

NS SOLUTIONS

COMMENTARY FROM THE CANADIAN CENTRE FOR POLICY ALTERNATIVES NS OFFICE | August 2022

Welcome to the inaugural issue of the Nova Scotia Solutions magazine!

This edition covers the first six months of 2022. We thought you might want some not-so-light summer reading before kicking things up again in September. I am looking forward to a busy Fall with the return of our in-person fundraiser dinner! Given the ongoing pandemic, we are planning a hybrid event, allowing people across the province (or from anywhere) to join.

I have just finished the 2022 living wage report and calculations of Nova Scotia's living wage rates. We will release this report in early September and while I won't give away the wages, suffice it to say that the cost of living has pushed them quite a lot higher. Seeing the impact of inflation in this stark way—as I input budget expenses into my spreadsheet, just how challenging life must be for so many Nova Scotians hits home.

This government has chosen not to enact any solutions that could help those unable to absorb such significant increases. The most obvious time for it to help would have been in the budget tabled in March. We outlined our wishes for that budget (see page 5) and ensured that

Nova Scotians would understand that the Houston government had the fiscal room to address the many crises facing us. However, as we described in [our press release](#), the budget did not meet the current challenges and would leave more Nova Scotians behind. It did not invest sufficiently to address the health care crisis. As outlined in the articles on pages 2 and 3, fixing the problems includes ending the privatization that is a plague on the continuing care system, developing a proper workforce retention and recruitment strategy, and redressing the undervaluing of care work. The government must ensure that all workers have decent working conditions, or we will continue to see high turnover and shortages. Hande and Nourpanah state on page 2, "Precarious newcomers should not be treated as "just-in-time workers" or stop-gaps in a hemorrhaging continuing care workforce." Nikki Jamieson summarizes the importance of public provision well in her article on page 6, "With public provision, also comes public accountability. Decisions that drive public spending are democratically determined and require transparency and collaboration to be responsive to public need—not to profit margins or access to patchwork funding and grants."

In April, the Nova Scotia government released Action for Health: A Strategic Plan for Nova Scotia. Martha Paynter outlines in her article on page 9 "Despite its stated objective of establishing an "equitable and respectful health ecosystem," the plan fails to include a single mention of women, pregnancy, sexual or reproductive health." One of the many blindspots in this plan. As we also pointed out in our budgetary analysis, any plan to address health care must also address the social determinants of health.

On page 8, read an excerpt of a report that provides lessons learned during the immediate pandemic response to helping those who are homeless. Given how much worse the housing crisis has gotten, the urgency to act on those lessons and to get at the root causes would be high on the agenda. Alas, the budget did not include the massive investment in non-profit or co-operative, affordable housing needed, nor did it tackle the high poverty rates in our province.

Before the pandemic, many people in our province struggled with income, employment, food, and housing insecurity. Things have only gotten worse. Wages are not keeping up, and no additional income supports have been forthcoming. On the cost side, rents are skyrocketing because rent control has too many loopholes. Nothing is being done to reign in the high cost of essentials, including electricity, food, and transportation.

Now more than ever, we are committed to pushing for an economically and socially just, environmentally sustainable province. Thank you for all you do to move this fight forward.

Happy reading! In solidarity,

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Christine
Christine Saulnier, PhD
CCPA Nova Scotia Director

Putting continuity in continuing care

Reimagining the role of immigration in the recruitment and retention of healthcare workers in Nova Scotia

BY MARY JEAN HANDE & SHIVA NOURPANAHAH, This article is an excerpt of a report published January 18, 2022

Staffing shortages in Nova Scotia’s healthcare system are certainly not new, but two years into the pandemic, this shortfall has become a full-fledged crisis in the continuing care system, which encompasses long term care (LTC) and home care. As of November 2021, over a 10th of Nova Scotia’s LTC facilities are refusing admissions due to staff shortages, further straining a continuing care system where more than 1000 Nova Scotians are waiting for home care services and 1500 are waiting for a LTC bed.

The need for continuing care assistants (CCAs), who provide essential, direct care, is urgent. Several CCA recruitment strategies have been put in motion, including immigration streams to entice foreign healthcare workers and refugees already living in the province into these positions. Such recruitment seems necessary and newcomer-targeted strategies have the potential to make progressive changes in Nova Scotia’s continuing care systems, but the current vision needs to be expanded. Currently, such strategies are myopic and ethically fraught. Decades-long trends show that retaining immigrant workers (and CCAs more generally) requires truly transformative changes to the working conditions, the organization of care labour, and immigration policies in the province.

