



Primer to Action : Social Determinants of Health

A resource for health and community workers, activists and local residents to understand how the social determinants of health impact chronic disease--and what we can do about it.

Revised Edition: May 2008

Table of Contents

| | |
|---------|-------------------------------|
| 3..... | Preface to the Second Edition |
| 5..... | Introduction |
| 10..... | Income |
| 16..... | Education |
| 23..... | Employment |
| 30..... | Housing |
| 36..... | Food |
| 43..... | Inclusion |
| 49..... | Appendix |

When citing this document, please cite as follows:

Health Nexus and Ontario Chronic Disease Prevention Alliance, *Primer to Action: Social Determinants of Health*, Toronto 2008.

Available on-line at www.healthnexus.ca/projects/primer.pdf or www.oedpa.on.ca

Ce document est aussi disponible en français.

Preface to the Second Edition

“Chronic disease can no longer be explained only as an outcome based on engaging in the ‘wrong’ health behaviours. There is a need to look beyond individual responsibility to understand the ways in which the social environment shapes the decisions we make and the behaviours we engage in.”

Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities, Ontario Chronic Disease Prevention Alliance, March, 2006, page ix

Primer to Action: Social Determinants of Health, is an electronic resource that helps us understand and influence how the social determinants of health impact chronic disease. Set in an electronic, easy to read format, with hundreds of links and resources, it is a practical resource for busy health and community workers, activists, in their capacity as staff, volunteers or community members.

Primer to Action provides a point of entry to understand and *take action* on six health determinants: **Income, Employment, Housing, Food Security, Education and Inclusion**. It offers concrete suggestions for change in the community, the workplace and the broader society.

This new, improved and expanded second edition of the Primer provides:

- ✓ Expanded content on all six determinants of health
- ✓ New sections on how each determinant links to chronic disease
- ✓ Updated and wide-ranging links and resources from Canada and around the world

Background on Phase 2 of *Primer to Action*

After the launch of *Primer to Action* in March 2007, we received overwhelmingly positive feedback. We also recognized that there was further work to be done. While many people who work in public and community health understand that there is a relationship between chronic disease and social determinants of health, few Ontario organizations know how to move beyond knowledge to action. There was a need to address this gap.

This revised edition of the *Primer* has been produced as part of *Primer to Action, Phase II*. This Phase II project has been funded by the Public Health Agency of Canada, Ontario and Nunavut. Phase II partners are the Ontario Chronic Disease Prevention Alliance and Health Nexus (formerly Ontario Prevention Clearinghouse). Phase II also included a series of workshops across the province, in English and French, to animate the *Primer* with a range of potential audiences. In 2008, workshops were held in Ottawa and Windsor (English) and Toronto and northeastern Ontario (French). The latter French workshop was a videoconference co-hosted in three locations, Sudbury, North Bay and Temiskaming. A separate, fifth, workshop was held for member organizations of the Ontario Chronic Disease Prevention Alliance.

Many sources of feedback

This revised edition was informed by the following sources of feedback:

- ✓ workshop participants – written evaluations, focus groups, plus verbal feedback
- ✓ key informant focus group
- ✓ five content reviewers from different sectors (English and French)
- ✓ advisory committee members
- ✓ an electronic survey
- ✓ comments from readers
- ✓ project staff from OCDPA and Health Nexus

A resource of this kind is a work in progress and never complete. Our attempt will be to keep the Primer updated regularly. We welcome your comments and suggestions. Our address is primertoaction@healthnexus.ca.

The views expressed herein are solely those of the authors and do not necessarily represent the official policy of the Public Health Agency of Canada.

This project received financial support from the Public Health Agency of Canada – Ontario and Nunavut.

May, 2008.

Acknowledgements

This project is the work of many people. Workshops were delivered by *Suzanne Schwenger* and *Subha Sankaran* of Health Nexus, with assistance from *Sylvie Boulet* and *Robyn Kalda*, also of Health Nexus. *Shawna Scale* of the Ontario Chronic Disease Prevention Alliance and *Beth Ward* of Health Nexus guided and managed the project. Administrative support was provided by *Christine Carbotte* of Health Nexus and *Hoi Ki Ding* of OCDPA. Web support was provided by *Namita Sharma* of Health Nexus. Last, but not least, *Connie Clement*, Executive Director of Health Nexus, and founding Chair of the Ontario Chronic Disease Prevention Alliance was a prime mover of the project.

Advisory Panel

We thank our Advisory Panel members, who provided valuable advice and suggestions from a diverse range of perspectives. They are:

Ligaya Byrch, Barrie Community Health Centre
Njeri Damali Campbell, Regional Diversity Roundtable of Peel
Cathryn Fortier, Ottawa Young Parents
Tanis Fretter, Northwestern Health Unit
Christine Lyszczarz, Heart and Stroke Foundation, London
Claire Warren, Sudbury and District Health Unit

Partners

We thank our partners for their enthusiastic help and support in planning and organizing the workshops: South East Ottawa Centre for a Healthy Community
Go for Health, Windsor-Essex
Sudbury and District Health Unit
Ontario Council of Agencies Serving Immigrants

Editorial contributors

The second edition builds on the first edition that was published in March, 2007. We thank *Fay and Associates* who helped incorporate comments and feedback into this revised edition and rewrote parts of it. Further work on this revision was completed by *Subha Sankaran*, *Suzanne Schwenger* and *Shawna Scale*.

First Edition

The original edition was a collaborative project of Health Nexus (formerly Ontario Prevention Clearinghouse), the Ontario Chronic Disease Prevention Alliance and the Canadian Cancer Society Ontario Division, who contributed staff and financial resources to the project. The project also received financial support from the Public Health Agency of Canada- Ontario and Nunavut.

Advisory committee members for the first edition were

Bob Gardner, The Wellesley Institute
Carla Palmer, Barrie Community Health Centre
Charles Hain, Osteoporosis Canada
Claire Warren, Sudbury & District Health Unit
Nancy Dubois, Coalition for Active Living
Tannis Fretter, Northwestern Health Unit

Contributing staff from the partner organizations were:

Rowena Pinto and Patti Payne, Canadian Cancer Society – Ontario Division;
Maria Grant and Ann-Marie Kungl Ontario Chronic Disease Prevention Alliance;
Kim Hodgson, Krissa Fay, Beth Ward and Connie Clement, Health Nexus

Working with the advisory committee and staff, consultants Fay and Associates refined the resource concept and format, wrote the text, and selected the linked resources for the first edition.

Introduction

Social Determinants of Health

Over the last fifty years, a change has emerged in the way health researchers and practitioners understand the factors that prevent chronic disease and lead to good health. Before that, it was largely considered a matter of bio-medical cause and effect, coupled with negative life style choices. Health professionals began to see that good health and disease prevention are a lot more than that.

In 1948, the [World Health Organization](#) declared that, more than the absence of disease, health is “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.” And later in 1986, the [Ottawa Charter for Health Promotion](#) declared that health is “created and lived by people within the settings of their everyday life; where they learn, work, play and love.”

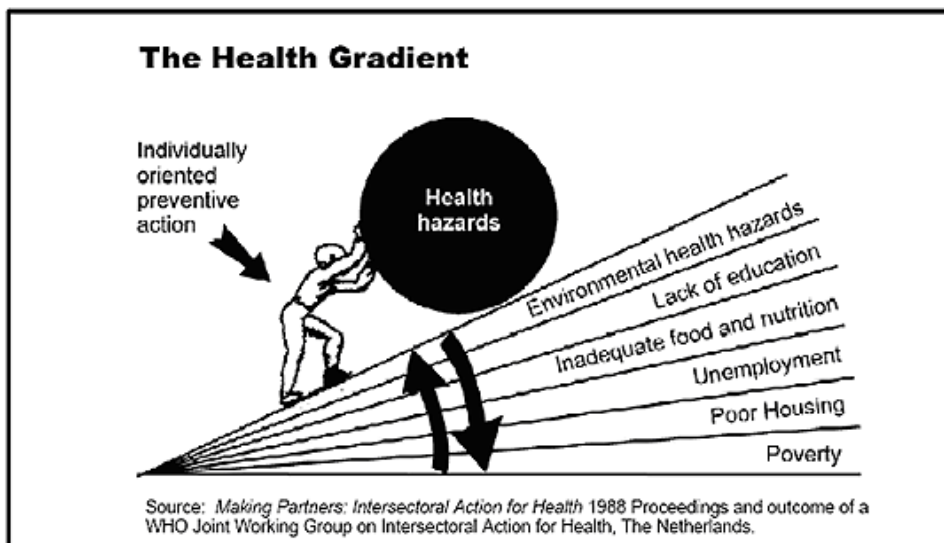
These declarations tell us that there are a large number of social factors and conditions, including income, employment, education, housing and others that lead to healthy people and communities.

In 1998, Health Canada developed a comprehensive list of those factors, calling them the [Determinants of Health](#): income, social support, education and literacy, employment and working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture.

These factors come together like streams to form a flowing river to help us reach a state of complete physical, mental, and social well being.

Determinants of health are linked to health inequities

Many people in our society experience challenges in accessing these resources that can help them lead a healthy and full life. The challenges may be specific or may be structural. They may lack



access because of poverty, homelessness, distance, or related reasons. They may be denied access because of racism or discrimination. And because these determinants of health intersect with each other, they may face multiple exclusions and marginalizations, such that they may be unemployed, homeless, a new immigrant, have no support systems, and be suffering from a chronic illness. This contributes to health inequities. Inclusion is a

way of creating a society is which all are able to lead healthy and fulfilling lives.

The National Collaborating Centre for the Social Determinants of Health prepared a thorough [Backgrounder on the Social Determinants of Health and Health Inequities](#) in April 2006.

What is chronic disease?

Chronic disease was defined by [J. S. Marks](#) as: "Illnesses that are prolonged, do not resolve spontaneously, and are rarely cured completely." The five major chronic diseases in Canada are cancers, cardiovascular diseases, respiratory disease, diabetes, and mental illness, according to [Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities](#).

How do the social determinants of health influence chronic disease?

The relationship between the social factors that lead to health or to chronic disease was noted in a very powerful way in industrial Britain in the second half of the nineteenth century.

London, Glasgow, Liverpool, and other cities were swelling with people drawn into the new industrial economy, but often those people were faced with little income, insecure employment, appalling housing, lack of food, no chance of further education, and social exclusion. Public Health physicians were emerging at the same time, identifying the cause and effect relationship between poor social conditions and chronic disease. This was happening in North America as well, and in cities like Toronto, medical officers of health were leading social campaigns to alleviate poverty and the miserable social conditions faced by the poor in cities and underdeveloped rural communities.

According to "[The Tides of Change: Addressing Inequity and Chronic Disease in Atlantic Canada](#)," A discussion paper commissioned by the Population and Public Health Branch, Atlantic Region, Health Canada:

"Statistics Canada's National Population Health Surveys (1994/95 and 1996/97) show that the incidence rate of all chronic diseases studied was higher for people in the two lowest-income groups than for those in the three upper-income groups."

Dr. David McKeown, Toronto's Chief Medical Officer of Health, put it clearly in December 2006: "Toronto has some of the healthiest and least healthy communities in Canada. The incidence of common health problems can vary twofold from one neighborhood to another as a result of the basic determiners of health, such as income, housing, employment, and education."

Dennis Raphael, in his Introduction to [Social Determinants of Health: Canadian Perspectives](#), notes that recent research serves to downplay the contributions of bio-medical and lifestyle factors to the incidence of chronic disease. He says instead that negative socio-economic conditions accumulate to produce negative health outcomes, including chronic disease.

The "negative socio-economic conditions" influence the quality of life and development. They may lead to severe stress and be followed by adopting health-threatening behaviors. As noted by Dr. McKeown, when there are large gaps between the positive and negative factors that influence health, negative health outcomes are more severe. Inequities create the conditions for chronic disease.

And it is a two way street. Health is a product of income, employment, housing, education and other factors. At the same time, health is itself a resource for seeking and securing adequate income, employment, housing, education, and others. It is a resource for living.

[Learning from Canadians With Chronic Health Conditions](#) by the Health Council of Canada is an eloquent testimony from the community that action on chronic disease is the responsibility of everyone.

What is the Primer to Action?

Primer to Action is a starting point to get you thinking and acting about the social determinants of health and chronic disease. This resource is for health and community workers, activists and local residents to understand how the social determinants of health impact chronic disease, and what they can do about it. Although Health Canada identified twelve determinants of health, this resource, to get you started, will focus on six key ones: income, education, employment, housing, food, and inclusion.

