



Community Picture Report

Healthy Community Fund Partnership – Algoma District **2011**



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Executive Summary

In May 2009, the Ministry of Health Promotion and Sport (MHPS) launched the “Healthy Communities Fund,” an integrated approach to improve the health of Ontarians. The Healthy Communities Fund will provide greater opportunities for community members to work together to create and support healthy communities.

The Ministry has identified six priority areas which include: physical activity, sport and recreation; healthy eating; mental health promotion; tobacco use/exposure; substance and alcohol misuse; and injury prevention.

The goals of the Healthy Communities Fund are to:

- Create a culture of health and well-being;
- Build healthy communities through coordinated action;
- Create policies and programs that make it easier for Ontarians to be healthy;
- Enhance the capacity of community leaders to work together on healthy living.

The three components of the Healthy Communities Fund include:

- The *Grant Project Stream*.
- The *Partnership Stream*
- The *Resource Stream*
-

The local Partnership (*Healthy Communities Partnership Algoma*) will provide coordination and support; bringing people together to create a shared vision, identify key priorities, develop partnerships and networks and activate communities to create and implement healthy public policy. Work of the local partnership will also inform the Grant Project Stream.

Algoma Demographics

This Community Picture report provides demographic profiles for 21 municipalities in the Algoma District. Demographic data includes: population, age, sex, family characteristics, average number of persons in all Census families, education, income, housing, languages, Aboriginal population, immigrant population and occupation. Highlights include:

- An average higher proportion of population between the ages of 40 – 70 years in the majority of communities
- We have higher than provincial rate of Aboriginal population at 11%, compared to Ontario’s rate at 2%
- Algoma has a low visible minority population 1.3% in contrast to provincial rates of 22.8%
- According to the statistics, those whose Mother tongue is French makes up 6.9% of the population in Algoma, however it should be noted that there are a few municipalities that have a substantial higher rate. For example, those whose Mother tongue is French in Dubreuilville (North of Sault Ste. Marie) makes up 83% of the population, as well as North Shore at 21.8% and Blind River at 19% (both east of the Sault Ste. Marie)
- The population of northern Ontario has declined slowly since the early 1980s, with a more rapid decline through the 1990s. The Algoma district followed this pattern. The population in the Algoma district fell from 125,455 in the 1996 census to 117,461 in the 2006 census, a 5.5% decline
- About 44% of females and 30% of males eat fruits and vegetables 5 times or more a day.
- In 2009 59% of females and 68% of males were self reported as overweight or obese
- 75% of Algoma residents had a perceived mental health that was very good or excellent
- Current daily smoke rates have fluctuated in the past several years, highest rates in 2003 at 22.0% to its lowest in 2008 at 14.5%
- Algoma District’s physical activity during leisure time (moderately active or active) has been consistently higher than the provincial average since 2003
- As with other areas in Northern Ontario, forestry, mining, and hydropower were historically the principal economic activities in Algoma. Mining (gold, uranium, and iron) was briefly an important industry but is no longer as large a part of the economy (although smaller gold mining operations continue); mining does not provide as many jobs as in the past. Agriculture is limited to a small part of the area and is mainly beef and dairy with some specialty products such as maple syrups.

Forest harvesting and forest product manufacturing continue to be important, however more mills have closed than opened year to year.

The geographical distances in the District also contributes to other related issues which affect health and delivery of programming including:

- isolated communities, which is magnified by the lack of public transportation within and between communities
- problems with staff retention
- challenges in bringing people together (both partners and the public)
- the time and financial costs associated with travel (for staff, partners and the public), and
- travel is often made more difficult and risky by bad weather (unsafe weather conditions) during a good portion of the year

Community Consultations and Stakeholder Interviews:

Due to the geographical size, time needed to travel to various communities and the number of municipalities in Algoma, it was decided to take advantage of electronic technology to engage the community and facilitate the gathering of information for the top priorities across the six MHPS Healthy Communities priority areas. The Healthy Community Partnership Survey was developed and disseminated via survey monkey as well as distributing paper copies to various venues across the district. Top Priorities were identified and recommended actions for each communities developed.

Top Priorities

The top 3 priorities which were consistently identified across the municipalities were:

- Physical Activity
- Substance & Alcohol Misuse and
- Healthy Eating

The Stakeholder Interviews reinforced the survey responses, however the issue of mental health especially in under serviced rural areas became more evident. These concerns may be due partly to the high unemployment rates from increasing closures of major industries such as lumber mills in places like Northern Algoma. Often one spouse must leave the family to find work, increasing the isolation of the family and its members and increasing the risk of depression.

Work on community engagement will continue in the next phase of the project as interested partners are invited to join the HCPA, additional community contacts will be made as project findings are presented to municipalities.

The information and findings of this report will provide a detailed understanding of Algoma region community health as it pertains to the six priority areas. The data provided will provide community partners and municipalities important information to identify strategic and program priorities in their specific communities and help to mobilize communities around a common goal. The report will also be a tool that will help to guide the allocation of local and provincial funds for strategies and programs.

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Healthy Communities Fund Community Picture

Introduction

Healthy Communities Partnership Algoma (HCPA) is a district-wide community-based program that is funded by the Ministry of Health Promotion and Sport (MHPS). The MHPS Province of Ontario's 36 public health units were asked by MHPS to assist with establishment of local partnerships, and to help with the promotion, planning and implementation of the program across Algoma. The focus of the HCPA will be to create partnerships and policies that help Ontarians lead healthy and active lives.

Background

In May 2009, the Ministry of Health Promotion and Sport (MHPS) launched the "Healthy Communities Fund," an integrated approach to improve the health of Ontarians. The Healthy Communities Fund will provide greater opportunities for community members to work together to create and support healthy communities.

This province-wide framework encourages many community members and organizations to come together to address some of the factors affecting health. The Ministry has identified six priority areas which include: physical activity, sport and recreation; healthy eating; mental health promotion; tobacco use/exposure; substance and alcohol misuse; and injury prevention.

The goals of the Healthy Communities Fund are to:

- Create a culture of health and well-being;
- Build healthy communities through coordinated action;
- Create policies and programs that make it easier for Ontarians to be healthy;
- Enhance the capacity of community leaders to work together on healthy living.

The three components of the Healthy Communities Fund include:

- The *Grant Project Stream* which provides funding to community partners to plan and deliver projects in priority risk factor areas.
- The *Partnership Stream* which promotes coordinated planning and action among community partners to create policies that make it easier for Ontarians to be healthy.
- The *Resource Stream* which builds capacity of partnerships and communities by providing training and support to build healthy communities.

The local Partnership (*Healthy Communities Partnership Algoma*) will provide coordination and support; bringing people together to create a shared vision, identify key priorities, develop partnerships and networks and activate communities to create and implement healthy public policy. Work of the local partnership will also inform the Grant Project Stream.

The functions of the local Partnership are:

- Community engagement and planning to develop a community picture that identifies priorities to support local needs and align with Ministry priorities.
- Partnership development to identify existing networks and build connections for the purpose of coordinated action and build on existing capacities and strategies to maximize resources.
- Community mobilization and action by mobilizing community leaders, decision-makers and organizations to work together to build healthy public policy.

Each partnership is responsible for developing a Community Picture. The partnership will use this Community Picture to identify recommended actions across the six key Healthy Communities Fund priority areas.

Table 1: Ministry of Health Promotion and Sport's Priorities and Expected Outcomes

Priorities and Outcomes					
Activity, Sport and Recreation	Injury Prevention	Healthy Eating	Tobacco Use/ Exposure	Substance & Alcohol Misuse	Mental Health Promotion
Increase access to physical activity, sport and recreation	Promote safe environments that prevent injury	Increase access to healthier food	Increase access to tobacco-free environments	Support the reduction of binge drinking	Reduce stigma and discrimination
Support active transportation & improve the built environment	Increase public awareness of the predictable and preventable nature of most injuries	Develop food skills and healthy eating practices		Build resiliency and engage youth in substance misuse prevention strategies	Improve knowledge and awareness of mental health issues
					Foster environments that support resiliency

Source: Healthy Community Framework, Ministry of Health Promotion and Sport

Purpose of Report

The purpose of the Community Picture Report is to inform the work of the local Healthy Communities Fund Partnership (HCFP). The Community Picture will be a useful tool to engage partners, municipalities and others in improving the health of the community and its residents. The Community Picture should be able to:

- Mobilize community partners around a common goal.
- Inform the Healthy Communities Fund grants project stream. Regional Advisors will consider the recommended actions found within local community pictures in the review and assessment of the 2011-12 grant applications and beyond.
- Be promoted as a useful tool to inform the allocation of other local funds or activities.
- Be used by local organizations as a tool to identify strategic and program priorities in their specific communities

Information for the Community Picture Report has been compiled from a number of reports. The document will help inform Healthy Communities Fund Partnerships understand the health of the local communities as it pertains to the six priority areas.

Methodology

The Community Picture provides profiles for the communities in the Algoma District. The data in this document is intended to provide a basic demographic makeup of the community based on 2006 Census. Demographic data includes: population, age, sex, family characteristics, average number of persons in all Census families, education, income, housing, languages, Aboriginal population, immigrant population and occupation. The profile also includes information on top employers, education facilities and health care facilities available in that community. Data was obtained from community websites, municipal offices, district school board websites and Algoma Public Health.

Current policies regarding the Ministry of Health Promotion and Sport priorities were collected in 2009 by Ontario Heart Health Network Workgroup (see Appendix 1 for explanation of the OHHN Collaborative Policy Scan Project). A scan of the following policies was conducted: 1) access to nutritious foods; 2) access to recreation and physical activity 3) active transportation and the built environment; 4) prevention of alcohol misuse and 5) prevention of tobacco use and exposure across three sectors a) *Education*; School boards; b) *Health Care*: hospitals as a worksite (e.g. what policies exist on these topics for health care staff and c) *Government* (district/region; county; municipality; township). Policies in regards to the above were included on demographic profiles.

The local priorities and recommended actions across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use / Exposure, Injury Prevention, Mental Health Promotion, Substance & Alcohol Misuse are also included in this report. The collection of data was accomplished by developing a questionnaire in both English and French and distributing it to the residents of Algoma through an online Survey Monkey. To reach those residents who may not have access to a computer, paper copies were handed out to individuals and groups throughout the district. The survey was advertised in local newsprint, electronic news and partners were encouraged to include the survey link to their networks to increase district access. Questions were developed using information from the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents and the Ministry of Health Promotion and Sport's Ontario Public Health Standard Guidance Documents. A total of 776 surveys were returned.

Two to three priorities were chosen for each Healthy Communities priority area using analysis (cross tabulations) from the Survey Monkey program. The program indicated which statements in each priority area had the highest number of responses. At that point the responses were calculated per geographical community sub-grouping to indicate those top two or three priorities. Comments from the survey have been reviewed and those which support a specific priority were noted. Those comments, ideas, or suggestions not listed on the survey but were stated on a regular basis indicating other community needs were added at the end of each community grouping.

For the purpose of choosing priorities for this report the Algoma District was divided in to 5 specific areas. Areas were sub-grouped by natural location of the communities, size of a community and to ensure that at least 30 surveys came from an area or community to increase the validity of input from municipalities and the ability to choose priorities.

1. North Algoma which includes:

- White River
- Dubreuilville
- Michipicoten (Wawa)
- Unorganized Algoma

2. Sault Ste. Marie and Area

- Prince Township

3. Central Algoma

- Macdonald, Meredith and Aberdeen Additional Township
- Laird Township
- Tarbutt & Tarbutt
- St. Joseph Township
- Hilton Beach Village
- Hilton Township
- Jocelyn Township
- Johnson Township
- Bruce Mines Township
- Plummer Additional
- Thessalon Township

4. North Shore of Algoma

- Huron Shores
- North Shore Township
- Blind River
- Shedden (Spanish)

5. Elliot Lake

For the purpose of this HCFP initiative, the communities represented are within the district that are serviced by Algoma Public Health. Hornepayne which is serviced by Porcupine District Health Unit and Chapleau which is serviced by Sudbury and District Health Unit are not counted in the Algoma Report.

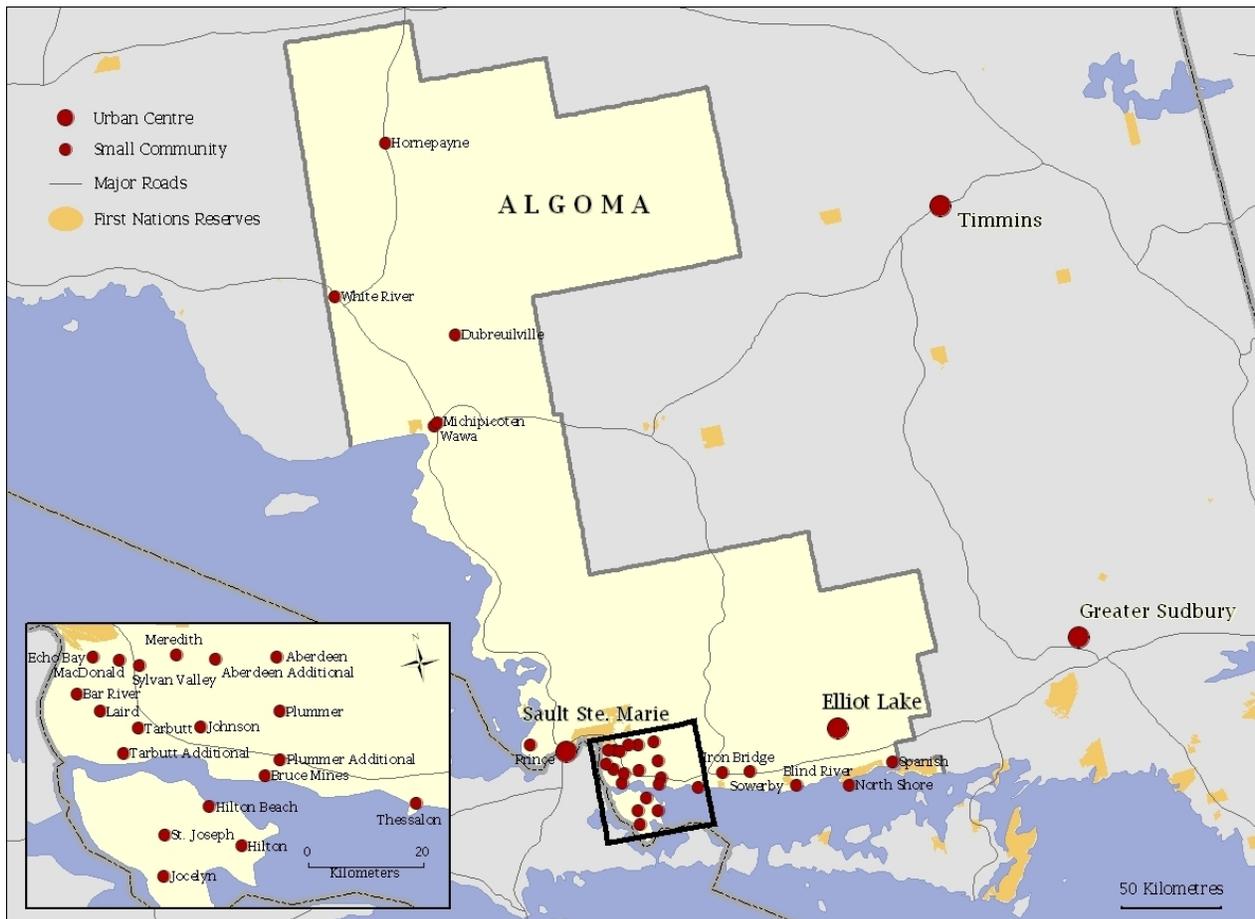
Algoma District Profile

The Algoma District covers 48,737 square kilometres on the eastern shore of Lake Superior, the north shore of the St. Mary's River and along the northern shore of Lake Huron. The area is known for its natural beauty and natural resources. To understand the dynamics of Algoma's population, one should understand the history of the area's economy. As with other areas in Northern Ontario, forestry, mining, and hydropower were historically the principal economic activities in Algoma. Mining (gold, uranium, and iron) was briefly an important industry but is no longer as large a part of the economy (although smaller gold mining operations continue); mining does not provide as many jobs as in the past. Agriculture is limited to a small part of the area and is mainly beef and dairy with some specialty products such as maple syrups. Forest harvesting and forest product manufacturing continue to be important, but more mills close than open year to year. The major lumber and paper mills that have closed in the past 5 years include Domtar Saw Mill in White River and Dubreuil Forest Products and Weyerhaeuser in North Algoma resulting in laying off several hundred employees, which in turn have effected the population, employment opportunities etc. for families in that area. St. Mary's Paper Mill in Sault Ste. Marie closed for a few years however it has just recently reopened with the help of provincial funding.

Healthcare, education, government services, and tourism are increasingly important parts of the economy. Sault Ste Marie is the main industrial area, with a steel mill, but smaller industrial sites occur throughout the district. The majority of these industries are natural resource-based. As the economy across North America becomes concentrated in suburbs close to large urban areas, rural areas are losing population to larger cities in Southern Ontario.

The population of northern Ontario has declined slowly since the early 1980s, with a more rapid decline through the 1990s. The Algoma district followed this pattern. The population in the Algoma district fell from 125,455 in the 1996 census to 117,461 in the 2006 census, a 5.5% decline.

It is approximately a 5 hour drive from White River (north of the Sault) to Spanish Township (east of the Sault). There are 4 Algoma Public Health offices located in Wawa, Sault Ste. Marie, Blind River and Elliot Lake. The two biggest cities in Algoma are Sault Ste. Marie – 75,000 and Elliot Lake – 11,500. There are 21 municipalities located in Algoma with a large unorganized area north of the Sault and northeast of the Sault. Highway 17th North from Sault Ste. Marie to Wawa is closed several times each winter season due to snowstorms off Lake Superior which isolates the northern communities.



(Source: Sault Ste. Marie Innovation Centre, 2011)

In the 2009 Key Informant Survey Analysis report the following issues were each identified by several respondents as items to consider when planning for the future health promotion needs in Algoma:

- Decrease in the population size of communities, described as being due, in part, to:
 - Out-migration of youth
 - Snow-birds who head south for the winter
 - Adults who leave the community for work for extended periods of time
- The geographical distances in the District, which, in turn contributes to other related issues including:
 - isolated communities, which is exaggerated by the lack of public transportation within and between communities, and weather that results in highway closures
 - problems with staff retention
 - challenges in bringing people together (both partners and the public)
 - the time and financial costs associated with travel (for staff, partners and the public)
 - travel is often made more difficult and risky by bad weather (unsafe weather conditions) during a significant portion of the year
- Higher than average rates of unhealthy eating, smoking and second-hand smoke as well as obesity. (See the Chronic Disease Prevention Health Status Report 2010 for more health behaviours in Algoma)
- The continuing shift in employment trends with mining becoming less important, agriculture being very limited, forest harvesting and forest product manufacturing continuing to be important, but more mills close than open year to year. Many industries are based in natural resources. Healthcare, education, government services, and tourism are increasingly important parts of the local economy.

- Elliott Lake is comprised primarily of immigrant seniors making community cohesion and connectedness more difficult.
- The number of seniors in some communities are comprised of a significant percentage of the population.
- Lack of public transportation, (Sault Ste. Marie and Elliot Lake are the only two communities with public transportation i.e. bus systems) as well as a reduction in families with personal vehicles due in part to economic difficulties and because adults have left town with their car to find work for extended periods of time.
- Reduced access to health care services, especially in rural and isolated areas, including a growing lack of physicians.
- Recreational facilities are scarce in many communities, and when present, often there are no dedicated recreation staff. Rather volunteer or municipal employees such as the City Clerk look after recreation.
- Distinct Francophone and First Nations populations that require tailored approaches, can often mean higher costs e.g. translation of printed material.
- Stress, depression and general mental health issues are becoming more observable in the communities.
- Community partners are not as prolific outside of Sault Ste. Marie.
- There are large areas of Algoma that are unorganized but have a significant population.

Algoma District 2006

<u>Cities</u>	Population
1. Sault Ste. Marie	74,948
2. Elliot Lake	11,549
<u>Towns</u>	
3. Blind River	3780
4. Bruce Mines	627
5. Thessalon	1312
6. (Shedden) Spanish	728
<u>Townships</u>	
7. Dubreuilville	773
8. Hilton	243
9. Huron Shores (Iron Bridge, Sowerby, Little Rapids)	1696
10. Jocelyn	277
11. Johnson	701
12. Laird	1078
13. Macdonald, Meredith and Aberdeen Additional (Echo Bay, Bar River, Sylvan Valley)	1550
14. Michipicoten (Wawa)	3204
15. North Shore	549
16. Plummer Additional	625
17. Prince	971
18. St. Joseph	1129
19. Tarbutt and Tarbutt Additional	388
20. White River	841

Villages

21. Hilton Beach	172
Unorganized Algoma	5,717

Total Population of Algoma – 117,461

Unorganized Areas

North (includes local services boards such as Aweres, Batchawana Bay, Goulais and District, Hawk Junction, Missanabie, Peace Tree, Searchmont, etc)

South East (includes local services boards such as Wharncliffe, Kynoch, etc.)

First Nations

Batchewana
Garden River
Michipicoten
Mississauga
Sagamok
Serpent River
Thessalon

Reserves

Garden River, Goulais Bay, Gros Cap, Gros Cap Village, Missanabie, Mississagi River, Obadjiwan, Rankin Location, Sagamok, Serpent River, Thessalon, Whitefish Island.

Community Engagement Process

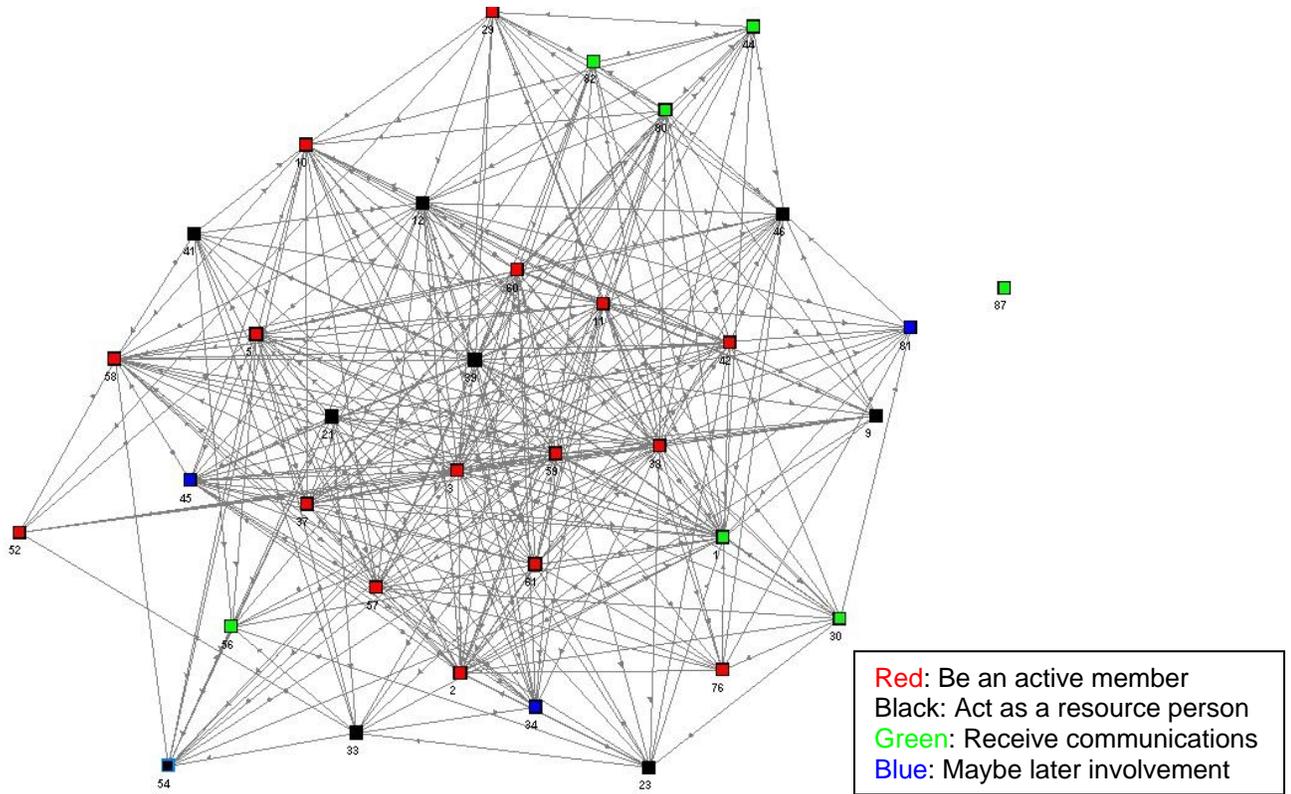
Healthy Communities Partnership Algoma undertook a number of initiatives to engage the community to facilitate the development and identification of priorities and actions for the Ministry of Health Promotion and Sport's Healthy Communities Fund.

The first step in the process was to conduct Key Stakeholder's Interviews with community partners to identify priorities across the district in regards to the six risk factors identified by the MHP's Healthy Communities Fund Approach. This information was used by the Take Heart Algoma Steering Committee to advance their thinking for the next phase of Healthy Communities work in Algoma. Twenty-four (24) Key Informants were selected by the Take Heart Algoma planning committee based on the following criteria:

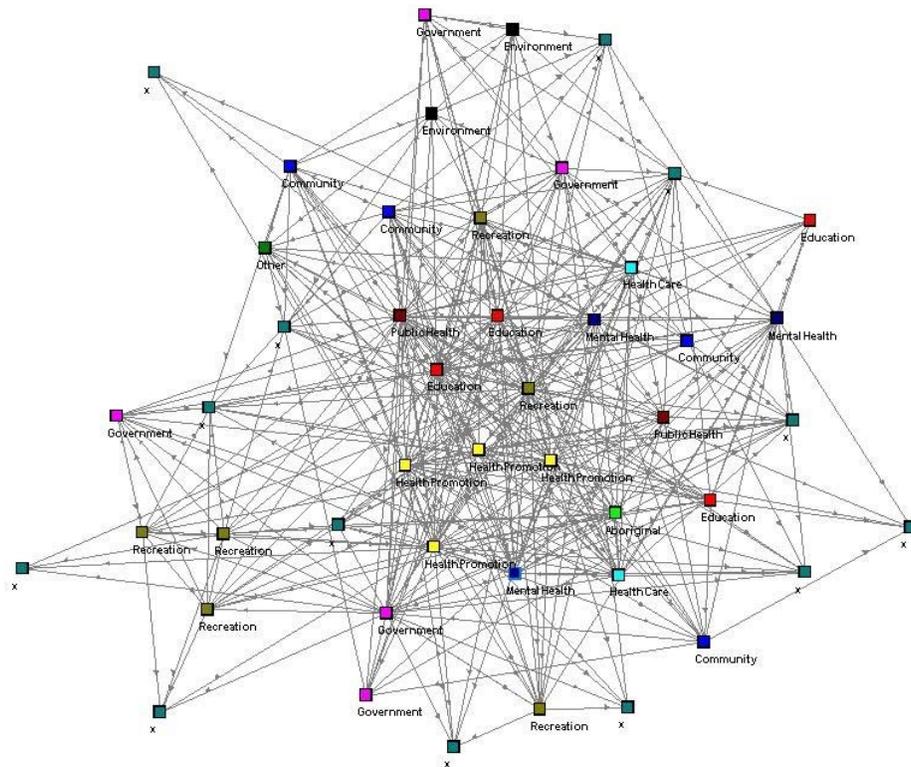
Experts in the field of Physical Activity, Tobacco Use, Healthy Eating, Mental Health, Injury Prevention and Alcohol Misuse, groups of professionals or volunteers who may have mandates or interests in the above listed risk factors and community partners who are presently members of Take Heart Algoma Coalition. In addition, key stakeholders met to discuss to identify program initiatives, community resources and possible policies that could help in the development of comprehensive strategies for the six priority areas.

Healthy Communities Partnership Algoma (HCPA) also participated in the Health Nexus Mapping Survey. As part of the questionnaire that was sent to 52 respondents a question was developed to reflect the interest of community partners in being part of the larger partnership. This question asked specifically if they would be interested in being a member of HCPA, would act as a resource person or would like to receive communication only. The following maps show the results of the question as well the connectedness between the participating individuals/organizations in Algoma.

Interest Expressed in Participating Healthy Communities Partnership Algoma



Algoma Community Network by Sector 2010



As part of the development of the Community Picture, the Healthy Communities Partnership was also directed to gather information on the top two priorities for each of the six areas identified by the MHPS i.e. physical activity, healthy eating, tobacco use and exposure, injury prevention, mental health promotion and substance and alcohol misuse. To carry this out, the planning committee looked at the 'recommendations for planning and implementing a healthy communities approach' in the Key Informant Interview Summary Report. Due to the geographical size, time needed to travel to various communities and the number of municipalities in Algoma, it was decided to take advantage of electronic technology to engage the community and facilitate the gathering of information for priorities. The Healthy Community Partnership Survey was developed and disseminated via survey monkey as well as distributing paper copies to various venues across the district. (Appendix 2)

Work on community engagement will continue in the next phase of the project as interested partners are invited to join the HCPA, as well as community contacts will be made as project findings are presented to municipalities.

Stakeholder Wheel Level of Involvement

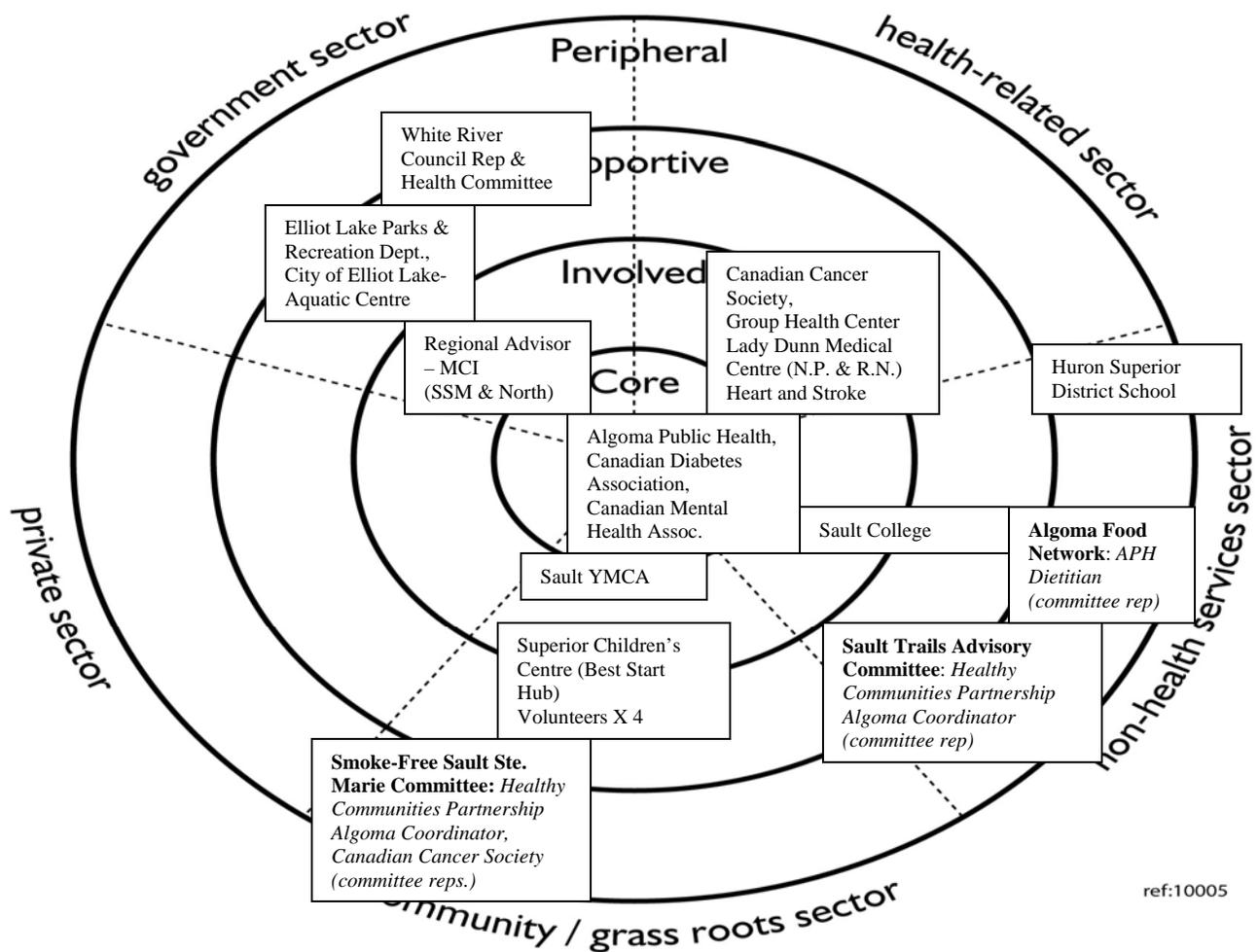
To help the structure of the Healthy Community Partnership stream the Stakeholder Wheel was used to assess which community partners were presently involved and what other partners were needed to have good representation from various sectors. Individuals were asked to visualize how they saw themselves participating within the initiative.

