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Friday 23 January 2015

**Journal  
des débats  
(Hansard)**

Vendredi 23 janvier 2015

**Standing Committee on  
Finance and Economic Affairs**

Pre-budget consultations

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

Consultations prébudgétaires

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## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
FINANCE AND ECONOMIC AFFAIRSCOMITÉ PERMANENT DES FINANCES  
ET DES AFFAIRES ÉCONOMIQUES

Friday 23 January 2015

Vendredi 23 janvier 2015

*The committee met at 0900 in the Best Western Plus Parkway Inn and Conference Centre, Cornwall.*

## PRE-BUDGET CONSULTATIONS

**The Chair (Ms. Soo Wong):** Good morning. I'm going to call the meeting to order and welcome everybody to Cornwall.

## EARTH RANGERS

**The Chair (Ms. Soo Wong):** The first presenters are the Earth Rangers. Welcome. I just want to inform the witnesses today that you have 15 minutes for your presentation, which means there's 10 minutes for the actual presentation and five minutes for the members of the committee to ask you questions. This round of questions will begin with the government side. When you begin your presentation, please identify yourself and your position within your organization. You may begin any time. Thank you.

**Mr. Peter Kendall:** Thank you. Members of the committee, representatives of the Ministry of Finance, good morning. My name is Peter Kendall. I'm the executive director of Earth Rangers. I'm joined here today by my colleague Tovah Barocas. We're grateful for the chance to speak with you today as you prepare Ontario's next provincial budget.

The proposal we're presenting to you today addresses the government's commitment identified in the mandate letter given to the parliamentary assistant to the Ministry of the Environment and Climate Change. In it, the Premier directs the ministry to work with environmental organizations, to educate children and youth about climate change, to better support conservation efforts and climate change awareness at home.

We would like to start by congratulating you on this effort. It's clear that we will not be able to reach our carbon reduction goals without an engaged public. Unfortunately, current research shows that while there is widespread awareness and concern about climate change, this is not translating into individual action.

As this government has recognized, children can be a very powerful force for change on this issue. I certainly know that, in my house, if you put recycling in the wrong box, you're going to get it.

Supporting this passion that children have for our natural world is the reason that we started Earth Rangers. Earth Rangers is a kids' conservation organization. We operate programs that use children's natural affinity for wildlife to educate them about the importance of protecting our natural world and inspire them to lead conservation activities at home. Every year, Earth Rangers reaches millions of children and their families through exciting live presentations in elementary schools, an extensive online program, and almost daily programming on YTV, Family Channel, Teletoon and Disney XD.

Although complex issues like climate change are often difficult for children and most adults to understand, what's even more difficult is moving that knowledge into action. However, when children find out the impact that climate change is having on wild animals, they're ready to take action; and when parents see their kids engaging at this level, they can't help but get involved themselves. We have seen clearly how powerful this can be. Since starting operations in 2004, Earth Rangers has grown quickly to become one of the largest youth and conservation organizations in the country. We currently have over 70,000 active members, and this is a number that's growing by 200 to 300 per day.

Once they join, our members participate in special missions that encourage them to lead conservation projects at home. Our missions focus on activities that children can do themselves or with their families, including energy and water conservation, Great Lakes shoreline cleanups and battery recycling programs. Earth Rangers members also fundraise to help protect species at risk. In the last few years alone, our members have raised over a million dollars to help Ontario species like the Blanding's turtle, Jefferson salamander and eastern wolf. These efforts have contributed significant funding to organizations like the Toronto Zoo, the Nature Conservancy of Canada, and Ontario Ministry of Natural Resources researchers.

It's really incredible to see the passion of these young Earth Rangers. In fact, just last week, I received an article from the Belleville News about one of our members, a seven-year-old girl named Alexa. Alexa was being profiled for having collected 646 batteries as part of our battery recycling project, an amazing accomplishment for a seven-year-old. Even more impressive, I think, was the depth of knowledge that she demonstrated on the import-

ance of recycling batteries, and also her real desire to educate others.

Earth Rangers is the leading expert in developing and operating conservation programs for children and their families. We have the largest membership base and reach of any conservation organization in the province, and most importantly, we share this government's commitment to making a measureable difference on climate change. We believe that a partnership with Earth Rangers is the most cost-effective way for the government to fulfill its commitment to educating young people about climate change.

We are asking Ontario to partner with us with an investment of \$1 million over three years, roughly \$330,000 per year. With this funding, we will be able to work with the Ministry of the Environment and Climate Change to develop and deliver Earth Rangers missions that will educate and engage tens of thousands of Ontario children and their families on climate change. It will also allow us to deliver powerful programming in schools right across the province in both official languages.

Thank you for your time, and we're happy to answer any questions you may have.

**The Chair (Ms. Soo Wong):** Thank you very much. This round of questions: Ms. Albanese.

**Mrs. Laura Albanese:** Good morning and thank you for your presentation. I am familiar with the Earth Rangers and the work that you do. It's a laudable effort to teach our young people about the environment. To teach them the importance of it at a young age, I think, is really crucial for our future.

I wanted to ask: How are you funded now?

**Ms. Tovah Barocas:** We are funded about 20% through the federal government through the National Conservation Plan. That's new funding, but primarily our funding comes from pretty much all industries. We get about 40% of our funding through corporate partners: the energy sector, mining, banking, insurance—we're very collaborative. We also get about 30% through private foundations and we have about 20,000 individual donors.

**Mrs. Laura Albanese:** So right now you're not funded by the provincial government.

**Ms. Tovah Barocas:** Less than 1% of our funding.

**Mrs. Laura Albanese:** And does that come through a specific grant?

**Ms. Tovah Barocas:** Yes, we've received some funding in the past through the Species at Risk Stewardship Fund through MNR, also through the Land Stewardship and Habitat Restoration Program, and currently we're receiving a \$25,000 grant through the Great Lakes Guardian Community Fund through the Ministry of the Environment and Climate Change.

**Mrs. Laura Albanese:** Have you researched any other grants that would be available through the provincial government to help you in this, or are you specifically looking for—I know you made the effort to come here this morning, so I want to know if you have already identified some avenue, or if you haven't, then that's the reason you're here.

**Ms. Tovah Barocas:** Yes, that is primarily the reason we're here, and also just with the new mandate around climate change, there aren't a lot of funding programs that have been established, so we feel that we can make a difference right away, right out of the gate, for this new priority of the government.

**Mrs. Laura Albanese:** Thank you.

**The Chair (Ms. Soo Wong):** I believe Ms. Vernile has a question.

**Ms. Daiene Vernile:** Thank you both very much for coming here today. It's great that we are having this conversation.

In recent weeks, we have heard a fair amount talked about concerning climate change, and we know that our environment minister, Glen Murray, in the near future is going to be coming out with a plan to address this issue. It concerns me that there seems to be a great deal of fear and misinformation concerning this. So what is an organization like yours doing to address the issue of climate change with regard to the people you serve?

**Ms. Tovah Barocas:** Earth Rangers' philosophy is always to present a positive and hopeful message to our audience. We try to take complex issues like climate change and really focus on the impacts that they have on animals because that is what we find our audience cares the most about. If a child learns the impacts of climate change on polar bears or beluga whales, they're more likely to want to make a difference. But whenever we speak to them about issues like this, we always focus on how every one of us has the opportunity to make a difference and that small actions really can aggregate to create significant change.

**The Chair (Ms. Soo Wong):** I see lots of hands this time. Mr. Baker.

**Mr. Yvan Baker:** I'm going to echo what the others have said: Thank you for coming and thank you for the work that you're doing. I think it's really, really important, not just in terms of the results that the young people provide from a conservation perspective but the education you provide, which then leads to, I think, probably even greater results as they progress in life in terms of conservation.

Two quick questions: One is, you requested—was it \$330,000 a year, the amount that you requested, for three years?

**Mr. Peter Kendall:** Yes.

**Mr. Yvan Baker:** What specifically would those—if I missed it, I apologize, but what specifically would you see those funds being used for?

**0910**

**Ms. Tovah Barocas:** Our number one way of engaging new members is through schools. We travel to schools all across the province, including rural communities, the north, First Nations communities, inner-city schools etc. The live presentations really inspire children to learn about Earth Rangers, go home and speak to their parents and join the membership program. Once they join, we provide them with free materials and activities throughout the year that they can participate in.

The funding would go towards travelling to new communities and more schools to bring awareness to more students, and then to deliver programs for free throughout the year to all of our members.

**Mr. Yvan Baker:** Can I ask another one?

**The Chair (Ms. Soo Wong):** Yes.

**Mr. Yvan Baker:** My recollection is that Earth Rangers previously supported the protection of the Great Lakes through a bill that was introduced called the Great Lakes Protection Act. I guess my question would be: Is that something that Earth Rangers would support, if that bill were reintroduced?

**Mr. Peter Kendall:** The short answer is yes. We are big supporters of the Great Lakes Protection Act and the initiatives under it and certainly some of the strengthening that's being done on the act in this recent round, as well.

**Mr. Yvan Baker:** Thank you.

**The Chair (Ms. Soo Wong):** A last question from Ms. Hoggarth.

**Ms. Ann Hoggarth:** I just want to thank you for the work you're doing. The easiest way we can get people to be involved in fighting climate change is from the little ones. I'm a former kindergarten teacher, and as you could see when you were talking, I'm very supportive of what you're doing. They will be our advocates and they will be our adults, and soon we won't have a problem with people believing that there's climate change. Thank you very much for your work.

**Mr. Peter Kendall:** Thank you.

**The Chair (Ms. Soo Wong):** I think Mr. Fraser has a last question.

**Mr. John Fraser:** Yes, very quickly. This is not submitted to a program specifically; it's submitted to the ministry as a request?

**Mr. Peter Kendall:** That's correct.

**Mr. John Fraser:** That's great. That's good to know—because there's no program that you can identify right now that's there.

The other thing I would like to just suggest to you is: There's an organization called the ACT Foundation, which provides training for CPR in all high schools. They had a model where they did a partnership with government and with business, which I see you're doing already, to provide that service inside schools in communities. So they actually identified, inside communities, corporate partners. It worked very well. It leveraged that support. I just wanted to make that suggestion.

**Mr. Peter Kendall:** Great. We'll look into that. Thank you.

**The Chair (Ms. Soo Wong):** Thank you very much for your presentation.

#### CORNWALL COMMUNITY HOSPITAL

**The Chair (Ms. Soo Wong):** The next presenters are the folks from Cornwall hospital.

Jeanette Despatie, good morning. Welcome. As you know, we have 10 minutes for your presentation and five minutes for questions. This round of questions will be

from the official opposition party. Can you please identify yourself for Hansard, as well as your position? You may begin any time.

**Ms. Jeanette Despatie:** Certainly. Thank you.

Good morning. Thank you for this opportunity to present. I am Jeanette Despatie, the president and chief executive officer at Cornwall Community Hospital.

Cornwall Community Hospital is a 137-bed acute-care hospital operating within the city of Cornwall.

*Interjections.*

**The Chair (Ms. Soo Wong):** Excuse me. Just stop for a minute.

Folks, can you take your conversation further to the back or outside? It's kind of distracting. Thank you.

Sorry.

**Ms. Jeanette Despatie:** With over 1,100 employees and 110 medical staff, we serve a catchment area of over 75,000 residents. We are the largest employer in the area and the largest health care facility in the Champlain region outside of Ottawa.

I am here today to share with you some of our challenges and to request that you give consideration to suggestions I make.

We recognize the tremendous pressure our province is under, while at the same time we are all challenged to meet the significant increase in health care needs of our patients. Over the past number of years, hospitals across the province have worked to ensure that we operate at maximum efficiency. After four years without any funding increase for inflation, we now face some very challenging budget decisions to contain costs and meet the ever-increasing service needs of our patients.

Ontario hospitals routinely operate at 90% capacity. In fact, last year, Cornwall Community Hospital had an average medical-surgical bed occupancy of 114%. One can appreciate the challenges of providing safe, quality care in these over-bedded circumstances.

It is critical that the province engage in health system capacity planning immediately. This province must create a plan to make further investments in home and community services, long-term care, assisted living, and other vital services so that patients not requiring acute care can be discharged safely from hospitals and receive the level of care that they need. This capacity planning will provide the knowledge required to assess where there is capacity in the system and where we are overextended and not meeting the health care needs.

On health system reform: While we can appreciate the need for the funding reform introduced three years ago, and in fact support the direction, it is clearly time to identify the weaknesses and introduce improvements. Specifically, the timelines of funding allocations need to be improved. For example, the 2014-15 year began April 1, 2014. We received our funding letter last week—January 16. This does not allow for any planning or adjustments. This information needs to be available in a timely manner in order to align with our hospital business cycle.

The potential for significant annual fluctuations on funding levels needs to be reviewed closely. Consideration should be given to averaging hospital performance levels over multiple years to avoid significant fluctuations that can result in major changes to service delivery that could otherwise be avoided.

Enhancements to the home and community care sector: While the government has increased funding in the home and community care sector over the past few years, we suggest that these investments need to continue in order to ensure that capacity pressures in hospitals are alleviated. It will be essential to ensure that these investments are targeted to areas where there are proven benefits to the health care system as a whole.

Investments in technology: We know that the sharing of information to support quality patient care and patient safety requires robust information technology systems. Cornwall Community Hospital, like most hospitals across the province, has an aging IT system and is no longer meeting the demands of a high-functioning system or the expectations from doctors' offices or other partners in the delivery of care. Hospitals receive no dedicated funding for information technology improvements and have inadequate resources to modernize and sustain the IT infrastructure. Innovative strategies must be sought in order to meet this huge demand for resources. Priority areas for health system improvement are dependent on these IT systems.

In conclusion, I appreciate this opportunity to share with you some of our challenges and our suggestions. We are committed to ensuring that we meet the health care needs of our community and that we work together to build a sustainable, integrated health system across the province of Ontario. Thank you.

**The Chair (Ms. Soo Wong):** Thank you very much for your presentation. Mr. McDonell, do you want to begin?

**Mr. Jim McDonell:** Yes. Thank you for coming out today, Jeanette. You mentioned that you haven't received any increases in four years, so how does that affect your operation? How do you continue to survive that long without any increases?

**Ms. Jeanette Despatie:** Well, you can appreciate it's a challenge. It is the increases to address inflation that have been frozen. There has been variable funding with the new funding methodology for quality-based procedures, but funding to deal with inflationary pressures, the most significant being salary increases that were either arbitrated or negotiated provincially, is not covered.

So absolutely, it is a challenge. In the last few days we've been working on next year's budget, and we will be making reductions to accommodate these challenges, because we're looking at a 1.4% increase typically across, and our budget is about 75% to 80% staffing. So just those increases are very difficult to deal with.

0920

How do we do it? We try to provide the same level of service with less. It's difficult.

**Mr. Jim McDonell:** Yes, as you say, energy costs—there have been a lot of increases. I guess I've heard this question right across—in Winchester, I think they've received significant decreases and are trying to do the same with less.

You also talk about your letter received last week. Maybe you could go over some of the issues that causes. You have a budget—you're going through the year. It is definitely hard to plan.

**Ms. Jeanette Despatie:** Exactly. It's very difficult, and the problem with the delayed announcement is that if you do need to respond to a reduction, it's very difficult to do that with one quarter of the year left. So the impact is four times what it would have been had we known at this time last year.

Fortunately, we had taken a conservative approach, and we were not put in a position where we needed to adjust. But I know that there are hospitals that received less than expected and are scurrying to address that.

**Mr. Jim McDonell:** Was there any reason given out why funding would be so late in the year? You're talking about more than three quarters of the year. You talked about having a significant workforce, you're talking about increases, and yet you go through the year not knowing where your budget is. It has got to be tough on the board of directors and yourself to make this work out.

**Ms. Jeanette Despatie:** Well, it is. As I say, I guess our approach is to be very conservative. I think, to be fair, a lot of the challenge is created by the new funding formula. As I say, it is relatively new; we're in year three of that. Our suggestion is that when we look at implementing that new funding formula, we incorporate how we're able to communicate more timely.

**The Chair (Ms. Soo Wong):** Mr. Clark?

**Mr. Steve Clark:** Sure. Jeanette, thanks very much for coming. It was nice to meet you.

One of my local hospitals, Brockville General Hospital, faces sort of the same dilemma that you have. Recently they closed their ECU one day a week to help meet the challenges—lots of complaints in the community. Have you had to take some of those drastic steps of reducing levels of service within the hospital because of some of the funding constraints?

**Ms. Jeanette Despatie:** I guess my answer is yes and no. Yes, historically; no, not within the past couple of years, in terms of reducing service. Let me address that just within the last couple of years. What it has prohibited us to do is invest in trying to address the over-bedded, over-capacity issues. We try to take on more patients and deliver the care with the same—even when the volumes are increasing. Our ER volumes have gone from about 55,000 visits to 60,000 visits in the last couple of years, and we've tried to do that on the same budget. So people may be waiting longer. We're really challenged to address that.

Historically, we have made decisions that have impacted services because of budget; absolutely. Some of those have been closing beds or moving beds to another facility where the proximity is not as good for our popu-

lation, but that's where the capacity was—decisions like that.

**Mr. Steve Clark:** In terms of the investments in technology, how much would you spend at the hospital on an average year on your IT?

**Ms. Jeanette Despatie:** It's difficult to speak to an average year. What I can speak to is a capital project that we're looking at right now. We've just signed a contract for a major information technology improvement, which is a single system across the organization that will speak to our partners etc. We're looking at \$25 million to \$30 million. That will be paid for, obviously, over several years. But there are very large investments that need to be made, and we're not unique.

**Mr. Steve Clark:** So what would you think would be a reasonable figure? As you say, there are no dedicated information technology funds. Would you propose a fund that would be administered through the LHIN or would be distributed equitably within a LHIN jurisdiction? How would you see a dedicated fund roll out?

**Ms. Jeanette Despatie:** There are obviously different ways of doing this. Two pieces that I want to address on that answer: One is that it needs to be a collaborative approach so that we, as a LHIN and as a province, really need to make sure that investments in technology make sense across the province, so that we end up with a system that can speak to providers across the industry. That would be an important piece.

I know that's not really your question, but it's a piece to that, so that the funding would be tied to the investments that you're making. This needs to be an ongoing investment, so it's probably an annual investment, where it can at least help cover amortization and things like that.

**The Chair (Ms. Soo Wong):** Thank you very much for your presentation, and thank you for your written submission.

#### HUB FOR BEYOND 21 FOUNDATION

**The Chair (Ms. Soo Wong):** The next group coming before us is the Hub for Beyond 21 Foundation. I believe it's Tish Humphries, board president, and Jane McLaren, program manager. I heard from the Clerk that there is a PowerPoint presentation and there's a handout, so that's good. Thank you.

Ladies, welcome. Can you please identify yourselves for Hansard, as well as your position? You have 10 minutes for your presentation and five minutes for questions. This round of questioning will be from Ms. Fife from the third party.

**Ms. Tish Humphries:** Thank you; good morning. Thank you for this opportunity to be here today. My name is Tish Humphries. I'm the president of the board of directors for Beyond 21, one of the founding members and a parent with a special-needs daughter.

"Your child has a developmental disability"—six words that change parents' lives forever. The journey you expected and planned for has changed course, impacting you, your spouse and your family forever. Our family has

been on this unplanned journey for 26 years. It has been challenging, discouraging, exhausting and frightening, with smiles and with tears.

Fast-forward the pre-school years, the elementary years, the trips and hours spent with speech therapists, physiotherapists, occupational therapists, medical specialists, resource teachers, IPRC meetings and hospital admissions, and we arrive at the high school years for a stay until our teenager reaches the magic age of 21.

Our daughter, Emma, was turning 18 and I thought I would start to research the opportunities available to her at that magic age of 21. After all, our older three daughters had gone on to university to further their education, plan for their future and explore the world. What could we offer our daughter? The findings were astounding. There was nothing, and if there was a slight possibility of joining Community Living, the wait-lists were ridiculous and the programming was not enough for our daughter, who needed full care at all times.

I thought: After all this love and work on our part and that of all of these professionals who had worked so hard with Emma to help her be the best she could be, nothing was available to her? I spent many sleepless nights knowing I would have to quit my job that I loved, not to mention the financial piece. And what about Emma? The quality of life she knew was now over? No peer interaction, no social activities, nothing to get out of bed for? Does this sound dismal? It was the reality.

I started to research programs across Ontario. I knocked on politicians' doors, college doors and agencies. My husband and I put an ad in the Seaway News, a free paper that is delivered in the SD&G area, asking families what their situation was with their disabled adult. It was shocking and sad. The same thing was happening to them.

I knew in my heart I had to change this. The developmentally challenged over the age or 21 deserved more. They are entitled to a quality of life and do need a reason to get up each and every morning. This does not mean sitting in a chair at home with only their family as their world.

Fast-forward: With many hurdles, hard work and divine intervention, Beyond 21 opened its doors three years ago. Our journey is far from over, but we are on the right course. Emma and her participant friends now have a future and can make choices to help them grow, develop and, above all, enjoy life.

It is my pleasure to turn this over to our program manager, Jane McLaren.

**Ms. Jane McLaren:** My name is Jane McLaren. I'm the program manager of the Hub for Beyond 21 Foundation.

**0930**

Beyond 21 is a day program. We program each day in the five areas that you see on the screen. Our key focus, though, is to be an area where individuals with developmental disabilities 21 years of age and older can come together and make peer connections, and from there can go forward into their communities.

Each of you came to be here today through your own path. You made choices in life, when you graduated from high school or university, about what you were going to do for work. Somebody said earlier that they were a kindergarten teacher. You have all had choices, and you continue to make those choices each and every day. The reality, though, for individuals 21 years of age and older with developmental disabilities can be very different. They remain in school until the age of 21. At that time, they graduate and come into the community expecting to have the same choices that each of us had. The reality, though, can be very different. They're dependent on their families to find funding opportunities for them and to access that funding. They're dependent upon their families to identify programs and to connect them to those programs, either leaving their jobs or hiring someone to take them for what is often one or two hours a week. Many end up spending their lives at home, watching TV or playing video games. In one word, their reality can be summed up as "isolation." Worse than that, though, is that from the time when they are diagnosed to the time when they leave this world, their parents are told that they must accept reality: "You must accept that your child will never go to school, will never graduate, will never get a job, will never live on their own."

Today I want to challenge you, as you look at funding, to have a paradigm shift and change this reality for this population. Change away from focusing on deficits and what they will never accomplish. Change away from requiring these individuals to learn to adapt to the community if they wish to work, to seeking ways to remove barriers and increase accessibility, so that individuals who live with developmental challenges can live as valued and contributing members of our community, the same as each and every one of us. Change away from a social responsibility to provide for their needs to enabling the developmentally challenged to be socially responsible adults contributing to the community on a daily basis.

