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Tuesday 25 January 2011

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Mardi 25 janvier 2011

**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

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

Consultations prébudgétaires

Chair: Pat Hoy
Clerk: Sylwia Przedziecki

Président : Pat Hoy
Greffière : Sylwia Przedziecki

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LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS

Tuesday 25 January 2011

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES FINANCES
ET DES AFFAIRES ÉCONOMIQUES

Mardi 25 janvier 2011

The committee met at 0901 in the Holiday Inn and Suites, Windsor.

PRE-BUDGET CONSULTATIONS

The Chair (Mr. Pat Hoy): The Standing Committee on Finance and Economic Affairs will now come to order. We're pleased to be in Windsor today to hear from all of you.

WORKFORCE WINDSOR-ESSEX

The Chair (Mr. Pat Hoy): Our first presentation of the morning will come from Workforce WindsorEssex. Would you come forward, please? Good morning. You have 10 minutes for your presentation. There could be up to five minutes of questioning, coming from the official opposition in this round. If you'd just state your names before you begin for our recording Hansard, and then you can start.

Ms. Shelley Fellows: Thank you. Good morning. My name is Shelley Fellows. I'm the president of the board of Workforce WindsorEssex, and I will be speaking on behalf of Workforce WindsorEssex this morning.

Ms. Donna Marentette: I'm Donna Marentette, executive director. It's certainly a pleasure to see you in the chair, Mr. Hoy.

The Chair (Mr. Pat Hoy): Go ahead.

Ms. Shelley Fellows: I have to first start with a brief apology. I do have one of those colds that is going around with everyone and my voice is not quite as strong as typical. I'm glad we have microphones this morning. Anyway, please, no one shake my hand or come within about a 10-foot circle of me.

Members of the committee, Workforce WindsorEssex is appearing before you today to ask you to ensure that jobs for Ontarians will be the highest priority in the forthcoming provincial budget. Workforce WindsorEssex is one of 25 local boards in Ontario with a mandate to ensure that the workforce of today gets the education and training needed to take the jobs of today and tomorrow. Our independent, community-based, non-profit board was created in October 2008 as a result of significant foundation work by the city of Windsor, the county of Essex, the WindsorEssex Economic Development Corp. and the province of Ontario.

The board members are community leaders with a strategic outlook on the Windsor-Essex community as a whole, in addition to ties to key sectors in business, labour, health, social welfare, newcomers and education. The board's mandate is to plan, facilitate and advocate for regional workforce development, defined as the development, retention and recruitment of a wide range of skilled workers to meet the current and future economic and social development needs of Windsor-Essex. The board wants to identify where the jobs of the future will be coming from and to ensure that the Windsor-Essex workforce will meet these demands, as well as act as a catalyst in attracting new industries and businesses to the region.

No doubt you are well aware that the Windsor-Essex region has suffered with the highest unemployment level of any region in Canada for the past many months. The good news is that over the past 19 months, our unemployment rate has declined from a high in July 2009 of 16% to the January 2011 rate of 10.8%. The bad news is that this decline can be attributed in part to people who have given up looking for a job or even left the area. In fact, since 2007, Windsor-Essex has experienced a net out-migration of more than 7,800 individuals, more than 5,000 of whom are in the key 25 to 44 age range.

This situation is even bleaker for our young people. Youth aged 15 to 24 years are currently experiencing an unemployment rate of 19.3%. Yes, thankfully, the rate has come down since hitting a peak of almost 30% in September 2009. Still, almost 20% of our young people who want to work can't find work. We're talking about almost 11,000 young people who would be working if they could get jobs. As you can imagine, the reality is that they are in competition with their own parents, aunts, uncles and others in the group displaced from the manufacturing sector, which is our biggest economic sector in this region, who are willing to take any job in order to support their families.

With funding support from the Ministry of Training, Colleges and Universities, Workforce WindsorEssex has been working hard with our partners to address this situation. We have created an occupational handbook to assist our local workforce to find employment building the new Windsor-Essex Parkway. We have asked MTCU for changes to the Second Career eligibility requirements to enable more local people to access this excellent

program, which we hope will continue to receive a significant level of funding.

We have encouraged the Ontario Ministry of Community and Social Services to provide more employment dollars to our social services municipal service manager for employment services for folks who have had to accept Ontario Works income support.

We are planning a conference for young people to help them make good choices toward careers in the knowledge economy since the pathways previous generations of Windsorites followed into the auto plants will no longer be open to them, with the exception of Chrysler Canada.

We are working with WindsorEssex Economic Development Corp. to bring jobs to the region, telling prospective employers about the skills that we have here just waiting to be put to use. We are working with Pathway to Potential, the Windsor-Essex poverty reduction round table, to ensure that flexible pathways are in place so that all members of our society can progress with suitable training and support toward participation in the labour market.

Some of the job creation and training programs we support are, among others, the Ontario Job Creation Partnerships, the Ontario self-employment benefit, the Targeted Initiative for Older Workers, the Ontario internship program, Summer Company, the summer jobs service, summer jobs for youth, Passport to Prosperity and the literacy and basic skills program.

We are looking ahead with anticipation to a provincial budget that will include provisions for job creation in the private and public sectors, jobs for youth and displaced workers and continued support for the education and training programs that will continue to lift Ontario out of recessionary times and put us back into the haves column of provinces.

The Local Boards Network was launched in 1994 in Ontario and, as part of Workforce Planning Ontario, we look forward to continuing our mandate to connect stakeholders within the labour market.

There are copies of this in front of you, including some of the statistics. We have a chart specifically outlining the statistics behind the youth employment situation and some information on Workforce WindsorEssex as well.

The Chair (Mr. Pat Hoy): Okay. Thank you very much. The questioning will go to the official opposition; Mr. Miller.

Mr. Norm Miller: Thank you. Good morning and thank you for your presentation. One of the government members asked me to ask if you got the flu shot.

Ms. Shelley Fellows: Actually, I did not this year.

Mr. Norm Miller: Neither have I.

Some of the statistics you show are a little discouraging, particularly the youth unemployment numbers. You're saying the current youth unemployment rate is 19.3%.

One of the presenters yesterday was a literacy group and they were looking for more funding for literacy, and

I think the stat they used was that 40% of the population doesn't have the necessary skills and the literacy to be able to use their skills in the workforce. Is that the situation here in the Windsor area as well?

0910

Ms. Shelley Fellows: Well, in terms of the research that was done, Donna, perhaps you could—

Ms. Donna Marentette: I don't have statistics off the top, but it's quite a serious situation. In fact, many of the people who are displaced from the auto industry and from manufacturing in general don't have a grade 12. They lack literacy and numeracy skills. When some of those folks went into a college Second Career program, the college had to create special courses for them just to bring them up to a level where they could tackle college-level courses, since literacy and numeracy had been so unused in their manufacturing jobs on the job. This is really a serious concern.

One of the areas we'd like to press forward to in the next year is looking at workplace literacy. I know the federal government has provided some funding for that. Literacy is definitely a serious concern and not an area to cut.

Mr. Norm Miller: With the youth unemployment rate, there have been a number of increases over the last couple of years in the minimum wage. Do you have any statistics on whether that is negatively affecting that youth unemployment rate?

Ms. Donna Marentette: I would have to say we don't have any statistics, but—I don't know. Shelley could speak to it in terms of whether people in the private sector are not creating jobs due to the minimum wage.

Ms. Shelley Fellows: That would actually be an interesting project, perhaps not on a local level, but to do on a provincial level, to examine the impact of that on employment.

I have a teenager who is about to embark on her post-secondary education. While she has been fortunate enough to find a part-time job with a small business locally, I do know that that particular business person has reduced the number—this person tends to hire youth; it's a pizza shop—to deliver his products and services. He has reduced the number of employees that he typically holds. I would imagine that had an impact on him.

Mr. Norm Miller: Obviously, the auto industry has historically been a very significant business and job creator in the Windsor area. What do you see for the future in the auto sector? Is there anything specifically the government should be doing?

Ms. Shelley Fellows: I also am on the board of directors of the WindsorEssex Economic Development Corp. One of the initiatives that the development corporation has been very focused on is, of course, diversification in manufacturing for our region, knowing that our workforce has strong competencies in a number of areas that were refined—building automotive components—but can relatively easily be transferred to other types of manufacturing: aerospace and green energy, for example.

One thing that is important, though, is that if there are skills that are required in order to bring that workforce to the capability level that is required by the other manufacturing sectors, it's important to make those training dollars available to our population. That is something that's very important. That supports, certainly, Ontario's competitiveness in terms of attracting that manufacturing to our province as well.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

WINDSOR ESSEX HEALTH COALITION

The Chair (Mr. Pat Hoy): Now I call on the Windsor Essex Health Coalition to come forward, please.

Good morning. You have 10 minutes for your presentation. There could be up to five minutes of questioning coming from the NDP in this round. If you'd state your names for our recording Hansard, you can begin.

Ms. Katha Fortier: Good morning. My name is Katha Fortier. I'm the co-chair of the coalition.

Ms. Isabell Taylor: I'm Isabell Taylor and I'm trustee of the coalition.

Ms. Katha Fortier: We welcome the opportunity to attend before what we hope will be an open and full debate about the future direction of our provincial economy and health care in Ontario.

The Windsor Essex Health Coalition is affiliated with the Ontario Health Coalition but is in every sense a local group, attracting members from not only Windsor but surrounding areas like Leamington and Amherstburg. We share common goals that go beyond ensuring that the Canada Health Act is maintained. Undoubtedly, we are among the 83% of Ontarians who give unqualified endorsement for our universal health care, but at the same time consider ourselves watchdogs of our most valued social program and actively seek its expansion to areas like long-term care, home care and pharmacare.

Our members meet monthly, and we hold an annual general meeting that attracts 200 people. Additionally, we facilitate and participate in activities in our communities that bring attention to health care problems, and work to bring about improvements.

The fiscal debate: Undoubtedly, Ontario is struggling to recover from a devastating recession. Yet, despite this, Canadians continue to overwhelmingly put health care on the front burner as a top issue. Polling shows that health care surpassed jobs and the economy as the top issue in two of three 2010 Nanos polls. The reality is that when times are tough, people rely on the health care system more than ever for a myriad of reasons, and this is glaringly apparent in Windsor and the surrounding areas.

We applaud the tough decision of Health Minister Deb Matthews last year to significantly reduce the cost of generic drugs, recognizing millions of dollars of savings, but these cost savings should be funnelled back into our health care system. Increased spending on drug costs over the last 25 years has correlated with decreases to

hospital spending, and we must at least partially restore the balance.

Public uproar at the implementation of a blended HST would have been lessened had Ontarians been assured that at least some of those funds were used for health care.

Certainly, our organization questions the sense of corporate tax cuts when there appears to be no correlation between these tax cuts generating enough tax revenue through new job creation to make up for the \$2.4 billion in lost revenue to the province. Cutting the deficit won't create good jobs, but creating good jobs will reduce the deficit.

Ms. Isabell Taylor: While there are many good things about health care in our area, a 10-minute presentation only allows for focus on what needs to be improved. What appears to be an ever-growing shortage in hospital and long-term-care beds does not appear to be getting better and adversely affects care at all levels. The closure of 20% of the bed capacity at Leamington hospital last year has effects across the region, and in fact, Dr. Enrique Guerra, chief of medicine at Leamington hospital, spoke about the detrimental effects on patient care because of this decision at our AGM in February 2010.

As well, the closure of Malden Park, a long-term-care facility operated by Windsor Regional Hospital, is cause for concern. In 2007, when we were promised an additional 448 beds for this area, no one mentioned that we would lose 156 publicly funded and administered long-term-care beds. Worse still, the completion of 256 of those beds at the former Grace Hospital site has been delayed beyond what anyone would consider reasonable, and the site continues to be nothing more than a horrible eyesore.

Ultimately, hospital cuts can be traced to underfunding—well below the rate of inflation for the last three years—the LHINs and the Ministry of Health and Long-Term Care.

Because of the shortage of long-term-care beds, residents often end up in retirement homes that are not regulated to provide nursing care and can cost individuals thousands of dollars every month, with no subsidy from the government. In this industry, you get what you pay for. Sixty-five residents continue to live in a perpetual state of uncertainty at La Chaumiere retirement home in Puce. The owner rarely pays his bills on time, groceries are often scarce and the employees' pay is weeks behind. The residents stay because they have nowhere else to go. The workers stay because they care about the residents. The new Retirement Homes Act does nothing to protect either of them.

Worse still, our long-term-care beds, the vast majority of which are now operated by for-profit corporations, lack adequate care standards to provide for heavier-care residents moved out of mental facilities and hospitals. Operated mostly by for-profit operators, they still have little accountability to provide adequate staff. While a compliance officer can ask the nurse responsible for the

care of residents if there are enough staff working to provide adequate care, there is absolutely no recourse if the answer is no. Patients who move out of hospitals face inadequate and rationed home care.

0920

Respite care for full-time caregivers is almost non-existent, and yet home caregiver agencies are busy providing care in retirement homes across the city, because residents who are unable to self-pay for services like bathing or medication administration may qualify for them through home care. These services are provided via the CCAC despite the fact that it would likely be more cost-effective and provide more consistent care to have this provided by the home, by the caregivers who work there every day.

Home care is also in our nursing homes. A recent outbreak at Banwell Gardens resulted in residents going without physiotherapy for several weeks, because this is a home care service. Would it not serve residents better if the homes were staffed with a physiotherapist aide?

Community residents also question why, in 2011, we continue to rely on Detroit hospitals for 24-hour angioplasty, when it seems obvious that the costs of sending our patients out of the country far surpass the cost of building and operating our own unit. Work is hopefully under way to restore public faith in the Hôtel-Dieu Grace Hospital and redeem the reputations of the hundreds of health care workers who provide top-quality care to their patients.

According to public sector salary disclosure, the three Windsor-Essex hospitals—Windsor Regional, Hôtel-Dieu Grace, and Leamington—grew in executive numbers, from 26 to 88, in a mere five-year span from 2005 to 2009, an increase of 62 managers. As a specific example, in 2005, Windsor Regional Hospital had five vice-presidents and one director with salaries above \$100,000. In 2009, the executive team has grown to seven vice-presidents and 13 directors. Recently, the three hospitals advertised jointly for an integrated director, labour relations, because apparently you can never have enough directors.

Bill 16 may freeze their wages for two years, but it simply does nothing to address the real problem of exorbitant growth in executive numbers and salaries. Bill 16 is also directing health care dollars to lawyers and arbitrators to settle collective agreements which could otherwise be resolved through free collective bargaining.

Ms. Katha Fortier: I'm not sure of our time, but I'll just continue to go—

The Chair (Mr. Pat Hoy): You have about two minutes.

Ms. Katha Fortier: Two minutes? All right. I'll just go through our recommendations and that should take us there.

Ontario's health care funding should move to be in line with the rest of the country. To at least be considered average, Ontario would need to spend an additional \$262 per resident in hospitals, \$121 in nursing homes and \$40 in home care.

Provide a multi-year funding framework for transfer payments to agencies to ensure stability and predictability and consider real costs and increases to these costs. This would include not only hospitals and long-term-care facilities, but addiction and mental health centres, home care and ambulance services.

Reinstate and fund a minimum measurable standard of care of 3.5 hours per resident per day to return accountability for care of our most vulnerable citizens back to the government.

Examine and curb excessive administration and executive costs in health care. Health service providers funded by the government should be obligated to report all staffing hours related to direct and non-direct patient/resident care, and be subject to scrutiny for appropriate staff utilization mix.

Stop the increasing privatization of health care, especially in home care and long-term care, where millions of dollars end up as profits for shareholders. Cancel competitive bidding, pay-for-performance hospital funding and P3s.

Ensure patients who require nursing home beds are not systematically downloaded to retirement homes, and ensure that retirement home living can be safe, comfortable and affordable for those on low incomes. Improvements to CPP, specifically the CLC-endorsed plan, would go a long way to ensuring this happens.

Disclose the costs and assess the effectiveness of home care provided in retirement homes and nursing homes.

Cancel the corporate tax cuts and eliminate employer health tax loopholes, like exemptions for the self-employed on the first \$400,000 and for income on stock options.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go to Mr. Tabuns of the NDP.

Mr. Peter Tabuns: Thank you very much for coming in this morning, and thank you for that presentation. Your recommendations are in line with what we've heard from health coalitions in London and Chatham—no surprise.

But there are a few things that you raised that I was a bit struck by. One is the closure of Malden Park long-term-care facility. You were promised more beds; in fact, there would have been a reduction. But even the beds that were going to come in place haven't been built yet. So what's the impact?

Ms. Katha Fortier: Well, the impact—again, I think you can refer to appendix E, where we've got "Bed Crisis Hits Met Hospital." Again, this is just certainly one example of a backlog of beds. Unfortunately, the residents who should be in long-term-care facilities don't have a place to go. They're taking up hospital beds and it's backing up the entire system. The Grace Hospital site is supposed to be redeveloped into 256 beds. It has sat derelict for years, quite frankly. It really is an eyesore to the community. I can't imagine—it's very unsafe. In fact, I drove by, because every time I come to one of these things, I hear, "Oh, they're working on it." I did make a circle Thursday, so unless they started Friday or Monday,

there really seems to be no construction going on at that site whatsoever—again, delay after delay. We hear, “Oh, yes, they’ll start in two weeks,” and two weeks comes and passes and we don’t know what’s happened. And then losing the Malden Park beds at the same time really has just compounded that situation.

Mr. Peter Tabuns: So what response do you get when you go to the provincial government or your MPPs and point out that it seems to be an abandoned site rather than a worksite?

Ms. Katha Fortier: We have raised this with our MPPs locally, both Dwight Duncan and Sandra Pupatello. We visited with Sandra in the spring and Dwight in the fall, and at both visits we were told, “Oh, yes, it’s under way.” In fact, Dwight told me that it was going on as we spoke, which is why I made the circle route on Thursday to find out. There are a couple of pieces of heavy equipment sitting on the lot, but nobody is working and nothing is happening.

Mr. Peter Tabuns: The second thing that I wanted to ask you about is this La Chaumiere retirement home. I mean, this is an incredible situation of instability for these seniors. Again, when you raised this with Dwight Duncan and Sandra Pupatello or the Ministry of Health or the minister responsible for seniors, what did they have to say?

Ms. Katha Fortier: Well, I believe that—you know, certainly what’s happened recently, the members who work there are members of the Canadian Auto Workers union. I work for the Canadian Auto Workers union in my other hat, so I do know that Ken Lewenza had spoken with the minister for seniors, and I believe she is planning to come and attend here and at least look at the situation. It’s been ongoing for months, and it’s been generating a fair amount of press.

Again, the workers—mostly women, and certainly not highly paid women—who work in this industry, as you well know, are really facing incredible financial demands on their families. This is incredible hardship. If you can imagine, it’s December 23, and they’re debating whether or not they’re going to get paid this month so they can buy Christmas presents for their children. Again, it’s one of those things where there’s a new retirement act, but it’s sort of a vague act. It doesn’t give a whole lot of clout to any of these things happening. The residents who live there—again, you choose a retirement; the reality is, we choose what we can afford. That’s where you can afford to live, and the costing varies greatly. Retirement living can cost you \$8,000 a month, if that’s what you care to spend on it.

So the reality is, it’s a very difficult situation, and we’re trying to bring as much attention to it as we can, which is why I raise it and why our coalition put it in this report.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

Mr. Peter Tabuns: Thanks very much. I appreciate it a lot.

JOHN MCGIVNEY CHILDREN’S CENTRE

The Chair (Mr. Pat Hoy): Now I call on the John McGivney Children’s Centre to come forward, please. Good morning. You have 10 minutes for your presentation. The questioning could be up to five minutes and would come from the government in this case. I ask you all to identify yourselves for our Hansard, and you can begin.

0930

Ms. Elaine Whitmore: Good morning, and a very warm welcome to Windsor. My name is Elaine Whitmore and I’m the executive director of the John McGivney Children’s Centre, the children’s treatment centre providing services across Windsor and Essex county. I’m pleased to be joined this morning by my colleagues: to my immediate right, Jenny Greensmith, executive director of Pathways Health Centre for Children, the children’s treatment centre providing services to Sarnia and Lambton county; and Donna Litwin-Makey, executive director of the Children’s Treatment Centre of Chatham-Kent. I’m also pleased to have joining us in the audience as well a board member of the John McGivney Children’s Centre, Mr. Ray Stanczak, who is also a parent of a child with a disability.

We are very appreciative of this opportunity to present to you this morning to outline recommendations that will enhance the quality of life for children and youth with special needs in our local communities of southwestern Ontario and across the province of Ontario.

Provincially, 21 children’s treatment centres provide over \$194 million worth of services to 65,000 children with physical, communication or developmental disabilities. These children and youth have a variety of challenges such as autism spectrum disorder, spina bifida, cerebral palsy, cystic fibrosis, muscular dystrophy and developmental delay, to name a few.

Locally, across our southwest region, our three centres provide essential rehabilitation and support services to over 6,200 children and their families annually, and provide essential employment to over 313 dedicated and highly skilled staff. Our partners in children’s rehabilitation include the Ministry of Children and Youth Services, the Ministry of Community and Social Services, the Ministry of Education and the Ministry of Health and Long-Term Care, along with a network of extensive local community partnerships, including community agency service providers, school boards, hospitals, municipal governments, universities and community colleges. Together, we are working to ensure that all children and youth in Ontario have the best opportunity to succeed and fulfill their potential, today and in the years to come.

This morning we would like to start by expressing our appreciation for the \$9 million in operational funding enhancement announced by Minister Laurel Broten last April for 20 of the children’s treatment centres across Ontario. This has enabled centres to maintain and expand services to children and families across Ontario and to

preserve and create valuable jobs in communities throughout the province. Locally, this resulted in an additional \$819,000 in operational funding to our three centres. With those funds, we have been able to provide services to an additional 480 children through the employment of an additional 12 highly skilled pediatric rehabilitation and support staff.

In addition, we would like to also express our appreciation for the Ministry of Children and Youth Services's \$2.5-million investment in a state-of-the-art client information management system for 12 of Ontario's children's treatment centres. Our three centres are very pleased to be participating and benefiting from this investment in leading-edge technology that will enhance service planning and will improve the quality of care for approximately 37,000 children across the province. This progressive health informatics model, one of the first of its kind in the province of Ontario, will increase data accuracy and expediency while eliminating administrative redundancies, resulting in expected reductions in wait times, quicker referrals to services, improved quality of care and expanded family engagement. At a systems level, enhanced collective statistics for outcome measurement and program planning will drive best practices that will improve outcomes for children and build capacity to serve the areas of greatest need. We thank you for those investments for the benefit of the children we serve.

Ms. Jenny Greensmith: Today we are here to not only express our appreciation to all of Ontario's legislators for your support of vulnerable children, but to speak to you regarding the critical importance of continuing to build the capacity to meet the needs of our youngest citizens. We know, as you do, that meeting the needs of vulnerable children transcends party lines. As a sector, we are pleased to have the support of all our local MPPs, who understand the importance of dependable, reliable and vital supports for children and families in need.

The Ontario government has committed to full-day early learning for 250,000 four- and five-year-olds by 2015. Children's treatment centres support this initiative and believe that giving children—all children—the best possible start in life is an important priority. We know that if we fail to attend to children's needs when they are young, we end up expending higher costs in the future—costs in dollars, costs associated with increased demands on the system and costs in lost potential.

We are excited to support the children we serve to enter into kindergarten with their peers. We believe that the intent of full-day early learning is to provide all children with the opportunity to excel. We are, however, concerned that without careful planning and consideration we may inadvertently create barriers for children in need of special support.

In this first year of implementation, an estimated 15% of eligible children will begin this new journey. Planning is under way for the second and subsequent year of implementation. Regrettably, children with special needs

have been underrepresented in these totals across the province.

While the reasons may be as varied as the families and children involved, a concerning trend is being identified by children's treatment centres across the province. Parents fear the vital services and supports that they currently receive in child care and treatment centre settings will not follow their child to school. We are concerned that, left unattended, this situation has the potential to leave some children behind.

When children enter school later than their peers, they do not benefit from the learning and social opportunities that are inherent in this program. We believe that with coordinated planning, good partnerships and some innovation and creativity, this situation can be addressed. We have reason to be optimistic.

Ms. Donna Litwin-Makey: Building on the success of the Lambton-Kent Best Start initiative, we saw in our local communities the introduction of full-day learning as a great opportunity to build on the success of kids in our community, so locally we're participating in a pilot. Together with the Sarnia treatment centre and our centre in Chatham, the St. Clair Catholic District School Board, the Lambton Kent District School Board and children's developmental services in our municipality, we've come up with a model.

What we're doing this year is providing occupational therapy, physiotherapy and speech-language therapy right onsite at our pilot early learning schools. Our goals were really to integrate therapy into the classroom; to get really strong relationships between the parents, the teachers and our staff; and to get really strong kid outcomes or success. Based on our early feedback, we are seeing really good progress. Kids are transitioning in well. We have teams built around the child, and kids are doing well and meeting their goals.

For an example, as I was gathering information and feedback, a parent whose child went into JK last year—he was there just one day and had a lot of difficult behaviours. It was decided that he would not be able to continue. We also struggled with this child at our centre because—again, just lots of behaviours in the way of us using therapy to address his developmental needs. This year, we've been very pleased because the therapists are right at school. Everyone is problem-solving and working together. He loves school. The teacher feels really supported. A lot of strategies that work for this fellow also work for other children, and everything is going really well.

One thing we've also been really interested to learn is that, although we are already supporting, let's say, around 10 kids per school, an additional 10 referrals per school have been coming in. This has been from families who perhaps have known about preschool services and just didn't step forward yet, but now that a teacher is involved and can really point out the child's difficulties, they're really stepping in for service. So we know we're reaching more kids and making a greater difference earlier.

0940

The Chair (Mr. Pat Hoy): You have about a minute left.

Ms. Donna Litwin-Makey: Okay. Locally, we know we lack enough resources to service the full community, and our treatment centres lack the resources across the full province to do this. We know we've got an excellent education system with special education, but we realize we also need supports to fund the therapy.

Through our provincial association of children's treatment centres, or OACRS, we propose the government allocate \$15 million annually of the already-committed \$1.5-billion expenditure to support full-day learning. This investment of 1% of the total expenditure would better deliver outcomes, good transition planning, capacity-building and partnerships; children will make better progress; and I think we'll get greater efficiencies over time. Again, OACRS is proposing this to be phased in to match the phasing of the early learning across the province.

Thank you so much for the opportunity to speak with you this morning. Thank you for your support for children. We know you have difficult decisions, but we do want to stress that we're asking for funds that have already been committed, to target a portion of those funds and to target them towards our province's vulnerable children and the support they require to succeed along with their peers in educational settings and in life itself. Thank you very much.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go to the government side. Ms. Pendergast.

Ms. Leeanna Pendergast: Good morning. Thank you for being here, Jenny, Donna, Elaine—and Ray? Is that you? Ray, thank you for being here. The parent testimonial in these situations is always the most powerful. Thank you for being here, and thank you for what you do.

My background is a teacher for 22 years before this with students and as a vice-principal. I always dealt with the highest-needs students and found it very difficult not having support in schools, especially for children with special needs.

Fast forward 25 years: We've come a long way, but we still have more work to do. Fortunately, you have very strong local members here in Dwight Duncan, Sandra Papatello and Bruce Crozier. They're very supportive. They get it. The government does understand.

I met with Linda Kenny just last week. We had the CRISP announcement in Waterloo at KidsAbility because I'm from Kitchener-Conestoga. Stephen Swatridge hosted us—very exciting. The \$9 million, you said, affected 480 children. Is that right? That's remarkable. It's another positive step forward. The CRISP system, of course, the communication, the idea that children's treatment centres can now communicate and the data can follow that child is yet another step forward.

I guess my question—and I'm going to share my time with my colleague Kevin Flynn, beside me, because he also met with Linda Kenny last week and he's the parliamentary assistant to education, so he'll have a question. The next step, I guess, is the idea of what you were talking about with full-day learning: to implement and incorporate full-day learning with students with special needs and students that come to the children's treatment centre. When I was there, the four-year-olds were there at KidsAbility last week, so excited to be there, the whole implementation. But what they were explaining to me locally is that it's a local plan, how they locally plan to integrate full-day learning and support in the schools or in the treatment centre.

Do you have a local plan? I know you started to give an example of Lambton-Kent. I know you said that the four-year-old loves school, which of course at the end of the day is the target, the word "loves." You also said that the teacher was supported. So two key things that you brought up. Those are the targets and the goals, so how do we get there is the question. Do you have local examples or more ideas? I know Stephen locally, at KidsAbility, has a local example. What is the plan to connect on a provincial level so that you're not just isolated in Windsor, isolated in Kitchener-Waterloo, that idea?

Ms. Donna Litwin-Makey: Locally, we do have a planning table, the partners that I mentioned earlier. We set out a local vision in terms of schools first in terms of where to go. We initially thought perhaps we should continue to pull kids out of school, traditional model, back to the centre. The support rather was for meeting the child's needs right at school, and that would best support the families as well as the school staff. That's our local planning. We have at OACRS our 21 centres and we have worked really hard at understanding what to do next with early learning, and so we do have subcommittees that continually update each other and give each other information to go back to their local communities and plan. Most communities have a preschool planning table that they're expanding to include the four- and five-year-olds' school.

