



The Socioeconomic Environment

What matters in determining mortality and health in a society is less the overall wealth of the society and more how evenly wealth is distributed. The more equally wealth is distributed, the better the health of that society.

— Editor, *The British Medical Journal*, 1996.¹

The important influence of the environment on health has been recognized for some time. Over 25 years ago, *A New Perspective on the Health of Canadians* suggested that health was influenced by four key factors or fields: lifestyle, biology and genetics, health care and the environment.² Within the latter, social and economic conditions (described here as the socioeconomic environment) have a significant effect on individual and collective well-being. The influence of another component of this field, the physical environment, is explored in Chapter 4.

The previous chapter confirmed that health status is directly related to economic status. Although there is clear agreement that income is related to health, why this is so requires further study. As well, there is no consensus as to which is the best measure of socioeconomic status (SES). Some researchers prefer to use education level or occupation, while others use income. This report uses income as a proxy for SES in most cases, although education is discussed when it is particularly relevant to the topic. A full exploration of the links between income and health is beyond the scope of this report. A separate report exploring this issue would be a welcome addition to the field.

While there are many factors in the social and economic environments that affect health, this chapter focuses on five key influences: income (and income distribution), education and literacy, employment and unemployment, working conditions, and factors in the social environment.

Definitions and Measures

- ◆ The **socioeconomic environment** refers to living and working conditions in both the economic and social realms. Key influences on health in the economic dimension of the environment include income and income distribution. Major determinants on the social side of the environment include education and literacy, employment and working conditions, levels of social support, violence in the community and in the home, civic participation, and voluntarism.
- ◆ **Low income** refers to economic families and unattached individuals who have incomes below Statistics Canada's low income cut-offs (LICOs) 1992 base. These cut-offs were selected on the basis that families and unattached individuals with incomes below these limits usually spend more than 54.7% of their incomes on food, shelter and clothing, and hence are considered to live in strained circumstances.
- ◆ Statistics Canada has repeatedly emphasized that the LICOs are quite different from measures of poverty and the department does not endorse their use as such. However, LICOs reflect a consistent and well-defined methodology that identifies those who are significantly worse off than the average person or family. In the absence of an accepted definition of poverty, these statistics have been used by many analysts to study the characteristics of relatively deprived groups in Canada.
- ◆ **Poverty** is used in this chapter as one way of describing low-income status.
- ◆ **The economic family** concept is used to establish LICOs rather than to describe a census family. An economic family consists of all persons in a household who are related to each other by blood, marriage, common-law or adoption. An unattached individual is a person 15 years old or over who is living alone or living in a household where he/she is not related to anyone else.
- ◆ **Total income** represents the income an individual receives from all sources, including wages and salaries, farm and non-farm self-employment, government transfer payments, investment income, retirement pensions and other money income.
- ◆ **Income data** are presented in constant dollars. Incomes from previous censuses are adjusted for changes in the price of goods and services using the Consumer Price Index. For example, the actual average income of a census family in 1995 was \$54,000 compared with \$51,300 in 1990. This is an increase of 6.4% before adjustment. When changes in prices are taken into account, real (constant dollar) family income for 1995 declined by 4.8% compared with 1990.
- ◆ **The Gini Index or coefficient** is a well-established measure of income inequality. If incomes were distributed in a fully equitable manner, each person would receive the same share of income. The Gini Index measures how far real distribution is from this theoretical reference point. In theory, the Gini coefficient can vary between 0 (perfect distribution) and 1 (complete concentration in a single person). In practice, Gini coefficients of per capita income vary between 0.25 and 0.60. The larger the Gini coefficient, the greater the inequality in income distribution.
- ◆ **Prose literacy** refers to the ability to read and comprehend a passage of text; **document literacy** describes the ability to complete standard forms such as job applications; **quantitative literacy** (sometimes called numeracy) requires basic computation skills. Literacy skills are allotted to one of five levels, five being the highest.
- ◆ **Aboriginal people** include those who reported themselves as North American Indian, Métis or Inuit in the 1996 Census. **Visible minority** refers to people other than Aboriginal Canadians who are members of a race other than Caucasian.

Highlights

Income level and health

- ◆ People with higher incomes generally live longer, healthier lives than people with lower incomes.
- ◆ Between 1990 and 1995, the proportion of Canadians with low-income status increased from 16% to 20%.
- ◆ In 1995, young children (under the age of 6) and youth (aged 18 to 24) were most likely to live in low-income situations. An estimated 1.3 million children under the age of 15 lived in low-income households in 1995 — an increase of 300,000 children in just five years.
- ◆ Between 1980 and 1996, there was a substantial and welcome drop in the number of older Canadians who fell below Statistics Canada's low income cut-off (LICO). However, one in five seniors (mostly unattached women) is still likely to be living in a low-income situation.
- ◆ Aboriginal people and visible minorities continue to be over-represented in the population with low-income status. In 1995, about 36% of the visible minority population and 44% of the Aboriginal population lived in low-income situations.
- ◆ In 1995, almost 50% of single-parent mother-led families were in low-income situations. However, poverty was not restricted to single-parent families. From 1990 to 1995, the percentage of married couples with children in low-income situations rose from 9.5% to 13% (a total of almost 460,000 families). In 1995, the average low-income two-parent family with children lived some \$11,641 below the LICO.

Earnings, income distribution and health

- ◆ The distribution of income in a given society may be a more important determinant of population health than the total amount of income earned by society members.
- ◆ Overall, income distribution inequalities remained relatively constant in Canada between 1985 and 1995. This was largely due to the effect of redistributive taxes and transfer payments, which offset a growing income gap between the 10% of Canadians with the lowest incomes and the 10% of Canadians with the highest incomes. Trends in income inequality beyond 1995 were not available for this report; however, they are worth monitoring in future analyses.
- ◆ Some groups have been gaining in wage rates and earnings, notably older workers and the more highly skilled and paid; others have experienced dramatic declines, notably low-skilled young males, youth in general, and lower-paid, lower-skilled men.
- ◆ While women are making gains in average earnings, they continue to face a significantly higher risk for earning a low income than do men. In 1996, 19% of adult women fell under the low-income category compared with 13% of adult men.

Education, literacy and health

- ◆ Educational status and literacy levels are important determinants of health and well-being.
- ◆ In the 1996–97 National Population Health Survey (NPHS), only 19% of respondents with less than a high school education rated their health as “excellent” compared with 30% of university graduates.
- ◆ In the last 15 years, levels of schooling have continued to rise for all population groups in Canada. In 1996, there were more than four times as many female university graduates as in 1971.
- ◆ In 1994–95, about 17% of Canadians fell into the lowest prose literacy category (level 1); another 26% achieved level 2 in prose literacy, which means they can read but not well.

Employment and health

- ◆ Continuing high rates of unemployment and underemployment among youth, Aboriginal people, adults with low levels of education and people living in certain regions in the eastern provinces are linked to health disadvantages for Canadians in these groups.

The social environment and health

- ◆ Working conditions (paid and unpaid), social support and levels of personal security at home and in the community are important influences on health.
- ◆ Working conditions and role overload (balancing work and family life) are major stresses for women, especially young women.
- ◆ Canadians reported high levels of social support, caring for others, volunteerism and civic participation. These are important buffers in times of stress.
- ◆ Partner and child abuse, the most common forms of family violence, have a devastating effect on the health and well-being of women and children in both the short and long term. In 1996, family members were accused in 24% of all assaults against children. In 1997, about 40% of female homicide victims were killed by a man with whom they had experienced an intimate relationship.

Income and Health

The previous chapter demonstrated the close relationship between income status, health status and other determinants of health. For example, Canadians in the lowest income group were four times more likely than Canadians in the highest income group to report their health as only fair or poor, two times more likely to have a long-term activity limitation and only one-third as likely to have dental insurance (the latter is discussed in Chapter 6). Certainly, differences in health status are evident in a comparison of the highest and lowest income groups. But an active gradient in health status from low to middle and upper levels of income can also be observed in virtually all measures of both mortality and morbidity. In other words, high-income Canadians are more likely to be healthy than middle-income Canadians, who are in turn healthier than low-income Canadians.

Since income and health status are closely linked, it is important to understand current trends in income status. This section provides a brief overview of both long-term and recent (1990–1995) trends related to low-income populations in Canada, as determined by Statistics Canada low income cut-offs (LICOs). (See Definitions and Measures at the beginning of this chapter.) Unless otherwise stated, total income figures are taken from the 1991 Census (reflecting 1990 data) and the 1996 Census (reflecting 1995 data). Unfortunately, reliable national data after 1995 were not available at the time of writing.

Income Versus Wealth

The distribution of income in society is intimately linked to the distribution and concentration of wealth — but the two are by no means the same. Wealth is a much broader concept than income, and includes ownership of both financial (income, savings, investments, stocks and bonds, etc.) and other assets (real estate, home ownership, buildings, land, art, etc.). The relationship between wealth and health has received far less attention than that between income and health. Both subjects warrant further research.

Fifteen-Year Trends in Low Income³

According to the 1996 Census, about 16% (or 1.3 million) of all economic families in Canada fell below the low income cut-off in 1995. Likewise, about 20% of individual Canadians (just over 5.5 million people) lived below the LICO rate.

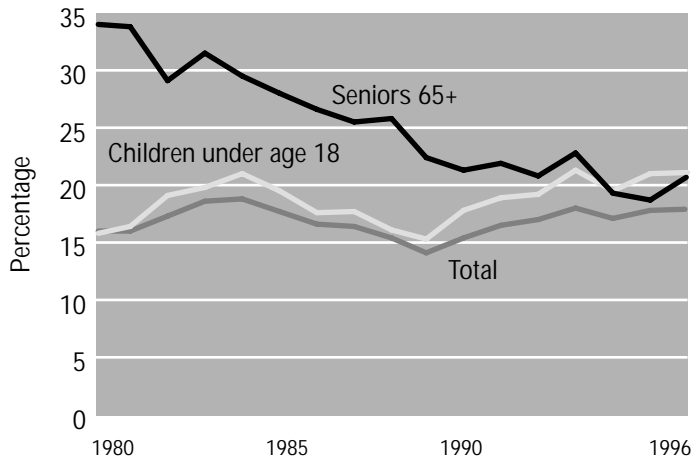
As Exhibit 2.1 shows, the prevalence of low-income persons across all age groups fluctuated between 1980 and 1996, from 16% in 1980 to a high of 19% in 1983 and 1984, then back to a low of 14% in 1989. Low-income prevalence again crept back up to over 18% in 1996, almost to the same level as in the mid-1980s.

During this time period, however, the face of low income changed dramatically. There was a substantial and welcome drop in the number of older Canadians who fell below the LICO. It should be noted, however, that in 1995 one senior out of five (mostly unattached women) still lived below the LICO.

At the same time, there was a fairly dramatic increase in the proportion of low-income children (under age 18) and families, particularly in the early 1990s. In 1995, 21% of children lived in low-income households.