There are many, many barriers that this population faces. They are misunderstood and discriminated against, seen for their limitations.

One of our participants went to volunteer at a store one day. She'd been there for many, many months with another program. She got there, but her worker was delayed. Even though the store was open—you and I could have gone in and gone shopping—she was refused admission, because her worker wasn't there. How, in Ontario, can you look at someone with a developmental disability and say, "You cannot enter our store"? How can that be allowed? But it's not an isolated case; it happens over and over.

More than any population I can think of, this population needs the government to step up, partner and be their advocate. Their parents cannot and should never be the only champions in their lives. There is a huge lack of communication from ministry to ministry, to community programs such as ours, to the parents, to the individuals. They don't know how to access funding. They don't

know what programs are out there. There needs to be a strategic communication plan in place that transcends every ministry, from diagnosis through to end of life, that hits community programs like ours that are providing services, and, more than that, to the key: the parents and the individuals who use these services.

When they do find them, the process to access them is so long. It needs to be streamlined somehow.

We have a participant who has now joined us for one extra day a week. Why? Because seven years ago he made an application and, after seven years of interviews, paperwork, appointments and meetings, he finally got funding to attend our program for one more day a week—\$25. That's what he got in extra, after seven years.

There's a huge lack of funding for individual supports and a critical lack of funding for effective programming.

Beyond 21 succeeds. We succeed by investing in people, community, potential and dreams. But we absolutely have challenges. We are challenged by funding. We are not a ministry-funded organization. I invest hours of my time doing fundraising, as does my board and our volunteers.

We are challenged by reaching the people who need us. The DSO does not inform families that we exist. Ministry-funded organizations have no obligation to let the public know, so we have to invest in a strategic communication plan ourselves in order to reach the people who need us.

We are challenged by removing barriers. When our participants want to go out and volunteer in the community, we're told, "Oh, we had someone like that once," as if they've done their duty, or, "No. They won't fit. They can't do it." Those same prejudices that I spoke of before exist.

We are also challenged by accessing supports. We have to go out and identify the supports in order to accommodate and facilitate what can work for us.

And we are challenged by waiting. Like so many of our participants, we wait and wait and wait for change.

If there can be a paradigm shift that sees this population as valuable and contributing, breaking down barriers and enabling a new vision of the future where everybody will have someplace purposeful to go; where choices and decisions will be made by them and with them but never for them; where they will have friends; where they will be connected to and utilizing community supports; where they will be aware of their financial options and able to access them with ease; and where they will have choices and options for their future. The result, we believe, will be individuals connected to and contributing to this community.

Thank you very much for this opportunity.

**The Chair (Ms. Soo Wong):** Thank you very much for your presentation. Ms. Fife, do you want to begin the questions?

**Ms. Catherine Fife:** I want to thank you, Tish, for sharing your story, and I want to thank you, Jane, for being so passionate about this issue. Clearly, there is a

huge gap in the system right now, and this has been a long-standing issue in the province.

Why do you think—some of us are very new around this table, as we're travelling around the province. Why do you think that this vulnerable group of citizens remains off the grid as far as the government is concerned?

**Ms. Tish Humphries:** Interestingly, when we were meeting with agencies, one being Community Living, there were no statistics available as to the amount of families living with this horror that no services were available to them, and no one knew where to find the numbers. That was shocking.

**Ms. Catherine Fife:** And you need to have the stats in order to meet the needs.

**Ms. Tish Humphries:** That's right.

**Ms. Jane McLaren:** I think, too, when you think about it, who is their champion? There are users going around championing for mental health. We have individuals who go across Canada and across this province championing for people. But who is the champion for the developmentally disabled? There really isn't one.

And just the fact, as I gave that example, that legally this person can be told, "No, you have to stay out until your worker can show up," and nobody—even her parents thought, "Oh, well, that happens." The worker thought, "Oh, well, that happens." The agency: "Oh, well, that happens." How can that happen? That's where I really—there just needs to be a stepping up that shows the value of these individuals and champions them and stands with them.

**Ms. Catherine Fife:** I think, actually, Tish, you made a really interesting point. You are in a position where, if your daughter requires full care at the age of 21, you have to leave your workforce. So there has to be some acknowledgement that there's an economic impact for not having a strategy or a support network in place. Can you speak more about that?

**Ms. Tish Humphries:** Yes. When my husband and I ran this ad several years ago—as I mentioned, Emma's 26 now, so that's eight years ago—what I found out from families, number one, was that, yes, the economics of first of all finding a program, the cost of transportation, the time it takes to transport your individual to and from—that sounds so small, but it's quite huge.

Just take an example of a family that comes to our program. Parents send their son or daughter to the program. They want to go for a nine-hole game of golf—a little bit of recreation from a very stressful life that they live, dealing with an adult who requires care 24/7. Well, okay, we drop them off—gosh, we get held up at the golf game. We've got to leave the golf game to go pick her up. That's the reality. You know, that sounds so small, but when you deal with that day after day, hour after hour, and there's never an "off" button unless—we're fortunate in our family; we have daughters who support us. But there are many families—number one, again, the cost. We have to hire a support person to take Emma to her program because she is lower-functioning and cannot

attend alone. So we have to pay \$17 and up for someone to come, pick her up, take her to the program, stay with her all day. So the costs just start to build.

**Ms. Catherine Fife:** You mentioned, Jane, you receive no ministry funding, and I was disturbed to hear that the DSO is not fairly communicative in the community as to sharing what resources actually exist. You know that in the last election and budget, \$810 million was earmarked for this ministry—these services should fall under that ministry. Are you making today a specific financial request or ask for dedicated funding for programs?

**Ms. Jane McLaren:** I think there needs to be funding for community-based programs that currently are falling outside the ministry.

**Ms. Catherine Fife:** But who should distribute that funding, then? Should it go to the DSO?

**Ms. Jane McLaren:** No.

**Ms. Catherine Fife:** So how would you—do you see direct funding?

**Ms. Jane McLaren:** And I don't mean to downplay the DSO or insult the DSO whatsoever.

The example I gave you of that individual going and volunteering was under the DSO, and what happened was acceptable to them. It's not acceptable to us. It's not acceptable to the families.

We're not stand-alone. There are programs across Ontario that have been founded by parents, by educators, by people who are concerned, exactly like us, that receive no funding, because they are seeing this gap and wanting to fill that gap. There needs to be some sort of parameter in place that allows us to get a stable platform of funding—even if it's not everything—that we can build on so that we can focus on reaching out to the families, getting them in and programming with them so that they can get out and contribute to society.

**0940**

**Ms. Catherine Fife:** Absolutely, and there's a fundamental care issue here as well—residential care. Obviously we're seeing parents who are in the untenable position of not being able to care for their high-needs adult child and leaving those children on the doorstep of a CAS or a hospital.

I would encourage you to follow the \$810 million. I'll be following the \$810 million and trying to ensure that that money actually gets to communities to meet the needs of people in this province so that inclusion, actually, can be the reality.

Thank you very much for coming today.

**The Chair (Ms. Soo Wong):** Thank you very much for your presentation.

I will be following up because I am the parliamentary assistant to Minister Jaczek, who is responsible for community and social services. I've been texting her.

I'm going to get Susan to give you my business card; you can follow up with me. Susan, can you pass it down to them?

**COUNSELLING AND SUPPORT SERVICES  
OF STORMONT, DUNDAS AND  
GLENGARRY**

**The Chair (Ms. Soo Wong):** The next group to present to us is the Counselling and Support Services of Stormont, Dundas and Glengarry. I believe Glen Grant, board chair, is here. Welcome, gentlemen. I'm not sure you heard earlier: You have 10 minutes for your presentation and five minutes for the members to ask you questions. This round of questions will be coming from the government side. To begin your presentation, can you please identify yourself and your colleague as well as your position for the purposes of Hansard? Thank you. Welcome.

**Mr. Glen Grant:** My name is Glen Grant, and I'm the president of the board of Counselling and Support Services. With me is Mr. Ray Houde. Ray is the executive director of Counselling and Support Services. Thank you, everyone, for allowing me to make this presentation to your committee.

I'm not sure everybody knows what family service agencies do. Family service agencies provide services to more than 250,000 individuals, couples and families in Ontario each year—before they are in crisis, which allows government to reduce high-cost emergency department visits and the involvement of high-cost tertiary care mental health specialists.

Serving as hubs in their communities, well-connected with health and social services and having a collaborative philosophy, family service agencies work with family physicians, mental health clinics in local hospitals, workplaces, schools, police, CASs and other organizations such as the Canadian Mental Health Association—all of whom regularly refer people to family service agencies for counselling.

Highly qualified and experienced staff provide a broad range of individual and family counselling services, in person or over the phone, that help people of all ages and walks of life resolve their problems, find and keep a job, provide for their families and function in the community. Family service agencies have particular expertise in both solution-focused brief counselling and long-term therapy.

Statistics from the FSEAP National Outcomes Project: Effectiveness of Counselling 2014, over a two-year period from January 2012 to December 2013, show that people who seek assistance from Family Service Ontario agencies showed a statistically significant improvement of: 16% in overall workplace functioning, including improved attendance, relationship with superiors and co-workers, ability to concentrate at work quantity and quality of work; and 63% in overall functioning post counselling for those in clinical distress.

Problems and solutions: Evidence-based results and respect for taxpayer dollars characterize two easy-to-implement solutions that family service agencies are putting forward today to help government implement the mental health and addictions strategy, and support the goals of the Poverty Reduction Strategy.

The problem: Emergency departments in hospitals and primary care physicians are seeing many patients who present with mental health issues, creating long wait times and an inappropriate use of Ministry of Health dollars. A solution: Divert people with moderate mental health and addiction issues away from expensive emergency department services and toward quick-access mental health walk-in counselling services. Benefits: People with non-medical needs receive care more appropriate to their mental health needs, quickly and closer to home.

The problem: Male survivors of sexual abuse have no guarantee that the support offered to them through the current Ministry of the Attorney General will be available to meet their needs. Waiting lists for the pilot program are going up, yet funding has decreased.

A solution: Provide sustaining funding to support counselling services for male survivors of sexual abuse.

Benefits: Men who receive counselling support abandon thoughts of suicide, pursue job interviews, maintain employment, and are better able to financially and emotionally support their families.

Quick-access mental health walk-in counselling services for people with moderate mental health issues: One in five people in Ontario will experience a mental health or substance abuse problem in their lifetime, a crisis that creates family breakdown and a cycle of job loss and lost productivity for employers. The Ministry of Health spends more than \$2 billion each year on acute care, drugs and community services related to mental health and addictions problems. However, many mental health issues do not require months or years of counselling and medications for resolution. What Ontarians do need is easy, fast, inexpensive access to mental health and addictions counselling services when they are most in need and most open to change.

This reality is supported by the Drummond report, which identified that quick-access counselling can decrease costs in the health care system by reducing emergency department visits—the default entry point into the system—by people with mental health and addictions problems. Walk-in counselling also reduces psychiatric wait times and streams those who have an immediate need into proven non-medical services that work.

Family service agencies have the existing infrastructure and expertise to provide quick-access mental health walk-in counselling and are already supporting individuals in need in these three local health integration networks:

(1) Champlain Local Health Integration Network: Family service agencies in Champlain are partnering with hospitals, settlement agencies and community health centres to support the mental health needs of new immigrant and other at-risk communities with LHIN funding through to 2017. Funding was enhanced in 2014 to include weekend services to meet the growing demand for service;

(2) North East Local Health Integration Network: East Algoma counselling services received funding for two

full-time staff to provide counselling services as a result of the Elliot Lake mall collapse. Working in collaboration with other community providers to determine the most effective way to address the community need, quick access to counselling is one of the services responding to community need;

(3) North Simcoe Muskoka LHIN: Catholic Family Services of Simcoe County met the criteria for new funding and is receiving start-up and annualized funding to provide mental health walk-in counselling with other health-funded partners, such as local community health centres and community mental health centres.

But family service agencies are relatively new players at the local health decision table, putting them at a disadvantage when the LHINs trend towards partnering with traditional health service providers.

The ask: Family Service Ontario asks that the Ministry of Health provide funding directly to the LHINs specifically to divert people with mental health and addiction problems away from expensive emergency departments and toward quick-access mental health walk-in counselling services offered by community-based family service agencies.

Support services for male survivors of sexual abuse: One in six men in Ontario has experienced sexual abuse. In December 2009, the Cornwall inquiry, established to assess how institutions responded to people who had been sexually abused, found that there was systemic failure in serving these vulnerable young people. A key recommendation made to the Ministry of the Attorney General was to offer support services to male survivors of sexual abuse in Ontario.

In September 2011, the Ministry of the Attorney General, in partnership with four lead agencies, rolled out support services through a three-year pilot program. The program included individual and group counselling and peer support, acknowledging that different responses to male sexual abuse were required in different communities. As of June 2014, 2,783 men have been served. Pre- and post-measures evaluation has shown that the program is effective in helping male survivors of sexual abuse get their lives back. Indeed, the program saved the lives of those considering suicide. Other survivors improved their employment record and family relationships.

Funding for the program ends on March 31, 2015. Demand exceeds the current funding of \$2 million to serve the whole province. Agencies do not promote the program because they cannot deal with the demand, and they aren't allowed to have waiting lists.

**0950**

The ask: Provide agencies that deliver this program with an initial \$2 million in annualized funding and engage in a consultative process to further assess the real costs of providing the services across Ontario.

In conclusion, not-for-profit organizations also have a role to play in saving the taxpayer money. We are ready and willing partners with government and well positioned to participate.

We look forward to providing additional information or answering any questions the committee may have.

**The Chair (Ms. Soo Wong):** Thank you very much. I believe this round of questions is starting with Ms. Albanese.

**Mrs. Laura Albanese:** Thank you very much for your presentation and for being here today and highlighting possible solutions that family services agencies can offer, and for highlighting also the issues that you probably see every day. Your suggestions are well taken.

I know that the ministry last year earmarked something like \$140 million towards domestic violence, and I think we also earmarked specific funds to go towards violence against women. There is more public awareness around violence against women, but violence and sexual abuse for males is also a reality. You're bringing that forward. I was wondering if you could speak a little more about that.

**Mr. Ray Houde:** Yes. The type of clients that we see do come in for different reasons. Domestic violence is probably one of the top three issues that we see at the family service agency in Cornwall. But we're finding with the offenders in our male abuse program that about 60% of them were abused as children and are still struggling. Even though it could be 30 or 40 years later in their lives, we know that it's an issue that they haven't dealt with; they haven't come to some conclusions.

This particular funding that we got in 2011 has been very helpful in helping some of these individuals on an individual basis. It took a little while to get going because it was a little threatening for them to come to groups, for example, because we provide both individual and groups. But we have noticed over the last year that the numbers have increased tremendously. We're concerned that this particular funding that we have will expire at the end of March of this year, and we're not quite sure how to handle this.

**Mrs. Laura Albanese:** So this funding that expires at the end of March: Have you been in contact with the ministry to see if it could be renewed, or—

**Mr. Ray Houde:** Yes. We are working with partner agencies, and the lead agency is one in Ottawa that we are working with. So we are working with them, and they have been in touch with the Ministry of the Attorney General, because this is where the money is coming from. We're hoping and keeping our fingers crossed that at least the same amount of funding will continue beyond 2015.

**Mrs. Laura Albanese:** So if I understood right, through the partnerships that you are involved in, an application has gone through.

**Mr. Ray Houde:** It has gone through. That's correct.

**Mrs. Laura Albanese:** Thank you. I know that my colleague MPP Baker has some questions as well.

**The Chair (Ms. Soo Wong):** Mr. Baker.

**Mr. Yvan Baker:** Thank you very much. I found this very informative. I know people who have been impacted by this, so I appreciate you raising this and doing what you're doing.

The question I have is: What's the scope of this challenge? Do we have a sense of the scope? If you mentioned it, I apologize that I missed it. But what is the scope of this? Do we have a sense of how many men are out there who have been victims of this type of abuse? Then, of those, how many are even seeking treatment? Do we have a sense of that?

**Mr. Ray Houde:** Well, when we had the public inquiry, there were numbers thrown around that there were about 300 in this area—and I'm talking eastern Ontario, not only Cornwall—that have been identified as victims of sexual abuse. I would say probably a third, probably 100, are coming out and continuing to seek assistance.

There is still a fear with the fact that some of these individuals were abused while they were involved with institutions. It took them a while to realize that family services are not like a children's aid or part of a church or schools and to feel comfortable that we are qualified and are capable of providing the service.

But I still see—I know there are numbers of individuals out there, because we also run the PAR Program, which is the Partner Assault Response Program, where men who abuse their partners—those numbers are skyrocketing. There are a fair number of those individuals who, in the groups that they participate, talk about their youth and how they were abused, but they're not part of the other system of the male sexual abuse counselling program. This is a huge number out there who are not seeking the help that they need.

**Mr. Yvan Baker:** Yes, maybe they're not reporting. In your submission, you have a request here. I think \$2 million was the amount of money that—

**Mrs. Laura Albanese:** In US funding.

**Mr. Yvan Baker:** In US funding, yes. The question I have is: What types of services would that provide? I'm trying to get a sense of scope of the problem that that \$2 million would address. How many people would that treat and what sorts of services could be provided under that funding?

**Mr. Ray Houde:** I believe the \$2 million is province-wide, that was made available. I'm not sure—depending on how much we would be sent this way.

The cost of counselling for us is about \$100 a session. That's a number that we can put towards the individual therapy.

**Mr. Yvan Baker:** Per session, to effectively—and I know it ranges from person to person—but on average, typically, how many sessions are—

**Mr. Ray Houde:** It takes probably an average of about 10 sessions on an individual basis, and probably 12 to 15 in a group. If we can combine both of them, I think that's very positive, but that would give you an idea about the type of help that is required.

**The Chair (Ms. Soo Wong):** I believe Ms. Hoggarth has a last question for you. Ms. Hoggarth?

**Ms. Ann Hoggarth:** Thank you for the work that you do; it's very important. I think of Theo Fleury when I think of male victims of sexual abuse.

I think I see what you're asking for. You're asking for the \$2 million that has already been allocated to continue to be allocated. Is that correct?

**Mr. Ray Houde:** That is correct.

**Ms. Ann Hoggarth:** Thank you.

**The Chair (Ms. Soo Wong):** Thank you very much, gentlemen, for your presentation and your submission.

The next group before us is David Brown Construction Ltd. Are they here? I'm going to ask one more time. Is David Brown Construction Ltd. here? Seeing none, I just want to let folks know that I'm going to recess the group because I think we have to check out by 12 noon.

The next speaker is coming to us by conference call so we need to be punctual. It's coming in at 10:15. I'm going to recess the group because the next speaker is coming in from Sudbury; so I just want to recess the group until 10:15. Thank you very much.

*The committee recessed from 0957 to 1015.*

#### SAM BRUNO PET SCANNER STEERING COMMITTEE

**The Chair (Ms. Soo Wong):** We're back from the recess of the Standing Committee on Finance and Economic Affairs. Our next presenter, Ingleside Foodland, has cancelled. Instead, we have the Sam Bruno PET Scanner Steering Committee, coming to us by conference call from Sudbury.

Brenda Tessaro, are you on the line?

**Ms. Brenda Tessaro:** Yes, I am.

**The Chair (Ms. Soo Wong):** Good morning.

**Ms. Brenda Tessaro:** Good morning.

**The Chair (Ms. Soo Wong):** My name is Soo Wong. I'm the chair of the Standing Committee on Finance and Economic Affairs. We're delighted that you're able to join us at this hearing—through the phone, unfortunately. I'm going to introduce the members around the table, so that you know who they are. On the government side are Laura Albanese, Yvan Baker, John Fraser, Ann Hoggarth and Daiene Vernile; from the official opposition are Steve Clark and Jim McDonell; and from the third party is Catherine Fife.

I believe you were in Sudbury on Wednesday. Am I correct?

**Ms. Brenda Tessaro:** Yes.

**The Chair (Ms. Soo Wong):** On Wednesday, you saw that we have a total of 15 minutes per presenter, but your presentation time is actually 10 minutes, followed by five minutes of questioning from the committee. I believe that Ms. Fife from the third party will be asking you the questions for this round.

Please identify yourself, as well as your position with this particular group. You may begin any time. Thank you.

**Ms. Brenda Tessaro:** Excuse me. Do I have an opportunity to ask a question or two myself?

**The Chair (Ms. Soo Wong):** No. You're going to be doing a 10-minute presentation, followed by five minutes of questions from Ms. Fife from the third party.

**Ms. Brenda Tessaro:** Thank you.

**The Chair (Ms. Soo Wong):** You may begin.

**Ms. Brenda Tessaro:** Good morning. I am Brenda Tessaro, spokeswoman for the Sam Bruno PET Scanner Steering Committee. I'd like to take this opportunity to thank the Standing Committee on Finance and Economic Affairs for giving me the opportunity to present to you today.

Sam Bruno, after whom our committee is named, was diagnosed with colorectal cancer at 50 years of age. He fought to have PET scans publicly funded in Ontario during his cancer journey, and was successful. Sam recognized the injustice of a system where optimal health care was at times based on one's financial status, as opposed to need. Sam died in July 2010. Little did he know that his home region, the cancer centre for the north, would still be without a PET scanner for many years to follow.

Martin Luther King, Jr. once wrote, "The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy." Today I come before you at a time of challenge and controversy.

Our region, which encompasses 47% of the land mass of Ontario, is comprised of numerous challenges. Our region is challenged geographically, covering over 400,000 square kilometres. Our region is challenged by its population density of 570,000, spread out over those 400,000 square kilometres. Our region is challenged by having the highest cancer death rate and one of the highest cardiac death rates in the province of Ontario.

Our region is challenged by a government which chooses to ignore these challenges and puts us on the same level playing field as other regions in the province without these challenges. Northeastern Ontario needs to be recognized as having these challenges, so that the Ministry of Health and Long-Term Care, along with the North East LHIN, can come together in the spirit of co-operation and resolution with our hospitals to provide the citizens of the northeast with this life-saving diagnostic device.

**1020**

In attempting a comparative analysis based on population, I was drawn to Ottawa. Ottawa is comprised of an area of 4,700 square kilometres, compared to 400,000 square kilometres in northeastern Ontario. It has a population of 900,000 while the northeastern region has 570,000. If we do the math, the city of Ottawa has two PET scanners, which equates to one scanner per 450,000 people. The northeast region has zero PET scanners per 570,000 people. These statistics beg the question: How is it, then, that the city of Ottawa has created a viable, sustainable business plan to maintain two PET scanners with a significantly lower population-to-scanner ratio than the northeast and services an area 99% smaller?

