



Oceanside Health and Wellness Network STRATEGIC PLAN 2017-2019

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Table of Contents

1: Introduction	3
2: Organizing for Impact OHWN's Structure OHWN's Strategic Plan	5 5 8
3: OWHN's Strategic Priority Areas	9
Strategic Priority 1 – Child Wellness	11
Strategic Priority 2 – Mental Health	13
Strategic Priority 3 – Network Development	15
4: Evaluation	18
5: Conclusion	18
Appendix A: Participants in Strategic Planning	19
Appendix B: A Snapshot of Health and Wellness in Oceanside (Compiled in September
2016 for strategic planning.)	20



www.rdn.bc.ca/ohwn

1: Introduction

Healthy people come from healthy communities.

In Oceanside, there is a rich history of engaged citizens who want to be actively involved in all aspects of decision-making on policies and services related to their health. To achieve this goal, the Oceanside Health and Wellness Network (OHWN) is striving to support a community that has a deep understanding of its strengths and challenges, has appropriate and well-funded policies and programs, and has diverse sectors, groups and individuals working together on addressing complex issues. These components will contribute to feelings of shared responsibility to address the challenges unique to the Oceanside community and mutual ownership of the results.

"Healthy lifestyles. A vibrant economy. Affordable housing. Protected parks & green space. Accessible community services. Thriving neighbourhoods. Clean air and water. A sustainable environment. Ethnic and cultural diversity. Healthy public policy. Engaged citizens.

A healthy community is all of

Source: BC Healthy Communities bchealthycommunities.ca

this, and more."

Community-based Health Networks like OHWN play an important role in improving the health of individuals by supporting healthy communities. There are similar community health networks in other Vancouver Island regions, supported by Island Health. OHWN was established in 2013 in order to invite the community to identify and address health-related issues together. The members are committed to working together to enhance the health and wellness of Oceanside residents and collectively address the determinants of health.

OHWN recognizes the conditions at the societal and community levels have an effect on our personal health and wellness – conditions that are complex and beyond an individual's sole control. These conditions are referred to

as the **social determinants of health** and include (but are not limited to) the socioeconomic, cultural, and environmental factors depicted in Figure 1.

The health and wellness of Oceanside is influenced by all of these broader determinants of health and are complex. They require more effort to create change than any single community group or organization, including government, can do acting on their own. This means that those seeking to make broader societal changes have to contribute to community-based actions — each group engaged in finding solutions must step out of their focused areas and commit to working towards an agreed-upon outcome through cooperation, negotiation and collective action.

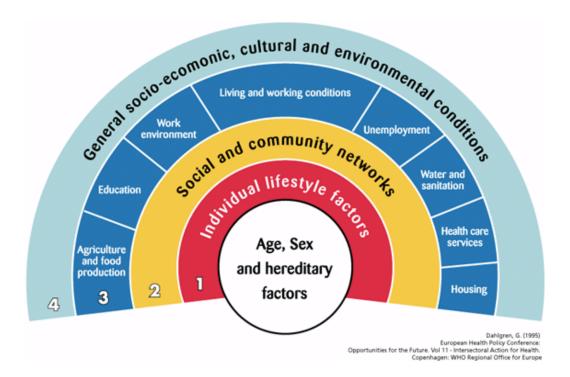


Figure 1: Determinants of Health¹

Working collectively on the social determinants of health in a community not only has the potential to move the needle on complex health issues, but it also builds connections between groups, families and individuals. Social connectedness in itself contributes to improvements in the health of individuals and communities. The evidence shows that "Canadians with a strong or very strong sense of community belonging are over twice as likely to report that their health is good as compared with people who have a weak or very weak sense of community belonging"².

An important question is: how do we do this? How do the residents of Oceanside get together to decide what health issues are most important, how to work together and increase community connections, and how to actually make an impact? This is where OHWN comes in: to identify strategic priorities, set measurable outcomes, and commit to achieving impact together.

This Strategic Plan for the OHWN reflects many hours of dialogue in which a wide range of community members engaged in planning and collectively examining the challenges and issues in Oceanside. This plan suggests a clear direction of where we want to go, and how we plan to get there.

¹ Dahlgren G, Whitehead M (1993). *Tackling inequalities in health: what can we learn from what has been tried?*Working paper prepared for the King's Fund International Seminar on Tackling Inequalities in Health, September 1993
² BC Ministry of Health (2005). Plan H: Social Connectedness Action Guide.

