North Simcoe Muskoka **LHIN**
RLISS de Simcoe Nord Muskoka

NSM LHIN LEADERSHIP COUNCIL

NSM LHIN Board Chair Addresses Council!

June 8, 2011 – Update #11-5

EXCITEMENT AND ACKNOWLEDGEMENT

- ***Bob Morton, NSM LHIN Board Chair***

"I'm so excited with what we're doing here in our LHIN!" Those were the words of newly appointed LHIN Board Chair Bob Morton as he addressed the Leadership Council.

Bob acknowledged the Council's terrific work with the ***Care Connections*** project, but noted it was just the beginning. "Engaging all our stakeholders, including front line staff and physicians, was an important activity. An implementation plan for the first three years has emerged, and we now need to stay the course."

"The NSM LHIN Board is excited and keen, yet fully recognizes change won't be easy but it's something we have to look at now. I truly believe this will succeed.

The solution is in the community. Mining those solutions and putting them in place will only help to ensure we look at the full continuum of a person's care journey."

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Dr. Charles Gardner, Medical Officer of Health; **Joyce Fox**, Director, Healthy Living Service; **Christine Bushey**, Program Manager, Chronic Disease Prevention, Healthy Living Service; and **Velma Shewfelt**, Program Coordinator, Healthy Communities Partnership Programs, Healthy Living Service presented information on the Health Unit's major priorities for 2011-2012. Please refer to the Health Unit's presentation attached.

CARE CONNECTIONS - Coordinating Councils

The Leadership Council's role is to oversee the implementation work being carried out by the six areas of focus coordinating councils. In beginning to address each council's terms of reference, the Leadership Council was presented with draft responsibilities, possible membership listings, evaluation processes and decision-making approaches. Language inconsistencies, consumer/customer representation, the role of the coordinating council vice-chair and accountability (governance, education / training, and the role for the lead organization board and other health service provider boards) were identified as areas that need to have a consistent approach for all the coordinating councils.

Each coordinating council will present their final recommendation for terms of reference at the September Leadership Council meeting.

The NSM LHIN Governance Working Group will be asked to review governance issues and bring recommendations back to the Leadership Council.

NEXT STEPS

Monthly Meeting – Wednesday, August 10, 2011 from 4:00 – 7:00 pm. If you have any questions, please feel free to contact the LHIN at northsimcoemuskoka@lhins.on.ca.

Planning Day – September 21, 2011

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Your Health Connection

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An introduction to the

Simcoe Muskoka Community Picture

LHIN – Leadership Council June 8, 2011

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




What is Healthy Communities?

- MHPS 'new' approach to health promotion
- Goal: to make it easier for Ontarians to be healthy
  - How?
    - Healthy Public Policy for sustainable change
    - Communities working together – Partnership
- 3 Streams:
  - Grants - local organizations/groups can apply for program dollars
  - Partnership – working toward policy priorities
  - Consortium – support and training
- Partnership Stream:
  - Stakeholders from Simcoe Muskoka

