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(Hansard)**

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des débats
(Hansard)**

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**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

1st Session
43rd Parliament
Monday 13 February 2023

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

Consultations prébudgétaires

1^{re} session
43^e législature
Lundi 13 février 2023

Chair: Ernie Hardeman
Clerk: Vanessa Kattar

Président : Ernie Hardeman
Greffière : Vanessa Kattar

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LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS

Monday 13 February 2023

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES FINANCES
ET DES AFFAIRES ÉCONOMIQUES

Lundi 13 février 2023

The committee met at 1000 in Traditions Banquet Hall, Barrie.

PRE-BUDGET CONSULTATIONS

The Chair (Mr. Ernie Hardeman): Good morning, everyone, and welcome to Barrie.

Mr. Deepak Anand: That was the lightest gavel.

The Chair (Mr. Ernie Hardeman): That was a gentle one?

Mr. Deepak Anand: Yes.

The Chair (Mr. Ernie Hardeman): Okay, well, I'm a gentle person first day of the week.

I call this meeting of the Standing Committee on Finance and Economic Affairs to order. We're meeting today to continue public hearings on pre-budget consultation 2023. As a reminder, I ask everyone to speak slowly and clearly. Please wait until I recognize you before starting to speak.

Each presenter will have seven minutes to make an opening statement, and after we've heard from all the presenters, there will be 39 minutes for questions from members of the committee. This time for questions will be divided into two rounds of seven and a half minutes for the government members, two rounds of seven and a half minutes for the official opposition members, and two rounds of four and a half minutes for the independent members as a group.

ONTARIO SHEEP FARMERS
ASSOCIATION OF MUNICIPALITIES
OF ONTARIOONTARIO FEDERATION
OF SNOWMOBILE CLUBS

The Chair (Mr. Ernie Hardeman): I'll now introduce the presenters for the first panel. It starts with Ontario Sheep Farmers, the Association of Municipalities of Ontario and the Ontario Federation of Snowmobile Clubs.

As I said, you will have seven minutes to make your presentation. At six minutes, I will say, "One minute." And at seven minutes, I will say, "Next presenter." We like to follow that rather closely.

We also ask that when you start your presentation, you make sure you put your name on the record first so we can attribute those wonderful comments to the right face at the table.

With that, we will start the presentations. Are there any questions from the panel? Okay. And the first round of questions will start again, to get them ready—we'll start with the official opposition.

With that, the first presenter is Ontario Sheep Farmers.

Ms. Erin Morgan: Good morning, everybody. Thanks for having me. I'm Erin Morgan. I'm the executive director of the Ontario Sheep Farmers. Thank you for the opportunity to speak on behalf of our 3,000 sheep farmer members.

Ontario Sheep Farmers is a producer organization representing all aspects of the sheep industry in Ontario. Established in 1985 under the Ontario Farm Products Marketing Act, our mission is to enhance producer returns and provide consumers with premium lamb and sheep products by encouraging Ontario sheep producers to provide quality year-round product through advocacy, market development, industry capacity and organizational development.

Recently, Minister of Agriculture, Food and Rural Affairs Lisa Thompson released a new Grow Ontario Strategy to make sure the province's food supply remains safe, strong and stable from farm to fork. This includes key priorities in the plan of increased food production by 30% and increased food manufacturing by 10%. This is a goal our organization, our farmers and our processors are keenly interested in fulfilling, as we only fill approximately 40% of Canadian demand for lamb with Canadian product today. Twenty per cent of this comes from Ontario production, and 20% is production from other provinces, mostly Quebec and Alberta lamb. The rest is imported, mainly from New Zealand and Australia. If our producers are able to increase our production of lamb, the returns to the province are a 5.55-to-1 multiplier. Every lamb produced at \$275 returns \$1,526 to the province; 30% more production will return an additional \$95.4 million to the Ontario economy.

This all sounds like an incredibly good-news story for everyone, and it can be if we have an honest conversation about the risk taken by farmers to achieve that provincial return. Over the last 10 years, the cost of sheep production, according to statistics from OMAFRA, has increased from \$228 per lamb in 2012 to \$357 per lamb in 2022. That's a 57% increase in the cost to produce a lamb in Ontario in just 10 years. Farmers are working hard to reduce their costs on farm and market their lambs when the market is at its peak to maximize their returns. However, both the

cost of feed and the market prices for lamb are unpredictable and out of their control. Markets are influenced by global price fluctuations, and all the other costs of production, including equipment, labour, technology and land, are impacted by inflationary pressures. Without the Risk Management Program, all of this risk is borne by the farmer.

In 2006, when I worked at the Ontario wheat board, a group of grain farmers got together to design a program to manage their cost-of-production risk and address the unfair playing field of US farmer support programs and the success of the ASRA program in Quebec. The idea was a risk management program for Ontario that was an advance on the federal AgriStability program payments that required a farmer contribution in the form of a premium payment. At the time, the farmers determined that the provincial government contribution that would make the program bankable, predictable and sustainable for Ontario's grain farmers was \$250 million.

This Risk Management Program, designed by farmers in 2006 and piloted by the Ontario government in 2007, has become that bankable, predictable and sustainable program for Ontario's farm community today. The sheep Risk Management Program continues to increase enrolment and is a way for the Ontario government to help offset a portion of the risk farmers take to produce the food our province relies on for food security.

The government is asking farmers for innovative ways to increase production in Ontario as outlined recently in the Grow Ontario Strategy. We can see why, with a 30% increase leading to almost \$100 million in economic activity from sheep production alone. RMP is the innovative program government is looking for to support this level of growth. We don't need anything new.

I thank this government for your support of \$50 million. An additional \$100 million in funding for RMP, at \$250 million total annually, will help ensure the program is adequately resourced and responsive to changing market demands. This will help us provide stability to farm businesses by providing insurance against market volatility and rising production costs. RMP fills a critical gap for agricultural commodities in Ontario that are not protected by the supply management system. Ensuring this program is sustainable will allow farmers to better manage risk and focus on greater innovation, their farm's sustainability, farm job creation and new market growth opportunities.

The non-supply managed farm groups in Ontario recently conducted a study of the return on investment provided by the Risk Management Program and learned that farmers were able to increase or retain employment as a result of the predictability of RMP, farmers were less likely to leave the industry or suffer from mental health problems as a result of the program, farmers were able to invest in technology and infrastructure for the future and farm operations enrolled in RMP were seen as better loan candidates by financial institutions.

The commodities that participate in the Risk Management Program include grains and oil seeds, beef, pork, veal and sheep as well as fruit and vegetables in a self-

directed version of the program. Collectively, the commodities contribute \$22.7 billion to the Ontario economy and 333,000 jobs. A 30% increase in output to fulfill Ontario's growth goals will return, at the most conservative estimate, an additional \$14.3 billion to the Ontario economy.

With that context, a request for a \$100-million increase in the provincial government's contribution to the Risk Management Program sounds like a sound investment in the future of agriculture in Ontario.

The Chair (Mr. Ernie Hardeman): We will now go to the Association of Municipalities of Ontario.

Mr. Brian Rosborough: Good morning, everyone. My name is Brian Rosborough. I am the executive director of the Association of Municipalities of Ontario. Joining me this morning virtually is AMO president, Councillor Colin Best. Thank you for the invitation to appear before the committee today.

In January 2020, AMO came to this committee and painted a picture of the provincial-municipal fiscal relationship that highlighted provincial underspending on programs that meet the needs of Ontarians. We showed that Ontario had the lowest per capita spending on programs in this country. We showed that property taxpayers were paying part of the difference through downloaded provincial programs. It illustrated a multi-billion-dollar property tax subsidy to the provincial treasury designed to underwrite low provincial income taxes and provincial budget surpluses.

Some things have changed since then. COVID-19 forced all of us to take stock and to work together to protect Ontarians and to safeguard our economies. Municipalities played an important role as a partner to the province, institutions and the businesses in our communities.

Today, I am going to address three key areas of interest: the housing supply crisis, what the provincial fiscal situation truly reflects, and the homelessness crisis in Ontario.

Municipalities are attempting to make sense of the government's response to the housing supply crisis brought about by the COVID-19 demand spike. And AMO will continue to shine a light on what it believes is wrong with legislative changes that are built on a false premise. The provincial government's assertion that the housing supply crisis can be solved by limiting municipal access to infrastructure funding, eliminating environmental protections or changes to municipal governance is unsound.

1010

Unless the costs of Bill 23 are fully offset by the province, it will account to a transfer of a billion dollars a year from the pockets of property taxpayers, including low-income property taxpayers, into the pockets of developers with little prospect of improved affordability. But municipalities also understand that these laws are now in place and must be implemented as effectively as possible. AMO continues to call on the province for a commitment to work with municipalities on the implementation of these legislative changes, to provide clarity about the

province's commitment to fully offset the financial losses related to Bill 23, and openness to reversing legislative changes that have had unintended consequences.

Increased housing supply is a top priority for municipalities in every part of Ontario. Despite recent legislative changes, municipalities are working with the industry and other partners to find ways of getting more homes built as quickly as possible.

At the same time that COVID-19 created an unprecedented and unanticipated spike in demand for houses in Ontario, it laid bare the failure of Ontario's public policy approach to homelessness. AMO has updated its picture of provincial-municipal fiscal relationships using 2021 provincial data. In 2021, municipal revenues of \$60 billion were invested in the services that people and businesses rely on most: municipal services. That includes billions in services that are funded provincially in the rest of Canada, including health, social services, social housing and homelessness.

In 2021, Ontario continued to have the lowest per capita spending on services of any province or territory in Canada—and this is contained in our submission, which you have. In fact, Ontario's spending of \$11,800 per person is almost \$2,000 per person less than the average expenditure of the other provinces and territories at \$13,800. If the Ontario budget included program expenditures equal to the average expenditures of the other provinces and territories, the Ontario budget would reflect an additional \$28 billion in expenditures.

We live in a province where successive provincial governments have favoured income tax cuts over investment in people and favoured downloading of expenditures on property taxpayers as a means of concealing provincial underspending. In 2023, people in every part of Ontario—in big cities, small towns and rural communities, in the north and in the south—are seeing the direct results of these provincial policies and choices by successive provincial governments over the past three decades.

The homelessness crisis is by far the most visible outcome of these provincial policies. Homelessness is the return on provincial underinvestment. The homelessness crisis in your community is a made-in-Ontario crisis that results from underinvestment and other disastrous policy choices made by successive governments in Ontario. Inadequate investment in health and mental health systems and an outdated approach to addictions have failed people in communities. Provincial policies on income assistance contribute substantially to growing economic disparity and poverty in this province. Failures of the provincial child welfare, justice and corrections systems compound barriers to economic participation and contribute directly to homelessness. The province's failure to engage in meaningful reconciliation with Indigenous peoples creates economic and social disparity and limits opportunity.

The downloading of social housing and homelessness to municipalities in the 1990s hides the fact that our homelessness crisis is a product of provincial policy choices and policy levers entirely within the provincial sphere of authority, financial responsibility and accountability. Ontario's homelessness crisis harms people and families. It undermines the social fabric and economic prospects of

our communities. It imposes unnecessary costs on our institutions, community agencies and government. In reality, the homelessness crisis signals that Ontario's broader prosperity is at risk if the government is not prepared to act.

The government of Ontario has the tools and resources to end the homelessness crisis it has created over decades. It must surely possess the leadership, capability and political will to get the job done. AMO is calling on the government of Ontario to take an integrated and collaborative approach and action to end homelessness in Ontario. Municipalities and partners in all social and economic sectors stand ready to assist with the task.

The Chair (Mr. Ernie Hardeman): We'll now go to the Ontario Federation of Snowmobile Clubs.

Mr. Andrew Walasek: Good morning, everyone. My name is Andrew Walasek. I am the director of stakeholder relations with the Ontario Federation of Snowmobile Clubs, with our corporate office here in Barrie. I want to thank committee members for the opportunity to appear before you today and to share some of the impacts of snowmobiling in this province.

Allow me to begin by simply saying that winter tourism is not easy. The OFSC relies on thousands of volunteers to prepare trails, stake routes and, in some cases, operate groomers. In addition, generous landowners give permission for the OFSC prescribed trail network to connect communities and allow riders a unique experience of seeing all that Ontario has to offer. On this basis, the OFSC operates as a volunteer-led, not-for-profit association.

We deliver two programs on behalf of the province of Ontario: the snowmobile permit program that began in 2001 and the driver training program that began back in 1973. Annually, the OFSC sells around 95,000 trail permits, which supports the work of approximately 180 snowmobile clubs that work tirelessly to make up to 30,000 kilometres of trail available to snowmobilers throughout the winter.

The OFSC is proud of our strong relationship with the provincial government over the years. In 2020, we received the prestigious Rob Fleming partnership award from the Ministry of Transportation for several initiatives, which included new OFSC gift cards that allowed riders to purchase a permit at a discount rate before they received their sled or their VIN. Also, a new online driver training program was launched, which is available in both official languages.

Let's now go into some of the numbers. The snowmobiling industry is one of the largest contributors to Ontario's winter tourism economy. According to our latest economic impact study, the snowmobiling industry can deliver up to \$3.3 billion in economic activity, based on the Ministry of Tourism's approved TREIM model. The study also stated that snowmobiling contributes to the creation of over 11,300 direct, indirect and induced jobs—many in small and rural communities—and it produces approximately \$145 million in tax revenue for the provincial government.

Last year, the OFSC generated \$22.5 million from the sale of trail permits. Permit revenue is used to fund our trail-grooming and operational costs, while the transfer

payment goes entirely to tourism infrastructure projects such as new tourism loops, large-scale bridge replacement and new trails.

In September 2019, Transportation Minister Caroline Mulroney announced a three-year commitment worth \$1.5 million for the improvement of snowmobile trails in Ontario. This funding helped complete 18 infrastructure projects over the past three years and is very much appreciated.

I want to take a moment to share a story from the last time I appeared before the committee, in January 2020. During that presentation, the OFSC made a non-financial recommendation: that the committee consider a request to allow programs such as those under the Northern Ontario Heritage Fund Corp. to expand their eligibility requirements. The OFSC had, until that point, not been able to apply for financial supports for infrastructure or operational equipment, despite snowmobiling being one of the most popular activities in northern Ontario. I'm pleased to share with you that in September of last year, Minister Mulroney was back at our AGM in Huntsville to announce over \$800,000 on behalf of Minister Rickford. This funding is being allocated to 10 projects located across northern Ontario through the NOHFC. Thank you for allowing us to make that recommendation. The system does work.

The total commitment to trail infrastructure improvements this year is an unprecedented \$4.2 million invested in 48 infrastructure projects throughout Ontario. This investment has allowed us to address a growing infrastructure backlog, but more projects remain to be completed. In December, the 16 OFSC districts have identified a further \$7.1 million in projects forecast to take up to 12 months to complete.

Therefore, our first recommendation is for an increased commitment of up to \$2 million for the 2023-24 riding season. Any increase in financial support would go a long way toward the sustainability of the snowmobiling industry and help secure our place as one of the premier winter destinations in the world.

1020

Our second recommendation is to reinvest revenue generated from snowmobile licence plate renewal fees back into the trail system. This is also known as valtag recapture. In Ontario, there are approximately 155,000 sleds registered with the Ministry of Transportation. Sleds registered in southern Ontario have a \$15 licence plate registration fee, while those in northern Ontario can be registered without a fee. In any given year, between 6% and 10%, or between 9,300 and 15,500, of those sleds are registered in northern Ontario. The remainder are registered in southern Ontario with the accompanying fee.

Back on February 22, 2022, the province of Ontario announced the elimination of licence plate renewal fees for nearly eight million passenger vehicles, light-duty trucks, motorcycles and mopeds, effective March 13, 2022. The Premier at the time stated this was—

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Andrew Walasek: —a concrete way we can put and keep more money in the pockets of hard-working Ontarians. As part of the red tape elimination initiative, the province would refund some of the fees already paid.

The OFSC is proposing that the \$15 fee for snowmobiles registered in southern Ontario be reinvested into trail improvements. This could generate between \$1.5 million and \$2 million annually and go a long way towards addressing our infrastructure backlog. As an organization that works to promote the sport and growth of snowmobiling, there's a natural synergy in ensuring the government-mandated fees go directly toward the improvement of the snowmobiling experience.

In closing, the OFSC believes this renewal of our transfer payment agreement and the reinvestment of the registration fees will allow us to continue to provide a world-class experience, both for Ontarians and visitors from out of province.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. That concludes the presenters. We now start with the questions. MPP Fife.

Ms. Catherine Fife: Thank you, Erin, Brian and Andrew, for your presentation—always informative for us.

Brian, that was one of the strongest presentations from AMO in a long time. I think it's a sense of frustration, perhaps, that municipalities are feeling. When Bill 23 was introduced in the fall, in your submission then—because you didn't get the opportunity to come before the committee—you said that it was introduced without consultation with municipalities. Obviously, the timing was questionable because not all councils had been sworn in, as well. And you said, "It illustrates the cost to property taxpayers of transferring a portion of growth costs from private developers to property taxpayers"—that's from your brief. Then you went on to say, "The preliminary analysis indicates the costs for Ontario's 29 largest municipalities could be as much as \$1 billion."

Those warnings that you gave to the government during that time do seem to be playing themselves out. I'm not sure if you knew this, but last week a \$68-million reconstruction project that would lead to the creation of 800 homes in Waterloo was put on hold. Council says it's because they are not getting answers from the province about how to fund the project. They went on to say that the legislation freezes, reduces and exempts fees that developers pay on certain builds, and that those fees paid by developers would normally be used by municipalities to pay for infrastructure projects like this one in Waterloo. So the so-called More Homes Built Faster Act is actually slowing down 800 homes in Waterloo for a whole year.

I wanted to give you an opportunity to comment on how this legislation is putting a freeze on municipalities, because they don't know—when the minister said that he would "financially make some municipalities whole"—I put it in quotation marks because we don't really have that information. There's a disconnect between this legislation and what's happening on the ground, and I wanted you, or perhaps Colin, to comment on that.

Mr. Brian Rosborough: I'm happy to. You made a reference to a commitment from the province to make municipalities whole. On November 30, AMO, the city of Toronto and I think Ontario's Big City Mayors received letters indicating that the province would ensure that municipalities did not have additional costs related to Bill 23. That was certainly received as good news, and our own

estimates of cost are predicated on that good news. We have not yet had any further information on what that looks like. It does include, I understand from the letter, a process of audits in select communities.

We have asked the province urgently to work with us to figure out how we are going to implement what is there, to better understand what that commitment looks like, and also to work with us—and it's in my comments—on unintended consequences: areas where legislation was passed in haste and without consultation with the municipal sector; as those implications are better understood, an openness to reversing some of those.

We stand by our original estimates of up to \$1 billion a year that would effectively be borne by property taxpayers, including property taxpayers with low incomes. We continue to take exception to that kind of public policy. In the period up to 2031, it takes about a half a billion dollars out of social housing budgets because of the way it works. We do think that municipalities will be very reluctant to move forward with projects and to invest in the kind of housing growth-related infrastructure that is essential where those development charges are not available.

Ms. Catherine Fife: Thank you for that, Brian. We have heard consistent messages from municipalities, in these many pre-budget consultations, that they cannot bear the weight of the downloading of housing, of attainable housing, affordable housing, even deeply affordable housing—that definition is a moving target. For the city of Waterloo, they went on to say, “Growth needs to pay for growth and we don't see the tools to actually secure the development charges to pay for that growth.” This is another download to municipalities if they are going to move ahead with development. For municipalities like Waterloo, that has just put a chilling effect on that future development.

I also wanted to give you an opportunity to—because you were quite strong around the homelessness situation. Every municipality across this province is dealing with shelter—even warming centres, period. A court ruling also ruled that when the region of Waterloo tried to remove the encampment—because there is a tent city; people are living in tents in Waterloo region—that the city couldn't move them to another location.

This is causing great strain and tension at the municipal level. Can you talk a little bit about how this is impacting the health and well-being of municipalities?

Mr. Brian Rosborough: It's not just municipalities but businesses in the community and community agencies which are straining under the weight of it. We have seen an explosion in homelessness and unhoused people, perhaps stemming originally from or most visibly because of COVID, but certainly that's not the systemic reason why we're seeing this increase. We increasingly are hearing from our rural communities of encampments in wooded areas in rural communities and the use of seasonal trailer parks, recreational facilities as housing for people throughout the winter. And we know that in our cities, our parks, ravines, wooded areas—

Mr. Ernie Hardeman: One minute.

Mr. Brian Rosborough: —are becoming encampments for people. A huge strain, a big problem—we are asking the government to come to the table and work with us, and all of the related organizations, to start figuring out how we address some of these systemic issues.

Ms. Catherine Fife: Thank you for that. It's a good point around businesses, because they are definitely impacted.

I want to say, the strong-mayor legislation—I think that when you don't consult, you end up with a flawed piece of legislation, which is what Bill 23 is. Going forward, the strong-mayor legislation has an impact on provincial priorities, but those provincial priorities have not been indicated. What's the feeling from municipalities when you're supposed to be dictated by the province about their priorities, and a strong mayor can overrule with only one third of the power?

Mr. Brian Rosborough: At the moment, it only applies to two municipalities. The city of Ottawa has said that they're not planning to use them, and Toronto remains to be seen—

Mr. Ernie Hardeman: Thank you very much. That will have to go to the next round. We'll now go to the government side. MPP Dowie.

Mr. Andrew Dowie: I'll be splitting my time with member Babikian.

Thank you, everybody, for your presentations. I did want to ask my question of Brian. I'm a former eight-year member of Tecumseh town council. I look upon my time very fondly. One of the first things that we did was a community improvement plan to incent housing and revitalize our downtown. We addressed that incentivization of the things that we needed as a result of them not being built by the market.

1030

In hearing your comments, you expressed doubt on behalf of AMO that incenting developments for the kinds of housing that we don't get today is not going to reach the end user, is not going to result in these kinds of developments, which aren't being built today, being built. We know Bill 23 does not apply to market rate, in terms of the development charge issue, so most, if not the vast majority, of housing to be built is still going to be collecting development charges. It's only purpose-built rentals, social housing and public housing below-market which has the development charge incentives.

My question is really on this question of incentivization. If AMO doesn't support it, were municipalities like ours in the wrong to try and incentivize to get these things built?

Mr. Brian Rosborough: There's certainly no objection to incentivization by municipalities, and no objection to incentivization by the province. If the province wants to incent more affordable housing, it should do so by funding it, rather than defunding municipalities, I think.

I think the premise that developers will consistently pass along savings in development charges through reduced prices is unsound. We don't buy it; a lot of people don't buy it. It remains to be seen. If the argument is that the price of a house is related to the cost of inputs rather

than the market, I don't think that's a plausible explanation.

But we're not opposed to incentives, whether they're funded by municipalities intentionally or funded by the province through its own revenues.

Mr. Andrew Dowie: Thank you. So the objection is less on the incentivization created by the bill and more that it's being imposed. Is that fair to say?

Mr. Brian Rosborough: What's fair to say is that if municipalities want to incentivize development, they should do so. If the province wants to impose incentivization, then it should fund it.

Mr. Andrew Dowie: Thank you. I'll pass my time.

The Chair (Mr. Ernie Hardeman): MPP Babikian.

Mr. Aris Babikian: Thank you to the three presenters, the guests today. I want to ask, first, Erin about the sheep industry. With the current world food crisis happening around, and the shortages etc.—I don't know, maybe I missed it, but maybe you can elaborate a little bit on our sheep export to the rest of the world, what is the status right now and if there is a potential to increase that aspect, and also what the provincial government can do to help your industry to advance that issue.

Ms. Erin Morgan: Thank you for the question. Currently we don't export very much, and what we do export would be not the prime cuts but I guess what you would consider the off-cuts. Mainly the reason why we don't do a lot of exporting today is that most of our processing is provincially—they're provincial plants in Ontario. I think we only have one federal processing plant left. There's two in Quebec. Sheep have to be federally processed for them to be in a position for export or inter-provincial trade, even. So the majority of the sheep that we produce in Ontario are for domestic consumption, because we're only filling 40% of the market today.

What we can do for exports is to increase the use of the whole animal, where we can use more of the intestines or some of the other products. We can maximize the use of the entire animal, and then we can fill some of those export markets. The way that we do that is to have access to more federal processing in the province or in nearby Quebec. But a lot of that has to do with stable production.

Everything comes back to the farm. The more stable our production is, the more we get access to economies of scale and the more we can produce on a regular weekly basis, as opposed to when prices are high and then reducing production when prices are low. If we can have consistent supply through the year, which is what we are hoping to work towards—that has to start at the farm level. Processors require that consistency of supply in order to put together enough product for an export market. What that comes down to is support at the farm level so that they have a belief that there is going to be a return on their investment. We have to make sheep farming look like a great investment opportunity, and the Risk Management Program really does that.

Mr. Aris Babikian: How much time do I have, Chair?

The Chair (Mr. Ernie Hardeman): It's 1.2.

Mr. Aris Babikian: Can you elaborate a little bit on the current status of interprovincial trade?

Ms. Erin Morgan: Well, 20% of the product that's consumed in Ontario comes from out of province—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Erin Morgan: I should be more clear: 50% of Canadian production that's consumed in Ontario comes from out of province, but a vast majority of what we actually consume in Ontario comes from out of the country, from New Zealand and Australia. It's produced in Alberta and Quebec.

So interprovincial trade: Having access to more federal plants across Canada, would allow for better inter-provincial trade and an opportunity for us to supply some of the larger retailers that we don't currently supply in large numbers today. Australia and New Zealand product would fill most of the large retailers' shelves whereas our product goes into smaller butcher shops because of the provincial processing.

The Chair (Mr. Ernie Hardeman): We'll now go back to the official opposition. MPP Kernaghan.

Mr. Terence Kernaghan: Thank you very much, Erin, Brian and Andrew, for your presentations and for coming to committee today.

My first question will be for Brian. I want to thank you for your presentation. You've really spoken about the concerns, and you've advocated very well for members. I think it should be clear to all Ontarians that Bill 23 was created without consultation. I recall that the committee hearings themselves caused quite a controversy. I do, as a result of these hearings, look forward to clear, concrete and specific assurances from this government about making municipalities whole.

My question is, how can the province be more effective as a partner with municipalities?

Mr. Brian Rosborough: Thank you for the question. I will say that this government has been a very good partner to municipalities throughout most of its time in office. There was a rough start in 2019 with the budget, but with the advent of COVID and other measures, municipalities and the government worked very, very closely in collaboration to help keep this province moving forward.

AMO has a long tradition of collaborating with whichever government the good people return, and I hope we are in that position again soon. Bill 23 was a bit of a hiccup in that relationship—quite a significant one. But at the end of the day, municipalities and the province want the same thing. They want sustainable communities. They want affordable housing. So we're very eager to work with the government, if invited to do so, to take a look at how best we can, as two major orders of government, serve the people of Ontario by increasing the supply of housing and addressing key issues like homelessness and others.

Mr. Terence Kernaghan: Quite often in debate we'll hear the minister and the government side claim that NIMBYism is often an obstacle and that municipal councils are reluctant in the approvals process. Would you say that is fair to say, that municipalities have hindered development, or is this a myth?

Mr. Brian Rosborough: NIMBYism exists. One of the things we said in our submission on Bill 23 is that it's unfortunate that the provincial government at no time has promoted the importance of intensification and other forms of development in the province and has left that to municipalities.

I think the supply of housing in this province is a function of the supply management decisions made by the development industry over decades—quite rightly and appropriately so.

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Municipalities can do a better job of making approvals more quickly, but nobody anticipated the impact of COVID and what that would do to home-buying patterns, which created a demand spike that didn't match up with the supply that we had. The idea that the housing supply crisis is a function of slow municipal approvals simply doesn't hold water.

We know there are many tens of thousands of approved projects in the GTA in particular, some of them more than a decade old, for which developers have not moved forward because they, quite rightly, develop in a way that optimizes price. That's an appropriate response for the development industry, and that's a big part of where our current supply is static.

Mr. Terence Kernaghan: London municipal council recently indicated in their pre-budget submission that the removal of development charges and the changes to the Development Charges Act will cost the city \$97 million. We've heard across Ontario that there are other municipalities that are deeply concerned about this as well. Some have also stated that they feel that the removal of development charges will inhibit the timely delivery of public infrastructure to support new homes. Is this something that AMO feels as well?

Mr. Brian Rosborough: We've had a development charges policy framework in this province for decades, and it has supported massive growth. It has supported a highly sophisticated and capable and profitable development industry—and no shortage of demand and supply until COVID came along. The idea that modifying the Development Charges Act or eliminating environmental protections is going to suddenly solve the housing crisis, or that penalizing the municipalities for performance is going to make a difference—we don't believe it is a sound analysis.

Mr. Terence Kernaghan: Thank you. My next questions will be for Erin.

Erin, we've also heard other organizations that have been advocating for an increase to the Risk Management Program. We've heard from others that have wanted continued funding for the Farmer Wellness Initiative and to expand that to farm employees. Is that something that the sheep farmers are also advocating for?

Ms. Erin Morgan: Definitely. The Ontario Federation of Agriculture is promoting that program, and we're definitely in support. I think that as many mental health supports as are available in rural Ontario, the better. It

supports farmers and veterinarians. I think the veterinarians have one of the highest instances of mental health difficulties in the profession, and so as much as we can do to support them—because we have a shortage of veterinarians in rural Ontario—that supports us, supports our farmers. We definitely support it.

Mr. Terence Kernaghan: You indicated that the increase in the Risk Management Program would help farmer mental health, and so will this. Thank you for that.

My next question is for Andrew. I want to thank you for your work that contributes to Ontario's winter tourism sector. Also, congratulations on your award in 2020. Just so I can be clear, you're advocating that the \$15 licence plate fee that was waived by the province—you'd like that to be reinstated so that you can invest—

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Terence Kernaghan: —and make sure that there is greater tourism in Ontario?

Mr. Andrew Walasek: To clarify, there's currently no fee for northern Ontario. That was actually eliminated a little while ago. What we're saying is, rather than advocating for the elimination of the fee in southern Ontario, those funds could be reinvested into the trails system. If there is a way that those can be given back to the OFSC in order to make those trail improvements—you would just use that as a basis of funding that could be put in. Currently, there is a \$15 fee for southern Ontario, but there's no fee if you're in the north.

Mr. Terence Kernaghan: I did want to throw one last question back to Brian. In the More Homes, More Choice Act, the government removed rent controls from new builds occupied after November 2018. They said that this has created a great new supply of rental units, although—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. There will be no time left for the answer.

We want to thank the panellists for the time you took to prepare to be here and the great way you delivered your message. We'll make sure it gets into the report we give to the Treasurer, so we can have a great budget coming out.

With that, thank you very much.

Interjection.

The Chair (Mr. Ernie Hardeman): Oh, I'm sorry. I cut the government right out, and we don't want to do that, particularly not when we have MPP Khanjin here to ask the questions.

Ms. Andrea Khanjin: Thank you, Chair.

Thank you for coming to Barrie for the finance committee today. I'm pleased to see so many friendly faces, and it's nice to welcome you to my backyard. Speaking of backyards, as it is the winter season—the snow outside has melted a little bit, but over the last few weeks we did get our fair share.

Andrew, I know we've done a lot of work together in terms of the snowmobile expansion. The great app that you announced a few years ago really brings riders together. I just wanted to ask you, how has that helped bring new ridership into the industry, maybe demographically

younger snowmobile drivers? And how has that impacted tourism and partnerships with restaurants etc.?

Mr. Andrew Walasek: Thank you for the question. We look everywhere when it comes to partnerships with both the provincial and the federal government, which is why when we have an opportunity to start something new with the NOHFC or build upon established relationships—the Ministry of Agriculture was kind enough to partner with us through the Rural Economic Development Program, where we had developed a hand-held app. It's very difficult to unfold a map in northern Ontario in the dark, in the winter. I do thank the MPP for Barrie-Innisfil for joining us for that announcement.

We also look for other opportunities with MTO through a community partnership on road safety. We need to update our messaging. It's not just "don't drink and drive"; there are now other recreational drugs and things that we need to take into account when we partner with the OPP.

For young snowmobilers, we want to make it as enjoyable as possible, and that's why we did develop an online option for driver training. Previously, you'd have to sit in a classroom on a Saturday and it was pretty much like a regular school day. Having that option of being able to take the program online, they can do it with the comfort and speed of their choosing. I do want to thank the Ministry of Transportation at the department level for working with us for over 13 months in order to make this happen. These things are not always the easiest to accomplish, but we certainly appreciate the support of the officials from that ministry.

Ms. Andrea Khanjin: Obviously, when you're using apps and what have you, you do need connections around you. I know we've got our AMO representatives here as well, but, Andrew, and then if I can get Erin's comment too—about the importance of broadband connection regionally and how that affects northern Ontario, and that greater tourism part that we need the revenues to. But connectivity is a big part of it.

Mr. Andrew Walasek: Absolutely. The good thing about the app is, once you connect and you have the map, even if you're in an area without that connectivity, you can still access the app. But certainly, having that connection in more rural areas is something we would advocate for.

And then just a quick comment on small businesses, as well: Going through the pandemic, we had a challenge. A lot of restaurants and motels in small and rural communities were really struggling. So anything we can do to support them as they recover from the pandemic—we're happy to partner with. Certainly, connectivity is a major issue.

Ms. Andrea Khanjin: Brian, did you want to provide any other comment on broadband?

Mr. Brian Rosborough: Yes, I'm happy to. We certainly congratulate the provincial and federal governments on their important investments in broadband. Broadband connectivity is absolutely essential for all residents in a modern economy, and very substantial investments are most welcome to make sure that everybody in Ontario has broadband by 2025.

It's absolutely a priority for our rural and northern members, but in urban communities in southwestern

Ontario and other places, it's also a very important investment. So we congratulate the province for those important investments, and we are working with the province to get them implemented.

Ms. Andrea Khanjin: Just to go back to Andrew: With the last budget, we talked about building up infrastructure, building up Ontario. And very much what you're presenting is a lot of infrastructure dollars to our snowmobile trails. Can you elaborate a little bit on the cost-benefit to—every dollar invested in a trail is what to the economy in Ontario?

Mr. Andrew Walasek: The latest numbers we had is, a dollar investment had a \$77 output, and we calculate that—it was a couple of years ago. But the challenge we have is the increased costs of raw materials. When you go and you build a new bridge, there aren't just engineering costs; you're looking at lumber, you're looking at steel—even finding the contractors these days, because they're so busy after a couple of years of not really having a lot of economic activity. These are some of the things that are going into our economic forecast where we're seeing our costs increase by approximately \$6 million. So all of the suggestions we're making today are to try to have that addressed—certainly, ensuring that the infrastructure is safe and that we have all the proper inspections done so that when a trail does become available, we know that the riders are going to be well taken care of.

