

OCTOBER 15, 2019 (VERSION 1)

2019 FEDERAL ELECTION POVERTY & HEALTH REPORT CARD:

An analysis and comparison of election promises of the four major parties



**HEALTH
PROVIDERS**

**AGAINST
POVERTY**

Authored by Health Providers Against Poverty Ontario

ACKNOWLEDGEMENTS

Thank you to all of the organizations and individuals who contributed to this project.

DISCLAIMER

This report is not an endorsement of any one political party or candidate. We encourage all readers to thoroughly review the platform of each party and make a decision based on their own values and judgement. As a volunteer run alliance fully funded by individual membership fees, Health Providers Against Poverty operates as both an independent and nonpartisan entity. The group receives no funding from external sources and holds no affiliation with any political party.

MEDIA INQUIRIES

For all media inquiries, please contact hpagainstopoverty@gmail.com

HEALTH PROVIDERS AGAINST POVERTY

Health Providers Against Poverty is an alliance of healthcare providers who recognize that poverty is one of the most significant risk factors for poor health. Through advocacy, education, and patient care, we are working to eliminate poverty and reduce health inequities in Canada. Since we were founded in 2005, we have grown to have a network of several hundred providers as well as provincial chapters in Ontario, Nova Scotia, and Newfoundland and Labrador.

For more information, visit our website at: healthprovidersagainstopoverty.ca or follow us on social media.

 Facebook: [@Health Providers Against Poverty](https://www.facebook.com/HealthProvidersAgainstPoverty)

 Twitter: [@HPAP_Ontario](https://twitter.com/HPAP_Ontario)

ABOUT THE AUTHORS

Health Providers Against Poverty (HPAP) is an alliance of health care providers who came together in 2005 to participate in a campaign to prescribe extra funds to low income Ontarians living on social assistance through what came to be known as the “special diet campaign”. We have since grown to have a network of several hundred providers as well as provincial chapters in Ontario, Nova Scotia, and Newfoundland and Labrador.

As health care providers, we recognize that poverty is one of the most significant risk factors for poor health. Through advocacy, education, and patient care, we work to eliminate poverty and reduce health inequities in Canada.

MISSION

Poverty represents a serious but reversible threat to health. As health providers, we often enjoy privilege and access to power which many others do not. As a high-impact health intervention, we will work to eliminate poverty and reduce inequity.

OBJECTIVES

- Contribute to the movement for income security and social security for all
- Raise awareness about the health impacts of poverty
- Engage health providers and people living in poverty in social and political change

VALUES

Both HPAP and this report are heavily guided by an understanding that economic, social, structural, and historical factors play an incredibly significant role in the health outcomes of individuals and communities. These factors include, but are not limited to, income, education, employment, housing, access to health and social services, discrimination, marginalization, and colonialism. Although no one social group or community is immune from illness or disease, HPAP acknowledges that social groups who experience oppression are often the most affected by poverty and inequitable access to health and social services, experiencing poorer health outcomes as a result.

The following report highlights and explores potential policy interventions for reducing poverty amongst marginalized communities overrepresented by low-income. These communities include Indigenous Peoples, people with disabilities, people who use drugs, and racialized people. While this report is not exhaustive in its review or analysis of the intersections between marginalization, poverty, and poor health outcomes, the authors have attempted to center the policy needs of those communities which our partners and ourselves have worked most closely with. In doing so, the authors of this report wish to acknowledge there is still much more work for our alliance to undertake with other marginalized communities.





CONTENTS

| | |
|--|----|
| Executive Summary | 4 |
| Introduction | 6 |
| Methodology | 7 |
| Platform Comparisons & Scorecards | |
| Income & Employment Security | 10 |
| Access & Affordability | 13 |
| Affordable Housing | 16 |
| The Opioid Overdose Crisis | 20 |
| The Climate Crisis | 24 |
| Indigenous Sovereignty | 27 |
| Voting Resources | 31 |
| Appendixes | 32 |
| References | 33 |

EXECUTIVE SUMMARY

Poverty is a significant social, economic, and political problem in Canada. Despite living in one of the top ten wealthiest countries in the world, 3.2 million to 5 million people across Canada are considered to be low-income. With the upcoming 2019 federal election as a background, this report compares and analyzes the potential impact of the four major parties' platforms for reducing poverty in a meaningful way.

Grounded in six priority areas that significantly influence physical and mental health for low-income communities, including (1) Income and Employment Security; (2) Access & Affordability; (3) Affordable Housing; (4) The Opioid Crisis; (5) The Climate Crisis; and (6) Indigenous Sovereignty, we reviewed existing policy research from leading researchers, advocacy groups, and non-partisan government stakeholders, in addition to directly consulting with many of these groups, to inform the creation of the grading criteria found throughout this report.

Unsurprisingly, no one party achieved a perfect score when graded against the report's criteria. Across all priorities, the NDP scored the highest with 20/25 points and a final grade of a B. While the Green Party also achieved a B, their point total was slightly lower at 18.5/25. In third was the Liberal Party with a D+ (11.5/25 points). The Conservative Party scored the overall lowest across all categories with an F (3/25).

For income and employment security, the Green Party ranked the highest with a C+ (3.5/5) due to their commitments to a Guaranteed Livable Income, \$15 federal minimum wage, and replacement of the Temporary Foreign Workers program with increased pathways to immigration.

With respect to access and affordability, the NDP achieved the highest score with a B+ (4.5/5). This was due to the party's strong commitments to develop universal pharmacare, dental care for medium-low income households, national home care standards, and affordable child care.

The NDP also received the highest score for affordable housing, with a B+ (4.5/5). The party received full marks for their commitments to affordable housing for vulnerable groups, addressing the Indigenous housing crisis in collaboration with Indigenous communities, setting a goal of ending homelessness within one decade, and increasing the supply of social and supportive housing.

In response to the opioid overdose crisis, none of the major party platform commitments were sufficient. There was no mention of safe supply policy in any of the four platforms, the platforms were brief, and many details of the promises were lacking.

On the climate crisis, the Green Party and NDP were the strongest, both receiving an A (5/5) with important commitments on emission reduction, divestment from fossil fuels, renewable energy, public transportation, and partnering with Indigenous Peoples.

Lastly, no grades were issued for our Indigenous Sovereignty section. In lieu of this, the report includes a side-by-side comparison of platform promises made to Indigenous communities by the four major parties. Please see the Methodology section for more details.



FINAL GRADES OF PARTY PLATFORMS



| Income & Employment Security | | | |
|------------------------------|----|----|----|
| F | F+ | C | C+ |
| Access & Affordability | | | |
| F | F | B+ | C+ |
| Affordable Housing | | | |
| F | C+ | B+ | B |
| The Opioid Crisis | | | |
| F | D | C | D+ |
| The Climate Crisis | | | |
| D | C+ | A | A |
| Indigenous Sovereignty | | | |

Please see page 30 for a comparison of party platforms.

| Total Score | | | |
|---|---------|-------|---------|
| 3/25 | 11.5/25 | 20/25 | 18.5/25 |
| Final grade based on improving health and social outcomes | | | |
| F | D+ | B | B |

INTRODUCTION

According to the most recent estimates, 3.2 million to 5 million people across Canada are considered to be low-income. [1] Whether due to inadequate social assistance rates, unemployment, or underemployment, people living in poverty disproportionately face unjust and adverse health outcomes. These include lower life expectancies, higher rates of suicide, and an increased likelihood of developing chronic illnesses such as diabetes, cancer, and heart disease. [2]

Living with a low-income is not an experience equally shared across all social groups. In Canada, Indigenous Peoples, children, racialized immigrants, people living with disabilities, single parents, and unattached individuals aged 45-64 disproportionately experience poverty. [2] The factors contributing to the root causes for why these communities and demographic groups experience higher rates of poverty varies considerably. For instance, Indigenous and racialized workers face higher rates of unemployment and part-time employment with lower wages, lack of benefits, and precarious job security due to racist hiring and promotion practices and non-recognition of international qualifications. [3]

Despite the image of Canada as a just and equal society projected on the world stage, the inaction of the federal government on addressing poverty has not gone unnoticed. In 2016, the United Nations' Committee on Economic, Social and Cultural Rights voiced concern over the federal government's low level of social spending and the associated impacts on marginalized communities across the country. [4]

As healthcare providers on the frontlines, we have individually and collectively seen the impacts of continued government inaction. Indigenous communities continue to experience long-term drinking water advisories, [5] opioid-related deaths continue to rise, [6] overall funding from the federal government for housing remains unchanged, [7] and low-income households and people experiencing homelessness continue to shoulder the brunt of extreme weather events in relation to the climate crisis. [8] As these daily injustices continue to grow in severity and consequence, the need for swift and robust government intervention remains glaringly apparent.



