

EXECUTIVE SUMMARY

Overview of the Healthy Community Fund

Since 2009, the Ministry of Health Promotion and Sport has been working on the development of a new approach that will promote and support the development of healthy communities. The approach is called the Healthy Communities Fund and has been created to help advance their vision of: *Healthy Communities working together and Ontarians leading healthy and active lives.*

The Healthy Communities Fund is divided into three interconnected components, namely:

1. The *Grants Project Stream* which provides funding to local and provincial organizations for projects in priority risk factor areas;
2. The *Partnership Stream* which promotes coordinated planning and action among community partners to create policies that make it easier for Ontarians to be healthy; and,
3. A *Resource Stream* which has been established as a means of building and supporting partnerships and community capacity by providing training and support.

The Ministry of Health Promotion and Sport has asked the Province of Ontario's 36 public health units to assist them with the Healthy Community Fund Partnership Stream. Public Health Units are to lead the creation of Healthy Community Fund Partnerships within each of their geographical areas.

Once in place these Healthy Community Fund Partnerships will assume responsibility for the promotion of coordinated planning and action, as it relates to the development of public programs and policies that address six priority areas identified.

These priorities are interrelated and include: physical activity sport and recreation, injury prevention, healthy eating, tobacco use and exposure, substance and alcohol misuse, and mental health promotion.

Ultimately activities in support of these priorities will make it easier for Ontarians to live healthy and active lives.

The Ministry of Health Promotion and Sport has identified six main priorities that should be the focus of community based efforts across the Province of Ontario.

Community Picture

To inform the identification of priorities for action for the local Healthy Community Fund Partnership, the Ministry of Health Promotion and Sport has requested that each area create a 'community picture' which is the purpose of this document.





Information contained in this Community Picture has been compiled from a number of reports. The document will help inform the district's understanding of the health status of the local population, as it pertains to the six priority area's identified.

The Community Profile has been organized into two sections. The first section describes the community engagement process, the structure of the Healthy Community Fund Partnership, and the recommended priorities for action.

The second section provides a description of the demographic characteristics and socio-economic indicators of the population of the Porcupine Health Unit area. It also includes an overview of the population's health status as it relates to the six priority areas.

Defining 'Community'

In its communications about Healthy Community Fund, the Ministry of Health Promotion and Sport uses the term 'community' in the most general sense. Drawing from the definition used by the Ontario Healthy Communities Coalition, the word community is intended to imply a shared sense of belonging, based on a:

-  Shared place
-  Shared interest
-  Shared religion
-  Shared ethnicity

For the purposes of this HCF initiative, the Porcupine Health Unit will be using the following nine sub-geographical areas or 'communities':

1. Town of Hornepayne and surrounding area;
2. Town of Hearst and surrounding area;
3. Town of Kapuskasing and surrounding area;
4. Town of Smooth Rock Falls and surrounding area;
5. Town of Cochrane and surrounding area;
6. Town of Iroquois Falls and surrounding area;
7. Town of Matheson and surrounding area;
8. City of Timmins and surrounding area; and,
9. Town of Moosonee and surrounding area.

All communities are located within the Cochrane District, with the exception of Hornepayne which is situated in the Algoma District.

Community Engagement Process

To facilitate the development of a Healthy Community Fund Partnership for the area and the identification of priorities for action, the Porcupine Health Unit implemented an extensive community engagement process. This planning process was initiated through a series of community conversations held with diverse community stakeholders.

The community conversations provided a unique opportunity for networking among and across sectors. A total of 95 participants attended nine facilitated community conversations in the winter of 2010/11. Conversations were held in either French or English depending on the community's demographics. Presentations and materials distributed were available in both languages.

| | LOCATION OF CONVERSATION | DATE OF COMMUNITY CONVERSATION | SESSION LANGUAGE | # OF PARTICIPANTS |
|----------------------------|----------------------------------|----------------------------------|------------------|-------------------|
| 1. | Township of Hornepayne | November 16 th , 2010 | English | 12 |
| 2. | Town of Hearst | November 17 th , 2010 | French | 10 |
| 3. | Town of Kapuskasing | November 18 th , 2010 | French | 5 |
| 4. | Town of Cochrane | November 19 th , 2010 | English | 7 |
| 5. | City of Timmins | November 22 nd , 2010 | English | 6 |
| 6. | Town of Iroquois Falls | November 23 rd , 2010 | English | 12 |
| 7. | Township of Matheson | November 24 th , 2010 | English | 17 |
| 8. | Town of Smooth Rock Falls | November 25 th , 2010 | French | 14 |
| 9. | Town of Moosonee | January 11 th , 2011 | English | 12 |
| Total Participants: | | | | 95 |

The conversations were structured to facilitate the sharing of information and encourage group discussion. Comments received from participants were used to isolate areas of interest or concern pertaining to the six priority areas identified. Feedback was gathered and grouped into common themes, which facilitated the identification of 'emerging priorities for action'.

