

Key Social Trends, Policy Issues and Strategies for Change in the City of Greater Sudbury 2005

A Summary Report

Social Planning Council of Sudbury
Conseil de planification sociale de Sudbury

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1. Introduction and Background

Aim of This Report

The current report, *Key Social Trends, Policy Issues and Strategies for Change in the City of Greater Sudbury 2005*, summarizes existing data from a wide range of sources, including reports and databases from local, provincial and national governments, as well as information from non-governmental organizations reports. It is a companion document to *Social Profile in Greater Sudbury 2003 & 2004*, which provides detailed data on the trends and issues discussed in the summary report.

The summary report aims to provide a synthesis of key information on a range of issues including poverty and employment, education and training, diversity and inclusion, age-specific trends, transportation, crime and community safety, community engagement, health, mental health, and the non-profit sector. For most of these topics, information is included regarding initiatives undertaken in the City of Greater Sudbury (CGS) both by the municipality and community agencies to address these issues. The report also includes information from a community planning session, the Social Action Planning Conference, held by the Social Planning Council of Sudbury/conseil de planification sociale (SPC) in November 2003, from which a report emanated entitled *Convening for Change*,¹ in which the participants identified promising strategies for change.

By providing an overview of important social issues, the current report is intended to contribute to the ongoing development of community responses to pressing needs. Funders, policy makers and programmers may use it as a basis for making informed decisions about policies, programs and funding priorities and for developing strategies for change. It is recognized by the SPC that we will not have captured all initiatives underway throughout the community and it is hoped that this document will be a “discussion starter”. We believe it is essential that we continue to monitor the social trends in Greater Sudbury and invite readers to contribute information and updates. . It is hoped that the information will be linked to the work of the economic and environmental sectors in moving towards a common vision of a healthy community.

Partnership between the Social Planning Council of Sudbury and the United Way

The SPC was established as a subcommittee of the Sudbury & District United Way/Centraide (UW) in 1989. Its mandate was to monitor existing social services, identify and assess unmet needs, facilitate the implementation of appropriate services to meet those needs and ensure that existing social services and programs respond to needs. Since its inception, the SPC has monitored social indicators in order to advocate for appropriate action in response to social issues. The SPC became an autonomous organization in 1990, but it has maintained a partnership with the UW. Since 2002, this partnership has focussed on the collection of data pertaining to social trends and issues and the creation of action plans designed to address identified needs. The current report on social trends was

developed to provide information to assist in decision-making processes regarding social planning and the provision of funding for social programs and services at the local level.

The Context for this Report: The City of Greater Sudbury (CGS)

The CGS was created on January 1, 2001 through the amalgamation of the seven former towns that were part of the Regional Municipality of Sudbury (Sudbury, Capreol, Nickel Centre, Onaping Falls, Rayside-Balfour, Valley East and Walden), as well as several unincorporated townships in the surrounding area. In the 2001 Census it was reported that the population of the new community was 155,219. This represented a decline in population of approximately 10,000 people since the previous census in 1996. Most notable was the decline in the number of young people aged 25 to 34; this subgroup of the population in Sudbury decreased by over 25% in the period between the last two censuses. While there is hope and some evidence that the initiatives undertaken in the last few years are reversing the downward trend within the local population, it is well known that population aging is an ongoing phenomenon that will continue to impact on the community. There are varying predictions about demographic trends but there is general agreement that, by 2021, one in every five people (or 19%) in Greater Sudbury will be over the age of 65². The shifting demographics will have a significant impact on the community and therefore must be taken into account in planning for the future so that social issues can be addressed in a proactive manner.

Since the mid 1990s, municipalities have become responsible for the delivery of many social services that were previously funded by the province. Social housing, childcare, long-term care, public health, some emergency services and social assistance are now delivered at the local level. With the transfer of these services, funding formulae were introduced that have not kept up to the increasing costs of these services. Key changes in the provision of public health services provide a good example; events such as the SARS outbreak have increased costs significantly. In a community like the CGS, which has a stagnant or shrinking population and small assessment growth, there is little or no room in the municipal tax structure to support the increasing costs of services. Given that new funding has not been available to support these services, the negative impacts are likely to be felt at the local level over the short and medium terms.

2. Poverty and Employment

Poverty is now recognized as a factor linked to mortality rates. Indeed, the World Health Organization has stated that, "Poverty is the world's deadliest disease".³ As in third world countries, there is a higher death rate among Canadians who live in poverty compared to individuals who have greater financial resources. An improved understanding of the determinants of health (i.e. those conditions that contribute to our overall health and well being), has shown that living in poverty is a critical risk factor for early death. The rising gap between the rich and poor is a serious detriment to a long, healthy life for local residents who have low socioeconomic status.

A relevant indicator of poverty is the Low Income Cut Off (LICO), which is used by Statistics Canada to identify those who are substantially worse-off than average, or in other words, who live in 'straightened' circumstances. The LICOs vary according to the size of the community and the size of the family.

Family Poverty

In 2004, the LICO in the CGS for a family of four was \$32,546 (before tax income) and for an individual was \$17,515 (before tax income)⁴. There is some evidence that there have been improvements in the poverty rates in the CGS. Between 1995 and 2000, poverty declined such that levels in the city were slightly lower than provincial or national levels. The number of low-income families dropped from 14% in 1995 to 11% in 2000⁵. Despite the decrease, the statistics indicate that more than five thousand local families were poor in 2000. In total, about 23,000 people (including 8,440 individuals living alone) had incomes under the poverty line.

While, in 2004, the CGS had a slightly smaller proportion of families and individuals living below LICO than did the province or the country, individuals and families with incomes above the LICO were not as well off as their counterparts in other parts of Ontario or Canada. The average household income in the CGS was \$54,624, which was \$4000 less than the national average and \$12,000 less than the provincial average⁶. Furthermore, poverty has remained stubbornly high amongst Aboriginal people and lone parent families.

Levels and Sources of Income

Levels and sources of income are clearly related to poverty levels. Social assistance, considered the last public resource available to individuals and families who find themselves without paid employment or employment benefits, was reduced by 21.6% in 1995⁷. In 2005 the provincial government increased the base rate by 3%⁸; however, this has not made a significant difference in addressing the difficulties experienced by families and individuals who must rely on this support. The number of people relying on social assistance has decreased since 2002 by close to 400 people per month in Greater Sudbury. In 2005, slightly more than 7,000 people in the CGS relied on social assistance each month⁹. Individuals who are not employable because of a disability may apply to the Ontario Disability Support Program (ODSP). While the amount received on ODSP is higher than social assistance, it remains below the level that is required to have secure and stable living conditions. The number of people receiving ODSP is rising at the provincial level, as well as at the local level¹⁰.

The "working poor" is a term used to describe those who have employment but whose earnings are at a level that keeps them below the poverty line. Even though there was an increase of 4% in the minimum wage this year, it must be recognized that an individual working full time at \$7.45 per hour earns less than \$15,000 a year before tax. Often these jobs provide minimal security and no paid benefits.

Unemployment

Decent employment is the key to moving individuals out of poverty. Yet Sudbury has had a lower employment rate compared to the province or the country. While unemployment rates decreased during 2005, they remained higher than in most other parts of the country. The overall rate has fluctuated over the years (e.g. 2002 to 2005) between 7 and 11 percent¹¹. In June 2005, it was relatively low, at 7.4%. However, the Labour Force Survey conducted in November 2005 shows that, over the last year, the labour force in the CGS fell by 4.9% whereas in Canada it rose by 0.6%¹². A further trend in labour market conditions in the community over the last decade has involved a decrease in employment in the resource sector and a corresponding increase in employment in the retail/service sector; unfortunately, jobs in the service sector generally have lower salaries than industrial/manufacturing jobs.

While the unemployment rate declined from 8.9% in June 2004 to 7.4% in June 2005, a continual effort is required to diversify the economy and provide high quality jobs that pay well. Currently the sectors with the highest employment include the retail trade industries (13.4%), health care and social assistance (11.8%), public administration (8.2%) and educational services (7.9%).¹³

Homelessness

Poverty and unemployment are linked to both food insecurity and homelessness. A three-year study on homelessness in the CGS was conducted between July 2000 and July 2003 and seven point-prevalence studies were conducted. The results showed that, at any given time, there were between 400 and 600 homeless individuals in our community¹⁴. Due to the pressures on the emergency shelter system, as well as the support services offered to homeless and near homeless individuals, these front-line services are in crisis. At the end of 2005, three of the four shelters in Sudbury were either reviewing their capacity to provide services or were planning for closure at year-end¹⁵. Senior levels of government have not maintained the funding of these services and there have been no appreciable funding increases to match rising costs.

At present, there are no emergency shelter beds for families and very few beds exist for women who are not victims of domestic violence. Homeless women and families are typically sheltered in area motels with few support services. Outreach services that provide basic necessities, information, counselling and support are also threatened. Poverty, unemployment, low levels of financial support from social assistance and the meagre earnings provided by minimum wage have been contributing to the increasing problems of homelessness. Unemployment was the leading cause of homelessness in July 2003; housing problems or an inability to pay rent or mortgage were other primary reasons for homelessness¹⁶.

Housing

Wait lists for social housing remain at 1400 applicants per month. Approximately 800 persons per year move into social housing; however, new individuals continually join the wait list¹⁷. Vacancy

rates dropped between October 1999 and October 2003 from 11.1% to 3.6%. The Canada Mortgage and Housing Association reported a 2.4% vacancy rate for Sudbury in October 2004¹⁸. Lower vacancy rates create increased pressure on low-income individuals and families as landlords are permitted to increase rents based on the demands of the market.

An indicator of the affordability of housing is the percentage of income spent on rent; shelter costs are considered to be affordable when they do not exceed 30% of the occupants' before-tax income. According to Statistics Canada, 22% of the renters in the CGS spent more than 50% of their income on rent, while a further 22% spent between 30 and 50 percent in rent¹⁹. Thus, well over a third of local residents are at risk of losing their housing due to the combination of low income and high occupancy costs.

Food Security

The Sudbury Food Bank supports 32 member agencies in the CGS, most of which are operated by volunteers. Food banks offer emergency support to single parent families, children, seniors and students; in addition, breakfast programs operate in over 50 area schools. Neighbourhood food banks located throughout the geographic catchment area also provide food to area residents. As was the situation nationally, in 2004, the number of families and individuals using food banks increased locally. In the CGS, the number of households relying on foodbanks was slightly under 2000 per month in 2003 and this increased to slightly over 2100 households in 2004²⁰.

