

Health and Wealth— a Fundamental Link



HIGHLIGHTS

- Higher income is consistently related to lower health risks and better health outcomes in health studies. Health data from the Region of Peel reflect this pattern.
 - The link between health and wealth applies at all income levels, but is strongest for low income.
 - The incidence of low income in the Region of Peel increased between the 1991 and 1996 censuses. Certain groups, such as female-headed lone-parent families with children under the age of 18 years, have a very high rate of low income (56 per cent).
 - The overall health of the Peel population could be improved substantially if all residents were as healthy as those with the highest income.
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HEALTH AND WEALTH IN CANADA

Health is affected by many factors; an adequate income, meaningful work, learning opportunities and support networks are all important prerequisites for good health. Research findings indicate that the rich are healthier than the poor, the well educated are healthier than the less educated, and the employed are healthier than the unemployed. A higher income leads to better health not only because of the ability to purchase adequate food, housing and other necessities, but also because it means having more choices and a feeling of control over one's life.¹

The association between health and wealth has been well documented in research. Some examples of the evidence for this link in Canada include:

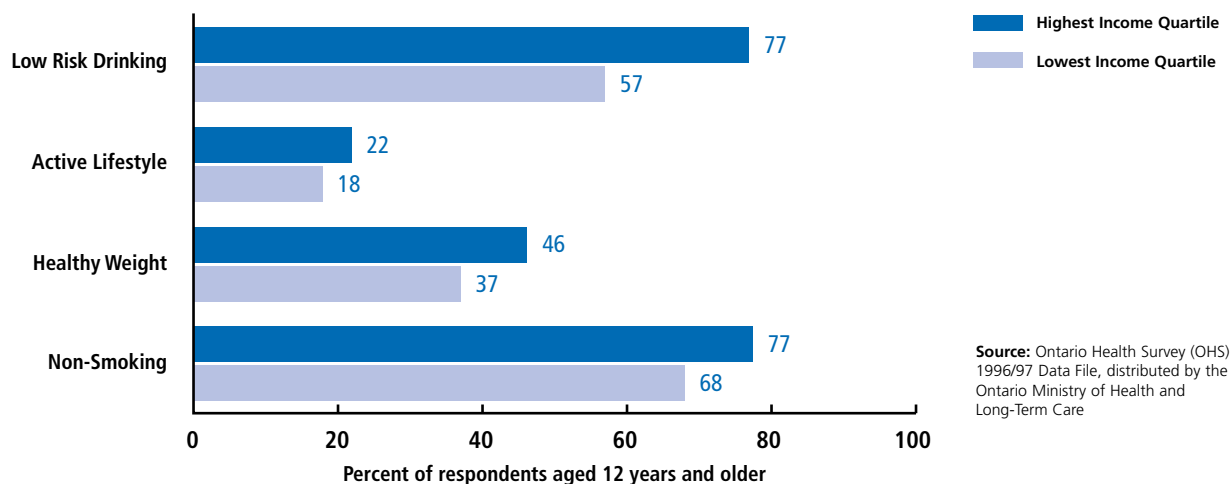
- A 1995 study of mortality by income in urban Canada found that children born in poor neighbourhoods had a greater risk of infant death than did those born in wealthy neighbourhoods. While the infant mortality rate declined by half in both poor and rich areas between 1971 and 1991, the rate was still twice as high in the poorest neighbourhoods compared to the wealthiest ones.¹
- Data collected through the National Population Health Survey in 1994/95 and 1996/97 provide a picture of Canadians' health by income level. Over this period, rates at which people experienced major chronic diseases (e.g. high blood pressure, emphysema, and stomach ulcers) were higher among those with low income compared to those with higher income. Low-income earners were also more likely to have started receiving home care or to have died prematurely over the two-year period being examined.²

- A 1999 study in Ontario showed that heart attack victims from wealthier neighbourhoods were more likely to survive than those from poorer neighbourhoods. Every \$10,000 increase in average income was associated with a 10 per cent increase in survival following heart attack.³

HEALTH AND WEALTH IN THE REGION OF PEEL

Data from the 1996/97 Ontario Health Survey show that healthy behaviours such as low-risk drinking, an active lifestyle, maintaining a healthy weight and not smoking are more common among Peel residents with the highest income and less common among those with lowest income (see Figure 1).

Figure 1 — Health Risk Behaviours by Income Quartile Region of Peel, 1996/97



Figures 2 and 3 show two more examples of the link between health and wealth in Peel. Both low birth weight, an important factor in child health, and sexually transmitted disease incidence are closely associated with income. In each Figure, the rates of low birth weight and sexually transmitted diseases increase as the proportion of low income increases in Peel census tracts.