Exhibit 2.1

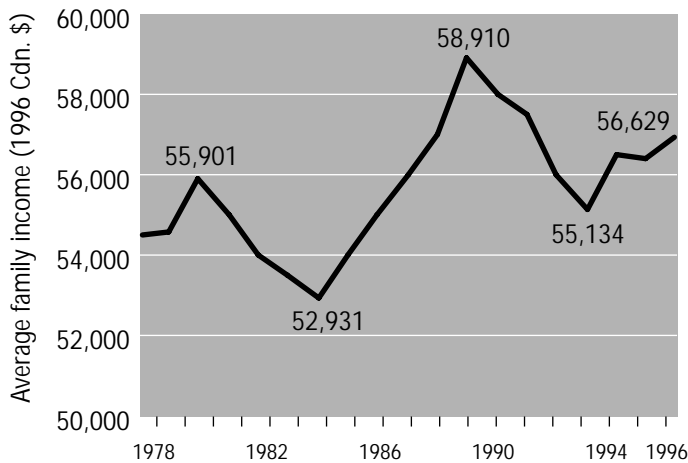
Percentage of Canadians with Low Incomes, by Age, Canada, 1980 to 1996



Source: Statistics Canada. *Income Distribution by Size in Canada, 1996* (Statistics Canada Cat. No. 13-207).

Exhibit 2.2

Average Family Income (1996 Dollars), Canada, 1978 to 1996



Source: Statistics Canada. *Income Distribution by Size in Canada, 1996* (Statistics Canada Cat. No. 13-207).

This suggests that public policies designed to maintain and improve seniors' economic standing, combined with the entry of a new cohort (with higher incomes) into this age group significantly reduced poverty among older Canadians. At the same time, economic downturns and changes in family structure and employment pushed child and family poverty rates to their highest levels in over 15 years.

In 1995, the nearly 21 million individuals who were income recipients (from all sources, including wages, self-employment, government transfers, investment income, pensions and other income) had an average total income of \$25,196, down 6% from 1990 after adjustment for inflation. This decrease wiped out gains made during the second half of the 1980s. As a result, average total income in 1995 was almost identical to that in 1985, and slightly below the level of 1980.

As Exhibit 2.2 shows, average family incomes (in constant dollars) fluctuated widely between 1978 and 1996. Between 1980 and 1984, there was a steady decrease in average family income, reaching a low of \$52,931 in 1984. Average family incomes then rose to a high of \$58,910 in 1989. After that, family incomes largely decreased, settling at \$56,629 in 1996. In other words, in 1996, average family incomes equalled those of 1988, despite an economic recovery following the downturn of the early 1990s.

In 1996, the majority of family expenditures were concentrated in taxes (22%) and necessities such as shelter (17%), food (12%) and transportation (12%). These four costs combined accounted for almost two-thirds of the average Canadian family's expenditures.⁴ Chapter 4 on the physical environment suggests that shelter costs have become particularly problematic for many low-income Canadians in recent years.

While LICO rates provide us with the percentage of the population who live below predetermined income levels, they do not differentiate between the people who are living in abject poverty and those who earn just a few dollars less than the LICO. For that, we need measures of the depth of poverty. Exhibit 2.3 shows the depth of poverty (or income deficiency between family income and the LICO) by family type in 1990 and 1995. In terms of the proportion of families in low-income situations, female lone-parents remain the worst off — almost 50% were in low-income situations, living \$10,165 below the LICO in 1995. However, poverty is not restricted to single-parent families. From 1990 to 1995, the percentage of married couples with children who lived in low-income circumstances rose dramatically from 9.5% to 13%. In 1995, the average low-income, two-parent family with children lived some \$11,641 below the LICO.⁵

Exhibit 2.3 Income Deficiency,* by Family Structure, Canada, 1990 and 1995

	Low income (%)	Number of low-income families	Average total income (\$)	Family income deficiency* (\$)
1990				
All economic families	13	961,835	13,615	10,111
Married couples only	9	210,145	11,345	8,233
Married couples with children	9.5	332,200	15,951	10,963
Male lone-parent families	18	24,290	11,665	9,929
Female lone-parent families	44	300,240	12,092	10,337
1995				
All economic families	16	1,267,205	13,778	10,223
Married couples only	10	252,765	11,223	7,398
Married couples with children	13	456,930	16,199	11,641
Male lone-parent families	24	39,325	11,612	9,412
Female lone-parent families	48	396,245	12,032	10,165

* Income deficiency is the difference between family income and the applicable low income cut-off.

Source: Statistics Canada. "Census 1996: Sources of Income, Earnings and Total Income and Family Income." *The Daily*, May 12, 1998 (Statistics Canada Cat. No. 11-001-XIE).

Trends in Low-Income Status, 1990 to 1995

Overall, between 1990 and 1995, the proportion of Canadians with low-income status increased from 16% to 20%, but certain groups in the population were harder hit than others. In 1995, children, youth and unattached seniors (mostly women) were the most likely to be classified as low income.

Exhibit 2.4

Number and Percentage of Children, Youth and Seniors Living in Low-Income Situations, Canada, 1990 and 1995

	1990		1995	
	Low-income number	% of low income	Low-income number	% of low income
Children under age 6	447,230	20	582,905	26
Children, aged 6 to 14	576,100	17	761,620	22
Youth, aged 15 to 17	180,455	16.5	229,210	20
Youth, aged 18 to 24	548,805	21	675,365	26
Adults, aged 65 to 69	169,410	16	182,730	17
Adults, aged 70 and over	415,135	23	441,265	20.5

Source: Statistics Canada. "1996 Census: Sources of Income, Earnings and Total Income and Family Income." *The Daily*, May 12, 1998 (Statistics Canada Cat. No. 11-001-XIE).

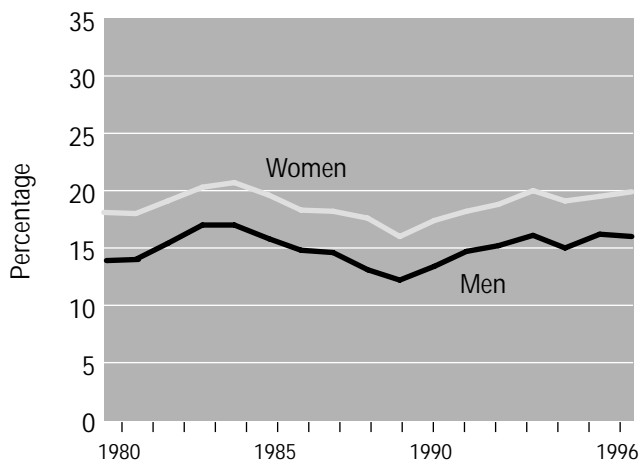
Exhibit 2.4 shows the increase in the number of children and youth (ages 0 to 24) who lived in low-income circumstances. In 1995, very young children (under the age of 6) and youth (aged 18 to 24) were most likely to be poor.⁶

As Exhibit 2.5 shows, there has been virtually no change in the gap between the percentage of men and women who fall into the low-income category. This inequity has persisted despite the fact that men's average income dropped 7.8% between 1990 (\$33,733) and 1995 (\$31,117), while women's incomes dropped only 2% (from \$19,630

to 19,208). One of the reasons for this disparity is that women still hold the majority of the lowest paying jobs. According to the 1996 Census, women dominate in all but five of the 25 occupations at the bottom of the earning scale. Women aged 18 to 24 and age 70 and over were most likely to be living in low-income circumstances in both 1990 and 1995. Almost half of female lone parents (some 400,000 families) lived below the LICO.⁷

Exhibit 2.5

Percentage of Women and Men with Low Incomes, Canada, 1980 to 1996



Source: Statistics Canada. *Low Income Persons, 1980 to 1996* (Statistics Canada Cat. No. 13-569-XPB).

Exhibit 2.6 demonstrates how Aboriginal people and visible minority populations are more likely to live in low-income situations. In 1995, about 36% of the visible minority population in Canada and 45% of children under the age of 6 in visible minority families were in a low-income situation. At least 44% of the Aboriginal population and a full 60% of Aboriginal children under the age of six lived below the LICO. These figures likely underestimate the problem, since some 44,000 people living on reserves and settlements were incompletely enumerated in the 1996 Census.

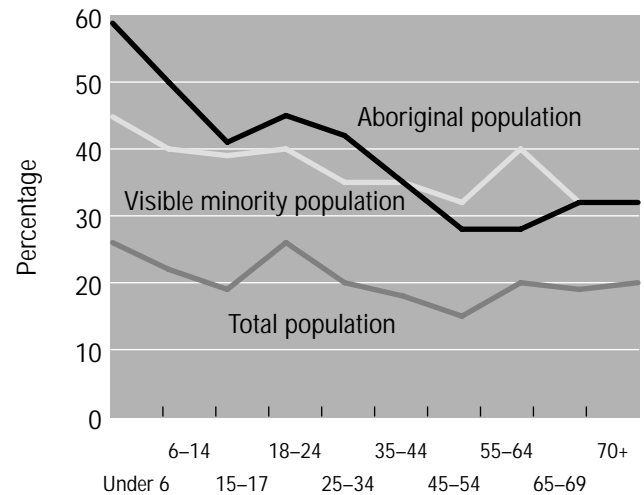
Provincial Differences: From 1990 to 1995, the proportion of the population with low incomes increased in every province except Saskatchewan. The largest increases in the number and proportions of low-income Canadians occurred in Ontario. In 1995, the highest rates of low income continued to be reported by residents of Quebec (23%), Newfoundland (21%) and Manitoba (21%).

As Exhibit 2.7 shows, the largest increases in low-income persons both numerically and proportionately were registered in Canada's most populous provinces. In 1990, Ontario had the lowest low-income rate in the country (13%); by 1995, 18% of Ontario residents faced low-income circumstances — an increase of nearly one half million people in that province. Substantial increases in low-income rates also were registered in Quebec (19% in 1990 and 23% in 1995) and British Columbia (16% in 1990 and 20% in 1995) (Exhibit 2.7).

Families: As Exhibit 2.8 shows, the proportion of all types of low-income families increased between 1990 and 1995. Families headed by young parents aged 15 to 24 were particularly hard hit. Female-led single-parent families were still the most likely to live in low-income situations.

Exhibit 2.6

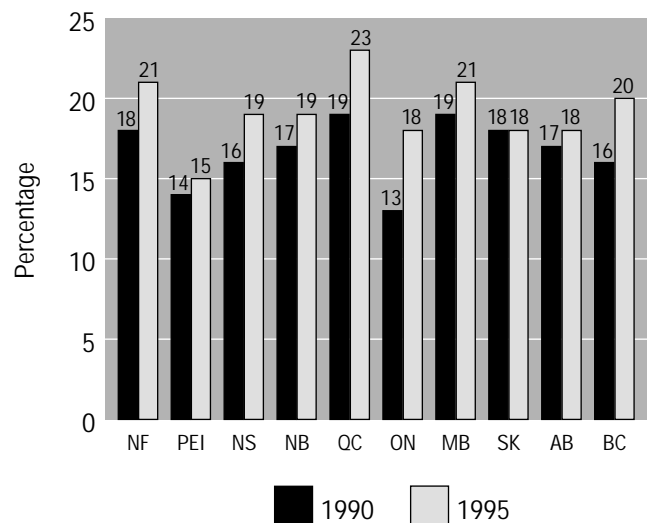
Percentage of the Aboriginal Population, Visible Minority and Total Population with Low Incomes, by Age Group, Canada, 1995



Source: Statistics Canada. "1996 Census: Sources of Income, Earnings and Total Income and Family Income." *The Daily*, May 12, 1998 (Statistics Canada Cat. No. 11-001-XIE).

