Social Determinants of Health

The social determinants of health were a frequent topic of discussion in the Conversation on Health. The importance of addressing issues such as income, housing, education and literacy were highlighted in many discussions and submissions. Participants regularly noted that although they are traditionally not considered part of the health care system, the social determinants of health have a significant impact on the current and future cost of health care in British Columbia. Here is a selection of what British Columbians had to say on the subject of the Social Determinants of Health.

Integration and Collaboration in the Delivery of Social Services

Participants in the Conversation feel that the social determinants of health are too often approached in isolation from one another, the results of which is both a lack of a social policy framework and public awareness of the social determinants. The majority of participants believe that by investing in social services now, and encouraging partnerships, integration and coordinated outreach in the delivery of social services we will see significant benefits for vulnerable populations, including improved health status.

*Forming partnerships between housing and health, government and non-government agencies offers viable and cost-saving solutions to re-visioning a continuum of health promotion strategies and housing interventions to increase good health and well-being in our communities.*

- BC Non-Profit Housing Society, Submission

Participants suggested that a stable social safety net reduces the rise in health care costs. According to some, accessibility to the health care system and related supports for vulnerable populations can be improved through collaboration between organizations, ministries and different levels of government.
Socio-Economic Circumstances (including Child Poverty)

Participants expressed concern that there is a barrier for low-income families and individuals in accessing both primary health care and preventative care. They would like to see increased support for vulnerable people in accessing dental insurance, high quality child care, physiotherapists, naturopaths, chiropractors, vitamins and healthy food. It was also suggested that funding be established to develop innovative approaches that increase accessibility of health services for low-income individuals and families.

Many commented that minimum wage, income assistance and disability assistance rates were insufficient based on the current cost of living. Participants believe that welfare rates were too low to pay for reasonable accommodation, to maintain a healthy lifestyle or to enable access to recreational facilities. Some feel that cuts to social safety net funding has resulted in an increase in homelessness and would like to see social services restored. Other suggestions put forward by participants include: raise the current welfare rates by fifty per cent and index it to the cost of living, rollback the employable age for receiving income assistance, allow parents to be temporarily excused from seeking work until their youngest child is seven and increase the allowable earned income supplement.

Homelessness and poverty was a topic of discussion for many participants. Many commented that homelessness is rising. A rise in homelessness was attributed to a lack of access to proper resources, such as housing, health services (preventative or primary health care) and addiction treatment centres. Participants commented on the lack of capacity within the system to deal with homelessness, particularly in rural areas. They believe that we need to recognize poverty and homelessness are costly to the health care system and that poverty needs to be factored in to long-term planning.

Child poverty was a concern for participants who think that the children from low-income families lack access to recreational activities or programs, health and dental services, and good housing. Many believe that British Columbia has a high rate of child poverty. Others commented that living in poverty affects early childhood development, long-term health status and increases the chance of developing a chronic disease. They asserted that by investing in a child’s physical and socio-emotional health, language and cognitive development we can strongly influence basic learning, success in school, health outcomes in later life and economic participation that can break the intergenerational transmission of poverty.
Other suggestions on how to alleviate child poverty in British Columbia included establishing a provincial child poverty reduction strategy that would be driven by an inter-ministerial group, increasing the amount of affordable and accessible child care, ensuring that newborns and new mothers have a safe place to live and providing children with special needs with the support they need to thrive. Many participants commented that an investment in ending child poverty would result in a significant cost saving to the system down the road.

Participants suggested that by establishing community health centres, increasing the number of shelter beds during the cold wet weather season and developing more supervised community-based housing we could reduce some of the current costs to the system. Others expressed the need to assist people in acquiring the skills they will need to navigate the system and eventually transition to employment and out of poverty. Participants were concerned that vulnerable populations, such as disabled seniors, those suffering from mental illness or disability, prostitutes and those suffering from addiction needed to have access to safe and secure help and support.

**Housing**

The affordability, availability and standards of housing were an issue for many participants. They believe that housing has an impact on our health and poor housing can mean an increase in infectious disease rates, poor mental health and the development of chronic respiratory problems and allergies due to dust mites, mould, asbestos and overcrowding. The majority of participants were concerned that British Columbia does not have enough affordable housing to meet the needs of families, individuals or vulnerable populations (for example, seniors, young people suffering from a chronic disease, people with mental illnesses or disabilities). A more specific housing concern expressed during consultations with Aboriginal communities was that there is a lack of affordable housing off-reserve and this is adding pressure to on-reserve housing stock.

Solutions put forward by participants in the Conversation included that Government needs to support the goal of ensuring housing for all and establish appropriate requirements and standards for housing. Rent subsidies, more transition housing for men, an increase in low-cost housing, allowing long-term mortgages geared towards low-income earners, more supportive housing complexes and establishing partnerships with landlords were among other solutions we heard.
Education and Literacy as a Social Determinant of Health

Participants commented that class disparities are a marker for the health of a population and that educated people have better health. For example, not graduating from high school is a significant determinant of future health. As such, they believe that educational equality needs to be a key priority.

Participants believe that literacy and education are areas that offer cost savings opportunities and provide a way to establish meaningful interaction with communities and community groups. This, according to some, will support British Columbia’s goal of becoming the most literate jurisdiction in North America by the year 2010.

New Canadian Populations

Participants in the Conversation also provided comments on the specific needs of new Canadian populations. They expressed concern that there is not enough done to provide interpreters and information to immigrants when they enter Canada. For participants this meant that when an immigrant has a health problem arise they are not prepared to deal with the issue. Another challenge, for some, was the lack of basic literacy skills coupled with the scarce availability of translated materials.

