

## Board of Health Briefing Note

**To:** Chair and Members of the Board of Health  
**Date:** March 3, 2021  
**Topic:** **Mandatory Paid Sick Leave for Ontario Workers during COVID-19 and Beyond**  
**Submitted by:** Dr. Glenn Corneil, Acting Medical Officer of Health/CEO  
**Prepared by:** Kerry Schubert-Mackey, Amanda Mongeon, Angie Manners, Walter Humeniuk

---

### RECOMMENDATIONS

**It is recommended that the Timiskaming Board of Health resolve to:**

call on the Provincial Government to legislate adequate paid sick leave to all workers through amendments to the Employment Standards Act.

**FURTHER THAT** the THU Board of Health urge the Provincial Government to provide the necessary funding, fiscal relief, and other supports necessary to employers to provide this sick leave.

**AND FURTHER THAT**, models be examined to fund the continuation of paid sick leave once this current emergency is over.

**AND FURTHER THAT**, the THU Board of Health endorse in principle, Bill 239, the *Stay Home If You Are Sick Act*.

**FURTHER that** a copy of this endorsement be forwarded to:

- 1) Hon. Doug Ford, Premier of Ontario
- 2) Hon. Christine Elliott, Deputy Premier and Ministry of Health
- 3) Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care
- 4) John Vanthof, MPP Cochrane-Timiskaming
- 5) Peggy Sattler, MPP London West
- 6) Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- 7) Ontario Boards of Health

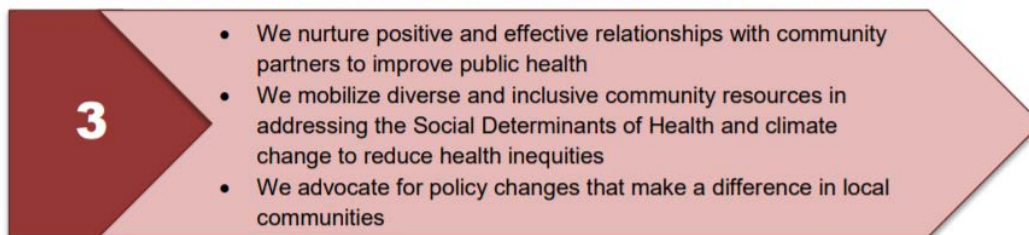
### Issue Overview

- Staying home when sick, getting tested and isolating as soon as symptoms develop are key to containing the spread of COVID-19.
- Without appropriate policies in place, behavioural recommendations are limited in their effectiveness.
- Having the ability to stay home when sick without concern for loss of income is fundamental to individual health, public health and the economy. We know that not everyone has access to such a benefit.
- Lack of access to paid sick leave is amplifying the inequities and vulnerabilities already present in society.
- Challenges to contain the spread of COVID-19 has highlighted the need for paid sick leave provisions as an effective public health policy to protect the health of individual workers, their workplaces, and the broader community.
- Existing federal and provincial programs do not adequately support paid sick days.

## Ontario Public Health Standards (2018) and Timiskaming Health Unit Strategic Plan 2019-2023

Supporting mandatory paid sick leave contributes to meeting requirements and expected outcomes in the [Ontario Public Health Standards \(2018\)](#). Addressing social determinants of health and health inequities aligns with the Policy Framework for Public Health Programs and Services including intersecting with numerous program standards. This work also supports the following THU 2019-2023 strategic direction:

### **We collaborate with partners to make a difference in our communities**



### Background

During the pandemic it has become increasingly evident that paid sick leave provisions are essential to protect the health of individual workers, their workplaces, and the broader community. Stay-at-home orders and self-isolation require people to have access to employment and financial stability to comply. In the absence of legislation, workers rely on employers to provide paid sick leave commonly in the form of several paid days followed by the provision of short-term illness or disability insurance benefits. However, only 42 per cent of working adult Canadians have access to paid sick leave through their employer.<sup>1</sup>

Among Canadian low-wage workers who are a major part of the workforce deemed to be essential throughout the pandemic and at a greater risk of exposure to COVID-19, that figure is much less. For workers earning less than \$25,000, the percentage who have paid sick days drops to less than 30%.<sup>2</sup> In the trade and transportation sector, which include grocery store and warehouse workers, only 38% of workers have paid sick days.<sup>3</sup> In the service sector, including accommodation and food services, the percentage is even lower at 25%.<sup>3</sup> In the health care and social services sectors, only 50% of workers have paid sick days.<sup>3</sup>

Workers in precarious employment (part-time, contract, without benefits such as paid sick days) are less likely to have important employment and economic protections, particularly among those who are low-income.<sup>4</sup> Workers without paid sick leave, particularly low-wage, precariously employed essential workers, experience financial pressure to work even when ill increasing the risk of virus exposure and transmission.<sup>4</sup> Workers without paid sick days are 1.5 times more likely to go to work with a contagious illness.<sup>5</sup>