Ms. Jenny Greensmith: I'd just like to add that the local planning at the Lambton county level has mirrored that in Chatham-Kent, and the feedback from the teachers in our five full-day early learning classrooms has been ecstatic. They have told us that it really makes such a difference having the therapists on site with them. We are also able to provide some early learning resource support staff from our ECE teachers who have been in the licensed daycares with the children and are now following them into the classroom. That is a very successful model that we're going to be developing.

We are also noticing an increase in referrals because there are still children, in this day and age, despite all our best efforts with Best Start hubs and early learning centres, who are turning up in JK classrooms for the very first time. We're excited to see that and want to work with them.

The Chair (Mr. Pat Hoy): There isn't another question? Thank you for your presentation.

COMMUNITY LIVING ESSEX COUNTY

The Chair (Mr. Pat Hoy): Now I call on Community Living Essex to come forward, please. Good morning. You have 10 minutes for your presentation. There could be up to five minutes of questioning, which would come from the official opposition in this round. I ask you to identify yourselves for the purposes of our recording Hansard, and then you can begin.

Ms. Nancy Wallace-Gero: Good morning, Mr. Hoy. Thank you so much for allowing us to be here today. I'm Nancy Wallace-Gero, and I'm the executive director of Community Living Essex County.

Mr. Xavier Noordermeer: Good morning and welcome to Windsor. My name is Xavier Noordermeer, and I'm the executive director of Community Living Windsor.

Ms. Nancy Wallace-Gero: Members of the Standing Committee on Finance and Economic Affairs, we want to thank you very much for the opportunity to appear before you today to update you on important issues in the developmental services sector in Windsor and Essex county and to share our recommendations for financial strategies for the 2011 provincial budget. We believe these recommendations are absolutely necessary to ensure the provision of quality supports and services for individuals who have an intellectual disability in their families. We're talking about individuals of all ages: children, youth and adults.

Community Living Essex County and Community Living Windsor have chosen to jointly present to the committee, which we believe demonstrates our collective commitment to the people we support throughout this area and the collaborative nature of the work we do. And it's a positive use of your time and resources.

Mr. Xavier Noordermeer: Our agencies have served our community for over 50 years, and together, we support over 1,200 people of all ages who have an intellectual disability, all of whom live in Windsor or Essex county. Our supports and services are guided by the vision of a society where everyone belongs and has equality, respect and acceptance.

Services and supports that we provide include supported living, day supports, employment supports, short break services, family supports and special services at home. We receive the majority of our funding from the Ministry of Community and Social Services and the Ministry of Children and Youth Services. We are both active members of Community Living Ontario and OASIS.

In addition to the people we support, our agencies collectively employ over 900 people, full-time and part-time support workers, many of whom are represented by the Canadian Union of Public Employees, CUPE. We believe our employees are among the very best and most dedicated in the province of Ontario, and the work they

do is extremely important to the well-being of the people we support and their families.

Two subjects: The significant impact of the developmental services sector will be our focus today. The positive steps recommended will ensure that the quality of supports and services currently in place can remain and further establish a framework so that the overwhelming need of so many citizens in Windsor and Essex county and in Ontario can be addressed.

Ms. Nancy Wallace-Gero: Now to the heart of the matter: We'd like to talk a little bit about those waiting for services and supports, an extremely critical issue in our sector. Waiting lists for supports and services continue to grow. We fully understand the pressures the province is facing. Really, we have considered this financial reality in our remarks, but let me share some details.

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Last year, the Ministry of Community and Social Services allocated an additional \$56 million to the developmental services sector; \$20 million was for administrative functions, to help implement the ministry's transformation agenda. So none of that funding went directly to people. Only \$12 million was actually used to help people in urgent need on wait-lists. The majority of the new allocation, \$24 million, was spent on supports and services for people who were already being funded on a fiscal basis due to the urgency of their need.

It is imperative that the ministry processes accurately reflect the existing demands on this sector and realistically forecast and plan the financial resources needed to eliminate the wait-lists across this province.

Let me share with you the wait-list demands in Windsor-Essex county: over 400 adults and their families—and I'm emphasizing adults because of the aging-family issue. It's huge in our community. They are urgently awaiting supports and services. We know that there are many others who require help but have not, for a variety of reasons, completed the necessary paperwork to be added to the list.

Special services at home funding: Wait-lists for children, youth and adults in our community have grown to approximately 350 in Windsor-Essex county alone, and over 7,000 provincially are waiting for this funding. Many families waiting for help receive it only in the most pressing of situations or have to wait for the death of someone currently receiving services in order to begin to have their most urgent needs met. People who have an intellectual disability are anxious to take part in society as fully participating citizens. Ensuring such inclusion demands that adequate levels of government-funded supports and services are available for individuals and families as they pursue meaningful and productive lives.

Some of the most serious issues: Accommodation supports are unavailable for many individuals who have significant challenges, whose parents have become too old to care for them—and when I say "too old," I mean in their eighties and nineties. Individuals with extremely complex needs must wait many years for any support funding—day supports or accommodation supports—

placing ongoing stress on families and caregivers and often forcing the situation into a crisis. In an effort to deal with the crisis, people are often shifted to so-called temporary arrangements, which could be nursing homes, rest homes or other inappropriate situations while they await appropriate accommodation. These temporary arrangements are very detrimental to the well-being of the person and cost a lot more money to undo once the damage has been done.

Significantly increased support needs of individuals: We are currently supporting individuals as their health deteriorates or as they age, with absolutely no flexibility in budgets to provide the necessary response.

Just one other issue: As part of the transformation agenda, the ministry has been establishing application entities, one for each region of the province. There's no argument with creating a consistent approach to accessing services. However, these application entities or new regional contact points for this area will be located in London, Ontario. The services that will be provided by the application entities are information provision, eligibility determination, intake, determination of support needs, service navigation and direct funding administration. Considering that the majority of individuals who receive supports and services live far below the poverty line—beginning on July 1, 2011, this single access point will be over two hours away for many people in this community. We believe that the implementation of this process will seriously and negatively impact the provincial goal of creating a more responsive and more accessible method of accessing services.

We are supportive of the transformation of services; don't get us wrong. As agencies, we are, however, concerned about how service will be accessed for families in Windsor and Essex county who require presence and knowledge to work with them in a meaningful way.

A few recommendations on these issues: First, new funding must be allocated for additional supports and services to address those most critically in need in our community and those remaining on lengthy waiting lists. Shortfalls cannot be covered on the backs of people and families who've been waiting for services for years.

Additional funding must be allocated to address the significant change in needs of many people who currently receive some small amount of service.

Lastly, the government will be establishing these application entities, shifting the access-to-service mechanism out of Essex county to London in July 2011. It is a very unfortunate move that will make access to service even more challenging for families. At a minimum, local offices with knowledge of local issues and concerns of the people here in Windsor-Essex county need to continue, and resources must be established to give people and families choice and flexibility.

Mr. Xavier Noordermeer: Our next major issue that we'd like to bring to your attention is the whole issue of base budget funding for our organizations. It's imperative that the developmental service sector be adequately fund-

ed to ensure our stability. For too long, we've been the first to bear funding cuts and the last to have funding increases reinstated, if at all.

The following chart that you have in front of you demonstrates the base budget investments received from the province over the last 15 years. From 1994 to 1997, we had a 5% social contract reduction. Over the next seven years, we had 0% base budget increases, followed by seven years of 9.4%. I really wonder if there's any other major sector that has received so little over such an extended period of time.

The Chair (Mr. Pat Hoy): You have about a minute left.

Mr. Xavier Noordermeer: Thank you.

In 2007, after decades of doing without, the province pledged a four-year funding commitment of 2% per year. In 2008-09, the increased community capacity initiative was announced, which required us to increase supports and services with no funding.

The committee will undoubtedly remember from the 2010 consultations that the fourth-year commitment of 2% was not honoured. Therefore, an overall 8% funding commitment actually resulted in only a 5.4% increase. To further complicate matters, we had negotiated labour contracts with our workforces based on the funding promises that we had been given, and it has created quite the financial challenge.

The increased financial pressures being experienced by the province are also being experienced by our sector. We know that costs are rising. If you look at our combined operating budgets in our two agencies, it's approximately \$50 million. Assuming an overall 2% cost-of-living increase per year, we're absorbing an additional \$1 million to our budgets per year, and that really is unsustainable for us. Services definitely are impacted.

The pay-equity legislation is huge for us. Neither of our agencies has achieved full equity. We are looking, for 2010, at an expense of approximately \$250,000, and we appeal to you to help us with our obligation here. The alternative for us is to reduce services.

The two-year wage freeze announced by the province in March 2010 will impact our labour negotiations, which are just beginning. Both our agencies are in the midst of labour negotiations, as will be approximately 100 other service providers in this sector alone throughout the province. Without a resolution to this dilemma, we believe service disruptions will occur and many other impacts that will, frankly, be of serious concern to us, including the picketing of people's homes—people who are supported by our organization.

The Chair (Mr. Pat Hoy): If you would just move to your recommendations, please.

Mr. Xavier Noordermeer: Absolutely. Thank you.

Our recommendations are that the pay equity obligation of service providers for 2010-11 be funded, and we request that base budget increases to the developmental services sector be consistent with base budget increases that have been provided to both health and education.

Thank you for listening to our issues today.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go to the official opposition. Mr. Miller.

Mr. Norm Miller: Thank you very much for your presentation.

In your presentation, you stated that wait-lists for supports and services continue to grow, and you mentioned that there are over 400 families that are urgently awaiting supports and services.

Mr. Xavier Noordermeer: That's just adults. That does not include children.

Mr. Norm Miller: How many would it be if it includes children?

Mr. Xavier Noordermeer: I don't actually know, because we primarily support adults. The wait-list that is kept in Windsor and Essex county that we have information on is adults only.

Mr. Norm Miller: So what do those families do as they're awaiting help?

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Mr. Xavier Noordermeer: Many of them struggle. The difficulty that many families have is, they have to quit their jobs in order to support their sons and daughters who are still living at home with them, which just increases the stress level on families. People who can no longer support their sons and daughters at home—many people are ending up in nursing homes and rest homes. There are some horrible situations, without question.

Mr. Norm Miller: So are you finding that the families that you're serving over the last couple of years are having a harder time making ends meet?

Mr. Xavier Noordermeer: Absolutely. We talk about the waiting lists for special services at home—a number of years ago, the waiting list was zero. We're now over 350 in our area. That was at least a little bit of money that families could have to provide supports at home. For many families, that's gone now too.

Mr. Norm Miller: What does that mean in terms of time? How long will they have to wait?

Ms. Nancy Wallace-Gero: I think our experience for some of the more structured services like small group living or the person actually is an adult moving out of their family home—they have to wait until somebody dies who is currently in service before there's actually a vacancy. That is the current situation, because there has been no new funding invested in that. As for special services at home, it's pretty much the same story. People either grow out of the services, for one reason or another, which is very rare in our sector—these are lifelong conditions. There has to be an investment in the additional growth in the sector, the additional need for people to receive these types of services.

Mr. Norm Miller: Otherwise, they could be waiting years for—

Ms. Nancy Wallace-Gero: Oh, for sure.

Mr. Xavier Noordermeer: Absolutely. And can you imagine a senior family, which we talked about, in their eighties and nineties, going to their deathbed not

knowing what's going to happen to their son or daughter? I couldn't imagine anything worse.

Mr. Norm Miller: You mentioned this new application entity. Is this making it harder for families to access services?

Ms. Nancy Wallace-Gero: We support the need for a more consistent approach to accessing services that can be fair and equitable. That isn't really the argument. The argument is taking it out of our local community. The people we support—many of the families do not have the resources to travel—

Mr. Norm Miller: They have to travel two hours to where this centre—

Ms. Nancy Wallace-Gero: We don't know the whole story yet, but—we are certain, because a service provider in London has already been appointed by the ministry to be the application entity. There is no presence of that service provider here in Windsor-Essex county. So we fear that families will have to communicate with someone in London who won't understand the uniqueness—there have been so many things that have happened here in Windsor-Essex county that are so different from London in terms of the economy and the impact of that on families. We have to recognize those things in the work we do.

Mr. Norm Miller: So, even if it's not intentional, there could end up being barriers because of the distance and time and the people in London not knowing the unique situation here in Windsor—

Ms. Nancy Wallace-Gero: Families know who we are. They come to our doors every day. They talk to us and we talk to them. We try and do the best we can. By moving this out of our community, it takes that away. It says to families—and I'm not even sure how families are going to know about this. It's all very confusing to us, really, at this point.

Mr. Norm Miller: You mentioned the picketing of people's group homes.

Mr. Xavier Noordermeer: Correct.

Mr. Norm Miller: I note that there's a private member's bill that would ban the picketing of homes. Do you support that?

Mr. Xavier Noordermeer: Absolutely.

Ms. Nancy Wallace-Gero: Absolutely. It's the only sector we'd be aware of—it's the only people in our community of Ontario who would ever have their personal homes picketed. It just doesn't even make sense.

Mr. Xavier Noordermeer: You think of your home as your refuge. At the very least, that should be a place where you could go and not be subjected to—have people picketing in front of your home.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

Ms. Nancy Wallace-Gero: Thank you very much.

ONTARIO ASSOCIATION OF
OPTOMETRISTS

The Chair (Mr. Pat Hoy): Now I call on the Ontario Association of Optometrists to come forward, please. Good morning. As I think you know, you have 10 minutes for your presentation. There could be five minutes of questioning, coming from the NDP in this round. Just state your names for our Hansard, and you can begin.

Dr. John Mastronardi: Right. Thank you. I'm John Mastronardi, and I'm an optometrist practising here in Windsor and LaSalle. I am the current president of the Ontario Association of Optometrists. With me today is our executive director, Barbara Wattie Fuller.

Ms. Barbara Wattie Fuller: Good morning.

Dr. John Mastronardi: On behalf of myself as a local health care provider and the Ontario association, I'm pleased to provide input today to the committee's 2011 pre-budget consultations.

Optometrists are primary eye care doctors. We are educated and trained and provide the best standards of comprehensive eye care, which includes assessing and reviewing overall eye health and vision function.

I'm sure the standing committee will be inundated with numbers. We decided to focus on three figures that we believe should be important to this government.

The first figure is 46 cents. According to the provincial government, 46 cents of every dollar currently spent today goes towards health care. In 12 years, that projection could be as high as 70 cents. Clearly, this spending pattern is not sustainable, especially when one considers how many other important programs and areas government must fund, including education, transportation and the environment, to name a few.

The second figure is 69%. Sixty-nine per cent represents the increase in the number of Ontarians living with diabetes over the past 10 years. In Ontario today, more than one million people are living with this chronic and potentially deadly disease.

The final figure is 80%. Studies have shown that 80% of all learning during a child's first 12 years comes directly through vision, yet in Ontario, a mere 7%—and I apologize; in your notes, there's a misprint saying 17%. Only 7% of children are receiving a comprehensive eye exam before they enter school, despite the fact that an annual examination is insured by OHIP for children under 19 years of age.

With these three figures as our guide, I'd like to offer the following recommendations on the provincial government's budget and fiscal direction in 2011 and beyond.

First, when it comes to provincial government spending, there's no doubt that government must find ways to spend smarter on health care without negatively affecting patient care and outcomes.

When one looks at the annual spending on OHIP-insured services that focus on detecting and diagnosing eye diseases and conditions promoting health that

optometrists provide, it becomes clear that optometry services in this province are really a bargain. Put differently, the services we provide are a high-value investment. This is because regular comprehensive eye examinations for children, seniors and adults with sight-threatening conditions such as diabetes, glaucoma and macular degeneration pay major dividends to the government and society by keeping those who fall in these categories healthier and out of more expensive areas of the health care system, like hospitals and offices of physician specialists.

I've included some frightening statistics that were published by the Canadian National Institute for the Blind just recently: One Canadian loses their vision every 12 minutes; 65% of working-age Canadians with vision loss are unemployed; half live on an income of \$20,000 a year or less; in 2007, vision loss had the highest direct health care costs of any disease; and the cost of vision loss, factoring in disability, benefits, treatments and care, is estimated at \$15.8 billion per year.

They go on to provide a breakdown of who pays for these costs: 15% is the federal government; 40% is the provincial governments and health system expenditures; 22% is on the individuals with the loss; 3% is on their family and friends; and 19% is on society.

Probably the most important and hopeful statistic to take away is that 75% of vision loss is treatable or preventable. Ontario optometrists have done their part to help the Ontario government address the escalation in health care expenditures recently. The last OHIP funding agreement for optometric services expired over a year ago, and at that time we agreed to defer negotiations on a new funding agreement by a year.

The costs of delivering eye care to patients continue to rise, with increases in wages, rents and diagnostic technologies, and as our population ages, chair time per patient is expected to increase dramatically.

Given the cost pressures facing the government, it's important for both sides to develop broad proposals that have at their core a commitment to ensuring continued access to publicly insured services for patients.

We're asking the Ontario government to make a commitment to invest in primary eye care and ensure that optometrists continue to provide preventive care as baby boomers begin to enter their senior years.

The explosive proliferation of diabetes throughout Ontario over the past 10 years has presented major challenges for the provincial government and our health care system. These challenges once again are expected to escalate as the boomers age and become more dependent on the health care system.

In its two reports, the Ontario Health Quality Council expressed concern about the state of monitoring of diabetes conditions in the province. In 2010, a report claimed that only half of diabetic patients get regular eye and foot exams; all should be receiving these exams. While I cannot speak to the foot exams, I can report that optometric services provided to persons with diabetes have increased by 67% over the past three years, but still,

only a fraction of Ontarians with diabetes seek routine eye care.

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Providing services to people with diabetes is a major focus of the optometric practices across the province. In 2009, our association worked collaboratively with the Ontario Medical Association section on ophthalmology to develop guidelines on collaborative management of persons with diabetes. The goal of these guidelines is to coordinate services of ophthalmologists, optometrists and family physicians in the management of patients with diabetes, thereby ensuring the most effective use of these professionals in the interests of patient safety, quality of care, accessibility and cost-effectiveness.

We support the call to ensure that more people with diabetes receive the health care services they need to enable them to better manage their disease. Family physicians continue to underutilize optometrists and often elect to send newly diagnosed diabetic patients to overburdened ophthalmologists, who would often prefer to spend their time in the operating room. Such referral patterns cost the system a 50% premium in cost for services.

We are asking the government to integrate optometrists in the further development and evolution of the provincial diabetes strategy. We are perfectly positioned to make a more systemic impact in addressing the needs of people with diabetes if we are brought into the policy-making decision process and made a true partner.

Lastly, in the area of children's vision, I'd like to also begin with a few statistics. Again, the CNIB report shows that only 45% of children with vision loss graduate from high school. Good vision is an important part of learning. Some 80% of classroom learning is done through the eyes. One in six children has some form of vision problem. Children with poor vision often find it difficult to focus on their work and may be misdiagnosed as having learning or behavioural disabilities. Good vision is vital to developing skills such as reading, copying and hand-eye coordination.

The government has an opportunity here to make a significant impact on the lives of children and their parents at very little cost. In 2009, our association implemented a multi-stakeholder pilot program called the Eye See...Eye Learn pilot project in Hamilton-Wentworth schools. The project was to raise awareness among parents of the importance of comprehensive eye examinations for children entering kindergarten. This year, the program extended to four more school boards, including Windsor-Essex. Today, the OAO-led program involves teachers, principals, school boards, parents, public health nurses, early childhood service providers, local optometrists and optical lens and frame manufacturers, all working together to give our youngest students the opportunity to reach their full potential by seeing clearly in the classroom and in everyday life.

Under the program, children who require corrective lenses are provided eyeglasses free of charge. The pro-

gram has its roots in Alberta, where, after being piloted in one school board in 2003 for one year, the provincial government is now a major funding partner in the province-wide program. We are asking this government to work with us to determine opportunities to expand this program on a province-wide basis.

I want to thank you this morning for your time. I look forward to addressing any questions that the committee members may have.

The Chair (Mr. Pat Hoy): Thank you. The questioning goes to Mr. Tabuns of the NDP.

Mr. Peter Tabuns: Thank you very much for coming in this morning and making the presentation. Can you tell us a bit more about that Alberta program and what the results were such that the Alberta government came in behind the program to expand it?

Dr. John Mastronardi: Yes. Initially the results were very similar, that less than 10% of children were getting their vision tested before starting school. The pilot project showed that they were able to increase that number to over 50% of children to get diagnosed early enough. It became very well received by the parents and the schools. The word spread very quickly, and other communities were asking about the program without it expanding and it kind of took on a life of its own. There were some advocates within the government for children's vision who thought it was a worthwhile project to help promote materials required to get the message out to parents.

Mr. Peter Tabuns: In any program that's brought forward, there will be costs. Clearly, if there are children who are performing better in school or who have early eye disease identified, there is some benefit. Were those benefits quantified in Alberta at the end of that pilot program?

Dr. John Mastronardi: That's an excellent question. I don't know that they were. I can provide that to you, if I can—

Mr. Peter Tabuns: If you can provide it to the committee through the clerk, that would be great.

Dr. John Mastronardi: Yes, we will get it. Absolutely, we'll get what the findings were, for sure. But it was definitely worthwhile that they jumped in on it.

Mr. Peter Tabuns: The second question, then, is about diabetes. Diabetes has impacts throughout the body's system. Can you tell us a bit about the percentage of people with diabetes who go on to have vision problems and the interventions that you, through examination, can generate?

Dr. John Mastronardi: Blood sugar control is the biggest indicator of whether they will go on to have vision loss or not. We're seeing a lot of patients come in who routinely don't know what their A1C readings are. I ask it on a daily basis, and I'll be surprised if 10% of them know what their A1C readings are.

The younger they're diagnosed, the more likely that we're going to see complications. I believe all patients over 15 years with diabetes will show some form of retinopathy.

In the early stages there are no signs or symptoms for the patient. We'll often detect it during a routine examination; we'll take a look in the retina and see mild forms of hemorrhaging. That's an indicator that the blood vessels are being damaged and that impending blindness can be on the way. Unfortunately, too often we get the calls from our diabetics, calls sounding something like, "Everything was fine, until this morning at 10:30 everything went black."

By the time we get those phone calls, it's too late, so we need to see these patients beforehand. There are treatments available. When it reaches a certain level—again, the patient may be completely asymptomatic—there are injection treatments and laser treatments that ophthalmologists can provide to prevent these conditions from progressing, but they're only effective before the damage has occurred.

Mr. Peter Tabuns: And are there any jurisdictions in North America—aside from this Alberta project, for which I look forward to seeing the numbers—or western Europe where they have far more aggressive screening and early intervention?

Dr. John Mastronardi: For diabetics?

Mr. Peter Tabuns: Well, for diabetics, for children. You're talking about a very large-scale, proactive program to pick up damage and correct it early. One would think that there would be a fair amount to be saved by doing that.

Dr. John Mastronardi: Absolutely.

Mr. Peter Tabuns: I'm curious as to whether or not other jurisdictions have already done that, and if they have stats showing the impact.

Dr. John Mastronardi: Again, I don't have any type of stats like that handy on me, but again, we will add that to our list to provide, because these studies are out there. I think it's well-known and accepted that, again, preventive care and early interventional treatments reduce the risk, but to quantify in terms of numbers, we will be able to produce that.

Mr. Peter Tabuns: Set the numbers aside for a moment. Are there other jurisdictions that are doing this kind of large-scale screening work to enable prevention?

Dr. John Mastronardi: So far as I know, every province has got a children's initiative under way similar to the Alberta project. Every province is currently working with that.

In terms of diabetes initiatives, I don't know that any province specifically has an initiative, but Ontario has made that a high priority, not just in eye care but in management of diabetes, because we know the impending costs.

Mr. Peter Tabuns: Thank you very much. I have no further questions.

The Chair (Mr. Pat Hoy): Thank you.

If you do provide additional information, send it to our clerk and she'll make sure every member of the committee gets to read through it.

Dr. John Mastronardi: Right. Thank you again, everybody.

LEGAL ASSISTANCE OF WINDSOR

The Chair (Mr. Pat Hoy): Now I call on Legal Assistance of Windsor to come forward, please.

Good morning. I noted you've been sitting there. You've probably realized that you have 10 minutes and there could be up to five minutes of questioning, this time coming from the government. If you'd just state your name, you can begin.

Ms. Marion Overholt: Good morning. My name is Marion Overholt. I am a staff lawyer with Legal Assistance of Windsor. Our poverty law clinic has served low-income residents of Windsor and Essex county for the past 37 years. It is my pleasure to present to you this morning and to share some of the concerns for our community.

I know the Ontario government faces significant challenges in the upcoming budget and that your task is not an easy one. The last time that your committee was here was in December 2008, when we were in the midst of a massive job loss. The region was experiencing an economic downturn, especially in the automotive industry, which has had an adverse effect on workers in feeder plants, seasonal operation, small businesses and those already receiving social assistance. The layoffs in the automotive industry, which provided employment for 30% of our workforce, have produced further economic instability.

While it is tempting to bury you in statistics about the increase of food bank usage, housing wait-lists and the sort, the one statistic that I want to focus on now is that our Ontario Works caseload has risen 30% since 2008.

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In previous recessions, Windsor often led the way into the recession and out into recovery. However, this time, given the massive structural changes to our industry, we may not be in the lead on the way out. We remain the unemployment capital of Canada, and our rate of unemployment of 10.8% reflects only those who are actively looking for work and not those who have given up.

We know the Ontario government is facing financial restraints because of the downturn in the economy and that that has affected your revenues; however, our first suggestion really is revenue-neutral—or, in fact, perhaps it would save the Ontario government substantial savings in Ontario Works and Employment Ontario programs. That solution is to obtain the equitable revision of the Employment Insurance Act, which is funded by workers and employers and administered by the federal government.

The Mowat Centre for Policy Innovation has effectively demonstrated that Ontario residents receive less in EI benefits and fewer retraining dollars than other regions in Canada. Now is the time for all parties in the Ontario government to stand united to seek a more equitable unemployment insurance system. Unlike Newfoundland and New Brunswick, where nine out of 10

unemployed people qualify for insurance, in Ontario only 40% of its jobless collect EI.

When we look at retraining, again Ontario did not get its fair share. While the federal government, through EI part two, spent an average of \$1,442.70 on training per unemployed person in Ontario, an average of \$2,249 was spent on unemployed people in the rest of Canada, a figure which shows more than double was spent than what should have been spent in Ontario.

In an earlier presentation, there was a question about what the retraining goals were, and there is a statistic that I brought with me that shows that 72% of those who are not participating in the workforce in Windsor and Essex county have at least a high school diploma or better. Therefore, because of the underfunding in retraining, it is incredibly important—because the structural change in our economy means that more than ever, retraining is a necessary step in the path to re-employment and restoration of our taxpayer base.

The difference between the EI rate and social assistance can be substantial. If you're not able to muster your considerable influence to change the formula to obtain a fair deal for Ontario residents, then you must be obliged to accelerate social assistance reform and living wage reform, otherwise your health care costs will continue to spiral and consume even a larger part of your budget expenditures.

Countless studies have shown that poor people have poorer health and make greater use of the health care system. The poorest 20% of Canadians are responsible for 30% of all publicly funded health expenditures. While we applaud the Ontario government's announcement of a comprehensive social assistance review, the need for immediate improvement to the rates of social assistance and minimum wage is overwhelmingly apparent.

When I started in the clinic system back in 1988, the last comprehensive review was released. The vision of the Transitions report is still laudable. The objective was to achieve the following: that "all people in Ontario are entitled to an equal assurance of life opportunities in a society that is based on fairness, shared responsibility, and personal dignity for all." Since its release in 1988, although all three political parties had an opportunity to implement it, no one did. In Canada today we have more income inequality than we did then.

The impact on Canada's social fabric is huge and likely to grow. Recent research shows that less equal societies almost always have more violence, more disease, more mental health problems, higher infant mortality rates and reduced life expectancies, as well as less social cohesion. The effects are most pronounced at the bottom, but are evident throughout the society. The ability to extend life opportunities to all people in Ontario is in your hands.

Consider this report from the Unemployed Help Centre in Windsor. One of the continuing needs of our food bank clients with infants and small children is diapers and formula. Many people do not realize that diapers and formula are basic necessities for babies, much like food

and shelter. In these tough economic times, when people have lost their jobs or are relying on one or more part-time jobs without benefits to get by, making a decision between paying a utility bill or buying diapers and formula for their baby is often a reality, and it places a huge burden on parents.

In 2009, we had 909 baby visits to our food bank. In 2010, that had increased to 1,066 baby visits. The failure to increase social assistance rates and minimum wage will result in lost opportunity for those children to thrive and perhaps survive. Their participation in our community will be constrained by the poverty they are experiencing in these early years of their development. That is a completely avoidable moral hazard.

So although it is an election year, we encourage this committee to rise above the fray and speak to the economic needs of its growing poor, for their cause needs to be championed like never before. Thank you very much.

The Chair (Mr. Pat Hoy): Thank you for the submission. The questioning will go to Ms. Pendergast.

Ms. Leeanna Pendergast: Thank you, Marion, for being here. We really appreciate your comments.

I did also want to commend another local member. I started in my last introduction with commending the local members, and of course, I don't want to overlook the member from Chatham-Kent-Essex, who's a great champion and a hard worker. And it's Pat Hoy, our Chair, so it sets it up nicely.

