



Ontario Public Health Association
 l'Association pour la santé publique de l'Ontario
 Established/Établi 1949

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

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- Constituent Societies**
- Association of Ontario Health Centres (AOHC)
 - Association of Public Health Epidemiologists in Ontario (APHEO)
 - Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)
 - Canadian Institute of Public Health Inspectors - Ontario Branch (CIPHIO)
 - Community Health Nurses' Initiatives Group (RNAO)
 - Health Promotion Ontario (HPO)
 - Ontario Association of Public Health Dentistry (OAPHD)
 - Ontario Association of Public Health Nursing Leaders (OAPHNL)
 - Ontario Dietitians in Public Health (ODPH)
 - Ontario Society of Physical Activity Promoters in Public Health (OSPAPPH)

April 30, 2020

Poverty Reduction Strategy
 315 Front Street West, 3rd Floor
 Toronto, Ontario
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Re: OPHA's Recommendations for a New Poverty Reduction Strategy for Ontario

Dear Sir/Madame,

Thank you for the opportunity to provide a submission concerning the development of a new Poverty Reduction Strategy for Ontario. I am writing on behalf of the Ontario Public Health Association (OPHA), a member-based charity that has been advancing the public health agenda since 1949. Our organization provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. We bring together many different disciplines and sectors, from public health, health care, academic, voluntary to the private sector, to achieve our shared vision of optimal health for all.

The interest of our members in Ontario's poverty reduction strategies arises from our understanding of current research that strongly links lower incomes with poorer health status and outcomes. Our association has a volunteer-led expert Work Group on Health Equity which focuses on identifying policies at all levels that reduce inequities in health and promoting activities that address the social and economic determinants of health.

Previously, our association has provided governmental submissions on related issues such as *Income Security: A Roadmap for Change (2017)*, Basic Income (2015), Ontario Poverty Reduction Strategies (2013 and 2008), the federal Poverty Reduction Strategy (2018), minimum wage (2013), and the 2012 report from the Commission for the Review of Social Assistance in Ontario. In 2017, OPHA passed resolutions on the Public Health Sector's Response to the Truth and Reconciliation Calls to Action. OPHA also submitted our recommendations for Ontario's First Food Security Strategy (2017) and was called out along with others as an organization that could support coordinating efforts.

Common to all of our earlier submissions are the following overarching recommendations which are also pertinent to the development of Ontario's poverty reduction strategy. Priority should be given to:

- income security for all Ontarians regardless of someone's age, family status, or employment status so that everyone has access to a safety net against poverty and adequate income to cover their basic needs, especially nutritious food;
- groups that face systematic disadvantage and are more likely to experience poverty (e.g. Indigenous people, those that are 45-64 years of age and unattached, single parents, recent immigrants, racialized populations, people with disabilities);
- children, given that they are particularly vulnerable to the life-long impacts of growing up in poverty;
- foundational supports to employment and income security such as access to housing, education and training, childcare and early child development, transportation and health services (e.g. extended health and dental benefits) to remove barriers that can inhibit people from reaching their full potential;
- policy interventions with demonstrated effectiveness in poverty reduction (e.g. basic income); involving municipal community services so that local services and programs can coordinate their efforts and connect each individual in need with matching flexible service solutions; and
- involving those with lived experience in designing any new interventions, programs or policies.

Outlined below are OPHA's specific recommendations dealing with the three themes identified in your ministry's consultation (i.e. job creation, supports and services, and the cost of living). Given the myriad of evidence identifying the relationship between poverty and a range of health-related outcomes, a cross-government approach is needed to address poverty reduction along with flexibility for municipalities and local service providers to coordinate their efforts in response to local needs. In addition, OPHA urges your ministry to put in place a performance measurement framework with meaningful targets so that progress and the impact of any new strategy can be measured.

Since your ministry's poverty reduction consultations were launched some months ago, we have seen how COVID-19 has exacerbated the growing gaps in inequality and health disparities in our province and the societal costs of not addressing the needs of low-income and other vulnerable Ontarians. We need to ensure that everyone, regardless of income, is able to protect themselves and consequently the community. For example, research has shown that low income is associated with higher rates of chronic health conditions, including diabetes and heart disease, factors that increase susceptibility to COVID-19.

Along with developing a longer-term poverty reduction strategy, OPHA's urges your ministry and the provincial government to continue to develop short-term measures that can provide those most vulnerable with the needed supports in response to the impact of this pandemic. These include:

- increasing social assistance rates immediately to ensure that everyone is able to feed and clothe themselves and live with health and basic human dignity;

- expanding earning exemptions for social assistance recipients so that income received from other sources can be exempt from being clawed back;
- having paid sick and emergency leave so that those who are ill can afford to stay at home and recover; and
- enhancing protection for part-time and precarious workers as those with fewer or inconsistent hours, at low rates of pay are unable to qualify for Employment Insurance when work is unavailable.

