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**Official Report
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Tuesday 21 January 2014

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des débats
(Hansard)**

Mardi 21 janvier 2014

**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

**Comité permanent des finances
et des affaires économiques**

Consultations prébudgétaires

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LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS

Tuesday 21 January 2014

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES FINANCES
ET DES AFFAIRES ÉCONOMIQUES

Mardi 21 janvier 2014

The committee met at 0900 at the Valhalla Inn, Thunder Bay.

PRE-BUDGET CONSULTATIONS

The Chair (Mr. Kevin Daniel Flynn): I'm going to ask the members to take their seats. It's 9 o'clock.

ONTARIO NURSES' ASSOCIATION

The Chair (Mr. Kevin Daniel Flynn): Our first delegation this morning is from the Ontario Nurses' Association, Colleen Morrow. If you'd like to come forward, Colleen. Take a seat at the end there and make yourself comfortable.

Ms. Colleen Morrow: Just right here?

The Chair (Mr. Kevin Daniel Flynn): Anywhere you're comfortable. Every delegation gets 15 minutes. Use that any way you see fit. If there is any time left over from your presentation for questions, the questioning will go to the Conservative Party. It's all yours.

Ms. Colleen Morrow: Can everyone hear me? Do I push the button?

Mr. Michael Prue: No, you're on.

Ms. Colleen Morrow: Oh, I'm on. Perfect. Thank you so much. Good morning. My name is Colleen Morrow and I'm an extended class registered nurse and also an executive member for the Ontario Nurses' Association, Local 73.

I just wanted to tell you a little bit about my nursing experience. I've worked for 23 years as an acute care nurse at Thunder Bay Regional Health Sciences Centre, and the areas that I've worked in include medical, surgical, pediatrics, outpatient clinics, emergency, critical care and the post-anesthetic care unit. I've also worked with outpatients in the internal medicine clinic, as a nurse practitioner, and here I managed patients that either were not admitted through follow-up in the clinic or they were discharged early to be monitored in the clinic. Further nursing experience that I have includes managing veterans in the home and also working in remote nursing communities providing care for our First Nations individuals.

Ontario Nurses' Association is Canada's largest nursing union, and we actually represent over 60,000 registered nurses, nurse practitioners and allied health professionals, as well as more than 14,000 nursing student affiliates. They provide care each in hospitals, long-term care, public health, community clinics and industry.

Today I'm here to speak on behalf of the registered nurses who have grave concerns about the extent of understaffing that exists in Ontario hospitals and the resulting impact on the quality of care for our patients.

As advocates for our patients, registered nurses must speak up to bring information on the impact of underfunding hospitals to light. The public has the right to know what's going on with respect to nursing cuts in hospitals. In our northern region, registered nurses have identified that we have significant challenges to the delivery of safe and quality patient care.

But first the facts on how short-staffed we are in Ontario: First off, Ontario has seven RNs per 1,000 population—I'm really disappointed to say that—compared to other areas of Canada. There's normally 8.3 RNs per 1,000 population for the rest of Canada. The ratio of RNs to 1,000 Ontarians unfortunately is second-lowest again in Canada. So this gap in RN care for Ontario means that more than 17,500 registered nurses are needed just to catch up with the rest of the country.

This morning I want to focus my remarks on why we need more registered nurses in our hospitals to meet the increased needs of our complex and unstable patients. Let me tell you, they are unstable patients. In my 23 years' experience, the patients that are in acute care hospitals, there's no doubt they're unstable.

You may have heard of a notice that we've received eliminating 5.6 full-time equivalents just recently in our regional hospital. That's nothing new. In fact, I have statistics. We have lost 50 RNs since 2009. That's significant to us. You may have also heard that we talk directly to our neighbours and friends, and they see the lack of enough registered nurses every time they seek care in our emergency departments or have surgeries cancelled, and with recovery after surgery as well.

The state of RN staffing in our hospitals is a topic of conversation we hear more and more frequently in our communities. There are a number of studies that clearly indicate the strong relationship between higher RN staffing levels in our hospital and improved care outcome for patients. On the other hand, studies also show that decreasing RN staffing definitely has a negative impact on patient health outcomes. Higher levels of RN staffing in hospitals are essential to care for patients with complex and unpredictable conditions. Adding one more patient to a nurse's average caseload in an acute care hospital setting—that's where I've worked for 23 years—is

definitely associated with a 7% increase in complications and a 7% increase in patient mortality. So higher RN staffing is associated with a range of better outcomes. These better outcomes are: reduced hospital-acquired pneumonias, nosocomial bloodstream infections and other complications. It reduces length of stay.

Yet when we look at 2012 and 2013, more than 1.5 million hours of RN care were cut from our Ontario health care system, completely ignoring the evidence linking RN care to improved health outcomes to patients.

I can tell you that studies have shown that adding RN staffing achieves significant cost savings, as well as reducing adverse outcomes and length of hospital stays and avoiding patient deaths. Additional RN staffing mitigates complications through early intervention and leads to more rapid patient recovery, and it saves lives along the way.

Ontarians want the government to make health care funding a high priority. Ontarians also want government to protect this hospital funding envelope from cuts. Some 90% of Ontarians agree that reducing the number of nurses would really hurt the quality of care they receive. As a result, ONA, the Ontario Nurses' Association, is calling on the government to fund a multi-year plan of action to hire and maintain RN positions in hospitals to make significant progress in reducing the gap of more than 17,500 RNs between the nurse-to-population ratio in Ontario and the rest of Canada. Patients are being put at risk.

Registered nurses at the Sault Area Hospital, for example, had to speak out previously about the inability to care for emergency patients to the standard required of them by their regulatory college—that's the College of Nurses—because of the shortage of staff. An independent assessment committee was set up to investigate and made a number of recommendations to improve care. This included adding a 12-hour RN shift per day and a nurse educator dedicated to the emergency room.

We recognize that hospitals are trying to operate under serious fiscal restraints, but registered nurses have to speak out for the best, safest care possible for our patients.

Let me leave you with two more examples of the impact of RN staffing on patient care from research literature.

The findings from a study using the nursing outcomes database showed it takes not only the right number of nursing staff on every shift to ensure safe patient care, but also the right mix of expertise and experience. For example, in hospital medical-surgical units, a 10% decrease in RN skill mix resulted in an 11% increased probability of falls with injury and a 13% probability of increased medication errors. In hospital critical care units, a 10% decrease in RN skill mix resulted in a 36% increased probability of falls with injury and a 17% probability of medication errors.

It's time for our Ontario government to step up for hospital patients. Actually, you know what? The time was a few years ago. We need immediate changes to the funding model for hospitals that essentially will properly

staff to meet the care needs of acute patients. Let me remind you that patients in hospital are acute. On behalf of our patients, the Ontario Nurses' Association has recommended to government to invest in our hospitals and in RN care to meet the care needs of Ontarians. Our patients can't afford to be short of RN care any longer. Our patients deserve no less care than the rest of the country. Thank you.

0910

The Chair (Mr. Kevin Daniel Flynn): That's great, Colleen. Thank you very much for your presentation. You've left about six minutes for questions. Who's going first? Toby?

Mr. Toby Barrett: Thank you, Chair. My colleague has some questions as well. Thanks for the presentation with respect to additional RN staffing. You indicate that 17,000 registered nurses are needed. We hear so often about 300,000 manufacturing jobs; I couldn't tell you how many forestry jobs have been lost up in this part of the world. At the same time, we're told there's been an increase—an additional 300,000 government jobs created. How many nursing positions have been created? Has your union membership been going up or down?

Ms. Colleen Morrow: Our union membership is actually going down.

Mr. Toby Barrett: It's going down? Okay.

Ms. Colleen Morrow: I think we've lost, actually, approximately 15,000 members. Now, I can't give you a time period, but again I've been around in this health care field as a registered nurse, extended class, for 23 years.

Mr. Toby Barrett: So you're 60,000 now, and you used to be 75,000 members?

Ms. Colleen Morrow: Yes, and I think we went down for a brief period, too. I think our curve has increased somewhat, but there's no question that our registered nurses' numbers are down.

Mr. Toby Barrett: And just quickly: This is, as a union, your main bargaining position with management?

Ms. Colleen Morrow: Well, I may be here as a union, as an Ontario Nurses' Association representative—let me remind you that this is about patient care, this is about quality patient care; this is not about increasing membership for the Ontario Nurses' Association. It has everything to do with the acuity of patients and the lack of care. Need I remind you again that we are the second-lowest registered nurses per population in Canada? I'm really disappointed to have that number presented.

Mr. Toby Barrett: Okay.

The Chair (Mr. Kevin Daniel Flynn): Vic?

Mr. Victor Fedeli: I don't have to press this thing?

Colleen, thank you very much for being here today. I'm just asking you, which community are you representing?

Ms. Colleen Morrow: I'm representing northwestern Ontario.

Mr. Victor Fedeli: I'm from North Bay, by the way; I represent Nipissing. I know we lost 40 RNs. I heard in your presentation that you lost 50 RNs. What time period?

Ms. Colleen Morrow: That's the number I have from 2009 till now.

Mr. Victor Fedeli: From 2009 till now? Okay.

Ms. Colleen Morrow: Our most recent was 5.6 in our emergency department.

Mr. Victor Fedeli: What do you feel are the most critical issues, other than employment levels, right now? What are the other critical issues that you're seeing with the patients? Are there any trends happening out there that we need to be aware of?

Ms. Colleen Morrow: Well, what I find through the trends is that, over the past 23 years—just as an example, when you had a hysterectomy 15 years ago, you were admitted and in hospital for a week. These individuals are now in for a day, and they're sent home. Some of them are actually as outpatients. So our acuity has vastly increased through the years, and I've seen that evolve. With that, our patient ratios have gone up as well. Studies indicate that, if you add one more patient to the nurse ratio, there are adverse outcomes that occur as a result of that, right? Medication errors, increased fall risks and various other things.

Mr. Victor Fedeli: We've seen some changes in health care in the last few years, and I'm just genuinely curious for your opinion. We've seen the pharmacies that are able to now give your flu injection. We see nurse practitioner offices. What are your thoughts about those kinds of changes? I understand they're to keep people out of emergency rooms and to keep people out of the doctors' offices and to spread that. What would your thoughts be on that?

Ms. Colleen Morrow: Well, you're looking at basically multidisciplinary care, and I appreciate that there's definitely value with that—the increase of extended class nurses out providing primary care etc. It's helping with a lot of gaps in services. But the bottom line is, in the hospital sector, there are not enough registered nurses. The acuity is high, the complexity of the patient is high, and we need to look at the multi-system, multidisciplinary plan of care in order to provide best care.

Having said that, the registered nurses—there's fewer of those. The hallways are packed with patients. We have waiting areas with individuals—there's never an empty bed. We have sunrooms that have now changed into rooms to try to meet the needs. Our patients are elderly now, and they're more complex than they were as well.

I appreciate the fact that our health care system is costing more now, simply because individuals are aging, and the complexity of care is changing over time as well.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much for coming today, Colleen. It really was appreciated.

Ms. Colleen Morrow: I think we might have one more question.

The Chair (Mr. Kevin Daniel Flynn): No, we don't have one more question. Your time is up, but thanks for coming anyway.

Ms. Colleen Morrow: Okay. Super. Thank you.

The Chair (Mr. Kevin Daniel Flynn): We appreciate it.

Mr. Bill Mauro: Mr. Chair, while we're waiting for the next presenter: So it's been decided by the committee that it's one party only, and you rotate?

The Chair (Mr. Kevin Daniel Flynn): We're doing a rotation, yes.

Mr. Bill Mauro: That's the norm, eh? That's unfortunate, but thank you. I would have loved to have had an opportunity to ask a few questions.

The Chair (Mr. Kevin Daniel Flynn): No problem.

Ms. Colleen Morrow: Would you like a copy of the speaker's notes?

The Chair (Mr. Kevin Daniel Flynn): If you would, that would be great.

THUNDER BAY AND DISTRICT INJURED WORKERS SUPPORT GROUP

The Chair (Mr. Kevin Daniel Flynn): Next up is the Thunder Bay and District Injured Workers Support Group. Steve Mantis, if you could make yourself comfortable and perhaps introduce your colleague.

Mr. Steve Mantis: Do you have staff who hand out papers?

The Chair (Mr. Kevin Daniel Flynn): Yes, we do. They'll collect them from you.

Mr. Steve Mantis: I wasn't sure whether all the cut-backs meant that that was gone, and the coffee is gone. I just wasn't sure how this all works anymore.

Interjection.

The Chair (Mr. Kevin Daniel Flynn): I'm sure we have coffee.

Mr. Joe Dickson: The coffee's over there.

Mr. Steve Mantis: Oh, so everyone's welcome to that?

The Chair (Mr. Kevin Daniel Flynn): Everyone's welcome to that, yes.

Mr. Steve Mantis: Well, terrific.

Mr. Michael Prue: There's even Persians.

Mr. Steve Mantis: Oh, my gosh.

Mr. Joe Dickson: Would you like a coffee, sir?

Mr. Steve Mantis: I think it would be lovely.

Mr. Joe Dickson: How would you like it?

Mr. Steve Mantis: With milk or cream.

The Chair (Mr. Kevin Daniel Flynn): Okay. Thank you very much for coming today. Like everybody else, you get 15 minutes to make your presentation. Use that time in any way you see fit. If there's any time left over from your presentation, the questioning will come from the NDP. If you would introduce yourselves before each of you speaks, so that Hansard knows which one of you is on tape, that would be great.

Mr. Steve Mantis: Thank you very much. My name is Steve Mantis, and I'm the treasurer of the Thunder Bay and District Injured Workers Support Group. On my right is Eugene Lefrancois, who is a trustee and member of the organization, and he's also the treasurer of our provincial body, the Ontario Network of Injured Workers Groups.

We're here as injured workers, but our experience is set into a bigger context. Our concern is that we have a growing gap in terms of income, leading to greater income inequality in our society. Our presentation will talk a little bit more about how that plays out for workers who are injured and disabled on the job.

Interjection.

Mr. Steve Mantis: Thank you so much. That is totally wonderful.

Mr. Joe Dickson: My pleasure, sir.

Mr. Steve Mantis: We know from the research that greater income inequality leads to negative health outcomes for the citizens in the country where that exists. We know that Canada is moving to greater and greater income inequality, and a lot of the responsibility, I think, lies here.

Successive governments have gotten elected by saying, "We'll cut taxes." There's this idea that taxes are bad: "Oh, that government is a tax-and-spend government." Well, what the heck does government do other than tax and spend? Wrap your head around this a little bit. We spend so that we can provide services to our citizens to improve the health of them and our communities.

But what we've been moving towards is how we get bigger profits, and how we support our business community. Those choices are made, really, at the sacrifice of the health of our overall population.

I think that the role of the government, in part, is to set clear goals. What do we want? I mean, it seems to me that the health of our citizens and our community should be right at the very top. But what is the message we get? "It's austerity. We can't afford this." We've cut taxes so much there's not enough money left to do the things that we need to do, so we have to cut. Now it's like, "Where are the priorities?"—because a lot of them are going to have to fall off the table, and it's a result of reducing the taxes on all of us, certainly on corporations and on the citizens.

0920

Our group was founded 30 years ago. Actually, it's 30 years ago this month. We formed with two main goals. One is to provide information and support to other people who are injured on the job, because there was really a lack of that—both of information on how the system worked and of support for people when they get hurt and injured. The second was to try to make the system work better for all workers, which includes law reform. We have been studying the system actively for the last 30 years and looking at what happened before we formed our organization.

Also, in Thunder Bay, we have strong roots from the Scandinavian countries. We have a very large Finnish population and Norwegian—my wife is Norwegian. So it's not uncommon for us to hear about what happens in those countries and compare it to what happens here. Of course, it's well known that they have higher rates of taxation but they have strong economies now. They also have better health outcomes for their citizens. We kind of

go, "Isn't there something that we can kind of pick up on from what happens from some of the countries that sent folks here to cut the forest and mine the minerals in our area?"

Back when we first got going in the early 1980s, the motto of the workers' compensation board was "justice, humanely and speedily rendered." Think about that: justice, humanely and speedily rendered. Now, what's the motto of the WSIB? No one really knows. What we know is that financial accountability is number one. In the last re-write of the law in 1997, that became the main goal of the organization: financial accountability. Their motto is, "We want to be the best." The best at what? So we think that you need to set clear goals. We think that the goals need to be: to help people recover after injury and ensure that they don't fall into poverty as a result.

