The Real Cost of Cutting the Community Start-Up and Maintenance Benefit: A Health Equity Impact Assessment

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Executive Summary

In the 2012 Ontario budget, the government announced that it was eliminating the Community Start-Up and Maintenance Benefit (CSUMB). The CSUMB helps people receiving social assistance to pay for large or unexpected housing-related costs, supporting them to become and remain housed.

- As of January 1, 2013, the CSUMB will end and 50 percent of its funding will be passed to municipalities as part of the Community Homelessness Prevention Initiative (CHPI), the first phase of a multi-year consolidation of housing programs. Municipalities will determine how their provincial funds will be spent, but will not be required to produce housing and homelessness plans until 2014 – a full year after taking responsibility for CHPI.

There are pervasive and damaging health inequities within Ontario in which people with lower income, education or employment, or facing other forms of social inequality and exclusion, have poorer health.

- The roots of these health inequities lie in poverty and income inequality, precarious work and unemployment, inadequate housing and homelessness, racism and other forms of social exclusion, inequitable access to social, health and other services and support, and other social determinants of health.
- Given their very low income, poor living conditions and limited opportunities, people receiving social assistance are at the most disadvantaged end of this social gradient of health and face the greatest risk and burden of ill health.

The elimination of the CSUMB will have significant health impacts for people receiving social assistance, who are already among the most vulnerable in Ontario.

- Safe and affordable housing is a key determinant of health. Without access to the CSUMB, people receiving social assistance who have unexpected or large housing-related costs may lose their homes.
- The government-issued guidelines for municipalities to provide housing and homelessness supports do not address the specific needs of people receiving social assistance, who do not have the funds available to pay housing-related costs that are currently covered by the CSUMB.
- People who are homeless will be disproportionately impacted as they will lose a targeted support that enables them to find a place to live and to establish themselves.
- The cut to the CSUMB will also disproportionately impact the health of people with disabilities, who face significant barriers to safe and affordable housing; women who need to escape from abusive situations; and children, who are particularly vulnerable to the negative health consequences of inadequate housing.

These negative health impacts can be avoided. We recommend that:

- The Province of Ontario should reinstate the CSUMB in its current form and retain funding as it is currently provided;
- If the Province proceeds, it should delay consolidating the CSUMB funds into the CHPI until municipalities have completed their local plans and are confident that they can meet local housing needs;
- The Province of Ontario should undertake a health equity impact assessment of any changes to the CSUMB and the overall consolidation of the CHPI. The Province's own Health Equity Impact Assessment Tool could be used.

Introduction

In its 2012 budget, the Ontario government announced that it was eliminating the Community Start-Up and Maintenance Benefit (CSUMB) as of January 1, 2013. The CSUMB is designed to assist people receiving social assistance who have large or unexpected housing-related costs. Having access to this kind of immediate and flexible fund can often be the difference between getting a home and staying in a shelter or staying housed and losing one's home. It can also be the critical support for people to leave abusive situations.

Access to housing that is safe and affordable is a key determinant of health and the cancellation of the CSUMB has the potential to increase the number of low income Ontarians who are precariously housed or who are homeless. This paper sets out some of the potential health implications of this decision through an equity lens.

The Policy Issue

The CSUMB is a benefit available to people receiving social assistance to assist with large or unexpected housing-related costs that would otherwise be unaffordable, such as:

- Starting a new job and need to move
- Leaving an institution (such as a shelter, hospital, or prison) and need to find a place to live
- Leaving a home because it is harmful to health and well-being
- Leaving an abusive situation
- Being evicted
- Being faced with having utilities (heat, hydro or water) cut off
- Paying the first or last month's rent deposit
- Buying necessary household furniture
- Replacing household furniture after loss from fire, bedbugs, etc.
- Putting down a deposit for utilities, such as heat, hydro or water
- Paying overdue utility bills.

Families are eligible to receive up to $1,500 every two years and singles are entitled to up to $799.[1] Approximately 16,000 Ontarians access this benefit every month.

