RNAO 2023 Provincial Pre-budget Submission

Feb. 10, 2023

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The Registered Nurses' Association of Ontario (RNAO) represents more than 50,000 registered nurses (RN), nurse practitioners (NP) and nursing students across the province. For nearly a century, the association has advocated for changes that improve people's health. RNAO welcomes the opportunity to present the views of nurses on Ontario's spending priorities to the minister of finance.

Introduction

In November 2022, while still living through an unrelenting pandemic, Ontarians were warned of a "triple threat" – at risk of contracting COVID-19, respiratory syncytial virus and the "regular" seasonal flu. Hospitalizations again peaked in a new wave, highlighting yet again the frailty of a health system with a vastly depleted nursing workforce.

Then, on Jan. 16, 2023, the government announced a plan purporting to reduce wait times for common surgical procedures in Ontario – a proposed expansion of the scope of for-profit facilities to provide care currently delivered in hospitals. Nurses saw this immediately as a new "triple threat", given the abundant research showing that this move will: (1) cost taxpayers more, (2) divert precious resources from hospitals, and (3) force Ontarians into an increasingly two-tier health system.

This dramatic shift away from the letter and spirit of the Canada Health Act comes at a time when many Ontarians, including nurses, are struggling to cope with the economic hardships and pain inflicted by the pandemic and compounded by a recent rise in interest rates that has caused the price of basic necessities such as food and heating to soar. Our province's most vulnerable citizens – those already most disproportionately impacted by COVID-19 – are falling further and further behind, while our children and grandchildren run the risk of having no safety net to bear the expenses of medical treatment in a privatized system.

It is not yet too late to remedy the faults and inequities in the systems and institutions we have built for our collective wellbeing. What is needed: comprehensive investments in our health system and in other areas that combine to keep Ontarians healthy – or as it stands now, to consign certain groups of Ontarians to poor health outcomes. RNAO has been calling for many of these investments into the future of nursing and our health system for many years. The time to implement them is now. People living in Ontario – and the nurses who help keep us healthy – deserve far better.

In the context of this pre-budget consultation process, RNAO proposes that the government focus its efforts and resources on five policy areas: nursing, care delivery, social determinants of health, environmental determinants of health and fiscal capacity. Specifically, we put forward the following recommendations for your consideration:

Recommendation #	Recommendation Summary
1. Nursing	
1.1 Compensation	Increase compensation for Ontario nurses working in all roles, domains, and sectors. Harmonize compensation upward to address pay disparities affecting, primarily, the home care and long-term care sectors.

1.2 Internationally educated nurses	Continue to expedite applications and develop and fund pathways for registration of internationally educated nurses.
1.3 Return to Nursing Now program	Develop and fund a Return to Nursing Now program to attract RNs back into Ontario's nursing workforce.
1.4 Nursing Graduate Guarantee (NGG) and Late Career Nurse Initiative (LCNI)	Expand the NGG to ensure access to all new nursing registrants; reinstate the LCNI to return recently-retired nurses to the workforce as mentors and preceptors.
1.5 Healthy workplaces for nurses and other health care staff	Fund RNAO to expand the Best Practice Spotlight Organization® program and update healthy workplace guidelines and resources for health settings.
1.6 Extern programs	Expand extern programs throughout Ontario to benefit both students and health organizations.
1.7 Workplace preceptors for nursing students	Fund innovative nursing education-practice partnerships across all health sectors.
1.8 Nursing education (RNs)	Increase enrolments, and corresponding funding, in four-year baccalaureate (Bachelor of Science in Nursing or BScN) programs, second entry/compressed programs and RPN-to-RN bridging programs by 10 per cent per year for five years.
1.9 Nursing education (NPs)	Increase the number of student-nurse practitioner (NP) seats by 125 above current government plans.
2. Care delivery	
2.1 Public health – base funding	Retain COVID-related surge funding as permanent base public health funding.
2.2 Primary care – access	Ensure all Ontarians are linked with a primary care team.
2.3 Primary care – Nurse practitioner-led clinic (NPLC) funding	Increase the number of NPLCs to 50 over the next three years.
2.4 Primary care – RN prescribing	Enact regulatory approval of RN prescribing.
2.5 Primary care – NP scope of practice	Increase NP scope of practice.

