Pay Now, or Pay Much More, Later!

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Helen Looker

Abstract (Summary): When governments reduced funding levels to the community service sector and non-profit agencies, they exacted subsidies from agencies delivering social services amounting to about 14% since funding was no longer sufficient to cover all of the costs and expenses associated with service delivery. The shortfalls severely impacted employee salaries and benefits, and the capacity of organizations to serve communities adequately (Eakin, 2004). The focus of health programs were oriented toward self-care and prevention, perhaps due to the incremental privatization of public health care where spiraling costs promised to be an increasing burden for governments. With an important demographic shift on the horizon, for instance, the provincial government is moving away from the long-term care business and the impact from late onset of chronic diseases such as diabetes has yet to be fully realized (Govt. of Canada, 2005).

Keywords: Health, Social funding, Social services
Executive Summary
When governments reduced funding levels to the community service sector and non-profit agencies, they exacted subsidies from agencies delivering social services amounting to about 14% since funding was no longer sufficient to cover all of the costs and expenses associated with service delivery. The shortfalls severely impacted employee salaries and benefits, and the capacity of organizations to serve communities adequately (Eakin, 2004). The focus of health programs were oriented toward self-care and prevention, perhaps due to the incremental privatization of public health care where spiralling costs promised to be an increasing burden for governments. With an important demographic shift on the horizon, for instance, the provincial government is moving away from the long-term care business and the impact from late onset of chronic diseases such as diabetes has yet to be fully realized (Govt. of Canada, 2005).

The good health of citizens has been recognized as an essential factor for strong economies (City of Toronto, 2004). Programs to maximize human health from birth and to guide youth on paths to healthy lifestyles and socially desirable trajectories serve to benefit citizens and prepare them to contribute to the strong economy planned for us all. The demand for appropriate programs to reach implicit government goals to reduce health care expenditures is over the long-term and the funding of health-related programs is truly an investment for the common social and economic good. Unfortunately, the
natural logic of underfunding the real cost of social services means that communities will suffer in the long run, exacerbating negative social conditions, making health promotion initiatives ineffective; future health care costs could be even higher than currently projected (Eakin, 2004).

**Reason for research**

The East Scarborough Storefront is the hub of more than 39 social service agencies serving the community of Kingston-Galloway/Orton Park (KGOP). In addition to being well positioned to hear the needs of residents, the Storefront can also build cohesiveness amongst the agencies to synergize organizational capacity. Agencies bear the brunt of short-sighted policies from governments where most of their funding, an average of 85%, still comes from and may react to funding cuts in the same neoliberal fashion by making cuts to their services, staff, or impose user fees (Eakin, 2004). Complicating matters more, funders can change the terms of financial support at whim, forcing agencies to lose creative energy in trying to contrive programs to conform to constraints and expectations from funders just to maintain continuity.

**The Kingston-Galloway/Orton Park Neighbourhood**

Situated near the south-eastern reaches of the Greater Toronto Area, KGOP falls under the City of Toronto’s political ward #43, represented by Councillor Paul Ainslie. Beyond the eastern trajectory of Toronto’s subway system, the neighbourhood is serviced by four main bus routes for connection to the subway line, GO transit trains, or the Scarborough Rapid Transit Line. A 24hr bus service runs along Lawrence Avenue (City of Toronto). The Toronto Transit Commission (TTC) predicts an increased ridership from two of the routes servicing this area from 8 million (2006 figure) to 22 million in 2021 (TTC Transit City leaflet, 2008).

Comparisons between 1996 and 2001 show that ward 43 is losing residents in the 25 – 34 age group (15.4% decline) while the number of people in the 45 – 54 and 65+ range of ages have
increased in the ward’s population by 15% and 15.5% respectively. Compared to Toronto, however, the ward’s population is larger in age groups up to 19 years of age. Next to English, Tamil was in second place as a home language whereas it was Chinese in the rest of Toronto based on Statistics Canada 2001 Census information and Tamil still topped the non-official languages spoken at home ranking in the 2006 Census data (City of Toronto). The population of the KGOP neighbourhood is 23,042 according to 2006 Census data 61.4% of whom are visible minorities (City of Toronto). See Appendix I&III.

