

SPECIAL REPORT

FOR INTERACTIVE MAPS, NEIGHBOURHOOD RANKINGS AND SLIDE SHOWS, VISIT CODE RED AT THESPEC.COM



HAMILTON SPECTATOR FILE PHOTO

Change in our city would flow from combining political will, public support and contributions and support from the private sector.

CODE RED: 'Living wage' could end poverty

Continued from WR cover

"We have a hard time grasping this idea that the best health response to poverty is income," said Mark Chamberlain.

Chamberlain is a successful businessman — first with Wescam, now as president and CEO of Trivaris — but he's also chair of the Hamilton Roundtable for Poverty Reduction.

"It's counterintuitive to say that the best medicine, the best drug, the best immunization just might be income," said Chamberlain.

At the very least, Chamberlain said, the minimum wage needs to be raised in Canada, which again might sound counterintuitive coming from a businessman.

"We don't have a living wage," Chamberlain said.

"We have a minimum wage that has no bearing on anything, quite frankly. "It's just a number. It's a political number."

In addition to a better minimum wage, it would also mean increasing payments to those who are unemployed, disabled or receiving Ontario Works.

More than 80 per cent of the people living in poverty in Hamilton are either children, seniors, disabled or the working poor, according to Chamberlain.

"If we were to have a living wage and not a minimum wage that's way below a living wage," said Chamberlain, "if we were to bring our OW and (disability) and EI up to rates where people are not living in poverty while they're trying to find jobs or be educated, if we simply brought them up to a living wage we wouldn't have anywhere near the poverty we have and our health outcomes would be significantly better."

That's not just a guess on his part. Look west to the small prairie town of Dauphin, Man., and you'll find proof.

For four years beginning in 1974, the province of Manitoba and the federal government joined together to fund a unique social experiment.

Dauphin became the town with no poverty.

Every one of the 13,000 residents of Dauphin received a guaranteed annual income support to keep them above the poverty line.

"The counterintuitive part to that is people look at that and say 'You can't do that, that's just paying lazy people not to work,'" said Chamberlain.

In fact, quite the opposite happened, as it turned out.

The unemployment rate didn't jump. Kids stayed in school longer. And more importantly, hospitalization records showed that people lived healthier lives.

Accidents declined, injuries declined and hospitalizations for mental health issues dropped significantly.

"Most people want to do something with their lives," said Chamberlain. "They're not lazy, as it turns out."

"I know lazy people who have worked for me in the past. They get a full salary and they're lazy. And there are also lazy people who are poor."

"Laziness is not an income issue," Chamberlain added. "Laziness is a personal issue. Some people just get away with it better than others."

Then there are the issues that are less obvious and more insidious, such as

building and housing policies that help perpetuate economic segregation within the city.

Last summer, for example, there was an outcry from some Ancaster residents, as well as a city councillor, when a builder proposed putting new, more affordable homes on smaller, 30-foot-wide lots.

The euphemism used by critics was that the smaller lots "would be out of character with that community," according to the story, but the reality was more direct — people wanted to protect their property values in a high-priced neighbourhood.

The point here isn't to skewer Ancaster residents. Self-interest is a powerful guiding force for anyone, regardless of income or social status.

The broader point is to reflect on the difficult questions that bloom from the roots of this dispute.

Why are there such massive economic disparities across Hamilton neighbourhoods? What can be done to change that?

At one extreme, the average value of a home in one inner-city Hamilton neighbourhood near the steel mills is \$87,438, according to the 2006 census. That's not a misprint.

At the other end of the spectrum, the average value of a house in the Flamborough neighbourhood around Carlisle was just over \$490,000.

Take a close look at health, social and economic outcomes, and the people who reside in those two neighbourhoods might as well live on different planets.

"Sure, you're free to go buy that house in the high-priced neighbourhood," said David Christopherson, MP for Hamilton Centre, which includes some of Hamilton's poorest neighbourhoods.

"There's nothing stopping you — other than maybe a couple of zeroes on the end of your paycheck."

Terry Cooke, former chair of Hamilton-Wentworth and now president and CEO of the Hamilton Community Foundation, prefers instead to flip the issue around.

"How can we ensure that there is income integration in our neighbourhoods?" asked Cooke. "That's always a politically volatile subject but it's one that we have to talk seriously about."

Cooke is a vocal advocate in favour of mixed-income neighbourhoods throughout the city.

"We make a mistake when we think we can build low-density, purely upscale new communities and not assume that it's going to compound the problem in the inner city," said Cooke.

"The only neighbourhoods that work in the long-term are those that are economically mixed and stabilized by owner-occupied families," Cooke added.

The Spectator's mapping project shows there are six neighbourhoods in Hamilton's downtown where more than 80 per cent of the residents are renters, not homeowners.

"We have to do some things to stabilize and encourage home ownership by working-class and middle-class people," said Cooke.



The sobering message to take away from

all this shouldn't come as any great surprise.

There's no quick fix.

