

## **Wellesley Institute Deputation to the Budget Committee on the 2012 Operating Budget December 7, 2011**

### **Executive Summary**

Budget decisions that result in the elimination of secure jobs, increase unemployment, reduce access to services that Torontonians rely on, and increase social and economic inequality will harm the health of all Torontonians.

But, there are alternatives:

The budget documents released on November 28<sup>th</sup> show that the city is not facing a fiscal crisis. This means that councillors have options: they can make choices other than the service reductions in the proposed 2012 budget. If councillors use only a part of the 2011 surplus and enact a normal property tax increase, they can balance the budget without service cuts and increases to user fees and still set aside funds for other purposes.

To illustrate what's at stake, we outline some of the health implications of proposed service cuts in three critical public service delivery areas: public transit, student nutrition, and housing.

**Public transit** is a cornerstone of a healthy city. Reducing the quality of transit service has a number of critical health impacts, including:

- Increased probability of obesity and related health outcomes, including respiratory ailments, coronary heart disease and diabetes through greater automobile dependency.
- Increased social exclusion through increased isolation.
- Increased stress and reduced well-being for drivers and transit users through increased traffic congestion.
- Increased respiratory problems for children and seniors, and increased heart health problems and premature death for adults through increased air pollution from congestion due to single-passenger traffic.
- Reduction in city's economic health and lost job creation opportunities through reduced economic competitiveness.

**Student nutrition programs** benefit kids' academic performance and help them develop good eating habits that benefit their health far into the future. Children in low-income families, where good nutrition is hard to afford, will be hurt the most by cuts to these programs.

**Housing** is one of the fundamental social determinants of health. There is already a desperate shortage of affordable housing in Toronto. Some of the health impacts of making cuts to new affordable housing development, reducing the number of bed nights available in shelters, and shutting down three homeless shelters, as proposed in the 2012 budget, are:

- Increased likelihood of infectious diseases, particularly respiratory infections, through increased crowded housing conditions.
- Increased risk of health problems or disability in childhood because of inadequate housing.
- Increased illness and premature death through increase in homeless population.

An evaluation of the health impacts of these cuts illustrates how their implementation will create more problems for the city and its residents than they will solve. In the interest of protecting the health and well-being of Toronto and its residents, councillors must consider the health implications of each proposed service cut when evaluating options to balance the budget.

There are better, healthier options for balancing the 2012 budget. We urge councillors to consider the health impacts of each of the cuts being proposed in the 2012 budget and make choices that will support a city building budget: one that builds a more equitable, more prosperous and healthier city for us all.

## **Background**

### **Program, Service, and Funding Cuts Have Serious Negative Health Implications**

Extensive evidence shows that income, access to adequate housing, social support networks, access to health services, employment and working conditions are all factors that affect, not only the day-to-day lives of Torontonians, but also their health and well-being.<sup>1</sup>

Significant health inequities exist among Torontonians, and these inequities are rooted in broader social and economic inequality and exclusion. Research by Toronto Public Health found that if everyone in Toronto was as healthy as those with the highest income there would be 1,100 fewer premature deaths per year. The same report found that men's life expectancy in the highest income areas of Toronto was 4.5 years longer than in Toronto's lowest income areas, and for women this discrepancy was 2 years.<sup>2</sup> The incidence of chronic conditions such as diabetes, cardiovascular disease, and mental illness are already very inequitably distributed across Toronto's population,<sup>3</sup> disproportionately affecting lower income and socially-excluded populations.

Budget decisions that result in the elimination of secure jobs and increase unemployment, reduce access to services that Torontonians rely on, and increase social and economic inequality, will harm the health of all Torontonians. This harm is not distributed equally. The greatest harm will be to people who rely more on city services for their health, and who already face the greatest burden of ill health—low income and marginalized Torontonians. Cutting city services that serve these populations will increase health inequities across the city.

### **Budget Numbers Show Proposed Cuts Unnecessary: Councillors Have Options**

At a time of economic uncertainty and hardship, the people of Toronto need to be able to rely on city services. It is not a time to reduce jobs that support families and communities. It is not a time to cut back services that support families and communities.