We all live in an era of soaring health care costs and will continue to do so with our aging population as various cancers and Alzheimer's disease become more prevalent. We must adopt the philosophy of short-term pain for long-term gain as we move forward in the pur-

chase of a PET scanner. No longer can the health care system financially afford to subject patients to misdiagnoses, unnecessary surgeries, ineffective treatments and unnecessarily lengthy hospital stays because our doctors are not provided with the most effective diagnostic equipment possible.

Such an example comes to mind when in the summer of 2011, a 60-something-year-old male presented himself to HSN—that's our local hospital here, Health Sciences North—exhibiting cardiac symptoms. He was admitted, endured a lengthy stay of 21 days and had every diagnostic test possible related to his symptoms, but to no avail. At this point, he was flown by air ambulance to the Ottawa heart institute for a PET scan. Within 48 hours, the scan was read, his condition was diagnosed, his treatment was staged and he returned to HSN to be discharged the following day.

All in all, the cost to the system:

—21 days at \$1,000 a day: \$21,000;

—return air ambulance: \$15,000;

—the cost of all the initial tests done: unknown.

Ballparking this one example: definitely over \$40,000. If our Sudbury hospital had a PET scanner, the cost would have been less than \$4,000 for a two-day stay and the scan. This situation alone reflects a \$40,000 cost to the system versus a \$4,000 cost: approximately 90% higher. This example is only one of the many, many cases people from the northeast have shared with me and members of the committee.

Over 200,000 citizens from the northeast access the Northern Health Travel Grant per year, costing the province \$53 million per year. I recognize that not all of these patients were PET scanner patients. Needless to say, when the system spends more money on transportation to get patients to treatment than the cost of the treatment and specialist put together, it is not spending health care dollars wisely. In many cases, sadly enough, the end result—in addition to staggering costs to the system and to the families who spend weeks, sometimes months, out of town—is patient death. This practice is a lose-lose situation for all parties concerned.

The Sam Bruno PET steering committee recognizes that the acquisition of a PET scanner for Health Sciences North changes this practice to a win-win situation for all parties. No longer do we wish to be known as the only region in the province without a PET scanner. The PET steering committee remains hopeful that the Minister of Finance and the Liberal Party move forward in supporting us in the purchase and operating costs of a PET scanner for Sudbury.

Once again, thank you, on behalf of our committee, for affording us this opportunity to have a voice.

**The Chair (Ms. Soo Wong):** Thank you very much. Ms. Fife, do you want to begin the questioning?

**Ms. Catherine Fife:** Thank you very much, Brenda, for taking the time to call in and share your concerns about the lack of a PET scanner in Sudbury. It's very topical, obviously, because just yesterday the Minister of Health was in Sudbury, and he downplayed any commit-

ment to a PET scanner for Sudbury. He also said, when we asked him in the Legislature—and I think it needs to be said that France Gélinas has presented 28,000 signatures in support of Sudbury getting a PET scanner—he still needed to familiarize himself with this request.

You've been working for years to bring this to the government's attention. How frustrating is it to still hear the Minister of Health refusing to understand Sudbury's need for a PET scanner?

**Ms. Brenda Tessaro:** You have absolutely no idea. "Frustration" is putting it lightly, for sure.

On October 23, 2014, the Sam Bruno PET committee was extremely hopeful, first of all, to have someone from the medical field as the Minister of Health and Long-Term Care. We felt he would better understand our situation here. When Dr. Hoskins stood up in the House and responded to Sudbury's then-MPP Joe Cimino that he would meet with him and France Gélinas to discuss the acquisition of a PET scanner for Sudbury, this exchange was played live stream that evening to a packed house of over 400 attendees of the Sam Bruno PET scanner annual gala. The people in attendance almost brought down the house with applause. We were thrilled that a Minister of Health from the government side finally agreed to meet with these long-time supporters of the cause.

After three months, since agreeing to meet with MPP France Gélinas and approximately 20 additional attempts by her to set up a meeting date, to no avail, we have a question ourselves: When is our Minister of Health and Long-Term Care, Dr. Hoskins, going to grant an audience to France Gélinas, who is the strongest advocate of the Sam Bruno PET Scanner Steering Committee, as promised? He is new to the position. We understand that. But, as you have pointed out, this has been a long battle that the citizens of Sudbury and the northeast have been fighting. To have this promise put forth by him on the 23rd of October and yet, three months later, still not agreeing to set a date—"frustrating" is a very mild word, to put it bluntly.

**Ms. Catherine Fife:** Is that the question that you wanted to pose to the committee earlier?

**Ms. Brenda Tessaro:** Yes. My question is: when? He has already agreed to meet with her, but she has made 20 additional attempts. Our question is: When is our Minister of Health and Long-Term Care, Dr. Hoskins, going to grant an audience to France to better understand the situation? He is new to the position, and he's not going to get a better advocate and anyone more knowledgeable than someone who was fighting this cause when Sam Bruno was still alive.

**Ms. Catherine Fife:** Sure.

The last Minister of Health, Ms. Matthews, said that there would be trade-offs: If Sudbury were to get a PET scanner, they would then lose their MRIs. Do you want to comment on that?

**Ms. Brenda Tessaro:** As someone who is not from the medical field, I myself can distinguish the difference between these two diagnostic tools. They have two totally different functions. They operate differently, and they

meet different needs. So to say, "If we give you this, we're taking away that"—that is definitely not a fair exchange and doesn't contribute to better health outcomes for the people of the northeast. You can't give us one piece of diagnostic equipment and take away another and say, "Well, there you go," because they function differently, as I pointed out earlier.

**1030**

**Ms. Catherine Fife:** How much money has the Sam Bruno PET scanner committee actually raised to date, Brenda?

**Ms. Brenda Tessaro:** As of yesterday—we had more money coming in yesterday, so that has brought us up to \$665,000.

**Ms. Catherine Fife:** Wow. That's amazing. I just want to say to you, Brenda, that I think you've made a compelling case—a good, strong economic case, actually, a financial case—for this committee to recommend to the minister that, financially, this province would be better served by Sudbury having a PET scanner. So we'll be putting that forward when this committee finalizes its recommendations.

**Ms. Brenda Tessaro:** Thank you so much for that.

**The Chair (Ms. Soo Wong):** Thank you for your presentation, Ms. Tessaro, and thank you for your input to the 2015 pre-budget consultations.

All right. I want to check: Is David Brown Construction Ltd. here? No. Okay. We're going to do the next one.

## HOUSE OF LAZARUS

**The Chair (Ms. Soo Wong):** The House of Lazarus: I believe it's Pauline Pratt, the executive director. Come on down to the table. Welcome. Ms. Pratt, you have 10 minutes for your presentation and five minutes of questions from the committee members. This round of questioning will be from the official opposition party. You may begin at any time. Please identify yourself for Hansard. Thank you.

**Ms. Pauline Pratt:** I'm just setting my timer so I keep me on track.

Good morning, and thank you for the opportunity to present to you here today. I think, based on the last presentation, I come from a very different place. The House of Lazarus is an outreach mission in a rural community. I am Pauline Pratt. I'm the executive director of the House of Lazarus, and I have been there for 12 years now.

I think it's important to recognize that this rural community that we serve is a very large geographical area. Just to give you an idea, Mountain is located—this is probably not going to help—between Winchester and Kemptonville. We're in North Dundas county, about 40 minutes south of Ottawa—how's that?—and north of Morrisburg.

We are literally across the street from cows and cornfields. We have a food bank, a household bank and a clothing bank. We serve people in the area who have different needs. Often, it's crisis; sometimes it's a fire

victim who has lost everything. Our food bank serves 290 families in our area.

One of the things that I'd like to bring to your attention is that in 2010, we took part in a social audit. This was the first time that they'd ever done a rural social audit, because "rural" was always considered to be Cornwall or other larger centres. The culture is very different.

During this audit, we interviewed people who live in poverty: recipients of OW and ODSP, and those who were the working poor. We interviewed members of our local municipal council, and we interviewed the social service agencies who served.

Out of that meeting came some very profound insights: (1) Nobody knew who did what, and (2) everybody wanted to be a part of the solution.

Living in poverty is, for many, humiliating and discouraging. Certainly, when you're constantly living in a state of crisis, not knowing what your future is going to look like is very stressful.

Some of the main issues that we face, that I've highlighted in my handout, are affordable housing—we don't have subsidized housing out our way so much. When someone is in need of subsidized housing, unless they're a senior, it generally means that they have to leave their community, their family and their support system behind. Also economic development and employment: The types of jobs that are available to people living in the rural areas are very limited.

Then we come to our major barrier: transportation. How do you get there? It costs an arm and a leg to have a car and the gas to keep it going.

Then, of course, one of the main issues with our food bank is food security, making sure that there is access to nutritious, affordable food, and within a transportation radius that is reachable. For us, being on the ground, so to speak, we're very well aware that many, many people, not just people living in poverty, are two paycheques away from having to attend a food bank or looking at a severe financial crisis.

We also hear, in our association with various agencies—and largely because of this audit that we took part in, our Linking Hands project was developed and we were able to work with all the agencies in and around that serve us, that are basically located in Cornwall or city centres. But change has come about because of the meetings that we've held, some with Mr. McDonell present, and listening to people who serve and being able to have services now available out in Winchester or locally. So there's some improvement there. But still, the transportation barrier to get to meetings and appointments, whether it's medical, whether it's—if you want to have housing, you have to go to Cornwall in order to fill out the papers. There are some definite barriers that way.

The high cost of hydro is highlighted over and over and over again, and this time of year, one of the main reasons why we see some people coming to the food bank is because they can't pay their hydro and buy food. As the winter goes on, we'll see this more and more.

We are very focused on the human journey. Anytime you're making a budget—and I'm an accountant; I understand budgets—I would like you to bear in mind that these are human beings on human journeys who are at their worst and in some place, for the most part, they never, ever thought they'd be, whether it's because of a medical concern or a loss or a family breakdown. To make getting help such a challenge, and often undignified, is a huge barrier and prevents people from coming. Many times, first-time clients are in tears when they have to admit what they're going through, particularly men. I just hope that in your considerations of how you look at programs and where you see the funding going, you bear in mind that this is also a human journey. Certainly, in working with agencies, we often hear that they are expected to do the same or more with less money in order to meet the needs of people that are living in poverty.

We also recognize, particularly as a rural culture, that poverty isn't just about money. It's about relationship. It's about not being isolated because you don't have a car and you don't have connections that you can actually reach out to and even talk about what you're going through with.

There are plenty of models out there—the social determinants of health. There are all kinds of statistical reports that indicate that some preventive type of funding would be much more beneficial than reactive, when it's already a challenge.

I think I've just about finished all I had to say.

**The Chair (Ms. Soo Wong):** Okay. So I'm going to start this round of questions with Mr. McDonell. Would you like to begin the questions?

**Mr. Jim McDonell:** Yes. Thank you for coming out, Pauline. We've met over the last couple of years: last year at our poverty reduction forum we had last February, and again in the summertime. I've heard messages not only from you but from many agencies about how, over the last five years—some of them, more than 10—they have not seen any increase in funding, but costs have gone up. Hydro has gone up, staff; of course, inflation goes up. So they've had to reduce staffing, and of course, the demand has gone up.

How do you deal with that? It's got to be a huge challenge.

1040

**Ms. Pauline Pratt:** Definitely. We're fortunate: We have a core of volunteers who help us in our services. The agencies—and I'm sure you've seen this—collaborate an awful lot together to try to fill in gaps and see where we can help and support each other. But we do see that things are falling off the table, and it's an awful feeling when you have to say no, when there's a program, a project that you would really like to do that you know would make a difference.

**Mr. Jim McDonell:** Throughout just the last year, you've improved your facilities. You have—

**Ms. Pauline Pratt:** The drop-off area and the second floor, yes.

**Mr. Jim McDonell:** Yes, the drop-off area. You're looking for some help with a refrigerated area because you haven't got enough space now.

**Ms. Pauline Pratt:** Yes, for a walk-in cooler. Definitely, those are things—and our funding basically comes from our social enterprise. We do have a little bit of funding from the United Church of Canada and we have a Trillium grant right now for our Linking Hands project. But yes, we definitely are space-bound. We need renovations in some of our buildings to upgrade and—

*Interruption.*

**Ms. Pauline Pratt:** Sorry, that's my timer.

**The Chair (Ms. Soo Wong):** There are another three minutes for Mr. McDonell and Mr. Clark to ask you questions.

**Ms. Pauline Pratt:** Sorry. Yes, so we definitely need funding. A walk-in cooler is a definite. We have been very successful. The community is very supportive of the House of Lazarus. We're very well-known. Our fruits and vegetables campaign is pouring in, and we are out of cooler space for storing this. We see in the future that this is going to grow; it's not going to diminish. We actually have approximately \$16,000 right now that's been donated specifically for fruits and vegetables for our programs but haven't got the capacity to spend—we don't have the cooler. So, yes.

**Mr. Jim McDonell:** I've been up at your location a few times. I know the facilities are very modest. It certainly is a challenge, and I commend you for the work you're doing.

You talked about looking after 290 families. How has that grown over the last number of years?

**Ms. Pauline Pratt:** It does fluctuate. We are actually increasing right now. The 290 is from last year's statistics. I think we're currently sitting at 320 families. Just in January alone, to date, I think we've had five first-time new families, and we're seeing an awful lot of that.

One of the biggest impacts that we see is maybe not so much the number of families; it's the frequency. Several years ago, people would come one to three times a year. That was 65% with one to three times a year. Now, 60% of families are coming seven to 10 times a year.

**The Chair (Ms. Soo Wong):** Okay. I believe Mr. Clark has the last question for you.

**Mr. Steve Clark:** Yes. Pauline, just thanks very much for your presentation. Although you're associated mostly with Jim's riding, I know the good work that you do in rural Leeds–Grenville as well, so I want to thank you.

My Poverty Reduction Strategy meeting where I sent recommendations to the government basically mirrored Jim's, had many of the items that you've put in here about homelessness, emergency beds and economic development—but I want to touch on the transportation piece, because predominantly, we've got urban members here who, in the Legislature, talk about GO service, subway service and OC Transpo. In rural Ontario, like Jim and I represent, and like you cover, people need to use their car. That's their transit system. Do you have any ideas or recommendations for the committee on how the

government could better serve rural areas with assistance that would help your organization? Because I see it as a real failing of the government right now.

**Ms. Pauline Pratt:** Transportation—collaboratively, we are trying to look at different options. Certainly, even for employment, we are talking about, is there potential transportation from Winchester to Kemptville, where jobs seem to be happening? Just some local bus runs even from Morrisburg to Winchester, Winchester to Morrisburg and across. Even getting to medical appointments is also a challenge.

Again, we know we're rural, but we do have transportation companies out our way that are definitely interested in collaborating and finding ways to meet the need of our people out in our area.

**The Chair (Ms. Soo Wong):** Thank you very much for your presentation and your written submission.

#### KINGSTON SYMPHONY ASSOCIATION

**The Chair (Ms. Soo Wong):** Our next group is the Kingston Symphony Association, and I believe it's Andrea Haughton, who is the general manager. Good morning. Come on down. As you heard earlier, you have 10 minutes for your presentation and five minutes of questions from the committee members. This round of questions will be from the government side. You may begin any time. Please identify yourself for the Hansard. Thank you.

**Ms. Andrea Haughton:** Good morning. My name is Andrea Haughton and I am the general manager of the Kingston Symphony. Thank you very much for the opportunity to appear before you and present our case for sustained provincial arts funding. I believe strongly in this issue and appreciate you letting me take a portion of your time to present our story.

The Kingston Symphony has been around for more than 60 years and is an integral part of the Kingston community. We not only operate a professional orchestra made up of 45 musicians, but we also run an adult choir, youth orchestra and youth strings ensemble, and a string orchestra for amateur musicians. Our ensembles are invaluable community resources for young and old, amateur through professional. Together, we make a major contribution to the classical music scene in our city by presenting outstanding concerts and unique education and outreach programs. Orchestras are economic drivers, education partners, community builders, and a source of pride in towns and regions across the province.

The Kingston Symphony's revenue comes from a number of different sources. We receive 35% of our revenue from concert ticket sales, 42% from sponsors, donors and fundraising activities, and 23% from various government grants.

This season, the Kingston Symphony received \$70,000 from the Ontario government to support our operations. On a total budget of \$900,000, \$70,000 is a significant contribution. This money allows us to present works like Beethoven's 9th Symphony, which is expensive to mount

but involves hundreds of orchestra members and singers and is a beautiful piece of music that Kingstonians should get to hear live. The same is true of all of our traditional classical concerts and composers, whose work is important to the cultural life of Canadians, not just Kingstonians.

We also program new music, including works by Juno Award-winning local composers such as John Burge and Marjan Mozetich. These modern composers need an audience for their work and an orchestra willing and able to play it. The Kingston Symphony's record for commissioning, premiering and performing Canadian compositions is exemplary, and we are committed to providing our audience with opportunities to learn more about this new music. We regularly feature the work of Canadian composers each season.

Our pops concerts attract sellout audiences and provide an opportunity for many people to hear a symphony orchestra for the first time. Many audience members at the John Williams at the Movies concert we performed in November, for example, indicated verbally and on social media that they had never before been to an orchestra concert, but were excited to return.

Directly and indirectly, orchestras contribute to the economic vitality of their communities, supporting local businesses. For each Kingston Symphony event, the revenue streams for restaurants, theatre venues, parking lots, bars and babysitters are supported. It is important to recognize the economic contribution that arts events make in Kingston, specifically to the downtown core.

The Kingston Symphony's role is to enable music to flourish in Kingston. Our musicians are actively engaged locally not only in performing with the Kingston Symphony, but also in teaching privately at Queen's University, Royal Military College and St. Lawrence College, and in elementary and high schools throughout our region. The high quality of our programming attracts musicians to Kingston, and our commitment to musical development within our community makes it rewarding for them to stay. The Kingston Symphony is an integral part of the social and economic fabric of our community. We bring people together to make our city culturally vibrant and healthy.

Every year, performances by Ontario orchestras reach almost one million Ontarians directly. As one of the largest arts organizations in our region, the Kingston Symphony plays for thousands of people each season through our main concert presentations. The orchestra has also formed a number of partnerships with other organizations in our community, which further enriches what we can provide to those living in our city. One such partnership is the one we have developed with our local public school board, separate school board and Queen's University school of music.

#### 1050

For over 20 years, the Kingston Symphony, along with the school boards and university, has developed a curriculum around a specially programmed symphony concert. Every grade 4 student in our area learns about the music through a series of lessons taught by university

music education students. The grade 4 classes then visit the Grand Theatre and hear the Kingston Symphony play the music they have learned about live. Each year, over 3,000 students and their teachers discover the instruments of the orchestra and learn more about different musical terms and styles.

We are very proud of this education program. Comments from teachers, parents and students indicate the experience is both a great learning event and a life-changing one for many.

As the committee considers the budget for the upcoming year, I am here to highlight the critical importance of Ontario public funding in the arts and demonstrate the efficiency and effectiveness of the money that is invested by the province. I understand the context of Ontario's finances and the government's commitment to eliminating the deficit by 2017-18.

Ontario's investment in the arts needs to be sustained with a view to growing it commensurately with the economy. A relatively small investment in an orchestra can leverage significant economic growth.

In Ontario, in 2011-12, orchestras spent \$67 million in their communities. Over 70% of these expenditures went directly to people in wages and fees.

The Kingston Symphony employs two full-time and four part-time staff and hires at least 45 musicians for each concert. These people make their homes in the Kingston community and contribute to the local economy in a number of ways. At least 80% of the money we spend each year stays in the Kingston community, which in turn generates significant tax revenues.

We are also fortunate to have over 500 volunteers who work tirelessly for our organization. From raising funds to supporting the operation of the Kingston Symphony to providing financial awards for deserving young musicians in our community each season, our volunteers are committed to making sure our orchestra thrives.

The Ontario Arts Council is the best vehicle for arts investment. The Ontario government, through the Ontario Arts Council, contributed just over \$4 million, or 6% of a typical orchestra's revenue base.

As I mentioned earlier, the Kingston Symphony received \$70,000 from the Ontario government, or about 7% of our budget. The amount is not only critical to supporting our work; it is also critical to leveraging other resources, including support from the federal and municipal governments, corporate sponsors and donors. It also makes a strong contribution to the quality and operation of orchestras, the critical factor in attracting supportive audiences.

Given all these benefits, both culturally and economically, we ask you to consider sustained arts funding a priority. Thank you very much for your time.

**The Chair (Ms. Soo Wong):** Thank you very much. This round of questions, I think Mr. Fraser's going to ask you the questions.

**Mr. John Fraser:** Thank you very much, Ms. Haughton, for your presentation. You have told your

story very well and made some very compelling arguments to sustain funding.

As you can see through the government's past record, we have sustained arts funding through some really significant financial challenges that we continue to face. So if that's any comfort this morning—I hope that is of some comfort to you.

I do want to ask you: How many people just inside your community do you figure that you touch? Have you ever done that kind of—

**Ms. Andrea Haughton:** We have tried. The population of Kingston is about 120,000, so we draw from that area and some of the surrounding areas. We have about 15 concerts each year, and we target about 25,000 people in those. Then through our education outreach programs, we tour in different schools, and our musicians go out in different capacities. So that's probably another—

**Mr. John Fraser:** Yes, and your ticket sales are about 25,000. That's what you just—

**Ms. Andrea Haughton:** Oh, sorry. Our ticket sales, of our budget, is about—

**Mr. John Fraser:** No, just the number of people attending concerts.

**Ms. Andrea Haughton:** Usually around 20,000 people each year.

**Mr. John Fraser:** In terms of the level of community support that you have, it seems to be fairly high. It's 25,000—

**Ms. Andrea Haughton:** It does. We're very lucky, but we're always working hard. Our resources are spread thin, but I think we do a very good job at trying to attract many people and involve many people from all of the different demographics. We're lucky to have a university and a college in Kingston, so we're able to attract the faculty and students. Kingston is also a fairly large retirement community, so we have a number of people from that demographic who attend.

**Mr. John Fraser:** You have a connection with most of the schools at the elementary level.

**Ms. Andrea Haughton:** We do. We have really developed that in a number of our different programs, trying to encourage youth to attend, as well as the faculty and staff.

