



## Housing



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

**Toronto is experiencing a housing crisis with three major challenges: a lack of affordable housing, poor quality and inadequate social housing, and homelessness.**

For too many Torontonians the lack of affordable homes means having to spend too much of their income on rent. Housing is considered unaffordable if it costs more than 30 percent of a household's income. In 2010, 43.5 percent of renter households in Toronto exceeded this, leaving little in the budget for other essentials, like food, transit, and medicine.<sup>1</sup> Not only is this unsustainable for many households, but it makes day-to-day life very difficult.

The inadequate supply of Toronto Community Housing (TCH) units is well-known. In June 2014, there were 92,241 households on the TCH waitlist, of whom 28,798 are households with seniors.<sup>2</sup> Additionally, many TCH units are in need of urgent maintenance to make them safe and healthy. As of January, 2014, TCH reported that its capital repair backlog was \$914 million and that \$2.6 billion would be required over the next 10 years to maintain their units in a state of good repair.<sup>3</sup>

What's more, Toronto's homeless population continues to grow and shelters routinely operate at or near capacity.<sup>4</sup> In 2013, the City estimated that 5,253 people were without a home, 447 of whom slept outdoors.<sup>5</sup> Almost half of the people without a home reported being on a housing waitlist, including 19 percent who were waiting for supportive housing that specifically caters to mental health needs. Ninety-three percent reported that they wanted permanent housing.<sup>6</sup>

**A health-enhancing housing plan would address housing unaffordability, increase the supply of TCH and other subsidized units, fund the TCH capital repair backlog, and commit to eliminating homelessness in Toronto.**

## Health Impacts of Housing

There is extensive evidence that living in poor quality or unsafe housing can have direct and indirect health impacts.<sup>7</sup> For example, living in damp and moldy conditions can contribute to the development of respiratory conditions, like asthma.<sup>8</sup> The connections between homelessness and poor health are also well established; people who are homeless are at greater risk of death and serious health problems like tuberculosis than the general population.<sup>9</sup> Moreover, risk of homelessness is associated with other risk factors for poor health, like poverty and addiction.<sup>10</sup>





But a person doesn't have to be homeless for housing to impact their health; housing affordability can also impact health. Housing is one of the largest expenses that most people face. There are strong connections between living in unaffordable housing – defined as costing 30 percent or more of a household's income – and poor health.<sup>11</sup> When housing takes up a large percentage of a household's income, there is less money available for other essentials like healthy food, child care and transportation.<sup>12</sup> Moreover, a lack of affordable housing can mean living in crowded situations, putting people at risk for infectious diseases such as tuberculosis and respiratory infections.<sup>13</sup>

## Health Equity Impacts of Housing

Some populations are at greater risk of experiencing poor health owing to poor quality or unaffordable housing, including seniors, youth, newcomers, ethnic minorities and LGBT communities.<sup>14</sup> People with low income or who are living in poverty are at particular risk of homelessness<sup>15</sup> and are more likely to live in unsafe, inadequate or overcrowded housing arrangements.<sup>16</sup> In Toronto in 2010, 19.3 percent of the population had income under Statistics Canada's after-tax low income measure. Some sub-populations in Toronto experience even higher rates of poverty, including children aged under six years (25.6 percent) and youth aged under 18 years (25 percent). Additionally, 43.5 percent of renter households pay more than 30 percent of their income on housing.<sup>17</sup> That number is far too high.

Children are particularly vulnerable to poor health outcomes that are related to housing and homelessness. Children can be especially sensitive to moisture and mold.<sup>18</sup> Children who are homeless are more likely to experience asthma and ear infections, and have overall poor physical and mental health. Homelessness during pregnancy also results greater incidents of preterm delivery and low birth weight.<sup>19</sup> Living in poor quality housing as a child may also contribute to poorer health over their lifetime.<sup>20</sup>

# How do Toronto's Leading Mayoral Candidates Measure Up for Equity in Housing?

	 Chow	 Ford	 Soknacki	 Tory
<b>Affordable Housing</b>	<p>Target 20% of units in new residential towers to be affordable, creating 15,000 new units over four years. Development charges for these units would be deferred for 10 years.</p> <p>Rezone areas around existing residential towers to allow street-level commerce and public spaces.</p>	Not yet addressed.	<p>Extend the tax reduction for multi-unit residential buildings past 2015.</p> <p>Lobby the federal government for greater affordable housing funding.</p> <p>Allow location-specific development charges to provide discounts for development in targeted areas.</p> <p>Support zoning proposals that would increase housing availability such as laneway housing.</p> <p>Reduce threshold for requiring inclusionary zoning and dedicate a portion of any funds-in-lieu to the TCH repair backlog.</p> <p>Require that 10% of units be affordable in developments in areas of very high density or in projects requiring rezoning.</p> <p>Reform and standardize Section 37 rules.</p>	Not yet addressed. Tory campaign has indicated that their housing platform will be announced in early September.
<b>Social Housing</b>	<p>Pilot program to transfer governance of TCH seniors' housing. Governance would be transferred to a stakeholder-run Seniors' Community Public Housing Corporation.</p>	Not yet addressed.	<p>Decentralize TCH into smaller agencies in partnership with charities and land trusts.</p> <p>Adopt new service benchmarks and management strategies to reduce the TCH waitlist.</p> <p>Fund state of good repair backlog and allow TCH residents to perform minor maintenance.</p>	Not yet addressed. Tory campaign has indicated that their housing platform will be announced in early September.
<b>Homelessness</b>	<p>Not yet addressed. Chow campaign has indicated that their homelessness policy will be announced in late August.</p>	Not yet addressed.	<p>Establish a Mayor's Homelessness Committee with the goal of ending homelessness.</p> <p>Expand eligibility criteria for support through emergency rent and utility programs.</p> <p>Partner with a charity to run a city Rent Bank.</p> <p>Support LGBT youth homelessness initiatives.</p>	Not yet addressed. Tory campaign has indicated that their housing platform will be announced in early September.

## Housing for a Healthier Toronto

High quality and affordable housing is essential for good health. Despite this, neither Rob Ford nor John Tory have addressed housing issues in Toronto. Chow and Soknacki have housing policies, but they have not directly considered the health impacts of their proposals. Some of Chow and Soknacki's housing policies, however, may have positive health benefits for Torontonians.

**Chow and Soknacki** would address the lack of affordable housing in Toronto through zoning changes. Both candidates have promised to expand inclusionary zoning, whereby developers would be required or incented to provide affordable housing in return for regulatory concessions.<sup>21</sup> They would also make changes to existing zoning to facilitate the construction of more affordable housing in Toronto. Rezoning areas around existing residential towers to allow business activity and public spaces, as promised by Chow, may provide greater access to essential services such as grocery stores, mitigating the impact of living in poor housing. Soknacki would also lobby the federal government for additional affordable housing funding. **Ford and Tory have not yet addressed the lack of affordable housing in Toronto.**

**Chow and Soknacki** have similar policies on the decentralization of Toronto Community Housing Corporation governance to smaller, community-focused organizations. Evidence suggests that empowerment of tenants in social housing can lead to improvements in well-being;<sup>22</sup> Chow and Soknacki's proposals could therefore contribute to improved health for TCH tenants through increased social capital.

Soknacki has also committed to making administrative changes to reduce the TCH affordable housing waitlist and to fund state of good repair backlogs. Many of the 92,241 households on the TCH waitlist may be paying more than 30 percent of their income on housing while they wait for an affordable home, and some may be homeless. Given the connections between housing and health, reducing the TCH waitlist by facilitating access to affordable housing is critical. Likewise, Soknacki's commitment to fund the state-of-good-repair backlog is also important to ensure that TCH residents have safe and healthy homes. **Ford and Tory have not yet addressed social housing.**

**Soknacki** has committed to creating a Mayor's Homelessness Committee and has endorsed the Housing First model to address Toronto's homelessness crisis. An evaluation of the Toronto component of the Mental Health Commission of Canada's At Home/Chez Soi initiative to house people who were homeless and/or who had a mental illness showed that this program resulted in reductions in hospitalizations, health provider visits and emergency department and shelter use.<sup>23</sup> Soknacki's commitment to expanding eligibility for rent and utility supports for low income Torontonians may also prevent the negative health impacts of increased housing precarity and homelessness.<sup>24</sup> **Chow, Ford and Tory have not yet addressed homelessness.**

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### ENDNOTES

- 1 City of Toronto, 2011 National Household Survey: Income and Shelter Costs, September 2013. Accessed Aug 15, 2014. <http://www1.toronto.ca/City%20Of%20Toronto/Social%20Development,%20Finance%20&%20Administration/Shared%20Content/Demo-graphics/PDFs/Reports/nhs-backgrounder-income-shelter.pdf>.



