

# Alberni- Clayoquot Health Network Strategic Plan



Nov. 2012

Healthy & Connected People & Places

*2012 to 2014*



# Introduction

The primary factors that shape our health and wellbeing are not personal habits like whether we exercise enough or eat too much, or if we have easy access to medical treatments when we need it. The primary factors that affect our health outcomes the most are **economic** and **social** conditions such as education, employment, income, food, housing, family and social supports, access to transportation and other aspects of living in a community. These factors in which people are born, grow, live, work and age have come to be known as the social determinants of health and according to the World Health Organization "poverty is the single largest determinant of health" (*WHO 2011 Poverty and Social Determinants*). According to the BC Healthy Living Alliance (*Healthy Futures for Healthy Families Report, 2009*) "Populations living in poorer social conditions generally have higher rates of chronic disease and through periods of ill health, individuals with chronic disease can lose the security of adequate income and social supports." And according to the Vancouver Island Health Authority (*Local Area Health Profile Interpretation Guide 2011*), "it has long been known that there is a connection between geographic location and health status: those living in rural locations often fare more poorly in health status than those in urban areas. This knowledge has guided the ACHN's identification of its' strategic priorities.

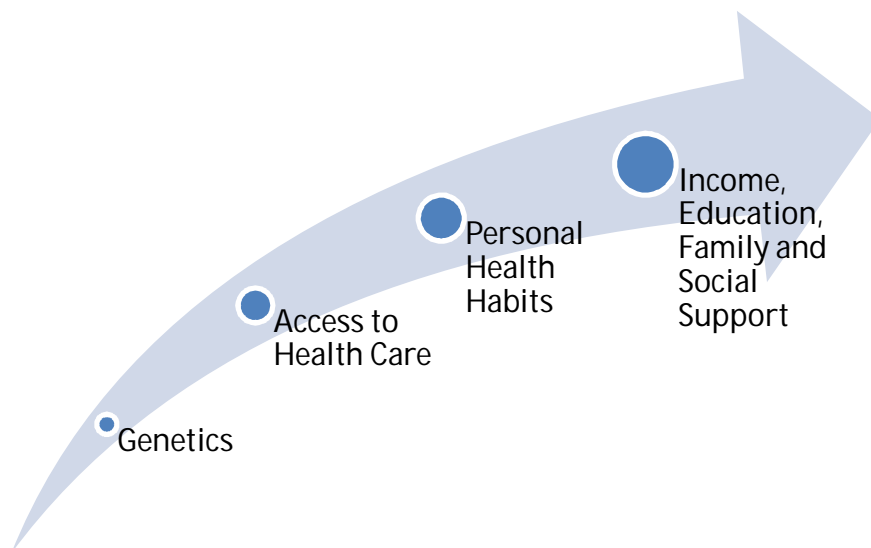


Figure 1: Relative importance of different factors in shaping our health and wellbeing.

# Background

The Alberni local health area 70 covers approximately 6,658 square kilometers and includes the communities of Port Alberni, Tofino, Ucluelet, Bamfield, as well as several smaller rural and remote communities that stretch out to the West Coast of Vancouver Island.

The population of the area is approximately 31,000 and is shaped by the realities of rural and remote living that include a long history of a resource-based economy (mining, fishing, forestry) that is shifting towards tourism. According to the VIHA Local Area Health (LHA) Profile 2011, the region has a high number of people identifying as Aboriginal (16%), a higher proportion of people aged 75 and over and a higher percentage of individuals receiving income assistance than other LHA's in VIHA. Overall the area has relatively poor health status compared to VIHA on the whole.

According to the VIHA Strategic Plan (2008) "West coast communities were concerned about transportation, maternity, health status and enhanced mental health and addictions services, as well as in establishing partnerships that might better address the broader determinants of health".

Currently there are a number of government bodies operating in the region including:

- Vancouver Island Health Authority
- Nuuchahnulth Tribal Council
- Maa-nulth Treaty Group
- City of Port Alberni
- District of Tofino
- District of Ucluelet
- Alberni-Clayoquot Regional District
- First Nations Health Council

As well there are a significant number of other stakeholders who are either providing health related services, advocating for and are concerned with the overall health and well-being of citizens in the region including governmental (e.g. Ministries) and non-governmental organizations, school district, networks, community groups, businesses, professionals, foundations and concerned citizens.

