



CONNECTED healthier COMMUNITIES together



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The Honourable Speaker Speaker of the Legislative Assembly of Ontario Room 104, Legislative Building 111 Wellesley St. W Toronto, Ontario M7A 1A2



Dear Speaker,

I am pleased to provide the 2017 Annual Report of the Chief Medical Officer of Health of Ontario for submission to the Assembly in accordance with the provision of section 81.(4) of the Health Protection and Promotion Act.

Yours truly,

David C. Williams, MD, MHSc, FRCPC

Chief Medical Officer of Health

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EXECUTIVE SUMMARY

Being socially connected to family, friends and our communities – having a sense of belonging – is important to our well-being. People who are connected are happier. They enjoy better health and use fewer health services. They are more resilient in the face of adversity, and they live longer.

Communities where people feel connected have less crime and stronger economic growth. Their children perform better in school. Their citizens are more involved: they are more likely to co-operate to benefit all members of the community and to work together to address the social determinants of health, which leads to greater health equity.

How connected are Ontarians? There are worrying signs that many – particularly younger people – feel less connected than they did in the past. While most Ontarians have friends, they see them much less often. They are also much less likely to volunteer in their communities than they once did and, when they do volunteer, they give less time.

Our sense of community is threatened by large systemic pressures and changes. Changes to family and social structures, increasing work and time pressures, urbanization and sprawl, and growing income inequality all make it harder for people to feel connected. Technologies, including television, computers and smartphones, compete for our attention: a growing number of people have hundreds of friends online but few in-person contacts. Perhaps of greatest concern, a growing number of people have lost trust in governments, institutions and one another, which makes them less likely to actively participate in their communities.

These large systemic pressures require system-wide solutions.

The time to act is now. Loneliness and social isolation are serious public health problems that cost us all. They affect our productivity, health, well-being – even how long we live. It's time to revitalize communities and create a healthier Ontario.

Helping people and communities (re)connect is everyone's business. To (re)build a sense of belonging – create connected communities – individuals, organizations, businesses, communities and governments must work together to foster a society that values social connection.

This report recommends three key ways to create more connected communities:

- 1. Invest in Community: Governments should shine a spotlight on the critical importance of connected communities by investing in collecting data on social connection and sense of community, assessing all government policies for their impact on community, creating built environments that make it easier for people to engage in their communities, and tackling the broader social and economic drivers of social isolation.
- 2. Enable Community: Public health units uniquely positioned between communities and different levels of government should play a lead role in enabling community. Public health units can make people aware of the benefit of social connections, use data to develop targeted community-building programs, encourage organizations to partner to address systemic issues that drive social isolation, and champion effective frameworks for community development.
- **3. Be Community-Centred and Community-Driven:** We should challenge ourselves and each other to make community health and well-being a priority.

Community begins from the ground up. Individual actions make a big difference. At the local level, individuals and organizations – including businesses – can drive change. They can collaborate, pooling strengths and assets to build community. They can make community health and well-being a priority in all their decisions.

It's time to make social connection and sense of community as important a measure of our health and well-being as blood pressure and economic output.

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Human beings are hard wired to connect. Our need to be part of a group – a family, a network of friends, or a community – is part of our DNA.

The desire to belong and feel connected doesn't just fulfill a primal urge, it affects our physical and mental health, our sense of well-being – even how long we live.

People who are isolated have a 50 per cent greater risk of dying early than those with strong social connections, about the same negative impact on health as smoking 15 cigarettes a day. Social isolation can be twice as deadly as obesity and as big a killer as diabetes.^{1, 2} It also increases the risk of dementia by 64 times.³

On the other hand, being socially connected can help people overcome adversity and lead longer, happier lives:

- In a 50-year study of 17,000 children born on the same day in Britain in 1958, those with strong family support were more likely to overcome social disadvantages.⁴
- o In a 75-year Harvard study of a highly privileged, educated group of men, the factor that contributed the most to healthy aging was strong, loving relationships. Men who had close family ties and good friendships were healthier and happier in old age than those who did not.⁵

Even those at the top of the socio-economic scale experience dramatic differences in health depending on their connections with other people.



HOW DOES COMMUNITY BELONGING PROTECT OUR HEALTH?

Strong social connections help people recover more quickly from stressful situations. Stress is part of life but when we can manage stress, we are more confident and less anxious. We are better able to calm the "fight or flight" response caused by cortisol, the stress hormone.

Left unchecked, high levels of cortisol threaten our health. They trigger inflammation, headaches, high blood pressure, high blood sugar levels, weight gain, depression, problems remembering or concentrating, and sleep problems.⁶ Being isolated often translates into being inactive, which also increases the risk of obesity and diabetes. Not being connected – being isolated – is bad for the body, mind and soul.

On the other hand, people with strong social connections and a sense of community belonging have more emotional support and companionship as well as practical supports, such as financial assistance, in emergencies and other resources that help them succeed in life. For example, when disaster strikes, people who are socially connected have others around them who will lend them money or provide supports, such as child care or a place to stay – while those who are isolated are less likely to receive help from others.^{7,8} During Chicago's 1995 heat wave, isolated elderly people were the most likely to die and not be found for days.⁹ More deaths occurred in a poor, African American community that had less public space and social capital than an equally poor, neighbouring Hispanic community.¹⁰

Indigenous ways of knowing can help us understand the link between a sense of community and health.

Indigenous peoples recognize that "community is the natural context of human life and activity. We are, one and all, social beings living in relation to one another. Our physical and biological survival is intimately interwoven with the communities that we create and that create us. The community is a complex of physical, social, and psychical relationships that are ever-changing and evolving through time and the generations of people who identify with it."

One of the most powerful expressions of the importance of connectedness comes from the Indigenous concept of health and well-being, which honours and celebrates not only the connections between people — and the importance of nurturing both the young and the old — but also, the connections between human beings and the earth, the natural world and the spiritual world.

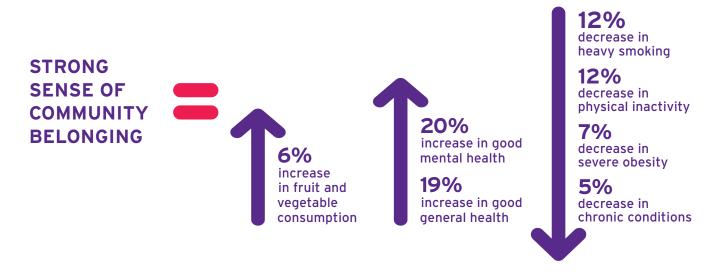
CONNECTED COMMUNITIES ARE RESILIENT

A strong sense of connection makes both individuals and communities more resilient.¹⁰ Communities regularly work together to survive and recover from catastrophes.^{12, 13} After the 1995 Kobe earthquake, most people pulled from the rubble of collapsed homes were saved by neighbours, not firefighters or rescue workers.^{14, 15, 16}

Compared to those with a weak sense of connection, Canadians with a strong sense of community belonging – regardless of their income – experience significant health benefits. They feel better about themselves and are more likely to make healthy choices like exercising, eating well, drinking moderately and following their health care providers' advice – all of which leads to better health. On the other hand, people who report feeling stressed say that social isolation is a factor in their stress.

