Rural Poverty in Ontario

A review of the literature and community feedback

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The London Poverty Research Centre at King’s is focused on addressing issues of poverty in London, Ontario by mobilizing research, informing community action and policy locally and beyond. We are committed to systemic change and working with community partners to make that happen.

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OVERVIEW

Although literature has proliferated on the prevalence, effects, and experiences of poverty in urban areas, there is a relative dearth of scholarship on poverty in rural and small town communities. This review aims to synthesize the existing research on poverty in rural, remote, and small town areas, and how these findings shape Ontario’s rural landscape today.

We begin by providing a brief overview of the context, relevant definitions, and limitations of the current research on rural and small town areas, including remote areas of Northern Ontario. Next, we outline specific thematic areas that emerged in our review of the literature. These areas include:

1. A Sense of Community and Belongingness versus Isolation
2. Transportation
3. Health Care Outcomes and Health Services in Rural Areas
4. Mental Health and Addictions
5. Access to Services
6. Intimate Partner Violence
7. Energy Costs
8. Employment
9. Child Care
10. Financial Insufficiency
11. Indigenous Communities in Northern Ontario
12. Social Assistance Use
13. Food Insecurity
14. Housing and Homelessness
15. Rural Indigenous Homelessness
16. Training and Education
17. Community Hubs

To conclude, we outline possible recommendations that might better serve people living in poverty in rural, remote, and small towns in Ontario.
There were nearly two million people residing in rural areas in Ontario in 2011 (Statistics Canada, 2011). While urban centres have witnessed significant population growth over the past few decades, rural and Northern communities have, in contrast, largely witnessed an increasing trend of outmigration, population stagnation, or limited growth in some areas. The demography of rural areas has changed significantly over the last century, with rural residents accounting for 57% of Ontario’s population in 1901, dropping to 38% in 1951, and declining further to 14% in 2011 (Statistics Canada, 2011).

Rural Ontario comprises a range of non-metropolitan sites, small towns, sparsely populated regions, and remote and isolated communities; the latter generally implying limited or no road access. Rural communities across Ontario are by no means homogeneous but reflect diverse community profiles. As such, each community in rural, remote, and Northern Ontario is unique, and has its own distinct geographic, social, and economic make up. In addition to the difficulties associated with generalizing information across diverse geographic settings, challenges also exist in defining and operationalizing rurality, and measuring trends in rural areas. Due to concerns of privacy and confidentiality in population measurement, estimates of community health, and other key indicators, tend to exist at the regional level alone; rural estimates typically are under-sampled and more prone to data suppression (see Canadian Mental Health Association, Ontario, 2009). Moreover, research related to rural population health and mental health, social security (i.e., poverty), and housing and homelessness in Ontario is scant.

There is a significant dearth of scholarship on rural, remote, and small town areas in Ontario. Some information is provided in the ‘grey literature’, including local community reports or bulletins (many of them now dated), but there exist few current rigorous analytic studies on rurality in this province, and even fewer on the circumstances and experiences of communities in Northern Ontario. In this void of data and research, there has been an inclination by some to report on statistics and information derived from elsewhere (e.g., the United Kingdom, the US). There are, however, dangers associated with extrapolating research from contexts different
from our own. Generalizing research from other geographic areas (reflecting disparate social, economic, and political systems) is not likely to yield an accurate depiction of the realities associated with rurality in this province. That said, given the paucity of studies on rural and small town areas in Ontario, we have, at times, considered some of the broader themes emerging elsewhere, which may have transferability to our local context.

**Northern Ontario**

Northern Ontario consists of 10 territorial districts, or 145 municipalities, including areas such as Kenora, Rainy River, Algoma, Sudbury, Parry Sound, Manitoulin, Thunder Bay, Nipissing, Cochrane, and Timiskaming. Northern Ontario covers over 800,000 square kilometres, and accounts for 90% of the province’s land area. The majority of remote communities (Moose Factory and Pikangikum, for example) are Indigenous communities, without year-round road access, and which rely upon other modes of transportation (e.g., ferry, plane, train) to connect with larger urban centres for resources (Government of Ontario, 2011). According to the 2016 Census, 5.8% of the provincial population lives in Northern Ontario (Government of Ontario, 2017).

**DEFINITIONS OF RURALITY**

There exists a plethora of definitions and understandings of rural and small town areas. Some define rurality as any geographic area outside urban centres, representing all non-metropolitan populations. Others identify rural and small town areas as fitting particular population estimates (Statistics Canada, 2001). In 2001, Statistics Canada defined rural and small towns as comprising “the population living in towns and municipalities outside the commuting zone of larger urban centres (i.e., outside the commuting zone of centres with population of 10,000 or more)” (du Plessis, Beshiri, Bollman, & Clemenson, 2001, p. 1). More recently, rurality has been
defined by Statistics Canada as an area with a population under 1,000 people. Accordingly, rural areas can be described as small population centres that have a population of at least 1,000 (and a density of 400 people per square kilometre), while medium population centres have a population between 30,000 and 99,999, and large population centres have a population of 100,000 or over (Statistics Canada, 2017).

DEFINITIONS OF POVERTY

Poverty is often depicted to be a multidimensional concept (United Nations, 2015) associated with multiple determinants and consequences. Yet, increasingly there is an acknowledgement that poverty can be both broadly and narrowly defined (Halseth & Ryser, 2010). A narrow definition sees poverty as a fundamental lack of financial resources to meet one’s basic needs. People thus experience poverty as a direct result of not having the financial wherewithal to get by.

Statistics Canada does not measure poverty per se but provides population measurements estimating low-income thresholds. As such, one might argue that individuals live in poverty in Canada if their income falls below one of the three lines of low-income identified by Statistics Canada, specifically, the Low-Income Measure (LIM), the Low-Income Cut-offs (LICO) and/or the Market Basket Measure (MBM) (Murphy, Zhang, & Dionne, 2015). For a family of two adults and two children in a rural area in Ontario in 2013 (all reflecting after-tax measures), the LIM was $41,866, the MBM was $35,360, and the LICO was $24,456 (Statistics Canada, 2015). Since the writing of this report, the federal government announced, through the launch of its Poverty Reduction Strategy, that the Market Basket Measure (MBM) would become the official poverty line in Canada.

In contrast, the LIM was $41,866, the MBM was $35,134, and the LICO was $31,618 for a comparable family of four in an urban area, such as Hamilton/Burlington (see Statistics Canada, 2015).
Employment alone does not guarantee a life free from poverty (see Sekharan, 2014; in the US, see Van Arsdale, 2013), in rural or urban areas. In fact, as Sekharan (2014) and Citizens for Public Justice (2013) note, 44% of families living in poverty in Canada have at least one person working, often in multiple jobs. For individuals, Lefroncois (2015) pegs this number much higher, at 70%. Thus, employment can only provide a vehicle out of poverty if the work offered presents a livable wage. Education, too, remains a key conduit out of poverty (Raphael, 2011); yet even with post-secondary education and training, many employers are failing to provide jobs with incomes that raise people above low-income thresholds (Noack & Vosko, 2011).

Moreover, as food security primarily relates to income (or the lack thereof), school and community-based meal, snack, and food programs cannot eliminate food insecurity (Kirkpatrick & Tarasuk, 2009) or poverty (Smith-Carrier, Ross, Kirkham, & Decker Pierce, 2017). Consequently, viewed through a narrow definition of poverty, many of the solutions fostered at the individual or community level, while often helpful, are not likely to remedy the pervasiveness of poverty as they fail to tackle its root causes (i.e., employment and housing precariousness, dwindling social supports; see Smith-Carrier et al., 2017). Without systemic policy changes to bolster income security programs (providing individuals with a basic income floor), increase job creation, build infrastructure and transportation networks, and augment the skills training and education of individuals living in poverty, potential local/community solutions may only marginally improve the lives of impoverished people, without eradicating their poverty (see Graham & Silvasti, 2014).

A broad definition of poverty acknowledges not only the material deprivation associated with financial impoverishment but the social deprivation as well. Here, poverty is related to a lack of financial resources, in addition to experiences of social exclusion from employment and educational opportunities, social networks (providing social capital), and participation in community life. Social deprivation is also expressed by being denied the ability to exert influence or control over decisions that adversely impact one’s quality of life (Halseth & Ryser,
It is here where community programs and services that foster social inclusion and participation by all residents are exceedingly important, as they provide avenues to build social capital (e.g., Firth, Maye, & Pearson, 2011) and foster a sense of community, social inclusion, and support among participants (e.g., Fridman & Lentes, 2013; Roncarolo, Bisset, & Potvin, 2016).
THEMATIC AREAS

A Sense of Community & Belongingness versus Isolation

Rural and small town areas are often thought to be idyllic places, free of the busy and harried pace of urban life. Indeed, participants in Forchuk et al.’s (2010b) study described rurality as a space and place of being ‘peaceful’, ‘tranquil’, and ‘tight-knit’. Rural areas thus provide some residents with a sense of security and belonging.

The sense of community belonging, more often experienced in rural communities than in urban ones, is “a concept related to levels of social attachment among individuals and is indicative of social engagement and participation within communities” (Kitchen, Williams, & Chowhan, 2012, p. 104). While seclusion can have a detrimental effect on health, attachment to one’s community can lead to positive health and mental health outcomes, reducing levels of stress, depression, and even the risk of mortality. Residents in rural and small town communities thus benefit from the improved health effects, increased self-esteem, and enhanced mutual respect that come from having higher levels of civic engagement, voluntarism, and participation in community activities (Kitchen et al., 2012). Furthermore, Kitchen et al. (2012) discuss the importance of having a sense of community and belonging can have on individuals’ mental and physical health; such a connection has been shown to be one of the strongest safeguards against depression, and individuals who report close social ties tend to have higher rates of self-reported health than those without such relationships.

There is research to suggest that rural residents are better able to form social networks and supports than their urban counterparts. Indeed, as Grodzinski et al.’s (2011) study in Wellington, Ontario showed, the development of familial and social ties appeared to be the greatest deterrent for residents considering leaving the rural community. Even while individuals may experience increased barriers in accessing mental health and health care services, food, and other social services in rural and small town areas, they may also be able to form strong relationships of social support, which may help buffer them in times of financial or health crisis.
These relationships, however, can prove to be advantageous or disadvantageous, depending on the nature of the relationship (Grodzinski et al., 2011). Indeed, close-knit social ties alone (quantity) do not guarantee protection from isolation unless the nature of these relationships (quality) is favourable (Cloutier-Fisher & Kobayashi, 2009).

Some media and policy discourses have characterized rural communities as old-fashioned, backward, intolerant to newcomers (Cairns, 2013), and “disconnected from the creative economy” (Martin & Florida, 2009, p. 27). While rural areas have traditionally been associated with monolithic whiteness, “contemporary rural imaginaries are also deeply classed” (Cairns, 2013, p. 626). Rural residents present multiple intersections (identities) of class, gender, and race, the dynamics of which should be examined through an intersectional lens to counter disparaging discourses predicated on geography (Cairns, 2013).

Literature on the extent of isolation in rural communities remains equivocal. Rural communities are deemed to have tight communities where individuals can readily draw from informal social ties and supports. Yet, according to Bollman and Reimer (2009), isolation can be understood as being multi-pronged; those with higher education levels tend to be more involved in voluntary, business, and other organizational activities. Yet, due to lower rates of education in rural areas, many rural residents may be disadvantaged despite having “traditionally...strong social networks based on kin, religious, and cultural commonalities” (Bollman & Reimer, 2009, p. 139).

