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## Health disparities among income groups becoming more pronounced

Income levels are increasingly affecting the state of health of Canadians, as over the last four years, the poor are more likely to be diagnosed with chronic conditions and are making greater use of health services, the Canadian Medical Association says in its 12<sup>th</sup> annual *National Report Card on Health Care*.

The CMA's annual survey of public opinion about the health care system in Canada also indicates that people earning less than \$30 000 per year expended less "time, energy and money" on sustaining their health since the economy soured, and that 74% of Canadians give an 'A' or a 'B' grade to the overall quality of health care services available to them, an increase of four percentage points from 2011.

With health equity a primary theme of the CMA's 2012 annual general meeting, being held in Yellowknife, Northwest Territories, the online and telephone poll of 1004 Canadians, conducted by Ipsos Reid Public Affairs, endeavoured to ascertain some measure of the impact of the social determinants of health.

The findings affirmed that there is a substantial impact, Dr. John Haggie, president of CMA, stated in a press release ([www.cma.ca/multimedia/CMA/Content/Images/Inside\\_cma/Media\\_Release/2012/reportcard/Annual\\_reportcard\\_en.pdf](http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Media_Release/2012/reportcard/Annual_reportcard_en.pdf)). "When it comes to the well-being of Canadians, the old saying that wealth equals health continues to ring true," Haggie stated. "What is particularly worrisome for Canada's doctors is that in a nation as prosperous as Canada, the gap between the 'haves' and 'have nots' appears to be widening."

"We as Canadians tend to think we have a fair society and an equitable public health care system, when, in reality, there are vast numbers of Canadians who are forced to do without when it comes to health care," Haggie added. "That is why the physicians of Canada are pressing for transformation of health and health care so that patient needs truly can be put first."

Between 2009 and 2012, the gap between those earning less than \$30 000 and those earning more than \$60 000 "has grown substantially wider in terms of how respondents perceive their health," the survey states ([www.cma.ca/multimedia/CMA/Content/Images/Inside\\_cma/Media\\_Release/2012/reportcard/CMA-2012National-Report-Card\\_en.pdf](http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Media_Release/2012/reportcard/CMA-2012National-Report-Card_en.pdf).) "This year, higher income respondents are 29 percentage points more likely to describe their health as excellent or very good in comparison to lower income respondents. In 2009, the gap between the two groups was 17 points."

"In 2009, lower and higher-income Canadians were the same in terms of whether they accessed health care services within the past month. This year, the gap between the two groups has increased significantly (to 16 percentage points), with six in ten (59%) Canadians who earn less than \$30,000 a year having accessed health care services within the past month, compared to only four in ten (43%) among those earning \$60,000 or more."

There was a similarly greater gap in the terms of the number of lower- and higher-income Canadians whose children are obese.

Poorer Canadians are also less inclined to believe that they are in an excellent or very good state of health, and more inclined to believe that social determinants are having an impact on their health.

“Canadians consider tobacco use, access to health care and diet and nutrition as the key factors impacting health. Social and economic factors such as employment status, education and income level are perceived as having a great impact on health less often. However, those with household incomes of less than \$30,000 are significantly more likely to rate income as having a great impact on health (36%) than are those with incomes of \$60,000 or greater (17%).”

In terms of the economic downturn, the greatest gap seen between the poor and rich was in relation to filling prescriptions. “One in four lower income Canadians (24%) say they have delayed or stopped buying some prescription drugs, compared to 3% among those who earn more than \$60,000. Of equal concern, the 21-point income gap has increased from 13 points in 2009. Clearly this is health behaviour that has had a variable impact from the economic downturn, where conditions are getting worse for those with lower incomes.”

The poll also appears to indicate that the federal government’s decision to increase cash transfers to the provinces for health care by 6% through fiscal 2016 and then peg them to a “three-year moving average of nominal gross domestic product [GDP],” with a minimum 3% increase, through 2024 ([www.fin.gc.ca/n11/data/11-141\\_1-eng.asp](http://www.fin.gc.ca/n11/data/11-141_1-eng.asp)), appears to have played well among a certain segment of the populace, although health experts view it as a move to essentially vacate the field of health care.

There was a two percentage increase in the number of Canadians who gave an ‘A’ or ‘B’ grade to the federal government’s performance in the area of health care between 2009 and 2012, to 38% from 36%. “In all regions, with the exception of Ontario, provincial governments receive more A or B grades than the federal government in dealing with health care.”

Canadians also appear skeptical about the future performance of the health care system. “The public remains divided as to whether health care services will get better or worse over the next two or three years, with 36 percent saying health care services will get better and 48 percent saying they will get worse.” — Wayne Kondro, *CMAJ*

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