

The Honourable Justin Trudeau
Prime Minister of Canada
Justin.Trudeau@parl.gc.ca

The Honourable Chrystia Freeland
Deputy Prime Minister and Minister of Finance
chrystia.freeland@parl.gc.ca

The Honourable Mark Holland
Minister of Health
mark.holland@parl.gc.ca

The Honourable Steven MacKinnon
Leader of the Government in the House of Commons
Steven.MacKinnon@parl.gc.ca

The Honourable Andrew Scheer
House Leader of the Official Opposition
Andrew.Scheer@parl.gc.ca

Alain Thérien
House Leader of the Bloc Québécois
Alain.Therien@parl.gc.ca

Peter Julian
House Leader of the New Democratic Party
peter.julian@parl.gc.ca

Standing Senate Committee on National Finance
nffn@sen.parl.gc.ca

July 24, 2024

Re: Support for Bills S-233 and C-223 “An Act to develop a national framework for a guaranteed livable basic income”

Dear Prime Minister, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, and National Finance Committee:

The Middlesex-London Board of Health supports a guaranteed livable basic income as a policy option for reducing poverty, income insecurity, and food insecurity and for providing opportunities for people with lower incomes. As such, we urge your support of Bills [S-233](#) and [C-223](#) “An Act to develop a national framework for a guaranteed livable basic income”, currently being considered by the Standing Senate Committee on National Finance and in the process of the second reading in the House of Commons.

- Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being.
- Income has a strong impact on health, with better health outcomes associated with higher income levels, and poorer health outcomes associated with lower income levels¹.
- Income increases access to other social determinants of health (e.g., education, food, housing)¹.
- Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions, and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)²⁻⁴.
- Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress⁵⁻¹².

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- Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills¹³⁻¹⁵.

A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing^{16,17}. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account¹⁸. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians¹⁸ and positively impacts childhood health outcomes (e.g., birth weight, mental health)¹⁹.

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021²⁰. In our community in 2021, 16.6% of London households with or without children (89,030 people) were low income based on the Census Family Low Income Measure (CFLIM-AT)²¹. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents^{22,23}.

The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs²⁴.

Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.

Yours truly,



Matt Newton-Reid
Chair, Middlesex-London Board of Health

cc:

Arielle Kayabaga, Member of Parliament - arielle.kayabaga@parl.gc.ca
Karen Vecchio, Member of Parliament - Karen.Vecchio@parl.gc.ca
Lindsay Mathysen, Member of Parliament - Lindsay.Mathysen@parl.gc.ca
Lianne Rood, Member of Parliament - Lianne.Rood@parl.gc.ca
Peter Fragiskatos, Member of Parliament - peter.fragiskatos@parl.gc.ca
Ontario Boards of Health

Standing Senate Committee on National Finance

National Finance Committee NFFN@SEN.PARL.GC.CA
Senator Percy Mockler, Chair, National Finance Committee Percy.Mockler@sen.parl.gc.ca
Senator Éric Forest, Deputy Chair, National Finance Committee Eric.Forest@sen.parl.gc.ca
Senator Clément Gignac, Clement.Gignac@sen.parl.gc.ca
Senator Larry W. Smith, LarryW.Smith@sen.parl.gc.ca
Senator Jean-Guy Dagenais, Jean-Guy.Dagenais@sen.parl.gc.ca
Senator Rosa Galvez, Rosa.Galvez@sen.parl.gc.ca
Senator Tony Loffreda, Tony.Loffreda@sen.parl.gc.ca
Senator Jane MacAdam, Jane.MacAdam@sen.parl.gc.ca