Community conversation participants were also asked to share their thoughts on how to structure the Healthy Community Fund Partnership drawing upon their knowledge of the community and past experiences. Participants discussed the value of a community committee and district entity, and shared information on existing groups whose mandates were in line with the objectives outlined for the Healthy Community Fund Partnership.

To help structure the discussion about the Healthy Community Fund Partnership participants were introduced to the Stakeholder Wheel. The wheel was presented as a way of visualizing how individuals saw themselves participating within the initiative.

Participants were asked to self-identify their preferred level of involvement in the Healthy Community Fund Partnership and then to identify other organizations (not in attendance) that should be invited to participate in future activities. This exercise resulted in the creation of an extensive listing of stakeholders that could support future activities.

In December of 2010, community conversation participants (and other potential stakeholders) were gathered once again by teleconference. This forum was used to provide an overview of the planning process to date, share and validate preliminary findings on local priorities for action, and to set the stage for the creation of the Healthy Communities Fund Partnership.

A total of 24 individuals from across the catchment area participated in the teleconference, 4 were new to the process, and 20 had participated in one of the previous nine community conversations. At the end of the meeting, participants were encouraged to reflect on how their communities could be further engaged in the initiative.

Drawing from feedback obtained at the community conversations, a series of meetings of the core stakeholders (or interim strategic planning committee) were convened in the winter of 2011. Invitations to these meetings were extended to all individuals who had expressed an interest in working on strategic planning activities (key deliverables) on behalf of the Healthy Community Fund Partnership.

The interim Strategic Planning Committee endorsed the terms of reference, the emerging priorities for action, and Community Profile drawing upon community conversation feedback and knowledge of the geographical area. A list of individuals and organizations that agreed to participate on the Strategic Planning Committee has been compiled and remains a 'work in progress'.

Potential Priorities for Action

Informed by the emerging priorities for action that were identified during the community conversations and a review of district level data relating to the six priority areas, a streamlined listing of 'recommended priorities for action' was generated.

The 15 recommended priorities for action in the Porcupine Health Unit area include:

1. Raise awareness of physical activity and other supportive programs, resources, and assets that contribute to healthy living.
2. Provide parents with the supports needed to enhance their parenting and home economic skills and emphasize the importance of strong family values.
3. Inform parents about the effects of 'normalizing' and facilitating access to alcohol for minors.
4. Ensure that volunteer mentors have the skills and resources to support youth in crisis
5. Build upon anti-bullying initiatives to ensure that home environments, and community-settings are included, and that cyber-bullying is addressed.
6. Encourage youth to take more initiative and responsibility for their recreational and leisure pursuits and life choices.
7. Leverage community assets and programs to ensure that existing resources are being maximized and expand upon the built infrastructure to facilitate active living and recreational activities.
8. Reduce safety hazards and preventable injuries among the senior population by supporting age friendly modifications to homes and communities.
9. Increase the safe use of recreational vehicles within communities and on private property, and reduce safety hazards and preventable injuries.
10. Increase access to affordable healthy choices and decrease availability of 'junk food' in publicly owned facilities.

11. Expand fruit and vegetable programs (or healthy eating initiatives) in schools, after school day care programs, and seniors' clubs.
12. Share meal planning tricks to help modern families prepare quick, simple and nutritious meals.
13. Encourage the creation of community gardens as a means of: increasing access to locally grown healthy foods, learning gardening skills, enhancing knowledge of indigenous plant, promoting community engagement and reducing social isolation.
14. Mitigate the stress placed on families and the impact on communities as a result of increasing 2 weeks in/out work rotations.
15. Expand the community's 'tool box' on how to implement positive reinforcement programs in support of laws and policies that support healthy living.

Community Profile Data

The following sections provide a snapshot or community picture of the health status of the population residing in the Porcupine Health Unit area.

Population Highlights

- ✚ The Porcupine Health Unit area has a population of almost 93,000. The area is dispersed over a large geographical area and is comprised of one city, six towns, seven townships, several Indian Reserves and unorganized areas.
- ✚ The City of Timmins is the largest urban centre and home to about half of the population. Most of the other towns are located along the Hwy 11 corridor. Hornepayne is a 5-hour drive from Timmins. The Town of Moosonee is the most isolated of all communities and is accessible only by train or air.
- ✚ The Cochrane District's population is aging. The median age rose from 37.5 years in 2001 to 40.7 years in 2006 which is slightly above the provincial median age of 39.0 years.
- ✚ Northeastern Ontario has the highest concentration of Francophones in the Province. One out of every four resident is a member of the Francophone community.
- ✚ Language retention is also relatively high in the Northeast (63.5%). Almost four in five use French at their place of work (79.8%).
- ✚ From a Porcupine Health Unit area perspective, an almost equal proportion of the population reported English and French as their mother tongue in 2006 (45.1% versus 46.1%).
- ✚ Aboriginals are one of the fastest growing populations in the Porcupine Health Unit area and country.
- ✚ It is estimated that the percentage of Aboriginals within the Porcupine Health Unit area increased 7.9% between 2001 and 2006, and accounted for about 12.3% of the total population at that time. A rate that is potentially significantly underestimated.

