



# City of Nanaimo Health and Social Forums

*FINDINGS & RECOMMENDATIONS*

August 2, 2013

# Executive Summary

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The City of Nanaimo's **Strategic Plan 2012 to 2015** sets out six Strategic Priorities: Waterfront Enhancement, Water, Transportation and Mobility, Asset Management, Taking Responsibility, and Community Building Partnerships.

The latter priority, *Community Building Partnerships*, makes a commitment to supporting and facilitating the convening of a multi-sectoral action network of public, private, and non-profit organizations focused on prevention and early intervention related to social and health challenges in Nanaimo and the Snuneymuxw First Nation community.

To obtain the views of health and social providers on this proposed network, the Community Planning Department held three **Health and Social Forums** (June 4th, 5th, and 6th, 2013). Over the three events, approximately 70 participants participated in directed discussions on the following questions:

- **What are the key health and social issues in our community?**

Participants indicated poverty, health (mental and physical), education, housing, and employment as the *key health and social issues*.

- **What are the root causes of these issues?**

The *root causes* were similar to the key issues, with one participant commenting that the root causes are the key issues. Root causes included poverty, intergenerational issues, mental health, and lack of access to resources.

- **If funding were available what would be your top health and social priorities for the community?**

Participants identified housing, education, physical and mental health, and actions relating to poverty as priorities, with additional comments on ensuring that no sector of the population (youth, newcomers, families, visually impaired, the aged) would be systemically excluded from accessing services and programs.

- **Is there interest in working together to address these issues and priorities?**

- *What would this look like?*
- *What would be the mandate of any new entity?*
- *What should be the City's role in social, health, and equity issues?*

For the final questions, participants strongly indicated that they were interested in working together on these issues and priorities. Discussion focused on the city supporting and facilitating an annual or semi-annual gathering of health and social agencies to encourage information sharing and partnership development. There was also discussion on advancing a greater understanding of the role played by social agencies in Nanaimo as employment generators and contributors to the economy and well-being of the community: relating to this, participants saw benefit in working with other groups such as the business sector. This could be initiated with a broad-based invitation to the first Health and Social Network gathering.

**Key Recommendation:** In response to the *Strategic Priority: Community Building Partnership* referenced in the *Strategic Plan 2012 to 2015*, the findings from **the Health and Social Forums** suggest that the city's role should be as a hub and facilitator on social issues impacting Nanaimo and Snuneymuxw First Nation through the sponsorship of broadly inclusive annual or semi-annual network gatherings that cross traditional sectoral boundaries.

# Health and Social Forums

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Three **Health and Social Forums** were held on June 4, 5, and 6 at the Rotary Field House in Nanaimo BC. This was a “by invitation” event: requests for participation were sent to a wide spectrum of health and social agencies known to the City of Nanaimo through the Community Services database. Potential participants were provided with materials before the Forums to ensure that the purpose of the Forums was clear and to allow potential participants to prepare for the events. The materials included the agenda, discussion questions, an excerpt from the Strategic Plan, and a “backgrounder” summarizing key points from the 2004 City of Nanaimo *Social Development Strategy*.

For convenience, three events were held as it was hoped that interested participants could be available for one of the three events. The events were not targeted to a particular sector or sub-group amongst the agencies: by inviting a cross section to each event, it was intended that there could be cross pollination of ideas and potentially the opportunity to network with individuals beyond those encountered in regular day to day activities.

Between 20 and 26 participants attended each of the three events, for a total of approximately 70 participants (some individuals attended more than one day). A list of attendees by organization is provided in Appendix A.

Members of Council also attended, as did the volunteer members of the Health and Social Network Steering Committee.

## **Purpose of the Forums**

As noted on the Agenda, the purpose of the Forums was “to address the city’s strategic priority on building community partnerships.”

This mandate was developed from Mayor and Council’s recent adoption of the *Strategic Plan 2012 to 2015*. This Plan sets out six *Strategic Priorities*:

- Community Building Partnerships
- Asset Management
- Taking Responsibility
- Transportation and Mobility
- Water
- Waterfront Enhancement.

The focus of the Health and Social Forums was on the first of these *Strategic Priorities: Community Building Partnerships*. As noted in this Strategic Priority, a potential strategy and/or initiative could be the development of an inclusive Nanaimo Social and Health Network (*working title only*) which would be a multi-sectoral network of public, private and non-profit organizations focused on prevention and early intervention related to social and health challenges in Nanaimo and the Snuneymuxw First Nation community. The municipal commitment would focus on the formative process, acting as a catalyst and facilitator leading up to the first forum of interested organizations; any ongoing roles and responsibilities will be defined and recommended by the inter-agency network itself.

