

Clause 7 in Report No. 2 of Committee of the Whole was adopted, without amendment, by the Council of The Regional Municipality of York at its meeting held on February 16, 2017.

7

Social Determinants of Health

Committee of the Whole recommends:

1. Receipt of the presentation by Cathy Jaynes, Director, Healthy Living Division, Public Health, Community and Health Services.
2. Adoption of the following recommendation contained in the report dated January 25, 2017 from the Medical Officer of Health and Commissioner of Community and Health Services:
 1. Council receive this report for information.

Report dated January 25, 2017 from the Medical Officer of Health and Commissioner of Community and Health Services now follows:

1. Recommendation

It is recommended that this report be received for information.

2. Purpose

This report provides an overview of social determinants of health and outlines the contributions of the Public Health Branch and the Community and Health Services Department that address the socio-economic factors impacting the health of York Region residents.

This report is prepared for Council to carry out its duties as the board of health under the *Health Protection and Promotion Act*.

3. Background

Social determinants of health are estimated to account for 50% of all health outcomes

Health is complex and influenced by a variety of factors. According to the World Health Organization, the social determinants of health are the conditions, in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These conditions are shaped by economic, social, cultural and political policies and systems.

Socio-economic factors are estimated to account for 50 per cent of health outcomes (The Conference Board of Canada). Health care, biology and genetics, and physical environment account for the remainder of health outcomes combined.

As illustrated in Table1, 10 out of the12 health determinants are identified as social determinants of health.

Table 1
Determinants and Social Determinants (✓) of Health

Determinants of Health
✓ Income and Social Status
✓ Social Support Networks
✓ Education and Literacy
✓ Employment and Working Conditions
✓ Social Environments
✓ Personal Health Practices and Coping Skills
✓ Healthy Child Development
✓ Health Services
✓ Gender
✓ Culture
Physical Environments
Biology and Genetic Endowment

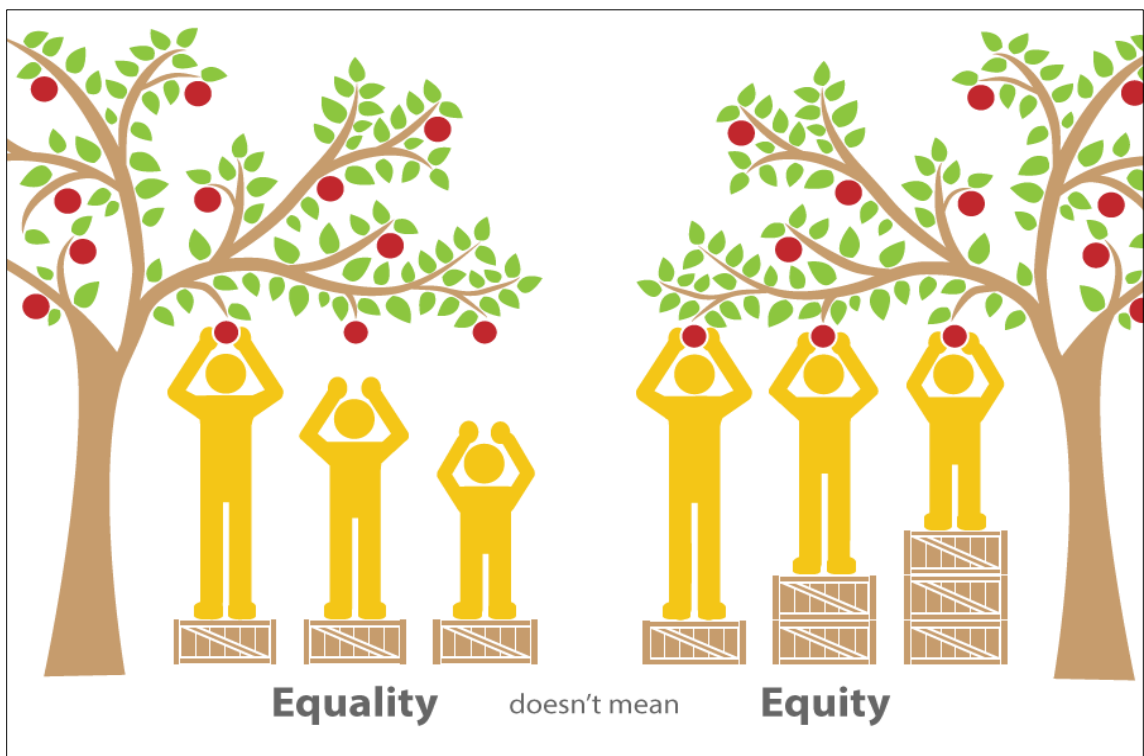
Source: Public Health Agency of Canada and York University
School of Health Policy and Management

Addressing the social determinants of health supports the advancement of health equity

The social determinants of health can create opportunities for individuals to achieve their best possible health. Health differences between population groups resulting from unfair distribution of these opportunities are referred to as health inequities.