2: Organizing for Impact

OHWN's Structure

Creating and maintaining healthy communities and addressing the broader determinants of health are meaningful goals, which are also very challenging. Organizations work to address different aspects of community health, but it is difficult for one organization, acting alone, to make a meaningful impact. By nurturing relationships, working collectively and planning together, communities can identify the most important and urgent health issues and agree upon ways to make the greatest impact.

In response to this need to collectively address the determinants of health in Oceanside, a group of organizations, individuals and institutions came together in 2013 to discuss health and wellness in the region. They decided to form a group that would invite the community to identify and address health-related issues together. This group evolved to become OHWN. Members are committed to working together to enhance the health and wellness of Oceanside residents by focusing on complex issues that are best served by collective action.



Figure 2: Oceanside Region - includes the municipalities of Parksville and Qualicum Beach and several small waterfront and rural communities stretching from Nanoose Bay to Errington, Coombs, Deep Bay and Bowser, making up four electoral areas of the Regional District of Nanaimo. Population: 45,000.

OHWN's Shared Vision

OHWN is a community health network of organizations and individuals respectfully working together to enhance community health and wellness. We do this by planning together and taking collective action on complex health-related issues.

OHWN's Guiding Principles and Strategic Actions

OHWN has identified a variety of functions including planning, networking and taking action.

Planning functions:

- Influence social planning 2
- Identify strategic priorities 2
- Collect and evaluate data to set action priorities 2
- Capture and pool all community data and stories that help to illustrate data 2
- Identify gaps, overlaps, and build on strengths 2
- Focus on key factors that influence individual and community health 2
- Focus on issues that are too complex for a group to address individually
- Be attentive at the community level rather than at an individual issue level 2
- Look for and take advantage of shared opportunities

?Networking functions: ?

- Facilitate meaningful conversation act as a switchboard connecting people
- Build partnerships 2
- Build capacity 2
- Work on a consensus for a community mandate 2
- Support diversity in community

Action orientated functions: 2

- Take collective action on community health issues ?
- Act as a catalyst to improve health and wellness 2
- Be a **strategic coordinator** of activity ?
- Provide leadership to bring about change

OHWN's Organization

OHWN's Circle of Partners (CoP) and Action Groups sit within the broader Network, as described and depicted in Figure 3.

The **Network** includes organizations and individuals who have an interest and willingness in improving the health and wellness of the Oceanside community. Members are committed to working together to enhance the health and wellness of Oceanside residents through

collaborative planning and collective action. Members share a vision to respectfully work together to address complex factors that influence health.

The **Circle of Partners** is a core group of leaders from the Network who are passionate, enthusiastic, forward thinkers who have the skills to represent diverse perspectives within the context of each issue and are committed to collaboration. The CoP provides strategic direction to the Network and Action Group(s); oversees the goals, objectives and strategies identified for the Network; and monitors metrics related to key determinants of health in Oceanside. Acting as the steering group for OHWN, the CoP provides leadership by promoting and supporting collaborative practices and the principles of collective impact.

Action Groups conduct the work of addressing and achieving goals related to OHWN's strategic plan. The Lead of each Action Group sits as a member of the CoP and is responsible for monthly reporting of the group's activities/progress. Additional Action Group members may be selected from the CoP, the broader Network or the community, and they are selected for their unique interest and experience in the specific priority area.

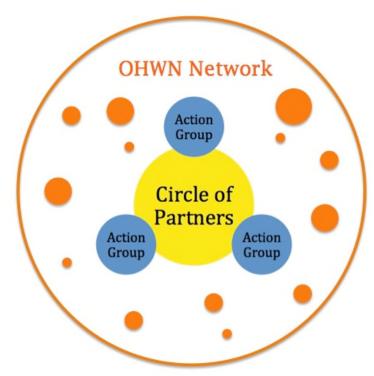


Figure 3: OHWN's Structure

OHWN's Strategic Plan

The members of OHWN realized that in order to build momentum and take action on shared priorities, a strategic plan was an important next step. The strategic plan explains and provides rationale for the priority health issues that members will work on collectively, describes achievable outcomes, and provides a framework for action. This framework will be used to engage more and more members of the community to see how they can make a difference.

Specifically, this strategic plan:

- identifies priorities and outlines goals, objectives and strategies for the next three years (2017 – 2019) to address determinants of health and improve health outcomes in Oceanside;
- provides a tool to engage the current membership and the broader community in taking collaborative, coordinated, community-based actions; and
- defines OHWN's role in working collaboratively in Oceanside to address the determinants of health.

