

**Submission to the House of Commons Standing Committee  
on Human Resources, Skills and Social Development and  
the Status of Persons with Disabilities on the Federal  
Contribution to Reducing Poverty in Canada**

Good afternoon. My name is Theresa Agnew. I am a primary health care nurse practitioner and I am here today representing the Registered Nurses' Association of Ontario as a member of the Board of Directors. We appreciate having the opportunity to participate in these proceedings as Ontario's registered nurses know that moving towards a poverty-free Canada is the best way to build a healthier, more inclusive, and more vibrant Canada.

Nurses work on the front lines, in our hospitals and community clinics, in our homes and with those who have no homes. We see the thousands of laid off women and men for whom a pink slip represents the loss of drug and other benefits in addition to their livelihoods. We witness firsthand those whose retirement savings are evaporating and house values dropping, and those who find themselves seeking out assistance from a local food bank. People seeking assistance from a food bank for the first time during the recession are joining those who have long experienced hunger due to low-paying, precarious jobs or dangerously low social assistance rates.

Taking action on poverty is literally a matter of life and death.<sup>1</sup> There is an overwhelming amount of evidence that those who live in poverty and are socially excluded experience a greater burden of disease and die earlier than those who have better access to economic, social, and political resources.<sup>2 3 4</sup> Ella's health, well-being, human dignity, and human rights, for example, are compromised by the constant stress of paying the rent and finding enough left over from her minimum wages for food and other essentials for her family. Ella feeds her kids first and often goes hungry herself. She used to worry that the food from the food bank was not that nutritious but now she is more worried that the food bank runs out sometimes as there are so many more people needing help. It took Ella years to find a regular health care provider for her family. Ella has been told that the rash that she keeps asking about is all in her head but when I do a home visit, I discover that her excoriated skin is due to bedbugs.

Leadership and collaboration from all three levels of government are needed so that Ella and her children have improved chances for health and wellbeing. To address poverty and the health inequities that arise from deprivation and social exclusion, RNAO urges the following three principles of action:

## Improve the conditions of daily life with or by

- Strategies for good jobs that pay a living wage<sup>5 6 7</sup>
- Reforming Canada's Employment Insurance (EI) system by expanding eligibility and improving benefit levels. There is a broad consensus that entrance requirements across the country should be uniform and reduced to 360 hours. The 55 per cent benefit rate is too low a rate for many people, especially the most economically vulnerable workers with low wages and dependents.<sup>8</sup>
- Invest in a national affordable housing plan. Increase access to affordable housing by making major investments in the construction and maintenance of affordable housing units and invest in supportive housing for those with physical, cognitive and/or mental health needs.
- Ensure income support so that all may live in health and dignity. People receiving social assistance,<sup>9</sup> public health officials,<sup>10</sup> and the National Council of Welfare<sup>11</sup> all note that social assistance rates and the actual cost of living bear little relationship.
- Increase the National Child Benefit (NCB) to a maximum of \$5,200 (2009\$). A Campaign 2000 simulation commissioned in 2007 estimated a 31 per cent decline in the child poverty rate at an estimated additional cost of \$5 billion.<sup>12</sup>
- Invest in universal, regulated, affordable, not-for-profit, public systems of early learning and child-care.
- Expand Medicare to include a publicly funded and publicly controlled national pharmacare program.<sup>13</sup>

## Tackle the inequitable distribution of power, money, and resources—the structural drivers of those conditions of daily life

### 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;<sup>14 15</sup> women;<sup>16</sup> and racialized group members.<sup>17</sup>

### For this reason, RNAO recommends:

- Equitable access to employment, availability of good jobs, good working conditions are essential to ending poverty and securing full citizenship for all members of society.<sup>18</sup>

- Implement a distinct poverty reduction strategy that is meaningful and accountable to First Nations, Inuit and Metis peoples

