Grey Bruce Community Picture

Grey Bruce Healthy Communities Partnership

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February 2011

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Grey Bruce Healthy Communities Partnership

Working together to create healthy public policy

Health starts where we live, learn, work and play

Grey Bruce is a vibrant community with stunning natural beauty, clean air and sparkling water. As residents, we feel a strong sense of belonging to the community and rate our overall health as very good. Yet when compared to the province, the results of some health indicators such as heavy drinking and injuries suggest that there is room for improvement for Grey Bruce.

It's time for us to stop thinking about health as something we get at the doctor's office. Health is something we create in our families, schools, workplaces and in our neigbourhoods. The more we see health this way, the more opportunities we have to improve it.

Grey Bruce is taking a leadership role in developing a rural Healthy Communities model. This will support residents in creating and maintaining good health by building on the existing strengths within our communities.

Who Are We?

Population

- Total population of 157,760 people located throughout 17 municipalities
- Higher percentage of seniors compared to the province; 18% of the population is over the age of 65 years
- Almost 25% of the population is under the age of 18 years

Education

- Greater proportion of people have apprenticeship or trade certificates than the province and a smaller proportion have college or university degrees
- 1 in 5 adults over the age of 25 years did not complete high school

Allenford Community Working Together

Hanover and District Hospital Fit-Trail

Income

- Average income is less than the province
- About 9,200 people are living in poverty

Cultural Diversity

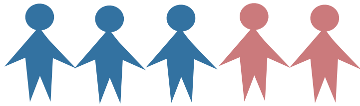
- Most of the population speaks English
- Less than 1% of the population is Francophone
- Low immigration and fewer visible minorities compared to the province
- Two First Nations and several Mennonite and Amish communities

Commute to Work/School

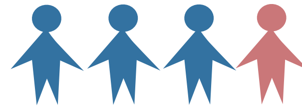
- Nearly all people ride to work in a car/truck and most children are bussed or driven to school[1]

(All data Statistics Canada 2006 Census[7], unless otherwise indicated)

How Are We Doing?



3 in 5 residents rate their health as very good or excellent



3 in 4 residents feel a sense of belonging to the community

Physical Activity, Sport & Recreation

- Nearly half of all residents are physically inactive
- At least 1 in 4 students spend 3 or more hours daily in front of a television, computer screen or cell phone[1]

Injury Prevention

- For those aged 65 years and over, the rate of hospitalization associated with injury from falls is 35% higher than the province[2]
- Motor vehicle crashes account for 79% of deaths amongst youth in Grey Bruce, which is 31% higher than the province[3]

Healthy Eating

- Less than half of residents eat enough fruits and vegetables
- 40% of students eat junk foods 4 or more times per day[1]

Tobacco Use & Exposure

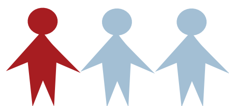
- 1 in 5 residents are current smokers
- 13% of people are exposed to second-hand smoke in vehicles or public places

Substance & Alcohol Misuse

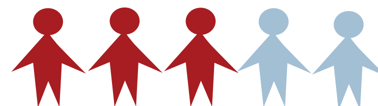
- 1 in 4 residents are heavy drinkers which is much higher than the province
- 8% of residents admit to drinking and driving a recreational vehicle; 4% admit to drinking and driving a car/truck[4]

Mental Health Promotion

- 3 in 4 residents rate their mental health as very good or excellent
- The rate of suicide death among males in Grey Bruce is higher than the province[5]



1 in 3 residents say they can't participate in certain activities because of a physical or mental condition, or health problem

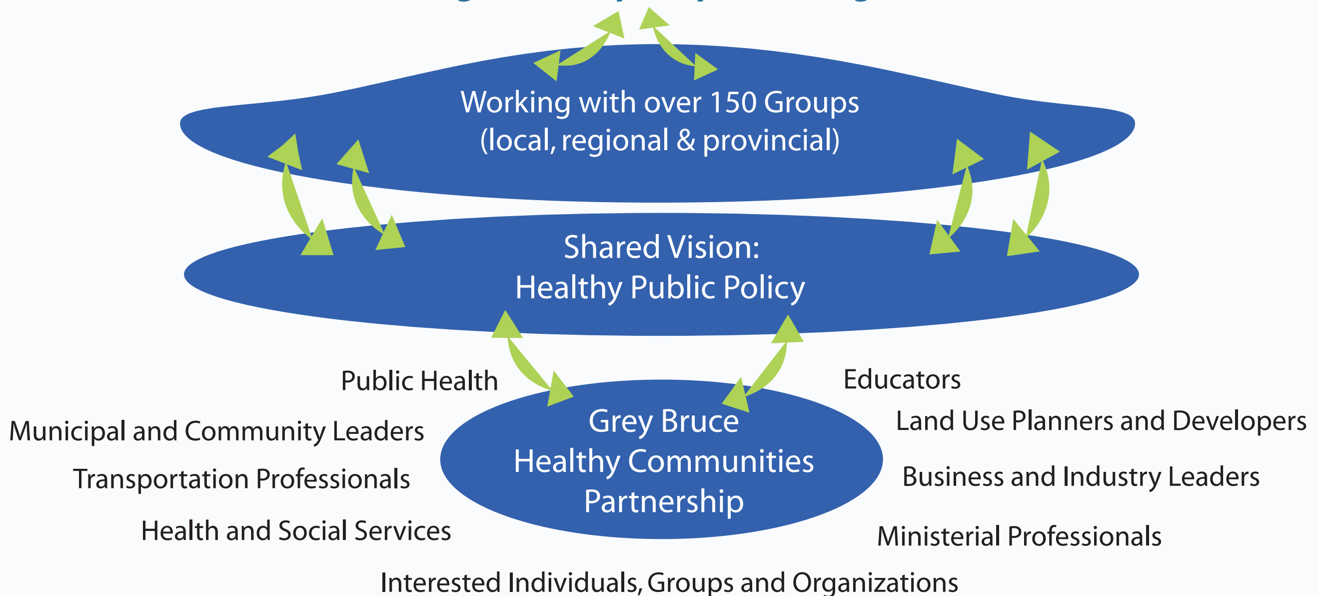


3 in 5 residents are overweight or obese

(All data Canadian Community Health Survey 2007/08[6] unless otherwise indicated)

What Are We Doing?

Community partners are building on our strong history of working together to make Grey Bruce a healthy place to live, learn, work and play. Across the province, Grey Bruce is viewed as a positive model for how community partnerships can be successful.



2010 Healthy Communities Conference
Over 200 participants including municipal and community leaders, land use planners, educators, business, industry, health and social service sectors and community members shared their experiences in developing healthy communities.

***Speak Up for a Healthy Community* Campaign**
Media campaign launched in the fall of 2010 encouraged individuals and communities to speak up to their community leaders. Join us on Facebook at *Grey Bruce Gets Healthy.*

Engaging Policy Makers
Over 50 citizens and community leaders participated in a Networking Mapping process to identify community strengths in moving policy development forward.

***Photovoice* Project – What Does it Mean to Be Healthy?**
Photovoice is being used to capture the experiences of Aboriginal youth in Grey Bruce. Taking pictures in their community, youth from Saugeen First Nation and Chippewas of Nawash First Nation describe their everyday life in terms of how they see the community impacting on their health and well-being. The use of *Photovoice* as a means to engage communities is envisioned to be an ongoing process.

What Are We Going To Do?

The Grey Bruce Healthy Communities Partnership sees that the opportunity for health begins in our families, neighbourhoods, schools, and jobs. The following priorities have been recommended to influence healthy public policy and give everyone in Grey Bruce the chance to live a healthy life.

Physical Activity, Sport & Recreation

- Support the development and implementation of policies to create environments that promote physical activity.
- Build capacity for schools to increase physical activity among students.

Injury Prevention

- Support healthcare providers in implementing fall prevention and intervention activities.
- Establish falls prevention policies for public spaces and buildings.

Healthy Eating

- Establish policies to support the use of local foods in the community and for municipal or regional food venues, community programs and events.
- Establish healthy food policies for workplaces, health and social services, public buildings and facilities.

Tobacco Use & Exposure

- Establish tobacco-free environments.
- Ensure tobacco status is assessed and cessation support services are available in all settings providing services to youth and young adults.

Substance & Alcohol Misuse

- Shape cultural norms to reduce acceptability of high-risk drinking practices.
- Develop a comprehensive alcohol and drug strategy in Grey Bruce.

Mental Health Promotion

- Increase access to affordable and safe housing.
- Improve knowledge and awareness of mental health and mental illness issues.

Moving Forward...

Your support is essential to achieving the priority actions listed above. We need your knowledge and leadership to identify opportunities for collaboration and bring the Healthy Communities vision to life in Grey Bruce. We look forward to hearing your ideas and discussing how you can be involved.

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[1] Manske, S. (2008) Grey Bruce Health Unit Media Event. School Health Action Planning and Evaluation System Data. Owen Sound. [2]Burns, D. (2005). Injury Hospitalizations for Selected Injury Events (2001). Comparison of Rates for Grey-Bruce, Southwestern Ontario, and the Province of Ontario. Grey Bruce Health Unit. [3]Ministry of Health and Long-Term Care. (2007). (HELPS). 2000-2003 Vital Statistics. [4]Grey Bruce Health Unit. (2006) Rapid Risk Factor Surveillance System. [5]Ontario Registrar General 1986–2005 Mortality Data. Ontario Population Data 1986-2009, IntelliHEALTH Ontario. [6]McFarland, V., Leffley, A. (2010). Canadian Community Health Survey (CCHS), 2007/08 Grey Bruce Health Unit. [7]Statistics Canada.(2006) 2006 Census of Canada, Grey Bruce Health Unit Community Profile.

1.0 Introduction

Health starts where we live, learn, work, and play

Grey Bruce is a vibrant community with stunning natural beauty, clean air and sparkling water. As residents we feel a strong sense of belonging to the community and rate our overall health as very good. Yet some indicators of health, such as heavy drinking and injuries, reveal that we are not doing as well as the province of Ontario. Ultimately, it's time for us to stop thinking about health as something that concerns us only during a visit to the doctor's office, and instead recognize that health is something that starts with our families, schools, workplaces, playgrounds, and parks. The more we see our health in this all-inclusive way, the more opportunities we have to improve it.

The Healthy Communities Ontario (HCO) approach provides a framework to support communities in their journey to create healthy families, neighbourhoods, schools and workplaces. Grey Bruce is taking a leadership role in creating a rural Healthy Communities model that will support residents in creating and maintaining good health by building on existing strengths within our communities.

The Grey Bruce Community Picture was created to provide a comprehensive profile of the Grey Bruce community. It includes a demographic composition, several local characteristics, health indicator/status data, current initiatives, and public policies that influence health and well-being. The document also reflects the broader social, economic, political and environmental contexts that affect the unique health needs and concerns of Grey Bruce. This report also offers a measure of insight regarding the unique needs, strengths, capacities and assets associated with the community that will likely have a role in shaping future planning decisions.

The process of developing this document involved engaging residents and key stakeholders to establish locally recommended actions to influence our health status in a positive way. The recommended actions are based on the following six priority areas established by the Ministry of Health Promotion & Sport:

- Physical Activity, Sport and Recreation
- Injury Prevention
- Healthy Eating
- Tobacco Use/Exposure
- Substance & Alcohol Misuse; and
- Mental Health Promotion.

Acting effectively to address these six priority areas requires partnership and collaboration with several stakeholders throughout Grey Bruce. The Grey Bruce Healthy Communities Partnership has come together to create a rural model for creating and maintaining community health and well-being. Grey Bruce has long been recognized as a positive model for partnership development and collaboration. A visual representation and interpretation of the strong connections and existing intersectoral relationships has been captured in the results of a Network Mapping initiative completed with the assistance of Health Nexus. The results highlight key opportunities for community engagement and network development.

Regional and local governments, community organizations, private sector business and individuals in Grey Bruce have come together to develop actions that build on local assets and ensure that community development is at the core of healthy public policy. Throughout the document local stories are provided to illustrate how the collective skills, talents, and resources of individuals, associations and organizations have already been used to bring the Healthy Communities vision to life.

These same community assets present tremendous opportunity for continued and future collaboration. Moving forward, the Grey Bruce Healthy Communities Partnership will work together to influence healthy public policy and give everyone in Grey Bruce the chance to live a healthy life.

1.1 Purpose

The purpose of the Grey Bruce Community Picture is to inform the work of the Healthy Communities Partnership. It will also be an important resource to assist individuals, partners, municipalities and others to improve the health of Grey Bruce citizens. By highlighting the strengths and vulnerabilities of the Grey Bruce community, the document will also help to:

- Mobilize community partners around a common goal.
- Inform the Healthy Communities Fund grants project stream. (Recommended actions from the Grey Bruce Community Picture will be considered in the review and assessment of the 2012/13 grant applications and beyond.)
- Support the preparation of community grant proposals.
- Inform the allocation of other local funds or activities.
- Assist local organizations to identify strategic and program priorities.

1.2 Method and Limitations

Much of the data in the Community Assessment portion of the Grey Bruce Community Picture was collected from Statistics Canada and is grouped by the Grey Bruce Health Unit region. Where possible, the most recent Census data (2006) was used and provincial and peer group comparisons offered. When unavailable, data was gathered from the next most recent year available. A variety of other sources were used to supplement data obtained from Statistics Canada. A large proportion of the health status data was obtained from existing Grey Bruce Health Unit reports. Economic, education and employment data was supplemented by a variety of reports from the Saugeen Economic Development Corporation. Data about the social, political, historical, and natural and built environments was largely gathered from the County of Grey, County of Bruce and other local historical and cultural websites.

As with any community assessment, this document represents a time sensitive “snap shot.” This may be a limitation as communities are dynamic and tend to change over time. In addition, the process had to be flexible in order to accommodate the time frame of the Healthy Communities Ontario strategy, as well as link to the opportunities within the community. As a result, the Grey Bruce Community Picture is a *living* document that may evolve through future updates and be expanded as needed.

1.3 Background

1.3.1 Provincial Context

In May 2009, the Ministry of Health Promotion and Sport announced the Healthy Communities Ontario approach. This approach to building healthy communities is meant to:

- Improve health and well-being, reduce risks to good health and save health care costs;
- Promote partnerships among health promotion organizations and networks;
- Align provincial, region and local efforts to leverage joint investments;
- Integrate and transform current Ministry of Health Promotion and Sport programs to support the ministry's goals and new directions; and
- Make it easier for communities to access services from the Ministry of Health Promotion and Sport.

The Ontario Ministry of Health Promotion and Sport *Healthy Communities Framework 2011/12* can be found in Appendix A. The framework identifies the following six priority areas associated with the approach: physical activity, sport & recreation; healthy eating; tobacco use/exposure; injury prevention; substance and/or alcohol misuse; and mental health promotion.

Healthy Communities Ontario has three main components:

- Healthy Communities Fund (HCF) – provincial and local community-based organizations can apply for funding to develop and deliver health promotion initiatives in partnership with other organizations,
- Healthy Communities Partnerships (HCP) – promote coordinated planning and action among community groups to create policies that make it easier for Ontarians to be healthy, and
- Healthy Communities Consortium (HCC) – health promotion resource centres will provide training and support to build capacity for those working to advance health promotion in Ontario, including local partnerships and organizations that apply for funding through the HCF.

1.3.2 Local Context

Grey Bruce is well situated to engage in the Healthy Communities Ontario (HCO) approach. All of the work undertaken by local coalitions/networks/alliances and committees supports the development of a rural healthy communities model.

Grey Bruce Partners in Health (formerly Grey Bruce Heart Health … The Beat Goes On) has taken on a pivotal role to support health promotion initiatives within our communities since 1998. From 1998 to 2009, Grey Bruce Partners in Health (GBPIH) received funding from the Province of Ontario under the Ontario Heart Health Program. Projects reached children, youth and adults where they live, learn, work and play as highlighted in the Grey Bruce Partners in Health Coalition final report entitled: *Celebrating Projects and Partnerships; Planning for Tomorrow*.

As well, in 1998 the Ministry of Health and Long-Term Care began funding the FOCUS Project. Partners worked collaboratively to guide the development and implementation of local

community projects and policy development to prevent injuries and chronic disease associated with alcohol and drugs.

In December 2005, the Grey Bruce Healthy Living Partnership (GBHLP) was initiated. Community leaders along with Public Health staff came together to begin work on a healthy communities model. With the HCO strategy coming forward the GBHLP evolved into what today is known as the Grey Bruce Healthy Communities Partnership.

In 2006, a physical activity strategy called PLAY in Grey Bruce was developed to address the issue of physical inactivity among children and youth. A partnership among all 17 municipalities, the Grey Bruce Health Unit, and the local school boards was launched in June 2007. Municipal mayors or their designate(s) signed a PLAY charter affirming their commitment to support this strategy.

In May 2010, the first Grey Bruce Healthy Communities Conference was held. In her keynote address, Minister of Health Promotion and Sport, Margarett Best acknowledged and applauded the tremendous work that has been accomplished within Grey Bruce to support the development of healthier communities.

2.0 Community Assessment

In 2009, the Ministry of Health Promotion and Sport indicated that partnerships would be expected to focus on initiatives that create healthy public policy. With a clear direction Grey Bruce was eager to get a new phase of health promotion initiatives off the ground that would be based on best practices and locally identified needs.

Grey Bruce Partners in Health (GBPIH) initiated the process by focusing efforts initially on scanning the environment and understanding the population. To accomplish these tasks, GBPIH undertook an environmental scan (Section 2.1), and participated in the OHHN Collaborative Policy Scan (Section 2.7.2).

The community assessment process was also supported by various steps taken by FOCUS. Consultation with community partners regarding substance misuse included discussions on priority substance misuse issues, population groups most affected, and suggested evidence-informed strategies for implementation. Key informant interviews and further consultation with community partners occurred as a follow up to discussions at an April 2010 forum themed as "The Impact and Culture of Alcohol Use in Grey and Bruce Counties."

2.1 Environmental Scan

The environmental scan began with a "Pre-Consultation Environmental Scan" questionnaire (Appendix B) to be completed by GBPIH. This questionnaire was created by the Heart Health Resource Centre to assist community partnerships with strategic planning around policy development. The questionnaire looked at the statistical profile of Grey and Bruce, changes and trends in statistics over the past ten years, identified other information sources in the community, began to identify current policy initiatives and the organizations contributing to policy work in Grey Bruce, and examined what local initiatives offer the greatest potential for local policy development.

In June 2009, Grey Bruce community partners came together for a "Planning to Plan: Strategic Thinking" exercise. The focus of the agenda was to provide information regarding HCO to community partners, review the information collected thus far, add to the environmental scan information and discuss next steps for building a partnership within the HCO framework. The participants for this session included a variety of stakeholders that would be needed to support the transition to HCO strategy. Appendix C provides a list of organizations represented at the session.

The pre-consultation environmental scan and the release of the HCO strategy both indicated that further information needed to be collected. Specific information that was still required included:

- a better understanding of what other organizations and partnerships were focusing on and whether or not these organizations/partnerships were working toward policy development,
- if there were additional research/reports/surveys available in the community and the implications for future policy development, and;

- an environmental scan on substance and alcohol misuse, mental health, and injury prevention.

Two methods were undertaken to gather information on the areas listed above: another pre-consultation environmental scan (Appendix D) and a survey of key community stakeholders. The Grey Bruce Partners in Health and FOCUS Project Coordinators worked together to prepare the pre-consultation environmental scan. This scan was completed in a short period of time but provided enough information to be included in the "Planning to Plan: Strategic Thinking" exercise.

The survey of key community stakeholders was targeted toward programs, organizations, and partnerships that were identified in the pre-consultation environmental scan. The questions aimed to find out about goals of current project work, if project work used the strategy of policy development, and if there were any surveys, research, or reports that would relate to future policy work. Participants completed a written survey or answered telephone interview questions with the GBPIH Coordinator. The collected information was presented at the Planning to Plan: Strategic Thinking" exercise. A list of survey participants can be found in Appendix E.

The OHHN Collaborative Policy Scan work (described in section 2.7.2) continued throughout 2009/10 as the Ministry felt this was an essential component of informing any future policy work at the local or provincial level.

Within the context of the environmental scan, additional interviews, documents, and reports were collected and reviewed over the course of the 2009/10. A list of these sources of information can be found in Appendix F.

In August 2010, a report entitled *Current Priority Issues Regarding Substance Misuse in Grey Bruce & Strategic Directions for Moving Forward with Prevention and Harm Reduction (Clarke & Barclay, 2010)* was completed. The Report provides an overview of substance misuse in Ontario and presents a current picture of the priority issues in Grey Bruce based on surveillance data, the social determinants of health and stakeholder perspectives.

The Report considers evidence-informed prevention and harm reduction practices related to the priority issues that have been identified and provides four strategic directions for moving forward:

1. In the context of the new Ministry of Health Promotion and Sport Healthy Communities directions, continue to use a collaborative community systems approach to strengthen the network of community partners working on substance misuse issues.
2. To address the impact of alcohol consumption on injuries and chronic disease and support the development of a culture where moderation is the goal.
3. To enhance evidence-based interventions for people at risk of harm from substance misuse.
4. To work towards developing a long-term drug strategy that uses a coordinated and comprehensive effective four pillar approach.

The Report acts as a directional document to support the ongoing work of the individuals, organizations and communities who work collaboratively to prevent and reduce the harmful effects of substance misuse (Clarke & Barclay, 2010).

2.2 Community & Statistical Profile

2.2.1 History & Culture

Grey and Bruce Counties are rich in history and heritage. Early history shows that the area was inhabited by Aboriginal peoples who enjoyed abundant fishing, clear waters and secure refuge. During this time the area now known as the Bruce Peninsula was territory controlled by the Saugeen Ojibway Nations. The nations included the Chippewas of Nawash Unceded First Nation and Saugeen First Nation (Bruce County Museum & Cultural Centre, 2010). In the mid 19th century, European settlement began, with settlers coming from Upper Canada (Ontario), Lower Canada (Quebec) and the Maritimes. Many settlers had been born in Scotland, Ireland, England and Germany (Bruce County Genealogical Society, 2010).

Natural resources were integral to the development and expansion of trade and commerce in the area. Resources such as fish, fur, and minerals were of great importance and the growth of gristmills and sawmills required the use of the area’s river power (Grey Roots Museum & Archives, 2010). The moderating effect of the water and prevailing southwest winds provided the community with a growing season to support Canada’s finest apple orchards. Today’s economy remains largely based on agriculture. In addition, with the discovery of the area as a holiday destination in the 1920s, tourism has become increasingly important.

The County of Grey was established in 1852. It united various townships under a common name and by 1854 Grey County became fully independent from the counties of Wellington and Simcoe (Grey Roots Museum & Archives, 2010). In 1867, the County of Bruce was established and became fully independent from the counties of Huron and Perth (Bruce County Museum & Cultural Centre, 2010).

In 1998, various municipalities within the County of Bruce amalgamated to form eight municipalities. The same year, the Grey and Bruce County boards of education merged to form the Bluewater School District. In 2001, Grey County amalgamated various townships into nine municipalities.

The rich heritage and tradition of the Grey and Bruce Counties remains important today and are preserved by museums, historical societies and archives. Along with these history-oriented attractions, the area offers a multitude of art galleries, libraries, natural and built recreation options, performing arts events and venues, sport-oriented and water-oriented attractions.

There are an abundance of events and festivals throughout the year that are well attended by locals and visitors from surrounding areas. These include, but are certainly not limited to: Canada Day festivities, Pow Wows, farmers' markets, dances, Santa Clause parades, craft shows, and maple syrup festivals. Agricultural fairs are important events throughout the harvest season where communities gather to view a showcase of crops, livestock, quilting and crafts.

Cultural activities, rich history and natural beauty contribute to the strong sense of community within Grey and Bruce Counties. These assets also continue to attract permanent and seasonal residents. Today, Grey and Bruce Counties are vibrant communities in which to live, work and play.

2.2.2 Location, Geography/Physical Characteristics

Grey Bruce is located in the South West Region of Ontario and has a land area of 8,587 square kilometers (See Table 1). It is bordered by Georgian Bay to the north, Lake Huron to the west, Huron and Wellington Counties to the south, and Simcoe and Dufferin Counties to the east.

Table 1: Land Area in Square Kilometers

Grey Bruce	Grey	Bruce
8,587	4,508	4,079

Source: Statistics Canada, 2006

The proximity to Georgian Bay and Lake Huron, as well as other geographic features, such as the Niagara Escarpment, offers extensive outdoor recreational opportunities for residents and visitors. Boating and fishing are popular on Lake Huron and Georgian Bay. Grey Bruce has very scenic landscape including features such as parks, rivers and beaches. Sheer and broken cliffs of the Niagara Escarpment provide a stunning backdrop to an extensive trail network. These unique geographical features support the area's recreation, agriculture, and tourism industries.

