



Healthy Communities Oxford Community Picture Report 2011

Oxford County Public Health & Emergency Services

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Message from the CEO and Acting Medical Officer of Health

The Healthy Communities Oxford, Community Picture Report 2011 provides a snapshot of the health of Oxford County residents, including the identification of local priorities. The three phases of this project—Community Profile, Community Engagement, and Priority Setting—began in the fall of 2010 and concluded in late January 2011. The process involved compiling data collected from existing health databases, local surveys, key informant interviews, focus groups and a community priority setting event. The final task was the analysis and compilation of data into a comprehensive community report.

This project was funded under the former Ministry of Health Promotion and Sport's Healthy Communities Fund (Partnership Stream). At time of publication, the Healthy Communities Fund (Partnership Stream) has been revised with a focus on healthy eating and physical activity policy development. The original Healthy Communities vision of "Healthy Communities working together and Ontarians leading healthy and active lives" is echoed throughout the Oxford project. We are releasing the Healthy Community Oxford, Community Picture Report 2011 in hope that the community profile, priorities and recommendations will support coordinated planning and action within existing networks and partnerships to ensure a healthier Oxford. Together, we can cultivate wellness in our communities.

Our sincere thanks to those who have contributed to the creation of this report including the many Oxford area organizations which actively participated in the data collection and priority setting activities; the Healthy Communities Oxford Steering Committee, the members of the former Oxford Heart Health Network (Whole Hearted Living); our consultants, visioning artist, and creative support; and Oxford County Public Health staff.

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COMMUNITY PICTURE REPORT OF THE HEALTHY COMMUNITIES FUND:

Partnership Stream for Oxford County

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TABLE OF CONTENTS

AUTHORS	4
TABLE OF CONTENTS.....	5
LIST OF FIGURES AND TABLES	7
1..... INTRODUCTION.....	13
1.1..... BACKGROUND AND HISTORY	13
1.2..... PURPOSE.....	14
1.3..... METHODOLOGY	14
1.3.1 Community Profile.....	14
1.3.2 Community Assessment Consultation and Engagement	15
1.4..... LIMITATIONS	15
2..... DEMOGRAPHICS	17
2.1..... OVERVIEW	17
2.2..... GEOGRAPHY	17
2.2.1 Land Area Distribution.....	17
2.2.2 Urban and Rural Distribution.....	17
2.3..... POPULATION	18
2.3.1 Size, Growth Rate and Density	18
2.3.2 Age and Sex Distribution.....	19
2.3.3 Dependency Ratios.....	21
2.3.4 Marital Status	22
2.3.5 Family Types	22
2.3.6 Household Types	23
2.4..... COST OF LIVING	24
2.4.1 Median Income.....	24
2.4.2 Rent and Food Costs	26
2.5..... EMPLOYMENT	28
2.5.1 Participation, Employment and Unemployment Rates.....	28
2.5.2 Unpaid Work	29
2.6..... TRANSPORTATION.....	30
2.7..... HOUSING	31
2.8..... EDUCATION	32
2.9..... IMMIGRATION	33
2.10..... LANGUAGE	34
3..... PRIORITY GROUPS.....	35
3.1..... PEOPLE WITH LOW INCOME STATUS	35
3.2..... ETHNIC GROUPS	37
3.2.1 Visible Minorities	37
3.2.2 Amish and Mennonites.....	38
3.3..... FRANCOPHONES.....	38
4..... HEALTHY COMMUNITY PRIORITY INDICATORS	39
4.1..... HEALTHY EATING.....	39
4.1.1 Fruit and Vegetable Consumption.....	39

4.2.....	TOBACCO USE	39
4.2.1 ...	Levels of Tobacco Use	39
4.2.2 ...	Second Hand Smoke Exposure	39
4.2.3 ...	Smoking Cessation	40
4.3.....	SUBSTANCE AND ALCOHOL MISUSE	40
4.3.1 ...	Alcohol Use	40
4.3.2 ...	Illicit Drug or Prescription Drug Use	40
4.4.....	PHYSICAL ACTIVITY, SPORTS & RECREATION.....	42
4.4.1 ...	Levels of Physical Activity	42
4.4.2 ...	Access to Hiking Trails	42
4.5.....	INJURY PREVENTION	44
4.5.1 ...	Overall Causes of Injuries	44
4.6.....	MENTAL HEALTH PROMOTION	45
4.6.1 ...	Self Rated Health	45
4.6.2 ...	Stress	46
4.6.3 ...	Suicide	47
4.6.4 ...	Sense of Belonging to a Community.....	48
5.....	MORBIDITY AND MORTALITY	49
5.1.....	MORTALITY	49
5.1.1 ...	Major Causes of Death	49
5.1.2 ...	Standardized Mortality Rates and Ratios.....	50
5.2.....	MORBIDITY	51
5.2.1 ...	Major Causes of Hospitalizations.....	51
5.2.2 ...	Standardized Hospitalization Rates and Ratios.....	52
5.2.3 ...	Length of Stay	53
5.3.....	CHRONIC HEALTH CONDITIONS.....	54
5.3.1 ...	Obesity	54
5.3.2 ...	Cancer.....	54
5.3.3 ...	Cardiovascular and Respiratory Diseases, Diabetes.....	57
6.....	COMMUNITY ASSETS	58
6.1.....	Assets	58
6.2.....	Networks	59
7.....	COMMUNITY CONTEXTS	60
7.1.....	Policy Context	60
8.....	COMMUNITY CONSULTATION AND ENGAGEMENT.....	61
9.....	PARTNERSHIP DEVELOPMENT	67
10.....	PRIORITY SETTING.....	68
10.1.....	Introduction	68
10.2.....	Design of the Meeting	69
10.2.1 ..	Inputs to the Discussion	69
10.2.2 ..	The Decision Making Process.....	71
10.2.3 ..	Graphic Depiction.....	72
10.3.....	Attendees	72

10.4..... Results	72
10.4.1 .. Priorities	72
10.4.2 .. Graphic Depiction.....	74
10.4.3 .. Next Steps.....	75
11..... COMMUNITY PRIORITIES/RECOMMENDATIONS	76
11.1..... Recommended Actions across the six Healthy Communities priority areas	76
11.2..... Broader community focus outside Healthy Communities mandate/other priority areas	77
12..... CONCLUSION	77
13..... REFERENCES.....	78
APPENDIX A: Healthy Communities Framework.....	79
APPENDIX B: Nutritious Food Basket Scenarios.....	80
APPENDIX C: Oxford County Networks.....	83
APPENDIX D: Policy Chart	85
APPENDIX E: Healthy Communities branding watermark.....	95
APPENDIX F: Advertisement Copy for Survey.....	96
APPENDIX G: Revised Stakeholder Wheel	97
APPENDIX H: The Health Communication Unit Policy Road Map.....	98
APPENDIX I: Partnership Terms of Reference.....	99
APPENDIX J: Organizations Represented at Priority Setting Day	100
APPENDIX K: Community Picture Summary	101

LIST OF FIGURES AND TABLES

Figure 1:	20
Population age and sex distribution pyramid in Oxford County municipalities, 2006	
Figure 2:	22
Marital status in those aged 15 and older for Oxford County municipalities and Ontario, 2006	
Figure 3:	24
Median Income after-tax in all private households, by Oxford County municipalities and Ontario, 2006	
Figure 4:	24
Media income after-tax in one person households, by Oxford County municipalities and Ontario, 2006	
Figure 5:	25
Median income after-tax, by household type, Oxford County, 2005	
Figure 6:	26
Average rent by apartment type for Oxford County, 2010	
Figure 7:	29
Number and Proportion of People Unemployed by Area, 2006	

Figure 8:	29
Proportion of people aged 15 years and older claiming unpaid work caring for children and seniors, by Oxford County municipalities and Ontario, 2006	
Figure 9:	30
Mode of transportation to work, Oxford County, 2006	
Figure 10:	31
Number and proportion of rental dwellings by Oxford County municipalities and Ontario, 2006	
Figure 11:	32
Higher education attainment for people aged 15 years and older, by sex, Oxford County, 2006	
Figure 12:	33
Number and proportions of immigrants, by Oxford County municipalities and Ontario, 2006.	
Figure 13:	34
Year of immigration, Oxford County, 2006.	
Figure 14:	34
Number and proportion of people who speak a non-official language in the home, by Oxford County municipalities and Ontario, 2006.	
Figure 15:	35
Number and proportion of people with mother tongue not English, by Oxford County municipalities and Ontario, 2006.	
Figure 16:	35
Percent low income after-tax, by Oxford County municipalities and Ontario, 2006.	
Figure 17:	36
Percent low income after-tax for persons under 18, by Oxford County municipalities and Ontario, 2006	
Figure 18:	37
Number and proportion of people who are a visible minority, by Oxford County municipalities and Ontario, 2006	
Figure 19:	42
Proportion of Oxford County residents who indicated using recreational trails in Oxford County in the last 12 months by sex, 2007	
Figure 20:	42
Proportion of Oxford County residents who indicated using recreational trails in Oxford County in the last 12 months by age group in years, 2007.	
Figure 21:	43
Proportion of residents who indicated using recreational trail in Oxford County in the last 12 months by household income, 2007	

Figure 22:	55
Age-standardized incidence rates for all cancers by sex, Oxford County and Ontario, 1997-2007	
Figure 23:	56
Age standardized mortality rates for all cancers, by sex, Oxford County and Ontario, 1997-2007.	
Table 1:	17
Land area of Oxford County municipalities and Ontario, 2006	
Table 2:	18
Population, growth rate and density in Oxford County municipalities and Ontario, 2006 and 2001	
Table 3:	19
Population age distribution in Oxford County municipalities and Ontario, 2006	
Table 4:	20
Population sex distribution and median age in Oxford County municipalities and Ontario, 2006	
Table 5:	21
Dependency ratios, Oxford County municipalities and Ontario, 2006	
Table 6:	22
Distribution of family types for Oxford County municipalities and Ontario, 2006	
Table 7:	23
Household composition for Oxford County municipalities and Ontario, 2006	
Table 8:	25
Median income after-tax for two parent and lone parent families, Oxford County Municipalities and Ontario, 2005	
Table 9:	27
Cost of living for various income scenarios for Oxford County and Ontario, 2010	
Table 10:	28
Participation, employment and unemployment rate in Oxford County municipalities and Ontario, total and by sex, 2006	
Table 11:	32
Educational attainment for age 15 and older in Oxford County municipalities and Ontario, 2006	

Table 12:	38
Declared French only as mother tongue in Oxford County municipalities and Ontario, 2006	
Table 13:	39
Fruit and vegetable consumption, 5 times or more per day for Oxford County and Ontario, 12 years old and over and by sex, 2009	
Table 14:	39
Proportion of adult (aged 20 and over) who are current or occasional smokers for Oxford County and Ontario, by sex, 2009	
Table 15:	39
Exposure to second hand smoke at home and in vehicles, Oxford County and Ontario, 12 years old and over, 2009	
Table 16:	40
Most commonly abused illicit or prescription drugs in Oxford County (not ranked):	
Table 17:	41
Oxford County youth reported most commonly used substances by 16 years old and under and 17 years old and older, including tobacco and alcohol, 2010	
Table 18:	41
Top ten Oxford County youth reported substances in terms of access (“Easy to get”), including alcohol and tobacco, 2010	
Table 19:	42
Physical activity during leisure-time, inactive and moderately active or active, Oxford County and Ontario, 12 years old and over, 2009	
Table 20:	44
Deaths in Oxford County due to injury, intentional and accidental, number of cases and percent, 2003-2007	
Table 21:	44
Emergency room (ER) visits in Oxford County due to injury, intentional and accidental, number of cases and percent, 2003-2007	
Table 22:	45
Injuries in the past 12 months causing limitation of normal activities and sought medical attention for these injuries, Oxford County and Ontario, 12 years old and over, 2009	

Table 23:	45
Perceived health, Oxford County and Ontario, 12 years old and over, 2009	
Table 24:	46
Perceived mental health, Oxford County and Ontario, 12 years old and over, 2009	
Table 25:	46
Perceived life stress as “quite a lot”, Oxford County and Ontario, 2009	
Table 26:	47
Suicide rates for Oxford County and Ontario, by sex, 2003-2007	
Table 27:	47
Suicide rates for Oxford County and Ontario, by year, 2003-2007	
Table 28:	48
Sense of belonging to local community, somewhat strong or very strong, Oxford County and Ontario, 12 years old and over, 2009	
Table 29:	49
Major causes of death for Oxford County, number of cases, from 2003-2007	
Table 30:	50
Age-standardized mortality rates for Oxford County and Ontario, 2003-2007	
Table 31:	50
Standardized mortality ratios for Oxford County, 2003-2007	
Table 32:	51
Major causes of hospitalization for Oxford County, number of cases, 2003-2007	
Table 33:	52
Age-standardized Hospitalization Rates for Oxford County and Ontario, 2003-2007	
Table 34:	52
Standardized Hospitalization Ratios for Oxford County, 2003-2007	
Table 35:	53
Average lengths of hospital stay, number of days, from 2003-2007 for Oxford County	
Table 36:	54
Proportion of overweight and obese adults (12 years and over), by sex, in Oxford County and Ontario, 2009 (self reported data)	

Table 37:	54
Top 10 diagnosed cancers (number of cases), by sex, Oxford County, 2000-2007 combined	
Table 38:	55
Top 10 leading causes of cancer death (number of cases), by sex, Oxford County, 2000-2007 combined	
Table 39:	57
Age-standardized mortality rates for cardiovascular and respiratory diseases from 2003-2007 for Oxford County	
Table 40:	57
Age-standardized hospitalization rates for cardiovascular diseases, respiratory diseases and diabetes from 2003-2007 for Oxford County	

1 INTRODUCTION

Prepared by Healthy Communities Oxford, Community Picture 2011 is an overview of the health and socio-demographic attributes of Oxford County residents.

This report collects and summarizes data obtained from focus groups, research, interviews, surveys and a priority-setting session. The initiative covers a wide range of salient subject matter including population, cost of living, employment, ethnic groups, tobacco, substance and alcohol abuse, healthy eating, chronic health conditions, community assets and more.

The goal is to meet the requirements of the Ministry of Health Promotion for the Healthy Communities Fund and to create a health profile as reference for future projects within the county and to advise policy and operations.

1.1 BACKGROUND AND HISTORY

In 2009, the Ministry of Health Promotion (and Sport) launched the Healthy Communities approach to replace the Ontario Heart Health Program. Based on a framework for chronic disease prevention, six priorities and outcomes were outlined with a vision of healthy communities working together and Ontarians leading healthy and active lives: the Healthy Communities Fund (Appendix A). The role of the Partnership Stream is for community groups to work together to create policies that support the health and well-being of Ontarians.

A significant approach to health promotion and public health dates back to the Ottawa Charter for Health Promotion (1986). In this declaration, several factors were identified as fundamental to health and well-being, with political, economic, social, cultural and environmental factors influencing health. These factors are termed the determinants of health (1). Inequities across and among groups

that can contribute to the development of chronic diseases must be addressed through the development of healthy public policies (2).

Oxford County Public Health & Emergency Services engaged in the Healthy Communities Fund initiative, with a Steering Committee of committed members who had previously served on the Whole Hearted Living Network. This Committee, called “Healthy Communities Oxford,” continued working towards fulfilling the requirements of the Ministry of Health Promotion and Sport in developing and expanding the Partnership within the title of Healthy Communities Oxford.

This report is the Community Picture Report of the Healthy Communities Fund, Partnership Stream for Oxford County. The population health approach as defined by the Public Health Agency of Canada guided this community assessment (3).

First in this report is a detailed description of Oxford County and its residents, including a statistical profile of the community along with socio-demographic information on the population.

The County of Oxford is home to many people whose demographic characteristics range over wide areas of geography, culture, social and economic differences. In order to create and maintain proper public health programming, a snapshot of these various factors has been documented by this report into two parts: a community profile and a community engagement assessment.

This report begins by highlighting the demographic makeup of the Oxford County residents. The community profile addresses six fundamental health priorities: healthy eating, tobacco use, substance and alcohol misuse, physical activity, sports and recreation, injury prevention and mental health promotion.

This report addresses population health assessment and community profile under the following chapters:

1. Demographics
2. Priority Groups
3. Healthy Community Priority Indicators
4. Morbidity and Mortality
5. Community Assets
6. Community Contexts
7. Community Consultation and Engagement
8. Partnership Development
9. Priority Setting
10. Community Priority/Recommendations

1.2 PURPOSE

The purpose of this community profile is to provide an overview of the health and socio-demographic attributes of Oxford County residents. This overview will provide guidance in directing health policy, planning and operations.

The information on the pages that follow will provide guidance and information to the Healthy Communities Oxford partnership, community agencies and organizations with the necessary information to:

1. Better understand the people who live in the community in terms of their characteristics, and status of their health.
2. Determine trends and concerns that affect the health of the residents of Oxford County.
3. Capitalize on strengths, assets and capacities within the community in planning projects activities and healthy public policies.

This report will assist the Healthy Communities Oxford partnership to achieve the provincial objectives outlined by the Ministry of Health Promotion and Sport:

Provincial Objectives of the Partnerships are (4):

1. To identify recommended actions across the six key Healthy Communities priority

areas that are supported by partners and individuals in the community (Physical Activity, Sport and Recreation; Injury Prevention; Healthy Eating; Tobacco Use/Exposure; Substance and Alcohol Misuse; and Mental Health Promotion).

2. To increase the number of networks, community leaders, and decisions-makers involved in identifying recommended actions across the six key priority areas.
3. To increase the number of partnerships and sectors actively involved in the work of the Healthy Communities Partnership.
4. To increase the quantity and impact of local and regional policies that effectively support health.
5. To build capacity of networks, community leaders and decision-makers to create supportive environments and build healthy public policies.
6. To establish a functioning Partnership and associated infrastructure that meets the mandate of the Partnership Stream.

The goal of this initiative is to meet the requirements of the Ministry of Health Promotion for the Healthy Community Fund and to create a health profile as reference for future projects within Oxford County and to advise policy and operations.

1.3 METHODOLOGY

1.3.1 Community Profile

The Community profile section of this report collected data from several health databases to report on specific demographic and health indicators. These databases include the Canadian Community Health Survey 2006-2009, Rapid Risk Factor Surveillance Program, Ontario Cancer Registry (SEER*Stat), and Provincial Health Planning Database (PHPDB). The health indicators can be found in Section 1-5.

1.3.2 Community Assessment Consultation and Engagement

In the fall of 2010, a consultant was contracted to provide the community assessment, consultation and engagement aspect of the Healthy Communities project. This particular consultant with the Association of Ontario Health Centres had previously prepared a report for the Woodstock and Area Community Health Centre and was familiar with the community. Data from Key Expert interviews, and focus groups of service providers to four priority populations – seniors/older adults, children, youth and people living in poverty/low income – provided information for the final report.

The Oxford County Public Health epidemiologist and data analyst expanded on the demographic data assembled by the consultant.

The Oxford County Public Health Communications Coordinator, the Steering Committee, along with the Healthy Communities Coordinator worked with a local media company to develop branding for the Healthy Communities initiative so that all communication with the community-at-large would have a consistent message and identity. Newspaper advertisements, radio spots, ads on Facebook and the Oxford County website used the Healthy Communities branding to advertise a web-based and paper-based survey for community members to provide their input for the Healthy Communities Report.

The consultant who had prepared the Ontario Heart Health Network policy scan review of Oxford County presented her findings at a priority setting day on January 28, 2011.

The priority setting day, led by a consultant with The Health Communication Unit, invited decision makers and leaders of the community the opportunity to review all the data and findings and communicate their input on priorities for each of the six Priorities and Outcomes of the Ministry of Health Promotion and Sport.

1.4 LIMITATIONS

Collecting information on injury has its own challenges. Data comes from a variety of sources with various reporting methods and definitions of injury. Some data are specific to trauma hospitals, while others are specific to acute care hospitals with injury reporting dependant on hospital personnel to document the injury accurately. Death may be captured as due to a complication of the injury, not the injury itself. Often, local data contain numbers too small to report; therefore, numbers will not be released or may be unreliable. Cost for accessing data may be prohibitive.

Being part of a small health unit, with limited resources, we do have a few limitations in terms of our data ranging from small numbers to not having access to certain information.

For this report we used a variety of data sources. Demographic information came from the 2006 census provided by Statistics Canada. The census is conducted every five years, and while some information in terms of population and age distributions involves all Canadians, other components are part of the long-form census which is only a sample of the population. Information from the long-form census is subject to normal sources of error, such as non-response and sampling error.

Most health behaviour data was obtained from the Canadian Community Health Survey (CCHS) conducted by Statistics Canada and accesses using the CANSIM tables provided on the Statistics Canada website. The CCHS is collected every year, starting in 2007. Prior to 2007 it was conducted every two years, therefore if one wants to compare results from 2007-2009 to earlier results one would have to compare the two years combined of 2007/2008 to 2001, 2003 and 2005. For Oxford County, the main limitation of the CCHS is the small sample size for the county; this limitation is seen in groups that have a low representation such as youth and those variables which are rare such as suicidal thoughts and pregnancy. CVs (Co-efficient of

Validation) are calculated for each variable, and CVs over 33.3 have too much variability to be reliably released. CVs between 16.6 and 33.3 are noted to be used with caution due to the possible variability.

There is not much data available in terms of local drug use for Oxford County, but we obtained a report by the Oxford County Drug Task Force that gave us great insight into the possible drug use of teens, including illegal drugs and non-prescription use of prescription drugs. This report was done in 2010 based on youth surveys and focus groups. The possible limitations of the data are the standard sources of error, such as non-response and sampling error.

Mortality data is obtained by using the MOHLTC IntelliHEALTH database, which acquires the data from the Ontario Office of Registrar General. The major limitation of this data is its timeliness; currently data is only available up to 2007 for public health units.

Hospitalization data (inpatient discharges) were also obtained by using the MOHLTC IntelliHEALTH database, which acquires the data from the Canadian Institute for Health Information (CIHI) and Discharge Abstract Database (DAD). In order to avoid possible changes from the implementation of ICD-10 codes to ICD-9 codes, only data from 2003 onward is presented. Number of patients were used instead of number of discharges to avoid possible multiple admissions for a single individual. Hospitalization data also only provides a crude measure of the prevalence and/or incidence of a disease or injury.

Emergency Visits were obtained using MOHLTC IntelliHEALTH database, which acquires the data from the National Ambulatory Care Reporting Systems (NACRS). In order to avoid possible changes from the implementation of ICD-10 codes from ICD-9 codes, only data from 2003 onwards is presented. Number of visitations is reported, which

allows for possible double-counting due to multiple visits for the same condition.

Cancer data was collected from SEER*Stat provided by Cancer Care Ontario (CCO) which obtains its data from the Ontario Care Registry. Records of cancer diagnoses and deaths in Ontario are based on hospital discharge summaries, pathology reports, records from regional cancer centres and death records. The algorithm used at CCO to determine the cancer diagnosis doesn't allow for multiple primary source cancers which can lead to an under-representation of certain cancers.

The data represented for both mortality and morbidity are presented as age-sex standardized rates. Standardization removes any difference in the data due to age structures of the populations and allows for comparison between different populations and over time. Standardized rates show the possible number of events per 100,000 populations that may occur in area if that area was the same as a specified standard population. For this report, the 1991 Canadian population is the standard population used. Standardized mortality ratios and standardized hospitalization ratios were calculated for the top 5 disease to determine if there is a difference between Ontario mortality/hospitalization rates and Oxford mortality/hospitalization rates. Standardized ratios in the report are the ratio of observed events in Oxford County divided by the expected number of events for the same area if it had the same age-specific rates as Ontario.

2 DEMOGRAPHICS

2.1 OVERVIEW

Oxford County represents a broad area with various social, cultural and economic groups and is located in the heart of Southwestern Ontario, amid rolling hills and productive farmland. The following section provides a brief overview of the various socio-demographic characteristics of the county.

2.2 GEOGRAPHY

2.2.1 Land Area Distribution

Table 1: Land area of Oxford County municipalities and Ontario, 2006

Municipality	Land Area (km ²)	%
Blandford-Blenheim	382	18.7
East Zorra-Tavistock	247	12.1
Ingersoll	13	0.6
Norwich	431	21.1
South-West Oxford	371	18.2
Tillsonburg	22	1.1
Woodstock	44	2.2
Zorra	529	25.9
Oxford County	2,039	--
Ontario	907,573	--

Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

2.2.2 Urban and Rural Distribution

In Oxford County, three municipalities, Woodstock, Ingersoll and Tillsonburg, represent urban areas comprising 79 km² and 3.9% of the total land area while the remaining five areas of Blandford-Blenheim, East-Zorra-Tavistock, Norwich, South-West Oxford, and Zorra represent rural Oxford County comprising 1960 km² and 96.1% of the total land area (5).

Oxford County agricultural presence represents:

- 91% of land is Class 1 – 3 agricultural land
- 89% of land is farmed
- Based on total farm gate sales, Oxford is second in the Province.

Source: Misek-Evans M., January 15, 2010 (6)

Key Findings:

- Largest land area in Oxford County is in Zorra with 25.9% representation. The smallest land area in Oxford County is in Ingersoll with 0.6% representation.

