

**ALGOMA PUBLIC HEALTH BOARD MEETING
JUNE 22, 2016 @ 5:00 PM
SAULT STE MARIE ROOM A&B 1ST FLOOR, APH SSM**

ADDENDUM

10.0 Addendum

- | | |
|---|-------------------------------------|
| a. Long-Term Debt Renewal – attachment for 6.0 b iii. | Mr. Ian Frazier,
Committee Chair |
| b. Algoma Public Health 2015 Annual Report – attachment for 9.0 c.
<i>for information only</i> | Dr. Tony Hanlon, CEO |
| c. Marketing to Children – <i>for information only</i> <ul style="list-style-type: none">i. Letter to Minister Hoskins from Algoma Public Health dated June 17, 2016ii. Letter to Minister Philpott from Algoma Public Health dated June 17, 2016 | Mr. Lee Mason, Chair |
| d. Food Security – <i>for information only</i> <ul style="list-style-type: none">i. Letter and Report to Thunder Bay DSSAB from Thunder Bay District Health Unit dated May 19, 2016 | Mr. Lee Mason, Chair |
| e. Community Water Fluoridation – <i>for information only</i> <ul style="list-style-type: none">i. Letter to Minister Hoskins from Peterborough Public Health dated June 21, 2016 | Mr. Lee Mason, Chair |

Briefing Note

To: Algoma Public Health Finance and Audit Committee

From: Tony Hanlon, Chief Executive Officer (CEO)

Justin Pino, Chief Financial Officer (CFO)

Date: June 22, 2016

Re: Capital Reserve Fund Study Services

☒ For Information

☐ For Discussion

☒ For a Decision

ISSUE:

At the Finance and Audit Committee meeting of June 8th, 2016, the Finance & Audit Committee reviewed submissions with regards to the Board of Health's Request for Quotation (RFQ) RFQ 2016-0 – Refinancing of Long-Term Debt.

Two submissions were received, one from the Board of Health's current long-term debt financing provider, RBC, and another from TD Bank. When the bids were evaluated by the Committee, it was concluded that the proposal from TD Bank offered the most value to APH as the price was the most competitive. The Finance & Audit Committee asked staff to reach out to TD Bank to obtain clarity on the following points related to legal fees and service offering:

- Explore if legal fees could be waived.
- Obtain clarity on the General Security Agreement that is required under the "Security" section of the proposal.

In addition, the Finance and Audit Committee asked staff to contact noted references and to review negative covenants.

RECOMMENDED ACTION:

It is recommended that:

- 1) APH accept TD Bank as its source of financing for its long-term debt as the quote provided came in as the most competitive resulting in savings to APH over the next five years.

BACKGROUND:

The following points are noted with regards to Staff's conversation and correspondence with TD.

- Legal fees would include those of APH to finalize the re-financing so as to allow the Bank to proceed with its due diligence. Term Sheet review would be an example of Legal costs to be incurred by APH.
- The proposal included a General Security Agreement be executed which would grant the bank a security interest in APH Deposits, Accounts Receivables, Equipment and Inventory. As the financing is not set up as a mortgage, the General Security Agreement would provide the bank with security other than the building. Staff reviewed the agreement and explored alternative measures with TD Bank, one of which is a negative pledge agreement where APH would sign a document agreeing not to encumber the subject, in this case, the building located at 294 Willow Avenue. TD Bank is willing to waive the execution of a General Security Agreement in favour of a Negative Pledge Agreement.
- TD Bank originally requested that APH set up a current account with TD to allow the bank to access monthly payments related to the financing of the building and renovations. Staff requested that TD Bank automatically withdraw funds from APH's current account with RBC. This would provide for a more efficient method of making monthly payments and eliminate the mechanical process of having to ensure the TD Bank account was adequately funded to make the monthly financing payment. TD Bank has agreed to this.

Staff was able to contact two out of the three references noted with both reporting positive service level and professionalism.

In addition, staff has reviewed the "Negative Covenants" section of the proposal. Points to highlight for the Board's attention include:

- APH would not be allowed to sell or dispose of assets in excess of an aggregate dollar amount to be determined;
 - TD Bank has indicated that this would not form part of the covenant wording in the final authorization as APH would now sign a Negative Pledge Agreement as opposed to a General Security Agreement.
- Incur capital expenditures in excess of an amount to be set annually by the Bank on review of the Borrower's capital budget.
 - TD Bank has indicated that the strategy with this covenant is that it would run parallel to APH. APH would compile its annual capital expenditure budget that would be shared with TD Bank. TD Bank would then ensure that the annual capital expenditure budget is sustainable given the financial health of APH. It is essentially a check and balance for APH and TD bank.

FINANCIAL IMPLICATIONS:

By pursuing the TD Bank proposal, APH is forecasted to save approximately \$30,000 over the next five years, relative to the other quote.

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does for you!

2015 Annual Report



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MESSAGE FROM BOARD OF HEALTH, CHAIR

Algoma Public Health has 200 dedicated employees who are passionate and committed to improving health and reducing social inequalities in health through evidence informed practice.

The Algoma district covers a land of almost 49, 000 square kilometres. We have employees spread throughout Algoma with offices in Blind River, Elliot Lake, Wawa and Sault Ste. Marie that plan and deliver health programs that impact the whole population.

This annual report gives you a snapshot of the public health work being done in our communities on a day-to-day basis. From teaching about healthy lifestyles to advocating for healthy policy, employees work with municipalities and a cross section of individuals, families, and community partners to help each and every one in Algoma live a healthy life.

As the new chair of the Board of Health, it is an honour to serve all our municipalities in our region. All the great work of Algoma Public Health could not be done without the funding we receive from our municipal and provincial government and other community partners.

I applaud our dedicated employees for their commitment and dedication to your well-being and I ask that you read our report to learn more about how Algoma Public Health is an important and vital part of the health system in Algoma.

Lee Mason

A handwritten signature in black ink that reads "Lee Mason". The signature is written in a cursive style with a small flourish at the end.

Highlights of 2015 - Helping you Live a Healthy Life



Algoma Public Health (APH) and Maamwesying, North Shore Community Health Services Inc. established a partnership to develop a breastfeeding awareness campaign, and to increase access to community resources and supports.

The campaign, ‘Doodooshaaboo – It takes a community to breastfeed’ ensures that mothers and their families have access to breastfeeding supports and resources in their community.

In December 2015, The Infant Child Development Program held a Christmas Party for children ages 0-6 with developmental delays and their families. The children and their families had the opportunity to celebrate Christmas and receive a donated gift.

Families also had the opportunity to network and meet other families that are in similar situations. The Christmas party allowed the children to engage with one another and create crafts with senior and youth volunteers.



The Canada Prenatal Nutrition Program (CPNP) provides support to vulnerable pregnant women and their families across Algoma.

In 2015, **275** women participated. Public Health Nurses, Registered Dietitians and Family Support Workers offer help with food, education, support and referral.

CPNP aims to improve maternal and infant health, increase rates of healthy birth weights and promote and support breastfeeding.

The Community Kitchens provided nutritious meals to **26 children and 20 adults** (average) per month.

The goal is to provide families with easy, low cost, nutritious meals, to socialize and develop food skills (i.e. chopping, reading a recipe and learning cooking terms).

The Healthy Kids Community Challenge was launched in partnership with the City Sault Ste. Marie and key stakeholders. The Sault is one of 45 municipalities in Ontario that is participating.

This initiative is part of Ontario’s Healthy Kids Strategy and aims to create communities where it is easier for children to lead healthier lifestyles.



The Oral Health Services Program provided dental screening in all childcare centres in the Algoma district. A total of **738** children were screened in 2015.

Early childhood tooth decay is preventable through early assessment and education. All children benefit from a dental visit by their 1st birthday.

In July 2015, the Preschool Speech and Language Program provided half day summer sessions to **53** children ages 3-4 years with speech and language difficulties.

The children learned skills such as: asking and answering questions, receptive and expressive vocabulary, speech production, print awareness, phonological awareness and literacy, sequencing, story retell, social communication skills, expressing feelings were targeted in the group.



To celebrate Oral Health month a social media photo contest was launched to get people interested in the importance of oral health as part of overall health.

The Smile campaign focused on three key messages:

- Brush your teeth twice a day for 2 minutes each time.
- Avoid sipping sweet drinks between meals.
- Visit a dental professional regularly.

103 tobacco vendors were inspected for display/promotion of tobacco products. Two rounds of test shopping were completed at all tobacco vendors resulting in 15 charges for selling to persons under 19 years of age.

Smoking is one of the leading preventable causes of death and discouraging youth from taking up the habit is not only the law, it prevents early exposure to a cancer causing agent.



The 10th Annual Kidz Summer Safety Festival was held in collaboration with Safe Communities Partnership and a number of other community partners. APH staff provided injury prevention and sun safety awareness to children and their families.

This annual event encourages and promotes safe and healthy play through fun, interactive and free activities.



The Northern Fruit and Vegetable Program (NFVP), provides fresh Ontario-grown fruits and vegetables to all students in grades JK-8 in the Algoma District. It reaches over **10,000** students.

The program helps to provide children essential personal health and coping skills that will enhance their health now

and in the future. This is accomplished by educating children on the importance of vegetables and fruit, providing them the opportunity to try new foods, and increasing fruit and vegetable consumption in children.

The Communicable Disease team conducted a campaign targeting Grade 7 students with messaging about hepatitis C. The key message was “there is no vaccine for hep C.”

