



## **Income security for better health**

**If work is to be a pathway out of poverty, Ontario's labour laws must ensure that workers are paid and treated fairly. Do you support raising the minimum wage to \$15 per hour immediately? Will you support improvements to the labour standards such as 10 days of protected emergency leave, with the first two paid?**

**Will you support the urgent need to increase social assistance rates to reflect the real cost of shelter and basic needs?**

**The abrupt cancellation of the Basic Income Pilot was devastating for the participants, violates international and Canadian research ethics, and is a lost opportunity for evidence-informed policy-making. Will you join RNAO in calling for the continuation of this research project for another two years until the pilot is completed?**

### **What kind of Ontario do we want?**

Ontarians must decide on what kind of society we wish to create. Evidence shows that "greater equality makes societies more resilient and adaptable, better able to deal with shocks and uncertainty."<sup>1</sup> U.K. scholars Richard Wilkinson and Kate Pickett sound increasingly distressed as they ponder the biggest rise in inequality since during the tenure of Prime Minister Margaret Thatcher. "Homelessness and child poverty have risen, the NHS is in dire financial straits, understaffed prisons have record suicide rates, the elderly lack social care--yet the rich continue to get richer, and continue to avoid taxes. This is an expression of abject moral bankruptcy."<sup>2</sup> Our province is in danger of going in this same direction unless we act to decrease poverty and income inequality.

### **Why poverty matters**

In order to sustain lives, reduce health inequities, and enable human dignity, the government of Ontario needs to take meaningful action on poverty. According to the 2016 Census, 14.4 per cent of Ontarians (1,898,975 persons)<sup>3</sup> are struggling to meet their basic needs using the low income measure after tax (LIM-AT).<sup>4</sup> The distribution of poverty is not random. Those who experience higher rates of poverty include Indigenous people, women, racialized people, new immigrants and people living with disabilities.<sup>5</sup> These marginalized groups often face discrimination when they seek housing, employment and fair compensation, and programs and services.

The evidence is conclusive: poverty makes people sick and leads to premature death. The World Health Organization states that "poverty is the single largest determinant of health, and ill health is an obstacle to social and economic development."<sup>6</sup> According to Health Quality Ontario, "The

poorer you are in Ontario, the more likely you are to have worse health outcomes."<sup>7</sup> On average, women living in the poorest neighbourhoods in Ontario die more than two years earlier than women living in the richest neighbourhoods.<sup>8</sup> Men living in the poorest neighbourhoods in the province die, on average, five years earlier than men living in the richest neighbourhoods.<sup>9</sup> Those living in shelters, rooming houses, and hotels\*<sup>10</sup> are at even greater risk of premature death. Compared with the entire population of Canada, life expectancy is shorter by 13 years for men and eight years for women living in shelters; 11 and nine years, respectively, for those living in rooming houses; and eight and five years, respectively, for those living in hotels.<sup>11</sup>

Poverty not only causes human suffering, it costs our economy. The combined private and public costs of poverty in Ontario have been conservatively estimated at \$32.2 to \$38.3 billion (2007 dollars). That is equivalent to 5.5 to 6.6 per cent of Ontario's GDP.<sup>12</sup> These poverty-induced costs include increased expenditures for health care, criminal justice, intergenerational poverty, and lost productivity resulting in lower earnings and lower tax revenues.<sup>13</sup>

### **Work as a pathway out of poverty**

Pat Capponi,<sup>14</sup> well known poverty activist, author, and one of the founders of Voices From the Street (a program run by Working For Change)<sup>15</sup> says: "a home, a job, a friend" is all people need to ensure "stability, love, a safe place to live, a purpose."<sup>16</sup> Paid work should be a pathway out of poverty that covers basic needs, and be sufficient to provide people with the opportunity to participate in the "economic and social fabric of their community."<sup>17</sup>

In order to improve health and decrease health inequities, the Registered Nurses' Association of Ontario (RNAO) has been advocating for more than 15 years that the minimum wage be increased and labour laws be strengthened and enforced.<sup>18 19</sup> Ontario's \$14 per hour minimum wage was scheduled to increase to \$15 per hour on Jan. 1, 2019 and then be indexed to inflation every October.<sup>20</sup> Although 60 per cent of Ontario residents supported an increase of the minimum wage to \$15 per hour starting in 2019,<sup>21</sup> the provincial government passed Bill 47, *Making Ontario Open for Business Act*, 2018, freezing the minimum wage at \$14 per hour until Oct. 1, 2020.<sup>22</sup> Instead of 10 days of personal emergency leave with the first two of these days being paid, Bill 47 repealed the two paid leave days.<sup>23</sup>