Exhibit 2.7

Percentage of Population with Low Incomes, by Province, 1990 and 1995



Source: Statistics Canada. "1996 Census: Sources of Income, Earnings and Total Income and Family Income." *The Daily*, May 12, 1998 (Statistics Canada Cat. No. 11-001-XIE).

Exhibit 2.8 also shows the dramatic increase in child and youth situations of low income. Despite a parliamentary resolution to eliminate child poverty by the year 2000, the proportion of children (under age 15) and youth (ages 15 to 24) living below the LICO rose from one in five in 1990 to one in four in 1995.

Living in poverty is not just a risk for single-parent families. While there is a greater proportion of single-parent families living below the poverty line, in absolute numbers, low-income families are more likely to be headed by two parents (Exhibit 2.8).

Exhibit 2.8 Average Family Incomes, Percentage of Families with Low Income, by Family Type and Number of Low-Income Families, 1990 and 1995

Average family income	1990	1995
◆ Two-parent families (all ages)	\$61,053	\$58,763
◆ Lone-parent families with young parents (ages 15 to 24)	\$29,313	\$23,115
◆ Male-led, lone-parent families (all ages)	\$45,557	\$40,974
◆ Female-led, lone-parent families (all ages)	\$29,652	\$27,721
Percentage of families with low income, by family type		
◆ Two-parent families	9%	12%
◆ Male-led, lone-parent families	18%	24%
◆ Female-led, lone-parent families	44%	48%
Percentage of children and youth in low-income families		
◆ Children under age 15	20%	25%
◆ Youth ages 15 to 24	21%	26%
Total number of low-income families		
◆ Two-parent families	577,075	759,630
◆ Lone-parent, male led	24,290	39,325
◆ Lone-parent, female led	300,240	396,245

Source: Statistics Canada. "1996 Census: Sources of Income, Earnings and Total Income and Family Income." *The Daily*, May 12, 1998 (Statistics Canada Cat. No. 11-001-XIE).

Income Distribution

There is strong evidence that the health of a given population depends on the equality of income distribution rather than on average income. The greater the disparities between rich and poor, the greater the health consequences. Or, as Sir Frances Bacon observed: “Money is like muck — not good unless it be well spread.”⁸

There is a well-established literature on the measurement of income inequality. Typical indicators are the income shares of various income quintile groups and summary measures such as the Gini Index. The Gini coefficient measures inequalities in the distribution of income. Essentially, the larger the Gini coefficient, the greater the inequality in distribution of income.

A recent article by Michael Wolfson and Brian Murphy concludes that income inequality in Canada remained relatively stable between 1985 and 1995. The authors examined family disposable income, defined as total income less federal and provincial income taxes and payroll taxes (CPP, QPP, UIC), adjusted for family structure. They found that the Gini coefficient (which measures income inequality) was actually slightly lower in 1995 than in 1985.

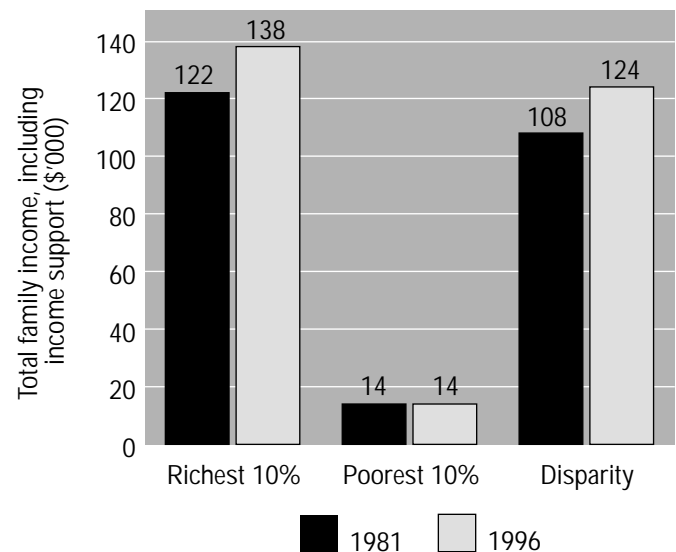
In comparing Canada and the United States, Wolfson and Murphy further suggest that if the value of publicly funded health services had been included in the analysis, Canadian family incomes would have risen relative to those in the United States, and inequality among Canadian incomes would have diminished.⁹

Some economists prefer to measure inequalities by simply comparing groups in the wealthiest and poorest 10th percentiles. This measurement is easy to understand and relates quite closely to the Gini coefficient. It does not, however, show the distribution in middle-income groups — a factor that can alter the overall picture of inequality. Using this measure, the Toronto Centre for Social Justice has shown growing income disparities between the wealthiest and poorest families in Canada. According to that study, the average incomes of the top 10% of families with children in 1973 were 8.5 times those of the bottom 10%; by 1996, this ratio had increased to 10.2. Exhibit 2.9 shows how the earned incomes of the wealthiest 10% of families rose from \$122,000 in 1981 to \$138,000 in 1996. In contrast, the earned incomes of the poorest families with children remained largely unchanged between 1981 and 1996 (approximately \$14,000).¹⁰

Since earnings are the main source of income for most Canadians, changes in income inequalities are closely related to changes in wage rates, earnings and working time among Canadian workers. In recent years, some groups have been

Exhibit 2.9

Income Disparity among Families with Children Under Age 18, in 1996 Dollars, Canada, 1981 and 1996



Source: Yalnizyan, A. *The Growing Gap*. Toronto: Centre for Social Justice, 1998.

gaining, most notably older workers and those who are highly paid and skilled, while others — particularly young workers and lower-paid, lower-skilled men — have experienced declines.¹¹

Government transfer payments and personal income taxes play an important role in reducing income inequality in Canada. The effect of government transfer payments and personal income taxes in reducing income inequalities is evident in the Gini coefficient results shown in Exhibit 2.10. In 1995, the difference in the Gini coefficient before transfers (.458) and after taxes (.300) was nearly 16 percentage points.¹²

Exhibit 2.10 also shows that income inequality before transfers and taxes rose substantially between 1970 and 1995. However, income inequalities after taxes and transfers actually decreased from .316 to .300.

Exhibit 2.10 Gini Coefficients for the Income Distribution of Families, 1970 to 1995

	1970	1980	1985	1990	1995
◆ Total income	0.352	0.351	0.359	0.357	0.373
◆ Income before transfers	0.388	0.401	0.425	0.425	0.458
◆ Income after taxes	0.316	0.293	0.304	0.295	0.300

Note: The larger the Gini coefficient, the greater the inequality in income distribution.

Source: Rashid, Abdul. "Family Income Inequality, 1970–1995." *Perspectives* (Winter, 1998). Statistics Canada Cat. No. 75-001-XPE: 12–17.

Trends in income equality beyond 1995 were not available for this report, but recent reductions in transfer payments in several jurisdictions are worrisome. Government transfer payments are crucial for low-income families. They account for 55% of average total income for low-income families, increasing to 66% among low-income, female lone-parent families. Trends beyond 1995 are worth monitoring in future analyses.

In addition to understanding inequities in income distribution in Canada, it is important to consider where poor people are most likely to live. Studies have shown a growing concentration of poverty in certain core areas of Canada's larger urban centres. In 1990, Winnipeg, Montréal and Quebec City combined had about one-seventh of Canada's population. They accounted for nearly half of Canada's distressed urban neighbourhoods. In Winnipeg, Aboriginal people were vastly over-represented in such areas.¹³ Children and youth growing up in these neighbourhoods are particularly vulnerable to the social disadvantages and marginalization associated with distressed neighbourhoods, which may in turn feed a self-perpetuating cycle of poverty and poor health.

Education and Literacy

In this section, data on educational attainment were taken from the 1996 Census. Information on literacy skills was drawn from the 1997 International Adult Literacy Survey which explored the prose, document and quantitative literacy of Canadians as well as citizens in other countries.

Educational Attainment

Educational attainment is widely acknowledged as one of the key components of socioeconomic status and is positively associated with health status and health behaviours.¹⁴ For example, in the 1996–97 National Population Health Survey, only 19% of respondents with less than high school education rated their health as “excellent,” compared with almost 30% of university graduates.¹⁵

As Exhibit 2.11 shows, from 1971 to 1996, there was a significant decline in the proportion of Canadians aged 15 and over with less than a Grade 9 education (from 32% to 12%) and a corresponding increase in the proportion of Canadians who had completed some post-secondary schooling (from 17% to 34%). Interestingly, 1996 was the first census year to record more university graduates than people reporting less than Grade 9 education.¹⁶

Overall, women were slightly more likely than men to have ended their formal education after high school. Women in their 20s, however, were more likely to be college and university graduates than men of the same age. One of the most significant changes between 1971 and 1996 was the increase in the number of women attaining university degrees. There were over four times as many women university graduates over age 25 in 1996 as there were in 1971.¹⁷

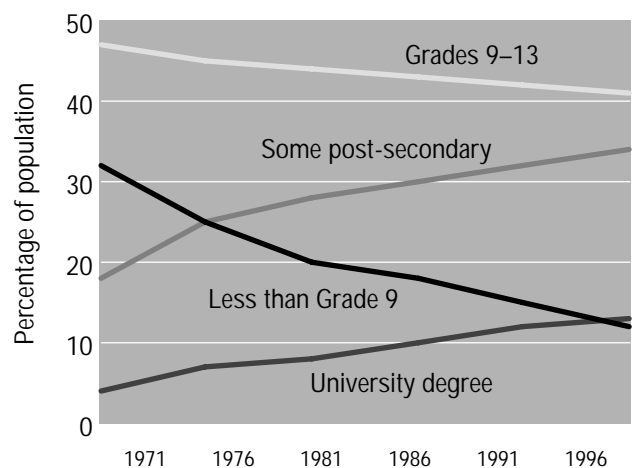
The data show a strong inverse relationship between age and education: with each older cohort, there was a greater proportion who had not finished high school. There was also considerable variation among provinces and territories in the proportion of Canadians who had not completed high school, ranging from 45% in Newfoundland to 31% in British Columbia and 28% in the Yukon Territory. University degrees were most likely in Ontario (17%) and the Yukon Territory (17%) and least in proportion in Newfoundland (10%).¹⁸

Aboriginal people were less likely to have high levels of formal education than Canadians 15 years and over in the total population. However, comparisons of 1981 and 1996 data show that Aboriginal people are making marked educational progress. During that time, the proportion of Aboriginal Canadians with less than a high school education dropped from 59% to 45%. Among Aboriginal people aged 20 to 29, the proportion with a college degree or diploma rose from 19% to 23% and the proportion of university graduates rose from 3% to 4%.¹⁹

Employment earnings increased with the number of years of education. This was particularly true for Canadians with a university degree, and reflects the continued demand for highly educated labour in Canada. Canadians who didn’t complete high school reported earnings of \$18,639 in 1995. This was significantly below the Canadian