METHODOLOGY

Grounded in a social determinants of health approach, this report focuses on six key federal election priorities that significantly impact and influence physical and mental health outcomes of those living in poverty. These priorities are (1) Income & Employment Security, (2) Access & Affordability, (3) Affordable Housing, (4) the Opioid Crisis, (5) the Climate Crisis, and (6) Indigenous Sovereignty.

Using these six priorities, we reviewed existing policy research from leading researchers, advocacy groups, and non-partisan government stakeholders, in addition to directly consulting with many of these groups, to inform the creation of the grading criteria found throughout the report. The grading criteria, also referred to as policy recommendations, were largely devised and selected based on scope and immediacy for reducing poverty and its associated adverse outcomes in a high impact and dignified manner.

In order to be as objective as possible, the policy recommendations that informed the grading criteria for each specific election priority were selected based on specificity and tangibility. This included prioritizing anti-poverty policy recommendations with an emphasis on specific targets and defined policy changes such as the expansion of existing federally funded programs and benefits. Due to the complexity and siloed nature of existing health and social services, we included both means-tested and universal policies and programs as appropriate.

Grading was conducted based on a “face value and good faith” framework. This involved allocating marks based on the assumption that a party will follow through on the entirety of their election promises if elected. Previous track records were not factored into the grading process as there was no way to equally apply this standard across all four parties, especially those parties which have never formed a federal minority or majority government. In an attempt to reflect the contrast between campaign promises and actual follow after an election, the report authors withheld providing any party with an A+ grade, leaving a grade of A (5/5) as the highest possible mark.

To reduce the potential for bias, the authors did not “read between the lines” of the parties’ platforms when assigning grades. A complete mark (+1.0) was only granted if a party explicitly voiced a full commitment to the entirety of a specific policy recommendation. Vague election promises to increase access or funding without specific details were only granted partial marks (+0.5). As a result, while some parties may have made significant public commitments to issues we have highlighted in this report, we did not wish to reward these statements if they were not backed up by a specific commitment to provide the necessary funding or required legislative changes as identified by leading experts across the health and social services spectrum. Lastly, zero or no marks (0.0) were granted if a party made no full or partial commitment to the policy recommendation/grading criteria. This included if the party decided to address the issue in another manner or did not mention the grading criteria at all.

See the appendix for a numeric breakdown of our grading framework and results.



GRADING LEGEND

| Mark Value | Scoreboard symbol | Description |
|------------|-------------------|---|
| +1.0 | ✓ | Full and complete commitment to the policy recommendation/grading criteria. |
| +0.5 | — | Partial commitment to the policy recommendation/grading criteria. Platform has a similar commitment that is vague and/or does not fully align with grading criteria. |
| 0 | ✗ | No full or partial commitment to the policy recommendation/grading criteria. Party has decided to address the issue in another manner or did not mention the grading criteria at all. |

INDIGENOUS SOVEREIGNTY SCORECARD METHODOLOGY

The section on Indigenous Sovereignty is not graded as our organization lacks adequate representation from Indigenous communities and thus the authority to impose and promote election priorities on their behalf. Our organization reached out to several Indigenous advocacy groups in an attempt to present their perspective; however, we were unable to secure the necessary partnerships by the time of publication.

Further to the above, the report authors did not wish to determine whether election promises from a settler political party constitutes a meaningful commitment to the individual needs of specific or collective Indigenous communities. HPAP is acutely aware that Indigenous communities are highly diverse in numbers, geographic location, culture, language, and worldviews and that this diversity cannot be adequately reflected within the scope of this report. We are also aware that material poverty is largely a Euro-Western concept that may not align with the worldviews of many Indigenous communities. See the Indigenous Sovereignty section further information on this.

In place of a graded scorecard we have highlighted a set of well known calls to action from Indigenous groups and have compiled a side-by-side comparison of the election promises made to Indigenous communities by the four major parties.



PLATFORM COMPARISONS & SCORECARDS

INCOME & EMPLOYMENT SECURITY

QUICK FACTS

- Approximately 3.2 million to 5 million people across Canada live in poverty. [1]
- Indigenous Peoples, children, racialized immigrants, people living with disabilities, single parents, and unattached individuals aged 45-64 experience the highest rates of poverty. [2]
- One in four workers are estimated to be employed in a precarious job (ie. temporary, involuntarily part-time, or precariously self-employed) [9]
- Since 2007, the percentage of individuals living in working-poor and food insecure households has remained relatively unchanged. [2] [10]
- Indigenous and racialized workers face higher rates of unemployment and part-time employment with lower wages, lack of benefits, and precarious job security due to racist hiring and promotion practices and non-recognition of international qualifications. [3]
- Wages, salaries, or self-employment was the main source of income for food insecure households in 2014 [10], busting the popular belief that employment is the only and best solution to poverty.

CURRENT FEDERAL PROGRAMS & BENEFITS

- [Opportunity for All: Canada's First Poverty Reduction Strategy](#), released in August 2018, is Canada's first national poverty reduction strategy. The strategy aims to reduce poverty by 20% as of 2020 and 50% as of 2030. [11]
- For the first time in Canadian history, the poverty reduction strategy solidifies an official poverty line as defined by "a typical basket of goods and services that Canadian families use in real life", also known as the Market Basket Measure. [11]
- Rights in the workplace are protected by several pieces of legislation, including the [Canadian Human Rights Acts](#), [The Employment Equity Act](#), and [The Canada Labour Code](#), and several programs including the [Federal Contractors Program](#) and [Legislated Employment Equity Program](#).
- There is no federal minimum wage for federally regulated workers. Instead, federally regulated workers earn the minimum wage set by the province or territory of where they are geographically located, leaving roughly 67,000 workers with minimum wages of less than \$15/hour. [12]
- Currently, people living with temporary, episodic, degenerative, and invisible disabilities do not qualify for the federal disability pension (CPP-D). [13] This includes conditions such as HIV, arthritis, multiple sclerosis, and some mental illnesses.
- Just over one quarter of individuals earning \$15 or less per hour are eligible for Employment Insurance (EI), [14] locking out many workers who are employed in low wage, part-time, and precarious jobs from accessing EI.
- Despite making the same tax contributions as Canadians, migrant workers are not entitled to EI or healthcare, in addition to being excluded from minimum wage and overtime laws. [15]

INCOME & EMPLOYMENT SECURITY

POLICY RECOMMENDATIONS

01.

Set minimum national standards for social assistance rates based on the local cost of a basket of essential goods and services. ([Dignity for All](#))

02.

Implement a federal minimum wage of \$15 per hour to set a national standard for the provinces and territories to follow.

03.

Increase access to the Canada Pension Plan Disability (CPP-D) benefit by revising the eligibility to include temporary, episodic, degenerative, and invisible disabilities. ([Income Security Advocacy Centre](#))

04.

Expand access to Employment Insurance (EI) by making it easier for workers employed in precarious, low-wage, and part-time positions to qualify. ([Canadian Centre for Policy Alternatives](#))

05.

Extend permanent residence status to all migrant workers and refugees already here in Canada. ([Migrant Rights Network](#)).

INCOME & EMPLOYMENT SECURITY SCORECARD



Set minimum national standards for social assistance rates

| | | | |
|--|--|---|---|
| No specific commitment on social assistance rates. | No specific commitment to address social assistance standards on a national level. | Stated commitment to work with the provinces/territories to launch a national basic income pilot. | Yes, full commitment to establishing a universal Guaranteed Livable Income (GLI). |
| ✗ | ✗ | — | ✓ |

Implement a federal minimum wage of \$15 per hour

| | | | |
|--|---|---|---|
| No specific commitment on a federal minimum wage of \$15/hr. | Yes, full commitment to a \$15/hr federal minimum wage by 2020. | Yes, full commitment to establishing a federal minimum wage of \$15/hr. | Yes, full commitment to establishing a federal minimum wage of \$15/hr. |
| ✗ | ✓ | ✓ | ✓ |

Increase access to the Canada Pension Plan Disability (CPP-D) benefit by revising the eligibility to include temporary, episodic, degenerative, and invisible disabilities.

| | | | |
|---|--|---|--|
| No specific commitment to change CPP-D. | No mention of CPP-D. Commitment to double Child Disability Benefit and increase veterans' disability benefits. | No mention of CPP-D. Will launch a full income security review to better address poverty. | No mention of CPP-D; however, GLI would likely eliminate the need for CPP-D. |
| ✗ | ✗ | — | — |

Expand access to Employment Insurance (EI) by making it easier for workers employed in precarious, low-wage, and part-time positions to qualify.

| | | | |
|--|--|--|--|
| No mention of increased access to EI for precarious, low-wage, and part-time work. | No mention of improving access as per criteria. Would introduce more reliable benefits for seasonal workers. | Yes, would implement a universal qualifying threshold of 360 hours and create a low income supplement. | Brief mention with no specifics on the need to modernize the EI system for the needs of today. |
| ✗ | — | ✓ | — |

