Poverty By Postal Code 2: Vertical Poverty

Date: February 14, 2011
To: Board of Health
From: Medical Officer of Health
Wards: All
Reference Number:

SUMMARY

The United Way Toronto released a report on January 12, 2011, entitled *Poverty by Postal Code 2: Vertical Poverty - Declining Income, Housing Quality and Community Life in Toronto's Inner Suburban High-Rise Apartment* (Attachment 1). The report presents new data on declining incomes and the growing geographic concentration of poverty in Toronto, particularly in the inner suburbs. The report focuses on a less studied aspect of the trend of concentrated poverty in Toronto by examining poverty in private sector high-rise buildings and what they describe as the newly developing phenomenon of "vertical poverty".

Older stock, privately owned high-rises, built as much as sixty years ago as new communities for a predominantly middle-income market, have evolved over time. They are increasingly a source of housing for people on low incomes. The report presents study findings regarding the physical and social environments in these high-rise communities. The report warns that Toronto is at a "tipping point" in preventing urban decline and a City fractured between the "haves" and "have nots" characterized by deeper and broader health inequalities. The report identifies strategies to arrest neighbourhood decline while also highlighting community assets. The report is available at: [http://www.unitedwaytoronto.com/verticalpoverty/](http://www.unitedwaytoronto.com/verticalpoverty/).

The purpose of this Board of Health report is to seek endorsement, in principle, of the *Vertical Poverty* report recommendations and identify the relevance of its key findings to Toronto Public Health's (TPH) mandate and ongoing work to address the determinants of health and achieve greater health equity.
RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health endorse in principle the recommendations in the Poverty by Postal Code 2: Vertical Poverty report, and communicate their support to Premier Dalton McGuinty;

2. The Board of Health commend the United Way for drawing attention to declining incomes of Toronto families; housing quality, community life and the newly developing "vertical poverty" in Toronto's high-rise apartments; and to the need for timely action to prevent neighbourhood decline in high-rise communities across Toronto's inner suburbs;

3. The Board of Health commend the Province for acting on the recommendations of the Social Assistance Review Advisory Council by undertaking a comprehensive review of social assistance and other income security programs to improve outcomes for low income people;

4. The Board of Health reiterate that the provincial government consult with the City of Toronto as an order of government regarding the social assistance review, as well as key stakeholders from the health and social service sectors, including public health, through the process established to review Ontario's income security system;

5. The Board of Health forward this report to the following key stakeholders: the General Managers of Shelter, Support and Housing Administration, Municipal Licensing and Standards; Social Development, Finance and Administration; the Tower Renewal Office; Children's Services, Employment and Social Services, Parks, Forestry and Recreation; Dr. Arlene King, the Chief Medical Officer of Health; the Ontario Minister of Health Promotion and Sport, Ontario Minister of Health and Long-Term Care; Ontario Minister of Community and Social Services; Ontario Minister of Children and Youth Services; Ontario Minister of Municipal Affairs and Housing; Ontario Minister of Infrastructure, the United Way of Greater Toronto, Campaign 2000, Canadian Public Health Association, Association of Local Public Health Agencies; and the Ontario Public Health Association.

Financial Impact

There is no financial impact.

DECISION HISTORY

Toronto Public Health’s 2010-2014 Strategic Plan, approved by the Board of Health at its meeting of June 28, 2010, reaffirms the Board's mission to reduce health inequalities and improve the health of the whole population. See TPH staff report: http://www.toronto.ca/legdocs/mmis/2010/hl/bgrd/backgroundfile-31526.pdf

At its January 21, 2008 meeting, the Board of Health received the United Way Toronto report, Losing Ground: The persistent growth of family poverty in Canada's largest city which documented the excess burden of poverty experienced by Toronto families with
children, compared to families locally, provincially and nationally. The Board endorsed recommendations in the staff report advocating specific targets and timelines for Toronto in Ontario's Poverty Reduction Strategy, taking into account the unique challenges facing Toronto low-income families. See TPH staff report: http://www.toronto.ca/legdocs/mmis/2008/hl/bgrd/backgroundfile-9847.pdf

In October 2008, the Medical Officer of Health presented a report titled The Unequal City: Income and Health Inequalities in Toronto, which identified that Toronto's low income residents experience higher rates of illness, disease and premature death than those with higher income. See TPH staff report: http://www.toronto.ca/health/map/inequalities.htm