Solutions put forward by participants included establishing more co-located service centres for ethno-cultural communities that provide health services (for example, sexual health) in an appropriate cultural context, increasing the accessibility of translation services for medical visits and for print material, creating lists of multi-lingual doctors that are accepting patients and developing an information package on the Canadian health care system, with specific details on hospitals and community health and services covered by MediCare.
Conclusion

Participants asserted that the social determinants of health are complex and have a direct impact on an individual’s health in both the long and short-term. Most participants noted that as a result of this complexity, improving only one social determinant is not enough to increase the overall health of an individual. Providing good quality housing, for example, needs to be coupled with access to affordable food, education and health services in order to significantly improve the outcomes for low-income and vulnerable populations. Participants believe that if government works together across sectors to ensure equal access to the system, social services and health, we will see significant improvement in the health of British Columbia’s most vulnerable citizens.

*Measure success of [the] health care system based on the quality and accessibility of care available to people with the least financial means.*

– Regional Public Forum, Smithers
Social Determinants of Health

This chapter contains the following topics:

- **Social Services, Integration and Collaboration**
- **Socio-Economic Circumstances**
- **Children and the Social Determinants of Health**
- **Housing Including Affordability, Availability and Standards**
- **Seniors and Housing**
- **Aboriginal Communities and Social Determinants of Health**
- **Specific Issues Relating to New Canadian Populations**
- **Education and Literacy as a Social Determinant of Health**

**Related Electronic Written Submissions**

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Related Electronic Written Submissions

| Submission to the Conversation on Health          | Submitted by the BC Cancer Agency |
| Research on Child Health – Final Report (Quantitative Research) | BC Children's Hospital Foundation |
| Submission to the Conversation on Health         | Submitted by the Representative for Children and Youth |
| Submission to the Conversation on Health         | British Columbia Government and Service Employees’ Union |
| A Vision for Better Health                      | British Columbia Dental Association |

Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: Health Promotion; Seniors and First Nations.

Social Services, Integration and Collaboration

Comments and Concerns

- British Columbia’s social services are better than they are in the United States.
- We need to invest now in our social infrastructure so that we see the benefits down the road in a reduction of cost to the health care system.
- We cannot consider the social determinants of health in isolation from one another.
- Some solutions may work in Vancouver, such as street health care, but they may not work in Kamloops or other rural areas.
- Compared to some European countries, like Norway, Canada is not doing so well in terms of social services.
- People are unaware that education, housing, income and the other social determinants of health contribute to longevity and life expectancy.
- There is no social policy to deal with the social determinants of health.
- Access to the primary health care system for homeless individuals, with the assistance of outreach workers, can still take two to three weeks for the individual to
be seen by a health care professional. The outreach and integration that is going on needs to continue but there are effects such as stress on the individual that still need to be addressed and streamlined.

- Housing as a social determinant of health has become an important and relevant non-medical determinant of health status in the fields of service delivery, public health, municipal planning, housing management, psychology, architecture, urban design, and housing development.

- There is poor public awareness of the social determinants of health.

- There is a need for meaningful buy-in by municipal governments in all areas of planning including social, recreational and health. There needs to be affordable liability insurance for community initiatives, ways to facilitate full use of existing facilities (such as schools) to achieve a healthier active community, more consultation and planning at the local level between municipalities and Ministries (for example, Health, Environment, Immigration, Agriculture and Lands, Mining, and Transportation).

**Ideas and Suggestions**

- There is no better way to prevent illness and maintain a healthy population than to ensure everybody has access to adequate incomes, healthy food, safe drinking water, effective sanitation, affordable housing and quality, affordable child care.

- We are still focusing on improving individual health with initiatives like Act Now BC. We should be developing targets that aim to improve the social determinants of health and overall population health.

- Increase community-based services and supports.

- The government needs to work together across sectors to ensure there is equal access to the system.

- It is important to find a way to ensure that people are not falling between the cracks when we are trying to help them access housing or other social services.

- A 2006 survey indicates that 39 per cent of non-profit housing providers in British Columbia are experiencing a significant increase in the need for social support services, and 31 per cent are experiencing a significant increase in the need for health services. Partnerships will be an ongoing and necessary piece to finding solutions.

- Increase spending on areas affected by the social determinants of health.

- Having a good social safety net prevents the rise in health care costs.
• Establish program that will increase and support access to anti-retroviral therapy for vulnerable populations, such as the homeless. This program could include pill delivery, helping them access housing, or achieve income stability. Currently, only 50 per cent of people in Vancouver who are medically eligible for anti-retroviral therapy are receiving it.

• Services that are provided by one ministry or agency alone are not sufficient to actually assist the client. Links between the social ministries needs to be established to create solutions.

• Develop a national affordable housing strategy. Institute a national safety network that includes affordable day care, education, housing and income assistance.

• Develop a partnership between First Nations, non-profit organizations and health authorities to increase access to land and housing.

• Part of access is creating a system that provides services in a way in which vulnerable people can navigate it. Information systems and sharing information at the bureaucratic level need to be the enablers that work together to provide an integrated and accessible system of service delivery.

• Create an inter-ministry body to develop a provincial poverty reduction strategy. This body would work with other levels of government and stakeholders to implement and monitor the strategy. Include academic institutions, non-profits and advocacy groups.

• Ensure that poverty is the responsibility of all ministries.

• Establish more social service integrated teams that consist of community resources, Government services and non-profit resources. This will increase access to health care for vulnerable populations.

• The disparities between the rich and the poor are visibly increasing. We need to bring all the social ministries together to solve the problem with a common vision.

• Form partnerships between non-profit housing and transition houses to decrease the number of women returning to violent homes, which jeopardizes their short and long term health.

• Establish community-based medical support teams that assist with social services and social housing environments. The teams should include properly trained para-professionals to execute medical instructions.

