

Impact of Poverty on Children's Health and Well-being

To: Chair and Members of the Board of Health

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Recommendations

It is recommended that the Board of Health:

- Receive this report for information.

Key Points

- Child poverty is persistent and intergenerational. It can disrupt the critical stages of physical, cognitive and emotional development of children, leading to long-term impacts.
- Poverty significantly impacts child well-being by leading to increased food insecurity, limited access to quality education and healthcare, unstable housing conditions, higher risks of mental health issues and long-term developmental challenges.
- Households led by single parents face significant barriers to food security, emphasizing the need for targeted support to improve nutritional outcomes for children. The level of parental education, along with the educational opportunities provided to children, also play a critical role in overall well-being, suggesting that enhancing education for both parents and children can positively influence health and developmental outcomes.
- Many children and youth report having adverse childhood experiences, indicating that these challenges can have lasting effects on mental and physical health, which point to the need for community support initiatives.

- In Wellington-Dufferin-Guelph (WDG) 5,345 children aged 0 to 17 years were living in a low-income household.
- Public health interventions supporting pregnant women and parents with young children such as the Healthy Babies Healthy Children (HBHC) program are important initiatives that promote healthy development.

Discussion

The Impact of Poverty on Health and Well-being of Children and Youth in Canada

The experience of living in poverty can create severe physical, mental and emotional distress accompanied with a sense of helplessness to do anything about it.¹ There is an ongoing struggle to cope with distress, material and social deprivation, economic and food insecurity and health inequalities.¹ Child poverty is persistent and can disrupt the critical stages of physical, cognitive and emotional development of children, leading to long-term deficits in education, employment and health outcomes of the children.² Children are most vulnerable to the impacts of poverty which can create inequalities that impair future life trajectory and outcomes. Although poverty is hard to eradicate, understanding the multidimensional effects of poverty on children's health would equip us to mitigate its devastating impacts and lifelong implications through targeted programs and services.

Early childhood development is crucial as it paves the way for future health and development, making it necessary to provide children with the best start in life. Family income plays a significant role in healthy child development. Children from wealthier families benefit from more stable living conditions and greater access to opportunities that are often out of reach for those from low-income families.³ Children from low-income families or neighborhoods in Canada generally experience poorer health outcomes compared to their more affluent peers.³ Child well-being requires a wide range of conditions including food security, housing, parental and family bonds, quality childcare and education, as well as play and social engagement.

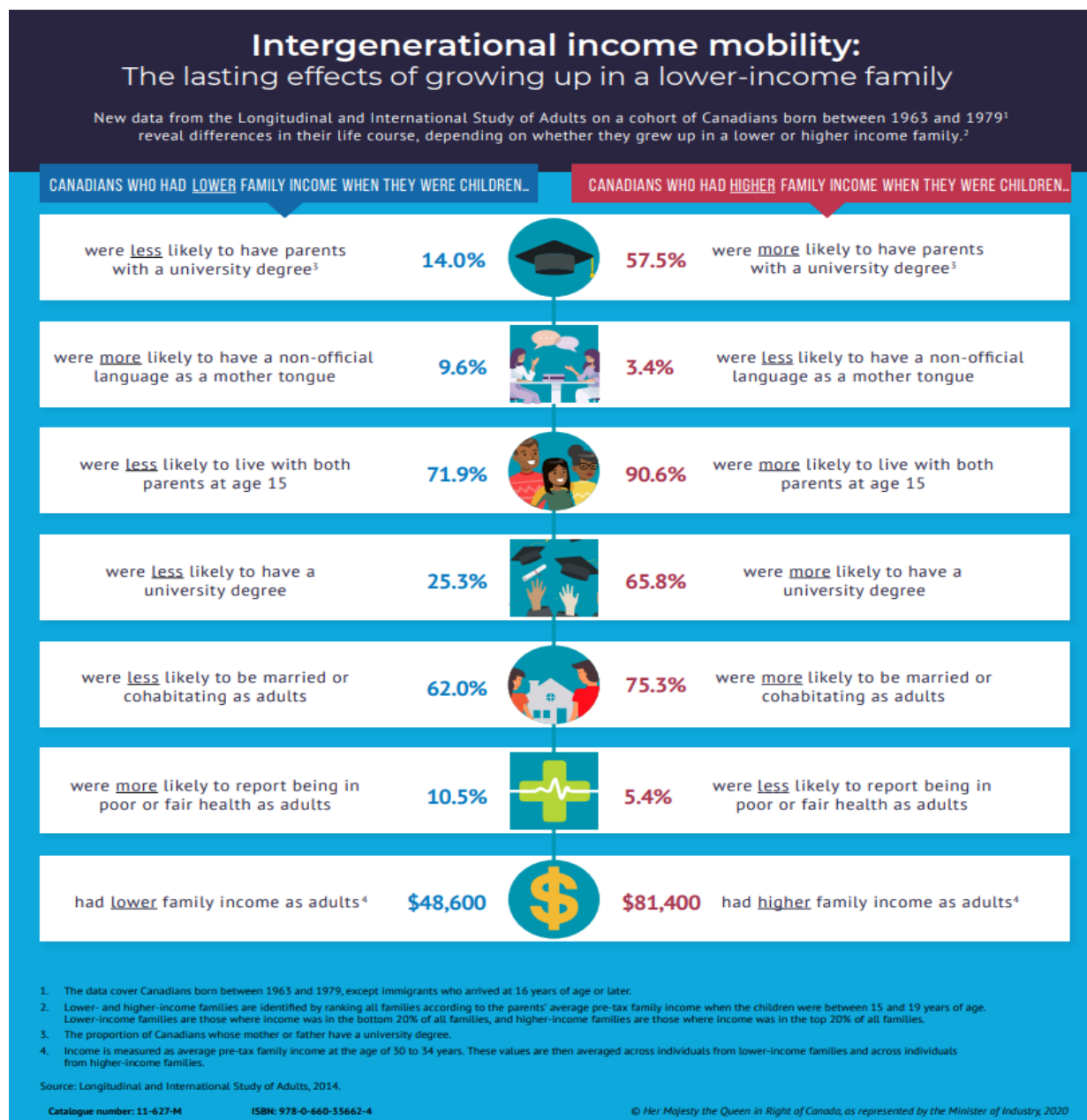
Low income and wider income inequality hinder access to these conditions, and the impacts on development outcomes appear very early in life.⁴ Moreover, poverty's impact on children's health extends into adulthood.

