safe & well
OXFORD COMMUNITIES

STEERING COMMITTEE MEETING AGENDA

Friday, August 15th, 2025
10:00 a.m.
Oxford County Administration Building – Room 129

1. Call the Meeting to Order

2. Review of Agenda for meeting of August 15th, 2025

3. Review of Minutes of June 23rd, 2025 meeting (attached)

4. Business Arising from the Minutes

   - DEI Charter follow-up – Norwich
   - 2025 Summit – Mt. Elgin: Final date
   - Use of Space Policy
   - Canadian Index of Well-Being Survey - closed
   - Oxford County Grant Program
   - Updated Community Safety and Well-Being Plan

5. Action Coalition Updates (Round Table)

   - Oxford Housing Action Collaborative – on hold
   - Oxford Mental Health & Addictions Network - Peter Heywood (verbal update)
   - Diversity, Equity and Inclusion Action Coalition - Ayesha Sajid (no update)
   - Domestic Abuse Resource Team – Ashley Brown (no update)

6.   Next Steps & New Business:

- Building Healthier Communities Together – SWPH Report (attached)
  Suggested Resolution from Warden Ryan:
  Whereas the Board of Southwestern Public Health (SWPH) reviewed the educational report "Public Health & the Built Environment - An educational package on the connecting links between public health and planning", and Safe and Well Oxford previously reviewed the same report;
  And whereas the report makes it clear that there are many ways that "The way communities are planned, designed, serviced, and maintained has a considerable impact on health";
  Therefore be it resolved that the Safe and Well Oxford Steering Committee respectfully recommends to Oxford County Council that they direct Oxford Staff to work with SWPH Staff on how the SWPH Public Health & the Built Environment report could be implemented to the benefit of all Oxford residents.

7.   Upcoming Meeting Dates – Oxford County Administration Building – Room 129:

- September 22nd (Warden's Golf Tournament)
- October 27th
- December 1st

8.   Adjournment

STEERING COMMITTEE MEETING MINUTES

Monday, June 23rd, 2025
10:00 a.m.
The meeting was held virtually

1. **Call the Meeting to Order**
The meeting was called to order by Chair Marcus Ryan at 10:00 a.m. and a quorum was present.

Attendees:
Marcus Ryan, Bernia Martin, Tony Hymers, Tina Diamond, Ashley Brown, Ayesha Sajid, Sarah Hamulecki, Angie Ferrell

2. **Review of Agenda for meeting of June 23rd, 2025**

Resolution No. 1   Moved by: B. Martin
Seconded by: T. Hymers

RESOLVED that the agenda for the Safe and Well Oxford Steering Committee meeting of June 23rd, 2025, be approved.

DISPOSITON: Motion Carried

3. **Review of Minutes of May 26th, 2025, meeting**

Resolution No. 2   Moved by: B. Martin
Seconded by: A. Brown

RESOLVED that the minutes of the Safe and Well Oxford Steering Committee meeting of May 26th, 2025, be approved as presented.

DISPOSITON: Motion Carried

4. Business Arising from the Minutes

- Area Municipalities DEI Charter follow-up – Norwich
  - Warden Ryan comments that nothing has been done since the last meeting. Warden Ryan, S. Hamulecki and B. Addley will have a discussion regarding the timeline in the context of the new plan.
  - B. Martin has had some discussions and feels there is an opportunity for change.

- 2025 Summit: Final location and date
  - A few options were viewed as potential venues – Mt. Elgin, Embro and Innerkip - proceeding with the Mt. Elgin location.
  - S. Hamulecki will work with Strategy Corp. to explore how the Summit can be leveraged as an opportunity to gather input and feedback for the updated plan.
  - B. Martin commented that the Canadian Index of Well-Being Survey data would be available for September to share with Summit attendees.

- Use of Space Policy Update
  - S. Hamulecki met with the Area Municipal Clerks last week – not much feedback has been received.
  - Most recent request was to write a policy to share with the Area Municipalities to share with their Councils. S. Hamulecki doesn't see the need for a policy. Perhaps a procedure would be more helpful.   S. Hamulecki adds that it might be helpful to clarify that this would apply to organizations looking to expand new services, not for agreements already in place.
  - Warden Ryan adds that allowing use of spaces at underutilized times at no charge could be a consideration.

- Canadian Index of Well-Being Survey
  - The deadline has been extended to June 30, 2025. Close to 1,500 responses have been received so far, with 40 paper surveys, which is more than anticipated.
  - The breakdown of responses received to date very closely aligns with the census population in Oxford.
  - A summary report is expected approximately three weeks after the survey closes.

- Oxford County Grant Program
  - No update

- Updated Community Safety and Well-Being Plan
  - S. Hamulecki had a project kick-off meeting with Strategy Corp., and bi-weekly meetings have been scheduled moving forward.
  - In the recent meeting with Oxford County Clerks, buy-in of the plan was discussed. Oxford Councils will be paying closer attention to what they are approving by adopting this version of the CSWB plan.
  - Stakeholders – S. Hamulecki will share a list of names to connect with. This will involve in-person focus groups and a survey. The Committee was requested to follow up with an email to S. Hamulecki with a list of the groups that should be contacted. The Stakeholder input is scheduled to be completed by the end of August.
  - Draft plan is scheduled to be created by the end of September.
  - S. Hamulecki indicates that some Area Municipalities may not agree that the priority risk areas align with the needs of their communities. The Steering Committee will need to consider next steps if this is the case.

5. Action Coalition Updates (Round Table)

- Oxford Housing Action Collaborative (TBD)
  - Rebecca Smith was not able to attend the meeting.

- Oxford Mental Health and Addictions Action Coalition (Peter Heywood)
  - No update provided.

