



A Roadmap for Health in Haldimand and Norfolk: **TOGETHER WE CAN TURN THE CURVE**

Haldimand and Norfolk Healthy Communities Manual **MARCH 2011**

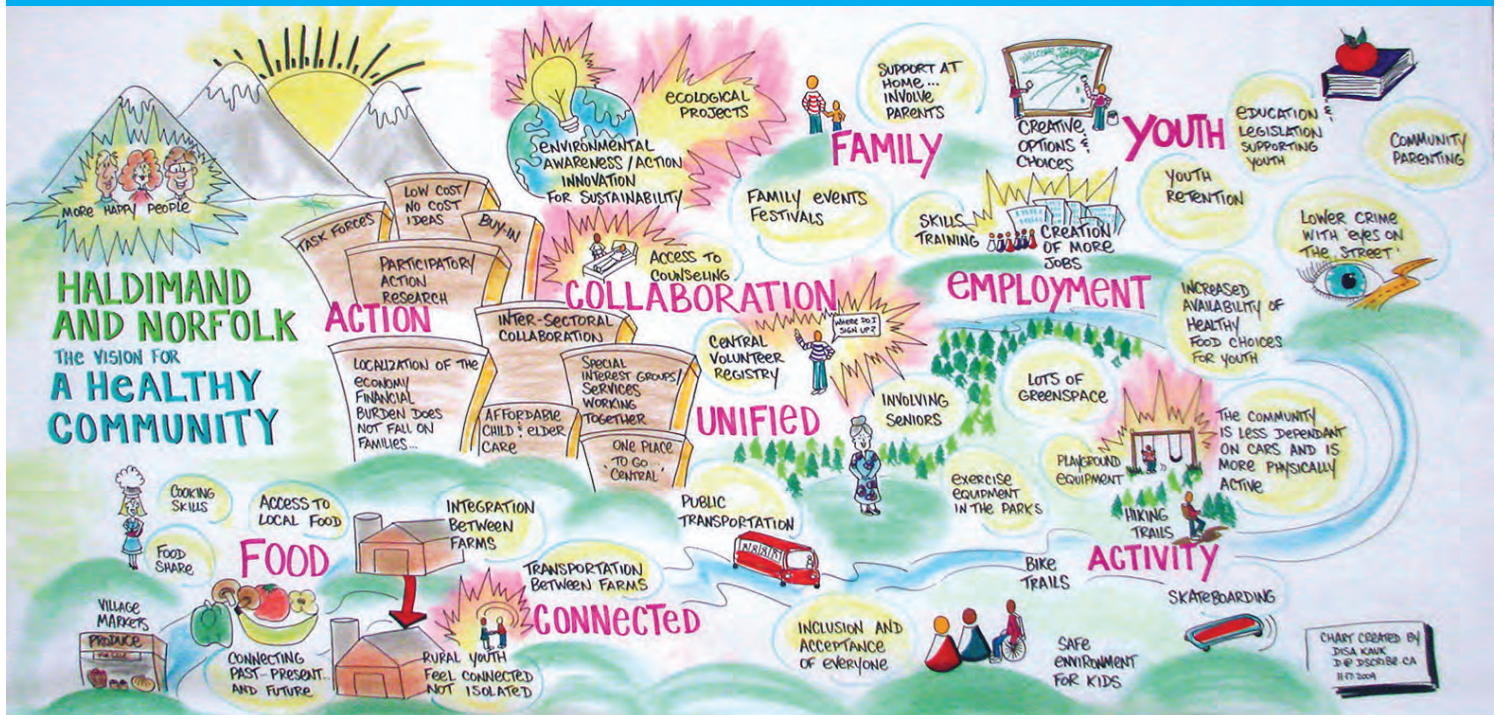


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WELCOME TO THE ROADMAP FOR HEALTH IN HALDIMAND AND NORFOLK: TOGETHER WE CAN TURN THE CURVE

This manual provides an overview of Healthy Communities Haldimand and Norfolk and its development. This manual also describes the planning process, community consultation and relevant materials that have been developed, and reports. From this Manual, it is hoped that the reader will gain a clear understanding of how the Healthy Community Partnership has evolved, what worked, what did not, and what actions will contribute to the creation of a healthier Haldimand and Norfolk. This manual serves as a resource and is not intended to be read from cover to cover.



FORWARD

Greetings from the Haldimand-Norfolk Health Unit

We are very pleased to champion the work of the Healthy Communities Partnership over the last 18 months. This work is very much in line with the requirements outlined in the Ontario Public Health Standards (OPHS). The OPHS (established in 2008), provide the mandate for public health units across Ontario. The standards include fundamental public health programs and services which cover assessment and surveillance, health promotion and policy developments, disease and injury prevention, and health protection (MOHLTC, 2008). Healthy Communities also furthers the Health Unit's mission to work with our communities to promote and protect health. Since September 2009 the Healthy Communities Partnership has engaged the community in a planning process to identify results, select indicators and develop plans to address the local needs of Haldimand and Norfolk counties.

We are proud to present the Haldimand and Norfolk Healthy Communities manual "A Roadmap for Health in Haldimand and Norfolk - Together We Can Turn the Curve". This Manual outlines the process that was used to engage the community, the action plans for the five chosen results and a Haldimand and Norfolk community profile. We believe that this manual provides a comprehensive look at our community and the many efforts being made to make Haldimand and Norfolk Counties a better place for all our residents. We are also excited to launch the new data portal that will allow Community organizations and the public access to local data for a variety of topics. The portal is located at www.hnhu.org.

In the coming years the Health Unit will continue to provide leadership within the community to further the actions of the Healthy Communities Partnership and look forward to working with community partners to "turn the curve" towards healthier Haldimand and Norfolk counties.

We hope that you find the Healthy Communities plan useful and informative. You are invited to use this evolving document in ways that are helpful for you and your organization.

Sincerely,



Jill Steen, MHSc, RD
Manager of Public Health

ACKNOWLEDGEMENTS

The Haldimand-Norfolk Health Unit would like to thank all the organizations who took part in the planning process and the development of this manual.

The information in this manual considers data and information for Healthy Communities from a population health perspective. It is the result of many individuals, representing a diverse array of community groups and organizations who participated in the Core Committee.

We thank you for all your hard work.

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A Roadmap for Health in Haldimand and Norfolk: Together We Can Turn the Curve Haldimand-Norfolk Community Picture Summary March 2011



Haldimand County and Norfolk County are neighbouring rural South-Western Ontario municipalities with a strong agricultural tradition. The two County municipalities have a growing manufacturing sector and an emerging tourism sector driven in part by their location along the shore of Lake Erie and encompassing the Grand River. The counties have a combined population of about 112,000, with half the population residing in nine urban centres.

The Planning Process

The goal of the Haldimand-Norfolk Healthy Communities initiative is to create a **community-based response** to improve the health of residents in Haldimand and Norfolk. Led by a Core Committee of Haldimand and Norfolk community stakeholders and facilitated by the Haldimand-Norfolk Health Unit, the community used a **Results Based Accountability** approach to identify desired **end results** for improving quality of life in Haldimand and Norfolk. These local results have been identified through community consultations and community health, behaviour and lifestyle data. Results and indicators were determined by the community. A community action plan to address these areas is being developed.