- 2 Housing Connections, Monthly Statistical Report, June 2014. Accessed Aug 21, 2014. <http://www.housingconnections.ca/PDF/MonthlyReports/2014/Monthly%20Report%20-%20June%202014.pdf>.
- 3 Toronto Community Housing, State of Good Repair. Accessed August 26, 2014. [http://www.torontohousing.ca/sogr\\_repair\\_needs](http://www.torontohousing.ca/sogr_repair_needs).
- 4 City of Toronto, Daily Shelter Census. Accessed August 26, 2014. <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=4ec8c0e9f7301410VgnVCM10000071d60f89RCRD&vgnextchannel=c0aeab2cedfb0410VgnVCM10000071d60f89RCRD>.
- 5 City of Toronto, 2013 Street Needs Assessment Results, 2013. Accessed August 26, 2014. <http://www.toronto.ca/legdocs/mmis/2013/cd/bgrd/backgroundfile-61365.pdf>.
- 6 City of Toronto, 2013 Street Needs Assessment Results.
- 7 S. Hwang & K. McKenzie, 'Ontario's housing crisis is also a health crisis', The Toronto Star, July 6, 2014. Accessed August 27, 2014. [http://www.thestar.com/opinion/commentary/2014/07/06/ontarios\\_housing\\_crisis\\_is\\_also\\_a\\_health\\_crisis.html](http://www.thestar.com/opinion/commentary/2014/07/06/ontarios_housing_crisis_is_also_a_health_crisis.html).
- 8 J.R. Dunn, 'Housing and Health Inequalities: Review and Prospects for Research', Housing Studies 15(3), May 2000.
- 9 S.W. Hwang, R. Wilkins, M. Tjepkema, P.J. O'Campo & J.R. Dunn, 'Mortality among residents of shelters, rooming houses, and hotels in Canada: 11 year follow-up study', BMJ 339, 2009; Dunn, 2000.
- 10 Toronto Public Health, Healthy Toronto by Design, Toronto, October 2011.
- 11 Dunn, 2000.
- 12 S.I. Kirkpatrick & V. Tarasuk, 'Housing Circumstances are Associated with Household Food Access among Low-Income Urban Families', Journal of Urban Health 88(2), 2011.
- 13 J. Krieger & D.L. Higgins, 'Housing and Health: Time Again for Public Health Action', American Journal of Public Health 92(5), 2002; S. Pathak, M.D. Low, L. Franzini & J.M. Swint, 'A Review of Canadian Policy on Social Determinants of Health', Review of European Studies, 4(4), 2012.
- 14 A. Mahamoud, B. Roche, B. Gardner & M. Shapcott, Housing and health: Examining the links, Wellesley Institute, March 2012.
- 15 C. Chamberlain & G. Johnson, 'Pathways into adult homelessness', Journal of Sociology 49(1), 2011.
- 16 Kirkpatrick & Tarasuk.
- 17 City of Toronto, 2013.
- 18 D.C. Read and A. Tsvetkova, 'Housing and Social Issues: A Cross Disciplinary Review of the Existing Literature', Journal of Real Estate Literature 20(1), 2012.
- 19 Ibid.
- 20 D. Raphael, 'Poverty in childhood and adverse health outcomes in adulthood', Maturitas 69, 2011.
- 21 R. Drdla Associates, A Guide to Developing an Inclusionary Housing Program, September 2009. Accessed Aug 21, 2014. [http://www.wellesleyinstitute.com/wp-content/uploads/2010/06/Inclusionaryhousing\\_Drdla.pdf](http://www.wellesleyinstitute.com/wp-content/uploads/2010/06/Inclusionaryhousing_Drdla.pdf).
- 22 J. Rosenberg, 'Social Housing, Community Empowerment and Well-Being: Part One – Empowerment Practice in Social Housing', Housing, Care and Support 14(4), 2011.
- 23 V. Stergiopoulos, P. O'Campo, S. Hwang, A. Gozdzik, J. Jeyaratnam, V. Misir, R. Nisenbaum, S. Zerger, & M. Kirst, At Home/Chez Soi Project: Toronto Final Report. Calgary: Mental Health Commission of Canada, 2014.
- 24 Concerns about eligibility for municipally-administered emergency housing funds are discussed in B. Gardner, S. Barnes & J. Laidley, The Real Cost of Cutting the Community Start-Up and Maintenance Benefit: A Health Equity Impact Assessment, Wellesley Institute, November 2012. Accessed Aug 15, 2014. <http://www.wellesleyinstitute.com/wp-content/uploads/2012/11/The-Real-Cost-of-Cutting-CSUMB.pdf>.



## Green Spaces and Active Transportation



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Usable green spaces and being able to walk or bike around your neighbourhood to get to work or to pick up groceries makes a city livable. Toronto calls itself “a city within a park” and its patterns of development and street design incorporate the provision of parks and green spaces, as well as bike lanes and sidewalks. And though the parks system covers approximately 13 percent of the city’s land area, which includes more than 1,600 public parks and an extensive ravine system,<sup>1</sup> there are challenges that need to be addressed.

Toronto’s major rain and ice storm in late 2013 caused extensive damage to the city’s tree canopy and urban forest. Prior to the storms, Toronto had 10.2 million trees, providing approximately 27 percent tree canopy cover. The magnitude of the damage to the tree canopy is still not clear, but extensive maintenance and replanting is required.<sup>2</sup> Our tree canopy provides much needed shade in the summertime and helps to clean the air that we breathe.

The City’s Parks and Recreation Division reports that it does not have adequate resources to proactively care for Toronto’s tree canopy.<sup>3</sup> In 2004, and again in 2013, the City committed to increasing tree canopy coverage across the city to between 30 and 40 percent. In order to achieve and sustain the goal of 40 percent tree coverage, approximately 570,000 trees would have to be planted per year.<sup>4</sup>

Toronto adopted an official Bike Plan in 2001 which aimed to create a city-wide cycling network of on-road and off-road bikeways, improve signage and parking, and to expand the network of painted bicycle lanes, off-road trails and shared roadways.<sup>5</sup> Currently, there are 536.5 lane kilometers of on-street bikeways, and 294.1 trail kilometers.<sup>6</sup> Despite this, Toronto’s cycle network is not well connected and does not facilitate cycling outside of the downtown core.<sup>7</sup>

Walkability is typically measured by residential density, traffic density, proximity of walkable destinations, and land use mix.<sup>8</sup> Walkable neighbourhoods can facilitate physical activity, access to jobs, school, and essential services, and social interaction. Walkability in Toronto varies across neighbourhoods. While the downtown core is highly walkable, many areas of the inner suburbs that are home to larger numbers of low income people are not.<sup>9</sup>

**A health-enhancing green spaces and active transportation plan would commit to protecting and expanding Toronto's green spaces and active transportation networks.**

## Health Impacts of Green Spaces and Active Transportation

Access to parks, gardens and other public green spaces play a vital role to our health. They can lead to increased physical activity and relaxation, which are associated with health benefits such as lower blood pressure and cholesterol levels, reduced risk of cardiovascular disease and type II diabetes, enhanced survival after a heart attack or more rapid recovery from surgery, fewer minor medical complaints and lower self-reported stress. Additionally, parks and public spaces can help to build healthy communities, contributing to stable neighbourhoods and social connections.<sup>10</sup>

