

**RNAO submission to the Ministry  
of Children, Community and  
Social Services in response to  
Ontario's Poverty Reduction  
Strategy consultation**

**Nov. 28, 2025**



The Registered Nurses' Association of Ontario (RNAO) is the professional association representing more than 57,250 registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system, and influenced decisions that affect nurses and the public we serve.

## **Introduction**

RNAO welcomes the opportunity to provide feedback to the Ministry of Children, Community and Social Services concerning the development of Ontario's next Poverty Reduction Strategy. As a health organization, RNAO contributes to broader poverty-reduction efforts across the province through developing policy, submitting recommendations to government, supporting health-equity initiatives, and mobilizing nurses to advocate for income security, housing affordability and health equity. RNAO has a strong and long-standing policy position on poverty reduction, rooted in its commitment to health equity and social justice.

### **Poverty is a health issue**

Income is more than an economic or social concept; it is a fundamental determinant of health (1). Income directly shapes access to nutritious food, safe housing, education, recreation and health care (1), with low income significantly limiting access. These constraints lead to increased risk of malnutrition, infectious diseases, mental health issues and unmanaged chronic conditions. People living in poverty face significantly worse health outcomes, including higher rates of chronic illness, mental health challenges, reduced life expectancy and diminished quality of life (1). Nurses and other health professionals witness these impacts daily within their practice.

### **Poverty intertwines with other determinants of health**

Poverty does not exist in isolation; it intersects with other social determinants of health, including housing, food insecurity, education, and employment (2). These factors often overlap, creating complex barriers to wellbeing. For instance, a person with low income may live in substandard housing, lack access to nutritious food and quality education, and work in precarious jobs without benefits. These intertwined disadvantages compound health risks and make it even harder to break the cycle of poverty and poor health.

### **Poverty and health inequities**

Poverty is profoundly connected to health inequities, as it not only limits access to essential resources but also intersects with many other social determinants of health - such as race, Aboriginal status, disability, sexual orientation, social inclusion and health services. These overlapping disadvantages disproportionately affect vulnerable populations, including racialized groups, Indigenous peoples, people with disabilities, and gender-minority groups, creating systemic barriers that perpetuate poor health outcomes.

## **Challenges in addressing poverty**

RNAO identifies poverty reduction as an essential component of health equity in Ontario. Achieving this goal requires meaningful policy reforms across government sectors, including housing, income support, and the social services. Progress remains slow, fragmented and influenced by shifting political priorities. Persistent underfunding of public health, primary care, and social programs also continue to weaken the upstream interventions that are critical to address poverty. Despite this, RNAO continues to advocate for the systemic factors that perpetuate the cycle of poverty in Ontario.

Despite repeated commitments, there is little evidence that the government has articulated or implemented a credible plan to substantially reduce – let alone eliminate – poverty in Ontario. Key indicators now show a worsening situation, with poverty rates exceeding post-pandemic lows and rebounding rapidly. Most critically, the province lacks a comprehensive, publicly articulated strategy with legislated targets, defined measures, dedicated funding envelopes, and time-bound benchmarks. Without this implementation framework, current efforts remain fragmented, reactive and insufficient to reverse entrenched social and economic inequities.

Equity must be the organizing principle of Ontario’s next poverty-reduction strategy. Poverty is not randomly distributed. It is structured along lines of race, Indigenous identity, gender, disability, immigration status and other intersecting forms of disadvantage shaped by historical and ongoing systemic discrimination. Without explicit equity targets, sustained investment, and accountability for outcomes among priority populations, a universal strategy will continue to reproduce unequal results. A truly effective poverty-reduction plan must therefore be both population-wide and equity-driven, ensuring that those who are most harmed by poverty today are the first to experience meaningful and lasting improvements.

## **RNAO’s message**

Despite repeated government commitments, poverty in Ontario is worsening again following the withdrawal of temporary pandemic supports. The province enters the next strategy cycle without a legislated poverty-reduction framework, without binding targets, and without a funded implementation plan. This submission calls for a structural reset – one grounded in permanent income security reform, large-scale non-market housing investment, and enforceable accountability for equity outcomes.

