alPHa
Association of Local PUBLIC HEALTH Agencies

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August 2, 2018

Hon. Lisa MacLeod
Minister of Children, Community and Social Services
14th Floor, 56 Wellesley St W
Toronto, ON M7A 1E9
lisa.macleod@pc.ola.org

Dear Minister MacLeod,

Re: alPHa Resolution A15-4, Public Health Support for a Basic Income Guarantee

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to express our disappointment with the decision to cancel Ontario's Basic Income Pilot (OBIP).

This project was carefully designed, limited in time and scope and not significantly costlier than the payments that Ontario Works (OW) or the Ontario Disability Support Program (ODSP) would have transferred to those enrolled. It was based on a detailed and well-researched proposal authored by Senator Hugh Segal, which was in turn subject to a broad consultation that received input from over 35,000 Ontarians as well as support from each of the province's major political parties.

Its aim was to investigate the potential for a basic income to improve the income security of vulnerable Ontarians and increase their chances of breaking the cycle of poverty. It was also designed to permit the evaluation of the potential of such an initiative as a simpler and more economically effective form of social assistance than the current OW and ODSP model.

In addition to this, the pilot was intended to measure outcomes in areas such as food insecurity, stress and anxiety, mental health, health and healthcare usage, housing stability, education and training and employment and labour market participation. These are all key determinants of health and are therefore at the root of public health's interest in and strong support of the OBIP.

There is consistent evidence that health outcomes improve as income rises. Lower income people are at far greater risk from a range of preventable medical conditions, including cancer, diabetes, heart disease, and mental illness. We therefore believe that improving incomes is an exceptionally effective public health intervention that also contributes to reducing the burden on Ontario's health care system.

The OBIP is an innovative approach to income security that should be allowed to reach its conclusion so that the evidence can be gathered, analyzed and interpreted to evaluate it against its stated objectives. We ask that you reconsider the decision to cancel the program.

alPHa's 2015 resolution in support of the concept of basic income is attached, and I would welcome the opportunity to discuss this with you and to inform any review of social assistance that your government might undertake. Please contact Loretta Ryan (loretta@alphaweb.org or 647-325-9594), should you be receptive to such a meeting.

Sincerely,

Dr. Robert Kyle
alPHa President

COPY: Hon. Christine Elliott, Minister of Health and Long-Term Care
Helen Angus, Deputy Minister, Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Population and Public Health Branch (Health and Long-Term Care)
Dr. Christopher Mackie, Chair, Council of Ontario Medical Officers of Health
Trudy Sachowski, Chair, Boards of Health

ENCL.

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A15-4

TITLE: **Public Health Support for a Basic Income Guarantee**

SPONSOR: **Simcoe Muskoka District Health Unit**

WHEREAS low income, and high-income inequality, have well-established, strong relationships with a range of adverse health outcomes; and

WHEREAS 1,745,900 Ontarians, or 13.9% of the population, live in low income according to the 2011 National Household Survey after-tax low-income measure; and

WHEREAS income inequality continues to increase in Ontario and Canada; and

WHEREAS current income security programs by provincial and federal governments have not proved sufficient to ensure adequate, secure income for all; and

WHEREAS a basic income guarantee – a cash transfer from government to citizens not tied to labour market participation - ensures everyone an income sufficient to meet basic needs and live with dignity, regardless of work status; and

WHEREAS basic income resembles income guarantees currently provided in Canada for seniors and children, which have contributed to health improvements in those age groups; and

WHEREAS there was an encouraging pilot project of basic income for working age adults conducted jointly by the Government of Manitoba and the Government of Canada in Dauphin, Manitoba in the 1970s, which demonstrated several improved health and educational outcomes; and

WHEREAS a basic income guarantee can reduce poverty and income insecurity, and enable people to pursue educational, occupational, social and health opportunities relevant to them and their family; and

WHEREAS the idea of a basic income guarantee has garnered expressions of support from the Canadian Medical Association and the Alberta Public Health Association as a means of improving health and food security for low income Canadians; and

WHEREAS there is momentum growing across Canada from various sectors and political backgrounds for a basic income guarantee;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies (alPHa) endorse the concept of a basic income guarantee;

AND FURTHER that alPHa request that the federal Ministers of Employment and Social Development, Labour, and Health, as well as the Ontario Ministers Responsible for the Poverty Reduction Strategy, Seniors, Labour, Children and Youth Services, and Health and Long-Term Care, prioritize joint federal-provincial consideration and investigation into a basic income guarantee, as a policy option for reducing poverty and income insecurity and for providing opportunities for those in low income;

AND FURTHER that the Prime Minister, the Premier of Ontario, the Chief Public Health Officer, the Chief Medical Officer of Health for Ontario, the Canadian Public Health Association, the Ontario Public Health Association, the Federation of Canadian Municipalities, and the Association of Municipalities of Ontario be so advised.

North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay-Parry Sound
Your lifetime partner in healthy living.
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70 Joseph Street, Unit 302, Parry Sound, ON P2A 2G5 TEL 705-746-5801 FAX 705-746-2711 | 1-800-563-2808

August 16, 2018 **SENT ELECTRONICALLY**

The Honorable Doug Ford
Premier of Ontario
doug.ford@pc.ola.org

The Honourable Lisa McLeod
Minister of Children, Community and Social Services
lisa.macleodco@pc.ola.org

Dear Premier Ford and Minister McLeod,

The North Bay Parry Sound District Health Unit (Health Unit) staff and Board of Health are deeply concerned about the Ontario government's recent decision to cancel the Ontario Basic Income Pilot (OBIP), and to reduce the scheduled increase to Ontario Works and the Ontario Disability Support Program rates from 3% to 1.5%.

Annually, the Health Unit monitors food affordability through the Nutritious Food Basket food costing project. In 2017, the monthly cost of healthy eating for a family of four was $879. When this number is paired with local rent rates and compared to low income scenarios, our data shows that a nutritious diet is out of reach for those living with low incomes, whether they are receiving social assistance, or working for minimum wage.[1]

Food insecurity is defined as inadequate or insecure access to food due to financial constraints, which points to low income as the root of the problem. It can range from worrying about running out of food, to diet quality being compromised, to skipping meals altogether, due to not having enough money. While 1 in 8 Ontario households report experiencing food insecurity, social assistance recipients are at increased risk, with 64% of households receiving social assistance reporting food insecurity.[2] However, food insecurity numbers likely underrepresent the problem given that data is not collected from First Nation reserves, within the homeless population, and other vulnerable population groups that are difficult to reach.

Food insecurity is a significant public health problem because there is a direct link between food insecurity and negative health outcomes.[3] Adults experiencing food insecurity are more likely to develop chronic conditions such as diabetes, high blood pressure, heart disease, and mental health problems. Children and adolescents who experience food insecurity are more likely to develop asthma and mental

[1] North Bay Parry Sound District Health Unit. (2017). The cost of healthy eating report. Retrieved August 9, 2018, from http://www.myhealthunit.ca/en/resources/The-2017-Cost-of-Healthy-Eating-Report.pdf
[2] PROOF: Food Insecurity Policy Research. Household food insecurity is a serious public health problem that affects 1 in 8 Canadian households. Retrieved August 9, 2018, from http://proof.utoronto.ca/
[3] PROOF: Food Insecurity Policy Research. The Impact of Food Insecurity on Health. Retrieved August 9, 2018, from http://proof.utoronto.ca/wp-content/uploads/2016/06/health-impact-factsheet.pdf

health problems later in life. As a result, food insecurity costs the province in health care spending; individuals experiencing food insecurity have significantly higher health care usage than those who are food secure.[4]

For all of these reasons, our health unit has advocated to the provincial government for the past several years about the importance of adequate incomes to reduce food insecurity and improve health and social outcomes. In particular, our health unit has endorsed the idea of a basic income, which has gained popularity in recent years among many sectors as a viable, universal solution to increasing income security in Ontario.[5]

We urge you to consider the following recommendations in order to benefit the health of many low income Ontarians:

- Reinstate the Ontario Basic Income Pilot and follow through with the evaluation plan. This will fulfill the promise made to the 4000 people enrolled in the pilot project who were relying on the extra monthly funds for the next two years. Reports are being made in the media about how lives will be significantly affected by this, including not being able to pursue higher education and being stuck in a housing lease that is now unaffordable.[6] It is imperative that the results of the pilot project are evaluated to determine whether the basic income model is an effective policy intervention to improve health and social outcomes in low income populations.
- Proceed with the 3% scheduled increase as planned for Ontario Works and the Ontario Disability Support Program. Focusing efforts on reducing hydro and gasoline prices will not benefit many of the lowest income citizens of Ontario, many of whom do not own a car, and/or have their utility costs included in their monthly rent. Increasing social assistance rates however, will directly benefit many of Ontario's lowest income households.
- Refer to the report *Income Security: a Roadmap for Change* when formulating your plan for social assistance reform over the next 100 days. This report was prepared in collaboration with many experts, including Indigenous representatives, and has already undergone a public consultation process. Our health unit provided a response as part of the consultation and reviewed the report in detail. Please consider the time and associated public dollars that went into the development and subsequent consultation process related to this report.