In November 2010, the Board of Health endorsed recommendations found in the Cost of the Nutritious Food Basket – Toronto 2010 staff report which supported in principle the broad directions and process proposed in May 2010 by the provincial Social Assistance Review Advisory Council (SARAC) asking for a comprehensive and timely review of Ontario's income security system. The Board of Health further urged the provincial government to consult with the City of Toronto and other stakeholders, including public health, through the process established to review Ontario's income security system and to complete this review as soon as possible. See TPH staff report: http://www.toronto.ca/legdocs/mmis/2010/hl/bgrd/backgroundfile-33845.pdf

ISSUE BACKGROUND
Over the past decade, the United Way Toronto has released a series of reports identifying widening socio-economic disparities and spatial concentration of poverty, which is creating a city of rich and poor neighbourhoods. In response, the United Way has developed a Strong Neighbourhoods Strategy to prevent further decline in Toronto’s struggling neighbourhoods, concentrated in the inner suburbs.

Since 2004, the United Way Toronto has worked with civic leaders (including the City of Toronto) as well as the public, private and voluntary sectors to develop an action plan for garnering increased resources and revitalizing Toronto's at-risk neighbourhoods. Strong Neighbourhoods initiatives have become a primary vehicle for inter-sectoral action to build healthy communities and mitigate risk conditions that undermine health in deep poverty neighbourhoods. In the past five years, Toronto Public Health and other City Divisions have been active partners in these initiatives. This "place-based" action plan has resulted in increased resources, targeted social investments and ultimately, strengthening of the social infrastructure - facilities, programs, social networks, and community capacity.

Research summarized in the Poverty by Postal Code 2: Vertical Poverty - Declining Income, Housing Quality and Community Life in Toronto's Inner Suburban High-Rise Apartments report is part of the United Way Toronto’s Building Strong Neighbourhood’s Strategy. (1)
**COMMENTS**

**The Growing Concentration of Poverty**

The United Way Toronto’s *Poverty by Postal Code 2: Vertical Poverty* report presents new data on a less studied aspect of the growing concentration of poverty in Toronto – that involving high-rise housing. In particular, the report documents what the United Way Toronto describes as the "vertical concentration of poverty" whereby close to half of Toronto's low income families are housed in privately owned high-rise buildings. The report also highlights the quality of life and disparities in the conditions and experiences of tenants in high-rise communities across Toronto. The following key findings from the *Vertical Poverty* report illustrate the persistent trends in declining income and spread of pockets of poverty across Toronto, the physical decline of rental housing stock and the challenges to social cohesion and community safety in high-rise communities.

During the 25-year period from 1981 to 2006, the number of geographic pockets of high poverty [defined as areas where 26% or more of families live below the Low-income Cut-off (LICO)] across Toronto increased from 30 to 136. The growth of these high poverty pockets has been most pronounced in the city's inner suburbs. The number of high poverty areas in Scarborough for example, increased from 26 to 40 between 2001 and 2006 alone.

From 1981-2006, median incomes among renter households fell by $6,396, about double that of all households in Toronto, while average rents increased over the same time period. In 2001, 43% of all renter households spent more than 30% of their income on rent; by 2006 this had risen to 47%. As a result, one in four private sector tenant households reduced spending on necessities (such as food or clothing) each month to pay the rent, and an additional 33% reported doing without necessities, for a few months of the year.

Another recent report, *The Three Cities within Toronto*, also documents the growing concentration of poverty in Toronto.(2) This report by Professor David Hulchanski (2010) of the University of Toronto demonstrates increasing polarization and segregation of Toronto's neighbourhoods along income and other characteristics, such as number of immigrants. Hulchanski projects that by 2025 only a fraction of Toronto's neighbourhoods will be middle-income, resulting in a "Two Cities" model, divided between high and low-income neighbourhoods. Similar to the United Way’s *Vertical Poverty*, Hulchanski identifies the need to halt the continuation of these trends through the adoption of policies such as making housing more affordable to low-income households, and supporting the renewal of aging high-rise neighbourhoods.

Income and housing have profound influences on health. They are linked determinants of health that, when present, contribute to good health but when deficient or absent, increase the likelihood of ill health.(3,4)

**Concern About High-Rise Housing Conditions**

The *Vertical Poverty* report notes that when originally constructed, privately owned high-rise buildings were built to accommodate middle-income singles, couples and nuclear
families. Currently these buildings house close to half of Toronto's low-income population. Household density has doubled from 8% of units with more than one person per room in 1981, to 17% in 2006. The highest density levels in 2006 were found in East York, followed by Scarborough. The biggest increase in density occurred in Etobicoke. Greater density puts greater pressure on aging building infrastructure and systems (such as plumbing, electrical, heating and elevators).

