The Real Cost of City Cuts: A Health Equity Impact Assessment

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The Wellesley Institute advances urban health through rigorous research, pragmatic policy solutions, social innovation, and community action. The Wellesley Institute's strategic focus is Health Equity, and we work in diverse collaborations and partnerships for social innovation, progressive social change, policy alternatives, and solutions to pressing issues of urban health and health equity.

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Executive Summary

In the City of Toronto's drive to address the budget deficit, a number of proposals for service cuts have been brought forward. Unfortunately, many of the proposed service cuts have health implications that would disproportionately affect vulnerable populations in Toronto.

An enormous body of research demonstrates that adequate housing, income, child care, social safety nets, living environments, and other social conditions and opportunities are crucial determinants of the overall health of a population. Low incomes, precarious jobs, poverty, unaffordable housing and homelessness, social exclusion, and other forms of disparity underlie pervasive inequities in life expectancy, infant mortality, chronic conditions, and other poor health outcomes.

Policy development can be complex and unintended adverse consequences can easily result. The Wellesley Health Equity Lens is an evidence-based tool designed to help policy makers to assess the impact of proposed policy and program changes on population health and health inequities. The Lens is a high-level Health Equity Impact Assessment that:

- Analyzes whether a proposed policy or program change could have a different or inequitable impact on health within the community;
- Identifies what groups or neighbourhoods would be adversely and inequitably affected, and how; and
- Sets out what can be done to mitigate and avoid these adverse and inequitable effects on population health.

We applied this analytical tool to three key policy and program changes proposed by the city: reducing child care funding and subsidies, eliminating the Hardship Fund, and limiting the development of affordable housing to completing only what has already been approved and funded.

Child Care: The importance of child care and early child development to individual and population level health is well-known, but in Toronto access to child care is currently worse in neighbourhoods with the highest child poverty. If proposed changes make access to child care less accessible, especially to low income families who cannot afford private care, then this will have a negative and inequitable impact on the health of already disadvantaged groups.

Hardship Fund: The Hardship Fund provides emergency short-term support for people with low or precarious incomes and is a vital safety net for the large numbers of working poor in Toronto. Eliminating the program will have an adverse impact on recent immigrants, racialized populations and others in precarious and lower paid jobs. Increasing economic insecurity and poorer living conditions for these groups will increase their already greater risk of poor health.

Affordable Housing: Decent and affordable housing is a crucial determinant of health. Reducing programs to develop affordable housing will adversely affect people with disabilities, racialized populations and others who cannot afford market rents and cannot get past long waiting lists for subsidized housing.

Already in Toronto life expectancy is 4.5 years less for men living in the poorest neighbourhoods versus those from the richer areas, and 2 years for women. Because the proposed reductions in child care, medical support, and affordable housing will have a disproportionate impact on already vulnerable groups, they will make these health inequities worse. If the city pursues the proposed cuts, the current and future health of many vulnerable Torontonians will be compromised, and Toronto will become a more unequal city.

However, these negative and inequitable outcomes can be avoided, as set out in our full analysis. If the City plans to reduce expenses by cutting programs and services, it cannot be done at the expense of the most vulnerable. Applying Health Equity Impact Assessments to budget decisions will provide a window for elected officials, city staff, and Torontonians to see the inequitable effects of the proposed cuts and to build equity into budget decisions.

The Real Cost of City Cuts: A Health Equity Impact Assessment

In the City of Toronto's drive to address the budget deficit, KPMG and the City Manager identified a number of proposals for service cuts. Many of these service cuts have health implications that would disproportionately affect vulnerable populations in Toronto.

Health inequities are differences in health outcomes that are avoidable, unfair, and systematically related to social inequality and disadvantage. This means that with the right policies and priorities, built into a comprehensive strategy, health inequities can be eliminated.