Building Haldimand & Norfolk's Local Community Plan

- ✓ *Haldimand County and Norfolk County Service Providers' Data for Services, Occurrence and Utilization, 2011*
- ✓ *Healthy Communities: Baseline Data Assessment for Haldimand and Norfolk, 2010*
- ✓ *Healthy Communities Forum, November 2009*
- ✓ *Community Result Setting for Healthy Communities, June 2010*
- ✓ *Community Indicator Selection Session, November 2010*
- ✓ *Healthy Communities Turn the Curve Planning Sessions, 2010*
- ✓ *Mental Health Report with a Focus on Suicide, 2009*
- ✓ *Chronic Disease Prevention Health Status Report, 2009*
- ✓ *Haldimand-Norfolk Transportation Study, 2009*
- ✓ *Unintentional Injury Report, 2006*

Community Engagement Initiatives:

- Outreach presentations
- Listserv for information sharing and soliciting input
- Stakeholder Wheel developed to determine levels of engagement among community partners
- Network mapping to identify existing and potential networks in the community
- Community planning sessions
- Public surveys

Representation on Our Core Committee

Canadian Mental Health Association Haldimand and Norfolk Branch, Community Care Access Centre of Haldimand & Norfolk, Community Stakeholders, Dunnville Hospital & HealthCare Foundation, Haldimand County, Haldimand-Norfolk Health and Social Services, Haldimand-Norfolk Health Unit, Heart & Stroke Foundation, Haldimand-Norfolk Social Services, Ministry of Health Promotion and Sport, Norfolk County, Dunnville Salvation Army Community and Family Services, United Way of Haldimand & Norfolk, Brant Haldimand Norfolk District Stroke Program, Suicide Prevention Network

Our Community Action Plan	
Result 1	Action
Our Community is Vibrant	<ul style="list-style-type: none"> ➔ Reduce the number of residents living in poverty ➔ Increase number of residents who go on to post secondary education
What We Know: <ul style="list-style-type: none"> ➔ The number of individuals on the Ontario Works caseload increased 44.0% between 2006 and 2010, from 9720 to 14000. ⁱ ➔ Fewer Haldimand and Norfolk residents completed high school in 2005 compared to Ontario. ⁱⁱ 	
Result 2	Action
Children and Youth are Strong and Connected	<ul style="list-style-type: none"> ➔ Decrease suicide rates in youth ➔ Decrease the number of children and youth who are living in poverty
What We Know: <ul style="list-style-type: none"> ➔ Haldimand Norfolk youth between ages 15-19 were more likely to visit hospital emergency departments for attempted suicide compared to other age groups. ⁱⁱⁱ ➔ Individuals in Haldimand County and Norfolk County in 2006 had lower median incomes (after tax) than individuals in Ontario. ^{iv} 	
Result 3	Action
People are Connected	<ul style="list-style-type: none"> ➔ Develop a data collection methodology to measure “connectedness” ➔ Work with organizations and municipalities to make our communities more connected
What We Know: <ul style="list-style-type: none"> ➔ There is no public transportation available in either Haldimand County or Norfolk County. ^{vi} ➔ Voter turnout in Haldimand County was reported by ward only. In the three County wards, voter turn-out in 2010 was 37.3%, 44.3% and 47.1%. In Norfolk County, the overall voter turn-out in 2010 was slightly lower, at 35.7%. ^{vii viii} 	
Result 4	Action
Our Residents are Healthy	<ul style="list-style-type: none"> ➔ Increase physical activity levels for adults ➔ Increase fruits and vegetables consumption for adults
What We Know: <ul style="list-style-type: none"> ➔ Between 2005 and 2008, about half of Haldimand County and Norfolk County residents reported being active or moderately active in their leisure time. ^v ➔ Fewer Haldimand and Norfolk residents than Ontario residents reported consuming five or more fruits and vegetables each day between 2005 (58.3%) and 2008 (50.6%). ^v ➔ Between 2005 and 2008, the percentage of Haldimand and Norfolk residents who reported being overweight or obese increased by 10.6% from 53.4% to 64.0%. ^v 	
Result 5	Action
Our Community is Safe	<ul style="list-style-type: none"> ➔ Decrease the number of primary offences (includes domestic violence, violent and property offences) ➔ Reduce the rate of injury hospitalization
What We Know: <ul style="list-style-type: none"> ➔ Primary offences reported in Haldimand County decreased fairly steadily, from 14,846 in 2006 to 13,096 in 2010. In Norfolk County, primary offences remained relatively steady for the same time period – 20,827 in 2006 and 20,867 in 2010. ^{ix} ➔ After accounting for age differences, a higher rate of Haldimand County and Norfolk County residents experienced deaths from unintentional injuries, and hospitalization for motor vehicle crashes, off road motor vehicle accidents and accidental falls, compared to Ontario residents between 2000 and 2004. ^x 	

ⁱ Haldimand-Norfolk Ontario Works, 2010 ⁱⁱ Stats Canada 2006 ⁱⁱⁱ IntelliHealth Vital Statistics, 2000-2005 ^{iv} Stats Canada, 2005 ^v Canadian Community Health Survey, 2005-2008 ^{vi} HN Transportation Study Report. 2009 ^{vii} Haldimand County, Recorded Electors by Ward and Poll, 2010 ^{viii} Norfolk County, Official Municipal Election Results, 2010 ^{ix} Ontario Provincial Police, Haldimand County and Norfolk County Offences Data, 2011 ^x IntelliHealth Inpatient Diagnosis & External Cause, 2000-2004

INTRODUCTION: HEALTHY COMMUNITIES ONTARIO

In the 1980's a broadened perspective of health was advanced by the Ottawa Charter of Health. This innovative framework for health action broadened the concept of "health" from an individualistic perspective, to one that is influenced by the wider environment, and includes action on the social determinants of health. Importantly, the Ottawa Charter urges action at all levels of society, and in all sectors, to enable people to take control of their own health (WHO, 1986). The Healthy Communities movement emerged as an important approach for health action at the community level.

The Ontario Ministry of Health Promotion and Sport (MHPS) launched the Healthy Communities Framework in May of 2009. The Framework seeks to improve the health of Ontarians by mobilizing individuals, organizations and groups at the local level to integrate health promotion action across sectors to address policy change for multiple risk factors – including healthy eating, physical activity/sport/recreation, tobacco use/exposure, injury prevention, mental health and substance and alcohol misuse.

Figure 1: Ontario Ministry of Health Promotion and Sport Healthy Communities Framework, 2011-2012



This new approach, the “Healthy Communities Framework” encourages the development of new partnerships and strengthens existing ones to improve access to priority health promotion programs and services for Ontarians.

The MHPS has identified six priority areas for action using the Healthy Communities approach:

- Healthy Eating
- Physical Activity/Sport/Recreation
- Tobacco Use/Exposure
- Substance and Alcohol Misuse
- Mental Health
- Injury Prevention

To address these priorities, the Healthy Communities approach includes three interconnected components:

Healthy Community Partnerships Stream: To provide network support and partnership opportunities at the local level, and to identify healthy living priorities and mobilize organizations and leaders to develop policies and environments that promote health. Public health units across Ontario are asked to facilitate this approach in local communities.

Healthy Communities Grant Stream: Provides one window for groups looking for assistance from the Ministry of Health Promotion and Sport to promote physical activity, sport, recreation, healthy eating, injury prevention, tobacco control and mental health promotion projects.

Healthy Communities Consortium: Brings together five health promotion resources centres to support communities with partnership and community development, training and best practices.

In each public health unit area across Ontario, the Partnership stream is administered and facilitated by the local public health unit. This manual documents the process used and outcomes from the Healthy Communities initiative in Haldimand and Norfolk. There are four main sections of this report:

- *Section 1* provides an overall summary of the Haldimand-Norfolk Healthy Communities Plan to “turn the curve” on five result areas.
- *Section 2* tells the story of the Healthy Communities movement in Haldimand County and Norfolk County, the development and use of a Results-Based Accountability approach, community engagement efforts and the development of key result areas for action.
- *Section 3* outlines the “turn the curve” plans for each of the five result areas and final plans.
- *Section 4* you will find reports/resources that were used to help provide the rationale and understanding for taking action on community health issues in the community.

INTRODUCTION: HEALTHY COMMUNITIES IN HALDIMAND-NORFOLK

The Haldimand-Norfolk Health Unit (HNHU) has been moving Healthy Communities forward in Haldimand and Norfolk since the fall of 2009. The Healthy Communities Partnership is working to create a culture of health and wellbeing and to build healthy communities through coordinated action. This means creating policies and programs that make it easier for residents of Haldimand and Norfolk to be healthy. Over the past two years the Healthy Communities partnership has engaged the community in a planning process to identify results for Haldimand and Norfolk and develop a plan to address the local needs.

The goal of the Healthy Communities Partnership is to drive community desire and action to make Haldimand and Norfolk the best places to live. Facilitated by the Haldimand-Norfolk Health Unit, the partnership is led by a Core Committee of Haldimand and Norfolk community stakeholders and residents. Since September 2009, the Healthy Communities Partnership has engaged the community in the planning process to identify results, select indicators and develop plans to address the local needs of Haldimand and Norfolk.