So what has happened? Well, we saw economic pressure coming in the 1980s from the big business lobby. "It's too expensive. You've got to cut costs. You've got to reduce." So the 1990 legislation was changed and they brought in "deeming." They said, "Well, we're going to change the system from a permanent pension that says, 'You have a disability for life? We're going to give you some financial support for life.'" They said, "No, no, forget that. We're going to determine how much you lost in wages and then that's what we're going to provide up until the age of 65"—that's called deeming—"We're going to figure it out."

How well have they done? Well, what we find is that 50% of the people who are permanently injured end up suffering greatly at the hands of the system—these people are basically ruined by the system that has been put in place to help them. What do we see in terms of the big business lobby? They got their way. Rates were reduced by 30%. Rates that they paid to workers' compensation overall reduced 30%. Along with that, in the mid-1990s we brought in early and safe return to work. This is the new policy. This is how we're going to balance the budget, right? We're going to get people back to work faster and everything will be better. What do we see now? We see that when people like Eugene and I, with a permanent impairment, go back to work, 45% of us are re-injured on the job—45%. Early and safe return to work? Where is the safe part? Is this how the system is supposed to make us better, by sending us back into a place where we got hurt and can get hurt again?

I'm not sure that's actually—and so what happened to injured workers? Well, we've been teaming up with researchers for the last 15 years from six different universities in Ontario. Numerous studies are being done: 50% of these workers end up depressed, oftentimes losing their families, losing their homes, losing their self-respect, losing their role as a productive member of society. Is that what we want? So big business makes more money and then we have thousands and thousands of people ending up basically living on the streets? A study in downtown Toronto on homelessness found 57% of the people that are homeless were hurt at work. Is this how

we support our people who are hurt and vulnerable from just going to work?

And so, experience rating is brought in: We'll provide an incentive to employers to help balance the budget. We'll tell them, "Look, if you get those people back to work, if you reduce claims, you're actually going to get money back. Not only is that 30% cut enough, but you can get more back." So what do we do? We push people back to work faster. We get that re-injury rate. But we also discourage workers from claiming injuries: claim suppression. So the rates of injuries are going down like crazy. What do we have now? Between 2009 and 2012, we have seen fatalities at work—traumatic fatalities—increase by 30%. So you gut the system; you say, "We're really not going to pay benefits." No reason to report injuries because you're just going to get in trouble with your employer. So we don't then investigate the accidents when they happen. We don't reduce the risks, and more people actually get killed at work. It's because, I think, of this idea that if we reduce the taxes—it's not a tax; it's an insurance premium, it's an assessment rate for employers—we're all going to be better. Well, you tell that to the families of those workers who have been killed, those 30% more in three years who have died on the job. You tell them how much better the system has been made.

We really look to the government to set the goals. The goals need to be clear. We need to have a vision, and the vision is we want people to be protected at work. We want them to be healthy. We want them to be able to recover and to be able to maintain a productive part of society. That's what we're looking to you for, not only for injured workers, but for all of society. As people come through, throughout the rest of the morning, think about that. How can we say, "What do we really want?" rather than "How can we save money?" How can we support our people in our communities? Thank you.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much. You've left a few minutes for questions, and those are coming from the NDP this time, about two and a half minutes. Either Michael or Sarah.

Mr. Michael Prue: Yes, I have a couple of questions. Thank you for your impassioned comments, because I think oftentimes when we come to budget meetings, we don't hear personal tales; we hear institutional tales. I think it hit home.

I was particularly interested, shifting through your document—rather lengthy. A couple of things on the second page of the executive summary—the fact that workplace injuries in Ontario have actually gone up year after year for the last five years. It would seem to me that we are failing as a province in protecting workers from being injured in the first place. Would you comment on that?

Mr. Steve Mantis: Really, it follows with my closing statements. If you discourage people to report injuries, the long-term effect is that there are going to be more serious injuries and more fatalities, and that's what we're seeing now. The WSIB is saying, "Oh, my God, we have

more serious injuries. It must be the system that's out of whack, so we're going to deny those people benefits," rather than realizing that we have a problem in the workplace because of the suppression, because of the saying, "Don't report; save money. It costs too much." That is what is then having management ignore the risks that are there, and then people are getting seriously injured and killed on the job.

0930

Mr. Michael Prue: You said I had three minutes?

The Chair (Mr. Kevin Daniel Flynn): You had two minutes. Now you've got about half a minute.

Mr. Michael Prue: You said somewhere in here that former Minister Peters—recommendation four—had proposed in the provincial budget of 2007 that wage loss benefits be based on actual wages lost and not the deeming. Has anything happened with that? Have you been informed? I've not heard a single word since then.

Mr. Steve Mantis: It has really only gotten worse. The financial austerity has trumped all other things. They hired an international banker to run the system, and he doesn't get his bonus unless he cuts costs, and he is actively doing that, and the deeming is rampant.

Eugene, you can—

The Chair (Mr. Kevin Daniel Flynn): Actually, your time is up, unfortunately, Eugene.

Mr. Eugene Lefrancois: Can I just get one little statement?

The Chair (Mr. Kevin Daniel Flynn): Sure.

Mr. Eugene Lefrancois: Okay. You all had a chance to be in government, every one of you—the NDP, the Conservatives and you—and to royally screw over the injured workers. But the biggest thing is, why do you keep handing money back to the employers? The only thing I can think of—maybe I'm wrong—is to buy votes.

The Chair (Mr. Kevin Daniel Flynn): Okay. Thank you very much for coming, Eugene. Thank you, Steve. We appreciate it.

Mr. Steve Mantis: Thank you for providing the time and the coffee.

THUNDER BAY AND DISTRICT LABOUR COUNCIL

The Chair (Mr. Kevin Daniel Flynn): Our next presentation this morning is from the Thunder Bay and District Labour Council. Carlos, are you with us? Please make yourself comfortable and perhaps introduce your colleague. Like everybody else, this morning, there's 15 minutes for the delegation. Use that time any way you see fit. If there's any time at the end of the presentation for questions, it will go to the government. The floor is yours.

Mr. Carlos Santander-Maturana: Good morning, ladies and gentlemen. My name is Carlos Santander, and my partner here is Margaret Arnone, the secretary of the labour council. I am the current interim president. I am here to make a presentation on behalf of the Thunder Bay and District Labour Council and the thousands of work-

ers we represent in the area. I am quite pleased with the opportunity given by the tripartite Standing Committee on Finance to provide you with the point of view of labour regarding what priorities should be in the 2014 Ontario budget.

The Thunder Bay and District Labour Council is a democratic organization chartered by the Canadian Labour Congress, composed of unions in the private and public sector. The Thunder Bay and District Labour Council is generally perceived as the voice and the legitimate advocate for the interests of workers and the destitute in the Thunder Bay area.

Thunder Bay is a lively, vibrant community, and a geopolitical and economical hub for the vast lands of northwestern Ontario that must be taken into consideration regarding priorities for the upcoming provincial budget. Government decisions have a strong impact on workers and their families, and we do believe that the first obligation of any level of government is to take care of the needs of their own citizens in the first place.

It is quite clear to us that the recent Liberal government love affair with austerity measures as a means to put the economy back on track has been a major failure and a source of suffering for thousands of families across the province. We strongly disagree with this approach.

In the opinion of the Thunder Bay and District Labour Council, the only way to move forward and to bring the economy back to the pre-2008 levels is to proceed with a budget designed to put the interests of the people first. Any attempt to continue on the path of austerity pursued by the previous Liberal government could only mean a very difficult road plagued with suffering to the working people, seniors and the destitute who live and raise families in this corner of the province. Furthermore, experience has shown us that austerity measures have actually damaged our ability to get out of the recession. The deficit in Ontario was created in part by the reduced tax revenues due to the economic crisis and partly due to the policies of tax breaks for corporations—policies, in our opinion, erroneously designed with the hope that the extra money would be reinvested somehow in Ontario.

Those policies were implemented first during the Conservative government of Mike Harris and really were never totally eradicated by former Liberal Premier Dalton McGuinty. Putting the emphasis on controlling the fiscal deficit as a means of promoting economic growth is a major fallacy. Everyone understands that tightening the belt on public expenditure inevitably will result in an inability to invigorate the economy due to the dollars removed from local economies. Wages, benefits and pension restraint measures, as proposed by the Ontario Chamber of Commerce, will result in a very serious impact for small and medium-size businesses that will see a significant segment of their economic base without the means to purchase that coveted new refrigerator or car, or unable to do the house renovations that are so badly needed.

Governments and business organizations also must bear in mind the price tag attached to the social unrest

created by the implementation of those draconian policies, as we can see in the experience of certain European countries such as Spain, Greece, Portugal, and lately Cyprus.

Other jurisdictions that since the outset of the 2008 recession have shown leadership and did make the proper political decision to directly or indirectly stimulate their economies through public expenditure have been able to show economic growth at larger rates than those falling into the austerity trap.

We propose that the Ontario government put people back to work through serious job creation programs, either through direct stimulus or through appropriate incentives, to ensure that the private sector reinvests the millions of dollars in dead money that they are hoarding and that, incidentally, is causing the economy great damage.

According to the former governor of the Bank of Canada, Mark Carney, if companies cannot think of what to do with their cash, they should “give it back to shareholders and they’ll figure out what to do with it.” We are not big fans of Mr. Carney, but in this case he is undeniably right.

We also propose to re-examine the taxation system. Part of the crisis in the government coffers is undoubtedly due to the significant corporate and personal tax cuts that Ontario has been engaged in since the late 1990s. The corporate tax rate in our province is one of the lowest among industrial North American jurisdictions.

In our opinion, there is a direct correlation between the fiscal deficit, systemic economic crisis and quality of life. While for the majority a recession means hardship, for others it means opportunities. The vast majority of the people in Ontario have been at the receiving end of the disastrous impact of the recession, while the top 1% is steadily increasing their already inflated incomes. In fact, the latest data from Statistics Canada shows that in the province of Ontario, the gap between the haves and have-nots is becoming more and more substantial.

Our proposal for your consideration is rather simple: Invest to reduce the social deficit. Invest in public transportation. Ensure that made-in-Canada and, more specifically, made-in-Ontario provisions are an integral part of any public expenditure. Ensure that the provincial infrastructure is properly addressed. Emphasis should be given to the development of permanent roads reaching northern aboriginal communities to incorporate them into the economic life of the province. Invest heavily in health and education. Pay attention to the plight of the elderly. Invest in supportive services. Reduce the deficit of endemic lack of beds in long-term care. Increase the financial support for initiatives directed to provide supportive housing for the elderly. Implement the Ontario social assistance review recommendations and make good the commitment to reduce child poverty by 25% by the end of 2013.

0940

The Ontario government is in a unique position to make a difference in the lives of the people who have

suffered so much since the disastrous year 2008. The only component that they need is the political courage to make decisions that will benefit the majority, not the usual small elite who seem to be increasingly getting a bigger and bigger share of the pie.

Thank you very much for your consideration.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Carlos. You've left quite a lot of time for questions. Who's going to kick it off? There's just over five minutes. Bill?

Mr. Bill Mauro: Carlos and Marg, thanks for the presentation this morning. Listening to it and reading through it quickly, I think we both seem to have a bit of a different perspective on what's been going on. I listened to you use the word "austerity" a number of times in your presentation, Carlos. I know that when I listen to Premier Wynne speak, or when I listen to Finance Minister Sousa speak, they are actually saying the very opposite thing. They are saying, in fact, that we understand that, given the time and the difficult economic circumstances that many countries still find themselves in, including sub-national jurisdictions like Ontario, austerity measures would in fact be the wrong thing to do. They say very clearly, I think, without equivocation, that we're not doing that and that we haven't done that, so we seem to be seeing a bit of a difference in what we've been doing and what we plan on doing going forward.

I guess I'm just wondering: How is it that you're feeling that that's in fact what's been going on?

Mr. Carlos Santander-Maturana: Well, I am very happy to hear that there seems to be a disconnect between my presentation and the current proposal of the Liberal government, but the previous Liberal government was responsible for a number of initiatives and austerity measures that, in our opinion, were hurting the Ontario economy.

I am glad that Premier Wynne and Charles Sousa are putting forward a different platform in order to address economic issues in Ontario. Our umbrella organizations, such as the Ontario Federation of Labour and major unions in Ontario, are making more detailed presentations regarding our political and economic platform, and what we want in this Ontario government in 2014.

Mr. Bill Mauro: Going back, even historically, when you think of the investments in health care, education, the economy and infrastructure, I'm not so sure that we're still on the same page. I'm not intending to have this public disagreement, but I do think it's important to talk about some of what has gone on. As an example, we've seen health care spending increase by almost—the budget's almost been doubled since 2003 in the education sector, and I'm only focusing on the bigger pieces of the provincial budget. We've seen a hiring of about 25,000 people in the sector. You heard earlier when one of the Conservatives asked a question about how many more public employees are now working and being paid for through government; that's nurses, teachers and support staff in the school systems. The investments in infrastructure have been incredibly massive, and that's

one of the reasons why I think we've seen Ontario recover about 164% of the jobs that were lost through the recession.

So I'm still just trying to focus a little bit on the historical context, because there seems to be some acknowledgement that, moving forward, you're satisfied with where you see this going. I'm just wondering how it is still that we have a bit of a perception that, historically, we weren't making those investments that you clearly value.

Mr. Carlos Santander-Maturana: I think that, historically, we should be investing more in the areas that we pinpoint as crucial for the well-being of the citizens of Ontario. I understand that, to a large extent, the Ontario economy has a strong tie with the policies implemented by the federal government, and there are certain issues where we have no control, but the political will of the Ontario government regarding the budget should go forward to ensure that there is going to be growth and there is going to be reduced unemployment to the level of 2008. Right now, we are sitting at a 6.2% or 6.3% unemployment rate. Most of the jobs that were created lately were not in the manufacturing sector and were not good union jobs; they were in the part-time sector. I have some doubt that that is the best way to go.

Of course, we are not living in a socialist economy. The Ontario government doesn't have all the mechanisms in place in order to ensure that the economy is working, and, to a certain extent, the policies of the federal Conservative government are strongly affecting what we are able to do in Ontario.

Mr. Bill Mauro: Thank you.

The Chair (Mr. Kevin Daniel Flynn): Thank you. Any further questions? Joe, there's about a minute left.

Mr. Joe Dickson: Thank you, Mr. Chair.

Great presentation. Thank you very much, Carlos.

A couple of quick things that you've touched on. One was, you referenced the McGuinty government for not ending absolutely everything that the Harris-Hudak government had implemented. The other scenario—and these people around the table are all my friends and they're all good, hard-working people—is that when the NDP government came to power, the first piece of legislation they did was to borrow \$10 billion to buy their way out of the recession, while anyone who is associated with business and job creation knows that's the opposite to what should be done. What you have to do is make business more efficient, more productive, generate a profit, pay taxes, but particularly, hire people. That's the main thrust.

I can tell you, from being in the printing industry, we've decreased our employment staff about 70% because of off-shore competition. Where I pay a person \$30 an hour on a big 40-inch press, the competition out of China and India and Brazil and a number of these places is \$1 an hour. So you'll land goods here, shipped air freight to your door, for 60% less on certain jobs—not all jobs, obviously.

So there's a happy medium, and I sympathize with you. As someone who was a GM employee for a while, I understand, and it's very difficult. I think you've done a great presentation here this morning, but it's tough. This is a five-year process we're going through, this five-year global recession, and it's worldwide. We're impacted because of manufacturing—

The Chair (Mr. Kevin Daniel Flynn): Thank you, Joe. I'm going to have to cut you off there. Thank you, Carlos—

Mr. Carlos Santander-Maturana: May I answer quickly?

The Chair (Mr. Kevin Daniel Flynn): No, I'm afraid you can't. We're way out of time. But thanks for coming. We have your presentation in writing.

Mr. Carlos Santander-Maturana: Thank you.

ALZHEIMER SOCIETY OF THUNDER BAY

The Chair (Mr. Kevin Daniel Flynn): Our next presentation this morning is from the Alzheimer Society of Thunder Bay. If you'd like to come forward, Alison. Make yourself comfortable. Like previous delegations, 15 minutes. Use that any way you see fit. Any time for questions will come from the Conservative Party. The floor is all yours.

