October 10, 2013

Sent by email

Hon. Minister Teresa Piruzza
Minister of Children and Youth Services
14th Floor
56 Wellesley St W
Toronto, Ontario M5S 2S3

Dear Minister Piruzza:

Re. Ontario Poverty Reduction Strategy Consultation

The Ontario Public Health Association (OPHA) and the Association of Local Public Health Agencies (alPHa) are member-based not-for-profit associations that represent the public health sector through their membership. OPHA represents the public health workforce and is comprised of a very diverse membership which includes six other public health associations and individuals from many health and related disciplines across Ontario representing approximately 10,000 professionals. alPHa represents the 36 publicly funded public health units and their boards of health within the province. Our two associations have established a joint subject matter expert work group on Health Equity. We are taking this opportunity to thank you for the opportunity to make a formal submission to help inform the Ontario Poverty Reduction Strategy.

It is promising to hear that in the first three years of the Strategy, the Ontario government has helped raise approximately 47,000 children and their families out of poverty despite a climate of global economic uncertainty. However there is still a long way to go with 13.6% of Ontario's children still living in poverty.

Of concern to the public health sector is that people who are poor, less educated (often because of poverty) and socially marginalized or disadvantaged have worse health outcomes than people who are better off. Some of the poor health outcomes experienced by those living in poverty are described in the following excerpt from Ontario's Public Health Sector Strategic Plan (2013).

> People who live in neighbourhoods where incomes are lower and who have less education are more likely to smoke, be overweight and report poorer mental health. They are also more likely to die from injuries and other preventable causes. About 37 per cent of children living in low-income neighbourhoods are overweight or obese compared to 18 per cent in high-income neighbourhoods. Some groups within our population are at even higher risk. For example, over 40 per cent of aboriginal children are overweight or obese. Children who grow up in poorer neighbourhoods are less ready for school than those from higher income neighbourhoods. They start behind and they stay behind.

OPHA
439 University Avenue #1850
Toronto, Ontario M5G 1Y8

alPHa
2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3

Our Work Group has provided input to the Provincial Poverty Reduction Strategy through the on-line survey. We have also enclosed our responses with this letter related to the five key consultation questions for the strategy.

Looking back over the last five years of Ontario's first Poverty Reduction Strategy, the focus on children has worked well and the associated initiatives should continue to have ongoing investment. There are also several other key areas which the government can invest in which are important to public health that will assist in reducing poverty. For instance, a focus on ensuring income security for all Ontarians will have a particularly significant impact on health equity.

Much of the work of public health is carried out inter-sectorally, and we applaud the government for investing their time in these consultations to examine the best approaches for inter-sectoral engagement to assist in developing a common understanding and ownership of the issues of poverty.

Thank you for the opportunity to provide feedback. We would value an opportunity to engage further with the government on this issue. Should you wish to discuss our submission in greater detail, please do contact Siu Mee Cheng, Executive Director, OPHA at scheng@opha.on.ca or Linda Stewart, Executive Director, alPHa at linda@alphaweb.org.

Sincerely,

Susan Makin

Mary Johnson

Susan Makin
President
Ontario Public Health Association

Mary Johnson
President
Association of Local Public Health Agencies

Enclosures

OPHA
439 University Avenue #1850
Toronto, Ontario M5G 1Y8

alPHa
2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3

Submission from the alPHa-OPHA Health Equity Work Group to the Ontario Poverty Reduction Strategy Renewal Consultation Process.

1. **Looking back over the last five years of Ontario's first Poverty Reduction Strategy, what worked well. What can we do differently to move forward?**

- Implementing the Ontario Child Benefit
- Supporting child care modernization
- Full-day kindergarten
- Making post-secondary education more accessible
- Increasing minimum wage to cover more living expenses such as housing, food and transportation
- Increasing social assistance
- Healthy Smiles program for low income children
- Continuing with the Healthy Babies Healthy Children Program
- Developing the following initiatives:
    - Open Minds, Healthy Minds (children's mental health),
    - Great to Excellent: Launching the Next Stage of Ontario's Education Agenda (education),
    - No Time to Wait: Report of the Healthy Kids Panel (healthy eating, active living).

2. **The first strategy focused on children. Going forward, should there continue to be specific focus? If so, who or what should be the focus?**

We applaud the Ministry of Ontario for focusing on children first. However, much of what children rely on depends on the individuals who care and support them , who are living in poverty as well. Therefore, we propose the focus be on all individuals living in poverty, with an emphasis on the most vulnerable such as children, First Nations and the homeless. Based on the health status reports of different populations, those living in poverty have the worst health outcomes as a result of poverty compared to the rest of the population (Raphael, 2007).

3. **What is the most important thing the government of Ontario can do to help reduce poverty? Is there an initiative that was implemented as part of the first Strategy that should be revisisted?**

The most important thing the Ontario government can do is to ensure all Ontario families are provided with the income and supports they need to ensure they can live a productive life with dignity and equal

participation in society. This can be achieved by coordinated government efforts to increase health equity. Health equity exists when all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, sexual orientation or other socially determined circumstance.

