

44 Victoria Street
Suite 502
Toronto, ON M5C 1Y2

Tel: (416) 367-3313
Fax: (416) 367-2844
E-mail: admin@opha.on.ca
www.opha.on.ca

President

Ellen Wodchis
E-mail: president@opha.on.ca

Executive Director

Pegeen Walsh
E-mail: pwalsh@opha.on.ca

Constituent Societies

Association of Ontario
Health Centres

Association of Public Health
Epidemiologists in Ontario

Association of Supervisors of
Public Health Inspectors of Ontario

Canadian Institute of Public Health
Inspectors (Ontario Branch)

Community Health Nurses'
Initiatives Group (RNAO)

Health Promotion Ontario

Ontario Association of Public
Health Dentistry

Ontario Society of Nutrition
Professionals in Public Health

The Ontario Association of Public
Health Nursing Leaders

Ontario Society of Physical Activity
Promoters in Public Health

Eric Rennie, Clerk
The Standing Committee on Finance and Economic Affairs
Room 1405, Whitney Block
Queen's Park, Toronto, ON M7A 1A2
Phone: 416-325-3506

November 3, 2017

Re: OPHA's response to Bill 148, The Fair Workplaces, Better Jobs Act, 2017

Dear Mr. Rennie,

On behalf of the Ontario Public Health Association (OPHA) I am writing to provide you with our response to Bill 148, *The Fair Workplaces, Better Jobs Act, 2017*. OPHA is a non-partisan, non-profit organization that brings together a broad spectrum of groups and individuals concerned about people's health. OPHA's members come from various backgrounds and sectors - from the various disciplines in public and community health, including academic, non-governmental, voluntary, and the private sector. OPHA works to strengthen the impact of people who are active in public health through the work of our workgroups that gather expertise from across Ontario to tackle focused public health issues.

In response to amendments to the Labour Relations Act (1995) and the Employment Standards Act (2000) specified in Bill 148, we have gathered insight from our joint alpha-OPHA Health Equity Workgroup, who have also been active as a joint alpha-OPHA collaborative in providing the government with submissions in response to [Ontario's Basic Income Pilot](#) and the [Canadian Poverty Reduction Strategy](#) consultations. OPHA takes great interest in measures that impact low-income populations given that research has established a clear link between income and health.

As an example, in the City of Toronto, a recent study found that health status was closely linked to income. When the study looked at 34 health status indicators, it was found that of these 20 of the health status indicators showed significant health inequities between income groups, with low-income earners having the worst health.¹ Income is a social determinant of health; of which, social determinants of health have the largest impact on health status, even more so than health care, biology or genetics. Research has stated that as much as 50% of health status is attributable to social and economic circumstances.²

In Ontario, rising costs of living have made it such that in many cases, a living wage (hourly wage required for two income earners, working 37.5 hours per week year round to support a family of four with two children) is estimated to be much higher than the current minimum wage of \$11.60 per hour.³ For example, in Toronto, a living wage is estimated at \$18.52 per hour, and estimates that have been made for other regions throughout southern Ontario range upwards from \$14.15 per hour.³ OPHA thus welcomes the proposed increases to minimum wage in the legislation. Public health research shows very clearly that raising income levels is the best way to improve people's health.⁴

With such a wide gap between minimum wage and the cost of living, it follows that even in a prosperous province like Ontario, people can be employed and still live with food insecurity, defined as inadequate or insecure access to food due to financial constraints.⁵ In the 2017 *Who's Hungry Report* it was found that 13% of people who use foodbanks in the Greater Toronto Area (GTA) are employed. Of this group, the median wage was \$13.00 per hour, and they worked an average of 25 hours per week.⁶ Food insecurity is also costly to the healthcare system, with food insecure households having higher healthcare utilization costs, independent of other determinants.⁷ Thus, while increasing minimum wage may help to narrow gaps for low-income groups to present day costs of living, additional consideration for policy that address lack of hours, precarious employment, and lack of benefits such as medical or dental plans are also important considerations for improving quality of life and health status for many working Ontarians.

With the above considerations in mind, OPHA strongly supports the language in the proposed legislation that addresses the need to create more security and stability for workers—both financially and in their employment and working conditions. A large body of research indicates that employment security and working conditions are also critical determinants of health. In addition to low-income earners being more vulnerable to poor health outcomes due to lower income and education, this group is also most likely to experience adverse working conditions.⁸

In particular, OPHA is pleased to see specific changes in Bill 148 related to:

- pay equity for all workers performing the same work;
- personal emergency leave days for all employees including two paid days;
- vacation days for long-term employees;
- more stringent regulations around scheduling; and
- better protections for temporary help agency workers.

These measures will go a long way towards providing a better job experience for workers, and by extension, improve their health outcomes.

In addition to the proposed legislation that OPHA is in support of, there are three additional recommendations arising from the Changing Workplaces Review that we would urge the government consider including in the final version of Bill 148.

