RNAO 2008 Pre-Budget Submission

Submission to Standing Committee on Finance and Economic Affairs

January 28, 2008

The Registered Nurses' Association of Ontario (RNAO)

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Summary of Recommendations

A Continued Need to Reinvest in Infrastructure and Public Services

- Meet the commitments in the throne speech to rebuild Ontario's public services and infrastructure while offsetting some of the impact of a possible economic downturn on Ontarians.
- Do not place undue emphasis on the short-run impact of any economic downturn on government finances.

Poverty Reduction

- Quickly implement a meaningful, inclusive consultation process on poverty reduction with a wide range of stakeholders including those with low income, the most seriously disadvantaged groups, community leaders and policy experts, about what kind of targets, accountability measures, and policies will make a difference for Ontario.
- Set the bold and achievable targets for poverty reduction of 25 percent in five years, and 50 percent in 10 years.
- Set specific and targeted accountability measures to assess progress.
- Make a substantial down payment on a poverty reduction strategy through significant increases in Ontario Works, Ontario Disability Support Program and Ontario Child Benefit rates in 2008 to make progress on having these reflect actual costs of living in health and dignity in Ontario. When rates have risen to meet decent living standards, they should be indexed to the cost of living to keep them from falling behind.
- Promote good jobs at living wages by: immediately increasing the minimum wage to $10.25; improving the *Employment Standards Act* to cover precarious employment and improve enforcement of standards; and urging the federal government to improve access to employment insurance.
- Increase access to housing through a major and credible increase in expenditure on affordable housing.

Environment

- Move speedily to ban the use, sale and retail display of cosmetic pesticides in Ontario in 2008, and ensure both strong public education and enforcement mechanisms.
- Quickly implement the promised expansion of rapid transit, while reviewing proposed or future expansions of highways.
- Implement funding for renewable energy and conservation.
- Accelerate the termination of all coal burning at Ontario's power plants to 2009.
- Cancel plans for the construction of new nuclear plants in Ontario.
- Commit to phasing in a carbon tax and other environmental taxes.

Protecting Medicare and Not-For-Profit Delivery of Health Care

- Announce an immediate and indefinite province-wide moratorium on competitive bidding in the home care sector.
- Ensure that LHINs do not use competitive bidding processes as a method of allocating funding.
- Establish an immediate and indefinite moratorium on Infrastructure Ontario's AFP projects in the hospital sector. Do not approve or announce any additional AFP projects for which contracts have not been signed.
- For projects where contracts have already been signed, deepen the commitment to full transparency by providing total disclosure of all financial aspects of these agreements.
- For projects where AFP contracts have not been signed, the financing method should be shifted to a traditional (non-AFP) method of financing.

Increasing Access to Primary Health Care

- Implement the campaign and Throne Speech commitment of funding 25 additional nurse practitioner (NP)-led clinics by funding 13 of these clinics in 2008.
- Implement funding for 150 new NP Primary Health Care positions in 2008 across community health centres, NP-led clinics, family health teams, emergency departments, other outpatient settings, and Nursing Homes.
- Dedicate funding to enhance the management of chronic disease in Ontario.
- Dedicate funding to increase the employment and remuneration of RNs in primary care family practices.

Strengthening the Nursing Workforce for the Public

- Implement the campaign and Throne Speech commitments to nursing with immediate earmarked funding to:
    - Increase Ontario's nursing workforce by 9,000 FTE's by 2010, with 3,000 FTEs (2,250 RNs and 750 RPNs) funded in 2008.
    - Meet our goal to have 70 percent of nurses working full-time by 2010. Secure a 2.5 percentage point progress in 2008, bringing the share of RNs working FT from 63% percent to 65.5 percent).
    - Guarantee jobs for new nursing grads, and work with employers to ensure full-time employment for these new grads after the six months of government funding ends. Secure a 10 percentage point progress in full-time employment for new Ontario RNs in 2008.
    - Invest in healthy work environments for nurses. Mandate a zero tolerance approach to violence against nurses in the workplace, and work with employers to immediately implement effective policies.

- Expand the government's commitments to the following:

    - Equalize remuneration and working conditions for RNs working in the acute care, primary care/family practice, home care and long-term care sectors.

Fiscal Capacity

- Maintain fiscal capacity by not cutting taxes.