RNAO has consistently supported this increase to the minimum wage that became law under Bill 148, *Fair Workplaces, Better Jobs Act, 2017* as well as other regulatory safeguards to support workers' health such as paid sick days.<sup>24 25 26</sup> Premier Doug Ford's rationale for "getting rid of Bill 148"<sup>27</sup> was that, "bottom line, it's an absolute job killer."<sup>28</sup>

This is incorrect. Instead of killing jobs, one year after the minimum wage hike increased from \$11.60 to \$14 on Jan. 1, 2018, Ontario's unemployment rate fell to a 18-year low of 5.4 per cent.<sup>29</sup> In 2018, employment in Ontario grew by 78,000 (+1.1 per cent), all in full-time work.<sup>30</sup> In the sector with the greatest concentration of low-wage workers in Ontario, food services and accommodation, the average hours of work increased by 13 per cent from January through August 2018, with wages growing by 10 per cent.<sup>31</sup> The food and hospitality sector created 7,100 new jobs since January.<sup>32</sup> The actual bottom line when analyzed by the CBC is "get beyond the

ideology, and look at the evidence, and you'll find no sign that the workplace reforms and minimum wage increase caused widespread job loss or economic damage."<sup>33</sup>

Instead of raising the minimum wage to \$15 per hour on Jan. 1, 2019, the Premier offered an income tax credit, something of no benefit to about two-thirds of low-income Ontarians who pay no income tax.<sup>34</sup> CBC News did the calculations and found that a \$14 per hour full-time minimum wage worker would have a maximum tax credit of \$859 per year under Ford's plan.<sup>35</sup> That same full-time worker making \$15 per hour would take home an extra \$1,553 per year.<sup>36</sup> For an individual working 25 hours per week, Ford's plan would provide a tax credit of about \$396 per year compared with extra take-home pay of about \$970 per year with the \$15 per hour minimum wage.<sup>37</sup>

More than half of Canada's economy is powered by consumer spending<sup>38</sup> and higher wages stimulate the economy by enabling stronger consumer spending.<sup>39</sup> As economist Armine Yalnizyan explains, "The people who spend virtually every penny they make are people at the bottom of the wage spectrum. If you boost minimum wages, you are boosting the economy from the bottom up."<sup>40</sup> When the minimum wage is raised, employers benefit from enhanced productivity, lower staff turn-over, and increased employee engagement.<sup>41</sup> Employers who make up the Better Way Alliance (BWA) promote "investing in employee well-being for our bottom line and the health of Canada's economy."<sup>42</sup> As employers who provide decent working conditions and fair wages, the BWA recognizes that "everyone does better when people have disposable income and time to call their own."<sup>43</sup>

The lack of decent work and living wages is taking a significant toll on the health of workers and their families.<sup>44</sup> People who are precariously employed are at double the risk of diabetes, 2.5 times more likely to experience fatal occupational injuries, and have a 40 per cent higher risk for heart disease.<sup>45</sup> Compared with those in secure employment, workers in precarious employment are almost 55 per cent more likely to report that they are often depressed as a result of work.<sup>46</sup> Insecure employment negatively affects household well-being, especially in low-income households. Insecure employment can bring financial stress, anxiety, and can affect decisions such as beginning a relationship and delaying having children.<sup>47</sup>

The "20th century promise that each generation would be better off than the preceding one is being broken."<sup>48</sup> A recent study of 1,189 employed millennials (born between 1982 and 1997) in Hamilton found high levels of post-secondary education but only 44 per cent had found permanent full-time employment.<sup>49</sup> Many have difficulty covering basic living expenses and a majority reported less than what is perceived as a middle-class income in Canada.<sup>50</sup> Millennials in precarious employment risk consequences if they raise an occupational health or employment standards issue and are most likely to not be paid in full for work done.<sup>51</sup> The researchers conclude that "it is the alarming pervasiveness of poor mental health, anger and depression among a large percentage of millennials that is the most disturbing finding."<sup>52</sup>

### **Transforming social assistance**

RNAO is disappointed with the government's plan to end the Basic Income Pilot on March 31, 2019.<sup>53</sup> As part of the project, independent researchers from McMaster University and St.