• Increase spending on social workers and programs so that they can deliver education and social training.

• Establish one-stop shops for social services based on the United Kingdom’s foyer model. By co-locating social services it is client-centered versus program focused.
• Outreach services that link vulnerable people with income assistance, housing and other services quickly have worked well in Vancouver and Kamloops.

**Socio-Economic Circumstances**

**Comments and Concerns**

- **Comments on Income Assistance**
- **Comments on Income and its Effect on Health**
- **Comments on Homelessness, Poverty, Vulnerable and Marginalized Populations**

• Comments on income assistance:
  
  • Income assistance for those receiving disability benefits are insufficient to live alone. Hostels and emergency shelters still turn people away in cold temperatures and some cannot afford housing at all.
  
  • Health issues for individuals receiving disability assistance need to be addressed.
  
  • Provincial government cutbacks have resulted in many income assistance recipients to be evicted from supported housing.
  
  • Do not revoke disability assistance for individuals who are fortunate enough to live with someone, no matter what the relationship between them is.
  
  • Income assistance clients are often viewed as a burden and are not supported.
  
  • Income assistance in British Columbia has become primarily a program for individuals that are not expected to work and have disabilities or persistent multiple barriers. British Columbia’s assistance benefits are not generous by the standards of other provinces and there seems to be little justification for this.
  
  • People on income assistance use to have access to physiotherapy, chiropractic care, massage therapy, eye care, podiatry and naturopathy visits but this has now been reduced to only ten visits a year.
  
  • People on Canada Pension Plan disability assistance feel like third class citizens.
  
  • The cuts to welfare have increased homelessness, abuse and addiction.
  
  • It is unfair that people receiving disability assistance that have cars receive extra subsidies for car related expenses when those without cars receive nothing.
  
  • Welfare and disability rates are not enough to access healthy foods and still cover all other life expenses.
• People living on income assistance and low incomes cannot afford to participate in recreational activities, frequent the gym or buy exercise equipment that would contribute to attaining good health.

• Income assistance clients are given the impossible task of buying all groceries with a small amount of money, and are then criticized that they are making poor food choices.

• The province’s disability assistance puts limitations on people with disabilities by allowing some to work and earn money and the others who cannot are left with less. Health and social issues cause stress which is not healthy.

• The application for disability assistance takes a long time and this can impact how a person with a disability can access the treatment they need for a chronic illness.

• Welfare and disability benefits are too low and there are too many barriers to access them.

• People on income assistance receive $325 per month for shelter. In Vancouver this is only enough to rent a room in a dangerous, bug-infested single room occupancy hotel.

• People on disability tend to be stressed and smoke more as a result. We should not charge them tax on their cigarettes. Cigarettes have anti-psychotic properties that help people self-medicate.

• People suffering from Chronic Fatigue Syndrome cannot hold a regular job and accessing income assistance is difficult for them due to the erratic changes in their physical fatigue.

• **Comments on income and its effect on health:**

  • The efficacy of preventative care is affected by income levels.

  • A recent study conducted in the West Kootenays showed that fewer than 60 per cent of people that responded to the survey had an income of $20,000 or less. Just over 30 per cent of the people had an income of $15,000 a year. There are many seniors who cannot afford fresh fruits, vegetables and other extras that you need to maintain good health.

  • Minimum wage is not enough to cover food, clothing, utilities and shelters for families. Family breakdown, substance abuse, violence, apprehension of children and poverty occur as a result of a shift in the economy and prevention efforts are moot.

  • Minimum wage is interfering with the affordability of healthy foods.
• **Comments on homelessness, poverty, vulnerable and marginalized populations:**

  - There are a growing number of homeless people, and the rates of poverty are increasing.

  - Victoria’s homelessness issue stems largely from a lack of proper resources.

  - It is the sick and most vulnerable that rely on the public system for help and they should receive the best care.

  - Access to care for the homeless and disadvantaged individuals is limited and they have to use hospitals.

  - Soup kitchen closures are a concern.

  - Poverty can increase the likelihood of a person contracting a disease. If we are going to look at population health and sustainability in the long-term we need to look at the incidence of poverty in our society. Poverty is a health care issue.

  - Some rural areas are finding that an increasing number of individuals that are homeless or suffering from addiction are coming from urban centers and that rural areas are not equipped to deal with their needs.

  - There are too many families living in uncertain or unacceptable situations.

  - The health system covers the huge cost for care of homeless people that are sick, those that are addicted to substances, and those that are mentally ill.

  - For those that are poor, access to the system is hard to achieve or not happening.

  - Homeless individuals cost the system a large amount of money in hospital care.

  - People who are poor and feel hopeless have fewer reasons to take precautions with their health.

  - Health care costs associated with serving the homeless, particularly in emergency rooms and shelters, are up to $28,000 higher per year than providing someone with supportive housing.

  - Poverty and lack of education are at the root of most chronic illnesses.

  - Often times, more money means people will be spending it on illegal substances and alcohol. They will not necessarily be spending it on nutritious meals or a better home.

  - The rights of homeless people need to be respected.

  - Money allocated for low income housing was given to the private sector to build expensive care homes. These are now dysfunctional care homes and homelessness has been increased as a result.
• We need to think about how to effectively deal with the correlation between mental illness and addiction. It is 60 per cent between mental health and drug addiction and approximately 90 per cent between mental health issues and homelessness.

• Poverty is the root problem that feeds mental health and addiction problems.

• Homelessness is not often thought of as part of health care. We do not fully appreciate the costs that occur in conjunction with or are hidden when it comes to homelessness. For example, mental health.

• As a key determinant of health, poverty needs to be factored in to planning and analysis.

• Families or individuals with economic barriers and multiple generations of poverty may not have the social skills and resources to navigate the system.