In the spirit of the new foundational standard of Health Equity outlined in the 2018 Ontario Public Health Standards, public health now has an explicit role in reducing health inequities. Part of this requirement includes raising awareness about health inequities, from which income security cannot be excluded. Much of the responsibility related to income security lies on the shoulders of provincial policy makers such as yourselves. We recognize the importance of being fiscally accountable to the taxpayers

[4] Tarasuk V, Cheng J, de Oliveira C, Dachner N, Gundersen C, & Kurdyak P. (2015). Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal*, 187(14), E429-E436.
[5] Tarasuk V. (2017). Implications of a basic income guarantee for household food insecurity. Research Paper 24. Northern Policy Institute. Retrieved August 9, 2018, from http://proof.utoronto.ca/resources/proof-annual-reports/implications-of-a-basic-income-guarantee-for-household-food-insecurity/
[6] CBC News. Hamilton woman can't afford rent, stuck in lease after province scraps basic income. Retrieved August 9, 2018, from https://www.cbc.ca/news/canada/hamilton/hamilton-woman-basic-income-1.4777326

of Ontario, but it is unjust to do so at the expense of our most vulnerable citizens. The repercussions of these actions will ultimately cost the province in health care and social service dollars.[7]

Thank you for taking the time to review this information and we look forward to hearing a response.

Sincerely,

James Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer

Nancy Jacko
Chairperson, Board of Health

ER/er

Copied to: Hon. Victor Fedeli, MPP Nipissing
Norm Miller MPP Parry Sound-Muskoka
John Vanthrof, MPP Timiskaming-Cochrane
Ontario Boards of Health
Association of Local Public Health Agencies

[7] Dutton D, Forest P.G., Kneebone R, & Zwicker J. (2018). Effect of provincial spending on social services and health care on health outcomes in Canada: An observational longitudinal study. *Canadian Medical Association Journal*, 190(3), E66-71.

Peterborough Public Health

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August 3, 2018

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
80 Grosvenor Street, 6th Floor, Hepburn Block
Ministry of Community and Social Services
Toronto, ON M7A 1E9
Sent via email: lisa.macleodco@pc.ola.org

Dear Minister MacLeod:

I am writing on behalf of the Board of Health for Peterborough Public Health to urge you to reconsider the recent decision to cancel the Ontario Basic Income Pilot Project. We feel strongly that the Pilot Project offers a well-designed, cost-effective and unique opportunity to determine the contribution of a Basic Income to improving a range of economic, social and health outcomes in Ontario. The 4,000 pilot participants, including 2,000 participants in our neighbouring community of Lindsay, have entered into significant future commitments since the launch of the project, and in good faith have agreed to provide important data on the impact of this poverty reduction approach. We feel it is ethically essential to honour the promise of a full pilot program to them.

Peterborough Public Health has actively supported the concept of the basic income guarantee for many years. In September, 2015, our Board urged the provincial government to undertake a Basic Income initiative in order to address extensive health inequities in our province. Dr. Salvaterra, the Medical Officer of Health, has provided public information and support for the concept in local media. Public health staff also participate in the local Basic Income Peterborough Network. The Network has hosted a number of public education events, including an event featuring Dr. Evelyn Forget to share her analysis of the basic income project in Dauphin Manitoba, which predated the Ontario pilot.

There is an abundance of evidence on the powerful link between income and health, which is supported by data from our local community. Fifteen per cent of the population of Peterborough City and County live in low income. Those living with a lower income in our community are more likely to die earlier than people who are better off financially – females in the highest income group live eight years longer than those in the lowest income group, while males in the highest income group live fourteen years longer than males in the lowest income group. Similarly, individuals living with the lowest incomes have higher rates of chronic disease. Self-reported diabetes in Peterborough among adults aged 50+ in the lowest income group (18%) is more than double that of the highest income group (8%).

It has also been well documented that food insecurity is closely related to poorer health outcomes and higher health care costs. The most recent edition of the Peterborough Limited Incomes/Nutritious Food Basket Report reported that 16.5% of people in Peterborough City and County experience food insecurity. The Report clearly demonstrates that incomes from current social assistance programs and minimum wages from often precarious employment, are insufficient to meet people's basic needs. A Basic Income Guarantee has the potential to dramatically reduce food insecurity in our communities.

Previous research has shown that improved health outcomes are obtained when people receive a liveable basic income. Residents of Dauphin, Manitoba, for instance, saw an 8.5% reduction in hospitalization rates (primarily due to fewer accident and injury hospitalizations and fewer hospitalizations due to mental health issues). These improvements are direly needed in our current situation of significant health inequities.

We firmly believe that the Ontario Basic Income Pilot Project has enormous potential to inform the development of an effective income support system which will directly impact a wide range of key determinants of health and health outcomes. We ask that you allow the pilot and its planned evaluation to proceed as planned and fulfill its considerable potential.

Sincerely,

Councillor Henry Clarke,
Chair, Board of Health

/ag

cc: Honourable Doug Ford, Premier of Ontario
Honourable Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
MPP David Piccini
MPP Laurie Scott
MPP Dave Smith
Central-East Local Health Integration Network
Ontario Boards of Health

Public Health
Santé publique
SUDBURY & DISTRICTS

August 3, 2018

VIA EMAIL

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
mcssinfo.css@ontario.ca

The Honourable Christine Elliott
Minister of Health and Long-Term Care
ccu.moh@ontario.ca

Dear Premier Ford and Ministers MacLeod and Elliott:

Re: Ontario Basic Income Research Project and the Reduction in the Scheduled Social Assistance Rate Increase

I am writing on behalf of the Board of Health for Public Health Sudbury & Districts to express deep concern regarding the recent announcements to reduce important supports to Ontario's most vulnerable citizens. These announcements include the termination of the Basic Income Research Project and the reduction in the scheduled social assistance rate Increase.

The Board of Health for Public Health Sudbury & Districts cares deeply about vulnerable Ontarians and supports measures to support health equity through critical financial policies. The Board has previously called for provincial and federal levels of government to pursue a basic income guarantee policy and to increase social assistance rates to reflect the actual cost of nutritious food and adequate housing (Board motions #43-15 and #50-16).

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phsd.ca

There is considerable research that clearly shows that people with lower incomes experience higher burdens of adverse health and social outcomes compared with people of higher incomes. This includes morbidity and/or mortality from chronic and infectious disease, mental illness, and infant mortality, amongst others.[i]. There is a corresponding financial burden to the health care system. A recent report from the Public Health Agency of Canada estimates that socio-economic inequalities cost the health care system $6.2 billion annually, with Canadians in the lowest income bracket accounting for 60% (or $3.7 billion) of those costs.[i]

It is with deep regret that we learned of your government's recent announcements and we respectfully urge you to reconsider these important supports to vulnerable Ontarians. In line with our own strategic priority of decreasing health inequities and striving for equitable opportunities for health, we would very much welcome the opportunity to engage in dialogue with you on this important health matter.

Yours sincerely,

René Lapierre
Chair
Board of Health for Public Health Sudbury & Districts

Cc: Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma- Manitoulin
Dr. David Williams, Chief Medical Officer of Health
Helen Angus, Deputy Minister, Ministry of Health and Long-term Care
All Ontario Boards of Health

---

[i] Auger, N and Alix, C. (2016). Income, Income Distribution, and Health in Canada. In Raphael, D. (Eds), Social Determinants of Health (p. 90-109), 3rd edition. Toronto: Canadian Scholars Press Inc.