Exhibit 2.11

Highest Level of Schooling, Age 15+, Canada, 1971 to 1996

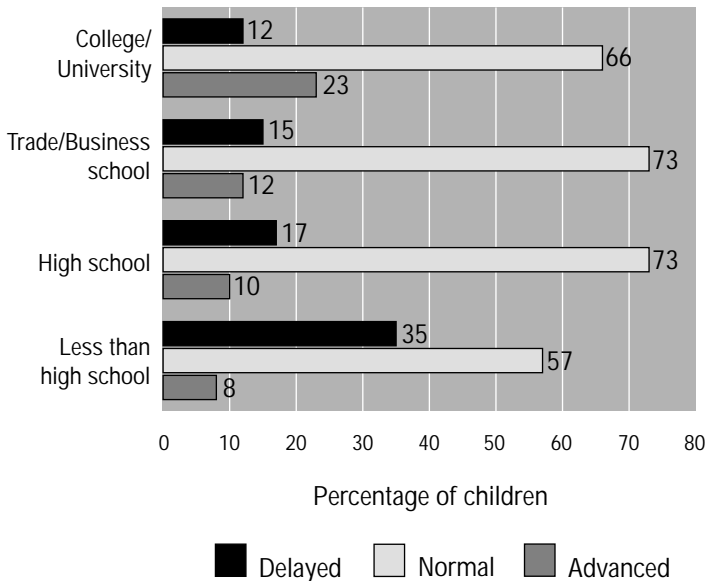


Source: Statistics Canada. “1996 Census: Education” *The Nation Series* (Statistics Canada Cat. No. 93F0028XDB95002).

average of \$26,474, and less than half the average earnings of Canadians with a university degree (\$44,658). Although average earnings declined in all education categories from 1990 to 1995, the largest downturns were felt by Canadians with less than a Grade 9 education.²⁰

Parents' education levels are clearly strongly linked to the school readiness of children.²¹ As Exhibit 2.12 shows, children with a parent who had attended college or university were far more likely to score in the "advanced" category of school readiness than children whose parent(s) had attained lower levels of education. See Chapter 3 for more information on the concept of school readiness.

Exhibit 2.12 School Readiness of Children, Aged 4 and 5, by Parents' Education,* Canada, 1994-95



* Education of most-schooled parent.

Source: Human Resources Development Canada and Statistics Canada. *Growing Up in Canada: National Longitudinal Survey of Children and Youth*. November 1996 (Statistics Canada Cat. No. 89-550-MPE, No. 1).

Literacy

Literacy and numeracy skills are essential for full participation in today's world. Society rewards individuals who are proficient and penalizes those who are not, in employment opportunities, job success, citizenship and active participation in the community. People with low literacy skills often feel alienated and have difficulty finding and accessing health information and services. As a result, they suffer poorer health than those who have higher literacy skills. Literacy is also important to nations, as these skills enable the creation of a labour force that is capable of competing in a changing world and contributing to economic growth.²²

The 1997 International Adult Literacy Survey explored three aspects of literacy: prose, document and quantitative literacy (numeracy). Skill levels on each of these measures are allotted to one of five levels (five being the highest).

In 1994-95, only 57% to 58% of Canadians aged 16 to 65 attained Level 3 or

greater (out of five levels) in prose, document and quantitative literacy. Literacy distribution in Canada was similar to that in the United States, although there was a slightly larger proportion at Level 1 in the United States. Both countries had relatively large numbers at Level 1 (most notably for the document scale) and Level 4-5. The Netherlands showed great consistency across the board, while Sweden ranked at the highest levels in all three measures of literacy. When comparing the Level 4-5 of each measure, out of the 11 countries/regions listed, Canada ranked second highest in both prose and document literacy and fifth highest in quantitative literacy.²³

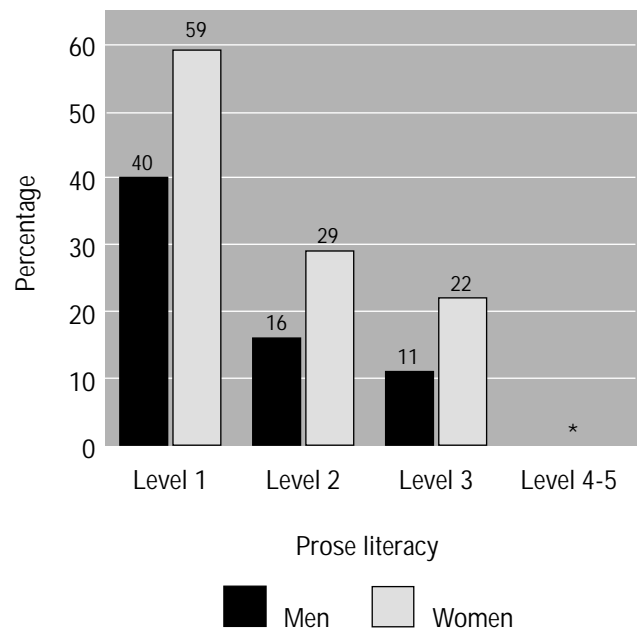
In 1994-95, about 17% of Canadians aged 16 to 65 were determined as fitting in the lowest level of prose literacy. Another 26% achieved the second lowest level. These Canadians can read only simple material that does not contain complex instructions. While there is a clear connection between educational attainment and literacy levels,

about 20% of Canadians had lower literacy levels than would be predicted by their level of schooling and about 16% had higher levels. Clearly, education does not “fix” a person’s literacy skills for a lifetime.²⁴

The International Adult Literacy Survey showed considerable variation in Canadians’ literacy skills:²⁵

- Generally, there were higher proportions of adults with high skill levels in the western provinces and larger proportions with low skill levels in the east.
- The unadjusted results for youth were clustered into three groups: Manitoba and Saskatchewan scored more than one year of schooling above the national average; British Columbia, Alberta, Nova Scotia and Quebec scored near the national average; and Ontario, New Brunswick, Newfoundland and Prince Edward Island scored about one year of schooling below the national average. Almost one-half of the variation was attributable to differences in youths’ socioeconomic background.²⁶
- A significant majority of young Quebecers (both anglophones and francophones) performed at Level 3 and above on the prose and quantitative scales. The skill levels of francophones outside Quebec were largely equivalent on the document and quantitative scales; however, their scores on prose literacy tended to be lower than those of francophones living in Quebec. This may point to the benefits of increased access to education in one’s mother tongue.
- Women’s scores in prose literacy were higher than men’s across all ages. There were no significant differences in document literacy scores. Men scored higher than women in quantitative literacy, but only in the age groups 16 to 25 and over 65.
- While a significantly larger proportion of immigrants had Level 1 literacy skills in their new country’s language, the proportion of immigrants with Level 4 and 5 skills in English or French was higher than the proportion of non-immigrant Canadians. This finding, which sets Canada apart from the other countries who participated in the International Adult Literacy Survey, likely reflects Canadian immigration policies that welcome both business-class immigrants (who are likely to have excellent literacy skills) as well as refugees and family-class immigrants (who are less likely to be skilled in English or French).

Exhibit 2.13
Percentage of Working-Age Adults Residing in Low-Income Households, by Level of Prose Literacy, Men/Women, 1994



* Number too small to report.

Source: *International Adult Literacy Survey* (Schalla and Schellenberg, 1998).

- More than 1.6 million Canadians over the age of 65 performed at Level 1 in literacy. Poor literacy skills lower seniors' quality of life and increase their health and safety risks.
- An unemployed person was about three times as likely to score in the Level 1 category than someone who was employed. Workers with higher literacy skills were also employed more weeks per year than those with low literacy skills.

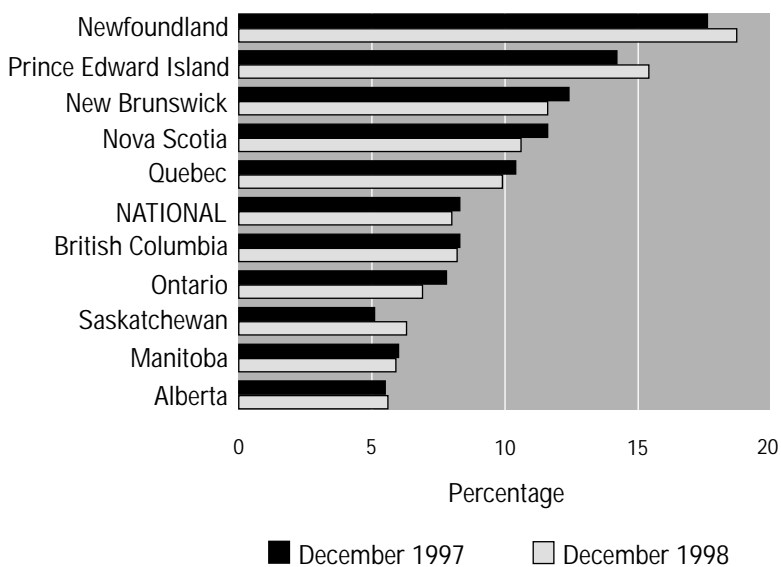
There is a large income penalty for Canadians with low literacy scores. Among Canadians with the lowest levels of prose literacy, 47% lived in low-income households, compared with 8% of Canadians with the highest levels of prose literacy. Women with low literacy skills were particularly vulnerable. Among women with Level 1 prose literacy, the low-income rate was 59%; this decreased to 22% among women with Level 3 skills. Among men with Level 1 prose literacy, 40% lived in low-income households, compared with 11% of those with Level 3 prose literacy skills (Exhibit 2.13).²⁷ Recipients of social assistance had markedly lower literacy skills than either the general population or Canadians who received employment insurance benefits.²⁸

Employment and Unemployment

Employment has a significant effect on a person's physical, mental and social health. Paid work provides not only money, but also a sense of identity and purpose, social contacts and opportunities for personal growth. When a person loses these benefits, the results can be devastating to both the health of the individual and his or her family.²⁹ Unemployed people have a reduced life expectancy and suffer significantly more health problems than people who have a job.³⁰

Exhibit 2.14

Unemployment Rates, * by Province, December 1997 and 1998



* Seasonally adjusted.

Source: Statistics Canada. *Labour Force Survey, December 1998. The Daily*, January 8, 1999.

In December 1998, just over 11.8 million people were working full-time in Canada, up 8% from the start of the decade. In contrast, the proportion of part-time workers increased 24.4% over the decade to just over 2.7 million. In December 1998, some 1.3 million Canadian workers were unemployed and the seasonally adjusted unemployment rate was 8%.³¹

Since the recession of the early 1990s, rates of unemployment have slowly eased from 11.2% in 1992 to 8% in December 1998. However, there are large differences in unemployment rates in different parts of the country and among different groups. In December of 1998, the seasonally adjusted unemployment rate was 18.7% in Newfoundland, 15.4% in Prince Edward Island, 11.6% in New Brunswick and 10.6% in Nova Scotia.

