CPHI NATIONAL ROUNDTABLE • MARCH 26, 2002

Poverty and Health: Links to Action

PROCEEDINGS REPORT

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Canadian Population Health Initiative | Initiative sur la santé de la population canadienne

Canadian Institute for Health Information
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Poverty and Health—CPHI Collected Papers

The collection of papers is comprised of three parts:

The Impact of Poverty on Health by Shelley Phipps

Policy Approaches to Address the Impact of Poverty on Health by David P. Ross

Poverty and Health: Links to Action
Proceedings of the CPHI National Roundtable on Poverty and Health, March 26, 2002

These papers are available in electronic format as separate documents. In printed copy, they are published as a set, titled *Poverty and Health, CPHI Collected Papers*, June 2003.

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About the Canadian Population Health Initiative

The mission of the Canadian Population Health Initiative (CPHI) is twofold: to foster a better understanding of factors that affect the health of individuals and communities, and to contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians. A Council of respected researchers and decision-makers from across Canada guides CPHI in this work. CPHI collaborates with researchers, policy makers, the public and other key partners to increase understanding about the determinants of health, with the goal of helping Canadians stay healthy and live longer.

As a key actor in population health, CPHI

- provides analysis of Canadian and international population health evidence to inform policies that improve the health of Canadians.
- funds research and builds research partnerships to enhance understanding of research findings and to promote analysis of strategies that improve population health.
- synthesizes evidence about policy experiences, analyzes evidence on the effectiveness of policy initiatives and develops policy options.
- works to improve public knowledge and understanding of the determinants that affect individual and community health and well-being.
- works within the Canadian Institute for Health Information to contribute to improvements in Canada's health system and the health of Canadians.

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Proceedings of the CPHI National Roundtable on Poverty and Health, March 26, 2002

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Preface

This report is a summary of the proceedings of a *Roundtable on Poverty and Health* held by the Canadian Population Health Initiative (CPHI) on March 26, 2002. The roundtable was undertaken as part of a larger effort to address the theme of *poverty and health.*

In summer 2001, CPHI Council identified three initial themes as emerging population health issues—*poverty and health*, *Aboriginal peoples' health* and *obesity*. Each of these issues fit the criteria used to select themes. Council wanted to address issues that had a strong evidence base and raised problems amenable to change. Each issue had to resonate with a variety of policy areas, be current in policy development terms and hold potential health gains. A capacity for policy research on the topic was also required. In cross-country consultations in the fall of 2001 by CPHI and the Institute of Population and Public Health, Canadian Institutes of Health Research, the health impacts of poverty/income inequality was identified as a key priority for population and public health research.

In the winter of 2001–2002, CPHI commissioned scans of research and policy evidence by Shelley Phipps and David P. Ross, which are published as part of this collection. The roundtable was held to stimulate dialogue with policy/decision makers, researchers and other stakeholders. These proceedings summarize the discussion that took place in response to the papers and the issues raised by presenters.

Executive Summary

On March 26, 2002, the Canadian Population Health Initiative hosted a *Roundtable on Poverty and Health* in Ottawa. The purpose was to engage experts in a dialogue about the relationship between poverty and health in order to identify new strategies for addressing poverty and health issues, including critical policy and research issues and questions that could become the focus of analysis through CPHI.

A consensus emerged that improving the health status of the population requires addressing poverty as an underlying cause. The evidence is clear (especially at the individual level) that poor health status is related to low income or lack of wealth. Public policy needs to better address this link by reducing poverty or mitigating the effect of poverty on health.

While most agreed that there is enough evidence to act, participants identified areas where further research is needed to increase knowledge about the causal pathways between poverty and health. A focus on the experience of living in poverty (e.g. social exclusion) and differences in the impact of acute and chronic poverty will improve the quality of the knowledge base.

It was agreed that determining what programs and policies work to reduce poverty or mitigate the effect of poverty on health requires more investigation. Evaluation research is needed, as well as work on the methodological challenges of measuring policy and program impacts (positive and negative).