Extend permanent residence status to all migrant workers and refugees already here in Canada.

| | | | |
|--|--|--|---|
| Allow employers to sponsor applications for permanent residency. | No commitment on migrant workers. Plan to introduce Municipal Nominee Program to address local labour shortages. | No specific commitment to extend permanent residence status. | Yes, would eliminate the Temporary Foreign Workers Program and address labour shortages with immigration. |
| — | ✗ | ✗ | — |

✓ : Full Marks — : Half Marks ✗ : No Marks

ACCESS & AFFORDABILITY

QUICK FACTS

- Nearly a quarter of Canadians struggle to take their medications as prescribed due to financial barriers [16], resulting in an estimated 70,000 adults suffering avoidable health deterioration, and hundreds dying prematurely. [17]
- 1 in 5 Canadians cannot afford dental care, while one third do not have any form of dental insurance. [18] Oral disease is largely concentrated among marginalized communities who have the highest need but the least access to care. [19]
- Over 1.6 million Canadians report unmet mental health care needs each year. [20] By 2020, depression is expected to be the leading cause of disease in Canada. [21]
- 1 in 12 patients have their hospital stays extended because home care services and supports are not ready. This is the equivalent of having three hospitals filled with people who do not need hospital care. [22]
- Up to 30% of seniors admitted to residential care could remain at home if provided the appropriate supports. [23]
- Canada has some of the highest childcare costs in the world that continue to rise faster than inflation. [24] Approximately 44% of all non-school-aged children live in communities that do not have enough available child care spots. [25] A lack of affordable childcare keeps women out of the workforce and hurts economic growth. [24]

CURRENT FEDERAL PROGRAMS & BENEFITS

- Canada is the only industrialized country with a publicly funded healthcare system that lacks universal coverage of prescription drugs. [26]
- There is no single universal dental care system in Canada. As a result, patients must pay for care out-of-pocket or through an insurance program. Publically funded programs for specific at-risk groups vary by province/territory with no national consistency. [19]
- At present, medicare coverage for mental health care is limited to “medically necessary” services provided during a hospital admission or at a physician’s office. [27] Access to psychological services is usually limited to those who can afford to pay privately and wait lists for publicly funded services are extremely long [28].
- All provinces and territories in Canada offer a limited amount of publicly-funded home care services that vary greatly in the level and scope of care provided. Home care is an already under-resourced sector of the healthcare system that is increasingly strained by cuts to hospitals and acute care. A scarcity of resources results in heavy reliance on informal caregivers like friends and family members [29].
- There is no single universal childcare system in Canada. Childcare fees in Canada are extremely high and only three provinces have capped fees. Public child care subsidies are insufficient to cover childcare costs for low-income families [30]. Inadequate access to childcare services forces families to choose between working and caring, and endure significant financial losses [24].

ACCESS & AFFORDABILITY

POLICY RECOMMENDATIONS

01.

Pharmacare: Establish a national universal pharmacare program. ([Pharmacare2020](#))

02.

Dental Care: Fund the expansion of provincial/territorial public dental programs. ([Canadian Association of Public Health Dentistry](#))

03.

Mental Health: Increase funding for mental health services for a total of 9% of overall healthcare funding allocated to the provinces/territories. ([Canadian Mental Health Association](#); [Canadian Alliance on Mental Illness and Mental Health](#) & [Centre for Addiction and Mental Health](#))

04.

Home Care: Develop a national action plan for better home care in Canada. ([Better Home Care in Canada Partnership](#))

05.

Child Care: Invest in the creation of a publicly funded child care system with \$1 billion investment by 2020, and further increases of \$1 billion each year over 10 years. ([The Affordable Child Care for All Plan](#) & [Oxfam Canada](#))

ACCESS & AFFORDABILITY SCORECARD



PHARMACARE: Establish a national universal pharmacare system

| | | | |
|--|--|---|---|
| No, commitment is to maintain and increase current transfer formula. | Commitment to take steps to implement national pharmacare, however funding insufficient. | Yes, full commitment to a "Medicine for all" Pharmacare Plan. | Yes, full commitment to universal pharmacare. |
| ✗ | — | ✓ | ✓ |

DENTAL CARE: Fund the expansion of provincial/territorial public dental programs

| | | | |
|---|---|---|--|
| No specific commitment to expand dental programs. | No specific commitment to expand dental programs. | Yes, full commitment to dental care for households making less than \$70,000. | Yes, full commitment to free dental care for low-income Canadians. |
| ✗ | ✗ | ✓ | ✓ |

MENTAL HEALTH: Increase funding for mental health services (for a total of 9% of overall healthcare funding allocated to the provinces/territories)

| | | | |
|---|---|--|---|
| No, commitment is to maintain mental health funding transfers to provinces. | Yes, commitment to set national standards for access to mental health, funding unspecified. | Yes, commitment to mental health care at no cost to all who need it, funding amount unspecified. | Yes, commitment to the expansion of mental health services, funding not equivalent to 9%. |
| ✗ | — | — | — |

HOME CARE: Develop a national action plan for better home care in Canada

| | | | |
|--|---|---|--------------------------------------|
| No, commitment is to maintain home care funding transfers for provinces, no mention of national action plan. | No, commitment is to continue to make home care more available, no mention of national action plan. | Yes, full commitment to develop national home care standards. | No specific commitment on home care. |
| ✗ | ✗ | ✓ | ✗ |

CHILD CARE: Invest in the creation of a publicly funded child care system (with \$1 billion investment by 2020, and further increases of \$1 billion each year over 10 years)

| | | | |
|---|--|--|---|
| No specific commitment to create publicly funded child care system. | No, focus is on reducing fees and increasing spaces in the current system. | Yes, full commitment to public child care, by investing \$1B by 2020 and growing that investment annually. | Yes, full commitment to fund a universal child care plan, by investing \$1B by 2020, then adding an additional \$1 billion each year. |
| ✗ | ✗ | ✓ | ✓ |

✓ : Full Marks — : Half Marks ✗ : No Marks

AFFORDABLE HOUSING

QUICK FACTS

- Safe, affordable and good quality housing has a direct influence on the health of Canadians. Poor housing conditions are linked to mental and physical health problems, barriers to accessing health care and increased health care costs. [31]
- Secure housing is also important for battling unemployment, food insecurity, and poverty. [32]
- In 2014, it was estimated that 235,000 Canadians experience homelessness each year, and rates are growing. [33]
- The proportion of Canadian households living in dwellings considered “inadequate in condition, not suitable in size, and unaffordable” has remained stagnant at 12.7% since 2006, affecting 1 in 8 Canadians. [34] Across provinces and territories, proportions of Canadians living with “core housing need” range from 8.5% (PEI) to 36.5% (Nunavut). [34]
- One in five (19.4%) Indigenous Canadians live in a dwelling that is in need of major repairs. On reserves, this proportion reaches as high as 44.2%. [35]
- Eight percent of Canadians have experienced hidden homelessness over their lifetime, with higher rates among those who are living with a disability, child mistreatment, victimization, mental illness and weak social supports. [33]

CURRENT FEDERAL PROGRAMS & BENEFITS

- Canada’s first National Housing Strategy was passed by Trudeau’s government within the 2019 budget, bill [C-97](#). [36] The National Housing strategy requires the federal government to:
 1. Maintain a National Housing Strategy
 2. Establish a Federal Housing Advocate responsible for the implementation and assessment of the National Housing Policy.
 3. Establish a National Housing Council of 9-15 members, including the Federal Housing Advocate, the Deputy Minister of Families, Children and Social Development Canada, the Deputy Minister of Indigenous Services and the President of the Canada Mortgage and Housing Corporation.
- Under the current strategy, the liberal government state that the housing strategy will invest approximately \$20.5 billion over a twelve year period. [37] Provinces and territories are expected to contribute close to \$9 billion in cost-matching.
- The strategy outlines a commitment to building 100,000 affordable housing units, fixing 300,000 units, protecting 385,000 affordable units from being lost, providing financial assistance to 300,000 households, and reducing chronic homelessness by 50 percent. [37]

NATIONAL HOUSING STRATEGY SEES A DECLINE IN AFFORDABLE HOUSING FUNDING

Despite the much publicized nature of new investments in affordable housing under the National Housing Strategy, a recent analysis from The Parliamentary Budget Officer (PBO) has revealed that overall funding has actually decreased. This includes a \$167 million/year (12%) reduction in provincial and territorial transfers related to affordable housing and a \$179 million/year (30%) reduction in federal community housing. [7] Accordingly the same PBO analysis, total spending on Indigenous housing is expected to be substantially lower. Additionally, increased federal funding under the housing strategy will not necessarily be targeted toward low-income households. This is despite the government's stated intent of targeting vulnerable groups and the declaration that housing is essential to the inherent dignity and wellbeing of individuals and is a fundamental human right under international law. [36, 7]



AFFORDABLE HOUSING

POLICY RECOMMENDATIONS

01.