In our deputations to the Executive Committee, we argued that a health equity lens should be applied to all budgetary decisions.[1] Health Equity Impact Assessment (HEIA) is a tool used to analyze a new program or policy's potential impact on health disparities and/or on health disadvantaged populations. A HEIA should be applied to all policy decisions to determine whether the proposal could have an inequitable impact on some groups, and, if so, which groups would be disproportionately affected. The tool then facilitates policy-makers and planners to make changes to the planned policy to mitigate adverse effects on the most vulnerable and to enhance equity objectives. Finally, the HEIA tool assists in setting targets and measurements to determine the policy's success.[2]

This document provides a high-level HEIA assessment of three Budget decisions that will have negative health impacts for vulnerable populations: reducing child care funding and subsidies, the elimination of the Hardship Fund, and limiting the development of affordable housing to completing only what has already been approved and funded. Our model — the Wellesley Health Equity Lens for Policy Makers — is attached as an appendix.

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1 The Wellesley Institute's deputations to the Executive Committee are available at http://www.wellesleyinstitute.com/download/550 and http://www.wellesleyinstitute.com/wp-content/uploads/Wellesley-Institute-Deputation-Sept-19.pdf.

2 See Rebecca Haber, *Health Equity Impact Assessment: A Primer*, (Toronto: The Wellesley Institute, 2010) for a summary of HEIA. The Wellesley Institute has a range of Health Equity Impact Assessment tools and resources, which are available at http://www.wellesleyinstitute.com/policy-fields/healthcare-reform/roadmap-for-health-equity/heath-equity-impact-assessment/. The Ontario government has developed a HEIA tool: http://www.torontocentrallhin.on.ca/Page.aspx?id=2936.

Child Care

On September 19, 2011, the Executive Committee requested that the City Manager report to Standing Committees, and Council as required regarding:
Child Care: Review child care funding and subsidies to reduce the funding and subsidies

BACKGROUND

Toronto's Children's Charter states that "all Toronto children shall be entitled, if their parents so choose, to participate in high quality child care/early education programs designed to meet the best interests of the child."[3]

As of October 2011, there were over 20,000 children on the City of Toronto's waitlist for child care subsidies.[4] Lone-parent families use 78 percent of subsidised spaces, and 29 percent are used by children of people on Ontario Works. In 2005, the average cost of a child care space in Toronto was $32.48 per hour.[5] City subsidies are calculated on a sliding scale based on parental income: no direct contribution is required for the first $20,000, while parents must pay 20 percent of the cost for every dollar they earn between $20,000-$40,000 and 30 percent of the cost for every dollar over $40,000.

HOW WILL THE PLANNED POLICY, BUDGET DECISION, PROGRAM OR INITIATIVE AFFECT DIFFERENT PEOPLE OR COMMUNITIES?

High-quality child care is a strong determinant of school-readiness and of overall child development. Reducing the number of subsidized child care spaces will result in some parents not being able to afford to put their children in child care, thereby reducing school-readiness amongst children in vulnerable communities.

For low income parents, predominantly women, access to child care is a major factor in their ability to enter the workforce or training. Without affordable child care that is available when and where it is needed, it is extremely difficult for parents to participate in paid employment, especially for work outside of standard business hours that is common in the low-skill jobs mostly available to less educated people with low incomes. Child care can be a critical enabler to employment opportunities; conversely, inequitable access can reinforce precarious and vulnerable labour market status.

City of Toronto data show that access to child care subsidies is lowest in many areas of the city where rates of child poverty are the *highest*.[6] This indicates that current subsidies are not reaching those most in need. Any reductions in fee subsidies are likely to further increase social inequities and reduce vulnerable children's opportunities.

WHICH HEALTH DISADVANTAGED COMMUNITIES OR POPULATIONS MIGHT BE AFFECTED BY THIS INITIATIVE?

Reducing child care subsidies will primarily affect four groups: people in low wage jobs, people on social assistance, women, and recent immigrants.

Subsidized child care allows people working in low wage jobs to remain in the workforce and people receiving social assistance to seek employment and training options. The cost of child care means that many people with low incomes simply cannot afford to work if they do not have access to subsidized child care. Reducing spaces may result in low paid employees exiting the workforce and having to rely on social assistance or other supports.

For parents on social assistance, subsidized child care is essential to be able to enter the work-

3 City of Toronto, http://www.toronto.ca/children/pdf/charter.pdf.
4 City of Toronto, http://www.toronto.ca/children/dmc/wait.pdf.
5 City of Toronto, http://www.toronto.ca/children/pdf/splan05.pdf.
6 City of Toronto, http://www.toronto.ca/reportcardonchildren/gmap_childcare_equity.htm.

force or training. Searching for work requires people to review job postings (and for people on social assistance, this is often done at a public library or employment centre), drop off resumes, and attend interviews. These are extremely difficult without access to child care. Likewise, people on social assistance may find it difficult to undertake essential tasks, like attending medical appointments, if they have to take their children along with them.