Summary of Suggested Strategies

Policy

- There is a need for a set of principles to guide policy making and program development in relation to poverty and health.
- The social issues of poverty should be connected to health issues for an integrated public policy approach.
- Population health needs a better "story line" on poverty with an underlying vision and a conceptual framework for cross cutting approaches to policy.
- Income related health outcomes and gradients of inequality in health status represent a potential storyline.
- Champions, or "policy entrepreneurs", who are knowledgeable about the issues and who can get them on the public agenda need to be mobilized and supported.
- Inter-sectoral structures need to be established to orient and coordinate policies and programs in separate policy areas (and even across jurisdictions) towards a common objective.

- A "societal outcome"/well-being approach may help policy makers address poverty and health by focusing on activities across sectors that contribute to the overall goal of raising health status.
- Policy makers should be offered substantive advice on the optimal mix of up-stream and down-stream interventions and an integrative intervention framework.
- In the short term, a strategy is needed to make the Romanow Commission and those in gatekeeper/leadership positions (community leaders, teachers) more aware of the link between poverty and health. There may be a role for CPHI in this regard.

Research

- Long-term strategies are needed to cross some of the barriers that separate research from policy development and implementation.
- A long-term research program is needed to assess policy interventions of all kinds: up-stream and down-stream interventions, preventive interventions and cross-sectoral interventions.
- Formal strategies should be developed to encourage researchers to talk to people living in poverty, bringing their experience into the mainstream of research and policy making.
- More research is needed on the link between poverty and health at the population level and the pathways between poor health status and low socioeconomic status. Also needed are longitudinal studies that examine the life course impacts that poverty and income inequality have on health.

Introduction

The Canadian Population Health Initiative (CPHI) hosted a *Roundtable on Poverty and Health* in Ottawa on March 26, 2002. The purpose was to engage participants in meaningful dialogue on what is known about the relationship between poverty and health and identify new strategies for addressing the issues. The roundtable was also intended to help identify the critical policy and research issues and questions that could become the focus of in-depth research and policy analysis.

Over 30 individuals participated in the roundtable, including members of the CPHI Council, key policy experts and decision makers from federal, provincial and regional/municipal governments, leading researchers in areas related to poverty and health, and other interested parties (Appendix A). The roundtable was chaired by Ian Potter, Chair of the Policy Sub-Committee of the CPHI Council and Assistant Deputy Minister, First Nations and Inuit Health Branch, Health Canada.

The *Roundtable on Poverty and Health* consisted of three sessions. The first two focused on discussions of the current state of research and policy respectively. The discussions built on the content of work by Shelley Phipps and David P. Ross. Their work provided a strong basis of understanding about the current state of policy and research and suggested areas where further work is needed to build a stronger foundation for policy development. There emerged from the discussions some consensus around priorities for the future.

The objective of the roundtable was to identify new strategies for addressing poverty and health issues in Canada through dialogue that would:

1. Assess the research in terms of: What we know, what we do not know and what we need to know?

2. Review current policy approaches in terms of: What works, what does not work and why?

3. Clarify directions for moving the issues forward.

The first objective was met through a review of the state of research. Participants agreed that the evidence is clear that poverty and health are linked, especially at the individual level. Health status correlates with social status; the health and income inequality gradient is well-known. The pathways connecting poverty to health are, however, less clear. There is a need to continue building the empirical evidence on how the two are linked. An important distinction to be made is in how poverty is defined: as low income, as wealth (total assets), as a set of characteristics that affect daily life or as relative inequality. Participants were clear in their conviction that enough is known about the connection between health and poverty for policy makers to act.

The second objective regarding policy approaches led to a high level discussion of policy development and evaluation. A dialogue emerged regarding aspects of policy making and mechanisms for policy action. Participants noted the need for Canadian policy makers to learn from the policy experience of other countries—especially the U.K.—in dealing with income and health issues. The idea of establishing principles to guide policy making around poverty and health was also raised.

Determining what programs and policies are working well and why was a subject of debate. The consensus of the group was that more evaluation research on policy interventions is needed. At the same time, methodological issues, such as measuring outcomes and attributing causality to specific interventions, are challenges that need to be addressed.