### Investing in a comprehensive national anti-poverty strategy

- A comprehensive, integrated federal plan for poverty elimination that linked to and supportive of provincial and territorial poverty action plans is needed. It must have targets, indicators, and timelines for transparency and accountability.
- A federal Act to eliminate poverty, promote social inclusion and strengthen social security will ensure an ongoing federal role and responsibility for social development.
- It is essential that the federal poverty plan have meaningful mechanism to listen to experiences and solutions of people with direct experience of poverty.<sup>19</sup>
- It is important to ensure that data is disaggregated so that population specific targets and interventions will be able to address disproportionately higher levels of poverty among racialized communities, Aboriginal people, lone mothers and people with disabilities.
- Investing in infrastructure will create good jobs with decent wages, prime spending in local economies, and build capacity that will sustain communities. This includes addressing long-neglected infrastructure such as roads, bridges, and housing as well as strengthening the infrastructure of health care, education, early learning and child care. A living wage and substantially increasing social assistance will lift people out of poverty and allow people to spend more money locally. Repairing substandard public housing, retrofitting homes for energy efficiency, and building new affordable housing will create direct and spin-off jobs while providing a basic human right to shelter.
- Income transfers to low-income Canadians would have a bigger multiplier effect than tax cuts as the IMF has calculated that “investing \$1 billion to boost the incomes of the poor—who spend everything they earn—would boost GDP by almost \$900 million and create 7,000 jobs.”<sup>20</sup>
- Other jurisdictions have shown that it is possible to reduce poverty through political will. Leaders of the European Union (EU) established the Social Inclusion Process in 2000 “to make a decisive impact on eradicating poverty by 2010.”<sup>21</sup> 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.<sup>22</sup> 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.<sup>23</sup>

- Today we need the same type of New Deal commitment, adequate funding, and political will to build a Canada where everyone can live with dignity and in health. As Rene, a single parent with multiple hidden disabilities said to me last evening: “ like a dog that can never catch his tail, we will never achieve our target of reducing poverty in Canada without taking the steps to truly help people by giving them a hand up.”

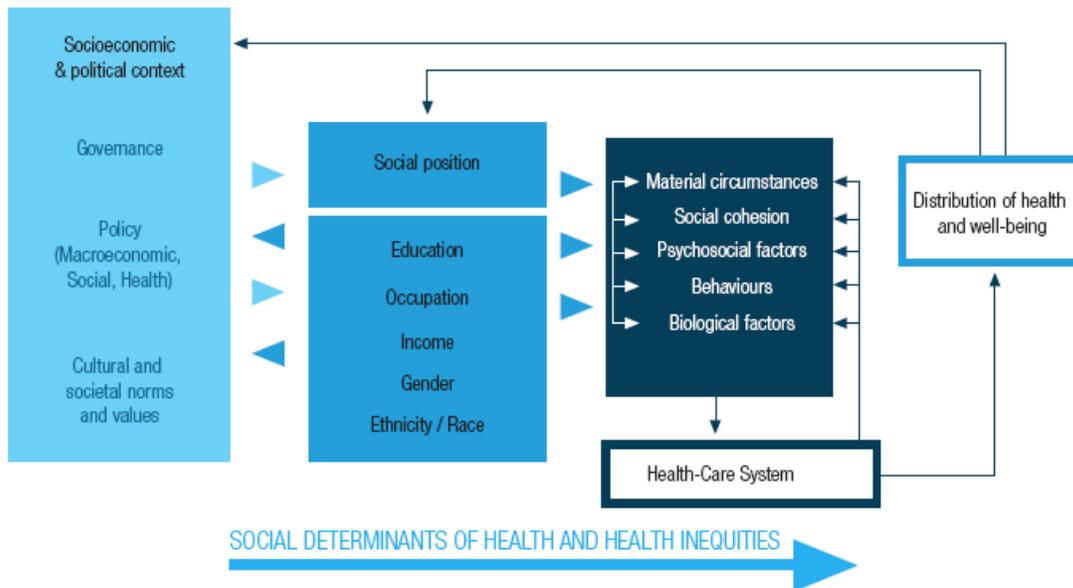
### **Thank you and Invitation:**

**The Registered Nurses’ Association of Ontario really appreciates the opportunity to participate in these proceedings and the fact that House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities came to Toronto to talk to a variety of stakeholders on the federal contribution to poverty reduction. On behalf of RNAO, I would like to invite the Committee to visit the streets of Toronto and meet, listen, and talk with people with direct experience of living in poverty as part of your investigations. RNAO would be pleased to work with our community partners to host such an opportunity. Thank you.**

The Registered Nurses’ Association of Ontario (RNAO) is the professional organization for registered nurses who practice in all roles and sectors across Ontario. Our mandate is to advocate for nursing and for healthy public policy.

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## Appendix: Commission on Social Determinants of Health Conceptual Framework<sup>24</sup>



Source: Amended from Solar & Irwin, 2007

The World Health Organization's Commission on the Social Determinants of Health's three principles of action are:

1. Improve the conditions of daily life—the circumstances in which people are born, grow, live, work, and age.
2. Tackle the inequitable distribution of power, money, resources—the structural drivers of those conditions of daily life—globally, nationally, and locally.
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.<sup>25</sup>

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