will be needed to improve health outcomes for these communities.

The recommendations in this poverty reduction plan address the social determinants of health. Together, they will help reduce poverty and improve health outcome disparities within Manitoba. This preventative approach to improving health outcomes can generate much needed savings in a province where 38.3 percent of the budget is allocated to health care.¹⁴¹ More specific to physical and mental health services, we call on the province to build on the basis of Manitoba's public system, which is generally fairly funded, efficient and comprehensive. We recommend the following actions:

8-1. Continue to provide health services through a publicly-administered, single-payer, non-profit delivery system to ensure equal access for all Manitobans.

Manitoba's healthcare system plays a critical role in providing access to the healthcare services that people need often as a result of our failure to adequately address the social and economic conditions that contribute to their poor health. Healthcare systems based on ability to pay disadvantage those who are more likely to require healthcare services because they are often also least able to afford to pay for care. Manitobans with low incomes should not have to face financial

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barriers to accessing healthcare services. Many out of pocket expenses such as dental and eye exams and prescription drugs are inaccessible to low-income Manitobans, including the working poor who often have little to no benefits. The Province of Manitoba must maintain and improve upon a healthcare system that is based on need to ensure that all Manitobans have access to healthcare services and are treated equally regardless of their ability to pay.

Manitoba could maximize the impact its health care system has on positive health outcomes with actions that ensure it better adheres to the five principles of the Canada Health Act: public administration, universality, comprehensiveness, accessibility, and portability. Canada's 2004 Health Accord, was an agreement between the provinces, territories and federal government that provided stable funding to provinces while recommitting the nation to the principles of the Canada Health Act. The federal government's refusal to renegotiate the Health Accord after its expiry in March 2014 poses a threat to Manitoba's ability to adhere to the five principles. Cuts to federal health transfers mean a lack of stable and adequate funding that puts our public healthcare system in danger.

8-2. Ensure primary mental health services are a fundamental component of a comprehensive health system by increasing the proportion of the health budget that is allocated to expenditures on mental health and by expanding the types of mental health services covered by the public healthcare system.

Mental health is just as important as physical health in enabling individuals to realize their full potential, work productively, and participate fully in society. Mental illness is the number one health disability in Manitoba. We commend the province for taking steps to better support Manitobans with mental illness such as increasing community living supports and expanding mental health crisis stabilization services. However, much more must be done to increase the resources and capacity for a range of community mental health services.

The province must make it a priority to address mental illness by ensuring that adequate and appropriate investments are made to improve the accessibility and quality of mental health services for all Manitobans who require them. Psychiatric and mental health services are among those listed by health professionals as "chronically underprovided" to people living in Canada's inner cities.¹⁴² Current spending on mental health services in Manitoba is below par. The World Health Organization notes that the disease burden of mental illness is 13 percent but the proportion of health spending dedicated to mental health care falls short of need world-wide.¹⁴³ High-income countries with comparable health care systems spend an estimated 12 percent (UK), 10 percent (Germany), and 8 percent (the Netherlands). Approximately 7 percent of Canada's health budget is spent on mental health.¹⁴⁴ In Manitoba the figure is estimated to be around 5 percent

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It is important to acknowledge that not all barriers to accessing mental health services are financial, some are systemic. For example, a national study on frontline service to vulnerable populations notes that "medical education generally doesn't prepare doctors to deal with addiction, disease, infection, and mental illness all in the same client."¹⁴⁸

8-3. Ensure youth have access to initiatives that promote mental health as well as services that prevent and address mental illness.

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A majority of young adults living with mental health issues report that their symptoms started in childhood. Early promotion and prevention is critical to healthy emotional and social development. It can also reduce demands on the mental health system and the criminal justice system in the long run. The overrepresentation of people with mental health problems and illnesses in the criminal justice system can be attributed in part to a lack of access to services, treatments and supports in the community.¹⁴⁹ The punitive approach to crime that has been amplified in recent years through federal legislation leads to increased incarceration of people with low income who may be unable to access services to address addictions issues and mild to moderate mental health issues before negative behaviors stemming from these issues escalate and lead to contact with the criminal justice system.¹⁵⁰ Related to this is the need for police, and other service providers related to the justice system, to have basic training in mental health and wellbeing and to be aware of available mental health services. This training is essential for all service providers who work with people who have mental health problems and illnesses.

The province should take a preventative approach to crime and better support youth with mental health issues by ensuring access to initiatives and services that promote mental health, and prevent and address mental illness from an early age through to adulthood. Strategies to promote mental health should actively recognize the role that socio-economic circumstances play in mental health and wellness.¹⁵¹ This requires curriculum that attends to the existence of social and economic inequities and their known effects on mental health. For example, youth who are racialized or poor require tools to counteract the negative psychological effects of racism and anti-immigration as well as the stigma of poverty.

8-4. Extend dental and vision care benefits to all low-income people using an income-based graduated scale which augments benefits for those receiving EIA supports.

Many people do not realize the important role dental and vision care play in overall health, particularly compared with basic health care. Consequently, dental and vision care may be delayed or neglected all together, perhaps more so by people of low income who face tight budget constraints and have to make difficult spending decisions. However, without dental care, people are at elevated risk of oral diseases and infections that can have a significant impact on quality of life and cost more money to address in the long run. Furthermore, oral health has been linked to overall body health and its maintenance and improvement need to be treated as an important contributor to overall good health. Vision care is required not only to maintain healthy vision but also to detect medical eye conditions and major medical problems that may be in the early stages of development like diabetes and high blood pressure. Dental and vision care are as essential to ensuring good health outcomes as prescription drugs and should be as accessible to people of low income to prevent suffering and generate long-term cost efficiencies.

The Province of Manitoba can better adhere to the Canada Health Act's principle of comprehensiveness by expanding the basket of covered health services to include dental care and vision care. Such an approach would eliminate the stigma that can accompany means-tested programs and would help make early intervention services more accessible to low-income Manitobans, which can reduce costs down the road. Currently no public provision is made for dental care and eye care and it is limited to "medically necessary" treatment provided in a hospital or doctor's office. An income-based dental and vision care program based on a sliding scale model would improve accessibility for Manitobans with low incomes and help improve their overall health and wellbeing. More research is needed to determine whether or not Manitoba's Pharmacare program would provide an effective model to follow. The income-based program provides assistance for the cost of prescription drugs. Patients pay a deductible (minimum \$100) that is calculated based on family size and taxable income and the Pharmacare program covers eligible prescription drug

costs above and beyond the amount of the deductible. While the deductible acts as a user fee that can limit some families from accessing prescription drugs, Pharmacare is critical to preventing families from going bankrupt as a result of chronic illness and associated high prescription drug costs.

8-5. Immediately adopt an explicit goal to reduce health inequities, develop measures to track the progress of key indicators, and ensure that an equity-focused health impact assessment is implemented across government departments.

The province can show that it is serious about addressing the social determinants of health to reduce health inequities by openly announcing it as a policy objective, setting targets and timelines for reaching that objective, and by identifying indicators that can be used to track progress. Implementing the recommendations in this report would help reduce health inequities and disparities. However, more can be achieved if all government departments took into consideration the impact its policies, programs, and initiatives are likely to have on health inequities and disparities. To that end, the Province of Manitoba should require that a health equity impact assessment be undertaken for all major provincial public policies, programs and services. Such an assessment would look at potential impacts that could widen health disparities among population groups with a goal to minimize negative impacts and maximize positive impacts.