

**Fraser Health Population and Public Health Submission – B.C. Poverty Reduction Strategy Consultation
(March 19, 2018)**

Dear Minister Simpson,

The Fraser Health Authority believes that everyone has a right to optimum health and well-being and that we must work to overcome inequities that place a disproportionate burden of poor health on some of our most vulnerable communities¹.

Poverty is a critical determinant of health. Individuals living in poverty have insufficient access to prerequisites of health such as housing, nutritious food, and education. They experience stress that is damaging to health and have limited choices and opportunity to realize better health². These impacts are evident in the health outcomes for Canadians living in poverty. Those with lower incomes have a shorter life expectancy, have children with lower birth weights, and are more likely to suffer from cardiovascular disease, diabetes, chronic conditions, and mental health issues³. Low-income Canadians also spend a greater proportion of income on health care expenses, exacerbating the link between poverty and poor health³.

Given the profound impact that poverty has on the health and wellbeing of the population, we support efforts to develop a Poverty Reduction Strategy for British Columbia and would like to offer the following for consideration by the B.C. government.

What does success look like in a B.C. Poverty Reduction Strategy?

The success of a B.C. Poverty Reduction Strategy should be measured in terms of the opportunities it creates for British Columbians to realize their full potential and to live healthy, meaningful lives. This means ensuring that all British Columbians experience economic and social inclusion, experience food security, and have access to healthy housing, high quality child care, education opportunities, and necessary health services.

Poverty disproportionately affects Indigenous peoples, people of colour, immigrants, single parents, persons with disabilities, and other marginalized populations³. A successful Poverty Reduction Strategy will include specific actions to support these population groups. Measurements of success should specify targets for diverse populations, to ensure that the Poverty Reduction Strategy does not disproportionately benefit one group of people while leaving others farther behind.

What do you think are the best ways to reduce poverty in British Columbia?

Opportunity for social and economic inclusion is influenced by the conditions in which people are born, grow, work, live, and age, and by the wider set of forces and systems that shape daily life⁴. Those who

¹ Fraser Health. (2012). *Championing Better Health for Fraser Region: A Strategic Map for 2013 – 2017*.

² Public Health Agency of Canada. (2013). *What Makes Canadians Healthy or Unhealthy?* www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health/what-makes-canadians-healthy-unhealthy

³ Government of Canada. (2016). *A Backgrounder on Poverty in Canada*.

⁴ World Health Organization (2017). *Social Determinants of Health*. http://www.who.int/social_determinants/en/

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experience poverty have limited access and choice concerning their housing, food, employment, and social and health supports. The vision of success outlined above can only be achieved through a plan that addresses multiple components of poverty in tandem. Below are suggestions for action in a variety of areas that will contribute to reducing poverty in British Columbia and improving the health and wellbeing of our entire population.

Income: Low income is the fundamental driver of poverty and contributes to poorer health among those who cannot afford to meet their basic material needs. In addition, income inequality has an impact on all of us: more equal income distribution is one of the best predictors of better overall health of a society⁵. Among Canadian provinces, B.C. has among the highest poverty rates⁶ and the largest income gap between the lowest and highest earners⁷.

Guaranteed income can significantly improve one's ability to meet their basic material needs, as shown by the effectiveness of the Old Age Security and Guaranteed Income Supplement in reducing food insecurity among low-income seniors in Canada⁸. Research has shown that when unattached, low-income adults become senior citizens and thus eligible for seniors' entitlements, their risk of food insecurity is reduced by half⁹. The B.C. Poverty Reduction Strategy should establish a guaranteed income pilot to determine whether similar benefits can be achieved across the population.

More immediately, income assistance, disability assistance, and minimum wage rates should be increased to the amounts required to meet basic needs, as determined by the Market Basket Measure. The Poverty Reduction Strategy should also strive to reduce the gap between low and high incomes, which would benefit the population as a whole.

Housing: The crisis in housing and homelessness in our region is well known. Homelessness has increased dramatically while the availability of affordable housing has declined. In 2017, 1 960 homeless individuals were counted in the Fraser Health region (a 64% increase from 2014) and at any given time approximately 180 patients in Fraser Health hospitals are homeless. A B.C. Poverty Reduction Strategy should expand the availability of acceptable housing to ensure that all British Columbians can find housing that is adequate, suitable, and affordable.