## **RNAO’s approach to addressing poverty**

### **What has worked well in addressing poverty**

RNAO’s evidence-based advocacy has been a major strength in advancing poverty reduction. RNAO has mobilized nurses across the province, produced high impact policy documents and provided clear recommendations to governments on income security, housing affordability, and other social and environmental determinants of health. RNAO has done extensive research into the systemic

equities that perpetuate poverty – most recently in our [Enhancing Community Care for Ontarians](#) (ECCO 4.0 report), [Housing Political Action Bulletin](#) and [Housing Fact Sheet](#).

RNAO's long-standing commitment to health equity has also helped build strong partnerships with community organizations, researchers, and coalitions working toward poverty reduction. These collaborations have amplified nurses' voices and contributed to broader systematic change. Our mobilization of frontline nurses' experiences through our signature advocacy events ([Queen's Park Day](#), [Queen's Park on the Road](#) and [Take Your MPP To Work](#)) has been particularly effective, ensuring that practical realities inform government decision-making.

### **How has the current 2020–2025 Poverty Reduction Strategy impacted RNAO's work?**

The strategy provides a formal provincial framework that acknowledges poverty as a policy priority, which helps legitimize and strengthen RNAO's advocacy on income security, housing affordability and determinants of health. It has also facilitated more public and cross-sector dialogues about poverty, making it easier for RNAO to grow existing and new partnerships with community organizations, researchers and coalitions working toward poverty reduction. In addition, the presence of a provincial strategy creates opportunities for RNAO to monitor progress, hold the government accountable, and advocate for stronger investment in the areas where gaps remain.

## **Current state, gaps and opportunities**

The following provides our insights and recommendations to strengthen the province's next five-year strategy.

### **Poverty and inequity in Ontario**

Despite Ontario's economic recovery from the pandemic, poverty remains a persistent and complex challenge. Rising costs of housing, food and essential services have outpaced wage growth, leaving many households struggling to meet basic needs. Compounding this issue is the inadequacy of social assistance programs, which have failed to keep pace with inflation and the real cost of living.

- The poverty rate was 12.3 per cent in 2023 in Ontario, surpassing its pre-pandemic level of 10.9 per cent in 2019; there was a growing gap between Ontario and the rest of Canada (3,4).
- Over 1.7 million Ontarians - nearly one in nine – live in official poverty (5).
- Ontario has experienced persistent inflationary pressures since 2021, with cumulative price increases in food, shelter, and services, forcing households to cut spending on nutrition, recreation, and health-promoting activities (5).

Recent tariffs and ongoing economic uncertainty have led to job losses in key sectors and financial instability for many families, which contributes to a growing number of Ontarians relying on unemployment insurance or social assistance and finding that these programs do not meet basic

living costs. The resulting poverty is not evenly distributed – it disproportionately affects equity-deserving populations (6), resulting in systemic health inequities (see Table 1).

**Table 1. Rate of poverty amongst equity deserving populations**

Demographic	Poverty rate in 2023 (%)
National provincial average	10.2
Indigenous population	17.5
Racialized groups	14.0
People with disabilities	12.0
Recent immigrants	15.3

Data source: [The Daily — Canadian Income Survey, 2023](#)

This policy failure is especially striking in one of the wealthiest jurisdictions in the world. Ontario has experienced accelerating concentration of wealth at the top of the income and asset distribution. The provincial economy continues to channel record corporate profits and asset growth to the already-wealthy through corporate profits and asset growth, while real wages, social assistance and housing affordability for low- and moderate-income households steadily deteriorate. The persistence of widespread poverty in this context is not the result of fiscal incapacity, but of political choice. The resources required to meaningfully reduce poverty clearly exist within the provincial economy – what is lacking is the policy direction to redistribute opportunity, stabilize incomes, and invest at scale in housing and essential social infrastructure.

**Housing insecurity and homelessness:** Poverty and housing insecurity are deeply interconnected, with poverty contributing to the worsening housing crisis. Ontario’s housing crisis has reached alarming levels in recent years.