Figure I: Association of Community Belonging with Health and Health Behaviours

Adjusted prevalence ratios using the using the 2013/14 Canadian Community Health Survey cohort



People with a weak sense of community belonging are more likely to be in the top five per cent of users of health care services; this five per cent accounts for more than 50 per cent of total health care spending. Of the top one per cent of high resource users, 83.5 per cent use emergency department services and 92.5 per cent require acute hospital care compared to 7.8 per cent and zero per cent for the bottom 50 per cent of resource users. In 2018-19, these high resource users will cost Ontario's health care system a projected \$16.5 billion¹⁷ – costs that could be reduced if these individuals were part of connected communities.

What is social capital?

The resources and associated benefits people have access to through their social networks and relationships.¹⁸

Being socially connected and involved in our communities has benefits beyond individual health and well-being. A strong sense of community gives rise to shared values that benefit society as a whole. In communities where people feel connected (often known as a high level of social capital), people tend to trust one another – even if they do not know each other. These communities have less crime and stronger economic growth. Their children perform better in school and their citizens are more politically involved.¹⁹

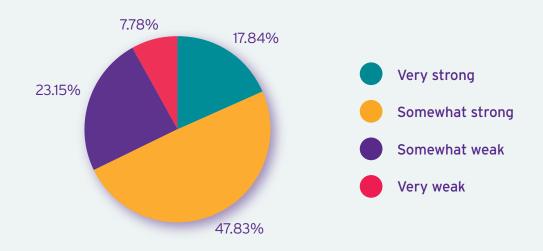
People in communities with high levels of connection and social capital are more likely to co-operate to benefit all members of the community. They are more resilient in the face of disaster, and they are also more likely to work together to address the social determinants of health, which leads to greater equity.



Over six in 10 Ontarians say they have a very or somewhat strong sense of community belonging.

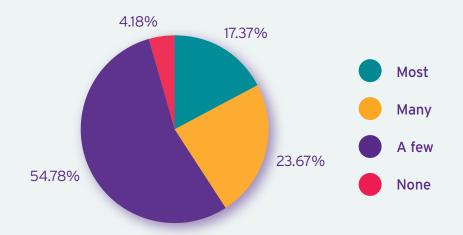
Figure II: Sense of Community Belonging

Weighted distribution in Ontario using the 2013/14 Canadian Community Health Survey cohort



However, only four in 10 know many or most of their neighbours.

Figure III: How Many People You Know in Your Neighbourhood Weighted distribution in Ontario using the 2013 General Social Survey cohort



According to Statistics Canada General Social Survey, Canadians have more friends but they see close friends or family less frequently.¹⁹ There is a growing loneliness gap that we must act now to fill.

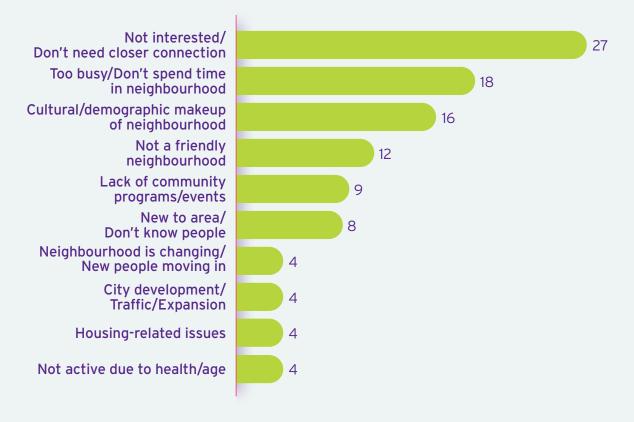
The Toronto Social Capital Study recently asked Torontonians about some key indicators of strong social networks and civic connections.²⁰ Findings include:

- People are more likely to trust other people if they know their neighbours or are age 55 or older.
- More than half of city residents have at least one close friend in their neighbourhood and over eight in 10 have one or more other close friends. However, about six per cent (about 100,000 people) reported having no close family and a similar proportion report having no close friends.
- **Two-thirds** of Torontonians participate in at least **one community group** or association, such as cultural/education/hobby groups, union/professional associations, and sports/recreational leagues.
- Just **four in 10** Torontonians reported having done **unpaid volunteer work** in the past 12 months, and those who do volunteer are giving fewer hours.

When asked why they don't have a stronger sense of belonging, Torontonians said: **it wasn't important or they were too busy**. Ontarians may not understand how important social connections are to their health.

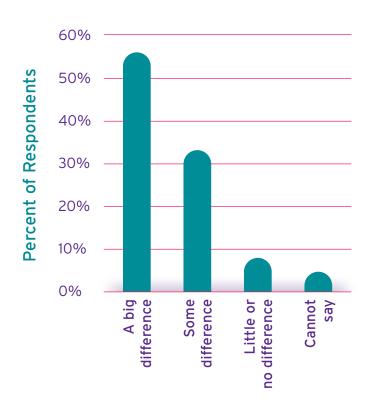
Figure IV: Reasons for not Having Stronger Sense of Community Belonging (%)²⁰

Unprompted – Top Reasons (Those who do not feel a very strong sense of belonging)



That being said, most Torontonians agree that people can make a real difference in their communities if they are willing to work together to solve problems.

Figure V: How Much Difference Can People Working together Make in Addressing Problems in Your Community (%)?²⁰





People build community in many different places and ways, such as:

- Close relationships with family members both biological family and family of choice
- Friendships formed early in life that sustain people over time
- Strong connections with neighbours
- Supportive relationships with colleagues at work
- Connections with others at the same stages of life, such as mothers of young children who meet at the park and provide both social and parenting support and seniors who gather for social activities
- Being part of a supportive cultural, ethnic, religious or spiritual group
- Through a common interest such as the arts or sports or a desire to protect the environment
- Working with others who share common values or political beliefs through service clubs or community groups.



Some connect with others – face-to-face – in their neighbourhoods and communities. Some connect through online networks that bring people together regardless of distance.



Our society has changed significantly over the last few decades. Traditional support networks are weaker, and the ways we live and communicate make it harder to connect in meaningful ways.