Methods
Working with and through a key informant, Diane Edwards at West Hill Community Services by way of an introduction/referral from Anne Gloger, a telephone interview was conducted and audio-taped with the permission of the key informant. Informed consent was obtained verbally prior to the interview; a copy of the consent form was sent to the informant by e-mail who also had the option of receiving a copy of the final research paper, upon request. As my informant could not help me on the community-based exercise program and Vasantham Wellness Centre for Tamil seniors, she referred me to two other key informants. I was able to contact one, Gail MacNeill, in the time available to me for secondary telephone interviews.

Priority Neighbourhoods
In October, 2005, the City of Toronto recommended the adoption of the Toronto Strong Neighbourhoods Strategy to invest in infrastructure for 13 neighbourhoods, but financial support from provincial and federal governments was not in place. Interventions of better programs for youth and community safety had primacy for at-risk neighbourhoods. Risk materializes from the congruence of gun violence within a neighbourhood setting, persistent inequality and concentration of poverty, and youth and new immigrants living in the neighbourhood who are
either under-employed or unemployed at rates disproportionately higher than most other areas in Toronto.

Indices of deprivation

Even without research to draw on, citizens from priority neighbourhoods are keenly aware of declining living standards, rising inequality, and child poverty to name but a few of the prime indicators.

The most severely disadvantaged immigrants who suffer ethno-racial inequality are from African nations; 70% of children from families of African descent live below the Low Income Cut-off (LICO) standards (see Appendix IV&V). Smaller groups of Vietnamese, Iranians, Tamils, “Other Arabs and West Asians” and Sri Lankans also suffer severe disadvantage compared to the larger communities in which they live (Ornstein, 2000, City of Toronto, United Way of Greater Toronto, Toronto Community Foundation, 2008).

Kingston-Galloway/Orton Park

The immigrant history of the neighbourhood is reflected in the “Amazing Place” historical tour arranged by the East Scarborough Storefront. Sites range from those of pioneer settlers from the Scottish highlands to places of worship for Buddhists and Moslems. The storefront is a collection of 30 agencies accessible through one point of referral for neighbourhood residents. Many of the services rely on volunteers (Storefront.org).

Scarborough Community Summit

At the 2007 Scarborough Community Summit numerous health issues were raised as concerns within communities such as: health care for seniors and their service needs, long-term care, and engagement with community health care. Health was one of the 4 key issues where strong action was deemed necessary within the following year. Almost 20% of Summit participants rated health issues as top priorities, while for another 15%, health was one of the key
concerns (Scarborough Civic Action Network, 2007). The programs for investigation were based on the populations most vulnerable to health inequalities namely the newborn, the old, and adults with diabetes (see Appendix II).

**Social determinants of health**

Social determinants of health shape the quality of life that may be expected and influence a number of measures and health outcomes. Poor health from birth disadvantages children across the life span and can be the mechanism to transmit poverty and inequality generationally. Race, education, immigrant and settlement status are some of the social determinants linked to income and the interaction with income affects health status (Toronto Public Health, Unequal City, 2008)

**Health Services/West Hill**

West Hill Community services include health promotion, a family resource centre, support services for seniors and disabled residents, a needle exchange program, and community health centre which covers care from doctors, nurses and nurse practitioners with provision of dietician services, diabetes education and foot care, as well as social services. Services are spread between nine locations in this priority neighbourhood (website West Hill).

**Policy frameworks for seniors – Central East LHIN**

Providing funding through the Central East Local Health Integration Network (LHIN), the provincial government will support seniors to stay in their own homes for as long as possible, as they age. Much of the funding will be for supportive services seniors need due to reduced mobility, for example. Additionally, however, the required 20% of funds flowing to LHIN’s for three years must be used for less typical approaches like wellness initiatives, preventive forms of health care, and "non-traditional providers of services" (MOHLTC Questions & Answers, Ageing at Home Strategy)
The services of Vasantham are well aligned with the provincial government’s LHIN directed strategy to maximize “Ageing at Home” through community organizations and groups and inclusive of seniors with diverse cultural backgrounds.

_Vasantham/origins_

Vasantham, the Tamil Senior Wellness Centre addresses multiple, complex needs of Tamil seniors and their families ranging from health promotion to elder abuse issues. Within an anti-racism and anti-oppression framework, Tamil seniors are empowered through education, advocacy, and services to maintain the health and well-being of themselves and their families. A board of ten directors shapes the mission, values, and goals of Vasantham.