In August 2021, a new Nova Scotia government was elected promising swift and “transformative” improvements to healthcare, including action to address CCA shortages in their detailed “Dignity for Our Seniors” election platform. Since their election, the new Minister of Seniors and Long-Term Care, has committed to increase staffing levels by legislating a 4:1 ratio of direct care/resident/day in long term care. This is a significant increase from the current average of 2.45:1. But, the proposed budget for recruiting and retaining up to 1400 new CCAs included no pay increase and no details on how to improve working conditions. Most disappointing is the platform’s lack of support for the most vulnerable CCAs in the sector—those working in home care and newcomer CCAs—which starkly contrasts the salary increases and pension contributions promised to foreign-born doctors. We critically examine the Province’s CCA recruitment plans, and the growing reliance on newcomers to address the staff shortages by drawing on relevant data and media accounts, and observations from the Halifax Refugee Clinic.

Well-paid, well-supported CCAs stay in their jobs longer and can provide high quality, person-centred care. In contrast, when we view these workers as replaceable or interchangeable, we degrade the conditions of work and the conditions of care. Research shows that policies, workplace culture, and practices that support relationship-oriented, person-centred care are strongly linked to quality of life and quality of care for LTC residents and home care users. These conditions cannot be supported by a revolving door workforce that relies on temporary foreign workers who may feel ultimately unwelcome in Nova Scotia.

Current immigration policies keep these desperately needed workers in limbo by making work permits precarious and pathways to permanent residency (PR) bureaucratically complex, which further exacerbates long standing issues with CCA retention in the continuing care sector. Precarious newcomers should not be treated as “just-in time workers” or stop-gaps in a hemorrhaging CCA workforce. In addition to structural changes to address working conditions and service fragmentation, Nova Scotia’s immigration and healthcare sectors must work together to regularize newcomers, encompassing refugees and undocumented migrants, working as CCAs and offer PR status as part of their recruitment and retention plans.

Rather than the transformative action plan Nova Scotian residents need the Province’s current recruitment plans outline mere tweaks to current policies that do little to address the chronic, long-standing CCA shortages. In particular, they do nothing to address trends towards service fragmentation and labour casualization that undermine continuing care systems and ultimately fail newcomers who are relied upon to “fix” worker shortages.

If there is an ideal time for Nova Scotia to expand its vision of continuing care and immigration to making truly transformative change for both older people and people with disabilities and the CCAs that support them, it is now.

Mary Jean Hande is an Assistant Professor in Sociology at Trent University. Shiva Nourpanah teaches in the Department of International Development Studies at Saint Mary’s University.

Nova Scotia's homecare system needs more public funding and oversight

BY MARY JEAN HANDE, published on MonitorMag.ca, February 24, 2022

The province has a long way to go in improving its homecare infrastructure. Critical strains on acute care, soaring death tolls, and well-documented deficiencies in long-term care homes have amplified calls for alternative homecare models that deinstitutionalize care.

Homecare services include a range of supports such as physical therapy, caregiver respite, and personal care in private homes or small communities, rather than large congregate settings. Far from a panacea for institutionalized care, however, Nova Scotia's privately-provided homecare sector is plagued with many similar problems: chronic and significant staffing shortages, a top-down service delivery model, and other issues that flourish when vulnerable people receive services from unregulated, casual, and poorly paid workers. Without public oversight and significant financial investments, long-term care remains the only feasible option for low-income disabled and older people with complex or advanced health issues. Homecare has attracted widespread support, often because of its cost-effectiveness. Numerous surveys confirm its overwhelming preference by older and disabled Canadians. Yet, public homecare funding in Canada has stagnated or even declined over the years. Canadian provinces continue to invest primarily in residential long-term care, allocating a meagre 4% of public health care spending nationally for homecare services.

Nova Scotia is no exception, having done very little to support its homecare system before or during the pandemic. With only minimal increases in homecare related programs in the province's 2021-22 budget, homecare remains woefully under-resourced to meet growing demand. While some provinces, like Manitoba, publicly fund a range of essential homecare services through integrated government agencies, Nova Scotia separates home health services provided by nurses and therapists, from home support, provided primarily by continuing care assistants (CCAs) who assist with personal care and daily activities. Home support services are necessities for homecare clients, yet they are not universally funded. Instead, home support is offered on a payment scale based on family size and income through a largely unregulated patchwork of private services. Beyond the 19 publicly subsidized home support agencies, the province has

no systematic data on who private sector providers are, what services they provide, how many people access them, and what the working conditions are for its CCAs.

Auditor general reports have repeatedly noted that regulation, compliance mechanisms, and general oversight are seriously lacking in the homecare sector in Nova Scotia. Such a sprawling patchwork of poorly regulated services thwarts client access and system navigation, institutional transparency and planning, while entrenching health inequities.