Family and social structures have changed. Families are smaller and more spread out, so people are not necessarily surrounded by relatives. Fewer people are married. More are divorced. And the number of single person households continues to grow.

According to a recent Vanier Institute report on Canadian families, between 1981 and 2016²¹:

- The proportion of families that included a married couple dropped from 83 per cent to 66 per cent
- The number of lone-parent families increased from 11 per cent to 16 per cent
- Families are getting smaller from 3.9 to 2.4 persons per household.

Because people are living longer and family structures are changing, **more seniors are isolated**. The National Seniors Council estimates that up to 16 per cent of Canadians age 65 or older (950,000 seniors) experience loneliness and isolation.²² Isolation affects physical and mental health, which can

lead to a loss of function and cognitive abilities, more emergency department visits and hospitalizations, and higher health and social services costs.

Work and time pressures have increased and work has become more precarious. Over the past 50 years, we have seen dramatic shifts in the workforce: more two-income families, greater concentration of jobs in a small number of urban centres, more contract work, more multiple part-time jobs and less economic certainty or stability. Over this same period, the cost of living – in particular, housing – has increased exponentially, particularly in urban areas. As a result, people feel more anxious and stressed, and are less likely to be involved in all forms of social and community life.²³ Changes that make businesses more efficient and productive are having a negative effect on employees.

It costs more to be socially connected. The general financial anxiety that many people feel is exacerbated by the fact that many social activities, such as adult education classes, fitness programs, music concerts and dancing, are expensive and increasingly out of reach for many people. It is much less expensive to stay home and watch TV than it is to be out in the community taking part in activities that could enhance both connection and health.

With urbanization and sprawl, people spend more time commuting and less time connecting.As jobs migrated to the cities, so did people. However, some communities were not designed with social connection in mind. Many are not walkable: in order to shop, people have to take the bus or drive and these communities often lack the parks and community gathering spots that bring people together.

Faced with rising housing costs in the city core, many people moved to suburban neighbourhoods where they could have larger homes with yards. As commute time increases, willingness to get involved in community activities drops: each additional 10 minutes in daily commuting time cuts involvement in community affairs by 10 per cent.²³ Urban sprawl means that people spend more time alone in the car or on public transport and less time with family, friends and neighbours. It also affects people's sense of community as they are often living, working and shopping in different neighbourhoods and do not feel truly part of any of them.²³

Television, computers and smart phones increase isolation. In the mid-20th century, Canadians mainly went out into the community for entertainment. With television, low-cost entertainment and leisure came right into our homes, and we began to prefer "spending a quiet evening at home." As the number of television sets per household grew, people spent less time watching TV together and more time watching entirely alone.²³

Television is a medium of entertainment which permits millions of people to listen to the same joke at the same time, and yet remain lonesome. – T.S. Eliot

At the turn of the 21st century, television was the single most consistent predictor of people being disconnected from their communities – more significant than education, age, gender, marriage, children, income, financial worries, work obligations and commuting time.²³ Over the past 20 to 30 years, other technologies – computers, smartphones, online networks and streaming services – have competed to take more of our time and attention. A growing number of people have hundreds of friends online, but few in-person contacts. In some cases, these virtual connections are highly supportive. They allow children to "see" and talk to grandparents who live far away and develop a stronger sense of family. They also help people who live in rural and remote areas overcome geographic isolation.

But social media can also make the lonely more isolated. It can connect people who are socially disconnected with those who manipulate them. They may engage only with those who share or amplify their views so they have fewer opportunities to talk to or understand people with different perspectives.

Some social media platforms have taken steps to limit inaccurate and misleading information and reduce cyber bullying. Some platforms have simple nudges designed to help people reduce screen time — such as programs that tell people how much time they spend each day looking at their screens. However, more must be done to reduce the negative impact of technology on social connections.

Social media technologies also allow people to share information, which may or may not be accurate. Real harm can be done – both to individuals and society – when people spread inflammatory, unverified or false information.

THE IMPACT OF SCREEN TIME ON YOUTH

Excessive screen time is particularly harmful for today's teens. The Monitoring the Future survey, funded by the U.S. National Institute on Drug Abuse, asks teens how happy they are and how much of their leisure time they spend on various activities, including non-screen activities (e.g., in-person social interaction, exercise) and screen activities (e.g., using social media, texting, browsing the web). The results are clear: teens who spend more time than average on screen activities are more likely to be unhappy, and those who spend more time than average on non-screen activities are more likely to be happy.²⁴

Technology may actually increase health inequities among youth: lower income teens clock significantly more screen time (eight hours and seven minutes a day) than their higher income peers (five hours and 42 minutes). They are less likely to benefit from direct social interactions and more likely to experience the social isolation and other negative impacts of excessive screen time.²⁵

The more time teens spend looking at screens, the more likely they are to report symptoms of depression. This may be due to the fact that social media exacerbate age-old teen concerns about being left out. The proportion of teens who feel left out has reached all-time highs across age groups as has the number of teens – particularly girls – who report being bullied online. Cyberbullying is feeding an increase in both depression and suicides.²⁶

If you were going to give advice for a happy adolescence based on this survey, it would be straightforward: Put down the phone, turn off the laptop, and do something – anything – that does not involve a screen.²⁷

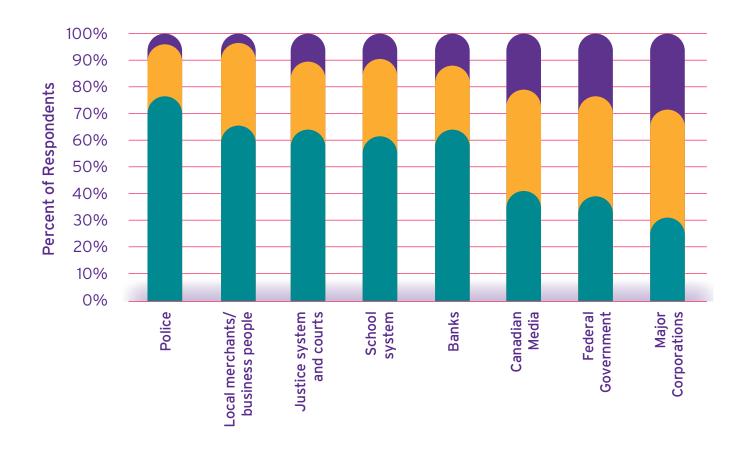
People have lost trust in governments and institutions. According to the Edelman Trust Barometer, a survey of 28 countries, the world is facing a crisis of trust in its institutions. In 20 of the 28 countries, average trust in government, business, non-governmental organizations and media was below 50 per cent.