Individuals without paid sick days are more likely to be working low-wage, precarious jobs. Furthermore, precariously employed workers are disproportionately women, Black, Indigenous and other racialized individuals. These are individuals who are already at risk of health inequities and are disproportionately impacted by the pandemic both directly and indirectly. Direct impacts may include having an increased risk of disease transmission and indirect impacts include being less likely to have employment protection and benefits that allow them to comply with public health measures without fear of lost wages.<sup>4</sup>

Timiskaming residents report lower income and education levels, as well as higher rates of poverty compared to residents across Ontario.<sup>6</sup> In 2019, it was estimated that 1 in 10 families in the Timiskaming district struggled to put food on the table,<sup>7</sup> with 17.5% living in low-income households.<sup>8</sup> With financial insecurity and the absence of paid sick leave, many Timiskaming residents are faced with financial pressures to work even when they are ill. Locally, residents of working age are impacted by the COVID-19 pandemic. Of the 92 confirmed cases of COVID-19 in the Timiskaming Health Unit area, 55% are between the ages of 20 and 59. Of the confirmed cases of COVID-19 in Timiskaming to date 51% are female and 41% male.<sup>9</sup>

## Paid Sick Leave beyond COVID-19

Paid sick days can help prevent the spread of any number of communicable diseases, such as influenza and other viral infections<sup>5</sup>, and to protect the health and well-being of workers in Timiskaming. Workers without paid sick days are more likely to delay needed medical care, which can lead to prolonged illnesses and turn minor health problems into major, more costly ones.<sup>5</sup>

## Current Federal and Provincial Programs Do Not Solve The Issue.

Early in the pandemic, the Canada Emergency Response benefit (CERB) income supplement provided individual monthly payments of \$2,000 to relieve some financial pressure for many Canadians unable to work during the first lockdown, unrelated to illness or self-isolation. The temporary Canada Sickness Recovery Benefit (CRSB) was instituted later to provide 10 days of income support for COVID-related leave (illness or self-isolation) for workers without paid sick days. However, there are numerous barriers and limitations identified for this program (has a minimum earning requirement, only for those ineligible for EI, provides less than minimum wage, requires workers who are sick or in self-isolation to have lost at least 50% of their wages before they can apply, workers can't apply until after the week of lost wages has passed, can only apply once etc.).

In response to the COVID-19 pandemic, the Ontario government amended a regulation under the Employment Standards Act (ESA) to allow employees the right to take unpaid, job-protected infectious disease emergency leave. The only disease for which this infection disease emergency leave applies is COVID-19. This temporary change in the ESA regulation expires on July 3, 2021. Furthermore, temporary changes to the employment insurance (EI) program were made to facilitate access to EI sickness benefits for those who qualify, however a significant proportion of employed workers cannot qualify for any EI benefits, including sickness benefits.

## Local Work and Next Steps

THU is launching a small communications campaign to increase awareness about the impact of paid sick days.

## Summary

COVID-19 has exacerbated longstanding systemic inequities leading to many unintended consequences including poorer health and well-being. The gap in paid sick time highlights systemic disparities in the social determinants of health. During the pandemic, marginalized groups such as low-income and racialized<sup>10</sup> populations - who tend to work in lower-paid, essential, and often precarious jobs have had higher rates of COVID-19, worsened social isolation, food insecurity<sup>11</sup>, higher prevalence of mental health concerns, higher unemployment, increasing opioid related deaths<sup>12</sup>, family violence and limited access to health and social services.<sup>10,13</sup>

In order to support an equitable approach to COVID-19 response and recovery, universal paid sick days are essential. People should not have to make the untenable choice between income and well-being for themselves, their family and community. The pandemic has underscored the need for the provincial government to legislate paid sick days for employees, and to underwrite the costs of providing adequate paid sick leave.

Timiskaming Health Unit is in an important position to join many others ([Appendix A](#)) to increase awareness about the need for paid sick days to reduce the transmission of COVID-19 and other transmissible illness, during COVID-19 and beyond. Accessible, adequate and universal paid sick days reduce the burden of illness on individuals, families and communities, help to address health inequities and save lives.

