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Introduction

The population of interest is Toronto low-income families. It includes households in Toronto with at least one child who is aged 18 or below. Also, the households' total income from all family members should not exceed the "Low-income cut-offs (LICOs) before and after tax by community size and family size" as defined by Statistics Canada (Government of Canada, Statistics Canada, 2022). While Toronto is one of the most developed cities in Canada, high poverty still exists in certain areas of Toronto, especially in the Downtown area, and it has been expanding considerably (City of Toronto, 2021). Since low-income households form a significant population in Toronto, their interests should also be considered.

Demographics (City of Toronto, 2021)

These families mostly rely on employment, welfare and government transfer as their main income source. The median income of this population is \$23,672. Most of the families are two-parent or lone-mother households and more than 85% of households have 1 to 3 children. Only less than half of the population has some or completed post-secondary education.

Research Method

The secondary research is conducted by accessing the University of Toronto library website and using the "Library search" function and ProQuest database. The results were refrained to peer-reviewed articles to improve the credibility of my sources. I begin my search on the low-income population in general to identify some common health issues that appear in the low-income community regardless of the location. The key strings I used were "low-income family health issues". Next, I narrow down my search to the low-income population in Toronto using key strings: "Toronto income inequality" and "Toronto low-income". To understand the prevalence of each issue deeper, I combined the search strings into "Toronto low-income XYZ", where XYZ are the common health issues I found from my initial search. Most of the results are qualitative and are extracted from sociology and public health journals. Additionally, I browsed the Statistics Canada and the City of Toronto websites to confirm the most recent statistics and definition of low income.

Synthesized results

Emergent health issues in the population

1. Food insecurity

In 2021, nearly 20% of Torontonians lived in food-insecure households while the low-income household population is one of the high-risk groups (City of Toronto, 2023). Besides, it is common for households to delay payments of bills or rent and terminate services to free up money for food (Dachner et al., 2010). While Toronto's food prices and cost of living have been increasing considerably in recent years, food and other necessities are less affordable to low-income households. As a result, low-income households resort to buying lower-quality products or even expired cheaper food and within their budget (Dachner et al., 2010). For instance, some households choose to buy frozen vegetables and canned meat over fresh items because they are cheaper and can last longer.

2. Lung problems and the financial burden of healthcare

Due to the relatively poor air quality in low-income housing, youth aged 10-19 who lived in the lowest-income neighbourhoods were twice as likely to have respiratory illness than youth in higher-income neighbourhoods (Canadian Institute for Health Information, 2020). Given insufficient support from health professionals and limited financial resources, many low-income youths cannot properly manage their health challenges (Stewart, 2021). For example, some adolescents mistake asthma as episodic and think no medication is required when no symptoms appear. Also, low-income youths have lower use of constant health services and lower rates of adherence to a medication regimen than higher-income youth (Stewart, 2021). Youths may choose not to purchase medications due to financial constraints and misconceptions about their illness. So, without proper and well-monitored medical treatment, their asthma symptoms are usually more serious which leads to higher susceptibility to hospitalizations.

3. Mental health problem

This population is particularly vulnerable to poverty-related stress including economic strain, frequent moves of living environments due to rent inflation in the original place, exposure to violence due to low-security levels in low-income neighbourhoods, and family conflicts on financial management (Santiago et al., 2012).

It is suggested that poor families often experience stress more frequently, simultaneously, and for a longer duration than families with higher income levels (Wadsworth & Berger, 2006). The family stress model also points out that high levels of financial stress create detrimental impacts on parental psychopathology which ultimately may damage children's mental health (Conger et al., 1994). Besides, it takes a longer time for people from low-income households who are suffering from mental health problems to recover than those with better socioeconomic status (Wadsworth & Achenbach, 2005). Therefore, regardless of age, members in low-income households are more vulnerable to mental health problems such as depression, aggressive syndromes and thought problems.

