

**Strengthening Social Inclusion and Connections  
in the West Coast Shores region**

OTF Seed Grant, 2019

Grand Bend Area Community Health Centre and  
The Connected Rural Communities Collaborative

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## **List of Short Forms**

A = Asset

B = Barrier

G = Gap

CRCC = Connected Rural Communities Collaborative

GBACHC = Grand Bend Area Community Health Centre

GBCF = Grand Bend Community Foundation

LSNT = Lambton Shores Nature Trails

OTF = Ontario Trillium Foundation

RDS = Respondent Driven Sampling

WCS = West Coast Shores

## Introduction

Research has shown that social isolation is linked to negative health-related outcomes. These include, but are not limited to, more frequent use of public services due to lack of support networks; increased risk of developing certain health conditions (i.e. depression and dementia); and increased risk of dying (Griffiths, 2017). Studies have also shown that adults with strong social support are more likely to report a strong sense of belonging to their local communities, positive mental health and happiness (Public Health Agency of Canada, 2016).

In 2015, Grand Bend Area Community Health Centre (GBACHC) completed the *Be Well* community assessment to gain insight about community members' quality of life in order to build a strong wellbeing movement in our community. Local survey data from this community assessment revealed about one in four people experience social isolation in West Coast Shores (WCS) region. The WCS region includes the Municipalities of Lambton Shores, South Huron, Bluewater, parts of North Middlesex and Kettle Point and Stony Point First Nation (Fig. 1).

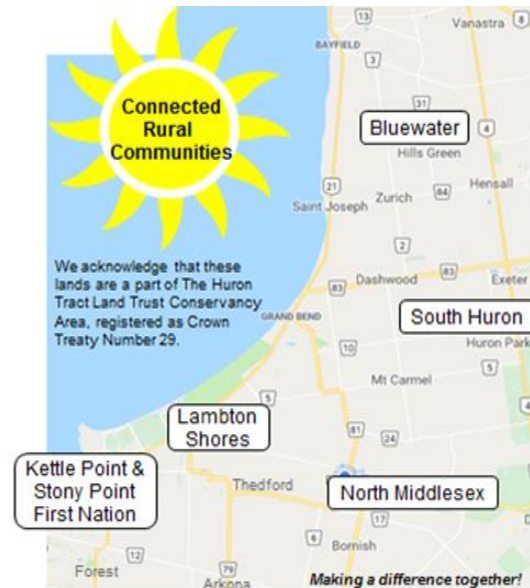


Figure 1 - Map of West Coast Shores region

The results of the *Be Well* assessment were shared at workshops in 2016, and as a result the Connected Rural Communities Collaborative (CRCC) formed. CRCC involves partners from different sectors (e.g. health, social services, faith-based, etc.) who are committed to working together to improve the lives of people in our communities. The CRCC identified six areas of focus that are important to having connected rural communities

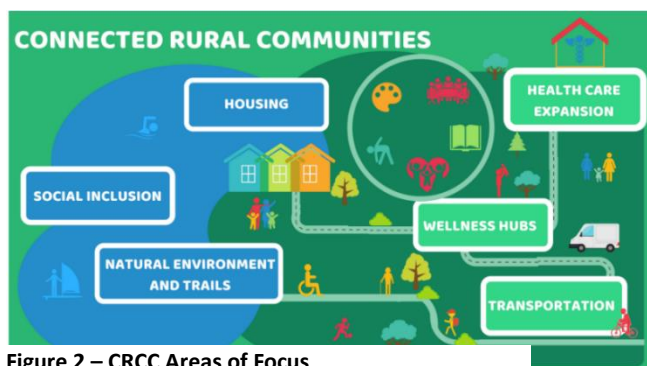


Figure 2 – CRCC Areas of Focus

(Fig. 2). Members of the CRCC have agreed to work together to ultimately reduce social isolation and strengthen connectedness and inclusion in this area. The GBACHC, in partnership with the CRCC, applied for and received an Ontario Trillium Foundation (OTF) seed grant for \$75,000. These funds were

used to hire a community developer to work with the CRCC to complete the following tasks:

- Conduct interviews and survey people who experience isolation to learn about the realities and barriers they face and strategies to overcome these barriers and get connected.
- Create WCS Asset Mapping inventory to identify what is already available and identify assets and gaps related to what people need and want.
- Identify and recruit needed members to the CRCC.
- Summarize the findings and identify common strategies that can be applied in each participating community.

This project aims to identify factors affecting social isolation, connections, and inclusion directly from people experiencing the issue. This information will help the CRCC understand the realities of the current situation, recruit partners, and identify common strategies that can be applied in each participating community that will ultimately strengthen social inclusion and connections as well as reduce social isolation for community members.

In this report, you will find description of the methods used along with the results of the survey, interviews, asset mapping and the identified strategies, recommendations and next steps. We have also included details about how the funds were spent and how we recognized OTF in the appendices.

## **Methods**

To develop the materials used in this project, three different sets of information were used. Firstly, the CRCC priority areas include social inclusion, health services, housing, environment and trails, transportation, and wellness hubs [Fig 2 and column one of Table 1]. Additionally, the Sustainable Livelihoods Asset Mapping tool was considered [column two of Table 1]. This tool had been successfully used by Destination Prosperity to conduct interviews in Huron Park. Lastly, the Social and Community Opportunities Profile (short version) (SCOPE) was considered as it had sound psychometric evidence and best captured the construct of social inclusion (Cordier et al., 2017). The short version of the SCOPE was obtained and adapted for our use (Huxley et al, 2012) [column three of Table 1]. We weaved together the CRCC priorities, the Sustainable Livelihoods Asset Mapping tool, and the SCOPE items to determine the areas of focus for this project. These areas guided the questions asked in the survey, interviews, asset mapping and identification of potential partners [column 4 of Table 1].