Within the domestic sphere, child care is predominately the responsibility of women. This means that without adequate affordable child care, women are less likely to participate in the labour market. Seventy-eight percent of subsidized child care spaces are used by sole-parent families — most of these families are women-led. Therefore a reduction in subsidies will disproportionately push women out of the workforce and will make finding employment more difficult for them. This impact would be sexist.

Recent immigrants will likely be disproportionately affected by reductions in child care funding. Recent immigrants are overrepresented in low wage jobs. Reducing subsidized child care spaces may increase unemployment amongst this group. A failure to successfully enter the workforce after arriving in Canada may impair immigrants' ability to achieve long-term employment in well-paying jobs. Evidence exists that when immigrants arrive in Canada their health is better than people born in Canada. However, this advantage erodes over time as a result of social and employment inequities. Removing services, like child care, that assist recent immigrants to find work can have long-term negative health impacts.

HOW CAN YOU INVOLVE THE PEOPLE AFFECTED OR WHO THE PROGRAM SERVES IN PLANNING AND DESIGNING THE INITIATIVE?

A large number of individuals and agencies that serve vulnerable communities made deputations to the Executive Committee meetings on July 28, 2011 and September 19, 2011 that focused on the need for subsidized child care to be maintained and, possibly, extended. This demonstrates that people who rely on subsidized child care and other community members have serious concerns about a possible reduction or elimination of this service. City staff should undertake a consultation with users of subsidized child care services and other relevant stakeholders before any reductions are implemented to evaluate whether needs are currently being met.

Affected communities should be surveyed to determine their satisfaction with level of access and quality of child care.

HOW CAN YOU MAXIMIZE THE POSITIVE EQUITY IMPACTS OF THIS INITIATIVE?

High-quality child care has positive effect on school-readiness, and subsidized child care spaces give children from vulnerable populations greater opportunities to succeed in school. The importance of child care as an enabler for future success should be considered in any changes to child care services.

It is positive that access and equity targets exist within the city's child care planning, although being limited only to age and geography limits their effectiveness. To build upon the existing foundation, equity principles should be applied to a broader range of considerations in child care policy. Specific equity targets should be set and monitored for groups that are already disadvantaged within the current system (such as low income people, people on social assistance, recent immigrants, and women). For example, the city could set a target 20 percent of subsidized child care spaces should be made available to people on incomes of $30,000 or less.

HOW CAN YOU MITIGATE OR MINIMIZE ACCESS BARRIERS AND OTHER INEQUITABLE EFFECTS?

Currently, most child care services are provided only during "standard" working hours, which do not reflect the work hours of many of the vulnerable populations who rely on this service. Increasing the number of spaces available in child care facilities that operate in the evenings and weekends

would allow more parents from marginalized populations to participate in the workforce or training.

If the city decides to reduce access to municipally-funded child care spaces it should first ensure that provincial funding is available to replace the lost spaces. An attrition-based model should not be used as this will reduce the number of child care spaces available without any guarantee that the province will reinstate these spaces should they agree to increase funding, which would negatively affect vulnerable populations. This increased disparity will have a disproportionately adverse effect on vulnerable groups, and given the well-documented impact of child care on child development and future health, and of inadequate employment on individual and family health, this will worsen health inequities.

The city should not make any cuts to child care funding or spaces until the province's position is clear.

WHAT SPECIFIC CHANGES ARE NEEDED TO THE PLANNED INITIATIVE SO IT MEETS THE NEEDS OF VULNERABLE COMMUNITIES — HOW DOES IT NEED TO BE CUSTOMIZED OR TARGETED?

The current waitlist for subsidized child care spaces indicates that demand is already outstripping supply. Any moves to reduce the number of subsidized child care spaces will therefore result in an even greater disparity between service availability and need. The city has an opportunity to address the shortage of affordable child care options in its discussions with the provincial government about long term, sustainable funding. We recommend that negotiations with provincial officials should include options for expanding the number of subsidized spaces should be considered.