The four levels of stakeholder involvement were reviewed and discussed.

- 1) *Core stakeholders*: those who would like to be actively involved in planning and governance;
- 2) *Involved stakeholders*: those who would like to be actively involved in the implementation of activities or frequently consulted about activities;
- 3) *Supportive stakeholders*: those who would like to be involved but only from a supportive standpoint as needed; and,
- 4) *Periphery stakeholder*: those who would like to be kept informed of the progress of the Partnership and its initiatives but not directly involved in the work.

(Source: The Health Communications Unit, at the University of Toronto)

The Planning Committee of Healthy Communities Partnership Algoma also decided to increase the level of networking by looking at existing community committees whose mandates or Terms of Reference were similar to that of the Partnership and liaising with those committees. Members from the Partnership would participate on various other community committees and bring information to and from meetings. This would help avoid duplication of work on a specific priority area and also prevent individuals sitting on several committees doing similar work. This is especially important when working with smaller communities where individuals may experience 'burn-out' when participating on numerous committees. Further recruitment is needed to ensure that various communities are represented.



Community Demographic Profiles

The following community profiles are listed in alphabetical order and contain information on population, age, sex, family characteristics, and average number of persons in all Census families, education, income, housing, languages, Aboriginal population, immigrant population and occupation. The profile also includes information on top employers, education facilities and health care facilities available in that community. The top two priorities and recommended actions are listed as well.

DEMOGRAPHIC PROFILE FOR THE TOWN OF BLIND RIVER

DEMOGRAPHICS	BLIND RIVER		ALGOMA DISTRICT	
Population				
Population 2006	3780		117,461	
Population 2001	3969		118,567	
% population change	-4.8		-0.9	
Median Age	46.1		45.0	
0 – 14 years:	14.4%		15.2%	
15 – 24 years:	13.4%		12.6%	
25 – 39 years:	12.6%		14.8%	
40 – 59 years:	34.7%		32.1%	
60 – 69 years:	13.0%		12.1%	
70 – 74 years:	5.0%		5.0%	
75 – 79 years:	2.9%		4.0%	
80 and over:	3.7%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	16.0%	13.0%	16.2%	14.2%
15 – 24 years:	13.5%	13.2%	13.1%	12.1%
25 – 39 years:	11.3%	13.7%	14.4%	15.2%
40 – 59 years:	35.0%	34.9%	32.0%	32.1%
60 – 69 years:	13.5%	12.5%	12.1%	12.1%
70 – 74 years:	4.9%	5.1%	4.9%	4.9%
75 – 79 years:	3.0%	2.8%	3.9%	4.1%
80 and over:	2.9%	4.5%	3.3%	5.3%
Family Characteristics				
% Married Couple families	71.5%		71.3%	
% Common-law-couple families	15.8%		12.4%	
% Lone-parent Families	13.1%		16.3%	
% Widowed	8.5%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.8		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	28.6%		27.5%	
High school certificate or equivalent	28.9%		27.4%	
Apprenticeship or trades certificate or diploma	30.7%		10.8%	
College or non-university certificate or diploma	17.6%		19.5%	
University certificate or diploma below the bachelor level	1.2%		2.7%	
University certificate; diploma or degree	11.3%		11.9%	
Median Income				
All Census Families (\$)	\$58,451		\$60,494	
Married-couple families	\$70,409		\$68,813	
Common-law couple families	\$43,026		\$55,497	
Lone-parent families	\$32,031		\$30,964	
Female lone-parent families	\$31,824		\$28,709	
Male lone-parent families	\$32,104		\$46,717	
Housing				
Owned dwellings	72.0%		71.2%	
Rented Dwellings	28.3%		27.9%	

Source: Statistics Canada. 2007. *Blind River, Ontario (Code3557038)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	75.0%	82.1%
% whose Mother Tongue is French only	19.1%	6.9%
% whose Mother Tongue is English and French	1.9%	0.5%
% whose Mother Tongue is other than English or French	4.0%	10.5%
Aboriginal Population		
% population identified as Aboriginal	10.1%	11.1%
Immigrant Population		
% non-immigrant	94.8%	89.9%
% immigrant status 2001-2006	0.27%	0.21%
% visible minority	0.9%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	1880	55,210
A. Management occupations	6.9%	8.0%
B. Business; finance and administration occupations	13.6%	14.9%
C. Natural and applied sciences and related occupations	4.3%	6.0%
D. Health occupations	5.9%	6.8%
E. Occupations in social science; education; government service and religion	12.8%	8.8%
F. Occupations in art; culture; recreation and sport	0.8%	2.0%
G. Sales and service occupations	27.4%	28.3%
H. Trades; transport and equipment operators and related occupations	19.4%	17.2%
I. Occupations unique to primary industry	3.7%	3.2%
J. Occupations unique to processing; manufacturing and utilities	5.6%	4.6%

Source: Statistics Canada. 2007. *Blind River, Ontario (Code3557038)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Blind River District Health Centre		
Cameco Corporation		
Mississauga First Nation		
Hutton's Valu Mart		
Carmeuse Lime Ltd		
Education Facilities		
	English	French
Elementary Schools	2	1
High Schools	1	1
Colleges	0	0
Universities	0	0
Health Care Facilities		
Blind River District Health Centre		
Algoma Public Health Office		

December 2010/ January 2011

Current Policy Context with Municipalities	
5.0 Prevention of Tobacco Use and Exposure	5.1 Policies that limit exposure to the harmful effects of second-hand smoke by prohibiting tobacco use in municipal owned outdoor spaces (i.e. parks, beaches, sports fields).

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Community Priorities and Recommended Actions

Healthy Communities Partnership Algoma Survey Results

(The following survey results are for the combined townships of Blind River, Huron Shores, North Shore and Shedden (Spanish) with 33 responses from residents living in those areas)

As part of the ‘Healthy Communities Partnership’ component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

Priority areas are listed in order of importance:

- Substance & Alcohol Misuse: 37.5%
- Physical Activity: 36.3%
- Healthy Eating: 12.5%
- Mental Health: 9.4%
- Tobacco use and exposure: 6.3%
- Injury Prevention: 0.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion’s Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report “Access” refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	59.4%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	46.9%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV’s) on a continual basis	39.3%
Educating public on Low Risk Drinking Guidelines	25.0%
Limit marketing of alcohol to youth	18.1%

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	53.1%
Access to recreational facilities	33.3%
After school recreation programs	27.2%
Access to physical activity programming	18.8%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	15.6%
Trail Development	12.5%
Increase the use of existing recreational fields, parks	12.5%
Develop connected walking routes in communities	9.4%
Access to bike paths or bike routes on roadways	6.3%
Updating recreational fields and parks	6.3%
Access to sidewalks	3.1%
Public transportation to access recreational areas such as ball fields, etc.	0.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	60.6%
Food Skills programs (learn to cook)	37.5%
Access to healthy food choices in schools	28.1%
School Nutrition Programs (breakfast and snack programs)	24.2%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	18.8%
Land use policies for municipal land to grow food (e.g. community gardens)	15.6%
Access to healthy food choices in workplaces	6.3%
Local community Farmer's Market	3.1%
Increased local Good Food Boxes	3.1%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	0.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open "community hubs" where multiple organizations provide health and social services, recreational programs	43.8%
Destigmatize mental illnesses in youth and adults	37.5%
Stress reduction education at workplaces	36.3%
Drop-in centres in communities for people in need	25.0%
Family support groups, self help groups, peer support groups for youth and adults	21.2%
Training workshops for employers on mental health and mental illnesses	18.8%
Employee Assistance Programs services at worksites	9.4%
Return to work policies after a leave from stress, depression etc.	3.1%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	57.5%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	31.3%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	28.1%
Smoke-free multi-unit dwellings (e.g. apartments)	21.2%
Contraband tobacco	18.8%
Smoke-free properties for health care facilities in your community	18.8%
Tobacco Free Sports policies for recreational groups and high school teams	15.6%
Smoke-free properties college/university campuses	3.1%

Injury Prevention Priorities to be addressed to make the community healthier	
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	51.5%
Road and off road safety education for snowmobiles, ATVs etc.	40.6%
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	25.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	21.9%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	18.8%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	15.1%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	12.5%
Signage for multiuse trails	9.4%
Better signage for bike routes	3.1%

North Shore of Algoma

(Huron Shores, North Shore Township, Blind River, Shedden (Spanish))

1) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

2) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Access to recreational facilities

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Increase opportunities to access recreational facilities at improving scheduled usage times, transportation to facilities, recreational space, services etc. for all ages

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Food skills programs (learn to cook)

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Develop food skills and literacy by promoting access to healthy food choices and teaching meal preparation skills

4) Mental Health Top Priorities

1. Open “community hubs” where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults
3. Stress reduction education at workplace

Recommended Actions

- Increase access to local community health services and support for people with mental illness i.e. by fostering supportive environments and support groups etc.
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs
- Increase opportunities and programming for Workplace programming on stress reduction

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits
3. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessation services in the community and advocate for affordable NRT from the province
- Increase knowledge of cessation services in communities that are available for those wishing to quit smoking e.g. Smokers Helpline fax back services, Smokers Helpline phone line, Algoma Public Health smoking cessation counseling services, Family Health teams services (if available in community)
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Maintaining community parks and fields in good condition (e.g. remove uneven surfaces large holes, poor lighting, proper and safe play equipment)
2. Road and off road safety education for snowmobiles and ATV's etc.

Recommended Actions

- Decrease injuries by maintaining local communities' areas (i.e. parks, fields, sidewalks) in good condition through Municipal Parks and Recreation and Municipal Official plan policies or overall maintenance strategies.
- Increase awareness on road and off road safety by communication campaigns and education

Top Priorities listed in Comment Responses:

- Better food selection at grocery stores and provincial regulations on food pricing especially in rural areas
- Education on the effects of smoking
- Increase in social activities for community
- Education on substance misuse for youth and adults
- Environmental infrastructure for existing trails and roadways

DEMOGRAPHIC PROFILE FOR THE TOWN OF BRUCE MINES

DEMOGRAPHICS	BRUCE MINES	ALGOMA DISTRICT		
Population				
Population 2006	584	117,461		
Population 2001	627	118,567		
% population change	-6.9	-0.9		
Median Age	48.8	45.0		
0 – 14 years:	15.4%	15.2%		
15 – 24 years:	10.3%	12.6%		
25 – 39 years:	11.1%	14.8%		
40 – 59 years:	30.8%	32.1%		
60 – 69 years:	14.5%	12.1%		
70 – 74 years:	6.8%	5.0%		
75 – 79 years:	6.8%	4.0%		
80 and over:	6.0%	4.3%		
Sex				
	Male	Female	Male	Female
0 – 14 years:	17.2%	11.9%	16.2%	14.2%
15 – 24 years:	12.1%	10.2%	13.1%	12.1%
25 – 39 years:	10.3%	10.2%	14.4%	15.2%
40 – 59 years:	25.9%	35.6%	32.0%	32.1%
60 – 69 years:	12.1%	15.3%	12.1%	12.1%
70 – 74 years:	8.6%	3.4%	4.9%	4.9%
75 – 79 years:	5.2%	6.8%	3.9%	4.1%
80 and over:	6.9%	6.8%	3.3%	5.3%
Family Characteristics				
% Married Couple families	83.3%	71.3%		
% Common-law-couple families	5.6%	12.4%		
% Lone-parent Families	11.1%	16.3%		
% Widowed	10.0%	8.2%		
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.6	2.8		
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	22.6%	27.5%		
High school certificate or equivalent	43.2%	27.4%		
Apprenticeship or trades certificate or diploma	8.2%	10.8%		
College or non-university certificate or diploma	9.2%	19.5%		
University certificate or diploma below the bachelor level	0.0%	2.7%		
University certificate; diploma or degree	12.3%	11.9%		
Median Income				
All Census Families (\$)	\$59,089	\$60,494		
Married-couple families	\$59,085	\$68,813		
Common-law couple families	<i>data not available</i>	\$55,497		
Lone-parent families	\$69,737	\$30,964		
Female lone-parent families	<i>data not available</i>	\$28,709		
Male lone-parent families	<i>data not available</i>	\$46,717		
Housing				
Owned dwellings	93.9%	71.2%		
Rented Dwellings	6.1%	27.9%		

Source: Statistics Canada. 2007. *Bruce Mines, Ontario (Code3557021)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	98.2%	82.1%
% whose Mother Tongue is French only	0.0%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	1.8%	10.5%
Aboriginal Population		
% population identified as Aboriginal	17.0%	11.1%
Immigrant Population		
% non-immigrant	93.8%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	275	55,210
A. Management occupations	14.5%	8.0%
B. Business; finance and administration occupations	14.5%	14.9%
C. Natural and applied sciences and related occupations	0.0%	6.0%
D. Health occupations	5.5%	6.8%
E. Occupations in social science; education; government service and religion	9.1%	8.8%
F. Occupations in art; culture; recreation and sport	3.6%	2.0%
G. Sales and service occupations	21.8%	28.3%
H. Trades; transport and equipment operators and related occupations	14.5%	17.2%
I. Occupations unique to primary industry	5.5%	3.2%
J. Occupations unique to processing; manufacturing and utilities	10.9%	4.6%

Source: Statistics Canada. 2007. *Bruce Mines, Ontario (Code3557021)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Ontario Trap Rock		
Foster's Freshmart		
Bobber's Restaurant		
Education Facilities		
	English	French
Elementary Schools	1	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Current Policy Context with Municipalities	
3.0 Active Transportation and the Built Environment	3.2 Has a municipal Official Plan 3.2.4 The municipal Official Plan identifies plans for infrastructure (i.e. sidewalks, bike lanes, share-use paths) that support active transportation
4.0 Prevention of Alcohol Misuse	4.1 Has a Municipal Alcohol Policy (In development for the general community) 4.7 There are special occasion permits that allow alcohol to be sold
5.0 Prevention of Tobacco Use and Exposure	5.1 Policies that limit exposure to the harmful effects of second-hand smoke by prohibiting tobacco use in municipal owned outdoor spaces (i.e. parks, beaches, sports fields) 5.2 Policy that bans tobacco use within designated distance of public entrances and exits to municipal buildings providing local government services

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Healthy Communities Partnership Algoma Survey Results

(Survey results are for Central Algoma which for the purpose of the survey combines the areas of: Macdonald, Meredith and Aberdeen Additional, Laird, Tarbutt and Tarbutt Additional, Hilton Beach Village, Hilton Township, Jocelyn, St. Joseph Township, Johnson, Bruce Mines, Plummer Additional and Thessalon Townships with a total of 50 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

List of priority areas in order of interest to work on:

- Physical Activity: 40.0%
- Substance & Alcohol Misuse: 22.0%
- Healthy Eating: 18.0%
- Mental Health: 10.0%
- Tobacco use and exposure: 6.0%
- Injury Prevention: 2.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	38.0%
Trail Development	24.0%
After school recreation programs	22.0%
Develop connected walking routes in communities	22.0%
Access to recreational facilities	18.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	18.0%
Increase the use of existing recreational fields, parks	18.0%
Access to physical activity programming	12.0%
Access to bike paths or bike routes on roadways	10.0%
Updating recreational fields and parks	6.0%
Public transportation to access recreational areas such as ball fields, etc.	6.0%
Access to sidewalks	2.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	68.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	50.0%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	34.0%
Educating public on Low Risk Drinking Guidelines	24.0%
Limit marketing of alcohol to youth	20.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	54.0%
Local community Farmer's Market	36.0%
Food Skills programs (learn to cook)	20.0%
Access to healthy food choices in schools	18.0%
Land use policies for municipal land to grow food (e.g. community gardens)	18.0%
Access to healthy food choices in workplaces	14.0%
School Nutrition Programs (breakfast and snack programs)	12.0%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	10.0%
Increased local Good Food Boxes	10.0%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open "community hubs" where multiple organizations provide health and social services, recreational programs	40.0%
Destigmatize mental illnesses in youth and adults	38.0%
Family support groups, self help groups, peer support groups for youth and adults	24.0%
Training workshops for employers on mental health and mental illnesses	20.0%
Drop-in centres in communities for people in need	18.0%
Stress reduction education at workplaces	16.0%
Employee Assistance Programs services at worksites	16.0%
Return to work policies after a leave from stress, depression etc.	10.0%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	48.0%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	36.0%
Tobacco Free Sports policies for recreational groups and high school teams	28.0%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	24.0%
Smoke-free properties for health care facilities in your community	20.0%
Contraband tobacco	20.0%
Smoke-free multi-unit dwellings (e.g. apartments)	16.0%
Smoke-free properties college/university campuses	2.0%

Injury Prevention Priorities to be addressed to make the community healthier	
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	36.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	30.0%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	28.0%
Road and off road safety education for snowmobiles, ATVs etc.	26.0%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	26.0%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	20.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	16.0%
Signage for multiuse trails	12.0%
Better signage for bike routes	2.0%

Central Algoma

(Macdonald, Meredith and Aberdeen Additional Township, Laird, Tarbutt & Tarbutt, St. Joseph, Hilton Beach, Hilton Township, Jocelyn, Johnson, Bruce Mines, Plummer Additional, Thessalon)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Trail development

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Open "community hubs" where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults

Recommended Actions

- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding
2. Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.
3. Promoting policies that restrict use of ATV's for anyone under the age of 16 years

Recommended Actions

- Establish and strengthen municipal and provincial policies for mandatory helmet use in recreational activities and advocate for enforcement
- Promote safe environment that prevents injury by ensuring a safe built environment through public input into municipal planning
- Advocate for policies that restrict use of ATVs for those under the age of 16 years.

Top Priorities listed in Comment Responses:

- Increase enforcement of smoking bylaws
- Education and awareness of signs and symptoms of mental illness
- Infrastructure needs regarding construction of indoor pool for community use
- More programs for substance misuse
- Creating safe environments by paving shoulders of roads

DEMOGRAPHIC PROFILE FOR DUBREUILVILLE

DEMOGRAPHICS	DUBREUILVILLE	ALGOMA DISTRICT		
Population				
Population 2006	773	117,461		
Population 2001	967	118,567		
% population change	-20.1	-0.9		
Median Age	35.4	45.0		
0 – 14 years:	21.4%	15.2%		
15 – 24 years:	13.0%	12.6%		
25 – 39 years:	26.0%	14.8%		
40 – 59 years:	31.2%	32.1%		
60 – 69 years:	6.5%	12.1%		
70 – 74 years:	1.3%	5.0%		
75 – 79 years:	0.6%	4.0%		
80 and over:	0.0%	4.3%		
Sex				
	Male	Female	Male	Female
0 – 14 years:	20.2%	24.3%	16.2%	14.2%
15 – 24 years:	10.7%	14.3%	13.1%	12.1%
25 – 39 years:	27.4%	24.3%	14.4%	15.2%
40 – 59 years:	32.1%	28.6%	32.0%	32.1%
60 – 69 years:	7.1%	7.1%	12.1%	12.1%
70 – 74 years:	1.2%	1.4%	4.9%	4.9%
75 – 79 years:	1.2%	1.4%	3.9%	4.1%
80 and over:	0.0%	0.0%	3.3%	5.3%
Family Characteristics				
% Married Couple families	53.2%	71.3%		
% Common-law-couple families	36.2%	12.4%		
% Lone-parent Families	10.6%	16.3%		
% Widowed	3.3%	8.2%		
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.9	2.8		
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	42.4%	27.5%		
High school certificate or equivalent	19.2%	27.4%		
Apprenticeship or trades certificate or diploma	20.8%	10.8%		
College or non-university certificate or diploma	16.8%	19.5%		
University certificate or diploma below the bachelor level	0.0%	2.7%		
University certificate; diploma or degree	1.6%	11.9%		
Median Income				
All Census Families (\$)	\$83,087	\$60,494		
Married-couple families	\$83,209	\$68,813		
Common-law couple families	\$86,203	\$55,497		
Lone-parent families	\$17,914	\$30,964		
Female lone-parent families	\$17,914	\$28,709		
Male lone-parent families	<i>data not available</i>	\$46,717		
Housing				
Owned dwellings	86.0%	71.2%		
Rented Dwellings	14.0%	27.9%		

Source: Statistics Canada. 2007. *Dubreuilville, Ontario (Code3557079)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	15.1%	82.1%
% whose Mother Tongue is French only	82.9%	6.9%
% whose Mother Tongue is English and French	1.3%	0.5%
% whose Mother Tongue is other than English or French	1.3%	10.5%
Aboriginal Population		
% population identified as Aboriginal	7.8%	11.1%
Immigrant Population		
% non-immigrant	99.3%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	450	55,210
A. Management occupations	4.4%	8.0%
B. Business; finance and administration occupations	8.9%	14.9%
C. Natural and applied sciences and related occupations	4.4%	6.0%
D. Health occupations	0.0%	6.8%
E. Occupations in social science; education; government service and religion	3.3%	8.8%
F. Occupations in art; culture; recreation and sport	0.0%	2.0%
G. Sales and service occupations	20.0%	28.3%
H. Trades; transport and equipment operators and related occupations	24.0%	17.2%
I. Occupations unique to primary industry	10.0%	3.2%
J. Occupations unique to processing; manufacturing and utilities	23.0%	4.6%

Source: Statistics Canada. 2007. *Dubreuilville, Ontario (Code3557079)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Richmont Mines Inc.		
Lacroix Enterprises		
Note: The top 3 employers (Dubreuil Forest Products, Weyerhaeuser and Domtar) are all closed.		
Education Facilities		
	English	French
Elementary Schools	0	1
High Schools	0	1
Colleges	0	0
Universities	0	0
Health Care Facilities		
Dubreuilville Health Centre		

December 2010/ January 2011

Current Policy Context with Municipalities	
3.0 Active Transportation and the Built Environment	3.2 Has a municipal Official Plan
4.0 Prevention of Alcohol Misuse	4.7 There are special occasion permits that allow alcohol to be sold
5.0 Prevention of Tobacco Use and Exposure	5.1 Policies that limit exposure to the harmful effects of second-hand smoke by prohibiting tobacco use in municipal owned outdoor spaces (i.e. parks, beaches, sports fields) 5.2 Policy that bans tobacco use within designated distance of public entrances and exits to municipal buildings providing local government services

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Healthy Communities Partnership Algoma Survey Results

(Survey results for Dubreuilville with 37 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

List of priority areas in order of interest to work on:

- Physical Activity: 48.6%
- Substance & Alcohol Misuse: 21.6%
- Healthy Eating: 13.5%
- Mental Health: 10.8%
- Tobacco use and exposure: 2.7%
- Injury Prevention: 2.7%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to the References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	35.1%
Access to physical activity programming	32.4%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	32.4%
Increase the use of existing recreational fields, parks	29.7%
After school recreation programs	16.2%
Access to sidewalks	13.5%
Updating recreational fields and parks	10.8%
Access to bike paths or bike routes on roadways	8.1%
Access to recreational facilities	5.4%

Develop connected walking routes in communities	5.4%
Trail Development	2.7%
Public transportation to access recreational areas such as ball fields, etc.	0.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	56.7%
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	54.1%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	51.3%
Limit marketing of alcohol to youth	29.7%
Educating public on Low Risk Drinking Guidelines	8.1%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	64.8%
Food Skills programs (learn to cook)	29.7%
Access to healthy food choices in schools	21.6%
Land use policies for municipal land to grow food (e.g. community gardens)	21.6%
Local community Farmer's Market	18.9%
School Nutrition Programs (breakfast and snack programs)	13.5%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	10.8%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	5.4%
Increased local Good Food Boxes	5.4%
Access to healthy food choices in workplaces	0.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Stress reduction education at workplaces	45.9%
Family support groups, self help groups, peer support groups for youth and adults	37.8%
Employee Assistance Programs services at worksites	37.8%
Open "community hubs" where multiple organizations provide health and social services, recreational programs	
Drop-in centres in communities for people in need	21.6%
Destigmatize mental illnesses in youth and adults	10.8%
Return to work policies after a leave from stress, depression etc.	10.8%
Training workshops for employers on mental health and mental illnesses	5.4%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	64.8%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	45.9%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	37.8%
Smoke-free multi-unit dwellings (e.g. apartments)	13.5%
Smoke-free properties for health care facilities in your community	13.5%
Tobacco Free Sports policies for recreational groups and high school teams	8.1%
Contraband tobacco	2.7%
Smoke-free properties college/university campuses	0.0%

Injury Prevention Priorities to be addressed to make the community healthier	
Road and off road safety education for snowmobiles, ATVs etc.	51.4%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	37.8%
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	27.0%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	27.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	16.2%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	10.8%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	10.8%
Better signage for bike routes	5.4%
Signage for multiuse trails	2.7%

Dubreuilville

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Access to physical activity programming
3. Training for coaches, volunteers and/or teachers to increase coaching skills for children

Recommended Actions

- Increase access to physical activity and recreation opportunities for all regardless of income (low or no cost activities)
- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Increase the opportunities in physical activity, sport & recreation training in communities where access to such services are limited.

2) Substance & Alcohol Misuse Top Priorities

1. Communication campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's on a continual basis)
2. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)

Recommended Actions

- Increase knowledge of Alcohol Misuse and reduce risky drinking behaviour through development of Communication Campaigns on dangers of drinking and driving while operating all motorized vehicles i.e. ATVs, snowmobiles, boating, vehicles on an annual basis.
- Increase resiliency skills in youth through prevention programming strategies, services and professional access

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Food Skills programs (learn to cook)

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Develop food skills and literacy by promoting access to healthy food choices and teaching meal preparation skills

4) Mental Health Promotion Top Priorities

1. Stress reduction education at workplaces
2. Family support groups, self help groups, peer support groups for youth and adults
3. Employee Assistance Programs services at worksites

Recommended Actions

- Increase opportunities and programming for Workplace programming on stress reduction
- Increase access to local community health services and supports by fostering supportive environments, programs that promote acceptance and inclusion and skills to decrease risk factors for mental illness e.g. abuse, isolation
- Increase knowledge of employers re/mental illness and mental health promotion and encourage supportive programs such as E.A.P. services for employees.

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits

Recommended Actions

- Increase access to affordable cessation services in the community and advocate for affordable NRT from the province
- Increase knowledge of cessation services in communities that are available for those wishing to quit smoking e.g. Smokers Helpline fax back services, Smokers Helpline phone line, Algoma Public Health smoking cessation counseling services, Family Health teams services (if available in community)

6) Injury Prevention Top Priorities

1. Road and off road safety education for snowmobiles and ATV's etc.
2. Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)

Recommended Actions

- Increase awareness on road and off road safety by communication campaigns and education
- Decrease injuries by maintaining local communities areas (i.e. parks, fields, sidewalks) in good condition through Municipal Parks and Recreation and Municipal Official plan policies for overall maintenance strategies.

Top Priorities listed in Comment Responses:

- Increase the number of French resources on health e.g. D.A.R.E. program for our school children
- Obtain French services at all time
- More community activities to get youth outside and get physically active and also increase socialization of all ages

DEMOGRAPHIC PROFILE FOR THE CITY OF ELLIOT LAKE

DEMOGRAPHICS	ELLIOT LAKE		ALGOMA DISTRICT	
Population				
Population 2006	11,549		117,461	
Population 2001	11,956		118,567	
% population change	-3.4		-0.9	
Median Age	54.8		45.0	
0 – 14 years:	10.7%		15.2%	
15 – 24 years:	9.4%		12.6%	
25 – 39 years:	9.2%		14.8%	
40 – 59 years:	29.3%		32.1%	
60 – 69 years:	20.3%		12.1%	
70 – 74 years:	9.3%		5.0%	
75 – 79 years:	6.5%		4.0%	
80 and over:	4.9%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	11.7%	10.0%	16.2%	14.2%
15 – 24 years:	9.7%	8.8%	13.1%	12.1%
25 – 39 years:	8.8%	9.6%	14.4%	15.2%
40 – 59 years:	27.9%	30.6%	32.0%	32.1%
60 – 69 years:	20.3%	20.8%	12.1%	12.1%
70 – 74 years:	9.9%	8.8%	4.9%	4.9%
75 – 79 years:	7.1%	6.0%	3.9%	4.1%
80 and over:	4.3%	5.4%	3.3%	5.3%
Family Characteristics				
% Married Couple families	74.4%		71.3%	
% Common-law-couple families	14.0%		12.4%	
% Lone-parent Families	11.6%		16.3%	
% Widowed	10.6%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.5		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	31.9%		27.5%	
High school certificate or equivalent	24.3%		27.4%	
Apprenticeship or trades certificate or diploma	14.6%		10.8%	
College or non-university certificate or diploma	18.8%		19.5%	
University certificate or diploma below the bachelor level	1.9%		2.7%	
University certificate; diploma or degree	8.1%		11.9%	
Median Income				
All Census Families (\$)	\$46,223		\$60,494	
Married-couple families	\$50,782		\$68,813	
Common-law couple families	\$44,258		\$55,497	
Lone-parent families	\$26,689		\$30,964	
Female lone-parent families	\$24,328		\$28,709	
Male lone-parent families	\$29,688		\$46,717	
Housing				
Owned dwellings	60.9%		71.2%	
Rented Dwellings	39.0%		27.9%	

Source: Statistics Canada. 2007. *Elliot Lake, Ontario (Code3557041)* (table). 2006 *Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	73.6%	82.1%
% whose Mother Tongue is French only	16.3%	6.9%
% whose Mother Tongue is English and French	0.9%	0.5%
% whose Mother Tongue is other than English or French	9.2%	10.5%
Aboriginal Population		
% population identified as Aboriginal	7.1%	11.1%
Immigrant Population		
% non-immigrant	86.4%	89.9%
% immigrant status 2001-2006	0.08%	0.21%
% visible minority	2.1%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	3760	55,210
A. Management occupations	9.4%	8.0%
B. Business; finance and administration occupations	12.2%	14.9%
C. Natural and applied sciences and related occupations	1.9%	6.0%
D. Health occupations	10.1%	6.8%
E. Occupations in social science; education; government service and religion	8.4%	8.8%
F. Occupations in art; culture; recreation and sport	3.7%	2.0%
G. Sales and service occupations	30.1%	28.3%
H. Trades; transport and equipment operators and related occupations	15.8%	17.2%
I. Occupations unique to primary industry	6.5%	3.2%
J. Occupations unique to processing; manufacturing and utilities	1.9%	4.6%

Source: Statistics Canada. 2007. *Elliot Lake, Ontario (Code3557041)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
<i>No Data Available</i>		
Education Facilities		
	English	French
Elementary Schools	4	2
High Schools	1	1
Colleges	0	0
Universities	0	0
Health Care Facilities		
St. Joseph's General Hospital		
Algoma Public Health Office		

December 2010/ January 2011

Current Policy Context with Municipalities	
1.0 Access to Nutritious Food	<p>1.5 Food and Nutrition Policy to encourage city/county/municipal/regional-wide support for local sustainable agriculture (implemented for general community)</p> <p>1.6 Policies that support community gardens such as: garden water use policy (implemented for the general community)</p>
2.0 Access to Recreation and Physical Activity	2.5 Has a Municipal Parks and Recreation Master Plan (?)
3.0 Active Transportation and the Built Environment	<p>3.1 Has a municipal public transportation system</p> <p>3.2 Has a municipal Official Plan</p> <p>3.2.1 The municipal Official Plan incorporates active transportation policies</p> <p>3.2.2 The municipal Official Plan includes risk management policies to support and encourage physical activity</p> <p>3.2.3 The municipal Official Plan has mixed land-use/priority land-use policies that incorporate active transportation</p> <p>3.2.4 The municipal Official Plan identifies plans for infrastructure (i.e. sidewalks, bike lanes, share-use paths) that support active transportation</p>
5.0 Prevention of Tobacco Use and Exposure	5.2 Policy that bans tobacco use within designated distance of public entrances and exits to municipal buildings providing local government services

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Healthy Communities Partnership Algoma Survey Results

(Survey results for Elliot Lake with 108 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

- Physical Activity: 25.9%
- Healthy Eating: 21.3%
- Substance & Alcohol Misuse: 20.4%
- Mental Health: 17.4%
- Tobacco use and exposure: 9.3%
- Injury Prevention: 2.8%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to the References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	44.0%
Trail Development	20.4%
Access to recreational facilities	19.4%
After school recreation programs	17.6%
Develop connected walking routes in communities	12.0%
Access to bike paths or bike routes on roadways	11.1%
Access to physical activity programming	9.3%
Updating recreational fields and parks	9.1%
Increase the use of existing recreational fields, parks	8.3%
Access to sidewalks	8.3%
Public transportation to access recreational areas such as ball fields, etc.	7.4%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	6.5%

Healthy Eating Priorities to be addressed to make the community healthier	
Local community Farmer's Market	43.5%
Access to healthy affordable foods	42.2%
School Nutrition Programs (breakfast and snack programs)	26.9%
Food Skills programs (learn to cook)	23.1%
Access to healthy food choices in schools	16.7%
Land use policies for municipal land to grow food (e.g. community gardens)	11.1%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	9.3%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	9.3%
Increased local Good Food Boxes	5.6%
Access to healthy food choices in workplaces	4.5%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	52.8%%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	50.4%%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	26.9%
Educating public on Low Risk Drinking Guidelines	23.8%%
Limit marketing of alcohol to youth	21.3%%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Destigmatize mental illnesses in youth and adults	35.2%%
Family support groups, self help groups, peer support groups for youth and adults	30.2%
Training workshops for employers on mental health and mental illnesses	29.6%
Open "community hubs" where multiple organizations provide health and social services, recreational programs	23.1%
Drop-in centres in communities for people in need	22.9%
Stress reduction education at workplaces	20.4%
Return to work policies after a leave from stress, depression etc.	17.6%
Employee Assistance Programs services at worksites	11.1%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	37.6%
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	36.6%
Smoke-free multi-unit dwellings (e.g. apartments)	27.8%
Smoke-free properties for health care facilities in your community	24.1%
Tobacco Free Sports policies for recreational groups and high school teams	19.4%
Contraband tobacco	14.8%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	14.8%
Smoke-free properties college/university campuses	1.9%

Injury Prevention Priorities to be addressed to make the community healthier	
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	38.9%
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	31.2%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	25.0%
Road and off road safety education for snowmobiles, ATVs etc.	23.1%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	19.4%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	19.2%
Signage for multiuse trails	16.7%
Better signage for bike routes	7.4%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	4.6%

Elliot Lake

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Trail development

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.

