Submission to the Standing Committee on Finance and Economic Affairs
Pre Budget Hearings
Matthew Gventer
Co Chair of Kingston Health Coalition (KHC)
93 Hillcrest Avenue
Kingston ON K7K 4L7
613-542-5834

Thank you for reading this submission.

The KHC has over 150 correspondents in Kingston. We are affiliated with the Ontario Health Coalition and share the objectives of the Ontario Health Coalition. We monitor health care in Kingston and advocate for universal quality publicly delivered health care As an affiliate of the Ontario Health Coalition we will assume you have read and appreciate its analysis. We will provide a Kingston perspective.

The context does need to be repeated. We have read the Financial Accountability Office of the Legislature's analysis of the government's proposed budget and observe that it is reported that government program expenditures will be reduced in real terms in the upcoming years. It also observes that the social needs of Ontario are likely to grow significantly in the same period. The analysis suggests that the government is underestimating the capacity for Ontario to absorb increased program spending because of prospective economic growth.

Here is the reality of Kingston.
Our hospitals and home care and long term care services are suffering from an extreme shortage in nursing and PSW personnel. The staff shortage predated the pandemic and the pandemic has pushed the system into crisis. Workers are leaving ER, ICU and hospital jobs and long term care facilities generally because of the stress and the availability of less stressful work opportunities that have emerged due to the job market options. It was reported in June that Kingston Health Services Centre had a vacancy of 161 front line workers.

Kingston is also facing a severe shortage of primary care physicians. The numbers of people without family doctors numbers about 29,000 or we estimate 22% of people in Kingston.

The consequences of Bill 124 have aggravated the situation by incentivizing work options that are not restricted from offering higher pay.

In long term care the shortage of staff leads to overuse of agency employees with higher costs and lack of continuity.

Pharmacare would reduce costs of medical care and stress on the acute care hospitals by diminishing people failing to follow medical regimens. Dentalcare would have a similar impact, and remove cosmetic barriers to lower income people finding work.

You should also consider that other social needs such as affordable housing are significant factors in the capacity to maintain health and reduce health crisis. Consider that people who do not have stable housing options cannot follow prophylactic programs such as CPAP care. Kingston has a very serious homelessness issue and a low vacancy situation. Rents and housing costs are growing inordinately in Kingston. This situation is aggravated by student housing demands.

There is a claim that money cannot solve these problems. Appropriate policy and program choices are important components of the solution. The fallacy in the argument is that money is in many ways a condition for carrying out these policies and programs. As the OHC has pointed out Ontario has the fewest beds per capita in Canada. Inadequate compensation of health care workers is contributing to the staffing crisis. Training enough staff requires long term investments. The excessive cost of private for profit care is wasting money and contributing to tbe problem.

You are investing significant money for more hospital services in Eastern Ontario, but you need to staff those services. That is going to require a long term financial commitment.

Pharmacare will improve health outcomes and reduce health costs over time.

Kingston's doctor shortage is in large part due to failure to take into account the part time nature of the workweek of many doctors because Kingston is a medical education centre. Many doctors have scholarly duties and teaching duties. Incentives for Doctors to come to Kingston will require funding and funding in competition with other jurisdictions who put out more money to entice Doctors to relocate.

The pandemic would have cost much less to manage if we were properly prepared. Stinting now will leave us ill prepared for the next crisis. That will have detrimental impacts on the economy and the government's financial situation.

The budget needs to be corrected to meet the needs of our people.