Most older and disabled people must pay out-of-pocket for some portion of their essential homecare. Early evidence from a current study comparing Winnipeg and Nova Scotia's home care systems points to some of the health inequities that result from a means-test, rather than universally-funded system. For example, the study lead, Janice Keefe, has noted that Nova Scotia home care clients tend to have more complex needs suggesting that the financial barrier prevents Nova Scotians from accessing these services until they are in crisis.

Housing insecurity for older and disabled Nova Scotians is also a growing barrier to homecare. While general data is collected on healthcare spending across Canada, the wide variation in homecare delivery and funding models has made systematic interprovincial comparisons around homecare spending challenging. Manitoba's centralized homecare budget has enabled important financial planning for its homecare sector. Its independently contracted research estimates that Manitoba's homecare spending may need to triple between 2017 and 2037 in light of population aging.

In contrast, long-term homecare planning has been non-existent in Nova Scotia, and homecare spending has remained virtually stagnant in relation to rising living expenses and a rapidly-increasing 65 and older population—which rose from 16.6% in 2011 to 21.8% in 2021. Federal data suggests Nova Scotia's homecare spending and funding structures are not serving Nova Scotians well. Ten years ago, the Nova Scotia Health Association reported a high rate of per capita spending on homecare services compared to other Canadian jurisdictions, yet a relatively narrow range of publicly subsidized services to a comparably small proportion of people 65 and older.

With only a \$129 million increase in homecare spending in 10 years, and a relatively unchanged range of services, the Nova Scotia government continues to underinvest in homecare services (CIHI, 2021 data).

What will the new government's upcoming budget include for homecare, given what we have learned about the dire needs through the pandemic? We know very little about the homecare workforce in Nova Scotia, beyond basic CCA numbers in publicly-funded agencies. Waitlists for publicly-funded homecare services are high—around 1,278 in mid-January 2022—but an in-depth evaluation of the homecare needs and preferences of Nova Scotians has not been conducted. Without accurate data and public oversight, a clear picture of the scope, scale, and specificity of the issues that might facilitate a path forward remains unclear.

Pressing homecare issues that are documented are difficult to address. Throughout the pandemic, homecare workers have reported safety concerns, irregular schedules, endless on-call hours, the rising cost of transportation from home to home, and burnout.

Related workforce and service continuity issues have been central complaints for Nova Scotia homecare clients. Recent government commitments to increase CCA wages and improve their working conditions are necessary, yet hard won gains for publicly-funded CCAs and will not extend to the sprawling privately-contracted homecare workforce. Recent anecdotal claims that private sector homecare agencies provide better pay are not reflected in research, which shows that homecare workers tend to be at the bottom of the care worker pay scale—particularly in the private sector.

The province has a long way to go in improving its homecare infrastructure. Critical strains on acute care, soaring death tolls, and well-documented deficiencies in long-term care homes have amplified calls for alternative homecare models that deinstitutionalize care.

Without regulation and public oversight, the quality of work and care remain largely at the whim of the market. Family members (mostly women) continue to fill in the gaps in care, often at a significant financial cost, and risk caregiver burnout and intensifying gender inequality. The newly expanded Caregiver Benefit Program, can offset some of these costs, but this funding is not adequate to cover lost wages for many caregivers, and some vulnerable caregivers remain ineligible. Homecare services seem like the obvious alternative to long term care. However, the province has a long way to go in improving its homecare infrastructure to make this a meaningful, equitable, and acceptable option for Nova Scotians.

The pandemic has catalyzed important improvements for the homecare sector: the expanded Caregiver Benefit Program, the reinstatement of a mandatory CCA registry, wage increases, and financial support for CCAs, and commitments to legislate a new funding model for homecare and redesign services to be more client-centered. Efforts to tackle the sector's lack of transparency are also ramping up. Amidst these improvement efforts, we must make sure we don't miss the forest for the trees—public ownership, oversight and adequate funding are crucial components of a quality homecare system.

When Dr. Hande wrote this blog she was in a term position with CCPA-NS as a Senior Researcher. She is now an Assistant Professor in Sociology at Trent University, their community-engaged research focuses on aging, disability, immigration, precarious work, continuing care systems, and struggles for social transformation.