2.3 POPULATION

2.3.1 Size, Growth Rate and Density

Table 2: Population, growth rate and density in Oxford County municipalities and Ontario, 2006 and 2001

Municipality	Population 2001	Population 2006	Growth rate 2001-2006 (%)	% of Oxford County Residence, 2006	Population Density (people/km ²)
Blandford-Blenheim	7,422	7,149	-3.7	7.0	18.7
East Zorra-Tavistock	7,238	7,350	1.5	7.2	29.7
Ingersoll	10,977	11,760	7.1	11.4	911.9
Norwich	10,478	10,481	0.0	10.2	24.3
South-West Oxford	7,782	7,589	-2.5	7.4	20.5
Tillsonburg	14,052	14,822	5.5	14.4	663.6
Woodstock	33,269	35,480	6.6	34.5	810.3
Zorra	8,052	8,125	0.9	7.9	15.4
Oxford County	99,270	102,756	3.5	--	50.4
Ontario	11,410,046	12,160,282	6.6	--	13.4

Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Key Findings:

- Largest population in Oxford County is in Woodstock with 35,480. The smallest population in Oxford County is in Blandford-Blenheim with 7,149.
- The population with the largest increase since 2001 is in Ingersoll with a 7.1 population percentage change.
- In terms of population density, Ingersoll has the highest number of people per square kilometre (911.9 people/km²) followed by Woodstock (810.3 people/km²) and Tillsonburg (663.6 people/km²).

2.3.2 Age and Sex Distribution

Table 3: Population age distribution in Oxford County municipalities and Ontario, 2006

Municipality	Age Group							
	0-14		15-24		25-64		> 65	
	N	%	N	%	N	%	N	%
Blandford-Blenheim	1,475	20.6	955	13.4	3,920	54.8	810	11.3
East Zorra-Tavistock	1,400	19.0	985	13.4	3,740	50.9	1,240	16.9
Ingersoll	2,335	19.9	1,490	12.7	6,320	53.7	1,610	13.7
Norwich	2,530	24.1	1,555	14.8	5,125	48.9	1,270	12.1
South-West Oxford	1,655	21.8	1,075	14.2	3,995	52.6	855	11.3
Tillsonburg	2,395	16.2	1,730	11.7	7,275	49.1	3,405	23.0
Woodstock	6,485	18.3	4,680	13.2	18,550	52.3	5,750	16.2
Zorra	1,580	19.4	1,115	13.7	4,370	53.8	1,060	13.0
Oxford	19,845	19.3	13,595	13.2	53,300	51.9	15,985	15.6
Ontario	2,210,805	18.2	1,630,370	13.4	6,669,940	54.9	1,649,180	13.6

Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Key Findings:

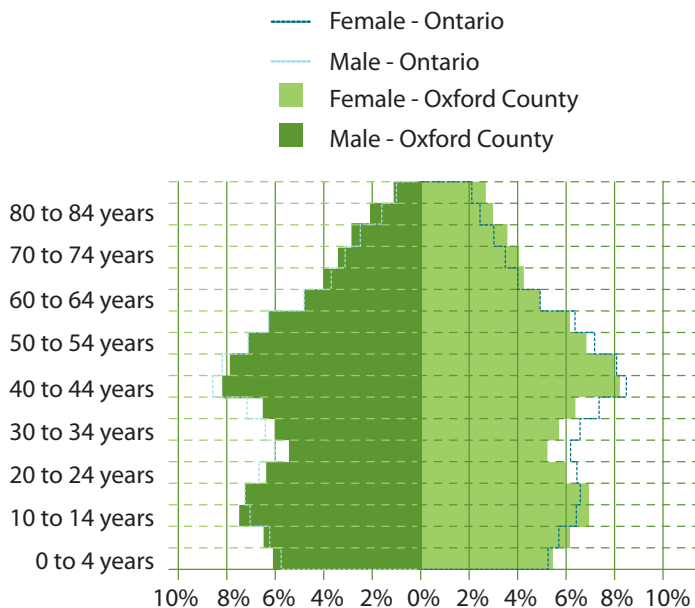
- Within Oxford County, there appear to be more children and seniors when compared to Ontario; as well as having fewer adults aged 20-55 than Ontario. This indicates that there are fewer people in the labour force age range when compared to Ontario.
- When we break down the townships by age range we see that Norwich has the highest proportion of children and teenagers with 24.1% and 14.8% respectively.
- Tillsonburg has the highest proportion of seniors with 23.0%.

Table 4: Population sex distribution and median age in Oxford County municipalities and Ontario, 2006

Municipality	Males		Females		Total	Median Age	
	N	%	N	%		Males	Females
Blandford-Blenheim	3670	51.3	3480	48.7	39.2	39.4	39.4
East Zorra-Tavistock	3605	49.0	3745	51.0	41.3	40.8	41.6
Ingersoll	5775	49.1	5985	50.9	38.8	37.8	39.9
Norwich	5260	50.2	5220	49.8	35.5	34.9	36.3
South-West Oxford	3890	51.3	3700	48.7	37.7	37.4	37.9
Tillsonburg	6995	47.2	7830	52.8	43.9	41.9	45.8
Woodstock	17145	48.3	18335	51.7	39.7	37.9	41.3
Zorra	4130	50.8	3995	49.2	40	40	40.1
Oxford	50460	49.1	52295	50.9	39.8	38.6	40.9
Ontario	5930700	48.8	6229580	51.2	39	38.1	39.9

Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Figure 1: Population age and sex distribution pyramid in Oxford County municipalities, 2006



Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Key Findings:

- Sex is distributed approximately evenly (50%) across each municipality.
- Median age ranges from 37.1 to 41.3 across municipalities compared to 39.8 for Oxford County overall.
- South West Oxford males have the lowest median age (37.4) and Tillsonburg males having the highest (41.9).
- Norwich females have the lowest median age (36.3) with Tillsonburg females having the highest (45.8).

2.3.3 Dependency Ratios

Dependency Ratio: The ratio relating the number of children aged 14 and under plus the number of people aged 65 and older by the number of people aged 15-64 expressed as a decimal. The Child Dependency Ratio compares the number of children aged 14 to the number of people aged 15-64. The Aged Dependency Ratio compares the number of people aged 65 and older by the number of people aged 15-64. The higher the dependency ratio, the greater numbers of young and/or older people who are dependent on the working age population.

Table 5: Dependency ratios, Oxford County municipalities and Ontario, 2006

Municipality	Overall Ratio	Child (0-14 Years) Dependency Ratio	Aged (65 Years+) Dependency Ratio
Blandford-Blenheim	0.47	0.30	0.17
East Zorra-Tavistock	0.56	0.30	0.26
Ingersoll	0.51	0.30	0.21
Norwich	0.57	0.38	0.19
South-West Oxford	0.50	0.33	0.17
Tillsonburg	0.64	0.27	0.38
Woodstock	0.53	0.28	0.25
Zorra	0.48	0.29	0.19
Oxford County	0.54	0.30	0.24
Ontario	0.47	0.27	0.20

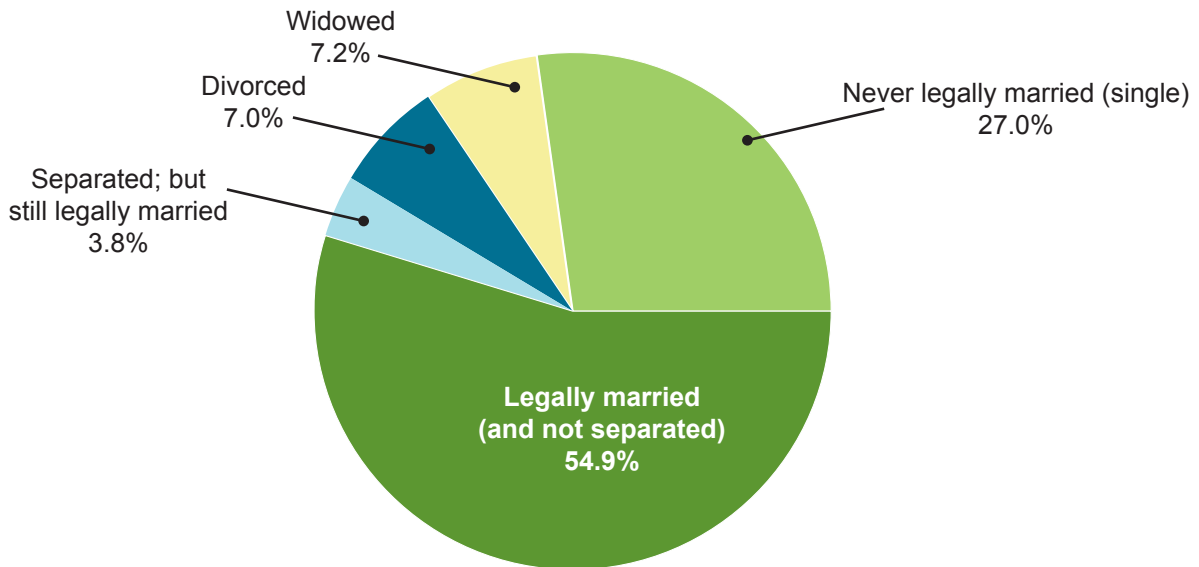
Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Key Findings:

- Overall, the highest dependency ratio is 0.64 for Tillsonburg while the lowest is 0.47 for Blandford-Blenheim.
- For children, the highest dependency ratio is 0.38 for Norwich and the lowest is 0.27 for Tillsonburg.
- For seniors, the highest dependency ratio is 0.38 for Tillsonburg and the lowest is 0.17 for Blandford-Blenheim and South West Oxford.
- When compared to Ontario, Oxford County has a higher dependency ratio overall for children and seniors (0.54, 0.30 and 0.24 vs. 0.47, 0.27 and 0.20).

2.3.4 Marital Status

Figure 2: Marital status in those aged 15 and older for Oxford County municipalities and Ontario, 2006



Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

2.3.5 Family Types

Table 6: Distribution of family types for Oxford County municipalities and Ontario, 2006

Municipality	Number of Families	Two Parent Families		Total Lone Parent		Female Lone Parent		Male Lone Parent	
	Total n	n	%	n	%	n	%	n	%
Blandford-Blenheim	2,085	1,900	91.13	185	8.87	145	78.38	40	21.62
East Zorra-Tavistock	2,025	1,880	92.84	145	7.16	120	82.76	25	17.24
Ingersoll	3,415	2,920	85.51	495	14.49	395	79.80	95	19.19
Norwich	2,900	2,625	90.52	280	9.66	215	76.79	60	21.43
South-West Oxford	2,210	2,040	92.31	175	7.92	150	85.71	25	14.29
Tillsonburg	4,485	3,785	84.39	700	15.61	530	75.71	170	24.29
Woodstock	10,205	8,500	83.29	1,700	16.66	1450	85.29	250	14.71
Zorra	2,355	2,155	91.51	200	8.49	155	77.50	45	22.50
Oxford County	29,680	25,800	86.93	3,880	13.07	3165	81.57	715	18.43
Ontario	3,422,315	2,881,605	84.20	540,714	15.80	441,105	81.58	99,605	18.42

Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

2.3.6 Household Types

Table 7: Household composition for Oxford County municipalities and Ontario, 2006

Municipality	Average Household Size	One-Person Households		Households Containing a Couple with Children		Households Containing a Couple without Children		Other Households*	
	x	n	%	n	%	n	%	n	%
Blandford-Blenheim	3.1	410	16.4	940	37.7	915	36.7	225	9.0
East Zorra-Tavistock	3.1	500	19.5	1,005	39.2	835	32.6	225	8.8
Ingersoll	2.9	1,095	23.9	1,440	31.5	1,410	30.8	630	13.8
Norwich	3.3	570	16.4	1,410	40.6	1,165	33.6	320	9.2
South-West Oxford	3.2	370	14.3	1,060	40.9	920	35.5	240	9.3
Tillsonburg	2.7	1,810	28.4	1,475	23.1	2,265	35.5	820	12.9
Woodstock	2.9	3,965	27.6	3,975	27.6	4,355	30.3	2,085	14.5
Zorra	3.1	490	17.0	1,110	38.5	1,045	36.3	240	8.3
Oxford County	3	9,220	23.4	12,415	31.6	12,915	32.8	4,785	12.2
Ontario	3	1,104,865	24.3	1,420,515	31.2	1,288,140	28.3	741,505	16.3

Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

***Other households** includes multiple-family, lone-parent family, non-family households other than one-person households and includes households with grandparents living in the home, or more than one family in the home, or other households that do not fall into any of the other three categories.

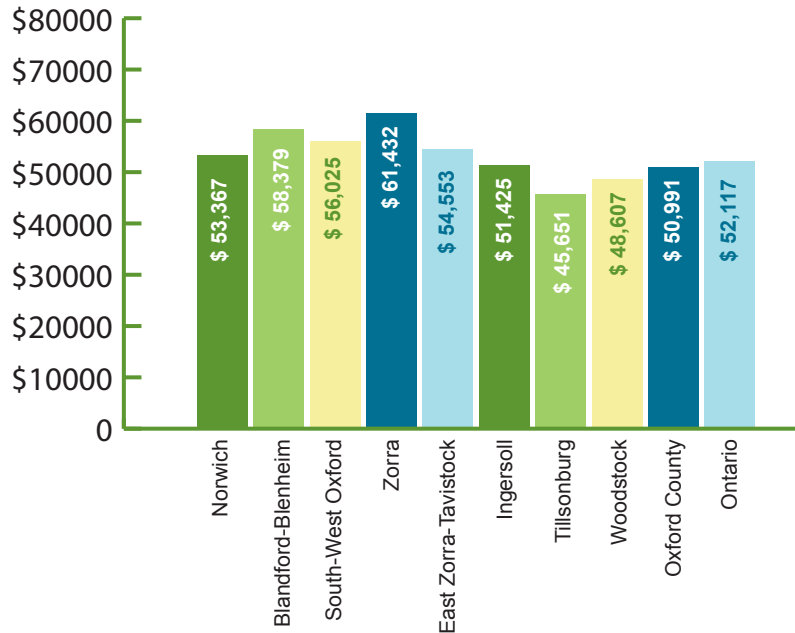
Key Findings:

- In Oxford County, most people within the community are legally married and not separated (54.9%).
- Households with a couple and children, or households with a couple and no children, are both very common with 31.6% and 32.8% respectively of Oxford County residents falling into these categories.
- The majority of families (with children) are two parent families, with the largest proportion of families in East Zorra-Tavistock (87.4%) and the smallest proportion in Tillsonburg (67.8%).
- Of the lone parent families, female lead families are most common in Oxford County with 81.6% of lone families being female lead.
- Tillsonburg has the largest proportion of male lone parent families (24.3%) and South-West Oxford has the smallest proportion (14.3%).
- In Oxford County, Woodstock has the largest proportion of other household (14.5%).
- The average household size in Oxford County is the same as it is in Ontario.

2.4 COST OF LIVING

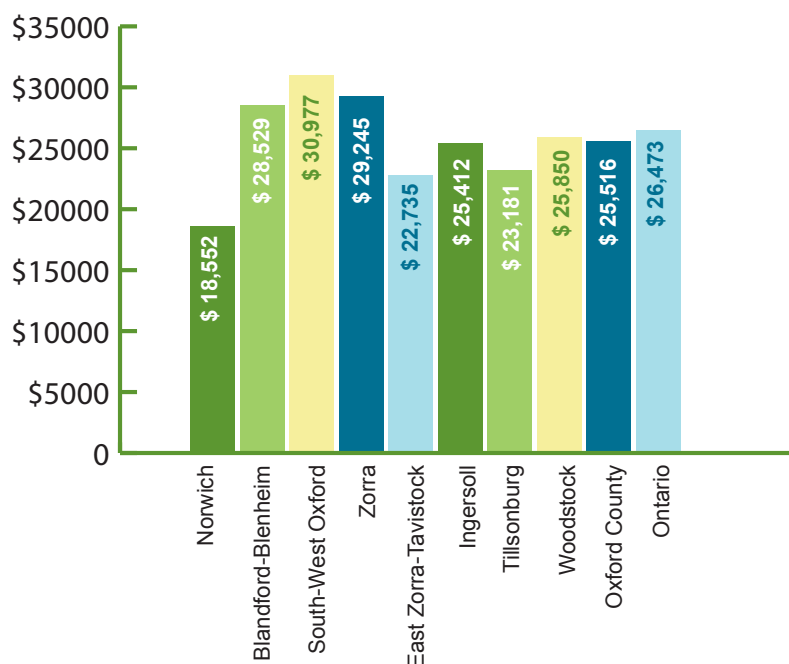
2.4.1 Median Income

Figure 3: Median Income after-tax in all private households, by Oxford County municipalities and Ontario, 2006



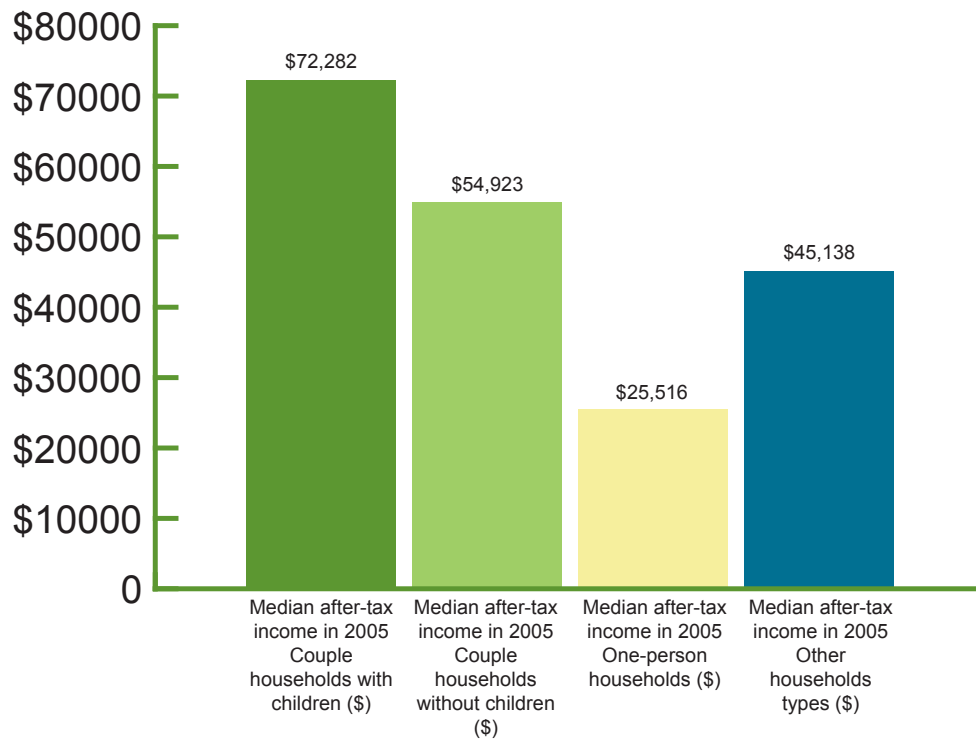
Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Figure 4: Median income after-tax in one person households, by Oxford County municipalities and Ontario, 2006



Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Figure 5: Median income after-tax, by household type, Oxford County, 2005



Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Table 8: Median income after-tax for two parent and lone parent families, Oxford County Municipalities and Ontario, 2005

Municipality	Median Income After-Tax (\$)		
	Two Parent Families	Female Lone Parent Families	Male Lone Parent Families
Blandford-Blenheim	\$75,494	\$41,224	\$61,040
East Zorra-Tavistock	\$75,878	\$32,866	\$35,175
Ingersoll	\$71,151	\$36,368	\$45,015
Norwich	\$67,510	\$38,866	\$75,811
South-West Oxford	\$74,425	\$40,102	\$42,771
Tillsonburg	\$66,437	\$34,609	\$42,801
Woodstock	\$70,495	\$32,494	\$48,299
Zorra	\$79,283	\$41,846	\$45,462
Oxford	\$72,282	\$34,863	\$47,251
Ontario	\$74,095	\$34,206	\$43,972

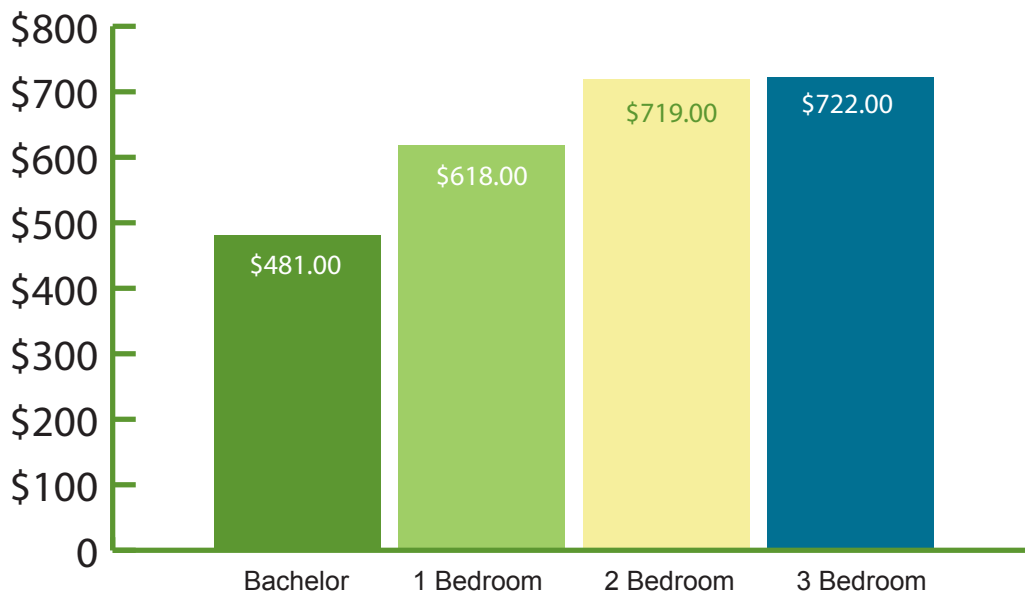
Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Key Findings:

- Residents in Zorra have the highest median after-tax income (\$61,432), while residents in Tillsonburg have the lowest (\$45,651).
- Oxford County has a slightly lower median after-tax income (\$50,991) in comparison to Ontario (\$52,177).
- By household type, in Oxford County, households with a couple and children have a higher median after-tax income than households with only a couple (\$72,282 vs. \$54,923).
- One-person households make slightly less than a household with only a couple as their income (\$25,516) and are still less than half of a couple without children's income (\$27,461).
- In Oxford County, two-parent families make more than female or male lead lone parent families (\$72,282, \$34,863, \$47,251, respectively), while male lead lone parent families have larger incomes than female lead lone parent families.
- There is one slight anomaly, as male lone parent families in Norwich make more than two parent families in the same area (\$75,811 vs. \$67,510).

2.4.2 Rent and Food Costs

Figure 6: Average rent by apartment type for Oxford County, 2010



Source: *The Income/Expense Scenario Template (Appendix H). Nutritious Food Basket Guidance Document, Ministry of Health Promotion. May 2010 (7)*

Table 9: Cost of living for various income scenarios for Oxford County and Ontario, 2010

	Total Monthly Income ^{*a}	Total Monthly Expenses ^{*b}	Monthly Funds Remaining	Percentage of income required for rent	Percentage of income required to purchase healthy food
Family of Four, Ontario Works	\$1908	\$1467.16 ^c	\$440.84	38.6%	38.3%
Family of Four, Minimum Wage Earner(Full-time/ Full-year)	\$2514	\$1467.16 ^c	\$1046.84	29.3%	29.1%
Family of Four Median ONTARIO Income (after tax)	\$5775	\$1467.16 ^c	\$4307.84	12.7%	12.7%
Single Parent Household with 2 Children, Ontario Works	\$1757	\$1261.08 ^d	\$495.92	40.2%	31.5%
One Person Household, Ontario Works	\$606	\$849.21 ^e	\$-243.21	99.8%	40.3%
One Person Household, ODSP	\$1071	\$849.21 ^e	\$221.79	56.5%	22.8%
One Person Household, OAS/ GIS	\$1201	\$785.56 ^e	\$415.44	50.4%	15.0%

Source: *The Income/Expense Scenario Template (Appendix H). Nutritious Food Basket Guidance Document, Ministry of Health Promotion. May 2010 (7)*

^a**Total Monthly Income** is based on the total of Basic Allowance, Shelter Allowance, Old Age Security/Guaranteed Income Supplement, Child/Family benefit, Employment Insurance (paid), Canadian Pension Plan (paid), Working Income Tax Benefit, and income from employment (varies by income type).

^b**Total Monthly Expenses** is based on average monthly rent (may or may not include heat/hydro) and food expenses calculated using the Nutritious Food Basket Program.

^cCalculated using average rent for a three bedroom apartment

^dCalculated using average rent for a two bedroom apartment

^eCalculated using average rent for a one bedroom apartment

*See Appendix B for more details of the breakdown of income and expenses.

Key Findings:

- For a family or a one person household on Ontario Works, ODSP or OAS/GIS, the percent allocation of income to rent exceeds 30%, a standard marker for acceptable rental expenditure limit, and can go as high as almost 100%.
- A minimum wage earner will spend almost 30% of his/her income on rent.
- Healthy food costs as a percentage of total income ranged from 15.0% for a one person household on OAS/GIS to over 40% for a one person household on Ontario Works.
- A family of four earning a median income will spend only about 13% of his/her income food and rent each.