**Mr. John Fraser:** I know that Orchestras Canada is something else that we support provincially.

**Ms. Andrea Haughton:** Yes.

**Mr. John Fraser:** How do they connect with your organization in terms of support or—

**Ms. Andrea Haughton:** Orchestras Canada is our national service organization. They're advocates for us. They provide a number of resources for orchestras across the country to use. They don't fund us but provide a lot of resources that we are able to—

**Mr. John Fraser:** From the federal government level, I take it—how do they support the arts or support culturally?

**Ms. Andrea Haughton:** The Kingston Symphony receives money from the Canada Council for the Arts each year. We're on a similar funding track—a multi-

year funding track—like the Ontario Arts Council. We receive money through the classical music program there.

**Mr. John Fraser:** That's great. Thank you very much.

**The Chair (Ms. Soo Wong):** I believe Ms. Vernile has a question for you.

**Ms. Daiene Vernile:** Thank you very much for coming and informing us of the important work that you do, Andrea. I'm a great lover of classical music. I studied classical violin as a child, up into my teens, except for one unfortunate week when I played the cello, but then I realized that lugging that thing home through the snow, through two kilometres uphill both ways, was not a good thing, and I went back to the violin.

You talked about outreach with children, and this is very important. The thing about classical music is that you do have a core group that will love what you're doing and are devoted to you. Beyond the kids, is there anything else that you can do, or are doing, to reach a greater audience?

**Ms. Andrea Haughton:** Specifically for targeting youth, students and young professionals, we have a program where we partner with different organizations within our community, as well as corporate sponsors, to offer reduced ticket prices for anyone who is 35 years old and under. People can sign up for free. You can come to a Kingston Symphony concert for \$10 and experience it.

We try to have different events as well, where these members can meet the conductor, meet musicians, so that they get to know what is behind the scenes; it's not just going and sitting in a concert hall. They experience everything.

**Ms. Daiene Vernile:** Do you find, too, when you have one of these concerts where you offer pop music or John Williams's music, that you can reach those people and draw them back in when you're having the classical music?

**Ms. Andrea Haughton:** We have noticed that. It has been sort of an uphill battle, but definitely, we've noticed a good return on that.

**The Chair (Ms. Soo Wong):** Thank you very much for your presentation this morning, Ms. Haughton.

**Ms. Andrea Haughton:** Thank you.

#### BERGERON ELECTRIC LTD.

**The Chair (Ms. Soo Wong):** The next group is Bergeron Electric Ltd. Are they here? Come on down, Mr. Bergeron.

Good morning. Welcome. Yes, you can sit anywhere. There's a microphone on right now, as you see. You have 10 minutes for your presentation, sir, and five minutes for questioning from the committee members, and this round of questioning is from the official opposition party.

You may begin at any time. Please identify yourself, as well as what position you have with this particular organization. Welcome. Thank you.

**Mr. Ron Bergeron:** Thank you. Good morning, ladies and gentlemen. My name is Ron Bergeron. I'm an

electrical engineer and electrical contractor in Cornwall. I believe you have a copy of the presentation, right? Okay.

Some \$2.7 billion is wasted every year because of the Green Energy Act. This conservative figure was forecast in the Auditor General's report of 2011. The AG's 2014 report confirms this loss. Contracts are for 20 years, so that's a minimum of \$54 billion. As Ontario doubles the amount of connected wind capacity, that amount will likely double to some \$100 billion, and it will get worse as more is connected. The Fraser Institute estimates that the green energy costs could reach \$38 billion a year in wasted money—per year—if all of the coal-fired systems are wind-generated.

#### 1100

Why is this happening? It's the word "green." People want to look righteous. Unfortunately, people get so excited about "green" that they lose common sense. It becomes like the lemmings rushing to the sea. This stands in the way of serious analysis. AG 2011 infers clearly that all technical and economic analysis was ignored in awe of the word "green."

The act was proclaimed for three main reasons: (1) to attract investment in renewable energy, (2) to increase job opportunities, and (3) to reduce greenhouse gas emissions. Well, let's look at the results.

It did attract investors. The response was overwhelming. Investors were salivating, because return was calculated at 11% after tax on equity. That's 11% guaranteed for 20 years—certainly much better than GICs.

Second, we have to consider that Ontario's economy does not function in a vacuum. Competition is worldwide. Places like China, India and eastern Europe are putting in place the least costly energy systems, mainly coal-fired. As for more jobs, well, other jurisdictions have shown that most jobs are temporary construction jobs. As for permanent jobs, for every job created, two to four jobs are lost in other sectors of the economy because of higher electricity prices.

Third, it does reduce greenhouse gas emissions, but is it a meaningful reduction? Could it have been accomplished by other means? How much do people want to spend to accomplish this? Wind power must be backed up nearly 50%—some say even 80%—by spinning gas-fired systems in case the wind drops. This results in greenhouse gas emissions.

The DSS Management Consultants report to the Ministry of Energy, as summarized by the Fraser Institute, never recommended renewable power. It outlined a plan of pollution control methods which would have yielded the same environmental benefits as the act, but at a tenth of the current costs. The proof is in the pudding.

Saskatchewan started several years ago to apply technology to reduce harmful emissions from coal-fired power plants. This was completed for \$1.4 billion. Compare that to the cost we're looking at: over \$100 billion in Ontario. European Commission reps who viewed this said that they were very confident in the technology. Saskatchewan does not plan to phase out coal, even though it's 50% of their power.

AG 2011 states that people are prepared to pay modest increases for renewable electricity; only 27%, though, would agree to an increase in their electricity bills of more than 5%. So for all the talk about removing pollution, people won't walk the talk.

A little history for you: I am an electrical engineer, since 1966—it has been a long time—and an electrical contractor since 1971. I have served on provincial committees with contractors, inspectors and utility reps, and for five years I was on the board of Cornwall Electric, a local utility that buys power from Quebec and/or the United States. It's not connected to Hydro One. I know the complexities of electricity, and I have to be practical because of the realities that I face each day.

In 1993, we at Cornwall Electric were going to build a gas-fired generator in Cornwall. New York state had just implemented a green energy approach where all power generated by small water turbines had to be purchased by the utilities. Because there was so much extra power, we were able to purchase their excess power at a very low cost. We cancelled our project. We paid \$1 million in penalties and we still saved our consumers over \$20 million.

One might think Ontario would have learned something from that experience 20 years ago, but no, the same situation is repeating itself in Ontario.

The Ontario Society of Professional Engineers published an article stating: "The public is paying for its own generators to produce power it doesn't need and then paying its neighbours to take ... electricity off its hands.... This happened in 2011 and will get worse...."

The criticism doesn't just come from me. It comes from many sources, including two Ontario Auditors General, the OSPE, a former CEO of the Ontario Power Authority, and the Fraser Institute.

There have been green energy struggles and failures in other countries as well. Germany, which was the poster child for green for many years, is now struggling with high electricity costs, \$25 billion a year in subsidies, and it's burning brown coal at its highest level since 1990. In spite of these green policies, greenhouse emissions have increased. In Europe, coal power has risen rather than fallen.

Please stop telling us about revenues from exported power without also mentioning the cost. The reality is between 2006 and 2013 the costs exceeded the revenues by \$2.6 billion. Do we really want to go broke closing five coal-powered plants when other countries competing against us are building some 1,200 more?

In China, actually, they are going to be building one power plant every 10 days for the next 10 years or are finding cost-effective solutions to reduce emissions the way Saskatchewan is, and also Denmark, with its Avedøre power station.

It's mind-boggling that people are paid not to produce electricity. They have a word for this: curtailment. Add insult to injury: We deliver power below our costs to the US, one of Ontario's major competitors, all in the name of green.

The single biggest issue is unrestricted access to the power grid by green energy. The power grid is a system that balances input and output of energy. There are no storage systems; the technology is not there. There is nothing available worldwide. All other sources of energy—hydraulic and nuclear—are managed as part of an integrated system. Green energy, though, creates an unstable situation because it has unrestricted priority.

The president of the engineers' energy task force states: "Green energy is appropriate for Ontario ... with sound engineering...." Technically, we need to "better plan the mix of various forms of energy production and limit their maximum contribution to the grid to what can be tolerated by the other existing facilities."

Right now, green energy investors make a lot of money—

**The Chair (Ms. Soo Wong):** Mr. Bergeron, can you wrap up your presentation, please?

**Mr. Ron Bergeron:** We're wasting tens of billions of dollars. My recommendations are:

—Do not approve any more wind or solar systems.

—If you go ahead anyway, the system must be controllable by the Independent Electricity System Operator.

—For systems approved but not connected, stop the connection and buy them out.

**The Chair (Ms. Soo Wong):** Okay, Mr. Bergeron, I'm going to turn to the opposition party to ask you some questions. Mr. McDonell, you want to begin the questioning?

1110

**Mr. Jim McDonell:** Just to read out your last point: "Develop a plan with a systematic approach that balances our need to minimize pollution, with the resources available, without compromising our economy in today's competitive world."

You bring up points that are clearly not a secret. We're looking at results here that have driven our manufacturing industry out of Ontario. We just heard from the House of Lazarus, where people are coming in and can't afford the hydro bill. We had a couple of poverty reduction meetings last year. Agencies are dealing with people every day who can't afford the hydro bill.

Why would a government do this? Do you have any explanation of why they would blindly move ahead with this?

**Mr. Ron Bergeron:** The only thing I can say is, it's happening around the world. People are getting caught by the word "green." If it were just energy, as an act, then I think the whole process would be approached differently. Look at what Saskatchewan has done or look at what Denmark is doing.

As an engineer, I'm looking for it to be systematic so that we can continue to have electricity at a decent cost. I'm looking at all the wasted money. I see a need for money for taking care of more health care for senior citizens and I'm asking, "Why are we wasting this money?" There's no need to. We can stop it now.

**Mr. Jim McDonell:** You look at some of the costs here. You're talking about \$54 billion, which is really the ask we're doing for our transit systems right across this province.

I noticed you talked about Germany being the poster child, but their subsidies are less than half of what we had in Ontario under our Green Energy Act. If you happen to get lucky enough to get a project up here, you're making out like a bandit. It's 11%, compounded over 20 years.

**Mr. Ron Bergeron:** We've seen that. When we put a lien on one place where we did some work, the lien was settled like that, because the investors couldn't wait to get their money. It was just unbelievable, watching it.

I'm thinking that this whole thing needs to be reviewed, and somebody needs to say, "Stop."

**Mr. Jim McDonell:** Now, in 2011—you talk about a report by the engineering society. If I remember from that report, they also talked about, technically, our system not being able to handle the inputs from the green energy, as you kind of alluded to, because of the cost, and now we're paying a penalty to sell it.

**Mr. Ron Bergeron:** Technically, Ontario spent \$2 billion, which doesn't show up in these numbers, to fix the power grid to accept the power.

We're also seeing in places, especially in southwestern Ontario, when you get the sun on a cloudy day, as it goes through our solar system—the transformers are not far away. All of a sudden, it's like a water hammer hitting them. You will hear a very distinct "boom" hitting these things. Physically, the system is really getting hit hard, because it's uncontrolled access. That's the problem.

But you're not going to get investors, so I'm thinking it's better to drop the investor bit and do what I believe China is going to be doing. They're going to be doing some green energy. Believe it or not, they consider nuclear as being green.

**Mr. Jim McDonell:** I know that you talked about the Cornwall Electric experience—\$1 million in penalties, but they saved their customers \$20 million. The same types of numbers are available here if we reverse course with Ontario Hydro. We're now talking about a carbon tax on this. I think the part that we're missing here is, if the world was moving in unison with this type of approach, it might have some logic. But when we try to do it alone, a carbon tax on our manufacturing sector and our businesses only drives them further into being more uncompetitive and reduces their job numbers here. That impacts, of course, food bank support. It just makes no sense.

**Mr. Ron Bergeron:** I can't comment on the carbon tax. I know that there are many sources of pollution. You want to look at vehicles, a classic one—

**The Chair (Ms. Soo Wong):** Mr. Bergeron, your time is up. Thank you very much for your presentation, and thank you for your written submission.

*Interjection.*

**The Chair (Ms. Soo Wong):** Time is of the essence, sir. Sorry.

## NATIONAL COALITION AGAINST CONTRABAND TOBACCO

**The Chair (Ms. Soo Wong):** The next group coming before us is the National Coalition Against Contraband Tobacco. I believe Mr. Gary Grant, the national spokesperson, is here. Mr. Grant, welcome.

**Mr. Gary Grant:** Good morning.

**The Chair (Ms. Soo Wong):** Good morning. Mr. Grant, you have 10 minutes for your presentation, followed by five minutes of questions from the committee. This round of questions will be from the third party. You may begin any time. Please identify yourself for Hansard, please.

**Mr. Gary Grant:** My name is Gary Grant. I'm the spokesperson for the National Coalition Against Contraband Tobacco, or, as we will call it in this presentation, the NCACT. Our 17 members are businesses, retailers and other organizations that are concerned about the social and criminal impacts of contraband tobacco in Canada. Our aim is to raise awareness about the problem of illegal cigarettes and work with governments to address the trade.

Ontario has the worst contraband tobacco problem in Canada, something that the provincial government has recognized as recently as in the fall economic update. In fact, an average of one in three cigarettes purchased in 2014 was illegal; that spiked to 40% of cigarettes sold in October. Indeed, illegal cigarettes produced in Ontario have begun to be smuggled to other provinces as well, such as Manitoba.

What is contraband tobacco? Cigarettes that don't comply with government regulations in regard to manufacture, sales and distribution. They're extremely cheap, a baggie of 200 cigarettes often costing less than a movie ticket, or one tenth the price of legal product. It is sold through a criminal distribution network—a drug dealer system, really—that connects cigarettes to kids without the hassles of checking for ID. This dangerous combination of low price and easy accessibility has made illegal cigarettes a prime source for youth smoking. In fact, a study by the Centre for Addiction and Mental Health flagged the easy accessibility of contraband tobacco as a major reason for Ontario's stubbornly high teen smoking rate.

Preventing youth smoking and cutting off funding to organized crime are reasons enough for government to take action against contraband, but there are also important impacts to the public purse. In fact, the Drummond report highlighted contraband tobacco as one of the areas that Ontario should address when battling the deficit.

In 2013, the Canadian Taxpayers Federation, a coalition member, released a report estimating that the overall contraband tobacco trade in Ontario cost an estimated \$689 million to \$1.1 billion in lost tax revenue in 2011 to both the federal and provincial governments. This adds up to an astounding estimated \$3.4 billion to \$5.5 billion over the last five years. That's a lot of money, particularly in an era of fiscal restraint and budget tightening.

One of the most important aspects of the NCACT is making sure that the public understands the impact of illegal cigarettes, something that many Ontarians may incorrectly view as a victimless crime. The fact is, illegal cigarettes fund some of Canada's least desirable elements. The RCMP estimates that contraband tobacco is the cash cow of more than 175 criminal gangs, who use the proceeds to finance their other activities, such as guns, drugs and human smuggling.

In this regard, it's fitting that we are in Cornwall today, which is located at the heart of Canada's contraband problem and offers a tangible example of the harms that the trade brings. Cornwall Island is at the heart of illicit cigarette production in Canada, with the RCMP identifying dozens of illegal cigarette factories operating on both sides of the border. A single factory can produce as many as 10,000 cigarettes a minute. That adds up to millions and millions of cigarettes produced in this area each and every year.

The profits from these illegal sales all end up in the hands of criminals. In fact, the RCMP have identified about \$100 million in suspicious financial transactions over a six-year period from a similar contraband production hotspot in Quebec. That's a lot of money from what is currently a very low-risk enterprise which gangs use to fund other illegal activities including guns, drugs and human smuggling. In fact, in late December, Ottawa police identified this region as a primary conduit for the flow of illegal guns, which led to a record number of shootings in Ottawa last year.

We've also seen how the criminals in the trade work to protect their operations and terrorize nearby communities. The RCMP has had to repeatedly warn snowmobilers in the Cornwall area, most recently in December, to watch out for booby traps set by the criminals that smuggle cigarettes in the area. There have been numerous other cases of direct intimidation of law-abiding citizens in the area by the criminals that smuggle cigarettes across the St. Lawrence and then through private property.

Every illegal cigarette sold in Ontario represents a loss to the provincial treasury, which is trouble enough. But as you can see, the social harm is much deeper. Contraband brings with it troubling consequences that demand action.

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So what can the Ontario government do? Unfortunately government action against contraband tobacco has so far been big on commitments and light on action. In each of the last three budgets, the government has committed to introducing new actions against contraband tobacco, but not actually followed through. In fact, the government has even proposed some measures that will make the problem worse. A ban on menthol tobacco announced in November will, if no other real action is taken against contraband, be a boon to the illegal industry. The NCACT has identified about 30 illegal menthol products currently available in Canada—more than the legal market. If contraband is not under control before the ban

comes in place, Ontario could see more than 300 million cigarettes move to the illegal market each year.

We believe that there are a number of straightforward and common-sense actions that government can take in this budget that will have a real effect.

First, it is worth noting that, through 2011's Bill 186, Ontario has introduced fines for possession of contraband tobacco which could and should be a useful tool for discouraging consumption of contraband tobacco. As an example, possession of a single pack of illegal cigarettes can net a fine of \$108; a baggie \$184; and five baggies almost \$700. Unfortunately, these fines are infrequently enforced and not very well publicized. Fine-based deterrents are only as effective as they appear to be a real threat to consumers. Ontario would do well to increase public awareness and enforcement of these fines in areas where contraband sales and use are the most prevalent.

Along the same lines, it is important that Ontario follow through on oft-promised commitments to introduce new anti-contraband tobacco enforcement measures. The coalition would encourage Ontario to adopt measures similar to those successfully introduced in Quebec. There, starting with 2009's Bill 59, municipal police forces are able to investigate and prosecute contraband tobacco offences as well as the provincial police service there, even allowing municipalities to keep the proceeds of the fines. Ontario took a cautious first step towards this in 2011 when police were given the power to seize contraband and fine those caught with it in plain view during traffic stops. But police need more powers to be truly effective. We should be looking at best practices of other jurisdictions.

Ontario must also do more to curb the supply of illegal cigarettes at the manufacturing level. Illegal factories in Ontario can produce millions of cigarettes a day; a key element of reducing this is making manufacturing materials harder to get. New regulations governing raw leaf tobacco that came into effect on January 1 are a first step. It will be important to monitor how effective they are at stopping the diversion of Ontario-produced tobacco to the illegal market. Unfortunately, illegal manufacturers have not been limited to Ontario-grown tobacco—smuggling tobacco for illegal cigarettes in from the United States or overseas.

We recommend that Ontario expand its efforts to curb contraband tobacco supply by implementing regulations for other tobacco manufacturing materials, such as filters or industrial cigarette manufacturing machines. Filters are a prime example. The material used in them, acetate tow, is manufactured only by a few companies globally and cannot be easily replaced by another substance. Again, this is in contrast to loose-leaf tobacco, which can be smuggled from any number of places.

Government regulation of filters and acetate tow, in the same manner as Ontario is pursuing for loose-leaf, would go a long way to curb the manufacture of illegal cigarettes, perhaps even more so than the loose-leaf regulations. If the government is serious about reducing illegal cigarette production, it is an important step.

In conclusion, illegal cigarettes are a scourge on our communities. They fund organized crime. They facilitate youth smoking. They shortchange taxpayers a phenomenal amount of money. There are clear and straightforward steps that Ontario can take to address this problem, which will hurt organized crime, make our communities safer and help the budget's bottom line. The only losers in this equation are the criminals involved in the trade. I hope that we will see this reflected in the next budget. Thanks for your time.

**The Chair (Ms. Soo Wong):** Thank you very much, Mr. Grant. Ms. Fife, you want to begin the questions?

**Ms. Catherine Fife:** Thank you very much, Mr. Grant, for coming in and sharing your concerns around cigarette smuggling and selling. I was there when the minister highlighted this issue in the economic update. It was a bit like Groundhog Day because it's been part of the discourse or debate around the economic update and budgets going back several years now. I think your association has made some very good suggestions around curbing tobacco supply at the source, but it really does come down to enforcement, I think.

Do you want to comment on the federal Bill C-10 and how it is working, or if it's working, and then perhaps talk a little bit about Quebec and why Quebec has been more successful than Ontario in curbing contraband?

**Mr. Gary Grant:** Certainly. Bill C-10, which has received royal assent and passed through the House, has not been enacted yet. We're waiting for it—hopefully, any day. It will make the possession of contraband tobacco for the purpose of trafficking, or trafficking in contraband tobacco, a criminal offence. Hopefully, that will have an impact when some Criminal Code convictions are registered, but we'll have to wait and see about that.

We think it was a long-overdue action on the part of the federal government that, theoretically, would allow all police services to enforce the Criminal Code, whereas now, we've sidelined most of our police officers in Ontario in dealing with the contraband problem.

Municipal police officers, or provincial police officers, are the vast majority of police officers policing this province. The RCMP are only a fraction of them. But it's only the RCMP and the Ontario revenue officers who can take a case and bring it through court for contraband tobacco. Police officers from cities and provincial police officers, if they make a big seizure of contraband tobacco, basically have to sit and wait until an RCMP officer or a revenue officer shows up to take the case over.

That is dysfunctional, as far as policing is concerned. As a 40-year veteran of Toronto Police Service, I know that your hands are tied when you have to just sit and babysit something until another agency takes over.

**Ms. Catherine Fife:** Yes. What's the reluctance, then, to empower municipal police forces?

**Mr. Gary Grant:** That's our question: What is the reluctance?

**Ms. Catherine Fife:** It's a good question, so we'll make sure it's—

**Mr. Gary Grant:** Bill 159 in Quebec has authorized provincial police officers and municipal police officers to not only stop and seize contraband tobacco that's in plain view, like Ontario's Bill 186 does, but to conduct their own investigations and, when they make a big seizure—or any type of seizure at all—to take that case and bring it through court and see it from start to finish. It builds a commitment and a buy-in from the police services—certainly, in my view—that they would be looking at a problem in their community and they can do something about it.

Of course, another big feature of Bill 159 is the fact that the money from the fines goes back to the municipalities, which helps fund more contraband enforcement. I've been speaking to police chiefs across the province. One of the big problems they have is their lack of resources—their priorities and whatnot—and they just don't have the funds to develop new initiatives for contraband—

**Ms. Catherine Fife:** So they would be motivated, then.

**Mr. Gary Grant:** I've spoken to many of them, and they certainly like the idea of being able to conduct investigations themselves and being able to fund, if you will, mini task forces to deal with the contraband problem.

**Ms. Catherine Fife:** Okay. The finance minister has quoted the contraband dollar up to closer to \$1 billion. You said \$689 million to \$1.1 billion. As you point out, that's a huge amount of money, and it actually seems to be growing.

