



BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

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**Presentation to the Select Standing Committee on
Children and Youth
From the BC Healthy Living Alliance**

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THE LUNG ASSOCIATION™
British Columbia



Canadian
Diabetes
Association

Dietitians of Canada
Les diététistes du Canada



BCHLA – Who We Are

We would like to thank the members of the Select Standing Committee on Children and Youth for this opportunity to present the views of the BC Healthy Living Alliance (BCHLA) with respect to your work on children and poverty.

As you may know the BCHLA was established in 2003 and 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 Cancer Society (BC and Yukon Division), Canadian Diabetes Association (Pacific Area), Dietitians of Canada (BC Region), Heart and Stroke Foundation of BC & Yukon, Public Health Association of BC and the Union of BC Municipalities.

Our Vision is “a healthy British Columbia” and we have been working hard to make this vision a reality; beginning with our advocacy report in 2005, *The Winning Legacy – A Plan for Improving the Health of British Columbians*, to our more recent work with a vast array of organizations and communities in the implementation of 15 initiatives over the past three years to support British Columbians in the pursuit of healthy living practices. These have involved unique but evidence-based work on healthy eating, physical activity, tobacco cessation and building leadership and capacity in communities, including many Aboriginal communities and vulnerable populations so that they may be in a better position to promote healthy living in the years to come.

Social Determinants of Health

As the Alliance has proceeded with its work to prevent chronic disease it has become apparent that in BC, as elsewhere in the world, it is the underlying social determinants of health that really make a difference in whether an individual is able to enjoy a long and healthy life. The evidence is clear, from the World Health Organizations’ ground

breaking report by Sir Michael Marmot on this topic, to the ever increasing body of knowledge both in Canada and internationally supporting these findings.

These social determinants include access to income, affordable housing, healthy food, education, early childhood development and recreational opportunities. They influence our ability to make healthy choices and ultimately the state of our physical and mental health. They are responsible for almost half of the variation in health outcomes which exist in our society and therefore act as a significant driver of health care costs.

We are sure you are aware of the widely acknowledged international and federal studies – that disadvantaged populations have increased susceptibility to a broad range of chronic diseases. This is true in BC where men from the lowest income group are almost five times more likely to develop diabetes than those from the highest income groups and for women it is double. And heart disease for BC women from the lowest income group is three times higher than in those in the highest income group and for men it is double.¹

We assert that it is essential to take 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 requires 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.

And of course the best place to start affecting change is with our children – to ensure our children have a healthy start in life and that their families have the necessary knowledge and resources so they will be able to engage in healthy living, now and in the future. It has also been apparent in some of BCHLA's recent cross-provincial initiatives, that

¹ Health Officers Council of BC. (2008). *Health Inequities in British Columbia: A Discussion Paper*. Public Health Association of BC publication.

children living in poverty have reduced access to healthy food, physical activity and smoke-free environments. In fact, a recent submission by BCHLA to the Provincial Government on tackling overweight and obesity in BC highlighted the lack of skills and resources of some vulnerable populations when it comes to preparing healthy meals for their family or accessing physical activity in their community.

We know that much more could be done to help our most vulnerable citizens live healthier lives – whether they are Aboriginal, new immigrants or families with children living with inadequate income. Stories from our *Food Skills for Families* initiative demonstrate the lack of knowledge of and access to healthy foods. Single parents, who did not cook at all for their families before the course, learned how to cook healthy foods on a tight budget, adding vegetables, fruits and whole grains to their diets, where before they had bought processed foods. The power of this program to bring change within communities was truly inspiring. We all want to do the right thing for our families and this program showed people how. One participant commented that “now we know what to do with all of those yucky food bank beans”.

Healthy Futures for BC Families

Last fall, BCHLA published its policy paper *Healthy Futures for BC Families* which took into consideration input from over 300 individuals who participated in four policy forums around the province, representing 202 organizations in the areas of health, education, business, government and other sectors. The paper includes a range of recommendations addressing the social determinants of health many of which have direct correlation to the topic of today’s meeting on child poverty.

In preparing the paper we also undertook interviews with a number of children and their families from vulnerable groups. These life experiences and perspectives enriched our understanding of the challenges that children and families living with low incomes

face and strengthened our resolve to put forward a full range of recommendations which could bring about real change and real opportunities for those children.

