



Services de santé du

TIMISKAMING

Health Unit

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April 30, 2020

Hon. Todd Smith, Minister of Children, Community and Social Services
Ministry of Children, Community and Social Services, Hepburn Block, 6th Floor
80 Grosvenor St,
Toronto, ON M7A 1E9

Sent via e-mail: Todd.smithco@pc.ola.org

Dear Minister Smith,

Re: Consultation for a new Ontario Poverty Reduction Strategy

The Timiskaming Health Unit (THU) commends the Government of Ontario's interest in poverty reduction and applauds its public consultation to inform the development of a new provincial strategy.

THU recognizes that the prolonged stress of continually struggling to satisfy basic needs negatively impacts the physical and mental health of entire families; however, poverty doesn't just affect those experiencing it. Poverty costs the Ontario economy over \$27 billion annually, with the cost of maintaining poverty far outweighing the cost of addressing it.¹ Currently, there are 1.57 million Ontarians, including 382,000 children living in poverty.¹ Despite previous declines in childhood poverty, much work remains. In the district of Timiskaming, 18% of people continue to live in low-income households, including 20% of children under the age of 18 years.³

Poverty persists in the presence of low unemployment rates. While a strong economy and job creation are essential combatants of poverty, low educational attainment, precarious employment, low wages, disability, as well as a lack of affordable housing and child care contribute to its maintenance. A comprehensive poverty reduction strategy must address an entire gamut of issues - from a lack of individual resources and supports to political and economic structures.⁴

Poverty is a multi-dimensional phenomenon and requires a multi-dimensional approach. Based on this premise, we have included our recommendations for Ontario's new poverty reduction strategy in Schedule A. We are confident that implementation of these recommendations will have a positive impact on reducing poverty in Ontario. Thank you for providing us with the opportunity to contribute to this worthwhile endeavour.

Sincerely,

Carman Kidd
Board of Health Chair

Enclosure

c.c. Mr. John Vanthof, MPP, Timiskaming-Cochrane
Ontario Boards of Health

ISSUE	RATIONALE	RECOMMENDATIONS
<p style="text-align: center;">INCOME</p>	<p>Jobs that pay a living wage are essential. Income is a significant determinant of health as it influences overall living conditions, including psychological functioning, health-related behaviours, food security, housing, and other prerequisites of health.⁵ Poor health is both the cause and the result of poverty. At present, poverty costs the Ontario health care system \$3.9 billion annually.¹ In the district of Timiskaming, 18% of people continue to live in low-income households, including 20% of children under the age of 18 years.³ Chronic stress resulting from the struggles to satisfy basic needs such as food, and shelter impacts the physical and mental health of low-income families. Increasing incomes for those living in poverty results in a reduction of stress, mental illness, and chronic disease resulting in overall health care spending⁶</p>	<p>THU recommends that the province of Ontario reinstate the guaranteed basic income pilot projects and an increase in the minimum wage for Ontario workers. We endorse Bill 60 and call for increases to income assistance rates for Ontario Works (OW), as well as Ontario Disability Supports Program (ODSP) recipients to sufficiently cover basic needs (i.e., shelter, food, clothing, and transportation). THU further recommends that future adjustments to minimum wages and social assistance rates align with inflation.</p>
<p style="text-align: center;">EDUCATION</p>	<p>Education invariably leads to better health as it is associated with higher incomes, increased civic engagement, and healthier lifestyles.⁵ Post-secondary education is protective against poverty. Compared to the rest of Ontario, residents in Timiskaming are less likely to complete high school or university.³ The Ontario Student Assistant Program (OSAP) financially assists students in obtaining a post-secondary education through loans and grants. While we commend the Government of Ontario's 10 percent decrease in tuition fees, the elimination of free tuition for low-income students is troublesome. Recent changes to the OSAP program may deter low-income students from pursuing post-secondary education and thus limiting their socioeconomic mobility.</p>	<p>THU recommends increasing access to post-secondary programs for low-income students through free tuition, a return to previous grant/loan amounts, and reinstatement of the six-month interest-free grace period following graduation.</p>