HOW WILL YOU KNOW WHEN THE INITIATIVE IS SUCCESSFUL? WHAT EQUITY INDICATORS AND OBJECTIVES TO MEASURE, AND HOW?

An equitable system should ensure that all people who need subsidized child care spaces are able to access them. However, it is also important that those who have the greatest need are targeted to ensure that they have fair access and that inequities between those in need are not made worse.

The city should consider a variety of measures for ensuring equity in the provision of child care services, but some options include:

- Measure 1: reduce the number of children on waitlist for subsidized spaces;
- Measure 2: reduce the differential between children from vulnerable populations (e.g. lowest income households) and children from the most advantaged populations (e.g. highest income households) is reduced by 50 percent over five years; and
- Measure 3: reduce the differential in school readiness between children from the most vulnerable populations and children from the most advantage populations by 50 percent over five years. School readiness can be measured by:
  - Health and physical development
  - Emotional well-being and social competence
  - Approaches to learning
  - Communicative skills
  - Cognition and general knowledge.

Hardship Fund

On September 19, 2011, the Executive Committee referred the following recommendations in the report from the City Manager, back to the City Manager for consideration as part of the 2012 and 2013 budget process: Toronto Employment and Social Services — Eliminate the Hardship Fund, and request the Provincial Government to fund these services, and items.

BACKGROUND

The Hardship Fund provides essential medical supports to people who do not receive social assistance, but who have very low or precarious incomes. The Fund meets the needs of residents where the cost of medical items would cause undue financial hardship. Supports and services that are covered include vision care, emergency dental care, reimbursement of prescription drug costs, and funeral costs.

This support is a short-term emergency provision, but it also has built-in flexibility to assist on a longer-term basis when needed. It recognizes that excess income and assets may not always be available due to the emergency and urgent nature of the need. The Hardship Fund allows caseworkers to use their discretion and judgement when determining eligibility.[7]

HOW WILL THE PLANNED POLICY, BUDGET DECISION, PROGRAM OR INITIATIVE AFFECT DIFFERENT PEOPLE OR COMMUNITIES?

Eliminating the Hardship Fund without a guarantee of provincial support may result in some vulnerable populations being unable to access medically-necessary items, such as vision care, dental care and prescription drugs.

It is well documented that many people who are on social assistance find the transition into paid employment difficult owing to the failure of many entry-level jobs to provide health benefits. There is therefore a perverse incentive for people to remain on social assistance, especially if they have complicated or expensive medical needs. The Hardship Fund is one of the few mechanisms available that helps people with low incomes to leave social assistance — or not enter the system in the first place. The Fund recognizes that it is economically and socially better for the city to have its residents in paid employment or training. Any reduction in the availability of this service is likely to increase the number of people who are forced out of paid employment, which in turn will increase provincial and municipal costs for social assistance and other programs. Therefore modest investments in providing essential medical supports can have significant cost-saving effects in other budget lines.

WHICH HEALTH DISADVANTAGED COMMUNITIES OR POPULATIONS MIGHT BE AFFECTED BY THIS INITIATIVE, AND HOW SPECIFICALLY?

Eliminating the Hardship Fund would primarily — and disproportionately — affect four population groups: those in precarious and low-paid work; recent immigrants; the homeless or poorly-housed; and people with disabilities.

For people in precarious and low-paid work, the Hardship Fund provides an opportunity to remain employed if an unexpected medical need arises. Given that few entry-level positions offer health benefits, even a single large medical bill can force people out of the workforce and onto social assistance. The Hardship Fund is particularly well-designed in that it is a flexible and discretionary program — although it is designed for short-term use, it recognizes the value of supporting people to remain in paid employment and is able to adapt to individual needs. If the Hardship Fund is eliminated, people who do not have good jobs may be forced to take a backward step out of employment, thereby requiring more municipal and provincial services and making the transition into good jobs that offer benefits even more difficult.