Connected Rural Communities Collaborative Priorities	Sustainable Livelihoods Asset Mapping Tool	Social and Community Opportunities Profile (short version)	OTF Project
<ul style="list-style-type: none"> <li>-Healthcare</li> <li>-Housing</li> <li>-Natural Environment and Trails</li> <li>-Social Inclusion (finances, connections)</li> <li>-Transportation</li> <li>-Wellness Hubs (leisure time)</li> </ul>	<ul style="list-style-type: none"> <li>-Basic Needs (housing, food, safety, child/elder care, transport, etc.)</li> <li>-Connections</li> <li>-Health (stress, physical, mental)</li> <li>-Money</li> <li>-Sense of Self</li> <li>-Skills and Employability</li> </ul>	<ul style="list-style-type: none"> <li>-Education</li> <li>-Family and Friends</li> <li>-Finances</li> <li>-Health</li> <li>-Housing and Accommodation</li> <li>-Leisure Time</li> <li>-Safety</li> <li>-Work</li> </ul>	<ul style="list-style-type: none"> <li>-Health and Wellness (physical and mental)</li> <li>-Housing</li> <li>-Money</li> <li>-Natural Environment</li> <li>-Recreation and Leisure</li> <li>-Social Connections, Friends, and Family</li> <li>-Transportation</li> <li>-Work and Employability + Life Transitions and Changes (stressors)</li> </ul>

**Table 1 - Key ideas & models for this project**

## Survey Methods

To understand the broad perspectives across the WCS region, the *Living in My Community survey* was created and widely distributed. The survey tool was designed by using questions from the short version of SCOPE, Be Well Survey, and GBACHC client satisfaction survey. We obtained input from CRCC members and adapted the survey for the purposes of this project. Questions varied in style and subject matter in order to cover the broad picture of social inclusion and isolation. Sections included questions related to the areas of focus noted in column 4 of Table 1.

Paper and online surveys were collected over several months in order to gain a broad response. Physical copies were left at local health facilities and libraries. Targeted sampling was also done for specific groups in the communities (e.g. Meals on Wheels recipients, exercise class attendees, food bank recipients). Survey responses were anonymous and as an incentive for completion, respondents were offered a chance to enter to win one of ten \$25 grocery gift cards.

At the end of collection, there were 250 surveys completed. These were analyzed alongside qualitative data from interviews that were conducted during the same time period. Survey Monkey software was used for the collection of the surveys both online and paper (which were entered manually). From Survey Monkey, the data was exported into Microsoft Excel and the descriptive statistics were analysed. Cross tabulations and analysis by Municipalities was also performed where necessary and are included in this report where applicable.

## Interview Methods

The project team conducted interviews with community members in order to capture the lived experience of social inclusion and isolation in the WCS region. Recruitment for these interviews was done in multiple ways including word of mouth, social media and posters. In addition, survey respondents were given the opportunity to be contacted for an interview. Those interviewed were provided invitations to encourage respondent driven sampling (RDS) (CATIE, n.d.). Key stakeholders were also asked to make referrals. Over the study period we had conversations with 67 people including, 59 one-on-one interviews and two focus groups (3 and 5 participants).

The interview guide was established and focused around the nine domains that can impact social inclusion: employment, money, recreation and leisure, housing, social connections, life transitions and changes, nature, health and well-being and transportation (Table 1). Participants were asked open-ended questions and encouraged to share their experience of isolation and inclusion. Participants were also asked a series of demographic questions (Appendix 1) which

were kept separate from the interview notes. They signed a consent form to participate and were advised that the notes would remain anonymous. They were also given the opportunity to decline participation at any point before, during or after the interview. To maintain anonymity, participants' data were coded using unique identifiers and no audio or video recording was taken. Interviewers wrote notes and analysis was done as follows.

The note transcriptions were uploaded to NVivo (v. 12.5.0) software for qualitative analysis. The data was synthesized into categories using directed content analysis (Hsieh & Shannon, 2005). The framework used included a code for each of the domains that impact social inclusion and isolation (employment, money, recreation and leisure, housing, social connections, life transitions and changes, nature, health and well-being and transportation (Table 1)). Each of these was further broken down into assets, barriers and gaps. Coding for these nodes was completed by one team member with a second team member checking 20% of the codes for agreement. Definitions of assets, barriers and gaps were determined by the team prior to coding as follows:

- Assets: Anything (including strategies) that has a positive influence on the respondents' life, their access to services, their ability to feel a sense of belonging and connectedness, as well as anything that reduces isolation or increases inclusion.
- Barriers: Anything that has a negative influence on the respondents' life, their access to services, their ability to feel a sense of belonging and connectedness, as well as anything that reduces inclusion or increases isolation.
- Gaps: Strategies, assets or changes that do not currently exist that could increase inclusion and decrease isolation.
- Note: Throughout the report, assets were denoted as [A], barriers as [B], and gaps as [G].

All team members reviewed and synthesized the collection of notes at each node (e.g. Transportation Assets, Employment Gaps, etc.) in order to determine common themes. Major themes were discussed, agreed upon and are presented in this report. The themes were also compared to qualitative questions on the *Living in My Community Survey*. The quantitative and qualitative results were combined based on the domains impacting inclusion and isolation and are presented in the results section with the goal of telling a story of social inclusion and isolation in the WCS region.



## **Asset Mapping Methods**

The asset mapping collected the community-based assets for three specific areas, including the built environment, natural environment, and social environment. The built environment specifically looked at housing, community hubs, health facilities, and transportation. The natural environment looked at trails, gardens, green spaces and stewardship in the region of study. The social environment assets focused on welcoming, inclusive, and accessible spaces and the services and programs actively offered to community members.