The sections on the six determinants each contain the following:

1. **Introduction.** A brief introduction to the issue, with links in the text of the online version to point you to more information;
2. **Find out more.** A brief description, with links in the text of the online version to where you can find more detailed information about each of the determinants;
3. **Learn from them.** A list of some interesting examples and models;
4. **What you can do in your community.** A grid with specific actions and links to get you started on the way.

Primer to Action is for you and your organization, but also for your family and your community. This will point you to the specific evidence linking chronic disease with lack of access to six determinants of health in text boxes in each of the sections.

But, before moving ahead, we want to look at how you fit into the world around you.

Where Do I Fit In?

Health and community workers and activists live and work in any number of settings, and act as staff or volunteers. Although they may understand the impact of the social determinants of health on chronic disease prevention, their agency or organization may not have fully embraced this way of looking at health.

“Only recently have single sectors taken on collective action strategies to reduce the impact of challenges with the social determinants of health.”

People who work in housing agencies, food banks, settlement agencies, women’s centres, community centres and social service agencies, among others, often work with an understanding of the role of the social determinants of health, realizing the need to carry on that work collaboratively. However, only recently have single sectors taken on collective action strategies to reduce the impact of challenges with the social determinants of health.

Example: Shifting the focus on chronic disease in the public health sector

Health activists have been urging the public health sector since the mid-80’s to move from an individually focused biomedical and lifestyle approach to preventing chronic disease to a collective action approach focused on reducing the impact of challenges with the social determinants of health.

Over the last few years, a number of key people in public health in Ontario heard that call from health activists. They have been developing a solid line of thinking that explains the role of the social determinants of health, but also suggests patterns of action that might be taken.

This group, led by the Sudbury and District Health Unit, also arranged for a special stream in the joint annual meeting of the Ontario Public Health Association (OPHA) and the Association of Local

Public Health Agencies (alPha) in 2005 to consider ways in which action on the social determinants might be included in the mandatory programs delivered by local health units.

Building on the momentum of the conference drafted a more detailed discussion paper, [A framework to integrate social and economic determinants of health into the Ontario public health mandate, March 2006](#).

Submitted to the Chief Medical Officer of Health in April 2006, this document and related discussions have begun to inform policy and practice across the province.

For example, staff at the Haliburton, Brock, Kawartha, and Pine Ridge Health Unit are leading a community process to establish a cross sectoral organization to advocate for the range of issues related to the determinants of health.

This was followed in 2007 by another discussion paper from Sudbury, focusing on health inequities: [Social Inequities in Health and Ontario Public Health Background Document](#). This quote from the introduction says it eloquently.

Some Ontarians will die younger, become disabled or experience mental illness because they are worse off socio-economically. These unlucky Ontarians are not chosen randomly. They are chosen systematically. Unjust social arrangements mean that some Ontarians do not have the right to enjoy the highest attainable standard of health in their society as espoused by the World Health Organization Constitution in 1946.

We would like our public health system to take a hard look at what it can/should do to ensure that every Ontarian can attain his or her own full health potential.

Community Health Centres work collaboratively to reduce disparities

[Community Health Centres](#) provide another model of how those in the health sector can work together with communities to move upstream to create health. The [Urban Health Framework](#) of the Greater Toronto Area CHCs recognizes that disparities in the health of people and communities in urban settings is a growing concern within the GTA. The report defines these issues and provides a framework to guide proactive, collaborative responses and approaches for CHCs, that is based on a social determinants of health approach.

These developments indicate that the social determinants of health are moving from a subject of debate to a way of taking action in an entire sector to initiate change.

However, there are still challenges, and even barriers, in agencies and organizations in convincing co-workers, management, boards and the community to work to create access to the social determinants of health.

Where does your organization or group fit in?

To meet the challenge, you must be aware of where you fit in. This involves understanding the nature and structure of your organization or group, including your relationship with co-workers, management, the board, and the community. With this understanding, you will be better prepared to take up the suggested actions in the **Primer to Action**.

[The Change Management Toolkit](#) is a portal leading to many resources to help you understand where you fit in. In Ontario, those who are working to promote health in their communities can use the [Ontario Health Promotion Resource System](#), a network of resource centres offering consultation, training, information and resources to help build capacity among health and community workers.

The chart that follows gives you an easy to use checklist to help you initiate action on the social determinants of health in your agency, organization, or group and begin to engage your community in the process of change.

| | Co-Workers | Management | Board | Community |
|---|---|---|---|---|
| How do you engage your agency in understanding the importance of working on the Social Determinants of Health (SDOH)? | <p>Clip and post articles about SDOH</p> <p>Bring SDOH up at staff meetings</p> <p>Suggest a Lunch & Learn</p> | <p>Indicate interest found in the community and among staff about SDOH</p> <p>Cite agency research and statistics, e.g., Access Alliance</p> <p>Ask about agency policy on SDOH</p> | <p>Check the Mission and Mandate of the Agency/Health Unit/Department</p> <p>Check the priorities of the funders.</p> <p>Attend Board of Health/Council/Annual General Meetings</p> <p>Annual Reports, e. g. United Way of Windsor Essex County</p> | <p>Find out what organizations or coalitions are working on the SDOH</p> <p>Link those organizations/coalitions to your agency through networking</p> <p>Census information</p> <p>Epidemiology, e. g. Sudbury District Health Unit</p> |
| How do you involve groups and coalitions in your community to encourage work on SDOH? | <p>Map the groups in your community with co-workers, using Asset Mapping strategies</p> <p>Use community development strategies to mobilize community</p> | <p>Present Community Mapping results to Managers and Management Team</p> <p>Seek support for greater participation by community groups</p> | <p>Invite members of community groups and coalitions to attend your Board meetings</p> <p>Encourage community members to volunteer for Board committees and task forces</p> | <p>Join and become active in community groups and coalitions</p> <p>Link the groups and coalitions with others through networking</p> <p>Write letters to the newspapers</p> <p>Health Nexus</p> <p>Ontario Health Promotion Resource System</p> <p>Ontario Public Health Association</p> <p>PHAC Resources</p> |
| Who can help you in your agency and/or in the community? | | | | <p>PHAC Resources</p> |

Income

Adequate Income and Health

We need money to help us secure housing, food, clothing, transportation, cultural and recreational opportunities and all the other things we need for a healthy life in society. Adequate income creates opportunities for positive life chances, including healthy choices. Inadequate income denies such opportunities. We also need just taxation and transfer policies to close the gap between the rich and the poor. And we need strong advocacy groups in society to work towards adequate income for all.

Poverty linked to poorer health

“Poverty is most commonly understood to be either absolute: lack of ability to sustain basic needs – food, shelter, clothing; or relative: in relation to the standard of living at any given time in a society,” said Uzma Shakir, Atkinson Fellow and former executive director of South Asian Legal Clinic of Ontario, in an April 19, 2008 forum in the [Toronto Star](#)

Over the years, studies have shown that there is a strong link between income and health, and that societies with a great distance between the rich and the poor are not healthy societies. The small percentage of the population at the top of the income and wealth scale is healthier and lives longer than the larger percentage of the population at the bottom. And in societies where this gap is wider, the health of all its members suffers, not just that of those who are poorest. So unequal societies are also unhealthier societies.

In May 2008 Census Canada reported in [The Daily](#) that: “Between 1980 and 2005, median earnings among the top 20% of full-time full-year earners increased by 16.4%. In contrast, median earnings among those in the bottom one-fifth of the distribution fell 20.6%.”

The spread between the very rich and the very poor grew 37% wider over the last twenty five years, bringing with it negative health consequences.

Dr. David McKeown, Medical Officer of Health, Toronto, explained how that works in the April 19, 2008 forum in the [Toronto Star](#): “Compared to people with higher incomes, people living in poverty have: less access to nutritious food and physical activity; more exposure to pollution; more infections; more heart disease, diabetes, mental illness and cancer; smaller babies; and shorter lives. These health impacts of poverty are preventable. Eliminating poverty is the best medicine money can buy.”

People who are poor go without *the basics* of life

Along with negative health impacts, lack of adequate income challenges individuals and families in many ways. The [Daily Bread Food Bank](#) in Toronto lists 10 basics that poor people often do without:

1. Regular savings of at least \$20 per month
2. Fresh fruit and vegetables every day
3. Meat, fish, or vegetarian alternative every day
4. A small amount of money to spend each week on oneself

All workshop participants identified poverty as a key barrier to preventing chronic disease

When you have to choose between having a roof over your head and putting food on the table, how can you make healthy choices

When you depend on a food bank, how do you eat 5-10 servings of fruits and vegetables every day?

When you have to work three jobs to survive, how can you keep your stress levels down?

5. Replacing worn out furniture
6. Appropriate clothes for a job interview
7. Being able to get around in the community either with a public transit pass or, in smaller centres, a car
8. Having at least two pairs of shoes
9. Able to buy modest presents for family members at least once a year
10. At least two good meals a day for adults.

Inadequate income has profound effects on those who live in urban areas, but also those who live in rural areas. Lack of public transportation makes the search for the basic things in life – jobs, housing, food, medical care, social, recreational and cultural opportunities – a constant challenge. And physical distance often creates social distance in rural communities.

Some groups are more likely to be poor than others

Aboriginal poverty came sharply in focus in the May 2008 report of the Auditor General of Canada, in the chapter on the [First Nations Child and Family Service Program](#). The racialization of poverty, including the challenges facing immigrants and refugees in finding decent employment, was also a focus in the May 2008 Census Canada report on [Income and Earnings](#): “In 1980, recent immigrant men who had some employment income earned 85 cents for each dollar received by Canadian-born men. By 2005, the ratio had dropped to 63 cents. The corresponding numbers for recent immigrant women were 85 cents and 56 cents, respectively.”

Adequate income is a central factor in producing healthy individuals, families, and communities. Inadequate income can be the pathway to disease, including chronic disease.

Adequate Income and Chronic Disease

The [Chronic Disease Prevention Alliance of Canada](#) in its April 2008 report highlights poverty and its links to chronic disease. Based on solid evidence, the report makes recommendations for action that cover a range of determinants, including income supports, housing, food, health equity and others. The report also highlights that there is increasing recognition at various levels that addressing health disparities needs to become a priority.

Low income linked to greater risk factors for disease

[“The Growing Burden of Heart Disease and Stroke in Canada 2003”](#) by the Heart and Stroke Foundation of Canada shows some of the striking relationships between proximal risks of chronic disease and income in Canada:

Smoking

Percentage of the General Population Aged 15+ Years Who Were *Daily Smokers*, by Income Adequacy and Sex, Canada, 2001

- Low Income 26%
- High Income 18%

Physical inactivity

Percentage of Adults Aged 12+ Years in the General Population Who Were *Physically Inactive*, by Income Adequacy and Sex, Canada, 2000

- Low income 60.4%
- High Income 45.8%

Unhealthy weight

Percentage of Adults Aged 20-59 Years in the General Population Who Were *Overweight*, by Income Adequacy and Sex, Canada, 2000

- Low Income 44.7%
- High Income 49.4%

Unhealthy diet

Percentage of the General Population Aged 12+ Years Who *Consumed Less Than the Recommended Daily Amount of Fruits and Vegetables*, by Income Adequacy and Sex, Canada, 2000

- Low Income 66%
- High Income 59.8%

Find out more

- The Public Health Agency of Canada has an excellent summary of the relationship between income and health, called [Income Inequality as a Determinant of Health](#). They cite a study in Montreal that examined the relationship between neighbourhood income, place of residence on the island of Montreal and health status. Montreal ranked worse than most major Canadian cities in all aspects of health status. The study concluded that health status would only be improved by balancing the income inequality.
- Income, Income Distribution, and Health are covered in two chapters of [The Social Determinants of Health: Canadian Perspectives](#). "Income and Income Distribution" by Ann Curry-Stevens traces the development of income inequality in Canada, with a particular reference to the taxation policies, influenced by neo-conservative ideas, which have further imbalanced income among Canadians. "Income and Health in Canada" by Nathalie Auger, et. al. examines in depth the Montreal study cited by the Public Health Agency of Canada.
- [Census Canada](#) publishes comprehensive information and studies about income, income inequality, and the relationship of income to other factors. Census 2006 is useful in detailing the situation in every region of the country. The table on [Median Earnings by County in Ontario](#) is particularly useful.
- The [growinggap.ca](#) is an initiative of the [Canadian Centre for Policy Alternatives'](#) Inequality Project, a national project to increase public awareness about the alarming spread of income and wealth inequality in Canada.
- [25-in-5: Network for Poverty Reduction](#) is a multi-sectoral network comprised of more than 100 provincial and Toronto-based organizations and individuals working on eliminating poverty. They have organized around the call for a Poverty Reduction Plan with a goal to reduce poverty in Ontario by 25% in 5 years and 50% in 10 years.
- In September 2007 the Colour of Justice Network announced the launching of the [Colour of Poverty Campaign](#) - a province-wide community-based effort to help raise public awareness about the serious problem of poverty within the racialized communities of Ontario. Colour of Poverty Campaign partners have developed a series of ten [Fact Sheets](#) addressing different aspects of racialized poverty and its negative impacts on education & learning, health & well-being, employment, income levels, justice and policing, immigration and settlement, housing and homelessness and food security in Ontario.
- The [Health Equity Council](#) is a community based organization in the Greater Toronto Area, engaging in advocacy, research, organizational change, capacity building, community

partnerships and collaborations that enhance diversity, equity and inclusion in all facets of health and wellness.