The three Forums brought this potential strategy and/or initiative to the health and social agency community for discussion: the results of the three meetings would then be used by the city to inform a course of action.

# Findings from the Forums

The Forums were lively, conversation-full, and useful: a note of appreciation goes to all attendees for taking the time to participate and for their contributions to shaping the recommendations of this report.

The Forums were structured around a series of questions. The responses are summarized below, and are also graphically represented as Wordles<sup>1</sup> to illustrate the most frequently occurring words used by participants in their written responses. A summary of the written responses of participants is contained in Appendix B.

## Question #1: What are the key health and social service issues in our community?

Participants identified a wide range of issues, including homelessness, affordable housing, access to transportation, employment at a living wage, education and improving early success rates, mental health, physical health including addictions and chronic illnesses, and poverty. It was noted that these are not specific to Nanaimo, but are health and social service issues across all communities where there are needs and inadequate access to resources.

The links among these issues was discussed: homelessness can be tied to mental health issues and the lack of available services, poor early success rates in primary education connect to inadequate understanding on health and nutrition issues, and housing affordability links to employment at a living wage.

There was also discussion on the key issues for Nanaimo: reducing barriers to obtaining assistance from health and social service agencies was identified (including transportation barriers in a long, linear city), knowing what services and programs are available, and delivering services equitably across all sectors of the population were key points in the conversations.

The most frequently noted issues were:

- Poverty and the cost of living in Nanaimo
- Mental health, with ties to other social issues
- Education with a particular focus on early success rates among pre-school age children and encouraging the completion of post-secondary certifications
- Housing, with a focus on affordability and availability for the unstably housed, such as youth and the aged
- Employment relating to a range of issues, including a preponderance of part-time employment, lack of lower-skilled jobs that pay a living wage, and the sustainability of employment in a seasonal economy.



<sup>1</sup> Wordles are a free device available at [www.wordle.net](http://www.wordle.net). A wordle is a word cloud that is generated from source text. The source document is uploaded to the website, then the website generates a cloud that gives greater prominence to the words that are most frequently used in the source text. Words like “the” are edited out, and the “wordler” can further manipulate the colour, font, and orientation of the text. While they should not be considered to be a scientifically significant method of codifying comments, a wordle is a good way to quickly and visually sort out the most commonly occurring words or phrases in a document.

It was noted that Questions #1 and #2 overlap: root causes are the key issues and the key social issues are also root causes.



It was noted that some root causes cross generations and can touch on a wide range of key issues. The impacts of residential schools continue to reverberate across families, mental health issues have intergenerational impacts on employment and housing, and a lack of education makes breaking the cycle of poverty difficult. Participants noted that the inter-relationships among root causes and key issues needs to be fully understood, as do the relationships between social issues and the economy, culture, environment, and health of any community.

While funding and grants were noted as root causes (that is, the lack of), several participants indicated that they saw access to available funding and fairness as greater issues than the provision of more funding. The need to have an integrated approach to funding that crosses levels of government was mentioned at each Forum.





**Question #4: Is there interest in working together to address these issues and priorities?**

- **What would this look like?**
- **What would be the mandate of any new entity?**

There was a positive response among attendees on working together, and several individuals noted specific examples of how agencies are already working together without a formalized network or structure.

For many participants, “working together” means better communication, information sharing, and a shift to seeking commonalities among goals and desired outcomes. This was not seen as a responsibility of the city alone: the city could provide leadership in bringing agencies and stakeholders together. However, the network ultimately would be co-managed by all participants and other organizations would have responsibilities and critical roles. In particular, the United Way and Vancouver Island Health Authority were seen as organizations capable of taking on “working together” as agency responsibilities. These organizations, and many others, could be partners in a new network.



It was noted that there are examples of successful networks and collaborations that should be considered in the development of a Nanaimo-based initiative. The need for administrative support or seed funding was emphasized, as new initiatives often fall to the wayside unless funding is earmarked to make sure they move forward.

An annual or semi-annual gathering was seen as a good first step in the development of this network. This would include health and social providers in the city, but would also involve broader representation from service consumers, the business community, grassroots organizations, large agencies, other levels of government, and stakeholders in Nanaimo. Links to other Nanaimo-based initiatives, like the Successful City project, could be highlighted at the network gathering.

**Wrap Up Question: What should be the City's role in social, health, and equity issues?**

The purpose of the Forums was to consider the *Strategic Priority: Community Building Partnerships* from the city's *Strategic Plan 2012 to 2015*.