There is an urgent need for an increase both in supply of affordable rental housing as well as in the provision of financial rental assistance. There is also a need for housing that incorporates health and social supports. For homeless individuals with mental illness, we recommend a Housing First approach (i.e. provision of permanent housing with supports). Housing First rapidly ends homelessness and leads to significant cost savings; one multi-city Canadian study found \$21.72 in savings for every \$10

⁵ Mikkonen, J. & Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management.

⁶ Klein, S., Ivanova, I., & Leyland, A. (January 2017). *Long Overdue: Why BC Needs a Poverty Reduction Plan*. Canadian Centre for Policy Alternatives.

⁷ BC Stats. (January 2012). Mind the Gap: Income Inequality Growing. *Business Indicators*. Issue 12-01.

⁸ McIntyre, L., Dutton, D.J., Kwok, C., & Herbert Emery, J.C. (2016). Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed income supplement. *Canadian Public Policy*, 42(3), 274-286.

⁹ Ibid.

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invested¹⁰. Enhanced support should also be provided to individuals undergoing key transitions that increase their risk of homelessness (e.g., aging out of foster care, release from incarceration, moving from shelter to housing).

Finally, the development of supportive housing must go hand-in-hand with efforts to build communities that are inclusive for all, regardless of income or health status, and reduce the stigma that low-income residents often face.

Child Care: Child care is the second highest expense for families in B.C.¹¹. The provision of high quality, affordable, universal child care is a measure which addresses the immediate economic needs of families experiencing poverty and allows parents to return to the workforce. The Conference Board of Canada estimates that the expansion of early childhood education in Canada would allow more women to enter the labour force, resulting in approximately 23 000 Canadian families being lifted out of poverty¹².

High quality childcare has the additional benefit of supporting healthy child development and educational achievement. Longitudinal research from the United States shows that the experience of high quality child care in the early years predicts greater school readiness¹³. This research also shows that the benefits persist, with students who experienced high quality child care demonstrating better educational outcomes at the end of high school¹⁴. Investing in a high quality, universal child care program not only helps parents today, it also helps future generations to achieve higher levels of education and the economic opportunities they bring.

Education: Lower levels of education are associated with low income. Of Canadians without a certificate, diploma or degree, 26.5% have a household income below the after-tax low-income measure compared with only 13.3% of Canadians with a non-university certificate or diploma and 9.2% of Canadians with a university certificate or diploma¹⁵. A B.C. Poverty Reduction Strategy that reduces barriers to education may increase opportunities for British Columbians to obtain meaningful employment with adequate wages. Several steps already taken by this government to reduce barriers to education should be acknowledged: the elimination of tuition fees for adult basic education and the provision of post-secondary tuition for former foster children address a significant financial barrier to education. Further expansion of low-cost post-secondary education or training should follow to help low-income British Columbians develop the skills needed for a future in which a growing number of jobs will require post-secondary education¹⁶.

¹⁰ Mental Health Commission of Canada. (2014). *National Final Report: Cross-Site At Home/Chez Soi Project*. Calgary, AB: Author. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/mhcc_at_home_report_national_cross-site_eng_2_0.pdf

¹¹ Coalition of Child Care Advocates of BC. <https://www.10aday.ca/>

¹² Alexander, C., Beckman, K., Macdonald, A., Renner, C., & Stewart, M. (2017). *Ready for Life: A Socio-Economic Analysis of Early Childhood Education and Care*. Ottawa, ON: Conference Board of Canada.

¹³ National Institute of Child Health and Human Development. (2006). *The NICHD Study of Early Child Care and Youth Development: Findings for Children up to Age 4½ Years*. Rockville, MD: Author.

¹⁴ Vandell, D.L., Burchinal, M., & Pierce, K.M. (2016). Early child care and adolescent functioning at the end of high school: Results from the NICHD study of early child care and youth development. *Developmental Psychology*, 52(10), 1634-45.

