



BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

Suite 310 – 1212 West Broadway T 604.629.1630

Vancouver BC Canada V6H 3V2 F 604.629.1633

www.bchealthyliving.ca

Via email: Harper.S@parl.gc.ca

October 1, 2008

Right Honourable Stephen Harper
Prime Minister of Canada
House of Commons
Ottawa, Ontario
K1A 0A6

Dear Prime Minister Harper,

The BC Healthy Living Alliance (BCHLA) is requesting your assistance in supporting policies and actions which could lead to the improvement of health outcomes among all Canadians. These policies and actions are outlined in the attached discussion paper “Healthy Public Policy for All Canadians”.

In light of the pending federal election and as many of these policies require commitment and resources from the federal government, we urge you to incorporate them into your platforms and actions plans.

BCHLA is a provincial coalition of organizations working together to improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke-free and to address the underlying social and economic factors which impact on chronic disease. In addition to the many health promotion projects we are delivering throughout the province through the support of our provincial government, BCHLA has recently undertaken considerable work on the underlying determinants of health and health inequities which persist not only in BC but throughout our country.

We thank you for your consideration as we work together to engage the public and governments at all levels on these important issues that affect the future health of all Canadians and our communities. We look forward to your response.

Sincerely,

Jean Blake
Chair, BC Healthy Living Alliance
Executive Director, Canadian Diabetes
Association, Pacific

Mary Collins
Director, BC Healthy Living Alliance Secretariat



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Via email: DionS@parl.gc.ca

October 1, 2008

Honourable Stéphane Dion
Leader of the Liberal Party
House of Commons
Ottawa, Ontario
K1A 0A6

Dear Mr. Dion,

The BC Healthy Living Alliance (BCHLA) is requesting your assistance in supporting policies and actions which could lead to the improvement of health outcomes among all Canadians. These policies and actions are outlined in the attached discussion paper “Healthy Public Policy for All Canadians”.

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Via email: leader@greenparty.ca

October 1, 2008

Ms. Elizabeth May
Leader of the Green Party of Canada
PO Box 997, Station B
Ottawa, ON K1P 5R1

Dear Ms. May,

The BC Healthy Living Alliance (BCHLA) is requesting your assistance in supporting policies and actions which could lead to the improvement of health outcomes among all Canadians. These policies and actions are outlined in the attached discussion paper “Healthy Public Policy for All Canadians”.

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Via email: Layton.J@parl.gc.ca

October 1, 2008

Mr. Jack Layton
Leader of the New Democratic Party
House of Commons
Ottawa, Ontario
K1A 0A6

Dear Mr. Layton,

The BC Healthy Living Alliance (BCHLA) is requesting your assistance in supporting policies and actions which could lead to the improvement of health outcomes among all Canadians. These policies and actions are outlined in the attached discussion paper “Healthy Public Policy for All Canadians”.

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Healthy Public Policy for All Canadians

BACKGROUND

- The BC Healthy Living Alliance is pleased to submit the following paper to the leaders of all Federal Parties which are running candidates in British Columbia for the 2008 election.
- The BC Healthy Living Alliance is a provincial coalition of organizations working together to improve the health of British Columbians. BCHLA is committed to advocating for and supporting health promoting policies, environments, programs and services; enhancing collaboration among government, non-government and private sector organizations; increasing capacity of communities to create and sustain health promoting policies, environments, programs and services.
- The BC Healthy Living Alliance has recognized that we have a shared responsibility - in addition to providing excellent services and programs to support individuals, families and communities to live healthy lives - to raise the level of public understanding and discussion around these issues and to encourage governments to work with other sectors to address the underlying social determinants which have a significant impact on health.
- The BC Healthy Living Alliance has recently prepared a position paper for the BC Government on the issues surrounding the social determinants and “health inequities” and is pleased to share some of our findings and perspectives for your examination of these issues. The Alliance is planning further work on these issues over the fall and will bring together a wide range of stakeholders, providing a forum for dialogue and feedback on the issues and priorities.
- While the focus of the work of the BC Healthy Living Alliance relates to the situation in British Columbia, we believe many of the issues and options we are presenting have wider applicability for the country as a whole.

