



ADDENDUM: June 15, 2017, Sudbury & District Board of Health Meeting

Sudbury & District Health Unit, Boardroom

Baord of Health Meeting - Addendum - June 15, 2017

7.0 ADDENDUM

DECLARATION OF CONFLICT OF INTEREST

-

Page 3

i) Opioids

Ministry of Health and Long-Term Care News Release:
More Front-Line Workers for Every Community in Ontario to
Combat Opioid Crisis, June 12, 2017

Page 5

ii) aPHa Survey of Board of Health Funding

Survey on the impacts of the current approach to BOH
provincial budget grants

Page 9

iii) The Fair Workplaces, Better Jobs Act (Bill 148)

Briefing Note from the Sudbury & District Health Unit
Medical Officer of Health/Chief Executive Officer to the
Board Chair dated June 13, 2017

Page 13

SDHU Letter to the Editor submitted to the Sudbury Star,
June 14, 2017, We cannot afford not to act – minimum
wage and basic income

Page 17

MOTION: The Fair Workplaces, Better Jobs Act (Bill 148)

Page 18

**ADDENDUM – FIFTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
JUNE 15, 2017**

7.0 ADDENDUM

DECLARATION OF CONFLICT OF INTEREST

- i) Opioids**
 - Ministry of Health and Long-Term Care News Release: *More Front-Line Workers for Every Community in Ontario to Combat Opioid Crisis*, June 12, 2017
- ii) alPHa Survey of Board of Health Funding**
 - Survey on the impacts of the current approach to BOH provincial budget grants
- iii) The Fair Workplaces, Better Jobs Act (Bill 148)**
 - Briefing Note from the Sudbury & District Health Unit Medical Officer of Health/Chief Executive Officer to the Board Chair dated June 13, 2017
 - SDHU Letter to the Editor submitted to the Sudbury Star, June 14, 2017, We cannot afford *not to act – minimum wage and basic income*

THE FAIR WORKPLACES, BETTER JOBS ACT (BILL 148)

MOTION:

WHEREAS the Sudbury & District Board of Health has a mandate to decrease health inequities such that everyone has equal opportunities for health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances; and

WHEREAS the Board of Health discharges this mandate through a long history of strategies including advocacy, strategic direction, policy development and program interventions; and

WHEREAS the Sudbury & District Board of Health participated in the 2015 Changing Workplaces Review public consultations and recommended that the provincial government strengthen minimum employment standards and reduce barriers to collective bargaining for all workers, especially those in precarious employment, to ultimately improve health outcomes;

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health commend the provincial government's actions to address the root causes of precarious work through the Changing Workplaces Review of 2015-16 and subsequent introduction of Bill 148; and

FURTHER THAT the Board of Health support the proposed changes to the Employment Standards Act that expand the pay equity provisions and increase the minimum wage for workers and the proposed changes to the Labour Relations Act that better support precarious workers' rights; and

FURTHER THAT the Board of Health urge the provincial government to adopt the World Health Organization (WHO) definition of a healthy workplace; and

THAT the Sudbury & District Board of Health share this motion and supporting materials with SDHU community agencies, municipalities and elected representatives, and the Association of Local Public Health Agencies (alPHA), Ontario Boards of Health and others as appropriate.

*News Release***More Front-Line Workers for Every Community in Ontario to Combat Opioid Crisis**

June 12, 2017

Province Also Expanding Availability of Life-Saving Naloxone Kits in Communities

Ontario is stepping up its fight against the national opioid crisis with new front-line addiction and mental health workers for every community in the province and the distribution of almost 80,000 additional naloxone kits per year to front-line organizations.

Dr. Eric Hoskins, Minister of Health and Long-Term Care, was joined by John Tory, Mayor of Toronto at The Works Needle Exchange Program in Toronto today to announce new measures to tackle Ontario's opioid crisis.

The province is providing funding for every board of health in Ontario to hire more front-line workers, such as addiction outreach workers and nurses, to help municipalities expand supports for people impacted by opioid addiction and overdose. This will allow communities to improve addiction outreach, education and planning while working on early warning and surveillance of opioid overdoses.