2.6 Primary care – NPs in correctional facilities	Fund the ministry of community safety and correctional services to support NP-led, integrated primary care models in corrections.
2.7 Primary care – care coordinators	Transfer care coordinators working for Home and Community Care Support Services to primary care and other community-based organizations to work in care coordinator roles.
2.8 Hospitals	Withdraw the announced expansion of health care services by for-profit facilities and ensure that publicly-funded hospitals have the resources to clear the backlog of surgeries, treatments and procedures in a safe and timely way.
2.9 Home care funding	Increase home care funding by $500 million per year over the next three years to support an expanded publicly-funded basket of home and community services.
2.10 Long-term care – Direct care and skill mix	Mandate and fund all LTC homes to deliver a minimum of four worked hours of direct nursing and personal care per resident, per day, including a minimum of 48 minutes of RN care, 60 minutes of RPN care and 132 minutes of PSW care.
2.11 Long-term care – Attending NPs	Fund and deliver one NP per 120 LTC residents within five years.
2.12 Long-term care – Infection prevention and control	Fund a minimum average of one Infection Prevention and Control (IPAC) nurse per LTC home.
2.13 Long-term care – funding formula	Ensure that LTC homes that decrease acuity (Case Mix Index, or CMI) due to evidence-based care retain all funding to reinvest in staffing and/or programs for residents.
2.14 Long-term care – Embedding evidence-based guidelines into electronic medical records	Fund RNAO to work with long-term care homes to embed RNAO's Best Practice Guidelines[1] into their electronic medical records.
2.15 Mental Health – RN psychotherapy	Amend "Roadmap to Wellness" to incorporate RN psychotherapy and identify existing funds within program to support.
2.16 Mental health – RN psychotherapy	Increase and sustain funding and resources to all Indigenous communities to ensure their public health needs, as determined by the communities, are met.

2.17 Mental health – RNAO's Indigenous Health Program	Extend funding for two years for RNAO's Indigenous Health Program.
3. Social determinants of health	
3.1 Opioid overdose crisis	Support and fund a comprehensive harm reduction approach to Ontario's overdose crisis.
3.2 Housing	Invest one per cent of the provincial budget annually in accessible, affordable housing programming.
3.3 Income security – Employment	Amend the *Employment Standards Act* to provide permanent sick days and an increase to the minimum wage.
3.4 Income security – Ontario Disability Support Program	Immediately double provincial ODSP rates and index annually with inflation.
4. Environmental determinants of health	
4.1 Greenbelt protection	Repeal Bill 23 and withdraw the proposal to remove land from the Ontario Greenbelt.
5. Fiscal capacity	
5.1 More progressive tax system	Ensure the fiscal capacity to deliver all essential health, social and environmental services by building a fairer and more progressive tax system.
5.2 Increased environmental and social responsibility	Increase revenue sources that encourage environmental and social responsibility.

