

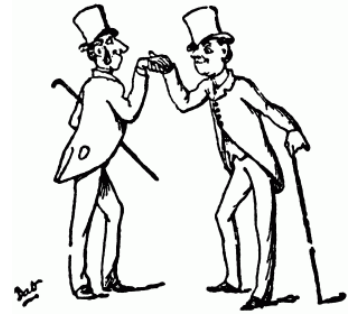
An aerial photograph of the Alberni Valley. In the foreground, a large body of water (the Alberni River) flows through a valley. To the right, a town with residential and commercial buildings is visible. In the background, there are rolling green hills and mountains under a blue sky with scattered white clouds. A semi-transparent white box is overlaid on the middle of the image, containing the title text.

Community Health in the Alberni Valley

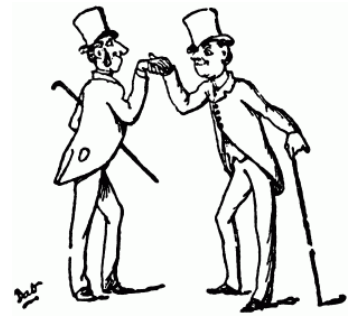
Supported by the City of Port Alberni,
Alberni-Clayoquot Health Network,
Island Health



Introductions



- Introduce yourselves (name, organization, something you would like others to know about your organization)
- Identify what you would like to see achieved today (your expectations)



Objectives of the Day

Achieve a shared understanding of:

- the population's health status
- what affects the population's health
- community assets and priorities

Share and discuss the Alberni-Clayoquot Health Network's priorities

Determine how we could work together to better meet the needs of the community

Agenda

Welcome – 10am start

Introductions

Meeting Objectives & Agenda

Health Status

Lunch – 12:00pm to 12:45pm

Presentations

- City of Port Alberni
- Alberni-Clayoquot Health Network
- Island Health

Group discussion related to the Health Network Priorities

Next Steps and Check out – ending at 4:00pm



WHAT MAKES CANADIANS SICK?

50%

YOUR LIFE

- INCOME
- EARLY CHILDHOOD DEVELOPMENT
- DISABILITY
- EDUCATION
- SOCIAL EXCLUSION
- SOCIAL SAFETY NET
- GENDER
- EMPLOYMENT/WORKING CONDITIONS
- RACE
- ABORIGINAL STATUS
- SAFE AND NUTRITIOUS FOOD
- HOUSING/HOMELESSNESS
- COMMUNITY BELONGING

25%

YOUR HEALTH CARE

- ACCESS TO HEALTH CARE
- HEALTH CARE SYSTEM
- WAIT TIMES

15%

YOUR BIOLOGY

- BIOLOGY
- GENETICS

10%

YOUR ENVIRONMENT

- AIR QUALITY
- CIVIC INFRASTRUCTURE



THESE ARE CANADA'S SOCIAL DETERMINANTS OF HEALTH #SDOH

HOUSING

RENT MANY TOWN CANADIAN HIGHER WORSE SECURE LIKE DIFFICULTY CANADA FORUM SOCIAL GOING INCREASE FRIENDS ACCEPT LACK LARGE DEAL FINDING ROOMING HIDDEN IMMIGRANT ONE SPENDING MENTIONED UNSANITARY HOMELESS.ID UNSAFE FAMILIES MANY

ENVIRONMENTS INCOME HOMELESS NECESSITY CANADIANS SUBSTANDARD ANOTHER AMONG FUNDAMENTAL HOUSING HOUSEHOLDS CHILDREN

HEALTH WITHOUT PEOPLE DISCRIMINATION RENTAL CANADA.9 LIVE MEANS PROBLEMS ASSOCIATED

STUDENTS DIFFICULTY DISCRIMINATION PAY PROSPECT ANOTHER AMONG FUNDAMENTAL HOUSING HOUSEHOLDS CHILDREN

ADEQUATE DISABILITY MOULD FORCED NOTED ORGANIZATION PROBLEMATIC MILDEW COSTS PANELISTS ASTHMA EFFECTS PANELIST

ISSUE CARE PREMATURE FREQUENTLY ACCESSING STRESSED IMMIGRANTS GOVERNMENT MONTREAL'S LEADING OCCUPIED INABILITY RECORD EXAMPLE ALLOWING PROPER MEETING POVERTY UNACCEPTABLE PARTICIPANTS MONTREAL ENSURING UNITS DATA LISTS WAITING WELL NIGHT DEATH FACTS

ONLINE NEED GET INVENTORY RECEIVING VACANCY MULTIPLE GIVEN RECORD EXAMPLE ALLOWING PROPER MEETING POVERTY UNACCEPTABLE PARTICIPANTS MONTREAL ENSURING UNITS DATA LISTS WAITING WELL NIGHT DEATH FACTS

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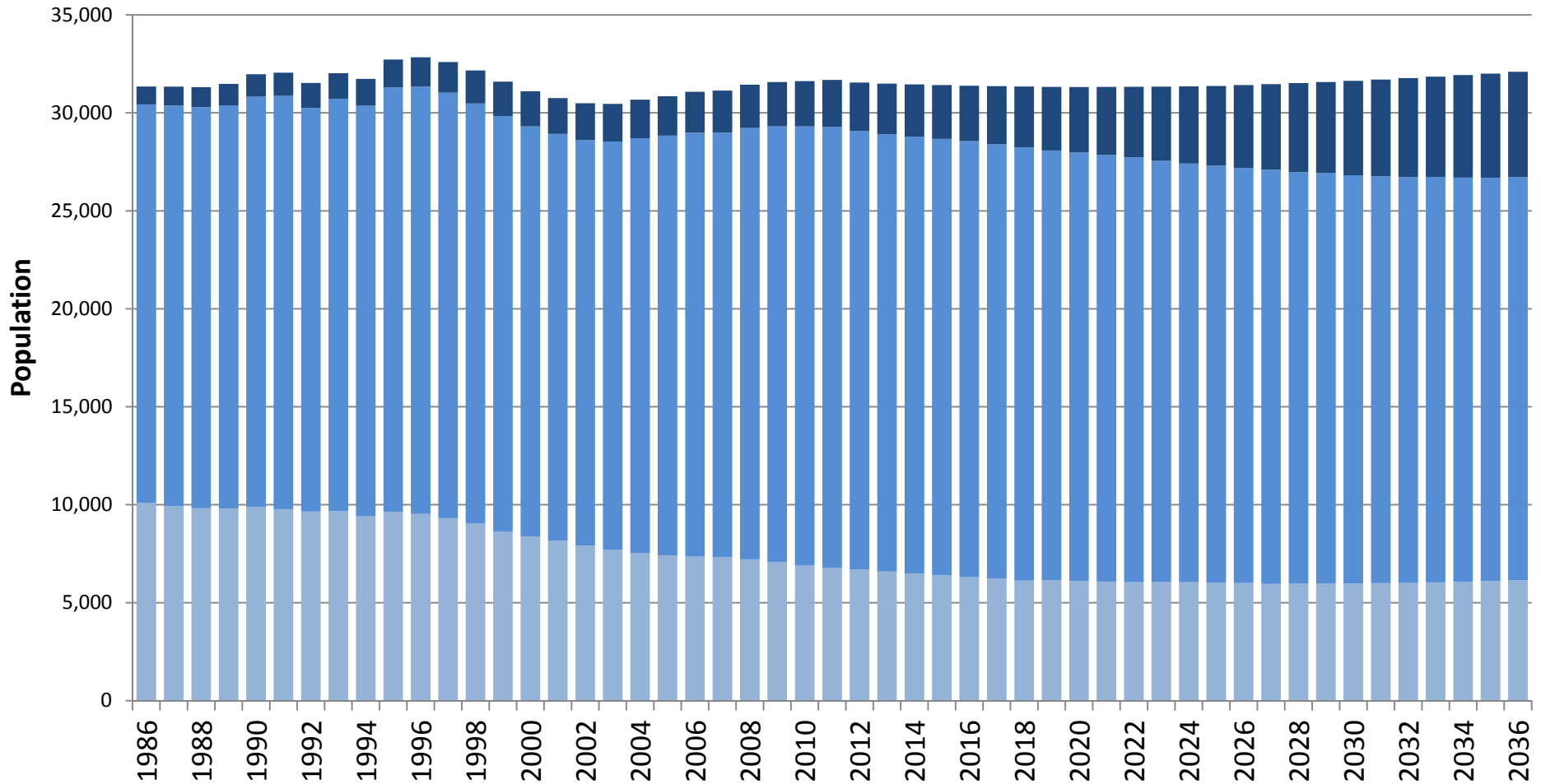
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Population Health Summary

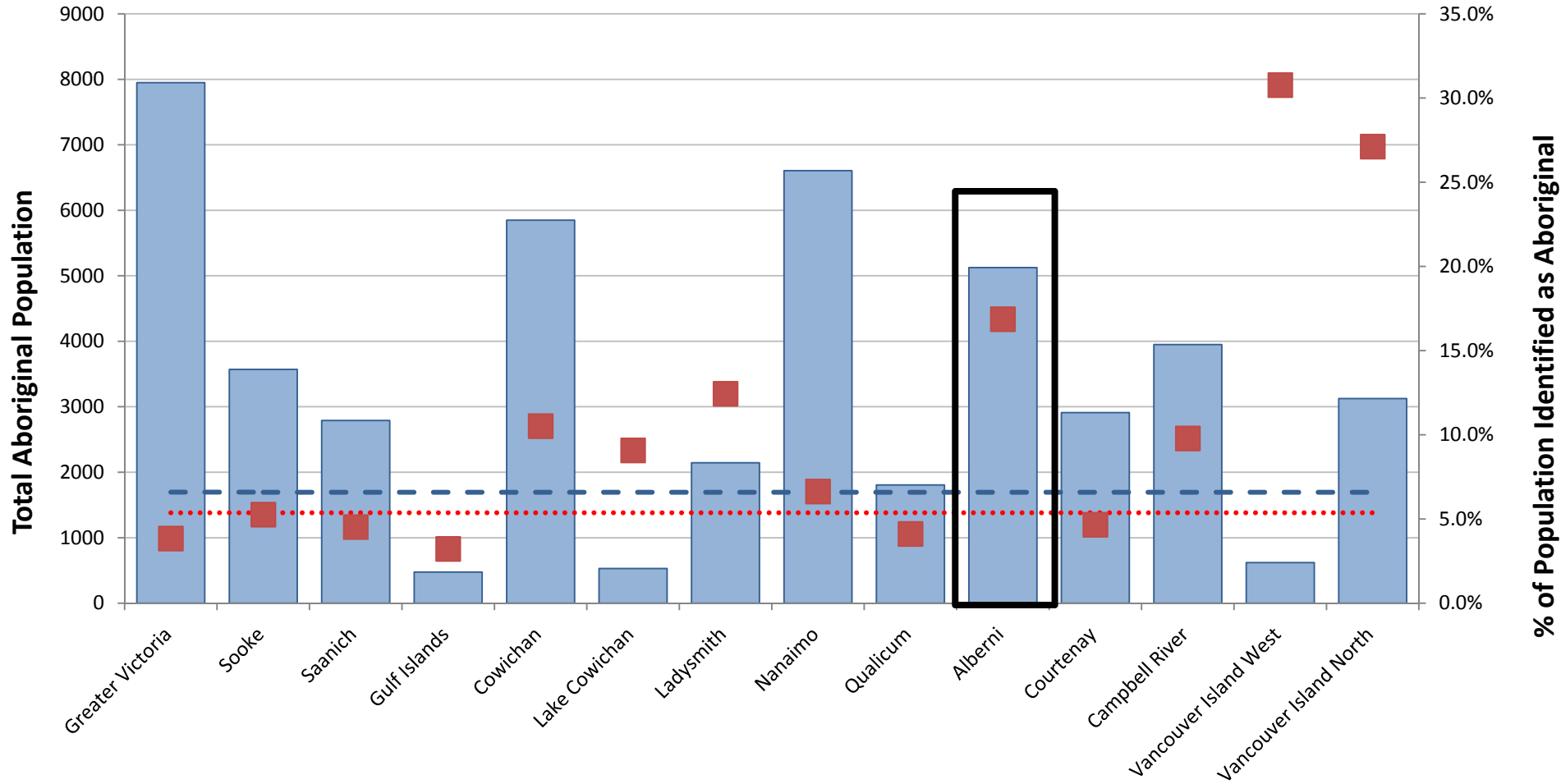
Population Change for Alberni-Clayoquot LHA

