SETTING THE STAGE: A PROFILE OF THE SOUTH RIVERDALE CHC COMMUNITY

September 2019

INTRODUCTION

This document is a review and an update of the environmental scans conducted periodically since 2011 which described some of the contextual issues and demographic trends impacting SRCHC's community from a social determinant of health perspective. The goal of this report is to provide a review of ongoing key trends and to highlight issues and research which will help us to better understand some of the overarching needs and concerns facing our community with a focus on income, race/ethnicity and immigration status, and drug use. This report draws from the work of research conducted by academics, community and government agencies. Social demographic and health profiles for the neighborhoods where SRCHC directs its services and for the city overall are also provided in Appendix A.

Census data in this report is from both 2011 and 2016. While the Census will always be a valuable source of information about our community, it is important to keep in mind some of its shortcomings. Although the mandatory long-form census was reinstated in 2016, its elimination in 2011 leaves gaps in information. The ability to compare data with and determine trends during this window of time has been lost for much of information that the City normally provides. While the neighbourhood level Census data that the City releases gives SRCHC some valuable indications of what issues our community might be facing, it does not always give us the whole picture. SRCHC's own comparisons of our client demographics and health indicators with those provided by the City for our catchment neighbourhoods reveal much deeper poverty and more complex health and social issues then the official record would suggest. Within Toronto's diverse and shifting composition, there are health inequities within neighbourhoods and for particular groups which can sometimes be hidden by the averaging out across larger groups. Despite overall improvements in health status at the population level, health disparities based on immigration status, ethnicity, income-level and other factors have been well documented within Toronto. Below is an overview of some of these issues.

SOUTH RIVERDALE COMMUNITY HEALTH CENTRE

South Riverdale Community Health Centre is a community-run organization, which operates from the belief that health is a state of physical, mental and social well-being. The role of the Centre is to provide quality primary health care, as well as health promotion programs and other services which address the social determinants of health. In 2011, SRCHC restructured its service teams to better serve our priority populations/areas of focus: urban health (substance use, mental health challenges), newcomers & families, and chronic conditions (diabetes, asthma). Within and across each of these are additional priority groups from across the age spectrum: people living in poverty and the non-insured.

CATCHMENT GEOGRAPHY

The geographic boundaries of the SRCHC's catchment were officially expanded at our June 2018 AGM and are now Eglinton Avenue in the north to the Lake in the south, Warden Avenue to the east, and west to the Don River. Within these boundaries, there are 15 neighbourhoods (as defined by the City of Toronto): **South Riverdale, North Riverdale, Greenwood-Coxwell, Blake Jones, Playter Estates**, **Broadview North, Danforth, Danforth – East York, Old East York, O-Conner Parkview, Taylor-Massey, Woodbine Corridor, Woodbine-Lumsden, East End-Danforth,** and **The Beaches**. Neighbourhoods to north of the Danforth were identified as underserviced area by past environmental scans and after an extensive needs assessment conducted in 2011 by SRCHC in partnership with other community agencies. SRCHC has been working in neighbourhoods to the north and east of South Riverdale for many years through the DECNET (Diabetes Education Community Network) program, COUNTERfit harm reduction program, Toronto Community Hep C Program, Primary Care Asthma Program, services for people who are non-insured and through other projects. SRCHC began more focused outreach work in this community in 2011. In 2017, SRCHC integrated with Harmony Hall Centre for Seniors which is located in the **O-Connor Parkview** neighbourhood, just above Taylor-Massey. SRCHC also maintains an office and program space on the Danforth at Greenwood.

POPULATION

The population of SRCHC's catchment area is approximately 215,000. This represents about 8% of the population of Toronto. This rough estimate is based on 2016 Census population data from the 15 City-defined neighbourhoods mentioned above. **South Riverdale** is the most populated neighbourhood with almost 28,000 people (an increase of 9% since 2011). Taylor-Massey (formerly Crescent Town) is by far the densest with 15,528 people per sq km. By comparison the overall density of Toronto is 4,334 people/sq. km.

Toronto's population continues to increase at a rate of about 4.5%. Between 2011-2016 Toronto's grew by 116,511 people, slightly more than in the previous 5-year period. Toronto's highest growth neighbourhoods continue to be located primarily in the downtown and south of Bloor between the Humber River and Victoria Park.

