



BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

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Healthy Futures for BC Families: The BC Healthy Living Alliance's 2009 Budget Submission

The BC Healthy Living Alliance (BCHLA) is pleased to make our third submission to the Select Standing Committee on Finance and Government Services. The BCHLA continues to assert that it is essential to take further action on those factors which influence the health of the people of our province and contribute to ever growing health care costs. The costs of treating illness is taking up an ever increasing percentage of the total provincial budget and will continue to do so if we do not move ahead to provide the programs, incentives and tools to enable British Columbians to take the necessary actions to live healthier lives. Planning and further funding is needed to ensure that the gains we have made are cemented.

Background

In 2005, BCHLA submitted *The Winning Legacy – A Plan for Improving the Health of British Columbians*¹ to the BC Government, which included twenty-seven evidence-based recommendations. The government rose to the challenge and we are pleased to see progress on many of these through policy and regulatory action, including removing junk food from schools, tightening controls on tobacco and introducing physical activity into the school curriculum among others. A generous \$25.2 million grant from the BC Government has also enabled BCHLA to start the work on many of the recommendations through fifteen major initiatives. These initiatives support healthy living in three key areas, by improving opportunities for British Columbians to live smoke-free, be physically active and make healthier food and beverage choices.

The recent creation of the Ministry of Healthy Living and Sport, following on the success of ActNow BC, has also been an important step forward. By introducing a “whole of government” approach to healthy living, barriers can be reduced between departments and new understandings developed among all ministries of the role they play in improving the health of British Columbians. The World Health Organization has recognized the model of ActNow BC as an exemplary approach, one that should be considered by other jurisdictions.

BCHLA's initiatives also complement the activities of ActNow BC by building capacity at the community level so that health-promoting efforts can be sustained in the long-term — which is necessary if we are to realize continuous improvement in the health of British Columbians and sustainability of our health care system.

However, even with existing efforts, significant challenges remain if BC is to achieve the goal of being the healthiest jurisdiction to have ever hosted an Olympic and Paralympic Games and then to extend this legacy beyond 2010.

Many studies provide a strong economic rationale for investing in health promotion. *The Winning Legacy* estimated the costs that could be avoided should British Columbians achieve the healthy living targets established by BCHLA.

Estimated Cost of Risk Factors In British Columbia, 2004	
	Est. in Total \$ in 2004 (<u>\$million</u>)
Smoking	
Direct costs	\$ 679
Indirect Costs – Productivity	\$ 856
Indirect Costs – Premature Mortality	<u>\$ 1,170</u>
Total Smoking	<u>\$ 2,705</u>
Physical Inactivity	
Direct Costs	\$ 189
Indirect Costs	<u>\$ 432</u>
Total Physical Inactivity	<u>\$ 621</u>
Obesity	
Direct Costs	\$ 180
Indirect Costs	<u>\$ 309</u>
Total Obesity	<u>\$ 489</u>
Total	<u>\$ 3,815</u>

The BCHLA healthy living targets are:

- 9 out of 10 British Columbians will not smoke;
- 7 out of 10 British Columbians will eat at least five servings of vegetables and/or fruit per day;
- 7 out of 10 British Columbians will be physically active;
- 7 out of 10 British Columbians will be a healthy weight.

BCHLA’s 2004 cost analysis calculated that \$3.815 billion in costs to the BC economy could be avoided with the attainment of the targets; after which, \$764 million in costs could be avoided annually.

This year we come to you at a very challenging time. We do not underestimate the difficult task you will have to balance all of the ever increasing demands on the provincial budget while at the same time, being faced with the potential impact that the current tumult in our economy may

have on the revenue side of the equation. However, we would continue to assert that healthy public policy coupled with far-sighted planning and prudent investments continue to be as important in challenging times as they are in more affluent periods. These are necessary if we are to retain the progress that has been made and to continue to develop and improve the quality of life in British Columbia.

Recommendations

The BCHLA respectfully asks the members of the Finance and Government Services Committee to consider integrating into the 2009 provincial budget, a range of measures we have outlined below to reduce the burden of chronic disease and improve health outcomes and the sustainability of the health care system in British Columbia.