[i] Public Health Agency of Canada. The direct economic burden of socioeconomic health inequalities in Canada: an analysis of health care costs by income level. Ottawa: Public Health Agency of Canada; 2016 [Accessed 2016 Dec 28]. Retrieved from http://vibrantcanada.ca/files/the_direct_economic_burden_-_feb_2016_16_0.pdf.

simcoe muskoka
DISTRICT HEALTH UNIT

Sent via email: lisa.macleodco@pc.ola.org

August 1, 2018

Honourable Minister Lisa MacLeod
Minister of Children, Community and Social Services
80 Grosvenor Street, 6th Floor, Hepburn Block
Ministry of Community and Social Services
Toronto, ON M7A 1E9

Dear Minister MacLeod:

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to convey our profound disappointment at your recent announcement of your intentions to cancel the Ontario Basic Income Pilot, and to urge you to reconsider this decision. Your government's change in direction from your pre-election indications of continuing the pilot will leave the more than 4000 pilot participants facing extremely challenging circumstances, which is an unethical approach to a scientific endeavor. This pilot is recognized throughout our province and internationally as a pivotal opportunity to study the impact of basic income on a range of economic, social, and health outcomes in modern day Ontario. With the extent of the societal impact of poverty, income inequality, and growing precarious employment, basic income is widely recognized as a key policy avenue for exploration to help address these issues. A great deal of time and resources have already been invested in effectively planning and beginning to implement this pilot; we feel it would be a substantial waste to terminate it so prematurely, without the opportunity to first learn from it.

SMDHU has been a vocal proponent of the basic income concept since 2015. Among other actions, we sponsored a resolution at the Association of Local Public Health Agencies (alPHa) general meeting in May 2015, endorsing the concept of basic income and requesting that the provincial and federal governments jointly consider and investigate a basic income guarantee as a policy option for reducing poverty and income insecurity, available at this link. The full backgrounder informing this resolution, and a related resolution for the Ontario Public Health Association, is available at this link. In June 2016, SMDHU's Board of Health endorsed the Responses to Food Insecurity Position Statement of the Ontario Society of Nutrition Professionals in Public Health. This statement recognizes the strong link between poverty and food insecurity and urges the investigation of a basic income for reducing these phenomena. SMDHU's Board of Health has also written on several occasions to the previous provincial government, including to provide input into the design of the basic income pilot and to acknowledge the scientifically and socially sound approach to the design decisions.

Our support of basic income is informed by evidence of the powerful link between income and health. Twelve per cent of the population of Simcoe Muskoka live in low income. Those living with a lower income in our region are at far greater risk of experiencing a lower life expectancy -- two and a half years less for females and five years less for males, compared to those with the highest income. Moreover, the prevalence of self-reported chronic diseases, such as diabetes and heart disease, are one and a half to two times higher for those living in low income compared to their higher income counterparts in our region.

In the immediate future, we also strongly urge the Province to maintain the planned increase to social assistance rates. Current rates are highly insufficient to afford basic needs, including rent and nutritious food. The need for increased social assistance rates, as well as continuing the basic income pilot and creating policies that encourage good jobs with regular hours and benefits, is highlighted in SMDHU's campaign on food insecurity: No Money for Food is Cent$less.

Ontario has the opportunity to continue its basic income pilot and to learn if, in fact, this policy option will help to provide people in poverty and precarious employment with greater opportunity - to live with dignity, to experience improved physical and mental health, and to fully participate in and contribute to society. We urge your government to maintain this pilot and its planned evaluation, so that future generations may benefit from this learning.

Sincerely,

ORIGINAL Signed By:

Scott Warnock
Board of Health Chair
Simcoe Muskoka District Health Unit

SW:LS:cm

cc: Honourable Doug Ford, Premier of Ontario
Honourable Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
MPPs Simcoe and Muskoka
Mayors and Councils of Simcoe and Muskoka
North Simcoe Muskoka and Central Local Health Integration Network

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A15-4

TITLE: **Public Health Support for a Basic Income Guarantee**

SPONSOR: **Simcoe Muskoka District Health Unit**

WHEREAS low income, and high income inequality, have well-established, strong relationships with a range of adverse health outcomes; and

WHEREAS 1,745,900 Ontarians, or 13.9% of the population, live in low income according to the 2011 National Household Survey after-tax low-income measure; and

WHEREAS income inequality continues to increase in Ontario and Canada; and

WHEREAS current income security programs by provincial and federal governments have not proved sufficient to ensure adequate, secure income for all; and

WHEREAS a basic income guarantee – a cash transfer from government to citizens not tied to labour market participation - ensures everyone an income sufficient to meet basic needs and live with dignity, regardless of work status; and

WHEREAS basic income resembles income guarantees currently provided in Canada for seniors and children, which have contributed to health improvements in those age groups; and

WHEREAS there was an encouraging pilot project of basic income for working age adults conducted jointly by the Government of Manitoba and the Government of Canada in Dauphin, Manitoba in the 1970s, which demonstrated several improved health and educational outcomes; and

WHEREAS a basic income guarantee can reduce poverty and income insecurity, and enable people to pursue educational, occupational, social and health opportunities relevant to them and their family; and

WHEREAS the idea of a basic income guarantee has garnered expressions of support from the Canadian Medical Association and the Alberta Public Health Association as a means of improving health and food security for low income Canadians; and

WHEREAS there is momentum growing across Canada from various sectors and political backgrounds for a basic income guarantee;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies (alPHa) endorse the concept of a basic income guarantee**;**

Continued

AND FURTHER that alPHa request that the federal Ministers of Employment and Social Development, Labour, and Health, as well as the Ontario Ministers Responsible for the Poverty Reduction Strategy, Seniors, Labour, Children and Youth Services, and Health and Long-Term Care, prioritize joint federal-provincial consideration and investigation into a basic income guarantee, as a policy option for reducing poverty and income insecurity and for providing opportunities for those in low income;

AND FURTHER that the Prime Minister, the Premier of Ontario, the Chief Public Health Officer, the Chief Medical Officer of Health for Ontario, the Canadian Public Health Association, the Ontario Public Health Association, the Federation of Canadian Municipalities, and the Association of Municipalities of Ontario be so advised.

ACTION FROM CONFERENCE: **Resolution CARRIED AS AMENDED**

Services de santé du TIMISKAMING Health Unit
Enhancing your health in so many ways.

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August 8, 2018

VIA EMAIL

Honourable Doug Ford
Premier of Ontario
Premier@ontario.ca

Honourable Lisa MacLeod
Minister of Children, Community and Social Services
lisa.macleodco@pc.ola.org

Honourable Christine Elliott
Minister of Health and Long-Term Care
christine.elliott@pc.ola.org

Dear Premier Ford and Minsters MacLeod and Elliott:

Re: Basic Income Research Project and Social Assistance Rate Reduction and Reform

On behalf of the Timiskaming Health Unit (THU), I am writing to express our concerns with the recent announcements to reduce income supports to Ontario's most vulnerable citizens. These announcements include stopping the Basic Income Research Project and the reduction in the scheduled social assistance rate increase.

There is substantial evidence that demonstrates the powerful relationship between income and health and social outcomes. Those with lower incomes experience higher burden of adverse outcomes compared to those with higher income. The effects of low income and of income inequality perpetuated by the current system may be felt more severely in northern areas of the province such as Timiskaming, where the median income is lower than the provincial average, a greater proportion of the population lives in low income, and access to health and social services may be more limited.[1]

Reducing the negative impact of income and income inequalities is fundamental to the work of public health. The Board of Health for the Timiskaming Health Unit has previously called for and expressed support for a basic income guarantee policy and social assistance rates that reflect the actual cost of basic needs.

As such, we request that you:

- **Reconsider the decision to cancel the basic income pilot**. The basic income pilot was based on sound research, considerable public consultation, and expressed support from all provincial political parties. The basic income pilot should be maintained and evaluated at the end of its three-year duration as planned before decisions are made as to its effectiveness and viability.

- **Maintain the planned increase to social assistance rates and consider social assistance reform as an investment in society rather than a cost to society**. Current social assistance rates are insufficient as highlighted by a public health campaign on food insecurity – No Money for Food is Cent$less.[2] Studies have shown that investing to eliminate poverty costs less than allowing it to persist.[3] Investing to eliminate poverty saves money spent on treating the consequences of poverty in all sectors of government.