Seniors

Older age is associated with increased prevalence of chronic disease and injuries due to falls. Demographic profiles of seniors in Toronto reveal that a significant proportion is faced with socioeconomic barriers that can undermine health, such as poverty and social isolation.[1]

The age structure of Toronto's population is continuing to shift towards an older population. The 2016 Census data shows that for the first time there are more people over the age of 65 in Toronto than there are people under the age of 15. Seniors (aged 65+) now make up 16% of the City's population (up from 14% in the last Census). Data from the 2016 Census shows that one third of Toronto households have

[1] Toronto Public Health. *Unequal City: Income and Health Inequalities in Toronto*. October 2008.

just one person in them, an even greater proportion compared to the country overall. This is partly the result of an aging population (as well as higher rates of separation/divorce and delayed couple formation among younger Canadians).[2] 2016 Census data also showed an increase in the number of seniors living on low income across Canada.

Most of SRCHC's neighbourhoods have a similar or higher proportion of seniors (age 65-84) who live alone compared to the City average (25%). East End-Danforth has the highest proportion at 39%[2]. The social isolation of seniors affects community engagement, healthy aging, income security and care giving needs. It can also lead to depression and increased vulnerability to elder abuse. Lack of supportive networks for seniors has also been linked to increased risk of dementia and cognitive decline.[3] The Daily Bread Food Bank's 2017 report found that food bank usage by Toronto seniors went up by 27% since the previous year.[4] In 2018, seniors made up 8% of food bank visitors (up from 3% 10 years ago)[5].

It is important to note that while most government programs and policies define seniors as anyone 65 or older, many of the Centre's target populations do not make it to this 'old age'. For example, a Toronto study of shelter residents found that the average age of death for homeless men was 45 years.[6] Research has also shown that individuals living in Canada's lowest income neighbourhoods had death rates that were 28% higher than those living in the wealthiest.[7] Despite their relatively young age, many of our clients live with illnesses and disability-related challenges that are typically attributed to seniors, such as diabetes, arthritis and activity limitation. The 2018 Daily Bread Food Bank survey found that overall, 62% of food bank clients report having a disability or serious illness in 2018, versus 48% in 2008[5].

Lone Parent Families

Since the 1980s, the number of lone parent families in Toronto has increased at a higher rate than for couples with children. The 2016 Census data found that for Canadian children living with two parents, 11% lived in low income households. This proportion increases to 39% in households with one parent. Additional research focused on Toronto has documented that lone parent families are likely to live in a low-income neighbourhood.[8] The proportion of lone parent families is slightly higher than the City average (48%) in Blake Jones, Taylor Massey and O-Conner-Parkview. 2016 Census data found that lone parent families in Toronto had a median income of $51,040, about half of the median family income for couple families with children.[9]

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[2] City of Toronto. Backgrounder – 2016 Census: Age and Sex; Type of Dwelling. Available at: https://www1.toronto.ca/City%20Of%20Toronto/Social%20Development,%20Finance%20&%20Administration/Shared%20Content/Demographics/PDFs/Census2016/2016%20Census%20Backgrounder%20Age%20Sex%20Dwelling%20Type%202017%2005%2003.pdf

[3] Report on the Social Isolation of Seniors 2013-2014. National Seniors Council. November 2014.

[4] Daily Bread Food Bank. Who's Hungry. 2017 Profile of Hunger in Toronto. Available at: http://www.dailybread.ca

[5] Daily Bread Food Bank. Who's Hungry. A Profile of Hunger in Toronto 2018. Available at: http://www.dailybread.ca

[6] Hwang S. *Mortality Among Men Using Homeless Shelters in Toronto, Ontario*. J American Med Assoc. Vol. 283. p. 2152-57

[7] Wilkins, R. (2007). Mortality by Neighbourhood Income in Urban Canada from 1971 to 2001. Ottawa: Statistics Canada, Health Analysis and Measurement Group.

[8] United Way of Greater Toronto and the Canadian Council of Social Development. *Poverty by Postal Code: The Geography of Neighbourhood Poverty, 1981-2001.* April 2004.

[9] City of Toronto. Backgrounder. 2016 Census: Income. Sept 14, 2017. Available at: https://www1.toronto.ca/City%20Of%20Toronto/Social%20Development,%20Finance%20&%20Administration/Shared%20Content/Demographics/PDFs/Census2016/2016%20Census%20Backgrounder%20Income%202017%2009%2014.pdf

