

March 31, 2018

Attention: BC Poverty Reduction  
PO BOX 9929 STN PROV GOVT  
Victoria, BC V8W 9R2

## **Recommendations from the BC College of Family Physicians to the BC Poverty and Inequities Reduction Strategy Consultation**

Thank you for consulting with British Columbians and those working in the field of poverty reduction and alleviation. We are pleased to offer this submission as a matter of urgent priority for the BC College of Family Physicians (BCCFP).

Poverty – and related difficulties meeting basic survival needs, such as for food, housing, transportation, childcare and health care – has a profound impact on our patients’ abilities to both access health care services and achieve good health<sup>i</sup>. Poverty, and related socio-economic conditions, are referred to in health care as “social determinants of health” (SDOH)<sup>ii</sup>, and account for 50% of health outcomes<sup>iii</sup>. Upstream poverty reduction is the appropriate treatment for poverty and socio-economic inequities. To wait until social problems later manifest as medical problems to be then addressed by the healthcare system is an inefficient use of taxpayer dollars, and an inadequate remedy for patients struggling to live in poverty. Thus, we call for immediate action on poverty reduction, and we commend you for undertaking this consultation and expedient implementation of a poverty reduction strategy.

Extensive research describing the link between income inequities and health inequities<sup>iv</sup> notes it is the gap in wealth between society’s richest and poorest that has a greater influence on health incomes than absolute wealth. Growing income inequality in BC and in Canada<sup>v</sup> is having a detrimental impact on the health of Canadians, and immediate measures are required to avoid poor health outcomes and associated health care costs<sup>vi</sup>. The inequities faced by specific marginalized populations in this province, including people living with disabilities, racialized populations including Indigenous peoples, single parents, and children, are particularly important to focus on in the implementation of the poverty reduction strategy.

We encourage you to refer to the submissions by the Medical Health Officer’s Council and Public Health Association of BC, who have submitted well-researched, evidence-based, and detailed recommendations to inform the implementation of a poverty reduction strategy over the short term (5 years). We have highlighted and summarized below the principles outlined that are of particular importance for family physicians in British Columbia.

BCCFP recommendations for key principles and areas of action in poverty reduction:

**1. Coordinated approaches from multiple sectors and ministries.**

- As the scope of the principles below indicates, appropriate actions should be outlined for all relevant sectors, including health care, social services, the private sector, and others.
- Data systems and metrics must track progress and gaps to guide opportunity to revise and strengthen the strategy, with particular attention to ensure the strategy appropriately benefits marginalized populations.

**2. Focus on a poverty reduction strategy developed by and for Indigenous Peoples.**

- The BCCFP supports the recommendations of the Truth and Reconciliation Commission of Canada (TRC)<sup>vii</sup>. In particular, we note the detrimental health impacts due to a lack of appropriate housing, clean water, community infrastructure and services, and inappropriate representation of Indigenous peoples in the justice and prison system. We also note the negative health impacts of ongoing poverty, racialization, marginalization<sup>viii</sup> and ongoing colonization, that are posed by resource extraction economies that threaten Indigenous territories in BC.

**3. Increasing income supports for people living in poverty is of utmost priority.**

- Multiple policies may benefit groups of British Columbians. We call particular attention to the implementation of the following critical policy measures: Basic Income, a living wage, increased welfare and disability levels, and improved EI benefits and access. Furthermore, administrative systems must not unfairly burden or stigmatize people accessing supports<sup>ix</sup>.

**4. Implement specific measures to end child poverty.**

- We highlight the importance of early intervention and the wealth of research linking early experiences of adversity<sup>x</sup> and stress<sup>xi</sup> with poor health throughout the lifespan<sup>xii</sup>.
- Multiple policies and sectors will be required for this initiative, which should include, , universal child care, further investment in early child development, an increase in the child tax benefit for families in need, and improvements in the foster care system, including for youth aging out of care.