While some rural residents may be generally quick to acknowledge the sense of community fostered in their area, individuals experiencing poverty and homelessness may not palpably feel connected to it. Indeed, people experiencing homelessness in rural areas can often be rendered invisible to each other and are therefore unable to tap into the in/formal supports that could potentially be present. Communities with a limited understanding of the needs and circumstances of people living in poverty in their midst may (perhaps inadvertently) further feelings of exclusion and disconnection. Consequently, while the depiction of the ideal tight-knit rural community may indeed be a reality for some, for others, the experience can be
disenfranchising; not feeling invited to participate in the community can further exacerbate feelings of isolation and invisibility (Halseth & Ryser, 2010). Social isolation kills (House, 2001); the literature is replete with research documenting the deleterious health outcomes associated with social isolation and loneliness (see also Cloutier-Fisher & Kobayashi, 2009). People living in poverty, those isolated geographically or because of cultural expectations and/or language, and older adults are particularly at risk of isolation, and the detrimental effects accompanying it (Keefe, Andrew, Fancey, & Hall, 2006).

Isolation does not impact individuals of rural and remote communities equally. Shah, Gunraj, and Hux (2003) argue that the health risks associated with isolation are particularly troubling for Northern Indigenous communities. The high rate of physician turnover and poor geographic dispersion of services pose significant barriers to individuals seeking health care in these communities. This challenge—the inability to access appropriate services—leads to poorer health outcomes for people in these communities vis-à-vis populations residing in communities in the South. For example, due to the alarming increase in suicides in isolated communities in Northern Canada, the former Federal Minister of Health, Jane Philpott, earmarked significant budget allocations to fund community-based workers and community wellness teams to assist communities in crisis in the North (Philpott, 2017). Endeavouring to mitigate the isolation experienced by Indigenous communities, and ensuring the necessary culturally-appropriate resources to promote individuals’ physical and mental health and well-being, are vital moving forward.

Socially isolated individuals are vulnerable, and this vulnerability is aligned with disadvantage. Specific intersections of identity (socio-demographic characteristics) are more vulnerable than others; couples (i.e., people in spousal relationships) are often protected from social isolation. Older adults (e.g., widows), lone individuals (particularly men), and those living in low-income are commonly at risk of isolation. Living in a rural area can also confer a higher level of vulnerability, for both men and women. Targeted interventions to help women and men
remain or become more socially integrated in their communities as they age are recommended (Cloutier-Fisher & Kobayashi, 2009).

The ability to be and stay connected in the digital economy is essential, particularly in light of the isolation that some residents experience in rural and remote areas. Findings from a report by the Canadian Radio-television Telecommunications Commission ([CRTC], 2016) indicate that rural Canadians with low incomes often must sacrifice other necessities (e.g., food, clothing, health care) to afford broadband service, and “they regularly spend a higher percentage of their income on broadband service than the average Canadian household” (p. 1). Greater funding commitments and “coordinated and collaborative action on the part of multiple stakeholders, including the private sector, community and non-profit organizations, the CRTC, and governments at all levels” (CRTC, 2016, p. 2) will be necessary to expand high speed broadband infrastructure in rural and remote communities into the future.

**Transportation**

Likely one of the most frequently cited challenges associated with living in rural and small towns areas is the limited nature (or fundamental lack) of public transportation systems. Endeavouring to traverse the typically large geographic expanse of rural and small town areas can present significant challenges for people getting to and from jobs, local programs and services, recreational activities, and social outings. Such barriers are compounded for those ‘transportation disadvantaged’, a term applied to people without access to personal transportation “as they lack the mobility necessary to access the activities and services essential for their quality of life” (Marr, 2015, p. 100). A multiplicity of issues emerges from the paucity of transportation networks, such as a lack of social services development, limited employment opportunities, resident isolation, and an inability to access appropriate health care services (Berman et al., 2010).
Growing mobility in and across rural areas has implications for long distance commuting. Individuals are increasingly making an exceptionally long daily commute to and from work (see Vodden & Hall, 2016). Those traversing rural and remote areas via car (or bus transport), particularly those involved in long distance commuting, are at an increased risk for accidents on dangerous roads (not well lit or maintained), particularly in unfavourable travel conditions or inclement weather (e.g., storms, winter travel) (Government of Canada, 2008). In many rural and small town communities in Ontario, transportation is often afforded by personal vehicle (access or ownership) alone. There may be few, if any, local buses that cross the area, and the ones that do, tend to be infrequent, offered only intermittently (e.g., only during standard work hours, not on holidays, weekends, or evenings) or only for certain thoroughfares and not others (Rural Poverty Consultation, personal communication, 2017).

Research from a qualitative study in Huron County, Ontario discussed how the lack of transportation exists on a continuum, affecting some groups more than others; namely, older adults, disabled people, youth, people in low income households, and women. Findings suggest that not only does a continuum appear to exist between these groups, but within them as well. For example, youth may be provided transportation for the purposes of education (specifically, to complete high school), but not for the purposes of employment or social inclusion, however, once young people have graduated from secondary school, their access to bus services are discontinued (Marr, 2015).

Rural families typically spend more money on transportation than urban dwellers. The systems of transportation that are in place in rural areas are often seen as too expensive. Individuals who are unable to afford transportation, or who do not have access to it, face significant barriers in accessing programs and services (Marshall & Bollman, 1999). As such, residents experiencing mental health challenges may be forced to move closer to urban corridors to access appropriate services, potentially leaving behind their existing social support networks to do so. Access to services appears to be regionally sensitive. Mitchell (2009) examined migration patterns to document trends in movement to and from rural areas in Canada, and the reasons
for migration. Not surprisingly, many people tend to relocate to a rural community with a short migration path to an urban centre. The importance of accessing services was vital and highlights the need for greater service provision in rural communities, or at the very least, the appropriate infrastructure (e.g., light rail networks) to allow rural residents to straightforwardly travel to and from urban centres. Current research also suggests that improved access to transportation could be achieved through greater coordination of existing services (Marr, 2015), and expanded access through innovative solutions that draw from established services (e.g., using the Local Health Integration Network [LHIN], hospital transport systems, school buses, etc.) for local resident transportation.

**Health Outcomes and Access to Health Services in Rural Areas**

Compared to urban residents, individuals in rural areas have been profiled as having poorer health status (Government of Ontario, 2011; Keating, Swindle, & Fletcher, 2011; Mitura & Bollman, 2003), and less access to health care services (Burns, Bruce, & Martin, 2007; Registered Nurses’ Association of Ontario, 2015). The poorer health status of rural residents is influenced by a number of factors, including but not limited to, a lower rate of life expectancy at birth in rural areas as compared to urban areas; higher (all-cause) mortality rates (of both women and men) with increasing remoteness of place of residence; larger proportions of rural residents reporting having fair to poor health status compared to urban Canadians; and a greater proportion of rural Canadians (aged 20 to 64 years) reporting being overweight compared to residents of urban areas (Government of Ontario, 2011, p. 9).

Similarly, the Canadian Institute for Health Information (DesMeules & Pong, 2006) documents a significant health disadvantage for many health-related measures for rural residents vis-à-vis their urban counterparts in Canada, including higher mortality rates and higher rates of smoking and obesity; a finding confirmed by Davenport, Rathwell, and Rosenberg (2005) who
note the “clear downward gradient in the health of Canadians between urban and rural
Canada” (p. 9), with those living in rural areas more likely to rate their health as poorer and to
engage in health risk behaviours (such as smoking or being overweight). The increased rate of
mortality in rural areas appears to be driven by causes such as circulatory diseases, injuries, and
suicide. Respiratory diseases were also found to be higher among rural residents. Moreover,
people living in rural areas are more likely to live in low-income and have lower educational
attainment rates, both of which have adverse effects on health (DesMeules & Pong, 2006). At
the same time, what we know about the social determinants of health suggest that living in low
income may pose even greater risks to health than risk factors (e.g., poor diet, tobacco use, low
activity levels) traditionally identified in the health promotion and population health literature.
Systemic efforts to eliminate poverty will have a greater impact on the health of rural residents
than perpetuating the current (individual responsibility) approach, which focuses primarily on
modifying personal behaviours (Raphael, 2003).

There exist significant gaps in health care services and challenges associated with system
coordination of hospital admission, discharge planning, and follow-up care in rural and remote
communities in Ontario (Canadian Mental Health Association, Ontario, 2009). Themes raised in
Forchuk, Jensen, Martin, Csiernik, and Atyeo’s (2010a) study document some of the barriers
associated with rural medical and mental health services, included shortages of primary care
workers and specialists, a dearth of support and service programming, the lack of trusting
relationships with health care workers, overstretched care providers, lengthy wait lists and, as
previously noted, a lack of transportation to and from services. As Forchuk et al. (2010a) argue,
the overarching approach to health care is typically one of crisis intervention, not one of
prevention and rehabilitation—essentially a downstream approach to health care delivery (see
Meili, 2013). Yet, as Kauppi et al. (2017) note, even emergency service provision is lacking in
many rural, remote, and small town areas in Ontario. The unrelenting scarcity (i.e., resources
and human capital) imperilling rural health care service delivery works to exacerbate existing
health conditions, fuelled by financial crises that in a vicious circle further aggravate individuals’
health status. The literature depicts a bleak picture of rural patients waiting protracted periods
to access emergency services, crisis lines, and overtaxed health care specialists (see Forchuk et al., 2010a).

Endeavouring to recruit and retain health care professionals in rural, remote, and Northern Ontario remains an enduring challenge (Government of Ontario, 2011; Registered Nurses’ Association of Ontario, 2015). A host of barriers have been identified in providing access to quality health care in rural and remote communities, including geographic remoteness, low population densities, limited availability of services and health care professionals, inclement weather conditions (Government of Ontario, 2015, p. 6), and health care reforms informed by specific government initiatives (Registered Nurses’ Association of Ontario, 2015). Increasingly, interprofessional teams have been tasked with the delivery of health care in this province, assisted by the use of technology. Yet, staffing such teams in rural and remote communities is difficult. The vision laid out in the Ontario Ministry of Health and Long-term Care’s 2008 Rural and Northern Health Care Framework (Government of Ontario, 2008), and its Growth Plan for Northern Ontario in 2011 (Government of Ontario, 2011), aim to improve coordination and service delivery in rural and remote areas in Ontario, however, significant work remains to be done.

The older adult population in rural and small town communities are at a heightened risk for chronic health concerns, with women more likely to report having such a condition than men; the rate is higher still for elderly women living in low-income areas (Rosenberg & Wilson, 2000). Women also face challenges in accessing maternity care in rural areas, with some women unable (or unaware of how) to access midwifery services. Moreover, some women in rural areas prefer to receive health care services from a female physician but, given the shortage of medical doctors in rural communities, may be unable to have their preferences met. Women in Sutherns and Bourgeault’s (2008) study also expressed confidentiality concerns when attempting to leave their family doctor and engage a new one. Study participants discussed how rumours and gossip spread in the community impacted the quality of care they felt they received (Sutherns & Bourgeault, 2008).
The difficulties of providing quality health and social care in rural, remote, and Northern communities exist across the continuum of care. Often, hospitals must assume the position of default primary care provider in the absence of primary care professionals, likely explaining the increased hospitalization rates in rural and Northern areas. Culturally and linguistically appropriate services (e.g., Indigenous, Francophone) are in short supply, adversely impacting access and health outcomes. The scarcity of resources (technologies, infrastructure, human resources); limited sharing of health records and information; travel challenges; inconsistent implementation of interprofessional practices; centralization of services, often adopting an urban, rather than rural focus; inter-sectoral and cross-jurisdictional fragmentation of funding, management, and coordination of the health system work together to impede the optimal delivery of services in Ontario’s rural and remote communities (Government of Ontario, 2011).

