

# Health in All Policies

Prioritizing *health* in Grey-Bruce  
during the 2022 municipal election





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## Land Acknowledgement

We acknowledge that we are situated on the traditional territory of the Nawash and Saugeen Nations, a place that has long served as a site of meeting and exchange amongst many First Nations, including the Iroquois Confederacy, Huron/Wendat, Abenaki, and Anishinabek.

We recognize and respect the Anishinabek as the traditional custodians of the lands and water. We are committed to supporting the Anishinabek and Haudenosaunee Peoples, among other First Nations, Inuit, Métis, and Indigenous Peoples globally.



# Introduction

Voters will be electing mayors, deputy-mayors, and councillors in Grey-Bruce municipalities as well as county council representatives and school board trustees for the Oct. 24, 2022, municipal election.

Decisions made at these tables play a vital role in influencing individual, population, and community health. Social determinants of health are also impacted by policies and decisions made by these councils and boards. The Grey Bruce Health Unit encourages all elected officials to take a “Health in All Policies” approach when making decisions. This approach asks them to recognize the health impacts of each decision they make. This election document, developed by Public Health, includes information related to five topics that have an impact on or relate to population health.

**They are: food insecurity; climate change; substances; support for priority populations; community safety and injury prevention; and consequences of the COVID-19 pandemic.**

Each topic also includes "policy options" that elected officials can consider in order to improve the health of all in Grey-Bruce.

We hope this document will also give voters information and ideas to consider when attending candidates meetings and casting their ballots.

Along with this document, we encourage candidates to review the Association of Local Public Health Agencies' (ALPHA) [Public Health Primer](#) and [video](#), which speak to the work and importance of public health units, including during the pandemic. For more information on the vital work of the Grey Bruce Health Unit, please visit [publichealthgreybruce.on.ca](http://publichealthgreybruce.on.ca) and check out our [blog post](#) on this topic.





# Food Insecurity

"Food insecurity is the inadequate or insecure access to food due to financial constraints."<sup>1</sup>

It takes a tremendous toll on the physical, mental and social health of people of all ages and costs our healthcare system considerable dollars when responding to preventable negative health and social outcomes. In Ontario, those who are the most food insecure can have health-care costs up to 121% higher than people who are food secure.<sup>2</sup>

Prior to the COVID-19 pandemic, 1 in 5 Grey-Bruce households did not have enough money for food or worried about running out of money for food, and 1 in 5 children lived in a household experiencing food insecurity.<sup>3</sup>

In Ontario:

- Individuals with low or precarious incomes are at greatest risk of food insecurity;
- 7 in 10 households relying on social assistance as their main income source experienced food insecurity;
- 48.2% of food-insecure households relied on wages, salaries or self-employment income as their main income source;
- 38.1% of households led by a female lone parent and 20.9% led by a male lone parent were food insecure;
- 30.7% of households identifying as Indigenous and 22.4% identifying as Black experienced food insecurity.<sup>1</sup>



## Policy options for Municipal Governments

Food insecurity is the result of insufficient income and cannot be addressed through the provision of food (ie. food charity).

Municipalities can demonstrate leadership through policies and interventions aimed at improving the financial circumstances of low-income households, such as:

- **Collaborating** with community partners from various sectors, including Public Health, and tables, such as the Bruce Grey Poverty Task Force, to determine local priorities to address food insecurity and poverty;
- **Advocating** for improved income security and adequacy;
- **Promoting and supporting** free income tax clinics;
- **Engaging** meaningfully with local Indigenous communities and organizations on food security and food sovereignty, while respecting self-determination.





# Climate Change

Climate change can impact community well-being as a risk to physical and mental health, with effects like severe weather, extreme heat, increasing flood risk, impacts on food production, worsening air pollution, and the expansion of zoonotic diseases, such as Lyme disease.

Investments in climate change *mitigation* (actions that reduce the causes of climate change) and *adaptation* (actions that modify our activities and decisions to adjust to a changing climate) can help to reduce or eliminate these impacts.

Actions such as planting trees, reducing energy use and choosing less polluting transportation options, can help mitigate climate change. Policies that reduce carbon production, support more efficient housing or improve public transportation help to mitigate climate change at a community level.

Adaptation strategies, such as protecting surface water and increasing storm water infrastructure, can reduce flooding and erosion. Policies that supports agricultural innovation, reduce food waste or improve local emergency response can reduce impacts to health and the economy.

The above mitigation and adaptation activities also contribute to a healthy environment and are part of an overall healthy built environment as well.

- Roughly half of GHG Emissions in Canada are under municipal-level influence.<sup>5</sup>
- Since the 1950s, the annual mean temperature in Warton, Ont., has increased by 0.8°C. Yearly precipitation has increased by 207mm over the same period. Projections indicate this upward trend will continue.<sup>6</sup>
- 58% of all produced food is lost or wasted (FLW).<sup>7</sup>FLW represents almost 60% of the food industry's environmental footprint in Canada. Food that ends up in landfill creates methane gas, which is 25 times more damaging to the environment than carbon dioxide.