With leadership and resource support from the Haldimand-Norfolk Health Unit, the Partnership has been working to:

- *Coordinate planning, by engaging multiple networks, community leaders and decision makers*
- *Create a community profile of local data*
- *Develop a community plan that meets local needs*
- *Provide network support and develop partnerships and linkages to other networks to coordinate actions and avoid duplication*
- *Mobilize community leaders, decision makers and organizations to work together to create policies, plans and programs that make it easier for Haldimand-Norfolk residents to be healthier*



PLANNING PROCESS: INITIATING THE PROCESS

The Ministry of Health Promotion and Sport (MHPS) announced the Healthy Communities Initiative in the spring of 2009 and tasked local public health units with developing a community-based planning process to identify local priorities for action on Healthy Communities. As stewards to the Healthy Communities process, the Haldimand-Norfolk Health Unit initiated a community stakeholder scan to identify organizations that had an interest in developing a local Healthy Communities plan in the six MHPS priority planning areas. This community scan used a fax-back survey to identify the organization name, focus, sector, level of interest in developing a Healthy Communities plan for Haldimand and Norfolk, and the nature of their activity in the six priority areas identified by the MHPS. For a copy of this form, see Appendix 1. At the same time, the Health Unit led a research review of best practices for building Healthy Communities.

Additionally, the HNHU began an ongoing outreach program for community partners throughout the fall of 2009. Initially an opportunity to introduce the Healthy Communities process and build engagement, the process evolved into an opportunity to provide updates to community stakeholders about the various processes and steps for Healthy Communities in Haldimand and Norfolk. By March 2011, 15 presentations had reached almost 200 individuals working in 12 different networks.

FIRST PLANNING SESSION

These activities culminated in a Healthy Communities Planning Day hosted in November 2009. The purpose of the meeting was to introduce the Healthy Communities project in more detail, create a community vision for Healthy Communities (Appendix 2), begin an inventory of existing programs and identify stakeholders interested in actively developing a Healthy Communities plan for the community (Appendix 3). Over 50 community stakeholders representing 37 organizations, the mayors of both Haldimand County and Norfolk County and five individual community members attended the planning day (see Appendix 4).

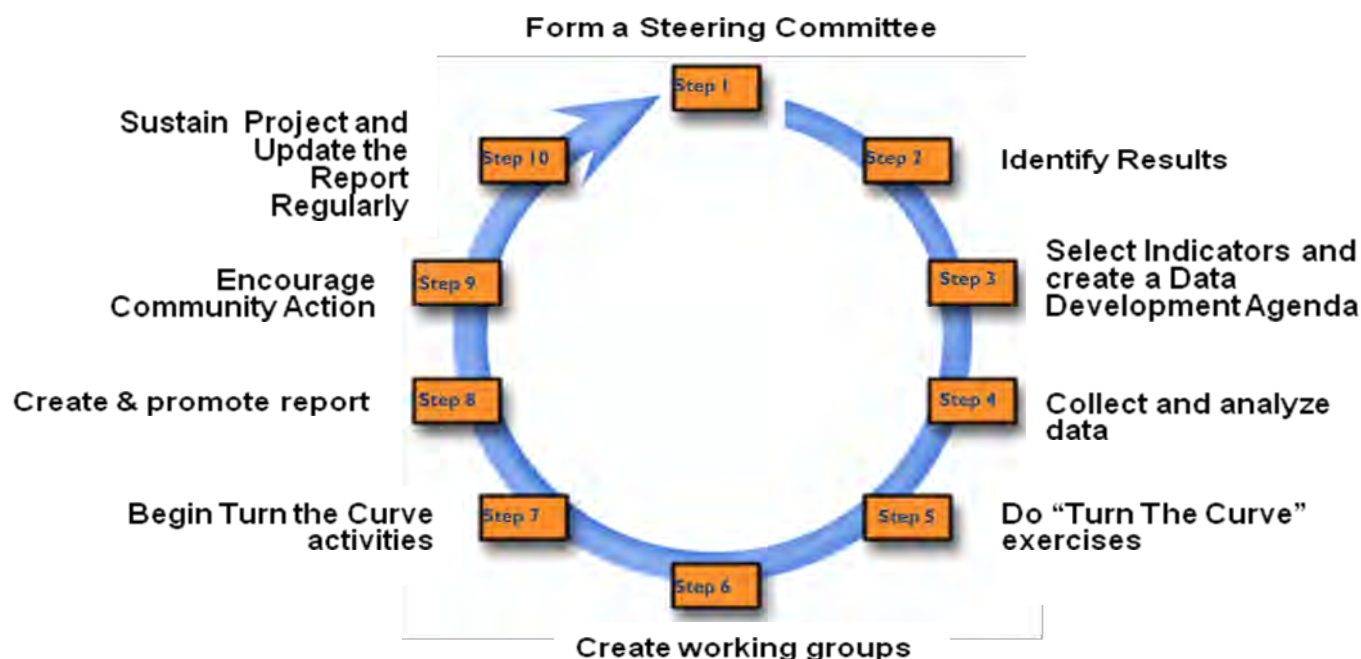
A second important objective of the planning day was to identify the level of community engagement by various stakeholders, with the intent of developing a core leadership group for the initiative. Using a stakeholder wheel, 23 individuals (organization representatives and community members) indicated an active interest in being involved in the Healthy Communities initiative (Appendices 5 and 6).

RESULTS BASED ACCOUNTABILITY PLANNING

After this first planning meeting, community stakeholders identified a planning process termed “Results based Accountability” (RBA) as the basis for the planning process. RBA had previously been introduced to the local community through a workshop hosted by Haldimand-Norfolk Health and Social Services Department in the spring of 2009.

RBA is a disciplined way of thinking and taking action that can be used to improve the quality of life in communities (Friedman, M 2005). RBA begins with the desired end result, and works back through 10 steps to identify indicators of success, collect and analyze data, identify what is required to reach the desired ends (Turn the Curve), create working groups to address the required actions, create a community report that identifies result areas, and then promote the community to take action on those result areas (see Figure 2). The RBA is an inclusive process where diversity is an asset and everyone in the community is able to contribute. The process is designed to encourage stakeholders to move from talk to action quickly.

Figure 1: Results Based Accountability Process



For more information on RBA visit www.raguide.org

DEVELOPMENT OF PLANNING COMMITTEE

Based on the results of the stakeholder wheel, the Haldimand-Norfolk Health Unit convened the Healthy Communities' first core planning committee in January 2010. This core planning group, with eight founding members, met monthly over the next 15 months and developed a Haldimand and Norfolk Healthy Communities Framework (Appendix 7). This framework was used to help communicate to the stakeholders and community on the process to move Healthy Communities Partnership forward.

To ensure that the larger stakeholder group remained informed about the process, and had the opportunity to become engaged in activities, the HNHU established a listserv which was regularly updated with meeting announcements, progress updates, and opportunities to provide input. Opportunities to join the Core Committee were continually offered. In addition, a November 2009 media release announced the new initiative and invited community members and stakeholders to contact the Health Unit to participate, or to obtain more information (Appendix 8). By the end of March 2011, the steering committee had a membership of 18 and a formalized Terms of Reference (Appendix 9).

After forming a leadership group, the Core Committee began work towards the next step in the RBA process: identifying results that they foresaw as the outcome of their actions. Using the MHPS defined priority areas as a guide; committee members conducted a baseline assessment of the health status, behaviours affecting health, and community environment. This informal process consolidated data from existing reports and planning documents, as well as stakeholders' understanding of current action in the area, and the results of the environmental scan that was started at the planning day (November 2009) into a Baseline Data Assessment for Haldimand-Norfolk (Appendix 10).

During the fall of 2010, Health Nexus, on behalf of the MHPS, conducted a network mapping survey to identify, visualize, and interpret connections and patterns between organizations and networks. The survey was completed by 88 community informants who identified existing and potential networks in the community that could provide support to the key result areas. The survey results and network map developed as a result of this process will be important tools to understand the networks that can work together to address the result areas in Haldimand and Norfolk (Appendix 11).

IDENTIFYING RESULTS

Using the above data, the Core Committee hosted a second community planning day in June 2010. The meeting was held to present results from the baseline data assessment and preliminary community scan, and work with the community to brainstorm results areas for Healthy Communities.