More than 6,500 additional naloxone kits per month will be distributed in the community to those at risk of opioid overdose and their friends and family, through community organizations such as shelters, outreach organizations, AIDS Service Organizations, Community Health Centres and withdrawal management programs. This will broaden the reach of existing harm reduction programs that are currently offered by Public Health Units and community partners.

Later today, Dr. Eric Hoskins, Minister of Health and Long-Term Care, Marie-France Lalonde, Minister of Community Safety and Correctional Services, John Fraser, Parliamentary Assistant to the Minister of Health and Long-Term Care and Sophie Kiwala, Parliamentary Assistant to the Minister of Children and Youth Services will be meeting with mayors from across the province to discuss the unique experiences of individual communities dealing with opioid addiction and overdose and to continue working together to address this important issue.

Ontario is increasing access to care, reducing wait times and improving the patient experience through its [Patients First Action Plan for Health Care](#) and [OHIP+: Children and Youth Pharmacare](#) - protecting health care today and into the future.

QUICK FACTS

- Ontario is expanding the distribution of naloxone to the places where people who use drugs are living or currently accessing services. Local public health units will serve as naloxone distribution hubs for eligible community organizations.
- Ontario's first comprehensive [Strategy to Prevent Opioid Addiction and Overdose](#) includes initiatives to enhance data collection, modernize prescribing and dispensing practices and connect patients with high quality addiction treatment services.
- Recently announced initiatives include: a new [Interactive Opioid Tool](#) that provides a wide range of data on opioid-related morbidity and mortality across the province; stricter controls on the prescribing and dispensing of opioids, including fentanyl patches and expanding access to opioid substitution therapy; and funding for three supervised injection services sites in Toronto, and committing to provide funding for an additional site in Ottawa.
- As of March 2017, more than 28,000 naloxone kits have been dispensed free of charge at pharmacies, public health units and community-based organizations that run needle exchange and hepatitis C programs, as well as provincial correctional facilities.

ADDITIONAL RESOURCES

- [Where to Get Naloxone Kits and How to Use Them](#)
- [Ontario's Strategy to Prevent Opioid Addiction and Overdose](#)
- [Patients First: Action Plan for Health Care](#)

QUOTES

"The devastating impact of opioid use disorder and overdose has reached every community across the province, and crosses all demographics. Our government is committed to working together with our partners across the province to combat this issue through a collaborative, evidence-based, comprehensive approach that will help save lives."

— *Dr. Eric Hoskins, Minister of Health and Long-Term Care*

"Opioid addiction and abuse is a serious, complex issue that requires immediate attention. By increasing front-line workers, and expanding access to naloxone kits by thousands, we are adding on the significant work already being done to combat opioid overdoses and fatalities occurring across the province."

— *Dr. David Williams, Ontario Chief Medical Officer of Health*

"Reducing overdoses is a vital public health issue for Toronto. With today's announcement by the Government of Ontario, it is clear that the Province understands that cities are on the front line when it comes to the growing danger of opioids. More front-line workers and naloxone kits will prevent opioid overdoses. My focus is always on the health and safety of the people of our city."

— *John Tory, Mayor of Toronto*

CONTACTS

David Jensen
Communications and Marketing Division-MOHLTC
416-314-6197
media.moh@ontario.ca

For public inquiries call ServiceOntario, INFOline
(Toll-free in Ontario only)
1-866-532-3161
ontario.ca/health-news

Laura Gallant
Minister's Office
416-327-4450

Media Line
Toll-free: 1-888-414-4774
GTA: 416-314-6197
media.moh@ontario.ca

[Questions about your subscription? Contact us.](#)

[Edit your subscription preferences.](#)

[Unsubscribe from News on Demand.](#)



[Follow Us On Twitter.](#)

[Visit the Newsroom.](#)

[Disponible en français.](#)

[© Queen's Printer for Ontario, 2008 - 2017](#)

99 Wellesley Street West 4th floor, Room 4620 Toronto ON M7A 1A1

BOARD OF HEALTH FUNDING SURVEY

SUMMARY RESULTS

INTRODUCTION

Starting in 2015, a new public health funding model for cost-shared mandatory programs was implemented by the Province of Ontario. The new funding formula was applied in both 2015 and 2016 to distribute growth funding while the annualized base funding allocation for each board of health (BOH¹) was not impacted by the formula. The application of the funding formula resulted in 8 BOHs receiving a proportion of available new funds in 2015 and 10 BOHs receiving a proportion of available new funds in 2016. The remaining BOHs, 28 in 2015 and 26 in 2016, received no growth funding. In January 2017, alPHa surveyed its 36 member boards of health about the impacts of this development and received responses from all 36 members. The survey responses describe the impacts to the co-funding municipalities, the organizations and the programs they deliver to the local community, and the staff that must adapt to and work within the new funding reality.