Western provinces reported the lowest rates of unemployment: Alberta (5.7%), Manitoba (5.9%) and Saskatchewan (6.3%) (Exhibit 2.14).³²

As Exhibit 2.15 shows, the overall size of the Canadian labour force has grown significantly in the last 30 years, largely as a result of increased participation rates by women. The massive influx of women into the paid labour force is of particular note not only for its economic and health implications, but also because women have traditionally had a high rate of participation in unpaid work (Exhibit 2.16). This will be discussed later in this section.³³

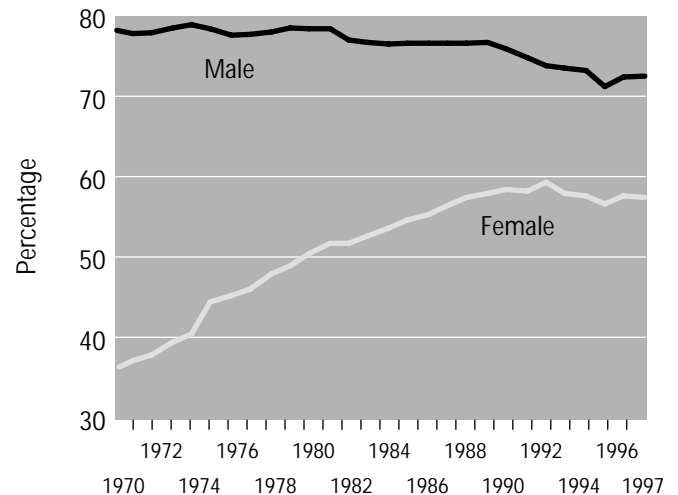
Much of the growth in the labour force has been in part-time jobs and self-employment, both of which do not provide benefits and pensions. In 1998, about 30% of adult women working part-time were doing so involuntarily, and an additional 20% worked part-time so they could care for their children.³⁴

As in other developed countries, the nature of work is also changing in Canada. Globalization, changing market structures and the advent of new technologies have had a profound effect upon the Canadian wage economy. Employment growth in Canada and the structure of employment in all sectors are shifting toward knowledge- and technology-intensive industries. This widespread “upskilling” reinforces the continued shift in demand from low-skilled to high-skilled workers.³⁵

As a result, many Canadian workers are anxious about their ability to keep up with the changing requirements of the labour market. According to recent research, one-third of Canadian workers believe that their skills are already obsolete, and almost 40% believe that their job skills will become obsolete within 10 years. There are as many people in Canada who believe they could lose their jobs in the next couple of years as there are those who feel secure.³⁶

Exhibit 2.15

Labour Force Participation, by Sex, Age 15+, Canada, 1970 to 1997



Source: Statistics Canada, Health Statistics Division. *Health Indicators, 1999* (Statistics Canada Cat. No. 82-221-XCB).

Exhibit 2.16 Men, Women and Work, 1995 (Unless Shown Otherwise)

There are several important differences between the participation of men and women in the wage economy and in unpaid work.

	Men	Women
◆ Full-time paid employment (including self-employment) ^a	56%	43%
◆ Increase in self-employment between 1991 and 1996 ^a	11%	21%
◆ Average employment income ^b		
◆ Work full-time	\$43,000	\$30,000
◆ Work part-time	\$18,000	\$13,000
◆ Unemployment rate ^c		
◆ Under age 25	20%	18%
◆ Age 25 to 44	8%	8%
◆ Age 45 to 64	7%	8%
◆ Time devoted to paid employment (hours per week) ^b	45.7	40.8
◆ Employed and devoting 15 hours a week to unpaid housework ^b	25%	50%
◆ Employed and devoting 30 hours a week to unpaid housework ^b	6%	20%
◆ Employed, in a two-parent family and devoting 30+ hours a week to child care ^b	23%	55%
◆ Employed, in a two-parent family and devoting 60+ hours a week to child care ^b	8%	25%

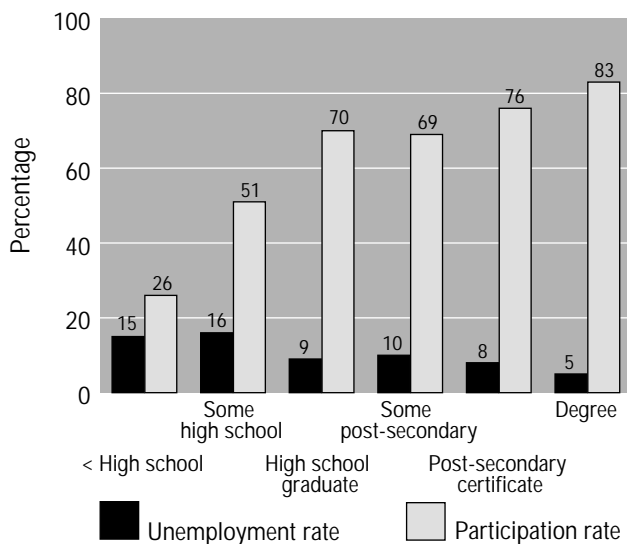
Sources:

a Statistics Canada. "1996 Census: Labour Force Activity, Occupation and Industry, Place of Work, Mode of Transportation to Work, Unpaid Work." *The Daily*, March 17, 1998.

b Statistics Canada. "1996 Census: Sources of Income, Earnings and Total Income, and Family Income." *The Daily*, May 12, 1998.

c Statistics Canada. *Historical Labour Force Statistics, 1997* (Statistics Canada Cat. No. 71-201-XPB).

Exhibit 2.17 Labour Force Participation and Unemployment, by Education Level, Canada, 1995



Canadians with limited educational attainment have the highest unemployment rates and the lowest participation rates in the wage economy. As Exhibit 2.17 shows, only 26% of Canadians with less than a high school education were active participants in the labour force, and 15% were unemployed. Among those with some high school, 51% participated in the labour force, and 16% were unemployed. By contrast, 83% of Canadians with a university degree were active participants in the labour force, and only 5% were unemployed.

Source: Statistics Canada. "1996 Census: Sources of Income, Earnings and Total Income, and Family Income." *The Daily*, May 12, 1998.

First Nations people experienced high rates of unemployment (as defined by Statistics Canada), as shown in Exhibit 2.18. Other groups who tend to have higher rates of unemployment than average include the visible minority population and people with mental and physical disabilities.³⁷

After years of decline, the availability of jobs for youths aged 15 to 24 revived somewhat in 1998, jumping 7% compared to 1997. Continuing high unemployment rates among young people, however, remain a major concern. In 1997, 25.5% of young people aged 15 to 17 were looking for work; unemployment rates were 18.4% among young people aged 18 to 19 and 13.6% among those aged 20 to 24. Youth unemployment rates have remained consistently higher than adult rates in the latter part of this century, although changes from 1997 to 1998 have reduced that gap slightly.³⁸

At the same time, young people who do find work are increasingly employed in part-time work. Between 1980 and 1995, the part-time share of all employment for young men doubled (from 20% to 40%); for young women, it increased 81% (from 28% to 51%).³⁹ In 1998, about 23% of young people working part-time would have preferred to work full-time; 68% were working part-time because they were also going to school.⁴⁰

Exhibit 2.18

Employment and Unemployment among the First Nations Population, 1996

	On reserve	Off reserve
◆ Labour force participation rate	52%	57%
◆ Unemployment rate	29%	26%

Source: Statistics Canada. *1996 Census*. Department of Indian Affairs and Northern Development Custom Tabulation, August 1998.

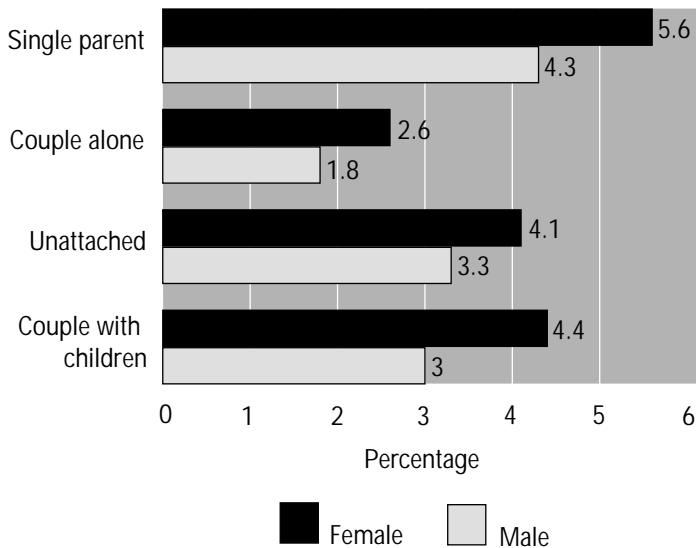
Working Conditions

Well over half of adult Canadians spend a substantial amount of time at work each day. Conditions at work (both physical and psychosocial) can have a profound effect on people's health and emotional well-being.⁴¹ Participation in the wage economy, however, is only part of the picture. Many Canadians (especially women) spend almost as many hours engaged in unpaid work, such as doing housework and caring for children or older relatives. When these two workloads are combined on an ongoing basis and little or no support is offered, an individual's level of stress and job satisfaction is bound to suffer.

Job Satisfaction and Work Stress⁴²

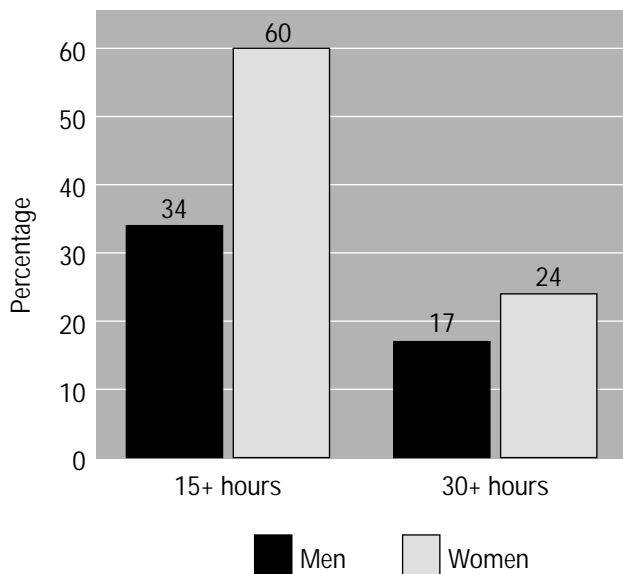
Overall, men are more likely than women to be satisfied with their jobs, and job satisfaction for both sexes significantly increases with age. Between 1991 and 1995, the proportion of Canadian workers who were "very satisfied" with their work declined, and was more pronounced among female workers, dropping from 58% to 49%. Reported levels of work stress followed the same pattern. In the 1996–97 NPHS, more women reported high work stress levels than men in every age category. Women aged 20 to 24 were almost three times as likely to report high work stress than the average Canadian worker.

Exhibit 2.19
 Percentage of Employed Persons Reporting High Work Stress, by Household Type, Age-Standardized, Canada, Aged 15+, 1994–95



Source: Statistics Canada. *National Population Health Survey, 1994–95*.

Exhibit 2.20
 Hours Per Week Devoted to Unpaid Housework, Employed Men and Women Living Together, with Children under Age 15, 1996



Source: Statistics Canada. "1996 Census: Labour Force Activity, Occupation and Industry, Place of Work, Mode of Transportation to Work, Unpaid Work." *The Daily*, March 17, 1998.

As Exhibit 2.19 shows, while reports of "high" work stress were generally low, there were notable differences among different types of households. Almost 6% of female single parents reported high work stress, nearly double the percentage reported by individuals in couples with no children.