ISSUE	RATIONALE	RECOMMENDATIONS
<p>ASSET & CAPACITY BUILDING</p>	<p>Generational poverty is more than the mere absence of monetary resources and often includes insufficient support systems, role models, and coping strategies. A lack of resources hinders socioeconomic mobility while increasing the likelihood of remaining in poverty.⁴ Asset building programs have the potential to assist individuals to transition out of poverty through the use of mentors and peer support. These programs can save Ontarians a substantial amount of money but more research is required.⁷ It is essential for the Government of Ontario to continue to build capacity within Public Health Ontario and local public health that will facilitate the data collection, assessment and evaluation of unique initiatives such as the Bridges Out of Poverty – Circles program to assist and support individuals leaving poverty.</p>	<p>THU recommends that the Government of Ontario invest in the creation, expansion, and evaluation of asset building programs (e.g., Bridges Out of Poverty- Circles). It is also recommended that the Province of Ontario continue to invest in Public Health Ontario and local public health initiatives to permit the necessary data collection, and evidence gathering to understand, prevent, and mitigate poverty.</p>
<p>CHILD CARE & EARLY CHILDHOOD EDUCATION</p>	<p>Early childhood experiences influence later physical, social, emotional, and cognitive development, which impacts future learning, educational achievement, employment, and health. In 2018/19, throughout Ontario there were 446,596 spaces in licensed child care facilities – enough for 22.4% of Ontario’s children age 0-12 years.⁸ Ontario has the highest median full-time child care infant fees in the country at \$1,758 per month or \$21,096 annually.⁹ In rural northern Ontario, pre-school child care fees are approximately \$825 per month or \$9,900 per year.⁹ In 2019, approximately 29% of children in licensed child care centres qualified for subsidies compared to 68% of children in licensed home child care.⁸ Child care must be affordable, accessible, and of high-quality to permit parents to engage in paid work, ensure the attainment of developmental milestones, and address child & family poverty in Ontario.¹⁰</p>	<p>THU recommends the creation of a universal, high-quality, accessible, and affordable child care system provided by a well-trained and well-paid workforce.</p>
<p>HOUSING</p>	<p>Adequate housing is vital to one’s dignity, safety, and ability to contribute to society. Without proper shelter, people are not able to maintain employment, recover from mental illness, be part of their community, maintain custody of their children, leave abusive relationships, or escape situations involving human trafficking.¹¹ Rates of public assistance and minimum wage have not kept pace with rising rents in Ontario, which excludes vulnerable individuals from the rental market. In Timiskaming, 21% of households live in unaffordable housing, spending 30% or more of their income on shelter cost.¹²</p>	<p>THU recommends the province work with municipalities to develop a strategy to address affordable housing shortages and chronic homelessness, which includes the creation of new affordable housing. Further recommendations include an increase in provincial funding for the repair and maintenance of social housing units.</p>

ISSUE	RATIONALE	RECOMMENDATIONS
<p>DISABILITIES</p>	<p>One in seven Ontarians (15%) live with a disability.¹³ People with disabilities continue to face barriers to education and employment opportunities. They are more likely to have low-income status, and less likely to live in adequate, affordable housing than people without disabilities.¹³ The Ontario government has proposed changing the definition of disability to align with the Federal government’s much more stringent definition used to determine eligibility for Canada Pension Plan Disability Benefits.¹⁴ The change in definition would lead to a large number of Ontarians being ineligible for ODSP benefits. This change would lead to a greater dependence on OW, which pays much less and does not provide disability supports.</p>	<p>THU recommends the Ontario government maintain its current definition of disability to determine eligibility for ODSP benefits.</p>
<p>PHARMACARE</p>	<p>Approximately 2.2 million Ontarians have no prescription drug coverage.¹⁵ Too frequently, cost restrictions force Ontarians to fail to fill or renew their prescriptions, skip doses, or split pills to make their medications last longer.¹⁶ In 2015, 24% of Ontarians reported that they or someone in their household failed to take their medication as prescribed due to cost.¹⁶ Women are particularly disadvantaged as they are more likely to be prescribed medication than men, but are less likely to have medication coverage through paid work.¹⁷ Illness and disability prevent people from working, force many to live in poverty, and increase health care expenses.</p>	<p>THU recommends the Ontario government work with the Government of Canada to create and implement a universal and comprehensive Pharmacare program for all Ontarians.</p>
<p>ORAL HEALTH</p>	<p>Poor oral health negatively impacts general health and is associated with various health risks ranging from poor nutritional intake¹⁸ to coronary heart disease.¹⁹ Individuals in the lowest income group are less likely to receive preventive treatment and more likely to decline dental services due to costs compared to those with higher incomes.²⁰ In Timiskaming, only 56.7% of residents reported having insurance coverage for dental expenses,²¹ and a mere 54.9% of residents reported visiting the dentist in the past year.²² While THU recognizes the value of the Healthy Smiles Ontario program and commends the Government of Ontario for the implementation of the Ontario Seniors Dental Care Program, the dental needs of low-income workers age 18 to 64 years remain unmet. Facial pain, infection, and illness are barriers to employment and cost our health care system.</p>	<p>THU recommends the Government of Ontario create a publicly funded system for oral health care that is accessible to all individuals living in low-income households regardless of age.</p>

ISSUE	RATIONALE	RECOMMENDATIONS
<p>PAID SICK LEAVE</p>	<p>When employees go to work sick, they not only risk their health, but they risk the health of their co-workers as well as the general public through the spread of infectious diseases (e.g., COVID-19). However, most low-income earners have a minimal choice due to a lack of paid sick days and financial obligations. Low-income earners such as those working in the food and hospitality industry are of particular importance because illnesses such as Norovirus, Samonella Typhi, Hepatitis A, etc., are transmittable to the general public during the food production and handling process.²³ Currently, in Ontario, employers are only required to provide three “<u>unpaid</u>” sick days per year. The average number of sick days taken in Canada by workers in the private sector is nine days per year.²⁴</p>	<p>THU recommends the Government of Ontario amend the Employment Standards Act to include a minimum of Seven (7) “paid” sick days per year for employees regularly scheduled to work 30 hours or more per week. Part-time and seasonal workers to receive paid sick days based on a pro-rata basis.</p>

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