SURVEY RESULTS

The survey results in this document focus on the BOHs that did not receive a portion of the growth funding in 2015 and 2016.

ACHIEVING EFFICIENCIES & REDUCING COSTS

BOHs have responded quickly to minimize the disruption caused by what amounts to a decrease in available funds in the face of existing collective agreements that include negotiated salary increases and ongoing growth in the cost of doing business. To identify possible efficiencies in operations and the delivery of programs and services, BOHs have employed a number of good management approaches and methodologies including:

- budget review and budget process review,
- business process re-engineering,
- continuous quality improvement (CQI),
- program-based marginal analysis (PBMA),
- LEAN Sigma,
- service prioritization review,
- user fee analysis, and
- program evaluation.

We are evaluating our service models constantly and trying to be as efficient and customer focused as possible. In 2016, we closed two branch offices. In one of these locations, we have a new shared service model with a Family Health Team resulting in significant savings.

¹ A summary list of abbreviations used in this document can be found on page 4.

It is clear that BOHs have used the results of this analysis to identify where they can be doing things differently. Local strategic/operational plans and BOH-ministry accountability requirements often provided a context in which decisions for change were made. Innovative solutions include organizational restructuring, utilizing community partnerships and technology differently, and stopping specific functions. The following chart summarizes the facilitators of change identified in the survey responses with examples that illustrate the changes put in place.

We used the Program Budgeting Marginal Analysis (PBMA) method to deal with the projected budget shortfall. This led to a reduction in programs and services.

FACILITATOR	EXAMPLES OF CHANGES PUT IN PLACE
Restructuring	Updated organizational, program and service structures, consolidating programs, changing process flows and on-call coverage, centralizing functions such as procurement or roles
Technology	Reduced in person meeting participation, investments such as new phone systems and OTN, increased degree of paperless office functions, program delivery moved online, on-line event registration
New Partnerships	Office closures or reduced hours/services partially mitigated through collaboration and the support of community partners
Contract Negotiations	Renegotiating vendor contracts, outsourcing, changing payroll benefits providers, new approaches to labour relations strategies
Divestment	Moving TB medication dispensing into community pharmacies, closing travel and immunization clinics, stopping school-based mental health programming

FILLING THE FUNDING GAP

BOHs provided information on approaches to alleviating the funding pressures that they are experiencing as a result of the new approach to determining grants from the province.

Eleven BOHs reported that increases to the municipal/regional levies have taken place as the result of the stagnation of the provincial grant for the majority of BOHs. These increased municipal/regional contributions were in the magnitude of 1 to 2 percent. A number of BOHs also reported that they are actively investigating additional sources of funding, increasing the number of one-time funding requests to the province, and increasing user fees by small amounts where warranted.

The increasing gap between expected and actual levels of provincial funding has led to increasing local levy burdens.

IMPACTS ON HUMAN RESOURCES AND PROGRAM DELIVERY

The largest resource and expense of any BOH is human resources. While BOHs clearly responded to the new approach to provincial grants in ways intended to minimize the impact on both human resources and program delivery, the impacts have increased each year since the change in provincial board of

health funding policy. The next two sections outline the major impacts to both human resources and program delivery.

Human Resources

For the BOHs that did not receive a portion of the growth funding, there has been considerable pressure on staffing in both 2015 and 2016. Most survey respondents indicated that further staff reductions were expected into the foreseeable future. The absorption of human resources changes was made possible using the following approaches:

- changes to job descriptions and reassignment of duties,
- staff relocation between offices,
- conversion of positions from manager to supervisor,
- creation of temporary contract positions,
- reviewing all vacant positions as they arise for possible elimination or alteration,
- gapping including not replacing staff on maternity and other leaves,
- approving staff voluntary unpaid leaves of absence,
- voluntary staff resignations and retirements,
- layoffs,
- offering a voluntary separation program for non-union and management staff, and
- outsourcing, e.g., IT support, contracting with a family physician to support sexual health clinic.

