Submission from the Public Health Association of BC (PHABC) to the BC Poverty Reduction Strategy

We commend the Government of BC for undertaking this consultation. Reducing income inequities and thus poverty across this province is an urgent matter – too many people are getting ill and dying prematurely from preventable poverty related diseases. There is evidence that this growing gap itself has a corrosive effect on the well-being and health of all members of society; indeed, countries that have the lowest level of relative poverty and lowest income gaps have the longest life expectancies. This is in our view the most significant public health threat we have at present. Further, we endorse economic analyses that have shown that the costs of poverty related to healthcare, the justice system, etc. are far greater than what it would cost to eliminate poverty. A well-funded, and proactive healthcare system with equitable access for all is essential to the health of Canadians; however, research has shown that socioeconomic status is the most influential determinant of health and addressing the root causes, or social determinants of health, through reallocation of government spending from health programs to social programs is more effective in increasing health than spending solely on healthcare. Therefore, we urge the BC government to consider the following recommendations.

A Poverty Reduction Strategy for BC must include:

1. A focus on and increased funding for equitable access to preventative health services and core public health services. Research by the US Centre for Disease Control has shown that increased access to preventive services was linked with incomes over the poverty line. The Canadian Medical Association (CMA) states that "ensuring equitable access to effective and appropriate health care services is one strategy which can help to mitigate health inequities resulting from differences in the social and economic conditions of Canadians." Further, mental health is intricately tied to poverty and the ability to break the cycle of poverty and it must be rectified that mental health services are mainly not covered by provincial health care plans.
2. A Human Rights Foundation: a provincial poverty reduction strategy must be grounded in a human rights framework, and must make explicit reference to international human rights obligations. The existence of poverty in British Columbia is a violation of human rights.
3. A Social Justice Base: there is evidence that this growing gap itself has a corrosive effect on the well-being and health of all Canadians. Further, according to the Broadbent Institute, the income disparity in BC between the top 10% and other earners is greater than the rest of Canada. Poverty and the growing gap between the rich and the poor are unfair and remediable; this requires government **redistribution.**
4. The understanding of the need for a legislated basis including goals , targets, data systems , reporting, **accountability**, feedback/learning loops, etc. to ensure continued commitment and action.
5. An all of government (all sectors, all levels) approach. Therefore, all ministries of government must actively participate in the goal of ending poverty in BC and not continue to be 'silo-ed' in their approach to issues of poverty. We recommend legislating a poverty/equity lens that requires all ministries to consider the impact of any change to government policy, program or service on low-income people and prohibit changes that will have a negative outcome or exacerbate poverty and inequality.
6. The understanding that poverty and inequities are COMPLEX issues and will not be solved by overly simplistic solutions. A complex adaptive system (CAS) approach is required that identifies the major levers for progressive change that need to be acted upon together.

Herein we focus on five particular levers: income supports and wealth redistribution, investment in youth (early childhood education/education/ youth aging out of care), housing and homelessness, health care services, and food security.

Thank you for your consideration of this submission

With Respect,

Dr Gord Miller, President, Public Health Association of BC

Recommendations from the Public Health Association of BC

Introduction

Poverty is relative and thus reducing income inequities is the framework we recommend you adopt. Reducing poverty will be very difficult unless measures are also taken to reduce the growing wealth gap between the rich and the poor and the attendant concentration of wealth among a small elite group in our society. For a healthy and resilient society, BC must create a provincial dialogue on the need for social cohesion and equity, not simply growing the economy and individualism. BC must also include dialogs with people and communities on the front lines and with lived experiences, in addition to all levels of government, including First Nations, in the planning and execution of a poverty reduction strategy if the plan is to be successful.

We echo the Poverty Reduction Coalition's call for legislated targets and timelines to ensure long-term sustainability of the poverty reduction plan, targets and timelines. As such we recommend the following targets and timelines (using Statistics Canada's Market Basket Measure):

1. Reduce BC's poverty rate by 30% within four years, and by 75% within 10 years.

2. Ensure the poverty rate for children, lone-mother households, single senior women, Aboriginal people, people with disabilities and mental illness, queer and transgender people, and recent immigrants and refugees likewise declines by 30% in four years, and by 75% in ten years, in recognition that poverty is concentrated in these populations.

