

Looking at obesity through a health equity lens



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Context

- NS Public Health Standards and Protocols

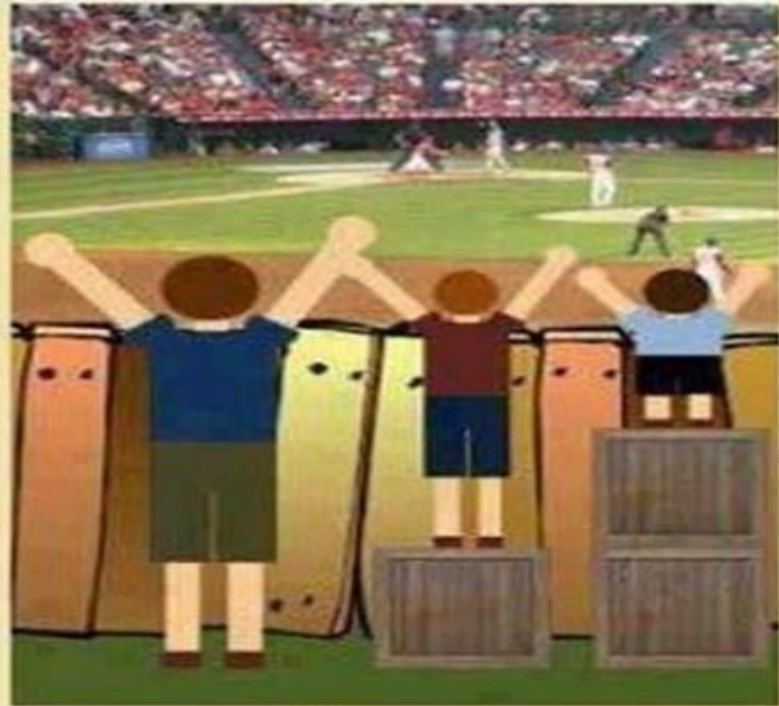