■ Age 0-19
 ■ Age 20-74
 ■ Age 75+



Aboriginal Population by Local Health Area, 2011

■ Total Aboriginal identity ■ LHA % Aboriginal identity
- - - Island Health Overall % Aboriginal ⋯ BC Overall % Aboriginal



Summary – Demographics

Currently

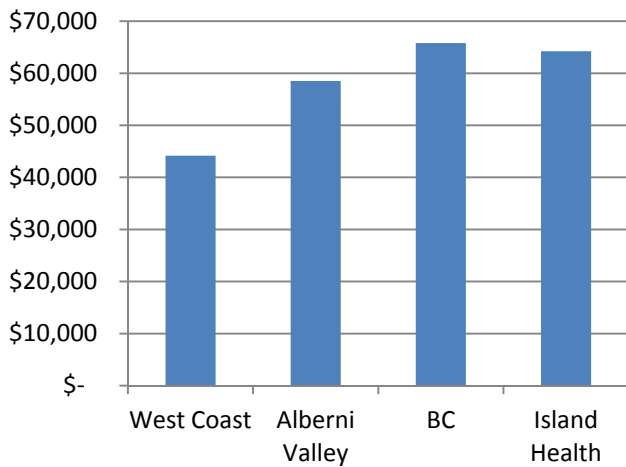
- High aboriginal population
- Younger population compared to Vancouver Island

Forecasted over next 20 years

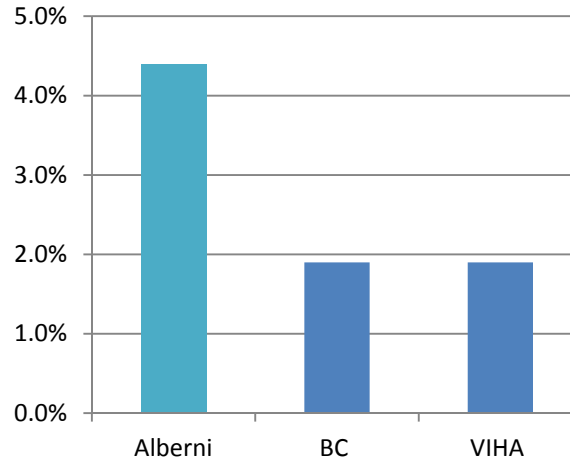
- No overall population growth
- Population 75+ is expected to double
- Population under 20 is expected to decrease almost 10%

Economic Status

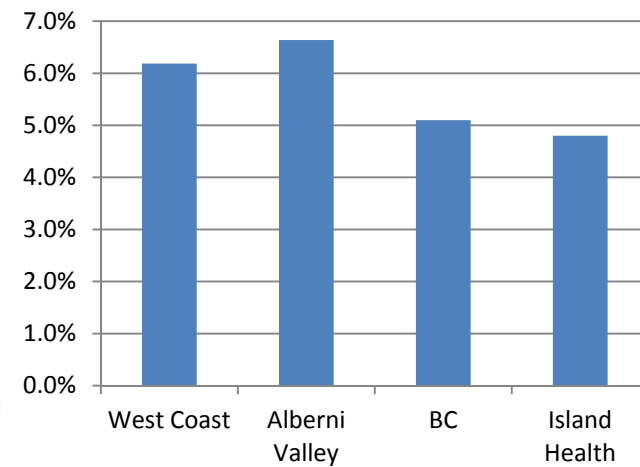
Median Family Income



Income Assistance



Unemployment Rate

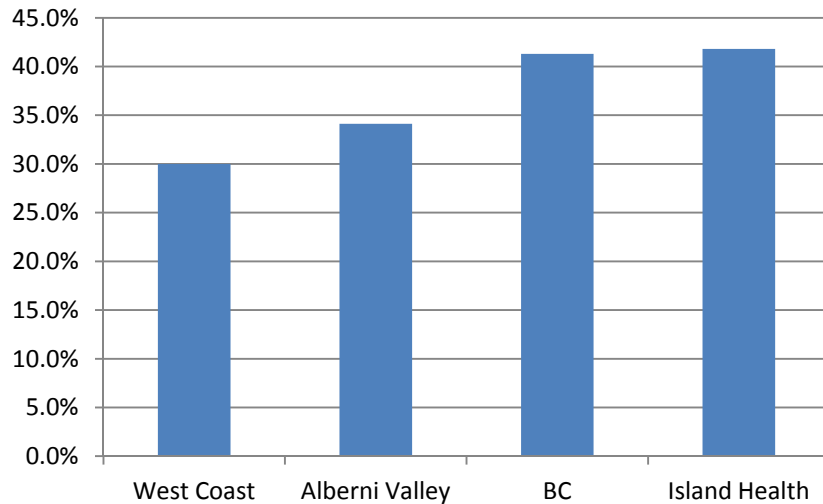


Indicator	Definition	West Coast	Alberni Valley	Alberni LHA	BC	Island Health
Median Family Income ¹	Median family income from all sources in 2005	\$44,173	\$58,503	\$57,090	\$65,787	\$64,231
Income Assistance (IA) ²	Percent of population aged 15+ receiving income assistance from provincial program	N/A	N/A	4.4%	1.9%	1.9%
Unemployment Rate ¹	Percent of population aged 25 and over that are unemployed	6.2%	6.6%	6.7%	5.1%	4.8%

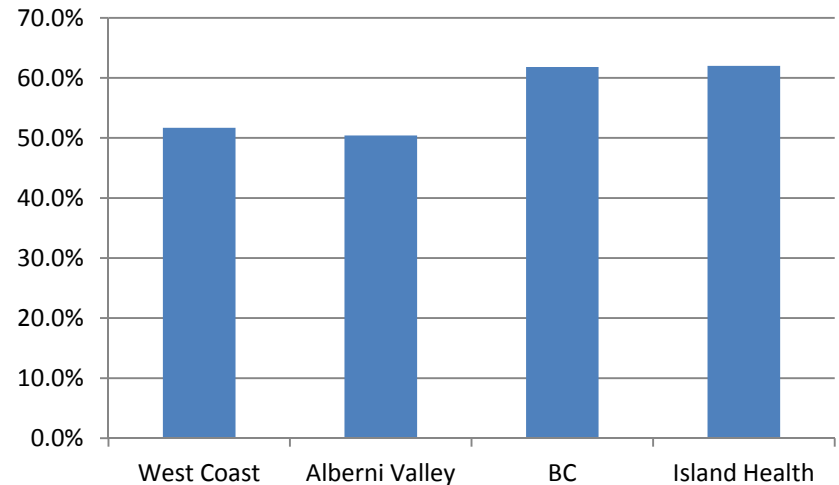
¹BC Statistics Agency (2006 Census) ²BC Statistics Agency (2011)

Education – Highest Level Achieved

15-24 Year Olds who graduated High School



Adults with Post Secondary Education (25-64 yrs)

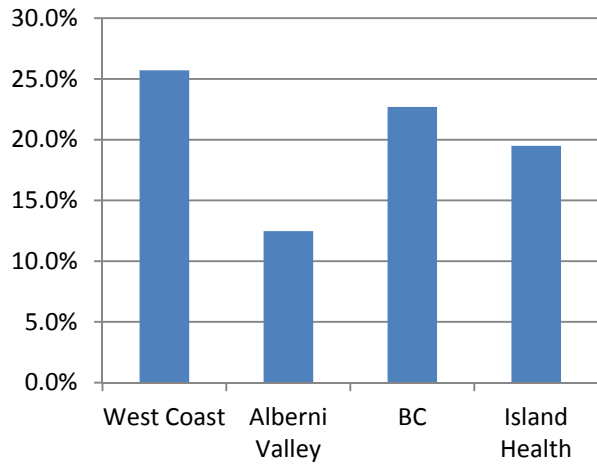


Indicator	Definition	West Coast	Alberni Valley	BC	Island Health
15-24 Year Olds who Graduated High School	Percent of 15-24 year olds who did graduate high school	30.0%	34.1%	41.3%	41.8%
Adults with Post-Secondary Education	Percent of population aged 25 to 64 with post-secondary education	51.7%	50.4%	61.8%	62.0%

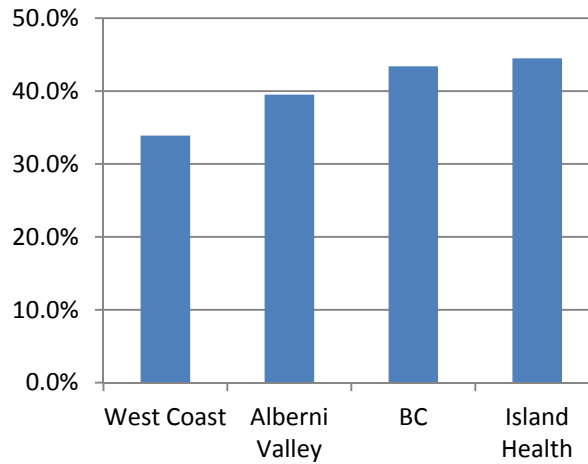
2006 Census

Housing

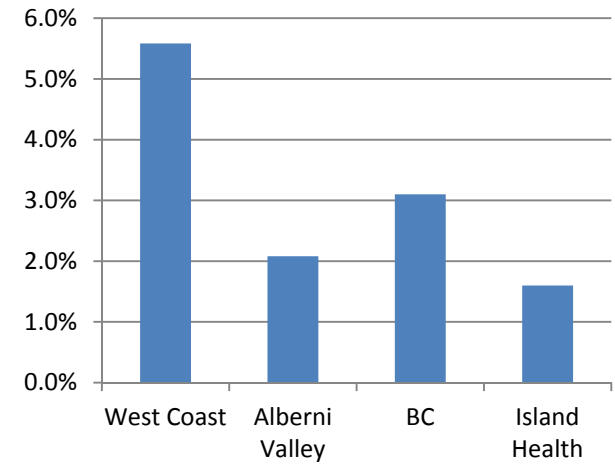
Home Ownership Costs



Housing Rental Costs



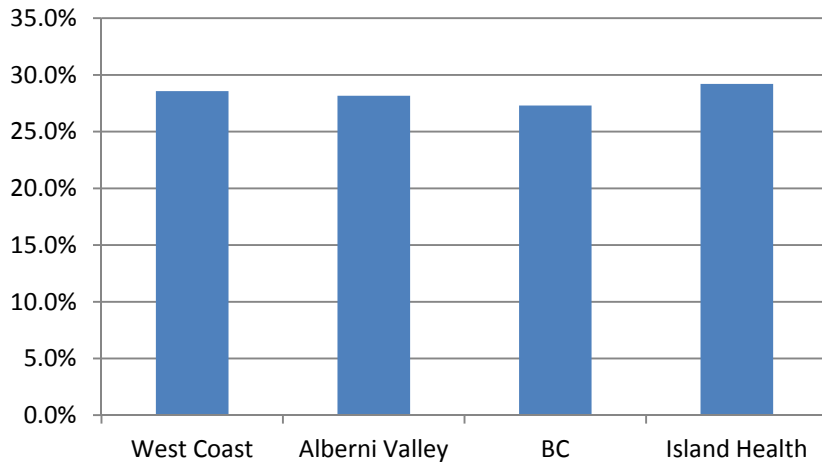
Crowded Households



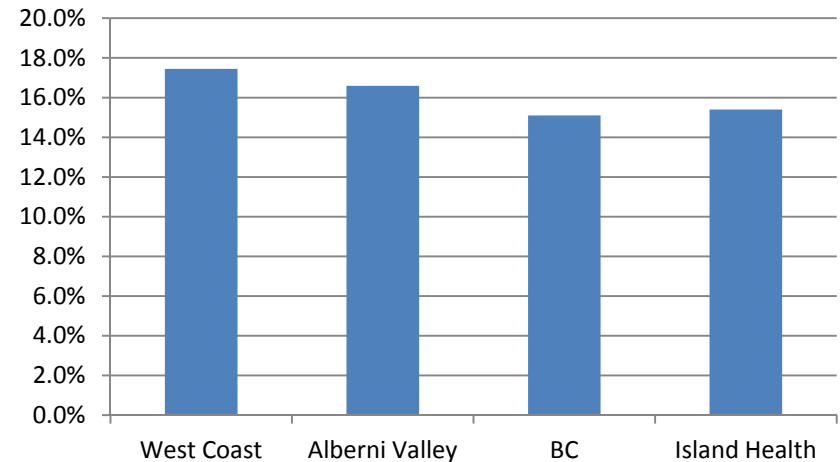
Indicator	Definition	West Coast	Alberni Valley	BC	VIHA
Home Ownership Costs	Percent of home owners spending more than 30% of income on housing	25.7%	12.5%	22.7%	19.5%
Housing Rental Costs	Percent of renters spending more than 30% of income on rent	33.9%	39.5%	43.4%	44.5%
Crowded Households	Percent of private households with 6 or more persons	5.6%	2.1%	3.1%	1.6%