3. Within two years, ensure that every British Columbian has an income that reaches at least 75% of the poverty line.

4. Within two years, ensure no one has to sleep outside, and end all homelessness within eight years (ensuring all homeless people have good quality, appropriate housing).

We urge the government to include targets for the depth of poverty (#3 and #4 above) and not merely the breadth of poverty, as failure to include such targets in the plan risks leaving the most poor and marginalized behind.

Within these targets and timelines, however, it will be important to recognize that many people who are currently living in poverty, which is not always but often correlated to some form of trauma, may be facing complex systemic barriers that may require multiple interventions and longer timelines for establishing a healthy and stable living situation. Further, the BC government

must ensure that there are adequate fiscal and human resources in place to implement the strategy. Human resources should, where possible, include people with lived experience, to ensure that needs of communities facing poverty are met.

We also urge you to consider reducing socioeconomic inequity, including inequites of age, gender, ethnicity, sexual orientation, and disability as well as income and thus we include a section on fair taxation and other financial interventions in this submission (this will also provide additional government revenues to pay for poverty reduction).

Our recommendations for poverty reduction in BC are outlined in the following sections. Examples of effective and/or promising practices are outlined in the appendices.

Five Levers of Poverty Reduction

Income Supports and Wealth Redistribution

The poverty reduction requires needed resources to reduce poverty will require added revenues for the government to remain fiscally responsible. Overall reductions in or elimination of poverty will eventually reduce demand on many public services and therefore theoretically 'pay for itself'. However increased financing will be needed to get to that point. Also, as discussed at the outset, the growing gap between the rich and the poor has in itself many deleterious effects on our society including worse health and well-being. This brings with it a slowing of the economy, an erosion of democratic equitable policy making and a depletion of resources as well as increased pollution and climate change.

The urgency of the problems rising from poverty require that redistribution of wealth be done by government (some have called for a 'wealth reduction strategy'). This can be achieved by implementing a fairer system of income, wealth and corporate and other taxes and financial interventions. The BC government must establish a more progressive income tax by raising the top marginal tax rate. Suggestions for wealth redistribution have been outlined by the Canadian Centre for Policy Alternatives, including:

- Increasing taxes on the top income bracket and adding two new additional tax brackets.
- Making property taxes more progressive.
- Closing personal and corporate tax deductions. For example, the federal RRSP program costs the BC treasury almost half a billion dollars in foregone revenues each year. It is also one of the most inequitable social programs in Canada — most high-income people make extensive use of it, while few middle and modest earners can afford to do so.
- Increasing and expanding the carbon tax, and restructuring the credit to ensure it leaves the bottom half of families better off.
- Increasing corporate taxes (currently the lowest in Canada).

• Reforming resource royalties (for forestry, water and natural gas) to ensure a fair return to the public.

We endorse recommendations from the Poverty Reduction Coalition recommending increasing income assistance rates to the Market Basket Measure to ensure that people can live with dignity. 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. Setting welfare rates below this remains a sentence of poverty and is very hard to bounce back from.

We endorse recommendations from the Poverty Reduction Coalition stating that the transition to employment is hard without access to robust training and education. Previously welfare recipients were able to access post-secondary education but, in 2002, this support was eliminated and, since then, there has been a shift to short-term job placements in low-wage employment. The job search requirements are onerous and often do not lead to a meaningful benefit for the welfare recipient; however, the government takes punitive measures, such as docking money off future welfare cheques, if people are found to be in non-compliance. We recommend:

- Adequate assistance in training and education for the unemployed and precariously employed.
- Provide adequate and accessible income support for the non-employed
- We recommend increasing the minimum wage to $15/hour by January 2019.
- The employment standards protections for vulnerable workers, which cover areas such as overtime hours and vacation pay.
- Improve the earnings and working conditions of those in the low-wage workforce
- Follow the lead of many municipal governments and become a living wage employer of provincial government staff and contractors; and encourage other employers to adopt the living wage for families.