Unpaid Work⁴³

Whether they are employed outside the home or not, Canadian women bear a disproportionate burden of unpaid housework. One out of two fully employed women reported doing at least 15 hours per week of unpaid housework in the 1996 Census, compared with one out of four working men. Nearly one out of five working women performed 30 hours or more of housework each week, compared with fewer than one out of every 15 working men.

As Exhibit 2.20 shows, the burden of housework increased substantially for both men and women when there were children in the household: 60% of working women and 34% of working men with children under the age of 15 reported doing at least 15 hours per week of unpaid housework. For both men and women, the amount of time spent on paid employment competes with time available for child care. As Exhibit 2.21 shows, responsibility for child care falls disproportionately on women. Among employed women in two-parent families with a child under the age of 6, more than one out of two women reported spending at least 30 hours per week on unpaid child care, while one out of four women reported 60 hours or more. Among men in similar circumstances, fewer than one out of four reported spending 30 hours or more per week on unpaid child care, while fewer than one in 10 spent more than 60 hours on child-care responsibilities.

Overall, 19% of women and 14% of men reported providing care to seniors. Women provided more hours of care for seniors on average than did men, but 7% of women and 4% of men provided at least five hours per week of unpaid care to seniors. Responsibility for caring for older parents or relatives generally increases with age: 25% of women aged 45 to 64 provided care to seniors in the week prior to the 1996 Census, compared with 17% of men in the same age group.

Injuries at Work

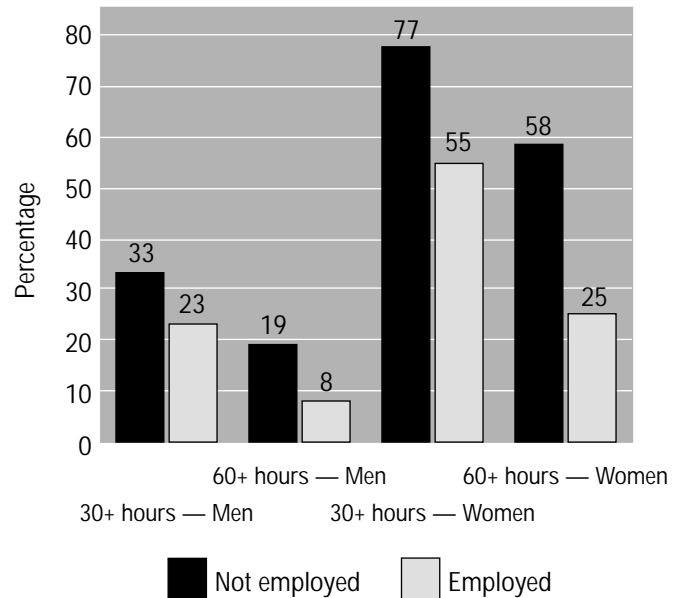
Employees who become ill or injured as a result of workplace conditions suffer pain, a lowered quality of life and reduced earning potential. Employee illness and injury are also a significant expense for employers in the form of workers' compensation and health benefit claims, absenteeism, increases in turnover, and lowered performance on the job. In 1994, there was one compensation claim resulting from injury for every 13 workers, amounting to direct medical costs of more than \$250 per person and perhaps twice as much again in indirect costs.⁴⁴

Overall, there has been a steady decrease in the rate of reported time-loss work injuries, from 49 injuries for every 1,000 workers in 1987 to 28 per 1,000 in 1996. Young men aged 15 to 29 were most at risk: their injury rate was 43 per 100,000 workers — 57% above the average for all ages and both sexes. The rates of compensated injuries were highest in forestry and logging, although rates in transportation, wholesale trade, manufacturing and construction were well above average. Among white-collar industries, government and the health-care sector had the two highest rates of time-loss injuries in 1996.⁴⁵

According to the 1996–97 NPHS, an estimated 2 million Canadians aged 12 and over suffered a repetitive strain injury (RSI) in the past 12 months. Injuries to the back or spine accounted for the greatest share of RSIs among men (20%), while injuries to the wrist, hand or fingers were the most common among women (25%). For both sexes, the greatest proportion of RSIs occurred at work or school.

Exhibit 2.21

Hours Per Week Devoted to Child Care, Men and Women Living Together, with Children under Age 6, by Employment Status, 1995



Source: Statistics Canada. "1996 Census: Labour Force Activity, Occupation and Industry, Place of Work, Mode of Transportation to Work, Unpaid Work." *The Daily*, March 17, 1998.

The Social Environment

Families and friends provide needed emotional support in times of stress, and help provide the basic prerequisites of health such as food, housing and clothing. The caring and respect that occur in social networks, as well as the resulting sense of well-being, seem to act as a buffer against health problems. Indeed, some experts in the field believe that the health effect of social relationships may be as important as established risk factors such as smoking and high blood pressure.⁴⁶

The importance of social support also extends to the broader community. Civic vitality refers to the strength of social networks within a community, region, province or country. It is reflected in the institutions, organizations and informal giving practices that people create to share resources and build attachments with others.⁴⁷

This section looks at five indicators of a supportive social environment: access to social support, personal security (violence in the home and in the community), volunteering, participation in community organizations, and charitable donations.

Social Support

In the 1996–97 National Population Health Survey (NPHS), more than four out of five Canadians reported that they had someone to confide in, someone they could count on in a crisis, someone they could count on for advice and someone who makes them feel loved and cared for. Similarly, in the 1994–95 National Longitudinal Survey of Children and Youth, children aged 10 and 11 reported a strong tendency toward positive social behaviour and caring for others.⁴⁸

In the 1996–97 NPHS, women were more likely than men to report high levels of support. High levels of support declined with age: adolescents and young adults were most likely to report that they had high levels of support while seniors were least likely to do so. Nonetheless, almost three-quarters of seniors reported having access to high levels of social support.

When household types were taken into account, unattached individuals enjoyed the highest levels of social support (89% for women and 82% for men) and single parents had the lowest (81% for women and 72% for men). Income was also related to the level of social support. People with the lowest income levels had the lowest percentage of high support (74%) compared with those with the highest incomes (89%).

Violence at Home

Women and children are most often the victims of family violence, which can have a devastating effect on health and well-being in both the short and long term.

In 1996, children under age 18 were the victims of 22% of assaults reported to police agencies, accounting for a total of almost 23,000 reported assaults. Children represented a much larger proportion of sexual assault victims (60%) than physical assault victims (18%). Family members were accused in 24% of all assaults against children. Almost 70% of victims under the age of 3 were physically assaulted by family members, and parents accounted for 85% of such assaults.⁴⁹

In 1993, approximately one-third of Canadian women over the age of 16 reported violence at the hands of an intimate partner at some point during their lives.⁵⁰ In 1996, almost 22,000 incidents of spousal assault were reported to police; 89% of these assaults were against women.⁵¹ Four out of five women and children living in shelters or transition centres in 1995 were there to escape an abusive situation, the majority from abuse by a partner (or father).⁵²

Women who are assaulted often suffer severe physical and psychological health problems; some are even killed. In 1997, 80% of victims of spousal homicide were women, and another 19 women were killed by a boyfriend or ex-boyfriend. In all, about 40% of female homicide victims were killed by a man with whom they had an intimate relationship at some point in their lives.⁵³

In 1996, older adults (age 65 and older) were victims in 2% of violent crimes reported to police. Family members were involved in 20% of reported cases: 44% involved children and 34% involved spouses.⁵⁴

Violence in the Community⁵⁵

Since peaking in 1991, the national crime rate (including homicide, attempted murder, robbery, break-ins, motor vehicle theft and impaired driving) declined 19% by 1997. However, this national rate is still more than double what it was three decades ago. From 1996 to 1997, the national crime rate dropped 5%. Decreases in provincial rates ranged from 2% in Nova Scotia to 10% in Prince Edward Island. Only Saskatchewan (+4%) and Alberta (+2%) reported increases in their crime rates.

From 1996 to 1997, rates of violent crime decreased in 16 of 25 metropolitan areas. Rates were lowest in Sherbrooke and Trois Rivières, and highest in Thunder Bay and Regina. Regina reported the highest increase in violent crime during this period (29%).

There were 193 homicides committed with firearms in 1997, 19 fewer than in 1996. Despite this drop, firearms continue to be used in about one-third of all homicides. The rate of firearm robberies has been falling since 1991, including a 20% drop in 1997.

A total of 111,736 young people aged 12 to 17 were charged with *Criminal Code* offences in 1997 — a drop of 7% from the previous year. More than half were charged with property crimes, while 20% were charged with violent crimes. Despite this decline, the rate is still more than double that of a decade ago.

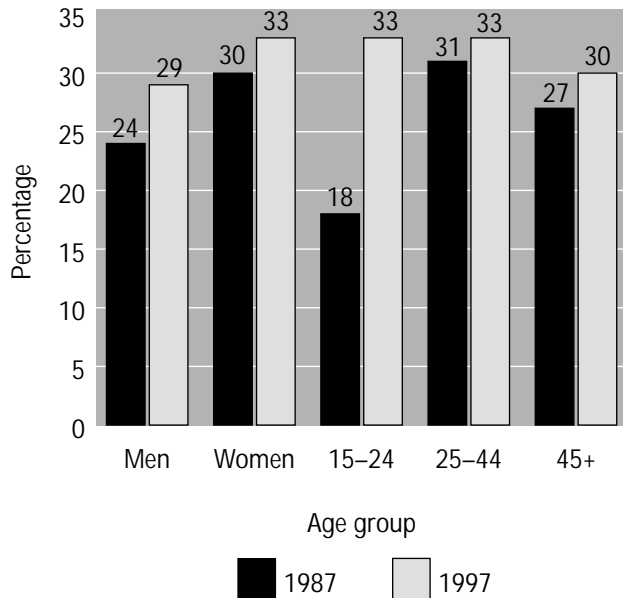
In recent years, concern has been growing about increasing violence by young women. Over the last 10 years, the rate of female youths charged with violent crimes has increased twice as fast as that of male youths. In 1997, however, the rate for female youths was still only one-third the rate for their male cohorts.

Volunteering⁵⁶

Canadians are actively involved in supporting their communities and there has been a substantial increase in volunteer activities in Canada over the last 10 years. Thirty-one percent of adult Canadians reported volunteering with not-for-profit organizations in 1996–97 — a 40% increase in the number of volunteers since 1987. These 7.5 million volunteers contributed more than 1 billion hours of time — the equivalent of 578,000 full-time jobs.

Exhibit 2.22

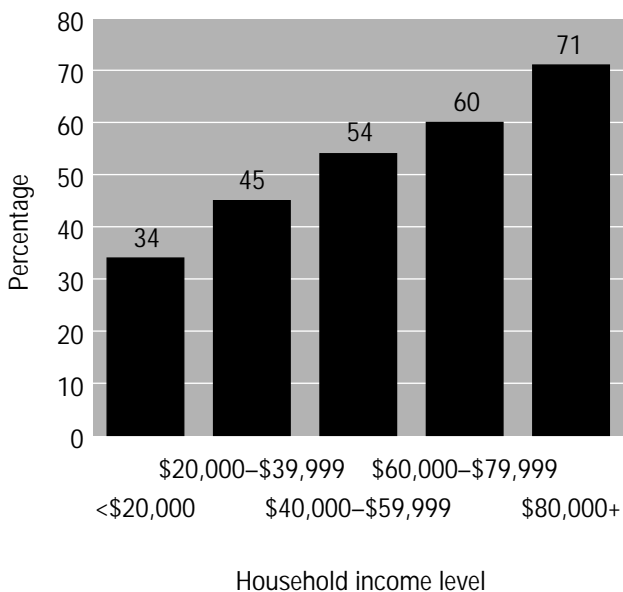
Volunteering Rate, by Age Group and Sex, Canada, 1987 and 1997



Source: Hall, M., et al. *Caring Canadians, Involved Canadians: Highlights from the 1997 National Survey of Giving, Volunteering and Participating*. Ottawa: Minister of Industry, 1998.