Ms. Alison Denton: Good morning. My name is Alison Denton and I am the executive director of the Alzheimer Society of Thunder Bay. I'm here this morning representing 200,000 Ontarians who are currently living with some form of dementia, with Alzheimer's disease being the most prevalent.

Alzheimer's disease and other forms of dementia are progressive, degenerative and fatal. Currently, there is no effective treatment or cure. We expect this number will increase in the province by 31% by 2020. Here in Thunder Bay, the number is 19%.

The Alzheimer Society of Thunder Bay exists to serve the over 2,600 people within the district of Thunder Bay living with dementia, and their families. In the North West LHIN, there are 3,850 people living with dementia. We provide education, training and other supports for health service providers caring for people with dementia. We provide individual and family counselling and support for persons with dementia and their partners in care and offer the provincial First Link program throughout the district of Thunder Bay.

As an aside and to explain our services for persons with dementia and their family caregivers, it might be appropriate to give you an indication of how our services can impact the system based on a small investment.

The best-case scenario is that a person with dementia would be referred to our services at diagnosis by a primary care physician or by another health service provider. At that point, a person with dementia and their family are guided and navigated through the system in a timely way as the disease progresses. We believe that this navigation through the system, along with individual and

family counselling and education, can assist a person in navigating the progression of the disease and meet their care needs in a timely way without the impact of crisis—meaning that we may be able to mitigate a significant impact on the health service provisions within the community.

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We have a small staff of 10 at the Alzheimer Society of Thunder Bay and our annual budget this year is \$675,000, with just under one third of our funding coming through the North West LHIN. We are currently fundraising two thirds of our annual budget. Last year, we served over 500 individuals living with the consequences of dementia and so far this year, we've served over 600 clients, and we still have two months to go. This month alone, we've received over 30 new referrals.

The Alzheimer Society of Thunder Bay has been working with all other Alzheimer societies across the province to call on the government to improve the care provided to people living with dementia through targeted investment of existing funds within the budget. A robust group of volunteers has been working to engage every MPP on the issues by telling our personal stories and calling for support of our proposals for change. As of today, 54 MPPs have been visited and hundreds of letters have been sent by the public to their MPPs in support of our proposals.

Most people wish to remain at home as long as possible. Staying at home also decreases health care costs. We acknowledged increased funding to home and community care in an effort to make this happen, with an increase in home and community care funding by 5% annually over three years.

Despite the increased investment in services, services available for people with dementia remain uneven across the province. The majority of local health integration networks do not recognize dementia as a priority health condition. Some LHINs do target funds to dementia care but the benefits to the person with dementia are not apparent.

Our clients are challenged to cope with a dementia diagnosis. The following three issues are primary causes of distress as they travel this insidious dementia journey:

- difficultly accessing home care supports due to lack of dementia-specific training for staff providing care in the community;

- inconsistent care available in long-term-care homes because there is no requirement for staff to have training in dementia care and there are not enough staff to actually provide the care; and

- unequal access to long-term care because wait times vary widely across the province, and people with dementia often wait longer than everyone else.

Given the pressure this disease places on the health system, we are asking that dementia be made a health priority in this round of budgeting for home and community care. Without explicit policy on dementia care, how can we expect the community care sector to effectively provide care to the increasing number of clients who will have dementia? Of course, increased prevalence

of dementia means not everyone can remain in their community. People with advancing dementia need access to high-quality long-term care. Residents enter long-term care with more complex needs than before. The added demands on staff require more people to share the load and a more specialized skill set. Some 70% of residents in long-term care have dementia, with 45% showing significant behaviour symptoms. The use of antipsychotic medication to control resident behaviour continues to increase at alarming rates, with 32% taking them who don't have psychosis. This medication is not indicated for the elderly and increases the risk of death significantly. Attached to our submission is a letter sent to all MPPs by MPP Donna Cansfield describing this situation in greater detail.

We know what needs to be done and we have started to do it. Behavioural Supports Ontario is an innovative approach to addressing the issues of alternate-level-of-care days, wait times and effectively reducing behaviours in our residents, but it was not implemented in all homes and communities. In the northwest, the investment through BSO has enabled the creation of a specialized regional behavioural health services unit through St. Joseph's Care Group, two mobile teams and an investment into specialized education and training for health service providers working with people with dementia. This investment was welcomed. The Alzheimer Society recommends that BSO is used as a model to continue the good work that is already happening in hiring new staff and training all staff in effective alternatives to physical and chemical restraint methods.

Finally, there is an issue of wait times. We all know that getting into long-term care takes an average of 3.5 months. In the northwest, however, the average wait time for long-term care is nine months. That's the average, and it is the highest in the province. In addition, people with dementia are usually considered harder to care for and therefore must wait longer for a home willing to take them. A lack of specialized units and no mandatory training in dementia care exacerbate this situation, resulting in even longer wait times and more pressure on emergency departments and ALC. Using BSO, we can reduce these wait times. So we are recommending that existing allotted funding be directed to support the continued implementation of BSO in all homes, and that the government establish a wait times standard that facilitates fair and equitable access to long-term care, no matter where you live and no matter what your diagnosis.

To summarize, the Alzheimer Societies across Ontario are calling on the Ontario government to show a commitment to addressing these challenges in the 2014 budget. Make dementia clients and their families a priority, please, in the next round of community funding, through explicit policies for the provision of dementia care in the community. Provide for more staff in long-term care with specific skills to support persons with dementia, and use Behavioural Supports Ontario as a model. Establish a fair and standardized wait time for long-term care so that

persons with dementia have equal access and Ontarians do not wait longer in some parts of the province.

Thank you for inviting me here to speak today. If you have any questions, I'll be happy to answer them.

The Chair (Mr. Kevin Daniel Flynn): That's great, Alison. Thank you very much for coming this morning.

Are there questions from the Conservative Party? You've got just over four minutes.

Mr. Toby Barrett: Thank you for attaching the letter from MPP Donna Cansfield. We went through that letter in my office, and we found it interesting—the data that you also presented with our various long-term-care facilities—and it served as a bit of an evaluation of our facilities. It was quite a spread in who was doing this and who wasn't. I'd like you to comment a bit on that letter, if you will. You provide, certainly, in the Behavioural Supports model, alternatives not only to chemical restraint, but also to physical restraint. In fact, Frances Lankin did a lot of work on that a number of years ago, when she was an MPP.

In hiring new staff—I see so many people in wheelchairs, for example—what are the barriers? Why do we not have more volunteers, for example, helping out in some of our long-term-care facilities? I'm all for home care, as you recommend. But with respect to long-term-care facilities, staff don't seem to have the time. They put people in wheelchairs rather than walking them down for lunch and what have you. Just a comment on that—and then if you could comment on the letter.

Ms. Alison Denton: First, I'll comment on your question about volunteers. Certainly, the Alzheimer Societies across the province have a very strong volunteer mobilization strategy, and we do have a number of non-government-funded projects in relation to volunteers going into places like long-term-care homes to support persons with dementia and their families. When we consider some of the responsive behaviours that often accompany Alzheimer's disease and other forms of dementia—I think you can probably imagine that some of those behaviours are very challenging and very upsetting. Also, there's a certain amount of risk associated with those behaviours. Obviously, placing volunteers in long-term-care facilities to assist in the delivery of care is not necessarily a safe environment for them to be in. I hope that that answers that question. It's not that we don't use volunteers, but volunteers are not a way to support the delivery of care to persons with dementia from registered staff who are trained in dementia care.

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Going back to MPP Donna Cansfield's letter—who's here today—what we are talking about is the use of antipsychotic drugs in an elderly population. Oftentimes, we find that behaviours that become challenging in a long-term-care environment—the lack of staff and the lack of specialized education and training for those staff mean it's very difficult to care for persons within a particular unit. Therefore, antipsychotic drugs as a form of chemical restraint, there is an increase in that—

Mr. Toby Barrett: My colleague has another question, if I could interrupt.

The Chair (Mr. Kevin Daniel Flynn): It's going to have to be very, very short.

Mr. Douglas C. Holyday: Okay. I'm just wondering about early intervention and whether or not the screening or testing of some description might help people before it progresses to the point where they can't be helped. I wonder if there's a benefit to that, and if it's being done.

Ms. Alison Denton: Absolutely. Many of the campaigns of the Alzheimer Society of Canada and of Ontario suggest that the warning signs—a person should seek early diagnosis.

The Chair (Mr. Kevin Daniel Flynn): That's very good, Alison. Thank you very much for coming. Thanks for your presentation.

NORTHWESTERN ONTARIO ASSOCIATED CHAMBERS OF COMMERCE

The Chair (Mr. Kevin Daniel Flynn): Our next presentation this morning is from the Northwestern Ontario Associated Chambers of Commerce. Michael, if you'd like to make yourself comfortable. Fifteen minutes, like everybody else. If we have any time left over, the questions will come from the NDP this time.

Mr. Michael Nitz: Okay. Much appreciated. Good morning, everyone. My name is Michael Nitz. I'm president of the Northwestern Ontario Associated Chambers of Commerce. Thank you for the invite this morning. I'm looking forward to delivering a presentation and answering any questions you may have.

NOACC or the Northwestern Ontario Associated Chambers of Commerce is the voice of business here in northwestern Ontario. We represent nearly 2,000 businesses from Rainy River and Kenora over to Marathon and Greenstone in the east. We really, again, appreciate the opportunity to speak today.

In recent months, the Minimum Wage Advisory Panel has toured the province to gain feedback on how minimum wage is set. With no process in place to determine how and when minimum wage should be adjusted, changes can occur suddenly and without sufficient warning.

We are concerned that a significant bump in minimum wage at this time would have a negative impact on the Ontario economy. Sectors such as retail, hospitality and leisure have been particularly hard hit by the recession and continue to suffer as a result of the reduced American tourist visits to Canada, increased online shopping and increased cross-border shopping. We agree with the Ontario Chamber of Commerce that the minimum wage should be tied to an economic indicator that measures inflation, such as the consumer price index.

Pegging the minimum wage to inflation makes sense for three reasons:

(1) It is fair for employees and employers: Employees won't be subjected to long wage freezes and employers

won't be subject to sudden and unforeseen increases in business costs.

(2) It is transparent: The process can be easily understood by both employees and employers who can clearly see that increases are tied to inflation over a set period. Furthermore, it would remove political interference from the process.

(3) It is predictable: Changes in minimum wage rates would happen at regular intervals, either yearly or every two years, and would allow businesses to plan accordingly.

We understand that inflationary increases are necessary; however, it is vital that changes are made in a fair, transparent and predictable way, that the economy does not suffer and employers have sufficient time to prepare and adjust.

Another issue we'd like to bring up is the skills gap and the need to address this. Two major trends are creating skill shortages. The first is the aging of the population and the departure of the baby boomers from the workforce. The Conference Board of Canada's long-term economic outlook projects that by 2025, one in five Canadians will be 65 years of age or older.

The second trend is that jobs are increasingly specialized, which, in turn, demands more educated and skilled workers. The evidence is clear that the rising shortfall of skilled workers and the growing mismatch between the skills required and those available has evolved into a skills crisis affecting both the Ontario and the Canadian economies. Funding is vitally important to address the training and skills needs of Ontarians in all sectors.

One area that needs further attention is the apprenticeship system—the Ontario system is uncompetitive with other resource-based provinces. In terms of numbers, many skilled trades require four journeypersons to two apprentices, which leaves both small companies and rural communities at a disadvantage and does little to address the growing shortage of skilled trades. We believe that the current ratios are too high and we should instead be comparative to the Alberta and Saskatchewan levels of one journeyman to three apprentices.

We also remind the province of the urgent need to engage aboriginal communities in skills training programs and opportunities to ensure that they take full advantage of the benefits of economic growth. The recent North Superior Workforce Planning Board's labour market plan indicates significant growth in the aboriginal population in the region. There is much work to be done to provide the training and skills that will enable the engagement of aboriginal peoples in our growing economy.

In regard to mining, despite the challenges in that sector over the last 12 months, we still believe that the region presents an exceptional opportunity for significant fiscal growth for the entire province. Northwestern Ontario is home to hundreds of active mining projects including eight new projects in either the construction or production phase by 2016 at an estimated mineral value of over \$50 billion.

We encourage the province to continue to move forward in the development of the Ring of Fire, which has been valued at nearly \$85 billion. While the pace of progress has been disappointing, we are pleased to see that steps have been taken in the last 12 months to put in place a chief negotiator and set up a development corporation. This development has the potential to drive the Ontario economy for decades to come, and we must ensure that the anticipated jobs, taxes and other economic benefits are not lost.

Investments must be made in the transportation, energy and technology infrastructure that will be needed to bring these projects to fruition. We recognize that the development of this infrastructure will require a substantial investment by the province; however, the return on investment through \$5.75 billion in tax revenue will more than offset these upfront costs in the long term. In addition, the need for reliable and affordable energy is paramount to ensure that processing of these minerals can be done within the region, creating jobs and supporting local communities, rather than being shipped to other jurisdictions.

Mining is not the only opportunity for economic growth through our natural resources. The forest industry is on the rebound and will continue to grow and prosper with the support of the provincial government. We believe that Bill 13, the Ontario Forestry Industry Revitalization Act (Height of Wood Frame Buildings), which would allow the use of wood in mid-rise construction for buildings of six storeys or less, will create demand for Ontario's wood products, supporting forest industry jobs and forest-dependent communities here in northern Ontario.

These opportunities cannot be realized without the permanent protection of a predictable and affordable wood supply. We encourage the province to permanently establish through regulation a minimum of 26 million cubic metres per year of accessible fibre for industrial use.

One final concern to bring to your attention is the Hardy Dam on Highway 622 near Atikokan. The Hardy Dam has reached the end of its projected lifespan. Emergency repairs have been made but long-term commitment is required. Failure of this structure will result in the loss of Highway 622 and the rail spur that serves the Atikokan generating station, and will isolate a number of residents, tourist operators and mining development sites north of Atikokan. We support the need for a complete replacement of the Hardy Dam and are hopeful that this can be addressed in the upcoming budget. Thank you again for your time today.

The Chair (Mr. Kevin Daniel Flynn): That's great, Michael. Thank you very much for your presentation. You've left between six and seven minutes. Sarah?

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Ms. Sarah Campbell: Thank you, Michael, for your presentation. I have a few questions for you. First, with respect to an increase in the minimum wage, are there any incentives, or maybe assistance that the province can

provide, that you think would be particularly beneficial or helpful in any way to businesses, that might make an increase in the minimum wage a little more doable?

Mr. Michael Nitz: Well, there are many programs that increase the wage, and it supplements the business to take on employees at a reduced cost. They do help businesses, but oftentimes businesses aren't qualified to apply for them, or it's a difficult process to apply for, or it may not be available expertise in their community.

Ms. Sarah Campbell: How about any future programs? Do you see any gaps or any opportunities for the province to maybe create something that might help business?

Mr. Michael Nitz: Anything that the province can do to ensure that businesses are set up to have predictable increases would be greatly appreciated, to allow them to plan long-term for their business and budgetary needs, but those sudden increases that are not tied to any specific index are difficult for businesses to plan for. With increased costs, it's difficult for them to generate significant revenue.

Ms. Sarah Campbell: Do you have any sense of what that assistance might look like, in particular?

Mr. Michael Nitz: No.

Ms. Sarah Campbell: No? Okay. You also talked about the need for the province to engage aboriginal communities and provide some training. Do you or your members have a position on connecting northern and remote First Nation communities, either by permanent all-season roads or by providing electrification?

Mr. Michael Nitz: Well, infrastructure, first and foremost—creating a road to the Ring of Fire will absolutely connect a lot of those communities and economies, and that will in turn spur innovation and education of those people and get them more heavily involved in the process. Any training for those individuals will be great—

Ms. Sarah Campbell: Okay. You also talked about the Ring of Fire and some of the things that need to be done, especially with regard to investments that need to be made in order to allow that project to come to fruition. Do you have any other ideas of what things need to be done on the part of the province to bring that project into fruition?

Mr. Michael Nitz: The consultation piece with the First Nations is paramount. We need to get that fixed. We need the infrastructure to get the rocks out of the ground and, as cost-effectively as possible, down to the other communities, so infrastructure through roads and rail is paramount. Really, once those things are in place, we can reap the full benefits, but infrastructure and negotiation between First Nations communities and businesses are really a great starting point.