- Diversity, Equity and Inclusion (DEI) Action Coalition (Ayesha Sajid)
  - The DEI Action Coalition participated in Pride Family Day and had a table at the event. Handouts on 'Tips on Inclusive Communication', along with the Canadian Index of Well-Being Survey, were distributed. Community members were asked to share what Inclusion means to them on a canvas painted with Pride colours. Treats and DEI stickers were also distributed.
  - In previous DEI Action Coalition meetings, concerns were raised by community members regarding recent interactions with local police services. Ayesha contacted WPS and OPP to pass along the feedback. After consulting with Rod and Tony and considering the interests of Coalition members, police services have been invited to attend the meeting in September. The experiences will be summarized into scenarios that can be used to provide education and awareness.
  - After the June meeting, the DEI Action Coalition will resume meeting in September.

- Domestic Abuse Resource Team (Ashley Brown)
  - DART continues its restructuring process to enhance its ability to respond to high-risk femicide cases in Oxford County. DART will maintain regular meeting times through the summer and use the coming months to focus on important internal discussions, most notably, exploring how the MARAM high-risk table and the Situation Table might align. The goal is to reduce

duplication by sharing knowledge and resources while maintaining the distinct purpose of each. These conversations will unfold throughout the summer, with formal community updates expected in September.

o The operational side of DART has found a strong rhythm, incorporating program updates and a "concerns and trends" discussion into each meeting. Starting in the fall, these insights will be shared at the leadership table to ensure that emerging issues identified on the frontlines can inform strategic responses at a broader level.

o One concern identified recently by several partner agencies is the rise in strangulation cases, particularly among youth. In response, the DART operations committee will engage in training on this issue and co-develop a public awareness campaign. The group will determine the most effective target audience and outreach strategy to ensure the campaign is trauma-informed and has a meaningful impact.

o As part of the broader community training plan, DART hosted a B-SAFER risk assessment training on June 10th. This training plays a critical role in preparing the femicide prevention table. Following this session, only a small number of table members remain untrained, marking significant progress toward our goal of consistent, coordinated risk assessment practices.

o DART's outreach efforts also continue to grow, hosting booths at both GrowGirls and Oxford Pride, engaging directly with community members and expanding the social media following. We are currently participating in a live #WeBelieveSurvivors campaign focused on raising awareness around sexual violence and the justice system in light of the ongoing OHL sexual assault case. The campaign has resonated deeply, encouraging public dialogue and survivor support.

o The anti-human trafficking work is advancing following the successful launch of the survivor-informed Story Walk during Victims and Survivors of Crime Week. The next phase of this initiative will focus on developing a secondary protocol - a directory of extended care services that may support individuals wishing to exit exploitation, including trauma-informed yoga therapy, equine therapy, and other longer-term healing modalities.

6. Next Steps & New Business

- Household Food Insecurity: Strategies for Local-Level Implementation
  o Kendall Chambers from SWPH shared the slide presentation included in the agenda regarding household food insecurity within the community.
  o B. Martin inquired as to how many Area Municipalities are living wage employers. Blandford Blenheim is the only one currently certified.
  o S. Hamulecki will follow up with SWPH to obtain data to help inform the updated Safe and Well Oxford plan.
  o B. Martin indicated that landlords can currently raise rent by 2.5% annually. She suggested this be added to the list of advocacies with the provincial government.
  o Kendall will forward the primer document to the Committee.

Resolution No. 3   Moved by: B. Martin
Seconded by: T. Diamond

RESOLVED that the presentation from SWPH regarding food insecurity in our region be received and that the slide deck be shared with the nine municipalities within Oxford County.

DISPOSITON: Motion Carried

7.   Upcoming Meeting Dates – Oxford County Administration Building – Room 129

- Remaining 2025 meetings:
  - July 28th – Warden Ryan, B. Martin and T. Diamond will not be in attendance
  - August 25th - Warden Ryan, S. Hamulecki, and T. Diamond will not be in attendance
  - September 22nd
  - October 27th
  - November 24th – Warden Ryan, B. Martin and S. Hamulecki will not be in attendance
  - December 22nd

- A meeting invite will be circulated for Friday, August 15th and the July 28th and August 25th meetings will be cancelled.
- A meeting invite will be circulated for Monday, December 1st and the November 24th and December 22nd meetings will be cancelled.

8.   Adjournment

Resolution No. 4   Moved by: B. Martin
Seconded by: T. Diamond

RESOLVED that the Safe and Well Oxford Steering Committee meeting adjourned at 11:26 a.m.

DISPOSITON: Motion Carried

MEETING DATE:	February 22, 2024
SUBMITTED BY:	Cynthia St. John, Chief Executive Officer Peter Heywood, Program Director, Healthy Communities Division
SUBMITTED TO:	Board of Health
PURPOSE:	☒ Decision ☐ Discussion ☐ Receive and File
AGENDA ITEM #	5.1
RESOLUTION #	2024-BOH-0222-5.1
REPORT TITLE:	Building Healthier Communities Together: Highlighting the Role of Municipal and Public Health Collaboration in Addressing the Social Determinants of Health

Introduction

The social determinants of health (SDOH) are the non-medical factors influencing health (e.g., income, education, food security, employment, etc.). They are the conditions in which we are born, grow, work, and live, as well as the systems that shape the conditions of daily life. Addressing the SDOH is essential for improving health and reducing established health inequities. Public health and municipalities are uniquely positioned to collaborate to address the SDOH through public health and municipal priorities. There is a longstanding history of local public health agencies and municipalities working together to improve their communities. This report highlights how municipalities play a crucial role in improving community health by integrating social determinants' considerations into their policies, plans, and bylaws and fostering healthier, more equitable environments for their residents. The report also outlines further opportunities for collaboration between the area municipalities and Southwestern Public Health (SWPH) in 2024.