- ✦ The Cochrane District experienced a population decline between 1996 and 2001. However population trends by age differ significantly as during this same period, there was a 21.2% increase in the 55-64 age group; and a 36.5% increase in the 75+ age group.

Socio-Economic Indicators

- ✦ The unemployment rate for the Northeast region fell from 9.1% in December 2009, to 6.4% in December 2010. Over the same period, the provincial unemployment rate declined from 8.3% to 7.5%.
- ✦ Median household income was lower among the Porcupine Health Unit area population when compared to Ontario.
- ✦ Average and median individual incomes are fairly consistent among the Northeastern region. At \$33,567 the Cochrane Planning Area (excluding the coast) reported the highest average individual income in 2005.
- ✦ The incidence of people with low income both before and after tax was lower in the Porcupine Health Unit area compared to Ontario, which can be attributed in part to the lower cost of housing.
- ✦ Education levels in the Porcupine Health Unit area are lower than the Ontario average, although there are a higher number of people who have obtained a community college diploma or completed a trade school program or apprenticeship.
- ✦ The total dependency ratio in the Cochrane District is 44% and 67.7% in the James and Hudson Bay Coasts area. For comparative purposes the rate was 47.6% for the Northeast region and 44.6% for the Ontario.

Physical Activity, Sport and Recreation

- ✦ About 50.3% of youth in the Porcupine Health Unit area reported being either active or moderately active, this rate was similar to that of Ontario.
- ✦ Only 8.9% of seniors in the Porcupine Health Unit area were physically active compared to 18% in Ontario.
- ✦ Residents of the Porcupine Health Unit area reported that the leisure activity they enjoyed the most was walking. Also, residents of the PHU area reported a preference for leisure activities such as gardening, swimming, home exercise and fishing more often than their counterparts in Ontario.
- ✦ A lower proportion of Porcupine Health Unit residents (2.7%) reported using public transit to go to work compared to the rate for Ontario (12.9%). This is in part a reflection of the reality that only the City of Timmins has a public transit service.
- ✦ The majority of grade 6 students in the Porcupine Health Unit area engaged in active transportation 5 times per week. The rate was higher for boys (57%) than girls (50%).

- ✚ The number of children who spend between 0 and 10 hours on a computer during a week was slightly higher in the Porcupine Health Unit area (61.1%) when compared to Ontario (59.7%).
- ✚ Youth in the Porcupine Health Unit area spend more time reading (95.5%), when compared to their counterparts in Ontario (87%).

Injury Prevention

- ✚ In the North region, the rate of fall-related emergency department visits and hospitalizations was 40% higher than the rate for Ontario.
- ✚ Injury and poisoning was the leading cause of hospitalization both in Ontario and the Porcupine Health Unit area for youth aged between 7 and 13 years.
- ✚ Cycling injury rates varied by region, with the highest rate of emergency department visits reported in the north and the highest rate of hospitalizations reported in the central south region of Ontario.
- ✚ A lower proportion of youth (17.5%) in the Porcupine Health Unit area wore bicycle helmets 'always or most of the time' when compared to the rate for Ontario (19.4%).
- ✚ The highest rate of both emergency department visits and hospitalizations for injuries due to ATVs and snowmobiles were reported in the North. The high rates relate, in part, to the northern lifestyle and reflect the fact that many individuals rely on these vehicles as a mode of transportation and use them more often for recreational purposes.

Healthy Eating

- ✚ The rate of vegetables and fruit consumption was lower in the Porcupine Health Unit area when compared to Ontario.
- ✚ Most (grade 6) students report that they ate breakfast with at least one family member (51%), lunch was most often eaten with friends (44%) and 86% of student reported having dinner with at least one family member.
- ✚ Students ate dinner with at least one parent 6 to 7 days per week. These rates exceed those reported for North America which range from 25% to 57%.
- ✚ Six percent of the youth reported being food insecure with moderate hunger in the Porcupine Health Unit area, which was higher than the rate for Ontario (1.7%).
- ✚ About 90.7% of seniors in the Porcupine Health Unit area had the ability to access nutritious food. The rate was lower than the percentage for Ontario 94.1%.
- ✚ The percentage of individuals who were considered overweight was slightly lower in the Porcupine Health Unit area compared to Ontario (27.7% versus 29.8%). However, the rate of obesity among adults was higher in the PHU area compared to Ontario (24.1% versus 14.6%).
- ✚ The overweight and obesity rate for children from grade 1 to grade 12 was 28% which was same as other jurisdictions in Canada.

