

Sick and Tired: The Essentials

About the Report

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- Report is based on 2005 Canadian Community Health Survey and analyses of data from over 24,000 working-age Ontarians

Key Findings

- Social assistance (SA) recipients, compared to the non-poor, had significantly higher rates of poor health and chronic conditions on 38 of 39 health measures.
- SA recipients had higher rates of diabetes, heart disease, chronic bronchitis, arthritis and rheumatism, mood disorders, anxiety disorders and many other conditions.
- One in ten SA recipients considered suicide in the 12-month period preceding the study and suicide attempts were 10 times higher for social assistance recipients compared to the non-poor.
- Median household income for SA recipients was only \$13,000 annually, while the working poor had a median household income of just \$21,000 a year.
- Compared to the non-poor, the working poor had higher rates on a range of chronic conditions including diabetes, heart disease, chronic bronchitis, and migraines, among others.
- Even after taking into account multiple factors associated with ill health, including educational attainment, disability status, smoking and physical activity among others, household income and/or social assistance receipt continued to be strongly associated with most chronic conditions.
- Despite higher rates of unmet health care needs, both poor groups were less likely to have a regular medical practitioner compared to the non-poor group.
- Among individuals with unmet health care needs, one in five respondents from the working poor and social assistance groups cited cost as a factor.
- Rates were especially troubling regarding women's preventative health care where substantial numbers of poor women had never had a pap smear test, breast exam or mammogram for those over 40 years of age.
- Despite recent increases that keep pace with inflation, rates are so low that half of all respondents from the social assistance group live in food insecure households.
- Coupled with inadequate rates, recipient health is further compromised by their exposure to punitive bureaucracies and social stigma associated with social assistance.

Recommendations

1. The provincial government establish an independent panel to set Ontario Works and Ontario Disability Support Program rates, through an evidence-based process, to reflect the actual cost of living in Ontario communities.
2. The federal and provincial government take immediate action to bring Canada into compliance with its commitment to the human right to food under various international treaties.
3. The provincial government undertake a review of ODSP, including a broad-based community consultation, to identify barriers to access and implement changes to ensure that people with disabilities in financial need have timely access to this essential program.
4. The provincial government report transparently on its efforts to protect temp agency workers and enforce employment standards.
5. The provincial government expand its existing target to reduce poverty by 25% in 5 years for all Ontarians.
6. The federal government introduce a national poverty reduction strategy with concrete targets and timelines, and that it monitor and provide regular public updates on the progress of this plan.
7. The federal government restore EI as a universal social program by expanding the eligibility criteria to address the needs of workers in the precarious labour force, ensuring equal access to benefits regardless of residence, improving benefit levels and increasing coverage periods.
8. The provincial government take action to ensure equitable access to health care services irrespective of income and poverty status, and reduce the ability to pay as a factor in accessing health care in Ontario.
9. Statistics Canada revise future versions of the Canadian Community Health Survey to allow for the collection of income data that distinguishes between general social assistance (short-term assistance) programs and disability support programs (long-term) in each province.
10. Additional research be conducted to better understand the effects of income inequality, poverty, social assistance and labour market conditions on the health and health care use of women, racialized groups, Aboriginal people, immigrants and people with disabilities.