Ms. Sarah Campbell: Okay. And have you heard from any of your members, or maybe any of the mining companies, or maybe even First Nation communities who you've had the opportunity to deal with, that there may be any challenges or issues with the Mining Act as it presently stands? Do you see any areas of improvement?

Mr. Michael Nitz: Not off the top of my head.

Ms. Sarah Campbell: Okay. Those are about all the questions I had.

Mr. Michael Prue: How much time do I have?

The Chair (Mr. Kevin Daniel Flynn): You've got three minutes, Michael.

Mr. Michael Prue: Three minutes? Okay. A couple of questions. Let's go back to the minimum wage. I understand the position of the chamber, and I understand that you want it regular, but there hasn't been a raise for the last four years. Are you suggesting that we simply start raising it today, or do we have to make up any time over the last four years, when there's been nothing given in terms of increases?

Mr. Michael Nitz: When was the last time?

Mr. Michael Prue: Four years ago.

Mr. Michael Nitz: Four years ago. So, obviously, being tied to an index, if it is based on inflation over the last four years, that is something to possibly go back and look at.

Mr. Michael Prue: Okay. So you would be willing, at least, to go back four years ago, when it was put to \$10.25, and look at inflation since then, rather than starting today? That's the question I've got. Some people are saying to start today.

Mr. Michael Nitz: Well, the last time would be fair, so four years ago would be fair.

Mr. Michael Prue: Okay. That's a good comment. The next question I have relates to apprenticeships. I met with some business people from Thunder Bay this morning, and they were quite clear on apprenticeships and about the necessity of moving it from a 4-to-2 ratio down. They did give the example of Saskatchewan and Alberta, and did talk about the necessity of training aboriginal communities, but is a 1-to-1 ratio doable? They were saying 1-to-1; they didn't need to go 3-to-1 the other way.

Mr. Michael Nitz: Is it doable as far as on the business side?

Mr. Michael Prue: Yes, on the business side. Do we need to go to the Saskatchewan example where it's one journeyman training three apprentices? There are arguments that you don't get the best education that way.

Mr. Michael Nitz: We should allow businesses the opportunity to see if it's a viable option within their business to provide that training. If they want to go to the full amount to the ratio, that's great—but at least giving them the opportunity to get more people on the workforce and trained in those industries. But when we have four journeypersons in rural communities—oftentimes that's impossible to find. So if we had an opportunity in those remote communities to inspire those youth—who oftentimes leave the communities to look for work—to stay and have the ratios in line for them to do that work locally, that would be appreciated.

Mr. Michael Prue: This morning, I was also told something that I had never heard before: that people who are apprentices in Thunder Bay can't go out to work in a place like Atikokan because they're not covered for inci-

dentals, for a hotel room, all of those things, which means that people are landlocked. They're kept here; they're not able to go. This was new to me. How long has this been going on?

Mr. Michael Nitz: As long as—

Interjection.

Mr. Michael Nitz: What's that?

Mr. Michael Prue: Never mind what he says. I want to hear what you have to say. He'll tell me anything.

The Chair (Mr. Kevin Daniel Flynn): Make it a very short answer, Mike, please, if you would.

Mr. Michael Nitz: It has been going for a while. With our large geography, there are those costs. It's not feasible for a lot of people to do that travel. So getting any incentives whatsoever to encourage people to go to those remote communities in skilled labour jobs would be appreciated.

Mr. Michael Prue: Thank you so much.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much, Michael, for coming. We appreciate it.

THUNDER BAY CHAMBER OF COMMERCE

The Chair (Mr. Kevin Daniel Flynn): Our next presentation this morning is from the Thunder Bay Chamber of Commerce. Charla, please have a seat. Make yourself comfortable. You have 15 minutes, like anybody else. Any time left over will go to the government side for questions this time. The floor is all yours.

Ms. Charla Robinson: Thank you. Good morning. Good morning, Vic. My name is Charla Robinson. I'm the president of the Thunder Bay Chamber of Commerce. It's a real pleasure for me to be here this morning with you. Thank you for coming to Thunder Bay—as usual, on probably the coldest day of the month.

The Thunder Bay Chamber of Commerce is the voice of business. We represent the interests of over a thousand business members and their over 15,000 employees, comprising all sectors of the local economy. We appreciate this opportunity to outline a few issues that are of concern to our membership.

First of all, we know that small business is the life-blood of our economy. It represents over 95% of businesses and 88% of employment in Ontario. One of the challenges we hear from our small business members is the length of time that it takes for them to get paid when they provide services to provincial ministries and departments. We're very concerned about the negative impact that a delay of payment by 60 or 90 days or even longer will have on small business cash flow and their increased credit charges. We believe that there are no-cost solutions available to this problem. One easy option would be just to ensure that all payments are made in 30 days. Other jurisdictions have gone a step further to promote prompt payment. For example, the province of Saskatchewan immediately pays 25% of the invoice value upon receipt of an invoice from a qualifying business. We believe that the province of Ontario should follow Saskatchewan's

lead and adopt a similar policy to support small business success and to keep them from incurring those unreasonable credit costs and cash flow challenges.

Another issue I want to talk about is mining. Despite the challenges that we've had here in the mining sector, both globally and locally, over the last few months, we still believe that our region presents an exceptional opportunity for significant fiscal growth for the entire province. As Michael said previously, northwestern Ontario is home to hundreds of active mining projects, including five producing mines, three mines that will be going into construction this year and one mine that will be going into production this year. There are also an additional four mines that plan to begin construction by 2016. These eight new projects represent an estimated mineral value of \$50 billion, and that will have a significant impact on the economy of the northwest and the province as a whole.

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We again encourage the province to continue to move forward with the development of the Ring of Fire, which has been valued at nearly \$85 billion and, as we know, has been touted as something that will be an economic driver for decades to come. While progress has been slow, we are pleased with the appointment of a chief negotiator and that the development corporation is in the process of being set up. We believe that this development is vital to the Ontario economy as a whole, and we must ensure that the anticipated jobs, taxes and other economic benefits are not lost. Time is of the essence to move this forward.

Investments must be made in the transportation, energy and technology infrastructure—I repeat what NOACC has said—because these investments are needed to make this project happen. We know that's going to mean there is going to be some money put out by the province at the front end, but we also know that that investment will have a huge return through tax revenues and economic growth that will more than offset these costs in the decades to come; furthermore, of course, the creation of hundreds and thousands of jobs, which are much needed in this economy.

In addition, we concur with NOACC that the need for reliable and affordable energy is a top priority to ensure that the processing of these minerals can be done within the region, creating jobs and supporting local communities rather than their being shipped to other jurisdictions or even other countries.

Another area where we also concur with NOACC is with regard to the skills gap. We believe that the province needs to address the skills gap. We know that in the city of Thunder Bay, there is already a hiring challenge being felt across many sectors, from low-skilled positions in hospitality and retail to highly skilled positions in professional services and the trades.

We agree with NOACC that the Ontario apprenticeship system is in need of improvements. We believe that the current ratios are too high and that they should be at least 1-to-1 across the board, with a transition towards

the Alberta and Saskatchewan model of one journeyman to three apprentices. Furthermore, we know that tax credits are not enough to encourage employers with limited funds to make the significant financial and time investment involved in training an apprentice for four to five years. Funding is vitally important to address these training and skills needs.

We too support the proposals contained in Bill 13, the height of wood frame buildings act, which would allow the use of wood in mid-rise construction for buildings of six storeys or less. We've seen it successfully happening in BC for many years. We think this is very important legislation that will increase competitiveness in the Ontario construction industry, bringing those construction costs down, and also supporting the expansion of the forest industries across the northwest, and across the northeast as well.

We also encourage continued investment in the knowledge sector, building on past public investment in Lakehead University, the Northern Ontario School of Medicine, the Thunder Bay Regional Research Institute and the Thunder Bay Regional Health Sciences Centre.

The health sciences sector is not subject to the same cyclical booms and busts as our traditional resource economy and is therefore a good leveller and diversification for the economy. According to the Council of Academic Hospitals of Ontario, every dollar invested in Ontario's health research agenda is multiplied by three in economic impact. Investments in health research really do make Ontario healthier, wealthier and smarter.

We also congratulate the province on its announcement yesterday of renewing investment in the Ontario Research Fund. These investments are directly and positively impacting the immediate goals of reducing health care costs today while increasing quality of care for patients and commercializing research to create jobs and economic growth.

Finally, we echo the position of the Ontario Chamber of Commerce and the Northwestern Ontario Associated Chambers of Commerce regarding changes to the minimum wage. We also believe there needs to be a transparent and predictable method by which minimum wage is set, and we urge the government to link the rise in minimum wage with the rise in the consumer price index.

Thank you for your time and attention today, and I'm happy to discuss any questions.

The Chair (Mr. Kevin Daniel Flynn): That's great. Thank you, Charla. You've left almost seven minutes. Bill?

Mr. Bill Mauro: Charla, thanks for the presentation. Good to see you this morning.

First of all, thanks for your last paragraph on the bottom of page 2 and the acknowledgement of some of the investments that have been made in the knowledge-based sector. It's a piece I like to talk about often, and you're exactly right: It's a bit of a recession-proof investment. The knowledge sector is that, and we do know that, given what's going on globally, the knowledge economy is one that it's great to see grow. It's not something we've

had a big piece of here in Thunder Bay and northwestern Ontario.

One omission is you didn't have the law school included in your paragraph—I know you didn't do that on purpose—but I'm just happy to give that one a little plug as well.

I do have at least a few questions for you. I'm interested in the position of the chamber when it comes to corporate taxation. I don't mind saying it's one that I struggle with a little bit myself in terms of what I would like to see happen. I think it's fair to say it's a policy piece where the positions are pretty polarized politically in Ontario. I know that the NDP feels that they've been cut too much; I think it's fair to say that the Conservatives feel it's where they should be, or maybe they should be cut even more.

Interjection.

Mr. Bill Mauro: Mr. Fedeli is nodding his head.

As a Liberal, I don't mind saying I struggle with this one a little bit because I'm not always sure that when we cut it as significantly as we have, you're necessarily seeing the return.

The flipside of that is people might say, "Well, one of the reasons that Ontario recovered as well as it did"—I know there's still a challenge in the economy, but some would say, "One of the reasons you got back as many of the jobs—plus—that were lost through the recession was partially, at least, tied to the reductions in corporate taxation." So I'm just wondering if the chamber has a position on it; how you feel about it; if you think it should be further cut. Should it stay where it is? Should it go up? I'm just curious if the chamber has a position on it.

Ms. Charla Robinson: Thanks for the question, Bill. I doubt that you'll ever hear anybody saying, "Please tax me more." So I could clearly say that that is not what we're hearing from our businesses.

I think that the general feeling now is that the status quo on corporate taxation is good. We're at a good level; we're competitive. There's the concern, of course, that if you were to change that, that may have a negative impact on the economy. I don't hear from my members—or even speaking at the Ontario chamber level, I don't hear a lot of people asking to say that the corporate taxation rate needs to go down. Certainly, the perspective is that we're at a good point. We're at point where things are competitive and it's allowing business to, perhaps, make investments that they wouldn't be able to do otherwise if taxation was higher. So that's a good thing.

Mr. Bill Mauro: Well, that's fair and good to know. So there doesn't seem to be a push to ask to make it go lower.

Ms. Charla Robinson: I haven't heard that, no. I have not heard a push to make it lower, for sure.

Mr. Bill Mauro: Okay. The manufacturing sector was, of course, through the recession, the piece in Ontario that was really hit the hardest. There were a lot of really good jobs lost in Ontario. The simple argument is that Ontario, and the government, has done something

that's caused us to lose all those jobs. I think most people realize, of course, that's not the case, that our economy being so clearly tied to the American economy and everything that went there was the largest reason for the loss of those manufacturing jobs.

We have had success in bringing back jobs to Ontario. We have brought back a very large portion of them as full-time jobs, despite what some continue to say, but I am curious if the chamber has any thoughts when it comes to reinvigorating the manufacturing sector. There are major challenges out there, many of those over which the province has no control. Obviously, we just talked about corporate taxation.

I'm just wondering, again, on the manufacturing sector specifically, whether the chamber has any thoughts on what we could do to try and repatriate some of those lost manufacturing jobs.

Ms. Charla Robinson: Well, certainly from my perspective, for the city of Thunder Bay, we know that Bombardier has a major impact on our economy and is one of our few manufacturing facilities. We've been looking at how we can improve the manufacturing sector specifically in an industry like transportation-related, so transit, transportation.

We look at the Big Move coming up and the significant dollars that are going to be invested over the next 20 years in the development of infrastructure in the greater Toronto area to deal with some of the gridlock issues. We look at that as an opportunity to actually reinvigorate manufacturing for the province. We are in the process of coming up with some specifics around how that could be done. In broad terms, what we're saying is, we know that we've already got a 25% Canadian-content rule, but we think that there needs to be more support given, perhaps more consideration, when actually bidding for these projects, for making sure that the innovation is being done, and the research and the development is being done, in Ontario.

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So rather than bringing in other firms that are from other countries and them doing their R&D elsewhere, we think that that should be something that really should be considered, to make sure that we're able to grow that R&D in our own province, in our own areas, and to require those types of contracts to actually do that. That way, we will be able to ensure that those companies are doing that here, that they're required to make those investments. That will, we believe, also support the development of more manufacturing, helping them to get back on their feet after the challenges.

That's something that we're working on quite a bit right now, and we will definitely have a little more detail around that in the next few weeks. But I think it's vitally important to make sure that when we're making that kind of significant investment, that those dollars are staying in Ontario and creating Ontario jobs, rather than going elsewhere.

Mr. Bill Mauro: Do I still have some time, Chair?

The Chair (Mr. Kevin Daniel Flynn): You've got about 20 seconds.

Mr. Bill Mauro: I apologize; I was out of the room at the beginning of the presentation. I don't know if you spoke to the minimum wage piece. Mr. Prue asked, I thought, a very good question to Mr. Nitz previously about the minimum wage. You're aware we've struck the panel that will come back with recommendations. As Mr. Prue articulated, nothing has happened for the last four years, but I do believe Ontario's minimum wage is still the second-highest nationally. I'm not completely sure, and we have increased it about 50% since coming into government—

Mr. Joe Dickson: It's 60%.

Mr. Bill Mauro: —or 60%. Is your position similar to NOACC's, in terms of what you want, or what you'd like to see, around minimum wage?

Ms. Charla Robinson: Yes. Our position around minimum wage is the same. We think that we need to take the politics out of it, the uncertainty out of it. We need a system that actually makes sure that you know, whether it's every year or every other year, that it's tied to inflation, so that employers know what they are going to be dealing with as they are making their budgets, moving forward, and employees know that they are not going to be stuck with four years with no wage increase. We don't think it's fair the way it is to either side, and we think that that makes good sense.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much for coming today, Charla. I appreciate it. Thank you, Bill.

Ms. Charla Robinson: Thanks, Kevin.

ODSP ACTION COALITION

The Chair (Mr. Kevin Daniel Flynn): Our next delegation this morning is from the Ontario disability program coalition. Ruth, are you in the room with us? Come on forward.

Ms. Ruth Westcott: I have some handouts.

The Chair (Mr. Kevin Daniel Flynn): Sure. We'll hand them out for you. Have a seat anywhere you're comfortable, in front of a microphone. Fifteen minutes, like everybody else: Use that any way you see fit. If there's any time for questions, maybe the Conservatives will have some for you this time.

Ms. Ruth Westcott: Thank you, everybody. Good morning. My name is Ruth Westcott, and I'm a member of the ODSP Action Coalition. We are a coalition of approximately 150 disability agencies, anti-poverty groups, legal clinics and ODSP recipients who have been working together since 2002 to push for improvements to ODSP so that people with disabilities can live with justice and dignity.

I'm not sure I'm qualified to speak on behalf of the thousands of people with disabilities in our region, let alone the province. But I am bringing you the coalition's seven key messages today and the perspective of a person with lived experience.