You talked about an increased caseload. I didn't catch the number, but it was quite a significant increase in your caseload. You talked about revising the Employment Insurance Act, retraining, the rates of social assistance—and my colleague Kevin Flynn is going to ask a specific question about that. But if you could give us some guidance, what would you say would be the number one first step that the government could take in this area? And you've certainly covered a lot of material.

Ms. Marion Overholt: I think when you look at who is poor in the province of Ontario, we legislate poverty in Ontario with our rates of social assistance and minimum wage. But someone working in a minimum-wage job is not earning enough money in order to adequately provide for their families. It's the same thing with social assistance.

I brought with me today my law students, who are interning at a clinic this term. Part of what I explained to them was that when we have done our very best work at our legal clinic in terms of obtaining the best benefit that a client can receive, they are still receiving income that is way below the poverty line. So we have a situation where because their finances are not enough, if we're able to avoid a termination of a tenancy for non-payment of rent one month, maybe three months later they're going to be back because they've had another expense that they're not able to budget for, and then they're constantly in arrears. So when we look at the kinds of programs that have been put in place—the rent bank program you can access once every two years. We know people are falling

into arrears on rent more often than once every two years, and when you look at the statistics, only 9% of our rental accommodation is affordable for people on social assistance and minimum wage. Really, addressing those two issues is key to helping people rise up out of poverty.

Ms. Leeanna Pendergast: Excellent. Thank you. It's an excellent segue into Mr. Flynn's question.

Mr. Kevin Daniel Flynn: Thank you. I enjoyed your presentation.

The first part I got was that we should demand that the Harper government treat Ontarians the same way that they treat people in other provinces when it comes to unemployment, and that should transcend all party lines. We, as legislators, should be saying that Ontarians need to be treated the same way as any other Canadian when it comes to that.

You also got into a discussion with us on the impact of minimum wage. Earlier today, in I think the first presentation of the day, we were talking about things like youth unemployment. The inference was—it was suggested by the other side of the table, perhaps—that minimum wage is an impediment to increased employment amongst young people. Yet I got from your remarks that, despite the fact that this government's increased it on a regular basis, in your opinion, it may not be a living wage and it may be too low. Do you have any comments on that?

1030

Ms. Marion Overholt: I absolutely do. I'm so glad you asked me that. I actually sit on the Windsor-Essex workforce development board, so we're going to have a greater discussion about minimum wage.

Mr. Kevin Daniel Flynn: Well, that was those folks.

Ms. Marion Overholt: Yes, I know; I was here.

Part of what happens, I think, is that when people look at minimum wage, when you look at what is fully paid out, if you're working at a full-time job on minimum wage, you're still not getting enough money so that you can provide for yourself—your shelter, your transportation, those kinds of costs.

I think what your government did in addressing the fact that minimum wage had not been addressed by previous administrations is that you brought in incremental increases. When those incremental increases were announced, there was concern about what was going to be the impact actually on employment. But the way it was introduced was such that businesses had an opportunity to adjust to those increases. What I'm saying to you is, those increases need to continue as you did before, because the current rate is not enough to adequately look after people's expenses.

Of particular concern is that when you look at the restoration of jobs in our economy, a lot of those jobs are on a part-time basis. So if you have somebody working minimum wage on a part-time basis, they're often having to combine two or three jobs in order to get by. It's very piecemeal and very stressful, particularly for youth. You've had kind of a phenomenon of youth moving back into their parents' homes, where that's available to them,

because they're not able to successfully transition to independent living, and that's because of the rate of pay that they're receiving.

I think that part of government responsibility is to set those kinds of minimum standards, so I would really encourage this government to go back and look at the rate of minimum wage, to look at bringing forth those increases that are going to be necessary.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

HERON TERRACE LONG-TERM CARE COMMUNITY

The Chair (Mr. Pat Hoy): Now I call on Heron Terrace Long-Term Care Community. Good morning. You have 10 minutes for your presentation. There could be five minutes of questioning coming from the official opposition in this case. Just state your name and you can begin.

Ms. Linda LaBute: My name is Linda LaBute. I'm the administrator of the Heron Terrace Long-Term Care Community in Windsor.

Our home is a 140-bed private home that is part of the Steeves and Rozema group of homes in southwestern Ontario. Our home was constructed in 2003 and is an A standard. We employ approximately 190 staff. We have a 24-hour service, so the staffing includes a full-time, part-time and casual pool. We are part of the Erie St. Clair LHIN, and we're a member of the Ontario Long Term Care Association. The OLTCA represents over two thirds of Ontario's long-term-care homes, which covers the full spectrum of not-for-profit, municipal, charitable and private sector homes.

The Chair (Mr. Pat Hoy): Can you speak into the mike a little bit more?

Ms. Linda LaBute: Okay. Is that a little better?

The Chair (Mr. Pat Hoy): That's improved.

Ms. Linda LaBute: Okay.

Today I'm here to seek your support to ensure that homes like mine will be able to continue to provide high-quality care and accommodation and to help maintain access to long-term care for all Ontarians.

Not only do we provide high-quality care in a home-like environment, but we also provide a rich assortment of programming, which is activities for our residents. To keep doing what we do every day, we depend on a team of nurses, personal support workers, life enrichment workers, food service workers, laundry and housekeeping staff, maintenance personnel and numerous others, all of whom provide care and services to our residents in a home-like environment.

Allow me to just give you some flavour of Heron Terrace. We have rooms that are pre-wired for computer, Internet and TV hook-ups; personalized and group exercise programs for our residents; physician services; a 24-hour registered nurse on site; tasty, healthy meals, snacks and beverages, all planned by trained nutritionists who carefully plan menus taking into account the dietary

needs of our residents. We have separate dining areas for meals with family. We have videoconferencing to visit with relatives over the Internet—and we do have a resident who talks to her family in Africa. A transportation van enables people to have off-site excursions; we have four or five a month. We have a resident council and a family council to give our residents and their families a voice in care decisions and a greatly increased role in providing input into decision-making at the home at an operational level. We have a chapel, library, beauty salon, gift shop, café and a family apartment where families can stay for routine visits or in times of crisis for residents.

Some of the activities we do provide for our residents are bingo and Pokeno, which is a card game much loved by our residents. We have pottery classes, music therapy, breakfast club, a variety of musical entertainment, sensory stimulation programs, Wii games such as bowling, and community events. Community events are often held at our home. We had an agility demonstration. We have choirs and dance groups, and the Windsor symphony string quartet performs at our home. We also provide a variety of spiritual programming, including church services and pastoral support.

I don't want to bore you with too many lists, but I just wanted you to have some kind of flavour of what services we provide.

My residents are like many others in the province. A significant percentage have a psychiatric disorder, Alzheimer's or other forms of dementia.

There is also an increasing number of younger residents, and we've had a resident as young as 19 in our home. This group of residents may have an acquired brain injury or a developmental delay disorder as well as a physical disability and a psychiatric diagnosis. Their needs differ from the needs of the majority of the resident population. Our funding is based on a geriatric model, and this group of young residents requires a very different model of care and often a different skill set. They certainly require more time to meet their psychosocial and physical needs.

Many of our residents are incontinent. At Heron Terrace, it's 93%, which is not untypical for nursing homes. They require staff to assist with toileting. Many require assistance with dressing and personal care. Many also require help with eating. Residents today have increasingly complex needs, and many are admitted to our home with multiple diagnoses.

Also, as a reflection of our society—everyone hears lots about morbidity, overweight. A large percentage of the population is overweight. This is reflected in the number of residents who have those special needs in our home. Meeting those residents' needs requires extra time, extra staffing and very specialized equipment. This equipment for that particular group of residents can cost up to twice as much. For instance, a bed for someone who is morbidly obese could cost up to \$12,000.

The year 2010 was a very busy one for Heron Terrace. We had to become familiar with and implement a new

Long-Term Care Homes Act and its regulations as well as the contents of a new long-term-care service accountability agreement. We continue to learn and implement the resident assessment tool and to educate our staff about Residents First, which is a major new ministry quality initiative. Please be assured that we are committed to providing a quality service, but the additional burden of implementing all of the new service and reporting requirements has exacerbated a funding gap that has existed for the past many years.

I am very concerned about my team. We do not have sufficient ongoing funding to pay for the regulation that increased the food service worker hours by 0.03% per week and an increase in the nutrition manager to change the staffing ratio to 1 to 25 residents from 1 to 30 residents. Although, of course, I support these changes because they will enable an even higher quality of care for my residents, they must be funded. Without a guarantee of funding for these additional regulations by law, it will come at the expense of other critical members of my team such as my housekeeping, laundry and maintenance staff. Without these valued staff members, there will be an increased number of infections, outbreaks and emergency room transfers. Residents will be affected. We cannot continue to deliver high-quality care without adequate funding, and we are requesting that the government fully fund the cost of implementing the Long-Term Care Homes Act and continue to fund an acuity adjustment across all envelopes so that we can maintain a team that cares for our residents.

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The province annually adjusts direct care funding to homes by approximately 2% to support care delivery and stabilize staffing levels. Without this adjustment, homes have no capacity to offset arbitrated wage settlements or manage the normal acuity-driven fluctuations to their care funding base.

Also, we are requesting funding for the unprecedented 17% increase in WSIB costs that were implemented as of January 1. In health care, there certainly is an aging workforce, and these incidents increase.

We're also requesting funding for the increased cost of hydro, other utilities and service contracts that I now have as a result of the harmonized sales tax.

The new Long-Term Care Homes Act is putting increased pressure on homes to admit residents with much more complex medical conditions, increased behavioural issues and higher infection control risks. Without adequate funding, staffing levels decrease, and service will deteriorate. For a 100-bed home in Ontario, the job losses could be five full-time equivalents, which could translate across the sector as up to 3,500 full-time equivalents.

On \$110 a day in funding from the government, we've been providing a high quality of care, exciting programming and nutritious meals, all in a home-like environment. We provide great value for money, but we are challenged to continue to do so. We're in critical risk of slipping backwards to the detriment of both residents'

care and those who need access to hospital services, and this budget can prevent this outcome.

I'd be very happy to welcome you to Heron Terrace at any time to see the great work that we do, to visit with our residents and our families and to meet our very committed employees. Today, I seek your support to ensure that long-term-care residents in my community do not see their care and service levels decline in the wake of this budget and that homes are not forced to place more demands on already overburdened hospitals and emergency rooms.

I'd be happy to answer any questions.

The Chair (Mr. Pat Hoy): Thank you. The questioning goes to the official opposition. Mr. Miller.

Mr. Norm Miller: Thank you very much for your presentation. You give a very good description of Heron Terrace. I know there are some members of this committee who like to bowl, so I could see their ears perk up when you talked about Wii bowling.

I have lots of questions, but towards the end of your submission, you talked about a 17% increase in WSIB costs. Were you consulted about that ahead of time or warned about it?

Ms. Linda LaBute: No.

Mr. Norm Miller: Were you given an explanation as to why you're at higher risk now?

Ms. Linda LaBute: I think that's across the board. I think they've made some changes in their operation. I think they've extended the length by a year, and we have to carry the burden of some of the costs. They've extended the time. And there are more claims across the province.

Mr. Norm Miller: So if you weren't expecting the 17% increase, then how do you budget for it, and how do you account for it? Where do you find the money to pay for it?

Ms. Linda LaBute: That's the whole core of my presentation: It's very difficult.

Mr. Norm Miller: Essentially, if most of your funding—I guess you get some funding from residents, some from government. But if you get a big increase in cost like that, it has to come out of your operations somehow.

Ms. Linda LaBute: The operational budget, basically.

Mr. Norm Miller: You have to cut back in housekeepers or care or something.

Ms. Linda LaBute: And that's our concern about presenting a team approach here, because housekeeping is essential. Certainly, everyone is hugely concerned about infection control. With poor housekeeping, it isn't just a visual problem; it's a very real infection control problem if we don't have sufficient housekeeping. And it's very hard for us to function without laundry services. They are critical services to the home.

Mr. Norm Miller: You talked about complying with the new assessment tool and the new long-term-care act. Is it costing you more time to comply with those regulations?

Ms. Linda LaBute: It certainly is more costly in time. For instance, one small example is, there are now up to six programs that the ministry insists that we provide mandatory training for. That's mandatory training for 190 staff for six programs a year. We have to pay staff to attend mandatory training, so that alone is a huge cost.

Mr. Norm Miller: And what does that end up meaning for your residents, if it's more difficult to comply with the regulations?

Ms. Linda LaBute: We struggle. There is an increased burden on the staff. There are health issues; there are burnout issues. Ultimately, everything else has to come out of the operational budget, so something else will be cut somewhere if we can't meet those.

Mr. Norm Miller: You also mentioned the effect of the HST. Has that had a negative effect on your operation?

Ms. Linda LaBute: Huge.

Mr. Norm Miller: Can you talk about that?

Ms. Linda LaBute: The hydro costs have obviously gone up everywhere, and we're no different.

Mr. Norm Miller: How much have your hydro costs gone up?

Ms. Linda LaBute: I don't know. Sorry, I don't have that off the top of my head. I'm happy to provide it to you if you want. Really, there were many things that were excluded from sales tax until the harmonized sales tax came in, so we're looking at an extra 5%, perhaps, on many goods and services.

Mr. Norm Miller: Just so I'm clear: It's an extra 5% cost for you that you didn't have before? It's not benefiting your business or your operations.

Ms. Linda LaBute: Oh, no, no.

Mr. Norm Miller: It's costing you 5% more. I have many more questions, but I know Mr. Barrett also would like to ask a question.

Mr. Toby Barrett: You mentioned \$110 a day in funding. You're a private home and I know you were built in 2003. So many, public and municipal, were built at the same time. Does every home receive \$110 funding a day, and is that the sole funding that you have?

Ms. Linda LaBute: It's a basic format. Some of our funding depends on the acuity level of our residents, and one of the things I mentioned was the resident assessment tool. Some of our ministry funding depends on how the needs of our residents are assessed, but we certainly have no extra funding.

Mr. Toby Barrett: So that \$110 applies to basically every single long-term-care patient in Ontario, no matter where they are? Is that what it is?

Ms. Linda LaBute: Plus or minus a bit. There are some homes, not-for-profit charitable homes and municipal homes, which would have some funding from other sources that we would not have available.

Mr. Toby Barrett: From the municipal taxpayer, would it be?

Ms. Linda LaBute: Yes. Charitable homes would have, obviously, their own funding sources.

Mr. Toby Barrett: Okay, thank you.

The Chair (Mr. Pat Hoy): Thank you, and thank you for the presentation.

ASSOCIATION FOR PERSONS WITH
PHYSICAL DISABILITIES OF WINDSOR
AND ESSEX COUNTY

The Chair (Mr. Pat Hoy): Now I call on the Association for Persons with Physical Disabilities of Windsor and Essex County. Good morning. You have 10 minutes for your presentation. There could be five minutes of questioning and it will come from Mr. Tabuns of the NDP.

If you're going to be speaking, state your name for our recording Hansard and then we'll have your names. Thanks. Go ahead.

Ms. Tina Beneteau: Hi, I'm Tina Beneteau, director of service and operations for the Association for Persons with Physical Disabilities.

Mr. John Boyko: My name is John Boyko and I'm with the Canadian Paraplegic Association. I am a peer support coordinator working with people with disabilities.

Ms. Tina Beneteau: To my right are Gord Gervais and his personal care attendant, Amy Fram.

The Chair (Mr. Pat Hoy): Go ahead.

Ms. Tina Beneteau: We're here to propose a plan that would have more chronically ventilated people out of hospital and living in the community. My organization has had a successful experience with this venture and I thank you for the opportunity to share it.

1050

Gord has lived in an APPD supportive housing site for 20 years, after an injury left him a quadriplegic. Gord was very active in the community. He was always on the go: shopping, out and about. He also attended our local college and was employed.

In January 2009, Gord had a bout of aspiration pneumonia that left him requiring a ventilator to be able to breathe for the rest of his life. Gord was in the ICU at Met hospital for over seven months and was unable to return home.

The road was not easy in order to be able to return him to the community. It required extensive training of our staff here at the hospital; we also utilized West Park. We rely on the support of our community partners, which includes CCAC and ProResp.

At home, Gord has a staff member assigned to his care 24 hours a day. He's able to get out of bed when he chooses, watch TV, wheel around the building, go outside in the summer and socialize with his friends. Gord's family can easily visit him in the privacy of his own apartment. Additionally, Gord's risk of secondary illness is greatly reduced outside of the hospital confines.

Gord is only able to attend today because he resides in the community. If he resided in the hospital, there would be no opportunity to leave, as the need for trained staff would ground him. No one should have to call a hospital

a home. It's a great place if you're sick, but not to live your life.

The cost for caring for Gord in his own home is marginal compared to if he were to live in the hospital. Community-based living has a cost that is roughly one third of the cost of hospital-based care. With that being said, the savings have not trickled down to our APPD budget. In fact, we have not received any additional funding to help offset the cost of additional staffing for Gord.

In closing, we urge you to consider developing a community-based, province-wide respiratory outreach program.

Mr. John Boyko: We're going to have a very short presentation here.

We are requesting resources to work with experts in Ontario to develop and implement a province-wide, community-based respiratory outreach program that is evidence-based and provides a higher quality of life for people with disabilities and who require assistance with breathing, at a significant lower cost. According to the Ministry of Health statistics, we can save the government \$50 million a year by developing this service and providing the ability for these Ontarians to live at home in the community of their choice.

Thank you very much, and we'll field any questions.

The Chair (Mr. Pat Hoy): Very good, and the questioning will go to Mr. Tabuns of the NDP.

Mr. Peter Tabuns: Thank you all very much for coming. I really appreciate it.

I want to go back to your statement. Did I hear savings of \$50 million per year?

Mr. John Boyko: That's correct.

Mr. Peter Tabuns: And can you tell me where I can find that number in the documentation that backs it up?

Mr. John Boyko: We did have a three-page handout. There's a little chart there, and basically it indicates what the costs are for someone living in an intensive care unit. When you look at the cost savings by getting them back into the community, that's where that figure will come from.

Mr. Peter Tabuns: So how many people in total in Ontario are currently in hospital who could be in the community?

Mr. John Boyko: We have about—this chart was based on 27 people, but the estimate continues to go up. There are other estimates of well over 100 people who are living in hospitals in Ontario.

Mr. Peter Tabuns: Okay. And why is the cost difference so great?

Mr. John Boyko: It's just a matter of dollars and cents. When you're in a hospital environment, the cost is so much higher. When you go back to the community, the cost could go down 60% because of the lower cost of care. There isn't the specialized need, as there is in a hospital.

Mr. Peter Tabuns: If I understand it correctly, then, there's enough technology and knowledge that you don't have to be in an ICU to get 24-hour breathing support.

You can be in your own home and get the right technology and the right support to keep you going.

Mr. John Boyko: Gord, the person to my right, is a perfect example of somebody living in the community and living an active life, as opposed to being in a hospital and staying in that hospital. If Gord was in the hospital right now, he would not have been able to come to this meeting. There were not supports for him to do that.

Mr. Peter Tabuns: And what response have you gotten from the Ministry of Health when you've said to them, "There's an opportunity here to let people lead a much more normal life"—living in a hospital, I agree with you, is not my favourite way to spend time—"and save money at the same time"? How do they come back to you?

Mr. John Boyko: That's a good question. I don't know. We work with experts who have dealt with that, and that's something that's beyond my scope.

Ms. Tina Beneteau: Actually, if you refer to the handout that is with the letter, on the first page it says the facts and it indicates that in 2007, there were recommendations from the chronic ventilation strategy force to invest the money, but none of that has come forward. In 2008, they had presented the five major priorities again; however, it still has not been implemented.

Mr. Peter Tabuns: Well, I don't have further questions, Mr. Chair. I think you've made your case very strongly and I appreciate you taking the time.

Mr. John Boyko: Thank you very much.

The Chair (Mr. Pat Hoy): Thank you for the presentation.

ST. CLAIR COLLEGE

The Chair (Mr. Pat Hoy): Now I call on St. Clair College to come forward, please.

Good morning. You have 10 minutes for your presentation. There could be up to five minutes of questioning; in this round it will come from the government. We'd just ask you to identify yourselves for our recording Hansard. You can begin.

Mr. John Strasser: Thank you. Good morning and welcome to Windsor. My name is John Strasser and I am the president of St. Clair College. I have with me today Dolph Barsanti, who is our chief financial officer for St. Clair College.

Before I begin, I'd like to take the opportunity to thank your chair, Mr. Pat Hoy, for his service to the province and to this community. We wish him many years of health and happiness in his retirement. Thank you, Pat.

Let me begin by first thanking the government of Ontario for its concerted, logical approach to improving the paths for post-secondary education for all of the students in Ontario. The colleges in Ontario are better positioned today, on January 25, 2011, at the end of the first decade of a new century, to ensure the success of our students than they have been at any time since the turn of the millennium.

We've included two pieces of information for your later perusal. We've attached a formal presentation from the colleges in Ontario that cover a wide spectrum of concerns, and it is that white, stapled collection of papers that you have. We've also included for your review the 29 recommendations made by St. Clair College in December 2004 to the Rae review on post-secondary education in Ontario.

The summary point to both of those pieces of documentation is that Ontario colleges are still funded below the level of high schools or universities in Ontario and are at the lowest per-student funding level in the country. Those points are not logical, they're not defensible and they're certainly not acceptable.

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Allow me to present one example for your reflection. In a province that is desperately seeking new initiatives in economic development, that is seeking more productivity and that is seeking an international competitive advantage, there is no logical rationale provided from any source for the fact that a university student enrolled in a three-year degree program as a philosophy major receives, still today, more government funding than a college student enrolled in a three-year advanced diploma program in automotive product design. Think about that.

Perhaps with a philosophy degree—and I'm going to take a few liberties here to try to keep this in some perspective—you could navel-gaze and surmise that, in the end, it'll all work out, that the tough times are behind us, that the recession is over, that everyone has a job and that happiness abounds. Or, with the same degree of credibility that you could attach to that statement, we could keep a close eye on Warton Willie or Punxsutawney Phil. If they see their shadow in the next coming weeks, we can brace ourselves for another year of underfunding. Or if they do not see their shadow, we can expect great student funding announcements.

Thanks for these several minutes. We're certainly open to any questions.

The Chair (Mr. Pat Hoy): Thank you very much. Do you have any remarks?

Mr. Dolph Barsanti: No.

The Chair (Mr. Pat Hoy): The questioning goes to the government side. Ms. Pendergast.

Ms. Leeanna Pendergast: Thank you, John and Dolph. I caught CFO, but I think it was Dolph. Thank you for your kind comments about our Chair, the member from Chatham-Kent-Essex, and the outstanding work and service that he has made to our province.

I have several questions. It's quite a comprehensive deck that you've given us with a very short time to look at it, but I think you've hit some key points. You started out by talking about a concerted, logical approach that the province is taking, and thank you for your comments that we're better off today than since the turn of the millennium. I absolutely would agree with you.

On the last page, you also talk about the success of Second Career, and I want to reiterate and support that that is because of the work of our colleges. Conestoga

College is in my riding of Kitchener–Conestoga. Of course, I'm a huge champion for them and what they do for the community, for our youth and to build that educational foundation, which is our future. So we thank you as well for the work that you do.

I'm focusing on the capital. There have been a lot of capital investments recently in colleges, as we've seen locally in Conestoga College as well with a brand new campus, so I want to move past the capital investments and look at the strategic investment sheet that you've given us.

Credential and credit recognition: You're saying that Ontario needs a robust credit transfer system, and we've made a recent announcement that the government is looking at that.

Online student learning, and student services as well, is another area that we're focusing on.

The next one is applied research. Can you tell us more about the role that colleges play in applied research? And the second part of my question is going to have to do with what we heard from the University of Western Ontario yesterday and the partnerships that they have with their local colleges and the idea of developing and embracing internationalism.

Mr. John Strasser: Thank you for the question. Let me frame this with a little bit of background. I began a career a long time ago as a research scientist in Ottawa, so I understand research both from the theoretical side and the practical side, because some of the later positions that I held were in the steel industry, again in the research area.

The colleges are not well-positioned to do applied research without partnering with some stakeholder, whether community-based, provincially based or nationally based, because the funding that is available for colleges at this point is only starting to have some impact. Much of the money that has been dedicated to research in this country has been dedicated to universities.

The universities are better set up in terms of the structure that they have to do that. The contact hours that a university professor spends in a classroom in front of a student is probably half of what a college professor would have, so the application of research that is more developmental than theoretical has to occur because basically somebody is coming to you with a problem to solve. That's not always the case in a university environment.

Probably the greatest absurdity I've read in the last six months is the \$2 million of funding that was given by the administration in the US to a University of Kansas researcher to determine why cow manure smells. Taking \$2 million of money from something to determine what?

I think the greatest problem that we have in this country—we're going to start to get a little bit off topic—is that unless there's a practical use for the end result of the research, we should not be spending taxpayers' money on it. Personal belief.

The Chair (Mr. Pat Hoy): We only have about 20 seconds left, so thank you for your submission this morning.

Mr. John Strasser: Thank you.

Mr. Kevin Daniel Flynn: What did they find out?

Mr. John Strasser: They're just starting. They just got the money, so that'll be a five-year project, renewable.

GREATER ESSEX ELEMENTARY TEACHERS' FEDERATION OF ONTARIO

The Chair (Mr. Pat Hoy): I think we have the Greater Essex Elementary Teachers' Federation moving up here now. We do. Good morning. You've been here all morning, so I know that you know how the script goes. You have 10 minutes. The questioning in this round will come from the official opposition. Just state your names, please.

Ms. Adelina Cecchin: Adelina Cecchin from Greater Essex ETFO.

Mr. Mario Spagnuolo: Mario Spagnuolo, Greater Essex ETFO.

The Chair (Mr. Pat Hoy): Go ahead.

Ms. Adelina Cecchin: Thank you. Good morning. The Greater Essex Elementary Teachers' Federation represents approximately 1,500 public elementary teachers in the Windsor-Essex area. We welcome the opportunity to participate in the 2011 pre-budget hearings.

ETFO commends the government for continuing to increase funding for education, despite declining enrolment and a fragile economic recovery. Despite, however, increased investments by this government, elementary schools are still feeling the effects of the funding cuts from the previous government. We continue to be concerned with a funding model that is flawed and underfunded and is based on per pupil spending rather than on actual needs. In addition, it is still difficult to understand the reasoning behind the inequitable funding gap that exists between elementary and secondary in a public education system that prides itself on equal opportunity for all. Such discrepancy should not be accepted.

We would like to first begin with the issue of standardized testing, or EQAO. The EQAO has a \$33-million budget. The Ministry of Education spends approximately \$78 million on the LNS, which is the Literacy and Numeracy Secretariat. It spends a further \$14.1 million to support 80 student achievement officers who duplicate the work of school board consultants.

It is disconcerting when we begin speaking about the amount of money being expensed with the EQAO agenda, especially with random testing such as PSSA, TIMSS and other tests that currently exist. Despite the continued positive results that these random tests continue to show, this government feels compelled, in addition, to test every single student in the province, and at an incredible cost of taxpayer money.

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In the classroom, our teachers report an overwhelming feeling due to ministry-driven and board-sponsored initiatives. It is time that the government refocus funding on students, not on EQAO.

We have grave reservations about standardized tests. Time spent on EQAO means less time for teaching and learning. Students learn by thinking, exploring, investigating and researching. Teachers perform ongoing assessments through journals, portfolios, tests and quizzes, oral and written reports, projects etc. Only teachers, and not a single assessment, can best report on student learning.

The Chair (Mr. Pat Hoy): Could you move back from the microphone just a little bit?

Ms. Adelina Cecchin: Sure.

Another concern is the use of the EQAO results to rank our schools. It is a demoralizing practice and one that does not benefit our students. It also does not factor in socio-economic variables that can impact such testing.

Public education is built on the promise of equal education for all, with the opportunity to secure this promise. The introduction of ranking of schools, thereby creating a division amongst schools and promoting competition, takes away from this promise for all.

In the area of special education, the over-emphasis of the EQAO tests in our schools has resulted in forcing students with special needs to write these standardized tests. It is troubling that we subject students who we already know are below grade level to take a test that does not meet their needs.

Mr. Mario Spagnuolo: ETFO has continually suggested that the EQAO and the LNS annual budgets would be better used to hire specialist teachers and reduce class size, especially in the junior intermediate grades and the new kindergarten program.

Instead, the government has made student achievement in literacy and numeracy a priority at all costs. This over-emphasis has led to schools being overtaken by data collection initiatives that leave teachers with insufficient time to teach all areas of the curriculum. This means that elementary students are often shortchanged in terms of studying history and geography, learning about design and technology, experiencing the arts or benefiting from robust physical and health education programs.

If we want to significantly improve learning, then we recommend increasing the number of specialist teachers in these areas: the arts, guidance, design and tech, phys ed, as well as teacher-librarians. Investing in specialist teachers rather than data-related initiatives would have a more direct impact on quality public education.

We would also recommend reducing class sizes in grades 4 to 8 and in full-day early learning kindergarten programs across the province. This would support activity-based learning, positive social interaction amongst students and individual attention from teachers. Research demonstrates that smaller classes enable teachers to provide more individual attention to students and

allows teachers to provide a greater variety of instructional strategies.