Trust is the "belief that someone or something is reliable, good, honest, effective." High levels of trust promote healthy interactions, whereas low levels of trust undermine constructive relationships.²⁸

Compared to many other countries, Canada actually scored relatively well on the 2018 Edelman Trust Barometer. Between 2017 and 2018, Canadians' trust in government and media increased (from 58 to 61 per cent and from 52 to 59 per cent respectively), while their confidence in non-governmental organizations dropped (from 74 to 65 per cent) and their trust in business remained relatively steady (63 per cent). In general, Canadians said they wanted to see all their institutions play a more active role in creating a stronger, fairer society.²⁹

In Ontario, over three in four people have a great deal of confidence in police and about six in 10 have confidence in local businesses and the justice and school systems. On the other hand, fewer Ontarians have confidence in the media, the federal government and major corporations.

Figure VI: Confidence in Institutions
Weighted distribution in Ontario using the 2013 General Social Survey cohort



- Great deal of confidence (score 40 50%) Neither high nor low confidence (score 30%)
- Low confidence (score 10 20%)

People have less trust in political systems when they are having money problems or are unemployed.³⁰ On the other hand, people living in jurisdictions with stronger property rights and extensive labour market regulations have more trust in their institutions and governments.³¹

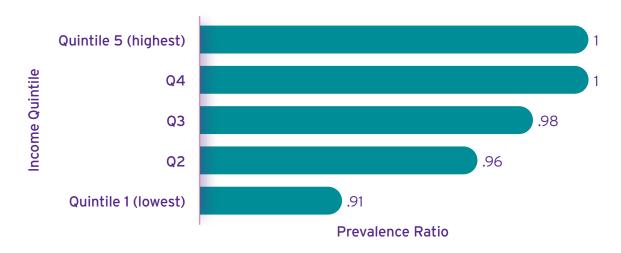
When those with more resources or power have a disproportionate influence over economic opportunities, income gaps widen, more people become marginalized, inequities increase, and community connection and trust are broken.³²

INCOME INEQUALITY THREATENS COMMUNITY

When we look more closely at sense of belonging, we see that it is influenced by income. Ontarians in the highest income quintiles report a much stronger sense of belonging while those with the lowest incomes feel more isolated.

Figure VII: Sense of Belonging by Income Quintile

Adjusted prevalence ratio using the 2013/14 Canadian Community Health Survey cohort



Disconnection and lack of trust leads to more disconnection. Lack of connection to our communities and lack of trust in government can lead to public disorder. People who live in neighbourhoods with visible signs of disorder – such as people dealing drugs, vandalism, graffiti or property damage – feel more vulnerable and fearful of crime.³³ They are more likely to report being afraid when walking alone after dark, using or taking public transportation or home alone in the evenings. They also report less life satisfaction.³⁴

People who trust law enforcement are more likely to participate in activities designed to improve community safety. However, people who live in neighbourhoods with high crime rates – particularly members of racialized communities – report being more likely to be stopped and questioned, and more distrustful of police. These disparities create the sense of an unequal society where some feel comforted by the law and others feel suspicious and distrustful.²⁸

The growing sense of social isolation Ontarians are experiencing can be slowed or stopped. Many factors driving isolation and loneliness are systemic so they require a system-wide approach. Individuals, organizations, businesses, communities and governments must work together to foster a society that values and invests in social connection and community.

Sound public policies can nurture well-being.

There are many relatively simple steps we all can take to (re)build community. Many people are already involved in innovative efforts to connect people and create supportive, connected communities

Connecting People

Building community and social connections often happens informally. Sometimes it's as simple as talking to your neighbours or inviting someone to join you at an event. Sometimes it's part of more formal efforts by organizations to either bring people together or create spaces where people can gather.

Connecting Newcomers to Neighbours

Beginning in 2015, groups of Canadians came together to privately sponsor Syrian refugee families. A recent evaluation of the country's refugee resettlement programs found that privately sponsored refugees had a significantly better chance of getting help settling in Canada, finding a job and having better health outcomes than government-assisted refugees. They were more likely to have received help learning key skills, such as speaking English or French, shopping for food and finding a doctor. Within nine months of arriving in Canada, over 50 per cent of privately sponsored refugees were working compared to 10 per cent of government-assisted refugees.³⁵

Unlike government institutions, private sponsors provide emotional support. They introduce refugees to their social networks, give them a tour of the best places in town to shop and help them set up new businesses. The experience is also a positive one for the sponsors themselves. They gain a greater sense of connection from being involved and contributing to the welfare of others.³⁶

Connecting People to Culture

Most Indigenous peoples with life-limiting illnesses die in urban hospitals or long-term care homes. They do not have access to palliative care at home or in their First Nations or Aboriginal community, surrounded by family, friends, culture and spirituality.

To connect people to culturally safe end-of-life care, the South West Local Health Integration Network collaborated with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) and other partners – including Chippewas of the Thames First Nation, Munsee-Delaware Nation, Oneida Nation of the Thames and Cancer Care Ontario – to implement an Indigenous-led palliative model of care, including an Indigenous Palliative Care Team (IN-PaCT). The team includes physician support, a nurse practitioner, a registered nurse, a mental health counselor and a traditional Indigenous healer who supports the spiritual needs of patients and families.

For families, one of the most meaningful aspects of the IN-PaCT model is the care provided after the person dies. The team visits families and supports them in their grief and healing process. Within Indigenous culture, family and follow-up care fosters a sense of social connection for continued healing.

Connecting Health Professionals

Certain parts of the province are designated to provide French language services. The *Public Health en français* Community of Practice started as a collaboration among health units to connect professionals delivering French language services so they could share resources and expertise.

With more than 100 members, the Community of Practice keeps professionals from feeling isolated in their work which, in turn, helps support and strengthen the Francophone community and improve access to equitable high quality public health services. Members are now more aware of resources and tools, and more likely to collaborate with one another to deliver consistent services.

PRESCRIBING FOR LONELINESS

When people are struggling with loneliness, they don't need prescriptions for treatment as much as they need help connecting with people and groups in their community. The Alliance for Healthier Communities – the association of community health centres, Aboriginal health access centres, community family health teams and nurse practitioner-led clinics – is piloting a social prescribing project. Eleven diverse community health centres are prescribing activities that help people connect to social activities in their communities, such as support groups for newcomer women, an intergenerational knitting in motion group and a support group for LGBTQ youth. They will monitor the impact that social prescribing has on health. Social prescribing looks a little different depending on each local community's needs and capacity, but the approach generally looks like the process below:

Navigator links individual to appropriate resources, and supports Individual with complex needs their journey to well-being



Primary care clinician makes a social prescription – a referral – after fulsome discussions Individual connected to social and community supports, with invitation to engage, contribute, and give back to their community

Adapted with permission from the Alliance for Healthier Communities

Creating Supportive, Connected Communities

Reaching and Connecting Isolated Seniors

To help break the cycle of social isolation for seniors, seven organizations in Hamilton came together to develop the Hamilton Seniors Isolation Impact Plan (HSIIP). The goal is to have more seniors feel connected to family and friends, access support and participate in physical and social activities, and feel valued.