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Ms. Andrea Khanjin: Just to switch to the Ontario Sheep Farmers, in terms of building up the province and infrastructure—I know you talked about interprovincial trade. In terms of getting your goods around Ontario, what are the infrastructure needs that you see going into the future as we expand our markets?

Ms. Erin Morgan: Definitely, we move a lot of livestock around Ontario. Any investments that can be made in our roads and in rural Ontario benefit all of our members.

Ms. Andrea Khanjin: Chair, how much time do I have?

The Chair (Mr. Ernie Hardeman): You have two minutes.

Ms. Andrea Khanjin: Perfect.

Just building on the infrastructure topic—getting goods to market is a big part of it, but it's also supporting the ripple effects. We'll start with our sheep farmer friends, with Erin: When we talk about the importance of having the ability to get things to market much quicker, what does that mean for the ripple effects to, say, retailers that are selling the product, and then the end user, as well?

Ms. Erin Morgan: The economic impact for every dollar invested in sheep production is \$5.55 back to the economy, but that really is from the entire value chain. So any investment made has a significant return.

Investing in sheep production also has a large environmental benefit. You don't really think of livestock as having a significant environmental benefit, but sheep graze land—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Erin Morgan: —which has a large, positive impact on turning land that's in grain production or in other solar farms and things like that into very productive land and prepares it for the next year, so lots of positive investments.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

ONTARIO ABORIGINAL
HIV/AIDS STRATEGY
NATIONAL COALITION AGAINST
CONTRABAND TOBACCO
ELEMENTARY TEACHERS'
FEDERATION OF ONTARIO

The Chair (Mr. Ernie Hardeman): The next panel coming forward is the Ontario Aboriginal HIV/AIDS Strategy, the National Coalition Against Contraband Tobacco, and the Elementary Teachers' Federation of Ontario. I believe the federation will be virtual.

As we mentioned with the previous panel, each presenter will have seven minutes to make a presentation. At six minutes, I will announce, "One minute left." Don't stop talking; just keep going and get your punchline in. Then, at the end of seven minutes, I will cut off the debate and move on to the next presenter. We'll do the same with the questions and answers.

We would ask that you state your name at the start of your presentation to attribute the comments to the right people.

With that, the floor goes to the Ontario Aboriginal HIV/AIDS Strategy.

Ms. Meghan Young: *Remarks in Anishinaabemowin.*

My English name is Meghan Young. I'm the executive director of the Ontario Aboriginal HIV/AIDS Strategy, or OAHAS. We are a provincial Indigenous-led and Indigenous-governed harm reduction and AIDS service organization. We have five program sites across the province, including Toronto, London, Sudbury, Sault Ste. Marie and Thunder Bay. We provide access to culture care and support through HIV and HCV prevention, education, testing, harm reduction, outreach and system navigation services.

I'm here today to insist on the need for increased funding for harm reduction and STBBI services across the province. Canada's harmful drug policy and inadequate resources available are having devastating impacts not only in Ontario, but across the country.

However, when looking at how these policies and service gaps impact Indigenous people in Ontario, the mortality rates show that in the past two years, Indigenous people account for 9% of the opioid toxicity deaths but only 2.8% of the total population in Ontario. The mortality rate is six times higher for Indigenous women and three times higher for Indigenous men when compared to the non-Indigenous population.

In terms of the landscape of harm reduction services across the province, the majority of services are located in the southern part of the province. As you begin to move

north, there are fewer service providers, with significantly larger catchment areas that require an increase in resources in order to provide equitable access to services. For example, in Thunder Bay, overdose rates were four times the provincial rate in 2021. That's the highest per capita in Ontario.

Death from the toxic, unregulated drug supply is not the only concern. Injection drug use is also one of the primary modes of transmission for both HIV and HCV amongst Indigenous people in the province. Many communities, such as Kenora, are seeing the impacts of the limited harm reduction services, with more HIV diagnoses in the past 12 months than in the last eight years. Due to inequities across health, housing and social services, as well as systemic racism, Indigenous people in Ontario are at greater risk of acquiring HIV than non-Indigenous people.

The current HIV surveillance status shows that approximately 85% of Indigenous people living with HIV have been diagnosed but only 69% of the people diagnosed are accessing treatment. This is significantly lower than the general population, where 80% of people diagnosed are accessing treatment. We know that part of the reason for the disparity in accessing HIV treatment is rooted in the historical and ongoing racism Indigenous people experience when trying to access health care. The racism Indigenous people experience in the health care systems is well-documented, and the Ontario cohort study found similar results, where Indigenous people are being refused service because of their Indigeneity or are being stigmatized for living with HIV or as a result of their drug use. At OAHAS, we also know this first-hand, when community members share their experiences with us or are seeking support from OAHAS staff to file complaints against hospitals or service providers.

So what does racism have to do with increased access to harm reduction services? Well, the research has also shown that Indigenous people are seeking increased access to culturally safe and culturally grounded harm reduction services. Across all Ontario sites, one of the most requested harm reduction kits that we offer are our medicine kits which consist of traditional medicines often used for smudging.

We also know that we need to ensure that services are not only culturally safe but also culturally grounded, and to continue to take steps towards decolonizing not only our services but also our systems. Therefore, Indigenous harm reduction services are often a matter of life and death. The good news is that communities know how to prevent unnecessary deaths when given access to resources to implement evidence-based solutions rooted in best and wise practices. As part of this implementation, Ontario has the opportunity to be real leaders in supporting evidence-based Indigenous harm reduction services that simultaneously address the impacts of Canada's harmful drug policies and increase access to culturally safe and culturally grounded HIV care.

For example, consumption and treatment services focus on reducing overdoses, but they also reduce the risk for HIV and HCV transmission through the provision of new drug-use equipment. Additionally, the more contact individuals have with the health care teams, the more likely

they are to build trusting relationships and access HIV and HCV treatment. In Kenora, local practitioners are advocating for consumption and treatment services in response to the increase in HIV diagnoses. Ontario currently has 24 operating safe consumption services, and only two of these are located north of Toronto—one community and treatment service in Thunder Bay and a safe consumption site in Sudbury.

Right now, the provincial funding is only provided for employees and supplies directly related with the consumption services, not the wraparound services. When it comes to providing services to Indigenous people, it's essential that we listen to what people are telling us. In this case, it means harm reduction services need to be culturally safe and culturally grounded and include wraparound supports.

Therefore, our first recommendation is that the government of Ontario expedite the processing of the existing community treatment services applications; significantly increase funding specifically for consumption and treatment services in communities across central and northern Ontario; and expand community and treatment service funding to include HIV/HCV treatment staff, culturally grounded services, peer outreach workers and system navigators.

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In addition to consumption and treatment services, we would also like to see safer supply programs and drug-checking services for overdose prevention located within the CTS sites. Safer supply programs are available for individuals who are at a higher risk of overdose and offer prescribed pharmaceutical medications as an alternative to the poisoned unregulated drug supply. Recent research from safer supply programs in Ontario showed a decline in health care-related costs, improved medical care for people with HIV and HCV, fewer hospital visits, and reduced risk of overdose.

Drug checking for the purpose of overdose prevention involves testing unregulated drugs for the—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Meghan Young:—composition and potency so that people can make informed decisions on how best to use drugs. Drug checking provides a gateway for people to access other harm reduction services and has been found to prevent further loss of life related to toxic unregulated drug supply. Importantly, if coordinated properly, data from the drug-checking services can be used to better inform people who use drugs. While drug-checking technology is rapidly changing, current costs to purchase on-site equipment run between \$50,000 and \$100,000 per instrument.

Therefore, our second recommendation is to formally integrate drug checking and safer supply programs into the suite of harm reduction services in Ontario, including allocating funding for drug-checking equipment, staffing requirements funding and the development of health care teams across the province.

Thank you for your time. I look forward to answering your questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation. Our next presenter is the National Coalition Against Contraband Tobacco.

Mr. Rick Barnum: Thank you, Mr. Chair, and thank you to the committee for inviting the National Coalition Against Contraband Tobacco to present to you today. My name is Rick Barnum. I'm the current executive director of the NCACT, and I'm the former deputy commissioner of the OPP, with responsibility to oversee organized crime within the province of Ontario.

As you may already know, Ontario continues to be home to a growing contraband tobacco market that is fuelling organized crime. One in three cigarettes continues to be illegal, with the government of Ontario estimating that the province loses over \$750 million per year in lost provincial revenue. Those millions of dollars go towards funding the estimated 175 organized crime groups involved in illicit tobacco trade, which uses these proceeds to fund their other illegal activities, including drug trafficking, gun trafficking and human trafficking.

Due to lockdowns during the pandemic and a dramatic decrease of traffic on Ontario's highways, the contraband tobacco market briefly decreased within the province of Ontario. However, as lockdowns were lifted and normal life has resumed, the market has begun to grow larger than pre-pandemic levels. With the current affordability crisis and the rise of cost of living, many smokers are being forced to either quit smoking or begin purchasing illegal cigarettes. This growth of the contraband tobacco market has helped to fuel criminal gang activity across the province and across Canada. Illegal cigarettes manufactured in Ontario can now be found from British Columbia to Newfoundland.

Thankfully, a solution to this growing problem actually exists. Prior to 2009, Quebec had the exact same problem with contraband tobacco and organized crime groups that Ontario currently has today. However, they took proactive action and passed legislation that took three concrete actions:

- (1) It allowed all police officers in Quebec to conduct full contraband tobacco investigations.
- (2) It created a program called ACCES Tabac, which funded organized crime and contraband tobacco investigations.
- (3) It created a contraband tobacco enforcement team with the provincial police in Quebec that consists of 54 members.

Due to these actions, Quebec has had widespread success in combatting contraband tobacco and organized crime activity within that province, while also receiving the full support of Indigenous communities throughout their province. They have also been able to dramatically increase their tobacco tax revenues. In recent budgets, the Quebec government has shown that for every dollar invested in contraband tobacco enforcement, they make an additional \$14 in increased tax revenue. In total, this has resulted in increased tax revenue of over \$200 million in one year alone.

To address Ontario's growing contraband tobacco market and this growing threat to public safety, we are proposing five recommendations.

First, local and regional police services in the province of Ontario continue to be strained for resources and staff. With dozens of enforcement priorities, contraband tobacco usually falls between the gaps. This is despite these police services having some of the best on-the-ground knowledge of this issue. To rectify this issue, we are recommending that the government create a funding program to support ongoing contraband tobacco investigations. While this would represent an initial investment, statistics show that within approximately two to three years the tax revenue increases tied to the increased enforcement would present a net positive for the government.

Second, Ontario continues to be one of the only provinces in Canada that does not allow all police officers to enforce the Tobacco Tax Act. For example, if a Barrie Police Service officer stopped a truck a few kilometres from here, they would first need to contact the Ministry of Finance before continuing with their contraband tobacco investigation. This poses a large barrier for police services to become involved in the fight against contraband tobacco, and in reality it makes it a very low priority. Furthermore, it dissuades police services from giving full training to their officers on what to look out for when dealing with contraband tobacco trafficking. This is why we are recommending that the government amend section 29 of the Tobacco Tax Act to allow all police officers to conduct full contraband tobacco investigations like exist in every province across the country.

Third, Ontario's contraband tobacco enforcement unit, housed under the OPP, is made up of only nine members. They are not solely dedicated to investigating contraband tobacco. This pales in comparison to the 60-member team in Quebec that's dedicated to illegal tobacco enforcement. A robust team is needed for provincial coordination and enforcement efforts, as illegal cigarettes typically travel across the province before reaching any of their destinations. To effectively combat contraband tobacco, we recommend that the government increase the size of this unit and make them solely dedicated to contraband tobacco investigations.

Fourth, the federal government has annually increased the excise duty on rates on tobacco products and also introduced a surprise increase in 2021. This, coupled with no new enforcement action against contraband tobacco, has encouraged smokers in the province to purchase tobacco from the available and less expensive illegal market. While taxation continues to be an effective tobacco control measure, it is also ineffective without actions taken against contraband tobacco. This is why we are recommending that the government maintain a prudent fiscal approach regarding tobacco products until actions against illegal tobacco are implemented.

Lastly, over 90% of Ontarians do not smoke. Awareness around contraband tobacco and its societal impacts are fairly low. For smokers, especially those who smoke illegal cigarettes—

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Rick Barnum: —buying contraband tobacco is seen as a victimless crime. To ensure that Ontarians know about the societal impacts of contraband tobacco, we recommend that the government of Ontario launch a

public awareness campaign highlighting the ties to organized crime, guns, drugs and human trafficking.

In conclusion, Ontario has an opportunity now to stop the growing contraband tobacco market that is impacting communities all across the province and beyond. By addressing contraband tobacco, the province can ensure that millions of dollars are taken away from criminal gangs and put back into the treasury to support public services. A proven law enforcement model already exists that Ontario can emulate and make even better.

Thank you for your time. I'm happy to take any questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

I would now ask the committee to cast your eyes to the screen. Our next presenter is virtual, and it's the Elementary Teachers' Federation of Ontario.

Welcome. You will have seven minutes to make your presentation. At six minutes, I will say, "One minute." And then at the end of that, we will conclude the presentation when we hit seven minutes. Again, if you would state your name as you start. The floor is yours.

Ms. Karen Brown: Good morning. My name is Karen Brown. I'm president of the Elementary Teachers' Federation of Ontario. I would like to start by thanking the committee for the opportunity to speak to you on behalf of 83,000 ETFO members who work in Ontario's public elementary schools.

The disruptions to in-person learning during the pandemic had a profound impact on students, educators, families and communities. They served as a stark reminder of how important public schools are to the well-being of students. The pandemic exasperated pre-existing concerns about larger class sizes, the poor physical conditions of schools, the lack of access to technology and the government's failure to provide appropriate funding to meet the needs of all students.

Violence against educators remains a concerning, pervasive and growing issue. Many school spaces are not safe, especially for those working on the front lines with students whose needs are not being met. Despite these challenges, educators have shown incredible resilience and commitment. They have consistently done their very best to provide their students with high-quality public education, but have too often felt abandoned by the provincial government.

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The negative impacts of the pandemic were disproportionately felt by already marginalized communities, including Black, Indigenous, racialized, disabled and low-income communities. These communities are also impacted by unprecedented inflation and would be the most affected by a possible recession. To alleviate these inequitable burdens, avert a recession and to build a more just and equitable Ontario, we must invest in public services. Those investments must include public education.

Under the current government, public education funding has fallen significantly. Education as a percentage of total government expenditures fell from 18.3% in 2019-20

to a projected 16.6% in 2023-24. The Financial Accountability Office has pointed out the underfunding of public education in the government's fiscal plans. In its most recent report released just last week, the FAO projected a \$1.1-billion funding gap for public education in the next three years. In its fall 2022 report, the FAO found that this funding gap would reach \$6 billion over six years. At the same time, the government is planning to keep billions of dollars in unallocated contingency funds. The government must close this funding gap and provide a plan for future funding increases to support necessary improvements in Ontario's public elementary system.

Smaller classes improve student behaviour and peer relations and increase student engagement and achievement in the early years. Smaller classes mean educators have more opportunity to give students individual attention. These factors contribute to increased graduation rates and savings from fewer students staying beyond the required four years of secondary school. Grades 4 to 8 classes do not have class size caps and have the highest class sizes in the kindergarten to grade 12 system. Reducing class size would also improve kindergarten learning and working conditions. The government should allocate funding to reduce class size and establish a class size cap of 24 students for grades 4 to 8, and a cap of 26 students for kindergarten classes.

In 2021, the government revealed that it had been working on a plan to fundamentally change our public education system by outsourcing and potentially privatizing online learning. This proposal would negatively impact students' health, well-being and learning outcomes. ETFO believes that daily in-person learning best meets students' educational, development and social needs. It provides the best learning experience and is the most equitable learning tool.

The use of hybrid learning models by some school boards has students and educators facing unprecedented challenges and pressures, further compounding the ongoing mental health crisis. The use of hybrid learning by school boards in Ontario must end, and the government should abandon its plan for permanent virtual learning in elementary schools. While emergency remote learning was necessary in the early stages of the COVID-19 pandemic, there is absolutely no need to continue virtual programs in elementary schools beyond this year. Virtual learning is simply not adequate for our elementary students.

Students with special needs are not getting the front-line supports and services they need. Inadequate supports have a bigger impact on students who face additional barriers, such as Black, Indigenous and racialized students; students from lower-income families; and English-language learners. Students need access to educational assistants, behavioural counsellors, child and youth workers, psychologists, and speech and language pathologists to help them learn and thrive. Special education funding has simply not kept up either with inflationary costs or with students' increasing need for special education supports. The government must increase special education funding

and ensure that special education grants are based on the actual needs of students.

The pandemic highlighted the deep-rooted socio-economic disparities that exist in our province. The government must take concrete steps to ameliorate the inequity experienced by marginalized communities and build a more just Ontario for everyone. We call on the government to provide additional funding to school boards to hire additional counsellors, social workers and school nurses that will specifically assist families and students from Black, racialized and Indigenous communities, as well as students living in low-income communities.

The mental health of teachers, education workers and students requires the provincial government's urgent attention.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Karen Brown: In 2021, ETFO shared research that showed many of its members experienced burnout and other negative mental health impacts. Without adequate funding of dedicated resources and supports for students who need them, violent incidents in schools will continue to threaten the safety of educators, students and place additional strain on educators' mental health. The government must fund the supports in schools and communities that ensure students' developmental, emotional and behavioural needs are met so that ETFO members can focus on supporting students' learning needs.

Several surveys and studies suggest students' well-being was negatively impacted by the COVID-19 pandemic. The government must develop and deliver long-term, fully funded, comprehensive, culturally responsive mental health supports for students.

In conclusion, it is our hope that the government considers ETFO's recommendations and allocates the necessary resources to undo the damages caused by years of funding cuts—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for the presentation, so that concludes the presenters.

We'll now start with the government for the first round of questioning. MPP Smith.

Mr. David Smith: I want to thank the presenters for presenting today. I'd like to speak to Meghan, because it's a concern that during our tour around Ontario we have heard this repeatedly, in terms of some of the concerns you've expressed here today. Could you tell this committee how many more centres you would like to see [*inaudible*]—

The Chair (Mr. Ernie Hardeman): Hold it. We've got some interference on the sound.

Mr. David Smith: Because what I'm hearing—you mentioned earlier on—is that there's about 22 centres in Ontario, and there's just two in northern Ontario. Could you tell us how we can be more effective in terms of what your organization or the north would like to see in terms of a number? Obviously, what I'm hearing is that two is not sufficient. Could you explain to us what that would look like in your mind?

Ms. Meghan Young: Sure. Thank you for that question. I think it's difficult to put a specific number on it, but perhaps 10 would be a good place to start.

Out of the 24 safe consumption sites I mentioned, not all of them are currently provincially funded. Of the two in northern Ontario right now, the one in Thunder Bay is provincially funded, but the one in Sudbury is not currently provincially funded. It's municipally funded while they await the provincial approval of the CTS application. There are a number of communities that don't have any safe consumption sites, or CTSs—if they were provincially funded—in the north. Sault Ste. Marie is another community that needs one desperately. Kenora has also, publicly in the media, expressed the need, as well as a number of other communities. I think there needs to be not only an increase in funding for new sites, but also expediting the approvals of the current submissions that are there.

Mr. David Smith: That's great. I'm hoping that—your application, I take it, has been submitted for these grants or whatever might be out there. I'm not sure what you have done on your part to bring this awareness to the government.

Ms. Meghan Young: We've worked with partners. In Sudbury, it's the Réseau Access Network who is the official lead on the application; we work very closely with them. In Sault Ste. Marie, we're also working with partners there to put in an application. We also work with the partners in Thunder Bay at this time as well. We only have three northern sites at OAHAS—Sudbury, Sault Ste. Marie and Thunder Bay—but in speaking with a number of my partners in preparation for this presentation, there are many communities that we don't have sites in that have also expressed a need for these supports.

Mr. David Smith: Thank you very much. I'm going to yield my time to my colleague.

The Chair (Mr. Ernie Hardeman): MPP Khanjin.

Ms. Andrea Khanjin: I want to thank all the presenters and welcome you to Barrie, part of my backyard in the riding that I humbly represent.

I just want to first focus in on, Rick, your comments. I know I've met with your colleagues as well. I remember, at one of my first meetings with the National Coalition Against Contraband Tobacco, you had done a study and you had taken cigarette butts and tracked where they're coming from. In fact, you actually took some of the butts from former Barrie Central, here in downtown Barrie—which is going to be a new project coming up soon—and tracked where they're going.

1120

So where have those studies led to? What are they showing you and what are the health implications? I remember before—it was many years ago now—the health implications of people choosing a different type of tobacco that might have adverse impacts on their health.

Mr. Rick Barnum: Thank you for the question. Our studies so far continue—we don't necessarily do the butt studies anymore. We've gone a little bit more refined than that. We're finding in northern Ontario that we have the most prolific use of contraband tobacco—communities

like Sault Ste. Marie and north from there. It's almost exclusively contraband tobacco that's being smoked there. The side effects of that, as you can imagine: There are approximately 40 convenience stores that have been mom-and-pop organizations that existed in communities for a long time; they're now out of business.

In this part of Ontario, we are seeing one in three cigarettes that are illegally smoked. The basic reason for that is one carton of legal cigarettes over-the-counter costs about \$120—I'm not a smoker, so these are the stats. An illegal carton would be \$20. What it's leading to, we are finding in our studies now, is underage smoking, because those convenience stores that used to regulate and still do regulate legal cigarettes—that policing doesn't occur. The contraband market is flourishing in underage smokers. We are hearing from numerous communities, including Indigenous communities, saying that the rate of youth in those communities smoking contraband cigarettes is alarming. So from the health impact—it's hurting small business and it's fuelling organized crime in all our communities.

Ms. Andrea Khanjin: And our other presenters talked about the mental health impact with other things, but when we talk about health, what impact do you think contraband tobacco could have on adverse effects on health?

Mr. Rick Barnum: Well, the federal government has their targets to stop smoking, and the numbers—90% of people in Ontario do not smoke. That's fantastic numbers. We will never achieve the numbers that we want unless there is enforcement taken against contraband tobacco. It continues to grow at an alarming rate, so the health impacts, I think, will be consistent to what we're seeing now and maybe a bit worse. It's not going to get better.

Ms. Andrea Khanjin: So is it safe to say that in addition to some of the financial savings here, from just a carton perspective—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Andrea Khanjin: —there could also be health care savings here too. As much as this government is investing in health care, we've got to focus on prevention. This could be a saving as well there.

Mr. Rick Barnum: Absolutely. I think, from my previous lifetime and my career, the model that contraband tobacco enforcement gives is a new opportunity to relook at how we fund policing, health care and things of that nature.

Like I say, it exists in Quebec. I'm a big supporter of what Quebec has done. Ontario government's numbers alone indicate they are losing \$750 million a year. I know the budget of the OPP is just a bit more than \$1.2 billion, so enforcement—changing the way we think about this and how we fund these types of endeavours through organized crime money. Whether it goes back to health or whatever, the opportunity is there to take that money away from organized crime.

The Chair (Mr. Ernie Hardeman): Thank you very much. We will now go to the official opposition, and it's MPP Kernaghan.

Mr. Terence Kernaghan: Thank you to all our presenters who have arrived at committee today. My first questions will be for Meghan.

Meghan, in the spirit of reconciliation—the National Day for Truth and Reconciliation—I wanted to ask what you felt the impacts were of the province not recognizing that day as a provincial holiday.

Ms. Meghan Young: Thanks. It's not really the focus of what I'm here to talk about, but I think if the province really wants to demonstrate their commitment to Indigenous communities—having a recognition of the truth and reconciliation day would be a start, but I think I would like to see more action taken. Yes, we can take a day, but I think it also depends on what you do with that day and what people are doing in order to work towards their own personal acts of reconciliation, and how that impacts in community.

So yes, recognizing a day would be a good start, but I think there's much more that the Ontario government could do.

Mr. Terence Kernaghan: I see. I also want to thank you for your comments about the need to fund correct wraparound services and ensure that there are appropriate staff at these supervised consumption sites. There's great work being done in the London area with the Regional HIV/AIDS Connection. As well, your comments about ensuring safer supply—it does create a more robust model and a more comprehensive model, so I want to really thank you for your thoughtful submission. It is a growing concern that there is an arbitrary limit on the number of these sites in the province, as though that is going to address this growing problem. So thank you.

My next questions will be for Karen. I wanted to thank you and all of your members for the incredible commitment and dedication and the resilience throughout the time of COVID. It's been an unprecedented challenge. Of course, we're in a province that had the longest school closures of any jurisdiction in North America, largely due to elements that you have pointed out, such as the reluctance to invest in smaller, safer classrooms in order to make sure students have the best learning environment. So I want to thank you for reiterating the importance of that.

Specifically, you mentioned the Financial Accountability Office and the \$1.1 billion that the government is short-changing education funding over the next three years and the \$6 billion over six years. My question is: When the government is taking this money away from children and taking this money away from children's education, how does this impact their future?

Ms. Karen Brown: Thank you, MPP Kernaghan, for that question. It has a great impact on students. The underfunding will only make the education system worse. I talked about students—specifically, you heard, I talked about students with special needs—not getting the front-line services they need, so not having the counsellors, the child and youth care workers; not having the necessary assistive devices to assist them. These are key things.

Having larger class sizes—we know that people take their children out of the public system into other systems because they have smaller class sizes, because of the one-to-one attention. If we're not adjusting those factors for those students who are already experiencing barriers, those gaps continue to increase and exasperate. The government has a lot of unallocated funds. They need to be investing in education in the early years. It's so important to build that foundation and to really ensure that everyone has access to publicly funded public education.

We talked about the government trying to move forward with virtual learning. We're not in a pandemic. We know that many learners are disproportionately impacted, so we're not investing in the classrooms. We're trying to provide other modes of delivery that have a negative impact. If we want to see the success of all Ontarians, we should be investing in the future of our children. There are so many benefits. When you look globally and internationally at countries that invest in public education, those dividends go profoundly when we look at better outcomes for health, better outcomes for housing and other things by making those early investments. And that's what we want this government to do.

This is not the time to be compromising on students' learning conditions. They need the resources. They need the supports. We have the money. This is one of the best investments that the province can do.

Mr. Terence Kernaghan: Absolutely. And I think, as you quite rightly pointed out, the unallocated contingency funds or, as some would describe it, slush fund has \$20 billion, which is concerning.

You also mentioned the growing, incredibly pervasive problem of violence in the classroom. This something that all MPPs, I understand, are hearing about in their communities. It is something that impacts everyone within the school system. I wanted to know, if you could possibly provide for the committee, how a violent incident would impact learning for the entire class in a classroom.

1130

Ms. Karen Brown: Yes, and before I get there, maybe I can set the stage where some of the impacts we're seeing on the cost because of violence—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Karen Brown: —is there isn't the support for early diagnosis and early intervention. So, we have a student in the class who perhaps hasn't had the opportunities because there is a long waiting list, so there isn't the opportunity for early diagnosis. Or they have been diagnosed, but there are still long waiting lists, and so the intervention factors to support that student and to help them engage in the classroom with the other students—a student might be having a challenging day. What might happen is we might see a table be thrown. Some might see a chair be thrown. Then the students have to evacuate the classroom. We move those kids out of the classroom; their learning is interrupted. That child has not been supported. They don't have the educational assistants that they need. They don't have the child and youth care worker because that educational assistant might be the only one being utilized for the entire school, or because of how the funding formula is, that particular student isn't quite the alpha target—

The Chair (Mr. Ernie Hardeman): Thank you very much. Now we have to go to the government side. MPP Khanjin.

Ms. Andrea Khanjin: I just wanted to bridge talking about health. Meghan, in your opening remarks—and I want to thank you for being here—it was really interesting how you combined a lot of things that actually impact one another, whether it's mental health, whether it's addiction services, and how that all impacts Indigenous communities and our health care system as well.

I wanted to ask you how you see the unfolding right now. A little while ago, our minister of mental health made an announcement of \$12.8 million for Indigenous mental health. Part of that was \$1.3 million over 10 years to create 11 social emergency manager positions, and \$7 million of that was community-based Indigenous-led supports. How do you see that part of the framework, and the Roadmap to Wellness—how does that impact all the other things that you've talked about, that you're working on, and how that's helping the community at large?

Ms. Meghan Young: Thank you for the question. Yes, there are intersections between mental health and people who use drugs. However, I think sometimes we really medicalize what people are experiencing. So if we're thinking about a framework of truth and reconciliation and what does that look like, the calls to action—18 to 24, specifically—speak to health. And when we look at how services could be funded in that way, I think, really, we need to recognize people's agency. We need to recognize that you shouldn't require a diagnosis in order to access service. People should be able to live with respect and dignity.

It's great that there is increased funding to mental health, but I find that oftentimes services are siloed. We really need to look at, what is a holistic approach? I think if there was increased funding for community consumption and treatment services, mental health could be a part of that, but I think people are really dying because of the toxic supply that's there. People have to be alive to make choices and access services, so we need to address that first.

Ms. Andrea Khanjin: Thank you for your recommendation on consistently aiming to break down the silos. I know it's something we strive towards and we're constantly looking for recommendations, so I want to thank you there, Meghan.

I just wanted to ask one final question before I pass it on to my colleague. Our witness Karen, on the screen there—hi, Karen.

Ms. Karen Brown: Hello.

Ms. Andrea Khanjin: I just want to thank you for being here today. I have a lot of friends who have gone into teaching and so I wanted to ask, if we talk about classes and building new schools, as our government is doing, it is going to require hiring more teaching professionals. I just wanted to get your comments on what your thoughts are on the work our government has done to clear the red tape to allow for more full-time teachers in the teaching system.

Ms. Karen Brown: I'm just going to say, we are finding that a lot of our members, within the first five

years, are actually leaving the profession. As you can see right now, the government is actually having quite a difficult time attracting teachers to teaching. There has been a shortage; we saw that through the pandemic. People were not signing up to assist because of the working conditions.

Occasional teachers are being very selective on the schools they're going to because of the lack of supports, the violence and the level of respect. The government had to do temporary teaching certificates for students in the faculties of education, to be helping with the shortage in teachers. I think we need to look at the retention and attraction. Why aren't we retaining teachers? The conditions. We need to look at the conditions that are happening in public education. They're highly skilled and highly qualified, and they're going elsewhere. So I think your government has a lot of work to do in that particular area.

When we look at retention—that's another issue. They're being burnt-out. There's a lot of stress and mental health—and not just because of the pandemic, but the pandemic saw that actually exacerbated because of the lack of supports and resources. So we're quite concerned. And we're seeing that not just in public elementary—our francophone teachers and other areas.

I think there need to be some conversations around the respect for the profession, and that respect needs to be shown by your government so that those who want to enter the profession will feel, when they step in, that their work will be valued and respected. Our members are saying they're not feeling valued and respected for their contributions—not just in the pandemic, but as educators, as professionals with professional judgment who are highly skilled and are doing this because they have a passion and a love for children. So I'd love to be part of those further consultations in regard to it, because I believe, as the government has seen during the pandemic and now, there is a crisis in regard to teachers. The tone is not feeling very welcoming.

Ms. Andrea Khanjin: I appreciate your comments. I know the feedback we've been getting here locally is that there are a lot of new teachers who are excited that they get to be a full-time teacher in a classroom—something that hadn't happened for decades. It's certainly interesting to get their feedback.

Here in our community, our French-language schools—the demand is growing as well, as we are a growing community. Certainly, part of the red tape reduction our government is working on is to try to get some more of those francophone teachers in our school system.

I will pass it off to my colleague.

The Chair (Mr. Ernie Hardeman): You have 1.4 minutes, MPP Byers.

Mr. Rick Byers: I have two quick questions to Mr. Barnum. Number one, you talked about the growth of contraband sales in Ontario. Has that been through the pandemic or consistently rising? And secondly, when did Quebec make their changes to their program?

Mr. Rick Barnum: With regard to the growth in contraband tobacco, we're higher than we were pre-pandemic.

During the pandemic, it was very interesting, because the highways were basically closed, people weren't travelling, and contraband cigarettes weren't able to move across the country as they do now. So there was a huge slump in the numbers, and tobacco revenue actually increased in all the provinces. That number has now decreased again and is back to where we were previously.

Your second question—

Mr. Rick Byers: When did Quebec make their changes?

Mr. Rick Barnum: In 2009. There's a great record there.

Mr. Rick Byers: Thank you. I'm going to pass it to—

The Chair (Mr. Ernie Hardeman): You have 0.4 minutes.

Mr. Rick Byers: Thank you for being here today.

The Chair (Mr. Ernie Hardeman): With that, we'll go to the opposition side. MPP Fife.

Ms. Catherine Fife: Thanks to all the presenters. I'm going to start with Meghan.

Meghan, your presentation really focused on the importance of culturally appropriate practices. I think it's important for the committee to understand: When those culturally appropriate services are not available, what is the negative impact on Indigenous folks, because they won't access them?

Ms. Meghan Young: I think what you said is the impact—that Indigenous people aren't accessing services that aren't safe or aren't appropriate for them. When we think about world view and how that impacts how we exist in the world, constantly having to force yourself to fit in another framework—or if you're going to the emergency hospital, for a specific example, and you're not being treated with dignity and respect because you visibly look Indigenous or because you're a person who uses drugs, then you're not going to go access those services again.

What we're seeing is that Indigenous people living with HIV are being diagnosed later. As you could see in the numbers I shared, out of the people who have been diagnosed with HIV and are Indigenous, only 69% of them are currently accessing treatment, because they're not feeling that they can go and access treatment and be treated with dignity and respect for who they are. So I think we need to change that. If they see themselves in the services that are being provided through providing culturally grounded services, then they are more likely to access them. When we have conversations in community and listen to what they are saying, that is what they're asking for.

1140

Ms. Catherine Fife: Okay. And I think you made a very good point as well, Meghan, on the importance of the harm reduction piece as a good investment because people stay healthier, or they don't tax the system more by becoming more and more sick. That's the smart investment, and it is also a part of reconciliation, I think, to recognize those barriers. So I wanted to thank you for coming in today.

Ms. Meghan Young: Meegwetch.