2.2.3 Municipalities

Grey Bruce is composed of 157,760 people who live within two upper tier municipalities (Grey and Bruce Counties), which consist of a total of 17 lower tier municipalities (Bruce 8; Grey 9), and two First Nation reserves (see Figure 1). Saugeen First Nation No. 29 is at the mouth of the Saugeen River and Chippewas of Nawash First Nation No. 27 (Cape Croker) is on the east side of the Bruce Peninsula.

Figure 1: Map of Grey Bruce Municipalities

2.2.4 Rural/Urban Centres

Fifty four percent (54%) of the Grey Bruce population lives in a rural setting, while 46% lives in an urban setting (compared to 85% urban and 15% rural in Ontario). Most of these urban settings have a population of less than 10,000. Owen Sound, with a population of 22,000, is the only city in Grey Bruce.

2.3 Socio-demographic Information

2.3.1 Population Data

Appendix G lists the age distribution and population growth for all municipalities within Grey and Bruce Counties.

Age Groups

Median age is the cut-point where a population is divided in half (i.e., 50% are older and 50% are younger than the stated median age). The median age in Grey Bruce is 45 years. In Ontario, the median age is 39 years.

Grey Bruce has a higher percentage of seniors than the province, with 18% of the population over the age of 65 years (Statistics Canada, 2006). Areas with the largest proportion of seniors are the Northern Bruce Peninsula with 28% of the population over the age of 65, and the Blue Mountains with 25% of the population over the age of 65 (Statistics Canada 2006).

Children and youth still represent a significant portion of the population in Grey Bruce with 22% of the population aged 0-18 years (GBCA, 2010). Areas with the largest proportion of their population under the age of 15 years are Saugeen First Nation (27.8%), Chippewas of Nawash First Nation (22.9%), Southgate (21.8%) and South Bruce (20.6%).

Population Growth

Population growth can be determined by looking at the change in population since the last census (i.e., 2001). In Ontario, the population has increased by almost 7%. In Grey County, the population increase was more modest at just less than 4%. The largest areas of growth were the Blue Mountains (11.6%) and Meaford (5.5%). In Bruce County, the population increased by 2%. The most notable increases were the Saugeen First Nation (12%), Northern Bruce Peninsula (7%) and Huron-Kinloss (4.7%). Decreases in the population were recorded in South Bruce (-2%) and Brockton (-0.2%), which are both in Bruce County (Leffley, 2010).

2.3.2 Cultural Diversity

Grey Bruce is less ethnically diverse than the province as a whole. The immigration rate is relatively low at 8%, compared to Ontario at 28% (Leffley, 2010). Less than 2% of Grey Bruce residents are visible minorities (Statistics Canada, 2006).

Grey Bruce has an aboriginal population of 3,655 people representing about 2.4% of the total population (Statistics Canada, 2006). Two First Nation Reserves are located in Bruce County:

- The Chippewas of Nawash Unceded First Nation No. 27 (Cape Croker); and,
- The Chippewas of Saugeen First Nation No. 29

There are over 100 families within the Métis Nation of Ontario, and a number of First Nations peoples who live off-reserve in Grey Bruce and are supported by M'Wikwedong Native Cultural Resource Centre.

There are also several Mennonite and Amish communities; however their numbers are difficult to ascertain (GBCA, 2010). Less than 1% of the Grey Bruce population is francophone (Statistics Canada, 2006).

2.3.3 Priority Populations

Priority populations often carry a disproportionate burden of poor health and risk for poor health. The following individuals/groups are considered priority populations because they are at risk or are particularly vulnerable to poor health due to unfavorable demographics (determinants of health such as income, education, genetics, age, etc.).

Priority populations within Grey Bruce include:

- Aboriginals
- Children and youth
- People who are economically disadvantaged
- People with mental health and addiction issues
- People with physical and intellectual disabilities
- Pregnant women and families
- Seniors

Because these individuals and groups are often disadvantaged in terms of their health outcomes it is important that programs and policies be designed to meet their needs. Developing programs and policies to address the needs of priority populations will, at the same time, support the rest of the population. When communities are created to support the most vulnerable, health inequities will be reduced and greater gains will be made to the overall health of the community.

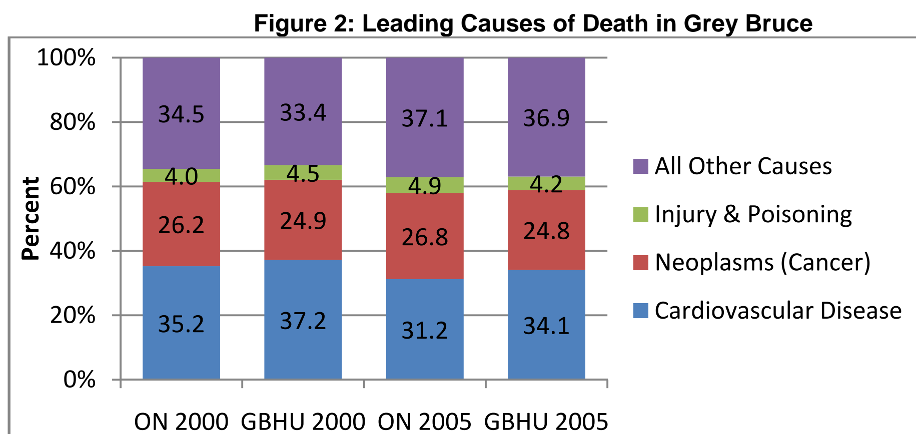
2.4 Current Health Status and Health Behaviours Data

The following data and interpretations for this section of the report Health Status & Behaviours Data are from the report entitled *Canadian Community Health Survey (CCHS) 2007/08 Grey Bruce Health Unit* (McFarland & Leffley, 2010) unless otherwise cited.

2.4.1 Leading Causes of Death

Figure 2 presents proportions of the three major causes of death and a remaining category for the years 2000 and 2005 for Grey Bruce, and proportions of these same areas for Ontario.

Figure 2: Leading Causes of Death in Grey Bruce



Source: Ontario Registrar General. 1986-2005, Ontario Mortality Data. IntelliHEALTH Ontario, Extracted 1 September 2010.

It appears that a slightly lower proportion of deaths in 2005 was attributable to cardiovascular disease compared to 2000; however because the local annual count of deaths is small, this doesn't represent a large change and is not statistically significant.

The proportion of Grey Bruce deaths attributable to cardiovascular disease is higher than the provincial proportion, a difference that is statistically significant.

The local proportion of deaths attributable to neoplasms (cancers), injury and poisoning (includes intentional Injuries, injuries of undetermined Intent and unintentional Injuries) is not significantly different than the provincial proportions.

Table 2 lists the age-standardized death rates in Grey Bruce and Ontario. These rates are an average over a 3-year period (2003 to 2005) and have been adjusted for variations in the population age distribution over time and across geographic regions.

Table 2: Age-standardized Death Rates in Grey Bruce and Ontario, 2003-2005 for Selected Causes of Death

Cause of Death	Grey Bruce (per 100,000)			Ontario (per 100,000)		
	Total	Male	Female	Total	Male	Female
All Causes of Death[1]	616.1	729.7	515.2	559.5	689.8	461.0
Circulatory						
Ischemic[1]	118.4	149.5	89.3	101.5	139.2	72.5
Cerebrovascular[1]	46.3	48.9	42.8	36.0	39.3	33.4
Cancers						
Lung, Trachea, Bronchus[1]	40.9	48.3	34.3	41.7	53.8	32.7
Prostate[1]	…	23.0	…	…	22.7	…
Female Breast[1]	…	…	28.9	…	…	23.8
Colorectal[1]	25.7	31.1	20.4	21.0	26.7	16.7
Injuries						
Unintentional Injuries[2]	29.0	38.1	19.2	22.7	30.6	15.6
Self-inflicted Injuries[1] (Suicides)	8.4	15.0	2.3	8.0	12.4	3.9

Sources: (1) Ontario Registrar General 1986–2005 Mortality Data. IntelliHEALTH Ontario, Extracted 4 August 2010; Ontario Population Data 1986-2009, IntelliHEALTH Ontario, Extracted October 19, 2006, Ontario MOHLTC. (2) Ontario Registrar General 1986–2005 Mortality Data. IntelliHEALTH Ontario, Extracted 12 October 2010; Ontario Population Data 1986–2009, IntelliHEALTH Ontario, Extracted October 19, 2006, Ontario MOHLTC.

Locally, the age-standardized death rate is significantly higher than that of Ontario. Other causes of death with higher rates locally than provincially are: ischaemic heart disease, cerebrovascular disease, colorectal cancer, and unintentional Injuries.

The age-standardized death rate for males is significantly higher than that for females for all deaths, as well as for ischaemic heart disease, lung/trachea/bronchus cancers, colorectal cancers, unintentional Injuries and self-inflicted Injuries.

2.4.2 General Health and Well-being

Self-rated Health

About three out of five Grey Bruce residents rate their health as very good or excellent. This rate is similar to that of the peer group, the province, and the country; and rates of very good to excellent self-rated health in Grey Bruce have not significantly changed since 2000/01.

Self-rated Mental Health

About three out of four Grey Bruce residents rate their mental health as very good or excellent. The rate is similar to that of the peer group, the province, and the country; rates of very good to excellent self-rated mental health in Grey Bruce have not significantly changed since 2003.

Sense of Belonging

About three quarters of the population in Grey Bruce (74%) feel a sense of belonging to the community (Table 3). This percentage is higher than the result for Canada (65%) and the result for Ontario (66%).

Table 3: Percentage of Population Who Feel Somewhat or Very Strong Sense of Belonging to Local Community

	2000/01	2003	2005	2007/08
Grey Bruce	N/A	67.6	74.4	74.3
ON	N/A	64.4	65.5	66.4
CAN	N/A	63.9	64.4	64.8
Peer Group	N/A	70.8	70.1	70.0

Life Stress

About one fifth of people in Grey Bruce experience quite a lot of life stress, and this rate does not differ significantly from the provincial, peer group or national rates. Rates of life stress nationally, provincially and at the peer group level appear to be falling over time; the provincial and national rates were previously higher than that of GBHU (2005).

Disability

Thirty-two percent (32%) of Grey Bruce residents sometimes or often can't participate in certain activities (home, school, work and other activities) because of a physical condition, mental condition or health problem which has lasted or is expected to last six months or longer (see Table 4). This does not differ significantly from previous years, or from rates for the province, peer group or country.

Table 4: Percentage of Population Who Sometimes or Often Can't Participate in Selected Activities

	2000/01	2003	2005	2007/08
GBHU	N/A	34.4	32.9	32.4
ON	N/A	31.8	29.5	31.4
CAN	N/A	31.3	29.7	30.2
Peer Group	N/A	32.9	32.0	32.0

Building Relationships to Support Active Living for All

Persons with disabilities face difficulties and daily struggles with many aspects of everyday life that other people often take for granted. In rural areas these challenges are made more difficult by issues like lack of transportation and fewer accessible recreation opportunities. A partnership between three community organizations in Flesherton has developed Active Living for All (ALFA), *a program which supports access to affordable opportunities for active living for people with disabilities, their families and support staff.*

A strong relationship between The Highlands Community Cooperative Aquatic and Fitness Centre, the South East Grey Support Services and the Markdale Chamber of Commerce ensures that the participants will continue to benefit from the ALFA program long after the end of the Healthy Communities grant that helped get the program started. By keeping notes and sharing the benefits experienced by the participants, the group hopes to encourage other community partners to support all persons with disabilities, and their family and support staff, in ensuring access to affordable active living opportunities.

George Kindrat of Markdale and Ryan Tourlousse of Flesherton enjoy an afternoon swim at the HCC

2.4.3 Chronic Disease

Arthritis

About two in nine people in Grey Bruce have arthritis. This rate has been stable over the years, and is significantly higher than the Ontario, peer group, and Canadian rates (Table 5). Arthritis is generally more prevalent among older people. Rates are likely to be higher in Grey and Bruce than in the province or the country as there is a larger proportion of people who are more likely to develop arthritis, i.e., seniors, in the area.

Table 5: Percentage of Population with Arthritis

	2000/01	2003	2005	2007/08
Grey Bruce	18.8	23.5	23.4	22.4
ON	16.6	17.6	17.2	16.6
CAN	15.2	16.8	16.4	15.2
Peer Group	17.4	17.4	17.9	17.7

Diabetes

While in 2005 the GBHU rate of diabetes (8%) was higher than that of Ontario (5%), the peer group (4%) and that of Canada (5%); it is now almost identical to the rates of those three geographies at 6%, or about 1 in 16. The rates for the province, peer group and country have increased, which accounts for this phenomenon (Table 6).

Table 6: Percentage of Population with Diabetes

	2000/01	2003	2005	2007/08
Grey Bruce	5.5	6.6	8.0	6.1
ON	4.2	4.6	4.8	6.1
CAN	4.1	4.6	4.9	5.8
Peer Group	4.4	4.4	3.9	6.0

Asthma

At just under 9%, or about 1 in 11, the rate of asthma in Grey Bruce is similar to the provincial, peer group and national rates. The rate has not differed significantly over time.

High Blood Pressure (Hypertension)

Table 7 shows that the rate of high blood pressure in Grey Bruce is 22%, a little more than 1 in 5 people. This rate is significantly higher than the rates for Ontario (17%) and Canada (16%), and the 2000/01 Grey Bruce rate (14%).

Table 7: Percentage of Population with High Blood Pressure

	2000/01	2003	2005	2007/08
Grey Bruce	14.1	19.6	20.3	21.6
ON	13.0	14.8	15.3	16.5
CAN	12.6	14.4	15.0	16.2
Peer Group	13.2	11.5	12.9	18.8

2.4.4 Tobacco Use/Exposure

Smoking Status

About 22% (or just over 1 in 5 people) in Grey Bruce are current smokers. This rate is not significantly different than rates for previous years, or than the provincial, peer group and national rates for the current year. Nationally, provincially and at the peer group level, smoking rates are declining. The smoking rates in Grey Bruce may be declining as well, but it is impossible to say given the small counts for our region (Table 8).

Table 8: Percentage of Population Who Are Current Smokers

	2000/01	2003	2005	2007/08
GBHU	24.4	19.4	20.9	21.7
ON	24.5	22.3	20.9	20.3
CAN	25.9	23.0	21.8	21.7
Peer Group	26.3	27.3	27.0	22.4

About 18% (or just over 1 in 6 people) in Grey Bruce are daily smokers. This rate does not differ significantly from previous years or from current rates for the province, peer group or country. It appears that daily smoking rates for the province, peer group and country are on the decline. As with the previous indicator, it may be that smoking rates locally are on the decline, but it is impossible to say given the small counts for our region (Table 9).

Table 9: Percentage of Population Who Are Daily Smokers

	2000/01	2003	2005	2007/08
Grey Bruce	20.6	16.3	17.7	18.3
ON	20.1	16.8	15.8	15.9
CAN	21.5	17.9	16.6	17.1
Peer Group	22.2	22.4	21.9	17.8

Exposure to Second-hand Smoke: At Home

The rate of exposure to second-hand smoke in Grey Bruce is about 7%, or about 1 in 14 people. This rate is not significantly different from rates for the peer group, province and country, or from previous rates. While rates in the province and country have been on the decline, the rate for Grey Bruce remains relatively stable (Table 10).

Table 10: Percentage of Population Who Are Exposed to Second-hand Smoke at Home

	2000/01	2003	2005	2007/08
Grey Bruce	N/A	7.7	6.5	7.5
ON	N/A	9.2	7.3	5.8
CAN	N/A	10.6	8.8	7.0
Peer Group	N/A	11.6	12.3	8.7

No Smoking in House

About 72% of people in Grey Bruce (7 in 10 people) ask smokers to refrain from smoking in the home. This rate is significantly higher than that of the peer group, but not significantly different from the Ontario or Canada rates. This rate is on the rise compared to 2003, when only 63% of Grey Bruce residents asked smokers not to smoke in their home (Table 11).

Table 11: Percentage of Population Who Ask Smokers Not to Smoke in the Home

	2000/01	2003	2005	2007/08
Grey Bruce	N/A	62.7	69.5	71.8
ON	N/A	63.7	70.6	73.8
CAN	N/A	56.5	64.1	68.5
Peer Group	N/A	58.7	63.7	64.4

Exposure to Second-hand Smoke: In Vehicles

In Grey Bruce, 7% (or 1 in 14 people) are exposed to second-hand smoke in vehicles (Table 12). This rate is not significantly different from the rates for the province, peer group and the country, nor is it significantly different from previous years' estimates. Rates for the province and country appear to be moving downward, and it may be the case that the Grey Bruce rate is following suit, although it is impossible to say given the small counts.

Table 12: Percentage of Population Who Are Exposed to Second-hand Smoke in Vehicles

	2000/01	2003	2005	2007/08
Grey Bruce	N/A	10.6	8.8	7.4
ON	N/A	9.7	7.8	7.5
CAN	N/A	10.2	8.1	7.8
Peer Group	N/A	12.9	12.1	8.6

Exposure to Second-hand Smoke: In Public Places

In Grey Bruce, about 9% (or 1 in 11 people) are exposed to second-hand smoke in public places (Table 13). This rate is not significantly different from the province, peer group or country, or previous years' estimates. Notably, the rate in Ontario, the peer group and Canada were previously significantly higher than the rate in Grey Bruce, and have since lowered to meet ours. This may indicate that Grey Bruce's leadership in smoke-free bylaws (September 3, 2002) before the *Smoke-Free Ontario Act* was in full force (May 31, 2006) was successful in maintaining low rates of exposure to second-hand smoke in public places.

Table 13: Percentage of Population Who Are Exposed to Second-hand Smoke in Public Places

	2000/01	2003	2005	2007/08
Grey Bruce	N/A	7.1	9.9	8.7
ON	N/A	17.9	13.1	11.5
CAN	N/A	19.7	14.8	10.5
Peer Group	N/A	23.9	17.1	7.7

Leading the Way in Smoke-Free Public Spaces

The Municipality of South Bruce wants to ensure that all public places and workspaces will be free from second-hand smoke. In November 2009, the community took the step to create a bylaw restricting smoking near playground equipment, sports fields and the entrances to public buildings. This is the first bylaw of its kind in Grey Bruce, and it goes beyond the current provincial legislation that regulates smoking. With their show of leadership in this area, the Municipality hopes to create an environment that encourages healthy active living.

2.4.5 Alcohol

Alcohol use is a significant risk factor for both injury and chronic disease. Heavy drinking puts a person at much higher risk of death or injuries from motor vehicle collisions; alcohol associated illness, falls, drowning and other hazards of poor judgment and reduced coordination. Longer term, heavy drinking can result in high blood pressure, stroke, liver disease, and neurological damage. (MOHLTC, 2009)

Heavy Drinking

Heavy drinking (also referred to as binge drinking) is defined as the consumption of five or more drinks in any one day at least once a month or more frequently. About 24% of people, aged 12 years and older, who consume alcohol (or nearly 1 in 4) in Grey Bruce are heavy drinkers. This rate is significantly higher than the rates for Ontario, the peer group, and Canada (Table 14).

Table 14: Percentage of Population Who Are Heavy Drinkers

	2000/01	2003	2005	2007/08
Grey Bruce	23.2	15.1	20.6	24.1
ON	19.3	16.2	16.8	15.9
CAN	20.1	16.6	17.3	16.9
Peer Group	21.3	18.6	19.8	19.0

Interestingly, the heavy drinking rate in Grey Bruce (and in Ontario, the peer group and Canada) dropped sharply from 2000/01 to 2003. In Grey Bruce, the heavy drinking rate rose after 2003, while it remained relatively stable in Ontario, the peer group and Canada.

Fifty four percent (54%) of people in Grey Bruce aged 20 years and older report heavy drinking. This is significantly higher than Ontario at 37% and is the highest of all public health unit areas in Ontario (MHLTC, 2009).

Drinking and Driving

Drinking and driving is defined as consuming 2 or more drinks within 1 hour before driving a vehicle.

- About 4% of Grey Bruce residents self-reported drinking and driving a motor vehicle
- About 8% of Grey Bruce residents self-reported drinking and driving a recreational vehicle (RRFSS, 2006).

Fetal Ethanol (Alcohol) Exposure

Fetal alcohol spectrum disorder (FASD) is a detrimental outcome of maternal alcohol use during pregnancy. In a 2006 Grey Bruce study, 4% of the new born babies studied were significantly exposed to alcohol while in the womb (Gareri, et al., 2008).

Changing the Culture of Community Events

The small town and rural nature of Grey Bruce has been known to foster a culture of community service and cooperation among community members. The importance of community volunteering is particularly noticeable when it comes to the hosting of community events. Equally evident is the presence of a culture which embraces alcohol as a key factor in community celebrations.

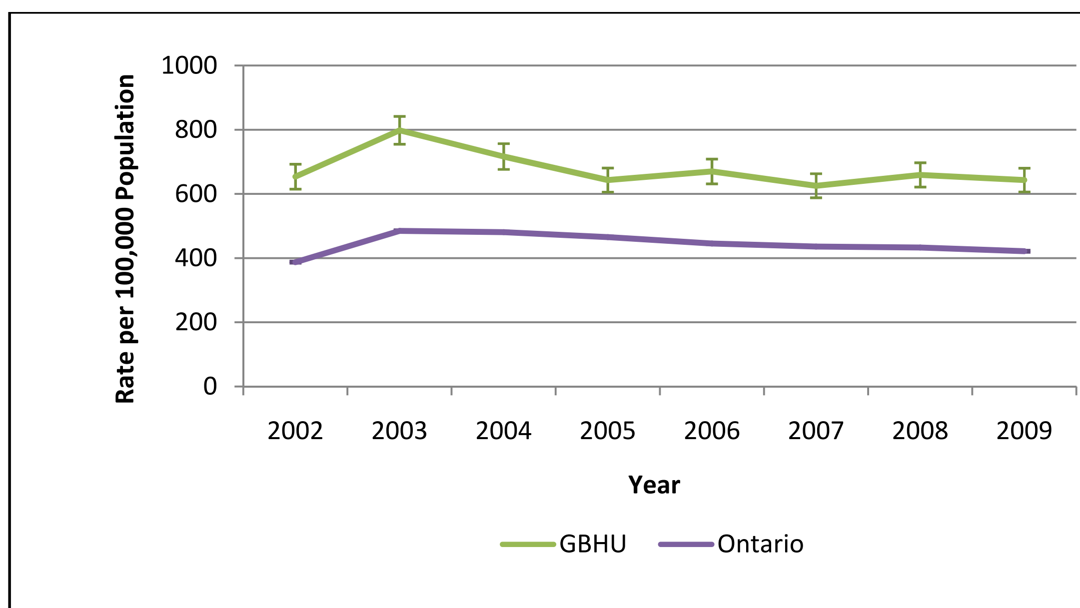
And yet, change is in the air. Over the past several years a change in attitudes has started around the serving and consumption of alcohol at both community events and licensed establishments. Service clubs, community organizers and business managers are looking for practical solutions to common problems that can occur when alcohol is consumed. Signage is being developed and posted to inform consumers of the rules and expectations. Security staff members are more visible, and more staff members are receiving training. Another change is that consumers are offered non-alcoholic drink options more often.

2.4.6 Unintentional Injury

Unintentional injuries are largely preventable injuries, and change in this indicator is a good measure of the effectiveness of injury prevention programs and the need for focus to be placed on the promotion of public health and safety behaviours (Leffley, 2010). This indicator includes a variety of different kinds of injury including, but not limited to, poisoning, suffocation, motor vehicle traffic crashes, and burns.

Figure 3 presents eight years of age-standardized data for unintentional injuries requiring hospitalization, from the years 2002 to 2009, for Grey Bruce and Ontario.

Figure 3: Age-standardized Rates of Unintentional Injury Hospitalizations



Sources: Discharge Abstract Database 1997-2009 Inpatient Discharge Data. IntelliHEALTH Ontario, Extracted 28 October 2010; Ontario Population Data 1986-2009 Ontario, Extracted 19 October 2010.

- Grey Bruce has about a 50% higher unintentional injury hospitalization rate than the corresponding Ontario rate for all years. The trend appears to be levelling off rather than falling.
- The main contributors to the rate of unintentional injury hospitalization for Grey Bruce are: falls, motor vehicle traffic crashes, and poisonings. The rates of falls and motor vehicle traffic crashes are statistically significantly higher than the corresponding provincial rates.
- The falls hospitalization rate in Grey Bruce, at approximately 350 per 100,000 population, is nearly 50% higher than the rate for Ontario.
- The motor vehicle traffic crash hospitalization rate in Grey Bruce, at approximately 65 per 100,000 population, is nearly twice the rate for Ontario.