2.5 EMPLOYMENT

2.5.1 Participation, Employment and Unemployment Rates

Participation rate refers to the labour force, the total number of both employed and unemployed people able and willing to work, expressed as a percentage of the population 15 years of age and over.

Employment rate refers to the number of employed persons expressed as a percentage of the total population 15 years of age and over.

Unemployment rate refers to the number of unemployed persons expressed as a percentage of the total population 15 years of age and over.

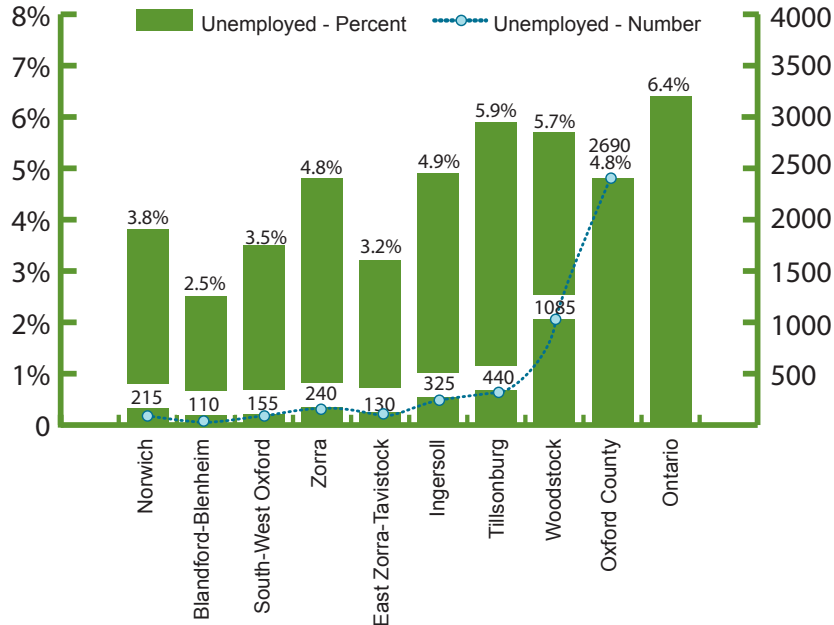
(Adapted from Statistics Canada, February 2007)

Table 10: Participation, employment and unemployment rate in Oxford County municipalities and Ontario, total and by sex, 2006

Municipality	Participation Rate (%)			Employment Rate (%)			Unemployment Rate (%)		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Blandford-Blenheim	75.3	80.4	62.9	73.3	79.4	67.0	2.6	2.5	2.6
East Zorra-Tavistock	71.7	76.2	67.1	69.5	73.6	65.4	3.2	3.4	2.6
Ingersoll	71.7	77.3	66.4	68.2	73.6	63.1	4.9	4.7	4.9
Norwich	71.7	80.4	62.9	69.0	78.6	59.3	3.8	2.2	5.6
South-West Oxford	75.2	79.6	70.4	72.6	77.8	67.0	3.5	2.1	5.1
Tillsonburg	60.7	67.3	54.9	57.1	63.7	51.4	5.9	5.6	6.4
Woodstock	66.9	73.2	61.2	63.1	69.7	57.1	5.7	4.9	6.6
Zorra	76.9	82.0	71.6	73.3	78.2	68.1	4.8	4.6	5.0
Oxford County	69.3	75.6	63.3	66	72.5	59.9	4.8	4.1	5.4
Ontario	67.1	72.5	62.1	62.8	68.1	57.8	6.4	6.0	6.8

Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

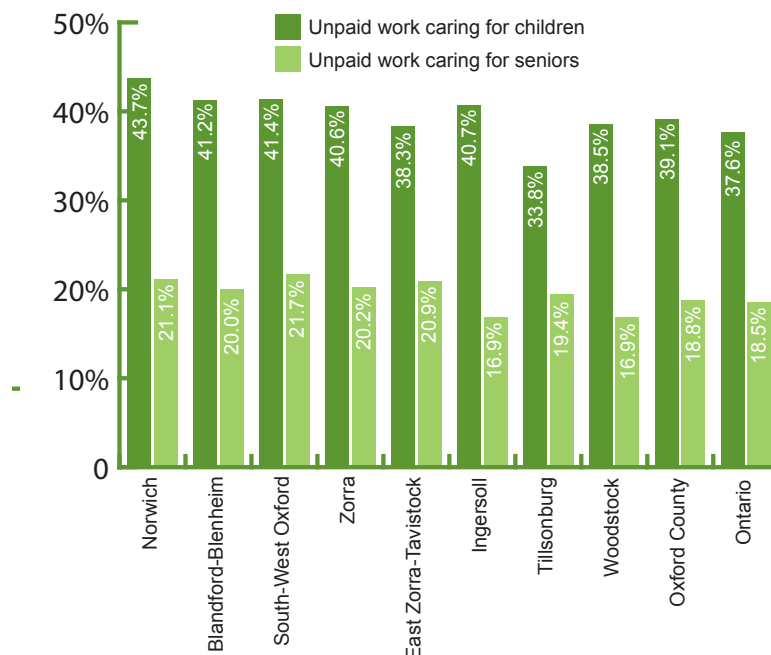
Figure 7: Number and Proportion of People Unemployed by Area, 2006



Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

2.5.2 Unpaid Work

Figure 8: Proportion of people aged 15 years and older claiming unpaid work caring for children and seniors, by Oxford County municipalities and Ontario, 2006



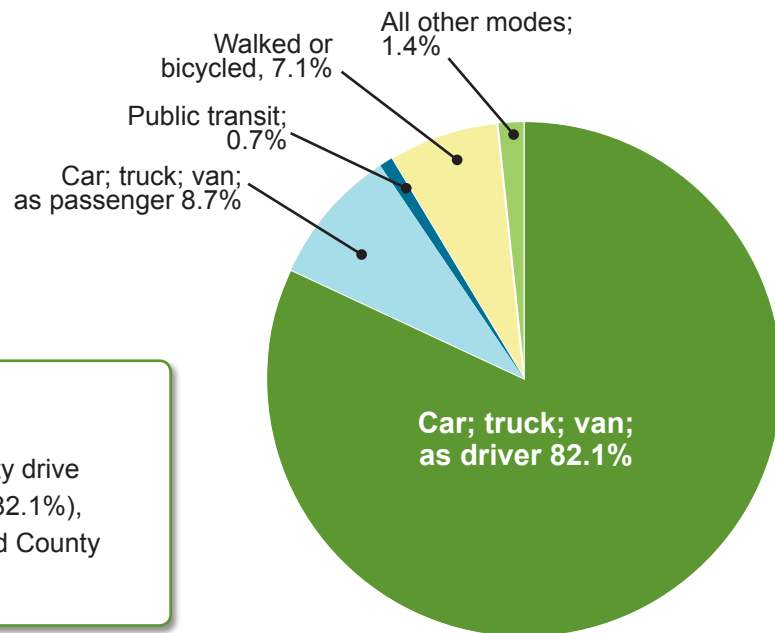
Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Key Findings:

- Tillsonburg has the highest proportion of residents that are unemployed (5.9%) but is closely followed by Woodstock (5.7%), while Blandford-Blenheim has the smallest proportion of residents unemployed (2.6%).
- In comparison to Ontario, Oxford County has a smaller proportion of residents unemployed, 4.8% while Ontario has 6.4%
- Norwich has the largest proportion of residents reporting unpaid work caring for children (43.7%), while Tillsonburg has the smallest proportion (33.8%).
- South-West Oxford has the largest proportion of residents reporting unpaid work caring for seniors (21.7%) with Norwich close behind with 21.1%.

2.6 TRANSPORTATION

Figure 9: Mode of transportation to work, Oxford County, 2006



Key Findings:

- Most residents of Oxford County drive their car, truck or van to work (82.1%), while only about 8.7% of Oxford County residents car pool.

Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

2.7 HOUSING

In Oxford County, social housing represents a total of 1,228 units.

628 units of public housing distributed across Woodstock, Ingersoll, Tillsonburg, Thamesford, Tavistock and Norwich – all of which are rent-geared-to-income

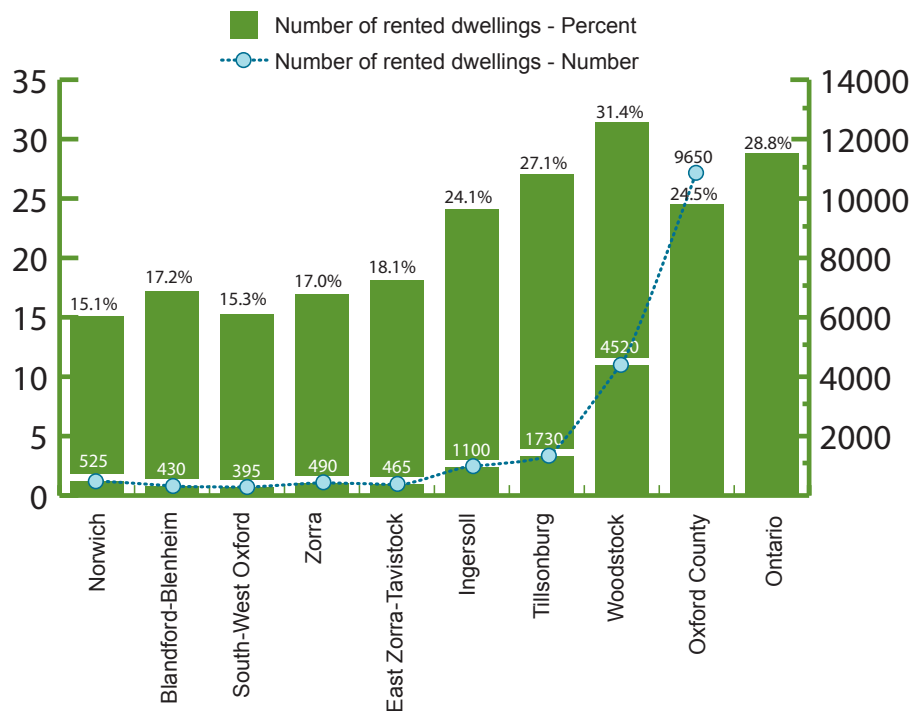
452 units of non-profit housing distributed across Woodstock, Ingersoll, Tillsonburg, Innerkip, Princeton, Drumbo and Embro

127 units of co-operative non-profit housing in Woodstock, Ingersoll and Tillsonburg

21 units of supportive housing in Woodstock

Source: Misk-Evans M., January 15, 2010 (6)

Figure 10: Number and proportion of rental dwellings by Oxford County municipalities and Ontario, 2006



Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Key Findings:

- In Oxford County, Woodstock has the highest proportion of rental dwellings (31.4%), while Norwich has the smallest proportion (15.1%).
- In comparison to Ontario, Oxford County has fewer rental dwellings at 24.5% while Ontario has 28.8%.

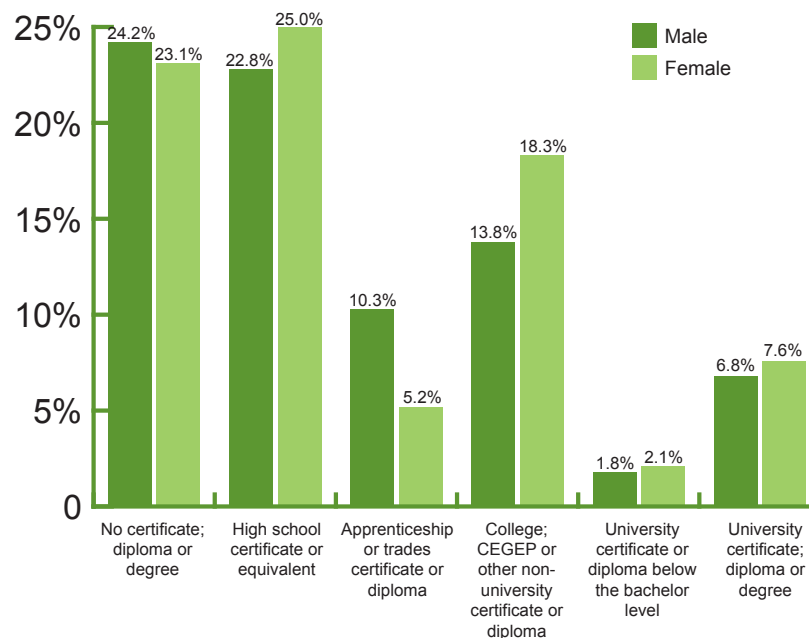
2.8 EDUCATION

Table 11: Educational attainment for age 15 and older in Oxford County municipalities and Ontario, 2006

Municipality	No certificate, diploma or degree (%)	High school certificate or equivalent (%)	Apprenticeship or trades certificate or diploma (%)	College, CEGEP, or other non-university certificate or diploma (%)	University certificate or diploma below the bachelor level (%)	University certificate, diploma or degree (%)
Blandford-Blenheim	23.6	22.6	8.7	16.0	1.4	6.9
East Zorra-Tavistock	23.6	23.3	6.5	18.4	1.8	6.7
Ingersoll	23.0	14.8	6.7	17.0	1.7	6.7
Norwich	25.0	21.7	8.0	15.3	1.2	4.8
South-West Oxford	22.0	23.3	8.3	16.1	2.5	6.2
Tillsonburg	25.9	23.8	8.3	16.5	2.4	7.1
Woodstock	23.6	25.4	7.8	14.7	2.1	7.8
Zorra	20.2	22.3	7.1	18.5	2.4	10.1
Oxford County	23.6	23.9	7.7	16.1	2.0	7.2
Ontario	22.2	26.8	8.0	18.4	4.1	20.5

Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Figure 11: Higher education attainment for people aged 15 years and older, by sex, Oxford County, 2006



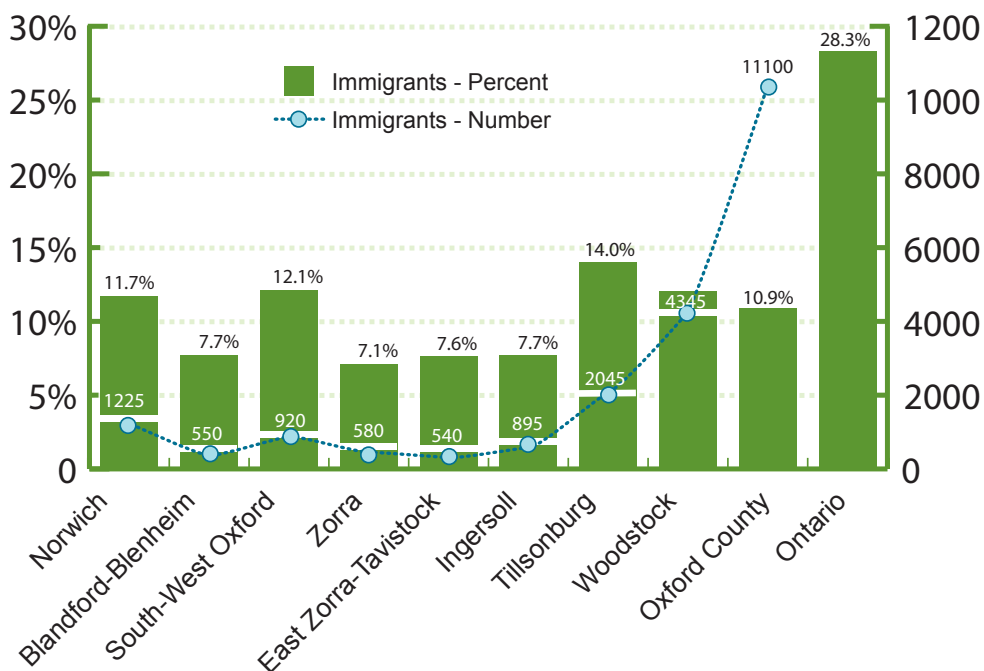
Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Key Findings:

- A large proportion of Oxford County residents do not have a high school education (23.6%), but we have to remember that this number includes teens who have not had the chance to complete high school.
- A large proportion of Oxford County residents have a high school education (23.9%).
- Most people who go on to post-secondary education go to College in Oxford County (16.1%).
- When broken down by township, Tillsonburg has the highest proportion of residents without a high school diploma (25.9%), but this could be from having a large senior population that may have not completed high school.
- As well, Norwich has the lowest proportion of residents obtaining a university degree (4.8%), while Zorra has the highest proportion of residents (10.1%) with a degree.
- When we look at educational attainment by gender we see that more females in Oxford County have completed high school (25.0%) in comparison to males (22.8%).
- More females complete college degrees than males (18.3% vs. 13.8%), while more males obtain trades certificates or diplomas (10.3% vs. 5.2%).

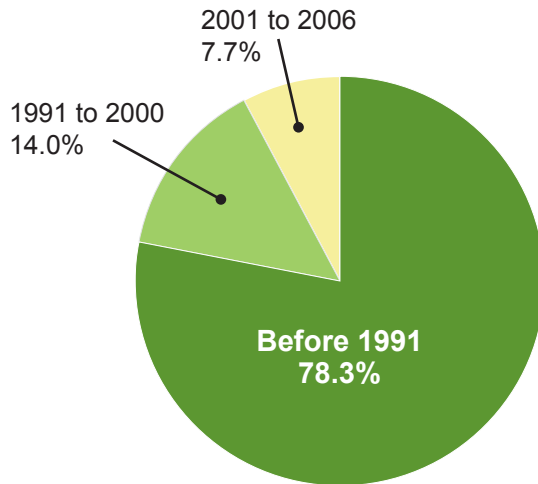
2.9 IMMIGRATION

Figure 12: Number and proportions of immigrants, by Oxford County municipalities and Ontario, 2006



Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Figure 13: Year of immigration, Oxford County, 2006



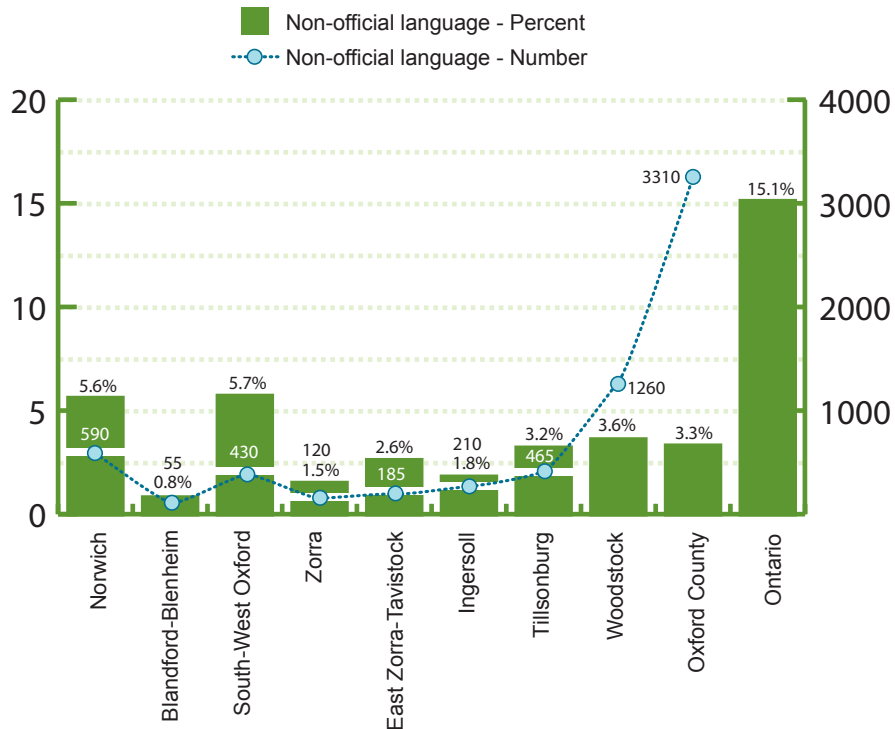
Key Findings:

- Within Oxford County, 10.9% of the residents are immigrants; this is small in comparison to Ontario (28.3%).
- Tillsonburg has the largest proportion of immigrants (14.0%), while Zorra has the smallest proportion (7.1%).
- Of the residents who immigrated to Oxford County, 78.3% immigrated before 1991.

Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

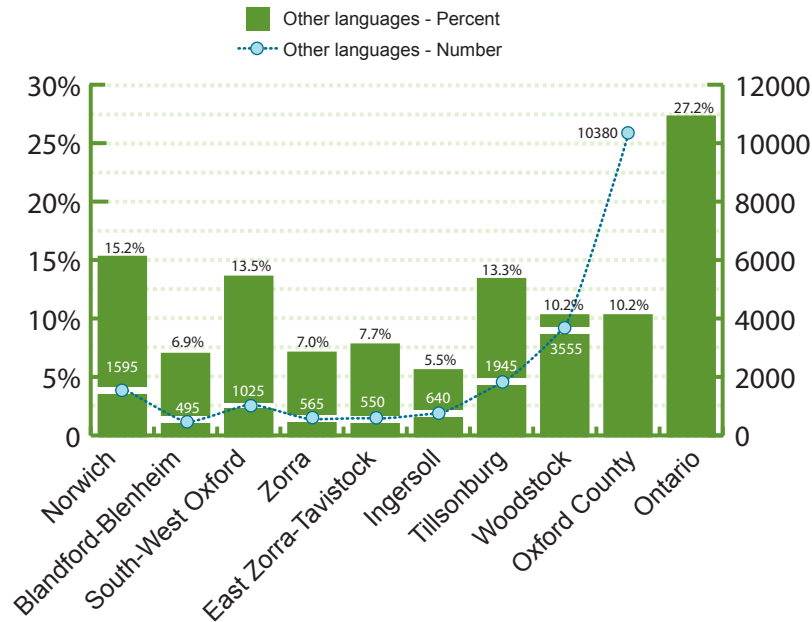
2.10 LANGUAGE

Figure 14: Number and proportion of people who speak a non-official language in the home, by Oxford County municipalities and Ontario, 2006



Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Figure 15: Number and proportion of people with mother tongue not English, by Oxford County municipalities and Ontario, 2006

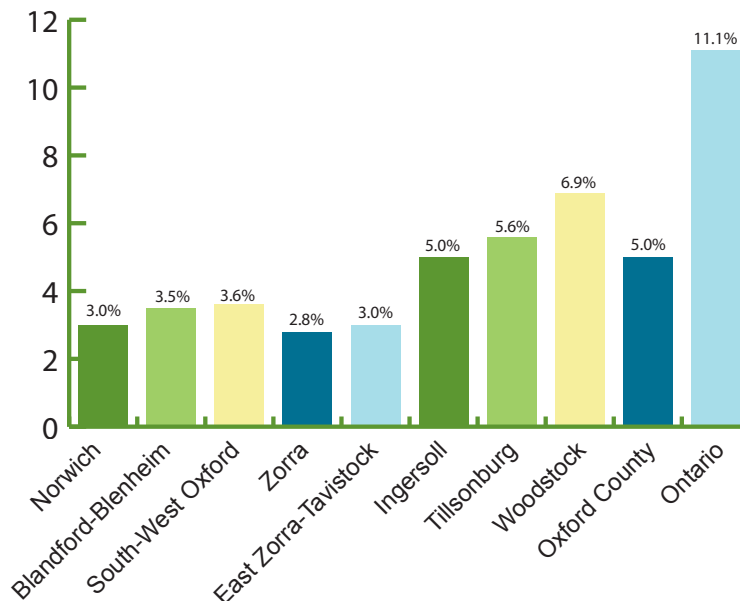


Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

3 PRIORITY GROUPS

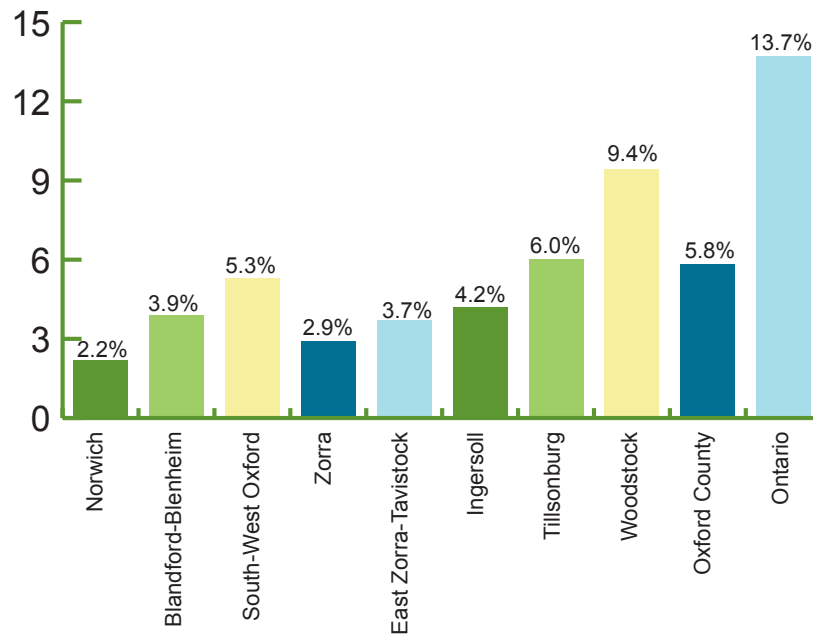
3.1 PEOPLE WITH LOW INCOME STATUS

Figure 16: Percent low income after-tax, by Oxford County municipalities and Ontario, 2006



Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Figure 17: Percent low income after-tax for persons under 18, by Oxford County municipalities and Ontario, 2006



Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Low Income Cut-Off: Represents an income threshold in which a family is likely to spend 20% or more of its income on food, shelter and clothing than the average family, leaving less income available for other expenses such as health, education, transportation and recreation. LICOs are calculated for families and communities of different sizes (8).