In terms of the third objective on future directions, there was a considerable amount of support for the development of a policy framework and a strategy to move the thinking and practice in linking poverty and health forward. Participants also had strong and articulate views about a variety of areas where further research was needed and would likely pay dividends.

This report provides a summary based on the presentations and discussions at the *Roundtable on Poverty and Health*. The report has four main parts:

- Speakers' Comments: a summary of key points made by two discussants
- Poverty and Health Discussions: a thematic synopsis of the day's discussions, including results from the working groups
- Strategies for Moving Forward: a set of conclusions drawn from the discussion and participants' recommended strategies for action
- Summarizing the Dialogue: an overview of the dialogue by the third discussant

Top priorities for policy and research developed in working groups in the third session are included as Appendix B.

1. Speakers' Comments

Three members of the CPHI Council were invited to act as discussants and make brief statements at the Roundtable. Their comments were based on the working paper and the various discussions throughout the day.

- Clyde Hertzman, commented on the current state of research;
- Catherine Donovan, commented on the current state of policy; and
- Terry Sullivan, provided a concluding, summary statement.

Summaries of Hertzman and Donovan's comments appear immediately below. Terry Sullivan's comments on the *Roundtable* are summarized in section four.

The Current State of Research

Clyde Hertzman began with praise for the poverty and health working papers prepared by Shelley Phipps and David P. Ross. In his view, the papers identify issues and questions that the research community must address. Hertzman noted that many of these issues are not new. Over the years there have been quite a number of commissions established by provincial and federal governments to examine health and health care in Canada. Each one has acknowledged to some degree the social and socioeconomic determinants of health. They have not, however, treated these as central to raising population health status in Canada. In fact, Hertzman pointed out that "Canada has actually created something of an export industry to the rest of the world in understanding social and socioeconomic determinants of health." Other countries such as England have been more successful in incorporating Canadian research knowledge into policy, resulting in "…a variety of programs being rolled out in a coherent fashion in other countries based largely on the insights from this part of the world." The challenge is to make new and existing evidence on the determinants of health and their implications central to policy making in Canada.

Hertzman noted that health and poverty are traditionally separate areas of research and policy making. As a health researcher, he found the papers by Phipps and Ross consistent with other efforts to cross these two fields. The papers implicitly identify three key domains that need to be examined:

1. What happens to people who have a cash flow problem?
2. What is the experience of people at different points in the socio-economic hierarchy in terms of health status gradients ?
3. What are the characteristics of inequality in society more generally?

To understand the broader link and specific pathways between poverty and health, he argued that all three domains must be examined. This means that the research and policy terrains that have opened up are very broad. For example, if you start with specific policy interventions such as income transfers, the scope quickly opens up more widely to broader interventions such as the National Children's Agenda. The implications of this for policy

and research are two-fold. First, you must look at multi-faceted strategies and interventions. Second, there remains a need to identify and support research into specific interventions in order to get to what Hertzman called "…the real dilemmas and real areas of big vacuum." Through this dual approach, the bigger picture connecting poverty and health will become clearer.

The Current State of Policy

Catherine Donovan's opening remarks echoed those of Hertzman. Canada, she said, has led the world for the last two decades on the *rhetoric* around determinants of health and health promotion but has done little to address the issues through concerted action. That must change. She concurred that the current and historical debate on health at the national and provincial levels has been focused around the health care system.

Drawing largely on the papers by Phipps and Ross and the research session discussion, Donovan described the distinction between "up-stream" and "down-stream" interventions. She then used this difference to outline steps to move the policy agenda forward.

Upstream interventions essentially deal with the "big picture" issues, such as income, employment and large education initiatives. Downstream interventions are those with a more targeted program focus. Often the focus is more directly related to specific health outcomes. She noted that some useful work has been done on evaluating upstream initiatives for their impact on poverty reduction. As addressed in the papers by Ross and Phipps, evaluation studies show that there has been some success in terms of poverty reduction for seniors, but for other populations such as children, single-parent families and female-led families, not much has been achieved.