HSIIP has established three connector programs:

- The Hospital Connector Program connects seniors being discharged from hospital to services and activities in the community.
- The Community Connector Program connects isolated seniors in the community to services and activities.
- The Peer Connector Program trains peers to provide friendly visiting services.

HSIIP strives to:

- Find and work with seniors at risk for social isolation
- Help reduce barriers to seniors' engagement in activities and networks
- Create opportunities for seniors to become involved in meaningful social activities and their communities
- Build more sustainable and inclusive communities that value the contribution of all members, regardless of age.

The HSIIP and the ENRICHes Collaborative are funded in part by the Government of Canada's New Horizons for Seniors Program. The Program provides grants and contributes funding for projects that make a difference in the lives of seniors and in their communities.

Between May 2016 and March 2018, the collaborative helped 1,014 seniors. Every senior was connected to some form of visiting and information-sharing, and most were anchored into other services and activities. The program was able to close gaps in services and relieve pressure on an overburdened health care system.

Connecting Family Caregivers to Supports and Resources

When seniors with complex health problems age at home, they often rely on a family or informal caregiver – who is also aging – to look after them. Family caregivers often struggle to provide this care. They can experience high levels of stress, financial hardship and isolation. Five organizations in Toronto – Alzheimer Society Toronto, Canadian Mental Health Association Ontario, North York Community House, WoodGreen Community Services and the Reitman Centre at Sinai Health System (the lead for the collective) – are part of the ENRICHES Collaborative. Together, they are trying to reduce social isolation in caregivers age 55 and older.

Using the collective impact model (see page 25), the ENRICHES Collaborative organizations identify caregivers in need of support, engage them in activities, connect them to programs and services, and build health system capacity to respond to caregiver needs.

ENRICHES has engaged over 12,000 caregivers and connected them to services, such as workshops and education sessions, social and recreational opportunities, as well as digital literacy and financial empowerment programs offered through the various ENRICHES partners. These services help caregivers build resilience and expand their social networks. They also empower them to navigate the health system and manage their own health and well-being.

Connecting and Integrating Newcomers

Rural communities often face demographic challenges such as youth out-migration and labour shortages. Many need newcomers to maintain their vibrancy and economic health. When newcomers are able to build social capital, they feel a sense of belonging in their new communities and are more likely to stay.

Newcomer: A person who has moved into the community in the last five years. This includes those that have moved from abroad, from elsewhere in Canada or moved back after a significant time away.¹⁸

When residents in the host community use their influence to help newcomers, all benefit. When newcomers develop their networks, resources and assets, they build up the community. It's crucial for communities to provide opportunities for newcomers to become connected and develop social capital.

The Rural Ontario Institute has gathered and distilled information on effective ways to help newcomers integrate:

- Strong intentional community leadership. Municipalities make a conscious effort to create welcoming communities.
- A commitment to reduce system barriers. Successful communities work to address issues such
 as public transportation, social supports, affordable housing, language and settlement services.
 They also actively communicate positive messages about the importance and value of newcomers
 to the community.
- Opportunities to build relationships. Communities create opportunities for newcomers to connect in meaningful ways with people in the community, which can have a profound effect on social capital. Newcomers and members of the community get to know each other and develop lasting bonds that benefit everyone.
- **Robust support systems.** Rural communities that develop strong, accessible support systems for newcomers are more likely to retain their newfound residents.

Creating Built Environments that Encourage Connection

The physical spaces where people live, play, work and study – the built environment – affects their health.

In all types of communities – urban, suburban or rural – supportive built environments can promote mental and physical well-being, improve quality of life and foster social connections. The way that communities, neighbourhoods and housing complexes are physically laid out can affect social capital and sense of community.¹¹

It is unreasonable to expect large proportions of the population to make individual behaviour changes that are discouraged by the existing environment and social norms.³⁷

It's important to keep social connection and health goals in mind when designing streets and neighbourhoods by, for example:

- providing wider, barrier-free streets that encourage social interaction and support different ways of moving, such as walking, cycling, roller blading and driving
- building mixed use neighbourhoods that include homes, retail stores, services and cafes so people can walk to get the things they need
- creating good quality public and green spaces with landscaping, lighting, facilities and pathways that invite people to gather.

When residents have more control over the areas around their homes, including lobbies, streets and grounds, they feel more connected to these community spaces and to their neighbours. These neighbourhoods have lower rates of crime and higher levels of social capital.¹¹

When residents have access to places to meet (often called "third places" because they are not private residences or work spaces), such as coffee shops, bookstores, bars, hair salons, public squares and libraries, there are opportunities for social interactions that build connected communities.³⁷

Making Health Part of City Planning

Ontario's Places to Grow Act, 2005 recognizes that, to provide a high quality of life, communities must be planned strategically.³⁹

Public health units in the Greater Golden Horseshoe have been working with municipal planners and community partners to encourage healthy community policies that:

- encourage walking, cycling and other forms of active transportation
- promote complete community design
- advocate to preserve land and water to ensure a sustainable food system
- improve the built environment to enhance social cohesion and well-being.

The Simcoe Muskoka District Health Unit (SMDHU) supported a series of active transportation workshops that led many municipalities to develop active transportation and trail plans. Some are now creating trails connecting to schools, way-find projects, cycling lanes, road diets, transit initiatives and more. Some have been designated age-friendly, youth-friendly, walk-friendly and bike-friendly communities. All this activity is the result of community engagement.

These communities are also leading the way in innovative community design:

- Essa included waterways in its trails system
- Wasaga Beach was the first municipality in Ontario to install portable roll-out mats on the beach so all residents and visitors – including those in wheelchairs and strollers – could enjoy the beach and feel more connected to the community
- Collingwood, Essa and Wasaga Beach have established healthy community committees that focus on healthy community design, social cohesion and well-being.

Healthy Barrie – an innovative partnership among the Dalla Lana School of Public Health (University of Toronto), the City of Barrie, the Barrie and Community Family Health Team and SMDHU – is using population health indicators to measure health and social well-being in local neighbourhoods and assess the impact of neighbourhood design and access to city and health care services. Findings will inform service changes and the official city plan. Ideally this assessment will be repeated so Barrie can measure the impact of changes on community health.