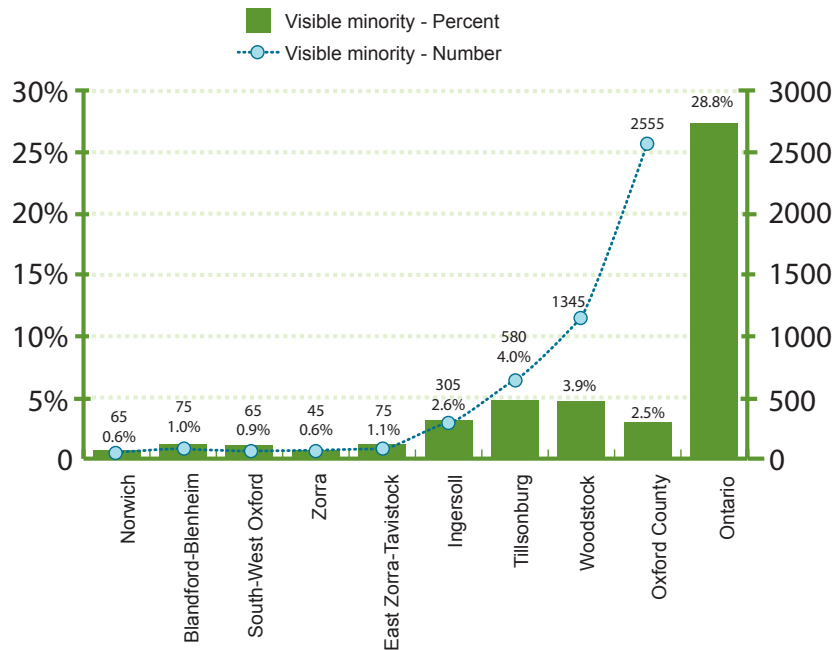
Key Findings:

- Within Oxford County only 5.0% of the population is considered to be poor, falling into the Low Income Cut-Off (LICO). Woodstock has a highest proportion of people considered low income with 6.9%, while Zorra has the smallest proportion (2.8%).
- Oxford County's proportion (5.0%) of people considered low income is less than half of Ontario's proportion (11.1%).
- Oxford County has 5.8% of its households with children less than 18 considered to be low income; again this proportion is smaller than Ontario (13.7%).
- Within Woodstock, 9.4% of the household with children less than 18 are considered to be low income.

3.2 ETHNIC GROUPS

3.2.1 Visible Minorities

Figure 18: Number and proportion of people who are a visible minority, by Oxford County municipalities and Ontario, 2006



Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Key Findings:

- Only 2.5% of Oxford County residents are a visible minority, while 22.8% of Ontario residents are a visible minority.
- Tillsonburg has the largest proportion of residents that are a visible minority (4.0%), while Norwich and Zorra both have the smallest proportion of residents (0.6%).

3.2.2 Amish and Mennonites

Amish families in Oxford County number approximately 600 in Norwich Township and 100–125 in Zorra Township. In 2002, the Mennonite Central Committee determined that the largest population of Low German Mennonites were living in East Elgin, Norfolk and Oxford counties. Oxford County is home to approximately 1,700 Mennonites.

Source: South West Local Health Integration Network, Appendix E: Environmental Scan, October 31, 2006, pg. 53 (9)

3.3 FRANCOPHONES

Table 12: Declared French only as mother tongue in Oxford County municipalities and Ontario, 2006

Municipality	Total Population	French Only as Mother Tongue	
		n	%
Blandford-Blenheim	7150	35	0.5
East Zorra-Tavistock	7105	55	0.8
Ingersoll	11605	140	1.2
Norwich	10475	50	0.5
South-West Oxford	7590	70	0.9
Tillsonburg	14635	210	1.4
Woodstock	34780	495	1.4
Zorra	8120	45	0.6
Oxford County	101460	1100	1.1
Ontario	12020900	488815	4.1

Source: Statistics Canada 2006 Census. 2006 Community Profiles (5)

Key Findings:

- Only 1.1% of Oxford County residents have declared French only as their mother tongue.
- Tillsonburg and Woodstock have the largest proportion of French only as their mother tongue (1.4%), while Norwich and Blandford-Blenheim both have the smallest proportion (0.5%).

4 HEALTHY COMMUNITY PRIORITY INDICATORS

4.1 HEALTHY EATING

4.1.1 Fruit and Vegetable Consumption

Table 13: Fruit and vegetable consumption, 5 times or more per day for Oxford County and Ontario, 12 years old and over and by sex, 2009

	Oxford County %	Ontario %
Both Sexes	40.5	44.1
Males	33.9	38.9
Females	46.9	49.1

Source: Statistics Canada, Canadian Community Health Survey (CCHS, 2009) (5)

Key Findings:

- Oxford County women eat healthier than men in terms of their fruit and vegetable consumption (46.9% vs. 33.9%).
- Oxford County residents have a lower proportion of their residents who eat fruits and vegetables at least five times per day when compared to Ontario residents (40.5% vs. 44.1%).

4.2 TOBACCO USE

4.2.1 Levels of Tobacco Use

Table 14: Proportion of adult (aged 20 and over) who are current or occasional smokers for Oxford County and Ontario, by sex, 2009

	Oxford County %	Ontario %
Both Sexes	23.2	18.6
Males	26.2	21.8
Females	20.2	15.4

Source: Statistics Canada, Canadian Community Health Survey (CCHS, 2009) (5)

4.2.2 Second Hand Smoke Exposure

Table 15: Exposure to second hand smoke at home and in vehicles, Oxford County and Ontario, 12 years old and over, 2009

	Exposure to Second Hand Smoke at Home		Exposure to Second Hand Smoke in Vehicles	
	Oxford County %	Ontario %	Oxford County %	Ontario %
Both Sexes	9.3	5.3	5.9	6.4

Source: Statistics Canada, Canadian Community Health Survey (CCHS, 2009) (5)

Key Findings:

- Oxford County men smoke more than women (26.2% vs. 20.2%).
- Residents of Oxford County smoke more than Ontario residents (23.2% vs. 18.6%).
- Residents of Oxford County are exposed to more second hand smoke than Ontario residents at home (9.3% vs. 5.3%) but not in vehicles (5.9% vs. 6.4%).

4.2.3 Smoking Cessation

In Oxford County, forty-eight percent (48%) of current smokers indicated that they tried to quit smoking in the past 12 months. Thirty percent (30.4) of Oxford residents indicated that they are former smokers. More than eighty-seven percent (87.3%) of residents that reported being former smokers indicated that they stopped smoking over two years prior to being surveyed.

Source: RRFSS Fact Sheet – September 2007 (10)

4.3 SUBSTANCE AND ALCOHOL MISUSE

4.3.1 Alcohol Use

In 2009, 18.3% of Oxford Country residents reported having five or more drinks on one occasion, at least once a month in the past year. In 2007, more Oxford County residents reported being “heavy drinkers” (26.5%) than in Ontario (21.2%).

Source: Statistics Canada, Canadian Community Health Survey (CCHS) (5), Association of Ontario Health Centres, 2008 (11)

4.3.2 Illicit Drug or Prescription Drug Use

Table 16: Most commonly abused illicit or prescription drugs in Oxford County (not ranked):

Illicit drug	Prescription drug
Marijuana	Oxycontin
Cocaine	Percocet
Crystal Methamphetamines	Morphine
Crack	

Source: Oxford County Drug Task Force, Situational Assessment, March 2010 (based on statistics from Addiction Services of Thames Valley) (12)

Table 17: Oxford County youth reported most commonly used substances by 16 years old and under and 17 years old and older, including tobacco and alcohol, 2010

Substance	16 years old and under	17 years old and older
Alcohol	78.1%	80.7%
Tobacco	73.7%	76.0%
Marijuana	71.7%	72.4%
Prescription drugs	16.9%	25.1%
Mushrooms	16.0%	24.7%
Hash	0.8%	1.3%
Cocaine	16.0%	35.3%
Ecstasy	12.4%	23.3%
Crystal Meth	5.6%	14.8%
Acid	3.3%	8.7%

Source: Oxford County Drug Task Force, Situational Assessment, March 2010 (12)

Table 18: Top ten Oxford County youth reported substances in terms of access (“Easy to get”), including alcohol and tobacco, 2010

Rank	Substance	Percent Reported “Easy to get”
1	Alcohol	81.8%
2	Tobacco	77.9%
3	Marijuana	67.0%
4	Prescription Drugs	47.0%
5	Mushrooms	36.8%
6	Hash	27.9%
7	Cocaine	29.5%
8	Ecstasy	26.0%
9	Crystal Meth	12.8%
10	Acid	12.9%

Source: Oxford County Drug Task Force, Situational Assessment, March 2010 (12)

Other drug-related information

- More than 1,000 Oxford County residents are estimated to be either dealers or users.
- 1,000-1,200 families are utilizing Children’s Aid Society of Oxford County services of which 60% (600-700 families) are dealing with illicit drugs use.

Source: Oxford County Drug Task Force, Situational Assessment, March 2010 (based on statistics from Police Services and Oxford County OPP and Children’s Aid Society of Oxford County) (12)

Key Findings:

- Oxford County youth, both under and over 16 years old, use and have the easiest access to marijuana more than any other illicit drug.
- Alcohol is the most commonly used and accessed legal drug for Oxford County youth.
- Youth older than 17 have greater access to harder drugs such as cocaine, mushrooms and crystal meth than those aged 16 and younger.
- A high proportion of families using the Children’s Aid Society of Oxford County have drug dependency issues.

4.4 PHYSICAL ACTIVITY, SPORTS & RECREATION

4.4.1 Levels of Physical Activity

Table 19: Physical activity during leisure-time, inactive and moderately active or active, Oxford County and Ontario, 12 years old and over, 2009

	Inactive		Moderately Active or Active	
	Oxford County %	Ontario %	Oxford County %	Ontario %
Both Sexes	51.8	49.3	48.2	50.7
Males	47.8	45.2	52.2	54.8
Females	55.6	53.3	44.4	46.7

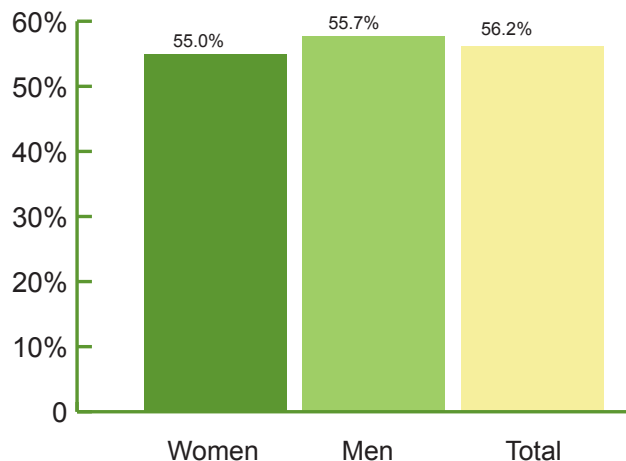
Source: Statistics Canada, Canadian Community Health Survey (CCHS, 2009) (5)

Key Findings:

- Oxford County men are more active than women (52.2% vs. 44.4%).
- Oxford County residents are less active than Ontario residents (51.8% vs. 49.3%).

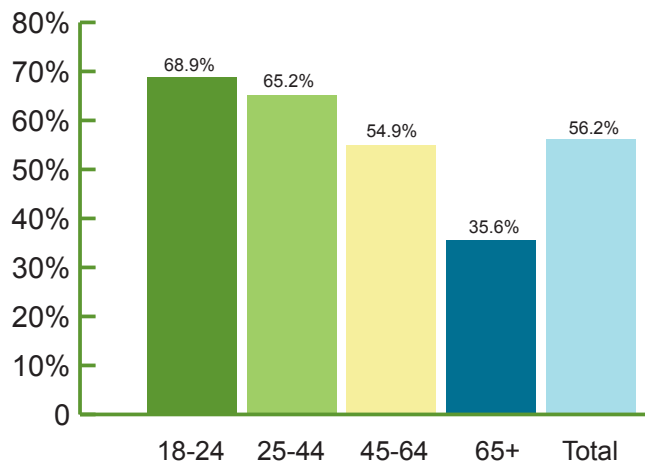
4.4.2 Access to Hiking Trails

Figure 19: Proportion of Oxford County residents who indicated using recreational trails in Oxford County in the last 12 months by sex, 2007



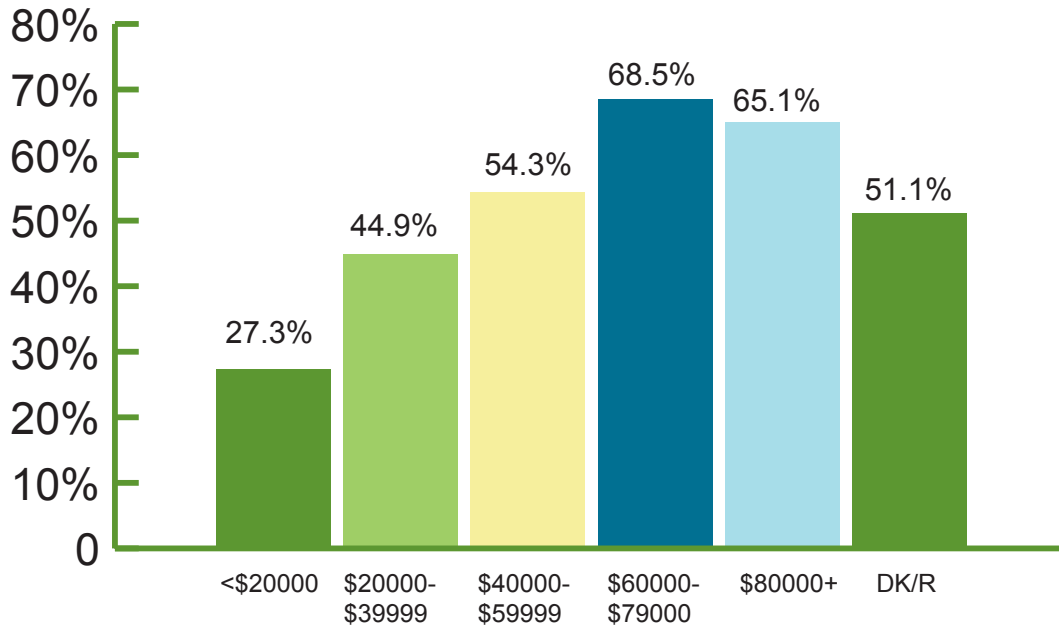
Source: RRFSS Fact Sheet – March 2008 (13)

Figure 20: Proportion of Oxford County residents who indicated using recreational trails in Oxford County in the last 12 months by age group in years, 2007



Source: RRFSS Fact Sheet – March 2008 (13)

Figure 21: Proportion of residents who indicated using recreational trail in Oxford County in the last 12 months by household income, 2007



DK/R - Don't know or refused to answer
Source: RRFSS Fact Sheet – March 2008 (13)

Key Findings:

- In 2007, fifty-six percent (56.2%) of Oxford County residents who knew of recreational trails in Oxford County indicated using them in the last 12 months.
- Slightly more men than women in Oxford County indicated using recreational trails in Oxford County in the last 12 months.
- The proportion of residents who indicated using recreational trails in Oxford County in the last 12 months significantly decreased with age.
- The proportion of residents who indicated using recreational trails in Oxford County in the last 12 months significantly increased with household income.

4.5 INJURY PREVENTION

4.5.1 Overall Causes of Injuries

Table 20: Deaths in Oxford County due to injury, intentional and unintentional, number of cases and percent, 2003-2007

	Number of Deaths	Percent (%)
Suicide	64	28.2
MVC	58	25.6
Other	40	17.6
Falls	37	16.3
Drowning/Suffocation	10	4.4
Burns	7	3.1
Recreation	5	2.2
Abuse/Assault	<5	~1
Pedal Cycle	<5	~1
Undetermined Intent	<5	~1
Total	227	100

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2010 (14)

Table 21: Emergency room (ER) visits in Oxford County due to injury, intentional and unintentional, number of cases and percent, 2003-2007

	Number of ER Visits	Percent (%)
Motor Vehicle Collisions	164	22.9
Recreation	163	22.7
Other	123	17.1
Burns	90	12.5
Falls	45	6.3
Abuse/Assault	32	4.5
Pedal Cycle	29	4.0
Drowning/Suffocation	27	3.8
Suicide	22	3.1
Undetermined Intent	22	3.1
Total	717	100

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2011 (14)

NOTE: Collecting information on injury has its own challenges. Data comes from a variety of sources with various reporting methods and definitions of injury. Some data comes from trauma hospitals while others come from acute care hospitals with injury dependant on hospital personnel to document the injury accurately. Death may be captured as due to a complication of the injury, not the injury itself. Often, local data contain numbers too small to report; therefore numbers will not be released or may be unreliable.

Table 22: Injuries in the past 12 months causing limitation of normal activities and sought medical attention for these injuries, Oxford County and Ontario, 12 years old and over, 2009

	Causing Limitation of Normal Activities		Sought Medical Attention	
	Oxford County %	Ontario %	Oxford County %	Ontario %
Both Sexes	10.4	13.8	4.8	7.4
Males	8.9	15.8	n/a	8.2
Females	11.9	11.8	n/a	6.7

Source: Statistics Canada, Canadian Community Health Survey (CCHS, 2009) (5)

Key Findings:

- In terms of intentional injury, suicide is the highest type of injury in Oxford County (28.2%).
- In terms of accidental injury, motor vehicle collisions (26.3%) and falls (15.8%) represent the highest proportion of Oxford County injuries.
- Motor vehicle collisions and recreational accidents top the list of injury-related emergency room visits.
- Fewer Oxford County residents have declared that injuries in the past 12 months have caused them to limit their normal activities than Ontario residents (10.4% vs. 13.8%).
- Fewer Oxford County residents have declared that injuries in the past 12 months have caused them to seek medical attention than Ontario residents (4.8% vs. 7.4%).

4.6 MENTAL HEALTH PROMOTION

4.6.1 Self-Rated Health

Table 23: Perceived health, Oxford County and Ontario, 12 years old and over, 2009

	Very Good or Excellent		Fair or Poor	
	Oxford County %	Ontario %	Oxford County %	Ontario %
Both Sexes	61.6	61.2	11.6	11.3
Males	63.2	61.4	9.1	10.9
Females	60.1	60.9	14.1	11.8

Source: Statistics Canada, Canadian Community Health Survey (CCHS, 2009) (5)

Table 24: Perceived mental health, Oxford County and Ontario, 12 years old and over, 2009

	Very Good or Excellent		Fair or Poor	
	Oxford County %	Ontario %	Oxford County %	Ontario %
Both sexes	73.5	74.0	7.0	5.7
Males	76.4	74.4	3.6	5.6
Females	70.7	73.7	9.3	5.8

Source: Statistics Canada, Canadian Community Health Survey (CCHS, 2009) (5)

Key Findings:

- A higher proportion of men in Oxford County perceive their health as very good or excellent in comparison to women for both self-rated health (63.2% vs. 60.1%) and mental health (76.4% vs. 70.7%).

4.6.2 Stress

Table 25: Perceived life stress as “quite a lot,” Oxford County and Ontario, 2009

	Oxford County %	Ontario %
Both sexes	26.7	24.3
Males	19.5	22.2
Females	34.0	26.3

Source: Statistics Canada, Canadian Community Health Survey (CCHS, 2009) (5)

Key Findings:

- A greater proportion of women in Oxford County perceive their life as having a high level of stress in comparison to men (34.0% vs. 19.5%).
- Women of Oxford County have a higher level of stress than Ontario women but Oxford County men have a lower amount of perceived stress in comparison to Ontario.
- Overall, Oxford County has more perceived high stress levels than Ontario residents.

4.6.3 Suicide

Table 26: Suicide rates for Oxford County and Ontario, by sex, 2003-2007

	Oxford County			Ontario		
	Deaths	Total Population	Suicide Rate (per 100,000)	Deaths	Total Population	Suicide Rate (per 100,000)
Female	12	265941	4.51	1324	31695861	4.18
Male	52	262503	19.81	3966	30925526	12.82
Combined	64	528444	12.11	5290	62621387	8.45

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2010 (14)

Table 27: Suicide rates for Oxford County and Ontario, by year, 2003-2007

	Oxford County			Ontario		
	Deaths	Total Population	Crude Rate (per 100,000)	Deaths	Total Population	Crude Rate (per 100,000)
2003	10	104457	9.57	1031	12242273	8.42
2004	15	105066	14.28	1013	12390599	8.18
2005	17	106028	16.03	1102	12528480	8.80
2006	11	106550	10.32	1057	12665346	8.35
2007	11	106343	10.34	1087	12794689	8.50
Combined	64	528444	12.11	5290	62621387	8.45

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2010 (14)

Suicide rate represents the number of deaths from suicides that occur for every 100,000 people in that area.

Key Findings:

- Suicide rates for males are about 3 times higher than for females in Ontario and 4.4 times higher for males than for females in Oxford County.
- There is no evidence for a trend in suicide rates from 2003-2007, either in Ontario as a whole or in Oxford County.
- Oxford County has consistently higher crude suicide rates compared to Ontario for every year from 2003 to 2007.

4.6.4 Sense of Belonging to a Community

Table 28: Sense of belonging to local community, somewhat strong or very strong, Oxford County and Ontario, 12 years old and over, 2009

	Oxford County %	Ontario %
Both sexes	77.8	67.1
Males	78.8	65.9
Females	76.8	68.4

Source: Statistics Canada, Canadian Community Health Survey (CCHS) (5)

Key Findings:

- Overall, for men and women, Oxford County has a higher sense of belonging to the local community than all of Ontario.
- Oxford County men have a marginally heightened sense of belonging to the community than Oxford County women.

5 MORBIDITY AND MORTALITY

5.1 MORTALITY

5.1.1 Major Causes of Death

Table 29: Major causes of death for Oxford County, number of cases, from 2003-2007

Cause of Death	2003	2004	2005	2006	2007	Total
Diseases of circulatory system	323	322	320	326	329	1620
Neoplasms (cancer)	254	244	247	269	235	1249
Diseases of respiratory system	93	68	91	80	84	416
External causes of morbidity & mortality	36	49	53	54	43	235
Endocrine, nutritional & metabolic diseases	54	26	38	36	36	190
Diseases of nervous system	41	32	43	31	39	186
Diseases of digestive system	30	27	35	33	40	165
Mental and behavioural disorders	18	16	25	26	28	113
Diseases of genitourinary system	20	20	20	9	16	85
Certain infectious & parasitic diseases	7	9	6	11	20	53
Diseases of musculoskeletal system & connective tissue	1	5	8	13	7	34
Certain conditions originating in perinatal period	2	4	3	9	7	25
Congenital malformations, deformations & chromosomal anomalies	5	4	7	3	4	23
Diseases of blood & blood-forming organs & certain disorders involving the immune mechanism	6	2	1	5	3	17
Diseases of skin & subcutaneous tissue		2	2	2	2	8
Symptoms, signs & abnormal clinical & lab. findings	16	16	15	15	18	80
Grand total	906	846	914	922	911	4499

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2010 (14)

Key Findings:

- Diseases of the circulatory system such as cardiovascular disease, Neoplasms (cancer) and respiratory illness represent the three main causes of death in Oxford County.

5.1.2 Standardized Mortality Rates and Ratios

Age-standardized mortality rates refer to the number of deaths of a specific disease per 100,000 people in the population for that specific year and adjusted to a standard population (1991 Canadian Population).

Standardized mortality ratio is the ratio of observed deaths to expected deaths. A value over one represents more deaths than can be expected for that disease during that time period.

Table 30: Age-standardized mortality rates for Oxford County and Ontario, 2003-2007

	2003		2004		2005		2006		2007	
	OC	ON	OC	ON	OC	ON	OC	ON	OC	ON
Diseases of Circulatory System	214.3	188.1	203.8	175.9	199.5	169.9	202.7	155.5	195.2	150.5
Neoplasms (Cancer)	186.6	176.3	173.4	172.1	177.7	169.0	194.4	164.8	155.2	162.3
Diseases of Respiratory System	59.1	44.5	42.4	42.5	56.3	45.4	50.7	39.9	50.7	41.9
Endocrine, Nutritional and Metabolic Diseases	37.2	27.7	17.6	26.2	24.3	26.0	22.1	22.6	23.0	23.3
Diseases of Nervous System	25.9	23.7	21.6	23.2	27.2	23.6	19.7	22.6	22.9	22.7
Other	104.9	116.9	114.2	112.5	130.1	115.8	137.2	118.7	128.5	122.4
Total	623.5	577.2	573.0	552.3	615.2	549.7	621.1	524.2	575.4	523.3

OC – Oxford County
ON - Ontario

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2010 (14)

Table 31: Standardized mortality ratios for Oxford County, 2003-2007

	2003	2004	2005	2006	2007
Diseases of Circulatory System	1.14	1.17	1.17	1.27	1.30
Neoplasms (Cancer)	1.05	1.01	1.02	1.16	0.97
Diseases of Respiratory System	1.35	1.01	1.23	1.22	1.19
Endocrine, Nutritional and Metabolic Diseases	1.33	0.66	0.95	1.02	0.97
Diseases of Nervous System	1.12	0.87	1.12	0.85	1.02
Other	0.66	0.73	0.84	0.87	0.92
Total	1.08	1.03	1.09	1.13	1.10

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2010 (14)

Key Findings:

- Diseases of the circulatory system have the highest mortality rates and ratios for Oxford County residents and are consistently higher than the rest of Ontario.
- Neoplasms (cancer) also have a high rate of mortality for Oxford County but are comparable to Ontario neoplasm mortality rates.
- All other diseases have comparable mortality rates between Oxford County residents and Ontario residents.

