

Submission: A Provincial Poverty Reduction Strategy to Promote the Health and Well-being of British Columbians

The BC Alliance for Healthy Living (BCAHL) is pleased to submit this paper to the BC Government for consideration in the BC Poverty Reduction Strategy consultation process. We applaud the government for its commitment to a poverty reduction plan and for its efforts to consult and engage with a broad cross-section of civil society including those with lived experience.

BCAHL is an Alliance of twelve provincial organizations who started working together in 2003, to advocate for healthy public policy that would address the common risk factors and health inequities which contribute significantly to chronic disease.

BCAHL first began looking into the connections between poverty and health in 2008 when a demographic pattern was observed among those who were at a greater risk to smoke, eat fewer fruits and vegetables and to be less active. We examined the research and did focus group testing to try and understand why we were seeing people with lower incomes and less education overly-represented in chronic disease risk factors. The investigation revealed that in BC, as in other jurisdictions, poverty is associated with poorer health outcomes. Since then, we have been asking government to develop a poverty reduction strategy with targets, timelines and a designated Minister to provide leadership. BCAHL has also been part of the Poverty Reduction Coalition since its inception. Nearly a decade later, we are delighted to be adding our perspective on a Poverty Reduction Strategy for BC.

The Connections between Poverty and Health

It is estimated that one in three British Columbians (32%) are living with one or more diagnosed chronic conditions. Together they consume approximately 80% of the combined Medical Services Plan, PharmaCare and acute care budgets. A significant proportion of cancers, heart and respiratory diseases and diabetes are preventable; it is estimated that between 50% and 80% are avoidable.ⁱ

British Columbians who live in our poorest communities are between 24% and 91% more likely to die early from chronic diseases, including from cancer (24%), respiratory diseases (53%), circulatory diseases (65%) and diabetes (91%).ⁱⁱ Many of the risk factors for chronic disease such as smoking, alcohol, inactivity and an unhealthy diet are concentrated in populations with low socio-economic status, but poverty also affects risk for chronic disease independently from these behavioural risk factors. This is believed to come largely from a physiological response to high levels of toxic stress and trauma among those who live in poverty.ⁱⁱⁱ

The relationship between social inequities and health outcomes is not only causal but it is also bi-directional. Populations living in poorer social conditions have higher rates of chronic disease and through periods of ill health, individuals with chronic disease can lose the security of adequate income and social supports.

The Public Health Agency of Canada estimates that socio-economic inequities in health are responsible for more than 20% of health care costs. Population health data clearly shows that as socio-economic status improves, so too do health outcomes. Our former Provincial Health Officer, Dr. Perry Kendall calculated that BC could potentially avoid up to \$2 billion in yearly healthcare costs.ⁱ Investment in a Poverty Reduction Strategy is an investment in health promotion and chronic disease prevention and an opportunity to control the growth of future healthcare costs.

A FRAMEWORK FOR ACTION

Poverty is a complex problem that cannot be addressed by a single policy, ministry or agency. What is required is an integrated approach that will deal with the complexity from various angles. This necessitates the participation of multiple sectors, including multiple levels of government, the non-profit, education, and private sectors as well as representatives from affected communities. Government not only needs to engage with external partners but also work more effectively internally by increasing cross-ministerial cooperation and integration.

As a health organization, BCAHL sees poverty reduction through the lens of the social determinants of health. Outlined below are the key areas that require policy action and investment if British Columbia is going to be successful in its poverty reduction strategy; these include: income security, early childhood development, childcare and family supports, affordable housing, education and literacy and public transportation.