In accordance with its strategic priority of improved stakeholder engagement and based on its role in the development and success of a multi-stakeholder community-driven Health Network in the Mt. Waddington region, VIHA provided a one time grant of app. \$505,000 and entered into a Protocol Agreement (April 2012) with the Alberni-Clayoquot Regional District in order to develop the 'Alberni-Clayoquot Health Network'.

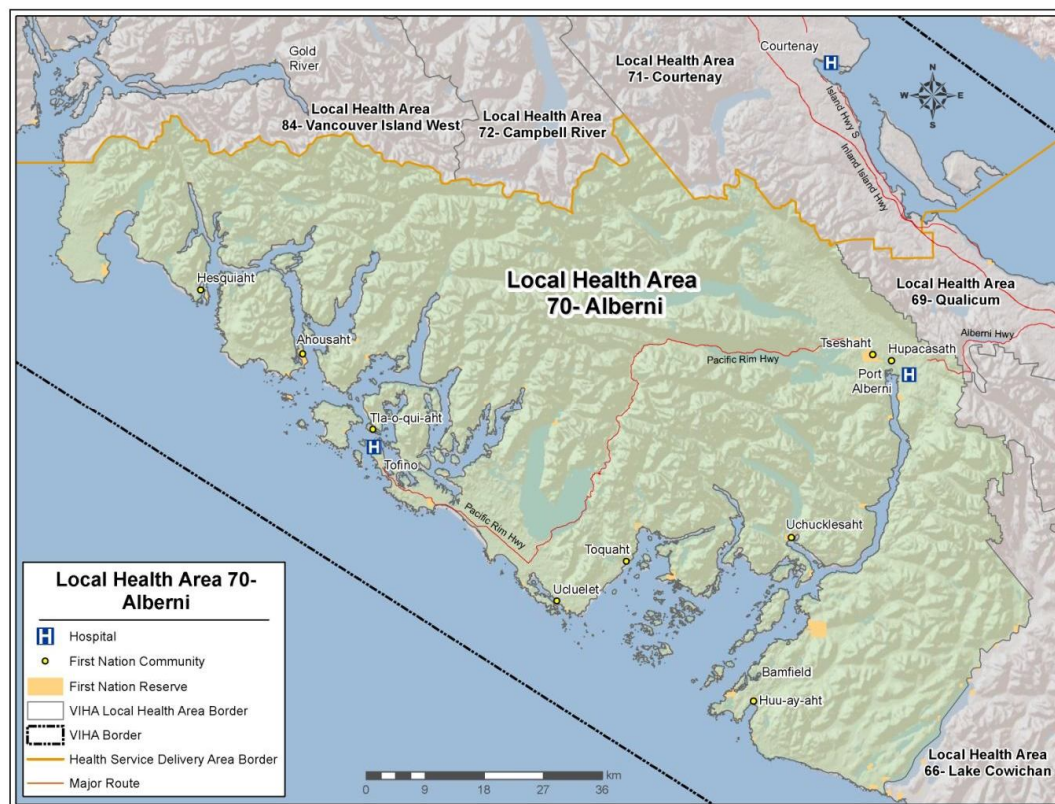
According to the Protocol Agreement, the purpose of the network is to

- i) improve the health status of the Alberni-Clayoquot Communities population and to

- ii) support local governments in community planning as it relates to the determinants of health.

