

WARNING

ACUTE HOUSING SHORTAGE IN ONTARIO

Notification is hereby given to non-residents of this province that there is no available housing accommodation here. This Corporation will assume no responsibility or provide any assistance in locating living quarters for any person contemplating moving to Ontario.

For your own comfort and convenience

**DO NOT COME TO ONTARIO
FOR HOUSING ACCOMMODATION**

Premier
Ontario, January, 2007

J. W. Smart, O.S.S.
Clerk

This is based on a real ad that appeared in newspapers in the early part of the 20th century. The text reads: "Warning: Acute Housing Shortage in Ontario. Notification is hereby given to non-residents of this province that there is no available housing accommodation here. This Corporation will assume no responsibility or provide any assistance in locating living quarters for any person contemplating moving to Ontario. For your own comfort and convenience; DO NOT COME TO ONTARIO FOR HOUSING ACCOMODATION.

TORONTO DISASTER RELIEF COMMITTEE

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Ontario pre-budget submission 2007

Housing – you’ve done it before!

In 1986 the provincial government designed a program called *Project 3000* which created 3,000 new units of truly **affordable and supportive** housing. It was essentially designed as a program to ensure that housing money was twinned with support funding from one of the support ministries such as Health. This allowed housing to be developed with supports for people who were homeless and had special needs.

That money was well spent. It was a popular program. People still live in those units.

Poverty, hunger and the need for housing grows in Ontario.

In 2006, I attended the budget lock-up and our organization was seriously disappointed to see no significant re-investment in social housing. TDRC co-founder Michael Shapcott has already presented his analysis to you: that the Ontario government spends about 14 cents per person per day on affordable housing. This is a severe cut, falling from \$1.4 billion in the year 2000 to \$669 million in 2006.

We fully support the three housing recommendations for Ontario Budget 2007 presented in the Wellesley Institute’s presentation to you. They include:

1. **The Ontario government should honour the commitment it made in the 2003 provincial election to fund 26,640 new supportive and affordable homes, and to fund 35,000 rent supplements for low-income households.**
2. **The Ontario government should stop blocking the \$392.5 million in stalled federal housing funds set aside for the people of this province.**
3. **The Ontario government should upload the cost of affordable housing programs back to the provincial base – where the expenditures belong – and should return overall provincial housing spending to a minimum of 25 cents per person per day. See - www.wellesleyinstitute.com for entire presentation.**

You’ve done it before, you could do it again!

I should emphasize that there is widespread support for these recommendations. I believe the public wants to see this government recognize once and for all that good health is determined by adequate income, enough food and access to safe and affordable housing.

I would like to take this opportunity to invite any one of you to join me this May during Nurses Week so that I can take you on a tour to show you examples of housing that works.

Our organization is alarmed at the worsening poverty that causes more people to become homelessness, suffer worsening health and hunger.

Although our organization primarily focuses on housing and homelessness we are alarmed at worsening poverty rates in the province. I have seen many signs of deterioration in people's health and circumstances which are directly related to meagre social assistance rates. In the 2006 budget a 2% increase to Ontario Works and ODSP benefits was announced. Totally inadequate. To make matters worse, I have met many people who have only recently received the 2% increase on their social assistance cheque.

For a mother with two children that works out to \$23 a month – not even a dollar a day.

I would like to introduce Dr. Gary Bloch, an inner city physician and member of Health Providers Against Poverty who will elaborate.

Cathy Crowe, RN

Atkinson Economic Justice Fellow

Health Providers Against Poverty

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Government of Ontario Pre-Budget Submission

January 30, 2007

Introduction

I am a family physician in inner city Toronto. I work primarily with people living in severe poverty. I am here today representing Health Providers Against Poverty, a group of physicians, nurses, nurse practitioners, dietitians, health promoters, and other health providers who have come together to combat poverty, the number one health risk facing Ontarians today.

Most of my patients live far below the poverty line. And most of them depend on social assistance to pay the rent and to buy food. I see, firsthand, on a daily basis, the real life health consequences of living in severe poverty.

Background on Poverty and Health

Poverty has long been recognized as a major determinant of ill health. There is no longer serious dispute within the health community regarding this connection. People living in poverty are at higher risk of suffering from devastating illnesses, including diabetes, cancer, heart disease, and mental health problems.¹

These effects accumulate over a person's lifespan, meaning that children who grow up in poverty continue to suffer the health effects of that poverty well into adulthood, even if their financial circumstances improve.²

While many assume that it is a person's ill health that usually leads to their poverty, in most cases the reverse is true: living in poverty itself causes ill health.³ In fact, nearly a quarter of all premature years of life lost in Canada have been attributed to poverty.⁴

We are facing a health crisis: the crisis of poverty. The tragedy is this crisis is absolutely preventable. The good news is it is reversible if we deal with it before it is too late.

Background on Social Assistance Rate changes

The most urgent step that must be taken to improve the health of Ontarians living in poverty is to increase social assistance rates. In Ontario, welfare is the common landing ground for most people who fall into extreme poverty.

¹ Statistics Canada (2001), *Estimates of Premature Deaths (Prior to Age 75) Due to Cardiovascular Disease Among Canadians*, special tabulation of mortality by neighbourhood income data for urban Canada, Ottawa.

² G. Davey Smith (Ed.), *Inequalities in health: Life course perspectives*. 2003, Bristol, UK: Policy Press.

³ S. Phipps, "The impact of poverty on health: a scan of the research literature," 2003, Ottawa: Canadian Institute for Health Information.

⁴ D. Raphael (Ed). *Social Determinants of Health: Canadian Perspectives*. 2004, Toronto, Canada: Canadian Scholars' Press Inc., p. 8.

Social assistance rates today are far below the level required for recipients to meet their most basic needs, including shelter and food. The Toronto Board of Health estimates a single person living on welfare in Toronto, who receives approximately \$550 a month in assistance, would need an additional \$390 a month just to afford a basic nutritious diet and to keep a roof over her head.⁵

Welfare rates have fallen forty percent in real spending terms over the last decade. This from a level that was already well below the poverty line. This trend has continued under the current government, despite election promises to the contrary. From a health perspective, this decline in rates is unconscionable. It has forced people already at high risk for serious health problems into a state of dramatically higher risk. When this occurs in other sectors, such as when restaurant workers are exposed to secondhand smoke, dramatic action is usually taken.

Furthermore, this trend does not make financial sense. The short term savings to the social services budget will result in significant long term costs to the health system. The price of caring for someone with diabetes or heart disease can easily run into the hundreds of thousands of dollars. These conditions can be prevented by providing these individuals with a few thousand dollars a year in extra income.

Proposal

We therefore propose that, at a minimum, this budget include an increase in welfare rates of forty percent across the board. This will help to prevent the most egregious health consequences of living in poverty, and will result in a healthier and more productive population into the future.

While we support targeted initiatives to improve the subsidies provided to families with children, and to improve the job skills of people living on welfare, it is a simple increase in income that will allow people living on social assistance the opportunity to stay healthy. Legislated poverty is unacceptable in a society as wealthy as ours. We can afford to take this step to improve the health of our province, and it will have a greater real impact on the lives of people in need than almost any other measure this budget is likely to include.

Thank you for your attention to these matters,

Gary Bloch BA MD CCFP
Family Physician, St. Michael's Hospital and Seaton House Homeless Shelter
Lecturer, University of Toronto
Primary Care Director, Inner City Health Associates

⁵ http://www.toronto.ca/health/pdf/nutritious_food_basket_2005.pdf