2) Healthy Eating Top Priorities

1. Local community Farmer's Market
2. Access to healthy, affordable foods

Recommended Actions

- Increase support for local community Farmer's Market to purchase locally grown food
- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations

3) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

4) Mental Health Top Priorities

1. Destigmatize mental illnesses in youth and adults
2. Open “community hubs” where multiple organizations provide health, social services and Recreational programs
3. Training workshops for employers on mental health and mental illnesses

Recommended Actions

- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs
- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Improve access to information on mental health promotion and mental illnesses in the workplace

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)
2. Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc
3. Maintenance of sidewalks for pedestrians (e.g. marking hazardous sidewalks, snowplowing)

Recommended Actions

- Decrease injuries by maintaining local communities’ areas (i.e. parks, fields, sidewalks) in good condition through Municipal Parks and Recreation and Municipal Official plan policies for overall maintenance strategies.
- Promote safe environment that prevents injury by ensuring a safe built environment through public input into municipal planning
- Promote safe environments that prevent injury

Top Priorities listed in Comment Responses:

- Education on healthy eating
- Advocate for government fat taxes
- Increased enforcement for smoking bylaws
- Access to housing for those in need (mental health)
- Access to services and professionals in mental health
- Programs to crack down on drug use
- Driving and prescription medications and misuse

DEMOGRAPHIC PROFILE FOR THE VILLAGE OF HILTON BEACH

DEMOGRAPHICS	HILTON BEACH	ALGOMA DISTRICT		
Population				
Population 2006	172	117,461		
Population 2001	174	118,567		
% population change	-1.1	-0.9		
Median Age	52.4	45.0		
0 – 14 years:	14.7%	15.2%		
15 – 24 years:	5.9%	12.6%		
25 – 39 years:	11.8%	14.8%		
40 – 59 years:	29.4%	32.1%		
60 – 69 years:	20.6%	12.1%		
70 – 74 years:	5.9%	5.0%		
75 – 79 years:	5.9%	4.0%		
80 and over:	2.9%	4.3%		
Sex				
	Male	Female	Male	Female
0 – 14 years:	23.5%	11.0%	16.2%	14.2%
15 – 24 years:	11.8%	0.0%	13.1%	12.1%
25 – 39 years:	5.9%	16.7%	14.4%	15.2%
40 – 59 years:	17.6%	33.3%	32.0%	32.1%
60 – 69 years:	11.8%	22.2%	12.1%	12.1%
70 – 74 years:	5.9%	0.0%	4.9%	4.9%
75 – 79 years:	5.9%	5.6%	3.9%	4.1%
80 and over:	5.9%	0.0%	3.3%	5.3%
Family Characteristics				
% Married Couple families	60.0%	71.3%		
% Common-law-couple families	20.0%	12.4%		
% Lone-parent Families	20.0%	16.3%		
% Widowed	10.3%	8.2%		
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.9	2.8		
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	40.0%	27.5%		
High school certificate or equivalent	20.0%	27.4%		
Apprenticeship or trades certificate or diploma	13.3%	10.8%		
College or non-university certificate or diploma	16.6%	19.5%		
University certificate or diploma below the bachelor level	0.0%	2.7%		
University certificate; diploma or degree	6.6%	11.9%		
Median Income				
All Census Families (\$)	<i>data not available</i>	\$60,494		
Married-couple families	<i>data not available</i>	\$68,813		
Common-law couple families	<i>data not available</i>	\$55,497		
Lone-parent families	<i>data not available</i>	\$30,964		
Female lone-parent families	<i>data not available</i>	\$28,709		
Male lone-parent families	<i>data not available</i>	\$46,717		
Housing				
Owned dwellings	68.8%	71.2%		
Rented Dwellings	31.3%	27.9%		

Source: Statistics Canada. 2007. *Hilton Beach, Ontario (Code3557006)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	97.2%	82.1%
% whose Mother Tongue is French only	5.6%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	0.0%	10.5%
Aboriginal Population		
% population identified as Aboriginal	25.7%	11.1%
Immigrant Population		
% non-immigrant	97.2%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	65	55,210
A. Management occupations	0.0%	8.0%
B. Business; finance and administration occupations	15.0%	14.9%
C. Natural and applied sciences and related occupations	0.0%	6.0%
D. Health occupations	15.0%	6.8%
E. Occupations in social science; education; government service and religion	23.0%	8.8%
F. Occupations in art; culture; recreation and sport	0.0%	2.0%
G. Sales and service occupations	23.0%	28.3%
H. Trades; transport and equipment operators and related occupations	15.0%	17.2%
I. Occupations unique to primary industry	0.0%	3.2%
J. Occupations unique to processing; manufacturing and utilities	15.0%	4.6%

Source: Statistics Canada. 2007. *Hilton Beach, Ontario (Code3557006) (table). 2006 Community Profiles.* 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Village of Hilton Beach		
Tilt'n Hilton Steakhouse and Beverage Co. (Hilton Beach Hotel)		
Hilton Beach Inn		
Education Facilities		
	English	French
Elementary Schools	0	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Healthy Communities Partnership Algoma Survey Results

(Survey results are for Central Algoma which for the purpose of the survey combines the areas:: Macdonald, Meredith and Aberdeen Additional, Laird, Tarbutt and Tarbutt Additional, Hilton Beach Village, Hilton Township, Jocelyn, St. Joseph Township, Johnson, Bruce Mines, Plummer Additional and Thessalon Townships with a total of 50 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

List of priority areas in order of interest to work on:

- Physical Activity: 40.0%
- Substance & Alcohol Misuse: 22.0%
- Healthy Eating: 18.0%
- Mental Health: 10.0%
- Tobacco use and exposure: 6.0%
- Injury Prevention: 2.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References).

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	38.0%
Trail Development	24.0%
After school recreation programs	22.0%
Develop connected walking routes in communities	22.0%
Access to recreational facilities	18.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	18.0%
Increase the use of existing recreational fields, parks	18.0%
Access to physical activity programming	12.0%
Access to bike paths or bike routes on roadways	10.0%
Updating recreational fields and parks	6.0%
Public transportation to access recreational areas such as ball fields, etc.	6.0%
Access to sidewalks	2.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	68.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	50.0%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	34.0%
Educating public on Low Risk Drinking Guidelines	24.0%
Limit marketing of alcohol to youth	20.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	54.0%
Local community Farmer's Market	36.0%
Food Skills programs (learn to cook)	20.0%
Access to healthy food choices in schools	18.0%
Land use policies for municipal land to grow food (e.g. community gardens)	18.0%
Access to healthy food choices in workplaces	14.0%
School Nutrition Programs (breakfast and snack programs)	12.0%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	10.0%
Increased local Good Food Boxes	10.0%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open "community hubs" where multiple organizations provide health and social services, recreational programs	40.0%
Destigmatize mental illnesses in youth and adults	38.0%
Family support groups, self help groups, peer support groups for youth and adults	24.0%
Training workshops for employers on mental health and mental illnesses	20.0%
Drop-in centres in communities for people in need	18.0%
Stress reduction education at workplaces	16.0%
Employee Assistance Programs services at worksites	16.0%
Return to work policies after a leave from stress, depression etc.	10.0%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	48.0%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	36.0%
Tobacco Free Sports policies for recreational groups and high school teams	28.0%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	24.0%
Smoke-free properties for health care facilities in your community	20.0%
Contraband tobacco	20.0%
Smoke-free multi-unit dwellings (e.g. apartments)	16.0%
Smoke-free properties college/university campuses	2.0%

Injury Prevention Priorities to be addressed to make the community healthier	
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	36.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	30.0%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	28.0%
Road and off road safety education for snowmobiles, ATVs etc.	26.0%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	26.0%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	20.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	16.0%
Signage for multiuse trails	12.0%
Better signage for bike routes	2.0%

Central Algoma

(Macdonald, Meredith and Aberdeen Additional Township, Laird, Tarbutt & Tarbutt, St. Joseph, Hilton Beach, Hilton Township, Jocelyn, Johnson, Bruce Mines, Plummer Additional, Thessalon)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Trail development

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Open "community hubs" where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults

Recommended Actions

- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding
2. Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.
3. Promoting policies that restrict use of ATV's for anyone under the age of 16 years

Recommended Actions

- Establish and strengthen municipal and provincial policies for mandatory helmet use in recreational activities and advocate for enforcement
- Promote safe environment that prevents injury by ensuring a safe built environment through public input into municipal planning
- Advocate for policies that restrict use of ATVs for those under the age of 16 years.

Top Priorities listed in Comment Responses:

- Increase enforcement of smoking bylaws
- Education and awareness of signs and symptoms of mental illness
- Infrastructure needs regarding construction of indoor pool for community use
- More programs for substance misuse
- Creating safe environments by paving shoulders of roads

DEMOGRAPHIC PROFILE FOR THE TOWNSHIP OF HILTON

DEMOGRAPHICS	HILTON		ALGOMA DISTRICT	
Population				
Population 2006	243		117,461	
Population 2001	258		118,567	
% population change	-5.8		-0.9	
Median Age	55.6		45.0	
0 – 14 years:	10.4%		15.2%	
15 – 24 years:	8.3%		12.6%	
25 – 39 years:	12.5%		14.8%	
40 – 59 years:	33.3%		32.1%	
60 – 69 years:	25.0%		12.1%	
70 – 74 years:	4.2%		5.0%	
75 – 79 years:	2.1%		4.0%	
80 and over:	4.2%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	8.3%	12.0%	16.2%	14.2%
15 – 24 years:	8.3%	8.0%	13.1%	12.1%
25 – 39 years:	12.5%	8.0%	14.4%	15.2%
40 – 59 years:	33.3%	28.0%	32.0%	32.1%
60 – 69 years:	29.2%	20.0%	12.1%	12.1%
70 – 74 years:	4.2%	4.0%	4.9%	4.9%
75 – 79 years:	4.2%	4.0%	3.9%	4.1%
80 and over:	0.0%	4.0%	3.3%	5.3%
Family Characteristics				
% Married Couple families	75.5%		71.3%	
% Common-law-couple families	17.6%		12.4%	
% Lone-parent Families	0.0%		16.3%	
% Widowed	7.0%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.4		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	17.5%		27.5%	
High school certificate or equivalent	25.0%		27.4%	
Apprenticeship or trades certificate or diploma	10.0%		10.8%	
College or non-university certificate or diploma	25.0%		19.5%	
University certificate or diploma below the bachelor level	5.0%		2.7%	
University certificate; diploma or degree	15.0%		11.9%	
Median Income				
All Census Families (\$)	<i>data not available</i>		\$60,494	
Married-couple families	<i>data not available</i>		\$68,813	
Common-law couple families	<i>data not available</i>		\$55,497	
Lone-parent families	<i>data not available</i>		\$30,964	
Female lone-parent families	<i>data not available</i>		\$28,709	
Male lone-parent families	<i>data not available</i>		\$46,717	
Housing				
Owned dwellings	90.5%		71.2%	
Rented Dwellings	9.5%		27.9%	

Source: Statistics Canada. 2007. *Hilton, Ontario (Code3557004)* (table). 2006 *Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	91.7%	82.1%
% whose Mother Tongue is French only	4.2%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	4.2%	10.5%
Aboriginal Population		
% population identified as Aboriginal	0.0%	11.1%
Immigrant Population		
% non-immigrant	87.2%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	60	55,210
A. Management occupations	17.0%	8.0%
B. Business; finance and administration occupations	0.0%	14.9%
C. Natural and applied sciences and related occupations	0.0%	6.0%
D. Health occupations	0.0%	6.8%
E. Occupations in social science; education; government service and religion	17.0%	8.8%
F. Occupations in art; culture; recreation and sport	0.0%	2.0%
G. Sales and service occupations	25.0%	28.3%
H. Trades; transport and equipment operators and related occupations	17.0%	17.2%
I. Occupations unique to primary industry	17.0%	3.2%
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<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Hilton Township Office		
Island Lumber		
Education Facilities		
	English	French
Elementary Schools	0	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Healthy Communities Partnership Algoma Survey Results

(Survey results are for Central Algoma which for the purpose of the survey combines the areas:: Macdonald, Meredith and Aberdeen Additional, Laird, Tarbutt and Tarbutt Additional, Hilton Beach Village, Hilton Township, Jocelyn, St. Joseph Township, Johnson, Bruce Mines, Plummer Additional and Thessalon Townships with a total of 50 respondents)

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The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

List of priority areas in order of interest to work on:

- Physical Activity: 40.0%
- Substance & Alcohol Misuse: 22.0%
- Healthy Eating: 18.0%
- Mental Health: 10.0%
- Tobacco use and exposure: 6.0%
- Injury Prevention: 2.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

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Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	38.0%
Trail Development	24.0%
After school recreation programs	22.0%
Develop connected walking routes in communities	22.0%
Access to recreational facilities	18.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	18.0%
Increase the use of existing recreational fields, parks	18.0%
Access to physical activity programming	12.0%
Access to bike paths or bike routes on roadways	10.0%
Updating recreational fields and parks	6.0%
Public transportation to access recreational areas such as ball fields, etc.	6.0%
Access to sidewalks	2.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	68.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	50.0%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	34.0%
Educating public on Low Risk Drinking Guidelines	24.0%
Limit marketing of alcohol to youth	20.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	54.0%
Local community Farmer's Market	36.0%
Food Skills programs (learn to cook)	20.0%
Access to healthy food choices in schools	18.0%
Land use policies for municipal land to grow food (e.g. community gardens)	18.0%
Access to healthy food choices in workplaces	14.0%
School Nutrition Programs (breakfast and snack programs)	12.0%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	10.0%
Increased local Good Food Boxes	10.0%

Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.0%
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Mental Health Promotion Priorities to be addressed to make the community healthier	
Open “community hubs” where multiple organizations provide health and social services, recreational programs	40.0%
Destigmatize mental illnesses in youth and adults	38.0%
Family support groups, self help groups, peer support groups for youth and adults	24.0%
Training workshops for employers on mental health and mental illnesses	20.0%
Drop-in centres in communities for people in need	18.0%
Stress reduction education at workplaces	16.0%
Employee Assistance Programs services at worksites	16.0%
Return to work policies after a leave from stress, depression etc.	10.0%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	48.0%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	36.0%
Tobacco Free Sports policies for recreational groups and high school teams	28.0%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	24.0%
Smoke-free properties for health care facilities in your community	20.0%
Contraband tobacco	20.0%
Smoke-free multi-unit dwellings (e.g. apartments)	16.0%
Smoke-free properties college/university campuses	2.0%

Injury Prevention Priorities to be addressed to make the community healthier	
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	36.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	30.0%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	28.0%
Road and off road safety education for snowmobiles, ATVs etc.	26.0%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	26.0%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	20.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	16.0%
Signage for multiuse trails	12.0%
Better signage for bike routes	2.0%

Central Algoma

(Macdonald, Meredith and Aberdeen Additional Township, Laird, Tarbutt & Tarbutt, St. Joseph, Hilton Beach, Hilton Township, Jocelyn, Johnson, Bruce Mines, Plummer Additional, Thessalon)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Trail development

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Open "community hubs" where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults

Recommended Actions

- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding
2. Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.
3. Promoting policies that restrict use of ATV's for anyone under the age of 16 years

Recommended Actions

- Establish and strengthen municipal and provincial policies for mandatory helmet use in recreational activities and advocate for enforcement
- Promote safe environment that prevents injury by ensuring a safe built environment through public input into municipal planning
- Advocate for policies that restrict use of ATVs for those under the age of 16 years.

Top Priorities listed in Comment Responses:

- Increase enforcement of smoking bylaws
- Education and awareness of signs and symptoms of mental illness
- Infrastructure needs regarding construction of indoor pool for community use
- More programs for substance misuse
- Creating safe environments by paving shoulders of roads

DEMOGRAPHIC PROFILE FOR THE MUNICIPALITY OF HURON SHORES

DEMOGRAPHICS	HURON SHORES	ALGOMA DISTRICT		
Population				
Population 2006	1696	117,461		
Population 2001	1794	118,567		
% population change	-5.5	-0.9		
Median Age	49.2	45.0		
0 – 14 years:	13.3%	15.2%		
15 – 24 years:	11.2%	12.6%		
25 – 39 years:	10.3%	14.8%		
40 – 59 years:	36.6%	32.1%		
60 – 69 years:	15.6%	12.1%		
70 – 74 years:	5.3%	5.0%		
75 – 79 years:	4.1%	4.0%		
80 and over:	3.6%	4.3%		
Sex				
	Male	Female	Male	Female
0 – 14 years:	13.6%	13.6%	16.2%	14.2%
15 – 24 years:	11.3%	9.9%	13.1%	12.1%
25 – 39 years:	10.2%	11.7%	14.4%	15.2%
40 – 59 years:	35.6%	37.0%	32.0%	32.1%
60 – 69 years:	15.8%	15.4%	12.1%	12.1%
70 – 74 years:	5.6%	5.6%	4.9%	4.9%
75 – 79 years:	4.5%	3.7%	3.9%	4.1%
80 and over:	3.4%	3.7%	3.3%	5.3%
Family Characteristics				
% Married Couple families	83.7%	71.3%		
% Common-law-couple families	9.6%	12.4%		
% Lone-parent Families	6.7%	16.3%		
% Widowed	6.1%	8.2%		
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.7	2.8		
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	34.1%	27.5%		
High school certificate or equivalent	23.8%	27.4%		
Apprenticeship or trades certificate or diploma	15.0%	10.8%		
College or non-university certificate or diploma	16.7%	19.5%		
University certificate or diploma below the bachelor level	0.68%	2.7%		
University certificate; diploma or degree	9.5%	11.9%		
Median Income				
All Census Families (\$)	\$52,380	\$60,494		
Married-couple families	\$54,564	\$68,813		
Common-law couple families	\$51,970	\$55,497		
Lone-parent families	\$13,475	\$30,964		
Female lone-parent families	\$13,492	\$28,709		
Male lone-parent families	<i>data not available</i>	\$46,717		
Housing				
Owned dwellings	90.6%	71.2%		
Rented Dwellings	8.6%	27.9%		

Source: Statistics Canada. 2007. *Huron Shores, Ontario (Code3557035)* (table). 2006 *Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	93.5%	82.1%
% whose Mother Tongue is French only	2.4%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	4.1%	10.5%
Aboriginal Population		
% population identified as Aboriginal	6.5%	11.1%
Immigrant Population		
% non-immigrant	91.7%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	1.8%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	800	55,210
A. Management occupations	2.5%	8.0%
B. Business; finance and administration occupations	10.6%	14.9%
C. Natural and applied sciences and related occupations	3.8%	6.0%
D. Health occupations	5.0%	6.8%
E. Occupations in social science; education; government service and religion	3.8%	8.8%
F. Occupations in art; culture; recreation and sport	2.5%	2.0%
G. Sales and service occupations	26.9%	28.3%
H. Trades; transport and equipment operators and related occupations	31.3%	17.2%
I. Occupations unique to primary industry	7.5%	3.2%
J. Occupations unique to processing; manufacturing and utilities	6.3%	4.6%

Source: Statistics Canada. 2007. *Huron Shores, Ontario (Code3557035)* (table). *2006 Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Midway Lumber Mill		
Birchland Plywood and Veneer Mill		
Algoma District Social Services Administration Board		
Education Facilities		
	English	French
Elementary Schools	1	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Healthy Communities Partnership Algoma Survey Results

(Survey results include Blind River, Huron Shores, North Shore and Shedden (Spanish) with 33 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

- Substance & Alcohol Misuse: 37.5%
- Physical Activity: 36.3%
- Healthy Eating: 12.5%
- Mental Health: 9.4%
- Tobacco use and exposure: 6.3%
- Injury Prevention: 0.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	59.4%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	46.9%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	39.3%
Educating public on Low Risk Drinking Guidelines	25.0%
Limit marketing of alcohol to youth	18.1%

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	53.1%
Access to recreational facilities	33.3%
After school recreation programs	27.2%
Access to physical activity programming	18.8%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	15.6%
Trail Development	12.5%
Increase the use of existing recreational fields, parks	12.5%
Develop connected walking routes in communities	9.4%
Access to bike paths or bike routes on roadways	6.3%
Updating recreational fields and parks	6.3%
Access to sidewalks	3.1%
Public transportation to access recreational areas such as ball fields, etc.	0.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	60.6%
Food Skills programs (learn to cook)	37.5%
Access to healthy food choices in schools	28.1%
School Nutrition Programs (breakfast and snack programs)	24.2%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	18.8%
Land use policies for municipal land to grow food (e.g. community gardens)	15.6%
Access to healthy food choices in workplaces	6.3%
Local community Farmer's Market	3.1%
Increased local Good Food Boxes	3.1%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	0.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open "community hubs" where multiple organizations provide health and social services, recreational programs	43.8%
Destigmatize mental illnesses in youth and adults	37.5%
Stress reduction education at workplaces	36.3%
Drop-in centres in communities for people in need	25.0%
Family support groups, self help groups, peer support groups for youth and adults	21.2%
Training workshops for employers on mental health and mental illnesses	18.8%
Employee Assistance Programs services at worksites	9.4%
Return to work policies after a leave from stress, depression etc.	3.1%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	57.5%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	31.3%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	28.1%
Smoke-free multi-unit dwellings (e.g. apartments)	21.2%
Contraband tobacco	18.8%
Smoke-free properties for health care facilities in your community	18.8%
Tobacco Free Sports policies for recreational groups and high school teams	15.6%
Smoke-free properties college/university campuses	3.1%

Injury Prevention Priorities to be addressed to make the community healthier	
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	51.5%
Road and off road safety education for snowmobiles, ATVs etc.	40.6%
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	25.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	21.9%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	18.8%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	15.1%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	12.5%
Signage for multiuse trails	9.4%
Better signage for bike routes	3.1%

North Shore of Algoma

(Huron Shores, North Shore Township, Blind River, Shedden (Spanish))

1) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

2) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Access to recreational facilities

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Increase opportunities to access recreational facilities at improving scheduled usage times, transportation to facilities, recreational space, services etc. for all ages

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Food skills programs (learn to cook)

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Develop food skills and literacy by promoting access to healthy food choices and teaching meal preparation skills

4) Mental Health Top Priorities

1. Open “community hubs” where multiple organizations provide health, social services and recreational programs
2. Destigmatize mental illnesses in youth and adults
3. Stress reduction education at workplace

Recommended Actions

- Increase access to local community health services and support for people with mental illness i.e. by fostering supportive environments and support groups etc.
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs
- Increase opportunities and programming for Workplace programming on stress reduction

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits
3. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase knowledge of cessation services in communities that are available for those wishing to quit smoking e.g. Smokers Helpline fax back services, Smokers Helpline phone line, Algoma Public Health smoking cessation counseling services, Family Health teams services (if available in community)

- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Maintaining community parks and fields in good condition (e.g. remove uneven surfaces large holes, poor lighting, proper and safe play equipment)
2. Road and off road safety education for snowmobiles and ATV's etc.

Recommended Actions

- Decrease injuries by maintaining local communities' areas (i.e. parks, fields, sidewalks) in good condition through Municipal Parks and Recreation and Municipal Official plan policies or overall maintenance strategies.
- Increase awareness on road and off road safety by communication campaigns and education

Top Priorities listed in Comment Responses:

- Better food selection at grocery stores and provincial regulations on food pricing especially in rural areas
- Education on the effects of smoking
- Increase in social activities for community
- Education on substance misuse for youth and adults
- Environmental infrastructure for existing trails and roadways i.e. seating

DEMOGRAPHIC PROFILE FOR THE TOWNSHIP OF JOCELYN

DEMOGRAPHICS	JOCELYN		ALGOMA DISTRICT	
Population				
Population 2006	277		117,461	
Population 2001	298		118,567	
% population change	-7		-0.9	
Median Age	54.9		45.0	
0 – 14 years:	7.1%		15.2%	
15 – 24 years:	8.9%		12.6%	
25 – 39 years:	8.9%		14.8%	
40 – 59 years:	39.3%		32.1%	
60 – 69 years:	19.6%		12.1%	
70 – 74 years:	7.1%		5.0%	
75 – 79 years:	3.6%		4.0%	
80 and over:	3.6%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	10.3%	11.0%	16.2%	14.2%
15 – 24 years:	3.5%	7.4%	13.1%	12.1%
25 – 39 years:	10.3%	7.4%	14.4%	15.2%
40 – 59 years:	31.0%	44.4%	32.0%	32.1%
60 – 69 years:	20.7%	18.5%	12.1%	12.1%
70 – 74 years:	10.3%	3.7%	4.9%	4.9%
75 – 79 years:	6.9%	0.0%	3.9%	4.1%
80 and over:	3.5%	3.7%	3.3%	5.3%
Family Characteristics				
% Married Couple families	75.2%		71.3%	
% Common-law-couple families	19.0%		12.4%	
% Lone-parent Families	9.5%		16.3%	
% Widowed	2.0%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.5		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	20.4%		27.5%	
High school certificate or equivalent	28.5%		27.4%	
Apprenticeship or trades certificate or diploma	11.9%		10.8%	
College or non-university certificate or diploma	22.4%		19.5%	
University certificate or diploma below the bachelor level	0.0%		2.7%	
University certificate; diploma or degree	4.0%		11.9%	
Median Income				
All Census Families (\$)	\$48,196		\$60,494	
Married-couple families	\$72,729		\$68,813	
Common-law couple families	<i>data not available</i>		\$55,497	
Lone-parent families	<i>data not available</i>		\$30,964	
Female lone-parent families	<i>data not available</i>		\$28,709	
Male lone-parent families	<i>data not available</i>		\$46,717	
Housing				
Owned dwellings	96.0%		71.2%	
Rented Dwellings	0.0%		27.9%	

Source: Statistics Canada. 2007. *Jocelyn, Ontario (Code3557001)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	89.1%	82.1%
% whose Mother Tongue is French only	10.9%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	0.0%	10.5%
Aboriginal Population		
% population identified as Aboriginal	0.0%	11.1%
Immigrant Population		
% non-immigrant	100.0%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	90	55,210
A. Management occupations	11.0%	8.0%
B. Business; finance and administration occupations	28.0%	14.9%
C. Natural and applied sciences and related occupations	22.0%	6.0%
D. Health occupations	0.0%	6.8%
E. Occupations in social science; education; government service and religion	0.0%	8.8%
F. Occupations in art; culture; recreation and sport	0.0%	2.0%
G. Sales and service occupations	28.0%	28.3%
H. Trades; transport and equipment operators and related occupations	22.0%	17.2%
I. Occupations unique to primary industry	0.0%	3.2%
J. Occupations unique to processing; manufacturing and utilities	0.0%	4.6%

Source: Statistics Canada. 2007. *Jocelyn, Ontario (Code3557001)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Gilbertson Enterprises		
Education Facilities		
	English	French
Elementary Schools	0	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Current Policy Context with Municipalities	
1.0 Access to Nutritious Food	1.5 Food and Nutrition Policy to encourage city/county/municipal/regional-wide support for local sustainable agriculture (implemented for general community)
3.0 Active Transportation and the Built Environment	3.2 Has a municipal Official Plan 3.2.4 The municipal Official Plan identifies plans for infrastructure (i.e. sidewalks, bike lanes, share-use paths) that support active transportation
4.0 Prevention of Alcohol Misuse	4.1 Has a Municipal Alcohol Policy (implemented for general community)
5.0 Prevention of Tobacco Use and Exposure	5.1 Policies that limit exposure to the harmful effects of second-hand smoke by prohibiting tobacco use in municipal owned outdoor spaces (i.e. parks, beaches, sports fields).

