



CANADIAN  
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# Poverty Reduction Initiatives in Canada

**Taking Action Together: CDPAC Third National Conference**  
**Poverty and Action in Canada**  
**Westin Hotel, Ottawa**  
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## Poverty Reduction Efforts in Canada

“Never underestimate that a small group of thoughtful, committed people can change the world. Indeed, it’s the only thing that ever has.”

Margaret Mead

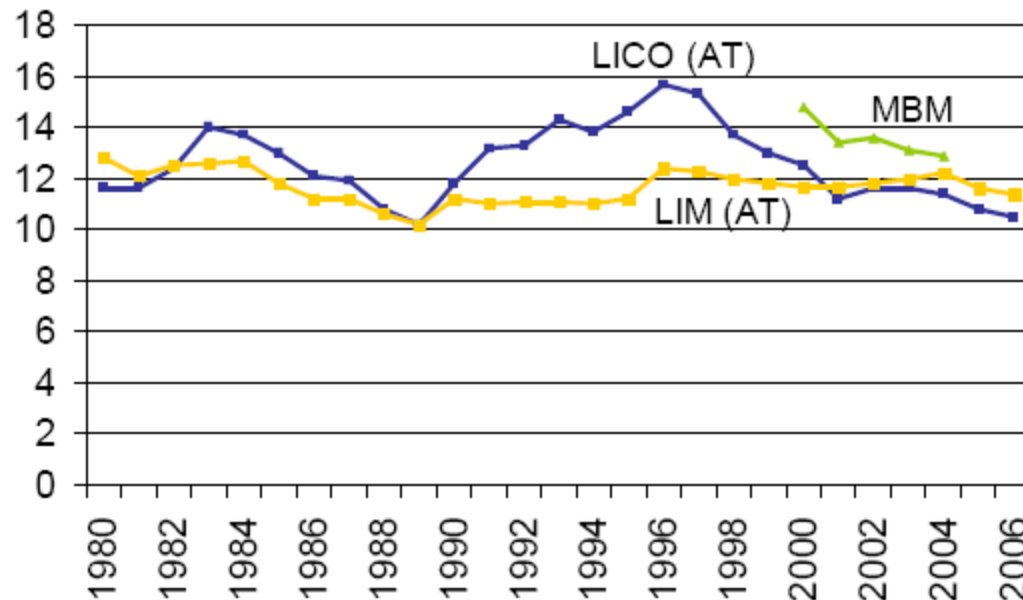
## Poverty Reduction Efforts in Canada

- The efforts of CDPAC and its member Alliances to move the poverty reduction agenda forward is taking place against the backdrop of renewed interest in poverty reduction at the national and international levels.
- In part, the emergence of poverty reduction strategies reflects the reality of stubbornly high levels of poverty and the widening income gap between households at the bottom of the income ladder and those at the top.
- Looking at Canada, recent analyses have brought this message home:
  - There has been little change in the aggregate low income rate over past 25 years (measured at business cycle peaks), falling somewhat during recent past.

# Poverty Trends

## Three different measures of the low-income rate

- LIM not business cycle sensitive
- MBM tracks LICO (at least for years available)



Source: Statistics Canada, Survey of Labour and Income Dynamics and Survey of Consumer Finance

## Poverty Trends

- In Canada, the direct effect of tax/transfer system on rates of low income is about same now as it was back in 1989. Its effect on the depth of poverty has changed little over time.
- It has not been able to keep up with the growth in income inequality – at the individual or household level. The incomes of those at the very top of the distribution have been outstripping the rest since the mid 1990s.
- The rise in low income rates among recent immigrants in particular stands out; it accounted, for example, for all of rise in low income in Canadian cities through the 1990s.

## Poverty Reduction in Canada and Abroad

- Several jurisdictions have adopted comprehensive approaches to poverty reduction and have had some success in reducing poverty and social exclusion.
- Ireland and the United Kingdom are two examples of countries that have implemented comprehensive anti-poverty strategies which include explicit targets and timelines.
- Only two jurisdictions in Canada – Québec and Newfoundland and Labrador – have comprehensive anti-poverty strategies. Four other jurisdictions – Ontario, Nova Scotia, New Brunswick and possibly Prince Edward Island – are exploring the options for developing their own comprehensive anti-poverty strategies.

