

**GUEST EDITORIAL**

# **Poverty and Human Development**

**Cheryl Forchuk**

It is hard for us as nurses to escape the important role played by poverty and human development. While this issue encompasses so much of our work, paradoxically we often render it invisible in our practice and our research. A defining moment for me occurred when I was working in a psychiatric setting and the government introduced a policy of co-payment for medications taken by recipients of public assistance. I recall the rhetoric of the time: “It’s only \$2 per prescription. It will barely make a difference.” One consumer of mental health services came to me with his bank book and detailed budgeting sheets. He had managed to balance his budget by cutting back to two meals a day. He was taking several medications, so the new policy was going to stretch his \$800-a-month disability income to the limit. He already had no discretionary income and had given up his phone. He had identified two alternatives and wanted input on which was the healthier choice: to cut down to one meal a day, or to start taking his medications every other day.

Inadequate social assistance, disability payments, and minimum wages across Canada still keep many of our vulnerable citizens in poverty and force them to make difficult choices. In Ontario currently, a single person receiving provincial disability support gets \$1,020 per month and a single person receiving welfare benefits gets \$572. It is difficult to pay for rent, utilities, transportation, clothing, and food with these levels of support. I have researched issues related to income support, adequate housing, and homelessness, since the people I work for are struggling with these issues (Forchuk et al., 2007; Forchuk, Ward-Griffin, Csiernik, & Turner, 2006).

This issue of *CJNR* addresses the complex subject of poverty and human development. This topic has been addressed previously by the Journal, in response to a call by the Council of Science Editors for all journal editors to publish a special issue on poverty and human development last autumn. This focus was in support of the Millennium Development Goals set by the United Nations to reduce extreme poverty by the year 2015. The October 2008 issue of *CJNR* included several short reports exemplifying the contributions of Canadian nurses

to this worldwide endeavour. The current issue goes into more detail, with lengthy reports on those contributions.

Our present focus topic is certainly timely considering the global economic challenges that we face today. These challenges will make the 2015 goal more difficult to achieve. For nurses, however, poverty is a constant concern as a social determinant of health and as a barrier to access to needed services and human development. Poverty underpins many of the social determinants of health. For example, access to education, housing, transportation, and social support is more difficult in the absence of adequate income. When we see a client struggle with poverty, it important for us to consider the impact of poverty on health, the systemic issues at play, and the worldwide effort to address poverty and human development.

In the pages that follow, Dennis Raphael provides an excellent overview of the concept of poverty, including current research aimed at understanding and addressing this problem, such as through appropriate public policies. He highlights the need for wider dissemination of findings and for advocacy to ensure their implementation.

Two of the contributions in this issue of the Journal address homelessness. Manal Guirguis-Younger and colleagues examine knowledge-integration strategies employed by nurses and other care providers in assisting people who are homeless. Miriam Stewart and colleagues evaluate a strategy for promoting health and coping among homeless youths. Jodi Hall and Lorie Donelle look at methodological issues with respect to another vulnerable group, women serving court-mandated probation or parole orders. However, all of the articles identify, to some extent, the difficult methodological issues that can arise with research in this area.

The Happenings column gives us reason to hope for changes in both policy and practice. Myra Piat and colleagues present an overview of initiatives launched by the newly formed Mental Health Commission of Canada to specifically address issues related to homelessness and mental health.

Nurses can play a key role in advocating not only for our individual clients but for change within the systems in which we operate. To achieve visibility on this front, we need to proclaim loudly that poverty is a health issue and therefore a nursing issue. We hope that this focus issue of *CJNR* will raise the profile of poverty and human development and will prove to be an opportunity for thoughtful reflection on how we can best participate in the necessary processes of change. How can nursing research contribute to the goal set by the United Nations for 2015? As we continue to identify the specific issues, we must work across sectors (health, social welfare, housing, and corrections, to name but a few) to develop and test programs and policies that support human development by

reducing poverty. We need to cast our eyes higher and resolve to address the problems not just one person at a time, or even one system at a time, but through the entire web of systems that together serve to perpetuate poverty.

### **References**

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