# 4
# THE HEALTH SERVICES DEPARTMENT ANALYSIS AND RESPONSE TO THE LOW INCOME PROFILE FOR YORK REGION

**The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, March 22, 2005, from the Commissioner of Health Services:**

## 1. RECOMMENDATIONS

It is recommended that:

1. Committee and Council receive this report for information.

2. Property Services staff be directed to incorporate the information in Attachment 2, *Low Income by Municipality* in the Regional Strategic Accommodation Plan to assist the Region in evaluating accommodation options and service delivery needs.

## 2. PURPOSE

The purpose of this report is to provide the Health Services Department's response to the *2001 Census Update: Socio-economic Profile of York Region's Population Living in Low Income Households* report conducted by the Community Services and Housing Department in 2004. This report also begins to identify implications for Health Services Department program/services associated with a growing low income population.

## 3. BACKGROUND

### 3.1 2001 Census Low Income Profile

The Canadian Census is conducted every five years by Statistics Canada (most recently in 2001). The Census enumerates everyone living in Canada including Canadian citizens, both native-born and naturalized, landed immigrants and non-permanent residents as well as family members living with them in Canada. The Census provides a collection of demographic, social and economic data and includes information on York Region and its nine municipalities.

In the Fall of 2003, the Community Services and Housing, Planning and Development Services and Health Services departments ordered custom tabulations of low income and employment data from Statistics Canada. These data provide an opportunity to better understand the economic and social situations of York Region residents living on a low income.

In June 2004, the Community Services and Housing Department presented the *2001 Census Update: Socio-economic Profile of York Region's Population Living in Low*

*Income Households* report to the Community Services and Housing Committee. The purpose of the report was to provide a profile of low income residents in York Region and identify service demand pressures and implications for the Community Services and Housing Department. This report was the first comprehensive profile of York Region's low income population.

The York Region low income profile created by the Community Services and Housing Department uses Statistics Canada's Low Income Cut-Offs (LICOs) as a measure of low income. Statistics Canada defines this as a family that spends more than 54.7% of its gross income on basic needs (e.g. food, shelter and clothing). This definition is based on total family income, place of residence and the number of members in the household.

## 3.2 The Determinants of Health

The determinants of health are a wide range of factors that influence an individual's or a community's level of health. These determinants include, but are not limited to, some of the elements included in the Canadian Census—income, level of education, living and working conditions.

According to *The Health of Canadians – The Federal Role, 2002*, 50% of the health of the population is attributable to our social and economic environments. These environments not only have an impact on social factors that affect health (e.g. income) but also on the rates of chronic diseases and infectious diseases.

There are significant inter-relationships between low income and the determinants of health, including age and gender. For example, seniors that fall under the low income profile may be even more vulnerable to health-related problems and may experience decreased accessibility to programs/services. Also, females in every age group, aged 15 years and over, are more likely than males to be living on low incomes.

## 3.3 2001 Census Low Income Profile Summary

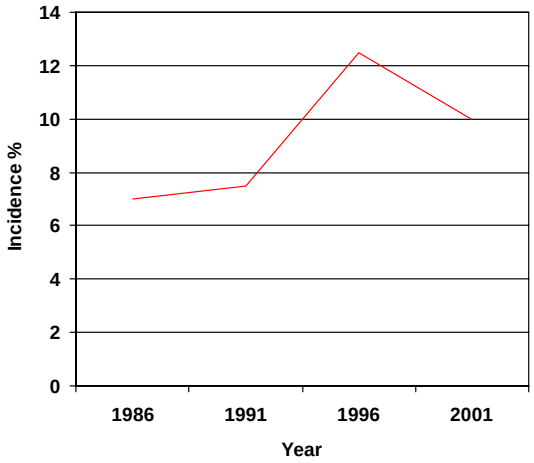
According to 2001 Census data, the incidence of low income was 16.2% for Canada and 14.4% for Ontario. The incidence of low income in Greater Toronto Area municipalities is as follows:

**Table 1**
Incidence of Low Income – Greater Toronto Area Municipalities
2001 Census Data

| Municipality | Incidence of Low Income |
|---|---|
| Durham | 8.5% |
| Halton | 7.1% |
| Peel | 11.6% |
| York | 10.0% |
| Toronto | 22.6% |

The chart below shows the incidence of low income in York Region from 1991 to 2001.