I do want to thank you for raising the unintended consequences. I don't think, when the government banned menthol cigarettes, that they thought they would be creating a whole new market on the contraband cigarette side. I want to thank you for raising that, because there are often unintended consequences to legislation.

Around the specific budget for 2015, can you articulate very clearly what you would like to see this committee move forward with around contraband?

**Mr. Gary Grant:** If I could pick out a couple of things right now, I'd like funding earmarked for a Bill 159 type of legislation in Ontario. Why not look at best practices? Certainly, right now, in my viewpoint, Quebec has achieved success in their contraband rates, and with their budget, with Bill 159. Why not look at that and try to implement that?

I think spending money to regulate things like the cigarette filter material—you can't make the cigarettes without it. Let's see where it's going. Let's see who's doing it.

The other thing I would like to see personally is a public awareness campaign. Many parents do not think that their children can get cigarettes in Ontario, because of the fact that you can't buy them in stores and whatnot. They feel they're protected. They don't realize that they can buy them from criminals, and not only buy cigarettes, starting at 11 or 12 years old, for the price of a movie ticket, but maybe get other things as well, like some

drugs and some booze and, heaven forbid, even a weapon. Also, this brings up the teen smoking rates and teaches the kids that it's okay to break the law. So I'd like to see a public awareness campaign as well.

**The Chair (Ms. Soo Wong):** Thank you, Mr. Grant, for your presentation.

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#### SOCIAL DEVELOPMENT COUNCIL OF CORNWALL AND AREA

**The Chair (Ms. Soo Wong):** Our next group coming before the committee is the Social Development Council of Cornwall and Area: Mr. Alex de Wit, the executive director. I think the Clerk has something to hand out to all of us.

Mr. de Wit, you may begin. Please identify yourself for Hansard. You have 10 minutes for the presentation. This round of questions will be coming from the government side. Okay? Thank you. Welcome.

**Mr. Alex de Wit:** Hi. My name is Alex de Wit. I'm the executive director of the Social Development Council of Cornwall and Area. I'm going to talk to you about the poverty initiatives in Ontario. I'm also going to talk to you about social planning councils in Ontario and the social determinants of health. But before I do that, I'd like to tell you about myself and my own background, because I think it gives you a little bit of insight into my personal beliefs and motivations and will hopefully help you guys understand where I'm coming from.

Before I worked for the SDC, I had the privilege of working for two members of provincial Parliament. I worked for Jim McDonnell, and before that, I worked for Jim Brownell, the former MPP. In that time, I worked in the constit office. I took care of the normal constituency assistant stuff: the MTO issues, birth certificates, what have you. I saw the speaking notes; I saw policies succeed and other policies fail as is normal government.

But throughout the whole time, I had a folder in my desk filled with the files that we had to say no to, the files where we had to say, "I'm sorry, there's just nothing we can do for you. It's not a federal issue. It's not a provincial issue. It's not a municipal issue. There are just no services in this community that can deal with this." These are the files that kept me up at night. I'm sure that if you went to your own constit offices and asked around, your constit assistants could probably find one or two of these issues.

So when the opportunity came up for me to work for the SDC, I jumped at the opportunity, because it allowed me to work on those issues. What I do now with the Social Development Council of Cornwall and Area is, I focus on poverty reduction in the community. I work, again, on general poverty reduction issues. We work with the House of Lazarus, which was here earlier today, quite a bit, as well as the family services council in the community, which I believe was here earlier this morning as well.

We're a pretty generic set-up in terms of what social planning councils do across Ontario. The role of social planning councils is generally advocacy, social policy analysis, public awareness, applied research, community organization, community problem-solving and information-sharing. Specifically, we tend to do that by focusing—in the past, we focused, rather—on issues such as affordable housing, transportation, food security, general poverty reduction, employability and special interest projects that directly affect the communities that we work in.

You might be asking how we do those things. We do them through something called place-based policy. The central concept of place-based policy is that the efforts to address social challenges are most effective when they are engineered specifically for the social-geographic contexts in which they occur. Effective action is rooted in the local context, and the one-size-fits-all solutions fail to appreciate local nuances. It is through a deep knowledge of and link to a community, its residents and the internal and external influences upon them that the impact of interventions can be maximized. Core characteristics of place-based policy initiatives include being comprehensive, strategic, long-term, holistic, participatory, multi-sectoral, synergistic, developmentally inclusive, evidence-based and non-partisan.

You can see examples of this in the trend of downloading responsibilities for social service financing from federal to provincial and from provincial to municipal governments. In some cases, the shift in responsibility is not necessarily undesirable, so long as it is accompanied by a shift in funding. It can lead to innovative solutions and often does. However, one of the more serious obstacles currently facing Canadians engaged in poverty reduction is a fiscal imbalance between what municipalities are funded to do and the expectation placed on them by residents and other levels of government. It is for this reason that my first recommendation for the committee is to consider further analysis of the expectations placed on poverty reduction initiatives in Ontario in relation to the funding allocated to sustain these initiatives.

Going off script a little bit, I'd like to mention the poverty reduction fund and that it's really appreciated. It's a great first step in terms of poverty reduction in the province of Ontario. The \$50 million over the next five years is great. It works out to \$10 million over the next five years. Spread that over 107 ridings, and you've got \$94,000 per riding. Take off an administrative fee, and you're talking closer to around \$80,000 per riding over the next five years, which is great. I'd like you to think about what you could do with \$80,000 in your riding. That's kind of the expectation that I'd like you to place on the poverty reduction fund.

With that in mind, I'm going to keep moving along with my script here. One of the central characteristics of place-based initiatives is inclusive participation—not just the local organizations, but also to community members, particularly the demographic that is the focus of an activity. The emphasis on community participation in

social policy development embeds the local economic, social and historical influence in the resulting policies, and it reinforces the sense of cultural, social and civic identity.

By structuring social inclusion as a central component of the planning and implementation of social policy initiatives, through hosting extensive consultation and providing ongoing opportunities for participation, there will likely be a stronger sense of local ownership and a greater probability of long-term success. Other benefits of social inclusion and participation are increased legitimacy of decision-making and priority-setting, and a more democratic society overall, in which individuals are empowered to contribute significantly to the strength of the community.

The biggest issue facing all social planning bodies across Ontario is the need to secure sustainable funding on an ongoing basis. Many of the social planning councils in Ontario are one- or two-person organizations where a small amount of sustainable funding can go a long way. This is especially true in rural communities where the resources are fewer and farther between.

It is for this reason that my second recommendation to the committee is to ensure that sustainable funding is provided for social planning councils, to produce place-based initiatives that reflect the goals of the provincial government on an ongoing basis.

I'd like to talk briefly now about the social determinants of health. The social determinants of health is a theory in health that's becoming more and more acknowledged and respected throughout the community. Traditionally, the perspective was that health outcomes were dependent on personal behaviours: whether or not a person smokes, whether or not someone consumes alcohol, how they eat, how they exercise—and genetics, among other things. However, studies have demonstrated a significant correlation between social indicators and individual health outcomes. Examples of personal social determinants include education levels, socio-economic position, family background, income, stress, childhood development, gender, ethnicity and age. Other systemic indicators may be access to food, shelter and transportation; availability of work; the extent of social exclusion; and the societal distribution of power, wealth and resources, including the systems that lead to or facilitate the continuation of those distributions—which is to say that health is more than just medical care.

Bridging multiple sectors and bringing together multiple actors to implement holistic solutions to social problems has the capacity to achieve greater outcomes than individual organizations. A multi-sectoral approach is better positioned to address the interconnected causes and manifestations of poverty and other social challenges, where efforts and activities in one area are more likely to achieve success when they are linked to complementary or supplementary efforts in other areas.

Collaborative strategic planning and project implementation from multiple actors can certainly be challenging. Co-operation often requires finding a compromise

for divergent visions, practices and expectations, to avoid gridlock. Collaborations also need to be focused and purposeful. While there is no ideal type of model for community collaboration, it is common for there to be a strong community organization to take a lead role in co-ordination, government involvement—potentially at multiple levels—local service providers, and often individual activists. Social planning councils are ideal organizations to act as the lead coordinator in this arrangement. Ideally, there is strong representation by community members with lived experience to inform the strategic planning process in the development of these projects.

It is for this reason that my third and final recommendation to the committee is to encourage provincially funded organizations to work collaboratively on local issues relating to and influenced by the social indicators of health.

In conclusion, social planning councils play a key role in actualizing community well-being and resiliency. Social planning councils address the issues linked with the social indicators of health, place-based policy initiatives and are an essential part of a healthy community. We also play a key role in designing successful social policy as we act as connectors working across our communities to ensure multi-sectoral and bipartisan responses to local and provincial issues.

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**The Chair (Ms. Soo Wong):** Thank you very much, Mr. de Wit. I have Mr. Baker, who is going to begin the questioning from the government side. Mr. Baker?

**Mr. Yvan Baker:** Thanks so much. Thanks so much for coming in. Before I start off with the questions, I just wanted to congratulate you for taking what you learned in a constituency office and applying it to the community in such a productive way. We all have constituency offices, obviously, but I know a number of us have worked in a constituency office, myself included, and I can certainly think of those files that, boy, I wish I could have been able to solve then. So I can appreciate what you're talking about and the number of challenges out there in the community that need to be tackled. Good for you for taking this on.

**Mr. Alex de Wit:** Thank you.

**Mr. Yvan Baker:** Quickly: You made a point around making sure that there is adequate funding available to municipalities. I know that you're probably aware the government is uploading quite a number of services from municipalities. I'm thinking of things like ODB, ODSP, Ontario Works. I take what you say under advisement, but I just wanted to highlight that point as we think about the broader picture around that. There is certainly a recognition of what you are talking about.

Can you talk a little bit about the Poverty Reduction Strategy the government has put in place? There are a number of elements to that. Some of it is around increasing minimum wage. Some of it is increasing social assistance rates. Can you talk about that? What is your view on that? How important is that?

**Mr. Alex de Wit:** Again, I applaud it. It's a great initiative. I think it's a great first step, in terms of poverty reduction. I think it's going to take a lot more than what's currently in that document, or in that act or in that plan, over the next five years.

Like I said, when you break it down to how much money is going into each individual community and to each individual riding, you're really talking about a budget of about \$80,000, which works out to one person's salary, maybe two people on part-time, something like that. That's not including the funding going to specific initiatives and spreading out that way—so just kind of how you want to deal with that and going forward from there and what the effectiveness of that funding can or cannot be.

**Mr. Yvan Baker:** One of the recommendations you spoke to, and you have in your submission, is—I'm just reading from your submission—"to ensure sustainable funding is provided for social planning councils to produce place-based policy initiatives that reflect the goals of the provincial government on an ongoing basis."

From your perspective, what would sustainable funding look like? Basically what I'm asking is, how much do you think we're talking about?

**Mr. Alex de Wit:** Realistically—again, I can only speak for my own organization. I run the Social Development Council of Cornwall and Area on a budget of roughly \$70,000 a year. We're a one-person organization. I'm the only paid employee of the organization. I think the work that I do is effective to the extent, again, based on only one person working.

I have worked on a lot of projects. I know that Pauline Pratt, who spoke earlier—I read a little bit from the reports that I had written with her; a lot of what I took today was from that work as well. We do work a lot on issues. Like I said, employability—in the spring, we'll be hosting a job fair. We work on poverty reduction analysis.

One of my major things that I'm particularly proud of working on right now is in collaboration with the Cornwall Community Police, the local children's aid society and the family services organization to address domestic violence in this city. Over the last couple of years, it has skyrocketed to about three domestic occurrences a day, and it's a town of about 46,000, so that's pretty significant.

We're trying to shift the focus from the victims of domestic assault to trying to do something about early intervention for potential offenders, trying to stop domestic violence before it happens. That's just kind of an example.

We can have a lot of effect with that \$80,000, or with that funding, but you need to allow us to work with that, or understand the limitations of that funding.

**The Chair (Ms. Soo Wong):** Okay. I've got one more minute for Ms. Vernile to ask—

*Interjections.*

**The Chair (Ms. Soo Wong):** Okay. One of you guys—one minute left. That's it.

*Interjections.*

**The Chair (Ms. Soo Wong):** Ms. Vernile?

**Mrs. Laura Albanese:** Go ahead.

**Ms. Daiene Vernile:** Very quickly, Alex: Your passion is so admirable. Thank you very much for caring.

This past August, when Deb Matthews, President of the Treasury Board, was tasked with the responsibility of addressing poverty, she announced a very ambitious project to try to tackle poverty reduction and, in particular, chronic homelessness. How did you react to that plan when you saw how ambitious it was?

**Mr. Alex de Wit:** Well, I read through the plan and, again—I work a lot with the other organizations here in town that deal with housing and issues like that. We thought it's a great first step. It's a great plan. The major concern that we had with it was concerning—sorry; I'm trying to think back to August here—how this is going to affect the rural communities.

People tend to believe that poverty doesn't exist in places like Cornwall because you can't see it. We don't have people living on the streets like you might see in Toronto, Ottawa or Montreal, but we do have homelessness. We do have people who do a lot of couch surfing. We do have people who sleep in their cars in the Walmart parking lot. We do have people who, whatever have you, tend to go from place to place to place.

There's a growing issue with property standards in the community. We have landlords who show up for one day a year or just have somebody collect the money for them and never do anything about the property standards. We have people coming to us and telling us stories about wires—

**The Chair (Ms. Soo Wong):** Mr. de Wit, I'm sorry. The time is up, so thank you so much for your presentation and your written submission.

#### UNITED COUNTIES OF STORMONT, DUNDAS AND GLENGARRY

**The Chair (Ms. Soo Wong):** Okay. The next group coming before us before we break for lunch is the United Counties of Stormont, Dundas and Glengarry. I believe we have T.J. Simpson, the chief administrative officer, and Eric Duncan, the warden for the united counties. Gentlemen, welcome. Can you please identify yourself for Hansard? You have 10 minutes for your presentation, followed by five minutes of questioning, and this round is from the official opposition party. Thank you.

**Mr. Eric Duncan:** Thank you. Good morning, everybody. My name is Eric Duncan. I'm the mayor for the township of North Dundas, the warden for the United Counties of SD&G and the new chair of the Eastern Ontario Wardens' Caucus, which encompasses 13 upper-tier municipalities in eastern Ontario, home to a population of more than 700,000 people. I am joined by our CAO, Tim Simpson, this morning, and we thank you for allowing us to speak.

There are three topics we'll be covering this morning, topics which I'm sure you're aware of in your work at Queen's Park. They are universally important to the mu-

nicipal sector. These are also topics which I strongly believe should be of concern to all elected officials, whether municipal or provincial, as they impact on our continued ability to provide quality, affordable services to our shared residents. What we will be speaking about today are concrete actions that the province can take that will improve municipal fiscal health and efficiency, some without or at minimal cost to the province.

The first topic I will cover this morning is the escalating cost of providing emergency services. One thing is very clear: The cost of providing policing, fire and emergency medical services is not sustainable, and action on several fronts must be taken. The recent changes to the OPP billing model, while contentious—we must give credit to the government for making a decision and acting on that. We spoke to Minister Naqvi at the AMO conference last year. It helps address transparency and the accuracy of that billing, and it was not an easy decision to make, so we certainly appreciate the action in that regard.

At the same time, what we have mentioned at the Eastern Ontario Wardens' Caucus and locally is that it doesn't address the base major need in policing: the overall cost of policing and the escalating costs. The rate of increase for policing and emergency services is sometimes two to three times that of inflation. Macro-level changes must be made to ensure that the system Ontarians have, and have come to rely on, is viable. In some municipalities—the city of Cornwall, which you're in today, is a perfect example—nearly 50% of their budget is on the main three emergency services, leaving very few tax dollars remaining to work on Ontario Works, child care, social housing, homes for the aged, roads, bridges and other infrastructure.

I won't spend a lot of time reviewing the reasons for the increases in the cost of emergency services. However, as you know through your work in association with AMO, I'm sure—which I believe made a submission earlier this week—they include arbitration, the benchmarking of salary increases against one another and a growing pension burden.

There has been a lot of interesting research in the area of alternative policing service models. Of interest to the Eastern Ontario Wardens' Caucus is the research being undertaken in the past couple of years by Dr. Christian Leuprecht of the RMC and Queen's University. The wardens' caucus has worked closely with him. In summary, he recommends things like: prioritizing core policing functions; reducing, sharing and shifting costs; increased productivity through more effectiveness and responsiveness; increased visibility; and managed demand and expectations.

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What should be done?

(1) Review and modernize via legislative change how emergency services, particularly police services, are delivered in Ontario.

(2) Overhaul the labour relations framework which guides and informs the compensation packages for emergency services personnel.

(3) Pass legislation allowing “two-hatter” firefighters. Myself being a mayor in a rural community, that’s a very important topic for us. It is frustrating, the barrier that’s there to allow professional firefighters to serve our rural communities.

I’ll ask our CEO to tackle the second issue.

**Mr. Tim Simpson:** Thank you, Warden Duncan. Good morning, everybody.

The second issue I’m going to touch upon is, again, an issue you’re probably familiar with. It’s reforming the Provincial Offences Act.

Responsibility for administering provincial offences was downloaded, as you probably know, to municipalities in 2001. The context here will be SD&G, where we’re sitting right now. In SD&G, for example, the value of defaulted fines has increased since 2001—so that’s 14 years—from \$9 million, when the transfer from the province happened, to \$31 million. So essentially, in 14 years we’ve gone up \$22 million in defaulted fines. This is largely because municipalities such as SD&G that have responsibility for provincial offences simply don’t have the tools that we need to collect those funds, and the whole system has broken down. Note that it is not a question of the efficacy of collections. When the POA was administered by the province, the same problem was present.

Thirty-one million dollars, I’m sure we’re all going to agree, is a staggering number, especially when we have 65,000 residents and we’ve got \$31 million in outstanding fines. If those funds were paid, they could be applied towards the cost of providing essential services. Warden Duncan has mentioned some of those. Simply put, the administration of justice fails when convicted offenders are not held to account for their actions by being able to evade or avoid paying their duly imposed fines.

Similar to the emergency services issue, groups such as AMO and the Municipal Finance Officers’ Association of Ontario have done a lot of research and advocacy on this issue. The passage of Bill 31, which I understand is undergoing second reading right now in the House, is a very positive step, and we welcome that. It will provide new collection tools to municipalities at no cost to the province. In addition to Bill 31, there are other steps that could be taken to maximize the ability of municipalities to collect fines imposed on offenders. So that’s a very positive step.

We believe the most important of these is working with the federal government and municipal partners to develop other collection tools—particularly those related to the income tax, which is available in some quarters but is not available to us—to reduce the number or value of defaulted POA fines. The main message is that every tool possible should be made available to ensure that fines are paid. Not having these tools in place simply rewards offenders and penalizes the taxpayers. As I said, \$31

million in a municipality of 65,000 people is creating great difficulty for us to provide the services that we need.

I’ll pass it back to Warden Duncan.

**Mr. Eric Duncan:** Finally this morning, I would just like to speak about infrastructure funding for a brief moment.

Over the past decade or so, there has been recognition among all levels of government that the development and maintenance of infrastructure is the essential element in maintaining our quality of life and standard of living. I give the Premier credit for speaking to that in Ottawa this week. However, much more needs to be done, as is universally acknowledged.

In SD&G, for example, the value of our county infrastructure assets—our roads, bridges and buildings—is over \$1 billion. That’s not including our local townships and municipalities. The 2014 permanent \$100-million Ontario Community Infrastructure Fund is great news for Ontario’s smaller communities without public transit and will support the development and maintenance of roads, water lines, etc., not only for our counties but our six local townships.

We were disappointed to learn that in addition to the formula-based allocation, there continues to be an application-based component of OCIF. Traditional infrastructure funding programs have relied on application-based allocations. However, application-based infrastructure funding allocations do not serve the interests of municipalities or the province well. At best, this funding method forces municipalities to compete against one another for scarce funds; at worst, it rewards those municipalities who have not wisely managed their infrastructure assets.

To that end, our hope is that, over time, the commitment to increase OCIF funding, as well as move to a full formula-based allocation, will be honoured. We know that’s coming, and that’s good news.

In regard to the disbursement of infrastructure funds, we believe that the province would be wise to emulate the process developed and deployed by the federal government and administered by AMO. Infrastructure funds are allocated on a simple allocation-based formula and administered by AMO. This provides stable, predictable funding, with an efficient and streamlined administration process.

In closing, we hope that the information provided today will be helpful as part of the 2015 budget process. We certainly appreciate the daunting task and the many presentations you hear over the course of the past few weeks and upcoming, and we thank you for your time. We welcome you to Cornwall.

**The Chair (Ms. Soo Wong):** Thank you very much for your presentation, gentlemen. Mr. McDonnell, would you like to begin the questioning?

**Mr. Jim McDonnell:** Yes. Thank you for coming out today. I guess, where you’re sitting, the finances are very difficult to manage sometimes, especially when you look at the reductions in OMPF funding that you’ve received not only this year but over the last number of years.

You talk about the need to move to allocation-based funding instead of the competition, which sounds, on the surface, as not being that bad, but when you look at the consulting fees being spent by the numerous municipalities trying to compete—just the fact that a small number of them are actually successful—there's a huge amount of money wasted on projects that will never be done. Comment on that?

**Mr. Eric Duncan:** One of the comments that I think one of our colleagues at the wardens' caucus had is that we would rather receive—as opposed to getting maybe \$1 million every four years, it would be great to know that we would have a quarter-million dollars coming in in stable funding every year. That allows us to use our asset management plans more effectively when it comes to that.

The gas tax model at the federal level through AMO has been good in the sense that we know—it varies, I believe; every census, it gets reallocated based on population, but we're able to go forward now in the next four or five years and know how much money we're going to be getting and how we're going to be going.

Again, the step is certainly there with the OCIF funding. The sooner we can get to that more base of gas tax will certainly be helpful because, again, there are still larger projects that need to be addressed, but we can tackle our asset management plans that the province has requested by knowing, again, we're getting X number of dollars every year and know what's coming for the next five.

**Mr. Jim McDonell:** I see the example in the paper just this week in South Glengarry where they have a bridge that's over \$1 million. I know that they've been applying for that money for four or five years. Again, it's another thing where they're saying that they've got a hard stop; they must spend \$1 million this year. They're applying for funding and don't know if they'll get it. It affects your budgeting and financing. It's a huge issue in rural Ontario.