- One in four renters in Ontario spend more than 30 per cent of their income on rent in 2022, experiencing unaffordability (7,8).
- 2024 Canadian Social Survey (CSS) revealed that 74 per cent surveyed Ontarians reported having one or more housing challenges, with affordability standing out as a key factor (9).
- Homelessness has increased 25 per cent since 2022 and there were over 81,000 Ontarians who experienced homelessness in 2024 (10). And in Toronto alone, the number of people who experienced homelessness exceeded 15,000 in 2024 – more than double the figure in 2021(11).
- Marginalized communities have been hit hardest by the housing crisis, with disproportionately high rates of homelessness. Indigenous Peoples represent approximately 5 per cent of the Canadian population yet account for up to 31 per cent of the homelessness population. Similar patterns of over representation are evident among racialized groups, gender minorities and people with disabilities (12).

**Food insecurity:** Inadequate minimum wage and insufficient social assistance have worsened not only housing affordability, but also food insecurity. Rising food prices and housing costs force many families to choose between rent and food.

- In 2023, 24.2 per cent households – about 3.65 million Ontarians – experienced food insecurity, an increase of 1.24 million since 2019 (13). In 2024, percentage of people living in food-insecure households increased to 26.4 per cent – over 1 in 4 households struggled to afford adequate and nutritious food (14).
- Food bank usage has surged in recent years. Between April 1, 2023, and March 31, 2024, more than one million unique individuals (about 1 in 16 Ontarians) visited a food bank in Ontario, making nearly 7.7 million visits. This represents a 25 per cent increase from the previous year, and an 86 per cent increase since 2019 (15).
- Food insecurity is not evenly shared. Nearly half (47.8 per cent) of female lone-parent families experience food insecurity. Rates are also disproportionately high among Black households (44.7 per cent) and Indigenous households (36.5 per cent) (13).

### **Ontario’s minimum wage**

Ontario’s general minimum wage was increased to \$17.60 per hour on Oct. 1, 2025 (16). That rise continues a series of annual inflation-linked adjustments instituted after the provincial government froze increases in 2018 and cancelled a scheduled rise from \$14.00 to \$15.00 (17). While indexed increases have restored some nominal gains, minimum wage remains well below a wage that allows full-time workers to meet basic needs in Ontario’s current cost environment (see Figure 1).

By contrast, evidence from the Ontario Living Wage Network shows that “living wage” rates across the province generally range from about \$21 to \$24 per hour — reflecting the costs of housing, food, transportation, childcare and modest community participation. In the most expensive region, the Greater Toronto Area, the 2025 living wage is estimated at \$27.20 per hour (18).

This means that even at the current minimum wage, full-time work leaves individuals significantly short of what they would need to live with dignity. In the GTA, for example, a minimum wage worker earns roughly \$10 per hour less than the living wage; province-wide the gap remains in the order of \$4–\$7 per hour in most regions.

In short, while indexing the minimum wage to inflation is a necessary first step, it does not come close to delivering a living income. Minimum wage remains a legal floor – far below the threshold required to meet basic needs and participate meaningfully in community life. Any poverty-reduction strategy that ignores this gap risks perpetuating working poverty in Ontario. This gap is now directly visible in the growing number of food bank users – 24 per cent of food bank visitors in 2023-24 cite employment as their primary source of income and in the rising incidence of housing insecurity among working households (15).

### **Ontario Works and ODSP**

Ontario Works (OW) has experienced a severe long-term erosion in real value that has entrenched deep poverty for recipients (see Figure 1). After the 21.6 per cent cut in 1997, OW rates never recovered in inflation-adjusted terms and have remained far below any credible poverty or adequacy benchmark for decades (19). Most strikingly, OW rates were frozen for several consecutive years through a period of historically high inflation, resulting in a substantial real cut in

purchasing power just as housing, food and energy costs surged (20). Unlike ODSP, OW remains unindexed to inflation, meaning that every year of price growth without a corresponding rate increase further entrenches deprivation for recipients (20).

