

This bulletin is a quick inventory of recent social research information. Its purpose is to promptly disseminate the most current external and internal research relevant to social policy.

Distributions Of Household Economic Accounts For Wealth Of Canadian Households, Fourth Quarter 2020 by Statistics Canada, September 2021.

This release of the Distributions of household economic accounts provides new data up to the fourth quarter of 2020 and introduces new distributions by household wealth (net worth) quintile, which group households from lowest to highest wealth based on the total of their assets less liabilities.

- Despite the uncertainty and volatility that the pandemic has caused in people's everyday lives, on average all households in Canada increased their wealth in 2020
- The household wealth gap declined in 2020, as net worth for the lowest two wealth quintiles increased at a faster pace than the wealthiest 20%
- The wealthiest households accounted for 67.5% of household net worth, down 1 percentage point from 2010, while the highest income households accounted for 45.4% of household net worth, down 5 percentage points from 2010
- Wealth grew more for households in the lowest (+19.6%) and second (+23.6%) income quintiles in 2020, as higher-than-average gains in real estate values outpaced their mortgage debt acquisitions. Gains in wealth in the lowest income quintile were concentrated in middle-age households, as the average value of real estate holdings for youth and seniors was relatively lower

Link to the article: <https://www150.statcan.gc.ca/n1/daily-quotidien/210907/dq210907b-eng.htm>

The Price of Public Health Care Insurance, 2021 by Nathaniel Li and Milagros Palacios, Fraser Institute, Sept 2021.

Canadians often misunderstand the true cost of our public health care system. This occurs partly because Canadians do not incur direct expenses for their use of health care, and partly because Canadians cannot readily determine the value of their contribution to public health care insurance.

- In 2021, preliminary estimates suggest the average payment for public health care insurance ranges from \$3,842 to \$15,039 for six common Canadian family types, depending on the type of family
- Between 1997 and 2021, the cost of public health care insurance for the average Canadian family increased 3.4 times as fast as the cost of clothing, 2.2 times as fast as the cost of food, 1.7 times as fast as the cost of shelter, and 1.6 times faster than average income
- The 10 percent of Canadian families with the lowest incomes will pay an average of about \$726 for public health care insurance in 2021. The 10 percent of Canadian families who earn an average income of \$75,300 will pay an average of \$6,521 for public health care insurance, and the families among the top 10 percent of income earners in Canada will pay \$41,916

Link to the report:

<https://www.fraserinstitute.org/sites/default/files/price-of-public-health-care-insurance-2021.pdf>

Ipsos & Toronto Public Health COVID-19 Vaccine Survey – Wave 2 by Toronto Public Health, August 2021.

Toronto Public Health engaged Ipsos to conduct a survey to better understand the public's views related to COVID-19 vaccination. Wave 1 of this survey was conducted near the start of the COVID-19 vaccination campaign in March/April 2021. This survey builds on the previous survey and includes additional questions for parents and their opinions on vaccination for their children. At the time of this survey all Toronto residents aged 12 years and older were eligible for COVID-19 vaccination.

- About one in six (14%) residents can be considered as vaccine hesitant, which includes 6% who said they will definitely not receive a COVID-19 vaccine and 8% who said they are unsure if they will in the future
- Four in ten (37%) unvaccinated residents said they would be more likely to get vaccinated if it was mandatory for travel and 34% said they would be more likely to get vaccinated if it was mandatory to go to work
- About two-thirds (64%) of parents with children under the age of 12 would vaccinate their children, should a vaccine become available. 26% of parents said they are unlikely to get a COVID-19 vaccine for their child under 12 years of age, while one in ten (10%) parents were unsure

Link to the presentation:

<https://www.toronto.ca/wp-content/uploads/2021/09/9660-TPH-Vaccine-Survey-Wave-2-Results-Aug-2021Final.pdf>

Distance-Based Transit Fares Don't Measure Up: A Picture Of Inequity In Five Maps by Lisa Ferguson, Social Planning Toronto, August 2021.

In response to the fare policy review, we examined the impact that TTC fares based on distance travelled would have on transit users living in different areas of the city. Drawing on data from the Census and the Transportation Tomorrow Survey, our findings show that distance-based fares applied within the City of Toronto would negatively impact working-age residents in the inner suburbs — largely racialized and immigrant residents — and deepen racial, social, and geographic / spatial inequality across the city.

- Among workers who use public transit as their main mode of commuting, a higher proportion living in Toronto's inner suburbs have long commute distances of 15 km or more (Map 1) and durations of 60 minutes or more (Map 2) compared to those living in the old City of Toronto and near subway lines
- Many areas of the city where longer transit commutes and trips are common — including the northwest corner of the city, along the city's northern boundary, and most of Scarborough — are also areas that are highly racialized (Map 4) and have populations with a high proportion of immigrants (Map 5)
- The TTC Board should: Ensure transit equity is central to all policy and operational decisions, including the 5-Year Fare Policy; use an intersectional equity lens to review the impact of policies on marginalized groups including racialized residents, immigrants, women, people with disabilities, and residents living in the inner suburbs [and] [e]liminate the fare-by-distance-and-mode option from further consideration
- If a regional zone system is adopted, maintain a single fare for public transit within the City of Toronto

Link to the paper: https://www.socialplanningtoronto.org/distance_based_transit_fares

Ontario Business Registry by Province of Ontario, September 2021.

Ontario's businesses and not-for-profit corporations are overdue for a new business registry that meets the needs of our modern economy and rapidly expanding digital world. Our government's new Business Registry will help ensure businesses can access the services they need quickly and efficiently in order to reduce their costs and allow them to focus their time and energy on rebuilding from the impacts of COVID-19.

- On October 19, 2021, [the Province] will launch the new Ontario Business Registry
- This new online registry will be available 24 hours a day, 365 days a year, and will make it easy to interact with the government
- Businesses and not-for-profit corporations will be able to complete over 90 transactions through the new online registry, including registering a new business and dissolving an existing one
- Starting October 18, the Toronto ServiceOntario counter located at 375 University Avenue will be closing, and service counters across the province will no longer endorse articles submitted under the Business Corporations Act

Link to the news bulletin: <https://www.ontario.ca/page/ontario-business-registry>

A Profile Of Nursing And Residential Care Facilities, 2019 by Statistics Canada, September 2021.

During the COVID-19 pandemic, a great number of facilities responded to the Nursing and Residential Care Facility Survey. The survey results provide governments and researchers with a profile of the industry in 2019, and help inform policy making for this industry, which has been especially hard-hit by the COVID-19 pandemic.

- Of facilities in scope for the survey, 4,061 (43.3%) were for profit, 2,435 (26.0%) were government not-for-profit, and 2,872 (30.7%) were non-government not-for-profit
- In total, nursing and residential care facilities employed roughly 530,000 staff with almost half (48.0%) of employees working in nursing care facilities, and over a quarter (28.1%) working in community care facilities for the elderly
- By gender of residents, community care facilities for the elderly had similar occupancy rates with 67.6% of nursing care facility residents being female and 31.5% male
- The majority of employees—105,305 (70.7%)—were direct care support workers, while 20,480 (13.7%) were nurses, physicians and therapists, and 23,250 (15.6%) were indirect care employees

Link to the paper: <https://www150.statcan.gc.ca/n1/daily-quotidien/210916/dq210916c-eng.htm>

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Wellbeing Toronto: www.toronto.ca/wellbeing
City of Toronto Data, Research & Maps: <https://www.toronto.ca/city-government/data-research-maps/>