Social Support

Seniors Living Alone



Lone-parent Families

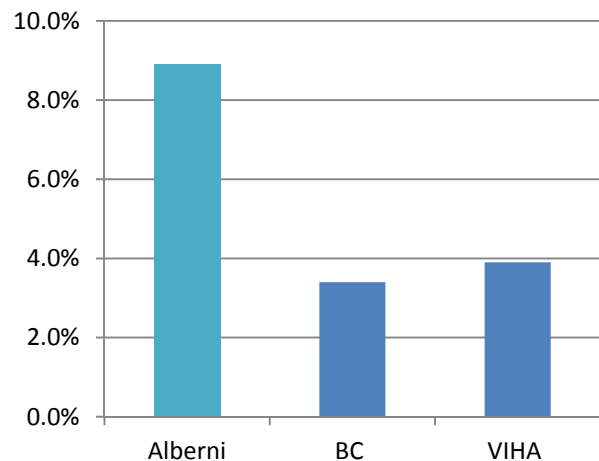


Indicator	Definition	West Coast	Alberni Valley	BC	VIHA
Seniors Living Alone	Percent of persons aged 65 and over that are not in census families and are living alone	28.6%	28.2%	27.3%	29.2%
Lone-parent Families	Percent of census families in private households that are lone-parent families	17.4%	16.6%	15.1%	15.4%

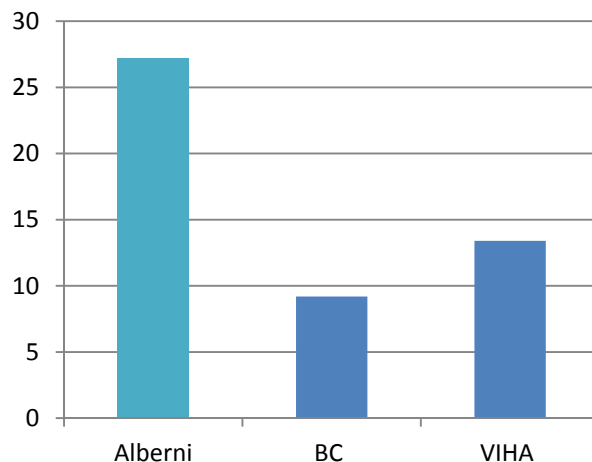
2006 Census

Healthy Development

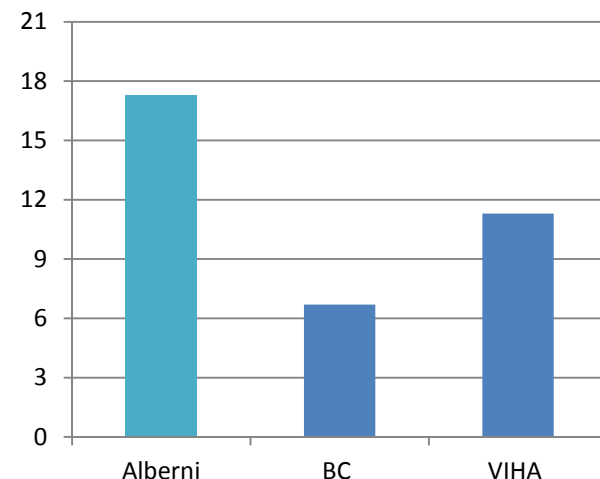
Children on Income Assistance



Children in Care



Children in Need of Protection

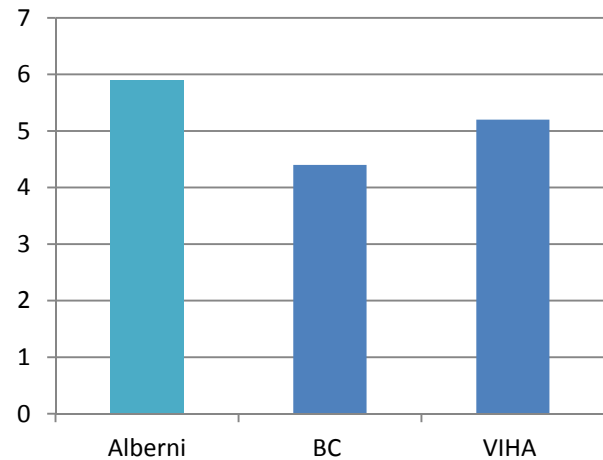


Indicator	Definition	Alberni	BC	VIHA
Children on Income Assistance ¹	Percent of children less than 19 years of age receiving income assistance	8.9%	3.4%	3.9%
Children in Care ²	Children in care per 1,000 children aged 0 to 18 years	27.2	9.2	13.4
Children in Need of Protection ²	Reported children in need of protection rate per 1,000 children aged 0 to 18 years	17.3	6.7	11.3

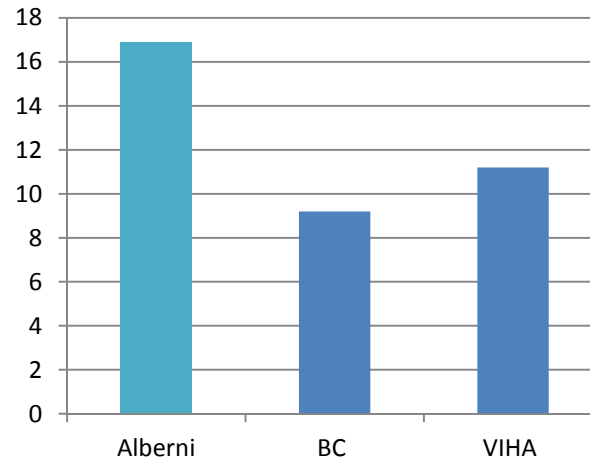
¹BC Ministry of Social Development, 2011; ²Ministry of Children and Family Development, BC Statistics Agency, 2011

Child Health

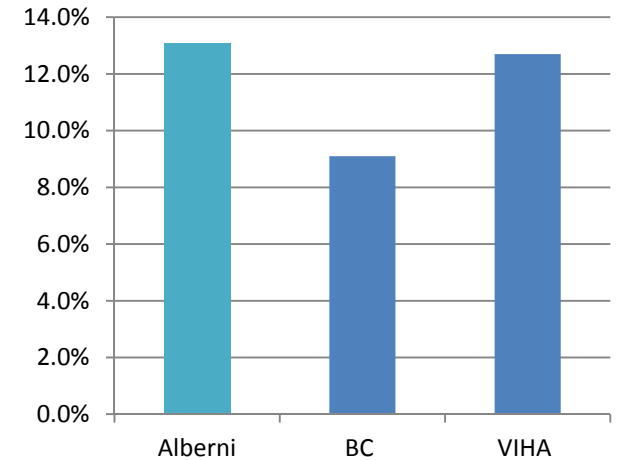
Injury and Poisoning Hospitalizations



Respiratory Diseases Hospitalizations



Maternal Smoking

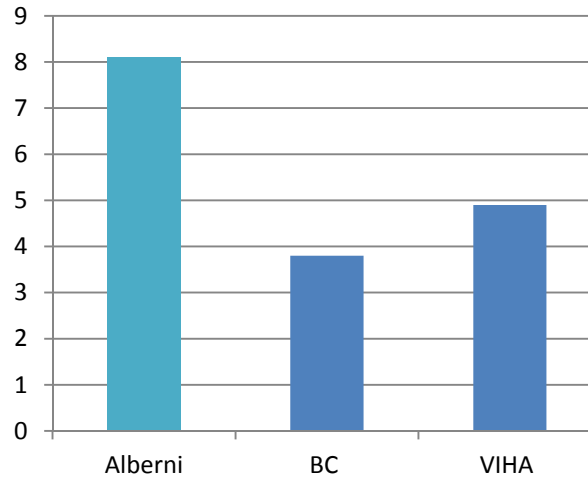


Indicator	Definition	Alberni	BC	VIHA
Injury and Poisoning Hospitalizations ¹	Hospitalization rate per 1,000 children aged 0 to 14	5.9	4.4	5.2
Respiratory Diseases Hospitalizations ¹	Hospitalization rate per 1,000 children aged 0 to 14	16.9	9.2	11.2
Maternal Smoking ²	Percent of pregnant women who reported smoking at any time during their current pregnancy	13.1%	9.1%	12.7%

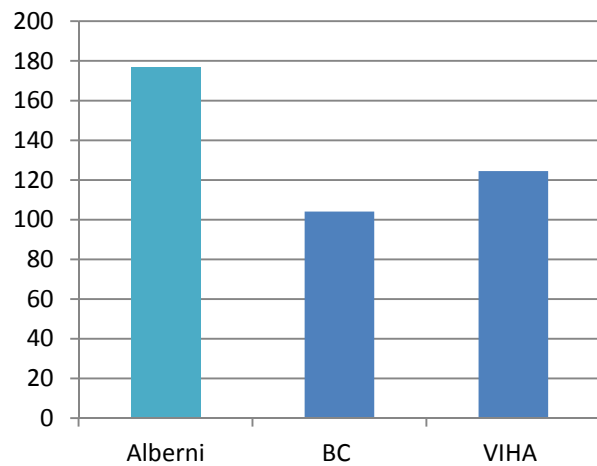
¹Ministry of Health (2010-2011); ²BC Perinatal Program (2007/2008-2011/2012)

Crime

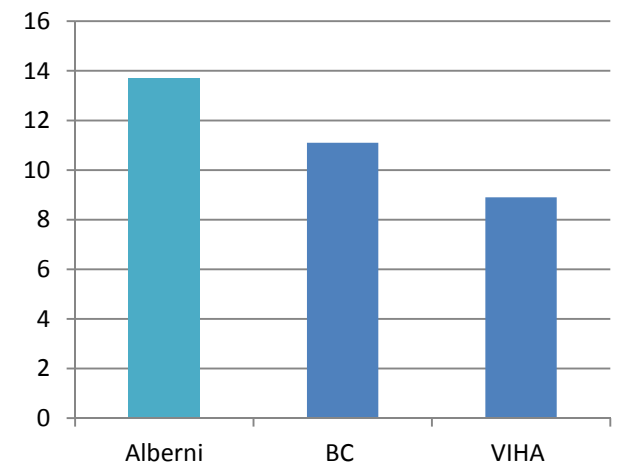
Serious Juvenile Crime Rate



Alcohol Sales Per Capita



Serious Crime Rate



Indicator	Definition	Alberni	BC	VIHA
Alcohol Sales Per Capita ¹	Litres of alcohol sold per resident population aged 19 and older. High tourist areas will be overstated.	176.8	104.1	124.5
Serious Juvenile Crime Rate ²	Juvenile crime rate per 1,000 population aged 12 to 17 (B&E, crimes with weapons and assaults with serious injury)	8.1	3.8	4.9
Serious Crime Rate ²	Total violent and property crime rate per 1,000 population	13.7	11.1	8.9

¹BC Statistics Agency 2010; ²BC Statistics Agency 2008-2010

Summary – Social Determinants of Health

Compared to Vancouver Island

Lower ↓

- Economic status
- Education rates
- House rental costs
- Home ownership costs in Alberni Valley