In June 2012 a Coordinator was hired to help create strategic and operational plans for the newly created 'Alberni-Clayoquot Health Network' and a preliminary budget was approved on Sept. 13, 2012, for the period June 2012 to May 2014 (see appendix 1). Based on a member wide survey, stakeholder consultations and group discussions members of the planning committee came together Nov. 1st, 2012 for a Strategic Planning Process and stated that the priority issues for the Alberni-Clayoquot Health Network should include (but not necessarily be limited to):

- **Network Development**
- **Healthy Children and Youth (0 - 18)**
- **Affordable and Accessible Regional Transportation**
- **Affordable Housing**
- **Health Literacy**





# Vision / Mission / Purpose



## The Alberni-Clayoquot Health Network (ACHN)

### OUR VISION

***"Healthy & Connected People & Places"***

### OUR MISSION

*The Alberni-Clayoquot Health Network fosters healthy and connected people and places by enabling dialogue and understanding amongst citizens and stakeholders in order to speak with a collective voice on regional and local health issues. The Network is a community driven mechanism that helps to build partnerships and capacity, share concerns, ideas and resources and create innovative solutions that impact the social determinants of health and work towards sustainable healthy communities.*

(Check out a short [digital story](#) about 'Network Building' for healthier communities on Vancouver Island!)

## OUR PURPOSE

### The Alberni-Clayoquot Health network aims to:

- involve a variety of sectors which have the potential to impact on the determinants of health
- involve stakeholders in an ongoing process of deliberation, needs assessment & priority setting
- focus on setting priorities and mobilize solutions that build on community assets and strength
- enhance the skills, abilities, resources, and commitment of communities and community members to care for each other, nurture unique talents and leadership, and act on challenges and opportunities the community faces.
- impact the health and vitality of Alberni-Clayoquot communities in a positive, sustainable manner through collaboration, education, communication and cooperation.

## OUR VALUES

- **Inclusion:** We are open to anyone that wants to be involved and recognize, encourage and value each other's contributions.
- **Learning:** we share knowledge, listen to each other, explore new ideas and apply information in ways that generate new understanding and solutions.
- **Compassion and Respect:** We have compassion for all people with whom we interact and are mindful and respectful of differing opinions.
- **Hishuk ish tswalk:** We embrace the Nuu-chah-nulth world view that everything is one and all is interconnected and health is holistic in nature.
- **Connection, Collaboration and Sharing:** We cultivate relationships, connect people to each other, promote a culture of participation and sharing of resources in order to better serve our communities and advance the common good. Together we are better.
- **Sustainability:** We are accountable with the resources entrusted to us, strive for cost-effectiveness and efficiencies and aim towards sustainability of solutions and initiatives.
- **Innovation:** We want to constantly find better and more efficient ways to serve our communities.

### There are many ways to work together



**Together we are better!**

## OUR GUIDING PRINCIPLES

In all that we do, we:

- employ a population health approach that focuses on improving the health and well being of the entire population of the region and across the lifespan.
- focus on the social determinants of health and address policies that impact health inequities.
- believe that health is a shared responsibility and that collaboration leads to innovation.
- are solution oriented & committed to building on community assets, strengths, efficiencies, social capital and reduce duplication.
- utilize approaches that build knowledge, health literacy, capacity and citizenship.
- acknowledge that local realities, population demographics, socio-economics and health indicators can vary significantly (remote, rural, urban).



- recognize that the Health Network exists within the territories of 10 Nuu-chah-nulth First Nations. We strive to find new, better and culturally appropriate ways to collaborate, plan and work together and that legitimize traditional knowledge.



# Goals & Objectives

## GOAL ONE: Network Development

*Recognizing that "the delivery of health care is complex and relies on the connection and collaboration of many. We work in partnership and share responsibility with our colleagues, clients, communities and government organizations to integrate health services and improve population health". (VIHA's 2008 Strategic Plan p. 11)*

**Objective 1.1** Develop the 'Alberni-Clayoquot Health' Network' terms of reference, governance/ operational structures.

**Objective 1.2** Convene regular meetings of Admin, Planning and Sub-committees in order to build relationships, discuss issues, priorities and make recommendations for action.

**Objective 1.3** Sponsor/ host forums around the region focused on community concerns and priorities and that are in alignment with the principles, values and goals of the health network.

**Objective 1.4** Host capacity building workshops and other opportunities for knowledge exchange.

**Objective 1.5** Develop and support sub-committees and working groups as needed.

**Objective 1.6** Produce and distribute a monthly e-newsletter, manage website, social media, utilize local media and engage in outreach activities in order to communicate important information and build the network.