In a previous survey, we discovered that 40% of youth between the ages of 16 to 24 believed they were immunized against hepatitis C. In Algoma, we have a higher incidence of newly reported hepatitis C cases among youth than the provincial average.

The health benefit of this initiative is teaching youth about hepatitis C and preventing new cases. Students learn about risk behaviour and how to protect themselves against hepatitis C.

Public health inspectors inspected over **1,200** facilities and held **27** food handler courses certifying over **550** individuals

Prevention and education are important to avoiding food borne disease. Routine inspection of premises that sell to the public ensure food is prepared, cooked and served safely.

Over **55 community service providers** attended the “Supporting Families Dealing with Mental Health Issues” workshop with a focus on Postpartum Mood Disorders.

Common mental health concerns, positive communication strategies between service provider and family and how service providers can support families to seek and accept professional help were topics discussed.



The Genetics program provided counselling to over **600** individuals/families through genetic consultations with

Medical Geneticists and Genetic Nurse Counsellors. Genetic counselling services encompass all age groups from preconceptional, prenatal, paediatric, adult, and the elderly.

There are many health benefits to genetic counselling and/or testing. One of the biggest impacts on health promotion/disease prevention is in the area of cancer counselling. If a client tests positive for a hereditary cancer syndrome, we can provide counselling regarding screening and risk-reduction strategies.

As part of the Community Homelessness Prevention Initiative (CHPI), we partnered with the Algoma District Services Administration Board to serve approximately **590** people in East and North Algoma.

Services and activities provided with the CHPI funds included: food banks, outreach services, good food boxes, community gardens/community kitchens, blankets/clothing, mental health/illness/substance use supports and services.

The Community Alcohol/Drug Assessment Program provided services to **725** individuals who benefited from individual and group services.

Within a client centered care and harm reduction approach, individuals accessing substance misuse support and counselling have access to varied services that through self-directed goals help to reduce the risk of chronic disease and enhance overall wellbeing.

The Sexual Health Program participated in Sault Pridefest by:

- offering a drop-in sexual health clinic
- providing information displays and resources
- walking in the parade to support the participants and our community partners

As a sexual health program we promote healthy sexuality across the lifespan.

Nicotine Replacement Therapy was added into existing cessation services to aid high risk smokers making quit attempts.

Quitting while you are young reduces your health risk more, but quitting at any age can give back years of life that would be lost continuing to smoke.



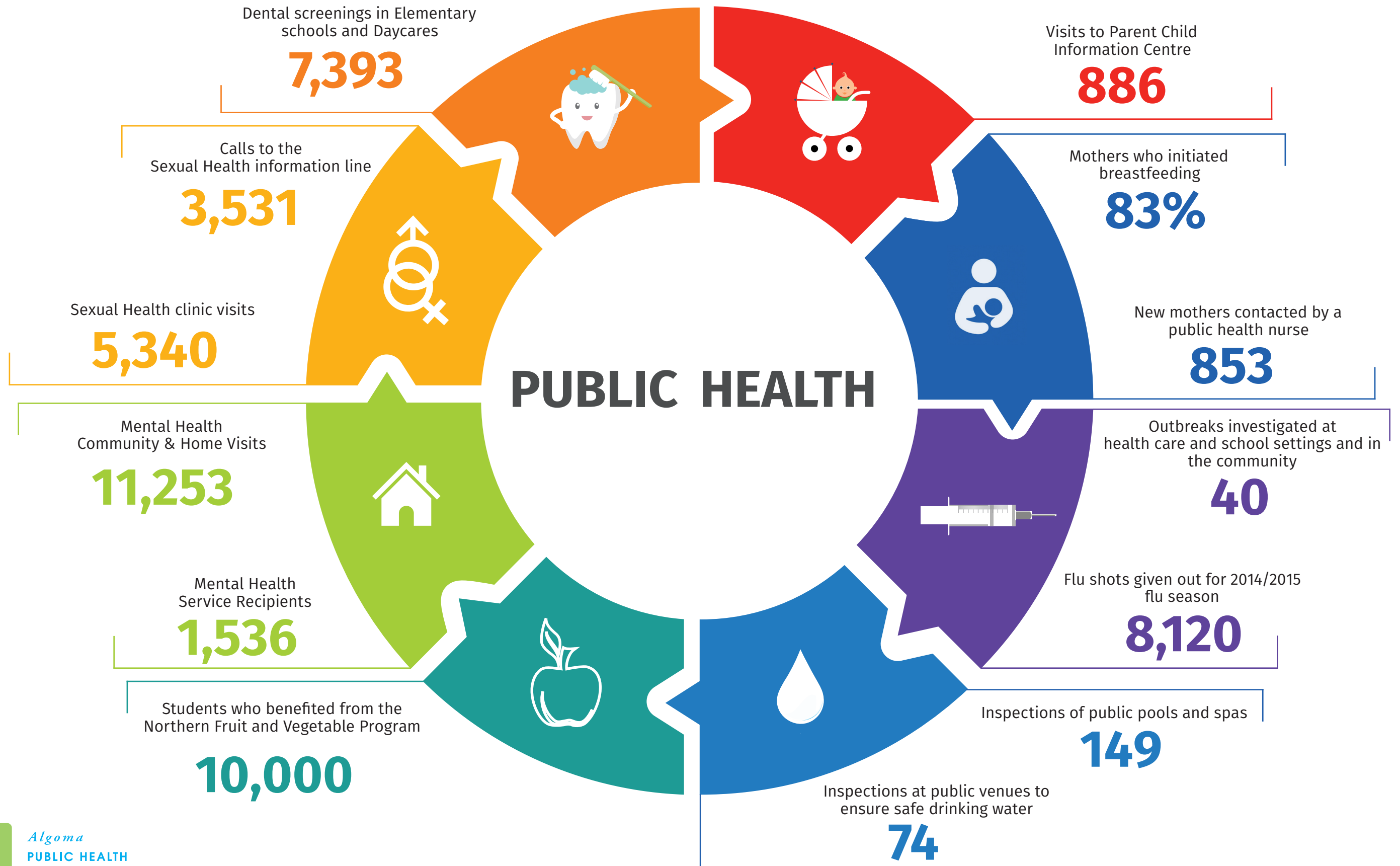
The Stay on Your Feet Initiative was responsible for the delivery of Stand Up! exercise classes for older adults in the Algoma District. This exercise program supports the prevention of falls in older adults.

Community Mental Health Support Services sponsored 6 individuals with lived experience of mental illness in obtaining and completing formal peer-support training and certification. We added Peer Support Programming to our recovery oriented services.

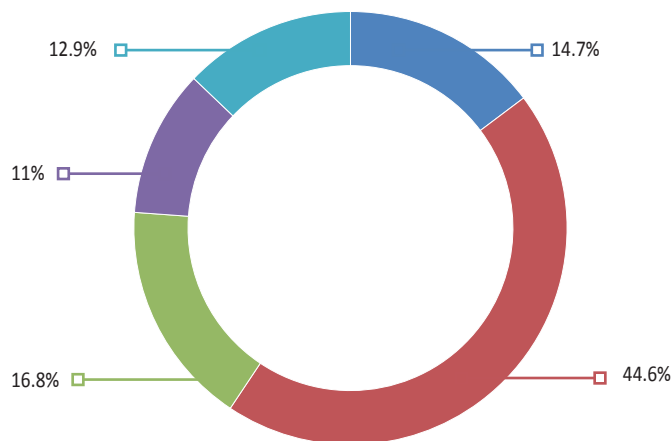
Use of mutual support = better recovery outcomes.

By the Numbers

Algoma Public Health works in our communities everyday with individuals, families and community partners to promote and protect health and to prevent disease. This is a snapshot of what we accomplished in 2015.



Thank you to our Funders



Sources of Funding	
Municipal Levies (District of Algoma)	\$3,263,000
Ministry of Health & Long-Term Care	\$9,875,000
North East Local Health Integration Network	\$3,717,000
Ministry of Children & Youth Services	\$2,429,000
Community Partners, Fees and Recoveries	\$2,847,000

MISSION:

Together with our communities, Algoma Public Health is a leader in promoting and protecting health and well-being.

VISION:

Together, we create and sustain healthy communities.

WEBSITE:

algomapublichealth.com

JOIN THE CONVERSATION:



/AlgomaHealth



/AlgomaHealth



/AlgomaPublicHealth

CONTACT US:

BLIND RIVER: 705-356-2551 or TF 1-888-356-2551

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June 17, 2016

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Hoskins,

At the April 27, 2016 meeting of the Board of Health of Algoma Public Health, a briefing note prepared by staff regarding *Marketing to Children* was received.

The Algoma Public Health Board of Health passed a resolution at that time to show support for prohibiting all commercial advertising of food and beverages to children.

It was moved by C. Martin and seconded by S. Jensen that the Board of Health of Algoma:

1. *Supports the Association of Local Public Health Agencies, the Ontario Public Health Association, the Ontario Society of Nutrition Professionals in Public Health and other organizations in advocating for a comprehensive ban on all advertising to children under 16 years.*
2. *Endorses The Ottawa Principles.*

We add our support in calling upon the Governments of Ontario and Canada to ban all commercial advertising of food and beverages targeted to children as a step to create healthier environments for our children to live, play and learn.

