

Interrupting the Cycle of Poverty to Improve Health

Submitted to: The Minister of Social Development & Poverty Reduction

Submitted by: A sub-group of the 3rd Annual “Sylvia” Think Tank, Vancouver, B.C. (names are listed alphabetically)

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“Sylvia” Think Tank: We are a self-funded interdisciplinary group of academics, health care and social service practitioners, and community leaders who convene annually at the Sylvia Hotel in Vancouver. The first meeting was held in 2015. The theme of the 3rd Annual meeting, held in 2017, was, “Mobilizing knowledge to address poverty and health.” This submission is one of the outcomes from that meeting.

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Key Recommendations

That the Government of British Columbia:

1. Commit to a **poverty reduction lens** for all of its policies, such that priority is given to policies that reduce social inequities across different population groups, including Indigenous and non-Indigenous Canadians.
2. Establish access to a system of high quality, inclusive **childcare for low-income BC children and families**, as outlined in the 2018 Budget.
3. Provide resources to foster the **education of children** from low-income households.
4. Prioritize investment in (i) affordable **housing for young adults and families** to allow them to live in the communities in which they work; (ii) **Indigenous skills training** and solidifying partnerships between industry and provincial, federal and First Nation governments; (iii) **skills training** for people whose jobs are made obsolete by technology; and, (iv) **resettlement programs** for low-income immigrants and refugees to foster integration into Canadian society.
5. Provide safe, affordable housing, and funds for **equitable care for low-income older adults** who need it.

Introduction

The human face of poverty and social suffering

A compelling story appeared in the Vancouver Sun on December 23, 2017: *Tupper Alternative Program offers a safe, nourishing environment*:

There's nothing extravagant about what the alternative school program at Vancouver's Sir Charles Tupper Secondary needs from the community.

Food, clothing and bus tickets.

Some students don't have enough to eat at home, some don't have coats – just hoodies for all weather – and some skip school because it's too far to walk or skateboard in the rain. ... [The school's youth and family worker noted] "We have one student who lives at 67th and Fraser (the school is at 23rd and Main) and his only method of transportation is his skateboard, so his attendance is shoddy."ⁱ

We read this story in December, a time of year when the differences in the life experiences of families, based on income, come starkly into view. As we thought of the boy in the story we wondered what his life might be like 20, 30, 40, 50, or even 60 years from now:

- Will he complete high school? What are his possibilities for the future, compared to a boy of similar age whose family can afford food and bus fare, or has access to a school bus?
- What will his health be like, given what we know about the impact of poverty on health across the lifespan?
- As he ages, will he have a secure place to live and enough money to buy food?
- How can we interrupt the cycle of poverty for children (and future adults) such as this boy?

Our recommendations to the Minister of Social Development & Poverty Reduction are structured around these questions.

We take a long-term view of poverty reduction in B.C. We focus here on child poverty, as we believe that addressing poverty in childhood is key to interrupting the cycle of poverty throughout the lifespan, improving health and well-being, and contributing to economic and social inclusion.

We begin with an overview of the evidence showing the relationship between poverty and health across the lifespan.

Poverty and Health across the Lifespan: The Evidence

Poverty is a major social determinant of health. More than thirty years ago, the landmark Canadian report, *Achieving Health for All: A Framework for Health Promotion*ⁱⁱ observed,

“People’s health remains directly related to their economic status.”

This report, and others since (e.g., 2008 WHO Report, *Closing the Gap in a Generation: Health Equity through action on the social determinants of health*ⁱⁱⁱ; 2016 Canadian Institute for Health Information Report, *Trends in Income-related health inequalities in Canada*^{iv}) show it is now clear that employment status and income, working conditions, shelter, food security, and social support networks all have a huge impact on a person’s health, and health outcomes.