Develop and fund a national housing strategy that prioritizes vulnerable communities including seniors, people living with mental health and/or addictions, newcomers/refugees, etc.

02.

Develop and implement an Indigenous housing strategy for all of Canada through thorough consultation with representative groups of Indigenous Peoples.

03.

Commit to the elimination of homelessness in Canada with appropriate monitoring and benchmarks.

04.

Commit to the protection and maintenance of existing social and supportive housing during the government's first term in office.

05.

Increase the supply of social and supportive housing during the government's first term in office.

Recommendations compiled from:

[Canadian Housing and Renewal Association](#) & [Federation of Canadian Municipalities](#)

AFFORDABLE HOUSING SCORECARD



| Develop & fund a national housing strategy that prioritizes vulnerable communities | | | |
|---|--|--|---|
| No specific commitment for a housing strategy. | They have a National Housing Strategy, but it does not target vulnerable groups and overall funding for housing will decrease. | Yes. Commitment to a plan focused on affordability and sustainability. Mentions some vulnerable groups. | Yes, commitment to improving the National Housing Strategy and address the housing needs of some vulnerable populations. |
| × | — | ✓ | ✓ |
| Develop & implement an Indigenous Housing Strategy for all of Canada through thorough consultation with representative groups of Indigenous Peoples | | | |
| No specific commitment to housing. Vague commitment to improve Indigenous consultation overall. | Yes. Commitment to address the Indigenous housing crisis by working with First Nations, Métis and Inuit communities. | Yes. Commitment to address the Indigenous housing crisis by working with First Nations, Métis and Inuit communities. | Commitment to prioritizing affordable housing for Indigenous communities & recognizing their sovereignty. No mention of strategy. |
| × | ✓ | ✓ | — |
| Commit to the elimination of homelessness with appropriate monitoring | | | |
| No specific commitment to end homelessness. | Commitment to reduce chronic homelessness by 50% in 10 years, & end homelessness among war veterans. | Yes. Commitment to enshrining the right to housing in law. Goal of ending homelessness within a decade. | Commitment to “legislate housing as a legally protected human right”. Monitoring not mentioned. |
| × | — | ✓ | — |
| Commit to the protection & maintenance of existing social and supportive housing | | | |
| No mention of social and supportive housing. | Yes. Proposes multiple mechanisms of protection and maintenance. | Commitment to fund energy efficient retrofits on social housing units. | Yes. Proposes multiple mechanisms of protection and maintenance. |
| × | ✓ | — | ✓ |
| Increase the supply of social and supportive housing | | | |
| No mention of social and supportive housing. | Commitment to increase community housing; no timeline. | Yes. Proposes multiple strategies to increase supply. | Yes. Proposes multiple strategies to increase supply. |
| × | — | ✓ | ✓ |

✓ : Full Marks — : Half Marks × : No Marks

THE OPIOID OVERDOSE CRISIS

QUICK FACTS

- There was more than 11,500 apparent opioid related deaths in Canada between January 2016 and December 2018. In 2018, 95% of these apparent opioid-related deaths were accidental. [6]
- For the first time in over 40 years, Canadian life expectancy at birth did not increase between 2016 and 2017. [38]
- Canada's illicit drug supply is contaminated. In 2018, 73% of accidental apparent opioid-related deaths involved fentanyl or fentanyl analogues. [6]
- Research has demonstrated criminalization of drug possession and use drugs have resulted in serious health and social harms [39]
- Portugal decriminalized personal drug possession in 2001 which led to a decrease in the rates of HIV transmission, overdose deaths, and youth substance use. [40]
- The war on drugs has disproportionately affected Indigenous Peoples in Canada, including higher rates of fatal overdose than other people who use drugs. [41]
- Supervised consumption sites have been proven to lead to less needle sharing, less HIV transmission, less public substance use, safer disposal of equipment, fewer overdoses, and increased access to addiction treatment programs. [42]

CURRENT FEDERAL PROGRAMS & BENEFITS

- The Canadian federal government has yet to declare the opioid crisis a public health emergency. The province of British Columbia did so in 2016. [44]
- Current federal law prohibits the possession of illegal drugs, despite the calls of activists, health associations and public health officials in Toronto, Vancouver, and Montreal to the federal government to decriminalize all drugs. [45]
- Canada's first sanctioned supervised consumption site (SCS), Insite, opened in Vancouver in 2003. [46] As of August, 2019, there were 49 approved SCSs in Canada, and 8 open applications, [47] however, some provinces and territories remain without any.
- In 2016, "pop-up safe injection sites" were set up in Vancouver in response to increases in overdose deaths, eventually to become known as overdose prevention sites (OPS), which now exist in several provinces [46]. In December 2017, Health Canada issued an exemption to all provinces and territories to establish temporary (3 to 6 months) OPS based on urgent need, identifying them as "low barrier, life-saving, time-limited services." [42 , 48]

DEFINITIONS

Decriminalization: refers to the removal of criminal penalties for the personal use and possession of drugs, however, the production and sale of drugs is still illegal. [39]

Safe supply: a legal and regulated supply of mind/body altering substances that have traditionally been only available through the illicit market. [43]

Supervised consumption site (SCS): a health facility where people can inject, snort, swallow, or smoke pre-obtained substances using sterile equipment and under the supervision of trained health staff [42].

Overdose prevention site (OPS): While similar to SCS, an OPS is often lower barrier, more peer-run, with a primary goal of preventing and treating opioid overdoses. [42]



THE OPIOID OVERDOSE CRISIS

POLICY RECOMMENDATIONS

01.

Immediately declare the opioid overdose crisis a public health emergency.

02.

Immediately work with provincial/territorial governments to establish and fund a safe supply of drugs for those consuming substances that are currently illegal.

03.

Change the Controlled Drugs and Substances Act (CDSA) to decriminalize drug possession.

04.

Support and fund the rapid scale-up of harm reduction services (SCS, OPS, naloxone) in all regions of Canada.

05.

Support and fund expanded access to evidence based treatment across Canada, including substitution treatment, and mental health & addictions services.

Recommendations developed in consultation with the [Canadian Drug Policy Coalition](#) and [Toronto Overdose Prevention Society](#).

THE OPIOID OVERDOSE CRISIS SCORECARD



Immediately declare the opioid overdose crisis a public health emergency.

| | | | |
|---|---|--|--|
| No official declaration of public health emergency. | No official declaration of public health emergency. | Commitment to declare a public health emergency. | Commitment to declare a "national health emergency." |
| ✗ | ✗ | ✓ | ✓ |

Immediately work with provincial/territorial governments to establish and fund a safe supply of drugs for those consuming substances that are currently illegal.

| | | | |
|---|---|---|---|
| No explicit mention of safe supply in platform. | No explicit mention of safe supply in platform. | No explicit mention of safe supply in platform. | No explicit mention of safe supply in platform. Mentions increasing funding for drug testing. |
| ✗ | ✗ | ✗ | ✗ |

Change the Controlled Drugs and Substances Act (CDSA) to decriminalize drug possession.

| | | | |
|--|---|---|--|
| No specific commitment to decriminalize drug possession. | Drug treatment court for those charged with simple possession for the first time. | Commitment to "end the criminalization of drug addiction" | Commitment to decriminalize drug possession. |
| ✗ | — | ✓ | ✓ |

Support and fund the rapid scale-up of harm reduction services (SCS, OPS, naloxone) in all regions of Canada.

| | | | |
|---|--|---|---|
| Commitment to end needle exchange in prisons. Emphasis on "drug-free" lifestyles, not harm reduction. | Investments to "scale up the most effective programs – such as extending hours for InSite & other SCSs." | Commitment to work with the provinces to support overdose prevention sites. | Mentions making naloxone kits widely available. No mention of SCS, OPS. |
| ✗ | — | — | ✗ |

Support and fund expanded access to evidence based treatment across Canada, including substitution treatment, and mental health & addictions services.

| | | | |
|---|---|--|--|
| \$36 million investment in treatment and recovery centres over 3 years. | Commitment to expand access to drug treatment, build more inpatient rehab beds. Investment of \$700 million over 4 years. | Commitment to "expand access to treatment on demand for people struggling with addiction." | New Health Canada focus towards mental health & addictions, ensuring access to support for addictions. |
| — | ✓ | — | — |