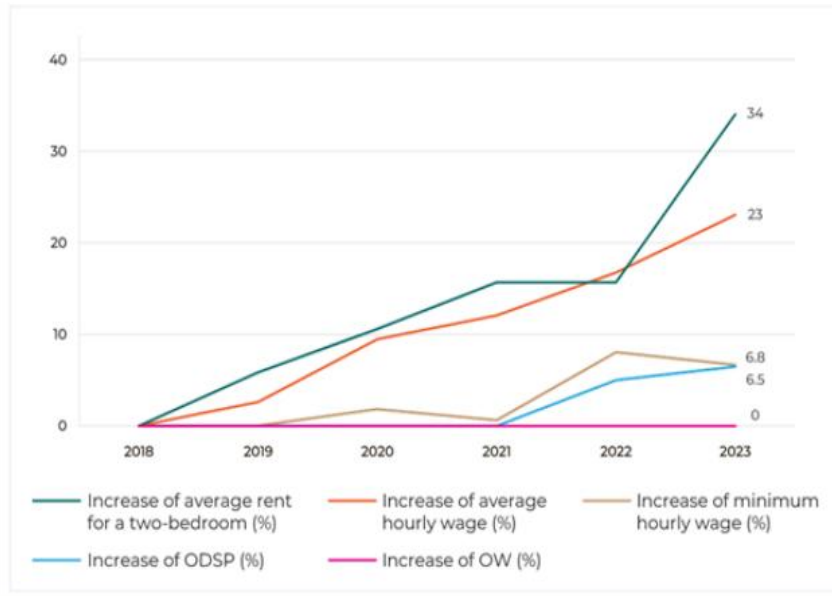
As a result, people relying on OW are forced to survive on incomes that are structurally incapable of covering basic living costs. Current OW rates leave recipients far below both Ontario's official poverty line and all measures of a living income, making adequate housing, nutritious food and stable participation in community life unattainable. This persistent inadequacy is a key driver of food insecurity, housing instability and preventable health deterioration among OW recipients, and it reflects not a lack of economic capacity in Ontario, but a sustained policy failure to treat income security as a foundational determinant of health.

Ontario Disability Support Program (ODSP) benefits show a similar pattern of long-term real-value decline, followed by only partial recent recovery (see Figure 1). Years of inadequate increases and freezes led to a significant erosion in purchasing power through the late 2010s and early 2020s (19). Although ODSP was finally indexed to inflation beginning in 2022 (with further increases in 2023 and 2024), these adjustments have only partially restored lost ground (21). In inflation-adjusted terms, the real value of ODSP benefits remains below where it stood prior to the freeze period, leaving recipients still worse off than they were several years ago (22).

For people with disabilities, this ongoing inadequacy has especially severe consequences. ODSP recipients face higher and unavoidable costs related to disability, health needs, transportation, personal supports and accessible housing, yet benefit levels remain far below what is required for even a modest standard of living. The result is chronic material deprivation layered on top of health vulnerability, increasing the risk of homelessness, food insecurity and avoidable health-system use. As with OW, this outcome reflects policy choice rather than fiscal constraint.

Bringing OW and ODSP to even a modest level of income adequacy would represent a small fraction of total provincial program spending, yet would generate outsized returns through reduced homelessness, food insecurity, and avoidable health-system use. (See Figure 1 on next page.)

**Figure 1. Increase of average rent, average hourly wage minimum wage, ODSP and OW**



Data source: [Enhancing Community Care for Ontarians](#) (ECCO 4.0 report)

### **Structural challenges embedded in government implementation results**

Ontario's most recent implementation report, published in 2024, confirms that poverty reductions during the pandemic were temporary and driven by federal COVID-19 emergency benefits, not by durable provincial policy (23). It is important to note that while the report is recent, much of the underlying poverty and deep-poverty data extend only to 2022, underscoring both a time lag in public reporting and a lack of real-time accountability (23). Once federal transfers ended, poverty and deep poverty rose sharply across the general population and all priority groups between 2021 and 2022, with overall poverty jumping by 3.2 percentage points in a single year (23). Most alarming, poverty and deep poverty among Indigenous people living off-reserve now exceed the original 2018 baseline, representing a clear equity failure within a strategy that explicitly identified Indigenous populations as a priority (23). Youth, women, and visible minorities all experienced significantly faster poverty rebounds than the general population (23). The government's own data therefore reinforce that Ontario does not yet have a structural, resilient poverty-reduction system – only a fragile pattern of short-term relief that collapses when temporary income supports are withdrawn. Absent legislated income and housing reforms, the next economic disruption will predictably reproduce the same poverty surge now documented in the government's own data.