The methodology employed for the asset mapping was consistent with the guidance of Asset – Based Community Development (ABCD) (Tamarack Institute, n.d.) and involved working with partners, disseminating a survey, conducting interviews and community meetings. In collaboration with 211 Ontario and Healthline, current assets were identified in the region. The *Building a Healthy & Connected Community Asset Mapping Survey* was designed to collect both current assets and planned assets. Further interviews and community meetings were conducted with key stakeholders and community organizations.

## **Partnership Development**

The Connected Rural Communities Collaborative (CRCC) includes partners from municipal, first nation and county councils and departments, health service providers, funding organizations, education organizations, nature and environmental organizations, faith-based organizations, and existing community-based committees and organizations. Further partnership development was undertaken to increase community capacity building. The methods included meeting with key organizations and community members as well as inviting new members to attend and join CRCC meetings.

## **Results and Synthesis**

### **Participation & the Socioecological Model**

Many factors influence people's behaviours. These factors can be explained by using the Socioecological Model, which includes individual, relationship, institutional or organizational, community and societal or policy factors. This model considers the interplay among the various factors and stipulates that strategies at various levels are required in order to make sustainable changes.

Socio-Ecological Model for Health Promotion (McLeroy, 1988 & CDC, 2019)

- 1) Intrapersonal or Individual Factors – characteristics of the individual such as knowledge, attitudes, behaviour, self-concept, skills, and the developmental history of the individual.
- 2) Interpersonal or Social Processes – formal and informal social networks and social support systems, including family members, co-workers, and friendships.
- 3) Institutional or Organizational Factors – formal and informal rules and regulations for operation within organizations and institutions.
- 4) Community Factors – relationships among organizations, institutions, and informal networks within defined boundaries (i.e. neighbourhoods).
- 5) Societal Factors and Public Policy – media as well as local municipal, provincial, and national laws and policies such as economic, educational, environmental, health and social policies.

Social Inclusion is about access to basic needs, services and groups; active participation in the community and nature; as well as being welcomed and embraced as a member who belongs. Participation is the active involvement of people, including those affected by the problem and decisions (IAP2, 2018). Strong evidence has shown that community engagement and people actively participating in their health and care can have a positive impact on a variety of health outcomes, especially for disadvantaged groups (O'Mara-Evans et al., 2015; Robert Wood Foundation, 2013). The following factors were reported as ensuring survey respondents' full participation.

The top *personal factors* that ensure survey respondents' full participation included the following:

1. To know what is available (58.9%).
2. To feel comfortable and included (56.2%).
3. To enjoy it (it has to be fun) (55.3%).
4. To improve my physical health, energy level, or mental health (44.8%, 41.6%, and 38.4% respectively).
5. To have the confidence to participate (40.6%).

The top *social factors* that ensure survey respondents' full participation included the following:

1. To have people be respectful and kind (71.3%).
2. To have someone come with me (36.7%).
3. To have others not judge me (35.6%).
4. To have the communication be clear and easy to understand (34.8%).

The top *organizational or program factors* that ensure survey respondents' full participation included the following:

1. To be at a time that works for me (67.3%).
2. To meet my needs and interests (65.9%).
3. To be free (no costs or fees) (55.9%).
4. To be age appropriate (49.8%).
5. To be participatory or hands-on (34.1%).

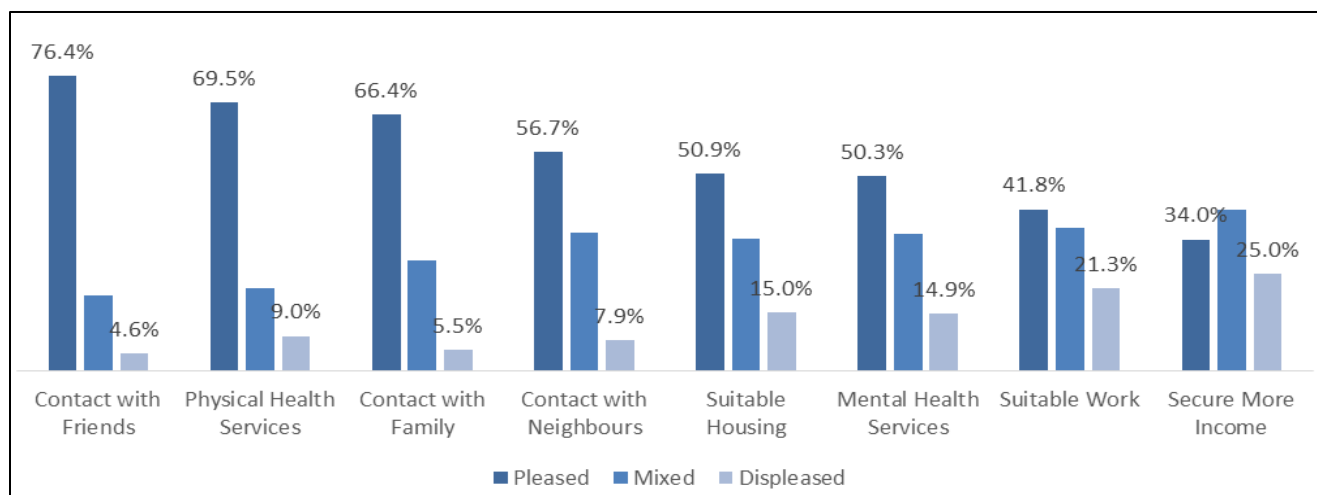
The top *community factors* that ensure survey respondents' full participation included the following:

1. To feel safe (63.2%).
2. To have the location close to home (61.8%).
3. To have access to public washrooms (50.5%).
4. To have accessible sidewalks and pathways (30.4%).