Background

The conditions of everyday life largely determine our health and the systems put in place that promote health, prevent disease, and provide support when we are sick.[1] The SDOH are the conditions in which people are born, grow, live, and work that interact to positively or negatively influence health and well-being.[1] The Canadian Public Health Association identifies the following as SDOH:[2]

- Income and income distribution
- Education
- Unemployment and job security
- Employment and working conditions

- Early childhood experiences
- Food insecurity
- Housing
- Physical environments
- Social exclusion
- Access to health services
- Gender
- Culture
- Race and racism
- Disability

The SDOH significantly impacts our health, even stronger than behaviours like what we eat and our level of physical activity.[3] An example of how the SDOH interacts and influences health can be seen with income. People living on low incomes have a higher prevalence of chronic diseases such as diabetes and high blood pressure and have a greater chance of having more than one chronic condition at a time.[4] Income can determine the quality of the SDOH, including food security, housing, education, and early childhood development. Low income can lead to material and social deprivation, meaning individuals and families are less likely to be able to afford necessities such as food, clothing, and housing.[3] Additionally, social deprivation related to income can mean it may be more challenging to be involved in cultural, educational, or recreational activities.[3] The Canadian Public Health Association also illustrates how social isolation can impact health. We often don't think about social isolation affecting health; however, it can impact some individuals more than others. For example, social isolation from the perspective of a single parent can be profound as they often juggle the responsibilities of parenting, work, and their household alone. This lack of support may lead to a lack of access to emergency childcare when they must stay late at their job, which can impact income. This isolation may impact their health, potentially hindering their ability to seek assistance or build connections.

Addressing the SDOH is critical for improving health and reducing longstanding health inequities. As demonstrated above, the SDOH are drivers of health inequities among individuals and groups. The Ontario Public Health Standards identify health inequities as health differences that are:[5]

- Systematic (e.g., patterned as health generally improves as socioeconomic status improves);
- Socially produced, and could be avoided by ensuring that all people have the social and economic conditions that are needed for health and well-being; and
- Unfair and unjust as opportunities for health and well-being are limited.

Health equity is achieved when everyone has a fair opportunity to reach their full health potential. This means everyone, regardless of socioeconomic status, race, ethnicity, age, gender, religion, sexual orientation, gender identity, gender expression, disability, and other diverse backgrounds, can achieve their highest possible level of physical and mental well-being without systemic barriers or inequalities.

In 2023, a health equity framework and associated theory of change was created by SWPH. The framework looks at understanding how to dismantle health inequities and the systems or conditions that hold them in place (Figure 1). Additionally, the health equity framework adopted the water of systems change framework that identifies six conditions that hold systems in place, including policies, practices, resource flows, power dynamics, relationships and connections, and mental models. The conditions that hold systems in place are difficult to see as we are all participants. Applying a systems lens can help illuminate the factors at play and identify areas for action toward equitable health outcomes.

Figure 1: Health Equity Framework

The SWPH Health Equity Framework
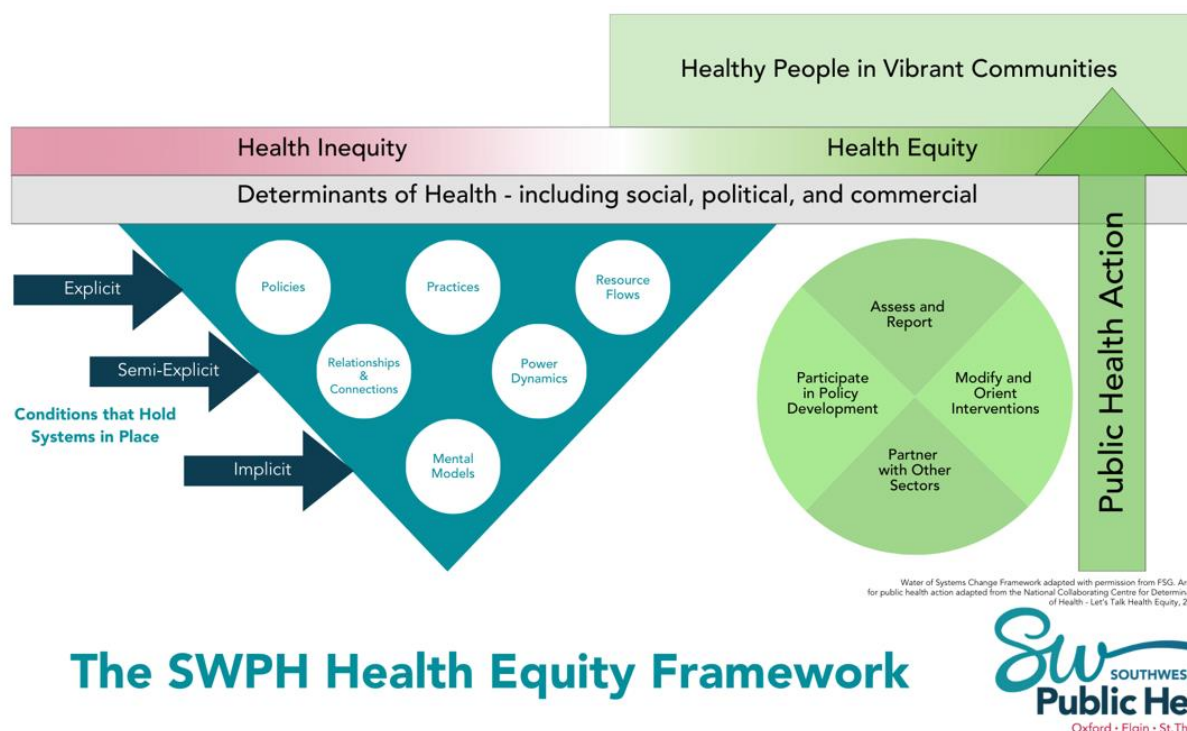
The Role of Municipalities in Addressing the Social Determinants of Health