**Chart 1**
**Incidence of Low Income in York Region, 1986-2001**




Over all, the incidence of low income in York Region increased from 7.5% in 1991 to 10% in 2001. There was a significant rise in the incidence of low income between 1991 and 1996, followed by a slight drop between 1996 and 2001. These changes may reflect the impact of the early 1990's recession and the period of economic growth of the late 1990's.

The total low income population for York Region in 2001 was 72,565. A more detailed breakdown by area municipality is given in Attachment 2. The greatest increases in concentration of low income households were in areas experiencing the fastest growth, including parts of Markham (12.6%) and Richmond Hill (12.6%).

Other key findings from the profile of York Region's population living in low income households include (additional findings - *see Attachment 1*):

- Forty-three percent of the low income population aged 15 and over are parents, either as couples (19,825) or lone parents (3,950). Approximately half of York Region's low income population is between the ages of 25 and 64, which are considered the main working years for adults.
- Over 24,000 York Region residents could be classified as "working poor" (people who are engaged in the labour market but living in low income households). They make up 53% of York Region's working age low income population.
- There are approximately 10,200 low income York Region residents that are particularly "vulnerable" based on being a lone parent, single person living alone (15–64 years old), or an elderly woman living alone.

The 2001 Census low income profile looked at many risk factors such as gender, age, family type, education and work activity. There are other socio-economic risks not identified by the Statistics Canada LICOs. For example some recent immigrants, visible minorities and people with disabilities can face barriers that result in low income.

However, this report will focus on the low income population of York Region, as identified by the Statistics Canada criteria.

## 4. ANALYSIS

### 4.1 Health Services Programs

The Mission Statement of the Health Services Department is to work together to promote, protect and enhance the health and safety of the people of York Region. The Department does this by providing a large number of programs and services that are offered to all residents in York Region throughout their lifecycle. When developing these programs, the needs of the entire population must be met. Some initiatives, however, are more applicable to individuals within the low income profile.

### 4.2 Impact of Population Growth on Low Income Profile

As the population of York Region continues to grow, it is anticipated that the incidence of low income in the Region will not likely decline significantly. Therefore, an increased number of individuals are likely to fall under the low income profile. The low income profile is not only reflective of the most vulnerable or "at risk" populations, but includes individuals that are employed, support families and have post-secondary education. These residents play a vital role in the community and labour force.

The growing low income York Region population impacts significantly on the programs and services that are offered by the Health Services Department.

### 4.3 Programs/Services Response and Implications

In order to assess the impact of the increasing low income population on program/services, consultations were held with the three operational branches of the department (Public Health, Long Term Care and Seniors, and Emergency Medical Services). Each branch was asked the following questions:

1) What programs/services currently address/meet the needs of York Region low income residents?
2) What is the impact/implication of an increasing population of low income York Region residents on the program/services provided by the Health Services Department?
3) What are the future needs for developing and/or maintaining these programs/services provided by the Health Services Department?

The following details the response and impact of the 2001 Census low income profile on the Department's operational branches. The greatest impact was found on the Public Health and the Long Term Care and Seniors Branches.

#### 4.3.1 Public Health Branch

The work of the Public Health Branch can be grouped into two major categories—Prevention and Control of Infectious Diseases and Health Promotion. The Public Health Branch supports a large array of programs and services that address the needs of

York Region residents including the low income population (*see Attachment 3)*. This section will address only a few of these programs; however, the implications for these programs and services are applicable to the majority of Public Health programs and services.

#### 4.3.1.1 Prevention and Control of Infectious Diseases

**Infectious Diseases Control**

**Current Programs/Services**

A number of Infectious Diseases Control programs directly target low income groups such as the Street Outreach Van, Needle Exchange and Out of the Cold. These provide support and potentially life saving interventions to youth, drug addicts and the homeless. The Sexual Health Clinics provide a free service to those who may not have access to traditional medical services.

**Implications**

There has been a growing demand for these programs over the past few years. For example, the Street Outreach Van Program has grown from 400 contacts in 2000 to 1,581 contacts in 2004 (an increase of 295 %). Given York Region's population growth, this program will require additional staff with specialized training in mental health and addiction, and with nursing assessment and treatment skills, in order to maintain the level of service currently provided. Maintenance of the Sexual Health Clinics is vital, as they provide an important service to those who may not be able to obtain the appropriate care, treatment and referrals elsewhere.