There is extensive evidence that having access to green spaces can contribute to good mental health. Research has shown that people living near green spaces report better mental health than people living in densely urbanized areas with low access to green spaces.<sup>11</sup> People who live in greener settings have also been shown to be more effective at managing major life issues.<sup>12</sup>

Urban forests play an active role improving and mitigating health risks. Trees improve air quality by removing atmospheric carbon dioxide, absorbing air pollutants, and producing oxygen.<sup>13</sup> Air pollution poses a threat to the health of those living in cities, contributing to asthma, coughing, headaches, respiratory heart disease, and some cancers.<sup>14</sup> Trees also provide shade control, which limit exposure to ultra violet radiation, which can lead to sunburns, skin cancer, and cataracts.<sup>15</sup> Trees also help to reduce extreme urban temperatures, which can contribute to heat rash, sunburn, fainting and heat exhaustion, which can lead to increased mortality.<sup>16</sup>

Active transportation networks, such as sidewalks, paths, and bike lanes, encourage residents to walk and cycle, reducing the risk of a number of chronic diseases, cardiovascular disease, obesity, type II diabetes, and certain types of cancer. Active transportation also has a positive effect on mental health, as physical activity can reduce the symptoms of depression, anxiety, and panic disorders.<sup>17</sup>

## Health Equity Impacts of Green Spaces and Active Transportation

Not all populations and neighbourhoods in Toronto have equitable access to green spaces and active transportation networks. For example, the former City of Toronto has active transportation rates that are three times higher than in North York, Scarborough and Etobicoke. Additionally, the northern and eastern parts of the city have fewer bicycle facilities compared to south-central Toronto where bicycle lanes and paths are more concentrated.<sup>18</sup>






In Toronto, evidence suggests that lower income neighbourhoods are more likely to lack opportunities for physical activity and have fewer green spaces compared to neighbourhoods that are better off. Toronto's inner suburbs, which have some of the highest rates of poverty in the city, also have fewer green spaces and opportunities to participate in active transportation, which may contribute to poorer health for residents.<sup>19</sup> There is extensive evidence that people with lower income are already at greater risk of many chronic diseases, such as cardiovascular disease and type II diabetes – living in neighbourhoods that lack green spaces and active transportation options may further increase these risks. Newcomers to Canada often have lower income than other Torontonians and may be more likely to live in low-income neighbourhoods and experience poorer health owing to a lack of green spaces and active transportation options.<sup>20</sup> A study examining walkability and diabetes in Toronto found that recent immigrants living in poorly connected areas had diabetes incidence rates that were more than 50 percent higher than those living in the most walkable areas.<sup>21</sup>

Children may be at particular risk of poor health owing to a lack of green spaces and active transportation. Greater neighbourhood walkability is associated with higher levels of physical activity among youth both as a method of active transportation, for example, walking or cycling to and from school, and for leisure.<sup>22</sup> In Toronto, many low income neighbourhoods also have low walkability, which may place children in these neighbourhoods at greater risk of poor health.<sup>23</sup> Safety concerns are also a factor of decreased levels of active transportation among children. In a survey of residents living in Toronto's low-income high-rise neighbourhoods, only 24 percent of parents reported feeling comfortable letting their children walk unaccompanied in their neighbourhoods.<sup>24</sup>

Seniors also benefit from green spaces and safe and maintained active transportation networks. Green spaces can provide communities with important locations for social interactions, which can contribute to lower levels of anxiety and depression among seniors.<sup>25</sup> Moreover, as seniors age the ability to walk to local shops to complete basic daily tasks like food shopping are critical to good physical and mental health.



# How do Toronto's Leading Mayoral Candidates Measure Up for Equity in Green Spaces and Active Transportation?

	 <b>Chow</b>	 <b>Ford</b>	 <b>Tory</b>
<b>Parks</b>	<p>Create online access to parks permits and ferry tickets.</p> <p>Cut red tape for larger events such as parades, festivals, markets and arts events.</p> <p>Waive fees and cover insurance costs for friends-of-parks groups to hold fundraising events in parks.</p> <p>Encourage residents to report park maintenance problems by posting the name and contact information of the staff person responsible.</p>	Not yet addressed.	Not yet addressed.
<b>Urban Forestry</b>	<p>Increase the city's tree planting budget by 50% and work with charitable partners, the corporate sector and community organizations to plant one million trees over ten years.</p>	Not yet addressed.	Maintain the city's 2012 tree cover of 28 percent by planting 3.8 million trees over the next 10 years.
<b>Walkability</b>	<p>Set a target of zero pedestrian fatalities.</p> <p>Give neighbourhoods control of speed limits by allowing them to lower limits by 10km/h.</p> <p>Make the 100 most dangerous intersections safer with longer crossing times and better lighting to help seniors.</p> <p>Make curbs squared or right-angled, forcing cars to turn more slowly.</p>	Not yet addressed.	Not yet addressed.
<b>Cycling</b>	<p>Build 200km of separated or designated bike lanes and boulevards within four years.</p> <p>Fast-track pilot projects for separated bike lanes on downtown streets.</p> <p>Improve maintenance of bike lanes, including fixing potholes and better snow removal.</p> <p>Improve bike parking at transit stations.</p> <p>Lobby Transport Canada to mandate side-guards on trucks and promote them on city-owned trucks.</p>	Not yet addressed.	Not yet addressed.

## Green Spaces and Active Transportation for a Healthier Toronto

Having access to green spaces and having active transportation options are important for good health. Despite this, of the three main mayoral candidates **Chow** is the only candidate who has included Toronto's parks, walkability and cycling in their platform. Only **Chow** and **Tory** have addressed Toronto's tree canopy.

A major theme of **Chow's** parks platform is reducing administrative barriers to access and participation, such as getting permits to use parks for events like birthday parties and picnics. Chow wants friends-of-parks groups to have greater ability use parks for events like farmers' markets, in addition to waiving park fees and insurance costs of these groups' fundraising activities in city parks. The City would also be more accessible to voice concerns or problems, as contact information for staff responsible will be posted. **Doug Ford and John Tory have not yet addressed parks.**

**Chow and Tory** have both committed to reinvest in Toronto's tree coverage in order to restore it from the 2013 rain and ice storm. Tory is taking a more aggressive approach and has committed to planting 380,000 trees annually over ten years to reach the 2012 tree cover of 28 percent. Chow has committed plant a million trees over ten years, to be financed by recovering the full cost of treating water that is discharged by businesses. Chow would also work with charitable partners, the corporate sector and community organizations to plant trees. **Doug Ford has not addressed urban forestry or restoring Toronto's tree canopy.**

**Chow** has committed to improving and expanding active transportation networks in Toronto. She wants to make walking safer by aiming for zero pedestrian fatalities. This will be achieved by giving neighbourhoods the ability to lower speed limits by 10km/h, which may make walking a more attractive to people who feel unsafe. Selected dangerous intersections will be improved by implementing longer crossing times for seniors and adding better lighting for visibility. Changing curb design from round to squared or right-angled may slow traffic and increase pedestrian safety. While these initiatives may make the city more walkable, Chow has not yet addressed how she would improve walking options in neighbourhoods that have little physical infrastructure like sidewalks or that do not have walking access to essential services like grocery stores. **Doug Ford and John Tory have not yet addressed walkability.**

Chow has committed to creating a bike grid by building 200 kilometres of separated or designated bike lanes within four years and fast-tracking pilot projects for separated bike lanes on downtown streets. Chow has recognized the need to improve and maintain existing infrastructure by fixing potholes to decrease accidents and increasing snow removal to allow for safe all year biking. While these initiatives may increase cycling options in Toronto, it is important to note that Chow has proposed that they be funded by reallocations within the existing capital budget for cycling. Additionally, while Chow is calling on Transport Canada to mandate side guards on trucks she has only said that she would 'promote' guards on City-owned trucks. Doug Ford and John Tory have not yet addressed cycling.