Social policies implemented, or not implemented, by governments have a direct impact on the SDOH. A World Health Organization report through the Commission on Social Determinants of Health notes that "poor and unequal living conditions are the consequence of poor social policies and programs, unfair economic arrangements, and bad politics."[1] Expansive policies can be applied at the federal or provincial level to address the SDOH. However, municipalities also have an essential role in addressing the health and well-being of their populations at a local level. Policies at the local level can often be implemented in a more direct, focused, and timely manner when compared to other levels of government.[2]

The SDOH can be addressed through a "Health in All Policies" (HIAP) approach. "Health in All Policies" is an umbrella concept defined as "… an approach to public policies across sectors that systematically consider the health implications of decisions, seeks synergies, and avoids harmful health impacts to improve population health and health equity."[3] As demonstrated with the SDOH example of income noted previously, a singular determinant of health can have many impacts relating to population health and wellbeing. The most effective ways to influence a given SDOH (i.e., income) may require actions across multiple sectors of society.[4] To successfully use limited resources and prevent duplication of effort, a well-coordinated response from multiple sectors (such as varying levels of government, civil society, and the private sector) is required to effectively influence a given determinant of health and wellbeing.[4]

Multi-sectoral collaboration is essential to address health challenges and to decrease health inequities experienced in our communities. As many interventions for addressing the SDOH and health equity lie outside the public health sector, stakeholders across multiple sectors must be engaged in executing local strategies.[5] This includes public health, municipalities, community agencies and non-health sector partners such as children and youth services, housing administration, school boards, and grassroots organizations. Key documents in health promotion, including the Ottawa Charter for Health Promotion, emphasize the importance of collective impact or multi-sectoral collaboration in public policy development.[5] The Charter

underlines the placing of health issues on the agenda of policymakers, specifically directing them to be aware of the consequences of their decisions regarding health and to accept their responsibilities for health.[5] Collaboration among governments or agencies is one component of improving health and well-being. However, community engagement is also needed to advance initiatives. Community engagement drives social change, raises awareness, and allows those most impacted by policies to be heard.

Many municipal government responsibilities intersect with public health. According to the Association of Municipalities of Ontario, nearly 90% of municipal operational expenditures contribute to addressing the SDOH, either directly or indirectly.[2] Community safety and well-being plans are an example of the intersectionality of municipal actions, public health actions, and the SDOH. The priority risk themes from the Oxford County plan (mental health, affordable housing, substance misuse and addictions, equity, diversity and inclusion) and Aylmer, Elgin, St. Thomas plan (education and skills development, housing security, mental health and wellbeing, public safety, and substance use and addiction) are either classified as the SDOH or directly impact the SDOH.

Another example of the relationship between public health work and municipal responsibilities can be seen in land use planning. Land use planning significantly impacts people's lives through matters such as affordable housing and access to recreation opportunities and thus demonstrates the impacts of municipal policies on not only health but also social and economic issues. Moreover, municipalities play a crucial role in determining housing in Ontario through zoning, development approval, and servicing land for development.[6] Through the Ontario Public Health Standards, public health is required to promote the development of healthy built environments that support health and mitigate emerging risks.[7] SWPH and local municipalities can support each other in developing healthy communities to meet their respective mandates on this topic by collaborating on local plans/strategies that affect housing.

In addition, from an economic standpoint, many initiatives to address the SDOH yield a return on investment. A recent Health Promotion Ontario white paper noted that local health promotion interventions have a return of investment of four,[i] meaning that every dollar invested yields a four-dollar return, plus the original investment.[8] Health promoting interventions can contribute to healthier populations; healthier populations can contribute to a strong economy and lessened demand for scarce healthcare resources.[9] The impact of an overall healthier population can be shown through the financial effects of improvements in health-related factors; for instance, it has been noted that smoking, alcohol, diet and physical activity-related improvements could offer healthcare cost savings of $89B.[10]

> Examples of how municipalities can implement a HIAP approach include:[5]
> - Understanding the value and importance of cross-collaboration and fostering collaboration between public health and municipalities
> - Utilizing tools such as health impact assessments during policy development to anticipate and address any potential health implications
> - Fostering community engagement by involving the community in the decision-making process to ensure policies align with their needs and priorities
> - Accessing and using data to inform policy decisions

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[i] From the source paper, the 4.1 ROI represents the median ROI all 29 local public health interventions accounted for in the systematic review that was performed. The listed local-level public health interventions included home-based blood pressure monitoring, workplace interventions (such as obesity management, health risk management, and health promotion for various audiences), supervised injection facilities, community-based fall prevention, smoking cessation (including antenatal cessation), multisystemic therapy for juvenile offenders (and their siblings), improvements in walking and cycling infrastructure, medication management, speed cameras in urban areas, water fluoridation, speed limit reduction zones, intensive early education programmes for socioeconomically deprived families, alcoholism therapy, wellness and disease prevention programmes, outpatient pharmacy services for medication adherence, and heart failure disease management.[36]

Several national and subnational governments have adopted a HIAP approach to achieve their policy aims.[11] This includes local and regional governments in Canada who have used intersectional action aligned with the health in all policies approach to achieve their aspirations.[12] One example that took place in Ontario is the Creating Connections project conducted in the City of St. Thomas.[13] This was a collaborative project involving local citizens, the City of St. Thomas, local developers, and SWPH working together to make built environment improvements in the city to support increased walkability and physical activity. Intersectional action is a viable strategy for local government to achieve HIAP.[11-12]

Public health work strives to achieve healthy communities and societies. In this sense, a range of municipal government functions intersect with public health. Many successful collaborative initiatives between public health and municipalities have tremendously influenced our populations' health. The Smoke-Free Ontario Act, introduced in Ontario in 2006, was done so after numerous municipalities across the province, including locally, worked with their local public health staff to protect residents from second-hand smoke. The early adopters (municipalities) influenced provincial legislation on smoke-free spaces.[2] More recently, the COVID-19 pandemic highlighted the important relationship between public health and municipalities. During this emergency, SWPH and local municipalities worked together to house vulnerable populations, protect residents, and ensure access to immunization (e.g., utilizing municipal space for mass immunization clinics). The following section in this report will highlight the importance of municipal and public health collaboration and the use of a HIAP approach.