Michael's Hospital have been tracking changes in health, food security, employment, housing, and education.<sup>54</sup> This data would have provided valuable evidence to inform public policy. Cancelling the project only one-third of the way through its three-year timeline is a waste of the \$50 million invested in the first year of research.<sup>55</sup>

The cancellation is devastating for approximately 4,000 people in Lindsay, Thunder Bay, Hamilton, Brantford, and Brant County who are participating in this project.<sup>56 57 58 59</sup> Project participants believed the government of Ontario's promise that "they would not end up worse off for signing up for the pilot project. They have now been let down without notice and without consultation."<sup>60</sup> Psychiatrist and CEO for the Wellesley Institute, Kwame McKenzie, described the cancellation as a "high risk situation." According to McKenzie, "sudden shocks to vulnerable people increase the chance of heart attacks and of developing high blood pressure, and can worsen the prognosis of chronic diseases, including cancer. Sudden shocks are also linked to the onset of schizophrenia, anxiety and addictions. Suicides are often linked to recent social trauma."<sup>61</sup>

The cancellation of the basic income pilot has prompted a class action suit.<sup>62</sup> Beyond the province's legal obligations, the abrupt cancellation of the basic income pilot is being described by academics and foundations from across the globe as a "serious breach of Canadian and international research ethics that harms Canada's reputation on the world stage."<sup>63</sup> Researchers working on basic income projects in Finland, Scotland, the Netherlands, the United States, Spain, Kenya, and India expressed shock at the cancellation. "Not only is the cancellation inconsistent with international best practices, but it violates your own Canadian policy for the ethical conduct of experiments involving humans."<sup>64</sup>

RNAO urges the province of Ontario to continue with the basic income research project for its last two years, as promised during the 2018 provincial election campaign.<sup>65 66</sup> If this is not done, the province must mitigate harm arising from failing to fulfill its ethical responsibilities to the 4,000 vulnerable research participants by continuing their promised stipends for the full duration of the planned experiment.<sup>67</sup>

On July 31, 2018, when Lisa MacLeod, Minister of Children, Community and Social Services announced the termination of the Basic Income Pilot, a "pause" was implemented on 19 changes to Ontario Works (OW) and the Ontario Disability Support Program (ODSP) scheduled to start fall 2018.<sup>68</sup> There was a cancellation of a three per cent increase to base rates (basic needs and shelter) that was supposed to start in September/October 2018<sup>69</sup> – instead, the government announced a base rate increase of 1.5 per cent for ODSP starting on Sept. 1, 2018 and the same increase for OW recipients starting on Oct. 1, 2018.<sup>70</sup> While a 3 per cent increase would not have lifted people out of poverty, it would at least have covered Ontario's inflation rate of 2.5 per cent.<sup>71</sup> A single person on OW is now eligible for a maximum of \$733 per month and a person on ODSP is now eligible for a maximum of \$1,169 per month.<sup>72</sup> This miniscule increase still leaves 916,924<sup>73</sup> of the most vulnerable among us struggling to meet basic needs. They will be worse off because their income will lag inflation.

Social assistance rates are dangerously inadequate because they do not reflect the actual cost of living. In June 2018, RNAO participated in an inquest that shed much-needed light on the dangers of Ontario's frayed safety net. A coroner's jury heard evidence into the death of 49-year-old Grant Faulkner, who died from smoke inhalation after a shelter he made out of plywood caught fire. He

was trying to stay warm on a bitterly cold January night. Sleeping in tents, make-shift shelters, and occasionally with friends were the options available to him as he tried to get by on about \$220 per month in social assistance payments.<sup>74</sup> Of the 35 recommendations made by the coroner's jury examining into his death, a number were directed to the Ministry of Children, Community and Social Services, including: "increase the amount of income provided to individuals receiving social assistance to reflect the real cost of shelter and basic needs."<sup>75</sup>

In addition to raising the social assistance rates, countless reports over the last 30 years have documented the failings of a punitive system based on "outdated ideas and counterproductive rules that trap people in poverty."<sup>76 77 78</sup> RNAO looks to the government to implement the evidence-based recommendations of the *Income security: A roadmap for change* report to strengthen the social assistance system.<sup>79 80</sup> This ground-breaking report was written by three working groups (Income Security Reform Working Group; First Nations Income Security Reform Working Group; and Urban Indigenous Table on Income Security Reform) appointed to give independent advice to the provincial government. It outlines a vision that puts the needs and rights of people at the centre of a transformed social assistance system. RNAO calls on the government and all parties to heed this report's emphasis on the "need for urgent action"<sup>81</sup> to address the deep poverty caused by shamefully low social assistance rates.