Economic factors not only influence people’s ability to manage an illness, but also their recovery from illness, their mental health and well-being, and their health outcomes. To illustrate, research within an urban First Nations community found that there are links between poverty-related living conditions and health outcomes. A lack of safe play spaces in childhood contributes to injuries that become sources of chronic pain later in life. Transportation choices such as skateboards also increase the likelihood of injuries. Lack of adequate sleeping surfaces and spaces that hinder sleep cycles result in difficulties in many areas, including cognitive functioning, moving around safely and healing from physical ailments.^v

Years of research show that many adults who are poor have no choice but to work to make ends meet (often by holding multiple part-time jobs), despite often experiencing pain and suffering from chronic illnesses. Many work for long hours in physically demanding low paying jobs without benefits or job security. Women living in poverty often have additional challenges of balancing work outside the home, childcare, care of elderly parents, and doing the housework. This often results in women being less able to look after themselves in ways that would promote health or manage chronic illness.^{vi,vii,viii} Loss of a job due to illness worsens the slide into deeper poverty. Thus, the links between poverty and health status move in more than one direction—they affect each other in mutually reinforcing ways.

Older adults who are living in poverty not only face a heightened risk for chronic illnesses, but also must manage these health issues while experiencing other problems such as inadequate housing, discrimination, and difficulty in accessing appropriate healthcare services. Those who most need support may be least likely to receive appropriate care, including palliative care.^{ix}

We acknowledge that a large proportion of Indigenous peoples in BC are significantly impacted by poverty and the negative effects of poverty on health.^x We now know that one effective way to close the equity gap is to address the health and health care needs of those who are most disadvantaged.^{xi} We also recognize that many British Columbians living in poverty do not slide into poverty in their adult years. Rather, the cycle of poverty is rooted in systemic disadvantages and the histories of the families into which they were born, making the reduction of child poverty a top priority not only in this province, but also throughout this country.

Child poverty and health

Despite a unanimous House of Commons resolution in 1989 to end child poverty in Canada by the year 2000, significant numbers of Canada's children aged 0 – 6 years continue to live in low-income families. The child poverty rate in BC has remained essentially the same for the past 20 years, with about 1 in 5 children in BC living in poverty. According to the *First Call: Child and Youth Advocacy Coalition* in 2015, 153,300 children aged 0 – 17 years (18.3%) were living in poverty in BC. The highest rates of poverty were for children living in lone parent families (48%), recent immigrant children (45%), and Aboriginal children living off reserve (31%).^{xii} Addressing poverty means addressing the needs of these children and their parents.

It is important to note that poverty in the early years affects a child for life. Renowned UBC researcher the late Dr. Clyde Hertzman and colleagues demonstrated that early childhood development plays a critical role in a person's health and welfare throughout their life, affecting everything from scholastic success to employment to physical health.^{xiii} In study after study, his research teams demonstrated that the circumstances of a child's first few years are critical to future development, right through old age.^{xiv} Poverty, inadequate social support, stress and lack of stimulation before age 5 can impact a person's life over the long-term. In fact, many adult health problems have their roots in early childhood: obesity, depression, heart disease, type 2 diabetes and others. Hertzman showed that children's environments—from the intimate circle of the family to the neighbourhood and broader social and economic contexts—impact the health and well-being of all children.

Hertzman's findings are supported by one of the world's top economists, Dr. Raj Chetty of Stanford University. Mapping and tracking long-term patterns of socio-economic inequality, he found that the most important factor in determining socio-economic mobility is what happens in early childhood. The earlier a child can have access to opportunities for housing, education, food, etc., the better his or her chances. Housing and neighbourhood data conclusively showed that some neighbourhoods are opportunity areas and others are not. And Chetty's related work demonstrates that improving upward mobility also increases economic productivity for society as a whole.^{xv}

This means that addressing child poverty is not just a social justice issue, but also an economic necessity. The key points are:

- It is essential to invest in early childhood environments, and especially to improve the quality of education in the earliest years.
- Upward mobility must be created at the local level (e.g. through better housing and comprehensive neighbourhood development, including parks and community centres).

Addressing the impact of child poverty requires two strategic approaches:

- The reduction of poverty through public policies and practices, and
- Reducing the negative effects of low income on children and their families through a range of programs and services.

In summary, focusing on supports for children in our school system—such as the boy in the

Tupper Alternative Program story—means not only providing the resources required for individuals to live free from poverty, but also investing in the future of our province and our country. In our highly technological and knowledge based economies, a sound education is now a necessity for earning a living wage in the 21st Century, and for enjoying a healthy life. Schools need to be supported so that they provide the kinds of experiences that keep children in school and propel them towards a future free from poverty. This includes both physical support structures (such as transportation and meals) and also inclusion-based strategies. Successful schooling is foundational to closing the gap between well-off people and those living in poverty.