**Objective 1.7** Help to build, share and access social and financial capital in the region through the creation of new partnerships and initiatives aimed at addressing regional priorities.

**Objective 1.8** Create connections and collaborations with partners and stakeholders beyond the region to increase capacity and bring knowledge, resources and opportunities, to the region.

**Objective 1.9** Support policy recommendations that aim to remove barriers and create incentives in order to improve socio-economic status, reduce health inequities and increase health outcomes of the most vulnerable in the region.

**Objective 1.10** Conduct activities related to sustainability planning and outcomes based evaluation for the Network.

## GOAL TWO: Healthy Children and Youth (0-18)

*Recognizing that the environments that children grow up in and are exposed to in early life affect health, from in utero influences to families, schools, neighborhoods and beyond. As well, early nutrition and healthy physical, mental and emotional development are critical to building resiliency and good health outcomes. According to First Call: BC Child and Youth Advocacy Coalition's report card (Nov. 2012), BC had the second-highest rate of child poverty among the provinces in 2010, at 14.3%. High levels of income inequality have been linked to greater infant mortality, crime, mental illness, addiction, and obesity, as well as reduced educational outcomes.*

**Objective 2.1** Strengthen/ increase the capacity of the three inter-sectoral networks for children (Coastal Family Resource Coalition, Aboriginal Early Childhood Development Table and Alberni Children First Network).

**Objective 2.2** Objective 2.3 Sponsor/ host community forums focused on topics related to healthy children, youth and families in the region.

**Objective 2.3** Develop and support regional children and youth sub-committees for the network.

**Objective 2.4** Participate in the Comprehensive School Health strategy committee work and roll-out activities.

## GOAL THREE: Affordable & Accessible Regional Transportation

*Recognizing that "access to prevention, early detection, treatment or support services... make good health status even more difficult to achieve in rural or remote areas... People living in rural communities generally need to travel longer distances, and often on more dangerous roads, for work, shopping and other reasons." (Canadian Institute for Health Information CIHI). In addition, lack of public transportation makes the search for the basic things in life – jobs, housing, food, social, recreational and cultural opportunities – a constant challenge and that physical distance often creates social distance in rural communities. (Primer to Action: Social Determinants of Health, Ontario Chronic Disease Prevention Alliance).*

**Objective 3.1** Participate in discussions/ actions that will result in a feasibility study being conducted regarding public transportation options for the region.

**Objective 3.2** Conduct community engagement activities related to the issue including a community forum/ key stakeholders gathering.

**Objective 3.3** Promote the development of active transportation initiatives in the region.

## GOAL FOUR: Affordable Housing

*Recognizing that housing is essential to a healthy life. Provincially, BC residents have identified housing-related social issues such as affordable housing as the most significant issue facing their communities. In Alberni-Clayoquot this is very much the case as well. While the region enjoys some of the lowest housing costs on the Island, 39% of renters are spending more than 30% of their income on rent (LHA 70 profile pg. 9). Given that the region also has a higher number of people receiving income assistance means that many are either already experiencing homelessness or the negative impacts of 'housing insecurity'.*

**Objective 4.1** Participate in regional committees / tables on affordable housing, homelessness and social planning.

**Objective 4.2** Formalize relationship / create and support a regional affordable housing sub-committee to the health network.

**Objective 4.3** Support policy recommendations that aim to remove barriers to safe and affordable housing.

## GOAL Five: Improve Health Literacy

*Recognizing that the majority of adult Canadians (60%) do not have the necessary skills to manage their health adequately (Canadian Council on Learning (CCL) Report 2007). The Canadian Public Health Association defines health literacy as: "Skills to enable access, understanding and use of information for health" and that requires more than one literacy skill—prose, document and numeracy—often simultaneously. These literacy skills are used for a wide range of daily tasks, such as making healthy lifestyle choices, finding and understanding health and safety information, and locating proper health services. According to the CCL health literacy [map](#) for BC, 48% of the Alberni-Clayoquot population functions at a level 2 or below which is classified as the capacity to deal only with simple, clear material involving uncomplicated tasks. "People at this level may develop everyday coping skills, but their poor literacy makes it hard to conquer challenges such as learning new job skills."*

**Objective 5.1** Promote key pillars of chronic disease prevention including healthy eating, active living, tobacco cessation and healthy built environments.

