

EX8.1.65

**Deputation to City of Toronto Executive Committee
July 28, 2011**

I am Sheila Braidek, Executive Director of the Regent Park Community Health Centre. Thank you for the opportunity to present our comments.

RPCHC service the Regent Park area specifically and southeast Toronto more generally. We believe that health is more than the absence of disease, but is rather a resource for daily living – one that enables each of us to engage in our community, have and pursue our goals, and fundamentally to contribute to the social good. This then is where health goes beyond the idea of health services mandated by the province and into the realm of social capital – or the value that is generated from the connections within and between social networks – one that is shared between RPCHC and the city of Toronto as a community and ideally, as an institution represented by Council.

I do want to say that we appreciate that it is appropriate and valuable to reflect on the services provided by the City and to consider this information in resource allocation. However, it is equally important that the value of the service be gauged through an equity lens.

With respect to **housing**, we are concerned that the recommendations on pages 53 – 56 combine to severely reduce the City's role in affordable housing planning and development. We believe this is short sighted especially in light of the tremendous waiting list for social housing in Toronto and given the intimate dynamic between housing, health, and employment. Homelessness negatively impacts people in several ways including their ability to secure and keep employment, maintain social networks, ensure good health practices such as eating nutritious meals, and the like. We encourage the City to continue to be an active player in shaping housing policy and service delivery and work with other levels of government in order to develop meaningful – and funded - short and long term housing strategies.

The **Community Partnership and Investment Program** includes a wide range of programs and services that are important to RPCHC and the communities that we serve and following through on the recommendation to reduce or eliminate the program will have significant negative impacts.

- Daily we see the important role that crossing guards play in making sure that children get to and from school safely. And community engagement in local safety issues is significantly less expensive – in short and long-term – than policing and the criminal justice system.
- The types of initiatives funded under the **AIDS Prevention & Community Investment Program** have been shown to reduce HIV infection and increase people's sense of individual agency and community engagement. Each HIV infection has costs – care, treatment, support, years of life lost, lost tax revenue, etc – that are greater than the cost of prevention.
- At RPCHC we have accessed the **Drug Prevention and Community Investment Program** to support a substance use needs assessment as well as other programming in the past. Our efforts reduce harm associated with substance use and build the community capacity to reduce and prevent substance use.

- Recommendation to back on the Student Nutrition Program would increase the number of children and youth whose learning and brain development is negatively impacted. Early childhood development benefits everyone.
- Prevention of homelessness through programs like Homeless Initiative Fund are critical to reducing these risks and the costs – policing, loss tax revenue, increased demand for services, social isolation and stigma - to individuals and the community.

All in all the Community Partnership and Investment Program is an *investment* in our community and there is no evidence to suggest that cutbacks to that investment will achieve the long term savings that are hoped for. To the contrary such cutbacks are more likely to contribute to increased long term pressures at both the municipal and provincial levels.

More briefly the recommendations on page 80 to reduce or eliminate the **Dental Health & Investing In Families** programs administered by Toronto Public Health are again short-sighted in that they will ultimately contribute to higher cost and social burden on the City.

Recommended cutbacks to **Library** numbers, hours and outreach activities will most severely impact low-income, low-literacy, students in crowded or substandard housing, and newcomer populations. And the recommendations to limit, reduce or contract out Wheel-Trans services will impact people with disabilities who are already severely marginalized in their opportunities to participation in social, cultural and economic activities.

One is left with an overarching sense that the recommendations in the report most severely impact the already marginalized populations in our community. These people – newcomers, people living on low-incomes, substance users, people with HIV/AIDS, people who are homeless and others – are also mothers, fathers, sisters, veterans. They are valuable members of our community worthy of investment. And these programs are investments. Investments in hard capital by reducing long term costs and adding to the tax base. And they are investments in social capital. They provide opportunities for the community itself to engage, to create, to celebrate, to educate, to grow, to explore possibilities, to develop, to define, and to recognize what it means to live in Toronto. From these opportunities, this investment, our future is born.

We encourage Executive Committee to set aside these recommendations. Thank you for your consideration.