### **Impacts on health, health system and health equity**

**Health and health system impacts:** Housing insecurity jeopardizes physical and mental health and wellbeing, including increased risks of respiratory diseases, infections and drug-related issues.

People experiencing homelessness (PEH) have an increased risk of premature death, morbidity, mental illness and substance abuse.

Housing shortages also place burdens on health-care systems, including:

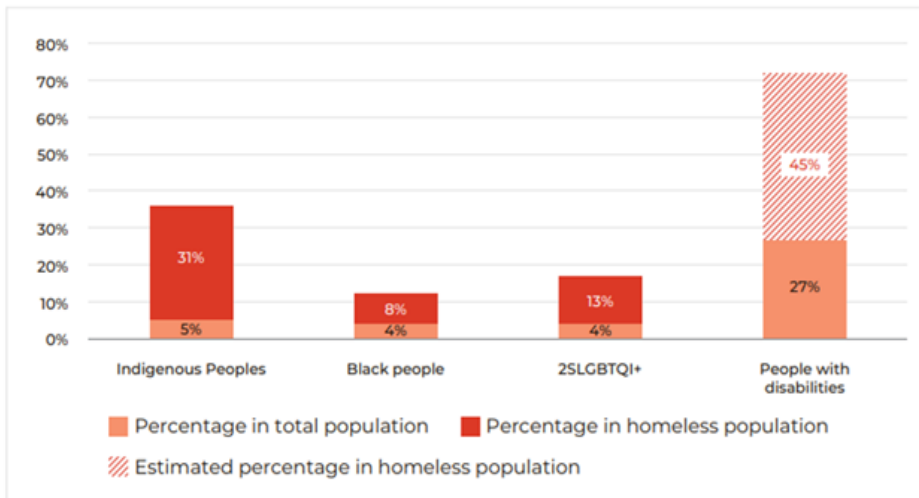
1. **Increased emergency services usage** – PEH are forced to rely heavily on emergency services for health care and even for shelter, which causes unnecessary strain on emergency services (24).
2. **Increased length of hospitalization** – The average length of stay for PEH is double the national average (24).
3. **Increased hospitalization costs** – The estimated average cost of hospitalization for patients experiencing homelessness is \$16.8K, double the national average (24).

Food insecurity has profound and wide-ranging consequences for both physical and mental health. Individuals who live in food insecure household face a higher risk of developing chronic diseases (such as type 2 diabetes and hypertension), infection, increased hospitalization and premature death (25). They also have a greater likelihood of experiencing poor mental health including depression, anxiety and psychological distress (25). For children, the health impacts are especially serious: food insecurity in childhood is associated with undernutrition, developmental delays, behavioral problems and long-term mental health challenges as they move into adulthood (26).

In Ontario, children and adolescents experiencing food insecurity had a 55 per cent higher prevalence of outpatient visits and a 74 per cent higher prevalence of acute care visits for mental health or substance use disorders, compared to those in food-secure households (27). Healthcare costs were higher among children from food-insecure households, averaging \$676.79 compared to \$563.98 for those from food-secure households (28). For adults, health care costs increase sharply with food insecurity severity, with severely food-insecure adults incurring 2.4 times higher costs than food-secure adults.

**Health Equity:** The housing insecurity disproportionately impacts marginalized communities, including Indigenous peoples, racialized groups, people with disabilities and people from 2SLGBTQI+ communities (see Figure 2 on next page).