RNAO Prebudget Submission 2008

The Registered Nurses' Association of Ontario (RNAO) is the professional organization for registered nurses who practice in all roles and sectors across this province. Our mandate is to advocate for healthy public policy and for the role of registered nurses in enhancing the health of Ontarians. We welcome this opportunity to participate in the pre-budget consultation and to convey the view and recommendations of Ontario's registered nurses.

I. A Continued Need to Reinvest In Infrastructure and Public Services

Over its first mandate, the government started the task of rebuilding Ontario's physical, social and environmental infrastructure. There is still much to do, and momentum must not be lost. We know that a focus for deliberations on this budget will be the impact of the slowdown in the US economy and of the high dollar on revenues and expenditures. This budget is an opportunity to show again bold leadership by staying the course and meeting the commitments from the election and from the throne speech. In meeting these commitments, our government can continue to rebuild Ontario's public services and infrastructure while offsetting some of the impact of any downturn on Ontarians. We urge the government not to place an undue emphasis on the short-run impact of a possible slowdown in government revenues.

We believe that the expenditures we are proposing are good for the economy, and they are essential for a healthy, inclusive society. This is the type of society that Ontarians and Canadians have long preferred, and a society which RNAO advocates for as part of its mandate.

RNAO Recommendations on Reinvesting in Infrastructure and Public Services

- **Meet the commitments in the throne speech to rebuild Ontario's public services and infrastructure while offsetting some of the impact of a possible economic downturn on Ontarians.**
- **Do not place undue emphasis on the short-run impact of any economic downturn on government finances**.

II. A Real Poverty Reduction Program

Poverty remains a distressingly large and persistent problem in Ontario. The latest statistics from the National Council of Welfare indicate that Ontario's poverty rate is 14.3 percent, which represents 1,733,000 Ontarians, according to 2003 data.[1] Poverty and social exclusion damage health in a variety of ways. One measure of a growing problem is the 14.3 percent rise in the number of Ontarians served by food banks from 2001 to

2007, with a staggering 318,540 Ontarians relying on this assistance every month.[2] Research verifies the link between poverty and food insufficiency.[3]

In turn, household food insufficiency is clearly linked with poorer reported and functional health, including higher odds of restricted activity, multiple chronic conditions, major depression, heart disease, diabetes, high blood pressure, and food allergies.[4] [5] Infants and toddlers who experience food insecurity are at a greater risk for poor health, growth problems, and hospitalization.[6]

Poverty also affects health through access to housing. Inadequate housing and homelessness have major impacts on health. For example, research shows that homeless men[7] and women[8] are many more times likely to die than the general population. A Street Health Nursing Foundation survey summarized the impact on health: the daily lives of homeless people were stressful, isolating, and dangerous. People were often hungry, chronically ill and unable to access the health care that they urgently required.[9]

The continued rise in the racialization of poverty is a matter of growing concern. For example, the poverty rate for the racialized family population in Toronto rose from 20.4 percent in 1981 to 29.5 percent in 2001 – much higher than the 11.6 percent poverty rate in 2001 for the non-racialized family population.[10]

A key problem is social assistance rates, which for many years have been far below any acceptable level. The years from 2000 to 2005 in Ontario showed the lowest levels of welfare income since 1986, with recipients receiving just 34 percent to 58 percent of the poverty line in 2005.[11] Social assistance rates did increase by 3 percent in March 2005, by 2 percent in November 2006, and by 2 percent in November 2007. While a step in the right direction, 676,000 Ontarians receiving social assistance[12] need much more so that they can live in health and in dignity.

We must also address the problems of the working poor. Approximately 200,000 people in Ontario earn the minimum wage, and approximately 1.2 million workers earn less than $10/hour.[13] The minimum wage did increase to $8/hour in February 2007, with an increase to $8.75/hour proposed for March 2008. However, working people earning the minimum wage are still far below the poverty line. The government proposal in Ontario's 2007 Budget[14] to increase the minimum wage to $10.25/hour by 2010 is too gradual for people struggling in poverty today.

We applaud government for making poverty reduction a major focus of its work in its second mandate. We value the government's commitment to the Ontario Child Benefit (OCB), and other supporting measures such as raising the minimum wage to $10.25 by 2010; creating a long-term affordable housing strategy; and supporting dental care for low income families. These are important steps, and RNAO proposes the following measures to support and strengthen those steps.

RNAO Recommendations on Poverty Reduction

- **Quickly implement a meaningful, inclusive consultation process on poverty reduction with a wide range of stakeholders including those with low income,**

the most seriously disadvantaged groups, community leaders and policy experts, about what kind of targets, accountability measures, and policies will make a difference for Ontario.