- **Act on the recommendations from the "Income Security: A Roadmap for Change" report**. The Roadmap promotes taking a fundamentally different approach to income security—putting people's dignity, their needs, and their rights at the centre of the system.[4] The changes proposed in this report would have a significant impact on income and health.

It is with grave concern that we learned of your governments recent announcements and we urge you to reconsider these important supports. Furthermore, as your government undertakes an accelerated plan to reform Social Assistance we ask you to consider the points above to make the most of the opportunity for the people of Ontario.

Sincerely,

Carman Kidd, Chair
Board of Health for Timiskaming Health Unit

cc: John Vanthof, Member of Provincial Parliament, Timiskaming-Cochrane
Dr. David Williams, Chief Medical Officer of Health
Helen Angus, Deputy Minister, Ministry of Health and Long-Term Care
All Ontario Boards of Health

References

1. Statistics Canada. 2017. Timiskaming Health Unit, [Health region, December 2017], Ontario and Ontario [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E (accessed July 24, 2018).
2. Ontario Dietitians in Public Health. *No Money fo Food is Cent$less.* Accessed August 8 2018: https://www.odph.ca/centsless
3. National Council of Welfare. *The Dollars and Sense of Solving Poverty*. Ottawa, Ontario: Her Majesty the Queen in Right of Canada; 2011.
4. Income Security Reform Working Group, First Nations Income Security Reform Working Group, Urban Indigenous Table on Income Security Reform. *Income Security: A Roadmap for Change.* Toronto, Ontario; 2017.

HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

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Hon. Lisa MacLeod
Minister of Children, Community and Social Services
14th Floor, 56 Wellesley St. W
Toronto, ON M7A 1E9
Sent via email to: lisa.macleod@pc.ola.org

August 17, 2018

Dear Minister MacLeod,

Re: Cancellation of the Basic Income Pilot Project

On behalf of the Board of the Health for the Haliburton, Kawartha, Pine Ridge District Health Unit, I am writing to urge you to reconsider the decision to cancel the Ontario Basic Income Pilot Project. This very important initiative would have provided the Province with valuable information regarding the impact of basic income on health, social, and economic well-being.

In a position statement released in June of 2016 (attached), the Haliburton, Kawartha, Pine Ridge District Health Unit (Health Unit) cited research and evidence in its support of Basic Income Guarantee as an essential component of a strategy to effectively eliminate poverty, ensure all Canadians have a sufficient income to meet their basic needs, and live with dignity and to eliminate health inequities.

The Health Unit believes that eliminating poverty is an urgent public health and health equity issue, as well as a human rights and social justice issue. Research clearly indicates that people living in poverty are more likely to experience poorer health, have chronic health conditions, more injuries, and have a disability. Those living with low-income have a greater use of a variety of health care and social services and are more likely to live shorter lives.

The recent cancellation of the 3-year Basic Income Pilot Project will impact more than the 4,000 Ontarians who are currently committed to the Project. The research to be gleaned from this Project had the potential to impact the 1.7 million Ontarians who are living in poverty. In addition to the cancellation of the research project, the proposed cuts to the previously planned increase in social services rates (from 3% to 1.5%) and the 50% reduction in the amount of allowable earned income for those on social assistance are extremely concerning. These cuts directly contradict the significant volume of available evidence indicating that it is costlier, and socially unjust to keep people in the province living with inadequate income to meet their basic needs. As the Association of Local Public Health Agencies (alPHa), expressed in its August 2, 2018 letter to you, the Basic Income Pilot Project was based on a well thought out, researched proposal, which had received valuable input from over 35,000 Ontarians. To so abruptly cancel this Project undermines the investments made both financially and personally by many Ontario citizens. The unethical and unjust treatment of the participants from Lindsay, Hamilton-Brant, and Thunder Bay is unconscionable.

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Previous research on Basic Income Guarantee programs demonstrates substantial benefits such as decreased hospitalization rates, work-related injuries, emergency department visits and mental illness consultations. The Basic Income Guarantee (BIG) is considered by many economists and researchers as an economically sound and an effective policy option to reduce the number of programs and their associated costs, and to streamline the effort to tackle poverty. It is predicted that BIG will cost less than the current amounts spent on social programs, housing, justice and health care needs.

The Health Unit's position statement also acknowledges the success of existing guaranteed income supplement programs (Old Age Security and Guaranteed Income Supplements for seniors), which provide evidence of improved health status and quality of life for recipients.

Although the causes of poverty are complex, and a multipronged approach is required to improve health, the Basic Income Guarantee is one policy approach that could reduce the economic barriers to good health and ensure low-income individuals and families in Ontario have a sufficient income to meet their basic needs and live with dignity.

Continuation of the Basic Income Pilot Project would allow researchers to fully assess the impact of the Basic Income Guarantee on labour participation, health, social engagement, food security, housing stability and educational activities. We know through anecdotal reports from our staff, that participants in the Lindsay Pilot Project located in our Health Unit area, have already experienced benefits of BIG in terms of improved housing, ability to further education to improve employment opportunities, ability to purchase more nutritious food and reduced reliance on food banks.

The Health Unit therefore respectfully requests that the Basic Income Pilot Project be reinstated and allowed to be completed as originally planned. By completing the Project, the evidence obtained would then serve to guide further action for policies and programs to reduce poverty, thereby improving the health and well-being for all people in the Province of Ontario.

Yours truly

BOARD OF HEALTH FOR THE HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

A. Lynn Noseworthy, MD, MHSc, FRCPC
Medical Officer of Health

ALN:kn

Attachment: Haliburton, Kawartha, Pine Ridge District Health Unit Position Statement-Basic Income Guarantee

Copy to: Hon. Doug Ford, Premier of Ontario
(via email) Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Population and Public Health Branch
MPP Laurie Scott
MPP David Piccini
City of Kawartha Lakes
Haliburton County
Northumberland County
Central-East Local Health Integration Network
Loretta Ryan, Executive Director, Association of Local Public Health Agencies

…/3

Pegeen Walsh, Executive Director, Ontario Public Health Association
Ontario Boards of Health
Association of Municipalities of Ontario

HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT
BASIC INCOME GUARANTEE

Position Statement

It is the position of the Haliburton Kawartha Pine Ridge District Health Unit that eliminating poverty is an urgent health, human rights and social justice issue that requires action on the part of the municipal, provincial and federal governments. Basic income guarantee, which is an unconditional cash transfer from the government to citizens to provide a minimum annual income and is not tied to labour market participation, is an essential component of a strategy to effectively eliminate poverty, ensure all Canadians have a sufficient income to meet their basic needs, and live with dignity and to eliminate health inequities.

Backgrounder

Income has been identified as the most important determinant of health as it influences living conditions, physical and mental health and health-related behaviours including the quality of one's diet, extent of physical activity and tobacco use[1]. People living in poverty are more likely to experience poorer health, have two or more chronic conditions, have more injuries, be more likely to have a disability, use health care services more frequently and live shorter lives.

Based on the Low-Income Measure After Tax (LIM-AT), the incidence of low-income in 2013 was 13.5% for the Canadian population.[2] More specifically, 16.5% of children aged 17 and under lived in low income families and for children living in lone-parent families headed by a woman, the incidence rose to 42.6%.