Municipal Policy Considerations to Address the Social Determinants of Health

This section will explore local policy options and activities to address the SDOH using a HIAP approach. Each highlighted initiative explains the program or activity, the importance of addressing the health issue or SDOH, and examples of how public health and local municipalities can collaborate. Additionally, many of the approaches outlined involve participation from community organizations outside of public health and municipalities. It is important to note that some of these initiatives have been previously reported on and have been discussed in recent Board of Health reports (e.g., living wage, food systems, unregulated and quasi-regulated housing, and alcohol policies).

Living Wage and Universal Basic Income

We see the symptoms of poverty daily in our local communities, including the worsening of the housing crisis and homelessness, rising costs of living, and strained frontline services.[14] Poverty is also associated with social exclusion, as a lack of access to resources can lead to reduced participation.[14] Supporting adequate incomes can have direct benefits for our municipalities. A community can impact income by supporting employer efforts to become Living Wage Certified through the Ontario Living Wage Network. This network sets an hourly living wage calculated annually for ten economic regions in Ontario.[15] The living wage is defined as "the hourly wage a worker needs to earn to cover their basic expenses and participate in their community"[16] and considers various costs of living as well as the government transfers and benefits that households would receive.[15] The current living wage for the SWPH region is $18.85 per hour.[15] Much of this information was presented to the Board of Health on January 25, 2024. It is important to be able to 'walk-the-talk' when it comes to income interventions and demonstrate the positive impact to fellow community members and business owners.

> **How Municipalities Can Affect Living Wage and Universal Basic Income:**
>
> SWPH and local municipalities can lead by example by becoming certified living wage employers and adopting policies encouraging local businesses to follow suit.

Along with a Living Wage, we must consider broader policy action, including advocating for universal basic income (UBI). We must discuss broader income interventions that support all members of our communities regardless of work status. Municipalities can participate by supporting and advocating for UBI through conversations and connections with provincial and federal governments.

Unregulated and Quasi-Regulated Residential Facilities Servicing Vulnerable Populations

Unregulated residential facilities provide some degree of support for activities of daily living for their residents in addition to providing shelter. However, these facilities operate without provincial standards of care, provincial or municipal funding or licensing for the aspects of care and accommodation that affect a resident's quality of life.

In 2021, a Section 13 Order to Close was issued by SWPH under the *Health Protection and Promotion Act* to the owner/operator of an unregulated residential boarding home in St. Thomas due to unresolved health hazards.[17] In response to this incident and to mitigate future incidents, SWPH undertook a project to understand the prevalence of unregulated and quasi-regulated residential facilities in the region served by SWPH and throughout Ontario and how these facilities operate. The findings from this process were presented to the Board of Health on September 28, 2023 (Resolution #2023-BOH-0928-5.1), and the need for additional regulation, monitoring, and enforcement regarding unregulated residential facilities was identified. In response to the report, the Board of Health requested that an additional recommendation be made to consider the development of local bylaws concerning quasi-regulated and unregulated residential facilities. As such, the next phase of this project is to collaborate with the City of St. Thomas to strengthen regulation, monitoring, and enforcement in unregulated and quasi-regulated residential settings. This is an initial step for this work, and there may be opportunities in the future to collaborate with other municipalities if they show interest.

> **How Municipalities Can Affect Unregulated and Quasi-Regulated Residential Facilities:**
>
> Municipalities can strengthen regulation, monitoring, and enforcement in unregulated and quasi-regulated residential settings through the creation of bylaws.

Sustainable and Equitable Food Systems

Food security is when all people, at all times, have physical, social, and economic access to an adequate amount of safe and nutritious food that meets their food preferences and dietary needs.[18] Food systems are complex and include a range of actors and their interconnected activities involved in the production, processing, distribution and marketing, consumption, and disposal of food.[19]

The built environment and how communities are designed are essential to improve physical food access. Community-supported agriculture, mobile markets, and urban gardens positively impact dietary behaviours and benefit consumers and producers socially and economically.[20] In collaboration with Ontario Dietitians in Public Health (ODPH), SWPH staff are conducting an evidence review on effective municipal land use planning policies that promote sustainable food systems. Municipalities can use data from this review to develop policy recommendations for consideration in local planning documents, such as Official Plans.

Multisectoral collaboration efforts, such as food policy councils, are vital in advancing food policy missions that contribute to more sustainable, resilient, and equitable food systems.[21] These collaborations address local food issues by influencing planning documents and prioritizing policies that enhance access to nutrient-dense foods, particularly for marginalized populations.[22] SWPH has begun investigating effective governance structures for sustainable food systems. Research emphasizes the importance of establishing strong relationships between food collaboratives and local government as a key factor for successful food policy outcomes.[22] Recognizing this evidence, municipalities and community agencies will be key partners in developing a local food systems network.

> **How Municipalities Can Affect Sustainable and Equitable Food Systems:**
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> Municipalities can develop land use planning policies that promote sustainable food systems and can be key partners in the development of a local food systems network.

