

RNAO's Submission on Ontario's Poverty Reduction Strategy

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**Growing Stronger Together
Poverty Reduction Strategy
Strategy and Results Branch
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The Registered Nurses' Association of Ontario (RNAO) is the professional organization for registered nurses who practice in all roles and sectors across Ontario. RNAO's mission is to speak out for health, health care, and nursing. We appreciate this opportunity to participate in the community consultations about Ontario's poverty reduction strategy as poverty is a critical issue for us as nurses and as community members.

Ontarians who live in poverty and are socially excluded experience a greater burden of disease and die younger than those who have better access to economic, social, and political resources. Unequivocal evidence from both academic research^{1 2} and our own nursing practice confirm that poverty harms health and puts people at greater risk of early death throughout the life cycle. Registered nurses are acutely aware that our clients living in poverty are struggling every day to meet their basic needs for nutritious food and affordable shelter.

The evidence is clear: differences in social and economic status are directly linked to inequitable health outcomes. As Canada's Chief Public Health Officer noted recently, "if all neighbourhoods had the age- and sex-specific mortality rates of the highest-income quintile neighbourhoods, then the total potential years of life lost for all urban neighbourhoods would have been reduced by approximately 20%."³

As registered nurses deeply concerned about the harmful impact of poverty and social exclusion on health inequities, we are acutely aware that poverty is not random. Those found to be more vulnerable to persistent low income include: lone parents (most frequently mothers); individuals aged 45-64 years who are living alone; recent immigrants; persons with a work-limiting disability; aboriginal people; high school drop-outs;^{4 5} women;⁶ and people who are racialized.⁷

The time for action is now. The 2007 Ontario Budget (with its introduction of the Ontario Child Benefit), the provincial election campaign that focused on poverty as a key issue, the 2007 Throne Speech with its introduction of a new Cabinet Committee on Poverty Reduction, and lively community consultations over the last few months are all signs of the growing political and social will to tackle poverty and social exclusion. We urge the McGuinty government to build, and build quickly, on this momentum by rapidly implementing a comprehensive poverty reduction strategy to address the hardships of Ontarians who face a daily struggle for survival and dignity.

Before responding directly to the given questions in this consultation, RNAO would like to reinforce three key points:

- RNAO urges the government to implement immediately a comprehensive poverty reduction strategy that will lead to rapid structural changes in existing living conditions and in pathways to better life outcomes.
- RNAO urges the government to take dramatic action. Move beyond minor adjustments in current social programs to create the possibility of a stronger, healthier Ontario where all people are socially included and live with basic human dignity.

- RNAO joins many other community groups in seeking a commitment from the McGuinty government to introduce a multi-year Poverty Reduction Plan in the 2009 provincial budget outlining specific measures to lower Ontario poverty levels by 25% before 2013, and by 50% before 2018.

Growing Stronger Together Question 1:

Given that our first priority is children and their families, how can we do a better job with existing resources to improve opportunities for children living in poverty?

Addressing the challenges faced by children living in poverty cannot be done in full without addressing the overall economic crisis confronting the families those children are living in. While there are improvements that can be made in the lives of people living in poverty through improvements to existing resources, an effective, long-term, comprehensive strategy to end poverty for all Ontarians will require visionary leadership and significant investment of new financial resources. Investing in poverty reduction is an investment in Ontario's future that will have long-term benefits for individuals, families, and communities.

Other jurisdictions have shown that it is possible to reduce poverty through social policy. Leaders of the European Union (EU) established the Social Inclusion Process in 2000 "to make a decisive impact on eradicating poverty by 2010."⁸ The United Kingdom's multi-pronged approach to child poverty has resulted in 800,000 fewer children in 2006 living in relative-low-income households than in 1997.⁹ Sweden's equity-orientated health and social policies have resulted in higher levels of workplace participation, less income inequality, lower poverty rates, low mortality rates, high life expectancy, and favourable health outcomes.¹⁰

The Auditor General of Ontario,¹¹ the Ombudsman of Ontario,¹² and the Street Health Community Nursing Foundation¹³ have all documented deficiencies in the administration and service delivery of the Ontario Disability Support Program (ODSP) that harms clients. Increasing access to ODSP by addressing barriers within the disability support system would provide significant benefit to Ontario's most vulnerable people, including those who are homeless. As our Street Health colleagues point out, improving access to ODSP for disabled homeless people will decrease homelessness, improve health outcomes, and decrease demand on the shelter and health-care systems.¹⁴ Deb Matthews,¹⁵ the Income Security Advocacy Centre,^{16 17} and John Stapleton¹⁸ have all provided specific recommendations on how social assistance in Ontario can move from a punitive to a client-centred approach.