Investment in Youth (Early Child Development (ECD)/Education/Children Aging Out of Care)

Early Childhood Development

We recommend that ECD be developed collaboratively with school districts and Indigenous communities and be accompanied by adequate, indexed funding along with guidelines, targets and timelines.

Building up early childhood education programs is one of the smartest investments we can make. Various studies determine that on average, society sees a return of $7 for every $1 invested in early childhood education programs.

This figure can be broken down in the following ways:

- Costs to our already overtaxed public school system drop significantly as participants in ECD programs are less likely to repeat grades and require costly special education programs.
- Decreased crime rates translate to less expense for our justice system.
- ECD participants' higher income rates result in greater contributions to the tax system.
- ECD participants tend to consume less governmental social services such as welfare.

In one longitudinal study of at-risk children, participants in a high-quality preschool program—the High Scope Perry Preschool in Ypsilanti, Michigan—were more successful in academics than the control group by age 19, and they also developed stronger social skills and had better economic prospects. By age 27, participants had lower arrest rates, higher income levels, and greater rates of high school completion. The benefits grew as the participants aged, and they compounded by age 40.

The researchers estimated that over the course of the participants' lifetimes every $1 invested in early childhood education programs yielded more than $17 in returns to society. Quality early childhood education programs also carry marked benefits for the parents and families of young children by allowing them to participate more productively in the workforce.

Education

More funding to public schools and Indigenous communities is needed for primary, secondary and post-secondary education. We advocate free university tuition for qualifying low income students. We also recommend that for students that do not qualify for free tuition, low income student grant programs similar to Ontario and New Brunswick be adopted nationally. We commend the government of BC for providing tuition to children in the foster system.

Also, for those post-secondary graduates who incurred debts at high interest levels, we recommend that costs of these student loans be adjusted to a lower interest rate. Hard economic times including lowered salaries and increasing precariat employment has made it increasingly difficult to cover living costs as well as repay student loans. Reports have indicated that the quality of jobs has progressively trended downward (e.g. Tal, 2015). By adjusting the interest on student loans to lower levels, Canada is taking responsibility for this issue, as is demonstrated in other parts of the world. There needs to be a deliberate strategy to reduce user fees in public education services.

Youth Aging Out of Care

Youth aging out of care are at risk for descending into poverty. The BC government should fund and facilitate Youth Development Organizations that can provide family conflict mediation, adult

mentoring and increased funding for further education and skills training; transitional financial assistance and access to adequate housing should also be ensured (*more detailed programs and best practices can be found in Appendix A*).

Housing and homelessness

We commend the Government of BC for consulting with stakeholders to develop a provincial housing strategy, which includes many welcome targets for housing. As many British Columbians are already spending more than 30% of their disposable income on housing, this in an urgent need and should be given a high priority as part of the BC Poverty Reduction Strategy.

We would like to endorse the recommendations of the Poverty Reduction Coalition's Submission by reinforcing that while the province's recent commitments to housing is a significant move in the right direction, more is needed. 2,500 new units of housing for the homeless over 3 years, in addition to the 2,000 modular units announced in September 2017, will not meet the need. We look forward to seeing the results of the first provincial homelessness count but estimates set the current level at over 10,000. Further, while modular units provide much more security and stability than shelters, they are not designed to be long-term homes. They are quicker to build but many have limited bathroom and kitchen facilities, and are not well-insulated from weather, noise and other environmental contexts. Long-term housing must be built at the same time as the government provides these modular shelter units. In addition, while extra support is needed for some, many homeless do not want or need the surveillance and lack of privacy built in to the supportive housing model. Ensuring the right to housing for all requires grounding the government's approach in respect and dignity for homeless and under-housed people.

Although there have been excellent attempts to address homelessness in Vancouver and more broadly in BC, the numbers of homeless people continues to rise. The City of Medicine Hat has had considerable success by taking a systems approach to solving homelessness.
Homelessness is a complex problem and will not be solved by simply providing more housing. Housing must be integrated with other services such as health care, mental health and addictions services, psychosocial supports, child care, and job/skills training as well as employment opportunities so that sustainable solutions to homelessness are implemented. Cost benefit analyses of homelessness show that it is far cheaper to provide sustainable social housing (Housing First) than to pay for the police, justice and healthcare costs related to leaving people living on the streets.