A total of 74 people from 40 different groups and organizations and individual community members attended the session. Using the Results Based Accountability framework, community members were asked to identify results that they envisioned would demonstrate that Haldimand-Norfolk was a "Healthy

Community”. Using this framework, the community identified five broad result areas:

- Children and Youth are Valued
- People are Connected
- Our Community is Safe
- Our Residents are Healthy
- Our Community Welcomes Diversity



To ensure that the result areas were meaningful to the community, the Healthy Communities Core Committee developed a public survey (Appendix 12). The survey was disseminated at two local festivals (Simcoe Friendship Festival in Norfolk County and Jarvis Cornfest in Haldimand County) in the summer of 2010 using an incentive-based approach. Adults were encouraged to complete the survey while their children participated in free “human hamster ball rides” (see Appendix 13). A total of 167 respondents (80 in Norfolk County and 87 in Haldimand County) completed the surveys. Questions were open-ended and analyzed for common themes. Results of the community survey are available in Appendix 14.

As a result of the feedback, the result areas were refined. The finalized Haldimand-Norfolk result areas were:

- Our Community is Vibrant
- Children and Youth are Strong and Connected
- People are Connected
- Our Residents are Healthy
- Our Community is Safe

SELECTING INDICATORS AND CREATING A DATA DEVELOPMENT AGENDA

The next step in the RBA process was to identify indicators for each of the five result areas. Indicators were defined as “a measure which helps quantify the achievement of a result.” Indicators are intended to identify how the community will understand that progress is being made on addressing the Healthy Communities action areas.

Because community-level data is frequently not available or not collected in a way that is useful for the community RBA process, a data development agenda is a component of this step. Using the RBA process, communities are encouraged to select data indicators that are meaningful to the community, even if they do not currently exist, and to develop a community plan to access that data.

The Core Committee organized two facilitated community sessions to develop indicators in November 2010 for each of the five result areas, one in Haldimand County and one in Norfolk County. Thirty-five people attended the sessions and brainstormed potential indicators using an interviewing technique. Once a total list of indicators was developed, community members were asked to select their top four primary indicators, considering three criteria:

Communication Power

- Does the indicator communicate to a broad range of audiences? Is it easily understood?
- If you stood in a public square to explain the result to your neighbours, what three indicators, or pieces of data, would you use?

Proxy Power

- Does the indicator say something of central importance about the result?
- Does the data run in “herds” (i.e. if one indicator is going in the right direction, others usually are as well. In this case, you do not need more than one indicator telling you the same thing)

Data Power

- Is it reliable and consistent? Is it available on a timely basis?
- At what level is it available – region, county, neighbourhood?

An information package used at the facilitated sessions and outlining this process is included in Appendix 16.

The Core Committee then worked together to consolidate responses and refine the indicators to develop a finalized list of indicators for each of the result areas. The finalized indicators, by result areas, can be found in Appendix 16.

COLLECTING AND ANALYZING THE DATA

With the top five indicators selected, the Core Committee turned their attention to collecting and analyzing the data for each result area. The objective of this effort was to identify the most meaningful data for the result area that was also available over a time period that allowed for trend analysis. The Core Committee created a sub-committee to work closely with the Haldimand-Norfolk Health Unit epidemiologist and Healthy Communities Coordinator to select community level data to select these indicators. The epidemiologist prepared a series of indicators for each result area. These were reviewed by the sub-committee who then selected three to five indicators for each result area. These indicators are summarized by result area below.

Our Community is Vibrant

Indicator: Increase resources for residents living in poverty

- Almost 6% (5.7%) of people in Haldimand and Norfolk counties combined lived in poverty in 2006.
- Between 2006 and 2010, there was a 44% increase in Ontario Works caseload in Haldimand and Norfolk.
- The unemployment rate was higher in Norfolk County compared to Haldimand County in 2006.
- Considered as an urban area in 2006, Cayuga had the highest percentage of persons living in poverty, followed by Simcoe and Dunnville.

Indicator: Increase number of residents who go on to postsecondary education

- A slightly higher percentage of Norfolk County residents had a high school education or less, compared to Haldimand County in 2006.
- A higher percentage of residents of Delhi (65.1%) had a high school education or less, followed by Dunnville (63.6%) and Waterford (59.0%), compared to other urban areas in Haldimand and Norfolk.
- The percentage of people in Haldimand and Norfolk counties combined who had a high school education or less decreased from 1996 to 2001 and then increased in 2006.

Children and Youth are Strong and Connected

Indicator: Decrease suicide rates in youth

- Between 2003 and 2007, Haldimand and Norfolk counties combined, residents 19 and younger made 557 emergency department visits for suicide attempts.
- In Haldimand and Norfolk counties combined, males were on average four times more likely than females to commit suicide between 2000-2004.
- In Haldimand and Norfolk counties combined the highest number of emergency department visits for suicide attempts between 2003 and 2007, were among persons 15 to 19 years of age.

Indicator: Increase resources for children and youth who are living in poverty

- In 1998, there were seven nutrition programs serving 280 students in Haldimand and Norfolk counties. This increased to 40 programs, serving 8,439 students in 2008.
- Compared to 2006, in 2010 there was a 44% increase in the Ontario Works caseload.
- In Haldimand and Norfolk counties combined, 7.4% or 1800 children and youth (17 years and under) lived in poverty in 2005.



People are Connected

Indicator: Develop a data collection methodology to measure “connectedness”

Indicator: Work with organizations and municipalities to make our communities more connected

- Three quarters (75.2%) of Haldimand and Norfolk counties combined residents reported in 2008 that they had a strong sense of belonging to their community.
- Voter turnout for Norfolk County in the 2010 municipal election was 35.7%.
- Voter turnout in the 2010 municipal election for each of the three Haldimand County wards ranged from 37.3% to 47.1%.

Our Residents are Healthy

Indicator: Increase physical activity levels in for adults

- In 2007 and 2008, over 50% of Haldimand and Norfolk counties combined residents were inactive. This is higher than the provincial rate.
- In 2005 and 2007, over 50% of Haldimand and Norfolk counties combined residents were overweight or obese.
- In 2008, overweight or obesity rates increased to 64% in Haldimand and Norfolk counties combined. This is higher compared to the province of Ontario.

Indicator: Increase fruits and vegetables consumption for adults

- Over 50% of Haldimand and Norfolk counties combined residents did not consume at least five servings of vegetables and fruit daily in 2005, 2007 and 2008.
- In 2005 and 2007, over 50% of Haldimand and Norfolk counties combined residents were overweight or obese.
- In 2008, overweight or obesity rates increased to 64% in Haldimand and Norfolk counties combined. This rate is higher compared to the province of Ontario.
- In 2007, 5.7% of households in Haldimand and Norfolk counties combined were classified as “food insecure” compared to Ontario at 7.1%.
- In Haldimand and Norfolk, the cost of a nutritious food basket increased by 2.2% between 2009 and 2010.

Our Community is Safe

Indicator: Decrease the number of primary offences (domestic violence, violent and property offences)

- In Haldimand and Norfolk, the combined rate of domestic violence offences increased between 2006 and 2010.
- Between 2006-2010, the number of domestic offences reported in Norfolk County increased by 59.5%.
- Violent offences in Haldimand County decreased 26.8% between 2006 and 2010, and in Norfolk County property offences decreased 13.2% for the same time period



Indicator: Reduce the rate of injury hospitalization

- Using age-standardized rates, more residents of Haldimand and Norfolk counties combined experienced unintentional injuries that required hospitalization compared to the province for the period 2003-2009.
- Residents of Haldimand and Norfolk counties combined had higher age-standardized rates for injuries as a result of motor vehicle traffic collisions between 2003-2009.
- Haldimand and Norfolk residents visited emergency departments (2004), were hospitalized (2000-2004) or died (2001-2002) as a result of falls at a higher age-standardized rate than any other type of unintentional injury.
- Injuries resulting from off-road vehicles were very high in Haldimand and Norfolk between 2000-2004, three times higher than Ontario's rate.

TURN THE CURVE SESSIONS

The next stage in the RBA process was to develop action plans for the community to address each of the result areas. The Core Committee hosted five “Turn the Curve” sessions in late February and early March 2011, one for each action area (see Appendix 17). Community members and stakeholders were invited via listserv and direct email invitation, to attend the session(s) most appropriate to their area(s) of interest. At each session, data for each action area was presented and attendees asked to provide their input on each of the result areas (see Appendices 17).