With 37 per cent of all jobs now being "non-standard" as part-time, temporary, contract, or self-employed work, many low income families face the stress of juggling multiple jobs with little security.¹⁹ Parents who have precarious employment have fewer financial resources and less time to dedicate to their children. Individuals and families that hold multiple jobs without benefits or access to employment insurance struggle to survive in the present and face dire prospects in the future as seniors without pensions or savings.

With the growing body of evidence on the negative health impacts of employment insecurity²⁰ and precarious employment,²¹ there is a need for urgent action by the McGuinty government. The Provincial Auditor of Ontario found in 2004²² and 2006²³ that the Ministry of Labour fails to protect vulnerable workers by not adequately enforcing the *Employment Standards Act*. The *Employment Standards Act* must be strengthened to better protect vulnerable workers, and the government of Ontario must do a better job of enforcing these employment standards.

Growing Stronger Together Question 2:

What new ideas could we incorporate into our existing supports that would increase opportunities for children living in poverty?

Ontario's poverty reduction strategy should incorporate three transformational pillars:

1. **Sustaining employment so that those who work full-time are not living in poverty.** Pathways to achieve this include:
 - Increase the minimum wage to \$10.25/hour in 2008 and adjust it for inflation annually.
 - Enhance and enforce the *Employment Standards Act* to ensure that all workers, including those in casual, temporary, or contract positions are protected.
 - Improve access to unionization to strengthen the collective voice of workers.
 - Create strong employment programs to assist new immigrants and displaced workers access good jobs.

2. **All Ontarians, including those not able to be in the workforce, need a standard of living that allows them to live in health, dignity, and decency.** Pathways to achieve this include:
 - Increase social assistance income so that people in need of social assistance can live in dignity and out of poverty. Once people have a livable income, it should be indexed to inflation.
 - Reform benefit reduction schedules on earned income for the working poor.
 - Speed up implementation of the Ontario Child Benefit.
 - Press the federal government to increase an indexed Canada Child Tax Benefit to \$5,200/child (2008\$).
 - Press the federal government to improve access to Employment Insurance.

3. **Ontario should be a province of inclusion and opportunity for all, with access to strong and supportive community services.** Pathways to achieve this include:
 - Increase access to affordable housing by: making major investments in the construction and maintenance of affordable housing units; uploading social housing programs; providing rent supplements; and investing in supportive housing for those with physical, cognitive and/or mental health needs.

- Invest in universal, regulated, affordable, non-for-profit, public systems of early learning and child care.
- Invest in a public education system that focuses on equitable access by ending school fees, investing in at-risk students, and increasing needs-based grants for post-secondary education.

Growing Stronger Together Question 3:

We know that communities are best positioned to understand and respond to the local realities of poverty and opportunity. What is already working in your community to support children, youth, and their families living in poverty to achieve their potential?

In addition to a comprehensive poverty reduction strategy that would include the elements outlined in Question 2, there are numerous initiatives that make a difference on a daily basis in the lives of Ontarians. Some of the key supports include: affordable housing so that parents don't have to choose between paying the rent and feeding their families; access to high quality, affordable child care so parents can take a job or receive training; and educational and training programs that lead to good jobs.

Given the strong evidence of the importance of early childhood care and services to strengthen resiliency and to help mediate some of the negative health and developmental impacts of living in poverty,^{24 25 26} we would like to draw your attention to the urgent need to increase funding for the Healthy Babies, Healthy Children Program.

One progressive, evidence-based approach to address needs of low income families within the Healthy Babies, Healthy Program umbrella is to expand, province-wide, the Nurse-Family Partnership. This innovative approach, which currently is being piloted only in the City of Hamilton, is described in some detail below:

Nurse-Family Partnership (NFP) Program Description

The Nurse-Family Partnership (NFP) is a highly-refined and successful approach to the long-established service strategy of home visiting. The NFP is an effective, evidence-based approach to improving the health and life-course of low-income, first-time mothers and their children. The Nurse-Family Partnership represents one of the most promising strategies to assist low-income mothers and their children to stay on the path to a healthy and productive life.

