

March 29, 2018

Honourable Shane Simpson
Minister of Social Development and Poverty Reduction
ATTN: BC Poverty Reduction Consultation
PO BOX 9929 STN PROV GOVT
Victoria, BC V8W 9R2

Dear Honourable Simpson,

On behalf of Interior Health, the Healthy Communities portfolio and the Office of the Medical Health Officer, we are pleased to provide input to inform the British Columbia Poverty Reduction Strategy. Interior Health provides service to the southern interior of the province, including 60 municipalities and 54 First Nation communities.

Interior Health would like to congratulate the provincial government for taking initiative on the development of a Poverty Reduction Strategy in consultation with communities across the province and under the guidance of the Minister's Advisory Forum on Poverty Reduction. Research demonstrates that poverty is a fundamental determinant of both physical and mental health. Living in poverty means you are more likely to live and work in precarious and unsafe conditions, have a chronic health condition, be unable to financially access healthy food, child care or education and experience overall stress.

With the connection between poverty and health in mind, it is clear that poverty has financial implications for our health care system^{1,2}. In BC, the poorest 20 percent of families use a greater share of health care resources than any other group on the income ladder. Poverty reduction initiatives that result in reduced health care spending among the poorest 20 percent of British Columbians could save BC's health care system 6.7 percent of total spending each year, around 1.2 billion dollars¹. These resources could be redirected for upstream health promotion and disease prevention initiatives. Evidence is clear that it is much easier and more cost effective to maintain and support a healthy population than it is to bring health care to those already struggling with chronic disease.

It is important to consider that poverty is not caused by a single factor, but rather through the interaction of various social and economic factors such as employment, taxation, electoral processes, education, and access to housing and health care. Due to this combination of factors, the most effective Poverty Reduction Strategy will take a systems perspective. Working at a systems level will require active engagement across provincial government ministries, with federal and local governments as well as with civil society organizations.

Interior Health recommends the BC Poverty Reduction Strategy be developed considering the following:

- **Use an upstream approach that focuses on the social determinants of health to have the greatest impact.** It is important to understand that the social and economic conditions that determine the prevalence of poverty and influence our health require income-based solutions.

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¹ Canadian Centre for Policy Alternative. [The Cost of Poverty in BC](#), 2011, ² Raphael, D. [Poverty, Income Inequality and Health in Canada](#), 2002

- **Pay specific attention to policies and actions in the priority areas of housing, childcare, education and employment.** These are key social determinants of health and their costs are a financial burden for many British Columbians. These burdens might force someone to live in poverty and prevent others from escaping poverty. Policies and actions in these areas that are supportive of poverty reduction would allow for equitable access to resources. For example, in the 2018 BC Budget, childcare and housing are priority budget line items therefore opening the door for future interventions to support these determinants of health.
- **Position the Poverty Reduction Strategy within human rights and a health equity lens.** All British Columbians are valuable because they are human beings and they deserve lives of opportunity and dignity. One key goal of the Poverty Reduction Strategy should be to reduce health inequities between low income people and the general population. There are specific groups that disproportionately experience the health effects of poverty (i.e. Indigenous people and single parent families) and these groups must be considered when creating policy.
- **Ensure the long-term sustainability of the Poverty Reduction Strategy with legislated targets and timelines.** We urge the provincial government to adopt and legislate poverty reduction targets and timelines with annual reports on progress.
- **Directly address income.** It is clear that income is at the root of health challenges faced in our communities. There are effective, evidence-based policies that should be considered, including:
 - Basic Income Guarantee – This universal approach can eliminate barriers to accessing resources for living, especially for those who cannot work. It is not a piece meal method and it is inclusive of all people who are vulnerable to inadequate and insecure incomes. It also has the potential to greatly reduce government spending in many departments. As an example, food insecurity rates can be cut in half when seniors qualify for CPP, which is a type of guaranteed income for citizens over 65³.
 - Living Wage - A living wage which adequately covers basic expenses can relieve some income related stressors placed on the working poor in BC.

Acclaimed Canadian physician Dennis Raphael noted in 2002 that, “Poverty directly harms the health of those with low incomes while income inequality affects the health of all Canadians through the weakening of social infrastructure and the destruction of social cohesion.” This is a time of great opportunity for British Columbians, and a chance to leave a profound legacy for the future. Again, we applaud the government for taking this bold move in the interest of improving the health of British Columbians and appreciate this opportunity for input.

Sincerely,



Heather Deegan, Director, Healthy Communities



Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer

³ Northern Policy Institute. [Implications of a Basic Income Guarantee for Household Food Insecurity](#), 2017