Recent immigrants are often overrepresented in precarious and low-paid work, which has negative health implications. Research has shown that immigrants arrive in Canada with a health advantage that is eroded over time.[8] This is due to a variety of factors, but low income as a result of job insecurity is a major contributor. The Hardship Fund is important for recent immigrants as it pro-

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7 City of Toronto, http://www.toronto.ca/socialservices/Policy/hardship_fund.htm.
8 Beth Wilson, Ernie Lightman, Andrew Mitchell, *Sick and Tired: The Compromised Health of Social Assistance Recipients and the Working Poor in Ontario*, (Toronto: Community Social Planning Council of Toronto, University of Toronto's Social Assistance in the New Economy, Wellesley Institute, 2009).

vides access to medically-necessary supplies while they build Canadian experience on the path to securing good jobs that offer health benefits. Eliminating this fund may lead to a steeper erosion in immigrant health and ongoing job insecurity and poverty.

The homeless or poorly-housed will also be affected. Research has shown that many homeless people do not receive social assistance even though they are eligible, due to systemic barriers.[9] People who are homeless or poorly-housed often have significant unmet health needs and the Hardship Fund is one of the few programs that can be accessed in an emergency, which is when this population is most likely to receive medical care. Eliminating this program will result in homeless and poorly housed people not having any access to essential medical supplies.

People who receive ODSP are eligible for various medical supports, including prescription drug coverage. However, not all people with disabilities receive ODSP. The Hardship Fund is an important service to enable people with disabilities to enter and remain in the workforce. People with disabilities often work part-time in jobs that offer few or no health benefits, despite the fact that their need for medical support is higher. If the Hardship Fund is eliminated some people with disabilities will have no choice but to leave employment or training and receive ODSP. This will have a negative effect on municipal and provincial budgets, as well as on the health and other opportunities of people with disabilities.

WHAT FURTHER INFORMATION IS REQUIRED TO MAKE AN INFORMED POLICY DECISION? HOW WILL YOU GET THE NECESSARY DATA AND INFORMATION?

More information is required about who relies on the Hardship Fund to provide basic medical needs. Staff should determine the social position of program users to assess the social and economic barriers they face that forces them to rely on this program.

More information is also required about alternative programs that vulnerable populations may be able to utilize if the Hardship Fund is eliminated. City staff should also assess other programs' comprehensiveness and ability to address health and social inequities.

More information is required about the best mechanisms to deliver this type of program. To date there has been no analysis of whether programs similar to the Hardship Fund have had the most significant positive health impact when delivered by municipal, provincial, or federal governments, or by other service providers. City staff should undertake this analysis in comparable jurisdictions before approaching the province to discuss a handover in responsibility.

HOW CAN YOU INVOLVE THE PEOPLE AFFECTED OR WHO THE PROGRAM SERVES IN PLANNING AND DESIGNING THE INITIATIVE?

Users of the Hardship Fund should be engaged to identify the reasons why they use this program and other alternatives that they may have. This information should inform decisions about moving to an alternative model of funding or delivery.

HOW CAN YOU MAXIMIZE THE POSITIVE EQUITY IMPACTS OF THIS INITIATIVE?

The Hardship Fund is particularly successful because of its discretionary nature. Many types of support for vulnerable populations are rigid and rule-bound, meaning that access to quality care is compromised. The Hardship Fund, on the other hand, ensures that basic needs are met to enable recipients to remain active in employment or training. Lessons learned from the discretionary nature of this support should be shared with administrators of other health and social programs within the city and other levels of government.

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9 Erika Khandor and Kate Mason, *The Street Health Report,* (Toronto: Street Health, 2007). http://www.streethealth.ca/Downloads/SHReport2007.pdf.

HOW CAN YOU MITIGATE OR MINIMIZE ACCESS BARRIERS AND OTHER INEQUITABLE EFFECTS?

If the city decides to eliminate the Hardship Fund, no changes should be made until a new program has been negotiated and implemented by the province. If a gap exists between the end of the Hardship Fund and the creation of a new program, the health of vulnerable populations will be compromised. Equity should be given a high priority in negotiations with the provincial government regarding a new method of delivering or funding this program, and benefits of the Hardship Fund's discretionary nature should be emphasized.

WHAT SPECIFIC CHANGES ARE NEEDED TO THE PLANNED INITIATIVE SO IT MEETS THE NEEDS OF VULNERABLE COMMUNITIES — HOW DOES IT NEED TO BE CUSTOMIZED OR TARGETED?

