TORONTO

STAFF REPORT
ACTION REQUIRED

The Unequal City 2015: Income and Health Inequities in Toronto

Date:	April 13, 2015
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

Toronto residents don't all have equal opportunities to be healthy. Major differences in health status exist between income groups in Toronto. People with the lowest incomes tend to have the worst health and health status usually improves with income level. The attached report, *The Unequal City 2015: Income and Health Inequities in Toronto,* describes the current relationship between income and health in Toronto for 34 health status indicators and measures changes in this relationship over approximately ten years. While there is extensive evidence showing a clear link between income and health, this report is the first to analyze how health inequities have changed over time in Toronto.

The Unequal City 2015 report demonstrates that low income groups in Toronto often have worse health and that overall, health inequities in Toronto have not improved over time. This report provides compelling evidence for strengthening efforts to develop healthy public policy, planning focused and responsive public health services and advocating for the needs of low income people. This report will inform future action on health equity at Toronto Public Health (TPH), including strengthened advocacy and monitoring, intersectoral leadership within the City of Toronto and engagement with key partners.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Chair of the Board of Health and the Medical Officer of Health meet with the Deputy Mayor, City Manager and Deputy City Manager, Cluster A to ensure that

strategies and actions proposed in the Toronto Poverty Reduction Strategy address income-related health inequities;

2. The Medical Officer of Health meet with the heads of relevant City Agencies and Divisions to share the findings of the report and identify opportunities to reduce health inequities which are feasible within their mandate;

3. The Medical Officer of Health consult with academic partners regarding the feasibility of collaborating on an economic analysis of the costs of health inequities;

4. The Board of Health endorse a living wage for Toronto to increase income security and reduce health inequities;

5. The Medical Officer of Health report periodically to the Board of Health on key health inequity indicators for the City of Toronto;

6. The Board of Health advocate for enhanced monitoring of health inequities and social determinants of health by:
    a. Calling for the re-instatement of the mandatory long-form census by all federal party leaders;
    b. Requesting the Minister of Health and Long-Term Care to link provincial databases to better measure and monitor health inequities;

7. This report be forwarded to: the City Manager; the General Managers of Employment and Social Services; Shelter, Support and Housing Administration; Children's Services; Affordable Housing Office; Economic Development and Culture; Social Development, Finance and Administration; Urban HEART; Ontario Ministers of Health and Long-Term Care; Community and Social Services; Children and Youth Services, and the Cabinet Committee on Poverty Reduction and Social Inclusion; Ontario's Chief Medical Officer of Health; Public Health Ontario; the Association of Public Health Epidemiologists of Ontario; the Association of Local Public Health Agencies; the Ontario Public Health Association; the Association of Ontario Health Centres; all Ontario Local Health Integration Networks and members of the Urban Public Health Network.

Financial Impact
There are no direct financial impacts arising from this report.

DECISION HISTORY
The Toronto Board of Health has a long history of monitoring and addressing health inequities. Since 2005, the Board of Health's Mission Statement has clearly stated its commitment to reducing health inequities. In 2008, the Board of Health received *The Unequal City: Income and Health Inequalities*, which showed that there was a clear link between income and differences in health in Toronto. The Board of Health has received and made recommendations on a number of reports about vulnerable populations, the social determinants of health and health inequities,

including *The Global City: Newcomer Health in Toronto* in 2011 and the *Racialization and Health Inequities in Toronto* report in 2013.

ISSUE BACKGROUND

Toronto residents don't all have equal opportunities to be healthy. Major differences in health status exist between people because of their social and economic circumstances, and where they live, work, learn and play. Some people are more vulnerable to poor health because of their education, housing, work, income and experiences of racism, sexism and other kinds of discrimination.

In 2008, Toronto Public Health's *The Unequal City: Income and Health Inequalities in Toronto* report showed that there were differences in health between income groups in Toronto, that low income groups had worse health for most health status indicators, and that differences in health affected people in all income groups, not just the worst off. This report builds on those findings by:

- Providing updated information on differences in health between income groups in Toronto for 34 health status indicators
- Measuring how strongly income is related to differences in health
- Exploring how the relationship between income and health inequities has changed over time

COMMENTS

The analysis conducted for *The Unequal City 2015* report shows that:

- Low income groups in Toronto often have worse health. For the most recent year of data analyzed, 20 of the 34 health status indicators assessed for this report showed significant health inequities where low income groups had worse health.

