

AAA Project: Awareness, Advocacy, Action

- ▶ The Campaign's original goal was to raise awareness for an increase to Social Assistance Rates in this province. The \$100 Healthy food Supplement was and continues to be our specific request.
- ▶ The Put Food in the Budget Campaign employed several strategies to raise awareness and support in including the Food Bank Diet Challenge and the DO THE MATH BUDGET SURVEY.
- ▶ Our current project is somewhat more global in that it concentrates on the need for creating Healthy Communities, which extends from promoting physical activity for children to implementing an affordable housing strategy for Canada and everything in between.

Canadian Facts: The Social Determinants of Health

- ▶ Central to the understanding and goals of this Heart and Stroke Project is the language of the Social Determinants of health.
- ▶ The following summary best describes the reality in Canada and the misunderstanding of what contributes to poor health (mental, physical), inadequate living conditions and limited potential and life satisfaction.

Income as Priority Determinant

“Income is perhaps the most important social determinant of health.”

Level of income shapes overall living conditions, affects psychological functioning, and influences health-related behaviours such as quality of diet, extent of physical activity, tobacco use, and excessive alcohol use. |

In Canada, income determines the quality of other social determinants of health such as food security, housing, and other basic prerequisites of health.”

Other SDH: Housing, social isolation, unemployment, education, early childhood development, marginalization of identified groups.

Overview

- ▶ “The primary factors that shape the health of Canadians are not medical treatments or lifestyle choices but rather the living conditions they experience. These conditions have come to be known as the social determinants of health.
- ▶ This information – based on decades of research and hundreds of studies in Canada and elsewhere – is unfamiliar to most Canadians. *Canadians are largely unaware that our health is shaped by how income and wealth is distributed, whether or not we are employed and if so, the working conditions we experience.*

Improving lives is dependent on our understanding of what contributes to Health and well-being.

- ▶ Our health is also determined by the health and social services we receive, and our ability to obtain quality education, food and housing, among other factors.
- ▶ And contrary to the assumption that Canadians have personal control over these factors, in most cases these living conditions are – for better or worse – imposed upon us by the quality of the communities, housing situations, work settings, health and social service agencies, and educational institutions with which we interact.
- ▶ Improving the health of Canadians requires we think about health and its determinants in a more sophisticated manner than has been the case to date.

Our Video – Courage to Change my World

▶ Is intended to:

- Present some facts about poverty in our local community and the inequities that exist on a larger scale, which contribute to poverty and poor outcomes.
- Present some historical context in which social change was created to improve the lives of Canadians and how we have lost ground in the last 30 years.
- Present some alternative approaches.
- Present an opportunity for discussion and dialogue.
- Present ways to advocate for change with a goal to Action.

Watching the video... Questions to come back to.

- ▶ Ask yourself the following...
 - Was there anything new that you learned from watching this Video?
 - Do you see any relevance of the information and challenges posed in the video for the work you do, or the community you volunteer in, for the constituents you represent, or in your own life? And if so, What?
 - Do you agree or disagree with the statement that planning for the future health of Canadians requires a more sophisticated understanding of what does and does not contribute to our health?

Before our Discussion ... *A bit more about Poverty in York Region.*

- ▶ The Poverty Free Ontario Campaign refers to those living on Social Assistance levels at 30% of the Poverty Line as living in DEEP POVERTY
- ▶ Working Poverty is also a very real and growing problem that is often masked. We underestimate this at our own peril.
- ▶ Approximately 48% of those relying on food banks in York Region have at least one person working in their family.

Deep Poverty on Social Assistance

- ▶ Living in deep poverty on social assistance (below 80% of LIM-AT) means that tens of thousands adults and children across Ontario experience chronic cycles of hunger and hardship each month when money runs out to meet basic necessities.
- ▶ SA Incomes Remain Unacceptably Low (2008)
 - Poverty line for one adult is \$18,582/yr (LIM-AT)
 - Single adult on OW gets \$7,352/yr (39.6% LIM-AT) Basic income gap is -\$11,230/yr
 - Poverty line for a lone parent with one child is \$26,279/yr (LIM-AT)
 - Lone parent on OW with a young child gets \$16,683/yr (63.5% LIM-AT) Basic income gap is -\$9,596/yr

Working Poverty Trap....

- ▶ Low pay and poor jobs keep too many people trapped in poverty in Ontario.
- ▶ In 2004, 60% of parents and single adults living in poverty were employed but with insufficient earnings to live above the poverty line. In 2008, one-third of all Ontario children living in poverty (LICO-BT) were in families with full-time, full-year hours of work.
- ▶ In 2004, the OECD reported that Canada, along with the United States, has the highest proportion of low-paid workers among the major industrialized countries in the world.
- ▶ It should come then as no surprise, that Canada's income gap between the rich and the poor is growing at an even faster rate than that of the United States.

One Man's Poetic Portrayal of the Despair of Hunger

Chronic Cycles of Hunger and Hardship

*In this country, the poorest don't starve.
They starve a while, get ill.
Eat a while, almost get healthy.
Then starve a while again, then get sicker, then eat
a while get a little energy then get hungry and go
through it all again and again and again.*

**Excerpt from "A Definition of the Poor"
by John Palmer, Sudbury**

Year Two of AAA Project

- ▶ **Continued pressure re: \$100 HFS and general increase in raising of rates to cost of living.**
- ▶ **Attention and work around the SARC recommendations expected in January 2012.**
- ▶ **Advocacy Calendar** – Establishing an Awareness and Advocacy plan for 2012 that involves community partners across York Region taking a role.
- ▶ **Ongoing Training of Community Advocates** to create more public awareness of the need to address income inequities and as a result improve overall health outcomes.
- ▶ **Presentations to Community Groups, Boards of Directors , volunteers** to gain more allies and champions to speak to these issues.
- ▶ **York Region Summit on Income Inequities and Health Outcomes in Fall 2012**

Questions – Discussion

- **Making It Relevant for your Group**

- Awareness of impacts of poverty on clientele that programs provide services for

- How Charity has replaced adequate income creating individual and systemic barriers to meeting needs

- The questions around adequacy of food provided at emergency food programs is only one dilemma that is faced by volunteers and staff alike.

- ▶ Ways for individuals or this group to advocate and/or take this message to your own communities/networks.

- ▶ Suggested opportunities for Action or ASKS..

- Support for \$100 HFS (Petition, Letters, Speaking to MPP)

- **Endorsement of YR's invitation to the Social Assistance Reform Commissioners' to hold a consultation here *****

- Invitation from Boards of Directors or staff groups to have this presentation given to them.