



## What the Candidates Aren't Talking About



Health Equity Impact Assessment  
in the 2014 Toronto Mayoral Election  
Wellesley Institute

Over the past four weeks, we've been looking at the platforms of the three main mayoral candidates and asking whether their proposals could contribute to good health in Toronto. We found that none of the candidates have set out a vision for a healthy Toronto and none of the candidates have made clear connections between their policies and our city's health.

For the final report in our series, we're looking at challenges that the candidates aren't talking about and making the case for new approaches to building a healthy Toronto.

### Income Inequality and the Divided City

While the connections between low income and poor health are well known, less discussed are the connections between income inequality and poor health status.<sup>1</sup> Research suggests that relative income – how a person's income compares to the income of others in a society – can impact health outcomes.<sup>2</sup> In addition to income inequality, other forms of inequality such as wealth, political power, cultural and social assets and class may also contribute to poor health.<sup>3</sup>

A Canadian study found that women living in highly unequal urban centres were 26 percent more likely to die of lung cancer and more than two times more likely to die of transport injuries or alcohol-related causes than women living in more equal urban centres. Men who lived in unequal cities were 50 percent more likely to die of alcohol-related causes and 20 percent more likely to die of colorectal cancer.<sup>4</sup> Income inequality can also affect mental health, including self-esteem, anxiety, depression, psychological distress and suicide.<sup>5</sup>

Toronto is becoming an increasingly divided city. The *Three Cities Within Toronto* study highlighted that between 1970 to 2005, Toronto experienced growing income polarization among neighbourhoods. City One is located in the central city and along subway lines and is comprised of predominately high-income areas, where incomes have continued to rise since the 1970s. City Three is the low income areas located in the Northeastern and Northwestern parts of the city where relative incomes have declined. In the middle is City Two: middle income areas that are rapidly disappearing, creating a city of haves and have-nots.<sup>6</sup>

Income inequality can be reduced by redistributing resources through taxes or benefits or by reducing the income gap. Toronto's mayor has influence in setting tax rates, providing municipal services, and in establishing fair compensation for city workers. It is critical that Toronto's mayor makes eliminating the growing gaps between residents of our city a top priority.

## User Fees

The City has a range of user fees for services, which are designed to ensure that services that are perceived to have individual benefits are paid for by those using the service. User fees can be a significant barrier to accessing recreation programs for low income Torontonians. Given that low income is linked to chronic conditions like diabetes<sup>7</sup> and cardiovascular disease<sup>8</sup>, in addition to poor mental health,<sup>9</sup> barriers to physical activity and recreation can have significant health impacts.

The City provides subsidized recreation programs to people with low income through its Welcome Policy. Under the Welcome Policy, families with pre-tax income that is less than Statistics Canada's Low Income Cut-Off measure may receive a dollar-based credit to register in recreation programs.<sup>10</sup> Children and youth receive an annual allocation of \$483, while adults and seniors are entitled to \$225 worth of programming.<sup>11</sup> Prior to 2012, the Welcome Policy provided recipients with a set number of recreation programs per year. Switching to a dollar-based credit was anticipated to create space for 7,500 more recipients annually.<sup>12</sup>

User fees can create significant barriers for low income families to access recreation programs. When the City expanded user fees in Priority Centres in 2012 there was a 62 percent drop in the number of adults registered in recreation programs and three-quarters of the adults who were registered in programs before the introduction of user fees did not register in any programs after fees were implemented.<sup>13</sup> Moreover, the Welcome Policy has not achieved equitable access to recreation services. The seasonal allocation of Welcome Policy spaces is usually fully exhausted within three weeks of program registration opening, which means that only the first few are able to access recreation subsidies.<sup>14</sup>

So far, none of the mayoral candidates have addressed user fees or recreation programs, despite the barriers that low income Torontonians face. Mayoral candidates should commit to extending and improving funding for the Welcome Policy.

## Pollution

Approximately 1,300 premature deaths and 3,550 hospitalizations stem from air pollution annually in Toronto.<sup>15</sup> Vehicle emissions account for the largest proportion of air pollution in Toronto and account for an estimated 280 premature deaths and 1,090 hospitalizations.<sup>16</sup> Toronto's mayoral candidates have discussed fighting congestion and investing in public transit, and Olivia Chow and John Tory have committed to increasing the tree canopy, which could lead to improvements in air quality. However, vehicle emissions are not the only source of air pollution in the city; industrial and commercial pollutants are also significant contributors to poor air quality.<sup>17</sup>

In 2008, Toronto Public Health identified 25 priority substances that are a concern for health in Toronto, including solvents, metals, and combustion by-products. The release of these substances can cause both short-term and long-term adverse health effects, and prolonged exposure to toxic substances, even at low levels, may contribute to heart and lung damage, cancer, asthma and other respiratory diseases, birth defects, reproductive problems, and other chronic diseases.<sup>18</sup>

In 2013, 71,000 tonnes of priority substances were reported to be manufactured, processed or used in Toronto, and 10 percent of these substances were released into the environment, primarily into the air. The substances released in the largest quantities are smog-forming pollutants, and the other substances released in smaller amounts are still a concern because of their high levels of toxicity.<sup>19</sup>

Toronto's Medical Officer of Health highlighted that even though the city has reduced air pollution, and that there has been a drop in pollution-attributed premature deaths and hospitalizations, there is still more that needs to be done.<sup>20</sup> Due to their distribution, residents come in contact with chemicals both outdoors and indoors, and in their homes and workplaces. Of particular concern were the chemicals used in and near residential neighbourhoods in locations like auto body shops and drycleaners.

Toronto's mayoral candidates should commit to improve Toronto's air quality modeling and monitoring, with a particular emphasis on low income and semi-industrial neighbourhoods that may already face additional barriers to good health. recent immigrants (19.1 percent) were more likely than the population as a whole to work for minimum wage.<sup>25</sup>

## A Vision of a Healthy City

Municipal policy can have significant impacts on residents' lives, as we showed in **housing, green spaces and active transportation, jobs and poverty reduction, and transit**. However, these policy areas only skim the surface: the city – and our Mayor – can positively influence the health of Torontonians by putting health at the centre of decision-making. So far, none of the main mayoral candidates have taken this step, but it's not too late.

The City has control over a number of important health services, and candidates should highlight how they would leverage Toronto Public Health's (TPH) resources. TPH provides a wide range of health services including dental and oral health programs, well-baby and family programs, and initiatives to promote healthy communities like harm reduction and sexual health services. TPH can lead localized community health

initiatives as they already have strong networks and connections across the city and work with populations at greater risk of poor health. TPH can also provide expert analysis and advice on how municipal policies impact health in the city. This is a critical role and should be expanded and prioritized to build health into all City policies and programs.

While health services are important, to make big progress candidates must lay out a clear vision of a healthy Toronto: a Toronto where people feel connected, have secure jobs and income and a safe and affordable place to live. Toronto's next mayor needs to ask whether their policies will make Toronto healthier and, if not, how can the policy be changed to support good health.

A vision of a healthy city must include everyone, including people who face accessibility barriers. As we noted in our assessment of the candidates' transit platforms, consideration of people with disabilities, seniors and others who require accessible transit has been overlooked. Many accessibility barriers exist in our city, from poorly designed curbs to inadequate snow clearance to insufficient street lighting. Toronto's mayor should prioritize accessibility improvements in our city to facilitate inclusion and good health for all.

For too long health has been overlooked in the municipal sphere. Our next Mayor must challenge and inspire Council and residents of Toronto to work toward a healthier city.

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## ENDNOTES

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