Significant staffing changes, through retirements and layoffs, were made in 2016 in order to position ourselves for the next 4-5 years. In 2017, the current strategy is to hire only temporary positions. This strategy will provide us with the flexibility to shift resources to different job classifications if needed. Once we have reviewed and assessed the revised standards, a more permanent plan for what staffing complement is required will be developed.

Program Delivery

Survey respondents provided rich detail about the specific impacts to programs and services. Notably, the impacts are broad, affecting all types of programs and services across the province. The following table provides a summary of the key impacts reported through the survey:

IMPACT	EXAMPLES
Reduced frequency of service	Prenatal classes, breastfeeding clinics, food handler training and certification, vaccination clinics, flu clinics, beach surveillance, school nourishment program, family health outreach, satellite office closures
Reduced program support	Public health nurse support for HBHC program, less support to schools, farm safety, on and off road safety, falls prevention, vector borne diseases
Delay in planned program development	Child health resource for families, promotion of 18-month well-baby visits, healthy menu inspections
Creation of waitlists	HBHC in general, HBHC high risk home visiting
Reduced communications	Reduction of promotional and communications materials

When making decisions regarding reductions in staffing, we have tried to avoid reductions in front line positions like nursing, inspectors etc. and dealt with 'administrative' functions first in order to minimize impact on the public. To date, we have been successful but the potential to avoid reductions in front line service positions is decreasing very quickly.

CONCLUDING REMARKS

BOHs and their staff have applied good management practices to mitigate the impact of the provincial funding changes on their organizations. Where there have been considerable changes to programs and staffing since 2015, a great deal of human resources and management time has been consumed in analysing, planning, interviewing, orienting and training, as well as vendor, partner and staff contract negotiations. There has also been a substantial investment of time to mitigate impacts on productivity, staff morale and workplace culture. Further time has been needed to establish alternate services for affected community members as in the case of a discontinued school-based mental health program. This has impacted the ability of senior staff to actively participate in provincial and local planning bodies and coalitions. Employer and family assistance program spending has needed to increase and upcoming collective agreement negotiations will set the stage for the next 3 years in terms of further impacts to staffing levels. Staff in general are stretched and there is less time for planning, collaboration and strategic communications. Further assessment, changes and impacts are anticipated to be measured against the modernized Ontario Public Health Standards and any pressures resulting from the implementation of the Patients First agenda, including the recommendations of the Public Health Expert Panel, expected later this year.

ABBREVIATIONS USED IN THIS REPORT

BOH – Board of Health
CQI – Continuous Quality Improvement
EDI – Early Development Instrument
FTE – Full-Time Equivalent
HBHC – Healthy Babies Healthy Children
IT – Information Technology
LEAN – Lean Management Practices (creating more value with fewer resources)
OTN – Ontario Telemedicine Network
PBMA - Program-Based Marginal Analysis
PHN/RN/RPN – Public Health Nurse/Registered Nurse/Registered Practical Nurse
STI – Sexually Transmitted Infection
TB – Tuberculosis

Briefing Note

To: René Lapierre, Chair, Sudbury & District Board of Health

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: June 15, 2017

Re: The Fair Workplaces, Better Jobs Act (Bill 148), 2017

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

On May 30, 2017, the Honourable Kevin Flynn, Ontario Minister of Labour, introduced Bill 148, the *Fair Workplaces, Better Jobs Act*¹. Bill 148 includes a number of amendments to the Employment Standards Act (ESA) and the Labour Relations Act (LRA) to address issues related to the growth of precarious employment in Ontario. From a public health perspective, ESA and LRA amendments provide important mechanisms to strengthen employment standards in support of workplace health, particularly for individuals currently working in precarious employment.