In considering changes to the Hardship Fund, city staff should analyze data on the populations who currently use the program to determine whether it is reaching the most vulnerable people who are in the greatest need. For example, if it is determined that use of the Hardship Fund is low amongst homeless and poorly-housed people, consideration should be given to the barriers that this population faces in accessing the program. These lessons should be applied in determining how targeting should occur in either the Hardship Fund or, if the province agrees to take over this responsibility, in a new program.

HOW WILL YOU KNOW WHEN THE INITIATIVE IS SUCCESSFUL? WHAT EQUITY INDICATORS AND OBJECTIVES TO MEASURE, AND HOW?

An equitable system should ensure that all people in need are able to access medically-necessary supplies. However, it is also important that those who have the greatest need are targeted to ensure that they have fair access and that inequities between those in need are not made worse.

The city should consider a variety of measures for ensuring equity in the provision of medically-necessary supplies, but some options include:

- Measure 1: guarantee that there is no gap between the cessation of the Hardship Fund and the creation of a new provincially-funded program;
- Measure 2: ensure that there is no reduction in eligibility for this program; and
- Measure 3: put targets in place to reduce disparities between users of the Hardship Fund and the most health-advantaged population, e.g.:
  - Doubling the number of program users who have access to health benefits within five years;
  - Prevalence of diabetes and other chronic conditions;
  - Overall self-reported health; and
  - Access to and utilization of emergency health services.

Affordable Housing

On September 19, 2011, the Executive Committee referred the following recommendation in the report from the City Manager, back to the City Manager for consideration as part of the 2012 and 2013 budget process:
Affordable Housing -- Reduce new affordable housing development to limit it to completing the existing Council approved commitments for development which is funded by federal, and provincial governments, and request the General Manager, Shelter, Support and Housing Administration, and the Director, Affordable Housing Office to reflect these reductions in their upcoming report to City Council on the new Investment in Affordable Housing Program.

BACKGROUND

The Affordable Housing Office reports to the Deputy City Manager, with a mandate to work effectively with all housing stakeholders.

The Affordable Housing Office expedites affordable housing development, facilitates the development of new policy, and works in partnership with the federal and provincial governments. The office facilitates the creation of affordable homes by working within the City of Toronto with Shelter, Support and Housing Administration; Planning; Finance; Economic Development; and Parks and Recreation, Facilities and Real Estate.

The office partners with the private and voluntary sectors on a range of initiatives. There is also a partnership between the city and the federal and provincial governments in the funding of new affordable homes throughout Toronto.[10]

HOW WILL THE PLANNED POLICY, BUDGET DECISION, PROGRAM OR INITIATIVE AFFECT DIFFERENT PEOPLE OR COMMUNITIES?

Toronto has a well-documented shortage of affordable housing. More than 640,000 Torontonians need some form of assistance to meet their housing needs. In Toronto, 200,000 renter households pay more than 30 percent of their income for housing, which puts their housing in the unaffordable category.[11] As of October 2011, the waitlist for affordable housing in Toronto stood at 80,995.

The lack of quality housing is directly linked to greater morbidity and mortality. The death rate for homeless people is eight to ten times higher than housed people of the same age. Health profiles show that the poorest neighbourhoods — those with the worst housing — have the poorest health. Poor housing, poverty and homelessness drive up health care costs. Investing in new homes is more cost-effective than spending on shelters, medical services, policing and jails.[12]

Limiting the development of affordable housing to what has already been approved by council and funded by the provincial and federal government will result in vulnerable populations having no housing options and becoming or remaining homeless, will force people to pay more than they can afford for housing at the expense of other essential items, and will force people into substandard and health-damaging accommodation.

WHICH HEALTH DISADVANTAGED COMMUNITIES OR POPULATIONS MIGHT BE AFFECTED BY THIS INITIATIVE, AND HOW SPECIFICALLY?

Limiting the development of affordable housing will primarily affect six groups: people who are homeless or poorly-housed, those in precarious and low paid work, poor and economically vulnerable people, recent immigrants, people with disabilities, and racialized populations.

People who are homeless or poorly-housed are amongst the most vulnerable in our society. The existing shortage of affordable housing means that homeless and poorly-housed people often spend years waiting for a unit to become available. This population is especially vulnerable because they are often perceived to be harder to house than people who are more socially or economically advantaged. Homeless and poorly-housed people have few housing options: live on the street or in shelters (which cost significantly more to operate than affordable housing units) or to pay market rents far higher than their income allows. In each of these situations, the health of homeless and poorly housed people is compromised.