Much more work is needed to evaluate the impacts of these upstream interventions on health. Little has been done so far. Some evidence is available from other countries, such as the US and UK. Studies have also been done on the impact of social policy on health in some western and northern European countries. While they do show that social policy has had a positive impact on health outcomes, Canada does not seem to be learning from those experiences.

Outcomes of downstream initiatives are far more likely to have been evaluated from a health perspective. Where this has been done, the results are mixed. There are benefits to be found, but many interventions have had limited or no impact or little sustained impact. More work is needed to determine which ones worked well and why.

Donovan pointed to a number of steps needed for policy makers to address the relationship between poverty and health:

- There is an urgent need for a set of principles that can guide policy making and program development around poverty and health.

- There is growing agreement about the principles that guide interventions, such as, for example, that poverty is a life-cycle issue. There is a need for longitudinal studies such as the life-cycle nature of poverty and its impacts on health, as suggested in the Phipps paper.

- There is no single pathway from poverty to health. This creates difficulties for policy development and the evaluation of each aspect of the relationship but we must tackle the complexity.

- Broader, more sustained discussion of the relative value of upstream and downstream evaluations is needed. Although research is focused on specific interventions and measuring their impacts, the research agenda should not be driven by or limited to the agendas of government policy makers. They are only one of many constituent groups.

- The research focus on interventions needs to be expanded to include knowledge about what constitutes healthy communities and to communicate the information to communities so that they may benefit from it. It is not enough to generate information. It must also be communicated to the public.

2. Poverty and Health Discussions

Hertzman and Donovan's remarks were followed by discussions specific to each session. The first session focused on the state of research, the second session on the state of policy. Several key themes wound their way through both discussions.

The synopsis below therefore draws from both sessions to provide a single, thematic overview of concerns, issues, opportunities and ideas raised by the participants. Participants addressed how research is conducted, substantive aspects of the relationship between poverty and health, and the policy making process. The discussion is divided into three sections: approaches to research; where research should focus; and the policy making process.

Approaches to Research

A central focus for discussion was the strength of the relationship between poverty and health. This emerged from recognition that these two subjects are more often considered separately in the research and policy community.

Thinking Beyond the Traditional Approach to Research

Researchers have observed that poverty and health are linked. Their ability to capture the quality of the lives and health status of the poor depends on their approach. An area of discussion that arose early concerned how research on the poor is conducted. Participants quickly agreed that "traditional research," (i.e. controlled, quantitative, clinical scientific research) tends to focus on fairly well defined issues in well defined domains. For health research, this means identifying the specific causes or cures of certain diseases. Examples might include research that helped establish that the HIV virus causes AIDS or that penicillin kills bacteria.

Participants did not challenge the legitimacy or need for "traditional" research. Its value was more-or-less taken as a given. However, participants felt that research that focuses on identifying the specific and immediate causes of an individual's sickness or health is limiting. Many things affect health, including social and economic conditions, such as poverty. But because the impact of causes such as social conditions is usually indirect, it is more challenging to isolate and identify the effect of these factors on the health or illness of particular individuals. This puts social and economic conditions beyond the methodology of traditional research.

For this reason, social conditions such as low socio-economic status, income inequalities and socio-economic deprivation, i.e. poverty, have not been a focus of traditional health research efforts. Researchers in the health field have tended to regard the determinants as belonging to other research disciplines, such as economics or sociology. Participants generally agreed that this must change. Future progress in the area of health research and policy requires recognition that poor health is a product of multiple causes or determinants, such as poverty. Indeed, the need for a more multi-disciplinary, multifactorial and holistic approach was the point of departure for the research session, following Clyde Hertzman's presentation.

However, discussion of this approach raised many questions: How do we identify the determinants of poverty? How do we determine the relative impacts of each determinant? What can be done to encourage and support population health research in the traditional health research community? What kinds of policies might such research suggest? How would they differ from traditional health policy?

Some participants declared that, to date, there has been little support for multidisciplinary approaches or for efforts to bring these into the mainstream of research and policy making. Resources are usually directed at individual determinants and their impacts. Researchers need to continue assessing single causes but they must also begin to assess the impact of complex, multi-factor, causal relationships.