• The living conditions in the Downtown Eastside of Vancouver are inadequate for vulnerable citizens. We need to help vulnerable citizens to stay healthy. The single room occupancy hotels, poor nutrition, untended chronic illness and other factors lead to a high rate of hospitalization. The health care costs can be avoided if Downtown Eastside residents had the resources to improve their health and living conditions.

• Income and wealth inequities weaken the social infrastructure, and cohesion. Reducing taxes directly benefits the wealthy and translates into increasing income inequity and the weakening of communal institutions that support citizens.

• People living in poverty cannot buy healthy foods.

• One reason for the high rates of obesity that is not often discussed is poverty.

• The system is not yet ready to deal with the addictions and homelessness issues that have crept up.

• Do not expose the homeless and seniors to unscrupulous landlords and poor health environments.

• Vulnerable populations are more at risk. Bridge the health gap.

• Isolated and marginalized populations have a difficult time accessing preventative care and proper nutritional food.

• We need creative solutions to assist marginalized populations.

• It is a problem that the most vulnerable and marginalized populations do not have access to primary care or general practitioners.
· The current health care system is not going to help people with social problems. At the moment, we only treat the symptoms.

· The majority of mental health patients have low income levels.

· Unemployed and vulnerable populations often do not get the specialist services they need due to a back log in administration of premium assistance applications.

· There is a lack of services available for youth that are in need or crisis. For example, suicide, teen pregnancy, bullying or physical abuse.

· Those who are poor should not have to pay for their transportation to the medical facility where they are receiving treatment.

· Premium assistance for low-income earners should remain in place.

· Services provided by Pregnancy Outreach Programs promote healthy lifestyle choices and improve the well-being of at-risk pregnant women, their infants and families. These programs offer quality prenatal and postpartum services which include nutrition and lifestyle counseling, food assistance, prenatal vitamins, peer group support and referrals to community services. These programs also encourage a smoke-free environment for pregnant women and their families.

· Pregnancy Outreach Programs assist at-risk women and their family’s access, cook and eat nutritious food and link them with other food-related resources.

· We need to look at specific specialized populations and see what their barriers to accessing care are.

· Even if medical fees are covered it is still difficult for a working single parent to leave work and take their child to a medical appointment. Low-income families need to be supported in their attempts to access preventative care or primary health care.

· Dental care is too inaccessible for low-income people and people without health benefits packages from work.

· Dental insurance is beyond the means of most people. The services are expensive and there is no assistance available.

· Many people cannot afford emergency preparedness kits.

· Stress is a large contributor to overall health.

· Cuts in social programs have a negative impact on the individual and community level.

· We need to recognize that the working poor have real challenges with child care and food security.

· Part-time employment gives no extended health benefits so kids lose out.
• There is a lack of resources for parents in poorer communities.

• Low-income means people cannot afford the types of foods that diabetics need.

• Poor financial management can lead to devastation and addictions, bankruptcy and an unhealthy lifestyle.

• Communities that establish town squares, walkable downtown cores and have healthy community initiatives should be applauded. However, they should make sure that marginalized populations are included in the planning.

• The current level of chronic disease is a result of our social system.

• The increased Medical Services Plan costs are more onerous on people with fixed incomes.

• It is important to look at a community’s social environment.

• Hazelton has the second highest rate of violence and domestic abuse.

• Financial counseling should be offered to people making a lot of money in seasonal employment, as they may lose their job.

• Empower people in rural areas, specifically poorer socio-economic groups.

Ideas and Suggestions

Ideas about Income Assistance
Ideas about Minimum Wage
Ideas about Homelessness, Poverty, Vulnerable and Marginalized Populations

• Ideas about income assistance:
  • Disability pensions should reflect the cost of living in British Columbia and should be indexed.
  • Some services are only available to individuals or families receiving income assistance. Some of these services might be helpful in preventing some from needing to go onto income assistance.
  • Raise the current welfare rates by 50 per cent and index it to the cost of living.
  • The criteria for qualifying for income assistance should reflect the realities of child care and parenting demands.
  • The Government should roll-back the employable age for receiving income assistance.
• Parents whose youngest child is age three or over should be categorized as temporarily excused from seeking a job until their youngest child is seven.

• The increase to income assistance for single or married employable people should have also been extended to people with disabilities.

• Re-humanize the process of applying for income assistance.

• We need to ensure that youth who leave care, have special needs, or leave the educational system do not end up on income assistance. There needs to be other options.

• For income assistance, increase the allowable earned income supplement.

• Income assistance should have a component which lets people decide their own priorities.

• Ideas about minimum wage:

• A healthy society starts with income first.

• Increase minimum wage. The current minimum wage is below the poverty line.

• We need to think about how we deliver services to vulnerable populations. When clients come in to pick up their checks it is a window of opportunity to connect with them and intervene or assist them in accessing other services that may be of help. If all clients are on direct deposit then you miss that opportunity.

• Welfare rates need to increase in proportion to inflation rates.

• Increase the housing portion of disability pensions so that they cover the full rent of a unit.

• Eradicate the training wage.

• Ensure that women are working for a fair wage.

• Establish a living wage in British Columbia; it will increase quality of life.

• Ideas about homelessness, poverty, vulnerable and marginalized populations:

• For people with mental health and addictions issues we should set up clinics that have a range of services. Like a community health centre that provides them with accessible services.

• Make pan-handling against the law and establish community service for those convicted. Community service can teach them landscaping or other skills.

• We need to look at social responsibility and see where the social structures that are not broken down are.
• Recognize the differential in rates of poverty among different groups. For example, a female single parent.

• The Minister of Health should look at the Tri-Cities homelessness report that came out. A large percentage of the homeless also have mental health issues. Port Coquitlam has food banks, soup kitchens and a mental health office but there still does not seem to be enough funding to assist those that are homeless.