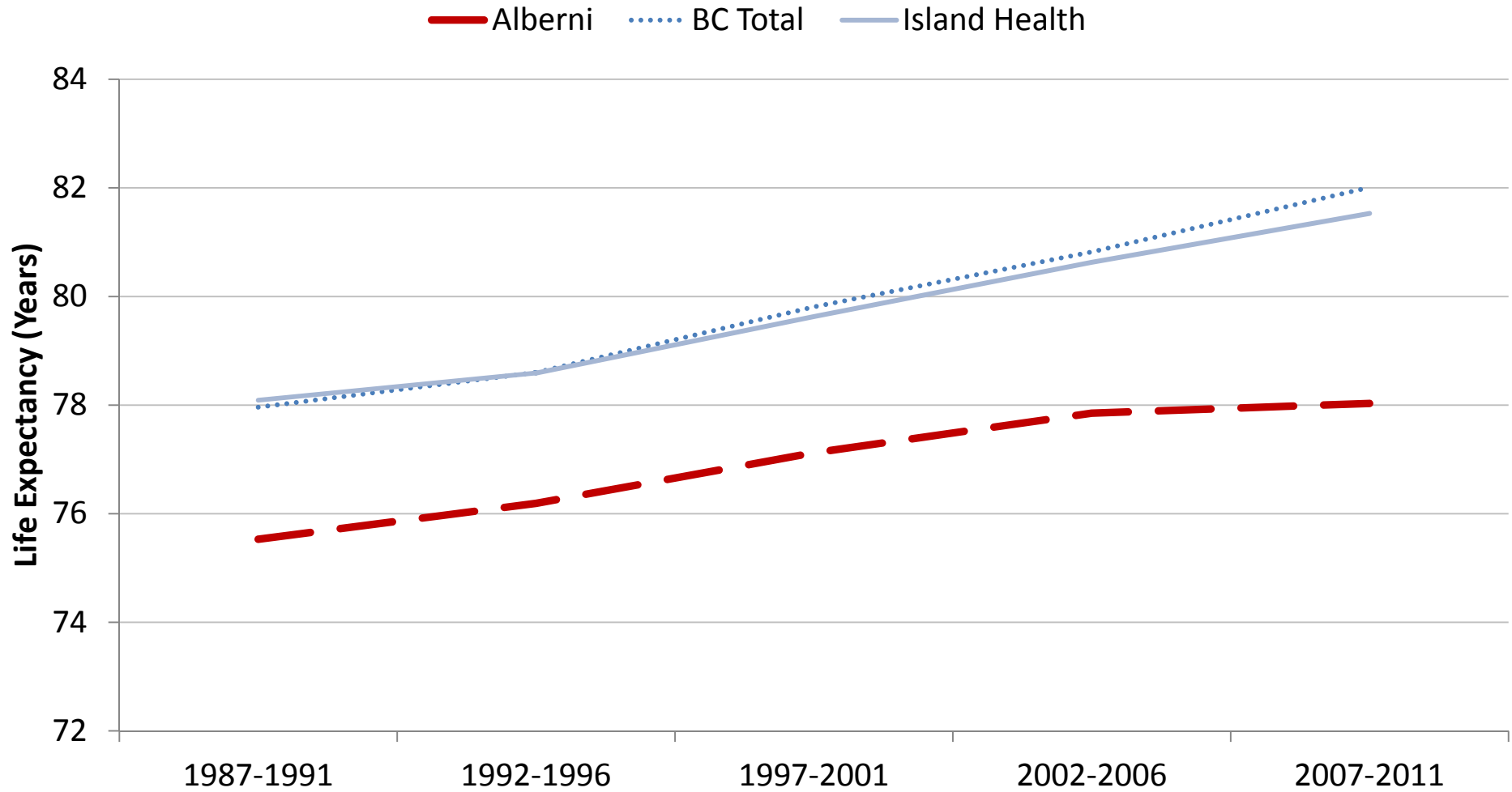
Similar =

- Percentage of seniors living alone

Higher ↑

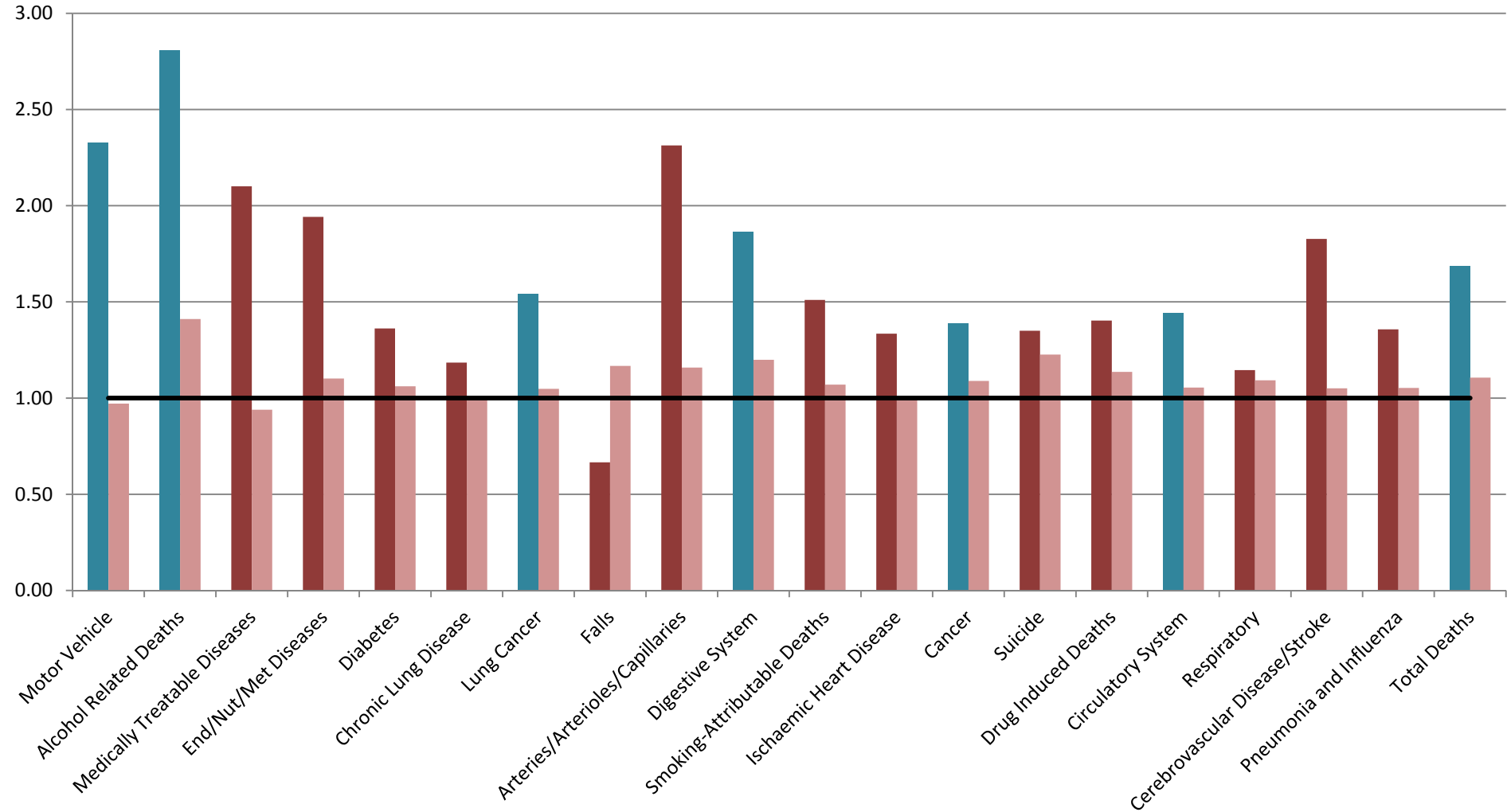
- Percentage of lone parent families
- Rates of children in care and in need of protection
- Children hospitalization rates
- Crime rates
- Home ownership costs on west coast

Life Expectancy



Alberni Potential Years of Life Lost Index (PYLLI)

■ Alberni
 ■ Island Health
 — BC
■ Indicates statistically significant difference

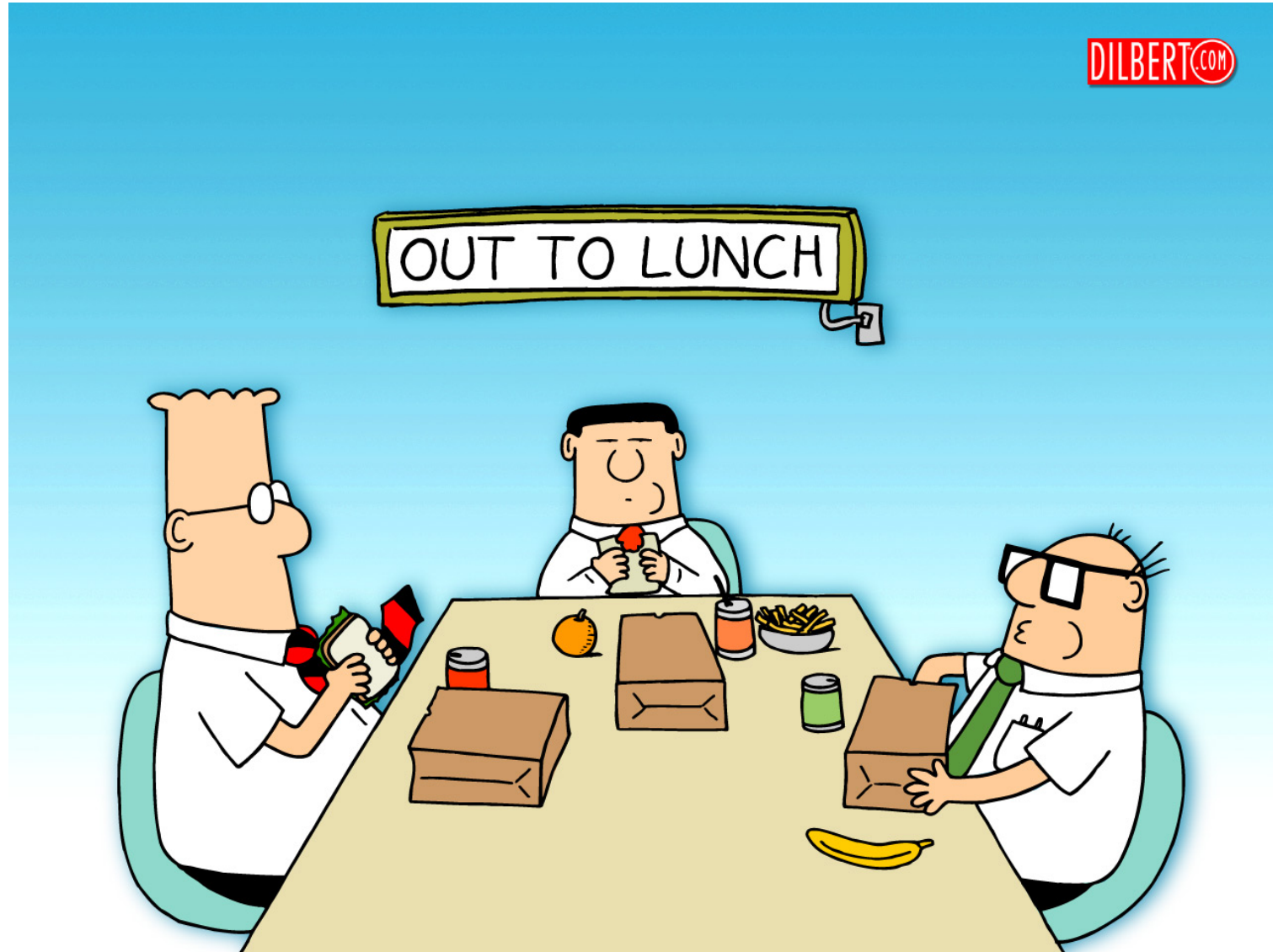


Questions or Comments



Lunch

DILBERT.COM



Presentations

- City of Port Alberni – Mayor John Douglas
- Alberni-Clayoquot Health Network – Penny Cote
- Island Health
 - Aboriginal Health – Ian Knipe
 - Alberni-Clayoquot Health Review – Mélie De Champlain
 - Community-Based Health Care – Allison Cutler



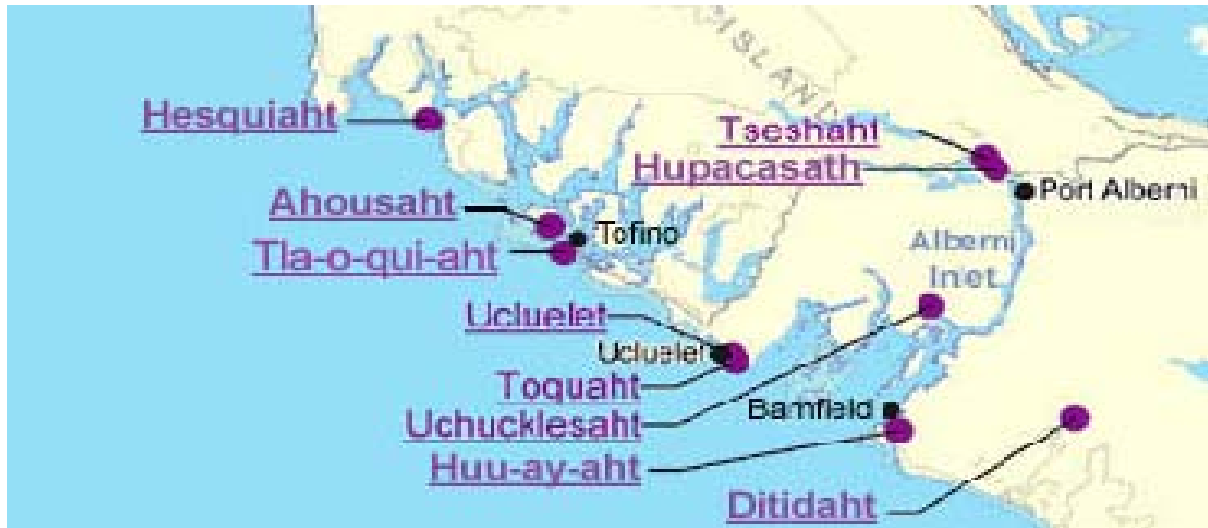
Alberni Clayoquot Health Network

Healthy & Connected People & Places



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



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.