Mental Health and Addictions

While the rate of mental illness in rural Ontario remains unclear, the lack of accessible services, discontinuity of care, limited means of transportation, and high rate of turnover of health professionals adversely affect rural residents’ level of stress, and ultimately, their mental health and well-being. Integration across the continuum of care, including medical, mental, and social care services, has proved a challenge for many rural areas (Forchuk et al., 2010a). Research by Grodzinski et al. (2011) highlights similar patterns, with rural communities sharing higher risks for mental health concerns due to barriers in accessing services, including limited emergency infrastructure (i.e., shelters, mental health care access points, crisis services). The significant barrier related to transportation again surfacing in this research (i.e., the need for rural residents to travel long distances in poor weather conditions to access services) (Grodzinski et al., 2011).

The literature on the mental health experiences of rural residents is sparse; rigorous research with a specific focus on children in rural areas in Ontario is particularly lacking. A qualitative
study by Boydell et al. (2006), using in-depth interviews with rural children aged 3 to 17 diagnosed with behavioural and emotional disorders, found three overall themes: significant barriers exist in relation to personal factors (i.e., the stigma of being labelled or ‘pegged’; the lack of anonymity in rural areas; a dearth of information and lack of awareness of mental health services; financial difficulties, particularly in regards to travel, parking at facilities, meals outside the home, etc., to access care), systemic factors (i.e., the shortage of specialized professionals; long wait lists for psychological testing; out-of-town referrals; policy and funding issues, e.g., rigid intake criteria; prolonged wait times for mental health services; difficulties obtaining a diagnosis, etc.), and environmental factors (i.e., difficulties with the need to travel great distances to receive care, particularly in adverse weather; lost wages; the pervasive assumption that all families have a car, etc.). The authors conclude that “the route to mental health care for children in rural communities is complex, dynamic, and nonlinear, with multiple roadblocks” (Boydell et al., 2006, p. 182).

Substance abuse leads to a myriad of societal harms, including damage to family and social relations; decreased workplace productivity; greater violence, property damage, and costs associated with organized crime; and additional costs to health, social services, and criminal justice systems (Csiernik, 2016, p. 18). As drug dependence is a chronic medical illness, those using substances may require multiple treatment episodes (Oser et al., 2011). American researchers Draus and Carlson (2009) argue that despite the prevailing view that drug problems are commonly held to be spatially situated in the urban nexus, their prevalence in rural settings nevertheless persists. In the absence of a literature base on substance abuse in rural settings in Canada, let alone in Ontario, we turn our attention to American research to examine themes on rural drug use that could potentially be salient to the Ontario context.

Research about the availability of addictive substances in rural areas of the United States is unclear; some scholars suggest a lower prevalence of crack cocaine and powder cocaine use in rural areas due to limited availability, while other research indicates crack and cocaine are readily available in rural areas, and their use pervasive in these settings (Oser et al., 2011). In
Oser et al.’s (2011) qualitative study conducted with people using substances in Ohio, Arkansas, and Kentucky, the authors found that despite high levels of recent and lifetime self-reported drug use among rural residents using substances, treatment services were underutilized; such underutilization was even more pronounced for females than males. Treatment availability was found to be lacking in the study research sites, likely due to the difficulties recruiting and retaining trained mental health and addictions workers. High rates of comorbidity among people with drug use problems and mental health issues were common. Positive communication with physicians was found to be a significant enabling factor for individuals seeking repeated treatment for substance abuse, suggesting that the strong relationship forged between physician and patient over time in rural settings may boost some individuals’ comfort levels in disclosing drug use problems, thereby increasing their likelihood of participation in treatment services (Oser et al., 2011).

While crisis services remain vital for both urban and rural settings (including addictions programs, detoxification services, psychiatric beds, crisis mobile teams, etc.), few research studies are available that effectively evaluate their provision (Forchuk et al., 2010a). Forchuk et al. (2010a) examined three models of mental health service provision in three community settings, including both urban and rural sites. Findings from the study indicate that the rural study sites had little access to transportation, thus an important role for police services was to ensure safe transport for individuals in crisis (i.e., transferring an individual in crisis to the hospital emergency department or psychiatric facility). While participants in the study valued the crisis services their community provided, many indicated that their community did not have the capacity to meet the existing volume; wait lists were long, with few trained professionals to adequately respond to client demand. Whereas mental health workers in urban settings were better able to specialize their expertise to a specific population or condition, such workers in the rural sites were required to become generalists, compelled to address a wide range of situations on their own. Although people in crisis need help immediately, the study found that some individuals called crisis phone lines only to receive a busy signal or be put through to a voice mail service. The utility of a mobile crisis team program was thus highlighted to more
effectively provide outreach and intake services in rural areas, as was the importance of greater inter-agency and sectoral collaboration (e.g., police services and mental health programs). Indeed, research has shown that training for police officers and collaborative links fostered between police and the mental health sector improve access to appropriate mental health services, and reduce inappropriate arrests. Regrettably, such training is not always provided (Forchuk et al., 2010a).

Serious challenges exist in accessing mental health and addictions services in rural and small town areas, particularly for those experiencing poverty (Halseth & Ryser, 2010). The regionalization of services, and accompanying shift of services outside of rural communities, has created a situation wherein critical mental health services, such as addictions treatment, have been transferred from trained professionals into the hands of community volunteers, some of whom lack the appropriate skills and expertise to assist people in crisis. This migration of services and reliance on non-paid personnel has resulted in some mental health and addiction support services having to close entirely in some rural communities; a comparable trend experienced in relation to health care services generally (Halseth & Ryser, 2010). Romans, Cohen, and Fortre (2011) note that rural community members, compared to urban residents, are far less likely to report mental health concerns, such as depression. The inability of some rural residents to express their mental health concerns, and receive appropriate treatment for them, is a significant concern.

Access to Services

The gross under-servicing of rural and small town areas is troubling. Not only because individuals and families fall through the cracks in the absence of adequate supports, but also because without the appropriate service infrastructure, the ability to attract business, and therefore opportunities for employment and the means to provide a sufficient livelihood, can be stymied. Halseth and Ryser’s (2006) study on trends in service delivery in rural and small
town Canada found that the social and economic restructuring that occurred from 1998 to 2005 was accompanied by significant local service changes. These changes typically involved the application of urban- and market-based models of efficiency, which in effect led to the closure or reduction of services in many rural and small town communities. Rather than offering services at the local level, the call to streamlined efficiency meant regional consolidation; services offered only at the regional level, potentially at a great distance away from local residents. Retrenchment, operationalized as dramatic reductions, in the health and social care sectors was observed, as well as cutbacks in access to basic education and protection services. Concomitantly, local access to civic administrative offices declined, as did the availability of government services. Given that these services provide residents with stability and a better quality of life, while offering a strong base from which to support community and economic renewal, the localization of services is crucial for the well-being and long-term sustainability of rural and small town areas into the future (Halseth & Ryser, 2006).

Intimate Partner Violence

Formerly believed to be comparable across urban and rural areas, the prevalence of violence against women is now thought to be higher in rural settings vis-à-vis urban ones (Riddell, Ford-Gilboe, & Leipert, 2009). The options available to women fleeing abuse in rural settings are far more limited than those accessible in an urban environment, making it more difficult for women to leave abusive relationships.

Family violence is often hidden in rural and small towns, and responses to the problem have typically been informed by urban experiences (Purdon, 2002). The barriers associated with leaving an abusive relationship, including but not limited to a lack of income, inadequate housing, and child care, may be compounded in rural settings where the existence of appropriate, inexpensive transportation is lacking, services are scarce, and educational and employment opportunities may be limited.
A lingering penchant for traditional gender roles, underpinned by patriarchal views of the family, remains in some rural settings. Such views may undermine a woman’s ability to speak out against abuse, reinforced by the notion that ‘domestic’ violence is a private matter. The shared values and social cohesion often found in rural areas may also make it more difficult for women, who might also share these beliefs and values, to disclose abuse, seek help, or leave an abuser (Riddell et al., 2009).

Typically, there are few (or no) shelters, and limited safe, affordable, and vacant accommodations to escape to, and the lack of privacy in rural areas make it difficult for women to make a break from their abuser under the watchful eye of family, friends, and neighbours (Riddell et al., 2009). Purdon (2002) notes that women experiencing violence in rural areas may be “doubly isolated” (p. 9); isolated both by their geographic location, and the controlling behaviour of their partner. Women living in poverty are particularly vulnerable, as the lack of financial resources is a key determinant influencing women’s decision to stay or leave violent relationships (Wendt & Hornosty, 2010).

Energy Costs

Electricity costs have increased substantially in Ontario over the past decade (Morrow & Cardoso, 2017). These costs have put significant pressure on residents and businesses across the province, and in rural and remote areas in particular. As the housing stock available in rural communities is typically older, often in poor condition, the heating and utility costs for local residents can be substantial. While there have been provisions to subsidize electricity costs of some residents and small business owners, the rising cost of energy continues to be most acutely felt by those experiencing unemployment or living on (limited) fixed incomes (Morrow & Cardoso, 2017). Consequently, on many occasions, people living in poverty are forced to make impossible decisions on whether to pay the electricity bill, the rent, or buy food for their children; the inevitable upshot of which results in anguish for all members of the family.
Employment

While a few decades ago Ontario’s rural landscape was largely depicted by a thriving farm industry, significant demographic and technological changes have altered the course of development in rural areas. Large factory farms have replaced many of the small family farms (Waldie, 2012) that once occupied the province’s rural terrain, and employment opportunities in critical sectors, including manufacturing (Beshiri, 2010) and natural resources (Alasia & Hardie, 2011) of rural communities continue to dwindle. O’Hagan and Cecil (2007) found that from 1996 to 2001 small towns that moved from a single industry (often focused on the extraction or sale of natural resources e.g., farming, mining, forestry, oil and gas) to a diversified one substantially increased the percentage of jobs in their area. Considerable instability in job markets has contributed to significant outmigration, as individuals, youth in particular, seek education and employment elsewhere (O’Hagan & Cecil, 2007).

As compared to men, women in rural areas are more likely to earn low wages and to be found in part-time and seasonal labour. Unemployment rates tend to be higher among rural women than among urban women, and difficulties persist in relation to underemployment, limited educational or training opportunities, and access to employment given poor or intermittent transportation networks (UFCW, n.d.).

Increasingly, there is a shift in the age structure of the labour force of rural areas, as the share of the population over age 65 grows (Rural Ontario Institute, 2017a). While scholarship documents the rise of precarious employment in urban centres, less is known about the nature of employment in rural areas. Nascent research suggests that in 2016 30% of employees in non-metro census divisions held a low-wage job, defined as a wage less than one-and-a-half times the minimum wage. This percentage is slightly higher than that reported in urban centres, at 27% in the same year. As might be expected, individuals with a higher level of education were
less likely to report a low wage; among those with less than a post-secondary education (diploma or degree) over 40% had a low wage job (Rural Ontario Institute, 2017b).