Strategies for Change

The Food Security Network has developed a food charter (Appendix 1) that has been adopted by the City of Greater Sudbury as well as by the Sudbury & District Health Unit. The Charter provides guidelines that may be used to work towards achieving food security within the community.

An outcome of the *Social Action Planning* conference held by the SPC in November 2003 was the development of goals and strategies for addressing poverty. The conference participants agreed that poverty must be addressed from two angles. The first priority was to ensure that basic needs are met. The basic needs include food, housing and clothing. The second priority focuses on the underlying causes of poverty, which must be addressed through a range of strategies. The conference participants identified several key strategies for change:

1. Create an inclusive model that encourages collaboration between stakeholders and the coordination of existing resources in order to meet the needs of those requiring assistance.
2. Provide community development resources to assist grassroots development, including (a) the participation of low-income community members and (b) increased efforts to advocate for change.
3. Ensure that anti-poverty strategic planning exists (a) at all levels of the municipal government, and (b) within community agencies and boards, so that poverty reduction strategies are incorporated into business planning.

4. Continue to monitor levels of poverty and trends in the community, to acknowledge changes and to keep the community informed of the level of progress in this area.

A comprehensive plan for poverty reduction also calls for attention to the need for a coordinated long-term housing strategy that includes the components of emergency shelter, transition housing, low-income housing and adequate supports for homeless individuals.

3. Education and Training

There is a direct relationship between an individual's level of education and his or her employment prospects. Unemployment levels are highest for those without high school diplomas and lowest for those with university degrees. Average annual income increases from less than \$21,000 for those who have not obtained high school diplomas to more than \$50,000 for those who have university degrees²¹.

Educational Attainment

On average, educational attainments among the residents of the CGS are lower than those for the province or country as a whole. Approximately 11% of the local population over 15 years of age has obtained a university degree as compared to 18% at the provincial level. A further 29% of the population has a trade certificate/diploma or a college certificate/diploma. This proportion is slightly higher than the provincial level (25%). On a positive note, there are indications that the level of educational attainment among the residents of the CGS has been increasing over time. Whereas only 5% of those over age 65 have a university degree, 15% of those aged 25 to 44 have acquired one²². Thus, while the overall proportion of the local population that has obtained a university degree is still lower than that for the province or the country, there has been significant progress in this area.

Post-Secondary Education

An examination of enrolments in the three post-secondary institutions in the CGS in 2002 /2003 indicates that there were approximately 10,000 full time students and a further 13,000 part time students pursuing an education locally²³. In 2003/2004, enrolments at Laurentian University had increased to 8,347 undergraduates and 404 graduate students²⁴; this represented a 37% increase over the enrollment figures for 2002/2003. Some of these increases have come from the introduction of new PhD programs and a new Bachelor of Education program. The opening of the Northern Ontario School of Medicine in the fall of 2005 is expected to add significantly to the community's reputation as a centre for education for north-eastern Ontario.

Primary and Secondary Schooling

With regard to educational trends at the primary and secondary levels, there are indications that local schools provide an educational experience similar to schools in other parts of the province. The

EQAO (Education Quality and Accountability Office)²⁵ has conducted annual testing on students in grades 3, 6 and 9. The weighted results of the reading, writing and mathematics test scores for children in all area school boards indicate that local children are doing as well as children across the province. Moreover, at the high school level, students in the CGS fared almost as well as students across the province on mandatory literacy testing. However, male students in Sudbury, like their counterparts across the province, performed at a lower level than did female students on the literacy tests. A positive indicator is that class sizes in the CGS, at both the elementary and secondary levels, are lower, on average, than the provincial levels. In addition, computers were more readily available to children in schools in the CGS compared to children in other parts of the province.

The provincial Minister of Education recently announced that the 2003/2004 dropout rate has risen to 32% of high school students. An estimated 49,000 students left Ontario high schools without graduating; this was 14,000 more than the previous year²⁶. Unfortunately, local statistics are not available. However, statistics from the YMCA Youth Employment Services (YES) in the CGS show the link between early school leaving and youth poverty. The YES has indicated that approximately 4000 youth live in poverty in the CGS²⁷ and that, of the 1678 youth who had registered for services, 43% had less than a grade 12 education. Moreover, 42% had no formal attachment to the workforce and only 23% were receiving social assistance²⁸.

Labour Market Information and Planning

The Sudbury & Manitoulin Workforce Partnerships Board (formerly the Sudbury & Manitoulin Training and Adjustment Board) monitors labour market information and, along with its Board members and community partners, coordinates this information in order to plan for the training and employment needs of the area. The Workforce Partnerships Board works closely with the education sector to address community needs. It produces an annual trends report that includes an action plan developed by community partners. Using information obtained from a review of labour force information, as well as a community consultation process, this organization has identified youth out-migration, an aging population, and a lack of diversity in our cultural base as the three major areas of concern in planning for the future. Out-migration and an aging workforce contribute to labour shortages. Skill shortages have been identified in the trades, health care, the computer sector and technology²⁹.

Strategies for Change

The participants of the SPC's *Social Action Planning* conference in 2003 underscored the importance of education, training and life-long learning as community priorities. While the benefits of life-long learning have been well documented, and the infrastructure is in place in the community to support ongoing training and education, there is a need for the establishment of a community action plan. This plan should specify existing learning and employment strategies, define priorities, and identify leadership requirements to bring the plan to fruition. Following the *Social Action Planning* conference, the SPC held initial meetings with key community players to begin the process of mapping existing resources. It was emphasized that there is a considerable disconnect between the

non-profit agencies that deliver employment and training services and the formal education system. The work of the early years programs and activities of educational institutions at all levels must be coordinated to ensure maximum benefit at the local level.

4. Diversity and Inclusion

Immigration and Cultural Groups

There is increasing evidence that, in Canada, economic growth is directly linked to immigration and settlement. Given the long-term trend toward a declining birth rate, population growth has become reliant on immigration from other parts of the world. Indeed, immigration has been a central feature in the historical development of Sudbury. The community was built through waves of immigration from Europe in the post-war era, with immigrants being drawn to the expanding mining, pulp/paper and lumber industries in Northern Ontario.

Immigration patterns in Canada have shifted in recent decades, with the highest number of new immigrants now coming from the developing countries of Asia. However, in the CGS, the immigration numbers have been declining with fewer than 1000 new immigrants arriving since 1991³⁰. The visible minority population (defined by Statistics Canada as any non-Caucasian/non-white persons other than Aboriginals) is relatively small and represents only 2% of the total population in the CGS. The relative homogeneity of the local population is also reflected in religious affiliation; the non-Christian community comprises less than 1% of the general population.

Some local population growth stems from the movements of Aboriginal people who are coming to the CGS from First Nations communities across the north. The 2001 census showed that the urban Aboriginal population was 7,025 or approximately 5% of the total; however, some estimates suggest that there could be as many as 12,000 First Nations people making Greater Sudbury their home³¹.

The Francophone population is a vital part of the community in the CGS, enriching the local culture and providing economic opportunities for the whole area. In terms of linguistic background, 29% of community members reported Francophone heritage. Forty percent of the local population is reported to be bilingual. Furthermore, bilingualism is increasing in the youth population, with 49% having the ability to function in both languages³². The high level of bilingualism is a positive factor for the CGS and has led to the creation of new employment opportunities.

Creating a welcoming community for all is an important goal. Individuals feel excluded for many reasons; race, religion, language, abilities, socio-economic status, gender, age and sexual orientation are among the factors that are associated with conditions that lead to mistreatment or discrimination. A study on race relations in 2004 by the Social Planning Council, *Report on Attitudes and Perceptions of Race Relations and Issues for Cultural Groups in Sudbury*, provided evidence that substantial work must be done in order to build a welcoming environment in our community. The study found that discriminatory attitudes towards Aboriginal and visible minority groups exist in the

community. Furthermore, a high level of resentment was expressed towards Francophones³⁷. Deliberations over whether to fly the Franco-Ontarian flag at City Hall in 2002 created a polarized debate that exposed evidence of the discord related to linguistic and cultural issues in the community.

Disabilities

An examination of diversity and inclusion in the community must take into account factors other than race, religion, culture and language. In order to meet community needs, consideration must be given to understanding the proportion of the population that is affected by disabilities. The general trend toward population aging has led to increases in the number of people who have disabilities. In 2001, thirteen percent of the population were reported to have some sort of disability³³. However, it is known that the number of people with disabilities increases with age. With an aging population, there is an expectation that the number of individuals living with disabilities will increase further over time.

People with disabilities have clearly stated that the community is not inclusive and there are many ways in which the local infrastructure, facilities, and attitudes perpetuate forms of marginalization. As part of the activities conducted in developing the *City of Greater Sudbury Accessibility Plan, 2003*, a survey revealed that individuals with disabilities were dissatisfied with access to transportation (49%), to suitable housing (83%) and to municipal buildings (61%)³⁸.

Sexual Orientation

Florida (2002), a US researcher, has argued that evidence of the establishment of gay, lesbian, bisexual and transgendered (GLBT) communities in a particular geographic area is an indicator of acceptance³⁴. His work on economic development and the creative class uses a measure called the *Gay Index* as a proxy for a community's openness to diversity based on sexual orientation. A second measure developed by Florida is the *Bohemian index*. A report published in 2002 using 1996 census data showed that Sudbury had a low rating on this scale³⁵.

In 2003, a needs assessment was completed within the GLBT community in the CGS. Based on a sample of over one hundred individuals, 50% of respondents reported that they had been verbally or physically assaulted because of their sexual orientation and 95% of respondents reported that they had witnessed gay bashing³⁶. Given Florida's (2002) argument that inclusive communities are those who are receptive to all groups, including members of the GLBT community, and that this is an indicator of the progressiveness of the local population, there is concern that the CGS lags considerably behind other communities.