A total of 89 participants from 31 organizations registered to participate in the sessions with some registering for more than one session. At each of these sessions, the Healthy Communities Core Committee reviewed the RBA process that was used to select indicators for the result area being discussed, and presented an overview of data available to inform the group's understanding about what is known about the indicator in Haldimand and Norfolk. Data was selected from the Community Description and Profile (see Section 4 of this manual for the full Community Description and Profile) as well as additional data provided by the health unit epidemiologist. The group then came to consensus on two indicators that Healthy Communities would focus on for the “Turn the Curve” exercise.

Working in table groups of five to eight people, community members reviewed the selected data in detail, discussed “the story” behind the baseline data presented, identified partners working in the area before discussing “what works” to address the specific issue being discussed. Participants were encouraged to be specific about their ideas for action, to identify the power that the action had to “Turn the Curve” on the situation in the community, to reflect on whether the action suggested was consistent with community values, and to determine if the action was feasible and affordable. The groups were encouraged to consider local policy action as a critical area of action. At the end of the session, participants were asked to place themselves on the stakeholder wheel to define what they could contribute to moving the plan forward.

After all five sessions were completed; the Core Committee summarized the results of these “Turn the Curve” sessions and formalized each of the discussions into an action plan for the result area. These action plans are included in Section 1. Finalized in April, the Core Committee will develop a plan to promote the Haldimand-Norfolk Healthy Communities Action Plan in the fall of 2012.

POLICY SCAN & LITERATURE REVIEW

In January 2012 the Ministry of Health & Long term Care (MHOTC) released funding for work on policy development with healthy eating and physical activity. The Core committee decided that they were going to put in a proposal to do a policy scan (Appendix 18) and literature review on healthy eating and physical activity in Haldimand and Norfolk. The policy scan provided the Partnership with information to determine policy gaps in healthy eating and physical activity that Haldimand and Norfolk partners can address in the future. The scan also provided awareness of existing policies and potential support. With such a short turnaround time it was challenging to reach the community to fill in the online survey which means that we will still need to do further work on this to make sure that we have everyone represented. However, the key informant interviews did provide detailed responses which allowed for some rich information and some concrete areas for the HC partnership to move forward.

The literature review of healthy eating and physical activity policies best practices had a particularly focusing on the rural community (Appendix 19). This initiative will help to prioritize which policies are feasible in the community, and which settings and populations will be most effective and sustainable. Due to time constraints, a targeted review of the literature was conducted, rather than a comprehensive systematic review. This report along with the policy scan will be used as the foundation for the Core group to develop a plan to move policy forward in Haldimand and Norfolk.

DATA BASE

The Healthy Communities/HNHU Electronic Database that was started in 2011. The purpose of the database was to provide accessible and relevant local data to help the community identify local results and monitor them and to assist organizations to work towards policy and assist them with applying for

grants to further their policy work. The database is a crucial element in gathering and compiling data, and it is critical in raising awareness and building support for policies. The database had been completed March 31, due to time constraints we were unable to pilot-test the database with the community and evaluate its functionality, and make modifications based on those results. We are committed to the database and will be doing pilot testing with community groups over the summer 2012.



GAPS AND LIMITATIONS

With every community consultation process, there are gaps and limitations. In this initiative, four key limitations were identified:

- It is challenging to ensure that all the groups that should have been included, were. Numerous efforts were made to encourage a broad and representative group of individuals and organizations participated in the process included conducting individual outreach, using different community locations and times to encourage attendance and providing multiple opportunities to attend sessions.
- Making “good” on intentions to participate was difficult. Some groups notified their intent to participate in various planning sessions, but failed to actually attend sessions.
- Maintaining commitment between meetings and activities was an ongoing struggle. A listserv was created to ensure even those who were not able to attend sessions had the opportunity to keep informed about the process.
- Available data had limitations – and may not have truly reflected the indicators or results that the community was interested in addressing.

SUMMARY AND NEXT STEPS

Stewarded by the Haldimand-Norfolk Health Unit, the Haldimand-Norfolk Healthy Communities Core Committee engaged the public in a broad-based effort to develop a community response to the six result areas outlined by the MHPS's Healthy Communities Partnerships Stream initiative, while maintaining a determined focus on local community issues and needs. The Results Based Accountability process provided an action-oriented framework for this initiative. By establishing a leadership group, identifying results, selecting indicators, collecting and analyzing data and developing local action plans, the Core Committee has established a strong foundation for concerted community action on Healthy Communities.

Over the next weeks and months, the Healthy Communities initiative in Haldimand County and Norfolk County will work towards implementing the action plans, reporting to the community, promoting and encouraging community action and ultimately sustaining the initiative over time. This plan provides a solid beginning for this initiative, but it will require ongoing updating to ensure it remains relevant and meaningful for the community.

During the next three years the Haldimand-Norfolk Health Unit will work closely with the core group and the local community to further develop the action plans for each of the five identified results that will ultimately support local policy development in Haldimand and Norfolk.

Funding for the Healthy Communities Partnership is provided by the Ministry of Health and Long-Term Care on a yearly basis.



THE PLAN: TURNING THE CURVE IN HALDIMAND AND NORFOLK

The Haldimand and Norfolk Healthy Communities Partnership met in February and March 2011 to develop community-based plans to address five key result areas for action in building a Healthy Community. The plan expresses what the community believes are the areas of focus for Haldimand and Norfolk. The community identified five result areas with ten indicators that they would like Haldimand and Norfolk to work towards for the next three years. This information has been summarized in five two-page documents to provide the community's action plan "at-a-glance." Once the final plan has been developed the Partnership will be encouraged to mobilize it in Haldimand and Norfolk with guidance from the Healthy Communities Core Committee and the Haldimand-Norfolk Health Unit.

The following are the Turn the Curve summaries of the five results areas with two action items identified for each.

Our Community is Vibrant

1. Reduce the number of residents living in poverty
2. Increase the number of residents who go on to postsecondary education

Children and Youth are Strong and Connected

1. Reduce the number of youth suicides
2. Reduce the number of children and youth who live in poverty

People are Connected

1. Develop a data collection methodology to measure "connectedness"
2. Work with organizations and municipalities to make our communities more connected

Our Residents are Healthy

1. Increase physical activity levels for adults
2. Increase fruits and vegetables consumption for adults

Our Community is Safe

1. Decrease the number of primary offences (includes domestic violence, violent and property offences)
2. Reduce the rate of injury hospitalization

RESULT: OUR COMMUNITY IS VIBRANT

HOW WILL WE TRACK OUR PROGRESS?

Haldimand and Norfolk residents who live in poverty

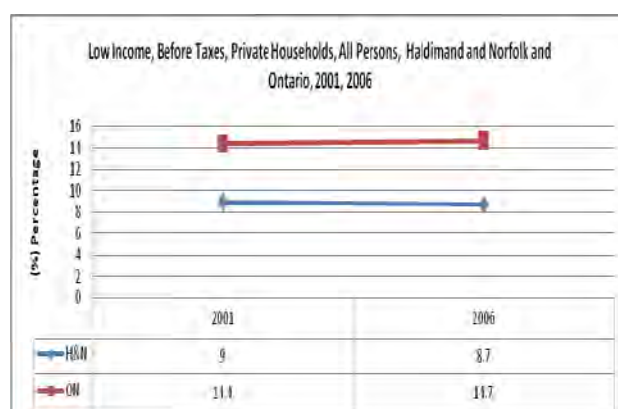
WHY IS THIS IMPORTANT?

Poverty is associated with many negative outcomes such as substance abuse, violent behaviour, teen pregnancy, and low academic achievement. Insufficient economic resources limit people's capability to participate in and belong to their community and wider society and otherwise restrict their quality of life.*

WHERE ARE WE NOW?

- Almost 6% (5.7%) of people in Haldimand and Norfolk counties combined lived in poverty in 2006.
- Between 2006 and 2010, there was a 44% increase in Ontario Works caseload in Haldimand and Norfolk.
- The unemployment rate was higher in Norfolk County compared to Haldimand County in 2006.
- Considered by urban areas in 2006, Cayuga had the highest percentage of persons living in poverty, followed by Simcoe and Dunnville.

DATA



Source: Census, Beyond20/20, by Health Region, 2006

WHAT ARE THE POSSIBLE CAUSES?

Economic:

- Farming community
- Decrease in manufacturing activity
- Lack of employment opportunities

Supports:

- Post secondary opportunities
- Need for greater support from municipal / provincial government around poverty
- Lack of public awareness

Services / Programs:

- Transportation
- Childcare

WHAT CAN WE DO ABOUT IT?