The budget documents released on November 28<sup>th</sup> show that the city is not facing a fiscal crisis. Toronto's fiscal situation is strikingly similar to the situation we've faced every year for the past 5 years. This means that, as in previous years, councillors have options: they can make other choices besides the service reductions outlined in the proposed 2012 budget.

The mayor, city administrators, and some in the media have stated that city should not rely on one-time funding to meet its budgetary targets.<sup>4</sup> There is a valid argument to be made that the city should not rely on one-time transfers from other levels of government to balance the budget. It might also be valid to argue that the city should have sufficient revenues set aside to replace aging infrastructure. However, those arguments do not support a moratorium on using prior year budget surpluses.

In large part, those surpluses result from the legislated requirement for the city to balance its operating budget. As a result of this requirement, the city cautiously estimates how much revenue it will collect and carefully budgets for contingencies (for example, the impact blizzards have on the snow clearing budget). Since, by definition, these contingencies usually do not occur, applying this unused contingency room to the next year is entirely appropriate.

## Getting To Zero

Using the figures from the proposed 2012 budget, the table below shows how the budget can be balanced without harmful cuts to services or increasing user fees, while also increasing the tax stabilization reserve by \$35 million, rather than depleting it.

The proposed 2012 budget starts with the opening shortfall of \$774 million. It shows that operating costs for next year are \$267 million lower than original estimates. It also shows that revenues will increase by \$279 million. This will leave a remaining shortfall of \$228 million.

One of the ways this shortfall of \$228 million could be addressed is as follows:

The mid-year estimate of the 2011 budget surplus is \$139 million: 104 million from the surplus could be applied toward the shortfall, leaving at least \$35 million for council to put toward a “tax stabilization fund” for the future and to reduce the city’s debt.

Nominal property tax rates (unlike sales or income tax rates) must be increased each year just to keep up with inflation and economic growth. A “normal” annual increase in property tax rates could be considered to be around 3 percent.<sup>5</sup> Last year’s property tax rate freeze cost the city dearly, and must now be offset with measures to “catch up” revenues. If the tax rate is increased by 6 percent (reflecting two year’s normal increases), that would increase revenues by \$136 million.

Implementing these measures would leave Council with an additional \$12 million that could be applied to reverse proposed increases in user fees.

**Table 1 (\$ Millions)**

<b>Opening operating shortfall<sup>1</sup></b>	774
<b>Decreases in costs<sup>1</sup></b>	
Service efficiency and savings and base budget changes	-137
Fringe benefit liabilities	-54
Compensation forecast reduction	-28
Debt service costs (lower interest rates/monetization)	-36
Operating impact of capital (absorbed or delayed)	-12
<b>Total</b>	<b>-267</b>
<b>Increases in revenues<sup>1</sup></b>	
Municipal Land Transfer Tax (MLTT)	-68
Assessment growth	-42
TTC Ridership growth	-30
Supplementary taxes	-15
TTC fare increase	-30
Provincial funding increase	-22
User fee changes	-12
Hydro dividends	-15
Other revenue	-45
<b>Total</b>	<b>-279</b>
<b>Remaining shortfall<sup>1</sup></b>	<b>228</b>
<b>Getting to zero</b>	
Prior year surplus <sup>2</sup>	-104
2 Year normal property tax increase <sup>3</sup>	-136
Reverse user fee increases <sup>1</sup>	12
<b>Shortfall</b>	<b>0</b>

**Sources:**

1. City of Toronto staff recommended 2012 tax supported operating budget.

2. City of Toronto operating variance report for the six-month period ended June 30, 2011
3. The Wellesley Institute.(2011) *Countdown To Zero: Balancing Toronto's Budget*

This example of alternative budget-balancing decisions illustrates how councillors still have options. Councillors can make choices that will support a city building budget: one that builds a more equitable, more prosperous and healthier city for us all.