We also endorse the Poverty Reduction Coalition's recommendations that the provincial government introduce stronger tenant protections including tighter limits on annual rent increases, tying rent control to the unit (not the tenant), adequately enforcing the Residential Tenancy Act (RTA), and extending tenant rights to include all non-profit social housing currently exempt from the RTA. Recommendation: End homelessness and adopt a comprehensive affordable social housing plan Priority Action:

• Recommit to building thousands of new social and co-op housing units per year. BC should be bringing on stream 10,000 such units per year.
• Enhance and enforce tenant rights including introducing rent control on the unit.

In addition, legislation should be considered to control 'renovictions' and 'demovictions," in order to preserve current affordable housing stock. and 'renoviction' can be found in Appendix B.

The provincial government must work with the federal and local government and agencies such as health, education, colleges, police, justice, youth, women, indigenous groups, LGBTQ groups and homeless people themselves, with philanthropists, developers, entrepreneurs and the business community to develop sustainable social housing solutions using a Collective Impact approach. Further information and suggested interventions concerning LGBTQ groups can be found in Appendix C.

Health Care Services

We call for an increase in investment in preventive health measures and core public health services. People on low incomes need and deserve access to the same high standard of healthcare available to all Canadians but there are often barriers and limited access to primary and specialist care for the poor. Research shows that low income people rarely use any health care services and/ or recreational services, which are critical for heath maintenance, that are not covered by provincial health care plans. Furthermore, when these services are increased, more low-income people use the services they need, such as filling prescriptions once they are covered. As well, people on constrained incomes often cannot access health services due to transportation costs. A BC poverty reduction plan must investigate free or minimally subsidized transportation, as lack of transportation is a key determinant whether low income people access health and related services.

Several essential services are missing from the portfolio including public support for physiotherapy, counselling, dental care and home care. Our primary care system should be funded to incent team based care with a required basket of services that include mental health supports, physiotherapy, after-hours access to the medical home team, home visiting and telehealth. We commend the BC government on their work to shorten surgical wait time.

Healthcare innovations needed:

- **Community -based primary health care (CBPHC).** The primary healthcare system should be transformed to provide comprehensive, integrated primary care services including prevention (which must include action on the social determinants of health –SDOH- and increased funding for public health services) acute and chronic clinical care, mental health and addictions services, home care, long term, palliative and end-of-life care, delivered by appropriate teams of health professionals.
- **A supporting and advocating for a national pharmacare strategy and dental insurance plan** (*rationale can be found in Appendix D*).

- **A robust home care program** to adequately support people with physical and mental disabilities, frailty, dementia and those discharged from hospital to recover at home. This is critical to a broader gender equality goal as women are more commonly poor and their heavier load in unpaid caregiving is linked to their more precarious employment
- **Increased funding for mental health and addictions services**
- **Opioid program.** For opioid addiction and to reduce the epidemic of overdose deaths: wider availability of Naloxone, increased maintenance with Suboxone and, for severe relapsing opioid addiction, supervised prescription opioid injection facilities. BC must increase funding to rapidly scale up medically supervised prescription opioid sites across Canada, ensuring a supply of safe injectable pharmaceutical opioids across the country, evaluation and accountability. Also, funding for community centres and community spaces and community outreach teams by peers with lived or living experience. Peer support networks such as the Vancouver Area Network of Drug users have curbed overdose deaths in the downtown eastside; as many overdose deaths outside of the DTES occur in men working in the construction industry, the province should work with construction companies and unions to offer peer supports.
- **Innovation in addressing SDOH in clinical settings.**
  Patient navigator programs with a spectrum of staff from nurses or social workers to peer support workers offer an added value in primary and community care and has the opportunity of offering employment for those with previous lived experience or who are students The Connect for Health program developed in Vancouver brings a SDOH approach to primary care settings. Clients are checked for SDOH needs (e.g. housing, income security, food security, health services, and child care) and then connected with appropriate resources (*more information on programs on Connect for Health can be found in Appendix E*).
- **Incorporation of culture Indigenous health care** (an example can be found in Appendix F). In order to eradicate poverty and many of the causes of ill-health in Indigenous peoples BC must:
    - Come into full compliance with the Canadian Human Rights Tribunal's (CHRT) ruling and the Truth and Reconciliation Commission(TRC)
    - Establish funding for self- determined poverty reduction in local Indigenous communities
    - Support, training and financing for more effective self- governance of Indigenous communities (local control of education, policing, housing and maintenance of traditional languages and ceremonies)