The provincial government will reduce the CSUMB budget by 50 percent and reallocate the remaining 50 percent ($67 million in 2013-14[2]) to a new municipally-delivered program as part of the Consolidated Homelessness Prevention Initiative (CHPI) that was created in July 2012 by the Ministry of Municipal Affairs and Housing under the province's Long-Term Affordable Housing Strategy. The Ministry will eventually consolidate twenty housing and homelessness programs currently administered in different ministries. Supports provided with CHPI funding will be available to all low income Ontarians, including but not limited to those on social assistance.[3]

It is not yet known how municipalities will decide to run their local housing and homelessness programs. As part of the Long-Term Affordable Housing Strategy, municipalities must produce local housing and homelessness plans in order to address housing needs in their communities, but these plans are not required until 2014 – one year after they will take responsibility for the CHPI. The province has not set any requirement for municipalities to deliver programs that cover the expenses that were eligible for the CSUMB, nor have they made public the terms under which municipalities will deliver consolidated homelessness prevention programs.

The CSUMB is a needs-based mandatory benefit within the social assistance system. This means that, currently, people receiving social assistance who meet the eligibility criteria are entitled to receive up to the maximum

1 Ontario Ministry of Community and Social Services, *Housing-related supports: Community Start-Up and Maintenance Benefit*. http://www.mcss.gov.on.ca/en/mcss/programs/social/odsp/income_support/odsp_maintenance.ASPX

2 This figure is derived from information provided in *Addendum to the 2012 Ontario Budget: Report on Expense Management Measures*, p.11, Ontario Ministry of Finance, noting that the current allocation for the Home Repairs Benefit is approximately $3 million annually. http://www.fin.gov.on.ca/en/budget/ontariobudgets/2012/addendum.html#sec3c

3 Ontario Ministry of Community and Social Services, *Ontario Integrating Housing and Homelessness Supports*. http://www.mcss.gov.on.ca/en/mcss/programs/social/housing_bulletin_june.aspx

CSUMB allocation and have a right of appeal if their claim is denied. By contrast, funds for the CHPI will be provided to municipalities through block funding. This means that when each municipality's funding is exhausted, applications for housing supports will likely be rejected regardless of need. Moreover, there will be no ability for applicants to appeal decisions.

The transfer of only half of CSUMB funds to CHPI also means that municipalities will have far less funding available for local housing and homelessness programs. This will severely reduce their ability to capitalize on the flexibility that was intended to result from program consolidation and local administration and delivery, as outlined in the province's Long-Term Affordable Housing Strategy and the Provincial-Municipal Fiscal and Service Delivery Review.[4]

Applying a Health Equity Lens

Policy decisions made far beyond the health care system can have significant health implications. Decisions about housing, income, education, social support or other underlying determinants of health can affect the health of the population as a whole, and vulnerable or marginalized populations are often more severely impacted than other groups. It is therefore important to consider health and health equity when making policy decisions across a wide range of fields.

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 simple health equity question should be applied to all policy decisions: could the proposal have an inequitable impact on some groups, and, if so, which groups would be disproportionately affected? If there could be an inequitable impact, HEIA enables policy-makers and planners to identify the health implications of the planned policy and make appropriate changes to mitigate adverse effects on the most vulnerable. Finally, the HEIA tool assists in setting targets and measurements to determine the policy's success.[5]

The Government of Ontario has developed its own Health Equity Impact Assessment tool that is available for use by all government agencies and organizations outside the health care system whose work may have health impacts. The Ontario HEIA is designed to:

1. Identify unintended potential health equity impacts of decision-making (positive and negative) on specific population groups
2. Support equity-based improvements in policy, planning, program or service design
3. Embed equity in an organization's decision-making processes; and
4. Build capacity and raise awareness about health equity throughout the organization.[6]

The Wellesley Institute has developed a high-level scoping Health Equity Impact Assessment that is specifically designed to help policy makers to quickly and effectively identify how planned policy changes or program

4 Ontario Ministry of Municipal Affairs and Housing, *Ontario's Long-Term Affordable Housing Strategy*: http://www.mah.gov.on.ca/Page9187.aspx#Partnerships; consensus report of Ontario, the Association of Municipalities of Ontario (AMO) and the City of Toronto, Report of the Provincial-Municipal Fiscal and Service Delivery Review, Facing the Future Together. http://www.mah.gov.on.ca/Page181.aspx.