✓ : Full Marks — : Half Marks ✗ : No Marks

THE CLIMATE CRISIS

QUICK FACTS

- The Earth's climate is warming, and the consequences will be the greatest for the most vulnerable patients, including the poor, the young and the elderly. The Intergovernmental Panel on Climate Change (IPCC) predicts that if global warming is not limited to 1.5°C, there could be unprecedented consequences for all aspects of society. [49]
- Human activity, especially electricity and heat production (including fossil fuel combustion) and agriculture, have contributed significantly to the greenhouse effect and overall global warming. [50]
- Global warming has led to extreme heat which has impacts on both physical and mental health. The effects of extreme heat can most acutely be felt by people who are isolated and experiencing low income, due to poor access to quality housing, air-conditioning and pre-existing conditions. [51]
- Indigenous populations adhering to traditional practices are at greater risk of the negative health impacts of climate change as they may depend on environmental resources and inhabit places where climate change is occurring more rapidly. For example, Inuit living in the Canadian Arctic are particularly vulnerable to food insecurity with changes in hunting practices in response to climate warming. [52-53]
- Individuals living in poverty are more vulnerable to the effects of climate change and millions more could be forced into extreme poverty due to climate change. Climate change may have a real impact on exacerbating inequality on a global scale. [54]

CURRENT FEDERAL PROGRAMS & BENEFITS

In accordance with the Paris Climate Agreement, Canada's government in 2017 made commitments to a nationally determined contribution to climate action. [55] Key features of this plan included:

- Pan-Canadian Framework on Clean Growth and Climate Change - A plan adopted in 2016, aimed at reducing emissions across sectors, while accelerating clean growth and mitigating the impacts of climate change. This plan aimed to allow Canada to meet or exceed the initially agreed upon 2030 Paris Climate Agreement target of 30% reduction below 2005 levels.
- Pricing carbon pollution - Ensuring a minimum of \$10 per tonne implemented nationwide by 2018, increasing to \$50 per tonne by 2022. The decision to implement an explicit carbon tax or cap-and-trade system will be reserved by the provinces and territories. Provinces and territories will retain revenue generated by carbon pricing.
- Phasing out coal by 2030 and implement performance standards for natural gas-fired electricity
- Developing and adopting net-zero energy ready building codes by 2030, retrofitting buildings according to new codes, improving energy efficiency of appliances and equipment
- Developing more stringent standards for transportation emissions and investing in public transit
- \$2 billion Low Carbon Economy Fund to support emissions reduction by 2030

THE CLIMATE CRISIS

POLICY RECOMMENDATIONS

01.

Implement greenhouse gas (GHG) mitigation policies in accordance with 2030 target of 30% reduction below 2005 levels.

02.

Divestment from oil, gas and coal.

03.

Investment in non-biomass renewable energy.

04.

Investment in a national public transportation system that is affordable and accessible to all.

05.

Explicit commitment to partnership with Indigenous Peoples on climate action.

Recommendations compiled from the [Intergovernmental Panel on Climate Change](#) and the [Canadian Association of Physicians for the Environment](#).

THE CLIMATE CRISIS SCORECARD



Implement greenhouse gas (GHG) mitigation policies in accordance with 2030 target of 30% reduction below 2005 levels.

| | | | |
|-------------------------|---|--|---|
| No specific commitment. | Yes, full commitment to above criteria. | Commitment to reduce GHG emissions by 2030 as per United Nations' targets. | Full commitment to 60% reduction below 2005 levels by 2030; net zero by 2050. |
| ✗ | ✓ | ✓ | ✓ |

Divestment from oil, gas and coal.

| | | | |
|--|---|--|---|
| No explicit divestment from oil, gas and coal. States plan to make Canadian oil & gas cleanest in the world. | Federal carbon tax & phase out of coal-fired electricity by 2030. Subsidies & pipeline expansion remains. | Commitment to eliminate fossil fuel subsidies and continue carbon pricing. | Commitment to eliminate subsidies, halt new fossil fuel projects & ban sale of gas/diesel passenger vehicles. |
| ✗ | — | ✓ | ✓ |

Investment in non-carbon renewable energy.

| | | | |
|---|---|---|--|
| Plan to establish a Green Patent Credit to reduce the tax to 5% on income that is generated from 'green technology' developed & patented in Canada. | Corporate tax cuts of 50% for zero-emissions clean tech companies and investment in re-training for new clean economy jobs. | Commitment to 100% carbon free electricity by 2030, 100% non-emitting electricity by 2050, & climate bank to boost renewable energy tech. | Yes, commitment to generate 100% of national electricity from renewable sources by 2030. |
| — | — | ✓ | ✓ |

Investment in a national public transportation system that is affordable & accessible to all.

| | | | |
|---|---|--|---|
| 15% Green Public Transit tax credit to people who use public transit. | Commitment to invest \$3 billion/year more in public transit. Impact on affordability is uncertain. | Yes, commitment to modernize/expand public transit and work with municipalities to offer free transit. | Yes, commitment to a national zero-carbon public ground transportation by 2040 at accessible rates. |
| — | — | ✓ | ✓ |

Explicit commitment to partnership with Indigenous Peoples on climate action.

| | | | |
|---|--|---|---|
| Yes, commitment to partner with Indigenous Peoples on mitigation and adaptation projects. | Plan to enact the UN's Declaration on the Rights of Indigenous People and invest in Indigenous priorities. | Yes, commitment to partner with Indigenous Peoples on climate action. | Yes, commitment to partner with Indigenous Peoples as equal partners in government. |
| ✓ | ✓ | ✓ | ✓ |

✓ : Full Marks — : Half Marks ✗ : No Marks

INDIGENOUS SOVEREIGNTY

QUICK FACTS

- Indigenous sovereignty is the ability for Indigenous nations to have authority over their people, lands, resources, politics, legal systems and culture. [56-57]
- The Indian Act 1876 removed traditional systems of Indigenous governance, placing Indigenous sovereignty under federal control. [57]
- Under the patchwork of policies that delegate the responsibility of Indigenous services through federal, provincial, municipal and Indigenous nations, many social disparities exist. These include lower levels of educational attainment, inadequate housing, crowded living conditions, lower employment earnings, higher unemployment and higher incarceration. [58-59]
- Consistent with the social disparities faced by Indigenous Peoples, many health disparities also exist:
 - The suicide rate of First Nations was three times higher than the non-Indigenous population between 2011-2016. [60]
 - The prevalence of diabetes amongst Métis in Ontario are 25% higher than the general Ontario population. [61]
 - Projected life expectancy for Inuit is 10 years less than for non-Indigenous Canadians. [62]

CURRENT FEDERAL PROGRAMS & BENEFITS

- In 2017, the federal government created the [Indigenous Services Canada](#) department to support the delivery of health care, child care, education and infrastructure to First Nations, Métis and Inuit communities. The department's primary vision is to foster self-determination to the extent that the department is no longer required.
- As of the 2019 federal election, 10 out of the 94 Truth and Reconciliation Calls for Action were completed. 26 Calls for Action have not been started. [63]
- In 2019, the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls was published. This report contained 231 calls for justice in response to the murders and disappearance of 4,000 women over the last several decades. [64]



CANADA'S HISTORY OF COLONIALISM AND SYSTEMIC RACISM

The Government of Canada has a long and dark history of discriminating against and oppressing Indigenous Peoples. As a country founded on settler colonialism, [67] Indigenous Peoples have experienced the near destruction of their land-based way of life. [66] The impact of this has resulted in “economic and social deprivation, substance misuse, the intergenerational cycle of violence, the breakdown of healthy family life, and the loss of traditional values.” [68, p 7]

During its initial inception, the federal government’s Indian Act of 1876 was originally enacted under the guise of protecting the rights of Indigenous Peoples while outlining the legal and ethical duties of the Crown. [69] In reality, the act imposed European, capitalist, and patriarchal governance onto Indigenous Peoples in order to assimilate them into Euro-Canadian society. [68] By doing so, the ruling government attempted to eradicate Indigenous values, customs, beliefs, and social and economic structures. After the introduction of the Indian Act, Canada implemented many racist policies and practices that deprived Indigenous Peoples of their basic rights. These include: State-sanctioned residential schools designed to “kill the Indian in the child” [69]

- Mass apprehensions of Indigenous children by state sponsored social workers, known as the Sixties Scoop [70]
- Forced displacement from traditional hunting and fishing territories and residential settings [71]
- Long standing boil-water advisories on reserves across the country [72]
- Inequitable access to healthcare, leading to diminished health outcomes [69]
- Over-policing and racial profiling in Indigenous communities [69]
- Environmental inaction that has allowed for disproportionate exposure to industrial waste, [73] and
- Significant overrepresentation in the child foster care system. [74]

Movement towards justice has occurred almost exclusively because of the efforts of Indigenous Peoples. For instance, the Truth and Reconciliation Commission, which authored a report detailing over a century of cultural genocide committed against Indigenous Peoples, was only established after more than 4000 lawsuits had been filed against the Government of Canada and Christian churches by victims of the Indian Residential School System. [75] Likewise, Indigenous leaders continue to actively fight the federal government for equal access to child and family services under Jordan’s Principle. [76] while a non-governmental body continues to track the number of missing and murdered Indigenous women and girls due to a chronic lack of government collected data. [77-78]

Canada still has much work to do when it comes to redressing systemic injustices, racism, and inequitable access to rights and services faced by Indigenous Peoples. We strongly believe it is the Canadian government’s duty to ensure everyone’s rights are upheld under the [Canadian Charter of Rights and Freedoms](#), including those of Indigenous Peoples, and encourage all voters to seriously consider Indigenous sovereignty when casting a ballot this election.