Measuring Poverty

One participant argued that researchers should develop a more reliable measurement of poverty. At present, there is a tendency to define "poverty" in terms of the segment of society that a particular program or policy is meant to serve. There is a kind of circularity here: "the poor" turn out to be those people that the policy is designed to serve. We need a more reliable way of deciding what poverty is and who is poor.

Another participant suggested that it might be helpful to break the issues around poverty into specific components. For example, we might look at measurable differences between rural and urban areas. This could be a first step toward a more multifaceted measurement of poverty that takes health into account. Although methodological problems would remain, researchers would have a foothold somewhere that would let them begin looking at poverty and health comprehensively. Another option is to launch a series of initiatives designed to experiment with and test possible links between poverty and health and approaches to measuring the impacts.

Where Should Research Focus?

Three key substantive issues arose regarding priorities in poverty and health research. Research into these areas may be promising to clarify the links and demonstrate the causal pathways between poverty and health.

Social Exclusion

A participant recalled Hertzman's opening remarks, which stressed the need to identify and consider the "emergent properties of inequalities in society." Presumably, these include such things as the sociological and psychological effects of poverty.

Social exclusion for instance might be regarded as one such emergent property. One participant posed the question, "If poverty leads to social exclusion, and social exclusion has a significant impact on health, why wouldn't more attention be focused on this issue?" For example, a topic for investigation might be which monetary and non-monetary factors are involved in creating social exclusion. Might a high dependence on seasonal work, such as agriculture or fishing, make a difference? Does it matter what part of the country one lives in? Are racial or ethnic characteristics relevant?

At present, there is not enough research into such connections, concluded the participant. So far, economists have carried out most of the research on poverty. Their work is valuable, but it is done from within a particular research paradigm that does not elucidate all possible perspectives in response to these questions. Their work should be complemented with a more systematic study of "emergent properties" such as social exclusion.

Acute vs. Chronic Poverty

Another theme participants discussed was the distinction between acute and chronic poverty. In the former case, individuals may find themselves thrust into poverty for a particular period, perhaps as a result of sickness or a job loss. By contrast, chronic poverty afflicts one over longer periods—perhaps a lifetime. Acute and chronic poverty likely have different impacts on health status. If we are to understand the inter-relationships between poverty and health better, we need to distinguish more clearly between different kinds of poverty and their characteristics.

According to the authors of the working papers, longitudinal data that are now becoming available in Canada will make it possible to provide a more accurate assessment of the extent of acute vs. chronic poverty. Researchers will be able to assess 'volatility' in individual income, such as the number of periods for which there was a significant increase or decrease in living standards. Such measures may prove extremely important for health connections insofar as economic security (and not just income level) affects health status.

Lived Experience

"Lived experience" is a third theme that recurred in the discussion. Participants embraced the idea that poverty is as much an experience as a condition. Different community factors, such as the geographic distribution of poverty and access to resources, contribute to the experience of living in poverty. Understanding poverty requires an appreciation of these differences. The experience of growing up poor in a low income, working class neighbourhood is not the same as being a poor family amidst wealth. Poverty has sociological and psychological dimensions.

Participants argued that to understand the impacts of poverty, it is not enough to examine the limits poverty imposes on an individual's ability to secure the things they need or want. Poverty affects how such needs are understood and defined. Research must capture individuals at the level of their daily experiences. Studies of consumption levels, for example, will miss non-market resources, such as community-based informal exchange networks unless the research has a qualitative dimension. Accounting for community differences is especially important to assessing the impact of poverty.

A participant explained her concern about traditional research this way: "There seems to be an almost manic approach to more and more evidence and more and more scientific inquiry and more and more hard numbers". The obsession with quantitative data, she continued, has over-shadowed the role that qualitative research should play in helping us understand how people who are experiencing poverty view the links between health and poverty. Traditional research needs to be balanced with qualitative research into what

people's lives are really like: "If you simply talk to people a lot they will tell you what matters most. It will help guide you towards finding the solutions you want to develop without designing something that is scientific, but doesn't really reflect people's lived experience."

