

research snapshot

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Canadians Living with Diabetes and in Poverty Are at High Risk

What is this research about?

Type 2 diabetes (T2DM) is a serious life-threatening disease that is increasing among Canadians, especially those living in poverty. The latter are likely to face serious consequences of the disease. Indeed, the death rate from T2DM in low income populations has increased significantly, while declining among well-off people according to Statistics Canada. This research is about findings from interviews with 60 Canadians with T2DM who live in poverty. Living on resources well below the poverty line makes it difficult for persons to afford the food required to avoid severe health problems that result from T2DM. These findings show that public policy plays an important role in the problems that people face when suffering from chronic diseases such as T2DM and living in poverty.

What did the researchers do?

The researchers interviewed 60 people living in Toronto with T2DM who live in poverty. They were recruited through four community health centers in Toronto that service people who are marginalized in Canadian society. Their ages ranged from 30 to 76 years. All participants had annual incomes of well below the poverty line. Fifty-four of the participants were on oral diabetes medication and/or insulin. The researchers interviewed them with the goal of understanding how six social factors influence their health: health care, income, food security, housing and social support.

What you need to know:

Canadian individuals living in poverty and who also have T2DM are at high risk for adverse health outcomes. Social welfare does not provide sufficient assistance to allow them to successfully manage their disease. They have difficulty affording the diet required to avoid severe health problems that result from T2DM.

What did the researchers find?

The researchers reported that mortality rates due to diabetes increased among the poor in the mid-1980s. This was the same time as when the government decided to lower social assistance levels for the less well off. Canadian health agencies continue to develop diabetes prevention and management strategies that primarily focus on “lifestyle” issues such as: a “healthy” diet, normal weight, and physical activity. However, findings showed that low income makes it difficult to maintain a proper diet. Low income also causes health risks such as high stress levels and inadequate housing.

Participants rarely took part in any educational or social activity that required payment because they needed to spend most of their income on surviving. 86% of the participants were living on less than \$20 000 annually. 88% of participants expressed that they frequently run out of money to pay for medical supplies, transportation, clothing and housing. The most mentioned shortfall was having money for food,

which is essential for managing diabetes. About one third indicated that they had low support from friends and family.

81% of the participants were very satisfied with the healthcare they received from the community health centers. However, outside of this study, not everyone who is poor and has T2DM has access to this kind of health care.

There is a clear disconnect between health care services and public policy that supports the health of individuals. The social welfare system fails to meet the most basic needs of the least well off in Canada.

How can you use this research?

This research may be used by policy makers to improve social welfare programs to assist with health care for those living in poverty. Future research should look at individuals that were not considered in this study, such as:

- Those on social assistance who do not live in subsidized housing;
- Those who do not have access to community health centers;
- Those who do not receive medicine and monitoring equipment paid for by the government.

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Knowledge Mobilization at York

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