The average income among non-metro tax filers in 2011 was $38,574, less than the Ontario average in metro areas, which was over $45,000 (Rural Ontario Institute, 2014a). The urban-rural gap has been consistent for over two decades but has been closing since 2000. While the spread of incomes across urban centres is large, changing dramatically over the years, the spread of income in rural areas, in comparison, is smaller and has remained relatively constant over time (Rural Ontario Institute, 2014c). The gap between incomes of males in urban centres vis-à-vis rural areas (average gap of $9,589) in 2011 was larger than the gap found for females (a gap of $5,867); the gap for females in rural versus urban areas has been steadily decreasing since 1989 (Rural Ontario Institute, 2014b).

Child Care

Access to affordable child care is an issue in many rural and small town areas, negatively impacting parents’ (women’s, in particular) ability to find and maintain paid work, particularly in an era of growing employment precarity, including the rise of seasonal and part-time positions, many of which do not conform to standard work hours. Seasonal labour has historically been the predominant work pattern in rural areas, creating fluctuations in the need for child care. Yet, a child care approach that is adequate, flexible, and creatively provided continues to elude many rural and small town communities (see Doherty, 1994). Rural areas tend to have fewer trained child care professionals, and fewer regulated child care spots available compared to urban centres. As a result, parents must travel larger distances in search of adequate care for their children (Halseth & Ryser, 2010).

A recent report by Macdonald and Friendly (2017) indicates that child care costs in Ontario have largely risen faster than the rate of inflation since 2014. In surveying all fees in rural child care facilities and regulated home child care providers in Ontario (and one in eastern rural
Alberta), the authors found that “fees are not particularly low” (Macdonald & Friendly, 2017, p. 16); they typically fall in the mid-range compared to median fees in cities across Canada. In fact, fees tend to be comparable to those exacted in nearby cities; fees that “are far too expensive for many” (p. 5). For example, the median monthly fees for preschoolers in 2017 in Northern Ontario and east rural Ontario was found to be $825 per month; the cost of infant and toddler care is typically a good deal higher (Macdonald & Friendly, 2017).

First Nations communities in Ontario are subject to different funding arrangements for child care relative to the general population. On-reserve child care programs are funded by the Government of Ontario, following provincial licensing requirements, through agreements with 77 First Nations and three transfer payment agencies. These funds provide fee subsidies, targeted finances for children with special needs, and capital for non-operational items. Funding is also afforded through two federal programs, the First Nations and Inuit Child Care Initiative and the Aboriginal Head Start on Reserve, both of which allow First Nations communities to set low (or in some cases, no) fees for First Nations families. The median infant child care fees in Ontario are $217 per month, the lowest infant fees in Canada, and the median fees for toddler and preschool care are $0. The funding provisions for child care in First Nations communities in Ontario (as well as those found in Quebec, Manitoba, and PEI) offer a helpful example of how child care can be made more affordable for families (Macdonald & Friendly, 2017).

Financial Insufficiency

Similar to their urban counterparts, many individuals living in rural communities are struggling to pay their bills and make ends meet. The cost of food, clothing, shelter, and other basic necessities in Canada continues to rise (Alexander, 2017), while incomes have largely stagnated over time (Carrick, 2017). Employment growth has generally been fueled by the expansion of the low wage sector (Block, 2015), characterized by precarious, part-time, and seasonal work;
jobs with low pay and few, if any, health and pension benefits (Vosko, 2006). Relative to urban households, rural households tend to have lower incomes (Forchuk et al., 2010b), yet the distribution of income across rural areas may be more equal than in urban settings (Rupnik, Thompson-James, & Bollman, 2001). Rural residents may also be more likely to report persistent low-income status, limited employment opportunities, higher unemployment rates, and lower educational levels than residents in urban centres (Calhoun, 2013).

Poverty in Ontario is deepened by the high costs of food, energy, transportation, and housing. The negative outcomes associated with low-income have now been well documented: poorer health, greater susceptibility to challenging medical conditions (e.g., cardiovascular disease, diabetes, hypertension), premature death, food insecurity, inadequate housing, and chronic stress (Dorman, 2016). Indigenous people, women, unattached individuals, lone parents (in particular single mothers), those with lower levels of education, or with mental and health disabilities or addictions are more likely to live in poverty in rural and small town areas (Halseth & Ryser, 2010; see also Finnie & Sweetman, 2003). Although many of the causes of poverty (i.e., unemployment, financial insufficiency, housing, health crises, family or relationship instability, inadequate education and/or skills) and its outcomes (health and mental health problems, social and material deprivation) may be similar for urban and rural residents alike (Halseth & Ryser, 2010), the experience of poverty may be uniquely felt in disparate geographic contexts. The barriers associated with obtaining affordable housing, and accessing programs and services (health care, social programming, etc.) in rural and remote areas make the experience of living in low income in these settings particularly intense and distressing (Calhoun, 2013; Rural Poverty Consultations, personal communication, 2017).

The crumbing social safety net is increasingly ill-equipped to respond to people in financial crisis, particularly before they fall into undue financial hardship (Smith-Carrier, 2017), trapping many in deep poverty. Diminished household resources, as well as pervasive low interest and inflation rates, have contributed to a large proportion of the population taking on significant debt to circumvent financial crises and stay afloat (see Hopkins & Schnurr, 2017). Despite
growing household indebtedness, repossessions and bankruptcies (two outcomes associated with financial crises) have actually dropped since 2008. Yet, the spatial distribution of household debt is uncertain; little is known about the debt levels of households in rural areas, as much of the current research focuses on the ‘urban debtscape’ (see Walks, 2013). What we do know indicates that Canadians overall were more indebted (as proportion of their disposable income) than their American counterparts in 2010, and while much debt growth is related to the purchase of residential properties, a majority of Canadians are claiming that the reason for their increased indebtedness is due to daily expenses. Young families, immigrants, and single parents are at an increased risk of indebtedness, and debt service ratios tend to be highest in the poor income quintiles (Walks, 2013).

Unlike urban areas, people living in poverty in rural areas are more likely to be working, self-employed, Caucasian, and less likely to be receiving government benefits. Communities that have greater numbers of young people and older adults (i.e., fewer working-age adults) tend to have higher rates of poverty. Services readily apparent in urban settings, such as food banks, soup kitchens, shelters, drop-in centres, and so forth, are not as prevalent in rural areas (Halseth & Ryser, 2010), making it difficult for individuals requiring food or material assistance to receive help. Those seeking to expand their social support through various networks (e.g., LGBTQ+ support groups) may also find it exceedingly difficult to do so given the dearth of these networks in rural settings.

The cost of living in Northern communities is significantly higher than in communities in the South, increasing the prevalence of poverty in these regions (Daley, Burton, & Phipps, 2015). Poverty among Indigenous peoples is significantly higher than among the non-Indigenous population. The deleterious effects of colonization and systemic racism (including the historical legacies of the residential school system, the Sixties Scoop, and the Indian Act) set a foundation for inequality in Canada that prevails to this day.
Indigenous Communities in Northern Ontario

Indigenous people are remarkably diverse with respect to languages, spiritual beliefs, cultural practices, and geographic residence. The Indigenous population (including First Nations, Métis, and Inuit Peoples) is the fastest growing population in Canada, increasing 20% from 2006 to 2011, while the non-Indigenous population rose by 5.2% over the same period. In 2011, Indigenous people accounted for 4.3% of the country’s total population. The lion’s share of Indigenous people lives in Ontario, the western provinces, and communities in the North. One in five Indigenous persons live in Ontario, representing 21.5% of the Canadian Indigenous population (Statistics Canada, 2016b) and 2.4% of the province’s overall population (Statistics Canada, 2016a). Almost half of Status First Nations people in Ontario live on reserves and settlements (a total of 207 in the province, represented by 126 bands), with five of the 20 largest bands in Canada located in Ontario. One in four First Nations is a member of a small, remote community not easily accessible via regular means of transport (Government of Canada, 2017).

Many remote communities in the North have large populations of older people and children, with relatively fewer people of working age (Ministerial Advisory Council on Rural Health, 2002); yet, overall, the Indigenous population is relatively young. Almost half (42%) of Indigenous people in Ontario were under the age of 25 in 2011, compared to 30% for the non-Indigenous population. Although 74% of non-Indigenous children lived in a family with both of their parents in 2011, 48% of First Nations children, 62% of Métis children, and 53% of Inuit children in Ontario did so. During the same year, 3% of Indigenous children aged 14 and younger were in foster care, representing over a quarter (27%) of the overall population of children in foster care in the province, with the clear majority (91%) being First Nations children (Statistics Canada, 2016a).

The legacy of colonialism and racism in this country directed to Indigenous people engendered multigenerational harms. The trauma associated with, inter alia, the residential school system, the Sixties Scoop, and forced assimilation is experienced across generations and continues to be
felt to this day. Yet, poverty, operationalized in the Canadian child welfare system as neglect, has also had significant adverse effects on Indigenous families. Blackstock (2007) indicates that the number of First Nations children in child welfare care in Canada today is higher than the rate of children in care at the height of the residential school era, by a factor of three. In the mid-2000s, 0.67% of non-Indigenous children were in foster care compared to 3.31% of Métis children and 10.23% of Status First Nations children (Blackstock, Prakash, Loxley, & Wien, 2005). The federal funding formula (rarely topped up by provincial governments) is not adequate to ensure equitable child welfare on reserve, nor does it provide sufficient resources to allow for the development of culturally-based child welfare standards and programs, resulting in Indigenous children receiving less child welfare service than their non-Indigenous counterparts (Blackstock, 2007). The overrepresentation of Indigenous children in care has been shown to be directly tied to the child maltreatment type neglect, the factors of which include poverty, poor housing, and substance misuse. As a result, child welfare scholars contend that Indigenous children are removed from their families, not for being put at greater risk than non-Indigenous children, but for greater exposure to social exclusion, poverty, and poor housing (Blackstock & Trocmé, 2005).

Research on Indigenous education, employment, and training in rural, remote, and small town areas in Ontario is limited. Following provincial trends, we know that access to education and good quality employment is lacking for many Indigenous people. In 2011, 52% of Indigenous people between the ages of 25 to 64 in Ontario had a certificate, diploma or degree from a trade school, college or university; a percentage far lower than that found for the non-Indigenous population (at 65%) (Statistics Canada, 2016a; see also Gordon & White, 2014). A report by Service Canada (2014) notes that Indigenous people living in rural areas in Ontario tend to have lower levels of educational attainment as compared to those residing in urban areas, and a level lower still for Indigenous people on reserve. Similarly, as documented by Statistics Canada (2016a), the employment rate of the Indigenous population (aged 25 to 64) in 2011 was found to be 63.4% as opposed to 75.5% for the non-Indigenous population. Unsurprisingly then, in 2012, fewer Indigenous people (51.2%) gave a personal health rating of
excellent or very good as compared to their non-Indigenous peers (61.3%) (Statistics Canada, 2016a).

A large proportion (40%) of Indigenous children in Canada live in poverty, and 60% of Indigenous children living on reserve (Canada Without Poverty, n.d.). Indigenous child poverty in Canada is lower off reserve than on (in many cases, off-reserve rates are half those on-reserve). Yet, even off-reserve children are not ensured they will have their basic needs met; child poverty rates are consistently lower for the non-Indigenous population relative to the Indigenous population in every province, including Ontario. Non-Indigenous child poverty rates in rural areas are also lower than the general child poverty rate, demonstrating that urbanization itself does not provide relief from poverty for many Indigenous children (Macdonald & Wilson, 2016).