Strategies for Change

There is evidence that difficulties have been encountered in attempts to create an inclusive community. With appropriate attention, there is also an opportunity to build on some community

successes. For example, the CGS initiated, provided leadership for and supported a community-wide process that led to the establishment of the *Diversity Plan for the City of Greater Sudbury* that has been adopted by city Council. The implementation of this plan is being lead by a diverse group of community members. The plan describes strategies for creating a more inclusive environment in the CGS; it provides for a detailed set of activities that outline multiple roles for local government, including education, marketing and relationship building, economic growth and employment, youth involvement, cultural acceptance and celebration, immigration and settlement, leadership and capacity building.

Similarly, the *City of Greater Sudbury Accessibility Plan* and the *Accessibility Advisory Committee* have underscored the need to address existing barriers for people with disabilities and to prevent new barriers from being established. The *Accessibility Plan* makes recommendations intended to ensure that the community becomes more physically accommodating to individuals with a variety of disabilities. In addition, this plan encourages sensitivity training for front-line staff as well as an assessment program for area businesses so that they can communicate with the general public regarding the capacity to make their facilities available to people with disabilities. The plan is reviewed regularly by the *Accessibility Advisory Committee*, progress is monitored, and the next steps are initiated.

The SPC is conducting a social inclusion project with funding from Health Canada. This project has been engaging with children in area schools in an effort to create a more inclusive school environment. Building on this project, forty representatives from various non-profit agencies met in October 2005 to explore potential opportunities to create a social inclusion network. A variety of tools and training opportunities were discussed. This group has provided input into a provincial initiative that is drafting a policy on social inclusion for the Public Health Agency of Canada. Work is progressing to enable this network to retain the connections that have been fostered through the project.

The community participants of the *Social Action Planning* conference (2003) advocated for change through the implementation of the *Diversity Plan*, as well as the recommendations made by the *Greater Sudbury Accessibility Advisory Committee*. It was also recommended that additional efforts must be made to conduct a public education campaign; such a campaign should include the dissemination of information about the forms of diversity within the local community, and should incorporate concrete plans for achieving social inclusion in all community strategic planning initiatives.

The implementation of the *Diversity Plan*, the *Accessibility Plan*, and the SPC's social inclusion network are examples of strategies that seek to enhance the capacity of the community to build an inclusive society at the local level. It is critical that organizations in the public and private sectors be informed about the positive steps being taken to respond to the needs of diverse groups in the community and that they have an opportunity to participate in the expansion of these initiatives in the future.

5. Age-Specific Trends

Children

There has been considerable attention given to early child development since the release of the Early Years Report (McCain and Mustard, 1999)³⁹. Federal, provincial and municipal governments, as well as educational institutions and community groups, have increased the level of resources directed to this group in an effort to ensure that children get a good start in life. According to McCain & Mustard, there is ample evidence that poor and malnourished children who experience chronic social and family dysfunction are more likely to suffer from a range of health problems. Such children have difficulty in school, lack essential social skills, and are more likely to commit criminal activity in later life when compared to children whose developmental needs are satisfied during the early years of life.

As poverty levels, in general, have decreased in Sudbury since 1996, so has the number of children living in low-income families declined. This decrease also appears to be reflected in the smaller number of children in homes supported by social assistance since 2000⁴⁰. Unfortunately, according to Statistics Canada, 14% of children aged zero to twelve were living in families that were below the LICO in 2001⁴¹.

The implementation of the *Early Development Instrument* (EDI), developed and used by Janus and Offord, McMaster University⁴², has provided significant data for planning for children in the early years. Launched in 2000, this tool is used to measure the school readiness of all children in senior kindergarten as they prepare to enter first grade. The data have shown that children in the CGS were functioning as well as others across the province in terms of physical health and well-being, social competence, emotional maturity, language, cognitive development, communication skills, and general knowledge, but there were slight variations in some scores. The data, available at the neighbourhood level to agencies planning for children's services, can facilitate the identification of problems and lead to the development of localized programs to respond to areas of need.

Strategies for Change

In light of the evidence presented in the Mustard and McCain report, the *Mayor and Council Children's First Roundtable* (2000 – 2003) developed the *Children First Charter* of the City of Greater Sudbury (Appendix 2). The *Charter* provides leadership to the community by identifying strategies for developing a supportive environment and appropriate resources to ensure healthy development, particularly for children aged zero to six. The *Children First Charter* has been adopted by a variety of community institutions including school boards, the Health Unit and non-profit agencies.

An action plan has been developed jointly by Ontario Early Years Centres in Sudbury and Nickel Belt, the SPC and a wide variety of community partners. This plan aims to coordinate services for

children and families in the CGS and provides a process for examining priorities on an annual basis. In 2003, the plan determined that a top priority pertained to facilitating access to services. Rideshare, a volunteer transportation program was organized in order to assist low-income families traveling to medical appointments, resource programs and recreational opportunities. In 2004 over 10,000 rides were provided⁴³. Given the importance of enabling low income families to gain access to community programs and services, it is unfortunate that the funding for the Rideshare program is at risk since it is based on various grant programs.

The *Early Development and Child Care Plan* developed by the Children's Services Department at the CGS guides the development of new services and will be important in the implementation of *Best Start*, the provincial government's initiative to ensure healthy development, early learning and child care for Ontario's children so they arrive at school ready to learn. The program will include increased subsidies for day care that will eventually lead to a full day learning opportunity for children between ages two and six. Recently, over 12 million dollars in funding was announced for the CGS for 2005 to 2008⁴⁴. A *Best Start Network* has been created that will be responsible for the implementation of the provincial government's strategy.

There is evidence that daycare has become more accessible and available in the CGS since 2001. The number of families utilizing licensed day care increased by 16% between 2001 and 2003⁴⁵. There is a ratio of 1:10 daycare spaces for children under age 12. However, a particular area of need is in the number of infant care spaces. Subsidies for child care are available for low-income families and access is expected to improve with the *Best Start* program.

The *Mayor and Council Children First Round Table* has a mandate to provide support and leadership on children's issues in the community. In close partnership with the *Healthy Babies Healthy Children Network*, activities pertaining to research, community development and advocacy on behalf of the community's youngest members have been initiated and monitored. Recently the United Way/Centraide has launched a new initiative—*Success by Six*— which encourages healthy development among children to facilitate a successful entry into school by age six. This program is supported by the *Cabinet of Partners*, a group comprising community leaders from a variety of backgrounds who are committed to ensuring that vital programs for children in the early years maintain or obtain the resources that they require so that they can continue to operate.

Attempts are being made to ensure that children in the early years receive the attention and resources required to launch them into successful lives. Given the persistent problem of poverty in the CGS, it must be noted that the level of resources does not meet the needs, despite increased attention on the part of various levels of government and community stakeholders responsible for their care. It is imperative that the *Early Development and Child Care Plan* is monitored in order to ensure that recent gains in the support of this age group are not lost should governments and other decision-makers move on to other priorities.

Youth

While considerable attention has been paid to the development of young children, the needs of youth⁴⁶ have not been addressed to the same extent. Youth out-migration is an issue of great concern to community leaders and members. Between 1996 and 2001, the overall population of the city declined by 6%. However, the decline in the youth population (age 15-24) was much higher, at 16.5%⁴⁷. It is encouraging that, in 2003-2004, the pattern of net migration for the area reversed itself and there was an actual gain of just over 300 persons. It appears that the net out migration of young people has been reduced significantly⁴⁸.

Youth unemployment is understood to be a key factor in youth out-migration. On average, national unemployment rates for youth aged 15 to 24 are higher than those for the general population; however, the unemployment rate for youth in the CGS is nearly 1.5 times that for young people elsewhere. Aboriginal youth in the CGS are almost three times less likely to be employed compared to youth in the mainstream cultural groups⁴⁹.

Fourteen percent of area youth who reside in private households live in poverty. For youth who move out of the family home, the risk of poverty rises dramatically. Seventy three percent of young people who are unattached to family units live below the poverty line. In actual numbers this translates to more than 4000 young people living without enough financial resources⁵⁰. The SPC's recent study on homelessness indicated that up to a third of the homeless population in Sudbury were young people⁵¹.

According to the Canadian Community Health Survey (CCHS) conducted by Statistics Canada in 2000-2001, 6% of males and 24% of females in the 15-19 year age group are at risk of depression. The risk of depression increases to 16% for males and 20% for females in the 20 to 24 age group⁵². While suicide rates are higher for males than females, the CCHS found that 10% of males and 20% of females in the 15 to 19 year age group have contemplated suicide. It is of concern that suicide rates in general, for all age groups, are higher in Greater Sudbury than the national average.

The results of the CCHS indicated that the majority of youth consumed alcohol during that past year and the proportion engaging in binge drinking (more than five drinks on one occasion) was 65%. This is significantly higher than the rest of the province (45%)⁵⁴. The Ontario Student Drug Use Survey (2001) indicated that 35% of students in grades 7 to 13 had consumed illicit drugs, with boys using more frequently than girls⁵⁵. With regard to sexual activity, the CCHS revealed that the median age of sexual debut in Sudbury was 17 for males and 18 for females, about the same as in the rest of the province. Teen pregnancy rates, while dropping, were higher than the provincial average. Slightly less than half of sexually active teenagers reported using condoms every time they had intercourse⁵⁶.

Services for youth in the CGS are limited and resources to support those services are scarce. The Sudbury Action Centre for Youth (SACY) provides employment and housing support as well as counselling and a gathering space. SACY prepares an annual report on service use. In 2002 and

2003, SACY dealt with more than 9000 crisis interventions. Funding for youth services has not been stable and other youth centres in the community have struggled to continue to operate. For example, a youth centre in Valley East is currently facing a funding crisis and a centre in Walden has opened and closed more than once.

Strategies for Change

Initiatives have been undertaken within the City of Greater Sudbury Council in order to help young people stay in Greater Sudbury. This is reflected in the rising enrolments in the local post secondary institutions. Moreover, a larger number of young people appear to be moving to Sudbury from communities in north-eastern Ontario in order to pursue their education.

The service providers engaged with area youth have attempted to act on recommendations in the report *Convening for Change*⁵⁷. The *Greater Sudbury Youth Services Coalition* is working on a plan to implement the objectives of this report, which include the following:

1. Create a community where young people are valued by ensuring that they all have access to the basic needs of food, housing and transportation, as well as social and emotional supports, community supports, education and training.
2. Improve the image of the youth in the community by improving adult-youth relationships.
3. Include young people in actively helping to determine the future of our community.

