Let's make
health in Algoma matter
during the 2018 municipal election

Age-friendly communities

The issue

- Algoma has a greater proportion of seniors aged 65 years and older (23.7%), compared to the North East Local Health Integration Network (NE LHIN) region (20.6%) and Ontario (16.7%). [1]
- By 2026, residents aged 65 years and older are projected to represent 30.4% of Algoma's population, and 34.1% in 2036.[1]
- Aging is an economic issue. Policies that strategically address seniors' physical and social environments can be a cost-effective way for municipalities to reduce costs associated with health and social service use, while helping residents stay healthy and active in their communities.
  - This concept is called 'age-friendly' community design.
- Many older adults in Algoma live with one or more chronic conditions, such as cancer, heart disease, lung disease, and arthritis.[1] However, this does not mean that they cannot enjoy a healthy lifestyle that is rich in social and physical activity. Age-friendly communities can help with this.

Return on Investment

- Policies, services, and structures that foster age-friendly communities help seniors live safely, enjoy good health, and remain active in their communities.[2]
- Age-friendly communities may positively impact senior health, including conditions such as depression, perceived stress and mental health, overall wellbeing, and physical health.[3] Better health → decreased service use → increased cost savings for municipalities.
- Economic and social benefits of age-friendly communities include: labor force growth, taxes and consumption, transfer of cash and property to younger generations, population retention, social cohesion, and various social and cultural contributions to society.[4]

Policy options for Municipal Governments

- Prioritize healthy aging in **Official Plans**; e.g., address the following using an age-friendly lens: management of outdoor areas and public buildings, affordable and safe housing, affordable and accessible public transportation, and volunteer and employment opportunities.[2]
  - Age-friendly city indicators have been developed.[5] Indicators help ensure that interventions are comprehensive, measurable, and effective.
- **Zoning bylaws** can allow for mixed and non-traditional housing arrangements to support residents of all ages; e.g., universal design, accessibility units, and multiple housing types within neighbourhoods.[6]
- **Partner** with stakeholders of varying expertise to develop an action plan.[2] Stakeholders may include: seniors, city planners, public health, caregivers, charities, and government service providers.

Would you like to get started? Contact Algoma Public Health at 705-942-4646 ext.3066 or info@algomapublichealth.com.

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Cannabis

The Issue

- Use and possession of non-medicinal cannabis will be legal in Ontario as of October 17, 2018.[1]
- The proportion of residents that reported using cannabis more than once is higher in Algoma, compared to the North East Local Health Integration Network (NE LHIN) region and Ontario.[2]
    - Algoma: 42.1%
    - NE LHIN: 37.8%
    - Ontario: 29.8%
- Many health and societal concerns are associated with cannabis exposure and use, including:[3-5]
    - Long-term problems with brain and neurological development when exposure happens in pregnant women, fetuses, infants, children, and adolescents
    - Effects on the brain such as problems with memory, learning, movement and coordination
    - Hallucinations and impaired perception
    - Impaired driving and injuries (including fatalities)
    - Mental health problems (including psychosis and dependence)
    - Lung and breathing problems

Return on Investment

- Funding community-wide prevention and education strategies allows for more influence over risk factors, which can lead to a decrease in harms as well as cost-savings related to paramedic, fire services, and law enforcement.
- A public health approach that includes municipal policy development, zoning bylaws, and business clustering considerations can help ensure accountability and produce net benefits for communities.[6,7]

Policy options for Municipal Governments

- Implement a public health approach that **prioritizes public health and safety over profits**.[8] Municipalities, public health, primary health care, education, and social services can work together to contextualize cannabis use, discuss retail logistics, and prioritize public health and safety in the local setting.
- Develop **Municipal Cannabis Policies**, similar to Municipal Alcohol Policies.[9]
    - Municipal policies set parameters for substance use on municipally owned/rented property, and can help reduce risks associated with cannabis use while promoting a culture of responsibility.
- Implement **zoning bylaws to restrict cannabis use and exposure**.[6]
    - Consider land use regulations to prevent clustering of businesses[7], e.g., tobacco, alcohol, and cannabis, near schools and neighbourhoods.

Interested in building a healthy community? Contact Algoma Public Health at 705-942-4646 ext.3066 or info@algomapublichealth.com

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Tobacco

The Issue

- Tobacco is the leading cause of preventable illness and death in Ontario. Provincial rates are the lowest they have ever been, but the rate of tobacco use in Algoma is not:[1]
  - Ontario: 15%
  - Algoma: 30%
- In adults, tobacco use is responsible for cancers including lung, liver, and breast; heart disease; stroke; and respiratory diseases such as chronic obstructive pulmonary disease (COPD) and asthma.[2] The death rate for lung cancer is much higher in Algoma, compared to Ontario:[3]
  - Ontario: 50/100,000 people
  - Algoma: 65/100,000 people
- Unborn babies, infants, and children who are exposed to second-hand tobacco smoke and/or use tobacco are at an increased risk of Sudden Infant Death Syndrome (SIDS) or developing asthma and/or middle ear disease.[2]