EQUALITY IS NOT THE SAME AS EQUITY

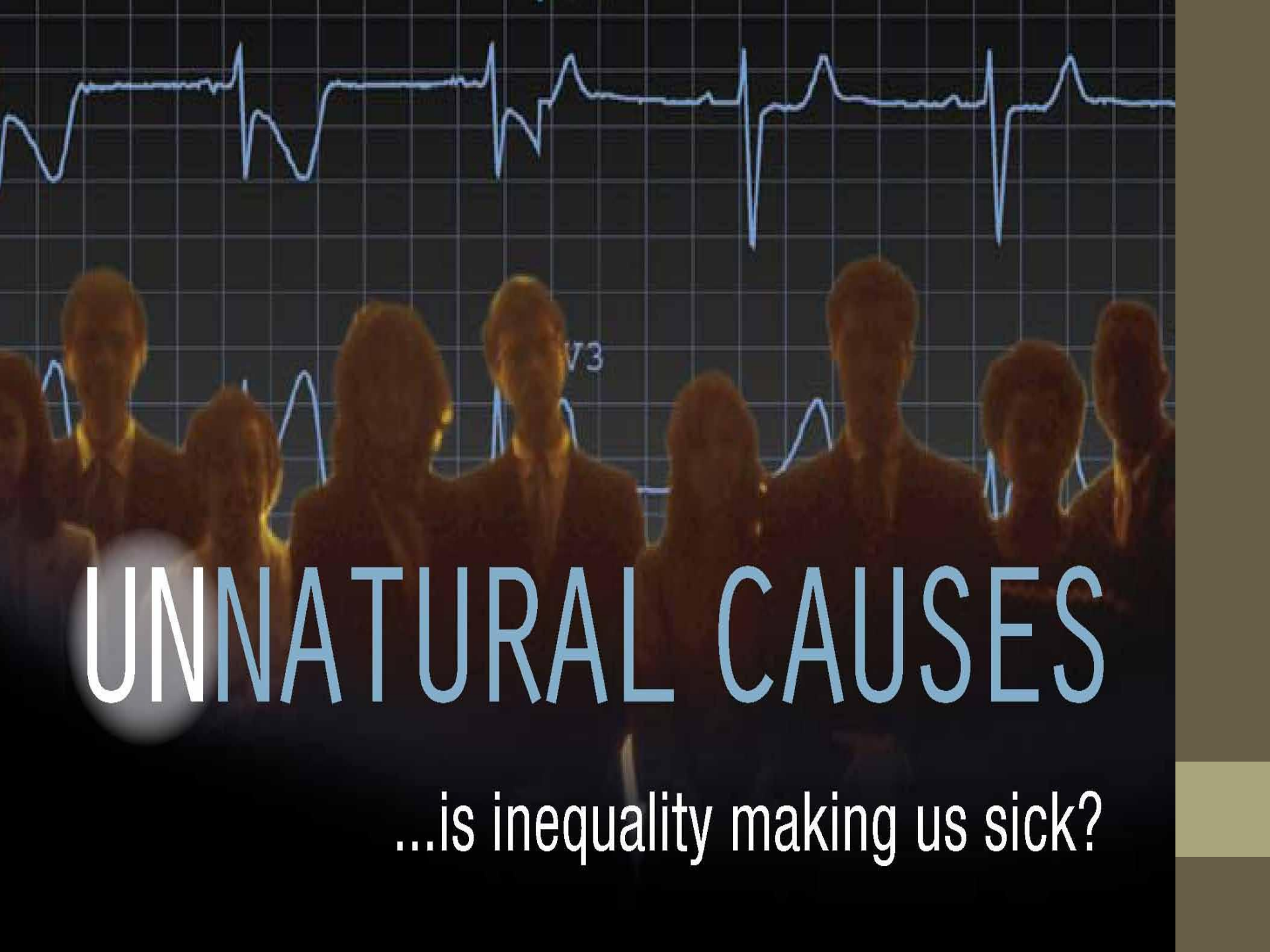
Equality doesn't mean Justice



Equality



Justice



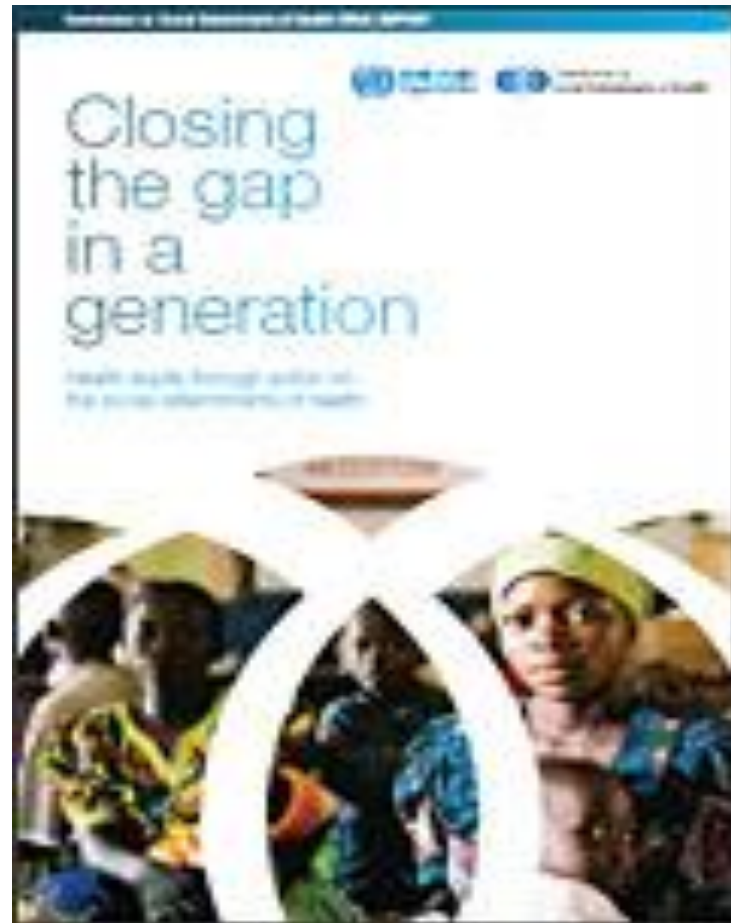
UNNATURAL CAUSES

...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