## Policy options for Municipal Governments

- **Develop, renew and implement** evidence-based climate action plans.
- **Collaborate** with other Grey-Bruce upper and lower-tier municipalities and Indigenous communities to develop, implement, and monitor regional climate change strategies. Consult with groups who are disproportionately impacted by climate change at all stages.
- **Ensure** infrastructure is prepared for the impacts of a changing climate, while accommodating projected needs.
- **Protect and promote** equitable access to green spaces for all.
- **Encourage** mixed-use, medium to high-density residential development in urban areas with a range of housing types.
- **Increase** access to services that reduce and divert organic material, such as food and leaf/yard waste.
- **Reduce** greenhouse gas emissions and foster environmentally-sound innovation in key sectors (eg. agriculture).
- **Develop** a plan for extreme weather events that meets the needs of vulnerable populations.
- **Support** transitioning municipal transportation fleets to electric or hybrid vehicles.





# Substances

Substance use refers to the consumption of alcohol, commercial tobacco products, opioids and other drugs. Reducing harms associated with the use of these substances can work to prevent injury, illness and death.

- Ontario has seen increasing and even record-setting drug overdose/poisoning deaths over the past decade.<sup>8</sup>
- In 2015, almost 60% of accidental deaths caused by opioid overdose occurred in individuals aged 15-44 and more often among males.<sup>8</sup> So far this year, Public Health has been alerted to more than 60 overdoses and issued nine overdose alerts to community partners.
- Consuming alcohol has been linked to a variety of harmful short- and long-term health effects, including organ damage, increased risk of cancers and mental health issues.<sup>9</sup>
- Only 20% of Grey-Bruce adults are aware of Canada's Low-risk Drinking Guidelines, designed to help Canadians reduce alcohol-related harms.<sup>10</sup> About 30% of men and 13% of women in Grey-Bruce have admitted to binge drinking (five or more drinks on one occasion) at least once a month in the past year.<sup>10</sup> For Grey-Bruce youth, alcohol remains the No. 1 drug of choice.
- Smoke from tobacco cigarettes contains more than 4,000 ingredients; many of which are known to cause cancer. E-cigarettes produce harmful chemicals with some linked to long-term health effects, like heart disease. About 11% of Grey-Bruce residents report current smoking<sup>11</sup> and 13% of youth (15-19) in Canada reported having vaped at least once over the previous 30 days.<sup>12</sup>





## Policy options for Municipal Governments

- **Create** and **support** a local opioid action plan.
- **Support** local efforts (financially or nominally) to assess, design, implement, and evaluate targeted programs to meet the health needs of people who use drugs.
- **Develop** local bylaws that are stronger and more protective than the Smoke-Free Ontario Act, including banning smoking or vaping at parks/beaches.
- **Ban** the sale of certain product categories near children's places, such as cannabis, vaping or tobacco products within 600 feet of schools.
- **Implement, enforce and maintain** municipal/county alcohol policies and appeal for a Provincial Alcohol Strategy.
- **Advocate** to the provincial government for a flavour ban in Ontario; 5 of 13 provincial/territorial governments have adopted this policy.





# Support for Priority Populations

Health is influenced by many factors, including the physical, social and economic environments in which we live. Some people are at greater risk of negative health outcomes due to their social or economic position within society; these are health inequities. Health equity means all members of the community have opportunities to be healthy and receive quality of care that is fair and appropriate to their needs, no matter where they live, what they have or who they are.<sup>13</sup>

Affordable housing is less than 30% of a person's before-tax income.<sup>14</sup> An adequate income and safe, affordable housing can have a positive impact on health and quality of life. Affordable housing and adequate income allow residents to be able to spend available funds within their communities, which, in turn, contributes to economic growth. Barriers to accessing good housing can also make our community less than welcoming to newcomers and immigrants.<sup>15</sup>

Municipal governments must provide supports to improve quality of life for all, but additional supports are needed for those who are most vulnerable.

- 1 in 4 Grey-Bruce households are not affordable and more than 1 in 7 residents live in low-income homes.<sup>16</sup>
- From April 2019 to March 2020, the subsidized housing waitlist in Grey-Bruce was 1,679.
- 8,029 nights of emergency shelter were provided in 2020-21 for vulnerable individuals in Grey-Bruce, up from 2,731 nights in 2019-20.<sup>16</sup>
- 25% of Indigenous people in Canada live in poverty. 40% of Indigenous children live in poverty. Urban Indigenous people are eight times more likely to experience homelessness than non-Indigenous people.<sup>17</sup>
- Seniors experience homelessness for many reasons, such as lack of adequate income, shortage of affordable housing, deteriorating physical/mental health, death of a spouse, etc.<sup>18</sup>



# Policy options for Municipal Governments

Priority populations, including Indigenous residents, people experiencing homelessness, residents of precarious or shared housing, seniors and low-income residents, are, statistically and historically, impacted more by many of the challenges in this document, including climate change, food insecurity and the COVID-19 pandemic. Municipal politicians should keep these priority populations not only in mind, but include them when making decisions related to these issues to ensure all new and existing policies are supportive and beneficial.