Structural factors

1. Serious income disparity in Toronto

Income polarization is serious in Toronto, and it has been growing more extreme in recent years (Ilic & Sawada, 2021). Meaning that Toronto is experiencing a fading in middle-income groups while low- and high-income groups both emerge. As there are wealthier households in Toronto, Toronto has been upgrading itself to become a luxurious city (Walks, 2001). Consequently, the city likely operates in a way that will cater to the rich households more (Walks, 2001). Conversely, the lower-class interests will be infringed upon as they cannot afford the city's cost of living (City of Toronto, 2023). As a result, the low-income population is marginalized from the city which leads to the barrier to accessing health. For example, more grocery stores will upscale their operation mode to attract emerging upper-class customers by providing high-class and more expensive food choices. So, the low-income class will have fewer food choices due to increased food prices that they cannot afford. Similar situations may happen in the entertainment stream like priced-up cinema tickets and hence undermine the low-income population from enjoying leisure services. Therefore, income disparity drives up the

cost of living in Toronto and reduces low-income households' opportunities to purchase products or services with good qualities.

2. Lack of community support:

Transportation

Given the financial situation of low-income households, it is not common that them to own private cars and they need to rely on public transportation to travel around the city (Yousefzadeh Barri et al., 2021). For instance, if their work locations, schools, and affordable grocery stores are not close to their home, they have to take the subway or buses to get there. In Downtown Toronto, Toronto Transit Commission (TTC) is the main public transportation provider, but the ticket pricing is relatively costly (an adult single fare costs 3.25 CAD). Due to heavy transportation expenses, they may minimize their outdoor activities to avoid travelling if possible (Yousefzadeh Barri et al., 2021). Hence, people in low-income households, especially children, are less exposed to the outside world because they cannot afford to travel outside for entertainment. This may affect their interpersonal relationships because they cannot interact with their friends outside.

Ineffective Food bank resources

Although food banks are available in Toronto, there are still barriers discouraging people from using them. It is reflected that unsuitable and poor-quality food like rotten fruits and expired food is offered at food banks which cannot meet their dietary restrictions and nutrient needs (Loopstra & Tarasuk, 2012). Also, insufficient information about food banks is provided (Loopstra & Tarasuk, 2012). Due to a lack of promotion, some households are not informed about the location of food banks and hence do not know how to get access to them. Meanwhile, some households refuse to use food banks because they assume food banks are for people who are in a worse situation than them (Loopstra & Tarasuk, 2012). This shows that ineffective promotion of resources creates an exclusive and non-welcoming image of food banks. Finally, the operation mode of food banks is not convenient for people who want to get access to them (Loopstra & Tarasuk, 2012). This includes limited food bank operating hours which conflicts with people's working hours, long line-ups or being turned

away when food banks were too busy, and strict food bank eligibility criteria which refrain some of them from getting the assistance they need (Loopstra & Tarasuk, 2012).

3. Lack of education and health literacy

More than half of the population does not have any post-secondary education (City of Toronto, 2021). Due to their limited education received, they may lack health-related knowledge and are unaware of the symptoms when they are sick (Heine et al., 2021). Along with their financial burden, they cannot afford to get sick leave from work to see a doctor which may affect their income. So, they may just bear with the illness and continue to go to work. With limited professional skills, they do not have a lot of choices in the labour market. To maintain a source of income, they may need to work in dangerous environments which require minimal academic knowledge. However, they may be ignorant of occupational hazards in their working environments and their right to improve their working conditions. For instance, construction workers are prone to occupational hazards like pain from physical overexertion and respiratory hazards from wood dust. If they get hurt during work, they may overlook their health condition and continue with their work. Some occupational disease symptoms are obvious in the beginning but will worsen quickly if proper treatment is not applied to the patients. In the long term, if the workers do not seek medical advice and constantly work in an unhealthy environment, serious sicknesses like chronic obstructive pulmonary diseases and cancers may develop. Hence, it forms a vicious cycle in this population: people who lack education work in unhealthy environments to fulfil their daily needs, but their job brings them illnesses that may cost them more than their income to cure. Due to their unawareness of health and expensive medical expenses, they continue to work in the same environment and their health conditions get worse.