Early Childhood Development and Care

In the paper we focused on the importance of Early Childhood Development and Care. There is strong evidence that disadvantaged children who participate in quality early childhood development programs have significantly better health and education outcomes. A 2005 study of the costs and benefits of universal preschool in California noted that for disadvantaged children, quality childcare can lead to them staying in school longer, earning higher wages later in life and committing fewer crimes².

Positive conditions during childhood not only support child health but also have long lasting effects on health and development of disease during adulthood. Healthy child development is influenced – and in turn influences – other determinants of health such as income, housing and food security. If British Columbia focuses its energies on children today, there is hope that this generation of children may attain their full health and developmental potential as adults. We realize it will take a generation to make this shift but, if we do not act, we will suffer the consequences of continuing high rates of chronic disease and the resulting health care costs to the whole of society.

The recommendations we have made in our paper, *Healthy Futures for BC Families* regarding early childhood development include the following:

- Extend parental leave benefits to cover the period of birth to 18 months to enable both mothers and father to be with infants during their earliest period of

² Karoly, L., J. Bigelow. (2005). *The Economics of Investing in Universal Preschool in California*. RAND.

development and encourage employers to provide top-ups to the current benefits available under Employment Insurance.

- Provide comprehensive, quality and affordable early childhood development, parenting, pre-natal health and family wellness services and programs ensuring that priority is given to those neighbourhoods and communities with the highest numbers of vulnerable children. Universal childcare delivered by early childhood educators should be considered as the ultimate goal.
- Reinvest in childcare capital and operation funding to provide incentives for the creation of more quality childcare spaces.
- Provide affordable pre- and after-school programs for all children from the age of four with appropriate hours to meet the needs of working parents.
- Continue to support Aboriginal Head Start programs in BC for Aboriginal children from birth to six years of age.
- Increase training spaces and remuneration for early child educators and childcare workers, providing incentives for people to pursue, stay and value these careers and reduce turn-over.

Income Security

However, we also need to address the issue of children (with their families) living in poverty in BC more broadly. If families cannot afford to buy fresh food or access physical activity, if they live in cramped or unhealthy living quarters or in neighbourhoods where safety is of concern, where the only retail outlets within easy walking distance are fast food restaurants and stores which stock primarily junk food, it is difficult for them to engage in healthy living.

Some BC communities, especially Aboriginal ones, lack local recreation facilities and parents cannot transport their children to access other opportunities. Youth in particular, are being left behind and turn to non-productive activities rather than sport to keep

occupied. There are cost effective strategies to improve opportunities for these youth, but communities need support in finding those solutions. For instance, with the support of our BCHLA *Community Capacity* initiative, First Nations communities in the Interior have come together to help build an outdoor hockey rink, while another First Nations community has worked with its neighbour to arrange a van that will take youth to the local recreation centre.

You will hear from many other groups today about some of the challenges that children in low-income families face and whose expertise in this area is greater than our own. However, looking at these issues through a population health status lens, we know that more needs to be done to improve healthy outcomes for those children who spend their childhood in financial deprivation.

“Other jurisdictions have shown promising results using both targeted and universal interventions in reducing gaps in health resulting from unequal social economic status. One example is the UK, where *Tackling Health Inequalities: A Programme for Action* appears to have successfully reduced gaps in infant mortality, child poverty, housing quality, heart disease and cancer mortality”³.

In order to redress the issues of family poverty – and the consequent impacts on children – we believe that a comprehensive cross-government approach is needed as many Ministries must be involved. As in other provinces, it will also require a commitment from the Premier and the Cabinet to establish an overall strategy and plan with specific goals and timelines for their achievement. Therefore we recommend the following actions:

³Canadian Institute for Health Information. (2008). *Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada*. Ottawa, Ont.

- As in Newfoundland, Quebec and Ontario and other provinces, the BC government should establish a Poverty Reduction Strategy. We would suggest a target to reduce the number of children and families living in poverty by 30% by 2014, 50% by 2017 and 75% by 2020. Among the initiatives to be included in such a strategy should be:
 - Raise the minimum wage to a level that allows British Columbian families to purchase healthy foods, secure decent housing and pursue recreational opportunities. Health Canada has estimated that for every \$1 invested in physical activity there is a long-term saving of \$11 in health care costs.⁴
 - Structure marginal tax rates and benefits so that low wage earners are not penalized for working rather than relying on Income Assistance.
 - Index Income Assistance rates and the minimum wage to the rate of inflation annually.
- Ensure that every British Columbian has an income that reaches at least 75% of the poverty line by 2012.
- Provide adequate and accessible income support for the non-employed, and remove policy barriers so that recipients can build and maintain assets.

