



ACHN Strategic Plan Update 2015

Healthy & Connected People

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EXECUTIVE SUMMARY

Local Health Area 70 is the third largest health area on Vancouver Island. This geographically diverse area spans 6904 square kilometers with three Municipalities, ten Nuu-chah-nulth Nations and 6 electoral areas within the Alberni Clayoquot Regional District (ACRD).

The population of the area is approximately 31,500 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 Island Health Local Area Health (LHA) 70 Profile 2013, residents of the ACRD are younger than the Island Health average although older than the BC average. This region represents 4.1% of the Island Health population with a high number of people identifying as Aboriginal (16%). Overall the area has relatively poor health status compared to Island Health and BC on the whole. Economic wellbeing, childhood vulnerability, housing, access to services and social support were areas of high priority. Some highlighted statistics in the LHA 70 profile illustrate barriers faced in the region.

- 4% of individuals receiving income assistance compared to 1.7% in BC and 1.8% in Island Health
- 10% unemployment rate compared to 7.8% in BC and 7.4% in Island Health
- 12.7% of dwellings needing major repair in the region compared to 7.2% for BC and 6.9% in Island Health
- 8.5% rate of children on income assistance compared to 3.1% in BC and 3.8% in Island Health
- Only 62.2% of students in the region completed the Provincial English Exam compared to 83% in BC and 82.2% in Island Health

Recognizing the role of social determinants in lifelong health and significant benefits of investing in upstream interventions Island Health provided a onetime grant of \$505,000 and entered into a Protocol Agreement with the Alberni-Clayoquot Regional District in order to develop the Alberni Clayoquot Health Network. The ACHN aims to support efforts to address health equity in a region with concerns around health status statistics the health network will engage community stakeholders 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 2011 the region came together to work towards improving health indicators in the region. With funding from Island Health a coordinator was hired in 2012 and our work began. Working from local health area research and community knowledge our 2012 strategic plan was created. The 2012 ACHN Strategic Plan highlights five strategic goals:

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

In 2014 the ACHN set out to redefine their work to ensure meaningful and inclusive participation in our diverse and geographically unique region. Network governance and structure were redefined to recognize and address the challenges and strengths which working in the Alberni Clayoquot Region presents. A full time coordinator has been hired and a three year commitment for funding from Island Health has been secured to support the work. Emphasis on network development and engagement with community partners is essential to the success of the network and a focal point of this plan. A successful network can leverage the expertise, history and work accomplished by community partners in order to ensure buy in for impactful action which can be sustained beyond network involvement.

INTRODUCTION

Our health and wellbeing are shaped by personal habits, environment and genetics. Emphasis for health is at times focused on our genetics and personal choices in health but research shows that the 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. Social determinants of health are influenced by economic policies and systems, development agendas, social norms, social policies and political systems and are responsible for most unfair and avoidable differences in health status (World Health Organization, 2015).