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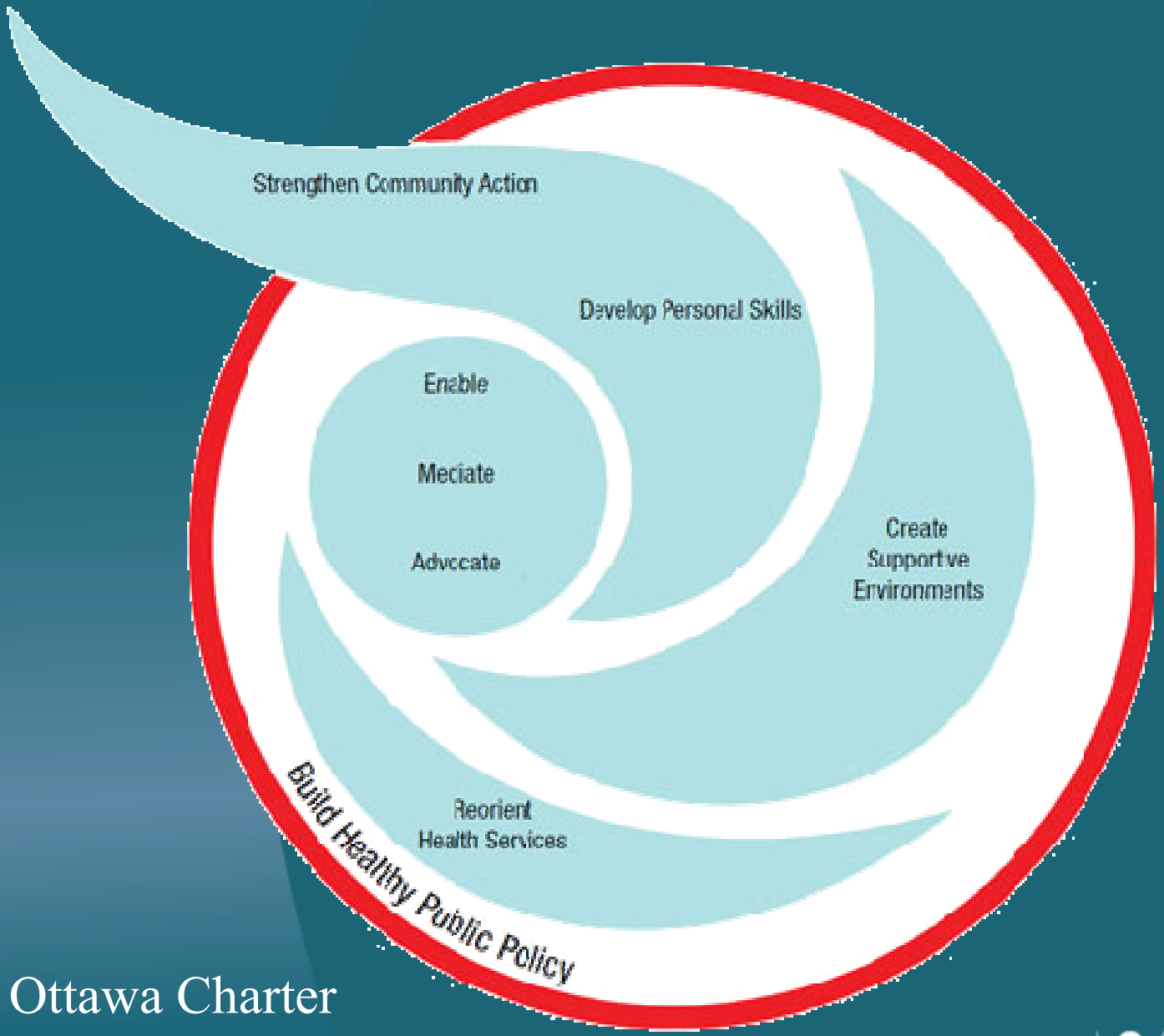

The Ottawa Charter For Health Promotion (1986)

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Policy as part of a comprehensive Health Promotion Approach

- Primary prevention has the greatest potential to reduce the burden of preventable chronic diseases
- No one activity/program is enough to change behaviour – multi-dimensional approach required
  - Some strategies are targeted specifically to individuals (e.g., mall walking program and/or awareness campaign)
  - Others targeted at the environment (e.g., sidewalks – well lit, good repair, wide enough to support walking)
- Policy generally addresses "systems" (e.g., education, health, government, recreation)

