Looking at obesity through a health equity lens

Lynn Langille
Coordinator, Health Disparities
Public Health Branch
NS Dept. of Health and Wellness
Context

• NS Public Health Standards and Protocols
EQUALITY IS NOT THE SAME AS EQUITY

Equality doesn’t mean Justice

Equality

Justice
UNNATURAL CAUSES

...is inequality making us sick?
Health Inequities

• Systemic
• Avoidable
• Unfair

Health Equity means that everyone has a fair chance to have the best health possible.
Daily Living Conditions...

- Sustainable development
- Employment and working conditions
- Early childhood development, including child care
- Education and literacy
- Geography
- Racism
- Gender
- Social and health services
- Social inclusion
- Housing
- Food security
SOCIAL MODEL OF HEALTH

50-65 % of health outcomes are attributable to socio-economic and physical environments

Understanding the Gap and the Gradient

Pan-Canadian Age-Standardized Self-Reported Health Percentages by Socio-Economic Status Group
http://www.regjeringen.no/pages/1975150/PDFS/STM200620070020000EN_PDFS.pdf
The gradient for obesity...

- Obesity is “gendered”

- There is a strong link between obesity and SES, especially for women.

- Obesity occurs in “obesogenic” environments

- “Obesity is a normal response to an abnormal environment”.

- The conditions for behaviour change are beyond the control of individuals.

*Increased energy intake* – rather than decreased physical activity – seems to be the main *driving force* behind the obesity epidemic in *lower socioeconomic groups*. 
Poverty in NS

How many Nova Scotians live in poverty?

• Low Income Cut Off (LICO) 76,000 people (8.4%)
  16,000 children (8.7%)

• Market Basket Measure (MBM) 113,000 people (12%)

• Low Income Measure (LIM) 158,000 people (16.8%)

Poverty rate in Canada: 10.5%
(2008 figures, Statistics Canada)
Who is living in poverty in NS?

Lone parents and their children
• 85% of lone parent families in NS headed by women in 2008
• 95% of low-income lone parent families headed by women

People most vulnerable to poverty in NS:
• single, unattached individuals, including youth
• lone-parent families, especially women
• Aboriginal people
• African Nova Scotians
• recent immigrants

In Canada, poverty is more of an urban problem. In NS, rural areas have a higher incidence of poverty.

**Figure 3**: Comparison of various low income measures for Nova Scotia, 2000-2008

Low income rate by sex, MBM, Nova Scotia

<table>
<thead>
<tr>
<th>Year</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>2001</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>2002</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>2003</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>2004</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>2005</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>2006</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>2007</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>2008</td>
<td>14%</td>
<td>11%</td>
</tr>
</tbody>
</table>

**Figure 3**: The gap between the low income rate of men and women has widened in recent years.

**Source**: Statistics Canada.
There is a simple arithmetic impossibility of eating a healthy diet for many people living on low incomes if they are also paying market prices for housing.

- T. Schreker, Health as if Everybody Counted blog
Is a healthy diet affordable in NS?

Female Lone Parent Household Earning Minimum Wage With Three Children

**Monthly Income:**
- Wages $1347.45
- Working Income 140.00
- Tax Benefit
- Canada Child Tax Benefit 931.42
- GST Tax Credit 73.83
  **Total** $2492.70

**Monthly Expenses:**
- Clothing etc. $159.79
- Personal Care $94.54
- Shelter $822.02
- Phone $29.60
- Childcare $526.10
- Transportation $462.31
- Utilities $161.67
- Household Cleaning Supplies $24.23
  **Total** $2,941.10

**Food Basket** $660.84

**What's Left?** (-$448.40)

* NS Participatory Food Costing Project, June 2010
Experiences of women in NS

Absence of supportive food environments

- Struggle to obtain nutritious food
- Lack of support within governing systems
- Feeling judged
- Stresses of food insecurity

Williams et al. 2012, JHEN, 7: 253-270
Food insecurity & obesity

• Food insecure adults are 32% more likely to be obese

• Children are partially protected from food insecurity by their mothers

• Food insecurity increases binge eating and cyclical eating

• Food insecure individuals are more likely to consume high-energy, nutrient-poor food

• Food insecurity is linked with anxiety and depression
Figure 9: LONE SENIOR WOMAN NOT RECEIVING GUARANTEED INCOME SUPPLEMENT

Unfortunately, many seniors who are eligible to receive GIS are not doing so. A large proportion of eligible non-recipients include seniors in vulnerable communities, such as Aboriginal people, homeless or near homeless, and immigrants (74).

