

Tuesday, May 19, 2020

Dear Members of the Priorities & Planning Committee,

Re: PPC20-05 – Community Safety and Well-Being

I am writing to you to express some significant concerns around the safety and well-being framework presented before you today in response to the motion put to Council on November of 2019.

My concerns centre around the nature of its approach to safety and well-being proposed. It follows what I would consider a sickness, intervention and fix-it model rather than a wellness, prevention and resilience model.

This model, like our current Medicare model in some cases, simply fixes the problem but doesn't fundamentally resolve the chances of that same problem happening again. We incarcerate people for their crimes sending them back into the same somewhat dysfunctional community hoping they won't offend again. In the same way that we need to restore community, we have to put in place functions and infrastructure that will make that community and its residents resilient enough to withstand the next time problems arise. And in time, the problems don't reappear as often as they did.

This current pandemic has in a lot of ways removed the shroud over the problems our society has and we should now look at doing things differently going forward rather than being in the same place a few years from now dealing with these same systemic problems.

Fifteen years ago, a number of organizations including the school boards, the YMCA and the City of Regina had a strength and social capital building model from the Search Institute (www.search-institute.org) within this city and was using it in their planning. It built on the premise that children if given enough social assets necessary for a strong, good life, they would be statistically shown to have better social attributes, be less likely to do risky behaviors and do better in school and in the community.

In 2012, the Canadian Index of Wellbeing (<https://uwaterloo.ca/canadian-index-wellbeing/>) was developed and covers eight areas of life in Canada: our standard of living, our health, the vitality of our communities, our education, the way we use our time, our participation in the democratic process, the state of our leisure and culture, and the quality of our environment. These areas were chosen based on the values of Canadians, through an in-depth public consultation process across Canada.

The social determinants of health are the conditions in which people are born, grow, live, work and age¹ as well as the complex, interrelated social structures and economic systems that shape these conditions.² Social determinants of health include aspects of the social environment (e.g., discrimination, income, education level, marital status), the physical environment (e.g., place of residence, crowding conditions, built environment [i.e., buildings, spaces, transportation systems, and products that are created or modified by people]), and health services (e.g., access to and quality of care, insurance status).²

Social determinants of health are linked to a lack of opportunity and to a lack of resources to protect, improve, and maintain health,² and taken together, these factors are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between populations.¹ NCHHSTP is committed to promoting awareness, engagement, and action on the many factors that can affect the health of all persons, and to addressing these factors in our policy, practice, research, and partnership activities.²

We don't need to hire another consultant. We know what to do. When you have someone hungry, you feed them. When you have homelessness, you provide housing. We just have to begin to place rebuilding this community's social capital higher on our priority list.

Respectfully submitted,

Jim Elliott,
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1. [¹ WHO: About social determinants of health external icon](#)
 2. [NCHHSTP: Establishing a Holistic Framework to Reduce Inequities in HIV, Viral Hepatitis, STDs, and Tuberculosis in the United States pdf icon \[PDF – 3 MB, 32 pages\]](#)