Sincerely,



Lee Mason
Board of Health Chair
Algoma Public Health

cc: Linda Stewart, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Evelyn Vaccari and Karen Bellemore, Co-Chairs, Ontario Society of Nutrition Professionals in Public Health

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June 17, 2016

Hon. Jane Philpott
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

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Board of Health Chair
Algoma Public Health

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May 19, 2016

VIA ELECTRONIC MAIL

Thunder Bay DSSAB
231 May Street South
Thunder Bay, ON P7E 1B5

Attn: Mr. William Bradica
Chief Administrative Officer

Re: Food Security in the District of Thunder Bay

At the regular meeting of May 18, 2016, the Board of Health for the Thunder Bay District Health Unit considered the attached "Report Number 29-2016 (Healthy Living) TBDSSAB Position Paper: Food Security in the District of Thunder Bay" providing information on the TBDSSAB's position that a universal hot meal program should be implemented in Ontario elementary and secondary schools. The following motion was passed:

"THAT with respect to Report No. 29-2016 (Healthy Living), we recommend endorsement of the TBDSSAB Position Paper: Food Security in the District of Thunder Bay; as presented,

AND THAT we circulate this endorsement to the Association of Local Public Health Agencies (alPHA) for distribution to all Ontario Public Health Units."

It is the Board's hope that this endorsement will add support to the calls for changes to current government policy in addressing food insecurity.

Sincerely,

Original signed by

Joe Virdiramo, Chair
Board of Health for the Thunder Bay District Health Unit

Encl. 2

cc. Association of Local Public Health Agencies
Ontario Boards of Health

PROGRAM/ DIVISION	Healthy Living Health Promotion	REPORT NO.	29 - 2016
MEETING DATE	May 18, 2016	MEETING TYPE	Regular
SUBJECT	TBDSSAB Position Paper: Food Security in the District of Thunder Bay		

RECOMMENDATION

FOR INFORMATION ONLY

REPORT SUMMARY

To provide the Board of Health with information relative to the request to endorse the TBDSSAB Position Paper: Food Security in the District of Thunder Bay.

BACKGROUND

The Thunder Bay District Health Unit is mandated to reduce the burden of preventable chronic diseases of public health importance. 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.

Addressing these determinants of health and reducing health inequities are fundamental to the work of public health in Ontario. A key determinant of health is income and related household food security (Public Health Agency of Canada).

Addressing Food Insecurity

It is important that everyone has consistent access to safe, affordable, and nutritious food to promote health and prevent chronic disease. Addressing food insecurity at the individual, household and community levels requires a multifaceted approach; one that calls upon changes to current government public policy and that targets the barriers faced by our most vulnerable populations, as well as addressing the food system as a whole.

Emergency Food in the District of Thunder Bay

Charitable food programs such as food banks, soup kitchens and meal programs provide short-term relief and are only part of a comprehensive strategy needed to fully address food insecurity. They have many limitations related to the quantity and quality of the food provided and do not address the root causes of food insecurity. The Regional Food Distribution Association (RFDA) serves approximately 3,447 people per month through its 38 member food banks and

meal programs in Northwestern Ontario, with an average of 9000 meals being served at 7 emergency daily meal programs every month.

As outlined in the TBDSSAB Position Paper, it is very difficult to ascertain the specific number of unique individuals served by the emergency food system. It should be noted, however, that research shows only 25% of the food insecure population are accessing food banks, making this statistic a serious underestimate of food insecurity in our community.

School Nutrition Programs in the District of Thunder Bay

Student Nutrition Programs have been recommended as an important part of a comprehensive food and nutrition strategy and a key component of health-promoting schools. They help to provide healthy food to children and have shown effective outcomes for short-term relief of food insecurity.

Research has established that proper nutrition, particularly during the morning hours, plays an important role in supporting learning. However, studies have shown that 31% of elementary students and 62% of secondary students in Canada do not eat a healthy breakfast before school. There are a number of reasons why children may start their day without breakfast including lengthy commutes, busy family routines, lack of hunger when first waking and lack of availability of food due to poverty.

Participation in student nutrition programs is associated with positive educational outcomes including improved academic performance, reduced tardiness and improved student behaviour. Recent studies from northern Ontario and British Columbia found that students who participated in a school food program reported higher intakes of fruits and vegetables and lower intakes of non-nutritious foods. Student Nutrition Programs are an opportunity to establish life-long healthy eating habits beyond participation in the program.

Canada remains one of the few industrialized countries without a federally-funded, universal school meal program. The Healthy Kids Panel Report, released in 2012, also includes a recommendation for a universal school nutrition program for all publicly-funded schools, as part of an overall strategy for promoting the health and well-being of children and youth in Ontario.

In Thunder Bay there are 81 school meal and snack programs offered throughout the District, with funding from the Ministry of Children and Youth Services, administered locally through the Red Cross. This funding only covers up to 15% of total costs for the programs. It is up to individual programs to make up the remainder through other fund-raising, in-kind and volunteer contributions. Health Unit staff support these programs by assisting in providing menu suggestions and safe food handling information.

FINANCIAL IMPLICATIONS

None.

STAFFING IMPLICATIONS

None.

CONCLUSION

A universal hot meal program in elementary and secondary schools across the province would make a significant contribution to household and community food security, complementing other policies and programs to comprehensively address the issue.

LIST OF ATTACHMENTS

None.

PREPARED BY: Catherine Schwartz Mendez, Public Health Nutritionist

THIS REPORT RESPECTFULLY SUBMITTED BY:

Lynda Roberts, Director – Health Promotion

DATE:

May 11, 2016

Chief Executive Officer

Medical Officer of Health



THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

**THE DISTRICT OF THUNDER BAY SOCIAL SERVICES
ADMINISTRATION BOARD**

BOARD REPORT

	REPORT NO.: 2016-19
MEETING DATE: MARCH 24, 2016	DATE PREPARED: FEBRUARY 16, 2016
SUBJECT: FOOD SECURITY IN THE DISTRICT OF THUNDER BAY	

RECOMMENDATION

THAT with respect to Report No. 2016-19, we, The District of Thunder Bay Social Services Administration Board (the Board), approve the Position Paper: Food Security in the District of Thunder Bay, as presented;

AND THAT with respect to Report No. 2016-19, we, the Board, encourage the Ontario Government through their respective responsible Ministers, including the Ministry of Education and The Ministry of Community and Social Services, to develop and implement a universal, hot meal program in elementary and secondary schools;

AND THAT the Regional Food Distribution Association (RFDA) develop and implement a data collection plan that will, minimally, monitor food bank usage in terms of numbers of unique individuals served, client demographics, and amount of food distributed on a monthly basis;

AND THAT we direct Administration to circulate this Position Paper and resolution to Hon. Liz Sandals, Minister of Education, Hon. Helena Jaczek, Minister of Community and Social Services, Hon. Deborah Matthews, Minister responsible for the Poverty Reduction Strategy, Hon. Michael Gravelle, MPP, Hon. Bill Mauro, MPP, Thunder Bay District Health Unit, all Thunder District School Boards and the Regional Food Distribution Association.

REPORT SUMMARY

To provide The District of Thunder Bay Social Services Administration Board (TBDSSAB or the Board) with information on Food Security in the District of Thunder Bay, and the need for a universal, hot meal program in elementary and secondary schools.

BACKGROUND

In the fall of 2014, the TBDSSAB Board Chair attended a meeting in Kakabeka regarding the local food bank. The Chair brought back information to the Board regarding the Rural Cupboard Food Bank's request for funds to build a new building.

This was discussed at the September 24, 2014 Board meeting and a request was made of Administration to review the food resources within the District and complete a report.

COMMENTS: FOOD SECURITY, FOOD BANKS AND SCHOOL NUTRITION PROGRAMS

There are many ways in which to obtain food in the District of Thunder Bay. Most often food is purchased at a retail location including a Grocery Store. Other sources include community cooperatives, pop up markets, good food box, community gardens and gleaning. As drug stores are often situated in many neighborhoods, and rural communities, they are fast becoming a normal source for purchasing food as well.

In addition to the types of food sources listed above, there are sources that have a specifically targeted user group. An example of this is the School Nutrition Program (SNP) run through the Canadian Red Cross and is available in some but not all schools across the District. Where the program is offered it has universal access to safe and nutritious food, and is locally designed. Red Cross has partnered with Ministry of Child and Youth Services as its main funder for the SNP.

Universal access means that all children enrolled in the school have access to the program regardless of the family's ability to pay. The program is designed to be non-stigmatizing. The foods and beverages are purchased by the school or are donated and are compliant with the Ministry of Education's Nutrition Guidelines. The program encourages community volunteering and local fundraising.

Although there is the SNP at some schools in the District, children often go hungry on the weekend without the support provided. A national program called Blessings in a Backpack has begun services in a few Thunder Bay schools. The backpacks are filled with nutritious food that children take home on the weekend to ensure they are fed. The backpack is brought back to the school on Monday to be refilled for the following weekend. This service is available at Ogden Community, McKellar and Sherbrook Public Schools. See attachment #4 for a list of the schools receiving funding from Red Cross for student nutrition programs within the Thunder Bay District.

The TBDSSAB supports this Canadian Red Cross initiative through the Community Social Reinvestment Program (CSRP). In 2016 the Board approved a recommended amount of \$18,000.