Food security

A BC-wide school meal program should be implemented to ensure that children living in poverty, seniors, people with disabilities get adequate nutrition. We also advocate for extension of programs such as Farm to School; Farm to School programs bring healthy, local and sustainable food into schools and provide students with hands-on learning opportunities that foster food literacy, all while strengthening the local food system and enhancing school and community connectedness. This should be further enhanced by a BC food security strategy with particular attention paid to Northern and Indigenous communities (*for program examples on food security see Appendix G)*.

Of Additional Concern

Environment

The Public Health Association of BC recognizes that a health environment is critical for a healthy populations. People living in poverty should not be further penalized by having to live in an unsupportive or toxic environment. A health comprehensive physical, mental, and social determinants of health impact assessment should be completed on significant government projects or those in areas most impacted by industrial development, in conjunction with environmental, equity and human rights impact assessments. The BC government should ensure that all communities have access to:

- Adequate supplies of clean water and adequate sewage disposal
- Green spaces, parks, recreation facilities
- A healthy built and natural environment, equitable access to green space
- preparation for climate change, both mitigation and adaptation.

Appendices: Background and Innovative/ Promising Practices

Appendix A: Children Aging out of Care

Children aging out of care in Canada and BC face a myriad of challenges, often finding themselves alone and without supports. They often have less educational attainment than their peers and will likely have less social supports and difficulty finding employment and/ or stable housing. They will often descend into poverty. A concerted BC system is necessary to make sure all children have the best chance to have a productive and healthy life. Even from a purely financial view, a report from the Provincial Advocate of the Province of Ontario has shown that investing in services for youth transitioning from care betters their lives for the long term, and also yields significant savings to the system, with a $1.36 return in investment per $1 invested.

A somewhat recent review of best practice has highlighted that more research is needed on the most effective support systems for children aging out of care; however, the researchers recommend the following:

Ensuring that youth have strong relationship with families who are committed to them is a key element for success of children leaving care. In order to see this succeed, the BC government can provide support and funding for youth development organizations for programs such as family conflict mediation, and providing adult role models outside of families in order to facilitate relationship-building. These programs must also be expanded in communities where they are not currently available.

Programs must also be available to support education and post-secondary education for youth in care, including extending the length of time they are eligible to stay in foster care to pursue education. Children who have gone through post-secondary education generally have higher earning potential than those who do not. Programs for mentoring, registration, and career planning should also be coordinated in partnerships between universities, colleges, vocational schools and government. These type of programs may also promote social inclusion, which is valuable for mental health and resilience.

Adequate quality housing and financial assistance are also important in transitioning to adulthood, as it is difficult to maintain a job or education if one lives in precarious housing. Some states in the US mandate Independent Living Services to help coordinate housing, life skills training and employment services.

Appendix B: Homelessness

"Demoviction" and "Renovictions"

In 2011, numbers from Stats Canada showed that the percentage of owners and renters spending more than 30% of their income on shelter was 40.1%; lone parent households were more likely to be in this category. A more recent study from housing groups and VanCity showed that 40% of all renters spent more than 30% on shelter. Affordable housing is scarce in BC and this demand appears to be growing. Addition to these problems are phenomena called "demovictions," where property owners evict tenants from low-rent buildings to sell and replace with higher priced, higher density units," and renoviction, where landlords can evict tenants to renovate a property and charge more rent. It does not appear that either of these issues is being monitored on a federal, provincial, or even municipal level, but in many cities, such as Burnaby, BC, community groups report that they are increasing in prevalence. This can often lead to homelessness and instability for families. There should be laws in place that if affordable housing is knocked down, there must be replacements of the same number of units; this is mandated in Port Moody, BC.