Some respondents also commented that facilities and bathrooms need "to be totally accessible" with "accessible venues and activities", "accessible washrooms" and "racially and LGBTQ inclusive".

For the policy factors that ensure survey respondents' full participation, 80.1% reported needing them to ensure people are included and 66.4% reported needing them to ensure people have access.

Overall, when we compared how pleased survey respondents were across the different domains, they majority reported being pleased with opportunities to have contact with friends, to access physical health services, and to have contact with family. They reported being the least pleased with opportunities to secure income, to find suitable work, to access mental health services and to find suitable housing (Fig. 3).

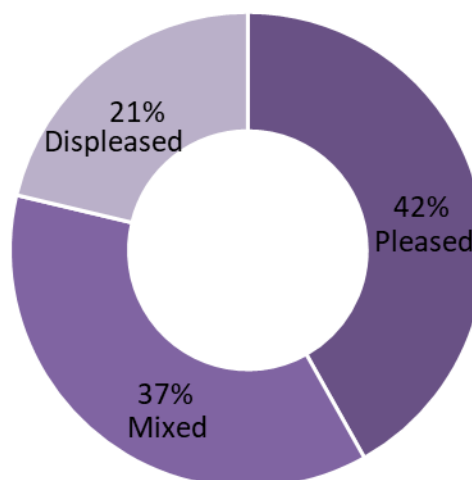


**Figure 3 - Level of Satisfaction by Domains, % of survey responses**

## Employment

Employment and unemployment are key factors that impact health and well-being and have been identified as two of the social determinants of health (SDH) in Canada (Mikkonen & Raphael, 2010). For this report, both survey respondents and interviewees were asked about employment and work opportunities in the region. Approximately four of ten survey respondents (42%) reported being pleased with the opportunities to find suitable work (Fig. 4).

Overall, we found that there was often a link between housing, transportation and employment for our respondents. Assets [A], barriers [B] and gaps [G] were captured as follows.



**Figure 4 – “How do you feel about opportunities to find suitable work?”, % of survey responses**

## Personal

Personal physical and mental health were felt to be barriers to obtaining and retaining employment. There is a need for workplaces to support and provide accommodation for those who need extra time for appointments and care and more flexibility due to these concerns [B]. Having flexible employment options was also very important to those in semi-retirement. While some were able to find this type of work [A]; there is a need for more flexibility [G].

For those who do not formally work, volunteer opportunities were considered a major asset and served a dual purpose, to bring personal fulfilment in making a contribution to the community

and a sense of belonging, while also meeting a need in the community (e.g. volunteer driving, friendly visiting, etc.) [A]. The survey asked respondents what type of volunteer activities they would want to get involved with, and health, fitness and senior-based programs were the most popular across the region (Fig. 5). There were some regional differences in interest. For example, the priorities in the Municipality of Bluewater were nature and environment activities; in Kettle and Stony Point, it was volunteering with children; and in South Huron, it was opportunities with churches (spiritual). Volunteer connections are an overall need in order to find existing opportunities, create new ones and connect organizations in need with the volunteer base [G].