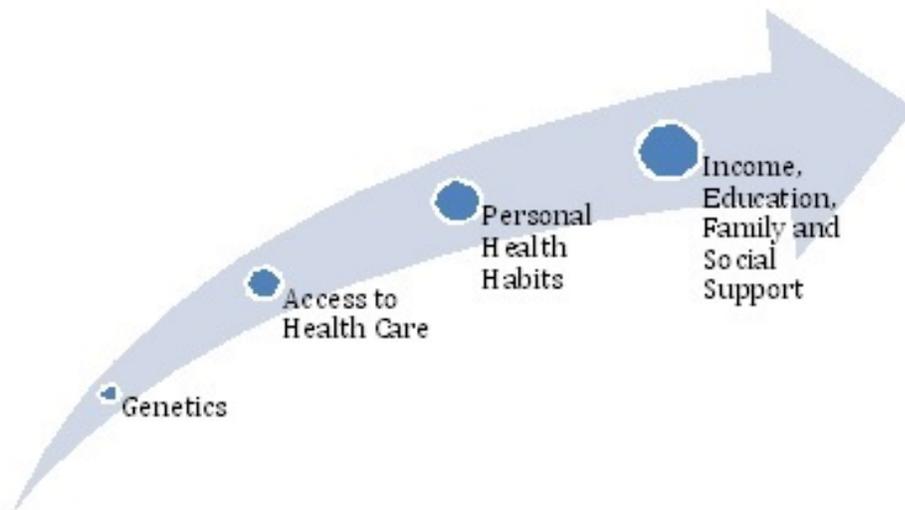


FIGURE 1 RELATIVE IMPORTANCE OF DIFFERENT FACTORS IN SHAPING OUR HEALTH AND WELLBEING

Due to the complexity and diversity of social determinants, taking action to increase equity in health status requires a multi-sectoral approach. Engaging regional partners from business, health and human services, local leadership and non-profits in order to raise awareness and take action locally while leveraging a collective voice to influence decisions and policy with higher levels of government. In 2006 Island Health supported the formation of the Mount Waddington Health Network as a pilot in addressing health of populations before engagement in the health system; in 2011 Island Health extended the support for the development of other health networks on Vancouver Island including the Alberni Clayoquot Health Network (ACHN). The regional health network model presents a unique opportunity for the region to unite, addressing priorities around social determinants which no one community or organization can do in isolation. We strive to increase participation in conversations by developing meaningful relationships and processes, examining solutions which address regional needs and innovative solutions.

The following strategic plan update reflects work done by the ACHN planning committee in 2012 to identify strategic goals to improve health equity in the Alberni Clayoquot Regional District (ACRD). Targeted interviews with key knowledge holders and community stakeholders informed the development of this update; aligning goals with current partners, opportunities and the realities in 2015. This plan has been prepared as a living document – a guide to network development and action on identified strategic goals.

ALBERNI CLAYOQUOT HEALTH NETWORK

Healthy & Connected People & Places

OUR MISSION

To speak with a collective voice on regional and local health issues by facilitating dialogue and understanding amongst citizens and stakeholders. 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.

OUR VALUES

1. **Inclusion:** We are open to anyone that wants to be involved and recognize, encourage and value each other's contributions.
2. **Learning:** we share knowledge, listen to each other, explore new ideas and apply information in ways that generate new understanding and solutions.
3. **Compassion and Respect:** We have compassion for all people with whom we interact and are mindful and respectful of differing opinions.
4. **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.
5. **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.
6. **Sustainability:** We are accountable with the resources entrusted to us, strive for cost-effectiveness and efficiencies and aim towards sustainability of solutions and initiatives.
7. **Innovation:** We want to constantly find better and more efficient ways to serve our communities.

OUR GUIDING PRINCIPLES

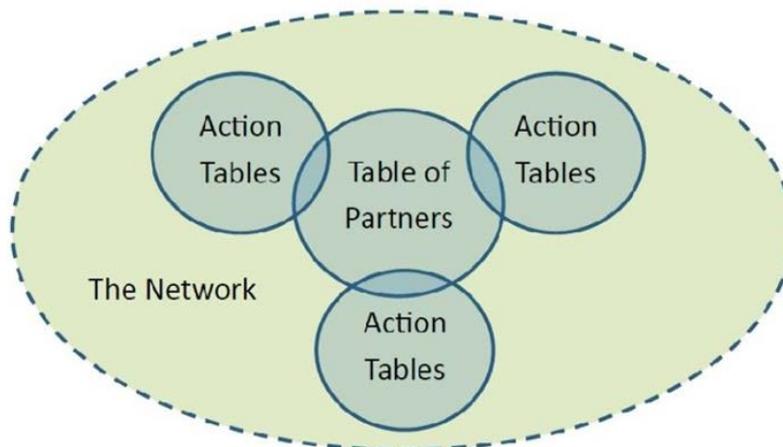
In all that we do, we:

- A. **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.
- B. **Focus** on the social determinants of health and address policies that impact health inequities.
- C. **Believe** that health is a shared responsibility and that collaboration leads to innovation.
- D. **Are** solution oriented & committed to building on community assets, strengths, efficiencies, social capital and reduce duplication.
- E. **Utilize** approaches that build knowledge, health literacy, capacity and citizenship.
- F. **Acknowledge** that local realities, population demographics, socio-economics and health indicators can vary significantly (remote, rural, and urban).
- G. **Recognize** that the Health Network exists within the ha'houlthee (chiefly territories) of the Nuu-chah-nulth First Nations. We strive to find new, better and culturally appropriate ways to collaborate, plan and work together that legitimize traditional knowledge.