Return on Investment

- In Ontario, 13,000 people die each year due to tobacco-related disease; that's 36 lives every day.[4] Municipal policies that address retail locations and densities help reduce product availability, which deters initiation/continued use, and produces a net benefit to communities as fewer residents suffer from tobacco-related disease.
- Municipal licensing fees that require annual payments from tobacco retailers provides both a revenue stream for municipalities, and positively impacts population health and safety by addressing product availability and retailer accountability.[5]
- Coordinated, local-level strategies help reduce health inequities related to tobacco, providing an opportunity for all residents to achieve and enjoy good health.

Policy options for Municipal Governments

- Implement **zoning restrictions** to create tobacco retail-free areas.[5]
  - Protect children and youth by prohibiting retailers within certain distances of schools and restricting retailer location to certain areas. This can reduce product availability and environmental cues for smoking.
- Implement **retail licenses** set at levels that would decrease retail density.[5]
  - Municipally-issued licenses can also help deter contraband sources who are in competition with legal retailers.
- Continue to support/implement **bylaws to restrict tobacco use and exposure**, beyond what is covered by the Smoke-Free Ontario Act, 2017.[4]
  - E.g., smoke-free beaches further protect families from exposure to second-hand smoke.
- Invest in **comprehensive strategies** that address tobacco prevention, protection, cessation, and enforcement.[5]
  - Coordinated, community efforts that simultaneously address the entire population (e.g., policies) while targeting vulnerable groups (e.g., youth) are key to optimizing impact.

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Transportation

The Issue

- The District of Algoma spans approximately 48,815 square kilometres and contains 22 municipalities, as well as numerous First Nation communities.[1]
- Safe, reliable, and affordable transportation is needed to access health care, education, childcare, community organizations, and employment- regardless of income, geographic location, or disability status.[2]
- The majority of employed Algoma residents travel to work using their own vehicle (83%), which compares to Ontario (72%).[1] However, lack of adequate transportation can create barriers to employment and training, limit participation in sports and community activities, and even restrict access to health[4] and other essential services that are typically less-available in rural areas, leading to exclusion and contributing to poor health.[3]
  - Greyhound has cancelled their services throughout Algoma.
  - Ontario Northland continues to service parts of Algoma, however residents are limited by infrequent times, long-haul nature that does not favour quick to-and-from trips, and associated travel costs.
- Inadequate public transportation structure contributes to, and exacerbates, poverty.[2]

Return on Investment

- Municipal policies that systematically address transportation as a public health issue can contribute to significant returns on investment, such as tackling the burden of chronic diseases by providing timely access to care. Additionally, facilitating access to routine health care visits may prevent the need for emergency trips to the hospital via ambulance, as well as mental health crisis situations that involve law enforcement.
- Municipalities that offer subsidized and/or free bus passes to residents may experience the following returns on investment:[4]
  - Increase in ridership for the purpose of purchasing local goods and services.
  - Decrease in municipal costs associated with poverty, violence, and injury, due to an increase in social inclusion and overall wellbeing, particularly among residents who would not normally be able to afford transit travel.

Policy options for Municipal Governments

- Partner with other municipalities, community leaders, provincial government, and academic institutions to **bridge transportation gaps between rural communities and build sustainable transportation solutions** for northern Ontario.
  - E.g., community-based alternative transportation systems, interconnected trail systems, sidewalks, and/or bicycle lanes can be municipally- designed and promoted to residents.[3,5]
- For communities with local transit services, c**onsider subsidizing costs and/or piloting free bus passes** in an effort to increase purchasing/use of local goods and services and decrease health inequities.[4]
  - Free bus pass interventions have contributed to an improvement in social inclusion and general wellbeing among transit users.[4]
- Integrate **health equity considerations into Transportation Master Plans** in order to systematically address poverty in the North.[4]
  - Inter-sectoral collaboration during policymaking for public transportation is necessary in order to address population health inequities, such as access to care and services.[4]

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Youth employment and health

The Issue

- Employment and health are strongly linked.[1] Unemployment is associated with adverse wellbeing for individuals, as well as social, health, and economic costs to society.[2] However, steady attachment to paid work is a strong protective factor in avoiding low-income, while contributing to a range of positive health benefits.[1,2]
- Although 22% of Algoma's youth aged 15 to 24 years are unemployed (17.6% in Ontario)[3], increased youth employment opportunities can help youth establish healthier life pathways, and lower their risk of poor health outcomes.
- Adolescent pregnancies and accidental overdoses are serious issues affecting Algoma's youth.[3,4] Interventions that go beyond traditional health care and treatment, such as completion of education and employment opportunities, are examples of preventative strategies that help create positive outcomes for youth.

