



## B.C. Coalition of Nursing Associations

### Submission on the B.C. Poverty Reduction Strategy

March 2018

## **Introduction**

The BC Coalition of Nursing Associations (BCCNA) welcomes Government's commitment to public consultation on the development of a Poverty Reduction Strategy for British Columbia, and is pleased to provide a nursing perspective on this important topic. BCCNA brings together the collective voice and leadership of all four professional nursing associations and nurse educators in B.C., including the Association of Registered Nurses of British Columbia (ARNBC), Association of Registered Psychiatric Nurses of British Columbia (ARPNBC), British Columbia Nurse Practitioner Association (BCNPA), Licensed Practical Nurses Association of British Columbia (LPNABC), and the Nursing Education Council of British Columbia (NECBC).

As the largest healthcare workforce, B.C. nurses have the knowledge and expertise to inform the development of B.C.'s provincial poverty reduction strategy, and recognizes the importance of collaboration between individuals living in poverty, community organizations, government, and other stakeholders in developing an effective, proactive and sustainable strategy. This submission has been informed by Licensed Practical Nurses (LPNs), Nurse Practitioners (NPs), Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs) and nursing students across the province, and provides a balanced overview of BCCNA's beliefs around poverty as well as the essential elements and key areas of focus through a nursing perspective.

## **Nursing Perspective on Poverty in B.C.**

Nurses work with British Columbians across the lifespan, and have a long and proud history of not only caring for individuals living in poverty, but speaking out strongly against inequitable social structures, organizations, and institutions that harm and marginalize individuals through the implementation of policies and practices.<sup>1</sup> Through our practice, we have the unique opportunity to bring forward the stories and lived experiences of British Columbians living in poverty. As one of the most pressing social justice issues that currently exist in B.C., BCCNA believes that poverty is a violation of human dignity<sup>2</sup> and human rights,<sup>3</sup> and impedes many British Columbians' of their ability to realize their personal aspirations, satisfy their needs and cope with the environment.<sup>4</sup>

More specifically, poverty is the experience of a denial of choices and opportunities leading to the lack of resources, capabilities, security, and power necessary to achieve an adequate standard of living, which includes the ability to exercise full social, cultural, economic, civil, and political, rights.<sup>5</sup> It goes beyond material and income deprivation to include social deprivation, leading to the inability to effectively participate in society, preventing individuals, communities and society as a whole from reaching their full human and societal potential. As a result, success of a Poverty Reduction Strategy will mean that every British Columbian regardless of race, ethnicity, age, gender, sexual orientation, religion,

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<sup>1</sup> Canadian Nurses Association. (2017). Code of Ethics for Registered Nurses. Retrieved from <https://www.cna-aicc.ca/en/on-the-issues/best-nursing/nursing-ethics>

<sup>2</sup> United Nations. (1998). Statement of commitment of the administrative committee on coordination for action to eradicate poverty. Retrieved from <https://www.unsceb.org/content/acc-statement-commitment-action-eradicate-poverty-22-june-1998>

<sup>3</sup> B.C. Poverty Reduction Coalition. (2014). Poverty in British Columbia is a violation of human rights. Retrieved from [http://B.C.povertyreduction.ca/wp-content/uploads/2014/12/2014\\_prc-HR-framework1.pdf](http://B.C.povertyreduction.ca/wp-content/uploads/2014/12/2014_prc-HR-framework1.pdf)

<sup>4</sup> World Health Organization. (1986). The Ottawa charter for health promotion. Retrieved from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

<sup>5</sup> United Nations Economic and Social Council, Committee on Economic, Social and Cultural Rights. (2001). Substantive issues arising in the implementation of the international covenant on economic, social and cultural rights: Poverty and the international covenant on economic, social and cultural rights. Retrieved from <http://www2.ohchr.org/english/bodies/cescr/docs/statements/E.C.12.2001.10Poverty-2001.pdf>

disability, or socioeconomic status will have the ability to participate and exercise choice and rights fully, to lead healthy and productive lives.