- **Set the bold and achievable targets for poverty reduction of 25 percent in five years, and 50 percent in ten years.**
- **Set specific and targeted accountability measures to assess progress.**
- **Make a substantial down payment on a poverty reduction strategy through significant increases in Ontario Works, Ontario Disability Support Program and Ontario Child Benefit rates in 2008 to make progress on having these reflect actual costs of living in health and dignity in Ontario. When rates have risen to meet decent living standards, they should be indexed to the cost of living to keep them from falling behind.**
- **Promote good jobs at living wages by: Promote good jobs at living wages by: immediately increasing the minimum wage to $10.25; improving the *Employment Standards Act* to cover precarious employment and improve enforcement of standards; and urging the federal government to improve access to employment insurance.**
- **Increase access to housing through a major and credible increase in expenditure on affordable housing.**

III. The Environment and Health

The evidence of the many links between environment and health is very strong. Like all Canadians, registered nurses have become increasingly concerned about climate change and the impact of environmental toxics on the health of their families.

Chronic conditions such as asthma, cancer, developmental disabilities, and birth defects have become the primary causes of illness and death in children in industrialized countries, and there is growing expert recognition that chemicals in the environment are partly responsible for these trends.[15] Large numbers of these dangerous chemicals indeed showed up in the blood of Canadians tested for toxics.[16] [17] [18] [19] Of particular concern is the safety of children, who are much more vulnerable to toxics.[20] [21] [22] [23] [24] A precautionary approach is appropriate.

Ontarians are deeply concerned about another threat to health – climate change. There is very strong agreement among most scientists that global warming is a reality, and that this warming is principally due to human activity. [25] [26] A principal cause of this warming is the dramatic increase in the concentration of greenhouse gases (GHGs) in the atmosphere. Research from the prestigious Intergovernmental Panel on Climate Change (IPPC) has shown that carbon dioxide levels in the atmosphere are much higher today than at any point in the last 650,000 years.[27]

While much of the focus is on environmental catastrophe, implicit in climate change is a huge associated health catastrophe. Health risks will rise in a variety of ways, due to increased flooding, hurricanes, droughts, heat waves, wild fires, poorer air quality, and increased rates of vector-, rodent-, food- and water-borne diseases.

The government has promised a number of steps that together could put Ontario at the forefront of rebuilding and preserving a healthy environment. RNAO will work with government and other stakeholders to help realize this goal in a timely manner. The government's environmental promises include:

- Reducing greenhouse gas emissions 6 percent below 1990 levels by 2014. Canada's Kyoto obligations require that goal be reached by 2008-2012, and Ontario should accordingly accelerate emission reductions.
- Closing all coal-fired electricity plants by 2014, doubling renewables and doubling conservation. These are positive steps, but Ontario should accelerate its coal plant closure to 2009, to protect the health of Ontarians.
- A major $17.5 billion expansion of rapid transit, which would reduce pollution and greenhouse gas emissions through more efficient transportation.
- Creation of a toxic reduction law and reducing environmental toxics and carcinogens.
- Banning the cosmetic use of pesticides in Ontario.

On the matter of greenhouse gases, the government should move promptly on its relevant promises, including phasing out coal and funding expansions in public transit, renewables and conservation. RNAO urges that any highway expansion be subject to full assessments of environmental and social costs. RNAO also advises against resorting to an expansion of nuclear power, as it has proven to be costly and it carries risks to health. The introduction of a carbon tax would work to reduce greenhouse gas emissions. It has been implemented in a number of countries, including Finland and Sweden, and Quebec has now done so as well.[28] [29] The National Roundtable on the Environment and the Economy, whose members are appointed by the federal cabinet, has called for a carbon tax or similar market incentive for Canada.[30]

RNAO Environmental Recommendations

- **Move speedily to ban the use, sale and retail display of cosmetic pesticides in Ontario in 2008, and ensure both strong public education and enforcement mechanisms.**
- **Quickly implement the promised expansion of rapid transit, while reviewing proposed or future expansions of highways.**
- **Implement funding for renewable energy and conservation.**
- **Accelerate the termination of all coal burning at Ontario's power plants to 2009.**
- **Cancel plans for the construction of new nuclear plants in Ontario.**
- **Commit to phasing in a carbon tax and other environmental taxes.**