- British evidence of the income and health relationship appears in [“Income inequality and mortality: importance to health of individual income, psychosocial environment, or material conditions.”](#) This examines the income and health issue through various interpretations: the individual income interpretation, the psychosocial environment interpretation, and the neo-material interpretation which looks at the accumulation of negative exposures and experiences resulting from low income.
- [“Health, Income, and Inequality by Angus Deaton”](#) is a brief but thorough look at the issue from a number of perspectives, using data from the United States, Britain, South Africa, among other countries.
- The [Canadian Index of Well Being](#) project, housed at the Atkinson Foundation, uses income, along with other factors, to present a comprehensive view of the well being of Canadians. They are drawing on experts from across the country to establish factors in the Index. It will be available in the near future.
- The World Health Organization(WHO) has established a [Commission on the Social Determinants of Health](#) that will support research, investigation, and publication on the SDOH, including income. They are working on [case studies of best practice](#) among groups focused on SDOH. [WHO Europe](#) has an excellent set of fact sheets on SODH, as well.

Learn from them

- [Can a health unit take action on the social determinants of health?](#) This article about an initiative of the Leeds, Grenville and Lanarck District Health Unit describes the experience of one health unit that brought together nearly 80 community organizations to embark on a Health Improvement Plan to address the determinants of health.
- The Haliburton, Kawartha, Pine Ridge District Health Unit has developed a new [poverty and health site](#), with links to grass roots projects in central Ontario. [Child Poverty: A Problem We Cannot Afford](#) is particularly interesting resource.
- [Health and Income Options](#) is a British Columbia grass roots organization, dedicated to advocacy for adequate income. There are local advocacy groups like this across the country. They can help you advocate for your own income entitlements, but they also advocate for adequate income for all.
- [The Association of Ontario Food Banks](#) is launching a campaign to draw attention to income disparities as a threat to health. Although the Association supports the work of dozens of local food banks, making them more efficient and effective, it has become a major advocate for adequate income, with a regular set of policy papers urging government to take action.
- Coalitions Against Poverty are working in [Ontario](#), [Peterborough](#), [Halifax](#), and [British Columbia](#), with multiple approaches to advocacy for adequate income. These local groups, organized by advocates and activists, mount campaigns to focus public attention on the needs created by low income, and the government policies and programs necessary to provide those needs.
- [Lets Keep Kids out of Hospital](#) of the Childrens Hospital of Eastern Ontario created print and video resources to explore the relationship of income and health, especially as it applies to children. This is a great example of a major health institution creating resources for activists to understanding the negative health impact of low income, with suggestions for action.

- The [Coalition of Community Health and Resource Centres in Ottawa](#) develops advocacy positions on the SDOH, including work with income equity. They produce fact sheets, questions and answers on issues, and ways for people to get involved.
- The [National Anti-Poverty Organization](#) has launched a campaign to involve young people in advocacy to prevent and alleviate poverty among youth. They continue to campaign for a raise in the minimum wage across the country, to cap and reduce the cost of post-secondary tuition, and to ease access to employment insurance.
- [Kairos: Canadian Ecumenical Justice Initiatives](#) provides funds for low income groups who promote social justice by actions that attack and seek to overcome the causes of poverty, encourage community participation to help low income people to gain more control over their lives, facilitate awareness of social justice causes, and support alternate economic development strategies, such as co-ops.
- [PovNet](#) provides a comprehensive list of community-based advocates working to reduce poverty in Ontario.

What you can do in your community

The Federal, Provincial, and Local Governments, provide income entitlements to Canadians. Non-governmental organizations develop advocacy positions to ensure that everyone has an adequate income. You can take action in your community, as an individual or together with others. **Primer to Action** will help get you started.

| | Federal | Provincial | Local | Organizations |
|--|--|---|---|---|
| What role does each play to make sure that everyone in society has an adequate income? | Income Assistance for All Canadians Old Age Security Guaranteed Income Supplement Canada Pension Plan Other Canada Benefits Programs | Ontario Works Ontario Disability Support Program | Municipal Social Services in your City or Township, e. g. Toronto Social Services | Income Security Advocacy Centre Advocacy Centre for the Elderly Campaign 2000 to End Child Poverty in Canada Centre for Social Justice |
| Who needs to be influenced to make sure that everyone in society has an adequate income? | Senators and your Member of Parliament | Members of the Ontario Legislature, with links to their political parties and the Standing Committee on Social Policy | Municipal Councilors and Committee on Social Services, e. g. Toronto | Kairos Anti-Poverty Program |

| | | | | |
|--|---|--|--|---|
| <p>Who can be your allies in reaching those you need to influence?</p> | <p>Service Clubs in your area, e. g. Rotary Club of London</p> <p>Local Newspapers, e. g. Thunder Bay Source</p> | <p>Community Engagement with Local Health Integration Networks</p> <p>Ontario Council of Agencies Serving Immigrants</p> | <p>Local Health Units</p> <p>Local Boards of Health</p> | <p>Social Planning groups</p> <p>Ontario Healthy Communities Coalition</p> |
| <p>What actions can you take to make sure that everyone in society has an adequate income?</p> | <p>Find out if you're receiving all of your Federal entitlements by searching the websites and talking to Advocacy Centres</p> <p>Write Senators and your Member of Parliament to indicate your concern about the relationship between adequate income and health</p> <p>Join the actions and sign one of the many petitions about income and health, e. g. Campaign 2000</p> | <p>Find out if you're receiving all of your Provincial entitlements by searching the websites and talking to Advocacy Centres</p> <p>Write Members of the Ontario Legislature to indicate your concern about the relationship between adequate income and health</p> | <p>Find out if you're receiving all of your Municipal entitlements by searching the websites and talking to Advocacy Centres</p> <p>Write your Municipal Councillor to indicate your concern about the relationship between adequate income and health</p> | <p>Does your agency or organization have a policy to advocate for adequate income? Ask your supervisor or manager and indicate your support.</p> <p>Do the faith, social, and community groups you belong to have policies to advocate for adequate income? Ask the officials and indicate your support.</p> <p>Join and support national, provincial, and local advocacy groups.</p> |

Education

Education and Health

Education is seen universally as a necessary condition for personal and societal success. Without at least basic education, it is not possible for an individual or a society to realize his/her/its full potential.

The amount of education required to achieve social competence rises as a culture becomes more technical and sophisticated. While there is anecdotal evidence of people with little education who have prospered, level of education is highly associated with earning power and job satisfaction throughout life, which in turn impacts on mental and physical health. Social class, along with gender and ethnicity, mediates [access to education](#). This supports an intergenerational trend in educational success: parental education is the best [predictor](#) of a child's education.

Traditionally, education was a childhood occupation, a preparation for adult productivity. It was a privilege: in many parts of the world it still is. In Canada, education became mandatory over a hundred years ago. Building a school and hiring a teacher was often the first or second priority of a developing community, and the school was the heart of the community. Education was a local responsibility, funded by land taxes and directed by locally elected trustees. Standardization was managed by provincial legislation and regulation.

Diversity and our education system

A story shared by a workshop participant

Sometimes teachers need education – even in neighbourhoods that don't have many people living in poverty, kids may need to work to help support themselves. It is not helpful to fail them or to tell them that if they really believed in getting an education they wouldn't work, and neglect their studies.

The accommodation of diversity has always been an issue in Canada's immigration-based development. Initially it was accommodated to some extent with some choices about directing tax dollars to ['private' schools](#), most commonly those based in another language of instruction – French schools – or religion – Catholic schools. More recently, there has been a push for further accommodation by allowing [charter schools](#), autonomously managed schools designed to reflect the priorities of the particular community that creates and runs the school, to be publicly funded. In Toronto in January 2008, after heated debate, the decision was taken to establish an [all-black school](#).

Dramatic changes in Ontario left many students *falling through the cracks*

Some of this tension about diversity was created or exacerbated by moves taken by the Ontario Conservative government under Mike Harris in the late 1990s to harmonize education across the province. To address a concern that Ontario students were purportedly failing to acquire basic literacy and numeracy, the Harris government moved responsibility for education from the municipal to the provincial level of government, introduced a funding formula designed to increase the efficient use of all education resources, significantly changed curriculum requirements to increase focus on basic academic skills over other approaches to learning, introduced mandatory student testing to identify under-performing schools, and initiated procedures for testing teacher competence, among other things.

These changes were implemented suddenly and harshly, with little time for teachers, administrators, students, parents and communities to react. The consequences were far-reaching, perhaps most notably in changing the relationship between the community and its schools. Where schools had

been the heart of the community, they now became a separate enclave, almost a gated community in which the public was less welcome. Schools were required to charge for use of the facility as part of the school budget, which was generally unaffordable to the community. While there has been some correction for rural schools, this continues to be a challenge for some urban communities, as, for example, Toronto's current decision to close public swimming schools that are located in schools.

Many schools were slated for closure because they were deemed fiscally inefficient; others have suffered from the accumulation of inadequate maintenance. Teacher morale was devastated by repeated displays of disrespect for their professionalism. Many teachers took early retirement. Many parents who had the time and energy looked for alternative education for their children. There was wide-spread concern that the public school system was being systematically gutted.

Many students who were not academically inclined found school increasingly challenging. Teachers were experiencing heavier work loads and had less time to help struggling students. They also had less time and inclination to support extra-curricular activities, further reducing opportunities for non-academic students to develop a positive engagement with school life.

Parents were expected to help their children with mandatory homework, starting in kindergarten, in an unfamiliar curriculum. A student's inability to perform to expectations in the standardized testing may have been seen as potentially jeopardizing the very existence of a school in a very judgmental environment.

Healthy schools are linked to a healthy community

The health of the public school system has far-reaching impact on the health of the community. The mental health of children is undermined when they must attend a school they hate and/or where they fail and/or with which they do not feel a positive connection. The health of parents is undermined when they worry about the physical, social or mental health of their children in the institution in which they spend most of their waking hours. This is made worse if they feel at odds with the school, or powerless to influence what happens there.

Many families struggle to find time and the expertise they need to help their children with mandatory homework. Given the connection between education and socioeconomic status, the children who are most likely to need help are also most likely to live in families that are least equipped to help them. For people whose first language is neither English nor French, educational attainment can be a challenge, not only for children in the school setting, but also for parents in the lack of familiarity and ease in interacting with the school system.

Alternately, a [healthy school environment](#) that gives all members of the school community and the outside community the feeling of belonging nurtures physical and emotional health.

Importance of early years now widely accepted

The acknowledgement of the importance of education to personal and societal success has led to an increased focus on [early years education](#). This may be more challenging by the growing number of working parents who have to share the care of their child with others in order to earn a living.

It is now generally accepted in Western society that the [first few years of life](#) sets the stage for subsequent learning and success. This increases the pressure on parents to 'do it right'. Canada provides Employment Insurance [Maternity benefits](#) for one year after the birth of a child for parents who [qualify](#). The need for subsequent child care has led to pressure for child care to be more broadly available, better monitored for quality, more affordable and more accessible, accommodating both geographic logistics and parental work schedules. Need greatly outstrips [supply](#), with the result

that many children do not get the care their parents would wish for them, or that optimizes their development.

Education linked to economic success

There has always been tension between getting an education as an investment in the future, and making an economic contribution in the present. As the economic base shifts toward activities that require more education and frequent changes in the skills and knowledge required, we have learned to embrace the need for [life-long learning](#).

Canadians are relatively well educated: a 2003 StatsCan study found that 58% of adults aged 16 to 65 had the necessary [literacy](#) to manage most everyday reading requirements, but the proportion had remained stable over the previous nine years. An exhaustive analysis of the results of the 1998 [Adult Education and Training Survey](#) teased out the complexities of adult education, finding that adult learning in Canada is heavily weighted toward those who are already well educated, one contribution to Canada having the highest level of postsecondary completion in the OECD.

Who is responsible for education in Ontario?