Our key recommendations are:

- 1. Enhance support for broad-based, population health measures to address the common risk factors of chronic diseases: unhealthy diet, physical inactivity and tobacco.**

2. **Create a permanent health promotion fund to enhance and expand health promotion programs targeted to disadvantaged British Columbians.**
3. **Invest in measures to reduce health inequities by addressing the social determinants of health.**

1. Enhance support for broad-based, population health measures to address the common risk factors of chronic diseases: unhealthy diet, physical inactivity and tobacco.

BCHLA's past submissions have supported positive recommendations to make the healthy choice the easy choice for British Columbians. The percentage of people with serious chronic diseases in British Columbia is growing as our population ages. Policies and programs that make healthy choices easier will lessen this trend if we act today. Broad-based population measures will bring about behaviour change that will prevent chronic disease and benefit everyone.

The returns on investments in healthy living are well documented and provide a persuasive economic justification. In addition to BCHLA's costs analysis, a recent Trust for America's Health report concluded that an investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent tobacco use could start to pay off within five years.²

The following are key areas in need of the government's support.

1.1 Provide Physical Activity Supports

The BCHLA recommends that at least 7% of all infrastructure funding allocated to urban transit, road and other transportation construction, should be set aside for Active Transportation infrastructure (e.g., bicycle facilities, walking trails/paths, sidewalks, signals, signage and traffic calming measures).

If British Columbia is to be the healthiest jurisdiction to ever host the Olympic and Paralympic Games, we need the equipment and places to be physically active. Smaller communities in particular need assistance in accessing resources to expand and improve the infrastructure that supports their populations to be active.

BCHLA applauds the government's investment of \$31 million for the built environment through the Bike BC Program — this investment, building on the existing LocalMotion Program funding, will provide many more kilometres of pathways for British Columbians to cycle, walk, run and roller blade on, and save many kilograms of emissions. But more investment is needed to meet the suggested 7% target.

In 2007, the Ministry of Environment estimated that personal vehicles were responsible for 40% of BC's greenhouse gas emissions, and the Ministry of Transportation budgeted for over \$900 million in road projects for the 2007/08 Service Plan. According to Go For Green's Business Case

for Active Transportation, “A relatively small portion of the transportation budget can facilitate high levels of bicycle use”. In the Netherlands, only 6% of the money spent on road infrastructure is spent on bicycle facilities, yet the bicycle has a 27% share of all journeys and a 9% share of all kilometers traveled.³

The Canadian Fitness and Lifestyle Research Institute found in a survey of Canadian Municipalities that “three in five communities report that an increase in the amount of walking, bicycling and multi-purpose trails was the most pressing infrastructure need in their community to increase physical activity levels among citizens”.⁴ Addressing this infrastructure deficit will help communities meet greenhouse gas reduction targets while building physical activity into the daily routines of citizens.

1.2 Expand School Health and Wellness Initiatives

The BCHLA recommends that the BC Government increase funding to expand School Health and Wellness Initiatives such as the School Fruit and Vegetable Snack Program, Action Schools! BC and Way to Go!

The World Health Organization has identified a health promoting school environment as one of five key strategies for addressing growing trends in obesity and overweight. Our province is fortunate to have three internationally recognized programs that promote healthy and active lifestyles in BC schools.

The BC School Fruit and Vegetable Snack Program is part of ActNow BC. Similar programs in the United Kingdom and United States have been very successful and positively received by children, parents and teachers⁵. The fresh and nutritious fruits and vegetables to be served in this program are grown in BC, subject to availability. Serving BC grown fruits and vegetables enhances the market for locally produced food products, contributes to the sustainability of rural communities and economies and raises awareness of the importance of maintaining local agriculture as a source of food.

Action Schools! BC is a best-practices physical activity and healthy eating model designed to assist elementary schools in creating individualized action plans to promote healthy living. According to an evaluation of Action Schools! BC “One-third of Canadian children aged 2 to 11 were overweight in 1998/99.⁶ Inactivity and unhealthy eating habits are the major contributing factors to these staggering trends.⁷ These trends are of concern because of the growing evidence linking healthy child development to chronic disease prevention.”

The Way to Go! Program provides school communities with the tools required to develop traffic safety awareness and to increase the opportunities for students to walk, cycle, rideshare or take transit to school making the school journey safer, healthier and more environmentally responsible.⁸

These programs are in high demand and have made tremendous progress despite their stretched resources. Schools are important places to focus resources as most children live within walking or cycling distance of school and youth is a formative time in the development of eating and activity

behaviours. Dedicated and ongoing funding for multiple-year programming is required to enable organizations to influence behaviour shifts in target populations.