5 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.

6 Ontario Ministry of Health and Long-Term Care, *Health Equity Impact Assessmen*t. http://www.health.gov.on.ca/en/pro/programs/heia/.

initiatives could affect health and health inequities. This paper uses this HEIA tool to analyze the health equity impacts of changes to the Community Start-Up and Maintenance Benefit.

Complex Policy Issues

The analysis of the potential health impact of the planned changes to the Community Start-Up and Maintenance Benefit has to take account of the multi-faceted nature of contemporary policy development.

First, the proposed changes are part of a wider effort to consolidate and streamline the myriad of homelessness and housing programs into a more coherent and strategic approach. Consolidation of multiple or uncoordinated programs is potentially a more effective and responsive method of program delivery, but great care must be taken that there are not adverse unintended consequences. For example, we must consider:

- In theory, consolidation is intended to enhance local flexibility to respond to specific local conditions and needs. But this requires that the new consolidated program also provide adequate resources.
- Local municipal adaptation of programs that have traditionally been delivered by the province are likely to lead to inequities in program availability and impact between geographical areas.
- Consolidation could prove more effective for the easiest to support communities and populations with the most straightforward needs; but this could leave behind vulnerable populations with complex needs and multiple challenges.
- The lack of sufficient funding for the consolidated program, which is leaving municipalities with significant pressure to fill the gap in funding, is inconsistent with the Provincial-Municipal Fiscal and Service Delivery Review, which committed to creating better outcomes for at-risk and vulnerable Ontarians and stated that social assistance programs should not be funded through the property tax base.[7]

More specifically, for the planned removal of CSUMB from social assistance:

- It is not clear yet what directions or parameters will be given to municipalities on how the reallocated funds can be spent.
- Municipalities are to develop housing and homelessness plans and some are consulting with their communities, but until these plans are developed, it is impossible to know how well the housing-related needs of people receiving social assistance will be met.
- As a result, the funds could be reallocated in ways that result in people receiving social assistance, who are among the most marginalized in Ontario, losing critical housing supports.
- Only 50 percent of the CSUMB funding is being reallocated to the new Consolidated Homelessness Prevention Initiative and the method of determining each municipality's allocation is based on 2006 "deep core housing need" data rather than, for example, up-to-date core housing need information. This allocation methodology will compound the negative impact of the 50 percent reduction in funding and the move to block funding, and will lead to even more inequitable and inefficient allocation of scarce resources across the province.

Municipalities across the province are currently deciding how to respond to the elimination of the CSUMB and the introduction of block funding. It is already apparent that municipal responses are uneven and that the cut in funding is hindering the local flexibility that the province sought to achieve. In contrast to the previous system of needs-based decision making, how well the housing-related needs of people receiving social assistance will be met will depend on municipal decisions about what they can and cannot afford under the new program and funding structure.

7 City of Toronto, *Changes to Provincial Funding Approaches for Homeless Prevention and Social Assistance Programs: Implementation Strategies and Issues*, September 24, 2012.

Context: Pervasive Health Inequities

The planned changes to the Community Start-Up and Maintenance Benefit may have an adverse impact on already vulnerable people and communities. Therefore, analysis of the impacts needs to begin from evidence on the health of poorer populations.