Capitalizing on Infrastructure Projects to Build Community

Poverty and economics are strong drivers of social disconnection. Community benefits agreements are formal agreements between a private or public development and a coalition that reflects and represents people who are affected by a large development project. They help ensure that communities benefit – both economically and socially – from investments in infrastructure and purchases of goods and services.

Community benefits agreements are clauses added to contracts that require companies to, for example, improve public spaces, hire local workers and/or provide appropriate training. These agreements often require significant time and commitment to be successful, but can be a strategic tool for community wealth.

Community benefits agreements are usually negotiated collaboratively by government, businesses, labour, advocacy coalitions and local residents.

The Toronto Community Benefits Network is using this approach to influence the development process and deliver social benefits that help build connected communities. Here are a few successes from community benefits agreements:

- Local people received jobs as part of the Regent Park redevelopment.
- The contract for the Eglinton Crosstown LRT included a commitment to provide training and employment for local people and to procure supplies from local businesses.
- As part of the Pan Am games, local suppliers and social enterprises were encouraged to bid on contracts.



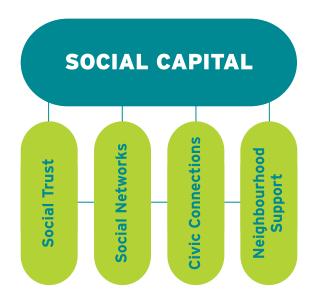
To reduce social isolation and build social capital, we need ways to measure connectedness and belonging as well as effective frameworks that help build community.

Measuring Connectedness and Community

A number of jurisdictions are trying to measure connectedness (social capital) and social isolation, and use the findings to build community and improve health.

Toronto Social Capital Study

The Toronto Social Capital Study is measuring the extent to which social capital contributes to outcomes, such as health, happiness and life satisfaction.²⁰ The study team identified four measures of social capital:



Asking about social networks helps assess how large people's social networks are, how often they connect, how invested they are in these friendships and the extent to which they rely on their social networks for help and support.

Asking about civic connections helps assess how engaged people are in their community and the extent to which they volunteer or take part in activities that benefit their communities. For example, are they meeters, joiners and co-operators – all measures of connectedness – or are they less involved and more isolated?

To develop the Toronto Social Capital Study survey, researchers pulled questions from established surveys in Canada, such as the Canadian General Social Survey, the Equality, Security and Community Survey, and the Neighbourhood Effects on Health and Well-being Study.

Asking about neighbourhood support helps assess how people see their neighbourhood and how welcoming and resilient that neighbourhood is. Are there safe places for children to play? Are people willing to help their neighbours?

These measures of social capital – which were recently applied in the City of Toronto – help health and city planners understand how connected their communities are and the role that social capital plays in that sense of community belonging. The information can also be used to identify neighbourhoods that would benefit from community building.

What is Well-being?

The presence of the highest possible quality of life in its full breadth of expression focused on but not necessarily exclusive to: good living standards, robust health, a sustainable environment, vital communities, an educated populace, balanced time use, high levels of democratic participation, and access to and participation in leisure and culture.⁴⁰

Canadian Index of Wellbeing

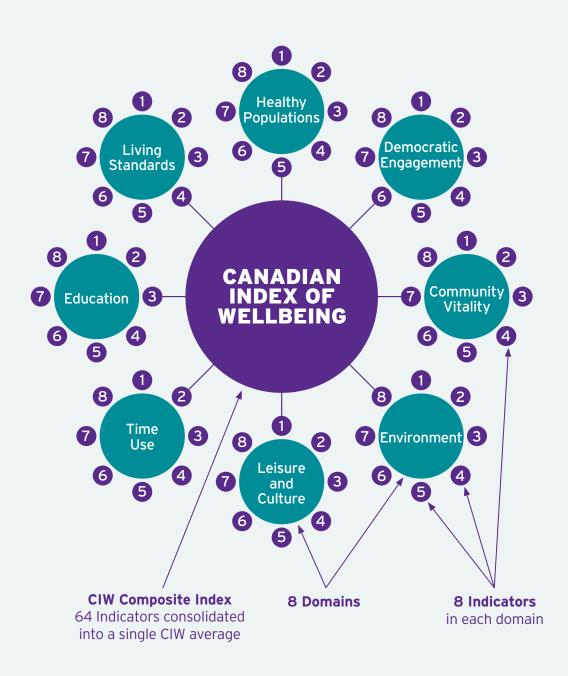
The Canadian Index of Wellbeing at the University of Waterloo, developed by researchers from across Canada, is based on talking to Canadians about what is most important to their quality of life. From those consultations the researchers developed eight domains:

- **Community vitality** looks at social relationships. Do people have a sense of belonging? Do they volunteer? Do they have close friends they can turn to and do they provide unpaid help for others? Do they trust others and feel safe in their community?
- Democratic engagement looks at the extent to which people participate in the democratic process. Do they vote? Do they participate in political groups? Are they satisfied with the way democracy works in Canada?
- **Education** looks at access to education across the lifespan. How many registered child care spaces does a community have? How much does it spend on educating students? How many young people complete high school? How many adults have university degrees? How many adults participate in ongoing education?
- **Environment** looks at the availability and use of natural resources, and the impact of human activity on the environment. How clean is our air? How much energy do we use? What about our fresh water resources? What actions do we take to help protect the environment?
- **Healthy populations** looks at health status, lifestyle and behaviour as well as health care system factors. How many Canadians rate their physical and mental health as good? What is our life expectancy? How many people have diabetes? How many smoke? How many have a doctor?
- Leisure and culture assess the amount of time and money Canadians spend in social, physical
 or cultural activities. How many hours do they volunteer for recreation and cultural organizations?
 How much time do they spend on holidays? How often do they visit national parks and historic sites?
- Living standards measures average income and wealth, as well as income gaps. How many Canadians have incomes below the low income cut-off? How many households are food insecure? What percentage of the labour force is employed? How many people are in high quality jobs? What about housing affordability?
- **Time use** looks at how Canadians spend their time and how our time use affects our well-being. How many Canadians work more than 50 hours a week at a main job? How many minutes each day do we spend with friends? How long do we spend commuting? How many people have flexible work hours? How many report time pressure? How many people get seven to nine hours sleep a night?

Taken together, these domains paint a picture of Canadians' well-being. Planners can use the results to understand trends and advocate for policies, programs and other changes that improve wellbeing. Findings can start a dialogue about what truly matters to Canadians and how communities, governments, organizations and businesses can enhance health and strengthen communities.

Jurisdictions can use the Canadian Index of Wellbeing to: create a community well-being profile; identify strengths and weakness, as well as inequities; and, using the insights gained, develop community plans.