Responsibility for education is spread among several government departments. [The Ministry of Children and Youth Services](#) is responsible for pre-school services, including day care. [The Ministry of Education](#) develops the curriculum for elementary and secondary schools, determines criteria for student diplomas and certificates, and provides funding to all public and Catholic school boards to run elementary and secondary schools. [The Ministry of Training, Colleges and Universities](#) supervises and funds academic and skills training beyond secondary schools. Employment related services, including apprenticeship training (as well as Child Tax Benefit and some other funding programs for families with children) is a federal jurisdiction managed through [Service Canada](#).

Education and Chronic Disease

Lower education level linked to greater risk factors

"The Growing Burden of Heart Disease and Stroke in Canada 2003" by the Heart and Stroke Foundation of Canada lists the following proximal risk factors for chronic disease by level of education:

Smoking

- % of Population Aged 15+ Years Who Were Daily Smokers
 - 22% with less than secondary education
 - 14% with post-secondary degree/diploma

Physical inactivity

- % of Population Aged 12+ Who Were Physically Inactive
 - 54.5% with less than secondary education
 - 51.9% with post-secondary degree/diploma

Unhealthy weight

- % of Population Aged 20-59 Years Who Were Overweight
 - 54.7% with less than secondary education
 - 45.7% with post-secondary degree/diploma

Unhealthy diet

- % of Population Aged 12+ Who Consumed Less Than the Recommended Daily Amount of Fruits and Vegetables
 - 64.3% with less than secondary education
 - 59.5% with post-secondary degree/diploma

Find out more

- [Education as a Determinant of Health](#) – will help you learn more about how education and health relate to each other.
- [Best Start Resource Centre](#) offers services and resources to initiate or support local maternal, newborn and child health promotion/programs. They also participate in research projects with other organizations.
- [Settlement Workers in Schools \(SWIS\)](#) is an outreach program involving settlement agencies, Boards of Educations and Citizenship and Immigration Canada. There are six programs in Ontario that assist newcomers and their families with settlement and promote student achievement.
- [Toronto First Duty](#) is a universal early learning and care program model for every child that simultaneously: meets the developmental needs of children to ensure they reach their full potential, supports parents to work or study, supports parents in their parenting role.
- Parents of children with behavioural, communication, intellectual, physical or multiple exceptionalities need to ensure their children's successful transition to elementary school. These childrens' educational needs cannot be met through regular instructional and assessment practices. Such students may be formally identified as "[exceptional pupils](#)" and access special programs.
- Before taking courses or skills training, newcomers to Canada will need to have their academic documents evaluated. [Settlement.org](#) will direct you to a source to have your documents evaluated for work or additional study at a secondary school, community college or university.
- Many recognized Canadian community colleges or universities offer [distance education](#) opportunities. These Internet courses provide the opportunity to study at home, at a time that is convenient to the individual.
- Some secondary school courses offer job related experiences called "[Co-op](#)" that permit students to earn credits through work experience while they are still in school full time.
- [Apprenticeship](#) is practical training that may begin in high school. Many occupations in the skilled trades, construction, auto sector and service sector require training and licensing that combines classroom courses with on-the-job training. Apprentices are paid while they learn and their wages increase with experience.
- [The Ontario Youth Apprenticeship Program](#) allows secondary students in grade 11, who are at least 16 years of age, to begin to work toward a skilled trade while they complete their high school diploma.
- Adults who want to complete their high school diploma have various opportunities. [General Educational Development](#) (GED) testing allows adults to show that they have the skills and knowledge equivalent to a high school diploma. GED Tests are available in all Canadian provinces and territories, in all of the United States, and in several other countries. In 2002, more than 1,000,000 adults worldwide completed the GED Tests.

- [The Independent Learning Centre \(ILC\)](#) provides opportunities for home study. Ontario residents can earn secondary school diploma credits, upgrade basic skills, or study for personal development. ILC also offers an elementary program for children temporarily living outside Canada.
- [Private Career colleges](#) are independent businesses that provide postsecondary training and courses as an alternative for the community colleges or apprenticeship training. These courses provide opportunities for those individuals who require specific work skills to enter the labour market as quickly as possible.
- [Post Secondary Access Partnership](#) is a new initiative to actively encourage high school students from Aboriginal, low-income and first-generation families to attend college or university and direct them to available financial support

Learn from them

- Some children adjust to school easily, for others it is more difficult. [The Kindergarten Intervention Project](#) (KIP) of the Peel District School board helps these students and their parents to make a successful transition to school.
- Libraries can provide early reading programs and help parents support their children's developing literacy skills. The Brampton Public library offers [Babies in Playland](#) in partnership with the Ontario Early Years Centre.
- Selecting appropriate high school courses is important. [People for Education](#) has a tip sheet to assist parents and students in planning their secondary program.
- [The Pathways to Education Program™](#) was first created and implemented in Regent Park by the Regent Park Community Health Centre. Their Mission is to ensure that young people from at-risk and/or economically disadvantaged communities achieve their full potential by getting to school, staying in school, graduating and moving on to post-secondary programs. The program is being implemented other Toronto neighbourhoods, Ottawa, Kitchener, and Montreal.
- Schools can partner in developing students' health education. [The Ontario Healthy Schools Coalition](#) explores approaches to school-based health promotion based on Canadian models, as well as others used in Europe, Australia and the United States. These models encourage all key stakeholders in schools to work together to ensure that students receive health and physical education, access to health and other needed services, and a health-promoting social and physical environment.
- The traditional high school environment is not for everyone because of specialized needs or schedules. [The Ottawa Carlton E-School](#) is an Internet based flexible alternative that allows completion of high school courses online.
- The [Ministry of Training, Colleges and Universities' Literacy and Basic Skills \(LBS\) Program](#) provides literacy, numeracy and essential skills services that help learners achieve their goals related to further education or training, employment or independence.

What you can do in your community

In Canada there is no national government body responsible for education. The Provinces and Territories have constitutional jurisdiction over education; the Federal role provides transfer payments to support them and assists with individual savings plans specific to education and training. **Primer to Action** will get you started.

| | Federal | Provincial | Local | Organizations |
|---|--|---|---|---|
| What role does each play in ensuring that <u>your child</u> will have an appropriate education? | Registered Education Savings Plans (RESP) Canada Education Savings Grant (CESG) Canada Learning Bond (CLB) | Elementary & secondary curriculum Apprenticeship The Loans for Tools Program Ontario Colleges Program Locator The Ontario Student Assistance Program (OSAP) | The District School board Your local school principal and teachers | School Councils The Learning Disabilities Association of Ontario |
| What role does each play to ensure that <u>you</u> have an appropriate education? | The Lifelong Learning Plan Workplace Essential Skills Training | Literacy and Basic Skills | Skilled Trades Apprenticeship Training | Infusion Angels and Microsoft |
| Who can be your allies in reaching those you need to influence? | Job Start Mentor | The Provincial Parent Board | Find an Interpreter The board's Special Education Advisory Committee (SEAC) | Immigrant services, Kingston & Area People for Education |
| What actions can you take to help ensure that everyone in society has an | Become involved in national educational issues through the Canadian Home and | Stay informed about school issues by requesting - mail communications from the Ontario | Make early and positive contact with your child's teacher. Visit the school or phone the teacher with | Join the Ontario Provincial Education Network Advocate for Policies and programs to support the public |

| | | | | |
|------------------------|--|---|--|---|
| appropriate education? | <u>School Federation</u> | <u>Association of Parents in Catholic Education</u> <u>Join the Ontario Federation of Home and School Associations</u> | any questions or concerns Remain informed about local issues and attend school council or board meetings. | education system, to ensure that it remains accessible to the most needy. |
|------------------------|--|---|--|---|

Employment

Employment and Health

We get more than money from the work we do in the world. Other rewards include a sense of accomplishment, belonging, satisfaction, and fulfillment, if society honours and respects the paid and unpaid work we do. We need to feel safe and secure in our workplace, and paid an appropriate amount for the value we contribute. We need to be recognized for the unpaid work we do in our families and communities. While housework and community volunteer work are typically unpaid and under-appreciated, they remain essential for our survival and quality of life.

Work as a basic human right

[The United Nations Declaration of Human Rights](#) indicates the importance of work by enshrining it as a basic human right: “Everyone has the right to work, to free choice of employment, to just and favorable conditions of work and to protection against unemployment.”

Work contributes to material well being when it provides an adequate income to live on. It is the great social connector by breaking down the barriers to inclusion and generating the social cohesion necessary for an equitable society. Importantly, work contributes to personal health in many ways, according to the [Goodwill Community Works Report, June 2006](#).

Having a job is good for our health

Evidence from the [Second Report on the Health of Canadians](#) indicates that employment has a significant effect on a person's physical, mental and social health. Paid work provides income, a sense of identity and purpose, social contacts and opportunities for personal growth. When a person loses these benefits, the results can be devastating to both individual and family health. Unemployed people suffer significantly more health problems than people who work.

Employment is linked to education; levels of education influence employment opportunities and income, which in turn influence housing, transport, community participation and many other determinants of health.

Unemployment, precarious work and employment insecurity produce financial hardships, increased health risks and greater social isolation, according to Dennis Raphael in [Social Determinants of Health: Canadian Perspectives](#).

Less than adequate income from employment is also a concern. Current statistics indicate that 374,000 families and 477,000 individuals that are full time wage earners are poor in Canada. Despite working part-time or shift work, many more are still unable to make ends meet. Communities throughout the world have begun to lobby on behalf of these “working poor” through initiatives such as [Living Wage Movements](#).

“Employment, decent wages and working conditions and the construction of a basic

“For one month, the total they paid me was \$526.”

(Sharif, works 10-12 hours per day as a courier)

“You don’t sleep well at night. You don’t eat. There’s stress. It takes a big effect on your physical and mental health.”

(Andrew, about work at a temp agency)

“A lot of employers are delighted to hear that you have no papers, because they can overwork you.”

*From The Colour of Poverty campaign:
www.colourofpoverty.ca*

social protection system reduce poverty, insecurity and inequality for individual workers and their dependants," according to the [International Labour Organization](#) in a report to United Nations Conference on Trade and Development.

Working *conditions* influence our stress levels... and our health

Although having a job is generally better for health than being unemployed, stress at work can affect health. At the Social Determinants of Health Across the Life Span Conference in November, 2002, Andrew Jackson identified the following [working conditions](#) as central to a healthy job:

- job and employment security
- physical conditions at work
- work pace, control and stress
- working time (number of hours)
- opportunities for self-expression and individual development at work
- participation and relationships at work
- work-life balance

Contingent work arrangements may negatively affect workers' health. More than one-third of the employed labour force in Canada now works part time, under short-term contract, or in other "non-standard" working arrangements. The [Workers Action Centre](#) has various reports and resources that show the growing incidence of precarious employment, the impact of these on people's lives, and the need to expand the scope of labour laws.

The health consequences of unemployment

Job loss contributes significantly to depression, anxiety, panic and increased substance abuse, according to the [Goodwill Community Works Report](#). These effects can be relatively long lasting, not immediately regained by finding work. [Statistics Canada](#) tells us that: "Unemployed people tend to experience more health problems. Long-term unemployment could extend ones' susceptibility to poor health."

Who is more likely to be unemployed?

[The Canadian Mental Health Association](#) indicates that people "with a serious mental illness face the highest degree of stigmatization in the workplace, and the greatest barriers to employment."

The [Employment Conditions Knowledge Network](#) indicates that, while there are difficult health consequences of unemployment for both men and women, early unemployment can have lasting negative effects for later employment, particularly a pattern of accumulated unemployment from age 16 until age 30.

Underemployment—especially hard for recent immigrants to Canada

Underemployment and [work stress](#) are also linked with poorer health. Sources of workplace stress include poor support from colleagues or supervisors, job insecurity and demanding work. More highly educated workers report lower levels of stressors than less-educated workers, according to the [Institute for Work and Health in Ontario](#).

Many young Canadians and recent immigrants with high levels of education are seriously under-employed in peripheral jobs, according to a paper prepared for the [Public Health Agency of Canada](#). They have little access to training on the job that provides opportunities for advancement to more challenging and rewarding work. A lack of investment in training tends to perpetuate routine, low-skill employment and poor working conditions. Recently released [Census data](#) indicate that the

challenges facing young Canadians and recent immigrants are deepening. The [Colour of Poverty](#) campaign shows how employment conditions and practice contribute to the racialization of poverty.

The [Toronto Region Immigrant Employment Council](#) notes that immigrants face many barriers to gaining employment in the Toronto area. These include:

- difficulty obtaining Canadian work experience,
- a lack of information about employment opportunities/requirements
- workplace communication skills
- too few targeted training programs to bridge gaps in qualifications
- challenges in recognizing international education, training, and experience.