Nursing knows that poverty is a key factor underlying whether the prerequisites for health such as peace, shelter, education, food, income, social inclusion, and equity can be attained.<sup>6</sup> Through working across communities in B.C., nurses also understand that poverty not only impacts the individuals who experience it, but the health and well-being of society as a whole through the destruction of social cohesion. Nursing values and nurses' ethical responsibility of promoting social justice, providing safe, compassionate, competent, and ethical care, promoting health and well-being, and preserving dignity continues to position nurses in being strong advocates in reducing health, social, and economic inequities.<sup>7</sup>

### **Recommendations: Key Elements for B.C.'s Poverty Reduction Strategy**

Through BCCNA's analysis and consultations with nurses across the province, the Coalition believes that sustainable and effective policy solutions to address, reduce, and eliminate poverty in B.C. requires a province wide strategy that includes that following key elements.

1) **A commonly agreed upon definition of poverty that reflects the multidimensional nature of poverty and a measurement tool based on this definition.**

While community organizations, advocates and government have all attempted to work towards reducing poverty with varying degrees of success, the lack of consensus around the definition, causes, and measurements of poverty<sup>8 9</sup> continue to result in a patchwork of policies and initiatives that are ineffective in reducing poverty and preventing it from occurring in the first place.

2) **A strategy built on a human rights framework.**

There must be acknowledgement that social condition discrimination is a serious human rights issue within the province as indicated in the Parliamentary Secretary's Report and Recommendations "A Human Rights Commission for the 21<sup>st</sup> Century: British Columbians talk about Human Rights",<sup>10</sup> and human dignity and human rights must key guiding principles within the strategy.

3) **Measureable goals, targets, and timelines that are legislated, as well as accountability mechanisms that ensure continued credibility, transparency, relevance, clarity, and consistency.**

<sup>6</sup> World Health Organization. (1986). The Ottawa charter for health promotion. Retrieved from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

<sup>7</sup> Canadian Nurses Association. (2017). Code of Ethics for Registered Nurses. Retrieved from <https://www.cna-aicc.ca/en/on-the-issues/best-nursing/nursing-ethics>

<sup>8</sup> de-Groot-Maggetti, G. (2002). A guide to the debate about poverty lines. Citizens for Public Justice. Retrieved from [https://cpj.ca/sites/default/files/docs/A\\_measure\\_of\\_poverty.pdf](https://cpj.ca/sites/default/files/docs/A_measure_of_poverty.pdf)

<sup>9</sup> Klien, S., Ivanova, I., & Leyland, A. (2017). Long overdue: Why B.C. needs a poverty reduction plan. Canadian Centre for Policy Alternatives. Retrieved from [https://www.policyalternatives.ca/sites/default/files/uploads/publications/B.C.%20Office/2017/01/ccpa-B.C.\\_long-overdue-poverty-plan\\_web.pdf](https://www.policyalternatives.ca/sites/default/files/uploads/publications/B.C.%20Office/2017/01/ccpa-B.C._long-overdue-poverty-plan_web.pdf)

<sup>10</sup> Government of B.C. (2018). A human rights commission for the 21<sup>st</sup> century: British Columbians talk about human rights. A report and recommendations to the Attorney General of British Columbia. Retrieved from <https://engage.gov.bc.ca/app/uploads/sites/213/2017/12/HRC-Final-Report-accessible-PDF.pdf>

BCCNA believes that careful consideration is required in the establishment of consistent and reliable measurements against timelines that enable tracking of the incidence and extent of poverty, and to provide an objective assessment of progress on policies and programs aimed to address poverty.

4) *A mix of downstream, midstream, and upstream approaches and collaboration across sectors.*

There is no “one-size-fits-all” approach when addressing poverty and a mix of downstream, midstream and upstream approaches are required. While downstream and midstream approaches<sup>11</sup> do not reform the fundamental social and economic structures that distribute wealth, power, opportunities, and decision-making, which are the structural ‘root’ causes of poverty and inequity, it could help to alleviate the burden of poverty by addressing the immediate needs of individuals<sup>12 13 14</sup>. Evidence supports targeted interventions directed at disadvantaged groups as a method for reducing inequities, however, targeted interventions are not enough. Without the integration of upstream approaches in addressing poverty, the underlying inequitable economic and social structures that cause poverty will remain unchanged, making poverty prevention unattainable<sup>15</sup>.

