



Strategic Priority 2: **Healthy Delta**

Why it is important:

According to the World Health Organization (WHO), the social determinants of health are “the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life”. Research has shown that social determinants, such as income, education, food insecurity, built environment, etc. can be more influential on health outcomes than health care or lifestyle choices. Municipalities are well positioned to help mitigate health inequities and inequalities using various policy tools such as poverty reduction/affordable housing plans, zoning bylaws, land use, urban design guidelines, advocating for funding to address city-wide health issues, and delivering programming that promotes healthy lifestyles.

Key Areas:

Strategic Direction 2.1:
Community Health and Connections

Strategic Direction 2.2:
Substance Use and Mental Health

Strategic Direction 2.3:
Food Security and Poverty



Community Health and Connections

What we are trying to achieve: OBJECTIVES

- Improve walkability of the residential environment and advocate for the expansion of public transit options.
- Identify opportunities to increase access to low cost and free physical activities for residents.
- Enhance community capacity to build a culture of health in Delta.
- Foster community connections, place making and sense of belonging in Delta.

A table of actions for each strategic priority can be found on page 58.

Why it is important:

Cities and urban planning are inextricably linked to population health. Starting with the establishment of basic municipal infrastructure (waste management, drinking water, sewage systems, etc.) cities have, for centuries, played an integral role in creating healthy and safe living conditions for their residents. Because of their close proximity to people, local governments can either foster urban cohesion and create compact cities or allow policies that lead to urban sprawl, segregation and health inequities.

While Canadian municipalities have little direct jurisdiction over population health; they play an increasingly influential role in creating healthier and more equitable cities.

What we know: LOCAL CONTEXT

Community Health: According to the 2013/2014 My Health My Community (MHMC) report, 51% of Delta residents reported having excellent or good health. This number falls to 37% in the Jarvis and Kennedy neighbourhoods in North Delta. *Note: All the data below for Local Context in this section was extracted from the MHMC survey.*

High Obesity Rates: Rates of obesity in Delta are higher than Metro Vancouver (26.6% vs. 21.7%) and Delta also has higher rates of diabetes (9.8% vs. 7.7%).

Environment Promoting Active Lifestyles: 72% of Delta residents commute by car (vs. 55% for Metro Vancouver), only 11.5% walk or cycle to run errands (vs. 20% in Metro Vancouver) and 78% report having transit stops within a 5-minute walk (vs. 84% in Metro Vancouver).

Strong Sense of Community Belonging: Close to 70% of Delta residents report having a strong or somewhat strong sense of community belonging, which is significantly higher than the rate for Metro Vancouver (56%).

Community Resilience: Close to 46% of Delta residents have 4+ people to confide in or turn to for help, which is comparable to the average in Metro Vancouver; however, over 53% of Ladner residents reported having strong community networks and only 38% report the same in the Anniesville, Sunbury, and Nordel areas.

Community Health and Connections

What we can build on: DELTA'S ASSETS

Community Collaborations: Delta has a strong network of community partners delivering health services to the community, including many community agencies and Fraser Health Authority. The *Healthy Communities Partnership* is a partnership between the City of Delta and the Fraser Health Authority, established in 2018 to guide and support an equitable approach to building a healthier Delta.

Divisions of Family Practice: There are two Divisions of Family Practice: the Delta Division and the Surrey and North Delta Division. Both are working with their member physicians to improve patient access to local primary care, increase local physicians' influence on health care delivery and policy, and provide professional support for physicians.

Outdoor Spaces and Recreation: Delta has 17 Parks, Recreation and Culture facilities that offer diverse programming tailored to different audiences; there are 140 parks, reserves and other green spaces in Delta.

Engaging Public Spaces: Delta's *Street FUN-iture* program aims to achieve community wellness by creating community-gathering spaces and pop-up parks for residents – young and old – to connect in a safe and engaging outdoor environment.

What we heard: CHALLENGES & OPPORTUNITIES

Primary Care Challenges: there is a shortage of family practitioners in Delta as older doctors are retiring and it is challenging to attract new physicians to practice in Delta; doctors and patients are often unaware of community supports and services available. Both Divisions of Family Practice are in the process of developing Primary Care Networks in Delta²³.

North and South Delta Service Provisions: Service provision and physicians' engagement is divided in Delta into North and South Delta, served by two distinct Divisions of Family Practice. Often, not all services available in South Delta are also available in North Delta and vice versa. This division creates some challenges in understanding Delta's gaps and developing adequate community responses at the city level.

