

# LOOMING ECONOMIC STORM THREATENS VULNERABLE CITIZENS

Storm clouds are threatening economic growth in Ontario and Canada. Last week, the central bank held interest rates amid slowing growth and fears of a major slowdown as early as 2020. The oil price crisis is hurting more than just Alberta's economy. Ontario's manufacturing sector has suffered a setback with news of GM's Oshawa pullout. Other automakers are similarly pinched and more job losses are widely expected. Growth forecasts for 2019 have already been reduced.

Against this worrisome backdrop, consider these recent reports.

The number of Ontario seniors needing to use food banks jumped an alarming 10 per cent last year. And that's not just because more people have achieved senior citizen status. That's a growth rate three times faster than the growth of the province's senior population, according to the authors of the report, the Ontario Association of Food Banks. A half-million Ontarians rely on food banks. The growth trend is expected to continue.

There are a host of "why's." Let's look at a few. The changing workforce in Ontario features a rise in part-time jobs, contract work and precarious employment. More and more people are having trouble and living below the poverty line.

But according to the report, housing costs are the single biggest driver of the crisis. It states that nearly 90 per cent of food bank users are rental or social housing tenants, and they spend the majority of their inadequate monthly income on housing. OAFB chair Michael Maidment says: "If rent consumes as much as 70 per cent of your income, there's little left over for anything else, like transit or food or even things like raising kids ..."

Adding to this, the provincial government has removed rent controls on some kinds of rental units, meaning prices will continue to rise.

If all this isn't worrisome enough, consider food prices. Canada's Food Price Report 2019 predicts an increase overall of about 3.5 per cent. Bakery, dairy, fruit and vegetables are forecast to get between three and six per cent more expensive. The average family grocery bill will grow by \$400 next year.

For many of us, that's an inconvenience. For low income citizens, it's much more. Consider the single social assistance recipient, receiving a little above \$700 monthly, probably paying more than 70 per cent of that on housing. Or the single senior receiving the Old Age Security of \$586 monthly. Or the CPP recipient getting the average of about \$630, which when combined with OAS offers up about \$1,200.

For these folks, an extra \$400 for food is not a minor glitch. It's a potential disaster.

Governments can do something to mitigate these combined threats. They can expedite funding and policy around affordable housing. They can finally implement evidence-based rates for social assistance so they reflect the real cost of living. A national pharmacare program could make a huge difference. The federal government could pick up the Basic Income Pilot project killed by Ontario.

The point is, there are opportunities to prepare for the storm pretty much everyone agrees is coming. Will we seize them, or sit back and wait?

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## DOCTOR/PATIENT RELATIONSHIP IMPORTANT

### IT COULD SAVE YOUR LIFE, WRITES DR. NADIA ALAM



NADIA ALAM  
Column

Family doctors work with undifferentiated disease, the grey zone of medicine, separating life-threatening illnesses from the less so. To do that, your family doc not only has to know medicine, but also you and what is normal for you.

I spent one summer training with Dr. X in Summerside, P.E.I. He was a Jack-of-all-trades family doc - office practice, anesthesia, minor procedures, in-patient care and so on. His patients would speak of him with pride, and vice versa.

One day, a middle-aged man, otherwise healthy, booked an urgent appointment. His concern: Headaches. As the medical student, I went in first, took a

thorough history, did a physical and then - the hard part - told Dr. X what I wanted to do next.

Headaches are one of the top 10 reasons why someone sees their family doc. The vast majority of the time, headaches are managed with lifestyle changes and when needed, medications. Rarely are headaches a sign of something serious.

Eighteen years of studying and practising medicine, I've diagnosed something serious twice.

The first time was that day in Summerside.

"Normally, we don't order CT scans for a headache," Dr. X said. "Why this time?"

The reason? The story didn't fit. He was an avid cyclist, his physical exam was normal but for the past week, he kept falling off his bike.

Dr. X added, "I've known this man since he was a kid. He never complains, never worries. For him to come in, something is going on."

Turned out, the man had a brain tumour. We

saved his life.

This story is important. For one, it shows how a family doctor's job is to spot the one time a headache isn't just a headache. For another, it really matters that your family doctor knows you. Knowing you takes years and can change medical decision-making.

That kind of familiarity, that relationship, is even more challenging in a system as fragmented as ours. Think about it: When you're worried about an illness, options include your family doc, a walk-in clinic, the emergency department, Telehealth, a virtual doc, etc. Of those, your family doctor is the only one who knows what's normal for you.

Next time you're weighing your options, consider saving your visit for your family doctor. Knowing you might just save your life.

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