Ms. Catherine Fife: Karen, the FAO report last week was pretty stunning. To see that the government is intentionally underfunding health care and education—both of these are responsibilities of the provincial government. The \$1.1 billion less for the education sector to meet the commitments in the government's own spending plan is quite astounding. I think that it's deeply disturbing post-pandemic that we have a government that is not recognizing that there have been some significant learning gaps, especially for younger learners. I'm thinking about language acquisition throughout those early years.

We are hearing that morale in the sector is at an all-time low, and part of that is connected with the fact that the resources are not there. I mean, teachers and education workers are ready to step up and fill the gap, but the resources have to be in place.

I wanted to give you an opportunity—and I think you started down this road with my colleague. The fact that there isn't a comprehensive long-term COVID response in education will not serve this province well. I know ETFO has been leading on this call for a strategy, so I wanted to give you an opportunity to specifically outline where that \$1.1 billion should be going in education today.

Ms. Karen Brown: Thank you. I want to say, you talked about a comprehensive plan, and that is so important. We need to return to in-person learning for all elementary students, with the necessary resources and supports to address their diverse needs. When you talk about \$1 billion and you talk about parents of children with autism who are waiting for therapies because of cuts, those are examples of putting it into the program. We heard that it's wonderful that new teachers are getting positions, but if we had the opportunity to reduce class sizes, using that one-to-one attention in order to address some of those learning gap issues, in order to address some of the concerns that students have so that they can catch up appropriately—we know they need that attention.

Investing money in tutoring is not the way to go. It's outside of the system. When we talk about equitable access, it's putting that money in the system so every parent who sends their child to school will know that during the school day, they are going to get the resources; that they don't have to go outside on their own, paying additional funds for something. It is part of just continually taking money out of the public system to invest it in private resources and private economies.

So with government, you talk about concrete—class size is definitely something. We need to hire more specialist teachers. We need to look at where we can put money for early intervention and also early diagnosis. We need to have the psychologists and social workers. We need to have those resources within the system to help support students. Those are some key and concrete investments that are not just going to be around for a year but will impact students for a long term. So I would like to—

Ms. Catherine Fife: Karen, you've said a few things that I just want to unpack a little bit. The \$300 private tutor funding that was announced as the strategy, essentially, to address the learning gap, that pulled about \$365 million out of the public education system. A provincial policy decision like that—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Catherine Fife: What is the impact, Karen, that it has on the overall environment in our elementary schools?

Ms. Karen Brown: It continues to erode the public system, and it continues to create disparities in regard to those who have and those who do not. Every child should be able to get those resources within the system. Once again, we talk about equity of access, equity of outcomes, equity of the learning. Why do parents have to do that outside of the school day? Why is it going to private enterprise?

We should be able to support and hire and recruit individuals who could provide those same supports within the system. What we're seeing is a government that has total disregard for providing supports within the system. There needs to be a true commitment to want to see this system succeed. By doing that, you're investing in the system. By taking out, you're showing something else.

Ms. Catherine Fife: Thank you very much, Karen.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. With that, I want to thank all the presenters for the panels this morning for the time you've taken to prepare and the time you took this morning to present to help us with our budget deliberations. I also want to point out that the deadline for written submissions is 7 p.m. Eastern Standard Time on Tuesday, February 4, and that would be—

Interjection: February 14.

The Chair (Mr. Ernie Hardeman): The 14th? Oh, the 4th—I don't know why I said that, but it's the 14th. Thank you.

With that, I again thank you. We will recess for lunch to 1 o'clock.

The committee recessed from 1146 to 1300

The Chair (Mr. Ernie Hardeman): Good afternoon, everyone. Welcome back. We'll resume public hearings for pre-budget consultations.

As a reminder, each presenter will have seven minutes for their presentation, and after we've heard from all the presenters, there will be 39 minutes for questions from the members of the committee. This time of questions will be divided into two rounds of seven and a half minutes for the government members, two rounds of seven and half minutes for the official opposition members, and two rounds of four and a half minutes for the independent members as a group.

INCOME SECURITY ADVOCACY CENTRE

ADVOCACY CENTRE
FOR TENANTS ONTARIO

ONTARIO SNOW RESORTS ASSOCIATION

The Chair (Mr. Ernie Hardeman): We'll now start the presentations with the first panel. The panel is Income Security Advocacy Centre, Advocacy Centre for Tenants Ontario, and Ontario Snow Resorts Association. I believe the Income Security Advocacy Centre will be virtual.

As I said to all the presenters, you'll have seven minutes to make your presentation. At the end of six minutes, I will say, "One minute." At the end of that one minute, I will say, "Thank you for your presentation," and we'll go on to the next one.

As you start your presentation, we ask that you give Hansard your name to make sure that your comments are attributed to the right voice.

With that, the first one is the Income Security Advocacy Centre. Good afternoon. The floor is yours.

Ms. Devorah Kobluk: My name is Devorah Kobluk. I am the senior policy analyst at the Income Security Advocacy Centre, or ISAC. ISAC is a specialty legal clinic funded by Legal Aid Ontario. Our mandate is to advance the rights and interests of low-income Ontarians with respect to income security and employment. We carry out our mandate through test case litigation, policy advocacy, community organizing, and public education.

Thank you for the opportunity to appear before the committee during the 2023 pre-budget consultations. I will spend my time focusing on ISAC's recommendations for social assistance, access to justice, and workers' rights.

This government has decided to leave people who rely on Ontario Works, or OW, very far behind. This government has not increased or indexed OW rates or increased the earnings exemption. In Toronto, this means individuals must shoulder an over 21% increase in rents and—for all Ontarians—an over 10% increase in groceries with \$733 per month, a benefit rate that has been frozen since 2018. These clients live 66% below the poverty line. It is no wonder that food banks are inundated and shelters are at or over capacity. In addition to paying for housing and food, paying for utilities, digital access, transportation and uninsured medical supplies is impossible.

Although Ontario Disability Support Program, or ODSP, clients did receive an increase to their earnings exemption to \$1,000 per month, historically less than 10% of the total caseload have earnings from employment, so the change will not benefit over 90% of clients. While we are pleased the rates received a slight increase and have been indexed, the current monthly benefit rate of \$1,228 per month still leaves ODSP clients 43% below the poverty line, and that line does not account for the extra costs of living with a disability.

With the \$1 billion in savings from reduced caseloads during the pandemic—and caseloads are still 100,000 people below pre-pandemic levels—this government could afford a 10% increase to social assistance rates across the board against 2018 rates today. However, even 10% is not enough to live a life of autonomy and dignity. Black, Indigenous, 2SLGBTQI+ people, people with precarious status, newcomers, people with disabilities, single individuals, single mothers, and seniors are impacted the most.

If this province does not start investing its surpluses, among them the \$19.7 billion allocated in excess funds over the next three years, it will continue to pay for poverty in our emergency rooms and criminal justice system. The only way forward is to double social assistance rates for both OW and ODSP against 2018 rates and to extend the

indexation of rates and earnings exemption of \$1,000 per month to OW.

Second, the pandemic has made digital access an essential service, and so has increased digitization as part of social assistance modernization, which itself is part of the province's Digital First approach. Without increased digital support, social assistance clients are further isolated from the point of application to interactions with case-workers to attending tribunal hearings. Further, Canadian cellphone data plans are "among the highest in the world."

ISAC recommends the implementation of a new \$100-per-month digital access benefit for essential cellphone and Internet services, a \$200 digital access benefit every two years to pay for digital equipment and hardware, and digital literacy training that will assist with using new digital tools and platforms.

Equally concerning is the state of the Human Rights Tribunal of Ontario, or HRTO. The HRTO is an accessible forum where Ontarians seek redress for discrimination and harassment in the areas of housing accommodation, employment, and goods and services provision. It is a vital avenue for access to justice for low-income individuals who regularly experience discrimination, including those who identify as Black, racialized, Indigenous, migrants, disabled or 2SLGBTQI+.

Since 2018, extraordinary delays and other problems have seriously undermined the protection of human rights in Ontario. There is a backlog of 9,000 cases and wait times of four years for a hearing. Last fiscal year, there were only 16 decisions, down from around 100 in 2018. While the tribunal now has a full complement of adjudicators, most lack the experience in human rights law, conducting hearings and dispute resolution necessary to deal with cases because of the government's failure to reappoint or retain experienced adjudicators in 2018. Many of the adjudicators are only part-time.

Alarming, the tribunal's main strategy to address backlogs is to increase notices of dismissal, up 70% since 2017, and without an opportunity for an oral hearing. Tribunal Watch Ontario states that the tribunal "has significantly narrowed the interpretation of its own jurisdiction, allowing it to dismiss hundreds of cases without giving the parties an opportunity for an oral hearing."

Protections in the Human Rights Code are meaningless if Ontarians cannot enforce them. The province must provide additional resources to the HRTO, appoint qualified and competent adjudicators, cease dismissals without oral hearings and transparently communicate with the public about how to address the delays.

Next, the province experienced significant economic growth this year, and as that was happening, workers, particularly precarious, contract, low-wage and gig workers, continued to struggle. With a 27% increase in people with employment using food banks, this is evidence that simply raising the minimum wage through an annualized indexation to the consumer price index is not enough, particularly since this government cancelled the planned raise in 2018 and froze the minimum wage for the following two years.

After the minimum wage increased by 21% in 2018, Ontario's unemployment rate dropped to the lowest level

since 2000, and the province saw the creation of 78,000 full-time jobs. Ontario needs to do it again. ISAC urges the government to increase the minimum wage to \$20 per hour immediately.

Finally, Ontario must legislate paid full sick days for all. The three days over a 700-day period with the worker income protection benefit program is inadequate. It forces low-income workers deemed essential, including workers in grocery stores, cleaning, delivery, long-term care and farm work, to choose between their health and safety and putting food on the table and paying rent. Over 16,000 Ontarians have died of COVID-19, and 2022 was the deadliest year for the pandemic in Ontario. Eighty per cent of those cases were racialized people, though they make up 33% of the population. The province must legislate employer-paid sick days as 10 personal emergency leave days in the Employment Standards Act and as an additional 14 days during declared public health outbreaks.

Thank you very much, and I'm happy to take your questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. We now go to the Advocacy Centre for Tenants Ontario.

Mr. Douglas Kwan: Thank you. Good afternoon. It's a pleasure to see you again, Mr. Downey and members of the standing committee. My name is Douglas Kwan. I'm the director of advocacy and legal services at the Advocacy Centre for Tenants Ontario. We are a legal clinic that focuses on advancing tenants' rights through research, representation, community engagement, public education and law reform.

As you know, Ontario is facing an unprecedented affordable housing crisis where we have seen rental costs doubling year after year and food bank use at an unprecedented level. As a result, many more families are living in encampments, and more middle-class Ontarians are being evicted.

We acknowledge the province's bold approach to meeting those challenges by increasing private market supply through Bill 23. However, it is running against five strong headwinds which will diminish many of its stated goals. First, we are seeing high interest rates that have pushed developers to shelve plans for developing housing. Second, we are losing far more affordable housing units than can be replaced through Bill 23 alone. Third, property owners will be passing along costs from Bill 23 to renters. Fourth, rent control exemptions will make all the new housing created exempt from rent control and thus unaffordable. Lastly, the Landlord and Tenant Board has lost the confidence of landlords and tenants as a place where they can assert their rights and remind others of their responsibilities. As a result, tenants are being pushed out of stable housing or living under constant threat of eviction.

1310

I'm going to focus on headwinds two through five and then offer solutions to them under the broad umbrellas of (a) creating new affordable housing; (b) retaining affordable existing units; and (c) access to justice.

We're losing more affordable housing than we can create through permissible demolition and conversion programs at the municipal level. It's far too easy to tell tenants

in a rental building to leave due to renovations and purposely wait long enough, where their right of return is rendered meaningless. For example, low-income residents, including seniors, who live on Walmer Road in Toronto have been waiting to return to their home for three years. Meanwhile, those renovated units are being leased at almost double the rates.

This is the impact of vacancy decontrol, where across the province we see demovictions, renovictions and own-use applications increasingly used to evict law-abiding, long-time tenants. When units are turned over, they are exempt from rent control, and a landlord can charge whatever the market will bear.

The Canada Mortgage and Housing Corporation last month came out with a report that examined the state of the rental market in 2022 and recorded the impact of vacancy decontrol. Although the province set out a rent-increase guideline of 1.2% in 2022 for sitting tenants, when units became empty, the next tenant would pay double-digit increases from what the previous tenant was paying. For example, in Hamilton, that meant 26% more; in Ottawa, that was 17% more; and in Toronto, that was 29% more. As a reminder, this province set the rent increase at 1.2% for Ontarians to get them through the pandemic last year. As you can see, there is a strong incentive to remove Ontarians living with stable tenancies.

We acknowledge that there is also a supply problem, and Bill 23 attempts to address that. However, removing development charges from market housing, community benefit charges and parkland dedication levies will see municipalities increase property taxes, which could be passed on to tenants. Furthermore, Bill 23 will also eliminate development charges for housing services, such as funding affordable housing development and services which would impact affordable housing and eviction-prevention programs. In the case of Walmer Road, for example, the city of Toronto has a rental-protection bylaw to ensure that any new development that eliminates affordable units are replaced. The city of Mississauga has a similar program. However, Bill 23 suggests that rental-protection bylaws for those cities will be weakened in favour of a broad provincial rental-protection policy that would apply to all municipalities, regardless of the different rental housing pressures between them—urban, rural, you name it.

We have also seen the impact of having the private market be the sole driver of supply. Since 2016, there has been a 36% decrease in units that were renting for \$1,000 or less, and in the same time, an 87% increase in luxury units, which we defined as units that go for \$3,000 and more. To put it plainly, the private market isn't building affordable housing.

Academics have also written that it may take a generation for all that new supply from Bill 23 to overtake demand and for that stock to deteriorate to the point where they can become affordable. However, the rent control exemption for new units first occupied after November 2018 will extend the unaffordability period even longer for those units. The November 2018 rent control exemption allows units to be free from rent control in perpetuity if they are first occupied after November 15, 2018. That means, as years progress, more and more unaffordable

units will go online in the market, impacting mostly suburban communities and areas where growth is happening, which will continue to make life more unaffordable for Ontario's 1.7 million renter households.

In the backdrop of the affordable housing crisis, the much-publicized problems at the Landlord and Tenant Board continue. It has created barriers for tenants to assert their rights and to challenge the grounds for eviction. People are losing faith in the board, having to wait 10 months to have their matters heard. This has had a significant impact on the housing market, where tenants are pressured into leaving, seeing illegal notices for eviction go unchallenged and access to important housing stabilization supports and legal advice become more difficult with the board's decision to move to a remote-service model. We are seeing sustainable tenancies unnecessarily end, whereas in the past, municipalities and social and legal services were able to step in and intervene and help maintain them.

Our solutions to these challenges are grouped in three sections, as I mentioned.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Douglas Kwan: Creating new affordable units: We have identified recommendation 2, which is investing and developing affordable housing and prioritizing the non-profit community housing sector to own and manage them. We supported our veterans who were coming from World War II. We built affordable housing all the way up until the 1990s, and that's where our affordable housing stock remains. We can do that again.

Recommendation 3: All surplus land that is made available should be dedicated to truly affordable housing. That means shelter costs of not more than 30% of a household income.

Retaining existing units—recommendation 1, eliminating or minimizing the vacancy decontrol and November 2018 rent control exemptions: We suggest either eliminating or putting a sunset clause.

Recommendation 4, preventing the detrimental impact of Bill 23: Let's keep rental protection bylaws, and let's allow the cities to adopt one that makes sense for their cities. Make municipalities whole throughout the Bill 23 process—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time, and hopefully we can get the rest in in a round of questioning.

Mr. Douglas Kwan: Thank you.

The Chair (Mr. Ernie Hardeman): The last presenter is the Ontario Snow Resorts Association.

Mr. John Ball: Thank you, Chair. Thank you to the committee for inviting the Ontario Snow Resorts Association to present today. My name is John Ball. I'm a member of the OSRA board of directors, the current chair of the Canadian Ski Council, and I'm the general manager of Snow Valley ski area, which is just a short drive away from where we are here today.

As you may know, the Ontario Snow Resorts Association oversees Ontario's ski and winter sport resorts, utilizing partnerships with various participants in the winter sport industry, including the government of Ontario.

OSRA is a leading authority on safety and risk awareness issues and best environmental practices for winter sports in the province. The OSRA also helps institutions such as elementary schools arrange winter activity days for students to promote physical and mental well-being while providing students with the opportunity to experience nature in a fun way.

Snow Valley has been part of the Barrie community for over 70 years. Over these years, the resort has taught hundreds of thousands of Ontarians how to ski and snowboard and is a vital part of the local community.

As far as our recommendations, the OSRA has submitted three recommendations for the upcoming budget to strengthen Ontario's ski and winter sports industry.

First, we recommend the government support creating a college program in Ontario to teach the next generation of ski operators and managers. Unfortunately, the only program in Ontario dedicated to training ski operators and managers was shut down in 2016, which led to a decreasing number of young workers entering the industry in the province. Resorts now need help to hire staff in ski operations and management roles that require the proper education. Due to this, some resorts are forced to operate at a limited capacity, making it more challenging to recover revenues lost during the pandemic, especially during the closure of ski operations in early 2021. Ontarians passionate about the ski industry are forced to move to other provinces to receive their proper education, and unfortunately many of those don't return to Ontario, which has one of the strongest ski industry sectors in the country. Introducing a new college program would ensure that the sector has a reliable pipeline of mid- to senior-level operators and would support young Ontarians staying within the province and bringing their expertise and keeping it here.

Second, we recommend that the government provide support to develop the workforce at resorts across the province that face significant staffing shortages. Due to pandemic lockdowns that forced the closure of ski hills in Ontario, many employees were laid off and sought employment in other industries. Ontarians are returning to winter sports in great numbers, but the resorts need the staff to support the influx of visitors during peak months, missing out on additional revenues. By promoting the industry to prospective employees over the winter months, ski resorts will be better able to operate with complete staffing levels.

Lastly, we recommend the government advertise Ontario over the winter months or before winter as a winter ski destination, as other provinces do. If you take out your phone and do a quick Google search of "winter sports destinations in Canada," it will not direct visitors to Ontario. Instead, one will find blog posts and advertisements highlighting ski resorts predominantly in British Columbia, Quebec and Alberta. This is despite Ontario being home to a strong ski industry that can provide different experiences for different levels of skiers. To compete with other provinces during the winter months, Ontario must advertise the province as a premier winter

destination. This will ensure that solid tourism can continue throughout the entirety of the year and bring many economic benefits to the province, especially in communities that tourists don't traditionally visit.

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In closing, Ontario's ski and winter sport resort industry is poised to recover from the impacts of the COVID-19 pandemic, but it will take years until we can fully recover. We continue to face pressing matters, such as staffing shortages at all levels, preventing ski hills from operating at full capacity. By reintroducing a college program dedicated to training ski operators and managers, we can ensure young Ontarians stay and work in the province. Advertising Ontario as a premier winter destination will also support the industry's recovery and bring well-needed tourism dollars to communities across the province.

Thank you again for inviting the OSRA. I would be happy to answer any questions at the appropriate time.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation. That concludes the presentations.

We'll start the first round of questioning with the official opposition. MPP Fife.

Ms. Catherine Fife: Thank you, Douglas, John and Devorah.

I'm going to start with Devorah. Thanks for your presentation. You tied a number of issues that are connected together, which is helpful. I'm particularly interested in your comments on the LTB narrowing the interpretation of their own mandate, which reduces access to justice. Can you expand on that a little bit, please?

Ms. Devorah Kobluk: Thank you for the question. The main concern is, we're—you put your filing in, and as you can imagine, not everybody has legal representation and not everybody has lawyers. You usually have an opportunity for an oral hearing to expand, in person, on why you believe your human rights have been violated, before the tribunal.

What they are now still doing is having these notices that are going out, and if you're a lawyer, people know what to do with that—they can submit more evidence. However, if you're not, people are seeing a notice of dismissal as a dismissal, period. With that, there's this increased amount of people who are abandoning cases. They're not allowing the space that they used to and the increased access for people to actually be able to get to the point of having a full hearing—and many of those cases, when they come forward with other arguments, actually do continue on. So it's limiting the ease of access. It should be an accessible tribunal.

Ms. Catherine Fife: Thanks so much for that clarification. I certainly wasn't aware of that.

I am aware of the challenges at the LTB, and I'm sure every MPP who sits on finance is aware. Those challenges are real.

Finally, Devorah, on the 10 paid sick days: Having gone through a global pandemic and having seen the impact that sick people going to work has had on the

economy, is it surprising to you that the government has not adapted or learned from that devastating experience?

Ms. Devorah Kobluk: I think “surprising” is one way to put it; “frustrating” is, as well.

The data is very, very clear. When you have 10 paid sick days and enough sick days for people to stay away from work and still meet their costs, worker productivity is higher. It’s the best option to curb the pandemic. I think we’re under this impression that the pandemic is over, but when you hear that 2022 was the deadliest yet, when you hear that 80% of the workers in the cases are racialized—there are certain demographics in our society that are being hit harder. So it makes economic sense. It makes good worker safety sense. It’s good for Ontario. It’s good for productivity. I think people are very frustrated as well as surprised, yes.

Ms. Catherine Fife: That’s a good clarification. I think we’ve brought forward this legislation either 11 or 12 times and to no avail, but it’s not like we’re going to stop trying.

Moving over to Douglas: It’s good to see you again. I remember your presentation on Bill 23, so thanks for that.

The exemption of the rent control piece: All of us will have people who are being evicted so that a unit can be turned over to generate more income. It has a devastating impact on everything—on the life of a family, on the educational outcomes—because housing, as we’ve learned, is health care. One case in my riding is a family of four who have taken in a foster child. They’re being evicted, so that foster child is going to have to go back into the system because they won’t have an accommodation. There’s this painful, trickle-out effect for having a fairly callous housing policy like this.

Can you talk a little bit about how tenants truly can be protected in these instances? What would actually need to happen in order for tenants to have some stability and at the same time also protecting the people who are in the community as a whole?

Mr. Douglas Kwan: Certainly there are two pieces to that answer: legislative and enforcement solutions. On the enforcement piece, we have recommendations to improve the Landlord and Tenant Board to provide in-person counter service for people who need it and to switch to regional scheduling.

Right now, people who live in Barrie are waiting in the same hearing block with others who live in Renfrew, London and elsewhere, so their matters aren’t being heard quickly. And the municipal homelessness prevention programs aren’t attending those blocks because they’re mixed with other addresses from other municipalities and other addresses from across the province, whereas before, for example, in Mississauga, eviction prevention programs would just be there because they knew all the addresses were Mississauga addresses. So that would be a simple solution.

Another enforcement solution is enhancing the Ministry of Municipal Affairs and Housing rental housing enforcement units. They can press charges against those bad actors. Right now, the long waiting list at the Landlord and

Tenant Board is creating a Wild West and no one is there to enforce, so enhancing their staffing and improving their mandate would go a long way to fill in the missing gap.

On the legislative front, vacancy decontrol, as I mentioned, has had a serious impact. There’s a strong incentive for landlords to evict tenants so that those units can be empty. Those numbers are very clear. You’re going from 1.2% to 17%, or 29% in Toronto. Those are strong financial incentives. That’s why we’re seeing all these own-use applications.

It results in a significant destabilization of a household because you need an address for your kids to go to school. You want to be there for the four years so they can graduate high school. Stability is so essential, as you mention.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Douglas Kwan: Housing is a human right.

Ms. Catherine Fife: I just want to get this one point in. Under the LTB, one of your recommendations or solutions is number 3. You say, “Return in-person counter service to the Tribunals Ontario offices that are currently empty although still facing operational costs.” These are offices that the government still has open but there are no people there? Are they still working from home? Is that the point of this?

Mr. Douglas Kwan: It’s my understanding that those offices are sitting empty and they are either government-owned or rented by the government and can be easily made available and have in-person hearings and in-person counter service.

Ms. Catherine Fife: Thank you so much for bringing solutions to the table. There are certainly things that the government can be doing to help renters in Ontario. Hopefully, your comments resonated today. Thank you.

The Chair (Mr. Ernie Hardeman): Government? MPP Khanjin.

Ms. Andrea Khanjin: Devorah and Douglas, welcome to Barrie.

Of course, John, you’re no stranger to Barrie, and I want to thank you for being here. I actually did learn how to ski at Snow Valley, being raised in Barrie. I now live in Innisfil, but I’m very humble to represent the south end of Barrie and this region. We’ve seen how much of an impact Snow Valley has made on people’s Hallmark moments in their lives, but also how much you’ve given back, whether it’s the fundraisers you do for RVH with Mash Bash and what have you.

I wanted to ask—you’ve given so much back to the community. You have this ask about training the next labour force. What does that mean for our local economy and for you to be able to give back, but also those folks who are going to be learning these incredible skills, how they can apply that into the tourism sector and to the growing ski sector we have in this region?

Mr. John Ball: The key is Georgian College, which is a local community college here in Barrie. They also have campuses that go over towards Bruce county.

When the Georgian College program did close down, there was a serious void in the students who were working

there who were coming to work for us. Even in the Mansfield Ski Club, Brooke Pack was a Georgian grad and has just been named the assistant general manager there. It takes a while, but they do manage to work through and work in Ontario, and contribute to Ontario resorts.

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Georgian College was a fantastic program. It spun off from the Humber College program; that was in the 1980s. What the industry is concerned with right now in Ontario is that we are noticing a void, and that we also have several people in Ontario who are going out to Selkirk College in BC to take the same ski area management-type programs.

Georgian College does have the advantage because it has a hospitality program, and a lot of that would fit in nicely. It's just adding in the ski resort operations part, specifically.

Ms. Andrea Khanjin: And how many people have you spoken to who would have loved to take this program if it existed today?

Mr. John Ball: Well, many of our staff, because what we find at Snow Valley, Mount St. Louis, Horseshoe valley—the ones that are very close to Georgian College—they have the most interest, but there are also people from the Collingwood area, because they have the private clubs as well as Blue Mountain and they do employ a lot of people. In terms of Ontario, the ski resorts employ about 14,000 people. What we're missing is the key people in those management roles to be able to support the industry and continue to employ those Ontarians.

Ms. Andrea Khanjin: Something I learned about from my colleague the Attorney General, who has joined us today here in committee, is the new technology that you have out there as part of the skills training; also, the new technology that's coming out to help ski resorts maintain the fine snow and everything that comes with it.

Mr. John Ball: We call it a snow management system, where we are using examples from the construction business to measure the snow depth at all times to try to manage our resources—lower-energy snow guns in producing that. And with that technology comes the people in Ontario, not just at the snow resorts, but at the spinoff industries. Snowright—we chose a Collingwood manufacturer for the program that we're using, and it's based on construction depth.

I can tell you and pull it up on my screen right now that shows we have 93 centimetres of snow, average, on all of our ski runs across the entire property. Being able to manage that snow depth enables us to provide a great snow surface for Ontarians to come out, and that that technology is something that other resorts are adopting. But not only that, we're buying local with the company in Collingwood: Snowright. It's a fantastic product, and we're using that, as well as training our staff to adapt technology in their daily work.

Ms. Andrea Khanjin: That's amazing. Thank you. I'm going to pass it on to my colleagues who are also eager to ask some questions.

The Chair (Mr. Ernie Hardeman): MPP Byers.

Mr. Rick Byers: Thank you to all the presenters for your thoughts today. They're very much appreciated.

Douglas, I want to ask a little bit more about the Landlord and Tenant Board. You are there on the ground in interaction, and like many things during COVID, there were backlogs and whatnot that developed, and obviously you've seen the incremental resources the government has dedicated to the board. Are things working? Have you seen things getting back to more normal or pre-COVID levels? Can you give us a sense of how the board is working, from a backlog point of view?

Mr. Douglas Kwan: I don't think we've seen the improvements of the recent announcements by the province. Certainly, the board has an unprecedented number of adjudicators at the moment. What we've seen historically, though, is that they were able to manage more applications with fewer. The reason why they were able to do this was they utilized the expertise of the adjudicators and they worked with the local homelessness prevention programs in the hallways, so a lot of those matters were resolved in the hallways before they reached a merit hearing moments later. That working relationship with tenant duty counsel, homelessness prevention programs—we were able to resolve a lot of matters pre-pandemic.

Once the pandemic started, yes, there was a moratorium on hearings. The pandemic had an impact, no doubt, but the Landlord and Tenant Board also saw an almost 40%-plus reduction in the applications that they received for hearings in that first year. So although they heard less, they also received far fewer applications. Although that did have an impact, our paper suggests that it's really the operational pieces that have caused the lengthening of the backlog.

Mr. Rick Byers: On remote hearings: This is one of the perhaps few positive elements of COVID—that the reality of being able to work remotely was proved to be viable. I'm sorry, I want to make sure: Is that something you support at the board or not?

Mr. Douglas Kwan: Our position is: Remote hearings work for some but not all. If we were talking about the college of physicians, where parties are doctors and lawyers, virtual hearings are great; or the law society, fantastic. But the users at the Landlord and Tenant Board are those who live in rural and remote areas, are low-income; they don't have the broadband. When I'm on a Zoom call, it uses up three gigs in two hours. You're expected to participate in a full video hearing for an entire day. Not many Ontarians have that capacity. And you're also asking them to get involved in an unfamiliar format where their housing is at risk. So it's not ideal, at least not for that tribunal. It may work for others. And when both parties are represented, virtual hearings work fantastic, but this is a board that hears mostly self-represented parties—

The Chair (Mr. Ernie Hardeman): Thank you very much. Our time is up for that question. MPP—

Ms. Catherine Fife: Kernaghan.

The Chair (Mr. Ernie Hardeman): Kernaghan.

Mr. Terence Kernaghan: I knew you could do it, Chair.

Thank you very much to our presenters today. Thank you, Devorah. Thank you, Douglas. And thank you, John.

My first questions will be for Devorah. I want to thank you for pointing out to the committee the importance of the disparity between Ontario Works and the earning exemption as opposed to ODSP. Specifically, also, I'd like to thank you for pointing out the excess funds—or, as some have called them, slush funds—that the government is withholding within their contingency funds: \$19.7 billion.

I did want to ask, in terms of the Ontario Disability Support Program, could you possibly speak to the definition of “spouse” and the impacts that this has on income determination for people who are on the program?

Ms. Devorah Kobluk: Sure. Thank you so much for that question. The Ontario Disability Support Program Act defines “spouse” after three months of cohabitation, versus the Family Law Act, which puts it at three years.

And just to be clear, people with disabilities on the ODSP caseload received the \$1,000 earnings exemption, but non-disabled dependents or people who cohabit or who are a spouse did not. So they are still going to be on the \$200-a-month exemption.

I hear a lot from people on ODSP how much they despise this three-month rule. It does a few things. First, after three months, it means that someone who you may have recently partnered with is suddenly financially responsible for you, and it creates a situation of dependency which doesn't allow for a natural progression of a relationship. It means some people don't ever pursue relationships, which are part of a full life. It's unreasonable, within three months, and it's important to know that half of the people on the beneficiary caseload are not actually going to be benefiting from that \$1,000 exemption either, so the household will not be necessarily any better off.

Mr. Terence Kernaghan: Thank you, Devorah. My next questions will be for Douglas.

Douglas, you pointed out Bill 108, I believe it was, the More Homes, More Choice Act, which removed rental control from those new builds first occupied after November 2018. We in this committee have heard members on the government side claim that that legislative change created such a great abundance of new rental housing starts. I wanted to ask you, in your opinion, who did that legislative change benefit?

Mr. Douglas Kwan: I can say that certainly that exemption allows for new developers developing residential properties the ability to charge whatever rents that they wish for those, when first occupied after November. So certainly those owners are exempt from rent control and would benefit from asking for whatever rents the market will bear.

This November 2018 exemption is not necessarily new. There was a 1991 exemption for new builds as well, and we looked into some of that research. For 25 years, we had that 1991 exemption and, in those 25 years, approximately 9% out of all new housing starts were for purpose-built rentals. The majority of those new units were for home ownership, so condos, townhouses, single-detached homes, which would perhaps be available in the secondary market for rent, but in that secondary market, the rents are higher. So we've seen it produce 9% purpose-built rentals.

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We've had two or three years of this new rent control exemption, so I think it's too early to make any definitive conclusion on it. However, we do see the impact every day on the ground that it is making lives more unaffordable for Ontarians.

Mr. Terence Kernaghan: Absolutely. While it might have created more rental-housing stock, it has created yet more unaffordable rental-housing stock as people complete their lease.

I also want to ask about Bill 23. We've heard that it was created to incentivize private developers to create more affordable housing by the removal of development charges. In your opinion, do you think these cost savings to private developers will be passed on to consumers in terms of a lower price for them?

Mr. Douglas Kwan: We would strongly suggest that there would be some mechanism in order to ensure affordability. Developers are, as I understand, saving quite a bit of money on development charges. That revenue goes towards a public good, such as sewage and water treatment, and so we would encourage that public good be—ensure that the public receives benefit out of that policy.

Mr. Terence Kernaghan: It is quite clear that even though that is the stated goal, there is no way to ensure that that actual cost savings is going to be passed on.

I wanted to know if you had any opinion—we've heard from this committee, as well. We saw a change to the non-resident speculation tax, an increase to 25%, but there are a couple of very notable exemptions to that NRST. The exemptions would be for real estate investment trusts that purchased a rental building with greater than six units, the purchase of agricultural land, the purchase of commercial land, the purchase of industrial land. Do you have any concerns about real estate investment trusts purchasing affordable housing and rental-market housing?

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Douglas Kwan: We're concerned that these large corporations are buying the so-called mom-and-pop landlords—those who are very familiar with who's living in their units. Some operate well; others do not, but they have a shareholder to speak to and are obligated to produce profits.

The federal government is looking at real estate investment trusts. They have developed a standing committee. The National Right to Housing Network is also concerned about real estate investment trusts. I think all levels of government should explore whether or not real estate investment trusts are actually beneficial to the overall rental-housing market. We are concerned about their impact, though, overall.

Mr. Terence Kernaghan: I want to thank you for your statement that housing is a human right.

Mr. Douglas Kwan: Thank you.

The Chair (Mr. Ernie Hardeman): MPP Cuzzetto.

Mr. Rudy Cuzzetto: I'd like to thank all the presenters for being here today. My question is going to be for Douglas.

Douglas, your organization has claimed that you need approximately 10,000 rental units a year, which works out to about 100,000 over 10 years. We have a shortage of housing of about 1.5 million homes in the province of Ontario, so that works out to about 6% of rentals that we need. By removing development charges from rentals—affordable homes and purpose-built—don't you think that would help that section of the market? Because that's where we're removing the development charges. We're not removing them on the \$1-million homes or the \$2-million homes—only on these types of homes. Do you think that would help?

Mr. Douglas Kwan: I think it would help. We're just concerned about the side effects in terms of—if there's a trickle-down in terms of costs, that municipalities will then raise property taxes and then—

Mr. Rudy Cuzzetto: But we've already told the municipalities that we will make them whole—like the city of Mississauga—if they allow a third-party audit. Do you agree with a third-party audit to see how they're spending their development charges?

Mr. Douglas Kwan: That's outside of my realm of expertise—

Mr. Rudy Cuzzetto: But just as a general person, do you—are there any concerns about having a third-party audit on the municipality?

Mr. Douglas Kwan: I don't think there is any concern. These are public funds. But certainly, I think also the housing services piece is—that DCs will be removed for that piece is also a concern. So that is something that—

Mr. Rudy Cuzzetto: Another question: As you are aware, we've been endorsed by Indwell, Habitat for Humanity, which build affordable homes. You know the Port Credit area very well. You know that we have the Indwell project down the road, on Lakeshore. The rental there is \$556 per unit, per month. The Indwell owners have said that removing DC charges from Indwell projects like that will have them build more affordable homes in the province of Ontario. Do you agree with the Indwell claim on this?

Mr. Douglas Kwan: It's their position. I can't say that I speak for the non-profit housing—

Mr. Rudy Cuzzetto: Habitat for Humanity. The Salvation Army. The Compass Food Bank.

Mr. Douglas Kwan: I think they all do fantastic work. I think the non-profit community housing sector should be given more support by the province and, actually, get involved in partnering with them in building more of that type of housing, because I think that is a success story in Port Credit.

Mr. Rudy Cuzzetto: Another one I would just like to know your opinion on: Building a rental unit on a corridor like Hurontario, where we have an LRT, a brand new Port Credit GO train station and a BRT coming down Lakeshore—do you agree with building more rental around transit?

Mr. Douglas Kwan: As I remember, that street has rental. There is rental. I think some of the developers are waiting for their asset to be lifted up because of the new transit, and then—

Mr. Rudy Cuzzetto: But do you agree with them building around transit? That's the question.

Mr. Douglas Kwan: I think there should be more rental, but it should be more affordable rental and not the rental that—as we said, we're seeing much more rental that is going for \$3,000 and more. Those people who are sitting and waiting for that LRT to be built, they're not improving; they're just waiting for a person to purchase that property and then they leave and recoup the profit. It's important that we get more rental, but it has to be the right type of rental.

Mr. Rudy Cuzzetto: I agree, we have to build the right type of rental. But we'll go back to your claim, from your organization, saying that you need 100,000 units over 10 years, which works out to 10,000 units a year. In a city like Mississauga, how many rentals would that work out to be, approximately?

Mr. Douglas Kwan: I don't have those numbers. Let me just be clear: What we're looking for is affordable rentals.

Mr. Rudy Cuzzetto: Okay. So how many affordable rentals would we need if we're looking at 10,000 a year for the province of Ontario?

Mr. Douglas Kwan: Well, the target is constantly moving. Certainly we didn't anticipate that we'd see double-digit increases year over year in all the cities across the province. So we definitely need more, absolutely more of it—

Mr. Rudy Cuzzetto: I agree, we need more of everything. I agree, totally. Thank you very much. I'll pass it on to Andrew here.

The Chair (Mr. Ernie Hardeman): MPP Dowie.

Mr. Andrew Dowie: I'd like to continue my question to Douglas. Thank you so much for your presentation. Right now I know that we, down my way, have had a lot of barriers to getting rental housing built. In my municipality, we incentivized it through community improvement plans. It has actually brought one below-market-rate building into the mix as well as other purpose-built rentals.

The concept of incentivization for this housing that isn't being built, which Bill 23 is attempting to do—not for the whole market, but just for what is not being built. Is that a concept that you would agree with?

Mr. Douglas Kwan: Well, I think that there are lots of measures, whether it's reducing DCs or putting forward money directly from the government to partner with developers to build that affordable housing. There are lots of different approaches, but certainly the market isn't providing affordable housing. Looking at all the measures that are available is a good approach because we're just not building enough affordable.

Mr. Andrew Dowie: Just to follow up with that, one of the developers who has done affordable, below-market-rate rentals in the past approached me and mentioned that the input cost was so high to do the same project that he will not do any more. So we get to this dichotomy where the government would have to actually deliver the service, and that ends up with a social implication, a social stigma, attached to the development.

On this point, do you see rentals as being a government service, going forward, and not something in the hands of the private sector to develop?

Mr. Douglas Kwan: I've been working in the sector for a number of years. One of the principles that we have long advocated for is inclusionary zoning, which is partnering with private developers to build. I've heard the stigma piece time and time again. There wouldn't be stigma if everyone built. In other countries, they had a third non-profit, a third for-profit—they had a mix, and that applied throughout the entire city.

Just focusing on transit nodes in only parts of your community could create greater stigma. If inclusionary zoning was expanded—which is what we're in favour of—and strengthened, then you wouldn't see that stigma. You would have partners because they value building in your community, as opposed to others because that's where the land is. They're not going to sit on an empty plot of land. They need to develop it. There are strong tools available by this province in order to partner with them.

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As I said earlier, we have a long history of supporting those people who need housing. When our veterans came from World War II, there was a very ambitious program that created housing up until the early 1990s, and that's where a lot of our affordable housing exists today. We can do that again.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for that question, and it concludes the time for this panel. We thank all the presenters for taking the time to prepare and to deliver your message here for us and help us with our budget deliberations. We thank you very much.

ONTARIO DENTAL ASSOCIATION
HEART AND STROKE FOUNDATION

ONTARIO COMMUNITY
SUPPORT ASSOCIATION

The Chair (Mr. Ernie Hardeman): We now will go on to the next panel: the Ontario Dental Association, the Heart and Stroke Foundation, and the Ontario Community Support Association. Heart and Stroke and Ontario Community Support Association are both virtual.

With that, the Ontario Dental Association comes forward. They will be making the first presentation, but I want to speak to all three: You will each have seven minutes to make a presentation. At six minutes, I will say, "One minute." Then we'll go to the seventh minute, and when that's done, we'll go on to the next question.

We do ask each presenter, as you start, to include your name to make sure that we get it properly recorded in Hansard and attribute all the good comments you're going to make to the right name.

With that, we will start with the Ontario Dental Association. The floor is all yours.

Dr. Lisa Bentley: Thank you so much. My name is Dr. Lisa Bentley. I am the president of the Ontario Dental

Association, which represents more than 10,000 member dentists across this great province. The dentists of Ontario are very concerned about the state of dental care for the more than one million Ontarians who rely on government dental programs. We are asking for your help to significantly improve care for these patients.

Ontario currently has five dental programs designed to help the most vulnerable members of our communities, including children from low-income households, seniors and people living with disabilities. The Ontario Seniors Dental Care Program is the newest and most problematic of these plans. It was created with no consultation with the Ontario Dental Association, and instead of helping the 100,000 low-income seniors eligible for care, only 20% have been able to see a dentist utilizing the program.

The main problem with the seniors plan is that treatment is only delivered through public health clinics. This has resulted in long wait times for appointments—in some areas, up to two years—far distances for these seniors to travel, and appointments available only during business hours. Some of these seniors rely on their children to bring them to appointments. Seniors are forced to leave the dentist that they know and trust. In some cases, these seniors don't speak English, and they can no longer visit an office where their language is being spoken.

Why would the government create such a program? Perhaps because they knew they couldn't ask Ontario dentists to participate in yet another underfunded dental plan. Healthy Smiles Ontario is a program designated for children under the age of 18 from low-income homes. Only half of the children eligible are receiving treatment under this plan. Unfortunately, many families don't know this program exists, and an increasing number of dentists sadly report that they can no longer participate because the program is so badly underfunded. To put this into perspective, there has been no new funding since 2009.

Ontario currently spends only \$4.99 per capita on dental care. This is less than one third of the national average. Funding for Ontario's dental programs is significantly less than the cost for delivering care, with dentists receiving only 37% reimbursement. We estimate Ontario dentists subsidize the Healthy Smiles Ontario program by at least \$50 million a year. If you include all programs, dentists are paying out of pocket a staggering \$150 million every year just to keep these programs running. At this point, the dentists of Ontario are paying more than government to treat these patients. This simply cannot continue, especially for dentists in smaller communities. Our members are at their breaking points. I have had members call me in tears because they have had to limit the number of patients they can see on these programs.

I see patients on these programs, and I know that there are severe limitations on the procedures that are covered. The reality is, I do what the patient needs, realizing that it probably won't be covered under the plan, but these patients deserve proper care and treatment. Recently, I spent over an hour with a 17-year-old suffering from a complex jaw joint issue which was causing severe pain

and headaches. She had visited many doctors before coming to my office. I was able to properly diagnose her problem and provide home strategies. I was paid \$20.

These examples may sound extreme, but they are the everyday reality for dentists across Ontario.

The federal government's announcement of the Canadian dental care plan has drawn attention to the very serious issues with Ontario's dental programs in comparison with other provincial dental programs. Ontario's reimbursement rates are the lowest in the country. While the Canada Dental Benefit, launched in December, offers immediate relief to families with children 12 and under with no access to dental benefits, \$650 will simply not be enough to provide comprehensive care for many children. It also doesn't benefit teenagers, nor does it work in conjunction with Healthy Smiles Ontario.

To be blunt, this government can't expect any federal program to fix the devastating gaps in Ontario's current dental programs. The need for your leadership and action is now. There are tens of thousands of people across this province resorting to hospital and doctor office visits for dental issues instead of going to a dentist, when a dentist is the only health care professional who can actually treat their problems.

Ontario has been wasting at least \$34 million every year on more than 66,000 ER visits for non-traumatic dental issues and another \$7.5 million on visits to physicians' offices, with patients only receiving a painkiller and an antibiotic. This is a colossal waste of taxpayers' money, clogging up hospital emergency rooms and adding more strain to our badly degraded health care system.

The \$150-million investment the ODA is asking you to make every year isn't just about making dentists participating in these programs whole again; this is about you making a reasonable, common-sense investment that will strengthen our health care system. Research shows that when public dental programs are properly funded, more eligible patients can get the treatment they need.

Dental care has always been a key part of health care. To make our system work the best it can, we need to start focusing on preventive care. When people of all ages receive regular dental care, small problems can be treated before they become big problems.

The Chair (Mr. Ernie Hardeman): One minute.

Dr. Lisa Bentley: Now is the time for meaningful action. I sincerely hope you will partner with the Ontario Dental Association to make easy access to dental care the new norm for all Ontarians. No Ontarian should ever have to suffer dental pain or infection. No child should ever have to miss school—the second most common reason kids miss school, after the common cold, is because of dental pain and infection.

Thank you for your time. I'm happy to answer any questions you have.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

The next presenter is the Heart and Stroke Foundation. You can start with your presentation, and we ask that you introduce yourself when you start.

Dr. Lesley James: Good afternoon. I'm Dr. Lesley James. I'm the director of health policy and systems for the Heart and Stroke Foundation.

We're here today to speak with you about ways in which we can reduce the burden on our health care system, address the youth vaping crisis, and offer measures that will generate new revenue for the government. These outcomes can be achieved with renewed funding of our FAST Signs of Stroke campaign, working with the federal government on a vape tax, and introducing a cost recovery fee on the tobacco industry to alleviate the burden on Ontario taxpayers.

1400

We'll start with our FAST Signs of Stroke campaign. As you likely know, stroke is a medical emergency. A stroke happens when blood flow stops flowing to parts of the brain and bleeding occurs, leading to 1.9 million brain cells dying every minute after a stroke. Without fast treatment, stroke can cause cognitive impairment, paralysis, communication and vision issues, as well as memory loss.

Stroke can happen to anyone at any age. Sixty per cent of people who have a stroke are left with some disability. Forty per cent have a moderate to severe disability and require intense rehabilitation and support in the community.

We know that stroke is a leading cause of death, disability and hospitalization in Ontario. Every 15 minutes, someone in Ontario experiences a stroke. This equates to over 36,000 strokes in our province each year. Many of these people require rehab because of new deficits, and thousands will have such severe limitations that they will be admitted to complex and continuing care. With an aging population and an increase in risk factors, we expect to see significant growth in the rates of stroke over the next decade. Unfortunately, our system is not set up and prepared.

While Ontario has a world-class stroke system with access to EVT—which is a treatment which, when provided quickly, can eliminate or reduce disability—the system is not set up for success. And that's because the whole system depends on one thing: that the person experiencing the stroke, or the people around them, recognize the signs of stroke and know to call 911 right away. When EMS arrives, they can begin the assessment and transport the stroke patient to one of Ontario's highly specialized stroke centres, which are then standing by and waiting to start treatment.

Like I said, stroke care cannot wait, and every minute we do wait, 1.9 million brain cells die. Delays occur when someone doesn't call 911, they drive themselves to the hospital and end up waiting in the emergency room—or they go to the wrong hospital which isn't a stroke hospital and doesn't have the right services. If people call 911 and EMS transports them to the right hospital, they are treated quickly, have better health outcomes, shorter stays in hospital, reduced need for rehabilitation and are an overall lessened burden on the health care system. That's why our FAST Signs of Stroke campaign is a critical element of pre-hospital care and should be re-funded as part of the stroke continuum of care.

Unfortunately, the FAST Signs of Stroke campaign hasn't been in market in Ontario since 2020. We need renewed funding, and our data shows us why. There's been about a 10% decline in stroke patients arriving to hospital by ambulance. This puts people at risk. Heart and Stroke's national polling shows that Ontarians are less likely to understand and recognize the signs of stroke and less likely to call 911. We're at about 28%. Provinces that have the Signs of Stroke campaign in market are at about 50%.

We're asking the Ontario government to fund the FAST Signs of Stroke campaign for \$1 million each year over the next three years to restore public awareness and prevent a future burden on our health care system.

Next, I'll move on to the youth vaping crisis. Vaping is more prevalent among young people than it is among adults, and this threatens to undermine the decades of progress in tobacco control and addiction. There's a whole new generation of young people addicted to nicotine who shouldn't be using this harmful product.

The evidence continues to mount that vaping is harmful to our lungs, mouth tissues, and can cause damage to hearts and brains. Vaping contains a number of toxic chemicals of which the long-term consequences of use aren't yet fully understood, but we know they're harmful. What we do know is that nicotine alters adolescent brain development and can affect memory and concentration. Youth brains are in development and highly vulnerable until about the age of 25, and emerging evidence has linked vaping to poor mental health outcomes. This is very concerning as we come out of the pandemic and know there are a lot of youth suffering from mental health complications and issues.

Vaping is also a gateway for other harmful behaviours like cannabis use and tobacco. In fact, young people who use vapes are four times more likely to start using tobacco in the future.

Vaping rates skyrocketed over the past decade, and they've remained fairly high over the past few years. At present, about 13.4% of Ontario youth report current use. This is about four times higher than adults, and it represents a whole generation of young people now addicted to nicotine. The age of initiation in Ontario is about 15.78 years. I want to note that Ontario and Canada have one of the highest rates of youth vaping in the world, so we really need to address this and think about this proactively.

The Chair (Mr. Ernie Hardeman): One minute.

Dr. Lesley James: We applaud the Ontario government for taking action on youth vaping thus far. What we know is that vapes are highly affordable. They sell for as little as \$5, and most students report that these are easily accessible.

We're asking the Ontario government to work with the federal government on a vape tax. Ontario is one of only two provinces that have not introduced a vape tax yet. We see that 82% of Ontarians support a vape tax. From research around the world, we see massive effectiveness of a vape tax, with declines of about 45% in terms of demand and reductions in sales of about 8.2%.

Lastly, a tobacco cost-recovery fee—I'm going to skip ahead to speed things up. The burden of tobacco in Ontario

is huge. Presently, Ontario spends \$44 million on a tobacco control strategy. We suggest that this be funded by the tobacco industry instead and removed—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time.

We will now go on to the next presenter: the Ontario Community Support Association. It's virtual again, and I think she's on the screen. You will have your seven minutes. I will let you know when there's one minute left—don't stop talking; just carry on, and then I'll stop you when it's over. With that, the floor is yours.

Ms. Deborah Simon: Can you hear me?

The Chair (Mr. Ernie Hardeman): Yes, we can.

Ms. Deborah Simon: Excellent. I want to thank you for having me here today. I'm Deborah Simon. I'm the CEO of the Ontario Community Support Association. We represent over 220 not-for-profit organizations that provide home and community care across the provinces. These organizations help seniors and people with disabilities live independently in their own homes and communities as long as possible.

Home and community care providers are in the right communities, with services delivered by nurses, certified professionals, staff, volunteers and family caregivers. They often work with local agencies and volunteers, so they have a close working relationship with clients. Home and community care includes three large service areas: home care, community support and independent living. Each is unique and equally important to the well-being of our health care system. They all require funding and support to provide crucial care for over one million Ontarians.

Community support services include community-based programs, including things like personal care, adult day programs, assisted living programs, Meals on Wheels, transportation to medical appointments and much more.

Independent living offers programs for people with physical disabilities and acquired brain injuries that help them live well in the community. Part of these services include attendant care services, outreach programs and adult day programs.

Home care includes nursing services, such as wound care, medication management and chronic disease management, personal support and other programs such as transitional care, which allows patients the opportunity to convalesce at home—from acute care hospital back to home, where they want to be.

We have some concerns in terms of our sector, and there are cuts being planned for the sector. As you can see from our slide there, we are noting that 22% of our members are reporting that they're planning to put their clients on a wait-list or increase the client fees to offset service reductions. That means that 88% of OCSA members are planning to reduce access to service this year. On average, the reduction will be about 27% across the board, and an average of 13% is needed to offset these cuts to services.

I want to focus most of my presentation on the potential service cuts that will impact clients who are relying on services, without the addition of these significant investments.

1410

In December 2022, we submitted our pre-budget consultation submission to the Ministries of Health and Finance, and we outlined two recommendations. One recommendation was how to allocate the billion dollars for home care that was advocated in last year's budget, and the second recommendation was calling on a 7% base increase for home and community providers as well as funds to close the gap between home and community workers and long-term care.

Over the past two months, our community support and independent living members have been completing their budget process with Ontario Health. As part of this process, these organizations were told to assume a 2% increase to their budgets. Having heard this report of the budget cuts to our members, we conducted a survey to better understand what these cuts would be. What we've noted in our slide here is that you're seeing significant increases to the budget cuts.

For example, a 36% reduction in transportation services will mean that over 200,000 transportation rides to medical appointments or other critical services won't be provided. This will lead to missed visits and increased isolation and further deconditioning for those who live at home. A reduction of 35% in Meals on Wheels will result in 640,000 meals not being delivered, resulting in greater food insecurity and lack of nutrition for hundreds of seniors. Reductions of 27% in day programs will mean that caregivers will not have access to the rest that they need, leading to greater burnout and possibly earlier admissions to hospital and long-term care. These are real impacts on clients and their caregivers and the rest of the health care system.

For those planned investments, we recommend that home care contract rates go up by \$425 million over the next two years, creating comparable compensation for home care workers with long-term care and addressing core organizational needs. This investment would add 2.72 million hours of home care services to the health system and divert \$302 million in long-term-care and ALC costs. This is based on an analysis completed by Deloitte and academics at the University of Toronto, who studied the impact of wage increases on labour recruitment and retention.

In our second recommendation, we've recommended that the province invest an additional \$250 million into the home and community care sector to meet growing client needs and address the impact of inflation and help system innovation. This would enable \$30 million in service expansion of innovative wraparound care programs; a 7% increase, or \$80 million, to the budgets—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Deborah Simon: —of not-for-profit community support services; and a \$4 wage increase to personal support workers and a 5% increase to all other personnel working in the sector.

In closing, I want the committee to retain from my presentation the most important points: that these reductions are significant, that they are across the province, that

they are preventable. With significant and urgent investments, the province could avoid these cuts.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation. That concludes the three presentations.

We will start this round of questions with the independent. MPP Bowman.

Ms. Stephanie Bowman: Thank you all for being here.

I would like to start with the Ontario Community Support Association. Please talk a little bit more about the reductions that you're saying could be prevented or avoided, and be as specific as you can about what steps you think need to be taken to avoid those cuts.

Ms. Deborah Simon: There have been a lot of transitions over the pandemic, the last two and a half years. Certainly, we are impacted by a lot of health human resource crunches. A lot of people have been burnt-out and left the system. But the interesting thing about the reductions in home and community care is that many of them are really just a function of funding.

As you know, right now, we're facing inflation costs across the board in this province and everywhere around the world as a result of the economic impacts that have happened during the last two and a half years. So what we have suggested in our budget submission is that this can be prevented. Some of the cuts that I talked about: the Meals on Wheels reductions that we talked about, the transportation to medical appointments—all of those are preventable with funding increases. Right now, we're looking at a potential of only a 2% increase to the budgets of these not-for-profit providers in the province, and inflation is running around 7% just at minimum. So with the budget increase to offset these increased costs for our members, we could see these services being sustained and back enhanced and increased.

Ms. Stephanie Bowman: Thank you. Again, these numbers are pretty big, as you talked about. A 30% reduction in transport, 35% reduction in Meals on Wheels—certainly I know in my riding, in Don Valley West, there are a number of seniors from East York who use that program, Meals on Wheels.

Again, just tell me how the 2% increase is creating that 36% reduction in those programs. Is that a directive from the ministry or is it your proposal in terms of how you would stay within your overall budget?

Ms. Deborah Simon: Well, the budgeting process that our members have with Ontario Health is pretty set. What our members have been told is to factor in a 2% increase to their operating costs. When they factor that 2% in, there are significant shortfalls. So the shortfalls that you've just stated around the reduction in service available, as a result of these inflationary costs, will be the result of that.

It's pretty straightforward when you think about what the cost of fuel is right now. I looked at the pump this morning; it was \$1.46 a litre, I think. These costs are real. In order to be able to deliver valuable services like Meals on Wheels, there has to be appropriate compensation to cover the cost of fuel. Meal costs, food costs, all of these things are all being driven up in the province, and so 2%

is just not going to cut it. These organizations are going to need the kind of dollars that I've just alluded to in terms of the budget increases. That will, in fact, provide a support and the safety net for our seniors across the province. That's just how important it is.

Ms. Stephanie Bowman: Thank you. We've heard from other organizations about the impact of certain entities that aren't able to pay their PSWs for travel time between visits etc., and that contributes to the PSW turnover rate etc. and the inequity between the long-term-care home workers and the workers who work in your organizations.

Could you just give us a little bit of context around that and what you think it might cost to close the gap in those hours being worked but not paid for?

Ms. Deborah Simon: Yes, absolutely. The wage issue is one that's been a long-standing one. Yes, there have been increases to the wages for personal support workers and nurses in the sector, but it certainly hasn't—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for that question. Now, we're at the government. MPP Babikian.

Mr. Aris Babikian: Thank you to our witnesses for their valuable input and presentations.

My question is to Lisa. You mentioned that—correct me if I'm wrong—only 20% of the seniors are able to use the services provided by the government—the public care for dental. So this is quite interesting, because I am very much interested with this aspect. In my riding, I have a large number of seniors living in seniors' homes, retirement homes etc., and they keep calling me for help to navigate and direct them. So what do you think? What can you advise us to do to increase that 20%—if it's not to 100%, at least close to 100%? What suggestion do you have to improve the system so that more seniors can benefit from this program?

Dr. Lisa Bentley: The most important thing when you're developing a dental care plan is that you partner with the experts like the Ontario Dental Association and the public health dentists, and also that you focus on the patient. Unfortunately, when the seniors' program was put together, they did not take the advice of public health dentists who recommended that it be a mixed-model delivery system, and they didn't even consult with the Ontario Dental Association.

The mixed-model delivery system would be that patients had the choice, which is really important for access to equitable care—that a patient has the choice as to what office they would like to visit. Would they like to visit a public health office? Or maybe they don't speak the language; maybe they would prefer to see a dentist who speaks their language, and they would be more comfortable there. Maybe there's an office on the corner that has Saturday appointments. You have to focus on the patient. You have to make sure that the patient is comfortable to go to a clinic.

1420

My personal favourites are dental buses. Unfortunately, the Ontario government spent a lot of money on dental

buses to go into communities. Peterborough spent over a million dollars on a dental bus; that bus was subsequently sold to the Halton-Peel health unit for \$500,000, and now it's gone mechanical and it sits vacant. That's a million dollars that could have been used towards senior dental care. It's heartbreaking.

My recommendation would be to look at the patients, to properly fund the programs so that everybody will participate in the programs. When I graduated from dental school, I participated in all of these programs. I was the associate dentist, and I was compensated at 90% of my fees. Now it's down to 37%, and it's just not sustainable. So that's my recommendation.

Mr. Aris Babikian: A quick follow-up question on another matter: It is expected that by the year 2028, we will have a shortage of dentists. Do you have any suggestions? Did you think about what can we do to prevent that shortfall?

And in relation to that, we have lots of foreign-trained dentists who are sitting idly or working on assembly lines; I know a few of them. They are even willing to go and work as dental hygienists, but they are having difficulty. How do you address this issue?

Dr. Lisa Bentley: I'm so glad you asked me that question. It's a huge problem. In Ontario right now, we have enough dentists. There are over 10,000 dentists—almost 11,000 dentists. Last year, our college registered 450 new dentists. But you're right, there are a lot of foreign-trained dentists who are trying to write their equivalency exams, and their skills are not being utilized.

The problem is with regulation. If you could make it so that they could write a qualifying exam, so that while they're trying to write their board exams they could work as hygienists and dental assistants—because right now, we have a critical shortage of dental assistants and hygienists, not dentists. I think that that's an excellent suggestion.

If the Ontario government could make it so that they could write an equivalency exam and let them enter our workforce as hygienists and dental assistants, then that would help educate them on how dentistry is performed here in Canada, and we could work as mentors. So this is an excellent, excellent suggestion, and I think that it's a really good idea.

I just met with the Florida Dental Association, and they had a critical shortage of hygienists. That's one of the only areas where they made an equivalency exam for foreign-trained dentists to come write a hygiene exam so that they could start practising as a hygienist in Florida, and it was a great alternative for them.

Mr. Aris Babikian: Thank you.

The Chair (Mr. Ernie Hardeman): Okay, 2.2—

Mr. Aris Babikian: Chair, I would like to share my time with my colleague.

The Chair (Mr. Ernie Hardeman): MPP Anand.

Mr. Deepak Anand: Thank you, Lisa, for coming. I see the smile. I got my teeth cleaned the day before yesterday.

A quick question on this impressive presentation that you have given: You talked about the percentage in terms

of the fees—37% of the fees. You did talk about Prince Edward Island doing 90%. Just to understand—many times I get bogged down with the percentage and the actual dollar figure. What is the dollar figure in Ontario that gets reimbursed for the smile program, per child?

Dr. Lisa Bentley: The Ontario Dental Association could give you that information. Right now, I know that dentists are supplementing the program by \$50 million. If you do the math, we're paying more towards the program than the government is. So you're less than \$50 million.

Mr. Deepak Anand: I would appreciate a number, just for the understanding. What is the dollar figure in terms of that? If you can get that number from Prince Edward Island as well, so that we can—

Dr. Lisa Bentley: How much they spend?

Mr. Deepak Anand: Yes, per child. How much is the reimbursement per child in terms of what we—

Dr. Lisa Bentley: They compensate the dentists of Prince Edward Island—Manitoba as well—at 90% of the dentist fees. The fees are calculated based on overhead costs, time costs, expertise, by an independent third party. So they're pretty similar. The codes are very similar across the board.

Mr. Deepak Anand: Thank you. It's just for the sake of understanding what is the dollar number so that we can compare it and go back—

The Chair (Mr. Ernie Hardeman): You have one minute.

Dr. Lisa Bentley: I know that since the federal dental plan was announced, Yukon Territory, for example, made a substantial increase in their territorial funding—up to \$1,200 extra per patient.

Like I said in my presentation, our per capita spend is only \$4.99. That's less than a third of the national average.

Mr. Deepak Anand: Thank you, Lisa. Again, I have very limited time, so I apologize.

Deborah, does your organization deal with homelessness?

Ms. Deborah Simon: Yes, our association has members that deal with people with homelessness.

Mr. Deepak Anand: I want to share something I felt bad about: This morning, AMO talked about how there are 16,000 Ontarians experiencing homelessness.

Chair, how much time do I have left?

The Chair (Mr. Ernie Hardeman): You don't have any left. The time is up.

Mr. Deepak Anand: Okay. We'll talk.

The Chair (Mr. Ernie Hardeman): We will move on to the opposition. MPP Fife.

Ms. Catherine Fife: Thanks to Lisa, Lesley and Deborah for your excellent presentations. Ironically, all of you are making a compelling case for early-intervention investment so that those downstream costs don't become exorbitant.

I have to say, Lisa, your case is very strong on this. I will also say that I've been on this committee for 10 years, and for 10 years, consistently, you guys have come to this committee and you've made the compelling case, especially around avoiding emergency rooms. And these

numbers are steep. When you think of not funding an accessible, personal dentist that a senior, for instance, would know and feel comfortable—because there is anxiety about going to a dentist. I just want to say I'm one of those people. I've seen some of the public health facilities—and public health is actually underfunded right now in Ontario to a devastating amount. So having a program but not actually making that program accessible, including these five programs that the province has, is really going through the motions.

I also want to point out that one of your key asks is that you'd just like the Premier to meet with you, that you'd like to sit down and be part of the solution. That seems pretty reasonable, to my friends on the government side, that perhaps you would meet with the Ontario Dental Association and try to save the system some money. We don't want people going to the emergency room when people are waiting 17, 18 hours there. So we'll try to encourage the government to do that as well.

I want to move on to Lesley from the Heart and Stroke Foundation. The vape tax is so interesting for us—increasing the cost of a product that some would argue shouldn't be on the market at all is an interesting position. We've tried to get this government to limit the advertising of vaping, because we see it as a gateway mechanism where people do either move down the road to smoking or smoking other things. Also, there's not a lot of regulation on the product itself. If you have a bubble gum-flavoured vaping utensil—they're not going for that market share of 70 years and older; they're going for those teens. You mentioned in your presentation that a vaping tax has worked in other jurisdictions, so explain to me, please, how it would be effective in Ontario.

Dr. Lesley James: Thank you for your question. You raised some really great points.

We have seen Ontario institute some measures to reduce youth access. And the federal government will soon be addressing flavours, so we won't be seeing that bubble gum flavour targeting 16-year-old girls in the near future.

In terms of taxation, what we know is that vapes are too accessible. They sell for as little as \$5, and the entry packs are about \$10. So that's less than minimum wage. That's half an hour of work for some people. And youth are spending about \$20 per week on this and becoming highly addicted.

1430

What we've seen elsewhere in the world is there are about 50 jurisdictions that have implemented a vape tax. Most provinces in Canada have; Ontario and Manitoba are the exception. But as the price increases, rates come down, and youth are the most price-sensitive because they're on a small income. So as we increase price, we see limits in youth initiation and uptake, and then higher quit rates among young people.

Now, youth are more price-sensitive than adults, so if adults are using these as a harm reduction tool or to quit smoking, they are less price-sensitive. The difference between vape products and tobacco right now is so grand

that an increase in vapes doesn't do much in terms of making them attractive to adults who are smoking, but it keeps them out of the hands of young people. Right now, we have a youth vaping crisis that needs to be addressed and pricing is the way to do that.

Ms. Catherine Fife: Okay, thank you very much for that.

Moving on to Deborah from the Ontario Community Support Association: Deborah, you talked a little bit about home care. We know, and the government knows, that home care is a huge investment in keeping people out of hospitals and long-term care. Certainly, after what we saw during the pandemic, people do not want to go to long-term care. They want to stay in their homes, and they need those home care services.

The other point that you made is around the Meals on Wheels. I mean, who cuts Meals on Wheels? It is such a great program. It puts eyes on seniors who are vulnerable and it addresses isolation and it addresses nutrition. So I just wanted to get you on the record on the value of a program like Meals on Wheels to people in our community, but also preventing people from having to use other institutional forms of help.

Ms. Deborah Simon: Thanks so much for that question and thank you for your points. It's very well taken. When we think about the primary users of Meals on Wheels, we're talking, again, about our very vulnerable seniors in this province, who are in need of support, of having not just security for their food but also that needed visit by somebody who's coming to see them and checking on them. It is much more, as you're saying, than just the delivery of a meal. It's really about wrapping around that senior, making sure that they've got more than just the food in there; that the volunteers who deliver these services take them to the home—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Deborah Simon: —and they see whether or not the condition of the home is running down, and so that's kind of a ticket for them to know that more services might be needed. This is an absolutely foundational service that absolutely needs to be supported in this province going forward.

Ms. Catherine Fife: Thank you very much, Deborah. I have more questions, but I just want to give Lisa an opportunity: What went wrong with the Peterborough dental bus so that we can learn from that experience?

Dr. Lisa Bentley: I actually went to Sylvia Jones, because I'm in her constituency, before she was the health minister and I said, "Please don't build a dental bus because we're in Canada and waterlines freeze." Dental buses need to be kept warm so that the waterlines don't freeze. Also, they're a million dollars. They really have a limited number of patients that they can treat in a day with the IPAC regulations in Ontario—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for that question and maybe we can find out what happened to the dental bus in the next round.

MPP Bowman.

Ms. Stephanie Bowman: I have a few questions for the other presenters, but, Deborah, I just want to come back to

you and give you a chance to finish your answer around what it would cost to close the gap of the hours that PSWs work but don't get paid for, for travel between appointments.

Ms. Deborah Simon: Thank you for allowing me to do that. To increase the wage for personal support workers, just as an example, would be an \$83-million increase to be able to have some wage parity for those individuals who are working in the community as home and community care PSWs.

Ms. Stephanie Bowman: It would seem like a wise investment. Thank you.

I'll move on to Lesley. I wanted to find out what kind of conversations you've had with the vaping industry and the tobacco industry about the education program—I think you said it's \$44 million that the government pays, to date—if you've had any conversations on their willingness to engage in that program.

Dr. Lesley James: I wouldn't say that they're willing to engage in that program, and I wouldn't put the mandate back on them. This needs to be government-run and free of conflict of interest from the vape and tobacco industry. We know if the vape and tobacco industry are running those messages, it risks to serve their profit interest.

Ms. Stephanie Bowman: Okay.