- Overall, health inequities in Toronto have not improved over time. For the first year of data analyzed, low income groups had worse health for 21 of the 34 health status indicators analyzed. Over approximately ten years, health inequities persisted for 16 indicators, became worse for four indicators and improved for one indicator.

There were exceptions to these overall findings, including indicators showing similar rates of health status across all groups, worse health status for higher income groups and decreases in health status differences across income groups over time.

However, the findings outlined in this report clearly point to the need to reduce health inequities. When compared to the health status of the highest income group:

- Men in the lowest income group are 50% more likely to die before age 75. The relationship between income and premature mortality has not changed over time and inequities have persisted.
- Women in the lowest income group are 85% more likely to have diabetes. The relationship between income and diabetes was significantly stronger in 2012 than it had been in 2003.
- Young women aged 15 to 24 in the lowest income group are twice as likely to be reported with chlamydia infection. The relationship between income and the reported rate of chlamydia incidence has not changed over time and inequities have persisted.
- Babies in the lowest income group are 40% more likely to be born with a low birth weight. The relationship between income and the rate of low birth weight births has not changed over time and inequities have persisted.

The results of the analysis also illustrate the impact of health inequities by estimating the change that would occur if all income groups had the same health status as the highest income group. In Toronto, this would mean:

- 932 fewer premature deaths per year
- 62,111 fewer people living with diabetes
- 1,720 fewer reported chlamydia cases among youth per year
- 611 fewer low birth weight babies per year

The Unequal City 2015 report shows that low income groups in Toronto tend to have worse health and that these health inequities have persisted over time. Striving for health equity, whereby everyone can reach and contribute their full potential, is the right thing to do and it has benefits for everyone.

From Data to Action: Intersectoral Leadership and Action on Health Inequities

The findings outlined in *The Unequal City 2015* report clearly point to the need to reduce health inequities. This report provides compelling evidence for strengthening efforts to develop healthy public policy, planning focused and responsive public health services and advocating for the needs of low income people.

Broad social and economic factors that influence health are largely responsible for driving the health inequities described in this report. In order to address the root causes of health inequities in Toronto, a broad range of supports and resources are needed. These solutions must come from all sectors that have an impact on health, including the government, non-profit and private sectors. Stakeholders in each of these areas have a vital role to play in ensuring that people have access to good jobs, sufficient income, quality education, adequate housing, nutritious food and quality health care. Intersectoral collaboration is essential for coordinating and identifying opportunities to promote health equity.

Over the past ten years, researchers have developed a large and growing body of research and reports on poverty and income inequality in Toronto. In addition to *The Unequal City*

2015, recent and forthcoming work in 2015 includes the United Way's *The Opportunity Equation*, The Metcalf Foundation's *The Working Poor in the Toronto Region: Mapping Working Poverty in Canada's Richest City*, and the Neighbourhood Change Research Partnership's ongoing work on *The Three Cities Within Toronto*. At the same time, momentum has been building for increased action on poverty at the city level. The City's TOProsperity: Toronto Poverty Reduction Strategy is currently in development and will be released in summer 2015, with an implementation plan to follow in the fall of 2015. There is an opportunity to ensure that the Toronto Poverty Reduction Strategy and the Toronto Social Equity Strategy, which is also in development, consider income related health inequities.

TPH has participated in intersectoral collaboration to address health inequities at the city level for several years. As recommended by the Board of Health in the 2011 *Healthy Toronto by Design* report, TPH has worked with staff from a number of City Agencies, Boards, Commissions, Corporations and Divisions to identify opportunities to promote population health and develop healthy public policy. In the *Healthy Toronto by Design: 2012 Update* report, TPH committed to continuing this intersectoral work, providing opportunities for intersectoral collaboration at the city level to address health inequities and to ensure that health inequities are represented in reports to Council and its committees on social and economic wellbeing in Toronto. *Appendix A* contains a summary of the actions taken by TPH within our legal mandate to address health inequities.

