

TNLIP Health & Wellbeing Work Group

December 13th, 2023 at 10 am – 11 am

Minutes

Attendees: Misha Hossain (TNO), Srna Stambuk (JVS), Astha Priya (WWC), Elaine Berry (TPL), Mandy (North York Harvest), Rola El Moubadder (CARE), Isabella Yan (WWC), Stephen Kamlasaran (Seneca), Sally Moy (NYGH), Zerina Dordi (WWCC), Nosheen Khan (TNO), Nousheen Khavarian (IWO), Hafiz Khan (TNO), Leticia Esquivel (MNLCT), Sheeba Covine (New Circles), May Massijeh (HATP)

| Agenda Item | Presented by | Discussion |
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| Welcome and Land Acknowledgment | Misha Hossain (TNO/TNLIP) | The TNLIP Land Acknowledgement was read. Side topic: TNLIP was briefly explained to those who don't know about it. |
| Introductions | Everyone | 5 minutes of introductions to account for late Zoom joiners. |
| High Priority Communities Strategy (HPC) | Sally Moy, Project Manager, NYGH | Sally discussed their work as the Project Manager at the North York Toronto Health Partners and the High Priority Communities (HPC) strategies being developed. The focus of HPC is on addressing local, unmet healthcare needs, mental health & substance abuse, and chronic conditions. Through the Equity Committee, themes discussed were: <ul style="list-style-type: none"> - Healthcare navigation to assist with primary care attachment. - Creating culturally sensitive access to healthcare to support newcomers. - Linking social services alongside primary care services. - Increasing collaboration between hubs and key priority neighbourhoods - Understanding existing resources available to priority populations. |

Three HPC Pillars:

- Expanded Community Health Information Fairs (CHIF) [the objectives are to focus on seniors, newcomers, and equity-deserving individuals by holding CHIFs continually, with emphasis on cancer screenings, diabetes, and mental health].
- Supporting individuals unattached to primary care [the objective is to increase Primary Care attachment through registration to Health Care Connect with target populations being individuals requiring chronic disease management].
- Supporting existing programs in North York. [the objective is to target newcomer populations who are unable to navigate social and health services by supporting and expanding programs focused on chronic disease, mental health, and social determinants of health (SDoH)].

CHIF highlights:

- By having strong ambassador networks, critical services like COVID vaccinations, testing services, and preventative care screenings are more commonly available through monthly health fairs.
- Since May 2022 there have been 12 events.
- Ambassadors are utilized to offer insight to NYTHP (North York Toronto Health Partners), as well as to build trust and communication with the community (including non-English speakers, people with distrust of the formal healthcare system, and those unattached to PCPs) about their concerns, feedback, and preferences.

Benefits: ~50% speak a first language that isn't English; ~33% do not have a PCP (primary care provider); most are aged 40-75 (eligible for cancer screenings) and are more likely to do cancer screenings now.

TNLIP participated in 2 CHIFs in 2022.