In Grey Bruce, motor vehicle crashes are the number one preventable cause of injury and death in children and particularly youth. Motor vehicle collisions accounted for 79% of deaths among youth in Grey Bruce, which is 31% higher than both the provincial and national averages (Ministry of Health & Long Term Care, HELPS. 2000-2003 Vital Statistics).

Falls: Ages >65+ Years

Rates for hospitalizations due to falls for those aged 65 years and over are presented in Table 15. The rate for Grey Bruce is statistically significantly higher compared to the rates for both Southwestern Ontario and the province (Burns 2001).

Table 15: Rates of Hospitalization Due to Falls, Ages 65 Years+ (2001)

	# of Hospitalizations	Rate per 10,000 Population
Grey Bruce	636	234.7
South Western Ontario	4,213	193.7
Ontario	25,514	173.3

Source: Burns, D. Grey Bruce Health Unit, 2001

For those aged 65 years and older, the rate of hospitalization associated with injury from falls for Grey Bruce is 21% higher compared to the rate for Southwestern Ontario and is 35% higher than the province.

Working Together

Once a small, forgotten village belonging to two separate municipalities and divided by a major provincial highway, Allenford has shown what one community can do with an abundance of spirit, pride and vision. In 2007, the residents of Allenford brought together politicians and staff from the two municipal bodies to focus on the needs of the community and collaborate on improvements. Together they have started to address safety and security issues including deteriorating sidewalks, areas without sidewalks, the busy highway, poor lighting and playgrounds in disrepair. Their community pride shines with the beautification steps they have taken by putting in flower boxes, park benches, and welcoming signage. This is just the beginning as the community strives to create a healthier place for people of all ages to live, play and work.

2.4.7 Breastfeeding Behaviours

According to the WHO, "breastfeeding is the ideal way of providing young infants with the nutrients they need for healthy growth and development." Breast milk transmits a mother's antibodies to her baby, helping to protect the baby against infections and illness. Studies also suggest that breastfeeding may protect infants against allergies and respiratory infections, and may lower rates of type 2 diabetes later in a child's life. Additionally, breastfeeding forms a bond between a mother and her child that is thought to contribute to the healthy psychological development of a child. (MOHLTC, 2009)

In Grey Bruce, more than 4 out of 5 (80%) new mothers initiate breastfeeding with their infants which is consistent with rates for Canada, Ontario, and the peer group.

Although breastfeeding initiation rates are high, rates of breastfeeding for the minimum recommended duration are quite low for Canada and Ontario (and presumably Grey Bruce), at about 25%.

2.4.8 Overweight and Obesity

A healthy body weight is associated with good health. Excess weight can lead to: coronary artery disease; stroke; hypertension; colon cancer; post menopausal breast cancer; type 2 diabetes; gall bladder disease; and osteoarthritis. There are many contributing factors to obesity, including: over eating; low activity levels; genetics; body metabolism; socio-economic status; and psychological/emotional factors. (MOHLTC, 2009)

The rate of overweight and obesity in Grey Bruce is 61.5%, or about 3 in 5. This rate is significantly higher than that for Ontario and Canada (CCHS, 2007/08).

Overweight

The rate of overweight (BMI of 25 to less than 30) in Grey Bruce is 39%, or nearly 2 in 5 (see Table 16). This is significantly higher than that of Canada. It is not statistically different from that of Ontario or that of the peer group, nor is it different from previous years' estimates (CCHS, 2007/08).

Table 16: Percentage of Population Who Are Overweight

	2000/01	2003	2005	2007/08
Grey Bruce	38.8	35.3	34.5	39.1
ON	32.8	34.2	34.3	34.6
CAN	32.4	34.1	34.2	33.9
Peer Group	33.7	36.3	37.5	37.2

Obesity

The rate of obesity (BMI of 30 or greater) is 22%, or over 1 in 5 (Table 17). This is higher than Canada and Ontario, but not statistically significantly different compared to regions of similar demographics (peer group). As well, the rate does not differ significantly from rates for previous years, but rates are on the rise for Ontario, Canada and the peer group (CCHS, 2007/08).

Table 17: Percentage of Population Who Are Obese

	2000/01	2003	2005	2007/08
Grey Bruce	16.0	22.7	18.7	22.4
ON	14.7	15.2	15.5	17.0
CAN	14.5	15.3	15.8	17.0
Peer Group	16.0	20.6	20.7	20.4

The *Bluewater Nutrition Project* (Galloway, 2004) studied children's growth and nutrition in Grey Bruce. In the study sample, rates of overweight and obesity were high, and there was a significant gender difference in obesity prevalence.

- 18% of children were classified as overweight
- 11% of children were classified as obese
- Boys and girls were equally at risk of being overweight. However, boys rates of obesity (15%) were significantly higher than girls (7%)

Results of the study suggested that there may be cultural forces at work in Grey Bruce that emphasize large body size in boys. Boys tended to express a desire to be large and anxiety about being considered underweight or small. The result appears to be a population in which large numbers of school-aged children are overweight and at risk for poor health (Galloway, 2006).

2.4.9 Personal Health Behaviours

Physical Activity: Moderately Active or Active

> *Physical activity directly benefits a person's physical and mental health. People who are regularly physically active are less susceptible to a number of chronic health conditions. Evidence also suggests that regular physical activity can contribute to improved mental health* (MOHLTC, 2009). *Physical activity behaviours are often shaped by broad social and environmental factors including the location of housing, employment and other services, the design of transportation systems and the ease with which people can access places to be active* (Labonte, Muhajarine, Winguist & Quail, 2009).

The Grey Bruce rate of active or moderately active physical activity is 52% (Table 18). This means that the rate of *physical inactivity* in Grey Bruce is 48%, or nearly half of all people. These rates are not significantly different from the Ontario, peer group and Canada rates. An increase in physical activity levels since the 2000/01 rates is evident for Grey Bruce, Ontario and Canada.

Table 18: Percentage of Population Who Are Moderately Physically Active or Physically Active

	2000/01	2003	2005	2007/08
Grey Bruce	40.9	52.5	57.1	52.5
ON	42.6	51.4	52.9	49.8
CAN	42.6	51.8	52.2	50.5
Peer Group	45.3	54.2	52.2	50.6

Results of the *School Health Action, Planning and Evaluation System (SHAPES)* research show that although children in Grey Bruce understand the importance of being physically active, it is not reflected in their behavior.

- Fourteen percent (14%) of secondary school students in Grey Bruce report getting *no activity* either in school or outside of school.
- School opportunities for physical activity (physical education class, intramural activities, school sports) represent a significant amount of the activity that they do get.
- At least 1 in 4 students in Grey Bruce spend 3 or more hours daily in front of a television, computer screen or phone (Manske, 2008).

Spirit in Motion

How do you improve the behaviour of children on school playgrounds? Spirit in Motion *is one innovative approach taken by the Bruce Grey Catholic District School Board. In 2005, the school board started a program in which students from each elementary school took part in workshops to learn leadership skills and basic playground games. As peer mentors, these students then shared these skills with other students at their own schools. Using simple playground games such as rock-paper-scissors, skipping and four-square, kids are encouraged to get active, show leadership and resolve conflict. Peer leaders are shown how to include students who might not otherwise get involved, out of shyness or a feeling of being awkward. Over the years, the program has not only decreased bullying and increased participation in active play, but the children have learned skills that they can use at home and in their communities*

Influenza Vaccination

The rate of influenza vaccination in Grey Bruce (38.9%) is higher than that of Canada and that of the region's peer group. This is a positive finding, though the rate indicates that only two out of five people were vaccinated against influenza in the last year for the most recent two-year CCHS period. An estimated immunization rate of 70% is required to sufficiently protect the population from an influenza epidemic.

Fruit and Vegetable Intake

> *Research has shown that diets containing substantial and varied fruit and vegetables are associated with healthy weights, reduced risk of cardiovascular disease and may prevent certain types of cancer. Children who lack adequate fruit and vegetable consumption are significantly more likely to be overweight or obese compared to those who consume fruit and vegetables more frequently. Fruit and vegetable consumption is influenced by many factors, including: physical access within a community, food affordability, knowledge of healthy food choices and food skills.*
>
> *(MOHLTC, 2009)*

The rate of adequate fruit and vegetable intake (consuming five or more servings of fruits and vegetables per day) in Grey Bruce (45%, or about 4 in 9) is not significantly different from the rates for Ontario, the peer group or Canada, but is significantly higher than the rate for Grey Bruce in 2000/01 (Table 19). Similarly, the rates for Canada and Ontario have increased since 2000/01, which may indicate an overall improvement of nutrition practices in Canada.

Table 19: Percentage of Population Who Consume 5+ Servings of Fruits and Vegetables a Day

	2000/01	2003	2005	2007/08
Grey Bruce	34.8	47.0	N/A	44.7
ON	37.5	41.9	42.8	41.3
CAN	37.2	41.4	43.6	43.8
Peer Group	35.5	37.2	N/A	44.0

A study of Grey Bruce students in Grades 5-12 revealed that only 25% typically consume sufficient fruits and vegetables and 40% eat junk foods 4 or more times per day. Also, less than 50% of children are having breakfast each morning before school (Manske, 2008).

Let it Grow

What started as a small-group project for four young men coping with mental illness and on the brink of homelessness grew to become a community-wide program to support healthy eating, food security, mental health and addictions and employment. The aptly named Let it Grow *gardening project, an initiative of the Grey Bruce Branch of the Canadian Mental Health Association, provided participants with guidance and feedback as they planted seeds, applied compost, weeded and tended to the garden. In return for their participation, the gardeners received a small hourly incentive, job-coaching and a monetary bonus for completion of the project.*

In the second year, the program expanded to include six garden plots and 15 participants. Community support was vast, with an influx of money, materials and equipment from a variety of groups and organizations. Local police services even provided lights seized from grow ops to help the group start seedlings in the winter. Not only did the group gain new employment skills, they also reported new friendships and better overall health and well being. Some members were able to use their hourly incentives to buy bicycles to help them get to their work.

2.5 Determinants of Health and Health Inequities

The health of individuals and communities is significantly influenced by complex interactions between social and economic factors, the physical environment, and individual behaviours and living conditions. These factors are referred to as the determinants of health, and together they play a key role in determining the health status of the population as a whole. Determinants of health include the following (MOHLTC, 2009):

- Income and social status
- Education and literacy
- Employment
- Social environment and social support networks
- Physical environment
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture
- Language

2.5.1 Income and Social Status

> *Higher social and economic status is associated with better health. High income determines living conditions such as safe housing and the ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.* (PHAC, 2010)

This section provides a snapshot of income distribution across Grey Bruce. Information has been presented by municipality where available. Unfortunately, no information is available for Saugeen First Nation and Chippewas of Nawash First Nation due to insufficient data. However, local community leaders have identified that poverty is a significant concern within these two communities.

In 2005, the median income (after-tax) for families in Grey Bruce was $53,306 which is well below the provincial average of $59,377. Female led lone parent families in Grey Bruce are at the lowest income levels ($31,132) (Statistics Canada, 2006).

There is considerable variation in median income among the different municipalities in Grey Bruce. In Bruce County, the median income (after-tax) for men range from $38,097 in Saugeen Shores to $24,525 in Arran Elderslie. In Grey County, the median income (after-tax) for men range from $30,405 in Georgian Bluffs to $24,414 in Chatsworth (Table 20).

Table 20: Median income (after-tax) for Males 15 years and over – Bruce County and Grey County by Municipality, 2005

Bruce County Municipality	Median Income after tax ($)	Grey County Municipality	Median Income after-tax ($)
Ontario	30,182	Ontario	30,182
Bruce County	28,891	Grey County	26,371
Saugeen Shores	38,097	Georgian Bluffs	30,405
Kincardine	37,308	Southgate	29,505
Brockton	28,483	Blue Mountains	28,300
Huron-Kinloss	27,293	Hanover	27,010
South Bruce	25,696	West Grey	26,232
South Bruce Peninsula	25,162	Meaford	25,575
Northern Bruce Peninsula	24,912	Owen Sound	24,996
Arran-Elderslie	24,525	Grey Highlands	24,758
		Chatsworth	24,414

Source: Statistics Canada, 2006 Census

In Bruce County, the median income (after-tax) for women ranges from $18,756 in South Bruce to $16,147 in Kincardine. In Grey County, the median income (after-tax) for women ranges from $20,557 in Blue Mountains to $16,684 in Southgate (Table 21).

Table 21: Median income (after-tax) for Females 15 years and over – Bruce County and Grey County by Municipality, 2005

Bruce County Municipality	Median Income after-tax ($)	Grey County Municipality	Median Income after-tax ($)
Ontario	20,201	Ontario	20,201
Bruce County	17,282	Grey County	18,644
South Bruce	18,756	Blue Mountains	20,557
Brockton	18,130	Georgian Bluffs	20,239
Northern Bruce Peninsula	18,118	Grey Highlands	19,649
South Bruce Peninsula	17,705	Meaford	18,641
Saugeen Shores	17,407	West Grey	18,570
Huron-Kinloss	17,235	Owen Sound	18,332
Arran-Elderslie	16,660	Hanover	17,936
Kincardine	16,147	Chatsworth	17,747
		Southgate	16,684

Source: Statistics Canada, 2006 Census

Table 22 provides the social vulnerability index, by municipality, for Grey Bruce. Six percent (6%) of the Grey Bruce population have low income (after-tax), compared with Ontario at 11%, and 7% of children, under 18 years of age, are living in a low income household (after-tax) compared with Ontario at 14% (Statistics Canada, 2006). It is estimated that about 2,400 children and youth in Grey Bruce are living in poverty (GBCA, 2010).

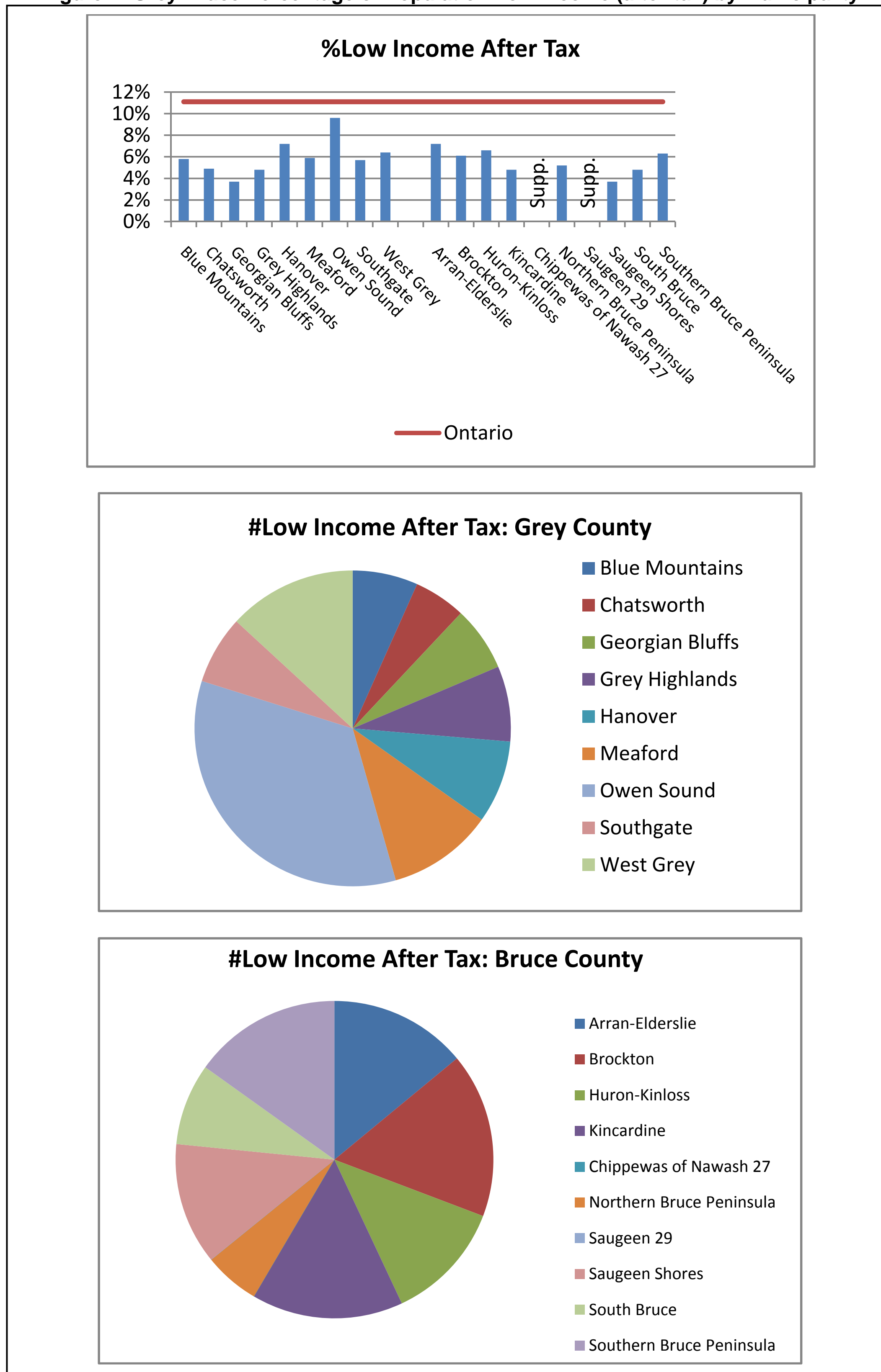
Table 22: Social Vulnerability Index by Municipality

	Total Population	Number of Children and Youth 0-19 years	% Unemployment	% All Persons Low Income (After-tax)	% Persons Less Than 18 Low Income (After-tax)	% Income from Gov't Transfer Payments	% 15+ without High-school Education	% Recent Immigrants	% Do Not Own Home	% Lived at Same Address 1 year Ago	% Lone Parent Families
Ontario			**6.4**	**11.1**	**13.7**	**9.8**	**22.24**	**4.83**	**28.81**	**86.6**	**15.8**
Grey	**92,411**	**21,805**	**5.2**	**6.5**	**7.8**	**14.2**	**28.36**	**0.51**	**27.52**	**88.19**	**11.9**
City of Owen Sound	32,259	7,425	6.1	7.6	10.4	15.1	27.26		30.26	86.26	14.52
Georgian Bluffs	10,506	2,420	4.9	3.7	3.4	11.0	24.21	0.24	7.2	90.94	5.61
Meaford	10,948	2,355	5.4	5.9	7.7	14.1	25.26	0.69	16.87	88.47	10.4
Town of the Blue Mountains	6,825	1,290	4.2	5.8	4.8	11.4	16.45	0.59	15.67	87.94	7.51
Chatsworth	6,392	1,660	5.4	4.9	5.4	15.3	31.02	0.16	7.59	90.06	10.8
West Grey	12,193	2,970	3.1	6.4	7.6	14.2	31.56	0.33	15.77	91.28	9.64
Hanover	7,147	1,585	5.2	7.2	10.1	16.4	34.76	0.29	34.81	84.12	14.29
Grey Highlands	9,480	2,345	5.6	4.8	5.0	13.1	29.17	0.37	12.89	89.16	11.56
Southgate	7,167	2,180	4.7	5.7	4.9	12.8	35.23	0.28	11.89	92.24	9.8
Bruce	**65349**	**15,245**	**5.3**	**5.4**	**5.7**	**12.2**	**27.55**	**0.59**	**17.3**	**90.06**	**10.02**
Northern Bruce Peninsula	3,850	640	8.9	5.2	2.7	19.4	26.74	0.79	11.27	86.84	4.18
South Bruce Peninsula	8,415	1,655	5.3	6.3	8.7	19.1	26.65	0.30	17.60	91.10	11.46
Saugeen Shores	11,720	2,425	6.7	3.7	5.4	8.5	19.94	1.04	17.89	88.76	11.05
Kincardine	11,173	2,460	4.9	4.8	4.5	9.1	21.60	1.22	18.15	89.61	9.39
Huron Kinloss	6,515	1,655	3.4	6.6	7.6	12.3	31.54	0.00	14.81	90.47	7.51
Arran-Elderslie	6,747	1,780	4.8	7.2	6.8	15.1	33.40	0.23	17.40	92.39	10.23
Brockton	9,641	2,435	4.1	6.1	5.2	12.1	32.63	0.16	19.14	89.71	10.85
South Bruce	5,939	1,745	2.9	4.8	3.9	12.3	35.39	0.59	17.63	91.06	7.53

Source: Statistics Canada, 2006 Census (As cited by GBCA, 2010)

About 9,200 people in Grey Bruce are living in poverty. The graphs in Figure 4 illustrate the level of poverty in Grey Bruce by municipality (Statistics Canada, 2006).

Figure 4: Grey Bruce Percentage of Population Low Income (after-tax) by Municipality



Source: Statistics Canada, 2006

Ontario offers income support programs for eligible residents, including Ontario Works, which are delivered by Grey County and Bruce County. In 2009, the average number of cases in Bruce County was 553 per month; Grey County was 1,252 (GBCA, 2010). These caseloads represent an increase when compared to the average cases in 2006, 2007 and 2008 as outlined in Table 23.

Table 23: Average Monthly Ontario Works Caseloads, 2006-2009

Year	Grey County	Bruce County
2009	1,252	553
2008	969	460
2007	873	460
2006	826	524

Sources: Bruce County Social Services and Grey County Social Services, January 2010 (As cited by Clarke & Barclay, 2010)

Ontario also offers the Ontario Disability Support Program (ODSP) which helps people with disabilities[1] in financial need pay for living expenses, like food and housing. The average number of cases receiving from the ODSP in Grey Bruce in 2007 was 3,326 per month. This increased to 3,441 per month in 2008 (Ontario Ministry of Community and Social Services, 2010, as cited by Clarke & Barclay, 2010).

The cost of food can be a barrier to health for many people on a limited income. The Nutritious Food Basket is a costing tool that is a measure of the cost of basic healthy eating based on Canada's current nutrition guidelines. The 2010 Nutritious Food Basket survey found that it costs $166.64 per week ($721.55 per month) to feed a family of four (two parents, two children) in Grey Bruce (Ontario $169.17 per week).

Housing

In 2006, over 80% of Grey Bruce dwellings were owned by their residents which is well above the provincial average of 71% (Statistics Canada, 2006).

The cost of housing is a concern for a significant proportion of the Grey Bruce population with 23% of residents spending 30% or more of their total household income on shelter (MOHLTC, 2009).

Rent-Geared-to-Income (RGI) Housing assistance is designed to that a qualified household can pay rent based on their income. In Grey Bruce, the number of households who qualify for this type of assistance far exceed the number of RGI Housing Units that are available.

- In 2009, there were 372 Rent-Geared-to-Income (RGI) Housing Units for families in Grey County, and 158 RGI Housing Units for families in Bruce County.
- Grey County also has 4 Affordable Housing Family Units and 8 Housing Allowance Family Units.
- An average of 279 families in Grey and Bruce Counties (Grey 224: Bruce 56) were on waiting lists for RGI housing during the period 2006 through 2008 (GBCA, 2010, p.4)

This lack of affordable housing makes homelessness a real challenge for some youth and families in Grey Bruce. The number of people who were homeless or at risk of homelessness,

[1] Person with a disability as defined under the Ontario Disability Support Program Act (see Glossary)

and accessed the YMCA Housing Support Program, has increased substantially. In 2006, 1,179 youth and adults accessed the service and by September 2009, 1,602 people had accessed the service, including 95 youth (GBCA, 2010, p.4).

2.5.2 Education & Literacy

> *Health status improves with level of education. Education is closely tied to socioeconomic status, and effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals and the community. It equips people with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances. It increases opportunities for job satisfaction and improves people's ability to access and understand information to keep them healthy*. (PHAC, 2010)

Grey Bruce offers a strong preschool, primary and secondary education system. There are two major school boards overseeing education throughout Grey and Bruce Counties. The Bluewater District School Board has a total of 53 schools and the Bruce Grey Catholic District School Board has a total of 14 schools. Conseil Scolaire de District Des Ecoles Catholique du Sud-Ouest operates École Saint-Dominique-Savio in Owen Sound and offer both elementary and secondary Catholic French Language education to Grey Bruce.

The Owen Sound campus of Georgian College of Applied Arts and Technology offers a full schedule of part-time and full-time college level programs. A satellite campus operates in Walkerton to address the needs of companies and individuals in Grey Bruce.

In Grey Bruce, among the population aged 25 to 64 years, 53% have completed some sort of post-secondary education, compared to the Ontario average of 61% (MHLTC, 2009). In other words, Grey Bruce has a significantly higher percentage of the population with less than high school education compared to Ontario for the 25 to 34 years and 35 to 64 years age groups (Table 24).

Table 24: Education - Percentage of Population with Less than High School

Age Category	Grey Bruce	Ontario
25 to 34	14.6%	8.7%
35 to 64	19.3%	15%

Source: Statistics Canada 2006

Although Grey Bruce has lower attainment levels in terms of college and university degrees, there is a higher proportion of apprenticeship or trades certificates, and of college and other non-university certificates obtained in Grey Bruce than in Ontario (Four County Labour Market Planning Board, 2010). This is reflected in the strong and continuing tradition of high skills levels in agriculture and construction.