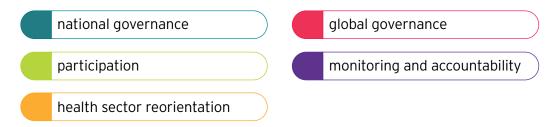
In 2016, Oxford County used the Canadian Index of Wellbeing. The findings? Rural residents reported higher levels of life satisfaction than urban residents – including a greater sense of community belonging and they were more likely to help others. Adults with children were more likely to experience problems with work-life balance. Newcomers had longer commutes and less job security. People living alone had lower levels of well-being. People with low incomes (<\$40,000 a year) had poorer quality of life. The county was able to see how all the factors that distinguish community were at play in the region. Oxford County is using the survey results to monitor progress in achieving the goals in its Community Sustainability Plan with an aim to reduce inequities.



Rio Declaration on Social Determinants of Health

In 2011, member states of the World Health Organization (WHO) pledged to reduce health inequities – a key factor in the fragmentation of communities. A group established by the WHO, the Public Health Agency of Canada and the Canadian Institutes of Health Research (CIHR) Institute of Population and Public Health identified 36 indicators across five domains that jurisdictions could use to monitor their progress in reducing health inequities.⁴¹

The domains include:



The focus on participation highlights the importance of involving civil society in creating equitable health policies. Governments can use these indicators to assess how well they are doing in addressing underlying systemic issues and social determinants of health that drive social isolation.

Building Community

The Chief Medical Officer of Health's 2016 report – *Improving the Odds: Championing Health Equity in Ontario* – highlighted the important role communities can play in reducing health inequities⁴²:

"Community development interventions can bring community members together to take collective action and solve common problems. They can also help build social cohesion which, in turn, improves health... Different players and levels of government have different levers... Working together as a system, they can reduce or eliminate health disparities."

That report challenged government and organizations to champion community development and pursue partnerships within and beyond the health sector to improve health equity.

Here are three effective approaches to building community. All share a commitment to engaging people in solving complex problems that fragment community.

Collective Impact Model

Collective impact is based on the idea that organizations must work collectively – not in isolation – to create social change and solve complex dynamic problems like social isolation. Successful collective impact initiatives build on all partners strengths and share five criteria:

- **Common agenda:** All participating organizations share a vision for social change: a common understanding of the problem and a joint approach to solving it.
- Shared measurement system: Agreement on how success will be measured and reported, with key indicators.
- **Mutually reinforcing activities:** A diverse set of stakeholders, typically in multiple sectors, coordinating activities through a plan of action.
- **Continuous communication:** Frequent communications among key players within and between organizations to build trust and encourage ongoing learning and adaptation.
- Backbone organization: Ongoing support provided by an independent staff that helps move the work forward.

The collective impact framework, developed in the U.S., has been adapted by the Tamarack Institute in Canada to shift it from a managerial to a movement-building paradigm (Collective Impact 3.0) that "opens up peoples' hearts and minds to new possibilities" and "emboldens policymakers" and system leaders. Building a movement requires strong relationships based on a common vision, values and stories that can rally like-minded organizations.⁴³

Connected Community Approach

The Connected Community Approach is a way of understanding how to work in a community using a community development lens. Its focus is on changing and strengthening local systems: the way people interact, access programs and services, and spend their time, energy and money. It includes the ways organizations conduct outreach, institutions engage community members and businesses hire.

The Connected Community Approach aims to change the community itself, which is quite different from services that offer support and knowledge. It draws inspiration from the collective impact model⁴⁴ and uses its language to describe the work of supporting organizations, which is where the concept of a community backbone organization comes from. By focusing on strengthening social networks between and among people and organizations, a community backbone organization can be a catalyst that stimulates community-based social and economic improvement and mobilizes local assets, skills, aspirations, talents and resources.

The East Scarborough Storefront is an example of the Connected Community Approach. Originally a one-stop shop where agencies serving the community could provide a range of education, legal, employment and settlement services, the Storefront has evolved into an organization that supports resident agency and strategic engagement of other community players. Its goal is to: facilitate collaboration and help people learn and create together, live healthy lives, find meaningful work, play and thrive.

The community now works together to identify and solve problems. Solutions have included:

- o petitioning for better bus service
- a community youth art project and community event to reclaim a bridge that was unpopular because of traffic speed, narrow sidewalks and a history of suicides
- a skills-building project that involved youth in renovating a former police station to become the Storefront's home
- Residents Rising volunteers working in the community to engage residents in neighbourhood issues
- a business network that cross-promotes local businesses and helps them learn from one another, and helps new entrepreneurs with business planning.

The impact of empowering connected communities is impressive: more at-risk youth attending college, a stronger local economy and an increase in literacy and leadership.

Neighbourhoods are the places where people interact and where there is real opportunity to create meaningful change

... When information, ideas, relationships, supports and resources are shared, talents and assets can be mobilized and combined in multiple ways. When people and organizations work together in different ways over time, they begin to foster a sense of shared identity and belonging. Multiple players from multiple sectors can all play a role in continuous neighbourhood improvement. That is what the Connected Community Approach does.⁴⁵



Design by Randal Boutilier, RGD of Openly

Asset-Based Community Development

Asset-Based Community Development (ABCD) is a strengths-based approach to community development.⁴⁶ It recognizes that communities are diverse and potent webs of gifts and assets – rather than complex masses of needs and problems. Each community has a unique set of skills and capacities that can be channeled for community development.



ABCD organizes resources and assets into six groups:

- 1. **Individuals:** Every resident of the community has assets and gifts that need to be recognized. In community development, you cannot do anything with people's needs, only their assets.
- 2. **Associations:** Small informal volunteer groups of people working with a common interest, such as clubs, are critical to community mobilization. They don't control anything; they just come together by individual choice around a common interest.
- 3. **Institutions:** Paid groups of people generally professionals organized within a structure. They include government agencies, private business and schools. The assets of these institutions help the community capture valuable resources and establish a sense of civic responsibility.
- 4. **Built and Natural Environment:** Physical assets include land, buildings, space and funds.
- 5. **Local Economy or Exchange:** In the non-monetary world, there are three forms of exchange: 1) intangibles, 2) tangibles, and 3) alternative currencies. In the commercial world, there is a fourth form of exchange: money. There must be an exchange between people sharing assets by, for example, bartering. People who make these connections normally through building relationships individual by individual are connectors.

6. **Stories:** Local culture or "the community way" often finds expression in the ways people have learned through time to survive and thrive within their home places. When we cooperate with our neighbours to create and exchange stories of a compelling future that respects our traditions, we ensure our culture or "way" prevails. Stories help us pass on important life lessons and are powerful connection points between generations.

PRINCIPLES AND PRACTICES OF ABCD

Everyone has Gifts: each person in a community has something to contribute.