These include:

Recommendation 1:

The final report from the Changing Workplaces Review recommended that “the government initiate an urgent study focusing on how at least a minimum standard of insured health benefits can be provided across workplaces, especially to those full-time and part-time employees without coverage, the self-employed and small employers.”⁹ We support this recommendation in its entirety. The provision of a minimum floor of insured health benefits for all would certainly improve the health and well-being of our community.

Recommendation 2:

OPHA is very concerned about the health and safety of temporary help agency employees and we support the recommendation from the Review that “...in the context of workplace safety for assignment employees, all aspects of the risk and liability, including the responsibility for injuries suffered in the workplace, should be with the client employer, and not the agency”.¹⁰ Temporary workers are often called in during high demand times and are “unfamiliar with equipment, processes, staff and specific conditions of the workplace”.¹⁰ Their supervisor from the temporary help agency is not on site to ensure the health and safety of that employee. Only the client employer knows what the best practices are within their workplace. Given that any potential injury to a temporary worker would happen while on their premise the client employer should be held responsible.

Recommendation 3:

The Changing Workplaces Review recommended the creation of an Ontario Workplace Forum that would convene key employment stakeholders to discuss emerging issues and to strategize responses. Providing an opportunity for on-going, respectful and collaborative dialogue would improve a system that is essential to the health and well-being of our province. If such a forum were to be formed, OPHA suggests that it include representatives from public health. The public health sector in Ontario has a strong interest in the working conditions of Ontario residents as these factors play an important role in keeping Ontarians healthy. In addition, as an organization that offers expertise in health equity through our workgroups and constituent societies, we take a strong interest in working with provincial partners across multiple sectors to advance notions of social justice and ensure that everyone in Ontario can have an equal opportunity to be healthy regardless of where they work.

We hope that our recommendations in support of Bill 148 are helpful. Given our interest and expertise in promoting the health and wellbeing of Ontarians, we would be happy to answer any questions you have about our suggestions or offer our resources and networks in whichever way you may find useful throughout your deliberations on the final version of *The Fair Workplaces, Better Jobs Act, 2017*.

Your sincerely,



Pegeen Walsh

Executive Director

The Ontario Public Health Association

References:

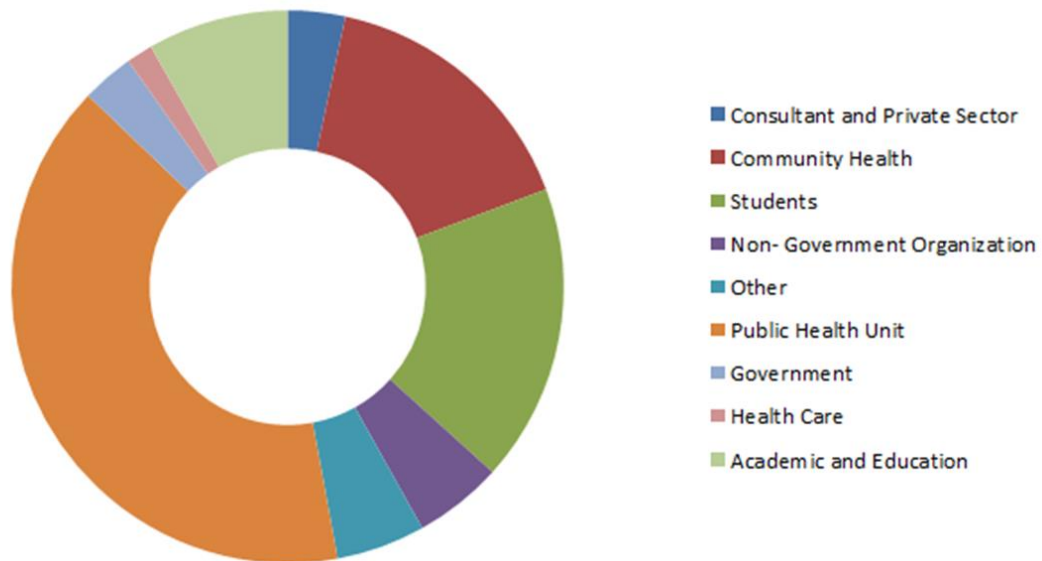
1. Toronto Public Health. *The Unequal City 2015: Income and Health Inequities in Toronto*. April 2015.
2. The Standing Senate Committee on Social Affairs, Science and Technology (2009). *A healthy productive Canada: A determinant of health approach*. Final report of the Senate Subcommittee on Population Health.
3. Living wage by region [Internet]. Ontario Living Wage Network. 2017 [cited 3 November 2017]. Available from: http://www.ontariolivingwage.ca/living_wage_by_region
4. Marmot M, Friel S, Bell R, Houweling TA, Taylor S, (2008) "Closing the gap in a generation: health equity through action on the social determinants of health". *The Lancet*;372:1661-9.
5. Ontario Society of Nutrition Professionals in Public Health. *Position Statement on Responses to Food Insecurity* [Internet]. 2015 [cited 31 May 2017]. Available from: <https://www.osnpnh.on.ca/upload/membership/document/2016-02/position-statement-2015-final.pdf>
6. Matern R, Iman H. *WHO'S HUNGRY: 2017 Profile of Hunger in Toronto* [Internet]. Toronto: The Daily Bread Food Bank; 2017. Available from: <http://www.dailybread.ca/wp-content/uploads/2017/09/Whos-Hungry-2017.pdf>
7. Tarasuk V, Cheng J, de Oliveira C, Dachner N, Gundersen C, Kurdyak P. Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal*. 2015;187(14):E429-E436.
8. Smith, P. & Polanyi, M. (2009). 'Understanding and Improving the World of Work'. In D. Raphael (Ed.), *Social Determinants of Health: Canadian Perspectives* (pp. 114-127). 2nd edition. Toronto: Canadian Scholars' Press.
9. Mitchell, C. M. & Murray, J. C. (2017). *The Changing Workplace Review. An Agenda for Workplace Rights*. Summary Report. p. 17.
10. *Ibid.*, p. 19.