A NOTE ON INDIGENOUS WORLDVIEWS

- For some First Nations communities, poverty can be an unfamiliar concept for which there is no equivalent term in Indigenous languages. Some communities report a discomfort with the concept of 'poverty,' preferring to focus holistically on the well-being of their community as a whole, rather than targeting or stigmatizing certain portions of their community. [65]
- Beyond housing as a structure for habitation, some Indigenous scholars define Indigenous homelessness differently than the common colonial term. It can be more holistically described as how "individuals, families and communities [are] isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities." [66]run, with a primary goal of preventing and treating opioid overdoses. [42]

DEFINITIONS

Colonialism: A process involving the conquering and ruling over of one society by another. [1]

Settler Colonialism: A type of colonialism that occurred when Europeans seized and permanently settled on Indigenous lands, later to greatly outnumber Indigenous populations. [1]

Jordan's Principle: A child-first principle that ensures there are no gaps in government health and social services for First Nations children. The principle applies equally to all First Nations children, both on and off reserve. [76]

CURRENT CALLS TO ACTION

[The Pact for a Green New Deal](#) includes four examples of Indigenous-led demands relating to Indigenous sovereignty:

1. Full recognition of Indigenous title and rights
2. Fully implementing the United Nations Declaration on the Rights of Indigenous Peoples, and the right to free, prior and informed consent.
3. Fully implementing the 94 calls to action of the Truth and Reconciliation Commission
4. Fully implementing the calls for justice in the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls

INDIGENOUS SOVEREIGNTY



| Full recognition of Indigenous title and rights | | | |
|--|--|---|--|
| No specific commitment to fully recognize Indigenous title and treaty rights. | Commitment to “live up to the spirit and intent of Treaties, agreements, and other constructive arrangements”. | “Recognize and respect treaties, supporting Indigenous Nations who are building and re-building their governance structures”. | “Uphold Canada’s fiduciary responsibility, fulfil Canada’s responsibilities in agreements, honour treaties, and respect all rights of Indigenous Peoples, including their inherent rights of self-government”. |
| Fully Implementing the United Nations Declaration on the Rights of Indigenous Peoples, and the right to free, prior and informed consent. | | | |
| No specific commitment. | Commitment to implement the United Nations Declaration on the Rights of Indigenous Peoples by 2020. | Commitment to fully implement the United Nations Declaration on the Rights of Indigenous Peoples. | Commitment to wholly implement the United Nations Declaration on the Rights of Indigenous Peoples. |
| Fully implementing the 94 Calls to Action of the Truth and Reconciliation Commission. | | | |
| No specific commitment on the Truth and Reconciliation Commission Calls to Action. | Continue work to implement the Truth and Reconciliation Commission’s Calls to Action. | Commitment to implement the Truth and Reconciliation Commission’s 94 Calls to Action. | Commitment to implement the Truth and Reconciliation Commission’s 94 Calls to Action. |
| Fully implementing the Calls for Justice in the final report of the national inquiry into Missing and Murdered Indigenous Women and Girls. | | | |
| “Develop a National Action Plan to address the ongoing tragedy of Missing and Murdered Indigenous Women and Girls”. | Commitment to implement the Inquiry’s Calls for Justice. | Commitment to implement the Inquiry’s Calls for Justice. | Commitment to implement the Inquiry’s Calls for Justice. |

VOTING RESOURCES

Elections Canada

[Main website](#) | [Ways to vote](#) | [Voter Registration](#)

Conversative Party of Canada

[Party website](#) | [2019 Platform](#)

New Democtractic Party (NDP) of Canada

[Party website](#) | [2019 Platform](#)

Liberal Party of Canada

[Party website](#) | [2019 Platform](#)

Green Party of Canada

[Party website](#) | [2019 Platform](#)

[Canada votes 2019](#) | **CBC News**

Tracking and comparison of election promises from the six major parties, including Bloc Québécois and People's Party, on a wide range and number of issues.

[2019 Federal Election Platform Guide](#) | **Maclean's**

Tracking and comparison of election promises from the four major parties on a wide range and number of issues.

APPENDIX

Grading Scale for Individual Scorecards

| # of marks | Percent grade | Letter grade |
|------------|---------------|--------------|
| 0.0/5 | 0% | F |
| 1.0/5 | 20% | F |
| 1.5/5 | 30% | F+ |
| 2.0/5 | 40% | D |
| 2.5/5 | 50% | D+ |
| 3.0/5 | 60% | C |
| 3.5/5 | 70% | C+ |
| 4.0/5 | 80% | B |
| 4.5/5 | 90% | B+ |
| 5.0/5 | 100% | A |

Grading Scale for Individual Scorecards

| Total # of marks | Approximate Percent Grade | Letter grade |
|------------------|---------------------------|--------------|
| 0.0 - 7.5 | 0.0 - 30% | F |
| 7.6 - 10.0 | 31 - 40% | D |
| 10.1 - 12.5 | 41 - 50% | D+ |
| 12.6 - 15.0 | 51 - 60% | C |
| 15.1 - 17.5 | 61 - 70% | C+ |
| 17.6 - 20.0 | 71 - 80% | B |
| 20.1 - 22.5 | 81 - 90% | B+ |
| 22.6 - 25 | 91 - 100% | A |

Grade Calculations for Final Marks

| Priority | Total # of marks out of 5 by priority | | | |
|-----------------------------------|---------------------------------------|---------|-----|-------|
| | Conservative | Liberal | NDP | Green |
| Income & Employment Security | 0.5 | 1.5 | 3 | 3.5 |
| Acess & Affordability | 0 | 1 | 4.5 | 3.5 |
| Affordable Housing | 0 | 3.5 | 4.5 | 4 |
| The Opioid Crisis | 0.5 | 2 | 3 | 2.5 |
| The Climate Crisis | 2 | 3.5 | 5 | 5 |
| Indigenous Sovereignty | Platforms & Scorecard not graded | | | |
| Total # of marks out of 25 | 3 | 11.5 | 20 | 18.5 |
| Final Grade | F | D+ | B | B |

REFERENCES

1. Office of the Parliamentary Budget Office, Canada. Federal support for low income individuals and families [Internet]. 2017. Available from: <http://tiny.cc/1lnkdz>
2. Government of Canada. Towards a poverty reduction strategy - A backgrounder on poverty in Canada. 2017. Available from: <http://tiny.cc/znnkdz>
3. Colour of Poverty. Fact sheet #5: Racialized poverty in employment. 2019 Mar. Available from: <http://tiny.cc/bpnkdz>
4. Committee on Economic, Social and Cultural Rights.. Concluding observations on the sixth periodic report of Canada. The United Nations; 2016 Mar. Available from: <http://tiny.cc/4pnkdz>
5. Government of Canada. Ending long-term drinking water advisories. Accessed 2019 Sep. Available from: <http://tiny.cc/wqnkdz>
6. Public Health Agency of Canada. National report: Apparent opioid-related deaths in Canada (June 2019). Government of Canada; 2019. Available from: <http://tiny.cc/5snkdz>
7. Segel-Brown B, Beauchamp N, Scrim J, Vanherweghem R. Federal program spending on housing affordability [Internet]. Office of the Parliamentary Budget Officer (Canada); 2019 Jun. Available from: <http://tiny.cc/0unkdz>
8. Government of Canada. Extreme heat: heat waves [Internet]. Government of Canada; 2019. Available from: <http://tiny.cc/uwnkdz>
9. Library of Parliament. Precarious employment in Canada: An overview [Internet]. HillNotes: Research and analysis from Canada's library of parliament. Library of Parliament; 2018. Available from: <http://tiny.cc/iznkdz>
10. Tarasuk, V, Mitchell, A, Dachner, N. Household food insecurity in Canada, 2014. 2016. Available from: <http://tiny.cc/o0nkdz>
11. Employment and Social Development. Opportunity for all - Canada's first poverty reduction strategy [Internet]. Government of Canada; 2018 Aug. Available from: <http://tiny.cc/91nkdz>
12. Employment and Social Development. Federal minimum wage: Issue paper [Internet]. Government of Canada; 2019 January. Available from: <http://tiny.cc/k5nkdz>
13. Income Security Advocacy Centre. ISAC Submission - Consulting Canadians On Poverty Reduction [Internet]. Income Security Advocacy Centre; 2017 Jun. Available from: <http://tiny.cc/t8nkdz>
14. Tranjan R. Towards an inclusive economy. Syncing EI to the reality of low-wage work [Internet]. Canadian Centre for Policy Alternatives; 2019 Jun. Available from: <http://tiny.cc/o9nkdz>
15. Canadian Council for Refugees. Evaluating migrant worker rights in Canada 2018 [Internet]. Canadian Council for Refugees; 2018 May. Available from: <http://tiny.cc/zaokdz>