IV. Protecting Medicare and Not-For-Profit Delivery

There is considerable evidence on the differences of cost and outcomes between for-profit and not-for-profit delivery across sectors. Studies show that the quality of care in for-profit institutions is lower.[31] [32] [33] [34] [35] The most conclusive evidence comes from systematic reviews and meta-analyses of all available peer-reviewed literature

on for-profit vs. not-for-profit health care, which have found higher patient mortality rates in for-profit as compared to non-profit centres.[36] [37] Furthermore, worse outcomes also came with higher costs: a systematic review and meta-analysis of all available peer-reviewed literature in the *Canadian Medical Association Journal* concluded that for-profit hospitals charge a statistically significant 19 percent more than not-for-profit hospitals.[38]

Canadian evidence from the long-term care sector found that staffing levels were higher in not-for-profit facilities than in for-profit facilities,[39] and health outcomes were better in not-for-profit facilities.[40] [41] As one set of researchers concluded, differences in staffing were likely to result in the observed differences in health outcomes.[42] A review of North American nursing home studies between 1990 and 2002 similarly concluded that for-profit homes appeared to deliver poorer quality care in a number of process and outcome areas.[43]

A related issue is competitive bidding, which has arisen in home care and primary care. Experiments in introducing competitive bidding in the health-care sector have proved unsuccessful both in Ontario and internationally. The reasons for this are extensive and complex. They include: our limited ability to fairly price and cost health-care services and different levels of complexity in these services; the expensive nature of systems required to capture and audit information; and low measurability of health-care services, which impedes effective performance monitoring.[44] In Ontario, competitive bidding has resulted in serious disruptions in continuity of care and caregiver for patients and decreased morale amongst caregivers.

Accordingly, RNAO calls for the abandonment of competitive bidding as a method of allocating funding for home care and for health service providers. Minister Smitherman has acted to stop the process in Hamilton,[45] which is very positive for that community, but not good enough for the province. RNAO wants a province-wide indefinite moratorium on competitive bidding. It is a flawed process based on a flawed philosophy, which costs more and delivers less.

Finally, RNAO remains gravely concerned about the program of alternative financing and procurement (AFPs) for hospitals and other public infrastructure. They remain privately financed, and the government has yet to commit to public operation of these facilities. Many of the problems associated with these public-private partnerships (P3s) arise from private financing and operations.

The government has made efforts to increase transparency of AFPs through the value for money assessments, and by making project agreements and contracts public. These efforts were responses to the well-documented evidence that the costs of P3s tend to be higher, while the quality of the service is reported to be poor.[46] [47] [48] [49] [50] Nevertheless, recent experience with the Blue Water Health hospital in Sarnia and Brampton Civic Hospital suggest that the P3 concept does not serve citizens and taxpayers well.[51] [52] [53] RNAO calls for the abandonment of AFPs as a method of financing and procurement for hospitals and other public infrastructure.

RNAO Recommendations on Not-For-Profit Delivery of Health Care

- Announce an immediate and indefinite province-wide moratorium on competitive bidding in the home care sector.
- Ensure that LHINs do not use competitive bidding processes as a method of allocating funding.
- **Establish an immediate and indefinite, province-wide moratorium on Infrastructure Ontario's AFP projects in the hospital sector. Do not approve or announce any additional AFP projects for which contracts have not been signed.**
- **For projects where contracts have already been signed, deepen the commitment to full transparency by providing total disclosure of all financial aspects of these agreements.**
- **For projects where AFP contracts have not been signed, the financing method should be shifted to a traditional (non-AFP) method of financing.**

V. Increasing Access to Primary Health Care

Access to primary care remains a key challenge for more than 1,000,000 Ontarians who do not have a family doctor or primary health care nurse practitioner. This is especially the case for 30 percent of Ontarians who live in northern and under-serviced communities. The 2007 McGuinty government has promised to help more Ontarians receive care close to home by ensuring that 500,000 more Ontarians have access to improved family care – delivered by doctors, nurses and other health-care professionals working together.

The nursing model provides a holistic approach that is effective in providing primary health care, managing chronic disease and preventing complications. [54] It addresses the needs of patients and families from diagnosis through to disease management and end-of-life decision-making [55] by providing support to patients, families, and caregivers.