In terms of our students in grades 4 to 8, class sizes in these grades are the highest among elementary and secondary schools. Primary grades are funded for a class size of 20 and secondary grades are funded to support a class size average of 22, yet grades 4 to 8 funding is at a level of an average class size of 25. In reality, however, in our school board we have a class size amongst the highest, at 28 to 1. As a result, our students in grades 4 to 8 are left with a higher teacher-pupil ratio. For example, in our area, surveys indicate this year that we have at least five classes that have 35 students, another five classes at 34 and a further eight classes at 33.

Special education is another area of our concern. We recommend that the government increase funding in this area for greater support for students with identified special needs. Currently the Ministry of Education's core grants for students with special needs, SEPPA, are tied to overall enrolment. As total student enrolment declines across the province, school boards therefore also receive less money for special education. However, the number of students currently being identified and the future projection of students with special needs all point to a significant increase.

Most school boards spend more on special education than they receive in their grants. Our board is no different, projecting a \$6-million deficit in this envelope. This means the board is taking funds from other programs to support special education. We recommend to the government that it base special education grants on the educational needs of students, not on overall enrolment.

Ms. Adelina Cecchin: Public sector restraint: We would like to take a moment to speak to you about teachers' salaries.

The fall economic statement indicates that there will not be any increases to teachers' salaries over a two-year span. This policy is problematic for our public elementary teachers in Ontario. ETFO members currently receive 2% less in salary than their counterparts. ETFO will be looking for pay equity for our members in the next round of bargaining.

The early learning program: The early learning program funds one teacher and one designated ECE in classes that average 26 students. Although the new program is play-based curriculum, the number of students in these classes and the physical space of many of the classrooms being used do not complement a play-based approach. As Ontario moves forward to fully phase in this important new program, it will need to bring class size in line with other primary grades and provide the capital funding that can accommodate the activity-based program that is at the core of its philosophy.

Mr. Mario Spagnuolo: Technology is playing an increasingly important role in how students learn and how teachers teach. The application of technology in the classroom also continues to change at a rapid pace. In order to keep up with the changes and to do the job

effectively, teachers need greater workplace access to up-to-date technology, technological support and more regular professional in-service. The Ministry of Education grants to school boards need to be increased to support these technology concerns.

School closures: The 2010 People for Education report notes that across the province, 160 schools are currently closing or recommended to close. Another 139 schools are undergoing accommodation reviews to decide their future. These numbers represent the largest amount of school closings since the Conservatives were in government.

Schools in this area have not been spared. Smaller schools are closing as school boards adopt a policy of bigger schools for the sake of efficiency. However, efficiency does not always equate with effectiveness. Current research points to students in disadvantaged communities being more successful in both smaller elementary and secondary schools. The optimal size of a school at the elementary level is 400 pupils and between 600 and 900 in high schools.

The government should reexamine the funding formula so that school boards are better funded to maintain smaller schools and protect these neighbourhood hubs. Students attending smaller schools feel better connected to all teachers, to the principal and to one another, and as a result are better connected and are less likely to engage in negative behaviours. As well, smaller schools provide a safer place for students and have fewer discipline problems, as research indicates. Student attendance is also better in these smaller school environments.

Finally, the achievement gap is narrowed in smaller schools and the socio-economic factor plays less of a role. Schools are about people, not numbers.

The Chair (Mr. Pat Hoy): You have about a minute left.

Ms. Adelina Cecchin: Thank you. We thank you for the opportunity to outline some of our priorities in the education sector. We hope the government seriously considers addressing the EQAO and LNS through the reinvestment of these savings into such programs as smaller class sizes, more specialty teachers and an equitable funding formula that will address the real needs of students with special needs and the detrimental closure of our community schools.

Finally, the issue of pay equity needs serious consideration in any bargaining discussions.

The Chair (Mr. Pat Hoy): Thank you. The questioning goes to the official opposition. Mr. Miller.

Mr. Norm Miller: Thank you very much for your presentation. You talked a bit about declining enrolment and the effect on smaller schools. Do you have many rural schools in your area?

Mr. Mario Spagnuolo: Yes, we do have a few. We're a different kind of school board. We have a city, which is Windsor, and then Essex county has rural schools—I wouldn't say as many as in the northern or the eastern parts of the province.

Mr. Norm Miller: So the schools that are facing declining enrolment: Are they more the rural schools than the city schools, or is there any differentiation?

Mr. Mario Spagnuolo: No, I wouldn't say that. It also affects city schools. The west side of our city, especially, has been affected by the economic devastation and people moving out. It has affected both urban and rural equally, I would say.

Mr. Norm Miller: How many schools are facing possible closure?

Mr. Mario Spagnuolo: It was announced yesterday that one school in the west end is closing, and there's another school out in Maidstone that is a rural school is also closing. And we've had a few amalgamations over the last few years.

Mr. Norm Miller: I know Mr. Barrett wants to ask some things.

Mr. Toby Barrett: With the school closings—I know we had a presentation earlier today. Something like 7,800 people have left the Windsor-Essex area. With youth unemployment, many of these would be young families. What has been the decline in the elementary student body since, say, 2006-07?

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Ms. Adelina Cecchin: We've been hard hit. Our school board has noticed the declining enrolment. I don't have the stats on hand, but there has been an impact in terms of the declining enrolment, although from 2006 up to today, there has been some kind of growth. There has been some level of growth, which is a good thing.

Mr. Toby Barrett: How many teachers have you lost?

Ms. Adelina Cecchin: We have not had to lay off any teachers, luckily.

Mr. Toby Barrett: At the elementary level?

Ms. Adelina Cecchin: That's right.

Mr. Mario Spagnuolo: That's due to retirements and increase in preparation time. The slight reduction in class size has helped.

Mr. Toby Barrett: So the same number of teachers, though?

Ms. Adelina Cecchin: We would have had to have laid off teachers; however, because of our last round of bargaining in terms of the benefits and the increases and the stuff that we were able to get through our last round of bargaining, we were able to save those teaching jobs.

Mr. Toby Barrett: I don't have your brief. You mentioned the 2% less salary. That's—what?—a difference between elementary and secondary? What was that?

Ms. Adelina Cecchin: It's actually the difference between—we're the only provincial union that is paid 2% less. All our other counterparts—OSSTF, OECA and AEFO—receive 2% more.

Mr. Toby Barrett: What are the salary ranges now for elementary and secondary?

Mr. Mario Spagnuolo: By the end of 2012, our top rate would be approximately \$84,000. The average teacher salary is about \$60,000 because we do have a lot of younger teachers coming into the profession. You're

looking at zero years' experience, step two of the grid, so you're looking at \$45,000 to \$50,000 starting salary.

Mr. Toby Barrett: For starting. And that's elementary?

Mr. Mario Spagnuolo: Yes, which is 2% less than a secondary teacher in the same category.

Mr. Toby Barrett: Yes, okay.

Ms. Adelina Cecchin: But I would like to think—just in response to that—that we do value the work of our public elementary teachers in the same way that we value any other teacher in our system.

Mr. Toby Barrett: Okay. Thank you very much.

The Chair (Mr. Pat Hoy): Thank you for the presentation.

MR. ROBERT MAICH

The Chair (Mr. Pat Hoy): I now call upon Robert Maich to come forward, please. Good morning. You have 10 minutes for your presentation. There could be up to five minutes of questioning, coming from Mr. Tabuns of the NDP in this round. I just ask you to state your name for our recording Hansard, and then you can begin.

Mr. Robert Maich: My name is Robert Maich, and I'd like to thank the chair and the committee for allowing me to appear today before you. I would like to speak briefly on three areas, the first being the Detroit River international crossing, the second being subsidies under the Green Energy Act, and the third being the HST.

To begin with the Detroit River international crossing, it is my view that this project would be more prudently divided into two phases, the first phase being an improvement of the roadway between the 401 to the E.C. Row Expressway, with the second phase to the proposed new bridge crossing being rolled into a second phase tied into the crossing itself.

My reasons for this submission are twofold. First, the state of Michigan has yet to enable legislation permitting the construction of the new crossing. I would very much dislike to see public funds expended on a road that may eventually lead to nowhere. I think we have to be much more careful with our public funds. Secondly, I believe that the final phase, the roadway accessing the proposed new crossing, is more properly part of that crossing initiative. In other words, it would serve really no other purpose than to feed that crossing. If that crossing is to be a public-private partnership, should the final three to four kilometres of that parkway be costed into that project with the public-expropriations-to-date costings being factored into that project?

If I can roll back to the first phase of the road improvement, currently Talbot Road and Huron Line to E.C. Row, I would ask the members of this committee to pay careful attention to that roadway on your way out of town. If you look at both sides of the current roadway, you will see that perhaps four crossings, two of which being interchanges, would be sufficient to serve our community without it being severed by this new parkway, at less expense than what is currently planned.

If you were to look at the interchange at Howard Avenue-Highway 3 and Cabana Avenue-Todd Lane, as well as underpasses at Grand Marais and Cousineau Road, you would see, by the view of what's on the ground, that these four interchanges and underpasses would be sufficient to prevent our community from being severed.

Furthermore, the expropriations to date, which I believe the Minister of Finance has indicated are somewhere in the neighbourhood of \$250 million, covering the lion's share of what is required, would be sufficient to convert the existing road into a controlled-access road, which would be critical for public safety and speedy movement of goods to the United States.

If you look at the \$250 million expended to date on expropriations, the cost of two interchanges and two underpasses—basically four crossings—should not exceed in the range of \$60 million to \$100 million. So if you look at the \$250 million spent to date, as well as the \$60 million to \$100 million required to bridge the existing roadway as a new controlled parkway, we're looking at somewhere in the realm of \$400 million, not \$1.4 billion. I fail to understand the wisdom of the extra \$1 billion being expended.

This brings me to the Green Energy Act. There's a great amount of debate as to whether or not subsidies are a matter of robbing Peter to pay Paul or if they're a helpful nudge to move a province or an economy in a particular direction. I do not have a particular view that one approach is correct over the other. How I see it is a case-by-case analysis. Any subsidy should be to the view of eventually creating something that is self-sustaining. When we have a subsidy that goes into the realm of a tenfold increase over the market value of energy, I think we've gone out of the realm of robbing Peter to pay Paul but rather robbing Peter and Paul and setting the cash on fire for energy.

This is not a wise expenditure of public funds. More importantly, it robs us of resources to do other improvements in energy that are required, such as converting our coal plants to natural gas to reduce the greenhouse emissions by approximately half, and to also upgrade and improve our nuclear facilities.

When we get into spending billions on something that isn't sustainable, we have to take a view that the taxpayer's pocket is not bottomless and the resources of the province have to be respected, no matter how noble the cause, which brings me to the HST. A consumption tax of this nature is an ultimate burden on the families and individuals of this province. Some would argue that a 13% consumption tax is not that high, especially when we compare it to a nation like Greece, which has a 23% consumption tax.

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That type of modelling in comparison, I think, takes us down a road we don't want to go down, because when you look at a nation like Greece, they have one of the lowest tax compliance rates in the European Union. We do not want to foster an underground economy,

ultimately robbing the government and our citizens of tax dollars, with services being moved to an underground economy to avoid tax. This is not the route we want to go down. We should be fair to everyone and be respectful of our province's and economy's resources.

Thank you. Those are my submissions in brief.

The Chair (Mr. Pat Hoy): Thank you very much. As I said, the questioning will go to Mr. Tabuns of the NDP.

Mr. Peter Tabuns: Mr. Maich, thank you very much for coming in this morning. I appreciate you taking the time.

I want to go back to the HST. Can you tell us a bit about the growth of the underground economy and its relationship to the HST here in Ontario?

Mr. Robert Maich: The problem when a tax is attached to a service is that it's very hard to track the inputs, and it's very hard for the government to enforce that tax.

I'll tell you anecdotally a story that was told to me, albeit second-hand, about an electrical contractor who said that since the implementation of the HST, he has run into a situation where seniors are asking him, "Is there a cash price?" He said, "I never ran into something like this with seniors before." Sure, some people would ask that, but he never ran into that before.

It's not just driving it on the part of the individuals seeking to do business; it's running into the initiative on the part of the individuals looking to purchase. Once this starts to happen, we wind up with a smaller and smaller pool of taxpayers funding an ever-growing burden. We need to find a mechanism that is fair to everybody and that ensures that everybody makes their fair contribution to our province's treasury.

Mr. Peter Tabuns: And what mechanism do you suggest we utilize?

Mr. Robert Maich: I think the mechanism is to build a consensus. You have to have a consensus amongst the people that they believe they're paying a fair tax, be it a 10% consumption tax, an 11% consumption tax or a 12% consumption tax. But anecdotally, I can tell you the people of this province do not view 13% as a fair consumption tax.

Mr. Peter Tabuns: Well, I'd have to agree with you on that.

Mr. Chair, I have no further questions. But I want to thank you very much for taking the time to put together the arguments and coming here and speaking the way you have today.

Mr. Robert Maich: My pleasure. Thank you for allowing me to speak.

The Chair (Mr. Pat Hoy): Thank you for the presentation.

UNITED WAY/CENTRAIDE OF WINDSOR- ESSEX COUNTY

The Chair (Mr. Pat Hoy): I believe the United Way has just walked in, am I correct? If you would come

forward, we'll hear your presentation. Thank you for coming in early. That helps our committee move along.

You have 10 minutes for your presentation. There could be up to five minutes of questioning, which in this round will come from the government. I ask you to state your names before you begin for our recording Hansard, and you can start with your presentation.

Ms. Penelope Marrett: Good morning. My name is Penelope Marrett, and I'm the CEO of the United Way of Windsor-Essex County. With me is my colleague Lorraine Goddard, senior director of community impact. Bonjour.

We are pleased to have this opportunity this morning to speak with you on the recommendations that we have for the standing committee during its pre-budget consultations. I know that a copy of our brief is being circulated to you, as well as a copy of our Well-Being Report.

United Way/Centraide of Windsor-Essex County has been working in this community for 64 years. As a solutions leader, we work with government, agencies, business and labour to find lasting solutions to the health and human service issues that affect the people in the city of Windsor and the county of Essex.

Ms. Lorraine Goddard: In 2009, United Way/Centraide held extensive consultations, and from these identified three community investment priorities: supporting basic needs and independence, positioning kids and families for success, and creating thriving neighbourhoods.

In 2010, the United Way/Centraide released its second community Well-Being Report, a copy of which we have here for you today. This report continues to chart how well our community is doing over time in a number of areas identified by its citizens.

Ms. Penelope Marrett: The United Way/Centraide believes in the overarching principle of Ontarians having access and choice in order to have the best quality of life for themselves and their family. This overarching principle is all-encompassing and includes, among other things, housing, food security, health care, recreation and socialization.

The government is to be commended for its poverty reduction strategy and its recently released long-term affordable housing strategy. Based on our work in this community, we have a number of recommendations to the standing committee. To support basic needs and independence, we, along with many other organizations in Ontario, are calling on the provincial government to establish a housing benefit for people living on low income. Such a benefit would provide low-income Ontarians with a greater ability to find adequate, affordable housing that suits them.

We also strongly urge the provincial government to continue advocating the federal government for a renewed national housing strategy that includes a renewed funding commitment.

Ms. Lorraine Goddard: Food security exists when all people at all times have physical and economic access

to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.

In 2005, households with an annual income below \$30,000 reported experiencing food insecurity, with moderate to severe hunger. Some populations are at increased risk of food insecurity, including recipients of social assistance, the working poor, lone parent families, children and persons with disabilities.

People who receive social assistance continue to make up the largest group of food bank users across Canada. In 2009, there were 235,000 visits to food banks within Windsor-Essex county, which was an increase of 242% in food bank visits from 2006 to 2009. There was also an increase of 261% of adults and children in families that visited food banks. These rates are astonishing. We must work together to find innovative ways to assist people experiencing food insecurity.

In October 2010, United Way/Centraide partnered with Pathway to Potential, the coordinating organization funded by the city of Windsor and county of Essex to implement the region's poverty reduction strategy, and the Windsor-Essex Food Bank Association, who came together to co-host a community forum, Food Matters, which highlighted existing food initiatives and focused on developing a plan of action for food security in our community. Four priority areas were identified: emergency food distribution, alternative food distribution, urban-rural agricultural initiatives and policy initiatives. We believe that the provincial government needs to increase income assistance, including Ontario Works, to a level that will ensure recipients have food security.

Ms. Penelope Marrett: With the continuing economic uncertainty in this region, having a strong, resilient and healthy citizenry continues to be a challenge. Financial insecurity caused by an uncertain future can seriously compromise well-being and cause a range of health problems related to stress, anxiety, illness and, in extreme cases, even substance misuse and suicide. According to Children's Mental Health Ontario, there were 50% more child mental health cases reported in Windsor-Essex county in June 2008 compared to September 2006, while Ontario rates remained relatively unchanged in the same time frame. We strongly urge the provincial government to increase its funding for children's mental health services, particularly in regions throughout the province that have a higher than average number of cases, such as it is in Windsor and Essex county.

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The provincial government is to be applauded for its commitment to mental health and addictions. We are a partner in the Windsor-Essex drugs strategy group, which in 2008 released its community drug strategy framework report. Youth residential addiction service options do not exist though in our community. Thereby, we force our youth to leave their community and supports for services. The government needs to increase its investment in our

youth, including providing addiction services in our communities.

The Ontario government is also to be applauded for its support of the 211 initiative. This collaboration with municipalities, the provincial and federal governments, the Ontario Trillium Foundation and local United Ways in Ontario will ensure that Ontarians will be able to access information on community, social, health and related government services.

We applaud the government for its commitment of \$4 million a year to this initiative beginning in 2012 as part of its poverty reduction strategy. However, we would recommend that the province increase its financial commitment. We therefore urge the provincial government to increase its financial contribution to a minimum of 60% of the total cost of running the 211 initiative in Ontario.

Ms. Lorraine Goddard: Windsor-Essex county is uniquely positioned to continue its reputation as a transportation and infrastructure hub for Ontario and all of Canada. We applaud the provincial government for their commitment to our community in this area. By capitalizing on this existing asset, which is not easily replicated elsewhere in the province, Ontario's economy will continue to grow and strengthen, thereby helping Ontarians to lead a better quality of life. We believe that the Ontario government needs to continue to seek out opportunities to strengthen Windsor-Essex county as a major transportation and infrastructure hub.

Ms. Penelope Marrett: In conclusion, Windsor-Essex county has experienced serious challenges during the last couple of years, as you know. With strategic investments in the coming year and beyond, the citizens of Windsor-Essex county will be able to continue to address issues of concern with the goal of strengthening its community. Together, we can change lives.

Thank you very much. Merci. We'd be happy to answer questions.

The Chair (Mr. Pat Hoy): Thank you. The question will go to the government. Ms. Pendergast.

Ms. Leeanna Pendergast: Thank you, Penelope and Lorraine, for being here, and thank you for the work that you do on behalf of the United Way—exceptional work that United Way does in my area of Waterloo region, Kitchener-Conestoga in particular. I work very closely with the United Way. One thing that I do that does jump out at me is, of course, the word “partnership,” because the United Way, at least in my area, is exceptional in what it does in partnering. You've mentioned twice—there's a lot of information here, and it came very quickly. On page 8, you mentioned the partnership with Pathway. You mentioned another partnership on page 10, the community drug strategy. Are you working in partnership? Is that sort of the motto of United Way? I guess I'm thinking in terms of difficult economic times, a limited amount of money. Certainly, we're going to talk about children's mental health next. How can you use those two words in the same sentence—limited funds and children's mental health? But given that that is a reality,

is a partnership something that you do as a model of how the United Way works? Can you elaborate a little more on that, please?

Ms. Penelope Marrett: I'll start and then I'll ask Lorraine to continue. Partnership is a very important principle for the United Way. We recognize that we can't do it alone and we shouldn't be doing it alone. We need to be working with the individuals and the organizations that are affected, and community stakeholders as well as government, in order to be able to address the issues of concern. So it's very much a model, along with collaboration, that we really do our best to work upon.

Do you want to add anything?

Ms. Lorraine Goddard: Yes. United Way also—Windsor-Essex—brings together funders through a funders' forum. One of our goals within the funders' forum is to look for opportunities to collaborate and to dovetail the services that are being delivered and funded through various levels of government and locally in such a way that we're not duplicating, that we're building on each other's strength. That's a very key approach for United Way. In fact, in our 2010 community investments, collaboration was a significant criterion in the decision-making process as to which agencies were going to be funded. We knew that we had a significant reduction in our available dollars to fund, yet we had great needs in our community. We asked the community agencies to demonstrate how they can clearly work more collaboratively, not just on paper, but to demonstrate some clear collaborative approaches.

We are very pleased. Organizations, as difficult as it is sometimes, are coming together and are looking at how do we build on each other's strengths and deliver the strongest program service strategy that will really achieve impact in our community.

Ms. Leeanna Pendergast: And that's a local strategy initiative?

Ms. Lorraine Goddard: Yes.

Ms. Leeanna Pendergast: And it would be possible to get more information on that from you?

Ms. Lorraine Goddard: Absolutely.

Ms. Leeanna Pendergast: Okay, thank you. I'm probably going to run out of time. Chair, how much time?

The Chair (Mr. Pat Hoy): You have two minutes.

Ms. Leeanna Pendergast: Lovely. Just a quick clarification on the recommendation for the financial contribution to the 211 to a minimum of 60% of the total cost: Can you just explain for me, please, because I'll be the one accountable to go back to the minister directly, where you get that number of 60%?

Ms. Penelope Marrett: This is a number that we have worked with amongst many of the partners, including 211, operationally, about what is the best percentage. Right now, for example, in the Windsor-Essex community, we support 211 with a contribution of approximately 30%, which is quite a significant amount of funds for us as a local United Way.

Knowing that Ontarians will benefit and have benefited from it, we see that this is an initiative that the government needs to make a much stronger investment in as part of their poverty reduction strategy in ensuring that access to information is available to Ontarians throughout the province.

Ms. Leeanna Pendergast: And children's mental health: You're talking about the services, particularly in regions throughout the province. Again, is there a provincial strategy for that through the United Way, given it's such an important aspect?

And quickly—there's so much in this document—would you be able to prioritize? Could you say what would be the one thing that you would really like to leave the government with, to say, "Please, this would be our number one priority"?

Ms. Lorraine Goddard: When you look at the rates of children's mental health in our community, it's very significant when we compare to Ontario in general and other Ontario communities.

With respect to what we're asking the province to do is—it's very piecemeal. There is no real strategy to address children's mental health. That is a problem. Funding is committed over shorter periods of time—it's here; it's not here—and it's inadequate. There are just not enough services to address the needs of our community.

Ms. Leeanna Pendergast: My colleague here, Kevin Flynn, was the Chair of the mental health committee, and that was one of their recommendations as well. Thank you.

The Chair (Mr. Pat Hoy): Thank you for your presentation this morning.

Interjection: Thank you very much for having us.

The Chair (Mr. Pat Hoy): That concludes our business for this morning, so we'll recess.

The committee recessed from 1147 to 1259.

WINDSOR REGIONAL HOSPITAL

The Chair (Mr. Pat Hoy): The Standing Committee on Finance and Economic Affairs will now come to order. Our first presentation of the afternoon is the Windsor Regional Hospital, if you'll come forward, please.

Good afternoon. You have 10 minutes for your presentation. There may be up to five minutes of questioning following that, coming from the official opposition. If you could just state your name for recording Hansard and then you can begin.

Mr. David Musyj: Sure. David Musyj. I'm proud to be a member of a team at the best hospital in the province of Ontario. It's the best hospital for patient care and it is also the best hospital in which I work. I refer, of course, to Windsor Regional Hospital, of which I'm proud to be the president and CEO. I want to thank the Standing Committee on Finance and Economic Affairs for inviting me to attend before them today for the pre-budget consultations.

To paraphrase the old Chinese curse, we live in interesting times. Back in 2008, the provincial govern-

ment announced a surplus of approximately \$600 million. That was on the heels of two successive years of surpluses. Then, as you all know, the bottom fell out.

If, in 2008, I bet everyone in this room that General Motors would go into receivership, in 2009 I would have won a lot of money. The old slogan was, “As GM goes, so goes the nation.” Well, GM went and so did we. The impact of the worldwide economic meltdown was felt as hard in Windsor as anywhere. It was hit extremely hard. Our unemployment numbers have been and continue to be the highest in Canada. Corporate and personal bankruptcies have been at unprecedented levels.

We at Windsor Regional Hospital detected the first signs of a faltering economy in 2007. Provincial funding for 2008 and 2009 was announced in early 2008. We learned that we were going to receive an increase in our base funding of 2.25% in 2008 and a further 1.95% in 2009. At the same time, we were facing an increase in demands for our clinical services. We knew that without some dramatic changes the funding increases would not allow us to balance our budget and still meet those demands.

In early 2008, before the economy collapsed, we commenced a zero-base budgeting process. As a hospital, we have experienced unprecedented growth over the last 10 years. Our operating budget has gone from \$100 million to over \$300 million. During that time, we budgeted incrementally; that is to say, as we received additional funding, in large part we spread it across the hospital’s various programs on an equal basis. This approach to budgeting went largely unremarked until funding started to be outpaced by inflationary expenses.

When we adopted the zero-base budgeting process, we took a step back and started to rebuild our programs from the bottom up. Programs were required to create new budgets based on current needs, volumes and demands. The process involved everyone, and I mean everyone: physicians, employees, volunteers and board members. Hundreds of individuals were involved in developing the various recommendations in the actual decision-making process. I want to stress that like the process itself, the recommendations were made from the bottom up, not the other way around.

The ZBB process was completed in early 2008 and recommendations began to be implemented immediately. The results speak for themselves. In fiscal 2007, we ended with a \$6-million deficit. In 2008, we ended with a \$1-million surplus—a \$7-million swing. This current fiscal year, even though base funding was only increased by 1.49%, we’re projected to do slightly better and we will have a small surplus. At the same time as our fiscal turnaround has been occurring, our team has been recognized locally, provincially, nationally and internationally for their clinical and fiscal expertise. For example, over the past two years, Windsor Regional Hospital has had the highest number of leading practices of any hospital in Ontario and received recognition for them at the international conference of the Ontario Hospital Association. This past November we were rec-

ognized for a total of 11 leading practices, two of which were placed in the top six best practices category. One of these two was as a result of the hospital’s fiscal management practices.

In addition, Windsor Regional Hospital was recognized with the People’s Choice award at the Ministry of Health innovation expo and was also recognized by the prestigious US Institute for Healthcare Improvement.

Currently, Windsor Regional Hospital has the lowest wait times for MRI service in the province of Ontario, even though our volumes have gone up by 10%, and one of the lowest ER wait times, considering the size of our emergency department.

I have just highlighted our team’s achievements in the last three months. I could go on. Now you know why I say I’m proud to work at the best hospital in which to receive care in the province and that I work with the best health care workers in Ontario.

I recognize that we all have a part to play, given the current economic conditions. I know that health care consumes close to 50% of the tax dollar that the government collects. Further, I’m aware that during the current economic downturn, corporate and personal provincial tax revenues have plummeted. I acknowledge that something has to give. Projections regarding the rising cost of health care, as compared to our overall provincial budget into the future, show that it is not sustainable at the current pace.

Demanding the abolishment of LHINs might make for a good sound bite for the media, but that would do little to help. The total administrative budget for all 14 LHINs is about \$80 million. No matter what you replace them with, the budget will probably be about the same. We also know that regional authorities do not work very well and cost much more. We do not have time to experiment.

The sustainability of our health care system needs to be examined in a formal setting. I strongly suggest that a royal commission to examine the viability and sustainability of our health care system is urgently needed.

It is a fact that at Windsor Regional Hospital, wages and benefits amount to close to 70% of our operating expenses. In November 2009, I publicly stated what I’d been discussing with our staff for at least a couple of years: I advocated for a wage freeze for all hospital workers in order to avoid reducing patient services and hospital jobs. This is not in any way to disparage our health care workers, who, on a daily basis, demonstrate their dedication and commitment. I am the first to acknowledge that our staff are our greatest asset. However, it is the case that for every 1% increase in wages, our expenses increase by \$2.5 million. I do not want to be in a position of giving Peter a 1% raise and then having to lay off Paul and reduce patient services. I must emphasize that with the increasing demand for our services, we cannot afford to lay off a single clinical staff member. We need every Peter, Paul and Pauline.

The 2010 budget provided some hope in this regard. The government indicated that no additional health care

funding could be used for funding wage increases. The government called for a two-year wage freeze. Immediately following the budget announcement, legislation was passed, freezing wages for non-union staff for two years. Windsor Regional Hospital's non-union staff, who make up only 5% of our employees, by the way, had already had their wages frozen for a year, so as a matter of hospital policy, and now in legislation, they face a three-year wage freeze.

No action was taken by the government with respect to the remaining 95% of our staff. I cannot fully describe my disappointment at this turn of events. We have been left to fend for ourselves and are at the mercy of an arbitrator, since all collective agreements in hospitals are subject to binding arbitration for settlement.

We all know what that means to us in the real world. There have been numerous arbitrated settlements this past fiscal year. All of them in the hospital sector have paid no more than lip service to the 2010 budget, just like they pay lip service to the language in the current legislation governing arbitrators in regard to a hospital's ability to pay. Such language is very weak to begin with.

Arbitrators are still awarding 2% to 3% wage increases at a time when inflation is running at half that and when people in this community, who are, after all, our patients and bosses, are happy just to have a job, let alone think about getting a raise. The most annoying and shocking part of all of this is the fact that most of the arbitrators themselves are employed in the public sector as university professors and are receiving 5% to 6% increases in pay.