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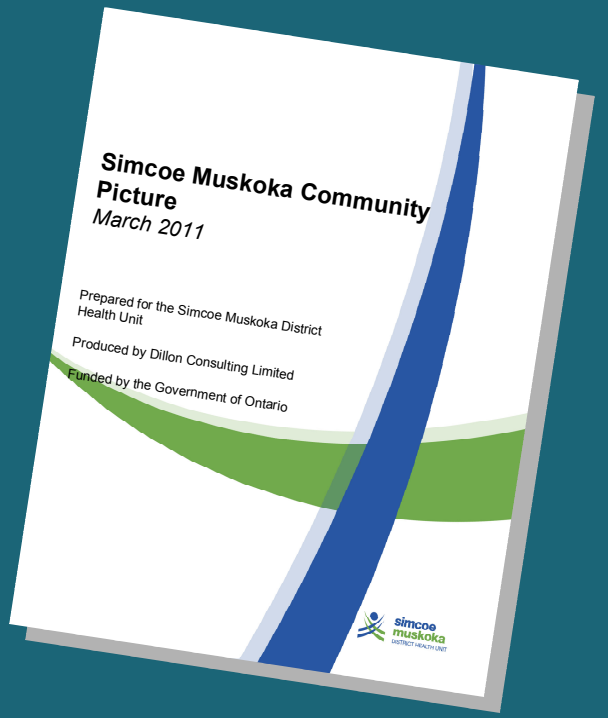
What is the Community Picture, and why do we need one now?

- MHPS mandated document which informs decision-making and planning for policy outcomes
- A comprehensive overview including:
  - Health status data
  - Socio-demographic data
  - Geographic Information Systems (GIS) mapping
  - Community Capacity review
  - Community input (Consultations, Photovoice)
- Formed the basis for program and policy recommendations which came to the partnership for final selection



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Community Picture Highlights: Findings by Priority Area

Substance and Alcohol Misuse

Among Simcoe Muskoka residents aged 15-69 years:

- Deaths attributable to alcohol (2000-2005 combined):
  105 from chronic disease; 130 related to injury.
- Hospitalizations attributable to alcohol (2003-2009 combined):
  1,256 due to chronic disease; 6,840 due to injury.

Prescription Opioid use among Gr. 7 – 12 students*:

- 18% reported non-medicinal use of prescription opioid pain relievers (e.g.: Percocet, Percodan, Demerol, codeine, Tylenol #3 or Oxycontin) at least once in the past year.
- 3rd highest class of drugs used by students, after alcohol (58.2%) and cannabis (25.5%)

* Ontario Student Drug Use and Health Survey (2009)

Municipal Alcohol Policies (MAP) in Simcoe Muskoka:

- 21 of 26 municipalities have a MAP in effect.
- 2 have working drafts under consideration, 3 have none.

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Community Picture Highlights: Findings by Priority Area

Mental Health Promotion

Self-reports say…

- 72.5% of individuals aged 12 or older in Simcoe Muskoka reported their mental health as excellent or very good (2007).

But the data says…

- Suicide is considered a leading cause of injury-related death in Simcoe Muskoka among young adults aged 20 to 44; **25.2%** of injury-related deaths were attributable to suicide (2000-2005)

Relationship to Built Environment:

- The built environment influences mental health
  - SMDHU released document for municipal planners which addresses the design of the built environment.
  - SMDHU is reviewing all Official Plans and some municipalities are beginning to make some of the recommended policy changes.

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Community Picture Highlights: Findings by Priority Area

Injury Prevention

Injury-related death in Simcoe Muskoka:

- Motor vehicle collisions (MVCs) and falls are leading causes of death in residents 44 years of age and under.
- MVCs were the leading cause of injury-related death among children aged 1-9 and young adults aged 15 to 29 (between 2000-2005)

Fatalities where seatbelts were not worn (2005) in Simcoe Muskoka:

- 30% of driver fatalities
- 25% of passenger fatalities

Relationship to the Built Environment

- Some MVCs could be averted with better road infrastructure and design.
- Many communities are automobile dependent and not well designed to support transit, walking or cycling.