In order to support health equity among all people in Ontario, and therefore to improve health status, the following is recommended (references are numbered in brackets):

1. Implement and evaluate a guaranteed annual income for all households in Ontario (2, 5, 11,25)

2. Increase social assistance rates; "Do No Harm" through reform of the social assistance system (1, 7, 16, 25)

3. Continue to increase minimum wage and implement a Living Wage approach across all sectors including private business (7, 10, 25, 35)

4 Increase child benefit levels (7, 25)

5. Address the shortage of safe and affordable housing, reverse the cuts to emergency housing assistance (formerly CSUMB)- use a "Housing First" approach with those that are homeless (2,4,5,7,8,11,13, 14, 17, 28, 32)

6. Ensure access to affordable, healthy food, making use of information from annual Nutritious Food Basket surveys (5,8, 13, 22, 28, 33)

7. Provide sufficient on-going funding to universal Student Nutrition Program initiatives (11, 22, 28)

8. Increase access to oral health care for all low income people (3, 7, 22, 23)

9. Expand the criteria of Healthy Smiles to include families with household incomes of $20,000 - $30,000 (7, 22)

10. Increase investments in early childhood development, including education programs and parental supports such as the Preschool Speech and Language program and sufficiently resource the Healthy Babies and Healthy Children program (5, 9, 12, 22, 28, 31)

11. Improve access to high quality, affordable child care (2, 7, 12, 22, 31)

12. Increase access to affordable recreation for children (6, 22, 34)

13. Support healthy built environments for neighbourhoods of all income levels (8, 9, 13, 18, 22, 29, 31, 36)

14. Support social inclusion and public engagement (9, 19, 20, 22, 30, 31)

15. Support Municipalities in their capacity to provide fluoridated water (24, 37)

16. Continue to increase support of services for children, youth and families experiencing mental illness and addictions along with examining the impact mental health has on moving out of poverty and preventing people from moving into poverty (16, 17, 24, 27)

17. With increased investments and improved access – make post secondary education, skills and training a priority first to parents and youth from low income families (11, 21, 25)

18. Invest in the development, availability and reporting of local and disaggregated data to support an understanding of the impacts of poverty at the local level, including the impact on health (3,9, 20, 22)

19. Move ahead on the commitment in the first Poverty Reduction Strategy to introduce a Community Opportunities Fund to enable better coordination, collaboration and innovation for poverty reduction at the community level (15)

Question 3 References:

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4. **How can all levels of government, community groups, the private sector and other stakeholders work together to better address the barriers that keep people from getting out of poverty (eg. Access to employment, education, child care supports, etc…)?**

- Adopt a "Health in All" approach. This approach is aimed at the development of all social and economic policies and strongly recommended for all sectors. In addition, ensure there is a broad, integrated, intersectoral approach utilized to achieve equitable and sustainable health for all people, with a priority for those living in poverty.

- Invest in strategic interesectoral partnerships. One key strategic provincial partnership that requires an investment worth noting is the Trilateral First Nations Health Senior Officials Committee. In addition, support the development and operation of regional and municipal community poverty reduction initiatives and Roundtables, ensuring connections are made between these initiatives and the Ontario government on an ongoing basis.

- Develop a Poverty Reduction Charter. Consider joining the Cities Reducing Poverty initiative and endorsing the Poverty Reduction Charter. This initiative will create a collective impact ensuring a shared responsibility across all sectors. Examine other provinces that have already done so.

References for Question 4:

Bierman, A., Shack, A., Johns, A. for the POWER Study. (2012). "Achieving Health Equity in Ontario: Opportunities for Intervention and Improvement". In Bierman, A. Editor, Project for an Ontario Women's Health Evidence-Based Report: Volume 2. Toronto, ON.

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5. **When it comes to reducing poverty in Ontario, what would success look like 15 years from now?**

People in Ontario would have adequate incomes and opportunities to meet their basic needs, maximize their health and fulfill their potential in contributing to our Ontario communities. Income disparities between low and high income earners would be significantly reduced. Government , non-government and private sector organizations would be working inter-sectorally to examine policies, programs and initiatives for their potential impacts on population health and equity, and tailor them to maximize health equity outcomes. Key initiatives aimed at improving health equity, reducing poverty, and improving child development would be evaluated for successful positive outcomes and shared provincially.

From a public health perspective, improved social determinants of health would be reflected in reported positive health outcomes among low socio-economic groups to those normally seen in higher socio-economic demographics.

As quoted in Dr. King's 2011 Health status report for Ontario – the hope for Ontario would be:

- babies are born healthy;
- pre-school children are able to achieve their potential;
- children and young people are healthy and equipped for adulthood;
- working adults live longer, healthy lives; and
- seniors are able to enjoy a healthy retirement.

References for Question 5:

Ontario's Chief Medical Officer of Health. (2012). Maintaining the Gains, Moving the Yardstick Ontario Health Status Report 2011. Toronto, ON: Ministry of Health and Long-Term Care.