Appendix

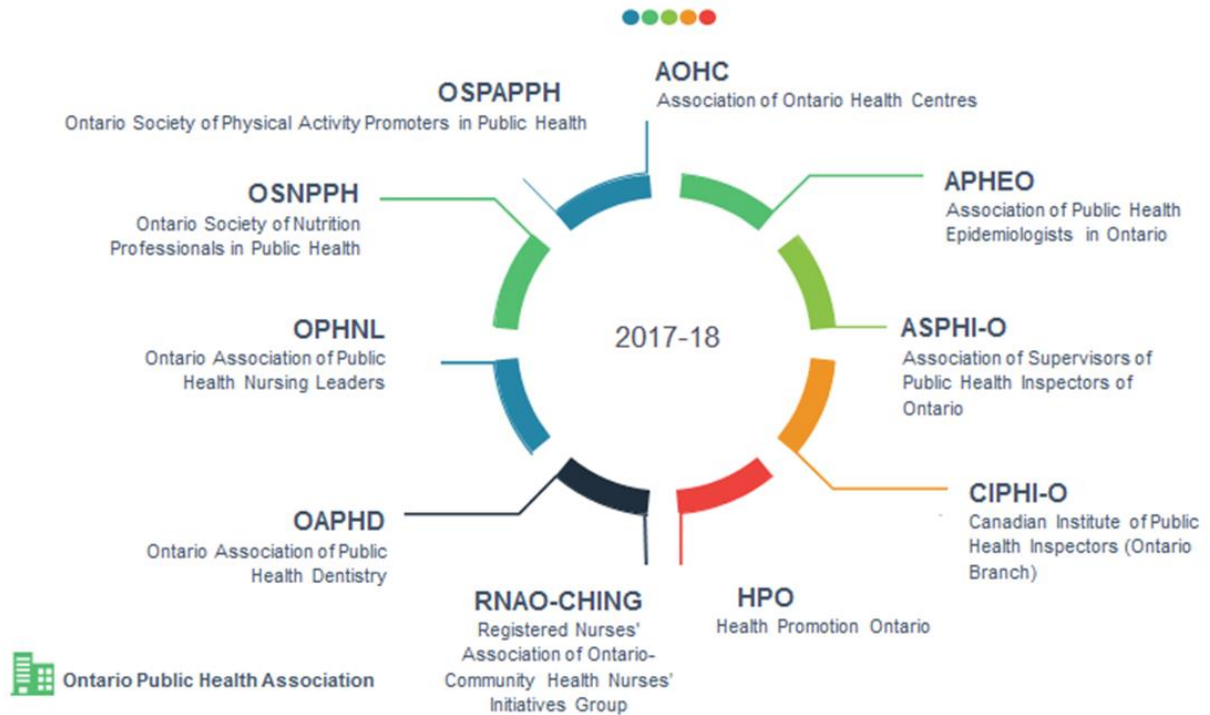
About OPHA

Created in 1949, the Ontario Public Health Association (OPHA) is a non-partisan, non-profit organization that brings together a broad spectrum of groups and individuals concerned about the health and wellbeing of Ontarians. OPHA's members come from various backgrounds and sectors - from the various disciplines in public health, health care, academic, non-profit to the private sector. They are united by OPHA's mission of providing leadership on issues affecting the public's health and strengthening the impact of people who are active in public and community health throughout Ontario. This mission is achieved through professional development, information and analysis on issues affecting community and public health, access to multidisciplinary networks, advocacy on healthy public policy, and the provision of expertise and consultation. OPHA members have been leading change in their communities on a wide range of issues - tobacco control, poverty reduction, diabetes prevention, increased access to oral health care, immunization, supporting children and families, food security, healthy eating and nutrition, climate change and designing walkable communities, among others.

Where Our Members Work



OPHA's 10 Constituent Societies



OPHA Member Workgroups and Task Groups