1.3 Enhance and Expand Smoke-Free Measures

BCHLA encourages the BC Government to subsidize cessation initiatives and nicotine replacement therapies with funds generated by closing the roll-your-own tobacco tax loophole and increases in general tobacco taxes.

BCHLA applauds this government for its efforts to ensure smoke-free places through measures such as Bill 10 and we encourage you to continue to protect children and adults from exposure to second-hand smoke by exploring other places where we can build on the legislation (such as patios, pharmacies, and playgrounds).

Smoking is still the single largest cause of preventable death, killing 6,000 British Columbians annually. Providing supports to people who want to overcome nicotine addiction will be an investment that pays dividends in lower health costs, healthier environments and a healthier population.

BCHLA was pleased that this government took an innovative step in 2007 by funding Quit Smoking Now! and providing nicotine replacement therapies for smoking British Columbians on income assistance. According to a survey commissioned by the Canadian Cancer Society, British Columbia and Yukon Division, "A high percentage of BC residents (87%) say they would support allocating a small portion of money from the sale of tobacco products to a fund that would subsidize the cost of cessation products, such as the nicotine patch and nicotine gum, for smokers who wish to quit."⁹ The BC Government could look to Quebec for an example of how a broad-based nicotine replacement therapy program can be implemented.

Tobacco tax increases are a strong and proven disincentive to tobacco use. And yet, interventions should be responsive to the higher prevalence of tobacco use among lower income British Columbians who have fewer resources for quitting. Targeting cessation counseling and nicotine replacement therapies to low income British Columbians may mitigate the burden of added taxes while providing an incentive to overcome the negative health effects and ongoing cost of tobacco addiction. Funds generated from closing the roll-your-own tobacco tax loophole as well as increases in general tobacco taxes could be used to fund these cessation services as recommended by the Canadian Cancer Society.

1.4 Support Recommendations made by the Northern Fruit and Vegetable Task Force

The BC Healthy Living Alliance suggests the BC Government set aside resources to support the Northern Fruit and Vegetable Task Force's recommendations – so that actions to remove barriers to fresh produce can be implemented quickly.

The BCHLA was pleased to hear the Premier announce the creation of a Task Force to investigate options for increasing access to fresh produce in rural and remote communities.

The Alliance recognizes that residents in the North, rural and remote communities face significant barriers to healthy eating – particularly in the high cost relative to income and the local availability of fresh produce. For example, a bag of carrots that costs just \$2.00 in the Lower Mainland will cost a resident that lives nine hours north of Prince George \$5.00 for the same bag of carrots.

The research BCHLA undertook to inform our Healthy Eating Initiatives found that 14% of families in BC find themselves in situations where accessing enough healthy food is problematic. The research also found that although there is a growing interest in supporting local food systems, “there is no reliable system in place that makes BC grown foods readily available to BC Families”. Funding will be needed to support initiatives and proposals for increasing access to local fruits and vegetables in the short term while long term solutions to sustainable food security is explored.

2. Create a permanent Health Promotion Fund to enhance and expand health promotion programs targeted to disadvantaged British Columbians.

2.1 Fund health promotion interventions targeted to disadvantaged groups

The BCHLA proposes that the BC Government create a permanent Health Promotion Fund for BC, to provide sustained long term funding to health promotion initiatives that target interventions to disadvantaged populations. BCHLA’s Winning Legacy highlights health promotion interventions targeted specifically to Aboriginal, new immigrant and low income citizens as a prudent measure for improving population health outcomes.

BC population data affirms what is widely acknowledged in international and Canadian studies, that disadvantaged populations have increased susceptibility to a broad range of chronic conditions and are more likely to be living with chronic illness.^{10,18} For example, the rate of diabetes among people with low incomes is double those with high incomes and for heart disease it is almost double.^{11, 12, 13} Health inequities are most pronounced among children and families living in poverty, the working poor, the unemployed/under-employed; those with limited education and/or low literacy, First Nations people, new immigrants, persons suffering from social exclusion, the homeless and people with addictions and/or mental illness.^{14,15,16,17,}

“Socio-economic inequities in health are responsible for more than 20% of health care costs.”¹⁴
Reducing Health Disparities – Roles of the Health Sector: Recommended Policy Directions and Activities. Public Health Agency of Canada

Based on the public response to the Conversation on Health and BCHLA’s public opinion research, it is clear British Columbians understand that ensuring the sustainability of our health care system requires upstream investments to address the needs of disadvantaged or higher risk populations at the community level. Aboriginal Head Start, CommunityLINK, Community Food Action Initiative and the Honour Your Health Challenge are examples of programs that hold promise for improving health outcomes for specific populations and the type of program that should be funded, replicated and expanded.