### **Affordable, inclusive housing**

Last winter, frigid temperatures, overcrowded shelters, and public disputes between politicians and anti-poverty activists<sup>82</sup> put a spotlight on the issue of homelessness. With over 5,400 people in Toronto's emergency shelter system on average each night throughout December 2017 and often well over 700 people per night at warming and drop-in centres in January 2018,<sup>83</sup> people were turned away from shelters, highlighting the desperate need for increased capacity.<sup>84 85</sup> The demand has gotten worse with 6,820 people on average each night in January 2019 using the shelter system.<sup>86</sup> Add to that number the nearly 800 individuals each night trying to sleep on cots, mats, and in chairs at respite centres, drop-ins, and Out of the Cold sites.<sup>87</sup>

The effects of being homeless to a person's health and dignity are devastating. Mortality data in Ontario's largest city has been officially tracked only since January 2017 -- revealing 100 people who were homeless died in that year.<sup>88 89</sup> Overcrowding in the permanent shelter system contributes to deaths and hospitalizations from violence<sup>90</sup> as well as outbreaks of infectious diseases such as streptococcus<sup>91</sup> and influenza.<sup>92 93</sup> Those unable to access a shelter bed end up in respite centres or 24-hour drop-in centres that do not meet shelter standards set out by the city of Toronto or the United Nations.<sup>94</sup>

The City of Toronto's failure is not unique in the province. On any given night, it is estimated that about 12,000 Ontarians who are homeless and shelters across the province are strained.<sup>95</sup> We must address this crisis of people sleeping rough on our streets, on chairs in warming centres, or on the floor in places of worship.

Those who are visibly homeless are only the tip of the "affordable housing iceberg." Beneath that iceberg are even larger numbers of people who are staying with friends or "couch surfing" (also



known as the hidden homeless), living in overcrowded, substandard, inadequate housing or unaffordable housing.<sup>96</sup>

According to the 2016 Census, 12.7 per cent of Canadian households were unsuitable, inadequate or unaffordable, what Statistics Canada calls “core housing need.”<sup>97 98</sup> Among provinces, Ontario had the highest proportion of households in core housing need at 15.3 per cent and Toronto has the top rate among all communities at 19.1 per cent.<sup>99100</sup>

Despite over \$4 billion in provincial funding for affordable housing since 2003, wait lists have increased by 45,257 households.<sup>101</sup> In 2015, there were 171,360 households across the province waiting for rent-geared-to-income housing.<sup>102</sup> The average wait time for applicants housed in 2015 across Ontario was 3.9 years; however, the predicted wait time for recent applicants in high demand regions is 14 years.<sup>103</sup> Even women in Toronto who are fleeing domestic violence (and who are placed on a special priority list for social housing) have an average wait of 10 months.<sup>104</sup><sup>105</sup> This is completely unacceptable.

The ability to access affordable housing must be extended to every Ontarian who needs it, including people with physical, sensory, cognitive (including developmental) and learning, mental-health, and acquired-brain injury disabilities. Universal design in the built environment is increasingly recognized as a cost-effective, sustainable best practice critical to accessibility and ease of living for everyone as our population ages.<sup>106 107</sup>

An estimated 35,000 Canadians are homeless on a given night and at least 235,000 Canadians experience homelessness in a year.<sup>108</sup> Mass homelessness in Canada is the result of decisions by successive governments to stop investing in affordable housing. Structural shifts in the economy leading to more precarious, low-paying jobs, and reduced spending on health and social supports are also to blame.<sup>109</sup> Over the last 25 years, Canada's population has increased by almost 30 per cent but annual national investment in housing has decreased by over 46 per cent.<sup>110</sup> In 1989, the per capita spending on federal housing investments was \$115 per Canadian but by 2013, that figure dropped to just over \$60 per person (in 2013 dollars).<sup>111</sup> To make things even worse, existing social housing is being condemned<sup>112</sup> or at risk of being closed<sup>113 114</sup> due to neglected repairs of the aging social housing stock.

The lack of affordable housing and adequate health and social supports takes its toll on individuals, families, and communities. The status quo, which has resulted in high rates of homelessness, also generates high financial costs for society. A recent economic analysis found that the average annual cost of health, social, and criminal justice services per homeless person with mental illness in five Canadian cities averaged \$53,144, with Toronto being the highest at \$58,972.<sup>115</sup> The Mental Health and Addictions Leadership Advisory Council's 2016 urged the province to create at least 30,000 units of supportive housing over 10 years for people with mental health and addiction issues.<sup>116</sup>

It is crucial we prevent homeless by reducing poverty, income insecurity, direct and systemic forms of violence, including all forms of discrimination.<sup>117</sup> To prevent and address chronic homelessness, it is also essential to close critical service gaps in mental health and addiction services. Investments must be made to provide all Ontarians with high quality and accessible

mental health and addiction services.<sup>118</sup> Harm reduction, supervised consumption and treatment services, also need investment to address the opioid overdose crisis.