4. Social stigma towards low-income population

The general public often has low acceptance towards the low-income population (Hamilton, 2011). They are often labelled as the “problematic” and neediest group of the population in society (Atkinson & Jacobs, 2008). Low-income households experience different forms of discrimination such as physical and symbolic deprivation

of public places and institutions, criminalization, and exposure to violence and environmental risks (Smets & Kusenbach, 2020).

People are reluctant to accept low-income housing like public housing and social housing in their neighbourhoods due to the stereotype and perception that it will cause them trouble such as bringing in violence and street children which reduces their sense of safety (Ramzanpour et al., 2022). Low-income stigma drives out low-income households from any opportunity-rich neighbourhoods and they are marginalized to live in a separate region where everyone has low socioeconomic status (Smets & Kusenbach, 2020). On one hand, low-income households are experiencing social isolation and they may feel helpless and left out of society (Hamilton, 2011), which negatively affects their mental health. On the other hand, as this population is negatively labelled, rarely does society or government willing to improve their living environment. Hence, poor maintenance in their housing such as unclean water, wobbly door locks, and mouldy walls are common (Arthurson, 2011), and their quality of life and physical health are greatly affected.

Also, low-income households may be uncomfortable or shameful when they are accessing social support services because they may get blamed for using social resources while not contributing anything significant back (Hamilton, 2011). For example, some low-income households refuse to use the food bank even though they are in need because they do not want to be judged as “useless” members of society by getting free food (Loopstra & Tarasuk, 2012). Therefore, even when social aid is available for them to improve their living and health conditions, they are resistant to it.

SWOT analysis

Strength

There are several economic support programs available for low-income households in Toronto, such as Ontario Works and Toronto rent bank (City of Toronto, 2022). These services provide financial assistance, childcare benefits and health care benefits to those who are eligible. Even though Toronto has a high cost of living, through proper utilization of these support services, low-income households can obtain an extra budget to meet their short-term basic needs.

Besides, strong social cohesion appears among low-income families because economically disadvantaged families often demonstrate higher levels of affection and emotional support for those in similar situations (Orthner et al., 2004). Such community collectiveness is a strength in this population as it helps build up the resilience of households in facing economic stress. Nonetheless, a positive attitude and collective efficacy presence in low-income families also encourage the children to perform better in school and are more likely to go on to college to improve their life opportunities (Orthner et al., 2004). Therefore, the social support connection in the low-income community can promote cohesive families and positive outcomes for the next generation, albeit their financial circumstances.

Weakness

Economic vulnerability is the weakness among the low-income household population. Research indicates that this factor impacts family functioning (Wadsworth & Berger, 2006). Apart from the income level, adult caregivers are also stressed about not being able to give their children sufficient lifestyle benefits as their peers from a better family financial background (Crosnoe et al., 2002). Parents of low family's socioeconomic statuses tend to be more pessimistic about their adolescent prospects of attending college or other higher education based on their current financial circumstances (Crosnoe et al., 2002). Such attitude constraints parents' ability to place adolescents in advantaged school environments, which leads to negative consequences for educational attainment and upward social mobility.

Opportunity

With strong interpersonal bonds in a low-income neighbourhood, parents feel safer letting their children be part of the community and letting them participate in organized programs (Orthner et al., 2004). Therefore, community activities are likely to be attractive to this population. For instance, more community centres can be set up near the neighbourhood where teenagers can spend their leisure time making friends and building up a positive social life. As mentioned above, children from low-income families do not necessarily perform worse in academics than other populations (Orthner et al., 2004). More scholarships for low-income children can be set up to encourage them to pursue higher education and change their future. When the younger generation has a higher level of education, they can deliver health issue messages back to the older generation who lack education.

Threat

Social stigma towards low-income populations remains a threat. No matter how attractive the community programs or financial assistance are, low-income households may still have scruples in using these services. They are worried that they may get judged negatively for taking social resources without much to contribute back (Hamilton, 2011). To run more support programs, funding from the City of Toronto (or Ontario Province) dedicated to the low-income population must be raised. Yet, this may raise the issue to a political level. Toronto is putting its focus on "smart city" development (Haggart & Spicer, 2022), and it may seem more profitable to policymakers to spend the money on developing technology rather than supporting the poor who can barely contribute to the city's economy directly. Therefore, the interest of the low-income population in Toronto may be hindered and less favourable when it comes to policymaking and budget approval.

