



National Collaborating Centre
for Determinants of Health
Centre de collaboration nationale
des déterminants de la santé

Using a Social Inequity Lens in Public Health

Working Poor Project, Sudbury and District Health Unit

A Case Study

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Contact Information

National Collaborating Centre for Determinants of Health (NCCDH)

St. Francis Xavier University

Antigonish, NS B2G 2W5

nccdh@stfx.ca

tel: (902) 867-5406

fax: (902) 867-6130

www.nccdh.ca

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In December 2003, Sudbury & District Health Unit staff, faculty from Laurentian University and from the University of Toronto came together to create Sudbury's Working Poor Project Steering Committee. The goal was to understand the health and wellness issues of the working poor population in the City of Greater Sudbury and to find interventions to improve the health, safety and well-being of this population.

The project interviewed 23 key informants and 65 low-wage workers in 9 focus groups, examined data from the 2001 Census and the Canadian Community Health Survey (2000/2001), and reviewed the existing literature on initiatives for the working poor. They found that research on interventions targeted toward improving the lives and working conditions of working poor people is limited, which meant that their needs assessment interviews were fundamental to creating a basic understanding of the challenges faced by low-income workers and the possible interventions that could address those challenges.

The issues identified by workers:

- * their jobs offered little job security and low wages. Many were underemployed, overworked, had no sick time, or no substitute workers even if they did have sick time, had to work shifts and received little respect from their employers;
- * workplace safety issues, including poor safety training, working under intense time pressure, understaffing, fear of robbery at work, fatigue from long hours, accidents, double shifts or shift work, and having no safety equipment;
- * poor housing conditions, high housing expenses and lack of rent control;
- * gaps in the health care system, lack of communication about available programs, racism, discrimination, child support enforcement and the costs of transportation; and,
- * ill effects on their health included stress (physical and mental), time constraints, food and income insecurity, and child illness.

Issues identified by stakeholders:

- * financial problems, affordable daycare, transportation, lack of benefits, access to health services, affordable housing, food security, temporary jobs, stress, and lack of access to education.

Highlights from the Steering Committee recommendations included:

- * enhance existing health promotion protection and safety programs focused toward the working poor population (e.g., physical activity, computer skills, nutrition classes, counselling, access to primary health care and life skills training, WHMIS) through targeted access and consultations with low paid workers;
- * develop community partnerships to advocate for and implement policy changes; and,
- * conduct more research on the needs of low-wage workers, in particular research and evaluation related to interventions at the individual, workplace, community and social policy levels.

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**SUDBURY & DISTRICT
 HEALTH UNIT PROFILE**

- * Sudbury, Ontario
Canada
- * 46,000 km²
- * 192,391 residents
- * Life Expectancy: 75
years for males; 80
years for females

Health Status Report: Sudbury
& District Health Unit. March
2008.

In 2005 the results of the study were compiled in a report, **Needs Assessment of Sudbury’s Working Poor Population** that was widely distributed and presented to a conference in Greater Sudbury titled, **The High Cost of Low Wages** in early 2006. Five Action Groups grew out of the conference: Health & Wellness, Transportation, Food Security, Child Care and Advocacy. The Health & Wellness group has, for instance, begun by identifying a need for practical, hands-on healthy eating information and action and is collaborating with the Sudbury Food Security Network to start up a “Good Food Box” program.

The Working Poor Project has influenced program planning at the Sudbury & District Health Unit by applying a social inequities lens to its position on provincial public health policy. The Unit plans to build stronger relations with workers, employers and social partners in order to enhance existing health promotion, protection and safety programs for the working poor population, and to engage workplaces around risk factors associated with poverty. The Unit will also work with social partners and government to advocate for an increased minimum wage and will provide information to its partners about the health implications of low income.