

Board Correspondence

October 2020

Date	From	Subject
September 17, 2020	Peterborough Public Health	Ltr to Prime Minister of Canada, Deputy Prime Minister and Minister of Finance and President of the Treasury Board – requesting that a Guaranteed Basic Income be included in the Speech from the Throne on September 23, 2020 and that it be prioritized immediately.
September 18, 2020	Simcoe Muskoka District Health Unit	Ltr to Minister of Health – endorsement of 2020 Municipal Cost Share of PH funding from Eastern Ont. Health Unit and correspondence regarding reconsideration related to PH Modernization from alpha.

September 17, 2020

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
justin.trudeau@parl.gc.ca

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister and Minister of Finance
chrystia.freeland@parl.gc.ca

The Honourable Jean-Yves Duclos
President of the Treasury Board
Jean-Yves.Duclos@parl.gc.ca

Dear Prime Minister Trudeau, Minister Freeland and MP Duclos:

I am writing on behalf of the Board of Health for Peterborough Public Health to ask that a Guaranteed Basic Income be included in the Speech from the Throne on September 23rd. In June 2020, our Board of Health shared with you our support for the Canada Emergency Response Benefit (CERB) to be transitioned to a Guaranteed Basic Income. We are writing again in the light of the upcoming Speech from the Throne to emphasize how a policy decision to institute a Guaranteed Basic Income for all Canadians at this time could improve both health equity and food security not only during this COVID-19 pandemic but well beyond.

The connection between poverty and poor health outcomes is well known. We have seen this most recently with COVID-19 infection rates. Data from Toronto Public Health indicates higher COVID-19 infection rates for low income households.¹ Introducing a guaranteed basic income would have the most impact on the same individuals, families and households for whom this pandemic is most dangerous. A basic income would ensure that these Canadians would be protected from the added harms of lost jobs and lost revenue. By addressing the social inequities at play, it could improve their health equity.

Within the last three months, Statistics Canada has released data revealing increased food insecurity rates during May 2020 of the pandemic, in comparison to 2017-2018.² This is no surprise, given that the root of food insecurity is inadequate incomes. Many Canadians have experienced loss of income over the past six months. Food insecurity is a sensitive marker of material deprivation, and is linked to poor health outcomes such as increased rates of mood and anxiety disorders, arthritis, asthma, back problems, and diabetes, as well as increased health care costs.³ We also know that food charity is not the solution to food insecurity. Research points to income policy as an effective measure to reduce food insecurity.⁴ **A Guaranteed Basic Income is needed to address the problem of household food insecurity in Peterborough, and across Canada.**

We also would like to note that **income policies with specific eligibility criteria are helpful, but are not a substitute for a Guaranteed Basic Income**, as there may be risk of leaving some Canadians behind, without

equal opportunity to meet their basic needs. For example, income policies focused solely on households with children or people who were recently employed could leave behind those receiving social assistance, unless there is implementation of complementary Guaranteed Basic Income policy. Many social assistance rates do not match the cost of living (with a deficit of \$200 for a single person on Ontario Works after paying for food and rent alone).⁵ A Guaranteed Basic Income would allow for inclusion, and funds to meet basic needs for all Canadians who need it.

We recommend that a basic income be available to everyone when needed; subject only to residency and income; sufficient to live in dignity and security; respectful of autonomy; complementary to social services; and reliable.⁶ A Guaranteed Basic Income can build on successes of CERB, to effectively support Canadians moving forward during the pandemic, and in resilience during future crises.

As described above, as residents and communities move through and beyond the COVID-19 pandemic, we strongly recommend that a Guaranteed Basic Income be prioritized immediately, to work towards health equity, food security, and a stronger, more resilient Canada.