LEGISLATED TARGETS AND TIMELINES

BCAHL, as a member of the BC Poverty Reduction Coalition, supports legislated targets with annual progress reporting. A commitment to accountability and transparency requires rigorous

data be used to assess progress; as such, we suggest that Statistic's Canada Market Basket Measure¹ be used to measure the following targets:

1. Reduce BC's poverty rate by 30% within four years and by 75% within 10 years.
2. Ensure the poverty rate is reduced in populations that are at a heightened risk for poverty – including: children, lone-mother households, single senior women, First Nations and Aboriginal Peoples, those with disabilities, immigrants and refugees, by 30% within four years and by 75% within 10 years.
3. Within two years, ensure that every British Columbian has access to an income that reaches at least 75% of the poverty line.
4. Within two years, ensure no one has to sleep outside and end homelessness within eight years.

RECOMMENDATION: In addition to the targets and timelines above, BCAHL would encourage the BC government to include targets to mark progress on food security, affordable housing, homelessness, childhood vulnerability, high school completion and health inequities in the strategy as well as measures around depth of poverty, absolute numbers of individuals living under the poverty line and the rate of child poverty. A cross-ministerial surveillance team should be assembled to provide expertise and guidance on measurement tools. The Population Health Surveillance and Epidemiology team at the BC Centre for Disease Control would be an excellent resource as they already compile data on health inequities and socio-economic markers.

INCOME SECURITY

Sufficient income allows access to adequate housing, nutritious foods, safe communities and participation in recreational, educational and cultural opportunities as well as other essentials for a healthy life. In contrast, inadequate income limits the security of these basic living conditions for individuals and families and that insecurity can create tremendous stress which also contributes to ill health.

Inadequate family income can take a substantial toll on the health of children and establish a negative trajectory for life-long health outcomes. According to First Call's 2017 Child Poverty Report Card, "153,300 or 1 in 5 [BC children] – are growing up in poverty, including half of all children in lone-parent families, most of them female-led." Compared to other provinces, British Columbia has the highest percentage of children living with inadequate family incomes. In 2015 18% of BC children were living in low-income families. A higher proportion of the

¹ Calculated by Statistics Canada, the Market Basket Measure represents a basic standard of living and is based on the actual cost of purchasing shelter (including utilities), a nutritious diet, clothing and footwear, transportation costs, and other necessary goods and services. Currently, this ranges from \$1477 to \$1669 a month in BC for a single person and from \$2953 to \$3337 for a family of four depending on the size of their community.

Aboriginal families have low incomes which leaves 31% of Aboriginal children who are off-reserve living in poverty. The rate of poverty among new immigrant children is 45%. Benefits targeted to low income families with children can help to break the cycle of disadvantage.

Income assistance rates should adequately support those who are experiencing financial emergencies or face barriers to income through long-term unemployment. The rate increase introduced this past September provided much needed relief. Moving ahead, BC can build a stronger system of support for persons with disabilities, special needs, children at risk, and seniors by ensuring that income assistance rates are based on, and keep pace with, the actual cost of living.

As a starting point we'd like to see the strategy look at gaps and see how policy responses are designed to address real life challenges. For example:

- On food security, the income assistance rates do not provide enough to purchase a healthy diet. According to research by Provincial Health Services Authority: in 2015, the average monthly cost of healthy groceries to feed a family of four was \$974 (\$1,032 in Northern BC)
- On affordable housing, income assistance rates should be informed by data on real market costs of rental housing – according to the Canadian Housing Mortgage Corporation, the BC average rental ranged from \$924 for a bachelor suite up to \$1379 for 3-bedroom suite in 2016 (and this is much higher in Vancouver)

As emphasized by the Poverty Reduction Coalition, “the current welfare rate of \$710 is only 43% of the poverty line leaving the 190,000 people on income assistance in a constant state of deprivation, stress and mere survival.” BCAHL supports the Poverty Reduction Coalition’s recommendation to base income assistance rates on the Market Basket Measure to ensure that people can live with dignity.

When it comes to earned income, British Columbians employed full time should earn enough to afford healthy basic needs including safe, adequate shelter, healthy food, household amenities, childcare, clothing, transportation and recreation. BCAHL supports regular, predictable raises in the minimum wage and indexing the minimum wage to inflation so that work provides a path out of poverty.