Social Assistance Use

The number of people on social assistance in Ontario has grown dramatically since 2003; a total increase of 27.6% from 2003 to 2016. This increase is most apparent in the Ontario Disability Support Program (ODSP) caseload, which witnessed a near 70% rise over the same period. The reasons for the dramatic climb in Ontario Works (OW) and ODSP caseloads are multiple and complex. The economic downturn, or Great Recession of 2008, clearly impacted OW and ODSP caseloads, as has Ontario’s aging population, lower rates of standard employment (and accordingly, lower rates of access to work-based disability benefits), and a greater acceptance of mental illness, among others (Kerr, Smith-Carrier, Wang, Tam, & Kwok, 2017). Now 57% below the LIM, after-tax, for a lone adult (Smith-Carrier, Kerr, Wang, Tam, & Kwok, 2017), social assistance rates in Ontario have eroded over time, with benefits that are lower now (in real terms) than they were in 1986 (Tweddle, Battle, & Torjman, 2016). Benefit rates are standard across the province, with no variability based on (rural or urban) geographic residence.
The proportion of people on social assistance is directly tied to the labour market dynamics of a particular region. Invariably, in communities of high unemployment, the number of persons on social assistance rises (Kerr et al., 2017). This may be particularly true of rural and small town areas, where job markets can often be sluggish, and new employment opportunities scarce. A policy agenda that fosters employment growth and ensures everyone a minimum income floor is necessary.

Little is known about social assistance use specifically in rural and small town areas (apart from one locally-specific study in Huron County, Ontario; see Purdon, 2002). Data suppression is an issue for measuring rural social assistance trends, as is the availability of data for the purposes of research. A new pilot project between the Ministry of Community and Social Services and Statistics Canada recently placed administrative social assistance data into Canadian universities’ Research Data Centres. It is anticipated that new research will emerge as a result of this initiative, particularly on rural and small town area trends in social assistance receipt.

Several themes have been raised in the OW literature generally that may have transferability to the rural context. Little (1995) describes, in her qualitative study of OW lone mothers, that often women sell their possessions to buy food and/or the necessities of life, many go without food in order to feed their children, some return to abusive partners or are exposed to violence and harassment by ex-partners, family members, or harassing landlords, and some women attempt suicide out of despair (Little, 2001). Purdon’s (2002) study identified several themes from interviews with rural women on OW, including the absence of helping systems that might effectively assist women experiencing subsistence poverty; a lack of information about the system and supports available; the desire among participants to have their voices and concerns be central in the decision-making processes that impact them; the need for some women to leave their rural communities in order to escape poverty (taking their skills and energy with them); fewer practical and economic supports for child-rearing in rural communities; the lack of transportation networks adversely affects women’s work, safety, and security; and organizations and services often do not identify poverty as the key issue for women, but rather
focus their energies on piecemeal or individual “symptoms”, disregarding the systemic causes of poverty (Purdon, 2002). Little in the more recent literature on OW (or ODSP) would suggest findings would be dramatically different today (see Gazso, 2012; Good Gingrich, 2010; Smith-Carrier, 2017).

**Food Insecurity**

Food insecurity is a key social determinant of health (Raphael, 2004). Defined as “inadequate or insecure access to food due to financial constraints” (Tarasuk, Mitchell, & Dachner, 2016, p. 2), food insecurity is directly linked to household income: households with lower incomes are at a higher risk of being food insecure. In 2014, 11.9% of Ontarians experienced food insecurity. The most vulnerable to episodes of hunger were lone parent families headed by women, unattached individuals, Indigenous and Black individuals, recent immigrants, individuals renting rather than owning their homes, and people who derive their income from social assistance; although the vast majority (62%) of households experiencing food insecurity in Canada in 2014 were reliant on wages or salaries from employment (Tarasuk et al., 2016).

Chronic food insecurity leads to a host of physical, oral, and mental health issues. Individuals experiencing food insecurity are at a higher risk of developing diabetes, heart disease, hypertension (Vozoris & Tarasuk, 2003), and fibromyalgia (Fuller-Thomson, Nimigon-Young, & Bernnenstuhl, 2012). Repeated episodes of hunger in childhood is associated with poorer health status among children, and in adolescence, higher odds of developing asthma and other chronic conditions (Kirkpatrick, McIntyre, & Potestio, 2010). Moreover, food insecurity in childhood has been shown to be a significant predictor of adolescent depression and suicidal ideation (McIntyre, Williams, Lavorato, & Patten, 2013).
Data from the Canadian Community Health Survey indicate that food insecurity in 2014 was slightly more prevalent in urban areas (12.4% of households) than in rural ones (10.3%)\(^3\), although prevalence rates vary widely by area. Rates of food insecurity in Canada’s North are particularly dire, with evidence of an upwards trend over time\(^4\) (Tarasuk et al., 2016). Calhoun (2013), in a qualitative study examining food insecurity in urban and rural food households, found that the completion of secondary education increased the risk of food insecurity status in urban households, while attaining a high school diploma acted as a protective factor for rural households. Food insecurity had significantly adverse effects on health, irrespective of one’s location in an urban and rural community. Despite the similarity of conditions, processes, and consequences associated with food insecurity for both urban and rural residents, how households managed their food insecurity status differed by geographic location; rural residents typically relied on social networks, individual service providers, or on their own personal efforts (e.g., gardening) to augment their household food supply, while urban residents often had greater access to a variety of food stores, community resources, and means of public transportation (Calhoun, 2013).

In the context of Indigenous communities in Northern Ontario, food insecurity is a serious public health issue. A qualitative study by Skinner, Hanning, Desjardins, and Tsuji (2013) revealed that many Indigenous families engage in food sharing, rationing, and other coping strategies to deal with food shortages. As many store-bought food stuffs are simply too expensive to buy (given the high costs associated with importing goods into remote areas), many families interviewed continue to consume traditional foods, and use traditional hunting, fishing, and gathering practices, as well as preserving and storing strategies as a means to acquire and stock food. Much of the dietary intake in the North, however, is still from store-bought food, as traditional hunting, fishing, and gathering activities have declined in recent decades, particularly for young people (Skinner et al., 2013).

\(^3\) Based on participating provinces only; Newfoundland and Labrador, British Columbia and Yukon Territory did not participate in the Food Security module of the Canadian Community Health Survey (see Tarasuk et al., 2016).

\(^4\) Since data began to be collected in 2005.
The current approach to food insecurity involves food charity: the use of food banks, soup kitchens, meal or snack/nutrition programs, community gardens, and farmers’ markets to alleviate hunger. While these programs and services are intended to alleviate poverty and food insecurity at the local level, and are generally offered with the best of intentions, they do not have the capacity to ameliorate these larger systemic problems (see Kirkpatrick & Tarasuk, 2009). Loopstra and Tarasuk’s (2012) study found that many of the most food insecure households do not use food banks (or community gardens and soup kitchens; see Loopstra & Tarasuk, 2013). The shame and stigma of accessing food banks is momentous, such that many people avoid them altogether. In a sample of 371 low-income families in Toronto 75% had experienced food insecurity, while only 23% had used a food bank. For the families that did, there was no evidence that using the food bank remedied their food insecurity. Indeed, as McIntyre (2017) and Power (1999) argue, no food-based program has ever been able to solve the problem of food insecurity. Food, meal, and community-based responses to hunger, while perhaps deriving other beneficial outcomes, do not address the root causes of poverty and food insecurity (namely, a lack of financial resources, a crumbling social safety net, and precarious employment), and therefore have limited impact on poverty reduction (Smith-Carrier et al., 2017).

Housing and Homelessness

Housing issues in rural communities are diverse and are largely influenced by the community’s proximity to a major urban centre, its demographic profile (particularly if it has witnessed recent population growth or decline), and whether it has been designated a resort or retirement community (Halseth & Rosenberg, 1995). Rural areas often present few housing options for residents, limited in the types of housing available, including a meagre stock of single-family homes, low-rise apartment buildings, semi-detached homes, and secondary suites or mobile homes. Construction on rental housing units is generally not well supported in rural communities, stifled by economic uncertainty, population decline, and lower demand relative
to urban areas; the blend of which has made private developers reticent to invest in new affordable housing projects. As such, rental housing can be scarce, leading to low vacancy rates. Existing units may be in poor condition (e.g., older, dilapidated housing), with high operating costs. As a result, home ownership is often presented as the most viable housing option in rural areas, even while households struggle to save the funds necessary to finance a down payment on a mortgage (Slaunwhite, 2009). When households can save sufficiently to mortgage a home, finances may be tight, leading to critical shortages in other areas (i.e., the lack of a car or limited access to transportation, food insecurity, etc.), causing many to employ various strategies to survive (e.g., delaying rent payments, shutting off heat to avoid energy costs, etc.).

Typically, homelessness is conceptualized as fitting within two constructs: relative homelessness and absolute homelessness. Absolute homelessness refers to situations in which an individual does not have access to a fixed, regular address or space to inhabit that is suitable for rest. In contrast, relative homelessness refers to a lack of appropriate accommodation, substandard living spaces, overcrowded accommodations, and/or temporary housing (i.e., couch surfing). Relative homelessness appears more common than absolute homelessness in rural and small town areas. While many are determined to stay in their rural communities for as long as possible, due to the lack of capacity to adequately respond to those at risk of homelessness, some individuals are compelled to relocate to urban centres in search of assistance. However, this relocation may lead to further difficulties; financial troubles when trying to find safe and affordable accommodations in a potentially more expensive urban centre, and the isolation one may experience when leaving one’s community and social networks (see Bruce, 2006).

Until recently, as Schiff, Schiff, Turner, and Bernard (2015) note, there was little acknowledgement that homelessness existed in rural areas in Canada. Consequently, the problem has been often overlooked and underestimated (Bruce, 2006). While there is some suggestion that homelessness is on the rise in rural areas in Ontario, there are few data to substantiate this claim. It is difficult to ascertain whether homelessness is indeed growing in
rural areas, or if the increased visibility and recognition of the problem make it appear so. American scholars Flora and Flora (2004) argue that housing can be less expensive in rural areas relative to urban centres; yet, the exorbitant cost of housing in major urban centres has also caused many rural residents to be trapped in rural areas, unable to pursue (perhaps) more promising opportunities due to housing unaffordability issues elsewhere.

Statistics Canada measures housing affordability (indicating whether households can, using their available income, meet their basic shelter needs within the existing housing market) using the core housing need indicator. This measure identifies a family in core housing need when the... (H)ousehold falls below one of the standards of adequacy, suitability and affordability and, if in the local housing market, in order to pay the rent for alternative housing that meets the three housing standards, the household would have to spend 30 percent or more of its income (Rupnik et al., 2001, p. 4; emphasis added).

Research suggests that the populations most vulnerable to poor housing and/or homelessness include the ‘working poor’, unemployed individuals, single parents, seniors living on limited, fixed incomes, and women and children feeling violence (Slaunwhite, 2009). Many individuals and/or families may not be homeless but may be perpetually at-risk of homelessness; a term referring to “people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards” (Canadian Observatory on Homelessness, 2012, p. 1). One of the key issues people at-risk of homelessness face is housing affordability. Indeed, Bruce (2006) found that the problem of the cost of housing (affordability) both surpassed issues of housing dis/repair (adequacy) and crowding (suitability). The incomes earned by the ‘working poor’ and the provisions attached to social assistance are simply too low for people to meet their housing needs. Income changes, often resulting from a loss of employment, can precipitate homelessness (Burns, Bruce, & Marlin, 2003). It is here where the loss of jobs in manufacturing is keenly felt in rural communities that have traditional relied on this sector for work.
As noted, the literature on homelessness typically conceptualizes it as an urban phenomenon. The dearth of knowledge on rural homelessness further contributes to its invisibility. Homeless populations can vary significantly between rural areas, depending on the economic conditions, demographic shifts, and local dynamics of the region (Skott-Myhre, Raby, & Nikolaou, 2008). Skott-Myre et al. (2008) discuss rural youth homelessness in particular, reporting fewer community and informational resources, higher rates of unemployment, and limited housing prospects in rural areas that restrict young people’s ability to secure safe and affordable housing, increasing their risk of homelessness.