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Healthy Communities Partnership Algoma Survey Results

(Survey results are for Central Algoma which for the purpose of the survey combines the areas:: Macdonald, Meredith and Aberdeen Additional, Laird, Tarbutt and Tarbutt Additional, Hilton Beach Village, Hilton Township, Jocelyn, St. Joseph Township, Johnson, Bruce Mines, Plummer Additional and Thessalon Townships with a total of 50 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

List of priority areas in order of interest to work on:

- Physical Activity: 40.0%
- Substance & Alcohol Misuse: 22.0%
- Healthy Eating: 18.0%
- Mental Health: 10.0%
- Tobacco use and exposure: 6.0%
- Injury Prevention: 2.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	38.0%
Trail Development	24.0%
After school recreation programs	22.0%
Develop connected walking routes in communities	22.0%
Access to recreational facilities	18.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	18.0%
Increase the use of existing recreational fields, parks	18.0%
Access to physical activity programming	12.0%
Access to bike paths or bike routes on roadways	10.0%
Updating recreational fields and parks	6.0%
Public transportation to access recreational areas such as ball fields, etc.	6.0%
Access to sidewalks	2.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	68.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	50.0%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	34.0%
Educating public on Low Risk Drinking Guidelines	24.0%
Limit marketing of alcohol to youth	20.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	54.0%
Local community Farmer's Market	36.0%
Food Skills programs (learn to cook)	20.0%
Access to healthy food choices in schools	18.0%
Land use policies for municipal land to grow food (e.g. community gardens)	18.0%
Access to healthy food choices in workplaces	14.0%
School Nutrition Programs (breakfast and snack programs)	12.0%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	10.0%
Increased local Good Food Boxes	10.0%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open "community hubs" where multiple organizations provide health and social services, recreational programs	40.0%
Destigmatize mental illnesses in youth and adults	38.0%
Family support groups, self help groups, peer support groups for youth and adults	24.0%
Training workshops for employers on mental health and mental illnesses	20.0%
Drop-in centres in communities for people in need	18.0%
Stress reduction education at workplaces	16.0%
Employee Assistance Programs services at worksites	16.0%
Return to work policies after a leave from stress, depression etc.	10.0%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	48.0%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	36.0%
Tobacco Free Sports policies for recreational groups and high school teams	28.0%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	24.0%
Smoke-free properties for health care facilities in your community	20.0%
Contraband tobacco	20.0%
Smoke-free multi-unit dwellings (e.g. apartments)	16.0%
Smoke-free properties college/university campuses	2.0%

Injury Prevention Priorities to be addressed to make the community healthier	
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	36.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	30.0%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	28.0%
Road and off road safety education for snowmobiles, ATVs etc.	26.0%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	26.0%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	20.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	16.0%
Signage for multiuse trails	12.0%
Better signage for bike routes	2.0%

Central Algoma

(Macdonald, Meredith and Aberdeen Additional Township, Laird, Tarbutt & Tarbutt, St. Joseph, Hilton Beach, Hilton Township, Jocelyn, Johnson, Bruce Mines, Plummer Additional, Thessalon)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Trail development

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Open "community hubs" where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults

Recommended Actions

- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding
2. Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.
3. Promoting policies that restrict use of ATV's for anyone under the age of 16 years

Recommended Actions

- Establish and strengthen municipal and provincial policies for mandatory helmet use in recreational activities and advocate for enforcement
- Promote safe environment that prevents injury by ensuring a safe built environment through public input into municipal planning
- Advocate for policies that restrict use of ATVs for those under the age of 16 years.

Top Priorities listed in Comment Responses:

- Increase enforcement of smoking bylaws
- Education and awareness of signs and symptoms of mental illness
- Infrastructure needs regarding construction of indoor pool for community use
- More programs for substance misuse
- Creating safe environments by paving shoulders of roads

DEMOGRAPHIC PROFILE FOR THE TOWNSHIP OF JOHNSON

DEMOGRAPHICS	JOHNSON		ALGOMA DISTRICT	
Population				
Population 2006	701		117,461	
Population 2001	658		118,567	
% population change	6.5		-0.9	
Median Age	44.5		45.0	
0 – 14 years:	20.0%		15.2%	
15 – 24 years:	11.4%		12.6%	
25 – 39 years:	12.1%		14.8%	
40 – 59 years:	29.3%		32.1%	
60 – 69 years:	12.1%		12.1%	
70 – 74 years:	5.7%		5.0%	
75 – 79 years:	4.3%		4.0%	
80 and over:	2.8%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	22.9%	21.0%	16.2%	14.2%
15 – 24 years:	11.4%	11.3%	13.1%	12.1%
25 – 39 years:	10.0%	14.1%	14.4%	15.2%
40 – 59 years:	31.4%	28.2%	32.0%	32.1%
60 – 69 years:	11.4%	14.1%	12.1%	12.1%
70 – 74 years:	5.7%	7.0%	4.9%	4.9%
75 – 79 years:	4.3%	5.6%	3.9%	4.1%
80 and over:	1.4%	4.2%	3.3%	5.3%
Family Characteristics				
% Married Couple families	76.9%		71.3%	
% Common-law-couple families	7.7%		12.4%	
% Lone-parent Families	17.9%		16.3%	
% Widowed	6.3%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	3.2		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	40.5%		27.5%	
High school certificate or equivalent	24.5%		27.4%	
Apprenticeship or trades certificate or diploma	10.3%		10.8%	
College or non-university certificate or diploma	15.1%		19.5%	
University certificate or diploma below the bachelor level	0.0%		2.7%	
University certificate; diploma or degree	9.4%		11.9%	
Median Income				
All Census Families (\$)	\$56,026		\$60,494	
Married-couple families	\$57,414		\$68,813	
Common-law couple families	<i>data not available</i>		\$55,497	
Lone-parent families	\$21,788		\$30,964	
Female lone-parent families	\$21,778		\$28,709	
Male lone-parent families	<i>data not available</i>		\$46,717	
Housing				
Owned dwellings	79.2%		71.2%	
Rented Dwellings	18.9%		27.9%	

Source: Statistics Canada. 2007. *Johnson, Ontario (Code3557016) (table). 2006 Community Profiles. 2006 Census.* Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	72.1%	82.1%
% whose Mother Tongue is French only	2.1%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	24.3%	10.5%
Aboriginal Population		
% population identified as Aboriginal	5.7%	11.1%
Immigrant Population		
% non-immigrant	90.7%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	250	55,210
A. Management occupations	10.0%	8.0%
B. Business; finance and administration occupations	8.0%	14.9%
C. Natural and applied sciences and related occupations	4.0%	6.0%
D. Health occupations	4.0%	6.8%
E. Occupations in social science; education; government service and religion	6.0%	8.8%
F. Occupations in art; culture; recreation and sport	0.0%	2.0%
G. Sales and service occupations	16.0%	28.3%
H. Trades; transport and equipment operators and related occupations	24.0%	17.2%
I. Occupations unique to primary industry	28.0%	3.2%
J. Occupations unique to processing; manufacturing and utilities	4.0%	4.6%

Source: Statistics Canada. 2007. *Johnson, Ontario (Code3557016)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Algoma District School Board		
Township of Johnson		
Education Facilities		
	English	French
Elementary Schools	1	0
High Schools	1	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Healthy Communities Partnership Algoma Survey Results

(Survey results are for Central Algoma which for the purpose of the survey combines the areas:: Macdonald, Meredith and Aberdeen Additional, Laird, Tarbutt and Tarbutt Additional, Hilton Beach Village, Hilton Township, Jocelyn, St. Joseph Township, Johnson, Bruce Mines, Plummer Additional and Thessalon Townships with a total of 50 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

List of priority areas in order of interest to work on:

- Physical Activity: 40.0%
- Substance & Alcohol Misuse: 22.0%
- Healthy Eating: 18.0%
- Mental Health: 10.0%
- Tobacco use and exposure: 6.0%
- Injury Prevention: 2.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	38.0%
Trail Development	24.0%
After school recreation programs	22.0%
Develop connected walking routes in communities	22.0%
Access to recreational facilities	18.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	18.0%
Increase the use of existing recreational fields, parks	18.0%
Access to physical activity programming	12.0%
Access to bike paths or bike routes on roadways	10.0%
Updating recreational fields and parks	6.0%
Public transportation to access recreational areas such as ball fields, etc.	6.0%
Access to sidewalks	2.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	68.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	50.0%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	34.0%
Educating public on Low Risk Drinking Guidelines	24.0%
Limit marketing of alcohol to youth	20.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	54.0%
Local community Farmer's Market	36.0%
Food Skills programs (learn to cook)	20.0%
Access to healthy food choices in schools	18.0%
Land use policies for municipal land to grow food (e.g. community gardens)	18.0%
Access to healthy food choices in workplaces	14.0%
School Nutrition Programs (breakfast and snack programs)	12.0%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	10.0%
Increased local Good Food Boxes	10.0%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open "community hubs" where multiple organizations provide health and social services, recreational programs	40.0%
Destigmatize mental illnesses in youth and adults	38.0%
Family support groups, self help groups, peer support groups for youth and adults	24.0%
Training workshops for employers on mental health and mental illnesses	20.0%
Drop-in centres in communities for people in need	18.0%
Stress reduction education at workplaces	16.0%
Employee Assistance Programs services at worksites	16.0%
Return to work policies after a leave from stress, depression etc.	10.0%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	48.0%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	36.0%
Tobacco Free Sports policies for recreational groups and high school teams	28.0%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	24.0%
Smoke-free properties for health care facilities in your community	20.0%
Contraband tobacco	20.0%
Smoke-free multi-unit dwellings (e.g. apartments)	16.0%
Smoke-free properties college/university campuses	2.0%

Injury Prevention Priorities to be addressed to make the community healthier	
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	36.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	30.0%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	28.0%
Road and off road safety education for snowmobiles, ATVs etc.	26.0%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	26.0%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	20.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	16.0%
Signage for multiuse trails	12.0%
Better signage for bike routes	2.0%

Central Algoma

(Macdonald, Meredith and Aberdeen Additional Township, Laird, Tarbutt & Tarbutt, St. Joseph, Hilton Beach, Hilton Township, Jocelyn, Johnson, Bruce Mines, Plummer Additional, Thessalon)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Trail development

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Open "community hubs" where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults

Recommended Actions

- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding
2. Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.
3. Promoting policies that restrict use of ATV's for anyone under the age of 16 years

Recommended Actions

- Establish and strengthen municipal and provincial policies for mandatory helmet use in recreational activities and advocate for enforcement
- Promote safe environment that prevents injury by ensuring a safe built environment through public input into municipal planning
- Advocate for policies that restrict use of ATVs for those under the age of 16 years.

Top Priorities listed in Comment Responses:

- Increase enforcement of smoking bylaws
- Education and awareness of signs and symptoms of mental illness
- Infrastructure needs regarding construction of indoor pool for community use
- More programs for substance misuse
- Creating safe environments by paving shoulders of roads

DEMOGRAPHIC PROFILE FOR THE TOWNSHIP OF LAIRD

DEMOGRAPHICS	LAIRD		ALGOMA DISTRICT	
Population				
Population 2006	1078		117,461	
Population 2001	1021		118,567	
% population change	5.6		-0.9	
Median Age	46.4		45.0	
0 – 14 years:	15.3%		15.2%	
15 – 24 years:	12.5%		12.6%	
25 – 39 years:	13.0%		14.8%	
40 – 59 years:	38.4%		32.1%	
60 – 69 years:	13.4%		12.1%	
70 – 74 years:	4.6%		5.0%	
75 – 79 years:	1.9%		4.0%	
80 and over:	1.0%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	15.9%	13.5%	16.2%	14.2%
15 – 24 years:	11.5%	14.4%	13.1%	12.1%
25 – 39 years:	12.4%	15.4%	14.4%	15.2%
40 – 59 years:	36.3%	38.5%	32.0%	32.1%
60 – 69 years:	14.2%	12.5%	12.1%	12.1%
70 – 74 years:	5.3%	3.9%	4.9%	4.9%
75 – 79 years:	1.8%	1.9%	3.9%	4.1%
80 and over:	0.9%	0.9%	3.3%	5.3%
Family Characteristics				
% Married Couple families	90.9%		71.3%	
% Common-law-couple families	7.6%		12.4%	
% Lone-parent Families	3.0%		16.3%	
% Widowed	4.3%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.9		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	20.5%		27.5%	
High school certificate or equivalent	36.2%		27.4%	
Apprenticeship or trades certificate or diploma	15.6%		10.8%	
College or non-university certificate or diploma	13.5%		19.5%	
University certificate or diploma below the bachelor level	3.7%		2.7%	
University certificate; diploma or degree	9.7%		11.9%	
Median Income				
All Census Families (\$)	\$72,627		\$60,494	
Married-couple families	\$72,941		\$68,813	
Common-law couple families	\$42,704		\$55,497	
Lone-parent families	<i>data not available</i>		\$30,964	
Female lone-parent families	<i>data not available</i>		\$28,709	
Male lone-parent families	<i>data not available</i>		\$46,717	
Housing				
Owned dwellings	93.1%		71.2%	
Rented Dwellings	5.8%		27.9%	

Source: Statistics Canada. 2007. *Laird, Ontario (Code3557011)* (table). 2006 *Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	93.1%	82.1%
% whose Mother Tongue is French only	2.3%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	5.1%	10.5%
Aboriginal Population		
% population identified as Aboriginal	9.7%	11.1%
Immigrant Population		
% non-immigrant	95.8%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	630	55,210
A. Management occupations	6.3%	8.0%
B. Business; finance and administration occupations	14.0%	14.9%
C. Natural and applied sciences and related occupations	1.6%	6.0%
D. Health occupations	3.2%	6.8%
E. Occupations in social science; education; government service and religion	12.0%	8.8%
F. Occupations in art; culture; recreation and sport	0.0%	2.0%
G. Sales and service occupations	22.0%	28.3%
H. Trades; transport and equipment operators and related occupations	30.0%	17.2%
I. Occupations unique to primary industry	2.4%	3.2%
J. Occupations unique to processing; manufacturing and utilities	5.6%	4.6%

Source: Statistics Canada. 2007. *Laird, Ontario (Code3557011)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Township of Laird Municipal Office		
Algoma District School Board		
Education Facilities		
	English	French
Elementary Schools	1	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Healthy Communities Partnership Algoma Survey Results

(Survey results are for Central Algoma which for the purpose of the survey combines the areas:: Macdonald, Meredith and Aberdeen Additional, Laird, Tarbutt and Tarbutt Additional, Hilton Beach Village, Hilton Township, Jocelyn, St. Joseph Township, Johnson, Bruce Mines, Plummer Additional and Thessalon Townships with a total of 50 respondents)

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The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

List of priority areas in order of interest to work on:

- Physical Activity: 40.0%
- Substance & Alcohol Misuse: 22.0%
- Healthy Eating: 18.0%
- Mental Health: 10.0%
- Tobacco use and exposure: 6.0%
- Injury Prevention: 2.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion’s Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report “Access” refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	38.0%
Trail Development	24.0%
After school recreation programs	22.0%
Develop connected walking routes in communities	22.0%
Access to recreational facilities	18.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	18.0%
Increase the use of existing recreational fields, parks	18.0%
Access to physical activity programming	12.0%
Access to bike paths or bike routes on roadways	10.0%
Updating recreational fields and parks	6.0%
Public transportation to access recreational areas such as ball fields, etc.	6.0%
Access to sidewalks	2.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	68.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	50.0%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV’s) on a continual basis	34.0%
Educating public on Low Risk Drinking Guidelines	24.0%
Limit marketing of alcohol to youth	20.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	54.0%
Local community Farmer's Market	36.0%
Food Skills programs (learn to cook)	20.0%
Access to healthy food choices in schools	18.0%
Land use policies for municipal land to grow food (e.g. community gardens)	18.0%
Access to healthy food choices in workplaces	14.0%
School Nutrition Programs (breakfast and snack programs)	12.0%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	10.0%
Increased local Good Food Boxes	10.0%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open "community hubs" where multiple organizations provide health and social services, recreational programs	40.0%
Destigmatize mental illnesses in youth and adults	38.0%
Family support groups, self help groups, peer support groups for youth and adults	24.0%
Training workshops for employers on mental health and mental illnesses	20.0%
Drop-in centres in communities for people in need	18.0%
Stress reduction education at workplaces	16.0%
Employee Assistance Programs services at worksites	16.0%
Return to work policies after a leave from stress, depression etc.	10.0%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	48.0%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	36.0%
Tobacco Free Sports policies for recreational groups and high school teams	28.0%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	24.0%
Smoke-free properties for health care facilities in your community	20.0%
Contraband tobacco	20.0%
Smoke-free multi-unit dwellings (e.g. apartments)	16.0%
Smoke-free properties college/university campuses	2.0%

Injury Prevention Priorities to be addressed to make the community healthier	
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	36.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	30.0%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	28.0%
Road and off road safety education for snowmobiles, ATVs etc.	26.0%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	26.0%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	20.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	16.0%
Signage for multiuse trails	12.0%
Better signage for bike routes	2.0%

Central Algoma

(Macdonald, Meredith and Aberdeen Additional Township, Laird, Tarbutt & Tarbutt, St. Joseph, Hilton Beach, Hilton Township, Jocelyn, Johnson, Bruce Mines, Plummer Additional, Thessalon)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Trail development

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Open "community hubs" where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults

Recommended Actions

- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding
2. Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.
3. Promoting policies that restrict use of ATV's for anyone under the age of 16 years

Recommended Actions

- Establish and strengthen municipal and provincial policies for mandatory helmet use in recreational activities and advocate for enforcement
- Promote safe environment that prevents injury by ensuring a safe built environment through public input into municipal planning
- Advocate for policies that restrict use of ATVs for those under the age of 16 years.

Top Priorities listed in Comment Responses:

- Increase enforcement of smoking bylaws
- Education and awareness of signs and symptoms of mental illness
- Infrastructure needs regarding construction of indoor pool for community use
- More programs for substance misuse
- Creating safe environments by paving shoulders of roads

DEMOGRAPHIC PROFILE FOR MACDONALD, MEREDITH AND ABERDEEN ADDITIONAL TOWNSHIP

DEMOGRAPHICS	MACDONALD, MEREDITH AND ABERDEEN		ALGOMA DISTRICT	
Population				
Population 2006	1550		117,461	
Population 2001	1452		118,567	
% population change	6.7		-0.9	
Median Age	41.8		45.0	
0 – 14 years:	17.1%		15.2%	
15 – 24 years:	14.5%		12.6%	
25 – 39 years:	16.1%		14.8%	
40 – 59 years:	37.1%		32.1%	
60 – 69 years:	8.7%		12.1%	
70 – 74 years:	3.9%		5.0%	
75 – 79 years:	1.9%		4.0%	
80 and over:	1.3%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	16.9%	17.3%	16.2%	14.2%
15 – 24 years:	16.3%	13.3%	13.1%	12.1%
25 – 39 years:	14.4%	18.0%	14.4%	15.2%
40 – 59 years:	36.9%	37.3%	32.0%	32.1%
60 – 69 years:	8.1%	8.7%	12.1%	12.1%
70 – 74 years:	3.7%	4.0%	4.9%	4.9%
75 – 79 years:	2.5%	1.3%	3.9%	4.1%
80 and over:	1.9%	0.6%	3.3%	5.3%
Family Characteristics				
% Married Couple families	82.8%		71.3%	
% Common-law-couple families	9.1%		12.4%	
% Lone-parent Families	13.1%		16.3%	
% Widowed	4.3%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.8		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	28.4%		27.5%	
High school certificate or equivalent	27.2%		27.4%	
Apprenticeship or trades certificate or diploma	14.0%		10.8%	
College or non-university certificate or diploma	21.2%		19.5%	
University certificate or diploma below the bachelor level	2.6%		2.7%	
University certificate; diploma or degree	6.0%		11.9%	
Median Income				
All Census Families (\$)	\$52,355		\$60,494	
Married-couple families	\$59,577		\$68,813	
Common-law couple families	\$72,296		\$55,497	
Lone-parent families	\$30,502		\$30,964	
Female lone-parent families	\$30,589		\$28,709	
Male lone-parent families	\$22,626		\$46,717	
Housing				
Owned dwellings	85.1%		71.2%	
Rented Dwellings	15.7%		27.9%	

Source: Statistics Canada. 2007. *Macdonald, Meredith and Aberdeen Additional, Ontario (Code3557051)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	91.0%	82.1%
% whose Mother Tongue is French only	0.97%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	8.1%	10.5%
Aboriginal Population		
% population identified as Aboriginal	11.0%	11.1%
Immigrant Population		
% non-immigrant	96.1%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	830	55,210
A. Management occupations	3.0%	8.0%
B. Business; finance and administration occupations	15.1%	14.9%
C. Natural and applied sciences and related occupations	6.0%	6.0%
D. Health occupations	7.2%	6.8%
E. Occupations in social science; education; government service and religion	4.2%	8.8%
F. Occupations in art; culture; recreation and sport	0.0%	2.0%
G. Sales and service occupations	25.9%	28.3%
H. Trades; transport and equipment operators and related occupations	33.7%	17.2%
I. Occupations unique to primary industry	3.0%	3.2%
J. Occupations unique to processing; manufacturing and utilities	2.4%	4.6%

Source: Statistics Canada. 2007. *Macdonald, Meredith and Aberdeen Additional, Ontario (Code3557051)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Echo Bay Home Hardware		
Township of MacDonald, Meredith and Aberdeen Additional		
Algoma District School Board		
Education Facilities		
	English	French
Elementary Schools	1	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Current Policy Context with Municipalities	
1.0 Access to Nutritious Food	<p>1.3 Policies that support the availability of healthy foods in: snack bars and cafeterias (implemented for the general community)</p> <p>1.4 Policies that support the availability of healthy foods in : concession stands in public places (e.g. foods available for sale at snack bars in recreation centres – implemented for the general community)</p>
2.0 Access to Recreation and Physical Activity	2.2 Municipal recreation policies related to intramurals sport programs to ensure opportunity for everyone (e.g. no-cut intramurals, no cut sports policies) (In development for general community)
3.0 Active Transportation and the Built Environment	3.2 Has a municipal Official Plan
4.0 Prevention of Alcohol Misuse	<p>4.2 Policy that allows for special occasion permits (e.g. events not on municipal property) (in development for general community)</p> <p>4.5 Policy that supports Safer Bars training (in development for licensed outlets and serving staff)</p> <p>4.7 There are special occasion permits that allow alcohol to be sold</p>
5.0 Prevention of Tobacco Use and Exposure	<p>5.1 Policies that limit exposure to the harmful effects of second-hand smoke by prohibiting tobacco use in municipal owned outdoor spaces (i.e. parks, beaches, sports fields)</p> <p>5.2 Policy that bans tobacco use within designated distance of public entrances and exits to municipal buildings providing local government services</p>

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Healthy Communities Partnership Algoma Survey Results

(Survey results are for Central Algoma which for the purpose of the survey combines the areas:: Macdonald, Meredith and Aberdeen Additional, Laird, Tarbutt and Tarbutt Additional, Hilton Beach Village, Hilton Township, Jocelyn, St. Joseph Township, Johnson, Bruce Mines, Plummer Additional and Thessalon Townships with a total of 50 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

List of priority areas in order of interest to work on:

- Physical Activity: 40.0%
- Substance & Alcohol Misuse: 22.0%
- Healthy Eating: 18.0%
- Mental Health: 10.0%
- Tobacco use and exposure: 6.0%
- Injury Prevention: 2.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report “Access” refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	38.0%
Trail Development	24.0%
After school recreation programs	22.0%
Develop connected walking routes in communities	22.0%
Access to recreational facilities	18.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	18.0%
Increase the use of existing recreational fields, parks	18.0%
Access to physical activity programming	12.0%
Access to bike paths or bike routes on roadways	10.0%
Updating recreational fields and parks	6.0%
Public transportation to access recreational areas such as ball fields, etc.	6.0%
Access to sidewalks	2.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	68.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	50.0%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	34.0%
Educating public on Low Risk Drinking Guidelines	24.0%
Limit marketing of alcohol to youth	20.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	54.0%
Local community Farmer's Market	36.0%
Food Skills programs (learn to cook)	20.0%
Access to healthy food choices in schools	18.0%
Land use policies for municipal land to grow food (e.g. community gardens)	18.0%
Access to healthy food choices in workplaces	14.0%
School Nutrition Programs (breakfast and snack programs)	12.0%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	10.0%
Increased local Good Food Boxes	10.0%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open “community hubs” where multiple organizations provide health and social services, recreational programs	40.0%
Destigmatize mental illnesses in youth and adults	38.0%
Family support groups, self help groups, peer support groups for youth and adults	24.0%
Training workshops for employers on mental health and mental illnesses	20.0%
Drop-in centres in communities for people in need	18.0%
Stress reduction education at workplaces	16.0%
Employee Assistance Programs services at worksites	16.0%
Return to work policies after a leave from stress, depression etc.	10.0%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	48.0%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	36.0%
Tobacco Free Sports policies for recreational groups and high school teams	28.0%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	24.0%
Smoke-free properties for health care facilities in your community	20.0%
Contraband tobacco	20.0%
Smoke-free multi-unit dwellings (e.g. apartments)	16.0%
Smoke-free properties college/university campuses	2.0%

Injury Prevention Priorities to be addressed to make the community healthier	
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	36.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	30.0%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	28.0%
Road and off road safety education for snowmobiles, ATVs etc.	26.0%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	26.0%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	20.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	16.0%
Signage for multiuse trails	12.0%
Better signage for bike routes	2.0%

Central Algoma

(Macdonald, Meredith and Aberdeen Additional Township, Laird, Tarbutt & Tarbutt, St. Joseph, Hilton Beach, Hilton Township, Jocelyn, Johnson, Bruce Mines, Plummer Additional, Thessalon)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Trail development

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Open "community hubs" where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults

Recommended Actions

- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding
2. Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.
3. Promoting policies that restrict use of ATV's for anyone under the age of 16 years

Recommended Actions

- Establish and strengthen municipal and provincial policies for mandatory helmet use in recreational activities and advocate for enforcement
- Promote safe environment that prevents injury by ensuring a safe built environment through public input into municipal planning
- Advocate for policies that restrict use of ATVs for those under the age of 16 years.

Top Priorities listed in Comment Responses:

- Increase enforcement of smoking bylaws
- Education and awareness of signs and symptoms of mental illness
- Infrastructure needs regarding construction of indoor pool for community use
- More programs for substance misuse
- Creating safe environments by paving shoulders of roads

DEMOGRAPHIC PROFILE FOR THE MUNICIPALITY OF MICHIPICOTEN (WAWA)

DEMOGRAPHICS	MICHIPICOTEN (Wawa)		ALGOMA DISTRICT	
Population				
Population 2006	3204		117,461	
Population 2001	3668		118,567	
% population change	-12.6		-0.9	
Median Age	40.6		45.0	
0 – 14 years:	18.4%		15.2%	
15 – 24 years:	12.5%		12.6%	
25 – 39 years:	18.1%		14.8%	
40 – 59 years:	32.6%		32.1%	
60 – 69 years:	8.7%		12.1%	
70 – 74 years:	3.6%		5.0%	
75 – 79 years:	3.0%		4.0%	
80 and over:	3.1%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	18.7%	18.0%	16.2%	14.2%
15 – 24 years:	13.5%	11.4%	13.1%	12.1%
25 – 39 years:	17.7%	19.0%	14.4%	15.2%
40 – 59 years:	33.0%	32.7%	32.0%	32.1%
60 – 69 years:	8.6%	8.6%	12.1%	12.1%
70 – 74 years:	3.1%	3.8%	4.9%	4.9%
75 – 79 years:	2.7%	2.9%	3.9%	4.1%
80 and over:	2.5%	3.2%	3.3%	5.3%
Family Characteristics				
% Married Couple families	67.6%		71.3%	
% Common-law-couple families	19.1%		12.4%	
% Lone-parent Families	13.3%		16.3%	
% Widowed	6.9%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.9		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	26.9%		27.5%	
High school certificate or equivalent	21.9%		27.4%	
Apprenticeship or trades certificate or diploma	11.9%		10.8%	
College or non-university certificate or diploma	22.5%		19.5%	
University certificate or diploma below the bachelor level	1.7%		2.7%	
University certificate; diploma or degree	15.0%		11.9%	
Median Income				
All Census Families (\$)	\$75,755		\$60,494	
Married-couple families	\$82,891		\$68,813	
Common-law couple families	\$82,984		\$55,497	
Lone-parent families	\$31,074		\$30,964	
Female lone-parent families	\$20,207		\$28,709	
Male lone-parent families	\$42,631		\$46,717	
Housing				
Owned dwellings	76.8%		71.2%	
Rented Dwellings	23.2%		27.9%	

Source: Statistics Canada. 2007. *Michipicoten, Ontario (Code3557076)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	69.9%	82.1%
% whose Mother Tongue is French only	18.5%	6.9%
% whose Mother Tongue is English and French	2.5%	0.5%
% whose Mother Tongue is other than English or French	8.1%	10.5%
Aboriginal Population		
% population identified as Aboriginal	8.6%	11.1%
Immigrant Population		
% non-immigrant	89.6%	89.9%
% immigrant status 2001-2006	0.31%	0.21%
% visible minority	1.4%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	1665	55,210
A. Management occupations	10.8%	8.0%
B. Business; finance and administration occupations	11.1%	14.9%
C. Natural and applied sciences and related occupations	4.8%	6.0%
D. Health occupations	5.4%	6.8%
E. Occupations in social science; education; government service and religion	11.7%	8.8%
F. Occupations in art; culture; recreation and sport	1.5%	2.0%
G. Sales and service occupations	24.6%	28.3%
H. Trades; transport and equipment operators and related occupations	19.8%	17.2%
I. Occupations unique to primary industry	5.4%	3.2%
J. Occupations unique to processing; manufacturing and utilities	4.8%	4.6%

Source: Statistics Canada. 2007. *Michipicoten, Ontario (Code3557076)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Wesdome Gold Mines Ltd.		
Lady Dunn Health Centre		
Algoma District School Board		
Municipality of Wawa		
Ministry of Natural Resources		
Education Facilities		
	English	French
Elementary Schools	2	2
High Schools	1	1
Colleges	0	0
Universities	0	0
Health Care Facilities		
Lady Dunn Health Centre		
Wawa Medical Centre		
Algoma Public Health Offices		

December 2010/ January 2011

Current Policy Context with Municipalities	
1.0 Access to Nutritious Food	<p>1.6 Policies that support community gardens such as : garden water use policy (Implemented for the general community)</p> <p>1.7 Policies that support community gardens such as: vacant lots policy to establish guidelines for public use of private land and city-owned vacant lots for gardening (Implemented for general community)</p> <p>1.8 Policies that support community gardens such as: interim land use policies to address the lack of open space for gardening in apartment complexes and other multi-unit dwellings (In development for general community)</p> <p>1.11 Policy related to reductions in the use of artificially produced trans fat contained and sold in regional/district/county/municipally-operated facilities (Implemented for the general community)</p>
2.0 Access to Recreation and Physical Activity	<p>2.2 Municipal recreation policies related to intramurals sport programs to ensure opportunity for everyone (e.g. no-cut intramurals, no cut sports policies) (Implemented for adults)</p> <p>2.5 Has a Municipal Parks and Recreation Master Plan</p>
3.0 Active Transportation and the Built Environment	<p>3.1 Has a municipal public transportation system</p> <p>3.2 Has a municipal Official Plan</p> <p>3.2.1 The municipal Official Plan incorporates active transportation policies</p> <p>3.2.3 The municipal Official Plan has mixed land-use/priority land-use policies that incorporate active transportation</p> <p>3.2.4 The municipal Official Plan identifies plans for infrastructure (i.e. sidewalks, bike lanes, share-use paths) that support active transportation</p>
4.0 Prevention of Alcohol Misuse	<p>4.2 Policy that allows for special occasion permits (e.g. events not on municipal property) (implemented for Licensed outlets)</p> <p>4.7 There are special occasion permits that allow alcohol to be sold</p>
5.0 Prevention of Tobacco Use and Exposure	<p>5.1 Policies that limit exposure to the harmful effects of second-hand smoke by prohibiting tobacco use in municipal owned outdoor spaces (i.e. parks, beaches, sports fields).</p>

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Healthy Communities Partnership Algoma Survey Results (Survey results from Michipicoten (Wawa) with 84 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