## **The Cost of Cuts**

The health implications of the numerous cuts proposed in the draft 2012 Budget are serious and extensive. To illustrate what's at stake, below we outline the health implications of proposed service cuts in three critical public service delivery areas: public transit, student nutrition, and housing. An evaluation of the health impacts of these cuts shows how their implementation will create more problems for the city and its residents than they will solve.

In the interest of protecting the health and well-being of Toronto and its residents, councillors must similarly consider the health implications of each proposed service cut when evaluating options to balance the budget.

### **Example #1: Cuts to TTC Funding**

The draft 2012 budget proposes decreasing operating funding for the TTC by \$25 million or 5.8 percent.<sup>6</sup> This reduction in funding will result in decreased services through a reversal of the Ridership Growth Strategy's improvements to loading standards. As a result, TTC passengers on 56 bus routes can expect less frequent rush-hour service. Off-peak service will be cut on 30 bus routes and six streetcar lines. The measures will hit already crowded routes such as the Queen and Spadina streetcars and buses on Finch Avenue West, Don Mills Road and Dufferin Street.<sup>7</sup>

Public transit is the cornerstone to a healthy city. Reductions in transit accessibility, quality and increased commute times will have a number of direct and indirect health impacts on all Torontonians. Through increased costs of transportation and creating further barriers to employment, it contributes to poverty and ill health.<sup>8</sup> Through encouraging a greater reliance on cars and its impact on physical activity, it increases the probability of obesity and related health outcomes, including respiratory ailments, coronary heart disease and diabetes.<sup>9</sup> Through poor connectivity, it increases social exclusion. Through increasing traffic congestion, it increases stress and reduces well-being. Most directly, it will increase air pollution and therefore mortality.

It already takes an average of 29 minutes for drivers and 49 minutes for TTC users to get to work, while the average round trip commute time in Toronto is 81 minutes.<sup>10</sup> Increasing commute times for transit users will reduce TTC ridership, which will increase traffic congestion, which will, in turn, increase commute times for both drivers and TTC users. The Ridership Growth Strategy was aimed at encouraging more people get out of their cars and use public transit instead. Transit must be an attractive alternative to the automobile, both in the peak periods and at off-peak times, for this strategy to succeed.

Increasing commute times will negatively affect Torontonians' health. Longer commute times affect people's satisfaction with the balance between their work and family life. The longer the commute, the more likely people are to feel like they are having difficulty fulfilling their family responsibilities. Longer commute times and the frequency with which workers experience traffic congestion are associated with higher stress levels.<sup>11</sup>

Reducing ridership and increasing traffic congestion will also have significant health impacts due to increased air pollution. Research shows that smog pollutants have a very significant impact on heart health and can trigger premature deaths.<sup>12</sup> Traffic pollution in Toronto is also a significant cause of

respiratory problems in children.<sup>13</sup> A 30 percent reduction in vehicle emissions in Toronto could save nearly 200 lives and result in \$900 million in health benefits annually.<sup>14</sup> Furthermore, cars and light duty trucks account for roughly 28 percent of Toronto's greenhouse gas emissions.<sup>15</sup>

The Martin Prosperity Institute's research on household incomes and transit connectivity shows that Toronto's inner suburbs are under-served by the transit system. It shows a transit gap –highest income households have the greatest connectivity while lowest income households have the poorest connectivity. The study shows that residents of Toronto's inner suburbs have inferior access to subways and streetcars, which contributes to income polarization and the isolation of these communities.<sup>16</sup>

Traffic congestion and long commute times also affect the economic health of the city. The Toronto Board of Trade estimates that traffic congestion costs the Toronto region approximately \$6 billion per year and may increase to \$15 billion by 2031.<sup>17</sup> A stalled transit system, long commute times and frustrated patrons are all disincentives for employers who might consider locating their businesses in Toronto.<sup>18</sup>

**The proposed cuts to TTC services have very serious health implications for Torontonians as well as for the health of the city's economy. We urge councillors to reject these cuts to public transit.**

## **Example #2: Cuts to Student Nutrition Program Funding**

The Student Nutrition Program is Toronto Public Health's largest initiative under the Community Partnership and Investment Program. Subsidies are provided to eligible breakfast, morning meal, lunch, dinner and snack programs serving children and youth.

