



December 1, 2017

The Honourable Jean-Yves Duclos

Minister of Families, Children and Social Development
Government of Canada

Re: Ministerial Advisory Committee on Poverty

Dear Minister Duclos,

On behalf of the Ontario Public Health Association (OPHA) and the Association of Local Public Health Agencies (alPHa), we wanted to congratulate you on creating a Ministerial Advisory Committee on Poverty to support the development of the Canadian Poverty Reduction Strategy. Together, our two organizations bring together members from the various disciplines involved in public health, as well as others who are committed to improving public and community health be they from the non-profit, healthcare, academic, governmental or other sectors. We are very pleased to see your government's continued commitment to reducing poverty in Canada through this comprehensive strategy. We are also happy to see the advisory committee's diverse representation, especially the inclusion of people with lived experience of poverty.

One noticeable absence from the committee, however, is representation from the public health sector. OPHA and alPHa have long advocated for measures that address poverty and improve income, given the critical role that income plays in health and wellbeing. Poverty as a key determinant of health is of great interest to professional practitioners and academics in public health. As examples, our organizations have been active through the expertise of our joint alPHa-OPHA Health Equity Workgroup in providing a submission in <u>response to the Canadian Poverty Reduction Strategy consultations</u>. OPHA has also recently put forward a <u>response on a Food Policy for Canada</u> of which poverty reduction measures are essential.

We recognize the constraints involved in choosing representatives to serve on an advisory committee. Given the expertise within our two organizations on determinants of health such as poverty, we are pleased to offer our assistance to the committee if that would be of value. As examples, we could work to share evidence-informed poverty interventions that have demonstrated improvements to health, key health indicators to monitor as part of a poverty reduction strategy, and more. Through our extensive

public health networks, we can share important perspectives on population health and health equity as the committee makes progress on its critical mandate.

Income distribution is an ongoing consideration that is often incorporated into public health sector mandates. Examples of links between public health and poverty reduction include public health programming on early childhood home visiting and oral health services for people of low incomes. Other examples where public health works to impact health inequities of socio-economic origin include advocating for basic income, oral health care, pharmacare, and high quality child care. On a local level, public health practitioners are often involved in initiatives that address food insecurity, housing, and other determinants of healthy communities. In addition, the public health sector in Ontario also carries out extensive community engagement with priority populations living in poverty to ensure more equitable access to preventive programs and the development of initiatives addressing their shared health concerns.

As alPHa and OPHA remain committed to supporting the work of your Advisory Committee on Poverty, we look forward to connecting on areas where our expertise can be of value. Be it through additional avenues for input into the development of a strategy, review of the draft strategy, or other means, we hope that you will consider such opportunities to incorporate health perspectives.

Congratulations once more on the announcement of your committee, and we look forward to connecting on ways that we can work together to achieve health for all in Canada.

Sincerely,

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Cc:

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