In response to this, participants saw the city having a role as a hub for information, a facilitator through the provision of meeting support and space for an annual or semi-annual network gathering, and a catalyst for drawing key players together. Participants saw the city as having a critical role in linking the social sector to other sectors in Nanaimo – the business community, environmental organizations, additional stakeholders – who may not fully perceive the link between social issues and all other aspects of life in Nanaimo. For example, health and social issues are economic issues: not only do social agencies employ staff and contribute to the economy of Nanaimo, the health and social well-being of citizens has a direct impact on the city. That is, Nanaimo cannot be a “Successful City” without achievement in social and health sector.

The importance of recognizing the contributions of volunteers was also noted. Although it is difficult to accurately assess the financial impacts of volunteerism, estimates would suggest that more than a third of all citizens contribute without pay to the wellbeing of Nanaimo in some way, and the removal of this level of effort would have profound negative impacts not only on the social sector but all sectors of the community. Adding to this, it was suggested that an asset based inventory of volunteerism and social agencies should be completed.



The need for up to date data was also noted: participants suggested that the *2004 Social Development Strategy* and *Social Status Report* could be edited and new census information added.

Overall, it was suggested that the city take a role in the *Strategic Priority: Community Building Partnerships* outlined in the Strategic Plan through hosting an annual or semi-annual network gathering that would focus on potential partnerships, information sharing, and learning about activities and outcomes.



# Recommendations

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The findings from the Health and Social Forums suggest four follow up recommendations:

## Follow Up Recommendation

1. The *2004 Social Development Strategy* and the accompanying *Social Status Report* were referenced at the Forums. The information contained in the strategy and report is useful but dated. New census information is available that will enable a trend analysis for the information presented in these earlier documents. Based on the discussions at the Forums, it is recommended that these documents be updated and presented at the first network gathering.
2. It is recommended that the City of Nanaimo fulfill the mandate set out in the city's *Strategic Plan 2012-2015*, specifically in *Strategic Priority: Community Building Partnerships* by hosting an annual conference focused on health and social issues.

The conference would bring together health and social providers, consumers of the services provided by these agencies, community stakeholders, and representatives from other sectors of Nanaimo, including the business community, representatives promoting environmental interests, and elected officials. A major focus will be the links to other civic initiatives, such as the Successful Cities Project and Inspire Nanaimo.

The conferences will be a facilitate collaboration on key issues and encourage actions to address these issues.

The cost of this event(s) would relate to the in-kind provision of facilities, staff time, and refreshments at the meetings.

3. The Health and Social Wellness Committee should focus its efforts for 2013/14 on *Strategic Priority: Community Building Partnerships* as noted in the city's *Strategic Plan 2012-2015* by further exploring opportunities for drawing connections and pulling together strategic, focused, community building partnerships among agencies that are currently operating in Nanaimo. There are already many collaborative networks among service providers and organizations in the city: the focus will be on drawing new connections and investigating new methods of meeting the objectives outlined under *Strategic Priority: Community Building Partnerships*.
4. There was discussion at the Forums on the contributions of social and health agencies, employees, and volunteers to the economic well-being of Nanaimo. It is recommended that the Nanaimo Economic Development Council be directed to complete an analysis on the health and social sector to estimate the economic impact and spin-offs from this sector to the city.

## Appendix A: Attendees (by organization) at the Health and Social Forums

2013-JUN-04	2013-JUN-05	2013-JUN-06
Nanaimo Child Development Centre	Nanaimo Women's Centre	United Way
Nanaimo Association for Community Living	Regional District of Nanaimo	Nanaimo Family Life
VIHA x4	Ministry of Social Development x 2	Nanaimo Community Hospice
7-10 Club	7-10 Club	Supporting Employment Transitions
Pacific Sport	Canadian Cancer Society	GT Hiring Solutions
Island Counselling Society	Columbian Centre Society	School District #68
First Unitarian Fellowship	Nanaimo Community Kitchens	Central V.I. Multicultural Society
United Way, Central V.I.	Nanaimo Organization for the Vision Impairedx2	Nanaimo Men's Resource Centre
Nanaimo Youth Services Association	Nanaimo Division of Family Practice x 2	Nanaimo Community Gardens x 2
Central V.I. Multicultural Society	Vancouver Island University	Island Crisis Care Society
AIDS V.I.	Nanaimo Foodshare	Loaves & Fishes Food Bank
Nanaimo Recycling Exchange	SPAC member	Literacy Central Vancouver Island
SPAC member	Ministry of Child and Family Development	Habitat for Humanity M.V.I.
	Boys and Girls Club of Central VI	NARSF Programs
	VIHA	Community Operated Dental Clinic (CODE)
	John Howard Society	RCMP
	School District #68	Volunteer Nanaimo
	United Way, Central & Northern VI	Nanaimo & District Hospital Foundation
		VIHA
		Nanaimo Recycling Exchange