Dr. Lesley James: The government pays for the tobacco control strategy and that needs to remain, but the way the cannabis cost-recovery fee works is that the industry pays for the government's regulatory and compliance end costs to run that program. So it's similar; what we do for cannabis we would do for tobacco, and that will be happening federally also.

Ms. Stephanie Bowman: Excellent. So there is, again, I'll say, a precedent for it. It's working. Maybe, again, it's just a legacy from previous years, whereas cannabis is a new industry and so they're paying for it. That's a good indication.

Dr. Lesley James: Yes.

Ms. Stephanie Bowman: I just wanted to come to Lisa with a question. Lisa, could you talk a little bit about the \$150-million investment you're asking for and how that would work with the new federal program and the funding for low-income families?

Dr. Lisa Bentley: As I alluded to earlier, the new federal program is closing a gap for the one third of Canadians who don't have access to dental care through third-party coverage through their employee health benefits. It doesn't really take care of those people who are the most vulnerable portion of our population who fall under the provincial programs.

As I said, the \$650 currently does not marry with Healthy Smiles Ontario for the kids. Many kids on these programs have extensive decay and their treatments can be \$3,000 to \$5,000, so \$650 is not going to move the needle to treat these kids. Currently, the \$650 of the federal dental care plan can be used for out-of-pocket expenses only, so if the child needed an appliance that wasn't covered under Healthy Smiles Ontario, that would be possible, unless the government changes and allows the two plans to be married together.

Ms. Stephanie Bowman: Okay. All right, thank you. And the \$150 million, what would that get you to in terms of that cost recovery?

The Chair (Mr. Ernie Hardeman): One minute.

Dr. Lisa Bentley: It would only cover our cost of delivering care. The \$150 million will only cover the cost of delivering care, so that would bring dentists to 75% of their fees. Like I said, most provinces are at 85%. The average is 85% of dentist fees are covered by the provinces under social programs.

Ms. Stephanie Bowman: Great, thank you.

The Chair (Mr. Ernie Hardeman): We'll now go to the government. MPP Smith.

Mr. David Smith: I want to thank all the presenters here today. I'd like to address my question to Deborah. Deborah, you are doing a wonderful service and you're part of a great organization which I think is taking care of some of the most vulnerable seniors and their care. It's always good to know that we look after those persons.

My concern today is sometimes I hear a percentage or a number and I like to, given my background in accounting and finance, understand. Staff being burnt-out: What kind of numbers are we talking about here?

Ms. Deborah Simon: For staff burnout—you mean in our sector?

Mr. David Smith: In a dollar or percentage that can be more reflective, so I can have a better understanding, and my colleagues.

Ms. Deborah Simon: Thank you for the question. I couldn't actually tell you what the dollar figure would be for all staff who might be burnt-out having worked in this sector. But I can talk to you about percentages of staff who are gone from the system. In our sector, we're seeing anywhere from 30% to 35% of our staff who are gone from the system.

There are a couple of reasons for that. Burnout is a significant issue. The last two and a half years has been incredibly difficult for health care workers in general, and it's the same in our sector. They certainly have been people who have been the front face of the pandemic, trying to deal with issues in the home and the pandemic being one of them.

But, absolutely, wage parity has been a significant issue in our sector. These workers are working at salaries that are significantly less than acute care and long-term care. So this is what I think is a major contributor to the loss in our sector.

1440

Mr. David Smith: Thank you very much. With regard to Meals on Wheels, you say there's been a 35%—not being able to meet the needs of delivering those meals. What number are we talking about? What's the aggregate you normally serve, and what is 35% of that?

Ms. Deborah Simon: So the 35% represents what would happen should our members not be able to get an increase beyond 2% going into fiscal 2023-24. That translates out to 640,000 meals not being delivered as a result of that reduction in their budgets going into 2023-24.

When we're talking about the overall number of meals that are being delivered in the sector, we're well over three million meals a year being delivered in home and community care. So this is a significant proportion of loss of service if we don't get increases beyond 2%.

Mr. David Smith: Thank you. And could you speak to how some of the budget of 2022 investments, such as the additional \$1 billion over three years to expand home care into homes and the community care sector, were a positive step forward, and what exactly they helped with?

Ms. Deborah Simon: Absolutely. That announcement of the \$1 billion has been significant. To date, only about \$280,000 of that \$1 billion has been allocated, but certainly it has been and will be a significant contribution.

In my presentation, I noted that we have been working with government to look at strategic allocations of the remainder of that funding. Most of that money needs to go into providing support for those providers who have increased costs for infrastructure costs, salary costs, all of those other increased costs. We are very grateful to see dollars coming to home care providers. And just let me be clear, in home and community care, with that \$1 billion, we are specifically talking about home care providers.

Mr. David Smith: Thank you very much. Could I yield the rest of my time to my colleague?

The Chair (Mr. Ernie Hardeman): MPP Babikian.

Mr. Aris Babikian: Lisa, from the discussion we're having about dental care for seniors and the vulnerable in our society, is it accurate for me to assume that you are advocating for the funding of private dental health care clinics to look after the needs of those seniors and to cover their expenses, their costs, and treat them?

Dr. Lisa Bentley: That's what I'm advocating: that the patient has the choice of who they use as a provider, and they're not forced to go to a public health clinic or a dental bus for their treatment.

Mr. Aris Babikian: Okay. Thank you very much.

May I ask Lesley a question about the vaping? As you know, the industry is targeting the youth to entice them to use their product. Of course, education plays an important role to sensitize the youth about the damages, the risks for their health care and other related issues to vaping. What do you think? How can the government move further in this aspect to educate our future generations about the risk factor of vaping?

Dr. Lesley James: Thank you for the question. It's very important to address. When we look at tobacco, we recognize that we've made great strides in reducing tobacco use, not just through education, but through multiple policies—so through taxation, through smoking bylaws, through smoke-free spaces, limiting advertising.

So there needs to be education, and there's still a lot that's unknown about vaping. We know it's harmful, and less harmful than smoking, but not without harms. Many youth don't know just how addictive these products are until a year from now when they are vaping within five minutes of getting up. So we need to have educational components, but right now we need to keep them out of the hands of young people. We know taxation is the most

effective measure to do that, and we've learned that from tobacco, from decades and decades of progress in tobacco control. We're seeing that take effect in other parts of the world, where a vape tax has been successful already.

I would say that the tobacco cost-recovery fee and a vape tax generate a lot of revenue: \$49 million for a vape tax and about \$44 million for a tobacco cost-recovery fee. That money can be put back—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for that question. We'll now go to the official opposition. MPP Kernaghan.

Mr. Terence Kernaghan: Thank you to all our presenters who have arrived at committee today. My first question is for Dr. Bentley. You have outlined a situation which is quite disturbing: to think that Ontario, the richest province, spends the least on dental coverage. I believe the metric you used was \$4.99 as opposed to \$15.50 for other provinces. It reminds me of the situation with optometrists who have been subsidizing care for their patients out of the goodness of their hearts and unfortunately out of their own wallets.

I did want to ask, if you have the specific numbers, what a restoration or filling would cost the dentist and what the Ontario government pays, if you had those with you today.

Dr. Lisa Bentley: The overhead in a dental office is 75%. Let's say a restoration costs \$100. The bill would be \$100, so 75% would go to overhead, and then the government would pay 37%. This was before 2023. Then the dentist would make up the difference.

Mr. Terence Kernaghan: Wow, okay. It's shocking that you have also indicated that dentists are paying more for dental care—

Dr. Lisa Bentley: Than the government.

Mr. Terence Kernaghan:—than the Ontario government themselves. It's quite something. Thank you very much for appearing today.

My next questions will be for Deborah. Deborah, recently I met with community support services in my riding, and they're concerned that without proper base funding increases, their targets are going to have to be modified and they're going to be lowering service. Great organizations really have that homes-first approach. I believe in your presentation you had indicated the difference between the Denmark model, which is the homes-first approach, as opposed to institutionalization, this upstream preventive care, and how it has wise fiscal benefits.

I did want to ask: You had mentioned that only \$280,000 of the \$1 billion that was allocated by this government has been provided. Have there been any indications of timeline or when that will be spent or why it has not yet been spent, considering the need is so great?

Ms. Deborah Simon: Our understanding is that the allocation of the \$1 billion was to run over three years, so it would have been year 1—and thank you for the question. We have also, as an association, put forward a recommendation for that year 2 and onward investment of those home care dollars, just so that when we're looking at capacity in the sector, home care can actually step up and

be the support to acute care and all these ALC and ER days that it can be with appropriate allocation of that money.

Mr. Terence Kernaghan: Absolutely. I also wanted to ask if you could speak to any impacts that you have seen as a result of Bill 124, that wage-suppression legislation that targeted certain groups of health care workers.

Ms. Deborah Simon: Right. Many, many of our members are still within that moderation period under Bill 124. From the perspective of negotiating increases to their compensation, they are restricted in being able to do so. Some are coming out of the moderation period, and we'll be glad to see that happen. You know that I mentioned the HHR issue in our sector: We are the lowest-compensated sector of all of the sectors. Any constraint on the ability to increase compensation to our front-line staff and our management and support staff is really detrimental to the sector.

This is a sector that really can support the rest of the health care system, including long-term care, that is working towards increasing its capacity. So we don't want to look at any more constraints on the sector, certainly from that perspective.

1450

Mr. Terence Kernaghan: The wage parity issue has been one that has been ongoing for many years. What does that result in for your organizations, when there is such a vast difference between home care wages versus long-term care wages versus acute-care wages? What happens to the staffing?

Ms. Deborah Simon: Thank you for the question. During the pandemic, it hit us square in the face, particularly with our personal support workers and nurses. You had public health, which required nurses to be available for vaccine administration and testing—and of course, the compensation was higher with public health than it is in our sector. Ours is the lowest-paid sector in terms of our nursing compensation, so we lost really highly skilled staff to the sector as well as to acute care, who were actually stepping up important services. Certainly, we couldn't compete from the perspective of the compensation that we're able to offer. So it has had and will continue to have a significant impact on us going forward until we reach parity in those salaries.

Mr. Terence Kernaghan: Absolutely. It is long overdue. I also wondered if you could speak about the \$3-per-hour pandemic pay bump that has been extended. I understand that that only applies to certain groups within your organizations and has not been applied to all staff groups. How has that affected morale or dynamics within your organizations?

Ms. Deborah Simon: Certainly, the PSWs needed that important bump-up in their compensation, and we're fully supportive of that. It takes a team to be able to deliver services in home and community care.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Deborah Simon: There are people who work side by side with personal support workers. Nurses, other allied health, office staff, management, supervisors—you name them—were not afforded that kind of increase.

Our budget submission this year looks to put on our home and community budget for community support, looks to increase the base budgets by 7%, so that our members could actually increase some of those salaries, so that they could actually provide people who have hung in there and did way beyond the call of duty to be able to support front-line staff during the pandemic—to increase their salaries so that they actually receive the same kind of recognition through compensation.

Mr. Terence Kernaghan: Absolutely. PSWs are worth it, but it should be fair across the board, to make sure everyone is being respected and appreciated. Thank you very much for your presentation.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation. It concludes this panel.

We want to thank everyone for their presentation and the time it took to prepare it and the time it took to deliver it. We very much appreciate your assistance.

ORILLIA SOLDIERS'
MEMORIAL HOSPITAL
FEDERATION OF ONTARIO
PUBLIC LIBRARIES
CANADIAN CELIAC ASSOCIATION

The Chair (Mr. Ernie Hardeman): Our next panel is Orillia Soldiers' Memorial Hospital, Federation of Ontario Public Libraries, and Canadian Celiac Association. Thank you all very much for being here.

As I've said with others, the presentation will be seven minutes. At the six-minute mark, I will say, "One minute." Keep going, because it is one minute you have left. And then when I say, "Thank you very much," that means you've reached seven minutes.

As you start, we'd appreciate it if you give your name for Hansard, to make sure it's properly recorded, to put it together with the comments you're making.

With that, we will turn the floor over to Orillia Soldiers' Memorial Hospital.

Mr. Carmine Stumpo: Thank you very much. If I may share my screen, I'll get technically on board here. Okay.

Good afternoon, everyone. Thank you for having me today here to present. I'm Carmine Stumpo, president and CEO at Orillia Soldiers' Memorial Hospital. I'm here to present our request for a planning grant in this upcoming spring budget.

Before I get into that, I would like to start with who we are at Soldiers'. We are a hospital in Orillia. We serve Orillia, Ramara, Oro-Medonte, Severn and Rama First Nation. We are a local provider. We have excelled at local delivery of integrated health care as part of the Couchiching Ontario Health Team.

We are also a very busy emergency department. We are seeing upwards of 30% of our emergency cases coming from all over the region, from Parry Sound to Toronto—a huge influx from Toronto, but we're seeing it from every region. We're also a regional provider, so I like to say if you find yourself in Muskoka and you break your hip, or

you need a high-risk birth, or you need acute-care services for mental health disorders, critical care ventilation—all these aspects in Muskoka bring you directly to Orillia Soldiers' as the regional hospital in the area.

One of the things about our region is we are growing. We are growing faster than most regions in Ontario. I show you in this graph Muskoka Lakes and Simcoe county, two of the fastest-growing regions, and Orillia within that is twice the rate of the provincial average of growth. This is the single most important slide in the entire slide deck, so I'm going to spend a minute talking about this.

Soldiers' has the highest occupancy of all medium and large hospitals in the province. That occupancy was calculated by the Ontario Hospital Association, not by ourselves. It was a legitimate data source, when you look at actual people in beds compared to the baseline number of beds funded. So you look at this list of 50-some-odd hospitals, and that purple line is Orillia. We're operating at 114% of our regular occupancy. If you add the 25 beds we have in partnership with our retirement homes, we are running at 141% occupancy.

When you look at our bed projections, this dark purple line shows us what our actual bed numbers have grown to over the last number of years. That accelerated curve, that steeper dashed line, is a re-projected value based on 2021 census data. We've noticed that with the growth in our population, peri-pandemic and post-pandemic, we've accelerated our need for new beds by 10 years. That is the accelerated level of growth that we've seen.

That red line you see on the presentation is our physical limit. That is our physical capacity at which point we have no more space, we're back to hallway medicine, and we are looking at cannibalizing services, which, in my opinion, is unacceptable. And this will not change. Our regions are growing. Simcoe county will continue to grow—and this is data from the Ministry of Finance—over the next 25 years.

For those that don't know our hospital, this slide here shows our hospital's eight separate buildings, built 10 years apart, in pieces. We have buildings upwards of 100 years old that are currently functioning. In the top left corner, we have the Princess Elizabeth wing—not the Queen Elizabeth wing. This building was commissioned pre-Her Majesty the Queen, before she took on the role, so we're talking 1952. In there, we have critical care services, our neo-natal ICU. We have our regional MRI; we have our regional dialysis unit. These units flood on a regular basis due to the infrastructure of a 70-year-old building, and that is just unacceptable for our sickest patients and also our most expensive equipment.

Here are some photos. We are looking at hallways that are crammed. Our ICU in the middle photo—we have two stretchers. We've had to grow our ICU during the pandemic. We had to share a room. The beds are almost touching in the ICU, which is not the current standard of care. Seventy-five per cent of our beds do not meet current infection prevention and control standards.

The data is pretty clear: We are looking at one of the oldest facilities in the region, the highest occupancy in the

province; and we do not have an approved plan for growth. So this is where I'm coming to you. We have done a lot of work as a hospital in terms of our stage 1 submission. It's in the government; it's been there for four years. We've dotted our i's, crossed our t's. We are ready to go forward. We have an excellent strategy. We have a plan for a new acute-care hospital that will allow us to increase those critical resources: in-patient beds, ICU beds. We are doing it in the spirit of integrated care, so we are engaging our primary care providers, home and community care, our Couchiching Ontario Health Team in the design and the rollout of this new plan of this new hospital.

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We are actually doing some very creative things for medium-sized hospitals. We are partnering with local academic centres for a possible co-location, so we can have a hospital and a facility to train nurses and PSWs together, which you see in downtown Toronto quite frequently, but you don't see in medium-sized hospitals very often. That will give us a steady pipeline of providers for decades to come.

We also have an opportunity. Not all of our current facilities require tearing down. Six of the eight buildings do. Don't get me wrong; we need to move to a new site. However, we could reclaim two buildings. It's a model that's currently in Toronto. The Humber River Hospital has a reactivation centre where you create a previously used hospital, turn it into a transitional care unit. The beds are not appropriate for acute care, but they can be used for transitional care as people are making their way home. We can release 140 to 150 beds back into the system.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Carmine Stumpo: That is huge for us, because we can not only support our community, but we can support the entire region. For all the capital plans that exist, we could help properly stage those plans by moving. I heard earlier speakers talk about the ALC crisis; we can support the ALC crisis for the region while building a new hospital.

Our request is inclusion of a capital-planning grant for Orillia Soldiers' in the 2023 budget and approval of our stage 1 submission. The rest of the information is in your package for reference.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. Our next one is the Federation of Ontario Public Libraries.

Ms. Dina Stevens: Hi, everyone. My name is Dina Stevens. Thank you so much for having me here today. I am with the Federation of Ontario Public Libraries; I am their executive director.

Just to give you a little bit of background about the federation: We are a non-profit advocacy organization that represents over 360 public library systems across the province. Together, I am proud to work alongside passionate librarians and library staff who make an impact for millions of regular people across Ontario in communities large and small every day. Public libraries are Ontario's farthest-reaching, most cost-effective public resource and community hubs. We have 363 public library systems across the province. That's over 140 branches in virtually

every community. Over 99% of Ontarians have access to a public library.

Millions of Ontarians rely on local public libraries in their communities to work, to learn, to connect to community and government services, and to train or find jobs. We saw this on display in communities throughout Ontario over the past several weeks as public libraries pivoted from pandemic lockdowns to reopenings and a return to normal services.

Sorry, not several weeks; "several years" is what I meant to say. It has been longer than that.

Public libraries across Ontario maintained access to critical services and responded to the changing needs of our communities, whether making WiFi available in our parking lots, having curbside services and deliveries—all the different things that we've done to support our communities. This includes printing and laminating proof-of-vaccination certificates for tens of thousands of seniors and ensuring that residents could safely and continuously access technology and physical resources. It's a testament to our mission of service and inherent flexibility to respond to what our communities need. Many of these gaps existed prior to the pandemic, but the experience of the past several years has brought them to a critical point.

Many Ontarians who depend on public library services are still falling through the gaps. Due to an increase in demands on library budgets, many of our libraries have closed in the past few years. Most recently, the Rainy River Public Library closed in November of last year due to an unsustainable increase in rental fees for their buildings that their municipality could no longer support. Those Ontarians are now without library services that they have come to depend on. The situation is even more challenging for many First Nations public libraries, where an unsustainable provincial funding model has left many libraries closed or with severely reduced access. In 2019, we had close to 50 public libraries on reserves; today, we have 39.

By investing in public libraries, Ontario would directly support people, their communities and local economies, no matter where they live in our province. We are strongly advocating for three critical investments that will stabilize our public libraries and ensure that they continue to perform. Those would be in that particular handout that we've given to you today; that is our pre-budget submission to the Minister of Finance, which outlines those priorities that I'll speak to you about now.

First, we'd like to keep local public libraries across Ontario sustainable by maintaining existing provincial operating funding for public libraries. Unlike most sectors in Ontario, provincial funding for libraries has been frozen for over 25 years. While the majority of public library budgets are municipally operated, that represents 96% of the budget for a public library. The provincial portion of funding is critical to support operations—such as the Public Library Operating Grant—shared resources, broadband connectivity, and pay equity. Continuing to maintain this critical provincial funding at existing levels is vital to support the sustainability of local public libraries and the services that they provide.

Equally and if not more importantly, working alongside First Nations public library leaders to implement a sustainable funding model for First Nations public libraries will ensure that these important local hubs are fully funded and viable. As an immediate first step, the First Nation Salary Supplement must be increased to ensure that all existing First Nations public library staff are fairly compensated for the work they perform. Public libraries on-reserve serve as an accessible gathering place and information-sharing resource for First Nations communities. They are deeply important to maintain a sense of community and to minimize social isolation in these communities, many of which are remote or face systemic social and economic challenges. Provincial funding through the Public Library Operating Grant and primarily the First Nation Salary Supplement grant provides an average of \$15,000 a year to each of the existing public libraries on-reserve; that's it. While band councils may provide some support for utilities, Internet and phone services, there is little to no funding available for collections, programming and technology resources. Many public libraries on-reserve operate with only one staff person who is expected to perform many functions and contribute personally to purchase programming supplies out of their own pockets. The modest investment of \$2 million annually would sustainably fund library operations for existing First Nations public libraries and ensure a living income for front-line library staff in these communities.

Finally, we would like to provide critical e-learning support and fair access to modern digital resources for all Ontario public libraries by creating the Ontario digital public library. The Ontario government has recognized the crucial importance of public libraries to broadband Internet access, making a historic \$4.8-million investment to install or upgrade broadband connectivity at over 100 libraries across the province. However, many Ontario public libraries, particularly in smaller and First Nation communities, struggle to afford and cannot provide the high-quality e-resources and e-books that people in their communities need. These resources are expensive, especially when purchased on a patchwork library-by-library basis. For example, one e-resource may cost anywhere between \$10,000 to \$20,000 a year. By leveraging the province's significant purchasing power to create this provincially funded resource—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Dina Stevens: —we can ensure that all Ontarians have access to a common set of high-quality e-learning and online resources and more e-books through their local public library.

The partnership between the Ontario government and local public libraries is vital. These critical supports are needed for us to continue to work together to deliver important government services, locally relevant resources and economic developments close to home, in the communities where people live.

You can find more information about what we are asking the government for, particularly in terms of the actual dollar value, in the package that you received.

The Chair (Mr. Ernie Hardeman): Thank you very much.

Next, we'll hear from the Canadian Celiac Association.

Ms. Melissa Secord: Chair and members of the standing committee, I'm Melissa Secord, executive director. I'm joined online by Dr. Pinto-Sanchez, the clinical director of the McMaster celiac clinic. We are here on behalf of Ontarians who are with or at risk of celiac disease. I'd like to thank you for allowing us to participate in the pre-budget consultations.

CCA represents a growing number of Ontarians who must eat gluten-free, not by lifestyle choice but due to a diagnosis of celiac disease. Celiac disease is a lifelong genetic autoimmune condition whereby the small intestines are damaged by gluten. Gluten is a protein that is found in wheat, rye and barley—like breads and pastas and countless other products you will find in the food supply. Next to end-stage renal failure, it's considered one of the most burdensome diseases to have.

If someone with celiac disease consumes gluten, the immune system turns on and damages the body. In the short term, people can suffer with symptoms such as vomiting, chronic diarrhea, painful skin rashes, migraines and extreme fatigue within hours of exposure, which can last up to two weeks. This results in reduced quality of life and lost time at work and in school. In the long term, it can lead to malnutrition, cancer, neurological damage, infertility, depression, dental problems and osteoporosis. The longer a person is left undiagnosed, further complications, including other autoimmune disorders, will also increase. The disease can strike at any time of life, infants up to people of 100 years old.

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Academic research has shown that, in Canada, the length of time between the onset of debilitating symptoms and diagnosis is an average of 10 years. The good news is the disease can be diagnosed with a simple blood test, an accepted international standard of care for screening for diagnosis.

Up until the Ministry of Health included the celiac test in a provincially funded community-based pilot program, Ontario was the only province in Canada that did not cover this diagnostic test when ordered by a family doctor. The pilot has received very positive feedback from all levels.

Studies have shown that around 1% of Ontarians have celiac disease—over 125,000—but the vast majority of those are undiagnosed, up to 85%. They are having to visit doctors and hospitals much more often than they should, with unnecessary tests, X-rays, ultrasounds, iron infusions and hospitalizations. Too many Ontarians are ending up in hospitals with severe complications due to late diagnosis. They should not have to get so sick in order to get the test covered by OHIP, which is currently the only way it's covered under the laboratory services schedule. At retail, people can currently pay from \$60 to \$150 per test. The toll on the health care system is conservatively estimated at \$125 million, not to mention the quality of life and missed time at work or school and the burden on hospitals.

Take Sherry, for instance, a woman on our screen in Aurora who was finally diagnosed at 45. She was in and out of hospital and doctors' offices with severe anemia, diarrhea and a miscarriage. Her estimated OHIP bill was

\$3,500 from complications before diagnosis, not to mention lost time at work.

This is a local Barrie woman. Her dermatitis herpetiformis—the skin version of celiac disease—was so bad that she put cold packs on her face nightly. She had agonizing fiery cysts, terrible joint pain and chronic diarrhea. She was tested for multiple other autoimmune conditions, including lupus. I urged her to tell her doctor to screen for celiac disease, and I would even pay for the test. Kim is my sister. Her local doctor looked at everything else because “those tests were covered, and celiac disease she had to pay for.” She was just diagnosed before Christmas. Because of the five to six years of damage and delay, it will take many years for her whole body to heal—not just her small intestine, which was scored at the most extreme damage.

Because the blood screening isn't covered and isn't on the lab requisitions, many physicians are not adding it to their list of common blood workups because people have to pay for it. Once covered, we have been told, it will be added to the standard laboratory requisition with other common tests like vitamin D and blood chemistry workups. Charging Ontarians to get the blood test has also proven to be a barrier for accessing care, especially for those on restricted incomes. Even a Ministry of Health and Long-Term Care OTAQ report 12 years ago agreed to this coverage. We just need your support to make this permanent.

In my last minute, I do want to turn to a message about long-term care, since it's so timely right now. I spoke to Linda Sill on the weekend. This is her story:

“Mom was diagnosed with celiac disease back in the 1990s around the age of 70. Mom's health slowly declined as expected for a senior over the years and she eventually needed to go into a retirement home.... This is where her health and celiac journey took a turn for the worst.” Her husband and her had been given a list of retirement homes to check. “It didn't take long to realize that most of the homes were not equipped to feed a person with celiac disease. Our funds were limited so we started at the lesser expensive homes,” but, simply stated, they needed to accommodate her diet. “They could not afford to purchase the expensive gluten-free foods, and there was no safe area to prepare gluten-free foods” at these homes. “They were feeding masses of people in a constant rush. Staff were not trained.” Lack of knowledge is a very big problem. “There would always be cross-contamination,” but they still had to pay the full fee, even when Mom wasn't able to eat most foods offered. They ended up purchasing most of the food themselves. “Mom was quiet and never spoke up, she trusted staff to keep her safe. She was becoming increasingly ill and very weak and ended up going to the hospital. The signs of being contaminated by gluten were becoming more apparent. She was then moved to a long-term-care facility because of her weakening state.” Every long-term-care home they spoke with could not guarantee that there would be no cross-contamination. “Mom was too sick to advocate for herself. Mom was hospitalized one last time, but she was just too ill to recover. She had developed a

condition which related to failure of her full digestive tract, so she was placed in intensive care. In less than one year in care homes, the damage was too extensive, and she passed away a few weeks later with her family by her side.”

We appreciate Linda's willingness to share her painful story.

People in long-term care and retirement have a right to medication, a human right to safe food, which is gluten-free for celiacs. There is no other treatment available. No facility would deny a heart patient their medication. No type-1 diabetic would be denied their insulin. Why shouldn't a senior or a family expect the same for a person with celiac disease?

Regulations have to change. Funding facilities have to be there—standards improved and regulations changed.

Thanks for your consideration. We're happy to take your questions.

Finally, Lily thanks you.

The Chair (Mr. Ernie Hardeman): Okay, that is final. Thank you very much. That concludes the presentations.

We'll now start the questions with the government. MPP Khanjin.

Ms. Andrea Khanjin: Thank you to everyone who has given testimony to date. It's very nice to see new faces and ones that I'm very familiar with.

Carmine, thank you for coming today and for all your work in the community. You have been a lifesaver to me on several occasions.

The graph you have on page 4 really paints a very stark comparison and a pretty obvious conclusion of the demands that are in place. So I wanted to ask you to build on top of the statistics here, in the sense of how you work with the whole community, because I think what we're trying to achieve as a provincial government responsible for a big part of health care, and working with partners like yourself, is that whole system of care. In our region, if one part of the system is not working, it hurts all the residents, because they don't know—Barrie, Innisfil, Orillia, Muskoka. They just need the care when they need it. From your perspective, how important is Soldiers' Memorial to that entire regional vision of the need for care for the residents here?

Mr. Carmine Stumpo: I can answer that several different ways—one, from the ripple effect of capacity. In our communities, people know what the emergency department wait times are, and when they're long in one area, they will travel to another. It is an ecosystem, and we all need to share our part, so we all need to have that capacity. We know when we don't have in-patient bed capacity, it backs up into the emergency department and slows down our emerg. That is one of the fundamental challenges we face day in, day out within our systems. So having that capacity—to be able to grow, to get to that level of occupancy, we've gone backwards; we've opened up old beds in old parts of the hospital to meet the needs of our community. The success story is, we were able to respond. In light of all the HHR challenges, we opened, on-site, 47 additional beds, which I think is a huge testament to the

ability of this organization to respond and at the same time engage in the community.

We hear a lot about alternate level of care. I can tell you we are providing care to more people in their homes, as a home care provider, out of the hospital, than we are to ALC patients in the hospital. So ours is not a hospital ALC challenge right now. We have a serious acute-care challenge that is associated with exponential growth of a population into a region that did not see that pre-pandemic, and we need to have access to those acute-care services, as well as support the community. My biggest fear is, if we can't meet our acute-care services—that's work that nobody else can do in the region—we will have to sacrifice the great work we do in the community. I look at our home care delivery. I look at our community partnerships. We're supporting all kinds of work. We're supporting Meals on Wheels in Orillia because they needed extra help. That's what integrated care does. So I want to make sure we have the in-patient capacity. We've focused our ask to the bare minimum of acute-care resources that we need to sustain the regional programs, and then we'll continue with the great work in the community—because our Ontario health team is leading the charge in the province and very proud of the work we do. That needs to continue, because that's what's going to carry us through the next years and decades—integrated care.

Ms. Andrea Khanjin: Yes, it is a different type of challenge. I often hear about the ALC and how we need to expand the care in the community to solve it, but what you're talking about is cardiac arrest or someone coming in and they need that instant help. In health care, we often hear the phrase "time is muscle," and so you're living it.

Being able to be approved for capital funding, to be able to do the renovations and expansion, what does that mean for those types of acute-care needs that you have to handle?

1520

Mr. Carmine Stumpo: I'll highlight several that have grown tremendously. We are the regional provider for women and children. Our pediatrics department has been up to 200% capacity during the surge over the wintertime, and we received transfers in from Toronto to Kapuskasing. They came into Orillia. We're a level 2 facility. The next level up is SickKids. There's nothing in between us. We provide that level of service, and we are supporting a number—we're supporting Parry Sound on a regular basis, so that is one of the key areas that needs that planning and redevelopment.

The other is critical care. We increased our critical care capacity by 25%, and we're asked to increase even more because we were able to and we're delivering that service. And we don't have the physical space, so that's where—

The Chair (Mr. Ernie Hardeman): Could we speak into the microphone?

Mr. Carmine Stumpo: Oh, okay. Sorry.

So that's where the critical care capacity is absolutely essential for us to be able to grow those services that only we provide. We know it's going to take time, so our request is a planning grant. We need to be able to work

through; we need to make smart choices over the next 10 years to be able to plan that effectively so we continue to serve those acute-care needs in those regional programs that we are serving, not only in the area of Orillia, but upwards to Parry Sound

The Chair (Mr. Ernie Hardeman): Thank you very much.

Ms. Andrea Khanjin: Chair, do I have some more time?

The Chair (Mr. Ernie Hardeman): Two minutes.

Ms. Andrea Khanjin: Oh, two minutes? Okay. I have one quick question before I pass it to my colleagues, but I just wanted to address Melissa. I'm sorry to hear the story with your sister, who is a Barrie resident. Thank you for sharing. The stories certainly touch home for a lot of people. I think we're lucky we have the accessibility of gluten-free food now. It's a little more readily accessible.

But that blood test you're talking about—we talk about prevention in health care. What does this blood test mean for prevention of—doing tests, like the lady who had to get tests and they tested her for lupus and all these things that if she had the right kind of bloodwork done the first time, that would have been a bigger saving than doing all these tests that were an ill fit to begin with.

Ms. Melissa Secord: I do have my colleague, Dr. Pinto-Sanchez, online from McMaster. I don't know if she can maybe answer that question.

Dr. Maria Ines Pinto-Sanchez: Absolutely, Melissa.

Thank you so much for that question. This is a very, very important topic and point. By doing these tests and by testing celiac patients earlier and diagnosing celiac disease in early times, we are preventing associated conditions, which are quite common. We're especially preventing the risk of having increased risk of osteoporosis and bone fractures. We are seeing patients of 18 years when we receive the transition from our adult clinic already with osteoporosis. This shouldn't happen in a general population, and it happens to our celiac patients.

By diagnosing them earlier, we are preventing these consequences and also other autoimmune conditions as you've well mentioned, as well as—we didn't mention before, but we are preventing increased risk of developing cancers and also developing refractory celiac. So most of our patients are responding to a gluten-free diet. However, if they are being diagnosed with long-time celiac, there are more chances of getting complications.

And I didn't even mention nutritional deficiencies, which can lead to many different symptoms and have been very commonly affecting our celiac patients. So by doing these tests earlier on and improving the diagnoses, we are preventing many complications associated with celiac disease.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes that question.

Before we go to the official opposition, I just want to point out that the rules of the House say all questions and answers must go through the Chair. That way we will all be speaking into the speakers.

With that, MPP Fife.

Ms. Catherine Fife: Thanks to all the presenters—really interesting, Carmine, Dina and Melissa. And thank you, Dr. Sanchez.

I'm going to start with you, Carmine, because I just wanted to get a sense of how long this project has been in the works—so some context. Also, do you have the land to actually expand and to build new capital? And is this the first time that you've actually been asking for the planning grant of the provincial government? So just some history, please.

Mr. Carmine Stumpo: Okay, thank you. Our original pre-capital submissions—the pre-step was seven years ago. Our stage 1 capital submission was submitted four years ago, which was pre-pandemic, so that's a little bit of the context. We've been answering questions with capital branch over the last four years and we've confirmed that the current questions are answered. We are ready; we've addressed all the concerns in terms of what's required at this stage of planning. So we've satisfied all the opportunities there. That's where we are in the context we have requested. This is my first time at committee here; however, we have done pre-budget consultations previously, last week and pretty much every year prior, requesting this planning grant. That's a little bit of the history.