Another source of food that is “targeted” are Food Banks, however, most food banks are open to the public at large. A **food bank** is a non-profit, charitable organization that distributes food to those who have difficulty purchasing enough food to avoid hunger.¹ Warehouse models are most often used in North America. They are storage and distribution “depots” used to supply smaller front line agencies. Outside of North America, a front line model is used in which all operations deal directly with the front end user of the service. In the Thunder Bay District there is a hybrid of both models employed. The warehouse is the Regional Food Distribution Association (RFDA). There are also many front line models such as local food banks and soup kitchens.²

Food Banks in the District of Thunder Bay



Food Banks and Emergency Food Sources in the District of Thunder Bay are available in Oliver Paipoonge, the City of Thunder Bay, Dorion, Red Rock and Nipigon, Geraldton, Longlac, Schreiber and Terrace Bay, Marathon and Manitouwadge.

The Regional Food Distribution Association of Northwestern Ontario has a mandate to create a reliable and accountable emergency food delivery system

¹ https://en.wikipedia.org/wiki/Food_bank

² https://en.wikipedia.org/wiki/Food_bank

throughout the region and coordinate collective efforts of stakeholders to meet needs and provide information on programs to better serve the community.

The RFDA receives shipments of food from the National Food Share System through their membership in the Ontario Association of Food Banks (OAFB). Since their first shipment in January of 2005, the RFDA has received approximately 110,000 lbs. of food valued at approximately \$220,000. The OAFB membership also gives RFDA access to producer donated foods such as milk, bacon, canned/ processed foods, etc. Local gardeners and other food producers also donate food products in season.

<http://www.readperiodicals.com/201403/3330434591.html#ixzz40Mh6rMQR>

The TBDSSAB supports the RFDA through the CSR. In 2016 the Board approved a recommended amount of \$70,000.00. See attachment #5 for a list of the 39 partners in the District of Thunder Bay to whom food supplies are provided by the RFDA.

The CSR offers eligible program applicants financial support for initiatives within the District of Thunder Bay that reduce the depth and breadth of child poverty. Many of these involve core food security issues, and the funding of school food programs.

The Regional Food Distribution Association and The Canadian Red Cross have been identified as two major partners in the District food availability chain. For programs associated with these agencies, it has been identified that the funding from RFDA and Red Cross is not enough to cover the expense of running a food security program. The CSR often is called upon to support the purchase of perishable vegetable and fruit items and infant necessities of life. Many of these items need to be purchased within the local community due to the perishable nature and immediate child need.

RECOMMENDATIONS AND RATIONALE

As a result of this review of food security and the work of the Thunder Bay District Health Unit (TBDHU-as referenced), Administration recommends the following two recommendations that are put forth in the attached position paper.

- 1) Given the immediate and long-term impacts of food security on children, it is recommended that the Ontario Ministry of Education implement a universal, hot meal program in elementary and secondary schools. Based on available information, it appears that children in Thunder Bay and surrounding areas are increasingly vulnerable in the domains studied through the Early Developmental Instrument (EDI). Aside from the nutritional benefits, a universally applied hot meal program would limit stigma associated with means testing or self-identification as low income,

and such a program would also help to increase the disposable incomes of families that are on a fixed budget.



- 2) While broader social trends indicate the strong likelihood of an increase in food insecurity in the District of Thunder Bay, at present time there is insufficient data with which to adequately determine the needs, monitor the trends, or track progress in the area of addressing food security issues. Given that reliable data is necessary for making good, evidence-based decisions and policies, it is recommended that the Regional Food Distribution Association of Northwestern Ontario – as the central hub for charitable food distribution in the District of Thunder Bay – develop and implement a data collection plan that will, minimally, monitor food bank usage in terms of numbers of unique individuals served, client demographics, and amount of food distributed on a monthly basis. The use of free software for this purpose, such as the Homeless Individuals and Families Information System (HIFIS) – as utilized by a growing number of food banks across Ontario – could be employed to help get a better sense of the needs of those using the food bank system.

FINANCIAL IMPLICATIONS

There are no financial implications related to this report.

REFERENCE MATERIALS ATTACHED

Attachment #1:	Pamphlet - Where to get Food in Thunder Bay
Attachment #2:	List - Food Banks in the District of Thunder Bay
Attachment #3:	Food Security Information Report TBDHU
Attachment #4:	List - Red Cross Funded Student Nutrition Programs
Attachment #5:	List - RFDA Food Partners
Attachment #6:	Position Paper – Food Security in the District of Thunder Bay

PREPARED BY:	Jennifer Lible, Manager, Client Services, Client Services Division Saku Pinta, Senior Social Policy Analyst, CAO's Office The District of Thunder Bay Social Services Administration Board
APPROVED / SIGNATURE:	 Lori Roulston, Director – Client Services Division The District of Thunder Bay Social Services Administration Board
SUBMITTED / SIGNATURE:	 William (Bill) Bradica, Chief Administrative Officer The District of Thunder Bay Social Services Administration Board

Grocery Delivery

**George's Market - 14 Balsam Street,
345 - 7021**

- Call in grocery order any time for pick up or same day delivery
- Call for current delivery pricing
- Every Wednesday is Seniors' Day
- Personal service
- Pay by cash, Visa, Mastercard and Amex

**Westfort Foods Inc. - 111 Frederica Street,
623-4220**

- Delivery to residents South of the Harbourview Expressway: Mondays, Wednesdays and Friday's
- Delivery to residents North of the Harbourview: Tuesday's and Thursday's
- Minimum \$30 purchase
- Delivery charges apply
- Deliveries made after 3:00pm
- Phone in orders by 1:30 p.m
- Method of payment: Cash, Mastercard, Visa, Debit
- No deliveries on weekends



Food for Seniors

**Senior Lunch A Month
NorWest Community Health Centres
Thunder Bay Site - 525 Simpson Street
622-8235**

- Soup & sandwich lunch on last Monday of each month
- Call to register, transportation is available

**Thunder Bay 55+ Centre - 700 River Street,
684-2795**

- For people 55 and over
- Hot lunches served Monday - Friday, 11:30 a.m. - 1:30 p.m.
- Soup and Sandwiches 8:30am—3:30pm
- Price: \$6.75 for main dish
- Takeout available; pick-up only

**Our Kids Count Older Adult Kitchen Program
704 McKenzie Street, 623-0292**

- Cook and take home healthy meals
- Runs Monday mornings, call to register

Meal Delivery

**Meals on Wheels
Southward - 625-3667 Northward 684-2862**

- Meals include soup, main plate and dessert
- Cost: \$7.25 per meal for eligible customers
- **Delivery between 10:30 a.m. and 12:30 p.m. by qualified volunteers**
- Call to apply, not available on weekends

**George's Market - 14 Balsam Street,
345 - 7021**

- Daily lunch specials, choice of dinners
- Call for pick up, same day delivery or more information

**Blue Door Bistro - 116 S. Syndicate
623-5001**

- Frozen meal delivery
- Call for more information

Stretching Your Food Dollars

Community Gardens

- Garden plots for people to grow their own vegetables and lower their food costs.
- Call TBDHU for more details, 625-5956

Community Kitchens

- Small groups of people who get together to cook healthy, economical meals to take home to their families.
- Call TBDHU for more details, 625-5956

Gleaning

- Provides transportation to local farms to pick crops for free after the main harvest.
- Call TBDHU for more details, 625-5956

Good Food Box

- A program for people who want to buy quality, fresh, local produce at a lower price than shopping at the grocery store, delivered to their neighborhood.
- Call 345-7819 for more details

For more information on programs and services, call the Community Information and Referral Centre: 211

Produced by the
Thunder Bay Food Action Network
with support from the
Thunder Bay District Health Unit.

To download a copy go to:
<http://www.nwofood.com>

Where to get Food in Thunder Bay



A List of Food Programs and Food Banks



Emergency Food Programs

Southward

Thunder Bay Food Bank
129 Miles Street E., 626-9231

- **Open Tuesday and Friday 9:00 - 11:00 a.m.** (except the first Tuesday and Friday of every month)
- Limit once a month, must bring ID for self and children, with current address.

Family Giving Centre c/o St. Thomas Anglican Church
1400 S. Edward Street, 623-3608
Email: stthomasfgc@gmail.com

- Open to Westfort residents and individuals and families living in close proximity of Westfort
- Must show ID
- Please phone ahead before coming
- **Open two Fridays per month 10:30 - 11:30 a.m. with a free community lunch 11:00—12:30 on those days**

Redwood Park Opportunities Centre
532 N. Edward Street, 577-3463

- **Open every Thursday 12:30 - 2:30 p.m.**
- Closed the week of New Year's
- Only Northwood and County Park residents
- I.D. required
- Limit once per month, pick-up only
- Call for more details

St. Vincent de Paul Society South Ward Branch
1019 Brown Street, St. Agnes Church, 577-3464

- Must live in the South Ward
- Limit once every 2 months
- **Hampers distributed from 9:00am—10:30 am Fridays**
- Proper ID with current address must be shown

The Losier Centre
920 Sprague St. Thunder Bay Methodist Church
622-7686

- Food available on an emergency basis only
- **Open Wednesday 9:00 - 11:00 a.m.**
- Closed during July and August and on holidays

The Gathering Place
239 W. Amelia St., 623-8184

- **Hampers available on Tuesdays between 12:30—2:30 p.m.**
- Limit once a month
- Must show ID

Northward

Elevate NWO
574 Memorial Avenue, 345-1516

- For clients only
- **Phone for details.**
- Available on Wednesday's

St. Vincent de Paul Society North Ward Branch
664 Red River Road Corpus Christi Church, 344-4898

- **Wednesday by walk-in from 1:00 p.m. - 3:00 p.m.**
- Available to North Ward families with children only, does not include Current River residents
- Must show ID for entire family with current address
- Limit 6 visits / year