Recommendations

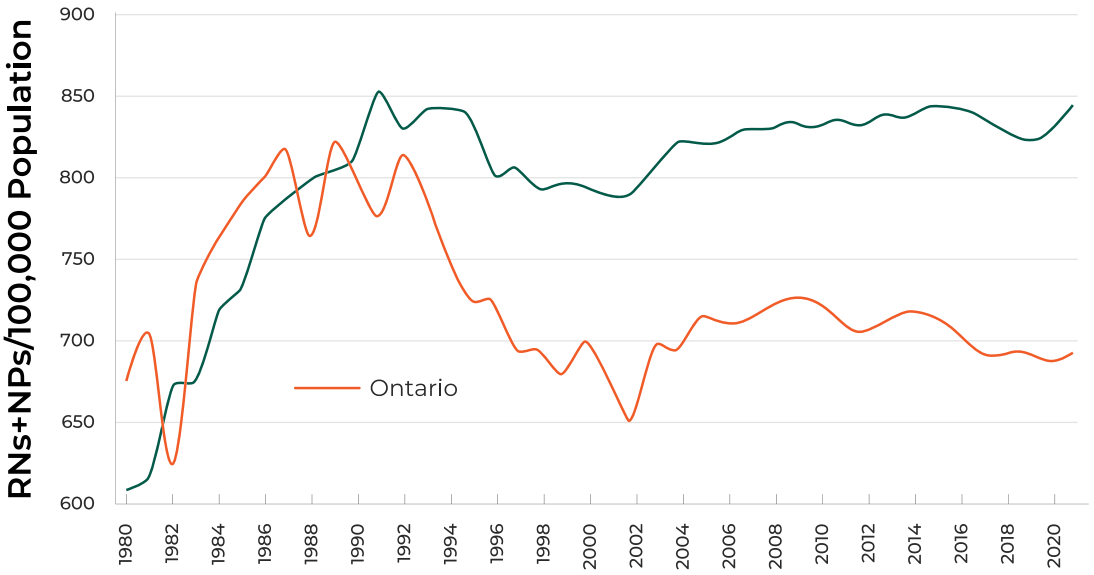
1. Nursing

Historical data show that the number of RNs per capita has dropped dramatically in Ontario, meaning that each RN must take care of many more patients than they did before, even though the population has aged and acuity has increased. Although these ratios have been falling across the country for decades, benchmarked against the rest of Canada, Ontario has fared worse. RNAO estimates that Ontario would require 23,852 more RNs working as nurses than it currently has, just to catch up with the rest of the country.[2]

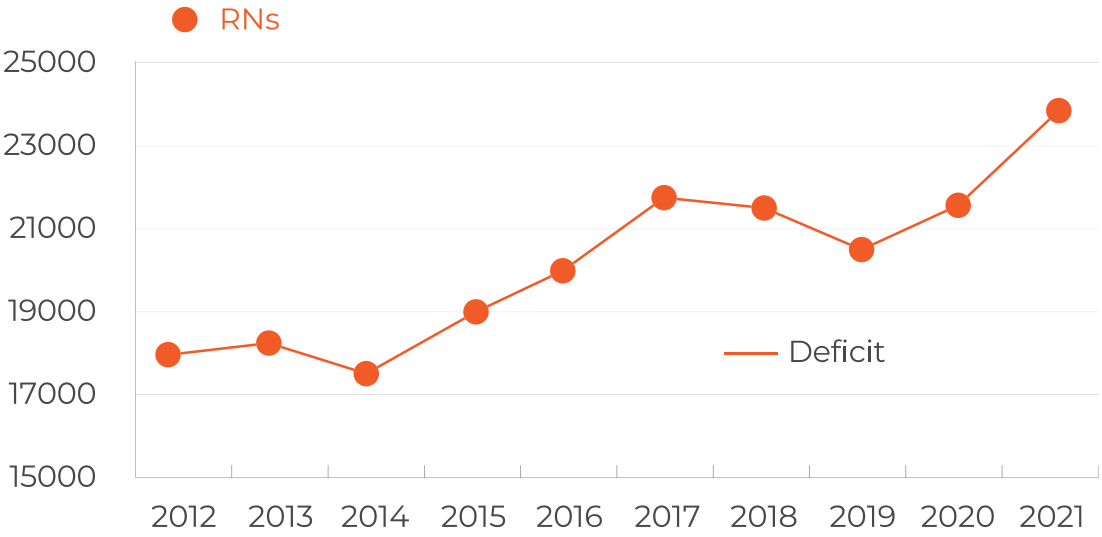
Pre-pandemic, and predating this government, RN and nursing workloads were already dangerously high in Ontario. Mid-pandemic, RNAO's own surveys of nurses in Ontario[3] and across Canada[4] revealed

extraordinarily high levels of stress, anxiety and depression among RNs and other nurses. The Canadian survey found burnout levels attaining 75 per cent. Intentions to leave the current workplace and even the profession were alarmingly high, with the risk of a cascading workload catastrophe as fewer and fewer RNs and other nurses would be available to deal with burgeoning challenges to the health system.

RNs+NPs/100,000 population: Ontartio vs. Rest of Canada



Ontario RN deficits over time compared to rest of Canada



RNAO has several recommendations to reverse this alarming trend by improving compensation and entry points into nursing.

1.1 Compensation

- Increase compensation for Ontario nurses working in all roles, domains and sectors.
- Harmonize compensation upward to address pay disparities affecting, primarily, the home care and long-term care sectors.

Cost estimate: Subject to collective bargaining outcomes

1.2 Internationally educated nurses

Continue to expedite applications and develop and fund pathways for internationally educated nurses to become registered in Ontario.

Cost estimates:

- Expansion of the current Supervised Practice Experience Program is considered cost neutral.
- See RNAO's recommendations under 1.4 "Nursing Graduate Guarantee and Late Career Nurse Initiative," below, for costing of additional pathways for IEN integration.