IDENTIFYING THE PROBLEM IN BRITISH COLUMBIA

British Columbians are among the healthiest people in Canada and the world. And yet, despite our excellent average, there is still a large gap between the healthiest British Columbians and those who suffer from ill health.

Disadvantaged British Columbians have increased susceptibility to numerous chronic conditions and are more likely to live with chronic illness. The BC Healthy Living Alliance (BCHLA) in partnership with ActNow BC have recognized the importance of healthy living and established concrete targets and mobilized an action plan to address the common risk factors of chronic disease: tobacco use, physical inactivity and unhealthy eating. These efforts need to be accompanied by actions to address health inequities.

Access to income, affordable housing, healthy food, education, early childhood development, and recreational opportunities influence our ability to make healthy lifestyle choices and ultimately the state of our physical and mental health as well as life expectancy.

BCHLA has reviewed the literature and sought expert opinion on what actions can be taken to address these health inequities we can ensure healthy living is achievable for all citizens.

KEY FINDINGS

1. Some Canadians are much healthier than others. Poor health outcomes are more likely among: children and families living in poverty; the working poor; the unemployed/under-employed; those with limited education and/or low literacy; Aboriginal and remote populations; newcomers; persons suffering from social exclusion; the homeless; and those who have difficulty securing affordable housing^{1,2, 3, 4}

Based on current Canadian data, it is well documented that:

- Infant mortality rates remain two-thirds higher in the poorest neighborhoods than in the richest.⁵
- Men in the highest income quintile live five years longer than men in the lowest; for women the gap is two years.⁶
- Aboriginal men die, on average, seven years earlier than other men; for women the gap is five years.³

- Disadvantaged Canadians have increased susceptibility to a broad range of chronic conditions and are more likely to be living with chronic illness.⁷
 - For example, the rate of diabetes among those with low incomes is double that of those with high incomes.⁸
 - Similarly, the rate of heart disease among those with low incomes is almost double that of wealthier citizens.⁹
2. Persistence of these health inequities continues to be a major driver of healthcare costs.
 - The poorest fifth of the population use approximately twice as much in the way of healthcare services as do the wealthiest fifth because they are more often and more severely sick or injured.¹⁰
 3. Early markers of vulnerability such as low birth weight are related to socio-economic status. The social gradient impacts school readiness, cognitive performance and behavioural problems in primary school; dropout rates in secondary school and participation in post-secondary education. Thereafter, the consequences pervade nearly every aspect of adult life: employment; income levels; parenting skills and health status.¹¹
 4. In part, health inequities arise as the result of a concentration of behavioural risk factors within disadvantaged populations (diet, physical activity and tobacco use). However, the behavioural risk factors are only part of the equation; there is an active gradient at work: as socio-economic status improves so too do health outcomes.^{12, 13, 14}
 5. Some of the main challenges confronting Canada include: family and child poverty (including the “working poor”); unemployment; housing/homelessness; education/literacy; and food insecurity.

POLICY DIRECTIONS ON THE SOCIAL DETERMINANTS OF HEALTH

The findings in British Columbia and Canada are consistent with studies from around the globe. The World Health Organization Commission on the Social Determinants of Health released its Final Report on August 28, 2008 and came to the same conclusion as the Chief Medical Health Officer’s Report on The State of public Health in Canada, “that people with better incomes, better education and better social supports enjoy better health than those with fewer social and economic opportunities”.

There has been much discussion of policy interventions that are promising for alleviating health inequities. There is, however, very little research measuring the efficacy of policies on long-term health outcomes of those populations that are negatively affected by the social determinants of health. Much of the literature on policy

options focuses on those that with positive results in key areas, such as increasing early childhood development for disadvantaged children, increasing the availability of affordable housing, increasing income security and improved education outcomes for at-risk youth.

No single policy will be effective in itself. What is required is an integrated and intersectoral approach that will address the complex problem of health inequity from various angles.