Seniors

Generally, seniors are considered to be those who are over 65 years of age. The seniors population in the CGS is growing. At 13.9% of the population, the current proportion is higher than the provincial and national averages (13.2% and 13.0%, respectively). Projections indicate that this group is likely to increase to 19% of the population by 2021⁵⁸.

While the percentage of seniors living in poverty has been lower in the CGS than in the province or across the country, 36% of seniors who are unattached (living with non-relatives or alone) live below the LICO. In contrast, only 2.6% of seniors living in private households (i.e. living in their own families or with other relatives) are in the same circumstances. An analysis of gender and risk of poverty indicates that elderly women were more likely to be poor than were elderly men; 20% of women and 10% of men who lived alone in the CGS had incomes below the poverty line⁵⁹. In 2000, 63% of elderly men and 87% of senior women had incomes that were less than \$30,000⁶⁰.

A commonly used measure of housing affordability⁶¹ indicates that housing costs are considered reasonable for a majority of seniors in the CGS. However, an increasing number are being forced to spend a large proportion of their income on housing. In 2001, 17% of households headed by seniors aged 65 to 74 and 19% of those over 75 were paying more than 50% of their household income as rent. Among seniors who owned their homes and carried a mortgage (less than 1400

households), 18% of those aged 65 to 74 and 44% of those over 75 paid more than 50% of their income on payments⁶². While the risk of homelessness is low for seniors, the SPC's study on homelessness in Sudbury revealed that low income sometimes results the loss of housing and is a cause of homelessness among the elderly.

Health status is a primary concern among elderly persons. There is evidence from the *Canadian Community Health Survey* that 61% of seniors perceive their health to be good, very good or excellent; however, 39% report having fair or poor health. More than half of seniors suffer from arthritis, slightly less than half have high blood pressure and one fifth have diabetes⁶³. Of the 13% of Sudburians with a disability, 41% are persons above 65 years of age⁶⁴. Population aging brings increased concerns regarding the provision of adequate health care and long-term care facilities. In 2005, a shortage of long-term care beds forced the placement of some seniors in facilities in the CGS to locations as far away as Gore Bay on Manitoulin Island. This situation creates stress on the seniors and their families.

Strategies for Change

The *Mayor and Council's Round Table on Seniors* has led the development of plans for support and additional services to seniors in the community. The majority of these strategies involve the implementation of recommendations from the *Action Planning for Sudbury's Golden Opportunity* report⁶⁵, a plan developed through a partnership between FedNor, Human Resources Development Canada, the City of Greater Sudbury and the *Mayor and Council's Round Table on Seniors* to retain and attract seniors to the area and to improve the quality of life of seniors in the CGS. The SPC has provided information to the *Round Table on Seniors* with regard to the extent of poverty among seniors in Greater Sudbury. This committee has made a commitment to integrating strategies for change into its plans to address issues for seniors. The strategies include the following:

1. Provide access to local, relevant information about services and opportunities to seniors.
2. Engage in advocacy on behalf of seniors for municipal and other services.
3. Attend to the issue of elder abuse.

Recently the CGS staff and city Council have participated in a training session to raise awareness of issues related to seniors and access to services. In addition, the *Round Table on Seniors* has developed a detailed workplan to address information accessibility, safety and security, health, housing, human resources, education, marketing and community development.

A report from the community planning session, *Convening for Change*, was provided to the *Seniors Round Table* and included the following recommendations pertaining to seniors:

1. Ensure that seniors and their families are aware of services available in their community.
2. Reduce the poverty level and conditions of poverty among seniors.
3. Ensure that long term care planning is in place to meet the future needs of the aging population.

4. Improve levels of safety for seniors.

These recommendations are currently being included in the work of the *Round Table on Seniors*. It is recommended that communication be established between other community organizations developing new initiatives for seniors and the *Round Table on Seniors* in order to facilitate the coordination of local efforts in this area.

6. Transportation

The City of Greater Sudbury covers a geographic area of 3,627 square kilometres making it the largest municipality in Ontario based on total area. The distance from the southwest to the northeast limits of the community is over 100 kilometres (in a straight line). Transportation services in a community of this size are an important aspect linked to the quality of life. Access to services and resources, especially for low income or vulnerable community members, may be limited by the lack of transportation.

Given the vast geography of the CGS, personal automobile travel is the preferred method of transportation for most local residents. Seventy-eight percent of workers in the community travel to their workplaces in cars, trucks or vans. Nine percent travel as passengers in these vehicles while only 5% use public transportation. Seven percent of workers walk to work⁶⁶. The median commuting distance to the workplace, among local residents, is 6.5 kilometres. Nearly two fifths of workers live within 5 kilometres of their workplaces⁶⁷.

Public transportation services are a vital component of the local infrastructure. After a slight decrease in 1999, the use of public transportation has increased annually to 3.9 million in 2004⁶⁸.

Volunteer driving programs have become increasingly important in assisting low-income individuals and seniors to access community resources. Various organizations have responded by creating programs that are specific to various groups needs. The Canadian Cancer Society and the Sudbury & District Health Unit have developed programs to assist individuals in accessing programs and services. The Canadian Red Cross, with support from the Ministry of Health and Long Term Care, provides transportation for seniors so that they may attend medical appointments and gain access to various locations and services. In 2004, the transportation service provided 12, 459 rides, an increase of 303 trips from the previous year. As mentioned in the section on children, Rideshare, a program of GEODE has provided over 10,000 rides to children and their parents to appointments, child centred resources and sports and leisure activities between 2002 and 2003. Funding for the Rideshare program is not yet sponsored by any government ministry and thus the program has been at risk of closure.

Strategies for Change

Recent efforts to increase active living should include an emphasis on cycling and/or walking to work and corresponding improvements to the system of trails within the CGS. With the increasing

cost of vehicle operation, many are rethinking their travel strategies largely due to rising gasoline prices. *Clean Air Sudbury*, a non-profit, community-based organization that is primarily focused on improving local air quality and reducing greenhouse gas emissions in the Sudbury area, is promoting a new initiative, the *Greater Sudbury Trip Reduction Network*. This project, part of the national *One Tonne Challenge* to reduce greenhouse gas emissions is an example of a healthy community strategy. This initiative incorporates environmental, economic and social elements into a strategy that aims to improve local air quality and reduce travel costs.

In an attempt to maintain accessible public transportation for families, the City of Greater Sudbury instituted a policy, in 2004, to allow children under 5 to use the public transportation system free of charge. In addition, parents using the bus system to access day care are permitted to transfer from one bus to another: thus, parents who drop-off children at a day care centre may board another bus at no additional cost.

7. Crime and Community Safety

Crime Rates

An examination of year-to-year crime rates in the CGS indicates that, overall, the number of criminal offences in the community has decreased by over 33% since 1995. In 1995, there were almost 16,000 criminal offences compared to 10,681 in 2003⁶⁹. There have been some fluctuations in particular types of crimes committed. For example, crime statistics showed that there were increases between 2002 and 2003 in automobile theft, theft under \$5,000 and mischief under \$5,000. In contrast, violent offences in categories such as murder, attempted murder and sexual assault have decreased and have remained lower than rates of such crimes across the country.

Another area in which there have been improvements is in the number of impaired drivers. Police statistics confirm that there has been a 30% reduction in impaired driving charges between 2001 and 2003. The number of individuals charged with impaired driving or given a 12-hour suspension when stopped in the R.I.D.E (reduce impaired driving everywhere) program was reduced by 50% in this time period⁷⁰.

Youth Crime

Rates of youth crime have been higher in the CGS than in the rest of Canada, and while they have been decreasing nationally, the rate of decrease has been somewhat smaller in the CGS⁷¹. In 2003 Canada's Young Offenders Act was replaced with the Youth Criminal Justice Act which shifts the response to youth crime away from incarceration and moves to community engagement. Police officers now have more discretion in finding solutions to minor offences. In Sudbury, this has resulted in the closure of at least one youth custody facility.

Recently, the CGS was chosen as a site for a Restorative Justice Demonstration Project. This initiative seeks to respond to youth who have become engaged with the court system by bringing together victims, offenders and the community. The approach involves identifying and addressing the needs that result from the offence, and seeking solutions that afford reparation, healing and reintegration as a means of preventing future harm. This demonstration project is intended to strengthen the Restorative Justice Program currently in place for adults. Unfortunately, the funds to support community initiatives that would respond to the needs of young offenders have not been sufficient to meet the demands. There has been a suspension of youth services of the John Howard Society while funding is being sought.

Community Safety

Community safety is also a concern in terms of accidents and injuries. The employment base in the City of Greater Sudbury has become more diversified over the last two decades. Statistics from the Workplace Safety & Insurance Board indicate that, overall, the number of lost time claims has decreased since 1998⁷². Currently the highest numbers of lost time claims are, firstly, among workers in the service sector, and secondly, among those in the health care field; these groups are followed by manufacturing, mining and construction. Injuries and deaths from accidents and poisonings occur at rates in Northern Ontario that are higher for all age groups than the province in general. In fact injuries and poisonings are the fourth leading cause of death and they occur at a rate of 7% of all deaths in the north compared with 5% for the province in general⁷³.

The police force has taken an aggressive approach to community policing. The Greater Sudbury Police Service states that it monitors community conditions, and responds to the best of its abilities. A problem solving squad has been created that allows police officers to work with community partners, including citizens and business and community leaders. This group has a mandate to create solutions to issues before there is a negative impact on crime rates. This approach to crime prevention through environmental design is one of the foci of the problem solving team as it seeks to work with community partners to create an environment that is less conducive to criminal behaviour. However, some local policing initiatives have been seen as controversial by some. For example, the *Lion's Eye in the Sky* program has been criticized by the privacy commissioners of Canada and Ontario as being intrusive and as violating privacy rights⁷⁴.

Strategies for Change

The Police Service has sought to respond to the diverse needs of the community through the establishment of an Aboriginal Community Police Advisory Board and an Advisory Board on Multiculturalism and Race Relations. Recently the force has received recognition for the development of an awareness and training program for Aboriginal youth. This program aims to encourage these youth to consider law enforcement as a career. This initiative was made possible through a partnership with area school boards, the Police Service and members of the Aboriginal community. The Mkwa (Bear) Opportunity Circle is being hailed as a promising practice in Canada.

At the *Social Action Planning* conference (2003) held by the SPC, one of the action items identified was for Sudbury to strive to become designated a safe community by the Safe Communities Foundation. This goal was achieved in 2004.

