

Board Correspondence

August 2024

Date	From	Subject
July 8, 2024	Public Health Sudbury & Districts	Physical Literacy for Communities: A Public Health Approach
July 18, 2024	Middlesex-London Board Of Health	Report No. 49-24: <i>Support for 'An Act to Develop a National Framework for a Guaranteed Livable Basic Income.</i>
July 24, 2024	Middlesex-London Board Of Health	Support for Bills S-233 and C-223: <i>An Act to develop a national framework for a guaranteed livable basic income.</i>



**Public Health
Santé publique**
SUDBURY & DISTRICTS

July 8, 2024

VIA ELECTRONIC MAIL

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health
Box 12, Toronto, ON
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Dear Dr. Moore:

Re: Physical Literacy for Communities: A Public Health Approach

At its meeting on May 16, 2024, the Board of Health carried the following resolution #34-24:

WHEREAS according to ParticipACTION's Report Card on Physical Activity for adults: only 49% of Canadian adults ages 18-79 years get at least 150 minutes of moderate to vigorous physical activity (MVPA) per week. Only 17.5% of children were getting at least 60 minutes of moderate to vigorous physical activity every dayⁱ; and

WHEREAS higher levels of certain physical literacy attributes in childhood—specifically physical competence, motivation, and knowledge—were associated with increased physical activity levels in later years or during adulthoodⁱⁱ; and

WHEREAS the Board of Health for Public Health Sudbury & Districts approved the Physical Literacy for Healthy Active Children ([motion #29-22](#)) which recognized that physical literacy sets the foundation for physical activity participation throughout life; and encouraged all area school boards, sport and recreation organizations, and early learning centres to work collaboratively to improve physical activity levels among children and youth across Sudbury and districts.

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorses the Physical Literacy for Communities: A Public Health Approach as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy.

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Letter

Re: Physical Literacy for Communities: A Public Health Approach

July 8, 2024

Page 2

The Board of Health for Public Health Sudbury & Districts is pleased to endorse the [Physical Literacy for Communities: A Public Health Approach](#) as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy. The document provides ways in which public health can work with other sectors (e.g., education, sport, and recreation) toward building a physically literate community.

The document was developed based on Public Health Sudbury & Districts' experience implementing the [Physical Literacy for Communities \(PL4C\)](#) strategy in partnership with Active Sudbury under the guidance of Sport for Life. The *Physical Literacy for Communities: A Public Health Approach* provides recommendations that public health agencies can help to implement to support a multi-sector strategy that builds a more physically literate community.

We hope this document encourages other communities and public health units to begin or continue their journey in becoming a physically literate community.

Thank you for your attention to this important issue.

Sincerely,



René Lapierre
Chair, Board of Health



M. Mustafa Hirji, MD, MPH, FRCPC
Acting Medical Officer of Health and Chief Executive Officer

cc: Ian Culbert, Executive Director, Canadian Public Health Association
Susan Stewart, Chair, Health Promotion Ontario
Dr. Tamara Wallington, Chief Health Promotion and Environmental Health Officer,
Public Health Ontario
Richard Way, Chief Executive Officer, Sport for Life
Drew Mitchell, Senior Director of Physical Literacy, Sport for Life
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ⁱ ParticipACTION (2022), Pandemic-Related Challenges & Opportunities for Physical Activity. Retrieved from: <https://www.participaction.com/wp-content/uploads/2022/10/Report-Card-Key-Findings.pdf>

ⁱⁱ Lloyd, M., Saunders, T. J., Bremer, E., & Tremblay, M. S. (2014). Long-term importance of fundamental motor skills: A 20-year follow-up study. *Adapted physical activity quarterly*, 31(1), 67-78. <https://doi.org/10.1123/apaq.2013-0048>

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July 24, 2024

Re: Support for Bills S-233 and C-223 “An Act to develop a national framework for a guaranteed livable basic income”

Dear Prime Minister, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, and National Finance Committee:

The Middlesex-London Board of Health supports a guaranteed livable basic income as a policy option for reducing poverty, income insecurity, and food insecurity and for providing opportunities for people with lower incomes. As such, we urge your support of Bills [S-233](#) and [C-223](#) “An Act to develop a national framework for a guaranteed livable basic income”, currently being considered by the Standing Senate Committee on National Finance and in the process of the second reading in the House of Commons.

- Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being.
- Income has a strong impact on health, with better health outcomes associated with higher income levels, and poorer health outcomes associated with lower income levels¹.
- Income increases access to other social determinants of health (e.g., education, food, housing)¹.
- Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions, and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)²⁻⁴.
- Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress⁵⁻¹².

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- Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills¹³⁻¹⁵.

A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing^{16,17}. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account¹⁸. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians¹⁸ and positively impacts childhood health outcomes (e.g., birth weight, mental health)¹⁹.

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021²⁰. In our community in 2021, 16.6% of London households with or without children (89,030 people) were low income based on the Census Family Low Income Measure (CFLIM-AT)²¹. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents^{22,23}.

The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs²⁴.

Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.