Poorer People Have a Greater Burden of Ill Health

There is a consistent gradient of health in which people with lower income, who are unemployed or in precarious or low-paid work and/or face other dimensions of social inequality and exclusion, have poorer health. This gradient applies whether measured by self-reported overall health, mental health, prevalence of chronic conditions, or many other indicators. In Ontario:

- Over three times as many people in the lowest income quintile report their health to be only poor or fair than in the highest;[8]
- Similarly, five times as many men and three times as many women in the lowest income quintile report their mental health to be only poor or fair than the highest;[9]
- People in the lowest income neighbourhoods had significantly higher rates of probable depression and hospitalization for depression than those from the highest income neighbourhoods;[10]
- The percentage of people with diabetes or heart disease was three to five times higher in the lowest income quintile than the highest.[11]

These differences have a significant impact over people's lives:

- In Toronto, life expectancy was 4.5 years less for men in the lowest income quintile versus the highest and 2.0 years for women;[12]
- National level data with more detailed differentiation by income found the difference in life expectancy between the top and bottom income decile to be 7.4 years for men and 4.5 years for women.[13]

Inequities Are Worse For People Receiving Social Assistance

Social assistance rates are so low that people receiving social assistance are almost always in the lowest income group. This means that they are at the lower end of structured deprivation and inequalities of income, living standards and opportunities, with the resulting most damaging health impact. The people who use the CSUMB are amongst the poorest people in the province and already face significant barriers to good health.

There is significant evidence that the health of people receiving social assistance is already disadvantaged by these inequities. In Ontario:

- People receiving social assistance were five times more likely than the non-poor to report their health as poor or fair;
- People receiving social assistance fared significantly worse in 38 of 39 indicators of poor health and chronic conditions than the non-poor;
- People receiving social assistance had 2.4 to 4.6 times the rates of diabetes, heart disease, mood and anxiety disorders and other chronic conditions than the non-poor;
- Over four times as many people receiving social assistance considered suicide sometime in their lives than

8 Arlene Bierman, ed., *Project for an Ontario Women's Evidence-Based Report: Volume 1* (Toronto: 2009-10), Ch. 3. Self-reported health is regarded as a reliable indicator of clinical health status.
9 Bierman, *Project for an Ontario Women's Evidence-Based Report*, Ch 3.
10 Bierman, *Project for an Ontario Women's Evidence-Based Report*, Ch 3.
11 Bierman, *Project for an Ontario Women's Evidence-Based Report*, Ch 3.
12 Toronto Public Health, *Unequal City: Income and Health Inequalities in Toronto* (Toronto: 2008).
13 Cameron N. McIntosh, Philippe Finès, Russell Wilkins & Michael C. Wolfson, "Income Disparities in Health-Adjusted Life Expectancy for Canadian Adults, 1991 to 2001," *Health Reports* 20 (Statistics Canada: December 2009).

non-poor, and almost twenty times as many attempted suicide.[14]

As with other people living on low incomes, people receiving social assistance are not a homogenous group – some sub-populations within this already vulnerable group are especially vulnerable. For example, the racialization of poverty means that some people experience multiple disadvantages. Racialized Canadians earn only 81.4 cents for every dollar earned by non-racialized Canadians, and racialized women earn only 55.6 percent of the income earned by non-racialized men.[15] This makes racialized Canadians both more likely to experience poverty and even more vulnerable when they re-enter employment or training.

People with disabilities are also particularly impacted by health inequities. People with disabilities face barriers to entering and remaining in the labour market. 34.2 percent of Ontarians with disabilities who are aged between 16 and 64 are either unemployed or not in the labour force, compared with 12 percent in the general population.[16] Barriers are especially significant for people with mental illness: for people with the most severe and enduring mental disorders unemployment rates range from 70 to 90 percent.[17] Therefore, people with disabilities are more likely to live in poverty and have a greater need for social assistance and its related benefits.

Health inequities are also heavily shaped by gender: women tend to have lower income and poorer jobs, have less equitable access to key social and health services, and often put the needs of children and other family members ahead of their own at the expense of their own health.