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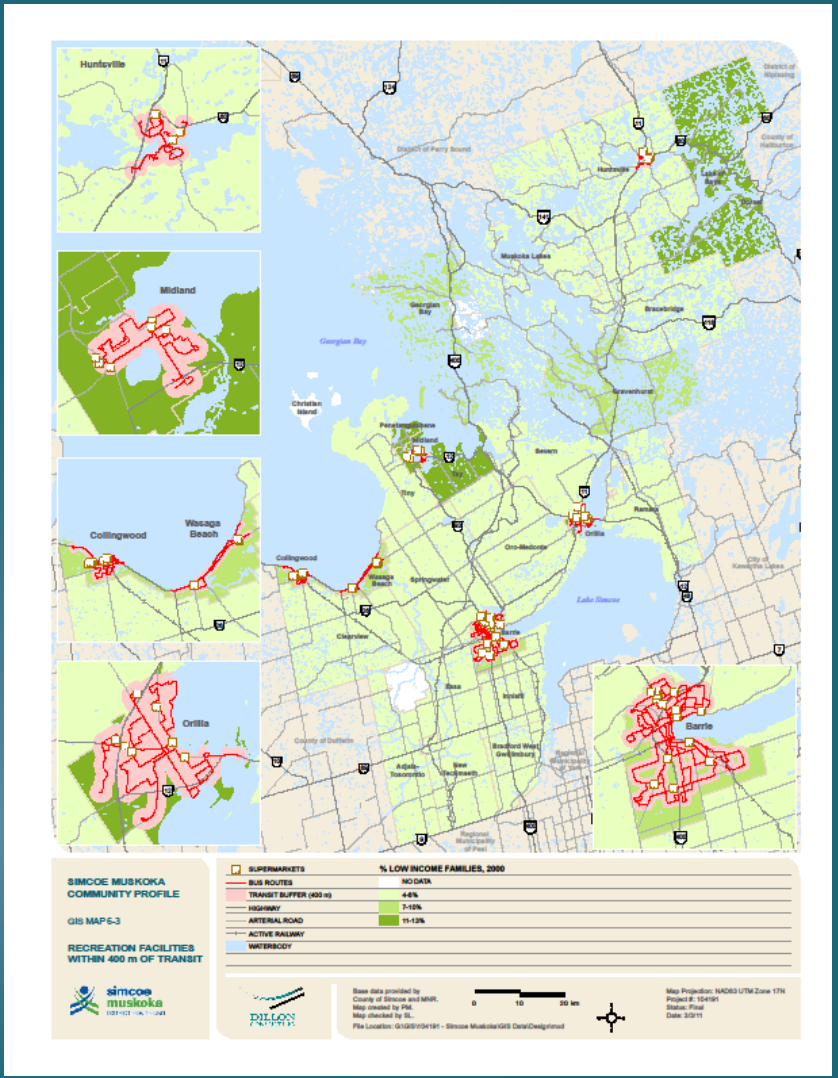
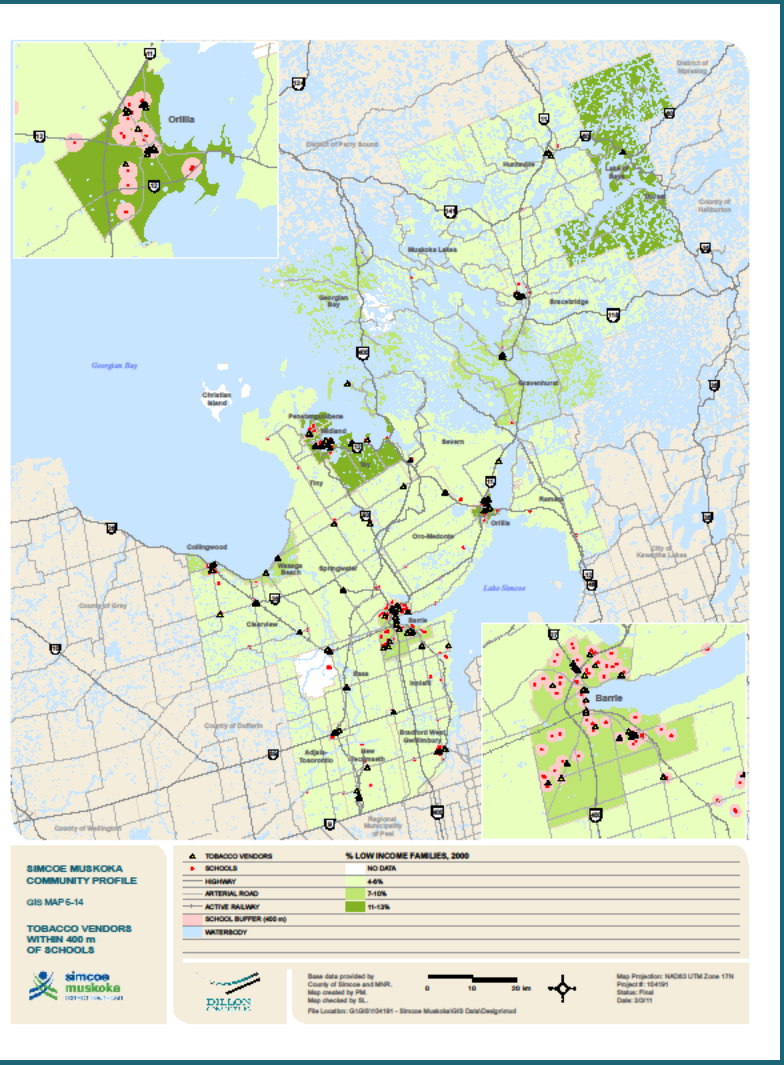
Community Picture Highlights: GIS Maps