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## ENDNOTES

- 1 City of Toronto. *Parks Plan 2013-2017*, 2013. Accessed August 29, 2014, <http://www.toronto.ca/legdocs/mmis/2013/pe/bgrd/backgroundfile-57282.pdf>
- 2 City of Toronto, *2013 Ice Storm Damage to Trees*. Accessed August 29, 2014. <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=2d4ab6f7e0ad3410VgnVCM10000071d60f89RCRD&vgnextchannel=470bdada600f0410VgnVCM10000071d60f89RCRD>.
- 3 City of Toronto, *Sustaining and Expanding the Urban Forest: Toronto's Strategic Forest Management Plan 2012-2022*, 2013. Accessed August 28, 2014 <http://www.toronto.ca/legdocs/mmis/2013/pe/bgrd/backgroundfile-55258.pdf>

- 4 City of Toronto. *Sustaining and Expanding the Urban Forest: Toronto's Strategic Forest Management Plan 2012-2022*, 2013.
- 5 City of Toronto, *City of Toronto Bike Plan: Shifting Gears*, 2001. Accessed August 29, 2014 [http://www1.toronto.ca/City%20Of%20Toronto/Transportation%20Services/Cycling/Files/pdf/B/bike\\_plan\\_full.pdf](http://www1.toronto.ca/City%20Of%20Toronto/Transportation%20Services/Cycling/Files/pdf/B/bike_plan_full.pdf)
- 6 City of Toronto. Bikeway Network Status. Accessed August 29, 2014 from <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=d7c3970aa08c1410VgnVCM10000071d60f89RCRD#lists>
- 7 City of Toronto, *Cycling Map*. Accessed August 29, 2014. <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=42b3970aa08c1410VgnVCM10000071d60f89RCRD>.
- 8 R.H. Glazier, J.T. Weyman, M.I. Creatore, P. Gozdyra, R. Moineddin, F.I. Matheson, J.R. Dunn & G.L. Booth, 'Development and Validation of an Urban Walkability Index for Toronto, Canada', *Canadian Journal of Diabetes* 32(4), 2008.
- 9 Toronto Public Health, *The Walkable City: Neighbourhood Design and Preferences, Travel Choices and Health*, April 2012. Accessed September 9, 2014 [http://www.toronto.ca/health/hphe/pdf/walkable\\_city.pdf](http://www.toronto.ca/health/hphe/pdf/walkable_city.pdf)
- 10 Toronto Public Health. *Healthy City by Design*, 2011. Accessed August 29, 2014 [http://www.toronto.ca/health/hphe/pdf/healthytoronto\\_oct04\\_11.pdf](http://www.toronto.ca/health/hphe/pdf/healthytoronto_oct04_11.pdf)
- 11 S. De Vries, R.A. Verheij, P. Groenewegen & P. Spreeuwenberg, 'Natural environments - healthy environments? An exploratory analysis of the relationship between greenspace and health', *Environmental Planning*, 35, 2003.
- 12 R. Cooper, C. Boyko & R. Codinhoto, *State-of-Science Review: SR-DR2. The Effect of the Physical Environment on Mental Wellbeing*, Government Office for Science, 2008.
- 13 City of Toronto. *Every Tree Counts: A portrait of Toronto's Urban Forest*. Accessed September 10, 2014 <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=5e6fdada600f0410VgnVCM10000071d60f89RCRD&vgnextchannel=470bdada600f0410VgnVCM10000071d60f89RCRD>
- 14 Toronto Public Health. *Path to Healthier Air: Toronto Air Pollution Burden of Illness Update*, 2014. Accessed September 11, 2014 <http://www1.toronto.ca/City%20Of%20Toronto/Toronto%20Public%20Health/Healthy%20Public%20Policy/Report%20Library/PDF%20Reports%20Repository/2014%20Air%20Pollution%20Burden%20of%20Illness%20Tech%20RPT%20final.pdf>
- 15 Lucas, R., McMichael, T., Smith, W., Armstrong, B. Solar Ultraviolet Radiation: Global burden of disease from solar ultraviolet radiation, 2006. World Health Organization. Accessed September 11, 2014 <http://www.who.int/uv/publications/solaradgbd/en/>
- 16 C. Rinner & M. Hussain, 'Toronto's Urban Heat Island – Exploring the Relationship between Land Use and Surface Temperature', *Remote Sensing*, 3(2011)
- 17 Toronto Public Health. *Road to Health: Improving walking and cycling in Toronto*, 2012. Accessed September 3, 2014 <http://www.toronto.ca/health/hphe/pdf/roadtohealth.pdf>
- 18 Toronto Public Health. *Road to Health: Improving Walking and Cycling in Toronto*, 2012.
- 19 Toronto Public Health. *The Walkable City: Neighbourhood Design and Preferences, Travel Choices and Health*, 2012. Accessed September 11, 2014 [http://www.toronto.ca/health/hphe/pdf/walkable\\_city.pdf](http://www.toronto.ca/health/hphe/pdf/walkable_city.pdf)
- 20 Toronto Public Health & Access Alliance. *The Global City: Newcomer Health in Toronto*, 2012. Accessed September 11, 2014 <http://www.toronto.ca/legdocs/mmis/2011/hl/bgrd/backgroundfile-42361.pdf>
- 21 G. Booth, M. Creatore, R. Moineddin, P. Gozdyra, J. Weyman, F. Matheson & R. Glazier, 'Unwalkable Neighbourhoods, Poverty, and the Risk of Diabetes Among Recent Immigrants to Canada Compared with Long-Term Residents', *Diabetes Care*, 36(2) February 2013.
- 22 R. Casey, J.M Oppert, C. Weber, H. Charreire, P. Salze, D. Badariotti, A. Banos, C. Fischler, C. Giacomani Hernandez, B. Chaix & C. Simon, 'Determinants of childhood obesity: What can we learn from built environment studies?', *Food Quality and Preference* 31, 2014.
- 23 Toronto Public Health, *The Walkable City: Neighbourhood Design and Preferences, Travel Choices and Health*, April 2012.
- 24 P. Hess, P. & J. Farrow, *Walkability in Toronto's High-Rise Neighbourhoods*, 2010. Accessed September 11, 2014 [http://www.janeswalk.org/old/assets/uploads\\_docs/Walkability\\_Full\\_Report.pdf](http://www.janeswalk.org/old/assets/uploads_docs/Walkability_Full_Report.pdf)
- 25 J. Kerr, D. Rosenberg & L. Frank, 'The Role of the Built Environment in Healthy Aging: Community Design, Physical Activity, and Health among Older Adults', *Journal of Planning Literature* 27(1), 2012.

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## Jobs and Poverty Reduction



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in the 2014 Toronto Mayoral Election  
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Having enough money to meet your basic needs is essential to good health. However, too many Torontonians struggle to make ends meet. In Toronto in 2010, 19.3 percent of the population had income under Statistics Canada's after-tax low income measure.<sup>1</sup> This means that almost 497,000 people in the city were struggling to make ends meet, choosing between rent and groceries, forgoing essential needs for good health for themselves and their families. Poverty rates are even higher for children under six years of age (25.6 percent) and youth aged under 18 years (25 percent).

Poverty is experienced differently for some communities; racialized communities experience consistently higher rates of poverty. In 2012, 41 percent of Torontonians of Southern and East African origin were living below the low income measure. People of Central and West African and West Central Asian and Middle Eastern origins were also over-represented among those living in poverty.<sup>2</sup>

Many factors can contribute to low income. In July 2014, Toronto's unemployment rate was 8.9 percent – higher than Ontario's rate of 7.8 percent.<sup>3</sup> The situation is particularly amplified for youth in Toronto, with people aged 15-24 experiencing 13.4 percent unemployment.<sup>4</sup> Employment in Toronto is also becoming less secure, with only 49.4 percent of people working in Toronto having a permanent, full-time job with benefits.<sup>5</sup> At \$11 per hour,<sup>6</sup> Ontario's minimum wage is not adequate to afford a decent standard of living in Toronto. Moreover, social assistance rates in Ontario are low, with single people on Ontario Works receiving only \$626 per month.<sup>7</sup>