Exhibit 2.23

Participation in Community Organizations in Canada, by Household Income Level, 1996-97



Source: Hall, M., et al. *Caring Canadians, Involved Canadians: Highlights from the 1997 National Survey of Giving, Volunteering and Participating*. Ottawa: Minister of Industry, 1998.

Women (33%) were slightly more likely to report participating in volunteer activities than men (29%). However, men reported devoting more hours to volunteer activities, averaging 160 hours per year as compared with 140 hours for women.

In general, rates of volunteering increased with income level. The rate of volunteer participation among Canadians with incomes less than \$20,000 (22%) was half that of wealthy Canadians (44%). This may reflect the inability to pay for the direct costs of volunteering such as transportation to a program or clothing costs, as well as poorer health status of low-income Canadians.

Exhibit 2.22 shows that the biggest increase in volunteering occurred among youth aged 15 to 24. In this age group, the 1997 volunteer rate rose to 33% from 18% in 1987. Youth volunteers tended to have different motivations for volunteering than other participants. They were particularly likely to volunteer to improve job opportunities (54%), to explore their own abilities (68%) and to use their skills and abilities (82%).

Civic Participation

One in two Canadians reported being involved in a community organization (e.g. work-related, sports and recreation, religious, school-related, cultural, educational and political groups).

Men (53%) reported a slightly higher rate of civic participation than women (49%), and Canadians aged 35 to 64 reported the highest rates of participation of any age group. The strongest predictor of civic participation was socioeconomic status. As income increased, so too did the likelihood of participating in community organizations (Exhibit 2.23).

Charitable Donations

Eighty-eight percent of Canadians made donations, either financial or in-kind, to charitable and not-for-profit organizations in 1996–97. Women (81%) were somewhat more likely than men (75%) to have made financial donations during 1995–96.

Direct financial contributions totalled an estimated \$4.5 billion. Health organizations received the largest number of individual donations; however, religious organizations received the largest amount of all money donated.

The third of donors who made the largest financial donations (\$150 or more) accounted for 86% of the total value of financial donations (Exhibit 2.24).

Discussion

In looking at the socioeconomic environment as a determinant of health, it is useful to first consider the two related parts separately — trends in economic status (including income distribution) and factors in the social environment.

Income, Income Distribution and Health

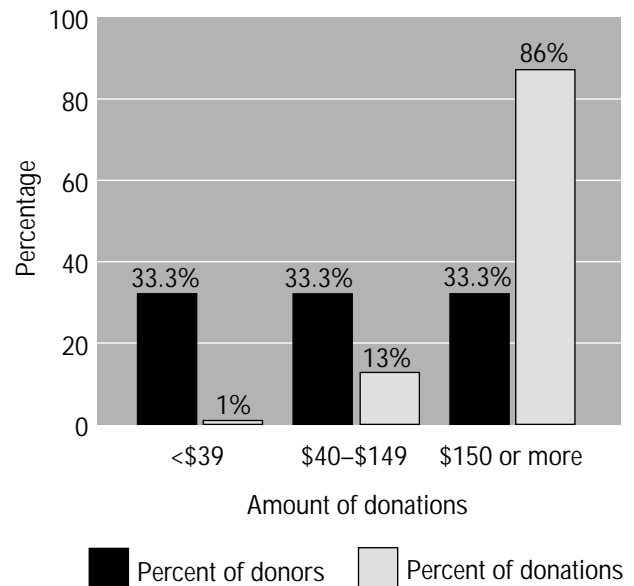
In terms of economic status, the first concern is for individuals and families living in low income situations. As shown in Chapter 1, people with higher incomes live longer, healthier lives than people with low incomes. This relationship persists, regardless of gender, culture or race, even though the causes of illness and death may vary.⁵⁷

Low income in Canada is often related to gender. Women, especially single mothers and unattached seniors, remain particularly vulnerable. As we have seen in this chapter, low-income status is also linked to age. In 1995, very young children (under the age of 6) and youth (aged 18 to 24) were most likely to live below the LICO. Despite the recent resolution of governments and non-governmental organizations to end child poverty by the year 2000, we have seen the proportion of young children living in low-income situations increase from one in five to one in four in 1995. To many Canadians, this is unacceptable in a country as prosperous as Canada.

Children are poor because their families are poor. Increases in poverty among all family types are directly related to a number of trends: cyclical recessions in the economy; the growth of earning inequities (especially between young and older workers); changes in family structure; reduced access to affordable housing (see Chapter 4); and reductions in social assistance in some jurisdictions. A renewed effort to address child and family poverty is required, as is a solid plan for doing so.

Exhibit 2.24

Distribution of All Financial Donations by Size of Annual Donation, Canadian Donors Aged 15+, 1997



Source: Hall, M., et al. *Caring Canadians, Involved Canadians: Highlights from the 1997 National Survey of Giving, Volunteering and Participating*. Ottawa: Minister of Industry, 1998.

A second concern relates to the distribution of income in Canada. A growing body of literature on health suggests that as the gap widens between the rich and poor, so too does the gap in health status in any given population.⁵⁸ This chapter has shown that tax redistribution policies and transfers are critical to reducing income inequities. Increasing opportunities for education, lifelong learning and employment in meaningful work are also important.

Efforts to reduce economic inequities in Canada stand to benefit middle- and upper-income Canadians, as well as those with low-income status. In the long run, investing money and effort in reducing disparities now will save both money and suffering in terms of increasingly poor health status in the future.

Reducing inequities is also important for sustaining the overall quality of life in communities across Canada. Richard Wilkinson has shown that societies with greater economic inequalities begin to “disintegrate” — that is, they show evidence of decreased social cohesion or citizen commitment to society.⁵⁹

Employment and Health

Despite a slight recovery in 1998, persistent high levels of unemployment combined with dramatic increases in the amount of part-time or temporary work have led to large relative declines in average wages among young Canadians. These trends have reduced young people’s opportunities for upward economic mobility. In other words, the current generation of youth are less likely to achieve or surpass their parents’ standard of living. These trends have also contributed to the increase in poverty among young families.

If Canada is to remain a vibrant and productive society in the new millennium, young people in Canada must be provided with increased opportunities for meaningful employment.

Women earn significantly less than men, even when their education and literacy skills are equal. Job insecurity is higher for women than men because more women work part-time or lose job seniority if they take time off to be with young children. Women are disadvantaged relative to men in terms of job satisfaction because they are more likely to work in situations affording them little control over the pace and content of their tasks.⁶⁰ The relationship between lack of control at work and poor health has been well documented.⁶¹

When it comes to unpaid work, the situations of women and men diverge even more. The role overload documented in this chapter is extremely stressful. In one recent study, 85% of working women said that there were not enough hours in the day to accomplish everything they needed to do and more than one-quarter had thought about quitting their job because the effort of balancing work and family life was too stressful.⁶²

At the same time, young women in their 20s are now more likely than their male counterparts to graduate from college and university. As well, low-skilled male workers were particularly hard hit by recent recessions. As employment opportunities continue to shift from low-skilled to high-skilled, knowledge-dependent jobs, young men need to be encouraged to stay in school.

Education, Literacy and Health

In most cases, employment, education and income are inextricably linked. The world of work is increasingly demanding: it is estimated that two-thirds of new jobs in the year 2000 will require more than 17 years of education.⁶³ For young people, educational attainment is the single most important factor in determining whether or not they obtain a job that will enable them to support themselves and a family. In 1994, for example, the unemployment rate for Canadians aged 25 to 29 with no more than a primary school education was almost four times the rate for young people with a university education.⁶⁴

There are many factors that help or hinder a young person's desire and ability to pursue an education. The 1995 School Leavers Follow-Up Survey⁶⁵ suggests that young people who leave high school before graduation (22% of young men and 14% of young women) are more likely to:

- dislike school, skip classes and have friends not attending school
- come from families who did not think high school completion was very important
- come from lower socioeconomic backgrounds
- be married and have dependent children
- have failed an elementary grade and have lower grade averages
- cite work-related reason (mostly males) for leaving (e.g. having to work for financial reasons, preferring work to school)
- cite family motivations for leaving (mostly female) (e.g. pregnancy/marriage, problems at home).

These findings suggest that efforts to help young people stay in school should include support for early childhood development (see Chapter 3), the provision of nurturing school environments, community support for troubled young people, renewed focus on preventing adolescent pregnancy, and the provision of support for students who cannot afford to stay in school.

While the increase in the number of university graduates (particularly young women) is welcome, several recent reports have pointed to a growing concern about the increasing costs of attending college and university. While many young men and women from high-income families take advantage of post-secondary education opportunities that lead to professional careers, increasingly, students from low- and middle-income families cannot afford to pursue a higher education without incurring a large debt.⁶⁶

Literacy levels, which are usually, but not always, related to levels of education, are important predictors of employment, active participation in the community and health status. They are also important predictors of the success of a nation. As discussed in Chapter 2, Canada's first-place ranking on the UN Human Development Index drops to 10th when factors such as income distribution and literacy are factored in. In 1995, Canada had more than twice the proportion of citizens who lacked adequate literacy skills as Sweden, the number one ranked country on the Human Poverty Index for industrialized countries.⁶⁷

The Social Environment and Health

A growing body of evidence suggests that decreased social capital is a precursor of increased illness and death.⁶⁸ Kawachi and Kennedy, who found that high levels of trust and group membership in U.S. states were associated with reduced mortality rates, make the case that economic inequities contribute to increases in crime and violence, deteriorating health and education systems and other social problems.⁶⁹

While this report suggests that crime is decreasing in most jurisdictions, crime levels remain higher than a decade ago. Family violence and abuse remain pervasive social problems. And many Canadians are concerned about recent, highly publicized incidents of youth alienation and violence at school.

Family violence and abuse have a devastating effect on health in both the long and short term. Everyone — family members, neighbours, health and social service professionals, teachers, police, community leaders, employers, voluntary organizations, the justice system and governments — has a role to play in preventing family violence by intervening to protect victims, who are most often women and children. This violence will not be eliminated until society as a whole makes it unacceptable.

The strongest predictors of wife assault are the young age of a couple (18 to 24 years), chronic unemployment of male partners, living in a common-law relationship, witnessing abuse as a child, and the presence of emotional abuse in the relationship. Research also shows that children who are abused or witness abuse are at increased risk of becoming perpetrators of violence themselves.⁷⁰ Thus, family violence is both an intergenerational and systemic issue. Efforts to prevent family violence must include strategies to employ young people in meaningful jobs, and to help prepare them for intimate, egalitarian relationships and the role of parenting.