5) *Meaningful involvement with individuals experiencing poverty in order to enable authentic empowerment.*

Poverty reduction should not be a top-down effort, and solutions must come from the communities experiencing poverty. As an organization that works closely with patients and those with lived experience, BCCNA believes that a crucial policy direction to promote equity involves strengthening and supporting the participation of civil society and enabling true empowerment of affected communities and individuals to become active in shaping their own health and well-being.<sup>16</sup> BCCNA believes that a concrete plan related to community involvement must be articulated in the poverty reduction strategy in order to ensure accountability.

### Recommendations: Key Areas of Focus for B.C.’s Poverty Reduction Strategy

Through BCCNA’s analysis and consultations, several key areas of focus emerged. Many of these key areas of focus align strongly with organizations currently involved in poverty reduction across the province, and provides government with ideas on how we can reduce poverty and contribute to economic and social inclusion. BCCNA also wishes to highlight the many solutions and contributions that nurses and nurse practitioners across the province can make within every single community across B.C.

1) Marginalized and Vulnerable Populations

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<sup>12</sup> National Collaborating Centre for Determinants of Health. (2014). Let’s talk: Moving upstream. Retrieved from [http://nccdh.ca/images/uploads/Moving\\_Upstream\\_Final\\_En.pdf](http://nccdh.ca/images/uploads/Moving_Upstream_Final_En.pdf)

<sup>13</sup> Kirkham, S.R., & Browne, A.J. (2006). Toward a critical theoretical interpretation of social justice discourses in nursing. *Advances in Nursing Science*, 26 (4). 324-339.

<sup>14</sup> Yanicki, S., Kushner, K.E., & Reutter, L. (2014). Social inclusion/exclusion as matters of social (in) justice: A call for nursing action. *Nursing Inquiry*, 22 (2). 121-133. doi: 10.1111/nin.12076

<sup>15</sup> National Collaborating Centre for Determinants of Health. (2014). Let’s talk: Moving upstream. Retrieved from [http://nccdh.ca/images/uploads/Moving\\_Upstream\\_Final\\_En.pdf](http://nccdh.ca/images/uploads/Moving_Upstream_Final_En.pdf)

<sup>16</sup> World Health Organization. (2010). A conceptual framework for action on the social determinants of health. Retrieved from [http://apps.who.int/iris/bitstream/10665/44489/1/9789241500852\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44489/1/9789241500852_eng.pdf)

Through daily interactions with British Columbians, nurses know that British Columbians who face social exclusion and discrimination based on race, gender, sexual orientation, disability, age, immigration status, and socioeconomic status are more likely to experience poverty and ill health than the general population. Specifically key populations that require particular focus within B.C.'s poverty reduction strategy include:

- a. Indigenous peoples
- b. Seniors
- c. Individuals living with mental illness and substance use issues
- d. Lesbian, gay, bisexual, transgender, queer/questioning, two-spirited individuals (LGBTQ2S+)
- e. Individuals living with disability
- f. New Canadians (i.e. immigrants, refugees, displaced persons)
- g. Single mothers

Many individuals living in poverty are already marginalized in society, and face significant barriers to community participation, which lead to isolation. Individuals living in poverty must be able to participate in the social lives of their communities and have their contributions acknowledged.<sup>17</sup> Greater investment must be made in supporting social networks, and engaging with community members in a meaningful way through partnerships.

## 2) Income Security and Employment

The majority of British Columbians living in poverty are already working and many individuals are unable to make ends meet despite their efforts. Every British Columbian has the right to be provided with equal opportunity to participate fully in economic life. As a result, raising the minimum wage and indexing to inflation with the ultimate goal of adopting a living wage for British Columbians is crucial. While some British Columbians do rely on social assistance, current assistance is insufficient, and at times, difficult to access due to administrative and structural barriers. While the underlying structural issues that lead to poverty must be addressed, there also needs to be greater investment in maintaining an effective social safety net for those in need. Many low-income British Columbians also require greater support in accessing financial information and advice, and strategies such as investing in financial literacy to support decision making can make a difference. At the same time, there is also a need to focus on strategies that support marginalized and vulnerable populations in gaining employment, and removing employment barriers for British Columbians living with a disability.