Rural areas have experienced significant challenges in ensuring residents access to adequate, affordable, and accessible housing (Forchuk et al., 2010b). Several factors have been provided to explain these challenges: limited rental housing construction, a focus on single-family detached dwellings, home ownership rather than accommodation rentals, and population decline (which may have discouraged government investment in affordable housing programs). Endeavouring to obtain affordable housing can take considerable time, with wait lists upwards of 5-6 years. During this waiting time, individuals and families may be forced to live in unhealthy or unsafe environments. At the same time, possible housing arrangements, such as rent-geared-to-income or living in group homes, may be less than desirable due to sub-standard conditions or their physical location in unsafe neighbourhoods (Forchuk et al., 2010b).

“Close-knit” rural and small town areas are known for their lack of privacy; residents are often well aware of their neighbours’ customs, habits, and problems (e.g., mental health and substance abuse issues, bouts of unemployment, debts and financial struggles, etc.). Individuals who engage in perceived ‘trouble-making’ behaviours (including lodging legitimate complaints) may be labelled a ‘problem’ — a person a prospective landlord may wish to avoid. Prejudice, racism, and the labelling of community members have been identified as key factors contributing to the hidden homelessness experienced in rural areas (Schiff et al., 2015).

Youth, single parents, the elderly, and families experiencing low income are particularly vulnerable to housing instability (Slaunwhite, 2009). Youth are a unique population, with
typically a different trajectory into homelessness than working-age or older adult cohorts. For youth, one of the triggers of homelessness is parental conflict, complicated by issues of divorce, abuse in the home, parental drug or alcohol use, and/or personal issues related to the youth i.e., drug or alcohol use, school truancy, stress related to unemployment or conflict in the home related to house rules (Skott-Myhre, Raby, & Nikolaou, 2008).

Kauppi, O’Grady, Schiff, Martin and the Ontario Municipal Social Services Association (2017) highlight the hidden homelessness that pervades the rural housing landscape in Ontario today. Although it is difficult to measure with any precision the full scope of the hidden homeless population (reflected in the invisible nature of the label), we know that there is a growing number of people living in temporary, provisional accommodations or in situations that are not sustainable. Similar to urban centres, causes for rural homelessness include poverty, mental illness and addictions, intimate partner violence, and the lack of affordable housing (Kauppi et al., 2017).

Service providers surveyed on their experiences of housing rural residents indicated that shared accommodation, temporary accommodation (e.g., living in motels), couch surfing, substandard housing, and overcrowding were common. Some rural community members are also unsheltered—living outdoors (e.g., sometimes in tents or RVs), in their cars or buildings not fit for human habitation (e.g., shacks, huts) or relying on survival sex as a means to acquire housing. Others reside in emergency shelters (e.g., fleeing intimate partner violence or in overnight shelters), are temporarily accommodated (e.g., living with friends) or are at-risk of homelessness (e.g., in unsuitable housing, overcrowded accommodations). Many people that could be considered part of the hidden homeless population would not define themselves as such, and as a result, are not likely to access the service system. The population also appears quite transient; in and out migration to and from rural areas to urban centres is a recurrent theme, particularly for people in the North seeking employment and/or services. In many cases, people move in and out or alternate between various housing arrangements (Kauppi et al., 2017) or between rural and urban settings; what others have called churning, circular mobility
(Distasio, Sylvestre, & Mulligan, 2005) or hypermobility (Bruce, 2006); a trend specifically identified among the Indigenous population (Disastio et al., 2005).

In the UK, Milbourne and Cloke (2006) list the groups most vulnerable to experiencing rural homelessness, including older adults, lone women with children, people with disabilities, members of LGBTQ2S communities, immigrants and refugees, Indigenous people, people accessing social assistance, the ‘working poor’, and people living in trailer parks or who have been deinstitutionalized. According to Statistics Canada (Rodrigue, 2016), the characteristics with the highest probabilities of having experienced hidden homelessness in Canada included self-identifying as an Indigenous person, having been victim to both physical and sexual abuse in childhood, reporting two or more disabilities, and having moved three or more times in the past five years (Rodrigue, 2016, p. 8).

Rural Indigenous Homelessness

Indigenous peoples are overrepresented among the homeless population in Canada. Most Indigenous individuals (54%) live in urban areas, and off-reserve communities continue to grow. Given limited employment opportunities on reserve, many are forced to migrate to the city in hopes of increased access to social, economic, and educational resources, even while their socio-economic standing and well-being remains lower than the rest of the urban population (Patrick, 2014).

Christensen (2012), in writing about the housing system in Inuvik and Yellowknife, acknowledges that relatively little attention has been paid to homelessness within Northern and rural settings. Yet, one cannot discuss Indigenous homelessness without recognizing the current and historical impacts of trauma and systemic discrimination adversely affecting Indigenous peoples. Patrick (2014) suggests that the urban/rural dichotomy may be less helpful for Indigenous populations given that several First Nation reserves are situated within urban
zones or resemble urban ghettos, and Indigenous populations may have roots in more than one place at any given time.

Although Indigenous peoples are largely over-represented in the homeless population in many places across Canada (well documented in urban centres and on reserves), the extent to which this applies in rural settings is not yet known (Langdon & Stewart, 2014; Schiff et al., 2015). Some literature draws attention to the mobility of Indigenous peoples, capturing the flow patterns of individuals between reserves and urban areas. In studies examining mobility patterns in Southern Alberta and the Northwest Territories, researchers report that some Indigenous people may move to urban centres to be closer to relatives, to escape family conflict, to make changes to their lives, or leave due to inadequate housing on their home reserve. Consequently, leaving crowded housing conditions on reserve or fleeing a violent partner may render some individuals homeless (Bellanger & Weasel Head, 2013). After moving to the city, often for better job prospects, social opportunities, improved education, and access to health and social services, some become stranded and/or incur difficulties finding affordable housing, which then renders them part of the urban homeless population (Schiff et al., 2015).

Migration back to the reserve is commonly about reconnecting with family or with one’s homeland and culture and/or escaping discrimination and other negative aspects of the city (Belanger & Weasel Head, 2013). Circular migration—from reserve to urban centres and back again—is common, and adversely affects an individual’s ability to secure adequate employment and housing (Schiff et al., 2015). Christenson (2012), writing about women in the Northwest Territories and Nunavut, found that family violence was the most common factor precipitating women’s homelessness. Women may also move to be closer to children who have relocated to urban centres because of a child apprehension. Children, as they grow up in foster care, may wish to (re)establish a connection with their biological parents, which may, as youth or adults, be a motivating factor for movement. As a result, the child welfare system plays a significant role in forging pathways to homelessness (Christenson, 2012).
Langdon and Stewart (2014) note that often service managers must deliver housing and homelessness programs to large geographic regions in Ontario, including rural, remote, and urban populations combined, without consideration for the complexities of transience and migration associated with living in the North. In 2013, service managers in Ontario, mandated to create Ten Year Housing and Homelessness plans, sought to identify and address local housing and homelessness needs. A consistent theme presented was the desire to move to a Housing First approach (a recovery-oriented approach centering on rapidly moving people experiencing homelessness into permanent housing, with the provision of supports as needed; Homeless Hub, n.d.) to tackle homelessness in rural and remote areas.

Training and Education

Little research exists on the training and education of rural residents in Ontario, apart from the sizeable literature on strategies to attract young people for rural medical practice. What we do know suggests that the educational levels of individuals in rural areas are generally lower than those of urban dwellers (Forchuk et al., 2010b).

Boylan and Bandy (1994) suggest that a multi-pronged strategy be employed to recruit, train, and retain professionals in rural communities, including having federal and provincial governments explore special training programs and incentives for would-be rural teachers, physicians, and other professionals; the introduction of mentorship programs among rural professionals to overcome feelings of isolation, while developing individuals’ professional competence; the initiation of pre-service programs that offer a specific rural focus; and the promotion of distance education technology in rural sites that would allow residents to acquire necessary training and education while remaining rooted in their rural communities (Boylan & Bandy, 1994).
Community Hubs

Community hubs—defined as “a conveniently located place that is recognised and valued as a gathering place for people, their activities and events” (Graves, 2011, p. 9)—act as an anchor for rural communities, and can be located in any public setting, including libraries, community centres, schools, and recreation facilities. An effective community hub responds to the social, economic, cultural, and environmental opportunities and constraints of the specific community in which it resides (Graves, 2011). A community hub thus acts as a central access point (whether in a physical building or through a digital service) to offer services in collaboration with other service providers and community agencies to better meet the needs of residents and their communities, at the same time reducing administrative duplication (Government of Ontario, 2017b).

In responding to (both rural and urban) Ontarians, and recommendations from the Community Hubs Framework Advisory Group, the Government of Ontario has worked to expand community hubs, and their reach across the province. A website is available (see CommunityHubsOntario.ca) to provide resources to help further the development and operation of sustainable community hubs, as well as a ‘community mapper’ tool designed to show existing hubs (see Government of Ontario, 2017b). The Surplus Property Transition Initiative was also launched to reserve surplus publicly owned properties (e.g., schools, hospitals) for the purposes of community hub development (Government of Ontario, 2017c).
WHAT WE HEARD: THEMES FROM THE RURAL POVERTY CONSULTATIONS

Over the fall and winter of 2017, Ted McMeekin, Parliamentary Assistant to the Premier, and the Advisory Committee on Rural Poverty met with individuals from six rural and remote communities in Ontario. The following section, What We Heard: Themes from the Rural Poverty Consultations, documents the key themes that emerged during our conversations with people with first voice (lived experience) of poverty, front-line social service providers, and health and social care administrators in various communities across the province.

Demographic Change

Many rural communities have experienced significant demographic change over the past decade. Some have seen a significant decline in their youth, and a concomitant rise in their elderly populations, although many have not experienced the same influx of immigrants as observed in many urban centres. The communities that have welcomed newcomer groups have struggled to provide them with adequate services and programming (e.g., English as a Second Language training). Participants discussed the tremendous strain their communities are under in endeavouring to generate and redistribute robust economic incomes and wealth, while also appropriately responding to people with diverse needs. A few participants described many of their communities as being increasingly more polarized, divided into high and low-income earners (one participant compared their community to a “Tale of Two Cities”).

Changing Poverty Mindsets

Endeavouring to debunk the denigrating discourses and myths surrounding people in poverty or on social assistance remains a challenge, in rural and urban communities alike. The
stereotypes (e.g., ‘why don’t you get a just get a job?’) prevail in many rural and remote communities and must be countered with greater awareness and public education. Interestingly, as one participant noted, the clear majority of people identify as “middle class”, and thus do not consider themselves to be living in poverty, despite having an income far below (any of the three official) low-income thresholds. The stigma surrounding poverty is so great that people do not wish to be considered “poor”, and as a result, do not seek help when they are struggling financially.