The Policy Making Process

Policy Evaluation

A general view that emerged from the discussion was that better information is needed about what works in terms of policy instruments. Evaluation is crucial due to the fragmented nature and dearth of health outcome studies at present. Improved longitudinal data sets linking health variables to income variables could lead to a better understanding of the links between social conditions such as poverty and population health. Stronger evidence on the effectiveness of policies would clarify the role that policy and programs can play.

An effort to develop a new approach to policy evaluation was offered to the discussion. To enhance public accountability, the Treasury Board of the federal government is currently experimenting with new techniques for reporting on the outcomes of initiatives. The goal of the exercise is to measure policy effectiveness in a way that acknowledges the dependencies and links between traditionally separate policy arenas.

This approach revolves around the identification of "societal outcomes." Such outcomes are "societal" in the sense that they can be linked to many causes. They are the result of activities originating in the private, public and voluntary sectors. Examples include a healthier population, a safer community or a more productive workforce.

The agency is then experimenting with ways to track the contribution that government policies and programs from separate areas make to certain societal outcomes. Given that government is only one of a number of actors contributing to such outcomes, the task is a difficult one. The first step is to identify a societal outcome that is the overarching goal of the policy areas or initiatives that government is trying to measure. It establishes a common point of reference against which to measure the progress that specific initiatives make toward the common goal.

For example, well-being is a societal outcome that cuts across health and poverty. If it is accepted that lower levels of stress promote higher levels of well-being, anti-poverty programs might be designed in a variety of areas to reduce particular kinds of stress related to poverty. This would contribute to the overall well-being of the population. By measuring the progress that a program makes toward reducing stress, we are measuring its contribution to the overall goal of well-being. The same approach could be used for assessing the contribution of programs directed at determinants (such as poverty), as they influence the overarching goal of health.

The societal outcome approach is a model that could help policy makers address the links between poverty and health by evaluating activities from different departments (or even jurisdictions) as they contribute to an overall goal. It could contribute to the development of intersectoral policy making. This type of policy making involves moving toward a regime that coordinates policies and programs in separate policies areas and even various jurisdictions.

Evidence-based Policy Making

Participants at the roundtable agreed that the degree and profile of evidence demonstrating a relationship between poverty and health must be raised. Incorporating this connection into policy requires more empirical exploration of the linkages between health and poverty and a wider and more informed discussion of the findings and their implications for policy making.

How much empirical evidence is needed was a subject of debate. There was general agreement that policy making must become more evidence-based. However, a dilemma arises in determining when there is a need for more research and when the research base is adequate. Participants identified a tension between what some called the evaluative and normative approaches to developing policy to support population health. The first is based on evidence, the second on values.

The evaluative approach emphasizes the goal of making policy development more evidence-based. Those supporting this approach took the position that more research is still needed. Evidence on the causal pathways linking poverty and health coupled with evaluation of interventions is needed to ensure policy effectiveness.

Those favouring a normative approach saw the evidence base as adequate. Their view was that the relationship between poverty and health has been repeatedly demonstrated. To improve the health status of the population, policy makers need to reduce inequalities and alleviate poverty. Rather than wait for data that may be some time coming, researchers and policy makers should advocate for programs and policies based on what is currently known about the connection between poverty and poor health. In this light, participants asked, "Why are other countries consistently spending more on poverty reduction than Canada? Is it because we lack clear enough commitments to the right norms? What can we learn from other countries, such as the UK?"

At the same time, virtually everyone agreed that the lack of clear and reliable knowledge about key causal relationships underlying poverty and health poses a challenge. Perhaps a reasonable conclusion is that the two positions are not mutually exclusive. Indeed, the discussion often suggested that they were like two poles at opposite ends of a policy making continuum. Over time, we can hope to progress in the direction of the evidence-based, evaluative model. But action still can occur in the short-term. Proceeding is justified by the view that current evidence is sufficient and on the basis of the normative stance that addressing inequality cannot wait.

