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

August 2020

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 16 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, Oakridge, 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. In 2019, as part of our work within our newly formed Ontario Health Team, East Toronto Health Partners, we opened a harm reduction and health hub in the **Oakridge** Neighbourhood near St Clair and Warden. Data for this neighbourhood has been included in this year's report for the first time.

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 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]

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

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 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 and Oakridge have the highest proportion, both 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] In 2019, seniors made up 8% of Toronto food bank visitors (up from 3% 10 years ago)[4].

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.[5] 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.[6] 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 2019 Daily Bread Food Bank survey found that overall, 57% of food bank clients report having a chronic disability or serious illness.A recent report that examined senior poverty from an equity lens using data from the 2016 Census found that immigrant seniors were twice as likely to live in poverty than non-immigrant seniors, and racialized seniors twice as likely to live in poverty than non-racialized seniors.[7]

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

[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. A Profile of Hunger in the Toronto Region 2019. Available at: http://www.dailybread.ca

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

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

[7] Social Planning Council/Well Living House. Senior poverty & inequity: the Toronto experience. August 2020. Available at: https://www.socialplanningtoronto.org/senior_poverty_report

live in a low-income neighbourhood.[8] The proportion of lone parent families is higher than the City average (43%) in Blake Jones, Broadview North 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]

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. A 2019 report onToronto neighbourhood change research found that income inequality, income polarization, and ethno-cultural/racial segregation are increasing[11]. Toronto is the most expensive and the least equitable city in Canada in terms of income distribution.[12] Racialized people, newcomers and young people have had *no* inflation-adjusted increase in income over the last 30 years, while older Canadian-born, white people have seen as much as 60% income growth in this period.[12] Although disproportionately born by those who are low income, research has shown that this kind of social inequality negatively affects the health and well-being of the entire population by creating communities that are less cohesive, less productive, more stressful and more violent.[13]

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.[14] 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.[15] Over the last decade, temporary jobs grew five times faster than permanent jobs with immigrants and people who are racialized disproportionately in these more precarious jobs[12]. In 2018, he average annual social assistance (Ontario Works) for a single person in Ontario was about $9,646[16] . Perhaps not surprisingly then, the City of Toronto's most recent (2018) Street Needs Assessment found that City's homeless population is continuing to grow.[17] Between 2013 and 2018, the number of people using Toronto shelters increased by 69% (from 4,806 to 8,134) with the greatest growth from the refugee/asylum seekers who now

[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
[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] Hulchanski, D., Maaranen, R. (2019). How segregated is Toronto? Inequality, Polarization and Segregations Trends and Processes. Available at: https://www.ryerson.ca/content/dam/rcis/documents/Segregation_Trends_in_Toronto_Hulchanski_at_Ryerson_14_Feb_2019_w_Appendix.pdf
[12] Toronto Community Foundation. Vital Signs Report 2019/20. Available at: https://torontofoundation.ca/vitalsigns2019/
[13] Toronto Community Foundation. *Toronto's Vital Signs 2014 Report.* Available at: http://torontosvitalsigns.ca/
[14] Stapleton, J & Kay, J. *The Working Poor in the Toronto Region*. Metcalf Foundation. April 2015.
[15] 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.
[16] Maytree Foundation. Ontario Welfare – components of income. Available at: https://maytree.com/welfare-in-canada/ontario/
[17] City of Toronto. 2018 Street Needs Assessment. Available at: https://www.toronto.ca/wp-content/uploads/2018/11/99be-2018-SNA-Results-Report.pdf

represents 30% of people staying in the shelter system (2,618 in April 2018, up from 342 in 2013). The number of people staying outdoors was estimated to be 533 in 2018. In addition there are hundreds of people with no fixed address across the City who stay in hospitals, jails, out of the cold programs, 24 hour drop-ins or with friends/family.