**Mr. Eric Duncan:** I can go back to the gas tax point on that too as an example there. There is the federal gas tax model which they've calculated in that regard, but for the provincial one, once that's set in stone and confirmed and we're knowing what the total amount will be at the end of time, it will be helpful because, again, they could know that financing is available to perhaps borrow from reserves and pay back. So it's the unknown aspect there of what's coming in the future in the next couple of years, and perhaps in set payments to know that it could be paid off in a certain number of years. That's a good local example of how that could work better. I think Tim may have a comment on that.

**Mr. Tim Simpson:** Yes. I certainly echo what Warden Duncan has said about the infrastructure fund. Obviously it's welcome and it's necessary. We just think that the current process, partly based on allocation and partly based on an application, does not, for the reasons—rewarding poor asset management and the competition, which is to your point. The ability to create the funds

necessary to do that vital infrastructure is not in the best interests of the taxpayers, either locally or provincially.

There are different models out there. Certainly the wardens' caucus, last year and through AMO, has strongly advocated for many years that, now that we've got the ability to have some of that infrastructure funding, let's get a process in place that is as efficient and fair as possible. We're talking about the federal model. There are different models than that, but we believe that that model over the years has evolved into a very good model: very low on the administrative end, easy to comply with, the auditing rules are easy, and it's administered by AMO, so it works very well. We're hoping we can move more in that direction.

**Mr. Jim McDonell:** I know, looking back, your provincial funding is less than it was in 1999, so if it wasn't for that federal gas money, you'd really be in a lot of trouble.

The OPP costs: I know you were a winner this year because the plan is more equitable, but the plan across the province still costs the same, plus 8.5%. Emergency services are taking a huge chunk out of our budget and it's a fund that, for the most part, you have no control over. You don't negotiate the contracts, the officer numbers are dictated by the province, but you are forced to pay the bill. How do you manage that?

**Mr. Tim Simpson:** That's a good point, and, again, to what Warden Duncan was saying about policing costs: The shuffling the deck on “who pays what” I think was a necessary exercise. It was a painful exercise at times, but certainly we have to give kudos for doing it. But it doesn't address the macro issues that we have. Whether you have a municipal police force or whether you're contracting with the OPP, those macro issues are there. They've manifested themselves for years, and that manifestation is just getting worse and worse, and it's not sustainable. Cornwall is a separated municipality, as you know, but there is 50% or more that they have zero control over in terms of what their costs are.

What we're saying is, let's work together on some of these macro-level issues. There's a lot of work being done at the provincial level—provincial associations and academics that the warden mentioned. Let's take that and let's emulate what some other jurisdictions are doing, whether it's internationally or nationally, and get a handle on this thing, because eventually, like a house of cards, it's going to collapse.

**The Chair (Ms. Soo Wong):** Okay. One last question in the last minute, Mr. Clark, to the witnesses.

**Mr. Steve Clark:** Thanks, Chair. Thanks very much for your presentation. I was glad to see both of you at the Eastern Ontario Wardens' Caucus last week.

I appreciate the comments about emergency services. MPP McDonell brought that up.

Back to penalizing well-run municipalities: I think your point is well taken about the infrastructure funding. More and more, we're seeing well-managed municipalities penalized by this government and not being given

infrastructure funds. I appreciate that predictable, stable funding is the only way to go.

A quick question, on the double-hatter, the two-hatter, is—I've heard it from many municipalities—how would that benefit, if the government would move quickly on that piece of legislation? I think they're not realizing the impact that it has in rural eastern Ontario.

**Mr. Eric Duncan:** I think the first thing that comes to mind with that question of double-hatters is, when it comes to training in our small rural communities, there are several—with the city of Ottawa being our nearest jurisdiction, and I'll use the township of North Dundas as an example, with the scheduling changes and that, it's making professional firefighters more available who live in rural communities. However, there's that grey area, or the frustration there.

The first thing that I know many of our firemen and firewomen have spoken about is better access to training. They're being trained as part of their regular routine in there, and having the opportunity to play a leadership role in our smaller volunteer forces is certainly something that's helpful and can help lower overall costs on that.

The other aspect we always mention is with the Office of the Fire Marshal. Things are changing in that regard, in terms of some of the requirements that are there or the relationship that's there. There are a lot of positives to that. There are some downsides, but having the opportunity for the double-hatters to serve in perhaps a rural volunteer setting really helps. I think, in the long run, it helps the fire marshal's office to have a good liaison there in between. They could play a role—

**The Chair (Ms. Soo Wong):** Okay. Thank you very much, gentlemen, for your presentation. Thank you, Warden Duncan and Mr. Simpson, for being here today, and thank you for your written submission as well.

Okay, folks. We're now going to recess until 1 o'clock for lunch. Please come back promptly at 1 o'clock, because we have a couple of more witnesses.

*The committee recessed from 1202 to 1300.*

**The Chair (Ms. Soo Wong):** Okay, ladies and gentlemen, we're going to resume the standing committee on economic affairs.

The first witness, or the first presenter, at 1 p.m. is Judith Bobka, so I wanted to check around to see if Ms. Bobka is here.

*Interjection.*

**The Chair (Ms. Soo Wong):** Mr. McDonnell?

**Mr. Jim McDonnell:** I know that Ms. Bobka had a stroke just last week, and she's in the hospital. I was wondering if she had somebody else from the group come, but I don't see them.

**The Chair (Ms. Soo Wong):** Okay. Mr. Clerk, we don't have anybody representing Ms. Bobka, right?

*Interjection.*

**The Chair (Ms. Soo Wong):** No. Okay. We're going to go on record as calling her name for this committee, and maybe the staff can follow up to see if she would like to do a written submission to the committee, because she

can still submit until next Friday, right? Okay. So if you can pass on that message to her, Mr. McDonnell.

DR. THOMAS BAITZ

**The Chair (Ms. Soo Wong):** The next witness at 1:15: I'm going to check to see if Dr. Thomas Baitz is here. Is Dr. Baitz here? Dr. Baitz, can you please come up? I know we're a little ahead of schedule. Please come up and sit on that chair. Dr. Baitz, we're a little early, because the previous presenter is not here.

The format is that you will have 10 minutes to speak and five minutes for the committee to ask you questions. This round of questioning will begin with the opposition third party.

Please introduce yourself. If there's any organization you represent, Dr. Baitz, you can let the committee know, and for Hansard purposes. You can begin any time. Thank you.

**Dr. Thomas Baitz:** Thank you very much. I have been up since 6:15 in the morning, so it doesn't matter that I'm a bit early.

Honourable members of the provincial Parliament, committee members, ladies and gentlemen, it's a great privilege to make this presentation to you. I most appreciate the opportunity to reflect my thoughts, observations and overview of many discussions that I have had with many people in and out of the health care field.

My name is Thomas Baitz. I received my MD in Alberta and have been practising specialty medicine for many years—for decades—in Ontario. My purpose of this presentation is really to assist the taxpayers of Ontario to receive the best health care they deserve, but in the most economic fashion.

I do believe that there is no society in the world that, in the health care field, can provide everything to everybody, especially within an anticipated and desired, but not necessarily required, time frame. Therefore, we have to maximize the coordination of needs, expectations and resources.

My perception is that even universities do not adequately emphasize or place adequate priorities on three areas, namely, communication skills, fiscal responsibility and interprofessional and even broader societal teamwork. Therefore, I would like to put special emphasis on these three areas, especially the second and third, in my presentation.

In terms of fiscal responsibility, especially with the Canadian economic health care model, we have three partners: the consumer public, the health care professions and the paying public, as mainly represented by the government. In our society with our fiscal model, all three partners have increasing responsibilities to facilitate affordable but superior health care.

We need a more disciplined approach by the consumer public. Too often services are requested and demanded, not because of perception of possible negative consequences when unattended, but for the sake of convenience. We need a more disciplined consumer public.

For example, there is a relatively high frequency of no-shows for tests or other appointments, even when reminder phone calls are made. Every no-show requires extra resources for rebookings, delayed scheduling for those who could have utilized the now empty space etc. Politicians and health care providers may be blamed for waiting times, while some of the public also contribute to it with no-shows or late cancellations.

Many no-shows cost significant amounts, as technicians may be idle, but also isotopes and other materials with a short half-life have to be prepared prior to a test and cannot be reutilized subsequently. Yet these no-shows and very late cancellations do not result in negative perceptions or consequences to the individual. Thus individuals may not know the damage they cause or may not recognize that their conveniences did override the priorities of the paying public.

Utilizing professional services for minor issues is not uncommon. Excessive demands for medically unnecessary or unrealistic undertakings for self or a relative occur too frequently. For some, there is an unspoken attitude of my rights overriding our straining public resources.

The government has a major responsibility to encourage wise utilization of resources, yet there is no sign of any political party taking a strong stand in favour of a more disciplined and more responsible approach by the public. We need information and education, not draconian rules and regulations, but intensive public discussions on how to reduce unnecessary utilization of limited and expensive resources.

The health care professions also have unfulfilled responsibilities to facilitate more appropriate utilization of our resources. The productivity of salaried people appears to be significantly lower than of those who work fee-for-service, yet overutilization by those working on a fee-for-service basis also needs to be avoided.

Unnecessary tests and procedures need to be curtailed. As an example, even the value of an annual physical examination or checkup is questioned.

We need far more reliance on evidence-based medicine to do what needs to be done but avoiding doing what has not been shown to be of value. Furthermore, duplication must, by all means, be avoided. All of us have a responsibility to communicate with all involved health care professionals: share data, share directions of involvement and have synchronized approaches.

Too often, higher-ranking professionals feel that their involvement needs justification by just one or more extra test ordered, one or more change in medications, repeating already existing information etc. It is human that we need to justify our involvement. It is hard to say that everything is already done correctly by others, so we inadvertently or subconsciously may feel that we just have to do something to justify our involvement. We professionals need better tools to know what is necessary and what is unnecessary in our practice, what are unnecessary steps that we deliberately or subconsciously may take to justify our involvement and when we ought to say the words “I

don’t know,” or, “There is no need for me to do anything differently.”

The resources for us to practise excellence without excessiveness are not as readily available as they should be. More widespread involvement by independent health care economists and epidemiologists at all levels, including and especially at the university level, would help to reduce uneconomical and unnecessary doings.

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There is inadequate consideration of cost-benefit analysis. Data are scarce or not adequately presented to allow choices where the best outcome at the lowest cost is analyzed. We physicians are mostly not aware of the true cost or the cost benefit of investigative or therapeutic steps and therefore often we do not know how to practise the most cost-effective health care. Even clinical practice guidelines by expert panels offer only “best practice,” without economic considerations. We do not have the tools, for example, to compare two different tests or various interventional techniques in terms of their accuracy versus their cost compared with each other for a given condition. Thus, we may inadvertently choose the more expensive one when a cheaper and equally or almost equally satisfactory test or procedure or treatment would be available. Thus, far more intensive dissemination of cost-benefit data to health care professionals would be required. Therefore I would desperately like to see a major focus on clear definition, both in terms of benefit and cost, for every test and every procedure that we request or undertake as professionals.

Rules and regulations are not the answer in my opinion, but very intensive information and education of both the public and the professionals regarding resource utilization is needed. That, in my opinion, is a necessary step to be taken by the paying public, i.e. the government, as soon as proper steps can be implemented in that direction.

Many thanks for your kind attention.

**The Chair (Ms. Soo Wong):** Thank you very much, Doctor. I think this round of questioning is for Ms. Fife.

**Ms. Catherine Fife:** Thank you very much for taking the time to come in and share your thoughts with us, Dr. Baitz. Are you the same doctor who actually advocated for Cornwall to have a dialysis machine?

**Dr. Thomas Baitz:** Yes.

**Ms. Catherine Fife:** And now they have two.

**Dr. Thomas Baitz:** Yes.

**Ms. Catherine Fife:** And at the time, the Ministry of Health didn’t think that this community deserved a dialysis machine, is that true?

**Dr. Thomas Baitz:** I have no knowledge about the behind-the-scenes actions. I cannot answer that.

**Ms. Catherine Fife:** But would you say that those two dialysis machines have made an immense difference in the quality of health for the people in this region?

**Dr. Thomas Baitz:** Absolutely. My secretary donated her kidney to her husband to avoid dialysis—having to go to Ottawa and so on at the time when we didn’t have any. There are hundreds of people who have benefited from it. I am a founding member of the Canadian Society

of Nephrology, so I do know how much tremendous value it is to sustaining life.

**Ms. Catherine Fife:** You also advocated for a diabetes clinic in Cornwall as well, did you not?

**Dr. Thomas Baitz:** I am very proud to be the recipient of the 1986 Canadian Diabetes Association Banting prize for establishing the diabetes clinic in Cornwall. It's multidisciplinary; we do need interaction with the different team members. It's not a solo adventure. In today's world we do need excellent interprofessional, long-term planning.

**Ms. Catherine Fife:** Sure. So there are smart ways to invest health care dollars that contribute to the overall health of Ontarians, and add, perhaps, a more diagnostic quality to them as well.

I did want to mention, some of your themes are that there's duplication and that there are repetitive health care measures that are costly and should be prevented, and yet you sort of indicate that it's not more about rules and regulations. It's about education.

Today, we're here, though, listening to people around the province—and in particular in this area—to see where budgetary priorities should be. Can you speak specifically to funding in health care and share your thoughts with us on where you think the most powerful investment is for health care?

**Dr. Thomas Baitz:** I fully understand the difficulties that the legislative committees have, because you require obvious attention to the bottom line. I am really not an economist, so I would be very hard-pressed to give immediate solutions. My perspective is more a long-term approach where nobody in the world, to my knowledge, adequately pays attention to the cost of health care—by the professionals or by the public, only by the politicians, and very justifiably and necessarily so.

So I am a little bit at a loss to answer your question, but my perspective is for long-term planning to have a much more dedicated effort to involve the professionals in the costing of health care services rather than only the provision of health care services.

**Ms. Catherine Fife:** Very good. Thank you very much for coming in today.

**The Chair (Ms. Soo Wong):** Thank you very much, Dr. Baitz. Thank you also for your written submission.

**Dr. Thomas Baitz:** Thank you very much for your kindness.

#### DR. SASHA HAMID

**The Chair (Ms. Soo Wong):** The next presentation is by Dr. Sasha Hamid. Is she here? Okay. We're ahead of schedule. Let's hope that we stay the course.

Thank you and good afternoon, Doctor. You have 10 minutes for your presentation and five minutes for questions from the committee members. This round of questions will be from the government side.

When you begin any time, Doctor, please identify yourself or whichever organization you represent. Thank you.

**Dr. Sasha Hamid:** Good afternoon, everyone. Thank you for having me today. I'm very honoured to be here.

My name is Sasha Hamid and I am a chiropractor at the ByWard Chiropractic Clinic. I have been practising full time for the past nine years. In the city of Ottawa, we have two clinics. We have a full-time staff of six chiropractors and 13 registered massage therapists who are serving the MSK, or musculoskeletal, needs of the people of Ottawa. Our patient base spans the spectrum in the city, which includes federal and municipal government employees, our men and women in uniform, and senior citizens. Each of these groups face challenges when it pertains to timely access to health care.

MSK conditions—musculoskeletal conditions—such as low back pain and neck pain are among the most prevalent challenges facing our health care system today. Chiropractors who are expertly trained in the assessment, diagnosis, treatment and management of MSK conditions are well positioned to play a key role, an increased role, in providing this care to enhance the patient experience and improve patient outcomes.

Ontario's Action Plan for Health Care identified the importance of improved quality of care, increased access and better value for money as fundamental to a high-performing, patient-centred and sustainable health care system. Key to this action plan is the commitment to ensuring Ontarians have the right care at the right time in the right place. As the government continues to transform the health care system while simultaneously seeking ways to reduce costs, chiropractors can help.

Low back pain is a condition the government has identified as particularly pervasive and costly. It is estimated that up to 80% of the population experiences low back pain at some point in their lifetime. In 2012, nearly one out of five people in Ontario reported having chronic back pain.

The Public Health Agency of Canada found that in 2008, direct costs associated to low back pain in Ontario amounted to more than \$390 million, and in 2013, Ontario's WSIB reported that over the previous 10 years, the lumbar spine was a leading part of the body being injured, accounting for 17% to 18% of lost-time claims.

Reduced productivity has a significant impact in Ontario's economy. It is very common for patients with back pain to be referred to an orthopedic surgeon, contributing to long wait times of four to nine months, only to find out that up to 90% of these patients are not surgical candidates. These patients then return to their primary care physician, further extending the time it takes to receive care and adding costs to our system.

Mrs. R., 65, is a patient of mine. Four years ago, she went to see her family doctor for chronic hip and back pain. She was a vibrant woman whose independence and mobility were severely compromised due to her chronic pain. Her family doctor was able to squeeze her in for a brief visit and, without an exam, told her that she needed to see a specialist about a hip replacement. Mrs. R. was placed on a long list, waiting for a surgical consult, but still had no answers and was in pain.

A friend suggested Mrs. R. try chiropractic. It has been four years since Mrs. R. presented to my clinic for a second opinion, and I'm sure, had I asked her, she would have been very grateful to come here today to sit back there championing. Mrs. R. is an active grandmother who no longer has hip pain, who no longer has back pain and has taken up running at 65. She never needed to go see the orthopedic surgeon and she freed up that appointment time for someone else who truly was in need.

I had another patient just last weekend who was suffering from excruciating back, neck and arm pain. Mr. P. presented to me after an unsuccessful trip to the ER, where after seven hours he left, tired, frustrated and still in pain, without even seeing anyone. He came to see me Monday morning, and I am pleased to say that with some chiropractic care and home care exercises, Mr. P. was back to work Monday morning for a busy week of union meetings and has shown a 75% improvement this past week.

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We also have examples of interprofessional collaboration. Our clinics in Ottawa have positive working relationships with family health care teams such as Bruyère, Primrose, Ottawa university and Sandy Hill Community Health Centre. We have relationships where physicians and nurse practitioners refer their MSK patients to us. We have spent time and effort over the years engaging with these health care professionals, who now understand the value of chiropractic in the health care system, and we share patients. These patients have the right access, the right care and at the right time.

Recognizing the significant costs related to low back pain, the government introduced the Low Back Pain Strategy in 2012, including the funding of two pilot projects to test these new models of care for the treatment of low back pain.

The first was the Inter-professional Spine Assessment and Education Clinic pilot. It is led by the University Health Network and has been operating since 2012. Three sites were chosen as part of this—Hamilton, Thunder Bay and Toronto—and chiropractors and physiotherapists have been hired to provide assessment, education and evidence-based treatments to plan for low back pain patients who have been referred by community primary care providers. The ISAEC is generating very positive results so far, including a significant reduction in MRI ordering, which is saving health care system money. The pilot is set to finish this March.

The second pilot was the Primary Care Low Back Pain Pilot, which was first announced in the fall of 2013. The Ministry of Health and Long-Term Care released an RFP to all interprofessional primary care teams, which included aboriginal health access centres, CHCs, FHTs and nurse-practitioner-led clinics, to apply for funding to operate low back pain programs in their settings. Central to these pilots is the formation of partnerships with local allied health providers with expertise in low back pain, which include chiropractors. In November 2014, the ministry

selected seven sites. Chiropractors will play prominent roles in at least six of these seven sites.

At the same time as the announcement of the PCLBP pilot—that's a tongue-twister—the ministry implemented a policy change authorizing all interprofessional teams to hire chiropractors on either a salary or sessional basis. The policy stands to improve our systemic management of musculoskeletal conditions, of which low back pain is a subset.

While the policy change will serve to improve low back pain care in interprofessional settings, it will have an even broader impact as primary care teams can now hire chiropractors to support musculoskeletal care, including a range of other conditions such as neck pain and shoulder injuries.

The Low Back Pain Strategy, supported by strong partnerships between physicians, chiropractors, physiotherapists and other key providers, has proven fruitful. Minister Hoskins recently noticed that since the launch of the strategy in 2012, there has been an 18.5% decrease in the number of patients being sent for unnecessary X-rays, CTs and MRIs, resulting in savings of approximately \$15 million.

Recognizing the challenges they face in treating low back pain, over 100 professional primary care teams sought to participate in these pilots so they could deliver improved care to their patients.

The demonstrable interest in working with allied health professionals, and chiropractors in particular, is consistent with a recent Conference Board of Canada study on FHTs. The conference board notes that one of the reported challenges associated with delivering chronic disease management is insufficient—or lack of—funding for programs, resources and specialists such as chiropractors.

As such, I am asking, on behalf of my colleagues and myself, that you continue your commitment to enhance low back pain patient care. Specifically, we believe there are two important ways in which you can do so. Firstly, we recommend that interprofessional primary care teams be funded to hire chiropractors to support comprehensive MSK programs. This will promote the immediate improvement of MSK and low back pain care in team settings.

Secondly, we also urge you to ensure that there is funding for a province-wide rollout of comprehensive low back pain models of care based on the results of the two pilots that I previously addressed.

The evidence is clear: The inclusion of chiropractic in the assessment and the management of low back pain reduces system costs. Freeing up funding for interprofessional teams to hire chiropractors would be an investment from which the government can expect notable returns.

Given chiropractors' expertise in the MSK system, the profession is exceptionally well positioned to play a leadership role in helping patients manage low back pain, increase physical functioning and improve their health outcomes, and to do so while reducing the number of

costly, unnecessary referrals for advanced diagnostic imaging and specialist consultations. Greater cost reductions, like the \$15 million already saved through the Low Back Pain Strategy, can be achieved with relatively small, targeted investments in low-back-pain care. Let's help Ontarians suffering from low back pain have access to the right care, at the right time, in the right place.

**The Chair (Ms. Soo Wong):** Thank you very much for your presentation. Before I turn to Ms. Vernile to ask questions, could you submit your verbal presentation to the Clerk so that all the members have a copy?

**Dr. Sasha Hamid:** Certainly.

**The Chair (Ms. Soo Wong):** Okay. Ms. Vernile, do you want to begin the questioning?

**Ms. Daiene Vernile:** Thank you very much, Dr. Hamid. Am I pronouncing your name correctly?

**Dr. Sasha Hamid:** You are.

**Ms. Daiene Vernile:** I want to thank you for taking the time to come here and to give us this very well-prepared presentation today. In my riding of Kitchener Centre, I can tell you that I have met a number of times with local chiropractors, and not just professionally. You mentioned the 80% of Ontarians with back pain; I am one of them, with a dozen years of all kinds of issues. I've had two back surgeries. I'm glad that we have good chiropractors in our community who have brought me a great deal of relief.

First of all, I want to congratulate you for being the 2012 National Capital Fit Day people's choice for best chiropractor. Congratulations to you on that.