Recommended Action:

- That the Board commend the provincial government's actions to address the root causes of precarious work through the Changing Workplaces Review of 2015-16 and subsequent introduction of Bill 148;
- That the Board support the proposed changes to the ESA that expand the pay equity provisions and increase the minimum wage for workers and the proposed changes to the LRA that better support precarious workers' rights;
- That the Board urge the provincial government to adopt within the ESA and LRA the World Health Organization (WHO) definition of a healthy workplace.

Background:

The Fair Workplaces, Better Jobs Act, 2017 (Bill 148)

The Fair Workplaces, Better Jobs Act (Bill 148), outlines proposed amendments to the ESA and LRA identified through the Changing Workplaces Review of 2015-16, an independent and systematic review of Ontario's labour laws initiated in part to respond to issues related to the growth of precarious employment in Ontario in recent decades. The Sudbury & District Medical Officer of Health (MOH) participated in the Changing Workplaces Review public consultation session held in Sudbury in July of 2015² and also made a written submission in response to the Interim Report in October of 2016. The Changing Workplaces Review was designed to identify options for labour law reform to improve security and opportunity for those made vulnerable by the structural economic pressures and changes being experienced by Ontarians. Key elements of Bill 148 that will contribute to improvements in individual and workplace health include:

2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001
R: October 2013

- Increasing Ontario's minimum wage to \$14 per hour on January 1, 2018, and \$15 per hour on January 1, 2019, followed by annual increases at the rate of inflation;
- Pay equity for part-time, temporary, casual and seasonal employees doing the same work as full-time employees;
- Mandating increased employee benefits for all employees (e.g., two days of personal emergency leave per year, three weeks' vacation after five years of employment, making scheduling fairer for employees through compensation for shift cancellations with less than 48 hours' notice).³

Income and Health

The provincial government estimates that half of workers in Ontario who earn less than \$15 per hour are between the ages of 25 and 64, and that the majority of these workers are women⁴. Through the proposed changes to minimum wage outlined in Bill 148, it is estimated that more than one quarter of Ontario workers will receive an increase in their wages. Support from public health for an increase in minimum wage comes from the overwhelming evidence confirming the link between income and health. People living with lower incomes have far greater risks of premature morbidity and mortality than those people living with higher incomes.

Public health does not have the economic expertise to judge the adequacy of the specific amount proposed for minimum wage. However, from a health perspective, it is well known that there is a gradient in health such that health improves each level up the income ladder. Further, the SDHU Nutritious Food Basket (NFB) scenarios calculated annually⁵ demonstrate that current minimum wage levels in Ontario are not sufficient to meet basic needs. According to the Ontario Society of Nutrition Professionals in Public Health (OSNPPH), "people who have insecure employment and live in low-income households are twice as likely to find it difficult to make ends meet or to run out of money to buy food, compared to workers with secure employment who live in low-income households" (p55)⁶. Further, adults experiencing household food insecurity have much higher odds of becoming high-cost users of health care services within the next five years, and have overall higher annual healthcare costs than adults living in food secure households, often resulting from lacking funds to prevent or manage health conditions^{7, 8}.

Workplaces and Health

Workplaces are a critical determinant of health, and the health promoting or health damaging nature of workplaces impacts all workers, their families, neighbourhoods, communities and society⁹. The WHO definition of a Healthy Workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of workers and the sustainability of the workplace by considering the following:

- health and safety concerns in the physical work environment;
- health, safety and well-being concerns in the psychosocial work environment including organization of work and workplace culture;
- personal health resources in the workplace; and
- ways of participating in the community to improve the health of workers, their families and other members of the community¹⁰.

Precarious work is a significant contributor to poor health and health inequalities^{11,12,13}. The OSNPPH defines precarious work as, "contract, temporary and casual work, part-time work and self-employment. Precarious employment is typically characterized by irregular hours, lack of continuity, low wages, absence of benefits such as extended medical benefits, limited job mobility and greater risk of injury and ill health... Workers who are more likely to hold "precarious work" are women, single parents, racialized persons, new immigrants, temporary migrant workers, people with disabilities, youth, aboriginal persons and nonstatus workers who do not have

2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001
R: October 2013

Canadian immigration status” (pg7)¹⁴. Precarious workers are also more likely to experience more difficult working conditions and lower autonomy and control over working conditions and arrangements than non-precarious workers¹⁵. Recent decades in Ontario have witnessed a trend shifting towards a low-wage economy including increased growth in part-time and temporary employment and decreased growth in full-time employment^{16,17,18}. Recent estimates in Ontario indicate that over 30 percent of workers were engaged in precarious employment in 2014, and in 2016 the median hourly wage for part-time work was almost half that of the median hourly wage for full-time work (i.e., \$13.00/hour vs \$24.73/hr)¹⁹.