Return on Investment

- Investing in local programs that focus on job-based training can increase youth employment[2], which provides a net benefit to communities as more youth enter the workforce, contributing to economic growth and decreased youth outmigration.
- Youth civic engagement helps elected officials make decisions that benefit all residents, addresses succession planning, and requires minimal funding; therefore contributing to a significant return on investment for communities.[5]
- More youth in the workforce can bring generational return on investment.
  - Parents who are employed are more protected from low-income[1], which helps protect the next generation of children and contributes to breaking the cycle of poverty.
- Public policies that address mental health and addictions can help improve population health outcomes (e.g., illness, death, and disease), create a culture free of stigma, and ultimately reduce costs absorbed by municipalities, such as emergency medical services, fire services, and law enforcement.
- Investing in personal development and completion of education for adolescents is effective in preventing adolescent pregnancies.
  - Cost-savings may include averted health costs and productivity costs associated with employment.[6]

Policy options for Municipal Governments

- Partner with local agencies to provide a range of multi-component **interventions aimed at increasing youth employment**.[2]
  - E.g., classroom and job-based training, internships, work experience, job placements.
- Develop and strengthen **youth councils/committees** in municipalities, using a youth engagement framework that addresses: physical and social environment, youth-adult partnerships, meaningful opportunities, positive youth outcomes, and community partnerships.[7]
  - Consider opportunities to include youth representation on council.[5]
- Address youth mental health issues with **system-level interventions** (i.e., public policies), while incorporating organizational, family, and individual-level interventions.[8]
  - Health programs for adolescents are most successful when supported by community leaders and decision-makers.[8,9] System-level changes are linked with better treatment retention among youth suffering from mental health issues, compared to person-specific strategies.[8]
- Support (financially or nominally) **community-based programs** that are grounded in strong research evidence to achieve positive outcomes.
  - Programs that focus on both families and communities are most effective in preventing adolescent pregnancies.[6]

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Mental health and addictions

The Issue

- Rates of hospitalizations for mental health or addictions, self-harm, and deaths from suicides are much higher in Algoma than in Ontario. In fact, rates of hospitalization due to mental health or addictions are rising in Algoma, with women being more likely to be hospitalized than men.[1]

	Ontario	Algoma
Number of annual hospitalizations for self-harm per 100,000 people	39.9	90.2
Number of annual hospitalizations for mental health or addictions per 100,000 people	184.3	553.9
Annual number deaths by suicide	8.7	14.2

- Over 1 in 5 Algoma residents are heavy drinkers,[1] which puts them at higher risk for both physical and mental health problems.
- Rates of opioid-related emergency room visits, hospitalizations, and deaths are higher in Algoma, compared to Ontario.
    - Visit Algoma's opioid-related health harms to learn more.
- For people who inject drugs, health harms go beyond addiction and overdose, including an increased risk of blood-borne infections, such as hepatitis C. The rate of new hepatitis C cases in Algoma is higher than Ontario (2013-2017), and continues to rise.[1]
- Although effective treatment and services are available (for example, hepatitis C is now curable), people who inject drugs and people with mental health challenges often face additional barriers to getting the health care they need.

Return on Investment

- Nearly 1 in 3 people in Ontario will experience a mental health or addictions issue in their lifetime.[2] Local investments in mental health and addictions will provide timely responses and care for those in crisis, and help divert more people, and alleviate strain from, the judicial system.
- Public policies that address mental health and addictions can help improve population health outcomes (e.g., illness, death, and disease), create a culture free of stigma, and ultimately reduce costs absorbed by municipalities, such as paramedic, fire services, and law enforcement.
- Promotion, prevention, and early intervention (i.e., among children and youth) produces significant net benefits to society. Investing in the early years can save the system nearly 25% in publicly funded services per person.[3]
- Reducing hepatitis C transmission further protects the health of the population by preventing new infections. It also lowers municipal costs associated with un-treated disease, which may include emergency medical services.

Policy options for Municipal Governments

- **Ally with local agencies to combat stigma** by supporting access to services and helping to foster language that focuses on strength, resiliency, and capacity, rather than labels and blaming.[4]
    - Public policies that address poverty and health, availability of treatment resources, and access to age and culturally-relevant support are key components of an effective harm reduction and substance use strategy for the community.
- Implement/update **Municipal Alcohol Policies**.[5]
    - These policies set parameters for alcohol use on municipally owned/ rented property, and can help reduce risks and harms through accountability, while promoting a culture of responsibility.
- **Support local efforts** (financially or nominally) to assess, design, implement, and evaluate targeted programs to meet the health needs of people who use drugs.
    - Opioid substitution therapy, alone or combined with needle exchange programs, reduces the risk of hepatitis C acquisition among people who inject drugs, and is an effective, evidence-based treatment for people with opioid addiction.[6,7]

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