Fixing people's health in Hamilton means fixing poverty, and that takes time.

"In a sense, there's no immediate cure for poverty," said Neil Johnston, the project collaborator.

"That's a generational change," he added, "and countries which have been reasonably successful at eliminating it — the Scandinavian countries, for example — have done that literally over generations. With heavy tax burdens."

But that doesn't mean all hope is lost.

"Yeah, I despair, but I don't think these problems are forever, and I don't think there are no solutions," said Dr. Chris Mackie, one of Hamilton's associate medical officers of health.

What is clear, however, is that there is no single magic bullet that will put all neighbourhoods on an equal footing.

"No one idea or concept, no matter how big it is, no matter how powerful, is going to change things," said Mackie.

"Real change comes from a combination of political will, public support, administrative know-how within government, and also contributions and support from the private sector," he added. "You need all four of those things working together to make a difference."

Johnston tosses out a long list of suggestions: economic stimulation, economic incentives, programs in schools, early-childhood education, incentives for pregnant mothers to accept prenatal care, making sure that kids are immunized, even paying incentives to family physicians to do things they may not be doing now, including taking on time-consuming patients, such as the mentally ill.

He freely admits some ideas might work, some might not, and it might take two decades or longer to see real change.

Others, however, reject a scattershot approach, arguing instead that a comprehensive, national strategy for tackling poverty is needed.

"If we do small things, then we can say 'Oh, I've contributed to this, it's not my responsibility,'" said Dr. Jean Clinton, a child psychiatrist and leading specialist in early-child development at McMaster University. "I think we need to have a collective outrage."

"In my heart of hearts, I believe in the power of one, but what we need is a civic voice altogether that says it's not enough to do this in dribs and drabs."

"We have a massive social problem here, and what it requires is all of us thinking about how we can stop the gradient from getting steeper," she added. "This social-justice issue is a matter of life and death."

Either way, big initiatives or small, everyone agrees on one point.

Doing nothing is not an option.

"The next big jump is how do we stop talking about equality of opportunity and really creating equality of opportunity," said Johnston.

"Because without health, you ain't got it."

sbuist@thespec.com
905-526-3226

10 IDEAS: A STARTING POINT

An ounce of prevention is worth a pound of cure, as these suggestions illustrate. It costs far less money to stop a problem from developing rather than treating it after it has arrived.

Here are 10 ideas that could ultimately improve the health of Hamiltonians — and save money for taxpayers:

1 Provide incentives to young, pregnant at-risk mothers to encourage them to show up for regular prenatal care visits to help reduce Hamilton's rate of poor pregnancy outcomes. The incentives could be direct, in the form of financial compensation; or indirect, in the form of merchandise and food vouchers. The costs are meagre compared to the lifetime cost of poor pregnancy outcomes to the health care and education systems.

2 Undertake a scientific study that examines the differences in health outcomes and costs between those people in the lower central city who don't have a family physician and those who do. Identify the factors that cause people to either not have — or not visit — a family physician. Determine the best approach that could be developed to reduce the number of people who don't have access to a family physician. After a period of time, re-examine the numbers and evaluate if there has been any improvement in health outcomes and costs. When a person shows up in the emergency department and reports no family physician, set up a program that matches those people with a family doctor.

3 Provide better financial incentives to physicians to encourage them to take on patients with mental health issues. Payments to physicians for patients with mental health problems need to recognize that these patients often present time-consuming, complex cases.

4 Create a high-profile, made-in-Hamilton model that mimics Calgary's 10-year plan to eradicate homelessness, and create public awareness about the need for such a program.

5 Implement funded breakfast programs at every elementary school in the city. At the very least, every elementary school in the lower-central city should have a funded breakfast program. Currently, the province provides just 15 per cent of the funding for breakfast programs and the rest must come from fundraising. "We have had comments from teachers that the teaching process is a lot easier after the kids have taken part in the program," said Tammy McDonald, a senior social planner with Hamilton's Social Planning and Research Council. "The kids concentrate better and they're more attentive."

6 Antismoking medication, which is currently not covered by the province, should be provided at no cost to those who want to use it to quit smoking.

7 Extend the evening and weekend hours for walk-in medical clinics in the lower central city, which could help reduce costly visits to hospital emergency departments. According to Ontario's health ministry, each emergency room visit in Hamilton costs taxpayers \$259.

8 Make physical fitness or physical education mandatory for each year of elementary and secondary school. Obesity rates are skyrocketing and people who are active young in life have a greater chance of remaining active later in life.

9 Create a one-stop access program for comprehensive health and social care for the elderly that mimics the CHOICE (Comprehensive Home Option of Integrated Care for the Elderly) model in Edmonton.

10 Raise the country's minimum wage for workers to a living wage. "It's going to take a national strategy," said David Christopherson, MP for Hamilton Centre, a riding that includes some of the city's poorest neighbourhoods. "Municipal governments aren't in a position to deal with changing your income. That's something that has to come at a national level."