Financial Implications:

N/A

Contact:

Dana Wilson, Foundational Standard Specialist, Health Equity Resources, Research, Evaluation and Development Division

¹ Legislative Assembly of Ontario. (2017). *Bill 148, Fair Workplaces, Better Jobs Act, 2017*. Standing Committee on Finance and Economic Affairs. Retrieved from http://www.ontla.on.ca/web/committee-proceedings/committee_business.do?locale=en&BillID=4963&CommID=144&BusinessType=Bill

² Sudbury & District Health Unit. (2015). *Changing Workplaces Review: Speaking Notes for Dr. Penny Sutcliffe (Medical Officer of Health)*. Retrieved from <https://www.sdhu.com/changing-workplaces-review-speakers-notes-for-dr-penny-sutcliffe>

³ Ontario Ministry of Labour. (2017). *Backgrounder - Proposed Changes to Ontario's Employment and Labour Laws* [News release]. Retrieved from <https://news.ontario.ca/mol/en/2017/05/proposed-changes-to-ontarios-employment-and-labour-laws.html>

⁴ Office of the Premier. (2017). *Fair Workplaces, Better Jobs* [News release]. Retrieved from <https://news.ontario.ca/opo/en/2017/05/fair-workplaces-better-jobs.html>

⁵ Sudbury & District Health Unit. (2016). *Nutritious Food Basket Report 2016* [updated May 2012; cited 2017 June 13]. Retrieved from: <https://www.sdhu.com/resources/research-statistics/research-evaluation/reports-knowledge-products/nutritious-food-basket-report>

⁶ Ontario Society of Nutrition Professionals in Public Health Food Security Workgroup. (2015). *Income-related policy recommendations to address food insecurity*. Retrieved from www.osnpnh.on.ca/membership/documents.

⁷ Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., & Kurdyak, P. (2015). Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal*, 187(14): E429-36. doi: 10.1503/cmaj.150234. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/26261199>

⁸ Dietitians of Canada. (2016). *Addressing Household Food insecurity in Canada. Position Statement and Recommendations from Dietitians of Canada*. Retrieved from <https://www.dietitians.ca/Downloads/Public/HFI-Position-Statement-and-Recommendations-DC-FINA.aspx>.

⁹ Jackson, A., & Rao, G. (2016). The unhealthy Canadian workplace. In: Raphael D, editor. *Social determinants of health: Canadian perspectives*. 3rd ed. Toronto, ON: Canadian Scholars' Press Inc; 2016. p. 99-113.

¹⁰ Burton, J. (2010). WHO healthy workplace framework and model: Background and supporting literature and practices. Retrieved from http://www.who.int/occupational_health/healthy_workplace_framework.pdf