Equity is achieved by creating targeted resources for good health for all individuals and is achieved by eliminating avoidable and other barriers, to achieving optimal health between population groups. This is fundamentally different from equality which promotes everyone receiving the same resources regardless of their specific situations. For example, Aboriginal peoples in Canada have faced significant barriers including those associated with socio-economic status, geography, lack of infrastructure, jurisdictional ambiguities and language or cultural barriers. Despite some recent improvements to health indicators, it is widely recognized that due to these historic barriers, Aboriginal peoples need equitable resources to overcome the continued health disparities they experience as compared to other Canadians.

Figure 1
Advancing Health Equity



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York Region residents enjoy a higher quality of life

Overall, York Region residents enjoy higher quality of life as demonstrated by the data shown in Table 2.

Table 2
Selected Health Status Indicators for York Region and Ontario

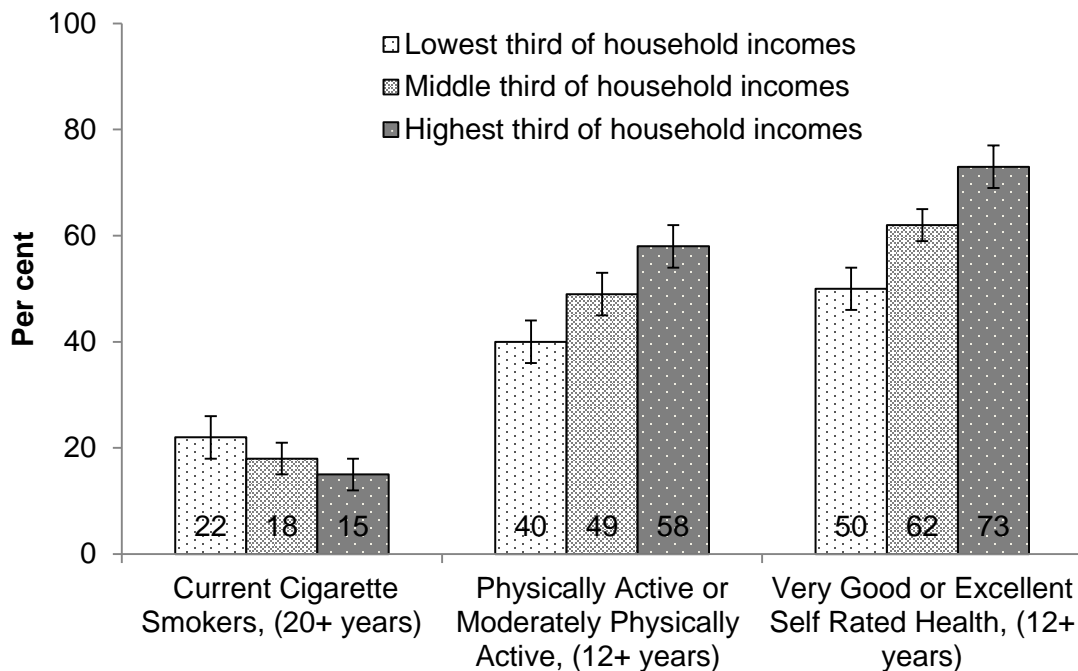
Indicators	York Region	Ontario
Life Expectancy, Males, 2012	83.8 years of age	80.2 years of age
Life Expectancy, Females, 2012	86.9 years of age	82.1 years of age
Premature and Potentially Avoidable Mortality Rate, 2010- 2012	121 deaths per 100,000 population	196.2 deaths per 100,000 population
Mental Illness-related Emergency Visit Rate, 15+ years old, 2015	1,022 visits per 100,000 population	1,830 visits per 100,000 population
Tuberculosis Incidence Rate, 2015	4.3 cases per 100,000 population	4.5 cases per 100,000 population
HIV Infection Incidence Rate, 2015	1.9 cases per 100,000 population	5.5 cases per 100,000 population
Smokers, 20+ years old, 2013-2014	17%	19%
Moderate or Active Physical Activity, 12+ years old, 2013-2014	52%	54%
Very good or Excellent Self Rated Health, 12+ years old, 2013-2014	61%	60%

Income is one of the most important social determinants of health

Health is commonly viewed as a personal responsibility influenced by individual lifestyle choices. As a result, many underestimate the role of social and economic factors in affecting an individual's health outcomes.

Residents who are most vulnerable to the social determinants of health experience more burdens of health outcomes. For example, as illustrated in Figure 2, in both Ontario and York Region individuals with the lowest incomes experienced the highest rates of smoking, the least amounts of physical activity and lowest level of satisfaction with their of health.