2.5.3 Employment

> *People with secure employment and more control over their work circumstances are healthier and often live longer than those in more stressful or riskier work and activities. Paid work provides not only money, but also social connections and a sense of identity and purpose. Many Canadians (especially women) spend almost as many hours a day engaged in unpaid work, such as doing housework and caring for children or older relatives. When these two workloads are combined on an ongoing basis, and little or no support is offered, an individual's level of stress is bound to suffer. Unemployment, underemployment, and stressful or unsafe work are also associated with poorer health.* (PHAC, 2010)

Industries in Grey Bruce with the largest labour force (aged 15 years and older) are: agriculture and other resource-based industries; manufacturing; business services; retail trade; and health care and social services (Statistics Canada, 2006). The energy sector in Bruce County is a major source of employment as well as rock quarries.

Grey Bruce has a strong agricultural sector with livestock and crop production comprising the main farming activities. Grey County is the number one producer for hay, apples, sheep and lambs and the number two producer of cattle in all of Ontario. (County of Grey, 2010)

In 2006, the unemployment rate in Grey Bruce (5.3%) was well below the provincial rate of 6.4% (Statistics Canada, 2006). However, the downturn in the world-wide economy in 2008 and 2009 has affected the residents of Grey Bruce. Over the year, December 2007 to December 2008, the number of Grey Bruce residents receiving regular employment insurance as a result of unemployment rose by between 40-54% (GBCA, 2010, p.15).

Youth report that Grey Bruce lacks employment opportunities for their age group. Currently, the retail sector is the largest employer of teenagers while the accommodation and food service sector is the next biggest. Of note is that there is not enough opportunity within either sector to provide for all youth looking for part-time employment in Grey Bruce. (GBHU et al, 2007, as cited by Clarke & Barclay, 2010)

2.5.4 Social Networks and Environments

> *Support from families, friends and communities is associated with better health. The caring and respect that occurs in social support networks, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems. Some experts have concluded that the health effect of social relationships may be as important as established risk factors such as smoking, physical activity, obesity and high blood pressure. The importance of social support also extends to the broader community. Cohesive communities provide a supportive society that reduces or avoids many potential risks to good health.* (PHAC, 2010)

Results of the Grey Bruce Network Mapping initiative (November 2010) graphically illustrate the strong relationships that exist within the community. Further details of these results are discussed In Section 4.1.5

Dealing with Drugs: There's Strength in Numbers

Neighbouring communities in Southern Bruce and Grey Counties have decided to stand up to the growing problem of crystal methamphetamine in their communities. Over the past few years the destructive impact of the drug on the community has been noted by community members, politicians, organizations and agencies. The solution? The Grey/Bruce Crystal Meth Task Force was formed to develop a four-pronged approach to the issue, consisting of education, prevention and harm reduction, treatment, and enforcement and community safety. The Task Force is made up of representatives from various sectors and organizations that are impacted by and/or address substance use issues within Grey and Bruce Counties, including health, education and social service agencies, the criminal justice system, municipal government and local and provincial police services
One initiative of the group, "Meth Watch," mobilizes the community to make it more difficult to buy the products needed to make the drug.

2.5.5 Physical Environment

> *The physical environment is an important determinant of health. The quality of our air, water, food and soil; and factors related to housing and the design of communities and transportation systems can significantly influence our physical and psychological well-being.* (PHAC, 2010)

Air and Water Quality

Grey Bruce residents are fortunate to enjoy relatively good air and water quality. From 2003 to 2008, Grey Bruce experienced fewer smog advisories per year than the province (average of 5.3 in Grey Bruce vs. 9.5 in Ontario) (Air Quality Ontario, 2009 as cited by GBCA, 2010). However, Grey Bruce residents still experience the health impacts of smog. The Ontario Medical Association's Illness Cost of Air Pollution Model calculates the number of premature smog deaths that occur in a census area. In 2005, 93 premature smog related deaths were identified in Grey Bruce (Ontario Medical Association, 2008).

Safe drinking water is a major concern throughout Ontario. In Grey Bruce, residents obtain their drinking water from either private wells or municipal drinking water systems. Private wells are tested by their property owners and drinking water systems are monitored by the Grey Bruce Health Unit. If monitoring indicates a quality problem, it is referred to as an adverse water quality incident and residents are advised to boil their water before drinking/using it. Grey Bruce and Simcoe County are comparable in the number of small drinking water systems within their respective public health unit regions. In 2007, Grey Bruce had considerably fewer adverse water quality incidents (234) compared to Simcoe County (446) (MOHLTC, 2009, as cited by GBCA, 2010).

Recreation

All 17 lower-tier municipalities support recreation facilities and programs in some way depending on their levels of staffing and financial support. The PLAY in Bruce Grey physical activity strategy has engaged municipalities in providing or supporting a wider variety of affordable and accessible recreation activities. The promotion of tourism within Grey Bruce has

added to both summer and winter recreation opportunities surrounding our unique geographic features. Residents and visitors alike can access extensive trail networks, waterways, beaches, and forests for activities such as hiking, cycling, swimming, skiing and snowshoeing.

Vibrant Community Includes Everyone

The community of Southampton had a goal: To build a playground that is so inviting and exciting that it delights every *child who approaches.*

The Rotary Accessible Playground is designed to encourage exploration that will stimulate all the senses. All children, whether walking or riding in a wheelchair, are able to play on the unique structures. Children with disabilities now have the same opportunity for creativity, play and adventure as their peers. The Bruce Power Sensory Garden is designed to encourage full participation, from the irrigation system to the raised flower beds. The picnic shelter and accessible washroom ensure the whole family can enjoy this community destination.

Transportation

Transportation systems can significantly influence our physical and psychological well-being. Grey and Bruce counties are relatively isolated geographically which makes transportation challenging. Within Grey Bruce, the city of Owen Sound is the only community with a public transportation system.

Motorized vehicles are essential in Grey Bruce due to the large geographic area. This has created an auto-oriented culture where motorized vehicles are perceived as the principle mode of transportation to get to and from work, access retail and social services, and recreate. Eighty-eight percent of the Grey Bruce labour force drives to work either by car, truck, van or as a passenger (Statistics Canada, 2006) and the majority of children in Grey Bruce are driven to school by either bus or car (Manske, 2008). Our dependence on motorized vehicles will only continue to rise unless alternative means of transportation are developed and supported locally. Increasing and supporting opportunities for public and alternative transportation may decrease the number of motor vehicle crashes and increase people's physical activity levels (Grey Bruce Health Unit, 2009).

Not all Grey Bruce residents have access to a vehicle. Those with the financial means to own and operate a personal vehicle are only able to drive temporarily on the basis of age and financial, physical and cognitive ability (Grey Bruce Health Unit, 2009). Soaring fuel costs and other related motor vehicle expenses make it difficult for some to afford independent transportation.

With few other transportation options, the expense of operating a motor vehicle may force people with lower incomes to spend large proportions of their budget on transportation leaving little left over for healthy food choices, educational opportunities, and other essentials of daily living. For other families, it may mean limited, or no, access to a vehicle. These individuals may become isolated and have limited access to social services and programs that they need (Grey Bruce Health Unit, 2009).

2.5.6 Personal Health Practices and Coping Skills

> *Personal Health Practices and Coping Skills refers to those actions by which individuals can prevent diseases and promote self-care, cope with challenges, and develop self-resilience, solve problems and make choices that enhance health. This includes not only individual choices, but also the influence of social, economic, and environmental factors on the decisions people make about their health. Personal life choices are greatly influenced by the environments in which people live, learn, work and play.* (PHAC, 2010)

Grey Bruce has been a leader in developing a strategy to support self-management of chronic diseases. Community partners have worked together to build the capacity within their organization and the community to ensure access to self-management focused programming. However, partners also recognize that a supportive environment is essential for behaviour change.

A Food Revolution

Lanny Watters, Nutrition and Hospitality teacher at Georgian Bay Secondary School (GBSS), has been a food revolutionary right from the start, always looking for new ways to encourage students to make healthy food choices. Early changes to the school cafeteria included things as simple as moving French fries to the far end of the steam table, offering vegetarian choices, moving from white to whole wheat grain choices, providing more vegetables with meals, and offering a greater selection of fresh fruit. Later, Lanny and his students opened "The Bistro", a little cafe off the side of the cafeteria that catered to staff and community members. Today there is no deep fryer at all; the students use a variety of other cooking methods such as grilling, baking, or roasting to cook up nutritious and tasty meals.

While Lanny has won awards for being a "champion" for healthy food choices, he credits the students as the key to success. "I truly believe that by allowing the students to be part of this change to healthier choices, it will have a lasting effect. It may cost a little more initially, but it will benefit everyone who makes the change along with us. And it will last generations."

2.5.7 Healthy Child Development

> *Experiences from conception to age six have the most important influence of any time in the life cycle on brain development. Early child development is largely affected by the other determinants of health. For example, a child's development is greatly affected by his or her housing and neighbourhood, family income and level of parents' education, access to nutritious foods, etc. A low weight at birth links with problems not just during childhood, but also in adulthood. Research shows a strong relationship between income level of the mother and the baby's birth weight. Factors such as coping skills and sense of control over life circumstances also come into play. (PHAC, 2010)*

Teen Fertility Rate

High fertility rates in adolescents are associated with low birth weight, preterm birth, and increased infant morbidity and mortality. The teen fertility rate (women aged 15-19 years) in Grey Bruce has declined since 2001. In general, teen fertility rates in Grey Bruce tend to be slightly lower than the Ontario rate (Leffley, 2007).

Low Birth Weight

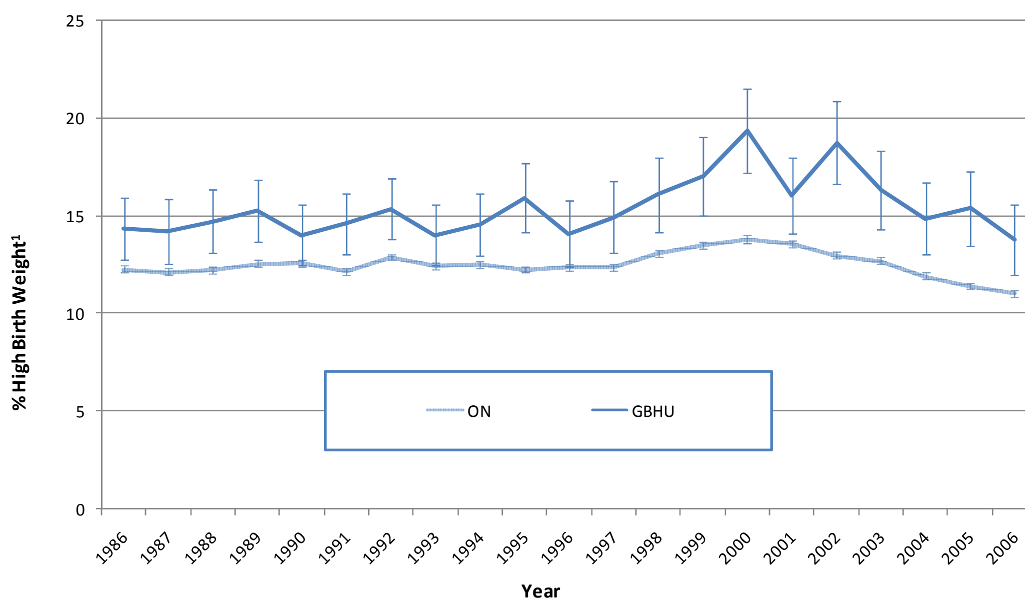
Low birth weight infants are defined as infants weighing 2500 grams or less at the time of birth. Low birth weight is a main determinant of infant morbidity and mortality and the negative effects of low birth weight may be lifelong. Low birth weights for Grey Bruce and Ontario have remained relatively stable. Between 2000 and 2003 in Grey Bruce, an average of 5.7% of all live births were considered low birth weight (Leffley, 2007).

High Birth Weight

High birth weight (HBW) infants are defined as weighing over 4000 grams at the time of birth. Both short and long-term health outcomes are associated with HBW infants. Some of the risk factors associated with HBW infants are genetic factors such as maternal height, ethnicity and infant sex. There are many environmental factors associated with HBW babies, including maternal socioeconomic status, maternal education, maternal diabetes status and maternal age. Two environmental risk factors that are the most easily modifiable include maternal pre-pregnancy body mass index and gestational weight gain. Long-term health outcomes for HBW babies can include diabetes, certain types of cancer and an increased risk of childhood and adult obesity.

Figure 5 shows that the HBW rate in Grey Bruce is significantly higher than the HBW rate in Ontario. The increased risk of HBW infants with increasing maternal age is apparent in the Grey Bruce and Ontario data.

Figure 5: Incidence of High Birth Weight, Grey Bruce and Ontario Rates



1. High Birth Weight is defined using the APHEO definition as newborns weighing more than 4000g.
Source: Ontario Live Birth Data, 1986 – 2006. Ontario Ministry of Health and Long-term Care, IntelliHEALTH Ontario, Extracted 3 August 2010.

The Grey Bruce Canada Prenatal Nutrition Program "Healthy Beginnings" established in 1996 along with the *Healthy Babies Healthy Children* program, and *Let's Grow* (an integrated services network) have a long-standing history of working together. These programs and initiatives support the most vulnerable families within Grey Bruce to have the opportunity to make choices that will allow them to live a long and healthy life.

2.5.8 Biology and Genetic Endowment

Genetic endowment appears to predispose certain individuals to particular diseases or health problems. However, it is also important to consider how socioeconomic and environmental factors impact overall health.

2.5.9 Health Services

> *Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health. The health services continuum of care includes treatment and secondary prevention. (PHAC, 2010)*

The South West Local Health Integration Network (SW LHIN) is responsible for the planning, integration and funding of health service providers in Grey Bruce including hospitals, long-term care homes, mental health and addictions agencies, community support services, community health centres, and the South West Community Care Access Centre (CCAC).

There are three hospital corporations in Grey Bruce (Grey Bruce Health Services, South Bruce Grey Health Centre and Hanover & District Hospital) with a combined 11 sites across the two Counties.

There are also four Family Health Teams in Grey Bruce (Sauble Beach, Owen Sound, Brockton, and Peninsula) that provide a wide array of services to clients including health promotion and prevention services. A community health centre is under development for the area of South East Grey. The main site will be in Markdale with outreach to Flesherton and Dundalk areas. Future Family Health Teams are currently being developed in Kincardine and Hanover.

Five mental health teams are set up across Grey Bruce under the partnership of HOPE Mental Health & Addiction Services, Grey Bruce Canadian Mental Health Association, and Grey Bruce Health Services. Locations are Owen Sound, Markdale, Wiarton, Hanover, and the Shoreline. About 40 pharmacies exist with Grey Bruce, pharmacists are playing an increasingly important role in the prevention of substance misuse, harm reduction, and tobacco cessation.

The distance to obtain services is an issue for many areas within Grey Bruce as each hospital offers different services with the main hospital sites in Owen Sound, Walkerton, and Hanover. For more intensive treatment, patients are often required to travel to London. Home and Community Support Services offers several services across the region including: Movin'GB Medical Transportation, Volunteer transportation, Meals on Wheels, and the Day Away program for adults with Alzheimer's disease.

Health Service Utilization

Nearly 9 in 10 people in Grey Bruce (87%) reported having a regular medical doctor, which was not significantly different from Ontario, the peer group or Canada, nor was it significantly different from previous years' rates. However, only 74% of people in Grey Bruce (or 3 in 4) had contact with an MD in the past 12 months, which was lower than the Ontario and Canadian rates (McFarland & Leffley, 2010).

Health Is What We Are All About

Hospitals are a key part of our health care system, providing access to medical help when it is needed. But one hospital in Grey Bruce has taken up a larger role in promoting health and well-being for the community.

Hanover and District Hospital has become a leader in promoting healthy lifestyles in their workplace and for the community. Over the past few years, the hospital has set up numerous policies and programs to encourage healthy eating, physical activity, and a positive attitude. The Hanover hospital cafeteria is the only one in Grey Bruce to serve nothing but healthy food choices. Hospital staff members are given the message that their health matters, through events, policies and awards programs. And it shows in the way hospital staff members have committed to the vision; a 1.5 km fit-trail on hospital property was completely built and financed by staff, their families and local service groups.

The Hanover and District Hospital has received awards over the past two years for its innovation and commitment to a healthy workplace and overall community well-being. The hospital accepts its responsibility for encouraging healthy lifestyles for staff and to be a role model for the community. After all, "health, safety and wellness are what we are all about!"

2.5.10 Gender

Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Many health issues are a function of gender-based social status or roles (PHAC, 2010).

2.5.11 Culture and Language

> *Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values. This contributes to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services. (PHAC, 2010)*

As noted in Section 2.3.2, there are several Mennonite and Amish communities within Grey Bruce. There are also two First Nations Reserves located in Bruce County and over 100 families within the Métis Nation of Ontario who reside in Grey Bruce. Overall within Canada, First Nations, Inuit and Métis families disproportionately experience social and economic circumstances that threaten their health and well-being (PHAC, 2010). Furthermore, the rural nature of Grey Bruce adds to the experience of isolation for culturally diverse families (GBCA, 2010).

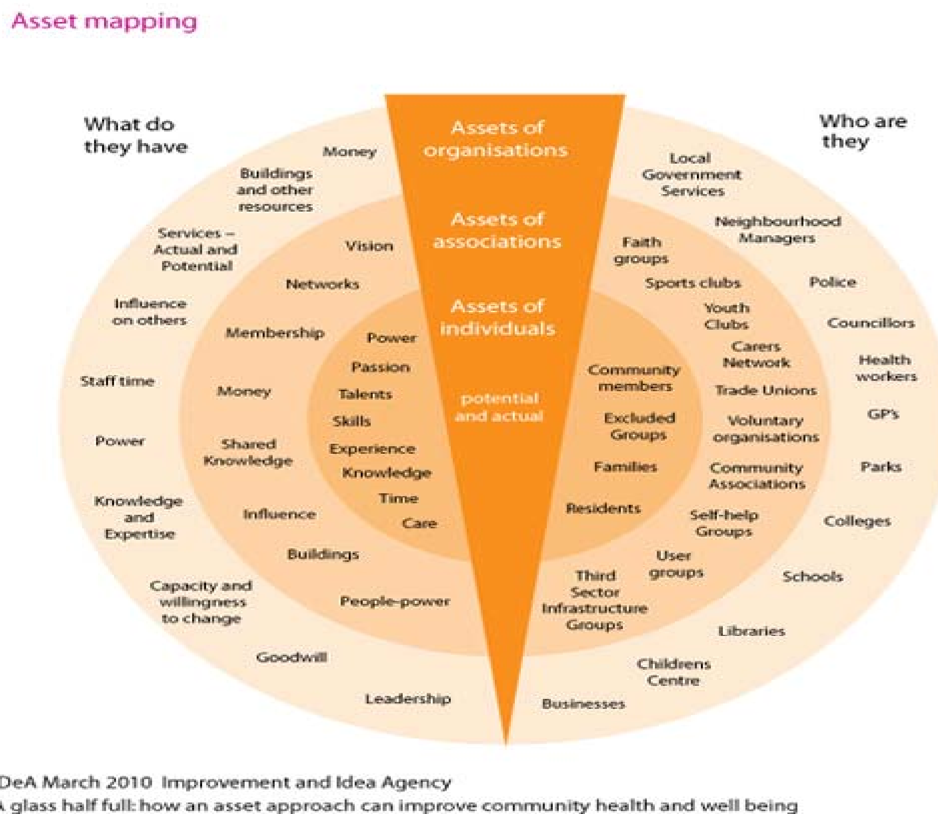
Almost all residents speak English at home and less than 1% of the population speaks French as their mother tongue (Statistics Canada, 2006). In Bruce County, Ojibway is the third most prevalent mother tongue language spoken other than English and French (Ontario Trillium Foundation, 2008).

2.6 Community Assets

2.6.1 Assets, Resources, Services and Supports available in Grey Bruce

Grey Bruce is considered a leader in terms of interconnections between preexisting and newly forming networks. The community has a tremendous supply of assets and resources and a history of utilizing these assets to build the community and solve problems. The strong collective power stems from the resources, skills and talents of individuals, associations and organizations. The Network Mapping activity (Section 4.1.5) revealed that Grey Bruce has an exemplary level of connectedness within and between organizations, associations and individuals. Figure 6, shows the variety of community assets that make up the inventory of resources, skills and talents integral to strengthening the community and improving health and well-being. The majority, if not all, of the organizational, association and individual assets captured in the Community Asset Map were demonstrated to be well-linked to the Healthy Communities Partnership and therefore present tremendous opportunity for continued and future collaboration.

Figure 6: Community Asset Map



Although not captured in the Community Asset Map, valuable cultural, economic, and physical assets make Grey Bruce a vibrant community in which to live, work, learn and play. Cultural assets contribute to the strong sense of community. The area is recognized for its cultural talents and skills including, music, arts and agriculture and celebrates these assets through a variety of related events and festivals.

Although the geographic make-up of Grey Bruce often presents challenges (e.g., transportation) that can impact the health and well-being of residents, there is a strong sense of pride and appreciation of the value and potential of these geographic features, making them invaluable assets to the community.

For a comprehensive and up-to-date listing of the various organizations and associations serving people across Grey Bruce, visit www.thehealthline.ca, www.211greycounty.ca, or www.211brucecounty.ca.

2.6.2 Strategies/Plans in Grey Bruce that Relate to Healthy Communities

Ontario Public Health Standards

Public Health is responsible for implementing the Ontario Public Health Standards (OPHS).

The OPHS requires Public Health to work in partnerships and to collaborate to achieve the Board of Health outcomes and broad societal outcomes. Program standards exist for chronic disease and injury prevention, family health, infectious disease, environmental health, and emergency preparedness. The standards are supported by the requirement for population health assessment, surveillance, research and knowledge exchange, and program evaluation. The basis for public health practice lies in the principals of need, impact, capacity, partnership and collaboration. The provincial priorities for Healthy Communities, complements the OPHS.

South West Local Health Integration Network (LHIN) Vision for the Local Health Care System & Health System Design Blueprint

The vision of the South West LHIN is "a health care system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren" (SW LHIN, 2010). This vision was created to support our illness care system but also seems to reflect the philosophy of health promotion by highlighting the need to keep people well, now and in the future. The Health System Blueprint discusses the need for developing collaborative partnerships across the health sector, enabling local communities to support health, and enabling people to manage their own health. The South West LHIN vision and Blueprint supports the concept of community-based health promotion. As the implementation strategies evolve there will be opportunities to work with the LHIN on health promotion and policy development.

Upper and Lower-Tier Official Plans, Master Plans, and Bylaws

Upper and lower-tier municipalities in Grey Bruce have Official and Master Plans that guide the future economic, social and land use changes within each community. These plans and the policies within municipalities play a critical role in developing healthy communities. "Land use decisions and the way communities are designed have multiple impacts on people's lives, from how people get around to how they interact with their neighbours. The physical form of a community can impact its vitality, define its character and shape its ability to attract business and residents. It can also affect the overall physical and mental health of the people who live there" (Simcoe Muskoka District Health Unit, 2010). A review of local plans and bylaws is needed in each community to assess what policies currently exist and areas where policies can be strengthened to help build a healthy community.

Public Health Strategic Plan, 2009

The strategic planning session for Grey Bruce Public Health held in June 2009, identified seven strategic priority areas for action: obesity, employment/income, education and literacy, transportation and physical access, substance misuse, injury prevention, and the built and natural environment.

Profile of Child, Youth and Family Health in Grey and Bruce Counties, Grey Bruce Children's Alliance, April 2010

This profile brings together statistics and research findings about children, youth and families in Grey and Bruce Counties and their health to guide comprehensive planning across the complex mix of services for these populations.
The report identifies areas of strength and vulnerability for children, youth and families and the following opportunities for action:

- Effectively support families with low socio-economic status (poverty)
- Enhance capacity to offer inclusive, culturally appropriate services for families
- Enhance prenatal education regarding healthy birth weight
- Initiate active monitoring and health screening of high birth weight babies as they grow and develop
- Enhance prenatal education regarding the effects of drinking during pregnancy
- Enhance the services to support children and youth with Fetal Alcohol Spectrum Disorder (FASD)
- Examine the data suggesting there are a higher proportion of families at risk in Grey Bruce compared to what could be expected given the Ministry of Children and Youth Services standard
- Monitor readiness for school
- Update local data on the prevalence of injuries from falls and motor vehicle crashes
- Enhance education and awareness activities/programs related to: injury prevention, environmental health, healthy eating and physical activity, and child and youth mental health services (GBCA, 2010).