While some work has been dedicated to tackling child poverty (i.e., income security programs to bolster the incomes of families, e.g., the Ontario Child Benefit, the extension of full-day Kindergarten, and dental and pharmacare for children and youth), other groups may have been neglected (e.g., lone adults). Poverty affects groups of people differently. For example, the feminization of poverty is often evident in rural communities, commonly tied to women’s (under)employment in seasonal, contract, and part-time work. Yet, the age-old line remains drawn between those believed to be ‘deserving’ of assistance (children, older adults) and those deemed ‘undeserving’ (working-age adults). As a few participants remarked, the focus on child poverty (the ‘deserving poor’), while necessary to ensure the health and well-being of future generations, should not necessitate the negation of other populations; parents must be healthy to raise healthy children. No one chooses to live in poverty.

The persistence of intergenerational poverty was also raised by several participants. Children living in families where poverty is a constant struggle may continue to experience the same plight later as adults, largely because of having similar life chances, employment/educational opportunities, and social supports (i.e., human and social capital) as their parents. Participants recognized the importance of having children feel well supported in their early life to break the cycle, including supporting parents beleaguered by the perpetual stress of poverty, and the adverse toll it takes on their mental and physical health and well-being.
The Shame and Isolation of Poverty

A sense of shame accompanies poverty. As a result, there is often a strong reluctance for people to admit they are living in poverty; they do not want their friends and neighbours to know they are experiencing financial hardship. When people hide their circumstances, people in the community are unaware of their plight and support is not always forthcoming. The isolation that may exist in a rural community is compounded when the individual or family has limited financial resources, and suffers alone. Many participants discussed the isolation that exists in their community, particularly for those living in remote areas or with low incomes, and the paucity of information on the prevalence of need in their region.

Access to Justice and Legal Services

Geography ought not be a barrier to ensuring equitable access to justice and quality legal services. Yet, given the dearth of such services in rural and remote areas in Ontario, meeting the legal needs of rural residents requires creative approaches. Legal services consist of a broad spectrum of strategies including outreach and referrals for service, legal advice and representation, systemic advocacy, legal literacy support, community development and capacity-building, and advances in law reform. Legal service providers make continual efforts to ascertain and understand the unique legal needs of rural residents, while also examining the suitability of legal service delivery approaches (including for people living in institutions, such as prisons), and whether policies, regulations, and laws have discriminatory impacts on rural inhabitants. Place-based solutions are necessary to respond to the needs identified, employing holistic, preventative, early intervention, and responsive approaches (legal service provider, personal communication, 2018).

Given the challenges associated with accessing Legal Aid Ontario (LAO) in rural communities, the development of collaborative approaches with other LAO service providers and local trusted intermediaries to provide seamless legal services delivery should be a priority. Forging
partnerships with trusted intermediaries to build on the strengths of rural communities are deemed to be an essential component of this work. The cost to rural residents accessing clinic legal services must be considered an equity issue, and minimized in all ways reasonably possible through ensuring multiple points of access, such as satellite locations, remote access to clinic staff using accessible information and communications technology, and partnerships with local trusted intermediaries. Yet, as a few participants commented, rural residents should not be directed to technologically supported solutions alone. If the multiple points of access described are not appropriate or available, monetary subsidies for travel should be made extended to rural residents. Metrics are essential in demonstrating if and how rural equity principles are being met. LAO-funded service providers should collect and maintain client data (including place of residence) to help evaluate the availability and quality of LAO-funded services in order to ensure that rural clients receive comparable levels of support as their non-rural counterparts (legal service provider, personal communication, 2018).

Transportation

The issue of poor transportation networks in rural and remote areas was raised repeatedly in each and every rural poverty consultation we engaged in. The ability to get to and from work, appointments, and social activities in rural and remote communities is vital. Yet, in many rural and remote communities, personal vehicle appears the only viable means of transport; cars and trucks, however, can be expensive to not only purchase but to insure and run. Taxi systems in rural areas also tend to be “very poor to non-existent” in some parts. The public transit that is available in many rural communities tends to be unpredictable, infrequent, and/or does not serve large expanses of the rural geography.

Many participants felt that existing resources could be employed more effectively (e.g., school buses during off-school hours, carpooling services) to create a robust rural network of transit delivery service. One participant suggested that a system comparable to the Disabled and Aged
Regional Transportation System (DARTS; e.g., in Hamilton, Ontario) be implemented in rural and remote communities. DART services bring individuals from their place of residence to their destination with an advance reservation. The system allows riders heading in the same general direction to share transportation. Additional funds for gas cards was also raised as a possible avenue to assist people commuting via personal vehicle.

Program and Services Access and Funding

Some people in rural communities do not access the services they require because many of these remain hidden in the rural landscape, invisible to the public eye. Sometimes there is an effort to hide the amount of poverty existing in a community; the appearance of financial hardship may be perceived to tarnish a community’s image, and by extension, its local economy. Despite the invisibility of services, the demand for these continues to rise. One participant noted how difficult it is for persons struggling with addictions to get help; many must move great distances away from their communities (and potentially the supports they have in them) to receive treatment. In one rural community we visited, the wait time to see the local psychiatrist was about 6-8 months long; far too long for someone requiring immediate assistance and support. Moreover, some rural addictions services that were discussed required sobriety as a condition of treatment, thereby denying service to people currently struggling with addictions.

Participants noted that many of the solutions proposed to expand programs and services have been derived through an urban lens, and may not be readily applicable to the rural context. Again, transportation is a barrier, as some individuals/families do not have access to a vehicle, and accessing services can be an immensely daunting task using (limited) rural public transportation systems. One participant described a community outreach program that aims to generate awareness among low-income families about their services by bringing these directly to the neighbourhoods in which the families reside. In this way, service providers meaningfully
engage with participants on site, through physical, social, and recreational activities such as swimming, skating, etc.

Some participants noted that rural social service providers can often be overwhelmed by the number of grants, the complexity of the grant applications, and the necessary reporting mechanisms attached to securing funding for their respective programs and services. Participants also noted the difficulty in tracking and sharing data relevant to program and service delivery. Often, service agencies, many overwhelmed by immense caseloads, are denied provincial funding (or other funding pots) because they lack the time and/or capacity to effectively collect, analyze, and report data and statistics, or they do not have the requisite contacts with researchers from academic institutions to partner with them in their bid for funding. Some participants decried the fact that they must devote significant amounts of time reporting on the good work they are doing that they have less time to spend with their clients. Others lamented the fact that the provincial funding formula appears to favour densely populated urban areas, and denies more sparsely populated regions access to funding dollars that could tremendously help rural and remote inhabitants.

As noted, some participants stressed that existing program and service funding frameworks appear to privilege urban vis-à-vis rural populations. Rather than duplicating services, rural communities require a seamless, coordinated approach; the need for agencies to work together as a network is thus imperative. Core funding is vastly preferred over single or one-time projects and/or pilots. Participants also discussed the turf wars that appear to exist between the various government ministries, and the need for social service agencies to compete against each other (e.g., in vying for funding or providing services), rather than encouraging them to work together to meet rural residents’ needs. Participants stressed that greater coordination and integration across government services is critical, as is the freedom to collaborate with other social service providers. Replacing the current approach that pits social service agencies against each other, a new emphasis should be fostered that tangibly rewards cooperative work. Participants felt that the government should work to break down existing silos and opaque
bureaucratic systems, and promote seamless coordination and integration across services and sectors. Specifically, greater horizontal integration is necessary. Opportunities for information sharing and the dissemination of best practices would also be helpful.

Pay Day Loan Industry

Although the Government of Ontario has made significant changes to the pay day loan industry over time (i.e., regulations pertaining to fees, loosening of terms), several participants drew attention to this industry as (continuing to be) problematic for people living with low income. One participant claimed pay day lenders are “so bad for our community”, and that the Ontario Government should endeavour to “bring back small bridge loans and better banking”. People wishing to launch or sustain an entrepreneurial enterprise should have access to small micro-loans that offer reasonable repayment schedules and relatively low fees and interest rates.

One participant we talked to shared how a relatively small issue can snowball into seemingly insurmountable problems when one has no financial resources on which to draw. In her case, she had a disability and had, for a few years, been managing to scrape by on her ODSP benefits. Just a few weeks before our meeting, the furnace in her trailer broke down. It was an older unit and needed to be replaced so she called for someone from a furnace company to come and appraise it. Sadly, the quote she received for a new unit was more money than what she had paid for her entire home, her small trailer. She was able to obtain a small loan, however, the interest rates on it were so high that she is now weighed down with considerable debt. The chronic stress and anxiety she is experiencing, worrying about the escalating debt load she cannot afford to repay, is taking a toll on her health, exacerbating her pre-existing health condition.
Community and Health Hubs

“We need a hub, but what we are missing are the spokes” – Rural Poverty Participant

Participants discussed the need for more funding to be able to effectively engage in community development initiatives. Common access points or hubs for connection are necessary. Dedicated spaces to engage in community development, deliver programs (e.g., host a mobile health or mental health team), hold training programs, and host community events are required. Secondary schools were proposed as possible sites for community connection, given their size and accessibility relative to schools in the elementary school system. Libraries or postal offices could, depending on the community, be potential sites as well. One participant suggested having a de-centralized service, a mobile unit that goes out (provides outreach) into multiple communities, rather than having community members come to it.

Education, Literacy and Training

Many rural communities are losing their young people to larger urban cities, often in search of education, employment, and/or a sense of deeper connection. Many participants felt that creative approaches and formats to provide education for rural students would be helpful, including electronic communication that links students across cultures and geographic spaces. Public television networks (e.g., TVO) could be a useful conduit in this regard. One participant suggested building a school that delivers its content over the air (e.g., Alice Springs School of the Air, Australia, which links roughly 200 children across a vast geography together using electronic communication).

Participants emphasized the need for greater access to skills training (e.g., managing budgets, searching for jobs, critically reviewing newspaper articles, using technological devices) and literacy skills for some rural inhabitants. These services should be linked and integrated within employment training programs. Yet at the same time, some participants claimed that many parents of young people in rural areas are (regrettably) not encouraging them to pursue self-employment opportunities or to work in the trades. A greater focus on the provision of career
advice, guidance counselling (i.e., in schools), and mentorship programs was also recommended by several participants to assist young people in pursuing the requisite training and education that will generate employment opportunities for them in adulthood. One participant discussed the difficulties she experienced endeavouring to enter a male-dominated profession in small town Ontario. She felt there was considerable sexism in her rural area, as women were not actively encouraged to enter certain trades; these positions appeared to be reserved for males only. Although she had put herself through college to obtain the skills in her profession of choice, and excelled in her program, she could not find employment after graduating. Repeatedly she was denied jobs for which she was clearly qualified. She shared how her small town “lets people get away with” sexist attitudes and behaviours, which in her case, amounted to gender discrimination. When asked why she had not pursued the issue through legal counsel, she advised the group that being labelled a “troublemaker” in her small town was too risky, with far too many repercussions (e.g., loss of future employment, difficulties securing rental accommodations from landlords, etc.). As a result, businesses engaging in sexist and discriminatory actions are not held to account, and women continue to be excluded from countless employment opportunities.

Connectivity

Technological connectivity is becoming increasingly more important in the present knowledge economy; changing from a preferred ‘want’ to a fundamental ‘need’. Internet availability expands employment growth, social, and community connection, and access to valuable information. Many participants stated that their rural community does not have wide access to high-speed Wi-Fi services. Although some rural communities have designated the local library as a space for Internet connection, libraries can sometimes be difficult to get to or have limited computer stations to meet the needs of the community.
Un/Employment

A few decades ago, many rural areas typically reflected a sole primary industry economy (e.g., mining, forestry) or vast expanses of farmland, with a uniform focus on crops and food production; a few participants shared how they continue to feel connected to their “proud rural roots”. While some participants felt that farmers today are worried about the rapid technological change that has transformed their livelihoods, others felt that the expansion of broadband Internet, and the promotion of natural gas, are key to expanding the agricultural sector in the future.