References

- ¹ Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). Social Determinants of Health: The Canadian Facts. Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management. Retrieved from <https://thecanadianfacts.org/>
- ² Lee, H., Slack, K. S., Berger, L. M., Mather, R. S., & Murray, R. K. (2021). Childhood poverty, adverse childhood experiences, and adult health outcomes. *Health & Social Work*, 46(3), 159-170.
- ³ Maalouf, M., Fearon, M., Lipa, M. C., Chow-Johnson, H., Tayeh, L., & Lipa, D. (2021). Neurologic Complications of Poverty: the Associations Between Poverty as a Social Determinant of Health and Adverse Neurologic Outcomes. *Current neurology and neuroscience reports*, 21(7), 29.
- ⁴ Wise, P. H. (2016). Child poverty and the promise of human capacity: childhood as a foundation for healthy aging. *Academic pediatrics*, 16(3), S37-S45.
- ⁵ Jessiman-Perreault, G. & McIntyre, L. (2017). The household food insecurity gradient and potential reductions in adverse population mental health outcomes in Canadian adults. *SSM - Population Health*, 3:464-472.
- ⁶ Vozoris, N.T. & Tarasuk, V.S. (2003). Household food insufficiency is associated with poorer health. *The Journal of Nutrition*, 133(1):120-126.
- ⁷ Tarasuk, V., Mitchell, A., McLaren, L., & McIntyre, L. (2013). Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *The Journal of Nutrition*, 143(11):1785- 1793.
- ⁸ Men, F., Gundersen, C., Urquia, M.L., & Tarasuk, V. (2020). Association between household food insecurity and mortality in Canada: a population-based retrospective cohort study. *Canadian Medical Association Journal*, 192(3):E53-E60.
- ⁹ McIntyre, L., Williams, J.V., Lavorato, D.H., & Patten, S. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *Journal of Affective Disorders*, 150(1):123-129.
- ¹⁰ Kirkpatrick, S.I., McIntyre, L., & Potestio, M.L. (2010). Child hunger and long-term adverse consequences for health. *Archives of Pediatrics and Adolescent Medicine*, 164(8):754-762.
- ¹¹ Melchior, M., Chastang, J.F., Falissard, B., Galéra, C., Tremblay, R.E., Côté, S.M., & Boivin, M. (2012). Food insecurity and children's mental health: A prospective birth cohort study. *PLoS ONE*, 2012;7(12):e52615.
- ¹² Ontario Dietitians in Public Health. (2020). Position statement and recommendations on responses to food insecurity. Retrieved from <https://www.odph.ca/membership/documents/5578>.
- ¹³ de Oliveira, K.H.D., de Almeida, G.M., Gubert, M.B., Moura, A.S., Spaniol, A.M., Hernandez, D.C., Pérez-Escamilla, R., & Buccini, G. (2020). Household food insecurity and early childhood development: Systematic review and meta-analysis. *Maternal and Child Nutrition*.16(3):e12967. doi: 10.1111/mcn.12967.
- ¹⁴ Lye, C.W., Sivasampu, S., Mahmudiono, T., & Majid, H.A. (2023). A systematic review of the relationship between household food insecurity and childhood undernutrition. *Journal of Public Health (Oxf)*. 29;45(4):e677-e691. doi: 10.1093/pubmed/fdad070.
- ¹⁵ Simonovich, S.D., Pinos-Leano, M., Ali, A., Awosika, O., Herman, A., Withington, M.H.C., Loiacono, B., Cory, M., Estrada, M., Soto, D., & Buscemi, J. (2020). A systematic review examining the relationship between food insecurity and early childhood physiological health outcomes. *Translational Behavioral Medicine*. 12;10(5):1086-1097. doi: 10.1093/tbm/ibaa021. <https://academic.oup.com/tbm/article-abstract/10/5/1086/5921050>.
- ¹⁶ McKay, F.H., Bennett, R., & Dunn, M. (2023). How, why and for whom does a basic income contribute to health and wellbeing: a systematic review. *Health Promotion International*. 1;38(5):daad119. doi: 10.1093/heapro/daad119.
- ¹⁷ Ferdosi, M., McDowell, T., Lewchuk, W., & Ross, S. (2020). Southern Ontario's basic income experience. Retrieved from <https://labourstudies.socsci.mcmaster.ca/documents/southern-ontarios-basic-income-experience.pdf>
- ¹⁸ McIntyre, L., Dutton, D.J., Kwok, C., & Emery, J.C.H. (2016). Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed annual income. *Canadian Public Policy* 42:3, 274-286.

¹⁹ Idzerda, L., Corrin, T., Lazarescu, C., Couture, A., Vallieres, E., Khan, S., et al. (2024). Public policy interventions to mitigate household food insecurity in Canada: A systematic review. *Public Health Nutrition*, 27(1), e83. Retrieved from <https://www.cambridge.org/core/journals/public-health-nutrition/article/public-policy-interventions-to-mitigate-household-food-insecurity-in-canada-a-systematic-review/01E81A2540245BAC803B608D087B8649>

²⁰ Statistics Canada. Table 11-10-0135-01 Low income statistics by age, sex and economic family type. DOI: <https://doi.org/10.25318/1110013501-eng>

²¹ Statistics Canada. Table 11-10-0018-01 After-tax low income status of tax filers and dependants based on Census Family Low Income Measure (CFLIM-AT), by family type and family type composition. DOI: <https://doi.org/10.25318/1110001801-eng>

²² Ontario Agency for Health Protection and Promotion (Public Health Ontario). Household food insecurity estimates from the Canadian Income Survey: Ontario 2019-2022. Toronto, ON: King's Printer for Ontario; 2023.

²³ Middlesex-London Health Unit (2019). Total population and density. Retrieved from <https://communityhealthstats.healthunit.com/indicator/geography-and-demographics/total-population-and-density>

²⁴ Middlesex-London Health Unit. (2023). Report No. 69-23: Monitoring food affordability and implications for public policy and action (2023). Retrieved from [https://www.healthunit.com/uploads/69-23_-_monitoring_food_affordability_and_implications_for_public_policy_and_action_\(2023\).pdf](https://www.healthunit.com/uploads/69-23_-_monitoring_food_affordability_and_implications_for_public_policy_and_action_(2023).pdf)

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 49-24

TO: Chair and Members of the Board of Health
FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer
DATE: 2024 July 18

**SUPPORT FOR “AN ACT TO DEVELOP A NATIONAL FRAMEWORK FOR A
GUARANTEED LIVABLE BASIC INCOME”**

Recommendations

It is recommended that the Board of Health:

- 1) *Receive Report No. 49-24 re: “Support for ‘An Act to Develop a National Framework for a Guaranteed Livable Basic Income’”; and*
 - 2) *Direct the Board Chair to send a letter to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of [S-233](#) and [C-223](#) “An Act to develop a national framework for a guaranteed livable basic income”.*
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Report Highlights

- In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021.
- Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.
- Opportunities exist to influence healthy public policy through support for “An Act to develop a national framework for a guaranteed livable basic income” which is currently moving through the Senate ([S-233](#)) and the House of Commons ([C-223](#)).