HOW WE WORK

There is a long history of collaboration and strong networks in the region; as such the ACHN structure must reflect the strong relationships between topic areas, networks and communities to address the scope of social determinants. Through partnership and support the network can assist in building capacity, supporting dialog and action on these topics. It must be acknowledged that the ACHN is just one mechanism to produce change in the region, as a network we can leverage our common voice and engage partners to ensure action is taken and inertia on these issues is sustained.

The ACHN has strength in resources, support from local government and engagement from regional decision makers through its relationships with Island Health and the ACRD. To optimize the impact of these relationships a Table of Partners was formed to oversee network activities, facilitate linkages to decision making tables and other levels of government as well as incorporate a wealth of local knowledge. In 2015 the Table of Partners membership consisted of regional leaders and decision makers from the Alberni Clayoquot Regional District, Island Health, First Nation Health Authority, Nuu-chah-nulth Tribal Council, Electoral Area of Bamfield, District of Tofino, Ministry of Child and Family Development, Clayoquot Biosphere Trust, School District 70, Port Alberni Association for Community Living and the Port Alberni Shelter Society. Working collectively we can identify, support and/or lead initiatives which impact the region through regional action tables made up of community partners.



| THE NETWORK | ACTION TABLES | THE TABLE OF PARTNERS |
|--|---|--|
| <ul style="list-style-type: none"> • Inclusive of community members, organizations and regional partners • A means to gather and distribute information, stories, and to capture the voices of the communities • To build relationships, helping people and organizations to find commonalities to take action to improve health outcomes in the region. • To connect people with information and resources, and to mobilize | <ul style="list-style-type: none"> • Small committees of regional representatives and topical experts tasked with moving work on priorities forward • Utilize a regional lens to approach locally identified actions and needs that advance the ACHN Strategic Plan. • Roles include framing issues in ways that are inclusive, respectful and that bring people together. | <ul style="list-style-type: none"> • Made up of regional decision makers and representatives with strong ties to communities and identified priority groups • Exists to support the work and priorities of the ACHN and link with Action Tables. • Look at evidence, facilitate strategic thinking and planning and seek resources as needed. • Ensure feedback is collected from Network members and ensure that work on identified issues and agreed upon actions is moving forward. |

STRATEGIC PLAN EVALUATION

Network development is an ongoing process requiring relationship building to build trust and understanding of the process. Rather than revisit the strategic planning process the ACHN made a decision to retain strategic goals identified through the 2012 Strategic Plan to continue development of the network and community engagement process. The following information reflects current realities of work in the following 5 strategic goals which was gathered through targeted interviews with community stakeholders, decision makers and engaged network partners as well as local research and a brief regional environmental scan. Not surprisingly engagement with the network as a whole has been a major challenge after a long pause in activity. As such network development, relationship building and awareness building of the role of the ACHN are at the center of all activities identified in the 2015 strategic plan update. Utilizing opportunities to support and create change in the region as a mechanism to build momentum in the ACHN network with the goal of ensuring a collaborative and inclusive process of engagement and planning is in place for 2017 strategic planning.

Developing the ACHN into a ‘network of networks’ requires foresight into measurement and communication on desired impact. Useful frameworks for the development and evaluation of such initiatives have begun to be better known through the practice and theories of collective impact. In collective impact, organizations which aim to bring together collective voice and leverage collective action are called backbone organizations. These overarching tools can assist the ACHN in defining overall activities in the 5 strategic goals while communicating intent and success of network development.