5.2 MORBIDITY

5.2.1 Major Causes of Hospitalizations

Table 32: Major causes of hospitalization for Oxford County, number of cases, 2003-2007

Cause of hospitalizations	2003	2004	2005	2006	2007
Factors influencing health status and contacts with health services (circumstances other than a disease or injury)	1435	1456	1508	1465	1536
Diseases of circulatory system	1266	1354	1277	1227	1191
Diseases of digestive system	1265	1195	1175	1214	1235
Pregnancy, childbirth and the puerperium	1100	1076	1114	1079	1171
Symptoms, signs and abnormal clinical and lab. findings nec	899	908	798	776	679
Injury & poisoning & certain other consequences of external causes	835	788	789	722	796
Diseases of respiratory system	766	756	792	705	662
Neoplasms (cancer)	741	651	674	691	698
Diseases of musculoskeletal system & connective tissue	569	572	600	609	655
Diseases of genitourinary system	628	601	575	606	513
Mental and behavioural disorders	675	626	664	264	146
Certain conditions originating in perinatal period	283	271	207	200	232
Endocrine, nutritional and metabolic diseases	234	215	211	249	212
Diseases of nervous system	164	198	175	161	120
Certain infections & parasitic diseases	133	134	104	105	129
Diseases of skin & subcutaneous tissue	97	114	96	77	100
Diseases of blood & blood-forming organs & certain disorders involving the immune mechanism	84	98	76	93	93
Congenital malformations, deformations & chromosomal anomalies	71	60	76	59	72
Diseases the ear & mastoid process	32	26	23	22	23
Diseases of the eye and adnexa	24	28	28	28	16
Grand total	11301	11127	10962	10355	10279

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2010 (14)

Key Findings:

- The top three major causes of hospitalizations from 2003 to 2007 are factors influencing health status and contacts with health services, diseases of circulatory system, diseases of digestive system.
- Neoplasms (cancer) rank 8th highest cause of hospitalization in Oxford County.
- Number of hospitalizations range from 10355 to 11301 per year.

5.2.2 Standardized Hospitalization Rates and Ratios

Table 33: Age-standardized Hospitalization Rates for Oxford County and Ontario, 2003-2007

	2003		2004		2005		2006		2007	
	OC	ON	OC	ON	OC	ON	OC	ON	OC	ON
Diseases of Circulatory System	944.7	852.1	974.7	834.5	902.9	786.5	853.4	745.2	810.2	704.9
Neoplasms (Cancer)	588.8	504.9	509.6	488.0	511.3	480.5	520.0	462.4	512.6	447.9
Diseases of Respiratory System	632.8	558.9	613.2	539.1	637.2	564.7	569.3	498.3	530.9	469.5
Endocrine, Nutritional and Metabolic Diseases	212.6	163.7	190.3	163.3	175.4	160.8	209.0	159.0	166.7	154.5
Diseases of Nervous System	130.9	104.5	158.6	107.2	141.4	103.9	121.9	101.2	94.1	97.2
Other	7995.4	6263.4	7652.7	6345.2	7604.7	6296.1	6913.9	6011.6	7062.5	5915.3
Total	10485.5	8447.5	10083.5	8477.5	9959.0	8394.3	9174.5	7977.7	9177.0	7789.2

OC – Oxford County
ON - Ontario

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2010 (14)

Table 34: Standardized Hospitalization Ratios for Oxford County, 2003-2007

	2003	2004	2005	2006	2007
Diseases of Circulatory System	1.09	1.17	1.15	1.14	1.15
Neoplasms (Cancer)	1.17	1.04	1.08	1.13	1.16
Diseases of Respiratory System	1.14	1.14	1.13	1.12	1.09
Endocrine, nutritional and metabolic Diseases	1.28	1.15	1.12	1.30	1.06
Diseases of Nervous System	1.28	1.49	1.36	1.27	0.98
Other	1.30	1.23	1.22	1.17	1.22
Total	1.25	1.21	1.19	1.17	1.19

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2010 (14)

Key Findings:

- Diseases of the circulatory system have the highest hospitalization rates and ratios for Oxford County residents and are consistently higher than the rest of Ontario.
- Neoplasms (cancer) also have a high rate of hospitalization but are comparable to Ontario neoplasm mortality rates.
- All other diseases have comparable hospitalization rates between Oxford County residents and Ontario residents.

5.2.3 Length of Stay

Table 35: Average lengths of hospital stay, number of days, from 2003-2007 for Oxford County

Reason for Hospitalization	2003		2004		2005		2006		2007	
	OC	ON	OC	ON	OC	ON	OC	ON	OC	ON
Diseases of Circulatory System	7.3	8.0	6.6	7.7	8.4	7.5	7.5	7.6	7.6	7.8
Neoplasms (Cancer)	8.1	8.8	8.5	8.9	9.7	8.7	8.6	8.5	8.3	8.5
Diseases of Respiratory System	7.3	7.4	7.5	7.4	6.9	7.2	6.4	7.3	7.3	7.6
Endocrine, Nutritional and Metabolic Diseases	7.2	8.0	8.4	8.0	8.0	8.0	8.0	8.2	8.0	8.6
Diseases of Nervous System	7.5	12.6	13.8	12.6	9.6	11.2	7.5	12.5	7.8	11.3
Other	5.6	6.2	5.6	6.0	5.8	5.9	5.7	6.5	5.3	5.0
Average Length of Stay for All Diseases	6.4	6.9	6.2	6.6	6.5	6.5	6.2	7.0	6.0	6.0

OC – Oxford County
ON - Ontario

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2010 (14)

Key Findings:

- Over the period of 2003-2007, the number of days for hospital stay for all major diseases has remained consistent and comparable between Oxford County and Ontario except for diseases of the nervous system.

5.3 CHRONIC HEALTH CONDITIONS

5.3.1 Obesity

Table 36: Proportion of overweight and obese adults (12 years and over), by sex, in Oxford County and Ontario, 2009 (self-reported data)

	Both Sexes		Males		Females	
	Oxford County	Ontario	Oxford County	Ontario	Oxford County	Ontario
Total, 12 years and over	63.8%	51.4%	65.1%	58.7%	62.4%	44.1%
12 to 19 years	n/a	25.4%	n/a	32.3%	n/a	18.2%
20 to 34 years	51.3%	39.1%	50.7%	46.0%	52.1%	31.8%
35 to 44 years	57.3%	51.1%	66.1%	61.8%	47.5%	39.9%
45 to 64 years	75.6%	59.2%	77.4%	66.7%	73.8%	51.7%
65 years and over	62.1%	59.0%	63.5%	63.1%	61.1%	55.5%

Source: Statistics Canada, Canadian Community Health Survey (CCHS, 2009) (5)

Key Findings:

- Overall and by each age group, Oxford County residents are more obese or overweight than Ontario residents.
- Oxford County residents aged between 45-64 years old have the highest proportion of obesity than any other age group.
- Except in the 20-34 years age group, Oxford County men have a higher rate of obesity than Oxford County women.

5.3.2 Cancer

Table 37: Top 10 diagnosed cancers (number of cases), by sex, Oxford County, 2000-2007 combined

Male		Female	
Cancer Type	Cases	Cancer Type	Cases
All Sites	2410	All Sites	2059
Prostate Cancer	761	Breast Cancer	550
Colorectal Cancer	319	Colorectal Cancer	422
Lung Cancer	306	Lung Cancer	218
Bladder Cancer	126	Ovarian Cancer	101
Non-Hodgkin Lymphoma	105	Uterine Cancer	98
Leukemia	82	Thyroid Cancer	92
Melanoma of the skin	81	Non-Hodgkin Lymphoma	86
Oral Cancer	74	Melanoma of the skin	73
Kidney Cancer	62	Leukemia	69
Pancreatic Cancer	49	Pancreatic Cancer	44

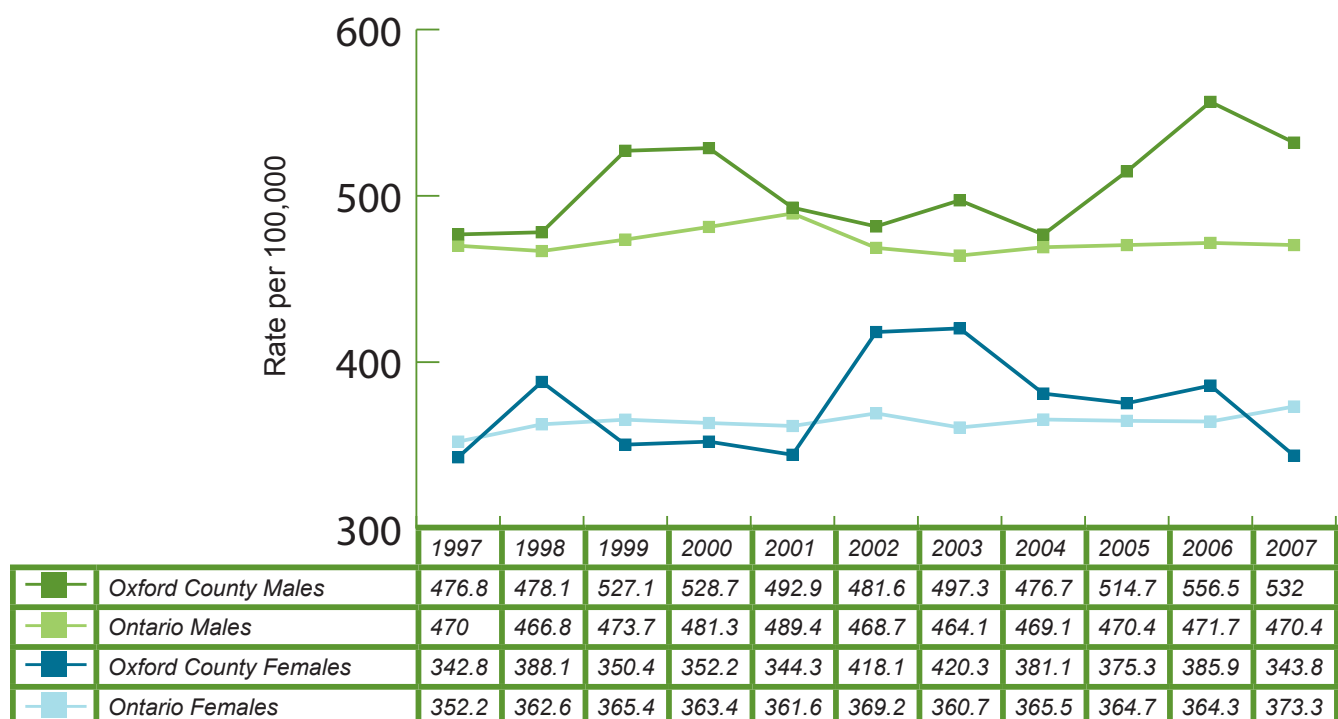
Source: Cancer Care Ontario (Ontario Cancer Registry), SEER*Stat Release 8 - OCRIS [June 2010] (15)

Table 38: Top 10 leading causes of cancer death (number of cases), by sex, Oxford County, 2000-2007 combined

Male		Female	
Cancer Type	Cases	Cancer Type	Cases
All Sites	996	All Sites	907
Lung Cancer	257	Lung Cancer	183
Colorectal Cancer	127	Breast Cancer	138
Prostate Cancer	118	Colorectal Cancer	127
Pancreatic Cancer	55	Ovarian Cancer	53
Esophageal Cancer	46	Pancreatic Cancer	52
Leukemia	46	Non-Hodgkin Lymphoma	43
Non-Hodgkin Lymphoma	42	Leukemia	40
Bladder Cancer	38	Uterine Cancer	24
Brain Cancer	26	Brain Cancer	18
Stomach Cancer	24	Melanoma of the skin	16

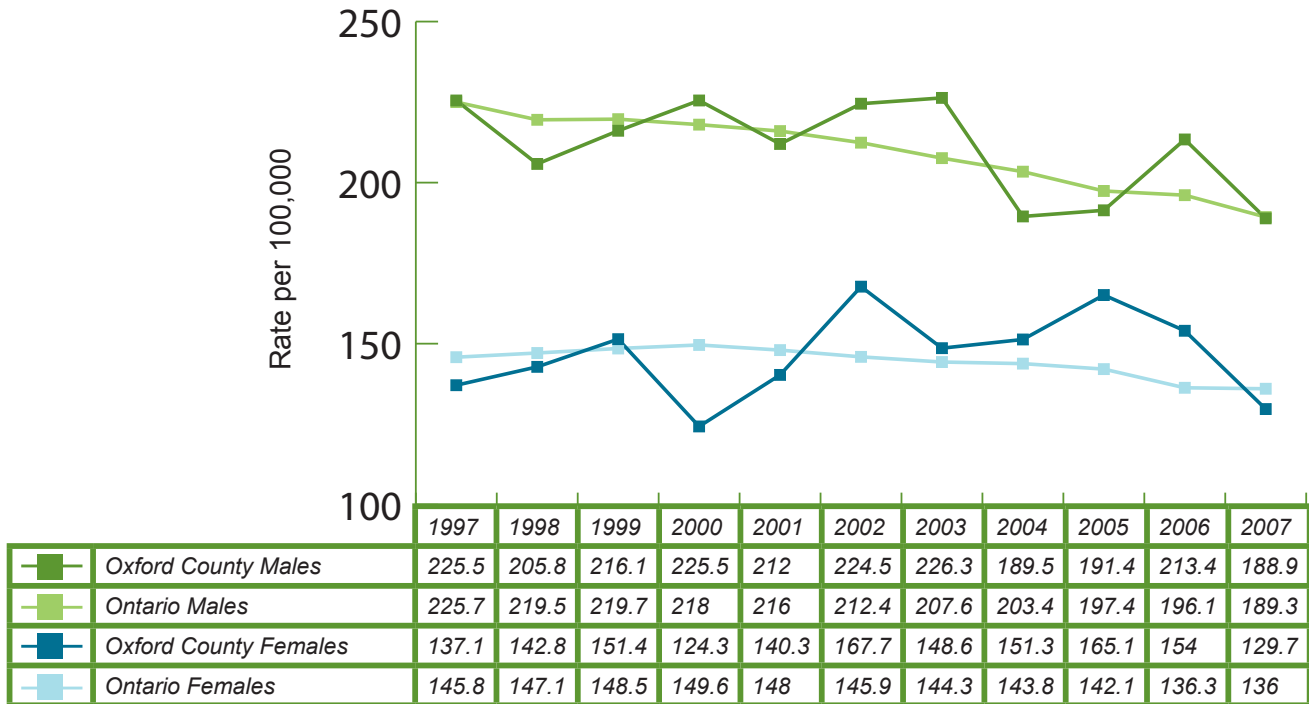
Source: Cancer Care Ontario (Ontario Cancer Registry), SEER*Stat Release 8 - OCRIS [June 2010] (15)

Figure 22: Age-standardized incidence rates for all cancers by sex, Oxford County and Ontario, 1997-2007



Source: Cancer Care Ontario (Ontario Cancer Registry), SEER*Stat Release 8 - OCRIS [June 2010] (15)

Figure 23: Age standardized mortality rates for all cancers, by sex, Oxford County and Ontario, 1997-2007



Source: Cancer Care Ontario (Ontario Cancer Registry), SEER*Stat Release 8 - OCRIS [June 2010] (15)

Key Findings:

- Between 2000 and 2007, gender-specific cancers ranked highest in diagnosed cases for Oxford County men and women (prostate and breast cancer) followed by colorectal cancer and lung cancer.
- For both Oxford County men and women, lung cancer ranked highest for numbers of cancer deaths followed by colorectal cancer for men and breast cancer for women.
- Incidence rates for both Oxford County men and women have been increasing slightly over the decade period of 1997-2007.
- Mortality rates for both Oxford County men and women have been decreasing slightly over the decade period of 1997-2007.
- Men have consistently higher incidence and mortality rates than women in both Oxford County and Ontario.

5.3.3 Cardiovascular and Respiratory Diseases, Diabetes

Table 39: Age-standardized mortality rates for cardiovascular and respiratory diseases from 2003-2007 for Oxford County

	2003	2004	2005	2006	2007
Diseases of Circulatory System	214.3	203.8	199.5	202.7	195.2
Ischaemic Heart Disease	126.5	121.3	124.6	116.0	117.0
Cerebrovascular Diseases	38.7	40.3	32.4	41.5	28.1
Diseases of the Respiratory System	59.1	42.4	56.3	50.7	50.7
Chronic Obstructive Pulmonary Disease	33.0	19.5	31.7	22.5	26.7
Diabetes	120.6	119.9	83.5	107.5	106.1

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2010 (14)

Table 40: Age-standardized hospitalization rates for cardiovascular diseases, respiratory diseases and diabetes from 2003-2007 for Oxford County

	2003	2004	2005	2006	2007
Diseases of Circulatory System	944.7	974.7	902.9	853.4	810.2
Ischaemic Heart Disease	372.4	389.1	367.1	297.8	301.3
Cerebrovascular Diseases	109.4	108.6	94.8	100.4	99.9
Diseases of the Respiratory System	632.8	613.2	637.2	569.3	530.9
COPD	145.7	187.0	158.9	159.7	124.8
Diabetes	120.6	119.9	83.5	107.5	106.1

Data Source: Ontario Mortality Data, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted March 25, 2010 (14)

Key Findings:

- From 2003-2007, both cardiovascular and respiratory diseases have remained constant in terms of mortality and hospitalization rates.

6 COMMUNITY ASSETS

6.1 ASSETS

Many organizations have diverse partnerships to bring reports, information, resources and tools for delivery of supports and services to residents of Oxford County. This is a brief account of many of the resources in Oxford County that Healthy Communities Oxford will align or consult with in developing policies for a healthier Oxford County.

Reproductive Health Oxford County

A 2008 Reproductive Health Status Report in Oxford County noted expectant and new parents and their young children as a priority population. The health unit is currently working at achieving designation as a Baby Friendly Community Health Service, with policies and practices in place to support optimal health for young children.

Child Services Wraparound Committee

The Wraparound Initiative, part of the Community Services Coordinated Network, is an initiative with a Tri-County partnership that works together developing and delivering a family-directed plan for individuals, children and families with complex needs, building on strengths and developing resourceful connections to enhance social connections and empower the family.

Ontario Early Years Centre-Oxford County

In 2010 the Ontario Early Years Centre Oxford determined the Social Risk Index for neighbourhoods in Oxford County, providing information on the socio-economic risk factors in urban centres and for the whole of Oxford County. This information has been used to provide targeted programs for specialized needs on a one-on-one basis, with several service providers working together. A multi-sector committee is working within one urban area providing universal programming. This data will

assist in assessing potential actions for developing policies for the Recommended Actions for Healthy Communities Oxford.

Oxford Social Report 2008

This report led by United Way of Oxford in partnership with Community Employment Services and the Oxford Small Business Support Centre provides a background on the health of Oxford County residents with consideration to education and training, employment, housing, income, health: mental health and addictions, access to physicians and physical well-being, crime and safety and transportation (16).

The Voice of Oxford County Youth

A survey of 1744 local high school youth provided information on Mental Health, Risk Behaviours, Safety, Education, Employment and Training, Home Life and Recreation and Transportation. The number one issue cited by those interviewed was “Being stressed out” (17).

The Oxford Social Planning Committee

Within the past year a steering committee was created to lead the Oxford Social Planning Committee forward in order to address the primary issues that came out of the 2008 Social Report: mental health and addictions, affordable housing, transportation and poverty.

Oxford County Drug Task Force

A situational assessment was completed in 2010 by the Oxford County Drug Task Force to assist in developing a coordinated and comprehensive response to the issue of drug misuse by Oxford County residents, particularly youth. This assessment considered past and current issues while reviewing best practices to address the local situation. Mary Chudley, in her report, noted that the Oxford

County Drug Task Force Report’s “findings reflect a desperate situation.” This same reflection came through vividly in the Healthy Communities community engagement consultations. The number one need for youth, across all six priority areas, is substance abuse and mental health needs. (12)

At the priority setting day, great concern was expressed regarding a lack of treatment and rehabilitation services in the county. Although treatment is not within the Healthy Communities mandate, this strongly helped inform the Recommended Action in the Substance & Alcohol Misuse priority area.

Operation Sharing

Operation Sharing is a faith based community organization with a multifaceted approach to supporting and empowering the vulnerable populations in Oxford County. It serves individuals and families in need, with a drop-in centre, a food card initiative from funds raised at local grocery stores, and an extended family project for individual families to develop relationships in the community and enhance their connections and strengthen their social supports. Included in their services is disability support, a soup kitchen, a slow cooker course, drop-in centre, and fruit and vegetable cooperative. Representatives participate in community initiatives and interest groups such as the food security work group, providing the poverty lens for initiatives and activities.

211 Oxford

In 2010 a collaborative initiative including United Way of Oxford, Oxford County, Community Employment Services (CES) Woodstock, Oxford Small Business Support Centre (OSMSC), and 211 South West Ontario launched a 24-hour call in service reached by dialling 211 for free information on community, social, government and health services for residents of Oxford. This provides call-in access to information on services and resources available in the county.

Master Aging Plan

In October 2010 a diverse group of seniors, community and service organizations gathered to initiate a community-led Master Aging Plan that will enhance and coordinate the services of existing agencies in Oxford County that work with and for the aging residents of Oxford County. A steering committee has been struck and is in the early stages of applying for funding to facilitate the process.

Buy Local Oxford

A group of local partners including local farm organizations, Public Health, United Way of Oxford, Oxford County, The Ontario Ministry of Agriculture, Food and Rural Affairs created a Local Food Map working group for supporting local producers and the agricultural community, farm gate markets, and to increase awareness of healthy and nutritional food. They continue to support local food initiatives, and several members participated in the Healthy Communities Oxford priority setting days and will be stakeholders in the partnership.

Food Security Work Group

A Food Security work group has recently begun the process of bringing together organizations, service providers and interested individuals to develop a food charter as a first step in addressing food security in Oxford County. They are in the initial stages of policy development to enhance food security for Oxford County residents.

Information from two reports that are not yet completed, on child obesity in Oxford County and food insecurity, will help inform the policy development in the Recommended Actions for Healthy Communities Oxford.

6.2 NETWORKS

The community assets include a strong relationship that Oxford County Public Health and Emergency Services and the former Oxford Heart Health Network

developed with community networks. There is a long and strong history of reaching out and working with community groups to network and to improve the health and well-being of Oxford County residents.

Several networks exist which bring together representatives from a number of organizations to collaborate on addressing some of the Ministry's priorities.

These networks include the Oxford County Trails Council and the Oxford Active Living Team (OALT), which consist of members across the county as a coalition of several representatives who promote active living for local children and families. This work involves a focus on transportation and pedestrian safety while promoting the Canadian Physical Activity Guidelines, and South West Physical Activity Promoters Network (SWPAP). The Oxford County Injury Prevention Team, OCIPT, is a

diverse group of community members working towards reducing the incidence of injuries in Oxford County.

The Oxford County Drug Task Force, South West Central West Substance Misuse Prevention Network, and SafeGrad are networks that work together sharing information, resources and activities addressing issues regarding substance and alcohol misuse.

The Oxford County Suicide Prevention Coalition aims to reduce suicidal behaviour in Oxford County through public awareness, education and skill development and public health advocacy. The Oxford Mental Health and Addictions Network work closely with the Suicide Prevention Coalition. Ocean (Oxford County Elder Abuse and Neglect committee) works together on issues of concern regarding the safety and well-being of seniors. (Appendix C)

7 COMMUNITY CONTEXTS

7.1 POLICY CONTEXT

In 2009 the Oxford Heart Health Network (Whole Hearted Living) participated in a province-wide Ontario Heart Health Network policy review. Three settings were identified for the review: County and Municipalities, School Boards, and Hospitals as an example of workplaces. Policies were reviewed as a 'yes' or 'no' for Access to Nutritious Food, Access to Recreation and Physical Activity, Active Transportation and the Built Environment, Prevention of Alcohol Misuse, and Prevention of Tobacco Use and Exposure. The report did not capture local work in progress or initiatives underway and did not cover all priority areas outlined by the Ministry of Health Promotion and Sport.

Oxford County has three school boards: the Thames Valley District School Board, the London District Catholic School Board and Conseil scolaire de district des écoles catholiques du Sud-Ouest which cross county boundaries. The Middlesex London Healthy Communities coordinator surveyed two school boards,

the London District Catholic School Board and the Thames Valley District School Board, to confirm the policies from the OHHN scan and added extra for the additional priority areas. The table (Appendix D) displays the policies that are in place.