Living in Toronto is difficult on a low income. Housing costs are high – 43.5 percent of renter households pay more than 30 percent of their income on housing<sup>8</sup> – which can mean not having enough money for other



essentials like nutritious food or transit to get to work. In 2012, a minimum wage earner supporting a family of four could expect to pay 53 percent of their income on rent and 29 percent on healthy food.<sup>9</sup> This means little money – if any – is left at the end of the month for clean clothes, trips to the dentist, or TTC tokens. In April 2014, Toronto City Council voted unanimously to develop a Poverty Reduction Strategy for the city.<sup>10</sup>

**A health-enhancing jobs and income plan would include initiatives to increase the number of well-paying, stable jobs that include benefits and would lay out a plan to reduce poverty in our city.**

## Health Impacts of Jobs and Income

Having adequate income is a major determinant of good health, and there is extensive evidence that people with low income are at greater risk of a number of serious health conditions. For example, diabetes rates tend to be higher in low income areas and poorer communities experience higher rates of diabetes-related complications.<sup>11</sup> Moreover, many of the individual-level interventions that can prevent or control diabetes, such as healthy eating and regular physical exercise, are not possible for low income people owing to affordability barriers.<sup>12</sup> In an Ontario study, women in the lowest income group were 2.5 times more likely to have diabetes than women in the highest income group, while men in the lowest income group were twice as likely to have diabetes as men in the highest income group.<sup>13</sup> Low income is also associated with increased risk of cardiovascular disease<sup>14</sup> and poor mental health, including increased rates of anxiety, depression, psychological distress and suicide.<sup>15</sup>

In addition to affecting health status, income can also influence life expectancy. Statistics Canada research shows that the difference in life expectancy at age 25 between the highest and lowest income groups was 7.4 years for men and 4.5 years for women. The life expectancy gap reduced at every step up the income ladder: people in the second lowest income group had a longer life expectancy than those in the lowest income group, and so on.<sup>16</sup> This means that incremental increases in life expectancy can be made even by raising people up a single income bracket.

Low income can also have health impacts at the neighbourhood level, which can reinforce individual health inequities. Low income neighbourhoods often have fewer community resources, such as recreation centres, access to public transit, and health and family services, than wealthier neighbourhoods. Moreover, low income neighbourhoods may have higher rates of unhealthy behaviours, such as smoking and a lack of physical activity.<sup>17</sup> In Ontario, people living in the poorest neighbourhoods reported lower positive mental health (66 percent) compared to those living in the best-off neighbourhoods in the (78 percent).<sup>18</sup>

## Health Equity Impacts of Jobs and Income

Not everybody has equitable access to adequate income and good jobs and, as a result, some populations may be at greater risk of poor health. Women may be especially impacted by low income, especially those raising children in single-parent households. Women may prioritize their children's needs over their own – for example, by skipping meals so that their children have enough to eat – which can contribute to poor health.<sup>19</sup>




Despite this, children who grow up in low income households may still be at greater risk of poor health both in childhood and throughout their life.<sup>20</sup>

Currently in Toronto, young people are experiencing particular challenges in becoming established in the labour market, and the youth unemployment rate is high. Not having a decent job can have health impacts over a lifetime. Being unemployed early in life can contribute to increased risks of cigarette smoking and poor mental health later in life.<sup>21</sup> People with disabilities also face significant barriers to labour force participation – 90 percent of people with a serious mental illness are unemployed<sup>22</sup> – and may therefore have to rely on public disability programs like ODSP that provide very low levels of income.

In Toronto, there are an increasing number of people working in jobs that do not support good health. The ‘working poor’ are people aged between 18 and 64 with earned income of at least \$3,000 per year but who have an after-tax income below Statistics Canada’s Low Income Measure (LIM). In the Toronto Region, this population increased by 42 percent between 2000 and 2005.<sup>23</sup> Working poverty can have serious health impacts: Ontario data show that only 49 percent of those who were working poor reported their health as excellent or very good as compared with 66 percent of people who were working and made sufficient incomes.<sup>24</sup>

Toronto is an expensive city in which to live, especially for minimum wage earners. A recent Wellesley Institute study found that the share of minimum wage earners in Ontario increased from 4.3 percent to 9 percent between 2003 and 2011. The report also found that some populations are more likely than others to work for minimum wage and, consequently, be at greater risk of poor health. Racialized Ontarians (13.2 percent) and recent immigrants (19.1 percent) were more likely than the population as a whole to work for minimum wage.<sup>25</sup>

# How do Toronto's Leading Mayoral Candidates Measure Up for Equity in Jobs and Income?

	 <b>Chow</b>	 <b>Ford</b>	 <b>Tory</b>
<b>Economic Development</b>	<p>Establish a Mayor's Council on the Economy and Jobs with membership from business, academia and civil society to identify barriers, rules that need to be changed or investments that should be made to support innovation and entrepreneurship.</p> <p>Establish a city Music Office similar to the existing film office and support the development of cultural clusters.</p> <p>Transform Invest Toronto into Global Toronto, incorporating some functions of economic development found elsewhere in the city. Global Toronto would be multi-lingual and have a global outreach strategy.</p> <p>Extend small business tax cuts that are due to expire in 2015 to 2020.</p> <p>Help entrepreneurs from abroad set up businesses and export. The City should offer forms in many languages and emulate successful programs for immigrant entrepreneurs like Vancouver's SUCCESS program that helps new Canadians start businesses in Toronto, while helping existing small businesses export to markets abroad.</p> <p>Move business approval services online and offered in more locations.</p>	Not yet addressed.	<p>Target 25,000 net new jobs per year.</p> <p>Establish a city Music Office to stimulate greater activity in the music industry, including through increasing tourism and music festivals, and create jobs.</p> <p>Create a single touch point for business permit applications and other services sought by those seeking to invest in Toronto.</p> <p>Unify and streamline the operations of Invest Toronto, the City Economic Development Department and the Greater Toronto Marketing Alliance.</p> <p>Making Toronto the Research and Development centre of the world for Smart City Technology – technologies such as traffic management systems.</p> <p>Double the number of foreign investments leads over four years.</p> <p>Work with other GTHA municipalities to coordinate investment decisions in infrastructure and to target growth sectors.</p> <p>Continue commercial-to-residential property tax rate rebalancing.</p> <p>Implement a report card on red tape and require the elimination of one existing regulation for every new regulation created in existing policy areas.</p> <p>Reduce the number of business regulations by 20 percent.</p> <p>Advocate for a new medical school at York University and teaching-hospital status at Humber River Regional Hospital.</p> <p>Create a Scarborough subway expansion community improvement plan and reduce property taxes for 10 years to attract businesses.</p>
<b>Youth Employment</b>	<p>Require companies awarded city contracts hire and train young people using community benefits agreements.</p> <p>Build on the city's direct youth employment programs with target of 5,000 new apprenticeships and jobs over four years. For example, City after-school recreation and tree-planting programs should hire young people.</p>	Not yet addressed.	<p>Double the number of companies in the Program to Advance Youth Employment (PAYE) program – a partnership between the City, private sector employers and community employment service providers.</p> <p>Consolidate City youth employment services.</p>
<b>Poverty Reduction</b>	Signed Action on Poverty Pledge committing to implement an anti-poverty strategy for Toronto with targets, timelines and annual reporting.	Will be invited to sign the Action on Poverty Pledge.	Signed Action on Poverty Pledge committing to implement an anti-poverty strategy for Toronto with targets, timelines and annual reporting.

## Jobs and Income for a Healthier Toronto

Having adequate income to cover housing, food, transportation and other essential needs is critical to good health. While none of the main mayoral candidates have specifically addressed health in their jobs and poverty reduction platforms, it is possible that some of the proposals could help to improve the health of vulnerable groups in Toronto.

Olivia **Chow** and John **Tory** have both made commitments to reducing youth unemployment in Toronto. **Tory's** plan involves enhancing the City's existing partnerships with business and community employment agencies through the Program to Advance Youth Employment (PAYE) program, while Chow has promised to require companies that are awarded large City contracts to hire and train youth and for the City to directly employ more youth through increased apprenticeships and jobs. **Chow's** plan to increase public sector employment may have positive health benefits as workers in lower-paid occupations, such as cleaning, food preparation and clerks, are usually better paid in the public sector than in the private sector. Moreover, given that women make up a higher proportion of public sector employees, increasing employment in this sector may have positive gender impacts.<sup>26</sup> **Tory's** plan to facilitate private sector employment for youth through existing partnerships is important, but care must be taken to ensure that the jobs being created for youth are stable, well-paying and include benefits. **Doug Ford** has not yet addressed youth unemployment.

