



January 15, 2021

Councillor Joe Cressy, Chair
Toronto Board of Health
100 Queen Street West
Toronto, ON M5H 2N2

Via Email: boh@toronto.ca

Dear Councillor Cressy and Members of Toronto Board of Health

Re: Item HL25.3 Response to COVID-19 - January 2021 Update

This is a submission on behalf of United Way Greater Toronto (UWGT), in support of Recommendations 3 and 4 from the Medical Officer of Health. After government, UWGT is the largest funder of human and social services in Toronto, Peel and York Region. Thanks to the generosity of our donors and as one of the trustees for the federal Emergency Community Support Fund, we've directed more than \$31 million to over 800 COVID-specific emergency programs driven by 500 community agencies.

However, our work with community goes beyond our role as funder. For example, in Toronto, UWGT staff co-created, convened and coordinated the local cluster tables with City of Toronto staff. These clusters tables have helped mobilize the incredible infrastructure of our network of frontline agencies to deliver services and supports to Torontonians in their local neighbourhoods and helped UWGT, government and other funders to respond rapidly to the greatest need. Frontline agencies at the cluster tables have made it clear that they have seen the pandemic expose deep fault lines of inequality that were identified in UWGT's *Opportunity Equation* reports. That research shows that even before the pandemic hit, the GTA was the income equality capital of Canada, with a growing portion of neighbourhoods classified as low income, surrounded by islands of wealth. The disappearance of strong, stable middle class neighbourhoods has emerged in part because many residents are facing barriers to success in skills training and the job market - impacting their quality of life. Public Health data and anecdotal evidence from the cluster tables shows COVID-19 has exacerbated that divide by disproportionately impacting Torontonians across income, geographic, gender, cultural and racial lines and will very likely continue to do so.

That is why an equity lens is needed now more than ever to enable all of us to build back better from this pandemic and inform our policy and investments in a way that combats the impacts of poverty and income inequality. We support Recommendation 3 because the adoption of equity indicators by Toronto Public Health, along with the Data for Equity Strategy recently adopted by Toronto City Council, will lay the groundwork for this important new path forward. And the agencies working as part of the cluster coordination tables are best positioned to inform these indicators as they have been taking the pulse of the community and

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meeting needs in real time. This would enable these indicators to reflect actual community need.

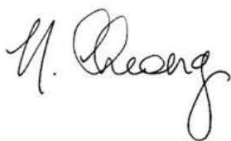
We support Recommendation 4 because a lack of access to paid sick days is even more detrimental during the pandemic, when the repercussions of going to work sick can impact workers, their families, their communities and the economy. We encourage Council to adopt Recommendation 4 and to advocate for the expansion of paid sick days to precarious contract and temporary workers as well. In collaboration with McMaster University, UWGT has documented the growing phenomenon of precarious work and its connection to rising poverty in the Greater Toronto & Hamilton Area, through a series of reports, starting with *It's More than Poverty* in 2013 and followed by *The Precarity Penalty* in 2015 and *Getting left Behind* in 2018. Our research showed that almost 4 in 10 (37.2%) workers in the GTHA work in situations with some degree of precarity. Those in precarious jobs were found to earn 51% less than those in secure jobs and have a hard time moving into better opportunities. They lack access to important supports such as paid leave and risk losing income or their job if they call in sick. Only 12% of those in precarious employment were paid if they missed a day's work.

These reports document how workers in precarious situations are often stuck in a cycle of poverty and lack access to opportunity, which has many negative impacts on their livelihoods, their families and their communities. This lack of access to paid or unpaid leave compounds the vulnerabilities that these workers face. Not having access to job-protected leave, let alone paid time off, can compromise a household's ability to cope with unanticipated events – such as a child's illness – consequently contributing to the higher levels of stress and anxiety as we reported in *The Precarity Penalty*. And, as we have seen in more recent data, it is one of the contributing factors to the spread of COVID-19.

Therefore, we support Recommendation 4 and request that the term "Paid Sick Days" be changed to "Paid Emergency Leave". This is an important distinction. Paid Sick Days assumes that the worker can stay at home when they themselves are sick. However, Paid Emergency Leave would enable the worker to also stay home and take care of a close family member such as a child, parent or a sibling if they are unwell. This is important to help ensure workers can achieve a meaningful work-life balance and Torontonians who are unwell get adequate care at home.

Please do not hesitate to contact us should you have any further questions.

Sincerely



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