INCOME & POVERTY

It has been well-established that income/poverty is the single most important determinant of health and that extreme poverty in Toronto is growing. It is estimated that socio-economic circumstances account for 50% of a person's health.[1] Over the last 20 years, Toronto has seen an increase in the number of high poverty neighbourhoods, as well as pockets of poverty in high income neighoburhoods.[8]-[10] Poverty in Toronto is now predominantly racialized, with newcomers and visible minorities more likely to have lower incomes. By 2005 the number of poor families was at a 15-year high in Toronto and was double what it is elsewhere in Canada.[11] More recent data shows that there is a new trend toward increasing numbers of unattached single individuals who are living in poverty.[12]-[13] Another trend in this area has been the growing gap between the rich and the poor. This gap is larger in Toronto than in the rest of the province and Toronto is now one of the least equitable cities in Canada in terms of income distribution.[14] Research has shown how that this kind of social inequality negatively affects the health and well-being of the entire population, not only those with the lowest income, by creating communities that are less cohesive, less productive, more stressful and more violent.[15]

Recent research has found that Toronto is home to Canada's largest concentration of working poverty and has the fastest growing percentage of working poor in the country.[16] Temporary employment increased by 17% in the city between 2011 and 2014, and less than half of workers in Greater Toronto Hamilton Area have permanent, full-time employment with benefits.[17] Almost 1 in 10 people in Toronto rely on social assistance income.[18] The average annual social assistance (Ontario Works) for a single person in Ontario is currently about $8,650. Our income support rate (relative to median incomes) for a single adult is one of the lowest in the western world.[19] Perhaps not surprisingly then, the City of Toronto's most recent (2013) Street Needs Assessment found that City's homeless population is continuing to grow.[20] Youth under 24 are the fastest-growing segment of the homeless population across Canada.[21]

Toronto ranks poorly in terms of housing affordability using national and international comparisons. The median rent for a 1-bedroom apartment in Toronto is $2,300 according to a recent analysis of current online apartment listings.[22] A 2015 study of rental housing across Canada ranked Toronto and the GTA as having a 'critical' lack of affordability rental options. Toronto ranked 520 out of 523

[10] Hulchanski D. *The Three Cities Within Toronto: Income Polarization Among Toronto's Neighbourhoods, 1970-2005.* Cities Centre & Faculty of Social Work. University of Toronto. Available at: NeighbourhoodChange.ca
[11] TD Economics. *Special Report: Toronto's Economic Recovery Leaving Many Behind.* October 22, 2010. Available at: www.td.com/economics.
[12] Daily Bread Food Bank. *Who's Hungry? Report 2010*. Available at: www.dailybread.ca
[13] Stapleton J and Bednar V. *Trading Places* report. Mowat Centre for Policy Innovation. 2011.
[14] Toronto Board of Trade. *Toronto as a global city: scorecard on prosperity 2012*. Available at: http://www.tfsa.ca/storage/reports/Toronto_Global_City_Scorecard2012.pdf
[15] Toronto Community Foundation. *Toronto's Vital Signs 2014 Report.* Available at: http://torontosvitalsigns.ca/
[16] Stapleton, J & Kay, J. *The Working Poor in the Toronto Region*. Metcalf Foundation. April 2015.
[17] Wayne Lewchuck, et. al. PEPSO, McMaster University, and United Way Toronto. 2015. *The Precarity Penalty: The Impact of Employment Precarity on Individuals, Households and Communities—And What to Do About It.* Available at: http://www.unitedwaytyr.com/document.doc?id=307.
[18] Toronto Community Foundation. *Toronto's Vital Signs – Full Report 2012*.
[19] Immervol, H. *Minimum-Income Benefits in OECD Countries: policy design, effectiveness and challenges.* Institute for the Study of Labor. Germany December 2009. Available at: http://ftp.iza.org/dp4627.pdf
[20] City of Toronto. 2013 Street Needs Assessment. Interim Report. Available at: http://www.toronto.ca/housing/SNA2013interim_report.htm
[21] CAMH & Children's Aid Society of Toronto. Nov 2014. *Hidden in our Midst: Homeless Newcomer Youth in Toronto –Uncovering the Supports to Prevent and Reduce Homelessness.* Available at: http://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Hidden%20in%20Our%20Midst%20Final%20Report_Nov%202014.pdf
[22] Padmapper. August 2019 Canadian Rent Report. https://blog.padmapper.com/2019/08/13/august-2019-canadian-rent-report/

municipalities in terms of affordability. The study also found that one in five Toronto households is paying more than half of their income on rent.[23] Over 87,000 households were on the waiting list for affordable housing in Toronto in March 2016.[24] Between 2008 and 2015, the cost of rent in Toronto increased 13%, childcare 30%, and public transit 36%.[25] The monthly cost of a nutritious food basket in 2016 for a family of four in Toronto has been estimated to be $858.81, an increase of 1.4% over 2015.[26] The City now provides estimates of "core housing need" at the neighbourhood level, defined as households spending 30% or more of total household income on shelter costs. 37% of households across the city met this threshold in 2015. The level of core housing need ranges from 26 to 38% in SRCHC's catchment, with 3 neighbourhoods above the City average.