More Complex Needs and Waiting Lists: Physicians are seeing patients with increasingly complex needs (trauma, anxiety, older patients with multiple chronic condition, multicultural and multilingual patients, etc.); yet, there are significant waiting lists for mental health supports and for specialists who are often not located in Delta; a lack of culturally-sensitive services was also observed by community partners.

Need for More Space for agencies to provide critical supports (including mental health) for adults, seniors, youth and children in both North and South Delta.

Health inequalities and health inequities are sometimes confused, but these are not interchangeable concepts.

Health inequalities are quantifiable, measurable differences in health outcomes between groups (e.g., people in their 20s enjoy better health than people in their 60s).

Health inequities highlight unjustifiable differences in health outcomes caused by historical, institutional and systemic injustices in society (e.g., in 2020, Toronto's racialized communities account for 79% of COVID-19 cases while representing 52% of the city's population).

1. In November 2021, the City launched the **Kindness Meter Initiative**, in partnership with the Delta School District, to collect spare change for local non-profit charitable organizations impacted by the pandemic. The meters feature artwork by local high schools with the themes “We Love Delta” and “Kindness” in their designs.
2. The eye-catching **food pantry named “Nick’s Nook”** was launched in North Delta in the summer of 2021 by local neighbourhood group ‘Magical Hearts’ to address food insecurity. Over 30 volunteers take turns to clean and stock the pantry to support vulnerable residents in their community.
3. Have you seen a **dressed up heron** on the Welcome to Ladner sign on Ladner Trunk Road? For years, anonymous community members have been adding creative decorations that pop up seasonally and on special occasions to celebrate their love for the community.



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Mental Health and Substance Use

What we are trying to achieve: OBJECTIVES

- Improve community awareness about the mental health and harm reduction services and programs available to Delta residents.
- Improve local access to local mental health and harm reduction services to youth at risk.
- Support and enhance community capacities to address the needs of those affected by mental health or substance use disorders.

A table of actions for each strategic priority can be found on page 61.

Why it is important:

April 14, 2021 marked the five-year anniversary since the overdose health emergency was proclaimed in B.C., in response to an escalating opioid drug overdose crisis. In 2017, the provincial government launched a province-wide multi-sector response to save lives and improve access to services for people with substance use disorders. While some progress has been made in this area, since 2016 close to 7,000 people have died from overdoses in British Columbia²⁴. Canadian cities and first responders are on the front lines of the opioid and mental health crisis.

How do we support our residents who are using drugs and experiencing addictions? How do we ensure that people do not feel stigmatized and feel able to seek the help they need? These are the questions for which we are seeking answers.

What we know: LOCAL CONTEXT

Mental Health Service Calls: In the first nine months of 2020, Delta Police reported 1,896 calls for service where officers believed a mental health component was involved. According to bc211, the volume of calls from Delta residents related to mental health has increased by 130% from 2019 to 2020 (28 vs. 64) and related to suicide by 400% (2 in 2019 and 10 in 2020).

Community Mental Health: 62% of Delta residents ranked their mental health as either excellent or very good compared to 56.5% in Metro Vancouver (2013/14 My Health My Community survey).

Overdose Deaths: In the last decade, there has been a tenfold increase in overdose fatalities in Delta. In 2020, there were 20 overdose deaths in Delta - a situation that mirrors many other Metro Vancouver municipalities with overdose deaths reaching historic highs.²⁵

Overdose Events Attended by BC Ambulance Service: In 2020, there were 167 overdose events attended by BC Ambulance Service (BCAS). In January-June 2021, there were 90 overdose events attended by BCAS in Delta, signaling a continuing upward trend in the overdose rate.²⁶

Harm Reduction Supports

As of November 2020, there were 16 'Take Home Naloxone' sites in Delta (1,760 in all BC); 310 clients who were dispensed Opioid Agonist Treatment at Delta pharmacies (23,067 in all BC); and 15 Opioid Agonist Prescribers in Delta (1,558 in all BC).²⁷

Mental Health and Substance Use

What we can build on: DELTA'S ASSETS

City's Commitment: The City of Delta allocates annual funding to support children and youth at-risk through the provision of free counselling services. The Delta Police Youth Liaison Team works closely with Delta School District to identify at risk children and youth and refer them to these counselling services. In addition, the City allocates annual funding to the Phoenix Society to provide limited free counselling and intervention services related to alcohol and drug addiction and recovery for Delta residents and their families.

Local Supports: There are various service providers in South and North Delta delivering free harm reduction education, counselling and other mental health supports to residents affected by substance use disorders.