1.3 Return to Nursing Now program

Develop and fund a Return to Nursing Now program to attract RNs back into Ontario's nursing workforce.

Cost estimate: $162M pool annually. Actual costs incurred will depend on uptake of this program.

1.4 Nursing Graduate Guarantee and Late Career Nurse Initiative

Support RNs through their careers by:

- expanding the Nursing Graduate Guarantee (NGG) to ensure access to all new nursing registrants (RPNs and RNs, including IENs)
- reinstating the Late Career Nurse Initiative (LCNI) to return recently-retired nurses to the workforce as mentors for NGG and preceptors for clinical placements.

Cost estimate: $440M.

1.5 Healthy workplaces for nurses and other health-care staff

Fund RNAO to expand the Best Practice Spotlight Organization® Program and update healthy workplace guidelines and resources to support and ensure health settings are healthy work environments for nurses and other health care staff.

Cost estimate: $1M.

1.6 Extern Programs

Continue to extend and expand extern programs throughout Ontario.

Cost estimate: $2.5M.

1.7 Workplace preceptors for nursing students

Fund innovative nursing education-practice partnerships across all health sectors, incorporating preceptor roles to ensure manageable workloads for staff and effective clinical placements for nursing students.

Cost estimate: See RNAO's recommendations under 1.4, "Nursing Graduate Guarantee and Late Career Nurse Initiative," above, for costing.

1.8 Nursing education (RNs)

Increase enrolments, and corresponding funding, in four-year baccalaureate (Bachelor of Science in Nursing or BScN) programs, second entry/compressed programs and RPN-to-RN bridging programs by 10 per cent per year for five years. Provide funding support for innovations in university nursing education programs to expedite graduations of highly qualified nurses while maintaining the integrity of their programs and the student experience.

Cost estimate: $7.4M in first year, $22.4M in second, $45M in third, $74M in fourth and $106.4M in fifth year based on a per unit cost of seats of $8.8k. Costs may be reduced depending on the mix of 4-year BScN enrolment, two-year "second entry" BScN enrolment and RPN-to-BScN bridging programs.

Note: Commensurate increases in masters and doctoral education seats for nurses are needed to support increases to undergraduate nursing enrolments and to counter the current and future loss of faculty at or near retirement age.

1.9 Nursing education (NPs)

Increase the number of student NP seats by 125 above current government plans to remain on target for a 50 per cent increase, at minimum, in the number of NPs in the Ontario nursing workforce by 2030, as set out in RNAO's NP task force report, *Vision for Tomorrow*.

Cost estimate: $2.3M in first year and $4.5M in subsequent years.

2. Care delivery

We are clearly at a watershed moment in the history of Canadian health care, as demonstrated by the Ford government's announcement on Jan. 16. 2023 about intentions to expand the scope of for-profit delivery of surgical care in Ontario. The lessons from COVID-19 suggest a course correction for health

care in the direction of expanding, **not** diminishing, a full basket of publicly-funded and not-for-profit delivered supports needed by Ontarians across all care sectors – from birth to end-of-life care.

RNAO has long urged governments for greater investments in and expansions to our health system. As recently as 2020, we provided our "prescription" for improved basic care conditions in our long-term care system through our *Nursing Home Basic Care Guarantee* report[5].

2.1 Public health – base funding

Retain COVID-related, public health surge funding as permanent base public health funding. Include the 625 public health nurse position and the 50 community wellness nurses serving indigenous communities as part of the school-focused nurse initiative in the permanent base funding for public health nurses.

Cost estimate: $71M per year.

2.2 Primary care – Access

Fund interdisciplinary primary care models such as NP-led clinics (NPLC), community health centres (CHC), Aboriginal health access centres (AHAC), family health teams (FHT) and others to ensure all Ontarians are linked with a primary care team, delivering comprehensive care coordination 24 hours a day, seven days a week. See below for discussion re NPLCs.

Cost estimate: Net saving.

2.3 Primary care – Nurse practitioner-led clinics

Increase the number of NPLCs to 50 over the next three years, with annual increases of eight clinics per year.

Cost estimate: $168M over three years.

2.4 Primary care – RN prescribing

Enact regulatory approval of RN prescribing, which includes prescribing medications, communicating a diagnosis and ordering diagnostic testing and imaging. Enable current RNs to prescribe in a timely manner following government regulatory approval by funding RNAO to develop and offer a 300 hour professional development course focusing on pharmacology, including classroom hours, simulation, clinical experience and mentored practice for RNs to prepare them to prescribe based on CNO regulations.

