

Presentation to the Legislative Assembly  
Standing Committee on Finance and Economic Affairs

Regarding  
The Ontario Budget 2009-2010



SOMERSET WEST  
**COMMUNITY**  
**HEALTH**  
CENTRE

Presented by  
Somerset West Community Health Centre

December 19, 2008

## **Opening remarks:**

- I would like to thank the members of the Standing Committee on Finance for this opportunity to offer our input on the upcoming Budget.
- The mission of Somerset West Community Health Centre (CHC) is to help people achieve optimal health and social well-being. Special attention is given to those who have additional needs because of language, culture, age, gender, family composition, disability or other factors. We offer a range of Health and Social Services to people living within the western part of the downtown core in Ottawa.
- Our Health Services include regular medical appointments, a walk-in clinic, a street outreach team, home visits, counselling, and community education plus many topic-specific interventions.
- Our Community and Social Services includes Anonymous HIV Testing, the Ethnocultural HIV/AIDS Prevention Project, Crisis Intervention Drop-in, Mental Health Services, and Women's Counselling.
- We will focus our presentation on the Poverty Reduction Plan outlined in the report *Breaking the Cycle: Ontario's Poverty Reduction Strategy*. In particular, we will address three aspects of this plan: income security, oral health and equitable access to health care services for marginalized populations.
- We are very encouraged with the general direction of the government's Poverty Reduction Strategy. We know from our experience that poverty makes people sick and is the key social determinant of health. This is why we support the government's commitment to reducing the number of children living in poverty by 25% over 5 years. In addition, we are pleased that the government is increasing the Child Benefit, extending some existing programs and creating a new Oral Health initiative.
- With a recession looming and many people at risk of losing their employment, the need for a concrete plan to reduce poverty in Ontario is even more urgent. We urge the government to continue to develop the strategy in light of the current economic climate, and to set concrete targets and timelines, starting with this budget.

## **Income Security:**

- According to the Public Health Agency of Canada population health research, income is the key social determinant of health. In other words; poverty makes people sick. We are encouraged that the *Breaking the Cycle Report* recognizes the moral and economic imperative to reduce poverty in Ontario. In addition, we support the target of moving 90,000 kids out of poverty. If this goal is achieved, it will go a long way to prevent illness and keep children healthy.
- We are concerned, however, that the proposed increases in the Child Tax Benefit does not address the depth of child poverty in Ontario. The report acknowledges the core principle that kids live in families but does not address the Income Security of families living in poverty. In particular, the Poverty Reduction Plan leaves Ontario Works and Ontario Disability Support Payments unchanged and the claw-backs on social assistance remain largely untouched. From 1992 to 2007, Ontarians living on social assistance have seen their income drop in real terms by 25% to 28%. An immediate rise in these social support payments of just 30% would only bring them up to a 1992 status quo. Increasing the Child Tax Benefit is a step in the right direction, but it is only a band aid solution if Ontario families on social assistance are forced to remain living with an income below the poverty line.

## **Income Security Recommendation:**

**We support the recommendations made to this Standing Committee by the Association of Ontario Health Centres (AOHC) which call on the government to increase Ontario Works and Ontario Disability Support Payments that will bring them up to levels equivalent to 1992 rates, with a commitment to full indexation going forward. This needs to be a part of a comprehensive Poverty Reduction Plan with concrete targets and timeline.**

## **Oral Health:**

- The lack of Oral Health services for people living in poverty represents a major gap in our health care system in Ontario. Aside from decay, untreated tooth problems can contribute to heart disease, diabetes and generally poor health – problems that cost the health-care system more money over the long term. Currently, people on social assistance only qualify for treatment for emergency services like tooth extractions but don't receive any preventive care.
- We are encouraged that the Premier introduced an Oral Health Initiative on March 17 08 with a commitment of \$45M in annualized funding to begin in 2008-09 budget year. Included in this announcement was the commitment that Community Health Centres would be the key vehicle for delivery of oral health care for low-income Ontarians, especially children. However, 'Breaking the Cycle' failed to affirm CHCs' role in the initiative and we look for clarification on that point and specifics on the funding available.
- CHCs in Ottawa have met with Ottawa Public Health officials and we are ready to get to work to implement an Oral Health Program that targets children living in poverty in Ottawa.

## **Oral Health Recommendation:**

**We endorse our Provincial Association's recommendation which asks the government to provide \$45 million per budget year, beginning with this year, to be flowed to Public Health Units for implementation by CHCs as appropriate.**

## **Equitable Access to Health Care Services for Marginalized Populations**

- The catchment area of Somerset West Community Health Centre is characterized by low incomes, high unemployment and underemployment, ethnic diversity, large numbers of recent immigrants, high use of non-official languages, high mobility, and a high proportion of single persons and elderly persons. The catchment is also home to a high proportion of individuals who are homeless, and individuals with mental health problems. We work with many poor families who come from marginalized communities.
- We currently have 10,500 active clients. 33% percent of our clients earn less than 20K per year. 29% of our clients speak a language other than English and 34% of our clients originated from another country. 6.5 % of our clients are homeless.

- We are encouraged that the Breaking the Cycle Report recognizes that children who grow up in poverty will be less healthy, have poor outcomes in school, experience chronic unemployment and become involved in crime. However, the Strategy fails to address the inequity of access to primary health care for marginalized populations living in poverty and the need to reorient a healthcare system towards health promotion and illness prevention, towards the *Second Stage of Medicare - keeping people well in the first place*.
- Our Centre is at the forefront of health promotion and disease prevention with low income families within diverse communities. It is essential that CHC funding is augmented to ensure that marginalized people living in poverty have equitable access to health and social services in order to keep people healthy and well.
- In November 2008, CHCs and Aboriginal Health Access Centres (AHACs) were informed that they will be receiving a 2.25% increase in stabilization funding for 2008-09 retroactive to April 1 2008. While we appreciate this increase, CHCs have been told to plan for a 0% increase in both fiscal years 2009-10 and 2010-11. However, other Local Health Integrated Network (LHIN) funded Health Service Providers have received notice of budget increases for 2009-10 and 2010-11.
- Why are CHCs being treated differently from other community-based LHIN-funded organizations? This decision puts CHCs and AHACs at a disadvantage for meeting the ongoing operational and program needs with a particular impact on recruitment and retention, already significant challenges faced in our sector. In addition, it will be almost impossible for our Centre to expand services to meet the anticipated health and social services needs of people who will experience financial and emotional hardship as a result of the looming recession. We require stable, consistent, and predictable funding in order to ensure that residents in our catchment have equitable access to health and social services.

### **Equitable Access Recommendation**

We join with the Association of Ontario Health Centres to call on the government provide a stabilization fund increase for CHCs and AHACs equivalent to the other community-based, LHIN-funded Health Service Providers.

Presented by

Vicky Smallman  
Chairperson, Advocacy Committee  
Board Member, Somerset West CHC

Eugene Williams  
Health Promotion Coordinator



**Every One Matters.**

Every individual. Every community. Every staff person.