Toronto ranks poorly in terms of housing affordability using national and international comparisons. The median rent for a 1-bedroom apartment in Toronto is $2,100 according to a recent analysis of current online apartment listings.[18] Although this amount is down 5% since this time last year due to the pandemic, Toronto remains unfordable for many. 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 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.[19] Over 100,000 households were on the waiting list for affordable housing in Toronto in 2019.[20] The monthly cost of a nutritious food basket in 2019 for a family of four in Toronto has been estimated to be $914.41.[21].[22] 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.[23] 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).[24]

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

[18] Padmapper. July 2020 Rent Report. Available at: https://blog.padmapper.com/2020/07/15/july-2020-canadian-rent-report/
[19] Available at: http://rentalhousingindex.ca/
[20] Social Planning Toronto. Toronto After a Decade of Austerity: THE GOOD, THE BAD, AND THE UGLY./ Available at: https://d3n8a8pro7vhmx.cloudfront.net/socialplanningtoronto/pages/2279/attachments/original/1578438814/Good_Bad_Ugly_Toronto_After_Austerity-min.pdf?1578438814
[21] City of Toronto. Nutritious Food Basket Scenarios. Available at: https://www.toronto.ca/legdocs/mmis/2019/hl/bgrd/backgroundfile-138986.pdf
[22] City of Toronto. Cost of Nutritious Food Basket – Toronto 2016. Available at http://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-96417.pdf
[23] 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
[24] Toronto Public Health. The Unequal City 2015: Income and Health Inequities in Toronto. April 2015.

within these wards have child poverty rates as high as 35% to 53% — 2 to 3.5 times higher than overall rates.[25] 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 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[26]). **Blake Jones**, **O'Conner-Parkview**, **Oakridge** 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 2019 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 11% 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.[27] In 2019, the median monthly income of food bank users was $806 and 59% received disability or welfare benefits as their main source of income. 14% of adult food bank users said they still went hungry at least a couple of days per week in the past three months. The top thing that people reported skipping meals for was rent (31%), followed by phone bill and transportation costs. A recent report from the Toronto Board of Health notes that the cost of food went up by an estimated 7.5% between 2018 and 2019.[28]

[25] Social Planning Council. 2018 Child & Family Poverty Report. Municipal Election Edition. Available at: https://www.socialplanningtoronto.org/pockets_of_poverty
[26] 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.
[27] Daily Bread Food Bank. *Who's Hungry. 2017 Profile of Hunger in Toronto*. Available at: http://www.dailybread.ca
[28] 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

IMMIGRATION STATUS, RACE & 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[29], Toronto still remains the top city in Canada for immigrants and its population growth is due primarily to immigration.[30] Toronto receives approximately 50,000 newcomers each year.

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%), Oakridge (13%) 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.[31]

By 2031, 63% of the population in Toronto will be from a racialized group.[30] Research has demonstrated how racialized communities experience a disproportionate level of poverty in Toronto and that this inequality often extends to health status.[32–33] 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.[34] 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%.[35] The Daily Bread Food Bank's 2019 survey asked respondents to identify their race this year and found an overpresentation of Black, Middle Eastern, Latin American and Indigenous people compared to the total population. For example, close to 25% of food bank users identified as Black, compared to just 8% of people in the general population. The City's Street Needs Assessment also found that racialized populations, especially those who identify as Black and Indigenous peoples were overpresented. Indigenous peoples represented 16% of the homeless population versus approximately 3% of the population of Toronto.

[29] Statistics Canada. Article: Migration from central to surrounding municipalities in Toronto, Montreal and Vancouver. June 8, 2010.
[30] Toronto's Vital Signs. Full Report 2010. Toronto Community Foundation.

[31] City of Toronto. Backgrounder. 2016 Census: Families, households and marital status; Language. August 3, 2017.
[32] City of Toronto – Social Development, Finance & Administration Division. Profile of Low Income in the City of Toronto. 2011.
[33] Colour of Poverty Campaign. Fact Sheet # 4: Understanding the Racialization of Poverty in Ontario - Health & Well-being. 2007. Available at:colourofpoverty.ca
[34] 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
[35] Block, S. Who is working for minimum wage report. Wellesley Institute 2013.