2.2 Sustain BCHLA's integrated and collaborative approach to health promotion

BCHLA has fifteen health promotion initiatives now underway in communities across this province. These initiatives represent consensus among British Columbia's leaders in health promotion on how best to direct the \$25.2 million grant from the Government of BC in order to maximize its impact on the health of British Columbians.

The BCHLA initiatives are integrated, evidence-based, and targeted to populations and geographic areas where the need is high. They have been designed to change the behaviour of British Columbians that have multiple barriers to healthy living and are hard to reach using traditional methods. This informed, collaborative and integrated approach is the BCHLA advantage.

BCHLA has partnered with the Michael Smith Foundation for Health Research (MSFHR) to evaluate the success of our initiatives. This partnership ensures an arms-length perspective and avoids duplication of effort. The research will inform us on the next steps we need to take — where we should be expanding on initiatives that work well and which approaches should be adapted.

We are confident that BCHLA initiatives are working to deliver the behaviour shift that will help British Columbia to reach the Premier's goal of being the healthiest jurisdiction by 2010. But lasting behaviour change takes time. To extend the health legacy beyond 2010, the BC Government should provide \$10M annually to expand BCHLA's collaborative approach to health promotion¹.

3. Invest in measures to reduce health inequities by addressing the social determinants of health.

The social determinants of health include the basic financial resources and supportive environments necessary for a healthy life. Access to income, affordable housing, healthy food, education, early childhood development, and recreational opportunities influence our ability to make healthy choices and ultimately the state of our physical and mental health as well as life expectancy. These 'social determinants' are responsible for almost half of the variation in health outcomes within society and therefore act as a significant driver of health care costs.¹⁸

On October 2nd, 2008, BCHLA brought together 130 opinion leaders to discuss priorities and options for addressing the social determinants of health and improving health equity. A Policy Discussion Paper outlining the evidence and policy options was presented and the group selected the following as the highest priorities for immediate action:

¹ \$10 Million is the annual cost to deliver BCHLA's health promotion initiatives assuming the current level of activity. This figure was derived by dividing the amount of the initial grant, \$25.2M by two and a half years.

3.1 Establish targets, investments and actions to improve health equity

BCHLA recommends that the BC Government establish targets, investments and actions steered by an integrated plan that works toward improving health equity in BC — so that health outcomes for British Columbians of lower socio-economic status are at the same level as those of higher socio-economic status.

**79% of British
Columbians support:
A provincial action plan
with targets and
timelines to improve
the health of
disadvantaged citizens**

Angus Reid Strategies: Attitudes
and Barriers to Healthy Living, 2008
(BCHLA Public Opinion Research)

Supporting conditions in which today's and tomorrow's children can aspire to healthier lives, it should be possible to lessen the load on the health care system itself and reduce the rate of growth of health care spending. Specific targets, an action plan, investments and designated leadership are required to reach this goal.

The BC Government should review policies and investments throughout government with respect to their impact on the reduction of inequities in health. With the right supports for children and their families, the impact of the returns will be realized over the next 10-20 years.

3.2 Establish a Poverty Reduction Strategy

BCHLA proposes that the BC Government strive by 2017, to reduce the number of children and their families living in poverty by 50%.

Within an overall integrated health equity plan, it will be necessary to implement a strategy to reduce poverty in British Columbia. It is important to note that other provinces have adopted or are in the process of adopting poverty reduction strategies which would not only reduce the number of children and families living in poverty but would have, as anticipated outcomes, improved health for their citizens. Quebec was the first to move in this direction and has already seen results. Newfoundland and Labrador has more recently implemented such a strategy and Nova Scotia and Ontario are in the process of developing poverty reduction strategies as are a number of municipalities.