The assessment and recognition of the education credentials of [foreign-trained workers](#) is of growing importance in Canada. An accurate understanding and evaluation of the skills, knowledge and experience of foreign-trained workers enables these workers to find jobs where their preparation can be used to full advantage.

Employment and Chronic Disease

[Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities](#), published by the Ontario Chronic Disease Prevention Alliance, reports the following on the relationship between employment and chronic disease:

- Being employed and feeling secure in your job are related to positive health outcomes for individuals in general
- Employment has a significant effect on health by providing money, a sense of identity, social contacts, and opportunities for personal growth
- Globalization, slow economic growth in the 1970s and recessions in 1980s and 1990s led to restructuring of work that has impacted the health of individuals
- The workforce has been restructured to incorporate more temporary, part-time and contract positions rather than full-time permanent positions
- Only about 50% of all working Canadians are in a full-time permanent job that they have had for more than 6 months (Tremblay, Ross, & Berthelot, 2002)
- Thus, half of Canadian workers are 'precarious workers' with limited job security and no employer-financed access to private health insurance
- Precarious employment is a source of stress due to lack of income and meaningful work, uncertainty of the future, and its potential to undermine social support networks (World Health Organization, 1999)
- Working longer hours has been linked to high blood pressure and CVD, and moving to longer working hours can have negative impacts on certain proximal risk behaviours, including smoking, drinking, and poor diet (Statistics Canada, 1999b)
- Many Canadians, especially women, work numerous hours in unpaid work within the home, providing child and family care, and maintaining the household. More than one third of women aged 25-44 years who work full time and have children at home report that they are severely stressed (Jackson, 2002).

Find out more

- New immigrants are the key to our continued economic and labour force growth, yet low income rates among this group are more than three times higher than for people born in Canada. Despite high educational credentials and skills, current newcomers experience a sharp decline in living standards when compared with immigrants from past decades ([2007 Report Card on Child and Family Poverty in Canada](#)).
- 70% of newcomers who tried to enter the labour force identified at least one problem with the process, such as transferability of foreign qualifications, lack of contacts and language barriers. In comparison 38% of immigrants trying to find suitable housing and 40% of those pursuing further education or training encountered at least one obstacle, according to [The Longitudinal Study of Immigrants to Canada \(2001\)](#).
- Many full-time workers in Canada are poor, because the minimum wage is not high enough to meet basic needs in a society with rising housing and living costs. Many low-wage jobs have no health or other benefits, especially jobs for women, according to the [Canadian Research Institute for the Advancement of Women](#).
- The shift to more educated and skilled class immigrants changed the face of the chronically poor over the 1990s. In Canada, during this period, that demographic increasingly looked like highly educated, skilled immigrants. In the 2000 cohort, one-half were in the skilled class, and more than one-third had degrees, according to [Chronic Low Income & Low Income Dynamics among Recent Immigrants](#). The recently released [Census](#) indicates that the trend has shifted dramatically, with highly educated and skilled immigrants failing to find decent work at decent wages.
- Success and satisfaction in the workplace requires continual renewal. People may change jobs several times in their lives and need to acquire new skills. The Ontario Literacy Coalition notes in [Workforce Literacy](#) that the demand for higher literacy skills has increased even in jobs where these skills don't seem vital.
- The [Ontario Literacy Coalition](#) also says that beyond reading, writing, and math activities, the workplace requires oral communication, using technology, critical thinking and solving problems. The [Conference Board of Canada](#) notes that employees and the self-employed need positive attitudes and behaviours, adaptability, working with others and social skills.
- While Canadians have never been better educated, skill levels among older workers sometimes fail to keep up with increased demands. When older workers either discontinue or fail to upgrade certain work related skills, 'skill loss' occurs, according to the [Canadian Council on Learning](#).
- The [Adult Education and Training Survey \(2003\)](#) found that one out of every three adult workers participated in some type of formal job-related training in 2002, accessing opportunities to continue learning and to upgrade their skills.
- A British report, developed by the [Tamkin Institute for Employment Studies, 2005](#), notes that when less-educated individuals participate in training, they are almost twice as likely to report positive outcomes, such as increased income, a promotion or a job change as their more educated peers. Workplace training opportunities in Canada still lag behind other countries. [Moving Forward on Workplace Learning](#) noted that fewer than 30% of Canadian adult workers participate in job-related education compared to almost 35% in the UK and 45% in the United States.
- Growing numbers of retiring workers may create [Labour Shortages in the Skilled Trades](#). A 2004 study, [Labour Force Ageing and Skill Shortages in Canada and Ontario](#), concludes future

skill shortages will likely impact specific industries, occupations, and locations depending on a wide variety of economic, demographic and workplace-specific factors.

- [Moving Forward on Workplace Learning](#) states that the demands and rapid transformation of the knowledge economy require frequent changes in skills requirements on the job.
- In [Competing for Tomorrow](#), the Councils of Ministers of Education cite the American Society for Training and Development and note that Canadian employers spend about US \$560 per employee annually on workplace training. This is considerably less than other OECD countries including the US, Japan and other European countries.
- Canada's youth are not well-prepared to navigate educational and career choices, or to be able to fully use the skills and knowledge they gain through education in the jobs that they find. [Connecting Supply and Demand in Canada's Youth Labour Market](#) examines key issues such as how employer demand is conveyed to students and those in the schools and community who support them and how well the skills that young people gain are used on the job.

Learn from them

- The [Ontario Skills Passport](#) gives you practical information about workplace skills, habits, tasks, and opportunities, with easy to follow directions to develop a work plan.
- Sometimes working as a [youth](#) or [senior](#) volunteer can provide useful experiences to help in an employment search or renewed energy at a particular time of life.
- Individuals uncertain about the education, training or work they want to commit to can explore the graduation and employment rates of [universities](#), [community colleges](#), and [other educational institutions](#).
- The [Youth Business Centre](#) in Toronto offers business skills development and the completion of a business plan to youthful entrepreneurs. Others can decide if [self-employment](#) is in their future.
- Searching for work can be a full time occupation. [Career coach](#) is a 37 foot mobile unit that makes scheduled stops at malls, recreation centres, libraries, and community agencies in Peel and Halton to provide career counseling and job search assistance to youth (aged 16-30) and to Canadian newcomers.
- The [Job Bank](#) provides online searches for jobs available all across Canada. It also permits employers to post available jobs.
- [The Career Bridge Program](#) operates in the Greater Toronto Area (GTA) and Hamilton. It provides internships within the Ontario Public Service for qualified, experienced newcomers who are internationally trained professionals.
- [Durham College in Uxbridge](#) provides a three-part walk-in community service that includes an Information and Resource Service, Employment Planning and Preparation, and Job Development and Placement Support for those older than 16 who are out of school, out of work and not receiving Employment Insurance Benefits.
- [Doorways](#) offers upgrading in math and reading skills for the trades at the Burlington Centre for Skills and Development. There is an open-enrolment policy and potential transportation

assistance.

- [Skills for Change](#) offers sector specific language training, computer training and job search skills to Canadian newcomers.
- [Skills Work for Women](#) is a series of networking dinners offered to students between grades 9 and 12 to provide them with networking opportunities with women working in skilled trades and technologies.
- Internationally educated professionals who want to work in Canada can learn how to get their credentials assessed through the [Foreign Credentials Referral Office](#)
- The Muskoka Nipissing Parry Sound Local Training and Adjustment Board consults with the community and publishes a yearly [Trends Opportunities and Priorities](#) document that identifies issues in the labour market and engages the community in an action plan to address them.

What you can do in your community

The Federal, Provincial, and Local Governments, along with non-governmental organizations, play roles in ensuring that everyone has access to the workforce and through safe work has the right to a legislated minimum wage. Advocacy groups protect that access and right, and also urge that employment yield an adequate income. **Primer to Action** will get you started.

| | Federal | Provincial | Local | Organizations |
|--|---|--|--|---|
| What role does each play to make sure that youth have meaningful and decent employment? | Social Insurance Number application Insurance benefits online Summer work experience Young Canada Works Youth Employment Strategy | Employment Standards Act Employment Ontario Services for Employees Young workers safety | Apprenticeships Job Connect Business Education Councils Skills Work for Youth | Ontario Council of Agencies Serving Immigrants Business & Education Partnership, Waterloo Skills Canada |
| What role does each play to make sure that adults returning to work have meaningful | Working while on maternity, parental, sickness benefits Work permits | Guide to small business Adjustment advisory program Services for Employers | North Superior Training Board | Mentoring Programs Career Edge Internships Skills International |

| | | | | |
|--|---|---|--|---|
| and decent employment? | | | | Halton Mentoring Partnership Program |
| Who can be your allies in reaching those you need to influence? | Canadian Labour Congress | Job Start Mentor | YMCA Employment Services | Maytree Foundation Peel Poverty Action Group |
| What actions can you take to make sure that <u>everyone</u> in society has meaningful and decent employment? | Write Senators and your Member of Parliament to indicate your concern about the relationship between adequate employment and health | Write Members of the Ontario Legislature to indicate your support for the Council of Ministers' recommendations for increased investment in apprenticeship programs, literacy, and workplace training | Talk to your Municipal Councilors about employment opportunities in the area, especially for marginalized people Support local organizations that create workplace training opportunities Participate in workplace professional development programs | Find out about Community Economic Development opportunities available Join your local Social Planning Council or Community Development Association Write Letters to the Editor Make you workplace more accessible to employees |

Housing

Affordable Housing and Health

We need shelter from the wind, the rain, the sun and the snow. All people need clean and safe homes in communities that create the feeling and reality of belonging. We need housing that is permanent, affordable, decent, and accessible for all if we are to realize our potential in society. The cost to our society of not providing appropriate housing far exceeds the cost of doing so, when all factors are considered, according to [Housing is Good Social Policy](#), by the Canadian Policy Research Network.

Housing, particularly in a country with Canada's climate, is essential to a [healthy life](#). Housing must be given priority, even if it means taking money for housing from other essentials, such as food and clothing, a contemporary tragedy for many Canadians.

Shifting government policies have resulted in a serious housing crisis

Historically, the Canadian government has stepped in to provide resources to the provinces and municipalities to deal with housing crises, according to [The Social Determinants of Health: Canadian Perspectives](#) by Dennis Raphael. This was true in the early 1900's, the Great Depression, the post war period, in the massive investments in large scale public housing in the 1960's, and later the creation of co-operative and non-profit housing options in the 1970's and 1980's.

No community left behind took a fragile and unsafe neighbourhood and through a process of community engagement is creating a resilient a supportive community.

However, the Canadian government retreated in 1993, as part of a movement to privatize responsibility for housing. This was one of the negative impacts of emerging neo-conservative thinking. This thinking also led to a pattern of downloading responsibilities for various functions, and housing became one of those functions.

The squabbling over who was responsible for social housing was compounded by the Not In My Back Yard (NIMBY) factor in cities and towns, which drove many projects to the outskirts where ghettoization and accessibility to necessary services became an issue. The [Wellesley Institute](#) has a complete set of reports describing the long and interesting history of attempts to solve the social housing problems of Toronto, from 1918 to 2006.

The theory that private industry would build housing to meet need was ill thought, given that business is driven by profit and the profit margin in family housing is modest. Instead, a housing crisis of monumental proportions was created across the country, especially for renters.

In the later part of the 20th century, housing insecurity and homelessness became a feature throughout the country, in both urban and rural communities. As the country entered the 21st century, it was challenged by Toronto Disaster Relief Committee to embrace the '[1% solution](#)', i.e., increasing housing investment from the current 1% of budget to 2%. Although the [Government of Ontario](#) has responded to the crisis with renewed approaches, the need remains greater than the supply.

A landmark study by Dr. Rick Glazier at the Institute for Clinical Evaluative Sciences found that diabetes rates in Toronto are higher in areas that have lower income levels, higher unemployment rates, a higher proportion of visible minorities and higher immigration rates.

Housing insecurity in rural communities

Housing challenges have a different expression in rural communities. Those at risk of homelessness may be forced to endure couch surfing, overcrowding, mold, pest infestation, lack of potable water, safe sewage, and/or safe and affordable heating rather than leave the community. The lack of visible services such as emergency shelters or subsidized housing may render their problem invisible and far down the list of municipal political priorities. Those who appeal for assistance may get 'bus therapy', a one-way ticket to a centre that has these resources.

Lack of public transportation, and inaccessibility of health and social support services, can render otherwise affordable housing unsuitable for people with low incomes. Physical capability is of greater significance when services such as garbage disposal or snow removal are the responsibility of householders. This is increasingly important as the population ages.