Some rural communities rely on tourism as their primary economic industry, which can often be seasonal, resulting in an influx of revenue during peak seasons and scarcity in low visitor spells. Although tourism provides jobs, these tend to be part-time, contractual or seasonal, which are, ultimately, precarious. In rural communities with or without a focus on tourism, it is quite common for people to work two to three jobs to try and make ends meet. Economic growth may be evident in some rural communities, but typically, the gains of this growth are not shared equally across the populace. Some participants noted a disconnect between the jobs available and the skills and education of rural workers in their region. A few suggested that the recommendations outlined in the Changing Workplaces Review, initiated by the Government of Ontario’s Ministry of Labour, be implemented in full.

One participant suggested the government invest more in social enterprise; businesses that might bolster local economies while also fostering a myriad of social benefits. Another participant recommended the creation of a website that could be used to advertise local jobs, and the employment or training supports available in the local community.
Social Assistance

Some participants believed that the number of people in their rural area requiring social assistance (OW and ODSP) is growing. A few commented that efforts must continue to educate people that the social assistance rate is directly linked to the lack of employment in a region. If there are fewer jobs in an area, more people will invariably need social assistance. Service providers must also be aware of the barriers to employment that some people face e.g., transportation difficulties getting to a job, limited childcare options, or finding adequate childcare that accommodates non-standard work hours, etc.

The Provincial Wage Enhancement Grant was deemed to be a helpful approach (i.e., a program offered by the Government of Ontario to increase the wages of child care workers). Participants inquired if this program could be expanded and continue into the future.

Several participants discussed the impact that the introduction of the Social Assistance Management System (SAMS) had in their communities. The SAMS incurred a number of administrative errors, particularly at the beginning of its launch, which had profound impacts on people accessing OW and ODSP (in both urban and rural communities alike). Some people on social assistance were overpaid (they received multiple cheques during the month and were later expected to repay the funds, often after they had spent the money on basic necessities), while others received blank cheques or had to scramble given their cheques were late. Participants felt that any outstanding debt incurred from the SAMS debacle should be forgiven; people on social assistance live in deep poverty and should not have administrative errors held against them.
Food In/security

Participants emphasized how difficult it is for people living with low incomes to pay for basic necessities, such as rent, hydro, and food; often people have to make impossible choices about which to forego—sadly, food typically tops the list. As a result, some participants suggested implementing a basic income as a way to better provide for people’s needs; not after the Ontario Basic Income Pilot Project is complete, but now, while people suffer. Several participants drew attention to the Mincome experiment in Manitoba, and the positive outcomes associated with this pilot project (e.g., the 8.5% reduction in hospitalizations over four years; reductions in stress and violence against women, etc.).

A system of charity to provide for people’s needs is limited and unpredictable. Several participants described how the charities in their region were hard-pressed to respond to rural residents in financial hardship, and continually under immense strain to meet the growing demand. Although some communities are seeing their employment rate rise overall, the same communities are also witnessing more and more people accessing the food bank; people are simply not making enough money to get by. Some participants recommended that living wage campaigns be expanded, recognizing the need for adequate wages that are reflective of the cost of living within each community.

Housing

The cost of rent in rural areas can be tremendously high, even while the cost of home ownership can be lower than in many urban centres. Wait lists for subsidized housing in rural areas continue to grow, and many are diverted into less than ideal housing circumstances as a result. The approach of a portable rent housing benefit was widely supported by participants. A few suggested more exploration surrounding other housing approaches, including the ‘tiny house’ model or the idea of housing pods, which may benefit people interested in shared living arrangements.
The need for affordable housing was emphasized time and again by participants. Too many families must move repeatedly in search of more reasonably priced housing options, disrupting family members’ access to employment, education, and support networks. Many young people are leaving their rural communities because they cannot find affordable rental housing, and do not have the finances to obtain a mortgage. Consequently, many participants expressed a desire for governments to better support capital investments aimed at housing builders promoting affordable housing development. Spending projects on retirement homes was also recommended.

Several participants raised the notion of Housing First as a necessary approach to remedy the problem of homelessness in rural and remote communities (Note: The principle underlying Housing First is that people do not need to be ‘housing ready’ to be housed, but rather “that people are better able to move forward with their lives if they are first housed”; Homeless Hub, n.d.). Government funding dedicated to Housing First projects in rural and remote areas in Ontario was strongly recommended.

Physical and Mental Health

One participant aptly pointed out that “there is a direct link between poverty and health”. Greater focus needs to be dedicated to improving the living conditions of people to ensure health equity. Some rural communities have mobile health units, however, the funding necessary to purchase and run mobile vehicles and staff mobile teams is not always forthcoming. One participant suggested that we need a better “understanding of the connection points” – like a pharmacy. People often feel comfortable talking to their local pharmacist; featuring rural pharmacists as an additional source of health information is a possible approach to promote health (particularly preventative health measures) in rural and remote communities. At the same time, participants discussed the difficulties associated with attracting health care professionals to their communities, and the continued need for creative
strategies to draw and retain health and social care professionals in rural and remote areas across the province.

Front-line health care providers are witnesses to the chronic poverty existing in many rural communities, and the repeat hospitalizations and health care service visits associated with it. In response, one participant posed the question, “Imagine the difference a (full) pharmacare program could make?” Moreover, several participants raised the provision of adequate mental health services as a specific challenge for many rural communities. Indeed, many participants acknowledged the difficulties they are experiencing in responding to the mental health “crisis” being witnessed in their community, particularly related to stress, anger management, and addictions in their communities; all of which are produced or exacerbated by living in a perpetual state of impoverishment. Having access to greater counselling supports, particularly trauma-informed services, is critical.

Energy

Participants discussed the need to lower the cost of hydro and utilities immediately; many people living in poverty in rural and remote communities have experienced having their electricity cut off as they simply cannot afford to pay these bills. Some participants also suggested placing greater economic investment into natural gas.

Municipalities

Recognizing the importance of the district or municipality, one participant recommended that the local governing body be the broker between those searching for employment and businesses seeking to hire; the municipality could foster these linkages (matching the skill sets, of workers and the needs of local industries), and consequently, promote greater economic
development. An online job board could be created to advertise employment opportunities in the region (e.g., a provincial website that is broken down by area).

Rural communities often struggle structurally with the financing of social programs and services. With a smaller tax base from which to draw, municipal services that are available are typically under-funded and resourced. A number of participants commented that municipalities should be given the ability to engage in their own locally-driven initiatives, revenue collection, and operating procedures, guided perhaps by provincial guidelines but not administered or controlled by the province. In this way, municipalities would have greater flexibility in the way they deliver programs and services, allowing rural areas the ability to generate tailored solutions that respond to their unique community contexts. Having the province embrace the customized entrepreneurial spirit of local initiatives is encouraged.
RECOMMENDATIONS

Provide a Basic Income for All Ontarians, Especially Working-age Adults

Significant evidence now documents the positive health and social benefits associated with the provision of direct transfer payments to citizens (Smith-Carrier & Green, 2017). As demonstrated in the Mincome project in Dauphin, Manitoba, the provision of a basic income (through a negative income tax program) had significant positive effects, including a reduction in hospitalizations of 8.5% in only four years (Forget, 2011). A basic income could help reduce the financial stress of those living in poverty, buffering individuals from unforeseen economic shocks and health crises. The implementation of a basic income for all eligible Ontario residents could improve the health of low-income Ontarians, and reduce the economic burden of poverty-related illnesses (McIntyre, Kwok, Emery, & Dutton, 2016).

Changes to the existing tax structure, enabled in partnership with the federal and provincial government, could be made to provide a basic income for individuals, particularly for people in their prime working age. While a basic income is increasingly being provided through the tax system to aggressively tackle child poverty (primarily through the Canada Child Benefit and the Ontario Child Benefit), and to reduce poverty for the elderly through a variety of pension-related programs, the working-age population remains excluded from current basic income-related arrangements (Smith-Carrier & Green, 2017).

- In rural and remote communities where employment may be low or fluctuating, the assurance of a guaranteed minimum income floor for all, especially working-age adults, would not only ensure real advances in poverty reduction (and likely considerable systems cost savings), but would also provide residents the security and peace of mind
that their basic needs will be met, reducing their stress and improving their overall mental and physical well-being.

Enlarge Transportation Networks in Rural and Remote Settings

- While governments continue to work on expanding transportation networks (e.g., light-rail) and transit and trade corridors, organizations/agencies in rural communities could explore options that might better integrate their services, including the use of existing resources (e.g., a hospital van or community bus) for local resident transport. Exploring existing synergies and coordination efforts across sectors (i.e., health, social care, housing, education, etc.) could prove advantageous.

Encourage Job Creation in Rural and Small Town Areas

- It would be beneficial for governments to consider funding allocations that would expand rural infrastructure and transportation networks, and in so doing, stimulate growth in rural economies.

Expand Access to Mobile Medical and Mental Health Services

- Mobile services have been recommended as a means to circumvent the problems associated with obtaining health and mental health services in rural settings, responding specifically to the lack of adequate transportation systems (Forchuk et al., 2010a).
Build Community Hubs and Networks

- The Government of Ontario has already allocated funds for the development of specific community hubs in Ontario. These efforts could be expanded to other communities.

Develop a Research Network to Examine Rural Trends in Ontario

- Given the dearth of data and research on rural and small town areas, evidence-informed policy responses would be enhanced through the creation of a research network that would develop an active research and knowledge mobilization agenda to captures themes across rural and remote areas in the province, broadening the community-specific perspective currently provided (Schiff et al., 2015).

Address Housing and Homelessness Issues in Rural, Remote, and Small Town Areas

- The Government of Ontario should consider policy options that create greater housing options in rural communities (i.e., affordable housing, transitional housing units, shelter beds, housing supports, and working with/regulating landlords, etc.).
- Efforts to promote greater coordination and collaboration between service providers.
- Flexible funding to allow rural areas to tailor resources to the area’s particular needs.
- More effectively address the racism and discrimination experienced by residents receiving social assistance benefits (contrary to the Ontario Human Rights Code) endeavouring to acquire housing (Kauppi et al., 2017, p. 120).
• Like the federal government, take a human rights-based approach to housing. Work in partnership with the Government of Canada, particularly its new National Housing Strategy, a $40 billion, 10-year plan to tackle homelessness (Government of Canada, 2017a), to ensure rural and remote communities are appropriately supported and have their core housing needs met.

• Housing First is a now well-established housing and support intervention to remedy homelessness, particularly for those with mental illness (O’Campo et al., 2016). Limited research documents positive outcomes using the approach in rural areas (i.e., in Vermont, see Stefancic et al., 2013), gained through the deployment of community treatment-intensive case management teams and regional multidisciplinary specialists, the use of technology, and a pilot telehealth initiative. Efforts should be made to expand the Housing First approach across rural and remote communities in Ontario.

Innovation in Education and Training

• The Government of Ontario can provide additional funding to support the delivery of various online, distance, and modular education curricula through existing post-secondary education universities, colleges, and recognized training institutions.

Increased Efforts to Address Conditions in Indigenous Communities

• Increased funding is needed immediately for rural and remote Northern communities to address the poor housing conditions, and educational and health funding disparities.
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