- Substance & Alcohol Misuse: 30.9%
- Physical Activity: 29.7%
- Healthy Eating: 25.0%
- Mental Health: 7.8%
- Tobacco use and exposure: 2.6%
- Injury Prevention: 0.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	33.3%
Updating recreational fields and parks	23.8%
Access to bike paths or bike routes on roadways	19.0%
After school recreation programs	19.5%
Increase the use of existing recreational fields, parks	18.2%
Develop connected walking routes in communities	15.6%
Trail Development	15.4%
Access to sidewalks	13.1%
Access to physical activity programming	13.1%
Access to recreational facilities	10.7%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	4.7%
Public transportation to access recreational areas such as ball fields, etc.	0.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	60.7%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	35.7%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	35.7%
Limit marketing of alcohol to youth	28.5%
Educating public on Low Risk Drinking Guidelines	26.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	69.0%
Local community Farmer's Market	29.7%
Food Skills programs (learn to cook)	22.1%
School Nutrition Programs (breakfast and snack programs)	16.6%
Land use policies for municipal land to grow food (e.g. community gardens)	15.4%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	15.4%
Increased local Good Food Boxes	9.1%
Access to healthy food choices in schools	7.8%

Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	5.9%
Access to healthy food choices in workplaces	2.6%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Family support groups, self help groups, peer support groups for youth and adults	39.0%
Destigmatize mental illnesses in youth and adults	36.9%
Open “community hubs” where multiple organizations provide health and social services, recreational programs	34.5%
Stress reduction education at workplaces	22.6%
Training workshops for employers on mental health and mental illnesses	17.8%
Drop-in centres in communities for people in need	14.3%
Return to work policies after a leave from stress, depression etc	13.1%
Employee Assistance Programs services at worksites	9.5%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	47.6%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	33.3%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	27.3%
Smoke-free multi-unit dwellings (e.g. apartments)	23.8%
Tobacco Free Sports policies for recreational groups and high school teams	13.1%
Contraband tobacco	11.9%
Smoke-free properties for health care facilities in your community	10.7%
Smoke-free properties college/university campuses	5.2%

Injury Prevention Priorities to be addressed to make the community healthier	
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	38.1%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	33.3%
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	27.4%
Road and off road safety education for snowmobiles, ATVs etc.	22.6%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	20.8%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	19.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	18.2%
Signage for multiuse trails	7.8%
Better signage for bike routes	7.1%

Michipicoten (Wawa)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Updating recreational fields and parks

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Improve the built environment for physical activities and recreation by updating and increasing the opportunities for existing facilities, fields, trails, parks, etc.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease risky drinking behaviour such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local Community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Family support groups, self help groups, peer support groups for youth and adults
2. Destigmatize mental illnesses in youth and adults

Recommended Actions

- Increase access to local community health services and supports by fostering supportive environments, programs that promote acceptance and inclusion and skills to decrease risk factors for mental illness e.g. abuse, isolation
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Availability of cessation counseling and Nicotine Replacement Therapy in worksite Benefits

Recommended Actions

- Increase access to affordable cessation services in the community and advocate for affordable NRT from the province
- Increase knowledge of cessation services in communities that are available for those wishing to quit smoking e.g. Smokers Helpline fax back services, Smokers Helpline phone line, Algoma Public Health smoking cessation counseling services, Family Health teams services (if available in community)

6) Injury Prevention Top Priorities

1. Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large Holes, poor lighting, proper and safe play equipment)
2. Maintenance of sidewalks for pedestrians (e.g. marking hazardous sidewalks, snowplowing)

Recommended Actions

- Decrease injuries by maintaining local communities areas (i.e. parks, fields, sidewalks) in good condition through Municipal Parks and Recreation and Municipal Official plan policies or overall maintenance strategies.
- Promote safe environments that prevent injury

Top Priorities listed in Comment Responses:

- Recreational facilities schedules need to be reviewed and changed for accessibility and use of facilities
- Infrastructure funds for recreational facilities such as a pool
- Provincial regulations on food pricing especially in rural areas
- Increased enforcement of smoking bylaws
- Qualified individuals to run quality programs for mental health
- Education on controlled substances

DEMOGRAPHIC PROFILE FOR THE TOWNSHIP OF THE NORTH SHORE

DEMOGRAPHICS	NORTH SHORE		ALGOMA DISTRICT	
Population				
Population 2006	549		117,461	
Population 2001	544		118,567	
% population change	0.9		-0.9	
Median Age	53.5		45.0	
0 – 14 years:	8.2%		15.2%	
15 – 24 years:	8.2%		12.6%	
25 – 39 years:	6.4%		14.8%	
40 – 59 years:	42.7%		32.1%	
60 – 69 years:	22.7%		12.1%	
70 – 74 years:	6.4%		5.0%	
75 – 79 years:	2.7%		4.0%	
80 and over:	1.8%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	8.9%	9.4%	16.2%	14.2%
15 – 24 years:	10.7%	5.7%	13.1%	12.1%
25 – 39 years:	8.9%	9.4%	14.4%	15.2%
40 – 59 years:	39.3%	39.6%	32.0%	32.1%
60 – 69 years:	23.2%	18.9%	12.1%	12.1%
70 – 74 years:	7.1%	5.7%	4.9%	4.9%
75 – 79 years:	1.8%	3.8%	3.9%	4.1%
80 and over:	1.8%	1.9%	3.3%	5.3%
Family Characteristics				
% Married Couple families	84.2%		71.3%	
% Common-law-couple families	7.9%		12.4%	
% Lone-parent Families	10.5%		16.3%	
% Widowed	7.0%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.5		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	32.0%		27.5%	
High school certificate or equivalent	29.0%		27.4%	
Apprenticeship or trades certificate or diploma	12.0%		10.8%	
College or non-university certificate or diploma	24.0%		19.5%	
University certificate or diploma below the bachelor level	0.0%		2.7%	
University certificate; diploma or degree	4.0%		11.9%	
Median Income				
All Census Families (\$)	\$53,045		\$60,494	
Married-couple families	\$54,146		\$68,813	
Common-law couple families	\$56,712		\$55,497	
Lone-parent families	\$18,856		\$30,964	
Female lone-parent families	\$18,856		\$28,709	
Male lone-parent families	<i>data not available</i>		\$46,717	
Housing				
Owned dwellings	76.8%		71.2%	
Rented Dwellings	23.2%		27.9%	

Source: Statistics Canada. 2007. *North Shore, Ontario (Code3557040)* (table). 2006 *Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	71.0%	82.1%
% whose Mother Tongue is French only	21.8%	6.9%
% whose Mother Tongue is English and French	3.6%	0.5%
% whose Mother Tongue is other than English or French	4.6%	10.5%
Aboriginal Population		
% population identified as Aboriginal	11.0%	11.1%
Immigrant Population		
% non-immigrant	95.5%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	265	55,210
A. Management occupations	15.1%	8.0%
B. Business; finance and administration occupations	18.9%	14.9%
C. Natural and applied sciences and related occupations	0.0%	6.0%
D. Health occupations	5.7%	6.8%
E. Occupations in social science; education; government service and religion	0.0%	8.8%
F. Occupations in art; culture; recreation and sport	3.8%	2.0%
G. Sales and service occupations	18.9%	28.3%
H. Trades; transport and equipment operators and related occupations	20.8%	17.2%
I. Occupations unique to primary industry	9.4%	3.2%
J. Occupations unique to processing; manufacturing and utilities	3.8%	4.6%

Source: Statistics Canada. 2007. *North Shore, Ontario (Code3557040)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Algoma Chrysler Inc.		
Carmeuse Lime		
Lafarge Canada Inc.		
Education Facilities		
	English	French
Elementary Schools	1	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Healthy Communities Partnership Algoma Survey Results

(Survey results include Blind River, Huron Shores, North Shore and Shedden (Spanish) with 33 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

- Substance & Alcohol Misuse: 37.5%
- Physical Activity: 36.3%
- Healthy Eating: 12.5%
- Mental Health: 9.4%
- Tobacco use and exposure: 6.3%
- Injury Prevention: 0.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	59.4%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	46.9%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	39.3%
Educating public on Low Risk Drinking Guidelines	25.0%
Limit marketing of alcohol to youth	18.1%

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	53.1%
Access to recreational facilities	33.3%
After school recreation programs	27.2%
Access to physical activity programming	18.8%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	15.6%
Trail Development	12.5%
Increase the use of existing recreational fields, parks	12.5%
Develop connected walking routes in communities	9.4%
Access to bike paths or bike routes on roadways	6.3%
Updating recreational fields and parks	6.3%
Access to sidewalks	3.1%
Public transportation to access recreational areas such as ball fields, etc.	0.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	60.6%
Food Skills programs (learn to cook)	37.5%
Access to healthy food choices in schools	28.1%
School Nutrition Programs (breakfast and snack programs)	24.2%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	18.8%
Land use policies for municipal land to grow food (e.g. community gardens)	15.6%
Access to healthy food choices in workplaces	6.3%
Local community Farmer's Market	3.1%
Increased local Good Food Boxes	3.1%

Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	0.0%
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Mental Health Promotion Priorities to be addressed to make the community healthier	
Open “community hubs” where multiple organizations provide health and social services, recreational programs	43.8%
Destigmatize mental illnesses in youth and adults	37.5%
Stress reduction education at workplaces	36.3%
Drop-in centres in communities for people in need	25.0%
Family support groups, self help groups, peer support groups for youth and adults	21.2%
Training workshops for employers on mental health and mental illnesses	18.8%
Employee Assistance Programs services at worksites	9.4%
Return to work policies after a leave from stress, depression etc.	3.1%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	57.5%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	31.3%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	28.1%
Smoke-free multi-unit dwellings (e.g. apartments)	21.2%
Contraband tobacco	18.8%
Smoke-free properties for health care facilities in your community	18.8%
Tobacco Free Sports policies for recreational groups and high school teams	15.6%
Smoke-free properties college/university campuses	3.1%

Injury Prevention Priorities to be addressed to make the community healthier	
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	51.5%
Road and off road safety education for snowmobiles, ATVs etc.	40.6%
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	25.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	21.9%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	18.8%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	15.1%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	12.5%
Signage for multiuse trails	9.4%
Better signage for bike routes	3.1%

**North Shore of Algoma
(Huron Shores, North Shore Township, Blind River, Shedden (Spanish))**

1) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

2) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Access to recreational facilities

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Increase opportunities to access recreational facilities at improving scheduled usage times, transportation to facilities, recreational space, services etc. for all ages

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Food skills programs (learn to cook)

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Develop food skills and literacy by promoting access to healthy food choices and teaching meal preparation skills

4) Mental Health Top Priorities

1. Open “community hubs” where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults
3. Stress reduction education at workplace

Recommended Actions

- Increase access to local community health services and support for people with mental illness i.e. by fostering supportive environments and support groups etc.
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs
- Increase opportunities and programming for Workplace programming on stress reduction

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits
3. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase knowledge of cessation services in communities that are available for those wishing to quit smoking e.g. Smokers Helpline fax back services, Smokers Helpline phone line, Algoma Public Health smoking cessation counseling services, Family Health teams services (if available in community)
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Maintaining community parks and fields in good condition (e.g. remove uneven surfaces large holes, poor lighting, proper and safe play equipment)
2. Road and off road safety education for snowmobiles and ATV's etc.

Recommended Actions

- Decrease injuries by maintaining local communities areas (i.e. parks, fields, sidewalks) in good condition through Municipal Parks and Recreation and Municipal Official plan policies or overall maintenance strategies.
- Increase awareness on road and off road safety by communication campaigns and education

Top Priorities listed in Comment Responses:

- Better food selection at grocery stores and provincial regulations on food pricing especially in rural areas
- Education on the effects of smoking
- Increase in social activities for community
- Education on substance misuse for youth and adults
- Environmental infrastructure for existing trails and roadways

DEMOGRAPHIC PROFILE FOR THE TOWNSHIP OF PLUMMER ADDITIONAL

DEMOGRAPHICS	PLUMMER ADDITIONAL		ALGOMA DISTRICT	
Population				
Population 2006	625		117,461	
Population 2001	671		118,567	
% population change	-6.9		-0.9	
Median Age	49.4		45.0	
0 – 14 years:	15.2%		15.2%	
15 – 24 years:	9.6%		12.6%	
25 – 39 years:	10.4%		14.8%	
40 – 59 years:	38.4%		32.1%	
60 – 69 years:	15.2%		12.1%	
70 – 74 years:	4.8%		5.0%	
75 – 79 years:	3.2%		4.0%	
80 and over:	1.6%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	15.6%	15.0%	16.2%	14.2%
15 – 24 years:	9.4%	10.0%	13.1%	12.1%
25 – 39 years:	9.4%	10.0%	14.4%	15.2%
40 – 59 years:	35.9%	41.7%	32.0%	32.1%
60 – 69 years:	17.2%	15.0%	12.1%	12.1%
70 – 74 years:	4.7%	6.7%	4.9%	4.9%
75 – 79 years:	3.1%	3.3%	3.9%	4.1%
80 and over:	4.7%	1.7%	3.3%	5.3%
Family Characteristics				
% Married Couple families	84.2%		71.3%	
% Common-law-couple families	7.9%		12.4%	
% Lone-parent Families	5.3%		16.3%	
% Widowed	6.6%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.7		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	25.7%		27.5%	
High school certificate or equivalent	23.7%		27.4%	
Apprenticeship or trades certificate or diploma	17.8%		10.8%	
College or non-university certificate or diploma	14.8%		19.5%	
University certificate or diploma below the bachelor level	0.0%		2.7%	
University certificate; diploma or degree	16.8%		11.9%	
Median Income				
All Census Families (\$)	\$52,709		\$60,494	
Married-couple families	\$55,803		\$68,813	
Common-law couple families	<i>data not available</i>		\$55,497	
Lone-parent families	<i>data not available</i>		\$30,964	
Female lone-parent families	<i>data not available</i>		\$28,709	
Male lone-parent families	<i>data not available</i>		\$46,717	
Housing				
Owned dwellings	92.3%		71.2%	
Rented Dwellings	7.7%		27.9%	

Source: Statistics Canada. 2007. *Plummer Additional, Ontario (Code3557019)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.
<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	82.4%	82.1%
% whose Mother Tongue is French only	2.4%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	14.4%	10.5%
Aboriginal Population		
% population identified as Aboriginal	7.2%	11.1%
Immigrant Population		
% non-immigrant	84.8%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	275	55,210
A. Management occupations	25.0%	8.0%
B. Business; finance and administration occupations	5.5%	14.9%
C. Natural and applied sciences and related occupations	3.6%	6.0%
D. Health occupations	0.0%	6.8%
E. Occupations in social science; education; government service and religion	9.1%	8.8%
F. Occupations in art; culture; recreation and sport	0.0%	2.0%
G. Sales and service occupations	20.0%	28.3%
H. Trades; transport and equipment operators and related occupations	24.0%	17.2%
I. Occupations unique to primary industry	9.1%	3.2%
J. Occupations unique to processing; manufacturing and utilities	3.6%	4.6%

Source: Statistics Canada. 2007. *Plummer Additional, Ontario (Code3557019)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Ontario Trap Rock		
Bruce Station Home Hardware		
Township Office		
Education Facilities		
	English	French
Elementary Schools	0	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Current Policy Context with Municipalities	
2.0 Access to Recreation and Physical Activity	<p>2.2 Municipal recreation policies related to intramurals sport programs to ensure opportunity for everyone (e.g. no-cut intramurals, no cut sports policies) (implemented for general community)</p> <p>2.5 Has a Municipal Recreation Master Plan</p>
3.0 Active Transportation and the Built Environment	<p>3.2 Has a municipal Official Plan</p> <p>3.2.3 The municipal Official Plan has mixed land-use/priority land-use policies that incorporate active transportation</p> <p>3.2.4 The municipal Official Plan identifies plans for infrastructure (i.e. sidewalks, bike lanes, share-use paths) that support active transportation</p>
4.0 Prevention of Alcohol Misuse	<p>4.2 Policy that allows for special occasion permits (e.g. events not on municipal property) (implemented for the general community)</p> <p>4.5 Policy that supports Safer Bars training (implemented for licensed outlets and serving staff)</p> <p>4.7 There are special occasion permits that allow alcohol to be sold</p>
5.0 Prevention of Tobacco Use and Exposure	<p>5.1 Policies that limit exposure to the harmful effects of second-hand smoke by prohibiting tobacco use in municipal owned outdoor spaces (i.e. parks, beaches, sports fields)</p> <p>5.2 Policy that bans tobacco use within designated distance of public entrances and exits to municipal buildings providing local government services</p>

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Healthy Communities Partnership Algoma Survey Results

(Survey results are for Central Algoma which for the purpose of the survey combines the areas:: Macdonald, Meredith and Aberdeen Additional, Laird, Tarbutt and Tarbutt Additional, Hilton Beach Village, Hilton Township, Jocelyn, St. Joseph Township, Johnson, Bruce Mines, Plummer Additional and Thessalon Townships with a total of 50 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

List of priority areas in order of interest to work on:

- Physical Activity: 40.0%
- Substance & Alcohol Misuse: 22.0%
- Healthy Eating: 18.0%
- Mental Health: 10.0%
- Tobacco use and exposure: 6.0%
- Injury Prevention: 2.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	38.0%
Trail Development	24.0%
After school recreation programs	22.0%
Develop connected walking routes in communities	22.0%
Access to recreational facilities	18.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	18.0%
Increase the use of existing recreational fields, parks	18.0%
Access to physical activity programming	12.0%
Access to bike paths or bike routes on roadways	10.0%
Updating recreational fields and parks	6.0%
Public transportation to access recreational areas such as ball fields, etc.	6.0%
Access to sidewalks	2.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	68.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	50.0%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	34.0%
Educating public on Low Risk Drinking Guidelines	24.0%
Limit marketing of alcohol to youth	20.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	54.0%
Local community Farmer's Market	36.0%
Food Skills programs (learn to cook)	20.0%
Access to healthy food choices in schools	18.0%
Land use policies for municipal land to grow food (e.g. community gardens)	18.0%
Access to healthy food choices in workplaces	14.0%
School Nutrition Programs (breakfast and snack programs)	12.0%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	10.0%
Increased local Good Food Boxes	10.0%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open “community hubs” where multiple organizations provide health and social services, recreational programs	40.0%
Destigmatize mental illnesses in youth and adults	38.0%
Family support groups, self help groups, peer support groups for youth and adults	24.0%
Training workshops for employers on mental health and mental illnesses	20.0%
Drop-in centres in communities for people in need	18.0%
Stress reduction education at workplaces	16.0%
Employee Assistance Programs services at worksites	16.0%
Return to work policies after a leave from stress, depression etc.	10.0%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	48.0%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	36.0%
Tobacco Free Sports policies for recreational groups and high school teams	28.0%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	24.0%
Smoke-free properties for health care facilities in your community	20.0%
Contraband tobacco	20.0%
Smoke-free multi-unit dwellings (e.g. apartments)	16.0%
Smoke-free properties college/university campuses	2.0%

Injury Prevention Priorities to be addressed to make the community healthier	
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	36.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	30.0%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	28.0%
Road and off road safety education for snowmobiles, ATVs etc.	26.0%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	26.0%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	20.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	16.0%
Signage for multiuse trails	12.0%
Better signage for bike routes	2.0%

Central Algoma

(Macdonald, Meredith and Aberdeen Additional Township, Laird, Tarbutt & Tarbutt, St. Joseph, Hilton Beach, Hilton Township, Jocelyn, Johnson, Bruce Mines, Plummer Additional, Thessalon)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Trail development

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Open "community hubs" where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults

Recommended Actions

- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding
2. Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.
3. Promoting policies that restrict use of ATV's for anyone under the age of 16 years

Recommended Actions

- Establish and strengthen municipal and provincial policies for mandatory helmet use in recreational activities and advocate for enforcement
- Promote safe environment that prevents injury by ensuring a safe built environment through public input into municipal planning
- Advocate for policies that restrict use of ATVs for those under the age of 16 years.

Top Priorities listed in Comment Responses:

- Increase enforcement of smoking bylaws
- Education and awareness of signs and symptoms of mental illness
- Infrastructure needs regarding construction of indoor pool for community use
- More programs for substance misuse
- Creating safe environments by paving shoulders of roads

DEMOGRAPHIC PROFILE FOR THE TOWNSHIP OF PRINCE

DEMOGRAPHICS	PRINCE TOWNSHIP		ALGOMA DISTRICT	
Population				
Population 2006	971		117,461	
Population 2001	1010		118,567	
% population change	-3.9		-0.9	
Median Age	44.8		45.0	
0 – 14 years:	15.5%		15.2%	
15 – 24 years:	12.9%		12.6%	
25 – 39 years:	14.9%		14.8%	
40 – 59 years:	39.2%		32.1%	
60 – 69 years:	11.3%		12.1%	
70 – 74 years:	3.6%		5.0%	
75 – 79 years:	2.6%		4.0%	
80 and over:	1.5%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	16.3%	15.6%	16.2%	14.2%
15 – 24 years:	13.3%	10.4%	13.1%	12.1%
25 – 39 years:	11.2%	15.6%	14.4%	15.2%
40 – 59 years:	37.8%	38.5%	32.0%	32.1%
60 – 69 years:	12.2%	10.4%	12.1%	12.1%
70 – 74 years:	5.1%	3.1%	4.9%	4.9%
75 – 79 years:	2.0%	2.1%	3.9%	4.1%
80 and over:	1.0%	2.1%	3.3%	5.3%
Family Characteristics				
% Married Couple families	81.7%		71.3%	
% Common-law-couple families	11.7%		12.4%	
% Lone-parent Families	6.7%		16.3%	
% Widowed	4.2%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.9		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	23.5%		27.5%	
High school certificate or equivalent	32.9%		27.4%	
Apprenticeship or trades certificate or diploma	8.2%		10.8%	
College or non-university certificate or diploma	17.0%		19.5%	
University certificate or diploma below the bachelor level	4.7%		2.7%	
University certificate; diploma or degree	13.5%		11.9%	
Median Income				
All Census Families (\$)	\$75,643		\$60,494	
Married-couple families	\$78,763		\$68,813	
Common-law couple families	\$84,807		\$55,497	
Lone-parent families	\$15,656		\$30,964	
Female lone-parent families	<i>data not available</i>		\$28,709	
Male lone-parent families	<i>data not available</i>		\$46,717	
Housing				
Owned dwellings	98.6%		71.2%	
Rented Dwellings	0.0%		27.9%	

Source: Statistics Canada. 2007. *Prince, Ontario (Code3557066) (table). 2006 Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	89.7%	82.1%
% whose Mother Tongue is French only	2.6%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	7.7%	10.5%
Aboriginal Population		
% population identified as Aboriginal	4.1%	11.1%
Immigrant Population		
% non-immigrant	94.8%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	1.03%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	615	55,210
A. Management occupations	6.5%	8.0%
B. Business; finance and administration occupations	10.6%	14.9%
C. Natural and applied sciences and related occupations	8.9%	6.0%
D. Health occupations	3.3%	6.8%
E. Occupations in social science; education; government service and religion	14.6%	8.8%
F. Occupations in art; culture; recreation and sport	2.4%	2.0%
G. Sales and service occupations	25.2%	28.3%
H. Trades; transport and equipment operators and related occupations	18.7%	17.2%
I. Occupations unique to primary industry	4.1%	3.2%
J. Occupations unique to processing; manufacturing and utilities	4.9%	4.6%

Source: Statistics Canada. 2007. *Prince, Ontario (Code3557066)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Prince Township Municipal Office		
Boots and Saddles Roadhouse		
Education Facilities		
	English	French
Elementary Schools	0	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Current Policy Context with Municipalities	
2.0 Access to Recreation and Physical Activity	2.2 Municipal recreation policies related to intramurals sport programs to ensure opportunity for everyone (e.g. no-cut intramurals, no cut sports policies) (Implemented for general community) 2.6 Has a Municipal Recreation Master Plan?
3.0 Active Transportation and the Built Environment	3.2 Has a municipal Official Plan 3.2.4 The municipal Official Plan identifies plans for infrastructure (i.e. sidewalks, bike lanes, share-use paths) that support active transportation
4.0 Prevention of Alcohol Misuse	4.2 Policy that allows for special occasion permits (e.g. events not on municipal property) (implemented for adults) 4.7 There are special occasion permits that allow alcohol to be sold

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Healthy Communities Partnership Algoma Survey Results

(Survey results include Sault Ste. Marie & Prince Township with 390 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

- Physical Activity: 30.0%
- Substance & Alcohol Misuse: 23.1%
- Mental Health: 19.5%
- Healthy Eating: 17.7%
- Tobacco use and exposure: 4.4%
- Injury Prevention: 3.1%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	43.6%
Access to bike paths or bike routes on roadways	30.0%
Develop connected walking routes in communities	24.6%
After school recreation programs	22.6%
Trail Development	13.8%
Updating recreational fields and parks	10.8%
Increase the use of existing recreational fields, parks	10.3%
Access to physical activity programming	9.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	7.9%

Public transportation to access recreational areas such as ball fields, etc.	8.2%
Access to sidewalks	7.7%
Access to recreational facilities	5.4%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	61.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	44.1%
Limit marketing of alcohol to youth	35.6%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	33.1%
Educating public on Low Risk Drinking Guidelines	18.2%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Destigmatize mental illnesses in youth and adults	39.0%
Drop-in centres in communities for people in need	26.9%
Open "community hubs" where multiple organizations provide health and social services, recreational programs	26.7%
Stress reduction education at workplaces	25.6%
Family support groups, self help groups, peer support groups for youth and adults	23.6%
Training workshops for employers on mental health and mental illnesses	22.8%
Employee Assistance Programs services at worksites	16.4%
Return to work policies after a leave from stress, depression etc.	13.6%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	46.4%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	26.4%
Local community Farmer's Market	24.9%
School Nutrition Programs (breakfast and snack programs)	23.8%
Access to healthy food choices in schools	21.5%
Food Skills programs (learn to cook)	20.3%
Land use policies for municipal land to grow food (e.g. community gardens)	12.6%
Access to healthy food choices in workplaces	11.3%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.4%
Increased local Good Food Boxes	4.1%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	44.4%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	33.8%
Smoke-free properties for health care facilities in your community	26.7%
Smoke-free multi-unit dwellings (e.g. apartments)	24.9%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	20.3%
Contraband tobacco	15.1%
Smoke-free properties college/university campuses	14.6%
Tobacco Free Sports policies for recreational groups and high school teams	14.6%

Injury Prevention Priorities to be addressed to make the community healthier	
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	37.2%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	37.2%
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	26.2%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	22.6%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	17.9%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	17.7%
Better signage for bike routes	14.4%
Signage for multiuse trails	12.6%
Road and off road safety education for snowmobiles, ATVs etc.	10.0%

Sault Ste. Marie & Area Top Priorities and Recommended Actions (Sault Ste. Marie and Prince Township)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Access to bike paths or bike routes on roadways

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Increase and improve existing access to bike paths and routes on city roadways by supporting active transportation & improve the built environment initiatives.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Mental Health Promotion Top Priorities

1. Destigmatize mental illnesses in youth and adults
2. Drop-in centres in communities for people in need
3. Open “community hubs” where multiple organizations provide health, social services, and recreational programs

Recommended Actions

- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs
- Increase access to local community health services and support for people with mental illness i.e. by fostering supportive environments and support groups etc.
- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness

4) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks
3. Local community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase choices for healthy eating at recreational facilities and parks
- Increase support for local community Farmer's Market to purchase locally grown food

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Maintain community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)
2. Maintenance of sidewalks for pedestrians (e.g. marking hazardous sidewalks, snowplowing)

Recommended Actions

- Promote safe environments that prevent injury
- Decrease injuries by maintaining local community areas (i.e. parks, fields, sidewalks) in good condition through Municipal Parks and Recreation and Official plans policies or overall maintenance strategies.