Arbitrators are currently selected and compensated by both parties to the arbitration. Windsor Regional Hospital goes to arbitration maybe five times a year. A large union probably goes 100 times. In a close decision, which way do you think an arbitrator will lean? After all, they have their own bills to pay.

I think that the arbitration system needs to be reformed. My suggestion is that arbitrators need to be appointed and compensated by the government. Retired judges would be a good pool to select from. They should be appointed for two years and be subject to performance reviews by the entities they adjudicate.

Short of this kind of real reform or a union bargaining agent with the strength to explain the ramifications of this ongoing cycle to its membership, we will continue to see arbitrated awards at 2% to 3%, which will result in more patient service reductions and more hospital jobs lost. I'm hopeful that we will see the necessary leadership forthcoming.

Looking at the other issues other countries and jurisdictions are struggling with, our current government has done an overall admirable job, considering the hand we were dealt in 2008.

One area the current government needs to be commended for is the creation of Infrastructure Ontario. In November 2007, IO was incorporated to aid public sector organizations to design, build and finance construction projects. Windsor Regional Hospital is one of

the few hospitals that had a \$100-million construction project immediately before the creation of IO and immediately after. Before IO was created, we had a construction project at our Met campus. That was eventually successful, but ended up some \$10 million over budget and not on time. Currently, we have a \$100-million project with IO involvement. Bondfield is the general contractor. Today, it's 60% complete. More importantly, it is on time and on budget, with not one change order. Yes, not one change order. This is as a result of IO's extensive pre-tendering due diligence and the expertise they bring to the table on a daily basis. We are in the business of operating a hospital, not massive construction projects. Having IO's expertise is immeasurable in the tale of two construction projects.

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However, can we all do better? Yes. Our patients and our bosses demand and deserve it.

The Chair (Mr. Pat Hoy): You have about a minute left.

Mr. David Musyj: I know the team at Windsor Regional Hospital is up for the challenge. Thank you for your time.

The Chair (Mr. Pat Hoy): Okay, you were done already.

Mr. David Musyj: I raced through it.

The Chair (Mr. Pat Hoy): Mr. Miller from the official opposition will ask the questions.

Mr. Norm Miller: First of all, thank you for that very interesting presentation.

You were talking about the budget, and I think you said that there was no more than lip service paid to the 2010 budget. I think that was in reference to the wage freeze. As I understand, there's a wage freeze on your non-unionized workers. That's only about 5% of your employees. The unionized workers effectively have been getting increases, partly because of these arbitrated settlements that are beyond your control, I guess.

You have some suggestions to do with arbitrators, so maybe we'll start there. Do you think that the ability to pay, from your perspective as a hospital, should be taken into account somehow with the arbitration process?

Mr. David Musyj: Yes. Currently under HLDAA, the legislation which governs arbitrations for health care and for hospitals—it has language that is known as ability-to-pay language. But unfortunately, over the years, arbitrators have watered that down. The fact that we are funded by the provincial government means there is never a problem with the ability to pay, from our arbitrators' point of view. So they've given that very little credence, and—words have been used: They give it lip service, the current language in the legislation.

So one of the things that has to be done is, that language has to be strengthened. It cannot be just that it has to give consideration to these items; they are mandated to; they shall; these items shall govern their arbitration and their arbitration decisions. At the same time, there needs to be reform on who the arbitrators are.

Mr. Norm Miller: So this must be creating inequities for you within your operation, where you have unionized and non-unionized employees working side by side. Is that a situation that's developing?

Mr. David Musyj: Yes. We're starting, because we already had a one-year wage freeze for our non-union staff, to have a three-year wage freeze for our non-union staff. If you consider that it's 2% to 3% a year, you're creating about a 7% to 9% wage gap, at the end of the three years, between our non-union staff and the union. So it closes that gap.

Generally, our supervisor non-union staff—we make sure they're paid at least 7% higher than our union. So in effect, at the end of the day, our non-union staff who supervise unionized staff will be making the same, if not less in some circumstances, at the end of 2012, when the legislation runs out. So that creates major issues with respect to retaining people and with respect to recruiting people to these positions that we do need in the hospital.

Mr. Norm Miller: I think you also said that your base funding increased by 1.49% last year, but then I would assume that that's the funding you get and then these arbitrations happen that are outside your control of 2% to 3%. You essentially don't have the funding to pay for those increases, so you have to find savings somewhere within the hospital just to keep things as they were. Correct?

Mr. David Musyj: Yes, exactly. And the issue is the comment I stated, where you give 1% to Peter and I've got to lay off Paul. So I give Peter his 1% or 2% wage increase, but then Paul gets laid off, in a jurisdiction that has the highest unemployment rate in all of Canada. We cannot afford to lose any health care workers right now.

Mr. Norm Miller: I know Toby would like to ask a question.

Mr. Toby Barrett: Yes. It's quite heartening to hear you talk about "on time and on budget, with not one change order." It seems that, down my way, that has not been the case in the past.

I just wanted to raise the issue of alternate level of care. I think that's the term: bed-blockers, that issue. We had a presentation this morning from a representative of a long-term-care facility. They're funded \$110 a day per patient, I guess. What would your hospital be funded at, or what are hospitals funded at, per day per patient? How do we compare it?

Mr. David Musyj: Actually, our hospital did run a long-term-care facility. We're just in the process of transitioning out of our long-term-care facility, so we were receiving that amount ourselves. Then we're funded at a rate for our complex continuing care patients, which is a different level of care, on a daily basis of, I think, approximately \$400 a day. But it's a different level of care for that patient.

Mr. Toby Barrett: Certainly. So complex continuing care, that would be everybody else in the hospital, would it?

Mr. David Musyj: No; you'd then have acute care patients as well.

Mr. Toby Barrett: What's the—

Mr. David Musyj: The approximate daily cost for an acute care patient is about \$1,400 a day.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

WINDSOR-ESSEX REGIONAL CHAMBER OF COMMERCE

The Chair (Mr. Pat Hoy): Now I call on the Windsor-Essex Regional Chamber of Commerce to come forward. Good afternoon. You have 10 minutes for your presentation. There could be up to five minutes of questioning. This round will come from the NDP, Mr. Tabuns. If you'd just identify yourself for the purposes of our recording Hansard, then you can begin.

Mr. Robert Rea: Absolutely. My name is Robert Rea. I'm the chair of the finance and tax committee of the Windsor-Essex Regional Chamber of Commerce. The Windsor-Essex Regional Chamber of Commerce represents about 1,300 local businesses with net sales of \$10 million, employing over 40,000 people in our region.

We'd like to start by addressing the deficit. The Windsor-Essex chamber of commerce has acknowledged the need for the provincial government to run a deficit in order to make investments that will stimulate the economy to a speedier and quicker recovery out of the current recession. However, the chamber believes that the budget deficit should be eliminated sooner than the 2018 date. The chamber recommends that the province of Ontario aim to eliminate the deficit by 2015-16, aligning more with the federal government's fiscal policy.

On to education and skills training—these two walk hand in hand: To help businesses become an engine of economic recovery, Ontario needs to regain its competitive edge in existing industries and invest in human capital through funds for education and training programs and the promotion of greater employer participation with the education system. To enhance innovation and economic productivity, our members would like to see expansion of government support for research development and resources available to employers in working with the education system.

To further achieve this goal, the chamber is recommending that the province of Ontario invest in strengthening business education partnerships and supporting the trade industry associations that already work with businesses. The trade associations have an important role in obtaining advantages such as newer technology and superbly trained skilled trades and professionals, as well as links to research at the educational institutions.

With respect to energy, to maintain a robust economy and achieve economic growth in Ontario, businesses need access to reliable and affordable energy. The importance of investing in energy is highlighted by the rising costs of electricity and other sources of energy for current businesses. There is no quick fix to this problem, but there is a fix in the years to come. This and subsequent budgets must emphasize energy infrastructure as

a priority. Building future capacity is not cheap, but it is very important to all businesses. Solving the energy problem is not only about energy bills, which are becoming higher and more significant to the cost of doing business, but it is also about a reliable and sustainable system of generating and distributing the energy commodity to all the businesses and residents of Ontario now and into the future.

With respect to transportation, among the priorities our chamber has emphasized transportation in every budget consultation. It would be sufficient in this presentation to say that we need to improve and constantly upgrade our access to the Windsor-Detroit border and corridor, the largest and most important border crossing in North America when it comes to trade for business. The access road will provide our region with much-needed jobs and will build a world-class transportation infrastructure. Beyond the access road, every mode of transportation and every infrastructure improvement gives us, the province, an economic advantage that we can leverage when running our businesses or when we're trying to attract and retain new businesses to the region of Ontario. The chamber is in support of the DRIC project and has been active in the process since the very beginning.

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The chamber of commerce also supports the application by the Continental Rail Gateway for funding under the Gateways and Border Crossings Fund. The chamber continues to support the two existing crossings, including the Ambassador Bridge and the Detroit-Windsor tunnel. The Ambassador Bridge continues to be the most significant border crossing when it comes to business and truck transport. It carries the bulk of Canada-US trade every single day.

The province should focus on a long-term infrastructure plan that, again, looks forward to the next 10 to 25 years. The chamber has already been actively engaged in the current planning and consultations.

With regards to health care, the item that we're learning the most about is the challenges and pressures the budget has on health care. We value access to a well-run health care system and have to make sure we can afford it in the long run. Maintaining the health care system we have is costing us dearly in terms of the provincial budget, and adding more money alone will not solve these problems.

The chamber has applauded the Minister of Finance, the Honourable Dwight Duncan, for his commitment and efforts to contain health care spending. The chamber would like to encourage this government to find further savings every place it can without jeopardizing the quality of health care.

Additionally, the chamber thinks it's a good idea to recommend that the government propose a plan that would contain the costs associated with the health care system we currently have. Again, this is following a forward-looking 10- to 25-year plan.

With respect to red tape and regulation, one of businesses' biggest concerns is always the red tape they have doing business within a region and within the province. In order to provide a better business climate, the government should review and address its business-related regulations. The chamber recommends that the province harmonize legislation to the extent that it can between the three levels of government: the province, the municipalities and the federal government.

Businesses are looking for sustainability and predictability in all areas, including taxation, education and research, primarily in the area of government regulation. To make sure this is top of mind for the government, we recommend an automatic five-year review process for new and existing regulations. The goal is to stop changing regulations too often to the detriment of businesses that need to adjust and cope with the changes in regulations.

I've saved this point for last for emphasis. This is the most important, for small business is the most important thing for our economy. It is paramount to provide incentives to reduce regulation and red tape for some of our smallest businesses. Entrepreneurship and small start-up businesses are immensely important to our future in the province. It is where most of the jobs will come from in the years to come, and it is where our business communities and our nation can distinguish themselves.

Thank you for the opportunity to provide you our priorities for the upcoming budget, and we're looking forward to the positive changes that we'll see from the budget.

How much time do I have, Mr. Chair?

The Chair (Mr. Pat Hoy): You have three minutes left.

Mr. Robert Rea: There's two more things I'd like to touch on, if we have time; they might answer some of your questions before they're asked. Two areas we're trying to address: We're going to do spending cuts and spending priorities, which have to work hand in hand on a zero-sum-game budget. To achieve a lower level of spending, the Ontario government should align the costs associated with wages and salaries more with the public sector than those of the private sector.

Another measure that will help the government expenditure to reduce budget needs is to cut spending in all areas and keep in line with the spending priority areas. The spending priority areas we tried to address are some of the things such as education, health care, energy and transportation, sticking to the core expenditures and reviewing the other things that we're spending our money on and asking the question in this economy, is that what we need to do?

Spending priorities: In the short run, the government should take steps to help Ontario's economic recovery by choosing to invest in strategic priority areas that will help position the economy for future growth. Investment in broad areas of infrastructure and energy and, to a lesser extent, transportation, education, health care and in-

novation are most likely to achieve these goals. Thank you.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go to Mr. Tabuns of the NDP.

Mr. Peter Tabuns: Gentlemen, thank you very much for coming in today. I appreciate you taking the time, both to prepare and to deliver.

When we look at your point on education and skills, could you tell us what sort of increase in funds you think is necessary to ensure that the education system delivers what you believe needs to be delivered?

Mr. Robert Rea: It might not be a direct increase in funds as much as it is an allocation of funds. Previously, the economy was built from a lot of large corporations which had very good ties to the education system, both the colleges and the universities. Now the economy is driven by the smaller businesses that don't have the same.

Now, what we're proposing is to divert some of the funding more to the trade associations, who can bring the smaller companies to the universities to originally coordinate. The businesses are there. They just don't know how best to access the resources at the universities and colleges.

Mr. Peter Tabuns: Fair point. You also suggest enhancing innovation and economic productivity by expanding government support for research and development. Can you give us a sense of the scale of expansion that you're interested in?

Mr. Robert Rea: Scale?

Mr. Peter Tabuns: How much more do you think should be spent in this area than is being spent now?

Mr. Igor Siljanoski: We did a lot of work in the previous few years, and a lot of it was directed at the federal government. There was some provincial thinking to it.

Basically, we think this is one of the most important areas, for businesses to have access to research and development. It is our competitive edge compared to the rest of the world, I think. But expanding it to make sure that we can commercialize and we can reap the benefits from that research is very important. You put funding and you put programs that make it easier to develop new products, new services and new business processes, but at the end of the day they have to go to market and they have to serve the companies and make profit for those companies to be successful.

It's not enough to have a top-notch research and development program or incentive. Also, you have to make sure that it's expanded to commercialize and to reap the benefits of that.

Mr. Peter Tabuns: I had one other question. This is the Continental Rail Gateway funding. Two questions: First, I'm not familiar with it, so can you fill me in on what it is? And can you tell me the scale of investment that you see as necessary to make this happen?

Mr. Robert Rea: I don't have the numbers for the scale of the investment.

Windsor currently has a rail border crossing with the United States, which is an underground tunnel. The tunnel is old and it has a limited size that it can take certain cars through. Everything else has to cross either on a barge, still, or at other crossings, or be taken off-train, trucked across the border and put back on.

The infrastructure project—Igor, if you could help me with that one?

Mr. Igor Siljanoski: This continental gateway, as you may know, is a private project.

Mr. Peter Tabuns: I'm not familiar with it at all.

Mr. Igor Siljanoski: It is a \$400-million-plus project to build a completely new tunnel from Windsor to Detroit and to carry the proper size, if you will, of cars that will carry our trade across the border.

So far, we don't have their numbers, but we have supported them every step of the way because we think this is important for our economy, to have a rail infrastructure that will carry a lot of trade in the future.

I believe that they have been working with both levels of government to access any funds that are available, any border funds that are available, through the province and the federal government to make this happen. The chamber would like to support that as a way to improve the border crossing.

Mr. Peter Tabuns: Thank you. I don't have further questions. I appreciate the answers.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

WINDSOR PUBLIC LIBRARY

The Chair (Mr. Pat Hoy): Now I call on the Windsor Public Library to come forward, please. Good afternoon. The questioning in this round will come from the government side. If you would just state your names, and you will have 10 minutes for your presentation.

Ms. Jean Foster: I'm Jean Foster. I'm the director of community development and partnerships at Windsor Public Library.

Ms. Christine Dean: I'm Christine Dean, the coordinator of the adult literacy program at the Windsor Public Library.

Ms. Jean Foster: Thank you, Mr. Chairman and the committee, for allowing us to give this presentation today. The Windsor Public Library adult literacy program, on behalf of its learners, instructors and volunteers, appreciates this opportunity to present to you today.

Literacy is the ability to use printed information to function in society, at work and in your family. It is the combination of thinking and social skills we need to analyze and use information to control our lives, achieve our goals and develop our knowledge and our potential.

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Looking forward to 2011, literacy learners in programs across Ontario are facing a potentially significant challenge that we want to discuss with you today. At the end of the 2010-11 fiscal year, the additional investment of \$45 million a year in literacy and

essential skills for Ontarians will come to an end. The impact of the enhanced investment in literacy programs is now less than two years old. The level 1 and level 2 learners, whom we address at the library site, may take four to five years to reach their modest goals, which will allow them to participate more fully in our society. The new learners who are enrolled in these new programs in the additional classes we created will have to be exited from the program on April 1, 2011. There are no other equivalent services for people at this level in our community.

The Windsor Public Library program is one of the literacy and basic skills instruction sites within the Tri-County Literacy Network, which is funded by MTCU's Employment Ontario. The tri-county network includes services to Windsor-Essex, Sarnia-Lambton and Chatham-Kent.

In addition to instructor-led small classroom curriculum for level 1 and level 2 learners, we provide one-on-one volunteer tutor assistance. Many learners who have developmental and physical challenges take advantage of both streams of instruction. This level of training represents grade 3 literacy with workforce preparation and skills competencies. The ability to read a grocery store ad in the newspaper is an achievement. Presently, we have 115 learners. We also maintain membership in the Ontario Literacy Coalition, Community Literacy of Ontario and Laubach Literacy Ontario.

We are here to discuss literacy programs and support in Ontario and the positive difference they are having for Ontarians and Ontario's economy. Literacy and essential skills are directly related to strengthening Ontario's prosperity and productivity.

The funding that was coming to an end is helping an additional 680 learners in the Windsor-Essex area to access the literacy and essential skills training they need to contribute to the Ontario economy and to our communities. In April 2011, when this funding reverts to the previous 2008 level, notwithstanding the efforts these learners have made to work so diligently, they will be exited from these programs funded by the special funding. Again, I repeat: There are no equivalent services for this population in our community.

Money is already well used. MTCU is known to be one of the most fiscally accountable ministries. Literacy networks ensure distribution of services to meet local needs without duplication. Community-based programs utilize volunteers and matching funds from local organizations to support facilities and business support services, as well as administrative functions and additional staff wages.

In our community we've been able to increase our program offerings and expand our hours. In Ontario, community-based agencies reported providing service to 15,496 learners, an increase of 678 learners over 2008. The majority of level 1 and level 2 learners are in community-based programs.

Ms. Christine Dean: The 2006 census report for the city of Windsor indicates that 23% of our population does not even have a high school diploma. In the city core, 28% are lacking high school diplomas. This area also has the lowest per capita income, at \$18,900; the city averages \$26,193.

Some 42% of Canadians have low literacy; that is, they do not have the ability to read at a grade 12 level, the level considered sufficient to function effectively in today's world. A great percentage of the Canadians who scored below a grade 12 level of reading actually fall below a grade 6 level, making the challenge even more daunting.

In March of this year, a special report from TD Economics said, "The traditional view that literacy is simply the ability to read and write completely disregards both how critical the ability to understand and adapt to the written and numerical nuances of a given language is and its relationship to success in the workplace. Many Canadians are facing difficulties in acclimatizing to the workplace for this very reason and this has very detrimental effects on incomes, productivity, educational attainment, and overall economic well-being."

The 42% I mentioned before are reading at levels 1 and 2. The minimum level considered to be sufficient in today's complex society, as defined by the International Adult Literacy Survey, is a level 3, on a scale of 1 to 5.

A 1% increase in adult literacy levels is estimated to generate a 1.5% increase in the per capita GDP, as calculated by a report done by Stats Canada in 2004. Four out of 10 Canadians aged 16 to 65 struggle with low literacy rates, to the point that their ability to advance their skills training is inhibited. In the best-case scenario, Ontario will be short well over one million skilled workers in 2031, with almost a million unskilled workers unable to find work.

As our strong manufacturing and resource sectors shift to more knowledge-based and service-based jobs, these services are in high demand. Waiting lists for literacy and basic skills programs across the province are growing, and demand is increasing. Nowhere more than our province, especially Windsor, has the current recession signalled a profound restructuring in the economy. Ontarians who have lost their jobs find that the new jobs they apply to have higher skill requirements. Skill requirements of existing jobs are also increasing.

Finance Minister Duncan released Ontario's long-term growth report. In that report, the government is clear: "To stay competitive in the future, it will be increasingly important to build on this advantage"—that of a highly skilled and educated workforce—"and continually improve the education and training systems in Ontario."

In 2009, there was a project by the Tri-County Literacy Network called Linking Adult Literacy to Poverty Reduction. As the Windsor area had one of the highest unemployment rates in the country and continues to have the highest unemployment rate amongst Ontario's census metropolitan areas, poverty has been an increasingly important issue. Adult learners are not

merely learning to read, write and compute; they are learning how to mobilize their collective resources to meet their basic needs for health, safety and human dignity, and to move out of poverty. The project was designed to improve the capacity of Windsor-Essex Ontario Works and the Tri-County Literacy Network to work together to more effectively work with people living in poverty. Poverty does impact learning, work habits and decision-making.

Since the project ended, programs are integrating more poverty-reducing strategies into their curriculum. Currently, there are over 6,000 recipients in Windsor-Essex on assistance. Between 22% and 50% of adults with lower levels of literacy live in low-income households, compared to only 8% of those with high-level literacy.

Ms. Jean Foster: In this time of constrained government budgets, it is critical to invest in programming that will return the highest yields. Investment in literacy training will do that. There is a correlation between skills upgrading and being more employable. This allows people to be productive members of society and contribute to the economy and their communities. Additionally, it leads to direct savings in other government programs, when 42% of literacy learners stated that their source of income was EI, OW or ODSP and almost 70% of people exiting the program went on to employment or higher learning.

Investment in literacy is directly related to strengthening Ontario's economic growth, productivity and competitiveness. It is helping to ensure that all Ontarians can fully contribute to the advanced economy that will ensure our province's continued prosperity. To sustain literacy programming for Ontarians in libraries, in the workplace, in colleges, in school boards and in the community, we are seeking your support to continue the \$45-million enhancement to literacy programs that was made available in 2008.

If anyone knows about stressful financial situations, it is the community-based programs. We acknowledge the difficult financial situation of Ontario and the deficit the government faces. Literacy and essential skills are an investment in people so that our economy is at its best; hence, the province's finances will be at their best.

Thank you for listening to us today.

The Chair (Mr. Pat Hoy): Thank you. You had four seconds left; you must have practised to get it there.

The questioning will go to the government. Ms. Albanese.

Mrs. Laura Albanese: Thank you, Mr. Chair, and thank you to you, Christine and Jean, for presenting to us today and for being so thorough. We have heard other presentations, one this morning and one yesterday, in regard to literacy. We do understand that it affects all different levels of a person's life.

At the same time, I wanted to ask you a couple of questions about the levels. You were talking in particular about levels 1 and 2, which are serviced at your library. At the same time, you also mentioned that there's tutor

assistance—I don't know if I misunderstood—if maybe the learners have some physical or mental challenges. Because then I thought I was mistaken, because you spoke about work skills and about the knowledge economy. So if you can explain the levels to me and the population you serve.

1340

Ms. Christine Dean: Sure: levels 1 to 5, 1 being the lowest, 5 being the highest. We would probably be at 4 or 5. Levels 1 and 2: When you're finished level 2, you're still having difficulty filling out an application for a job, looking in the classifieds for a job, that kind of thing.

In our library, we offer several options, because when you're an adult, you have different ways of learning. We have the one-on-one option, where we use volunteers, and we have 50 of those right now. We have two small groups. We have a small group of literacy, which is about six to 10 people with one instructor. Then we have what we call a target group, of persons with developmental disabilities, because we know that progress is even slower in that group, and we have another instructor for that. So they have options when a learner comes in.

Mrs. Laura Albanese: The learner that you see at the library—I know you must be serving different needs. But is this a person who usually needs to renew their working skills—so their language? For example, I represent an urban area of Toronto, and I have a high number of newcomers. For them, it's also a question of refining their skills in English. For others, it's because they've lost their job and they need new skills, especially language skills, in order to aspire to another one.

Ms. Jean Foster: That's where the problem becomes very complex, because Windsor has one of the most diverse populations in the province as well.

The newcomer issue and the language: That's addressed by CIC in the LINC classes. What we've noticed from complaints from other people coming to us is that LINC classes have the assumption that the person is literate in their own language when they come here. There is no accommodation made for people who have low literacy in their native language.

The LBS program, delivered by Employment Ontario, is designed for people who are born in Canada or raised with their native language as English, who, by some means, either by cognitive disability or falling through the cracks in the school system, have low literacy skills.

Most of the ones we get at the library have developmental or physical challenges that prevented them, in the mainstream educational system, from attaining their literacy. Many of them do come from the workforce. Many of them did get jobs. As they're displaced, they're not at a level to move on to anything else. They're referred to us by Ontario Works.

Mrs. Laura Albanese: I understand. How long, on average, would you say that a learner that you would typically service would take to go from level 1 to level 2, or in any case to improve their literacy?

Ms. Christine Dean: First of all, there's no such thing as a typical learner.

Mrs. Laura Albanese: Okay.

Ms. Christine Dean: They're all different, but that would depend on the goal that they come in with. If their goal is that they want to get their driver's licence, because then they can get that job, that's what we work on. If it takes a year or two years, that's what it takes.

You have to remember that when they're low-level learners, there are a lot of underlying learning disabilities that we happen to catch, and then we find accommodation to help them with that, so that's why it takes longer when it's a level 1.

Of course, then there's the poverty issue. I can talk about that all afternoon, but you've got some coming this afternoon.

Mrs. Laura Albanese: Do I still have time?

The Chair (Mr. Pat Hoy): You have a minute.

Mrs. Laura Albanese: I have a minute. Could you elaborate for a minute on the poverty issue?

Ms. Christine Dean: Literacy and poverty go hand in hand. If you can't read, what are you going to do? You have to buy things at a grocery store. You have to buy things that are not—I'm trying to think of the yellow label, how you have to read the actual grocery label. Instead of getting one that's a little cheaper, they have to buy the name brand, because they know it by sight. They don't make a lot of money, so they have to struggle. It's a day-to-day thing. I know that some of my learners come in, and they are hungry.

Mrs. Laura Albanese: Thank you very much for your presentation. It's very helpful.

The Chair (Mr. Pat Hoy): Thank you for the presentation.

ENSEMBLE

The Chair (Mr. Pat Hoy): I call on Ensemble to come forward, please. Good afternoon. You have 10 minutes for your presentation. There could be up to five minutes of questioning, coming from the official opposition in this case. Just state your names and then you can begin.

Ms. Lisa Raffoul: Hi, I'm Lisa Raffoul. I'm a parent consultant with Ensemble.

Ms. X: I'm Ms. X. I'm a parent with a son with an intellectual disability, and I'm on the committee with Ensemble.

Ms. Lisa Raffoul: First of all, we'd like to thank all of you for this opportunity for us to come and share our story and our information with you.

Ensemble has been around for just over 10 years. We are an independent resource for families in our community, families who have sons and daughters with developmental disabilities. Ensemble provides parent-to-parent support, information, advocacy and other related activities. We don't receive any financial support from government. All of our funding comes from fundraising grants and other donations.

Over the past 10 years, I've probably had the opportunity to listen to, speak with and work with hundreds

of parents. We're here on behalf of all of those parents to share their stories with you.

For over 30 years, families that have sons and daughters with a developmental disability have been advocating and pleading with government to invest in their children. To us, as parents, all of our children have value, and so do our sons and daughters who have a disability. Every time I say I'm going to speak at a conference or do a consultation or speak to a committee of government, some families will say, "Again? How much longer do we have to keep fighting and fighting and struggling and begging for money? Why does it have to go on?" Someone just mentioned about a month ago, "I could go back to minutes from 25 years ago and the message from families is still the same." This sector has been grossly underfunded for many years and it continues to be grossly underfunded.

It's an extraordinary situation when you have a child with a developmental disability or multiple disabilities, and even as we speak today and share our stories with you, I don't know if we're going to be able to help you understand the true impact on our lives. Families experience extreme stress from day to day. There's no relief. It's 24 hours a day, seven days a week. There's no break. Families experience emotional and physical trauma, emotional breakdown, pain, pain from stress. Not that they fell or got hurt, but we experience such trauma because of the stress in our lives. It's just amazing what people go through.

Marriages break down. There's stress on relationships and marriage in day-to-day life. There are financial pressures, there's work, there are other family relationships: There are all kinds of things that all of us deal with from day to day. When you have a son or daughter with a disability, all of those things are compounded 10-fold, 50-fold, 100-fold. It's just an extraordinary, very challenging situation.

Families experience a lot of guilt, not just the guilt of having a son or daughter who has struggles, but guilt for having to ask for support, guilt for having to ask for funding and guilt for having to ask their parents to help them out. People don't want to depend on the system, but we need assistance, and without assistance, some of the things that you heard about earlier—I know today you heard about waiting lists and special services at home. I can't tell you how crucial those supports have been for families, but it's not enough.

Families experience a lot of isolation, depression, sleep deprivation. We read about studies and the impact on people who work shift work, and then other people go to bat for them, their unions or their employers, on "How can we improve working conditions?" There's nobody helping us or supporting us, or fighting for us to improve our conditions when we don't sleep. Families that have children who have autism don't sleep because their children don't sleep. My son was medically fragile. I slept probably three hours every night for almost 15 years. The impact on your own health, your own mental health and your life is unbelievable.

We want you to appreciate what families are experiencing and invest in our children, our sons and daughters and our adult children.

Ms. X is a parent and she's going to share a bit of her personal situation with you.

Ms. X: Hi, and thank you for giving me this opportunity to share, as Lisa has become quite the confidant to me. I have a son who's 18 years of age. His name is Eric and he has an intellectual disability. As Eric grows in age, his choices are limited and the funding is not there to provide him the support that he needs, or me the support that I need to be an effective parent.