3. Strategies for Moving Forward

In small group discussions, participants identified a number of strategies for moving forward. Generally speaking, they wanted to see a clear policy framework that lays out the optimal mix of upstream, midstream and downstream interventions. As well, they saw the need for a new research agenda that includes methods and theoretical frameworks for exploring and assessing the lived experience of people as this relates to poverty and health.

Below is a summary from the small group discussions of the range of ideas for action on the policy and research fronts. Specific short and long-term recommendations from the groups are included as Appendix B.

Policy

- The social issues of poverty should be connected to health issues for an integrated public policy approach.
- "Jurisdiction busting" has to occur. Inter-sectoral structures and processes need to be developed at both the political level and in the non-government sector to deliver the key messages. This requires the cultivation of relationships and creation of mechanisms to allow governments (not only Health Canada) to focus on health outcomes as a priority, and structures to coordinate policies and programs in separate policy areas and even across jurisdictions
- Population health needs a better "story line" on poverty that expresses a vision and is based on a conceptual framework. It should support a more holistic approach to the links between poverty and health. This story line also should lay the groundwork for developing cross-cutting approaches, using health-related outcomes as a guide.
- The relationship of income to health outcomes, especially gradients clearly demonstrating income based inequality in health status, is a potentially compelling story line on poverty that should be further developed and promoted.
- Champions need to be mobilized who are able to promote key evidence-based messages both inside and outside government. As well, it is important to devise ways of employing research to "arm" advocacy efforts and raise issues of poverty/inequalities in public debates about health.
- In the short term, a strategy is needed to make the Romanow Commission and those in gatekeeper/leadership positions (community leaders, teachers) more aware of this link. There may be a role for CPHI to play in this regard.
- A "societal outcome"/well-being approach may help policy makers address poverty and health by focusing on activities across sectors that contribute to the overall goal of improving health status.
- Policy makers should be offered substantive advice on the optimal mix of up-stream and down-stream interventions and an integrative intervention framework.

Research

- Further research is needed on the mechanisms and causal pathways linking poverty/inequality and health status.
- Formal strategies should be developed to encourage researchers to design ways to examine the "lived experience" of those under investigation in order to capture the day-to-day reality of living in poverty. Including the voices of the poor will help to bring their experience into the research and policy mainstream.
- A long-term research program is needed to assess policy interventions of all kinds: up-stream and down-stream interventions, preventive interventions and cross-sectoral interventions.
- Long-term strategies are needed to cross some of the barriers that separate research from policy development.

4. Summarizing the Dialogue

Terry Sullivan was invited to provide a summary of the day's discussions. Sullivan identified four key themes that emerged from the large and small group discussions.

Balancing Evidence and Values

Sullivan summarized the tension between *evaluative* and *normative* approaches by posing the question, "Are we interested in improving health (based on evaluation and application of scientific evidence) or reducing poverty (based on social values)....or both?" The dilemma involves deciding whether, as a society, we are willing to allow poverty to exist. If not, we need to marshal evidence on the actual changes in income/wealth distribution and identify the mechanisms to eliminate poverty. There is active concern among many policy makers about the motivations behind expert advice, so it is important to be clear about the approach.

Designing Theories to Assess Effectiveness

There is a need to utilize theoretical frameworks from different disciplinary origins (e.g. social science), "... in order to evaluate whether what we are trying to do to improve health is effective." While the Ross and Phipps papers do a good job of sketching out the theories about the relationship between poverty and health at the population level, there are two further issues that require attention. First, without a life-course perspective on the theories, key pieces of the picture are missing, so it is important to have a life-course perspective. Second, general theories that apply to the entire population miss the "highly selective disadvantage" in some sub-groups in the population. Therefore, if theoretical frameworks are to be useful for assessing effectiveness of interventions, they must be focused to ensure that issues specific to selected sub-groups are addressed.