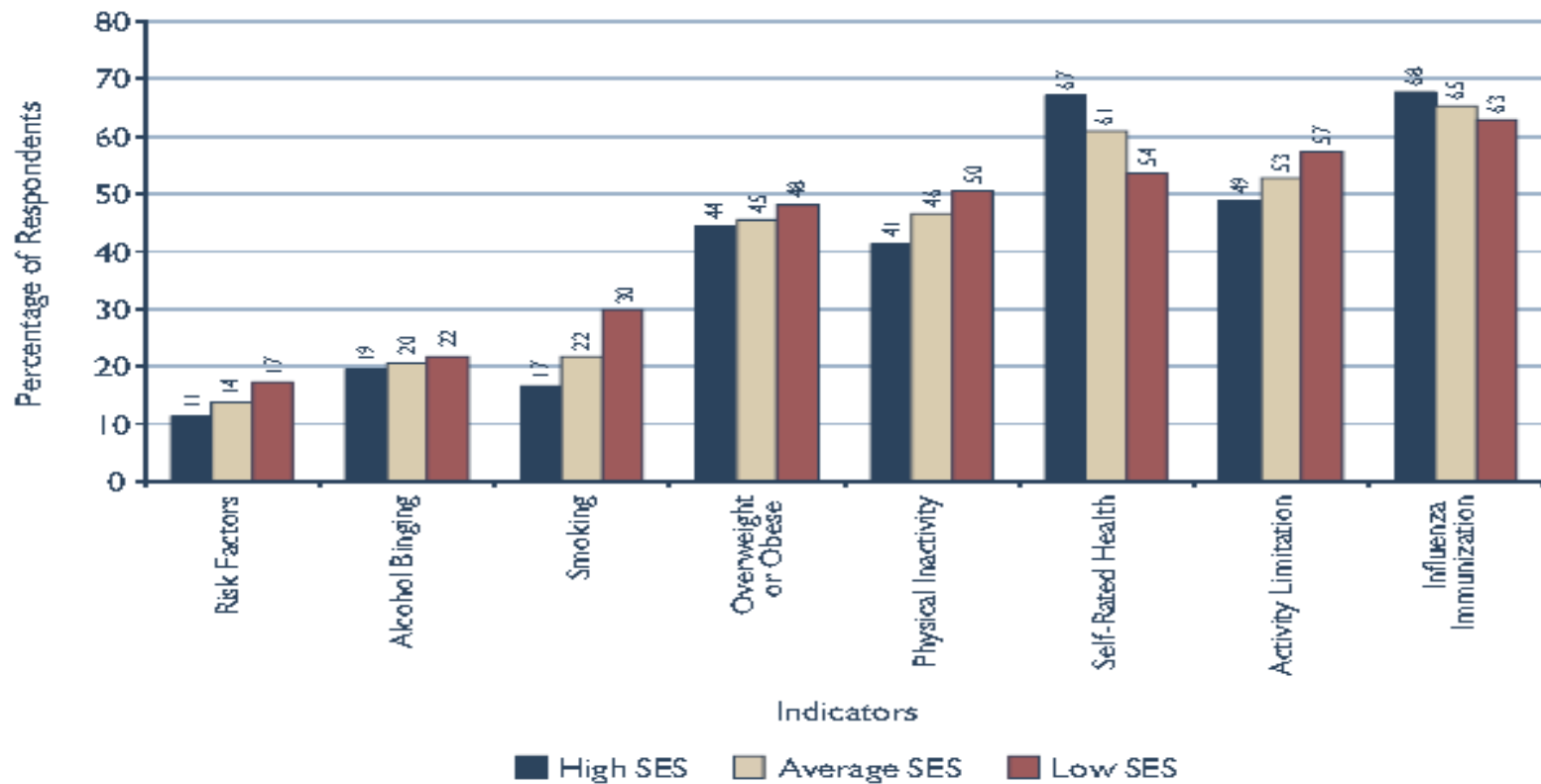


Adapted from G. Dahlgren & M. Whitehead (2007) *European strategies for tackling social inequities in health: Levelling Up - Part II*, WHO.