Locally in the Haliburton Kawartha Pine Ridge District Health Unit, in 2010, 12.7% of the population lived in low-income situations based on LIM-AT.[3] In terms of children under the age of 6 years, 21.8 % lived in low income families. [4]

Currently, households that rely on Ontario Works or Ontario Disability Support Programs as their primary source of income have income levels that are inadequate to meet core basic needs such as housing and food. According to a report on household food insecurity in Canada in 2012, 70% of households whose primary source of income was social assistance were food insecure.[5]

Over the past 20 years there have been tremendous changes in technology and globalization, which impacts job stability and security. Almost half of working adults are employed in precarious employment, which is part-time, seasonal or contract work that has little or no benefits and often pays low wages. Research shows that 70% of Canadians living in poverty are considered to be the working poor, which means they are employed but do not earn enough to make ends meet. [6]

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[1] In Focus The Social Determinants of Health, Epidemiology and Evaluation Services, Fall 2014 available from http://www.hkpr.on.ca/Portals/0/PDF%20Files/PDF%20-%20Epi/InFocus14-Web.pdf

[2] Statistics Canada Canadian Income Survey 2013 available from http://www.statcan.gc.ca/daily-quotidien/150708/dq150708b-eng.htm

[3] 2011 National Household Survey, Statistics Canada available from https://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/details/page.cfm?Lang=E&Geo1=HR&Code1=3535&Data=Count&SearchText=Haliburton,%20Kawartha,%20Pine%20Ridge%20District%20Health%20Unit&SearchType=Begins&SearchPR=01&A1=All&B1=All&GeoLevel=PR&GeoCode=3535&TABID=1

[4] Ibid

[5] Tarasuk, V., Mitchell, A., Dachner, N.,(2014) Household food insecurity in Canada, 2012 available from http://nutritionalsciences.lamp.utoronto.ca/wp-content/uploads/2014/05/Household_Food_Insecurity_in_Canada-2012_ENG.pdf

[6] Lewchuk, W. et al. It's More than Poverty: Employment Precarity and Household Well-being United Way Toronto-McMaster University Social Sciences, 2013. www.pepso.ca

Basic Income Guarantee

The causes of poverty are complex and a multipronged approach is required to eliminate poverty and to improve health and social equity for all. One component of a poverty reduction strategy is to provide a basic income guarantee (BIG). It is an unconditional income transfer from the government to individuals and families that is not tied to labour market participation.[7] The objective of a basic income guarantee is to provide a minimum annual income at a level that is sufficient to meet basic needs and allows individuals and families to live with dignity, regardless of work status.[8] Since research shows that basic income guarantee could have health promoting effects and reduce health and social inequities, it is considered to have merits as an effective policy option.

A basic income guarantee was piloted in Dauphin Manitoba from 1974-1979 to study the impact of a guaranteed income supplement. Research showed a number of substantial benefits including a decrease in hospitalization rates, which were 8.5% less when compared to the control group. There were fewer incidents of work-related injuries, fewer visits to the emergency department from motor vehicle accidents and domestic violence and there was a reduction in the rates of psychiatric hospitalizations and the number of mental illness consultations with health care professionals. The research also showed that teenagers and new mothers were the only populations to significantly work less. The study showed that more teenagers completed high school and new mothers extended their maternity leaves. Once the pilot finished and the cash transfers stopped, the number of teens not graduating from high school rose, returning to the previous rate that existed before the pilot.[9]

Currently in Canada, Old Age Security (OAS) and Guaranteed Income Supplements (GIS) are forms of guaranteed income supplement programs, which are income tested cash transfers for seniors at age 65 and older. Since their implementation, the incidence of poverty in seniors dropped substantially from 21.4% in 1980 to 5.2% in 2011. As a result, Canada has one of the lowest rates of seniors living in poverty in the world and the incidence of food insecurity is 50% less for those age 65 to 69 than for those age 60-64.[10]Similarly, other programs such as the Canadian Child Tax Benefit and National Child Benefit Supplement (which are tax free monthly payments for eligible families with children) have shown benefits in terms of improved math and reading skills and improved mental and physical health measures.[11]

Cost Considerations for a Basic Income Guarantee Program

It is widely agreed upon that the costs of poverty are very high. The total cost of poverty in Ontario is approximately $32.2-$38.3 billion dollars.[12] It is estimated that between $10.1 billion and $13.1 billion is spent on the social costs of poverty related to social assistance, housing and justice programs and health care costs associated with the effects of poverty. Lost opportunities for income tax revenue are estimated to be $4- $6.1 billion dollars and an additional $21.8-25.2 billion is attributed to lost productivity and revenue and intergenerational poverty low-income cycles.

Given the magnitude of the social and economic costs of poverty and the resources being spent on countering the negative effects of poverty, it is more prudent to spend those resources on prevention.

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[7] Pasma, C., and Mulvale, J. Income Security for all Canadians Understanding Guaranteed Income. Ottawa: Basic Income Earth Network Canada; 2009. Available from http://www.cpj.ca/files/docs/Income_Security_for_All_Canadians.pdf

[8] Ibid

[9] Forget, E. **The Town with No Poverty: Using Health Administration Data to Revisit Outcomes of a Canadian Guaranteed Annual Income Field Experiment 2011** available from http://nccdh.ca/images/uploads/comments/forget-cea_(2).pdf

[10] Hyndman, B., and Simon, l., Basic Income Guarantee Backgrounder October 2015 alPHA and OPHA available from ww.opha.on.ca/getmedia/bf22640d-120c-46db-ac69-315fb9aa3c7c/alPHa-OPHA-HEWG-Basic-Income-Backgrounder-Final-Oct-2015.pdf.aspx?ext=.pdf

[11] Ibid

[12] Laurie, N. **The cost of poverty: an analysis of the economic cost of poverty in Ontario.** Toronto Ontario Association of Food Banks, 2008. http://www.oafb.ca/assets/pdfs/CostofPoverty.pdf

The costs of a basic income guarantee program in contrast to the costs of social and private costs of poverty have yet to be extensively researched. Estimates from Queen's University and the University of Manitoba identify that the amount for a basic income guarantee program for all of Canada would cost between $40 and $58 billion. Considering the total costs of poverty for just Ontario, a basic income guarantee would be very achievable.[13]

Provincial and National Support for a Basic Income Guarantee Program

Support for the basic income guarantee program exists across the political spectrum including politicians from several provinces and municipalities, economists and the health and social service sectors. Many large associations have given formal expressions of support such as The Canadian Medical Association, the Association of Local Public Health Agencies and the Ontario Public Health Association, the Ontario Society of Nutrition Professionals in Public Health, the Canadian Association of Mental Health, the Canadian Association of Social Workers and many health units in Ontario. Citizen groups in communities across Canada have also been forming to express their support for this initiative.

This past winter the Ontario provincial government embraced the opportunity to engage in the needed research to provide a clearer understanding of the implications and outcomes of the basic income guarantee program. By conducting a pilot study of the program, evidence will be gathered to determine if this is a more efficient manner of delivering income support, if it strengthens engagement in the labour force and if savings are achieved in areas such as the health care and justice systems. In 2016, the Ontario provincial government will work with researchers, communities and stakeholders to develop and implement a basic income guarantee pilot study.

HALIBURTON KAWARTHA PINE RIDGE DISTRICT HEALTH UNIT
RESOLUTION ON BASIC INCOME GUARANTEE

WHEREAS addressing the social determinants of health and reducing health inequities are fundamental to the work of public health in Ontario; and

WHEREAS the Haliburton Kawartha Pine Ridge District Health Unit's strategic direction is to address the social determinants of health and health equity; and

WHEREAS income is recognized as the most important determinant of health and health inequities; and

WHEREAS 12.7% of the population in the Haliburton Kawartha Pine Ridge District live in low income circumstances based on the Low-Income After-Tax (2011 National Household Survey, Statistics Canada); and

WHEREAS low income and income inequality have well-established, strong relationships with a wide range of adverse health and social outcomes as well as lower life expectancy; and

WHEREAS income insecurity continues to rise in Ontario and Canada as a result of an increase in precarious employment and an increasing number of working-age adults who rely on employment that pays low wages; and

WHEREAS existing federal and provincial income security programs are insufficient to ensure that all Canadians have adequate and equitable access to the social determinants of health (e.g., food, shelter, education); and

WHEREAS a basic income guarantee, which is an unconditional cash transfer from the government to citizens to provide a minimum annual income and is not tied to labour market participation, has the potential to ensure all Canadians have a sufficient income to meet basic needs and to live with dignity; and

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[13] Roos, N., and Forget, E. **"The time for a guaranteed annual income might finally have come."** The Globe and Mail, August 4, 2015. Available at http://www.theglobeandmail.com/report-on-business/rob-commentary/the-time-for-a-guaranteed-annual-income-might-finally-have-come/article25819266/

WHEREAS a basic income guarantee resembles existing income security supplements currently in place for Canadian seniors and children, which have contributed to improved health status and quality of life in these age groups; and

WHEREAS a pilot project of basic income for working age adults conducted in Dauphin Manitoba in the 1970s, indicates that the provision of a basic income guarantee can reduce poverty and income insecurity, improve physical and mental health and educational outcomes, and enable people to pursue educational and occupational opportunities relevant to them and their families; and

WHEREAS the concept of a basic income guarantee has received support from the health and social sectors including the Canadian Public Health Association (CPHA), the Canadian Medical Association (CMA), the Canadian Association of Social Workers, the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA), the Ontario Society of Nutritional Professionals in Public Health and the Ontario Mental Health and Addictions Alliance as a means to alleviate poverty and improve health outcomes of low income Canadians; and