In developing and implementing this strategic plan, OHWN members agreed with the need to be strategic, disciplined, and flexible. Achieving the greatest impact on the determinants of health relies on strong relationships, shared leadership, coordinated actions and common, and measurable goals. Perhaps more importantly, it also relies on the need to be well connected to the

Priority areas are the issues that OHWN will focus on over 3 years.

Goals are the end results defining what we want to accomplish within each priority area.

Objectives are what we will do to achieve each goal.

Strategies outline how OHWN will achieve each objective, paths to take to get 'from here to there' and why. Strategies offer opportunities for broad participation – we want stakeholders to see themselves as part of the solution.

whole community – not only the organizations, but the individuals in all parts of the region - in order to stay grounded in the issues that truly matter to the residents of Oceanside.

Planning and discussions for the strategic plan began in the summer of 2016. This laid the foundation for a full strategic planning day on Sept 22, 2016, with 20 participants representing 13 community organizations. See **Appendix A** for a full list of participants. Action Groups were formed and further developed the Goals, Objectives and Strategies for each priority area.

This is the first strategic plan collectively developed by OHWN. OHWN recognizes that both the plan and the need to shift priorities, goals, strategies and actions will happen - this plan is meant to provide direction, but also allow for flexibility to be responsive to emerging issues and strategic opportunities. As the Network learns and grows, and as the circle of influence widens, OHWN will benefit from a richer understanding of the strengths and characteristics of the community, which will inform further planning.

3: OWHN's Strategic Priority Areas

OHWN's primary role as an emerging community health network is to be a credible and reliable source of community knowledge and to be well connected to health-related priorities, community assets, emerging issues and local leaders. OHWN is a connector of ideas and actions – the Network acts as a catalyst for community dialogue in Oceanside while facilitating shared priority-setting, planning and collective action.

As part of this strategic planning process, OHWN reviewed the evidence and knowledge of the Oceanside region including Local Health Area Profile and data provided by Island Health and our regional Medical Health Officer, Central Vancouver Island. This data, combined with local knowledge and expertise, highlighted a number of key health issues in Oceanside including child wellness, mental health, substance use, affordable housing and homelessness, transportation, a gap in Aboriginal focus in health issues and priorities, and the need for all-age friendly communities. See **Appendix B** for a snapshot of health and wellness issues in Oceanside.

OHWN is concerned about the high rates of child poverty in Oceanside compared to the BC average and the high levels of vulnerability among young children. There is an inequitable distribution of resources in Oceanside, resulting in a large gap between those with significant resources and those struggling with poverty. This inequity may affect the health of our communities over time. The lack of affordable housing and homelessness is an ongoing concern and there is a particular need for housing supports for youth and for tenants who have added challenges finding housing due to mental health issues.

OHWN's Priority Areas for 2017-2019

Child Wellness Mental Health Network Development OHWN selected three main priority areas for 2017-2019: Child Wellness, Mental Health, and Network Development. In choosing these three areas, OHWN is not minimizing the significance of other health issues that impact the community. However, no group can address every need at once. Using data and community knowledge to prioritize actions helps to improve the ability to make an impact.

There is a greater change of moving the needle on these complex health concerns when focusing on a smaller number of issues and priority populations. The stronger and larger the Network becomes, the better positioned it will be to address emerging issues in a coordinated way.

For other issues that were not chosen as current priorities, OHWN can and will play a supportive role where another group is taking the lead. For example, OHWN will address the issue of homelessness by supporting the work of the Oceanside Task Force on Homelessness. This may involve writing letters of support, amplifying communications and responding to emergent issues about homelessness in the region.

In response to the issue about a gap in an Aboriginal focus in health issues and priorities, it was decided that OHWN will continue to seek opportunities to partner with the Nanoose and Qualicum First Nations on issues of shared concern and ensure that action groups are proactive in building these partnerships.

Lastly, it is important to address the issue of poverty as a core determinant of health. Poverty intersects with all of the health issues discussed in strategic planning - from child food security to transportation to homelessness - yet there is no local group specifically addressing poverty in Oceanside. After discussion about OHWN's role in poverty reduction, the members felt it was best to use poverty as a lens over each of our priority areas. This means that as the action groups developed their plans, they considered how to reduce barriers for people in poverty in a variety of ways. It was also agreed that OHWN could provide support to anti-poverty efforts in the region by amplifying calls to action and aligning our efforts where possible.