**5. Investment in sustainable economies, education and skills training.**

- Making a meaningful contribution to society has tremendous health benefits. Greater investment in public education and reducing inequities in access to further education is critical to support an engaged workforce and the mental health of workers.

**6. Implement strategies to improve access to housing, food and transportation.**

- Lack of access to these basic determinants of health has negative health impacts we witness in our offices every day. Housing is a particular concern in the lower mainland and throughout BC, with detrimental impacts on physical and mental health. This should be a key priority.

**7. Focus on primary care transformation as a first point of contact for people living in poverty to access health and social services.**

- The BCCFP recommends development of an integrated, team-based, multi-disciplinary primary health care system that uses an equity lens in all phases of development, implementation, and evaluation. Acknowledging the complexity of patient populations – including socio-economic complexity – is critical both to connect patients to appropriate services and also to direct funding and appropriate service to populations in greatest need.
- Primary care reform should include appropriate access to mental health and addictions services, as well as social work, socio-economic intervention, and connection to appropriate programs and resources<sup>xiii</sup>. Integrating action on social determinants of health into the primary care environment is critical as this is an important point of contact for many people. It will also create efficiencies in primary care to appropriately address both medical and socio-economic needs.

Thank you for receiving these recommendations with thoughtful consideration. The BCCFP Social Determinants of Health Committee would be pleased to offer further support to the government, in particular as poverty intersects with health care access. As the strategy moves towards implementation, we encourage you to reach out to us and other community organizations offering insight to this consultation. Whatever one's level of interest and commitment in addressing poverty, our privilege and knowledge should not eclipse the knowledge of those living in poverty, and of organizations supporting people directly.



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#### References:

- <sup>i</sup> <https://www.cma.ca/Assets/assets-library/document/en/advocacy/PD13-03-e.pdf>
- <sup>ii</sup> [http://bcpovertyreduction.ca/wp-content/uploads/2014/09/2014\\_prc-health-factsheet.pdf](http://bcpovertyreduction.ca/wp-content/uploads/2014/09/2014_prc-health-factsheet.pdf)
- <sup>iii</sup> <https://www.canadianscholars.ca/books/social-determinants-of-health-3rd-edition>
- <sup>iiii</sup> <https://sencanada.ca/content/sen/Committee/392/soci/rep/rep10apr08-e.pdf>
- <sup>v</sup> <https://www.equalitytrust.org.uk/resources/the-spirit-level>
- <sup>vi</sup> [http://pressprogress.ca/3\\_staggering\\_charts\\_show\\_how\\_big\\_the\\_gap\\_between\\_rich\\_and\\_poor\\_is\\_growing\\_in\\_british\\_columbia/](http://pressprogress.ca/3_staggering_charts_show_how_big_the_gap_between_rich_and_poor_is_growing_in_british_columbia/)
- <sup>vii</sup> <https://www.theglobeandmail.com/opinion/article-how-does-canadas-health-spending-hold-up-to-international-scrutiny/>
- <sup>viii</sup> [http://www.trc.ca/websites/trcinstitution/File/2015/Honouring\\_the\\_Truth\\_Reconciling\\_for\\_the\\_Future\\_July\\_23\\_2015.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf)
- <sup>ix</sup> [http://www.cfpc.ca/uploadedFiles/Resources/\\_PDFs/SystemicRacism\\_ENG.pdf](http://www.cfpc.ca/uploadedFiles/Resources/_PDFs/SystemicRacism_ENG.pdf)
- <sup>x</sup> <http://bcpovertyreduction.ca/rethinkwelfare/>
- <sup>xi</sup> <https://acestoohigh.com/2012/10/03/the-adverse-childhood-experiences-study-the-largest-most-important-public-health-study-you-never-heard-of-began-in-an-obesity-clinic/>
- <sup>xii</sup> <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- <sup>xiii</sup> <http://pediatrics.aappublications.org/content/129/1/e232>
- <sup>xiiii</sup> <https://www.cma.ca/Assets/assets-library/document/en/advocacy/Health-Equity-Opportunities-in-Practice-Final-e.pdf>