Delivering the Message

Getting policy makers attention requires having substantive advice and communicating it effectively, using a network of champions. The most useful advice (on poverty and health and most other policy issues) consists of specific suggestions/options based on evidence about causal mechanisms and pathways, and characterization of the optimal mix of upstream and downstream interventions. At that point, "policy crowbars," that can be exploited to get the message across, have to be identified. One of the most successful strategies is to use champions, "...policy entrepreneurs...who are capable of carrying the ball inside and outside of government to deliver key messages that might link, for example, income and health".

As well, there are moments of opportunity when messages are most likely to be received and adopted. Taking advantage of timing and the current interest in health issues by linking poverty, for instance, to the health agenda is another key strategy.

Finally, because the target audience is seldom just health policy makers, it is important to cultivate inter-sectoral processes and structures. There is a clear need in Canada for "…institutionalized mechanisms that allow governments to focus on health as a sort of a priority item. If we think the business of government is promoting prosperity and well-being in the population, then there has to be acceptance of the notion that health is more important than other public goods in terms of the decisions of government."

Improving the Evidence Base

Strengthening the base of evidence is essential. This involves making the effort to evaluate recent policy interventions, supporting social experiments and paying particular attention to the health-related outcomes.

5. Conclusion

Through discussion and the identification of strategies for moving forward, participants ensured that the *Roundtable on Poverty and Health* met its objectives. In sum, participants agreed that there is enough evidence to act to reduce poverty and/or its effects, even while research continues to "drill down" to increase knowledge about the causal pathways between poverty and health. Determining what programs and policies are effective in reducing poverty or mitigating the effects of poverty on health requires more investigation. Evaluation research is also needed, including work on the methodological issues of measuring policy and program success.

Appendix A: List of Participants

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Appendix B: Priority Strategies From Small Group Discussions

Group 1

1. Undertake research that will inform us on individual choices so low income people can be approached by asking what would improve their health.

2. Short-term research focus: Data are available to test the various theories on poverty and health, but there is a lack of analysis of each of the theories. On the other hand, there is a need for more research about the connection between poverty and health—the link is known to exist and data are available but the theories are not well understood nor evaluated.

3. Long-term research focus: Establish a long-term research program to assess interventions of all kinds—mixed, preventive and integrated interventions.

4. CPHI should be a catalyst to get governments to assess their current programs (ie. full evaluation of the $5/day program for childcare in Quebec which costs $1B but we don't know its impact or effectiveness). We could do a comparison with another province.

Group 2

1. There should be a long-term policy strategy to break down the silo approach. This includes breaking down jurisdictional barriers, addressing a lack of coherence at community levels, addressing the problem of policy and project "dabbling" (programs being put in place and then a few years later disbanded as another priority comes along), and doing an environmental impact analysis of interventions.

2. We need a strategy for public involvement and empowerment. This includes developing strategies and tactics to expand ownership of the issues, public education on the universal effects of inequality, educating the public to get involved in the debate, how to facilitate access and two-way debate to more widely disseminate the evidence that is available.

3. Implement an advocacy agenda. This includes looking at how research can "arm" advocacy in poverty and health and, in the short term, developing a strategy to get to the Romanow Commission and those in gatekeeper/leadership positions (community leaders, teachers) more involved in the issue.

4. Develop a normative strategy. We need to increase social spending and to increase understanding and acceptance of the value of investments in this area. (ie. Why are other countries consistently spending more than Canada? What can we learn from other countries such as the U.S.?)

5. Methodology defines the frames that ought to be subject to policy in the future. We need to find ways to identify future social trends and needs.

Group 3

1. There is a need to get the message out about the link between income gradients and health. A communications strategy is needed by CPHI in the near term including communicating through the Romanow Commission and others.

2. We need to develop a comprehensive framework that establishes the optimal mix of up-stream, midstream and down-stream interventions needed to address income disparities and health.

3. We need a research agenda that includes new methods and new theoretical frames to be able to characterize people's living experience in poverty (ie. health benefits and cost, neighbourhood segregation and health etc.).

4. We need to move forward on jurisdiction busting. We have no audience for this message right now and the health sector is held up in stakeholder capture, so we need new institutions and new mechanisms at the political level to get champions. We need to look at the UK experience and other experiments that have been done elsewhere to get health on top of the agenda.