Klinic Community Health's Statement on Poverty

Responsibility:	All Staff and Volunteers
Area:	KOP, KOB, Brandon
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Klinic Community Health is dedicated to supporting projects, programs and initiatives that strive to alleviate poverty at the individual and community levels. Further, Klinic is committed to advocating for broader changes at the municipal, provincial and national levels. Klinic continues to build and strengthen partnerships that directly address poverty and working towards equitable access to income security, housing and homelessness initiatives, educational programming, and food security.

Overview

Klinic is a leader in community health, built on a foundation of social justice values. With an increasing understanding of the impacts of the social determinants of health, staff and volunteers at Klinic provide diverse services and programming targeted to populations most negatively affected by the inequitable distribution of these determinants. Our programming has a strong mental health focus, which presents opportunities for hope, healing and empowerment in a trauma-informed environment. As a socially conscious workplace, Klinic staff and board members have identified poverty as a concern for people and the broader community.

Background

Poverty is an integral part of the Social Determinants of Health as it reflects a lack of financial resources to meet one's basic needs. It is more than simply a lack of money, affecting such things as access to food, shelter, social connections, education, and employment. When examining the roots of poverty, we find a mix of institutional (e.g. complex social assistance system, lack of recognition of credentials) and individual (e.g. literacy, education, lack of work experience) factors[1]. Often these factors co-exist and can compound to create overwhelming barriers.

In Canada, children, people with disabilities, women, newcomers, single parents, and Indigenous peoples are disproportionately affected by poverty[2]. This suggests that systemic factors are creating and perpetuating poverty, such as economic policies, racism, colonialism, and social inequality and oppression. Institutions and systems such as schools, healthcare, child welfare, justice, and social assistance, often embody these systemic biases which can result in further social exclusion, a sense of powerlessness, and lack of hope for those who experience poverty.

The impacts of poverty are felt across society and can affect a child's growth and development, a family's ability to participate fully in their communities, or an individual's chance of involvement in the criminal justice system. Evidence shows strong relationships between poverty and poor health outcomes. In fact, data from the National Population Health Survey showed that 73% of Canadians with the highest incomes reported their health as excellent, while only 47% of

1 http://www.oafb.ca/assets/pdfs/CostofPoverty.pdf
2 http://www.parl.gc.ca/content/lop/researchpublications/prb0917-e.htm

Canadians with the lowest incomes rated their health as high[3]. Further, the poorest 20% of Canadians face much higher rates of disability than the richest 20%. Other inequities are evident in higher rates of mental and behavioural disorders, ulcers, and chronic and circulatory conditions."[4]

In Manitoba, health status overall has increased, however, gaps between those living in the northern regions of the province compared to the rest of the province have also increased[5]. This gap in health status is also evident between high and low neighbourhood income areas[6]. Children who grow up in poverty are more likely to struggle with poor health, absenteeism from school and low scholastic achievement, behavioural and mental health problems, resulting in fewer employment opportunities and persistent low economic status later in life[7]. This lifelong link between health and poverty leaves those with the lowest incomes vulnerable to poor health.

Key Considerations and Recommendations

External:

- Support anti-poverty programs and systems that specifically recognize marginalized populations who are disproportionately affected by poverty.

- Advocate for all Manitobans to have a sufficient income to meet their basic needs and participate fully in community life.

- Continue to advocate for accessible, safe, and affordable housing to be available to all Manitobans.

- Advocate for simplified, system-wide access to services and supports.

- Support initiatives that work toward ensuring that all Manitobans have physical and economic access to healthy, safe and affordable food.

- Advocate for the continued provision of health services through a universal, publicly-administered, single-payer, non-profit delivery system to ensure access for all Manitobans.

- Advocate for publicly funded physical and mental health services to be accessible for all Manitobans.

- Support remuneration arrangements and funding that prioritize the Social Determinants of Health.

- Advocate for sufficient funding for community-based organizations to effectively respond to the needs of the communities they serve.

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3 http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php#defining
4 http://www.wellesleyinstitute.com/wp-content/uploads/2011/11/povertyismakingussick.pdf
5 http://mchp-appserv.cpe.umanitoba.ca/reference/RHA_2013_4_pager_web_version.pdf
6 http://mchp-appserv.cpe.umanitoba.ca/reference/Health_Ineq_final_WEB.pdf
7 Social Determinants of Health in Manitoba: Second Edition, p. 81

- Advocate for all Manitobans to have access to quality educational programs.

- Support intersectoral partnerships that address the causes and impacts of poverty.

Internal:

- Regularly screen all individuals for poverty and intervene when appropriate throughout all programs (e.g. poverty tool).

- Develop the capacity to understand and assist in completing forms for provincial social assistance and other financial programs.

- Provide tools and supports for individuals to access and navigate financial support programs and services.

- Ensure our programs are financially accessible, especially for marginalized populations.*

- Provide interdisciplinary mentoring of students including experiential learning based on the social determinants of health and collaborative care/programs.

- Review current ability to provide services in the community for those who face financial barriers to accessing our sites.*

- Identify where people are having their basic and social needs met and, where possible, build partnerships to bring care to them.*

- Develop a decision support tool for new and existing projects/programs to acknowledge and address the social and economic conditions that contribute to poverty including gender based analysis.

General:

- Endorse recommendations from the Truth and Reconciliation Commission and consider the ongoing impact of colonization in service delivery and development[8].

- Collect and use both qualitative and quantitative data from Klinic's service-users' experiences for the purpose of program evaluation and development.

- Encourage research initiatives that share knowledge and support program decision-making.

- Ensure strong connections among all programs to support the exchange of information and experiences that facilitate collaboration and reduce barriers within Klinic.

- Recognize partnerships at the local, provincial and national level to support our social justice mandate.

- Facilitate self-determined care and ensure that programs and services are developed and operated using a client-centred approach.

- Recognize colonization as a social determinant of health as part of work to understand the complex role that colonization plays in the lives and health of Indigenous people in Canada.

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8   http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

- Recognize the continuing strength, self-determination and resiliency of Indigenous peoples, families, nations and organizations in maintaining and renewing Indigenous knowledge and ways of life.

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