The survey explored the physical and social environment of high-rise buildings. The findings surfaced a range of concerns regarding the safety and physical conditions of many of the apartment units. Roughly 80% of tenants were unable to control the temperature in their unit, and 50% said their unit was sometimes or always too hot in the summer. Tenants break window locks to let air into their apartment creating an unsafe environment for children. Other factors undermining health and well-being included the common occurrence of mould or mildew, excess cold, dampness or heat, and 50% of respondents report pests and vermin in the building. In general, housing conditions were reported to be most favourable in low-poverty neighbourhoods compared to high-poverty neighbourhoods.

A number of challenges to social cohesion and community safety were identified. Only about 20% of privately owned buildings had common rooms that provide space for gatherings. Close to one third of tenants said drug dealing was a problem in their buildings, as well as trespassers, and many forms of deliberate property damage. Tenant comments indicate that in a limited number of buildings where conditions were worst, residents were fearful and the experience impacts on neighbourhood relations as people report feeling wary and mistrustful. There are greater problems of social disorder in high-poverty as compared to low-poverty neighbourhoods and non-profit tenants are more likely to consider their buildings unsafe.

Despite these findings, tenants acknowledged several positive aspects and important assets of their communities. The vast majority of high-rise tenants think their neighbourhoods are good places to live and to raise children, and view their buildings as safe places to live. Residents in low poverty areas were more likely to feel this way. Factors contributing to this positive perspective include low rents and large unit sizes; personal connections and strong friendship groups based on common ties of religion, culture and language; social networks that provide day-to-day support; and, mutually respectful landlord-tenant interactions. It was reported that private-sector landlords are keeping up with building repairs and maintaining building grounds reasonably well.

Timely Action Required to Prevent Further Urban Decline

The Vertical Poverty report documents declining incomes overall, but especially for high-rise tenants. This trend has partially contributed to the phenomenon of vertical poverty along with the decline in affordable housing in Toronto. Low-income residents are attracted to high-rise apartments because it is the only housing they can afford. Therefore, a larger proportion of low-income residents end up in high-rise housing stock. About three-quarters of study subjects were employed full-time, but many still had difficulty paying rents. Additionally, for people living on low incomes, the budget pressures of paying unaffordable rents often means they must forgo essentials for good health such as
nutritious food, recreational programs, adequate seasonal clothing, and so on. The findings of the Vertical Poverty report confirmed this as a reality for as many as one-third of the private sector tenants involved in their survey.

Studies on social and environmental impacts on community health identify neighbourhoods with concentrations of low-income residents, inadequate and unaffordable housing, lack of public and private goods and services, and high rates of social disorder as being high risk environments where residents experience poor quality of life and negative short and long-term health consequences. Both the Vertical Poverty and Three Cities reports show Toronto "at the tipping point" of fracturing into residentially segregated socio-economic divides, creating conditions for deepening health inequities across Toronto's population. This is clearly a public health concern that calls for timely collaborative action by all levels of government to prevent the deterioration of this aging and relatively affordable housing stock, and to avert the risk of these communities becoming areas of urban decay, social isolation and high poverty.

Toronto’s high-rise apartment buildings can continue to provide decent family housing well into the future, however, as the report points out, many buildings are in danger of reaching a point beyond which they will no longer be financially viable to maintain or upgrade. This poses the risk that Toronto will lose a critically important resource for many families on low and modest incomes. As well, the physical decay of this housing stock can trigger the transition of high-rise communities from low to high-poverty neighbourhoods with the flight of businesses and middle-income families. The Vertical Poverty report maintains that this process can be averted by investing in high-poverty neighbourhoods and with reasonable reinvestment and upgrading of this important housing stock which can remain a tremendous asset to our City.

Opportunities for Toronto Public Health to Support Healthy High-Rise Communities

The United Way has made twenty-six recommendations calling for action by all levels of government, public, private and voluntary sector organizations, and residents of high-rise communities. The recommendations are organized into three sections outlining proposed actions that are critically needed for: 1) maintaining income mix across Toronto neighbourhoods; 2) sustaining the high-rise rental stock in good repair, and 3) building socially healthy and vibrant communities through multi-sectoral partnerships. The full suite of recommendations can be found in Attachment 1.