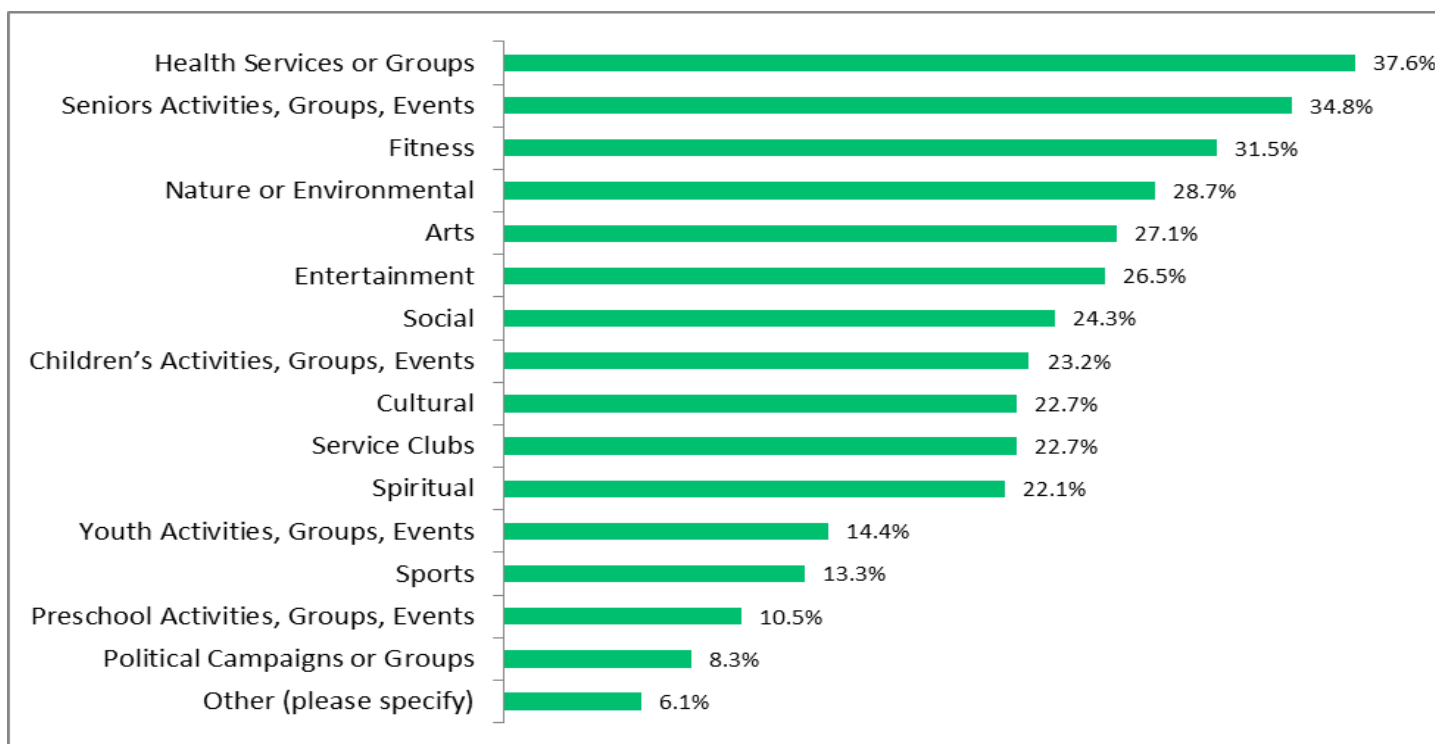


Figure 5 - Desired Volunteer Activities, % of survey responses

## Social

Places of employment are often seen as a place to connect with the community, and important social connections are made there [A]. Employment can be a challenge for guardians who see a lack of affordable childcare options in the area, especially if the cost of childcare is not offset by the income the job would generate [B].

## Organizational

It was clear that there are key employers in each of the different communities within the WCS region. Some examples mentioned were the Virtual High School in Bayfield, greenhouses, and tourism-based businesses in Grand Bend [A]. For the latter, seasonal businesses, staffing can be difficult because of a lack of transportation and housing [B].

## **Community**

While many respondents were happy with the available employment opportunities in the area [A], there were also many who had experienced barriers to obtaining suitable employment [B]. Employment options were found to be seasonal, part-time or contract, often precarious and usually not including vacation or benefits [B]. One survey respondent stated their key priority was to change this by *“stopping contract work and hiring folk’s full time”*. This trend in the type of jobs available makes commuting to other communities and cities common so that people can hold steady employment. Those who do stay in the area report taking multiple jobs to make ends meet [B]. There is a clear need for more full-time, permanent, steady employment in the area [G]. These jobs would also attract recent university and college graduates to the communities, a need that was also reflected in the recently completed Youth Engagement Strategy by the Municipality of South Huron (2019). The need to commute for employment means that transportation is a barrier for those without access to a vehicle [B]. Thus, in the absence of local jobs, there is a need for more affordable transportation options between communities [G].

## **Policy**

For those on social assistance who would like to work there are policy barriers that prevent them from doing so [B]. Also, if a potential job is seen as insecure, there may be fear that at some point, the individual would be without any income.

**Table 2: Strategies to Enhance Connections and Inclusion – Employment**

<b>Strategy</b>	<b>Current Examples</b>	<b>Potential Partners</b>	<b>Socioecological Model</b>
Encourage businesses to take advantage of the fringe workforce (youth and semi-retired) by increasing flexibility and wages.	Shoppers, Sobey's, etc.	Chamber of Commerce	Personal Organizational
Create parent/guardian-friendly workplaces. Advocate for increased access to affordable childcare facilities at municipal, county and provincial levels.	YMCA in Huron Park	United Way, NLCHC after school, Early ON Program, municipalities, county, province	Social, Organizational, Policy
Create awareness of and post to volunteer banks so opportunities and volunteers can easily find each other. Establish network for volunteer co-ordinators.	-I Volunteer Perth/Huron -Lambton Shores Volunteer Page on website	Everyone who has volunteers, Municipalities, Grand Bend Community Foundation	Organizational, Community
Offer transportation between communities which is coordinated with start and end of a workday.	Norfolk County Transportation	Taxis, Community Connections Bus, One Care, LEO, Red Cross, Municipal Transportation System, Businesses	Community Policy
Support Living Wage and educate local employers on Living Wage. Share resources to help develop Living Wage in Lambton.	Perth/Huron Living Wage, Profile living wage employers	Chamber of Commerce, CHC, Municipalities, Lambton County	Organizational Policy
Advocate for the inclusion of employee benefits, vacation and sick pay.	Youth Succeeds Program Experience Succeeds	Partners in Employment, SRPC	Organizational Policy

## Money

Income is sometimes considered the most important SDH as it impacts all areas of life, health and well-being (Mikkonen & Raphael, 2010). Survey and interview respondents were asked about money and for many their income is not seen as enough to consistently make ends meet. Survey respondents were the least pleased with the opportunities to secure more income compared to any other area (Fig. 6). Almost one third of survey respondents (31.6%) reported having difficulty making ends meet (Fig. 7).

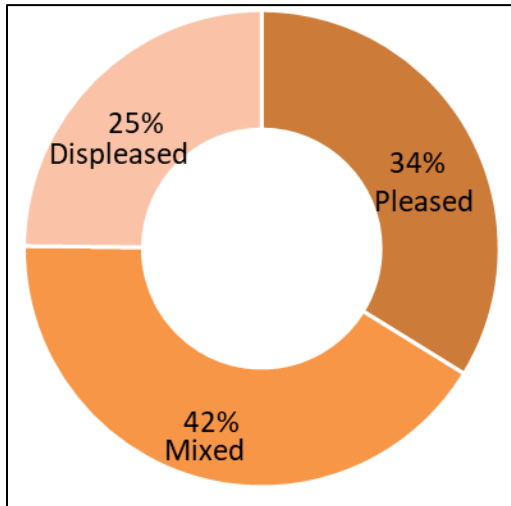


Figure 6 - "How do you feel about your opportunities to secure income?", % of survey responses