Climate Change and Health Vulnerability Assessment

Climate change is a global challenge with significant implications for human health. The impacts of climate change pose substantial risks to physiologic and psychosocial health, particularly for vulnerable populations. Understanding the specific health vulnerabilities of climate change is crucial for effective adaptation and mitigation. SWPH, the University of Waterloo, and the Waterloo Climate Institute have partnered to complete a vulnerability assessment to develop a locally focused and comprehensive assessment examining the interplay between climate factors and health outcomes for residents in Oxford County, Elgin County, and the City of St. Thomas. The assessment has been informed by SWPH staff and external advisors from municipalities and community agencies. The completed assessment will provide recommendations for SWPH, municipalities, and community partners. Working with municipalities in a coordinated and collaborative way will be critical in moving the climate change agenda forward.

> **How Municipalities Can Affect Climate Change:**
>
> Municipalities can work in a coordinated and collaborative way on the climate change agenda.

Municipal Planning Exploration and Engagement

In 2023, SWPH enlisted the support of a consultant to determine the degree of policy support and impact demonstrated through municipal plans for climate change and health equity, with a specific focus on Municipal Official Plans. This was an update to work undertaken in 2018. Throughout the process, official plans were reviewed, and a series of meetings were held between SWPH and each municipality responsible for implementing an Official Plan. Eight of the municipalities participated, and the intent of each meeting was three-fold:

- To provide an overview of the 2018 project findings and updated scope of work for the 2023 assignment.
- To present the Official Plan review findings and suggested policy considerations.
- To solicit input from municipal planning staff on opportunities for future policy development to support climate change and health equity.

Public health practitioners and municipal planners have similar goals in considering the health of our communities. However, there is a varying degree of engagement and coordination between municipal planners and public health practitioners. There are also considerable differences between the tools, tactics, and strategies used by local public health agencies, resulting in different policy approaches and strengths. Both can be attributed to capacity, education, political will, and communication challenges. The report will provide recommendations for SWPH to strengthen collaboration, coordination, and knowledge exchange.

> **How Municipalities Can Affect Municipal Planning Exploration and Engagement:**
>
> Ensure climate resiliency and health equity initiatives are integrated into planning projects within Elgin, Oxford, and The City of St. Thomas.
>
> Establish a working group made up of SWPH staff and municipal representatives to meet bi-annually with the intent of monitoring and facilitating the implementation of the collaboration strategy.

Social Connectivity

A growing body of research has shown that a sense of belonging or social connectedness tremendously impacts physical and mental health. Social connection influences and is influenced by an individual's relationships and interactions with others, their communities, the physical environment, organized systems (public and private), and the policies created in the community.[23] The social environment is present at multiple levels, is people and relationship-centred, has interconnected features, and is influenced by power relations.[23] Social connections and environments play a crucial role in climate change, mental health, physical health, and the built environment. Additionally, they share sustainability and health equity as core actions towards achieving healthy people living in vibrant communities. An environmental scan and evidence review of effective interventions to increase social connectivity in small urban and rural communities or neighbourhoods will be undertaken in 2024. Municipalities must play an important role in addressing social isolation and increasing social connectivity in our communities through housing environments, transportation, and inclusive public spaces.

> **How Municipalities Can Affect Social Connectivity:**
>
> Municipalities must play an important role in addressing social isolation and increasing social connectivity in our communities through issues such as housing environments, transportation, and inclusive public spaces.

Alcohol Policy

Alcohol policy affects the environments that people live, work, and play in, which is a cornerstone of the social determinants of health. In October 2023, the "Actions to Reduce Alcohol-Related Harms Report" was provided to the Board of Health. It provides greater detail on harms due to alcohol and effective policy actions to manage them.

While the provincial and federal governments control the majority of alcohol policy, municipalities can address alcohol-related risk and harm on municipally owned property through Municipal Alcohol Policies (MAPs) and off municipally owned property through by-laws, zoning, and licensing restrictions.[24-26] SWPH and municipal partners can collaborate to influence and support healthy public policy regarding alcohol within municipal control. SWPH plans to monitor and inform municipalities within our region of the harms of alcohol and support municipal staff with concepts and resources for alcohol policies.

> **How Municipalities Can Affect Alcohol Policy:**
>
> Municipalities can address alcohol-related risk and harm on municipally owned property through Municipal Alcohol Policies (MAPs) and off municipally owned property through by-laws, zoning, and licensing restrictions.

Physical Activity Opportunities for Children and Youth

Physical activity is a vital component of health and well-being. The ACT-i-Pass program offers no-cost physical activity opportunities to children during their grade five school year, just prior to a known decline in physical activity levels.[27] The ACT-i-PASS model leverages available or underused spaces in pre-existing youth recreational programs. As part of the program, grade five children receive an ACT-i-Pass card that they can utilize to participate in eligible programs. SWPH has actively invited all recreation service providers to participate by offering no-cost recreation spaces to the ACT-i-Pass program. Municipal recreation departments have provided several no-cost programs (e.g., swimming and skating) that populate the ACT-i-Pass calendar of

activities. Municipal facilities are extensive in scale and offer a setting where supporting ACT-i-Pass is possible by using extra spaces in preexisting activities that were already running without additional cost. SWPH will continue ACT-i-Pass promotion and track targets during this first year of ACT-i-Pass in the SWPH region.

> **How Municipalities Can Affect Physical Activity Opportunities for Children and Youth:**
>
> Municipalities should continue to consider programs that can be offered at no-cost as part of the Act-i-Pass program.

Age-Friendly Communities

Age-friendly communities are communities where policies, services, and structures are implemented or built to support older adults in aging in place, staying involved in their communities, and remaining physically and socially active.[28] Equitable age-friendly planning leads to informed and cost-effective decision-making, stronger community cohesion, and impactful and sustainable changes. The result is the creation of empowering and friendly communities for people of all ages to live healthier lives and experience healthy aging.[29]

SWPH will work with municipalities and community partners through Elgin St Thomas' existing age-friendly committee to update the 2017 strategy and rebuild community mobilization. There is no current age-friendly specific committee in Oxford County, but SWPH is exploring partnership opportunities. In late 2023, SWPH worked with community partners, including the lead organization of United Way Oxford, to submit an application titled *Building our Capacity to Address the Unique Vulnerabilities of Rural Seniors* for a New Horizons Seniors Grant. If this application is successful, it could advance this work in Oxford County. Municipalities and SWPH should continue to work together to support and advance age-friendly initiatives in our communities.