Current River Churches Food Cupboard
360 Blackbay Rd. (Elim Community Church),
344-3391

- **Open every Tuesday from 9:30 a.m. to 11:30 a.m.**
- For residents from Current River Ward, Lakeshore Drive, Pass Lake, and Shuniah Township
- Requires proof of current residence
- Can be used once every two weeks

Salvation Army Community & Family Services
545 N. Cumberland Street, 344-7300

- **Hampers by appointment only**
- Appointments must be made a week in advance
- Limit once a month, must show ID, income and expense information

Students

Lakehead University Food Bank 343-8850 or 343-8259

- **Open Monday - Friday 10:30 a.m. - 4:00 p.m.**
- Reduced hours May-September 2:30-3:30
- For Lakehead University students only; must show ID
- Limit once a month
- If no one at food bank, go to Student Union office
- Contact foodbank@luu.ca

Confederation College Food Bank, 475-6110 or 475-6226

- **Open Monday - Friday 8:30 a.m.- 4:00 p.m.**
- For Confederation College students only
- Visit SUCCI office or call for further details

Rural

Rural Cupboard Food Bank
Highway 11/17 Kakabeka Falls at
Redeemer Lutheran Church, 285-0836
Email: ruralcupboardfoodbank@gmail.com

- For east and south rural residents only; must show ID, SIN card and verification of address.
- **Open every third Wednesday from 11:00 a.m. to 1:30 p.m. (except December is the second Wednesday)**
- Please bring your own bags.

Daily Meals (no charge)

St. Andrew's Dew Drop Inn - 286 Red River Road, 345-0481

- Daily meals from 2:00 - 3:30 p.m., open to the public

Shelter House Soup Kitchen - 420 George Street, 623-8182

- Lunch 1:00 - 2:30 p.m., and Dinner 7:00 - 8:00 p.m., open daily to the public
- Sandwiches available at the door

Salvation Army Soup Van, 344-7300

- 6:00 p.m for Southward residents
- 7:00 p.m for Northward residents
- Call for information and locations

Grace Place - 235 Simpson Street, 473-3538 or 627-9848

- Meals 2x week:
Tues, Wed. 1:00 p.m. - 4:00 p.m.
- Sunday service; coffee and baking at 2:00 p.m.

Wiisinyog Food Van (ONWA), 623-3442

- Thursdays only
- 12:00-12:30 p.m. in Port Arthur (Cumberland St. by the Hydro building)
- 1:00-1:30 p.m. in Fort William (Corner of Donald & Simpson St.)

Elim Community Church Soup Kitchen
360 Black Bay Rd.

- Tuesdays and Thursdays, 10:00-12:30 p.m.
- Open to the public

Community Food Programs

Our Kids Count

- Kitchens, food cupboards and food vouchers available for participants.
- 704 McKenzie street location call **623-0292**

Thunder Bay Indian Friendship Centre
345-5840

- Pre/postnatal program, community kitchen and garden.

NorWest Community Health Centres - Thunder Bay
525 Simpson Street, 622-8235

- Pre/postnatal programs including cooking and food packages for program participants. Call for further details.

Beendigen Inc. - 541 Luci Court, 628-0624

- Pre/postnatal programs for Aboriginal mothers, including community kitchens, hot meals, food packages and food coupons for program participants only.

June Steeve Lendrum Family Resource Centre
283 Pearl Street, 345-0311

- Call for details.

SAM-MISOL 475-6502

- Pre/postnatal programs for teen mothers aged 13-21 looking to complete their high school education. Daycare and breakfast program available for program participants. Call for further details.

Anishnawbe Mushkiki Aboriginal Health Access Centre 343-4843

- Pre/postnatal support. Healthy Kindred Kitchen Program, Healthy choices, Community Kitchens, Fetal Alcohol Syndrome/Fetal Alcohol Effects Project.

Ontario Women's Native Association (ONWA)
380 Ray Boulevard, 623-3442

- Community kitchen last Tuesday of each month- from 12-2pm



Food Banks in the District of Thunder Bay (other than the City of Thunder Bay)

Rural Food Cupboard

115 Clergue Street, Kakabeka Falls, ON; 807-475-4276

Oliver Paipoonge Municipal Office; 4569 Oliver Road, Murillo, ON; 807-935-2613

Oliver Paipoonge Library in Rosslyn Village, 3405 Rosslyn Road; 807-939-2312

Neebing Municipal office, 4766 Highway 61, Neebing, ON; 807-474-5331

Churches in rural areas

Food Bank Third Wed of the month Jan-Nov 11 am-1:30 pm

Second Wed of the month Dec 11 am-1:30 pm

Nipigon

Church of the Annunciation, 26 Second St 807-887-2348

Open 3rd Saturday of the month from 1 – 3. Clients can call anytime.

Schreiber

North Shore Harvest Cupboard, 501 Winnipeg St, 807-824-2018. Open 3rd Wednesday of the month from 2 – 4, clients can call anytime

Terrace Bay

North Shore Harvest Cupboard, 58 Laurier Ave 807-824-2018, Open 3rd Wednesday of the month from 2 – 4, clients can call anytime

Marathon

Marathon Food Bank, 84 Evergreen Drive, 807-229-0514, can be accessed 1/month. Only open Fridays

Manitouwadge

Neighbour to Neighbour Program, 51 Oshweken rd. 807-826-4326

Geraldton

Greenstone Harvest Centre. 401 Main St, 807-854-1100, 2nd and 4th Thursday of each month 6 – 8

Longlac

Longlac Town Office, 105 Hamel Rd, 807-854-3663, 2nd Thursday of each month

PROGRAM/ DIVISION	Healthy Living Health Promotion	REPORT NO.	60 - 2015
MEETING DATE	November 18, 2015	MEETING TYPE	Regular
SUBJECT	Food Security: An Important Public Health Issue		

RECOMMENDATION

FOR INFORMATION ONLY

REPORT SUMMARY

To provide the Board of Health with information relative to food security, its implications for population health and effective interventions to address it at the community level.

BACKGROUND

The Thunder Bay District Health Unit is mandated to reduce the burden of preventable chronic diseases of public health importance. 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.

Addressing these determinants of health and reducing health inequities are fundamental to the work of public health in Ontario. A key determinant of health is income and related household food security (Public Health Agency of Canada).

Defining Food Security

Food security exists in a household when all people, at all times, have access to sufficient, safe and nutritious food for an active and healthy life. Food insecurity occurs when food quality and/or quantity are compromised, typically associated with limited financial resources.

To achieve food security, all of these four components must be present:

1. availability of food - the quantity of food available for a population;
2. stability of supply - a reliable food source over time;
3. accessibility of food - the ease with which a population may obtain available food; and

4. utilization of food – the cultural and culinary acceptability of the food, as well as the extent to which people have the skills to properly utilize the food.

Food Insecurity and Health

Food insecurity is recognized as an important determinant of health and an urgent public health problem in Canada, that affected 4 million Canadians in 2012, including 1.15 million children, and is associated with significant health concerns. It affects at least 10.2% of households (95% CI: 7.9-13.0) in the Thunder Bay District Health Unit (Canadian Community Health Survey – CCHS, 2013-2014).

When individuals and families are unable to access safe, nutritious food, their overall health can be negatively impacted. They may skip meals, eat fewer vegetables and fruit, drink less milk, and fill up on non-nutritious foods because they are inexpensive. The result of this unhealthy diet is an increased risk of chronic illness, and poor growth and development in children. Household food insecurity has been associated with a range of poor physical and mental health outcomes, for example, self-assessed poor/fair health, multiple chronic conditions, distress, chronic stress, depression, and overweight and obesity.

As food security is an emerging field and much of the activity has, of necessity, occurred at the local level through involvement of community stakeholders, there is limited scientifically rigorous research available on the clinical significance and causal pathways of food security initiatives with respect to human health. However, there are a number of program evaluations and case studies available, as well as a growing body of theoretical analysis, planning documents and guides prepared by experts in the field which help to inform understanding of the field.

Relationship Between Income and Food Security

Since the mid-1990s, several national population health surveys have demonstrated a clear linkage between income and food security. Consistently these surveys show that the adequacy of household income deteriorates, the likelihood that a household will report some experience of food insecurity increases dramatically to almost 50% in the lowest income group.

The risks for food insecurity vary according to household characteristics. Food insecurity is most prevalent among households with children under the age of 18. The most recent analysis of food security in Canada, using the 2012 CCHS, was carried out by PROOF, an international, interdisciplinary team of researchers. They found that one in six (16%) children in Canada are affected by household food insecurity. Most vulnerable are lone parent families headed by women, those renting rather than owning a home, households whose major source of income is social assistance and those reliant on Employment Insurance or Workers' Compensation. The majority of food insecure households (62.2%) are reliant on wages or salaries from employment. Being Aboriginal (28%) also increases the risk for food insecurity with a rate over two and one-half times that of all Canadian households.

Costs of Poverty and Food Insecurity

The extreme levels of material deprivation associated with household food insecurity have been associated with extensive dietary compromise, higher levels of stress and compromises across a broad spectrum of basic needs, decrease an individuals' abilities to manage health problems and increase the need for health care.