Research from the University of Toronto which first documented the "Three Cities" income polarization trend in Toronto in 2009 has been re-analyzed and updated using 2012 tax-file data. This updated analysis showed that the trend continued: middle income earners are disappearing in Toronto (32% in 2012, down from 68% in 1990) and there is increasing poverty in the inner suburbs.[27] In 2015 Toronto Public Health updated a 2008 report which demonstrated how low income groups in Toronto have worse health for most of the health status indicators they examined. The 2015 report found that overall inequities have not improved. Low income groups had worse health for 20 of 34 health status indicators. For example, men in the lowest income group were 50% more likely to die before age 75 and women in the lowest income group were 85% more likely to have diabetes. Health inequities persisted for 16 indicators, became worse for four and improved for only one (colorectal cancer).[28]

A 2018 report by the Social Planning Council of Toronto analyzed the most recent Census data and found that child poverty affects families in every single ward in Toronto. It also confirms other research which has demonstrated that the highest rates of child poverty are among Indigenous, racialized and newcomer families. For example, one third of racialized children (33.3%) live in low-income families, compared to 15% of non-racialized children. The study found that 84% of Indigenous families with children in Toronto live in poverty. Even among wards with the lowest rates of child poverty, areas within these wards have child poverty rates as high as 35% to 53% — 2 to 3.5 times higher than overall rates.[29] This study illustrates both the pervasiveness of child and family poverty in Toronto and the hidden pockets of poverty within seemingly affluent communities.

Ontario's median total household income in 2015 was $74,287 while Toronto had a median household income of $65,892, the lowest of all regions in the GTA. The median individual income for people age 15 and older in Toronto was $30,039 (the lowest again in the GTA). In 2015, the poverty line threshold for a single person was $22,133 and for a four person household was $44,266. Toronto has higher proportion (10.5%) of people earning over $100,000 compared to the rest of the country (8.7%) but also has a

[23] Available at: http://rentalhousingindex.ca
[24] Housing Connections. Quarterly Active Report – 1st Quarter 2016. Available at: https://www.housingconnections.ca/PDF/QuarterlyReports/2016/Quarterly%20Activity%20Report%20-%20Q1%202016.pdf
[25] City of Toronto. Staff Report. Cost of the Nutritious Food Basket – Toronto 2016. Available at: http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-96417.pdf
[26] City of Toronto. Cost of Nutritious Food Basket – Toronto 2016. Available at http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-96417.pdf
[27] Hulchanksi, D. The Three Cities within Toronto. Available at: http://3cities.neighbourhoodchange.ca; Toronto Star (2015). Toronto's income gap continues to widen, finds U of T expert. Available at: http://www.thestar.com/news/city_hall/2015/01/28/torontos-income-gap-continues-to-widen-finds-u-of-t-expert.html
[28] Toronto Public Health. The Unequal City 2015: Income and Health Inequities in Toronto. April 2015.
[29] Social Planning Council. 2018 Child & Family Poverty Report. Municipal Election Edition. Available at: https://www.socialplanningtoronto.org/pockets_of_poverty

higher proportion who earn less than $20,00 (31.5%).[9] In 2015, 20% of people in Toronto had an income that was below the poverty line (i.e. the LIM-AT[30]). **Blake Jones**, **O'Conner-Parkview**, and **Taylor-Massey** have an even higher proportion of low income residents. SRCHC's 2019 client survey showed that 61% of our clients have household incomes of less than $35,000. Over one third (37%) have social assistance (OW, ODSP or CPP) as a main source of income.

FOOD SECURITY

The Daily Bread Food Bank's 2018 study of hunger and food bank use in the GTA found that food bank use in the city core (which includes a large proportion of SRCHC's catchment) was down 9% from the previous year, although need remains high in some pockets. For example, in 2017, they reported that food bank use was up 10-20% in Ward 30 where SRCHC's Queen St site is located and by 1-10% in the Wards to the immediate east and west. The 2017 study also found that people come to food banks for longer periods than they used to – the median length of time coming to a food bank is 24 months, up from 12 months in 2008.[31] In 2018, the average monthly income of food bank users was $808.29 and 68% received social assistance (disability or welfare benefits) as their main source of income. One third (36%) of adult food bank users said they still went hungry at least once a week. The top thing that people reported skipping meals for was rent (29%). On average, food bank users spend 68% of their income rent and utilities with an average of $8.04 left available afterward per person[5]. A recent report from the Toronto Board of Health notes that the cost of food has gone up by an estimated 7.5% this past year.[32]