> **How Municipalities Can Affect Age-Friendly Communities:**
>
> Multiple sectors, including public health, municipalities, and community agencies must work collaboratively to advance age-friendly initiatives in our communities.

Planet Youth

Planet Youth is a prevention model proven to decrease substance use rates among youth and positively impact other areas of their lives. It is essential to note that the Planet Youth model is not a program but an approach that identifies and establishes long-term strategies to promote positive changes in the environment where youth live, work, and play. The model, first implemented in Iceland, has led to a decline in substance use in all of Europe. Through the implementation of Planet Youth in other countries, data has shown a 46% reduction in the number of youth drinking to get drunk in the past 30 days and a 60% decline in the use of alcohol, tobacco, and cannabis over ten years.[30] The model is informed by evidence and by gathering data from grade 10 students to provide a complete picture of the risks and strengths that can be enhanced or decreased within a community to protect youth from using substances. The results are then shared with the community to determine priorities and solutions that are feasible, desirable, and viable for the community.

> **How Municipalities Can Affect Planet Youth:**
>
> Municipalities play a key role in supporting the Planet Youth model, including participating in the development of an action plan, and implementing associated actions for implementing Planet Youth.

The Planet Youth model relies on collaboration from multiple sectors to succeed. This includes youth, parents, teachers, schools, communities, policymakers, community agencies, and municipalities. SWPH continues to

work with our various communities to advance the model locally. Municipalities play a crucial role in supporting the Planet Youth model, including developing an action plan and associated actions for implementing Planet Youth in the SWPH region.

Recommendations for Consideration

As stewards of community safety and wellness, embracing a Health in All Policies (HIAP) approach is not just about formulating policies; it is a moral imperative and an ethical obligation for municipalities committed to the well-being of their community. By integrating health considerations into every aspect of policymaking, we can collectively and proactively address the SDOH, promote health equity, and foster thriving and resilient communities. As noted, interconnected well-being is not only determined by healthcare services but is intrinsically linked to income, housing, belonging, and education, among many other SDOHs.[31] Additionally, there are economic benefits to prioritizing a HIAP approach as it leads to a healthier and more productive population, which reduces long-term healthcare costs and boosts economic productivity.[32] A HIAP approach underscores the collective commitment to addressing health inequities and disparities and promoting inclusivity in our communities.[32] It also ensures that municipal policies benefit all community members, regardless of their socioeconomic status or background. Specific recommendations for the Board of Health's consideration are:

1. SWPH strongly encourages our local municipalities to adopt a 'health in all policies' approach using a health lens when developing policies, regardless of the policy area.
2. SWPH and municipalities collaborate to address the SDOH and improve health equity for our population.
3. SWPH shares this report and recommendations with local municipalities.

Conclusion

The transformation of the SDOH for the betterment of the local population will require collaboration from diverse sectors across communities and a systematic, collective, and long-term approach. Rather than working in isolation, activities of public health and municipal partners can be designed to complement and support each other. This collaborative approach will empower both parties to meet the local community's needs.

MOTION: 2024-BOH-0222-5.1
That the Board of Health for Southwestern Public Health approve the report titled "Municipal Collaboration and the Social Determinants of Health" for February 22, 2024.

References

1. Commission on the Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health [Internet]. Geneva: World Health Organization; 2008 [cited 2024 January 15]. Available from: https://iris.who.int/bitstream/handle/10665/69832/WHO_IER_CSDH_08.1_eng.pdf?sequence=1

2. Cabaj J, Fierlbeck K, Lawrence L, McLaren L, Watson-Creed G. The municipal role in public health [Internet]. Toronto: Institute on Municipal Finance and Governance; 2022 [cited 2024 January 17].

Available from: https://imfg.munkschool.utoronto.ca/wp-content/uploads/2022/11/imfgwdw_no4_publichealth_november_17_2022-1.pdf

3. World Health Organization. Health in all policies [Internet]. Helsinki; World Health Organization;2014 [cited 2024 January 17]. Available from: https://iris.who.int/bitstream/handle/10665/112636/9789241506908_eng.pdf?sequence=1

4. SA Health. Public health bulletin SA | health in all policies | Adelaide 2010 international meeting. Government of South Australia, Department of Health; 2010.

5. Amri M, Chatur A, O'Campo P. Intersectoral and multisectoral approaches to health policy: an umbrella review protocol. Health Res. Policy Syst. 2022;20(21).

6. Association of Municipalities of Ontario. Housing backgrounder [Internet].Toronto: Association of Municipalities of Ontario; 2023 [cited 2024 February 7]. Available from: https://www.amo.on.ca/policy/land-use-planning-resources-and-climate-change/housing-backgrounder

7. Ontario Ministry of Health. Ontario public health standards: requirements for programs, services and accountability [Internet]. Toronto: Queen's Printer of Ontario; 2021 [cited 2024 January 3]. Available from: https://files.ontario.ca/moh-ontario-public-health-standards-en-2021.pdf

8. Health Promotion Ontario. White paper on the value of local health promotion in Ontario. Health Promotion Ontario; 2023.