Figure 2
Proportion of York Region Residents across Household Income Levels for Selected Health Indicators



Definition of the household income levels: A measure of one's household income relative to the all other households incomes in York Region. It is adjusted for household size and community size.

Source: Canadian Community Health Survey, 2009-2014, Statistics Canada, Ontario Share

Low income individuals and families have more difficulties affording the basic prerequisites of health such as healthy food, safe housing and services that promote healthy behaviours. Income level also affects one's ability to participate in educational, cultural, and recreational activities, which subsequently affects their overall well-being and ability to live a fulfilling life.

As York Region continues to experience population growth, increased urbanization and diversity, health inequities may also increase. York Region needs to monitor health inequities in our communities and address them in a coordinated and intentional manner.

4. Analysis and Implications

The ability to access economic and social resources are important components of addressing health inequity and are influenced by both Provincial and Federal policies and programs. The Province is working with municipalities toward a

human service system that is more responsive, sustainable and client-centered to support integration across programs.

York Region's strategic plans and priorities support the social determinants of health

At the regional level, York Region has developed its own approach to addressing social determinants of health. York Region's vision for creating strong, caring and safe communities supports the health and well-being of residents as articulated in the priorities of the 2015-2019 Corporate Strategic Plan:

- Strengthening the network of human services to support people in achieving their potential
- Promoting job creation and business development
- Focusing efforts on the availability of affordable housing
- Making our communities welcoming and inclusive

Community and Health Services has developed a number of different avenues or strategies to address the social determinant of health. These strategies include raising public awareness, engaging multi-sector partners, and advocating for policy and program improvements at the provincial and federal levels. In each of these strategies, the Region has taken a preventative or early intervention approach.

The Human Services Planning Board of York Region focuses on improving health and well-being of low and moderate income residents

In recognizing income as an important social determinant of health, the Region convened the Human Services Planning Board to help address the systemic and root causes of economic vulnerability of residents. The Human Services Planning Board developed the *Making Ends Meet in York Region* strategy to focus on low and moderate income residents who find it hard to live well because of the growing gap between income and the high costs of living. The Human Services Planning Board 2016 to 2018 Action Plan, identifies steps to encourage greater housing accessibility and affordability as well as to address underemployment and precarious employment. The Board's plan identifies specific actions that are being taken to incent the supply of rental housing through: collaboration with local municipalities and the development community; and work with employers to create progressive employment opportunities, improve business outcomes and reduce youth unemployment through innovative workforce development strategies.

The Board leverages partnerships with the community, private sector and other levels of government to move forward on these priorities. Recently, the Region, in partnership with the Human Services Planning Board, provided input on income security reform – Basic Income Pilot – in recognizing income security initiatives can help meet the basic needs and support the overall well-being of residents.

York Region's 10-Year Housing Plan strives to strengthen homelessness and housing stability systems

Housing is a key tenet of social determinants of health. Homelessness is largely an invisible problem in York Region, yet it exists across all age groups. Over the two years of implementing the 10-Year Housing Plan, the number of subsidized rental units has increased and steps have been taken to modernize our existing rental units. Also, the following actions have been taken:

- Critical wrap-around supports - like the Home Repair Program and the Short Term Assistance for Renters (STAR) program. Under the STAR program, residents in financial hardship receive a 24-month financial rent benefit and 30 months of wrap-around supports.
- Women's homelessness - is addressed with the opening of modern facilities like Belinda's Place, the Region's first emergency and transitional housing facility for homeless women and those at risk of becoming homeless.
- Homeless and at-risk youth - now have an emergency and transitional housing facility in York Region. The Youth Hub, in Richmond Hill is operated by 360°Kids, providing homelessness prevention and housing stability supports to help them successfully remain and/or reintegrate back into the community.

York Region continues to build welcoming communities that strengthen diversity and promote inclusion

Social networks and supports help create a social safety net and inclusion for marginalized communities. These are all important factors that contribute to the health of the communities. Regional Council has approved a number of strategies in recent years to promote social inclusion in our communities. These include:

- Immigration Settlement Strategy: targeted to promoting social and economic integration of newcomers.
- Seniors Strategy: targeted at keeping seniors healthier and longer in their communities.

- **Community Investment Strategy:** targeted to strengthening community's capacity to identify and respond to residents' needs. This funding program supports innovative, community-driven projects that measurably improve the quality of life for low and moderate income residents.

York Region Public Health addresses health equity through four primary levers

Public health units are mandated by the *Ontario Public Health Standards* to provide population health information to the public. This involves assessing and analyzing the specific obstacles that different population groups may face in achieving optimal health. The National Collaborating Centre for Determinants of Health has identified four Public Health roles as a framework to improve health equity including:

1. Assessing and reporting

Health inequities are identified and reported to the public as part of Public Health's routine surveillance and monitoring activities. This has helped many programs and services to identify priority populations and access.