### **Building a healthier Ontario: Decrease poverty and reduce income inequality**

Public health units across the province have been documenting the gaps between income and the cost of nutritious food and shelter. Let's look at the Perez and Smith families,<sup>119</sup> for example, who live in Toronto:

Cheryl and Raoul Perez are married with two children – ages 8 and 14. Cheryl has not been able to keep a steady job due to her depression. Raoul works in retail, and earns minimum wage. He brings in \$1,976 a month in wages. Their situation would be much worse without the \$1,115 they receive each month for the Canada Child Benefit. Their three bedroom apartment is \$1,544 per month and does not include hydro. The Perez family spend 47 per cent of their monthly income on rent and 26 per cent on food. That leaves them \$868 each month to cover other basic needs such as transportation, child care, household and personal care items, and clothing.

In comparison, a neighbouring family of four with a median income, the Smiths, who have two children of the same age and who both work have a combined income of \$7,992 per month from employment after taxes. They spend 20 per cent of their income on rent, 11 per cent of their income on food, and have \$5,496 left each month.

Low wages, inadequate social assistance rates, and high shelter costs mean that a significant number of Ontarians go hungry. Put simply, their health is compromised because of food insecurity. According to the Canadian Community Health Survey, there were 594,900 food insecure households in Ontario in 2014.<sup>120</sup> The probability of food insecurity rises as household income declines.<sup>121</sup> Households depending on dangerously low social assistance rates are particularly vulnerable. In 2014, the proportion of households reliant on social assistance who were food insecure in Ontario was 64 per cent.<sup>122</sup> Proof that having a job is not a guarantee for being able to get by is that the majority of food insecure households in Canada (62.2 per cent) were reliant on wages from employment.<sup>123</sup> In 2014, the proportion of food insecure households reliant on wages and salaries in Ontario was 58.9 per cent.<sup>124</sup> Unfortunately, Ontario has not been able to monitor trends in food insecurity since then as the province opted not to include it as part of the Canadian Community Health Survey for 2015 and 2016.<sup>125</sup>

With a few exceptions,<sup>126</sup> the global trend over the last four decades is that income inequality has risen sharply but at different speeds according to region. Since 1980, the top one per cent richest individuals in the world captured twice as much in real growth (27 per cent) as the global bottom 50 per cent (at 12 per cent).<sup>127</sup> In Canada, the "the lion's share of earnings goes to the richest families, at the expense of the rest."<sup>128</sup> The bottom half of Ontario families, for example, take home only 19 per cent of earnings compared with 81 per cent for the top half.<sup>129</sup> There has been a drop in the share of earnings for Ontario families in the bottom half, falling from 22 per cent in 2000-2002 to 19 per cent in 2013-2015.<sup>130</sup> "That income shifted from the bottom half to the top half of the income distribution: the top half's share of earnings rose from 78 per cent in 2000-2002 to 81 per cent in 2013-2015."<sup>131</sup> Data from the 2016 Census shows a continuing "yawning chasm" in total income: Indigenous Canadian incomes are 25 per cent lower than for non-

Indigenous Canadians; visible minorities' incomes are 26 per cent lower than those of non-visible minorities; and recent immigrants had incomes 37 per cent lower than for Canadians born here.<sup>132</sup>

Just as poverty compromises health, so does income inequality. Reducing income inequality is good for the health of the whole population and not just for the health of the individuals with the lowest incomes.<sup>133</sup> Income inequality affects population health and wellbeing by being associated with lower life expectancy; higher rates of infant mortality; mental illness (including drug and alcohol addiction); obesity; teenage births; homicides; and imprisonment rates. Income inequality also reduces children's educational performance; level of trust; and social mobility.<sup>134</sup>  
<sup>135</sup> Those in "more equal societies are more willing to help each other, trust each other, and to take part in community life. The evidence also suggests that they are less out for themselves and more responsive to the common good. But with rising inequality all that fades."<sup>136</sup> According to the *World Inequality Report 2018*, "if rising inequality is not properly monitored and addressed, it can lead to various sorts of political, economic, and social catastrophes."<sup>137</sup>