As with food security, there has been a surge of community and charitable responses to the housing crisis. In some cases, the programs are variations of those that have worked in developing countries. [Habitat for Humanity](#) is a perfect example. However, because of the cost of serviced land and the requirement to build with sweat equity, these strategies seem to work best for the mid-level working poor, not those mired in deep poverty.

The hard-to-house who have physical and/or mental health problems are often unable to qualify as reliable tenants. As the rich get richer and the poor get poorer, as the [2006 Canada Census](#) indicates has been happening for several decades, the impact on cost of housing drives an ever-growing proportion of the population toward housing insecurity.

The cost of heating further challenges low-income renters. The possibility of upgrades is limited by the landlord's lack of capital or motivation to make improvements. Many communities have partnered with a consortium of energy producers in the [Winter Warmth](#) project. It gives a once-only grant to low-income people in arrears with heating bills, and some assistance for improving the heat efficiency of houses.

Insecurity about housing affects health

Housing insecurity, whether for home-owners or renters, requires a consistent juggling of priorities to keep a roof over one's head that undermines physical and mental health, denies an individual or a family the opportunity to identify and address the factors that underlie poverty, and isolates them from positive community connection. Housing insecurity creates the conditions for acute and chronic illness of all sorts, and increases the ease with which infectious diseases are shared.

The shortage of housing supply, in particular rental accommodations, contributes to decline of housing quality: the tenant has little leverage to make a landlord bring a unit up to standard. Poor quality housing leads directly to poor health. It also encourages the creation of illegal units to which no standards apply, as they are 'under the radar'. A tenant cannot afford to 'annoy' his landlord without risking eviction, loss of a positive referral to a subsequent landlord, and the possibility of actual homelessness rather than a sub-standard environment.

Housing is a foundational factor in the struggle for people seeking the determinants of health.

Affordable Housing and Chronic Disease

Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities, published by the Ontario Chronic Disease Prevention Alliance, reports the following on the relationship between housing and chronic disease:

- Housing is a multi-dimensional concept. It includes the house, the physical structure and design characteristics, the home, the social and psychological characteristics, and the neighbourhood, the physical area around the house, local services, and social characteristics
- Definitive evidence exists for the following biological, chemical, and physical housing exposures in relation to ill health: lead, radon, asbestos, house dust mites, cockroaches, home safety/stairs, heating system, smoke detectors, environmental tobacco smoke, and cold/heat
- Possible evidence indicates that overcrowding, structure, housing tenure, and housing satisfaction may have health effects, but consensus has not yet been reached
- Homeless populations experience a much greater incidence of a variety of negative health conditions, and a lack of adequate housing can aggravate other problems associated with low income
- A [2007 Street Health Report](#) on Toronto's homeless confirmed the 1992 report indicating that homeless people had a much higher risk in comparison to the general population for many chronic conditions, including respiratory diseases, arthritis, rheumatism, high blood pressure, asthma, epilepsy, and diabetes

Find out more

- [Statistics Canada](#) publishes useful information and studies on families, households, and housing. This includes information on household characteristics, housing and dwelling characteristics, and living arrangements of individuals & families. The most transient of the under-housed may not be well included.
- [Perspectives on Labour and Income](#) published a comprehensive report on housing and income issues in 2002. The report indicated, among other things, that 20% of tenants spend 40% or more of their income on housing and; and that one in four tenants, lone-parent families, and lowest-income households were housed below the norms, yet they spent approximately one-third of their income on housing.
- Michael Shapcott presents an analysis of support for affordable housing by the Ontario government in "[Fourteen Cents a Day Won't Build Many Homes.](#)" "Study author Michael Shapcott says the Liberal government is spending \$669-million on affordable housing compared with \$1.4-billion that Ontario spent in 2000," according to the Globe and Mail. Shapcott indicates that this spending is only a fraction of what was promised by the federal Liberal government in its policy book.
- [Canada-Ontario Affordable Housing Program](#) reports on progress in developing affordable housing, including an investment of more than \$734 million includes funding from federal, provincial and municipal partners.
- Most municipal governments have or fund a centralized service for locating affordable housing or applying for subsidized housing, for example [Social Housing in Thunder Bay](#)

- The City of Toronto has produced dozens of reports on homelessness over the last ten years, and produces a [Housing and Homeless Report Card](#) to track changes. The [Golden Report](#), released in 1999, was a dramatic and far reaching investigation of the impact of homelessness on the health and well being of people.
- Ottawa produced [Experiencing Homelessness: the first report card on homelessness in Ottawa, 2005](#).
- Peterborough's Affordable Housing Action Committee publishes a regular [Housing is Fundamental](#) brochure, among other documents.
- [Canada Mortgage and Housing Corporation](#) is the federal agency responsible for housing. They provide grants and loans, forgivable loans or non-repayable grants to fund repairs, renovations, accessibility modifications, the creation of low-income rental units, and home adaptations. Programs are available for low-income households, seniors, and persons with disabilities.
- The [Cooperative Housing Association of Eastern Ontario](#) is a support group for housing cooperatives, providing information on how to set up co-operatives, and support for existing co-operatives.
- The [Centre for Urban and Community Studies](#) at the University of Toronto publishes policy papers on local, national, and international housing issues, with a special interest in inclusive communities.
- [Canadian Social Research](#) has links to dozens of studies and policy papers on housing and homelessness.

Learn from them

- [No Community Left Behind](#) is a social development initiative led by South East Ottawa Centre for a Healthy Community that aims to prevent crime and address social determinants of health through a collaborative approach and integration of services. It is wonderful example of how a multisectoral neighbourhood engagement initiative has resulted in safer neighbourhoods and a better quality of life that touches on all the determinants of health.
- Friends of the Earth and the Ontario Association of Food Banks have teamed up with the Ontario Government, Enbridge Gas Distribution and Union Gas to create a program to help reduce the cost of housing. The [Energy GreenBox](#) contains rolls of insulating foam to seal doors and windows, draft excluders for power outlets, two compact fluorescent light bulbs (CFL) along with energy conservation tips and an offer for a complimentary membership in Friends of the Earth. The entire kit, assembled by Booth Industries and Community Living Toronto, comes in a sturdy reusable box.
- CMHC offers some financial support for [green retrofitting](#) that may be helpful to groups who are attempting to address energy inefficiency as a factor that renders housing unaffordable.
- The [YMCA of Toronto](#) has a comprehensive set of resources dealing with women and housing issues, including policy papers and advocacy positions.
- The Advocacy Centre for the Tenants of Ontario formed the [Housing and Homeless Network of Ontario](#) as a result of a province wide conference on housing and homelessness in 2002. The [Advocacy Centre](#) works with tenant groups, legal clinics and other groups and individuals concerned about housing issues. They do this through test case litigation, advocacy for law reform, housing policy work, organizing, and community education.
- The [Psychiatric Patient Advocacy Office](#) of Ontario has a useful "infoguide" on the Tenant Protection Act that breaks down the Act in plain language, with further information and links to Legal Aid Clinics and Patient Advocates.

- The [Ontario Non-Profit Housing Association](#) has a set of position papers on social housing issues, including their 2007 Ontario Budget submission. They also have information about [local co-ordinated access groups](#) to help tenants with access to housing.
- [Parkdale Community Legal Services](#) is one of many legal service clinics in Ontario with a special focus on tenants and homelessness. They cite statistics from the Community Partners Program of the Ministry of Municipal Affairs and Housing in 1999 that show how that it is much more expensive for society to “keep” people in the state of homelessness than it is to provide homes.
- The [John Howard Society of Durham Region](#) provides tenant advocacy assistance to their clients if they are unable to find housing, have difficulties as tenants, or face eviction.
- The Community Legal Clinic of Simcoe, Haliburton, Kawartha Lakes piloted [Places for People](#) in Orillia to use community capacity to transform sub-standard houses into affordable rental accommodations for people at risk of homelessness. The model is being replicated by Places for People Haliburton County, and there is additional interest from groups in rural Simcoe County.
- Michael Shapcott has a housing and homeless blog at the [Wellesley Institute](#).
- [CMHC](#) has profiles of affordable housing projects across the country and aids for community groups that are planning initiatives.
- [Canadian Pensioners Concerned](#) (Ontario Division) undertook participative research into homelessness among older people in rural Simcoe County in 2006, and are exploring the development of a four-county network among those working with rural homelessness to flesh out information and strategies for housing in areas under pressure by the influx of retiring ex-urbanites.

What you can do in your community

The Federal, Provincial, and Local Governments, along with non-governmental organizations, play roles in ensuring that everyone has affordable housing. **Primer to Action** will get you started.

| | Federal | Provincial | Local | Organizations |
|---|---|---|--|---|
| What role does each play to make sure that everyone has affordable housing? | Canada-Ontario Affordable Housing Program works on all three levels of government | Canada-Ontario Affordable Housing Program works on all three levels of government | Canada-Ontario Affordable Housing Program works on all three levels of government | Church groups play a large role in advocacy for affordable housing, e. g., Women’s Inter-Church Council of Canada |
| Who needs to be influenced to make sure that everyone has affordable housing? | Senators and your Member of Parliament | Members of the Ontario Legislature, with links to their political parties and the Standing Committee on Social Policy | Municipal Councilors and Committee on Social Services, e. g. Toronto | Canadian Advocacy Groups, e. g. Centre for Social Justice |
| Who can be your allies in reaching those | National Anti-Poverty Organization | Ontario Non-Profit Housing Association | Toronto Disaster Relief Committee | Homelessness Action Group Local affiliates of |

| | | | | |
|---|--|--|--|---|
| <p>you need to influence?</p> | <p>Canadian Mental Health Association</p> | | | <p>Canadian Advocacy Groups, e. g. Toronto Branch of CMHA</p> |
| <p>What actions can you take to make sure that everyone has affordable housing?</p> | <p>Write to Senators and your Member of Parliament to let them know you support investment in affordable housing</p> | <p>Write to your Member of the Legislature to let him (her) know that you support investment in affordable housing</p> | <p>Talk to your local councilor about support for affordable housing. Encourage poor people to apply for affordable housing so the wait lists reflect reality.</p> | <p>Let Service Clubs and Community Organizations in your area know that you support their involvement in affordable housing</p> |

Food, Food Security and Health

We need [healthful, nutritious food](#) to lead productive lives and reach our full potential. This is true of everyone, and particularly true of children and youth. However, this is not a reality for many Ontarians. Access to healthful, nutritious food is often out of the reach of many, according to [Canada's Action Plan for Food Security](#).

Food insecurity linked to low income

Food Access and Income Related Food Insecurity. Food insecurity is almost exclusively caused by lack of money. There are vulnerable people with low incomes who cannot meet their food requirements without compromising other basic needs, such as shelter. Those groups most likely to be affected by low incomes in Canada include Aboriginal people, single mothers and their children, persons with disabilities, recent immigrants and those who have not completed high school.

The average rent for an apartment/home in Ontario for 2007 was \$838 for a 2 bedroom and \$991 for a 3 bedroom. The [Low Income Cut-Off \(LICO\)](#) for a family of four in 2006 in a small urban area was \$24,373, while the annual cost of a 2 bedroom apartment would be \$10,056, 43% of the LICO.

Most low and modest income households in Ontario live in private rental or social housing. Yet the supply of new rental housing is desperately short of the need, and averages rents have increased beyond what most tenant households can afford to pay, according to Michael Shapcott of the Wellesley Institute in a January 2008 [Pre-Budget Submission to the Ontario government](#).

The sharply rising cost of energy and rent has hurt minimum wage earners, pensioners, and people on fixed incomes, leaving less money available for food.

In 2006, a record 66,746 tenant households in Ontario faced eviction with rising rents and energy costs being the primary reasons, as noted in the [Wellesley Institute National Housing Report Card](#). Street Health in Toronto has documented the dire consequences of this lack of affordable housing on the homeless in their report, "[Addressing Canada's Lack of Affordable Housing](#)."

As housing and energy costs rose and governments retreated from funding social housing over the last twenty years, Food Banks began to spread. Although Food Banks fill an immediate need among families across the province, their boards and administrators are the [keenest advocates for adequate income solutions to the food security crisis](#).

Changing lifestyles affect access to healthy food in the broader environment—especially in low-income neighbourhoods

Food Access and Changes in the "Food Landscape". Along with food insecurity, changes in lifestyles have dramatically altered eating habits among the population. Urban sprawl has created dramatic changes to the built environment, and with it, challenges to food access.

According to [People, Place, and Health](#), these changes in the built environment have a great effect on access to the "nutrition environment", the roads and bus routes to restaurants, grocery and convenience stores. This has a huge impact on food choices and availability, especially in areas where large grocery stores are located in shopping centres on the periphery, where access by bus is difficult and cars are required.