• More funds need to be put towards providing basic comforts to the homeless during cold wet weather season.

• Create more shelters, supervised housing and halfway houses to alleviate the current shortage.

• Reduce demand on the health care system by planning, building infrastructure and addressing homelessness and mental health issues.

• Port Coquitlam and Coquitlam would be in favour in having a temporary shelter at Riverview.

• The high number of homeless that are mentally ill indicates that community based housing must be developed to address homelessness and the related social causes at their root.

• To address the increasing number of homeless with mental illness we need to consider the ramifications of having closed big institutions. These people receive income assistance but no other real help.

• Tackle the issues that put people into poverty such as pensions, welfare rates, availability of affordable housing, and disparities in wealth. Everyone should be able to benefit from our healthy economy.

• Help people to acquire skills, give them tools to navigate the system and to get out of poverty.

• Find proper supervised housing for the homeless.

• Increase social services, outreach and primary health care access points for the homeless population.

• If British Columbia has 10,000 homeless people and a cost savings of $8,000 to $10,000 per person can be saved by providing housing to the homeless then British Columbia stands to save between $80 and $120 million a year.

• Improve treatment towards the homeless.

• A plan to completely eradicate homelessness needs to be developed.
• Fund a project to interview homeless people to find out why they are homeless. The only people that can solve the homelessness issue are the homeless themselves.

• Provide supervised housing for those addicted to drugs and mental illness so they can be assisted with medication and rehabilitation.

• We need to find a place in our communities for addiction services. We need to have safe and secure places for them.

• Establish homes to care for prostitutes that will assist them in improving their health.

• Subsidize housing for the mentally disabled.

• We need to take care of our disabled seniors.

• Allocate funding to Burnaby for a 24-hour resource centre for the homeless and others who need it.

• The provincial government should build more supportive housing for women living in the Downtown Eastside of Vancouver.

• The provincial government needs to ensure that there is a women-only emergency shelter facility in the Downtown Eastside of Vancouver.

• Expand the services available to those who are in poverty.

• Look at alternatives to institutions for housing the mentally ill.

• Halfway houses would help people with mental illness to recover from psychotic breaks.

• Supported housing for those suffering from mental illness should include ready access to psychiatrists and psychologists.

• Make housing for those suffering from mental illness be dormitory style. Rent churches and have bunk beds with blankets. Use these shelter sites to generate a new housing registry to transfer these people into more stable housing.

• Prince Rupert needs more support for mental health and addiction services.

• There needs to be well coordinated care for people who are able to live in their community but are not fully capable of integrating completely into work or social life.

• Quebec, Newfoundland, Nova Scotia and Manitoba have passed or introduced poverty related platforms; British Columbia needs to do the same.

• Have tailored approaches to address the unique issues of each specific type of vulnerable population. Have the community involved in delivering services.
• For low income earners and families there should be access to vitamins and healthy foods as well as access to naturopaths, dentists, physiotherapists and chiropractors. All of these should be funded.

• Have social workers to assist low income and vulnerable populations to navigate the system.

• We should think about enjoying the out-of-doors as a determinant of health. Make activities and services accessible to marginalized families. For example, scouts or team sports.

• Establish targeted funding for developing innovative approaches to assist low income people in accessing health services.

• Restore the cutbacks that were made to social services that support housing, mental illness programs, child care and women’s issues. It will take a load off of the health care system.

• Teach about the harms of second-hand smoke and the dangers of poor food choices. Pay special attention to low income families who rarely have the opportunity to attend health clinics and prevention clinics.

• Measure the success of our health care system based on the quality and accessibility of care available to those with the least financial means.

**Children and the Social Determinants of Health**

**Comments and Concerns**

*Comments on Children and Poverty*

*Comments on Children in Care*

• Comments on children and poverty:
  
  • Children are denied, due to their family’s lack of funds, access to social and sports facilities in their communities.

  • Children in care have more respiratory illnesses and receive a higher level of antibiotic therapy than other children do.

  • Children from low income families have great difficulty in accessing adequate health services to maintain good health.
• Children living in poverty that experience food insecurity may develop serious health risks including limited physical, mental and social growth are at increased risk of being involved with the child welfare program.

• There is a serious lack of dental services available to children living below the poverty line.

• In the past five years there has been no new social housing build for families with children. Many live in cars, tents and trailers.

• Numerous health problems stem from a lack of housing.

• Children living in inadequate or substandard housing are at risk of lower levels of development as a result.

• There is an impact on foster parents’ options and opportunities due to poor and small housing that is available.

• The Government should not be able to take a child that is given into custody up for adoption when the only thing the parents have done is become homeless. The Government should be responsible for helping the parent find subsidized housing and assisting them in finding a job. They should be allowed to keep their child.

• Living in poverty affects early childhood development. Health, physical, socio-emotional, and language and cognitive domains strongly influence basic learning, school success, economic participation, social citizenry and health. These are all important for breaking the intergenerational transmission of poverty.

• Family income during childhood is an independent predictor for later development of chronic diseases such as heart attack, diabetes, respiratory disease and some cancers.

• That 21 per cent of children live in poverty is appalling.

• For three years running, British Columbia has had the highest child poverty rate in Canada.

• Early childhood development is a social determinant of health for children.

• The impact of child poverty on long-term health and overall health status are a call for the health sector to take leadership on this issue.

• Approximately one in four children in British Columbia lives in poverty.

• Impoverished children and handicapped adults, who have no choice in their situations, are often the most disadvantaged.
• Cuts to social services that have a direct impact on women, especially single mothers, will negatively effect the growth, development and well being of children.

• Household income seems to influence a child’s perception of stress as a contributing factor to bad health.

