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Honourable Stephanie Cadieux
Minister of Social Development

BY EMAIL

Dear Minister Cadieux:

RE: HOUSING STABILITY FOR PEOPLE WITH COMPLEX HEALTH CARE NEEDS

The Health Practice Committee of the BC Association of Social Workers wants to bring to your attention urgent concerns regarding persons who are homeless and living with complex health challenges.

Throughout the province acute care hospitals are caring for clients who are homeless and have difficulty managing their complex and chronic health conditions due to their marginalized status. During hospitalization their symptoms are managed and their medical conditions are stabilized. They are then discharged from hospital back to the same instability of homelessness and impoverished circumstances, which make it difficult to manage their health issues. This is an endless and unnecessary cycle that impacts far too many people in BC.

New statistics and analysis indicate that raising the incomes of the poorest 20% in BC would save BC's health care system \$1.2 billion per year. Currently, it is estimated that BC is spending between \$8.1 and \$9.2 billion per year to maintain the status quo of poverty. A comprehensive poverty reduction plan would cost \$3 to \$4 billion to implement and would generate far-reaching positive impacts in BC.

To enhance your understanding of the challenges and barriers that those with chronic health conditions face, we have provided a case study below, which illustrates the struggles of a homeless man who has insulin-dependent diabetes and hepatitis C:

Rob is a 43 year old man admitted to hospital due to extreme low blood sugar levels. He was diagnosed with insulin-dependent diabetes mellitus (Type 1) seventeen years ago and diagnosed with Hepatitis C eleven years ago. Rob worked off and on over the years; however, after his hepatitis diagnosis he was too fatigued to work at times. Over the years his blood sugars have become more and more difficult to regulate.

Rob has been receiving Persons with Disability income from the Ministry of Social Development for the past two years. He was housed in a motel last year but when the motel rates went up he could no longer afford the rent. Even with a diet supplement his total monthly income when he is housed is less than \$1000. MSD issues a rent allowance of \$375 if a client has housing.

Prior to his hospital admission Rob was staying at a shelter. Meals were available to him at the shelter but they do not meet the criteria of a diabetic diet. It is possible that Rob can go to a motel when is discharged from hospital; however, the least expensive rent for a motel room with a kitchenette is \$750 per month. That leaves Rob with less than \$250 per month for food, clothing, personal hygiene products, and other expenses. Rob will not be able to follow a diabetic diet with so little money for food. He is likely to end up back in the hospital with uncontrolled blood sugars since diet is a key factor in stabilizing diabetes.

If the Ministry of Social Development were to provide additional funds for housing it is much more likely that Rob would be able to find stable housing and afford to buy food that fits the criteria of a diabetic diet. If Rob has stable housing and funds for a healthy diet he is much less likely to require expensive acute care treatment and hospitalization in the future. A small increase in the funds allotted by MSD to individuals with chronic health conditions would lead to savings in health care expenditures in the future and would decrease recurrent admissions to hospital for this population.

To increase assistance and support for individuals with chronic health conditions, the BCASW recommends the provincial government take the following action:

- Working with stakeholders, create a comprehensive poverty reduction plan that includes targets, goals and measures for success;
- Improve access to rental subsidies in expensive rental markets;
- Continue to build affordable housing around BC for individuals who require a continuum of health care needs, including on-site care and support services;
- Improve access to supportive housing which includes home care support, meal programs and other preventative programs that decrease the costs of acute emergency care;
- Increase home and community care, including case management services that decrease acute health care issues and help people remain more stable;
- Create easier access to disability benefits, including special diet allowances and other entitlements that support and assist clients with chronic health care problems;
- Increase innovation and collaboration between the Ministries of Social Development and Health and other stakeholders, such as BC Housing and local community services, to break down existing silos and barriers to support.

The BCASW Health Practice Committee looks forward to hearing from you regarding the steps the BC government is taking to improve the needs of citizens in BC who live with chronic health conditions. It is within the reach of the Province to increase the supports available and it is prudent public policy to be more proactive in investing in the long-term stabilization and care of the growing numbers of individuals with complex health care needs in BC.

Sincerely,

Fiona Lewis and Wendy Smandych, Co-chairs,
BCASW Health Practice Committee