WHEREAS there is growing support from economists, political affiliations and other sectors across Canada for a basic income guarantee;

NOW THEREFORE BE IT RESOLVED THAT the Haliburton Kawartha Pine Ridge District Health Unit Board of Health endorse a position statement of a basic income guarantee;

AND FURTHER that the Haliburton Kawartha Pine Ridge District Health Unit Board of Health join alPHa and OPHA in requesting that the federal Ministers of Employment, Workforce Development and Labour, Families, Children and Social Development, Finance and Health, as well as the Ontario Ministers Responsible for the Poverty Reduction Strategy, Community and Social Services, Children and Youth Services, Finance and Health and Long-Term Care, prioritize joint federal-provincial consideration and investigation into a basic income guarantee as a policy option for reducing poverty and income insecurity;

AND FURTHER that the Prime Minister, the Premier of Ontario, the Chief Public Health Officer, the Chief Medical Officer of Health for Ontario, the Ontario Public Health Association, the Canadian Public Health Association, the Association of Local Public Health Agencies, the Ontario Boards of Health, the Federation of Canadian Municipalities, the Association of Municipalities of Ontario, MP Kim Rudd, MP Jamie Schmale, MPP Lou Rinaldi and MPP Laurie Scott as well as the City of Kawartha Lakes, the County of Haliburton and Northumberland County be so advised.

Leeds, Grenville & Lanark District
HEALTH UNIT
Your Partner in Public Health

August 30, 2018

VIA EMAIL

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
mcssinfo.css@ontario.ca

The Honourable Christine Elliott
Minister of Health and Long-Term Care
ccu.moh@ontario.ca

Dear Premier Ford and Ministers MacLeod and Elliott:

Re: Ontario Basic Income Research Project

I am writing today to express our concern about the discontinuation of the Ontario Basic Income Research Project.

Several reports in recent years have described the extent of poverty and growing income inequality in Ontario and Canada.[1,2] The relationship between income and health has also been well established; countless analyses have consistently and clearly shown that as income rises, health outcomes improve. In doing so, they also demonstrate that lower income people are at far greater risk from a range of preventable medical conditions, including cancer, diabetes, heart disease and mental illness. [3] From a public health perspective, there is a strong literature base demonstrating the relationship between both low absolute income, the extent of income inequality in a society, and a range of adverse health and social outcomes. It is, therefore, reasonable to conclude that improving incomes would be an effective public health intervention.

Given that 16.5% of people in Leeds, Grenville and Lanark live in low income situations based on the after-tax low-income (2011 National Household Survey, Statistics Canada), the avoidable burden of disease from low income and income inequalities is substantial.

In response to these key social and public health challenges, a growing number of individuals and organizations in the health, economics, social, and political sectors have proposed the introduction of a basic income guarantee for all Canadians, also known as guaranteed annual income. A basic income guarantee ensures everyone has sufficient income to meet basic needs and live with dignity, regardless of work status. It can be achieved through a range of policy approaches.

Basic income is a concept that has been examined and debated for decades, including through pilot projects in the United States, Canada, and other countries more recently.[4,5] Mincome, in particular, a pilot project of basic income for working age adults conducted jointly by the Government of Manitoba and the Government of Canada in the 1970s, demonstrated several improved health and educational outcomes.[4] Basic income concepts which are already present in our current system of progressive taxation, credits and benefits for families with children and income guarantee for seniors have contributed to health and social improvements in those age groups. [6,7] While these measures are undoubtedly important and valuable to those who benefit from them, we are convinced that there would be great merit in a serious exploration of the arguments that favour a basic income guarantee as a simpler solution that would benefit more people.

There has been recent support for a basic income guarantee from several health and social sector groups, including the Canadian Medical Association, the Canadian Public Health Association, the Ontario Public Health Association, and the Canadian Association of Social Workers, among others. Beyond the health and social sectors, a non-governmental organization, Basic Income Canada Network, is now dedicated to achieving a basic income guarantee in Canada, and several citizen groups are forming across Ontario and Canada in support of this issue.

Advocating for improved income security policies is supportive of the Leeds, Grenville and Lanark District Health Unit's strategic direction on Health Equity, which states that the health unit 'strives to address the challenges that prevent all residents from having the opportunity to reach their optimal health.'

We hope that you will respond favourably to our request, along with that of many health units and others, to reinstate the Ontario Basic Income Research Project.

Sincerely,

Anne Warren

Anne Warren, Chair
Leeds, Grenville and Lanark District Health Unit

cc: Dr. David Williams, Ontario Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
Pegeen Walsh, Ontario Public Health Association
Ontario Boards of Health
Leeds, Grenville and Lanark Members of Provincial Parliament
Champlain and South East Local Health Integration Network
Jamie McGarvey, President, Association of Municipalities Ontario
Brock Carlton, Chief Executive Officer, Federation of Canadian Municipalities
Leeds, Grenville and Lanark Municipalities

References

1. Canadian Index of Wellbeing. How are Ontarians Really Doing?: A Provincial Report on Ontario Wellbeing. Waterloo, ON: Canadian Index of Wellbeing and University of Waterloo, 2014

2. Conference Board of Canada. How Canada Performs: A Report Card on Canada. 2013. Accessed April 27, 2015. http://www.conferenceboard.ca/hcp/details/society/incomeinequality.Aspx

3. Auger, N and Alix, C. Income, Income Distribution, and Health in Canada. In: Raphael, D (Ed). Social Determinants of Health, 2nd edition. Toronto: Canadian Scholars Press Inc, 2009.

4. Forget, E. The Town with No Poverty: The Health Effects of a Canadian Guaranteed Annual Income Field Experiment. Canadian Public Policy xxxvii(3) 283-306, 2011. http://utpjournals.metapress.com/content/xj02804571g71382/fulltext.pdf

5. Pasma, C. Basic Income Programs and Pilots. Ottawa: Basic Income Canada Network, 2014. http://www.thebigpush.net/uploads/2/2/6/8/22682672/basic_income_programs_and_pilots_february_3_2014.pdf

6. Emery, J.C.H., Fleisch, V.C., and McIntyre, L. How a Basic income guarantee Could Put Food Banks Out of Business. University of Calgary School of Public Policy Research Papers 6 (37), 2013. http://www.policyschool.ucalgary.ca/sites/default/files/research/emery-foodbankfinal.pdf

7. Milligan, K., and Stabile, M. “Do Child Tax Benefits Affect the Well-Being of Children? Evidence from Canadian Child Benefit Expansions”. American Economic Journal: Economic Policy 3(3): 175-205, 2011.

2018-Aug-16

All Board of Health Chairs
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In anticipation of the October 22 municipal election, alPHa's 2018 Municipal Election Task Force have developed a set of seven (7) key policy priorities for consideration by electoral candidates on the following:

- Alcohol
- Cannabis
- Food insecurity
- Mental health
- Opioids
- Oral health
- Tobacco endgame

Much like its previous campaign for the June 2018 provincial election, alPHa is once again asking public health units and their boards of health to reach out to local candidates and share these policy priorities with them. The goal is to raise awareness of these public health priority actions among all municipal candidates as well as influence the development of local policies during and after the election period.

Attached therefore are editable templates on these key policy priorities that your health unit can customize with its own logo for print and/or electronic distribution to candidates. Please note that health units are also advised to insert at the end of each template the standardized Page Two, which is included in the attachments with this email.

The customizable templates can also be accessed from the alPHa website by clicking here (login and password required).

On behalf of the alPHa Municipal Election Task Force and the alPHa Board, thank you in advance for your attention and cooperation.

(sent on behalf of Loretta Ryan)

Susan Lee
Manager, Administrative & Association Services
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Tel. (416) 595-0006 ext. 25
Fax. (416) 595-0030
Please visit us at http://www.alphaweb.org

[health unit logo goes here]

ALCOHOL IN ONTARIO'S COMMUNITIES

Our Ask

That municipal governments support their local Public Health Unit and encourage the Provincial Government to:

- **Have a provincial alcohol strategy that includes a review and impact analysis based on existing evidence of the health and economic effects of alcohol in Ontario that enhances public education of the negative health impacts of alcohol.**

That municipal governments:

- **Develop Municipal Alcohol Policies, planning and implementation of alcohol-related interventions and other policy levers to reduce risk and harm from alcohol.**

Return on Investment

- Significant savings could be achieved through reduced healthcare burden from alcohol-related diseases and death.
- Diseases related to heavy drinking account for at least 40,000 hospital stays each year in Ontario at a cost of $65,000,000.
- Expenditures attributed to alcohol consumption cost Ontarians an estimated $1.7 billion in direct health care costs and $3.6 billion in indirect costs in 2011, for a total of $5.3 billion.
- It is estimated that law enforcement related to alcohol costs Ontarians $3.1B yearly.