**Chow** and **Tory** have plans to create jobs in Toronto, but neither appears to have a plan to ensure that the jobs that are created are high-quality and supportive of good health. For example, both have committed to creating a Toronto Music Office to support the development of this sector, but neither has addressed how to make these jobs sustainable and health-enhancing. Employment in creative industries is often precarious, with many short-term contracts.<sup>27</sup> While creating jobs in the creative industries may have positive economic benefits for Toronto, these benefits should be accompanied by a plan to ensure that high-quality jobs are created. **Doug Ford** has not yet addressed job creation.

**Chow** and **Tory** have signed the Action on Poverty Pledge, which committed them to support a Toronto Poverty Reduction Strategy that includes action on employment, income support, housing and shelter, community supports, children's services and public transit.<sup>28</sup> While many of the macro levers to reduce poverty rest with the federal and provincial governments, the City can also play a significant role in reducing poverty and its health effects. For many people with low income high-quality and equitable municipal services, like libraries, community centres, and affordable child care, are essential to overall income security. Toronto's next mayor must champion the city's Poverty Reduction Strategy. **Doug Ford** has not yet signed the Action on Poverty Pledge.

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### ENDNOTES

- 1 City of Toronto, *2011 National Household Survey: Income and Shelter Costs*, September 2013. Accessed Aug 15, 2014. <http://www1.toronto.ca/City%20Of%20Toronto/Social%20Development,%20Finance%20&%20Administration/Shared%20Content/Demographics/PDFs/Reports/nhs-background-income-shelter.pdf>.
- 2 Alliance for a Poverty-Free Toronto, Children's Aid Society of Toronto, Colour of Poverty – Colour of Change, Ontario Campaign 200 & Social Planning Toronto, *New Data Shows Epidemic Poverty Levels in Toronto*, August 27, 2014. Accessed August 29, 2014. <http://www.socialplanningtoronto.org/wp-content/uploads/2014/08/Fact-Sheet-New-Poverty-Data-FINAL.pdf>.



- 3 Statistics Canada, *Table 282-0116 - Labour force survey estimates (LFS), by census metropolitan area based on 2006 census boundaries, 3-month moving average, seasonally adjusted and unadjusted, monthly*, CANSIM (database). Accessed August 29, 2014.
- 4 Statistics Canada. *Table 282-0087 - Labour force survey estimates (LFS), by sex and age group, seasonally adjusted and unadjusted, monthly*, CANSIM (database). Accessed August 29, 2014.
- 5 W. Lewchuk, M. Lafleche, D. Dyson, L. Goldring, A. Meisner, S. Procyk, D. Rosen, J. Shields, P. Viducis & S. Vrankulj, *It's More Than Poverty: Employment Precarity and Household Well-Being*, PEPSO, McMaster University, United Way Toronto, 2013.
- 6 Ontario Ministry of Labour, *Minimum Wage*. Accessed August 29, 2014. <http://www.labour.gov.on.ca/english/es/pubs/guide/minwage.php>.
- 7 Income Security Advocacy Centre, *Social Assistance Rates Update and Information on the Ontario Child Benefit*, September 2013. Accessed August 29, 2014. <http://www.incomesecurity.org/FactsheetsonOWandODSPchangesfromBudget2013.htm>.
- 8 City of Toronto, *2011 National Household Survey: Income and Shelter Costs*, September 2013. Accessed Aug 15, 2014. <http://www1.toronto.ca/City%20Of%20Toronto/Social%20Development.%20Finance%20&%20Administration/Shared%20Content/Demographics/PDFs/Reports/nhs-background-income-shelter.pdf>.
- 9 Toronto Public Health, *May 2012 – Nutritious Food Basket Scenarios*, 2012. Accessed August 29, 2014. <http://www.toronto.ca/legdocs/mmis/2012/hl/bgrd/backgroundfile-49920.pdf>.
- 10 City of Toronto, *Developing a City of Toronto Poverty Reduction Strategy*, City Council Decision 27.9, April 1, 2014. Accessed September 18, 2014. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2014.CD27.9>.
- 11 F.B Pilkington, I. Daiski, T. Bryant, M. Dinca-Panaiteescu, S. Dinca-Panaiteescu, D. Raphael, 'The Experience of Living with Diabetes for Low-Income Canadians', *Canadian Journal of Diabetes* 34(2), 2010.
- 12 Pilkington et al.
- 13 A.S. Bierman, F. Ahmad, J. Angus, R.H. Glazier, M. Vahabi, C. Damba, J. Dusek, S.K. Shiller, Y. Li, S. Ross, G. Shapiro, D. Manuel, 'Burden of Illness', in A.S. Bierman (ed.), *Project for an Ontario Women's Health Evidence-Based Report: Volume 1: Toronto*; 2009.
- 14 B. Walton-Moss, L. Samuel, T.H. Nguyen, Y. Comodore-Mensah, M.J. Hayat & S.L. Szanton, 'Community-Based Cardiovascular Health Interventions in Vulnerable Populations: A Systematic Review', *Journal of Cardiovascular Nursing* 29(4), 2014.
- 15 M.W. Manseau, 'Economic Inequality and Poverty as Social Determinants of Mental Health', *Psychiatric Annals* 44(1), 2014.
- 16 C. McIntosh, P. Finès, R. Wilkins & M. Wolfson, 'Income disparities in health-adjusted life expectancy for Canadian adults, 1991 to 2001' *Health Reports* 20(4), 2009: Statistics Canada Catalogue no. 82-003-XPE.
- 17 J. Chen & F. Hou, 'Neighbourhood low income, income inequality and health in Toronto', *Health Reports* 14(2), 2003.
- 18 2011 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario, *Maintaining the Gains, Moving the Yardstick: Ontario Health Status Report, 2011*, Chief Medical Officer of Health of Ontario, 2011.
- 19 P. Attree, 'Low-income mothers, nutrition and health: a systematic review of qualitative evidence', *Maternal and Child Nutrition* 1, 2005; Toronto Public Health, *Perspectives of Parenting on a Low Income*, Toronto: December 2011.
- 20 N. Spencer, T.M. Thanh & S. Louise, 'Low Income/Socio-Economic Status in Early Childhood and Physical Health in Later Childhood/Adolescence: A Systematic Review', *Maternal Child Health Journal* 17, 2013.
- 21 A. Hammarstrom, A & U. Janlert, 'Early unemployment can contribute to adult health problems: results from a longitudinal study of school-leavers', *Journal of Epidemiology and Community Health* 56(8), 2002.
- 22 Mental Health Commission of Canada, *The Aspiring Workforce: Employment and Income for People with Serious Mental Illness*, Ottawa: Mental Health Commission of Canada, 2013.
- 23 J. Stapleton, B. Murphy & Y. Xing, *The "Working Poor" in the Toronto Region: Who they are, where they live, and how trends are changing*, Metcalf Foundation, February 2012.
- 24 S. Block, *Rising Inequality, Declining Health: Health Outcomes of the Working Poor*, Wellesley Institute, 2013.
- 25 S. Block, *Who Is Working For Minimum Wage in Ontario?* Toronto: Wellesley Institute, 2013.
- 26 S. Block, *Reducing Labour Market Inequality, Three Steps At A Time*, Toronto: Wellesley Institute, 2013.
- 27 C. Davis, T. Creutzberg & D. Arthurs, 'Applying an innovation cluster framework to a creative industry: The case of screen-based media in Ontario', *Innovation: Management, Policy and Practice* 11(2), 2009; A. Watson, "'Running a studio's a silly business": work and employment in the contemporary recording studio sector', *Area* 43(3), 2013.
- 28 Alliance for a Poverty-Free Toronto, *2014 Municipal Election Candidate Survey*, 2014. Accessed September 19, 2014. <http://www.socialplanningtoronto.org/wp-content/uploads/2014/08/APTCandidatesPledge2014.pdf>.