Top Priorities listed in Comment Responses:

- More mental health professionals/specialists for servicing community
- Increasing the enforcement of smoking bylaws
- Increasing the R.I.D.E program
- Education on healthy eating
- Education on oral health
- Programs to decrease falls (falls prevention)
- Domestic Violence
- Develop leash free dog parks
- Development of Parks and Recreation Master Plan

DEMOGRAPHIC PROFILE FOR THE CITY OF SAULT STE. MARIE

DEMOGRAPHICS	SAULT STE. MARIE		ALGOMA DISTRICT	
Population				
Population 2006	74,948		117,461	
Population 2001	74,566		118,567	
% population change	0.5		-0.9	
Median Age	43.9		45.0	
0 – 14 years:	15.3%		15.2%	
15 – 24 years:	13.2%		12.6%	
25 – 39 years:	15.8%		14.8%	
40 – 59 years:	31.5%		32.1%	
60 – 69 years:	10.7%		12.1%	
70 – 74 years:	4.6%		5.0%	
75 – 79 years:	4.0%		4.0%	
80 and over:	5.0%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	16.5%	14.2%	16.2%	14.2%
15 – 24 years:	13.8%	12.6%	13.1%	12.1%
25 – 39 years:	15.7%	15.9%	14.4%	15.2%
40 – 59 years:	31.6%	31.2%	32.0%	32.1%
60 – 69 years:	10.6%	10.8%	12.1%	12.1%
70 – 74 years:	4.5%	4.7%	4.9%	4.9%
75 – 79 years:	3.7%	4.2%	3.9%	4.1%
80 and over:	3.6%	6.2%	3.3%	5.3%
Family Characteristics				
% Married Couple families	70.4%		71.3%	
% Common-law-couple families	11.3%		12.4%	
% Lone-parent Families	18.3%		16.3%	
% Widowed	8.5%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.8		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	25.3%		27.5%	
High school certificate or equivalent	28.3%		27.4%	
Apprenticeship or trades certificate or diploma	9.3%		10.8%	
College or non-university certificate or diploma	20.1%		19.5%	
University certificate or diploma below the bachelor level	3.0%		2.7%	
University certificate; diploma or degree	13.7%		11.9%	
Median Income				
All Census Families (\$)	\$63,958		\$60,494	
Married-couple families	\$74,605		\$68,813	
Common-law couple families	\$59,064		\$55,497	
Lone-parent families	\$33,686		\$30,964	
Female lone-parent families	\$29,830		\$28,709	
Male lone-parent families	\$51,576		\$46,717	
Housing				
Owned dwellings	69.3%		71.2%	
Rented Dwellings	30.7%		27.9%	

Source: Statistics Canada. 2007. *Sault Ste. Marie, Ontario (Code3557061) (table). 2006 Community Profiles. 2006 Census.* Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	83.5%	82.1%
% whose Mother Tongue is French only	4.1%	6.9%
% whose Mother Tongue is English and French	0.3%	0.5%
% whose Mother Tongue is other than English or French	12.1%	10.5%
Aboriginal Population		
% population identified as Aboriginal	8.1%	11.1%
Immigrant Population		
% non-immigrant	88.8%	89.9%
% immigrant status 2001-2006	0.24%	0.21%
% visible minority	1.3%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	36,420	55,210
A. Management occupations	7.6%	8.0%
B. Business; finance and administration occupations	16.3%	14.9%
C. Natural and applied sciences and related occupations	7.2%	6.0%
D. Health occupations	7.2%	6.8%
E. Occupations in social science; education; government service and religion	8.9%	8.8%
F. Occupations in art; culture; recreation and sport	2.1%	2.0%
G. Sales and service occupations	30.1%	28.3%
H. Trades; transport and equipment operators and related occupations	14.7%	17.2%
I. Occupations unique to primary industry	1.5%	3.2%
J. Occupations unique to processing; manufacturing and utilities	4.3%	4.6%

Source: Statistics Canada. 2007. *Sault Ste. Marie, Ontario (Code3557061) (table). 2006 Community Profiles. 2006 Census.* Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Essar Steel Algoma Inc.		
Sault Area Hospital		
Algoma District School Board		
Corporation of the City of Sault Ste. Marie		
Sault College of Applied Arts and Technology		
Ontario Lottery and Gaming Corporation		
Huron-Superior Catholic District School Board		
Walmart		
Transcom		
Tenaris Algoma Tubes		
Education Facilities		
	English	French
Elementary Schools	35	2
High Schools	6	1
Colleges	1	0
Universities	1	0
Health Care Facilities		
Sault Area Hospital		
Group Health Centre		
Sault Care Walk In Clinic		
Algoma Public Health Office		

December 2010/ January 2011

Current Policy Context with Municipalities	
1.0 Access to Nutritious Food	1.11 Policy related to reductions in the use of artificially produced trans fat contained and sold in regional/district/county/municipally-operated facilities (Implemented for the general community)
2.0 Access to Recreation and Physical Activity	2.5 Has a Municipal Parks Master Plan
3.0 Active Transportation and the Built Environment	3.1 Has a municipal public transportation system 3.2 Has a municipal Official Plan 3.2.1 The municipal Official Plan incorporates active transportation policies 3.2.3 The municipal Official Plan has mixed land-use/priority land-use policies that incorporate active transportation
4.0 Prevention of Alcohol Misuse	4.1 Has a Municipal Alcohol Policy (implemented for the general community) 4.2 Policy that allows for special occasion permits (e.g. events not on municipal property) (implemented for general community) 4.6 Policies to reduce/prevent service to minors or to intoxicated patrons (above the provincial requirements) (Implemented for licensed outlets and serving staff) 4.7 There are special occasion permits that allow alcohol to be sold
5.0 Prevention of Tobacco Use and Exposure	5.1 Policies that limit exposure to the harmful effects of second-hand smoke by prohibiting tobacco use in municipal owned outdoor spaces (i.e. parks, beaches, sports fields) 5.2 Policy that bans tobacco use within designated distance of public entrances and exits to municipal buildings providing local government services 5.3 Aware of tobacco-free sport and recreation policies at local sports club (i.e. no smoking at soccer fields)

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Healthy Communities Partnership Algoma Survey Results

(Survey results include Sault Ste. Marie & Prince Township with 390 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

- Physical Activity: 30.0%
- Substance & Alcohol Misuse: 23.1%
- Mental Health: 19.5%
- Healthy Eating: 17.7%
- Tobacco use and exposure: 4.4%
- Injury Prevention: 3.1%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report “Access” refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	43.6%
Access to bike paths or bike routes on roadways	30.0%
Develop connected walking routes in communities	24.6%
After school recreation programs	22.6%
Trail Development	13.8%
Updating recreational fields and parks	10.8%
Increase the use of existing recreational fields, parks	10.3%
Access to physical activity programming	9.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	7.9%
Public transportation to access recreational areas such as ball fields, etc.	8.2%
Access to sidewalks	7.7%
Access to recreational facilities	5.4%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	61.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	44.1%
Limit marketing of alcohol to youth	35.6%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	33.1%
Educating public on Low Risk Drinking Guidelines	18.2%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Destigmatize mental illnesses in youth and adults	39.0%
Drop-in centres in communities for people in need	26.9%
Open “community hubs” where multiple organizations provide health and social services, recreational programs	26.7%
Stress reduction education at workplaces	25.6%
Family support groups, self help groups, peer support groups for youth and adults	23.6%
Training workshops for employers on mental health and mental illnesses	22.8%
Employee Assistance Programs services at worksites	16.4%
Return to work policies after a leave from stress, depression etc.	13.6%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	46.4%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	26.4%
Local community Farmer's Market	24.9%
School Nutrition Programs (breakfast and snack programs)	23.8%
Access to healthy food choices in schools	21.5%
Food Skills programs (learn to cook)	20.3%
Land use policies for municipal land to grow food (e.g. community gardens)	12.6%
Access to healthy food choices in workplaces	11.3%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.4%
Increased local Good Food Boxes	4.1%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	44.4%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	33.8%
Smoke-free properties for health care facilities in your community	26.7%
Smoke-free multi-unit dwellings (e.g. apartments)	24.9%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	20.3%
Contraband tobacco	15.1%
Smoke-free properties college/university campuses	14.6%
Tobacco Free Sports policies for recreational groups and high school teams	14.6%

Injury Prevention Priorities to be addressed to make the community healthier	
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	37.2%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	37.2%
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	26.2%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	22.6%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	17.9%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	17.7%
Better signage for bike routes	14.4%
Signage for multiuse trails	12.6%
Road and off road safety education for snowmobiles, ATVs etc.	10.0%

Sault Ste. Marie & Area Top Priorities and Recommended Actions (Sault Ste. Marie and Prince Township)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Access to bike paths or bike routes on roadways

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Increase and improve existing access to bike paths and routes on city roadways by supporting active transportation & improve the built environment initiatives.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Mental Health Promotion Top Priorities

1. Destigmatize mental illnesses in youth and adults
2. Drop-in centres in communities for people in need
3. Open “community hubs” where multiple organizations provide health, social services, and recreational programs

Recommended Actions

- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs
- Increase access to local community health services and support for people with mental illness i.e. by fostering supportive environments and support groups etc.
- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness

4) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks
3. Local community Farmer’s Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase choices for healthy eating at recreational facilities and parks
- Increase support for local community Farmer’s Market to purchase locally grown food

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Maintain community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)
2. Maintenance of sidewalks for pedestrians (e.g. marking hazardous sidewalks, snowplowing)

Recommended Actions

- Decrease injuries by maintaining local community areas (i.e. parks, fields, sidewalks) in good condition through Municipal Parks and Recreation and Official plans policies or overall maintenance strategies.
- Promote safe environments that prevent injury

Top Priorities listed in Comment Responses:

- More mental health professionals/specialists for servicing community
- Increasing the enforcement of smoking bylaws
- Increasing the R.I.D.E program
- Education on healthy eating
- Education on oral health
- Programs to decrease falls (falls prevention)
- Domestic Violence
- Develop leash free dog parks
- Development of Parks and Recreation Master Plan

DEMOGRAPHIC PROFILE FOR THE TOWNSHIP OF SHEDDEN (SPANISH)

DEMOGRAPHICS	SHEDDEN (Spanish)		ALGOMA DISTRICT	
Population				
Population 2006	728		117,461	
Population 2001	816		118,567	
% population change	-10.8		-0.9	
Median Age	45.2		45.0	
0 – 14 years:	19.9%		15.2%	
15 – 24 years:	11.0%		12.6%	
25 – 39 years:	12.3%		14.8%	
40 – 59 years:	34.9%		32.1%	
60 – 69 years:	10.3%		12.1%	
70 – 74 years:	4.8%		5.0%	
75 – 79 years:	4.8%		4.0%	
80 and over:	3.4%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	20.5%	19.4%	16.2%	14.2%
15 – 24 years:	11.0%	9.7%	13.1%	12.1%
25 – 39 years:	11.0%	13.9%	14.4%	15.2%
40 – 59 years:	38.4%	34.7%	32.0%	32.1%
60 – 69 years:	11.0%	11.1%	12.1%	12.1%
70 – 74 years:	4.1%	5.7%	4.9%	4.9%
75 – 79 years:	4.1%	4.2%	3.9%	4.1%
80 and over:	2.7%	4.2%	3.3%	5.3%
Family Characteristics				
% Married Couple families	69.8%		71.3%	
% Common-law-couple families	14.0%		12.4%	
% Lone-parent Families	18.6%		16.3%	
% Widowed	10.3%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.8		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	50.0%		27.5%	
High school certificate or equivalent	22.5%		27.4%	
Apprenticeship or trades certificate or diploma	5.8%		10.8%	
College or non-university certificate or diploma	15.8%		19.5%	
University certificate or diploma below the bachelor level	0.0%		2.7%	
University certificate; diploma or degree	3.3%		11.9%	
Median Income				
All Census Families (\$)	\$40,421		\$60,494	
Married-couple families	\$56,393		\$68,813	
Common-law couple families	\$32,483		\$55,497	
Lone-parent families	\$17,636		\$30,964	
Female lone-parent families	\$17,636		\$28,709	
Male lone-parent families	<i>data not available</i>		\$46,717	
Housing				
Owned dwellings	67.7%		71.2%	
Rented Dwellings	29.2%		27.9%	

Source: Statistics Canada. 2007. *Spanish, Ontario (Code3557039) (table). 2006 Community Profiles.* 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	64.4%	82.1%
% whose Mother Tongue is French only	25.3%	6.9%
% whose Mother Tongue is English and French	3.4%	0.5%
% whose Mother Tongue is other than English or French	6.2%	10.5%
Aboriginal Population		
% population identified as Aboriginal	27.6%	11.1%
Immigrant Population		
% non-immigrant	95.9%	89.9%
% immigrant status 2001-2006	2.8%	0.21%
% visible minority	4.8%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	215	55,210
A. Management occupations	6.9%	8.0%
B. Business; finance and administration occupations	11.6%	14.9%
C. Natural and applied sciences and related occupations	4.7%	6.0%
D. Health occupations	4.7%	6.8%
E. Occupations in social science; education; government service and religion	6.9%	8.8%
F. Occupations in art; culture; recreation and sport	0.0%	2.0%
G. Sales and service occupations	25.6%	28.3%
H. Trades; transport and equipment operators and related occupations	25.6%	17.2%
I. Occupations unique to primary industry	11.6%	3.2%
J. Occupations unique to processing; manufacturing and utilities	0.0%	4.6%

Source: Statistics Canada. 2007. *Spanish, Ontario (Code3557039) (table). 2006 Community Profiles. 2006 Census.* Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
RONA		
Algoma District School Board		
Education Facilities		
	English	French
Elementary Schools	1	1
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Current Policy Context with Municipalities	
3.0 Active Transportation and the Built Environment	3.2 Has a municipal Official Plan

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Healthy Communities Partnership Algoma Survey Results

(Survey results include Blind River, Huron Shores, North Shore and Shedden (Spanish) with 33 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

- Substance & Alcohol Misuse: 37.5%
- Physical Activity: 36.3%
- Healthy Eating: 12.5%
- Mental Health: 9.4%
- Tobacco use and exposure: 6.3%
- Injury Prevention: 0.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	59.4%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	46.9%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	39.3%
Educating public on Low Risk Drinking Guidelines	25.0%
Limit marketing of alcohol to youth	18.1%

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	53.1%
Access to recreational facilities	33.3%
After school recreation programs	27.2%
Access to physical activity programming	18.8%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	15.6%
Trail Development	12.5%
Increase the use of existing recreational fields, parks	12.5%
Develop connected walking routes in communities	9.4%
Access to bike paths or bike routes on roadways	6.3%
Updating recreational fields and parks	6.3%
Access to sidewalks	3.1%
Public transportation to access recreational areas such as ball fields, etc.	0.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	60.6%
Food Skills programs (learn to cook)	37.5%
Access to healthy food choices in schools	28.1%
School Nutrition Programs (breakfast and snack programs)	24.2%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	18.8%
Land use policies for municipal land to grow food (e.g. community gardens)	15.6%
Access to healthy food choices in workplaces	6.3%
Local community Farmer's Market	3.1%
Increased local Good Food Boxes	3.1%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	0.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open "community hubs" where multiple organizations provide health and social services, recreational programs	43.8%
Destigmatize mental illnesses in youth and adults	37.5%
Stress reduction education at workplaces	36.3%
Drop-in centres in communities for people in need	25.0%
Family support groups, self help groups, peer support groups for youth and adults	21.2%
Training workshops for employers on mental health and mental illnesses	18.8%
Employee Assistance Programs services at worksites	9.4%
Return to work policies after a leave from stress, depression etc.	3.1%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	57.5%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	31.3%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	28.1%
Smoke-free multi-unit dwellings (e.g. apartments)	21.2%
Contraband tobacco	18.8%
Smoke-free properties for health care facilities in your community	18.8%
Tobacco Free Sports policies for recreational groups and high school teams	15.6%
Smoke-free properties college/university campuses	3.1%

Injury Prevention Priorities to be addressed to make the community healthier	
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	51.5%
Road and off road safety education for snowmobiles, ATVs etc.	40.6%
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	25.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	21.9%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	18.8%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	15.1%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	12.5%
Signage for multiuse trails	9.4%
Better signage for bike routes	3.1%

North Shore of Algoma

(Huron Shores, North Shore Township, Blind River, Shedden (Spanish))

1) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

2) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Access to recreational facilities

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Increase opportunities to access recreational facilities at improving scheduled usage times, transportation to facilities, recreational space, services etc. for all ages

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Food skills programs (learn to cook)

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Develop food skills and literacy by promoting access to healthy food choices and teaching meal preparation skills

4) Mental Health Top Priorities

1. Open “community hubs” where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults
3. Stress reduction education at workplace

Recommended Actions

- Increase access to local community health services and support for people with mental illness i.e. by fostering supportive environments and support groups etc.
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs
- Increase opportunities and programming for Workplace programming on stress reduction

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits
3. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase knowledge of cessation services in communities that are available for those wishing to quit smoking e.g. Smokers Helpline fax back services, Smokers Helpline phone line, Algoma Public Health smoking cessation counseling services, Family Health teams services (if available in community)
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Maintaining community parks and fields in good condition (e.g. remove uneven surfaces large holes, poor lighting, proper and safe play equipment)
2. Road and off road safety education for snowmobiles and ATV's etc.

Recommended Actions

- Decrease injuries by maintaining local communities areas (i.e. parks, fields, sidewalks) in good condition through Municipal Parks and Recreation and Municipal Official plan policies or overall maintenance strategies.
- Increase awareness on road and off road safety by communication campaigns and education

Top Priorities listed in Comment Responses:

- Better food selection at grocery stores and provincial regulations on food pricing especially in rural areas
- Education on the effects of smoking
- Increase in social activities for community
- Education on substance misuse for youth and adults
- Environmental infrastructure for existing trails and roadways i.e. seating

DEMOGRAPHIC PROFILE FOR THE TOWNSHIP OF ST. JOSEPH

DEMOGRAPHICS	ST. JOSEPH		ALGOMA DISTRICT	
Population				
Population 2006	1129		117,461	
Population 2001	1201		118,567	
% population change	-6.0		-0.9	
Median Age	52.2		45.0	
0 – 14 years:	12.4%		15.2%	
15 – 24 years:	11.5%		12.6%	
25 – 39 years:	8.4%		14.8%	
40 – 59 years:	34.1%		32.1%	
60 – 69 years:	17.7%		12.1%	
70 – 74 years:	7.5%		5.0%	
75 – 79 years:	4.4%		4.0%	
80 and over:	4.0%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	13.2%	10.6%	16.2%	14.2%
15 – 24 years:	11.4%	10.6%	13.1%	12.1%
25 – 39 years:	7.0%	10.6%	14.4%	15.2%
40 – 59 years:	34.2%	35.4%	32.0%	32.1%
60 – 69 years:	16.7%	18.6%	12.1%	12.1%
70 – 74 years:	9.6%	5.3%	4.9%	4.9%
75 – 79 years:	4.4%	4.4%	3.9%	4.1%
80 and over:	2.6%	5.3%	3.3%	5.3%
Family Characteristics				
% Married Couple families	85.5%		71.3%	
% Common-law-couple families	6.6%		12.4%	
% Lone-parent Families	6.6%		16.3%	
% Widowed	7.1%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.7		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	25.7%		27.5%	
High school certificate or equivalent	21.7%		27.4%	
Apprenticeship or trades certificate or diploma	11.1%		10.8%	
College or non-university certificate or diploma	22.7%		19.5%	
University certificate or diploma below the bachelor level	6.0%		2.7%	
University certificate; diploma or degree	12.6%		11.9%	
Median Income				
All Census Families (\$)	\$69,823		\$60,494	
Married-couple families	\$71,232		\$68,813	
Common-law couple families	\$16,880		\$55,497	
Lone-parent families	\$29,376		\$30,964	
Female lone-parent families	\$29,376		\$28,709	
Male lone-parent families	<i>data not available</i>		\$46,717	
Housing				
Owned dwellings	87.6%		71.2%	
Rented Dwellings	12.4%		27.9%	

Source: Statistics Canada. 2007. *St. Joseph, Ontario (Code3557008)* (table). 2006 *Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	93.3%	82.1%
% whose Mother Tongue is French only	2.2%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	4.8%	10.5%
Aboriginal Population		
% population identified as Aboriginal	2.2%	11.1%
Immigrant Population		
% non-immigrant	92.0%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	540	55,210
A. Management occupations	9.3%	8.0%
B. Business; finance and administration occupations	12.0%	14.9%
C. Natural and applied sciences and related occupations	5.6%	6.0%
D. Health occupations	5.6%	6.8%
E. Occupations in social science; education; government service and religion	5.6%	8.8%
F. Occupations in art; culture; recreation and sport	0.0%	2.0%
G. Sales and service occupations	26.0%	28.3%
H. Trades; transport and equipment operators and related occupations	19.0%	17.2%
I. Occupations unique to primary industry	10.0%	3.2%
J. Occupations unique to processing; manufacturing and utilities	7.4%	4.6%

Source: Statistics Canada. 2007. *St. Joseph, Ontario (Code3557008)* (table). *2006 Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Township of St. Joseph Municipal Offices		
Algoma District School Board		
Matthews Memorial Hospital		
Education Facilities		
	English	French
Elementary Schools	1	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
Matthews Memorial Hospital		

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Current Policy Context with Municipalities	
3.0 Active Transportation and the Built Environment	<p>3.2 Has a municipal Official Plan</p> <p>3.2.4 The municipal Official Plan identifies plans for infrastructure (i.e. sidewalks, bike lanes, share-use paths) that support active transportation</p>
4.0 Prevention of Alcohol Misuse	<p>4.1 Has a Municipal Alcohol Policy (implemented for the general community)</p> <p>4.2 Policy that allows for special occasion permits (e.g. events not on municipal property)</p> <p>4.5 Policy that supports Safer Bars training (implemented for licensed outlets and serving staff)</p> <p>4.7 There are special occasion permits that allow alcohol to be sold</p>
5.0 Prevention of Tobacco Use and Exposure	<p>5.1 Policies that limit exposure to the harmful effects of second-hand smoke by prohibiting tobacco use in municipal owned outdoor spaces (i.e. parks, beaches, sports fields)</p> <p>5.4 Aware of retail policies (i.e. mall management) that prohibit tobacco use on outdoor retail property (i.e. parking lots, garages, entrances and exits)</p>

Source: Ontario Heart Health Network Workgroup, "OHNN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Healthy Communities Partnership Algoma Survey Results

(Survey results are for Central Algoma which for the purpose of the survey combines the areas:: Macdonald, Meredith and Aberdeen Additional, Laird, Tarbutt and Tarbutt Additional, Hilton Beach Village, Hilton Township, Jocelyn, St. Joseph Township, Johnson, Bruce Mines, Plummer Additional and Thessalon Townships with a total of 50 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

List of priority areas in order of interest to work on:

- Physical Activity: 40.0%
- Substance & Alcohol Misuse: 22.0%
- Healthy Eating: 18.0%
- Mental Health: 10.0%
- Tobacco use and exposure: 6.0%
- Injury Prevention: 2.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	38.0%
Trail Development	24.0%
After school recreation programs	22.0%
Develop connected walking routes in communities	22.0%
Access to recreational facilities	18.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	18.0%
Increase the use of existing recreational fields, parks	18.0%
Access to physical activity programming	12.0%
Access to bike paths or bike routes on roadways	10.0%
Updating recreational fields and parks	6.0%
Public transportation to access recreational areas such as ball fields, etc.	6.0%
Access to sidewalks	2.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	68.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	50.0%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	34.0%
Educating public on Low Risk Drinking Guidelines	24.0%
Limit marketing of alcohol to youth	20.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	54.0%
Local community Farmer's Market	36.0%
Food Skills programs (learn to cook)	20.0%
Access to healthy food choices in schools	18.0%
Land use policies for municipal land to grow food (e.g. community gardens)	18.0%
Access to healthy food choices in workplaces	14.0%
School Nutrition Programs (breakfast and snack programs)	12.0%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	10.0%
Increased local Good Food Boxes	10.0%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open "community hubs" where multiple organizations provide health and social services, recreational programs	40.0%
Destigmatize mental illnesses in youth and adults	38.0%
Family support groups, self help groups, peer support groups for youth and adults	24.0%
Training workshops for employers on mental health and mental illnesses	20.0%
Drop-in centres in communities for people in need	18.0%
Stress reduction education at workplaces	16.0%
Employee Assistance Programs services at worksites	16.0%
Return to work policies after a leave from stress, depression etc.	10.0%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	48.0%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	36.0%
Tobacco Free Sports policies for recreational groups and high school teams	28.0%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	24.0%
Smoke-free properties for health care facilities in your community	20.0%
Contraband tobacco	20.0%
Smoke-free multi-unit dwellings (e.g. apartments)	16.0%
Smoke-free properties college/university campuses	2.0%

Injury Prevention Priorities to be addressed to make the community healthier	
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	36.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	30.0%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	28.0%
Road and off road safety education for snowmobiles, ATVs etc.	26.0%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	26.0%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	20.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	16.0%
Signage for multiuse trails	12.0%
Better signage for bike routes	2.0%

Central Algoma

(Macdonald, Meredith and Aberdeen Additional Township, Laird, Tarbutt & Tarbutt, St. Joseph, Hilton Beach, Hilton Township, Jocelyn, Johnson, Bruce Mines, Plummer Additional, Thessalon)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Trail development

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Open "community hubs" where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults

Recommended Actions

- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding
2. Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.
3. Promoting policies that restrict use of ATV's for anyone under the age of 16 years

Recommended Actions

- Establish and strengthen municipal and provincial policies for mandatory helmet use in recreational activities and advocate for enforcement
- Promote safe environment that prevents injury by ensuring a safe built environment through public input into municipal planning
- Advocate for policies that restrict use of ATVs for those under the age of 16 years.

Top Priorities listed in Comment Responses:

- Increase enforcement of smoking bylaws
- Education and awareness of signs and symptoms of mental illness
- Infrastructure needs regarding construction of indoor pool for community use
- More programs for substance misuse
- Creating safe environments by paving shoulders of roads

DEMOGRAPHIC PROFILE FOR THE TOWNSHIP OF TARBUTT AND TARBUTT ADDITIONAL

DEMOGRAPHICS	TARBUTT AND TARBUTT ADDITIONAL		ALGOMA DISTRICT	
Population				
Population 2006	388		117,461	
Population 2001	466		118,567	
% population change	-16.7		-0.9	
Median Age	40.4		45.0	
0 – 14 years:	21.8%		15.2%	
15 – 24 years:	9.0%		12.6%	
25 – 39 years:	17.9%		14.8%	
40 – 59 years:	29.5%		32.1%	
60 – 69 years:	10.3%		12.1%	
70 – 74 years:	3.8%		5.0%	
75 – 79 years:	3.8%		4.0%	
80 and over:	1.3%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	25.0%	18.9%	16.2%	14.2%
15 – 24 years:	7.5%	10.8%	13.1%	12.1%
25 – 39 years:	17.5%	21.6%	14.4%	15.2%
40 – 59 years:	27.5%	29.7%	32.0%	32.1%
60 – 69 years:	12.5%	5.4%	12.1%	12.1%
70 – 74 years:	2.5%	2.7%	4.9%	4.9%
75 – 79 years:	5.0%	0.0%	3.9%	4.1%
80 and over:	2.5%	0.0%	3.3%	5.3%
Family Characteristics				
% Married Couple families	87.5%		71.3%	
% Common-law-couple families	8.3%		12.4%	
% Lone-parent Families	0.0%		16.3%	
% Widowed	6.6%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.9		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	16.1%		27.5%	
High school certificate or equivalent	30.6%		27.4%	
Apprenticeship or trades certificate or diploma	11.2%		10.8%	
College or non-university certificate or diploma	25.8%		19.5%	
University certificate or diploma below the bachelor level	6.4%		2.7%	
University certificate; diploma or degree	6.4%		11.9%	
Median Income				
All Census Families (\$)	\$62,514		\$60,494	
Married-couple families	\$62,124		\$68,813	
Common-law couple families	<i>data not available</i>		\$55,497	
Lone-parent families	<i>data not available</i>		\$30,964	
Female lone-parent families	<i>data not available</i>		\$28,709	
Male lone-parent families	<i>data not available</i>		\$46,717	
Housing				
Owned dwellings	93.1%		71.2%	
Rented Dwellings	10.3%		27.9%	

Source: Statistics Canada. 2007. *Tarbutt and Tarbutt Additional, Ontario (Code3557014)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.
<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	88.3%	82.1%
% whose Mother Tongue is French only	0.0%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	10.4%	10.5%
Aboriginal Population		
% population identified as Aboriginal	10.4%	11.1%
Immigrant Population		
% non-immigrant	92.2%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	175	55,210
A. Management occupations	8.6%	8.0%
B. Business; finance and administration occupations	20.0%	14.9%
C. Natural and applied sciences and related occupations	5.7%	6.0%
D. Health occupations	5.7%	6.8%
E. Occupations in social science; education; government service and religion	20.0%	8.8%
F. Occupations in art; culture; recreation and sport	0.0%	2.0%
G. Sales and service occupations	11.4%	28.3%
H. Trades; transport and equipment operators and related occupations	22.9%	17.2%
I. Occupations unique to primary industry	5.7%	3.2%
J. Occupations unique to processing; manufacturing and utilities	5.7%	4.6%

Source: Statistics Canada. 2007. *Tarbutt and Tarbutt Additional, Ontario (Code3557014)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.
<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
<i>No data available</i>		
Education Facilities		
	English	French
Elementary Schools	0	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Healthy Communities Partnership Algoma Survey Results

(Survey results are for Central Algoma which for the purpose of the survey combines the areas: Macdonald, Meredith and Aberdeen Additional, Laird, Tarbutt and Tarbutt Additional, Hilton Beach Village, Hilton Township, Jocelyn, St. Joseph Township, Johnson, Bruce Mines, Plummer Additional and Thessalon Townships with a total of 50 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

List of priority areas in order of interest to work on:

- Physical Activity: 40.0%
- Substance & Alcohol Misuse: 22.0%
- Healthy Eating: 18.0%
- Mental Health: 10.0%
- Tobacco use and exposure: 6.0%
- Injury Prevention: 2.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	38.0%
Trail Development	24.0%
After school recreation programs	22.0%
Develop connected walking routes in communities	22.0%
Access to recreational facilities	18.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	18.0%
Increase the use of existing recreational fields, parks	18.0%
Access to physical activity programming	12.0%
Access to bike paths or bike routes on roadways	10.0%
Updating recreational fields and parks	6.0%
Public transportation to access recreational areas such as ball fields, etc.	6.0%
Access to sidewalks	2.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	68.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	50.0%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	34.0%
Educating public on Low Risk Drinking Guidelines	24.0%
Limit marketing of alcohol to youth	20.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	54.0%
Local community Farmer's Market	36.0%
Food Skills programs (learn to cook)	20.0%
Access to healthy food choices in schools	18.0%
Land use policies for municipal land to grow food (e.g. community gardens)	18.0%
Access to healthy food choices in workplaces	14.0%
School Nutrition Programs (breakfast and snack programs)	12.0%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	10.0%

Increased local Good Food Boxes	10.0%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open “community hubs” where multiple organizations provide health and social services, recreational programs	40.0%
Destigmatize mental illnesses in youth and adults	38.0%
Family support groups, self help groups, peer support groups for youth and adults	24.0%
Training workshops for employers on mental health and mental illnesses	20.0%
Drop-in centres in communities for people in need	18.0%
Stress reduction education at workplaces	16.0%
Employee Assistance Programs services at worksites	16.0%
Return to work policies after a leave from stress, depression etc.	10.0%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	48.0%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	36.0%
Tobacco Free Sports policies for recreational groups and high school teams	28.0%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	24.0%
Smoke-free properties for health care facilities in your community	20.0%
Contraband tobacco	20.0%
Smoke-free multi-unit dwellings (e.g. apartments)	16.0%
Smoke-free properties college/university campuses	2.0%

Injury Prevention Priorities to be addressed to make the community healthier	
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	36.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	30.0%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	28.0%
Road and off road safety education for snowmobiles, ATVs etc.	26.0%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	26.0%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	20.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	16.0%
Signage for multiuse trails	12.0%
Better signage for bike routes	2.0%

Central Algoma

(Macdonald, Meredith and Aberdeen Additional Township, Laird, Tarbutt & Tarbutt, St. Joseph, Hilton Beach, Hilton Township, Jocelyn, Johnson, Bruce Mines, Plummer Additional, Thessalon)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Trail development

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Open "community hubs" where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults

Recommended Actions

- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding
2. Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.
3. Promoting policies that restrict use of ATV's for anyone under the age of 16 years

Recommended Actions

- Establish and strengthen municipal and provincial policies for mandatory helmet use in recreational activities and advocate for enforcement
- Promote safe environment that prevents injury by ensuring a safe built environment through public input into municipal planning
- Advocate for policies that restrict use of ATVs for those under the age of 16 years.

Top Priorities listed in Comment Responses:

- Increase enforcement of smoking bylaws
- Education and awareness of signs and symptoms of mental illness
- Infrastructure needs regarding construction of indoor pool for community use
- More programs for substance misuse
- Creating safe environments by paving shoulders of roads

DEMOGRAPHIC PROFILE FOR THE TOWN OF THESSALON

DEMOGRAPHICS	THESSALON		ALGOMA DISTRICT	
Population				
Population 2006	1312		117,461	
Population 2001	1386		118,567	
% population change	-5.3		-0.9	
Median Age	47.2		45.0	
0 – 14 years:	15.3%		15.2%	
15 – 24 years:	11.5%		12.6%	
25 – 39 years:	12.6%		14.8%	
40 – 59 years:	28.2%		32.1%	
60 – 69 years:	10.7%		12.1%	
70 – 74 years:	6.1%		5.0%	
75 – 79 years:	5.3%		4.0%	
80 and over:	9.9%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	16.1%	13.8%	16.2%	14.2%
15 – 24 years:	12.1%	10.0%	13.1%	12.1%
25 – 39 years:	12.1%	13.8%	14.4%	15.2%
40 – 59 years:	30.6%	29.0%	32.0%	32.1%
60 – 69 years:	11.3%	10.9%	12.1%	12.1%
70 – 74 years:	6.5%	6.5%	4.9%	4.9%
75 – 79 years:	4.0%	6.5%	3.9%	4.1%
80 and over:	6.5%	13.0%	3.3%	5.3%
Family Characteristics				
% Married Couple families	70.3%		71.3%	
% Common-law-couple families	10.8%		12.4%	
% Lone-parent Families	18.9%		16.3%	
% Widowed	13.9%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.8		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	33.9%		27.5%	
High school certificate or equivalent	28.0%		27.4%	
Apprenticeship or trades certificate or diploma	13.3%		10.8%	
College or non-university certificate or diploma	16.7%		19.5%	
University certificate or diploma below the bachelor level	1.4%		2.7%	
University certificate; diploma or degree	5.9%		11.9%	
Median Income				
All Census Families (\$)	\$57,633		\$60,494	
Married-couple families	\$68,504		\$68,813	
Common-law couple families	\$31,049		\$55,497	
Lone-parent families	\$28,638		\$30,964	
Female lone-parent families	\$26,649		\$28,709	
Male lone-parent families	<i>data not available</i>		\$46,717	
Housing				
Owned dwellings	76.2%		71.2%	
Rented Dwellings	23.8%		27.9%	

Source: Statistics Canada. 2007. *Thessalon, Ontario (Code3557028)* (table). 2006 *Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	94.6%	82.1%
% whose Mother Tongue is French only	4.6%	6.9%
% whose Mother Tongue is English and French	0.0%	0.5%
% whose Mother Tongue is other than English or French	0.8%	10.5%
Aboriginal Population		
% population identified as Aboriginal	10.3%	11.1%
Immigrant Population		
% non-immigrant	99.6%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	565	55,210
A. Management occupations	14.2%	8.0%
B. Business; finance and administration occupations	10.6%	14.9%
C. Natural and applied sciences and related occupations	5.3%	6.0%
D. Health occupations	8.9%	6.8%
E. Occupations in social science; education; government service and religion	4.4%	8.8%
F. Occupations in art; culture; recreation and sport	1.8%	2.0%
G. Sales and service occupations	24.8%	28.3%
H. Trades; transport and equipment operators and related occupations	16.8%	17.2%
I. Occupations unique to primary industry	4.4%	3.2%
J. Occupations unique to processing; manufacturing and utilities	5.3%	4.6%

Source: Statistics Canada. 2007. *Thessalon, Ontario (Code3557028)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Algoma Manor		
Tulloch Engineering		
Jones' Valu-Mart		
Education Facilities		
	English	French
Elementary Schools	1	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
Thessalon Hospital		

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Current Policy Context with Municipalities	
2.0 Access to Recreation and Physical Activity	2.2 Municipal recreation policies related to intramurals sport programs to ensure opportunity for everyone (e.g. no-cut intramurals, no cut sports policies) (Implemented for general community)
4.0 Prevention of Alcohol Misuse	4.1 Has a Municipal Alcohol Policy (Implemented for Adults) 4.2 Policy that allows for special occasion permits (e.g. events not on municipal property) (Implemented for adults, licensed outlets, serving staff) 4.5 Policy that supports Safer Bars training (implemented for licensed outlets and serving staff) 4.7 There are special occasion permits that allow alcohol to be sold
5.0 Prevention of Tobacco Use and Exposure	5.2 Policy that bans tobacco use within designated distance of public entrances and exits to municipal buildings providing local government services

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 2009.