Berlin, Germany has introduced rent controls in order to stop rental prices from getting too high. Further, Germany has legislated Community Defense laws to locate areas where rents are rising fast and landlords may be tempted to undertake renovictions or demovictions. BC should instigate similar legislation, as well as promoting pro-tenant legislation, which is also effective in Germany.

Appendix C: Homelessness

LGBTQ Homelessness

In Canada, there has been some work done on youth homelessness, but there are specific groups that may be more susceptible. There is very little research done on programs that

focus on LGBTQ2S+ youth, even though this demographic represents 25-40% of homeless youth (last numbers are from a study done 14 years ago). This is due partly to homophobia and transphobia, and is exacerbated by prejudices at shelters; as of 2015, there were no specific shelters for LGBTQ2S youth, or individuals in general. Research is needed to update our understanding of the number of youth at risk or already homeless in our communities and what initiatives would be effective. A place to begin would be consultations with people with lived experience, through harm reduction and supporting community groups in order to empower the community and learn about the specific barriers that they face.

Appendix D: A National Pharmacare Strategy

Often people in the lowest socioeconomic strata do not have access to a work-based pharmacare plan, and will go without their medications or use them improperly to make them last longer.

That is why organizations such as the Canadian Diabetes Association have advocated for a national pharmacare plan. When people have secure access to the medications they need, they are more likely to follow the recommendations so their health professionals; this is not only wise from a population health point of view, but could potentially save Canada billions in acute care costs, absenteeism, and lost productivity. Ontario currently has a medicare plan making medications free for people under 25, which is laudable; however, that does not cover the needs of the aging population of Canada, which is likely to have higher utilization rates of our healthcare system. Many young people in Canada have precarious working conditions (outlines below) with no medical benefits; many seniors lose their benefits after the age of 65. These are groups in which, according to report by the Council of Canadians, approximately 67 and 38% have multiple chronic conditions, respectively.

We recommend a national pharmacare strategy, much like the E-petition, E-959, brought forward by Liberal MP Mark Gerretsen, and we ask BC to advocate for and support such at plan.

Appendix E: Diagnosing the Social Determinants of Health

One in five Canadian adults live with chronic pain. The needs of people who live with chronic pain go beyond those addressed in the doctor's office. Pain impacts almost every aspect of a person's life, including their professional and social life.

The Connect for Health program, developed by Basics for Health Society, takes a social determinants of health (SDOH) approach to addressing chronic pain. Its aim is to empower people living with pain by helping them access programs and services that they need to improve their health and well-being.

Trained volunteers conduct telephone-based intake interviews of clients using a SDOH framework (e.g. housing, income security, food security, health services, child care). Based on the client's expressed needs and their geographic location within the province, the volunteers then search to find resources that could help the client, such as food banks,

education services, and help filling out medical or benefit-related forms. Connect for Health has been successful in helping hundreds of clients across British Columbia access services to improve their health. Further, it creates longitudinal relationships with clients, providing needed social support, and recognizes the complexity of dealing with chronic pain beyond the physical pain itself.

Access to health care is only one of the requirements for living a healthy life. The experiences of Connect for Health's clients clearly demonstrate the role that SDOH such as housing, income security, child care, and social support play in the health and well-being of Canadians. Single issues such as chronic pain can quickly deteriorate someone's life conditions if SDOH are not addressed.

BC is a resourceful province in terms of health and social services, but social policy needs to focus on SDOH and equity so that no one falls between the cracks and people who receive them are those who need them the most.

This program is innovative and promising, and is currently under evaluation.

Appendix F: Cultural Healing in Primary Care

Including Indigenous culture in healing has proven to be effective and such programs should be expanded. Below is an abstract of an example of such healing practices taking place in Vancouver.

Roberta Price, Annette Brown, Jennifer Dehoney, Colleen Varco, George Hadjipavlou, David Tu.