• Many children with household incomes below 40,000 dollars believe that stress leads to bad health. Many of these children see eating better as a reason for better health.

• The most effective strategies to improve outcomes for high-risk youth are those that enhance their resiliency and acknowledge and build on their strengths.

• Children living in households that make less than 40,000 dollars are less likely to feel healthy than other children.

• **Comments on children in care:**

  • Children in care have higher rates of congenital anomalies and fetal alcohol spectrum disorder.

  • For females in continuing care, the most common reason for hospital admission was pregnancy or childbirth related issues. This rate was five times higher than for females in the general population.

  • Birth control is prescribed for females in continuing care at rates two to seven times higher than for females that have never been in care.

  • Young women in continuing care become pregnant at a rate more than four times that of young women who have never been in care.

  • With the exception of cancer, children in continuing care were more likely to be diagnosed with a medical condition than were children who had never been in care.

  • It must be demonstrated that by emphasizing the strengths of a child, the health, education and other outcomes relating to the well-being of that child are improved
Idea and Suggestions

Ideas about Child Poverty
Ideas about Children in Care

• Ideas about children in care:
  - Introduce a policy of no smoking inside foster homes.
  - Invest in and develop a cross-ministry plan for post-majority supports for youth leaving care who require adult services. Have the Ministry of Children and Family Development take the lead role.
  - Engage in collaborative research with research communities outside of Government to dig more deeply into the causes of poorer outcomes for children in care and to study the impact, if any, of being in care or on specific outcomes for children in care.
  - Establish systematic screening for child development for all children in care between the ages of 0 and seven. Early diagnosis and treatment of conditions can significantly improve outcomes for children and their families.

• Ideas about child poverty:
  - Eliminate child poverty.
  - Solutions to child poverty should be multi-faceted with a cross-sectoral focus.
  - Affordable child care options are important for impoverished children.
  - Ending child poverty will save the system a lot of money.
  - Create a child poverty reduction strategy for British Columbia and set targets for success. This should be driven by an inter-ministerial group.
  - We need affordable and accessible child care.
  - Ensure that new mothers and newborns have a safe, warm and healthy place to live.
  - We need to make high quality child care and early learning accessible. High quality child care and early learning will lead to improved health for children, improve opportunities for workforce participation for families and vulnerable children will benefit from access to high quality care and supports.
  - Ensure that children with special needs receive the extra health care they need.
  - Use the Early Development Instrument, an instrument that gauges the state of a child’s development, on an annual basis to measure vulnerability and identify
opportunity to improve health outcomes for children in different geographic areas. This tool can effectively map various socio-economic indicators.

- Establish a tax credit incentive for organized sports programs that will assist disadvantaged kids to access them.

- The Government should extend day care hours and provide good quality child care that is publicly funded so there is equity in access.

- Reinstate funding for child care resource and referral centers.

- The Government needs to look at the First Call BC Child and Youth Advocacy Coalition annual child poverty report card.

- Provide single parents with the option of taking life skills courses on breastfeeding, healthy eating, smoking cessation, drug and alcohol rehabilitation, money management and improving self-esteem. This would be money well spent to ensure that they can better contribute to society by taking care of their own needs and improving their health.

### Housing Including Affordability, Availability and Standards

**Comments and Concerns**

- The province has increased the budget for housing over 100 per cent in the last five years. Our population during that time has only grown four per cent.

- The lack of housing supports forces homeless people to use hospital emergency washrooms, showers, pay phones and other services.

- People are forced to make a choice between food and rent because the laws of the land say so. There are vast expanses of land under municipal, provincial and federal government control to which Canadians are denied by law. If they were not denied they could put up affordable tents or cabins and their budgets would enable them to have healthy diets as well.

- Improvements to the infectious disease rates are linked to housing.

- There is a lack of affordable housing that is safe and stable.

- The recently expanded Residential Assistance Program comes nowhere near meeting the real needs of families.

- Prevention is just one part. If we work on prevention but people do not have a place to live it is not going to help.
• The cost to the system as vulnerable populations access health care through emergency rooms is huge. There is research that shows the benefits of supported housing and how good supported housing can reduce vulnerable populations accessing health care through the acute care system.

• There is a lack of affordable housing for young people with chronic diseases, people with disabilities, and those suffering from mental illness.

• Poor housing conditions are a contributor to overall health. Overcrowding leads to conflicts, depression, communicable diseases and deterioration of the home.

• The wealthy are buying homes in the Okanagan and driving house prices up. Housing is unaffordable for low income families.

• The lack of appropriate housing is a major determinant of health, especially for those suffering from mental illness. Those with low incomes will have poorer nutrition that leads to poorer health.

• Options for safe, adequate and affordable housing are decreasing while complex housing barriers such as mental health and addictions issues are increasing.

• The biophysical aspects of health and housing are important to individual health. Lead, mould, dust mites, asbestos, and overcrowding in the home often provoke the onset of chronic respiratory illnesses and allergies, especially in children.

• As more middle-income families with children are forced to move to the suburbs to find affordable housing we will see the number of health related issues increase.

• A lack of affordable housing increases the number of people that are at risk of homelessness. Homelessness and poor health are interrelated as individuals may become homeless due to untreated physical or mental illness. Homelessness will then have a further negative effect on their health.

• When a household spends more than 30 per cent of their income on rent, the ability to make healthy and preventative choices such as good quality housing in a good neighbourhood, nutritious food, and regular exercise and recreation ranges from difficult to impossible to maintain.

• Land-use patterns in neighbourhood design can affect health outcomes. For example, longer commuting times into the city influence both child and obesity rates.

• More effort by the provincial government needs to be made to provide housing for the mentally ill.