Healthy Communities Partnership Algoma Survey Results

(Survey results are for Central Algoma which for the purpose of the survey combines the areas:: Macdonald, Meredith and Aberdeen Additional, Laird, Tarbutt and Tarbutt Additional, Hilton Beach Village, Hilton Township, Jocelyn, St. Joseph Township, Johnson, Bruce Mines, Plummer Additional and Thessalon Townships with a total of 50 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

List of priority areas in order of interest to work on:

- Physical Activity: 40.0%
- Substance & Alcohol Misuse: 22.0%
- Healthy Eating: 18.0%
- Mental Health: 10.0%
- Tobacco use and exposure: 6.0%
- Injury Prevention: 2.0%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	38.0%
Trail Development	24.0%
After school recreation programs	22.0%
Develop connected walking routes in communities	22.0%
Access to recreational facilities	18.0%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	18.0%
Increase the use of existing recreational fields, parks	18.0%
Access to physical activity programming	12.0%
Access to bike paths or bike routes on roadways	10.0%
Updating recreational fields and parks	6.0%
Public transportation to access recreational areas such as ball fields, etc.	6.0%
Access to sidewalks	2.0%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	68.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	50.0%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	34.0%
Educating public on Low Risk Drinking Guidelines	24.0%
Limit marketing of alcohol to youth	20.0%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	54.0%
Local community Farmer's Market	36.0%
Food Skills programs (learn to cook)	20.0%
Access to healthy food choices in schools	18.0%
Land use policies for municipal land to grow food (e.g. community gardens)	18.0%
Access to healthy food choices in workplaces	14.0%
School Nutrition Programs (breakfast and snack programs)	12.0%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	10.0%
Increased local Good Food Boxes	10.0%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	6.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open "community hubs" where multiple organizations provide health and social services, recreational programs	40.0%
Destigmatize mental illnesses in youth and adults	38.0%
Family support groups, self help groups, peer support groups for youth and adults	24.0%
Training workshops for employers on mental health and mental illnesses	20.0%
Drop-in centres in communities for people in need	18.0%
Stress reduction education at workplaces	16.0%
Employee Assistance Programs services at worksites	16.0%
Return to work policies after a leave from stress, depression etc.	10.0%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	48.0%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	36.0%
Tobacco Free Sports policies for recreational groups and high school teams	28.0%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	24.0%
Smoke-free properties for health care facilities in your community	20.0%
Contraband tobacco	20.0%
Smoke-free multi-unit dwellings (e.g. apartments)	16.0%
Smoke-free properties college/university campuses	2.0%

Injury Prevention Priorities to be addressed to make the community healthier	
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	36.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	30.0%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	28.0%
Road and off road safety education for snowmobiles, ATVs etc.	26.0%
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	26.0%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	20.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	16.0%
Signage for multiuse trails	12.0%
Better signage for bike routes	2.0%

Central Algoma

(Macdonald, Meredith and Aberdeen Additional Township, Laird, Tarbutt & Tarbutt, St. Joseph, Hilton Beach, Hilton Township, Jocelyn, Johnson, Bruce Mines, Plummer Additional, Thessalon)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Trail development

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease in risky drinking behaviours such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Open "community hubs" where multiple organizations provide health, social services and Recreational programs
2. Destigmatize mental illnesses in youth and adults

Recommended Actions

- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Smoke free parks and recreational fields (15 metres from play equipment or play areas)

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports

6) Injury Prevention Top Priorities

1. Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding
2. Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.
3. Promoting policies that restrict use of ATV's for anyone under the age of 16 years

Recommended Actions

- Establish and strengthen municipal and provincial policies for mandatory helmet use in recreational activities and advocate for enforcement
- Promote safe environment that prevents injury by ensuring a safe built environment through public input into municipal planning
- Advocate for policies that restrict use of ATVs for those under the age of 16 years.

Top Priorities listed in Comment Responses:

- Increase enforcement of smoking bylaws
- Education and awareness of signs and symptoms of mental illness
- Infrastructure needs regarding construction of indoor pool for community use
- More programs for substance misuse
- Creating safe environments by paving shoulders of roads

DEMOGRAPHIC PROFILE FOR THE TOWNSHIP OF WHITE RIVER

DEMOGRAPHICS	WHITE RIVER		ALGOMA DISTRICT	
Population				
Population 2006	841		117,461	
Population 2001	993		118,567	
% population change	-15.3		-0.9	
Median Age	42.2		45.0	
0 – 14 years:	13.7%		15.2%	
15 – 24 years:	14.9%		12.6%	
25 – 39 years:	17.9%		14.8%	
40 – 59 years:	37.5%		32.1%	
60 – 69 years:	7.7%		12.1%	
70 – 74 years:	2.4%		5.0%	
75 – 79 years:	1.8%		4.0%	
80 and over:	3.0%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	14.4%	15.6%	16.2%	14.2%
15 – 24 years:	14.4%	15.6%	13.1%	12.1%
25 – 39 years:	17.8%	19.5%	14.4%	15.2%
40 – 59 years:	38.9%	35.1%	32.0%	32.1%
60 – 69 years:	7.8%	9.1%	12.1%	12.1%
70 – 74 years:	2.2%	2.6%	4.9%	4.9%
75 – 79 years:	2.2%	2.6%	3.9%	4.1%
80 and over:	2.2%	1.3%	3.3%	5.3%
Family Characteristics				
% Married Couple families	66.7%		71.3%	
% Common-law-couple families	17.6%		12.4%	
% Lone-parent Families	15.7%		16.3%	
% Widowed	3.4%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.9		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	33.8%		27.5%	
High school certificate or equivalent	31.6%		27.4%	
Apprenticeship or trades certificate or diploma	10.0%		10.8%	
College or non-university certificate or diploma	20.1%		19.5%	
University certificate or diploma below the bachelor level	0.0%		2.7%	
University certificate; diploma or degree	4.3%		11.9%	
Median Income				
All Census Families (\$)	\$74,289		\$60,494	
Married-couple families	\$74,652		\$68,813	
Common-law couple families	\$81,052		\$55,497	
Lone-parent families	\$31,193		\$30,964	
Female lone-parent families	\$31,175		\$28,709	
Male lone-parent families	<i>data not available</i>		\$46,717	
Housing				
Owned dwellings	71.8%		71.2%	
Rented Dwellings	28.2%		27.9%	

Source: Statistics Canada. 2007. *White River, Ontario (Code3557091)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	78.7%	82.1%
% whose Mother Tongue is French only	16.0%	6.9%
% whose Mother Tongue is English and French	1.2%	0.5%
% whose Mother Tongue is other than English or French	4.7%	10.5%
Aboriginal Population		
% population identified as Aboriginal	38.1%	11.1%
Immigrant Population		
% non-immigrant	99.4%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	0.0%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	580	55,210
A Management occupations	6.0%	8.0%
B Business; finance and administration occupations	13.0%	14.9%
C Natural and applied sciences and related occupations	2.6%	6.0%
D Health occupations	0.0%	6.8%
E Occupations in social science; education; government service and religion	8.6%	8.8%
F Occupations in art; culture; recreation and sport	0.0%	2.0%
G Sales and service occupations	16.0%	28.3%
H Trades; transport and equipment operators and related occupations	28.0%	17.2%
I Occupations unique to primary industry	6.9%	3.2%
J Occupations unique to processing; manufacturing and utilities	19.0%	4.6%

Source: Statistics Canada. 2007. *White River, Ontario (Code3557091)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Continental Motel and Restaurant		
Canadian Pacific Railways		
Albert and Sons Service Centre		
Education Facilities		
	English	French
Elementary Schools	1	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
White River Medical Centre		

December 2010/ January 2011

Current Policy Context with Municipalities	
2.0 Access to Recreation and Physical Activity	2.2 Municipal recreation policies related to intramurals sport programs to ensure opportunity for everyone (e.g. no-cut intramurals, no cut sports policies) (Implemented for general community) 2.6 Has a Municipal Recreation Master Plan(?)
3.0 Active Transportation and the Built Environment	3.2 Has a municipal Official Plan
4.0 Prevention of Alcohol Misuse	4.2 Policy that allows for special occasion permits (e.g. events not on municipal property) (In development for adults and licensed outlets) 4.7 There are special occasion permits that allow alcohol to be sold

Source: Ontario Heart Health Network Workgroup, "OHHN Collaborative Policy Scan Project, Summary Report-Algoma," 200

Healthy Communities Partnership Algoma Survey Results

(Survey results from White River with 45 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

- Physical Activity: 42.2%
- Substance & Alcohol Misuse: 24.4%
- Healthy Eating: 24.4%
- Mental Health: 4.4%
- Tobacco use and exposure: 2.2%
- Injury Prevention: 2.2%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Trail Development	28.9%
Access to affordable physical activity opportunities	26.7%
Increase the use of existing recreational fields, parks	26.7%
Develop connected walking routes in communities	24.4%
After school recreation programs	22.2%
Access to physical activity programming	11.1%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	11.1%
Access to sidewalks	11.1%
Access to bike paths or bike routes on roadways	8.9%
Access to recreational facilities	8.9%
Updating recreational fields and parks	4.4%
Public transportation to access recreational areas such as ball fields, etc.	4.4%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	57.8%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	40.0%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	35.6%
Limit marketing of alcohol to youth	35.6%
Educating public on Low Risk Drinking Guidelines	15.6%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	68.9%
Food Skills programs (learn to cook)	24.4%
School Nutrition Programs (breakfast and snack programs)	24.4%
Local community Farmer's Market	22.2%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	20.0%
Land use policies for municipal land to grow food (e.g. community gardens)	13.3%
Access to healthy food choices in schools	8.9%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	6.7%
Increased local Good Food Boxes	2.2%
Access to healthy food choices in workplaces	0.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Open "community hubs" where multiple organizations provide health and social services, recreational programs	35.6%
Drop-in centres in communities for people in need	35.6%
Family support groups, self help groups, peer support groups for youth and adults	31.1%
Stress reduction education at workplaces	28.9%
Destigmatize mental illnesses in youth and adults	20.0%
Training workshops for employers on mental health and mental illnesses	17.8%
Employee Assistance Programs services at worksites	11.1%
Return to work policies after a leave from stress, depression etc.	2.2%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	42.2%
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	40.0%
Smoke-free properties for health care facilities in your community	26.7%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	24.4%
Contraband tobacco	17.8%
Smoke-free multi-unit dwellings (e.g. apartments)	11.1%
Tobacco Free Sports policies for recreational groups and high school teams	11.1%
Smoke-free properties college/university campuses	2.2%

Injury Prevention Priorities to be addressed to make the community healthier	
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	53.3%
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	24.4%
Road and off road safety education for snowmobiles, ATVs etc.	22.2%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	22.2%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	20.0%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	20.0%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	13.3%
Signage for multiuse trails	13.3%
Better signage for bike routes	2.2%

White River

1) Physical Activity Top Priorities

1. Trail Development
2. Access to affordable physical activity opportunities
3. Increase the use of existing recreational fields, parks

Recommended Actions

- Support active transportation and improve the built environment by promoting, creating and maintaining safe routes within and around the community e.g. trails, cycling/walking routes.
- Increase access and opportunities to a variety of affordable physical activity and recreational programs and services especially in high risk populations
- Improve the built environment for physical activities and recreation by updating and increasing the opportunities for existing facilities, fields, trails, parks, etc.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Communication campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's on a continual basis)

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Increase knowledge of Alcohol Misuse and reduce risky drinking behaviour through development of Communication Campaigns on dangers of drinking and driving while operating all motorized vehicles i.e. ATVs, snowmobiles, boating, vehicles on an annual basis.

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Food skills programs (learn to cook)
3. School Nutrition Programs (breakfast and snack programs)

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Develop food skills and literacy by promoting access to healthy food choices and teaching meal preparation skills
- Increase access to healthier food by improving the availability of healthy foods in school settings

4) Mental Health Promotion Top Priorities

1. Open “community hubs” where multiple organizations provide health and social services recreational programs
2. Drop-in centres in communities for people in need
3. Family support groups, self-help groups, peer support groups for youth and adults

Recommended Actions

- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness
- Increase access to local community health services and support for people with mental illness i.e. by fostering supportive environments and support groups etc.
- Increase access to local community health services and supports by fostering supportive environments, programs that promote acceptance and inclusion and skills to decrease risk factors for mental illness e.g. abuse, isolation

5) Tobacco Use and Exposure Top Priorities

1. Smoke free parks and recreational fields (15 metres from play equipment or play areas)
2. Affordable Nicotine Replacement Therapy for those quitting smoking in the community

Recommended Actions

- Increase tobacco free environments and protect public from second hand smoke exposure by supporting smoke free parks and recreational fields through education and environmental supports
- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province

6) Injury Prevention Top Priorities

1. Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)
2. Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing skateboarding

Recommended Actions

- Decrease injuries by maintaining local communities areas (i.e. parks, fields, sidewalks) in good condition through Municipal Parks and Recreation and Municipal Official plan policies for overall maintenance strategies.
- Establish and strengthen municipal and provincial policies for mandatory helmet use in recreational activities and advocate for enforcement

Top Priorities listed in Comment Responses:

- Provincial regulations on food pricing especially in rural areas
- More community activities to get youth outside and get physically active and also increase socialization of all ages
- Enforcement for ATV, snow machine and bush bike bylaws
- More stress reduction strategies in community because of economic downturn

DEMOGRAPHIC PROFILE FOR ALGOMA, UNORGANIZED (NORTH PART)

DEMOGRAPHICS	UNORGANIZED ALGOMA (NORTH)		ALGOMA DISTRICT	
Population				
Population 2006	5717		117,461	
Population 2001	6114		118,567	
% population change	-6.5		-0.9	
Median Age	47.2		45.0	
0 – 14 years:	14.1%		15.2%	
15 – 24 years:	10.9%		12.6%	
25 – 39 years:	12.9%		14.8%	
40 – 59 years:	36.7%		32.1%	
60 – 69 years:	15.5%		12.1%	
70 – 74 years:	4.4%		5.0%	
75 – 79 years:	3.5%		4.0%	
80 and over:	2.1%		4.3%	
Sex				
	Male	Female	Male	Female
0 – 14 years:	15.0%	12.8%	16.2%	14.2%
15 – 24 years:	10.9%	10.8%	13.1%	12.1%
25 – 39 years:	11.9%	14.2%	14.4%	15.2%
40 – 59 years:	35.1%	38.7%	32.0%	32.1%
60 – 69 years:	16.6%	14.1%	12.1%	12.1%
70 – 74 years:	4.5%	4.0%	4.9%	4.9%
75 – 79 years:	3.7%	4.0%	3.9%	4.1%
80 and over:	2.2%	2.4%	3.3%	5.3%
Family Characteristics				
% Married Couple families	76.9%		71.3%	
% Common-law-couple families	12.9%		12.4%	
% Lone-parent Families	9.9%		16.3%	
% Widowed	5.5%		8.2%	
Average Number of Persons in All Census Families				
Average Number of Persons in All Census Families	2.7		2.8	
Education, Per Population Aged 15 years and older				
No certificate; diploma or degree	30.3%		27.5%	
High school certificate or equivalent	25.1%		27.4%	
Apprenticeship or trades certificate or diploma	16.4%		10.8%	
College or non-university certificate or diploma	16.8%		19.5%	
University certificate or diploma below the bachelor level	3.4%		2.7%	
University certificate; diploma or degree	7.7%		11.9%	
Median Income				
All Census Families (\$)	\$58,843		\$60,494	
Married-couple families	\$61,845		\$68,813	
Common-law couple families	\$61,993		\$55,497	
Lone-parent families	\$27,967		\$30,964	
Female lone-parent families	\$20,314		\$28,709	
Male lone-parent families	\$49,808		\$46,717	
Housing				
Owned dwellings	91.9%		71.2%	
Rented Dwellings	8.1%		27.9%	

Source: Statistics Canada. 2007. *Algoma, Unorganized, North Part, Ontario (Code3557095)* (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.
<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Languages		
% whose Mother Tongue is English only	86.4%	82.1%
% whose Mother Tongue is French only	4.5%	6.9%
% whose Mother Tongue is English and French	0.5%	0.5%
% whose Mother Tongue is other than English or French	8.7%	10.5%
Aboriginal Population		
% population identified as Aboriginal	10.2%	11.1%
Immigrant Population		
% non-immigrant	91.8%	89.9%
% immigrant status 2001-2006	0.0%	0.21%
% visible minority	1.7%	1.3%
Occupation		
<i>Total experienced labour force 15 years and over</i>	2650	55,210
A. Management occupations	11.7%	8.0%
B. Business; finance and administration occupations	13.0%	14.9%
C. Natural and applied sciences and related occupations	5.7%	6.0%
D. Health occupations	6.4%	6.8%
E. Occupations in social science; education; government service and religion	3.4%	8.8%
F. Occupations in art; culture; recreation and sport	0.94%	2.0%
G. Sales and service occupations	21.7%	28.3%
H. Trades; transport and equipment operators and related occupations	27.0%	17.2%
I. Occupations unique to primary industry	6.9%	3.2%
J. Occupations unique to processing; manufacturing and utilities	3.4%	4.6%

Source: Statistics Canada. 2007. *Algoma, Unorganized, North Part, Ontario (Code3557095) (table). 2006 Community Profiles.* 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.
<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Top Employers		
Algoma District School Board		
Searchmont Resort		
Ministry of Transportation		
Education Facilities		
	English	French
Elementary Schools	2	0
High Schools	0	0
Colleges	0	0
Universities	0	0
Health Care Facilities		
None available		

December 2010/ January 2011

Healthy Communities Partnership Algoma Survey Results

(Survey results for North Algoma inclusive which includes: Unorganized Algoma north, Michipicoten (Wawa), Dubreuilville and White River with 146respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

- Physical Activity: 45.9%
- Substance & Alcohol Misuse: 34.2%
- Healthy Eating: 23.9%
- Mental Health: 9.6%
- Tobacco use and exposure: 2.7%
- Injury Prevention: 1.3%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	40.4%
Increase the use of existing recreational fields, parks	25.3%
Trail Development	21.9%
After school recreation programs	21.2%
Access to physical activity programming	19.8%
Updating recreational fields and parks	19.8%
Develop connected walking routes in communities	17.8%
Access to bike paths or bike routes on roadways	17.1%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	15.1%
Access to sidewalks	14.3%
Access to recreational facilities	11.6%
Public transportation to access recreational areas such as ball fields, etc.	2.7%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	71.9%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	52.7%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	46.5%
Limit marketing of alcohol to youth	36.9%
Educating public on Low Risk Drinking Guidelines	21.2%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	78.7%
Local community Farmer's Market	32.2%
Food Skills programs (learn to cook)	28.1%
School Nutrition Programs (breakfast and snack programs)	21.9%
Land use policies for municipal land to grow food (e.g. community gardens)	20.5%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	14.4%
Access to healthy food choices in schools	13.7%
Development of a Food Charter (a document that helps guide local	13.6%

polymakers, communities and residents about food)	
Increased local Good Food Boxes	6.8%
Access to healthy food choices in workplaces	2.7%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Family support groups, self help groups, peer support groups for youth and adults	41.7%
Stress reduction education at workplaces	38.3%
Open “community hubs” where multiple organizations provide health and social services, recreational programs	38.3%
Destigmatize mental illnesses in youth and adults	32.2%
Training workshops for employers on mental health and mental illnesses	19.8%
Employee Assistance Programs services at worksites	19.2%
Drop-in centres in communities for people in need	13.7%
Return to work policies after a leave from stress, depression etc.	12.3%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	59.5%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	42.4%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	40.4%
Smoke-free multi-unit dwellings (e.g. apartments)	23.2
Smoke-free properties for health care facilities in your community	18.4%
Tobacco Free Sports policies for recreational groups and high school teams	14.3%
Contraband tobacco	13.7%
Smoke-free properties college/university campuses	4.1%

Injury Prevention Priorities to be addressed to make the community healthier	
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	50.7%
Road and off road safety education for snowmobiles, ATVs etc.	34.9%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	32.2%
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	29.4%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	26.0%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	23.9%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	18.5%
Signage for multiuse trails	10.3%
Better signage for bike routes	6.8%

North Algoma

(White River, Dubreuilville, Michipicoten (Wawa) and Unorganized Algoma)

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Increase the use of existing recreational fields, parks

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations
- Improve the built environment for physical activities and recreation by updating and increasing the opportunities for existing facilities, fields, trails, parks, etc.

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Communication campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's on a continual basis)

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Increase knowledge of Alcohol Misuse and reduce risky drinking behaviour through development of Communication Campaigns on dangers of drinking and driving while operating all motorized vehicles i.e. ATVs, snowmobiles, boating, vehicles on an annual basis.

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local Community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

Family support groups, self help groups, peer support groups for youth and adults

1. Stress reduction education at workplaces
2. Open "community hubs" where multiple organizations provide health and social services, recreational programs

Recommended Actions

- Increase access to local community health services and supports by fostering supportive environments, programs that promote acceptance and inclusion and skills to decrease risk factors for mental illness e.g. abuse, isolation
- Increase opportunities and programming for Workplace programming on stress reduction
- Increase access to local community health services and support for people with mental illness i.e. by fostering supportive environments and support groups etc.

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits

Recommended Actions

- Increase access to affordable cessation services in the community and advocate for affordable NRT from the province
- Increase knowledge of cessation services in communities that are available for those wishing to quit smoking e.g. Smokers Helpline fax back services, Smokers Helpline phone line, Algoma Public Health smoking cessation counseling services, Family Health teams services (if available in community)

6) Injury Prevention Top Priorities

1. Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)
2. Road and off road safety education for snowmobiles and ATV's etc.

Recommended Actions

- Decrease injuries by maintaining local communities' areas (i.e. parks, fields, sidewalks) in good condition through Municipal Parks and Recreation and Municipal Official plan policies or overall maintenance strategies.
- Increase awareness for local road and off road safety communication campaigns and education.

Top Priorities listed in Comment Responses:

- Education and programs for gambling
- Education on controlled substances
- Infrastructure needs regarding construction of indoor pool for community use
- Regulation of food pricing as rural area's costs are substantially higher than urban areas
- Increasing the Enforcement of smoking bylaws

ALGOMA DISTRICT

Healthy Communities Partnership Algoma Survey Results

(Survey results are for Algoma District inclusive including all 21 municipalities with a total of 776 respondents)

As part of the 'Healthy Communities Partnership' component, each partnership was to identify priorities and recommended actions to help guide the Healthy Community Grant Project Stream component. The priorities and recommendations will help eligible organizations develop and deliver health promotion initiatives in their local communities or apply for provincial projects.

The following information identifies the local priorities across the six Healthy Communities priority areas: Physical Activity, Sport and Recreation, Healthy Eating, Tobacco Use and Exposure, Injury Prevention, Mental Health Promotion and Substance & Alcohol Misuse that the community would like to work on.

- Physical Activity: 31.8%
- Substance & Alcohol Misuse: 24.1%
- Healthy Eating: 18.6%
- Mental Health: 15.5%
- Tobacco use and exposure: 4.8%
- Injury Prevention: 2.3%

Priority choices for the survey were developed using information from various sources such as the Ontario Chronic Disease Prevention Alliance Common Messages & Policy Options Draft report, Take Heart Algoma Key Informant Interview Summary Report, Parks and Recreation Ontario documents, the Ministry of Health Promotion's Ontario Public Health Standard Guidance Documents, etc. (to see other resources used please refer to References)

Note: For the purpose of this report "Access" refers to the capacity to offer, seek, obtain or receive a service, opportunity or support, accounting for factors such as, cost, availability, transportation, stigma, limited capacity, policies, environmental level supports, etc. Accessibility could be analyzed in perspective of service provider as well as that of service recipient or audience of interest.

Physical Activity Priorities to be addressed to make the community healthier	
Access to affordable physical activity opportunities	40.9%
Access to bike paths or bike routes on roadways	21.3%
After school recreation programs	20.5%
Develop connected walking routes in communities	19.8%
Trail Development	16.4%
Increase the use of existing recreational fields, parks	13.1%
Access to physical activity programming	11.3%
Updating recreational fields and parks	11.2%
Access to recreational facilities	10.2%
Training for coaches, volunteers and/or teachers to increase coaching skills for children	9.8%
Access to sidewalks	7.9%
Public transportation to access recreational areas such as ball fields, etc.	6.2%

Alcohol and/or Substance Misuse Priorities to be addressed to make the community healthier	
Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)	59.9%
Decrease risky drinking behaviour such as driving, crime, violence, bush parties	43.9%
Communication Campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis	34.7%
Limit marketing of alcohol to youth	30.3%
Educating public on Low Risk Drinking Guidelines	19.2%

Healthy Eating Priorities to be addressed to make the community healthier	
Access to healthy affordable foods	50.9%
Local community Farmer's Market	27.6%
Food Skills programs (learn to cook)	22.4%
School Nutrition Programs (breakfast and snack programs)	22.0%
Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks	18.9%
Access to healthy food choices in schools	18.4%
Land use policies for municipal land to grow food (e.g. community gardens)	13.9%
Access to healthy food choices in workplaces	8.1%
Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)	7.6%
Increased local Good Food Boxes	5.0%

Mental Health Promotion Priorities to be addressed to make the community healthier	
Destigmatize mental illnesses in youth and adults	35.3%
Open "community hubs" where multiple organizations provide health and social services, recreational programs	28.9%
Family support groups, self help groups, peer support groups for youth and adults	26.6%
Stress reduction education at workplaces	25.9%
Drop-in centres in communities for people in need	25.5%
Training workshops for employers on mental health and mental illnesses	21.7%
Employee Assistance Programs services at worksites	14.8%
Return to work policies after a leave from stress, depression etc.	13.0%

Tobacco Use and Exposure Priorities to be addressed to make the community healthier	
Affordable Nicotine Replacement Therapy for those quitting smoking in the community	45.1%
Smoke free parks and recreational fields (15 metres from play equipment or play areas)	34.1%
Smoke-free multi-unit dwellings (e.g. apartments)	23.3%
Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits	23.3%
Smoke-free properties for health care facilities in your community	22.4%
Tobacco Free Sports policies for recreational groups and high school teams	15.6%
Contraband tobacco	14.8%
Smoke-free properties college/university campuses	8.7%

Injury Prevention Priorities to be addressed to make the community healthier	
Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)	36.1%
Maintenance of sidewalks for pedestrians (marking hazardous sidewalks, snowplowing)	32.4%
Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding	26.9%
Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.	22.5%
Promoting policies that restrict use of ATVs for anyone under the age of 16 years	19.3%
Road and off road safety education for snowmobiles, ATVs etc.	18.5%
Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear	15.1%
Signage for multiuse trails	12.5%
Better signage for bike routes	9.9%

Algoma District

1) Physical Activity Top Priorities

1. Access to affordable physical activity opportunities
2. Access to bike paths or bike routes on roadways

Recommended Actions

- Increase access to physical activity, sport and recreation programs and services by improving the availability of opportunities in the community especially in high risk populations

2) Substance & Alcohol Misuse Top Priorities

1. Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
2. Decrease risky drinking behaviour such as driving, crime, violence, bush parties

Recommended Actions

- Increase resiliency skills in youth through prevention programming strategies, services and professional access
- Reduction in risky drinking behaviours through communication, education, programming strategies to improve personal skills to prevent and reduce binge drinking

3) Healthy Eating Top Priorities

1. Access to healthy, affordable foods
2. Local Community Farmer's Market

Recommended Actions

- Increase access to healthy affordable foods in multiple settings such as schools, workplaces and the community especially for high risk populations
- Increase support for local community Farmer's Market to purchase locally grown food

4) Mental Health Promotion Top Priorities

1. Destigmatize mental illnesses in youth and adults
2. Open "community hubs" where multiple organizations provide health and social services, Recreational programs

Recommended Actions

- Reduce the stigma of mental illness in youth and adults through increasing knowledge and awareness of mental health issues, education and programs
- Increase central access to services that provide health, social services, recreational programs and other healthy lifestyle information to those with mental illness

5) Tobacco Use and Exposure Top Priorities

1. Affordable Nicotine Replacement Therapy for those quitting smoking in the community
2. Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits

Recommended Actions

- Increase the access to affordable cessations services in the community and advocate for affordable NRT from the province
- Increase knowledge of cessation services in communities that are available for those wishing to quit smoking e.g. Smokers Helpline fax back services, Smokers Helpline phone line, Algoma Public Health smoking cessation counseling services, Family Health teams services (if available in community)

6) Injury Prevention Top Priorities

1. Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)
2. Maintenance of sidewalks for pedestrians (e.g. marking hazardous sidewalks, snowplowing)

Recommended Actions

- Decrease injuries by maintaining local communities areas (i.e. parks, fields, sidewalks) in good condition through Municipal Parks and Recreation and Municipal Official plan policies or overall maintenance strategies.
- Promote safe environments that prevent injury

Health Profiles for Chronic Diseases in Algoma

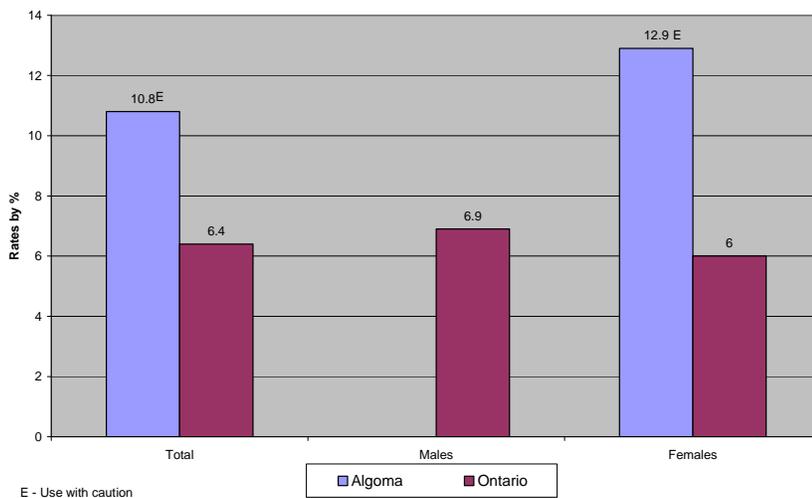
Diabetes

Definition: Population aged 12 and over who reported that they have been diagnosed by a health professional as having diabetes. Diabetes includes females 15 and over who reported that they have been diagnosed with gestational diabetes.

Source: Statistics Canada, Canadian Community Health Survey, 2009.