Background

Health and Social Effects of Alcohol

- The World Health Organization has identified harmful use of alcohol as responsible for 2.3 million deaths worldwide every year, representing 5.9% of all deaths.
- Alcohol is the most commonly used drug among Ontarians and one of the leading causes of death, disease and disability in Ontario.
- Ontario has a significant portion of the population drinking alcohol and exceeding the low risk drinking guidelines.
- There were more hospital admissions in Canada last year for alcohol-related conditions than for heart attacks.
- Harmful alcohol use can lead to an increased risk of health problems - liver diseases, diabetes, cardiovascular disease, cancer and other chronic illnesses.
- Broader social implications of harmful alcohol use include injuries, violence, motor vehicle collisions, family disruption, unemployment and workplace accidents.
- Low-alcohol policies can be an effective means of promoting moderate alcohol consumption, support community values, raise awareness of harms, influence community social norms and promote healthier communities.
- Public health practitioners and municipalities work together on reducing alcohol-related harms.
- Policy strategies are needed at all three levels of government.

[health unit logo goes here]

CANNABIS IN ONTARIO'S COMMUNITIES

Our Ask

That municipal governments support their local Public Health Unit and encourage the Provincial Government to:

- **Develop a funded public health approach to cannabis legalization, regulation, restriction of access, education and harm reduction in Ontario.**
- **Harmonize regulatory restrictions on smoked cannabis with those on tobacco as provided in the Smoke-Free Ontario Act.**
- **Increase the minimum age of access to cannabis to 21 in Ontario.**

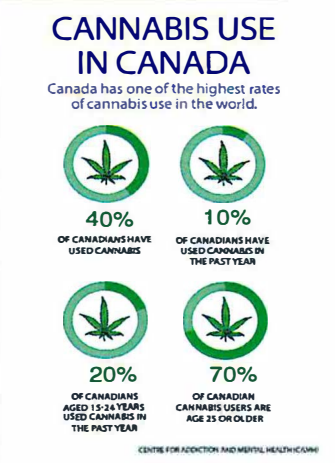
That municipal governments:

- **Develop Municipal Cannabis Policies similar to those for the Municipal Alcohol Policies for the planning and implementation of cannabis-related interventions and other policy levers to reduce risk from cannabis use.**

Return on Investment

- A funded public health approach to cannabis that includes prevention and education strategies allows for more control of the risk factors and a reduction in harm associated with cannabis use will result in reduced health care costs.
- Public health-focused approach on cannabis can result in a net benefit to population health and safety.

Background



- Canadian youth are among the top users of cannabis in the developed world.
- Cannabis use carries health risks, including problems with brain functioning (e.g. drug-impaired driving), respiratory problems, and dependence.
- Federal government's responsibilities focus on setting strict requirements on cannabis cultivation and manufacturing, and setting industry-wide rules and standards on types of products for sale, packaging/labelling, production practices, etc.
- Provinces and territories will be responsible for licensing and overseeing the distribution and sale of cannabis, subject to federal conditions.
- Municipalities will be responsible for many enforcement aspects, through police services, by-law inspectors and public health enforcement officers.

[health unit logo goes here]

FOOD INSECURITY IN ONTARIO'S COMMUNITIES

Our Ask

That municipal governments support their local Public Health Unit and encourage the Provincial Government to:

- **Implement measures to reduce food insecurity.**

That municipal governments create or enhance policies that have the potential to enhance incomes for low-income residents, such as:

- **Investing in affordable housing and accessible and affordable public transportation.**
- **Supporting and working with anti-poverty coalitions and food policy councils.**

Return on Investment

- Being food insecure is strongly associated with greater use of the healthcare system. Annual health care costs are 121% higher in households with severe food insecurity.

Background

- Food insecurity is a determinant of health and impacts health equity.
- Lacking sufficient money for food takes a serious toll on people's health. Adults in food insecure households are more likely to suffer from chronic conditions such as diabetes, and high blood pressure; children are more likely to suffer from mental health problems and teenagers are at greater risk of depression, social anxiety and suicide.
- Food insecurity – not having enough money to buy food – is a serious social and public health problem in Ontario, affecting 1 in 8 households. One in 6 children in Ontario lives in a food-insecure household.
- The root cause of food insecurity is poverty. Income-based solutions are needed to address food insecurity. Food charity and community food programs are ineffective responses to food insecurity. Current social assistance rates are not enough – 64% of Ontario households reliant on social assistance are food insecure.
- Incomes are not enough for many working people. Almost 60% of food insecure households in Ontario have employment income, yet they still have difficulty having enough money for food.
- Regular monitoring of food affordability and household insecurity is critical to inform and evaluate policies, programs and services.

[health unit logo goes here]

MENTAL HEALTH IN ONTARIO'S COMMUNITIES

Our Ask

That municipal governments support their local Public Health Unit and encourage the Provincial Government to:

- **Implement workplace strategies to address psychological health and safety to protect and promote the mental health of workers throughout the province of Ontario.**

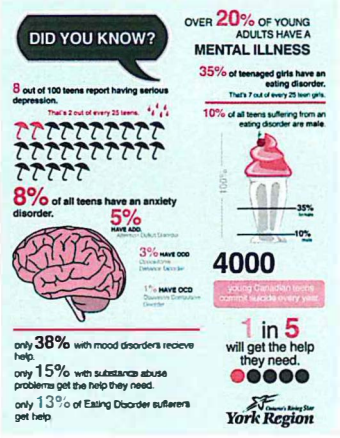
That municipal governments:

- **Commit to building mental health system integration and capacity.**
- **Support healthy public policies that promote positive mental health.**
- **Commit to investing in programs and services that promote safe and supportive housing and environments.**

Return on Investment

- The economic burden of mental illness in Canada is estimated at $51 billion per year. This includes health care costs, lost productivity, and reductions in health-related quality of life.
- Overall, the impact of mental health, mental illness, and addictions in Ontario on life expectancy, quality of life, and health care utilization is more than 1.5 times that of all cancers and more than 7 times that of all infectious diseases.
- 60% of adolescents that experience depression have recurrent episodes later on in adulthood; early prevention programmes targeting mental health in preschool and school-aged children.
- In any given week, at least 500,000 employed Canadians are unable to work due to mental health problems.

Background



- The mental health and well-being of Ontarians is heavily influenced by the social, economic, and physical environments where people live, learn, work, and play.
- There have been notable increases in Ontarians who perceive their mental health as fair or poor as well as those who experience mental health problems or illness.
- As Ontario is one of Canada's most diverse provinces, all public health efforts to promote mental health and prevent mental illness require a strong attention to principles of health equity, so that all people can reach their full health potential.
- Promoting the mental health and well-being of Ontarians requires a collaborative, proportionate universalism approach, involving stakeholders across various sectors.
- 70% of mental health problems have their onset during childhood or adolescence.
- 34% of Ontario high-school students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression).
- Over 4,000 Canadians per year die by suicide—an average of almost 11 per day.

[health unit logo goes here]

OPIOIDS IN ONTARIO'S COMMUNITIES

Our Ask

That municipal governments support their local Public Health Unit and encourage the Provincial Government to:

- **Develop a funded action plan for opioids, including education, harm reduction and treatment, with targets, deliverables, timelines and an evaluation component that is supported by regular communications to key stakeholders and partners such as Public Health Units.**

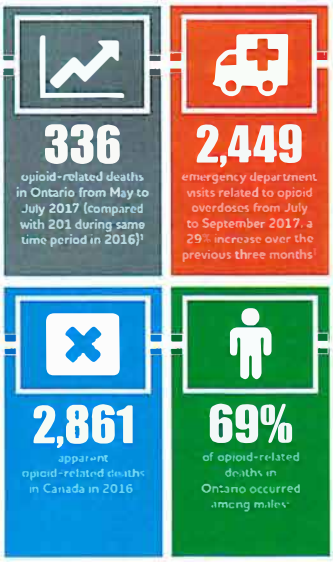
That municipal governments:

- **Support a comprehensive local opioid strategy action plan, reflecting surveillance, prevention, treatment, harm reduction, and enforcement activities.**
- **Support Supervised Injection and Consumption sites as a life-saving harm-reduction measure.**

Return on Investment

- High return on investment associated with measures used to bring about a reduction in opioid misuse including costs to individuals, workplaces, and health care system.
- Research has shown that supervised consumption sites reduce overdose deaths, the length of drug users' hospital stays and HIV infection rates, reducing health care costs by improving the health of intravenous-drug users.