| FSG.ORG | |
|---|--|
| Backbone Effectiveness: 27 Indicators | |
| Guide Vision and Strategy | <ul style="list-style-type: none"> Partners accurately describe the common agenda Partners publicly discuss / advocate for common agenda goals Partners' individual work is increasingly aligned with common agenda Board members and key leaders increasingly look to backbone organization for initiative support, strategic guidance and leadership |
| Support Aligned Activities | <ul style="list-style-type: none"> Partners articulate their role in the initiative Relevant stakeholders are engaged in the initiative Partners communicate and coordinate efforts regularly, with, and independently of, backbone Partners report increasing levels of trust with one another Partners increase scope / type of collaborative work Partners improve quality of their work Partners improve efficiency of their work Partners feel supported and recognized in their work |
| Establish Shared Measurement Practices | <ul style="list-style-type: none"> Shared data system is in development Partners understand the value of shared data Partners have robust / shared data capacity Partners make decisions based on data Partners utilize data in a meaningful way |
| Build Public Will | <ul style="list-style-type: none"> Community members are increasingly aware of the issue(s) Community members express support for the initiative Community members feel empowered to engage in the issue(s) Community members increasingly take action |
| Advance Policy | <ul style="list-style-type: none"> Target audience (e.g., influencers and policymakers) is increasingly aware of the initiative Target audiences advocate for changes to the system aligned with initiative goals Public policy is increasingly aligned with initiative goals |
| Mobilize Funding | <ul style="list-style-type: none"> Funders are asking nonprofits to align to initiative goals Funders are redirecting funds to support initiative goals New resources from public and private sources are being contributed to partners and initiative |

Source: FSG and Greater Cincinnati Foundation 1 © 2012 FSG

FIGURE 2: SOURCED FROM FSG 2012

Collective Impact Efforts Tend to Transpire Over Four Key Phases

| Components for Success | Phase I Generate Ideas and Dialogue | Phase II Initiate Action | Phase III Organize for Impact | Phase IV Sustain Action and Impact |
|--------------------------------------|---|---|--|--|
| Governance and Infrastructure | Convene community stakeholders | Identify champions and form cross-sector group | Create infrastructure (backbone and processes) | Facilitate and refine |
| Strategic Planning | Hold dialogue about issue, community context, and available resources | Map the landscape and use data to make case | Create common agenda (common goals and strategy) | Support implementation (alignment to goal and strategies) |
| Community Involvement | Facilitate community outreach specific to goal | Facilitate community outreach | Engage community and build public will | Continue engagement and conduct advocacy |
| Evaluation And Improvement | Determine if there is consensus/urgency to move forward | Analyze baseline data to ID key issues and gaps | Establish shared metrics (indicators, measurement, and approach) | Collect, track, and report progress (process to learn and improve) |

FIGURE 3: FOUR KEY CONVENING PHASES - SOURCED FROM FSG 2012

Collective Impact Efforts Tend to Transpire Over Three Key Phases

| Components for Success | Phase I Initiate Action | Phase II Organize for Impact | Phase III Sustain Action and Impact |
|--------------------------------------|---|--|--|
| Governance and Infrastructure | Identify champions and form cross-sector group | Create infrastructure (backbone and processes) | Facilitate and refine |
| Strategic Planning | Map the landscape and use data to make case | Create common agenda (common goals and strategy) | Support implementation (alignment to goal and strategies) |
| Community Involvement | Facilitate community outreach | Engage community and build public will | Continue engagement and conduct advocacy |
| Evaluation And Improvement | Analyze baseline data to ID key issues and gaps | Establish shared metrics (indicators, measurement, and approach) | Collect, track, and report progress (process to learn and improve) |

FIGURE 4: THREE KEY SUPPORTING PHASES - SOURCED FROM FSG 2012

Frameworks such as these assist to conceptualize the nonlinear work of network development, it is important to recognize that each initiative is unique. Just as each community and stakeholder group has different needs and challenges, each strategic goal will have areas of strength and areas for development. The following information reflects the priorities, needs and opportunities for ACHN to pursue in the advancement of the identified strategic goals utilizing this framework as a guideline.