A Living Wage for Toronto

A living wage is the hourly wage required at which a household can cover the cost of life's necessities. The notion of a living wage is rooted in the real cost of living in a specific community. It is a wage standard that, by definition, ensures that working families generate an income sufficient to meet basic household needs, such as food, shelter, childcare and transportation. A living wage is supportive of health and health equity and is thought to most benefit low-wage workers including women, newcomers and racialized workers.

In April 2015, the Canadian Centre for Policy Alternatives released a report *Making Ends Meet: Toronto's 2015 Living Wage* updating the living wage for Toronto. Toronto's 2015 living wage was calculated at $18.52 per hour, based on a family with two working parents and two children. The calculation of a living wage for Toronto is based on an established national living wage framework.

The City of Toronto is currently reviewing the notion of a living wage standard for Toronto. On July 16, 2013, City Council directed the Executive Director, Social Development, Finance and Administration, in collaboration with the General Manager, Toronto Employment and Social Services and the General Manager, Economic Development and Culture to develop a Quality Job Assessment Tool that includes a living wage standard and considers skills and training opportunities, working conditions and other determinants of job quality. The report is scheduled to go forward to the

Economic Development Committee on June 23, 2015. Toronto Public Health is involved in the Interdivisional Working Group on this issue.

Improved Data and Strengthened Monitoring on Health Inequities

The Unequal City 2015 report used high quality data and recognized methods to analyze the relationship between income and health. However, there were challenges to conducting this analysis and some limits to the strength of the findings due to limitations in the data available.

Currently in Ontario, socio-demographic data such as income, ethno-racial identity and immigration status are not directly linked to provincial health data. There are some examples in Ontario where researchers (for example, at the Institute for Clinical Evaluative Sciences – ICES) have linked health data to specific socio-demographic databases for special projects, but this kind of linking is not done routinely and is not regularly available to local public health agencies. Health care system data and death records are important sources of population health data but they contain no direct socio-demographic information beyond a person's age, gender and general area of residence.

For 24 of the 34 health status indicators analyzed for *The Unequal City 2015* report, age, gender and area of residence were the only socio-demographic data available. If data on a range of socio-demographic characteristics were directly linked to health data and made available, it would be possible to gain a better and more comprehensive understanding of local health inequities related to income, racialization, immigration and other social determinants of health.

Socio-demographic Data Collection

To routinely link socio-demographic and health data, data on a range of socio-demographic characteristics must first be collected. Data on many socio-demographic characteristics, including ethno-racial identity, sexual orientation and gender identity are not routinely or consistently collected from clients by any level of government in Canada. With leadership from TPH and three Toronto hospitals, a standardized socio-demographic data collection tool is currently being integrated into TPH's own data collection and management systems and has also been adopted by the Toronto Central Local Area Health Integration Network (LHIN) for use by all of its hospitals and community health centres.

If a version of the client socio-demographic data tool were integrated into the Ministry of Health and Long-Term Care's Health Card system through new cards and renewals, extensive socio-demographic data could be available in the future for all Ontario residents with a Health Card, which would facilitate linkage between socio-demographic and health system data.

National level Socio-demographic Census Data

While the collection of client socio-demographic data and its linkage to health system data would allow for a better understanding of health inequities, the existence of quality

socio-demographic census data that is consistent over time would also provide important information needed to understand health inequities and plan responsive programs and services. Previously, the federal government collected extensive social, economic and demographic data on 20% of the population every five years through the mandatory long form census. Socio-demographic data from the long form census was used for the first *Unequal City* report in 2008.

In 2010, the federal government replaced the mandatory long form census with a voluntary National Household Survey (NHS). The voluntary nature of the NHS had serious negative implications for data quality, reliability and comparability over time. For *The Unequal City 2015* this meant that the long form census could no longer be used as a source of income data and TPH has to rely on another data source that is much more limited in scope. Future reports on health inequities in Toronto would be strengthened if higher quality, more comprehensive socio-demographic data sources were available. Toronto Public Health is committed to reducing health inequities through its programs, services, advocacy, monitoring and reporting. This report will inform future action on health equity at TPH, including strengthened advocacy and monitoring, intersectoral leadership within the City of Toronto and engagement with key partners.

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SIGNATURE

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ATTACHMENTS

Attachment 1: What does Toronto Public Health do to Reduce Health Inequities?
Attachment 2: The Unequal City 2015: Income and Health Inequities in Toronto