We have a lot of people with disabilities in north-western Ontario. The conditions here can, in ways, be even more challenging compared to the rest of the province because of the geography and the need for many for travel to access health care. Don't tell me, but think of the figure in your mind of the amount of mileage, the rate of reimbursement that you get from your employer. Do you know, on ODSP, we get 18.5 cents a kilometre? That doesn't cover the cost of insurance or oil changes or repairs, let alone gas. But it's no problem; I get the poverty rate at the pumps. It's the same program the Ontario Energy Board is running that gives me a rate for low-income consumers on our costs for hydro and natural gas. I'm being facetious, of course; it's a huge problem.

I think you already know, as well, that we in north-western Ontario have a higher mortality rate relative to the rest of the province. We have more cancers, heart and lung disease, accidents and suicides. Dr. Gary Bloch wrote in the Globe and Mail recently that we're dying from poverty-related illness. What's going to happen if we cut our special diet, our diabetic and surgical supplies and, especially in the north, if we cut medical transportation if we're already dying from poverty?

Housing in this city is already in a state of emergency with a vacancy rate of virtually zero, so any changes to calculating shelter costs must not hurt us or we're at even more risk of being homeless, the consequences of which involve incarceration—it's a very expensive consequence.

If the reason that there's an increasing number of disabled people on ODSP in the first place is because people cannot access the other disability programs that they used to—according to John Stapleton, the programs of workers' comp and CPP and EI sickness and veterans' and private pensions—how is it good policy to address that by cutting social assistance?

Using controversial work capacity assessments to reduce the caseload, as was done in the UK, where 10,000 people died within six weeks of being deemed fit to work—that could result in expenditure cuts but it's not good policy. We must have an income floor.

Senator Hugh Segal says that the rate of poverty in Canada hasn't changed in 25 years, despite the \$160 billion spent on social programs. How much would it cost? Senator Segal says that \$30 billion would top up the 10% of poor Canadians to make Canada poverty-free. The savings from the money spent now on poverty-caused pathologies would be in the billions.

Neither the coalition nor the senator advocate for a GAI for the disabled. The coalition insists that we need our own program that can flexibly cover widely varying needs of people with disabilities, and that will require income above the poverty line. But we do need the brilliance of a GAI that gets rid of the rules that weigh us down.

I have a quick story about that. I found a roommate, another ODSP recipient. After the intrusive questioning that my worker is required to make of us about whether we were a couple—and we weren't—my ODSP worker took another run at me to try to save money; that's her

job. She told me that she determined that I was running a rooming house and that my friend's share of the rent would be charged as income to me, so that meant I would be worse off. We couldn't do that, so he had to move out. But he became homeless and he succumbed to his addiction problem. I've been sober 24 years, but he never made it back. He's 50. He had treatment-refractory mental illness, so he finally gave up on treatment. Some say that long-term depression like that eventually causes brain damage. He has heart, joint, skin and lung disease and he looks about 80.

Eighteen months later, my case got to tribunal. I heard, "Ruthie, I apologize on behalf of the province of Ontario. Of course, two adults are allowed to share accommodation and split the actual shelter costs 50/50." But it was too late. He never recovered, and neither did I. I need a high level of support, and although he was disabled, he provided that for me. This is just one of 50 examples of the way that ODSP has harmed me, and I'm the savviest advocate I know. What's happening to the people who are way more vulnerable than me?

Getting rid of the rules and interference that harm us: We have evidence, analyzed by the OECD from 45 countries that have given "free money" to 110 million poor people, which says that there were no negative effects on the labour market. The Swiss are going to a referendum on it.

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There is more support now than ever for this idea. At our last demonstration, when it was 40 below, we had First Nations people show up, activists from the unions, from gay rights, from women's groups, from faith groups. Environment lovers came and we had seniors and new Canadians and academia types and youth and health care workers. Why were they all there? Because they're mad that vulnerable poor people are dying. We believe that lifting people out of poverty saves money, save lives and unleashes human potential that you need.

Removing disincentives: We can address some of this with labour market strategies, higher minimum wage, expansion of the WITB, a better marginal tax rate for people moving from social assistance to work, access to child care and health benefits when you start working.

What is our road map for removing the many other disincentives that prevent us from entering the labour market? The Ontario government has to fulfill our obligation to the UN Convention on the Rights of Persons with Disabilities. Similarly, the RDSP is a very innovative way to address the fact that we haven't been able to save for retirement. Not only is it underutilized, it's also not accessible to nearly enough people.

One of the biggest groups of people on ODSP are those of us who have mental health problems, and like people with intellectual disability, we suffer the greatest stigma, which is one of the major barriers to employment. When we're not working, we must be supported with participation allowances for volunteering and supported to explore the variety of ways to be successful and productive. But there is a need for more programs that

eliminate that stigma, run by patients for patients, like the non-medical Gerstein Crisis Centre, where I was on the board in Toronto, and the patient-run businesses that only employ patients, like A-Way courier, Fresh Start Cleaning and Trinity Square Café, where I used to work. These are also great examples. But with a large population who have been disenfranchised for so long, we're going to have to deal with our anger before we can figure out what change looks like. And the people to teach me how to do that are my peers who have been successful escaping poverty, not the ODSP workers who have been policing me for decades. We're going to need to see our peers getting paycheques, prospering, participating in all areas of life, and recovering in spite of mental illness for that to enter our realm of possibility. We must also have new roles sharing the power of running the programs like ODSP that are supposed to help us.

I want to tell you a short story to end my presentation about the short-sightedness of ODSP policy cuts that result in a huge loss of potential.

In 2011, I was incredibly fortunate to benefit from two assets for the poor programs. In Thunder Bay, I was the first person in my credit union's scheme to help people on ODSP buy a house. I don't drink, I don't do drugs, I don't smoke, I don't gamble and I don't even shop much, so I had this incredibly good credit rating I didn't even know I had. I was eligible based on that and on my character references. The credit union lent me a \$2,000 down payment that was interest free and that I could pay back by signing over my dividends and my bonuses that are paid to all members of the credit union.

I found a bank repo in the east end listed for \$29,000. It's within walking distance of everywhere. I bought it. Mortgage payments: \$260. I got an Ontario renovation grant to get it up to code and I put in two years of work, with help from a few of my friends. We got a surprising amount of free material from the landfill. We worked a lot on the yard so I can grow as much organic food as possible. I grow grapes, strawberries, raspberries, Saskatoons, rhubarb, apples, herbs, currants, cranberries, sunflower seeds and veggies. It's a one-and-a-half storey building, and I can see the river from my bedroom. It's tiny, only 550 square feet on the main floor, and it only costs \$52 a month, on average, over 12 months, to heat it because I got an ecoENERGY grant to insulate.

A couple of weeks ago, the credit union sent their appraiser. They told me that it's now worth \$98,000, so I borrowed on it to max out the RDSP contributions that are available to people before they're 49, and I'll have \$40,000 this year. If I keep investing \$100 a month—which I might be able to do, because I have affordable housing—and if I invest it conservatively, I might, by the time I'm 60, have an income that raises me above the poverty line. I will have escaped poverty.

That program didn't cost ODSP anything, but, because of the cuts to ODSP emergency home repairs and the cuts to CSUMB, the credit union had to pull the plug, because of course it's far too risky to put someone into a mort-

gage if there's no safety net for homeowners on ODSP. It's an incredible shame.

In closing, I would urge you to recognize how mindless cuts have not saved money in the long run. They hurt people in the short run, and they save nothing in the long run. I stand before you as proof of that. Thank you.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much for coming today, Ruth. You've left about a minute for questions. Toby?

Mr. Toby Barrett: Thank you, Chair.

Very quickly, then, "Employment supports" under your—

Ms. Ruth Westcott: I'm hard of hearing. I'm sorry. If you look at me, it helps, and if you talk slowly. Thank you.

Mr. Toby Barrett: All right. Your key messages, the category "Employment supports"—first of all, thank you for speaking on behalf of so many people who can't speak on behalf of themselves, people who are isolated, people who are not working. I think maybe only one in 10 are working—something like that—or volunteering, or, by extension, being part of the community.

We've had several reports now: the Gail Nyberg report, which recommended more people being involved in the workplace; the Frances Lankin report—very specific recommendations to get people on disability more involved in the workplace. Now, you have some problems with that approach?

Ms. Ruth Westcott: I think the experience in the UK is very important for us to consider if we're going to go that route and use the same approach, as I mentioned already.

Mr. Toby Barrett: Make it just voluntary. Right. Okay.

The Chair (Mr. Kevin Daniel Flynn): Okay. Thank you, Ruth. Thank you very much for coming today. We appreciated your presentation.

Ms. Ruth Westcott: Thank you.

POVERTY FREE THUNDER BAY

The Chair (Mr. Kevin Daniel Flynn): Our next presenter after Ruth this morning is Terri-Lynne Carter, chair of Poverty Free Thunder Bay. Terri-Lynne, if you'd like to come forward and make yourself comfortable and maybe introduce your colleague.

Ms. Terri-Lynne Carter: Hello. This is Sara Williamson. She's the vice-chair of Poverty Free Thunder Bay, and I'm the chair of Poverty Free Thunder Bay.

The Chair (Mr. Kevin Daniel Flynn): Wonderful. Your presentation can be 15 minutes. Leave any time you want for questions. If there is any time for questions, they will come from the NDP this time.

Ms. Terri-Lynne Carter: Okay, thanks.

We are an advocacy coalition working for change at the local, provincial and national levels to eliminate poverty and its impact on our community. Our membership is broad and diverse. It includes agencies in the health and community sectors, faith groups, labour and academ-

ics, concerned citizens, and low-income individuals and families. As a community builder, we continue to focus our efforts to engage, educate and act as a catalyst for systemic change and social inclusion.

In 2009, all parties in the Ontario Legislature supported poverty reduction as a public policy goal through their unanimous support of the 2009 Poverty Reduction Act. Since then, Ontario has witnessed an overall decrease in child poverty rates through the strategies, targeted actions and investments, with the bulk of these changes occurring during the recession.

In last year's budget, the Ontario government demonstrated their interest in making income security reform the cornerstone of the next poverty strategy. The Ontario budget established a panel to review the current minimum wage and has begun the process of social assistance reform in advance of the implementation of the recommendations of the Commission for the Review of Social Assistance that was formed in 2012. Some of the changes include asset increases for people receiving Ontario Works, allowing people on Ontario Works to own a vehicle and increasing the amount of money that people on Ontario Works and the Ontario Disability Support Program can keep when they work. Those are just a few of the things that happened in last year's budget.

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While last year's budget contained modest steps toward positive change, they were only first steps toward reform. Additional concrete, immediate improvements to social assistance as well as other programs are required to reduce poverty of low-income individuals and families and lift them out of poverty and promote their health and dignity.

For social assistance, the current levels of income for people receiving it are not adequate, despite increasing Ontario Works and the Ontario disability support payment rates by 1% and boosting single individuals on Ontario Works by \$14 a month. These increases do not keep up with the loss in purchasing power that people on social assistance continue to experience due to inflation. Those receiving social assistance continue to experience compromised health, social exclusion and restricted opportunities to participate in the labour market and the community.

At present, a single person's Ontario Works cheque does not even cover food, housing and clothing costs. A single individual on Ontario Works will receive \$626 a month to cover shelter and basic needs. In Thunder Bay, the average price of a bachelor apartment, as of October 2013, was \$567. The Thunder Bay District Health Unit prints out a report. It's the Cost of Eating Well in the District of Thunder Bay, 2013. They have calculated the cost of a nutritious diet at \$267.33. So thus, the remainder of their income would be short \$115.33 of the cost of a nutritious diet. I was updating the figures from last year. Last year, it was \$109, so they're losing ground.

A commitment can and must be made to achieving income adequacy. Reforming the social assistance system

will be disruptive to the people who rely on the system. Reallocating or reducing funding while reforms are proceeding will ensure hardship. The unacceptable risk of undertaking reforms without additional investment is that people who already live in poverty and insecurity will be made worse off.

We recommend that the government do the work necessary, in consultation with people receiving Ontario Works and ODSP and other stakeholders, to determine an adequate level of income that reflects actual costs of living and commit to achieving that level of income, potentially from a combination of rates and other income sources, within a defined and short period. In the meantime, an immediate increase to Ontario Works and ODSP rates by 55% to bring them back to pre-Harris levels must also be made to begin to address income inadequacy. We would also like to have Ontario Works and ODSP tied to the cost-of-living increases so their purchasing power won't have all that erosion.

We also want to provide the special diet benefit for the additional nutritional costs associated with particular medical conditions. For some conditions, changing one's diet is the first line of medical treatment and much more cost-effective than medication and hospitalization.

Our recommendation also is to provide employment benefits for all people on low income. Give them work clothes, tools and adaptive devices needed to overcome barriers to people trying to get a foothold in the workplace.

Minimum wage has been frozen at \$10.25 since 2010, while the costs of basic items such as shelter, food and transportation have not. A minimum wage worker in Ontario is at least 20% below the poverty line. A full-time job should not leave anyone struggling to pay their rent and feed their family. Although young workers are much more likely to be working for minimum wage than those who are over 25, almost 40% of employees working for minimum wage, or 183,000 Ontarians, were 25 years of age and over in 2011.

We agree with other anti-poverty organizations across the province that we need to increase minimum wage to \$14 an hour this year, which is 10% above the poverty line, based on a 35-hour week, with a commitment to annual cost-of-living adjustments. This will ensure that minimum wage keeps up to inflation.

It is the same story here as elsewhere in the province. Minimum wage workers are living in poverty. Many go to the food bank regularly. Inadequate income exacerbates mental and physical health problems. Children's lives are restricted. There is little time to participate in community activities. Minimum wage jobs are heavily represented by women—many single mothers—aboriginal people, recent immigrants and young people. And it is an uncomfortable irony that there are staff in non-profit organizations who are earning below the poverty line while providing services to others in deep poverty.

In preparing for our presentation, we actually spoke to minimum wage workers, and here are some of the issues that they are facing.

Women working in building-cleaning jobs observe that these are not entry-level jobs; they're dead-end jobs. There are no health or pension benefits, no raises and no promotions. It is physically hard work; it should be recognized with adequate pay.

Over the years, cleaners working multiple part-time jobs reported suffering a lot of wear and tear on their bodies. Because their employer has no health plan, their minimum wage job has to cover the costs of orthotics and chiropractic sessions.

It's also difficult finding a place to rent when the landlord learns that the rent is coming from a single mom with a part-time job. In 2012, we had a flood here and many people lost their apartments. One woman with a child lost her apartment and all of her possessions. While homeless, she had to continue to go to work and look after her child. She could not afford to take time off work to cope with the disaster.

A young man who worked in cleaning said that it was good work but it was hard, and he felt he was worth more than \$10.25 an hour. A minimum wage of \$14 an hour would give him confidence in himself. He would feel like a valued citizen and a contributor to society. People on social assistance told us that it would be enough to live on. They would be off of social assistance; they wouldn't go back on it.

Single mothers said they could spend more time with their children if they didn't have to work so many hours to cover family expenses. They could buy more nutritious, fresh food for their growing children. They could take a vacation by Greyhound bus to a campground. They could take school courses to upgrade skills for a better job.

While large companies can afford the \$3.75-an-hour increase tied to inflation, we realize that small businesses may need a tax break to transition through the improvements for their staff. Anecdotally, we know that many small businesses already pay above minimum wage and recognize their workers as vital to them. Actually, I was told by one employer that when he paid minimum wage he was constantly looking for employees, and that took so much of his time that he gave a lot more money.

When workers are earning at least \$14 an hour, they are spending more money at local businesses. With better income comes better health and less cost to the health care system.

There are many improvements needed to labour standards. A decent minimum wage of \$14 per hour is an important cornerstone, and we want it tied to inflation.

Ms. Sara Williamson: On the housing aspect, we're recommending to provide long-term funding for new or retrofitted social housing and maintenance. Although the private rental vacancy rate has recently increased a bit—to 2.6%—there's a serious disconnect between low-income renters and appropriate safe, healthy, accessible rental units. The average rent is lower than many other cities, but when a unit becomes vacant, landlords raise the rent above the allowable increase for a rented unit. They can do it because it's vacant. Regardless, after paying rent, people on social assistance or in precarious

minimum wage work do not have enough to cover all the basic costs of living, as you can see from the Cost of Eating Well report.