Strategic Goal 1.0: Network Development

| Objective and Scope | Activities | Measurement |
|---|---|---|
| <p>1.1 Communications</p> <ul style="list-style-type: none"> - Cultivate and communicate a shared purpose for the network - Support health related messaging and communications in the region | Develop communications plan | Communications plan complete Fall 2015 |
| | Implement network specific communications tools | Implementation planning fall 2015 Monitor newsletter views Monitor list serve growth Comm Tool planning complete Winter 2016 Communication Tool building Winter – Spring 2016 |
| | Identify communication tools and strategies specific to strategic goals 2–5 | Action table development – see strat goals Build and distribute messaging to region Fall 2015 to Spring 2016 Evaluate reach Survey for feedback |
| <p>1.2 Connect and Support</p> <ul style="list-style-type: none"> - Support existing networks through convening activities and education outside their mandate/capacity - Connect topics and stakeholders to increase impact | Source and support opportunities for capacity building and education for regional partners | Host minimum of one educational event per year # of participants Evaluation of events Engagement on topic Increased opportunities for network engagement |
| | Continue to identify and engage key stakeholders | List serve growth # of participants at events # of presentation requests to ToP |
| | Cross pollinate ideas and convene conversations identified through strategic goals 2 – 5 | # of presentations to ToP # of presentation requests to ToP # of information requests |
| <p>1.3 Influence Decisions</p> <ul style="list-style-type: none"> - Utilize ACHN model and community stakeholders to increase impact - Gather and distribute regional data - Develop communication tools to increase impact of qualitative and quantitative information | Collect regional information on key subject areas and distribute through communication tools on strategic goals 2 – 5 | # of requests # of supports provided Document results – qualitative and quantitative Link to web resources # of visits to web resources |
| | Utilize ToP to increase information flow | # of presentations to ToP # of presentation requests to ToP # of information requests |
| | Presentation to local governments | # of presentations # of communities |
| | Support communication of regional needs | Develop one pagers and papers on identified topics Information seeking and distributing presentations to local govts |
| <p>1.4 Leverage Resources</p> <ul style="list-style-type: none"> - Support fund development - Influence prioritization of health topics - Leverage resources strategically and equitably | Utilize ToP members to increase information flow | # of presentations to ToP # of presentation requests to ToP # of information requests |
| | Identify key messages and ‘asks’ for region to support regional and local gov in advocacy | Develop one pagers and papers on topics # info requests and distribution |
| | Identify additional areas for joint influence in Strategic Goals 2 – 5 | #of partnerships supported Record qualitative and quantitative impact |

GOAL TWO: HEALTHY CHILDREN AND YOUTH (0-18)



The environments that children are exposed to in early life are critical to building resiliency and good health outcomes. BC has had the worst child poverty record of any province in Canada for seven consecutive years, the First Call Child Poverty Report states that 87,000 (10.4%) children are living below the poverty line. High levels of income inequality have been linked to greater infant mortality, crime, mental illness, addiction, and obesity, as well as reduced educational outcomes. Research on the impact of familial stress on children during the most crucial developmental stages, in utero to age six, shows significant genetic and developmental impacts for children making the case that family support and child development are synonymous.

“Social environments and experiences get under the skin early in life in ways that affect the course of human development. Because most factors associated with early child development are a function of socioeconomic status, differences in early child development form a socioeconomic gradient. We are now learning how, when, and by what means early experiences influence key biological systems over the long term to produce gradients: a process known as biological embedding... We are now in a position to ask how early childhood environments work together with genetic variation and epigenetic regulation to generate socially partitioned developmental trajectories with impact on health across the life course. (Hertzman and Boyce, 2010).”

The Early Years Developmental Index (EDI) produced by Human Early Learning Partnership of UBC tracks childhood vulnerability on 5 scales throughout the province. In the most recent wave of the EDI the Alberni Clayoquot Region has a child vulnerability level of 30% roughly on par with the BC average; over the past 5 years results in the region and across BC have continued to rise. While support for early years programming and interventions are impactful advocacy efforts have shifted to include familial support and poverty reduction. The Local Health Area Profile for the ACRD illustrates the need to target familial support and poverty reduction in the region.

- 21.5 per 1,000 children aged 0-18 in need of protection compared to BC (6.4 per 1,000)
- 8.5% of children on income assistance compared to BC (3.1%) or Island Health (3.8%)
- 35.7% lone-parent families compared to BC (26.7%) or Island Health (31.1%)
- 4.0% of individuals receiving income assistance than BC (1.7%) or Island Health (1.8%)
- 10.0% unemployment rate compared to BC (7.8%) or Island Health (7.4%).

Alberni Clayoquot region has benefited from a long history of strong early years advocates, innovative programming and strong multi-sectoral tables which have assisted in stabilizing vulnerability in our children and youth. While resources to these initiatives have been diminishing, opportunities exist for the ACHN to support work identified by networks but out of scope of their mandate. Partners engaged in the strategic plan review identified several key areas in which the ACHN can support and in some cases convene action to address health in children and youth.