Delta School District (DSD) Leadership: Since 2019, DSD has significantly increased its capacity to support students' mental health by assembling the Prevention and School Wellness Team, which focusses on mental health more broadly; included in this work is an emphasis on substance use and addiction as a part of a multifaceted approach to mental health promotion in schools.

Delta Community Action Team (CAT): is a community-driven collaborative group, co-chaired by Deltassist and Fraser Health and funded by the Province of British Columbia. The Delta CAT brings together community partners to develop a city-wide response to the overdose crisis in Delta.

What we heard: CHALLENGES & OPPORTUNITIES

Long Waiting Lists and Other Structural Barriers: there are long waitlists at government agencies for Delta residents who need mental health help (particularly for children and youth); and limited funding available for prevention-based resources for families.

A Hidden Problem: many of the overdoses in Delta are taking place in homes or workplaces, with a high concentration of suspected overdoses and addictions in the construction and trades sectors. This presents unique challenges in developing city-wide interventions and support systems for residents who need help accessing resources.

Stigma: can have a tremendous effect on people affected by mental health issues or those using drugs, and their ability to seek help. The language we use about mental health and substance use can have a direct and profound impact on reducing stigma.

Limited Access to Community Data: Data on overdose and harm reduction activities is often only available in an aggregated format (regional/provincial data). Having access to community-level data is critical for effective community planning processes and would help create a better understanding of the impact of the pandemic in our communities and the effectiveness of overdose response mechanisms in Delta.

Systemic Approach to Mental Health

Community partners suggested that there is a need for a more robust city-wide mental health framework/ collaborative that brings community partners together, builds on existing infrastructure, improves communication and addresses the gaps, barriers and stigma around mental health.

City of Delta's, End the Stigma, Public Awareness Campaign

In 2021, the City engaged Delta Police, Delta School District, Fraser Health and Tsawwassen First Nation in developing a public awareness initiative – “End the Stigma” and “Share Your Story” campaigns, which are aimed at reducing the stigma faced by people who use substances and remove barriers to seeking treatment and support.



Substance use is a reality in our communities.

Let's help end the stigma so that people can ask for help.



People use illicit drugs in Delta.



Poverty and Food Insecurity

“**Food insecurity** is the inability to acquire or consume an adequate diet or sufficient quantity of food in socially-acceptable ways, and the uncertainty that one will be able to do so.” (Government of Canada). Based on a household’s experience, food insecurity can be categorized into 3 categories:²⁹

Marginal food insecurity

Worry about running out of food and/or limited food selection due to a lack of money for food.

Moderate food insecurity

Compromise in quality and/or quantity of food due to a lack of money for food.

Severe food insecurity

Miss meals, reduce food intake, and at the most extreme go day(s) without food.

What we are trying to achieve: OBJECTIVES

- Increase awareness of and accessibility to a broad range of culturally-appropriate and nutritious food resources.
- Build on and enhance a strong coordinated network of community partners that work collaboratively to raise awareness of food insecurity and improve food security in Delta.
- Improve Delta’s inter-departmental coordination in reducing poverty and food insecurity and advancing a more sustainable, resilient and health food system in Delta.

Table of actions for each strategic priority can be found on page 62.

Why it is important:

Access to food is a fundamental human right and along with water and shelter, food is considered a basic necessity of life. Across the globe, access to food is being impacted by factors such as population growth, loss of agricultural land, rising food prices and systemic inequalities, water and air pollution, and climate change. Food security is becoming an increasingly pressing issue for many Canadian communities. According to My Health My Community survey, approximately 7% of Metro Vancouver residents do not have enough food with some communities in the region having 25% of their population food insecure.²⁸ There is a direct link between poverty and food insecurity - the lower the household/individual income, the higher the risk of food insecurity. We know that certain population groups are more impacted by food insecurity than others; we also know that food insecurity impacts many aspects of our lives, including physical, social, and mental health. How do we create a community where residents have equitable access to nutritious, culturally-appropriate and healthy food? What are the barriers to equitable access? These are the questions to which we are seeking answers.

Poverty and Food Insecurity

What we know: LOCAL CONTEXT

Food Insecurity: There are fewer food insecure residents in Delta than in other communities in Metro Vancouver. Based on 2013-2014 My Health My Community survey, 3.6% of adults (18+) did not have enough food (compared to 7% in Metro Vancouver).

Food Bank Numbers: There are two food banks in Delta. In 2020, on average, the South Delta Food Bank served 80-100 clients a month. The North Delta Food Depot served 25-40 clients a month. In addition, between 150 and 200 Delta residents access the Surrey Food Bank on a monthly basis.