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag

cc: Local MPs
Hon. Carla Qualtrough, Minister of Employment, Workforce Development and Disability Inclusion
Hon. Patty Hajdu, Minister of Health
Hon. Ahmed Hussen, Minister of Families, Children and Social Development
Hon. Domenic LeBlanc, Minister of Intergovernmental Affairs
Hon. Marc Miller, Minister of Indigenous Services
Hon. Erin O'Toole, Leader of the Conservative Party of Canada
Yves-François Blanchet, Leader of the Bloc Québécois
Jagmeet Singh, Leader of the New Democratic Party
Elizabeth May, Green Party of Canada
The Association of Local Public Health Agencies
The Ontario Public Health Association
Ontario Boards of Health

REFERENCES:

¹ Toronto Public Health, 2020. *COVID-19 infection in Toronto: Ethno-racial identity and income*. Retrieved from <https://www.toronto.ca/home/covid-19/covid-19-latest-city-of-toronto-news/covid-19-status-of-cases-in-toronto/>

² Statistics Canada (2020). Canadians experiencing food insecurity during the COVID-19 pandemic, May 2020. Retrieved from <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020042-eng.htm>

³ Tarasuk V, Mitchell A. (2020). Household food insecurity in Canada, 2017-18. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>

⁴ Tarasuk, Valerie (2017). Implications of a Basic Income Guarantee for Household Food Insecurity. Research Paper 24. Thunder Bay: Northern Policy Institute. Retrieved from <https://proof.utoronto.ca/>

⁵ Peterborough Public Health (2019). No Money for Food is Cent\$less. Retrieved from <https://www.peterboroughpublichealth.ca/wp-content/uploads/2020/01/2019-Limited-Incomes.pdf>

⁶ Coalition Canada (2020). The Basic Income we Want. Retrieved from <https://basicincomecoalition.ca/basic-income/basic-income-we-want-for-canada/>

September 18, 2020

The Honourable Patty Hajdu
Minister of Health
House of Commons
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Email: Patty.Hajdu@parl.gc.ca

The Honourable Marilee Fullerton
Minister of Long-Term Care
Ministry of Health and Long-Term Care
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Ontario's Long-Term Care COVID-19 Commission
700 Bay Street, 24th Floor
Toronto, ON M5G 1Z6
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Dear Ministers:

RE: COVID-19 and Long-Term Care Reform

COVID-19 has shone a glaring light on what many knew to be a crisis with the Long-Term Care (LTC) system in Canada in need of reform and redesign, with 81% of COVID-19 related deaths in Canada occurring in LTC Homes (LTCHs) which is far higher than other comparable countries.ⁱ Urgent reform and redesign of Canada's LTC system is critical in order to address infection prevention and control (IPAC) issues (including COVID-19) and to improve all standards, quality of care and quality of life. Those who require services within a LTCH setting deserve those assurances.

A report released following deployment of the Canadian Armed Forces (CAF) to five LTCHs in Quebec and Ontario struggling in their response to COVID-19 indicates highly concerning living conditions and serious lapses in standards and quality of medical and personal care. The list of deficiencies identified by the CAF as requiring immediate attention is lengthy and includes inadequate infection and control practices, inadequate supplies and lack of training, knowledge, oversight and accountability of LTCH staff and management.ⁱⁱ

The Royal Society of Canada (RSC) Working Group on LTC has since released a policy briefing highlighting the pre-pandemic issues with LTCHs that contributed to the heightened crisis in the face of COVID-19, a global pandemic. Namely, addressing the changing demographics and complexities of older adults entering homes, the inadequate workforce and staffing mix to meet their needs, and the inadequate physical environments to accommodate the complex needs of residents, are critical issues that must be addressed moving forward with LTC reform and redesign.

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The Working Group policy briefing outlines nine steps requiring strong federal/provincial/territorial and municipal leadership to address necessary improvements in IPAC and provision of quality care for LTC residents with increasingly complex needs:

1. Implement best practice national standards for the necessary staffing and staffing mix to deliver quality care in LTCHs and attach federal funding to the standards;
2. Implement national standards for training and resources for infectious disease control and for outbreak management;
3. Provide appropriate pay and benefits including sick leave for the large unregulated segment of the LTC workforce (i.e. care aides and personal support workers);
4. Provide full time employment and benefits for regulated and unregulated nursing staff and assess impact of “one workplace” policies implemented during COVID-19;
5. Establish minimum education standards for unregulated direct care staff, ongoing education for both regulated and unregulated direct care staff, and proper training and orientation for all external agency staff assigned to a LTCH;
6. Support educational reforms for specialization in LTC for all providers of direct care (i.e. care aides, health and social service providers, managers and directors);
7. Provide mental health supports for LTCH staff;
8. Implement reporting requirements and data collection needed to effectively manage and ensure resident quality of care and quality of life, resident and family experiences and quality of work life for staff; and
9. Take an evidence based approach to mandatory accreditation as well as to regulation and inspection of Long-Term Care Facilities (LTCFs).ⁱⁱⁱ

The Simcoe Muskoka District Health Unit’s (SMDHU) Board of Health at its September 16, 2020 meeting endorsed these recommendations and is writing to advocate for their adoption through your collective efforts to create necessary system reform and redesign for Ontarians living in LTCHs.

As of September 8, 2020, of the 21 outbreaks within institutional, workplace and congregate settings in Simcoe Muskoka, LTCHs and Retirement Homes accounted for 76% (16) of the outbreaks. As of August 25, 2020, there have been 24 resident deaths attributed to these LTC and Retirement outbreaks and an additional 2 Simcoe Muskoka resident deaths in facilities outside of the region for a total of 26. The median age of all cases who have recovered is 46 years compared to the median age of 85 years among all deceased cases.^{iv}

SMDHU’s mandate under the Ontario Public Health Standards (OPHS, 2018)^v regarding LTC and Retirement Homes is substantial. As a vulnerable population, SMDHU supports these facilities with food safety, and infectious and communicable disease prevention and control (including outbreak management). There are currently 29 LTC and 53 Retirement Homes within SMDHU. Since March 1, 2020, the Infectious Disease team has supported over 1700 IPAC consults or COVID-19 questions for LTC and Retirement Homes.

In addition to the mandate in LTCF’s, SMDHU is required to develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and

substance use in the health unit population.^{iv} SMDHU supports community dwelling seniors and promotes healthy aging at home for those that are able, and for as long as they are able. The SMDHU supports these seniors through;

- active participation on the Ontario Fall Prevention Collaborative, the Simcoe County and other community based Age-Friendly Community Coalitions, The Muskoka Seniors Planning Table, Age-Friendly and the Central LHIN Fall Strategy;
- best practice healthy aging policy advocacy; and
- a wide variety of community awareness and engagement strategies to promote healthy aging key messages.

SMDHU remains committed to supporting local LTC and Retirement Homes to improve IPAC practices and to advocate for improvement to standards and quality of care and quality of life for residents, their families and staff, and implore municipal, provincial and federal leaders to make the necessary investments to create safe supportive care to ensure the health and safety for residents of LTCHs.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau, Chair
Simcoe Muskoka District Health Unit Board of Health

AD:JC:cm

cc: Ontario Boards of Health
Matthew Anderson, President and CEO, Ontario Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Mayor and Council of Simcoe and Muskoka
Members of Provincial Parliament for Simcoe and Muskoka

References:

ⁱ Canadian Institute for Health Information. "New analysis paints international picture of COVID-19's long-term care impacts": CIHI; June 25, 2020. Available from: <https://www.cihi.ca/en/new-analysis-paints-international-picture-of-covid-19s-long-term-care-impacts>

ⁱⁱ Headquarters 4th Canadian Division Joint Task Force (Central). (2020). OP LASER - JTFC Observations in Long Term Care Facilities in Ontario

ⁱⁱⁱ Estabrooks CA, Straus S, Flood, CM, Keefe J, Armstrong P, Donner G, Boscart V, Ducharme F, Silvius J, Wolfson M. *Restoring trust: COVID-19 and the future of long-term care*. Royal Society of Canada. 2020 retrieved on Aug. 28 at https://rsc-src.ca/sites/default/files/LTC%20PB%20%2B%20ES_EN.pdf

^{iv} Retrieved on Aug. 25, 2020 <https://www.simcoemuskokahealthstats.org/topics/infectious-diseases/a-h/covid-19>

^v Ministry of Health and Long-Term Care. (2018). OPHS