



Centre for Health Promotion
UNIVERSITY OF TORONTO

People's Voices: Poverty and Health Services in Toronto

Executive Summary

Karen Hayward
and
Irv Rootman

With the Assistance of:
Dia Mamatis
and
Lynn Lavallee

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Centre for Health Promotion
University of Toronto

Introduction:

Poverty rates appear to be increasing in Canada just as the social safety net also seems to be unravelling. Given the documented relationship between poverty and poor health, the current study sought to investigate a deeper understanding of the factors that influence low income consumers' use of health and health-related services. Participants from four Toronto communities participated in the study. Phase One of the study involved 100 individual interviews with low income consumers in each of the four sites; in Phase Two of the study focus groups with low income consumers in each of the four sites, as well as with policy makers, service providers, and advocates, were conducted. For this study "health" was defined broadly to include physical, emotional, and spiritual well-being, and the interviews mostly involved open-ended questions.

To summarize the demographic information collected: the average participant was female, 37 years of age, was *not* of Canadian, British or English descent, and had some high school education. Most participants had an annual income of less than \$20,000 and many were living on social assistance.

Reasons for Using Services and the Importance of These Services in Low Income Consumers' Lives:

- Most participants reported accessing health, health-related, and community-based services. In fact, many participants used a variety of different services. At the Regent Park and South Riverdale sites, many of the respondents indicated that they needed the social or community-based services to basically survive.
- In many instances, the availability of health-care services was also important to survival.
- There did *appear* to be a disproportionate number of people who reported that they were required to see a doctor on a fairly frequent basis for various health reasons (e.g., diabetes, asthma, chronic pain, heart condition).
- In all of the sites, respondents talked about how the services they used were important in helping them cope with day-to-day life.
- Many participants indicated that they use a food bank regularly to maintain food security.

"[Without the services] I would be dead now. [They are] vital. You have to access to community-provided services ..." (resident; individual interview.)

"[Without the services] I would probably be dead ... without that lifeline I'd be dead ..." (resident; individual interview).

"I wouldn't exist [without the health care services] I couldn't exist. I could never pay for the drugs I'm on, I could never pay the orthopaedic not as it is now. If those things weren't in place I would be probably on the street unhealthy On the street, it's as simple as that" (resident; individual interview).

"I go to see my doctor once a week sometimes twice a week ... sometimes three times a week ... for depression and chronic pain ..." (resident; individual interview).

"[The drop-in centres are places] where I can relax and I can ... collect my thoughts ... and socialize with certain people who may have the same problems that I may have When I get lonely or I [feel] ... isolated ... [like] I'm not part of the world anymore ..." (resident; individual interview).

"Food banks [have] always been a part [of my life] because a lot of times I didn't have enough money to buy groceries Everyone needs to eat to survive ..." (resident; individual interview).

Facilitating and Inhibiting Factors in the Use of Services

➤ Income was an influencing factor on use of services. The respondents' low incomes often necessitated the use of community-based services. However, low income levels resulted in not being able to access other services, or in a lack of choice about what services they could use. In particular, participants mentioned that dental care, extended health care services, and recreational programs, were simply not affordable.

➤ At all sites there were respondents who felt that they were treated poorly because of their income status, the way they looked, their race, or the neighbourhoods in which they lived.

➤ A very clear theme that emerged from the study was that the behaviour or characteristics of the service providers had a very powerful influence on consumers' reactions to a service, and in some cases, whether or not they used the service. Respondents indicated the importance being welcomed by service providers, by being treated in a friendly and caring manner, and of being treated with respect, compassion and understanding.

➤ In particular, participants reported not being treated well at food banks and social assistance offices.

➤ Accessibility was also an important issue for participants when seeking services. Many commented on the problem of waiting (i.e., getting appointments, waiting at the time of appointments, waiting in ERs). Lack of transportation, or inadequate money to cover transportation costs, was also reported as an inhibiting factor in accessing services.

"Social assistance only covers so much so ... I can't afford to fix my teeth, so they're being pulled out one by one ... the government only affords to pay to get them yanked ... If you have bad teeth ... it's going to affect your health You go for a job ... who's going to hire you with no teeth in your mouth?" (resident; individual interview).

"When you're on the system ... people know it ... they know if you're poor ... you only get a certain amount People that have more get a different kind of treatment" (resident; individual interview).

"I don't want people to disrespect me because I have no money If you don't respect me, how can you help me out?" (resident; individual interview).

"I'm not even going to go in [this one food bank] ... because of how rude they can be to you Because I feel so ashamed How can they do that to a person?" (resident; individual interview).

"The waiting time is too long, especially [in the] Emergency [Room]. You could be dying and they don't look at you" (resident; individual interview).

"If it involves taking a bus forget it ... because half the time you don't have the money to go to the appointments (resident; individual interview).

Recommendations for Bettering Services

- Recommendations could be grouped into two categories: systemic change versus "band-aid" improvements. Systemic changes recommended included: raising income levels, providing more affordable housing, having better coordination or integration of services, and more consumer input in service planning.
- Regarding "band-aid" improvements, five main areas recommended for greater funding and expansion included: dental services, extended health care services, mental health services, ER and physicians' services, and recreational programs and facilities.
- It was also recommended that service provider behaviour should be improved.
- Several participants commented on just a general lack of knowledge about what services, and entitlements were available and recommended that there should be a more concerted effort to disseminate information to potential consumers - perhaps by having "advocates" or someone available who can help consumers "navigate" the system.

"My basic and essential difficulty with all of this discussion is that even recreation user fees wouldn't be an issue if people had enough money to pay them. Bitchy food bank workers and poor quality of food in the food banks wouldn't be an issue if people had enough money to go to Loblaws All of these things are by their very nature due to low income ... and the one magic bullet to improve things would be to improve people's income" (policy maker).

"Perhaps a training or a retraining to staff ... to see what it's like on the other side of the fence ..." (resident; focus group).

"I'd like to find a support somebody, an advocate who can help me get through all this bureaucracy and red tape to find a place to live that I can afford.... Information has been so bad coming out of Family Benefits You always have to go out and dig and look and find out ... and ... that is a real real setback" (resident; individual interview).

Discussion and Conclusion

The literature to date clearly demonstrates a relationship between poverty and poor health. Given the debilitating effects that poverty can exact in people's lives, this study sought to gain a better understanding of service use by low income consumers. We were interested in giving a voice to low income consumers - and their messages were very clear. As described in the previous sections, low income consumers are accessing a variety of health, social and community-based services for basic survival, to help deal with illnesses, injuries, and to maintain their health, and to help them cope with day-to-day problems and issues. Participants described in sometimes very poignant terms the reasons they need the services that they do access, and explained their importance in their lives. Participants also described what factors help facilitate use of services, and what factors inhibit use of factors. The helpfulness and thoughtfulness of service providers certainly helps consumers feel comfortable in using services; affordability and ease in accessing services were also important facilitating factors in the use of services.

It is clear that many participants felt that many service areas were under-funded. In particular, low income consumers would like to have greater access to health and health-related services that are currently out of their reach economically. It was clear also that improvements need to be made in disseminating information to low-income consumers - to ensure that they are accessing their entitlements, as well as to be aware of all the different services and supports that are available to them in the community. Nonetheless, many participants also recognized the need for more systemic changes to the social services system - that is, if low income consumers were able to make more money, or had more affordable housing, they probably would not need many of the services that they did use. Other researchers and health promoters in the field have also argued that addressing poverty through public policy will have more positive effects on health, than focussing solely on an individual's lifestyle.