Tamil seniors’ needs were determined from an ethno-racial project prior to April, 1997 sponsored by St. Michael’s hospital, the Wellesley Central Hospital, the Dept. of Psychiatry in Mount Sinai Hospital, and the Division of Geriatric Psychiatry of the University of Toronto. An understanding of social support in a multicultural context is poorly understood and a lack of social support impacts the ability of immigrants to cope with the challenges they face, thereby hindering the process of settlement (Stewart, Anderson, Beiser, Mwakarimba, Neufeld, et al., 2008, Kuo, Chong, & Joseph, 2008, website, Vasantham).

*Issues for Tamil seniors*

- Mental health
- Elder abuse
- Addiction
- Domestic violence
- Isolation
- Language issues
- Mobility

Source: website, Vasantham

(Current funding)
Vasantham was funded in the past from the Ministry of Health and Long-Term Care (MOHLTC), the United Way of Greater Toronto, and the Ontario Trillium Fund but currently, Diane Edwards advised that the organization was unfunded, but believed the organization was in the process of applying to the Trillium foundation (D. Edwards, personal communication, Nov. 27, 2008).

**Alternative/additional funding sources**

- **Central East LHIN**

  Recently integrated Local Health Integration Networks (LHINs) have been funded to support “Ageing at Home” which may be relevant to Vasantham. The Central East LHIN will post a call for proposals relative to the prioritized strategy of “Ageing at Home” which stresses health promotion and preventive health care.

- **Community Service Partnership Program, City of Toronto**

  The City of Toronto under the Community Service Partnerships program funds programs for priority communities where members are vulnerable, marginalized, or at high risk, particularly ethno-racial communities; the ethno-racial seniors serviced through Vasantham are a close fit with the CSP program’s mission statement.

- **HRSDC**

  The “New Horizons” funding program through Human Resources and Social Development Canada (HRSDC) offers three types of funding for Community Participation and Leadership, Capital Assistance, and Elder Abuse which could all be useful to Vasantham. Funding to support social participation and active living for seniors is also available from HRSDC.

- **Better Day Alliance**
The Better Day Alliance Foundation funds initiatives to bring pleasure into the lives of those facing daily life challenges such as mental health problems, disabilities, and poverty, for instance. Seniors of Vasantham may seek to fund an outing eligible under the Better Day Alliance Foundation.

**Health Babies, Healthy Children**

Prior to an interview with my contact at West Hill Health Centre (WHHC), I worked on the assumption that the Healthy Babies program was the one provided by Public Health, namely because of the similarity in name and little information on the website to differentiate between the Public Health program and an alternative model offered at WHHC.

The Healthy Babies, Healthy Children program from Public Health is particularly important to children of parents with low income. The program has seven components which serve to monitor a child's development from birth to six years-of-age, although Diane Edwards advised that long-term follow-up is for at-risk children and this classification depends on the results of an assessment at a hospital. Service begins prenatally and includes one-on-one support for young, pregnant women under 19 years old, 20-24 year olds who have developmental delays, and women who are homeless, or are at risk of becoming homeless when they are pregnant. The HBHC program presumes a lack of capacity by mothers or families to prepare for, and experience a healthy pregnancy with appropriate monitoring by a health professional, although it is unlikely that parents are aware of current medical research that is the evidence base for HBHC. The program may also monitor parental due diligence during a child’s formative years through home visits if a parent agrees, or if a child is deemed at risk. Indicators of abnormal or less than optimal development are acted upon for the child’s benefit which maximizes potential contribution to society and reduces health care costs associated with the long-term consequences of poor health in childhood. Home visits by a public health nurse also allow for assessments of
the home environment, parenting practices, and social supports, or their absence. The important distinction between this program and the one offered by WHHC is that pregnant women are not excluded from the course of prenatal care if they fail to be part of the program at a certain time of their pregnancy. Women are given care with no questions asked, so not having a health card will not result in denial of care and women are not pressured to initiate prenatal care at a particular point in time, nor pressured to regularize appointments. Most importantly, women and their families are provided holistic care in that other important issues are considered for intervention and support. Women are provided with transit tokens for themselves and also their children, partner, and/or a friend accompanying them. WHHC presume that help may also be needed for nutritional needs, income support, and housing, for instance; appropriate referrals are made to support pregnant women. This program follows clients and babies until the child is one year old when the child can benefit from being part of the Early Learning Years program.