• The provincial government needs to make it easier for people with disabilities to live independently with help available to them.
• Social housing is needed in the Okanagan.
• Urban renewal in Vancouver is causing people to be evicted with nowhere to go and rental increases. More social housing is needed in Vancouver.
• Tofino and other rapidly growing communities have a lack of living space.
• A place to live is important for young people and young adults who are released from jail. They want to stay clean and without a place to live they return to their old lifestyle and end up in jail again within days.
• Rents keep rising despite the conditions of buildings deteriorating.
• Poor quality and lack of housing causes health problems.
• BC Housing too often moves you away from your support system.
• Waitlists for affordable housing are too long.
• The Makola Housing Society is a good example of a solution.

Ideas and Suggestions

• The Government needs to support the goal of ensuring housing for all.
• The province needs to stop making variations in zoning bylaws. Each community needs to accept its share of the housing problem.
• Homes are not being built to standards and people are dealing with mould. There needs to be more regulation and assistance in having home repairs done to make houses safe.
• Establish requirements and standards for appropriate housing.
• Establish transition housing for men.
• Build more low-cost housing.
• Implement the 2006 Fraser Housing Report and provide rent subsidies and more low rent housing.
• Establish work support programs and improve supportive housing.
• Getting people good housing is the most important step that you can take in improving someone’s health. Good health does not just come from the traditional health care system.
• Several affordable housing providers have played a key role in revitalizing low income communities for children. Introducing mixed-income housing, green design
principles, recreation facilities, parks and local services assist lower-income families in accessing a variety of resources and supports in these communities.

- We need more non-profit housing.
- We need long-term mortgages geared towards low income populations and aboriginal people.
- Establish supportive housing complexes for people ages 18 to 65 suffering from chronic diseases to build social opportunities that empower them to support each other and build on their abilities.
- Establish a range of supportive housing along a graduated spectrum based on the different needs people have for housing. For example, semi-independent with a roommate, low income or short-term with high needs.
- Because of the high cost of housing in the Lower Mainland, build residential and subsidized housing for nurses on-site.
- Build more second stage housing for those in transition or are at risk of becoming homeless.
- Make access to good housing and housing security a human right.
- Create incentives to provide smoke-free multi-unit housing (rentals, co-operatives, and condominiums) so that people who cannot afford their own detached house can have the choice of protecting their health in their own homes.
- Municipalities should be given the power and be required to inspect and condemn run-down housing.
- There are no homes or facilities for follow-up treatments after detoxification or rehabilitation. Rehabilitation follow-up should be mandatory and available.
- Build partnerships with landlords to build and provide housing units.
- Develop attractive housing complexes that have a sense of community and peer support.
- Exclude development fees from social housing projects.
- Establish incentives from all levels of government to land developers that are providing sustainable and subsidized housing.
- Make supported housing a flexible and adaptable system.
- Develop internal capacity within health authorities to deal with affordable housing shortages and related issues.
- Supported housing needs to have safeguards to keep people out at night and to ensure the environment is clean and there are no cockroaches.
• Require all new developments to have an affordable housing component.

• Form a network of land-use planners, public health workers, and housing and service providers. This will encourage a systematic approach to developing affordable housing.

• As non-profit housing stock is aging, plan to invest in high air quality, non-toxic building supplies and energy efficient technology. This will be important in maintaining good tenant health and well-being.

• Bring back old-fashioned boarding houses and update them to be co-op type housing. Require people to take a workshop on the benefits, etiquette and pitfalls of co-operative living before allowing them to live there.

• Reinstate federal and provincial housing programs.

• Explore the possibility of having land trusts for affordable housing. The Government would own the land but the poor would be able to afford the rental housing.

• Change the laws regarding no pets in apartments. People with pets get more exercise and are less lonely.

• Fraser Lake needs houses, buildings, parks, schools and day cares built.

• Health standards for housing need to be imposed.

• Provide training to those in low-cost housing on cooking, nutrition and parenting.

• Increase population density and do not demolish existing structures. Add to communities.

• Ensure that affordable housing accounts for and accommodates varying mobility issues.

• Enable doctors, nurses and public health clinics to make diagnoses of ‘habitat-related illnesses’ so that Government can keep a better record of the extent of how housing can impact individual health.

**Seniors and Housing**

**Comments and Concerns**

• Seniors are struggling to find proper housing. Some cannot afford the $4000 a month for a private facility.
Ideas and Suggestions

- Homes for seniors need to have a new design that is flat and one level.
- Build more affordable housing for seniors that are public/private partnerships with community facilities.
- When seniors housing is torn down because the buildings are old you need to ensure that the replacement housing is ready.
- Develop condominiums for seniors age 75 and up that are low level patios. These should be affordable two bedroom units with storage and parking. They should be centrally located and walkable to community services and grocery stores. They should also be built in such a way that prevents falls.
- Housing seniors should be the responsibility of the Minister Responsible for Housing and Homelessness.
- Address poverty among seniors.
- Ensure that there is housing available for aging mental health patients. Their housing should include nursing services and mental health support.
- The provincial government should increase supported housing units and implement the appropriate support programs that allow individuals to maintain their independence and remain living independently for as long as they can.
- Fund and build public long-term care homes for the 5000 plus seniors that need a long-term place to live and receive care.
- The Government needs to work collaboratively across ministries to properly house seniors.
- Construct seniors housing in close proximity to a hospital.

Aboriginal Communities and the Social Determinants of Health

Comments and Concerns

- The increasing rent off-reserve for Aboriginal people is not affordable.
- There is a lack of affordable housing for Aboriginal people off-reserve which is adding pressure to on-reserve housing.
- There is a concern that children in care have a 50 per cent less success rate and grade 12 completion than First Nations children do.
- Available housing is inadequate and over-crowded.
• There is poor plumbing and unsafe housing on reserves.