Food Security

BCHLA has recently focused its attention on issues related to overweight and obesity – with food security being a key priority. For people living in low-income neighbourhoods, getting to stores where they can purchase healthy food can be challenging as a result of safety, distance and transportation issues. As such we would recommend that the provincial government improve food security for low-income families by:

⁴ Donnelly, P. & J. Coakley. (2002). *The Role of Recreation in Promoting Social Inclusion*. Laidlaw Foundation. Available from: http://www.laidlawfdn.org/sites/default/files/laidlaw_publications/working_papers_social_inclusion/wpsosi_2002_december_the-role-of-recreation.pdf

- Introducing a substantial tax on all sugar sweetened beverages – ensuring that healthier beverages such as water and milk remain affordable. Interestingly, proponents for sugar sweetened beverage taxes believe that the low-income population may have the most to benefit from such a tax as they are likely to be more sensitive to higher prices and therefore likely to reduce their consumption substantially.
- Adjusting Income Assistance support rates to account for the actual cost of fresh and healthy food.
- Providing tax incentives to encourage local agricultural production and apply disincentives for those using agricultural land for residential use only.
- Supporting initiatives that increase supplies of local, healthy, sustainable and safe food for all with a particular emphasis on rural and remote communities.

These recommendations will require a range of partnerships both within government and with local municipalities, community organizations, schools, business and others. Certainly the BC government's recent initiative to provide healthier and more affordable food to some rural and remote communities is a step in the right direction.

Housing

Finding adequate and affordable housing is often a key priority for many families with children who are living in poverty. While we are beginning to see some positive results from the work by all levels of government on this issue – often in partnership with business and community groups – there is still more to do. Our recommendations are that the provincial government should play a leadership role in concert with other partners to:

Address homelessness and adopt a comprehensive affordable housing and supportive housing plan.

- Ensure that no one has to sleep outside by 2012, and end all homelessness (ensuring all homeless people have good quality, appropriate housing) by 2018.
- Develop a long-term consolidated, comprehensive, interagency Social Housing System for hard-to-house individuals; including those living with mental health problems and addictions.

Mental Health

Indeed, when adults are afflicted with mental health challenges, they may also find themselves living in impoverished circumstances. Where children are involved, they suffer from a potential double disadvantage which can affect their long-term prospects for healthy living. While there are other organizations and alliances that are focusing more specifically on mental health issues and poverty, BCHLA recommends the need to:

- Ensure the delivery of a comprehensive approach to prevention, promotion and early intervention – across the lifespan and across mental health/illness and addictions spectrums.
- Develop a province-wide seamless continuum of care through cross-ministry integration, improved information sharing systems and better integration of services.

Health Equity

Finally, if we are truly committed as a province to reducing inequities among our citizens and particularly the health inequities which continue to plague us – we would strongly recommend that the BC government:

- Develop a Health Equity Plan with specific actions, investments and targets to reduce health inequities. This will require cooperation and action right across government.

The model of ActNow BC is already in place to promote such an integrated approach on health promotion. It should be extended to address health inequities to ensure that all government policies and programs are viewed through a health equities lens.

We are aware that the Government is currently facing challenging financial times; however, we know that if we do not take the necessary actions now we will suffer the consequences – higher health care costs, increased disparity between rich and poor – for years to come.

We recognize that the investments required to implement these recommendations for improving the outlook of our province's children will need to come from a range of Ministries. There needs to be an overarching framework and integration of the work involved to reduce, indeed eliminate poverty among children in British Columbia. Over time, however, the government and the people of British Columbia will benefit from such investments. The pressures on the health care system can be moderated, greater health equity among our citizens will lead to improved prosperity, and will enable more British Columbians to live healthy productive lives and reduce their risk of early and preventable chronic diseases.

I'd like to finish with a quote from a participant in an Angus Reid poll we commissioned for our *Healthy Futures for BC Families* report. "Poverty is my biggest roadblock to being healthy. Nothing else even comes close. Poverty creates stress. Poverty makes it tougher to make healthy choices."

Thank you for your interest and attention and we shall look forward to your report.