Nurse practitioners (NPs) are well suited to provide a point of entry to health promotion and disease prevention as well as curative, rehabilitative and supportive services. Nurse practitioners are registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice." [56]

NP-led clinics are led and staffed by NPs, who work in collaboration with registered nurses, physicians and other health professionals to provide clients and their families with assessment, treatment, education, and support. *Registered nurses* provide assessment, education, emotional support and coordination of care for patients, families and groups, while *nurse practitioners* can further expand primary health care clinic functions to include diagnosis, treatment, and prescription. [57] NP-led clinics in other countries have alleviated pressure from shortages in health human resources, resulting in: timely access to quality primary health care, decreased wait times; more fully integrated pathways of

care; enhanced continuity of care; improved access to care; and cost containment. [58] Nurse-led clinics in Ontario have resulted in improved access to primary care and improved quality of life for patients and their families[59] by bridging the gap in continuity of care between the acute care sector and independent community living. This can empower patients to make important self-care decisions, participate meaningfully in their treatment, and take charge of their overall health and well-being. [60]

In a variety of settings, nurse-led clinics have proved beneficial to chronic care patients by successfully decreasing utilization of health-care resources, improving patient satisfaction, and improving quality of life. [61] [62] [63] [64]

Primary Health Care NPs (PHCNPs) are recognized as a solution to improving timely public access to quality health care. PHCNPs work autonomously, from initiating the care process to monitoring health outcomes, and work in collaboration with other health care professionals. Their scope of practice focuses on providing services to manage the health needs of individuals of all ages, families, groups and communities. [65]

RNAO Recommendations on Increasing Access to Primary Health Care

- **Implement the campaign and Throne Speech commitment of funding 25 additional nurse practitioner (NP)-led clinics by funding 13 of these clinics in 2008.**
- **Implement funding for 150 new NP Primary Health Care positions in 2008 across community health centres, NP-led clinics, family health teams, emergency departments, other outpatient settings, and Nursing Homes.**
- **Dedicate funding to enhance the management of chronic disease in Ontario.**
- **Dedicate funding to increase the employment and remuneration of RNs in primary care family practices.**

VI. Strengthening the Nursing Workforce for the Public

RNAO is pleased that the McGuinty government has taken up the following commitments, which echo the positions outlined in RNAO's 2007 election platform, *Creating a Healthier Society*:

- Increase Ontario's nursing workforce by 9,000 by 2010.
- Meet our goal to have 70 percent of nurses working full-time by 2010.
- Guarantee jobs for new nursing grads.
- Invest in healthy work environments for nurses.
- Establish 25 more nurse practitioner (NP)-led clinics.

Hire more nurses. To bring the nurse-to-population ratio up to the equivalent of the rest of Canada would require employment of almost 14,000 more RNs.[66] The government in its first mandate has proved that meeting commitments to increasing the number of nurses is possible. Nurses want assurance that government will deliver substantive funding, earmarked to nurses and to full-time employment, in this upcoming provincial

budget. Earmarked funding is crucial for the government to achieve its target of increasing Ontario's nursing workforce by 9,000 FTE's and meeting the its goal to have 70 percent of nurses working full-time. The nursing community is gravely concerned with the sharp slowdown in the number of RNs working in Ontario for the past two consecutive years. This is unsafe for the public. It is not just a priority for RNAO members; it is also key to providing the people who live in this vast province with the care they need and deserve.

70 percent full-time employment. Since 2003, progress has been made to increase the percentage of RN working full-time and currently we are at 63 percent. Increasing the share of RNs working full-time, including new graduates, will improve continuity of care and the quality of Ontarians' health care.

Guarantee full-time employment for new nursing graduates. We know that most new graduate RNs need and want full-time employment, but in the past most were unable to secure it. This makes it more difficult for these new graduates to develop their professional skills, results in the underuse of their essential skills, and leads many to seek employment outside of the province.[67] [68] Things have improved of late for new Ontario RNs, with those securing full-time employment rising from 39.1% in 2005 to 58.9% in 2007, [69] but continued progress is required, as many of the new grads are not able to keep their full-time employment after the six months of government funding ends.[70] In order to attain 70 percent full-time RN employment, Ontario will require far more than 70 percent of this group to obtain full-time employment.