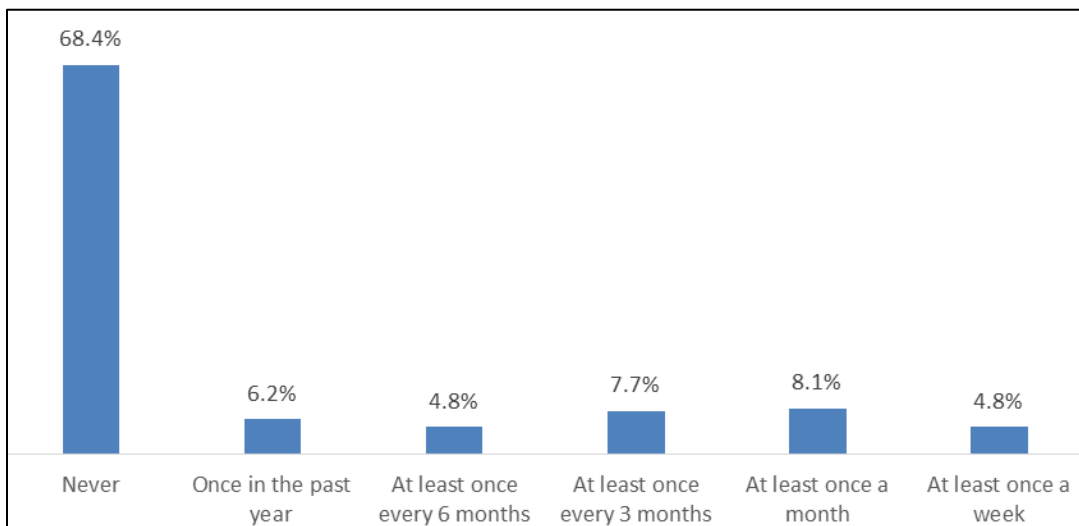


Figure 7 – "How often did you have difficulty making ends meet in the past year?", % of survey responses



Like employment opportunities, the cost of living is variable across the region. This is a concern and is discussed in more detail below. Assets [A], barriers [B] and gaps [G] were captured as follows.

### **Personal**

People are resilient and demonstrated strategies like budgeting, planning and saving in order to ensure financial security and seeking out supplemental income to make ends meet [A]. Though strategies were present, many respondents still lived 'month to month' often stressing about potential unexpected expenses which they did not feel prepared for [B]. For some there was an expressed need for education on financial planning, budgeting and saving [G].

### **Social**

Getting help from friends and family was also discussed as a personal strategy [A], which demonstrates the importance of social capital when dealing with difficult financial times. The high cost of some recreational activities was also considered a barrier to getting connected [B].

### **Organizational**

At times those who were unable to make ends meet were able to turn to more formal outside support such as the local food banks, meal programs or other income assistance [A]. When receiving outside help, some stigma was experienced, creating a barrier to these services [B]. Stigma towards those who access supports such as the food bank or generally towards people living in poverty was identified as an issue that could be addressed with education and advocacy [G].

### **Community**

Respondents spoke to the high cost of basic needs with housing costs taking up a large portion of their monthly budget [B]. The cost of living is seen to be increasing while incomes are not [B]. Transportation costs are high for those maintaining a vehicle and for those seeking transportation services and taxis [B]. A cyclical issue arises where lack of local employment means extra transportation expenses to get to work, and the alternative -no work means no money for transportation [B]. As one survey respondent put it "We need rural busing. Without buses or some other form of transit too many of us are [left without options] and left to wallow in poverty." This is discussed further in the transportation section.

### **Policy**

For those respondents receiving or attempting to obtain government income assistance, there were issues within the system such as paperwork, navigation and access [B].

**Table 3: Strategies to Enhance Connections and Inclusion - Money**

<b>Strategy</b>	<b>Current Examples</b>	<b>Potential Partners</b>	<b>Socioecological Model</b>
Encourage and help support low cost/no cost activities to encourage connections and capacity building.	Community Health Centre Groups, West Huron Care Centre	CHCs, One Care, Lambton Elderly Outreach, Churches, West Huron Care Centre, United Way/Funders	Social Organizational
Provide education sessions on financial planning, budgeting and saving particularly for youth.	Community Income Tax Clinics	Community Volunteer Income Tax Program, Financial Advisors, Libro	Organizational
Expand income advocacy efforts and Community Food Centres to rural communities to enhance food security.	The Local Community Food Centre, Chew On This	Public Health, CHCs, Municipalities, Churches, Citizens for Public Justice, Food Banks	Organizational Community Policy
Increase financially accessible public transportation.	Norfolk County Project	Municipalities, Business sponsors	Organizational Community Policy
Provide transportation between communities coordinated with start and end of a workday.	Norfolk County Project	Taxi's, Community Connections Bus, Municipal Transportation System, Business's	Community Policy
Advocate for flexible social assistance programs and Basic Income Guarantee. Reduce stigma through education and advocacy.	Poverty to Prosperity in Huron, Social Research and Planning Council	Lambton Poverty Network, Governments	Organizational Policy

## Housing

Having a home that is safe, affordable and secure is an important determinant of health (Mikkonen & Raphael, 2010). Across every community in WCS region, there are many different types of housing from rental apartments to bungalows, from trailer communities to retirement homes. Having a place to live in a community is foundational to being connected and is linked to physical and mental health. Both interview and survey respondents discussed their housing experiences and how they relate to inclusion and isolation. Assets [A], barriers [B] and gaps [G] around housing were captured as follows.