Strategic Goal 2.0: Healthy Children and Youth

| Objective and Scope | Activities | Measurement |
|--|---|---|
| 2.1 Connect and Support <ul style="list-style-type: none"> - Support regional planning, identify linkages and cross overs - Access and educate on data - Support the continuum, holistic approach to healthy development | Support data dissemination and educational events which align with regional needs | Host minimum of one educational event per year Host minimum of one regional conversation with key stakeholders |
| | Support/convene conversations and planning which looks at the continuum of services and a holistic approach – mapping project | # of participants Evaluation of events Engagement on topic |
| | Support existing orgs and networks – convene regional celebrations and conversations to plan regionally | # of presentations to ToP # of presentation requests to ToP # of information requests |
| 2.2 Communications and Education <ul style="list-style-type: none"> - Broaden the conversation - Present big picture - Increase information dissemination opportunities - Increase education on healthy communities and lifelong health | Support media campaigns for community messaging | Monitor newsletter views Monitor list serve growth |
| | Enhance venues to share parenting tips and healthy family/community messages | Comm Tool planning complete Winter 2016 Working group/action table formation Winter 2015 |
| | Support educational events | Build and distribute messaging to region Fall 2015 to Spring 2016 Evaluate reach Survey for feedback |
| | Support opportunities to promote a holistic approach and increased awareness of Nuuchahnulth world view to general public | |
| 2.3 Influence Decisions <ul style="list-style-type: none"> - Utilize ACHN model and connection to political process - Utilize existing tables connection to community needs | Support advancement of key priority areas for healthy development | # of presentations to ToP # of presentation requests to ToP |
| | Support information dissemination to local, provincial, federal government as well as other decision makers | # of information requests Information seeking and distributing presentations to local govts |
| | Increase cross pollination in region | # of presentations to stakeholders # of communities Develop one pagers and papers on topics |
| 2.4 Leverage Resources <ul style="list-style-type: none"> - Increase regional capacity to address healthy development and family support - Support capacity in high need/impact areas – holistic/lifespan approach, anxiety and mental wellness and transition planning | Enhance effectiveness of tables | |
| | Convene regional meetings to map baselines, identified shared priorities and foster regional capacity development | #of partnerships supported Record qualitative and quantitative impact # of meetings |
| | Assist in influencing funding and resource allocation to identified high impact areas | # of opportunities pursued # of initiatives supported |

| Identified Partners | Identified Population Level Indicators |
|--|---|
| NETP, VIU bridging program, Youth Rec Workers, SD70, General Social Services group meeting, Youth round table ADAPS, Youth MH&A Local Action Table, Bamfield Community School, HFN ECE program MCFD, CLBC, SD70, Early Intervention team at Hilton Centre, Island Health, School Food programs , PAC, CFRC, Parks and Rec, Alberni Valley Make Children First, Band Offices, Youth Workers, NIC, NTC, Engage families, USMA director, church groups, recreation and sports orgs | EDI, MDI, CBT youth Survey, Vital Signs, Inclusion BC site, ACRD, Island Health LHA reporting |

GOAL THREE: AFFORDABLE & ACCESSIBLE REGIONAL TRANSPORTATION



We know that transportation in our region presents a diverse array of challenges. From boat travel to bus routes, the way in which we access basic services has a large impact on our individual and community health as well as our health system. The ACHN has committed to taking on a convening role for the topic of transportation in the ACRD. To be more effective together, the Alberni Clayoquot Health Network spearheaded the conversation about what we can do to improve access in our region and improve health equity by convening the following projects:

- How We Get From Here To There Transportation Consultation and Report for the ACRD
- June 11th Dialog To Action Workshop with local decision makers and community partners

Informed by community dialog the ACHN has committed to taking a convening an action table to address the identified priorities:

- There is lack of a coordinated approach in transportation networks, schedules and options.
- Transportation is tied to mental and physical health and regional prosperity.
- Time is as much a factor as money when it comes to affordability. Many people in the region cannot travel to and from an appointment in one day.