Recreation Facilities and Public Transit



Tobacco Vendor Proximity to Schools

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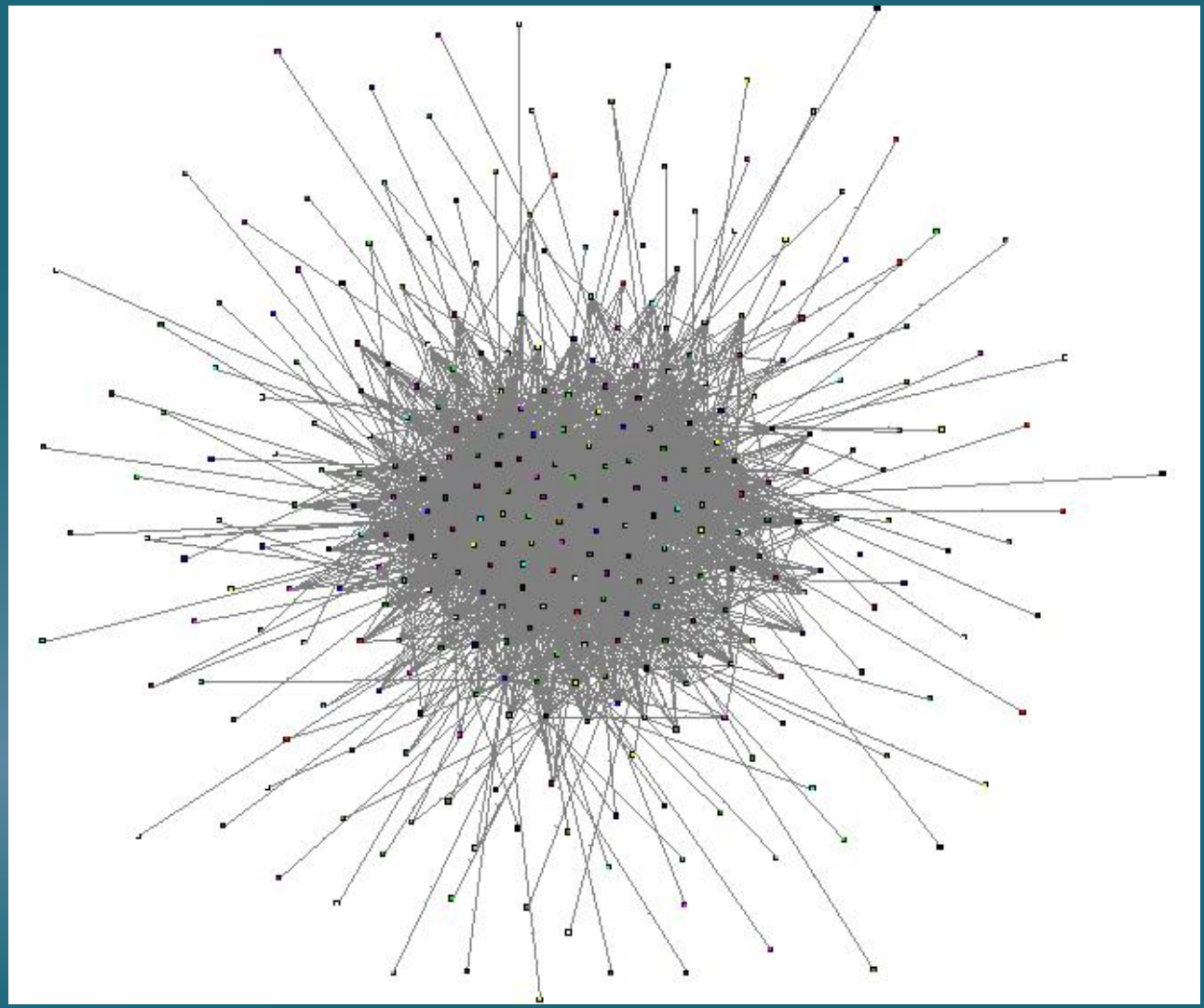
Health Nexus Network Mapping Survey: Our "Network" with SMDHU at the Hub