**MONTHLY INCOME**

- **$514.74**
  - Old Age Security (taxable)
- **$20.44**
  - NS Affordable Living Tax Credit
- **$529.09**
  - Canadian Pension Plan (taxable)
- **$28.28**
  - GST/HST Credit

**TOTAL**

**$1,055.31**

**MONTHLY EXPENSES**

- **$747.00**
  - Shelter
- **$20.40**
  - Transportation
- **$100.15**
  - Power
- **$56.13**
  - Clothing and Footwear
- **$29.91**
  - Telephone
- **$21.33**
  - Personal Care Expenses
- **$31.83**
  - Pharmacare
- **$6.69**
  - Household Cleaning Supplies
- **$45.94**
  - Personal Emergency Response Device

**WHAT’S LEFT?**

**-$226.11**

**$222.04 FOOD BASKET**
Figure 8: LONE SENIOR WOMAN RECEIVING GUARANTEED INCOME SUPPLEMENT

Figures 8 and 9 reflect the affordability of a basic nutritious diet in Nova Scotia in June 2012 for a senior woman (75 yrs), showing that the average monthly cost of a basic nutritious diet is $222.04. The findings suggest that if she accesses the Guaranteed Income Supplement with Old Age Security and the Canada pension Plan (Figure 8), she would have sufficient funds to purchase a basic nutritious diet with $154.02 remaining to cover other expenses. However, if she is relying on Old Age Security and Canada Pension Plan alone (Figure 9), she would not be able to afford a basic nutritious diet, facing a monthly deficit of $226.11.

**MONTHLY INCOME**

- **$514.74** Old Age Security (taxable)
- **$493.70** Guaranteed Income Supplement
- **$529.09** Canadian Pension Plan

Total: **$1,435.44**

**MONTHLY EXPENSES**

- **$747.00** Shelter
- **$100.15** Power
- **$29.91** Telephone
- **$31.83** Pharmacare
- **$45.94** Personal Emergency Response Device
- **$20.40** Transportation
- **$56.13** Clothing and Footwear
- **$21.33** Personal Care Expenses
- **$6.69** Household Cleaning Supplies

Total: **$1,281.42**

What’s left? **$154.02**

Food Basket: **$222.04**
SOCIAL POLICY MAKES A DIFFERENCE

NS Trends in Minimum Wage

*Family of four relying on Minimum Wage

2002  $5.80/hr
2004/05 $6.50/hr
2007   $7.60/hr
2008   $8.10/hr
2010   $9.20/hr

Newell, Williams and Watt., CJPH 2014;105(3):158-165
What does this mean for me/us?

• Think... by challenging your own assumptions about obesity and its underlying causes
• Talk... to co-workers and people in your organization, profession and community about the underlying causes of obesity
• Act... get engaged in creating change in a way that is meaningful for you
What can health professionals and service providers do to improve health equity?

✓ Set a goal beyond your comfort zone

✓ Help build an evidence base for decision making and resource allocation

✓ Use strong and clear messages about the changes needed to improve health for women and children
Poverty Intervention Tools

ONTARIO
A Clinical Tool for Primary Care in Ontario

“Income is a factor in the health of all but our richest patients.”

MANITOBA
A Clinical Tool for Primary Care in Manitoba

“Poverty must be addressed like other major health risks.”

BRITISH COLUMBIA
Poverty Intervention Tool

“Put patient poverty on your radar…”
“Office Interventions for Poverty”, Ontario Medical Review (2013)

- Screen, adjust risk, intervene
- Seven questions to help patients living in poverty and potential income changes
- Patient Income-Focused Billing Codes
- Resources to Assist with Identification of Community Partners
What can health professionals and service providers do to improve health equity?

✓ Use a poverty intervention tool in your practice
✓ Recognize that stressful living conditions limits people’s ability to change weight-related behaviours.
✓ Be aware of and refer to local community resources.
✓ Advocate for higher level changes such as helping women to meet their basic needs and creating healthy communities.