What does the trend suggest in Canada?

An intergenerational income mobility study of a cohort of adult Canadians born between 1963 and 1979 reveal differences in their life course, depending on whether they grew up in a lower- or higher-income family. The research suggests that there are greater disparities between

individuals (when they were 15 to 19 years of age) who grew up in lower-income families compared to those from higher-income families, focusing on various aspects such as educational access, family structure and health outcomes.

Figure 1: Intergenerational income mobility: The lasting effects of growing up in a lower-income family in Canadian born between 1963 and 1979



Source: Statistics Canada, "Intergenerational income mobility: The lasting effects of growing up in a lower-income family" Sep 15, 2020. [Intergenerational income mobility: The lasting effects of growing up in a lower-income family \(statcan.gc.ca\)](https://www150.statcan.gc.ca/n1/pub/95-02/2020001/article/00001-eng.htm)

Recent Statistics on Poverty in Canada

In Canada, poverty is measured using several indicators, including the Market Basket Measure (MBM), Low-Income Measure after tax (LIM-AT), Low-income Cut-Offs (LICOs) and the Ontario Marginalization Index (ON-MARG). The Nutritious Food Basket is also used to estimate the basic cost for a healthy diet. WDG Public Health primarily uses the LIM-AT, which is calculated as 50% of the median after-tax income of households, adjusted for household size.⁶ In 2021, the LIM-AT threshold was \$27,352 for a single-person household and \$54,704 for a four-person household.⁷ The Statistics Canada Census of Population is a crucial source for local poverty data. The 2021 Census, which used 2020 income data, factored in COVID-19 emergency benefits. These benefits temporarily lowered low-income rates, creating a reduction in poverty rates. However, preliminary data from 2021 and 2022 indicate a significant increase in poverty rates following the end of these benefits since mid-2021:

- The income survey from StatsCan conducted in 2022*, shows that the Canadian low-income rate increased by 1.3 percentage points in 2022 (from 10.6 percent in 2021 to 11.9 percent in 2022). This trend appears to show a move toward the pre-pandemic low-income rate of 12.1 percent (2019).⁸
- The poverty rate in Canada also increased 2.5% to 9.9% in 2022 from 7.4% in 2021, (compared to 10.3% in 2019). This is a significant rise in one year post cessation of COVID 19 benefits.⁸
- Racialized groups are more likely to live in poverty. The percentage in these groups increased from 9.5% in 2021 to 13% in 2022. Canadians living in poverty were: South Asians (11.5 percent), Chinese Canadians (15.6 percent) and Black Canadians (13.9 percent).⁸
- Individuals living alone are almost four times more likely to experience poverty compared to those living with family members.⁸
- In 2022, 12.3% of people with disabilities were living in poverty, indicating a higher risk of poverty for this group.⁸
- Recent immigrants also face higher poverty rates, with 10.7% living in poverty.⁸

* The datasets for poverty rates referenced in the Canadian Income Survey 2022 are determined using the Market Basket Measure (MBM).