All transportation documents and resources are available online - <http://www.acrd.bc.ca/376>.

| Strategic Goal 3.0: Affordable and Accessible Transportation | | |
|---|--|--|
| Objective | Activities | Measurement |
| 3.1 Convene and Coordinate <ul style="list-style-type: none"> - Access to basic needs identified as primary barrier - ACHN in a position to take on convening role - Support projects | Convene Transportation Action Table | # of participants engaged and retained in Action Table # of initiatives identified and pursued Financial contributions |
| | Identify, follow up and lead next steps and stakeholders | |
| | Monitor and communicate results | |
| 3.2 Influence Decisions <ul style="list-style-type: none"> - Utilize action table outputs and ACHN model to leverage support - Maintain communication with decision makers | Identify and source data | Data identified Baseline collected Communications tools created Financial contributions # of action table and sub group meetings |
| | Communicate needs to appropriate stakeholders | |
| | Work with Action Table to continue momentum | |

| Identified Partners | Identified Population Level Indicators |
|--|---|
| Emergency Planning, SD70, NETP, CBT, Bamfield road committee, delivery services, Boat drivers, BC Ambulance, Chambers, all levels of government, care facilities and community programs, Wheels for Wellness, Handy Dart, Better at Home, Telehealth, FNHA | ACRD, BC Ambulance # of moves for ind clients, Critical care team #'s, # working w/o car, # loose a job based on trans barrier, News media, contact with local area residents who use transit services, WC GP for me survey results, CBT Community Survey |

*Other partners and data sources identified in the June 11th Workshop Report

GOAL FOUR: ACCESSIBLE HOUSING



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, on average 46% of renters are spending more than 30% of their income on rent (LHA70 profile pg. 8). 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'. While each community in the region faces unique challenges to housing, housing data points to a high number of individuals being at risk of homelessness or in housing which may expose them to physical or mental health risks.

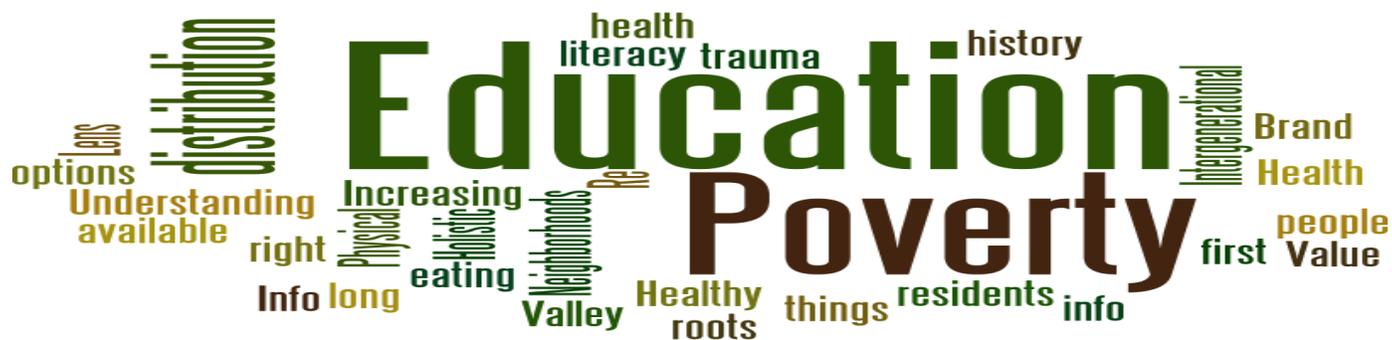
- 12.7% of dwellings needing major repairs in Alberni than BC (7.2%) or Island Health (6.9%)
- 32.9% older housing in Alberni than BC (16.0%) or Island Health (20.2%)
- 2.3% crowded households compared to Island Health (1.7%), but a lower percentage compared to BC (3.3%)

The ACHN has an opportunity to support local community leaders, decision makers and municipalities to convene conversations around housing, assist in leveraging resources, while connecting partners to increase effectiveness of solutions.