Also, some of the vacancies are for units with serious deficiencies. Utilities aren't included, and there is a huge cost in winter, especially, because too often rental units have little or no insulation. Quotes from low-income families: "You could hear the wind whistling in where the roof joins the wall"; "The heating system doesn't work, so my sister has to leave the old electric stove on all the time so her kids won't freeze." Some units are far from grocery stores and bus service is infrequent. Other apartments are in old buildings, crammed down narrow hallways at the top of poorly lit stairwells, with an unlocked entrance, making it less safe and basically creepy. We suspect that further research would show that vacancy rates are skewed because tenants move out of these marginal dwellings as soon as they can. So there are vacancies, but not where you might want to invite your parents or raise your children.

The Canadian Mental Health Association delivers a Home First program for housing seven homeless individuals and providing them with ongoing support services. They're having difficulty finding satisfactory housing with the rent subsidies that they can offer, even though they can tell the landlord they've got support services to deal with any problems the person might run into.

1100

When the private sector cannot meet a public need, the public and non-profit sectors must step in. Like the rest of Ontario, there's a long wait-list for social housing and co-op housing. The present social housing structures are getting old and less heat-efficient, and require substantial maintenance. The provincial funding formula tied to the fiscal year makes it difficult to do major capital work.

Another recommendation is to provide adequate core funding for support services for people vulnerable to homelessness. This is a thing that we keep hearing over and over again. All kinds of support services for people with various vulnerabilities are essential for success in stabilizing housing for people vulnerable to homelessness. Knowing there's a third party available to help prevent problems and to work through difficulties that arise, landlords are reassured. To give this reassurance, agencies need sufficient funding to give a high level of support initially. For tenants with severe disabilities, intense ongoing support is required: for example, a brain injury.

Because trust-building and stable relationships are essential to success, support service workers at all stages of transition must be fairly compensated for their demanding jobs. As we've noted, some of them are working poverty wages, too. It's time that funding models take this into account. Provincial funding investment must be increased significantly. This will prevent the spiralling costs of keeping people in hospitals and emergency shelter beds.

Another recommendation is to maintain the program purpose for the Community Start Up and Maintenance

Benefit, called CSUMB, and the Home Repairs Benefit, HRB, by restoring those programs and also making transitional funding for the Community Homelessness Prevention Initiative, CHPI, permanent. Low-income Ontarians need the government's guarantee that the funds they need to get housing or stay housed will be there when they need them.

I think you've all heard about this CSUMB thing that was cut. It was something that was appealable; it wasn't a discretionary benefit. So it was very important. There was that stability, and I think it was a reference to that before.

The Chair (Mr. Kevin Daniel Flynn): Maybe you should go right to the closing remarks, Sara. I think we got your point on CSUMB.

Ms. Sara Williamson: I'm going to let you go for that.

The Chair (Mr. Kevin Daniel Flynn): And we've heard it a few other times around the province as well—exactly the same argument. So if you just want to close, that would be great.

Ms. Terri-Lynne Carter: We just want to urge the government to take bold steps in this budget to reduce poverty by adding immediate improvements to social assistance, minimum wage and housing. That would lift people out of poverty and bring them health and dignity.

The Chair (Mr. Kevin Daniel Flynn): You can finish if you like. I've got one more page.

Ms. Terri-Lynne Carter: Oh, that's okay.

The Chair (Mr. Kevin Daniel Flynn): Okay. Well, thank you very much for coming. I appreciate it. Unfortunately, you've used all your time in your presentation, but it was very comprehensive, and thank you for it.

NORTHWESTERN ONTARIO MUNICIPAL ASSOCIATION

The Chair (Mr. Kevin Daniel Flynn): Our next presentation this morning comes from the Northwestern Ontario Municipal Association. That would be—you don't look like Kristen. We have "Kristen Oliver," but you're somebody else, so if you'd introduce yourself, that would be great.

Mr. Iain Angus: She does all the work; I do all the speaking.

Mr. Chair and members of the committee, my name is Iain Angus. I'm the vice-president of NOMA, the Northwestern Ontario Municipal Association. I'm also a councillor-at-large for the city of Thunder Bay. It's good to be back before this committee. Welcome back to Thunder Bay.

I'm not going to go through the formal brief. I'm going to highlight some of the key points and hopefully leave time for questions.

I just want to point out, though, that NOMA represents the interests of 37 municipalities, from Kenora and Rainy River in the west to Hornepayne and Dubreuilville in the east. We're very proud of the fact that we represent 100% of the municipalities within the three districts—Thunder

Bay, Kenora and Rainy River—as well as a couple of guests from the Algoma district. It's a very strong organization.

I want to touch briefly on a topic that NOACC and the Thunder Bay chamber talked about, and that's mining. The key point is, we all talk about the Ring of Fire, but that's only a small part of what's happening in this region. We have about 23 mines working their way through to development. Some are going to happen this year, some are going to happen next year, but most of them will happen between now and 2020. Only three of those are in the Ring of Fire. To put it in context, the Ring of Fire is important for the long-term future of the northwest and for Ontario, if not Canada, but there are a number of mines that are more important today, and over the next three or four years, to the economy of this region, and they need whatever supports the province can give them in order to make sure it happens. Part of that is taking a look at the approval processes and making sure that they are as fast as they can be without undermining the key principles of those processes, whether that is in the mines themselves or in the energy or the transportation infrastructure—what have you. They need the assistance of Ontario to make sure that those things can move forward.

In terms of the Ring of Fire, we're pleased with the decision by the province to set up the development corporation. We think that's a very important and very useful tool. We would like to see municipal representation at the table, either as a formal voting member of the development corporation or as an official observer. We think municipalities have a major role to play in the Ring of Fire, whether it's Pickle Lake or Greenstone or Thunder Bay or any of the other communities that currently serve the mining industry or are going to be the host community for the population that works there. We feel that we have a lot to provide the province and the development corporation in that regard.

In terms of the forest industry, the Canadian dollar dropping is very good for us. We don't know whether that's going to be a sustained drop, but we do know that 50% of BC's product is no longer going to be available, and that's going to open up a very large market again for us in the States. The softwood lumber tariffs will not really be a factor this time. Again, Ontario needs to do what it can to facilitate the mills reopening and new mills being built.

I know that there are some issues in the Kenora area in terms of the ability of two projects to actually get a wood supply, because of the current approach that is being taken. So we need to work collectively to make sure that we can move these projects forward. Keep in mind that we lost 10,000 jobs in the northwest. That was before the recession hit in southern Ontario. Most of those men—and they were men, the majority—are now working out west. We'd rather have them come home. Dave Canfield estimates there's at least 1,000 men from Kenora who are working in Saskatchewan and Alberta, leaving their families behind. We think for community cohesiveness and

community economics, we need to have those workers back. Of course, the very fact that those men are working elsewhere means that they're spending money elsewhere as opposed to within our region.

We also support the call from NOACC—and we've said this a number of times—by legislation or by regulation, saying that 26 million is the magic figure in terms of the available wood supply that we can use with some certainty; to say, yes, that's what we're always going to have available to us on a sustainable basis, and to be able to go out and find the companies that will look at investing here in the northwest.

“Heads and beds” payments: Back in 1987, \$75 per student and bed was established as the going rate. That's for payments in lieu of taxes for universities, hospitals and correctional institutions. It hasn't changed since 1987. When you go to the Bank of Canada website and take a look at the inflation calculator and plug in \$75, it comes up as \$132.73, so a significant decline in what the province provides funding to these institutions for, which in turn is paid to the municipalities, to pay for the services that we provide on a daily basis to our hospitals, to our schools, to our two correctional facilities. We think it's past time to bring that up to date and to build in some kind of inflation protection so we never have to come back and ask again; it automatically is adjusted. Whether it's every year or every second year can be worked out, but we think it's important to raise those amounts and to have an established process for change. As Charla Robinson said, take the politics out of it. Let's just do it once, and it's done with, and it becomes part of the core budget.

1110

Municipal infrastructure funding: It wouldn't be a NOMA presentation without some commentary on our needs. I'm not David Canfield; I don't have that many bridges. But certainly Dave has been very clear for many years about the high cost of capital replacement, capital development. Roads, bridges and other critical municipal infrastructure are things that need to be looked at further. We appreciate the announcement of the \$100-million infrastructure fund to help small, rural and northern municipalities as part of your 2013 budget. That was an important step, and we do appreciate it.

We do encourage the province to implement adequate sustainable infrastructure funding for municipalities, and it's crucial that the government recognizes the limitations that small northern communities face when dealing with infrastructure costs while providing other municipal services. That's on two components. One is the dollars. For some of these municipalities, 10% of a project will be greater than their annual capital budget, if not their total budget. They can't afford to do some of the stuff that, say, the city of Thunder Bay is able to do, so we need to keep that in mind. Secondly, I think the province has moved forward on this in one area in terms of the funding to do the strategic planning for infrastructure, but we need to recognize that a lot of our communities don't have the staff talent to do a lot of this work. There needs

to be some other kind of resource made available to them to assist them in preparing the plans, doing the analysis, preparing the tender documents and what have you in order that they can take advantage of these programs.

Finally, I want to talk about the one-size-fits-all concept that we all hear about. Each region of the province has its own unique challenges and opportunities, and it's important to recognize those differences as you undertake your role as a member of this committee and a member of the Legislature. For example, to close a ServiceOntario office in downtown Toronto may require a citizen to travel a few extra blocks on the subway or the LRT, which we're pleased are built here; whereas the closure of a ServiceOntario office in Rainy River means we're talking about an hour's drive in what can be really crappy weather and unsafe driving conditions in order to access services that most people in the rest of the province take for granted. The provincial policy statement on land-use planning has an entirely different implication in Ajax than it does in Atikokan. Closing a tourist information centre at the Ontario-Manitoba border impacts the promotion of tourism activities for an entire region; all of northwestern Ontario is impacted by that, as well as Algoma, as well as Sault Ste. Marie and points east. That's where the folks who are coming in spontaneously have stopped in the past to pick up copies of Sunset Country's material, NOSTA's material, Algoma Country's material and the rest of Ontario's. I think it's a real shame, when we look at the question of one-size-fits-all, and the impacts of that.

The cost of doing business in rural and northern areas is different than in an urban setting. Not every community has a major contractor. They're relying on Thunder Bay or Dryden or Winnipeg or a lot of times even Toronto. That adds cost to the process.

MPAC: You've got to fix MPAC. It is broken, whether it's Dryden or any number of other communities, including Thunder Bay, that are being whacked by decisions of MPAC. In the city of Thunder Bay, \$7 million retro is what we will have to pay if we lose this round. That's only the first round. You can say that maybe Thunder Bay can afford it. The city of Dryden can't afford it. It has put them close to the edge, and they're doing drastic cuts to their services. MPAC needs to be fixed to make sure it is properly responsive to the needs of the communities.

Infrastructure programs must be flexible to the needs of municipalities with limited staff and financial resources.

As you think about your report to the Legislature on the budget, please keep in mind that one size does not fit all. In the northwest, even within the northwest, there are different needs that need to be taken into consideration.

Ladies and gentlemen, Mr. Chairman, that's the presentation. I'd be happy to respond to any questions that you may have.

The Chair (Mr. Kevin Daniel Flynn): Great. Thank you, Iain. I'm sure there are some. Bill, you've got between two and three minutes.

Mr. Bill Mauro: Okay, thank you, Mr. Chair. Iain, thanks for the presentation. Just quickly on MPAC, before I get into my question: The \$7-million Thunder Bay number is an accumulated number. It's not an annual hit.

Mr. Iain Angus: No, that's the retroactive payment.

Mr. Bill Mauro: Yes, an accumulation number over how many years? It's not an annual number.

Mr. Iain Angus: That's over four years.

Mr. Bill Mauro: So it's about a million and a half or a million and three quarters a year, should your appeal process not work.

Mr. Iain Angus: Yes.

Mr. Bill Mauro: Okay. So for Thunder Bay, it's \$1.5 million, give or take.

Mr. Iain Angus: Yes.

Mr. Bill Mauro: Thank you. I've met with Dave, just for your information, on the issue and the approach that MPAC is taking to the retro, and I know that Ms. Campbell is likely interested in this. It sounds like they have something in place that maybe they're going to be satisfied with. In any event, that's still to be worked out.

Mr. Iain Angus: We'll talk offline, because there's a whole bunch of new stuff—

Mr. Bill Mauro: Happy to; happy to.

You talked at the beginning about the forestry supports piece. From your perspective, representing NOMA, if you could just maybe give me a couple of concrete examples of what you think could help. You referenced a situation in Kenora. You said "a wood supply," and then you said "an approach that's being taken." I don't know about this example and I'm interested in your answer, if you could tell me concretely what you would think we could do that we're not doing.

Mr. Iain Angus: I'm probably not going to be able to do justice to your question, Bill. Dave Canfield is much more conversant with this one, but my understanding is that when these two companies applied for fibre, they were turned down because they didn't have the right players in part of the application. They were unable to get the supply even though everything else was ready to go.

Mr. Bill Mauro: So it's part of the new 10-year—

Mr. Iain Angus: Yes.

Mr. Bill Mauro: Okay. Remembering that, of course, the new 10-year approach is one that was asked for by local municipalities and mayors.

Mr. Iain Angus: Yes.

Mr. Bill Mauro: Okay, fair enough.

Mr. Iain Angus: Sometimes we have to be careful what we ask for.

Mr. Bill Mauro: And there are no programs that are perfect. It's not meant to be a shot; it's interesting to know. I hadn't heard about it.

Finally—we don't have a lot of time—the annual allowable cut: It started about eight months or a year and a half ago, when I first started hearing people talk about the 26-million-cubic-metre number. Even at the peak of forestry, when we were really smoking and we had all the mills running before the forestry crisis hit in 2004, 2005,

2006, I don't think it was that high. I thought we were in the 22 range, or 23.

Mr. Iain Angus: That's right.

Mr. Bill Mauro: Okay. Was that just because that number met the requirement, or the regenerative cut still could have been higher, or this is a new ask to let's do more?

Mr. Iain Angus: No—

The Chair (Mr. Kevin Daniel Flynn): Let it be a short answer, Iain.

Mr. Iain Angus: Okay. It has been longer than two or three years because when I was chair of the Ontario Forestry Coalition, we came up with the figure. That was what the government said was the sustainable allowable cut—

Mr. Bill Mauro: Twenty-six.

Mr. Iain Angus: Twenty-six. It was never achieved; the industry wasn't able to—

Mr. Bill Mauro: The demand wasn't there.

Mr. Iain Angus: The demand wasn't there, but we still think that 26 is the magic number.

Mr. Bill Mauro: Okay. Good enough.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Iain. Thank you coming on behalf of NOMA today. It was appreciated.

Mr. Iain Angus: Thank you, Mr. Chairman. Thank you to the committee.

AV TERRACE BAY INC.

The Chair (Mr. Kevin Daniel Flynn): Our next delegation this morning is from AV Terrace Bay. Richard, if you'd like to come forward and make yourself comfortable. Welcome, Richard. Every delegation is taking 15 minutes for their presentation. If there's any time left over, the questions will come from the Conservative Party this time. The floor is yours.

Mr. Giovanni Iadeluca: Great. My name is Giovanni Iadeluca. I'm the chief executive officer of AV Terrace Bay. Richard is lucky enough to be on vacation in a much warmer place than we are today.

Thank you, Mr. Chairman and members of the standing committee, for the opportunity this morning to speak to you about a situation that is developing across northern Ontario.

1120

My intention is to propose an investment opportunity in the roads infrastructure of forestry in northwestern Ontario that will facilitate fibre supply, as well as tourism and community access. Paper copies outlining the details of this proposal have been provided. My intention this morning is to review the highlights of the presentation.

The situation is that there's significant improvement starting to be seen in the economies of many northwestern Ontario communities due to investment by mill owners who have recently purchased and restarted forest product companies that had been bankrupt. However, a number of areas in northwestern Ontario are disadvan-

taged in that there is not adequate forest road infrastructure in place to fully capitalize on the natural resource opportunities. This lack of infrastructure will impair the rate of improvement experienced by local economies, as well as be prohibitive to some of the further communities in being able to gain earnings from harvesting.

There's an opportunity for Ontario to demonstrate support and help stimulate this economic revival in the depressed areas through the creation of a bridging fund to help support the construction and maintenance of forest road infrastructures in these depressed areas.