The initial survey was limited in that most of the information was gained from websites, and activities progressing towards policies were not captured by the yes/no questions. Especially in the tobacco use/exposure priority area, much work has been accomplished and progress is being made towards policy development. The Government of Ontario has mandated a School Food and Beverage Policy to be implemented by September 2011 (18).

Thus there are a number of limitations which we expect to address. Further work is needed to update work in progress, determine gaps in policy initiatives, and provide possible options to address where policy action can be strengthened.

8 COMMUNITY CONSULTATION & ENGAGEMENT

Branding

The Oxford Heart Health Network had developed a logo that was well recognized in the community. It was felt that a similar branding strategy was essential for the community to understand and engage in the Healthy Communities initiative. A local media group was hired to help design a graphic that captured the idea of a healthy community with the definite identity of Oxford County. The mix of rural and agricultural land use along with several urban centres is well portrayed in the image of a sun setting on a country field with images of buildings silhouetted on the sun. This image was used in all communications. (Appendix E)

Surveys

Oxford County residents experienced a number of surveys during the time of the Community Picture data gathering. Web and paper-based surveys on the food safety inspection program, and design of the new county website, coincided with the Health Nexus Network Mapping and Healthy Communities survey. Response numbers to the survey were lower than anticipated as great efforts were made to appeal to community members with advertisements on Facebook, the County website, and radio and local newspapers. (Appendix F) Paper copies of the survey were distributed to libraries throughout the county, public health and county buildings, the local community health centre and well-baby clinics. Overall 60 surveys were completed on-line and 15 paper surveys were completed. The two major health behaviours that bring negative impact to the community are Tobacco Use and Substance and Alcohol Misuse. The two major health behaviours that are most important to families in the community are Healthy Eating and Active Living.

*Survey result details may be obtained by contacting the Epidemiologist

MAJOR THEMES:

Access to Health Care:

“Access to healthcare in a timely matter, and strong supportive organizations who work together for the good of the community”

“Accessibility”

“One in which there are ample doctors and emergent and non-emergent health care available with the reasonable wait times”

“A healthy community is one where everyone (no exceptions) treats one another with respect and has fair opportunity to access community resources”

“Where everyone has access to affordable dental, doctor, sports, education, transportation”

“Where everyone has access to affordable healthcare including all services”

“Accessibility to safe, clean, functional and effective health care”

Physical Activity:

“Community that facilitates physical activity”

“Opportunities for fitness and fun”

“A community that provides the opportunities for its citizens to engage in an active lifestyle”

“A safe environment that provides opportunity for activity, growing and learning”

“One that is conscious of daily physical activity and healthy behaviours”

Disease Free:

“Less than 45% sick”

“People understanding how to take care of themselves to avoid illness”

“People are working, are free from disease”

“No major illnesses or diseases within the community”

“No drugs”

“A community that provides opportunity for everyone to participate in healthy exercises and that provides treatment for all suffering from substance abuse”

In the fall of 2010, several nursing students worked with public health staff to create and deliver a survey to students and teachers in one high school in Oxford County. There is a limitation in this survey in the number of students surveyed, and that was delivered in only one high school out of many within the three school boards in Oxford County. This information is provided as additional data supporting the community’s voice in this report.

The high school students and teachers were asked about their top five health concerns, and how best to educate others about these issues and questions on specific health behaviours: smoking, physical activity, and knowledge about Canada’s Food Guide. Students returned 483 completed surveys and 20 teachers completed surveys. Bullying/Conflict, Stress, Alcohol/Drugs, Relationships and Tobacco/Smoking were the top concerns of the students. The teachers stated that stress was their top health concern. A number of ideas on how to best provide information to fellow students are contained in the survey.

Summary of the High School Survey

Tobacco Use

Of all students surveyed, approximately 10.6% of the students are smokers:

11.7% of males smoke, while 9.0% of females smoke. A total of 60.8% of students who smoke feel that they smoke because they are addicted, while 33.3% say they smoke socially. 55.3% of students only smoke 1 to 7 cigarettes in a day, while 12.8% smoke more than 1 pack in a day. An equal number of grade 9 smokers smoke socially as well because they are addicted. Most students in grades 10 through 12 smoke because they are addicted, while only 6.3% and 9.1% of grade 10 and 12 smokers, respectively, smoke due to peer pressure.

Physical Activity

- 43.1% of students are physically active 7 days a week, while 41.2% are active 3.5 times a week
- 46.5% and 50.9% of grade 9 and 10 students, respectively, are physically active 7 days a week
- 42.0% and 50.0% of grade 11 and 12 students, respectively, are physically active 3 to 5 times a week.
- 43.9% of female students are physically active 3 to 5 times a day
- 48.1% of male students are physically active 7 days a week.

Nutrition

When questioned about familiarity with Canada’s Food Guide, 14.5% of students had no familiarity with it, while 33.3% of students feel their knowledge of Canada’s Food Guide impacts their daily food choices.

Most grades occasionally use their knowledge of Canada’s Food Guide in their daily food choices.

- 18.6% of grade 10 students are not familiar with Canada’s Food Guide
- 19.2% of male students are not familiar with Canada’s Food guide, while 8.2% of female students are not aware
- 37.8% of female students occasionally use Canada’s Food Guide in their daily food choices, while 30.1% of male students occasionally use Canada’s Food Guide

Future surveys are planned that will have a more specific focus for community members impacted by potential policy development.

All survey result details may be obtained from the Epidemiologist.

Community Engagement Interviews

The community engagement aspect of the Healthy Communities project was undertaken by the Association of Ontario Health Centres (AOHC) with Mary Chudley as project lead. Given a relatively short turnaround time for gathering the data from interviews at a time close to Christmas break, it was decided to hold key informant interviews with individuals who were working within each of the priority areas, followed by consultations with service providers with a focus on the following populations: seniors/older adults, children, youth and people living in poverty/low income. The Francophone community is a small population in Oxford County with the elementary and high schools as the hub for information and connection. Members of the Conseil Scolaire de district des écoles catholiques du Sud-Ouest were invited to the priority setting day for decision-makers and leaders in the community.

The following notes are from Mary Chudley's report of February 25, 2011.

Between November 2010 and February 2011, Mary Chudley (AOHC project lead) led and facilitated community engagement exercises as per the Healthy Communities Project work plan within the Partnership Stream. A variety of engagement activities included:

1. **Interviews with Key Experts:** a series of six interviews with Oxford County Public Health and Canadian Mental Health Association staff persons.
2. **Focus groups:** There was a focus on four priority populations: seniors/older adults, children, youth and people living in poverty/ low income. Many service providers across the County of Oxford were invited to attend. In total there were 52 participants in four focus groups. At each focus group session participants were asked to discuss strengths in the area of discussion (assets), gaps in service and priorities for moving forward (based on the gaps highlighted).

Presentation of Community Engagement findings at Healthy Communities Project Priority Setting Day (January 28): Statistics, interview input and focus group input and the priorities which emerged from the community engagement exercises.

The key expert interviews and the focus groups highlighted different and comparative priorities including:

- Political engagement on the issue of poverty
- Developing services and programs that will enhance and focus upon protective factors and resiliency for youth – and for all ages – to decrease substance abuse and alcohol misuse and to increase mental health wellness
- Increasing mental health services for children to decrease wait lists and increase school supports
- Developing a coordinated and comprehensive plan for transportation so that seniors/older adults can participate in activities and programs that focus on the six Healthy Communities priority areas
- Increasing ability to use social media effectively
- Decreasing duplication of services and focusing more on partnership opportunities
- Supporting schools to be hubs for health and social services – but not have school staff be expected to 'do' these programs
- Supporting schools to effectively implement health policy

Summary of Community Engagement Activities for Healthy Communities Project

Key Expert Interviews	Priority Population Focus Groups (52 participants)
Injury Prevention	1. Focus Group with service providers working with children: 19 participants/service providers
Substance Abuse and Alcohol Misuse	2. Focus Group with service providers working with youth: 15 participants/service providers
Physical Activity	3. Focus Group with service providers working with seniors/older adults: 7 participants/service providers
Healthy Eating	4. Focus Group with service providers working with people living in poverty/low-income: 11 participants/service providers
Tobacco Use and Exposure	
Mental Health	

Key Expert Interviews Report on Discussions

There were six separate interviews done for the Healthy Communities Project. These six interviews covered the six priority areas as outlined by the project including: Injury Prevention, Healthy Eating, Physical Activity, Sport and Recreation, Substance Abuse and Alcohol Misuse, Tobacco Use and Exposure and Mental Health Promotion. Interviews were set up with key experts from Oxford County Public Health and the Canadian Mental Health Association (Oxford) working in the six priority areas. Interviews were, on average, an hour and a half in length. The following questions were the focus of the discussions:

1. What are the initiatives, at present, in the “priority area”? What are the programs and services that are aimed at this priority area?
2. Where are the gaps in this priority area? Why are there gaps? What are the barriers to accomplishing more or accomplishing goals that have been set out for this priority area?
3. Can you name one or two ideas/programs/services that are happening in other health units that you would like to see here? Why are these not happening here?
4. Considering the policies that were outlined in the Ontario Heart Health Network Collaborative Policy Scan: What else is going on in this priority area that must be highlighted? What are the policy pieces that are missing? How does policy help your work in this area?

Focus Groups

Oxford County Public Health, as part of the Healthy Communities Project, outlined a plan to focus on priority populations within the project. Thus, a decision was made to focus on four priority populations: seniors/older adults, children, youth, and people living in poverty/low income. Many service providers across the County of Oxford were invited to attend. In total there were 52 participants in four focus groups.

At each focus group session participants were asked to discuss strengths in the area of discussion (assets), gaps in service and priorities for moving forward

(based on the gaps highlighted). Sticker dots were given to each participant to vote on which gaps should be prioritized. The priorities that emerged from each focus group are detailed in the following report.

Focus group discussions were not only rich in subject matter but also in networking and idea generation on best practices, research and program development. It was an ideal time for community collaboration and defining and really challenging one another on what priorities mattered within the Healthy Communities project, as per a given priority population.

Focus Group Summary

Focus Group	Priorities (Received most votes in focus group)
<p>Service providers working in children’s services in Oxford</p>	<p>Priority: Mental Health Specifically to focus on following two gaps:</p> <ul style="list-style-type: none"> • Gap #1: Wait lists – for counselling, for crisis, for specialized services, and for treatment • Gap #2: Lack of school support
<p>Service providers working in seniors/older adults services in Oxford</p>	<p>Priority: Transportation and outreach to seniors</p> <ul style="list-style-type: none"> • Gap #1: Transportation • Gap #2: Seniors in poverty and outreach to seniors
<p>Service providers working with people living in poverty/low income in Oxford</p>	<p>Priority: Political Engagement</p> <ul style="list-style-type: none"> • Gap: The lack of political engagement on the issue of poverty
<p>Service providers working with youth services and with youth in Oxford</p>	<p>Priority: Mental Health and Substance/Alcohol Misuse</p> <ul style="list-style-type: none"> • Gap: Protective factors and resiliency

End of report notes by Mary Chudley.

After the results were collated, a limitation was determined in having interviewees weighted in the service provider sector, as their focus is understandably more on intervention as opposed to health promotion. The input was valuable and formed the basis of the priority setting process. However, this influenced process, as will be noted in that report's conclusions,

and helped inform the partnership of the continuing need in our community for public awareness and education regarding the role and value of health promotion and healthy public policy development. The Operational Plan for the coming phase will have actions to help address this issue.

9 PARTNERSHIP DEVELOPMENT

Revised Stakeholder Wheel

As described later in this report, leaders and decision-makers from across all municipalities and organizations were invited to an all-day session to determine the priorities of the data gathered from the various reports. At the end of the day, participants were asked to place their organizations within the three levels of the stakeholder wheel: Core, Involved and Supportive, under each of the 6 priority areas: Healthy Eating, Injury Prevention, Mental Health Promotion, Substance Misuse, Tobacco Use/Exposure and Physical Activity, Sport and Recreation.

The 32 individuals/organizations that completed the stakeholder wheel provided the partnership with an indication of those who were interested and willing to partner. (Appendix G) The Steering Committee reviewed the names as they developed their Terms of Reference. It was felt that the Healthy Communities Oxford Partnership Stream is in the early stages for policy development and therefore the learning curve is very great. We decided to keep the committee small as a focused group and create a working group for the recommended actions each of the priority areas that this partnership felt able to pursue. From an original membership of six the partnership was increased by one third, adding representatives who had indicated core support for the Healthy Communities initiative. They represented the seniors' community, mental health, and the Drug and Alcohol Task Force.

Terms of Reference for the Steering Committee remains a living document with review, revisions and membership additions to be undertaken on an as-needed basis. Learning sessions regarding the potential structural additions to the Terms of Reference are included in the Operational Plan. At least one Steering Committee member will be on each of the working groups to be created to start the policy process, following the Policy Roadmap outlined by the Health Communication Unit. (Appendix H)

Network Map by Health Nexus

Organizations were the designated respondents, rather than individuals. The survey was sent out to managerial level representatives at community organizations throughout Oxford County. This was done at the same time as the community survey and during the invitation period for the priority setting day. The coordinator was not available for most of the month of January and no reminders were sent out. It was felt that the response rate was excellent given the circumstances, and there was enough information for a valid analysis. This analysis noted that it was only a snapshot of the community but offered both reassuring information on the communication and networking patterns in Oxford County and on potential areas for future action.

Most of the respondents work within Oxford County but several have a larger geographic focus. The report noted this potentially will be useful as the partnership moves into more policy

work. There is a good mix of organizational types including non-profits, government, institutions, community groups and a private sector respondent. It was noted that this well-mixed/well-integrated pattern demonstrates a generally diverse and healthy network. With regard to the francophone community, in this survey the majority felt that 1 – 25% of their work served francophones. This was deemed to be typical as the main hub of the francophone community is within the French elementary and high schools.

The report noted a good mixture of sectors including agriculture, media, and economic development. This suggests the partnership has reached beyond the usual patterns for networks, and demonstrates good communication among various levels of roles and responsibilities. The majority have a mandate to work on at least one of the priority

areas with others willing to assist even though these were not specifically in their mandate.

Of note is that mental health is the top current priority, followed by healthy eating. The second current priorities are injury prevention and substance misuse, with mental health as the priority to address first.

Please contact the Epidemiologist for survey result details.

Partnership Terms of Reference

As noted earlier, the partnership is in the early stages of policy development and created a living document that best supported the stage of development.

See (Appendix I) for the Terms of Reference.

10 PRIORITY SETTING

At this session, led by consultant Nancy Dubois, participants were invited to identify key community priorities and participate in developing partnerships to coordinate community action plans that lead to healthy public policy. It was clearly identified at the outset the intention and results of the day were to inform the steering committee in determining Recommended Actions for each of the priority areas. Their work was captured as a graphic record.

The following is extracted from the report by Nancy Dubois

10.1 INTRODUCTION

The Ontario Ministry of Health Promotion and Sport (MHPS) has provided the opportunity to each public health jurisdictional region across the province to participate in the Healthy Communities Fund, which has three main

components: a Grants Project Stream, a Resource Stream and a Partnership Stream. The focus of the Oxford Priority Setting Meeting on January 28, 2011 was most related to the Partnership Stream as this component “promotes coordinated planning and action among community groups to create policies that make it easier for Ontarians to be healthy.” The local partnership is also intended to, over time:

- a) engage community members, partners, networks, leaders and decision-makers;
- b) assess the community and create a Community Picture that identifies local directions across each of six key Ministry health promotion priorities: physical activity and sport and recreation, injury prevention, healthy eating, mental health promotion, tobacco use and exposure, and substance and alcohol misuse; and,
- c) mobilize community leaders, decision-makers and organizations to work together to build healthy public policy.

The Priority Setting Meeting was intended to address the first two items by providing an engagement opportunity at which key stakeholders would provide input to local priorities in the six topic areas defined by the Ministry. These results, along with other initiatives, will contribute to the creation of the Oxford Community Picture.

10.2 DESIGN OF THE MEETING

10.2.1 Inputs to the Discussion

The setting for the 9:00 – 3:00 meeting was the Elmhurst Inn in Ingersoll, Ontario. The consultation services of The Health Communication Unit were secured in the person of Nancy Dubois. The bulk of the morning session provided participants with inputs to assist with the priority setting aspect of the afternoon:

- a) Welcoming remarks from Lynn Beath, Director of Public Health & Emergency Services for Oxford County, who briefly thanked people for attending and emphasized the importance and usefulness of the exercise today in shaping future direction.
- b) Welcoming remarks from Don McKay, Warden for Oxford County who highlighted the needs of the 106,000 residents of Oxford County and his wishes for a very productive day in addressing these.
- c) Healthy Communities Coordinator for Oxford County, Iva MacCausland, shared the purpose of the meeting to be three-fold: 1) the identification of one to two priorities, or Recommended Actions (RAs), for each of the six topics, 2) the identification of the next steps in moving forward on some RAs, and 3) exploring how stakeholders would like to stay involved with the Healthy Communities initiative in Oxford County.
- d) An overview of the provincial Healthy Communities Fund was provided by two Regional Advisors from the MHPS, Sonja Erstic and Rae Whitton. The overarching model for the project was shared: the Social-Ecological Model, as depicted above, which identifies that health is determined by complex interactions between social and economic factors, the physical environment and individual behaviour.
- e) Preliminary results of the Community Engagement process were shared by consultant Mary Chudley. This data has not been presented here in full, but rather, specific points included that were particularly germane to the discussion. The data generated was a combination of information gleaned from reports, a series of interviews with 12 health unit and Canadian Mental Health Association staff in the six topic areas, and four focus groups with 57 participants, with community stakeholders.
 - There is a growing frustration with a perceived lack of action or processes to



address the setting of priorities. Political will and engagement are keys to moving forward.

- Poverty in Oxford County surfaced as a high priority. The three largest urban centres (Woodstock, Ingersoll and Tillsonburg) all receive greater social assistance transfers from the province than is the provincial average. Some of the MHPS topics such as injury prevention and physical activity are less relevant to people living in poverty. Addictions and mental health were felt to be of greater importance to this population.
 - Low cost, accessible transportation in order to access services and programs was a theme emerging across all data points.
- f) In 2009, the Ontario Heart Health Network commissioned a review of policies in a variety of settings (government, schools and hospitals as a consistent type of workplace) in the topics of prevention of tobacco use and exposure, access to recreation and physical activity, active transportation and the built environment, access to nutritious foods, and the prevention of alcohol misuse across the province. The purpose of this scan was to create a baseline inventory of policies that exist at the provincial level based on local data. Specifically, the scan was to learn what specific policies exist, determine the stage of policy development (contemplated, in development, implemented, etc.) and the intended population which would be affected by the policy. The results were to help the local Healthy Community Partnerships build on existing work and focus where there is interest or momentum. Kim Hodgson, the consultant who conducted the Policy Scan in Oxford County between October and December of 2009, presented the highlights to the group. Data was gained through scanning public web sites and contacting by telephone and email representatives based on information

provided by the Wholehearted Living project. Listed here are the areas in which a policy was found in the county. None of the many categories in which there are no policies present in Oxford County have been included here.

- **Healthy Eating** – a Local Food Map is being created; one of nine municipalities has a policy regarding access to healthy food in snack bars, recreations facilities, cafeterias.
- **Physical Activity** – two of nine municipalities (Ingersoll and Tillsonburg) have a policy that ensures people living on low income have access to regional/district/county/municipality recreation/sport programs.
- **Active Transportation and the Built Environment** – four of nine municipalities have an active transportation component in their Official Plan as well as the inclusion of plans for infrastructure (i.e., sidewalks; bike lanes; shared-use paths) that support active transportation. As an update, since 2009, Oxford County has completed a transportation master plan. However any reference to bicycles was removed, with the understanding that this section would be considered and included in the plan at a later date. Oxford County is working on a community design policy for the Official Plan. Woodstock recently undertook a community design policy for the downtown and Tillsonburg and Zorra are considering doing community design policies.
- **Alcohol Misuse** – Woodstock, Ingersoll and Tillsonburg have a Municipal Alcohol Policy as well as a policy that allows for special occasion permits (e.g., Oktoberfest events, Film Festival, Civic events not on municipal property)
- **Tobacco Use & Exposure** – Out of nine municipalities, only one (Woodstock) has

a policy that limits exposure to the harmful effects of second-hand smoke by prohibiting tobacco use in municipally owned outdoor spaces (i.e., parks, beaches, sports fields). The County of Oxford and Woodstock have a policy that bans tobacco use within a designated distance of public entrances and exits to regional/district/county/municipality owned buildings providing local government services. Oxford County also has a tobacco-free sport and recreation policy at local sports clubs (i.e., no smoking at soccer fields). Ingersoll and Woodstock have retail policies (i.e., mall management) that prohibit tobacco use on outdoor retail property (i.e., parking lots, garages, entrances and exits). Woodstock also has a policy for multi-unit dwelling property owners, managers and tenants for the availability of smoke-free buildings (e.g., policies enacted by landlords or building owners).

- **Schools** – Healthy eating is the only topic area scanned in which policies exist. In September, 2011, PPM-150 will come into place province-wide.
- **Hospitals** – All three hospitals had policies to support health care staff to engage in active recreation i.e., subsidies for recreation membership (Alexandra Hospital, Woodstock General Hospital, Tillsonburg District Memorial Hospital) as well as policies to support health care staff to engage in active recreation while at work (i.e., permission to leave the premises; development of walking or multi-use paths or trails on-site; extended lunch for physical activity). All three also had policies to support health care staff to access alcohol prevention and smoking cessation programs as well as the inclusion of cessation treatment in the benefits for employees (i.e., through an Employee Assistance Program; extended health benefits), while one

(Woodstock General Hospital) had a policy that expanded the definition of smoke-free health care facilities to include smoke-free grounds.

- g) The facilitator, Nancy Dubois, provided some background context to the range of health promotion approaches for consideration in terms of RAs. These included the five strategies of the Ottawa Charter for Health Promotion: strengthening community action, developing personal skills, creating supporting environments, reorienting health services, and building healthy public policy.

10.2.2 The Decision Making Process

Participants were seated in random table groups and were asked to identify the top two priorities in each of the six topics. Not all groups addressed all topics based on the time available. The results of this discussion can be found in the next section of this report.

Over lunch, a volunteer for each of the six topics collated the responses from each table into one master list per topic. Participants were then asked to use coloured dots to indicate their individual preferences for priorities. Green dots, onto which they were to write their names, indicated those ideas that they felt were a priority AND one on which they felt they would be willing to work. A yellow dot represented an idea they felt should be a priority but not one on which they felt they would be directly involved. Red dots were used to identify ideas that one did not feel should move forward at all in Oxford County at this time. The results of the ranking exercise are in the next section of this report.

Based on the results of the “dotmocracy” exercise above, several small groups were created around the most popular RAs. Within these groups, participants were asked to identify what the next steps should be in moving each priority forward.

Lastly, participants were asked to identify how they would like to be involved in the next steps of Healthy Communities in Oxford via a “Stakeholder Wheel” that offered three choices: core, involved, and supportive.

Following the completion of a written evaluation form, participants were thanked for their contributions to the decisions and the meeting was closed.

10.2.3 Graphic Depiction

Throughout the day, a Visioning Artist, Lisa Kauk, captured both the process and the outcomes of the discussion on a large board at the front the room. A detailed explanation of the components within the diagram is provided in the Results section.

10.3 ATTENDEES

Two hundred and nine individuals, from 64 different organizations, were invited to attend the event via an email circulated from Public Health CEO, Lynn Beath. Fifty-eight participants attended the event, from 45 different organizations. (Appendix J)

10.4 RESULTS

10.4.1 Priorities

A four-part process was used to determine the priorities in each of the six topic areas. Each table group of approximately six people, assisted by a facilitator, first generated a broad list of ideas per topic that they felt had potential for implementation in Oxford County, given the information provided earlier in the day and their own knowledge and experience. Then, in the same groups, each table identified the two ideas from their broad list they felt should move forward. Not every group got through each of the six topics but there was a staggered start to the topics so all were covered across the tables multiple times. Most table groups addressed four topics. The topics are organized alphabetically and these two lists formulate the first section of each table laid out with two columns.

The third part of the prioritization process, as described above, resulted in the consolidation of ideas from tables into one list for each topic. Participants then, as the fourth part of the design, also described above, attached green, yellow or red dots to the items in the consolidated lists. Presented here are the 13 top Recommended Actions for each of the six topic areas, as determined by a tally of the scores as well as a large group discussion in the meeting.

Topic	Recommended Action Priorities
Healthy Eating	Nutrition Education (46) Partnerships with Farmers (33)
Injury Prevention	Education & Awareness (56)
Mental Health Promotion	Destigmatization (through enhanced knowledge of signs and symptoms) (30) Increased Access to Local Services (29) Create a Community Plan (28)
Physical Activity, Sport & Recreation	Affordability (36) Accessibility (Transportation, playgrounds, green spaces) (34)
Substance & Alcohol Misuse	Access to front-line, trained supports for treatment in each community (57) Prevention Education (45) Local Treatment Facility (44)
Tobacco Use & Exposure	Smoke-free public space policies beyond Woodstock (39) Affordable / accessible smoking cessation aids (27)

Of particular note, the discussion surrounding the overall priorities brought forward three themes or issues that participants felt strongly about that superseded the six topic areas: transportation, affordable housing and poverty. These were felt to be of critical importance in Oxford County and very much at the heart of a healthy community. There was an appreciation that work on these topics would be limited under the ministry Healthy Communities framework but they nonetheless are key priorities.