IMMIGRATION STATUS & ETHNICITY

Immigration status and ethnicity impact health status in many ways and on different levels. Although immigration to Toronto has slowed down in recent years, with more newcomers choosing to settle in the GTA[33], Toronto still remains the top city in Canada for immigrants and its population growth is due primarily to immigration.[34] Toronto receives approximately 50,000 newcomers each year. Between 2006 and 2011, the top 3 countries of origin for newcomers to Canada were: Philippines, China and India.[35]

[30] With the 2011 Census, Statistics Canada shifted from a measure of low income known as the LICO (low income cut-off), calculated as the line at which a household would spend 20% or more than the average on similar household essentials to the LIM (low income measure). The LIM rate is defined as the proportion of people making less than 50% of the median national after-tax income, adjusted for household size. This relative measure of poverty is becoming more commonly used than the LICO (Low-Income Cut-Off) which estimated a basket of necessities (food, shelter, clothing, etc) and then determined thresholds below which a family would likely devote a larger share of its income on these items. The LIM can be generated using tax file data (which is more reliably collected and up-to-date) and is internationally comparable. It does not, however, adjust for the cost of living in various geographies.

[31] Daily Bread Food Bank. *Who's Hungry. 2017 Profile of Hunger in Toronto*. Available at: http://www.dailybread.ca

[32] City of Toronto Report for Action. Toronto Public Health 2020 Operating Budget and 2020-2029 Capital Budget and Plan. https://www.toronto.ca/legdocs/mmis/2019/hu/bgrd/backgroundfile-137064.pdf

[33] Statistics Canada. Article: Migration from central to surrounding municipalities in Toronto, Montreal and Vancouver. June 8, 2010.

[34] Toronto's Vital Signs. Full Report 2010. Toronto Community Foundation.

[35] Statistics Canada. National Household Survey 2011. Immigration and Ethnocultural Diversity in Canada. Available at: http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm#a2

In 2015, the overall percentage of Toronto residents born outside of Canada was about 51%. The proportion of immigrants in SRCHC's community at that time ranged greatly from neighbourhood to neighbourhood, from a low of 26% in North Riverdale to 33% in South Riverdale to 61% in Taylor Massey.[1] The total percentage of new immigrants in Toronto (less than 5 years) was 7% and most of SRCHC's neighbourhoods had a lower proportion of newcomers, except for O-Conner Parkview (7%) and Taylor Massey (16%).

More or less unchanged since 2011 is the number of Toronto residents who do not speak English or French at 5%. This rate is more than double in some SRCHC neighbourhoods, such as South Riverdale where (in 2011) 12% of newcomers do not speak English or French. The top home languages spoken in SRCHC neighbourhoods in 2011 were: Cantonese, Mandarin, Chinese (not specified), Greek, Serbian, Bulgarian, Gujarati, Urdu and Italian. For Toronto overall, in 2015 the top languages spoken at home ere: Mandarin, Cantonese, Tagalog, Tamil and Spanish. According to the 2016 Census, 44% of Toronto residents had a mother tongue other than English or French.[36]

By 2031, 63% of the population in Toronto will be from a racialized group.[34] Research has demonstrated how racialized communities experience a disproportionate level of poverty in Toronto and that this inequality often extends to health status.[37–38] The 2011 Census data documented how income is racialized: the median income for a full-time worker in Canada was $50,699, for full-time workers who are from a racialized group the median drops to $45,128.[22] A study of Ontario data from the 2011 National Household Survey found that racialized men earn 18% and racialized women earn 11% less than their non-racialized counterparts.[39] Racialized workers and recent immigrants in Ontario are also more likely to be working for minimum wage. In 2011, the share of racialized employees at minimum wage was higher than for the total population – 13% v. 9%.[40]

Studies have also shown that although immigrants are initially healthier than their Canadian born counterparts, the longer they live in Canada, the more their health declines.[41-42] For example, Toronto-based research documented that immigrants are at higher risk of developing diabetes, especially women.[43] A study on the conditions of Toronto's aging high-rise rental buildings by the U of T found that in addition to a high prevalence of inadequate housing and risk of homelessness for the people who live in these buildings, 80% were immigrants and/or from racialized groups.[44] Taylor Massey is a neighbourhood with higher than average density, proportions of immigrants and low-income

[36] City of Toronto. Backgrounder. 2016 Census: Families, households and marital status; Language. August 3, 2017.
[37] City of Toronto – Social Development, Finance & Administration Division. Profile of Low Income in the City of Toronto. 2011.
[38] Colour of Poverty Campaign. Fact Sheet # 4: Understanding the Racialization of Poverty in Ontario - Health & Well-being. 2007. Available at:colourofpoverty.ca
[39] Block, S., Galabuzi, GE., Weiss, A. The Colour Coded Labour Market By the Numbers. A National Household Survey Analysis. Wellesley Institute. September 2014. Available at: http://www.wellesleyinstitute.com/wp-content/uploads/2014/09/The-Colour-Coded-Labour-Market-By-The-Numbers.pdf
[40] Block, S. Who is working for minimum wage report. Wellesley Institute 2013.
[41] Perez CE. Health status and health behaviour among immigrants. Statistics Canada Health Reports 2002;13(Supplement):1-12.
[42] Beiser M. The health of immigrants and refugees in Canada. *Canadian Journal of Public Health*. 2005;96. Suppl 2:S30-44.
[43] Creatore, M.I., Moineddin, R., Booth, G., Manuel, D.H., DesMeules, M., McDermott, S., Glazier, R.H. (2010, May). Age- and sex-related prevalence of diabetes mellitus among immigrants to Ontario, Canada. *Canadian Medical Association Journal:* 182: 781 - 789. Available at: http://ecmaj.com/cgi/reprint/182/8/781.pdf.
[44] Paradis, E. Nine out of ten families at risk of homelessness in Toronto's aging high rise buildings. Research Update, November 2013. Neighbourhood Change Research Partnership. University of Toronto. Available at: http://www.citiescentre.utoronto.ca/Assets/Cities+Centre+2013+Digital+Assets/Cities+Centre/Cities+Centre+Digital+Assets/pdfs/publications/Homelessness+in+Toronto+Rental+Highrise+Bldgs+-+NCRP+Nov-2013.pdf

individuals. Taylor Massey also has higher rates of many chronic illnesses and lower than average rates for most preventative health services when compared with the rest of Toronto.

A report by Toronto Public Health which looked at racialization and health inequities confirmed that members of racialized groups often have worse access to quality health care than non-racialized groups. Using income data from the 2006 Census, it found that poverty rates were worse for 12 of the 13 racialized groups who were studied, despite comparable levels of education.[45] The report also found that experiencing racial discrimination (experienced by 67%) was associated with poorer self-rated health and depressive symptoms.

INDIGENOUS PEOPLES

While Toronto is a City of immigrants, it is important to remember that most of us are settled on the lands of the Indigenous Peoples. Toronto has the largest Indigenous population in Ontario and the 4th largest in Canada[46]. Census data estimates that 1% of the people in Toronto are Indigenous. Indigenous communities have long felt that this was an underestimate and a recent study by researchers in Toronto found that the population is likely two to four times the 2011 census estimate.[47] Still, even by undercounted standards, 7 of SRCHC's 15 catchment neighourhoods have Indigenous populations that are double the census estimate.

The ongoing, devastating impact of colonization can be observed in our social services. The 2018 Daily Bread Food Bank survey found that 9% of food bank users identified as Indigenous (up 2% from the year before)[5]. SRCHC also sees a disproportionately high number of Indigenous services users at both of our supervised consumption service sites. Toronto's Indigenous Health Advisory Circle recently conducted a health survey. Preliminary analysis suggests that 90% of Indigenous people in Toronto are living below the low-income cut off (before taxes rate). A 2015 report specific to the unique health issues of Indigenous peoples in Canada also found that racism against this group is pervasive in our health care system.[48]

ENVIROMENTAL HEALTH

SRCHC has its roots in environmental health promotion and in community mobilization to repair the area's history of environmental contamination. SRCHC's environmental health program also includes promoting engagement on local planning issues/community change. SRCHC's community remains vulnerable due to both global climate change and to specific industrial sources of pollution. Although

[45] Toronto Public Health. *Racialization and health inequities in Toronto.* October 2013. Available at: www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-62904.pdf

[46] City of Toronto website. Indigenous People of Toronto. Accessed August 23, 2019: https://www.toronto.ca/city-government/accessibility-human-rights/indigenous-affairs-office/torontos-indigenous-peoples/

[47] Smyle J et al. 2017. Our Health Counts Toronto: using respondent-driven sampling to unmask census undercounts of an urban indigenous population in Toronto, Canada. BMJ Open. Available at: https://bmjopen.bmj.com/content/bmjopen/7/12/e018936.full.pdf