Poverty Statistics in Target Age Groups (0 to 17 years)

In 2022, the poverty rate for children under 18 years of age rose to 9.9%, up from 6.4% in 2021, and 9.4% in 2019. The higher child poverty rates contribute to economic hardships, affecting their access to resources such as nutritious food, stable housing and educational opportunities.⁸

Food insecurity data also reveals concerning trends:

- In individuals ages 12 to 17, food insecurity is three times higher in households headed by single parents with children compared to those with couples without children.¹⁴
- The proportion of people experiencing food insecurity rises as household education levels decrease. Individuals ages 12 to 17 living in households where the highest education level is below high school are five times more likely to experience food insecurity compared to those in households with university-educated members.¹⁴ One way to address the issue of poverty is to focus on improving education among youth.
- Food insecurity among individuals ages 12 to 17 is higher in First Nations, Métis, and especially Inuit communities compared to non-Indigenous populations.¹⁴

The Canadian Health Survey on Children and Youth in 2019 found that 9.3% of children ages 1 to 11 who sought care from a family doctor, general practitioner or pediatrician reported experiencing difficulty in accessing health care services.¹⁷

Poverty Consequences in Target Age Groups (0 to 17 years)

This section attempts to categorize individuals in low income into targeted groups of 0-6, 7-12 and 13-17 years, but the age brackets used in various literature and Canadian data sources differ. Each source categorizes age brackets differently, but this section generally aims to synchronize these variations. Where possible, it will show data points and the impact of poverty in relation to the closest matching age brackets listed below. While it highlights the effects of poverty in relation to specific age brackets, the impacts are felt across all age groups in various dimensions.

0-6 Years

Poverty can have devastating effects on a child's physical and cognitive development.⁹ Children ages 0-6 years are particularly vulnerable due to the critical nature of this developmental period. Poverty adversely affects prenatal care and maternal health, leading to higher rates of low birth weight and developmental delays.⁹ Food insecurity, a direct consequence of poverty, correlates with nutritional deficits that can hinder cognitive development and emotional well-being.¹⁴ More than four in ten (41%) families with a female lone parent reported experiencing food insecurity in Canada.⁹ The economic challenges following separation also significantly contribute to poverty, which in turn affects the ability to provide essential care and nurture during early childhood, a critical period for development.² Although food insecurity is also higher than average among male lone parents, the proportion is notably lower than among female lone parents (24%).¹⁴

Access to quality early childhood education and supportive parenting is often compromised in low-income households, intensifying social inequalities.⁹ StatsCan data suggests that the use of childcare services is highest in families with children between the ages of 2 and 4 years, and decreases as children enter school age.¹³ Families with preschool-aged children spend a greater

proportion of their annual income on childcare, compared to families with older children.¹³ Lone mothers with low income often face economic hardships that limit their ability to provide for their children.¹³ This financial strain can lead to unstable and inconsistent parenting.⁹ This can manifest in children's behaviours such as anxiety, aggression and difficulty forming secure bonds, lack of readiness and more mental health issues at later ages.⁹

7-12 Years

For children ages 7-12, the implications of poverty extend into their educational experiences and social relationships. This age range is crucial for cognitive and social skill development, yet many children from low-income families face significant barriers to learning. Poor housing conditions, lack of access to educational resources and limited extracurricular opportunities are prevalent among these children.¹¹ Children living in poverty often experience increased stress, which can lead to behavioral problems and lower academic performance.¹² Additionally, social exclusion and stigma associated with poverty can negatively impact self-esteem and peer relationships. As such, the intersection of poverty with education and social environment emerges as a critical determinant of health outcomes, emphasizing the need for targeted interventions to support this demographic.¹²

Poverty significantly affects a child's readiness for school, which is crucial for their future educational success. Children from low-income families often start school at a disadvantage compared to their peers from more affluent backgrounds.¹⁸ This disparity is evident in various measures of school readiness, including physical well-being, motor development, emotional health, social knowledge, language skills and cognitive abilities.³ Factors such as parental inconsistency, lack of supervision and poor role modeling in low-income households contribute to these early developmental challenges.¹⁸ Children from lower-income families consistently perform worse academically than their higher-income peers.¹⁸ For instance, higher family incomes are associated with better cognitive and school outcomes, such as higher math and reading scores. Conversely, children from low-income families are more likely to experience academic failure and are less likely to complete high school or pursue postsecondary education.