PHOTO: ISTOCK/GETTY IMAGES

Priorities that should have been reflected in the Nova Scotia 2022-23 budget

BY CHRISTINE SAULNIER & MAHMOUD ELWARAKI, published on MonitorMag.ca, March 27, 2022

Nova Scotians deserve a government that learns the lessons of the past to build a better tomorrow. We are in the third year of a public health crisis that requires people to be able to shelter in place and yet, many lack access to safe, supported, adequate, affordable housing, and that access has only gotten worse during the pandemic. Now that our government has lifted the state of emergency, and the ban on renovations, we could see more people on the streets. Schools are relied on to provide warmth and food to children due to government failure to provide adequate supports for families to afford this themselves. Nova Scotia has the highest poverty rates for children in the region, with 41,230 children or 24.3% living in poverty. Successive governments have failed to address food insecurity while we have the highest provincial rate of food insecurity. What about health care itself? Public health was never much of a priority, primary care practitioners, including family doctors, were already in short supply, and the pandemic has caused long waitlists for many procedures.

Despite these failings, the December fiscal update shows a provincial surplus, in part because of overestimation of impact the pandemic would have on revenue, and because of federal spending. We have the fiscal capacity to invest and we must. We cannot afford to waste this capacity on tax cuts or schemes that fail to address our deep social needs. We require significant investments to fill the gaps in our safety net, lift Nova Scotians out of poverty, address the housing crisis, and meet our health and social care needs. The care economy must be a focus for the investments, ensuring Nova Scotians can access the continuing care (long-term care, home care), child care, education, health care and social services that they need, while ensuring those providing the services receive decent wages and working conditions, including paid sick leave.

Compared to other provinces, we aren't a big spender; our program spending of \$11,987 per person (as of November 2021) is among the lowest of all provinces. There is no justification for any retraction in spending—we know most spending on COVID came from the federal government (92% in NS), and now we have to deal with the pandemic's aftermath. For the current fiscal year, program expenses are projected to be 24.8% of GDP (which does not include debt servicing), and projected to continue going down. In 1981-82, program expenses were 26.8%.

Nova Scotians deserve a government that learns the lessons of the past to build a better tomorrow.

Needs have become more complex since 1981, not less. With Nova Scotia's GDP well above \$45 billion, the 2% decline in spending represents over \$900 million dollars. Even if additional spending means running a debt, we should be more concerned about this lack of investment, with debt-to-GDP ratio of 37.4% in March 2021 and projected to decline.

The top priorities that we want to see in the upcoming budget:

- Invest in a just transition and environmental protection that centres climate justice; e.g. cancelling the energy rebate that encourages consumption and redirecting savings (of about \$100 million per year) to address energy poverty.
- Protect public health care by investing in front-line services, contracting-in to save money, and extend universal public health care.
- Tackle the housing crisis by implementing the 95 recommendations in the Housing for All report, ensure all Nova Scotians have meaningful access to safe, permanently affordable, secure, supported, energy efficient housing.
- Eradicate poverty, fully fund a comprehensive, robust Poverty Eradication Plan, developed using the Social Policy Framework, that includes targets and timelines embedded in legislation.
- Protect human rights and provide reparations, create a Child and Youth Advocate, undertake substantive reform of the Nova Scotia Human Rights Commission, commit to reconciliation and supporting Indigenous self-determination, and implementing policies for reparations for African Nova Scotians.
- Invest in Education continue to increase funding to build a high quality, early learning and child care system that is child-centred, play-based, seamless (all day, full year), truly affordable, accessible, inclusive not-for-profit and publicly managed.

Reflections on public provision and a radical revisioning of responsibility

BY NIKKI JAMIESON, published on MonitorMag.ca, March 30, 2022

When you look up a very basic definition of public versus private goods or services, you will find that ‘public’ references things that we consider to benefit society, and ‘private’ generally suggests acts and services that we view as individual responsibility. Our definition of what is considered a public service is highly political, ideological, and as many of us know, often excludes critical services that require equity considerations, accountability, and shared responsibility not found in the private realm. A key component of shared Canadian identity centres on our public health care system. We tend to hold a collective understanding that individuals deserve health care based on need, and not their ability to pay. Healthcare is considered a public good, rather than a private responsibility. Values of equity, accountability, and shared responsibility are embedded into the way that we understand the health care system to work; they are so deeply ingrained, that we tend to forget that this has not always been the case.

Lessons from Medicare

As we near the 60th anniversary of the creation of our public health care insurance program, it is timely to reflect on the history of our systems to celebrate the important advancements that have been made, while still acknowledging the work that remains today. When public healthcare insurance was first introduced in Saskatchewan in the 1960s, it was not welcomed or understood in the way we view it today. There was an immediate strike against the system transformation when 90% of doctors in that province believed they should have retained the ability to continue profiting off individuals’ need for health care.

The strike lasted for three weeks; but within 10 years, a similar system was adopted across Canada that would eventually go on to become what we now understand as our public health care system. This is important to remember as we think about the proposed transformational changes that we’re talking about to Early Learning and Child Care and the public push back from commercial operators at this stage of the process.