A PROOF study looking at the Canadian Community Health Survey in 2005, 2007/08 or 2009/10 found that total health care costs and mean costs for inpatient hospital care, emergency department visits, physician services, same-day surgeries, home care services and prescription drugs covered by the Ontario Drug Benefit Program rose systematically with increasing severity of household food insecurity. Costs were 23% higher in households with marginal food insecurity, 49% higher in those with moderate food insecurity and as much as 121% higher in those with severe food insecurity compared to those who were food secure.

Achieving Household and Community Food Security

To achieve food security, it is widely understood that communities must address matters that impact both the general population and vulnerable groups. Food security at the individual and household level are imbedded within a larger context of the global food system and the broader community in which individuals live. Community Food Security is both an important process and an outcome for achieving food security for individuals. It exists when all community residents obtain food security through a sustainable food system that maximizes healthy choices, community self-reliance and equal access for everyone.

To identify effective measures for improving access to, and availability of, healthy, culturally appropriate food within communities, the British Columbia Ministry of Health, Population and Public Health Division completed a comprehensive review of evidence and best practice in 2011 and updated it in 2013. This is being used as a basis for program planning in the Healthy Living Team at TBDHU and additional literature from 2013-present is being reviewed to ensure it is current.

SOLUTIONS

It is important that everyone has consistent access to safe, affordable, and nutritious food to promote health and prevent chronic disease. Addressing food insecurity at the individual, household and community levels requires a multifaceted approach; one that calls upon changes to current government public policy and that targets the barriers faced by our most vulnerable populations, as well as addressing the food system as a whole.

The solutions recommended by a high level United Nations task force highlight the need for a unified response to the challenge of global food security requiring a twin-track approach to address immediate needs as well as longer term

structural needs through participation of government, civil society, businesses and researchers. They include land use and agricultural policies that support environmental sustainability, as well as support for “closer-to-home” food production that improves access to healthy foods and builds partnerships and networks to strengthen the social fabric of communities.

Networking and community capacity are key to the successful development of food security initiatives. Public health is uniquely positioned and mandated to engage stakeholders in cross-sectoral partnerships, networks and strategies to share information and best practices, align programs and priorities, and build a broader understanding of food system issues.

Barriers to Accessing Food: The Local Picture

The barriers to consuming nutritious food can be both economic and physical. Studies conducted over the past decade have shown that access to nutritious, affordable food is often better in neighbourhoods with a large proportion of high-income earners and highly educated people. Lower income neighbourhoods have fewer food outlets offering nutritious food compared to higher-income ones; and have a higher proportion of both people who are obese and people with poor health. Community design and planning can significantly affect food access.

Transportation can also impact access to nutritious and affordable food; in both rural and low-income urban neighbourhoods under-served by public transport. This problem is more acute in rural areas, in northern communities and among Aboriginal peoples living on reserves.

Key findings from local research:

Access to healthy food

A Food Access Mapping Project and Surveys implemented in 2014-15 by the Food Strategy Food Access Working Group, identified a number of issues and solutions for increasing food access in Thunder Bay that are consistent with the evidence. Results suggested that:

- People obtain their food from a variety of sources around Thunder Bay; the most common being grocery stores and “other” food sources (such as pharmacies and large discount department stores).
- Accessibility in terms of price and location are major factors that impact where people obtain their food, with transportation being a key issue.
- A considerable percentage of respondents reported accessing alternative food sources on a monthly basis: 48% reported accessing local Food Banks every month; 38% reported using the Good Food Box program monthly; 27% reported accessing various Church food hamper programs throughout the month.

Local food system development

The Strengthening Connections Project led by the City of Thunder Bay with two rounds of Greenbelt funding (2013-15) identified a number of challenges and opportunities that the Food Strategy will be working on over the next few years. The supply of local food in our area is limited by a short growing season and capacity to meet the growing demand. More infrastructure is also required to support increased purchasing i.e. distribution, storage, processing. The seven institutions that were the focus of the project serve nearly 3000 meals and snacks daily with a combined annual food procurement budget of \$1.5 million, so the potential for business development are being met enthusiastically by all stakeholders.

Community Response to Food Insecurity

There is considerable, consistent evidence that better access to healthy food corresponds to the likelihood of healthier eating, healthier weights and reduced rates of diabetes. In addition, there is strong evidence that reducing the cost of healthier foods, through subsidies or other mechanisms, increases their purchase.

Regional and municipal governments can incorporate food security initiatives into a variety of community strategies, development plans/permits, land use policies, and community development processes, as well as a range of incentives or restrictions that encourage access to, availability of, healthy food. Although public health does not manage these initiatives directly, we play an important role in advising and supporting regional and local governments in these efforts. Strategies that have been adopted by the District and viewed generally as being helpful in increasing food security in communities include:

- Food policy coalitions/councils to provide advice, leadership, advocacy, coordination, networking, education, and research i.e. the Food Action Network, led by TBDHU has been networking, advising and developing initiatives since 1995, and more recently, have spearheaded the more formal Food Strategy Steering Committee.
- Community assessment and mapping of healthy food sources and food access resources in the community as a basis for identifying and assessing community strengths and weaknesses i.e. annual “Where to Get Food in Thunder Bay” inventory, Community Food Assessment Report (2004), the Healthy School Food Zones Report (2013), Food Access Mapping Focus Group Report (March 2014), Food Access Solutions Report (March 2015)
- Increasing availability of, and access to, healthy foods by facilitating establishment of grocery stores in low-income neighbourhoods, stocking healthy foods in a range of local food outlets, and the use of development permits, zoning by-laws, regulations, subsidized permits and other incentives i.e. advised on Official Plan review 2014, exploring feasibility of

mobile markets, conducted Healthy Food Zones Around Schools research project in 2012-13.

- Policies and guidelines on the provision of healthy foods in public institutions i.e. support City of Thunder Bay's Local Food Procurement project.
- Mechanisms to support farmers markets, farm-to-cafeteria programs and other means of direct food purchase from farms i.e. support Thunder Bay and Area Food Strategy implementation plan.
- Transportation policies to enable people to easily access healthy food outlets i.e. Thunder Bay and Area Food Strategy working with City of Thunder Bay Transit to increase access through the Transportation Master Plan.

Programs and initiatives that have been adopted by the District and viewed generally as being helpful in increasing food security in communities include:

Programs that support immediate/short-term food relief:

- Charitable food programs such as food banks, soup kitchens and meal programs provide short-term relief (although they have many limitations and do not address the root causes of food insecurity) i.e. RFDA serves 38 member food banks and meal programs in Northwestern Ontario.
- Food recovery programs such as gleaning and encouraging donations of perishable food to charitable food programs can increase the availability of healthy food i.e. the TBDHU Gleaning Program organized 8 gleaning trips to 3 area farms in 2015. The 7600 pounds of berries and vegetables gleaned on these trips benefitted at least 1148 people including the 218 participants.
- Nutrition support programs for low-income pregnant women have shown positive health outcomes i.e. cooking with good food box with young mothers and HBHC food skills programming (includes cooking in homes with families and providing food vouchers)
- School meal programs also help to provide healthy food to children and have shown effective outcomes. In Thunder Bay there are 80 school meal and snack programs throughout the District. We support these programs by assisting in providing menu suggestions and safe food handling information with funding administered through the Red Cross.

Programs that support longer term food security:

- Programs to develop food skills, including planning and preparing food and the use of community kitchens, indicate positive outcomes and are generally considered promising practices i.e. TBDHU has a number of food skills programs such as Cooking with the Good Food Box and

Adventures in Cooking, and provide training and support to social service agencies to help them run community kitchens and cooking programs.

- Urban agriculture has demonstrated promise in improving nutrition and strengthening neighbourhoods i.e. TBDHU supports the Community Garden Collective (21 community gardens), Roots to Harvest, and Backyard Chicken By-law development, and provides advice to community groups wishing to establish community gardens across the District.
- Farmers' markets can improve access to healthy foods in the community while also supporting local farmers and the sustainability of local supplies. Subsidies for low income people in the form of coupons and vouchers for use at farmers' markets in combination with knowledge and skill building programs have had a positive impact on participants' food knowledge and healthy eating.
- Farm-to-school programs have, in combination with teacher knowledge, attitudes and behaviours, positively contributed to healthier dietary choices i.e. support 16 School Gardens, Roots to Harvest Farm to Caf program. In 2013, 1123 local food meals were served through a partnership with the Lakehead Public Schools secondary schools Westgate, Superior, Churchill, and Hammarskjold.
- Food boxes of fresh fruits and vegetables and community-supported agriculture (membership fees to a farm for a share of the harvest) are considered to be helpful mechanisms for facilitating access to nutritious foods i.e. support the Thunder Bay Good Food Box program, that provides over 400 boxes of fresh produce a month at a discounted price through 33 hosts sites with over 100 active volunteers, and provided advice to community groups to establish programs in Nipigon and Marathon.

Public Health Role in Food Security

The overall goal of the Thunder Bay District Health Unit's food security program is to increase food security for the population in the Thunder Bay District. To achieve this we are working at various levels in the community to achieve the following objectives:

- To create policies that support food security initiatives on all levels, thereby enhancing access to affordable, high quality foods (using environmentally sustainable production and distribution methods).
- To strengthen community action by increasing community capacity to address local food security.
- To create supportive environments that will increase accessibility to, and the availability of, healthy foods in a sustainable and dignified manner.
- To increase food knowledge and skills by providing information and education resources.

- To facilitate services and resources that communities and individuals require for increasing the accessibility, availability and affordability of healthy foods.
- To partner with other sectors and levels of government in addressing barriers to food security for all communities and citizens in the District.