Yours truly,



Matt Newton-Reid
Chair, Middlesex-London Board of Health

cc:

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Ontario Boards of Health

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²¹ Statistics Canada. Table 11-10-0018-01 After-tax low income status of tax filers and dependants based on Census Family Low Income Measure (CFLIM-AT), by family type and family type composition. DOI: <https://doi.org/10.25318/1110001801-eng>

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 49-24

TO: Chair and Members of the Board of Health
FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer
DATE: 2024 July 18

**SUPPORT FOR “AN ACT TO DEVELOP A NATIONAL FRAMEWORK FOR A
GUARANTEED LIVABLE BASIC INCOME”**

Recommendations

It is recommended that the Board of Health:

- 1) *Receive Report No. 49-24 re: “Support for ‘An Act to Develop a National Framework for a Guaranteed Livable Basic Income’”; and*
 - 2) *Direct the Board Chair to send a letter to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of [S-233](#) and [C-223](#) “An Act to develop a national framework for a guaranteed livable basic income”.*
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Report Highlights

- In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021.
- Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.
- Opportunities exist to influence healthy public policy through support for “An Act to develop a national framework for a guaranteed livable basic income” which is currently moving through the Senate ([S-233](#)) and the House of Commons ([C-223](#)).

Background

Upstream income-based solutions are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being. The Association of Local Public Health Agencies (aLPHa) endorsed the concept of a basic income guarantee as a policy option for reducing poverty and income insecurity and for providing opportunities for people with lower incomes¹. A guaranteed livable basic income is a cash transfer from the government to citizens, not tied to labour market participation, that ensures everyone has a sufficient income to meet basic needs and live with dignity.

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021². In 2021, 16.6% of London households, with or without children (89,030 people), were low income based on the Census Family Low Income Measure (CFLIM-AT)³. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents^{4,5}. The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs⁶.

Health Impacts

Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being. Income has a strong impact on health, with better health outcomes associated with higher income levels and poorer health outcomes associated with lower income levels⁷. In addition, income increases access to other social determinants of health (e.g., education, food, housing)⁷. Income inequality is a key health policy issue requiring attention from policymakers⁷.

Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)⁸⁻¹⁰.

Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress¹¹⁻¹⁸. Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills¹⁹⁻²¹.

Guaranteed Livable Basic Income

A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing^{22,23}. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account²⁴. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians²⁵ and positively impacts childhood health outcomes (e.g., birth weight and mental health)²⁶.

From 2017-2019, the Ontario government conducted a basic income pilot with 4,000 participants from the Hamilton area, the Thunder Bay area, and in Lindsay, Ontario. There is limited evaluation from the pilot, as the study ended earlier than anticipated. Results from the Hamilton area showed “many recipients reported improvements in their physical and mental health, labour market participation, food security, housing stability, financial status, and social relationships^{23(p4)}”. Further assessment of basic income as a policy option could demonstrate positive health outcomes.

“An Act to develop a national framework for a guaranteed livable basic income” is currently moving through the Senate ([S-233](#))²⁷ and the House of Commons ([C-223](#))²⁸. The Bill requires “the Minister of Finance to develop a national framework for the implementation of a guaranteed livable basic income program throughout Canada for any person over the age of 17, including temporary workers, permanent residents and refugee claimants”. The framework includes measures to: 1) determine what constitutes a livable basic income for each region in Canada; 2) create national standards for complementary health and social supports; 3) ensure participation in education, training, or the labour market is not required to qualify; and 4) ensure implementation does not result in a decrease in services or benefits related to health or disability.

Senate Bill S-233 is being considered by the Standing Committee on National Finance after passing the second reading (April 2023) and House of Commons Bill C-223 was read a second time and is in the Order of Precedence after an initial debate (May 2024). The Bills require support to continue moving through the Senate and House of Commons.

Public Health Support and Next Steps

The Board of Health has a history of support for income-based solutions to reduce rates of poverty, income insecurity, and household food insecurity including social assistance policy, increased social assistance rates, support for basic income, and support for the Ontario basic income pilot ([Report No. 25-23 Minutes](#)⁶, [Report No. 070-19](#)²⁹, [Report No. 053-18](#)³⁰, [Report No. 007-17](#)³¹, [Report No. 063-16](#)³², [Report No. 50-15](#)³³). Recently, Ottawa Public Health (June 2024 – [Appendix A](#)), [Thunder Bay Public Health Unit \(Agenda item 9.1\)](#)³⁴, and [Ontario Dietitians in Public Health](#)³⁵ have submitted reports and letters in support of Bill S-233 and C-223.

It is recommended that the Board of Health send a letter to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of [S-233](#)²⁷ and [C-223](#)²⁸ “An Act to develop a national framework for a guaranteed livable basic income” ([Appendix B](#)).

References are affixed as [Appendix C](#).

This report was written by the Municipal and Community Health Promotion Team of the Family and Community Health Division.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Chronic Disease Prevention and Well-Being and Healthy Growth and Development standards as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Our public health programs are effective, grounded in evidence and equity

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendations:

Anti-Black Racism Plan

Recommendation #37: Lead and/or actively participate in healthy public policy initiatives focused on mitigating and addressing, at an upstream level, the negative and inequitable impacts of the social determinants of health which are priority for local ACB communities and ensure the policy approaches take an anti-Black racism lens.

Taking Action for Reconciliation

Supportive Environments: Establish and implement policies to sustain a supportive environment, as required, related to the identified recommendations.

Equitable Access and Service Delivery: Clarify all funding sources during the development process for collaborative Indigenous-related programs and/or services. Transparency about funding and operational expenses is important to the relationship-building process.