Those in precarious and low paid work or who are poor and unemployed face many of the same barriers to good housing. Without adequate incomes, few options exist but to pay unaffordable market rents. This means that other essential items, such as healthy food, become unaffordable. High

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10 City of Toronto, http://www.toronto.ca/affordablehousing/more.htm.

11 Housing Opportunities Toronto, 2009. http://www.toronto.ca/affordablehousing/pdf/hot_actionplan.pdf

12 The Wellesley Institute, *The Blueprint to End Homelessness*, (Toronto, The Wellesley Institute, 2006). http://wellesleyinstitute.com/files/blueprint/TheBlueprint%28final%29.pdf.

rents may also force people who have marginal jobs out of the workforce as the cost of getting to and from work or paying for child care become unaffordable.

Recent immigrants often rely on affordable housing while they establish themselves in their new country. This support is particularly important because many recent immigrants have difficulty entering the workforce in positions that have adequate wages and provide benefits. While recent immigrants to Canada have, on average, better health than native-born Canadians, this advantage erodes over time.[13] The health of recent immigrants will decline more sharply when they are precariously housed than if they have adequate affordable housing.

People with disabilities often face barriers to adequate housing for multiple reasons. People with disabilities often require modifications to their homes to accommodate their disability. It is more difficult for these types of accommodations, which can be costly, to be achieved in the private rental market. People with disabilities often have low incomes owing to difficulties participating in paid work. This means that without affordable housing options people with disabilities may spend more than what they can afford on market housing. This can lead to less available income for other essential items, including medically-necessary supplies.

There is some evidence that racialized populations may have more difficulty securing housing than non-racialized populations owing to systematic racism.[14] This means that the types of accommodation racialized populations often end up living in are unsafe and unhealthy. Racialized populations are also overrepresented in lower income groups. Affordable housing that is allocated in a non-racist manner can therefore ensure that racialized populations have a safe place to live.

HOW WILL THE PLANNED POLICY OR PROGRAM CHANGE AFFECT THE QUALITY AND RESPONSIVENESS OF SERVICES FOR THIS COMMUNITY?

Ceasing development of new affordable housing will result in a large escalation in the number of households on the affordable housing waitlist. This will result in vulnerable populations having less housing security and being forced to spend more of their household income on accommodation at the expense of other essential items like nutritious food, child care, and medically-necessary supplies.

HOW WILL THE INITIATIVE AFFECT OVERALL SOCIAL AND HEALTH INEQUALITIES?

Reducing the availability of affordable housing may create greater inequalities between vulnerable communities. For example, if forced into the private rental market, people in low paying or precarious work may be more likely to be successful in finding accommodation than people who are not in the paid workforce or who have disabilities, owing to landlord discrimination, thereby increasing inequities between vulnerable populations.

HOW CAN YOU INVOLVE THE PEOPLE AFFECTED OR WHO THE PROGRAM SERVES IN PLANNING AND DESIGNING THE INITIATIVE?

People who live in affordable housing and those who are on the waitlist should be consulted in advance of any decision to cease building new affordable homes. There is also extensive research literature on the effects of poor housing and homelessness in Toronto that includes lived experiences that should be drawn upon.

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13 The Wellesley Institute's St. James Town Initiative has conducted significant community-based research on immigrant health in Toronto. See http://sjtinitiative.com/.

14 Canadian research on housing, homelessness, and race includes: Cara J.A. Spence, A*n Analysis of Race Relations in Saskatoon, Saskatchewan: The Contributions of the Housing Sector*, presented to the Bridges and Foundations Project on Urban Aboriginal Housing, 2004; and Ryan Walker, International policy and the "Canadian Way" in Urban Aboriginal Housing, presented to the Adequate and Affordable Housing for All conference, University of Toronto, 2004. In the United States: George R. Carter III, *From Exclusion to Destitution: Race, Affordable Housing, and Homelessness, Cityscape: A Journal of Policy Development and Research*, Volume 13, Number 1, 2011.

HOW CAN YOU MAXIMIZE THE POSITIVE EQUITY IMPACTS OF THIS INITIATIVE?