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*





People figures from Norway's National Strategy to Reduce Social Inequalities in Health, 2007.
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

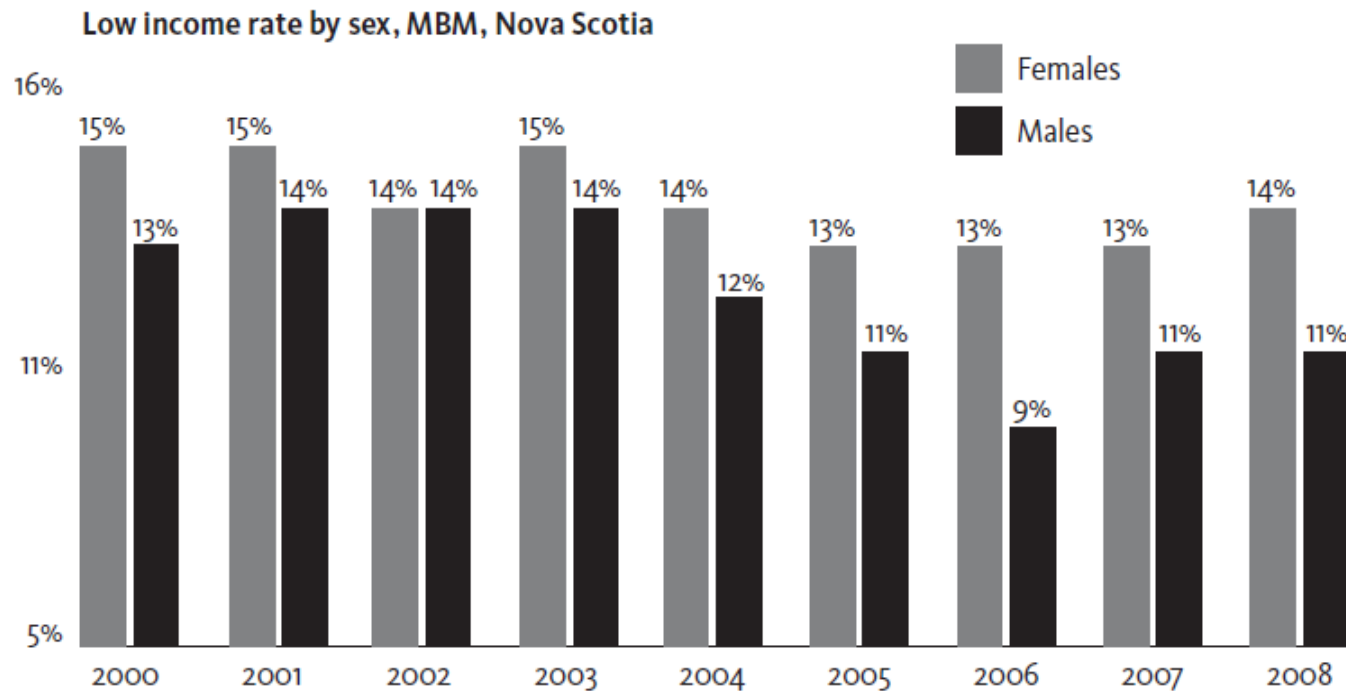


FIGURE 3: The gap between the low income rate of men and women has widened in recent years.

SOURCE: Statistics Canada.³⁹

L. Frank (2013) Report Card on Child and Family Poverty in Nova Scotia: 1989–2011, Canadian Centre for Policy Alternatives.

Can't afford a healthy diet? You're not alone

Eating right costly

Discrepancies, high prices forcing more families into poorer food choices, national report says

By JOHN GILLIS
Staff Reporter

MANY NOVA SCOTIANS just can't afford to eat right. Consumers in this province pay among the highest prices for milk in Canada, more than double what a Vancouver resident would pay. That discrepancy is part of an incredible variety of prices for food items around the country and within provinces, according to a nationwide grocery shopping expedition led by the Heart and Stroke Foundation.

"The report is really a wake-up call that healthy eating is out of reach for many Canadians and many Nova Scotians," says Patty Williams, a Halifax nutrition expert.

And inside this province, grocery shoppers in Wolfville and Halifax spent \$30 more on the same list of items than a person in Sydney.

The discrepancies mean a healthy diet is even more unaffordable for some families than others, says Ms. Williams, an associate professor and Canada Research Chair in Food Security and Policy Change in the department of applied human nutrition at Mount Saint Vincent University.

She noted researchers did their shopping in 66 communities in October and there have probably been big increases in food prices since then.