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| <p>Vital Signs Report 2023</p> | <p>Stephen Kamlasaran, Placement Student, Seneca College</p> | <p>Stephen discusses the Vital Signs Report, highlighting Education, and Health categories.</p> <p>Highlights of the report findings include:</p> <ul style="list-style-type: none"> - Civic Engagement - Volunteer rate declines to 25% (2022); Donation rate declines to 63% (2022) - Arts, Culture & Recreation - Hobby organizations participation decline to 17% (2022); Recreational participation 18% (2022) - Environment - 43% of the population live in low greenness areas; 92% have a park or green space in walking distance - Work - 33% declare insufficient household income; 42% experience burnout (2022) - Getting Around - TTC ridership 72% of pre-pandemic levels; GO ridership 69% (May 2023) - Safety - Auto theft up 82% (since 2019); Homicides down 12% (2023); mental health discrimination: 68% - Housing - 9.5 times the median income; 32% newcomers live in overcrowded conditions - Income and Wealth - 295% increase in visits to Daily Bread Food Banks (2019-2023) - State of the Sector - 74% nonprofits report an increase in service demand; 61% face recruitment & retention challenges <p>With specified focus on Health:</p> <ul style="list-style-type: none"> - (23%) of Torontonians reporting symptoms consistent with a major depressive order in 2023 - According to the report: “Toronto is one of the loneliest places in the country.” - 36% or about 900,000 adults with mental or physical health condition report it occasionally impacts their day-to-day activities. <p>In regard to Education:</p> <ul style="list-style-type: none"> - 38% of Ontario teenaged students reported declines in mental health (2021) - The biggest improvements in seeking post-secondary education have been among Black and Indigenous student. |
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| | | <p>- 44% of TDSB students reported feeling always or often lonely in 2021.</p> |
| <p>IRCC Call for Proposal - Health & Wellbeing</p> | <p>Srna Stambuk, TNLIP at JVS Toronto</p> | <p>Srna discusses the IRCC Call for Proposals 2024, specifically the health component.</p> <p>The first area of focus was on the NARS (Needs Assessments and Referrals) intake [NARS are conducted to assess newcomers' needs and link them to appropriate settlement and community services that are both IRCC and non IRCC funded]. In this first area, Srna asked what avenues are available to further build connections between settlement services providers and newcomer populations for better integration.</p> <p>The second area of focus, under the NARS intake is a category called “community connections” the activities that are eligible for funding have an emphasis on mental health & wellbeing, and system navigation. A possibility proposed is for service providers to accompany clients to medical appointments and hospital visits through the community connections program.</p> <p>Question: to what extent (as settlement service providers part of the mental health and wellness group) are newcomers arriving for services aware of their own healthcare needs (as there are opportunities for that to improve)?</p> <p>Srna indicates that the needs assessment will become mandatory across the board. The IRCC is looking to have at least one needs assessment provider per zone; these zones will be revealed within the first year of the funding cycle.</p> <p>For the transition from service providers conducting the needs assessment intake to a dedicated organization focused on NARS intakes – the IRCC is asking for a community of practice in each zone to come up with recommendations on how to transition from the current model to the dedicated needs assessment service provider model.</p> <p>Misha points out this is very similar to the employment assessment model which is centralized to dispatch clientele to local communities.</p> |

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| | | <p>Possible concerns: what if a client comes to a service provider but hasn't done a NARS yet, should they be sent away? By raising concerns highlighted by the community of practice idea, recommendations can be formulated on how to better operate the system change within your 'zone'. Incentivizes opportunities to influence what the model looks like and how it will operate.</p> <p>The LIPS are preparing from now, ahead of the 2025 rollout of the new centralized NARS program.</p> <p>Misha raises concerns about equitable distribution of clientele to organizations and possible conflicts of interest such as favouritism. Furthermore, it could remove client agency to choose where they receive services from.</p> <p>Deadline for proposals is January 31st 2024.</p> |
| <p>City of Toronto, Our City Our Health Strategy Snapshot</p> | <p>Stephen Kamlasaran, Placement Student, Seneca College</p> | <p>Due to time constraints, the "Our City Our Health" briefing was not discussed. However, highlights of the strategy include:</p> <ul style="list-style-type: none"> - Addressing chronic illnesses while tackling specific social and health inequities, aiming to uplift marginalized groups, as well as the increased demand for more mental health services resulting in growing waitlists. - The challenge is intensified because criminalization also leads to stigma and discrimination against people who use drugs, which have disproportionately impacted Black and Indigenous people and other marginalized groups. The goal of decriminalization is to increase health equity and reduce physical, mental, and social harms for all people in Toronto. - Since July 2018, TPH has called on the federal government to decriminalize the possession and personal use of drugs to scale up prevention, harm reduction, and treatment services. - In 2020 it was determined the federal minister of health has the authority (under the CDSA) to grant an exemption. - In January 2022, a request was submitted to Health Canada for an exemption of the <i>controlled drugs and substances act</i> to allow for the possession of drugs for personal use in Toronto. |