Rooted in Social Determinants of Health

These inequities are not because of lifestyle, health behaviour, genetics or bad luck, but are rooted in structural features of contemporary Canadian society far beyond individuals' control. The foundations of these health inequities lie in the effects of poverty and income inequality, precarious work and unemployment, inadequate housing and homelessness, racism and other forms of social exclusion, inequitable access to social, health and other services and support, and other social determinants of health.[18]

Not only do the inequitable distribution and impact of these social determinants and resources lead to health inequities, but the determinants interact and reinforce each other. For example, people with lower income face higher rates of chronic conditions such as diabetes. In addition, 56 percent of people with diabetes in the lowest income quintile (and 51 percent of the second quintile) report food insecurity.[19] In other words, those facing higher risk and prevalence of diabetes also have less access to nutritious foods and other resources essential to managing their condition and maintaining good health.

People living in poverty generally also have fewer financial and other resources, and poor communities do not generally have the networks of social connection and support available to the more affluent to help cope with the impact of poorer health, leading to fewer resources and capacity for resilience. People facing these greater health

14 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 Project & Wellesley Institute, 2009).

15 Sheila Block & Grace-Edward Galabuzi, *Canada's Colour Coded Labour Market: The Gap for Racialized Workers* (Toronto: The Wellesley Institute and Canadian Centre for Policy Alternatives, 2011). http://www.wellesleyinstitute.com/publication-papers/canadas-colour-coded-labour-market-the-gap-for-racialized-workers/.

16 Ontario Ministry of Training, Colleges and Universities, *Canada-Ontario Labour Market Agreement*. http://www.tcu.gov.on.ca/eng/training/labmark/LMA_Plan2010_11.html

17 Canadian Mental Health Association of Ontario & Centre for Addiction and Mental Health, E*mployment and Education for People with Mental Illness: Discussion Paper*, January 2010. http://www.ontario.cmha.ca/admin_ver2/maps/camh_cmha_ontario_employment_discussion_paper_2010.pdf.

18 These determinants of health have been the focus of sustained high-level policy attention in recent years: from the World Health Organization's Special Commission on Determinants of Health (at http://www.who.int/social_determinants/thecommission/en/), through the European Union (for a portal to a range of initiatives and reports see http://www.health-inequalities.eu/health-inequalities/Welcome.html) and other broad efforts, to comprehensive policies to address the determinants and their impact on health inequalities in many countries. For an excellent survey of the research and policy literature, see Hilary Graham, *Unequal Lives: Health and Socioeconomic Inequalities* (Berkshire, England: Open University Press, 2007; and for comparable Canadian material see Juha Mikkonen and Dennis Raphael, Social Determinants of Health: The Canadian Facts (Toronto: York University, 2010) and Dennis Raphael, ed., Social Determinants of Health: Canadian Perspectives 2nd Edition (Toronto: Canadian Scholars Press, 2009).

19 Bierman, *Project for an Ontario Women's Evidence-Based Report,* Ch 3, 3A.16.

burdens and risks, and living in conditions and communities with more restricted resources and capacities to cope, also tend to have more inequitable access to health and social services. These patterns are also heavily shaped by gender: women tend to have lower income and poorer jobs, have less equitable access to key social and health services, and often must put the needs of children and other family members ahead of their own, at the expense of their own health.

Potential Health Impacts of Cancelling the CSUMB

The CSUMB is designed to buffer vulnerable individuals and families against unpredictable and potentially devastating crises and pressures that affect their ability to acquire and maintain safe and affordable housing. We set out how cancelling this benefit may have negative and inequitable health impacts for people receiving social assistance.

Housing

The Community Start-Up and Maintenance Benefit is designed to assist people who are among the most vulnerable in Ontario to become and remain housed. People receiving social assistance have extremely low incomes and few resources to manage a housing crisis. The CSUMB assists in paying for housing basics, such as a rent deposit, buying necessary household furniture, and making a deposit for utilities. High quality, affordable housing is a key determinant of health, and the potential loss of housing through no longer having these supports has critical implications. Inadequate housing contributes to poor health which, in addition to decreased quality of life, leads to increased health care costs.