16. Angus Reid Institute, Mindset Social Innovation Foundation. Prescription drug access and affordability an issue for nearly a quarter of all Canadian households [Internet]. Angus Reid Institute; 2015 Jul. Available from: <http://tiny.cc/o2rkdz>
17. Lopert R, Docteur E, Morgan S. Body count: The human cost of financial barriers to prescription medications [Internet]. Canadian Federation of Nurses Unions; 2018 May. Available from: <http://tiny.cc/43rkdz>
18. Canadian Association of Public Health Dentistry, Canadian Association of Community Health Centres. Needed: A made-in-Canada solution to deliver dental care for all [Internet]. Canadian Association of Public Health Dentistry; 2019 Sept. Available from: <http://tiny.cc/k5rkdz>
19. Shaw JL, Farmer JW. An environmental scan of publicly financed dental care in Canada: 2015 update [Internet]. Public Health Agency of Canada; 2015. Available from: <http://tiny.cc/w6rkdz>
20. Sunderland A, Findlay LC. Perceived need for mental health care in Canada: Results from the 2012 Canadian Community Health Survey – Mental Health [Internet]. Statistics Canada; 2013 Sep. Available from: <http://tiny.cc/97rkdz>
21. Canadian Mental Health Association Alberta. Over half of Canadians consider anxiety and depression ‘epidemic’ [Internet]. News. Canadian Mental Health Association Alberta; 2018. Available from: <http://tiny.cc/98rkdz>
22. Canadian Institute for Health Information. New data available on home care and mental health and addictions [Internet]. Canadian Institute for Health Information; 2019 May. Available from: <http://tiny.cc/q9rkdz>
23. Canadian Institute for Health Information. Seniors in transition: Exploring pathways across the care continuum [Internet]. Ottawa: Canadian Institute for Health Information; 2017. Available from: <http://tiny.cc/69rkdz>
24. Sarosi D, Adeland E. Who cares? Why Canada needs a public child care system. [Internet]. Oxfam Canada; 2019 May. Available from: <http://tiny.cc/ccskdz>
25. Macdonald D. Child care desserts in Canada [Internet]. Canadian Centre for Policy Alternatives; 2018 Jun. Available from: <http://tiny.cc/5cskdz>
26. Morgan S, Boothe K. Universal prescription drug coverage in Canada. Healthcare Management Forum. 2016 Nov;29(6):247–54.
27. The current state of mental health in Canada [Internet]. Canadian Civil Liberties Association; 2017. Available from: <http://tiny.cc/aeskdz>
28. Mental Health Commission of Canada. Advancing the mental health strategy for Canada: A Framework for action (2017–2022) [Internet]. Mental Health Commission of Canada; 2016. Available from: <http://tiny.cc/zeskdz>
29. Canadian Health Coalition. Policy brief: Ensuring quality care for all seniors [Internet]. Ottawa: Canadian Health Coalition; 2018 Nov. Available from: <http://tiny.cc/zfskdz>
30. Macdonald D, Klinger T. The go up so fast: 2015 child care fees in Canadian cities [Internet]. Canadian Centre for Policy Alternatives; 2015 Dec. Available from: <http://tiny.cc/8gskdz>
31. Hwang S, Gogosis E, Holton E. Housing vulnerability and health: Canada’s hidden emergency [Internet].

- Research Alliance for Canadian Homelessness, Housing, and Health (REACH3); 2010 Nov. Available from: <http://tiny.cc/b3skdz>
32. Mahamoud A, Roche B, Gardner B, Shapcott M. Housing and health: Examining the links [Internet]. Wellesley Institute; 2012 Mar. Available from: <http://tiny.cc/z3skdz>
33. Rodrigue S. Hidden homelessness in Canada [Internet]. Statistics Canada. 2016 Nov. Available from: <http://tiny.cc/15skdz>
34. Canadian Mortgage and Housing Corporation. Housing need stable in Canada, 1.7 million Canadian households affected [Internet]. Canadian Mortgage and Housing Corporation: Housing observer . 2017. Available from: <http://tiny.cc/w7skdz>
35. Anderson T. The housing conditions of Aboriginal people in Canada. [Internet]. Statistics Canada; 2017 Oct. Available from: <http://tiny.cc/18skdz>
36. Bill C-79 (Royal Assent). Forty-second Parliament of Canada [Internet]. 2019 Jun. Available from: <http://tiny.cc/tbtkdz>
37. Employment and Social Development Canada. Canada's National Housing Strategy: A place to call home. Employment and Social Development Canada; 2018. Available from: <http://tiny.cc/rdtkdz>
38. Statistics Canada. Changes in life expectancy by selected causes of death, 2017. The Daily [Internet]. Statistics Canada; 2019 May. Available from: <http://tiny.cc/f0tkdz>
39. de Villa, E. Report for action: A public health approach to drug policy. Medical Officer of Health, City of Toronto; 2018 Jun. Available from: <http://tiny.cc/g1tkdz>
40. Canadian Drug Policy Coalition. Case for Reform [Internet]. Canadian Drug Policy Coalition. Available from: <http://tiny.cc/h2tkdz>
41. Lavalley J, Kastor S, Valleriani J, McNeil R. Reconciliation and Canada's overdose crisis: Responding to the needs of Indigenous Peoples. Canadian Medical Association Journal. 2018 Dec;190(50): E1466–E1467.
42. Arkell C. Harm reduction in action: Supervised consumption services and overdose prevention sites. CATIE; Fall 2018. Available from: <http://tiny.cc/93tkdz>
43. Canadian Association of People who Use Drugs. Safe supply: Concept document [Internet]. Canadian Association of People who Use Drugs; 2019 Feb. Available from: <http://tiny.cc/z4tkdz>
44. Ministry of Health. Provincial health officer declares public health emergency. Government of British Columbia; 2016 Apr. Available from: <http://tiny.cc/l5tkdz>
45. Hopper, T. What would it look like if Canada decriminalized all the drugs?. National Post; Aug 2, 2018. Available from: <http://tiny.cc/65tkdz>
46. Kerr T, Mitra S, Kennedy MC, McNeil R. Supervised injection facilities in Canada: past, present, and future. Harm Reduction Journal. 2018 May. Available from: <http://tiny.cc/x6tkdz>
47. Government of Canada. Supervised consumption sites: status of applications. Available from: <http://tiny.cc/g9tkdz>
48. Ministry of Health and Long-Term Care. Overdose prevention sites: User guides for applicants. Govern-

ment of Ontario; 2018. Available from: <http://tiny.cc/qbukdz>

49. Intergovernmental Panel on Climate Change. Global Warming of 1.5°C. An IPCC Special Report on the impacts of global warming of 1.5°C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty. The United Nations; 2018. Available from: <http://tiny.cc/rmukdz>

50. Smith K, Woodward A, Campbell-Lendrum D, Chadee D, Hond Y, et al. Human health: impacts, adaptation, and co-benefits. In: Field CB, Barros V, & Dokken DJ, editors. Climate Change 2014: Impacts, Adaptation, and Vulnerability. Part A: Global and Sectoral Aspects. Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change. Cambridge UK: Cambridge University Press; 2014. p 709-754.

51. Medical Officer of Health. Reducing health risks from extreme heat in apartment buildings [Internet]. Toronto: City of Toronto; 2015. Available from: <http://tiny.cc/jnukdz>

52. Canadian Association of Physicians for the Environment. Climate change toolkit for health professionals 2019 [Internet]. Canadian Association of Physicians for the Environment; 2019 Apr. Available from: <http://tiny.cc/3oukdz>

53. Ford, JD. Vulnerability of Inuit food systems to food insecurity as a consequence of climate change: a case study from Igloolik, Nunavut. *Regional Environmental Change*. 2009; 9(2): 83-100.