**Objective 5.2** Develop a regional working group/ sub-committee that develops and supports initiatives that increase health literacy.

**Objective 5.3** Promote / help to develop / improve and expand 'healthy literacy' among already existing literacy and First Nations organizations / initiatives in the region.

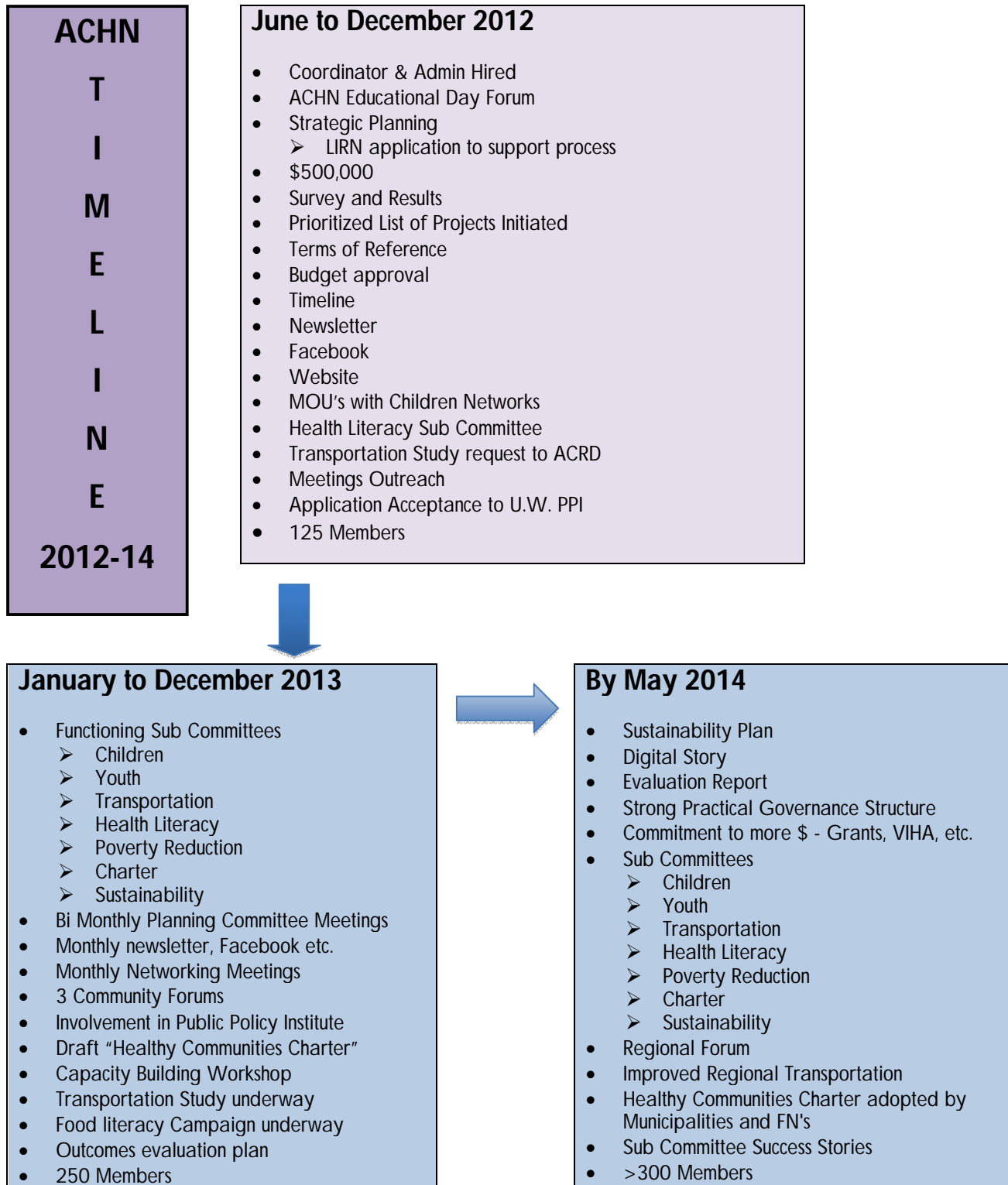
**Objective 5.4** Connect with / support initiatives aimed at improving health literacy within the region including Healthy Schools BC, SD#70 and other educational outreach and institutions.

