

MEDICAL REFORM GROUP

Box 40074, Toronto, Ontario M6B 4K4

April 19, 2010

Hon. Dalton McGuinty
Premier of Ontario
Queen's Park
Toronto, Ontario

By fax

Dear Premier McGuinty,

The Medical Reform Group, an association of progressive Ontario physicians with a long track record of defending our publicly funded health care system and speaking out on issues that impact on the health and well-being of Ontarians. We support using a progressive taxation system to provide essential services such as health, education, and social assistance. We are writing to express our concern over the recent Budget announcements to eliminate the Special Diet Allowance and provide only a 1% increase to social assistance rates.

We support the current review of social assistance in Ontario and are looking forward to the recommendations of Gail Nyberg and her colleagues. In the meantime, however, it is very worrying to us that the poorest of the poor in this province are not receiving an adequate income and, are in fact, at greater risk of illness and poor health because of the level of deprivation that they experience.

Many in the province have been advocating for an increase to the monthly social assistance rates that would make it possible for individuals on social assistance to access adequate shelter and nutrition. Those increases could take various forms: across the board increases, the addition of a Healthy Food supplement, an increase to the basic needs portion of the allowance that reflects the true cost of shelter and food, the use of vouchers, the supply of nutritious food through school programs, an increase in social housing supply etc. Following the 2001 death of a Sudbury woman, Kimberley Rogers, a 40 year old student who was 8 months pregnant at the time, the following recommendation was made by the Coroner following the inquest into Ms Rogers' death:

The Ministry of Community, Family, & Children's Services and the Ontario Works Program should assess the adequacy of all social assistance rates. Allowances for housing and basic needs should be based on actual costs within a particular community or region. In developing the allowance, data about the nutritional food basket prepared annually by local health units and the average rent data prepared by Canada Mortgage and Housing Corporation should be considered.

Rationale: To ensure that social assistance rates are adequate and adjusted annually if necessary.

It is our hope that your government will revise and increase the Ontario Works (OW) and Ontario Disability Support Program (ODSP) rates so that they are based on actual living costs, including housing and food. As well, OW and ODSP rates need to be indexed annually to reflect inflation, especially if, as predicted we are entering a time of rising food costs.

The Basic Allowance includes a nutrition allowance which should meet the daily nutritional needs as determined annually by the cost of the Nutritious Food Basket, calculated by each of Ontario's 36 public health units, with the remainder set to enable recipients to afford other basic needs including transportation, clothing, and personal care items.

(416) 787-5246 [voice]; (416) 352-1454 [fax]; medicalreform@sympatico.ca; www.medicalreformgroup.ca

In addition, since housing costs demand the lion's share of monthly incomes, we ask that the shelter component maximum for OW clients be set at 85 – 100 percent of the median market rent for each local housing market, based on annual surveys conducted by the Canadian Mortgage and Housing Corporation.

As physicians who care deeply about the public good, we know that improvements in health outcomes of the more than 1.5 million Ontarians living below the poverty line will have a significant positive impact on overall population health. This will in turn reduce pressures on the overextended public health care system and contribute to the current government's stated goal of making Ontarians the healthiest Canadians.

In 2009, a report entitled *Sick and Tired: The compromised Health of Social Assistance Recipients and the Working Poor in Ontario*ⁱ found higher rates of chronic disease and poor health in social assistance recipients when compared to the non-poor. In some cases, these rates were 7.2 times higher. Despite this, people living in poverty were less likely to have a regular medical practitioner or to use preventive health services. Addressing and preventing poverty makes good sense: it is a long term investment in the future of Ontario's population, especially its children.

We know you have made a commitment to reducing poverty, and that you have prioritized children first. We remind you that poverty is not just limited to children and wish you success and speed in your ability to make a difference. But, the changes you announced in the recent Budget will not make lives healthier for the poorest of our population. We hope that the findings and recommendations of Ontario's social assistance program will provide you with the information you need to do the right thing. We believe the right thing includes a significant rise in rates and an end to the chronic hunger and deprivation that many recipients now face.

Yours sincerely,



Ahmed Bayoumi MD, FRCPC
For the Medical Reform Group

cc Madeleine Meilleur
Minister of Community and Social Services

ⁱ Wellesley Institute, Community Social Planning Council of Toronto, University of Toronto. [Sick and Tired: The compromised Health of Social Assistance Recipients and the Working Poor in Ontario](http://socialplanningtoronto.org/reports/sick-and-tired-report-released/) accessed from <http://socialplanningtoronto.org/reports/sick-and-tired-report-released/> March 15, 2010