To undergo a meaningful shift in how we understand system delivery and public provision requires a radical revisioning of responsibility. It’s not just the system that requires transformation, but our own understanding of health, well-being, and community.

Public provision is about quality, equity and accountability

If we want to build policy that works for everyone, we need to ensure that it is provided to communities in equitable ways, based on their needs, that is high quality, and accountable to the community in democratic and transparent ways. As was outlined in the Social Policy Framework for Nova Scotia, we know from research that public provision moves us towards quality, equity, and accountability in this way. Public provision is important and is one of the principles underlying the framework because:

- The quality of our services varies depending on who is providing them, and that inconsistency should not be determined by affordability or by profit seeking.
- Reliance on the private sector moves us away from equity. It not only exacerbates disparities with who has access or not based on affordability and the responsiveness of services to community need—but contributes to shaping narratives around who deserves and is worthy of access.
- With public provision, also comes public accountability. Decisions that drive public spending are democratically determined and require transparency and collaboration to be responsive to public need—not to profit margins or access to patchwork funding and grants.

Public services and quality of life

Further to these considerations, research has consistently shown positive correlations between public spending and rising GDPs, and the health of societies. And we know that a healthy, resilient, socially, and politically engaged society is critically important to building sustainable communities that meet quality of life indicators. It is troubling, therefore, that in response to a survey on quality of life in Nova Scotia, 48% of respondents feel that programs and services by governments have not made much of a difference in their lives.

Perhaps that response is easier to understand when we read it alongside other data in the survey: one in five Nova Scotians shared that they could not pay their bills on time, another one in five Nova Scotians reported eating less because they did not have

access to enough food, and over a quarter said they did not have enough money to buy the things they needed—not to mention over 60% provide unpaid care to community, and one in five provide unpaid care to children.

Meaningful investment in robust policies and programs that address community needs is needed to provide services that are truly universal, publicly responsive, and equitable to all.

How we have determined what is and is not public responsibility has largely been decided in a way that disproportionately fails to protect women, gender-diverse, Black, Indigenous, disabled, immigrant, and other marginalized communities. Collective responsibility not individual burden, ideas about what ought to be public versus what ought to be private responsibilities are the result of political worldbuilding and decades of shaping narratives towards neoliberal policies and austerity that pressures families and individuals into taking on the responsibility and burden themselves. When governments make cuts to social programming in the name of austerity or refuse to acknowledge and prioritize responding to basic human needs through meaningful investments into anti-poverty initiatives—we know that the need does not just disappear—it is just transferred onto individuals and communities to pick up the slack. The belief that markets would provide adequate housing has failed.

The belief that care work is an individual responsibility, has led to a child care sector failing to meet the needs of children and families, built on the backs of a low-wage, largely female workforce.

The belief that addiction, grief, and mental health are private responsibilities has led to communities and individuals suffering alone and in silence. No matter what way we look at it: the belief that social program cuts, austerity, and decreased public provision are good for the economy has proven false time and time again and leads to avoidable harm and violence in our communities. Perhaps we need to start viewing the economy as a verb instead of a noun, as we shape policy built for communities. The economy is not something that exists outside of us, but it is a process that we all generate with our participation. There is power here to reshape how we view collective versus individual responsibility. We must radically change our vision for the action and accountability that we must demand from government.

How we have determined what is and is not public responsibility has largely been decided in a way that disproportionately fails to protect women, gender-diverse, Black, Indigenous, disabled, immigrant, and other marginalized communities.

If we are ever going to move towards a society that privileges and provides space for social, economic, and political justice it is going to happen with us working together and demanding adequate systems be built. These systems must be core funded and properly resourced, and that are publicly accountable to the ever-changing needs of our communities.

Public provision is not something that can just be handed down from above. It requires continuous and ongoing dialogue between decision-makers and communities, significant financial investment, and radically reimagining collective responsibility so we can all move forward together.

We know that publicly-provided services are more accessible and affordable, are higher quality and are more accountable to the public. Governments need to assume responsibility and lead the way for this transformation and system building to happen.

Nikki Jamieson is the Coordinator of Child Care Now Nova Scotia and an MA student in Political Science at Acadia University. She is a Research Associate of CCPA-NS.

Jamieson presented on the topic of public provision as one of the key principles in the Social Policy Framework for Nova Scotia for an event hosted by CCPA-NS and the NS College of Social Workers. This blog is based on that presentation. You can view the video for the advocacy day by clicking here.

If we are ever going to move towards a society that privileges and provides space for social, economic, and political justice it is going to happen with us working together and demanding adequate systems be built.

