



Submission to the Minimum Wage Advisory Panel  
Ontario Ministry of Labour

by

The Association for Local Public Health Agencies/Ontario Public Health Association  
(alPHa-OPHA) Health Equity Workgroup (HEWG)

October 9, 2013

On behalf of the Association of Local Public Health Agencies (ALPHA) and the Ontario Public Health Association –two organizations representing public health leadership in Ontario – we are pleased to provide feedback on the consultation paper on Ontario’s minimum wage (Ontario Ministry of Labour, 2013).

Collectively, our associations have over 80 years of experience providing leadership in the provincial public health sector. As not-for-profit member-based organizations, we represent Ontario’s 36 local boards of health and public and community health professionals in Ontario. We have a long history of supporting policy options that promote health and prevent disease, and our membership base includes professionals with the knowledge and skills to assess the health impacts of social and economic policies.

One of the key priorities of our associations is supporting programs and policies that reduce health inequities. Health inequities have been defined as differences which are unnecessary and avoidable but, moreover, are also considered unfair and unjust (Whitehead, 1992). Beginning with the landmark Whitehall I study of British civil servants (Marmot et al., 1978), a substantive body of evidence indicates that those living in poverty and occupying lower positions in socio-economic hierarchies have a greater risk of poor health outcomes, including lower life expectancy, higher infant mortality, and increased risk of heart disease, stroke, diseases related to the digestive tract, kidneys and lung, tuberculosis, HIV and suicide (Marmot, 2004; World Health Organization, 2008).

Evidence indicates that inequities in health are best addressed through a mix of strategies including a minimum wage that enables individuals and families to access the fundamental determinants of health (e.g., food, shelter and clothing). Accordingly, we welcome the recent initiative by the Ontario Ministry of Labour to re-assess the provincial minimum wage rates.

In Ontario, the percentage of adult employees earning minimum wage doubled between 2003 and 2011. Almost a million Ontario employees earned between \$10.25 and \$14.25 an hour in 2011. Sixty percent of these employees are 25 years of age and over (Block, 2013). Proportionately, Ontario workers are more reliant on minimum-wage jobs than any other region of Canada except Prince Edward Island and New Brunswick (Yalnizyan, 2013).

Since rates have remained frozen since March 2010, inflation has eroded minimum wage earners’ purchasing power by 6.5 percent (Yalnizyan, 2013). In practical terms, this means that Ontarians relying on minimum wage are increasingly challenged to afford healthy, nutritious food, safe housing and other essentials for an optimal level of health and well-being.

To ensure a minimum wage level that reduces health inequities, ALPHA and OPHA support a policy that ties minimum wage rates to a combination of the consumer price index and average weekly earnings. A formula combining both indicators would ensure that the minimum wage rates incorporate considerations of both absolute poverty (experienced when income levels are inadequate to maintain a minimum standard of living) and relative poverty (poverty defined in relation to the overall standard of living in society).

Relative poverty is an important public health indicator, as evidence indicates that preventable health problems are more prevalent in unequal societies. For example, Wilkinson and Pickett (2009) compiled data from all advanced industrialized nations to explore the relationship between levels of income inequality and performance in key health and social indicators, including life expectancy, infant mortality and obesity. The study consistently found that countries with higher levels of inequality had higher levels of health and social problems at all income levels. Simply living in a more unequal society puts individuals at greater risk of negative health outcomes (Wilkinson and Pickett, 2009). Setting the minimum wage rates at a level that decreases inequality within Ontario's communities, therefore, is a healthy public policy.

We also recognize the importance of food security as a key consideration for calculating a minimum wage that has a positive impact on health inequities. The Nutritious Food Basket (NFB) survey tool, based upon the purchase price of 67 nutritious foods, is administered by all public health units in Ontario and provides a measure of the minimum cost of an adequate diet (Tarasuk, Yeudall and Khan, 2013). We support the OPHA food security workgroup's recommendation that an annual assessment of Nutritious Food Basket (NFB) data be considered as a factor in determining minimum wage increases (OPHA, 2013).

We hope that our submission will assist you in considering the public health impacts of minimum wage rates. We would be more than happy to get in touch with you if you have any questions or require additional information.

Sincerely,



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Mary Johnson  
President  
Association of Local Public Health Agencies



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Susan Makin  
President  
Ontario Public Health Association

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