## 3) Housing

The availability and accessibility of affordable housing is a serious issue that is contributing to poverty. Nurses care for many individuals within their communities who are struggling to find safe, affordable and appropriate housing that meet their needs, and witness the devastating consequences each day within emergency rooms, acute care centres, and within the community. It is vital to develop a long term affordable housing strategy that includes a variety of flexible housing options (e.g. social housing, co-op housing, rental, assisted-living, residential care, etc.) in order to meet the diverse needs of British Columbians, especially marginalized populations.

## 4) Early Childhood Development

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<sup>17</sup> Standing Senate Committee on Social Affairs, Science and Technology. (2013). In from the margins, part II: Reducing barriers to social inclusion and social cohesion. Retrieved from <https://sencanada.ca/content/sen/Committee/411/soci/rep/rep26jun13-e.pdf>

Nursing knows that creating the conditions that support childhood development early on in life has significant impacts later on in their life course. Access to child care and early childhood education can have long lasting impacts on the socioeconomic status of children later on in life. Families are in need of more affordable and accessible childcare, which includes financially accessible care as well as childcare that accommodates all type work schedules. Greater investments are required to enable affordable and accessible child care, and structural or financial barriers for all children, with a particular focus on children from low-income families and Indigenous children must be addressed and removed.

#### 5) Education, Training and Skills Development

For many British Columbians, the ability to access education highly depends on their income, geographic location, and culture and / or disability status. Accessible and affordable education is pivotal in preventing poverty and ending intergenerational poverty. B.C.'s poverty reduction strategy should ensure strategies are in place to increase the accessibility and affordability of education, and ways to utilize educational facilities to provide additional services that support the social determinants of health such as food security, housing and social inclusion. Current organizations that assist with job searching skills and deliver training and re-training programs can be expanded to support more people in finding suitable jobs.

#### 6) Health and Wellness

Individuals living in poverty are at an increased risk for developing chronic diseases, mental illness, substance use issues, suicidal thoughts and behaviors. To live in a state of poverty is to live in perpetual hopelessness, anger and despair which augment the risk of exposure to chronic and/or traumatic stress. Nurses across the province interact with British Columbians living in poverty on a daily basis, and hear stories of clients not being able to afford prescription medications, engage in preventative or wellness activities or other needed healthcare services such as dental and vision care. We also know that many marginalized groups as listed above continue to have poor access to healthcare services due to stigma, discrimination and a lack of culturally safe care.

Greater access to primary health care is key in a poverty reduction strategy, and an area that nurses and nurse practitioners across B.C. can continue to lead. Accessing culturally safe, coordinated, team based, primary health care services as well as preventative and wellness services that address the social determinants of health through models such as community health centres are essential. Beyond access to primary care, reducing poverty requires that the province better support individuals struggling to purchase prescription medications and other needed services such as vision and dental care. Further, community health nurses (which includes public health nurses) have a significant role to play in working with individuals and communities in reducing poverty. Over the years, the role of community health nurses, especially public health nurses have been eroded, with limited ability to work collaboratively with communities to address the social determinants of health. BCCNA would strongly support that these unique functions be reintroduced back into the vital role of community health nurses.

## Conclusion

Poverty affects the health and well-being of all British Columbians and it is neither an inevitable part of society nor too complex to solve. Actions can be taken immediately to reduce the impact of poverty on individuals through downstream and midstream approaches. However, in order to prevent poverty from occurring in the first place, upstream approaches are needed to revolutionize the current systems and structural determinants that create poverty. Poverty reduction is everyone's responsibility, and nursing is well-positioned to continue to take the lead in supporting poverty reduction by ensuring the structural determinants of poverty are prioritized and addressed. Concerted effort and long-term political commitment among all sectors of government, civil society organizations, and stakeholders would make such change possible. Through advocacy and collaboration, BCCNA will continue to work towards ensuring poverty reduction and elimination remains a top priority for B.C.