- ✓ Long-term economic development plan
- ✓ Community development plan to address Poverty
- ✓ Scan of what is in place now, what works and increase connections
- ✓ Development of a strong poverty network / roundtable
- ✓ Support the transportation network
- ✓ Formal lobbying
- ✓ A new housing benefit geared to income and rental costs to free up constrained finances
- ✓ Improved incentives for retailers and community groups to increase accessibility by low-income communities to lower priced and healthier food options

WHAT NEXT?

Year 1 - Work with existing groups to finalize the workplan with policy priorities

Year 2 - Implement the plan and build support for policy

Year 3 - Design and implement policies

*Hall Report

RESULT: OUR COMMUNITY IS VIBRANT

HOW WILL WE TRACK OUR PROGRESS?

Haldimand and Norfolk residents who have high school education or less

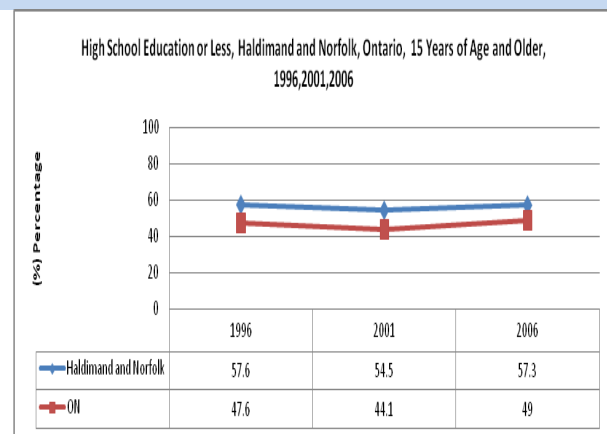
WHY IS THIS IMPORTANT?

Perhaps the clearest indicator of education in the community is the high school graduation rate. A diploma is critical for furthering one's education and obtaining quality employment. Youth who do not complete high school have a difficult time finding employment or advancing beyond lower-paying jobs.*

WHERE ARE WE NOW?

- A slightly higher percentage of Norfolk residents had a high school education or less compared to Haldimand in 2006.
- A higher percentage of residents of Delhi (65.1%) had a high school education or less followed by Dunnville (63.6%) and Waterford (59%), compared to other urban areas in Haldimand and Norfolk.
- The percentage of people in Haldimand and Norfolk counties combined who had a high school education or less decreased from 1996 to 2001 and then increased in 2006.

DATA



Source: Census, Community Profiles by Health Regions, 1996 & 2006. Census subdivisions were used for 2001

WHAT ARE THE POSSIBLE CAUSES?

Supports:

Importance of relationships in low-income population
Individuals do not have enough money to go to school
Cost of post secondary increasing - summer job cannot support it

Services / Programs:

No childcare in schools
Cuts to extracurricular programs in high school
Transportation

Barriers:

High rate of teen pregnancy
Family norm / structure; generational norm
Drop out of school to support family
More competition for postsecondary education

WHAT CAN WE DO ABOUT IT?

- ✓ Create a "Sales Campaign" to go on to postsecondary education
- ✓ Address the underlying causes of dropping out
- ✓ Address the needs of the groups at highest risk of dropping out
- ✓ Inventory of agencies who support those getting an education
- ✓ Implement the Pathways to Education program (Toronto)
- ✓ Implement the Threshold School of Building program (Hamilton)

WHAT NEXT?

Year 1 - Work with existing groups to finalize the workplan with policy priorities

Year 2 - Implement the plan and build support for policy

Year 3 - Design and implement policies

* Jacksonville report

RESULT: CHILDREN AND YOUTH ARE STRONG AND CONNECTED

HOW WILL WE TRACK OUR PROGRESS?

Haldimand and Norfolk Suicide attempts for 0-19 years of age

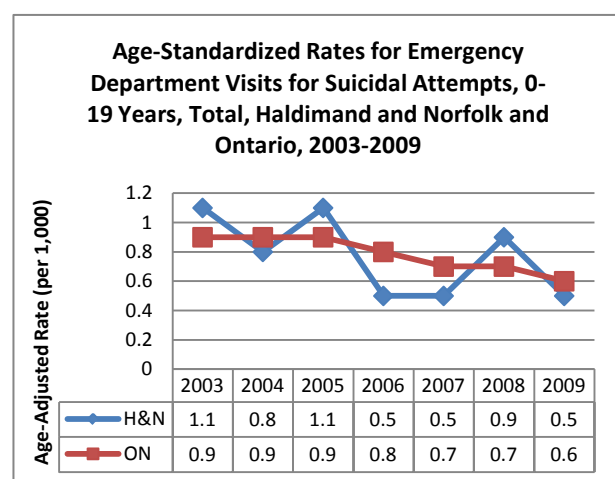
WHY IS THIS IMPORTANT?

Mental wellbeing is seen as the foundation for wellbeing and effective functioning for an individual and a community. Promoting mental health can also lead to better educational performance, greater productivity, improved relationships within families and safer communities.*

WHERE ARE WE NOW?

- Between 2003 and 2007, residents 19 and younger in Haldimand and Norfolk counties combined made 557 emergency department visits for suicide attempts.
- In Haldimand and Norfolk counties combined, males were on average four times more likely than females to complete suicide between 2000-2004.
- In Haldimand and Norfolk counties combined, the highest number of emergency department visits for suicide attempts between 2003 and 2007, were among persons 15 to 19 years of age.

DATA



WHAT ARE THE POSSIBLE CAUSES?

Services / Programs:

Lack of access to services
limited psychiatric services
Rural area: geography-distance to services
Under reported

Mental Health:

Depression
Abuse
Poverty

Support/Relationships:

Social isolation
Family dissolution
Stigma of mental illness

Optimism:

Lack of job opportunity
Economy

WHAT CAN WE DO ABOUT IT?

- ✓ Raise awareness that it's a problem: signs, ASIST training, suicide prevention workshop
- ✓ Coordinate existing programs and inventory of services available and location
- ✓ Work with school boards to make peer supports part of the curriculum
- ✓ Diversion programs vs jail
- ✓ In-school suspensions (support others)
- ✓ Bullying policies that are enforced
- Mandatory training on mental health for teachers and coaches

WHAT NEXT?

Year 1 - Work with existing groups to finalize the workplan with policy priorities
Year 2 - Implement the plan and build support for policy
Year 3 - Design and implement policies

* MHPS Guidance Document

RESULT: CHILDREN AND YOUTH ARE STRONG AND CONNECTED

HOW WILL WE TRACK OUR PROGRESS?

Haldimand and Norfolk children and youth who live in poverty

WHY IS THIS IMPORTANT?

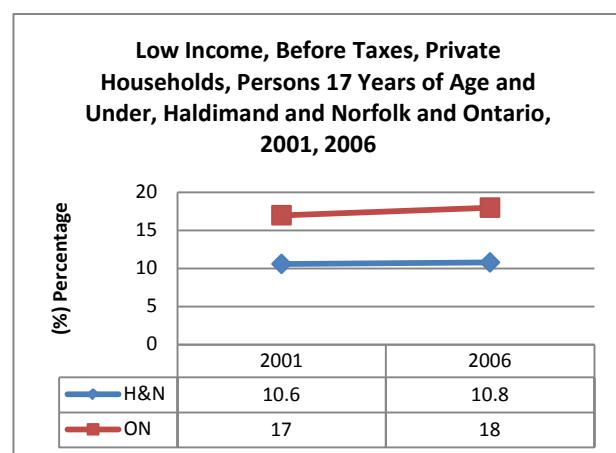
Children who grow up in poverty are more likely to have unmet nutritional needs, live in substandard housing, be victims of crime and violence, lack basic health care, and have unequal access to educational opportunities.*

Mental and physical changes accompanying hunger and malnourishment can have harmful effects on learning, development, productivity, physical and psychological health.*

WHERE ARE WE NOW?

- In 1998, there were seven nutrition programs serving 280 students in Haldimand and Norfolk counties. This increased to 40 programs, serving 8,439 students in 2008.
- Compared to 2006, in 2010, there was a 44% increase in the Ontario Works caseload.
- In Haldimand and Norfolk counties combined, 7.4% or 1800 children and youth (17 years and under) lived in poverty in 2005.