Relationships Build a Community: people must be connected in order for sustainable community development to take place.

Citizens at the Centre: citizens should be viewed as actors – not recipients – in development.

Leaders Involve Others: community development is strongest when it involves a broad base of community action.

People Care: challenge notions of "apathy" by listening to people's interests.

Listen: decisions should come from conversations where people are heard.

Ask: asking for ideas is more sustainable than giving solutions.

RESOURCES

For more information on tools, frameworks and initiatives, please go to:

- Asset Based Community Development Canada http://www.deepeningcommunity.org/abcd-canada-home
- Connected Community Approach https://thestorefront.org/how/the-connected-community-approach
- Canadian Index of Wellbeing https://uwaterloo.ca/canadian-index-wellbeing
- Collective Impact Approach
 http://nccdh.ca/images/uploads/comments/Collective_impact_and_public_health_An_old_new_approach_Two_Canadian_initiatives_EN_FV.pdf
- Community of Practice Public Health en Français www.publichealthfrancais.ca
- Rio Political Declaration on Social Determinants of Health https://www.who.int/sdhconference/declaration/en
- Alliance for Healthier Communities https://www.allianceon.org/Alliance-Resources
- Environics Institute: Toronto Social Capital Project
 https://www.environicsinstitute.org/projects/project-details/toronto-social-capital-project



Loneliness and social isolation are serious public health problems that cost us all. They affect our productivity, health and well-being – even how long we live.

Community begins from ground-up individual actions.

Because the impact of social isolation is so pervasive, helping people and communities (re)connect is everyone's business. Individuals, organizations and businesses, communities and all levels of government must act – together – to build a sense of community.

It's time to revitalize communities and create a healthier Ontario.

Key Messages

Being connected to other people and part of a community are essential to our physical and mental health and well-being. Being socially connected can help people overcome adversity and lead longer, happier lives. People who have a sense of community belonging recover more quickly from stressful situations. They feel better about themselves and make healthy choices. They trust one another and co-operate to benefit all community members. Connected communities have less crime and stronger economic growth. Their children perform better in school and their citizens are more politically involved.

Complex systemic issues fragment community and threaten our sense of belonging. Over the past 50+ years, rapid changes in family structure, the workforce and technology have disrupted our sense of community belonging. Families are smaller. More people live alone. Work has become more precarious and life less certain. People now spend more time commuting and less time connecting. Technologies, such as televisions, computers and smart phones, compete for our attention. Attention is focused on economic goals at the expense of social and environmental goals. As income and opportunity gaps widen and more people feel socially and economically "left behind", they lose trust in institutions, including government. People are less willing to be involved in their communities and become more isolated.

Strong resilient communities are an effective way to tackle social isolation. Efforts to (re)build community and (re)connect people reinforce the critical importance of engaging people in their communities and investing in activities that nurture and balance social, environmental and economic health. Social capital enhances people's capacity to manage life stresses and leads to innovative policies that value families, friends, neighbours and other relationships that build connected communities. Organizations across Ontario are working to build community. There are highly successful approaches to measuring well-being as well as developing community that Ontario must leverage to improve health.

Recommendations

To stop the growing public health "epidemic" of social isolation, stress and loss of community, governments must be community-friendly, public health units must be community enablers and all organizations and individuals must be community-centred and community-driven.

1. Invest in Community

The provincial and municipal governments should actively invest in community:

- Make measuring social connection and sense of community as important as measuring other indicators of well-being, such as blood pressure and economic output
- Collect data on social well-being and social capital over time to establish a baseline and then measure/evaluate the impact of community-building initiatives
- Assess all policies and initiatives for their impact on community
- Tackle the broader social and economic drivers that fragment communities
- Create built environments/infrastructure that make it easier for people to connect and be engaged in their communities.

2. Enable Community

Public health units should play a critical role in enabling community. They are uniquely positioned to assess, evaluate and address this serious public health issue:

- Make communities aware of the benefits of social connections and social capital
- Connect communities and governments to influence change
- Leverage the new, less prescriptive Ontario Public Health Standards to develop targeted community-building programs
- Develop partnerships with municipalities and other organizations to (re)build community and address system barriers, policies and practices that drive social isolation
- Use data on community well-being and social capital to work with communities to develop concrete action plans
- Adopt effective evidence-based frameworks for community development that engage people in addressing social determinants of health, building healthy communities and increasing health equity.

Public health has a long history of community development and should play a key role in building connected communities. Public health units can take the lead on measuring community connectedness and wellness, identifying strengths and resources, hosting connecting events, and using data to realign programs and services to focus on social connections. They can draw attention to the underlying social and economic drivers of social isolation and loss of community and the failure of institutions – governments, businesses and community organizations – to invest in people and services that reinforce a sense of belonging. They can draw attention to investments that promote community connections and social engagement, such as affordable daycare programs, programs for seniors and their caregivers, walkable communities and infrastructure projects that include community benefits agreements.

3. Be Community-Centred and Community-Driven

Community begins from the ground up. Individual actions make a big difference. At the local level, individuals and organizations – including businesses – can drive change by being community-centred and community-driven. They can collaborate, pooling strengths and assets to build community. They can make community health and well-being a priority in all their decisions:

- Be aware of how their decisions affect people's sense of belonging
- Enhance their own social capital, connections and partnerships
- Invest in community.

Strong, resilient communities are an effective way to tackle these large social, economic and environmental issues. There are already many examples of community building underway in Ontario, including efforts to connect people, connect communities and create built environments that reduce social isolation. There are also frameworks for measuring connectedness and building community – described in this report – that we can use to create more connected and healthier communities.

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APPENDIX

Ontario Health Units with Vacant Medical Officer of Health (MOH) Positions* Filled By Acting MOHs as of January 24, 2019

- Huron County Health Unit
- Niagara Region Health Unit
- Renfrew County & District Health Unit

Total = 3 Health Units with MOH Vacancies

*Under 62. (1)(a) of the Health Protection and Promotion Act, every board of health shall appoint a full-time medical officer of health

Ontario Public Health Units with Vacant Associate Medical Officer of Health (AMOH) Positions* as of January 24, 2019

- Durham Region Health Department
- Grey Bruce Health Unit
- Halton Region Health Unit**
- Kingston, Frontenac and Lennox & Addington Health Unit
- Niagara Region Health Unit**

Total = 5 Health Units with AMOH Vacancies

- *Under 62. (1)(b) of the Health Protection and Promotion Act, every board of health may appoint one or more associate medical officers of health.
- **Vacancies may include less than or more than one FTE position per health unit and include positions filled by qualified physicians awaiting appointment by boards of health and ministerial approval.