2.7 Community Contexts

2.7.1 Policy Context Grey Bruce

There are a variety of bylaws, regulations, standards and codes of practice that protect and promote the health and well-being of residents in Grey Bruce. Upper and lower-tier municipalities in Grey Bruce have Official and Master Plans that guide the future economic, social and land use changes within each community. Other organizations, schools, and workplaces also have a variety of policies that impact on health. The 2009 Ontario Heart Health Network (OHHN) Collaborative Policy Scan (Section 2.7.2), generated a baseline inventory of policies existing within upper and lower-tier municipalities, school boards and hospitals. There were, however, a number of limitations to this process which emphasizes the need for a more comprehensive policy scan and a process for continuing to gather up-to-date policy information.

Much of the work that has been done so far within the Healthy Communities approach (i.e., Healthy Communities Conference, Campaign, and Partnership), as well as past and current work with municipalities, planners, recreation partners, FOCUS, etc., has increased the level of awareness and readiness for healthy public policy work within all communities. However, the level of readiness for policy change varies by municipality and their varying levels of community resources. The Geographic Team approach within the Grey Bruce Health Unit supports this reality and allows each community to move forward based on their unique community issues and individual level of readiness.

2.7.2 OHHN Collaborative Policy Scan for Grey Bruce

The Ontario Heart Health Network (OHHN): Collaborative Policy Scan project began in November 2008 as a result of a large membership discussion in November 2008. As mentioned previously, Heart Health community partnerships knew the emphasis moving forward would be on policy development. The OHHN saw the policy scan as a first step to undertake local policy development within and between community partnerships.

The methodology for carrying out the policy scan took up the most part of 2009 and the actual data collection occurred between October and December 2009. The scan for policies reviewed Ontario communities in:

- Five topic areas:
    - Access to nutritious foods
    - Access to recreation and physical activity
    - Active transportation and the built environment
    - Prevention of alcohol misuse
    - Prevention of tobacco use and exposure
- Across three sectors:
    - Government (district/region; county; municipality; township)
    - Education (school board)
    - Health care: hospitals as a worksite

Limitations of OHHN Collaborative Policy Scan

Several limitations exist within the OHHN Collaborative Policy Scan including the lack of information often available on municipal websites, only a count of the policies rather than the collection of the policies, and limited topic areas reviewed (i.e. no information on mental health, substance, or injury prevention). The comprehensiveness and accuracy of the scan is limited by factors including, differing terminology used to define policies and the variation in response rates. A major weakness of the Policy Scan is that it is only reflective of the point in time at which the scan was completed, therefore some of the information captured is already outdated or has changed at the local level. As a result of these limitations, it is recommended that a process be developed to continue to gather and update local policy information to supplement the information found in the OHHN Collaborative Policy Scan

Results of the OHHN Collaborative Policy Scan for Grey Bruce

The OHHN Collaborative Policy Scan in Grey Bruce involved data collection and reporting for two (2) upper tier municipalities, 17 lower tier municipalities, two (2) school boards, and 11 hospitals. Summary reports were generated for Government within Grey County, Government within Bruce County, and Government, School Boards, and Hospitals within the GBPIH catchment area. The data gathered generated a baseline inventory of policies that exist at the provincial level based on local data. For a copy of the full report please contact the Grey Bruce Health Unit. Table 25 provides a summary of the policy trends that emerged within Grey Bruce.

In addition to the policies identified by the OHHN Collaborative Policy Scan, a number of other policies were identified through the Environmental Scan process. See Appendix H for a list of policies provided anecdotally from community partners and key stakeholders.

Table 25: OHHN Collaborative Policy Scan Results for Grey Bruce, 2009

Setting	Policy Area	Policies found electronically during time of OHHN Collaborative Policy Scan	No policies found electronically during time of OHHN Collaborative Policy Scan
Local Government	**Access to Nutritious Foods**	1-5 Policies Found • Vending machine/concession stands • Local sustainable agriculture/Farmers Markets 6-10 Policies Found • Support for healthy food access maps	• Restricting advertising of unhealthy food products to children • Community gardens • Support breastfeeding at municipally owned facilities • Committees/food charter/welfare supplements to address access to nutritious food
	Access to Recreation & Physical Activity	1-5 Policies Found • Access to government recreation & sport • Address lack of open space in apartment complexes & multi-unit dwellings • Parks/Recreation Master Plans	• Vacant lots
	Active Transportation and the Built Environment	1-5 Policies Found • Active transportation/physical activity policies within official plan • Transportation demand management plan 11-18 Policies Found • Official plans	
	Prevention of Alcohol Misuse	6-10 Policies Found • Safer bars training 11-18 Policies Found • Prevent service to minors beyond provincial req. • Municipal Alcohol Policy	• Outlet density • Public documents on fines/penalties to licensed premises
	Prevention of Tobacco Use & Exposure	1-5 Policies Found • Prohibit tobacco use in outdoor spaces e.g. TFSR • Public entrances & exits • Smoke free multi-unit dwellings	

Table 26 Continued: OHHN Collaborative Policy Scan Results for Grey Bruce, 2009

Setting	Policy Area	Policies found electronically during time of OHHN Collaborative Policy Scan	No policies found electronically during time of OHHN Collaborative Policy Scan
School Boards	**Access to Nutritious Food**	• Healthy foods for breakfast/lunch/snack program	• Vending machines/cafeterias beyond provincial • Healthy foods at meetings & for/at fundraising
	Access to Recreation & Physical Activity	• Mixed use of school grounds	• Reduce sedentary screen time • Active transportation policies
	Prevention of Alcohol & Tobacco Use	• Alcohol prevention programs • Tobacco free sports and recreation off school site	
Hospitals as a Worksite	**Access to Nutritious Food**	• Healthy foods in vending/cafeteria/meetings/ fundraising	
	Access to Recreation & Physical Activity	• Support staff in active recreation	• Support active recreation while at work • Active transportation to work
	Prevention of Alcohol & Tobacco Use	• Cessation support/treatment for staff • Alcohol prevention programs through EAP	• Smoke free grounds

2.7.3 Local, Regional and Provincial Strategies that will Further Partnership Work

Current community mobilization initiatives intersecting with Healthy Communities Ontario

- Tobacco Free Sport & Recreation policy within sport organizations
- Smoke Free Outdoor Spaces within municipalities
- Towards a culture of low risk drinking in Grey and Bruce
- Ottawa Model for Smoking Cessation – Hospital model & community approach
- South West LHIN Aging at Home Strategy – Grey Bruce Falls Prevention and Intervention Program
- PLAY in Bruce Grey
- Ministry of Education Policy/Program Memorandum 150 Food & Beverage Policy
- Youth Health Council

Ontario Chronic Disease Prevention Alliance (OCDPA)

The *Ontario Chronic Disease Prevention Alliance (OCDPA)* has provided a "common messages" document that highlights provincial priorities for action that, if embraced by all community and health practitioners, will lead to significant improvements in chronic disease prevention. Strategies must address multiple risk factors, across the lifespan, in multiple setting, promote healthy social and physical environments, and integrate the social determinants of health. The following are risk factor specific priorities:

- Tobacco: sustain the provision of comprehensive tobacco control programs that include protection, prevention, and cessation activities through adequate financial investment within a coherent provincial structure
- Alcohol: eliminate the marketing and promotion of high-risk drinking in Ontario
- Healthy eating: ensure access to adequate, nutritious, safe and culturally appropriate foods for all Ontarians
- Mental health: create the conditions necessary for good mental health
- Physical activity: foster action that support and encourages active living and physical activity.

Heart and Stroke Foundation of Ontario "Spark Together for Healthy Kids"

The *Heart and Stroke Foundation of Ontario* released its "Spark Together for Healthy Kids" campaign. The campaign strategies include advocacy, social marketing and community engagement through its advocacy grants. The strategy focuses on affordability and accessibility to adequate, nutritious, safe and culturally appropriate foods and affordability and accessibility to active living and physical activity opportunities.

3.0 Community Consultation and Engagement

Community engagement through information, consultation and collaboration has been integral to the process of developing the Community Picture and the Grey Bruce Health Communities Partnership.

Engaging Policy Makers

A rural model has been evolving in Grey Bruce that aligns Public Health with municipal leaders in all 17 municipalities. Medical Officer of Health, Dr. Hazel Lynn, and staff are taking leadership roles in establishing relationships with both upper and lower tier municipal councils in order to influence policy and decision making with respect to the health of the community. During presentations to councils, community health status information is shared, healthy public policies are highlighted, and decision makers have the opportunity to engage in a discussion regarding the impact of their decisions on the health of the community. In addition, Public Health Community Teams are developing liaisons with municipal staff, political leaders, and a variety of community leaders within their geographical area.

Healthy Communities Conference

On May 11th and 12th, 2010 the Grey Bruce Healthy Communities Conference: *Creating Community Capacity Through Awareness Building and Partnerships* was held as the official launch of the Healthy Communities Ontario strategy in Grey Bruce. Keynote speaker the Honourable Margarett Best, Minister of Health Promotion and Sport, opened the conference at a dinner and reception, at the Grey Bruce Health Unit on the evening of May 11th. Minister Best shared her vision of the province's Healthy Communities initiative.

The full conference, at the Bayshore Community Centre in Owen Sound, on May 12th, presented a daylong series of presentations and sessions exploring strategies toward healthy community engagement and sustainability. Through twenty-two diverse speakers, presentations and workshops the conference raised awareness on healthy community development; supported community action plans to enhance health; and fostered partnerships for healthy community development. The conference examined the roles of various government and non-government sectors in developing healthy communities within the unique rural and small urban context of Grey Bruce. It provided the opportunity to pool knowledge, skills, and energies to discuss how the community can work together to:

- Produce healthy environments and local public policy
- Ensure our communities support people at highest risk for poor health
- Use a shared decision-making model for community planning and community mobilization initiatives
- Support community leaders in being champions for health promotion

The *Healthy Communities Conference* attracted over 200 participants including, but not limited to, municipal and community leaders, land use planners, educators, business, industry, health and social service sectors and community members.

Healthy Communities Campaign

"I want to be part of a healthy community!" was the theme of a social marketing campaign launched by the Grey Bruce Health Unit in the fall of 2010. Based on a model first developed in Sudbury District, the campaign sought to increase awareness of and to encourage individuals, municipalities, organizations and businesses to work toward building a healthy community.

Direct mail, posters, cards, newspaper, radio, television and social media messaging were employed to support community members to recognize the various facets of what makes a healthy community. The campaign aimed to empower individuals and communities toward positive change. Community members were urged to "speak up" to their community leaders to make healthy communities a priority and to influence healthy public policy.

The campaign laid the foundation for future promotions that will target specific components of a healthy community. Key messaging in 2011 will focus on walkability and active transportation.

Social Media

Social media continues to be utilized to promote Healthy Communities messaging. An official Facebook page called *Grey Bruce Gets Healthy* was created to reach a segment of the population not typically reached through more traditional media channels. Visitors to the Facebook page are able to access various links including the latest document released by the Grey Bruce Health Unit highlighting the most up-to-date health trends in Grey Bruce. *Grey Bruce Gets Healthy* also encourages an open dialogue through its discussion page which asks questions such as "How could your community be healthier?"

Engaging Priority Populations

Although less than 1% of the Grey Bruce population self identifies as being francophone (Statistics Canada, 2006), they make up a vibrant component of the community. Conversations have been initiated with parents whose children participate in the francophone school system at L'École St-Dominique-Savio. A formal presentation regarding the Healthy Communities initiative is planned for 2011.

What Does it Mean to Be Healthy? Using *Photovoice* to Capture Perceived Barriers and Facilitators to Being Healthy in Grey Bruce.

A deep understanding of health issues, and how the community perceives and experiences health, comes from using a mix of data collection methods and participatory approaches. In order to gain this deeper understanding, a community-based participatory research project has been undertaken to capture the experiences of priority populations in Grey Bruce. This method of data collection "makes room for the stories which individuals and communities tell about their everyday experiences of health and legitimizes them as being as important to our understanding of health as statistics" (Roberston, 1998, p. 159).

Photovoice is being used to capture the experiences of Aboriginal Youth in Grey Bruce. The role of the project is to engage the youth in *what is* (the needs, resources, and constraints within their present community) and *what could be* (the community they envision). The participants

are considered experts of their own experiences and are using photography and comments about their photos to describe their everyday lives in terms of how they perceive and experience barriers and facilitators to the six Healthy Communities priority areas. The use of *Photovoice* as a means to engage communities and inform the work of the Healthy Communities Partnership is envisioned to be an ongoing process.

4.0 Partnership Development

4.1 Overview of Partnership Development Activities

A Healthy Communities Partnership has been evolving within Grey Bruce for the last several years. A rural model is being created that has a regional Grey Bruce level of activity and yet is grounded by direct links with each of the 17 municipalities. In 2009, community members and organizations joined Public Health staff to support the development of a Public Health strategic plan and initiated a discussion to identify community priorities. In the spring of 2010, Grey Bruce community partners presented a Healthy Communities conference which set the stage for developing a Grey Bruce Healthy Communities Partnership. The goal of this partnership stream is to shift from a traditional policy making process towards a horizontal (cross-sector) policy making process that engages the community in setting priorities, decision making, and reviewing and assessing results.

4.1.2 Including Appropriate Partners

Potential partners were identified using a "Top 100 Partner" exercise conducted with a public health transition committee for Healthy Communities. A shorter list of key partners was established considering the influence of each partner in his/her sector/organization, the likelihood of that partner being able to participate, and the ability to contribute to the vision of Healthy Communities Partnership. Partners were then contacted by Public Health to attend the May 2010 Healthy Community Conference followed by a June 2010 Key Stakeholder Meeting.

To support the development of the Healthy Communities Partnership proposal the June 2010 Stakeholder Meeting met the following objectives:

1. To inform key community leaders about the new Healthy Communities Framework, specifically the Partnership stream
2. To be informed by key community leaders about opportunities and potential concerns for the Grey Bruce Healthy Communities Partnership
3. To gain affirmation of the approach and commitment to engage

Community citizens and decision makers hold monthly conversations to foster the development of the Partnership. Membership continues to evolve. To support the engagement process of the broader community a status report was prepared and circulated during January 2011 (Appendix I).

4.1.3 Building an Efficient and Effective Grey Bruce Model

We are fortunate that Grey Bruce has a strong history of collaboration and partnership development for program delivery and system development. Grey Bruce has an array of partnerships and coalitions that are broad based and have cross-sector representation. The Healthy Communities model will build on these assets and create opportunities for partnerships and coalitions to work together to support policy development. It will also ensure communities and citizens are engaged process of policy development.

Grey Bruce Community Picture

As part of the network mapping process (Section 4.1.5) community partners were asked the following question: How would you describe your current involvement in policy development? This could be in your community, region, municipality, workplace, school, province, etc. (Very involved, Somewhat Involved, Not Involved)

Policy is defined as:

- A principle, value or course of action that guides present and future decision making;
- Can be implemented in a variety of settings, such as schools, worksites and the community;
- Can be formal or informal, but it should specify expectations, regulations and guides to action;
- Can provide equitable access to determinants of health such as income, housing, and education; and
- Can have consequence for non-compliance and some method of enforcement.

(OHHN, 2007)

The results of this question indicated that partners have a strong interest in working on policy. Only one respondent said he/she was uninterested. All others, whether they are currently involved in policy or not, indicated that they were at least somewhat interested in policy work. Nearly half said they were very interested.

Grey Bruce is developing an asset based approach. Health assets have been defined as "any factors or resources which enhance the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses" (National Institute for Health and Clinical Excellence, 2009, as cited by Improvement and Development Agency, 2010). During Healthy Communities Partnership meetings members have been engaging in conversations about the assets of Grey Bruce by discussing some of the following questions:

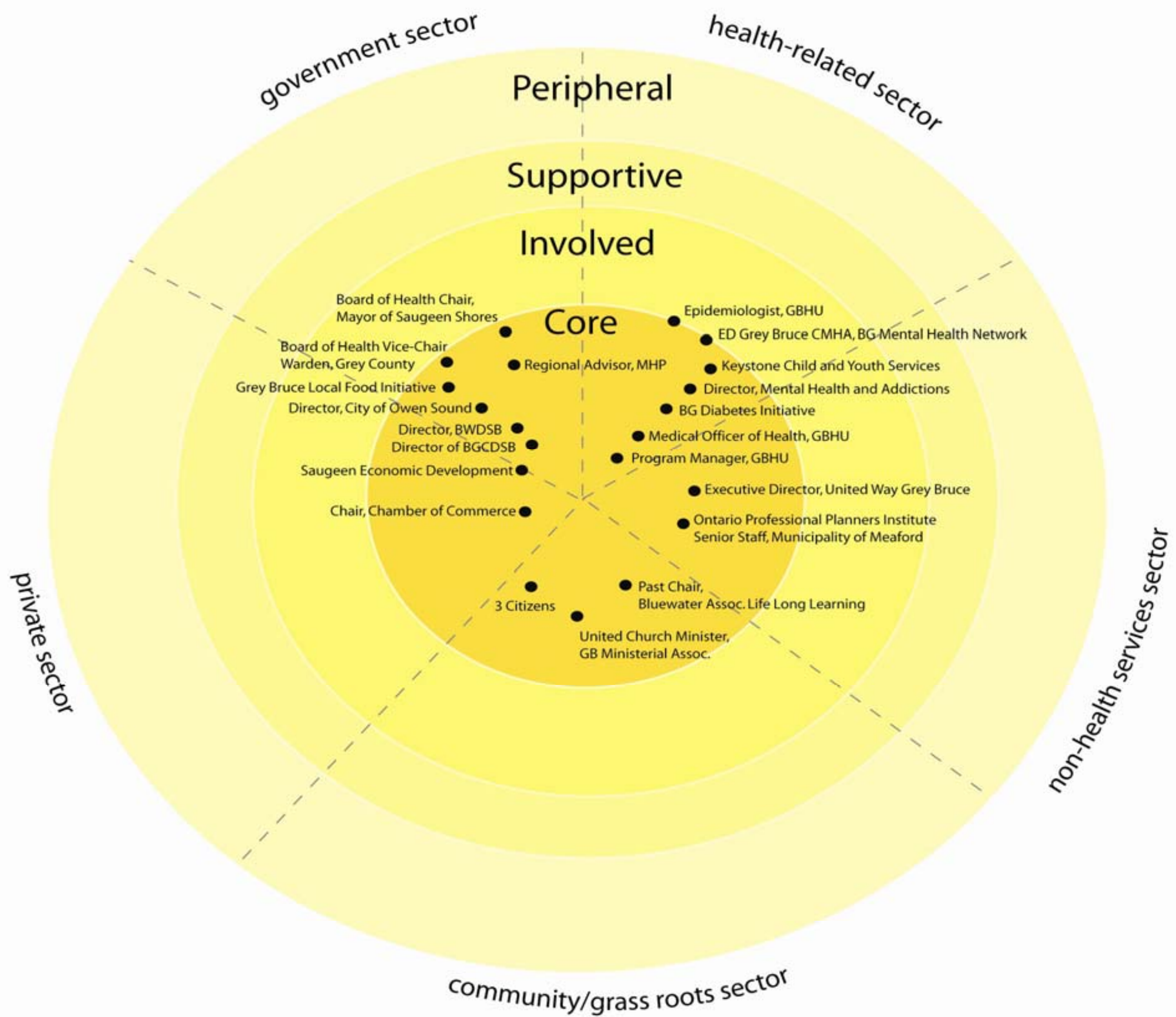
- What makes us healthy?
- What are the strengths found within our communities?
- What makes this a good place to be?
- What factors make us more able to cope in times of stress?

The model for moving forward will incorporate the following best practice principles:

- identify and make visible the health-enhancing assets in a community
- see citizens and communities as the co-producers of health and well-being, rather than the recipients of services
- promote community networks, relationships and friendships that can provide caring, mutual help and empowerment
- value what works well in an area
- identify what has the potential to improve health and well-being
- support individuals' health and well-being through self-esteem and coping strategies, resilience skills, relationships, friendships, knowledge and personal resources
- empower communities to control their futures and create tangible resources such as services, funds and buildings. (Improvement and Development Agency, 2009, p.7)

4.1.4 Stakeholder Wheel

Figure 7: Grey Bruce Healthy Communities Partnership Stakeholder Wheel, February 2011



4.1.5 Network Map

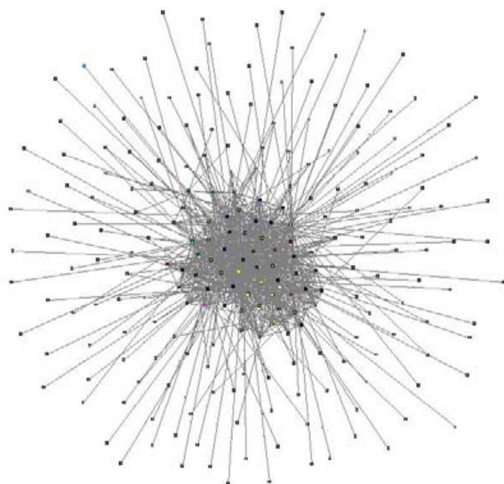
Grey Bruce has completed two Network Mapping initiatives in collaboration with Health Nexus. Network Mapping and analysis is a methodology used to visualize and interpret connections within a group or network so as to strengthen its work and effectiveness. Using both electronic survey technology and mapping software, network maps are developed to provide a baseline measure of the current levels of connection within a local partnership. By first mapping and then analyzing the network, key opportunities for community engagement and network development can be identified.

In 2004, under the leadership of Mary Solomon, Grey Bruce Stroke Coordinator, Grey Bruce had the opportunity to be a pilot site for an initial network mapping project with Health Nexus. Lessons learned from this collaborative project were captured in the document entitled: *Connecting the Dots: A handbook for chronic disease prevention through community engagement* (Health Nexus, 2009).

A second Network Mapping project was initiated in August 2010. Community leaders from various sectors and organizations were approached to participate and have their name and/or organization listed in the survey. The survey was finalized in October 2010 (Appendix J) and distributed to 60 participants with a 79% participation rate. This high participation rate provides helpful data to inform the development of the Grey Bruce Community Picture.

Results of the 2010 Network Mapping initiative illustrate strong intersectoral relationships between Grey Bruce decision makers. Figure 8 below reveals that 224 people are connected with 2,275 links. The dense nucleus highlights the strength of the connections. The dots on the periphery of the nucleus symbolize that even outlier individuals and organizations have connections to other well-connected groups in Grey Bruce and can therefore still contribute insight and new ideas to partnership activities.

Figure 8: Grey Bruce Network Map



4.1.6 Partnership Terms of Reference

The Grey Bruce Healthy Communities Partnership is an evolving collaboration to foster social change. Community leaders are coming together to support the development of healthy public policy in Grey Bruce. Partnership Terms of Reference can be found in Appendix K.

The Grey Bruce model is building on the work of Surman (2006) *Constellation Collaboration: a model for multi-organizational partnerships.* As discussed by Surman, this is a model that supports collaboration in that:

- Work is action-focused targeting healthy public policy development.
- Emergence of new ideas is fostered.
- Self- interest is balanced with the converging interests of partners along with the needs of the greater community.
- All types of leadership are valued, as long as the leadership is consistent with the larger vision and goals of the group.
- Organizations preserve their autonomy while carrying out the group's shared goals.
- Partners work together to avoid duplication of efforts.

A list of local, regional and provincial connected to this initiative is described in Appendix L.

5.0 Priority Setting

There are a variety of policies based on best-practices that can be used to create supportive environments and address the six Healthy Communities priority areas. However, given the significant resources required to move policy development forward, it is important that policy recommendations be prioritized to focus resources and target actions based on community readiness. As such, a compendium of recommended policy actions was put forth to the Grey Bruce Healthy Communities Partnership and a priority setting process was undertaken to determine recommended actions in terms of importance and time frame for moving them forward. The following multi-step process was used by the Grey Bruce Healthy Communities Partnership to prioritize recommended actions for policy development:

1. Late fall 2010: Content experts from each of the six Healthy Community priority areas developed a compendium of best-practice policy actions for each of the topic areas.
2. December 2010: Alanna Leffley, Senior Epidemiologist, Grey Bruce Health Unit, presented the current health status/health behaviours report. Members received this presentation electronically for background information.
3. January 2011: The compendium of best-practice policy actions was short-listed to three to five priorities for each topic area.
4. A subcommittee of the Partnership developed a rating criteria form and a document highlighting local data and suggested recommendations (Appendix M).
5. Partnership members participated in a gap analysis of this document prior to finalization and their comments helped to shape the final version.
6. February 2011: Prior to the Partnership meeting all members received the final version of the priority rating form (Appendix N).
7. February 4, 2011: Members participated in a “Dotmocracy” exercise that provided the opportunity for each voice to be heard. The outcome of this process allowed the recommended policy actions within each of the six priority areas to be narrowed down to the two most important to move forward.