Hishukishtswalk: everything is one & all is interconnected & health is holistic in Nature.

NETWORK GOALS

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".

We do this by: Network meetings, Community Engagements, Forums, Social Media, Newsletter, Partnerships...

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.

We do this by: Supporting 3 Early Childhood Networks to build their capacity, involvement in Comprehensive School Health in SD #70, west coast youth forums etc.

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. “

We do this by: Conducting a baseline study of transportation in the region called ‘How do we get from here to there?’, stakeholder consultations, meetings with the province & BC Transit. A Community Accord between Huu-ay-ahy First Nation & Village of Bamfield re: cycling trail between the 2 villages.

GOAL FOUR: Affordable Housing

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. 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'.

We do this by: Networking with the AVCSI, draft discussion paper on Affordable Housing in the region

GOAL Five: Improve Health Literacy

Recognizing that the majority of adult Canadians (60%) do not have the necessary skills to manage their health adequately. 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.

We do this by: Health promotion through our social media, comprehensive school health involvement etc.

Other Things We’ve Heard:

- Access to Health Care Services (e.g. birthing options on the west coast, specialists, family physicians, dental) & Continuity of Care
- Mental Health & Wellness
- Seniors & Elders Care, Youth
- Chronic Disease Management & Education
- Food Security
- Cultural Diversity
- Access to Recreation
- The Environment

- GOAL ONE: Network Development**
- GOAL TWO: Healthy Children & Youth**
- GOAL THREE: Affordable & Accessible Regional Transportation**
- GOAL FOUR: Affordable Housing**
- GOAL Five: Improve Health Literacy**

Join the network & be a part of healthy change! Everyone is Welcome! How can you participate? It's simple! Attend our meetings and regional sponsored events. Send us your news & we'll share it! Email and ask to join our network list: slyle@acrd.bc.ca 'Like' us on Facebook (Alberni Clayoquot Health Network), Follow us on Twitter (AC Health Network), & receive on our ongoing newsfeed. Contact Us! Tanis Dagert, Network Coordinator tanisd@live.ca (250) 668-5159 or Shelli Lyle, Admin Assistant, slyle@acrd.bc.ca (250) 720-2700



First Nations Health Authority
Health through wellness

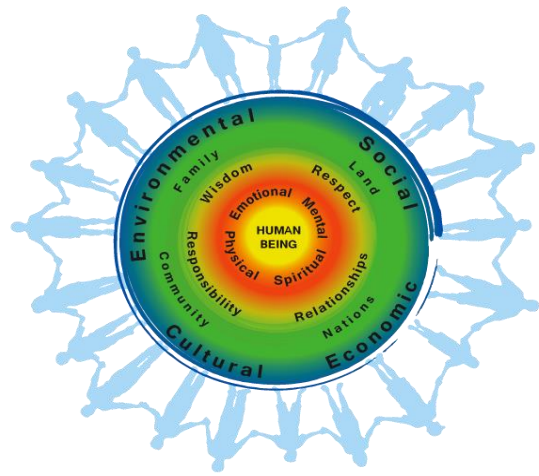
Regional Focus and Support





Community Voices. Regional Priorities. Collective Vision

Healthy, self-determining and vibrant BC First Nations children, families and communities

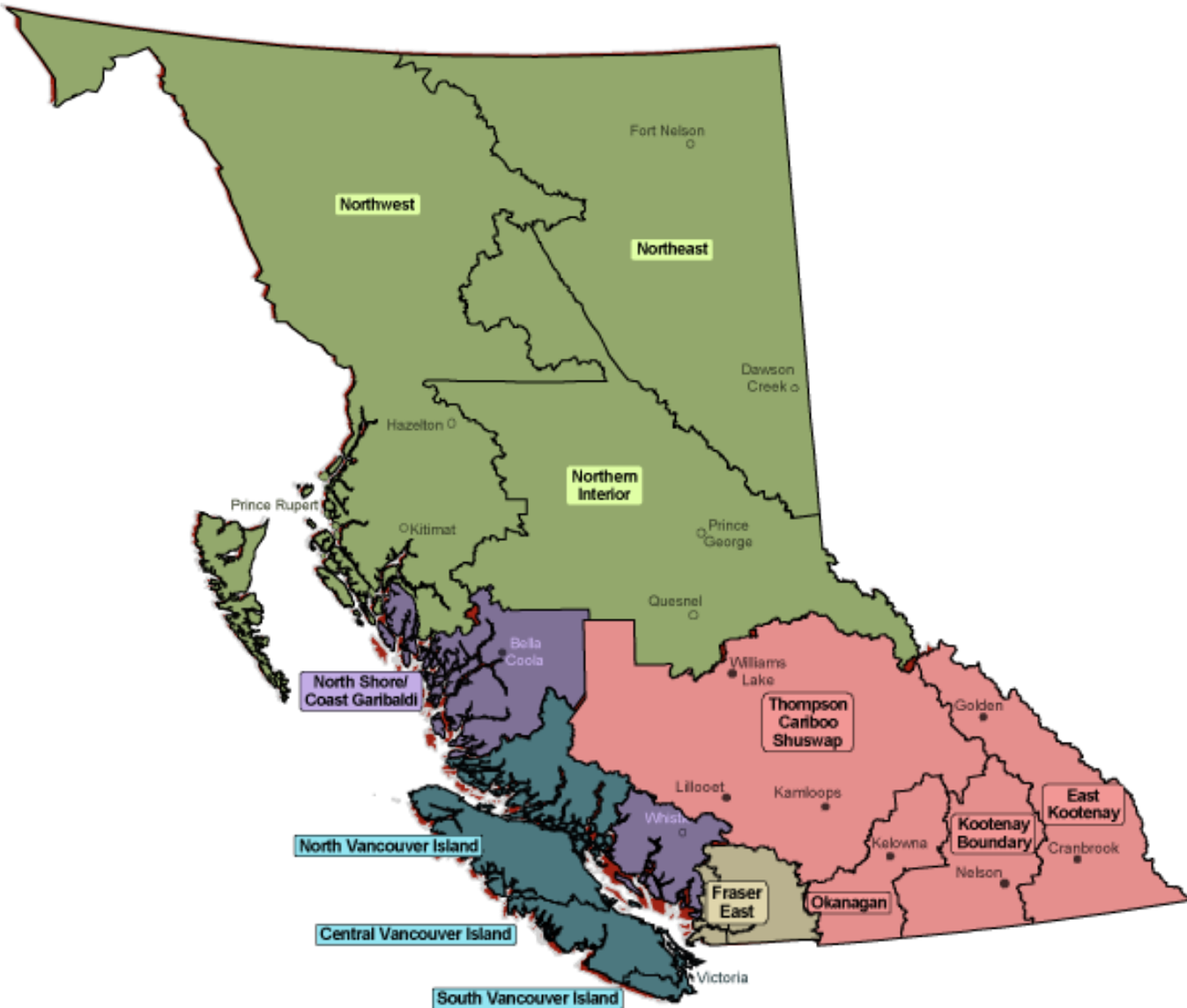


Community-driven,
Nation-based



Overview

1. Shifting focus from setting Provincial Direction to Regional implementation
2. The *interim* Regional Health and Wellness Planning (iRHWP)
3. Regional Supports
 - I. Regional Director
 - II. Regional Teams
4. Regional Resources
5. Next Steps





Focus on Regional Support

- Continue to set principles and standards at a Provincial level – Guidebook 2013
- Working toward Regional implementation
 - Regional Planning
 - Regional Supports



Interim Regional Health and Wellness Planning

- Regional Plans to be in place by November 2013*
- Planning will focus on Regional Priorities and Approaches
- First version and is represent the current status and key next steps in for the Region
- We have a framework to the plans that each region will be populating with their priorities

**FNHC Resolution Workplan 2011-3(g)*



Interim Regional Health and Wellness Planning (con't)

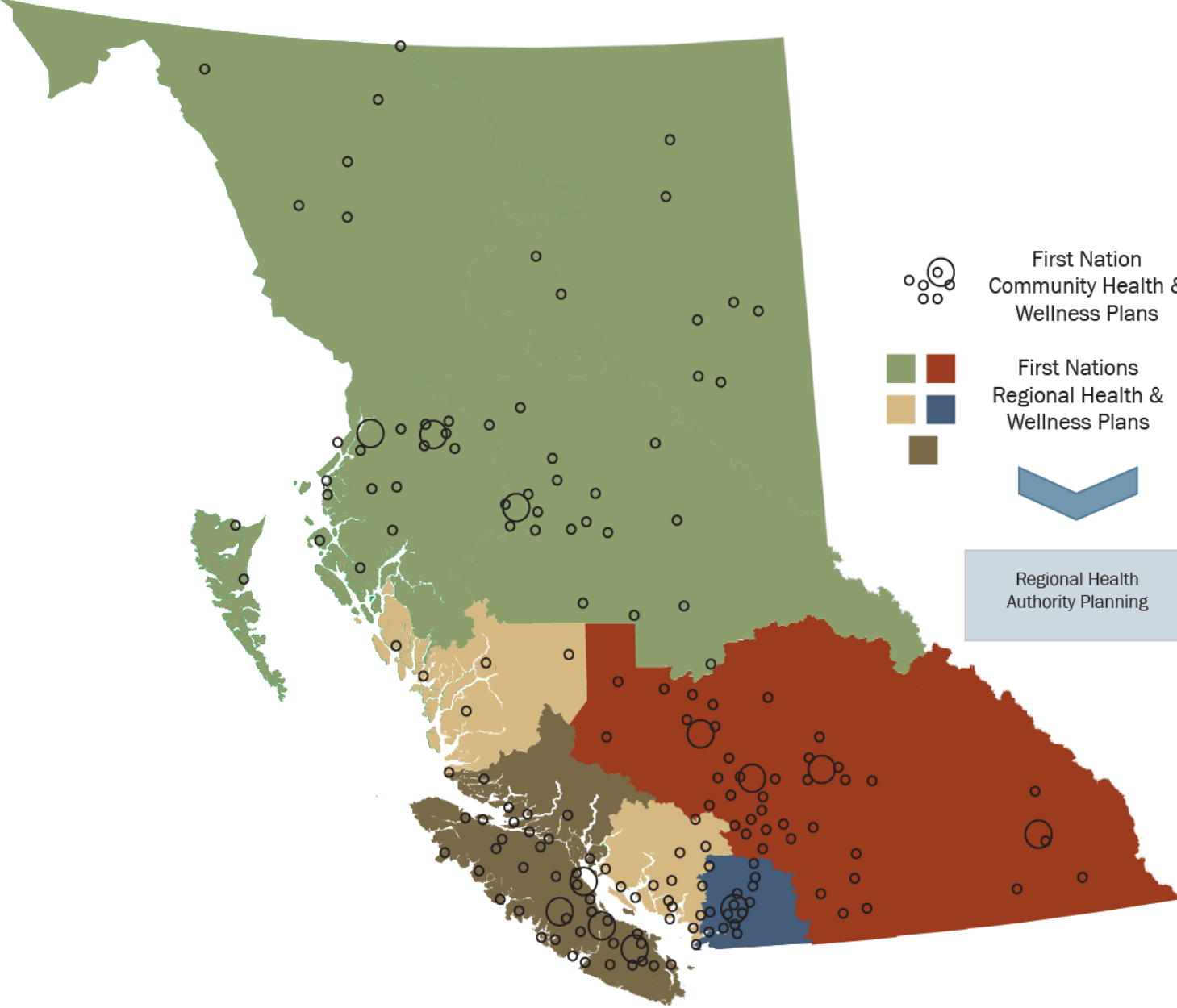
- As much as possible existing information will be utilized to maximize previous discussion and direction
- Communities will be supporting development
- Regional Tables will be reviewing content
- Regional Caucus will be approving
- Plans will be updated in 2015
- For more information please take a look at the Transition Update (www.fnha.ca)



Interim Regional Health and Wellness Planning (con't)

Broad Themes from Sub-Regional Community Engagement:

- Prevention
- Mental Health & Substance Use
- Traditional Knowledge
- Home & Community Care
- Health Benefits