The information in this chapter on social support, giving and civic participation suggests that Canadians are, by and large, a caring society. Richard Wilkinson and others who have studied this area in detail suggest that the pursuit of a positive social fabric and narrower income differentials is complementary to both economic growth and improved population health.^{71, 72}

The Role of the Health Sector

Some people may question this in-depth discussion on the socioeconomic environment in a health report. The reason is simply this: the evidence in this report and others suggests that many of the root causes of poor health lie in the socioeconomic conditions in which people live. Many of these conditions fall under the mandate of sectors outside of health, including education, justice, housing, employment and others. The health sector cannot impose its agenda on other sectors, but it can initiate dialogue and act as a collaborator in collective efforts to improve the well-being of all Canadians. This is a somewhat new and sometimes difficult role, but one that will become increasingly important as we learn more about the underlying determinants of health.

Endnotes for Chapter 2

1. British Medical Journal. "Editorial. The Big Idea." *British Medical Journal* 312 (April 20, 1996): 985.
2. Health and Welfare Canada. *A New Perspective on the Health of Canadians*. Ottawa: Health and Welfare Canada, 1974.
3. Statistics Canada. *Income Distribution by Size in Canada, 1996*. (Statistics Canada Cat. No. 13-207).
4. Statistics Canada. *Family Expenditures Survey, 1996*. (Statistics Canada Cat. No. 62-555-XPB).
5. Statistics Canada. "1996 Census: Sources of Income Earnings and Total and Family Income." *The Daily*, May 12, 1998 (Statistics Canada Cat. No. 11-001-XIE).
6. Ibid.
7. Statistics Canada. *Low Income Persons, 1980 to 1996*. (Statistics Canada Cat. No. 13-569-XPB).
8. Evans, R., Barer, M., Marmor, T. (eds.) *Why Are Some People Healthy and Others Not? The Determinants of Health of Populations*. New York: Aldine De Gruyter, 1994: 23.
9. Wolfson, M., Murphy, B. (Statistics Canada). "New Views on Inequality Trends in Canada and the United States." *Monthly Labour Review* (April 1998): 2-23.
10. Yalnizyan, A. *The Growing Gap*. Toronto: Centre for Social Justice, 1998.
11. Picot, G. "What Is Happening to Earnings Inequality in the 1990s?" Statistics Canada 1998. ISBN 0-660-17528-0. See Statistics Canada Internet site: www.statcan.ca
12. Rashid, A. "Family Income Inequality, 1970-1995." *Perspectives* (Winter 1998): 12-17 (Statistics Canada Cat. No. 75-001-XPE).
13. Hatfield, M. *Concentrations of Poverty and Distressed Neighbourhoods in Canada*. Working Paper W-97-IE. Ottawa: Applied Research Branch, Human Resources Development Canada, 1997.
14. Millar, W., Stephens, T. "Social Status and Health Risks in Canadian Adults: 1985 and 1991." *Health Reports* 5 (1992): 143-56 (Statistics Canada Cat. No. 82-003-XPB).
15. Statistics Canada. *National Population Health Survey, 1996-97*. Special tabulations.
16. Statistics Canada. "1996 Census: Education." *The Nation Series*. (Statistics Canada Cat. No. 93F0028XDB96001).
17. Ibid.
18. Ibid.
19. Statistics Canada. "1996 Census: Education." *The Daily*, April 14, 1998 (Statistics Canada Cat. No. 11-001-XIE). See Statistics Canada Internet site: www.statcan.ca
20. Ibid.
21. Ross, D.P., Scott, K., Kelly, M.A. "Overview: Children in Canada in the 1990s." In Human Resources Development Canada and Statistics Canada. *Growing Up in Canada: National Longitudinal Survey of Children and Youth, 1996* (Statistics Canada Cat. No. 89-550-MPE, No. 1).
22. Statistics Canada and Organisation for Economic Co-operation and Development. *Literacy, Economy and Society: Results of the First International Adult Literacy Survey*. Ottawa: Statistics Canada, 1995 (Statistics Canada Cat. No. 89-545-E).
23. Ibid.
24. Government of Canada. *Reading the Future: A Portrait of Literacy in Canada*. Report on the International Adult Literacy Survey, 1997 (Statistics Canada Cat. No. 89-551-XPE).
25. Statistics Canada and Organisation for Economic Co-operation and Development. *Literacy, Economy and Society: Results of the First International Adult Literacy Survey*.
26. Willms, J.D. "Literacy Skills of Canadian Youth." *International Adult Literacy Survey Series*, September 1997 (Statistics Canada Cat. No. 89-552-MPE, No. 1).

27. Schalla, V., Schellenberg, G. *The Value of Words: Literacy and Economic Security in Canada*. Ottawa: Statistics Canada, May 1998 (Statistics Canada Cat. No. 89-552-MPE).
28. Government of Canada. *Reading the Future: A Portrait of Literacy in Canada*.
29. Canadian Public Health Association. *The Health Impacts of Unemployment: A Position Paper*. Ottawa: CPHA, 1996.
30. Evans, R. *Why Are Some People Healthy and Other People Not?* Canadian Working Paper Number 20. Toronto: Institute for Advanced Research, Program in Population Health, December 1992.
31. Statistics Canada. "Labour Force Update: An Overview of the Labour Market." *The Daily*, January 27, 1999.
32. Ibid.
33. Statistics Canada, Health Statistics Division. *Health Indicators, 1999*. (Statistics Canada Cat. No. 82-221-XCB).
34. Statistics Canada. "Labour Force Update: An Overview of the Labour Market."
35. Human Resources Development Canada. *Labour Market Developments in Canada*. Ottawa: HRDC, February 1997.
36. EKOS Research Associates. *What Does Workplace Change Mean for Different Segments of the Canadian Labour Market?* EKOS, 1995.
37. Statistics Canada. "Labour Force Update: An Overview of the Labour Market."
38. Ibid.
39. Betcherman, G., Leckie, N. *Youth Employment and Education Trends in the 1980s and 1990s*. Working Paper #W03. Ottawa: Canadian Policy Research Networks Inc., 1997.
40. Statistics Canada. "Labour Force Update: An Overview of the Labour Market."
41. Institute for Work and Health. *How the Workplace Can Influence Employee Illness and Injury*. Toronto: National Roundtable on Employee Health, Institute for Work and Health, 1998.
42. Statistics Canada. *National Population Health Survey, 1994-95*.
43. Statistics Canada. "1996 Census: Labour Force Activity, Occupation and Industry, Place of Work, Mode of Transportation to Work, Unpaid Work." *The Daily*, March 17, 1998.
44. Association of Workers' Compensation Boards of Canada. *Canadian Workers' Compensation Basic Statistical and Financial Information 1990-93*. Edmonton: Association of Workers' Compensation Boards of Canada, 1995.
45. Statistics Canada, Health Statistics Division. Special tabulations of data from the Association of Workers' Compensation Boards of Canada and Labour Force Survey, 1996.
46. Mustard, F., Frank, J. *The Determinants of Health*. Canadian Institute for Advanced Research Publication #5. Toronto: CIAR, 1991.
47. Canadian Council on Social Development. *The Progress of Canada's Children, 1997*. Ottawa: CCSD, 1997.
48. Human Resources Development Canada and Statistics Canada. *Growing Up in Canada: National Longitudinal Survey of Children and Youth*. Ottawa: HRDC and Statistics Canada, 1996 (Statistics Canada Cat. No. 89-550-MPE, No.1).
49. Statistics Canada, Canadian Centre for Justice Statistics. *Assaults Against Children and Youth in the Family, 1996*. Ottawa: Statistics Canada, November 1997 (Statistics Canada Cat. No. 85-002-XPE, Vol. 17, No. 11).
50. Statistics Canada. *Violence Against Women Survey, 1993*. Ottawa: Statistics Canada, 1994.
51. Statistics Canada, Canadian Centre for Justice Statistics. *Uniform Crime Reporting Survey, 1996*. Ottawa: Statistics Canada, 1997.
52. Statistics Canada, Canadian Centre for Justice Statistics. *Family Violence in Canada: A Statistical Profile, 1998*. Ottawa: Statistics Canada, May 1998 (Statistics Canada Cat. No. 85-224-XPE).

53. Statistics Canada, Canadian Centre for Justice Statistics. *Canadian Crime Statistics, 1997*. Ottawa: Statistics Canada, July 1998 (Statistics Canada Cat. No. 85-002-XPE, Vol. 18, No. 11).
54. Statistics Canada, Canadian Centre for Justice Statistics. *Family Violence in Canada: A Statistical Profile, 1998*.
55. Statistics Canada. "Crime Statistics." *The Daily*, July 22, 1998, based on "Canadian Crime Statistics." *Juristat* 18, 11 (1997) (Statistics Canada Cat. No. 85-002-XPE).
56. Hall, M., Knighton, T., Reed, P., et al. *Caring Canadians, Involved Canadians: Highlights from the 1997 National Survey of Giving, Volunteering and Participating*. Ottawa: Minister of Industry, 1998.
57. Frank, J., Mustard, J.F. "The Determinants of Health from a Historic Perspective." *Daedalus. Journal of the American Academy of Arts and Science* (Fall 1994): 1-19.
58. Evans, R., Barer, M., Marmor, T. (eds.) *Why Are Some People Healthy and Others Not? The Determinants of Health of Populations*.
59. Wilkinson, R.G. *Unhealthy Societies: The Afflictions of Inequality*. London: Routledge, 1996.
60. Messing, K. "Women's Occupational Health: A Critical Review and Discussion of the Issues." *Women and Health* 25, 4 (1994): 39-69.
61. Federal, Provincial and Territorial Advisory Committee on Population Health. *Strategies for Population Health: Investing in the Health of Canadians*. Ottawa: Minister of Supply and Services Canada, 1994.
62. Lee, C., Duxbury, L., Higgins, C. *Employed Mothers: Balancing Work and Family Life*. Ottawa: Canadian Centre for Management Development, 1994.
63. National Literacy Secretariat. *Creating a Learning Culture: Work and Literacy in the Nineties*. Ottawa: Minister of Supply and Services, 1990.
64. Betcherman, G., Leckie, N. *Youth Employment and Education Trends in the 1980s and 1990s*.
65. Human Resources Development Canada. *High School May Not Be Enough: An Analysis of the School Leavers Follow-Up Survey, 1995*. Ottawa: HRDC, 1998.
66. Canadian Council on Social Development. *The Progress of Canada's Children, 1997*.
67. United Nations Development Program. *Human Development Report 1998*. New York: Oxford University Press, 1998.
68. Wilkinson, R.G. *Unhealthy Societies: The Afflictions of Inequality*.
69. Kawachi, I., Kennedy, B. "Health and Social Cohesion: Why Care About Income Inequality?" *British Medical Association Journal* 314 (1997): 1037-40.
70. Statistics Canada, Canadian Centre for Justice Statistics. *Family Violence in Canada: A Statistical Profile, 1998*.
71. Wilkinson, R.G. *Unhealthy Societies: The Afflictions of Inequality*.
72. Marmor, T. "Improvement of Social Environment to Improve Health." *Lancet* 351 (1998): 57-60.