Cost estimate: $200K funding to RNAO to develop a course. Cost savings to the health system.

2.5 Primary Care – NP scope of practice

Increase NP scope of practice to include:

- initiation of all seven legal forms for mental health services under the Mental Health Act, including Forms 1 and 2.
- ordering additional forms of energy, such as electroencephalograms (EEG)
- certify death in all circumstances, not only when death is expected
- admit and discharge patients and act as most responsible provider (MRP) in hospital settings, fully implementing 2011 and 2012 changes to the Public Hospitals Act across all hospitals
- formal recognition of NPs as MRP in primary care settings with full access to client records

Cost estimate: cost savings to the health system

2.6 Primary care – NPs in correctional facilities

Fund the ministry of community safety and correctional services to support NP-led, integrated primary care models in corrections.

Cost estimate: $150K per NP.

2.7 Primary care – Care coordinators

Transfer care coordinators working for Home and Community Care Support Services (formerly LHINs) to primary care and other community-based organizations to work in care coordinator roles.

Cost estimate: Minimal net effect on costs in the system.

2.8 Hospitals

Withdraw the announced expansion of health care services by for-profit facilities and ensure that publicly-funded hospitals have the resources to clear the backlog of surgeries, treatments and procedures in a safe and timely way. This requires ensuring:

- availability of operating rooms, step-down units and diagnostic facilities and equipment twenty-four hours per day, seven days per week
- availability of all necessary staff to make these facilities and services functional and safe

Cost estimate: Cost savings from the use of publicly-funded, not-for-profit services and facilities.

2.9 Home care – funding

Increase home care funding by $500 million per year over the next three years, to support an expanded publicly-funded basket of home and community services, and promote adequate staffing, skill mix and compensation.

Cost estimate: $3B.

2.10 Long-term care – Direct care and skill mix

Mandate and fund all LTC homes, per RNAO's *Nursing Home Basic Care Guarantee* report[6], NHBCG, to deliver a minimum of four worked hours of direct nursing and personal care per resident, per day, including a minimum of 48 minutes of RN care, 60 minutes of RPN care and 132 minutes of PSW care.

Cost estimate: $2.2B. This includes: $1.15B for 11,000 RN FTEs, $650M for 9,000 RPN FTEs, and $400M for 6,200 PSW FTEs.

2.11 Long-term care – Attending NPs

Fund and deliver one NP per 120 LTC residents within five years, per RNAO's *Nursing Home Basic Care Guarantee* report.

Cost estimate: $202.5M over five years above government's current commitment.

2.12 Long-term care – Infection prevention and control

Fund a minimum average of one Infection Prevention and Control (IPAC) nurse per LTC home, per RNAO's *Nursing Home Basic Care Guarantee* report.

Cost estimate: $63.5M.

2.13 Long-term care – Funding formula

Ensure that LTC homes that decrease acuity (Case Mix Index, or CMI) due to evidence-based care retain all funding to reinvest in staffing and/or programs for residents.

Cost estimate: Positive budgetary implication.

2.14 Long-term care – Embedding evidence-based guidelines into electronic medical records

Fund RNAO to work with long-term care homes to embed RNAO's Best Practice Guidelines[7] into their electronic medical records.

Cost estimate: $1,411,608 in the first year; $3,304,977 in the second; and, $1,739,874 in the third.

2.15 Mental health – RN psychotherapy

Amend "Roadmap to Wellness" to incorporate RN psychotherapy and identify existing funds within program to support.

Cost estimate: No additional cost.

2.16 Indigenous health – self-determination

Increase and sustain funding and resources to all Indigenous communities to ensure their public health needs, as determined by the communities, are met.

Note: We are not in a position to estimate costs for this item. It is imperative on the government to transfer the necessary resources, funding and authority to all Indigenous communities who opt to exercise their inherent right to determine and control their own public health programming and services.