The following sections provide a brief description of a selection of Toronto Public Health activities that demonstrate how Toronto Public Health supports and enhances health in these communities.

Partnership Activities

TPH is involved in "place-based" initiatives in at-risk neighbourhoods, including the City's thirteen priority neighbourhoods. These initiatives apply a "neighbourhood lens" to improve the health of residents by mobilizing them to become involved in planning and implementing actions for neighbourhood improvement, by engaging in inter-sectoral
collaboration for service planning and policy development, and to acquire funding and other resources for improvement of the social and physical environment.

TPH managers contribute to place-based initiatives by providing strategic leadership for collaborative planning and coordination across City Divisions and service sectors. They identify systemic issues undermining neighbourhood health, and lead efforts to address these through policy and program change. Community mobilization undertaken primarily by Community Health Officers engages residents in determining and achieving desired neighbourhood change. Examples of this work include: increased employment, training, and education opportunities for youth, such as the "Hands-on-Trade" project; new investments for community space and programs; development of community garden programs; creation of crises response and prevention protocols; and, development of youth engagement programs.

Supporting the Health and Well-being of Newcomers and Immigrants
Seventy-five percent of the private-sector respondents to the Vertical Poverty survey were either newcomers or immigrants to Toronto. Under the umbrella of the City of Toronto Newcomer Initiative, TPH staff link with settlement agencies to improve newcomer access to TPH programs and services. Additionally, TPH's Reunification Adaption pilot program works to assist newcomers who are dealing with challenges of family reunification, by facilitating peer to peer support and identifying coping strategies.

Addressing Issues of Social Disorder
The Council-approved Toronto Drug Strategy (TDS) is a municipal plan that provides a comprehensive approach to alcohol and other drug issues, including drug-related crime and disorder at the local level, and is managed through TPH. The City of Toronto, in collaboration with institutional and community stakeholders, has been implementing recommendations in the TDS over the past five years. Progress reports are available through the TDS website at www.toronto.ca/health/drugstrategy.

Toronto Public Health is an active partner in several key programs focusing on preventing substance abuse issues, some of which are being implemented in the City's priority neighbourhoods.

The TDS includes a recommendation to work with public and private sector landlords to address drug-related harms in rental housing. The TDS Secretariat, staffed by TPH, is seeking collaboration with other City agencies and departments on this work.

Programs and Services to Promote Health in Low-Income Communities
Many TPH programs and services reduce barriers and build the capacity of low-income residents and their families (including those living in high-rise buildings) to achieve good health.

Toronto Public Health delivers a broad range of programs and services. Many of these programs delivered city-wide include sessions and sites situated in or close to the high poverty clusters identified in the Vertical Poverty report. The Peer Nutrition Program
(PNP) has held 94 education sessions in priority neighbourhoods since January 2010. Along with providing culturally and linguistically appropriate nutrition programs for parents and caregivers of children aged six months to six years, PNP sessions also offer social supports and builds leadership skills among participants. Participation in group programs can build social capital which benefits both individuals and communities.

Staff in the Chronic Disease Prevention (CDP) program have conducted detailed neighbourhood assessments in at-risk neighbourhoods. This process has identified neighbourhood assets and gaps, assisting staff in coordinating proactive outreach and in responding to referrals for integrated CDP services. This process ensures that neighbourhoods that may not currently be identified as priority, but are of equal need, are service priorities.

**Investigating Conditions in Multi-residential Apartment Buildings**

The *Vertical Poverty* report discusses the state of repair and characteristics of the indoor environment in high-rise buildings, which can create conditions that are potentially hazardous to health. Public Health Inspectors (PHIs) from the Healthy Environments Directorate respond to tenant complaints about a range of issues such as possible lead exposure (related to peeling paint or dust); presence of mould (potentially related to plumbing problems or water damage) and poor indoor air quality. PHIs investigate and often work with landlords to rectify problems, and provide outreach to support actions that reduce harmful exposures. If a health hazard is serious enough, TPH can issue an order for corrective action under the Health Protection and Promotion Act. While enforcing pest control (such as for cockroach, mice and rat problems) in high-rise buildings is the responsibility of the City's Municipal Licensing & Standards (ML&S) Division, if a private multi-residential building has a major infestation of pests and vermin, TPH conducts onsite outreach and awareness on pest control measures.