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.[36]-[37] For example, Toronto-based research documented that immigrants are at higher risk of developing diabetes, especially women.[38] 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.[39] Both Taylor Massey and Oakridge are neighbourhoods with higher than average density, proportions of immigrants and low-income individuals. Both also have higher rates of many chronic illnesses and lower than average rates for most preventative health services when compared with the rest of Toronto.

A 2013 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.[40] The report also found that experiencing racial discrimination (experienced by 67%) was associated with poorer self-rated health and depressive symptoms.

INDIGENOUS PEOPLE

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[41]. 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.[42] Still, even by undercounted standards, 7 of SRCHC's 15 catchment neighbourhoods have Indigenous populations that are double the census estimate.

The ongoing, devastating impact of colonization can be observed in our social services. The 2019 Daily Bread Food Bank survey found that 5% of food bank users identified as Indigenous.[4] A recent analysis of 2016 Census data found that over 90% of Indigenous peoples 55 and older in Toronto experience poverty.[7] SRCHC also sees a disproportionately high number of Indigenous services users at both of our supervised injection service sites. Preliminary data for 2019 from the provincial Coroner found that the rates of opioid-related deaths were two times higher among Indigenous females compared to white

[36] Perez CE. Health status and health behaviour among immigrants. Statistics Canada Health Reports 2002;13(Supplement):1-12.
[37] Beiser M. The health of immigrants and refugees in Canada. *Canadian Journal of Public Health*. 2005;96. Suppl 2:S30-44.
[38] 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.
[39] 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
[40] Toronto Public Health. *Racialization and health inequities in Toronto.* October 2013. Available at: www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-62904.pdf
[41] 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/
[42] 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

females.[43] 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.[44]

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 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. Heatwaves are increasing with the number of days per year greater than 30 C predicted to double in the near future to 31 from a historical average of 12.[12]

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.[45] Fatal and non-fatal overdoses have been at crisis levels in our community for years. In 2018, at least 1,450 people died from overdose in Ontario (the most recent year for which we have complete data). One in 5 (300) of these deaths were people who lived in Toronto. Preliminary data for 2019 estimates that there were 295 opioid toxicity deaths in Toronto and 1,509 deaths in Ontario, a 3% increase over 2018. 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

[43] Office of the Chief Coroner for Ontario. 2019 Opioid Mortality in Ontario and preliminary 2020 trends. Prepared for Ontario Harm Reduction Network meeting. July 17, 2020.

[44] 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/

[45] 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.

related to the pandemic which has disrupted the already unpredictable illicit drug market and is coupled with COVID-19 prevention messages to self-isolate which increase overdose risk. The loss of community programming and reduced capacity in shelters, drop-ins and detoxes has also exacerbated people's isolation, stress and vulnerability. . In early July of this year, Toronto had its worst cluster of suspected opioid overdose-related deaths (based on calls involving paramedics) since they began monitoring this data three years ago, with 16 deaths due to overdose between July 9th and 17th. According to the Chief Coroner for Ontario, currently about 55 people die per week due to suspected overdose across the province. Since COVID restrictions began, there have been roughly 25% more overdose deaths than the median of 44 per week in 2019 with April 2020 on track to be the highest monthly number of deaths we have seen to date. Between Jan to April of this year, at least 445 people had an opioid-related death (with over 100 pending confirmation)[43–46]

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 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, 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. In July SRCHC officially launched its safer supply program (a collaborative initiative with other health and CHC partners in Toronto and London) which will provide people who use drugs with a reliable pharmaceutical opioid as well as access to available health and social 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.. In the past year this location has had an average of 9 overdose per month. Prior to COVID-19, Moss Park is one of the busiest CTS locations in the city with an average of 100 visits for injection/consumption per 6 hour shift prior to COVID-19. Staff here reversed 783 overdoses between April 1,2019 and March 31, 2020. As a result of COVID-19 precautions (fewer booths to allow space for physical distancing, no chill or program space), Moss Park saw an approximate 25% decrease in volume after the onset of COVID, however, given this lower volume, staff were actually more able to help clients' goals and provide the intensive required support to do so. The number of referrals successfully made actually has increased since the onset of the pandemic as a result. Our 955 CTS location has not seen any decrease in service volume.