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| | | <p><u>There are 7 Strategic actions and goals:</u></p> <ol style="list-style-type: none"> 1. Promoting mental health and wellbeing. 2. Preventing and reducing harms and deaths related to substance use. 3. Expanding access to the full continuum of high-quality, evidence-based and client-centered services to address mental health and/or substance use issues, including harm reduction and treatment supports. 4. Advancing community safety and well-being for everyone. 5. Improving access to housing and other social determinants of health. 6. Supporting mentally healthy workplaces and optimizing the mental health of workers. 7. Proactively identifying and responding to emerging mental health and substance use issues. <p>The next steps will be:</p> <ul style="list-style-type: none"> • Toronto Public Health is currently working with Health Canada on the exemption request and implementing considerations toward the goal of granting exemption. • They're also in the process of developing an alternative model to center people with experiences of drug use, including people who are most impacted by current drug laws, and the agencies and service providers that support them through roundtable discussions, interviews, and diverse working groups. • TPH also convened a multi-sectoral decriminalization reference group and working groups to provide input into the development of an alternative model to criminalization in Toronto. |
| <p>Canada Disability Benefit (CDB) & Daily Bread</p> | <p>Misha Hossain Nosheen Khan, Food Collaborative Coordinator at TNO</p> | <p>Misha provides an overview of what the CDB Act is, and who will benefit. It received the royal ascent either in June or July of 2023; the purpose of the act is to reduce poverty and support the financial security of persons with disabilities by establishing the CDB Act in accordance with the income tax act; it supplements their incomes above in addition to what they're already receiving.</p> <p>The government is looking for public feedback to the Act before it is implemented.</p> |

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| | | <p>Nosheen continues from this point, looking at the connection between the Act in relation to the Daily Bread. Misha provides a link to the Act itself, as well as a link with an engagement tool for feedback. Srna elaborates on the engagement tool and its details of eligibility, tax benefits, and the steps along the way.</p> |
| <p>Health & Wellbeing Task Group Updates</p> | <p>Misha Hossain</p> | <p>Misha updates everyone on the initiatives that have been happening in the past 3 months.</p> <p>YPA (Young People’s Adverse childhood experiences)</p> <ul style="list-style-type: none"> - There was a webinar on September 26th, 2023 with CWICE (Child Welfare Immigration Centre of Excellence) <p>HHAC (Health Homes Advocacy Committee)</p> <ul style="list-style-type: none"> - One webinar on World Homeless Day (October 10th, 2023) focusing on precarious housing status for newcomers’ physical + mental health. Webinar was completed by Don Valley East MPP Dr. Adil Shamji. <p>TMH (TNLIP Mental Health)</p> <ul style="list-style-type: none"> - Two webinars were hosted: one was on World Diabetes Day (November 14th, 2023) on the prevalence of Diabetes in the South Asian Community (done by Flemington Health Centre) - The second webinar was on HIV and newcomers (‘Break the Cycle’) on December 6th, 2023, in relation to World AIDS Month. <p>One more Webinar will be hosted before the end of the Fiscal Year (around January 2024).</p> <p>Misha also spoke about overseeing the Pop-Up Mobile Housing Hub Project, which is working in collaboration with the North York Community Cluster (A 10-month project that begins rolling out in January 2024). Focuses on taking existing services to hubs and service providers to introduce support to equity deserving persons in need of housing.</p> <p>Food Network Report is delayed (Misha and Stephen, as well as other members will be working on it before the next work group meeting).</p> |

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| | | The next food networking event will begin planning in March 2024; the previous event was held on July 30 th , 2023. |
| Closing Remarks and Next Meeting | Misha Hossain | Work group meetings will resume in January 2024. |