CANSIM table no.: [105-0501](#)

Health Conditions: Rates - Diabetes by sex, 12 years and over
StatsCan 2009



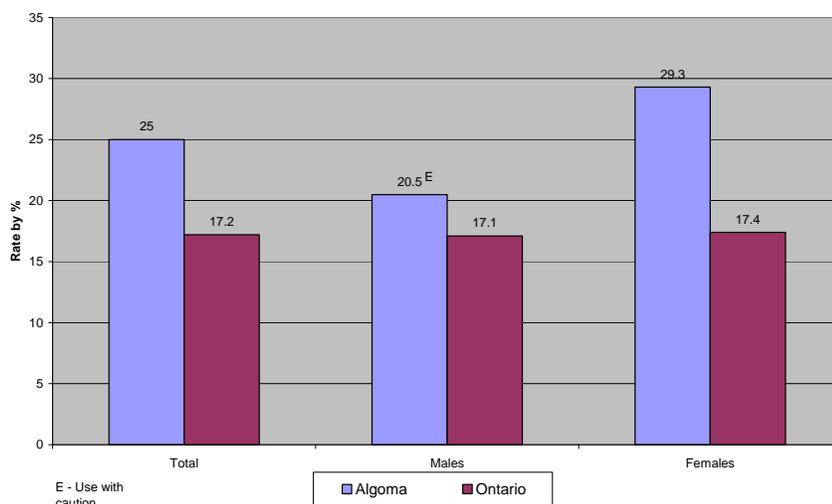
High blood pressure

Definition: Population aged 12 and over who reported that they have been diagnosed by a health professional as having high blood pressure.

Source: Statistics Canada, Canadian Community Health Survey, 2009.

CANSIM table no.: [105-0501](#)

Health Conditions: Rates - High Blood Pressure by sex, 12 years and over
StatsCan 2009



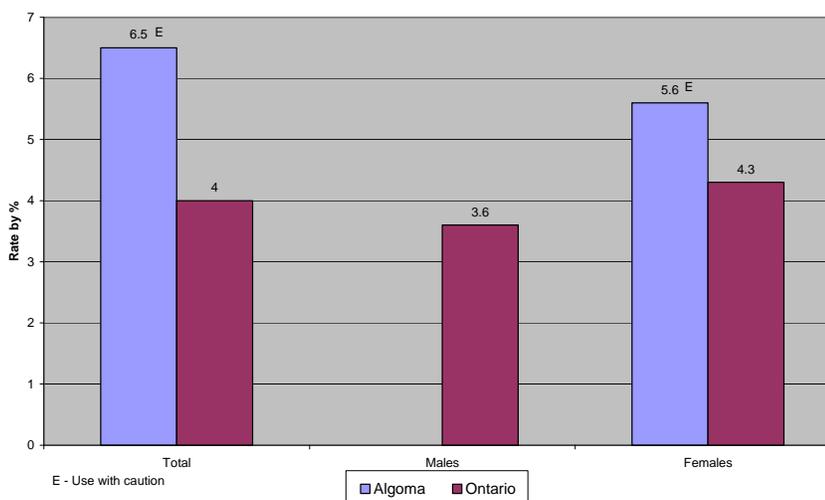
Chronic obstructive pulmonary disease (COPD)

Definition: Population aged 35 and over who reported being diagnosed by a health professional with chronic bronchitis, emphysema or chronic obstructive pulmonary disease (COPD).

Source: Statistics Canada, Canadian Community Health Survey, 2009.

CANSIM table no.: [105-0501](#)

Health Conditions: Rates - Chronic Obstructive Pulmonary Disease (COPD) by sex, 12 years and over
StatsCan 2009



Obesity

Definition: Body mass index (BMI) is a method of classifying body weight according to health risk. According to the World Health Organization (WHO) and Health Canada guidelines, health risk levels are associated with each of the following BMI categories:

- normal weight = least health risk;
- underweight and overweight = increased health risk;
- obese, class I = high health risk;
- obese, class II = very high health risk;
- obese, class III = extremely high health risk.

Body mass index (BMI) is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared. A definition change was implemented in 2004 to conform with the World Health Organization (WHO) and Health Canada guidelines for body weight classification. The index is calculated for the population aged 18 and over, excluding pregnant females and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

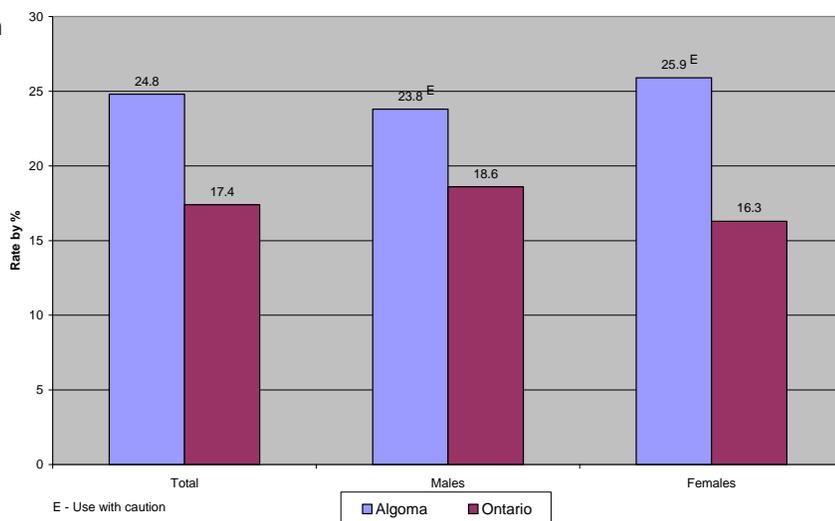
According to the World Health Organization (WHO) and Health Canada guidelines, the index for body weight classification is less than 18.50 (underweight);

- 18.50 to 24.99 (normal weight);
- 25.00 to 29.99 (overweight);
- 30.00 to 34.99 (obese, class I);
- 35.00 to 39.99 (obese, class II);
- 40.00 or greater (obese, class III).

Source: Statistics Canada, Canadian Community Health Survey, 2009.

CANSIM table no.: [105-0501](#))

Health Conditions: Rates - Obese by sex, 18 years and over
StatsCan 2009



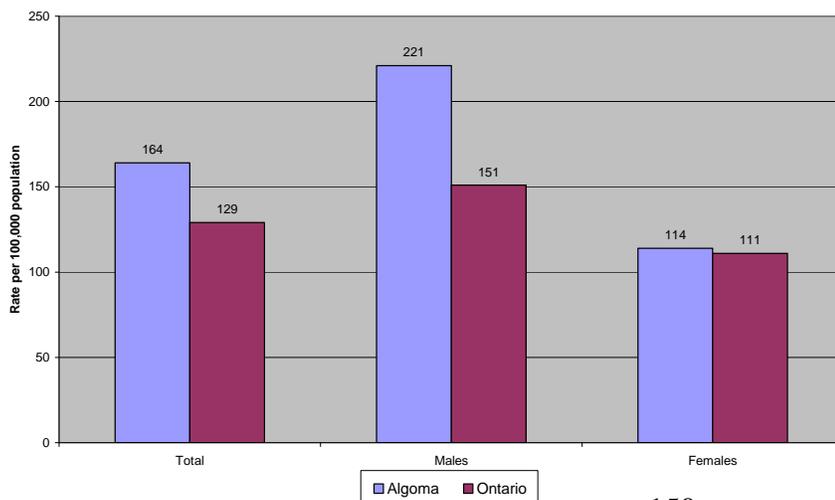
Hospitalized stroke event rate

Definition: Age-standardized rate of new stroke events admitted to an acute care hospital per 100,000 population age 20 and older. New event is defined as a first-ever hospitalization for stroke or a recurrent hospitalized stroke occurring more than 28 days after the admission for the previous event in the reference period.

Source: Canadian Institute for Health Information (CIHI), Discharge Abstract Database (DAD), April 1, 2007 to March 31, 2008.

CANSIM table no.: Not applicable.

Health Conditions: Rates - Hospitalized stroke event rate by sex, 12 years and over StatsCan 2009



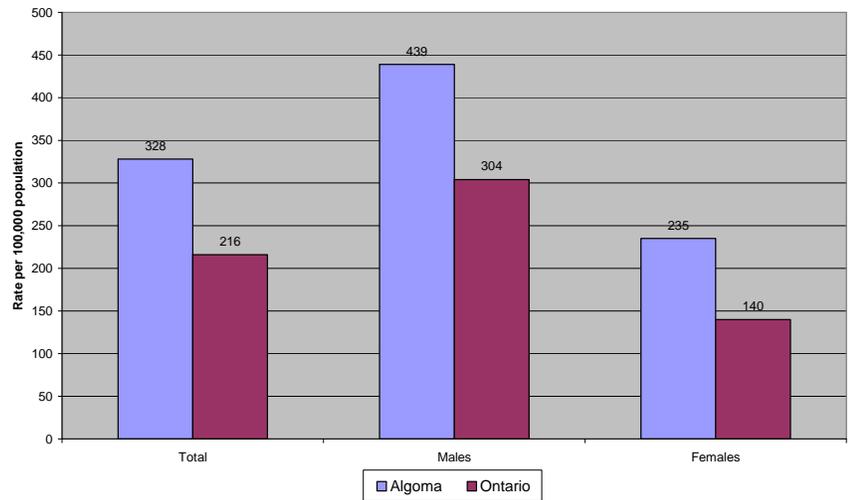
Hospitalized acute myocardial infarction (AMI) event rate

Definition: Age-standardized rate of new AMI events admitted to an acute care hospital per 100,000 population age 20 and older. New event is defined as a first-ever hospitalization for an AMI or a recurrent hospitalized AMI occurring more than 28 days after the admission for the previous event in the reference period.

Source: Canadian Institute for Health Information (CIHI), Discharge Abstract Database (DAD), April 1, 2007 to March 31, 2008.

CANSIM table no.: Not applicable.

Health Conditions: Rates - Hospitalized acute myocardial infarction event rate by sex, 12 years and over StatsCan 2009



Deaths: Rates

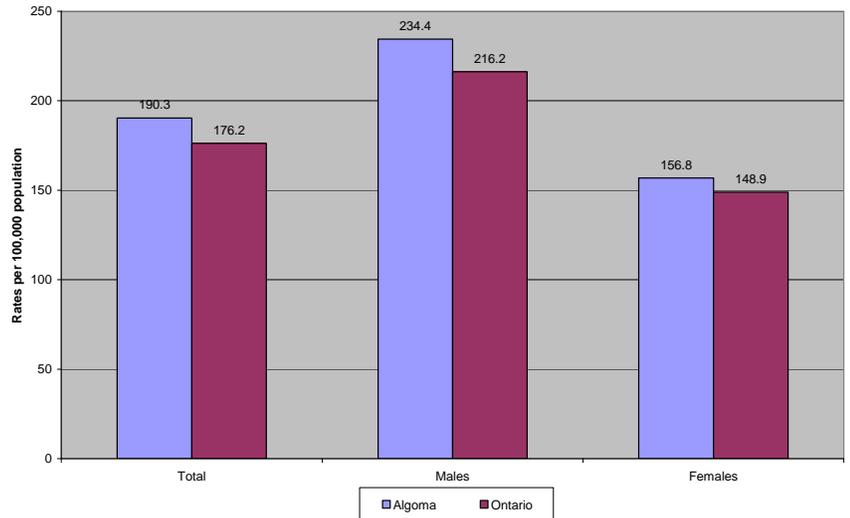
All cancers

Definition: Age-standardized rate of death per 100,000 population. World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). All malignant neoplasms (cancers) [C00-C97].

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: [102-0303](#)

Deaths: Rates - All cancers by sex, by 12 years and over



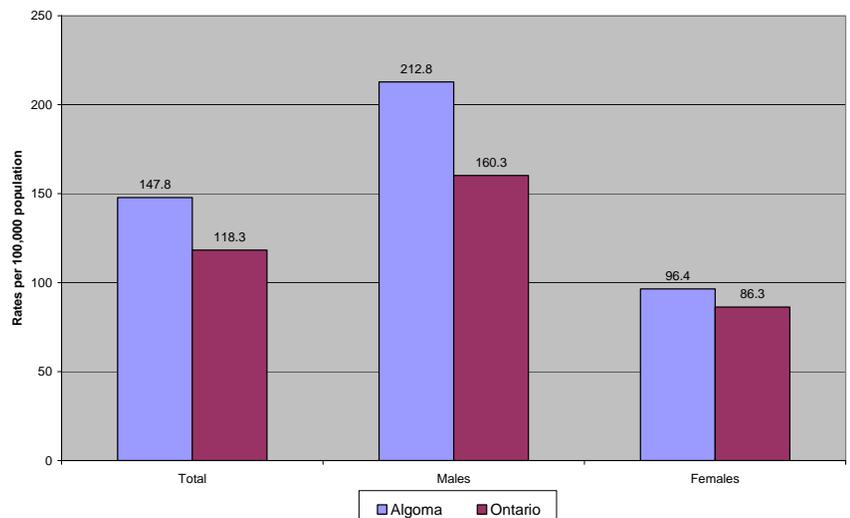
Ischaemic heart diseases

Definition: Age-standardized rate of death per 100,000 population. World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Ischaemic heart diseases [I20-I25].

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: [102-0303](#)

Deaths: Rates - Ischaemic heart diseases by sex, 12 years and over

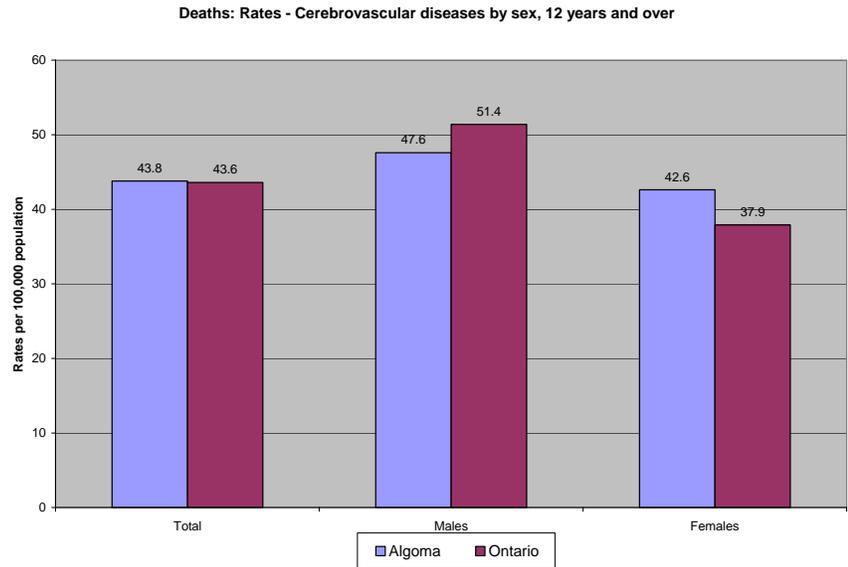


Cerebrovascular diseases

Definition: Age-standardized rate of death per 100,000 population. World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Cerebrovascular diseases [I60-I69].

Source: Statistics Canada, Canadian Vital Statistics, DeathDatabase and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: [102-0303](#)



Healthy Communities Partnership Algoma Terms of Reference 2011

Mission Statement

Healthy Communities Partnership Algoma works to help prevent chronic disease and injuries and improve health by supporting communities that promote healthy choices and environments through collaboration and partnerships.

Vision

Improve the quality of life in Algoma by encouraging partnerships to build healthier communities through influencing policy change.

Goal

To prevent chronic diseases and injuries by coordinated actions among community partners that will create policies and programs for a healthier Algoma.

Objectives

- To identify recommended actions across the 6 key Healthy Communities priority areas that are supported by partners and individuals in the community.
- To identify networks, community leaders, and decision-makers involved in actions across the 6 key priority areas.
- To increase the number of partners and sectors actively involved in the work of the Healthy Communities Fund Partnership.
- To increase the quantity and impact of local and regional policies that effectively supports health.
- To build capacity of networks, community leaders and decision makers to create supportive environments and build healthy public policies.
- To establish a functioning partnership and associated infrastructure that meets the mandate of the Partnership Stream.

Guiding Principles

As a Coalition, we will:

- Empower communities using a shared decision-making model
- Strengthen partnerships within and between communities as well as between local and provincial partners
- Mobilize community partners and sectors to effect change
- Work with priority populations to reduce health inequalities
- Build on research, evidence and experience
- Be accountable to communities and the ministry through measurable outcomes
- Work toward sustainable programs and strategies

Operational Guidelines

The functions of the Healthy Communities Partnerships Algoma are:

1. **Community Engagement and Planning:** to engage multiple networks, community leaders/members and decision makers to develop a Community Picture that identifies priorities to support local needs and align with Ministry priorities.
2. **Partnership Development:** to identify existing networks and build connections within and between them for the purpose of coordinated action and build on existing capacities and strategies to maximize resources. Partnership development activities include capacity-building, training and development.
3. **Community Mobilization/Action to Build Healthy Public Policy:** to mobilize community leaders, decision makers and organizations to work together to build healthy public policy.

Decision Making

- Is guided by the mission, guiding principles, goals, and objectives
- Is based on the concept of partnership
- And is based on an ethical framework

Membership

- Members include individuals from community organizations, businesses, agencies and/or volunteers
- Volunteers who are unaffiliated with a particular organization will be legally covered under the comprehensive general liability insurance of the host agency that is required as part of the Legal Agreement with the Ministry of Health Promotion and Sport.
- Members can be involved in any level of the Partnership i.e. Community Planning Committee, Workgroups, or as a resource person.

Roles and Responsibilities

Building healthy public policies requires collaboration and coordination amongst a variety of partners, including public health and community organizations, along with support from the ministry and provincial resource centres. As an active member or supporter of the Partnership, each partner has a key role to play in achieving successful outcomes.

The Ministry of Health Promotion

- Sets provincial goals, provides strategic frameworks, funding criteria and allocates financial support
- Coordinates training and supports for successful implementation
- Coordinates evaluation efforts
- Promotes alignment between local, regional and provincial priorities

Public Health/Host Agency

- Shapes direction; agrees on shared goals, priorities and areas for coordinated efforts in collaboration with community partners
- Provides in-kind management/staff time to coordinate the work of the Partnership
- Engages public health, community and organizational leaders to champion policy changes and facilitate community capacity building
- Provides expertise such as surveillance, research, planning, evaluation and guidance related to effective approaches
- Provides administrative support, follows reporting and submission requirements and ensures alignment of partnership work with Ministry criteria
- Accountable for transfer payment agreement
- Works within the existing mandate of the Ontario Public Health Standards to support Healthy Communities
- Builds links between Health Communities and other health unit/Host Agency activities
- Communicates with MHPS through identified contact person Community

Organizations/Partners

- Shape direction, agree on shared goals, priorities and areas for coordinated efforts
- Mobilize staff and volunteers to participate at the local level
- Act as champions, leaders and partners of the Partnership
- Provide expertise on issues, population groups, settings, approaches
- Provide staff and/or volunteers on the Community Planning Committee

Regional Advisors, Ministry of Health Promotion and Sport

- Review local proposals submitted to the Grants Stream and make funding recommendations that reflect local priorities
- Act as a resource for the Partnership
- Assist with identifying new partners
- Link Partnership priorities to other local community priorities and action plans where appropriate

Healthy Communities Consortium/Resource Centre

- Provides capacity-building activities and resources to support local planning and mobilization efforts
- Assists with identification and dissemination of best practices

Community Planning Committee

- Facilitate planning of an operational work plan
- Monitoring and evaluating progress of policy development
- Provide input on financial budget for work plans
- Assess implementation and evaluation of work plans

Conditions for Funding

The current funding period is April 1, 2010 to March 31, 2011. The funding will be allocated based on the request made in the Proposal. The amount of funds requested in this proposal should reflect the needs and capacities of Partnerships to complete the work for the rest of the fiscal year and will not affect future allocations.

Allocation and Use of Funds

Funds provided by MHP may only be used for program costs, not including staff salaries. Budget items which are considered to be non-staff costs and are therefore eligible for support within the Partnership Stream are outlined below:

- Fee-for-service consultants
- Meeting expenses, including room rentals, refreshments, rentals, child care
- Transportation and accommodation costs related to meetings
- Communication and promotion activities, including website development and maintenance, report writing, paid advertising, promotional materials, media/social marketing campaigns and resources to support Partnership activities and capacity-building
- Professional development and training for the Partnership
- Activities such as special events, awareness raising, education and environmental support activities that are not organized programs and that lead to policy outcomes
- Evaluation activities

The following are not eligible for Healthy Communities funding:

- Staff salaries and benefits
- Rent for office space
- Capital expenditures, such as computers
- Infrastructure development (e.g. tennis courts, renovation and/or maintenance of facilities, such as gymnasiums, etc.)
- Administrative fees, such as those to cover the work of Public Health/Host Agency in managing project funds or staff

Policies and Procedures

Volunteer Management

1. Volunteers who are unaffiliated with a particular organization will be legally covered under the comprehensive general liability insurance of the host agency that is required as part of the Legal Agreement with the Ministry of Health Promotion and Sport.
2. Community partner's volunteers will be governed by the policies, procedures and liabilities of that community partner's organization.

OHHN Collaborative Policy Scan Project

The Ontario Heart Health Network (OHHN) was the provincial network that supported the OHHP – Taking Action for Healthy Living Community Partnerships across six regions in Ontario.

The OHHN Policy Work Group conducted a scan of policies across the 36 *OHHP – Taking Action for Healthy Living Community Partnerships* in five areas: 1) access to nutritious foods; 2) access to recreation and physical activity; 3) active transportation and the built environment; 4) prevention of alcohol misuse and 5) prevention of tobacco use and exposure across three sectors a) *Education*; School boards; b) *Health Care*: hospitals as a worksite (e.g. what policies exist on these topics for health care staff and c) *Government* (district/region; county; municipality; township).

The purpose of this scan was to create a baseline inventory of policies that exist at the provincial level based on local data to inform the transition of OHHP – Taking Action for Healthy Living Community Partnerships to Healthy Community Partnerships under the Ministry of Health Promotion and Sport's new Healthy Communities Ontario approach to be implemented in 2010.

About the Scan and Information Found:

- The policy questions developed for the scan were informed by evidence-based reports and publications.
- There is recognition that not all policies would be applicable for all areas in Ontario.
- The data collected for the scan was done between October 26, 2009 and December 13, 2009.
- Data was collected by scanning publicly available websites and/or contacting representatives via telephone **or email (representatives were identified by Coordinators for the district/region)**

Policy is defined as:

- A principle, value or course of action that guides present and future decision-making;
- Can be implemented in a variety of settings, such as schools, worksites and community;
- Can be formal or informal, but it should specify expectations, regulations and guides to action;
- Can provide more equitable access to determinants of health such as income, housing and education: and
- Can **have consequence for non-compliance and some method of enforcement**

Healthy Communities Survey

Here is an exciting opportunity for Healthy Communities Partnership Algoma to come together to gather information from all municipalities throughout Algoma to develop a plan that makes our district of Algoma a healthy place to live, work and play.

The Ministry of Health Promotion and Sport has announced the launch of the Healthy Communities Ontario approach. This new approach encourages the development of new partnerships and the strengthening of existing ones. This will result in improved access to priority health promotion programs, resources, environmental supports and policies for Ontarians.

Please take a few minutes to fill in this survey.

1. Please identify the Municipality in which you live:

- Blind River
- Bruce Mines
- Dubreuilville
- Elliot Lake
- Hilton Beach (Village)
- Hilton Township

- Huron Shores (Iron Bridge, Sowerby, Little Rapids)
- Jocelyn Township
- Johnson Township
- Laird Township
- Macdonald, Meredith and Aberdeen Additional Township
(Echo Bay, Bar River, Sylvan Valley)
- Michipicoten (Wawa)
- North Shore
- Plummer Additional
- Prince Township
- Sault Ste. Marie
- Shedden (Spanish)
- Township of St. Joseph
- Tarbutt and Tarbutt Additional
- Thessalon
- White River
- Unorganized Algoma (e.g. Heyden, Goulais, Montreal River, Leeburn, Ophir)

Physical Activity

2. Identify the top two (2) Physical Activity priorities that you feel need to be addressed to make your community healthier. **(Choose only 2)**

- Access to affordable physical activity opportunities
- Trail development
- Develop connected walking routes in communities
- Access to physical activity programming
- Access to recreational facilities
- Public transportation to access recreational areas such as ball fields, etc.
- Access to sidewalks
- Access to bike paths or bike routes on roadways
- Training for coaches, volunteers and/or teachers to increase coaching skills for children

- After school recreation programs
- Increase the use of existing recreational fields, parks
- Updating recreational fields and parks
- Other _____

Healthy Eating

3. Identify the top two (2) Healthy Eating priorities that you feel need to be addressed to make your community healthier. **(Choose only 2)**
- Development of a Food Charter (a document that helps guide local policymakers, communities and residents about food)
 - Access to healthy, affordable foods
 - Local community Farmer's Market
 - Increased local Good Food Boxes
 - School Nutrition Programs (breakfast and snack programs)
 - Food Skills programs (learn to cook)
 - Land use policies for municipal land to grow food (e.g. community gardens)
 - Sale of healthy food choices at concession stands and vending machines at recreational facilities and parks
 - Access to healthy food choices in schools
 - Access to healthy food choices in workplaces
 - Other _____

Tobacco Use and Exposure

4. Identify the top two (2) Tobacco Use /Exposure priorities that you feel need to be addressed to make your community healthier. **(Choose only 2)**
- Smoke-free properties for health care facilities in your community
 - Smoke-free properties college/university campuses
 - Smoke free parks and recreational fields (15 metres from play equipment or play areas)
 - Availability of cessation counseling and Nicotine Replacement Therapy in worksite benefits
 - Affordable Nicotine Replacement Therapy for those quitting smoking in the community
 - Tobacco Free Sports policies for recreational groups and high school teams
 - Smoke-free multi unit dwellings (e.g. apartments)
 - Contraband tobacco
 - Other _____

Mental Health

5. Identify the top two (2) Mental Health priorities that you feel need to be addressed to make your community healthier. **(Choose only 2)**
- Destigmatize mental illnesses in youth and adults
 - Stress reduction education at workplace
 - Training workshops for employers on mental health and mental illnesses
 - Employee Assistance Programs services at worksites
 - Drop-in centres in communities for people in need
 - Family support groups, self help groups, peer support groups for youth and adults
 - Return to work policies after a leave from stress, depression etc.
 - Open "community hubs" where multiple organizations provide health and social services, recreational programs.
 - Other _____

Injury Prevention

6. Identify the top two (2) Injury Prevention priorities that you feel need to be addressed to make your community healthier. **(Choose only 2)**

- Better signage for bike routes
- Road and off road safety education for snowmobiles, ATVs etc.
- Recreation and Sport Safety i.e. mandatory bike helmets for all ages, helmet use for snowboarding, skiing, skateboarding.
- Signage for multiuse trails
- Public input for Municipal planning i.e. sidewalk placement, street crossings, signage etc.
- Promoting policies that restrict use of ATVs for anyone under the age of 16 years
- Maintenance of sidewalks for pedestrians (e.g. marking hazardous sidewalks, snowplowing)
- Maintaining community parks and fields in good condition (e.g. remove uneven surfaces, large holes, poor lighting, proper and safe play equipment)
- Support policies that enforce standards and regulations for sports equipment standards and wearing appropriate protective gear
- Other _____

Alcohol and Substance Misuse

7. Identify the top two (2) Alcohol and Substance Misuse priorities that you feel need to be addressed to make your community healthier. **(Choose only 2)**

- Educating public on Low Risk Drinking Guidelines
- Decrease in risky drinking behaviour such as driving, crime, violence, bush parties
- Communication campaigns to reduce drinking and driving (vehicles, snowmobiling, ATV's) on a continual basis
- Increasing resiliency skills in youth (coping skills, social engagement, loneliness, having meaning in life)
- Limit marketing of alcohol to youth
- Other _____

8. Which is the top priority for your community to work on (pick one)?

- Physical activity
- Healthy eating
- Tobacco use and exposure
- Mental Health
- Injury Prevention
- Substance & Alcohol Misuse

9. What do you believe would increase the health of residents in your town/township/ city etc.
-

10. Age:

- 20 years and under
- 21 – 29
- 30 – 39
- 40 – 49
- 50 – 59
- 60 – 69
- 70 and over

11. Gender:

- Male
- Female

References

- Hazlett, T., *Sault Ste. Marie Physical Activity Plan: Active 2010*, (2005) Sault Ste. Marie, ON, Ministry of Health Promotion.
- Hazlett, T. *High School Student Physical Activity Forums Report: Active 2010*, (2006). Sault Ste. Marie, ON, Ministry of Health Promotion.
- Regional Provider Network for Cancer Prevention, Screening and Early Detection. (2007). *Let's get moving...For the health of it! Policy and environmental scan report: Baseline results on the social and environmental supports for physical activity in Northeastern Ontario*. Sudbury, ON. Author.
- Algoma Public Health Unit, Take Heart Algoma. (2006). *Public opinion poll regarding physical activity*, Sault Ste. Marie: Results for Algoma.
- Dayton, H. Simcoe Muskoka District Health Unit, (2009). *Affordable Access to Recreation for Ontarians Social Policy Development: Power point presentation to the health promotion policy development forum*. Government of Ontario.
- Ontario Ministry of Health Promotion, Parks and Recreation Ontario. (2006). *Affordable Access to Recreation for Ontarians. Policy Framework: Everyone Plays*. Toronto, ON: Ontario Task Group.
- Ontario Ministry of Health Promotion, Parks and Recreation Ontario. (2007). *Investing in People and Communities through Parks and Recreation: Parks and Recreation Ontario election platform*. Toronto, ON: Ontario Task Group.
- Ontario College of Family Physicians. (2005). *The HealthImpacts of Urban Sprawl: Obesity (3)*.
- Parker, L., Burns, A.C., & Sanchez, E. (2009). *Local Government Actions to Prevent Childhood Obesity*. Institute of Medicine and National Research Council.
- CAMH, CHP, CMHA Ontario, health Nexus, OPHA. (2008). *Mental Health Promotion in Ontario: A call to action*. Government of Ontario.
- Ontario Ministry of Health Promotion, Minister's Advisory Group. (2009). *Every Door is the Right Door: Towards a 10-year Mental Health and Addictions Strategy. A discussion paper (013924)*. Toronto, ON: Queen's Printer for Ontario.
- North Carolina Health Smart Worksite Wellness Toolkit*
<http://www.eatsmartmovemorenc.com/NCHealthSmartTkt/Index.html>
- Parsons, D., Ministry of Health Promotion, Standards, Programs & Community Development Branch. (2010). *Prevention of Substance Misuse: Guidance Document*. Toronto: ON, Queen's Printer for Ontario
- Parsons, D., Ministry of Health Promotion, Standards, Programs & Community Development Branch. (2010). *Injury Prevention: Guidance Document*. Toronto: ON, Queen's Printer for Ontario
- Nancy, D. (2010). *Take heart Algoma: Key informant interview summary report*.
- LHIN. (2006). *Summary Report on Sault Ste. Marie HSG planning & Priorities Session: Phase2, Prevention Results*. p14-20. Sault Ste. Marie, ON: Government of Ontario.
- Bergeron, K. Ontario Public Health Association, Ontario Heart Health Network. (2010). *Collaborative Policy Scan Project Full Report/Summary Report for Take Heart Algoma*. Toronto, ON: Heart Health Resource Centre.
- Date, S. Ministry of Health Promotion, Community in action fund. (2009). *Community in Action Initiative: Building a Healthy Community*. Bruce Mines & Plummer Additional Township: ON.
- Frank, F., & Smith A., (1999). *The Community Development Handbook: A tool to build community capacity*.

Sivanand, B. Ministry of Health Promotion, Standards, Programs and Community Development Branch. (2010). *Healthy Eating, Physical Activity and Healthy Weights: Guidance Document*. Toronto, ON: Queen's Printer for Ontario

Ottawa Public Health, Healthy Ottawa @ Work. (2002). *Policy: The key to a healthy workplace. A guide to making your organization healthier*. Ottawa, ON: City of Ottawa Workplace Health Program.

The Health Communication Unit, *Stakeholder Wheel*, (2010) University of Toronto.
http://www.thcu.ca/resource_db/pubs/444956524.doc

Statistics Canada. (2006) *Community Profiles*. 2006 Census. Statistics Canada
<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

Algoma Food Network, Sault Ste. Marie Food Charter Workgroup Minutes, (2009)