*Note: this listing does not include Nanaimo Council Members or staff who attended the three Forums.*

## Appendix B: Summary of Comments from the Health and Social Forums

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*Note: the following includes comments contained on the flip charts from the three events as well as any responses received as individual submissions (participants had the options of filling out an individual comment sheet or emailing in comments). The comments are not in any form of hierarchical order. A bracket following a response (7) indicates the number of occurrences of similar responses.*

### Responses to the three table discussions:

#### Discussion #1

- *What are the key health and social issues in our community?*
- *What are the root causes of these issues?*

### Key Issues – top 20 mentioned by participants

1. **Housing** - affordability, working poor housing (8)
2. **Poverty**- income assistance levels too low, wealth distribution, poverty cycles (12)
3. **Homelessness** (5)
4. **Food insecurity** – youth and young people included, underdeveloped as a sector/GMO/hunger, don't know how to eat healthy, local food production (5)
5. **Substance use/addiction**, treatment beds, supportive recovery, alcohol abuse (8)
6. **Non-inclusiveness and equality** (First Nations, immigrants, elderly, disabled, newcomers), lack of perception and empathy for the needs, stigma of people who are different, racism, north/south divide, social inequality, financial inequality (22)
7. **Transportation**- including affordability and accessibility, issues for people with visual impairments
8. **Accessibility of existing resources** – referral patterns, collaboration/promotion of services, distance and location, wait times once referred, access to services – lack of communication, no knowledge of services (2)
9. **Collaboration** between existing service organizations, lack of what resources are available and how to access them, seamless service delivery, lack of trust between agencies (4)
10. **Age specific issues** – aged and youth relating to health and isolation, housing, employment, gangs, seniors needing placements from hospitals (4)
11. **Funding for service organizations** – programs and operations. Need to consider absolute amounts, sustained/reliable funding, accessing existing funding
12. **Education** - student success rates, poor exam results, youth skills training, lack of public health education, pre-school success, literacy (8)
13. **Mental Health** - capacity to respond to mental health issues, wellness (8)
14. **Physical Health** - Life expectancy is lower in Nanaimo, teen pregnancy (2), heart disease/diabetes, other illness, too many smokers in high school, access to health care, poor health outcomes, physician training and recruitment, chronic conditions, obesity, end of life care (12)
15. **Suicide** (4)
16. **Employment**- Lack of lower skilled jobs that pay a living wage, low employment, 14% unemployment, dominance of part time, decent wages, youth employment (6)
17. **Accessibility problems**- for people with disabilities or other barriers such as transportation, urban design, city planning, mobility issues, issues for people with visual impairments (5)
18. **Lack of forethought** in building and mobility, planning of city as seen in walkability, isolation, and costs, infrastructure (3)
19. **Focus on universality** in programming and design – think about how this will work for everyone
20. **Other**: children in care, sexual exploitation of vulnerable, suicide, lack of awareness of depth of issue, NIMBYism, aging facilities, succession planning, and representation of First Nations for all services, volunteerism and skills building.

**Root causes – top 20 mentioned by participants**

1. Poverty
2. Education
3. Employment
4. Housing
5. Mental Health
6. Physical Health
7. Food and nutrition
8. Funding
9. Economic vitality
10. Substance use and abuse
11. Crime
12. Connectedness and being part of community
13. Completion for same funding
14. Accessibility
15. Trauma history
16. Aging populations
17. Court system
18. Alignment among provincial/federal/municipal programs and policies
19. Social media- connection to peers etc.
20. Social isolation.

**Discussion #2**

- *If funding were available, what would be your top health and social priorities for the community?*

**Issues listed as the group's top three priorities**

#1	#2	#3
• Housing	• Employment/Training	• Inclusiveness
• Collaboration/integration	• Enriched child supportive community	• The vulnerable
• Health promotion	• Affordable housing	• Connections and collaboration
• Housing	• Poverty	• Housing
• Sustainable funding	• Housing	• Employment (including youth employment strategies)
• Addiction Services	• Employment and training – living wage	• Housing
• Supports for families with children	• Accessibility to services	• Community engagement and education
• Mental health	• Jobs, economy, housing	• Addiction and education
• Health issues – mental and physical	• Food	• Housing
• Family, education, and youth	• Mental health, addictions, homelessness	• Livable wage and employment