Individuals and families are often forced to work several jobs to help pay the bills. 66% of mothers in two parent families are in the workforce now; and 46% of single mothers with children under

three are also in the workforce. This means spending more time working and commuting, and less time available for meal preparation.

With the rise of fast food establishments, [especially in low income neighborhoods](#), and convenience foods in the supermarket, coupled with aggressive fast food marketing and super sized food portions, nutrition is suffering. As well, [newcomers](#) face unique experiences, including not being able to access traditional foods.

Food Access and the Next Generation. These dietary changes may be contributing to the rapid increase in prevalence of obesity, diabetes and asthma, both among the general population and, even more concerning, among children. The potential cost of early onset of chronic diseases has created a lot of interest in school-based nutrition and physical activity programs, according to [The Future of Children](#).

School-based nutrition for children and youth

The role of adequate nutrition in the ability of children to do well at school, both academically and socially, has led to the creation of school-based nutrition programs. Over the last fifteen years, some clear principles have emerged: school-based nutrition programs should be universal, non-stigmatizing, and educative.

In best practice, school-based nutrition programs are the means by which entire communities experience raised awareness of good nutrition and the extent of its impact. [Breakfast for Learning](#) is a good example.

Awareness of the importance of good nutrition for children led to concern about the quality of food available to them in the schools. The fast food industry had moved into schools by subsidizing budgets in exchange for purchasing exclusive rights to in-school sales.

In 2004 Ministry of Education developed [policy guidelines regarding the sale of foods and beverages through vending machines in elementary schools](#).

On April 27, 2008 the Ontario government's [Bill 8, Healthy Food for Healthy Schools Act 2008](#) received Royal Assent. The Bill calls for:

- An end to selling food with trans fat in school cafeterias
- An all-out ban on junk food and trans fat in all public school vending machines
- Healthier menu choices in cafeterias, based on the new [Eating Well with Canada's Food Guide](#).

Those living in Northern Ontario have reduced access to fresh fruits and vegetables – they are not easily available, and even if they are, high prices put them out of the reach of many.

The government is now involved in all aspects of in-school nutrition, by providing funds and requiring contractors to adhere to strict nutrition guidelines and pricing structures that support healthy food choices.

Some school boards are actively investing in and monitoring quality of in-school nutrition programs of all sorts through active partnerships with schools, health unit dietitians, and engaged community members. The Ontario Society of Nutrition Professionals in Public Health developed a [Call to Action: Creating a Healthy School Nutrition Environment](#).

Growing awareness about nutrition, but also confusion

While many Canadians are aware of good vs. bad foods, they are less sure of the amounts and quantities/qualities of the foods they are consuming. There is a growing interest among consumers

in nutrition labeling, and many public health units conduct grocery store “tours” to help people understand the [importance of reading the labels](#).

Greater emphasis on local food production

Nutrition advocates are encouraging the purchase of local produce, farmers’ markets, community gardens, grow-a-row campaigns and other take-back-the-earth strategies. The Metcalf Foundation published an invaluable guide, called [Food Connects Us All: Sustainable Local Food in Southern Ontario](#).

Like many other communities, Windsor-Essex is developing a food security network in response to community concern about access to healthy and affordable food.

The world-wide crisis in food access in the spring of 2008 has led the United Nations and national governments to become more focused on local food production and distribution as a long term strategy to ensure appropriate nutrition for children, youth, and adults.

There is growing interest in this strategy in North America as well, especially as a focus on environmental issues such as climate change.

Food and Chronic Disease

[Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities](#), published by the Ontario Chronic Disease Prevention Alliance, reports the following on the relationship between food and chronic disease:

- Nutritional habits in industrialized countries are characterized by high consumption of saturated fat, salt and sugar, and, at the same time, by low consumption of fruits and vegetables (World Health Organization, 2002)
- Excessive saturated fat and salt intake increase the risk for high blood pressure, which is a major factor in cardiovascular and renal diseases (Logan, 2005)
- Hypercholesterolemia, dyslipidemia and elevated triglycerides are a factor in both heart disease and stroke incidence
- Prevention strategies should include a reduced intake of total fat and salt, and an increase in consumption of fibre (Hunter, 1993, Lajiou, 2002)
- Reducing meat and animal fat intake, increasing consumption of vegetables and fruits, and reducing alcohol intake have been shown to reduce the risk of cancer overall and more specifically breast and colorectal cancers (Hunter et al., 1993)
- Daily diets high in vegetables and fruits are estimated to reduce cancer incidence by 20% (World Cancer Research Fund and the American Institute for Cancer Research, 1997). The estimates for reduction in burden of breast cancer range from 33% to 55%, for prostate cancer from 10% – 20%, and from 66% to 75% for colorectal cancer (Young & Le Leu, 2002)
- A combined prevention effort targeting several risk factors, such as physical inactivity, obesity, and unhealthy diet, could lead to a reduction of cancer mortality by 29% in the next 20 years (Adami, Day, Trichopoulos, & Willett, 2001).
- The Percentage of Canadians 12 Years and Over Who Eat Fruits and Vegetables Less Than Five Times Daily is an indicator of nutritional risk of chronic disease. The following are age based percentages:

- 55.8% of 12-34 year olds
- 57.7% of 35-65 year olds
- 44.9% of 65+
- 55.2% Total of all +12's

Find out more

- The Ontario Public Health Association developed and revised a [Breastfeeding Position Paper](#) with a key section on the relationship between breastfeeding and the social determinants of health.
- The Ontario Ministry of Education has a good set of links on healthy eating, especially relating to children and youth, on their [Healthy Schools](#) page.
- [Canada's Food Guide](#) has helped generations of Canadians discover healthful, nutritious food. The Guide was recently revised through extensive consultations across the country. It is evidence-based, open, and in line with public health priorities. The food guide is available in 13 key languages, making it more accessible to a wider group of Canadians. A committee of twelve experts advised the revision process from a variety perspectives, including public health, health policy, nutrition education, disease prevention, industry and communication. The Ontario Chronic Disease Prevention Alliance strongly supports the Food Guide's emphasis on eating vegetables and fruit, limiting consumption of saturated and trans fats, and the importance of getting regular physical activity.
- The [Chronic Disease Prevention Alliance of Canada](#) recently released a statement and position, based on consultations with key health, food industry and government officials in March 2008, on the impact on [marketing food to children](#).
- The [Ontario Association of Food Banks](#) has a series of in-depth resources to help individuals and advocates navigate the issue of food security. This includes fact sheets, statistics, research papers, and the annual Ontario Hunger Report. They are strong advocates for income solutions to the problem of food insecurity.
- The [Toronto Food Policy Council](#) has produced 15 discussion papers on food security issues, as well as providing advocacy from a number of different perspectives. The Council is citizen-directed and staffed by the City of Toronto.
- Dieticians of Canada has a position paper on [Food Insecurity](#).
- The Ontario Public Health Association has a comprehensive set of information and resources on their [FoodNet: Ontario Food Security & Nutrition Network](#) website, including information on sustainable food production, food and health, and access to food.
- According to the [Canadian Food Inspection Agency](#), nutrition labeling became mandatory for most prepackaged foods on December 12, 2005. Smaller businesses had until December 12, 2007, to make the information available. Canada's nutrition labeling regulations have been designed to provide a system for conveying information about the nutrient content of food in a standardized format, which allows for comparison among foods at the point of purchase. Clear, uniform information should support consumers in making informed food choices toward healthy eating goals.

- [Farmers Market Ontario](#) is an organization that provides comprehensive information about the value, use, and location of farmers' markets in Ontario. They provide current news, information about which fruits and vegetables are in season, and a timely report on food safety.
- [Plant a Row, Grow a Row](#) has spread across Canada, with its simple, compelling method of sharing food with others.
- [Insight on Cancer](#), a publication featuring news and information on nutrition and cancer prevention, has comprehensive information on Ontario's food security and cancer prevention in Vol. 2, Supp. 2 (April 2005).
- The Government of Ontario has recently invested in a number of initiatives to address nutrition and healthy eating:
 - [Food Land Ontario](#), on marketing of local, Ontario produce
 - [Eat Right Ontario](#), with on-line access to trained dieticians
 - [Its Not Gonna Kill You](#), a social marketing campaign aimed at youth to increase awareness of fruits/veggies

Learn from Them

- [Child Nutrition Programs: An Evaluation of Best Practices](#) consists of a quantitative evaluation of breakfast and morning snack programs in elementary schools and a research study that explores the attitudes towards Child Nutrition Programs among participants, parents, volunteers, educators, and program coordinators. The report is a rather large PDF file.
- [Food Share](#) has a comprehensive set of resources, including information about the [Good Food Box](#) program.
- [Northern Fruits and Vegetables Pilot Project](#), a project of the Ontario Ministry of Health Promotion, recently released an evaluation through Public Health Research, Education and Development Program, which could have a great provincial-wide application.
- [EatRight Ontario](#) has been designed to help you improve your health and quality of life through healthy, nutritious eating. This service provides easy-to-use nutrition information to help make healthier food choices easier.
- The [School Health Evaluation Survey](#) is a research project in support of Ontario's Action Plan for Healthy Eating Active Living (HEAL).
- [Trillium Lakelands School Board](#) is one of the many school boards in Ontario that supports student nutrition programs and has a nutrition policy.
- [A Fresh Approach to Food: Local Food Systems Planning in Waterloo Region](#) is an article in the [Ontario Health Promotion E-Bulletin](#), that shows the work that has been done in the Waterloo Region to catalyze and facilitate a healthy community food system.
- [Eat Smart for Schools](#) offers resources for the 235 Eat Smart schools in operation across Ontario. There are also easy links to Eat Smart programs for restaurants, work places, and community centres.

- The British Columbia Government, through [Act Now BC](#), is working to be the healthiest city to host the Olympics. As part of this, the BC Government, with leadership from the Premier, has developed a multi-ministry strategy to support this initiative.
- [Ontario Public Health Education Association](#) coordinates the [Living Schools Initiative](#) with funding support from the Government of Ontario, the Ontario Trillium Foundation, and the Canadian Council for Learning. The initiative brings together whole school communities to enhance active healthy living for all children and youth.

What you can do in your community

The Federal, Provincial, and Local Governments, along with non-governmental organizations, play roles in ensuring that everyone has adequate, nutritious food. **Primer to Action** will get you started.

| | Federal | Provincial | Local | Organizations |
|--|---|---|--|--|
| What role does each play to make sure that everyone has adequate, nutritious food? | <p>The Canada Food Guide helps make food choices</p> <p>The Canada Food Inspection Agency ensures health foods in the marketplace</p> | <p>The Ontario Ministry of Food, Agriculture, and Rural Affairs point you to resources in your community</p> | <p>Local School Boards support nutrition programs in the schools, e. g. Trillium Lakelands</p> <p>Municipal Councils provide assistance to food security programs e. g. , City of Toronto</p> | <p>Toronto Food Policy Council is an example of municipal advocacy for food security</p> |
| Who needs to be influenced to make sure that everyone has access to adequate, nutritious food? | <p>Food Processors of Canada lobbies government for the industry</p> <p>Senators and your Member of Parliament</p> | <p>Alliance of Ontario Food Processors lobbies the government for the industry</p> <p>Members of the Ontario Legislature, with links to their political parties and the Standing Committee on Social Policy</p> | <p>Association of Municipalities of Ontario takes policy positions on issues</p> <p>Municipalities create social policy frameworks to address poverty issues, including food security, e. g., City of London</p> | <p>Churches take advocacy positions on food security issues, e. g. United Church of Canada</p> <p>Foundations create measures of health and well being, e. g., Atkinson Foundation</p> |
| Who can be | Canadian | Ontario | Local Health | Ontario |

| | | | | |
|---|---|---|--|---|
| your allies in reaching those you need to influence? | <u>Association of Food Banks</u> | <u>Association of Food Banks</u> | <u>Units facilitate coalitions, e. g., Thunder Bay</u> | <u>Community Food Security Network</u> Lifestyle writers at newspapers |
| What actions can you take to make sure that everyone in society has adequate nutritious food? | Support national coalitions by signing petitions, giving financial support, e. g., <u>Campaign 2000</u> | Support policy positions of the <u>Ontario Public Health Association</u> and the <u>Association of Local Public Health Agencies</u> | <u>Volunteer at your local food bank, and support their advocacy</u> | Contact your local newspaper about writing of food security issues Write letters to the editor |

Inclusion

Inclusion and Health

Inclusion - the feeling and reality of belonging – has a strong influence on health and well-being. Belonging to a family, a community, a society is one of the most important things in life. It makes us feel good. It makes us healthy. It makes us want to reach out to others. Belonging makes our communities healthy, too. We need to promote the feeling and reality of belonging.