1350

I have made some life choices that probably haven't been the right choices because I was looking to escape. I needed some place to go; I needed somebody to listen, and there wasn't any place for me to go. So, in confidence, at this table, my choice became alcohol. That was my escape from my son: not wanting to come home, not wanting to have to think about going to bed and waking up the next day because I have a young man who's depending on his mom to get up and have coffee, have breakfast and continue the rest of the day.

I'm a registered nurse. For 22 years I've worked shift work. I've lost sleep because I have a son who depends on me to make sure that his needs are being met. There's no help; there's no funding.

I have a daughter who is 16 years of age and who has left me because she has difficulties understanding why my son has a disability, why her brother takes up so much time from Mom. Is that fair for her? Is it fair to my parents, who are in their 70s, to have to take care of my son? It's a shame that at times I go to bed and I say to myself, at the end of the night, "I love Eric with every being of who I am, but I hope that Eric will pass before I pass," because I don't want the responsibility given to anybody else, because I know what he needs. I don't know where he's going to get it and I don't know who's going to be there to provide it for him.

To sit here and talk on the emotions a parent goes through on a daily basis, I can't even begin to touch the tip of the iceberg. Eric will live in poverty. As he continues to live with me, I hope that he doesn't, but he will be restricted.

We need funding. As parents, we need help. I need to be able to live my life and my son needs to be able to live his life, apart from each other so that we both have a quality of life that's worth living. Sometimes I don't think my life is worth living, and I sometimes wonder how Eric feels about his life.

Ms. Lisa Raffoul: You can see that families are in crisis. Ms. X is one of hundreds of families in our community.

Families hit a real crisis when their sons and daughters leave high school. There's not enough funding for our children. You know the wait-list for special services at home and respite. We're asking for a 100% new funding investment. While that may sound ridiculous, because you're hearing from so many people today and there are

such priorities, like health care and education, how ridiculous or how does it sound when we give our sons and daughters a life up until they're 18 or 21 years of age? They go to school with their peers from day to day. They learn; they have a social life. And then all of a sudden, they turn 21 or 18 and there's no funding to support them.

Parents don't know what to do. We've teamed up with parents in Sarnia and Chatham and formed the Real People—

The Chair (Mr. Pat Hoy): If you could just move back from the microphone a little bit.

Ms. Lisa Raffoul: Sorry.

We formed the Real People Campaign and met with Minister Meilleur in 2008, up in her office, and she said, "Keep doing what you're doing." We've been doing this for 30 years. We don't know what to do anymore. That's why we welcome this opportunity to speak with you, the committee that focuses on finance and economic affairs.

There isn't enough funding in developmental services. I know that there is talk of a reduction and freezes in all sectors. We have never even been up to the level of funding that other sectors receive. So we're pleading with you again to invest new funding for our sons and daughters, so that they can have choice and a meaningful life.

A suggestion from families for the last few years has been to develop a database upon diagnosis so that government knows the predictions for the future and knows what's coming from year to year and the kind of funding that's going to be needed.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go to the official opposition; Mr. Barrett.

Mr. Toby Barrett: Thank you for presenting and thank you for the work that you've done; thank you to the people who initiated Ensemble. I guess one person is here who started it.

Ms. Lisa Raffoul: Me, yes.

Mr. Toby Barrett: How long ago was that?

Ms. Lisa Raffoul: Just over 10 years ago, in 2000.

Mr. Toby Barrett: I hear where you're coming from. I guess when parents discover they've got a son or daughter and they don't have a master's of social work degree or they're not a psychologist or don't have medical training, perhaps initially they're dealing with the hospital and then perhaps other services, perhaps eventually with the school system, and carry through that and other community agencies, and possibly the world of work—it goes on and on and on.

As an MPP, I have spoken with people and have some experience. I have found that parents—sometimes it's just one parent—are pretty well on their own. It's almost like some of the agencies or the school system are part of the problem, and they end up—one lady described it to me. Her son was, I think, 15 years old, kind of barely in the school system, and she had been dealing with assessment and referral people and case management people. As she described it, by the time her child was 15, she had dealt with about 70 different professionals. She said that she became skilled in being the case manager

for the case managers, to help them manage. She seemed to be doing this on her own. She was fairly organized; her employer was a large organization.

Does Ensemble help that way as well, and are there other Ensembles across Ontario?

Ms. Lisa Raffoul: Ensemble will assist families. Again, our funding is limited.

Are there other Ensembles? There are parent advocacy groups. Ensemble emphasizes partnership and we encourage positive relationships with schools, hospitals, government and support agencies.

We can't do our job because there are only two of us to support the number of families. And you are right: There are many families who take on a leadership role. I was one of those families myself. But we're a small amount of people in our province. It's not as easy as those of us who do the leadership and do our own case management. It's not that easy for probably 75% of the families in our province.

Families have said they're exhausted by having to be the ones to always take on a leadership role. Before my son passed away—he passed away a couple of years ago when he was almost 15—I was at my wits' end, saying, "I don't know how much longer I can do this," and I'm a strong person. I think I'm a natural leader, but I was getting tired.

As Ms. X mentioned, it's not something that she could do all by herself. We wish there were more of us at Ensemble, but I think the point here is, there is not enough funding in the system to support all families' choices. For families who want to manage and direct their own situation, that's great, but there are lots of other families too who need assistance, and there is no funding to support either situation.

Support agencies would give us the world if they could. Working closely in partnership with many organizations, it breaks professional support staffs' hearts to have to say no to a family. Even for myself, I called the director of developmental services in the spring. I said, "I don't know what to tell parents any more." They're encouraged to develop a plan and write a life plan and a proposal for funding, but there's no funding. Parents say, "I could write the most elaborate plan in the world, but if there's no funding to support my son's or daughter's situation, what are we to do?"

Mr. Toby Barrett: I hear what you're saying on the funding.

Secondly, you recommend maintaining a database that begins at diagnosis. That, I think, is partly addressing the falling through the cracks or the fact of dealing with many different organizations, maybe initially being transferred from one hospital to another, and then, unless the parents photocopy everything or sometimes you can't get access to all the files and things that were going on—which is probably too much to ask parents, to keep the database themselves with the myriad of organizations. How do we set this up?

1400

Ms. Lisa Raffoul: The database is not so much that the story is shared; it's that so the government knows statistics: How many people, how many children are in the system who are receiving support funding, and how many are going to be turning 18 in one year, two years, five years and 10 years? It's more for statistical purposes so that there can be predictions made and some knowledge of what's coming.

The Chair (Mr. Pat Hoy): You gave a very passionate story to us about your son. You did mention that "in confidence," you said. I don't know what you meant by that when you went into your personal history; you said, "in confidence." This is a public meeting, so I don't know what you meant by that or how much in confidence you wanted that to remain. Everything that's said here is recorded and will be printed at some point. Is that okay with you?

Ms. X: That will be fine. I think what's important to understand is that parents tend to hide. We hide; we don't want you to know what's really going on in our lives. We don't want you to know what we're doing to have to try and deal with the issues at hand, because there doesn't seem to be anybody listening. I've been fighting this fight for 18 years. I have a brother who is 47, who has a disability, and a cousin. I'm aware of what has been going on for the last 47 to 50 years in the community with government when it comes to funding. So, that will be fine if there's a need to publish it. If it brings more people forward to avoid the fears and the stigmas that go along with what we're challenged with on a daily basis as a parent and I can help them, then that would be fine.

The Chair (Mr. Pat Hoy): I just want to have a bit of a discussion about that with you. On the other hand, we can also have your name taken out of the record if all three parties were to agree and if that is what you want. We can have your presentation today as Ms. X.

Ms. X: That's fine, as long as I'm a representative here on behalf of all parents through Ensemble. That's my representation here. So, being Mrs. X or Ms. X is fine by me. I think what needs to—

The Chair (Mr. Pat Hoy): Or you can leave your name. Which way would you prefer?

Ms. X: It doesn't matter. I think what needs to be addressed is the concern that parents are challenged with choices and fears, and hide.

The Chair (Mr. Pat Hoy): With that said, I would—

Ms. X: Ms. X.

The Chair (Mr. Pat Hoy): Okay, good. Would the committee agree to that? We have agreement. Okay, then.

Ms. X: Thank you very much.

CANADIAN HEARING SOCIETY,
WINDSOR REGION

The Chair (Mr. Pat Hoy): Now we call on the Canadian Hearing Society, Windsor-Essex, to come forward, please.

Good afternoon. You have 10 minutes for your presentation. There could be five minutes of questioning, from Mr. Tabuns of the NDP.

Mr. David Kerr (Interpretation): Thank you, Mr. Chair.

The Chair (Mr. Pat Hoy): We'll need your names for our record.

Mr. David Kerr (Interpretation): Absolutely. My name is David Kerr, and I'm the regional director of the Canadian Hearing Society here in Windsor. Next to me I have Chris Kenopic. He's the president and CEO of the Canadian Hearing Society.

I don't need the microphone, so we can turn that off. I'll start by saying that.

All right. I guess I shall begin?

The Chair (Mr. Pat Hoy): You can start.

Mr. David Kerr (Interpretation): Great. Thank you very much.

Thank you, Mr. Chair, for allowing us to present this afternoon—it's much appreciated—to talk about the Canadian Hearing Society. I'd like to start off by saying that the Canadian Hearing Society is 71 years of age. We have been providing services in the community for 71 years. We provide a broad range of services and programs specifically for individuals who are culturally deaf, oral deaf, hard-of-hearing or deafened. We have 29 offices across the province of Ontario, and that includes, obviously, our office here in Windsor as well.

I've been involved with CHS and I see how very effective our work has been, of course keeping in mind the economic challenges that are being faced worldwide and specifically here in Canada and then in Windsor.

Having that in mind, I'd like to make three recommendations today, the first recommendation being that there is a strategic investment that will reduce cost and waste. I'll speak a little bit more about that.

We are aware of many people who are coping with hearing loss and mental illness. We know that many professionals who work in the mental health field are not equipped to be able to communicate with these consumers, so they really cannot understand when we have deaf, deafened, hard-of-hearing or culturally deaf people. What happens is they're typically being diagnosed or being given treatments that are more harmful than helpful. We're seeing many diagnoses that are inappropriate, and people are being placed in institutions, in hospitals and being left there when that's not the appropriate placement for them. They're bringing in sign language interpreters for many of these counselling sessions at a very high expense, all of which can be avoided.

What we are recommending—well, we have a proposal in for \$4.3 million to the government, and that's to expand our mental health services that we offer. That proposal has been in the government's hands for the last two years.

There's one specific situation that I'd like to share with you. In Windsor, we had a client who had a mental health issue and was placed in London; it was an institute

in London. We know that it cost about \$100,000 to \$500,000 to house this individual in this institution. This person was being housed without CHS's knowledge. When we learned about this individual, and we learned that they were spending \$500,000 to institutionalize this individual, we became involved. We started working with this person, realizing that the original diagnosis was in fact incorrect. We worked with them to get the appropriate assessments in place, and this person later was placed in a group home at the minimal cost of \$15,000, which is a huge savings.

This is one case. I cannot even speak to the number of cases there are out there in the province of Ontario where people have been diagnosed incorrectly because of communication issues and not being able to assess these people properly, so they just place them in institutions. It's costing a great deal of money to the government, but even more so, it's causing so many of our consumers to suffer. It's time for us to take accountability. Start to invest in this community, because it's going to be a huge cost savings in the long run and it's going to be much healthier for our community of deaf, deafened and hard-of-hearing consumers. I just can't emphasize that enough. So when I say \$4.3 million, I can't emphasize enough how much money that really will be in cost savings in the long run.

The next recommendation is in terms of partnering with the Ministry of the Attorney General, the Ministry of Correctional Services and the Ministry of Health. We have many individuals who, again, because of communication accessibility, are being placed in correctional institutions or having a great deal of issues in even trying to manoeuvre through the corrections system.

1410

I'm going to share one story with you. It's a very traumatic story. It was a deaf gentleman who was a happy citizen and he was wrongfully charged, and it was because there wasn't an interpreter. They didn't bring in an interpreter. They just went ahead, they charged him, and he was put in a correctional facility. And then after that point they then put him into a mental health institution for a great number of years, where he was placed on the wrong medication. CHS eventually began working with this client and realized all of the mistakes that had happened through the course of his life without access, without interpreters, without the proper assessments, without the proper diagnosis. This man spent 20 years in facilities because nobody could communicate with him. He lost 20 years of his life and had extensive damage from the medication that he was not supposed to ever be on in the first place.

We would like to prevent this from happening to anyone else. We want to prevent any further mental health issues, any further legal issues, whether it's working with police, hospitals, the court system, because in partnership we can only lead to a better society, and that's why we're asking for \$2 million for our diversion and specialized programming.

Our third recommendation is employment, which is of course linked with literacy as well. In Windsor we have a very, very high unemployment rate because of the economic situation, of which we're all aware. But we've been struggling to have employment services. We were working with another agency to try and ensure that there was accessibility and our clients could be served with communication. It wasn't 100% successful, and many of our deaf consumers just give up altogether because of the barriers to employment services and instead choose to just accept social assistance.

Literacy is a huge issue. They want to improve their literacy skills so that they can enter the workforce or can be promoted within the workforce, but it continues to be a barrier for so many of our consumers. We need to have literacy programming that allows for the opportunity so that these individuals can then further move towards employment opportunities; once literacy skills are developed, they're able to move on to post-secondary and then further on to employment opportunities.

Again, these are very, very key issues within the deaf and hard-of-hearing community, where there's a very high percentage of unemployed or underemployed individuals.

We know that individuals in Ontario with a disability, about 55% of working-age adults, are unemployed. For women with disabilities it's at about 75%. I want you to think about that in terms of the deaf community and then add the communication barriers that they face and how much that has an impact on our communities. It is time that we invest in the community so that in the long run we see the return. Again, literacy is an important piece of that employment puzzle; also with children and accessibility and communication and ensuring that we are meeting their needs at the agency.

These are the three recommendations for which we would like to ask your consideration today. Thank you.

The Chair (Mr. Pat Hoy): That completes the presentation?

Mr. David Kerr (Interpretation): Yes. Thank you.

The Chair (Mr. Pat Hoy): Now we'll move to Mr. Tabuns with questioning from the NDP.

Mr. Peter Tabuns: Mr. Kerr, thank you very much for the presentation today.

When you've approached government in the past, I assume making the arguments that you've made today and showing the examples that you have put forward, what sort of response have you had?

Mr. Chris Kenopic (Interpretation): Yes, we definitely have approached the government on several occasions, and I think that many of you have actually been involved in our Queen's Park day, where CHS comes. We've talked about employment services in the past. We've seen commitment and we've seen interest and we've looked forward to the process, but unfortunately it seems to have fallen apart from there, where we don't have a response.

We then had Queen's Park for a day, CHS at Queen's Park, and we talked about mental health issues. Many of

you, again, were involved there. We brought forward all of the facts, statistics, information. This time we brought individuals who were consumers. They had mental health issues or they had family members with mental health issues. We brought them to tell their stories as well. We had a very positive response that day, but we've heard nothing since. I'm not talking about the government that's even leading today, but governments of the past. I feel like we've been a mouse on a wheel and we just keep chasing it, and there isn't an outcome. We need to be able to reach the services. We have 500 cases currently for mental health services, but we have 250,000 people who in fact need the services across the province of Ontario. So the government, yes, is aware of it, but no, we have yet to receive the response.

Mr. Peter Tabuns: And when you talk about 250,000 people across Ontario, it's a very large population; \$2 million here and \$2 million there doesn't strike me as addressing the needs that you've been talking about.

Mr. Chris Kenopic (Interpretation): It isn't. It's definitely not enough, but we're trying to do what we can, because we know that, to date, we have received nothing. So we're worried; we're worried about what we could potentially get and what we'll get. Our CONNECT program, as it currently stands, has \$4 million in that budget, and it is at bare bones. We've just had to lay off two of our staff members. It's had a huge impact, which means that we're now even serving less of our consumers that need it.

Without the commitment, without the dollars that we truly need, we're going to lose more staff, which of course means less resources and less support. I think the investment that's been made to date has become such that it's not having the impact it should and it could. We need the money to be able to expand.

We're talking about Windsor, which is a very huge region, and you have to think about how far we have to go to reach specific consumers. It could be an hour's drive to reach one consumer because they need the accessible service. That could be a counsellor spending an entire day to work with this one consumer because of all of the travel. I'm asking you to consider those rural areas and those individuals who need the specialized service in those rural areas.

Mr. Peter Tabuns: So the amount of funding that you've put forward today, is that just for the Windsor area, or are we talking provincially?

Mr. Chris Kenopic (Interpretation): It's provincial, yes. Those are the dollars we're asking for, but of course money would be allocated for the Windsor area. As was said, we have 29 offices across the province. We have 22 CONNECT provincial counsellors that are working out of those offices. Windsor has two CONNECT counsellors, but again, it's not sufficient, it's not enough and it does not meet the need. I sat down with one of those counsellors this morning and they said how absolutely overwhelmed they are and how much an expansion would mean to them and to the community in which we serve.

Mr. Peter Tabuns: I don't have further questions, but I do want to thank you very much for the presentation.

Mr. Chris Kenopic (Interpretation): Thank you.

The Chair (Mr. Pat Hoy): Thank you for the presentation.

MS. SHIRLEY ROEBUCK

The Chair (Mr. Pat Hoy): Now I call on Shirley Roebuck to come forward, please. Good afternoon. You have 10 minutes for your presentation. There could be up to five minutes of questioning, coming from the government in this case. I'd ask you to state your name for our recording Hansard and you can begin.

Ms. Shirley Roebuck: Thank you, Mr. Chairman. My name is Shirley Roebuck. You know what I'm going to tell you today is the truth, because I'm about to tell you my age. I am a 59-year-old resident of Ontario. I'm also a woman, daughter, cousin, friend and retired registered nurse, as well as a health care recipient.

I work with numerous community action groups. There's a group in Wallaceburg, Ontario called SOS. I am a member of the Ontario Health Coalition and I also work with the Sydenham physicians recruitment committee, a new little committee that's just getting on its feet. I'm doing all this to attempt to bring about change in social policies and improvement in my community's health care access.

I am currently employed as an adjudicator for disability, so I continue to witness the effects of health care restructuring on Ontario's public. I'm here today to ask you to consider the 2011 provincial government's budget and what it will do for and to Ontario residents. But having said that, please again accept my thanks for allowing me this opportunity to address this committee.

Public health care in Canada came about to ensure equity and compassion for all by removing financial obstacles to health care. It is still the most popular public program that exists in Canada today. Public health care has ensured equality and improved quality of life for endless people across Canada.

1420

There seems to be a masterful propaganda campaign which is aimed at destroying the public health care system in favour of privatization of health care services. Consultants' reports speak to privatization solutions when they are only opportunistic options to talk about elimination of public access to health services. The last report commissioned by the provincial government was prepared by TD Economics, which also sells private health insurance through their TD Insurance branch. The report is in direct contrast to the principles of equality and universality of the present public health care system. Why are our elected government officials asking organizations which are tied to industries which benefit from privatization to consult on public health care systems? Why are organizations given strategic opportunities, through consultation reports, to press for self-serving policy change?

Premier McGuinty has long said that the Ontario public health care system is unsustainable. The use of such reckless and untrue words frightens the Ontario public. The job of our elected officials is not to frighten, but to assure the public that government policy will benefit them, all of them.

This is not the view taken by the federal Liberals. In a speech to the Economic Club of Canada on December 14, 2010, the Honourable Ujjal Dosanjh, the Liberal opposition health critic, said, "Our fight is with those who seek to create fear in the minds of Canadians, so they can destroy public health care—the ideologues who want to tear up the Canada Health Act and replace it with something less universal, less equal, more private and less Canadian.

"These people sit in right-wing think tanks, on the Conservative benches in the House of Commons and in the Prime Minister's office. The Liberal Party of Canada will fight them every step of the way."

I do not think he imagined the Ontario Premier would be included in that statement.

The myth of unsustainability fades away in light of the facts. Ontario's spending on all government programs and services is low compared to other provinces and territories. We are third last, after Alberta and Saskatchewan, in total public spending on all programs and services as a percentage of GDP. In per person spending on all programs and services, Ontario is dead last. In terms of health spending, Ontario's spending per person is actually lower than almost all of Canada. Despite the government's crisis rhetoric, per capita public health care spending in Ontario is the second lowest of all of Canada, the lowest being Quebec.

While this government continues to support privatization and rationing of needed care while proclaiming that health care is eating up more and more of the provincial budget, what it fails to note is the total budget has been decimated by more than a decade of tax cuts. Those tax cuts are continuing, and the recession continues, and unemployment continues.

Seeing numbers and statistics which are related to health care delivery is a necessary part of budget preparation, but there is one part of budget preparation which has been overlooked for some years, and that is the human cost of Ontario's budget decisions. Hospitals have been hit hard by budget constraints, and for patients this has resulted in longer waits, earlier discharges, less care by qualified staff and increased out-of-pocket expenses for delisted services.

The provincial government has funded hospitals at less than the rate of inflation for three years consecutively, forcing hospitals to restructure. While local government MPPs continue to claim vast increases in spending, usually using nominal numbers not adjusted for inflation according to the provincial budget, global budgets for hospital operating were increased by 2.6% in 2007-08, 2.1% in 2008-09 and 1.5% in 2009-10. Ontario's hospitals have already been restructured for more than 20 years. From 1981, when hospital spending

comprised 52% of provincial health spending, hospital spending declined by 2008 to 37% of provincial health spending.

Measured on a per capita basis, government hospital spending has fallen as a share of per-person spending. In 1990, public spending on hospitals per capita was 47.7% of total government spending. In 1995, it was 45.2%. In 2000, it was 42.1%. In 2005, it was 40.5%, and by 2007, it had been reduced to 39.2%.

So why does our provincial government continue to tell the public that health spending is out of control? I think it is because the global provincial budget is shrinking due to corporate tax cuts, spending of health care dollars on non-front-line services, and various loopholes like those that exist in the employer health tax.

My local hospital, the Chatham-Kent Health Alliance, issued layoff notices for registered nurses and registered practical nurses. Beds have been eliminated. Physio services for in-patients have been downsized, and most physiotherapy services must be purchased by patients upon discharge. Cleaning and maintenance services have been restructured and downsized. Services have been removed from one campus and consolidated at the other.

There are two campuses at Chatham-Kent Health Alliance. Wait times in the Chatham emergency room average about six to eight hours, but there are numerous times when the wait has been longer. This fact exists despite the existence of a fast-track clinic manned by family physicians and nurse practitioners.

At times, the second campus, the Wallaceburg emergency room, experiences longer wait times too, but it is evident that both departments are needed if the people of Chatham-Kent are to be adequately served.

Beds have been eliminated at the Wallaceburg campus and at the Chatham campus. Admitted patients wait for extended periods in both emergencies, waiting for an admission bed. Patients have been discharged too early, causing return emergency visits and readmissions. Infection rates seem to be increased and persistent.

Many medical services have been consolidated at larger hospitals province-wide, and this is the scenario at Chatham-Kent Health Alliance. People must travel to the appropriate centre to receive the service they require.

I know of one gentleman who has a Wallaceburg physician but travels to Sarnia to see a vascular specialist regarding a leg wound. The doctor removes his dressing and says, "Carry on. I'll see you in two weeks." Then this gentleman must drive to Chatham to have his dressing reapplied because Sarnia-Lambton is a different area than Chatham-Kent. This poor fellow is 80 years old and he drives to all of these appointments himself.

People who have monetary restraints, transportation problems or child care or eldercare problems may not be able to easily travel to one city for health care and may choose not to attend services or appointments outside their communities. The people who cannot access health services in a timely manner will become more ill, more disabled and ultimately will become a greater burden on the health care system and society.

Many years ago, a nursing manager said to me, "Don't bother complaining until you have a solution," and I'm sure you must feel the same today. So I'm going to speak for myself, my family, many of my peers, my neighbours, my friends and the people I share my community with, and make the following recommendations:

- cancel corporate tax cuts;
- eliminate employer health tax loopholes;
- restore hospital funding to at minimum meet hospital inflation and stop service cuts;
- measure and meet needs for medically accessible services in all settings, including home care, long-term care, mental health care, palliative care and restorative care;
- cancel competitive bidding, P3s and pay-for-performance hospital funding;
- curb excessive administration and executive costs in health care;
- listen to your federal Liberal counterparts.

Ontarians and all Canadians want public health care to continue and thrive.

The Chair (Mr. Pat Hoy): I'm going to have to stop you there. You're a little over as it is. I thought you would be finished there.

Ms. Shirley Roebuck: Thank you.

The Chair (Mr. Pat Hoy): Now we'll go to—is it the government? It is the government. Okay, then.

Ms. Leeanna Pendergast: Thank you, Shirley, for being here today, and thank you for taking time to put together this comprehensive package. You certainly have worn many hats in your career. We thank you for the composite knowledge you bring today. And at 59 years old, not only did you say it out loud, you put it in writing, so you are a courageous woman as well.

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Ms. Shirley Roebuck: This is all the truth.

Ms. Leeanna Pendergast: Yes, it's in writing; we see it.

Just a couple of comments, which are going to culminate in a question: You said that the role of government officials is not to frighten, and we would agree with you 100%. Absolutely. But this government is committed to being transparent. When you're transparent, sometimes the news is difficult. We are in difficult economic times, and we do understand that there needs to be a fine balance.

Health care needs to be sustainable, which is not the same as not sustainable, but it needs to be sustainable, and that's what the Premier acknowledges. For sure it's a priority, but it's important to hear—and we heard a presentation yesterday that was very similar in the area of health care, which you focus on.

You mentioned your priorities toward the end of your presentation. I'm sorry, I didn't get to read all the charts and everything, but if we flip to the third last page, Shirley, and your comment about your nursing manager who said, "If you don't offer a solution, don't bother talking"—I think you're on the right track, because that's why we're here. We're here to listen to you, obviously

collectively, and as you said, we need to come up with a solution on how to deal with these very difficult problems and maintain the fine balance. It's hugely difficult. I noticed you were here earlier, so you heard the presentations where the concerns are very legitimate and very alarming.

When I look at your list of the seven recommendations—thank you for that—I'm going to assume that they're not prioritized, just because you focus on number 7, that "all Canadians want public health care to continue and thrive." Of course, we agree with that. Are these prioritized, or would you prioritize them, or would you want to leave us with one or two things that you would say are definitely a priority?

Ms. Shirley Roebuck: These are simply listed for you and not prioritized. I'll pick out two for you.

Ms. Leeanna Pendergast: Okay.

Ms. Shirley Roebuck: "Restore hospital funding to at minimum meet hospital inflation and stop service cuts," and I'm going to pick "eliminate employer health tax loopholes." The reason I've chosen number 2 is that by simply eliminating all of the loopholes that exist in the EHT, there would be \$1.1 billion available for health care.

My experience in the last 10 years of the 59 years I've been on earth has been in small, rural hospitals. That would certainly go a long way to funding the continuance of rural hospitals, which are not in any way to be compared to large tertiary care centres. But I'll tell you the one thing that rural hospitals do: They give every Ontarian the chance to get the care they need. They receive a client, they stabilize that client and they get them where they need to go. They give every Ontarian the chance for equal access to timely care.

I think I've already spoken to the reason that I chose the third. Please don't cut anything more.

Ms. Leeanna Pendergast: The \$1.1 billion that you cite in savings, is there a study to support that number?

Ms. Shirley Roebuck: I will get it to you.

Ms. Leeanna Pendergast: That would be very helpful.

Ms. Shirley Roebuck: I can't remember whether I've actually put it in there, but I will.

Ms. Leeanna Pendergast: Okay, and that will be forwarded to the clerk?

Ms. Shirley Roebuck: I will.

Ms. Leeanna Pendergast: That would be wonderful. Thank you very much, Shirley, for your time.

The Chair (Mr. Pat Hoy): Thank you. And if you do provide other information, do send it to the clerk, and then every member on the committee will get it.

Ms. Shirley Roebuck: Thank you so much.

VOICES AGAINST POVERTY

The Chair (Mr. Pat Hoy): Now I call on Voices Against Poverty to come forward. Good afternoon. You have 10 minutes for your presentation. The questioning this time will come from the official opposition. It could

be up to five minutes. Before you begin, just state your name for our recording and then you can begin.

Ms. Donna Labonte: Good afternoon. My name is Donna Labonte, and I'm here as a member of Voices Against Poverty.

Voices is a local group of people with lived experience of poverty who are advocating for changes in public attitudes and government policies that will ensure that all people in Windsor-Essex have enough resources to live with dignity and participate fully in their communities. Voices has been working closely with Pathway to Potential, Windsor-Essex's local poverty reduction strategy, to ensure that all community members are valued and included.

Between April and May 2010 Pathway to Potential and Voices Against Poverty jointly held five social audit hearings throughout Windsor and Essex county. The hearings averaged more than 70 community members with the lived experience of poverty and about 70 service providers across the city of Windsor and the county of Essex.

Hearings were being conducted in over 20 to 26 communities across Ontario as part of the Interfaith Social Assistance Reform Coalition, otherwise known as ISARC. It's a social audit. The audits were used to gauge the status of poverty across the province, to assess the effectiveness of Ontario's poverty reduction strategy and to provide a space for those affected by poverty to voice their concerns.

Some of the main themes that emerged from these hearings included the need to address the stigma associated with living in poverty. Many participants expressed that they feel marginalized and invisible in their communities due to their experiences with poverty.