Homelessness during a pandemic

Learning lessons for disaster preparedness in Nova Scotia

BY JEFF KARABANOW, KAITRIN DOLL, CATHERINE LEVITEN-REID, JEAN HUGHES, HAORUI WU,

This article is an excerpt of a report we published in April, authored by a team of researchers out of Dalhousie University, University of Toronto and Cape Breton University. This report summarizes a study exploring the homeless sector in Nova Scotia during the COVID-19 pandemic, focusing on the Halifax Regional Municipality (HRM) and Cape Breton Regional Municipality (CBRM).

This study represents only a snapshot of the homeless sector and a snapshot within the COVID-19 pandemic, with data collection having taken place between February and mid-April 2020. Participants were asked to reflect on their experiences from the time that the pandemic was declared to the time they sat down to be interviewed. We conducted interviews with 24 service stakeholders and 28 individuals experiencing homelessness.

The first important dynamic at play here, and perhaps the most significant contextual item that must shape the way in which we understand and make sense of our data, is that homelessness itself is a disaster. Homelessness, a systemic disaster in Nova Scotia, is rooted in legacies of racism, marginalization, discrimination, and colonialism. The experiences of homelessness are intensified by the intersectionality of marginal identities (such as gender, ethnicity, race, ability, sexual orientation), a lack of political attention and skeletal social support systems including insufficient social assistance rates, low minimum wage, lack of affordable housing, and limited employment opportunities.

Even before the COVID-19-triggered lockdown, shelters were full and people were couch surfing, squatting and/or living rough. They were outside in all kinds of weather: in parks, on sidewalks, and in the woods; anywhere they could find a space to lay their head. Then COVID-19 hit and the world shut down. Many indicated during interviews that there was a lack of consideration given to those who may be without a home, or to those whose housing situation was unsafe, and that the impact on service provision for the sector was enormous. Shelters had to reduce the number of beds; services like drop ins, health clinics, detoxes, counseling, and soup kitchens had to close. Those experiencing homelessness during the pandemic told us that they were more stressed and anxious, with major impacts on physical and mental health. The general strain and stresses of living through the pandemic are heightened considerably when you just do not have a safe space to be. Overall, nearly every homeless participant expressed experiencing decline in both physical and mental health during the initial phases of the pandemic.

Key findings from the study included:

- The pandemic exacerbated the trauma that those experiencing homelessness endure due to not having anywhere to live and lack of access to basic needs. Future disasters will do the same unless more is done to address the crises of homelessness, lack of affordable housing, poverty, food insecurity, dearth of employment/income, and social connection.
- Many service stakeholders spoke about the unique opportunity that COVID-19 presented in terms of being able to “think outside the box”, “not to worry about details” and experiment with solutions. These views were no doubt shaped by environments in which there were increased amounts of federal and provincial financing as well as less bureaucratic processes to receive funds. While resources were made available quickly in Halifax communities, they needed to be made available at a much faster pace in Cape Breton.
- To manage the pandemic and when responding to, disasters, the government should adopt a Social Determinants of Health approach as well as when developing policies to address housing and homelessness.
- The hotel model used in HRM worked and provided a more dignified, healthy, quick, and efficient way to house individuals in a pandemic. Affordable, supportive (if needed), and sustainable housing has been lauded as the only way forward.
- The pandemic put a spotlight on the need to rethink various harm reduction practices.
- The homelessness sector is deeply strained and exhausted; however, there needs to be infrastructure like that found in Halifax (e.g., Mobile Outreach Street health) available across the entire province.

As we move forward, we need to ensure that future disaster responses, such as those related to health and extreme weather/climate change in this province, do not leave out the most marginalized and excluded from society.

Nova Scotia health plan leaves out reproductive health

BY MARTHA PAYNTER, published on MonitorMag.ca, April 29, 2022

Having campaigned on a promise to fix Nova Scotia's health care system, on April 22, 2022, new Premier Tim Houston, released Action for Health: A Strategic Plan for Nova Scotia. Despite its stated objective of establishing an "equitable and respectful health ecosystem", the plan fails to include a single mention of women, pregnancy, sexual or reproductive health.

Reproductive health is fundamentally an issue of gender equity, and a plan that fails to address pregnancy, pregnancy prevention, and gynecological health is, quite simply, discriminatory. During the province's Speak Up for Healthcare Tour last fall, health care providers called for investment in reproductive health. Indeed, there is regular outcry about the severe gaps in gynecological and reproductive health care across Nova Scotia—from a lack of fertility specialists, to wait times for endometriosis diagnoses, to limited options for gender-affirming services.