¹⁵ Statistics Canada. (2016). *Insights on Canadian Society: The association between skills and low income*. Ottawa, ON: Author. Retrieved from <https://www.statcan.gc.ca/pub/75-006-x/2016001/article/14322-eng.htm>

¹⁶ Department of Finance. (2014). *Jobs Report: The State of the Canadian Labour Market*. Ottawa, ON: Author. Retrieved from <https://www.budget.gc.ca/2014/docs/jobs-emplois/pdf/jobs-emplois-eng.pdf>

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Health Promoting Environments and Services: Those living in poverty face many barriers to achieving and maintaining good health. These barriers include: an inability to afford adequate, nutritious food; social isolation; limited opportunities to be physically active; and difficulties navigating the health care system. These aspects of poverty have real consequences for health and for our health care system; for example, in Ontario it was found that annual health care costs are 76% higher in households with severe food insecurity compared to food-secure households¹⁷.

A B.C. Poverty Reduction Strategy should ensure that income is not a barrier to living a healthy life. This means that affordable, healthy food and free or low-cost opportunities to be physically and socially active should be made available in all communities. Infrastructure such as parks, walkable streets, and public transportation networks should be developed in low-income neighbourhoods to encourage physical activity and offer better access to services. In terms of health services, accessibility for people living in poverty can be improved through investment in community-based and team-based care, which reduce wait times and improve coordination between service providers and clients¹⁸.

Focus on Marginalized People: Many populations who experience poverty and poor health face discrimination, systemic racism, and inter-generational impacts of colonialism and trauma. Actions and programs undertaken as part of the B.C. Poverty Reduction Strategy should be delivered in a way that recognizes and addresses power imbalances, remove systemic biases and actively seeks to avoid traumatizing or re-traumatizing those it serves.

What can we do as a province, a community or as individuals to reduce poverty and contribute to economic and social inclusion?

Fraser Health has committed to a number of programs that aim to improve the health and wellbeing of clients who are experiencing poverty.

- The Nurse-Family Partnership offers nurse home visiting for first time low-income single moms from the time they are pregnant until their child is 2 years of age. Nurses work with clients to improve maternal and child health, parenting, and mothers' economic self-sufficiency.
- The Hospital-to-Shelter program involves coordination between hospital staff and local homeless shelters to ensure homeless patients in hospital are discharged to a safe location.
- Health care professionals attend homeless shelters in Fraser region to build relationship with the shelter residents and provide health care services in a space that is more comfortable and convenient for the residents than a traditional health care clinic.
- Intensive Case Management Teams and Assertive Community Treatment Teams provide multi-disciplinary treatment and support to individuals with mental illness or severe substance use who are at risk of homelessness in order to improve their quality of life.

¹⁷ Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., & Kurdyak, P. (2015). Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal*, 187(14), E429-436.

¹⁸ Ministry of Health. (2015). *Primary and Community Care in BC: A Strategic Policy Framework*. Victoria, BC: Author. Retrieved from <https://www.health.gov.bc.ca/library/publications/year/2015/primary-and-community-care-policy-paper.pdf>

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Our experience providing these services suggests that the most important thing we can do as a province, as an organization, and as service providers to contribute to economic and social inclusion is to ensure our systems and services are:

- **Person-centred** – designed to meet the needs of the individuals being served rather than the needs of government or organizations. Individuals receiving services are partners in decision making and are offered respect and dignity.
- **Equity-focused** – accessible and acceptable to those who need them most. Resources are distributed according to the needs of different individuals and populations.
- **Evidence-informed** – informed by the best available evidence from research, experience, and local context/data.
- **Community-engaged** – involving community members in planning, implementation, and evaluation, particularly those with lived experience of poverty.
- **Holistic** – addressing physical, mental, and social aspects of economic and social inclusion.
- **Continuously monitored** – assessed on an ongoing basis to ensure that our systems and services are meeting their goals and narrowing the gap between the least affluent and most affluent in our society.

The measures adopted in a B.C. Poverty Reduction Strategy can improve the lives of British Columbians living in poverty and enrich the health and wellbeing of our entire population through the creation of a more equitable and just society. We commend the B.C. government for pursuing a Poverty Reduction Strategy for British Columbia and we look forward to working with you to realize the vision of a poverty-free B.C.

Sincerely,

Fraser Health Authority Population and Public Health Senior Leadership Team