Poverty and Health

"Access to income, affordable housing, healthy food, education, early childhood development, and recreational opportunities influence our ability to make healthy choices and ultimately the state of our physical and mental health as well as life expectancy. Despite BC's excellent average health status, there is still a large gap between the healthiest British Columbians and those who suffer from ill health."

Source: BC Healthy Living Alliance www.bchealthyliving.ca

The following pages outline the rationale for choosing each priority area, and the goals, objectives and strategies guiding OHWN's activities over the next three years. Measures of success capture the type of baseline data that OHWN will collect to measure impact. Action groups will use these tables to develop a more detailed action plan that will track activities, status, leaders and target dates.

Strategic Priority 1 – Child Wellness

In Oceanside, greater than one in three children under six years of age live in poverty³. This is much higher than the provincial average, which is one in five (20%), and national average, which is one in six (17%)⁴. Child development is affected by poverty and recent data tells us that 37% of children in Oceanside are vulnerable in their development, which is 5% higher than the BC average⁵.

We know that poverty is a barrier to achieving food security, readiness for school and good health⁶. As a step towards reducing the impact of poverty, OHWN has prioritized child and youth food security, across rural and urban Oceanside communities. Food security issues are complex and can be "invisible" in communities. OHWN's role includes making invisible and complex problems, such as food insecurity, visible in communities, acting as a catalyst to spark awareness and mobilize collective action.

In Oceanside, there are programs and initiatives geared to address child food security including emergency food provision, snack/meal programs in schools and meals provided for participants at child/youth community programs. While there is great work happening, OHWN recognizes that these programs are not accessible to all children and there is variability within and across communities and schools. OHWN will facilitate strategies

"Food security is the foundation for healthy eating. A person is considered food secure if they can access, with dignity, healthy food that is affordable, safe, culturally appropriate, and meets their nutritional needs and preferences."

Source: Government of British Columbia, downloaded January 30 2017 from http://www2.gov.bc.ca/gov/content/health/keeping-bc-healthy-safe/food-safety/food-safety-sanitation-plans/food-security

to stimulate and support collective efforts to improve child and youth food security by individuals, groups and communities. Working with schools to build on their efforts will be especially important. Schools are essential community hubs for supporting health and wellness of children, youth and their families because children become part of school communities in their early years and continue through to adulthood.

The progress OHWN makes towards resolving food insecurity for vulnerable school-aged children/youth living in Oceanside will be collectively monitored and evaluated. The following table outlines OHWN's goals, objectives and strategies designed to address child wellness.

³ Hasselback, Paul (2016). Oceanside's Health: What we know and where the future may take us. Presentation to OHWN members, December 2016.

⁴ Tarasuk, V. Mitchell, A., Dachner, N. (2016). Household food insecurity in Canada, 2014. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from http://proof.utoronto.ca.

⁵ Hasselback, Paul (2016). Oceanside's Health: What we know and where the future may take us. Presentation to OHWN members, December 2016.

⁶ First Call BC Child and Youth Advocacy Coalition. 2016 BC Child Poverty Report Card. November 2016.

Strategic Priority #1: Child Wellness

Impact Statement: By June 2019, food security for vulnerable school-aged children/youth living in Oceanside will be increased by 10%.