10.4.2 Graphic Depiction



The Visioning Artist, Disa Kauk, produced the following picture depicting the day's discussion.

Although “a picture is worth a thousand words,” the following will attempt to describe the components of the diagram.

- In the upper left are some of the inputs to the day's discussion: passion, experience and insight
- The dotted red line across the top flows through the main areas of input for the day: exploring partnerships, policy and community resources.
- The bottom left depicts the six topic areas.
- The two circles in the middle describe a little of the process (brainstorming and the setting of priorities).
- The bottom right, in the blue clouds, represents some of the major priorities, or Recommended Actions, generated by the group.
- The three purple-coloured statements intermingled with the clouds in the bottom right are the key determinants of health-related themes that emerged during the discussion.

10.4.3 Next Steps

Participants were given the opportunity to group together around any of the 13 RAs established and were encouraged to select one to which they had attached a green dot during the prioritization exercise. They were asked to identify at least one “next step” to take action on that priority. The following notes were collected from these discussions.

Recommended Action	Next Step(S)
Education for Healthy Eating	Good Food Box in Ingersoll Benefits: <ul style="list-style-type: none"> • Community-driven • Meet needs of low income • Promotes healthy food choices • Involves the community as a resource for healthy food grown locally • Provide recipes to teach how to cook and prepare • Utilize local drop sites to take foods to the various parts of town
Mental Health Community Plan & Increased Access to Service	Take this issue to the Social Planning Council as there are various committees in place already around this issue
Injury Prevention	Invite municipal staff to join the injury prevention team
Increase the number of outdoor smoke-free places beyond Woodstock	The Canadian Cancer Society representative will email the Woodstock YouTube video link to the representative of East Zorra-Tavistock and the OHS rep at Woodstock General Hospital There may be a presentation to Council
Mental Health Destigmatization	Mental Health Promotion Toolkit
Physical Activity	Advocate to the County to include recreational and transportation trails into County Strategic Plan – County Connectivity – Healthy Lifestyles Lead: County Council, Public Works & Planning at County level trails into County Strategic Plan – County Connectivity – Healthy Lifestyles Lead: County Council, Public Works & Planning at County level

End of report by Nancy Dubois

11 COMMUNITY PRIORITIES/RECOMMENDATIONS

11.1 RECOMMENDED ACTIONS ACROSS THE SIX HEALTHY COMMUNITIES PRIORITY AREAS

Following the community assessment and consultations, and priority setting, the partnership steering committee met to determine Recommended Actions for each of the Priorities and Outcomes to guide the development of healthy public policies which would be uniquely appropriate for our community. Healthy Communities Oxford partnership is in the very early stages of policy development, and wanted to give the broader community the most opportunities to engage in policy development that builds on current capacities, strengths and present and potential initiatives.

Healthy Eating

Oxford County residents have a lower proportion of their residents who eat fruits and vegetables at least five times per day compared to Ontario residents. Overall and by each age group, Oxford County residents are more obese and overweight than Ontario residents. As the percent allocation of income to rent of 30 % is a standard marker for acceptable rental expenditure, Oxford County residents on Ontario Works, ODSP and OAS/GIS are frequently spending a disproportionate amount on rent which leaves insufficient amounts for food.

These factors along with the priority for developing partnership with farmers, a Buy Local Oxford group and Food Security Work Group, Recommended Actions for Healthy Eating are:

- Increase access to healthier food in local recreation centres
- Further develop ‘buy and grow’ local food initiatives to increase access to local foods, including strengthening partnerships with area farmers

Injury Prevention

Education and awareness regarding injury prevention was seen as a priority at the priority setting day, and in key expert interviews. Social marketing methods using social media was listed as a need within Oxford County. Recommended Action for Injury Prevention is:

- Increase public normalization (education and awareness) of the predictable and preventable nature of most injuries through the use of social media where appropriate

Physical Activity, Sport and Recreation

Data on levels of activity in Oxford County indicate that residents of Oxford County are less active than Ontario residents. The High School survey and community survey both indicated low levels of activity and a desire for greater access to recreation facilities parks and areas for activities for everyone. The steering committee felt that many initiatives could support a policy on the built environment. The Recommended Action for Physical Activity, Sport and Recreation is:

- Advocate for and support environmental changes that encourage and make it easier for families to be more active

Tobacco Use/Exposure

Residents of Oxford County smoke more than Ontario residents with 23.2% smokers in Oxford compared to 18.6% in Ontario. Many policies for reducing smoking are in effect or in development in Oxford County municipalities. Second hand smoke exposure is present with smoking behaviour and it was felt that Oxford County residents would benefit with the Recommended Action for Tobacco Use/Exposure is:

- Increase access to smoke free environments for children

Substance and Alcohol Misuse and Mental Health Promotion

Both Substance and Alcohol Misuse and Mental Health Promotion were frequent issues of concern for Oxford County residents, in the community survey, Health Nexus Mapping report, key expert and focus group interviews, and the priority setting day with leaders in the community. They confirmed findings from several reports by community groups such as the Oxford Social Report, Youth survey and Youth Report and the Oxford County Drug Task Force situational assessment. The Recommended Action for Substance & Alcohol Misuse is:

- Promote resiliency and protective factors for youth in prevention of alcohol and substance misuse.

The Recommended Action for Mental Health Promotion is:

- Increase resiliency and public awareness around issues of suicide prevention.

11.2 BROADER COMMUNITY FOCUS OUTSIDE HEALTHY COMMUNITIES MANDATE/OTHER PRIORITY AREAS

As noted in many of the results in the data-gathering, several priorities were repeatedly referenced that are not within the mandate of the Ministry of Health Promotion and Sport, Healthy Communities Fund guidelines. Poverty is frequently cited as a great need that should be addressed for Oxford County residents. Transportation is an on-going challenge to many residents in Oxford County, particularly for those without an automobile. Woodstock is the only centre with bus service, and that service is available weekdays from 6:30 am to 6:30 pm, Monday to Friday and 8:30 am to 6:30 pm Saturday. Many programs and services

are available only in one urban centre, and there is no inter-city public transportation. Many rural residents do not have access to vehicles, or find it difficult to navigate the roads in the winter and at night time. Affordable housing is a primary concern for many residents of Oxford County. An overwhelming number of participants in the priority setting day placed drug and alcohol treatment and counselling services within the county as a high priority. Clearly these are issues that need to be addressed, and the Social Planning Council is especially suited as a forum for these discussions.

The graphic recorder captured how the participants in the priority setting day brought passion, insight and experience to the day's discussion. The caring approach of the leaders and decision-makers is an indication of the support from the community for the Healthy Communities initiative in Oxford County. Although there is much work to be done, residents of Oxford County can look forward to a collaborative process with many working together to achieve a healthier Oxford.

12 CONCLUSION:

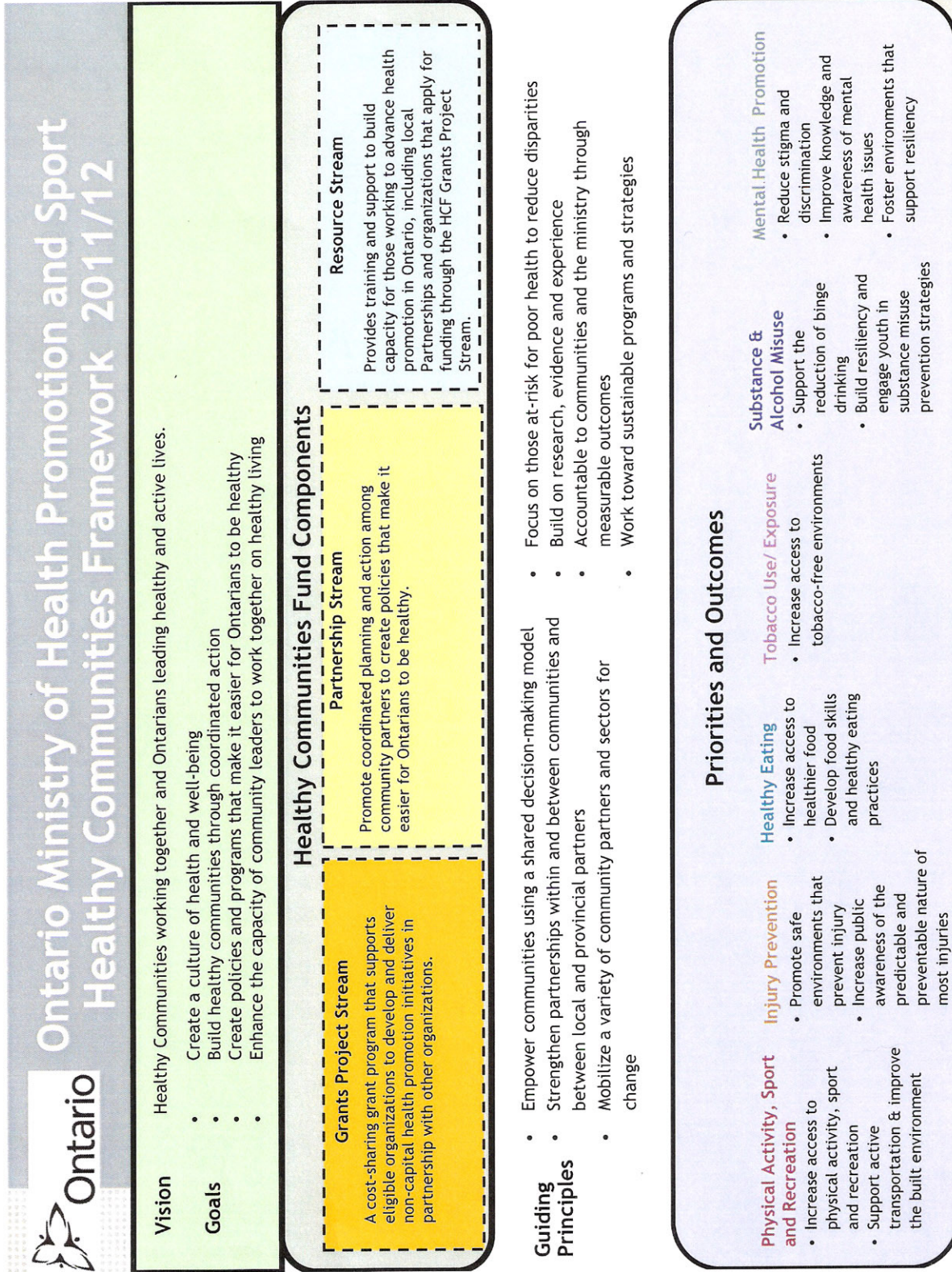
Noting consistently repeated recommendations from a wide range of participants, the report's authors reiterate the clear need for access to healthier lifestyles for all Oxford County residents, irrespective of location and income.

With coordinated planning and action among community partners to create healthy public policies, it will ultimately be considerably easier to ensure all Oxford County residents will be healthy.

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APPENDIX A: Healthy Communities Framework



APPENDIX B: Nutritious Food Basket Scenarios

	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
	Family of Four, Ontario Works	Family of Four, Minimum Wage Earner (Full-time/ Full-year) ^j	Family of Four Median ONTARIO Income (after tax) ^k	Single Parent Household with 2 Children, Ontario Works	One Person Household, Ontario Works	One Person Household, ODSP	One Person Household, OAS/ GIS
Monthly Income							
Income from Employment		\$1,777.00	\$6,175.00				
Basic Allowance a	\$438.00			\$341.00	\$221.00	\$578.00	
Shelter Allowance a	\$674.00			\$620.00	\$364.00	\$464.00	
Old Age Security/ Guaranteed Income Supplement (OAS/GIS) b							\$1,170.00
Child/Family Benefits c	\$733.00	\$724.00		\$733.00			
Federal GST Benefit d	\$63.00	\$63.00		\$63.00	\$21.00	\$29.00	\$31.00
Employment Insurance paid e		\$(31.00)	\$107.00)				
Canada Pension Plan paid f		\$(74.00)	\$(293.00)				
Working Income Tax Benefit g		\$55.00					
Total Income	\$1,908.00	\$2,514.00	\$5,775.00	\$1,757.00	\$606.00	\$1,071.00	\$1,201.00
Selected Monthly Expenses							
	(3 Bdr.)	(3 Bdr.)	(3 Bdr.)	(2 Bdr.)	(1 Bdr.)	(1 Bdr.)	(1 Bdr.)
Average Monthly Rent (may or may not include heat/ hydro) h	\$736.00	\$736.00	\$736.00	\$707.00	\$605.00	\$605.00	\$605.00
Food i	\$731.16	\$731.16	\$731.16	\$554.08	\$244.21	\$244.21	\$244.21
Total Expenses	\$1,467.16	\$1,467.16	\$1,467.16	\$1,261.08	\$849.21	\$849.21	\$849.21

	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
	Family of Four, Ontario Works	Family of Four, Minimum Wage Earner (Full-time/ Full-year) j	Family of Four Median ONTARIO Income (after tax)k	Single Parent Household with 2 Children, Ontario Works	One Person Household, Ontario Works	One Person Household, ODSP	One Person Household, OAS/GIS
Monthly Income							
Monthly Funds Remaining (for other basic needs e.g. telephone, transportation, child care, household and personal care items, clothing, school supplies etc.)	\$440.84	\$1,046.84	\$4,307.84	\$495.92	\$(243.21)	\$221.79	\$415.44
Percentage of income required for rent	39%	29%	13%	40%	100%	56%	50%
Percentage of income required to purchase healthy food	38%	29%	13%	32%	40%	23%	15%

Note: All dollars rounded to nearest whole number.

Scenario References:

SCENARIO 1: 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14); on Ontario Works (OW).

SCENARIO 2: 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14); income is based on one minimum wage earner, 40hr/wk., \$10.25/hr.

SCENARIO 3: 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14).

NOTE: Income from employment is based on median after-tax income- couple households with children; however, EI and CPP contributions are calculated using median income- couple households with children. Assumption of a dual income family with a split of 65% / 35% between partners.

Source: Statistics Canada. 2007. Ontario (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007. <http://www12.statcan.ca/english/census06/data/profiles/community/Index.cfm?Lang=E> (accessed July 23, 2010).

SCENARIO 4: 1 adult (female age 31-50), 2 children (girl age 8, boy age 14); on Ontario Works.

SCENARIO 5: 1 adult (male age 31-50); on Ontario Works.

SCENARIO 6: 1 adult (male age 31-50); on Ontario Disability Support Program.

SCENARIO 7: 1 adult (female age 70+); income based on Old Age Security and Guaranteed Income Supplement (OAS/GIS).

a - Basic and maximum shelter allowance. OW and Ontario Disability Support Payment (ODSP) rates effective May 2010. Source: Social Assistance, Pension and Tax Credit Rates April to June 2010, Ministry of Community and Social Services.

b - Old Age Security and Guaranteed Income Supplement (OAS/GIS) rates May 2009. Source: Social Assistance, Pension and Tax Credit Rates April to June 2010, Ministry of Community and Social Services.

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k - Source: Statistics Canada. 2007. Ontario (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007. <http://www12.statcan.ca/english/census06/data/profiles/community/Index.cfm?Lang=E> (accessed July 23, 2010).

APPENDIX C: Oxford County Networks

OCEAN (Oxford County Elder Abuse and Neglect Committee)

Public Health, CCAC, Alzheimer Society of Oxford, VON, Veterans Affairs, OMNIA, Oxford Seniors Advisory Council, Provincial Elder Abuse Strategy, OPP, Care Partners, OPPCare Partners, Domestic Abuse Services Oxford

OCIPT (Oxford County Injury Prevention Team)

Canadian Red Cross Society Woodstock Branch, Community volunteers, OFATV, Ontario Ministry of Transportation, Ontario Provincial Police, Woodstock Police, Oxford County Public Health, Oxford County Emergency Services, Woodstock Fire Service

Oxford County Trails Council

Town of Tillsonburg, Tourism Oxford, Avon Trail, OFATV, Woodstock Recreation and Advisory Committee, Upper Thames River Conservation Authority, City of Woodstock, Town of Ingersoll, Oxford Federation of Agriculture, Ingersoll Nature Club, Community Volunteers

Steering Committee for Community Design for Guidelines for the Operational Plan of Oxford

Now includes Public Health

Oxford County Drug Task Force – OCDTF Steering Committee

Woodstock Community Police, Rehoboth Christian School, Town of Ingersoll, OPP, PEPP Program, Upper Deck Ingersoll, CAMH, Public Health, LDSCB, ADSTV, Community Employment Services, Fanshawe College, Community Options for Justice, Alexandra Hospital, Clinic 461

Oxford County Drug Task Force – OCDTF Prevention Subgroup

CAMH, LDSCB, CMHA, Oxford County Public Health, Woodstock Police Service, Ingersoll Learning and Employment Centre, TVDSB, Ingersoll Pharmasave, Janssen-Ortho, Alexandra Hospital, PIER Project (part of ADSTV)

Oxford Active Living Team

Oxford County Public Health, City of Woodstock, YMCA, Heart and Stroke Foundation, Victoria Park Community Centre, Thames Valley Children's Centre, Tillsonburg Community Complex, CMHA, Curves, Ministry of Health Promotion and Sport.

South West Central West Substance Misuse Prevention Network (SW/CW SMPN)

Members are from SW/CW Health Units and include PHN and Health Promoters from the following health units, Brant, Chatham-Kent Public Health Unit, Elgin St. Thomas Public Health, Haldimand-Norfolk, Halton Region, Hamilton, Huron County, County of Lambton, Middlesex-London, Niagara Region, Oxford County, Peel, Perth, Waterloo, Wellington-Dufferin-Guelph and Windsor-Essex County Health Unit.

South West Physical Activity Promoters Network (SWPAP)

Physical Activity Resource Centre (PARC), Ministry of Health Promotion and Long Term Care, and SW Health Units reps that include both PHN and Health Promoters from the following Health Units: Chatham-Kent Public Health Unit, Elgin-St. Thomas Public Health, Huron County, County of Lambton, Middlesex-London, Oxford County Public Health, Perth District Public Health, and Windsor-Essex County Health Unit.

SafeGrad

MLHU, Elgin St Thomas Public Health, Oxford County Public Health, Thames Valley Parent Involvement Committee, LDCSB, TVDSC, (Elgin and Oxford) OPP, MADD London Chapter, ADSTV, St. Thomas Police Service, Woodstock Police Service, students, London Police Service, Sexual Assault Centre of London, St. Joseph's Health Care London Regional Sexual Assault & Domestic Violence Treatment Centre, MTO, PIER Project (through ADSTV), Fanshawe College Security.

Smoking Network by Organization

Woodstock General Hospital, Oxford County Public Health, Canadian Mental Health Association, PTCC, Oxford County Public Health, Tillsonburg District Memorial Hospital, County of Oxford, Ingersoll Family Doctors, Ingersoll Pharmasave, Family Health Team, Thames Valley Family Health Team, Pfizer Canada, Alexandra Hospital, Woodstock and Area Community Health Centre, Smokers Helpline.

APPENDIX D: Policy Chart

	Municipal Policies	Oxford County	Town of Tillsonburg	Town of Ingersoll	City of Woodstock
1.1	Policies that restrict advertising of food products to children (e.g. transit ads, no ads for specific foods in recreation centres)	N	N	N	N
1.2	Policies that support the availability of healthy foods in: vending machines	N	N	N	N
1.3	Policies that support the availability of healthy foods in: snack bars and cafeterias	Y	N	N	N
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)	N	N	N	N
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)	N	N	N	N
1.5	Food and Nutrition Policy to encourage city/county/ municipal/ regional-wide support for local sustainable agriculture	N	N	N	N
1.6	Policies that support community gardens such as: garden water use policy	N	N	N	N
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	N	N	N	N
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	N	N	N	N
1.9	Policy to source and procure local foods (e.g. % of foods used must be local)	N	N	N	N
1.10	Policy to support the availability of a broader variety of foods available from street vendors (e.g. city street vending bylaw and licensing bylaws)	N	N	N	N
1.11	Policies that support the establishment of Farmers Markets or the revision of existing policies that impede their establishment	N	N	N	N
1.12	Policy related to reductions in the use of artificially produced trans-fat contained and sold in regional/ district/county/ municipally-operated facilities	N	N	N	N
1.13	Policies that support breastfeeding	Y	N	N	N
1.14	Policies related to welfare supplements being used to purchase nutritious foods	N	N	N	N

	Municipal Policies	Oxford County	Town of Tillsonburg	Town of Ingersoll	City of Woodstock
Section 4: Prevention Of Alcohol Misuse					
1.15	Does the regional/district/county/municipality promote or sponsor healthy food access maps? (e.g. a map of where to purchase fruit & vegetables; locally grown products)	N	N	N	N
1.16	Does the regional/district/county/municipality have a Food Charter?	N	N	N	N
1.17	Is there a regional/district/county/municipality committee that focuses on policies related to access to nutritious food (i.e. Food Policy Council)?	N	N	N	N
Section 2: Access To Recreation and Physical Activity					
2.1	Policies to ensure people living on low income have access to regional/district/county/municipality recreation/sport programs	N	Y	Y	N
2.2	Regional/district/county/municipality recreation policies related to intramurals and sport programs to ensure opportunity for everyone (e.g. no-cut intramurals, no cut sports policies)	N	N	N	N
2.3	Regional/district/county/municipality Interim Land Use Policies to address the lack of open space for recreation in apartment complexes and other multi-unit dwellings	N	N	N	N
2.4	Regional/district/county/municipality Vacant Lots Policy to establish guidelines for public use of private land and city-owned vacant lots	N	N	N	N
2.5	Is there a regional/district/county/municipality Parks Master Plan?	N	N	N	N
2.6	Is there a regional/district/county/municipality Recreation Master Plan?	N	N	N	N
Section 3: Active Transportation And The Built Environment					
3.1	Is there a regional/district/county/municipality public transportation system?	N	N	N	Y
3.2	Is there a regional/district/county/municipality Official Plan?	Y	Y	Y	Y
3.2.1	Does the official plan: Incorporate active transportation policies?	N	N	N	N
3.2.2	Does the official plan: Include risk management policies to support and encourage physical activity?	N	N	Y	Y
3.2.3	Does the official plan: Have mixed land-use/ priority land-use policies that incorporate active transportation?	N	N	N	N
3.2.4	Does the official plan: Identify plans for infrastructure (i.e. Sidewalks; bike lanes; shared-use paths) that support active transportation?	Y	Y	Y	Y

	Municipal Policies	Oxford County	Town of Tillsonburg	Town of Ingersoll	City of Woodstock
3.3	Is there a regional/district/county/municipality Transportation Demand Management Plan that incorporates active transportation?	N	N	N	N
4.1	Municipal Alcohol Policy	N	Y	Y	Y
4.2	Policy that allows for special occasion permits (e.g. Oktoberfest events, Film Festival, Civic events not on municipal property)	N	Y	Y	Y
4.3	Policies related to “Dial-a-Bottle” services	N	N	N	N
4.4	Policy that limits the number of licensed premises (outlet density) within a geographic area	N	N	N	N
4.5	Policy that supports Safer Bars training	N	N	N	N
4.6	Policies to reduce/prevent service to minors or to intoxicated patrons (above the provincial requirements)	N	N	N	N
4.7	Are there special occasion permits that allow alcohol to be sold?	N	Y	Y	Y
4.8	Are there public documents that provide summary information (i.e. annual statistics on the number and type of such interventions) regarding licensing premises of who have been fined or penalized for over-service?	N	N	N	N
Section 5: 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 regional/district/county/municipality owned outdoor spaces (i.e. parks, beaches, sports fields)	N	N	N	Y
5.2	Policy that bans tobacco use within designated distance of public entrances and exits to regional/district/county/municipality buildings providing local government services.	Y	N	N	Y
5.3	Are you aware of any tobacco-free sport and recreation policies at local sports clubs (i.e. no smoking at soccer fields)?	Y	N	N	N
5.4	Are you aware of retail policies (i.e. mall management) that prohibit tobacco use on outdoor retail property (i.e. parking lots, garages, entrances and exits)?	N	N	Y	Y
5.5	Are you aware of policies for multi-unit dwelling property owners, managers and tenants for the availability of smoke-free buildings (e.g. policies enacted by landlords or building owners)?	N	N	N	Y

	School Policies	Thames Valley District School Board (TVDSB)	London District Catholic School Board (LDCSB)
Section 1: Access to Nutritious Food			
1.1	Policies that restrict advertising of food products to children (e.g. transit ads, no ads for specific foods in recreation centres)	Y	Y
1.2	Policies that support the availability of healthy foods in: vending machines	Y	Y
1.3	Policies that support the availability of healthy foods in: snack bars and cafeterias	Y	Y
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)	Y	Y
1.5	Food and Nutrition Policy to encourage city/county/municipal/ regional-wide support for local sustainable agriculture	Y	Y
1.6	Policies that support community gardens such as: garden water use policy	N	N
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	n/a	n/a
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	n/a	n/a
1.9	Policy to source and procure local foods (e.g. % of foods used must be local)	n/a	n/a
1.10	Policy to support the availability of a broader variety of foods available from street vendors (e.g. city street vending bylaw and licensing bylaws)	n/a	n/a
1.11	Policies that support the establishment of Farmers Markets or the revision of existing policies that impede their establishment	n/a	n/a
1.12	Policy related to reductions in the use of artificially produced trans-fat contained and sold in regional/district/county/ municipally-operated facilities	n/a	n/a
1.13	Policies that support breastfeeding	n/a	n/a
1.14	Policies related to welfare supplements being used to purchase nutritious foods	n/a	n/a
1.15	Does the regional/district/county/municipality promote or sponsor healthy food access maps? (e.g. a map of where to purchase fruit & vegetables; locally grown products)	n/a	n/a
1.16	Does the regional/district/county/municipality have a Food Charter?	n/a	n/a