First Nation
Community Health &
Wellness Plans



First Nations
Regional Health &
Wellness Plans



Regional Health
Authority Planning



FNHA Interim &
Multi-Year Health Plans
& FNHA Strategic Plan

FNHDA Strategic Plan

FNHC Strategic Plan



Tripartite Planning



Regional Office and Supports

- Regional Charters and Team structures are in development
- Regional Directors in place
- Implementation of Regional Teams
 - October 2013 – March 2014
- Building on engagement on this issue to date this will improve alignment and consistency in regional Community Engagement Services.
 - Now – January 2014

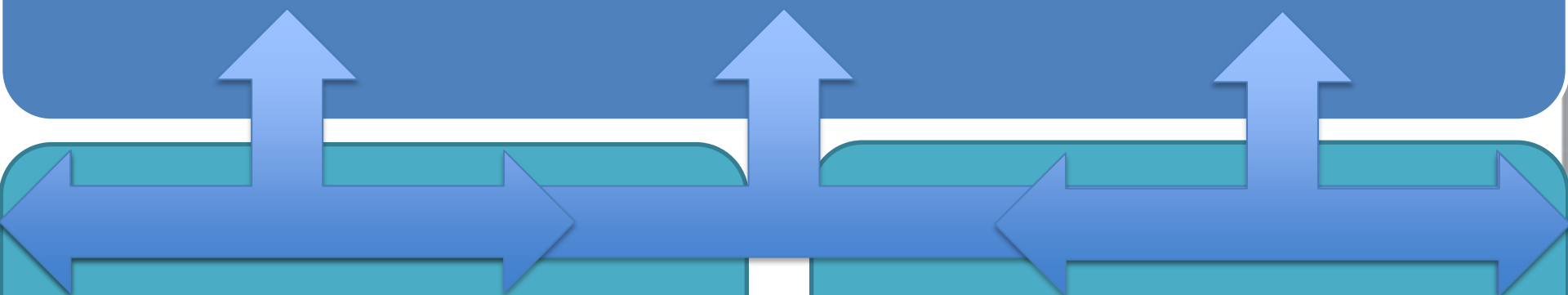


Regional
Table

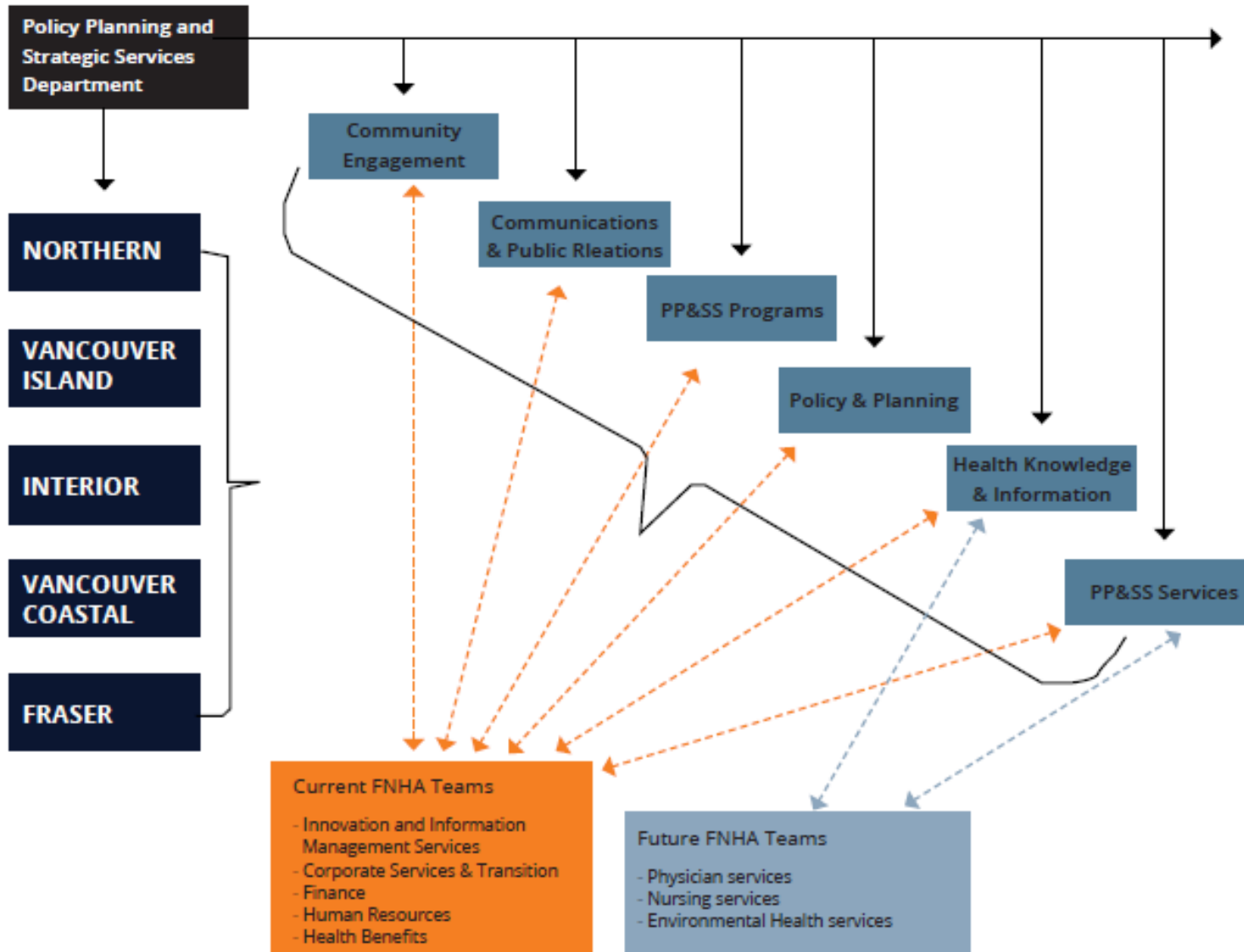
Regional Caucus

Sub Regional <->
Community
Engagement

Sub Regional <->
Community
Engagement



Regional support matrix





Regional Envelope

- The main goal of regional envelopes is to support regional planning and implementation of priorities
- It is a joint effort between regions, FNHA, Health Authorities and the Ministries of Health
- Provide greater First Nation influence over investments regionally
- Through enveloping, an allocation process will result in available regional envelopes, and a joint process will then determine regional priorities for investment within that envelope.



Regional Envelope

- Consideration of this process is underway
 - FNHA's role: analyze existing regional resources
Regional role: set priorities for investment
- Establishing which resources are available to regionalize
 - Community Engagement
 - Health Actions
 - Regional Staffing
 - Other provincial and federal initiatives



Next Steps

1. Continue to inform Regions of this process
2. Orientation of Regional Directors
3. Establish interim Regional Health and Wellness Plans: priorities and approaches
4. Establish Regional Teams
5. Establish Regional Resources available



Thank you

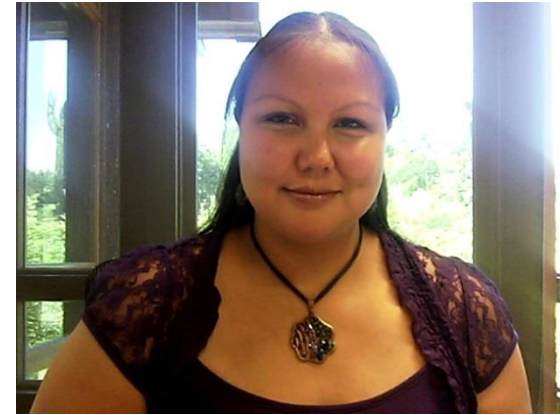
Contact information:

Eunice Joe

Regional Health Liaison – Vancouver
Island Region

Email: Eunice.Joe@fnha.ca

Phone: (250) 720-6761



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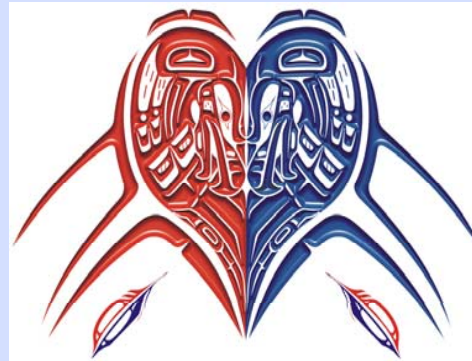
twitter.com/fnhc



instagram.com/fnha



ABORIGINAL HEALTH PROGRAM



January 18, 2014

First Nations, Métis Communities, and Friendship Centres in VIHA

- ▲ Friendship Centre or Urban Aboriginal Service Organization
- Métis Chartered Community
- Nuu-chah-nulth First Nations
- Coast Salish First Nations
- Kwakwaka'wakw First Nations
- VIHA Health Service Delivery Areas
- VIHA Local Health Areas

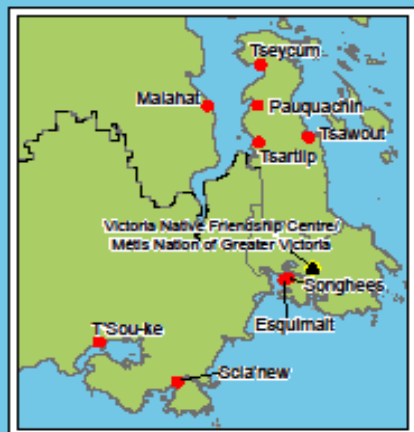
Did you know, on Vancouver Island, there are:

- 50 First Nations on Vancouver Island
- 6 Métis Chartered Communities
- 6 Aboriginal Friendship Centres
- According to 2005 census data, there are 40,550 Aboriginal people living in communities served by VIHA

Sources:

- Friendship Centres & Métis Chartered Communities: "Guide to Aboriginal Organizations and Services in British Columbia" at http://www.gov.bc.ca/ab/services/download/guide/services_2009.pdf
- Aboriginal Communities: Ministry of Aboriginal Relations and Reconciliation at <http://www.gov.bc.ca/arr/>

Map prepared by: A. Reid
Date Created: March 2012





**Island Health's Strategic Priorities
includes:**

**Improved health of vulnerable
populations including Aboriginal people**

“
**Our goal is to work collaboratively with
Aboriginal communities to define and
improve their health.”**

Strategies:

- **build relationships**
- **increase and/or enhance access**
- **build capacity**
- **provide innovative services**
- **advocate to improve broader determinants of health**

**Island Health Aboriginal Health Plan
2012 - 2015**

Island Health & First Nations Health Council Partnership Accord

- Formalize and strengthen partnership between Island Health and First Nations Health Council
- Collaborate to improve health outcomes and create a more integrated, culturally appropriate, and effective health system for First Nations people



Partnership Accord signed May 14, 2012



Moving Forward



LHA 70 Review Update

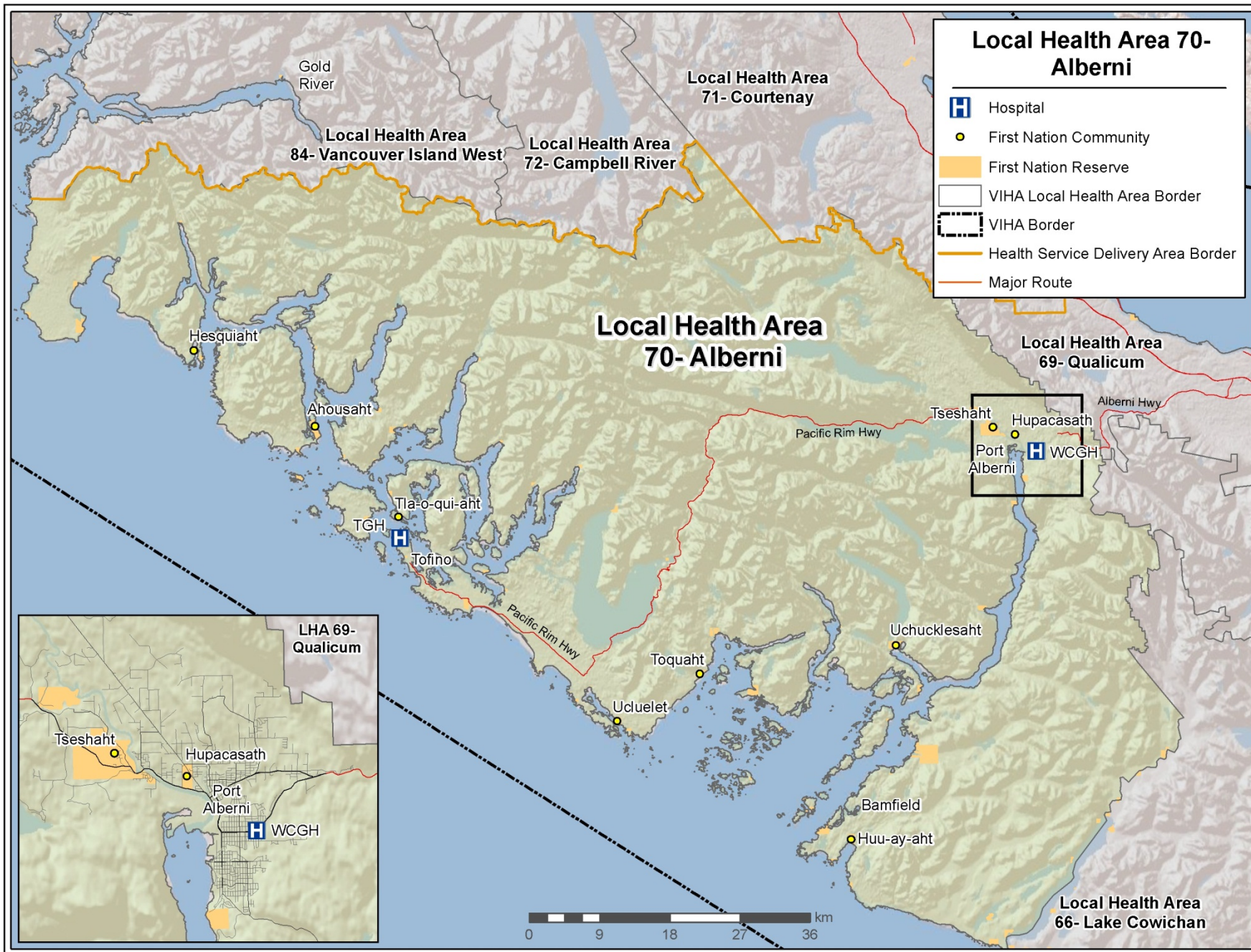
Question

- What's the best reason you heard for being late to a meeting?