These objectives provide the context for considering the evidence and a foundation for developing programs and strategies.

FINANCIAL IMPLICATIONS

None

STAFFING IMPLICATIONS

None

CONCLUSION

Food security is an important public health issue. Public health has a role to play in what has become a significant population health issue, and the evidence exists to guide TBDHU's efforts.

LIST OF ATTACHMENTS

Attachment 1 - Cost of Eating in the District of Thunder Bay Report, 2015
(Distributed Separately)

PREPARED BY: Catherine Schwartz Mendez, Public Health Nutritionist

THIS REPORT RESPECTFULLY SUBMITTED BY:

Lynda Roberts, Director – Health Promotion

DATE:

October 30, 2015

Chief Executive Officer

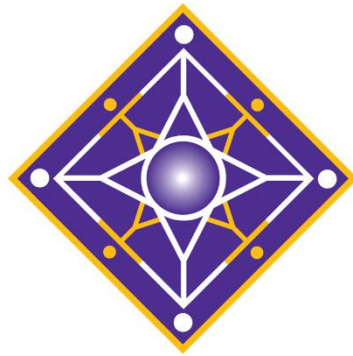
Medical Officer of Health (A)

The Red Cross reports the following schools are currently funded for student nutrition programs in the Thunder Bay District

Agnew H Johnston Public School	Hammaraskjold High School	Sam/Misol Program
Armstrong Public School	Holy Angels School	Schreiber Public School
B.A Parker Public School	Holy Cross School	Sir Winston Churchill Collegiate and Vocational Institute
Beardmore Public School	Holy Family School	St. Bernard School
Bernier Stokes Public School	Holy Saviour School	St. Bridgid Catholic School
Bishop E.Q Jennings	Hyde Park Public School	St. Edward Catholic School
Bishop Gallagher Elementary School	Johnny Terriault School	St. Francis Catholic School
Boys and Girls Club (after school programs)	Kakabeka Falls Public School	St. Hilary Catholic School
C.D Howe Public School	Kingsway Park Public School	St. Ignatius High School
College Jump Start Alternate Education	Lake Superior High School	St. James Public School
College Link	Manitouwadge Breakfast Club	St. Joseph School
Connections Alternative Education	Manitouwadge High School	St. Martin School
Crestview Public School	Marathon High School	St. Patrick High School
Dennis Franklin Cromarty High School	Margaret Twomey Public School	St. Paul School
Dorion Public School	Marjorie Mills Public School	St. Thomas Aquinas School
Ecole Catholique Val des Bois	McKellar Park Central School	St. Vincent School
Ecole Gron Morgan Public School	McKenzie Public School	Superior Collegiate and Vocational Institute
Ecole Sec. Cite Superisure	Nakina Public School	Terrace Bay Public School
Ecole Secondaire Chateau Jeunesse	Nipigon Red Rock District High School	Upsala Public School
Ecole St. Joseph	Ogden Community Public School	Valley Central Public School
Edgewater Park Public School	Our Lady of Charity	Westgate Collegiate and Vocational School
Five Mile Public School	Our Lady of Fatima	Westmount Public School
Gateway Alternative Education	Pope John Paul II Sr. Elementary	Whitefish Valley Public School
George O'Neil Public School	Sherbrook Public School	Woodcrest Public School
Gorham and Ware Public School	Red Rock Public School	

The 39 partners in the District of Thunder Bay to whom food supplies are provided by the Regional Food Distribution Association

Elevate NWO	PACE/Efry
Anishnawbe Mushkiki	Redwood Opportunities Food Bank
Beendigan	Rural Cupboard Food Bank
Brain Injury Services of Northern Ontario	Salvation Army-Thunder Bay
Confederation College Food Bank	Shelter House
Current River Churches Food Cupboard	St Andrew's Kitchen Inc - Dew Drop Inn
Faye Peterson House	St. Thomas Anglican Church Food Cupboard
Grace Ministries	St. Vincent De Paul- Corpus Christi Church
Greestone Harvest Centre	St. Vincent De Paul- St. Agnes Church
John Howard Society of Thunder Bay	Teen Challenge
June Steeve-Lendrum Family Resource Centre	Thrift R Us- Marathon Food Bank
Kateri	Gathering Place
Mary Berglund Health Centre	Thunder Bay Counselling Centre
Metis Nation of Ontario	Thunder Bay Food Bank
Neighbourhood Capacity Building Project	Thunder Bay Indian Friendship Centre
New Life Christian Fellowship	The River
Nipigon Food Bank	New Life Ministries Hope House
North Shore Harvest Food Cupboard	Youth Centres Thunder Bay
Our Kids Count	Gaa Mino Bimaadiziwaad Counselling



THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

POSITION PAPER:

**FOOD SECURITY IN THE
DISTRICT OF THUNDER BAY**

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March 1, 2016

Introduction

That food is one of the paramount necessities of life is an obvious truism. Food is identified, for example, as one of the basic physiological requirements in Maslow's hierarchy of needs, and food security is naturally considered to be one of the cornerstones of individual well-being and social stability. Health Canada, in adopting the United Nations Food and Agricultural Organization definition, defines food security as a condition "when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life." Similarly, 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."¹

Recognizing the well-documented social consequences of food insecurity – ranging from negative health outcomes to diminished educational attainment – there is cause for heightened concern with regards to food security issues in Canada in general, and more specifically, in the District of Thunder Bay. As will be shown, the price of food has been steadily climbing over the past decade and food inflation in Canada is again projected to exceed the general inflation rate in 2016. Rising food prices will have a disproportionate impact on low income individuals and families, as is already evident in the increasing number of people relying on food banks in Ontario.

With these factors in mind, it is of critical importance to ensure not only that food security issues in the District of Thunder Bay are being addressed but also that data on food insecurity is accurately tracked as an evidence-based foundation to monitor progress and to assist in further planning or interventions.

The objectives of this position paper are twofold. First, to provide a broad overview of food security issues on the national and regional level as well as summarizing some of the social consequences of food insecurity, with a special focus on children as the most vulnerable group. Second, to offer recommendations that will help to better prepare for, and alleviate, some of the anticipated impacts of food insecurity. Specifically, two recommendations will be proposed. Firstly, that the Board advocate that the Ontario Ministry of Education implement a universal hot meal program in elementary and secondary schools. Secondly, that the Regional Food Distribution Association of Northwestern Ontario (RFDA) – as the central hub for charitable food distribution in the District of Thunder Bay – develop and implement a data collection plan that will, minimally, monitor food bank usage identifying the number of unique individuals served, client demographics, and the amount of food distributed on a monthly basis.

Food Security and the Cost of Food in Canada

The Food Price Report published by the Food Institute of the University of Guelph forecasts that the rate of food inflation across Canada will be anywhere between 2.0%

¹ "Household Food Insecurity in Canada: An Overview" 2012, available at <http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/insecurit/index-eng.php#fnb2>

to 4.0% in 2016 and will again exceed the general inflation rate. Notably, two of the factors identified in the report that are predicted to affect retail food prices in Canada are climate change and the value of the Canadian dollar.

Climate will be a significant, yet unpredictable, factor influencing food prices. As the report states, “El Nino could be a significant factor in 2016, in fact meteorologists predict next year’s El Nino to be one of the strongest on record. This may cause more precipitation in southern and western regions in the United States.” While the impacts of El Nino are uncertain at this stage, the primary area of concern is in the production of vegetables and fruits that are grown in these regions “as 81% of all vegetables and fruits consumed in Canada are imported.” This intersects with another major driver impacting food prices in Canada, namely, the value of the Canadian dollar. The report predicts “the Canadian dollar to devalue further against the American dollar” perhaps dropping as low as \$0.70 or lower. As a consequence, “every cent drop in the dollar over a short period of time, currency-exposed food categories like vegetables, fruits, and nuts are likely to increase by more than 1%.”²

These forecasted price increases should be placed in the context of a much greater, longitudinal trend towards higher food prices (refer to Figure 1). The price of fresh or frozen beef, for example, increased by more than 117% between the years 2000 to 2015.

These factors have contributed significantly to food insecurity in Canada. Increased food prices, as well as other economic trends since 2008, have a significant and disproportionate impact on low income individuals and families who typically have less discretionary income or a financial buffer to mitigate against rising prices. This is reflected in available food bank usage statistics. The 2015 HungerCount Report, produced by the Food Banks Canada, reported that 825,137 Canadians turned to a food bank in 2015 – a 1.3% increase in food bank use since 2014, but an alarming overall 26% increase since 2008.³ Low-income is, unsurprisingly, consistently found to be the most reliable predictor of food insecurity, with Aboriginal Canadians, recipients of social assistance, single mothers, and those housed in rental accommodations amongst the groups with the highest rates of food insecurity.⁴

Social Consequences

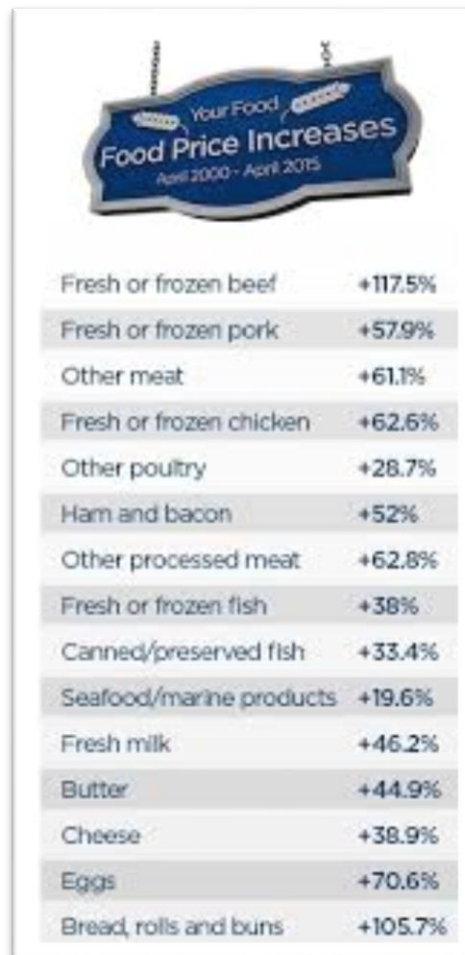
The social consequences of food insecurity are well-documented through a vast and ever increasing academic literature. The impacts of hunger are well-known.