Your second question was on the space and the land. It is not essential at this stage to have space. However, we have been working in earnest in identifying locations in Orillia. We do know the hospital needs to move. We are nine acres and that's not enough to build a new hospital. We're landlocked by residential space, so we do need to move. We've been working on several opportunities with HRC, which is the Huronia Regional Centre, which has an abundance of land, quite frankly, and working through Infrastructure Ontario on how that might be available. We've been working with some academic facilities in terms of a partnership, in terms of co-locating the hospital with an academic facility—more than sufficient land in a viable location. There are other opportunities for land, so we do not see that as an issue or a barrier. There's probably at least three or four opportunities for us to consider.

Ms. Catherine Fife: Okay, that's good for us to know. I mean, the integrated model that you proposed is exactly what we should be doing in the province of Ontario. I was intrigued also by your home care delivery, and that of course ties into the transition plan as well, right? Because we certainly—I think you make a good point, that if the acute care reaches a serious, serious crisis point, which I suspect it has on several occasions, you don't want to put that home care model at risk.

ALC patients have been very politicized recently, and I just wanted to give you an opportunity to talk about the home care model that Soldiers' is operating.

Mr. Carmine Stumpo: The home care model we have is out of Soldiers'. However, it's our Ontario health team that operates it. It's called the Couchiching Health at Home Program. We do high-intensity supports post-discharge so we are able to coordinate care for individuals that would otherwise not be able to be discharged. We have agency status, so we as a hospital can go into the

homes. At discharge, it's a very comforting feeling for patients to know that the people that are looking after you in a hospital will see you at home. It gives patients the courage to say, "I'm willing to do that transition," because it can be quite frightening. We also coordinate with providers.

I'll give you an example. One of our first cases required three visits a day, which is very intensive. We had three agencies—hospital, home care and Helping Hands—each take one visit per day. The hospital coordinated it. We got that individual home; they stayed home. Our rate of success is over 90% in individuals who don't have any other options, but we implement this Couchiching Health at Home.

We're really pleased with this model. We want to expand it. Right now, it's a 30-day model. We're going to a 16-week model and we're seeing it grow. We see that through our Ontario health team. However, the hospital does play an integral role in quarterbacking a lot of the activity, especially when it comes to post-discharge. We integrate our primary care in there as well, so they're involved in the hospital and at home.

Ms. Catherine Fife: Yes, but that's the way it's supposed to be.

Mr. Carmine Stumpo: It is the way it's supposed to be.

Ms. Catherine Fife: That's the way it's supposed to be. And that results in greater health outcomes, right? I would argue that, even though for those three visits a day for home care—I suspect it's cheaper or less expensive than in hospital. So that's really encouraging to hear and I think that's a huge feather in your cap as an organization to say you're willing to go in that direction, because that's really encouraging to hear.

Dina, I just want to say, we've heard from libraries several times, and your presentation has been consistent with what we've heard. Also, you've consistently been here for 10 years asking for the same thing and 25 years of status quo funding, so God love you for being so determined. We'll try our best again this year.

Melissa, I have to say, until you have somebody in your family or a good friend who's faced with celiac disease, I think people don't understand how serious it is, right? I have a very good friend and they have two toasters to prevent cross-contamination. And until you see that individual get really sick because the contamination has happened, and how it impacts the overall health and well-being of the entire family when, essentially, the person who works gets sick—and you mentioned the productivity.

1530

Your presentation was interesting for me because you also referenced that the funding of this lab test was recommended—did you say 12 years ago?

Ms. Melissa Secord: Yes, it was under the Liberal government.

Ms. Catherine Fife: That's good to know. The cost of the test versus the downstream cost of the health outcomes—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Catherine Fife: —is fairly strong.

I just want to give you one last opportunity to put in that push for the regulations in long-term care—because you're absolutely right; when seniors get to that stage and they're vulnerable, that is when we should be taking the best care, and that includes high-quality nutrition.

Ms. Melissa Secord: Yes, it is complex—and I'm sure Dr. Pinto-Sanchez can also explain—because it's from the sourcing of the food, ensuring the food coming in is safe. It is the training of the staff. But there need to be some regulations and standards around it—to ensure that they're being met—because access to safe food is a human right when you're most vulnerable. It's an issue that we're just starting to come forward with. We haven't done a lot of costing. Unfortunately, gluten-free food is 158% more expensive to the average consumer, so we need to do a lot of partnerships, and we'd love to do that with the government—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time.

We will go to the independent. MPP Bowman.

Ms. Stephanie Bowman: I'd like to start with Dina. Dina, could you talk a little bit about the impact in the Indigenous communities where the libraries have had to close—what you hear from them and what kind of services they were providing that are no longer being provided?

Ms. Dina Stevens: Public libraries on-reserve are public libraries to the provincial government; however, they also act as cultural centres and Indigenous-language learning centres and as archives for these particular communities, so they have a duality of how they serve their communities. Unfortunately, when we have so many First Nations public libraries on-reserve closing, that means we're also losing things like these Indigenous peoples' languages and the ability to have these communities come together as a meeting place, because the library is often the only place in the community that serves as both the library and a meeting hall, but also as a place where the elders can come to be together and decompress from the stress and pressures of the day. So, unfortunately, they're not only losing their public libraries, but they're losing pieces of their culture.

I heard from Wikwemikong First Nation public library, when they closed, that their building had flooded because they didn't have enough money to upgrade their facilities, and with it went hundreds of years of photos and archives. They didn't have the money to properly preserve all of that archival material, so it was just lost; it was gone. Unfortunately, it happens quite often.

Ms. Stephanie Bowman: Thank you. I will turn to Melissa.

Melissa, you talked about the test. Of course, it seems to make eminent sense that that test be provided, so could you talk about what you understand are the reasons it hasn't been, and also, if you were to get approval this year, how quickly that test could become available?

Ms. Melissa Secord: Well, it's available in your regular community-based lab. So it's available today. It would just be a matter of your physician giving you a rec and off you go; you walk in and swipe your OHIP card.

Sorry, the first of your question was—

Ms. Stephanie Bowman: Just if you have an understanding of why—

Ms. Melissa Secord: We're not sure, actually. We're a very, very small charity; we're one hundredth or one thousandth the size of diabetes or cancer. So it's just us getting our voice together and pushing. We've had over 2,500 letters go to MPPs—some of you may have seen them—from our passionate community.

I think a lot of people just think it's a lifestyle choice. I think there's a lot of misunderstanding about celiac disease. It is a serious autoimmune condition with very serious consequences; it's not people thinking they just want to eat fancy. This is their medication—because there is no cure. There is no other treatment than a strictly gluten-free diet.

Ms. Stephanie Bowman: Do you have a sense of what it would cost to have this test done earlier in the patient's—

Ms. Melissa Secord: Well, we think for the ministry to do—it is probably only going to be \$25 to pay for the test, but they're retailing at \$50 to \$150. But it's going to save thousands per patient because of the complications, as they go. This will be put right on the standard lab requisition form, so it just gets checked off like all the other things that they're checking for. But right now, it's not, and so a lot of doctors are hesitant—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Melissa Secord: —to have them pay for it, so they look at everything else.

Ms. Stephanie Bowman: Okay, thank you.

Carmine, I'll start with you, and we'll have to go to the next round. But I have to say, we met very briefly. My late brother, Dr. Dennis Bowman, worked at your hospital, so you have a special place in my heart. I know you deliver great care, and I know that it's a real team-based hospital in terms of the kind of care that you're trying to provide.

I wanted to get a sense for the size of the planning grant itself, like how much you think it will cost and how quickly you would be able to, again, execute or develop that plan so that you can make your ask for the actual funding for the new hospital.

Mr. Carmine Stumpo: Thank you very much for the question. A planning grant is typically around \$5 million. We've already invested \$2 million of our own share, so we are requesting a \$7-million planning grant in this budget. Our intent—

The Chair (Mr. Ernie Hardeman): Thank you very much. Maybe next round, we can get the rest of that question.

We'll now go to the government side. MPP Byers.

Mr. Rick Byers: Thank you all for your presentations and what you do in the community. Maybe, Carmine, I'll just continue with MPP Bowman's discussion. You were talking about the planning grant and the process; maybe you could carry on.

Mr. Carmine Stumpo: Sure, thank you. We could use a new hospital tomorrow. We need a plan today. That is the pressure right now: We need a plan to be able to make the right decisions not only as a hospital but as a region.

We have been diligently working through our next steps of planning, which is a functional program to understand the stages, which are how much work we anticipate having, how many people it is to deliver it and what the footprint is of the hospital. We're well on our way. We don't feel we can slow down, so we want to proceed. However, the planning grant—you can't move forward without the right approvals, so we need that approval to be able to continue to move forward.

We feel it's important that we plan as a region. Every hospital for themselves doesn't make sense. There are too many hospitals; there's too much capital build. We need to be in the mix. We need to be considered with others to make sure we plan rationally, in the right sequence, knowing it's going to take some time. There are limitations not only of funding but builders. We appreciate that, but the sooner we can do the planning, the better off we'll be. As the saying goes, failing to plan is planning to fail. We need to move forward with a plan.

Mr. Rick Byers: Grey Bruce Health Services is on the chart; that's in my area. They have—I'm just curious about the regional comments you made—six hospitals, biggest in Owen Sound. Are you one facility, or do you have multiple facilities in your network?

Mr. Carmine Stumpo: We are a single-site facility. Within, we do contract out some beds at a retirement home in our community, but we are a single-site facility.

Mr. Rick Byers: Got it. Thank you very much.

Melissa, to you: Thank you for the discussion this afternoon. I know in a public health care system there is sometimes a line drawn between medically necessary and discretionary, perhaps. But I'll confess to be puzzled; the test that you've outlined seems to be a necessary test, and I'm a little surprised, perhaps, that it's not covered. I don't know whether you can add anything to that or not.

Ms. Melissa Secord: Dr. Pinto-Sanchez, would you like to tap in?

Dr. Maria Ines Pinto-Sanchez: Yes. This has been proven very effective to diagnose celiac disease, even by the Ministry of Health, more than 10 years ago. There is strong evidence for the test, so it needs to be covered. We just need to have access to these tests.

Mr. Rick Byers: I don't know whether you've made submissions to health or finance—we can talk afterwards about how to do that—but certainly, message well received. Thank you.

I pass it on to my colleague.

The Chair (Mr. Ernie Hardeman): MPP Dowie.

Mr. Andrew Dowie: Thank you to all presenters. First, a comment to Carmine: I hear you. In my community of Windsor-Tecumseh, our first announcement of a new hospital was in 2012, and it's now destined to be built in 2030. So 18 years is the timeline that we've been used to. It reinforces the importance of why we need to start the planning as quickly as possible, because the system takes a long time.

I'd like to actually follow up with Dina on your submission. I want to explore a little bit on the e-learning support. The projected cost—you mentioned \$9.4 million

annually. Is that repurposed funding, or is that over and above what libraries already invest into their digital resources?

1540

Ms. Dina Stevens: That would be something that we would ask the provincial government to invest on top of what they are already granting through the Public Library Operating Grant and the First Nation Salary Supplement. We aren't able to calculate fully what the investment is for every public library in the province. What we have is something called the Annual Survey of Public Libraries. It's something the Ministry of Tourism, Culture and Sport puts forward every year for every library. In order to get their grant, they have to fill out this survey, so we're able to take a look at what libraries are individually spending on e-resources and e-books. So \$9.4 million is what we are projecting it would cost annually for the province to leverage their buying power to put together a core suite of e-resources and e-books based on models that already exist in other provinces such as Alberta, Saskatchewan—basically all the provinces to the left of us already have something like this in place. Basically, it provides equity of access to every public library in Ontario, so that way you don't have to be as wealthy as Toronto public libraries to be able to afford these really world-class e-resources for learning and for job training and things like that.

Mr. Andrew Dowie: Can you elaborate as to what kind of bulk purchasing powers are being used right now by the association with all the library systems working together? Or does that not exist?

Ms. Dina Stevens: Absolutely. We already have a framework that exists for that. We have the Ontario Library Service, which is a purchase transfer agency that works through the Ministry of Tourism, Culture and Sport. They already have consortium purchasing for things like e-books, e-resources, but libraries still have to opt in, and if they can't afford those prices, then they just can't afford the e-resources. So there's a huge issue with equity and access. Of course, because libraries are predominantly municipally funded, you have to live in a particular area to get a library card for that area. So, depending on where you live, you may not have access to anything at all, based on what your library can afford.

Mr. Andrew Dowie: Chair, how much time?

The Chair (Mr. Ernie Hardeman): You have one minute.

Mr. Andrew Dowie: I'll pass my time to Mr. Cuzzetto.

The Chair (Mr. Ernie Hardeman): MPP Cuzzetto.

Mr. Rudy Cuzzetto: Carmine, our government is spending \$40 billion in infrastructure to build hospitals. I live in Mississauga-Lakeshore, so I'm getting the largest hospital in Canadian history in my riding. I'm very proud of it.

I noticed here that Trillium is at 100% capacity and you're at 114% capacity. What is the capacity of your hospital to begin with?

Mr. Carmine Stumpo: Our baseline bed funding is 151 beds, and when you include the beds off-site, we're

well over 200, and when you consider just the beds within the facility, we're just below 200.

Mr. Rudy Cuzzetto: And you said the population growth in the area has grown 16.2%?

Mr. Carmine Stumpo: For the region, Simcoe county is between—

Mr. Rudy Cuzzetto: It's 11.2%, and Muskoka is 16.2%.

Mr. Carmine Stumpo: Correct.

Mr. Rudy Cuzzetto: What is the population of those two areas combined?

Mr. Carmine Stumpo: Of the county, it's several hundred thousand, and Muskoka—I don't have that number specifically. We serve an immediate catchment area in Orillia of about 85,000—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time, so he will have to research it for himself.

MPP Kernaghan.

Mr. Terence Kernaghan: Thank you to our presenters today.

Carmine, you indicated in your presentation that, including the off-site beds, you're operating at 141% of your baseline funded bed count. That's a pretty staggering statistic.

I also was very intrigued by your proposal, and I think it's very thoughtful in that you're looking at ways to utilize the current space, albeit in a different way. I think that's very thoughtful, and I think it's something the government should take notice of. It could also help the entire health care spectrum within the area.

You've asked for a \$7-million planning grant.

I also wanted to see if you'd noticed within your location any struggles with health care human resources. We've heard from other delegations about problems with Bill 124, and I just wondered if you could comment about that?

Mr. Carmine Stumpo: No hospital has been spared health human resource challenges, and Soldiers' is no different. The pandemic, superimposed with—well, we all know what the pandemic did to health care employees, so I'll leave it at that.

What we're looking at doing in terms of recovery: We've really focused our attention on education and development and where we go forward. We accept currently 270 students per year from Georgian College in terms of training, and we see that partnership. We work with Lakehead University. We're fortunate we have a college and a university within our city boundaries that we work with very, very closely. So we see that as a really good opportunity.

We also, as part of our strategic plan, have prioritized our people in a way to support wellness and resilience in that, and we have been successful. We've noticed that we're back to fully staffed in most areas. What the challenge is now is that they're junior staff; our average age has dropped. We need to support them so that they stay. We need to help them grow and develop, and that's what we're working on. We've got the team; we need to

create the facility that goes with the team, because the two do go hand in hand.

Mr. Terence Kernaghan: Absolutely. We've heard from a number of folks about this turnover in health care and the loss of that institutional knowledge as well as the loss of those relationships. These new nurses—who are doing the very best that they can—are often put in positions of authority and positions of responsibility that they're not necessarily ready for. They themselves have concerns about that. But thank you very much for your very thoughtful presentation.

My next questions will be for Dina. Dina, libraries are one of the most cost-effective investments that a government can make. You are very adept at stretching money as far as it can go and providing those really important services that build communities and that people rely upon. I wanted to know if you could speak to the Ontario digital library program and how that would specifically help rural and remote libraries. You talked about Rainy River closing. How is that important for those smaller locations?

Ms. Dina Stevens: Absolutely. What we're seeing now is that—due to the pandemic, we expected public libraries' foot traffic to decrease. We expected that, since that's what everyone would assume. We expected that, because there are a lot more e-resources and e-books available, the foot traffic into public libraries would decrease. However, it's actually increased, because there are a lot more people working from home, home-schooling their children, and there's a huge population of university students who are now distance-learning.

In small, rural communities, the only part that a lot of these people can get access to Internet and to these e-resources is the public library. So when a place like Rainy River Public Library shuts down, you have cut off a community who cannot afford what is sometimes the exorbitant cost of broadband for these people.

We've done a really great job recently of building the broadband infrastructure into public libraries, with that \$4.8-million investment. But we're still seeing that they don't have very much to access that are legitimate academic resources that will supplement their studies, or when they have to do things like upgrading their job skills, because we did find that the pandemic, of course, affected where people were working, how they were working, as well as—there were a lot of layoffs, so we have a lot more people looking for jobs. We can't invest in things like LinkedIn Learning or other really great scholarly resources that would help them upgrade their job skills. And they were all going to the library for that.

As well, we were seeing people in those communities go to the library for things like ServiceOntario and Service Canada applications, things like renewing their licences. Because they don't have that WiFi from home, they were going to the library not just to get access to the Internet but to get help on how to fill out those forms. So we have pilot projects in public libraries in things like Essa Public Library, which is just around here, working with ServiceOntario, because people were naturally going to the library.

When you have people losing things like their public libraries, they're not just losing access to their library, but they're losing access to a whole host of things that they used to do at that location, including renewing their health cards online, including talking to their loved ones across the province—

Mr. Terence Kernaghan: It's almost become a stand-in for a government office. But thank you very much.

My next questions will be for Melissa. I think you've outlined in your presentation how 85% of folks perhaps are undiagnosed, and the economic cost of \$125 million. The thought of living 10 years between having first symptoms and then diagnosis is really unacceptable.

1550

You also pointed out that it costs only \$25 for the province to provide this, yet it can be anywhere from \$60 to \$125 privately. I wanted to ask, though—Ontario is an outlier in not providing this. What are the barriers? How has this happened, that Ontario has lagged so far behind? What is the reason? Do you have any thoughts on that?

Ms. Melissa Secord: I'm not sure. I think it's—I don't know. Is it maybe because we're not big and we're not big lobbyists?

But I think celiac disease is just becoming more prevalent. Across worldwide, the prevalence is increasing. More people—it's switching on more, because you can have the genes, but it could switch on at any time in life, so we're seeing it more. There are more people suffering, and I think there's a bit more awareness thanks to our organization and groups like Dr. Pinto-Sanchez's. So I think we've just sort of laser-focused our attention on this issue because Ontario is the best place to live and should have the best care. And there should be standards across Canada, whether it's for long-term care or for the celiac blood test.

Mr. Terence Kernaghan: It's an easy win for this government to simply include that. Considering that various other things, like vitamin D deficiency, is included on it, how this is missing is beyond me. So thank you very much for your presentation.

Ms. Melissa Secord: It's going to save the hospitals a lot of money and time, and we're happy to switch that over to other areas in the system.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time.

We'll now go to MPP Bowman.

Ms. Stephanie Bowman: Carmine, I'll come back to you. Could you just again repeat—you said the stage 1 application has been with the government for four years, so you've been waiting four years for a response on moving to the planning stage? I'm not sure I understand the process here.

Mr. Carmine Stumpo: At the time we submitted—it's a five-step process. We submitted our stage 1 submissions just under four years ago. There's usually a dialogue with the capital branch, so we'll go back and forth with numerous questions clarifying a 600-page submission. There's a lot of details. We have concluded that back-and-forth. We've confirmed with the director, the assistant deputy minister and the deputy minister that there's no

further questions on our planning grant. We are ready to move forwards. There are still questions, but they'll come in the next stages.

So in stage 2, we get into more details of the work that's within the plan and we revisit all of our numbers. We update our growth population projections. That's part of the process.

We've satisfied everything to this date as far as we can take it within the framework of stage 1 and we're ready to move forwards to stage 2.

Ms. Stephanie Bowman: Okay. When did you get the assurance that all those questions were answered, recognizing that there can be more questions along the way?

Mr. Carmine Stumpo: We've been pretty confident for about a year, a year and a half, that we have got all of our questions answered and we're ready to move forward. It's dynamic and fluid, so it's not a single point in time, but we're confident that we are ready to move forward. There's no doubt about that.

Ms. Stephanie Bowman: Okay. And to MPP Dowie's point about the length of time it takes to get a hospital built—18 years—are there learnings either from other hospital processes or, again, across the ministry that you've planned on for your plan in terms of how you can accelerate even this next stage of the process?

Mr. Carmine Stumpo: I think, MPP Bowman, you will recognize one of the most recent hospitals opened is Michael Garron, a 500,000-square-foot facility. I had the pleasure of working there for 21 years. I designed every square foot of that building, and I did get a tour of it. So there's a lot of knowledge in-built; there's a lot of experience behind our project.

We're really thrilled to be able to move to next steps to follow. We see what a new hospital can offer, and I think other hospitals are well in the queue, but we feel—well, as the number-one occupied hospital in the province, it's our time to start planning forward.

Ms. Stephanie Bowman: Right. And certainly, rural areas and smaller towns are growing, especially those that are close to the GTA like Orillia, so it certainly sounds like the need is there. I wish you good luck and good fortune in this process.

I have probably just a couple of minutes left. I just want to ask if any of the presenters have any closing comments that they'd like to make, things that they weren't able to touch on.

Ms. Melissa Secord: I know that Dr. Maria Pinto-Sanchez has something.

Dr. Maria Ines Pinto-Sanchez: I have a point. Just to let everyone know, the incidence of celiac—so the new cases of celiac—is growing 7% per year independently, whether we test it or not. If we don't address this now, the problem will get bigger and bigger and bigger. And there is data published by Alberta confirming this.

We please ask you to consider covering these tests. We can address this problem.

Ms. Melissa Secord: And we've just done a major state-of-celiac health survey which 7,500 people across

Canada took. For anyone who is over five-plus years of diagnosis, the incidence of neurological problems—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Melissa Secord:—depression, anxiety increase exponentially.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes this panel.

We want to thank all the presenters for the time they've taken to prepare for this meeting.

I want to thank Soldiers' Hospital for spending four years getting ready for this meeting. I've been involved with one of those, and it does take that long.

NORTH BAY PRIDE

HUNTINGTON SOCIETY OF CANADA,
BARRIE CHAPTER

ONTARIO ASSOCIATION OF INTERVAL
AND TRANSITION HOUSES

The Chair (Mr. Ernie Hardeman): We'll now go to the next panel. The panel consists of North Bay Pride; Huntington Society of Canada, Barrie chapter; Ontario Association of Interval and Transition Houses.

Each presenter will get seven minutes to make a presentation. At six minutes, I will say, "One minute." And at the seventh minute, I will say, "Thank you very much for your presentation." We ask each presenter to start their presentation by introducing themselves for Hansard to make sure that your name is properly attributed to your comments.

Thank you all for being here. The first presenter is North Bay Pride.

Mr. Jason MacLennan: My name is Jason MacLennan. I'm here on behalf of North Bay Pride and Prides across Ontario. Good afternoon, honourable members of the committee and those who are here to listen. You've heard many things during your hearings, and many folks have identified many issues that need to be addressed.

I am here today to talk about communities and what we need to start including in our budgets moving forward. Many Prides came together in the last provincial election to drive change, inclusion and equity for all. We attempted to do a provincial leaders' debate, while all the leaders but one avoided Pride debate. We did manage to hold a provincial party debate with representation from each party except one. I am saying this because it is the power of community—voices that want to be heard even when they are ignored and silenced time and time again.

Hate has reared its ugly head in so many ways—drag queen storytimes having protests. Online hate goes beyond what most people can comprehend. Attacks on trans folks, both physically and mentally, are disturbing. I'm turning 56 years old this April, and I'm a gay man who finally came out at the age of 40 and who has lived through the AIDS crisis, seen the bathhouse raids etc., but I have never seen the hate so prominent in society as of today.

Why do I bring this up? Because this affects everything from mental health to physical health of folks around the

province, which affects our overall health care system, people's jobs and so much more. It affects tourism by forcing people to rethink travel to places that show hate, especially those from marginalized communities like the LGBT, which in turn affects local businesses such as restaurants, hotels, stores and airlines. Pink-dollar tourism is worth over \$60 billion in the world. Imagine some of those funds hitting Toronto, Ottawa and places as far north as Elliot Lake or North Bay or Sudbury.

There are over 60 Pride organizations that strive to educate, share personal experiences and celebrate who we are. Ontario has little to no support for Pride organizations. Grants are challenging to fill out and constant paperwork is beyond belief. Many not-for-profits give up applying for Ontario grants.

The reason I bring this up is, for example, last year North Bay sold out three hotels from tourism and performers. We used a venue that has never been used in the summer before and paid all their employees. We used restaurants, caterers, merchandise, and had local businesses which sold out of most of their products. We paid people to do a job—which we know they spent on local businesses, not to mention the tourism dollars that came to town.

Here is what we are asking to include in budgets moving forward. We would like you to create a provincial LGBT and diversity secretariat. It would have the following priorities:

- prioritize and sustain LGBT and marginalized community action by supporting community organizations and advocating for and serving the communities they represent;

- continue to advance and strengthen LGBT and marginalized rights in Ontario and across Canada;

- support Indigenous and LGBT resilience and resurgence;

- fund Indigenous and LGBT community organizations;

- engage everyone in Ontario in fostering a more inclusive future by investing in awareness campaigns to improve understanding of the LGBT and marginalized communities and issues;

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- strengthen the LGBT and marginalized data- and evidence-based policy-making by improving data collection, analysis, research and knowledge of the LGBT and marginalized communities and the barriers they face in Ontario;

- embed the LGBT and marginalized issues in the work of the government of Ontario;

- create and sustain an advisory committee to the LGBT and diversity secretariat that would provide guidance and information to ensure proper representation in all policy decisions that affect communities across Ontario.

An LGBT and marginalized secretariat advocates and works with policy-makers to create a support fund that supports Ontario Pride and community organizations to provide and offer education campaigns about their communities and to also support creating events that

attract tourism from Canada and beyond to help the financial recovery of all communities in Ontario. The LGBT and marginalized secretariat develops and creates a support system in consultation with community organizations for the LGBT and marginalized businesses, including the opportunity to start business.

It seems simple, doesn't it? Yet I can guarantee some folks within Ontario will react with "Why are they so special? You're ramming your sexuality down our throats" and so forth. We hear it all the time. I will respond by paraphrasing Carlos Massieu from the United Nations, who specialized in marginalized communities: If the LGBT community thrives in business in your community, everyone will thrive. It is proven time and time again. This is a fact.

The fact is, despite what people think, the LGBT and marginalized communities still face obstacles that many folks have never faced. Some of your very own MPPs in Queen's Park have talked about barriers they have faced and others do not. Trans folks are still losing their jobs, homes, families and have one of the highest rates of being sexually assaulted because of who they are. I can provide you all the stats and laws you could ever want to justify a secretariat, but I am sure you have better research than I do; plus, they get paid.

We have an opportunity to create an Ontario that tourists travel to, but we need help to do so. Let me close by saying the following to the Premier and yourselves: You told some of us that we need to have a spokesperson for the Pride community, yet we are refusing because that will silence many people within our community. We are telling you to create one voice we can go to that hears all voices and advocates based on the information they get and brings this information to you and the government, because it's needed badly, because you're not listening to communities like ours. And it is time to listen.

Leaders smile and wave, but you need to talk to us. You need to engage with us in order to make a better Ontario. And my final line is: Hate has no home here, but we need to do the work.

The Chair (Mr. Ernie Hardeman): Thank you very much. The next presenter is Huntington Society of Canada, Barrie chapter.

Ms. Joanne Kaattari: Hi. My name is Joanne Kaattari, and I live here in Barrie, in Simcoe county. I'm the volunteer chair of the Barrie chapter of the Huntington Society of Canada. It's a real honour to be here today.

Huntington's is a rare genetic disease that has very devastating impacts. It's kind of a combination of ALS, Alzheimer's and Parkinson's, and sadly it strikes very young—like thirties and forties. So it's a very, very devastating disease.

I know you're from different parts of Ontario. There would probably be Huntington's chapters in your area—potentially not, if it's a really small area, but we're quietly all across Canada and all across Ontario, under the umbrella of the Huntington Society of Canada.

It's also really great to be here as a very small non-profit during Non-Profit Sector Appreciation Week today—and

all the good work that non-profits large and small do throughout Ontario.

It's also an incurable disease and very unfortunately impacts my family. We created the Barrie chapter in 2017, and we were so proud to do that, because as a genetic disease, it's been hidden away and marginalized. People don't want to say that they have it, because there is genetic discrimination in Canada still today. It's a very secretive thing. People don't like the stigma of it. So we were really proud to have that first time we had the flag flying here in Simcoe county. Your office sent a representative, by the way. It was really a big moment for us.

There's not a lot that the Ontario government can do about Huntington's disease, because it is incurable and it's a mutated gene—other than contribute to brain research. But where we are looking for help is around the whole area of the dementia strategy that Ontario is involved with. Huntington's has young-onset dementia. I mean, we all know how tragic Alzheimer's is, and it's in that same family, but imagine a 30-year-old with Alzheimer's-like symptoms. It's completely tragic.

Alzheimer's Ontario—and I'm not speaking for them; I just love their work and we are under their umbrella too—has done a road map towards a renewed dementia strategy for Ontario. We do have a dementia strategy, but parts of it have been implemented and other parts have not. As you probably know from your own situations—people you know with Alzheimer's or other types of dementia—as the population ages, it's just an incredibly tragic disease that needs the full implementation of Ontario's Dementia Strategy.

Some of those areas I think are commonly supported by the people of Ontario, things like better dementia care to help people live at home and dementia-wide education for anyone who would come into contact with them, especially in the health care system, because not everyone knows how to de-escalate dementia and so on and so forth. So that would be my first ask—I don't have a cost for it, sorry—to implement Ontario's Dementia Strategy. Probably Alzheimer's Ontario came and presented to you, so just whatever they said is good.

The second thing, and I only have the two, that I wanted to talk to you about is the issue of unpaid family caregivers, of which I am one and some of you may be as well, or people in your family may be. It's a very common role now. In fact, there are four million family caregivers in Ontario and the government of Ontario funds a fabulous organization called the Ontario caregivers association. I'm so glad that you do because they really help us. But we're crumbling.

I actually had a really nice slide that I couldn't get going, but it was of Snoopy, when in—was that the Halloween one, where he's fighting with the Red Baron? That's what it feels like. We're out there fighting in our Sopwith Camel, but then you get shot down. And we're not shot down by anyone in particular; it's the work that's involved with being a caregiver and the pressures and the crushing burden of it. We kind of got through the pandemic and we're still caregiving without a lot of the support

that's needed to keep people at home safely and so on. And if your caregivers break, then you're going into long-term care and the hospital system, which is extremely expensive, obviously, for the government of Ontario. So we do need more support.

I just want to share a couple of stats from the Ontario caregiver association: 79% of caregivers say they take on responsibilities that otherwise would fall into the hands of PSWs or nurses, and we know there are already shortages of those categories of jobs, let alone we're taking on a lot of that work in the family. Two thirds of family caregivers in Ontario have feelings of helplessness and burnout, and they find it really difficult to continue with caregiving. It's kind of love alone that propels you through it. Then 63% say they've reached their breaking point, so pretty shock statistics.

What I'm hoping for and our chapter of the Huntington Society is hoping for is increased access to home care. I know there have been some announcements around that, but it's critical. We're quietly doing the work, but if we're starting to not be able to handle it, we need more paid home care services and community care, with access to the social services for our families and access even to information. Where do you find services? There are more services available in communities than anybody knows. To help us even to navigate the system is very, very important.

Then also something kind of along the lines of what you were saying, sir: We feel we need a home in government. Because we just keep quietly doing our work and not probably going out protesting or whatever—we're too busy holding the line in the family. We need, whether it's a caregiver advisory council or caregiver's secretariat, somehow that our voice gets more heard as an important part of the health care system, because we absolutely are. In fact, I don't even like to think what would happen if caregivers weren't there and aren't getting increased support.

Other countries: Some are doing worse, some are doing better than Canada. For example, the UK is quite ahead in some of their strategies for caregivers, so I think it would be great if the Ontario government looked at what some of the best practices are for supporting caregivers that would help us not crash in our Sopwith Camel like poor Snoopy but be able to continue.

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The last thing I want to say—and I had a nice slide of some of our members. One of our fundraisers was a wildflower walk in the forest, and it was just such a beautiful picture because we were kind of not hidden anymore. We're out in our communities now more than we've ever been.

The Chair (Mr. Ernie Hardeman): You have one minute.

Ms. Joanne Kaattari: I want to invite all of you—I'll be holding a virtual wildflower walk of Ontario wildflowers for the Huntington Society. You can look on their website in May—it's going to be in May—if you want to join, because it's virtual. It's a wonderful spirit of Ontario

and thinking of communities that are suffering like ours. Thank you very much for listening.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. Now we'll go to the Ontario Association of Interval and Transition Houses.

Ms. Marlene Ham: My name is Marlene Ham. I work as the executive director at the Ontario Association of Interval and Transition Houses. I would like to thank the Chair and members of the Standing Committee on Finance and Economic Affairs for accepting my request to present to you today. A written submission along with our recommendations to the Ministry of Finance have been provided for your records, so you have all of that as well.

OAITH is a provincial association representing over 80 violence against women shelters, transitional housing and community-based organizations.

I would like to start off by letting members today know that I began my work in the VAW sector 21 years ago right here in Simcoe county, which was actually on the heels of the inquest into the death of Arlene May, shortly followed by an inquest into the death of Gillian Hadley. When I reflect back to that time in this community, I recall services and systems that were more intently guided and informed by the recommendations of those inquests. The safety of women and their children was taken seriously and prioritized. When communities go through an inquest, it changes what you do and how you do it. But I'm here today because, 21 years later, I've seen system response and resources become depleted, watered down and where survivors' safety isn't prioritized. I've seen the demands for service change, court systems change, and the complexity of trauma and severity of violence and risk has increased for survivors. Fast-forward all these years later, and we now have another 86 recommendations, with many of them the same from prior inquests. And we've now just learned that there will be an inquest into the death of Keira Kagan.

As much as there have been changes that have led to negative outcomes, there have also been positive changes. We are also in a time when more change is possible and within reach through the implementation of the National Action Plan; recommendations from inquests and the community; members of Parliament and civil service who are more informed, knowledgeable and engaged to address gender-based violence than ever before.