- **Assessing Food Insecurity Issue:** The Community and Health Services Food Systems Workgroup was established to identify factors that contribute to the food insecurity of York Region clients and to propose potential strategies to address these factors. This work was informed by focus groups, surveys and data collected from York Region staff, residents and community partners.
- **Improving access and services for Georgina residents:** Based on public health service level data, it was evident that a lower number of Georgina residents access public health services. Data also provided evidence on the challenges facing Georgina residents, including lack of social support, precarious housing, mental health and food insecurity. In 2015, staff working in Georgina, identified and advocated for improved access and services for its residents through a community hub framework.

2. Modifying and orienting interventions

Though public health programs and services are available to all York Region residents, some priority populations may experience barriers and challenges to accessing services, resulting in health inequities. This requires Public Health to modify and orient programs and services for priority populations

- **Food Handling Certificate for People with Intellectual Disabilities:** In 2016, Public Health in partnership with community agencies developed a Food Handler's Certificate training program for adults with intellectual disabilities. This training allowed these clients to satisfy job requirements and get a job, leading to social inclusion, self-efficacy and decreased

stigma. This training program was further modified for high school students with intellectual disabilities.

- Compliance with the *Immunization School Pupils Act* (the Act): The Act requires parents of children attending elementary or secondary school to provide their local Medical Officer of Health with proof of their child's immunization against specific infectious diseases. Public Health implemented targeted population-specific strategies to increase compliance with the Act including strengthening relationships with the school boards, making information/services available in multiple languages, offering school-based or evening services. These efforts significantly enhanced compliance.

3. Partnering with other sectors

No one organization can advance health equity on its own. In recognizing this, Public Health develops and nurtures internal and external multi-sectoral partnerships.

- RentSafe Initiative: Public Health partners with Canadian Partnership for Children's Health and the Environment which includes social service sectors, legal aid and other partners to address unhealthy housing conditions affecting tenants living on low income in Ontario.
- Age Friendly Communities Project: In partnership with the Town of Richmond Hill, residents and Housing York Inc, an Age Friendly community project was established. This resulted in a number of initiatives including: a raised bed community garden to increase socialization and provide fresh produce; a food skills program to improve cooking skills and nutritional quality of meals; an exercise area to increase physical activity; as well as traffic signal timing to allow safer passage.

4. Policy development

As social determinants of health are influenced by many factors outside of health care and public health systems; policies at all levels and across all sectors help to facilitate long-term improvements in our residents' health.

- Safe Food Donation Guidelines: Although York Region has one of the highest median household incomes in Ontario, pockets of poverty and health inequities exist in our communities. In 2014, Public Health developed Safe Food Donation Guidelines and training for group homes, shelters, community programs and food banks. This assisted these vulnerable settings with their policies on receiving safe donations and reducing the risk of food-borne illness.
- Restricting smoking in multi-unit housing: In 2014, Public Health worked with Housing York Inc. and Social Services to develop a comprehensive

strategy including a smoke-free policy and smoking cessation for tenants. Training and resources were provided to Tenant Coordinators and Social Workers about how to address quitting smoking in a non-judgemental manner with tenants and clients.

5. Financial Considerations

The Ministry of Health and Long-Term Care provides \$180,500 in annual funding to support two Social Determinants of Health Public Health Nurses.

Activities related to programing and services which address the social determinants of health are managed within the approved annual operating budget of the Public Health Branch. In 2017, the approved operating budget for the Branch is \$62.6 million gross and \$14.9 million net tax levy.

6. Local Municipal Impact

York Region delivers programs and services and address policy issues related to the socio-economic factors of health across all nine local municipalities.

7. Conclusion

Addressing health inequities extends beyond the Public Health Branch and Community and Health Services and includes the work and initiatives of other internal and external partners in addressing the social determinants of health.

Social determinants of health factors acknowledge that the roots and impacts of vulnerability are widespread, and therefore require a comprehensive and multi-pronged response. Together, the above mentioned strategies and programs have taken a multi-pronged, proactive approach to addressing the social determinants of health in York Region.

York Region staff will continue to build on our successes and make progress in addressing health inequities at the program and policy levels with the aim to promote well-being for all residents, including those who may be in marginalized circumstances.

For more information on this report, please contact Cathy Jaynes, Director, Healthy Living at 1-877-464-9675 ext. 74141

Social Determinants of Health

The Senior Management Group has reviewed this report.

Approved for Submission:

Bruce Macgregor
Chief Administrative Officer

January 25, 2017

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