An essential element of all the determinants of health

Inclusion is a value-based concept that represents the kind of society we want to live in, where everybody belongs. Inclusion has long been a concept and approach used in the [disabilities sector](#) creating strategies for people with differing abilities to be included in mainstream opportunities and services, such as education, transportation and employment. Today it is used in a much wider societal context. It encompasses elements such as access and equity, or empowerment, words that we may be more familiar with. Inclusion can be a strategy for policy change and action, and a lens for analyzing inequalities in a multidimensional way. Although not listed as one of the determinants of health by Health Canada, inclusion is increasingly recognized as an essential element of all the determinants of health. Because inclusion is about belonging, it also directs our attention to issues of mental health.

Inclusion can help address health disparities

Inclusion is a way of ensuring that all those who live in society can lead full and rich lives. Health disparities are often identified for people of low socioeconomic status, Aboriginal peoples, women and those who live in geographically remote areas. In addition, the [Colour of Poverty](#) campaign shows that racialized communities are disproportionately represented among those of low socioeconomic status. Many are immigrants, but this also includes those who may be second generation immigrants. Data on diabetes for all the [Local Health Integration Networks](#) available at the [Institute for Clinical Evaluative Sciences](#) shows that rates are higher for low income groups. The [Ontario Health Quality Council](#) also identifies equitable access as a feature of a high quality healthcare system. Inclusion can be a way of addressing the systemic ways in which different groups and communities face exclusion and marginalization in society, and therefore, poorer health outcomes.

Strong link between inclusion and mental health and well-being

[The Canadian Community Health Survey](#), conducted by Statistics Canada, found a strong link between self-reported health and mental health in relationship to the feeling of belonging in the community. Between 2000/01 and 2005, close to two-thirds of those who felt a very strong or somewhat strong sense of community belonging reported excellent or very good general health. In contrast, only half of those with a very weak sense of belonging viewed their general health so favourably.

Social and economic inclusion as a way of thinking and developing public policy has been used in the European Union and Britain over the last decade. The [Laidlaw Foundation papers](#) stimulated interest in adapting social and economic inclusion in Canada, leading to two significant initiatives: [Closing the Distance](#), a project of the Social Planning Network of Ontario; and [Inclusive Cities Canada](#), a project of the Federation of Canadian Municipalities. At the same time, Health Canada (now the Public Health Agency of Canada), Atlantic Region was moving inclusion towards health promotion field with [An Inclusion Lens](#) by Malcolm Shookner.

Defining Inclusion

[Health Nexus](#) (formerly Ontario Prevention Clearinghouse) created a definition of inclusion through its [Count Me In!](#) project, that moved the concept directly into health promotion. The definition:

A society where everyone belongs creates both the feeling and the reality of belonging and helps each of us reach our full potential.

The feeling of belonging comes through caring, cooperation, and trust.

The reality of belonging comes through equity and fairness, social and economic justice, and cultural as well as spiritual respect.

We build the reality of belonging by engaging our society to ensure it.

People build the feeling and reality of belonging through participation and engagement. Community engagement – a process that brings people together to create positive social change – builds capacity so that individuals and communities become more inclusive. The actual feeling and reality of

An inspiring story from a workshop participant

In 2006, when the Ottawa Senators were doing extremely well in the NHL, local immigrant schoolgirls from Somalia were so caught up in the enthusiasm that they wanted to do something. They got stickers made and wore them on their clothes and backpacks. Upon seeing these stickers, people began talking to them on streets and buses, where earlier, nobody would engage them in conversation. Later, reflecting on this experience, they said to the community worker who told us this story, that this was the first time they felt they belonged in Canada – even though they had been here for over 10 years!

belonging are created as people come together and establish social networks. At the same time, this social capital in communities strengthens the feeling and reality of belonging. And, this reciprocal process is known to make individuals and communities healthier.

This definition of inclusion has led to Inclusion Research projects of the Ontario Women's Health Network that work with marginalized women to investigate their use of health and social services and their understanding of stroke and stroke prevention. People at risk for chronic disease are often on the margins. Inclusion, with a focus on the feeling and reality of belonging, brings them in to help plan more effective paths to prevention.

A coalition of health, social, and community organizations was formed in 2006 to create the Ontario Inclusion Learning Network, a vehicle for greater understanding about the practical applications of inclusive approaches to working with the social determinants of health.

Many organizations are today looking at how to create inclusive workplaces, as well as offer inclusive services to their clients. But inclusion is not a simple concept. Here are some questions to get you thinking: What are the factors that cause exclusion? What is the role of the individual, organization, community in creating an inclusive society? How can we be inclusive while still leaving room for dissent and conflict? What processes are we looking for, and what will our outcomes look like?

Inclusion and Chronic Disease

[The Tides of Change](#), a paper commissioned by the Atlantic Region Population and Public Health Branch of Health Canada (now the Public Health Agency of Canada) reported on the relationship between chronic disease and inclusion/exclusion:

- Inclusion/exclusion has emerged as an important concept in the health literature, which links it to the root causes of illness, pathways to illness, risk conditions and behaviours, and chronic disease

- People who are socially and economically excluded from society experience material deprivation including barriers to jobs and education, psychosocial stresses, including barriers to participation in policy making, and frequently adopt unhealthy behaviours as a means to cope with these stresses
- Lack of adequate income, low educational attainment, lack of access to goods and services, including health care, unsafe housing, underemployment, marginal access to the political process, and the impacts of culture, gender, and sexual orientation may contribute to exclusion, increasing risk for chronic disease
- Inclusion/exclusion is not an individual choice, but at least partially the result of societal conditions, such as unemployment, single parenthood, out-migration; as well as government policy, such as welfare cuts, privatization
- Therefore, inclusion/exclusion is a modifiable risk process, not a fixed condition
- Government policies can either deepen or mitigate exclusion in society, regardless of inherent status or birth
- Communities and societies can organize to support or undermine health
- An integrated population health approach recognizes that effective disease prevention strategies must both reduce exclusion and increase inclusion in the population.

Find out more

- [The Laidlaw papers](#) explore social and economic inclusion from a number of different angles, including issues of importance to Aboriginal Peoples, people with disabilities, people living in poverty, anti-racism applications, early childhood development, and children's rights, among others. A roster of leading figures in sociology, social work, early childhood development, settlement, and anti-racism wrote them.
- [An Inclusion Lens](#) provides background about social and economic inclusion, as well as including useful charts, sets of questions, and workbook papers to help individuals and communities navigate this useful way of thinking. The materials were field-tested in Atlantic Canada and circulated to community groups across the region for evaluation.
- [Count Me In!](#) features background papers, a workbook on inclusion and health, posters that relate inclusion to the social streams to health, and a report on wide ranging consultation with health promoters across Ontario. The workbook is simple and practical, with an emphasis on SDOH. The posters are colourful and clear, written in plain language. The report describes the results of community forums with health promoters across Ontario and deepens our understanding of inclusion in our work.
- The [Ontario Inclusion Learning Network](#) points you towards resources appropriate for many of the SDOH on the resource page, including diversity management, community engagement, social planning, community living approaches, and a toolkit for inclusive organizations developed by the Ontario Healthy Communities Coalition.
- [Social Inclusion Health Indicators: A Framework for Addressing the Social Determinants of Health](#) is a paper written for Inclusive Cities Canada by Edmonton Health Promoter, Philip O'Hara. The paper sets out indicators of inclusion and suggests strategies for achieving the targets laid out in the indicators.

- A [Discussion Paper On Mental Health Promotion](#) by Health Nexus will help you learn more about mental health promotion and its relationship with inclusion.
- [Health Equity Council](#) The Health Equity Council is a community based organization engaging in advocacy, research, organizational change, capacity building, community partnerships and collaborations that enhance diversity, equity and inclusion in all facets of health and wellness.
- [Inclusion as a determinant of Health](#) is an article by Galabuzi and Labonte that shows how racialized and immigrant groups experience exclusion, and suggests ways of addressing these.
- [Social Inclusion: Canadian Perspectives](#) is a book that brings together various perspectives on inclusion in Canada, from a number of different fields.
- [Understanding and Tackling Social Exclusion](#), final report of the Social Exclusion Knowledge Network of the WHO Commission on the Social Determinants of Health, February, 2008.
- The [Tamarack Institute](#) is a dynamic organization that develops and supports collaborative strategies that engage citizens and institutions to solve major community challenges, and to learn from and share these experiences
- [The Mental Health and Well Being Unit](#) of VicHealth in Australia gathered data relevant to the burden of chronic disease associated with mental illness and mental health problems, and the three factors influencing mental health and wellbeing: social inclusion; freedom from discrimination and violence; and access to economic resources

Learn from them

- The [Ontario Inclusion Learning Network](#) points you to best practices and models by Community Living Ontario, Ontario Women's Health Network, Social Planning Network of Ontario, Ontario Healthy Communities Coalition, People for Education, and Health Nexus (formerly Ontario Prevention Clearinghouse).
- [Promoting Newcomer Intergration and Social Inclusion](#). Community-based organizations, in particular immigrant and refugee-serving organizations are ideally placed to provide information and resources to its communities, to facilitate community engagement and participation and to foster community development initiatives. Through the OCASI Promoting Newcomer Integration and Social Inclusion Project, [partners are sharing several promising practices and resources](#) that address newcomer inclusion.
- The [Ontario Women's Health Network](#) is a pioneer in using inclusion strategies to conduct research among marginalized women, with a focus on chronic disease. Their innovative stroke project produced a comprehensive health promotion strategy, called Key to Health.
- [Community Living Ontario](#) is a leading edge agency in inclusion, with a special focus on building inclusive communities from a base in the schools. They produce easy to use resource materials to initiate work in schools and communities.
- [Closing the Distance](#) is an initiative of the Social Planning Network of Ontario, developing strategies to build inclusive communities in several locations across Ontario.

- [Sudbury: A Community Where All Kids Belong](#) gave voice to children and youth in the diverse communities of the city, drawing them into social planning. The project developed a colourful brochure of children's images of an inclusive Sudbury, a ten-minute videotape, and conference presentations including the participation from school officials and even the Mayor of Sudbury.
- The [Asset Mapping Project of the Toronto Christian Resource Centre](#) has become an innovator in finding, training, and supporting people on the margins to become "inclusion researchers" and to facilitate the process of changing health and social policy.
- The Ontario Healthy Communities Coalition developed a resource package to support diversity and improve inclusion within small to mid-sized, volunteer-based, not-for-profit organizations. [Inclusive Community Organizations: A Tool Kit](#) provided concrete examples to get you started, an assessment tool to check policies, procedures, and programs, and a step-by-step process of developing an action plan.
- [Health Nexus](#) supports individuals, organizations and communities promote health in their communities. They offer tools and resources including tailored consultations to help create inclusive practice.

What you can do in your community

The Federal, Provincial, and Local Governments, along with non-governmental organizations, play roles in ensuring that we build inclusive communities in an inclusive society. **Primer to Action** will get you started.

| | Federal | Provincial | Local | Organizations |
|--|---|---|--|--|
| What role does each play to make sure that everyone is included? | Canadian Charter of Rights and Freedoms creates a national framework Canadian Multiculturalism Act promotes inclusiveness | Ontario Human Rights Code creates a provincial framework | Municipal Councils advocate for inclusive communities, e. g. Sudbury's Children First Charter | Laidlaw Foundation produces papers and provides grants to promote inclusion |
| Who needs to be influenced to make sure that everyone is included? | Senators and your Member of Parliament | Members of the Ontario Legislature | Municipal councilors, their staff, and officials | Professional associations in the health, social, and education sector, e. g. Health Promotion Ontario |
| Who can be your allies in reaching those you | National Associations that work on inclusion | Provincial Coalitions that work on inclusion | Local coalitions focus on governments | Community groups & cultural organizations |

| | | | | |
|---|--|---|--|--|
| need to influence? | issues, e. g., Inclusive Cities Canada | issues, e. g., Colour of Poverty | and boards of education, e. g. | play a role in advocating for inclusion, e. g. Muslim Educational Network Health Nexus |
| What actions can you take to make sure that everyone is included? | Let Senators/MPs know you support the Charter and the Multiculturalism Act | Let your MPP know that you support the Ontario Human Right Commission | Talk to your Councilors about the importance of inclusive cities and towns | Write letters to the Editor of the two National Newspapers |

Appendix

Primer to Action Template

| | Federal | Provincial | Municipal | Organizations |
|----------------------------|---------|------------|-----------|---------------|
| What role does each play? | | | | |
| Who needs to be influenced | | | | |
| Who can be your allies? | | | | |
| What actions can you take? | | | | |