### **RNAO's SOCIAL DETERMINANTS OF HEALTH ASKS**

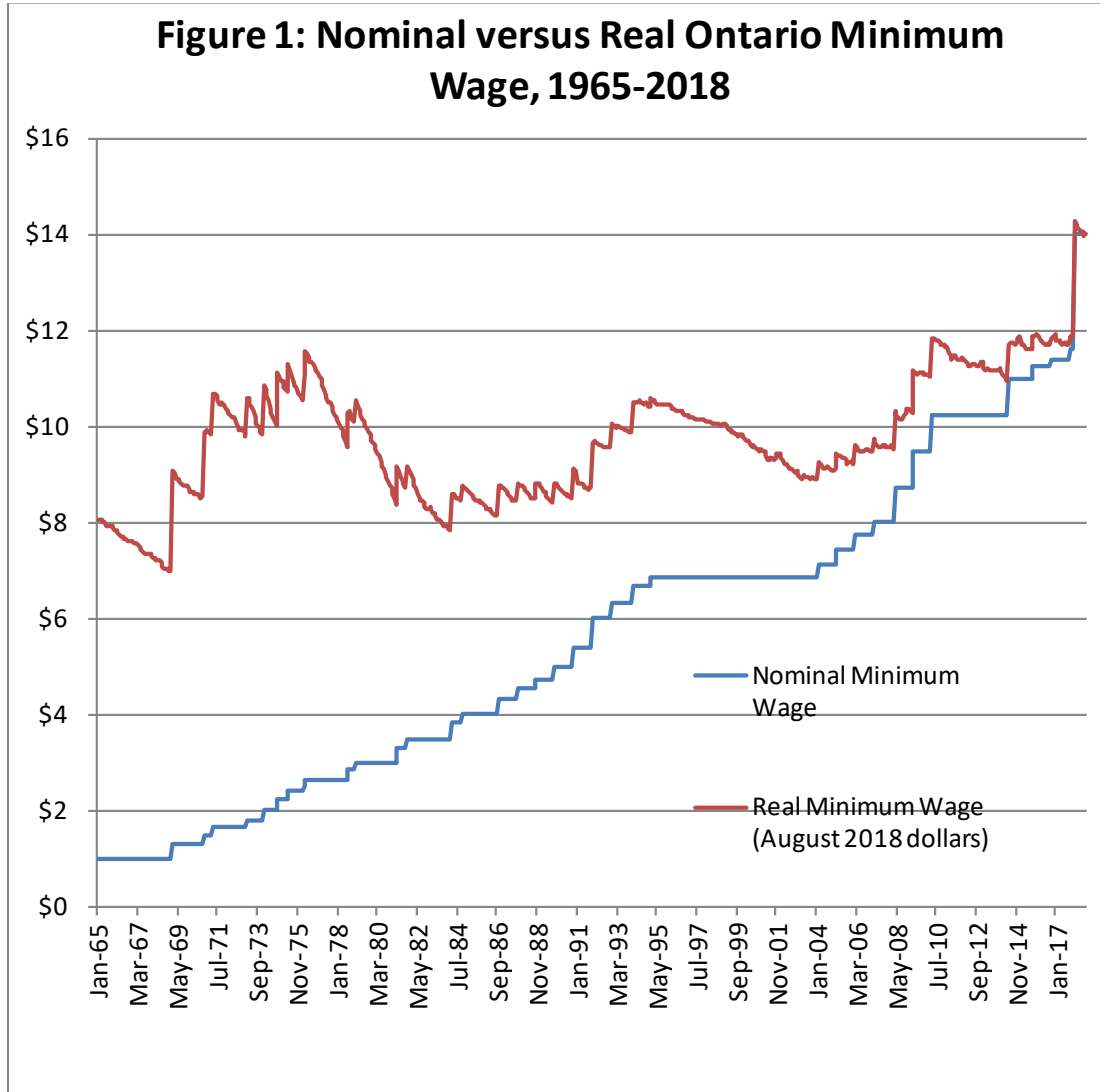
- Increase the minimum wage to \$15 per hour and then index it to inflation every year.
- Continue the Basic Income Pilot for its final two years. If this is not done, the province must mitigate harm arising from failing to fulfill its ethical responsibilities to 4,000 vulnerable research participants by continuing promised stipends for the full duration of the pilot.
- Implement the evidence-based recommendations of the report, *Income security: A roadmap for change*, starting by meeting the urgent need to increase social assistance rates to reflect the real cost of shelter and basic needs.
- Work with other levels of government to ensure adequate shelter space in communities across the province to address the crisis of homelessness.
- Invest in mental health, addiction, and harm reduction services to prevent and address chronic homelessness.
- Create at least 3,000 units per year of supportive housing for people with mental health and addiction issues over the next ten years.
- Increase the supply of rent-geared-to-income housing, including units that are accessible for people who are disabled. Amend the building code to require all new multi-unit buildings incorporate the principles of universal design for accessibility.