Councils can **support**:

- Policies aimed at improving financial circumstances of low-income households to effectively address inequalities, such as food insecurity and housing;
- Policies that can reduce economic barriers (ex. high transportation and childcare costs);
- Economic development strategies to attract full-time permanent jobs that pay a living wage.

Municipalities can **advocate** for:

- Opportunity for all, including programs that promote full participation in society and equitable opportunities for all;
- Wraparound services to support priority populations, including Indigenous, Mennonite & Anabaptist communities, homeless and low-income residents, and new Canadians;
- Federal/provincial policies intended to ensure an adequate and secure income for all.
- Investments in affordable, adequate and supportive housing;
- Policies to address critical gaps in homelessness for women and youth, development of an Indigenous Housing Strategy for rural Indigenous people who live off-reserve, protecting existing rental housing, supporting immigrants/newcomers to address the unique challenges they face.



# Community Safety/ Injury Prevention

Community safety, including motor vehicle, pedestrian and cyclist safety, should be considered when developing transportation infrastructure and local policies. In Grey-Bruce, falls and transport injuries are the Top 2 unintentional injuries resulting in emergency room visits.<sup>19</sup>

- Rates of emergency department (ED) visits, hospitalizations and deaths in Grey-Bruce, resultant from Motor Vehicle Collisions (MVCs), are significantly higher than the Ontario rates;
- MVC injuries are most likely among those aged 15-24, and are the leading cause of injury-related death for 0-24-years-olds;
- Rural residents are more at risk of injury from an MVC because people have to drive greater distances, are more likely to rely on less road-worthy vehicles, and face poor road conditions;
- Local rates of ED visits and hospitalizations resultant from cycling are higher than the Ontario rates;<sup>20</sup>
- Grey-Bruce has a higher proportion of older adults compared to Ontario. Older adults are far more likely than younger age groups to be hospitalized for a fall.



## Policy options for Municipal Governments

- **Adopt** Vision Zero policies and work with system designers to design and improve city/road infrastructure to create age-friendly communities, which include traffic-calming measures.
- **Advocate** for accessible green spaces (trails and parks) that are placed equitably throughout communities.
- **Include** principles that encourage complete streets in official and master plans, bylaws and land use planning.
- **Support** school boards in creating active and safe routes to school.
- **Advocate** for community planning, partnerships, policies and programs that increase active transportation, public transit use, green space use and leisure time physical activity (e.g. walkable and cyclable communities).
- **Support** investments that ensure roadways, walkways and paths are adequately maintained to promote safe and active transportation year-round and create and maintain safe, accessible and equitable spaces for all to gather.
- **Encourage** active transportation and ride-sharing whenever possible to reduce emissions, the number of vehicles on the roadways, and create safer roadways for all users.



# Consequences of COVID-19 pandemic

Social determinants of health, such as gender, education and income, were known to be important factors for physical health long before COVID-19.

The importance of mental health determinants, such as social inclusion, freedom from discrimination and violence, and access to economic resources, became apparent for everyone during the pandemic. This is especially true for the populations adversely affected by these factors.

Mental health issues affect all ages and abilities and will need to be addressed through multi-sectoral collaboration, engaging people with lived experience, re-framing how the public views mental health, identifying and addressing stigma and discrimination, and embedding trauma and resilience-informed practice in all social services.<sup>21</sup> Any effective actions will include poverty reduction strategies to decrease the socioeconomic determinants of poor mental health.

## The pandemic's impact

- Older adults, especially those in long-term care, were, and continue to be, adversely affected by COVID-19 and the social isolation it can bring.
- Children and youth were also impacted. 38.1% of students rate their mental health as fair or poor.<sup>22</sup>
- Psychological distress caused by COVID-19 was often related to the social determinants of health. Developing anxiety, depression, PTSD, and other forms of psychological distress during the pandemic may be associated with risk factors such as younger age, being female, poor physical health, lower educational levels, unemployment, lower household income and frequent exposure to social media/news concerning COVID-19.<sup>23</sup>
- Numbers for local mental health service providers are up. CMHA Grey-Bruce served 49% more individuals in 2021 compared to previous years.<sup>24</sup>



## Policy options for Municipal Governments

- **Increase** awareness of the social and mental determinants of health and **address** the stigma and discrimination that often results from a lack of understanding of how these affect some populations more than others.
- **Increase** social and community connection opportunities by creating safe and equitable public spaces for non-traumatizing experiences for all.
- **Decrease** barriers and stigma associated with asking for help to support mental health by role-modelling and discussing this topic on a regular basis with staff and clients.
- **Embed** trauma and resilience-informed practice into the workplace by offering staff or client training on inclusion topics, such as Indigenous cultural safety, LGBTQ2S and weight bias.
- **Utilize** the Grey Bruce Health Equity Tool and the Health Equity Impact Assessment tool from the Ministry of Health when planning or proposing new policies, programs or procedures.



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