Background

Upstream income-based solutions are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being. The Association of Local Public Health Agencies (aLPHa) endorsed the concept of a basic income guarantee as a policy option for reducing poverty and income insecurity and for providing opportunities for people with lower incomes¹. A guaranteed livable basic income is a cash transfer from the government to citizens, not tied to labour market participation, that ensures everyone has a sufficient income to meet basic needs and live with dignity.

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021². In 2021, 16.6% of London households, with or without children (89,030 people), were low income based on the Census Family Low Income Measure (CFLIM-AT)³. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents^{4,5}. The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs⁶.

Health Impacts

Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being. Income has a strong impact on health, with better health outcomes associated with higher income levels and poorer health outcomes associated with lower income levels⁷. In addition, income increases access to other social determinants of health (e.g., education, food, housing)⁷. Income inequality is a key health policy issue requiring attention from policymakers⁷.

Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)⁸⁻¹⁰.

Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress¹¹⁻¹⁸. Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills¹⁹⁻²¹.

Guaranteed Livable Basic Income

A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing^{22,23}. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account²⁴. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians²⁵ and positively impacts childhood health outcomes (e.g., birth weight and mental health)²⁶.

From 2017-2019, the Ontario government conducted a basic income pilot with 4,000 participants from the Hamilton area, the Thunder Bay area, and in Lindsay, Ontario. There is limited evaluation from the pilot, as the study ended earlier than anticipated. Results from the Hamilton area showed “many recipients reported improvements in their physical and mental health, labour market participation, food security, housing stability, financial status, and social relationships^{23(p4)}”. Further assessment of basic income as a policy option could demonstrate positive health outcomes.

“An Act to develop a national framework for a guaranteed livable basic income” is currently moving through the Senate ([S-233](#))²⁷ and the House of Commons ([C-223](#))²⁸. The Bill requires “the Minister of Finance to develop a national framework for the implementation of a guaranteed livable basic income program throughout Canada for any person over the age of 17, including temporary workers, permanent residents and refugee claimants”. The framework includes measures to: 1) determine what constitutes a livable basic income for each region in Canada; 2) create national standards for complementary health and social supports; 3) ensure participation in education, training, or the labour market is not required to qualify; and 4) ensure implementation does not result in a decrease in services or benefits related to health or disability.

Senate Bill S-233 is being considered by the Standing Committee on National Finance after passing the second reading (April 2023) and House of Commons Bill C-223 was read a second time and is in the Order of Precedence after an initial debate (May 2024). The Bills require support to continue moving through the Senate and House of Commons.

Public Health Support and Next Steps

The Board of Health has a history of support for income-based solutions to reduce rates of poverty, income insecurity, and household food insecurity including social assistance policy, increased social assistance rates, support for basic income, and support for the Ontario basic income pilot ([Report No. 25-23 Minutes](#)⁶, [Report No. 070-19](#)²⁹, [Report No. 053-18](#)³⁰, [Report No. 007-17](#)³¹, [Report No. 063-16](#)³², [Report No. 50-15](#)³³). Recently, Ottawa Public Health (June 2024 – [Appendix A](#)), [Thunder Bay Public Health Unit \(Agenda item 9.1\)](#)³⁴, and [Ontario Dietitians in Public Health](#)³⁵ have submitted reports and letters in support of Bill S-233 and C-223.

It is recommended that the Board of Health send a letter to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of [S-233](#)²⁷ and [C-223](#)²⁸ “An Act to develop a national framework for a guaranteed livable basic income” ([Appendix B](#)).

References are affixed as [Appendix C](#).

This report was written by the Municipal and Community Health Promotion Team of the Family and Community Health Division.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Chronic Disease Prevention and Well-Being and Healthy Growth and Development standards as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Our public health programs are effective, grounded in evidence and equity

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendations:

Anti-Black Racism Plan

Recommendation #37: Lead and/or actively participate in healthy public policy initiatives focused on mitigating and addressing, at an upstream level, the negative and inequitable impacts of the social determinants of health which are priority for local ACB communities and ensure the policy approaches take an anti-Black racism lens.

Taking Action for Reconciliation

Supportive Environments: Establish and implement policies to sustain a supportive environment, as required, related to the identified recommendations.

Equitable Access and Service Delivery: Clarify all funding sources during the development process for collaborative Indigenous-related programs and/or services. Transparency about funding and operational expenses is important to the relationship-building process.