Just as a matter of grounding the enormity of the task, in some of the forests that new companies have purchased, the previous mills—there's over 3,500 kilometres of road infrastructure that need to be maintained at a total cost of about \$7.5 million in these forests, and 60% of it remains unfunded. The data clearly shows that the new forest product facility owners are creating wealth and employment in otherwise economically depressed areas. In the document that I have submitted, I've provided examples of the economic benefits that are being realized by Ontario through the restarting of pulp mills in Terrace Bay and in White River, to cite two examples.

We are now just seeing a turnaround in the economies of the communities of central northern Ontario. It is most important to the local economies, the province and the mill owners that the right and fair economic conditions for success are present.

The efforts and investments of these new facility owners have already resulted in tens of millions of dollars being realized by the province annually through the payment of crown charges on taxes and payrolls.

Some of the highlights, in addition: There is \$40 million of salaries that are being directly paid by these companies and these forests, and over \$70 million of indirect salaries through harvesters, aboriginal and non-aboriginal. Annual crown fees paid so far for the harvesting on these forests is \$17 million annually. These new facilities provide municipal taxes of \$2.5 million that had gone sorely missing in the past number of years.

The Ontario government has long recognized that the province should pay a proportionate share of the cost of building and maintaining road infrastructures in forest areas because this infrastructure benefits the northern economy, the First Nations, tourists, the public in general and the communities. The road infrastructure also becomes a significant asset to the province of Ontario.

The province has an opportunity to show leadership and commitment to northern resource-based communities by continuing their support for maintaining and developing the forest road infrastructure that provides access to a resource for a variety of users. What needs to happen now is that those areas that have suffered most through the economic downturn should not continue to suffer because forest road infrastructure is lacking for them.

A fair and equitable system already is in place and has been created where the province provides their share to construct and maintain forest access in areas where active

logging has occurred recently. This system is based on a harvest history of the forest over the past five years. Unfortunately, new forest product facility owners are unable to fully participate in the existing program, as they have not created this five-year harvest history on the local forest they are now harvesting. Therefore, in order to gain access to the required wood supply, these new mill owners must pay for the full cost of building and maintaining road infrastructure, which is also used by other community members, First Nations, aboriginals and tourists.

Wood from areas where there has been a recent history, an active history of harvesting, is cheaper because the forest road infrastructure already exists. As a result, the areas that have suffered most due to the economic downturn and bankruptcies of companies in the past continue to be disadvantaged because these are the forests with the most expensive wood.

The benefits and strengths of the current provincial Road Funding Program are well recognized across the north. Any new initiative must not compromise the effectiveness of this existing program. As such, any funding should not draw funds from the existing provincial Road Funding Program but be new funding by the province.

The proposed initiative would be viewed very positively in the north as an economic bridge while new forest product facility owners create and improve the manufactured infrastructure badly needed in these economically depressed areas. The program that I am proposing would demonstrate very positive results within five years.

The mill owners have recognized their economic and social obligation to the areas by ensuring that local aboriginal and non-aboriginal communities are benefiting from this new economic activity. Any new program would provide increased benefits to these communities. From an economic perspective, it would be much better if the mill owners were able to spend the money now required for forest road infrastructure that has been created by past bankrupt companies on capital improvements and mill efficiencies, thus creating new jobs and enhancing the long-term futures of those mills.

The proposal is that the province is requested to create a new, one-time funding program in the amount of \$12 million, distinct from the existing provincial Road Funding Program. This initiative would support the economic revival that has begun in the disadvantaged areas of northwestern Ontario by paying the province's share of forest and road construction to access resource development opportunities in the areas that are most depressed. The proposal should be viewed as an economic development tool, where the province is investing to create and maintain infrastructure in the forests of northern Ontario, create assets for the province and support the rejuvenation of the resources-based northern Ontario economy.

Thank you for your time.

The Chair (Mr. Kevin Daniel Flynn): Very good. Thank you very much, Giovanni. You've left about five minutes. Vic?

Mr. Victor Fedeli: Welcome, Giovanni. Thank you very much for a very detailed presentation and thank you very much for the reinvestment in northern Ontario. It's deeply appreciated, I think, by all of the people throughout the north.

Mr. Giovanni Iadeluca: So we hear.

Mr. Victor Fedeli: Yes, and you should be hearing that. I'm glad to see this.

In your proposal, you spoke—now, I know we're in Thunder Bay, but you spoke a lot about northwestern Ontario. Is this \$12-million plan specifically in your proposal for northwestern Ontario?

Mr. Giovanni Iadeluca: Those are the mills that we're aware of that don't have the last-five-years history of harvesting. When we spoke to the MNR and reviewed the availability in terms of forestry, there were seven or eight forests where there hasn't been a five-year built history. So the funding is now being built on the past year average rather than a five-year average. There may be more outside of northwestern Ontario. For obvious reasons, we're interested in northwestern Ontario.

Mr. Victor Fedeli: So my question, basically—you've led into my question. Would there be the same requirement in northeastern Ontario, the Mattawas of the world, the areas closer to Timmins, as well? Would that have happened as well?

1130

Mr. Giovanni Iadeluca: If there's a new mill that is being opened or a mill that is being reopened, where there is not a five-year history—because there may be a mill that may have been shut down a year ago; so the average is still there. If there are mills where there is not a five-year history, the situation would be the same. We're not aware of any.

Mr. Victor Fedeli: How many mills did you say are in northwestern Ontario that have been shut down for more than five years?

Mr. Giovanni Iadeluca: In all, there are five, and two have reopened.

Mr. Victor Fedeli: Where are those two?

Mr. Giovanni Iadeluca: White River and Terrace Bay.

Mr. Victor Fedeli: Where's yours?

Mr. Giovanni Iadeluca: Terrace Bay.

Mr. Victor Fedeli: Obviously, it has been shut down for more than five years, then.

Mr. Giovanni Iadeluca: Yes. It had minimal harvesting in the year—four or five ago—and no harvesting in the last few years.

Mr. Victor Fedeli: Do you know the total stumpage fee in Ontario that's collected?

Mr. Giovanni Iadeluca: I do not.

Mr. Victor Fedeli: Okay. Thank you very much.

The Chair (Mr. Kevin Daniel Flynn): Doug, you've got about two minutes.

Mr. Douglas C. Holyday: I just had one question about the harvesting. When you do that, do you replant new trees?

Mr. Giovanni Iadeluca: Yes. Part of the stumpage fees is reforestation.

Mr. Douglas C. Holyday: Thank you.

The Chair (Mr. Kevin Daniel Flynn): Thank you for coming, Giovanni. It was appreciated.

Mr. Giovanni Iadeluca: Thank you.

THUNDER BAY HEALTH COALITION

The Chair (Mr. Kevin Daniel Flynn): Our next presentation this morning is from the Thunder Bay Health Coalition. Suzanne and Jules, please come forward and make yourselves comfortable. We have your presentation before us. Thank you very much for coming today. Like everybody else, you have 15 minutes. Use that any way you see fit. Any time for questions will come from the NDP this time.

Mr. Jules Tupker: Thank you. Good morning, everybody. Welcome to a normal day in Thunder Bay. Right, Bill?

Mr. Bill Mauro: I hope not.

Mr. Victor Fedeli: I just want to warn you, it's 34 below, where we're headed next.

The Chair (Mr. Kevin Daniel Flynn): Somebody told me this was summer.

Mr. Jules Tupker: My name is Jules Tupker, and with me today is Suzanne Pulice. We are the co-chairs of the Thunder Bay Health Coalition. The Thunder Bay Health Coalition is a public advocacy non-partisan organization made up of community groups, individuals and unions who are committed to maintaining and enhancing our publicly funded, publicly administered health care system. We work to honour and strengthen the principles of the Canada Health Act and medicare. The Thunder Bay Health Coalition is affiliated with the Ontario Health Coalition.

We'd like to begin our presentation by providing some figures on health care spending in this province. We believe that the members of this panel are aware of these statistics, but we feel that reminding you of them will be helpful because these statistics show that health care funding in Ontario lags behind most provinces in Canada.

We've included, in the back—the last three pages—the documents that were probably presented to you by the Ontario Health Coalition at an earlier presentation. Again, it's important stuff that we feel you should know, and, of course, the media is here, so we thought we'd also throw it in there.

Ontario ranks eighth out of 10 provinces in health care spending per person. Hospital spending per person in Ontario is last in the country.

Ontario's spending on health care in comparison to spending on all provincially funded programs is shrinking, not growing. Some people think that we're spending more money as a percentage of GDP; we are not.

Tax cuts since 1995 have removed roughly \$15 billion annually from Ontario's revenue stream.

Ontario has the lowest number of hospital beds per capita of any province in Canada and the highest level of hospital occupancy.

Again, as we said, we've got the charts in the back.

We believe that the figures we have shown here have resulted in a health care system in Ontario that is not functioning as it should, and we provide the following comments to show how health care in northwestern Ontario has suffered.

We thought we'd give you some more statistics on the North West LHIN and the difficulties that we face here in northwestern Ontario. Our LHIN:

- covers 47% of the land mass of Ontario, so it's a huge part of the province;

- has the lowest population;

- has the highest unemployment rate in Ontario; and

- has the highest percentage of aboriginal people.

Compared to the rest of the province, the North West LHIN has:

- a higher rate of non-urgent emergency department visits;

- a higher rate of chronic diseases, including diabetes, high blood pressure and arthritis/rheumatism;

- a higher percentage of mental health visits to emergency departments;

- a higher percentage of deaths;

- a high rate of suicide;

- a higher proportion of residents who smoke;

- a higher proportion of heavy drinkers;

- a higher percentage of residents who are overweight;

- a lower percentage of residents having contact with a medical doctor; and

- a lower life expectancy for men and women.

So you can see that we have some major problems in northwestern Ontario that aren't encountered in other parts of the province.

Some of the causes of these statistics include a lower socio-economic situation, poor lifestyle behaviours, poor health status and an aging population with an ever-increasing need for health care services.

In addition to the above noted problems, we have a shortage of skilled caregivers, a declining population, causing further diseconomies of scale and a declining local economy.

The above-noted figures have, for a number of years, resulted in many problems of the acute care health system in the Thunder Bay Regional Health Sciences Centre and lately in our long-term-care and home-care system.

Ms. Suzanne Pulice: The Thunder Bay Regional Health Sciences Centre here in Thunder Bay was built to serve as a hub for all of northwestern Ontario. Because it is the hub, it has, since its opening, experienced overcrowding of its emergency department, resulting in an almost continuous gridlock situation.

The reason for this situation is that there is a constant backlog of patients waiting in the hospital for alternative-level-of-care beds. Patients are in beds in corridors, alcoves and examining rooms. The hospital has gone so

far as to renovate lounges that were designed to provide a peaceful retreat for patients into patient rooms.

This overcrowding in the emergency department has resulted in an unsafe condition in regard to fire safety and has caused stress on the staff in that department. The overcrowding also resulted in very long waits and turnaround times for ambulances, as they had to wait to off-load patients because there were no beds available in the emergency department. We understand that this situation has been somewhat alleviated.

In reviewing the financial situation at Thunder Bay Regional, we have learned that the hospital was underfunded last year to the tune of approximately \$10 million. The province's policy of a 0% increase in funding has resulted in the hospital receiving \$5 million for the 2013-14 fiscal year, leaving a shortfall of \$5 million. Part of this shortfall was overcome by internal processes, such as fundraising and special grants. However, these did not eliminate a major portion of the shortfall.

Every year the hospital has capital costs to replace equipment and for building maintenance, and these costs amount to approximately \$5 million. Add to this the cost of maintaining long-term-care beds, which totals close to \$4 million, and a probable increase in staffing costs, negotiated wage increases in 2015, and the outlook for 2014-15 is not good. The hospital, in its November financial report, reported a deficit of \$1.4 million, and the December deficit will be \$2.4 million.

In addition to the problems we have raised above, the Ontario Health Coalition has raised a concern in regard to the government's plan to bring in new regulations that would see the expansion of private clinics called independent health facilities. The plan is to have these private clinics take over services that are currently provided in our community hospitals.

These changes will lead to the expansion of private clinics, to the detriment of public hospitals. Local hospital budgets would be cut because of services no longer being provided by the hospital. Funding cuts will lead to reductions in staffing. Private clinics are known to charge user fees, which would cause a problem for a large number of citizens struggling to make ends meet now. The equity and universality of health care provided for in the Canada Health Act would certainly be compromised by the introduction of more and larger independent health facilities.

In the 2012 budget, the government announced a plan to introduce user fees for seniors' drugs for the wealthiest 5% of Ontario's seniors. The 2013 budget will expand to capture higher-income seniors. These moves hardly reflect the meaning of universal health care that the Canada Health Act envisions.

A recommendation for acute care: The government should increase funding to hospitals to a level at least equal to the average funding provided to hospitals in other provinces. The government should place a moratorium on cuts to hospital services, the expansion of private clinics and expanded user fees for seniors' drugs.

Long-term care: Over the past year and a half, despite the severe overcrowding that was and is still being experienced at Thunder Bay Regional, the closure of the Thunder Bay Interim Long Term Care Centre and the closure of psycho-geriatric beds at the Lakehead Psychiatric Hospital were carried out. Unacceptably long wait times for long-term care in Thunder Bay have been the longest in the province, at times reaching close to 200 days, and the closures at Thunder Bay Interim and the LPH exacerbated the situation.

A new, massive long-term-care home supportive housing structure was to have been completed by 2013. However, this building, called the Centre of Excellence for Integrated Seniors' Services, will not be ready for another year at least and will provide few, if any, increases in the number of long-term beds available in Thunder Bay.

The closure of Thunder Bay Interim was, we feel, precipitated by the need for the government to reduce costs. This closure has resulted in the unnecessary disruption of vulnerable seniors' lives. The closure of Thunder Bay Interim saved the provincial government just under \$3.6 million.

The North West LHIN, in its November 26, 2012, background document, Keeping People Healthier at Home in the North West LHIN, reported receiving \$3.66 million in increased funding from the provincial government. We believe that this funding was not increased funding but merely a movement of funds from the long-term-care sector to the home care sector.

The Ontario Health Coalition has statistics that show that approximately 20,000 Ontarians are on waiting lists for placement into long-term-care facilities, and there are no plans by this government to increase the number of long-term-care beds available in the province. This is not a reasonable position for the government, particularly in the northwest, because of the higher number of seniors in this part of the province.

1140

The closure of mental health beds at the LPH will result in the downloading of patients who need higher levels of care into long-term-care facilities. Combining the increased care that psychiatric patients require with the increasing care required to look after long-term-care patients, who are entering the system at an older age and with more acute care needs, leads us to believe that funding should be provided to increase a minimum level of hands-on care to four hours per resident per day.

Our recommendation for long-term care is to increase the number of long-term-care beds available in the province and, in particular, in the North West LHIN, and increase funding to long-term care to ensure a minimum standard of four hours per resident per day of hands-on care.

Mr. Jules Tupker: For home care, the idea of having people stay in their home rather than moving into long-term care is a wonderful idea that we don't believe anyone can find fault with. However, implementing such a program will cost money. The government's 4% increase

in funding to the home care program will not come close to meeting the requirements necessary to provide the services needed.

The current state of home care leaves us with a number of concerns. Our coalition has been told that hundreds of visits to home care clients are missed daily in the northwest. These missed visits leave clients in precarious and possibly life-threatening situations because of drugs not being taken and meals not being eaten. The lack of regulations for home care workers has resulted in a workforce that may not provide the safest environment for clients. An enhanced home care program will need a massive injection of money to provide equipment and supplies sufficient to provide the services that people need to stay in their home. Funding to homeowners to renovate or adapt their homes to enable them to stay at home will also be needed. A compensating package for home care staff to provide pay scales equitable to long-term-care workers in order to keep home care workers must also be looked at and will cost more money.

Our recommendation for home care: The province needs to review its home care policy with a view to creating a system equitable to long-term care in services, wages and funding. Funding for home care should not be taken away from hospital budgets.

Mental health and addiction services in the northwest are grossly underfunded. When is the last time you have heard of dedicated money being allocated to adult mental health and addiction services in our region? Some money is being given to children's mental health, and deservedly so, but money for desperately needed services is slow to arrive.

There have been reports in the media about the new community homes and the new responsive behaviour units opening, but what is not well reported is the number of beds that were closed and lost to achieve these so-called gains. In Thunder Bay and surrounding areas, mental health service providers are currently operating on a restructuring plan that was set forth in 1996 by the mental health restructuring commission. Because of that restructuring plan, our region has lost numerous specialized in-patient units, including dual diagnosis beds, dementia care beds and crisis beds.

