

The Stonegate Community A Neighbourhood of Growing Inequities

The Stonegate Community is unique in its contrasts. The area immediately surrounding the Stonegate Community Health Centre has 75 low-rise apartment buildings housing almost 6,000 people. These apartment buildings are surrounded by largely single family dwellings. In 1970 the Stonegate Community was solidly middle class. Both the apartment dwellers and home owners had an income that was within 20% above or below the average income for the City of Toronto.

By the year 2000 that picture has changed dramatically. In the census track including most of the apartments, the average income is now 20% to 40% below the average income for the City of Toronto and the surrounding community has an income 20% to 40% above average.

The Stonegate Community straddles two census tracks. The contrast is quite stark:

Stonegate Community 2006 Census Data	Census Track 217	Census Track 216
	1	2
Population	5,894	5,179
Population Density	4,903.5	2,607
Apartments	79.4%	7.6%
Detached houses	10.2%	80.5%
Lone Parent	24.48%	9.48%
Female Lone Parent	22.39%	6.54%
Male Lone Parent	2.09%	3.27%
Employed	67%	63%
Median Income (2005)	\$45,520	\$114,261
Low Income Families	28.3%	9.70%
Children in low income	38%	7.60%
University Degree	26%	41%
Immigrant	56%	30%
Visible Minority	17%	6%

While the catchment of Stonegate Community Health Centre includes the population in both these census tracks and small fractions of two others, the focus of Stonegate CHC is those in greatest need.

What these two populations have in common is their level of engagement in the work force – 67% compared to 63%. What is most striking is the level of child poverty – 38% of children in Stonegate CHC’s target community live in poverty contrasted to 7.6% in the neighbouring census track. The income gap between families in the two neighbourhoods is almost \$70,000.

Many neighbourhood profiles for South Etobicoke average these two populations together effectively masking the high needs in our community. The Stonegate Community has been overlooked as many other high needs communities have had targeted investment in social programs.

Stonegate Community Health Centre has been a major resource in this community for almost 20 years. Stonegate CHC is the only source for primary health care and chronic disease management – there are no private doctor’s offices or Family Health Teams in the neighbourhood. Stonegate is the main site for a variety of programs for seniors as well as children and youth. Stonegate CHC has been a driving force behind all community development activities in the Stonegate neighbourhood – community gardens, park redevelopment, farmer’s market, community festivals and events.

Stonegate CHC has also taken leadership in community development activities in a neighbouring community known as Mabelle.

There is a growing body of evidence about the impact of poverty on health.

“High income does not guarantee good health, but low income almost inevitably ensures poor health and significant health inequity in Canada,” reports Dr. Ernie Lightman, lead researcher for the new study. (Poverty is Making Us Sick, Wellesley Institute, December 2008).

The poorest one-fifth of Canadians, when compared to the richest twenty percent, has:

- more than double the rate of diabetes and heart disease;
- a sixty percent greater rate of two or more chronic health conditions;
- more than three times the rate of bronchitis;
- nearly double the rate of arthritis or rheumatism.
- 358% higher rate of disability
- 128% more mental and behavioural disorders
- 95% more ulcers;
- 63% more chronic conditions; and
- 33% more circulatory conditions.