From Evidence to Action: Recommendations

We commend the Government of British Columbia for its commitment to poverty reduction, to Indigenous reconciliation, and for putting forward a specific plan in the 2018 Budget to meet these commitments.^{xvi} We hope that the following recommendations might be useful as the government moves forward in implementing its plan.

Across the lifespan

We have suggested that the links between poverty and health status are bi-directional, i.e., they affect each other in a mutually reinforcing ways. We therefore recommend that:

1. The Government of British Columbia commit to a poverty reduction lens for *all* of its policies, such that priority is given to policies that reduce social inequities across different population groups, including Indigenous and non-Indigenous Canadians:
 - a. Examine each new policy (such as health and economic) to determine the effects on BC's low-income residents.
 - b. Prioritize the implementation of policies that address the issues of BC's low-income residents.
 - c. Prioritize supportive housing for Indigenous people—developed in partnership with Indigenous housing societies and First Nations groups.

More specifically, we recommend the following for low-income groups across the lifespan:

Childhood

The “made-in-BC child care plan” announced in the 2018 Budget responds to a much-needed childcare strategy in this province. We therefore recommend that the Government:

2. Establish access to a system of high quality, inclusive childcare for BC's low-income children and families. Specifically, we recommend that:
 - a. Low-income families be given priority access to the additional new licensed childcare spaces that will be created throughout the province over the next 3 years.

- b. Priority be given to free daycare for families with incomes of less than \$45,000/year.
 - c. Priority be given to expanding culturally-based Indigenous childcare.
 - d. Early childhood educators are paid a living wage.
3. Provide resources to foster the education of school-aged children from low-income households, including:
- a. Free transit passes or access to a school bus.
 - b. Nutritious breakfast and lunch in schools.
 - c. Inclusion-based programming for school activities.
 - d. After school programs that provide social and educational experiences for students who don't get them at home.
 - e. Resources for teachers to help children from low-income households who need extra support in the classroom. These might include: children in care, Indigenous children, children from lone parent families, children who are recent refugees or low-income immigrants to Canada, and children living with disabilities.
 - f. Mentoring programs and financial aid to foster post-secondary progression for children from low-income families.

The adult years

4. Invest in affordable housing for young adults and families, skills training for Indigenous and non-Indigenous people, and resettlement programs for low-income immigrants and refugees. This includes actions that will:
- a. Enable people to live in the communities in which they work to foster social cohesion, reduce the deleterious physical and mental health effects of lengthy commutes, and avoid children growing up under-housed.
 - b. Provide skills training for people whose jobs are made obsolete through technology, downsizing, etc., so that they do not slide into poverty.
 - c. Prioritize investment in Indigenous skills training and solidifying partnerships between industry and provincial, federal and First Nation governments.
 - d. Ensure a living wage, and a guaranteed income when people have to take leaves or cannot return to their jobs due to illness or disability. The increase in minimum wage by 2021 builds toward this end.
 - e. Support resettlement programs for newcomers to Canada. This helps children settle into the school system, and helps parents with language training so they can transition into the labor market, earn a living wage, and integrate into Canadian society.

Late adulthood and the end of life

5. Provide safe, affordable housing for low-income older adults who need it. This includes actions that will:
- a. Engage older adults in education about and planning for their possible future long-term needs.

- b. Build on strategies to enable older adults to remain safely in their homes when appropriate:
- Housing-related:*
- Offer home renovation subsidies, property tax deferral and home repair grants.
- Health care-related:*
- Invest in additional caregiver (home care) support; both family caregivers and professionally hired caregivers.
 - Provide adequate community-based care with integrated, interdisciplinary teams and financial support to prevent hospitalizations and bridge older adults (particularly those with low incomes) back to their homes after hospitalization.
- c. Ensure that long-term care facilities are appropriately resourced and integrated with other community care, acute care, rehabilitation, and palliative care resources so that low-income older adults can receive the care they need.

To facilitate poverty reduction, all levels of government must work collaboratively alongside local non-profit organizations.

A successful poverty reduction strategy, we believe, will enable people to achieve health and realize their full potential, and foster economic growth in BC. This strategy ought to be developed and refined in consultation with British Columbians who are experiencing, or have experienced, poverty.