I'm here today to propose to you a \$60-million investment—I know, it's a lot—into the core operating budgets to sustain and maintain the myriad of services that violence against women shelters deliver across Ontario. There were 10 broad recommendations made to the Ministry of Finance, so I will only focus on a few today.

Funding increases and annualization: OAITH has worked with a data sample representing nearly 40% of our members to highlight to the standing committee the proportion of our members who are fundraising for basic core programs. As you will see, over 75% have reported that they must fundraise to offset the costs of providing shelter, and on average, the data sample is fundraising close to \$300,000 annually. Similarly, close to 70% are having to

fundraise to offset costs to the transitional housing and support program, and on average, they're reporting approximately \$72,000 annually. Fundraised dollars are being used to offset core programs, and I realize fundraising will always be a part of their operations. However, as the information in our submission indicates, my concern is that they become over-reliant, and this has created disparity and competition between those who can fundraise and those who can't. There are 95 shelters in Ontario funded through MCCSS, so this is—I would call it—a substantial shortfall in funding.

We recommend that the National Action Plan investments prioritize existing programs and services and the creation of culturally specific ones; funding flexibility remain in place; funding be allotted for digital transformation and IT infrastructure; funding be allotted for minor renovations and alterations to shelters to create physical environments more conducive to survivor needs; budgetary planning to allow for actual costs for operating of our programs; and annual budget submissions should include annual increases to match inflation and cost of living index, which they don't currently do.

In infection prevention and control:

- that COVID residential relief be stabilized and transformed so that shelters can hire staff to clean and prepare food to maintain IPAC measures;

- continued access through provincial procurement for all PPE supplies at no additional cost to the shelters; and

- continued access to IPAC training and resources.

In workforce stabilization:

- that all gender-based violence services and programs be included in any government planning on workforce and labour strategies to address our current staffing crisis;

- that a base rate of pay model be explored with VAW shelters and funding be provided for this;

- that all shelters have funding allotted to them to ensure 24-hour double staffing is implemented; and

- that funding for training and capacity building continue to be made available to OAITH.

One of our members has shared with us the impact they are facing if their budget doesn't increase in 2023 by stating, "Trauma-informed approaches to address mental health of adult survivors and their children are really important to the work. And a springboard to that is annualizing these in year funding allotments of both" Transitional and Housing Support Program dollars and child and youth mental health—there are also rural realities that they get. "And of course, an increase in our budget would be great, to meet this rate of inflation and cost of living. We all know that if we receive the same funding as last year, we'll be operating at a deficit of between 8.6% to 16.6%. This is a cut in one to two positions. The backlash is serving less families who are at risk of femicide or are in immediate danger."

Ultimately, with a \$60-million investment to shelters, in combination with the development of housing, increased income supports and improved criminal and—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Marlene Ham: One minute, okay—family court systems, we will see better outcomes that prioritize survivor safety.

Finally, I would like to thank Minister Williams, Minister Fullerton and Minister Parsa, their staff and those in civil service who have been working very closely with OAITH and our members to build a non-violent community in Ontario. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the presentations and we'll start the questioning. This round will be started with the official opposition. MPP Fife.

Ms. Catherine Fife: Thanks, Jason, Joanne and Marlene, for your presentations—much appreciated.

I think I'm just going to start with you, Marlene, because the stats are not getting any better and we all have interacted with or have these intersections in our communities. Women's Crisis Services of Waterloo Region has had to turn women and their children away, and so I just want to get to the heart of the matter. This is a societal and a cultural issue and an education issue. We can have more inquests, more working tables and more round tables—it's enough, right? It's enough.

So this is a resource issue in that we need the people to be able to do training, as you talk about your workforce, but we also need the space. Can you speak to the number of—you said that it's 90? I think it's 90?

Ms. Marlene Ham: Yes, 95 shelters.

Ms. Catherine Fife: Ninety-five shelters that are overflowing in Ontario. Just unpack the \$60 million a little bit—high level, but make it count because we need to get the resources into the communities.

Ms. Marlene Ham: In terms of when women call and they're looking for bed space, they might not be able to get it. Really, the issue is, we have a system that was designed in the 1970s and into the 1980s, under different times and different governments. At that time, families would be staying in a shelter for about six weeks. Now they're staying in a shelter for a year—upwards to a year—and the reason for that is because there's no housing.

The longer it takes to find housing, the longer women and children have to stay in a shelter. The longer they stay in a shelter, the more, for women who do call to try and get bed space, we have to try and find them bed space somewhere else. So that's the bottleneck that we're experiencing. We're in a housing crisis, and as long as that housing crisis is in place, we're going to continue to be on this hamster wheel.

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That's why we've also called for some investments into transitional housing that's specific for survivors of gender-based violence, because they come into shelter for that emergency response. Getting them situated into transitional housing before they can find more permanent and affordable housing would definitely help. So I don't think creating a thousand new shelter beds is the solution; the solution is that we need housing so that we can have some movement in our shelter system.

Ms. Catherine Fife: That is the key piece. I think that this committee—we've travelled all over the province and we've heard that housing is health care; housing is a human right; housing connects to the economy, equality, health and safety. So that is the key piece, and that is why we need to get housing right in Ontario. There's no doubt about it.

Also, thank you for raising the very key piece that we are fundraising to keep women safe, and that is unacceptable in a province that has \$3.5 billion in an unallocated contingency fund. The money is there.

I thought your presentation was very powerful, so thank you for that.

Joanne, the Alzheimer Society did present to us—thank you for sharing your story and the fact that you're a caregiver—and they also are making the case for respite for caregivers, because it's not sustainable. They mentioned that if we don't act now and invest, Ontario's hospitals will solely exist to house and care for those who have dementia or Alzheimer's. Our hospitals will be full if we don't have a comprehensive home care strategy that is supported through various Ontario health teams and ministries. So I wanted to thank you for that—and also the call-out for caregivers, who predominantly are women in our society.

Jason, you had a really timely presentation for this committee. You're quite right that we've seen the rise in hate. Social media seems to have accelerated it. Some people feel very emboldened to say whatever on a social media platform that they would never, of course, say to your face.

I want you to really direct your ask around the secretariat to us and tell us what that would do, exactly. I know you have the one-stop portal to address issues with the community, but can you speak to the value of actually establishing a secretariat, please?

Mr. Jason MacLennan: Basically, the importance of a secretariat is, it's somewhere for us to go as a community. That has been the challenge we've had. We've all had the smiles and waves—and I'm not just saying it's from this government; it's previous ones, federal, provincial, it doesn't matter—but we've never had the opportunity to present in a way that we could bring our communities together and say, "This is what's going on. We've got some ideas that we could work with and work with you." We've never had the opportunity to go to somebody who's actually within the government to say that, and I think that has been the biggest stumbling block for so many things, whether it's grants, hate—how do we combat, awareness programs—just in general, gender-affirming health care, how important that is. The government needs something like that that will actually take that information and give it to the government, so we can start putting it in our policies and our budgets and stuff like that, where we can start seeing the benefits of saving the government millions of dollars because we're putting things in place.

Also, Prides and community organizations—

The Chair (Mr. Ernie Hardeman): You have one minute.

Mr. Jason MacLennan:—help recover the economy based on economic impact in our local communities, and this is one of the biggest things that this government has missed, sadly. This is why we need the support. If you want to enact an economic recovery, we are the ones who are going to help you do that.

Ms. Catherine Fife: Yes, and that's an inclusive strategy.

Mr. Jason MacLennan: Very inclusive.

Ms. Catherine Fife: The quote that you gave us, "When the Pride thrives, the entire community"—who is—

Mr. Jason MacLennan: That's actually from the United Nations; Carlos Massieu is the representation around gender issues. They've done a study that showed that if any marginalized community like the LGBT thrives in your community, everybody thrives in the community.

Ms. Catherine Fife: Yes, and that's a timely message. How much time?

The Chair (Mr. Ernie Hardeman): Twelve seconds.

Ms. Catherine Fife: I want to say thank you and for your advocacy. All of you—really powerful presentations.

The Chair (Mr. Ernie Hardeman): We'll now go to MPP Bowman.

Ms. Stephanie Bowman: Thank you all for being here. It's interesting that you were grouped together, maybe by coincidence or design, but all about serving and helping either under-represented groups or groups who are vulnerable, people who need care and service. It's really, really impactful to hear all of your statements.

I'll probably just start in order here, so, Jason, maybe I'll start with you. Are there other states or provinces where there's a secretariat and there's some evidence around how that would help? I think it's a really interesting idea. It's not one I've heard before. I just wanted to know if you could share a little bit about where you got the idea or if you've seen it working in other places.

Mr. Jason MacLennan: It was actually a presentation to the federal government of Canada that actually developed a secretariat that has helped Prides across Canada and marginalized groups be able to focus in on how we can do better and how we communicate. It's gotten to the point where over 160 Pride organizations come together almost every year to talk about advocacy issues, government, provinces, what's going on. Actually, I'm going to that one in March.

It's a great way to learn that, and also understanding streamlining grant applications for community organizations. They're complicated. I'm still sorting out an Ontario one from last year. Like with reporting, it's the amount of work that goes into it. And we're all volunteers, the majority of us. We don't have any capacity funding whatsoever, which is a shame because many organizations like we've heard today need that capacity funding to improve and make changes and change things for better and speak to government and all these issues.

There's so much. Homelessness: LGBT youth account for over 50% of homeless youth in this country. It's not just Ontario, but this country. It's absurd to us. Why are

we not dealing with those? But this is what Pride organizations and community organizations, now coming together, are coming to realize. We need that voice. We need that person. We can't all just pick somebody because then we silence someone, and we're not prepared to do that.

Ms. Stephanie Bowman: That's excellent. And I appreciate your comment and MPP Fife's question about the statement about thriving. I think one of Toronto's leading urban planners and academics, Richard Florida, has talked about that too. Again, there's lots of evidence that when those communities thrive, it brings together lots of other communities and reduces the hatred. It makes us more inclusive. So thank you.

Let me move to Joanne. Joanne, first of all, thank you for the care that you give to your family member. I'm sure it is very draining and demanding. I wanted to know if you could just talk a little bit about how you do, as a caregiver, access the opportunity for care in home care, how you found that experience and what lessons we could learn to make that better for people like you who are giving their time and energy.

Ms. Joanne Kaattari: That's a great question. I don't think anyone has ever asked me that. Thanks.

Because Huntington's has the dementia aspect, but then also the physical aspects—it has the Parkinson's, the ALS and the dementia—it's very complex. So we're trying to pull on all kinds of supports, say, from Alzheimer Society for their support groups or that type of thing. But the home care system, which is very overrun right now—it's difficult to get, really, any home care, so that's—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Joanne Kaattari: —a more difficult piece. But also, we're trying to get social services help, whether it's counselling or Meals on Wheels. Your office has helped me with some—we needed some help around getting IDs for—everything is so difficult when someone has young dementia and a disease that is not well known. So thank you for that. I hope I answered it a little bit.

Ms. Stephanie Bowman: Thank you. And I'll move to Marlene. Marlene, thank you. We hear a lot about violence against women. You talked about some of the work that's being done to improve it. When you think about the actions from these various task forces and recommendations, how confident are you that the government is listening and hearing those and moving on them? And again, which ones would you ask them to prioritize?

Ms. Marlene Ham: I think the fact that we have—

The Chair (Mr. Ernie Hardeman): I'm sorry, but she didn't leave any time for—

Ms. Marlene Ham: Hey, that's fine. I can wait for the next one.

The Chair (Mr. Ernie Hardeman): We'll now go to the government side. MPP Smith.

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Mr. David Smith: I want to thank the panel for presenting here today. My first—

The Chair (Mr. Ernie Hardeman): Mr. Smith, if you could get closer to the microphone. Thank you.

Mr. David Smith: My first question I want to ask is for North Bay Pride. Thank you very much, Jason, for presenting here today. You made mention of the secretariat—but how large is your organization, if I can call it that?

Mr. Jason MacLennan: You might need to clarify that because what do you mean by—the community or are you talking about how many are in Ontario?

Mr. David Smith: The North Bay Pride: How large is that organization?

Mr. Jason MacLennan: We have a board of directors of six and about 65 volunteers.

Mr. David Smith: I heard you mention that the applications are difficult to file—

Mr. Jason MacLennan: They are challenging, yes.

Mr. David Smith: Could you explain what you meant by that?

Mr. Jason MacLennan: There are several questions that you have to do. First, you have to meet the criteria of the grant, which sometimes is very confusing and overwhelming—just to make sure that you meet the criteria of that application. If you meet the criteria, then you have to sit down and you have to bring financials together, which is understandable, and you've got to answer all kinds of questions.

It takes us about 40 hours, on average, to actually do a grant application in the province of Ontario, if we meet the criteria. We're all volunteers with jobs, so it becomes very time-consuming. Then it's this ongoing back-and-forth with government officials about clarifying how you're going to do that event, when we're trying to plan something a year in advance. There are some things we can't even know in order to do that, because we can't book things, because we don't know what we're doing until we get a little bit closer.

Mr. David Smith: Do you think the secretariat will help in this regard?

Mr. Jason MacLennan: I think the secretariat will start identifying some key things in the systems that need to change. For example, on an application, you should have “preferred name” and not just “given name”; you should have “male,” “female” and “other.” That's where you're going to start to see the change. Then you'll start seeing the funding and everything that we need as well.

Mr. David Smith: Also, I like what you said: “Hate has no home here.” I'm not sure if you were speaking about “here” as in here or all of Canada. But it's a clear statement. I love those comments.

My next question goes out to Joanne. Huntington's disease is very concerning. You're seeing it first-hand right in your home and in the community, and I'm glad that you're playing the role you're playing.

Your organization provides and facilitates a large number of services. Are there particular activities of the Huntington Society of Canada that you'd like to highlight for us at this committee?

Ms. Joanne Kaattari: We're the local organization. The big parent organization, Huntington's Canada, is phenomenal. It's all private donations, as they don't get government funding—we wish we did. It's from donor

families and pharmaceuticals—because there's a lot of research going on, because it's a brain disorder. We have social workers who are very knowledgeable about Huntington's and neurologists who are funded by the society, because nobody knows our disease—most family doctors might encounter one person in their practice in their entire career. They give us access to all these specialist services and support groups and counselling. If we have a problem, they'll intervene for us, to educate a doctor, educate—so, yes, they're amazing.

Mr. David Smith: Thank you very much. I'm going to yield my time to MPP Khanjin.

The Chair (Mr. Ernie Hardeman): MPP Khanjin.

Ms. Andrea Khanjin: Thank you, each and every one of you, for your presentations and the amount of work that you're doing to make people's lives much better. You impact everyone's lives quite a bit. I appreciated your opening remarks.

I want to start with Joanne, because I know some of the things that you've raised with my team especially—and you mentioned that the wraparound supports, if they existed, would have been great in trying to break down the silos. In your perfect world, how do you see the systems working? We've got the paramedic system that's being rolled out so we could have a little bit more home care to help with that, but then there's still that ability of the caregiver who—a lot of the pressure is on them. If they're the sandwich generation, then they've got their little kids to take care of and then they've got their adult. So they've got a bit of everything. And if you have Huntington's at a younger age, it complicates that caregiver experience. Where do you see the relief valves for those particular families?

Ms. Joanne Kaattari: I think it's really knowing there's help out there in your community, whether it's through the LHIN—I don't know its new name; sorry—or, in our case, the Huntington or Alzheimer societies. There's more in your community than you know. I know that because I just research by nature, but not everybody does. In fact, a lot of people don't.

It's almost more of an education component: Call Ontario 211. That's a brilliant organization. I think there's more out there than we know. There are system navigators. We've all mentioned that there are people waiting to help and they don't know where to find it, whether it's a volunteer to read to someone who has lost their eyesight—that's out there; you just have to know where to find it, but people don't. So I think that whole system navigator piece, for all kinds of things in the health care system and beyond, is really key.

Ms. Andrea Khanjin: Like a one-stop shop so that people have an easier way to navigate, whether it's the family health team or what have you. Thank you.

Could you comment on any ideas in terms of help for caregivers, like a caregiver tax credit? Or what would be helpful to support you financially?

Ms. Joanne Kaattari: Well, definitely a caregiver advisory group to just keep reminding everyone that we're a backbone here for health care, and not extraneous to it.

But yes, definitely, tax breaks would help, or more advice on how to modify your home, because you don't know that. You don't know how to do that and, all of a sudden, you're facing that. I know, in other places, they might have a small monthly stipend for caregivers. Those are some things that come to mind.

Ms. Andrea Khanjin: Thank you.

The Chair (Mr. Ernie Hardeman): We'll go to the opposition. MPP Kernaghan.

Mr. Terence Kernaghan: Thank you to all our presenters who have arrived at committee today.

My first comments are to Jason. First and foremost, I just wanted to thank you for your courage, for the example that you set for your community. You're living your life, you're setting an example to all, to young people, and you're also advocating for change in the community. I think you've pointed out the importance of pink tourism, the economic benefit, the \$60 billion that that could add to the province, as well as your local stories of filling hotels and using a venue that wasn't normally open.

Also, you cited the politics of division that some have, quite frankly, actively added to at this time, and how prominent hate has been. But from your comments, I think it's important for us to recognize that human rights is not a zero-sum game, that equity is bringing others up. It's not taking a spot from someone else; it's bringing others along.

So I think your recommendation for a secretariat is a wise one. People do not know what they do not know until they have those voices to show them what is missing, what could be changed. And it's many of the simple steps that you've pointed out.

I want to know, if this committee and this government were to fund such a thing, how is this different than performative allyship.

Mr. Jason MacLennan: That is actually a really good question. Thank you, MPP. I appreciate that. First of all, I think the appointment of a secretariat has to come from the community. I don't think you can have—sorry; if you're straight, I don't think that's a great way to go. Or if you're part of the marginalized community, you've got to be that voice, you've got to be in that position that you're listened to.

But the reality is that there's an opportunity to combat hate on so many levels, for so many. We can address certain things with that voice. However, the biggest thing that we're looking for now—I know, everybody, and I'm sure I'm speaking to both sides of the House—is that economic recovery.

People don't travel to where there's hate. I'm not going to travel to 68 countries in the world because I'm going to be put to death. I'm not going to travel to the ones where I'm going to end up in prison. I'm not going to travel to the ones that experience hate in the public, or protest. We need to deal with those things. We need to do that through awareness campaigns, and the government has to support those. Once we get that in order, we will get the tourism dollars in those remote communities that have those Pride organizations and community events, because we have

proven in North Bay that people will travel for the right reasons. They're supportive, and they spend their money, and that's the most important thing—besides the equity and inclusion, of course. If you want to recover, we've got to recover.

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Mr. Terence Kernaghan: Absolutely. It's a situation where everybody wins and there's a great financial incentive after the fact. Thank you very much for your comments—a really interesting presentation, and I look forward to seeing more about it.

My next questions will be for Joanne. You talked about being a care partner, and we did hear from the Alzheimer Society. I want to thank you also for mentioning their First Link Care Navigator program. It's so incredibly important to have that one door of service, because people are, quite frankly, overworked. Being a care partner is a thankless job most times, and providing those resources is so incredibly important. We heard about how the government can buttress that system by providing already promised funding that was never released, but it does relieve pressure on ERs, and it helps keep people at home where they are more healthy—body, mind and soul. So thank you for your presentation.

I wanted to ask Marlene: Your \$60-million ask—we've seen cuts to funding for shelters year over year, and it's shocking to think that 70% have to fundraise to offset their operational costs. You're relying on the goodwill of the community to do the good work that is absolutely necessary. So many folks are also relegated to couch-surfing, but I think your statistic about families staying in shelter more than a year is quite scary for everyone.

Ms. Marlene Ham: Yes. To be fair—and for the record—I do want to be able to say that the shelters haven't received a funding cut under this government. I do need to be fair about that. That hasn't occurred. There has been in-year funding that has continued to come, which has been good. But our ask is that that needs to be annualized. They need to be able to rely on that.

Mr. Terence Kernaghan: Understood.

Ms. Marlene Ham: However, when funding doesn't increase and costs of the shelter continue to increase, that has a trickle-down effect. While government might not be cutting funding, by not increasing funding to keep pace with inflation and rising costs, that trickles down to shelters having to make some really hard decisions.

I just want to clarify that and be clear about that, for sure. And the reality, like MPP Fife pointed out, was that the community members are subsidizing a significant portion of the cost for shelters, and that's through fundraising. We're seeing that across the board, across all shelters, but across different program lines as well. The program lines are clearly laid out in the submission. Shelter is one, and then they have different programs.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Marlene Ham: And shelters are responding to need. We're a bit of a unique service in that if a woman calls and needs support or survivors need support, they're going to respond, because if they don't respond, then they

risk someone being in a very dangerous situation and perhaps even being killed. That's where they will pull out cots; they will pull in extra staff. They will do those pieces to respond, because we are a unique service in that they're providing emergency safety for survivors and their children across Ontario.

Mr. Terence Kernaghan: Well, I just want to thank you. I think your recommendation for double staffing makes great sense. I don't want to ask you any questions with such dwindling time left, but I want to thank you for honouring the voice and the life of Keira Kagan. It's an absolutely devastating story, and Jennifer has done tremendous work to bring awareness to this issue. This is something that has to change so that people are aware and recognize the signs of domestic violence.

The Chair (Mr. Ernie Hardeman): Thank you very much. We'll go to the next questioner. MPP Bowman.

Ms. Stephanie Bowman: Marlene, I left off with you just trying to summarize or give us a flavour of the confidence you have in the government's ability or willingness to implement the recommendations. I know you've got 10 priorities in here. I wonder if you could just tie those back to the actual recommendations from the inquest and what you would like to see further from—not just the money side of things, but the other side of things in terms of the inquest recommendations.

Ms. Marlene Ham: I think funding, obviously, is a big part of what I'm going to bring forth. However, we also know that funding on its own isn't going to be enough, right? It's not going to solve all issues and all problems, and that is where the implementation of the National Action Plan plays a really important role and also, of course, the 86 recommendations that came out of the inquest. Some of those really were related specifically to our sector, but some of them were not. They're related to a broad range of different ministries, services and systems. We have to look at all of that together, and we also need a measurable plan.

We need to be able to—we look at some of our traditional outputs, but some of those traditional outputs are not necessarily achieving the outcomes, particularly around safety and well-being. So a woman can come into the shelter, we can find her housing, but does that mean she's safe? No, it doesn't, because he's harassing her through the court system, he's harassing her through Family Court, he's harassing her through child welfare. So we have an output, but it's not necessarily getting to that outcome.

We can't just singularly look at the shelter system. We have to look across ministries. This doesn't just sit with MCCSS; this sits with a whole-of-government approach. And so, with the National Action Plan, with the pillars, we have to bring all of that together in one place.

Ms. Stephanie Bowman: Certainly, we've called on the government to continue that work, to implement those actions, because they've been out for a while now and I don't think we're seeing the pace that we'd like. Again, thank you for your submission today, and I do hope the funding comes.

I want to come back to Jason and just for a moment talk about the economy, because I'm the finance critic for the Liberal Party and my first private member's bill is actually about rebuilding. It's called the Building Better Business Outcomes Act, and it's related to having diversity on corporate boards.

I absolutely believe in diversity and that it actually does build up our economy. I would like you to, if you could, just talk a little bit more about what you think—again, you talked about the federal secretariat and how you'd like a provincial one, how you think they could work together to really advance the rebuilding of the economy and build pink tourism here in Ontario.

Mr. Jason MacLennan: Just so you know, there are some European countries that have done this very successfully as well. There seems to be a battle between federal and provincial very often about different things: "Well, this is your responsibility. This is your responsibility."

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Jason MacLennan: Tourism and economic recovery is everybody's responsibility. The ability for our secretariat and the federal secretariat to work together in a way that will actually benefit all of tourism and all communities would be the answer, because that would actually streamline the things that we need and those who identify—especially on board diversity. It's a huge prime example of something that needs to happen.

Ms. Stephanie Bowman: Great. Again, I think it's a really great idea. Thank you for your presentation today and thank you to all of you for being here.

The Chair (Mr. Ernie Hardeman): We'll now go to the government. MPP Babikian.

Mr. Aris Babikian: Thank you, Marlene, for coming and sharing, and thank you to the other witnesses for sharing their input with us. These are valuable inputs.

Marlene, I want to thank you for exploring and expanding on the various issues related—this is a very complicated, very comprehensive issue. It will not be solved overnight; we know that. In our government, we are committed that this phenomenon in our society should end, and we're doing everything possible through financial, legislative, punitive measures to prevent this happening to any women in our society, because it can happen to anyone. It could happen to our mothers, sisters, daughters etc. So this is a very sensitive issue.

That's why our government has, in 2021-22, invested \$191 million to help victims of violence and \$11 million for violence-prevention initiatives. We fund services and supports such as emergency shelters, counselling, 24-hour crisis lines, safety planning and transitional housing supports. We have invested an additional \$2.1 million over three years to expand victim and sexual assault services in underserved communities. We are also providing \$18.5 million to support victims of domestic violence and survivors of human trafficking to find and maintain affordable housing through transitional housing support.

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I know that all of these initiatives are not enough, because in light of the pandemic and COVID, things were

exacerbated. The mental health aspect is a very important factor; all of us are cognizant of that. We need to find new ways to support your organization and abused women and try to find solutions.

I have a couple of things that come to mind. I would like to explore your opinion on them. First of all, private sector involvement, financially—for example, in many of the hospitals, they have major donors who contribute to the hospital expenses, programs etc.

The other issue that I want you to explore or expand on is the cultural sensitivity of this issue in certain societies where the issue is not addressed and is kept as taboo in their society.

When it comes to the financial aspect, I know that the government does their best, but the government cannot be the final issue-solver. The government doesn't have a magic wand to address all these issues. What do you think—how can we expand this issue? How can we sensitize the public about its cultural and financial aspects?

Ms. Marlene Ham: Thank you for the question. The National Action Plan and the investments that are going to the provinces and territories will most definitely help to deal with some of the struggles that we have, depending on how all of that funding gets prioritized.

Does the private sector have a role? Absolutely. However, we don't want to become too over-reliant on that—as much as too over-reliant on the other side—because what I'm talking about in this submission is not extras; we're talking about the basic services that shelters are having to fundraise for. So I say, with caution, that we don't want to over-rely on the private sector.

The reality is, these are government-funded agencies. They're transfer payment agencies, and they're having to offset—and they are; they're fundraising, but it creates a really unpredictable environment. Right now, given all the pieces that you talked about in terms of the pandemic, we need some stability and some predictability, because the rates of femicide have increased and the rates of gender-based violence have increased.

I don't think—others might have another opinion—that \$60 million put into this sector is actually that much money, because community-based services cost a lot less than health, than police and than the criminal justice system. The more you invest into community-based services, the less you're going to have to spend on those other costly systems.

Mr. Aris Babikian: Can you touch upon the cultural-taboo issue in certain societies or groups?

Ms. Marlene Ham: What I would say there is when we look at our femicide data, we're seeing femicide victims from all backgrounds—younger women, older women, children of all racial backgrounds, women who have come to Canada, women who were born in Canada.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Marlene Ham: So it really cross-cuts all communities. It isn't something that's really pinpointed to one cultural community.

The Chair (Mr. Ernie Hardeman): You have 44 seconds. Are you done?

Mr. Aris Babikian: Yes, I'm done.

The Chair (Mr. Ernie Hardeman): Okay. I want to thank the panellists for all the time you've taken to prepare to come and talk to us and the message you brought. I'm sure it will be of great assistance as we write a report to the Minister of Finance as to what he should be looking at and including in his budget.

CANADIAN CANCER SOCIETY
CONSERVATION ONTARIO
INTERFAITH SOCIAL ASSISTANCE
REFORM COALITION

The Chair (Mr. Ernie Hardeman): Our next panel consists of the Canadian Cancer Society, Conservation Ontario, and the Interfaith Social Assistance Reform Coalition. I think we have some on the screen, virtual—

Interjection.

The Chair (Mr. Ernie Hardeman): The Canadian Cancer Society is virtual; the other two, Conservation Ontario and the Interfaith Social Assistance Reform Coalition, are here at the table. Hi, Susan. It's good to see you.

You have seven minutes to make your presentation. I will say, "One minute," at the six-minute mark, and when that minute is over, we'll move on to the next presenter. When we get through, we'll go to questions. If you don't finish your presentation, hopefully we can get it in the questions.

With that, the first one we're going to hear from is the Canadian Cancer Society.

Mr. Stephen Piazza: Good afternoon. Thank you for having us. I'm Stephen Piazza, director of advocacy at the Canadian Cancer Society. I'll be splitting my time with my colleagues today.

As you know, the Canadian Cancer Society is the only national charity that supports Canadians with all cancers in communities across the country. In 2017, we merged with the Canadian Breast Cancer Foundation, and in 2020, we amalgamated with Prostate Cancer Canada. By joining forces, we're able to put a greater portion of donor dollars to our mission: cancer research, support and advocacy.

Each year, we fund \$40 million in high-impact research to help Canadians take control of cancer. Through this work, we are reducing cancer rates, turning patients into survivors, and making cancers less deadly.

Along with our research, we offer a nationwide support system for people with cancer and their families and caregivers. This includes providing transportation to and from a cancer appointment to over 4,300 people through our Wheels of Hope program, peer-to-peer support to over 300,000 Canadians through programs like cancerconnection.ca and support finding local cancer services to 68,000 people through our community service locator.

Each year, we also work with all levels of government to help make cancer care better through our advocacy.

This includes bringing the perspectives and needs of 1.5 million people living with and beyond cancer directly to decision-makers to set our cancer care system up for success now and in the years to come.

To add this perspective to the conversation, I'll now pass things over to Dylan Buskermolen.

Mr. Dylan Buskermolen: Hi, everyone. My name is Dylan Buskermolen. I'm a fundraising specialist with the Canadian Cancer Society's Relay for Life program and a three-time cancer survivor. My cancer experience began when I received my first diagnosis of Hodgkin's lymphoma in 2017. Suddenly, I was one of the two in five Canadians that will be diagnosed with cancer in their lifetime.

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Throughout my treatment in 2017, I spent days in the hospital getting to know my fellow patients and the challenges they faced. This was my introduction to the reality that patients and health care staff were both fighting for equitable, accessible and high-quality care across the province. It was this dedication that inspired me to get involved with the Canadian Cancer Society as a fundraising specialist and storyteller.

I would love to say that that's where my experience with cancer ended, but in February 2020, just as the pandemic was beginning, I was diagnosed with a relapse of my disease. This diagnosis came with more intense treatment and a stem cell transplant while there was the overwhelming stress that the pandemic put on our health care system. It was through this phase of my treatment where I experienced the delays in appointments and hallway consultations that have become all too common during the pandemic. I know this has been an area of focus for improvement in our health care system, for which I'm so grateful. I also know that there is more work ahead to improve the equitable access to cancer care that people like me so desperately need.

Unfortunately, after being in remission for two months in late 2020, I would have another cancer relapse requiring even more treatment. This time, I underwent my second stem cell transplant and was prescribed take-home cancer medication to both reduce the side effects of my transplant and keep my cancer in remission. This was a critical part of my long-term survival. My prescriptions would have cost me over \$6,000 a month without a rare and difficult-to-navigate pharmaceutical compassionate care program. I know there are many other patients who don't have this coverage and are forced to make the impossible decision between financial stability and their health. Making these drugs more accessible to everyone living with cancer is crucial to their lasting survival and well-being.

I'm happy to report that thanks to my treatments and the continued work of everyone in our health care system, I've been cancer-free for just over a year. I want to thank you so much for listening to my experiences and working to make cancer care more convenient and affordable for the two in five Canadians who, like me, will be diagnosed with cancer in their lifetimes. It's because of the work that

you're doing that I can confidently say we're building a future where no Canadian fears cancer.

With that, I'll pass it to my colleague Hillary.

Ms. Hillary Buchan-Terrell: Good afternoon. My name is Hillary Buchan-Terrell. I am the Ontario advocacy manager here at the Canadian Cancer Society. Our recommendations today which we are sharing with this committee have two key elements in common: (1) They are patient-centred and (2), they provide the government a way to get better at cancer care with investments that directly reduce the burden on our system that we face today with more convenient and connected cancer care.

I've just heard that the Premiers have accepted the federal health funding deal, which is very exciting. We look forward to those continued discussions that we know will be coming, and we look forward to discussing how we can ensure sustainable long-term health funding through those Canada Health Transfers, and working together to build a health care system that is accountable and responsive to people facing cancer, like Dylan. Those are the ones who really depend on it.

Our second recommendation is one that hits close to home for Dylan as well, which he mentioned. We continue to call for expanded access to take-home cancer drugs and eliminating the red tape in the process. As you heard, treating cancer effectively required him to receive medications targeted to his particular cancer. Although fully covered IV drugs taken in hospital used to be the norm, now the majority are oral, which can be taken at home, reducing the dependency on our hospitals and health care workers while minimizing patient and caregiver disruptions. But for uninsured and underinsured Ontarians, the cost as well as the maze of paperwork and process can be cumbersome. Dylan was lucky to have coverage, but without it, what would he and his family have needed to sacrifice to access them? In other western provinces, patients don't need to make these calculations since the treatments are fully covered.

As we know from the experience of patients, delays in diagnosis and treatments, including surgical backlogs, can be a determining factor in their outcomes. We also know that early detection increases survival and often further reduces the downstream burden on our health care system. The current four permanent regional lung cancer screening sites implemented by this government are a great step in this direction, but there is more work to be done to guarantee equitable access across the province. The Ontario Lung Screening Program should be expanded to include more sites. We need to get better at detecting a deadly cancer earlier, when it is easier to treat.

Tobacco is a known cause of some 16 cancers, and lung cancer is responsible for more deaths in Canada than pancreatic, colorectal and breast cancer combined. Ultimately, we want to see the burden of cancer reduced for Ontarians, and reducing smoking is a critical part of that. A cost recovery fee, modelled on the "polluter pays" system, would fund Ontario's tobacco control and cessation activities. It is a very politically popular tool that Ontario should support. Since tobacco is a leading preventable

cause of cancer in Canada, we believe that big tobacco companies—not Ontario taxpayers—should bear the full cost of these programs, to the tune of around \$44 million per year.

The Chair (Mr. Ernie Hardeman): And with that, time is up. Thank you very much for the presentation. We will now go to Conservation Ontario.

Ms. Angela Coleman: Thank you, Mr. Chair. Through you: Good afternoon, everyone. My name is Angela Coleman. I am the general manager of Conservation Ontario.