# Who Are We?

**As of Dec. 2012 the Network list includes representatives from the following:**

- Alberni-Clayoquot Regional District
- Alberni Community & Women's Services Society
- Alberni Valley Hospice Society
- Alberni Valley Social Planning Council
- Association for Community Living
- City of Port Alberni
- Clayoquot Biosphere
- Coastal Family Resource Coalition
- District of Tofino
- Fir Park/Echo Village Seniors Group
- GYRO Youth Health Center
- Hesquiaht First Nation
- Huu-ay-aht First Nation
- Literacy Alberni Society
- Make Children First
- Ministry of Social Development District
- MLA Scott Fraser
- NIC Students as Leaders & ACWS
- Nuu-chah-nulth Tribal Council
- Pacific Rim Health Care Cooperative
- Pacific Rim Hospice Society
- Port Alberni Friendship Center
- Port Alberni Mental Health and Addictions
- Port Alberni Public Health
- Port Alberni Shelter
- RCMP
- Salvation Army
- School District #70
- Tla-o-qui-aht First Nation
- Tofino General Hospital
- Tsawaayuus (Rainbow Gardens)
- Tseshaht
- Uchucklesaht
- Vancouver Island Crisis Line
- Vancouver Island Health Authority
- Village of Ucluelet
- WC Community Resources Society
- West Coast General Hospital Foundation
- West Coast General Hospital

# Strategic Plan Timeline





# Summary

The Alberni-Clayoquot Health Network was established in April 2012 through a Protocol Agreement and a one time \$500,000 grant from the Vancouver Island Health Authority to the Alberni-Clayoquot Regional District in order to:

- i) improve the health status of the Alberni-Clayoquot Communities population and to
- ii) support local governments in community planning as it relates to the determinants of health.

The mission of the network is to foster healthy and connected people and places by enable dialogue and understanding amongst citizens and stakeholders in order to speak with a collective voice on regional and local health issues. The Network is a community driven mechanism that helps to build partnerships and capacity, share concerns, ideas and resources and create innovative solutions that impact the social determinants of health and work towards sustainable healthy communities.

As a result of a stakeholder consultation and strategic planning process conducted over the period June to Dec. 2012, a budget and priority goals were established for the Network for the period June 2012 to May 2014 that include objectives and activities related to:

- Network Development
- Healthy Children and Youth
- Affordable and Accessible Regional Transportation
- Affordable Housing
- Improved Health Literacy

In addition to the above, the Network will look at ways to enhance and sustain its' priorities and activities and create innovative solutions that impact the social determinants of health and work towards sustainable healthy communities.

## Appendix 1 - ACHN Budget approved Sept. 13, 2012

Item	Amounts	Description
Coordinator	\$110,000	Wages - \$55,000 X 2 years
Admin Support	\$30,000	Wages - 1.5 days/week X 2 years
Forums	\$48,000	8 x \$6000 - speakers, facilities, travel, food, honorarium, etc.
Meetings	\$9,500	Monthly Meetings & 1 Strategic Planning Session
Capacity Building Workshops	\$20,000	Facilitation, materials, accommodation, travel
Advisory/Network MOU's	\$40,000	Strengthen and support for 3 existing Childrens' Networks
Operating	\$10,000	\$5000/year x 2 - programs, tools, camera, photocopies, name badges, miscellaneous
Laptop	\$1,500.00	Meetings, forums, presentations, workshops etc.
Contingency	\$10,000.00	
<b>Total Expenditures</b>	<b>\$279,000.00</b>	
VIHA Allocation	\$511,392.93	
Projects/Reserve	\$232,392.93	To be allocated based on priorities.