GOALS	OBJECTIVES	STRATEGIES	MEASURES OF SUCCESS
		 Work within a collective impact approach 	 Define student-identified
1) 30% of schools in SD 69	 Build relationships with school district, school 	under coaching guidance of BC Healthy	challenges with food security
will increase the availability	administrators, parents and students and	Communities	(OHWN's Student Food Survey,
of healthy food (lunch,	engage them in identifying opportunities for	 Pressure-test theory of change – share ideas 	Spring 2017)
breakfast and/or snacks)	action.	with stakeholders	Increase # and use of school
accessible to all students by	2. Engage schools in developing or enhancing	 Gather and interpret existing data and best 	food programs (OHWN School
spring 2019.	their food vision/culture around access to	practices (policy and programs)	Administrator 's Food Survey –
	healthy food.	 Collect new qualitative and quantitative data 	2016, 2018)
	3. Facilitate community collaboration in school	(including launching a youth survey)	 Increase in community
	food programs.	 Develop a compelling case and 	knowledge about child poverty
	4. Act as a link between schools to showcase	communication tools about ways to improve	and child food security
	שמרנבשבש מווע סטוסו נמווונובש.	child food security	increase # and type of
2) At least five community	1. Increase awareness among leaders in the	 Present the case to leaders and decision- 	programs/policies approved/in
stakeholders' will initiate or	community of the rates and risks of child food	makers about the impact of taking action	development
enhance programs or policy		 Participate in community coalitions, 	Increase # schools engaged
that make healthy food	2. Convene stakeholders in Oceanside Region to	organizations, and networks to raise	 Increase \$ allocated to
more accessible and	mobilize food vision/policy for school aged	community awareness of the state of child	implementation for policy
affordable for families by	children.	poverty and food insecurity in Oceanside.	related to food security
spring 2019.	3. Engage in advocacy with community partners	 Convene 3 focus groups with select 	 Ensure 5 community
	for sustainable systems change to improve	stakeholders to generate engagement and	stakeholders engage in action
	child food security (including poverty	capacity to address child food insecurity (e.g.	Decrease # of children
	reduction).	Parent Advisory Councils, organizations	accessing food bank and soup
		serving youth, youth leaders, etc.)	kitchen
		 Host broad community forum to engage 	Increase # of children accessing
		further support and broaden the Network	snacks/meals in community
			organizations

OHWN Strategic Plan 2017-2019

12

⁷ Examples of community stakeholders include institutions, organizations and businesses that have some ability to impact accessibility and affordability of food.

Strategic Priority 2 – Mental Health

A healthy community includes appropriate prevention services and ongoing support for people living with mental health issues.

OHWN recognizes the urgent need to address the challenges faced by young adults with mental health and substance use issues, specifically around access to services and housing. There are limited supports in Oceanside available for these young adults, forcing many to travel to Nanaimo to get the services they require. One in five Canadians will experience mental illness in their lifetime, but everyone is likely to be impacted through family, friends and community members⁸. Three out of four children in BC diagnosed with a mental health condition in BC are not receiving the services they need⁹

It is much harder to engage with youth living with mental health issues because of stigma. They are less likely to seek supportive services than older adults, so connecting them to services they require is challenging. Hospitalization among Oceanside youth (ages 0-29) due to mental health has been increasing over time, from 8% in 2013 to 12-13% in 2015¹⁰. With respect to housing, landlords are often less likely to accept a young adult tenant than an older adult, particularly if there are mental health issues – this is an urgent problem considering the vacancy rate for rental housing is nearly 0%¹¹. Further, there are no government-funded affordable housing options for young adults in Oceanside¹².

Utilizing a collective impact approach, OHWN will raise awareness and bring local stakeholders together so that the region will have greater access to timely, integrated services and accessible housing for young adults aged 16-30 who are living with mental health issues.

The following table outlines OHWN's goals, objectives and strategies designed to address mental health in Oceanside.

⁸ Canadian Mental Health Association, March 2017. Retrieved from <u>www.cmha.ca/media/fast-facts-about-mental-illness</u>.

⁹ Canadian Mental Health Association, April 2017. Retrieved from www.b4stage4.ca.

¹⁰ Ministry of Health, Health Ideas, 2015

 $^{^{11}}$ Oceanside Task Force on Homelessness, 2017

¹² Ibid, 2017

Strategic Priority #2: Mental Health

Impact Statement: By 2019, Oceanside communities will have greater access to timely, integrated services and accessible housing for young adults aged 16-30 who are living with mental health issues.

GOAL	OBJECTIVES	STRATEGIES	MEASURES OF SUCCESS
Young adults living	Establish baseline data.	 Consult local stakeholders for qualitative and 	 Increase in accessibility of free-low cost
with mental health	2. Build relationships and harness	quantitative data.	clinical counseling in Oceanside
issues in Oceanside will	the collective strength of	 Host a forum/roundtable to broaden the dialogue 	 Decrease in # of young adults requiring
benefit from timely	concerned partners to work	around mental health with concerned stakeholders.	services in Nanaimo
access to local	together and speak with a	 Work collaboratively with other concerned 	 Decrease in wait time data – diagnosis,
multilevel supports by	cohesive, strong and unified	stakeholders on collective actions that impact youth	intake for young adults, clinical
2019.	voice.	mental health.	counseling
	3. Engage with decision makers to	 Create a strong case/rationale for enhanced 	
	advocate for change in policy	programs and services, both community-based and	Other metrics to track:
	and programs.	government.	# young adult engagement with local
	4. Support local initiatives that	 Build and strengthen relationships with elected 	services
	provide education on and/or	officials – inform and invite them to collaborate.	 # of young adults accessing mental health
	awareness of mental health to	 Advocate for greater access to appropriate housing 	walk in at Oceanside Health Centre
	reduce stigma and foster	options.	# service hours/month for psychiatrist in
	understanding and compassion.	 Present data and rationale to the community (media, 	Oceanside
		community forums, etc).	 # emergency calls for mental health
		 Attend related community events and promote them 	issues
		through the OHWN network.	