The recommended actions will now serve as a working document for each of the priority area task groups.

6.0 Community Priorities/Recommendations

Prioritizing the recommended actions was a challenging process as all of the recommendations were based on best-practice and considered to be important. However, as noted above, the Partnership recognized the need to focus resources and target actions based on community need and readiness. The Grey Bruce Healthy Communities Partnership was able to prioritize the recommended actions into those that should be moved forward immediately and those that are still considered important but that will be addressed in the future.

6.1 Recommended Actions Across the Six Healthy Communities Priority Areas

Physical Activity, Sport and Recreation
Most important to move forward now**:**

- Support the development and implementation of policies to create environments that promote physical activity.
- Build capacity for schools to increase physical activity among students.

Will move forward in the future:

- Support workplaces in the development of policies and practices to increase physical activity among employees.

Injury Prevention
Most important to move forward now**:**

- Support healthcare providers in implementing fall prevention and intervention activities.
- Establish falls prevention policies for public spaces and buildings.

Will move forward in the future:

- Promote the adoption and implementation of comprehensive road safety and transportation policies.

Healthy Eating
Most important to move forward now**:**

- Establish policies to support the use of local foods in the community and for municipal or regional food venues, community programs and events.
- Establish healthy food policies for workplaces, health and social services, public buildings and facilities.

Will move forward in the future:

- Establish school nutrition policies at the board and school level that promote healthy eating through increased access to healthy foods and a supportive nutrition environment (compliant with Ontario's PPM 150 School Food and Beverage Policy).

Tobacco Use/Exposure
Most important to move forward now:

- Establish tobacco-free environments.
- Ensure tobacco status is assessed and cessation support services are provided in all settings providing services to youth and young adults.

Will move forward in the future:

- Expand and support tobacco cessation policies across health care and public health settings including primary health care, hospitals, and long-term care homes.
- Establish employee health care benefits and/or Employee Assistance Programs.

Substance & Alcohol Misuse
Most important to move forward now:
- Shape cultural norms to reduce acceptability of high-risk drinking practices.
- Develop a comprehensive alcohol and drug strategy in Grey Bruce.

Will move forward in the future:
- Implement policies to reduce harm related to drinking.

Mental Health Promotion
Most important to move forward now:
- Improve knowledge and awareness of mental health and mental illness issues.
- Increase access to affordable and safe housing.

Will move forward in the future:
- Establish policies that ensure affordable and accessible access to recreational activities.
- Foster workplace environments that reduce stigma and discrimination and promote mental health.
- Establish policies that increase structured opportunities for volunteerism and civic participation.

6.2 Broader Community Focus Outside Healthy Communities Mandate/Other Priority Areas

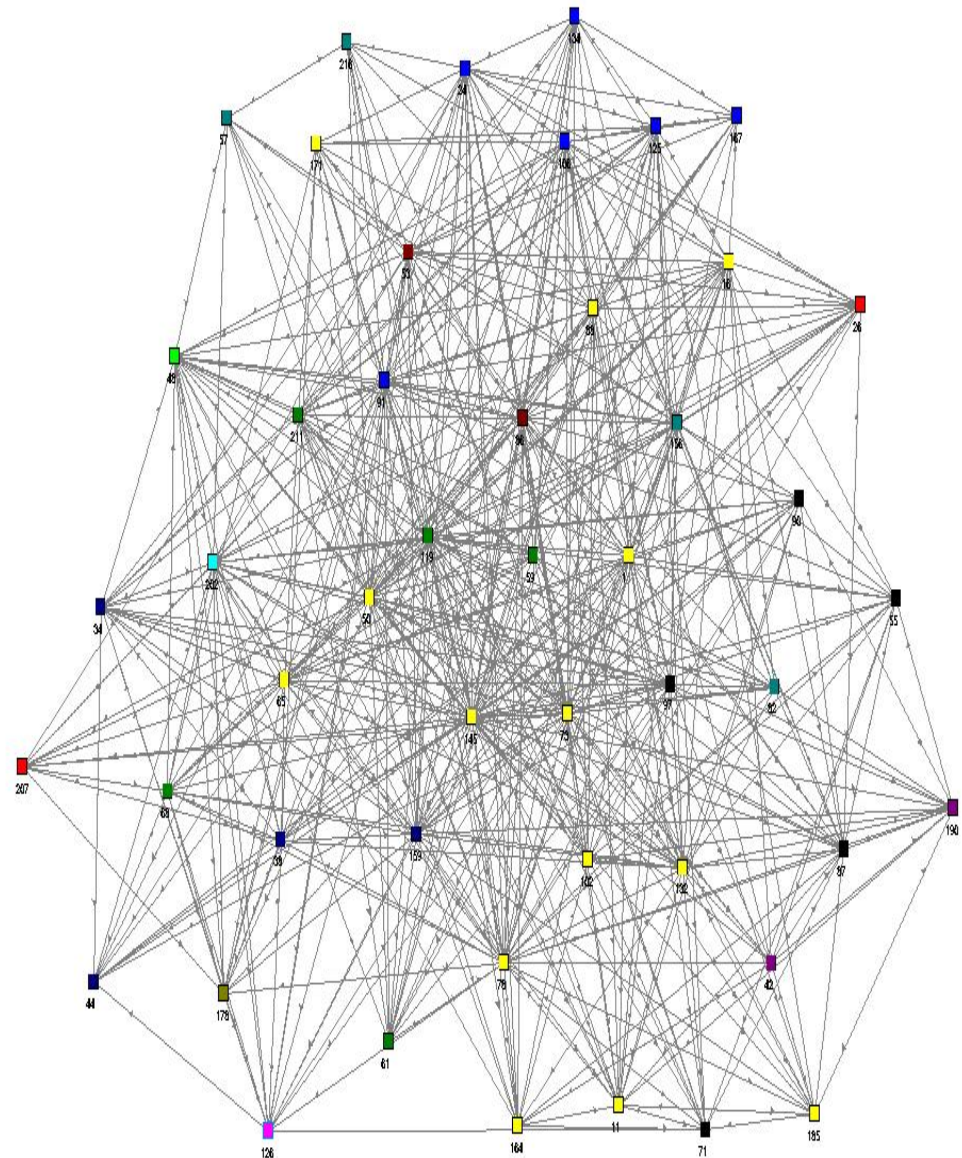
Grey Bruce identified early on in the process that the six priority areas outlined in the Healthy Communities Framework did not meet the broader community focus. As a result, during the Network Mapping initiative community leaders were also asked:

Do you work on any of the following community issues? If so, please select the one you spend most of your time or mandate on.

- Early years / child development / child health
- Environmental issues
- Poverty issues / social assistance
- Education / lack of education
- Social issues / social justice
- Crime prevention
- Prenatal / maternal health
- Disability
- Urban planning
- Housing
- Employment / economic development
- Most or all of the above
- Other
- None of the above

The following illustrates the relationship map among partners for the various topic areas. The results indicate that quite a few partners felt that most or all community issues were important to address. All the various community issues listed were of concern to at least one partner, which shows that the community is already connected and able to work together on a wide variety of issues. Those who felt early years issues were most important appear to form a group of their own, although they're still connected to those who felt other issues were most important.

Environment
Housing
Education
Early years
Disability
Employment/ Economic development
None of these
Most or all of these
Prenatal/maternal health
Social issues/ social justice
Poverty
Other
Urban planning



7.0 Grey Bruce Taking Action Together

The Grey Bruce Healthy Communities Partnership is continuing with our strong history of working together to make Grey Bruce a healthy place to live, learn, work and play. Our rural Healthy Communities model builds on the strengths and opportunities within the community and engages community members and local decision makers to support healthy public policy development. A strength of this "constellation" model is that it links to the ongoing work of local, regional, and provincial networks, coalitions and committees (Surman, 2006, p.3).

Moving Forward

Your support is essential to the success of the Grey Bruce Healthy Communities Partnership and in achieving the recommended policy actions. We need your knowledge and leadership to identify opportunities for collaboration and bring the Healthy Communities vision to life in Grey Bruce. We look forward to hearing your ideas and discussing how you can be involved. For more information, please use the contact information provided within the Executive Summary at the beginning of this document.

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Glossary of Terms

Built Environment: The built environment consists of the arrangement of activities and/or land use within community settings, and the nature of physical connections between the places where we live, work and play. The built environment encompasses all buildings, spaces and products that are created or modified by people.

Community: A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, and are arranged in a social structure according to relationships which the community has developed over a period of time. (World Health Organization)

Determinants of Health: The range of personal, social, economic and environmental factors which determine the *health status* of individuals or populations.

Disability: (as defined by Statistics Canada Census) – Refers to difficulties with daily activities and the reduction in the amount or kind of activities due to physical or mental conditions or health problems.

Health: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities. (World Health Organization).

Health Indicator: A characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

Health Status: A description and/or measurement of the health of an individual or population at a particular point in time against identifiable standards, usually by reference to health indicators.

Healthy Public Policy: Characterized by an explicit concern for health and equity in all areas of policy, and by an accountability for health impact. The main aim of healthy public policy is to create supportive environments to enable people to lead healthy lives. Such policies make healthy choices possible or easier for citizens. It makes social and physical environments health enhancing.

Median Income (after-tax): Median income is that amount which divides the income distribution in two halves, i.e., the incomes of the first half of individuals are below the median, while those of the second half are above the median. After-tax income refers to total income from all sources minus federal, provincial and territorial taxes paid by persons 15 years and over. Sources of income include: wages and salaries (total), net farm income, net non-farm income from unincorporated business and/or professional practice, child benefits, Old Age Security pension, Guaranteed Income Supplement, Pension Plan benefits, Employment Insurance benefits, other income from government sources, dividends, interest, annuities, including those from RRSPs and RRIFs, and other money income (Statistics Canada).

Natural Environment: All living and non-living things occurring naturally on earth, including air, water, vegetation, soil, rocks and atmosphere, etc.

Peer Group: Groups of health regions that have similar socio-demographic distributions. They are based on data collected from the short and long form census of Statistics Canada. The variables measured cover demographic structure, social and economic status, ethnicity, Aboriginal status, housing, urbanization, income inequality and labour market conditions, etc. Because they are based on census data, they are revised when new census data is available. For more information on the methodology used to assign health region peer groups visit http://www.statcan.gc.ca/pub/82-221-x/2009001/regions/hrpg2007-eng.htm

Person with a Disability : To qualify in accordance with the *Ontario Disability Support Program Act* a person with a disability has a substantial physical or mental impairment that is continuous or recurrent and is expected to last one year or more; and the direct and cumulative effect of the impairment on the person's ability to attend to his or her personal care, function in the community and function in a workplace, results in a substantial restriction in one or more of these activities of daily living; and the impairment and its likely duration and the restriction in the person's activities of daily living have been verified by a person with the prescribed qualifications (*Ontario Disability Support Program Act, 1997*).

Statistically Significant: A statistically significant result is one that is considered unlikely to have occurred by chance. A statistically significant difference between results indicates that there is meaningful statistical evidence to claim that the difference is not due to random chance.

Appendix A: Ontario Ministry of Health Promotion and Sport Healthy Communities Framework 2011/12

Ontario

Ontario Ministry of Health Promotion and Sport Healthy Communities Framework 2011/12

Vision Healthy Communities working together and Ontarians leading healthy and active lives.

Goals

- Create a culture of health and well-being
- Build healthy communities through coordinated action
- Create policies and programs that make it easier for Ontarians to be healthy
- Enhance the capacity of community leaders to work together on healthy living

Healthy Communities Fund Components

Grants Project Stream

A cost-sharing grant program that supports eligible organizations to develop and deliver non-capital health promotion initiatives in partnership with other organizations.

Partnership Stream

Promote coordinated planning and action among community partners to create policies that make it easier for Ontarians to be healthy.

Resource Stream

Provides training and support to build capacity for those working to advance health promotion in Ontario, including local Partnerships and organizations that apply for funding through the HCF Grants Project Stream.

Guiding Principles

- Empower communities using a shared decision-making model
- Strengthen partnerships within and between communities and between local and provincial partners
- Mobilize a variety of community partners and sectors for change
- Focus on those at-risk for poor health to reduce disparities
- Build on research, evidence and experience
- Accountable to communities and the ministry through measurable outcomes
- Work toward sustainable programs and strategies

Priorities and Outcomes

Physical Activity, Sport and Recreation

- Increase access to physical activity, sport and recreation
- Support active transportation & improve the built environment

Injury Prevention

- Promote safe environments that prevent injury
- Increase public awareness of the predictable and preventable nature of most injuries

Healthy Eating

- Increase access to healthier food
- Develop food skills and healthy eating practices

Tobacco Use/ Exposure

- Increase access to tobacco-free environments

Substance & Alcohol Misuse

- Support the reduction of binge drinking
- Build resiliency and engage youth in substance misuse prevention strategies

Mental Health Promotion

- Reduce stigma and discrimination
- Improve knowledge and awareness of mental health issues
- Foster environments that support resiliency

Appendix B: Heart Health Resource Centre Pre-consultation Environmental Scan

Heart Health Resource Centre
Strategic Planning for Policy Development
Pre-consultation Environmental Scan
Community Partnership: Grey Bruce Partners in Health (GBPIH)

Prior to your strategic planning session with the HHRC consultant, it would be helpful for Grey Bruce Partners in Health Steering Committee members to understand the context in which they are planning by examining the following questions. These questions are designed to identify the data and information that, both inside and outside the community partnership, you will need to gather and review as a group **prior to the consultation** in order to achieve the most from your strategic planning day.

1. In your experience, what are the unique characteristics (i.e., geography, local demographics, and industries, etc.) of your region that you need to consider when planning for 2009/10?
2. What do the local/regional statistics tell you about the prevalence and/or trends related to chronic disease in Grey Bruce? (The epidemiologist at the health unit will be a useful source of this data.)
   a. Are there any significant changes in the data from the previous results? Why?
   b. Which risk factors for chronic disease are above the provincial average that might realistically be addressed by healthy living policies? (These could be spearheaded by GBPIH, by the Health Unit, or by local partners in collaboration with you.)
3. What have you learned from reviewing other sources of data/reports/information that will help you set your priorities for 2009/10? (Board of Health minutes, Government, consultant, public health, NGO reports, etc.)
4. What can you learn from key contacts both inside and outside the community partnership that would inform your priorities for 2009/10?
5. What are the current policy development initiatives of the community partnership (GBPIH)? Who are your partners in advancing them?
6. Looking at current policy work being done regionally and/or provincially:
   a. Which organizations seem to be taking a leadership role in policy development initiatives and in what policy areas?
   b. How might GBPIH contribute to this work?
7. Which areas offer the greatest potential for local policy development initiatives? Why?
8. Which of the current GBPIH programs focus (or could potentially focus) on building environmental supports to promote physical activity, healthy eating, and/or smoke-free living within your community?
9. Which of your current programs lend themselves to policy related initiatives (not necessarily adoption of actual policies) in the next 18 months?
10. Looking at the document from the Ministry of Health Promotion and Sport (MHP) *Policy Framework for Community Action*, how do the current plans of GBPIH align with the MHP's general direction and planned strategies?
11. How have the Ontario Public Health Standards impacted the work of GBPIH? What impact might they have in the next year?

Appendix C: Organizations Represented at "Planning to Plan: Strategic Thinking" Session

The following organizations were represented at the "Planning to Plan: Strategic Thinking" session:

- Bruce Grey Catholic District School Board
- Bruce Power
- Canadian Mental Health Association
- Chippewas of Nawash Unceded First Nation
- Centre for Addiction & Mental Health
- Community Connections: Housing & Support
- Community Volunteers
- Grey Bruce Health Services
- Hanover & District Hospital
- Heart and Stroke Foundation
- Keystone Child and Youth Services
- Ministry of Health Promotion and Sport
- Saugeen First Nation (Mino Bimaadiziwin Health Centre)
- New Directions
- Osteoporosis Canada
- Owen Sound Family Health Team, GBHU
- South Bruce Grey Health Centre

Appendix D: Grey Bruce Partners in Health Community Scan Questions May/June 2009

Initial Call

Good morning/afternoon:

This is Crystal Ferguson, Health Promoter at the GBHU & Coordinator of GBPIH. I'm calling to ask you a few questions about the work your organization does to promote healthy living (active living, healthy eating, & smoke-free living). GBPIH is trying to create a draft profile of work & efforts that are currently in place, or will be happening in the future, with respect to healthy living to assist us in our planning. It will take approximately 15 to 20 minutes of your time. Is this a good time to talk or should I call back at another time?

If another time is better, what time would be good for you within the next one to two weeks?

If you are able to discuss things now I would like to explain what GBPIH is and what we are doing. GBPIH is funded annually by the Ministry of Health Promotion as part of the OHHP, and currently we are in the process of re-evaluating what is happening in Grey and Bruce and how we can best serve the community. We realize that there are many healthy living initiatives happening and would like to identify them so we are not duplicating efforts. I will be tabulating your responses as well as others to be used during a planning session on June 15. A summary of the information provided as a result of our conversation and others will be made available upon request. You can decline responding to any question for whatever reason. Is it alright to continue?

Name, Title, & Organization:

Question	Response
What is the vision & goals for your current & future initiatives w/r/t promoting healthy living (active living, healthy eating &/or smoke-free living)?	
What specific initiatives including Environmental Supports & Policies currently exist to support healthy living (active living, healthy eating &/or tobacco-free living)? - Who are the partners?	
What future initiatives including Environmental Supports & Policies are being worked on to support healthy living (active living, healthy eating &/or tobacco-free living)? - Who are the partners? - What initiatives offer the greatest potential for local policy development?	
For your work, what key factors do you consider when planning to create healthy environments? - how are decisions made about future planning?	
How is the concept of access for all being integrated into current as well as into future plans, i.e., affordability, disability, subsidy, geographic location, language, new immigrants, etc? (aboriginal, lower income, children, youth, distance to travel)	
Have you based any of your work on research/audits/surveys that have been done around the promotion of active living, healthy eating &/or smoke-free living? If so, can you describe it?	
Are there any pilot projects that you are involved with or are aware of w/r/t active living, healthy eating &/or smoke-free living?	
What other initiatives/organizations are important for you to link with in order to move your agenda forward?	
Who are your key partners, connections, contacts in moving your agenda forward?	
Is there a way that GBPIH might support your interests & efforts?	
Other Notes:	

Appendix E: GBPIH Pre-consultation Environmental Scan Survey Participants

The Grey Bruce Partners in Health (GBPIH) pre-consultation environmental scan survey participants included:

- Grey Bruce Children's Alliance – completed by Program Coordinator
- Let's Grow Committee – completed by Public Health, Program Manager for Child Health
- PLAY in Bruce Grey - completed by Municipal Recreation Representatives from Saugeen Shores and the Blue Mountains
- Public Health, Program Manager for Chronic Disease Prevention & Falls Prevention
- Public Health, Program Manager for Tobacco Control
- Public Health, Public Health Nurse for Workplace Health
- Public Health, Registered Dietitian
- Youth Coalitions – completed by Public Health, Youth Advisor

Appendix F: List of Items Reviewed for Environmental Scan

Within the context of the environmental scan additional interviews, documents and reports were collected and reviewed throughout 2009/10. These sources of information include:

- *Alcohol Trends in Ontario* (2009) from the CAMH
- *A Healthy Workplace Works for Everyone* manual from the GBHU
- Alcohol related injury: evidence-based practice synthesis document - November 2008
- Alcohol, other drugs, and related harms in Ontario: A scan of the environment – 2008 HEP
- ARAPO documentation on Alcohol Policy Development (2008)
- CAMH Monitor: Addiction and Mental Health Indicators Among Ontario Adults (2009)
- Community Needs Assessment, Grey Bruce Heart Health (1998)
- GBPIH & GB Healthy Living Partnership Strategy Planning Sessions, June 2007
- Health Status Reports from the Public Health Epidemiologist, GBHU
- Health System Design Blueprint – Vision 2022, SW LHIN
- Let's Grow Committee Background
- Measuring and Planning for Child and Youth Health in Grey Bruce – draft document
- OCDPA Common Messages: Supporting Collective Priorities on Chronic Disease Prevention across Ontario
- Ontario Ministry of Health Promotion website & HEAL Strategy
- Ontario Public Health Standards (2008)
- Ontario Student Drug Use and Health Survey (2007)
- Ontario Trauma Registry (CIHI)
- Profile for Grey Bruce Huron Perth (2008) from the Ontario Trillium Foundation
- Reducing alcohol-related harm in Canada: Toward a culture of moderation
- Spark together for Healthy Kids
- Statistics Canada – Health Profile for Grey Bruce
- Synopsis of proposed national drug strategy

Appendix G: 2006 Census Population for Ontario, Grey and Bruce Counties

2006 Census Population for Ontario, Grey and Bruce Counties

Location	Total Population	Change Since '01	Median Age	% < 15 Years of Age	% 65 Years and Over
Ontario	**12,160,282**	**6.6%**	**39**	**18.2%**	**13.6%**
Grey County	**9,2411**	**3.7%**	**44.4**	**16.5% (15,215)**	**18.7% (17,300)**
Owen Sound	21,753	1.4%	43.4	15.9% (3,450)	20.7% (4,500)
Meaford	10,948	5.5%	46.7	14.5% (1,585)	20.3% (2,220)
Georgian Bluffs	10,506	3.7%	45.6	15.6% (1,640)	14.9% (1,570)
Chatsworth	6,392	1.8%	43.2	18.8% (1,205)	15.5% (975)
Blue Mountains	6,825	11.6%	50.6	13.0% (890)	24.8% (1,625)
Grey Highlands	9,480	3.1%	43.7	17.3% (1,640)	18.2% (1,725)
West Grey	12,193	3.8%	44.3	17.3% (2,105)	17.1% (2,085)
Hanover	7,147	4%	44.5	15.9% (1,135)	22.7% (1,625)
Southgate	7,167	3.8%	38.9	21.8% (1,565)	12.8% (915)
Bruce County	**65,349**	**2.3%**	**45.1**	**16% (10,455)**	**18.3% (11,990)**
Northern Bruce Peninsula	3,850	7.0%	53.9	10.8% (415)	27.7% (1,065)
South Bruce Peninsula	8,415	4.0%	49.9	13.5% (1,140)	24.1% (2,025)
Saugeen Shores	11,720	2.9%	47.7	13.7% (1,610)	26.8% (3,145)
Arran-Elderslie	6,747	2.6%	41.2	18.5% (1,250)	15.3% (1,030)
Brockton	9,641	-0.2%	42.5	17.5% (1,690)	16.3% (1,570)
Kincardine	11,173	1.3%	46.0	14.7% (1,640)	17.3% (1,935)
South Bruce	5,939	-2.0%	38.2	20.6% (1,225)	13.6% (805)
Huron-Kinloss	6,515	4.7%	44.5	17.5% (1,140)	17.9% (1,165)
Chippewas of Nawash FN	591	0.7%	37.2	22.9% (135)	12.7% (75)
Saugeen FN	758	12%	31.2	27.8% (210)	4.6% (35)

Source: Statistics Canada, 2006

Appendix H: Additional Policies Identified by Environmental Scan

In addition to the policies identified by the OHHN Collaborative Policy Scan, a number of other policies were identified through the Environmental Scan process. The following is a list of policies provided anecdotally from community partners and key stakeholders. The list may reflect policies that have already been implemented and/or those that are being explored.

Healthy Eating:
- Replacing pop with milk in vending machines
- Healthy eating guidelines within organizations
- Concession booth lease agreements to facilitate healthy choices
- Spark together for healthy kids campaign & funding
- Student Nutrition Program guidelines (provincial)

Physical Activity:
- Leisure plans, recreation master plan, trails master plans, etc.
- Extending paved shoulders, bike lanes, walk-ability
- PLAY in Bruce Grey Advocacy Toolkit
- Spark together for healthy kids campaign & funding - Heart & Stroke Foundation
- Access to recreation – financially

Tobacco Use/Exposure:
- SFO Enforcement
- Smoke-Free Property policy
- Tobacco-Free Sports and Recreation
- Smoke free cars

Substance & Alcohol Misuse:
- Putting alcohol priorities on the government agenda
- Support the use of alcohol taxes for addressing alcohol consumption
- Support the regulation of alcohol availability
- Interventions that modify the drinking environment
- Interventions that support drinking and driving countermeasures
- Family - house polices on substances
- Developing policy with service clubs and licensed establishments
- Crystal meth task force is developing a drug strategy – likely to incorporate policy options

Mental Health Promotion:
At the time of the policy scan, no policies were identified related specifically to promoting mental health or increasing access to mental health promotion programs and supports

Injury Prevention:
- Aging at home strategy & age friendly communities
- MVC – driving regulations: limiting number of drivers, phased licensing, alcohol limits, etc.