3.3 Invest in Early Childhood Development

The BCHLA proposes the BC Government invest in comprehensive, quality and affordable early childhood development and parenting services and programs as well as childcare. An investment should also be made in community school programs for all children from the age of four with appropriate hours to meet the needs of working parents, with fees prorated according to income.

It is clear that a child's early experiences and development establishes a foundation that will impact school readiness, educational achievement and high school completion which ultimately

contributes to employment and income security. With emotional, social and cognitive aptitudes, come the skills for securing material resources and the conditions for a healthier life.

The call for a comprehensive early childhood education and care system comes from a broad range of sectors including business leaders, economists, academics, as well as educators and provincial, federal and international organizations. ^{19, 20, 21} Dr Clyde Hertzman, UBC Professor, Director of the Human Early Learning Partnership and Team Leader of the World Health Organization's Global Knowledge Hub on Early Child Development, argues that because the majority of vulnerable children live in middle class neighbourhoods, a strategy to provide universal access is favourable over targeted approaches. ²²

Early childhood development and childcare is an excellent investment for government. According to the 2000 Nobel Laureate in Economics, Dr. James Heckman, in terms of return on investment in human capital, the earlier the intervention the higher the rate of return. One study shows a ten-fold return on every dollar invested in 0 to 3 year olds. In the Canadian context it is estimated that one dollar invested in early childhood development generates two dollars for the economy. ²³

3.4 Invest in Affordable Housing

89% of British Columbians support increasing investment in affordable housing

Angus Reid Strategies: Attitudes and Barriers to Healthy Living. 2008

The BCHLA proposes the BC Government 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. The BC Government can ensure basic housing is attainable by adjusting Income Assistance shelter rates so they are based on reasonable market rental costs as well as providing adequate follow-up support along with housing for those leaving institutional care.

The BC Government has demonstrated its commitment to the issues of affordability and homelessness with the provincial housing strategy, Housing Matters BC. Considerable progress has been made with the expansion of programs such as the Rental Assistance Program, Homeless Outreach Program, and with an increase of funding for emergency shelters to operate 24/7 in addition to the \$80-million investment for 996 new units of supportive and affordable housing.

These efforts are to be commended and yet the need remains high. In 2008 there are still 11,000 households on the wait list for subsidized units with BC Housing.²⁴ BC has the highest basic housing need in Canada, since 15% of citizens spend more than 30% of their income on housing. When adequate house repair and size is factored in, the proportion of those spending in excess of 30% climbs substantially to 43% of renters and 24% of home owners.²⁵

There is a strong economic rationale for transitioning the homeless into supportive housing. A 2001 study prepared for the Office of Housing and Construction Standards under the Minister

Responsible for Housing reported that the annual cost of providing services to a homeless individual ranged from \$30,000 to \$40,000 on average. The annual costs for providing government services to an individual in similar circumstances but provided with supportive housing, ranged from \$22,000 to \$28,000 per person per year.²⁶

Conclusion

It is recognized that the investments required to implement these recommendations on the social determinants will not, in many cases, come from the Ministry of Health or Ministry of Healthy Living and Sport but from other Ministries. Over time, however, the provincial government and the people of British Columbia would benefit as the pressures on the health care system can be moderated as more citizens are able to live healthy lives and reduce their risk of early and preventable chronic disease.

We recognize that there is much uncertainty about the how the current commotion in the global economy will impact British Columbia and we acknowledge the challenging task this government faces in balancing the various demands on the provincial budget. But at this juncture, we feel that there is a solid evidence base, in addition to significant public support, based on public opinion research commissioned by the BCHLA, to justify investments in these actions. With an action plan and prudent investments, we can build a healthier future for all British Columbians.

Who We Are

Established in 2003, the BC Healthy Living Alliance represents the largest health promotion team in BC history. Our members include the BC Lung Association, BC Pediatric Society, BC Recreation and Parks Association, Canadian Diabetes Association (Pacific), Canadian Cancer Society (BC and Yukon Division), Dietitians of Canada (BC Region), Heart and Stroke Foundation of BC and Yukon, Public Health Association of BC and the Union of BC Municipalities.