BCAHL would also encourage the BC government to consider using GST credits, climate action tax credits and child benefits as targeted measures to lift people out of poverty.

RECOMMENDATIONS:

- Base income and disability assistance rates on the Market Basket Measure to ensure they are adequate for providing healthy basics and index to inflation.
- Increase earning exemptions so that income and disability assistance recipients can gain the benefits of employment and work experience with transitional support.

- Remove the barriers that discourage, delay and deny people from accessing income and disability assistance since it functions as a last resort support.
- Provide regular, predictable raises in the minimum wage and index to the rate of inflation.
- Continue to enhance and build on the Single Parent Employment Initiative. Use this as a model to develop transition supports for other populations.
- Use the GST tax credit, BC low income climate action tax credit, child benefits and other tax credit measures to lift people above the poverty line.
- Monitor the progress and evaluation of Ontario Pilot Projects on Basic Income.

AFFORDABLE HOUSING

Housing is one of the most basic requirements for health. When people spend excessive amounts of income on housing, fewer resources are available for other health essentials. Studies suggest affordable housing improves health outcomes by freeing up resources for nutritious food and other essentials. It reduces stress, exposure to allergens, neurotoxins and other dangers, and also provides the stability that enables patients with chronic diseases to access and maintain the level of care they need. From a public health perspective, the most acute manifestation of the housing crisis relates to homelessness.

RECOMMENDATIONS:

- Work together and coordinate the efforts and investments of non-profit organizations, the private sector and other levels of government to ensure a full spectrum of housing for those in need, including affordable housing, supportive housing, social housing, emergency and transition housing.
- Create a youth homelessness prevention strategy to eliminate youth homelessness including the creation of affordable, supportive housing options for at-risk and homeless youth.
- Develop a long-term, consolidated, comprehensive, interagency Supported Housing System for hard to house individuals; including those living with mental health problems and/or addictions.
- Ensure that emergency, transition and affordable housing meet the needs of specific populations including women and children fleeing violence, families, seniors, youth and those with mental health challenges and addictions.
- Create affordable housing targets and plans based on the actual number and future projections, of British Columbians who live below the poverty line and are in core housing need.
- Strengthen rent controls and enforce tenants' rights.

EARLY CHILDHOOD DEVELOPMENT, CHILDCARE AND FAMILY SUPPORTS

The lack of resources and choices as well as social exclusion and stress created by poverty make it one of the most significant contributors to ill health. It is deleterious at all stages of life, but childhood poverty has been shown to have a negative affect on social and health outcomes that lasts across the life course. As family income falls, the likelihood that children will experience problems increases. Rates of poor health, hyperactivity and delayed vocabulary development have been shown to be higher among children in low-income families.^{iv}

To break the cycle of disadvantage, it is critical to take a comprehensive approach and to work upstream and support children and families. Investments in early childhood development, childcare and family supports are investments in long term health and mental well-being. A child's early experiences and development establish a foundation that will impact school readiness, educational achievement and high school completion which ultimately contribute to employment, income security, physical health and mental wellness. Longitudinal studies have demonstrated that disadvantaged children who participate in quality childcare or early childhood development programs have significantly better outcomes.

RECOMMENDATIONS:

- With the current shortage of spaces in quality, licensed childcare, BCAHL encourages government to continue to build on commitments to increase access and affordability of universal childcare, across the province.
- Continue to offer programs such as the Nurse-family Partnership or Nobody's Perfect Parenting that provide important supports for families that are vulnerable or at-risk.
- Target additional program funding in areas where the data (such as the Early Development Instrument) shows high levels of vulnerability among children.
- Test the applicability of the 'RICH-ER' social pediatric approach in other parts of the Province. Ideally, pilot projects should test the approach in each of the health authorities but with diverse demographic characteristics. An innovative approach based on the RICH-ER (Responsive, Intersectoral -Interdisciplinary, Child Health - Education and Research) Model is delivered through a partnership between Child Health BC, Vancouver Coastal Health and local NGOs in the Strathcona neighbourhood of Vancouver. It delivers health care to 'hard to reach', 'disadvantaged' communities by building respectful relationships and trust and responding to 'social determinants', by:
 - i. Embedding Nurse Practitioners in community settings where people naturally gather (schools, daycares, community centres) to develop relationships in the community and act as the point of care contact for tertiary and specialist services.
 - ii. Partnering with Social Services Agencies/NGOs to work together on 'social determinants' (formal MoU) to address in a practical and more immediate way, the conditions negatively impacting health such as housing and food insecurity.
 - iii. Responding to community needs and being accountable.

EDUCATION AND LITERACY

Education, literacy and training are acknowledged as vehicles for transcending low socio-economic circumstances including health status. The relationship between education and income is so well established that educational attainment is used as a proxy measure of socio-economic status when more complete measures are lacking.

“There is strong evidence that those who graduate from high school show significantly better health and family functioning than non-graduates.”^v The unemployment rate for youth with less than a high school education is much higher (24.1% of men and 42.3% of women) compared to the rates for young people with a university education (4.6% of men and 8.4% of women).^{vi} Parent’s education levels also are strongly related to the school readiness of children.

British Columbia’s public education system already makes considerable effort to engage disadvantaged students and encourage high school completion and post-secondary education. But if British Columbia is to overcome inequities due to poor socio-economic status, then support for interventions that will increase educational opportunities for disadvantaged youth need to be strengthened.

Beyond high school, basic literacy skills are needed by all citizens. Literacy skills enhance employment opportunities as well as a person’s ability to use and understand written and verbal communication and thereby participate in society. There is a significant body of research that suggests that those who do not read daily, lose literacy skills as they age especially if they are employed in fields that don’t require them to read. “There is a large income penalty for Canadians with low literacy scores.”^{vii}

RECOMMENDATIONS:

- Within the Poverty Reduction Strategy, establish goals to improve the educational attainment of youth from disadvantaged backgrounds and to reduce the number of British Columbians with a low level of literacy.
- Commit and fund additional human resources to support the early identification of students who may withdraw from their education prior to graduation. Provide intensive individualized instruction including the use of tutoring and mentoring programs delivered by teachers interested and trained to work with at-risk students. Provide opportunities to make up work via summer and night school and correspondence.
- Integrate the delivery of child and youth assessment and support services to address substance abuse, teen pregnancy and young parenthood, suicide prevention, counseling and other mental and physical health issues into schools in consultation and coordination with the school and school district administrators, school psychologists and social service / public health agencies.
- Ensure all professionals working with Aboriginal and immigrant students have a proven level of cultural competency and access to specialized training.

- Work with First Nations communities and educators to develop a plan to increase the rate of Aboriginal children graduating from high school to the same rates as non-Aboriginal children within ten years.
- Increase support for low-income students to pursue post-secondary education and vocational training opportunities by building on the BC Grant, the BC Loan Reduction Program and extending support for students in one-year training programs.
- Review and strengthen support for adult basic education training.
- Increase accessibility of language training programs to enable immigrants to learn English and for those with some English to increase their proficiency to levels that enable them to function effectively in the workplace, take courses at post-secondary institutions and/or enter into licensing programs.
- Increase skills bridging programs to upgrade professional or technological skills and improve coordination between employers, apprenticeship bodies, licensing associations and service providers – making it easier for immigrant trades people and professionals to Canadianize their skills and credentials while also increasing opportunities to change careers.

TRANSPORTATION

Public transportation is a basic amenity that provides multiple benefits for all but is particularly necessary for those who do not own or are not able to drive their own vehicle. This includes people on limited incomes, those with physical impairments or disabilities, youth and some seniors. Transportation systems relate directly with the built environment and how our communities are planned. It can be difficult for people on low incomes who have to choose lower housing costs at the expense of transportation options.