ⁱ Bellett, Gerry. (2017, December 23). Tupper Alternative Program offers a safe, nourishing environment. *Vancouver Sun*. Retrieved from <http://vancouversun.com/news/local-news/adopt-a-school-tupper-alternative-program-offers-a-safe-nourishing-environment>

ⁱⁱ Health and Welfare Canada. (1986). Achieving health for all: A framework for health promotion. *Ottawa: Minister of Supply & Services*. Retrieved from <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/achieving-health-framework-health-promotion.html>

ⁱⁱⁱ CSDH (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. *Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization*. Retrieved from http://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf;jsessionid=A731A6F156507FE71F47937CF6520748?sequence=1

^{iv} Canadian Institute for Health Information. (2016). Trends in income-related health inequalities in Canada. *Canadian Institute for Health Information*. Retrieved from https://secure.cihi.ca/free_products/trends_in_income_related_inequalities_in_canada_2015_en.pdf

^v McDonald, H. L. (2011). *Arthritis, aches and pains, and arthritis services: experiences from within an urban First Nations community*. Doctoral dissertation, University of British Columbia.

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- ^{vi} Anderson, J., Blue, C., & Lau, A. (1991). Women's perspectives on chronic illness: Ethnicity, ideology and restructuring of life. *Social Science & Medicine*, 33(2), 101-113.
- ^{vii} Anderson, J.M., Rodney, P., Reimer-Kirkham, S., Browne, A.J., Khan, K.B., & Lynam, M.J. (2009). Inequities in health and health care viewed through the ethical lens of critical social justice: Contextual knowledge for the global priorities ahead. *Advances in Nursing Science*, 32(4), 282-294.
- ^{viii} Anderson, J.M., Browne, A.J., Reimer-Kirkham, S., & Lynam, M.J., Rodney, P., Varcoe, C., Wong, S., Tan, E., Smye, V., McDonald, H., Baumbusch, J., Khan, K.B., Reimer, J., Peltonen, A., & Brar, A. (2010). Uptake of critical knowledge in nursing practice: Lessons learned from a knowledge translation study. *Canadian Journal of Nursing Research*, 42(3), 106-122.
- ^{ix} Reimer-Kirkham, S., Stajduhar, K., Pauly, B., Giesbrecht, M., Mollison, A., McNeil, R., & Wallace, B. (2016). Death is a social justice issue: Perspectives on equity-informed palliative care. *Advances in Nursing Science*, 39(4), 293-307.
- ^x Greenwood, M., Leeuw, S. d., & Lindsay, N. M., (Eds.). (2018). *Determinants of Indigenous peoples' health in Canada: Beyond the social (2nd edition)*. Toronto: Canadian Scholars' Press.
- ^{xi} Browne, A. J., Varcoe, C., Lavoie, J. G., Smye, V. L., Wong, S. T., Krause, M., . . . Fridkin, A. (2016). Enhancing health care equity with Indigenous populations: Evidence-based strategies from an ethnographic study. *BMC Health Services Research*, 16(544), 1-17.
- ^{xii} First Call: BC Child and Youth Advocacy Coalition. (2017, November). 2017 BC Child Poverty Report Card. Retrieved from <https://still1in5.ca/wp-content/uploads/2017/11/2017-BC-Child-Poverty-Report-Card.pdf>
- ^{xiii} Posen, A., Siddiqi, A, & Hertzman, C. (2015, December 9). Nurturing early childhood development in times of austerity in BC. *The Canadian Centre for Policy Alternatives*. Retrieved from <https://www.policyalternatives.ca/NurturingEarlyChildhoodDev>
- ^{xiv} Mickleburgh, Rod. (2013, February 24). Clyde Hertzman, 59, showed how environment trumps genetics in a child's development. *The Globe and Mail*. Retrieved from <https://www.theglobeandmail.com/news/british-columbia/clyde-hertzman-59-showed-how-environment-trumps-genetics-in-a-childs-development/article9016265/>
- ^{xv} Chetty, R., Hendren, N. & Katz, L.F.. (2016). The effects of exposure to better neighborhoods on children: New evidence from the moving to opportunity experiment. *The American Economic Review*, 106(4): 855-902.
- ^{xvi} BC Ministry of Finance. (2018). *Budget 2018*. Retrieved from <http://bcbudget.gov.bc.ca/2018/default.htm>