In June 2008, Hamilton Public Health Services, in collaboration with McMaster University, became the first Canadian site to implement and pilot this intervention program.

Specifically, the intervention achieves three important objectives:

- **Improve pregnancy outcomes** by helping women practice sound health-related behaviors, including obtaining good prenatal care from their physicians, improving diet, and reducing use of cigarettes, alcohol, and illegal drugs.

- **Improve child health and development** by helping parents provide more responsible and competent care for their children; and
- **Improve families' economic self-sufficiency** by helping parents develop a vision for their own future, plan future pregnancies, continue their education, find work, and when appropriate, strengthen partner relationships.

NFP Program Results/Outcomes

The NFP is the most rigorously tested program of its kind. Randomized controlled trials (RCT) of NFP were conducted in Elmira, New York (1977); Memphis, Tennessee (1988); and Denver, Colorado (1994). The following consistent program effects were found in at least two of the three trials:

- Improved prenatal health
- Fewer childhood injuries
- Fewer subsequent pregnancies
- Increased maternal employment
- Increased intervals between births
- Improved school readiness

NFP Target Audience

The program serves low-income, first-time pregnant women before their 29th week of gestation. The preventive aims of the program are most likely to benefit women of limited economic means who have not yet developed established ways of caring for themselves during pregnancy and for their children once they are born. The NFP's exclusive focus on first-time, low-income mothers and their children is different from other home visiting programs and is based on solid research demonstrating that the program has the greatest impact with this segment of the population. Even with this seemingly narrow focus, NFP has the potential for broad impact. The NFP targets the highest-risk populations, for whom this intervention has been proven to produce the greatest functional and economic benefits.

Program Elements

In the United States the home visitors are registered nurses, preferably with a baccalaureate degree in nursing. In Ontario they will be Public Health Nurses (PHN) as they have the necessary combination of skills, knowledge, and cultural legitimacy to work successfully with vulnerable families. The PHN will begin making home visits by the 16th week of pregnancy, preferably sooner, and not after the 28th week of pregnancy. Visits will continue through the first two years of the child's life. This period is the most critical time in the development of the relationship between parent and child. An important goal is that 60% of all women are enrolled by the 16th week of pregnancy. Early enrollment fosters program impact during pregnancy and is associated with family retention in the program.

Core components of the NFP protocol include:

- Weekly home visits to start
- Focus on engaging mother/family
- Theory-based
- Curriculum-based
- Extensive training of PHNs
- Program adapted to families' needs & concerns
- Formal approach to clinical supervision of nurses

Overview of NFP Implementation in International Sites

The goal of the NFP International Program is to provide support to other countries that are interested in developing the NFP model and adapting and testing it in local populations and contexts. Dr. Olds and his staff at the Prevention Research Center, University of Colorado, have developed a model for adapting and testing the NFP program in international contexts that is grounded in the same rigorous research standards that serve as a foundation for the U.S. program.

International implementation projects have three phases:

1. Exploration of adaptations needed to deliver the program in local contexts while ensuring fidelity to the model.
2. The initial small-scale assessment and implementation pilot phase during which the country recruits clients and implements the program adhering to strict training and performance guidelines.
3. The program is expanded and tested in a large-scale randomized controlled trial.

Current international collaborators include: Australia, Canada (Hamilton), Germany, Great Britain, and The Netherlands

Summary of Hamilton NFP Pilot

The City of Hamilton is the first Canadian site to pilot the NFP. This is a pilot study; as such, it is descriptive only and contains no comparison group.

Hypotheses:

1. The NFP program is feasible in this Canadian context.
2. The program is acceptable to mothers and to PHNs.

Six PHNs have participated in the intensive Level I & II training program provided by the NFP National Office in Denver, Colorado (subsequent training will be done on-site in Hamilton). The sixth nurse has been prepared in case unforeseen circumstances dictate that she take over the work, even temporarily, of another of the trained nurses.

First-time mothers are being recruited through City of Hamilton Public Health Services prenatal classes for at-risk groups (teen, single, multi-cultural, street youth), local Canadian Prenatal Nutrition Programs, as well as prenatal referrals

to the Healthy Babies, Healthy Children (HBHC) program. To be eligible, women must be first-time mothers who are referred before 29 weeks gestation, who were receiving income assistance from Ontario Works or Employment Insurance prior to their pregnancy. Home visits will begin before the client reaches 29 weeks gestation, and extend until the infant is one year of age. Recruitment will continue until each nurse serves 10 to 15 families (50 – 75 families in total). The schedule of home visits is identical to the NFP offered in the US.