The study found prices for the same food items varied by as much as six times.

In most cases, prices were highest in the Far North.

Ms. Williams said the research highlighted another worrisome discrepancy.

"When you see this much difference in different areas of the country for things like milk, other staples like grains and fruits and vegetables, and then you look at chips and pop and cookies and they're cheaper, but they're also stable in price," she said.

It's not clear why that's the case, Ms.

See **EATING** / A2



Halifax nu
Scotians ;


FoodARC
research inspiring change

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 Tax Benefit	140.00
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
 Food Basket \$660.84	Total \$2,941.10		

* NS Participatory Food Costing Project , June 2010

What's Left? (-\$448.40)

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



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

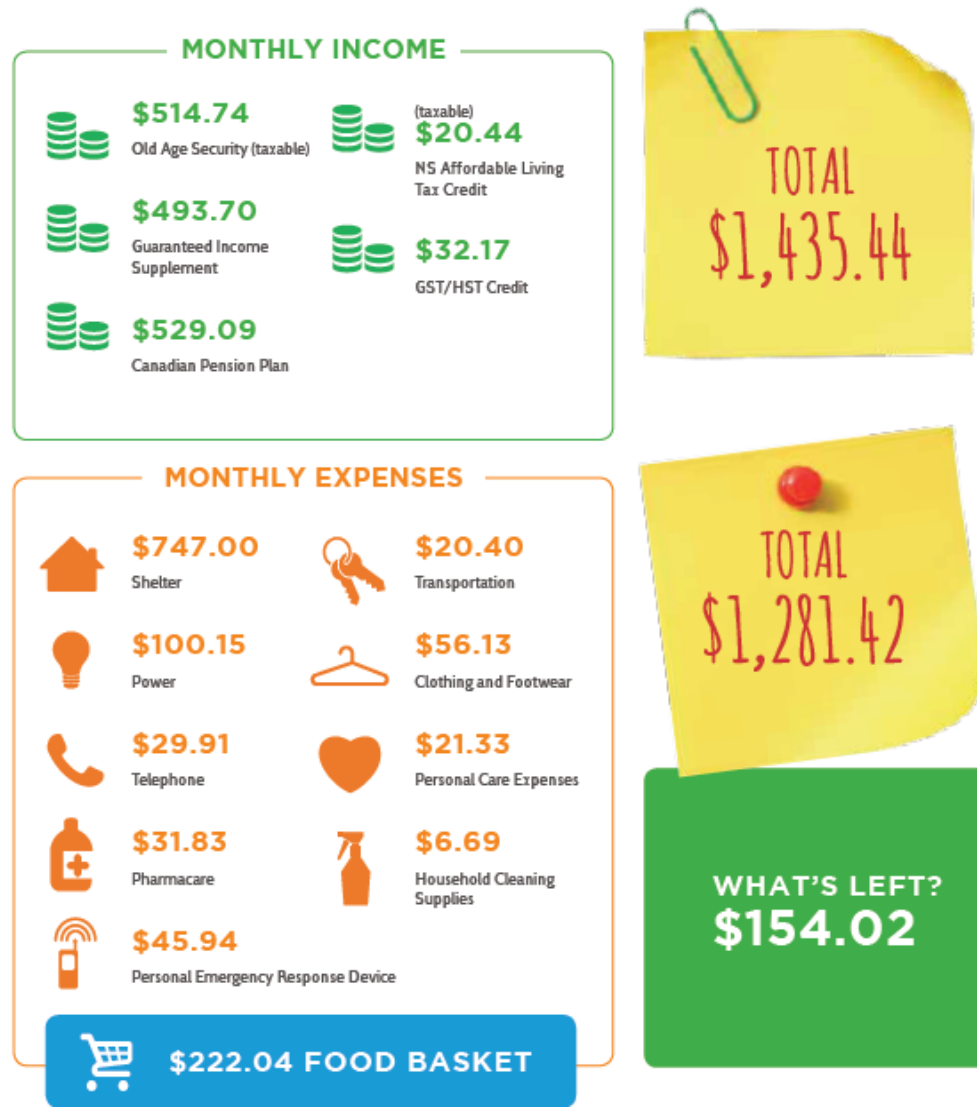
Figure 9: LONE SENIOR WOMAN NOT RECEIVING GUARANTEED INCOME SUPPLEMENT

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).