## Appendix

### Raising the minimum wage: Barely enough and most overdue

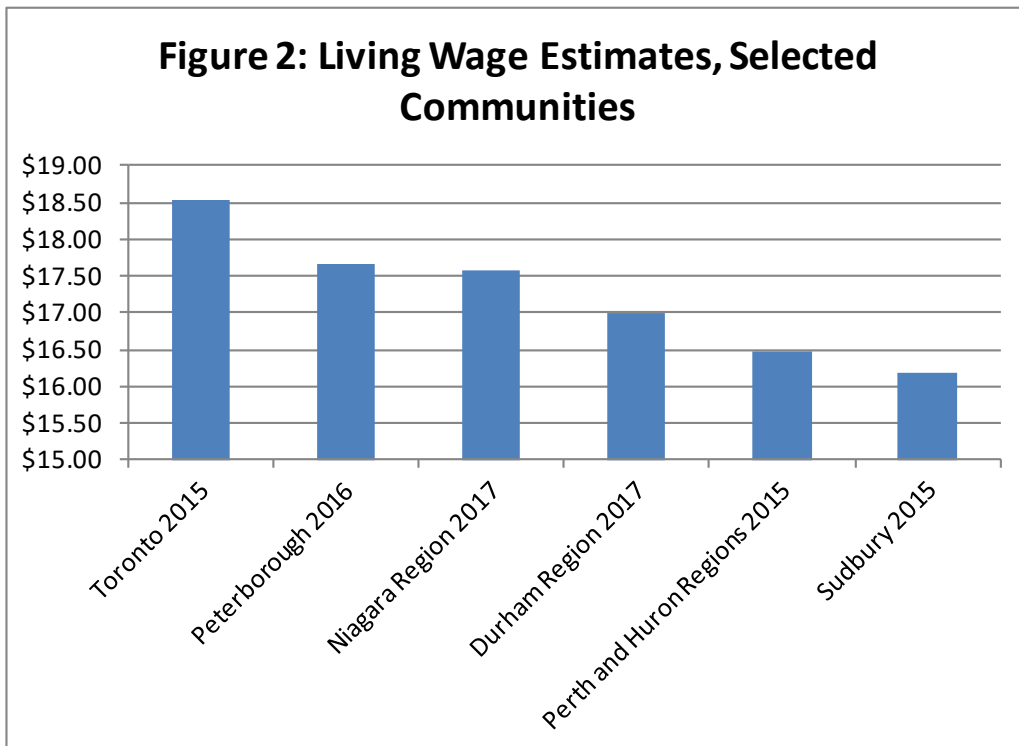
In 1965, Ontario's nominal<sup>138</sup> minimum wage was \$1 an hour, which was 42 per cent of Ontario's average industrial wage.<sup>139</sup> There have been gradual increases in the minimum wage except for a nine-year period from 1995 to 2004 when it was frozen at \$6.85 per hour and a four-year period from 2010 to 2014 when it stood unchanged at \$10.25 per hour.



The above chart adjusts Ontario's nominal wage rate (blue line) for inflation by using Cansim's Consumer Price Index (CPI) for Canada. The Canadian CPI was used because the Ontario CPI only starts in September 1978, while the minimum wage series runs from January 1965. The real wage is in August 2018 dollars.