When the time is right, we would value an opportunity to engage further with your ministry on this issue. Should you wish to discuss our feedback in greater detail, please contact Pegeen Walsh, Executive Director of OPHA, at pwalsh@opha.on.ca.

Thank you for your consideration.



Pegeen Walsh

OPHA's Recommendations for Ontario's Poverty Reduction Strategy

Theme 1 - Encouraging Job Creation and Connecting People to Employment

While OPHA has limited comments on this theme, our organization would like to raise a caution about the Employment Services Transformation that is underway.

This transformation will result in significant changes to how employment services will be provided in the province, particularly to social assistance recipients. OPHA is concerned about how the new program is structured and that it may provide the wrong incentives to the third-party employment services contracted by the province.

Getting social assistance recipients back to work requires accessible and supportive training and matching services, as well as jobs that are stable, meaningful and provide decent wages and employee benefits (such as sickness coverage, extended health and dental benefits and retirement plan options.) People who are not able to work, for example because of disability, should not be forced into jobs that do not meet their needs. Social assistance recipients should not be forced into low-wage, exploitative, precarious jobs.

Recently the government announced a testing phase with three employment service providers. OPHA is concerned that the organizations providing these employment services will be paid according to the number of social assistance recipients they connect to jobs. These changes could create the wrong incentives for employment services to focus on maximizing their own revenues at the expense of helping recipients find stable longer term employment paid at a living wage.

Similar employment service transformations have taken place in other countries, with poor results for social assistance recipients. A January 2020 report from the Maytree Foundation (System Transformation in Ontario Works: Considerations for Ontario) found that similar privatized/incentive-based employment and training programs in Australia “saw many clients cycle on and off the program because the job placements were precarious, short-term work opportunities”. This report also revealed that in some countries, programs have involved increased surveillance and punitive action when recipients did not comply with work requirements.

In addition to the above concerns about the restructuring of employment services in Ontario, OPHA recommends the provincial government pursue strategies for the provincial economy and adopt policies and regulations on working conditions that promote the creation of:

- full-time permanent positions with a living wage, vacation days, sickness coverage, extended health and dental benefits, and retirement plan options;
- work environments that allow flexibility and accommodation for disabilities where needed, for example, flexible work hours, working from home, suitable work station conditions, transportation supports, and physical and mental health resources;

- p healthy work environments including diversity policies and equitable opportunities for people living in poverty;
- opportunities for employers and employees to participate in sensitivity and cultural competency training to better understand the obstacles people living in poverty face and how best to mitigate these obstacles including an understanding of the financial barriers that may exist for families living in poverty, such as, applying for income supplement assistance, paying off student debt, medical bills, and outstanding fines or taxes.

Theme 2 - Providing People with the Right Supports and Services

Groups of Canadians who are systematically more likely to be poor include unattached people aged 45 to 64, single parents, recent immigrants, racialized populations and people with disabilities. Indigenous people, in particular, have experienced a long history of systemic disadvantage that has been extensively documented.

In order to provide people with the right supports and services, a key government strategy should be to facilitate inter-sectoral collaboration at a community or regional level to identify who is at greater risk of poverty, assess local needs and plan, implement and evaluate poverty reduction strategies.

Local community agencies in Ontario can explore multifaceted options by connecting programs and services such as mental health initiatives, addiction services, childcare and development, housing networks and crisis intervention groups. A model similar to the health service navigation model could be implemented, engaging navigators to support clients in the community to identify needed supports as well as improving the knowledge of community partners about local needs.

Although employment may be an ideal poverty alleviator for many, income security provides a fundamental safety net regardless of employment status. OPHA believes that the social assistance system should treat all individuals with respect and dignity and support them to reach their full potential, moving away from the current ‘punitive’ social assistance system and adopting six guiding principles as a basis for change: adequacy, human rights, reconciliation, access to services, economic and social inclusion, and equity and fairness.

Special attention should be paid to ensuring all Ontarians have sufficient income to cover their basic needs, especially healthy and nutritious food. In Ontario, 1.7 million people are food insecure due to inadequate income; approximately 13% of the population or one in 8 households experience food insecurity and one in six children live in food insecure households. These rates are greater in different parts of the province and for different household compositions. For example, almost 30% of Indigenous Peoples live in food insecure households; 59% of households receiving income assistance are food insecure and 63% of food insecure households are employed. Food insecure households struggle to afford a healthy diet and household food insecurity affects physical health, mental health and social well-being of individuals and increases the incidence of hospitalization. For example, health care costs for adults living in severely food insecure households have been determined to be

121% higher than that of those living in food secure households. Comprehensive policy solutions are needed to address household food insecurity and ensure Ontarians have enough income to maintain adequate and secure access to food.

Having a system of measuring, monitoring and reporting the prevalence and severity of household food insecurity as well as evaluating the strategies and policies will be critical for informing policies and assessing initiatives that can help eliminate household food insecurity.