DATA



Source: Census, Census Subdivisions, Beyond 20/20 2001

WHAT ARE THE POSSIBLE CAUSES?

Causes:

- Youth leaving home
- Youth drop-out rates

Services:

- Lack of transportation
- Stable housing

Barriers:

- Self-esteem and pride
- History of drug use
- Substance abuse

Economy:

- Lack of employment opportunities in county
- Constant rise in living expense
- Inadequate pay rate/level
- Job loss

WHAT CAN WE DO ABOUT IT?

- ✓ Build life skills with youth; budgeting
- ✓ Extracurricular activities; partner with service clubs; sports; arts
- ✓ Free services from professionals; accountants, lawyers
- ✓ Raise awareness about what poverty looks like
- ✓ Promote programs such as Salvation Army sleep in the park (Dunnville)
- ✓ Computers for kids in need (schools, municipalities old computers)
- Public community gardens (get youth involved); connect with high school volunteer hours

WHAT NEXT?

Year 1 - Work with existing groups to finalize the workplan with policy priorities

Year 2 - Implement the plan and build support for policy

Year 3 - Design and implement policies

* Maryland Report

RESULT: PEOPLE ARE CONNECTED

HOW WILL WE TRACK OUR PROGRESS?

We need to research an approach for using existing local data to help measure connectedness.

WHY IS THIS IMPORTANT?

Being connected is integral to well-being. People are defined by their social roles, whether as partners, parents, children, friends, caregivers, teammates, staff or employers. Relationships give people support, happiness, contentment and a sense they belong and have a role to play in society.*

WHERE ARE WE NOW?

- Three-quarters (75.2%) of Haldimand and Norfolk residents reported that they had a strong sense of belonging to their community in 2008.
- Voter turnout for Norfolk County's 2010 municipal election was 35.7%.
- In Haldimand County, voter turnout for each of the three wards in the 2010 municipal election was 37.3%, 44.3% and 47.1%.

DATA DEVELOPMENT:

- Geostatistical analysis-Dot density using postal code (Haldimand County)
- Social capital standardized survey
- Feedback on satisfaction
- Look at different ages, different needs; start with women
- # of people attending fairs/events/markets
- # of people attending faith communities
- # of people who are raised here & come back
- # of newcomers clubs/welcome wagon
- # of new volunteers
- # of groups (service clubs, etc)
- # of people who have access to computer
- Gather qualitative data from marginalized groups

WHAT DOES THIS MEAN?

Supports:

Knowing who to contact
Access to places where you feel sense of belonging
Feel connected and participate with others

Services / Programs:

Transportation
Access to programs and services
The built environment/walkable
Affordable services

Characteristics:

Feeling satisfied, empowered
Trust, participation in community life
Feeling welcome

WHAT CAN WE DO ABOUT IT?

- ✓ Develop a survey "do you feel connected"
- ✓ Libraries to be open on Saturday and Sunday - measure usage
- ✓ Computer donations to those who do not have funds
- ✓ Moving services to where people are
- ✓ Be better at advertising services/programs/activities
- ✓ Create a community matrix of where people connect - start with pilot neighbourhood
- ✓ Develop a better way for data collection and reporting (age, children)

WHAT NEXT?

Year 1 - Work with existing groups to develop a data development plan

Year 2 - Collect data and develop a plan

Year 3 - Implementation of plan and build support

* New Zealand report

RESULT: OUR RESIDENTS ARE HEALTHY

HOW WILL WE TRACK OUR PROGRESS?

People in Haldimand and Norfolk who are physically inactive

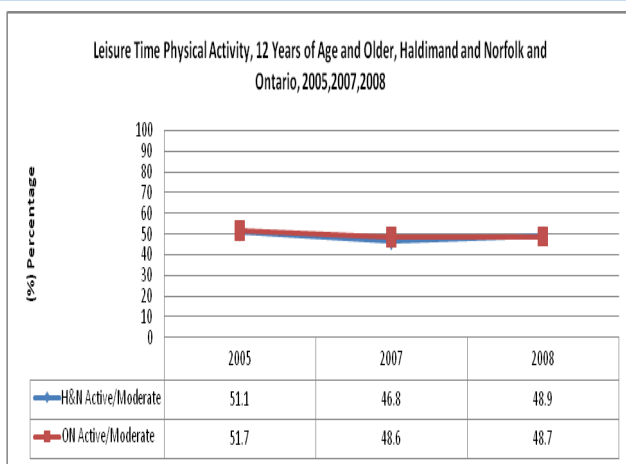
WHY IS THIS IMPORTANT?

Consistent physical activity at recommended levels has been associated with several health benefits, including lowered risk of some cancers, cardiovascular disease, diabetes, hypertension, osteoporosis, depression, anxiety and all-cause mortality.*

WHERE ARE WE NOW?

- In 2007 and 2008 over 50% of Haldimand and Norfolk counties combined residents were inactive. This is higher than the provincial average.
- In 2005 and 2007, over 50% of Haldimand and Norfolk counties combined residents were overweight or obese.
- In 2008, overweight or obesity rates increased to 64% in Haldimand and Norfolk counties combined. This is higher than the province of Ontario.

DATA



Source: Canadian Community Health Survey

WHAT ARE THE POSSIBLE CAUSES?

Facilities / Infrastructure:

Poor outdoor facilities and trails overall
Insufficient sidewalks that do not connect, new and existing subdivisions
Lack of equipment and facilities

Programs / Opportunity:

Lack of knowledge of affordable children programs and available senior programs
Less physical activity in schools
Few supports in workplaces for physical activity
More walking clubs needed; seniors walk with kids

Barriers:

Fear of safety (traffic and abduction)
Senior inactivity
Care givers stress lack of time
People with disabilities isolated

WHAT CAN WE DO ABOUT IT?

- ✓ Set up a physical activity network for Haldimand and Norfolk
- ✓ More free programs for all ages (subsidies)
- ✓ Inventory of what physical activity facilities exist and programs based on age groups
- ✓ Ensure municipal policies are in place for active transportation - especially with new neighbourhoods
- ✓ Municipal policy for new neighbourhoods to have recreation areas (basketball courts)
- ✓ Create a coordinated community physical activity policy with recreation/sport providers, community groups and school boards to ensure that all children and their families have access and opportunity to participate.

WHAT NEXT?

Year 1 - Work with existing groups to finalize the workplan with policy priorities

Year 2 - Implement the plan and build support for policy

Year 3 - Design and implement policies

* MHPS Guidance Document

RESULT: OUR RESIDENTS ARE HEALTHY

HOW WILL WE TRACK OUR PROGRESS?

Haldimand and Norfolk residents who consume less than the recommended amount of fruits and vegetables.

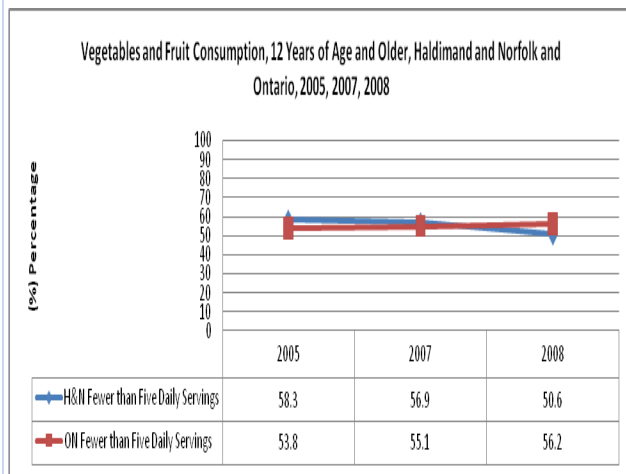
WHY IS THIS IMPORTANT?

Healthy eating is fundamental to good health and is a key element in healthy human development, from the prenatal and early childhood years to later life stages. Healthy eating is equally important in reducing the risk of many chronic diseases.*

WHERE ARE WE NOW?

- Over 50% of the residents of Haldimand and Norfolk counties combined did not consume at least five servings of vegetables and fruit daily in 2005, 2007 and 2008.
- In 2005 and 2007, over 50% of Haldimand and Norfolk counties combined residents were overweight or obese.
- In 2008, overweight or obesity rates increased to 64% in Haldimand and Norfolk counties combined.
- In 2007, 5.7% of households in Haldimand and Norfolk counties combined were classified as “food insecure” compared to Ontario at 7.1%.
- In Haldimand and Norfolk, the cost of a nutritious food basket increased by 2.2% between 2009 and 2010.