**Dental Services**

**Current Programs/Services**

In conjunction with Ministry of Health and Long-Term Care (MOHLTC), the Region currently operates a number of dental programs for children of low income families and seniors who may not have access to routine dental care. These programs provide both care for urgent dental conditions as well as preventative treatment. A similar program for high school students is currently suspended due to budgetary pressures.

**Implications**

Increasing volumes are noted in all of these programs and further growth is expected. Additional funding will be required in the future to provide the dental staff necessary to handle the increasing volumes.

#### 4.3.1.2 Health Promotion

The Public Health Branch provides a number of programs/services that are geared towards children, pregnant/new mothers, and adults. Some programs are directed at parental education, but ultimately benefit their developing children. Many of these programs are targeted towards "at risk" populations which include those described in the

low income profile. Some programs will waive fees for those who are unable to pay (e.g. Parent Education Classes) on a discretionary basis.

## Children (0-6 years)

### Current Programs/Services

The Healthy Babies Healthy Children Program (HBHC) is provided to all families with children ages 0 to 6 in York Region, but additional support is given to "at risk/high risk" families, including those with low income. The demand for this program will continue to increase proportionately to the population growth in York Region.

### Implications

At the present time, the HBHC program is 100% funded by the provincial government, but current levels of funding are not sufficient. Increased funding will be needed to maintain the program at its present level. Safety programs directed at children such as the Car Seat Gift Program and the "Keeping YorKids Safe at Home" are provided to low income families through funding under the Early Childhood Development (ECD) initiative. This funding is in place only through 2005. As these needs will continue to grow, an additional source of funding will be required to continue these programs.

## Adults (18 years of age plus)

### Current Programs/Services

Low income has been identified as a risk factor for those who would benefit from programs such as "All Babies Count" and "Nobody's Perfect". These programs are population sensitive and an increased demand for services can be expected.

### Implications

At the present time, resources are not able to meet the demand and additional resources will be required. With the ongoing population growth in York Region, an increased number of identified families will require these Public Health programs. Principally, additional staff, including Public Health Nurses and a Dietitian, will be required

## Nutrition and School Services

### Current Programs/Services

The Public Health Branch helps to provide healthy nutrition through a number of programs including the York Region Food for Learning and Fresh Food Partners – Gleaning Program. The GIVE (Get Involved in Education) Pilot Program is a partnership between the York Region Health Services School Team, the Community Services and Housing Department and the York Region District School Board. The goal of this program is to increase the skills of the participants (school volunteers and participants from the Ontario Works Program) particularly in the areas of parenting. This pilot will be evaluated in June 2005, and if deemed successful, will continue in 2006 with doubling of the number of participants and sites.

### Implications

The Food for Learning Program receives most of its support through provincial and other grants and parental contributions. As the number of low income families increases further, additional external financial support will be required. The number of these programs in York Region schools has grown from 12 in 2000 to 54 by the end of 2004. Additional nutrition education staff and resources will be required to support any increase in programming. With the projected doubling of the number of sites and participants in the GIVE Program, additional staff will be required in the future.

## 4.3.2 Long Term Care and Seniors Branch (LTC)

### Current Programs/Services

The mission of the LTC Branch is to promote the health, well being and independence of individuals who can no longer live independently. Special emphasis is placed on meeting the needs of the at risk, difficult to serve/hard to place individuals with heavy, complex, physical or psychiatric care requirements. There are significant persons with low incomes that meet these requirements. The LTC Branch has a large number of programs and services (*see Attachment 3*) that are geared towards the low income population, some of which will be discussed below.

### Alternative Community Living

The Alternative Community Living (ACL) Program provides 115 apartments in six sites throughout York Region. The majority (86%) of residents are considered low income and qualify for rent subsidies. In December 2003, the ACL wait list stood at 262 and as of December 2004 it stands at 340 (30% increase). It is projected that the wait list for the ACL Program will continue to increase. Similarly, the wait list for the ACL Long Term Care (LTC) Facility Program is also increasing. This program provides beds for those requiring various levels of care. Up to 40% of these beds are for individuals that require subsidized funding.