Improving the Health and Lifecourse Outcomes of Ontario Mothers & Children Living in Poverty: Future Directions

- Preliminary results from NFP Hamilton: Feasibility Pilot study will be available in 2009. The feasibility study will provide important information about strategies to promote client recruitment and to reduce program attrition rates.
- In fidelity to this evidence-based model of service delivery, funding for a provincial randomized controlled trial (RCT) of the NFP across a sample of participating health units will be applied for in 2010. The purpose of the RCT will be to measure overall effectiveness of the NFP nurse home visitation intervention within a Canadian context.

Nurse-Family Partnership website:

<http://www.nursefamilypartnership.org/index.cfm?fuseaction=home>

A Partnership For A Brighter Future – CBS News Report by Katie Couric 2007.07.11

<http://www.cbsnews.com/stories/2007/07/11/eveningnews/main3045638.shtml>

Growing Stronger Together Question 4:

We know that to be successful we must all work together. How can we better integrate the roles that we all play—individuals, not-for-profits, the private sector, volunteers, and all levels of government—in increasing opportunity for Ontarians living in poverty?

While all sectors do have a role in play in addressing poverty, it is the responsibility of all levels of government to implement social policy that will achieve desired social outcomes. Health is a human right.^{27 28 29} Safeguarding human rights cannot be left to chance but must be part of deliberate social policy. The United Nations Special Rapporteur on adequate housing has urged that the Government and Parliament of Canada, along with provinces and municipalities, address “Canada’s nation-wide housing crisis” that is not in compliance with the International Covenant on Economic, Social and Cultural Rights.³⁰

Strong provincial leadership to address the human and economic costs of poverty is essential. Reducing health inequities would improve opportunities for the most disadvantaged, increase economic productivity, and decrease the use of health-care services, social services, and correctional services.³¹

Growing Stronger Together Question 5:

We are focusing on children first, but we will develop a comprehensive, long-term poverty reduction strategy for all people living in poverty. What are the key long-term goals for improving opportunity with respect to groups other than children?

The government of Ontario should commit to introducing a multi-year poverty reduction plan in the 2009 provincial budget outlining specific measures to lower Ontario poverty levels by 25% before 2013, and by 50% before 2018.

As outlined in Question 2, Ontario's poverty reduction strategy should incorporate three transformational pillars:

Sustaining Employment so that those who work full-time are not living in poverty.

Pathways to achieve this include:

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Ontario should be a province of inclusion and opportunity for all, with access to strong and supportive community services. Pathways to achieve this include:

- Increase access to affordable housing by: making major investments in the construction and maintenance of affordable housing units; uploading social housing programs; providing rent supplements; and investing in supportive housing for those with physical, cognitive and/or mental health needs.
- Invest in universal, regulated, affordable, not-for-profit, public systems of early learning and child care.
- Invest in a public education system that focuses on equitable access by ending school fees, investing in at-risk students, and increasing needs-based grants for post-secondary education.

Growing Stronger Together Question 6:

We need to be able to measure our progress on poverty reduction. What measures do you think will best show our progress in improving opportunity for Ontarians living in poverty?

The government of Ontario should commit to introducing a multi-year poverty reduction plan in the 2009 provincial budget outlining specific measures to lower Ontario poverty levels by 25% before 2013, and by 50% before 2018.

To ensure transparency and accountability, recognized benchmark indicators must be used to track Ontario's progress with poverty reduction. Two well-established and widely accepted indicators are the Low Income Cut-Off (LICO), which allows for historical comparisons, and the Low Income Measure (LIM), which allows for international comparisons. In addition to these starting points from which to measure progress, other strategic indicators can be developed to highlight levels of social progress in key policy areas.

Given the non-randomness of poverty, it is also important that the province should be able to track how specific populations are doing within the overall poverty strategy. It is essential, for example, to monitor progress in decreasing poverty among Aboriginal Peoples, among racialized and newcomer communities, among single, female parents, and among people with disabilities.

The place within government that is responsible for the ongoing planning, tracking, and evaluation of the provincial strategy to reduce poverty should be clearly identified. There should be an annual report by the province, independent monitoring of progress, and ongoing engagement with Ontarians.

Thank you for the opportunity to participate in this community consultation.

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