Consistently throughout the hearings, we also heard participants raise the critical issue of food security. Many of those experiencing poverty are unable to afford healthy, fresh foods, which are crucial to good health and preventing disease. Participants expressed frustration over the difficult choices they had to make when deciding where to spend their limited income. It often comes down to paying your hydro bill before your grocery bill.

Hearing the stories of so many community members who are struggling reinforces the critical need to address social assistance rates, which continue to be too low to lead a healthy and dignified life. We are aware that the provincial government is currently undertaking a social assistance review which is set to be completed in 2012. While we are sure this review will help to address many of the concerns over current inadequate rates, many are struggling now and need solutions sooner than in 18 months.

As such, we are calling on the government to implement a \$100 healthy food supplement to be given to all people in receipt of Ontario Works and ODSP. This would represent a critical first step towards addressing the inadequacy of current social assistance benefits. This program would help many people struggling to make their social assistance stretch the whole month, a difficult

task when you're living off about \$592 a month for a single Ontario Works recipient.

I thank you for your time and appreciate the opportunity to bring forward some of our concerns.

The Chair (Mr. Pat Hoy): Thank you for the presentation. The questioning goes to the official opposition, Mr. Barrett.

Mr. Toby Barrett: Thank you for the presentation. One specific thing that came forward in the Ontario Legislature was a private member's bill which I put together based on hearings and various ideas that we heard during this finance committee last year. It focused on the large number of people on ODSP who have a very low income, especially those who are living on their own, people who just don't have opportunities to work because of either intellectual disability or other disabilities. The purpose of this legislation was to create a climate where more employers would know about the benefits of bringing in somebody with a disability, perhaps bringing them on part-time—benefits not only for the employer but also for the person themselves.

Interruption.

Mr. Toby Barrett: Did I do that?

The Chair (Mr. Pat Hoy): Your BlackBerry.

Mr. Toby Barrett: Oh, maybe it is.

Several other aspects of this proposed legislation were to allow people who are working when they're on a support program to keep more of the money without having it clawed back and, secondly, to allow them to retain more of their assets, to have a bigger bank account, for example, without being penalized by a program like ODSP. It was fairly specific. It tried to summarize a lot of talk last year into some action. Do you have any comments on that?

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Ms. Donna Labonte: I know for myself, I'm not only a volunteer with Voices Against Poverty, but I also do part-time work with Pathway. It is a big program. It could be improved upon in some ways because you do have some individuals who have families. If they do not make enough from the work, then they have to have something that supplements that as well as give them an incentive to go out and continue to work. That's what I think: the more things we give them for a life of dignity and not penalize them for having too much money.

Mr. Toby Barrett: There seem to be so many organizations, agencies and government departments, both federal and provincial, devoted to either getting people back into the workplace or improving literacy, improving educational levels or training, with the ultimate goal to get them back to earning some money. Is there anything we should be doing further there? I wonder to what extent these organizations are coordinated.

Ms. Donna Labonte: What we are also trying to do with the healthy budget—that prevents some diseases because when they have a healthier attitude and they're eating health and that, that helps them want to continue to work and not have to worry about what is wrong with their health in some ways because of the lack of nutrition.

Also, if you're going to talk about education, try to gear it towards what's actually relevant to now, to what kind of work that they can do and that employers are looking for instead of just letting them pick whatever way they go. Sometimes some people may have too many people going in one area of education and not in another. They can be useful in many different areas if they try.

Mr. Toby Barrett: Okay, thank you.

The Chair (Mr. Pat Hoy): Thank you for the presentation.

25 IN 5 NETWORK FOR POVERTY REDUCTION

The Chair (Mr. Pat Hoy): Now I call on 25 in 5 Network for Poverty Reduction to come forward. Good afternoon.

Mr. Adam Vasey: Good afternoon.

The Chair (Mr. Pat Hoy): You have 10 minutes for your presentation. Mr. Tabuns of the NDP will have the opportunity to ask questions if he chooses. If you state your name, you can begin.

Mr. Adam Vasey: Thank you. My name is Adam Vasey, and I am here on behalf of the 25 in 5 Network for Poverty Reduction. I want to thank the committee for the opportunity to speak to you today.

The 25 in 5 Network for Poverty Reduction, just briefly, is a multi-sector network comprised of more than 100 provincial- and Toronto-based organizations and individuals working on eliminating poverty. I'm also the coordinator of our local poverty reduction strategy, Pathway to Potential.

We're nearly at the halfway point of the provincial government's commitment to lift 25% of Ontario children and families out of poverty by the year 2013. Making good on this commitment would distinguish Ontario as the first jurisdiction in Canada to set a poverty reduction target and timeline and deliver on the promise.

This is smart policy, lifting 103,000 children and families out of the depths of poverty and filling a new generation with the hope of economic opportunity. It is smart policy to invest in strong, inclusive communities and a competitive workforce that can respond to the challenges of a global economy in transition. Such investments must include equitable and inclusive education and skills training, supportive income programs, employment equity, early learning and child care.

The 25 in 5 Network for Poverty Reduction recently released its second annual report tracking the government's progress on its commitment to reduce child and family poverty by 25% in five years. In this report, 25 in 5 made note of two significant but not insurmountable challenges for government to overcome in order to reach its poverty reduction goal: (1) keep poverty reduction on the front burner and (2) stay the course in troubled times.

The first challenge is to keep poverty reduction front and centre on the agenda, and this requires making substantial multi-year investments in programs that have

proven to work, continuing with the 2011 budget. In the second year of the government's poverty reduction strategy, progress was already made with investments in areas such as child care, workplace standards, HST tax credits and full-day kindergarten. But there have also been missed opportunities such as the troubling decision to cancel the special diet allowance and replace it with a more limited program and a lack of new investments in areas like the Ontario child benefit, housing affordability, employment equity and income adequacy for more and more people forced to rely on social assistance. Clearly, there is work to be done.

Recently, the government's own Social Assistance Review Advisory Council recommended an overhaul of income supports to transform the current system into programs that show Ontarians a pathway out of poverty rather than confine them to the margins. The announcement of a social assistance review in December is encouraging in this respect. As we near the midway point, Ontario requires decisive, timely initiatives to accelerate the province's poverty reduction promise. There is still time to refocus and make good on the promise, starting with this 2011-12 budget.

The second challenge facing government stems from the global economic recession. Recessions tend to push more people into poverty, so the timing of the province's commitment to lift children and families out of poverty couldn't have been better. Ontario was smart to stay the course on poverty reduction. Investments in the Ontario child benefit and minimum wage increases helped to stimulate local economies at a time when they needed it most.

Though more children and their families fell into poverty during the recession, government action at the height of the economic downturn prevented many from spiralling into deeper poverty. However, some are now using government deficits caused by stimulus investments as an excuse to call for spending cuts on public services that all Ontarians rely on. We must not repeat the mistakes of the 1990s. During the last recession, Ontario's poorest households were hardest hit by the economic downturn, and it took them much longer to bounce back. Severe cuts to social programs were accompanied by a scapegoating rhetoric that targeted the most vulnerable in our province. This divisive approach to politics drove wedges between us and failed to accomplish the important task of lifting Ontarians out of poverty. Making the same mistake again isn't an option.

I'm just going to briefly present 25 in 5's priorities for action in the upcoming budget.

Putting poverty reduction on hold during an economic slowdown only makes income inequality worse. In the coming budget, Ontarians are looking to their provincial government to implement and fund smart policies that achieve four core goals during the next period of economic recovery.

First, ensure no one falls through the cracks during times of need. This requires implementation of policies to ensure unemployed Ontarians have a secure safety net

that allows them to live in dignity and develop their skills to get back into the labour market. This includes starting the income security review and building livable incomes. The province has announced a much-welcome review of social assistance, but at the same time that the review conducts its work, it's critical that action be taken to raise the incomes of people on social assistance, as social assistance incomes today have the same purchasing power that they did in 1967. The incomes of people on social assistance need to be increased immediately through measures such as the \$100 healthy food supplement. Ontario should also immediately implement some of the rule changes recommended by its own Social Assistance Review Advisory Council, including the asset limit rules.

Second, invest in people, their skills and their efforts to secure work. This includes listening to lived experience. People living in poverty have expertise on actions that need to be taken to make life better. Government must create a community-based, inclusively representative advisory committee to provide expert advice to the government's results team and must ensure that the social assistance review has a central role for those with lived experience. There also needs to be a strategy for disproportionately poor communities and increased supports for post-secondary education and training.

Third, we need to ensure that jobs are pathways out of poverty. This must include a good jobs strategy. Boosting the minimum wage to \$11 in 2011 and indexing increases to inflation, as well as improving employment standards enforcement and bringing forward a comprehensive employment equity initiative, are also vital. Income supports, such as child and housing benefits, as well as dental care, also make work a sustainable option for individuals and families. Retraining and education programs are also in critical need of the additional funding required to meet higher demand. Within jobs as well, we need to focus on dental care for low-income Ontarians. The province has moved ahead on a new community-based preventive-focused program targeted at children, but full implementation of the commitment on dental care must also include a focus on low-income adults.

Fourth, we need to create an infrastructure for opportunity. Keep investing in programs to support a strong economic recovery. Early learning and quality child care, affordable housing and affordable, dependable transit all help people get to work, and make cities work too.

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In conclusion, Ontario families are worried, and just like they did at the start of the recession, they are turning to their governments for leadership in tough times. An austerity agenda that walks away from poverty reduction and eliminates the public services and programs that all Ontarians need only adds to the worry. Without an investment plan in the 2011-12 budget, Ontario will not meet its goal of reducing poverty by 25% by the year 2013 and families will falter—and Ontario, already

struggling from the weight of a global recession, will fall farther behind. It's an outcome we cannot afford.

Poverty reduction benefits everyone. Building healthy, safe communities where everyone belongs and everyone has a chance to bounce back from misfortune is the epitome of good government. It's why the provincial government needs to renew its efforts to reduce poverty post-recession. As Ontario nears the halfway point of its poverty reduction timeline, the mission must be to stay focused and to make good on the promise. Thank you.

The Chair (Mr. Pat Hoy): And thank you. We'll now move to Mr. Tabuns of the NDP for his questioning.

Mr. Peter Tabuns: Thank you very much for coming and making the presentation today. Have you been tracking the impact of the programs? It was a 25% reduction in poverty over five years. We're three years into that. How much of a reduction has there been?

Mr. Adam Vasey: Unfortunately, it's—there was some improvement with the initial investment in the Ontario child benefit supplement, but there is real concern that, as I mentioned in the presentation, given the economic situation right now, we really are looking at a situation where we require accelerated investment to meet those targets. I think the initial poverty reduction strategy and the intentions were on course to meet those targets of 25 in 5, but I think there have been circumstances subsequent that require us to take a really hard look at it again and reinvest in poverty reduction, knowing that that really is a real key to stimulating the economy, getting people back to work and getting people back on their feet.

Mr. Peter Tabuns: Okay. You note that it would be useful to carry forward the rule changes that the social assistance advisory group put forward. Can you tell us what impact they would have on the number of people in poverty or the depth of their poverty, if those rule changes were actually put in place?

Mr. Adam Vasey: It's something we heard from Ms. Labonte from Voices Against Poverty, that it's consistently heard over and over again when we are consulting with people in the community: These rule changes would have a significant impact in allowing people to get back to work and to retain more assets. It's crucial—we hear over and over the importance of transportation in the community, of accessing the services and the programs that are available in the community. It's those rule changes that often aren't given a lot of attention that do actually make a big difference. They're something that we've heard anecdotally from people over and over, that it would have a significant impact. I know the social assistance review council spent a considerable amount of time hearing from communities about those rules and the barriers that they pose, so I think they would have a big impact right away.

Mr. Peter Tabuns: Okay. I don't have further questions, Mr. Chair. Thank you very much, by the way.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

Mr. Adam Vasey: Thanks so much.

UNIVERSITY OF WINDSOR STUDENTS' ALLIANCE

The Chair (Mr. Pat Hoy): Now I call on the University of Windsor Students' Alliance to come forward. Good afternoon. You have 10 minutes for your presentation. There could be up to five minutes of questioning. The questioning will come from the government side in your case. If you would just simply state your names before you begin for our recording, then you can start.

Mr. Robert Woodrich: My name is Robert Woodrich.

Ms. Kim Orr: My name is Kim Orr.

The Chair (Mr. Pat Hoy): Go ahead.

Mr. Robert Woodrich: We're here on behalf of the University of Windsor Students' Alliance. We primarily advocate for, represent and provide services to students at the University of Windsor, representing roughly 12,000 people. As I mentioned, my name is Robert Woodrich. I'm a vice-president at the students' alliance.

Ms. Kim Orr: My name is Kim Orr and I'm the senator in charge of external policy coordination for the WSA.

We'd like to emphasize to you what it's like to be a student, not only in Windsor, but across the province. Both of us have just come from a class that ended and are going back to classes as soon as this ends. We work full-time or part-time jobs. We take on extracurricular activities. We're trying to apply to master's level programs or law schools because having an undergrad degree just isn't enough in today's job market. It's a lot of multitasking for students to do. It's multitasking that they shouldn't have to take on in conjunction with trying to get top grades and trying to excel in university. It's important to assist students in mitigating the burden of attending university through better funding.

Mr. Robert Woodrich: Part of our mandate is to ensure that all qualified students are able to access post-secondary education in Ontario, especially in Windsor. With that in mind, I'll introduce what we'd like to speak about today.

In a broader sense, we acknowledge that in recent years, a \$6.2-billion investment was made through the Ontario government's Reaching Higher plan, which allowed 100,000 new spots to open at Ontario universities. With another 50,000 students expected to enter the system in the next five years, further investment will be required not only to accommodate this growth, but also to simultaneously enhance the quality of the student experience. The University of Windsor Students' Alliance recognizes the government's tough financial position.

Ms. Kim Orr: We urge you not to be deterred by what might seem like a large upfront cost, but look at the benefit in the long run. Seventy percent of jobs in the next 10 years are going to require a university degree and you need to begin to prepare the workforce to represent this need. Windsor is a perfect example of how factory

jobs are disappearing and people can't enter into the workforce directly after high school. University is becoming mandatory.

Mr. Robert Woodrich: Undergraduate students in Ontario are now charged the highest tuition in the country at an average of roughly \$6,300. It is therefore necessary that student financial assistance be strengthened in Ontario to ensure that no student or family feels that the opportunity for higher education is beyond their reach. So we're presenting three specific proposals to lower student debt and increase assistance available to students. Our first proposal is that student debt be significantly reduced by lowering the Ontario student opportunity grant debt cap to \$6,250. It's presently at \$7,300.

We feel that student debt in Ontario is reaching a crisis point. The average student debt last year was \$26,680 and this does not include the substantial portion of students who are taking on private loans and credit card debt to finance their education. The OSOG acts both as a non-repayable fund for students and as a cap on repayable debt, so it was met with disappointment by students when the OSOG cap was increased to \$7,300 after years at the \$7,000 threshold, which capped their four-year degree debt at \$28,000.

For me, personally, this would have meant an additional \$1,000 of debt, or roughly 100 hours of work at the minimum wage level, which is common in an area such as Windsor. In the meantime, that would have been in addition to my \$28,000 of debt, meanwhile with interest accumulating and taxes being taken from that wage. Placed within that greater context, it would actually add to the psychological burden already shouldered by students.

The Chair (Mr. Pat Hoy): When you're speaking, if you could just move back a little from the mike. We're getting a little problem there. Go ahead.

Mr. Robert Woodrich: This year, students suggest lowering the OSOG threshold to \$6,250 to cap student debt for a four-year degree at \$25,000.

Our second recommendation is to make all Ontario students eligible for Ontario access grants rather than just first- and second-year students. Low-income students are more than twice as likely to not attend university. The participation gap between students from low- and high-income families has been increasing every year since 2003. Low-income students face significant financial barriers to pursuing higher education and many are averse to taking on higher debt loads in order to finance their education. To raise participation rates, more should be done to ensure the removal of those initial financial barriers faced by low-income students.

Ms. Kim Orr: When trying to fill the extra 100,000 seats that the Ontario government has given access to, those additional students are not going to come from parents who already have a university degree; they were going into university anyway. That increase in attendees at university is going to come from rural area students, from low-income students. Providing access for them to

make university education more attainable is a very important step in ensuring that the workforce has a university degree.

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Mr. Robert Woodrich: The McGuinty government, in 2005, reintroduced upfront grants after an absence of 12 years. In particular, the Ontario access grant is meant to support students from low-income families and converts between 25% and 50% of a student's tuition into a non-repayable grant. In 2009-10, 58,000 post-secondary students benefited from these Ontario access grants. However, the Ontario access grant is only available for the first two years of study at present, while low-income students have need for all the years of their education.

Ms. Kim Orr: Your tuition doesn't go down by the time you reach your fourth year of education. In fact, it goes up by approximately 8% a year, so there's no sense in only giving it to first- and second-year students. Many students drop out of university because it becomes too much of a financial burden, and then they've taken on a substantial amount of debt for no reason. It's debt they have to pay back without a university degree.

Mr. Robert Woodrich: Studies have shown that low-income students in particular are more receptive to grants than repayable loans, but there is inadequate targeted assistance. Eligibility for these grants should be extended for all years of undergraduate study. The cost of this change has been estimated by the Ministry of Training, Colleges and Universities at \$37 million.

Our third recommendation is to reduce the expected parental contributions of Ontario student loans to increase assistance and extend eligibility to more middle-income families. At present many middle-income families are struggling, especially within the greater context of a depressed economic climate, and cannot fully support the cost of their children's university education. Windsor students are asking for more students to be eligible for financial assistance from the province.

The Ontario student assistance program consists of two separate loans, one from each of the federal and provincial student loan programs, integrated into a single loan known as the Canada-Ontario integrated student loan. The most significant difference between the two loans is in the amount that parents are expected to contribute to their children's post-secondary educations. The disparity between the federal and provincial assessment of a moderate standard of living is what makes affording post-secondary education in Ontario harder for Ontario families than in other provinces. This is outlined in the chart on page 3 of our submission.

A higher moderate standard of living results in a lower annual discretionary income, and thus a lower parental contribution. As the numbers illustrate, the federal government's calculation is significantly more generous than Ontario's: a full 28% higher for a family of four.

Ms. Kim Orr: Middle-income families cannot save enough money for their children's post-secondary education, forcing many students to take on dangerous

levels of private debt or work more hours to finance their education. Harmonizing Ontario's parental contribution requirements with those of the federal government would make significantly more middle-income families eligible for financial assistance and allow low-income and middle-income students to receive significantly more assistance from both loans and from grants.

The Ministry of Training, Colleges and Universities has estimated the cost of harmonizing at \$60 million.

Mr. Robert Woodrich: Another significant issue for students is student support services. At present, Ontario enjoys a high post-secondary participation rate, but other countries are catching up. To compete in the knowledge economy, we must have the best and brightest workforce, not simply the handout of most credentials. The Reaching Higher plan intended to improve the quality of the student experience. However, enrolment pressures swallowed much of the new funds during those years.

The Chair (Mr. Pat Hoy): You have about a minute left.

Mr. Robert Woodrich: Okay. Thank you.

Our final recommendation is to directly target university funding to improve student support services, in particular those for international students that we are actively attempting to recruit to Ontario.

Ms. Kim Orr: The University of Windsor in particular has one of the highest international-to-domestic student ratios in the entire country.

Mr. Robert Woodrich: That is basically our submission to you. We thank you for your time and we would be happy to answer any questions that you may have for us at this time.

The Chair (Mr. Pat Hoy): Thank you. The questioning goes to the government. Ms. Pendergast.

Ms. Leeanna Pendergast: Thank you, Chair. Robert and Kim, thank you for being here in your busy schedules. Your day appears to just be in midstream, so thank you for taking the time. We appreciate your comprehensive report. For sure, there's a lot of information in there to ingest very quickly.

We heard from the university students' council at UWO yesterday. Rather surprisingly, it's not necessarily a consistent presentation that we're hearing from you today; there's more comprehensive information that we're getting from you today, and we appreciate that.

Recommendations 1 and 2 would be consistent. Recommendation 3 I love. I have a son who's going into first year next year, another son going the next year after that and a third son going immediately after that, so I'm loving the "reduce the expected parental contribution." I hear you on that one.

Recommendation 4, where you talk about targeting university funding to improve student support services: We did hear from them as well to target that funding toward staff training. They were very concerned that a lot of staff and professors don't have adequate training to be teachers. I have a B.Ed. I taught for 22 years. They made that differentiation between university and college and post-secondary training. Do you have any comments on

that? Have you heard anything concerning that kind of training? Would you directly target that funding to go to improving student services and staff training?

Ms. Kim Orr: I think staff training is a very crucial part of targeting that funding.

University of Windsor students would love to see the equivalent of a research chair at universities but in fact it would be a teaching chair, to allow teachers to focus on pedagogy and just learning about learning.

It's very important that the people who are going to go on to become professors have the experience of having good teaching so that they can also, when they finally get to the point of being professors themselves, teach well. So we would love to see more emphasis placed on teaching quality.

Ms. Leeanna Pendergast: Thank you. And I appreciate your comments about the access grants, the upfront support. We heard that as well in comments about the education tax credit being sort of after the fact. They'd like to see—and I don't know how you feel about this—the upfront funding as well, in terms of grants, parents, a tuition freeze, which is different than a tax credit.

Ms. Kim Orr: We would love to see the grants moved to being upfront. Right now, we feel that they benefit the wrong type of people. It's going to higher-income people who, once out of university, can actually claim the tax credits, whereas we'd prefer to see it go to lower-income and middle-income families at the beginning of university, when the barriers are there.

Ms. Leeanna Pendergast: Are you hearing anything from your membership on Reaching Higher or any requests to renew that?

Mr. Robert Woodrich: Absolutely. It is in the interest of university students in Ontario to have another long-term plan similar to the Reaching Higher plan.

Ms. Leeanna Pendergast: And that was my next question. We heard that they're asking for a five-year plan from MTCU. Have you heard anything about—it doesn't have to be a five-year plan, but are you proposing anything in terms of a long-term plan?

Mr. Robert Woodrich: Through the Ontario Undergraduate Student Alliance, that is one of the things that we are seeking. I personally haven't heard of a potential plan.

Ms. Leeanna Pendergast: So further discussion down the road?

How much time, Chair?

The Chair (Mr. Pat Hoy): A minute and a half.

Ms. Leeanna Pendergast: Mr. Delaney, did you want to jump in with—he has a question for you. Thank you.

Mr. Bob Delaney: Yes, a quick one. While I was overseas this past year, one of the things that struck me was the thirst to attend Canadian educational institutions, both in their country and here. Does the reverse also hold true? Do you think at this point that Canadian university students, particularly undergrad ones, would like to pursue all or a portion of their undergrad work overseas?

Ms. Kim Orr: I know there has been an increase in students who are going overseas for semesters at a time and increasing exchange programs, so I know that students are definitely interested in obtaining at least part of their education abroad. It gives a unique experience that can't be matched any other way.

The Chair (Mr. Pat Hoy): Thank you for your submission.

Mr. Robert Woodrich: Thank you very much.

GRAIN FARMERS OF ONTARIO

The Chair (Mr. Pat Hoy): I call on the Grain Farmers of Ontario to come forward, please. Good afternoon. You have 10 minutes for your presentation. There could be up to five minutes of questioning, and the questioning this round will go to the official opposition. Simply state your names before you begin, and you could do just that: You can start.

Mr. Mark Huston: Good afternoon. Mark Huston.

Ms. Erin Fletcher: Erin Fletcher.

Mr. Mark Huston: Honourable members, good afternoon. I'm an executive member on the board of the Grain Farmers of Ontario. I'm joined by Erin Fletcher, our manager of public affairs and communications at GFO.

My family's been farming in the Chatham area since 1830, with myself joining shortly after completion of my university education. For two years, I was a director on the Ontario Soybean Growers board, and recently I was elected to my second term with Grain Farmers of Ontario.

Grain Farmers of Ontario is the province's largest and newest commodity organization. We represent 28,000 corn, soybean and wheat producers. We were formerly the Ontario Corn Producers' Association, the Ontario Soybean Growers and the Ontario Wheat Producers' Marketing Board, and we amalgamated in January 2010, so we're just a year in.

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Our crops cover approximately five million acres of farmland across this province, generate approximately \$2.5 billion in farm gate receipts, and also result in approximately \$9 billion in economic output and are responsible for over 40,000 jobs in this province.

We're here today to emphasize the importance of investing in research and market development in Ontario to ensure a productive and profitable future for farmers in the province.

Research is critical to the future of agriculture in Ontario. New varieties of grain have resulted in higher yields, better disease and insect resistance, and higher-quality food. Higher yields mean that we get more food from less land. For example, an investment in wheat research over the last 15 years has increased the winter wheat yield by approximately 26%. Wheat production has almost doubled over the time, and the value of the winter wheat crop has also more than doubled. This increase in production and the introduction of new qual-

ity attributes has spurred an increase in milling and baking and other food processing in Ontario, creating jobs and wealth for the entire province.

Market development, both domestically and overseas, is also critical to our success. It also continues to benefit the Ontario economy. One of the biggest achievements of our market development program and one of the biggest wins for the Ontario economy has been the ethanol growth fund and the renewable fuels mandate of 5% for ethanol. The ethanol growth fund has helped keep Ontario producers viable during extremely volatile commodity environments. Ontario capacity has grown to over a billion litres per year as a result of this. This has meant approximately a quarter-per-bushel multiplier effect to the improvement of the price of corn in Ontario. This is also multiplied by the effect of farmers spending the extra income they have within the rural community. The ethanol industry's growth over the past 10 years has definitely been a win for all of Ontario.

Farmers in Ontario invest over \$1 million annually into research that will advance our three crops, both from the aspect of production and also specialization of new markets. This money is multiplied by investments from the government and industry at approximately 3 to 1. In Ontario, one of the reasons we've been so successful with our research program is the investment of the province and the federal government in a program called FIP, the farm innovation program. This is a four-year federal-provincial partnership that will ensure research projects that will advance crop yields, disease resistance and grain quality, adequately funded, and we thank the government for that contribution. This program is set to expire in 2010, and our organization wants to stress the importance of continuing this valuable program in the 2013 budget to ensure the continuous research efforts are met.

Our immediate need, however, and one of the reasons we are here today, is to deliver information gleaned from these research projects to the farms where the results can truly be seen. This province is lucky to have a team of farm extension experts from the Ontario Ministry of Agriculture, Food and Rural Affairs who work on farms directly with our farmers to solve problems and implement research results. They have years of experience and practical research and are trusted by our 28,000 members. Cuts to this extension program would be devastating to our research investment. The practical application of millions of dollars of research would be compromised. We ask today that the work these men and women do in the field be strongly supported in this budget through increased allocations to the extension programs at OMAFRA. This will ensure the extension program continues to be a valuable resource that has the most direct benefit to Ontario's grain farm profitability and, as a result, contributes to a thriving rural economy in Ontario.

Also within research, our organization has been working closely with seed companies in Ontario to encourage farmers to utilize the latest research through enhanced

genetics offered from certified seed. Over the past 15 years, the Ontario wheat industry has made tremendous gains in innovation, almost all funded through the sales of certified seed. In Ontario, if farmers are to continue to be competitive and able to capture new opportunities, they will continue to need new advanced seed varieties. However, in the current fiscal environment where business costs continue to rise, the sales of certified seed continue to decline as farmers reduce costs by saving seed.

Given that the majority of farmers equate the use of certified seed with success, an incentive to help offset the cost of certified seed is an excellent way to build up the resources needed for wheat breeding and research to advance the Ontario grain industry.

The seed trade has developed a plan to benefit farmers through improved quality assurance from new and improved varieties, and also the province through new farm innovations that will have major returns to the economy. The seed trade and the Grain Farmers of Ontario propose a tax incentive program. It would work by allowing farmers to claim the costs of certified seed on their income tax forms by providing receipts. The province then would reduce the provincial income tax payable by 50% of the total cost of the seed. The cost to the province would be approximately \$11.57 million on an estimated total cost of certified seed of \$23 million.

Using a model developed by the George Morris Centre, the seed trade calculated the benefits of introducing new varieties to farmers and the tax revenues to the Ontario government. The increased market revenue for Ontario farmers in just one year from the introduction of three new varieties was approximately \$14 million, with the increased tax return to the province of approximately \$1 million.

The benefits of innovation are well known to farmers in Ontario. Over the last 15 years, Ontario winter wheat yields have increased by 26%. The result has been increased market returns for farmers and increased tax revenues for the government.

Over the five years between 2001 and 2006, Ontario winter wheat yield doubled, or increased by approximately 10.41 bushels to the acre. Wheat production almost doubled in that time, and the value of the winter wheat crop has more than doubled. The increase in production and the introduction of new quality attributes have spurred an increase in milling, baking and other food processing in Ontario, creating jobs and wealth for the entire province.

The Chair (Mr. Pat Hoy): You have about a minute left for your presentation.

Mr. Mark Huston: Another area that we are very involved with at Grain Farmers of Ontario is market development. We have been working closely with our renewable fuel standards and would like to see these continued.

In a recent third party study, Canadian ethanol was found to reduce greenhouse gases by approximately 62% per year with fossil fuels, and biodiesel was found to

generate a remarkable 99% reduction. Ontario currently has an ethanol mandate of 5% in all gasoline, but there is no biodiesel mandate. Three of the western provinces have mandated 2% to 3% biodiesel. As a result, there is almost five times the investment in biodiesel in western Canada than in Ontario. A 2% national mandate has been approved, and this will create approximately 500 million litres of biodiesel per year. We would like to see this offered in Ontario as well.