[48] Allan B & Smylie J. First Peoples, Second Class Treatment: the role of racism in the health and well-being of Indigenous peoples in Canada. Welling Living House, Centre for Research on Inner City Health, St. Michael's Hospital. Feb 2015. Available at: http://www.wellesleyinstitute.com/publications/first-peoples-second-class-treatment/

some industry has left in recent years, the South Riverdale neighbourhood still contains numerous polluting facilities including a sewage plant (bulk chlorine, odours), waste transfer stations, concrete batching (more than 600 trucks/day), and a shingle manufacturer. Heavy industry zoning remains in a large area (1000 acres) south of Lakeshore Blvd. Soil clean-ups for new development are also moving hazardous material through the community. The redevelopment of main streets and industrial sites into market condos also means the continued polarizing of income and a decline affordable places to meet/congregate as coffee shops, low cost restaurants and places of worship are replaced with market housing/high rent retail. Community advocacy resulted in affordable housing the in the Canary District, the preservation of the Red Door shelter at Logan and Queen E. and the Tower Renewal program SRCHC has partnered with two sites).

DRUG USE

Toronto has the highest rate of people who use drugs in Ontario. The criminalization of drug use, together with historical and ongoing structural oppressions and the subsequent stigma and neglect of people who use drugs by our health and social service system creates multiple barriers to health and well-being for this group. Among people who inject drugs it is estimated that 11% are living with HIV and 59% either have or had hepatitis C.[49] Fatal and non-fatal overdoses are at crisis levels in our community. In 2017, 1,265 people died from overdose in Ontario (the most recent year for which we have complete data). One in 4 (303) of these deaths were people who lived in Toronto. This represents a 63% increase in overdose deaths compared to 2016.[50] Preliminary data for 2018 estimates that there were 294 opioid toxicity deaths in Toronto. This number is expected to increase as cause of death is confirmed in more cases. More recent statistics suggest a spike in the number of deaths this year related to the increased presence of carfentanil (a highly potent fentanyl analog) in the drug supply across the province. Ontario's Chief Coroner reports that carfentanil directly contributed to 142 deaths across the province from Jan. 1 to April 29, which is 50% more than the total number of such deaths in all of 2018. In August 2019, Toronto paramedics responded to 188 suspected overdoses of which seven people died.

SRCHC and its community continue to be deeply impacted by the current overdose crisis. On November 27, 2017, we were able to begin offering supervised injection/consumption services (SCS) at our Queen Street location. In June 2018, SRCHC took on the management of the unsanctioned and volunteer-run Moss Park Overdose Prevention Service which had been operating out of Moss Park since August 2017. The service moved indoors to a location near the park on Sherbourne Street and was established under the provincial Overdose Prevention Site model (no longer an option). Today, both sites operate as Consumption & Treatment Services, the new conservative government's model for OPS and SCS. The teams at each site work to ensure service users have access to a range of services within the service and SRCHC overall, including first aid and basic primary care, harm reduction supplies and education, training on safer injection techniques and strategies, substance use support and informal counselling,

[49] Tarsuk J, Ogunnaike-Cooke S, Archibald CP and the I-Track Site Principle Investigators. Descriptive findings from a national enhanced HIV surveillance system, I-Track Phase 3 (2010–2012): Sex-based analysis of injecting, sexual and testing behaviours among people who inject drugs. *Canadian Journal of Infectious Diseases & Medical Microbiology.* 2013 Spring;24 (Supplement A):81A.

[50] Toronto Overdose Information System, Toronto Public Health. https://www.toronto.ca/community-people/health-wellness-care/health-inspections-monitoring/toronto-overdose-information-system/

information on toxic and potent drugs and “bad dates,” take-home naloxone and overdose prevention and response training, peer-to-peer support, wound care, hygiene and nutrition, supportive listening, mental health support and substance use treatment services.

The increasing drug toxicity noted by the provincial coroner is reflected in our CTS service statistics. In its first year of operation, keepSIX (CTS at 955 Queen St) saw just 7 overdoes. Since January there have been 10 to 15 overdoses per month. Moss Park is one of the busiest locations in the city with an average of 100 visits for injection/consumption per 6 hour shift. Staff here have reversed 617 overdoses between July 2, 2018 and July 31, 2019.

POLITICAL & POLICY CONTEXT

Many health issues that impact our community have their underlying causes in social and economic policies, which provide a foundation for health. Being aware of the social and political context in which we operate is critical if SRCHC is to support individual and community health. Since the last time this report was updated a new conservative provincial government has been elected. Regressive and sweeping changes continue to be announced, proposed and/or already implemented. Below is a snapshot of just a few of the recent policy shifts at the federal, provincial and municipal level, which have and will impact our communities and our clients.