In 2011, city grants of \$3.8 million funded 465 schools to provide 685 student nutrition programs. These programs helped to keep 132,246 children across the city from going hungry and ensured that they were able to learn and succeed in school. The draft 2012 budget proposes that the funding for Student Nutrition Programs be reduced by 10 percent. Toronto Public Health reports that this will affect 58 student nutrition programs in low-income school communities serving 14,049 children and youth<sup>19</sup>, largely in the inner suburbs.

Research by the Ontario Society of Nutrition Professionals shows that student nutrition programs result in improved academic performance, classroom atmosphere, attendance, and overall nutritional intake, which help children establish healthy eating habits that last throughout their lives.<sup>20</sup>

The students who benefit most from Student Nutrition Programs are from low-income families, who are less able to maintain/provide adequately nutritious diets at home. In addition to alleviating students' short-term hunger resulting from food insecurity and thus enhancing their readiness to learn, student nutrition programs provide a positive setting for children to meet and socialize and help to create healthier eating habits that can prevent obesity and the early onset of chronic diseases.<sup>21</sup> In this way, the programs contribute to improving health equity in Toronto.

Reducing access to student nutrition programs will have a negative impact on all children who participate in these programs, but will lead to particularly inequitable health impacts for low-income children. This has serious long-term implications for reinforcing, rather than reducing, inequality. Inadequate childhood nutrition, food insecurity, and poor eating habits lay the foundations for a lifetime of health and other problems. Research shows that eating habits developed early in life have consequences for academic achievement.<sup>22</sup> People with lower levels of education have worse health status, are more likely to suffer from chronic conditions and have higher rates of mortality than those who have higher levels of educational attainment. Less educated people are more likely to report having common chronic conditions, as well as having multiple chronic conditions.<sup>23</sup>

**We urge councillors to consider the short and long-term health implications of reducing student nutrition programs and reject the proposal to reduce program funding by 10 percent.**

### Example #3: Housing-Related Cuts

The growing wait list for affordable housing, along with other key housing indicators, all point to an extraordinarily desperate shortage of affordable housing in Toronto.<sup>24</sup> The proposed 2012 municipal budget will severely exacerbate this situation, as it:

- Reduces the Shelter, Support and Housing department budget (which funds most housing and homelessness initiatives) by 15 percent. The single biggest cut in percentage terms, in all the lines of the Shelter, Support and Housing budget, is the 45 percent cut to affordable housing programs – down to \$49 million.
- Reduces spending on the Affordable Housing Office by 10.6 percent and will set in place a dramatic reduction in new affordable housing development – down from 1,502 new homes this year to 300 new homes by 2014.
- Slashes funding to repair rundown housing – down from 1,034 homes repaired this year to 400 by 2013.
- Makes a number of cuts to social housing funding. Overall, the budget cuts \$88.5 million for social housing providers (which includes non-profit and co-op housing), including a \$6 million cut to Toronto Community Housing.
- Shuts down 3 shelters, permanently cutting 97 shelter beds that provide specialized support for elderly and health-compromised people and assist them in making the transition from temporary shelters to permanent housing, and cuts an additional 281, 200 shelter bed nights.