[46] TVO – On the frontlines of Sudbury's opioid epidemic. Available at: https://www.tvo.org/article/on-the-front-lines-of-sudburys-opioid-epidemic

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 and well-being. Being aware of the social and political context in which we operate is critical if SRCHC is to support individual and community health.

A conservative provincial government, elected in June 2018, made regressive and sweeping policy changes including cuts to public health, worker protections, rent control and more. The COVID-19 pandemic will have broad negative impacts long after the disease itself is no longer a threat and is yet another crisis which has exposed the gaping holes in our social safety net and the ways in which we as a society continue to fail and make vulnerable so many in our community. Using 2016 Census data, Toronto Public Health (TPH)) looked at neighbourhood-level socio-demographics to see which communities in Toronto are being most impacted by COVID-19. Excluding long-term care facilities (where COVID-19 has been rampant and where the majority of deaths have occurred across the province), TPH found that the highest rates of COVID-19 occurred among the lowest income neighbourhoods (concentrated in the northwest corner of the City but several in SRCHC's catchment or OHT boundaries: Taylor-Massey, Thorncliffe Park, Flemingdon Park and Clairlea-Birchmount), as were hospitalizations for COVID-19. Racialized communities, newcomers, people with lower levels of formal education and people living in crowded households also had higher rates of COVID-19, a pattern which has been seen globally.[47] In late July, TPH released data on the ethno-racial group and income level of people who acquired COVID-19 in Toronto up to July 1 and found that the majority identified as belonging to a racialized group (83% compared with 51% in the general population) and half of all reported COVID-19 cases were from low-income households (compared to 30% of the population of Toronto in 2016).[48] Women, and particularly racialized women, have been uniquely impacted by the pandemic due to their disproportionate involvement in frontline health and social service work and unpaid care work, as well as their additional risk for domestic violence[49–50]. In late May, video footage of the police killing of George Floyd in Minneapolis sparked world-wide protests against anti-black racism and police brutality that are still ongoing. Days later, the involvement of Toronto police in the death of Regis Korchinski-Paquet focused protests here and renewed calls to remove police from mental health crisis responses and to re-direct police funding to social services and social justice responses. Calls to defund the police and to decriminalize possession of illicit drugs are gaining traction.

Imagine if the same amount of effort put towards flattening the curve was put towards other public health crises such as housing, overdose, gender-based violence, de-colonization, or climate change. The pandemic has shown us how quickly governments can work together to address issues and implement new policies or programs. And yet many of the emergency supports put in place as the pandemic began are now being removed, even as the pandemic and the constraints it has put on systems and individuals

[47] Toronto Public Health. July 1, 2020. COVID-19 and the social determinants of health: what do we know? Available at: https://www.toronto.ca/wp-content/uploads/2020/07/956b-SDOHandCOVID19_Summary_2020July1.pdf

[48] City of Toronto. COVID-19: Status of Cases in Toronto. Accessed Jul 30/20 from: https://www.toronto.ca/home/covid-19/covid-19-latest-city-of-toronto-news/covid-19-status-of-cases-in-toronto/

[49] YWCA report – An intersectional approach to COVID-19 She-Covery. May 27, 2020. Available at: https://www.ywcatoronto.org/takeaction/additional/intersectional

[50] Khanlou, SSawe, et al. (2020): CIHR Knowledge Synthesis Grant Initial Knowledge Synthesis COVID-19 pandemic guidelines for mental health support of racialized women at risk of gender-based violence. June 2020.

continues. Our ongoing response to and recovery from the pandemic will reinforce existing inequities or it could transform them.