

## **MEDIA RELEASE**

## Report concludes increasing poverty and growing gap between rich and poor pose the greatest threats to heart health of Canadians

**TORONTO, November 1, 2001** -- A new report released today concludes that the economic and social conditions under which Canadians live their lives are more critical in determining whether they develop heart disease than medical and lifestyle risk factors (diets high in fat and cholesterol, inactivity, and tobacco use).

The report, *Inequality is Bad for our Hearts: Why Low Income and Social Exclusion are Major Causes of Heart Disease*, was commissioned by the North York Heart Health Network to draw the attention of politicians, policy makers, health professionals and the public to the threats posed to Canadians' heart health by the increasing incidence of poverty and low income.

According to the report, the economic and social conditions that most contribute to heart disease among Canadians are poverty and low income. There is also increasing evidence that societies with a large income gap between the wealthy and the poor produce the conditions that lead to heart disease.

Contrary to the messages Canadians are being given about means of preventing heart disease, income level is the greatest predictor of the incidence of heart disease. Bringing together the latest research from Canada and around the world on the precursors of heart disease, the report concludes that poverty and low income lead to heart disease in three ways:

- People on low income live under conditions of material deprivation that produce a cardiovascular health burden that accumulates over the life span;
- · Living on low income creates excessive psychosocial stress that damages the cardiovascular system;
- The stressful conditions associated with low income lead to adoption of health threatening behaviours such as tobacco use.

"Considering what is known about these precursors of heart disease, the policy directions in which policy makers are taking Canadians is a prescription for poor heart health," commented the author of the report, Professor Dennis Raphael of the School of Health Policy and Management at York University. "The increasing rate and depth of poverty in Canada combined with the weakening of the social safety net should – if research from other countries can be trusted – lead to an increasing incidence of heart disease. Such policies that threaten health are the greatest threat to the sustainability of our health care system."

The cost of income-related differences in heart disease among Canadians is staggering. If all Canadians were as heart healthy as the wealthiest Canadians, there would be 6,366 fewer deaths a year from heart disease. The cost of income-related differences in heart disease among Canadians is estimated as close to \$4 billion annually. Therefore, policy directions that reduce the number of Canadians living on low incomes, limit the exclusion of low income Canadians from participating in society, and restore the social safety net, are the most effective means by which the heart health of Canadians can be improved.

The report *Inequality is Bad for our Hearts: Why Low Income and Social Exclusion are Major Causes of Heart Disease* is available at http://www.yorku.ca/wellness/heart.pdf.

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## **Contacts:**

Sara Farrell, Coordinator North York Heart Health Network Toronto Public Health 416-338-8471 sfarrell@city.toronto.on.ca Dennis Raphael, Associate Professor School of Health Policy and Management York University 416-736-2100, ext. 22134 draphael@yorku.ca