While the vast majority of young people are not engaged in criminal activities and make a positive contribution to the development of our community, it is critical that the community continue to improve the social conditions underlying high-risk behaviour, particularly among youth in our community. Recent attention to improving recreational facilities (e.g. the re-opening of the Adanac Ski Hill, and an increased number of skate board parks) have increased the opportunities for youth to be engaged in positive recreational activities. Doob and Gartner⁷⁵, professors of criminology at the University of Toronto, have drawn attention to the link between youth crime and social policy as it has developed in Ontario over the last ten years (Appendix 3).

8. Community Engagement

Involving citizens in the life of the community is critical to the development of a healthy community. There is much evidence that an involved public is key to development and growth. Participation in economic, environmental and social aspects of community life is a requirement for growth.

Volunteerism

Volunteerism is a key aspect of community participation that impacts on the well-being of the local citizenry. A 2002 survey found that 53% of the respondents in the CGS were engaged in volunteer work⁷⁵. Furthermore, the *National Survey of Giving, Volunteering and Participation* (1997) revealed that 85% of Sudburians 15 years and older made financial donations to charitable and non-profit organizations⁷⁶. While the overall proportion of local residents making donations was larger, the size of the donations was smaller among Sudburians, compared with donors across Ontario and the rest of the country. A factor that may limit the size of donations is the lower level of earned income among people in the CGS compared with those in the rest of the country (see the section on poverty)

Voter Turn-Out

Voter turn-out is another key indicator of community engagement. In the elections held throughout 2000, residents of the Sudbury and Nickel Belt ridings have turned out in similar numbers to the rest of the province and the country. In the last two municipal elections voter turnout has been slightly better than the provincial average.

Access to Information

Access to information is important to enable citizens to have the resources they need in order to be engaged in the community. Individuals must know how they can access information and provide

input into decision-making processes. The use of the Internet as a mechanism for communication has been revolutionizing access to information over the last decade. In 2002, an Oracle poll found that two-thirds of households in the CGS had Internet access⁷⁷. Subscriptions to the local daily newspaper are reported at 13,000 according to the Advertising department at the Sudbury Star. The Northern Life, a community newspaper published three times per week, is made accessible to the community through home delivery with voluntary paid subscriptions. This paper is delivered to approximately 60,000 homes and it is also available in its entirety on the Internet. Le Voyageur, a weekly newspaper published in French has a circulation of 8,400. Other community-based newsletters and online news services also exist. The community portal, www.mysudbury.ca, was launched in 2004; it has won numerous awards for excellence and provides an online source of information for community members. An attempt to engage citizens in a discussion about civil society/civic engagement is currently underway on this website.

Strategies for Change

The CGS has launched several initiatives that have sought to expand opportunities for community engagement. In 2001, the Council created a *Mayor's Task Force on Community Involvement and Volunteerism* and it prepared a comprehensive report on this issue. The Task Force members identified a need for coordinated and sustained support for volunteerism in the community. It also identified a willingness among citizens to participate in local decision-making and noted the need for more meaningful opportunities to do so. A discussion on the topic of "civil society" at the *Social Action Planning* conference (2003)⁷⁸ made similar recommendations to those of the earlier task force. It has been suggested that city Council develop a policy on civic engagement to ensure that citizens can provide input into the ongoing development of the community.

9. Health

Considerable interest and attention is paid to the health of the population, not only within our community, but also provincially and nationally. No other issue receives more media profile than health.

Health Status

The health status of citizens in the CGS, unfortunately, is often found to be at or near the bottom of rankings when compared to other communities in national surveys and reports. In 2004, it was reported that people living in the CGS had the shortest life expectancy of all census metropolitan areas in Canada. On average, Canadians born in 2000 can expect to live 79.4 years. In the CGS, life expectancy is 76.7 years, five years behind the country's leader, Vancouver, where people can expect to live 81.1 years⁷⁹. Deaths from heart disease and cancer are higher in the catchment area of the Sudbury & District Health Unit than in the province and country, and the incidence of cancer is also higher⁸⁰. These illnesses, along with others, contribute to premature mortality

(death before age 75). While premature mortality in Canada has declined by 13% over the last decade, it has only decreased by 2% in the CGS⁸¹.

Life Style Factors

Life style factors are often cited when health status is being discussed. Health-related impacts of smoking, drinking, alcohol consumption, nutritional status, and obesity are greater in the CGS compared to the province and the country as a whole. Subjective perceptions of health are more negative among local residents than among other Canadians. Despite these health problems, there are some positive trends. For example, the percentage of daily smokers has decreased by 7% between 2000 and 2003⁸². In addition, residents of Sudbury report a higher level of physical activity than others in the Ontario and Canada.

Determinants of Health

While health is often discussed in terms of illness and disease, there is a growing body of evidence indicating that the determinants of health, those key elements that lead to an improved quality of life and health outcomes, must be central considerations. Edwards (2002) provided an overview of presentations at a conference entitled the *Social Determinants of Health Across the Life-Span*⁸³ held at York University (see Appendix 4). These determinants include 1) income inequality, 2) social inclusion and exclusion, 3) employment and job security, 4) working conditions, 5) contribution of the social economy 6) early childhood care, 7) education, 8) food security and 9) housing. It is argued that attention to the determinants of health is critically linked to long-term outcomes for our citizens and the growth of our community.

Strategies for Change

There is a growing movement in the community to addressing the determinants of health. While much work has often been conducted in relation to selected determinants, there has not been a sustained effort directed, in a coordinated fashion, to addressing the determinants as a whole. A goal of the current report is to contribute to efforts to promote a coordinated strategy to address the determinants of health. The Sudbury & District Board of Health has made the determinants of health a priority in its strategic planning efforts. The City of Greater Sudbury, through the work of a team of experts, has developed a healthy community strategy. *Healthy Greater Sudbury*, the report of a team of experts, provides a framework that includes many of the determinants; it aims to develop strategies and to provide leadership for the community in an effort to improve overall health and the quality of life.

At the SPC's 2003 Social Action Planning conference, participants set an objective to develop a model for the coordination of activities to promote health and wellness, as well as the development of a coordinated and integrated infrastructure that will support the model. Key stakeholders such as the Health Unit and the Healthy Community initiative, among other interested groups, should be involved in efforts to implement this model.

10. Mental Health

Mental health services are a key component of the health system. Estimates have shown that, in 2004, the number of people with mental illness in the CGS was 3,639 (2.5% of the population)⁸⁵. In addition, 6,987 individuals (4.8%) had a substance abuse problem⁸⁶. Furthermore, it was estimated that half of the clients in treatment for substance abuse have some mental or emotional problems.

Deinstitutionalization and Divestment

In the early 1980s, the government began the process of closing institutions that housed individuals with mental illness and began moving them back into their communities. Over the last twenty years, there have been twenty reports by various governments that have focused on the divestment process⁸⁷. While there is general agreement with the strategy of deinstitutionalization, there has been a lack of investment in the community-based mental health services that are required to make this transition successful. The lack of funding for community services impacts negatively on people with mental illness, their families and community agencies in this sector.

Mental Health and Homelessness

The three-year study of homelessness conducted by the SPC revealed that mental illness and addictions are issues linked to homelessness. A survey of health-related issues for homeless people that was conducted as part of this study showed that the level of self-reported mental illness (36% to 51% of respondents)⁸⁸ was similar to the prevalence rates for mental illness among homeless people reported in the published literature⁸⁹. Without adequate supports, homeless people with mental illness often come into contact with police and the criminal justice system. The CMHA has reported that the number of individuals suffering with a mental illness who encounter the court system is increasing by 10% per year. Police officers do not receive specialized training to work with people with mental illness but increasingly have been required to deal with this population due to rising homelessness in the last decade.

Local Agencies

Local agencies in the community face considerable pressures as they strive to address the needs of those with mental illness and addictions. A planning table, the *Sudbury-Manitoulin Adult Mental Health & Addictions Providers Working Group*, which includes all relevant local agencies and government ministries meets regularly to plan for the delivery of service and discuss the gaps in services. Several community agencies work in partnership with the health care system, which provides medical treatment and services that include housing support, peer support, outreach, community education, needle exchange, employment support, leisure and recreation opportunities and support to families.

However, gaps identified by the *Sudbury-Manitoulin Adult Mental Health & Addictions Providers Working Group* include the need for a single point of access. Clients must be able to access services

without being required to retell their stories several times to different service providers. In addition, there is a need for staff cross-training in the areas of addiction and mental illness since many individuals suffer from concurrent disorders and it is important that staff can recognize and respond appropriately. Early identification and treatment are essential and may lead to better outcomes. Unfortunately, adults and children with mental health issues are placed on wait lists for mental health services when they require medical treatment and community services. It is important that community plans created to address social needs incorporate the needs of those with mental illness and addictions.

11. Non-profit Sector

The non-profit sector, sometimes referred to as the voluntary or third sector, is drawing national attention for the contributions that it makes to society, as well as for the struggles that it has endured in recent decades and the crisis that it currently faces. Non-profit organizations provide a diverse range of services that include social services, recreation, arts and culture, health care, education, religion, care of the environment, fund raising, among others. Less than half of all voluntary organizations have paid staff. The www.mysudbury.ca social service database lists over 900 non-profit agencies. Revenue Canada reports that, in 2005, there were 268 registered charities in the community.

Staffing Issues

The non-profit sector contributes significantly to the economic base of the community. In 2005 the Canadian Policy Research Network (CPRN) conducted a study on the non-profit sector⁹⁰ and concluded that 8% of the workforce was engaged in the non-profit sector. Workers in this sector are predominately female, better educated and older than those working in the for-profit sector. The study concluded that working conditions in the non-profit sector were better than in the private sector; however wages were lower and job security was poorer.

In a study of *Human Resource Needs in the Non-Profit Sector*⁹¹ it was determined that the non-profit sector had a high rate of employee turn over. More than half of the non-profit workforce was hired on a contract or part-time basis and all agencies used job subsidy programs from various levels of government. While there was a high level of job satisfaction in the sector there was significant dissatisfaction with wages. There is a generalized and growing concern in the non-profit sector that, as the “baby boomers” begin to retire, difficulties will be encountered in attracting young workers since there are likely to be more well-paid opportunities available in the private and public sectors.