Our vision is “a healthy British Columbia” and our mission is:

“To improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke free. While the Alliance recognizes there is a wide range of chronic diseases, our primary focus is on the common risk factors and underlying determinants that contribute significantly to cancer, cardiovascular disease, chronic respiratory disease and diabetes”

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References

- 1 BC Healthy Living Alliance (2005) *The Winning Legacy – A Plan for Improving the Health of British Columbians* http://www.bchealthyliving.ca/strategies_and_initiatives
- 2 Trust for America's Health. *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities* (2008) Accessed September 12, 2008 <http://healthyamericans.org/reports/prevention08/Prevention08.pdf>
- 3 Go for Green (2004). *The Business Case for Active Transportation: The Economic Benefits of Walking and Cycling*.
- 4 Canadian Fitness and Lifestyle Research Institute (2004) *A municipal perspective on opportunities for physical activity: Trends from 2000–2004*. Available at <http://www.cflri.ca/eng/statistics/surveys/capacity2004.php>
- 5 US information: <http://www.ers.usda.gov/AmberWaves/November03/findings/freefruitandveggies.htm>
UK information: <http://www.foodinschools.org/>
http://www.dh.gov.uk/en/PublicHealth/Healthimprovement/FiveADay/FiveADayGeneralInformation/DH_4002149
- 6 Statistics Canada, The Daily, October 18, 2002.
- 7 World Health Organization. (1997). *Obesity: Preventing and managing the global epidemic – report of a WHO consultation on Obesity*.
- 8 Way to Go! Information available at: <http://www.waytogo.icbc.bc.ca/>
- 9 Canadian Cancer Society, British Columbia and Yukon Division (2007) *Submission to the Conversation on Health*
- 10 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.
- 11 Adapted from the Federal Provincial Territorial Advisory Committee on Population Health and Health Security. *Reducing Health Disparities*. Public Health Agency of Canada. 2007.
- 12 James R. et. al. The health of Canadians with diabetes. *Health Reports*. 9(3). 1997.
- 13 Johansen, H. Living with Heart Disease: The Working Age Population. Statistics Canada: *Health Reports*. 10,1, 1999.
- 14 Federal Provincial Territorial Advisory Committee on Population Health and Health Security. *Reducing Health Disparities – Roles of the Health Sector: Recommended Policy Directions and Activities*. Public Health Agency of Canada. ISBN: 0-662-69312-4., 2005.
- 15 Frohlich K. *Theoretical pathways to health disparities in Canada*. Appendix 1. Report prepared for the FPT Advisory Committee on Population Health, 2003.
- 16 Federal Provincial Territorial Advisory Committee on Population Health. *Second Report on the Health of Canadians*. Health Canada: 1999.
- 17 Canadian Institute for Health Information. *Improving the Health of Canadians, 2004*. www.cihi.ca

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- 18 Public Health Agency of Canada. *The Chief Public Health Officer's Report on the State of Public Health in Canada* (2008)
- 19 The Vancouver Board of Trade. *Investing In Our Children Is Good Public Policy* http://www.boardoftrade.com/vbot_page.asp?pageid=162. 1999. Accessed April, 2008.
- 20 Dodge, D. *Human Capital, Early Childhood Development, and Economic Growth: An Economist's Perspective*. <http://www.sparrowlake.org/events/archive/2003.htm>. Accessed April 4, 2008.
- 21 The World Bank www.worldbank.org/children Accessed April 7, 2008.
- 22 Hertzman, C. *Making Early Childhood Development a Priority: Lessons from Vancouver*. <http://www.earlylearning.ubc.ca/documents/Making%20ECD%20a%20Priority.pdf> 2004. Accessed April 7, 2008.
- 23 Heckman, James J. "Policies To Foster Human Capital," *Research in Economics*, 2000, v54(1,Mar), 3-56 http://www.ounceofprevention.org/includes/tiny_mce/plugins/filemanager/files/Fostering%20Human%20Capital.pdf Accessed April 4, 2008.
- 24 Personal communication: Lia Nicholoyiannis, Housing Administrative Support, Metro Vancouver Housing Corporation, April 7, 2008.
- 25 Canadian Mortgage and Housing Corporation. *Dimensions of Core Housing Need in Canada*. Ottawa. Central Mortgage and Housing Corporation, 2007.
- 26 Ministry of Social Development and Economic Security. Office of Housing and Construction Standards *Causes & Effects: The Costs of Homelessness in B.C.* 2001.