Despite this, and reflected in the new plan, reproductive health continues to lack appropriate attention and funding. Birth is the number one reason for hospitalization in Canada, ahead of heart attacks and heart failure. In 2021, COVID-19 ranked the seventh most common reason for hospitalization. Midwifery care results in fewer labour and birth interventions such as C-sections, is cost effective, and improves health outcomes for parents and babies.

Midwifery is fundamental to primary health care and a service to which all Nova Scotian families should be able to access and for which few do. And yet, expanding access to midwifery goes unmentioned in the premier's new plan. Evidence shows that when people plan their pregnancies, they can better care for their families, complete their education, achieve employment, and are less likely to experience intimate partner violence and poverty. Providing universal access to free contraception would result in significant cost savings and improvements in population health, with governments saving over seven dollars for every dollar invested. And yet, the premier's plan fails to address this potential return on investment.

Reproductive health is foundational to wellbeing and should be a foundational element of any progressive health plan.

Abortion is a very common reproductive health service: one in three people with a uterus will have an abortion in their lifetime. Although abortion access has drastically increased in Nova Scotia since the introduction of the toll-free self-referral line (1-833-352-0719) and primary care provision of Mifegymiso (medication abortion), two serious issues persist: there is no access to surgical abortion on Cape Breton island and no access to elective abortion beyond 16 weeks' gestation anywhere in the province.

These restrictions place significant burden on patients to travel within and beyond the province for basic care. And yet, this situation goes unremedied by the new plan. Reproductive health is foundational to wellbeing and should be a foundational element of any progressive health plan. To realize this goal or to begin working toward it, at minimum, the provincial plan should prioritize: 1) Hiring more midwives to increase capacity for primary care in pregnancy; 2) Universalizing access to free contraception; and 3) Supporting improved access to surgical abortion.

Nova Scotia urgently needs increased access to reproductive care, and its absence from the new provincial health plan speaks volumes about gender health inequity in Nova Scotia. Reproductive care is a universal need this province should proudly and comprehensively provide.

Martha Paynter, PhD, was a registered nurse in Halifax, Nova Scotia when she wrote this blog. She is now an Assistant Professor of Nursing at the University of New Brunswick in Fredericton. She is a Research Associate with the Canadian Centre for Policy Alternatives-Nova Scotia.

Action needed to address the low-waged economy

BY CHRISTINE SAULNIER

This article is an excerpt of a written submission to the Nova Scotia Standing Committee on Public Accounts, May 27, 2022, which took witnesses on June 8th. The question that the Standing Committee on Public Accounts asked on June 8th was what is the impact of a low-wage economy on government revenue and expenses. To understand the effect of a low-wage economy on government revenues and expenses, CCPA-NS's submission and presentation outlined what we mean by low-wage, why it is essential to understand the effect that low income has on workers and, in turn, on government expenses as well as its ability to raise sufficient revenue to pay for needed public services, and on society more generally.

We know a low-waged economy can lead to rising income inequality, slower growth, and productivity. How and why this happens are critical questions to consider. A low minimum wage partly fuels the low-wage economy. However, there are different ways to define low-wage work. The OECD defines low-wage as those jobs that pay two-thirds or less of the median hourly wage for full-time, full-year male workers. In Nova Scotia that would equate to about \$17 per hour. This wage, however, does not consider the impact of part-time work and therefore tends to underestimate the size of the low-wage economy.

For the temporary foreign worker program, low-wage is classified as any job paying less than the median for all workers, which they peg currently at \$22 for Nova Scotia; by coincidence, this amount is what we determined to be the highest living wage in NS--\$22.05-- the wage calculated for Halifax in 2021 (based on 2020 expenses, taxes and transfers). In 2021, the lowest living wage was for Cape Breton at \$18.45. The living wage is calculated to show how much earned income is needed to cover all necessities and allow people to live in dignity and enjoy a decent quality of life. No matter how it is classified, low-wage work represents a significant portion of the labour market in Nova Scotia and includes many more than those earning minimum wage (8.1% or 31,400 workers) or even those earning less than either poverty lines.

The lower the wage, the more likely a job will be insecure and does not come with benefits. As our report on the need for paid sick leave underlines: 54% of Nova Scotia workers have no access to paid sick leave. Paid sick leave tends to be correlated with permanent, full-time, and unionized jobs. Only 20% of workers in accommodation and food services had access to paid sick leave, and 31% of workers who earn less than \$25,000. Those hurt the most from income loss during the pandemic were low-wage workers and, more likely, members of demographic groups who face discrimination in the labour market—namely, women and racialized workers.