Background



- Ontario has one of the highest prescription rates in Canada for opioids, a class of drugs that includes pain relievers such as fentanyl, morphine and OxyContin.
- While they can be an effective part of pain management for some medically supervised patients, opioids can be harmful and result in addiction and overdoses.
- Lives are saved through a coordinated prevention, treatment, harm reduction and enforcement response plan, supported by strong evidence.
- Ontario has experienced 13 years of increasing and record-setting opioid overdose fatalities, which now rank as the third leading cause of accidental death.
- More than 5,000 Ontarians have died of an opioid overdose since 2000, the majority accidentally.
- In 2016, there were 867 opioid-related deaths, 1909 hospitalizations and 4427 emergency department visits in Ontario. These numbers represent an increase of 237%, 160% and 240% respectively over 2003 numbers an they continue to trend upward.
- In 2015, almost 60% of accidental deaths caused by opioid overdose occurred in youth and younger adults, aged 15-44, and more often among males.
- Supervised consumption facilities also reduce public drug use and publicly discarded injection equipment.

[health unit logo goes here]

ORAL HEALTH FOR ADULTS IN ONTARIO'S COMMUNITIES

Our Ask

That municipal governments support their local Public Health Unit and encourage the Provincial Government to:

- **Establish a funded oral health program for low-income adults and seniors in Ontario.**

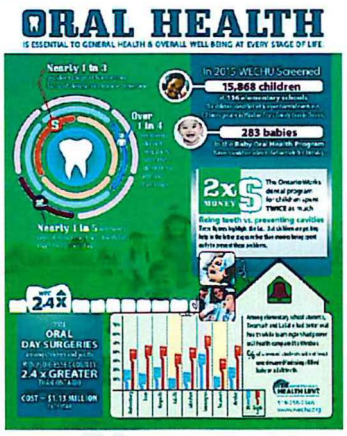
That municipal governments:

- **Support fluoridation of municipal water supplies.**

Return on Investment

- Over 220,000 Ontarians visited physician offices for oral health concerns in 2015.
- Over 61,000 visits to emergency departments across Ontario in 2015 were due to oral health concerns.
- An estimated $38M is spent in the health care system for these complications without addressing their underlying causes.
- it is estimated that every $1 invested in community water fluoridation yields an estimated $38 in avoided costs for dental treatment.
- Health Canada estimates that $4.15 million working-days are lost due to dental visits or dental sick-days in Canada every year.

Background



- According to the World Health Organization (WHO), oral health is essential to general health and quality of life.
- Many low income, and even middle income, Canadians suffer from pain, discomfort, disability, and loss of opportunity because of poor oral health.
- One-third of Ontario workers do not have employee health benefits.
- 13.9% of the Ontario population, live in low income.
- Financial barriers and limited options prevent many marginalized and low-income adults from accessing preventive and acute dental care.
- According to the Ontario Oral Health Alliance (2017), emergency department hospital services are often the only option for treatment of acute dental complications due to lack of dental care.
- Most acute dental complications are avoidable with timely preventive care such as cleanings and fluoride treatments by dental hygienists, as well as fillings and extractions.
- Indirect impacts beyond health related to employability/ self-esteem/confidence.
- There has been a documented marked decline in the rates of tooth decay where fluoride has been added to municipal water supplies; and these health benefits extend to all residents in a community regardless of age, education, socioeconomic status or access to other preventive measures.

[health unit logo goes here]

COMMITMENT TO A TOBACCO ENDGAME IN ONTARIO'S COMMUNITIES

Our Ask

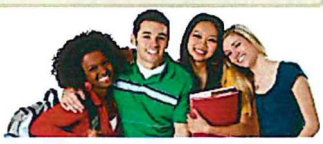
That municipal governments support their local Public Health Units and encourage the Provincial Government to:

- **Shift the focus from tobacco control to a future that is free from commercial tobacco.**
- **Commit to a target of less than 5% tobacco use in Ontario by 2035.**

That municipal governments:

- **Continue to exercise their leadership on tobacco control by using local law-making authority to restrict tobacco use and reduce exposure in areas not covered by provincial legislation.**

Return on Investment



- Tobacco-related disease accounts for at least 500,000 hospital stays each year.
- Tobacco-related disease costs Ontario's health care system an estimated $2.2 billion in direct health care costs.
- Tobacco-related disease costs the Ontario economy $5.3 billion in indirect costs such as time off work.
- Every dollar invested in tobacco prevention saves $20 in future health costs.

Background

- Tobacco is the leading cause of preventable death and illness in Ontario.
- There are approximately 13,000 tobacco-related deaths each year in Ontario - that's 36 deaths per day.
- In adults, tobacco use is responsible for lung disease, heart disease, lung cancer and many other illnesses.
- Tobacco use and exposure to second-hand smoke can cause major damage in children like: asthma attacks, alterations in lung development and chronic middle ear disease.
- There is growing support in Canada and globally for a tobacco endgame, with the adoption of endgame targets in Ireland, Scotland, Finland, and New Zealand.
- A Steering Committee for Canada's Tobacco Endgame was convened in 2015 and identified an endgame goal of less than 5% tobacco prevalence by 2035.
- Canada's Tobacco Strategy proposes a number of endgame strategies including being committed to a target of less than 5% tobacco use by 2035.

[health unit logo goes here] PAGE TWO FOR ALL ISSUES.

STRONG LOCAL PUBLIC HEALTH

Strong Local Public Health

- **Ontario's 444 Municipalities benefit from the many public health programs and services that keep them healthy.**
- **Under the Health Protection and Promotion Act, municipalities in a health unit are responsible for paying the expenses of the health unit in the performance of its functions and duties that are largely mandated by the province.**
- **Ontario's 35 public health units work hard to deliver these essential programs and services to prevent disease and promote health in local communities.**
- **For more than 180 years, Ontarians have enjoyed a strong public health system that puts local communities and their health at the front and centre.**

Other Key Public Health Issues

While we have highlighted the health issue on the reverse as a particularly important topic you should be aware of, there are a host of other broad public health issues that may also affect the overall health in your community. Here are a few:

- Tobacco endgame
- Oral health for adults
- Cannabis
- Opioids
- Mental health
- Alcohol
- Food insecurity

About alPHa

alPHa

Association of Local PUBLIC HEALTH Agencies

- The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario.
- Membership in alPHa is open to the 35 public health units in Ontario and we work closely with board of health members, medical and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration.
- The Association works with governments, including local government, and other health organizations, advocating for a strong, effective and efficient public health system in the province.
- Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities.

"Five Working as One"

ARNPRIOR AND AREA RURAL HEALTH HUB

UPDATE LETTER

Completed Project Activities

- Resource inventory for COPD and Diabetes has been completed and is available on 211 Eastern Ontario (www.easternontario.cioc.ca). Records will be available provincially in the coming weeks.
- Staff at the Nick Smith Center have completed training to deliver Fitness for Breath. Programming will be available in the Fall.
- Kick Off meeting for members of the Advisory Committee has been scheduled for October 4th, 2018.
- Signed copy of the Collaboration Agreement has been distributed to all parties.

Recent Wins

- Jason Moore has procured rural health hub evaluation methodology from Canadian Center for Health Economics. We are currently reviewing to ensure our evaluation aligns with other Rural Health Hubs in the province.
- Story about the experience of a patient representative was published in the local newspaper highlighting the success of collaboration and including patients in co-design of project deliverables.

Other Activities

- The Dementia Society has been engaged to improve help improve service delivery to patients with COPD/Diabetes and Dementia.
- Lung Association and 211 Ontario are being engaged to develop a marketing plan for respective services and budget.

If you have any further questions, please contact Jason Moore
jmoore@arnpriorhealth.ca | 613-623-3166 ex 530