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

Transit is critical to how cities move, grow and interact. Having access to high quality public transit opens doors for people to travel to and from work, school, grocery stores, recreation spaces, and places to socialize. However, our current transit system has significant accessibility and affordability barriers for many Torontonians.

Transit service coverage is an important determinant of ridership,<sup>1</sup> but the availability of public transit varies significantly across Toronto. The Martin Prosperity Institute developed a transit score index that estimated the availability of transit in neighbourhoods across the city based on density of stops and frequency of service and vehicle capacity. The index showed high transit scores in the downtown core but much lower scores in the inner suburbs.<sup>2</sup>

Fare affordability is also a major determinant of whether people use public transit.<sup>3</sup> A monthly MetroPass costs \$133.75 for adults and \$108 for seniors and students<sup>4</sup>, which makes Toronto's TTC system one of the least affordable among Canadian cities. A review by Toronto Public Health found that in 2009 a MetroPass would cost a minimum wage earner in Toronto 7.1 percent of their monthly income or 20 percent of the income of a single person receiving Ontario Works.<sup>5</sup> TTC fare increases in recent years have only been applied to monthly passes and tokens and not to cash fares.<sup>6</sup>

**A health-enhancing transit plan would commit to making transit affordable for all Torontonians, improve transit access in under-served parts of Toronto, and connect communities to important locations like grocery stores, workplaces and schools.**

## Health Impacts of Transit

Access to affordable and convenient transportation can have positive health benefits. Residents in the GTA have the longest commute times in Ontario, with people living in Toronto commuting an average of 65.6 minutes per day.<sup>7</sup> Longer commute times have been shown to contribute to behaviours that may result in poor health over time. People who commute tend to spend less time on physical activity, food preparation, eating with their family, and sleeping.<sup>8</sup> Long commutes may erode time spent with family and friends, which can affect social satisfaction and may contribute to poor physical and mental health.<sup>9</sup>

There are links between use of public transit and increased physical activity. Adults who use public transit are more physically active than those who use other methods of transportation and may have lower BMI scores. Transit-related walking, like walking to a bus stop, has been shown to contribute to an overall gain in daily physical activity.<sup>10</sup>

Neighbourhood physical environments can also influence travel choice, with more easily walkable neighbourhoods being more transit friendly. Transit stations that are surrounded by highly-walkable neighbourhoods contribute to more passengers walking to transit. Transit users who live in less-walkable neighbourhoods are more likely to drive to suburban stations.<sup>11</sup> A study in Utah tracked activity levels of people living in a low income neighbourhood before and after a new light rail station was constructed. The study found that the new station contributed to an increase in moderate physical activity and that neighbourhood residents may have begun to walk more even when not using transit as they discovered important community assets like parks and shops.<sup>12</sup>

## Health Equity Impacts of Transit

Not everybody in Toronto has equitable access to high-quality public transit, and this can have inequitable impacts on the lives and health of those who lack adequate transit options. In Toronto, people with low income face affordability barriers in accessing transit. Toronto's transit system provides better coverage in the downtown core than in the inner suburbs<sup>13</sup> which have higher rates of poverty.<sup>14</sup> Despite this, research by Toronto Public Health found that the lowest income commuters – those earning less than \$20,000 per year – are 1.6 times more likely than the highest income commuters to use public transit to get to work.<sup>15</sup> This means that people with low income who live in Toronto's inner suburbs may have no option but to pay unaffordable transit fares, which can impact the ability to afford other essential items like nutritious food.




While walking to transit may have positive health benefits, access to high-quality, easily accessible transit is often stratified by income, with people with lower income and education often having to walk further to transit connections.<sup>16</sup> Lower income neighbourhoods often lack physical infrastructure that supports safe and convenient walking, so walking to transit may be a poverty-related necessity rather than a health-enhancing choice.

People who work in irregular employment may face barriers getting to and from work owing to poor transit coverage outside of peak periods. For people who work during regular business hours, transit availability and

accessibility may be satisfactory, but for people who work in service jobs that have irregular hours and are located over wide geographic areas having few transit options when and where they are needed may be a barrier to employment.<sup>17</sup>

Older people and people with disabilities may face additional barriers to accessing transit. Only 32 of Toronto’s 69 subway and RT stations are accessible<sup>18</sup> and the planned completion of accessibility improvements has been delayed from 2020 to 2025 owing to a capital budget shortfall.<sup>19</sup> The roll-out of the city’s new accessible streetcars will not be completed until 2018/19.<sup>20</sup> Moreover, people with disabilities experience higher rates of poverty and lower rates of employment than other Torontonians, which may compound challenges in accessing transit.<sup>21</sup>

## How do Toronto’s Leading Mayoral Candidates Measure Up for Equity in Transit?

	 Chow	 Ford	 Tory
Affordability	Not addressed	Not addressed	Not addressed.
Accessibility	Not addressed	Not addressed	Not addressed.
Network Expansion	Convert planned Scarborough subway to LRT. Build downtown relief line. Increase rush-hour bus capacity by 10 percent.	Build Scarborough subway Build Phase 1 of the downtown relief line, from Queen to Pape. Replace planned Sheppard LRT with a subway. Bury surface-level sections of Eglinton LRT. Replace planned Finch LRT with a subway.	Build Scarborough subway. Develop Regional Express Rail using existing GO lines with higher-speed vehicles. Implement new express bus services.

## Transit for a Healthier Toronto

Having access to affordable transit is important to being able to access education, employment, social contacts, and other essentials like nutritious food and child care. While all three of the main mayoral candidates have transit plans, none have addressed the health and health equity impacts of transit.

**None of the main mayoral candidates have addressed transit fare affordability.** This is a significant omission given that Toronto’s transit system is one of the most expensive in Canada. Moreover, City Council voted in July 2014 to have the TTC and city departments examine a proposal to develop a fare equity strategy.<sup>22</sup> A fare equity strategy that includes discounted travel for people with low income could help to improve the health of marginalized Torontonians.

Despite the numerous accessibility barriers across Toronto’s transit system, **none of the main mayoral candidates have addressed transit accessibility.** While Toronto has a plan to make all of its subway and RT stations accessible, a lack of adequate capital funding has resulted in a five-year delay in completing these



projects. This delay means continued obstacles to participating in our city for seniors, people with disabilities, and others requiring barrier-free transit access.

The major transit debates among Toronto's mayoral candidates have centred on plans to expand the existing network to improve ridership and reduce traffic congestion. While this is important, **none of the mayoral candidates have addressed the need for transit to connect people with essential resources, such as education, grocery stores and child care services.** Only **Tory** has directly addressed the need for transit to connect people to employment – his regional express rail proposal would create new rapid transit connections to employment centres in the city's north-east and north-west, in addition to improving access from the suburbs to the downtown core.

**Chow's** commitment to increase Toronto's rush hour bus capacity by 10 percent is important. Buses are a key component of Toronto's transit system and service level cuts in 2010 have resulted in overcrowding. However, reliable bus services are also important outside of peak periods, including for people who work irregular hours in service industries. It is important to protect Toronto's Blue Night Network buses and to look for ways to improve services for people who commute off-peak.