2.17 Indigenous health – RNAO's Indigenous Health Program

Extend funding for two years (until March 31, 2025) for RNAO's Indigenous Health Program. The program works collaboratively with provincial and national Indigenous groups and organizations to respond to the priorities of Indigenous partners and communities, as well as to nurses and other health providers who work with Indigenous peoples across Ontario. The Program's work is guided by the Truth and Reconciliation Commission's calls to action, cultural safety and humility principles, trauma-informed practices, Indigenous determinants of health and health equity. It weaves Indigenous wise practices with RNAO's expertise on guideline development, implementation and evaluation to ensure culturally safe practices for Indigenous organizations.

Cost estimate: $750K per year over two years, for a total of $1.5M.

3. Social determinants of health

Social and economic inequities continue to persist and grow in Ontario leaving significant portions of Ontario's population in poverty and core housing need. These are systemic and racialized inequities, with visible minorities and Indigenous peoples experiencing higher levels of poverty and core housing need than other demographics.

For large segments of Ontario's population, income has not kept pace with the cost of living and, in particular, housing. Recently, these challenges have been compounded by higher inflation leading to soaring prices for basic necessities such as food and clothing. Given that Ontario's residential rent increase guideline is pegged to the Consumer Price Index, tenants will face higher than usual annual rent increases in 2023. Absent corresponding increases to the minimum wage or to social assistance benefits, even more tenants will be literally left out in the cold next winter.

Against this backdrop, the opioid overdose crisis continues to claim the lives of Ontarians. There were 1,278 apparent opioid toxicity deaths in Ontario in the first six months of 2022, an average of seven deaths per day[8]. These needless deaths could have been avoided through robust investments in overdose prevention and safer supply initiatives. It's important to stress that any costs associated with harm reduction programs would be at least partially offset by reduced rates of emergency department visits, hospital admissions and other health care costs not related to primary care or outpatient medications. And, these investments would literally save lives.

Overall, this government needs to invest in significant changes to ensure economic and social vulnerabilities are eliminated and rights to housing and health protected.

3.1 Opioid overdose crisis – Overdose prevention and safer supply

Respond to the toxic drug overdose crisis by:

- Supporting and funding overdose prevention and supervised consumption sites in every community in need across the province and incorporating drug checking services into all sites.
- Amending the Ontario Drug Formulary to support injectable opioid agonist treatment and safer supply programs.

Cost estimate: Costs vary per site depending on a number of factors, including staffing model and number of clients served. $1.4M per supervised consumption site can serve as an approximate per site cost. An additional $3.6M over three years is required to support the expansion of drug checking services (as per Sustaining and Scaling the province's only drug checking service amid the worsening overdose crisis, submitted by Toronto's Drug Checking Service via Unity Health Toronto). Similarly, the cost of safer supply programs varies on a number of factors but, importantly, also reduce rates of emergency department visits, hospital admissions and other health care costs not related to primary care or outpatient medications.

3.2 Housing

Address Ontario's housing crisis by investing one per cent of the provincial budget annually in accessible, affordable housing programming, including:

- support for rent subsidies and supplements
- the construction of 10,000 affordable units annually
- the construction of 3,000 units of supportive housing annually
- an Indigenous-led urban rural and Indigenous housing strategy
- all investments needed to end chronic homelessness by 2025

Cost estimate: $2.0B.

3.3 Income security – Employment

Amend the *Employment Standards Act* to provide the following:

- 10 permanent paid sick days for all employees and an additional 14 days paid sick days during a public health emergency.
- An immediate increase of the minimum wage to $18.15/hour, indexed annually to inflation.

Cost estimate: Minimal provincial budget implications.

3.4 Income security – Ontario Disability Support Program

Immediately double provincial ODSP rates and index annually with inflation.

Cost estimate: $5.5B over and above current expenditures.

4. Environmental determinants of health

Ontario and the planet are facing a climate change crisis – the biggest health threat facing humanity, according to the World Health Organization[9]. Bill 23 and associated amendments to the Greenbelt Plan will exacerbate that crisis by promoting urban sprawl and by removing environmental standards. It would also weaken tenant protections, which will threaten access to housing, which is an important social determinant of health. (See above recommendation 3.2.)

The housing minister pledged in 2021 not to open the Greenbelt to development[10]. There is sufficient land for housing development within the Greater Toronto and Hamilton Area, especially given the government's recent approval of more than 14,000 hectares of land for urban development – larger in size than Vancouver or Etobicoke[11].