### Discussion #3

- ***Is there interest in working together to address these issues and priorities? (General response among attendees – yes!)***
    - ***What would this look like?***
    - ***What would be the mandate of any new entity?***
1. Service provider based
  2. Communication and relationship building
  3. Shift to commonalities – i.e. commit to a caring community
  4. Local action
  5. Help to make each other better
  6. Existing collaboration, but... need improved communication network. Currently informal and issue-specific
  7. Need regularly updated inventory of initiatives
  8. Formal group which lobbies and provides the voice of social/health organizations in economic and environmental forums
  9. Mandate would be to enhance social capital
  10. The city will provide leadership to bring together community stakeholders (not for profits, companies, community groups, and government services) to reduce duplication and improve service delivery and to build a health and inclusive community
  11. Forum for cross sectional relationship building, priority setting, and action
  12. VIU, VIHA, city, SD 68, non-profits, business, etc. – all those that attended these forums. These are partners but not the owners of the network
  13. Use blogs, SharePoint, web to connect. FAQs, support each other
  14. Review other models of delivery – Alberni Clayoquot and Waddington health networks
  15. Need coordinator/admin support – someone dedicated
  16. Annual conference for the Health and Social Network
  17. VIHA to provide seed \$\$ for coordinator and/or admin support
  18. Annual conference for information sharing and setting direction
  19. Website of resources
  20. Broader representation- consumers, business, school district
  21. Action oriented groups – small, working on specific issues, results focused
  22. A mode for innovative thinking on community building
  23. Need for non-profits and city to work together along with province and business community
  24. Mandate – reassessing priorities i.e.: Social Development Strategy
  25. City needs to make resources available: i.e.: \$\$, but also expertise, grants, in kind
  26. Community managed with the city at the table
  27. 211 service – and collaborations with existing services like this
  28. Must have resources to give/share/distribute
  29. Gives a voice to the non-profit sector
  30. Include all stakeholders – large and small, grassroots and authorities
  31. United Way would like to assist with coordination and partnerships – not just a funder
  32. Competing interests need to be addressed to build relationships
  33. Coordinated approach by organizations to deal with social and health issues together
  34. Coordinated and collaborative approach between agencies to deliver social and health services to citizens of Nanaimo led by a facilitator (United Way? Independent coordinator?)

### **Wrap Up – What should be the City's role in social, health, and equity issues?**

1. This is a good start to an ongoing dialogue
2. Social and health issues are economic issues – these cannot be separated
3. We need to look at asset based community development
4. There needs to be a higher level of respect amongst other communities (i.e.: business) for social agencies. We are employers and contribute a great deal to the economy
5. We need to develop an asset inventory associated with volunteerism
6. Look at the community as an ecosystem – all the parts are connected
7. We want to see ACTION coming out of these forums- not just for the city but for all who are participating
8. The city is here to listen, to see what the health and social service providers want to see happen
9. The city should have a facilitator role
10. The focus needs to be on partnerships – how we can help each other
11. Social service agencies are often looked at as some kind of liability, not an asset to a city. It needs to be shown that these agencies are part of the infrastructure of the city – build up social and health networks/structures just as we build road networks and sewer infrastructure
12. All sectors are in this together – a good outcome would be to facilitate those connections
13. Need to have consumers of health and social services here at these events (or future events)
14. Business community should be here, as well as groups like the Nanaimo Teachers' Association – we all have a part in health and social wellness
15. VIHA is a key part of any health and social network – there may be resources available through VIHA to assist this process
16. The city is a stakeholder in this process, but should not be seen as somehow responsible
17. This process has highlighted priorities – we need to follow up on that
18. The city's role could focus on the provision of administrative support/venues
19. This should be tied to the Successful Cities Initiative and Economic Development Plans
20. There is a need for dialogue, a need to talk about successes. Focus on the bright spots!
21. We need to do an analysis of successful initiatives- spread the word on what's working, let business and government know what is working
22. Consider a series of planned events to keep momentum rolling
23. Consider "natural helping systems" as key part of what is happening – what evolves organically without government direction
24. We need to look for ways to reorient power
25. There are so many good models out there for this kind of network – first, we need to research what models exist, and then need to build a system that works for Nanaimo
26. The responsibility held by the city cannot be purely financial – there are some funds available for Health and Social initiatives, but the purpose of this meeting was not to focus on how much funding the city provides/could provide
27. This process fits with the city's other "pillars" or focus areas – economic, environment, social, sustainability
28. We need to hold everyone accountable for what needs to be done/confirm who is doing what
29. We need to be more connected in this city, working together on shared issues
30. Mobility is a big issue – people cannot get around town to access the services and activities that are already available
31. Social and health issues are economic issues.

*June 8, 2013.*