54. Hoegh-Guldberg O, Jacob D, Taylor M, Bindi M, Brown S, et al. Impacts of 1.5°C of global warming on natural and human systems. An IPCC special report on the impacts of global warming of 1.5°C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty. The United Nations; 2018. Available from: <http://tiny.cc/3oukdz>

55. Government of Canada. Canada's 2017 nationally determined contribution submission to the United Nations framework convention on climate change. Government of Canada; 2017. Available from: <http://tiny.cc/fqukdz>

56. Chiefs of Ontario. Understanding First Nations sovereignty [Internet]. Chiefs Of Ontario. Chiefs of Ontario. Available from: <http://tiny.cc/7xukdz>

57. Henderson WB. Indigenous self-government in Canada [Internet]. The Canadian Encyclopedia. 2006. Available from: <http://tiny.cc/w1ukdz>

58. National Collaborating Centre for Aboriginal Health. Setting the context: An overview of Aboriginal health in Canada [Internet]. National Collaborating Centre for Aboriginal Health; 2013 Jul. Available from: <http://tiny.cc/5bvkdz>

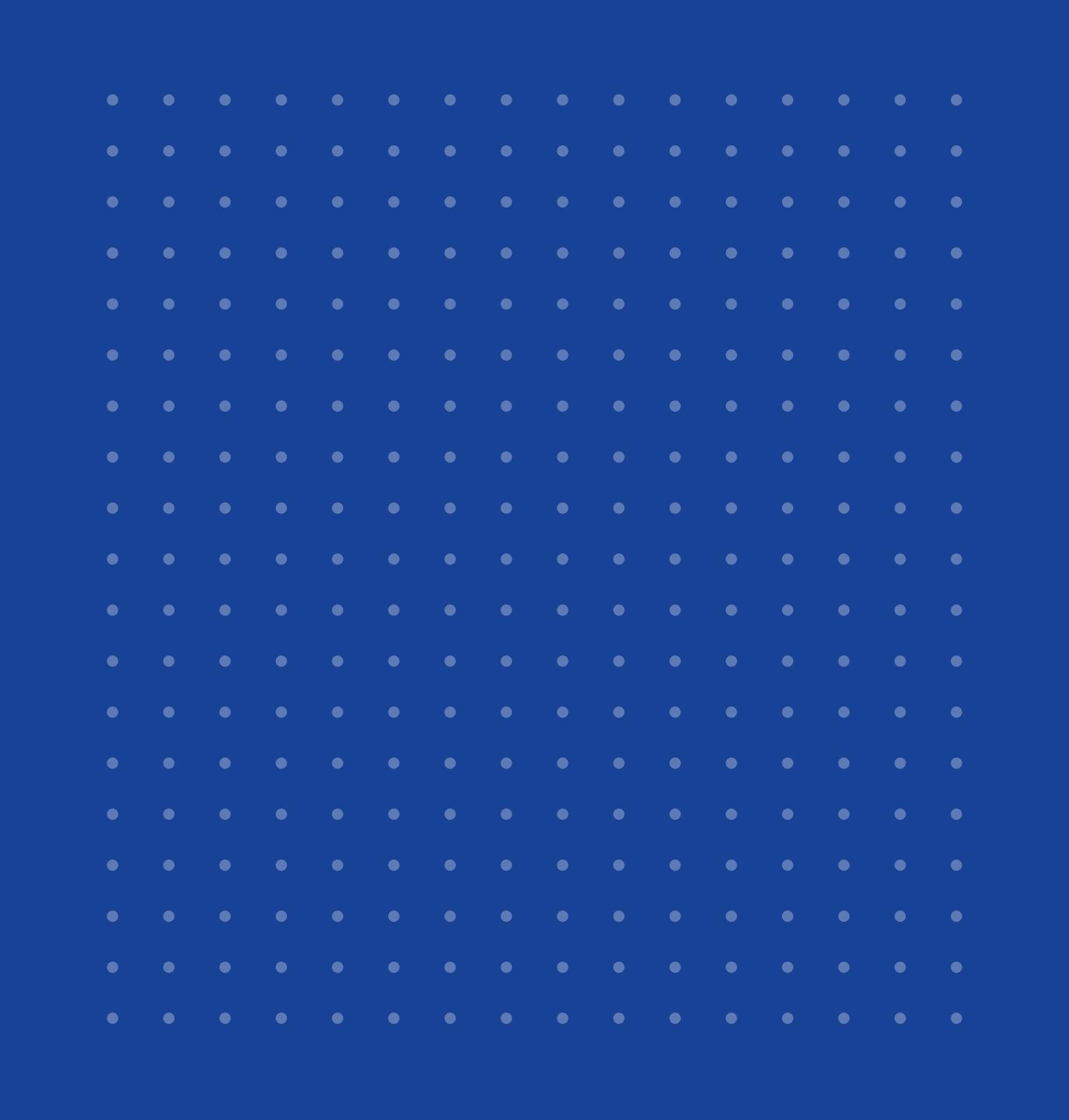
59. Lendsay KJ. Indigenous Health Issues in Canada [Internet]. Express Scripts. Available from: <http://tiny.cc/bkvkdz>

60. Statistics Canada. Suicide among First Nations people, Métis and Inuit (2011-2016): Findings from the 2011 Canadian Census Health and Environment Cohort (CanCHEC). The Daily [Internet]. Statistics Canada; 2019 Jul. Available from: <http://tiny.cc/8svkdz>

61. Shah BR, Cauch-Dudek K, Pigeau L. Diabetes prevalence and care in the Metis population of Ontario, Canada. *Diabetes Care*. 2011 Dec;34(12):2555–6. Available from: <http://tiny.cc/pxvkdz>

62. Inuit Tapiriit Kanatami. Inuit statistical profile 2018. [Internet]. Inuit statistical profile 2018. Inuit Tapiriit Kanatami; 2018. Available from: <http://tiny.cc/62vkdz>
63. Canadian Broadcasting Corporation. Beyond 94: Truth and reconciliation in Canada [Internet]. Canadian Broadcasting Corporation; 2018 Mar. Available from: <http://tiny.cc/8fwkdz>
64. National Inquiry into Missing and Murdered Indigenous Women and Girls. Calls for justice. In: Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls [Internet]. Gatineau, QC: National Inquiry into Missing and Murdered Indigenous Women and Girls; 2019. p. 167–218. Available from: <http://tiny.cc/z09kdz>
65. Poverty Action Research Project. Pursuing Well-being: Lessons from the First Nations Poverty Action Research Project [Internet]. Dalhousie University; 2018. Available from: <http://tiny.cc/healdz>
66. Thistle J. Indigenous definition of homelessness in Canada [Internet]. Canadian Observatory on Homelessness Press; 2017. Available from: <http://tiny.cc/bkaldz>
67. Camfield D. First Nations rights: Confronting colonialism in Canada [Internet]. Global Research: Centre for Research on Globalization. 2013. Available from: <http://tiny.cc/dcepdz>
68. Baskin C. Chapter one: Starting at the beginning. In: Strong helpers' teachings: The value of Indigenous knowledges in the helping professions. 2nd ed. Toronto, ON: Canadian Scholars' Press; 2016. p. 1–30.
69. Loppie S, Reading C, de Leeuw S. Aboriginal experiences with racism and its impacts [Internet]. National Collaborating Centre for Indigenous Health; 2014 Jul. Available from: <http://tiny.cc/2mepdz>
70. Truth and Reconciliation Commission of Canada. Canada's residential schools: The legacy - The final report of the Truth and Reconciliation Commission of Canada [Internet]. McGill-Queen's University Press; 2015. Available from: <http://tiny.cc/0wepdz>
71. Royal Commission on Aboriginal Peoples. Relocation of Aboriginal Communities. In: Looking forward, looking back: Report of the Royal Commission on Aboriginal Peoples. Ottawa, ON: Canada Communication Group; 1996. p. 395–522. Available from: <http://tiny.cc/apfpdz>
72. Lukawiecki J. Glass half empty? Year 1 progress toward resolving drinking water advisories in nine First Nations in Ontario [Internet]. David Suzuki Foundation; 2017. Available from: <http://tiny.cc/vwfpdz>
73. Tuncak B. End-of-visit statement by the United Nations Special Rapporteur on human rights and hazardous substances and wastes, Baskut Tuncak on his visit to Canada, 24 May to 6 June 2019. Media Center [Internet]. United Nations Human Rights Office of the High Commissioner; 2019 Jun; Available from: <http://tiny.cc/d6fpdz>
74. Sinha V, Wray M. Foster care disparity for First Nations children In 2011 [Internet]. Canadian Child Welfare Research Portal; 2015. Available from: <http://tiny.cc/eggpdz>
75. McMahon T. Creating the National Centre for Truth and Reconciliation and Proactive Disclosure under the National Centre for Truth and Reconciliation Act [Internet]. SSRN; 2018 Jan. Available from: <http://tiny.cc/xiqrdz>
76. Marchildon S, Lustig EP. First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous and Northern Affairs Canada) [Internet]. Canada Human Rights Tribunal; 2019 Mar. Available from: <http://tiny.cc/h7rrdz>

77. Lucchesi A. A process of healing: Woman creates extensive MMIWG database. CBC News [Internet]. CBC/Radio-Canada; 2018 Sep16; Available from: <http://tiny.cc/lmxdz>
78. Sovereign Bodies Institute . MMIW Database [Internet]. Sovereign Bodies Institute. 2019. Available from: <http://tiny.cc/rpxrdz>



HEALTH PROVIDERS AGAINST POVERTY