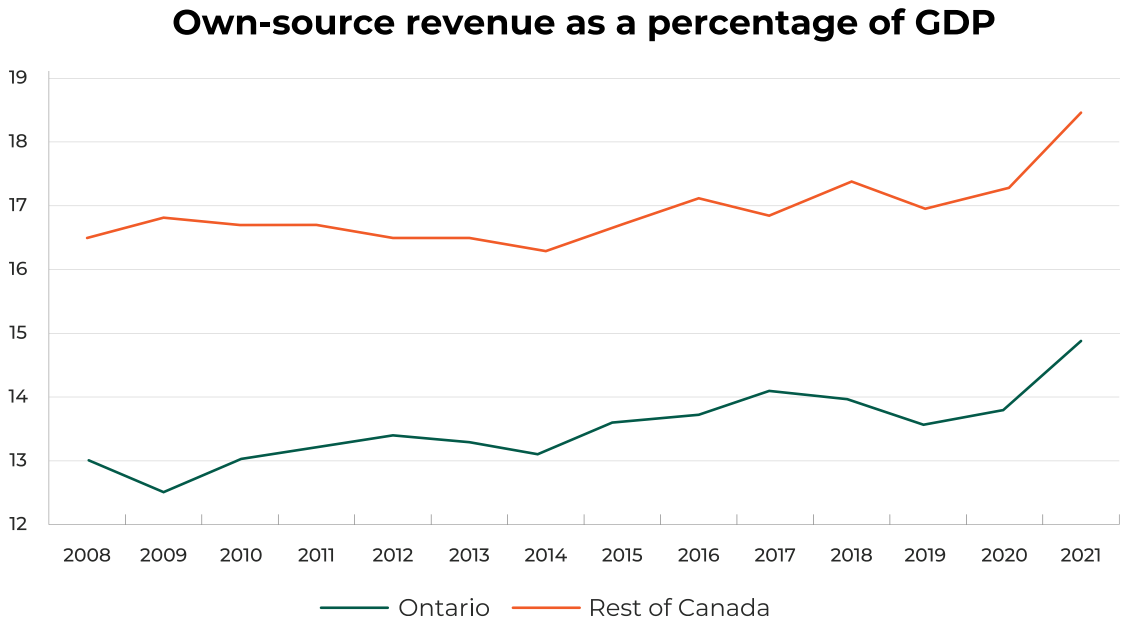
4.1 Greenbelt protection

Repeal Bill 23 and withdraw the proposal to remove land from the Ontario Greenbelt.

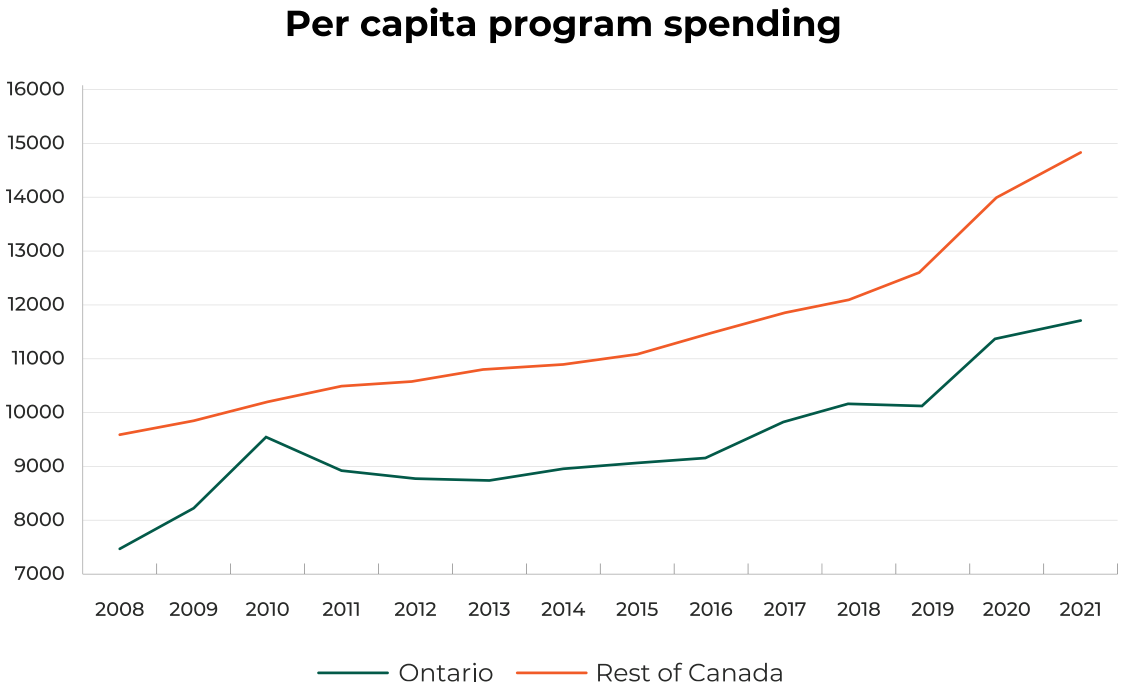
Cost estimate: No associated costs.