DATA



Source: Canadian Community Health Survey

WHAT ARE THE POSSIBLE CAUSES?

Awareness / Knowledge:

Lack of food skills or cooking equipment
Lack of knowledge: nutrition-wise, how it can affect the rest of your life, what is a serving, what serving do they need

Barriers:

Income - food prices
Available income after other expenses (e.g. rent)/inadequate ‘living wage’ provided by Social Assistance
Availability of fresh fruits and vegetables at food bank
Transportation
Time / convenience
Attitudes about healthy eating

WHAT CAN WE DO ABOUT IT?

- ✓ Food baskets with different fruits and vegetables so that people can try them
- ✓ Healthy eating contest: track food servings/portion - link with walking challenge
- ✓ Community kitchens: work with agencies to have community kitchens
- ✓ Standardize data collection with food banks for better data
- ✓ Development of a nutrition screening tool for all ages-doctors, agencies who serve food
- ✓ Community food gardens
- ✓ Guidelines for food and beverages sold in snack bars, cafeterias, and served at meetings, special functions and community events.

WHAT NEXT?

Year 1 - Work with existing groups to finalize the workplan with policy priorities

Year 2 - Implement the plan and build support for policy

Year 3 - Design and implement policies

* Health Canada

RESULT: OUR COMMUNITY IS SAFE

HOW WILL WE TRACK OUR PROGRESS?

Number of primary offences for Haldimand and Norfolk

WHY IS THIS IMPORTANT?

Crime statistics are basic indicators of public safety and can be measured both in terms of threats to people and threats to property.*

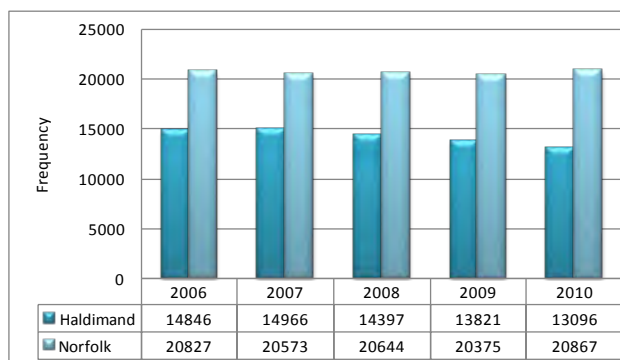
Anxiety and worries about victimization detract from well-being, and may cause people to alter their behaviour to avoid being victimized. This limits people's options and can reduce their freedom. **

WHERE ARE WE NOW?

- The number of domestic offences reported in Haldimand County increased by 20% between 2006 and 2010.
- Between 2006-2010, the number of domestic offences reported in Norfolk County increased by 59.5%.
- Violent offences in Haldimand County decreased 26.8% between 2006 and 2010.
- In Norfolk County, property offences decreased 13.2% between 2006 and 2010.

DATA

Primary Offences Reported, Haldimand County and Norfolk County, 2006-2010



Source: Ontario Provincial Police

WHAT ARE THE POSSIBLE CAUSES?

Causes:

Change in reporting
Drug addiction and availability
Family composition
Crimes of necessity with recession

Barriers:

Economic composition
Lack of transportation
Treatment services and availability has stayed the same

WHAT CAN WE DO ABOUT IT?

- ✓ Use of Charter of Rights for children and youth in Haldimand-Norfolk by everyone
- ✓ Community liaison officer: schools work with high school student council to organize and host crime prevention programs inclusive of victim impact and deliver to younger children (broader community impact of crime, use volunteers, use co-op students)
- ✓ Keep local anti poverty groups going / partners committee
- ✓ Keep the neighbour, friends and family campaign going and have other agencies promote it
- ✓ Put domestic violence into bullying policy (start at lower grades)
- ✓ Workplace policies to address and enforce domestic violence

WHAT NEXT?

Year 1 - Work with existing groups to finalize the workplan with policy priorities

Year 2 - Implement the plan and build support for policy

Year 3 - Design and implement policies

* Boulder; **New Zealand Report

RESULT: OUR COMMUNITY IS SAFE

HOW WILL WE TRACK OUR PROGRESS?

Rates for unintentional injuries in Haldimand and Norfolk

WHY IS THIS IMPORTANT?

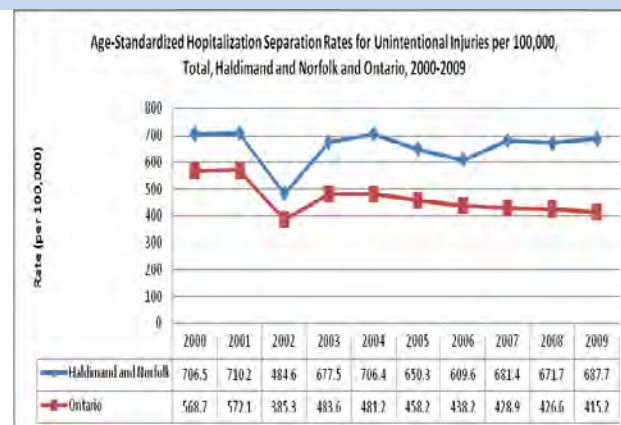
Injury is the fourth leading cause of hospitalization. Unintentional injury is also a very significant contributor to potential years of life lost.*

Most unintentional injuries are related to motor vehicles, falls, fires and burns, poisonings, choking and suffocation, and drowning.**

WHERE ARE WE NOW?

- Using age standardized rates, more Haldimand and Norfolk residents were hospitalized for unintentional injuries compared to the province (2003-2009).
- Haldimand and Norfolk residents were injured as a result of motor vehicle traffic collisions at a higher age standardized rate than Ontario residents between 2003-2009.
- Haldimand and Norfolk residents visited emergency departments (2004), were hospitalized (2000-2004), or died (2001-2002) for falls at a higher age standardized rate than any other type of unintentional injury.
- Haldimand and Norfolk residents were three times more likely to be injured using off-road vehicles than Ontario residents between 2000-2004.

DATA



Source: **Inpatient Diagnosis & External Cause**. Data Notes: ICD-10-CA: V01-X59, Y85-Y86. #DsChg (D)(hospital separations) and DAD key was used.

WHAT ARE THE POSSIBLE CAUSES?

Types of injury:

Motor Vehicle Crashes
Falls
Poisoning
Domestic Violence

Reasons:

Road conditions
Speed
Alcohol / substance misuse
Rural nature of counties
Distracted drivers
Lack of sidewalks, snow covered
Age of drivers

Supports:

Lack of transportation
Lack of awareness

WHAT CAN WE DO ABOUT IT?

- ✓ Need to get more community agencies working together on these issues
- ✓ Develop a better way for data collection and reporting (age, children)
- ✓ Develop a policy with retailers that when ATV, bicycles, skateboards are sold they provide safety information and the need for safety gear
- ✓ Use celebrity to bring awareness to key issues

WHAT NEXT?

Year 1 - Work with existing groups to finalize the workplan with policy priorities

Year 2 - Implement the plan and build support for policy

Year 3 - Design and implement policies

* MHPS Guidance Document; ** Maryland Report

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Appendix 3: Healthy Communities Ontario - Communication Sheet

Appendix 4: Healthy Communities Planning Day - Nov 2009

Appendix 5: Community Organizational Scan

Appendix 6: Organizational Roles Results

Appendix 7: Making Plans for a Healthy Community in Haldimand and Norfolk

Appendix 8: November 2009 Media Release

Appendix 9: Healthy Communities: Haldimand-Norfolk Coordinating Committee Terms of Reference

Appendix 10: Healthy Communities: Baseline Data Assessment for Haldimand and Norfolk

Appendix 11: Haldimand Norfolk Healthy Communities Partnership Network Mapping

Appendix 12: Building a Healthy Community in Haldimand and Norfolk: Public Consultation

Appendix 13: Photo of Children Playing in “Hamster Balls”

Appendix 14: June 16, 2010 Planning Day - Results

Appendix 15: Turn the Curve Sessions – Facilitator Notes

Appendix 16: Choosing Indicators Worksheet

Appendix 17: Turn the Curve Sessions – Feb 24, 2011 Agenda

Appendix 18: Policy Scan of Healthy Eating and Physical Activity

Appendix 19: Literature Review of Healthy Eating and Physical Activity