School Policies		Thames Valley District School Board (TVDSB)	London District Catholic School Board (LDCSB)
Section 1: Access to Nutritious Food			
1.17	Is there a regional/district/county/municipality committee that focuses on policies related to access to nutritious food (i.e. Food Policy Council)?	n/a	n/a
Section 2: Access To Recreation and Physical Activity			
2.1	Policies to ensure people living on low income have access to regional/district/county/municipality recreation/sport programs	Y	Y
2.2	Regional/district/county/municipality recreation policies related to intramurals and sport programs to ensure opportunity for everyone (e.g. no-cut intramurals, no cut sports policies)	N	N
2.3	Regional/district/county/municipality Interim Land Use Policies to address the lack of open space for recreation in apartment complexes and other multi-unit dwellings	n/a	n/a
2.4	Regional/district/county/municipality Vacant Lots Policy to establish guidelines for public use of private land and city-owned vacant lots	n/a	n/a
2.5	Is there a regional/district/county/municipality Parks Master Plan?	n/a	n/a
2.6	Is there a regional/district/county/municipality Recreation Master Plan?	n/a	n/a
Section 3: Active Transportation And The Built Environment			
3.1	Is there a regional/district/county/municipality public transportation system?	N	N
3.2	Is there a regional/district/county/municipality Official Plan?	n/a	n/a
3.2.1	Does the official plan: Incorporate active transportation policies?	n/a	n/a
3.2.2	Does the official plan: Include risk management policies to support and encourage physical activity?	n/a	Y
3.2.3	Does the official plan: Have mixed land-use/priority land-use policies that incorporate active transportation?	n/a	n/a
3.2.4	Does the official plan: Identify plans for infrastructure (i.e. Sidewalks; bike lanes; shared-use paths) that support active transportation?	n/a	n/a
3.3	Is there a regional/district/county/municipality Transportation Demand Management Plan that incorporates active transportation?	n/a	n/a

	School Policies	Thames Valley District School Board (TVDSB)	London District Catholic School Board (LDCSB)
Section 4: Prevention Of Alcohol Misuse			
4.1	School Alcohol Policy	Y	Y
4.2	Policy that allows for special occasion permits (e.g. Oktoberfest events, Film Festival, Civic events not on municipal property)	Y	N
4.3	Policies related to “Dial-a-Bottle” services	n/a	n/a
4.4	Policy that limits the number of licensed premises (outlet density) within a geographic area	n/a	n/a
4.5	Policy that supports Safer Bars training	n/a	n/a
4.6	Policies to reduce/prevent service to minors or to intoxicated patrons (above the provincial requirements)	n/a	n/a
4.7	Are there special occasion permits that allow alcohol to be sold?	n/a	n/a
4.8	Are there public documents that provide summary information (i.e. annual statistics on the number and type of such interventions) regarding licensing premises of who have been fined or penalized for over-service?	n/a	n/a
Section 5: 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 regional/district/county/municipality owned outdoor spaces (i.e. parks, beaches, sports fields)	Y	N
5.2	Policy that bans tobacco use within designated distance of public entrances and exits to regional/district/county/municipality buildings providing local government services.	n/a	n/a
5.3	Are you aware of any tobacco-free sport and recreation policies at local sports clubs (i.e. no smoking at soccer fields)?	n/a	n/a
5.4	Are you aware of retail policies (i.e. mall management) that prohibit tobacco use on outdoor retail property (i.e. parking lots, garages, entrances and exits)?	n/a	n/a
5.5	Are you aware of policies for multi-unit dwelling property owners, managers and tenants for the availability of smoke-free buildings (e.g. policies enacted by landlords or building owners)?	n/a	n/a
Section 6: Mental Health			
6.1	School board policies that promote mental health	In Progress	N

	School Policies	Thames Valley District School Board (TVDSB)	London District Catholic School Board (LDCSB)
Section 7: Prevention Of Substance Misuse			
7.1	School board policies for substance misuse prevention programs (beyond curriculum requirements)?	N	N
5.5	Are you aware of policies for multi-unit dwelling property owners, managers and tenants for the availability of smoke-free buildings (e.g. policies enacted by landlords or building owners)?	n/a	n/a
Section 8: Injury Prevention			
8.1	Policies that promote traffic safety	N	N
8.2	Policies that promote pedestrian safety	N	N
8.3	Policies related to impaired driving	N	N
8.4	Policies related to falls in children (e.g. window guards, balconies, playgrounds)	Y	Y
8.5	Policies related to falls in adults	N	N
8.6	Policies related to drowning prevention	Y	Y
8.7	Policies related to fire safety	N	Y
8.8	Policies related to cycling safety	Y	N
8.9	Policies related to helmet use	N	Y
8.10	Policies related to provision of shade and trees (e.g. for school playgrounds)	N	N

	Hospital Policies	Alexandra Hospital	Woodstock General Hospital	Tillsonburg District Memorial Hospital
Section 1: Access to Nutritious Food				
1.1	Policies that restrict advertising of food products to children (e.g. transit ads, no ads for specific foods in recreation centres)	N	N	N
1.2	Policies that support the availability of healthy foods in: vending machines	N	N	N
1.3	Policies that support the availability of healthy foods in: snack bars and cafeterias	N	N	N
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)	N	N	N
1.5	Food and Nutrition Policy to encourage city/county/ municipal/ regional-wide support for local sustainable agriculture	n/a	n/a	n/a
1.6	Policies that support community gardens such as: garden water use policy	n/a	n/a	n/a
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	n/a	n/a	n/a
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	n/a	n/a	n/a
1.9	Policy to source and procure local foods (e.g. % of foods used must be local)	n/a	n/a	n/a
1.10	Policy to support the availability of a broader variety of foods available from street vendors (e.g. city street vending bylaw and licensing bylaws)	n/a	n/a	n/a
1.11	Policies that support the establishment of Farmers Markets or the revision of existing policies that impede their establishment	n/a	n/a	n/a
1.12	Policy related to reductions in the use of artificially produced trans fat contained and sold in regional/ district/county/ municipally-operated facilities	n/a	n/a	n/a
1.13	Policies that support breastfeeding	n/a	n/a	n/a
1.14	Policies related to welfare supplements being used to purchase nutritious foods	n/a	n/a	n/a
1.15	Does the regional/district/county/municipality promote or sponsor healthy food access maps? (e.g. a map of where to purchase fruit & vegetables; locally grown products)	n/a	n/a	n/a
1.16	Does the regional/district/county/municipality have a Food Charter?	n/a	n/a	n/a

	Hospital Policies	Alexandra Hospital	Woodstock General Hospital	Tillsonburg District Memorial Hospital
1.17	Is there a regional/district/county/municipality committee that focuses on policies related to access to nutritious food (i.e. Food Policy Council)?	n/a	n/a	n/a
Section 2: Access To Recreation and Physical Activity				
2.1	Policies to ensure people living on low income have access to regional/district/county/municipality recreation/ sport programs	Y	Y	Y
2.2	Regional/district/county/municipality recreation policies related to intramurals and sport programs to ensure opportunity for everyone (e.g. no-cut intramurals, no cut sports policies)	Y	Y	Y
2.3	Regional/district/county/municipality Interim Land Use Policies to address the lack of open space for recreation in apartment complexes and other multi-unit dwellings	n/a	n/a	n/a
2.4	Regional/district/county/municipality Vacant Lots Policy to establish guidelines for public use of private land and city-owned vacant lots	n/a	n/a	n/a
2.5	Is there a regional/district/county/municipality Parks Master Plan?	n/a	n/a	n/a
2.6	Is there a regional/district/county/municipality Recreation Master Plan?	n/a	n/a	n/a
Section 3: Active Transportation And The Built Environment				
3.1	Is there a regional/district/county/municipality public transportation system?	N	N	N
3.2	Is there a regional/district/county/municipality Official Plan?	n/a	n/a	n/a
3.2.1	Does the official plan: Incorporate active transportation policies?	n/a	n/a	n/a
3.2.2	Does the official plan: Include risk management policies to support and encourage physical activity?	n/a	n/a	n/a
3.2.3	Does the official plan: Have mixed land-use/priority land-use policies that incorporate active transportation?	n/a	n/a	n/a
3.2.4	Does the official plan: Identify plans for infrastructure (i.e. Sidewalks; bike lanes; shared-use paths) that support active transportation?	n/a	n/a	n/a
3.3	Is there a regional/district/county/municipality Transportation Demand Management Plan that incorporates active transportation?	n/a	n/a	n/a

Hospital Policies		Alexandra Hospital	Woodstock General Hospital	Tillsonburg District Memorial Hospital
Section 4: Prevention Of Alcohol Misuse				
4.1	Municipal Alcohol Policy	Y	Y	Y
4.2	Policy that allows for special occasion permits (e.g. Oktoberfest events, Film Festival, Civic events not on municipal property)	n/a	n/a	n/a
4.3	Policies related to “Dial-a-Bottle” services	n/a	n/a	n/a
4.4	Policy that limits the number of licensed premises (outlet density) within a geographic area	n/a	n/a	n/a
4.5	Policy that supports Safer Bars training	n/a	n/a	n/a
4.6	Policies to reduce/prevent service to minors or to intoxicated patrons (above the provincial requirements)	n/a	n/a	n/a
4.7	Are there special occasion permits that allow alcohol to be sold?	n/a	n/a	n/a
4.8	Are there public documents that provide summary information (i.e. annual statistics on the number and type of such interventions) regarding licensing premises of who have been fined or penalized for over-service?	n/a	n/a	n/a
Section 5: 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 regional/district/county/municipality owned outdoor spaces (i.e. parks, beaches, sports fields)	N	Y	N
5.2	Policy that bans tobacco use within designated distance of public entrances and exits to regional/district/county/municipality buildings providing local government services.	Y	Y	Y
5.3	Are you aware of any tobacco-free sport and recreation policies at local sports clubs (i.e. no smoking at soccer fields)?	Y	Y	Y
5.4	Are you aware of retail policies (i.e. mall management) that prohibit tobacco use on outdoor retail property (i.e. parking lots, garages, entrances and exits)?	n/a	n/a	n/a
5.5	Are you aware of policies for multi-unit dwelling property owners, managers and tenants for the availability of smoke-free buildings (e.g. policies enacted by landlords or building owners)?	n/a	n/a	n/a

APPENDIX E: Healthy Communities branding wordmark



Cultivating wellness in our communities

APPENDIX F: Advertisement Copy for Survey

 **OxfordCounty**
growing stronger...together

Help Us Plan a Healthy Future For Oxford County

HAVE YOUR SAY!

Oxford County Public Health & Emergency Services is gathering information for the Healthy Communities Oxford Partnership.



Visit www.surveymonkey.com/s/healthycommunitiesoxford to complete the Healthy Communities Oxford survey and participate in shaping the future of our community.

January 11 – January 18, 2011

Questions?
Call 519-539-9800 or 1-800-755-0394
and ask for Healthy Communities

Paper copies of the survey can be found at Oxford County Public Health, the Oxford County Administration Building, and the Oxford County libraries.

**HEALTHY**
COMMUNITIES OXFORD
Cultivating wellness in our communities

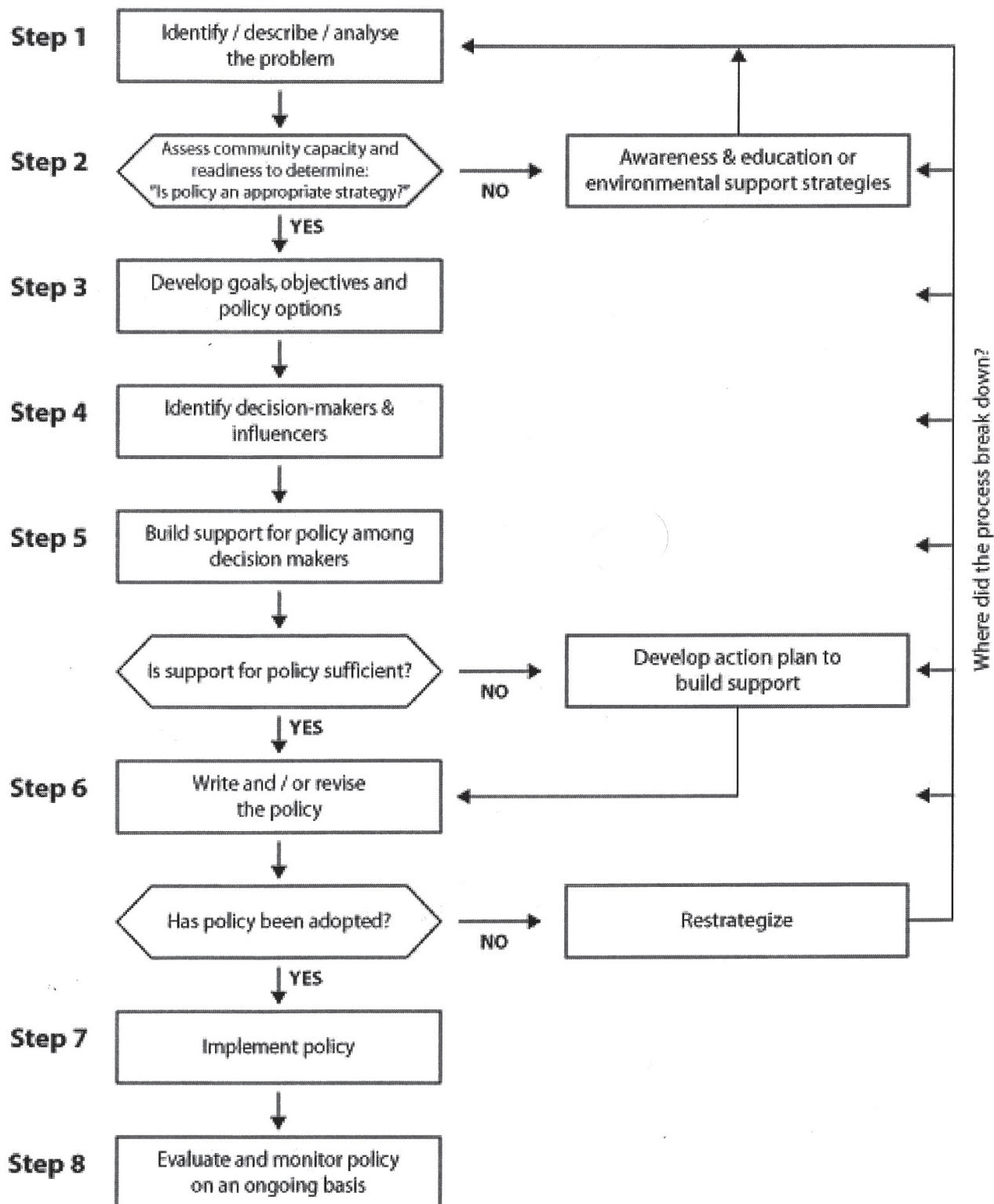
APPENDIX G: Stakeholder Wheel

	Green = Core	Orange = Involved	Red = Supportive
EMS	MHP, IP	Sub M, PA	
WACHC	MHP, Sub M (core/involved)		
DASO	Sub M (residential services)		
Council member Tillsonburg			Supportive all
Ingersoll Services Seniors	PA, IP, MHP		
CMHA-Oxford	Sub M, MHP		
OCIPT (Red Cross)	IP	Tob	
Operation Sharing		HE - Fresh Food Box	
Oxford County Drug Task Force	Sub M		
Fusion Youth Centre		PA	HE, Sub M
no name		PA	
Crystal Green		MHP	Sub M, MHP
East-Zorra Tavistock		Tob	
OCCC		PA, HE, IP, MHP	
		HE (education)	
Francophone School Board		HE (education), MHP	
		PA	
CES		Sub M (council?) MHP, IP and HE (social)	
United Way	Sub M, MHP	Social Planning council for Tob, PA, HE, IP	
		IP	
CCS		Tob	
OCFA		HE	PA (trails)
WDDS			PA
			HE (education) Tob***
Blandford Blenheim Township			PA (affordability)
		MHP	PA, HE, IP, MHP, Sub M, Tob
Ingersoll Health & Environment Committee	PA, HE	Sub M, Tob	MHP, IP

PA Physical Activity, Sport & Recreation
 IP Injury Prevention
 HE Healthy Living

Tob Tobacco Use/Exposure
 Sub M Substance & Alcohol Misuse
 MHP Mental Health Promotion

APPENDIX H: The Health Communication Unit Policy Road Map



APPENDIX I: Partnership Terms of Reference

Terms of Reference

Steering Committee

Healthy Communities Oxford

Approved March 10, 2011

Aim

To promote coordinated planning and action among community partners to create healthy public policies. The objective is to make it easier for Oxford County residents to be healthy.

Structure

The Steering Committee will consist of representation from each of the six priority areas as identified by the Ministry of Health Promotion and Sport. Overall coordination will be provided by an Oxford County Public Health staff member.

Role Of Steering Committee

The Steering Committee will oversee and coordinate the efforts of the partnership in fulfilling Ministry of Health Promotion and Sport requirements and reports.

The actions and decisions of the steering committee will be made by consensus. Overall project direction will be determined by the Steering Committee in concert with the Oxford County Public Health staff coordinator who in turn will liaise with the Ministry.

Working Arrangements

Working groups will be constructed for those priority areas requiring actions as determined by the Steering Committee.

Meetings will be held on an as required basis.

All committee members will be responsible for working in the best interests of the partnership.

A chair of the Steering Committee will be chosen by the Steering Committee members.

A chair of each working group will be chosen by the members of that working committee.

Membership

Membership will consist of community leaders who have a good understanding of Oxford County, and who demonstrate a strong interest in one or more of the priority areas.

APPENDIX J: Organizations Represented at Priority Setting Day

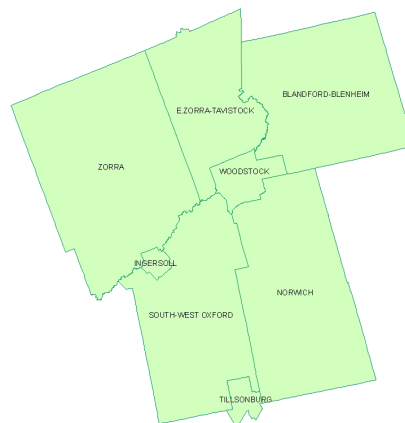
Organization	
SW Community Care Access Centre	Operation Sharing
Ontario Disability Support Program	Woodstock General Hospital
City of Woodstock	Oxford Federation Agriculture
Town of Tillsonburg	Woodingford Lodge
Ontario Early Years	Oxford Elgin Child & Youth Services
Woodstock and Area Community Health Centre	Oxford County Injury Prevention Team
Woodstock Southgate Seniors Centre	United Way of Oxford
Fusion Youth Centre	Tillsonburg District Memorial Hospital
Oxford Elgin Child & Youth Services (CYW Student)	Ontario Ministry Agriculture Food and Rural Affairs
Town of Tillsonburg	Woodstock General Hospital
Township of South-West Oxford	Alexandra Hospital
Woodstock and District Developmental Services	Oxford County Libraries, CEO/Chief Librarian
Stonebridge Community Services	Zorra Township
Ingamo Family Homes	Blandford-Blenheim Township
Oxford EMS	Oxford County Public Health
E. Zorra-Tavistock Township	E. Zorra-Tavistock Township
Community Member	Norwich Township
Township of South-West Oxford	County of Oxford
Oxford Community Child Care	Conseil scolaire de district des écoles catholiques du Sud-Ouest
Ontario Provincial Police	Norwich Township
Good Beginnings Day Nursery	Domestic Abuse Services Oxford
Canadian Cancer Society	Township of South-West Oxford
Fusion Youth Centre	Oxford EMS
Community Employment Services Woodstock	Oxford Suicide Prevention Coalition
Canadian Mental Health Association Oxford	Ingersoll Seniors Activity Centre
Town of Ingersoll	

APPENDIX K: Community Picture Summary



COMMUNITY PICTURE SUMMARY

Set among rolling hills and farmland, Oxford County offers a mix of rural and urban settings as well as a rapidly expanding business sector. Oxford has a growing population of approximately 106,000 people across eight municipalities, including 1,100 francophones, that are “growing stronger...together” through an upper tier municipal government incorporated as the County of Oxford.



This community picture summary highlights the results of community wide consultations in Oxford County on six priorities that impact the health and well-being of Oxford County residents: **Healthy Eating, Physical Activity & Sport, Injury Prevention, Tobacco Use/Exposure, Substance & Alcohol Misuse** and **Mental Health Promotion**. The goal of the Healthy Communities initiative is for communities to work together to create policies and programs to make it easier for Ontarians to be healthy and have active lives.

What do we know?	
Healthy Eating	<ul style="list-style-type: none"> ● Almost 60% of Oxford County residents eat five or less fruits and vegetables daily
Tobacco Use	<ul style="list-style-type: none"> ● About 23% of residents over the age of 12 are daily or occasional smokers ● About 9% of non-smokers are regularly exposed to smoke in the home
Substance and Alcohol Misuse	<ul style="list-style-type: none"> ● Almost 20% of Oxford County adults are considered ‘heavy’ drinkers, consuming 5 or more drinks in one sitting
Physical Activity, Sports & Recreation	<ul style="list-style-type: none"> ● Only half of Oxford County residents aged 12 and over are moderately active or active during their leisure time. Almost a quarter of residents are obese
Injury Prevention	<ul style="list-style-type: none"> ● Injuries are a common cause of hospitalization and death in the county with motor vehicle collisions, suicides and falls being the three main causes of injury ● A quarter of residents reported an injury causing limitation of normal activities in the past year
Mental Health Promotion	<ul style="list-style-type: none"> ● Almost three quarters of Oxford County residents perceive their mental health as very good or excellent and more than a quarter perceive their life stress as “quite a lot”

Where did we get our numbers?

The numbers listed above come from the Canadian Community Health Survey, 2009.

For more information, contact
Oxford County Public Health
519-539-9800
publichealth@oxfordcounty.ca



What do we recommend?

Healthy Eating	<ul style="list-style-type: none"> ● Bring healthier food choices closer to residents in local recreation centres ● Create programs and partnerships with local area farmers so that local fresh foods are more available to Oxford Country residents
Tobacco Use	<ul style="list-style-type: none"> ● Create more smoke-free places where children live and play
Substance and Alcohol Misuse	<ul style="list-style-type: none"> ● Promote resiliency and protective factors for youth in preventing alcohol and substance misuse
Physical Activity, Sports & Recreation	<ul style="list-style-type: none"> ● Advocate for and support environmental changes that encourage and make it easier for families to be more active
Injury Prevention	<ul style="list-style-type: none"> ● Increase public education and awareness of the preventable and predictable nature of most injuries
Mental Health Promotion	<ul style="list-style-type: none"> ● Increase public awareness of the issues of suicide prevention

Who helped us

Stakeholders to the community for the 'community picture' came from a broad spectrum of the community services. Public health staff and community service providers who work in one or more of the six priority areas provided the first round of input. Further information was gained from groups or individuals who work with seniors and older adults, children services, youth services, and poverty issues. Organizations that participated in key stakeholder interviews, focus groups, surveys and priority setting sessions included:

Alexandra Hospital	Norwich Township
Big Brothers/Big Sisters of Ingersoll, Tillsonburg & Woodstock District	Ontario Disability Support Program
Blandford-Blenheim Township	Ontario Ministry of Agriculture, Food and Rural Affairs
Canadian Cancer Society	Ontario Provincial Police
Canadian Mental Health Association Oxford	Operation Sharing
Children's Aid of Oxford	Oxford Community Child Care
City of Woodstock	Oxford County Injury Prevention Team
Community Employment Services Woodstock	Oxford County libraries
Community Living Tillsonburg	Oxford County Public Health
Community members	Oxford Elgin Child & Youth Services
Conseil scolaire de district des écoles catholiques du Sud-Ouest	Oxford EMS
County of Oxford	Oxford Federation Agriculture
Department of Social Services & Housing	Oxford Suicide Prevention Coalition
Domestic Abuse Services Oxford	Southwest Oxford Township
East Zorra-Tavistock Township	Stonebridge Community Services
Fusion Youth Centre	SW Community Care Access Centre
Good Beginnings Day Nursery	Tillsonburg District Memorial Hospital
Ingamo Family Homes	Town of Ingersoll
Ingersoll Senior's Activity Centre	United Way
	Woodstock and Area Community Health Centre

Community Consultations

Community consultations included focus groups, key informant interviews, web and paper based surveys and a priority setting session with community leaders and decision-makers.

Recommendations from the consultations

Consistently participants repeated the need for access to healthier lifestyles for everyone regardless of location and income in Oxford County.

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