5. Fiscal capacity

Ontario is an outlier in its expenditures and its revenue effort – both are far below the rest of Canada, and by all measures, lag behind most or all of the other provinces. Ontario's 2021 own-source revenues as a share of GDP (14.9 per cent) drastically lag those in the rest of Canada (18.5 per cent). Ontario's revenue effort by this measure is lower than every province except for Alberta[12].



There is a corresponding shortfall in program expenditures. On a per capita basis, Ontario spends less ($11,624 in 2021) than all other provinces ($14,701). As with revenue, Ontario has a long history of underspending the rest of Canada[13].



There is a growing inequality of access to health and growing income inequality that has, at its root in part, tax avoidance and the failure of some people to pay their fair share of taxes. Government can collect revenue and spend it in ways that help to reduce income inequality and enhance greater access to health. The only thing stopping Ontario from pursuing this path is insufficient revenue, but with a renewed determination to address fairness and equity, we can surmount that obstacle.

5.1 Build a more progressive tax system

Ensure the fiscal capacity to deliver all essential health, social and environmental services by building a fairer and more progressive tax system.

Cost estimate: Net benefit to revenue.

5.2 Increase environmental and social responsibility

Increase revenue sources that encourage environmental and societal responsibility. Make polluters pay for the full cost of the pollution they create.

Cost estimate: Net benefit to revenue.

Conclusion

Thank you for your consideration of this submission. If questions arise with respect to any of the recommendations or assumptions, please contact RNAO Chief Executive Officer, Dr. Doris Grinspun (dgrinspun@RNAO.ca) or Director of Nursing and Health Policy, Matthew Kellway (mkellway@RNAO.ca).

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[1] https://rnao.ca/bpg/guidelines

[2] RNAO calculations from Canadian Institute for Health Information. (2022). *Registered Nurses.* November 17. Data at https://www.cihi.ca/en/registered-nurses.

[3] Registered Nurses' Association of Ontario. (2021). *Work and Wellbeing Survey Results.* March. https://rnao.ca/sites/rnao-ca/files/Nurses_Wellbeing_Survey_Results_-_March_31.pdf.

[4] Registered Nurses' Association of Ontario. (2022). *Nursing Through Crisis: A Comparative Perspective.* May 12. https://rnao.ca/news/updates/new-report-nursing-through-crisis-a-comparative-perspective.

[5] Registered Nurses' Association of Ontario. (2020). *Nursing Home Basic Care Guarantee: RNAO Submission to the Long-Term Care Staffing Study Advisory Group. https://rnao.ca/sites/default/files/2020-06/Nursing%20Home%20Basic%20Care%20Guarantee%20-%20RNAO%20submission%20to%20LTC%20staffing%20study%20advisory%20group%20-%20Final%20-%20June%2009%2C%202020.pdf*

[6] See note 10 above.

[7] https://rnao.ca/bpg/guidelines

[8] https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/

[9] World Health Organization. (2021). *Climate change and health.* October 30. https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

[10] CBC/Canadian Press. (2022). *Ontario wants to cut Greenbelt land to build homes, contradicting prior pledge.* November 4. https://www.cbc.ca/news/canada/toronto/ontario-greenbelt-proposal-to-cut-land-for-homes-1.6641278

[11] CBC News. (2022). *Ontario just got 14,000 hectares of land to develop — so why does Doug Ford want the Greenbelt too?* Ontario just got 14,000 hectares of land to develop — so why does Doug Ford want the Greenbelt too? | CBC News.

[12] Block, S. (2023). Budget 2023: What if Ontario aimed to be average? *The Monitor*, Canadian Centre for Policy Alternatives. https://monitormag.ca/articles/budget-2023-what-if-ontario-aimed-to-be-average/.

[13] Block, S. (2023). Op. cit.