2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001
R: October 2013

-
- ¹¹ European Foundation for the Improvement of Living Working Conditions. (2002). *Quality of work and employment in Europe: Issues and challenges*. Foundation paper No. 1. Retrieved from <http://www.eurofound.europa.eu/publications/foundation-paper/2002/working-conditions/quality-of-work-and-employment-in-europe-issues-and-challenges-foundation-paper-no-1-february-2002>
- ¹² Quinlan, M., Mayhew, C., & Bohle, P. (2001). The global expansion of precarious employment, work disorganization, and consequences for occupational health: a review of recent research. *International Journal of Health Services* 31(2):335-414.
- ¹³ Ontario Society of Nutrition Professionals in Public Health Food Security Workgroup. (2015). *Income-related policy recommendations to address food insecurity*. Retrieved from www.osnpnh.on.ca/membership/documents.
- ¹⁴ Ontario Society of Nutrition Professionals in Public Health Food Security Workgroup. (2015). *Income-related policy recommendations to address food insecurity*. Retrieved from www.osnpnh.on.ca/membership/documents.
- ¹⁵ Lewchuk, W., Lafleche, M., Dyson, D., Goldring, L., Meisner, A., Procyk, S., et al. (2013). *It's more than poverty: Employment precarity and household well-being*. Poverty and Employment Precarity in Southern Ontario Research Group. United Way Toronto: McMaster University.
- ¹⁶ Granofsky, T., Corak, M., Johal, S., & Zon, N. (2015). *Renewing Canada's Social Architecture Framing Paper*: The Mowat Centre. Retrieved from <https://mowatcentre.ca/renewing-canadas-social-architecture/>.
- ¹⁷ Gellatly, M. (2013). *Still working on the edge: building decent jobs from the ground up*. Retrieved from http://www.workersactioncentre.org/wp-content/uploads/dlm_uploads/2015/03/StillWorkingOnTheEdge-WorkersActionCentre.pdf.
- ¹⁸ Office of the Premier. (2017). *Fair Workplaces, Better Jobs* [News release]. Retrieved from <https://news.ontario.ca/opo/en/2017/05/fair-workplaces-better-jobs.html>
- ¹⁹ Office of the Premier. (2017). *Fair Workplaces, Better Jobs* [News release]. Retrieved from <https://news.ontario.ca/opo/en/2017/05/fair-workplaces-better-jobs.html>

2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001
R: October 2013

We cannot afford not to act – minimum wage and basic income

Re: "[Sudbury Accent: Will new measures help poor?](#)," June 12.

Minimum wage hikes and guarantees of a basic income. These two provincial initiatives are under public debate lately with concerns being raised about their wisdom and affordability. I think they are both wise and affordable. In fact, I think that **we cannot afford not to act**. Poverty is killing us. It is not only the poorest among us who are affected but all of us. The poorer we are, the earlier we die and the more illness and disability we experience in our lifetimes. This is not ideology. It is a fact that is borne out [locally](#) just as it is [internationally](#). Raising the minimum wage and guaranteeing a basic income are two well-researched strategies intended to give people a fighting chance. They are not magic bullets. But they are an important start and are in the best interests of all of us. Healthy people contribute their skills and talents to advancing our society, they actively participate in our communities' economies, and they use fewer health care resources. For the greatest opportunities for health, people eat well, exercise regularly, do not smoke, drink only in moderation, have a healthy weight... and live in a society that actively rejects poverty. My perspective and training are that of a public health doctor not of an economist. What is the ideal level of income? What is the best way to roll out the basic income guarantee? How can we mitigate risks to small businesses? These are questions best answered collectively, carefully balancing economic facts and societal values. But, should we move forward on raising people out of poverty? Of course we should. It is the only wise and affordable thing to do.

Dr. Penny Sutcliffe, Medical Officer of Health

Sudbury & District Health Unit

THE FAIR WORKPLACES, BETTER JOBS ACT (BILL 148)

MOTION:

WHEREAS the Sudbury & District Board of Health has a mandate to decrease health inequities such that everyone has equal opportunities for health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances; and

WHEREAS the Board of Health discharges this mandate through a long history of strategies including advocacy, strategic direction, policy development and program interventions; and

WHEREAS the Sudbury & District Board of Health participated in the 2015 Changing Workplaces Review public consultations and recommended that the provincial government strengthen minimum employment standards and reduce barriers to collective bargaining for all workers, especially those in precarious employment, to ultimately improve health outcomes;

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health commend the provincial government's actions to address the root causes of precarious work through the Changing Workplaces Review of 2015-16 and subsequent introduction of Bill 148; and

FURTHER THAT the Board of Health support the proposed changes to the Employment Standards Act that expand the pay equity provisions and increase the minimum wage for workers and the proposed changes to the Labour Relations Act that better support precarious workers' rights; and

FURTHER THAT the Board of Health urge the provincial government to adopt the World Health Organization (WHO) definition of a healthy workplace; and

THAT the Sudbury & District Board of Health share this motion and supporting materials with SDHU community agencies, municipalities and elected representatives, and the Association of Local Public Health Agencies (aLPHa), Ontario Boards of Health and others as appropriate.