How about ...

“We were busy saving our National Emblem”





LHA 70 Review

- **Improve understanding of community's health and health care needs**
- **Review current Island Health services (acute – primary – community)**
- **Understand the community's priorities and how they can be supported**
- **Determine how the health care system needs to evolve to better meet the needs of the community**
- **Determine how community based health care model would look in LHA 70**

Work so far

- Review hospital services (TGH & WCGH)
- Partnership with Allison's team
- Set up regional Island Health working group
- Discussions with
 - Community Health Network
 - Municipal Leaders
 - Island Health Leadership



Considerations to improve health and health care services

- Population's needs with focus on vulnerable populations
- Local and geographic realities
- Community's priorities
- Services sustainability (financial and human resources)
- Island Health & Ministry of Health priorities
 - Collaboration and integration
 - Prevention and health promotion
 - Community partnerships

Alignment of LHA 70 Review

- Island Health Priority
- Island Health Structure



Working Group Achievements

- Breaking down silos
- Current state assessment
- Community-based health care
- Identified target populations
 - Maternity
 - Child, youth, family
 - Mental health & substance use
 - Frail elderly
 - Chronic diseases
 - Developmental & physical disabilities
 - Aboriginal

Next Steps

- Meeting with West-Coast communities
- Initial findings and recommendations shared with senior Island Health leadership in March 2014
- Continue linkages
- Explore how Community-Based Health Care model could look in LHA 70

#ChangeTheWorld

- “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it’s the only thing that ever has”
- Margaret Meade

Developing a Community-Based Health Care System

Allison Cutler

January 18, 2014

Overview

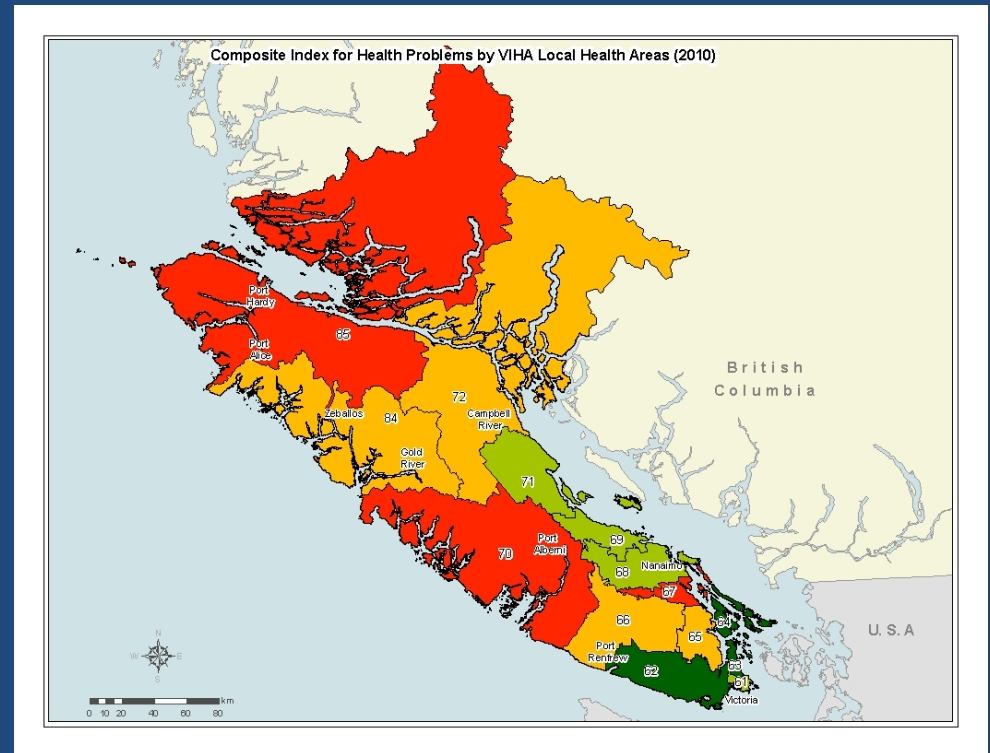
- Review of Island Health's Model for Community Based Care
- What are the opportunities this creates in Port Alberni?

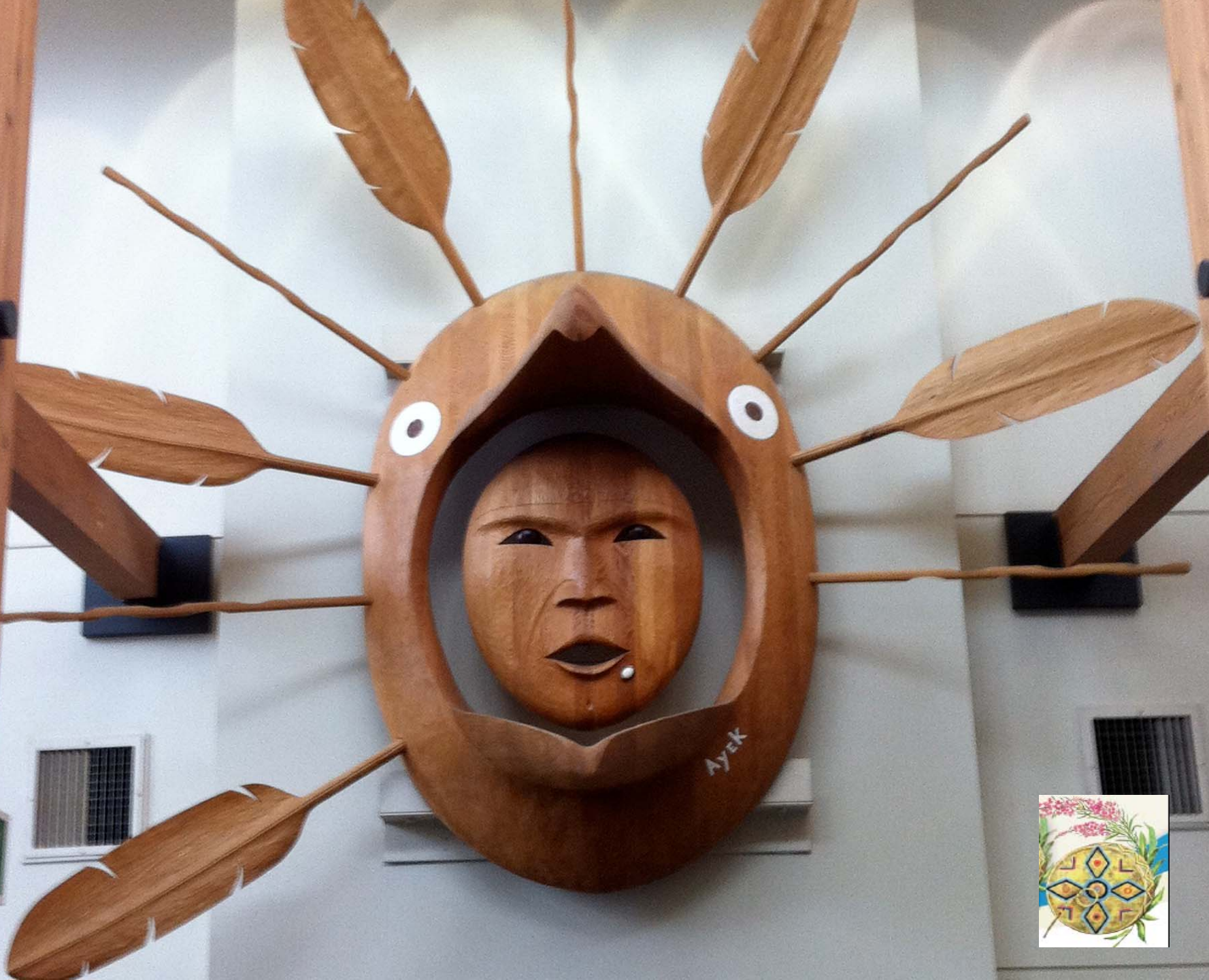
Why are we doing this?



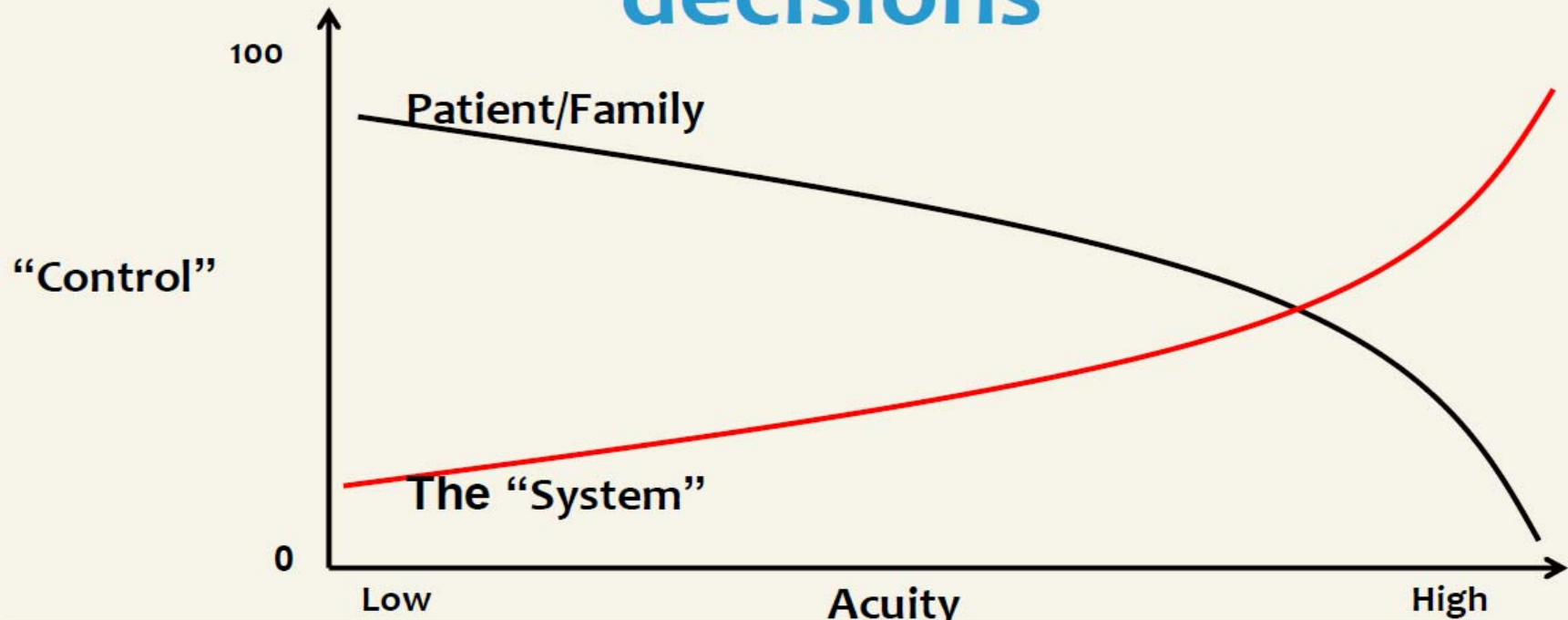
Why are we doing this?