Healthy work environments. The 80/20 program is an innovative program will provide full-time, experienced RNs with the opportunity to spend 80 percent of their time in direct patient care and 20 percent of their time in mentoring or other professional development activities. This program will open up full-time positions for new graduates. In trials to date, results have been very positive: 30.2 percent of respondents in one study indicated that their retirement plans had changed as a result, [71] while another study showed reduced overtime hours, low sick time, no rise in variable direct labour costs, and higher patient satisfaction.[72]

Equalize nurse wage rates and working conditions across sectors. While not in the government's campaign promises, there is a need to address the great variation of remuneration and working conditions across sectors. A shift from an illness-based model of care to a preventive one will require a shift of nursing services out of the hospital sector and into the community, yet these differentials are most evident in the home care sector. This sector has lost 27 percent of its nursing workforce between 1998 and 2004, and saw an increase in the share of older nurses working in the sector.[73] To retain and attract RNs across all sectors, gaps in remuneration and working conditions must be addressed.

RNAO's Recommendations on Strengthening the Nursing Workforce

Recent government action has helped to avert a disaster, but the situation remains urgent and requires immediate and continuing budgetary allocations that are substantial.

- **Implement the campaign and Throne Speech commitments to nursing with immediate earmarked funding to:**
    - **Increase Ontario's nursing workforce by 9,000 FTE's by 2010, with 3,000 FTEs (2,250 RNs and 750 RPNs) funded in 2008.**
    - **Meet our goal to have 70 percent of nurses working full-time by 2010. Secure a 3 percent progress in 2008, bringing the share of RNs working FT from 63% percent to 66 percent).**
    - **Guarantee jobs for new nursing grads, and work with employers to ensure full-time employment for these new grads after the six months of government funding ends. Secure a 10 percentage point progress in full-time employment for new Ontario RNs in 2008.**
    - **Invest in healthy work environments for nurses. Mandate a zero tolerance approach to violence against nurses in the workplace, and work with employers to immediately implement effective policies.**

- **Expand the government's commitments to the following:**

    - **Equalize remuneration and working conditions for RNs working in the acute care, primary care/family practice, home care and long-term care sectors.**

VII. Maintain Fiscal Capacity

Bearing in mind the many human and environmental needs that government must meet in order to build a healthier society, it is incumbent on the government to maintain its fiscal capacity. Government capital and program spending has dropped markedly below historic levels in relation to provincial GDP, and this makes it difficult to meet those needs. We are mindful of the possibility of a recession putting downward pressures on government revenues. We urge the government to ensure that it maintains its capacity to deliver services essential to a healthy society. That means not cutting net taxes in response to pressure to stimulate the economy. Taxes could be shifted for example from employment taxes to green taxes. Rather than making net tax cuts, the government could deliver the stimulus by increased spending on those essential services, even if that entails running a temporary deficit.

RNAO Recommendation on Fiscal Capacity

- **Maintain fiscal capacity by not cutting taxes.**

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[14] See also the promise in the 2007 budget: Ministry of Finance (2007). *2007 Ontario Budget: Investing in People: Expanding Opportunity*. Toronto: Author, 12.
[15] Canadian Association of Physicians for the Environment. (2006). A *New and Improved CEPA*. Toronto: Author, 3.
[16] In 2005, 2006 and 2007, Environmental Defence reported tests showing that Canadians, including children, had present in their bodies many chemicals that are known or suspected health hazards. These included: chemicals that cause reproductive disorders; hormone disruptors; neurotoxins; and those associated with respiratory illnesses. The tests found that the test subjects were heavily polluted: they had in their blood on average about half of all the many chemicals which were tested. See this and the following three endnotes. Environmental Defence. (November 2005). *Toxic Nation: A Report on Pollution in Canadians.* Toronto: Author.
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[24] Canadian Partnership for Children's Health and the Environment (CPCHE). (August 2005). *Child Health and the Environment: A Primer*. Toronto: Author, 21.

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[29] Quebec is implementing a carbon tax. See Rhéal Séguin (2006, June 16). Quebec unveils carbon tax. *Globe and Mail.* Retrieved May 2, 2007 from http://www.theglobeandmail.com/servlet/story/LAC.20060616.QUEBKYOTO16/TPStory/National) , and the concept is promoted by major environmental organizations such as the David Suzuki Foundation. See David Suzuki Foundation. (2006). *Carbon tax makes sense for Canada – US has had one for years.* Retrieved January 24, 2008 from http://www.davidsuzuki.org/WOL/News_Releases/web_of_life06150601.asp. Some are promoting a cap-and-trade system in which a quota of emissions is set and divided among emitters by some means (such as an auction), and then the right to emit is bought and sold. In the case of both carbon taxes and cap-and-trade systems, the emitter must pay a price for any additional unit of gas released, and this would act as an incentive to reduce emissions.
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