At the Federal level, the upcoming October election could reverse many of the supportive harm reduction policies and programs currently in place. Even with another Liberal government, while supportive, has left local harm reduction efforts vulnerable to shifting political winds. Other policies related to immigration and environmental issues may also be in jeopardy.

At a provincial level, the response to the overdose crisis has been stalled. In the past year, both Overdose Prevention Sites and Supervised Consumption Services in Ontario were required to re-apply and become Consumption & Treatment Services. This model has a greater emphasis on reporting treatment referrals and requires longer operational hours with 7 days per week of service. Two OPS/SCS in Toronto were denied funding and are now operating with private donations and federal grant monies which will run out in early 2020. A third site, run by Toronto Public Health, has not yet been approved and continues to negotiate with the province for ongoing funding. The Overdose Emergency Taskforce has not met once since the June 2018 election.

Other policy and funding changes at the provincial level have been both rapid and vast. In a number of situations, planned changes have been reversed based on advocacy and public pressure. Some of the changes to date include:

- Cuts to public health units across province will begin in January 2020 and could impact programs like student breakfast, school vaccinations, water quality testing, food safety inspections, addressing the opioid crisis, and more. Programs like diabetes prevention that were previously funded at 100% by the province, will now receive 30% less provincial money. These cuts will mean a $4 million shortfall for Toronto Public Health next year and another $14 million annually after that.
- In January, the minimum wage was frozen for two years at $14 per hour (it had been scheduled to be raised to$15 in January by the previous government). The new legislation also took away other labour protections (such as equal pay for part-time and temp workers and guaranteed personal leave time).
- The basic income project (a study to evaluate the impact of giving everyone a guaranteed income with few strings attached) that was underway in Hamilton, Lindsay and Thunder Bay will be terminated.
- Planned cancellation of the Transition Child Benefit, a refundable tax credit going to all low- and modest-income families in Ontario for basic necessities.
- Elimination of rent controls for tenants moving into new buildings.

- Planned increases to OW and ODSP scheduled for the fall of 2018 were been cut in half (from 3% to 1.5%). A series of sweeping changes are currently under way and include overall reductions in how much people on ODSP can earn before having this income clawed back from their government income.
- Cancelled $100 million in money earmarked for school repairs across the province (also funded by cap-and-trade). The TDSB, for example, has a $300 million annual budget for repairs, of which $25 million came from this fund. It has a total repair backlog of $4 billion.
- Cancelled additional curriculum development to reflect the experiences of Indigenous Canadians.
- Increased class size caps in high school from a 22 to 28 average.
- Plans to significantly reduce the number of Ontario teachers, starting this fall.
- Cuts to the Ontario Student Assistance Program disqualifying some higher-income families, as well as lower-income students getting significantly less money this year – a reduction in loan amounts and elimination of many grants.
- Elimination of free university tuition for low income students.
- Cancelled the cap-and-trade program, designed to encourage business and individuals to make greener investments/consumer choices.
- Cancelled the Green Ontario Fund (financed by the cap-and-trade program) which was designed to help people retrofit their homes and businesses with green technologies via a rebate system
- Cut 70% of provincial funding to the Anishinabek/Ontario Fisheries Resource Centre (A/OFRC), responsible for providing non-partisan scientific information to help First Nations manage their natural resources and protect endangered wildlife.
- Elimination provincial watchdog positions, including the child and youth commissioner (which monitors and investigates abuse within the province's child welfare system) and the environmental commissioner (which monitors if the provincial government abides by provincial environmental laws).
- Rolled back new police oversight legislation which narrows the scope of the SIU and changes the way public complaints are investigated (complaints against most police officers will be referred back to either the police service from which they originated or another police service).
- Ontario will no longer assist the federal government with the resettlement of refugees here
- Cut all legal aid for refugee and immigration cases and 30% of the general legal aid budget.
- Cuts to provincial Anti-Racism Directorate (disbanded 4 sub-committees).
- Cutting tens of millions of dollars in funding to the province's arts sector, including a recently established Indigenous Culture Fund.

At a municipal level, the provincial government reduced the size of Toronto City Council from 47 to 25. This means that City Councillors will be less able to respond directly to constituent issues (since ward sizes have doubled) and could mean a potentially more conservative (due to gerrymandering of ward boundaries) and less representative (in terms of diversity) City Council overall.