



Northwestern
Health Unit

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Sent via email: greg.rickford@pc.ola.org

August 23, 2018

Honourable Minister Greg Rickford
Minister of Energy, Northern Development and Mines
Minister of Indigenous Affairs
300 McClellan Avenue East Room
Kenora, ON P9N 1A8

Dear Minister Rickford,

Re: Public Health Support for a Basic Income Guarantee

On behalf of the Northwestern Health Unit (NWHU) Board of Health, I am writing to voice our disappointment with the decision to cancel the Ontario Basic Income Pilot. In doing so, the opportunity to study this initiative as a potentially more effective form of social assistance has been eliminated, along with a chance to enhance income security, improve social, physical and mental health outcomes and break the cycle of poverty among Ontario's most vulnerable populations.

Decades of research show that people with lower incomes have poorer physical and mental health and higher rates of mortality. The poorer you are, the more likely you are to have health risks in your daily life, and difficulties accessing adequate healthy food, affordable safe housing and other basic needs. Northwestern Ontario tends to be disadvantaged compared to the rest of the province when considering these key factors that determine health.

Over 1 in 10 people in the region (11.8%) are in low-income households and 16.4% of children under 18 live in low-income households. Formal education rates are also lower in the area when compared to the province: 75.9% of people aged 25-64 have completed high school compared with 89.6% provincially, and the unemployment rate is 11%, compared with 7.4% provinciallyⁱ. According to the [Northwestern Health Unit 2017 Nutritious Food Basket](#) results, 3900 people in northwestern Ontario have reported being food insecure.ⁱⁱ In addition, 14.4% of private dwellings are considered to need major repairs, higher than the provincial figure of 6.6%. Statistics indicate that about 1 in 6 households in the area are spending a third or more of their income on shelter costs.ⁱⁱⁱ

Basic income guarantee has the potential to alleviate or even eliminate poverty. It also has the potential to reduce the long-term consequences of poverty, specifically the health and social effects. Household income influences housing, food security, education, proper early childhood development, and the ability to participate in society. Furthermore, low income limits people's choices and inhibits desirable changes in behavior that can lead to better health. Implementing a basic income could reduce income inequalities and contribute to better health and fewer

societal problems, leading to long term savings in health care and other public or social services.^{iv}

The NWHU along with numerous other public health agencies have long supported the basic income concept as a means of reducing poverty and income insecurity, and thereby effectively address the key determinants of health. In May 2015 [a resolution](#) was passed at the Association of Local Public Health Agencies general meeting, endorsing the concept of basic income and requesting that the provincial and federal governments jointly consider and investigate a basic income guarantee as a policy option. The full backgrounder informing this resolution, and a related resolution for the Ontario Public Health Association, is available at [this link](#). In 2015, the Ontario Society of Nutrition Professionals in Public Health also released their [Responses to Food Insecurity Position Statement](#), recognizing the strong link between poverty and food insecurity and urging the investigation of a basic income for reducing these phenomena. The report states, “The cost of implementing a basic income program would involve substantial government spending. However, even conservative estimates of the indirect costs of poverty (e.g. health care, remedial education, crime, and social assistance programs) are far higher than the costs of actually lifting people out of poverty.”

Ontario’s Basic Income Pilot was well-researched and carefully designed to measure outcomes related to the key determinants of health; to determine if this policy option would in fact help those living in poverty to experience improved physical and mental health, and to live with dignity while fully participating in and contributing to society. Considering the valuable intent of this intervention, and the substantial investment already contributed by the Province and project participants, we respectfully request that you support and encourage the continuation of this pivotal initiative and its evaluation, in order to enable an informed policy decision that will truly be in the best interest of Ontarians now and for future generations.

Sincerely,



Paul Ryan
Board of Health Chair
Northwestern Health Unit

cc: Loretta Ryan, Executive Director, Association of Local Public Health Agencies Municipalities...

ⁱ Northwestern Health Unit. 2017 Public Health Report Card. Retrieved from <https://www.nwhu.on.ca/MediaPressCentre/Documents/PHRC-WEB-June2018.pdf>

ⁱⁱ The Cost of Eating in Northwestern Ontario 2017. Retrieved from <https://www.nwhu.on.ca/ourservices/HealthyLiving/Documents/NWHU-cost%20of%20eating%202017.pdf>

ⁱⁱⁱ Northwestern Health Unit. (2016). *Health equity and the social determinants of health: Information for program planning and evaluation*. Retrieved from <https://www.nwhu.on.ca/MediaPressCentre/Documents/>

^{iv} Alpha-OPHA Health Equity Work Group. (2015). Basic income guarantee: Backgrounder. Retrieved from <http://opha.on.ca/getmedia/>