### Support Services for Seniors Program

The Support Services for Seniors Program (part of the Community and Outreach Program) provides social work services for people in their homes including crisis intervention, supportive counselling, referrals and life planning. The mandate of this program is to reach the most “vulnerable” and “at risk” individuals, many of whom would fall into the York Region low income profile. There are currently only two full time social workers providing social work support for seniors in their homes. Each is assigned approximately 275 clients annually. This program is offered to seniors 60 years and over, as well as their family members or caregivers living in the York Region community.

### Implications

On its own, the increasing senior population will lead to a continued growth in the wait lists for both the Region’s ACL Apartments and LTC Facility Program beds. An

increased demand for ACL apartments and the LTC Facility Program beds is also projected. For example, given the senior citizen population increases and the current supply of LTC beds, long term care facilities in York Region will be 600 beds short in 2 years and 5,000 beds short in 15 years. As 40% of the beds are subsidized, this would have a significant impact on the provision of service to all residents, especially those in the low income population. Further resources will be required in order to meet these demands. In addition, the demand for social services to seniors will rise and more funding from the MOHLTC will be required to maintain the current level of service.

### 4.3.3 Emergency Medical Services Branch

**Current Programs/Services**

The Emergency Medical Services (EMS) Branch provides ambulance/paramedic service to all York Region residents regardless of economic status. Data gathered by EMS includes age, gender, call type and location of call, however currently socioeconomic data is not available. Call volumes have been steadily increasing from 2000 to the present time and a significant number of these calls may not be true emergency calls. High call volumes in the southern municipalities of Markham, Richmond Hill and Vaughan are a reflection of population growth in those areas. As the population of York Region continues to grow, increased call volumes can be expected. High call volumes in the southern municipalities are expected to continue.

**Implications**

The EMS Branch is aware of a need to provide education to the public about what paramedics do and when their services are required (i.e. when to call 911). In 2004, EMS provided education to recent immigrants enrolled in "English as a Second Language" courses. It is hoped that through this type of education, the volume of inappropriate calls can be reduced and that the level of awareness of the role of EMS will be improved throughout the entire population.

### 4.3.4 Health Information and Planning Branch

One of the major responsibilities of the Health Information and Planning Branch is to monitor the health status of the York Region community. The Branch analyzes numerous data sources, such as the Rapid Risk Factor Surveillance System, Canadian Community Health Survey and the Census to identify and report on factors that influence the health status of York Region residents. Emphasis has been and will continue to be placed on the social determinants of health including socio-economic status.

**Implications**

The Health Information and Planning Branch will investigate the possibility of reporting more frequently on the factors that influence the health status of York Region. This will allow the Branch to assist other Human Service providers to plan and develop programs that will benefit all York Region residents, including the low income population.

### 4.4 Relationship to Vision 2026

The subject matter of this report directly supports the goals set out in Vision 2026, specifically – Responding to the Needs of Our Residents and Quality Communities for a Diverse Population.

## 5. FINANCIAL IMPLICATIONS

The costs to obtain the 2001 Census custom tabulations from Statistics Canada were shared between the Community Services and Housing, Planning and Development Services and Health Services Departments. The Health Services Department's contribution was accommodated in the 2003 budget.

There are no immediate financial implications associated with this report. However, as the York Region population continues to grow, an increased number of residents will most likely fall under the low income profile. This will have a direct impact on the need and demand for programs/services providing support to these residents. In order to maintain the current level of programming and develop new programs/services, the Health Services Department will require continued MOHLTC and Regional funding.

## 6. LOCAL MUNICIPAL IMPACT

The in-depth study of the 2001 Census conducted by the Community Services and Housing Department has provided the Health Services Department with information respecting the characteristics of York Region's low income residents and will assist in the provision of programs and services unique to each municipality. This report serves as the first step in the investigation of municipal health differences.

## 7. CONCLUSION

The 2001 Census data provided an opportunity to better understand the economic and social situations of York Region residents living on a low income.

The Health Services Department must ensure the continued delivery of programs and services that address the needs of the entire York Region population, including individuals who fit the low income profile. As York Region's population continues to grow, an increased number of residents will most likely fall under the low income profile. This in turn will result in an increased need and demand for programs and services geared to support this population.

The Senior Management Group has reviewed this report.

(The attachments referred to in this clause were included in the agenda for the April 7, 2005 Committee meeting.)