13-17 Years

The challenges faced by adolescents ages 13-17 often become more pronounced as they transition into adulthood. In this stage, the consequences of poverty manifest through increased risks of mental health issues, substance use and engagement in risky behaviors.¹⁵ Adolescents from low-income families may lack access to mental health services, educational support and healthy recreational activities, which are essential for positive development.¹⁵ The Canadian Health Survey on Children and Youth (CHSCY) conducted in 2023 highlighted notable changes among participants since 2019.¹⁹

Specifically, it reported that the number of individuals ages 12 to 17 who described their mental health as fair or poor increased to 418,500 in 2023, compared to 100,300 in 2019. Several other indicators also showed increases, including perceived life stress, smoking rates and cannabis usage.¹⁹

Parental separation, substance disorder, neglect, abuse and family discord may lead to adverse childhood experiences (ACEs). These can shape individual development physically, mentally and emotionally. The more ACEs a child experiences, the higher likelihood of negative outcomes in life. Data shows that children who experience ACEs are:²⁰

- 4 times more likely to be a high-risk drinker
- 6 times more likely to have had or caused an unplanned teenage pregnancy
- 6 times more likely to smoke
- 12 times more likely to have attempted suicide
- 6 times more likely to have received treatment for mental illness
- 15 times more likely to have been violent in the last year
- 16 times more likely to have used substances
- 20 times more likely to have been incarcerated
- 46 times more likely to have injected drugs

In the mid to long term, obesity and chronic conditions appear to be interconnected for children from low-income backgrounds as they transition into adulthood.²⁰ Overall, these determinants create a complex web of influences that can intensify the effects of poverty and shape individual's life and outcomes.

Local Picture

Statistics Canada Data Findings in WDG

In WDG, the 2021 Census of Population reported that 5,345 children ages 0-17 were living in a low-income household. This represents 23.7% of the low income population in WDG (22,510). The percentage of children from 0-17 living in poverty in WDG is higher than the national rate of 21%.⁶ The 5,345 children can be further broken down as: 0-4 years (1580), 5-9 years (1665) and 10-14 years (1480).

In Dufferin County, 1010 Children ages 0-17 years were classified as low income. Orangeville (390 individuals) and Shelbourne (200 individuals) were the municipalities with the highest numbers of low-income children in Dufferin County.⁶

In Guelph and Wellington County, Mapleton (18.2%) and Wellington North (16.9%) were the municipalities with the highest rates of children living on low income. Although the rate of children

living on low income in the City of Guelph was 8.2%, some neighbourhoods had much higher rates.¹⁶ In the Onward Willow neighbourhood, 19.2% of children were living in low-income households. Children living in a one-parent family were nearly four times as likely to live in low-income compared to children in a two-parent family (16.3% compared to 4.3%).¹⁶

In WDG, approximately 10.5% of households are classified as low income according to the Low-Income Measure (LIM) after tax, indicating that a significant portion of the population is struggling with economic stability. On average, households allocate 23.5% of their income to shelter costs, but for low-income households, this figure often exceeds 30%, highlighting the financial strain these families face in securing adequate housing.²³

Moreover, the unemployment rate among low-income individuals is notably higher in specific municipalities, with Guelph at 25.5%, Puslinch at 19.4% and Orangeville at 19.8%, indicating localized economic challenges that intensify poverty. Additionally, children ages 0-5 who are recent immigrants are over 2.5 times more likely to live in low-income households compared to their non-immigrant peers. Economic disparities also exist for the local Indigenous population, where 11.1% of children ages 0-5 live on low income, compared to 9.1% among non-Indigenous children. These statistics underscore the urgent need for targeted interventions to support vulnerable families and improve economic conditions for children in the region.²³

Adverse childhood experiences (ACEs) in WDG²⁰

In WDG, a staggering 80% of adults reported experiencing at least one ACE, with 30% facing four or more ACEs, highlighting a significant public health concern. The most commonly reported ACEs include emotional neglect (46%), emotional abuse (55%) and living in households with problematic substance use (40%). These experiences have profound implications; individuals with four or more ACEs are notably more likely to engage in harmful health behaviors, being six times more likely to smoke and twelve times more likely to have attempted suicide.

The findings also emphasize the importance of increasing protective factors, such as nurturing relationships and a sense of belonging, which can help mitigate the adverse effects of ACEs and foster resilience among affected individuals. To address these challenges, WDG Public Health collaborates with organizations like the Community Resilience Coalition of Guelph and Wellington to raise awareness and enhance support for children, youth and families. Furthermore, the 2019 Wellington-Dufferin-Guelph Childhood Experiences Survey illustrates the intergenerational impacts of ACEs, revealing that mental illness and substance use in households are prevalent ACEs that contribute to similar issues in adulthood, underscoring the urgent need for intervention and support.

The Well-being Health and Youth (WHY) Findings in WDG

The Well-being Health and Youth (WHY) Surveys gather information from youth, parents and school staff about health and well-being. The most recent survey conducted in 2024 found a few notable issues:

- 15.5% of youth reported having thoughts of suicide in the past year, reflecting a slight increase from 14.6% in 2022, which underscores the pressing need for mental health programs. Additionally, a significant portion of respondents—23.3%—did not seek help for their mental health concerns, indicating potential barriers to accessing necessary resources.
- While there was a decrease in reported barriers to accessing community programs and services, down from 47.5% in 2022 to 32.2%, this still highlights ongoing challenges that need to be addressed.
- Substance use among younger students is also troubling, with 3.4% of grades 4 to 6 students reporting drug use and 6.9% having tried alcohol, both figures marking an increase from previous years. Conversely, alcohol consumption among students in grades 9 to 12 decreased to 40.9%, down from 47.8% in 2022. It suggests some positive shifts in behavior among older adolescents.
- Moreover, many parents expressed concerns about their children's developmental challenges, with 19.3% reporting difficulties in learning and 11.9% noting poor social skills. Alarming, 29.3% of parents indicated that their children face various social, emotional, behavioral or learning challenges that interfere with their functioning at school, pointing to a critical need for targeted interventions to support these youth.

Local Programs to Combat Poverty

Children's early years are a particularly sensitive time in terms of future health outcomes. Public health interventions supporting pregnant women and parents with young children such as the **Healthy Babies Healthy Children (HBHC)** program are important initiatives that promote healthy development.¹⁶

One promising intervention is the **Pathways to Education** program. This model provides comprehensive after-school programming to disadvantaged youth in order to help them complete their education and transition to additional training and increased earning potential in the longer term.²¹ Evaluations of Canadian pilots showed that Pathways increased high school graduation rates, lowered dropout rates, increased enrollment to post-secondary education and improved labor market outcomes.²¹ A model based on the successes of this program would be worthwhile to explore for the communities in the WDG region most affected by poverty.¹⁶

Wellington County Learning Centre also offers a variety of educational programs to help youth improve their math, literacy and other needed skills for low-income household and who are ages 6 to 18 years to support their growth and development at early ages.²²

Keep Kids Fed at School is a program that provides breakfast, snack and lunch programs for students in schools throughout Wellington, Dufferin and Guelph. These socially inclusive student nutrition programs, provide nutritious food to help improve students' physical and mental well-being and ensure that students can focus and succeed in their studies without the distraction of hunger.

Conclusion

This report highlights the profound and multifaceted impact of poverty on the health and well-being of children and youth in Canada, particularly within Wellington-Dufferin-Guelph. Children living in poverty experience severe challenges that hinder their physical, cognitive and emotional development, leading to long-term deficits in education and health outcomes. The increasing rates of child poverty, alongside the stark disparities faced by marginalized groups, underscore the urgency of addressing these issues. With factors such as food insecurity, limited access to quality education and adverse childhood experiences contributing to this cycle, it is clear that poverty not only affects immediate well-being but also shapes future life trajectories.

To combat these pressing issues, targeted interventions and comprehensive support programs are essential. Initiatives such as the Healthy Babies Healthy Children program and Pathways to Education offer promising avenues to enhance developmental and educational outcomes for children in low-income families. Comprehensive food insecurity program is essential for ensuring access to nutritious meals, which can significantly improve their overall health and development. Moving forward, ensuring that all children have access to the resources necessary for healthy development is a key to combat poverty. By fostering resilience and providing equal opportunities, we can work toward breaking the cycle of poverty and improving the overall health and well-being of future generations.

Ontario Public Health Standards

Foundational Standards

- ☒ Population Health Assessment
- ☒ Health Equity
- ☐ Effective Public Health Practice
- ☐ Emergency Management

Program Standards

- ☐ Chronic Disease Prevention and Well-Being
- ☐ Food Safety
- ☐ Healthy Environments
- ☐ Healthy Growth and Development
- ☐ Immunization
- ☐ Infectious and Communicable Diseases Prevention and Control
- ☐ Safe Water
- ☐ School Health
- ☐ Substance Use and Injury Prevention

2024-2028 WDGP Strategic Goals

- ☒ Improve health outcomes
- ☒ Focus on children's health
- ☐ Build strong partnerships
- ☐ Innovate our programs and services
- ☐ Lead the way toward a sustainable Public Health system

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