People who are homeless and who are attempting to become housed will also be disproportionately affected by the removal of these supports. This may lead to longer-term homelessness and poor health. Without the CSUMB, people will either remain unhoused or be forced to live in unsafe and insecure housing, which will in turn make them more susceptible to poor physical and mental health.

Support for the Most Vulnerable

Loss of Targeted Support

One health concern with the termination of the CSUMB is that this program is targeted specifically to people receiving social assistance, whose incomes are so low that they are likely to be in the lowest income group. Having low incomes means that people receiving social assistance are more likely to be faced with unexpected and unforeseen financial pressures, like medical costs, children's expenses, moving costs, and so on. Because their income is so limited, even relatively small expenses that are unexpected can have major impacts on the ability of people receiving social assistance to meet the basic costs of housing.

By eliminating one of the few flexible and a targeted supports for people receiving social assistance, there is a risk that people who are the poorest, who face the greatest housing insecurity, and who are at greatest risk of poor health will be disproportionately affected. The stress associated with housing insecurity contributes to increased risk of morbidity and premature death.[20]

Employment is a critical pathway for people to move off social assistance, out of poverty, and to enable good health. However, cuts to the CSUMB may make transitioning to employment more difficult. The CSUMB is flexible enough to take into account the varying needs and circumstances of applicants. This means supporting people if they need to move for education or employment. There is no guarantee that the new municipally-delivered consolidated housing programs will cover these kinds of essential housing expenses.

20 Andrew Jackson, *Home Truths: Why the Housing System Matters to All Canadians*. (Ottawa, ON: Canadian Centre for Policy Alternatives).

Impacts on People with Disabilities

People with disabilities are more likely than the general population to be unemployed and living in poverty. Consequently, people with disabilities may experience significant and long-term barriers to safe and affordable housing that the CSUMB helps to mitigate.

The CSUMB also provides essential supports for people with mental illness who are transitioning from being housed in institutions to the community. People in this situation are unlikely to have the financial resources to cover the full cost of becoming housed. The elimination of the CSUMB may lead to increased and ongoing institutional residency for people with mental illnesses, even if they could successfully live independently.

Gender Impacts

Women and children may be disproportionately affected if there are no replacement supports that explicitly assist them to leave abusive situations. The CSUMB provides support for people who need to leave their home because they are experiencing abuse. Without this support people living in abusive situations may not be able to leave, which could have severe health implications.

Women will also be disproportionately affected because they often face difficulties moving, be it out of an abusive situation, transitioning out of a shelter back into the community, or moving away from a neighbourhood where they do not feel safe. Without adequate supports women and their children will have to stay in shelters for longer periods of time because they will not have enough income to pay for first and last month's rent. This will create backlogs in the shelter system and could mean that others who need to leave abusive situations have nowhere to go.

The CSUMB is an important support for women to buy furniture for their children. Without it, children may end up sleeping on the floor or in unhealthy sleeping situations. The lack of support to deal with bedbug infestations where new furniture and mattresses are required will also disproportionately affect women.

In addition, the impact of faring poorly in the social determinants of health tends to fall disproportionately on women. Women often have lower incomes than men and have less equitable access to health and social services. Women are also more likely to be family caregivers, which can mean that they often must put the needs of children and family members ahead of their own. Eliminating the CSUMB adds another barrier to good health for women.

Impacts on Children

Children in families that do not have adequate resources are more likely to face a greater burden of ill health than children who grow up in families that are better off. Inadequate housing is directly linked to higher morbidity and mortality, and children are particularly at risk.

Living in substandard housing increases children's exposure to dampness, moulds, fungus, mites, pests, poisons, toxins and fumes, which can have significant health impacts. These exposures contribute to higher rates of childhood asthma and other respiratory diseases[21] and these conditions can last a lifetime.[22] Living in overcrowded housing also increases childhood risk of injury and increases incidences of aggressive behaviour.[23]

21 Toba Brant. "Housing and Health" in Dennis Raphael (ed.) *Social Determinants of Health: Canadian Perspectives*. (Toronto, ON: Canadian Scholar's Press, 2004).