### Personal

Half of survey respondents (51%) reported being pleased with opportunities to find suitable housing (Fig. 8). In many cases, people felt 'lucky' to have found a place to live in the area. There were also many people who stated that suitable housing was 'hard' to find [B]. One survey respondent stated that "suitable & affordable housing for singles and seniors is very difficult". Some of the respondents were happy with the housing options in the area and felt they were able to choose the type of housing they needed [A]. This difference was dependent on the desired type of housing, income and community. Affordability, accessibility, suitability and security were aspects that were personally important and celebrated when they were present [A] and felt deeply when they were not [B]. For those who were transitioning between types of housing (e.g. house to apartment), having options available were an asset [A] and having to downsize before feeling ready was reported as a barrier [B]. There is an increased desire among older residents to stay in their homes longer and to stay within the region, in their communities of choice – "Grand Bend is a wonderful community, and we hope that we can stay here as we get older" (survey respondent).

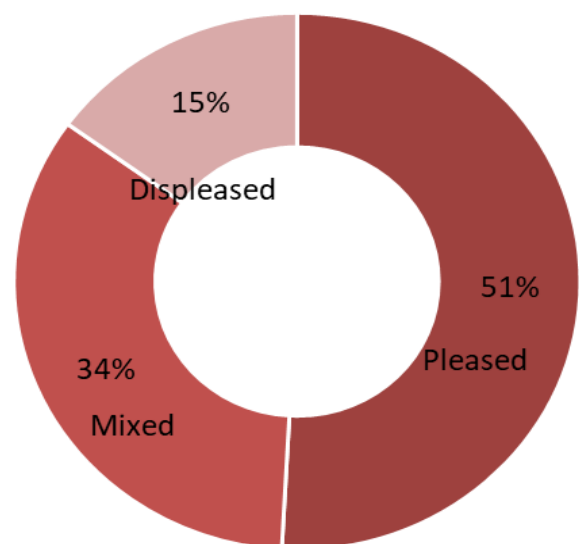


Figure 8 - "How do you feel about opportunities to find suitable housing?", % of Survey Respondents

### Social

Many respondents expressed having a place to live where family close by as an asset [A]. Also living in a tight-knit community with supportive neighbours is a common theme in this area [A].

## **Organizational**

Some were happy with the number of services available close to home while others felt there was a need for more basic services nearby (e.g. grocery stores, gas stations etc.) [A/B]. This was dependent on where they lived and whether they had access to transportation.

## **Community**

For many the proximity to nature, being out of the city or a kind of 'country' living was a benefit to living in this area [A]. However, the high cost of housing and scarcity of options prevents people from moving to and staying in the communities in this area [B]. The nature of some of our communities as seasonal tourist destinations creates issues with availability of year-round rental properties [B]. Renters have reported being 'evicted' for the summer season, so there is a need for more year-round apartments [G]. From both the interviews and surveys, there appears to be an increase in vacation properties being winterized to be full-year homes, and in properties being renovated in order to be fully or partially rented out on services like AirBNB [A].

## **Policy**

Respondents experienced a need for more accessible and affordable options and brought up the lack of low-income and geared-to-income housing [G]. Not having housing available is often spoken of as a rights violation and while there are a few options, they are not enough and waiting lists are long [B/G]. A few interviewees suggested that waiting for housing in some communities meant waiting for someone to leave town or die. Waiting lists are also seen as a barrier for seniors' housing [B], where more is necessary to accommodate the population [G]. New houses being built could be designed with senior living in mind [G].

The 2018 Huron County Homelessness Enumeration found that 100 people experienced homelessness in Huron County during the enumeration period (Huron County, 2018). Mikkonen and Raphael stress the importance of housing in saying that it "...is an absolute necessity for living a healthy life and living in unsafe, unaffordable or insecure housing increases the risk of many health problems." (2010). Suitable housing is a key gap to ensure a healthy community.

**Table 4: Strategies to Enhance Connections and Inclusion - Housing**

<b>Strategy</b>	<b>Current Examples</b>	<b>Potential Partners</b>	<b>Socioecological Model</b>
Emphasize supported living as people stay in their homes longer.	One Care services, Lambton Elderly Outreach	CHCs, One Care, LEO, Churches, West Huron Care Centre	Organization
Increase neighbourhood / community fun days, block parties, open celebrations especially for those who do not have family supports.	Zurich Bean Festival, Turquoise Table	Chambers. Municipality, Associations, Churches	Social Community
Educate on options – seniors housing progression, all housing options, planning from counties and municipalities.	Community Education Session	Business, Chamber, CCAC, CHC, Economic Development	Social
Increasing available, year-round rental properties across the region.	Development in Thedford	County/Municipality	Community Policy
Increase availability transitional and supported housing for seniors, people with disabilities or living with challenges.	Bluewater Rest Home NL Rest Home	County/Municipality, Hub?	Community Policy
*Increase availability of low-cost/affordable, non-profit and geared-to-income housing in resourced communities. Advocate to make building permits condition upon supplying % of units at low-rental or buying cost.	Community Improvement Plan in London to encourage the construction of new affordable housing units.	Master Plans, County Housing, Municipality, GBCF, Developers	Community Policy
Coordinate opportunities for students to assist seniors (e.g. yard care, garbage bins, snow removal, etc).		High School volunteers, CHC, GBC Foundation, Municipality	Social Community
Economic and housing development with focus on needs of changing demographics and community priorities.	Master Plan Official Plans	Official Plan Municipalities/County	Organizational Community Policy

\*The strategy most frequently identified as important during community conversations and CRCC consultations.

## **Life Transition and Changes**

Life transitions and changes can make a big impact on social connectedness and a sense of belonging. Changes may include positive and negative events such as moving, losing a loved one, change in marital status, retirement or job loss, having a child, making new friends or being diagnosed with an illness or disease. Over two thirds of survey respondents (68.6%) reported experiencing a major life change in the past five years. The most frequent life transitions that survey respondents reported going through were the following:

1. Personal illness, injury, or diagnosis (38.1%);
2. Death of a loved one or someone close to you (35.8%);
3. Met new friends (34.7%);
4. Moved (34.1%); or
5. Retired (30.7%).