9. Gardner C. Re. public health funding and capacity announcement [Internet]. Ontario: Association of Local Public Health Agencies; 2023 [cited 2024 February 6]. Available from: https://cdn.ymaws.com/www.alphaweb.org/resource/collection/1EB276C2-F6A2-41CC-ADC6-93FA4488EA12/alPHa_Letter_PH_Funding_Announcement_230823.pdf

10. Association of Local Public Health Agencies. public health matters | a business case for local public health [Internet]. Ontario: Association of Local Public Health Agencies; n.d. [cited 2024 February 6]. Available from: https://cdn.ymaws.com/www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/PH_Matters_Infographic_Business_Case_July_2023.pdf

11. Bernier NF. Towards a health in all policies approach for Canada's Federal, Provincial, and Territorial jurisdictions? National Collaborating Centre for Healthy Public Policy; 2023.

12. Diallo T. Five examples of intersectional action for health at the local and regional level in Canada. Montréal: National Collaborating Centre for Health Public Policy; 2020.

13. Harry Cummings and Associates Inc. City of St. Thomas creating connections project evaluation report [Internet]. St. Thomas: Harry Cummings and Associates; 2019 [cited 2024 February 5]. Available from: https://www.swpublichealth.ca/en/reports-and-statistics/resources/Evaluations-and-Situational-Assessments/Creating-Connections-Final-Report-Dec-2019.pdf

14. National Advisory Council on Poverty. Blueprint for tranformation: the 2023 report of the national advisory council on poverty. National Advisory Council on Poverty; 2023.

15. Coleman A. Calculating Ontario's living wages. Ontario: Ontario Living Wage Network; 2023.

16. Ontario Living Wage Network. What is a living wage? [Internet]. Ontario: Ontario Living Wage Network; 2023 [cited 2024 January 26]. Available from: https://www.ontariolivingwage.ca/about

17. Southwestern Public Health. Understanding the disparities of unregulated and quasi-regulated residential homes serving vulnerable individuals in Ontario. Southwestern Public Health; 2022.

18. Food and Agriculture Organization of the United Nations. Food security. Rome: Food and Agriculture Organization of the United Nations; 2006 [cited 2024 January 31]. Available from https://www.fao.org/fileadmin/templates/faoitaly/documents/pdf/pdf_Food_Security_Cocept_Note.pdf

19. Food and Agriculture Organization of the United Nations. Sustainable food systems: concept and framework. Rome: Food and Agriculture Organization of the United Nations; 2018 [cited 2024 January 20]. Available from: https://www.fao.org/3/ca2079en/CA2079EN.pdf

20. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence of municipal- and community-level interventions to promote sustainable food systems. Toronto: Queen's Printer for Ontario; 2020 [cited 2024 January 20]. Available from: https://www.publichealthontario.ca/-/media/documents/e/2020/eb-sustainable-food-systems.pdf?sc_lang=en

21. Lange SJ, Calancie L, Onufrak SJ, Reddy KT, Palmer A, Lowry Warnock A. Associations between food policy councils and policies that support healthy food access: a national survey of community policy supports. Nutrients. 2021; 13(683).

22. Gupta C, Campbell D, Munden-Dixon K, Sowerwine J, Capps S, Feenstra G, et al. Food policy councils and local governments: creating effective collaboration for food systems change. Journal of Agriculture, Food Systems, and Community Development. 2018; 8(Suppl. 2): p. 11-28.

23. BC Centre for Disease Control. Healthy social environments framework [Internet]. British Columbia: BC Centre for Disease Control; 2020 [cited 2024 January 26]. Available from: https://bchealthycommunities.ca/wp-content/uploads/2020/11/SE-Framework-Summary-V1-Dec2020.pdf

24. Canadian Centre on Substance Use and Addiction (CCSA). Municipal alcohol policy in Ontario: a public health approach. Ottawa: Canadian Centre on Substance Use and Addiction; 2017.

25. Giesbrecht N, Wettlaufer A. Municipal alcohol policies and public health: a primer. Toronto: Ontario Agency for Health Protection and Promotion (Public Health Ontario); 2016.

26. Liem S. Alcohol policy review: opportunities for Ontario municipalities. Ontario: Liem Strategic Integration Inc; 2018.

27. Public Health Agency of Canada. A common vision for increasing physical activity amd reducing sedentary living in Canada: let's get moving. Ottawa: Public Health Agency of Canada; 2018.

28. Public Health Agency of Canada. Age-friendly communities [Internet]. Ottawa; 2023 [cited 2024 January 26]. Available from: http://www.phac-aspc.gc.ca/seniors-aines/afc-caa-eng.php

29. BC Healthy Communities. Applying an equity lens in age-friendly community planning [Internet]. British Columbia; 2023 [cited 2024 January 26]. Available from: https://bchealthycommunities.ca/resource/featured-resource-title-test/ .

30. Kristjansson AL, Mann MJ, Sigfusson J, Thorisdottir IE, Allegrante JP, Sigfusdottir ID. Development and guiding principles of the Icelandic model for preventing adolescent substance use. Health Promot Pract. 2020; 21(1):62-69.

31. Canadian Public Health Association. What are the determinants of health [Internet]. Ottawa: Canadian Public Health Association; 2024 [cited 2024 January 10]. Available from: https://www.cpha.ca/what-are-social-determinants-health#f2

32. Tonelli M, Tang K, Forest P. Canada needs a "health in all policies" action plan now. CMAJ. 2020; 192(3):61-67.

33. National Collaborating Centre for Determinants of Health. About the social determinants of health [Internet]. Antigonish: National Collaborating Centre for Determinants of Health; 2024 [cited 2024 January 10]. Available from: https://nccdh.ca/learn

34. Raphael BD, Mikkonen J, Raphael A. Social determinants of health: the Canadian facts [Internet]. Oshawa; 2020 [cited 2024 January 9]. Available from: https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf .

35. Ontario Health. Prevention system quality index 2023. Toronto: Ontario Health; 2023.

36. Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on investment of public health interventions: a systematic review. J Epidemiol Community Health. 2017; 71(8):827-834.