## Poverty Reduction in Canada and Abroad

- To date, calls for a poverty reduction strategy have not been taken up by the federal government
- Two Senate Committees have assembled critical research findings and testimony from a wide range of stakeholders – making the case for the importance of addressing poverty and the growing income gap (including Senator Keon's Committee on Population Health)
- This spring, the House of Commons Standing Committee on Human Resources, Skills Development, Social Development and the Status of Persons with Disabilities (HUMA) launched public hearing into the desirability of developing a poverty reduction strategy for Canada
- Four out of five federal parties identified reducing poverty as a public priority in 2008 federal election

## Health Sector: In Action on Poverty

- Poverty reduction work has not been confined to the social development community. As this conference attests, the health sector has been moving forward with a population health agenda and efforts to reduce health disparities.
- England, New Zealand, Australia, the Netherlands, and the Scandinavian countries have established national research programs on health disparities and the effectiveness of government interventions in fostering population health.
- In the US, various reforms have been advanced to improve access to health care and the responsiveness of the system to the needs of racial and ethnic minorities as well as low income groups.

## Health Sector: In Action on Poverty

- The UK stands out as having adopted a government-wide program to reduce health disparities as a part of an overall Poverty Reduction Strategy. Specific national targets have been set and national indicators developed to report on progress.
- The UK Treasury tracks public expenditures and advises departments as to how best to target expenditures to potential reduce disparities. Moreover, departments and health institutions are required to conduct and report on Equalities Impact Assessments (EIAs).
- The strength of the UK approach is that its population health objectives are explicitly linked to other policy fields related to poverty and low income such as unemployment, housing, social justice, and homelessness.

## Health Sector: In Action on Poverty

- In Canada, there has certainly been a sizeable investment in research on health disparities:
  - at the national level (i.e., Canadian Institutes of Health Research, and the National Collaborating Centres on Public Health and Aboriginal Health);
  - at the provincial level (i.e., Manitoba Centre for Health Policy; Institut de la santé publique du Québec).
- But efforts to introduce and implement a “whole-of-government” approach to the determinants of health – and reducing health disparities in particular – have fallen short (i.e., via vehicles such as National Health Goals, a Population Health Strategy or FPT Framework).

## Health Sector: In Action on Poverty

- This is not to say that the health sector hasn't had any success in moving individual poverty reduction initiatives forward – activity at the local level provides ample evidence of this (examples)
- Efforts to reduce health disparities and tackle the roots of poverty have tended to proceed via single issues or determinants such as early child development, Aboriginal health, or healthy living strategies.
- And at the program level, there is growing awareness of the critical need to take the specific needs of disadvantaged populations and communities into account, to ensure that these groups are able to benefit to the maximum extent possible from universal and population-specific programs.

## Health Sector: In Action on Poverty

- Poverty reduction efforts on the part of the health sector have been hamstrung by:
  - perennial problems related to political jurisdiction;
  - lack of political will;
  - entrenched institutional barriers between government departments, between institutional and community-based service providers, between professional groups;
  - lack of vehicles (and will) to engage community / public
  - the reality that many of the tools that are needed to effect change lie outside of the health sector.
- Poverty truly is a challenge that demands an integrated approach across levels of government, across departments, bringing together the public, private and community sectors and actors.

# Making Partnership Work

- The WHO and PHAC have just released an analysis of 18 country case studies, looking at the pursuit of health equity through intersectoral action. Several of their findings are useful to consider here:
  - Community engagement is critical. “Whole of government” approaches that originate at the national level can be limited in their capacity to influence the determinants of health if such initiatives are not supported by comprehensive, ground-up work at the local level.
  - Building a strong case for intersectoral action is vital to getting activities off of the ground (i.e., building on public concern for a particular group; using political champions; building on concerns to use scarce resources more effectively);
  - Establishing clear roles and responsibilities is essential as well as a decision-making process suitable to the task at hand (intersectoral action will look different at different levels of decision-making).
  - Securing resourcing for the long term is key as intersectoral action tends to cost more and take longer to achieve results than other approaches.

## Making Partnership Work

- The authors make the point that effective action to reduce health disparities is not always organized around this explicit goal.
- How the issue is framed is very important. Framing complex health issues broadly (not necessarily as health equity) allows people from all sectors to more easily define their roles and engage in working towards solutions, employing a range of strategies.
- To this end, the role of the health needs to be flexible depending on the issues and tasks at hand. The sector has extraordinary resources to bring to bear as both leader, partner and supporter.

## Looking Forward

- Today, there is an opportunity for health practitioners and advocates to find common cause with anti-poverty advocates and community coalitions.
- There exists an opportunity to leverage and align existing efforts, for example, with advocacy coalitions such as the “25 in 5” here in Ontario or initiatives such as the Vivre Saint-Michel en Santé in Montréal or the Calgary Committee to End Homelessness.
- This is not a question to bringing other sectors around the health disparities table – but of creating a common table, common cause, around preventing, reducing and eliminating poverty – and its devastating impact on the health and wellbeing of Canadians.



## Contact Information

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