The signing of the federal-provincial-territorial Affordable Housing Framework Agreement on July 4, 2011 means that the City of Toronto can expect $100 million or more in housing funding from senior levels of government. In light of this new funding, the city should commit to using these funds to build new affordable housing as part of a long-term partnership with the federal and provincial governments.

HOW WILL YOU KNOW WHEN THE INITIATIVE IS SUCCESSFUL? WHAT EQUITY INDICATORS AND OBJECTIVES TO MEASURE, AND HOW?

Solving the shortage of affordable housing in Toronto will only occur through a coordinated series of policy actions. Limiting the development of affordable housing to what has already been approved by council and funded by the provincial and federal governments will not facilitate this action. In our 2006 *Blueprint to End Homelessness*, the Wellesley Institute set out seven key targets and measures that are required:[15]

1. Annual target of 4,500 new affordable homes
2. Annual target of 2,000 new supportive homes
3. Annual target of 8,600 home renovations
4. Annual target of 9,750 rent supplements
5. Maintain effective emergency relief
6. Effective homelessness prevention strategy
7. Effective zoning and planning strategy to create 3,300 new low and moderate-income homes.

Paying the Real Cost

The service cuts that the City of Toronto is proposing will have significant adverse impacts on the most vulnerable populations in our community, and these impacts will make overall social and economic inequities worse. People with low income or who face other social barriers are more likely to have poor health, whether measured by self-reported health, mental health, prevalence of chronic conditions, or many other indicators. It is clear that if the city pursues the proposed cuts, the current and future health of many vulnerable Torontonians will be compromised and Toronto will become a more unequal city.

However, these negative and inequitable outcomes can be avoided, but action must be taken now. If the city plans to reduce expenses by cutting programs and services, it cannot be done at the expense of the most vulnerable. Applying health equity impact assessments to budget decisions will provide a window for elected officials, city staff, and Torontonians to see the effects of the proposed cuts and to build equity into decisions.

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15 The Wellesley Institute, *The Blueprint to End Homelessness*.

Wellesley Institute
advancing urban health

Wellesley Health Equity Lens

For Policy Makers

To help policy makers quickly and effectively identify how planned policy changes or program initiatives could affect health and health inequities

Step 1: Initial scoping analysis	Then drilling down --->	Step 2: Analyze the potential equity impact for the affected population or community	And analyzing in detail --->	Step 3: Change Policy or program to enhance equity
1.1 Could the planned policy, budget decision program or initiative affect different people or communities (e.g. resulting in some people having better quality programming or greater access to services than others? *This basic equity lens should be applied to most policy decisions.*		2.1 How will the planned policy change or initiative affect the identified community or population? *For example, could adding user fees for recreation activities prevent some people from accessing them?*		3.1 How can you maximize the positive equity impacts of this initiative? *For example, by providing programs in several languages or linking up with community-based culturally sepcific programs*
1.2 Which health disadvantaged communities or populations might be affected by this initiative and how? *For example, homeless or poorly housed; recent immigrants; those in precarious and low paid work, poor and economically vulnerable people; people with disibilities; racialized populations; Aboriginal people; others facing social inequality and exclusion.*		2.2 Could the planned policy change or initiative worsen inequities between different groups or communities? *For example, will providing this program or improving access to it, help to narrow the gap between the best and worst off in health terms? Conversely, could reducing a particular program, re-allocating resources or increasing user fees make health disparities worse?*		3.2 How can you mitigate or minimize access barriers and other inequitable effects? *For example, by ensuring appropriate interpretation, adopting flexible or longer opening hours to accommodate work schedules, providing TTC tokens or child care so people can access services, etc.*
		2.3. If you don't know, what more do you need to know? And how will you get the necessary data and information? *Addressing this question builds upon local health profiles and needs assessments, research evidence and practice experience.*		3.3 How will you know when the initiative is successful? What equity indicators and objectives will be used to measure impact? *For example, when inequitable differences in use or outcomes are reduced, when recruitment and retention in a health promotion program increases most in the targeted disadvantaged communities*
				3.4 How can you involve the people affected or who the program serves in helping to define what a successful policy would look like and to identify hidden and unaccounted for consequences? *For example, in helping to define what specific service needs or gaps need to be addressed.*