² Sylvain Charlebois et. al, “Food Price Report 2016,” available at <https://www.uoguelph.ca/foodinstitute/system/files/Food%20Price%20Report%202016%20English.pdf>

³ HungerCount 2015, available at https://www.foodbankscanada.ca/getmedia/01e662ba-f1d7-419d-b40c-bcc71a9f943c/HungerCount2015_singles.pdf.aspx

⁴ For a collection of recent, Canadian academic studies on social determinants of food insecurity, refer to the Proof Food Insecurity Policy website, available at <http://proof.utoronto.ca/resources/research-publications/social-determinants-of-food-insecurity/>

Figure 1



Source: Statistics Canada information,
compiled by Global News

Some of the most damaging immediate and long-term effects of hunger are experienced by children. These include reduced learning and productivity, higher rates of mental health disorders and chronic diseases, and increased rates of child obesity. In the context of pregnancy and infancy, iron deficiency has been linked to “poor performance on language comprehension tests and an inability to follow directions over the first five years of a child’s life” as well as “delays in socioemotional, cognitive, motor and neurophysiological development.” Studies on food insecure school-aged children have found that nutritional deficiencies double the likelihood “persistent symptoms of hyperactivity/inattention,” with evidence of improvement “after the introduction of a healthy diet.” The adverse impact of food insecurity on the mental health of children is wide-ranging, with evidence of “depression and suicidal ideation” and increased rates of “adolescent mood, behaviour and substance abuse disorders” linked to child hunger. Overall health is also negatively impacted, with a “higher likelihood of chronic conditions and of asthma.” Some Canadian and American studies have also found a correlation between food insecurity and childhood obesity, thought to be a result of “more restrictive

and pressuring maternal feeding styles” which “decrease the ability of children to self-regulate eating behaviours.”⁵

Given the strong linkages between hunger and reduced cognitive ability in children, on the one hand, and the correlation between educational attainment and socio-economic status, on the other, the likelihood of impoverished children remaining in low income in adulthood is increased.

Local Context

As was demonstrated in the preceding sections, there are several strong indicators that point to a continued increase in food insecurity on the national level, and that the well-researched impact of food insecurity is experienced particularly intensely by children. Turning now to the local context, this section will provide an overview of food insecurity in the District of Thunder Bay.

There are multiple food banks and feeding programs in the District of Thunder Bay (please refer to the Food Bank Information document). Beyond extrapolating from the macro-economic data and larger-scale social indicators, it is somewhat difficult to get an accurate picture of food security in the District of Thunder Bay.

It is known that the RFDA has had a recent, staggering drop in food donations and that rising food prices are having an impact on donations.⁶ According to the 2015 Hunger Report, produced by the Ontario Association of Food Banks, the RFDA serves approximately 14,000 individuals per month, however, no statistical breakdown of food bank usage per community or other similar data appears to be publicly available.⁷ The Thunder Bay and Area Food Strategy 2015 ‘Community Food Security Report Card’ states that the average number of food bank users per month is 3,447 with 9,000 meals served by emergency programs each month, however, it is unclear if this refers to unique individuals and/or if this information pertains only to the City of Thunder Bay or if it includes other communities.⁸

Another approximate conception of those who are at risk of food insecurity can be extrapolated from the Thunder Bay District Health Unit’s ‘The Cost of Eating Well in the District of Thunder Bay.’ This report provides an income-based analysis combined with

⁵ Janice Ke and Elizabeth Lee Ford-Jones, “Food insecurity and hunger: A review of the effects on children’s health and behaviour” in *Paediatrics & Child Health* 20:2 March 2015 pp.89-91, available at http://foodsecurecanada.org/sites/default/files/effects.food_insecurity.hunger.march_.2015_2.pdf

⁶ “Food donations to RFDA down a staggering \$400,000 in 2015,” available at [http://www.tbnewswatch.com/News/382796/Food_donations_to_RFDA_down_a_staggering_\\$400,000_in_2015](http://www.tbnewswatch.com/News/382796/Food_donations_to_RFDA_down_a_staggering_$400,000_in_2015)

⁷ See pg.18-19 in the 2015 Hunger Report, available at http://www.oafb.ca/tiny_mce/plugins/filemanager/pics/cms/3/303/FINAL_-_2015_OAFB_Hunger_Report_updated.pdf

⁸ Community Food Security Report Card 2015, available at http://tbfoodstrategy.ca/files/7014/5504/9817/FoodStrategy_FoodSecurityReportCard.pdf

an annual survey to determine the average cost of a healthy diet.⁹ Singles on Ontario Works are shown to be the most vulnerable with the highest proportion of income devoted to rent and the lowest amount remaining to cover basic expenses.

In terms of school-aged children, a valuable study and social indicator is the Early Development Instrument (EDI) report produced by Communities Together for Children. The EDI is an early child development questionnaire that measures a child's readiness to learn upon entry in Grade 1. The EDI measures 5 domains, including "Physical Health and Well-Being" which features hunger as a risk factor. Although the study only covers the region of Thunder Bay-Atikokan – rather than the District of Thunder Bay – the numbers are revealing. The region "had a vulnerability rate (Vulnerable on One or More Domains) of 31.5% in 2006, which increased to 33.1% in 2012. The Ontario Vulnerability rate was 28.0% in 2012."¹⁰

Recommendations and Rationale

Given the immediate and long-term impacts of food security on children, it is recommended that the Ontario Ministry of Education implement a universal, hot meal program in elementary and secondary schools. Based on available information, it appears that children in Thunder Bay and surrounding areas are increasingly vulnerable in the domains studied through the EDI. Aside from the nutritional benefits, a universally applied hot meal program would limit stigma associated with means testing or self-identification as low income, and such a program would also help to increase the disposable incomes of families that are on a fixed budget.

While broader social trends indicate the strong likelihood of an increase in food insecurity in the District of Thunder Bay, at present time there is insufficient data with which to adequately determine the needs, monitor the trends, or track progress in the area of addressing food security issues. Given that reliable data is necessary for making good, evidence-based decisions and policies, it is recommended that the Regional Food Distribution Association of Northwestern Ontario (RFDA) – as the central hub for charitable food distribution in the District of Thunder Bay – develop and implement a data collection plan that will, minimally, monitor food bank usage in terms of numbers of unique individuals served, client demographics, and amount of food distributed on a monthly basis. The use of free software for this purpose, such as the Homeless Individuals and Families Information System (HIFIS) – as utilized by a growing number of food banks across Ontario – could be employed to help get a better sense of the needs of those using the food bank system.

⁹ The Cost of Eating Well in the District of Thunder Bay 2015, available at http://www.tbdhu.com/NR/rdonlyres/60D58A19-E9EB-464F-86CE-16320D2CA6AF/0/TheCostofEatingWellintheDistrictofThunderBay_website.pdf

¹⁰ Executive Summary, "Thunder Bay-Atikokan Region Early Development Instrument Report (2005-2012)," available at: http://www.ctctbay.org/data_analysis_coordination/documents/Executive_Summary_EDI_Report_Electronic.pdf

June 21, 2016

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
ehoskins.mpp@liberal.ola.org

Dear Minister Hoskins,

Re: Community Water Fluoridation

At its meeting held on June 8, 2016, the Board of Health for Peterborough Public Health considered correspondence from the Porcupine Health Unit regarding the above noted matter.

The Board echoes the recommendations outlined in their resolution (attached), and appreciates your attention to this important public health issue.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/at
Encl.

cc: MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

May 2, 2016

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON
M7A 2C4

Dear Minister Hoskins,

On April 22, 2016, the Porcupine Health Unit Board of Health passed the following resolution:

WHEREAS, the relationship between poor oral health and poor physical and mental health is clear; and

WHEREAS, the relationship between poor oral health and risks associated with childhood development are known; and

WHEREAS, individuals in the community of lower socio-economic status suffer a more significant burden of poor health; and

WHEREAS, providing fluoride via community water offers the positive benefits equally for everyone in the community; and

WHEREAS, global health experts and evidence support community water fluoridation to prevent tooth decay;

THEREFORE BE IT RESOLVED THAT, the Porcupine Health Unit recommends that the Province of Ontario amend the regulations of the Safe Drinking Water Act to require community water fluoridation for all municipal water systems (when source-water levels are below the Health Canada-recommended level of 0.7 mg/L) to prevent dental caries; and

FURTHER THAT, the Province provide the funding and technical support to municipalities to implement community water fluoridation.

Thank you for your attention to this important public health issue.

Yours very truly,



Donald W West BMath, CPA, CA
Chief Administrative Officer

DW:mc

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