Conservation Ontario represents Ontario's 36 conservation authorities across the province. Many conservation authorities in your local communities have as many as 75 years of experience delivering programs and services at the local level. During my 20-plus years working with conservation authorities and municipalities, I've seen the incredible value, both economic and environmental, of the programs and services that conservation authorities deliver to our communities.

From preventing communities from flooding to offering local students their first jobs—a job that I was fortunate to receive at my local conservation authority—working in communities, conservation authorities provide green spaces and natural areas, plant trees and have other stewardship programs. I think that when the partnership between the province, municipalities and conservation authorities is working well, the environment, economy and well-being of our communities is enhanced.

Today I request the support of the standing committee to fund this important work in our communities. The dollars we invest in the local environment do make a difference. And one ounce of prevention, as they say, is worth a pound of cure. This is particularly true when it comes to flood preparedness. We must be prepared for extreme weather and other climate impacts as we see the costly toll they take on communities and the well-being of Ontarians. These floods and other damages are very difficult and challenging for our local infrastructure and the functioning of business and industries.

Conservation authorities are pleased to be the boots on the ground—or the experts on the ground, if you prefer—for many provincial priorities. Our programs protect people and property from flooding and erosion, reduce costly damages and ensure safe drinking water sources, including the protection of Great Lakes and other water quality, while supplying economic growth and providing opportunities within our communities.

Conservation authorities do play an important role in how we grow in Ontario. And conservation authorities are prepared to work with the province to keep development safe, while ensuring new hazards that could jeopardize public health and safety are managed appropriately. We undertake those watershed projects—such as tree-planting and buffer strips, septic system inspections, shoreline and coastal projects—to reduce and manage the impacts of climate change and development, especially as we see increased intensification in many of our communities along the Great Lakes.

In my view, it does make good business sense for the province to support the work of conservation authorities. Specifically, today, I request your continued support on three key items:

(1) That the provincially mandated natural hazards work of conservation authorities be continually funded by the province. Funding and technical support is needed for programs, aging infrastructure. Conservation Ontario and conservation authorities across the province manage some 1,000 small dams, dikes and water-control infrastructure. Flood-plain mapping and the development of the infrastructure is essential, as well as looking at set management plans to make sure that we continue to manage those effectively. We request specifically that the province consider matching federal disaster mitigation and flood hazard programs to assist in infrastructure and flood-plain mapping improvements.

(2) We gratefully acknowledge the province's commitment to the multi-year Source Water Protection Program that makes sure that Ontario's drinking water source protection is in place. We are in year two of a multi-year commitment in 2023, and we submit that this model is successful for both partners. We do hope that the province will see this value and we look forward to your continued investment and support.

(3) The Great Lakes are an important source of drinking water for Ontarians, and the water quality of the Great Lakes must be protected. Long-term commitment and increased investment is needed to increase the scale, scope and intensity of targeted on-the-ground actions. These actions must be guided by science and monitoring to make the most of our decision-making. This also helps us meet nutrient targets. Conservation authorities' healthy Great Lakes/rural water quality programs need a long-term commitment to maintain momentum with local partners and landowners, including those in the agricultural community.

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In conclusion, there are measurable outcomes in local communities when you support the watershed-based work of conservation authorities. We reduce risks and costs from flooding and erosion. We reduce red tape and provide more sustainable growth that supports the province's provincial housing supply action plan. We provide clean and sustainable drinking water sources. We provide better public health and safety outcomes with green spaces and conservation areas. Further, we provide local jobs to keep Ontario's communities—specifically, rural communities—vibrant places to live, work and play. We work collaboratively with our partners to find cost savings and opportunities for economic development. Investing in conservation authorities is a wise investment today and for the future of all Ontarians.

I thank you for your time and attention today.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. We'll now go to the Interfaith Social Assistance Reform Coalition. Welcome. The floor is yours.

Rev. Dr. Susan Eagle: My name is Susan Eagle. I am also joined today by Greg deGroot-Maggetti, who should be on the screen shortly.

Mr. Chairman, I'll start by saying congratulations to you for your many years of service to the community. Before I even got onto city council in London, you were elected, and you are still there. It's good to see that you have been serving the community for so many years.

The Chair (Mr. Ernie Hardeman): It's quite a challenge becoming history.

Rev. Dr. Susan Eagle: As a former Londoner, I also want to acknowledge another Londoner at the table. It is good to be among friends.

The Interfaith Social Assistance Reform Coalition welcomes an opportunity to have a voice in shaping the province's budget. Our coalition represents Christian, Jewish, Muslim and other faith communities across Ontario.

On the front of the document you received, you will see a list of the many faith communities that make up the ISARC network. Also, just inside, on the first page, you will see seven recommendations—in case I run out of time or you've had a long day of listening to recommendations from people. We have seven bullet points there, with recommendations.

As we come out of the pandemic, we are deeply aware of the urgent need to address woefully low income levels and desperate housing needs for many across our province. Remembering that we are called to care for neighbour, we are deeply aware that a budget is not simply about the allocation of sums of money for particular programs and services, but ultimately, it's about people and values and our priorities as a society.

Having said that, I want to address income security. Last year, ISARC recommended that the government index the Ontario Disability Support Program, ODSP, and we're certainly very pleased that the government chose to do that and that there has been a rate increase of 5%. However, small steps—right direction, but small steps. People on ODSP are still left in deep poverty.

Inflation robs people of real income. That's why in most parts of Ontario, the tax and transfer system are indexed to inflation. Basic personal exemption is indexed, as are the tax rate thresholds. Ontarians with the highest incomes benefit from indexing of each of those thresholds. Some Ontario tax credits are indexed—the Ontario Child Benefit, the Trillium benefit—and now, minimum wage, ODSP, but not OW. So that is of concern to us, that that has not happened.

When we think about who is on Ontario Works, the government itself identifies it as those experiencing family violence, illness, accident; those facing physical or mental health challenges; folks who find themselves homeless or at risk of losing their home or accommodations.

Income supports not indexed to inflation mean a cut to the real incomes of people who are trying to live on them. Why would the government choose to leave OW rates frozen year after year and effectively cut the real incomes of people who have experienced family violence or other forms of challenge? Why would the government cut the

real incomes of people experiencing illness or accident or facing physical or mental health challenges? Why would the government choose to cut income supports for people who find themselves homeless or at risk of homelessness? So we urge the indexing of Ontario Works rates.

We also are encouraging that there be a combination of the basic needs allowance and the housing allowance into one lump sum. The shelter allowance portion of Ontario Works and ODSP is so low that few social assistance recipients are able to secure housing at the levels of that shelter allowance. Not receiving the shelter allowance makes it even more difficult if not impossible for unhoused people to put together the deposits they need to access housing. So we recommend removing the separation of social assistance benefits from basic needs and housing, and keeping it as one.

Increase OW and ODSP incomes to the Market Basket Measure—sorry; I'm trying to go fast so I get through all this. Certainly, we are aware and you are aware that people cannot live on the amount of income that they get from Ontario Works and from ODSP and that it is 75% below the poverty level in some cases. People cannot manage on that. That impacts the physical and mental health of people. It leaves them at risk of homelessness. We are just one voice out of hundreds of organizations that are encouraging the government to increase those levels for people who are most marginalized in our community. We need to raise that rate.

Ensuring that Ontario Disability Support recipients are able to keep the full Canada Disability Benefit—the federal government's proposed new Canada Disability Benefit holds the potential to improve the lives of Ontarians with disabilities. We urge the government to ensure that those recipients keep the full amount of that benefit when it's implemented and that ODSP payments or benefits are not reduced.

On housing, we've got several things that we want—

The Chair (Mr. Ernie Hardeman): One minute.

Rev. Dr. Susan Eagle: —to refer to. I know that I may be getting short of time. We are looking for rent support for people. We are looking to restore rent control on vacant units and new apartment buildings. We are urging that you restore the tools of municipalities. We spoke on Bill 23, as an ISARC coalition, looking not only at impact on the environment but impact on what it does for housing and particularly for municipalities—taking away some of the tools that municipalities have, which is dear to my heart for being able to work on affordable housing. Inclusionary zoning being reduced, that's a big concern—and a number of things like that.

And finally, Mr. Chair, if I might say: All the studies have shown—history has shown—that when we push people too far to the margins, we create an unstable society. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation—and hopefully, rushing through, that it will all come back in the questions.

With that, we're going to start this round with the independent. MPP Bowman.

Ms. Stephanie Bowman: Thank you for your thoughtful and informative presentations. I'd like to start with Angela.

Angela, could you talk a little bit about the economic impact of not supporting conservation authorities to the extent that you would like, in terms of, again—we know that floods are one of the largest hits to the economy, when they occur. I just wonder if you could share some of your insights on that.

Ms. Angela Coleman: Through you, Mr. Chair: Thank you for your question.

I think working on the ground—both in 2017 and 2019, I worked directly with municipalities that experienced extensive flooding; in that case and in that time, it was along the Ottawa River. It's very difficult for people, being displaced from their homes. And effectively it was the final decision for some municipalities along the Ottawa River that were outside of the jurisdiction of a conservation authority to join a conservation authority. Simply put, their planning decisions over the years had resulted in not only historic development but recently approved development that was extensively damaged in the floods of both 2017 and 2019.

So a lot of importance there, and I think a lot of recognition that when you spend a dollar in preventing and making sure that things are built in correct locations in the first place, it's a tax saving both at the local level, the insurance level, all the way up to the provincial and federal levels. I think that this work is important, and not only the infrastructure but the planning and approvals process as well.

1720

Ms. Stephanie Bowman: Yes, I certainly agree, and my colleague Mary-Margaret McMahon has put forward a private member's bill about Flooding Awareness Week. Because I think when people are buying homes, in particular new homes, they might not be looking at if they are being built on flood plains or places susceptible to flooding and what they can do to be more aware. So I would encourage you to take a look at that bill.

I'm going to try to hit everyone once and then we'll come around again next time. Canadian Cancer Society, thank you again for sharing your stories, in particular to you, Dylan, for your courage and talking about your experience. I'm glad to hear that you're doing well.

I'm wondering if you could talk a bit more about the importance of education in prevention and treatment. We've heard a lot through the pandemic about people putting off going to their doctors because either they can't get an appointment or there's just been a backlog. Could you talk a little bit about what you're hearing on that front and what you think we can do to encourage people to seek assistance and treatment?

Ms. Hillary Buchan-Terrell: Absolutely. Thank you for the question. Through you, Mr. Chair, I just want to talk a little bit about some work that we did during the pandemic. We actually did a number of patient engagement surveys starting through the beginning of the pandemic and through to last year. We're on our fifth survey,

and we did survey patients and caregivers about delays that they experienced receiving care and their diagnosis and so forth.

Just a few statistics I can speak about from a high level here in Ontario—and then I'd like to pass it to Dylan to maybe speak to his own perspective during the pandemic. We did see in Ontario reductions in screening: breast cancer, a 53% decrease; colorectal, 56%; and cervical, 47%. These are from 2020—of course, early in the pandemic—and we did see about a 25% reduction in cancer diagnosis during the first wave as well. As you can imagine, these were effects that snowballed throughout the pandemic, and then as we started recovering and appointments started coming back and so forth, we saw those come back to better levels.

But certainly, delays in screening and detection and diagnosis are going to impact Canadians for years to come. It's something we're all too familiar with. We did see 6% fewer cancer cases in 2020.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for that question. We're now with the government. MPP Anand.

Mr. Deepak Anand: My question is to the Canadian Cancer Society, but before I do that, Chair, I just want to acknowledge the wonderful work done by Hansard, our legislative research and the people at the back. I've moved three times, but I haven't seen them moving out of their chair. That is the dedication, I would say.

To the Canadian Cancer Society, thank you for supporting the millions of Canadians. I was looking at your strategic plan, Together, We Are Unstoppable. My best wishes for you for that.

I would like to share my own experience. My grandfather had cancer to the extent that he left us before I was born, so I haven't even seen him. So cancer does affect almost all of us. You talk about how your purpose is "to unite and inspire all Canadians to take control of cancer," and to be the champion in "world-leading outcomes in cancer prevention." So again, I just want to acknowledge that—especially to you, Dylan. It takes a lot of courage and effort to support, and we talk about the experiences, but I believe the shoe pinches the wearer the most, and you have that experience. So I just want to thank you for your work.

Something which we heard from the previous stakeholders was about vaping, so my question is about that. You know our government is taking action to help address concerns around youth vaping. Some of these initiatives include increasing access to vaping treatment through expanding Telehealth Ontario and many other things we've done.

My question is simple, to you: Is there anything we can do wherein we can help our youth to not get cancer because of vaping? Your suggestions?

Ms. Hillary Buchan-Terrell: Absolutely. We know that youth vaping is definitely a pandemic of its own. It's particularly a problem for youth and we definitely have some stats that we can provide you in terms of the percentages of youth who are vaping.

Our particular ask in this pre-budget consultation is primarily around the cost-recovery fee, and we've asked government to consider a cost-recovery fee, which is where I sort of finished my presentation on. I didn't get to the last couple of minutes there, but really just making sure that the cost might have an impact on those who are vaping and smoking. We know that tax increases and so forth on cigarettes and vaping products have an impact on price-sensitive youth. Vaping products are cheaper, generally speaking, to youth than a package of cigarettes, so really making sure that we try and reflect that.

And for sure, the cost-recovery fee actually does come into play here just in terms of enforcement, tobacco control and ensuring that enforcement authorities have the funds and the resources to be able to enforce all of the legislation related to vaping products, to make sure they're not getting into the hands of children.

Mr. Deepak Anand: Thank you so much. That is all from my side.

The Chair (Mr. Ernie Hardeman): MPP Byers.

Mr. Rick Byers: Thank you to the presenters this afternoon—very much appreciate your work.

Angela, perhaps I'll start with you. Thank you for your presentation. I'll say, in my region of Grey-Bruce, I've met with the Grey Sauble Conservation Authority several times and really appreciate their perspective and their help, so thank you.

Your presentation mentioned funding requests, and I want to make sure that we understand the quantum of those, if you'd be good enough to refresh? Unless I missed it, but just clearly what you're looking for or hoping for.

Ms. Angela Coleman: Through you, Mr. Chair: In the written submission that is provided, which includes the business card, the quantum specifically—currently we're looking for infrastructure. It's currently funded to the tune of \$5 million on an annual basis, and approximately 1,000 structures. Obviously each structure doesn't have a project each year, but that would only average \$5,000 per structure. And, of course, knowing that the price of materials, including concrete and other materials used for the dam and dike maintenance and repairs—simply put, the program is at a point where it could use additional dollars.

Now, municipalities and conservation authorities come in for a match on those dollars for the province's monies, so any renewed investment in the aging infrastructure I think would be appreciated and show support for the importance of maintaining that water and erosion control infrastructure. Maintaining the current, plus an additional—if there were funds available, an additional \$5 million would certainly help, and that would be a \$10-million ask on the infrastructure.

The other programs and services—I think that it would be the provinces look at what the feds are doing on the Great Lakes programs, as well as what the provincial commitment might be on there, but recognizing that, whether it's a water quality program or a local agricultural type of investment program, there's certainly good vehicles for delivery for those dollars at the local levels through the conservation authorities.

So, a specific ask I don't have. I do know some have said on the larger side, something like—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Angela Coleman: —\$25 million over five—five over five, so \$25 million on that.

Mr. Rick Byers: Thank you very much.

And to our friends at the Canadian Cancer Society, thank you very much for your presentations. Dylan, thank you for sharing your story with us; all the very best to you.
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I think I heard in the presentation the comment that screening tests in some areas were funded in other provinces but not in Ontario. Did I hear right? Could you just repeat or remind on that point, if you will?

Ms. Hillary Buchan-Terrell: I believe you were maybe referring to the lung cancer screening program?

Mr. Rick Byers: Whatever it was. I think there was a comment that it was funded in other provinces, not in Ontario.

Ms. Hillary Buchan-Terrell: Oh, yes. The take-home cancer drugs?

Mr. Rick Byers: Okay.

Ms. Hillary Buchan-Terrell: Yes. In western provinces, take-home cancer drugs, which are non-intravenous drugs that are usually administered in hospitals—these are in the form of a pill—

The Chair (Mr. Ernie Hardeman): Thank you. That's the end of the time for that question.

Ms. Hillary Buchan-Terrell: —but are not covered.

The Chair (Mr. Ernie Hardeman): We'll now go to the official opposition. MPP Fife.

Ms. Catherine Fife: Thank you very much. Thanks to all presenters. Angela, I want to start with you, because obviously conservation authorities across this province have served this province very well for many, many years. And yet Bill 23—which dismantled flood and habitat protection, regional planning and green building standards by framing it as a measure to address the province's shortage and lack of affordability of homes—is very problematic for us, especially given the fact that Bill 23 stripped conservation authorities of the power to refuse permission for sprawl or other land development that their experts know would cause flooding and erosion or destroy wetlands and other conservation lands. This ties in with your presentation around flooding, because the smart investment is the coordinated regional approach to reducing building on flood plains and just being responsible in the planning of new housing.

I wanted to give you an opportunity to address some of those concerns because the government, unfortunately, rejected warnings from virtually all non-partisan science experts and municipal governments of all stripes when this legislation was coming forward. They also refused to remove Bill 23's most central and dangerous feature, which was an attack on conservation authorities' flood prevention and land protection roles. That will enable the wholesale destruction of wetland habitats and conservation lands, and increase the risk of flooding.

I read the press release from your organization. The government seemed to think that conservation authorities were somehow—this is not a theory that I hold—preventing housing development from happening. Do you believe that conservation authorities play any role whatsoever in preventing or slowing down housing development in Ontario?

Ms. Angela Coleman: Through you, Mr. Chair, to try to make a response that's non-partisan—I think that is my goal, to provide an unpartisan view today. We've made submissions at standing committee; those are all available on the public record. Those submissions were made by me, and I do think that they represent my view on the situation. Simply put, it's important that we have good local-level decision-making. We provide our statistics and our feedback to the province to show the rate at which we make our development approvals, and we hope that through good work and continued dialogue and discussion, the value of conservation authorities—including in presentations like we're doing today and the type of value that's been showcased across Canada and, to some extent, on the global scale as well—is recognized for their work in being able to minimize costs and protect people and property. We hope to be able to continue to do that in an effective way across the province.

Ms. Catherine Fife: And do you still also maintain that, in terms of plan reviews, municipalities need to continue to be able to enter into agreements with conservation authorities for advisory services?

Ms. Angela Coleman: Through you, Mr. Chair, I do believe that at the local level, that was an effective approach that was working well in many regions. Where it was perhaps not working well, there was always the opportunity for the local municipality to find a way they thought was better to do it. So I do think that's an important option.

Ms. Catherine Fife: Yes, we agree as well. In Waterloo region, we now have seven municipalities trying to do their own regional planning, and of course, one boundary melds into another one. To have a truly regional approach to planning responsibly is in the collective interest of all region-of-Waterloo residents, so I appreciate your comments.

I appreciate the fact that you also feel the need to be non-partisan, but this was a turning point for us when the government went in this direction. I think good legislation is created and crafted when you consult with the people who are most affected. We did hear some very compelling testimony this morning from AMO as well.

Moving on, of course I love ISARC. Susan, thank you very much. I love this organization. You've done really good work in Waterloo region. And it's good to see Greg. Thank you very much for being here, Greg. Under "Restore tools for municipalities to preserve and create new affordable housing"—you had to gloss over this a little bit in your presentation because you ran out of time—you do point out that "80% of market rent" currently "is still deeply unaffordable" and obviously a barrier to finding shelter. You also go on to say, "Although current municipal rental replacement provisions ensure that ... an

apartment building is redeveloped, existing rental units” need to be “replaced at affordable levels.”

You also point out a solution, which is inclusionary zoning. I wanted to give you or Greg an opportunity to address the importance of inclusionary zoning, because Bill 23 reduces and restricts inclusionary zoning to 5%, so we’re going in exactly the opposite direction if we really want to create affordable, attainable housing. Susan, go ahead.

Rev. Dr. Susan Eagle: Maybe I can start by just saying that we did submit, under Bill 23, a fuller document, because we were, I guess, a little taken aback at the thought that somehow what was in Bill 23 was in any way—

The Chair (Mr. Ernie Hardeman): One minute.

Rev. Dr. Susan Eagle: —going to help build more affordable housing. One of those areas was the loss of inclusionary zoning, which by all accounts seems to work well. I’m hoping at some point we get some understanding of why that would be taken out, and maybe it can get put back in.

I do want to give a few seconds to Greg.

Ms. Catherine Fife: Greg, you’ve got 30 seconds. Please go ahead.

Mr. Greg deGroot-Maggetti: Thank you very much. My name is Greg deGroot-Maggetti. I work for Mennonite Central Committee Ontario as a program advocacy associate, and I’m on the steering committee of ISARC.

Yes, it’s a big challenge. As buildings get renovated or torn down and rebuilt, we’re just losing affordable housing stock at too quickly a rate. Municipalities really need the tools, like inclusionary zoning—

The Chair (Mr. Ernie Hardeman): That concludes the time. Maybe we can answer that one in the next round.

With that, we will now go to the independents. MPP Bowman.

Ms. Stephanie Bowman: I had a similar question, so Greg, please continue with your answer for a minute or so.

Mr. Greg deGroot-Maggetti: Thank you very much. Again, I’m Greg deGroot-Maggetti from ISARC. That was one of our concerns with Bill 23, was it weakened a lot of the tools that municipalities have to try to preserve and create affordable housing. We are recommending that the rules around inclusionary zoning be strengthened and for a minimum standard of 15% of new residential units to be affordable for a period of 99 years. Those are important measures to help, again, preserve and create more affordable housing stock.

We’re facing really extreme challenges. In Waterloo region, you may have seen in the news a recent judicial ruling around encampments. Really, it shows the depth of the problem that we’re experiencing. As more and more affordable housing units are torn down to create new housing, that new housing is not affordable, even at 80% of market rate. It’s really crucial that all players can be contributing to creating and building affordable housing units.

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We strongly encourage the province to give those tools back to municipalities, as well as really important things like restoring rent control for vacant units and on newly built units. There are too many stories of rents being doubled and forcing people out of their housing and into homelessness, and that is a crisis that urgently needs to be fixed.

Ms. Stephanie Bowman: Thank you. In reading this, it’s very thorough. You’ve obviously done a lot of homework and research on the impacts of various programs on low-income individuals and families.

Two things stand out to me. One is that there’s a lot of complexity around how these families or individuals access services. I wonder if you could talk a bit about that. Also, what is your view on universal basic income? You talked about the different kinds of incomes that people have access to. Do you have a view on UBI?

Rev. Dr. Susan Eagle: Certainly. We support a guaranteed level of income for everyone. I think where it gets complicated is that everybody has a different version of what that ought to be and how it ought to get delivered. If folks find it complicated to look at all the different programs that are delivered, believe me, folks who are trying to receive them find them equally, if not more, complicated.

The bottom line—and, I guess, it’s the challenge to the government—is we know how many people literally don’t have enough money to pay for the rent and the food that they need. That’s not complicated. So to raise social assistance rates, to index Ontario Works, to make sure that there are supplements in place, to have a more aggressive approach to providing affordable housing—those are all things the government can do. And, as I said, if the priority is the quality of life for people, then that needs to be done.

We can get into lots of debates, and we would love to sit down with lots of policy people—

The Chair (Mr. Ernie Hardeman): One minute.

Rev. Dr. Susan Eagle: —to talk about all the different programs etc. But at the end of the day, does it add up to enough income that somebody can pay for food and pay for rent?

Last week I heard a story of a woman who had a rent increase, and that took the last bit of her social assistance cheque in its entirety. Everything on her cheque went to her rent. You can’t live like that. We know it. Everybody knows it. But who is going to actually act on it and do something about it?

Ms. Stephanie Bowman: Thank you so much.

Hillary, I know we got cut off a bit last time. Any closing thoughts on, again, just the stats and how we make sure that people get the screening and treatment that they need?

Ms. Hillary Buchan-Terrell: Sure. I’m going to share this time here with Dylan, because he can speak first-hand about this perspective.

Mr. Dylan Buskermolen: Thank you. I think the main thing that I’ve seen first-hand is that bringing awareness to screening—

The Chair (Mr. Ernie Hardeman): That concludes the time for that question. We'll now have to go to the government. MPP Dowie.

Mr. Andrew Dowie: Thank you to all the presenters. I'd like to start with the Canadian Cancer Society.

First, I want to thank you for all your hard work, because I know you give hope to those that are afflicted with the disease. Certainly—like, I'm sure, everyone around the table—I know I've been touched. My father passed away from cancer about five and a half years ago, but the advances that have resulted in Canada certainly gave him hope that there might have been a more positive outcome, and that wasn't something we've always faced in our country. So I appreciate that you do exist, that you provide support for so many, and that you keep on going despite it all.

With that, I wanted to get into the smoking cessation element that had been mentioned and the vaping. This is where I've got a bit of a different opinion on that. I know some turn to vaping in order to stop smoking because they just can't abandon smoking in its own right—as a tool. I'm wondering if you might be able to elaborate on alternatives that do not involve consumption and how those sorts of alternatives are funded today in the province of Ontario.

Ms. Hillary Buchan-Terrell: I'll just speak to the tobacco side here a little bit, and then I'll ask Dylan to come in for the youth vaping. One of the coalitions that we're part of—actually, you'll have seen a pre-budget submission from the Alliance for a Tobacco-Free Ontario. We talked about funding cessation reports—again, an area where Ontario could be funding those for those who wish to quit. Certainly, from the federal government standpoint, there is some discussion that vaping might help adults to quit smoking, but our opinion, of course, is that we want to see folks quit smoking altogether to be able to get off nicotine, a very harmful, habit-forming substance. I think there's that part.

And then I'll pass it over to Dylan maybe to just talk about youth vaping.

Mr. Dylan Buskermolen: Thank you. What I can speak to with youth vaping is how important it is to make this issue aware to these young people who are being affected by this, whose health is being impacted by youth vaping. As someone who works with youth who are passionate about improving cancer care and awareness for these issues, I can tell you that youth leaders in the communities are asking for increased awareness, increased guidelines to make it more difficult for them to obtain these youth vaping instruments and make it so that their health and their friends' and their communities' health are better for the future.

I can tell you that it's something that youth leaders today in Canada are absolutely passionate about and it's something that they are working towards with our government and with our colleagues to create a world and a Canada where these aren't affecting and negatively impacting them and their communities' health.

Mr. Andrew Dowie: Thank you for that. I can attest to that. I actually had some local youth leaders in my office, and absolutely, vaping was raised as an area that they'd like our government to focus on.

Moving on to Conservation Ontario, I had a couple of maybe more technical questions. I apologize. What you have in your submission was really my work environment for most of my professional career, so I apologize for maybe being a bit too in the weeds for the committee. In your document that you brought out, you mentioned WECI. The partnership involves that the conservation authority can manage the project. I know I've relied on it in the past. I'm wondering if you might be able to let the committee know how broadly that program is applied and what it's for—for example, municipal drains, shoreline. How far and wide can that go? Also, how many projects could you fund today and how much more do you think conservation authorities could manage if additional funding were available in the program?

Ms. Angela Coleman: Thank you for the question. In terms of the specific details, what I can tell you—because maybe that is far down for me as well—is I know that each year, lists of projects are maintained. The types of projects that are on those are generally for a few different things. One would be, for example, for maintenance of dams, dikes, water control infrastructure, and the other would be more for capital improvements on that infrastructure. So I think in terms of the projects that I have seen, they're generally the types of projects that are for flood protection and control.

For example, across the province, as I mentioned, there's a host of infrastructure that's maintained by conservation authorities. And generally, \$5 million, even—for example, I can tell you from my own personal experience working on a large dam built in the 1970s, just doing some concrete repair and parging would have cost in the neighbourhood of half a million dollars. The provincial put into that project would have probably been somewhere on the list, but the federal dollars that came in and the local dollars that came in covered the lion's share of it. Now, that would be limited in terms of what would be available in a federal fiscal to do that.

So more projects would be possible. It's hard to say exactly what's possible until you do a call. A call is maintained every year from the history of the project. But if there were monies available, you'd see more projects coming forward. That's why I think it's hard to answer it exactly, because you need to have the match, right? With the match coming in, if you're asking for a million of the five, that would be a lot to ask for.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Andrew Dowie: All right. Thank you, Chair. I will adhere to our time.

Quick question on the drinking water source protection program: I know that was initiated almost 20 years ago. You're requesting multi-year funding. Is there going to be a point when those initiatives are going to be wound down for the most part, or is this a continued monitoring program that has a fixed operational cost?

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Ms. Angela Coleman: I think it's important that you have ongoing commitment for that. There are always new municipal drinking water sources coming online. There is always a requirement to look at those in the context of source water protection and the adjacent land uses. Again,

recalling that source water protection did come out of the tragedy that occurred in Walkerton, where we had loss of life as well as a judicial inquiry, one of the recommendations of Justice O'Connor—

The Chair (Mr. Ernie Hardeman): Thank you very much for that. We will now go to the official opposition. MPP Kernaghan.

Mr. Terence Kernaghan: I'd like to thank all of our presenters today.

Firstly, I wanted to thank you, Susan, for your service. You started off by thanking the Chair for his service, but I want to thank you. I believe you served four terms, was it, on London city council, from 1997 to 2010? You really were and are a leader in London's homelessness policy as well as affordable housing policy, so thank you for the work that you continue to do on that file.

I want to also note your words about the nature of a budget, that it is about people, values, and priorities. I think it's important that we keep that in sharp focus. You had mentioned as well the curious absence of indexing Ontario Works while indexing the Ontario Disability Support Program. It is a very strange oversight to be made, and I just want to thank you as well for your comments about the need for Ontario Works. As your submission indicates, it is something for people fleeing family violence; for someone who has an illness, an accident, is facing physical or mental health challenges; or someone who's at risk of homelessness or losing their accommodations. It is often the first step before being approved for the Ontario Disability Support Program. It's very curious that there still remains that stigma and that automatic snap judgment if somebody is accessing Ontario Works. So thank you for pointing that out. It is something that does need to be rectified.

You also pointed out—and I want to thank Greg for his comments, for confirming what we as MPPs have heard—that the removal of rent control for buildings that have been created after November 2018 has resulted in a big uptick in the amount of huge increases to people's rental costs.

Now, my question though, Susan: In some of your recommendations, you said to link incentives directly to the provision of affordable housing. What would you like to see in particular?

Rev. Dr. Susan Eagle: Well, certainly there's lots of benefits for developers to assist them, and when we were working at the municipal level, that was part of what we were doing—hence the concern about removing the municipality too much from that kind of relationship. Even just an example like density bonusing—which is always very, very useful as a tool. More supports for landlords; providing rent subs for landlords who take in tenants: That's another thing that provides a more stable environment. When the municipality, the developer and the landlord can work together and create a community response, that really helps.

And let's not forget: The cost of poverty is huge. For those who are just bean-counters, the cost of poverty is huge. I don't know if Greg wants to add something more to that.

Mr. Greg deGroot-Maggetti: Thank you very much. Only to say that the removal of development fees on new buildings—this is one of the areas where it should be focused on, those development projects that are going to build affordable housing. If development costs get shifted to municipalities and end up leading to higher property tax rates—higher property tax rates are one of the grounds for which landlords can apply for above-guideline increases to rents. Inadvertently, the removal of development fees could actually be causing larger rent increases. That's why we recommend that the incentives for developers are focused on affordable housing, and not just all housing.

Mr. Terence Kernaghan: Most definitely. You quite rightly point out that knock-down effect, and also the issue with vacancy decontrol and how that has really dramatically impacted so many Ontarians and continues to do so until it is rectified.

With my remaining time, I believe Hillary, with the Canadian Cancer Society—you had stopped just before you were discussing the financial hardship about job-protected leave. I was wondering if you would like to finish that for the committee?

Ms. Hillary Buchan-Terrell: I'd love to. Thank you for that opportunity.

What we are proposing is that we'd like Ontario to step up job-protected leave to at least 26 weeks, to match the federal EI sickness benefit. Right now in Ontario, it is at three days, which is not nearly enough time to have a cancer recovery. You heard Dylan's story, and he can speak to this as well, that three days is just not enough time when you are fighting cancer.

Dylan, I don't know if you have anything to add there?

Mr. Dylan Buskermolen: Yes, I'd just love to add that especially for someone who's recovering from cancer, the time can go by so quickly when you're in a state of not knowing what your next day looks like, recovering from treatments both mentally and physically. These are very complex, very nuanced issues that people are going through.

Like Hillary spoke to, that time can go by in a flash, so this recovery time—as someone who has taken months and years to recover from these intensive treatments, I know that the increase in time away to recover is absolutely crucial and can often make the difference for someone returning too soon and causing more risk to their health, or just their mental health and well-being, versus someone coming back at the right moment, coming back the right way and experiencing a really great transition back away from treatment, which can be so important.

Like Hillary said, it's an incredibly important and nuanced issue that hopefully we can continue to see improve.

Mr. Terence Kernaghan: I also want to thank you for your strength in sharing your story, and for coming forward—

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Terence Kernaghan: —to committee. Congratulations on your continued recovery. I'm pleased that you were also able to, through your benefits, access take-home cancer drugs. You pointed out that it is a wise fiscal investment that will also help to relieve strain on hospitals, by

making sure that people are able to access their treatments and their medications within their home.

I just want to thank you all for coming to present at committee today.

Ms. Hillary Buchan-Terrell: Just to clarify, as well: Dylan's were not covered by his plan. They were actually a compassionate program through a pharmaceutical company.

Mr. Terence Kernaghan: Oh, thank you.

Ms. Hillary Buchan-Terrell: This is a really important distinction.

Mr. Dylan Buskermolen: Yes, it's often difficult to apply for and difficult to maintain and get these drugs delivered too. I'm thankful I've been in a place of privilege where I can get these drugs taken care of for me and have access to them, and able to sift through that seemingly never-ending pile of paperwork. But I know many people aren't in that position, so maybe giving them more access—

The Chair (Mr. Ernie Hardeman): Thank you very much. That completes the time we have for everyone.

We do want to thank all the presenters in this panel, those sitting at the table here and all the people who are joining us virtually. Thank you very much for the time you've spent preparing for today and the efforts you made to come here and talk to us and help us with the pre-budget consultations, to make sure that we build the best possible budget the province has ever seen.

With that, I do want to say, as a reminder, that the deadline for written submissions is 7 p.m. on Tuesday, February 14, which would be tomorrow. If there's anything that you want to add to what you said today or in the past, up until then you can send them in and they will also be recorded as part of the budget consultations.

With that, the committee is adjourned until Tuesday, February 14, 2023, in Toronto.

The committee adjourned at 1759.

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