• Unemployment in British Columbia is approximately four to five per cent. The unemployment rate among Aboriginal people is between 14 and 15 per cent.

• There are limited family resources available to Aboriginal people.

• It is difficult to access the people you need to deal with at the Ministry of Children and Family Development.

**Ideas and Suggestions**

• Establish transition housing for men on reserves.

• We need to look at aboriginal communities and look at how poverty levels affect nutrition and learning.

• Support First Nations people to acquire journeymen tickets in carpentry, plumbing and other building trades.

• There should be more outreach programs for women, including a shelter for abused Aboriginal women.

• Identify poor housing and act upon it to improve housing quality.

• Ensure that housing on reserves has better plumbing and building materials.

• The bands should have control over lease-to-own and rent-to-own programs.

• Return to traditional housing.

• Have housing, medical and education needs all met on reserves.

• Assist First Nations people to get into the mainstream hiring process for the mining industry.

• Put more funding toward prevention of family, sexual and physical abuse. Provide more funding to education on what abuse is and what a healthy home is.

• Support Aboriginal students who want to get into higher education. Make sure the entrance requirements do not deter them from applying.

• Ensure there is a balance in the training dollars for First Nations and non-First Nations people.

• Hire Aboriginal youth to work on First Nations projects such as housing construction.
Specific Issues Relating to New Canadian Populations

Comments and Concerns

- There is not enough done to provide interpreters and information to immigrants when they enter Canada. This means when a health problem arises they are not prepared to deal with the issue.

- One of the challenges in delivering services is the language barrier and basic literacy skills.

Ideas and Suggestions

- Co-locate services in ethno-cultural communities so that people are able to access services that are health related, for example sexual health, within their cultural context and language.

- Immigrants face unique health challenges related to cultural, historical and social factors. Language barriers, limited understanding of the Canadian health care system and conflicting family values and role expectations are among these factors. Communication with health care providers can also be complicated due to cultural differences. There are only a limited number of support services for immigrants who access the health care system. Improving access to, and quality of, health services for immigrants and ethno-cultural minorities can translate into significant reductions in health risks and economic costs to the system.

- Interpretation services for immigrants seeking medical care should be provided by health professionals as it could mean they receive better care.

- The provincial government should provide interpreter services for women in Chinatown.

- The availability of translated health education materials needs to be increased. Most resources in the Lower Mainland are in Chinese while a limited number of publications are available in other languages. To assist new Canadians navigate the health care system we should also provide materials, in print and electronically, in Farsi, Korean, Cantonese, Mandarin and Filipino. Workshops should also be provided in other languages.

- Increase the cultural competence of health staff.

- Tailor community health programs, such as prevention, disease and injury programs, to increase participation by ethno-cultural communities.
• Create a list of health professionals that are multi-lingual and accepting new patients.

• Increase supports for children in immigrant communities and for immigrant youth in public schools and community programs.

• Immediate action needs to be taken to reduce the health disparities and gaps in health service access between immigrant, ethno-cultural minorities and the rest of the population.

• Make housing programs culturally appropriate.

• In addition to offering health services to ethno-cultural communities in their own language, specific initiatives, such as printing stickers in Punjabi that outline the symptoms of a heart attack and what to do, can also assist new Canadians in accessing the health services they need more easily.

• Look at expanding the availability of cultural brokers. Often these are non-profit agencies that have ties to the community and are accountable and established.

• Health service delivery needs to take into account all levels of education and language barriers. The ability to read and write is critical to accessing the health care system and following instructions.

• Fund cultural education.

• Make the BC Health Guide and the BC NurseLine available in other languages and educate other cultural communities that this service is available.

• Develop an information package on the Canadian health care system with specific details on hospitals, community health and primary health care services. Have it translated into different languages and make sure it includes a section with frequently asked questions.

• Improve language skills development programs on the North Shore.

Education and Literacy as a Social Determinant of Health

Comments and Concerns

• Class disparities are a marker for the health of a population. Educated people have better health and people who have better economic opportunity have better health.

• Educational equality needs to continue to be a key priority.

• Not graduating from high school is one of the most significant determinants of your future health.
• Accessing education is an issue that needs to be recognized.
• We need to be more aware about literacy. Especially when it comes to directions on prescriptions, diet advice or application forms for disability assistance.

Idea and Suggestions
• Health, literacy and education are areas that offer great cost savings opportunities. They provide an opportunity for meaningful interaction with communities and community groups and will have a noticeable outcome for British Columbia’s goal of being the most literate jurisdiction in North America.
• Focus on education as preparation for life. Provide students with training for employment.
• Set up a system of checks and balances to determine the level of literacy a patient has so that additional education or assistance, such as an advocate, can be provided if needed.

Outstanding Questions
• Is there any commitment, duty or obligation towards turning the Downtown Eastside of Vancouver into a healthy community?
• If we develop a good system of prevention but people do not have a place to live how is it going to help?
• How do you respond to the social determinants of health when developing primary care policy?
• Why not develop policies within the area of primary health care to ensure that we do not increase the disparities in health?
• What is happening to our National Childcare and Poverty Program?
• Will government take action to provide higher levels of support for income assistance clients that are people with disabilities?
• We need more pilot projects. Why not consult individuals that are accessing mental health services to determine what supports they need to keep them from becoming homeless?
• If the poor, disenfranchised, illiterate, ill and aboriginal people cannot get on income assistance where should they go to get help?
• Socio-cultural norms and expectations in a community can be a powerful influence on behaviour. How can we use this to reduce the frequency of smoking and other behaviours that are harmful to health?

• In New York, it is the responsibility of the state to ensure that citizens have a home. Government can be taken to court for not providing housing. Why can we not do this in British Columbia?