In addition to public transit, walking and cycling options facilities support healthy living among the population as a whole and are of particular benefit to the disadvantaged since they are free and promote social integration.

RECOMMENDATIONS:

- Support the BC Road Safety Strategy Vision Zero: work with partners to create safer streets and to eliminate fatalities and serious injuries on the roads of BC. Speed limits should be reduced and strictly enforced, including through the use of cameras and other proven safety measures. Prioritize safety measures for vulnerable road users such as pedestrians, cyclists and those in wheelchairs and mobility devices.
- Invest in the full implementation of the BC Transit Strategic Plan 2030 and local governments' 'Transit Future Plans' to grow transit service and meet local needs.
- Ensure a fair share of capital funding and secure, predictable revenue tools for the full implementation of the TransLink Mayors' Council 10-Year Vision.

- Invest in public transportation systems that serve small, rural, remote and isolated communities such as the use of school buses and bus services that feed into regional centres.
- Invest in a Provincial Active Transportation Strategy to support the development of local cycling and walking infrastructure within a larger provincial network. Prioritize the completion of connected cycling and walking transportation networks.
- Expand the coverage of the transit pass for those on disability assistance so that it covers the cost of HandyDART (this is not currently the case and the premium cost of HandyDART can be a financial burden for those that need it the most and can least afford it).
- Work with BC Transit and TransLink to come up with a fare policy and structure to make transit more affordable for those with very low incomes.

CONCLUSION

Moving ahead, it will be essential to implement a number of universal policies but also to work together with key communities to develop targeted programming. Targeted initiatives should be developed and delivered in partnership with representatives from groups that are at a higher risk to be affected by poverty, including Aboriginal peoples, immigrants and refugees, single parents, people with disabilities, seniors and those with mental health issues and addictions, among others. We strongly encourage the province to follow the guidance of the Truth and Reconciliation Commission on specific actions to redress the legacy of residential schools and to bridge the disparities between Aboriginal and Non-Aboriginal peoples.

Finally, BCHLA has long urged government to take a whole of society, whole of government and whole of person approach in health promotion and poverty reduction. Only when we break down the silos within and between government and other sectors, will we be successful in truly achieving a healthy society.

For further information please contact:

Rita Koutsodimos
Executive Director, BC Alliance for Healthy Living
Telephone: 604-629-1630
rkoutsodimos@bchealthyliving.ca
www.bchealthyliving.ca

REFERENCES:

- ⁱ British Columbia. Office of the Provincial Health Officer. Investing in prevention: improving health and creating sustainability: the Provincial Health Officer's special report., August, 2010
http://www.health.gov.bc.ca/library/publications/year/2010/Investing_in_prevention_improving_health_and_creating_sustainability.pdf
- ⁱⁱ Health Officers Council of British Columbia. Health Inequities in BC: A Discussion Paper. (2008)
<http://healthofficercouncil.files.wordpress.com/2012/12/hoc-health-inequities-in-bc-final-nov-18-08.pdf>
- ⁱⁱⁱ Jack P. Shonkoff, MD, Andrew S. Garner, MD, PhD. 'TECHNICAL REPORT: The Lifelong Effects of Early Childhood Adversity and Toxic Stress' Pediatrics. (2012) www.pediatrics.org/cgi/doi/10.1542/peds.2011-2663
- ^{iv} Canadian Institute for Health Information. Improving the Health of Canadians. 2004
- ^v Strengthening the Social Determinants of Health: The Toronto Charter for a Healthy Canada. 2002.
- ^{vi} Statistics Canada. 'Youth neither employed nor enrolled' <https://www.statcan.gc.ca/pub/75-001-x/2012002/article/11675-eng.htm>. Accessed Mar 15/2018.
- ^{vii} Federal Provincial Territorial Advisory Committee on Population Health. Toward a Healthier Future - Second Report on the Health of Canadians. Health Canada: 1999.