Priority issue

In respect of the prevalence of food insecurity in Toronto (City of Toronto, 2023), it is the priority health issue in the Toronto low-income family population and effective interventions must take place to resolve the problem. Nonetheless, food insecurity is closely associated with poor health outcomes and high healthcare costs (Deaton & Scholz, 2022). It can lead to both immediate negative health outcomes, such as malnutrition or even starvation to death, and long-term health issues like chronic diseases, and adverse mental health outcomes. Besides, the severity of adverse health outcomes is related to the level of food insecurity an individual is experiencing (Deaton & Scholz, 2022). Therefore, a reduction of food insecurity, especially at the severe level, is a public health concern and a structural policy intervention must be implemented to prevent worsening health outcomes.

References

- Arthurson, K. (2011). Social Mix, reputation and stigma: Exploring residents' perspectives of neighbourhood effects. *Neighbourhood Effects Research: New Perspectives*, 101–119. https://doi.org/10.1007/978-94-007-2309-2_5
- Atkinson, R., & Jacobs, K. (2008). Public Housing in Australia: Stigma, Home and Opportunity. Retrieved February 19, 2023, from https://eprints.utas.edu.au/6575/1/public_housingLR.pdf
- Canadian Institute for Health Information (CIHI). (2020, January 6). Asthma hospitalizations among children and Youth in Canada: Trends and inequalities - Canadian institute for health information - 2018. Retrieved February 19, 2023, from <http://nbatc.ca/2019/09/18/asthma-hospitalizations-among-children-and-youth-in-canada-trends-and-inequalities-canadian-institute-for-health-information-2018/>
- City of Toronto. (2022, November 14). Other income support programs. City of Toronto. Retrieved February 19, 2023, from <https://www.toronto.ca/community-people/employment-social-support/other-income-support-programs/>
- City of Toronto. (2023, January 23). Food insecurity in Toronto. City of Toronto. Retrieved February 19, 2023, from <https://www.toronto.ca/city-government/accountability-operations-customer-service/long-term-vision-plans-and-strategies/poverty-reduction-strategy/food-security-in-toronto-poverty-reduction-strategy/>
- City of Toronto. (2021). 2021 Census: Families, Households, Marital Status and Income. Retrieved February 19, 2023, from <https://www.toronto.ca/wp-content/uploads/2022/07/9877-City-Planning-2021-Census-Backgrounder-Families-Hhlds-Marital-Status-Income.pdf>
- Conger, R. D., Ge, X., Elder, G. H., Lorenz, F. O., & Simons, R. L. (1994). Economic stress, coercive family process, and developmental problems of adolescents. *Child Development*, 65(2), 541. <https://doi.org/10.2307/1131401>
- Crosnoe, R., Mistry, R. S., & Elder, G. H. (2002). Economic disadvantage, family dynamics, and adolescent enrollment in higher education. *Journal of Marriage and Family*, 64(3), 690–702. <https://doi.org/10.1111/j.1741-3737.2002.00690.x>
- Dachner, N., Ricciuto, L., Kirkpatrick, S. I., & Tarasuk, V. (2010). Food purchasing and food insecurity among low-income families in Toronto. *Canadian Journal of Dietetic Practice and Research*, 71(3). <https://doi.org/10.3148/71.3.2010.e50>
- Deaton, B. J., & Scholz, A. (2022). Food security, food insecurity, and Canada's national food policy: Meaning, measures, and assessment. *Outlook on Agriculture*, 51(3), 303–312. <https://doi.org/10.1177/00307270221113601>
- Government of Canada, Statistics Canada. (2022, March 23). Low income cut-offs (Licos) before and after tax by community size and family size, in current dollars. Low income cut-offs (LICOs) before and after tax by community size

and family size, in current dollars. Retrieved February 19, 2023, from

<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1110024101>

Haggart, B., & Spicer, Z. (2022). Infrastructure, smart cities and the knowledge economy: Lessons for policymakers from the Toronto Quayside Project. *Canadian Public Administration*, 65(2), 295–313. <https://doi.org/10.1111/capa.12460>