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Why the emphasis on “Policy”?

A Policy…

- ✓ Is enforceable
- ✓ Is required
- ✓ Is incentive based (punitive or positive)
- ✓ Has consequences
- ✓ Is equitable
- ✓ Is sustainable

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Simcoe Muskoka's Policy Priorities for 2011-12

- Selected at a Priority Setting Meeting held March 22
- 109 stakeholders attended, representing 98 organizations, committees, services & agencies
- Using a democratic process, informed by the Community Picture findings
  - Policies which ensure healthier food choices are affordable.
  - Policies to reduce financial barriers to participation in physical activity, sport and recreation programs.

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Simcoe Muskoka Healthy Communities Partnership
Policy Priority #1

What we know…

- People can better meet their nutrition needs when healthy, affordable food is accessible
- Nearly 1/3 of low income households were unable to buy the food they needed last year
- Many rural and some low-income areas have limited access to fresh produce and meat sources.
- Most communities do not offer public transit
- A lot of less healthy food options are located near schools

What we hope to do…

- **Develop policies which ensure healthier food choices are affordable.**

[**Note**: This does not refer to food pricing but rather to influencing food dollars (for example, increasing available $ or stretching existing $ further)]

How we plan to do it…

- Bring the partnership together to plan our approach
- Review best practices and choose what fits for our community
- Develop a detailed workplan
- Identify and collect additional information needs
- Plan and implement activities to build support for the policy recommendations

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Simcoe Muskoka Healthy Communities Partnership
Policy Priority #2

What we know…

- The built environment contributes significantly to active living
- Lack of time, money and access to recreational resources are perceived to be significant contributors to physical inactivity
- Many rural areas have limited access to recreational facilities
- Access to and from activity opportunities needs to improve
- Physical activity can and should be encouraged as a normal part of every day living, for everyone; opportunities for unstructured play and unorganized activity are needed.

What we hope to do…

- **Develop policies to reduce financial barriers to participation in physical activity, sport and recreation programs**

How we plan to do it…

- Bring the partnership together to plan our approach
- Review best practices and choose what fits for our community
- Develop a detailed workplan
- Identify and collect additional information needs
- Plan and implement activities to build support for the policy recommendations

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Where do we go from here?

- Bring the partners together
- Formalize the partnership
  - Governance structure
  - Terms of Reference
  - Vision, Mission Statements, Branding
- Timeframe: June – October 2011

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Where do we go from here?

- Establish detailed workplans for the 2 policy priorities
  - Timeframe: June – October 2011
  - Implementation: November 2011– March 2012
- Promote and “Refresh” the Community Picture
  - Time Frame: December 2011 – March 2012
- Develop 2012-13 Operational Plan
  - Timeframe: March 2012

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QUESTIONS??

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