Other topic areas or combined topic areas:
- Healthy Meeting guidelines
- Wellness Committees
- Resolutions from Board of Health
- Supporting the implementation of provincial policy at the local level – on an as needed basis
- Advocacy at the request of partnering agencies

- Official municipal plans & land use planning
- Provincial policy statement – for land use planning
- Quality Assurance Committee for County Daycares
- LEED buildings
- Healthy Schools policies – deep fryers, trans fats, daily physical activity
- *Day Nurseries Act*
- Meth Watch - pharmacies
- Building youth coalitions that address and request local policy needs that impact youth

Ideas for future policy work:

- Identified by the pre-consultation environmental scan
    - Marketing tactics of food industry
    - Availability of unhealthy food
    - Tobacco cessation supports
    - Safer Bars – bar policy development
    - "Toward a culture of low risk drinking in Grey and Bruce" - alcohol policy development in the workplaces, home and to influence a shift towards low risk drinking in the community:
        - Raise the real price of alcohol
        - Minimum legal purchase age
        - Government retail outlet system
        - Restrictions on hours and days of sale
        - Restrictions on public consumption
        - Restrictions on outlet density
        - Driving-related interventions
        - Controls on advertising and promotion
        - Brief alcohol assessment interventions
    - Extensive inpatient and outpatient drug counselling and treatment facilities for youth
    - FASD
    - PLAY Report Card – tool to support policy
    - Technology use vs. physical activity
    - Local options to increase food security

- Identified at the "Planning to Plan: Strategic Thinking" day, June 2009:
    - Substance misuse and mental health: Begin with primary prevention targeted toward youth. Prevention work needs to focus on a strengths based approach and school protective factors
    - Tobacco: implement the Ottawa Model for smoking cessation; work toward smoke free hospital grounds; continue with tobacco-free sport and recreation
    - Injury prevention: motor vehicle crash strategy; prevention of falls and the Aging at Home strategy; link to physical activity for example through the Swim to Survive program
    - Physical activity: increase access and opportunities for both structured and unstructured activities; stay true to grass roots programming
    - Healthy eating: focus on food security including access (cost, transportation), affordability, and education and training (food preparation skills)

Appendix I: January 2011 Grey Bruce Healthy Communities Partnership Status Report

Grey Bruce
HEALTHY COMMUNITIES PARTNERSHIP

Creating healthy public policy to influence health

Volume 1 January 2011

We Know…

Our health is affected by the environments in which we live, learn, work, and play. A healthy community is one that continuously creates and improves its built, social, and natural environment to make healthy choices the easy choice.

In 2010, the Ministry of Health Promotion & Sport developed the Healthy Communities Framework (see attached updated version 2011/12). Each region is tasked to develop a strategy to create healthy community environments that address six priority areas: physical activity, sport and recreation; injury prevention; healthy eating; tobacco use exposure; substance & alcohol misuse; mental health promotion.

Grey Bruce Taking Action Together…

Minister Margarett Best joined over 200 Grey Bruce community leaders in May 2010 to launch the Healthy Communities Conference "Capacity Through Awareness Building and Partnership". This event provided an opportunity for community dialogue and engagement. As a result, a number of community citizens and leaders have come together to initiate the development of a *Grey Bruce Healthy Communities Partnership*. The following steps have been taken to move us forward.

➢ Creating a Community Picture

The Grey Bruce Health Unit recently released the report *Canadian Community Health Survey, 2007/08 Grey Bruce Health Unit*. This provides an overview of local health behaviours, health care use and health status. The report includes comparisons between the Grey Bruce Health Unit (GBHU), Ontario, Canada and our peer group (a group of health regions with social and economic characteristics similar to ours).

Key findings:

- More than 1 in 5 (22%) people in our region suffer from arthritis, a rate significantly higher than that of the province, country and our peer group.
- More than 1 in 5 (22%) people in our region suffer from hypertension. Our rate of hypertension is also significantly higher than the province and country but similar to that of our peer group. As well, our current rate of hypertension is 50% higher than our 2001 rate.
- The rate of overweight and obesity in Grey Bruce is 62%, or about 3 in 5, and significantly higher than that for Ontario and Canada. This is not different from previous year's estimates.
- About 1 in 4 (24%) people in Grey Bruce are heavy drinkers, a rate that is about one and a half times those of the province and the country and about one and a quarter times that of our peer group.

- The proportion of people in Grey Bruce who smoke (22%) and who smoke daily (18%) has remained relatively unchanged since 2000/01. As well, about 1 in 8 (13%) are exposed to second-hand smoke in vehicles or public places.

Grey Bruce has high rates of unintentional injury hospitalizations across all age categories. The main contributors are falls and motor vehicle traffic crashes. The falls hospitalization rate is nearly 50% higher than the rate for Ontario. The motor vehicle traffic crash hospitalization rate is nearly twice the rate for Ontario. Locally, both of these rates are statistically significantly higher than the corresponding provincial rates.

Developing a Plan for Action

One of the strengths of Grey Bruce is that a number of municipalities, schools, day cares, and partners have already begun to shift towards a healthy communities approach. An additional strength is our strong networking and history of collaboration. In fall 2010 a Network Mapping Survey was undertaken with community decision makers. The results graphically illustrate the political interest, commitment, and willingness of community partners to work together on the six risk factor priorities. Building on these local successes and assets, a community picture and plan for action is being developed that will help set priorities based on community need.

Community Engagement

The community engagement process uses a combination of strategies including informing, consulting, collaborating, and empowering. The following initiatives have been undertaken.

- Over 250 residents attended five different community forums held throughout Grey and Bruce Counties to discuss aging and injury prevention using the *World Health Organization's Age Friendly Communities Framework*
- In spring 2010 *The Culture and Impact of Alcohol Use in Grey and Bruce* forum brought community decision makers and citizens together to discuss how we can find a balance in the use of alcohol and prevent risk-related harms.
- A fall 2010 media campaign "Speak Up for a Healthier Community" encouraged residents to initiate conversations with their friends, neighbours, and community leaders about what they want to see happen in their community. More information is available on Facebook at "Grey Bruce Gets Healthy".
- Currently, Aboriginal youth are engaged in a Photovoice project aimed at illustrating what is influencing their health. These stories will be captured within the community picture.
- The 2011 Moving ON community forum, hosted by the *PLAY in Bruce Grey* physical activity collaborative, will bring community leaders and local citizens together to address the walkability of our communities.

Developing a Rural Healthy Communities Approach

In accordance with the model proposed by the World Health Organization, the underlying approach of the Grey Bruce Healthy Communities strategy includes: broad political commitment, collaborative planning, community-wide partnerships, community participation, and monitoring and evaluation. For more information on how you can become involved please contact Lynda Bumstead, Program Manager, Grey Bruce Health Unit (519) 376-9420 Ext. 1463. l.bumstead@publichealthgreybruce.on.ca

Appendix J: 2010 Network Mapping Survey Questions

Grey Bruce

Welcome to the Grey Bruce survey

Name: ______ Organization/Department: ______

Section 1. Demographic Questions

Thank you for participating in this Network Mapping Survey! The purpose of the survey is to help us understand and strengthen our network. For each of the questions in Section 1, please check the ONE answer that is the best choice for you.

1. Which of the following best represents the sector in which you work?

- ☐ Government (municipal, provincial, federal)
- ☐ Non Government / Not-for-profit organization
- ☐ Community group
- ☐ Private sector
- ☐ Other
- ☐ None of the above

2. Which of the following best represents the type of organization or department within the organization in which you work?

- ☐ Aboriginal
- ☐ Agriculture
- ☐ Business
- ☐ Education
- ☐ Environment
- ☐ Faith
- ☐ Social Services
- ☐ Family Health Team / Community Health Centre / Hospital
- ☐ Media
- ☐ Substance misuse
- ☐ Mental health
- ☐ Public health
- ☐ Recreation / sport
- ☐ Land-use planning
- ☐ Other

3. Which of the following best describes your role in this work?

- ☐ Executive (determines policy within the organization)
- ☐ Manager (manage staff delivering programs and services)
- ☐ Program delivery / client services / research
- ☐ Administration / support services (finance, HR, IT)
- ☐ Volunteer
- ☐ Student
- ☐ Other

4. What percentage of your work is with Aboriginal clients?

- ☐ None
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%

5. The Ministry of Health Promotion & Sport has identified six priorities in 2010-2011 to be addressed in the Healthy Communities strategy:

1) Physical Activity, Sport and Recreation;
2) Healthy Eating;
3) Tobacco Use and Exposure;
4) Injury Prevention;

5) Substance & Alcohol Misuse;
6) Mental Health Promotion.
Which of the following receives the highest priority ir your work or mandate?
☐ Physical activity, sport and recreation
☐ Healthy eating
☐ Tobacco use and exposure
☐ Injury Prevention
☐ Substance & alcohol misuse
☐ Mental health / mental health promotion
☐ Most or all of the above
☐ None of the above

6. Which of the following receives the second highest priority in your work or mandate?
☐ Physical activity, sport and recreation
☐ Healthy eating
☐ Tobacco use and exposure
☐ Injury prevention
☐ Substance & alcohol misuse
☐ Mental health / mental health promotion
☐ Most or all of the above
☐ None of the above

7. Do you work on any of the following community issues? If so, please select the one you spend most of your time or mandate on.
☐ Early years / child development / child health
☐ Environmental issues
☐ Poverty issues / social assistance
☐ Education / Lack of Education
☐ Social issues / social justice
☐ Crime prevention
☐ Prenatal / maternal health
☐ Disability
☐ Urban planning
☐ Housing
☐ Employment / Economic Development
☐ Most or all of the above
☐ Other
☐ None of the above

8. Which age group receives the highest priority in your work or mandate?
☐ Children
☐ Youth
☐ Children and youth
☐ Adults
☐ All of the above

9. Which of the following audience receives the highest priority in your work or mandate?
☐ Aboriginal populations
☐ Ethnic communities
☐ Francophone communities
☐ Low-income populations
☐ Persons with disabilities
☐ Youth at risk
☐ Most or all of the above
☐ Other
☐ None of the above

10. How long have you worked or volunteered in this field?
☐ Less than 1 year
☐ 1-5 years
☐ 6-10 years

☐ 11-20 years
☐ Over 20 years

11. Policy is defined as:

* A principle, value or course of action that guides present and future decision making;
* Can be implemented in a variety of settings, such as schools, worksites and community;
* Can be formal or informal, but it should specify expectations, regulations and guides to action;
* Can provide equitable access to determinants of health such as income, housing, and education; and
* Can have consequence for non-compliance and some method of enforcement.

Source: Ontario Hear Health Network. (2007) Vol 1: Building Healthy Policy across Ontario through Community Partnership. www.ohhn.net

How would you describe your current involvement in policy development? This could be in your community, region, municipality, workplace, school, province, etc.

☐ Very involved
☐ Somewhat involved
☐ Not involved

12. Which of the following aspects of policy development interests you the most?

☐ Collecting research and background information on risk factor issues
☐ Engaging the community/coordinating focus groups/assessing community readiness
☐ Developing policy options for identified risk factors
☐ Taking the proposed policy to key influencers and decision makers (e.g presentations to councils/boards)
☐ Drafting the actual policies
☐ Developing tools to support the policy.
☐ Creating an awareness of newly implemented policies

13. From your perspective, which (if any) of the following Ministry priorities is most important to push forward on in terms of policy or community wide change? Choose one.

☐ Physical activity, sport and recreation
☐ Healthy eating
☐ Tobacco use and exposure
☐ Injury prevention
☐ Substance and alcohol misuse
☐ Mental health / mental health promotion
☐ Most or all of the above
☐ None of the above

14. What resource or skill could you <u>best</u> contribute to policy initiatives?

☐ Money
☐ Time (staff)
☐ Technical support
☐ Office support (graphic design, formatting, minute taking, event planning details, etc.)
☐ Space (rooms, facilities free of cost)
☐ Client groups (for focus testing, focus groups)
☐ Assessing community strengths and needs
☐ Designing community engagement strategies
☐ Facilitating meetings, community forums, etc.
☐ Developing short and long term plans
☐ Marketing expertise
☐ Lobbying key decision makers
☐ Evaluation
☐ Chairing/leading partnerships/workgroups, etc.
☐ Training on key health issues, working with specific population groups and health promotion approaches

15. How interested are you in working on health policy issues in Grey Bruce, e.g.

* issue identification
* assessing readiness for policy development
* developing policy options
* identifying influencers/decision-makers

* building support for healthy public policies?
☐ Not at all interested
☐ Somewhat interested
☐ Very interested

16. Are you interested in joining or being involved with the partnership?
☐ Yes
☐ No
☐ Not sure

17. What percentage of your work is with Francophone clients?
☐ None
☐ 1-9%
☐ 10-25%
☐ 26-50%
☐ 51-75%
☐ 76-100%

18. Please name any coalitions, networks, committees or alliances in which you are involved as an active member. Please spell out the group's name in full.

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________
8. ______________________________
9. ______________________________
10. ______________________________
11. ______________________________
12. ______________________________
13. ______________________________
14. ______________________________
15. ______________________________

Section 2. Network Questions

For the questions in Section 2, read the question and then identify the individuals in the list that follows who fit that question. If the question DOES NOT include a list of names, simply add appropriate names in the blanks provided, including the unit or organizational affiliation if known. If the question includes a list of names, put an X in the box for any name that fits the question in that column. Select as many names as are appropriate to answer the question. At the end of the list of names there are blank lines. Please add the names (and organizational affiliation, if known) of any other individuals that fit the answer to that question. We especially encourage you to list names of people outside your organization or community in this space.

	1. I have a working relationship (work with regularly or have worked with in the last 2 years) with this person	2. I look to this person for new ideas, innovation and inspiration in my work
Alanna Leffley (Grey Bruce Health Unit)	☐	☐
Arlene Wright (Grey County)	☐	☐
Beth Anne Currie (Grey Bruce Sustainability Network)	☐	☐
Bob Pringle (Township of Chatsworth)	☐	☐
Brenda Wilton (Bruce County Social Services)	☐	☐
Bruce MacPherson (BG Catholic District SB)	☐	☐
Carolyn Grace (Owen Sound Family Health Team)	☐	☐
Catherine Skelton (Grey Bruce Diabetes Initiative)	☐	☐
Chris Hughes (Bruce County)	☐	☐
Chris LaForest (Bruce County)	☐	☐
Christiane Varias (VON)	☐	☐
Claude Anderson (Canadian Mental Health Association)	☐	☐
Colleen Purdon (Women's Poverty)	☐	☐
Dan Purdon (G & B House)	☐	☐
Dave Barrett (Saugeen Economic Development)	☐	☐
Dave Roy (Choices)	☐	☐
David Clark (Métis Nation of Ontario)	☐	☐
David Sherman (Grey Bruce Ministerial Assoc.)	☐	☐
Deborah Barker (Alzheimer's Society)	☐	☐
Debra Woods (Southwest LHIN)	☐	☐
Don Lewis (Southgate)	☐	☐
Donna Jansen (Georgian College Owen Sound)	☐	☐
Dr. Hazel Lynn (Grey Bruce Health Unit)	☐	☐
Elizabeth Cookson (Healthy Communities)	☐	☐
Francesca Dobbyn (United Way Grey Bruce)	☐	☐
Freeman Boyd (Grey Bruce Local Food Project)	☐	☐
Gayle Graham	☐	☐

(Owen Sound & Area Family Y)		
Geoff Solomon (Chamber of Commerce)	☐	☐
Glenda Clarke (Grey Bruce Children's Alliance)	☐	☐
Jan Chamberlain (Bluewater Assoc. LifeLong Learning)	☐	☐
Janine Dunlop (Ministry of Health Promotion & Sport)	☐	☐
Jennifer Sells (Keystone CYFS)	☐	☐
Jim Harold (City of Owen Sound - Past CAO)	☐	☐
John Bryant (Bluewater District School Board)	☐	☐
Judy Muir (Bruce County Children's Aid Soci...)	☐	☐
Judy Porteous (Osteoporosis Society)	☐	☐
Kathy MacMurdo (Grey County)	☐	☐
Katrina Wilson (Hanover Hospital)	☐	☐
Lance Thurston (Grey County)	☐	☐
Leanne Hopkins (Community Living Owen Sound & Dis.)	☐	☐
Lynda Bumstead (Grey Bruce Health Unit)	☐	☐
Mary Anne Alton (Bluewater District School Board Past...)	☐	☐
Matt Evans (OSAID)	☐	☐
Maureen Solecki (Grey Bruce Health Services)	☐	☐
Melissa Gregory (Saugeen First Nation)	☐	☐
Mike Smith (Bruce County)	☐	☐
Nancy Parkin (Ministry of Children and Youth)	☐	☐
Pam Coulter (City of Owen Sound)	☐	☐
Pam Linklater (M'Wikwedong Friendship Centre)	☐	☐
Paul Davies (South Bruce Grey Health Centre)	☐	☐
Paula Clarke (Grey Bruce Health Services)	☐	☐
Penny Chapman (Chapman's Ice Cream)	☐	☐
Phyllis Lovell (Grey County Childrens Aid Socie...)	☐	☐
Randy Scherzer (GreyCounty)	☐	☐
Rob Armstrong (Ont Professional Planners Institute)	☐	☐
Ross Kentner (Bayshore Broadcasting)	☐	☐
Sandy Stockman (Grey Bruce Community Health Corp)	☐	☐
Sharon Musselll (Brockton Family Health Team)	☐	☐
Stephanie Murray (Grey Bruce Red Cross)	☐	☐
Ted Williams (Ministry of Children and Youth)	☐	☐
Terry Sanderson (Bruce County)	☐	☐

Tim Nicholls-Harrison (Owen Sound/North Grey Union Library)	☐	☐

Please list the names and organizations of any additional people not in the above list.

Name	Organization	Name	Organization

	3. This person has provided support, advice or resources that have been helpful in my work	4. I would like to work with this person in the future on community change
Alanna Leffley (Grey Bruce Health Unit)	☐	☐
Arlene Wright (Grey County)	☐	☐
Beth Anne Currie (Grey Bruce Sustainability Network)	☐	☐
Bob Pringle (Township of Chatsworth)	☐	☐
Brenda Wilton (Bruce County Social Services)	☐	☐
Bruce MacPherson (BG Catholic District SB)	☐	☐
Carolyn Grace (Owen Sound Family Health Team)	☐	☐
Catherine Stadon (Grey Bruce Diabetes Initiative)	☐	☐
Chris Hughes (Bruce County)	☐	☐
Chris Laforest (Bruce County)	☐	☐
Christine Vallais (VON)	☐	☐
Claude Anderson (Canadian Mental Health Association)	☐	☐
Colleen Purdon (Women's Poverty)	☐	☐
Dan Purdon (G & B House)	☐	☐
Dave Barrett (Saugeen Economic Development)	☐	☐

Dave Roy (Choices)	☐	☐
David Clark (Métis Nation of Ontario)	☐	☐
David Sherman (Grey Bruce Ministerial Assoc.)	☐	☐
Deborah Barker (Alzheimer's Society)	☐	☐
Debra Woods (Southwest LHIN)	☐	☐
Don Lewis (Southgate)	☐	☐
Donna Jansen (Georgian College Owen Sound)	☐	☐
Dr. Hazel Lynn (Grey Bruce Health Unit)	☐	☐
Elizabeth Cookson (Healthy Communities)	☐	☐
Francesca Dobbyn (United Way Grey Bruce)	☐	☐
Freeman Boyd (Grey Bruce Local Food Project)	☐	☐
Gayle Graham (Owen Sound & Area Family Y)	☐	☐
Geoff Solomon (Chamber of Commerce)	☐	☐
Glenda Clarke (Grey Bruce Children's Alliance)	☐	☐
Jan Chamberlain (Bluewater Assoc. Life Long Learning)	☐	☐
Janine Dunlop (Ministry of Health Promotion & Sport)	☐	☐
Jennifer Sells (Keystone CYFS)	☐	☐
Jim Harold (City of Owen Sound - Past CAO)	☐	☐
John Bryant (Bluewater District School Board)	☐	☐
Judy Moir (Bruce County Children's Aid Soc...)	☐	☐
Judy Porteous (Osteoporosis Society)	☐	☐
Kathy MacMurdo (Grey County)	☐	☐
Katrina Wilson (Hanover Hospital	☐	☐
Lance Thurston (Grey County)	☐	☐
Leanne Hopkins (Community Living Owen Sound & Dis.)	☐	☐
Lynda Bumstead (Grey Bruce Health Unit)	☐	☐
Mary Anne Alton (Bluewater District School Board Past...)	☐	☐
Matt Evans (OSAID)	☐	☐
Maureen Solecki (Grey Bruce Health Services)	☐	☐
Melissa Gregory (Saugeen First Nations)	☐	☐
Mike Smith (Bruce County)	☐	☐
Nancy Parkin (Ministry of Children and Youth)	☐	☐
Pam Coulter (City of Owen Sound)	☐	☐
Pam Linklater (M'Wikwedong Friendship Centre	☐	☐
Paul Davies	☐	☐

(South Bruce Grey Health Centre)		
Paula Clarke (Grey Bruce Health Services)	☐	☐
Penny Chapman (Chapman's Ice Cream)	☐	☐
Phyllis Lovell (Grey County Children's Aid Socie..)	☐	☐
Randy Scherzer (Grey County)	☐	☐
Rob Armstrong (Ont Professional Planners Institute)	☐	☐
Ross Kentner (Bayshore Broadcasting)	☐	☐
Sandy Stockman (Grey Bruce Community Health Corp)	☐	☐
Sharon Musehl (Brockton Family Health Team)	☐	☐
Stephanie Murray (Grey Bruce Red Cross)	☐	☐
Ted Williams (Ministry of Children and Youth)	☐	☐
Terry Sanderson (Bruce County)	☐	☐
Tim Nicholls-Harrison (Owen Sound/North Grey Union Library)	☐	☐

Please list the names and organizations of any additional people not in the above list:

Name	Organization	Name	Organization

Appendix K: Grey Bruce Healthy Communities Partnership Terms of Reference

Name:
Grey Bruce Healthy Communities Partnership

Members: Membership is currently evolving

Name	Position
Mary Anne Alton	Citizen; Past Director, Bluewater District School Board
Claude Anderson	ED, Grey Bruce CMHA, Grey Bruce Mental Health Network
Rob Armstrong	Ontario Professional Planners Institute, Senior Staff municipality
Dave Barrett	Saugeen Economic Development
Freeman Boyd	Local Food initiative
Jan Chamberlain	Councillor, City of Owen Sound; Past Chair, Bluewater Association for Lifelong Learning
Elizabeth Cockburn	Citizen, Healthy Communities Ontario
Pam Coulter	Director, City of Owen Sound
Francesca Dobbyn	ED, United Way of Bruce Grey
Alanna Leffley	Senior Epidemiologist, GBHU
Pam Linklater	ED, M'Wikwedong
Hazel Lynn	Medical Officer of Health
Bruce MacPherson	Director, Bruce Grey Catholic District School Board
Bob Pringle	Chair, GBHU, BOH; Deputy Mayor, Township of Chatsworth
David Sherman	United Church Minister; Grey Bruce Ministerial Association
Geoff Solomon	Chair, Chamber of Commerce
Catherine Statton	Grey Bruce Diabetes Initiative
Lance Thurston	CAO, Grey County
Arlene Wright	Warden, Grey County
Janine Dunlop (Advisor)	Regional Advisor, Ministry of Health Promotion and Sport
Lynda Bumstead (Chair)	Program Manager, GBHU

Goals

1. Promote coordinated planning and action among community partners to develop healthy public policies related to physical activity recreation and sport; healthy eating; injury prevention; tobacco-free environments; substance misuse; mental health promotion.

2. Enhance the capacity of community leaders to work together to create a culture that makes it easier for Grey Bruce residents to be healthier.