With the lack of funding and the backlog of mental health services, people in need are being told, "You're not quite sick enough. Here is the number of the crisis hotline. Go home." If a patient does meet the threshold of being sick enough, then she/he will be placed in an emergency room hallway and may wait for days hoping that a bed will become available. The lack of funding in our region has led to a gridlock situation in mental health similar to the dilemma our hospital finds itself in on a regular basis. It appears to workers in the mental health field that what underfunded money is coming to the region is not being directed to the appropriate areas to provide the best services.

Our recommendation for mental health is to increase funding for all mental health programs and confirm that

the funds are put to the best use possible to ensure proper treatment and care is provided for all citizens.

Ms. Suzanne Pulice: Our conclusions and recommendations:

(1) Health care spending in Ontario is and has been shrinking as a percentage of the Ontario budget over the past few years, according to the Ministry of Finance budget reviews. This decrease in health care funding has to stop and has to be reversed in the upcoming budget.

(2) The Ontario Health Coalition reported that since 1995, the province of Ontario has led the country in corporate and personal income tax cuts that have benefited primarily the wealthiest individuals and corporations. Ontario ranks among the lowest corporate tax jurisdictions in North America and continues to propose corporate tax cuts even though those corporations have failed to invest the tax savings back into Ontario. According to economist Hugh Mackenzie, \$15 billion is being lost in corporate taxes each year. Tax loopholes for corporations should be closed and taxes to corporations should be increased to provide revenue for public services like health care.

(3) Poverty in Ontario is growing, particularly among children. Childhood poverty tends to lead to poorer health in adulthood. There is a myriad of information available explaining the link between poverty and poor health. To keep health care costs down, the government must make eliminating poverty a key objective. Reducing poverty rates will reduce health care costs in the future. The province must provide adequate funding for inclusive community supports for people struggling with poverty, such as mental and physical health care and social housing. Thank you.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Suzanne. Thank you, Jules. There's probably time for one quick question and answer. Sarah?

Ms. Sarah Campbell: Thank you. First of all, I want to thank you very much for your comprehensive presentation. I can say that I am hearing a lot of what you have raised here in my constituency offices in the riding of Kenora-Rainy River. I know we're outside of Thunder Bay, but we're hearing all these things with access to the emergency room and all the waits, as well as mental health and a number of other things.

I have some questions about home care. As I'm sure you're aware, one of the things that we were able to negotiate in the 2013 budget is an increase in the amount of spending in the area of home care. We had asked for about \$30 million to clear up the wait-list, and to provide a five-day home care guarantee. The Liberals weren't able or prepared to go that far, but they did commit to \$260 million, I believe. I'm wondering if you are seeing any of that money in the community. Or is that what you were alluding to when you mentioned that there was \$3.66 million in increased funding from the provincial government, but you think that was money that was transferred from the long-term-care sector to the home care sector?

The Chair (Mr. Kevin Daniel Flynn): It will be a really short answer, guys.

Mr. Jules Tupker: No, we haven't seen an improvement in home care. It is a huge problem and, again, it's something that we should follow up on, because it's an important area that we think health care should be going. But, again, it's going to cost a lot of money.

The concern that we also have is that definitely with the closure of TBI, we feel that that closure freed up \$3.6 million and that all of a sudden they had \$3.6 million. So that was not an increased gain, and that's a real concern.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much for coming today. It was appreciated.

Mr. Jules Tupker: Thank you.

WESWAY

The Chair (Mr. Kevin Daniel Flynn): Our final presentation of the morning is from Wesway. Is Carol with us? Have a seat, Carol. Make yourself comfortable.

Ms. Carol Neff: Thank you.

The Chair (Mr. Kevin Daniel Flynn): You're our final presenter before we go to North Bay. So you get 15 minutes, like everybody else. Use that any way you see fit. If there's any time left over, it will go to the government side this time.

Ms. Carol Neff: I can see that I'm the person who's standing between you folks and lunch.

The Chair (Mr. Kevin Daniel Flynn): I didn't want to say that because I know that's a lot of pressure.

Ms. Carol Neff: That's quite all right. So thank you very much for this opportunity, and welcome to the great white north. I'm going to stick to the text in front of you because I want to make sure I cover all of the points and allow some time for questions.

Wesway is part of the Ontario Community Support Association, a network of agencies providing home and community support services to over one million Ontarians per year. We are conscious of the government's health care objectives to deliver high-quality health care services and to help prevent people from getting sick or requiring more acute care. These are also the objectives of the home and community sector.

Wesway is a local non-profit organization which provides a flexible range of community-based respite care services for families who care for a family member with a disability or chronic health condition at home. We serve families in the city of Thunder Bay and in communities across northwestern Ontario, from the Manitoba border in the west to Manitowadge in the east.

The ongoing responsibilities of caring for a family member at home can cause changes in the health status of family caregivers. They frequently report high stress levels, exhaustion, depression, interpersonal conflict, loss of sleep and social isolation. These family caregivers need to take a break from time to time. Many of them are elderly and are experiencing their own health challenges. Respite is a crucial support for families, and enables them to continue their role as caregivers. Our health care

system and developmental services system would collapse if these family caregivers didn't make that sacrifice.

Wesway understands the difficult economic climate. We also appreciate the resulting impact on the provincial budget and the unique challenges the government now faces. And, as a not-for-profit charitable organization, we certainly understand restraint.

However, we also see community need and public policy opportunity. All of us are familiar with the dual challenges posed by demographic shifts and health trends, namely an aging population and a growing prevalence of chronic conditions and various disabilities.

We welcomed the Ontario government's funding increases to the home and community support sector in last year's budget. We strongly encourage the government to continue with these strategic investments. Such investments help to reduce hospital admissions or readmissions.

1150

Here is an example of a success story that we've experienced first-hand: Under the Aging at Home Strategy, Wesway was able to launch pilot projects to provide respite services for seniors living in communities throughout the districts of Thunder Bay, Kenora and Rainy River. We tested innovative service-delivery concepts, building on the unique strengths and needs of each family in their home community. Our intent is to avert caregiver exhaustion and prevent burnout, which will ultimately help reduce unnecessary visits to the emergency department and reduce ALC pressures in hospitals. Our results have been incredibly positive, and I'm happy to say that these services are now ongoing.

Here are the words from one family caregiver: "I was caring for my husband 24 hours a day, and I wasn't getting any sleep. I was absolutely exhausted. I was at the end of my rope, but with Wesway's help I was able to get someone to stay with him at night. It was such a blessing. I was able to look after him during the day, because I was getting adequate sleep at night. I'm so glad I was able to keep him at home during his final days. It's where he wanted to be."

Wesway applauds initiatives which give rise to success stories like this. However, we don't succeed by standing still, and there's much more to be done. Please, enhance the results that community supports can deliver by making strategic investments in the following areas.

The first area I wanted to point out was the recommendations contained in Living Longer, Living Well. Dr. Samir Sinha's report is exhaustive in its analysis of seniors' care, and provides key recommendations to inform Ontario's Seniors Strategy. This report is a persuasive argument in favour of transforming our health care system into one that focuses on community care and the crucial role played by family caregivers. Many of the issues covered in the report are complex and require careful implementation.

More services in the home and community for seniors and people with disabilities are a compassionate, practical, cost-effective solution to our health care challenges.

Investments in the community free up hospital beds and unclog emergency waiting rooms. They shorten wait-lists for long-term care and decrease long-stay hospitalizations. They reduce the demand for chronic care beds. Costs are lower when care is provided in the community.

The second point is people with Alzheimer disease and related dementias. The Behavioural Supports Ontario strategy clearly enhanced certain targeted services for individuals with Alzheimer disease and related dementias, especially in the area of training. However, there is a lengthy waiting list for respite services for this growing population. Often individuals die or are placed in long-term-care homes before we are able to provide respite. In general, families are reluctant to ask for help. By the time they actually make a referral to an organization like ours, they are often desperate. It's simply wrong to place them on a waiting list for a service like respite when the purpose of such a service is to prevent caregiver burnout. Respite services should be available to families when they need them.

Adults with physical disabilities: The successes of the Aging at Home Strategy for us in our area were designed to enhance care for seniors and the investments made in our area, and they were very productive. However, that strategy clearly did not address the needs of adults under the age of 65 who have physical disabilities, chronic illnesses or acquired brain injuries. The waiting lists in this area are extremely long, and the need is urgent.

Adults with developmental disabilities: Again, we applaud the efforts being made to transform the developmental services system and the new investments that were made in 2013. We must still highlight the fact that the situation continues to be very grave for family caregivers who are caring for adult children with a developmental disability. When children reach the age of 18, there's a terrible bottleneck in the adult service system. The waiting lists are staggering. Some parents are forced to give up their jobs in order to care for their adult children at home, and as parents age and encounter health difficulties of their own, they need even more support to continue this vital life journey. Respite care services have a critical role to play in sustaining the strength of these families.

My last point is infrastructure funding: Despite increases in the last two Ontario budgets, agencies are still behind on maintaining the necessary infrastructure, because budgets were previously frozen for several years. Agencies like ours are struggling to pay current costs for infrastructure integral to the sector with 2007 dollars—and I'm referring to things like wages, rent, electricity, gasoline, supplies and those kinds of things. The inflation rate, not compounded, has increased 11% over this time, representing a serious shortfall in necessary revenue.

An ongoing concern is the shortage of home and community health workers. One of the reasons for the difficulty in recruiting and retaining workers is the disparity in compensation and working conditions between the community health sector and the institutional health sector. In the absence of base funding increases, it's vir-

tually impossible to manage wage increases for workers without threatening client service volumes and the people we serve. To meet current and future demand for home and community support services, we must ensure there is sufficient funding flexibility available to attract and retain qualified workers.

Public investments in home and community care make strong social and economic sense. Ontarians want to remain in their own homes and in their communities for as long as possible, close to family, friends and familiar surroundings. We encourage government and policy-makers to think strategically. Investing in home and community support services now will save government funding in the long term and help ensure the future sustainability of our health care system.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Carol, for the presentation. Thank you for what you do.

We have questions from Donna first—about five minutes.

Mrs. Donna H. Cansfield: I'd like to echo what Kevin has said. First of all, a very special thank you for what you do every day making a difference in the lives of a lot of people who need your support across Ontario, in the northwest—actually in the northeast, as well. It's amazing.

Are you funded through the local integrated health network and the CCACs, or is it a combination of private funding? Where do you get your funding from?

Ms. Carol Neff: For all of our health-related services, which cover adults with physical disabilities and seniors, we're covered through the North West LHIN. For the children we serve, it's through the Ministry of Children and Youth Services. For the adults with developmental disabilities, it's the Ministry of Community and Social Services.

Mrs. Donna H. Cansfield: So it's a combination of different—

Ms. Carol Neff: It's basically two large systems, yes.

Mrs. Donna H. Cansfield: In the work that you were doing—again, I applaud the work—helping folks in the home, was most of it to do with acute-care-bed release for seniors, or was it just straight respite or a combination of both?

Ms. Carol Neff: The work we do is respite, and what we offer is a flexible range. We feel that family caregivers are the experts in the care of their family member and it's not up to us to prescribe respite. It's up to them to identify their need and for us to be creative enough to make things work for them in their own particular situation. We have volunteers, we have paid staff, we have respite home services where people can come and stay with us. We've got quite an array of services in order to be flexible.

Mrs. Donna H. Cansfield: I know that Bill and I share the same concern around the demographics and the aging population and the issue of isolation in the north as a whole. It's very difficult just by virtue of expanse. For me, it's a standard of care. That's one of the things that I would like to see, because I do not believe there is a def-

inition of standard of care amongst the LHINs or the CCACs in terms of—even if it was just a minimum base and then you can grow from that, but there has to be a standard of care provision, especially in the aging demographics as we reach out to 2020.

I'll look at Alzheimer's on its own. Someone asked earlier about volunteers. I think families, primarily between the age of 45 and 65—it's 82,000 hours that they provide in care; that's something the health care system does not. But as they age and the demographics increase, you cannot continue to rely on that. You have to have the support mechanisms put in place.

I would be really interested in having a conversation, maybe not here but in the future, maybe through Bill, on that projection of your demographics and how you see and where you see those challenges so that once they're identified they can be addressed.

Ms. Carol Neff: Your point about people are aging and the family caregivers are aging—what we're seeing is that lots of times people are using their hours of respite to take care of their own health needs. They're getting respite to care for their family member while they go to their own therapy, or they sometimes have to have some surgery and they need someone to care for their family member. But they're very committed to keeping their family member at home, which is where they want to be. So respite isn't always about taking a vacation or doing something fun. Sometimes what we're doing is really keeping two people out of the health care system—both the caregiver as well as the care recipient.

Mrs. Donna H. Cansfield: I think that's one statistic that we have not collected, and that's the impact on the individuals providing respite on their own health, and then that impact on the health care system, that intervention.

Anecdotally, in my own family, the individual caring for someone with Alzheimer's ended up with a heart attack, anxiety and diabetes. Those things cost the health care system on an ongoing basis, so it really would be interesting to look at the provision of service to eliminate that cost as well as to provide respite for the individuals.

Ms. Carol Neff: I think the key is to get upstream. We keep flying by the seat of our pants and making investments downstream. We have to be more preventive in

our thinking, and that's why a waiting list for respite really makes no sense whatsoever, because it is an upstream kind of support.

Mrs. Donna H. Cansfield: I think that was identified, actually, by one of my colleagues. Early intervention, changing our model from a medical model to a prevention model and changing the thinking between these six inches so that we can, in fact make a difference if we get in early: Yes, there's a little bit of an upfront cost to that, but with good training and intervention, we can prevent those heavy-duty costs at the end. Again, I would welcome your thoughts on that.

Ms. Carol Neff: Yes. I guess I want to hearken back to what you were saying about quality, too. We've recently been able to provide some additional respite home service, thanks to an investment that is going to help to alleviate some of the pressures on the system, redirecting respite beds from a long-term-care facility and providing that support in the community.

I can tell you a little anecdote if I've got a few moments to do that. One of the people we were caring for was an elderly lady, about 96 years old or so, and this was a lady who for all her life had been making perogies and selling perogies. What we were able to do at our respite home, because we serve very few people at a time—it's a small group and it's very personalized—is have the staff work with this lady to make perogies.

Mrs. Donna H. Cansfield: Oh, wonderful.

Ms. Carol Neff: She was absolutely thrilled. She wasn't able to physically do it, but she was giving direction to the staff, and we had perogies in our freezer at our respite home for the other participants.

The Chair (Mr. Kevin Daniel Flynn): Thank you for coming, Carol. That's a great way to end—on perogies—because it's lunchtime. So thank you very much for coming. It's appreciated.

Ms. Carol Neff: Thanks.

The Chair (Mr. Kevin Daniel Flynn): Those members who have not checked out of their rooms obviously should. Lunch will be served in the Icelandic Room before the flight to North Bay. All members are expected to be in the lobby at 1:15 for their cabs to the airport. We're adjourned to North Bay.

The committee adjourned at 1202.

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CONTENTS

Tuesday 21 January 2014

Pre-budget consultations	F-711
Ontario Nurses' Association	F-711
Ms. Colleen Morrow	
Thunder Bay and District Injured Workers Support Group	F-713
Mr. Steve Mantis	
Mr. Eugene Lefrancois	
Thunder Bay and District Labour Council	F-715
Mr. Carlos Santander-Maturana	
Alzheimer Society of Thunder Bay	F-718
Ms. Alison Denton	
Northwestern Ontario Associated Chambers of Commerce	F-720
Mr. Michael Nitz	
Thunder Bay Chamber of Commerce	F-722
Ms. Charla Robinson	
ODSP Action Coalition	F-725
Ms. Ruth Westcott	
Poverty Free Thunder Bay	F-727
Ms. Terri-Lynne Carter	
Ms. Sara Williamson	
Northwestern Ontario Municipal Association	F-729
Mr. Iain Angus	
AV Terrace Bay Inc.	F-732
Mr. Giovanni Iadeluca	
Thunder Bay Health Coalition	F-734
Mr. Jules Tupker	
Ms. Suzanne Pulice	
Wesway	F-737
Ms. Carol Neff	