In addition to maternal age, a mother’s country of origin and the affluence of her neighbourhood contribute to disparity in rates of low birth weight singleton babies which range from 10 – 36% in some neighbourhoods, compared to an average of 5.2% across Toronto. Development is compromised for babies born into disadvantaged backgrounds. Research of urban settings in Canada has found that perception of neighbourhood safety and immigrant density are associated with small-for-gestational age births (Auger, Daniel, Platt, Wu, Luo et al., 2008, City of Toronto, Public Health, 2002, 2006).

Current funding / Alternate/additional funding for families

The Health Babies is a program delivered funded through the global budget of West Hill Health Centre. It is unlikely that funding of this program will be interrupted, but the Hudson Bay Company has an interest in building healthy families and Manulife Financial funds programs that lead to healthier lives for Canadians (websites: City of Toronto, HBC, Manulife Financial).
Policy framework for healthy lifestyles

Diabetes

Type 2 diabetes is a chronic disease affecting many residents and is of particular concern for aboriginal citizens; the Kingston-Galloway/Orton Park priority neighbourhood has a number of aboriginals in the community. Rates of diabetes are higher in those who have been socially disadvantaged or lived in poverty, but the disease can be managed with interventions such as exercise and good nutrition. An aboriginal community may suffer an incidence of diabetes 3-5 times greater than the general non-aboriginal population. The cost to the health-care system in Ontario for complications from diabetes such as stroke, blindness, kidney disease, and heart disease exceeds $5 billion. The diabetes program at WHHC has expanded from a staff of four to a staff of nine people, a blend of nurses and dieticians.

Community-based Exercise Program

The community-based exercise program piloted through partnership with Toronto Rehabilitation Institute is an important mechanism for the management of diabetes, a serious, chronic disease common in people over the age of 45 years-of-age, especially aboriginal people (website). Inactivity and poverty are inextricably linked and compared to other Toronto residents, rates of inactivity in immigrants is 50% higher. A dietician at WHHC negotiated the program pilot at KGOP with Toronto Rehabilitation Institute as an environmental scan of the area failed to identify an exercise program appropriate for people with diabetes. To run the program, two staff members were required and initial client assessments prior to the exercise regime had to be performed at the Rehab location.

Fifteen people took part in the pilot program and nine finished. Toronto Rehab reported that the pilot program did not meet their expectations in cardiovascular activity, but WHHC were pleased that levels of blood sugars were better controlled by participants in the pilot of the
community-based exercise program. All participants were recruited from the diabetes program at
WHHC. The program consisted of supervised walking at a nearby mall weekly and health chats
on another day. Management at an apartment building at Lawrence & Galloway gave the group
the use of a room to meet and hold the educational health chats (G. MacNeill, personal
communication, Nov. 28, 2008). There is a dire need for this program at KGOP according to my
second key informant, Nurse MacNeill who hopes that the proven, evidence-based program will
soon return to WHHC patients. Another positive outcome of the pilot program was that it gave
participants purpose and reduced social isolation. Creative configurations of staffing using peer
leaders, for example, would reduce the draw on nurses and dieticians administering the diabetes
program. MacNeill noted that `self management practices` are currently an important trend in
health care (G. MacNeill, personal communication, Nov. 28, 2008).

Funding, current landscape: Ministry of Health and Long-Term Care, but will probably be the
East Central LHIN when the organization settles into its role (G. MacNeill, personal
communication, Nov. 28, 2008).

**Alternative Funding**

- Communities in Action Fund
  
  The Ministry of Health Promotion has a Communities in Action Fund could be accessed
  as some of its targets are to reduce the burden of chronic disease and to reach groups
  whose activity levels are typically low; it is a cost-sharing initiative, however, with a one
  year cycle beginning in March and ending in 2010.

- LHIN

- Health Canada MOAUPP
Health Canada’s Métis, Off-reserve Aboriginal and Urban Inuit Prevention Program (MOAUIPP) is an application driven funding process which supports active living behaviours among First Nations, Inuit, and Métis along with diabetes-related programs.

- **Industrial Alliance In & Financial Services**

  Industrial Alliance insurance and financial services inc. may be prepared to fund the exercise program as it improves the life of individuals.

