



UNIVERSITY OF MANITOBA | Faculty of Medicine  
Community Health Sciences

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## STUDY FINDS GROWING GAPS IN WEALTH AND HEALTH FOR MANITOBANS

New research from the University of Manitoba shows the gap in average household income in the province has more than doubled for both rural and urban communities in the last 20 years. Researchers from the Manitoba Centre for Health Policy (MCHP), a research unit in the Faculty of Medicine, found this growing gap in income was accompanied in many cases by profound and growing gaps in health.

Dr. Patricia Martens is the director of MCHP and lead researcher of the study. She says health differences are not due solely to people's lifestyles but result from living and other social conditions. "It has long been recognized that health outcomes vary according to social factors such as income level. Life expectancy is shorter and illness levels are higher for those with lower socioeconomic status."

In 1986 the average wealthiest rural household in the province earned over \$21,000 more than the poorest households in rural Manitoba. Twenty years later the difference was \$47,000. The gap is even wider in Winnipeg and Brandon where on average, the wealthiest urban households earned \$114,000, while the poorest households made about \$34,000.

MCHP researchers looked at the distribution of disease, death and the use of preventive healthcare across income groups in Manitoba. Premature death (before age 75) is often used as an overall indicator of health. Whereas most income groups improved on this indicator, there was little improvement for people in the lowest income group. Their rates of premature death stayed the same, widening a pre-existing gap for both rural and urban populations where one-third of premature deaths in Winnipeg and Brandon came from the poorest 20 per cent of the population.

The report found levels of inequality were shockingly high for other health measurements. For example, the greatest difference occurred for tuberculosis in rural Manitoba where 58 per cent of all hospitalizations were for tuberculosis in people at the lowest income level (20 per cent of the population). If conditions were equal among all incomes, only 20 per cent of those hospitalized for tuberculosis would be from that lowest income category.

“Large gaps in serious health issues demand attention whether they are growing over time or not, and they require appropriate health programs and policies. Policy makers and planners can use this information to develop targeted programs aimed at narrowing these health gaps, in addition to universal ones,” says Martens.

The study found mixed results for child health. Somewhat good news is that there were fewer teen pregnancies in nearly all income groups. However, the gap for teen pregnancy was large to begin with and it widened for both rural and urban communities. About 45 per cent of pregnant teens came from the poorest Manitobans and the most recent figures show one in 10 teens in this income level got pregnant.

Over the period of the study high school graduation rates increased about three per cent and since education is seen as a pathway out of poverty this is good news. Unfortunately there was little or no improvement in high school graduation rates for the poorest Manitobans. Both rural and urban communities in the lowest income bracket had graduation rates of just over 50 per cent in the last time period.

Researchers also looked at the use of healthcare services such as continuity of care, cervical cancer screening, and prescription of beta-blockers after a heart attack. These all had small gaps across all income groups, suggesting the health system is functioning fairly.

*MCHP is a research unit in the Department of Community Health Sciences in the Faculty of Medicine, at the University of Manitoba. Research scientists and their collaborators at MCHP study health services, population and public health, and the social determinants of health using data from the entire population of Manitoba. Most of the research is oriented towards answering questions of interest to policy makers in Manitoba based on a formal association with Manitoba Health and input from other government departments.*



The summary and full report will be available for download on Thursday, September 30 from <http://mchp-appserv.cpe.umanitoba.ca/deliverablesList.html>

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