| Strategic Goal 4.0: Accessible Housing | | |
|--|---|---|
| Objective and Scope | Activities | Measurement |
| 4.1 Connect and Support <ul style="list-style-type: none"> - Increase collaboration and efficiencies in region - Network stakeholders to increase impact | Convene meeting of regional housing stakeholders to identify areas of commonality | # of meetings convened # of participants engaged |
| | Increase engagement between stakeholders and awareness of regional context | # of areas for collaboration identified Evaluation from participants |
| 4.2 Communicate and Educate <ul style="list-style-type: none"> - Increase awareness of the importance of housing to economic development and healthy communities - Increase awareness of definition of accessible housing | Support the creation of communication tools around health and housing in the ACRD | Monitor newsletter views Monitor list serve growth Build and distribute messaging to region Fall 2015 to Spring 2016 |
| | Support education for decision makers and communities around impacts of housing on community health | Evaluate reach Survey for feedback |
| 4.3 Influence Decisions <ul style="list-style-type: none"> - Support efforts to increase housing appropriate to needs - Support local government in advocacy and information for decision making | Support advancement of housing policy which supports community health with local government | # of requests for info # of presentations |
| | Support influence of housing policy at other levels of government | # of stakeholders reached |

| Identified Partners | Identified Population Level Indicators |
|---|---|
| ADAPS, VAST, Hummingbird, Shelter Society, CMHA, AVCSI, CBT, MLA, Self-Advocates Group, Better at Home, Hospice, Rainbow Gardens, WCRS, Developers and Builders, ALC - residential care facilities, churches, business, Municipal government, ACAWS | Vital Signs Reports, ACRD, Word of mouth, Gen squeeze, Real estate stats and advertising, contact with local area residents seeking affordable housing, BC housing, GP for me survey results, Municipal and nonprofit org housing assessments |

GOAL FIVE: IMPROVE HEALTH LITERACY



The Canadian PublicHealth Association defines health literacy as: “skills to enable access, understanding and use of information for health” and that requires more than one literacy skill, 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 Canadian Council for Learning, 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."

| Strategic Goal 5.0: Health Literacy | | |
|---|---|--|
| Objective and Scope | Activities | Measurement |
| 5.1 Communication and Education <ul style="list-style-type: none"> - Utilize capacity to communicate value of upstream/wellness based approaches - Support distribution of health literacy information | Coordinate wellness, prevention and health promotion messaging Increase education around concepts of health literacy | Action table development Build and distribute messaging to region Fall 2015 to Spring 2016 Evaluate reach Survey for feedback Host minimum of one educational event per year # of participants Evaluation of events Engagement on topic Increased opportunities for network engagement List serve growth |
| | ‘Shift attitudes’ through accessible media and workshops | |
| 5.2 Connect and Support <ul style="list-style-type: none"> - Increase connection between and impact of current health literacy initiatives - Utilize ACHN model to influence resource distribution and decision making | Define health literacy priorities in region | Definition of need # of presentation requests to ToP # of presentations to ToP # of presentation requests to ToP # of information requests |
| | Connect initiatives and support joint priorities, increase info distribution | |
| | Bring priorities up to government levels | |

| Identified Partners | Identified Population Level Indicators |
|--|--|
| SD70, CBT, CFRC, Literacy Alberni, Island Health, Veggie truck, NETP, Better at Home, Integrated Health Network, Harm reduction committee, Division of FP, FN Health Managers, FNHA, NTC, Churches, grocery stores | LHA reporting re health status, IHN utilization, acute care and therapeutic svcs utilization, GP for me survey results |

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LIST OF ACRONYMS

ACAWS - Alberni Community and Woman's Services Society

ACHN - Alberni Clayoquot Health Network

ACRD – Alberni Clayoquot Regional District

ADAPS - Alberni Drug & Alcohol Prevention Service

AVCSI - Alberni Valley Stakeholders Initiative to End Homelessness

CBT – Clayoquot Biosphere Trust

CFRC – Coastal Family Resource Coalition

CLBC – Community Living BC

CMHA- Canadian Mental Health Association

ECE – Early Childhood Education

EDI – Early Development Instrument

FNHA – First Nation Health Authority

LHA – Local Health Area

MCFD – Ministry of Child and Family Development

MDI – Middle Years Development Instrument

MH – Mental Health

MLA – Member of Legislative Assembly

NETP – Nuuchahnulth Employment and Training Program

NIC – North Island College

NTC - Nuuchahnulth Tribal Council

PAC – Parents Advisory Committee

UBC – University of BC

VIU – Vancouver Island University

WCRS – Westcoast Community Resources Society

WHO – World Health Association