



POVERTY REDUCTION STRATEGY FEEDBACK TO PROVINCIAL GOVERNMENT February 2015

The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) is the regulatory body and professional organization representing all registered nurses (RNs) and nurse practitioners (NPs) in the province. In pursuit of its mission, 'Nursing Excellence for the Health of the Population,' ARNNL exists so there will be accountability for self-regulation, professionalism, quality professional practice environments, and healthy public policy.

INTRODUCTION

ARNNL is committed to working collaboratively with the Government of Newfoundland and Labrador and wishes to provide feedback that will help inform development of priority actions for Phase II of the provincial Poverty Reduction Strategy. Since Government's 2006 release of *Reducing Poverty: An Action Plan for Newfoundland and Labrador*, we have been pleased to see that the Strategy has supported many people in our province to move out of poverty. However, while early efforts to reduce poverty, such as affordable housing projects, early childhood development initiatives and increased opportunities for education and employment have been successful, ARNNL agrees that more must be done to support Government's priority areas in the Strategy's next phase.

ARNNL Supports Identified Priority Areas

While ARNNL strongly supports the five priority areas proposed in the Poverty Reduction Strategy Discussion Guide, we believe that the final priority area identified ("impact of increasing costs of necessities such as housing, food and heating on people with low income"), must be addressed as distinct challenges rather than collectively. Each category is very complex and may or may not have relevance to each other in all situations. In this submission we also highlight additional areas that we believe must be strengthened as Phase II of the Strategy is developed.

Engaging RNs and NPs

In preparation for this submission, ARNNL held a focus group with members of its Healthy Public Policy Advisory Committee and obtained input through an online survey of a cross-section of RNs and NPs from around the province. This included frontline RNs and NPs who are engaged with ARNNL (approximately 100) and to all RNs and NPs working in community health

settings (approximately 400). Highlights of the feedback received and common themes are presented.

STAY COMMITTED

ARNNL strongly encourages Government to support and fund Phase II of the Strategy as vigorously as Phase I. Given the challenging financial situation facing Government and the resulting increased competition for resources, steadfast commitment to poverty reduction is required now more than ever. The initiatives of the Strategy assist vulnerable individuals, families and communities to improve their situations through supports and services which are likely to be in even greater demand in the current fiscal climate. The strong future-focus of the Strategy, including proactive early intervention and prevention initiatives to support people out of poverty into healthy, productive lives, is commendable and must be continued.

Although the statistics in the progress report are promising, there is still a way to go before we can claim success.

STAY CONNECTED

ARNNL believes that one of the strengths of the current Strategy is its whole-of-government approach. The success of this approach is evident in initiatives that cross departments/sectors such as health, education, employment and social programming. Further, the development and implementation of a broad spectrum of programs that support diverse populations – from grants for community development, to daycare and adult education programs, to seniors care and transportation initiatives – touch on all of the social determinants of health and will therefore support Government's Primary Health Care agenda.

To bring about the philosophical and practical changes needed to realize Phase II of the Strategy, Government must continue its commitment to a whole-of-government approach, in both programming and budgeting. Addressing poverty reduction requires visioning, problem solving and funding from multiple governmental departments, multiple levels of government and other sectors of society.

THINK RURAL AND REMOTE

Although the current Strategy targets the entire province, RNs and NPs have told us that because of the remoteness of their communities or the pattern of services to rural areas, vulnerable individuals and families in their practice environments and communities have not seen all the benefits that may be realized in larger areas with greater access to services and supports. Key messages expressed by RNs and NPs include:

- i) **Mental health services need to stay in the forefront.** Registered nurses spoke of long wait times and the use of emergency rooms as “solutions.” Their feedback also indicated a growing disparity that results from individuals who need mental health assistance with no recourse and how this impacts any initiatives to address continuing education and steady employment – all key components to the solution of reducing poverty.

- ii) **Knowledge of and ability to access services remains a challenge.** Feedback indicated that most health professionals struggle with finding resources to support their clients and thus know that clients need assistance. The value of system navigators and “one-stop shopping” calendars or access sites are needed. Complicating access, registered nurses reported first-hand knowledge of the impact of low literacy rates in all areas – financial, technology and communication. The next phase of the Strategy must make addressing the challenges of access to and knowledge of services a priority.
- iii) **Food security remains a significant challenge.** Registered nurses practicing in rural and remote communities shared that access to fresh produce and affordable healthy food choices remains a significant barrier as they strive to promote healthy living with their clients, especially for those with chronic diseases such as diabetes and heart disease. In some areas this is further complicated by not having access to local grocery stores or community supports such as food banks. RNs and NPs shared stories of how fresh fruit only arrives once a week and before payday, so their clients cannot afford to purchase these items until three days later when the supply is limited and no longer fresh. Residents in these areas often find it difficult or impossible to access the variety of food choices necessary to meet the basic recommendations of Canada’s Food Guide.
- iv) **Transportation remains a significant challenge.** Many areas do not have organized transportation services and individuals living on or near poverty line often do not own a car or cannot afford the cost for the fuel required to travel to and from larger centers to obtain services. Poignant stories of clients missing the regular blood tests required to monitor treatment or struggling to keep appointments while receiving chemotherapy because of the transportation costs illustrate that challenges remain and can have significant impacts on health.

CONCLUSION

ARNNL applauds Government for its vision in the area of Poverty Reduction, and on its successes to date. We offer you the opportunity to continue to work collaboratively with the nursing profession to advance the priority items outlined in the Discussion Guide, while specifically addressing issues related to the rural and remote population needs.

The registered nurses who responded to our call for input into Phase II of the Strategy were eager to assist and the passion for their clients is indisputable. These nursing professionals play key roles in finding and leading solutions that improve access to health services, bring increased attention to health promotion and illness prevention, and are advocates for the health and well-being of individuals, families and communities every single day. Please contact us to learn more about the valuable contributions they can make to advance Government’s Poverty Reduction efforts.

For more information or to request additional resources from ARNNL, please contact:

Jennifer Barry, Communications Officer, 709.753.6198 or jbarry@arnnl.ca.