OHWN Strategic Plan 2017-2019

14

Strategic Priority 3 – Network Development

OHWN is one of six community health networks operating on Vancouver Island. It is one of the newer health networks, so the members have the opportunity to learn from other more mature networks about how to organize for greatest impact.

OHWN recognizes that in order for a community-based health network to be successful over the long term, it is important to be intentional with how it grows and develops. OHWN identified Network Development as a priority in order to be strategic in how we engage with stakeholders in our region and achieve desired results. These stakeholders include agencies and organizations that will contribute to collective action in the priority areas, and also individuals in the broader community who help us stay grounded in the issues that truly matter most to residents of Oceanside.

This priority area includes monitoring and evaluating the structure, policies and practices of the Circle of Partners, Action Groups and the broader Network; developing and implementing plans for community outreach and stakeholder engagement; and identifying opportunities for action to ensure the responsiveness, sustainability, and the impact of OHWN. The following table outlines OHWN's goals, objectives and strategies designed to address network development.

Strategic Priority #3: Network Development

Impact Statement: By spring 2018, OHWN will have relevant organizational practices by to ensure ongoing success, growth and sustainability.

LEADERSHIP OHWN will have leadership structures, policies and practices in place to support effective operations and growth. PLANNING OHWN will have a 3-year Strategic Plan that is monitored monthly and evaluated annually by the CoP. 1. Dev COP OBJECTI OBJECT	OBJECTIVES	STRATEGIES	MEASURES OF SUCCESS
OBJE 2. 1	Develon Terms of Reference for the Network	 Recommend Terms of Reference to Cop for 	• Approval publication and
2. 3. 1. 2.	CoP and all Action Groups by spring 2017.	approval.	communication of the
OBJE 2.	Develop a communications plan.	 Identify and recommend policies and 	2017/2018 OHWN Strategic
OBJE 1. 2.	Establish policies and procedures including	procedures are required, and confirm the	Plan by April 2017.
0BU	roles and responsibilities, communications, job	processes timelines for development.	
0 8 1.	descriptions, financial procedures, and		 Development, approval and
2. 1. O	budgeting.		circulation of policies,
1. 2.			procedures and terms of
2. 1.	OBJECTIVES:	Develop OHWN	reference. Monthly review by
2.	Finalize and communicate the OHWN Strategic	communications/promotional tools.	CoP of progress and results.
2.	Plan by April 2017.	 Publish and circulate Strategic Plan. 	
	Develop and begin to implement an evaluation	 Identify evaluation components to track 	 Identification of leaders and
by the CoP.	framework by December 2017.	progress.	members with regular
		 Develop a process for Strategic Planning 	meetings of Network, CoP and
		including development of the second and	Action Groups. Members
			understand roles,
		third years of the 2017/18 plan and methods	
		third years of the 2017/18 plan and methods for evaluating progress towards achieving	responsibilities and benefits.
		third years of the 2017/18 plan and methods for evaluating progress towards achieving results for the priorities and specific goals.	responsibilities and benefits.