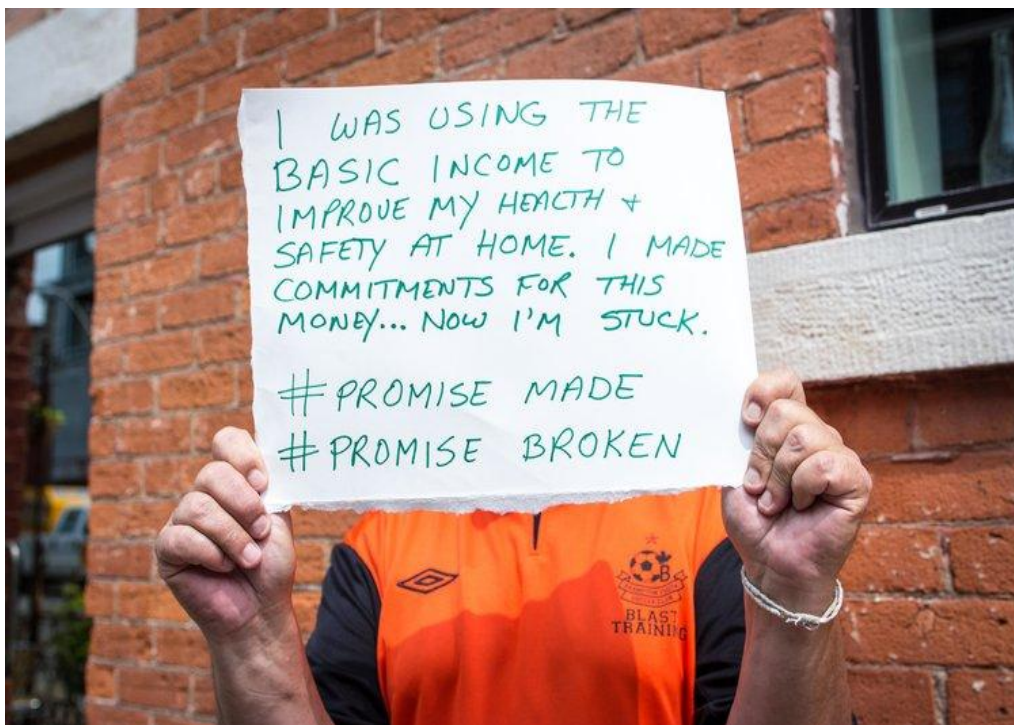
The chart shows that the minimum wage first peaked in real terms in April 1976, at \$11.58. It finally went higher in April 2010 (\$11.86), exactly 34 years later. It took until January 2015 for this peak to be marginally exceeded. January 2018 was the huge leap. RNAO rejects the argument that increases to the minimum wage are "too much, too quickly." Instead, we characterize them as "barely enough and most overdue."<sup>140</sup>

Let's consider what workers actually need to get by. As shown in Figure 2, an increasing number of Ontario communities<sup>141 142 143 144 145 146</sup> are calculating the living wage to reflect what a family of four would need to "meet its basic needs, participate in the economic and social fabric of their community, and purchase items that can help them escape marginal subsistence."<sup>147</sup> There is a significant mismatch between the living wage and minimum wage, as well as rates for Ontario Works and the Ontario Disability Support Program.



Please note that this data understates the problem because the cost of living continues to rise over time.

The Humans of Basic Income, Photo Project, by Jessie Golem<sup>148 149</sup>



## References:

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- <sup>3</sup> Statistics Canada. (2017, June). *Canada and Ontario* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>
- <sup>4</sup> The low-income measure, after tax (LIM-AT), refers to a fixed percentage (50%) of median-adjusted after-tax income of private households. The household after-tax income is adjusted by an equivalence scale to take economies of scale into account. This adjustment for different household sizes reflects the fact that a household's needs increase, but at decreasing rate, as the number of members increases." Statistics Canada. 2017. *Canada and Ontario* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001.
- <sup>5</sup> Campaign 2000 (2017). *Ending child and family poverty is not negotiable: Building stronger foundations for Ontario families*. Report card on child and family poverty in Ontario. Toronto: Author, 10. <https://campaign2000.ca/wp-content/uploads/2017/11/ReportCardOntarioNov212017.pdf>
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- <sup>8</sup> Health Quality Ontario, *Income and health*, 5.
- <sup>9</sup> Health Quality Ontario, *Income and health*, 5.
- <sup>10</sup> \*When permanent, affordable housing is not available, non-governmental organizations, governments, and individuals themselves may turn to low-cost hotels and motels. See, for example, Matys, F. (2015, Feb. 12). Homeless take refuge at Orillia hotels. Orillia Today. <https://www.simcoe.com/news-story/5335193-homeless-take-refuge-at-orillia-hotels/>
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- <sup>13</sup> Ontario Association of Food Banks, *The cost of poverty*, 14-19.
- <sup>14</sup> Pat Capponi was named as a member of the Order of Canada in 2015. Other biographical information about Pat, including a listing of her books, and an archived video presentation may be found at [http://voicesfromthestreet.com/?page\\_id=760](http://voicesfromthestreet.com/?page_id=760).
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