- Ministry initiatives
- VIHA's own needs assessment – and the 'red zones'
- Triggers





Control: Who really makes the decisions



1. Control – who makes the final decision influencing outcome?
2. Influences – family, friends, co-workers, religion, values, money
3. Real opportunity to influence health costs/outcomes – influence on the choices made – behavioral change
4. Current model – tests, diagnosis, treatment (meds or procedures)

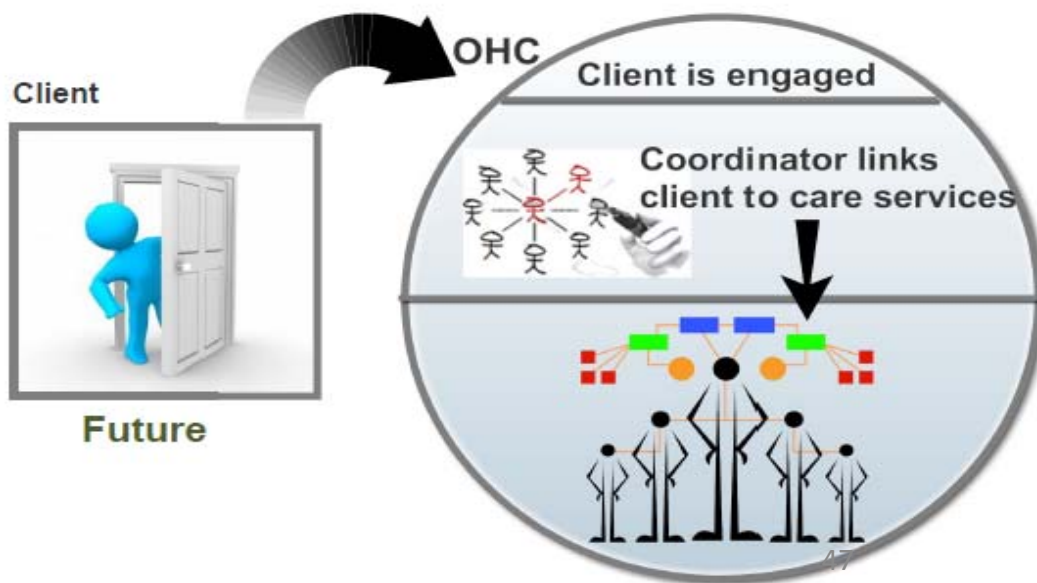
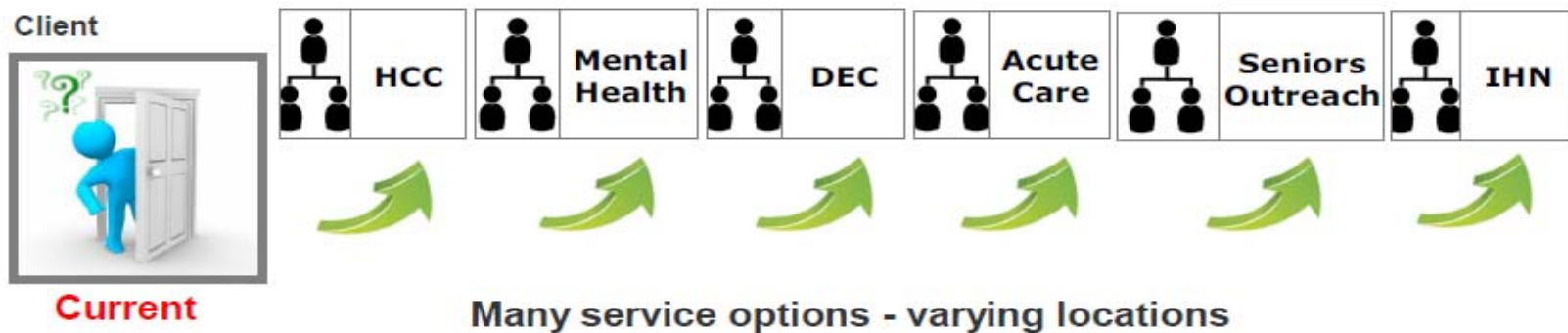
Southcentral
Foundation



Primary Health Care is the cornerstone for clients and their families over time – emphasis is on a long term relationship aimed at advancing the client's goals of health

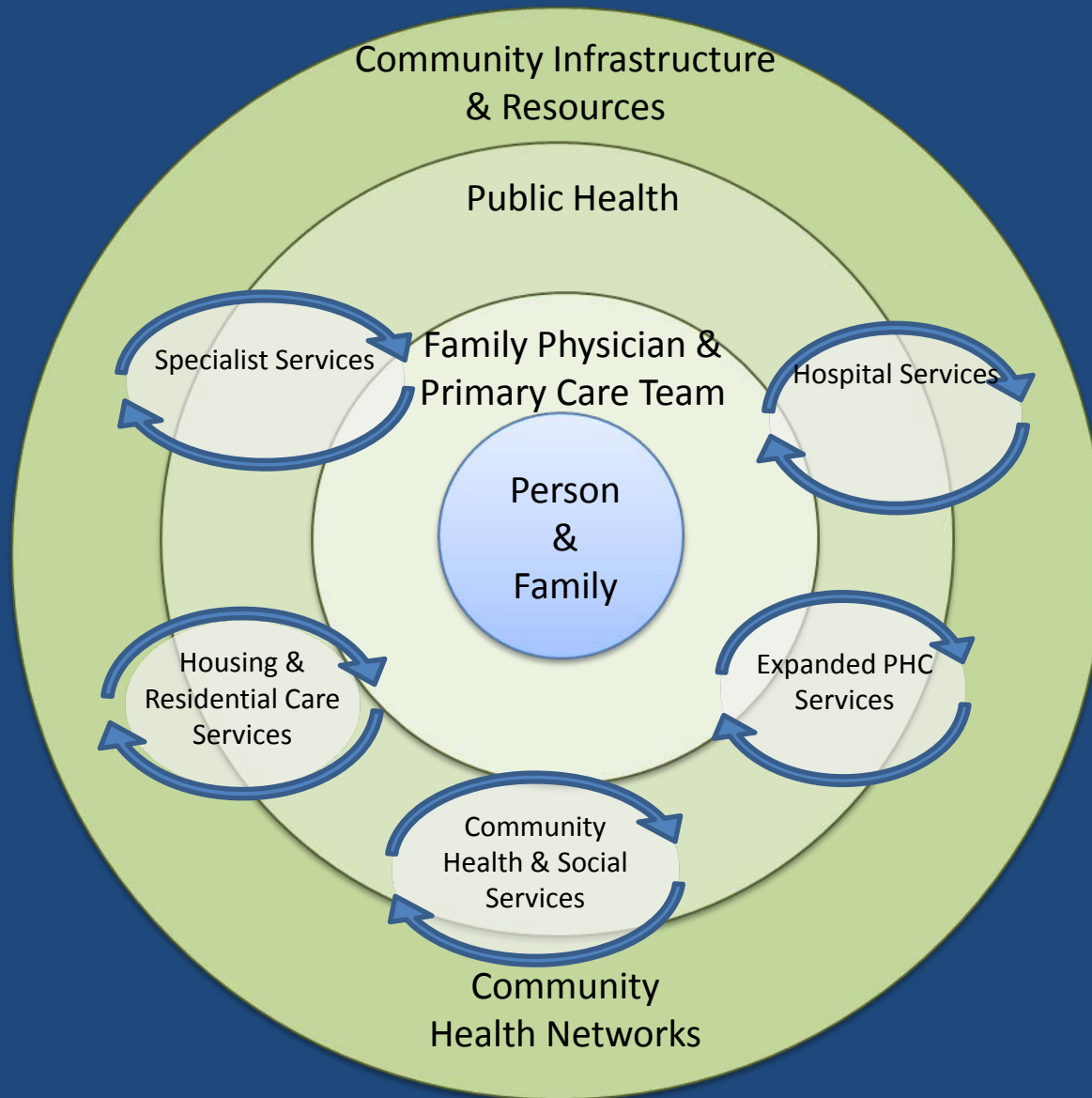


This approach was developed because...

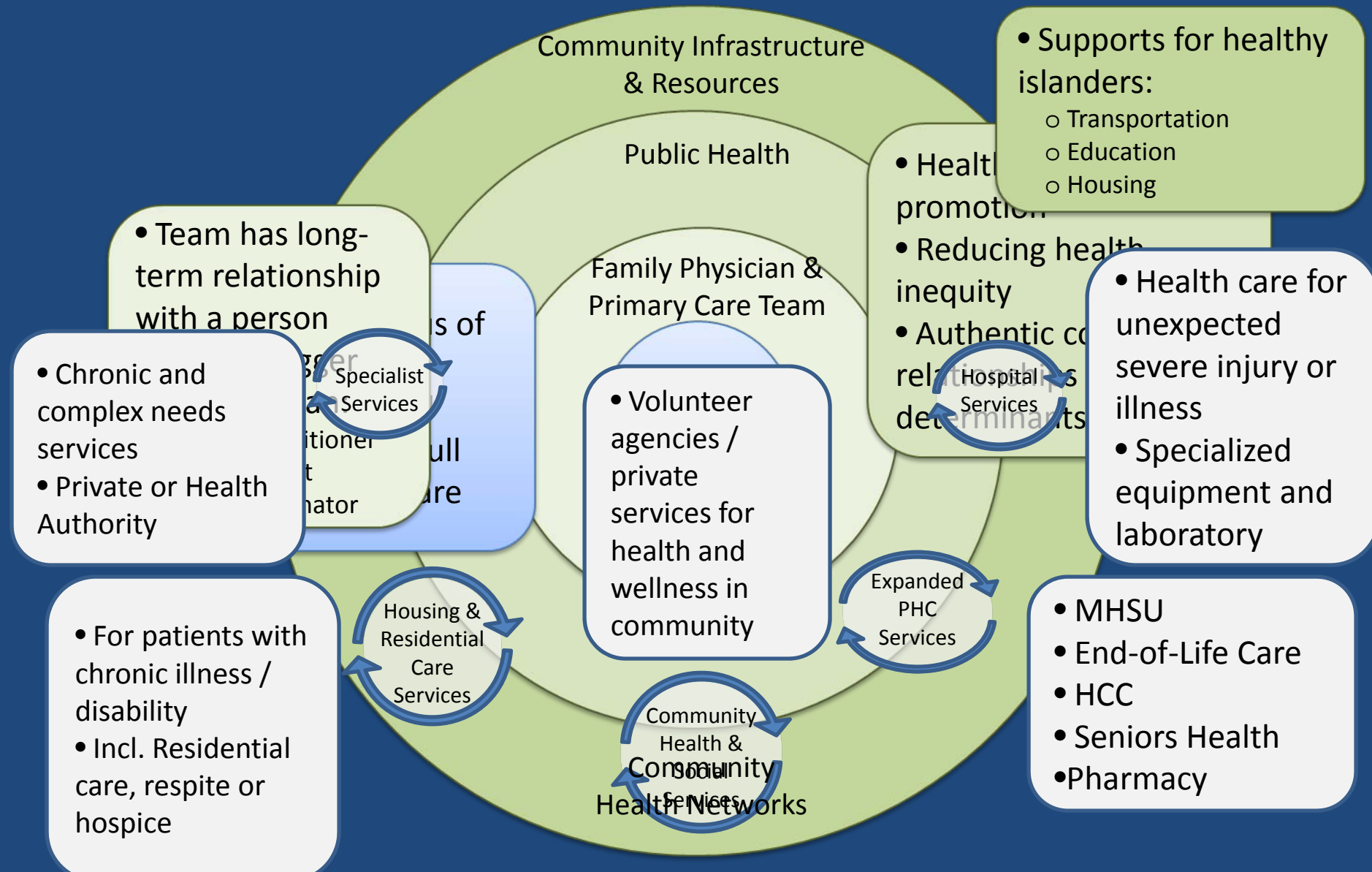


An integrated care model makes engagement for health services easier for the client.

Model – Community Based Health Care for Population Health



Model – Community Based Health Care for Population Health



Stories from Oceanside



- Living in a tent
- Max packing

Next Steps in Port Alberni

- Island Health planning to date



“If you want to travel fast, travel alone. If you want to travel far, travel together.”

– N'gambai African Proverb



Questions?



Table Exercises



- In your table:
 - Identify three things that we could do to start improving the health of the population
 - At least one of them should be able to start now
- Report out on table discussion

Next Steps