OHWN Strategic Plan 2017-2019

16

	Identify strategic alliances to be enhanced and/or developed. Create an engagement strategy including community events, meetings and strategic opportunities (i.e. members volunteering for council or regional district committees).	• •	 Create, build and sustain relationships with government, education, business, non- government organizations and agencies. 		resources and strategic alliances for OHWN will be maintained, diversified and secured to enhance the ability for OHWN to operate and achieve results from collective action.
	Apply for relevant funding. Send Delegations to council(s).	• •		ы	SUSTAINABILITY Funding sources,
	(e.g. media, partners, community events/meetings, etc).				
towards a diversified funding stream.	Seek opportunities to facilitate the promotion of OHWN in a variety of avenues	•			
Increased # or submitted (and successful) funding applications	Develop and adapt communications materials.	•	progress with the community.		
increase in the contracting).	survey).		3. Provide opportunities to share OHWN's	ω	
Network members after each	Collect information and perspectives from	•	communities and influencers in Oceanside		
by members (using a survey of	biannually).	,			
 Improved understanding of or validation of OHWN's priorities 	email list. Host Network forums/meetings /e g	•	 Create and seek opportunities for meaningful 	2	Network.
	Developing a stakeholder database and	•	organizations/institutions, geographic		to establish, nurture
attend meetings and functions.	December 2017.		intentional about diversity (e.g. types of		Provide opportunities
join OHWN and regularly	Double the membership of the Network by	•	1. Expand the OHWN Network while being	ъ	NETWORKING

OHWN Strategic Plan 2017-2019

17

4: Evaluation

OHWN's Strategic Plan will be monitored monthly and evaluated annually. To support this ongoing evaluation of progress, OHWN will develop and begin to implement an evaluation plan by December 2017. The Circle of Partners is tasked with overseeing the implementation of this Strategic Plan as well as tracking evaluation. Action Groups are responsible for collecting and collating relevant data and reporting results, as requested, to the Circle of Partners.

The goal of evaluation is to track the overall impact of collective actions to evaluate the progress towards the goals and objectives. Evaluation data and results will be made available to all Network members, and reported annually to our funders and to the Regional District of Nanaimo.

5: Conclusion

With this strategic plan in place, OHWN is well positioned to collectively address key health issues in the region. This document provides a framework to convene community discussions, gather and monitor data, build new relationships while enhancing existing partnerships, and champion emerging initiatives that support the overall health and wellness of Oceanside residents. OHWN will continue to be nimble in responding to community needs while maintaining focus, over the next three years, on moving the needle on the identified priority areas. The community is invited to join OHWN in supporting Oceanside as a healthy, vibrant place to live, learn, work and play.

Appendix A: Participants in Strategic Planning

The following organizations and individuals participated in the Strategic Planning process.

Arrowsmith Lodge and Cokely Manor

Building Learning Together (BLT)

City of Parksville

Family Physician

Federation of Resident Associations (FORA)

Forward House Community Society

Island Health – Environmental Health, Community Integration and Public Health

Oceanside Division of Family Practice

Oceanside Healthy Living Association

Oceanside Task Force on Homelessness

Community Members

OHWN Coordinator

Parksville Qualicum Haven House

Regional District of Nanaimo – Strategic and Community Development, Parks and Recreation

Salvation Army

School District 69

Society of Organized Services (SOS)

United Way, Central and Northern Vancouver Island

Appendix B: A Snapshot of Health and Wellness in Oceanside

(Compiled in September 2016 for strategic planning.)

GENERAL HEALTH STATUS

- Oceanside residents tend to be healthier than provincial average in all chronic diseases.
- Tobacco use is #1 cause of substance-use mortality and morbidity, followed by alcohol.
- Alcohol use/dependence is surpassing tobacco as major cause of hospitalization in BC. And trend is going up.

CHILDREN

- Early Development Instrument measures vulnerability in early childhood by assessing predictors of adult health, education and social outcomes. In Oceanside, levels of social, emotional, and physical vulnerabilities are higher than BC average.
- Kindergarten children showing vulnerability in emotional and physical development were higher in Oceanside (18% emotional, 20% physical) compared to BC (14.9% emotional and 16% physical).
- Educational readiness lower in Oceanside than BC or island average.
- Student satisfaction survey "do you feel welcomed at your school" and "Are you learning about how to stay healthy?" are trending downwards in Oceanside and also across BC.
- 38% of students (32% male, 44% female) reported being bullied physical or online.
- Students and suicide Females: 16% considered, 9% attempted. Males: 8% considered, 3% attempted.
- Sexual abuse reports among students 17% for female, 4% male. Physical abuse 16% female, 10% male.
- School District receives CommunityLINK funding from Ministry of Education plus vulnerable student supplement for a total of \$377,340 (25 schools in province receive the vulnerable student supplement).
- School completion rates are lower than provincial average (70% in Oceanside, 83% BC)

TRANSPORTATION

- A paper commissioned by Forward House highlighted some issues in accessing transportation in Oceanside
 including lack of information on what is available, scheduling or access to public transportation, and personal
 barriers.
- Lack of public transit in rural areas of Oceanside.
- Private transportation services (through NGOs or companies) is a patchwork.
- SD 69 will received \$426K from province in fall 2016 to assist with student bus service purpose is to boost transportation services by addition new routes, improving disability access and bus stops or improving access to public transit. (Discretion of School District how to apply dollars.)