Title: Mental Health Impacts of Partnering Indigenous Elders with Primary Care Teams in an Urban Indigenous Primary Care Clinic—a mixed methods prospective cohort study.

Objective: To determine the mental health and broader impacts, both beneficial and potentially harmful, of patients connecting with Indigenous Elders as part of routine primary healthcare.

Design: Mixed methods prospective cohort study with quantitative measures at baseline, 1, 3 and 6 months post intervention, and in-depth qualitative interview at >3mths post intervention.

Setting: Western Canadian urban Indigenous primary care clinic.

Inclusion criteria: Age >18 years, self-identifying as Indigenous, and no prior visits with the clinic based Indigenous Elders program.

Participants: 42 patients were enrolled—4 had incomplete follow up and 1 died during the study period— complete quantitative data were collected on 38 participants. 70% were female; the mean age was 51 years. 33% had attended residential or Indian day school. 67% had direct experience in the foster care system. Provide overview of their SES circumstances – living in unstable or inadequate housing, living on extremely low incomes, many not employable due to chronic health issues…

Intervention: Participants connected with an Indigenous Elder as part of a 1-on-1 and/or group "cultural teaching circle" session implemented over what period of time. Follow up visits were left to the discretion participant and the Elder.

Main Outcome Measures: Depressive symptoms and suicide risk -- as measured quantitatively by the PHQ9 and SQB-R respectfully-- and qualitative descriptions of health and wellbeing impacts and harms.

Results: 24 participants at baseline had moderate to severe depression (PHQ9>10), of these there was a clinically significant decrease in depressive symptoms (5 points) that was sustained over a 6 month period ($p = 0.002$). 10 participants had an above average suicide risk at baseline (SQB-R> 7), of these there was a clinically significant decrease in suicide risk (2 points) that was sustained over a 6 month period ($p =0.008$). 29 participants completed qualitative interviews; 28/29 indicated a clear positive impact, 0/29 indicated harms. Common positive impacts were improved emotional regulation, adaptive behavior changes, increased social connection, improved housing status, improved employment status, and less use of mood altering substances.

Conclusions: Connection with Indigenous Elders as part of routine primary care had a significant positive impact on depressive symptoms and suicide risk; it was associated with a beneficial mood, behavioral, and social outcomes; and was not associated with identifiable harms.

Appendix G: Food Security

Targeting child poverty is essential. Poverty often manifests in lack of food or nutritious food. A child food strategy will be an important component of poverty reduction, as there is ample evidence that improved diet can impact many outcomes, including academic achievement, behavioral issues, and dropout rates. Much like the Ontario Student Nutrition Program, we would advocate for a fully funded, BC-wide school meal program.

Further, as food insecurity is rising in Canada, to 12.7% from 11.3% in 2007-08, BC needs a provincial food security strategy; use of food banks is growing even among employed people and, though necessary, these were never meant to be long-term solutions. Research has shown that food insecurity is correlated to unemployment rates, so some emphasis must be put on establishing secure, well-paying jobs; however, initiatives to improve access to local food would also be prudent. Supports should be given to food providers in both rural and urban settings, including policies that would support new farmers entering into farming and fisheries. Further, as the climate changes, BC must be mindful of the impacts that climate change will have on growing conditions and implement a plan to minimize risk to food production. One study has found that mono-crops, such as many staple crops in Canada, are much more vulnerable to climate change than multi-crop systems; therefore, food policy in BC should promote more sustainable production.

Food insecurity is much higher in Northern Canada, especially in Aboriginal communities; this is increasing with climate change. The expenses of flying-in food expenses are high and traditional harvesting practices can be expensive in travel and ammunition/ supply costs. In some Inuit communities, women have been demonstrated to be most at risk of food insecurity. Interventions must be culturally sensitive and must be initiated in partnership with communities. Some initiatives which have proven effective in these areas include Harvester support programs for those who hunt/ harvest for their village, non-profit farmer's markets, and building all-season roads to remote communities. As self-governance has been described as key for Aboriginal community health, any interventions undertaken should be done with the goal of food sovereignty in mind.