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## ENDNOTES

- 1 C. Chen, D. Varley & J. Chen, 'What Affects Transit Ridership? A Dynamic Analysis Involving Multiple Factors, Lags and Asymmetric Behaviour', *Urban Studies* 48(9), 2011.
- 2 Martin Prosperity Institute, *The Many Cities of Toronto's Public Transit*. Accessed August 28, 2014. <http://martinprosperity.org/2012/08/09/the-many-cities-of-torontos-public-transit/>.
- 3 Chen, Varley & Chen, 2011.
- 4 Toronto Transit Commission, *Prices*, Accessed August 28, 2014. [https://www.ttc.ca/Fares\\_and\\_passes/Prices/index.jsp](https://www.ttc.ca/Fares_and_passes/Prices/index.jsp).
- 5 Toronto Public Health, *Next Stop Health: Transit Access and Health Inequities in Toronto*, 2013.
- 6 Toronto Transit Commission, *2014 TTC and Wheel-Trans Operating Budgets*, Accessed August 28, 2014. [http://ttc.ca/About\\_the\\_TTC/Commission\\_reports\\_and\\_information/Commission\\_meetings/2013/November\\_18/Reports/2014\\_TTC\\_AND\\_WHEEL\\_T.pdf](http://ttc.ca/About_the_TTC/Commission_reports_and_information/Commission_meetings/2013/November_18/Reports/2014_TTC_AND_WHEEL_T.pdf).
- 7 Canadian Index of Wellbeing, *How are Ontarians Really Doing? A Provincial Report on Ontario Wellbeing*, Waterloo: Canadian Index of Wellbeing & University of Waterloo, 2014.
- 8 T.J. Christian, 'Trade-Offs Between Commuting Time and Health-Related Activities', *Journal of Urban Health* 89(5), 2012.
- 9 E.C. Delmelle, E. Haslauer & T. Prinz, 'Social Satisfaction, Commuting and Neighborhoods', *Journal of Transport Geography* 30, 2013.
- 10 B.E. Saelens, A.V. Moudon, B. Kang, P.M. Hurvitz & C. Zhou, 'Relation Between Higher Physical Activity and Public Transit Use', *American Journal of Public Health* 104(5), 2014.
- 11 U. Lachapelle & R.B. Noland, 'Does the commute mode affect the frequency of walking behavior?', *Transport Policy* 21, 2012.
- 12 B.B. Brown & C.M. Werner, 'A New Rail Stop: Tracking Moderate Physical Activity Bouts and Ridership', *American Journal of Preventive Medicine* 33(4), 2007.
- 13 Martin Prosperity Institute, 2014.
- 14 J.D. Hulchanski, *The Three Cities in Toronto: Income Polarization Among Toronto's Neighbourhoods, 1970-2005*, 2010
- 15 Toronto Public Health, *Next Stop Health: Transit Access and Health Inequities in Toronto*, 2013.
- 16 L.M. Besser & A.L. Dannenberg, 'Walking to public transit: steps to help meet physical activity recommendations', *American Journal of Preventive Medicine* 29 (4), 2005.

- 17 R. Wray, *The Spatial Trap: Exploring Equitable Access to Public Transit as a Social Determinant of Health*, Toronto: Wellesley Institute, 2013.
- 18 Toronto Transit Commission, *Elevators and Escalators*. Accessed September 25, 2014. [https://www.ttc.ca/TTC\\_Accessibility/Easier\\_access\\_on\\_the\\_TTC/Elevators\\_and\\_escalators.jsp](https://www.ttc.ca/TTC_Accessibility/Easier_access_on_the_TTC/Elevators_and_escalators.jsp).
- 19 Toronto Transit Commission, *Funding and Annual Review*. Accessed September 25, 2014. [https://www.ttc.ca/TTC\\_Accessibility/Accessible\\_Transit\\_Services\\_Plan/2014\\_2018/Funding\\_And\\_Annual\\_Review.jsp](https://www.ttc.ca/TTC_Accessibility/Accessible_Transit_Services_Plan/2014_2018/Funding_And_Annual_Review.jsp)
- 20 Toronto Transit Commission, *New Streetcars*. Accessed September 25, 2014. [http://www.ttc.ca/About\\_the\\_TTC/Projects/New\\_Vehicles/New\\_Streetcars/index.jsp](http://www.ttc.ca/About_the_TTC/Projects/New_Vehicles/New_Streetcars/index.jsp).
- 21 Mental Health Commission of Canada, *The Aspiring Workforce: Employment and Income for People with Serious Mental Illness*, Ottawa: Mental Health Commission of Canada, 2013.
- 22 City of Toronto, *Toward a Policy Framework for Toronto Transit Fare Equity*, EX.43.18, July 8, 2014. Accessed September 26, 2014. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2014.EX43.18>.

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## What the Candidates Aren't Talking About



Health Equity Impact Assessment  
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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

- 1 S.V. Subramanian & I. Kawachi, 'Income Inequality and Health: What Have We Learned So Far?' *Epidemiologic Reviews*, 26, 2004.
- 2 A. Wagstaff & E. van Doorslaer, 'Income inequality and health: what does the literature tell us?' *Annual Review of Public Health*, 21, 2000.
- 3 Subramanian & Kawachi, 'Income Inequality and Health: What Have We Learned So Far?.'
- 4 N. Auger, D. Hamel, J. Martinez & N. Ross, 'Mitigating effect of immigration on the relation between income inequality and mortality: a prospective study of 2 million Canadians', *Journal of Epidemiology and Community Health* 66(6), 2012.
- 5 M.W. Manseau, 'Economic Inequality and Poverty as Social Determinants of Mental Health', *Psychiatric Annals* 44(1), 2014.
- 6 J.D. Hulchanski, *The Three Cities within Toronto: Income Polarization Among Toronto's Neighbourhoods, 1970-2005*, Accessed on October 2, 2014. <http://www.urbancentre.utoronto.ca/pdfs/curp/tnrn/Three-Cities-Within-Toronto-2010-Final.pdf>
- 7 F.B. Pilkington, I. Daiski, T. Bryant, M. Dinca-Panaitescu, S. Dinca-Panaitescu, D. Raphael, 'The Experience of Living with Diabetes for Low-Income Canadians', *Canadian Journal of Diabetes* 34(2), 2010.
- 8 B. Walton-Moss, L. Samuel, T.H. Nguyen, Y. Commodore-Mensah, M.J. Hayat & S.L. Szanton, 'Community-Based Cardiovascular Health Interventions in Vulnerable Populations: A Systematic Review', *Journal of Cardiovascular Nursing* 29(4), 2014.
- 9 M.W. Manseau, 'Economic Inequality and Poverty as Social Determinants of Mental Health', *Psychiatric Annals* 44(1), 2014.
- 10 City of Toronto, *Welcome Policy*, Accessed October 1, 2014. <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=a048a4bd35341410VgnVCM10000071d60f89RCRD>
- 11 City of Toronto, *Welcome Policy*.
- 12 City of Toronto, *Recreation Service Plan 2013-2017*, Accessed October 1, 2014. [http://www1.toronto.ca/city\\_of\\_toronto/parks\\_forestry\\_recreation/community\\_involvement/files/pdf/rsp.pdf](http://www1.toronto.ca/city_of_toronto/parks_forestry_recreation/community_involvement/files/pdf/rsp.pdf).
- 13 City of Toronto, *Recreation Service Plan 2013-2017*.
- 14 City of Toronto, *Recreation Service Plan 2013-2017*.

- 15 Toronto Public Health. *Path to Healthier Air: Toronto Air Pollution Burden of Illness Update*, 2014. Accessed October 1, 2014. <http://www1.toronto.ca/City%20Of%20Toronto/Toronto%20Public%20Health/Healthy%20Public%20Policy/Report%20Library/PDF%20Reports%20Repository/2014%20Air%20Pollution%20Burden%20of%20Illness%20Tech%20RPT%20final.pdf>
- 16 Toronto Public Health. *Path to Healthier Air: Toronto Air Pollution Burden of Illness Update*.
- 17 Toronto Public Health. *Path to Healthier Air: Toronto Air Pollution Burden of Illness Update*.
- 18 City of Toronto. *Tracking and Reducing Chemicals in Toronto: Third Annual ChemTRAC Report*. Accessed October 1, 2014. <http://www.toronto.ca/legdocs/mmis/2014/hl/bgrd/backgroundfile-70717.pdf>
- 19 City of Toronto. *Tracking and Reducing Chemicals in Toronto: Third Annual ChemTRAC Report*.
- 20 D. Black, 'Toronto medical health officer proposes ways to improve air quality', *Toronto Star*, April 18, 2014. Accessed October 3, 2014. [http://www.thestar.com/news/gta/2014/04/18/toronto\\_medical\\_health\\_officer\\_proposes\\_ways\\_to\\_improve\\_air\\_quality.html](http://www.thestar.com/news/gta/2014/04/18/toronto_medical_health_officer_proposes_ways_to_improve_air_quality.html).

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