

Public policy in the age of insecurity

As humans, we all experience a certain level of natural insecurity—an inherent worry that drives us to ensure that our basic health needs (food, shelter, and connection) are met. But modern economic, political, and social structures are generating new and unnatural threats, known as “manufactured insecurity,”¹ which can have harmful health effects. These range from emotional insecurity fueled by social media to increasingly prevalent income insecurity that contributes to energy, housing, and food insecurity.

In our current free-market economy, the basics for healthy survival—food, shelter, education, and health care—are becoming commodities available only to the wealthy. Without adequate regulations, companies are free to raise prices, evict tenants, and keep wages as low as possible to maximize profits. For many Canadians, the necessities of life are unaffordable. Despite living in one of the wealthiest countries in the world, in 2022, 11.6% of British Columbians were living in poverty.²

The negative health impacts of the toxic stress associated with chronic insecurity are well documented.³ People experiencing poverty face a greater risk of mental illness, chronic disease, reduced life expectancy, and lower educational achievement.⁴ Children are most impacted by poverty, experiencing developmental delays, chronic health problems, nutritional deficiencies, and adverse childhood experiences, which perpetuate the intergenerational cycle of poverty. The elderly, residents of rural areas, Indigenous

people, and those living with disabilities are also disproportionately affected.²

As a society, we have created the conditions that foster insecurity; we can also design structures to lessen insecurity. Although there are recognized strategies for frontline providers to apply, such as social

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prescribing, upstream problems require upstream solutions,³ and there is evidence that the implementation of system-level policies is effective. A recent University of British Columbia study found that providing a universal, guaranteed basic income to eliminate poverty would result in a net benefit to Canadians of \$541 billion annually. For every dollar invested, approximately \$4 to \$7 in economic impacts would be generated.⁵ The 2017 Ontario Basic Income Pilot demonstrated improved health outcomes, lower use of health services, and increased ability to access medications and other treatments.⁴ More recently, the Canada Emergency Response Benefit lifted millions of people out of poverty during the COVID-19 pandemic.⁴ Investing in supports for the early years is another high-impact intervention, with every dollar invested returning \$3 to \$9 on future health, criminal justice, and social assistance spending.⁶

In 1976, Canada formally recognized the right of every citizen to adequate food,

clothing, and housing and the highest attainable standard of physical and mental health.⁷ Once a world leader in social policy and programs, Canada now ranks 39th among 170 countries, but as the value of social investments becomes increasingly clear, progressive governments are again introducing more social programs like national pharmacare, dental care, and subsidized child care programs that will alleviate financial pressures on many low-income Canadians.⁸ Canada’s Old Age Security and Guaranteed Income Supplement are essential income for many older adults. British Columbia’s 2024 Poverty Reduction Strategy promotes increased investment in social housing, with rent controls, minimum wages keeping pace with living wages, and increased support for seniors and children.²

Insecurity in all its forms takes an enormous health and economic toll on individual Canadians and on society. Health professionals must continue to advocate for a strong, just, and equitable universal public health care system and social policies to protect all Canadians and allow them to flourish today and into the future. Although the upfront costs may seem daunting, the cost of doing nothing is greater. ■

—Katharine McKeen, MD, MBA, FCFP
Council on Health Promotion Chair

—Ilona Hale, MD, FCFPC
Council on Health Promotion Member

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Accredited CME sessions from WorkSafeBC for your clinic

Do you have questions about your patients with workplace illnesses or injuries or about WorkSafeBC forms or billing processes? WorkSafeBC's medical advisors—who are all physicians—offer accredited CME sessions for family physicians and specialists that can be delivered in person or virtually. This outreach is offered to physicians, medical office assistants, and others you identify, at a time that suits you best.

For in-person sessions, we can come to your clinic or to a physicians' meeting in your region anywhere in BC. We will contact your clinic coordinator prior to the session to gather questions you may have and incorporate the questions into a presentation tailored to meet the needs of your clinic. We can also bring a subject matter expert from another area of WorkSafeBC to answer questions as needed.

We can cover topics such as:

- How to initiate a WorkSafeBC claim for a patient with an injury or disease you think may be related to the workplace.
- The physician's role in supporting a patient in their return-to-function and return-to-work journey, and who can help you in this role.
- WorkSafeBC programs and resources to help you help your patients with workplace injuries or illnesses.
- Referral options for your patients with work-related injuries, including a review of WorkSafeBC's Visiting Specialist Clinic.
- Approaches to a return-to-work discussion with a patient who has a safety-

critical, safety-sensitive, or decision-critical job.

- How to find out if services for your patients with work-related injuries have been approved.
- Your occupational health and safety responsibilities if you employ staff.
- Common health and safety issues in medical clinics.

We can also review billing best practices and help answer questions about billing and form-related topics, such as:

- How to fill out a Physician's Report (Form 8 or 11).
- What to do about billing if your patient's claim is not accepted.
- Whom to contact with questions related to billing.
- Why some billings may be rejected, how to prevent this from happening, and how to follow up on rejected billings.

For more information or to schedule an education session, contact WorkSafeBC Medical Services by leaving a message at 1 855 476-3049. If you prefer to speak with a medical advisor directly and on the same day, you can reach us on the Rapid Access to Consultative Expertise (RACE) app.

Find more resources online

Additional information and resources for physicians are available at www.worksafebc.com/physicians, including forms, postoperative rehabilitation guidelines, billing tips, and guidelines for submitting reports and invoices to WorkSafeBC. ■

—**Olivia Sampson, MD, CCFP, MPH, FRCPC, ABPM**

Manager, Medical Services, WorkSafeBC

—**Celina Dunn, MD, CCFP, FCFP**

Manager, Medical Services, WorkSafeBC

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