Deliverables

1. Development of a Grey Bruce Community Picture by February 15, 2011
2. Translation of the executive summary of the Grey Bruce Community Picture into French
3. Development of recommendations for action
4. Development of Terms of Reference for the Grey Bruce Healthy Community Partnership

Scope/Jurisdiction

- Empower communities using a shared decision-making model
- Strengthen partnerships within and between communities, and between local and provincial partners
- Mobilize a variety of community partners and sectors for change

- Focus on those at-risk for poor health to reduce disparities
- Build on research, evidence and experience

Guidance from the Ministry of Health Promotion and Sport

<u>Outlined Priorities and Outcomes</u>

Physical Activity, Sport and Recreation (increase access to physical activity, sport and recreation; support active transportation & improve the built environment)

Injury Prevention (promote safe environments that prevent injury; increase public awareness of the predictable and preventable nature of most injuries)

Healthy Eating (increase access to healthier food; develop food skills and healthy eating practices)

Tobacco Use/Exposure (increase access to tobacco-free environments

Substance & Alcohol Misuse (support the reduction of binge drinking; build resiliency and engage youth in substance misuse prevention strategies

Mental Health Promotion (decrease stigma and discrimination; improve knowledge and awareness of mental health issues; foster environments that support resiliency

Ministry of Health Promotion and Sport Guidance Document

Resources and Budget

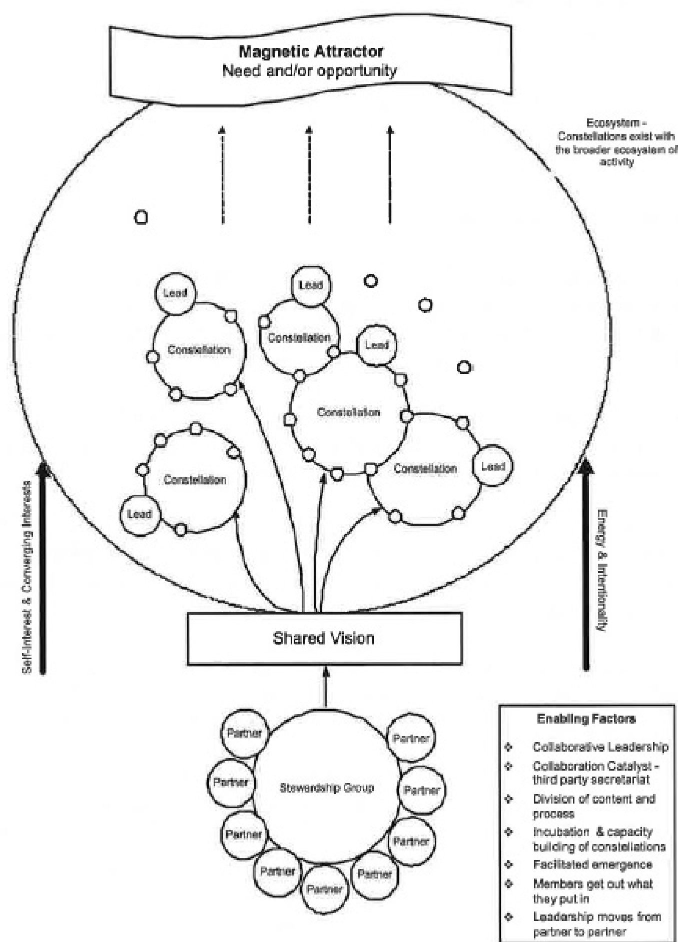
- Ministry of Health Promotion and Sport Budget: $45,000 for January 1- March 31, 2011
- In-kind support from all partners
- Network Mapping expertise Health Nexus

Governance

A collaborative governance model developed by Surman (2009) will support the work of the Partnership (Figure 9). This model allows for participants representing different interests to be collectively empowered to make a policy decision or make recommendations to the Ministry of Health Promotion and Sport.

This model will have a relationship to other Grey Bruce committees/networks/alliances by incorporating a constellation governance component.

Figure 9: Constellation Collaboration Model of Governance



Source: Surman, 2009

Additional Notes

- Meetings scheduled for the first Friday of the month or by the call of the chair.
- Communications outside of meetings will be conducted by email
- Shared information, such as plans and contact information will be stored by the Grey Bruce Health Unit
- Reporting back to the Ministry of Health Promotion and Sport will be conducted by Grey Bruce Health Unit as per the November 2010 Accountability Agreement
- Workgroups developed as required (Oct/10 Community Picture Workgroup formed; Nov/10 Photovoice Workgroup formed)

Adapted from Co-op Tools Organization Democracy Made Easy
http://www.cooptools.ca/list/doc/committee_terms_reference_template

Appendix L: Local, regional and provincial groups connected to the Grey Bruce Healthy Communities Partnership

LOCAL

Addictions Managers Group

Best Start/Early Years Committee

Bluewater Association of Lifelong Learning

Bruce County Tourism

Bruce Federation of Agriculture

Bruce Grey OS Ontario Early Years Committee

Bruce Grey Daycare Quality Assurance

Bruce Grey Trails Network

Bruce Peninsula Bird Observatory

Bruce Ski Club

Canadian Federation of University Women Owen Sound

Care Givers Connect (VON)

Chamber of Commerce

Community Aboriginal Activator Program

Community Emergency Mgt Program Committee - Huron-Kinloss

Community Emergency Mgt Program Committee - North Bruce Peninsula

Community Emergency Mgt Program Committee - Saugeen Shores

Community Emergency Mgt Program Committee - South Bruce

Community Living Meaford

Concurrent Disorders Working Group

Facility Operators Group

First Nations Bi Board Committee

First Time Full Time Conference Committee

Georgian Bay Fruit Growers

Grey Bruce Community Picture

Georgian College Community Advisory Committee (Owen Sound Campus

Great Lakes shore protection

Grey Bruce Integrated Health Coalition

Grey Bruce Affordable Housing Coalition

Grey Bruce Agriculture and Culinary Association

Grey Bruce Bridges Out of Poverty Network

Grey Bruce CEO Health Network

Grey Bruce Children's Alliance

Grey Bruce Chronic Disease Prevention and Management Committee

Grey Bruce Community Coalition for the Prevention of Falls in Older Adults

Grey Bruce Crystal Meth Task Force

Grey Bruce Dual Diagnosis Committee

Grey Bruce End of Life Network

Grey Bruce Falls Prevention and Intervention Committee

Grey Bruce Funders Forum

Grey Bruce Healthy Communities Partnership

Grey Bruce Home and Community Support Services

Grey Bruce Information Network

Grey Bruce Integrated Health Services Network

Grey Bruce Integrated Health Coalition

Grey Bruce Labour Council

Grey Bruce Let's Grow

Grey Bruce Let's Learn

Grey Bruce Mental Health Addictions and Abuse Steering Committee

Grey Bruce Mental Health and Addiction Network

Grey Bruce Mental Health Partnership

Grey Bruce Nutrition Committee

Grey Bruce Ottawa Heart Model Committee

Grey Bruce Community Picture

Grey Bruce Regional Economic Development Alliance

Grey Bruce Sustainability Network

Grey Bruce Violence Prevention Coordinating Committee

Grey Bruce Wellness Network

Grey Bruce FASD Community Mobilization Committee

Grey County National Farmers Union

Grey County Tourism

Grey-Bruce Coalition for Peace and Justice

Grey-Bruce Volunteer Coordinators Network

Healing Hearing Hope Steering Committee

Hospital Foundation Board

Inclusive Communities Committee

Inter Hospital Lab Partnership

Integrated Preschool Speech & Language Advisory Committee

International Women's Day Committee 2011 (Grey-Bruce)

Joint Addictions Advisory Committee

Kemble Pastoral Charge

LHIN CEOs

Malcolm Women's Institute

McQuay Tannery Seniors

Meaford & District Chamber of Commerce

Municipal Chief Administrative Officers of Grey County

Neighbourhood Girls' Club Owen Sound

Owen Sound and Vicinity Ministerial Association

Owen Sound City Council

Owen Sound Dr. Recruitment Committee

Owen Sound Field Naturalists

Owen Sound Youth Coalition

Grey Bruce Community Picture

Partnerships for Health Quality Improvement Committees

Planning Officials Working Group - Source Water Protection

Planning Task Force - Association of Municipalities of Ontario (AMO)

PLAY in Bruce Grey

Purple Valley Hall Association

Regulatory agency meeting -Hydro One and Bruce Power

Restoring the Circle

Rural Women Take Action on Poverty

Seniors Advocacy and Awareness Network

Specialist High Skills Major Committees (Agriculture Health & Wellness)

United Way

Volunteer Coordinators Network Grey Bruce

Youth Roots Committee

REGIONAL

Infection control (Huronia)

International Mountain Bike Association

Lake Huron Zone Recreation Association

Lake Huron Zone Recreation Association

South West Addiction Network

South West CCAC Quality Improvement Committee

South West Children's Managers Committee

South West Diabetes Regional Coordination Centre Steering Committee

South West LHIN Self Management Advisory Committee

South West LHIN Chronic Disease Prevention and Management Dialogue Meetings

South West LHIN Chronic Disease Prevention and Management Network

South West LHIN Regional Renal Steering Committee

South West Region 211 Implementation Team

Southwest Region Violence Against Women Coordinating Committee

Grey Bruce Community Picture

SW Mental Health and Addiction Coalition

Western Inter-ministerial Committee Aboriginal working Group

Western Ontario Wardens Caucus

PROVINCIAL/NATIONAL

Addictions Ontario

Association of Municipal Clerks Administrators and Treasurers of Ontario

Association of Municipalities of Ontario

CMHA ED Network

COMOH - Council of Medical Officers of Health

Canadian Society for Exercise Physiology Health and Fitness Program Executive

Council of Directors of Education

Ministry of Citizenship and Immigration program and service delivery

Ministry of Education Resiliency Committee

Ministry of Education/Ministry of Children and Youth/Municipal Transfer Committee

Ministry of Health Promotion and Sport program and service delivery

Ministry of Tourism and Culture program and service delivery

OMSSA - Ontario Municipal Social Services Association

Ontario County Planning Directors

Ontario Hospital Assoc.

Ontario Neighbours Friends and Families Workplace Project

Ontario Professional Planners Institute

Ontario Trails Council

Ontario Woman Abuse Screening Provincial Steering Committee

Ontario Youth Apprenticeship Committee

Provincial Diabetes Regional Coordination Centre Committee

Provincial Intervention and Support Committee on FASD

Rural Learning Association of Ontario

Small Rural and Northern Leadership Council

Appendix M: Decision Making Criteria for Recommended Actions

Need

- Is there evidence to support the need from available health status data, demographics, community input or current programs?
- Does this address more than one risk factor?
- Does this address the whole community (not just one geographic area)?

Impact

- Is this "best practice"?
- Can results/outcomes be measured/evaluated?

Capacity

- Are resources available to get started?
- Does it make economic sense to implement the action?
- Have partners done this work before and do they have most skills needed?
- Does this build on work already started?
- Do current laws permit implementation?

Opportunities to Collaborate

- Does this fit with the values and mandates of more than one existing or potential partner?

Appendix N: Recommended Actions Rating Form

Grey Bruce Healthy Communities Partnership
Recommended Actions across the six Healthy Communities priority areas

Beneath each of the six Healthy Communities priority areas there are a series of recommended actions. The bullet points below each recommended action represent examples of evidence-based policy activities. These are just a limited sample of possibilities to explain the scope of the recommendation and are not meant to encompass a comprehensive list of options for moving forward. Furthermore, moving forward a particular recommended action does not imply that the Grey Bruce Healthy Communities Partnership must commit to ensuring that all of the possibilities are taken on.

During the February 4, 2011 Grey Bruce Healthy Communities Partnership meeting we will be using a "dotmocracy" process to prioritize the recommended actions within each priority area. You will be asked to rate the recommendations using the following scale.

Recommended Actions	***Most important*** to move forward	***Important*** to move forward	***Less important*** to move forward	***Least important*** to move forward	***Don't know / Not sure***

The following pages will support the review and rating process.

Substance & Alcohol Misuse

- Alcohol use is a significant factor for both injury and chronic disease.
- About 1 in 4 (24%) of people, aged 12 years and older, who consume alcohol in Grey Bruce are heavy drinkers. This rate is significantly higher than rates for the province and peer group.
- A 2006 Grey Bruce study revealed that 4% of the new born babies studied were significantly exposed to alcohol while in the womb.
- Eight percent (8%) of Grey Bruce residents self-report drinking and driving recreation vehicles and 4% self-report drinking and driving a car/truck.
- Alcohol is the most widely used mood altering substance in Ontario, 80% of residents report using it.

Recommended Actions:

1. Shape cultural norms to reduce acceptability of high-risk drinking practices.
   For example:
   - Promote an understanding of what constitutes high risk drinking
   - Support health care providers to do brief alcohol assessments to identify clients at risk of health problems or injury as a result of alcohol use, and to enable discussion
   - Engage youth and parents to denormalize underage drinking
   - Engage youth and parents to shift from a culture that views underage alcohol use as normal and acceptable

2. Implement policies to reduce harm related to drinking.
   For example:
   - Support the development and enforcement of comprehensive Municipal Alcohol Policies
   - Recommend and support public policy countermeasures to reduce drinking and driving
   - Provide advice, training and support to community-based events and businesses, where alcohol is served, to develop house and staff policies
   - Recommend and support public policy initiatives related to the promotion, sale and distribution of alcohol

3. Develop a comprehensive alcohol and drug strategy in Grey Bruce.
   For example:
   - Build community capacity and partnership for development of strategy
   - Build on work that is already evolving in the community
   - Coordinate with provincial and national strategy direction

Substance & Alcohol Recommended Actions	***Most important*** to move forward	***Important*** to move forward	***Less important*** to move forward	***Least important*** to move forward	***Don't know / Not sure***
Shape cultural norms to reduce acceptability of high-risk drinking practices					
Implement policies to reduce harm related to drinking					
Develop a comprehensive alcohol and drug strategy in Grey Bruce					

Healthy Eating

- Research has shown that healthy eating is associated with healthy weights, reduced risk of cardiovascular disease and may prevent certain types of cancer.
- Children who lack adequate fruit and vegetable consumption are significantly more likely to be overweight or obese compared to those who consume fruit and vegetables more frequently.
- Healthy eating is influenced by many factors, including: physical access within a community, food affordability, knowledge of healthy food choices and food skills.
- Only 45% of Grey Bruce residents, aged 12 years and older, have an adequate intake of fruits and vegetables (consume 5 or more servings of fruits and vegetables per day).
- A study of Grey Bruce students in grades 5-12 revealed that only 25% of students typically consume sufficient fruits and vegetables and 40% eat “junk foods” four or more times per day. Also, less than 50% of children are having breakfast each morning before school.
- The rate of overweight and obesity in Grey Bruce is 61.5%, or about 3 in 5, and is significantly higher than the province.

Recommended Actions:

1. Establish school nutrition policies at the board and school level that promote healthy eating through increased access to healthy foods and a supportive nutrition environment (compliant with Ontario’s PPM 150 School Food and Beverage Policy).
   For example:
   - Pricing strategies to address the cost of healthy vs. unhealthy foods
   - Use of locally produced foods in school food programs
   - Guidelines for food and beverages served at meetings, special functions, fundraising events, etc.
   - Certify schools that meet Eat Smart! School Cafeteria guidelines
   - Support and provide resources to student nutrition programs (e.g. breakfast programs)

2. Establish healthy food policies for workplaces, health and social services, public buildings and facilities.
   For example:
   - Guidelines for food and beverages sold in snack bars, community centres, cafeterias, and served at meetings, special functions and community events
   - Pricing strategies to address the cost of healthy vs. unhealthy foods
   - Create consistent expectations to healthy eating with clients of care agencies (e.g. seniors homes, community agencies)
   - Ensure that vulnerable populations served by health and social service agencies are a supported by healthy food policies Provision of nutrition education for all food service staff
   - Support advocacy for the National Sodium Reduction strategy

3. Establish policies to support the use of local foods in the community and for municipal or regional food venues, community programs and events.
   For example:
   - Use of locally produced food for community events, community food box and meal programs.
   - Local sustainable food procurement practices for municipal food services and recreation facilities, student nutrition programs and farmers markets

Healthy Eating Recommended Actions	***Most important*** to move forward	***Important*** to move forward	***Less important*** to move forward	***Least important*** to move forward	***Don't know / Not sure***
Establish school nutrition policies at the board and school level that promote healthy eating through increased access to healthy foods and a supportive nutrition environment (compliant with Ontario's PPM 150 School Food and Beverage Policy).					
Establish healthy food policies for workplaces, health and social services, public buildings and facilities.					
Establish policies to support the use of local foods in the community and for municipal or regional food venues, community programs and events.					

Mental Health Promotion

- According to the World Health Organization Mental Health is defined as "a state of well-being in which the individual realizes his or her own potential, and can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community".
- Protective factors for mental health include, but are not limited to: social participation, physical activity, positive early childhood experiences, income, accessible and affordable housing, accessible education, accessible and quality health and social services.
- About 3 out of 4 Grey Bruce residents rate their mental health as very good or excellent.
- About 3 out of 4 Grey Bruce residents feel a sense of belonging to the community. This rate is higher than the province.
- The rate of suicide death among males in Grey Bruce is 15.0 (per 100,000), which is statistically significantly higher than the province.

Recommended Actions:

1. Improve knowledge and awareness of mental health and mental illness issues.
   For example:
   - Link school boards and schools with resources to promote a healthy, respectful and caring school environment
   - Educate Grey Bruce residents about risk factors and steps to improve their mental health
   - Educate people about treatment options for individuals suffering from, or suspected to be suffering from, mental illness

2. Establish policies that ensure affordable and accessible access to recreational activities.
   For example:
   - Develop and sustain fee assistance/subsidy programs for low-income participants
   - Communities identify a core set of recreation programs that will be universally available to children, youth, individuals and families and offer these programs without a user fee

3. Increase access to affordable and safe housing.
   For example:
   - Support upper and lower tier municipal affordable housing policy development/plans
   - Provide training to landlords and other housing providers on mental health

4. Establish policies that increase structured opportunities for volunteerism and civic participation.
   For example:
   - Develop a municipal online clearinghouse of volunteerism and civic participation opportunities
   - Develop structured opportunities for youth engagement and volunteerism.

5. Foster workplace environments that reduce stigma and discrimination and promote mental health.
   For example:
   - Establish policies that promote work/life balance (e.g. Flexible work hours, working from home, worksite child care)

- Establish policies that require staff and volunteer orientation sessions to include mental health and anti-stigma training to people who are in positions of actual or perceived power (e.g. Social housing staff, including maintenance, security, rental collection, etc)
- Develop anti-stigma training programs to assist employers in recruiting, retaining and accommodating people with mental health issues

Mental Health Promotion Recommended Actions	***Most important*** to move forward	***Important*** to move forward	***Less important*** to move forward	***Least important*** to move forward	***Don't know / Not sure***
Improve knowledge and awareness of mental health and mental illness issues.					
Establish policies that ensure affordable and accessible access to recreational activities.					
Increase access to affordable and safe housing.					
Establish policies that increase structured opportunities for volunteerism and civic participation.					
Foster workplace environments that reduce stigma and discrimination and promote mental health.					

Physical Activity and Recreation

- Physical activity directly benefits a person's physical and mental health. People who are regularly physically active are less susceptible to a number of chronic health conditions.
- Forty-eight percent (48%) of Grey Bruce residents are physically inactive.
- Fourteen (14%) of secondary school students in Grey Bruce report getting no activity either in school or outside of school.
- The majority of children in Grey Bruce are driven to school by either car or bus.
- Only about 10% of the labour force in Grey Bruce gets to/from work by public transit, walking or bicycling.

Recommended Actions:

1. Build capacity for schools to increase physical activity amongst students.
   For example:
   - Implement an active school travel planning and policies to ensure there are opportunities for safe walking and cycling to school.
   - Ensure adequate facilities and equipment are available to support physical activity
   - Develop partnerships and joint use agreements with municipalities, school boards and community organizations to ensure optimal use of facilities after regular hours
   - Develop after school programming that links schools to community recreation
   - Locate, build and renovate schools to support walking and biking as safe and convenient ways to travel to school.

2. Support workplaces in the development of policies and practices to increase physical activity amongst employees.
   For example:
   - Provide alternative and active transportation opportunities for employees.
   - Ensure adequate facilities and equipment are available to support physical activity (i.e bike racks).
   - Provide subsidies for physical activity involvement through a reimbursement program.

3. Support the development and implementation of policies to create environments that promote physical activity.
   For example:
   - Develop and sustain fee assistance or subsidy programs for low income residents.
   - Identify a core set of recreation programs that will be universally available to children, youth, individuals and families and offer these programs without a user fee.
   - Improve land use planning to reduce dependence on cars and increase opportunities for walking and cycling.
   - Require appropriate integration of sidewalks, bike lanes and safe crossing opportunities in all major transportation projects.
   - Connect roadways to complementary systems of trails and bike paths that provide safe places to walk and bike.
   - Include dedicated green space for parks and playgrounds in all new major development projects.

Physical Activity Recommended Actions	***Most important*** to move forward	***Important*** to move forward	***Less important*** to move forward	***Least important*** to move forward	***Don't know / Not sure***
Build capacity for schools to increase physical activity amongst students.					
Support workplaces in the development of policies and practices to increase physical activity amongst employees.					
Support the development and implementation of policies to create environments that promote physical activity.					

Injury Prevention

- Grey Bruce has high rates of unintentional injury hospitalizations across all age categories. The main contributors are falls and motor vehicle crashes.
- The falls hospitalization rate is nearly 50% higher than the rate for Ontario. The motor vehicle crash hospitalization rate is nearly twice the rate for Ontario.
- For those aged 65 years and older, the rate of hospitalization associated with injury from falls is 35% higher than the province.

Recommended Actions:

1. Establish falls prevention policies for public spaces and buildings.
   For example:
   - Inform and influence the development of policies that create age-friendly communities.
   - Support partners in the development and implementation of falls prevention policy for public buildings and spaces, retirement homes, long-term care homes, hospitals, etc.
   - Advocate for the integration of safety standards that exceed current building codes.
   - Achieve compliance with the Canadian Standards Association playground standards for all public playgrounds
   - Enforce recreational policies regarding standards or regulations for wearing sports equipment and protective gear
   - Advocate for safety standards for community parks, public spaces, and trails.

2. Support healthcare providers in implementing fall prevention and intervention activities.
   For example:
   - Encourage Community Care Access Centres (CCACs) to fund Personal Support Worker (PSW) time to deliver the Home Support Exercise Program with their clients.
   - Advocate for funding for General Practitioners and Nurse Practitioners to complete Fall Risk Assessments.
   - Advocate for mandatory falls prevention training for health and social service providers.

3. Promote the adoption and implementation of comprehensive road safety and transportation policies.
   For example:
   - Increase enforcement to reduce speeding, aggressive driving, and distracted driving
   - Require appropriate integration of sidewalks, bike lanes and safe crossing opportunities in all major transportation projects.
   - Support the implementation of interventions to increase proper use of child restraints and car seats.

Injury Prevention Recommended Actions	***Most important*** to move forward	***Important*** to move forward	***Less important*** to move forward	***Least important*** to move forward	***Don't know / Not sure***
Establish falls prevention policies for public spaces and buildings .					
Support healthcare providers in implementing fall prevention and intervention activities.					
Promote the adoption and implementation of comprehensive road safety and transportation policies.					

Tobacco Use/Exposure

- Tobacco use is the number one preventable cause of premature death and illness in Ontario and results in a substantial burden on the health care system.
- Preventing children and youth from starting to use tobacco products is a key intervention to prevent them from smoking as adults and to prevent illness and death from chronic disease.
- Research has shown that more than 80% of current and former smokers in Canada started smoking before the age of 20.
- About 22% of Grey Bruce residents are current smokers.
- In Grey Bruce, about 13% of people are exposed to second-hand smoke in vehicles or public places.
- About 7% of people in Grey Bruce are exposed to second-hand smoke in the home.
- About 72% of Grey Bruce residents ask smokers to refrain from smoking in the home.

Recommended Actions:

1. Establish tobacco-free environments.
   For example:
   - Outdoor sports and recreation facilities and grounds (including beaches and festivals).
   - Condominiums, apartment buildings, and public housing (with priority on new units).
   - Priority settings (e.g. college grounds, hospital grounds).
   - Tobacco-free sales zones around schools.
   - Establish municipal licensing strategies to limit the number and location of tobacco retail outlets.
   - Advocacy to support tobacco-free movies.
   - Advocacy to support provincial policy strategies.

2. Ensure tobacco status is assessed and cessation support services are provided in all settings providing services to youth and young adults.
   For example:
   - Provide cessation training opportunities for education, health, and social service providers.
   - Work with schools and youth serving organizations to reach youth and young adults with interventions that are likely to prevent first use and/or interrupt habitual tobacco use.

3. Establish employee health care benefits and/or Employee Assistance Programs.
   For example:
   - Smoking cessation counseling
   - Pharmacotherapy

4. Expand and support tobacco cessation policies across health care and public health settings including primary health care, hospitals, and long term care homes.
   For example:
   - Train all health professionals in effective tobacco cessation strategies
   - Screen all clients for tobacco use and assess client's level of tobacco dependence and willingness to quit
   - Offer every client who is a tobacco user *at least* minimal tobacco cessation intervention

Tobacco Use Recommended Actions	***Most important*** to move forward	***Important*** to move forward	***Less important*** to move forward	***Least important*** to move forward	***Don't know / Not sure***
Establish tobacco-free environments.					
Ensure tobacco status is assessed and cessation support services are provided in all settings providing services to youth and young adults.					
Establish employee health care benefits and/or Employee Assistance Programs.					
Expand and support tobacco cessation policies across health care and public health settings including primary health care, hospitals, and long term care homes.					