Funding Issues

The difficulty in meeting missions and mandates has increased among non-profit agencies. Funding for the sector comes primarily from government, earned income, and private giving/fundraising. Government funds are the largest source of income to the agencies. In general, funding has moved

to a project or contract basis and has moved away from any form of 'core' funding. The lack of core funding for non-profit organizations significantly hampers the capacity of the sector to continue to meet the needs of the clients⁹².

A survey conducted to obtain information about the gaps in programs and services in the CGS showed that there were waiting lists for services in most of the agencies that provided health-related services (SPC, 2004)⁹³. While the overall response rate to the SPC's survey was poor, as is often found in mail surveys in general, the results were consistent with previous research in this area. The most frequently mentioned challenge faced by agencies was funding. Inadequate funding relates to waiting lists, staff shortages and general strife in the sector. In addition, the recruitment of volunteers is becoming more difficult in many agencies.

12. Conclusions

It is important to monitor various social indicators that allow for the identification of changing social needs and the development of appropriate and effective responses to them. The non-profit sector that provides leadership and support to both staff and volunteers who respond to our most pressing needs is under duress. Recent shifts in funding strategies by government and other funders have created difficulties for many local agencies in meeting their mandates. Project funding does not allow agencies to maintain the capacity that is required to administer and support these services. The requirements of project administration have become burdensome and the need to search continually for new funding sources adds further pressure to already heavy demands. The changing demographics in the community require vigilance in monitoring as organizations experience greater difficulties in recruiting volunteers to provide the necessary human resources.

The impacts of poverty remain an underlying threat to the health and well being of our community. Numerous issues, such as homelessness, food insecurity, crime, transportation accessibility, and health, among others, while not solely caused by poverty, are often exacerbated by the struggles of living without enough financial resources. Tackling poverty requires a concentrated effort, both by responding to the symptoms of poverty, and by paying attention to education, training, employment supports, childcare, transportation, the early environment to which children are exposed, economic development and effective social policy-making. The response to poverty must be far-reaching and well co-ordinated. The current crisis within agencies responding to homeless people must become a top priority for our community. Funding for outreach and other support services was threatened in 2005 and the network of supports that has been created over the last several years will disappear quickly if care is not taken to maintain it. The working group on poverty at the SPC's *Social Action Planning* conference provided a framework for the response to poverty; a commitment to implementing this framework, through a community-wide effort, is required.

There have been some improvements in funding and services to respond to the crucial early years of development. These gains must not be lost; continual efforts must be made to monitor the long-

term impacts of the new programs and services. The *Best Start Network* will be a key community resource in dealing with this issue.

While considerable attention has been devoted to the early years, much less has been done to support young people as they move through adolescence to adulthood. Resources for youth programs are scarce. Too many young people are poor, homeless, in conflict with the law, and leaving school. This age group should become a key focus of community planners and funders. The agencies that provide services to youth have formed a coalition and have gathered input from young people in regard to the required supports. Young people deserve to have financial and human resources dedicated to meeting their needs.

The number of seniors in our community is growing. Many are represented through advocacy and social support groups. However, care must be taken that the most vulnerable, those who are poor and alone, are not left out of the planning.

There has been some effort to build a more welcoming community; however, more attention must be paid, both to the physical environment and to the attitudes of local residents, in order to ensure that all groups can experience a sense of belonging. The community must be attentive to the needs of a growing urban Aboriginal population and to new immigrants. It is essential to support the work of the city's plan, *Diversity Thrives Here*, as well as to assist other community groups and organizations that are committed to building a more inclusive society. The growth and maturity of the City of Greater Sudbury depends on this support.

Making the community welcoming will require attention to issues of accessibility and transportation. Careful planning is required to ensure that community members are not excluded because of difficulties with transportation, mobility or accessibility issues.

The poorer health of local residents is reflected in low ratings on many health indicators. Attending to the determinants of health requires that the economy, the environment and a range of social indicators are addressed in planning for change. Community plans, round tables, advisory panels, coalitions, and networks exist to implement the extensive plans that are already in place for the economic development of our community, including an award-winning plan outlining the development of our environmental recovery and sustainability. We must be willing to move forward in a coordinated and collaborative manner to address the most pressing social needs in the City of Greater Sudbury.

13. Endnotes

- 1 Social Planning Council of Sudbury. (2004). *Convening for change: Report of the 1st annual Social Planning Council conference*. Sudbury: Social Planning Council.
- 2 Monteith Brown Planning Consultants. (2004). *City of Greater Sudbury - Parks, open spaces and leisure master plan*. Sudbury: City of Greater Sudbury.
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Appendices

Appendix 1 - Greater Sudbury Food Charter

Greater Sudbury Food Charter Final Version, June 2004 Passed by the Sudbury & District Board of Health, the City of Greater Sudbury, the Municipalities of Killarney and of Markstay-Warren, and of St Charles and also by the Township of Tehkummah on Manitoulin Island, as of September 15, 2004

Given that access to safe, affordable, nutritious food is a basic human right of individuals and communities, and connects us to our families, our cultures, and our traditions;

And that community food security is a comprehensive approach that includes all components of the food system, from producers to consumers, and promotes regional food self-reliance;

And that having a food secure community is the foundation of population health, social justice, community-based economic development, and a sustainable environment;

Therefore, the Food Security Network of the Sudbury and Manitoulin Districts, including The City of Greater Sudbury, the Social Planning Council of Sudbury, and the Sudbury & District Health Unit, will work towards the development and implementation of a community food security mandate that supports research, policies, and programs that will endorse:

1) Population Health and Wellness:

- Individual and household food security as a determinant of health;
- Adequate income, employment, housing, and transportation policies that ensure food accessibility and availability to all citizens; and
- Nutritional education and healthy food choices in schools, businesses and public places.

2) Community Development:

- An annual community food security report card;
- Food self-reliance through community-based food programs, such as community gardens, fresh food box programs and collective kitchens;
- Multi-cultural food festivals and cultural events;
- An emergency food preparedness plan; and
- The involvement of the community in developing food security solutions.

3) Investment in the Regional Food System:

- A regionally-based and community-driven food system;
- The viability of agricultural and rural communities;
- The development of regional value-added agricultural production, food processing and distribution systems; and
- The promotion of regional food products at farmer's markets, farm-gate sales, and local food outlets.

4) *The Development of a Sustainable Food System:*

- Public and institutional education on the interdependence between the food system and a sustainable environment;
- Scientifically proven best management agricultural practices and regional crop varieties;
- The development and implementation of renewable technologies in the expansion of the regional food system;
- The reduction of persistent toxic chemicals that can accumulate within the food chain;
- Sustainable waste management practices; and
- Support for initiatives that minimize the loss of bio-diversity, resource depletion, and climate change, and that raise the awareness of global environmental issues.

Appendix 2 - Children First Charter of the City of Greater Sudbury

GIVEN THAT

A thriving community invests its hopes in the future of its children;

AND THAT

All children deserve to live in a family and community that believes that the welfare of children is of primary importance;

AND THAT

All children deserve the assurance of their inherent goodness;

WE, THE MAYOR AND COUNCIL'S CHILDREN FIRST ROUNDTABLE IN THE CITY OF GREATER SUDBURY RECOMMEND THAT WE, AS A WHOLE COMMUNITY INCLUDING THE PUBLIC, PRIVATE AND NON PROFIT SECTORS, WORK DILIGENTLY AND TOGETHER SO THAT ALL CHILDREN HAVE:

A SENSE OF BELONGING TO A RESPECTFUL AND DIVERSE COMMUNITY THAT:

- preserves and celebrates the child's ethnic, cultural, spiritual and/or religious identity
- protects the child from racism and any form of discrimination including discrimination based on their age

A QUALITY OF LIFE WHICH INCLUDES ACCESS TO:

- safe housing
- nutritious food
- recreation and leisure activities
- health care

SUPPORTIVE AND CARING ENVIRONMENTS THAT INCLUDE:

- family time
- early childhood development activities and parenting supports
- quality childcare
- an educational system that ensures each child attains her or his full potential

SAFE, PROTECTIVE ENVIRONMENTS THAT:

- promote a child's cognitive, physical, social, spiritual and emotional well being
- provide protection from abuse, mistreatment, injury and disease

KNOWLEDGEABLE AND RESPONSIVE GOVERNMENTS THAT:

- understand their responsibility towards children
- invite the opportunity for children to have influence on the future
- take action in order to create a sustainable future;

AND THAT

These assurances will follow children as they progress through life's stages into adulthood.

Appendix 3 - Aim at crime's cause - Anthony Doob and Rosemary Gartner
Globe and Mail Monday, August 15, 2005 Page A13

Aim at crime's cause

Forget about slapping a made-in-the-USA label on our gun problem: Gang violence is homegrown, and Ontario nurtured it with poor social policies, say criminologists
ANTHONY DOOB and ROSEMARY GARTNER

Why is Toronto experiencing so many shootings right now? And what can be done? The first question assumes that there is, in fact, an upward trend in gun violence rather than simply an unusually large number of incidents in a concentrated period. It's too early to know whether the events of the past few weeks signal the start of a sustained upswing. In 1991, there were 89 homicides in Toronto, a record high, and concern that we were entering a new, violent era was widespread -- yet Toronto has come nowhere close to that level of lethal violence since.

For the sake of argument, however, let's assume incidents of gun violence are beginning a sustained rise.

If so, why?

Let's consider what's known about the causes of crime, and then look at changes that have occurred in the past 10 years in Ontario's social policies, particularly those that affect children. Very simply, policies put in place during this period had a high likelihood of increasing levels of violence. We don't believe, of course, that increasing crime was the goal. Rather, it seems that our political leaders at the time simply ignored widely accepted evidence about social sources of crime.

One of Ontario's most dramatic changes in the mid-1990s was the large cut to welfare payments for families with children. It is well established that cities with low welfare payments (measured as the amount received by each poor family, or the per cent of poor families receiving some form of assistance) have higher rates of violent and property crime, and that children who experience long periods of poverty between the age of 5 and their early teenage years are more likely to commit crime. We also know that communities with higher levels of economic inequality are likely to have high levels of violent crime. Even Japan, a country with a generally low level of violent crime, has found that homicide rates and robberies go up when income inequality, unemployment, and poverty increase.

When we move from broad economic policies to policies that affect children directly, we find additional factors that account for a rise in crime. For troubled and troublesome young people, the school can be an oasis in an otherwise difficult life. And attachment to school -- finding something positive and personally rewarding -- can reduce the likelihood that troubled youths will commit violent crimes. Getting young people to see education as a good thing can be a challenge, but we do know a little about making school a positive experience. What matter most for disaffected youths are a school's extracurricular aspects and the particular attention paid by a teacher who takes the time to help a difficult student.

But in the 1990s, the Ontario government told teachers that every minute that they spent that

was not in front of a classroom was wasted, frivolous time -- never mind the "extras" that made their jobs more rewarding and their students more interested in staying in school. Second, it told schools to deal with troubled and troublesome students through zero tolerance, by suspending and expelling them. Provincial policy dictated that the one institution, the school, that was available to everyone and that could make a difference was stripped of that opportunity, while teachers were told that it was not their role to help troubled children. Fortunately, many school boards, school administrative officers, and teachers didn't listen; they did what they knew to be best. But their resources were limited. As well, Ontario demoted public health to the status of unnecessary frill (remember the Walkerton drinking water disaster?).

What does public health have to do with crime? Plenty, it turns out it, especially for the poor and disadvantaged. Something as simple as regular home visits by public-health nurses to poor young mothers, from the early stages of pregnancy until the child's second birthday, not only has important health benefits -- 15 years later, these same children are less likely to be involved in crime.

Homelessness, a problem whose roots go back at least 20 years, is another factor. Children who are forced to move from temporary home to temporary home throughout their school lives are considerably more likely to feel no roots in the community and be involved in crime.

Yet all these changes in social policy were justified because they gave people like the readers of this newspaper lower taxes.

What about the proposed solutions to Toronto's gang/crime problem? No quick fix will reduce it. It will do no good to increase prison sentences, to institute more mandatory minimum sentences, to implement curfews, to sweep the streets clean of disorderly people, to create boot camps. Indeed, looking for solutions to crime within the criminal-justice system is largely counterproductive because it distracts us from effective responses and depletes scarce resources that could be used earlier and more productively.

Toronto has been promised new police officers to deal with crime. Adding to police strength, alone, will not solve the problem either, however. With each police officer costing about \$75,000 a year, we should be asking what our other choices might be, within police departments or elsewhere. In a coldly statistical way, let's look at what is the best way, per million dollars spent, to achieve a long-term impact on violent crime?

For the most part, we already know. It's sometimes referred to as an investment in social programs. These programs are designed to create an educated, healthy, productive society. They also have indirect benefits -- they create peaceful communities. We may have learned in the past 10 years or so how to increase violent crime in our communities. The question is whether we will use what we've learned to reduce it.

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Appendix 4 - Social Determinants of Health Across the Life-Span

Introduction

In late 2002, 400 social and health policy experts, community representatives, and health researchers met at York University at a conference entitled "Social Determinants of Health Across the Life-Span". The purpose of the conference was to consider the state of key social determinants of health (SDOH) across Canada, explore the implications for the health of Canadians, and discuss policy directions to strengthen these social determinants of health.

Following the conference, Health Canada contracted with Peggy Edwards to prepare:

- summaries of a series of research papers and presentations on nine SDOH (see Appendix A)
- an overview paper that ties all of the issues together under a population health approach.

This overview is based on the papers and presentations from the conference, including an overview presentation by Dennis Raphael. All of the papers are rich in content and ideas, but not totally inclusive. In some cases, the authors and presenters chose to focus on a particular aspect of the issue. No attempt was made to move beyond the data base and population groups covered in the original papers and presentations. For example, some presenters included data related to Aboriginal peoples or new immigrants; others did not.

There are additional social determinants of health (such as peace, social support and family violence) that are not covered by the summaries. There are also other basic determinants of health (such as genetic endowment and the physical environment) that interact with the SDOH to provide the broad picture of why some people are healthy and others are not. Some discussion of the role of the health care system as a SDOH is included in this overview; however, there is no summary of this, because a full, referenced paper was not available. It should be remembered, however, that universal access to medical care is an important aspect of the SDOH. Without this, Canadians who become ill or injured would be forced to spend a large share of their income on treatment, leaving little money for other SDOH, such as housing and food.

This overview summarizes and interprets the conference papers as they relate to the implications for policy and the role of the health sector in terms of nine SDOH and the interactions among them:

income inequality

social inclusion and exclusion

employment and job security

working conditions

contribution of the social economy

early childhood care

education

food security

housing.

The reader can find more in-depth information on each of these topics by reading the individual summaries and/or accessing the original papers and presentations. Please see Appendix B for some definitions of the above terms as used in the conference papers.

Current Situation

A wealth of evidence from Canada and other countries supports the notion that the socioeconomic circumstances of individuals and groups are equally or more important to health status than medical care and personal health behaviours, such as smoking and eating patterns (Evans et al., 1994; Frank, 1995; Federal/Provincial/Territorial Advisory Committee on Population Health, 1999). The weight of the evidence suggests that the SDOH have a direct impact on the health of individuals and populations, are the best predictors of individual and population health, structure lifestyle choices, and interact with each other to produce health (Raphael, 2003). In terms of the health of populations, it is well known that disparities-the size of the gap or inequality in social and economic status between groups within a given population-greatly affect the health status of the whole. The larger the gap, the lower the health status of the overall population (Wilkinson, 1996; Wilkinson and Marmot, 1998).

Canada has been a world leader in research related to the SDOH. Yet, according to the Canadian Population Health Initiative of the Canadian Institute for Health Information: "Canada has fallen behind countries such as the United Kingdom and Sweden and even some jurisdictions in the United States in applying the population health knowledge base that has been largely developed in Canada" (CPHI, 2003).

All of the conference papers describe a discouraging picture of increased disparities in the SDOH across Canada over the last 15 to 20 years. Many factors have contributed to the growing gap, including some government policies, with some exceptions - most notably in Quebec where some recent policies (such as universal \$5 a day child care and increases in social housing) have been enacted to improve the SDOH.

Income Inequality

Between 1997 and 2000, Canadians enjoyed increases in personal incomes as a result of higher levels of employment (particularly among full-time workers) and wage growth. However, the poverty rate among all Canadians-with the notable exception of seniors-is still higher than it was in pre-recession 1989. The failure to reduce poverty levels to at least 1989 levels points to the trend of growing income inequality in Canada. The poverty gap - the gap between the poverty line and the average income of poor families or persons below the line - increased over the last decade, even as the economy boomed. (Scott, 2002).

Incomes have become more polarized. Taxes and transfers have helped to offset this growing inequity; however, the pattern of increasing disparity is still evident when looking at after-tax income. For example, the income share of the bottom 20% of families in 2000 from earnings and investments was 2.8%, compared to 45.1% among top quintile families - that is, 16.1 to 1. After transfers and taxes, the income share of the bottom quintile was 7.3%, compared to 38.8% - a ratio of 5.3 to 1 (Scott, 2002).

Job Security and Working Conditions

Globalization, slow growth in the '70s and recessions in the early '80s and '90s resulted in workforce rationalization, layoffs and the emergence of new styles of work, including increases in temporary, part-time, casual, contract and self-employment. Today, only one-half of all working Canadians has a single, full-time job that has lasted six months or more; only one in two is eligible for employment insurance due to changes in the requirements and these new styles of work (Tremblay, 2002). Less than half of non-unionized workers have access to employer-sponsored benefits and pensions (Jackson, 2002). Thus, half of working Canadians are experiencing income and job insecurity. These "precarious workers", who are often young parents, cannot afford to go the dentist, nor to take their children there. Frequent short-term unemployment is high, with limited access to income support from employment insurance.

Increased pressure for competitiveness in a global market and changes in the nature of work has led to high levels of workplace stress and related health problems linked to long working hours, job insecurity, physical injuries such as repetitive strain, decreases in worker participation and control, and problems related to work-family balance (Jackson, 2002; Polanyi, 2002).

Housing and Food Security

In the 1990s, the federal government and most provinces stopped providing social housing. At the same time, some provinces reduced social assistance rates (by as much as 22% in one province). This has led to a housing crisis among renters and the growing ghettoization of residential neighbourhoods in large cities. Low-income individuals and families-especially Aboriginal, new immigrant and sole parent families-have been hit particularly hard. In November 2001, the federal and provincial governments made a unanimous agreement to build significantly more social housing units. One year later, the National Housing and

Homelessness Network reported that outside of Quebec (which has committed itself to funding 2900 new units this year) no province has made a serious commitment to building new affordable housing (NHHN, 2002). In addition, several provinces had still not signed the bilateral agreement (Bryant, 2002). Meanwhile homeowner wealth increased from 29 times that of renters in 1984, to 70 times in 1999 (Statistics Canada, 1999). When rents take 30 to 50% or more of one's income, there is little money left for food, recreation, transportation and the other necessities of life.

The 1998/99 National Population Health Survey revealed food insecurity among 10.1% of Canadian households, representing 3 million people, including 678,000 children. The odds of reporting food insecurity increased with declining income and reliance on social assistance. Prevalence was greatest among lone mothers with children (Che and Chen, 2001). In the 1994 National Longitudinal Survey on Children and Youth (NLSCY), families headed by single-mothers were eight times more likely to report that their children were hungry, compared to other families. Children from families receiving welfare were 13 times more likely to experience hunger than non-welfare families (McIntyre, Walsh and Connor, 2001).

Education and Care in Early Life

Although 65 to 85% of mothers are in the labour force, there are only regulated child care spaces for about 12% of Canadian children. Despite the growing evidence of the positive effect of high quality early childhood education and care (ECEC) on child development and future health, total spending on ECEC has dropped in recent years in every province except Quebec (Friendly, 2002).

Since its inception in the late 19th century, universal public schooling in Canada has prepared the young for the responsibilities of adult citizenship. Today, public schools in Canada are under stress due to budget cutbacks, labour conflicts, and increased needs for special education, and language and cultural diversity. Failure to respond to these challenges puts public schooling at risk. This, in turn, endangers the health of Canadians and the well-being of the social structure (Ungerleider and Burns, 2002).

Disadvantaged children and youth do not perform as well in school as advantaged young people. For Aboriginal people, rates of high school graduation and attendance at post-secondary schools are well below the rest of Canada. Children in low-income families are more likely to exhibit developmental delays and delinquent behaviours. Relative level of disadvantage is also important. Societies with larger gradients in socioeconomic status are more likely to encounter developmental problems in disadvantaged children (Keating, 2002).

Social Exclusion

There is evidence of growing social exclusion in Canadian society, particularly for Aboriginal people, racialized groups and immigrants from countries other than Europe. For example, Aboriginal people and racialized groups are more than twice as likely to live in poverty and three times as likely than the average Canadian to be unemployed, despite the high credentials of many immigrants. Previous trends that saw immigrants forge ahead after a few

years in Canada have reversed. Studies show that visible minority immigrants (who are now the majority of new Canadians) are at high risk for persistent poverty. Members of minority groups often encounter institutionalized racism in the health care and justice systems. The incarceration rate of Black males has increased over 200% in the last 10 to 15 years. These findings are mirrored in reports from several provinces on the experiences of Aboriginal people with the justice system (Galabuzi, 2002).

Social exclusion is exacerbated by gender, age, ability, sexual orientation, race ethnicity and religion. For example, women from racialized groups make up almost all of the workers in the garment industry that employs contingent workers in Canada's low paying and often unsafe "sweat shops" (de Wolff, 2000).

Most people in difficult living situations face more than one disadvantage. Shaw and colleagues argue in *The Widening Gap: Health Inequalities and Policy in Britain* that "Health inequalities are produced by the clustering of disadvantage - in opportunity, material circumstance, and behaviours related to health across people's lives." (Shaw et al, 1999).

Taking Action on the Social Determinants of Health

The situation described above exists within a broader context, including:

the decline of the social welfare state, which supported progressive tax structures, and social and employment programs to protect workers, families and people who needed assistance

the rise of transnational corporations that pressure nations and businesses into reducing costs and maximizing profits at the expense of the worker

the decline of institutional and government structures that mitigated against social exclusion and conflicts between business and labour

the recessions of the early '80s and '90s, which led to the systematic cutting of budgets and rapid policy changes in the health, social and education sectors, in order to reduce deficits

the growth of market-driven political ideologies that see the individual as responsible for his or her place in the market economy and little or no room for governments to provide social protection for individuals and groups that require assistance.

Yet, within these global shifts, countries such as Finland and Sweden have systematically incorporated equality-oriented action on the SDOH into their national and regional policy agendas, while simultaneously enjoying economic growth (Raphael, 2003). Within Canada, there are jurisdictions at the provincial and local level that provide examples of successful policy and program changes that improve the SDOH and the economy and labour market at the same time (Vaillancourt et al, 2002). An analysis of the various actions suggested in the conference papers suggests that Canadian policy-makers might consider adopting six key strategies to improve the SDOH and the resulting health status of the population. Improved health will inevitably lead to improvements in productivity and reductions in the cost of treatment for illness and injuries.

Six Key Strategies to Enhance the Social Determinants of Health

Adopt a framework for social inclusion to guide the implementation of policies and practices that reduce inequities related to income, race, gender, ethnicity, geographic location, age, ability and sexual orientation.

- Promote full employment, job security and healthy working conditions for all Canadians. Make employment insurance available to workers in precarious jobs that need it most.
- Protect universal access to a high quality health system that recognizes and addresses mental, social and spiritual health, and includes strong, adequately funded infrastructures for health promotion, disease prevention and health protection.
- Protect and maintain Canada's high quality public education system, expand programs in early childhood education and care, and increase opportunities for meaningful experiences in lifelong learning and employment training.
- Uphold and ensure the right of all Canadians to adequate housing and food.
- Reduce income disparities by ensuring minimum wages and levels of social assistance that allow all Canadians to access the basic necessities for healthy living in Canada, and by enacting tax transfers and social, health, labour and education policies that help create a level playing field for individuals and families that require support at various times in their lives.

The next section deals with the role of the health sector in addressing these six broad strategies.

The Role of the Health Sector

Despite clear evidence that the SDOH affect health and illness, the health sector has been reluctant to champion policies that improve social conditions because areas of social and economic policy largely fall outside of the health department's jurisdiction. There has been a reluctance to "step on toes" and to explore ways of collaborating across sectors. Yet the health sector has at least three key roles to play in addressing disparities in the social determinants and the strategies outlined above:

- **Leader.** In some cases, the health sector has a direct leadership role to play in addressing the health and long-term care needs of certain population groups, and as a large employer of many workers.
- **Influencer.** In many cases, the health sector can act as an influential catalyst, advocate, mediator and collaborator in finding win-win situations that convince other sectors to develop public policies and assign public resources to improving the SDOH.

- **Communicator and knowledge broker.** In all cases and at all levels, the health sector can communicate with the public and with decision-makers about the impact of policies in labour, finance, housing and other sectors on the health, well-being and productivity of Canada's citizens. The sector can also serve as a knowledge broker in building and sharing our understanding about the value of and mechanisms for reducing disparities in the SDOH, and subsequently in health status.

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Appendix A

List of Papers, Authors and Presenters

Income Equality

Paper and main speaker

Katherine Scott

Senior Policy Analyst, Canadian Council on Social Development

Respondent

Richard Lessard

Director of Public Health, Régie régionale de la santé et des Services sociaux de Montréal-Centre

Employment Security

Paper and main speaker

Diane-Gabrielle Tremblay

Professor and Research Director, Télé-université and Canada Research Chair in Social and Organizational Challenges of the Knowledge Economy

Respondent

Andrew King

National Health, Safety and Environment Coordinator, United Steelworkers of America

Employment and Working Conditions

Paper and main speaker

Andrew Jackson

Senior Economist, Canadian labour Congress, Ottawa

Respondent

Michael Polanyi, Assistant Professor, Saskatchewan Population health Research and Evaluation Unit, and Faculty of Kinesiology and Health Studies, University of Regina

Contribution of the Social Economy

Paper and main speaker

Yves Vaillancourt

Directeur, Laboratoire de recherche sur les politiques et les pratiques sociales, and Professor, School of Social Work at the Université du Québec in Montreal

Respondent

Pat Armstrong

Chair in Health Services and Nursing Research, Canadian Health Services Research Foundation and Canadian Institutes of Health Research, and professor, Department of Sociology, York University.

Early Life

Paper and main speaker

Martha Friendly

Coordinator and Director, Childcare Resource and Research Unit, Centre for Urban and Community Studies, University of Toronto.

Respondent

Gina Browne, Professor, Nursing and Clinical Epidemiology and Biostatistics, and Director, System-Linked Research Unit, McMaster University.

Education

Paper and main speaker

Charles Ungerleider

Professor, Sociology of Education, University of British Columbia and former Deputy Minister of Education for the Province of British Columbia.

Respondent

Daniel Keating

Atkinson Professor of Early Child Development and Education, Department of Human Development and Applied Psychology at the Ontario Institute for Studies in Education, University of Toronto.

Food Security

Paper and main speaker

Lynn McIntyre

Professor, Faculty of Health Professions, Dalhousie University.

Respondent

Valerie Tarasuk

Associate Professor in the Department of Nutritional Sciences, Faculty of Medicine,
University of Toronto.

Housing

Paper and main speaker

Toba Bryant

Post-doctoral fellow, Centre for Health Studies, York University.

Respondent

Sharon Chisholm, Executive Director, Canadian Housing Renewal Association, Ottawa.

Panelist

Cathy Crowe, Street Nurse, Toronto

Social Exclusion

Paper and main speaker

Grace-Edward Galabuzi

Researcher, Centre for Social Justice and Doctoral Candidate, Department of Political
Science, York University

Respondent

Ronald Labonte, Director, Saskatchewan Population Health and Evaluation Research Unit
and Professor, Community Health and Epidemiology, University of Saskatchewan, Professor,
Kinesiology and Health Studies, University of Regina.

SDOH: Research and Policy

Paper and main speaker

Dennis Raphael

Associate Professor, School of Health Policy and Management, York University, Toronto.

Appendix B:

Relevant Definitions Used in the Papers and Summaries

Housing

Canada Mortgage and Housing Corporation (CMHC) uses the term 'core need' to track the
number of households unable to access adequate rental accommodation in their community.
The term measures affordability, suitability of accommodation and adequacy (Layton, 2000).

Early Childhood Education and Care

Early childhood education and care" (ECEC) describes an integrated, multifunctional approach to policies and services that is inclusive of all children and parents, regardless of employment or socioeconomic status. In Canada, this definition encompasses child care centres and other regulated care services - such as family child care in private homes - whose primary focus is to allow mothers to participate in the paid labour force. It also includes kindergartens, nursery schools and preschools, whose primary purpose is early childhood education (Friendly, 2002).

Employment Security and Insecurity

Employment or job insecurity is largely subjective - something an individual feels, given his or her personal job situation, perception of risk and the overall economic situation. The validity and relevance of traditional objective measures of employment security is sometimes questionable in today's knowledge economy and changed labour market. For example, the unemployment rate no longer offers a correct measurement of the true supply of labour or insecurity because it fails to take into account the new diversity of employment status (casual, temporary, reduced-time, part-time, etc.) and other factors such as caregiving (Tremblay, 2002).

Food Insecurity

In developed societies, *food insecurity* is defined as "the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so" (Davis and Tarasuk, 1994). Food insecurity includes problems in obtaining nutritionally adequate and safe foods due to a lack of money to purchase them, or the limited availability of these foods in geographically isolated communities (Campbell, 1991).

Social Economy

In Quebec, the term "social economy" is widely used and refers to a vast array of groups, mostly non-profit organizations including advocacy groups, voluntary organizations and other community-based organizations, including cooperatives. The term is not widely used in English Canada but is most close to the term "voluntary and community sector" (which includes organizations dealing with both voluntary and paid work) The mission of these organizations is to provide empowering services to members and community and not profit-oriented (Vaillancourt, Aubrey, Tremblay and Kearney, 2002).

Social Exclusion

Social exclusion describes the structures and dynamic processes of inequality among groups in society. In the Canadian context, social exclusion refers to the inability of certain groups or individuals to participate fully in Canadian life due to structural inequalities in access to social, economic, political and cultural resources. These inequalities arise out of oppression related to race, class, gender, disability, sexual orientation, immigrant status and religion.

Working Conditions

Jackson (2002) has identified the following working conditions have been identified as central to whether a job is healthy or not:

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