**Figure 2. Overrepresentation of marginalized groups in homelessness**



Source: [RNAO Housing Fact Sheet](#)

The tight linkage between poverty and housing insecurity is rooted in three structural policy dynamics. First, housing has been increasingly treated as a commodity. Non-market housing accounts for only about 3.5 per cent of Canada’s entire housing stock (29). This means that for most residents both rental and ownership housing are prized and supplied as market commodities, leaving market to dictate the price. Second, there is a widening gap between commodified housing costs and household financial capacity. Not only have wages failed to keep pace with the rapidly rising housing prices, but social assistance rates fall even further behind. Third, Ontario’s deregulation of the private rental market has significantly exacerbated housing affordability. Loopholes and limited oversights have led to average rent increases far exceeding government rent caps. In 2023 alone, the average rent in Ontario increased by 8.1 per cent, more than triple the housing ministry’s 2.5 per cent guideline (30). Skyrocketing rental prices, stagnant wages, inadequate social assistance, and rental market deregulation have pushed many low-income households to the brink of homelessness.

Food insecurity disproportionately affects households from racialized groups, Indigenous communities and those receiving Ontario Works (OW) or Ontario Disability Support Program (ODSP) benefits (14). And, as reliance on food banks grows, the demographic of users is shifting. Although OW and ODSP recipients remain the largest group of people relying on food banks, nearly 25 per cent of food bank users now cite employment as their primary source of income (15).

Poverty profoundly undermines health equity in Ontario. When people face unaffordable housing, food insecurity, inadequate minimum wage, and chronically low social assistance rates, they become trapped in conditions that make stable housing and nutritious food out of reach. These structural inequities disproportionately affect marginalized and vulnerable populations, creating an interconnected cycle of deprivation that severely harms health at both individual and system levels. And, health inequities are further exacerbated by the intersecting influences of race, Indigenous

status, disability, and gender identity. Together, these realities point to a clear imperative: meaningful poverty reduction requires strong, coordinated action on the social determinants of health – ensuring adequate income, safe and affordable housing, food security and a social safety net that truly supports well-being, within a more equitable social context.

## Policy recommendations

While RNAO recognizes the government's efforts to improve access to supports and services, the evidence shows that current measures remain insufficient to reverse deepening poverty and inequity. Breaking the cycle of poverty in Ontario now requires a structurally coherent strategy that aligns income security, housing supply, food security, equity enforcement and public-health prevention within a single, legislated accountability framework:

1. **Develop and legislate a comprehensive, whole-of-government poverty-reduction plan** as the foundation of Ontario's next strategy. This plan must explicitly address income security, housing affordability, food security, and equity outcomes. It must include:
  - clear, measurable poverty-reduction and poverty-elimination targets.
  - legislated timelines with mandatory annual public reporting.
  - fully costed, multi-year budget commitments.
  - defined and enforceable ministerial accountabilities across government.
  - independent monitoring, evaluation, and public transparency mechanisms.
2. **Invest at scale in non-market housing** to structurally reduce homelessness and restore housing affordability across the income spectrum:
  - Address Ontario's housing crisis by investing one per cent of the provincial budget annually in non-market housing programming and supporting Indigenous-led housing strategies as a core component of poverty reduction and reconciliation.
  - Regulate the rental housing market to ensure affordability by extending rent control to all rental units, eliminating vacancy decontrol, and instituting a rent increase ceiling.
3. **Increase income security** measures by doubling Ontario Disability Support Program (ODSP) and Ontario Works (OW) rates to meet basic living standards.
4. **Raise the minimum wage** and index it to verified regional living-wage benchmarks.
5. **Strengthen food security** through community-based funding, universal school nutrition programs, and income-based interventions that reduce reliance on food banks.
6. **Embed enforceable health equity objectives into all poverty-reduction initiatives** and ensure targeted supports for Indigenous Peoples, racialized communities, gender-minority populations and people with disabilities.

7. **Integrate public health and social policy planning** to address upstream determinants of poverty and to reduce avoidable health system costs and emergency-service burden.

## **Conclusion**

Poverty reduction is both health promotion and fiscal stewardship. Without permanent income security reform and sustained non-market housing investment, preventable illness, homelessness, and food insecurity will continue to impose escalating costs on the health system and deepen intergenerational inequity. Ontario's next poverty-reduction strategy must therefore move beyond incrementalism and confront poverty at its structural roots. RNAO remains committed to advancing health equity for all and stands ready to work collaboratively with the government to design, implement, and evaluate a poverty-reduction strategy that delivers lasting, equitable results.

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