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**TO: Board of Health for the City of Ottawa Health Unit**

**DESTINATAIRE : Conseil de santé de la circonscription sanitaire de la ville d'Ottawa**

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**FILE NUMBER: ACS2017-OPH-CP-0001-IPD**

**SUBJECT: PUBLIC HEALTH SUPPORT TO BASIC INCOME GUARANTEE: UPDATE**

**OBJET : APPUI DE LA SANTÉ PUBLIQUE À LA GARANTIE DE REVENU DE BASE :  
MISE À JOUR**

**PURPOSE**

To provide the Board of Health with an update on Ottawa Public Health's (OPH) response to the consultation launched by the Ministry of Community and Social Services on a Basic Income Guarantee (BIG).

## BACKGROUND

On November 3, 2016, the Ministry of Community and Social Services (MCSS) launched a public consultation on a BIG pilot that would replace Ontario Works (OW) and Ontario Disability Support Program (ODSP) in Ontario. The consultation process includes online surveys for both members of the public and those working in the field, a series of in-person meetings across the Province from November 22, 2016 to January 31, 2017, and an invitation to submit ideas via e-mail. The consultation period is scheduled to close on January 31, 2017.

Basic Income Guarantee aligns with the [Health Equity Report and framework](#) that was approved by the Board of Health on November 3, 2016. There is widespread support for BIG within the health sector as a way to address health inequities and improve health outcomes. Health sector supporters include association of local Public Health agencies (aPHa-Ontario Public Health Association (OPHA), Canadian Medical Association (CMA), Canadian Public Health Association (CPHA), and the Ontario Society of Nutrition Professionals in Public Health.

Not tied to labour market participation, BIG is a cash transfer from government to residents that provides an income level sufficient to meet basic needs and live with dignity (aPHa-OPHA Backgrounder, 2015). The renewed interest in BIG corresponds with a dramatic restructuring of world economies, increased automation and precarious employment and the need to review current social assistance models (Mowat Centre, 2016; and <http://www.cbc.ca/news/business/basic-income-interest-1.3479079>).

Existing forms of guaranteed income in Canada have proven successful, including the Old Age Security (OAS) and Guaranteed Income Supplement (GIS) programs for seniors and the Canadian Child's Tax Benefit (CCTB) (aPHa-OPHA Ibid, 2015). The first two have resulted in one of the lowest rates of senior poverty in the world while the latter has improved outcomes for children in terms of math and reading skills as well as mental and physical health (aPHa-OPHA citing Milligan and Stabile, 2011). Likewise, a retrospective study of the 1970's Mincome experiment in Dauphin, Manitoba, demonstrated positive health outcomes, including: decreased hospitalization rates, fewer incidents of work-related injuries, fewer visits to ER from motor vehicle accidents and domestic violence, and reduced rates of psychiatric hospitalizations and number of consultations with mental health professionals (aPHa-OPHA Ibid, 2015).

## **OPH INVOLVEMENT TO DATE**

A Guaranteed Annual Income has been suggested by OPH in the past as a concrete way to address food insecurity and reduce poverty. In June 2016, OPH recommended that representatives to the alPHa conference vote YEA on a proposed resolution “Public Health Support for Basic Income Guarantee.” OPH will not be making a stand-alone submission in response to this public consultation process. However, in recent months, OPH has continued to support BIG through:

- A Health Equity Report submitted to the BOH, including an SDOH Report on the relationship between socioeconomic disadvantage and health outcomes.

Involvement in the alPHa-OPHA response to the MCSS consultation on behalf of Public Health Agencies.

- Involvement in a provincial response to the MCSS BIG pilot consultation from the Ontario Society of Nutrition Professionals in Public Health.
- Involvement in local discussions with Group Ottawa for Basic Income Guarantee (GO4BIG) and the Coalition of Community Health and Resource Centres (CCHRC) around the MCSS BIG pilot consultation.
- Ongoing contact and consultation with the City’s Community and Social Services Department on issues pertaining to basic income and the MCSS pilot consultation.
- Participation in the MCSS-led BIG pilot consultation in Ottawa on January 24, 2017

## **DISCUSSION**

BIG is a complex issue, with vocal support and opposition from across the political spectrum. While there is evidence of the positive impacts of BIG on social and economic determinants of health and health outcomes, critical concerns regarding differing implementation models exist (alPHa-OPHA submission, 2017). In alignment with alPHa-OPHA, as well as CCHRC and community partners’ feedback and based on solid evidence of the link between income and health, OPH supports, among others, the following key recommendations for the BIG pilot:

- Monitor key health and social determinants of health (SDOH) outcomes during the BIG pilot.

- Apply rigorous public health research methods, including adequate sample size, selection of sites and participants that reflect the diversity of Ontario, and adequate pilot length to measure health and social outcomes. The choice of pilot site(s) should ensure generalizability of findings to the intended groups while maximizing efficiencies.
- Apply an Ethics Framework to the pilot design, including the highest standards of research ethics and privacy, thorough review by an independent Research Ethics Board and a principle-based approach that ensures health and social equity throughout implementation.
- Include all individuals whose income falls below the pre-determined threshold, namely: social assistance recipients, the working poor (and those over-represented as precarious workers), youth transitioning from school to the labour market, and 16-17 year old youth living independently from a parent or guardian. The age range for the pilot should be 16-64 years old.
- Safeguard key social benefits and services/programs including some that are currently offered through OW and ODSP such as medical and dental coverage, employment and housing assistance and discretionary benefits.
- Conceive the BIG pilot as part of a comprehensive approach that includes progress on other policies and programs (e.g. affordable high-quality childcare, affordable housing, expanded health benefits, and labour law reform) and an immediate increase of social assistance rates to meet basic needs.
- Develop, as needed, policies to control potential rises in housing/rental or staple food prices as a result of local increased revenues.
- Commitment to long-term sustainability of the initiative at the federal, provincial and municipal levels. Consideration should be given to legislation seeking to ensure the complete implementation of the pilot, along with full analysis and reporting, regardless of economic or political circumstances.
- As part of a broader system transformation, rethink frontline staff's role as "system navigators" to support access to key benefits and services.
- Develop robust community engagement and Knowledge Translation (KT) strategies to raise awareness about this shift in social policy and ensure that the public is well informed and engaged throughout the BIG pilot.

## **NEXT STEPS**

Ongoing OPH involvement in BIG is anticipated through:

- Continued alignment with local stakeholders and the aPHa-OPHA for a response and follow up to the MCSS consultation.
- Ongoing involvement in local and provincial BIG discussion forums, particularly in relation to health and social determinants of health outcomes.

### ***'Original signed by'***

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## **SUPPORTING DOCUMENTATION**

Appendix 1 - aPHa-OPHA submission, 2017