## References

1. Chen, Wen-Hao & Mehdi, Tahsin. (2019). Assessing Job Quality in Canada: A Multidimensional Approach. Canadian Public Policy. 45. 173-191. 10.3138/cpp.2018-030. [https://www.researchgate.net/publication/329538886\\_Assessing\\_Job\\_Quality\\_in\\_Canada\\_A\\_Multidimensional\\_Approach](https://www.researchgate.net/publication/329538886_Assessing_Job_Quality_in_Canada_A_Multidimensional_Approach) Accessed February 25, 2021
2. Ability to work from home and paid sick leave benefits by precarious employment and socioeconomic status. PWHR.ubc.ca. <http://pwhr.sites.olt.ubc.ca/files/2020/09/GSS-COVID-19-Research-Brief-2020.pdf> Accessed February 25, 2021.
3. Yalnizyan A. (2020). After CERB: Paid sick leave provisions in Canada. Atkinsonfoundation.ca. <https://atkinsonfoundation.ca/atkinson-fellows/posts/after-cerbpaid-sick-leave-provisions-in-canada/>. Accessed February 25, 2021.
4. Public Health Agency of Canada. (2020). From Risk to Resilience: An Equity Approach to COVID-19. Ottawa, ON: Government of Canada; 2020. Available at: <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html> Accessed February 25, 2021.
5. Paid sick days improve public health. National partnership for women & families. Paid sick days improve public health. October 2020. NationalPartnership.org. <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-sick-days/paid-sick-days-improve-our-public-health.pdf> Accessed February 25, 2021.
6. Timiskaming Health Status Report Highlights for the Timiskaming Health Unit Area May 2020.
7. Dias L. (2019). The Cost of Eating Healthy in Timiskaming. <https://www.timiskaminghu.com/websites/timiskaminghu.com/files/CDP-Injury/Food%20Insecurity/Cost%20of%20Healthy%20Eating%20-%202019-EN.pdf> Accessed February 25, 2020.
8. Statistics Canada. 2017. Timiskaming Health Unit and North East, [Health region, December 2017], Ontario and Ontario [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>.
9. Timiskaming Health Unit (2021). Timiskaming Coronavirus Disease (COVID-19) Weekly Epidemiological Update Week of February 25, 2021. <https://www.timiskaminghu.com/websites/timiskaminghu.com/files/COVID-19/20210225%20Timiskaming%20COVID-19%20Epidemiology%20Summary.pdf> Accessed February 25, 2021.
10. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Weekly epidemiologic summary: COVID-19 in Ontario – focus on February 14, 2021 to February 20, 2021. Toronto, ON: Queen’s Printer for Ontario; 2021. <https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-weekly-epi-summary-report.pdf?la=en>
11. Statistics Canada. Food Insecurity During the COVID-19 pandemic. May 2020. Covid-10: Data to Insights for a Better Canada. Ottawa, ON: Statistics Canada; 2020. Available at: <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00039-eng.htm>.
12. Ontario Drug Policy Research Network; Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Centre on Drug Policy Evaluation. Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2020.
13. Toronto Public Health. Response to COVID-19: Update Presentation to the Board of Health. January 1, 2021 (page 7). <https://www.toronto.ca/legdocs/mmis/2021/hl/bgrd/backgroundfile-159740.pdf>

## Appendix A: Calls for Mandatory Paid Sick Leave

Organizations that have called for mandatory paid sick leave for Ontario workers include (not an exhaustive list):

Association of Local Public Health Agencies (alPHA)

[https://cdn.ymaws.com/www.alphaweb.org/resource/collection/C9E48A93-5DC0-4EAE-9108-14082B79FC3F/alPHA\\_Letter\\_Paid\\_Sick\\_Leave\\_080221.pdf](https://cdn.ymaws.com/www.alphaweb.org/resource/collection/C9E48A93-5DC0-4EAE-9108-14082B79FC3F/alPHA_Letter_Paid_Sick_Leave_080221.pdf)

Chatham-Kent Board of Health

[https://cdn.ymaws.com/www.alphaweb.org/resource/collection/69170310-1382-42B2-BEEC-4C071AD8623B/CK\\_Paid\\_Sick\\_Leave\\_160221.pdf](https://cdn.ymaws.com/www.alphaweb.org/resource/collection/69170310-1382-42B2-BEEC-4C071AD8623B/CK_Paid_Sick_Leave_160221.pdf)

Peel Regional Council

<https://peelregion.ca/advocacy/paid-sick-leave/council-resolution.pdf>

Peterborough Board of Health

[https://cdn.ymaws.com/www.alphaweb.org/resource/collection/69170310-1382-42B2-BEEC-4C071AD8623B/PPH\\_Paid\\_Sick\\_Leave\\_160221.pdf](https://cdn.ymaws.com/www.alphaweb.org/resource/collection/69170310-1382-42B2-BEEC-4C071AD8623B/PPH_Paid_Sick_Leave_160221.pdf)

Toronto Board of Health - Importance of Paid Sick Leave for Stopping the Spread of COVID-19 p. 9

<https://www.toronto.ca/legdocs/mmis/2021/hl/bgrd/backgroundfile-159740.pdf>

Windsor-Essex County Board of Health

[https://cdn.ymaws.com/www.alphaweb.org/resource/collection/69170310-1382-42B2-BEEC-4C071AD8623B/WECHU\\_Paid\\_Sick\\_Leave\\_220221.pdf](https://cdn.ymaws.com/www.alphaweb.org/resource/collection/69170310-1382-42B2-BEEC-4C071AD8623B/WECHU_Paid_Sick_Leave_220221.pdf)

Bill 239 Stay Home If You Are Sick Act, 2021

<https://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-239>

Decent Work and Health Network – “Before it’s Too Late: How to Close the Paid Sick Day Gap During COVID-19 and Beyond”

<https://www.decentworkandhealth.org/>

Alliance for Healthier Communities / Alliance pour des communautés en santé

<https://www.allianceon.org/Campaign-Paid-Sick-Days> and <https://www.allianceon.org/news/Letter-Premier-Ford-regarding-paid-sick-leave>