Pockets of Poverty in North Delta: Recent immigrants, children and youth, and seniors in low-income households are at higher risk of being food insecure. Delta-specific data suggests that this is also the case for Delta, with North Delta having the highest proportion of Delta's children and seniors living in poverty (according to SPARC BC Poverty Cards, over 20% for both population groups live below poverty line in selected North Delta neighbourhoods). North Delta also has the highest proportion of all Delta's recent and more established immigrants.

Immigrants and Poverty: Delta has a significantly smaller proportion of low-income residents than that of Metro Vancouver (9.7% or 9,745 residents and 16.5% respectively – LIM-AT, Census 2016); however, since 2010, the proportion of Delta's immigrants with low income has increased. In 2015, while the average income of Delta's labour force was \$49,483, recent immigrants to Delta in this group made less than half of that (\$23,424).

What we can build on: DELTA'S ASSETS

Unique Geography: Delta has the second largest farm area in Metro Vancouver (9,090 hectares or 24% of the total farm area in the Metro Vancouver region). This presents a unique opportunity for Delta to play a leadership role in regional food security efforts.

A Strong Food Security Network: Delta Food Coalition (DFC) is a collaboration of community groups working together to address food security issues in Delta that allows for information and resources sharing and testing of innovative and collaborative food security initiatives.

Diversity of Food Emergency Programs: Delta has robust community-driven food programming infrastructure, including food banks, emergency food programs, free/low cost community meals, multiple programs with free food/meals, community kitchens and community gardens.

Access to City's facilities: Delta seniors 75 year old and above and children and youth from 10 to 18 get free admission to recreational programming and facilities; the City also provides subsidy to low income residents to access a variety of Parks Recreation and Culture drop in programs - Leisure Access Assistance Program (LAAP).

Food banks are a temporary, emergency solution that do not address the root causes of food insecurity - poverty. According to PROOF, a Toronto-based food policy think tank, "less than 20.6% of food insecure households would use a food bank. People in severe food insecure households are more likely to ask for financial help from a community organization or miss their rent/mortgage/ other bills payments than use a food bank. Food insecurity is significantly elevated in households relying on social assistance and/or headed by a female lone parent."

Poverty and Food Insecurity

What we heard: CHALLENGES & OPPORTUNITIES

Limited Awareness About Food Supports: Information about food security programs is not easily available and leads to underutilization of these resources.

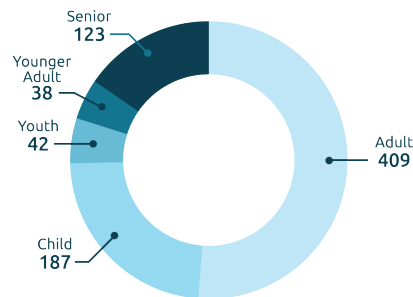
Underutilized Food Bank in North Delta: The demand for food emergency supports has significantly increased in Delta. In December 2020, Delta School District distributed close to 200 food holiday hampers to families, and demand for the Starfish Backpack program in North Delta has increased from 60 backpacks a week in 2019 to 92 in 2020. Yet, in 2020-2021, only 25-40 families were using the North Delta Food Depot, despite the fact that this depot can serve up to 150 families.

Underutilized Community Facilities: Various faith-based groups and community partners have updated and/or retrofitted their commercial kitchens during the pandemic but, in many cases, these facilities are underutilized due to limited hours of operation (for example, open once a month only).

Imports to our food systems: A 2020 Metro Vancouver report on Food Flows estimated that close to 40% of BC food supply comes from international imports; B.C.'s is highly dependent on international imports of fruit (98% of consumption).

Delta residents who received a subsidy through Leisure Access Assistance Program (LAAP)

N=799 | 2019



Measuring Poverty

There are different indicators to measure poverty in Canada, including the Low-Income Measure Before or After Tax (LIM)³⁰, Low Income Cut-Off Before and After Tax (LICO) and Market Basket Measure (MBM). With the passage of the Poverty Reduction Act in 2019, Canada now uses the Market Basket Measure (MBM) as its official poverty measure.³¹

Low Income Population in Delta Below MBM | 2015³²

All Residents	10%	20%	Aboriginal Identity
Born in Canada	8%	12%	Immigrants
Not a visible minority	8%	14%	Visible Minority
Established Immigrants Arrived before 1991	7%	30%	Recent Immigrants Arrived 2006-2016