**Dr. Sasha Hamid:** Thank you very much.

**Ms. Daiene Vernile:** You talked about the Primary Care Low Back Pain Pilot program. This is supporting the integration of various health care professionals, such as chiropractors, physiotherapists, kinesiologists, occupational therapists and registered massage therapists. We're committing \$2.3 million to this particular project. Can you talk to us about how this investment is helping you? What kinds of improvements are you seeing in patient care?

**Dr. Sasha Hamid:** Well, in terms of the low-back-pain pilot project, and that was in 2013, what we're seeing is a decreased amount of—sorry; I'm mixing it up with the ISAEC. You said the PCLBPP?

**Ms. Daiene Vernile:** The Primary Care Low Back Pain Pilot program.

**Dr. Sasha Hamid:** Right. In that one, I know that there was a large number of people very interested in this project. We had over 100 applications submitted. We know that we have six of seven sites where chiropractors will play a part. As far as logistics and everything else, I don't have that information on me at this time, but I can definitely follow up with that for you.

**Ms. Daiene Vernile:** You're asking for our continued commitment, and I will tell you that I will take your message back to Queen's Park with a very loud voice.

**Dr. Sasha Hamid:** Thank you very much.

**The Chair (Ms. Soo Wong):** Any other questions from the government side? Mr. Fraser.

**Mr. John Fraser:** Very nice to see you again, Dr. Hamid.

**Dr. Sasha Hamid:** Nice to see you, Mr. Fraser.

**Mr. John Fraser:** Thank you for being here.

**Dr. Sasha Hamid:** You're welcome.

**Mr. John Fraser:** That was an excellent presentation of what you've been doing. Part of what I'm doing at the Ministry of Health is in scope of practice, which relates to what you're doing.

I want to ask a question about the pilot project. The seven sites—that's for either a funded chiropractor or a physiotherapist?

**Dr. Sasha Hamid:** We're looking for the inclusion of experts, yes, who deal with the assessment and treatment of low back pain.

**Mr. John Fraser:** But the pilot is actually a funded model?

**Dr. Sasha Hamid:** Yes.

**Mr. John Fraser:** And you also said that the ministry has permitted FHTs to hire.

**Dr. Sasha Hamid:** Yes.

**Mr. John Fraser:** So, that's currently not a funded line project, but that would be a decision that would be made inside the current budget of the FHT. Have you noticed any pickup on that, or have people—

**Dr. Sasha Hamid:** Well, we can tell you from our association that, even just locally, there is definitely huge interest. How it would roll out and how it would play out is an unknown to us, obviously, in terms of how chiropractors will play a role in terms of their livings and how they do things. But when it comes back to the ask, we definitely want to make sure that we have the inter-professional primary care teams being funded to employ the chiropractors, and that the funding is province-wide with the rollout of these sites that we've discussed in the pilot.

**Mr. John Fraser:** Okay. I'm just trying to get to understand the pilot and the announcement that the ministry made. Was the announcement that the ministry made to enable the pilot or is it to enable the pilot and also to allow this—

**Dr. Sasha Hamid:** It was to enable the pilot. What we're asking is, with the results of the pilot, to include that in the province-wide rollout—for the results of the pilot to be used province-wide across all of these health care centres.

**Mr. John Fraser:** Okay. That's helpful. I understand.

**Dr. Sasha Hamid:** Okay.

**Mr. John Fraser:** I viewed them as two separate things—

**Dr. Sasha Hamid:** Gotcha.

**Mr. John Fraser:** —where there was permissiveness now and that FHTs may pick this up without being in the pilot. Does that—

**Dr. Sasha Hamid:** There is—yes. Okay.

**Mr. John Fraser:** That's what I'm trying to understand. What kind of pickup have you got with that permissiveness?

**Dr. Sasha Hamid:** There is the ability now for FHTs to employ and have chiropractors on their roster. That is up to them to put out with their business plans, as far as I understand; I'm not part of a working model in that.

Then the other part of it is, with these pilot projects, having the chiropractors on board, but again taking that model and using it, with the province funding it, throughout the province.

**Mr. John Fraser:** Thanks.

**Dr. Sasha Hamid:** Maybe I didn't answer you well. Again, it's my first time presenting and it's a little bit nerve-racking. I can definitely really—

**Mr. John Fraser:** No, you're doing great.

**The Chair (Ms. Soo Wong):** A great job.

**Mr. John Fraser:** I'm having a hard time asking the questions.

**The Chair (Ms. Soo Wong):** Well, thank you very much for your presentation, Dr. Hamid.

**Dr. Sasha Hamid:** Thank you kindly.

**The Chair (Ms. Soo Wong):** I have just spoken to the Clerk. The next witness is not here yet, so I'm going to recess the committee until 1:45.

Ms. Fife?

**Ms. Catherine Fife:** Thank you, Madam Chair. I wondered if I could just take this opportunity to ask research to follow up on the cost of purchasing and installing the PET scanner, in addition to the operational costs, at Health Sciences North in Sudbury. It was part of a presentation earlier and I'd like to get a better sense of what the full cost of that would be. Thank you.

**The Chair (Ms. Soo Wong):** Okay. Since Ms. Fife asked the question, are there any other questions outstanding from this morning's presentations that any members of the committee want to ask the research department to follow up? Okay, get your list together.

**Mrs. Laura Albanese:** We'll give it some thought.

**The Chair (Ms. Soo Wong):** Yes, put it together. I'm going to recess the committee until 1:45 because the witnesses and the presenters are not here. None of the other groups coming forward are here yet, but I know the Clerk and staff are trying to call them and get them to come a little bit early because we are ahead of schedule.

So I'll recess the committee until 1:45. Okay? Thanks.

*The committee recessed from 1331 to 1356.*

**The Chair (Ms. Soo Wong):** I'm going to resume the committee meeting. I'm going to call again, on record, to see if Grain Farmers of Ontario is present. Seeing none, I'm going to move on to the next couple of presenters coming forward: the Cornwall Health Coalition and Cornwall and District Labour Council. I don't see them here yet.

#### DUNDAS FEDERATION OF AGRICULTURE

**The Chair (Ms. Soo Wong):** I believe the next one after that is the Dundas Federation of Agriculture: Jacqueline Kelly-Pemberton. Ms. Kelly-Pemberton, can you please come forward? Good afternoon. You can sit anywhere near the mikes there.

As you know, the committee has 15 minutes allotted for your presentation. Ten minutes will be for your presentation, followed by five minutes of questions from the members. This round of questions will be from the official opposition party. You may begin at any time. Please identify yourself, your organization and your position for Hansard purposes. Welcome.

**Ms. Jacqueline Kelly-Pemberton:** Good afternoon, members of the standing committee and staff. On behalf of the nearly 500 members of the Dundas Federation of Agriculture and the 37,000 OFA farmers and farm families, I want to thank you for this opportunity to present today.

Just a little bio on myself—I'm a little nervous.

**Ms. Ann Hoggarth:** Relax.

**Mr. Yvan Baker:** You're doing great.

**Ms. Jacqueline Kelly-Pemberton:** Just a little bio on myself: Together with my husband, Steven, we raise beef and grow corn and IP soybeans for export to Japan on 200 acres in Inkerman, Ontario.

I have had a varied career off-farm, and I am currently self-employed, working in the field of water resources, industrial and municipal bio-solids, as they relate to agriculture. I sit on a variety of committees representing farmers in Dundas county, and I actively lobby on their behalf on agricultural issues at all levels.

I am a graduate of the Advanced Agricultural Leadership Program, AALP class 14, a development opportunity for men and women who want to actively shape the future of Ontario's agriculture and rural communities.

We know that strategic government investments and sound policy and procedures can drive the Ontario economy forward. Growth in the Ontario farm and rural economy will greatly alleviate the fiscal pressures we face, and Ontario agriculture is well positioned to grow Ontario's economy. With prudent investment and policies, we will accomplish growth.

Farming in Ontario delivers results. In 2013, the OFA commissioned an updated analysis of the economic contribution of the Ontario farm sector. The report found that the production from Ontario farms sustained 157,829 full-time-equivalent jobs and wages of \$8.1 billion in 2012. Farm sector economic activity contributed \$3.9 billion in taxes to all three levels of government, including \$1.4 billion to the government of Ontario in 2012. Ontario's farm outputs contributed \$26.6 billion in gross outputs in 2012, with a gross domestic product of \$13.7 billion.

These statistics are based only on the upstream linkages and input suppliers and do not include economic activity that occurs when farm products are further value-added. The additional contributions that can be made by a healthy processing sector are staggering. In the documentation provided, the OFA respectfully outlines the farm sector's recommendations to enable growth and our ongoing contribution to a healthier provincial economy.

The pre-budget submission addresses 12 areas of concern for the farm community, providing specific recom-

recommendations on each. Our top three priorities are the first three issues noted. They are energy, including access to natural gas and electricity rate reduction; funding for municipalities; and rural infrastructure.

Energy represents a significant and rising input cost for Ontario's farm businesses. Any successful effort to reduce energy costs will contribute directly to the bottom line of farms, enabling reinvestment, jobs and sustainable businesses in rural Ontario.

Our farm businesses have already led in adopting conservation methods to reduce energy consumption and costs. Farms will continue to manage costs through conservation, but OFA has identified critical actions that will serve to significantly reduce energy costs on farms. They include taking the necessary action to roll out natural gas pipeline networks across rural Ontario and make the adjustments to electricity pricing.

Natural gas for rural Ontario: We're pleased to see the commitment of the 2014 budget to help extend rural gas services by a loans and grants program. At this time, we ask that the implementation be made a top priority, and specifically, we recommend the following for the budget: Ontario must immediately announce program details on the \$30-million grants and \$200-million interest-free loans to municipalities for expanding natural gas pipelines in rural Ontario, and direct the Ontario Energy Board to work with utilities to set a rural rate for new customers, and include a government low-interest loan program to assist households with hookup costs and installation of gas furnaces and appliances.

Electricity: Ontario farmers are deeply concerned about power rates because of their effect on our ability to hire and do work on farms, and still more seriously, because Ontario power rates compromise the viability of the food processing sector in Ontario. That is the largest part of our home market, and it is essential to remain competitive.

Ontario needs to restore farm and industrial electricity rates so that farms and industry can become more competitive and create jobs here in Ontario. OFA recommends this be done with a phased-in approach as follows:

Announce a return to farm and industrial power rates in the 2015 budget.

Beginning with the 2016 budget, remove half the provincial share of HST on power bills—about \$250 million—and adjust all power rates so that they can go down slightly.

In the 2017 budget, remove the other half of the provincial HST and adjust rates downward again.

In the 2018 budget, use the expiration of the debt retirement charge to allow a third downward adjustment in rates.

These suggestions can be implemented without harm to Ontario's balanced budget plan. In fact, it will grow Ontario's revenue as the newly employed contribute tax revenue on their income and purchases. OFA is convinced that these measures will add over 9,000 new jobs a year each year in Ontario and that the taxes these people pay will quickly grow and cover the costs of giving up the provincial share of HST on power sales in the short term.

Provincial transfers and municipalities: Given municipalities' limited taxing authority and ongoing reductions in the real value of transfers from the province, municipalities have had little choice but to raise property taxes to cover services provided to citizens. This phenomenon results in burdensome and non-competitive taxation of land-based industries such as farming.

Ontario must increase provincial transfers to municipalities to ensure municipalities do not have to excessively tax property to raise municipal revenues. Alternatively, the province should phase out using property tax revenue to support education funding in order to allow municipalities to redirect this property tax revenue toward supporting municipal services. Ontario must also address the mismatch between municipalities benefiting from the provincial uploads and those facing the OMPF funding cuts.

OFA believes that the portion of the tax burden raised from property taxes is inappropriate. We concur that property taxes are an appropriate means to raise public funds needed to finance the delivery of public services related to property. However, property taxes should not be levied to finance public services for citizens, as is the current practice.

Rural infrastructure investments: Municipal roads and bridges are essential components of Ontario's transportation network, as they connect communities and provide access to economic opportunities. Restoring Connecting Link funding in the budget will help municipalities invest in critical projects across the province. Rural infrastructure is critical to the ongoing competitiveness of our farming sector and to attracting new business and manufacturing to rural Ontario. Infrastructure investment must include rural transportation. Ontario needs to restore provincial funding for Connecting Link.

Ontario needs to ensure its rural residents have access to a similar range and quality of services in infrastructure as their urban counterparts. Provincial investments are needed to ensure rural Ontarians have similar access to health care, child care, education, Internet access, maintained infrastructure, and services delivered by municipal governments.

Ontario farmers stress the importance of investments in rural infrastructure. Properly maintained roads, bridges and culverts allow farmers to transport their inputs to and their products from their farm businesses. Infrastructure enables farmers to do business.

Rural infrastructure is critical to the ongoing competitiveness of our farming sector and to attracting new businesses and manufacturing.

The Ontario government must ensure that Ontario farms and businesses have access to physical infrastructure capable of handling the current and future needs. This includes accessible, affordable, high-quality health care, schools, child care and other public services that our urban counterparts can more readily access. They're also vital to keeping our rural communities thriving and to attracting, again, new investment.

As indicated at the beginning of my presentation, the pre-budget submission addresses 12 areas of concern for

the farm community. I have only prioritized three here today. I ask that the committee take into consideration all 12 areas, and recommendations for each, as you prepare for the upcoming provincial budget.

Once again, I thank you for the time and the opportunity to present today on behalf of the Ontario agriculture sector.

**The Chair (Ms. Soo Wong):** Thank you very much for your presentation.

Mr. Clark or Mr. McDonell? Mr. McDonell, you may begin your questioning.

**Mr. Jim McDonell:** Thank you, Jackie, for coming out today. I know, through my time in this community, that you've been a very big advocate for agriculture and put a lot of work into it, so I thank you for all your time.

You started out with natural gas. I go through last fall, where a number of people I knew left their crops in the field—because the cost of propane was so high—with the hope that in the springtime, they would be able to harvest the crop, which, for the most part, was a failure, as they lost most of it. Maybe you could just elaborate on the importance of natural gas.

**Ms. Jacqueline Kelly-Pemberton:** As discussed and outlined in the documentation, farmers need to remain competitive and have the tools in their toolbox to get their product to market. With the rising costs of electricity and other mechanisms, they're looking for this infrastructure to meet their needs.

As you may or may not know, most farmers are price-takers and not price-makers. The prices we see for our products are commodity-driven, so it's not as if we can correlate the rising costs of electricity into our product as we sell it, because it's driven by commodity.

**Mr. Jim McDonell:** Yes. I think I would just add that it is something that I think has a larger penetration in the States, where there is direct competition. It is a benefit that not only farmers, but the rural areas that support farming, lose out, for the most part, so it is an important item.

You talked about some of the taxing. The farm tax rebate is a large issue, something that used to be paid by the province. Now it's essentially 100% funded by the people who are supposed to benefit from it, the rural area. I think you made a point about how these are large tracts of land that really don't require a lot of tax, but when you take out that income, it penalizes the farming industry, which is our number one employer in this province.

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**Ms. Jacqueline Kelly-Pemberton:** It's true that we need to look at the downloading of costs to rural municipalities and how they manage their tax base. In our area, we are a very agricultural-based community and there are, as you say, large tracts of land that are taxed for services they don't need, require or receive. We need to look at that structure to make it more fair and to help the municipality achieve the needs that they require to make our communities strong.

**Mr. Jim McDonell:** Because we aren't only penalized by the farm tax rebate. When it comes to the gas tax, it's

another area where we don't qualify. Generally, in rural areas, we don't have transit; we just have cars, so we don't get funding for transit in the country. Again, I think as you point out, we're an area where we don't get a lot of the services that you would get in the city. On top of that, we lack the funding for it.

**The Chair (Ms. Soo Wong):** I think Mr. Clark has a question, Mr. McDonell.

**Mr. Steve Clark:** Jacqueline, I just want to thank the Dundas Federation of Agriculture and all your members for your support on Kemptville college. I note that in your presentation you talk about agricultural research and education, trying to meet the Premier's agri-food challenge. I think it has been pretty clear by your members that the only way we're going to meet the Premier's job numbers is with a robust agriculture education program, and I would just love to have your comments. It's great that I've had your support to have the government finally make an agriculture commitment to Kemptville. If you have anything to add on behalf of your members, I'd appreciate hearing it.

**Ms. Jacqueline Kelly-Pemberton:** I think the members in eastern Ontario were very supportive of continuing education for the agriculture sector in Kemptville. As we lay out here, it is very important to have access to high-quality education. As an industry, we're asked again and again to meet the challenges that the province requires to achieve your commitments and your goals, and that requires a strong educational facility.

With the technology, we're advancing in leaps and bounds. We're struggling to find suitable employees who have the skill sets to attain those services that we require. When our children have to go such distances to be educated, there's a loss at the home for that because they are still required to work on-farm and help at the home community. In effect, they bring that education back. In fact, they teach their parents, and that's vital for succession and the future of agriculture.

**Mr. Steve Clark:** Thank you very much.

**The Chair (Ms. Soo Wong):** Thank you very much for your presentation, and your written submission as well. And thank you for coming early.

**Ms. Jacqueline Kelly-Pemberton:** No worries.

**The Chair (Ms. Soo Wong):** I'm going to do a last call for the Grain Farmers of Ontario. Are they here? Going once. I guess not.

#### ONTARIO HEALTH COALITION, CORNWALL CHAPTER

**The Chair (Ms. Soo Wong):** The next presenter is the Cornwall health coalition and Cornwall and District Labour Council. Are they here? Yes, okay. Are you Elaine MacDonald, the chairperson?

**Ms. Elaine MacDonald:** Yes.

**The Chair (Ms. Soo Wong):** Welcome. Come on down. Sit anywhere there; the microphone will be turned on. Ms. MacDonald, you have 10 minutes for your presentation and five minutes for questions from the commit-

tee members. This round of questioning will be from the official third party. Okay?

**Ms. Elaine MacDonald:** Very good.

**The Chair (Ms. Soo Wong):** You may begin, and please identify yourself and your position with the council for Hansard purposes. Thank you.

**Ms. Elaine MacDonald:** Thank you. I'm Elaine MacDonald. I'm the co-chair of the Cornwall chapter of the Ontario Health Coalition, and it's in that capacity that I'm speaking to you today. Thank you very much for giving us this time.

The Ontario Health Coalition, by way of an introduction, is the largest public interest group on health care in Ontario, representing more than half a million people in our network. We have more than 400 member organizations and we are comprised of a network of more than 70 local chapters, of which Cornwall is one.

Our mandate is to uphold single-tier public medicare under the principles of the Canada Health Act. We encourage democratic public debate about public policy decisions and advocate for the public interest in health care.

In addition to the work each coalition does locally, we hold a provincial assembly each fall for representatives from all of our member groups, where we monitor the state of public health care in the province. So the concerns I express here today arise from both our local collaborations and from observations shared by members at the provincial assembly.

Our local coalition brings three concerns. The first is province-wide. It is the government promotion of private clinics and the progressive, piecemeal privatization of the public system that it entails. It's early days in this movement, but we fail to see any long-term good coming of it beyond the shortened wait times for a few, which hardly balances the grave danger to the integrity of the public system. Our second concern is closer to home: the underfunding of long-term care and home care in the Champlain LHIN and, finally, the simple, irrefutable fact of the indirect but very real inaccessibility that long-distance health care entails.

Regarding the private clinics, our fears of progressive privatization come from the government's position as articulated in the 2012 policy summary Ontario's Action Plan for Health Care. We agree with the premise that there are many shortcomings to the current system and that the government has a lot to do to meet the needs of the population, but we feel the course outlined in the document will take us in the direction opposite to the goal. In the action plan, the government commits to the relocation of medical procedures to private, non-profit clinics. Actions and policy moves subsequent to the publication of the document bear out our fears.

Furthermore, in spite of the government's avowed support for non-profit private clinics as articulated in the document, most of the private clinics that are springing up are for-profit clinics. For-profit clinics disenfranchise the mass of the population; they increase the cost of health care, with the user making up the difference from

supplemental private insurance or out-of-pocket payment; and they create a two-tier system, which is contrary to the principles of medicare.

Furthermore, the viability of our public hospitals is challenged by the development of private clinics because, as the clinics develop, our community hospitals take one more in a long series of hits. Private clinics performing diagnostics and surgeries destabilize our public community hospital budgets and funding. As procedures are moved out of the hospitals into the community, into private clinics, funding for those services follows and hospital budgets are further hollowed out than they are now.

Furthermore, given the hospital capacity and responsibility for acute care, we anticipate that private clinics will skim the easy, less complex procedures off the top and leave the more complex and costly ones for the hospitals, increasing the strain on their budgets in a system that funds procedures by number rather than by case challenge or complexity. With annual increases to base funding of hospitals at 0% for three years now, the hospitals are stretched to the breaking point, and the development of a system of private clinics will increase the pressure on them.

The hospital system in Ontario has been stressed and compressed beyond reason, with 20 years of restructuring, which has entailed amalgamations, downsizing, bed cuts and whole hospital closures. Given the turbulence of the amalgamations, downsizings, closures and contracting-out of services, and the stress of a 0% annual increase, cuts are inevitable, and they continue to occur.

Last year in Cornwall, four lab positions were cut as our hospital assigned its lab services to EORLA. Like every other cut, the move was presented in terms of enhanced patient care and cost-effectiveness, but we think that they are the inevitable results of budgetary rationing, of making do, rather than voluntary choices to better serve patients. We think that the government has to realign its priorities with the needs of the people of Ontario. This isn't health care reform we're experiencing; it's a progressive dismantling of the public system and a shifting of responsibility and funds to the private sector.

This brings us to the second area of concern: the inadequacy of the home care system. Delivering care where people want to receive it and ensuring that they are cared for in place, at home where they want to be, with the government providing appropriate care at a fraction of the institutional cost, would suit us all, from taxpayers to politicians to patients. We wish it were so, but we recognize that only the first part of the transformation in care has taken place. The beds have been closed—some 1,800 since 1990—and the hospital services have been constricted, but the home care infrastructure needed to replace the institutional resource is wanting. Long wait-lists are endemic throughout the sector and always have been, with supply nowhere near the demand. This fall, in the face of a huge budgetary deficit at the CCAC level within the Champlain LHIN, there were drastic cuts made to home care services. In October, some 500 home

care patients were reassessed and discharged, with no change or improvement in their condition. They weren't declared well or whole; they were simply victims of the LHIN's response to a budgetary shortfall in the millions of dollars. People simply didn't qualify for care anymore. The benchmarks had shifted upwards, so a patient needed to score 14 plus in acuity measures, on a scale of 28. At the same time, in 2014, the CCAC and the Champlain LHIN experienced a 20% increase in referrals, a 36% increase in the number of clients who needed ongoing care and only a 6% increase in funding from the Ministry of Health. This is not reform of the system; this is abandonment of the system. The province's Home First policy is rendered meaningless in the face of home care cuts.