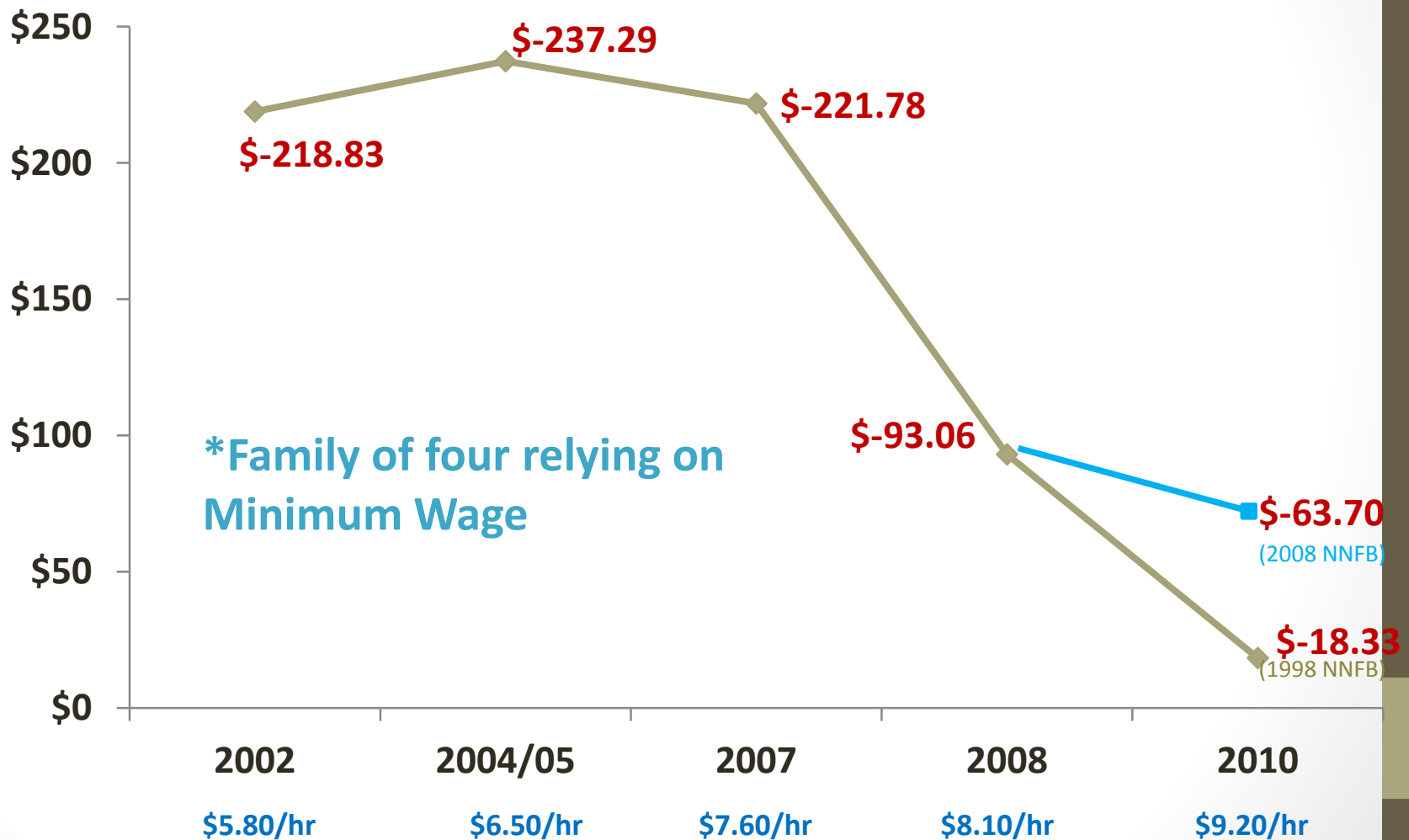
Figure 8: LONE SENIOR WOMAN RECEIVING GUARANTEED INCOME SUPPLEMENT

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.



SOCIAL POLICY MAKES A DIFFERENCE

NS Trends in Minimum Wage



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.