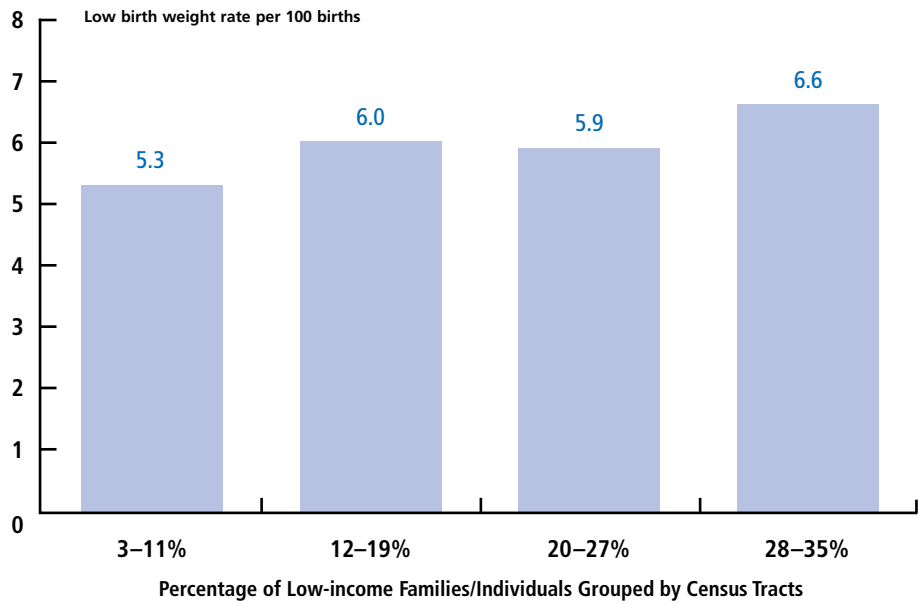
LOW INCOME IN PEEL

Since income has a strong influence on health, it is important to understand patterns of income in Peel in order to understand health status. Although Peel is *on average* a relatively wealthy region, there is considerable diversity in income among its residents.

In the Census, “Low Income” is defined as the proportion of the population of economic families or unattached individuals who have an income which is below the low-income cut-off.⁴ (An economic family consists of two household members who are related to each other by blood, marriage, common-law or adoption). Low-income cut-offs are based on a matrix that

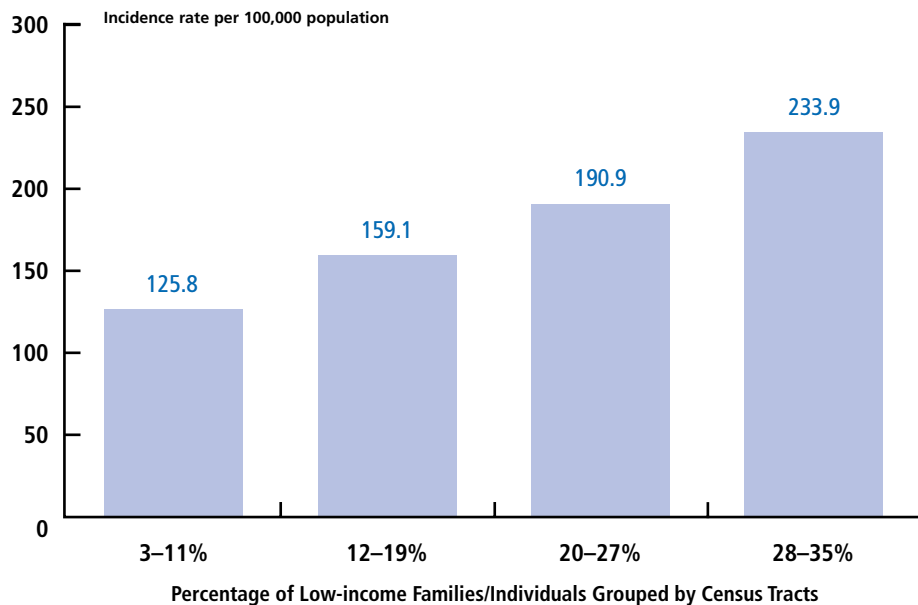
includes both family size and size of the community of residence. For example, a family of four living in a populated area of between 100,000 and 499,999 people would be classified as low income if their income level for the year 1995 was \$27,235 or less.

**Figure 2 — Low Birth Weight and Income
Region of Peel, 1997**



Sources: Ontario Live Birth Database 1997, distributed through HELPS (Health Planning System) by the Ontario Ministry of Health and Long-Term Care; Statistics Canada, 1996 Census

**Figure 3 — Sexually Transmitted Diseases and Income
Region of Peel, 1999**



Sources: Reportable Disease Information System, Region of Peel Health Department, as of 04/18/2001
Statistics Canada, Population Estimates and Projections distributed by the Ontario Ministry of Health and Long-Term Care; Statistics Canada, 1996 Census

In Peel Region, the proportion of the population classified as low income increased between the years 1990 and 1995 for both families and persons living alone. In 1995, 30,590 (14 per cent) families in Peel were living below the low-income cut-off point, compared to 16,760 (nine per cent) in 1990. For persons living alone in Peel, the incidence of low income was 31 per cent in 1995, up from 26 per cent in 1990.

One type of family that tends to be more disadvantaged than others is the family headed by a lone parent. The proportion of lone-parent families in Peel rose from 11 per cent in 1991 to 13 per cent in 1996. Lone-parent families headed by females made up 11 per cent of all families in Peel in 1996. The incidence of low income among lone-parent women with children less than 18 years of age was 56 per cent in 1996.

SUMMARY

Data from a wide variety of studies in Canada and other developed countries, as well as data from the Region of Peel demonstrate a clear relationship between health and wealth. Substantial improvements in the overall health of the population would be achieved if all residents enjoyed the same health status as those with the highest income.