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Sadly, as the public system has demonstrated to be inadequate, people will seek out alternatives. They won't make an explicit choice of a private resource over a public one, but they will simply access the only recourse available, which may well prove to be private, if the government continues to starve the public system and divert resources to private for-profit clinics. People are losing confidence in the public system because, too often, it's just not there for them. I know a number of individuals who supplement their access to public health care in Ontario with private insurance, or membership in private health groups, so they can get the care when they need it. We're seeing a kind of backdoor creeping privatization in the system, and the government, through its neglect and failure to sustain the system, is complicit in the privatization, in spite of election promises to the contrary. Sadly, the purchasers of private insurance are too often politicians.

I hope I haven't missed a page. I had prepared—

**Ms. Catherine Fife:** No, you haven't.

**Ms. Elaine MacDonald:** No? Very good.

Shortages and rationing of services are just plain wrong and they call out for a response—I did miss one important point. I didn't want to dwell on long-term care because I know our MPP has been very diligent in working to bring the government's attention to the dearth of long-term-care beds. In spite of Chantale LeClerc, the CEO of the Champlain LHIN, saying that we have more beds per capita than other LHINs in the province, our local reports indicate otherwise. So I hope that will get sorted out, and I thank MPP Jim McDonnell for being on that case.

Shortages and rationing of services are just plain wrong, and they call out for a response, and the only reasonable response is greater investment. The Standard-Freeholder edition of Wednesday, January 21, reported that the Community Support Coalition for the eastern counties has approached the counties council of SDG for a 10% hike in the annual support they give the coalition, which has been necessitated by a freeze in government dollars.

One of the challenges the Community Support Coalition faces is responding to clients' growing transportation needs—and that's a convenient segue to our third concern. There is no area in which people feel so

abandoned as in the distance they must travel to access care and the length of time for which they have to wait for it. Since the LHINs were established in Ontario and services have been moved into centres of specialization, people experience many disconnects between their health care needs and the resources they can access. Accessibility is, after all, one of the five principles of medicare, and people need to experience easier, closer-to-home access. That cancer care is apparently coming to the Cornwall Community Hospital is a welcome and essential prospect. But other procedures, too, are routinely referred to Ottawa for treatment. Travel arrangements constitute an extra layer of expense and stress, over and above medical considerations, especially—

**The Chair (Ms. Soo Wong):** Ms. MacDonald, can you wind up your presentation, because you had 10 minutes—I know you have given us a written submission—and also to allow the time for Ms. Fife to ask you some questions about your presentation?

**Ms. Elaine MacDonald:** Sure.

**The Chair (Ms. Soo Wong):** Ms. Fife.

**Ms. Catherine Fife:** Thank you very much, Elaine, for coming in and sharing some of the specific concerns for this area. There is obviously some crossover, especially with the north, because the travel distances are a commonality.

The creeping privatization: This is a real issue, and with every year it's getting worse and worse. Do you want to speak to the quality of that care? The CEO of our local hospital calls those colonoscopy clinics Scopes R Us, because they're done outside of the hospital centre, and only if there's a complication do they end up, of course, back relying on the hospital—

**Ms. Elaine MacDonald:** Yes, I know. And it's not just the quality of care, which has been demonstrated to be substandard in many instances, but it's the fact that the private clinics frequently extra-bill. They are, in effect, setting up a direct challenge to the Canada health care system, and governments seem to be reluctant to regulate them in any meaningful way. In fact, the specific instance that's on everybody's mind right now being enacted in BC with Brian Day—I think it's his challenge to the government rather than the government attempting to regulate his private clinics that has caused the case to be in the courts.

**Ms. Catherine Fife:** And the billing, I think, is also a problem, right? If you're a for-profit private clinic and you have a parameter to charge for a colonoscopy, you're going to charge the most amount of money.

**Ms. Elaine MacDonald:** Absolutely.

**Ms. Catherine Fife:** The contracting out of lab services as well has been brought to our attention. There's a duplication there; it's costing more. We've heard about the contracting out of food services, and we know the connection between health and nutrition on folks—also, even housekeeping. Do you really believe that this is a progressive dismantling, with intention, of the public health care system?

**Ms. Elaine MacDonald:** Oh, I think so, especially the more I read about the issue as a follow-up to the assembly that I went to in the fall. Do you know that there are now 800-plus private clinics in Ontario? This has been established by the CBC, not by our coalition, though we accept their figures. Only 3% of them are non-profit clinics. So even on the face of it, they are designed to gain profits.

**Ms. Catherine Fife:** Did you want to touch a little bit on the LHINs? Because I noticed that some of my colleagues were smiling at that last comment. The LHINs were supposed to bring a local approach to health care. Do you want to speak to what's actually happening on the ground?

**Ms. Elaine MacDonald:** What many of us experience—we're very grateful, by the way, for the care that we can access in Ottawa or any other centre to which we can go with an appointment. But the fact is, you tack on three hours of travel time to an appointment when you have to go to Ottawa for it. Obviously, it's not just the specific treatment or procedure that you need that could be the end of a whole series of tests; you go to Ottawa for all the tests, too, that are preliminary to the treatment. Even today, there was an article in the Citizen about the wait-lists coming down at the University of Ottawa Heart Institute, but so often, there are wait-lists within wait-lists, which, added to the distance you have to travel for health care, make repeated trips necessary. That means time off work for somebody to drive a patient to Ottawa—because it is a three-hour trip.

At the same time, we have a wonderful hospital in Cornwall that is undergoing the fifth year of its reorganization and redevelopment, but services are continually being moved out of that hospital. So at the same time that people have to go to Ottawa, our own hospital is being compressed, robbed and gutted, I have to say. I think this is just wrong-headed. It's okay to travel for a specialist, but when travel becomes the routine, the norm, in accessing care, it's gone too far.

**Ms. Catherine Fife:** And so your specific requests around this budget—because the \$52-billion budget item is health care. Do you want to identify where you would prioritize funding in that system?

**Ms. Elaine MacDonald:** Well, what I would do: I'd start with the Ontario bank account, I guess I'd say. I think Ontario, through years of progressive tax cuts, has literally diminished its resources to be able to deal with health care, education and many of the social programs. I think what the government has to do is get serious about collecting revenues. I know that when Don Drummond was commissioned to do his report, he wasn't allowed to address the revenue side of things at all. He was supposed to only look at spending, which is looking at half a problem and trying to come up with a whole solution, which I think is no way to go. So I think in addressing health care and every other—

**The Chair (Ms. Soo Wong):** Thank you, Ms. MacDonald, for your presentation and your written submission.

**Ms. Catherine Fife:** Thank you, Elaine.

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## SEAWAY VALLEY COMMUNITY HEALTH CENTRE

**The Chair (Ms. Soo Wong):** I believe the next presentation will be from Seaway Valley Community Health Centre. Is Debbie St. John-de Wit here? All right.

Good afternoon. Welcome. Please have a seat. As you heard earlier, you have 10 minutes for your presentation, followed by five minutes of questions. I think this time the questions will be from the government side. When you're ready to begin, please identify yourself and your position with this particular health centre. Thank you.

**Ms. Debbie St. John-de Wit:** Good afternoon. My name is Debbie St. John-de Wit. I'm executive director of Seaway Valley Community Health Centre, located here in Cornwall.

Thank you for the opportunity to appear before the Chair and the committee to provide the perspective of the community health sector on the 2015 Ontario budget. I'll begin my presentation by providing information about the community health sector, known herein as the CHC, and about our own centre here in Cornwall. I'll then provide an outline of the main issues we are facing, each followed by budget recommendations to this committee. I'll happily answer any questions you have following my presentation.

I've created speaking notes that are considerably shorter than the presentation in front of you, but I think it will be easy enough to follow. I've highlighted our key recommendations in red and bold.

As an introduction to the sector, Ontario's community health centres are not new. In fact, they've been around for over 40 years. CHCs were inspired by the idea of Tommy Douglas's original vision for medicare. Douglas hoped that our health system would evolve to a point where the focus was more on keeping people well, not just treating them when they were sick. In order to do this, CHCs were designed to deliver primary care in combination with health promotion and illness prevention services, with a strong community development focus. So in addition to promoting the health of individuals and families, community health centres specifically implement initiatives that address those social, economic and environmental problems that negatively impact people's health and well-being. We share a strong commitment to advancing health equity, and we recognize that access to the highest attainable standard of health and wellness is indeed a fundamental human right.

Seaway Valley is a community-led, not-for-profit organization funded 100% through the Champlain Local Health Integration Network. However, many of the services we offer are delivered through innovation and in-kind contributions with several organizations. For example, we operate a satellite office in North Dundas county, in Winchester, where we deliver primary care in space that's 100% donated by the municipality. Other partnerships include working with the University of

Ottawa Heart Institute to deliver a cardiac rehab program locally; with the memory disorder clinic from Champlain, working with the CCAC; we have addictions counselling services offered in-house through Cornwall Community Hospital; and many, many more. Indeed, we have more partnerships than we have services funded directly through the Champlain LHIN.

All of those innovative programs and partnerships do not cost taxpayers one additional dollar. They're designed using a common-sense approach to local service delivery.

Seaway Valley is one of 75 community health centres in Ontario with a specific mandate to serve marginalized populations who traditionally face barriers to accessing health services. You no doubt are familiar with a CHC in your riding providing services to vulnerable people, including seniors, low-income individuals and families, the GLBTQ community, newcomers to Canada, people with disabilities, francophones, aboriginal populations and those living in rural and remote communities.

May I remind you that community health centres are the only primary care model in Ontario funded to provide health services along with a range of health promotion and community development services. I can assure you, we are making a difference.

We support the government's decision to move services to the community. In 2014, the government committed to increasing overall funding for home and community care services by an average of over 5% annually over three years. We also supported the government's move to improve the minimum wage for personal support workers in community care, new initiatives on pension plans to alleviate poverty for seniors, and increased taxes for high-income earners. As income inequality is perhaps the most significant social determinant of health, these measures were welcomed. Our recommendation is to ensure that part of that 5% funding increase be dedicated to community-governed primary health services, to organizations who have not seen cost-of-living adjustments since 2011-12.

We are pleased that the government is working on the evolution of health links, and we support the direction towards coordinated local care and primary care for every unattached patient. Incidentally, our community is cited as the top hot spot in the Champlain region, with the greatest gap in primary care services, in an area where the population has the highest health care needs. We're considered part of those individuals who consume the most health care resources. I ask this committee to ensure the flow of sufficient resources to support our basic infrastructure needs, in order that CHCs can take an active and a lead role in implementing the progressive health links recommendations coming forward. These will support our high-needs populations.

To improve health outcomes, we must ensure unattached clients have access to a health care provider. Many CHCs are having trouble recruiting and retaining health care professionals such as nurse practitioners, or NPs. Did you know that NPs in the CHC sector are paid at a much lower rate than those working in the CCAC sector and long-term-care homes in Ontario? The govern-

ment has increased the nurse-practitioner scope of practice and responsibilities, but has frozen their salaries in the CHC sector for the past six years. Salary corrections must be made to be fair, equitable and competitive in order to ensure staff retention within our sector. If this salary disparity persists, NPs will continue to leave the sector, an issue further compounding staff shortages in our rural areas.

Next, the government must add new base funding to hire more primary care professionals. The government committed to address recruitment and retention issues for primary care as part of the primary care guarantee, and we are asking that this promise be acted upon in 2015, to help keep people healthy and out of hospital, and to save the health care system dollars.

Seaway Valley, in collaboration with the Eastern Ontario Health Unit, delivers the Healthy Smiles program, which provides oral health to children and youth 17 years and younger whose families cannot afford dental care. This service improves the child's physical health, and also improves their emotional self-confidence and overall state of well-being. I commend the government's decision in the 2014 budget to extend public dental programs to low-income adults and seniors, but I have to tell you that I am disappointed that you are planning to wait 10 years, until 2025, before following through on this important promise.

In 2012-13, in Cornwall alone, 879 visits to the emergency department could have been averted with preventative dental care. At a minimum cost of \$513 per hospital ER visit, in Cornwall alone almost \$451,000 could have been spent last year on prevention, instead of on acute care. There is a lack of awareness of the importance of oral health. We want to communicate its importance, and we expect the government to invest and deliver oral health services as they have other health promotion activities, such as vaccinations and anti-smoking campaigns.

People with oral health problems cannot endure 10 more years of pain and suffering, so I ask that you please take action now during the government's four-year mandate, and invest in CHCs and aboriginal health access centres to extend public dental programs to cover low-income adults and seniors.

CHCs see first-hand the impact that poverty and low income have on people. Poverty is one of the biggest barriers to good health. We believe that the 2015 provincial budget presents an opportunity for the government to invest in a wide range of social determinants of health. We tend to focus downstream by treating people when they are sick. However, we need to put energy and focus on an upstream approach in order to improve health and well-being, to avoid higher costs of sickness care in the future.

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We urge the government to continue its investment in the Ontario Poverty Reduction Strategy. In doing so, we ask this government to use the social determinants of health as a lens to develop policy and to prioritize investments that will impact positive health outcomes.

In closing, CHCs believe that good health is much more than something you can get in a medical clinic. We believe that better health begins in our homes, in our schools, in our workplaces and in the communities where we live. Our goal is to work towards a complete state of well-being for individuals, families and the entire community. We ask the government to build a budget with a focus on health and well-being.

Thank you very much for your time, and I'd be happy to answer your questions.

**The Chair (Ms. Soo Wong):** Thank you for your presentation and your written submission. I believe Ms. Hoggarth will begin the questions from the government side.

**Ms. Ann Hoggarth:** Thank you for making time to be here today and for your presentation, Debbie. I'm sure that you do make a difference, and we all appreciate the work you do here in this community.

CHCs are key components of our health care system, and organizations like Seaway Valley provide culturally-based care to diverse groups through medical and allied health services.

When our government came into office in 2003, there was a major health care infrastructure deficit in this province. How has our government's capital investment made a difference to the communities you've served?

**Ms. Debbie St. John-de Wit:** Well, the difference capital investment made for us in this community is the Seaway Valley Community Health Centre in and of itself. We opened in September 2010. Before that, the services that are identified in the document that I've provided you with and those I described were delivered in Ottawa, not locally. Centre de santé communautaire de l'Estrie is available in Cornwall, so the francophone population did have access to many of the services, but locally, only since 2010 has the community health centre existed. So the capital funding certainly helped in that way; it built the whole new centre.

**Ms. Ann Hoggarth:** Great. I'm going to turn it over to my colleague Mr. Fraser.

**Mr. John Fraser:** Thank you very much for your presentation—very thoughtful. The work that you do at the CHC is very important work. Southeast Ottawa is in my riding. There are 13 CHCs in Ottawa. You do serve a very specific and important part of the population which is very hard to reach. It's different in each community. Where I'm from, in Ottawa South, there's a very diverse community with a lot of new Canadians.

I wanted to say one thing to you about the nurse practitioners. We've heard that message about the nurse practitioners in the sector and the challenge with recruitment and retention. That's something that we're looking at and that we're trying to focus on. We do recognize that that's a challenge there, that disparity that exists, and it is significant.

I wanted to ask you about health links. Here in Cornwall, are you part of a health links proposal?

**Ms. Debbie St. John-de Wit:** We're very much part of health links.

**Mr. John Fraser:** Okay. Tell me a bit about that.

**Ms. Debbie St. John-de Wit:** I'd love to. The first two meetings, actually, were spearheaded by Seaway Valley Community Health Centre. We brought the partners to the table, and then as collective partners in this community, we selected the community mental health and addictions program to be the lead. Seaway Valley is co-lead in organizing the health links in this community. We're in the midst of writing the business plan, which is due March 13, so we're very busy at it right now.

**Mr. John Fraser:** Lots of work to be done. Those are fairly significant proposals.

In terms of primary care, what are you looking at in terms of an investment in primary care? Are you talking about physicians or nurse practitioners or—

**Ms. Debbie St. John-de Wit:** Thank you for the question. The Champlain LHIN cannot advocate on our behalf for physician funding. That has to go through the Ministry of Health. So the ends don't meet there. We need physicians in this community, but the LHIN, which is our primary funder, cannot support us and help us in that way. There's no direct mechanism to receiving funding for salaried physicians through the LHIN and no obvious mechanism through the ministry to make that occur. We're working with our LHIN for an addition of nurse practitioners because that's what they're able to support, and that's their responsibility.

We have an ask in to the LHIN right now for three additional nurse practitioners for Stormont-Dundas-Glengarry county, including the city of Cornwall. We're hopeful that that will occur. If the salary, which is a \$25,000 disparity, doesn't catch up soon, even if we are successful in receiving approval in those three positions, we'll be hard-pressed to recruit them.

**Mr. John Fraser:** I do recognize that the CHC in my community as well would like to expand their primary care, mostly to deal with—am I running out of time?

**The Chair (Ms. Soo Wong):** One more minute.

**Mr. John Fraser:** One more minute.

That's why I wanted to see how you were approaching that. Again, I understand the challenge that—

**Ms. Debbie St. John-de Wit:** We'll be looking to nurse practitioners, because that's within the purview of the Champlain LHIN.

This community is losing, I think, 14 physicians in the next couple of years through retirement, and if we haven't got the physicians to replace them—and there's no mechanism that's obvious right now—we're not going to have them in this community.

**Mr. John Fraser:** How would you describe the demographic, the population that you serve here? Just for my own edification and the committee's edification.

**Ms. Debbie St. John-de Wit:** We're just about 20% seniors in the population. In the population we see in the community health centre, 44-to-64 is the greatest population with the highest health needs. Some 49% of the clients we serve—in a survey done in December 2014—have a combined household family income of less than \$25,000 a year. That's the demographic we're serving.

**Mr. John Fraser:** Thank you.

**The Chair (Ms. Soo Wong):** Thank you very much for your presentation.

Before I adjourn the committee, I just want to put this out on the table: Are there any other questions—I know Ms. Fife asked a question—for the researcher for extra information for the committee? Are there any questions outstanding for the committee members that Susan can take back before the final reports go to the minister? Anybody?

Ms. Hoggarth.

**Ms. Ann Hoggarth:** I'm new at this. If there's a presentation that we believe may have some errors in it, do we have to do that? Do we have to go back and find them all?

**The Chair (Ms. Soo Wong):** No, no, no. If there are any questions—let's say, for instance, for the witnesses for today or the last three days, that you want some clarity to their presentation in terms of facts and information. Here's an opportunity for the researcher—am I correct, Mr. Clerk?

*Interjection.*

**The Chair (Ms. Soo Wong):** Yes? Okay. So if there are any questions from the presentations today or the last three days that you have heard, that you want some clarifications in terms of data or that kind of information, here's your chance.

**Ms. Ann Hoggarth:** I'm sorry. I wish I'd known that at the beginning, because I thought—

**The Chair (Ms. Soo Wong):** No, you can still ask.

**Ms. Ann Hoggarth:** Well, it's a little late to go back.

**The Chair (Ms. Soo Wong):** Okay. Mr. McDonell—

**Mr. John Fraser:** I just want clarification: We did hear some issues around a business comparison of diagnostic scans. I think it was a PET scan here in Ottawa. The figures are around the population base and the funding that exists for those ones in Champlain and throughout the province. I'd just like to know that.

**The Chair (Ms. Soo Wong):** Okay. You've got that, Susan? Okay.

Mr. McDonell?

**Mr. Jim McDonell:** There was some talk about the long-term-care bed requirements locally. I'd just like clarification. We've asked for some documentation around the needs versus the facilities.

**The Chair (Ms. Soo Wong):** Okay. You've got that, Susan?

**Ms. Susan Viets:** No, I didn't quite catch that. Long-term bed requirements locally and—

**Mr. Jim McDonell:** Versus the facilities that are available.

**Interjection:** Needs versus facilities.

**Mr. Jim McDonell:** Yes.

**The Chair (Ms. Soo Wong):** Needs assessments. Okay?

I'm going to ask—I haven't asked any questions for the last four days—

*Interjection.*

**The Chair (Ms. Soo Wong):** Yes, I've been very quiet. I've been very quiet.

This morning, we heard the Earth Rangers presentation, and the witnesses talked about the presentation's

focus on young people being in the schools. I think the brochure talks about it. I just want to know what the provincial funding is, through the Ministry of Education, with respect to green initiatives dealing with the schools. Very clearly, they are right there, front and centre. I know that in my district, every single school is recognized as a green school. Therefore, there's something amiss here, because they're asking for over \$1 million over three years. I want to know what percentage of the provincial education curriculum deals with this kind of initiative.

Mr. Clark?

**Mr. Steve Clark:** Well, you know what, Chair? Now that you have brought that up, that got me thinking as well. The very first group today also talked about accessing, or that they have accessed, money from the Land Stewardship Program. So I think it would be important as well to get sort of an overview of the last five years of how the government has funded the Land Stewardship Program. I think it would be pertinent to the rangers' request for funds.

**The Chair (Ms. Soo Wong):** Just so people understand, my question is for the benefit of the committee, because we know, okay? The other thing here is—

**Mr. Steve Clark:** So is mine.

**The Chair (Ms. Soo Wong):** Okay, that's on the table.

For the benefit of the committee, we heard this morning from the Cornwall hospital CEO as well as previous witnesses the last couple of days in Fort Frances and Sudbury about the IT issues. I recall that the ministers, the current one and the previous one, made some announcement about IT. The question for the benefit of the committee, and moving forward, for the minister, is where that IT announcement went. Very clearly, we heard that announcement; all of us did. We heard this morning from the Cornwall hospital CEO, we heard it from community health centres, the aboriginal health centre—they all claim they didn't get any IT. So can the researcher, for the benefit of the committee, clarify and get some data for us to support? Because very clearly, there were announcements. So what did the LHINs and various parties—where did that disbursement of the IT funding province-wide go?

Any other questions for the committee? All right. Mr. McDonell?

**Mr. Jim McDonell:** I just have one final submission that I think people have got, but in case they haven't, maybe I could supply it. It was handed to me and went to many people around the committee.

**The Chair (Ms. Soo Wong):** Okay, so you're going to submit that? Okay. Mr. McDonell has one more report to share with the committee, and we will make sure everybody gets a copy. The Clerk will make sure of that piece.

Okay. Thank you, everybody. We're going to adjourn the committee until next Tuesday at Fort Erie.

*Interjection.*

**The Chair (Ms. Soo Wong):** That's right. Thank you. Have a great afternoon.

*The committee adjourned at 1452.*

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