Earning a low-wage means being under tremendous stress to cover all basic needs. It means working very long hours, often at multiple jobs, leaving little time for parents to play with their children, for additional education or training, and no time for community activities which impacts our collective vitality.

A low-wage economy exacerbates inequities and takes a health toll on low-wage workers. Nova Scotia has the highest provincial rate of food insecurity.

Without job security, enough income, and access to benefits, it is almost impossible to invest in education and training, afford a place to live close to accessible transit, or afford a car, which might all help get a better job.

It is unacceptable to blame individuals, suggesting that low-waged equates to low-skilled or lack of formal education. The theory that employers pay everyone what they are worth is a simplistic and reductionist view that, in effect, ignores the social context that shapes the value placed on certain types of work and skills, and certain workers, and why. Consider that a black woman's median employment income in Nova Scotia is slightly higher than a white male's with only a high school diploma.

We also know that compared to the white male median wage, Black women face a pay gap of 42%, and Black men face a gap of 33%, whereas the gap for white women is 30%, which indicates a compounding impact of racism and sexism. This is likely made worse for persons with disabilities as well, which is a significant consideration in a province with the highest rate of disabilities of 30% (which is highest for women). The low employment rate of persons with disabilities (55.4% compared to 78.8% for nondisabled) also indicates barriers to entering the labour force and being appropriately accommodated.

To understand the low-wage labour market, examining the gender and racial make-up of the lowest paid occupations is important: 32.7% of racialized workers are in sales and service occupations (based on the 2015 Census). While racialized workers make up 5.5% of all workers, they are overrepresented in all five lowest-paid occupations (12% on average). Other than taxi drivers (26.9% of whom are racialized and 6% of whom are women), women are over-represented in the other four lowest paid occupations (making up 98% of home child care providers, 80% of cashiers, 82% of food and beverage, and 70% of food counter/kitchen helpers).

Poverty costs Nova Scotia \$2 billion each year in added service use and missed opportunity.

The costs represent 4.8% of GDP

\$204.5 million



**in additional
health care costs**

\$74.2 million



**increased spending on the
criminal justice system**

\$367.2 million



**because children get
trapped in the cycle
of poverty**

\$1.4 billion



**due to lost productivity
and foregone revenue**

Impact of Low Wages on Government Expenses and Revenue

A low-wage economy impacts government expenses, with increased use of health services and social benefits, and because living on a low income also results in missed opportunities for people to reach their full potential. To understand the impact on government revenue and expenses, we draw on our work to calculate the cost of poverty, which concludes that poverty costs Nova Scotia just over \$2 billion a year, and that includes \$230 million in lost revenue, and \$279 million in additional expenses, including for public health care because of the toll poverty takes on one's health.

The largest component of the costs of poverty is because poverty limits a person's productivity and hence their earned income (not counting tax revenue loss). Consider that this loss of \$1.4 billion would be a gain if we address some of the root causes, including low wages, unemployment, underemployment, discrimination, health inequities, and barriers to education and training. The second most significant component is the impact on children based on research that finds that no less than 30% of children who grow up in poverty can be expected to remain in poverty in adulthood.

In contrast to a low-wage economy, we need a higher waged economy that values diversity and builds an inclusive labour market that spurs productivity and sustainable, green growth.

Christine Saulnier is the Director of the Canadian Centre for Policy Alternatives, Nova Scotia Office. You can access the complete submission by [clicking here](#), and you can watch the Standing Committee by [clicking here](#).

2022 Fundraiser Gala Dinner

DR. GRACE-EDWARD GALABUZI

The Anti-Black Racism Moment and the Fight for Economic, Racial and Climate Justice

Friday, November 25 | Mount Saint Vincent University



CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
NOVA SCOTIA OFFICE

Doors open at 6 pm. Individual tickets and table sponsorship available. This event will be hybrid.



2022 Gala dinner save the date

The Anti-Black Racism Moment and the Fight for Economic, Racial, and Climate Justice

Join the CCPA-Nova Scotia Office on Friday, November 25th for its Annual Fundraising Gala! The evening will include a talk on anti-black racism and the fight for economic, racial, and climate justice by author and professor Dr. Grace-Edward Galabuzi. We are excited to have Wendie Wilson, African Nova Scotian cultural advocate, artist and educator, join us as our Master of Ceremonies. It is set to be an inspiring evening! Ticket sales will open early September.

When: Friday, November 25th, 2022, Doors open 6:00 pm AST. Dinner begins at 6:30 pm.

Where: This year's fundraiser will be an in-person dinner at Mount Saint Vincent University, Halifax, Nova Scotia. There will also be an option to join online for the main event programme.

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tel: 902-579-9555
PO Box 8355, Halifax,
NS, B3K 5M1

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