**Responding to Lack of Access to Cooling**

The *Vertical Poverty* survey findings on temperature conditions in high-rise apartment buildings add to what TPH has learned through the ML&S Division's regular audits of multi-residential apartment buildings which indicate that few buildings have central air conditioning or air conditioning in the common areas. (6) Although ML&S audits indicate that window air conditioners are common in tenant units, the *Vertical Poverty* report notes that half of the tenants often found their apartments too hot in the summer. TPH has worked with ML&S to explore the most appropriate regulatory authority for a possible "maximum heat standard" that would apply to municipal residential apartment buildings. (6) TPH has also developed and provides resources to educate and assist landlords of multi-residential buildings in preparing and implementing a Hot Weather Protection Plan for tenants. (See: [http://www.toronto.ca/health/heatalerts/beatheat_landlords.htm](http://www.toronto.ca/health/heatalerts/beatheat_landlords.htm)).

**Healthy Public Policy and Advocacy Initiatives**

Recommendations in the *Vertical Poverty* report do not specifically focus on addressing the persistent trend of declining income in Toronto. Because of the important relationship between income and health and the mandate to focus on addressing health inequalities,
TPH places particular emphasis on advocating for healthy public policies that address the needs of low-income Torontonians.

TPH has been a partner in the 25 in 5 Network, a multi-sectoral network working on eliminating poverty. The network advocates for decent wages and working conditions, improving the Ontario Child Benefit, ensuring policies address the disproportionate impact of poverty, and ensuring access to affordable quality housing, child care, medical and dental care.

TPH also collaborate with Campaign 2000. Their 2010 Report Card identifies the growing concern that in the current labour market it is difficult to find good jobs that provide a fair and secure income. Campaign 2000 advocates for provincial policies which provide a strong social safety net, including good jobs at living wages. These policies can contribute to increased economic security and decrease the socio-economic inequalities in Toronto.

In 2008, the provincial government released the report, *Breaking the Cycle: Ontario's Poverty Reduction Strategy*. The strategy includes a number of steps to reduce child and family poverty by 25% in 5 years, including a review of social assistance. In January 2010, the province appointed the Social Assistance Review Advisory Council (SARAC), comprised of community leaders. Their mandate was to make recommendations to the Minister of Community and Social Services regarding the scope and terms of reference for a review of Ontario's social assistance system as well as provide advice on possible short-term changes to social assistance rules. The SARAC released their report, *Recommendations for an Ontario Income Security Review* in June 2010. (7) The report called for a comprehensive review of Ontario's income security system, rather than focusing solely on the social assistance programs, Ontario Works and the Ontario Disability Support Program.

On November 30th, 2010 the provincial government announced it will undertake a comprehensive review of social assistance and appointed The Honourable Frances Lankin, P.C., and Dr. Munir Sheikh, as commissioners to lead the review. (8) In keeping with the recommendations made by SARAC, the review will examine social assistance and its relationship with other federal, provincial, and municipal income security programs to gain a better understanding of how these programs, working together, can provide better outcomes for people. The review began in January 2011 and will finish in June 2012.

The *Vertical Poverty* report recommends that City Planning ensure the development of mixed-income neighbourhoods and explore municipal zoning amendments to permit mixed-use infill development. Ensuring that clusters of high-poverty neighbourhoods have access to grocery stores, city amenities such as libraries and recreation centres, and green space could assist in addressing service infrastructure imbalances. These facilities create social connection and enable residents to participate in activities enjoyed by higher income communities.
Conclusion
The *Vertical Poverty* report warns that Toronto is at a "tipping point" in terms of preventing urban decline and a City fractured between the “haves” and the “have nots”, characterized by deeper and broader health inequities. The report recommendations identify the action required by all levels of government to maintain the physical infrastructure and social vitality of high-rise mixed-income neighbourhoods and ameliorate the health threatening conditions in high-poverty neighbourhoods. These actions are crucial to reversing the trend of spreading urban decline, and improving the health of low income communities.

Toronto Public Health has identified ways it currently contributes to addressing income, housing and community/neighbourhood circumstances as important determinants of health. TPH commits to further exploring how best to address any gaps in our program and service delivery, advocacy and health public policy work that are highlighted by the findings of the *Vertical Poverty* report.

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ATTACHMENTS
References:


