THE BOARD OF HEALTH PRESENTS REPORT 09-005 AND RESPECTFULLY RECOMMENDS:

1. **2009 West Nile Virus Program Provincial Budget Reduction BOH09009 (City Wide) (Item 5.2)**

   That Report BOH09009 respecting 2009 West Nile Virus Program Provincial Budget Reduction be received for information.
2. **Nursing Graduate Guarantee Initiative BOH09011 (City Wide) (Item 5.4)**

   That the temporary addition of 4.0 FTE new nursing graduates for up to six months each, funded by the Ministry of Health Nursing Graduate Guarantee Initiative be approved.

3. **IDEAs (Informed Decisions Empowering Adolescents) Program –BOH09007 (City Wide) (Item 5.5)**

   That the single sourced purchase of the IDEAs Program from Impact Consulting, be approved as long as it remains consistent with best practice and continues to meet operational needs.

4. **Public Health Research, Education and Development (PHRED) Program PH06002(d) (City Wide) (Item 5.6)**

   (a) That the current PHRED partnership agreement with McMaster University as described in Public Health Research Education and Development (PHRED) program report PH06002(d) be approved;

   (b) That the single sourced purchase of research and evaluation services from McMaster University be approved as long as it continues to meet operational needs;

   (c) That the current application for funding model as described in PHRED program Report PH06002(d) be replaced by a model in which evaluation projects are internally driven.

5. **Community Health Bus Schedule BOH09006 (City Wide) (Item 8.1)**

   That the following new schedule for the Community Health Bus which provides dental treatment and public health nursing services, be approved:

   - Monday (alternating between Beasley Recreation Centre and Pinky Lewis Recreation Centre),
   - Tuesday (Dominic Agostino Riverdale Community Centre)
   - Wednesday (Neighbour to Neighbour),
   - Thursday (East Kiwanis Boys and Girls Club) and,
   - Friday (Hess Street School).
6. Social Determinants of Health Position Statement BOH09008 (City Wide) (Item 8.2)

(a) That the Hamilton Public Health Services Position Statement on the Social Determinants of Health, as outlined in Appendix “A” attached hereto, be approved;

(b) That the inclusion and integration of the social determinants of health in public health programs and services be endorsed;

(c) That public health staff be directed to advocate for social determinants of health improvements with citizens, community organizations, agencies, and across all sectors and levels of government, as appropriate.

(d) That Report BOH09008 respecting Social Determinants of Health Position Statement be referred to the Senior Management Team to be integrated into the City’s strategic plan.

7. Correspondence (Item 11.1)

That the dispositions for the following items of communication be approved:

(a) Council Follow-up Notice from Stephanie Paparella with attached copy of Resolution from the City of Greater Sudbury respecting Regulation and Provision of Resources to Monitor Retirement Homes. (Referred from Council on April 1, 2009 to the Medical Officer of Health for review and response to be included in the upcoming report respecting a revised Residential Care Facilities By-law.)

Recommendation: Be received.

(b) Letter from Ron Sapsford, Deputy Minister, Ministry of Health & Long-Term Care and Cynthia Morton, Deputy Minister, Ministry of Health Promotion respecting Expenditure Restraints.

Recommendation: Be received.

(c) Copy of letter from Beth Pater, Chair, Kingston, Frontenac and Lennox & Addington Public Health to the Ministers of Health (Canada), Industry Canada, and Small Business and Consumer Services (Canada) respecting Food and Beverage Marketing to Children.

Recommendation: Be endorsed.

(d) Copy of letter from Beth Pater, Chair, Kingston, Frontenac and Lennox &
Addington Public Health to the Minister of Health Promotion respecting Smoke-Free Ontario Youth Action Alliances.

Recommendation: Be endorsed

(e) Copy of letter from Beth Pater, Chair, Kingston, Frontenac and Lennox & Addington Public Health to the Minister of Health and Long Term Care respecting KFL&A Public Health’s Position Regarding Artificial Tanning.

Recommendation: Be received

(f) Copy of letter from Paul Holbrough, Warden, Oxford County with attachments to the Prime Minister respecting Wind Energy Generation Facilities.

Recommendation: Be received

FOR THE INFORMATION OF COUNCIL:

(a) CHANGES TO THE AGENDA (Item 1)
The Clerk advised of the following changes to the agenda:

(i) Added verbal update from Doctors Richardson and Mackie respecting the recent swine flu outbreak;

(ii) Added PowerPoint presentation with respect to Item 8.2.

The agenda was approved as amended.

(b) DECLARATIONS OF INTEREST (Item 2)
None declared.

(c) Verbal Update respecting the Swine flu

Doctors Elizabeth Richardson and Chris Mackie provided a verbal update respecting the swine flu outbreak in Mexico and associated cases in the United States and Canada related to travel to Mexico and responded to questions posed by the Board members.
(d) MINUTES (Item 3)

The Minutes of the February 23, 2009 meeting were approved as presented.

(e) Delegation Requests (Item 4.1)

The delegation request from Nancy Phillips, Hamilton Health Coalition Organizer, on behalf of Ted Haines, Co-Chair and Natalie Mehra, Director of the Ontario Health Coalition, respecting under funding of Hospitals and all the cuts and restructuring that have been recently announced was approved.

(f) Community Food Security Stakeholder Advisory Committee Minutes of February 4, 2009 (Item 5.1)

The Minutes of the Community Food Security Stakeholder Advisory Committee of the February 4, 2009 meeting were received for information.

(g) Downloading in Public Health Services programs BOH09010 (City Wide) (Item 5.3)

Report BOH09010 respecting Downloading in Public Health Services Programs was TABLED to a future meeting in order for staff to report back on the total cost impact to the City from the downloading of the programs outlined in the report.

(h) Social Determinants of Health Position Statement BOH09008 (City Wide) (Item 8.2)

Suzanne Brown, Manager, of Chronic Disease Prevention Children and Youth, made a PowerPoint presentation which provided an overview of the report and a hand out was distributed.

Suzanne Brown responded to questions posed by the Board members and a discussion followed respecting the importance of integrating the information contained in the report into the City’s strategic plan and for the City to invest in preventative measures rather than being reactive.

The staff recommendation was amended by adding a subsection (d) to refer the report to the Senior Management Team.

Furthermore, on a motion (Merulla/Pasuta) staff were directed to determine the feasibility of conducting a comprehensive study to:

- establish the health costs associated with poverty in the City of Hamilton
and;

- to determine the cause and affect of poverty and the implementation of a tangible plan of action to fight poverty in Hamilton, and
- report back to the Board of Health with their findings.

(i) Adjournment

There being no further business, the meeting adjourned at 10:30 a.m.

Respectfully submitted,

Mayor F. Eisenberger, Chair
Board of Health

Ida Bedioui
Legislative Assistant
Board of Health
April 27, 2009
Position Statement

Public Health Services is committed to improving the health of all Hamiltonians. Addressing the Social Determinants of Health is fundamental to this work. Public Health Services recognizes that the social determinants of health are complex interactions between a range of factors, including social, economic, environmental, biological, cultural and individual factors. Together, they play a key role in determining the health status of individuals as well as the population as a whole.

PHS recognizes that efforts to improve population health require a social determinants of health approach that encompasses the following:

- advocate for and promote health equity
- evidence-based strategies
- strong collaborative partnerships within and outside of the traditional health sector
- flexibility and creativity in the face of complex challenges

Background

All over the world, people of different Socio-Economic Status (SES) experience significantly different levels of health and incidence of disease. The evidence from Canada and other countries is that socio-economic factors are at least as important as medical care and personal behaviours in health status and specific outcomes such as incidence and mortality of various chronic diseases. The recognition of this phenomenon by researchers led to the coining of the term “Social Determinants of Health.”

Social determinants of health have been recognized as the best predictors of health both for individuals and populations. They influence people's lifestyle choices and they interact with each other considerably. Furthermore, social determinants of health are closely linked to Health inequity. Health inequalities are the differences in objectively measured health status. Health inequities exist when these differences in health are avoidable or changeable and thus socially unjust.

Poverty is a key social determinant of health. “There is a very clear and very robust relationship between individual income and individual health. That is, poverty leads to lower health status.” In Canada, people living in the lowest income quintile are four times as likely to rate their health as ‘poor’ or ‘fair’ compared to people in the highest income quintile. Furthermore, the incidence of developing multiple chronic conditions rises as income level drops. “High income…does not guarantee good health; but low income almost inevitably ensures poor health and significant health inequity in Canada.”
The Hamilton Story
The Hamilton community has an extensive network of social service agencies with a reputation for innovation, academic excellence and collaboration. It is a community with spirit, a wealth of social capital, and world-class health care and educational institutions. Like most Canadian cities, Hamilton is coping with: an aging infrastructure; provision of social services downloaded from higher levels of government; and, amalgamation of outlying towns and rural areas into the urban boundary.

This city of more than a half a million people is home to two of Canada’s largest steel producers and many diverse manufacturers. Historically, these have been the major employers however; many have downsized, relocated or closed. Hamilton is diversifying its economy. By 2001, sales and service had become the largest occupational sector in the city. Today Hamilton boasts a $1 billion per year agricultural industry and a bio-sciences/medical sector that is second to none in the country.

A quarter of Hamilton’s population, according to the 2006 census, has emigrated from other countries, and now calls this city home. Notwithstanding the presence of a world class University within its boundaries, Hamilton still has a lower percentage of residents completing a university degree (15.5%) compared to Ontario (20.5%); and almost 1 in 5 residents (18.1%) live under the Low Income Cut-off (LICO), more than is seen at the provincial (14.7%) or national (15.3%) level. Young people (18 years and under) have even higher rates, with 23.6% falling below the LICO. Most compellingly, more than 1 in 4 children under 6 fall below the line (26.4%) as compared to the provincial average of 19.3. “From birth, children experiencing poverty can be affected by a number of interconnected factors; each of these individually can have a negative impact on development. However, they tend to cluster, so magnifying the effects”

While poverty is one of the key indicators in the social determinants of health, socio-economic status (SES) provides a more inclusive picture of this experience. SES is an index of multiple material and social dimensions. Canadian Institute for Health Information uses “an index that incorporates education, income, employment, single-parent families, persons living alone and the proportion of persons separated, divorced or widowed.” The health impacts of socio-economic status for people in the Hamilton Census Metropolitan Area (CMA) are profound. People in the lowest SES group compared to those in the highest SES group are:

- 2.7 times more likely to be hospitalized due to diabetes.
- 2.8 times more likely to be hospitalized for mental health issues.
- 3.1 times more likely to be hospitalized for COPD (under 20 years of age).

The past few decades have seen an increasing polarization of income between the wealthiest and poorest of Hamilton’s citizens, with the wealthiest 40% of the population experiencing increasing incomes, while the poorest 60% of the population have seen their income decline. At the extreme end, poverty manifests in homelessness and food insecurity. In 2006, almost 4,000 different individuals stayed at an emergency shelter. This represents a 30% increase in shelter usage between 2005 and 2006. In March 2007, there were 8,179 visits to local food banks and over 52,000 hot meals were served at meal programs.

Rationale
Internationally, the World Health Organization recognized the social determinants of health as critical to health and well-being by convening the Commission on Social Determinants of Health. Their 2008 final report calls on the international community to close the health gap in a
generation. The report states "Where systematic differences in health are judged to be avoidable by reasonable action they are, quite simply, unfair… Putting right these inequalities – the huge and remedial differences in health between and within countries – is a matter of social justice."\textsuperscript{20}

Nationally, the Chief Public Health Officer for Canada states “because good health is not equally shared by all Canadians, it is essential that we understand the many factors that contribute to what we call health ‘inequalities’ if we hope to develop solutions to turn this around. We know that age, sex and heredity are key factors that determine health. We also know that our lifestyle and behavioural choices matter, and that these factors are influenced by our environments, experiences, cultures and other factors. Finally, we know that for some, even when the best choices are made, their health outcomes are limited by these broader influences.”\textsuperscript{21}

\textit{The Core Competencies for Public Health in Canada} continually refers to the social determinants of health and identifies commitment to equity, social justice, respect for diversity and empowerment as important attitudes and values for public health staff.

Provincially, the recently released Ontario Public Health Standards (2008) mandates the social determinants of health. “The health of individuals and communities is significantly influenced by complex interactions between social and economic factors, the physical environment, and individual behaviours and conditions. These factors are referred to as the determinants of health, and together they play a key role in determining the health status of the population as a whole.”\textsuperscript{22}

Ontario Public Health Standards (2008) outline the social determinants of health in the following order:
\begin{itemize}
  \item Income and social status;
  \item Social support networks;
  \item Education and literacy;
  \item Employment/working conditions;
  \item Social and physical environments;
  \item Personal health practices and coping skills;
  \item Healthy child development;
  \item Biology and genetic endowment;
  \item Health services;
  \item Gender;
  \item Culture; and
  \item Language.
\end{itemize}

In addition to integrating the social determinants of health into the core fundamental work of public health, the provincial government also introduced its Poverty Reduction Strategy in December 2008. The strategy sets a target of reducing the number of children living in poverty by 25 per cent over 5 years.

Locally, the City of Hamilton has adopted a Strategic Vision “To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.” This plan includes the key focus areas of social development and healthy communities which focuses on poverty reduction, increased social supports to families, increased high school completion rates, and the establishment of a community development strategy. The community also took issue with levels of local poverty. The Hamilton Roundtable on Poverty Reduction is a
group of key community stakeholders who came together in 2005 to understand Hamilton’s high levels of poverty, to focus attention on the issue and to find solutions.\textsuperscript{23}

The Public Health Services Mission statement directs us to work together with the community to assess, promote and protect health, and to prevent disease and injury. Our vision is that Public Health Services will be an effective, innovative and efficient organization that is recognized as essential to the health and well-being of people in Hamilton.

Public Health practitioners have always demonstrated knowledge of public health science, however, today more then ever, we must utilize tools such as evidence-based practice, surveillance data and evaluation tools, advocacy guidelines, and strategies and action plans to address health inequities and the social determinants of health.

The intention of this position statement is to guide integration of the Social Determinants of Health into all public health practice within the City Of Hamilton.

Developed by the Social Determinants of Health Workgroup:
Suzanne Brown, Healthy Living
Ana Carias, Planning and Continuous Improvement
Dr. Adriana Dragan, Office of the Medical Officer of Health
Claire Lechner, Family Health
Bea McDonough, Healthy Living
Theresa McMillan, Healthy Living
Jo Ann Salci, Healthy Living
Ruby Samra, Healthy Living
Angela Parle, Planning and Continuous Improvement
Donna Weldon, Healthy Living
Duane Williams, Family Health

Final Draft by SDOH Workgroup: January 8, 2009
Approved by Chronic Disease Prevention Review Team January 15, 2009
Approved by Public Health Services Management Team January 28, 2009
GLOSSARY OF TERMS

Social Determinants of Health
Social determinants of health are the social conditions in which people live and work. There is evidence that at least some of these determinants can be affected by intentional, informed action. In addition to having a direct impact on the health of individuals and the population, social determinants of health have also been recognized as the best predictors of health both for individuals and populations. They influence people’s lifestyle choices, and they interact with each other considerably. Furthermore, social determinants of health are closely linked to health equity, both in terms of their relationships to the population and to policy-making processes.

The 12 Determinants of Health
1. Income and social status: There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health.
2. Social support networks: The health effects of social relationships may be as important as established risk factors such as smoking, physical activity, obesity, and high blood pressure.
3. Education and literacy: People with higher levels of education have better access to healthy physical environments for their families. Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high levels of literacy.
4. Employment/Working conditions: Employment provides not only money but also a sense of identity and purpose, social contacts and opportunities for personal growth. Unemployed people have a reduced life expectancy and suffer significantly more health problems.
5. Social environments: Effective social and community responses can add resources to an individual’s choices of strategies to cope with changes and foster health.
6. Physical environments: At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects. In the built environment, factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our physical and psychological well-being.
7. Personal health practices and coping skills: There is growing recognition that personal health choices are greatly influenced by the socioeconomic environments in which people live, learn, work and play.
9. Biology and genetic endowment: The basic biology and organic make-up of the human body are a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of responses that affect health status and appears to predispose certain individuals to particular diseases or health problems.
10. Health services: Health services designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health.

11. Gender: Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. “Gendered” norms influence the health system’s practices and priorities.

12. Culture: Some persons or groups may face additional health risks largely due to a socio-economic environment which is determined by dominant cultural values that may perpetuate conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally sensitive appropriate health care and services.  

Census Metropolitan Area (CMA)
CMA consists of one or more neighbouring municipalities situated around a major urban core. A census metropolitan area must have a total population of at least 100,000 of which 50,000 or more live in the urban core. A census agglomeration must have an urban core population of at least 10,000. The Hamilton CMA includes the City of Hamilton, Burlington and Grimsby.  

Health inequalities
Health inequalities are differences in health status experienced by various individual or groups in society. These can be the result of genetic and biological factors, choices made, or by chance; but often they are because of unequal access to key factors that influence health, like income, education, employment and social supports.

Health inequity
Health inequity is the presence of avoidable or changeable difference in the major social determinants of health among population groups. Population groups with difference levels of wealth and power have different opportunities and possibilities to lead a healthy life. The word “inequity” implies that differences in health status are inherently unfair or unjust.

Low Income Cut-off (LICO)
LICO is the Low Income Cut-Off developed by Statistics Canada to identify those individuals who are financially worse-off than the average individual or family. It is an income threshold below which an individual/family will likely devote a larger share of its income to the necessities of food, shelter and clothing than the average family/individual. The LICO used in this position statement is a before-tax measure. An after-tax measure is also developed by Statistics Canada.

Socio-Economic Status (SES)
Socio-economic status is an index of multiple material and social dimensions. Canadian Institutes of Health Information uses “an index that incorporates education, income, employment, single- parent families, persons living alone and the proportion of persons separated, divorced or widowed.”
2 ibid
3 Phipps, Shelley (2003). *The Impact of Poverty on Health: A Scan of Research Literature*. Canadian Institute for Health Information, p. iii
5 ibid, p. 25
8 ibid
11 ibid
15 ibid
16 ibid
26 Statistics Canada, retrieved from www12.statcan.ca/english/census06/reference/dictionary/geo009.cfm