BCHLA recognizes that some provinces – e.g. Quebec and Newfoundland have already engaged on ambitious poverty reduction strategies which will impact on health inequities in their provinces while others including Nova Scotia and Ontario are also in the process of developing strategies to deal with such inequities. Some provinces have developed concerted and coordinated strategies around a particular issue – e.g. Manitoba’s integrated strategy for early childhood development and childcare, while British Columbia, under the leadership of ActNow BC, is engaged in a “whole of government” approach to improving the health of the people of BC. These efforts could be strengthened by a strong Federal commitment to reduce health inequities among Canadians.

The BC Healthy Living Alliance encourages all federal political parties to consider the following policies and actions that have the potential to address the social determinants of health and begin the process of redressing health inequities.

POLICY GOAL: Health outcomes for Canadians of lower socio-economic status are at the same rate as those of higher socio-economic status and health outcomes for Aboriginal peoples are the same as for others in Canadian society.

Planning and Accountability

- **Targets:** Establish coordinated national targets to reduce health inequities
 - All levels of government should renew their commitment to reducing health inequities with the establishment of targets for improving health outcomes for all Canadians of lower socio-economic status. While some provinces have established targets relating to health status or poverty reduction, there should be coordinated national targets to which all jurisdictions can commit. A good start would be:

- By 2017 a 50% reduction in the number of children and their families living in poverty.
- By 2017, an improvement of 20% in the health status of children in Canada (0 – 16 years) as measured by infant mortality, morbidity, premature mortality, and healthy weights, as well as a reduction in risk factors which contribute to childhood disease, ill health and injuries.
- **Planning:** Strengthen the intergovernmental and inter-ministerial structures for population health.
 - While there are a number of intergovernmental committees which focus on population health, many of which also include research organizations to these mechanisms should be strengthened. An inter-ministerial committee whose mandate would be to reduce health inequities within federal jurisdiction should be matched by continued support for a Federal/Provincial/Territorial mechanism responsible for ensuring coordinated action to reach the targets and a “whole of government” approach
- **Measurement:** Establish an appropriate surveillance mechanism for measuring and reporting progress to the public on meeting the targets.
 - The responsibility for data gathering could lie with the Canadian Institute for Health Information with the Health Council of Canada playing a lead role in evaluation and dissemination of findings to all players and the public.

Early Childhood Development

- Extend parental leave benefits to cover the period of birth to 18 months to enable families to be with infants during their earliest period of development and encourage employers to provide top ups to the current benefits available under Employment Insurance (Federal)
- Provide comprehensive, quality and affordable early childhood development and parenting services and programs ensuring that priority is given to those neighbourhoods and communities with the highest numbers of vulnerable children. (All levels of government)
- Reinvest in a Child Care Subsidy Program to provide incentives for the creation and maintenance of quality and affordable childcare spaces for working families, while continuing to provide financial assistance to parents who stay at home with their children. (Federal/provincial)

Housing

- Provide the mechanisms by which non-profit organizations, the private sector and all levels of government work together and coordinate their efforts and investments to ensure the availability of a full spectrum of housing for those in need, including affordable housing, supportive housing, social housing, emergency and transition housing. (All levels of government and agencies involved)
- Develop a national housing strategy with increased and sustained Federal spending for affordable housing. (Federal)

Income

- Structure marginal tax rates and benefits so that low wage earners are not penalized for working rather than relying on income assistance. (Federal/Provincial)
- Increase the National Child Tax Benefit and Supplement provided by the Federal Government to \$5100 per child. Ensure that this benefit is delivered in addition to income assistance and that for low income families, other benefits are not reduced to off-set this increase. (Federal/Provincial)

Food

- Develop a healthy eating and food security strategy which integrates and coordinates policies and actions among Federal, Provincial, Aboriginal and Municipal governments. (All levels of government)

Supportive Environment

- Continue to support collaboration with local governments to provide resources to develop healthy communities through an integrated approach to social, physical, environmental and economic planning and development. (All levels of government)
- Define and remove barriers to health, social services and healthy living programs for new Canadians, low income families and Aboriginal people. (Federal, provincial, local)

CONCLUSION

The BC Healthy Living Alliance is looking forward to continuing its discussions with interested partners including governments, NGOs and other sectors to advance an agenda for the reduction of health inequities among Canadians. This will require

committed leadership and vision from all sectors to make the investments and changes if Canada is to stand out as the country with the healthiest population in the world.

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