22 Jonathan I Levy, LK Welker-Hood, Jane E Clougherty, Robin E Dodson, Suzanne Steinbach, & HP Hynes, 'Lung function, asthma symptoms, and quality of life for children in public housing in Boston: a case-series analysis', *Environmental Health: A Global Access Science Source*, Vol. 13, No. 3, 2004.

23 Jackson, Home Truths.

Children also suffer disproportionately when low income families are forced to pay unaffordable housing costs at the expense of other essential items like food or heating.[24]

Cuts to the CSUMB may increase the number of children living in substandard and overcrowded housing as their families are no longer able to maintain adequate housing. Homelessness among low income families may also increase, leading to more homeless children.

Loss of Independence

The CSUMB's ability to assist with utility bills is important in the ability of people with chronic or episodic health conditions to continue to live independently. For example, some health conditions require medical devices that use significant amounts of electricity (medical ventilators are commonly used by people with respiratory conditions). Low income people may be unable to afford to adequately heat or cool their homes during periods of intense heat or cold, leading to health conditions.

Conclusions and Recommendations

Cutting the CSUMB and replacing it with yet to be defined municipally-delivered programs is likely to have significant health equity implications. The housing security of some of the most vulnerable people in Ontario is likely to be compromised, and this will have negative health impacts that can be avoided.

We recommend that:

> 1. The Province of Ontario should reinstate the CSUMB in its current form and retain funding as it is currently provided.

The elimination of the CSUMB risks increasing precarious housing and homelessness amongst already vulnerable Ontarians. These impacts can, however, be avoided by reinstating the CSUMB program at full funding.

If the government chooses to proceed with consolidation, it should provide sufficient time for municipalities to adequately assess local housing and homelessness needs and to plan for the provision of programs to meet these needs given the reduced resources available. We therefore recommend that:

> 2. If the Province proceeds, it should delay consolidating the CSUMB funds into the CHPI until municipalities have completed their local plans and are confident that they can meet local housing needs.

Further, the Province should undertake the work necessary to identify and act on avoidable and inequitable health impacts before proceeding with any further policy consideration of the CSUMB and consolidation of the CHPI.

One example of an inequitable health impact is the potential for people in need of housing-related supports to have their applications rejected owing to the exhaustion of a municipality's block funds and no longer having any appeal rights. This could lead to an increase in homelessness and associated poor health. The inequitable health impacts of cancelling the CSUMB will be exacerbated by the expectation that municipalities will have the ability and resources to identify and act on local housing needs a full year before they are required to complete

24 There is evidence that low income mothers in Canada may sacrifice their own nutritional intake in order to ensure that their children are able to eat. See Kim D. Raine, *Overweight and Obese in Canada: A Population Health Perspective*, Canada Institute for Health Information, 2004, p. 34.

their local housing and homelessness plans. This is significant, especially when combined with their funding being significantly reduced.

The province must delay significant policy and program change, especially any cuts, until it can be certain that health inequities will not be worsened, and opportunities for good health must be enhanced and promoted. We therefore recommend that:

> 3. The Province of Ontario should undertake a health equity impact assessment of any changes to the CSUMB and the overall consolidation of the CHPI. The Province's own Health Equity Impact Assessment Tool could be used.[25]

Municipalities could be required to conduct Health Equity Impact Assessments as part of their planning and needs assessments. Failing the complete reinstatement of CSUMB, it is imperative that the Province use a health equity lens to review its decision.

25 The Ontario Health Equity Impact Assessment Tool can be found at http://www.health.gov.on.ca/en/pro/programs/heia/tool.aspx. The Tool includes a template and workbook to assist users. Dedicated Ministry of Health and Long Term Care staff are also able to provide support.