Hamilton, K. (2011). Low-income families and coping through brands: Inclusion or stigma? *Sociology*, 46(1), 74–90. <https://doi.org/10.1177/0038038511416146>

Heine, M., Lategan, F., Erasmus, M., Lombaard, C. M., Mc Carthy, N., Olivier, J., Niekerk, M., & Hanekom, S. (2021). Health Education Interventions to promote health literacy in adults with selected non-communicable diseases living in low-to-middle income countries: A systematic review and meta-analysis. *Journal of Evaluation in Clinical Practice*, 27(6), 1417–1428. <https://doi.org/10.1111/jep.13554>

Ilic, L., & Sawada, M. (2021). The temporal evolution of income polarization in Canada's largest cmas. *PLOS ONE*, 16(6). <https://doi.org/10.1371/journal.pone.0251430>

Kirkpatrick, S. I., & Tarasuk, V. (2009). Food insecurity and participation in community food programs among low-income Toronto families. *Canadian Journal of Public Health*, 100(2), 135–139. <https://doi.org/10.1007/bf03405523>

Kirkpatrick, S. I., & Tarasuk, V. (2010). Assessing the relevance of neighbourhood characteristics to the household food security of low-income Toronto families. *Public Health Nutrition*, 13(7), 1139–1148. <https://doi.org/10.1017/s1368980010000339>

Loopstra, R., & Tarasuk, V. (2012). The relationship between food banks and household food insecurity among low-income Toronto families. *Canadian Public Policy*, 38(4), 497–514. <https://doi.org/10.3138/cpp.38.4.497>

Orthner, D. K., Jones-Sanpei, H., & Williamson, S. (2004). The resilience and strengths of low-income families. *Family Relations*, 53(2), 159–167. <https://doi.org/10.1111/j.0022-2445.2004.00006.x>

Ramzanpour, M., Sharghi, A., & Nourtaghani, A. (2022). Low-income housing stigma, results and outcomes: A systematic review. *Journal of Housing and the Built Environment*. <https://doi.org/10.1007/s10901-022-09967-9>

Santiago, C. D. C., Etter, E. M., Wadsworth, M. E., & Raviv, T. (2012). Predictors of responses to stress among families coping with poverty-related stress. *Anxiety, Stress & Coping*, 25(3), 239–258. <https://doi.org/10.1080/10615806.2011.583347>

- Smets, P., & Kusenbach, M. (2020). New Research on Housing and Territorial Stigma: Introduction to the thematic issue. *Social Inclusion*, 8(1), 1–7. <https://doi.org/10.17645/si.v8i1.2930>
- Stewart, M. (2021). Low-income adolescents living with respiratory challenges. In *Supporting children and their families facing health inequities in Canada* (pp. 83–91). essay, University of Toronto Press.
- Wadsworth, M. E., & Achenbach, T. M. (2005). Explaining the link between low socioeconomic status and psychopathology: Testing two mechanisms of the social causation hypothesis. *Journal of Consulting and Clinical Psychology*, 73(6), 1146–1153. <https://doi.org/10.1037/0022-006x.73.6.1146>
- Wadsworth, M. E., & Berger, L. E. (2006). Adolescents coping with poverty-related family stress: Prospective predictors of coping and psychological symptoms. *Journal of Youth and Adolescence*, 35(1), 54–67. <https://doi.org/10.1007/s10964-005-9022-5>
- Walks, R. A. (2001). The social ecology of the post-fordist/global city? economic restructuring and socio-spatial polarisation in the Toronto Urban Region. *Urban Studies*, 38(3), 407–447. <https://doi.org/10.1080/00420980120027438>
- Yousefzadeh Barri, E., Farber, S., Kramer, A., Jahanshahi, H., Allen, J., & Beyazit, E. (2021). Can transit investments in low-income neighbourhoods increase transit use? exploring the nexus of income, car-ownership, and Transit Accessibility in Toronto. *Transportation Research Part D: Transport and Environment*, 95, 102849. <https://doi.org/10.1016/j.trd.2021.102849>