Housing is one of the fundamental social determinants of health. The link between poor housing and ill health has been clearly established through policy-related and community-based research.<sup>25</sup> Crowded housing conditions have been associated with a higher likelihood of exposure to pathogens that can cause various forms of infectious diseases, particularly respiratory infections.<sup>26</sup> UK research indicates that poor housing conditions can increase the risk of severe health issues or disability by up to 25 percent in childhood or early adulthood.<sup>27</sup> Evidence links adequate housing with healthy child development – access to good quality, stable and affordable housing generates positive impacts, including improved school success, community connections, and healthier neighbourhoods.<sup>28</sup> People who are homeless bear a much heavier burden of illness and premature death than those who are housed.<sup>29</sup> Failure to provide people with the building blocks essential for healthy communities, inevitably leads to more complex social problems.<sup>30</sup>

Toronto is set to receive \$108 million in federal/provincial affordable housing investments in 2012. Cutting the city's affordable housing development capacity raises serious questions about how effectively and wisely those dollars will be invested. Some councillors have suggested that those dollars should be spent on short-term rent supplements to enable people in need of housing to access vacant units in the private rental housing market. But with only 5,500 vacant private rental units in the entire city of Toronto, rent supplements will not go very far in reducing the affordable housing wait list. And in 2014 when the federal/provincial funding and subsidies end, the tenants who rely on subsidies to pay their rent will face steep rent increases and almost certain economic eviction.

Building on the expertise that the city's Affordable Housing Office has developed in partnership with non-profit, co-op, and private developers, long-term affordable housing remains the smart investment strategy for the new housing dollars.

In October 2011, a mere 282 households on Toronto's affordable housing wait list (of a total 81,410 households) were housed.<sup>31</sup> This means that with current levels of funding it will take 24 years for a household that goes on the list in October to get an affordable home. The sharp cuts to new housing development proposed for the 2012 budget will make the 24-year wait years longer.

The growing lack of affordable housing is the single biggest reason why people end up homeless and on the streets or in shelters. Toronto's draft budget makes cuts to spending on services and supports for



people who are homeless. The budget calls for a cut in the overall number of bed nights in shelters (a bed night is one person in one bed per night) it will fund – down 281,200 bed nights to 1.4 million bed nights. Using the city's shelter occupancy numbers (which many advocates contest as under-counting the real number), if those cuts are implemented, the shelter occupancy rate will rise from 95 percent to 97 percent. In practical terms, there will simply be no room in Toronto's shelter system for the city's growing homeless population. Some demographic groups, such as women, face an occupancy rate of over 100 percent, which means many more people vying for the reduced number of hostel beds.

The budget calls for the shutdown of three shelters:

- Downsview Dells, which provides 27 beds for homeless men with mental health issues – closing this shelter would save the city \$652,000 this year.
- Birchmount Shelter, which provides beds for 60 senior men who have been chronically homeless – closing this shelter would save the city \$1million this year.
- Bellwoods Shelter, which provides beds for 10 senior women with mental health issues – closing this shelter would save the city \$240,000.

All three shelters provide specialized support for elderly and health-compromised people, and assist them in making the transition from temporary shelters to permanent housing. Putting these vulnerable people back into the already over-crowded general shelter system will not only create even more crowding issues in the system, but it will deprive seniors of the vital supports they need to achieve reasonable health and move towards independent living.

**These housing-related cuts have serious health implications, and will have the harshest effect on the health of Toronto's most vulnerable people. We urge councillors to reject these proposals to cut housing-related funding.**

## Conclusion

The health implications of the numerous cuts proposed in the 2012 Budget are serious and extensive. They have severe implications for the health and well-being of Torontonians and the city as a whole, will affect low-income and marginalized Torontonians the most, and will increase inequity and exclusion. At a time of economic uncertainty and hardship, the people of Toronto need to be able to rely on city services. It is not a time to reduce jobs that support families and communities. It is not a time to cut back services that support families and communities.

An evaluation of the health impacts of the proposed cuts to public transit, student nutrition and housing in the 2012 budget illustrates how their implementation will create more problems for the city and its residents than they will solve. In the interest of protecting the health and well-being of Toronto and its residents, councillors must similarly consider the health implications of each proposed service cut when evaluating options to balance the budget.

There are better, healthier options for balancing the 2012 budget. The budget documents show that the city is not in a fiscal crisis. Councillors do have choices; we urge you to choose to enhance the health of Torontonians by rejecting unnecessary cuts to services that Torontonians rely on and instead support a city building budget: one that builds a more equitable, more prosperous and healthier city for us all.

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