- **Toronto Community Foundation/Vital Idea**

  The City of Toronto under the Community Service Partnerships program funds programs for priority communities where members are vulnerable, marginalized, or at high risk, particularly ethno-racial communities; the ethno-racial seniors serviced through Vasantham are a close fit with the CSP program’s mission statement (Barondess, 2008, Carnethon, 2008, Govt. Of Ont., MOHLTC/MOHP, 2008, Toronto Parks & Recreation, 2004)

**Role for planner in a priority neighbourhood**

Planners can recognize and assess the potential for social capital in a neighbourhood, and anticipate needs if it is low. This may be in the form of advocacy for a STOP sign to enhance public safety, for instance, or information to have day care at a local school. Satisfaction with public service amenities has been a measure used by planners to gauge the level of neighbourhood functioning. Inadequate service in transportation, for instance serves to heighten personal risk, lowering neighbourhood functioning and amounts to environmental racism (Basu, 2002, Harwood, 2003, Larsen, Harlan, Bolin, Hackett, Hope, et al., 2004).

**Funding practices**

According to *Imagine, Canada in 2006*, the policy and programs under federal government jurisdiction are in a state of “disarray”. Non-governmental/non-profit organizations are constrained and unable to meet expectations from funders and communities due to the lack of
a comprehensive framework for the non-profit sector. The limited ability of a single level of
government to address “complex, multifaceted, cross-sectoral issues besetting communities” has
been recognized by the Auditor General for Canada in a 2005 report ”Managing Horizontal
Initiatives”. Also, organizations spend precious resources for funding applications that has not
been secured (Imagine Canada, 2006).

More recently, Urban Development Agreements (UDAs) have been considered to
coordinate government approaches to problems of social inequality, social exclusion, crime,
poverty, and health issues, for instance, to streamline funding arrangements and mechanisms for
the benefit of vulnerable communities. The U.K. and other Canadian cities have models of these
tri-partite agreements formalizing partnerships between three levels of government, but the
diversity of Toronto presents some challenges to formulating a progressive urban paradigm
similar to these examples of UDAs (GHK, 2005).

Community-based non-profit organizations have come to be known as the ‘‘Third Sector’’. This sector in Canada is the second largest in the world and 2003 revenues of 112 billion dollars
place it above powerful economic sectors such as oil and gas production (Imagine Canada,
2006). Since government funding is increasingly through requests for proposals, awarding grants
for goods and services under specific terms, nonprofits need to take a professional approach in
preparing proposals to position themselves to access this type of federal funding. The Wellesley
Institute in Toronto offers an inexpensive workshop in preparing a Request For Proposal (RFP)
application to interested community organizations seeking to build their capacity. Unstable
funding disrupts service delivery and may impact the viability of an organization (Imagine
Canada, 2006). The third sector makes a significant contribution to the GDP of Canada and
because it relies heavily on volunteers, we all benefit whether it is directly, or indirectly.
Ethics and Methodological Issues
The scope of this study and investigation of funding streams afforded only a cursory look at the policy landscape and issues arising from it. Drawing on previous knowledge and experience from trying to understand a neighbourhood remotely, as I did not have an opportunity to visit the East Scarborough Storefront location, my overwhelming sense is that of fragmentation rather than interconnectedness, although the Healthy Babies program works to give new families the help and support their circumstances dictate.

Conclusion
Assessment of inequality is pending in 2009, but Public Health reports that there is a trend for increasing polarization of incomes implying that social inequality may worsen considerably. Toronto has the dubious distinction of having the greatest income disparity in Canada. While the cost of living continues to climb in Toronto, social assistance was reduced by 21.6% in 1995 and has since declined in real value due to inflation.

Currently, an important demographic is leaving this neighbourhood thereby concentrating further the marginalized people who remain. If the area experiences growth in the future, however, social conditions will be no better if funding of useful and needed programs constantly falls short. Since health intersects with many other complex factors, health differences can be signposts to what needs to be done. Low birth weight, for example, might be addressed through good nutrition and a high quality health care system, but something greater must be done if neighbourhood security is affecting residents’ health. Not addressing systemic inequality, racism, and income support will cost us dearly in the near future (Toronto Public Health, The Unequal City, 2008, Poverty by Postal Code, 2004).
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Appendixes

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Appendix III
Ward 43 Map

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