Tobacco Use and Exposure

- ✦ The proportion of people aged 12+ who identified themselves as a 'daily' smoker was higher in the Porcupine Health Unit area (22.3%) than Ontario (16.3%).
- ✦ About 6.4% of youth in the Porcupine Health Unit area reported smoking on a daily basis, which was slightly higher than the Ontario average of 5.8%.
- ✦ About 11.1% of seniors in the Porcupine Health Unit area were daily smokers compared to 7.7% of seniors in Ontario.
- ✦ The percentage of 'former' smoker was significantly higher for the PHU area (47%) compared to Ontario (34.8%).
- ✦ About 17.9% of individuals in the Porcupine Health Unit area reported being exposed to second-hand smoke at home compared to 10.3% in Ontario.
- ✦ The rate of second hand smoke exposure for youth in the Porcupine Health Unit was higher in the home (29.5%) and private vehicles (20.1%) compared to the rates for Ontario (19.3% and 16.1% respectively), as of 2005.

Substance and Alcohol Misuse

- ✦ The percentage of drinkers in the Porcupine Health Unit area who consumed more than 5 drinks on one occasion (considered heavy drinkers) more than once a month was higher (13.4%) than the rate for Ontario (11.4%).
- ✦ The percentage of individuals who never drank 5 or more drinks was the same in the Porcupine Health Unit area and Ontario.
- ✦ Among the Porcupine Health Unit area's youth, 24.3% reported drinking alcohol regularly, a rate which was lower than that of Ontario (27.7%).
- ✦ A significantly higher proportion of youth (30.2%) in the Porcupine Health Unit area reported drinking alcohol occasionally. This rate was higher than that of Ontario (18.3%).
- ✦ The proportion of seniors in the Porcupine Health Unit area who identified themselves as an occasional and former drinker (24.5% and 27.6%) was higher than the rate for Ontario (17.4% and 21%).
- ✦ The proportion of regular drinkers among seniors in the Porcupine Health Unit area (36.1%) was lower than seniors in Ontario (50.3%).
- ✦ The percentage of youth who binge drink was higher in the Porcupine Health Unit area (5.2%) compared to the rate for Ontario (4%).
- ✦ About 8% of seniors in the Porcupine Health Unit area drank more than 5 drinks on one occasion, which was higher than the rate for Ontario (5%).

Mental Health Promotion

- ✚ Overall individuals residing within the Porcupine Health Unit area are less likely to describe their health as being 'good to very good', compared to Ontario (62.4% versus 67%).
- ✚ More residents of the Porcupine Health Unit area (36.3%) perceived life as being 'not stressful' when compared to their counterparts in Ontario (31.4%).
- ✚ The rates for a learning disability and attention deficit hyperactivity disorder among youth in the Porcupine Health Unit area were higher than the rates for Ontario.
- ✚ The proportion of children and youth in the Porcupine Health Unit area with an anxiety disorder was 4.8%. The rate for Ontario was 2.4%.
- ✚ In 2003, the Porcupine Health Unit area reported a teen birth rate of 12.2%. This rate has since risen to 14.5%, the highest rate among Northern Ontario public health units.
- ✚ About 29% of Ontario students reported being bullied at school. A percentage that represents about 300,000 students in grades 7 to 12.
- ✚ About 10% of Ontario students report that they had seriously considered suicide in the past year. This percentage represents about 99,000 students.
- ✚ About 3% of Ontario students report attempting suicide in the past year, which represent about 29,000 students.
- ✚ In the Far North area (James Bay and Hudson Bay coasts), Aboriginal communities are struggling with what has been described as a 'suicide crisis'.
- ✚ While there are extreme regional variations, it has been estimated that the suicide rate among Canadian First Nations is five to six times higher than that of non-aboriginal Canadians.

Next Steps

Informed by the feedback obtained from the nine community conversations, the next step within this planning process is to determine which of the recommended priorities for action will be the focus of activities in 2011/12.

To assist with the decision-making process an on-line survey has been developed and distributed across the Porcupine Health Unit area. The survey allows communities to provide further input into the prioritization of recommended priorities for actions.

The on-line survey is also being used to gauge interest in working on priorities for action at either a district or community level. The prioritization of activities will be influenced, in part, by the level of support and resources available in each community to ensure the successful implementation of priority activities.

With this information on hand, the strategic planning committee will then conduct an assessment of community assets that can be leveraged in support of the proposed activities. They will also draw upon the mapping exercise completed by Health Nexus to identify and engage community mobilizers.

Information on the Porcupine Health Unit priorities for action and activities are detailed in the operational plan submitted to the Ministry of Health Promotion and Sport on March 31st, 2011.