POVERTY

- There is an inequitable distribution of resources in Oceanside. Poverty rate of seniors is half that in BC and Canada yet poverty rate among children is much higher.
- Inequitable distribution of wealth means that we can expect health indicators will change (presently, health indicators are favourable older residents moving here come with health and money which skews the data).
- Average family income after tax is lower in Oceanside than Island average and BC average: \$64K Oceanside, \$73K Island Health average, \$75K BC average (2011).
- Lone parent family income is lower in Oceanside (\$35K) compared to BC (\$42K) and Island Health average (\$40K).
- 60% of children in lone parent homes are living in poverty.
- Parksville Council passed a motion to advocate to the provincial government to develop and implement a provincial poverty reduction strategy (Aug 2016).
- Parksville council passed a motion in June 2016 to become a Living Wage Employer.
- Greater than 1 in 3 children under 6 live in Poverty. Much higher than provincial and national average (26-28% of children living in poverty in Oceanside compared to 17% in Canada. Higher in rural Oceanside 35%)
- BC Divisions of Family Practice have a Poverty Intervention Tool guides doctors with a list of questions to help address the impact of poverty on their patients' health

HOUSING

- Renters spend >30% of income on housing in Oceanside.
- Affordable housing project in Parksville set to start construction in October Kingsley Manor apartment block (28 one-bedroom suites for low-income seniors and people with disabilities).
- High cost and low availability of housing makes it very challenging for low-income individuals and families to access affordable and safe housing.
- Lower income residents may need to move to more rural settings to afford housing, but then there is an added challenge of transportation
- Subsidized and Emergency housing is limited
- No tenancy support programs in region
- No Full-time, all-weather shelter
- Lack of supportive housing units
- Lack of rental subsidies
- Lack of supports for 'hard to house' tenants
- Lack of housing for youth

Oceanside Task Force on Homelessness (OTFH) Update – Sept 2016

- The HOST team has established a Memorandum of Understanding with non-profits and governments to solidify the Housing First team approach.
- The HOST team (in conjunction with the SOS's HPS program) has housed 30 clients and has successfully helped them maintain their housing through coordinated wrap-around services.
- BC Housing is providing limited rental supplements to targeted individuals.

- Parksville continues to have close to a 0% vacancy rate.
- The OTFH is continuing to work toward a permanent shelter and supported housing for homeless (and atrisk) individuals.
- There has been a visible increase in homeless individuals in Parksville over the past few months.

ISLAND HEALTH PRIORITIES

Medical Health Officer's Recommendations to Parksville Council, Aug 2016

- 1. Implementation of definitive solution for drinking water for the community
- 2. Consideration of a clean air bylaw to address tobacco/e-cigarette use
- 3. Address outdoor burning restrictions
- 4. Continued support for development of an Oceanside community health network structure
- 5. Support development of poverty reduction strategy

Ministry of Health's Healthy Living Strategic Plan includes the following:

- Healthy eating
- Physical activity
- Tobacco control
- Healthy eating childhood development
- Injury Prevention
- Positive mental health
- Culture of moderation for alcohol use

Some sources of data:

- 1. Island Health (2014). Local Health Area Profile, Qualicum (69)
- 2. Hasselback, Paul, MD. (2016). *Medical Health Officer Report: Student Behaviour and Mental Health*. Presentation to School District 69 Public Meeting of the Board of Education.
- 3. Hasselback, Paul, MD. (April 18, 2016) *Medical Health Officer Report to City of Parksville Council: Substance Use and Misuse.* Presentation to Parksville City Council.
- 4. Hasselback, Paul, MD. (April, 2016). Medical Health Officer Report to Town of Qualicum Beach Council: Substance Use and Misuse. Presentation to Qualicum Beach Town Council.
- 5. Hasselback, Paul, MD. (August 3, 2016) *Medical Health Officer Report to: City of Parksville Council.* Presentation to Parksville City Council.
- 6. Oceanside Task Force on Homelessness (2014). Oceanside Homelessness Needs Assessment.
- 7. Forward House Community Society (2016). Engaging Older Adults to Identify Barriers to Service and Develop Community Solutions in District 69.