Thank you for your time. We're proud to have the support of our province in so many of our research and market development initiatives and look forward to working together to build a future in which agriculture and Ontario turn into an economic superpower. Thank you very much.

The Chair (Mr. Pat Hoy): Thank you. We'll move to the official opposition. Mr. Barrett.

Mr. Toby Barrett: I'm glad the Grain Farmers could testify today. Leo and Jeff Davis were before the committee yesterday and also talked about the reduction in greenhouse gases by 62%. That's comparing what? That's ethanol compared to regular gasoline?

Mr. Mark Huston: Compared to our standard fossil fuel, yes.

Mr. Toby Barrett: And what percentage ethanol in the gas?

Mr. Mark Huston: That would be a 10% blend.

Mr. Toby Barrett: You mentioned 99%. Was that biodiesel?

Ms. Erin Fletcher: That's biodiesel.

Mr. Mark Huston: Yes, biodiesel has a lot higher carbon savings compared to what ethanol would be.

Mr. Toby Barrett: Yes.

Mr. Mark Huston: So the potential there for saving carbon is quite high.

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Mr. Toby Barrett: So what levels should the Ontario government set? I know they reduced the levels a few years ago. There was some concern around replacing food and what have you.

Mr. Mark Huston: The food versus fuel argument is one that's been batted around quite a bit. What studies have tended to find is that it's been more of an issue of market—how would you say it, Erin?

Ms. Erin Fletcher: I would say that the food versus fuel debate is more fuelled by the markets and by speculators in the market driving the cost of grain up than it is by actual food going into fuel. In biodiesel, the mandate that we're requesting in Ontario is 2% to match the national biodiesel mandate.

Mr. Toby Barrett: In Ontario Farmer, it might have been Ian Cumming in the last issue, his column indicated 40% of the corn in the US goes to ethanol. That was in his column; I don't know how accurate that is. What's the level in Ontario?

Ms. Erin Fletcher: It's 50%.

Mr. Toby Barrett: Is it 50%?

Ms. Erin Fletcher: That's right.

Mr. Toby Barrett: That's Ontario-grown plus US-imported corn?

Ms. Erin Fletcher: The 50% is 50% of Ontario's corn goes into ethanol. I'm not sure what—the levels that are imported vary every year with the amount of corn grown in the province.

Mr. Toby Barrett: Yes, but roughly how much do we import in a year?

Ms. Erin Fletcher: Off the top of my head, I don't—

Mr. Mark Huston: This year it's going to be minimal because of our excellent yields. Other years it's been as high as, I'd say, approximately 5% or 10%.

Mr. Toby Barrett: Okay. I have one other thing quickly on the risk management program. We're opposition; we support risk management, making it a permanent program, not only for cash crop, hort, hogs, pork. We've had—what?—going into four years' experience with corn and soybeans and winter wheat. Do we have any figures at all on the cost? We know what was paid out over those three years. Is it difficult to project, without knowing the prices in the future?

Ms. Erin Fletcher: For 2010, you're asking?

Mr. Toby Barrett: Yes, how much does it cost and to what extent, if it's rolled into hogs, beef and other commodities—what are we looking at for cost? We get asked how much this costs.

Ms. Erin Fletcher: The three-year pilot only cost the province, I believe, \$17 million after farmer premiums were paid. If farmer premiums had been paid in 2007, it probably would have broken even. In 2010, we actually don't know the numbers yet, but we're anticipating with market prices where they are, there probably won't be much of a payout in the pre-harvest period, and there won't be any payout in the post-harvest period.

Mr. Toby Barrett: With some of these commodities, how do we get around the concern? There's no clear guarantee on cost of production; people think there is. How do we deal with the perception out there that a lot of people are going to jump into this, so there's going to be tremendous production of some of these commodities because you're guaranteed your cost of production? We need more beef, for example. It'd be a good thing if more people came in.

Mr. Mark Huston: One of the other issues that's been brought up has been trade implications. The more commodities that the program is applied to, the more that risk is spread out. If all the non-supply commodities are covered, then it would spread out the risk so there would be very little encouragement to switch from commodity to commodity because you'd generate a consistent supply.

Ms. Erin Fletcher: That's true. And in grain farming, we have a limited number of acres in Ontario, and the market price tends to sway farmers a lot more than the guaranteed cost of production and the risk management program.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

Mr. Mark Huston: Thank you for your time.

ALZHEIMER SOCIETY OF ONTARIO

The Chair (Mr. Pat Hoy): Now I would ask the Alzheimer Society of Ontario to come forward, please. Good afternoon.

Mr. Bob Renaud: Good afternoon. How are you?

The Chair (Mr. Pat Hoy): Very well, thank you. You're the first ones to ask how I am doing.

Mr. Bob Renaud: You're important.

The Chair (Mr. Pat Hoy): You have 10 minutes for your presentation; there could be up to five minutes of questioning. In this round, it will be from the NDP, Mr. Tabuns. If you'd state your names before you begin.

Ms. Sally Bennett: I'm Sally Bennett, CEO of the Alzheimer Society of Windsor-Essex County, representing the Alzheimer Society of Ontario.

Mr. Bob Renaud: And I am Bob Renaud. I'm the past chair of the Alzheimer Society of Windsor-Essex board, and I'm on the board of the Alzheimer Society of Ontario.

The Chair (Mr. Pat Hoy): Begin.

Ms. Sally Bennett: Thank you. Mr. Chair, members of the committee, ladies and gentlemen, thank you for providing the Alzheimer Society of Ontario the opportunity to present to the Standing Committee on Finance and Economic Affairs on the issues related to dementia in Ontario.

A little bit about the Alzheimer Society: We were founded in 1983 and support a province-wide network of 38 local chapters. Our mandate is to improve service and care, fund and advance research, educate the communities that we serve and create awareness and mobilize support for the disease. Our society's vision is a world without Alzheimer's disease and related dementias. We're affiliated with the Alzheimer Society of Canada and with Alzheimer's Disease International. In fact, as of March of this year, the Alzheimer Society will proudly welcome people from fully 71 countries to the 26th Alzheimer's Disease International conference, to be held in Toronto.

Alzheimer Society chapters provide a range of services, including support groups, counselling, information, public awareness and dementia-specific education, for front-line health service providers, those diagnosed with the disease and their families and caregivers. Some local chapters also provide day programs and longer-term respite care services.

The Alzheimer Society of Ontario and the chapters work in partnership with health service providers, primary care practitioners, long-term-care facilities and clients. We have a long history of working together to improve access to services for clients. We promote best practices in dementia care, and we raise the profile of dementia-related issues.

The Alzheimer Society of Ontario is also a founding and leading member in the Ontario Caregiver Coalition. This coalition of caregivers, health charities and community and health service providers is dedicated to bringing issues related to family caregiving to the policy

table. Family caregivers care for spouses, children, parents and other extended family members in need of support due to age, debilitating medical conditions, chronic injury, long-term illness or disability. Family caregivers are the foundation of Ontario's health care system, yet they are largely invisible. They are sometimes overlooked by health service providers and are seldom acknowledged in public policy. In fact, many members here today may be caring for family members with dementia, or friends, and have been deeply affected by dementia themselves. Realistically, if you have not been affected to date, the chances are that you will over the course of your lifetime.

The focus of our presentation is on the following three areas: We want to look at the prevalence and impact of dementia, on increasing access to flexible respite options for caregivers and expanding the reach of our First Link program in Ontario.

First off, what is dementia? It's a large class of disorders characterized by the progressive deterioration of memory, judgment and reasoning, and can lead to changes in mood, behaviour and communication abilities. These symptoms may affect a person's ability to function at work, in social relationships or in activities of daily living. Alzheimer's disease, which is the most common form of dementia, is a progressive, degenerative disease of the brain which causes thinking and memory to become seriously impaired. After Alzheimer's disease, vascular dementia is the leading cause of dementia.

What is the impact on society? Today, more than 181,000 people in Ontario have dementia. In 10 short years, that number will increase by 40% to 255,000 people. Dementia is the leading cause of disability in Ontarians over age 60, causing more years lived with disability than stroke, cardiovascular disease and all forms of cancer.

Most Ontarians with dementia today are supported outside of institutions, in their homes and with their families. Studies have shown that caregivers are under considerable psychological, physical and financial stress, despite, of course, enjoying the inherent satisfaction of caring for their loved ones. Caregivers of people with dementia report stress levels three times greater than those caring for persons with other chronic diseases and depression is nearly twice as common.

In Ontario today, families and friends spend 87 million unpaid hours caring for people with dementia. By 2020, they'll be offering 144 million hours of annual care, and that's an increase of fully 65%. In 2002, it was estimated that two million Canadians were informal caregivers, delivering about \$5 billion worth of service to Canada's economy and saving Canada's formal health system as much as \$2 billion per year. Caregivers provide more than 80% of the care needed by individuals with long-term health conditions.

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The annual total economic burden of dementia in Ontario is expected to increase from \$7.1 billion in 2010 to fully \$19 billion in 2020. This number includes the

direct cost of health care services, the opportunity cost of caregiving's impact on ability to work and, of course, the indirect cost of lost productivity and lost wages. Direct costs of dementia to the health system are projected to increase by fully \$440 million each year through 2020. In partnership with the Ontario government, we have the opportunity to curtail these costs to ensure that investments are effective and multi-purposed.

What is needed? Today we'll highlight two key areas of support that are needed by personal caregivers. The first is increased access to flexible respite options, and the second is expanding what is our First Link program.

Flexible respite options: Respite services offer temporary relief from caregiving. They include in-home respite, where an alternate caregiver, usually paid, comes to the home to provide care for a few hours; adult day programs, where the person with dementia attends a community centre for a specified number of days in the week; or overnight respite, which is usually in short-term beds of a long-term-care home or in a multi-purpose respite home, of which there are two in Ontario that are supported specifically by Alzheimer's societies.

There are four key issues with respite in Ontario. Firstly, caregivers are unaware of available services and often act too late. Secondly, there is an insufficient supply of respite, particularly short-term respite care. Thirdly, the services that are offered do not fit with family needs in terms of continuity of staff care and hours of service. The cost of in-home respite is too high for already strained caregivers.

There are innovative respite options that do exist in some regions in Ontario. There's a program called Seniors Managing Independent Living Easily, or SMILE, in the southeast. There's Wesway in the northwest and the Veterans Independence Program through Veterans Affairs Canada. By tailoring these services to meet their needs, these flexible respite programs enable caregivers to support the person with dementia more effectively and extend independent living for the person with dementia. Most importantly, it keeps people in their homes with those who love them.

With a modest investment to extend these existing programs, the Ontario government is poised to save dollars in direct costs. We can look to an existing program as an example. Of a \$2.9-billion annual budget in 2000, Veterans Affairs Canada spent \$303 million of that to provide home care and to support 102,000 of Canada's 200,000 service veterans through the Veterans Independence Program. At an average age of 84 years, only 4,100 of our veterans occupied long-term-care beds. This program helped to keep them living in their own homes by paying for home care, respite and maintenance services.

In 2000, the average cost per person for VIP home care was about \$2,700 a year, compared with \$43,000 a year for a room in an Ontario care facility, or up to \$1,000 a day in a hospital bed.

In Ontario, we have 29 Alzheimers Society chapters that offer the First Link program—that's 29 of the 38

chapters—and this program provides recently diagnosed individuals and their caregivers with comprehensive and coordinated services by reaching out as early as possible in the disease process.

First Link enables collaboration between the diagnosing primary care physician and other members of the primary care team, diagnostic and treatment services, community service providers and the Alzheimers Society.

Many caregivers are not receiving the support they need because they are not aware of the services available to them. Through First Link, primary care providers refer those who are newly diagnosed to their local Alzheimers Society to ensure that caregivers can maximize their awareness of existing programs.

In November 2010, our First Link program was selected as a finalist for the Celebrating Innovations in Health Care Expo in the area of improving access to care.

Even though evaluation of the demonstration project shows it to be effective, First Link is only available to 73% of Ontarians, as nine of our 38 chapters continue to meet challenges in accessing adequate funding. In order to ensure that all Ontarians diagnosed with dementia receive the education, information and access to services they need, the First Link program must be sustained in the 29 local Alzheimer's chapters currently offering the program and expanded to all communities across Ontario.

An initial investment of approximately \$1.5 million to expand First Link to the remaining nine regions is required and an ongoing investment of \$400,000 each year is required to sustain the program in order to provide this service to all Ontarians.

In summary, in terms of our requests: Increase availability of flexible respite options by leveraging existing effective programs. It's very important. We know certainly at the local level our respite program has doubled in service over the last few years. We have long wait-lists at this point in time to initiate service and most of our caregivers would appreciate and could certainly use increased service on a weekly basis, which we can't currently provide due to lack of funding. That's with fundraised dollars supporting the program as well, not just government dollars. Those are charitable, donated, fundraised dollars.

Also, we need the First Link program expanded in order to maximize access to existing services. By continuing to leverage existing programs and committing to new investments for caregivers, we have the opportunity to curb increased health care spending. Thank you.

The Chair (Mr. Pat Hoy): Thank you. We'll go to Mr. Tabuns of the NDP for questioning.

Mr. Peter Tabuns: First of all, thanks very much for hanging in to this point in the afternoon and presenting very clearly.

The First Link program: You've noted the cost of expansion and maintenance. That's clear enough. To provide the kind of respite services that we need in Ontario,

what sort of cost would we be talking about in this year and what kind of cost would we look at over the next decade?

Ms. Sally Bennett: I don't have those dollar figures in front of me, but the argument here is that it's far more cost-effective to provide in-home care as per the aging-at-home program in Ontario, far more cost-effective in a time of tightened budgets, significant deficit, of course, and burgeoning health care costs and percentage of health care costs to the overall budget provincially. The dollars are much less significant, as evidenced by the VIP, as stated.

Mr. Bob Renaud: That's specifically the request. Aging at home is applauded. It's a wonderful, wonderful concept and it was based on the fact that it would be cheaper, number one, and better, number two, for the families. Unfortunately, aging comes with this dementia characteristic, largely. It's really saying let's expand this program to keep people out of the hospitals and keep them out of the long-term-care homes longer. If we can do that, the savings—the provincial government has already decided that aging at home is a good strategy, better than building more and more hospitals, and if that's the case, we need to act quicker. Again, a 40% increase in the next 10 years in Ontario, and if that is all going to be dependent on making caregivers very ill—because that's what it does to them; it puts them in the hospitals—or putting the patients, those with the disease, in the hospitals, it's a choice to be made. They have to go somewhere; somebody has to take care of them.

Mr. Peter Tabuns: Can you tell me of any other jurisdiction that is taking this issue on really effectively, possibly in Canada, possibly in the United States, possibly in western Europe? Is anyone actually taking it on, putting in place the respite services and reducing the longer-term health care costs?

Ms. Sally Bennett: You're talking on an international level. Certainly, we are at the local level. The Windsor-Essex Alzheimer chapter has the first Alzheimer-dementia-specific in-home respite care program in the nation, so I would say we're leaders on the local level.

Mr. Bob Renaud: And just to follow, we have the international conference coming up very shortly, in March. Many of the presentations that will occur there will be specific to that issue.

To answer your question, every jurisdiction, at least every Western jurisdiction, understands the need to keep people at home longer by providing more care. The issue then becomes, how much of an investment are these jurisdictions willing to make to do that. I think it becomes sort of like biting the bullet. You know you're going to spend it in the hospitals eventually, but are you willing to put more money up front? I think that's the decision most countries are beginning to make now. They're starting to ask the question. We're going to hear about that quite extensively at our international conference.

Britain, I know, is very serious about it. It's becoming a much larger issue in the US. Even countries like India

now are looking very seriously at what's happening. When you look at Asian countries, too, they're so used to keeping everything in the family. We see that with immigrants in our own province, that's for sure. But it's what it does to the family. It just drains the family. The caregiver, again, becomes a casualty along the way, in many cases, and that makes for two people going to the hospital, not just one.

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Everybody realizes it. Rising Tide is the national study that we released last year, and that's exactly what it is. It's going to affect every province; it's going to affect every Western country. It's going to happen. It's coming.

Mr. Peter Tabuns: I'll just go back, because you said something interesting, and I want to examine the logic: that countries, jurisdictions, are going to have to bite the bullet, know that they're going to pay eventually, and it makes sense to put the money down upfront now. But in fact, your logic is that you aren't having to build new buildings. There's a lead time on that, and they're very pricey. In fact, what you need are management centre staff hired and trained and deployed. Based on what you've said to us, the cost that we would incur over the next four or five years to deal with these increasing numbers of people who are affected by dementia would, in fact, be far less if we were to go to at-home respite care.

Mr. Bob Renaud: Absolutely. There's no question about that. Again, when I say "bite the bullet," I think we're so used to living in a traditional system, which means the hospitals are there—they'll take care of people—and the long-term-care facilities are there. We don't have enough long-term-care facilities either; that's another story. But they all cost money. It all costs money, and it costs more to do that than it costs to have people taken care of at home. Most caregivers, the vast majority of caregivers would much rather have their loved one at home with them. That is cheaper. It's better for the family if they have the supports in place. Right now, we've scratched the surface with aging at home. We've helped, it made a difference, but we've got a long ways to go.

Again, do you want to spend a bunch of money down the road, or do you want to spend less money now and maybe relieve the strain on the hospitals, relieve the strain on the long-term-care facilities in the future?

Mr. Peter Tabuns: Thank you very much.

The Chair (Mr. Pat Hoy): Thank you for your presentation.

COMMUNITY LIVING TILLSONBURG PEOPLE FIRST TILLSONBURG

The Chair (Mr. Pat Hoy): I'd ask Community Living Tillsonburg to come forward, please. Good afternoon, gentlemen. You have 10 minutes for your presentation. Questioning will come from the government in this case. I ask you to identify yourselves for our recording Hansard, and you can begin.

Mr. Bob Morse: Thank you very much for having us this afternoon. My name is Bob Morse; I'm president of Community Living Tillsonburg.

Mr. Michael Kadey: Good afternoon. I'm Michael Kadey of People First Tillsonburg and Community Living and also a board member of Community Living Tillsonburg.

Mr. Marty Graf: I'm Marty Graf, the chief executive officer.

Mr. Bob Morse: Thanks again for allowing us to come today. We brought Michael Kadey as well. As he said, he's from People First, and I'll let Michael speak partway through the presentation today.

Just by way of a little bit of background, Community Living has recently celebrated 55 years as an organization—we had a celebration just prior to Christmas—and we're very proud of that. We basically serve children, adults and primarily families of individuals with intellectual disabilities. For the past 25 years, we've provided child care available for children and their families as well, many of these children with special needs. Marty and I were actually just sharing on the way up that one of the earliest children who came into our program had recently graduated from the ECE program and is now working in the child care setting. So we've had a lot of success stories in our 55 years as an organization.

We also recognize, as we work through this as a board and as an organization, that there's a lot of challenges being faced right now with the economy and with funding. We are committed to working with that zero per cent funding level which we've been provided, but we want to make it clear today that there will be challenges with respect to that zero per cent funding. Costs of operations continue to rise; they haven't stopped. We have commitments. We have a lot of residential properties for the folks we serve. Utility costs continue to go up. Taxes continue to go up. We have commitments to our staff as well around issues of pay equity. Those costs and commitments continue to rise, so there are challenges with zero per cent. We still have the costs of running the business.

As volunteers—and that's what we are as a board of directors with Community Living—we're charged with that responsibility to service these people, to provide services and programs and to provide that support to the families.

We need to maintain a healthy organization. As I said, we've been in business for 55 years. We need to maintain that; we need to grow that stronger. Those are the challenges which we have.

I put in the presentation that these are not just nice-to-have services. For the individuals we serve, these are essential. For the folks who require these services, these are must-haves. We need to allow these people to live in our community with dignity and with security. Today, we're asking for a continued investment by the government into the services and programs that we provide.

I'm not going to get into all the specifics—there's the handout which we provided—but I just want to highlight some of the issues that we came here today to talk about, certainly ones around wait-lists that exist in the province. Provincially, there are some 12,000 people on waiting lists right now for programs and services in this sector. I think it's important that these wait-lists be looked at very seriously. We've laid out a bit of a chart in terms of what has been happening in Oxford county and in the Tillsonburg area between last year and where we sit right now, and those wait-lists generally are increasing. There are more people waiting for services and supports in this area, and they really need to be addressed. For example, just waiting for accommodations: There are 76 individuals right now waiting for accommodations in the area.

One of the comments: eight individuals living with aging parents. That's a real problem in our sector. We have folks being supported by their parents, and the parents are now in their late 70s and 80s. Soon they're not going to be able to provide those supports, and without some additional support for the individuals, we will be in crisis mode if the parents are not able to look after these individuals any longer.

We have 13 individuals right now who would be considered high priority for supports and services. That's an issue which we deal with and have to deal with on a daily basis. We have to ensure that funding is there to allow us to support those folks.

Special services at home provide respite for the families caring for their children and adults. The previous presenters were talking about respite as well. It's very important within our sector that we have the resources to allow families to have a bit of a break. Right now, there are 70 families on the waiting list for respite services.

Again, I've put it in that family members support their individuals tirelessly, 24 hours a day, 365 days a year. That's what they do, but they need a break. They're stretched to the limit right now. What our services do is provide them with that bit of a break. Again, without that, we just fear that more and more families and more and more individuals will end up in a crisis mode. As the last presenters put it, it's a lot more cost-effective to provide that support and those support mechanisms to the families than it is to end up with those individuals in that crisis mode, with the costs to the health care sector as a result of that.

What we're recommending and requesting is that the government commit to some new resources to address these waiting lists in many of these areas, especially in those high-priority areas, and, secondly, to plan forward with that ongoing commitment to funds for that sector so those waiting lists can be greatly reduced.

We're sort of left right now with the efforts of spreading around existing resources, taking here, putting there. We're stretched to the limit as an organization to be able to continue to do that. Something is going to have to give. At the end of the day, I think there's going to be a greater cost to society, and I think that was echoed in

the previous presenter as well. We're faced with very similar situations for that. I think there need to be some substantial investments in those areas.

The second part is around the Ontario disability income support program. The government has provided, over the past several years, some annual increases, around 1.5% to 2%, to ODSP, and that has raised some of the levels of basic income support of a little over \$12,000, and income support for someone with a part-time employment of around \$17,000. But we need to make some improvements in this plan.

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I know Mr. Barrett is here today. He introduced Bill 23 as a private member's bill, which basically is there to enhance some of the income supports to these individuals. I think it's essential. It's interesting: The bill basically allows somebody to retain \$700 of any additional income they make and also increases the assets that they can keep. It's a bit novel to me when I came into this that in fact you can actually retain the income that you earn. I think most of us take that advantage. If you earn and you go out and make money, you get to retain it. The government takes taxes, but you get to retain that. In this system, basically, it gets clawed back 50% as it stands right now, and I don't think that's fair to the individuals who are certainly at the poor end of the income scale to begin with.

People who have disabilities want to contribute to this. They want to go out and work, but it really acts as a disincentive if they're unable to do that because half of their money is being clawed back, so to speak.

With respect to that, I'll just maybe ask Michael to talk about that a little bit.

Mr. Michael Kadey: With the upcoming provincial budget, we are asking for the needs of people with disabilities to be included. We are asking for a real increase in ODSP rates, as this is the only income that a large number of people have. We have to pay rent, food, clothing, transportation, household items. Often, we have extra expenses, many of which are not included in health benefits. However, whatever prescriptions the doctor gives to you should be paid for—not a substitute, but the right medication. Some eye checkups are every two years, but if you need an extra one, we pay for it.

Due to the cost of living, we have to cut back. We are unable to pay bills. Groceries are very expensive. Some people's carts are full. If we bought like them, we would have to take from the utilities bill. We have to buy cheap food. Some people have to go to the food bank, and you are only allowed so much. We have spoken to our staff and have been informed that this is what you have to put up with when you are poor. People have to go to soup kitchens for a meal. We are asking that there will be more financial rewards for individuals who work. When we obtain a new job, we receive a \$500 clothing allowance. Many of us stay at the same job for many years. We feel a clothing allowance should be given to us every year if we are working. Our question to you is, are you able to live on \$1,096 per month and pay rent, clothing,

medication, transportation, food and any extras that are needed?

Thank you again for taking the time to read our submission: People First of Tillsonburg. Bob?

The Chair (Mr. Pat Hoy): You have about a minute left.

Mr. Bob Morse: All right. Thank you. So we're just encouraging the members here today certainly to look at Mr. Barrett's bill, Bill 23, or in some fashion incorporate the intentions of Bill 23 into the poverty reduction strategy.

There are several other recommendations, certainly, that have been made in the presentation today, and we'll ask you to look through that.

Certainly, one of the other areas which we have a main concern with is around our staffing, and our staff are everything to our organization. This is one area where we certainly encourage that they deserve fair compensation for what they do, because they work tirelessly in providing programs and services to the folks we provide service to.

One of the key areas I know has been brought up lately is around issues of labour disruption. We've had some major issues with that. There's another bill that's currently in second reading, or past second reading: Bill 83, which talks about picketing in front of folks' homes. Again, we would ask the folks around the table to certainly continue the debate at committee level with respect to Bill 83, because we do feel as an organization that it's extremely important to do that.

We understand our time commitments today. We appreciate the opportunity to come and speak to you. We just ask the committee certainly to bear in mind the supports that are needed to support these individuals, who are some of the most vulnerable in our communities.

We thank you for your time.

The Chair (Mr. Pat Hoy): Thank you. The questioning—Mr. Delaney.

Mr. Bob Delaney: Thank you for coming today. I congratulate you on 55 years of serving people with intellectual disabilities, and of course, in this particular hearing, you get the last word.

The challenges that you describe, of course, are the ones that we face across Ontario in each of our communities. So, for I think all of us, it's good to hear from you to place what you say in context with the discussions we have on an ongoing basis in each of our communities.

I'd like to ask just a couple of quick clarification questions of your very nice brief. Other than the funding that the province provides, could you give me just a general idea, be it in terms of preferably percentages, of the income that Community Living Tillsonburg generates from such things as fundraising, community programs, municipal grants, United Way grants and funding from other levels of government if it's inclined? Could you give me some sort of perspective on that?

Mr. Marty Graf: We probably range about \$25,000, if that, in terms of fundraising efforts throughout the year. Other grants? We do not get a lot of other grants.

Most of our resources would be from the Ministry of Community and Social Services. It's probably in the neighbourhood of 95%.

The other source of revenue is rents that individuals will pay, but then we have the housing that we have to have and keep to a good standard as well.

Mr. Bob Delaney: Okay. Those were the issues that I intended to explore. If any of the other members have any questions, perhaps?

The Chair (Mr. Pat Hoy): Ms. Pendergast.

Ms. Leeanna Pendergast: Thank you, Bob, Michael and Marty, for being here. We appreciate your time and your presentations.

I have several questions, and I'm going to have to streamline. Chair, how much time are you going to give me?

The Chair (Mr. Pat Hoy): Three minutes.

Ms. Leeanna Pendergast: Okay.

I'm particularly interested in the continuity of care that you talked about the beginning. Again, I reiterate my colleague's comments: 55 years serving the community is outstanding given the challenges that you face throughout the province; in my community of Waterloo region and in Kitchener–Conestoga for sure. But you serve children with special needs, their families and adults with intellectual disabilities, which is quite an incredible continuity of care.

We've heard from people in the last two days, from OACRS and children's treatment centres, about the difficulty of maintaining that continuity, and yet, the importance of that. And I'm going to segue quickly into the JK, just given the limited time, to ask if there is a plan, because I read here on page 5 that you recognize your program will change with the implementation of full-day learning. Is there any talk about partnerships or working together, or—

Mr. Marty Graf: We're still at that early stage in Tillsonburg itself. There have been no classes in our community yet. We are concerned because there will be potentially a different relationship just with those four- and five-year-olds, and so we are concerned. Currently we would be supporting them with our resource consultants or a family support worker. We're just wanting to make sure that level of support will be able to be there.

We could then be back with the children and families if they're using before- and after-school from six until 12. We're hoping that there isn't this big break just for the four- and five-year-olds.

Ms. Leeanna Pendergast: Okay, excellent. That seems to be a consistent discussion that we're hearing across the province.

I commend you on page 4: "The government should consider streamlining efforts when monitoring income support and employment earnings with an annual review." My colleague Kevin Flynn here pointed out too that that's an excellent recommendation, and we hear you loud and clear.

Thank you for commenting about no wait lists in resource consultants or family support workers in

Tillsonburg. Well done. Excellent. Keep up the good work, and thank you for your presentation today.

The Chair (Mr. Pat Hoy): Thank you.

Mr. Bob Delaney: Chair, just before you bang the gavel to adjourn, on a point of privilege: I'd just like to mention that, as this is your last trip through the Chatham-Kent, Leamington and Windsor area that you've called home, and you're on your final trip through as Chair, on behalf of all the members present, I'd like to

thank you for your years of service in front of your home crowd—those that remain—and to personally wish you all the very best following next October.

The Chair (Mr. Pat Hoy): Thank you, but you're totally out of order.

Laughter.

The Chair (Mr. Pat Hoy): With that, we'll recess. Thank you very much.

The committee adjourned at 1601.

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