OPHA recommends that the Ontario government:

- Make a commitment to move towards income adequacy:
 - establishing an adequate Minimum Income Standard that sets a goal for income assistance programs, possibly first using the Low-Income Measure (LIM) - with 30% more for people with disabilities - and eventually moving towards developing a transparent Ontario Market Basket Measure.
- Provide immediate help to those in deepest poverty and continue to raise income assistance rates to meet the goal of the Minimum Income Standard.
- Improve the broader income security system, including the following measures:
 - ensuring that all low-income adults receive Pharmacare, dental, vision, hearing, and medical transportation benefits, phased in over the next ten years starting with prescription drug coverage for all low-income adults;
 - creating a portable housing benefit that is critically needed now in Ontario; and
 - In addition to the portable housing benefit, we believe the provincial government needs to take more measures to increase the supply of affordable, livable housing. As part of this, we urge the government to continue to pursue provincial participation in the National Housing Strategy.
- Transform the social assistance system, including a First Nations-based approach:
 - transforming social assistance including legislative reform and establishing a culture of collaboration and problem solving, trauma-informed, equity-informed and anti-racist practices;
 - taking an ‘assured income’ approach for disability, that is, establishing a basic income for those with a disability. OPHA is concerned that the government was considering limiting eligibility for ODSP support to only those who would qualify under the federal criteria, which are narrower than the current provincial ones;
 - creating a flat rate structure in Ontario Works and modernizing Ontario Works income and asset rules;
 - In the longer term, OPHA believes a basic income approach should be taken to Ontario Works and the entire low-income population - working or not.
- Respect First Nations jurisdiction and ensuring adequate funding:
 - recognizing that Indigenous populations have considerable needs and a very unique context, including the establishment of self-governance of social assistance.

Theme 3 - Lowering Cost of Living and Making Life More Affordable

OPHA concurs with the observation made in the consultation questions that to address the multiple dimensions of poverty it is necessary to address many programs and supports that make life more affordable, remove significant barriers and provide foundational supports. Necessary supports that are commonly cited include access to housing, education and training, childcare and/or early child development, transportation, and health services and benefits.

As a key underlying foundation, OPHA encourages the provincial government to consider further changes to Ontario's tax system to make it more progressive - putting more money in the hands of low-income people, such as lowering the tax threshold for low income people even further, creating additional low-income tax credits, and exempting low income individuals from the provincial portion of the HST.

Another direction that the government could take is to examine opportunities to apply proportionate universalism to policies and programs that target individuals living on low income. Such an approach would mean that policies and programs should be made available across incomes and not just on those individuals who are most in need; actions would be proportionate to the needs and level of disadvantage. The Ontario government should examine ways to work with the Federal Government to more effectively and consistently tackle large scale issues like poverty that impact Canadians.

In terms of what are the most significant barriers to improving economic mobility in Ontario communities, public health professionals identify the following as significant ones:

- prevalence of homelessness;
- social exclusion and stigma experienced by populations living with low-income;
- for Indigenous people poverty exists in the context of colonization, historical and current trauma, systemic racism and discrimination;
- economic insecurity and underemployment;
- discrimination and stigma due to language, race, sexual and gender orientation contribute to unemployment and underemployment;
- low academic attainment due to cost of tuition and lost wages from not working while in school, lack of access to education in rural areas;
- overwhelming costs of childcare and access to childcare;
- lack of awareness of money management programs, debt solution options, and repayment assistance alternatives; and
- deficient cultural supports and resources.

In terms of innovative ideas to help reduce poverty in Ontario, OPHA suggests that Ontario could look to examples of poverty reduction initiatives that are taking place in Finland and the Netherlands (as reported by the European Commission, 2016).

For example, in Finland the government has focused on supporting:

- identification of the specific needs of people living in poverty while considering gender, race, physical health, mental status, and familial structure when addressing determinants specific to each community;
- finding permanent answers to unstable housing and addressing the impacts that correspond to at risk individuals; and
- building harm reduction solutions to address current and ever-changing barriers.

In an additional example, the Netherlands has been successful in creating an anti-poverty approach that connects municipal community services and individuals living in poverty. The Dutch government has produced successful results on their “move from welfare state to a participation society”, by encouraging local services and programs to coordinate their efforts and connect each individual in need with matching flexible service solutions. Local services are encouraged to actively engage in working with other partners to address the community’s economic growth.

In conclusion, in order to promote accountability, OPHA recommends that government reporting take place, with follow-up by a third party, concerning the new poverty reduction strategy and the programs and other changes planned. A performance measurement framework with meaningful targets should be put in place on both an individual and system level to assess how these policy changes are affecting our communities. The province has a current list of indicators to measure poverty that could be adapted.

More broadly, OPHA believes there needs to be greater understanding about the cost of poverty, both financially and to the health of people in our community, and that public education strategies should be developed to address this. Public health has and will continue to take a role in creating and maintaining engagement opportunities with community organizations and networks, educational institutions, government agencies and Indigenous communities that assist in reducing health disparities in the community in order to advance optimal health for all.

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