Overall, the majority of interview respondents had experienced some life transition in the past five years and expressed that there were assets [A], barriers [B] and gaps [G] experienced through those times.

### **Personal**

When going through a life transition or change personal strategies were often used by our respondents; these included getting active, mindfulness, having a sense of humour, connections through shared lived experience and future planning [A]. For many the change experienced resulted in an improved health status [A] while others were left in poor health and are still dealing with that [B]. For those dealing with the grief of losing a partner or parent, it was difficult to find support [B]. Respondents discussed difficulty accepting change, feeling out of place, fear of regret and pride in asking for help [B]. In addition, there were learning curves for moving beyond the change in many situations such as “things to figure out after a death, learning about disorders or disability, learning about being an advocate, legal documentation, as well as how to have hard conversations about death and dying” [B]. Some felt that assistance in maintaining financial security was the key to getting through difficult transitions [G].

### **Social**

Social support networks were key assets for our respondents when going through life transitions and changes. They cited family, friends, churches, spiritual advisors and children as being supportive in many ways (e.g. emotional, financial, transportation) [A]. This included having them close by or having the means to travel to visit them in a time of change [A]. Formal and informal support groups, including online communities, were also helpful [A]. For some, social support was absent, or others were outright unsupportive in the change [B]. There are many caregivers in our communities and taking care of an ill spouse or parent can draw out a lot of physical and mental resources. Caregiver burnout was mentioned frequently by our respondents

[B]. This indicates a need for more caregiver support and respite care in the area [G]. Information about what is happening in the area in terms of social and support groups needs to be more readily available [G] and additional groups added as needed (e.g. head injuries, cancer, caregivers, Alzheimer's etc.).

### **Organizational**

Access to physical and mental health services was important [A] and considered an asset by some. However, perceptions of access to these services differed among respondents with some feeling that social workers and mental health supports are lacking in the area [B] and calling for shorter wait lists, local access and in-home counselling [G]. Strategies used in times of change included getting involved in different organizations in the community, attending free activities and volunteering [A]. Overall, there is a need for help navigating through community supports during life changes [G]. Transition services would utilize the existing supports and help those who have difficulty asking for help themselves [G].

### **Community**

Respondents who had moved homes in the past five years had a positive experience when encountering a welcoming neighbourhood; they felt this was the nature of smaller communities and were happy to have moved [A]. Some respondents had moved from an isolated situation to a more connected housing situation (such as a condominium for older adults) which was beneficial to their overall well-being [A]. While some were satisfied with this transition, others cited insecurity in gaining access to a retirement home or long-term care home when the time came to move there. Young adults who responded felt their new community needed to improve upon services and supports for the younger age group and would have preferred to move elsewhere [B].

### **Policy**

Respondents stressed that advocacy and support is needed for changes which involve finding housing and accessing social supports like Ontario Works and Ontario Disability Support Program systems [G], particularly with paperwork. The desire for a local forum or gathering place to discuss gaps in the community was suggested as a strategy moving forward [G].

**Table 5: Strategies to Enhance Connections and Inclusion – Life Transitions and Changes**

<b>Strategy</b>	<b>Current Examples</b>	<b>Potential Partners</b>	<b>Socioecological Model</b>
Create a culture where everyone feels it is okay to ask for help or to advocate for their needs to be met.	Community Advisors, Making the most of your health care appointment, Smile Campaign	CHCs, CCAC, Primary Care, Community Groups	Personal, Social, Organizational
Create more opportunities to connect with others in supportive programs (including supports for families with infants, children and teens).	CHC's support programs include Parkinsons, Grief, Alzheimers Society etc., Churches	One Care, LEO, Churches, CHC, Early ON, YMCA	Social, Organizational
Include respite and caregiver support within social programs.	Connect the Dots, Huron Respite Network	One Care, LEO, CHCs	Social Organizational
Increase awareness of available groups and services so that they can be accessed when needed (i.e. community calendar).	Navigators, promote 211, Healthline, "I'm a Local" button/pin	CHC, Municipalities, Churches, 211, HealthLine, One Care, LEO, GBCF	Organizational
Increase navigation support for health, recreation, social services, housing, transportation which includes social prescribing.	System Navigators at CHCs, Housing Initiative Connector at NLCHC,	Municipalities, other agencies, foundations, Huron Perth Ontario Health Teams, all primary care.	Organizational
Expand newcomer supports for those moving to the area.	Welcome Wagon in Bayfield and Grand Bend, Community Support Services Network	Municipalities, Churches, CHCs, Service Groups, Realtors	Community
Support service clubs and churches to build upon and promote their community programming.	United Church programs. Rotary club, Lions, Kiwanis	CHCs, Municipalities, Chambers	Organizational
Identify and access services for citizens in transition through the Ontario Health Team development process.	Navigators	CHCs, One Care, Family Health Teams, OHT includes 52 organizations	Organizational Community Policy
Create efficiencies in transition support systems across the region.	Navigators, Community Support Services Network	Ontario Health Teams	Community, Policy



## Health

Health and well-being are things that impact everyone in some way at some point in their lives. Having secure access to care is important to staying physically and mentally healthy. There are many health supports in the WCS communities, and yet at the same time there are many health needs in our communities. Community members getting the health support they need to maintain or improve health was vital to both our survey and interview respondents.

More survey respondents reported having better mental health than physical health – 40.9% reported their mental health as excellent or very good and 36.6% reported physical health as excellent or very good (Fig. 9). Assets [A], barriers [B] and gaps [G] around health and well-being were captured as follows.

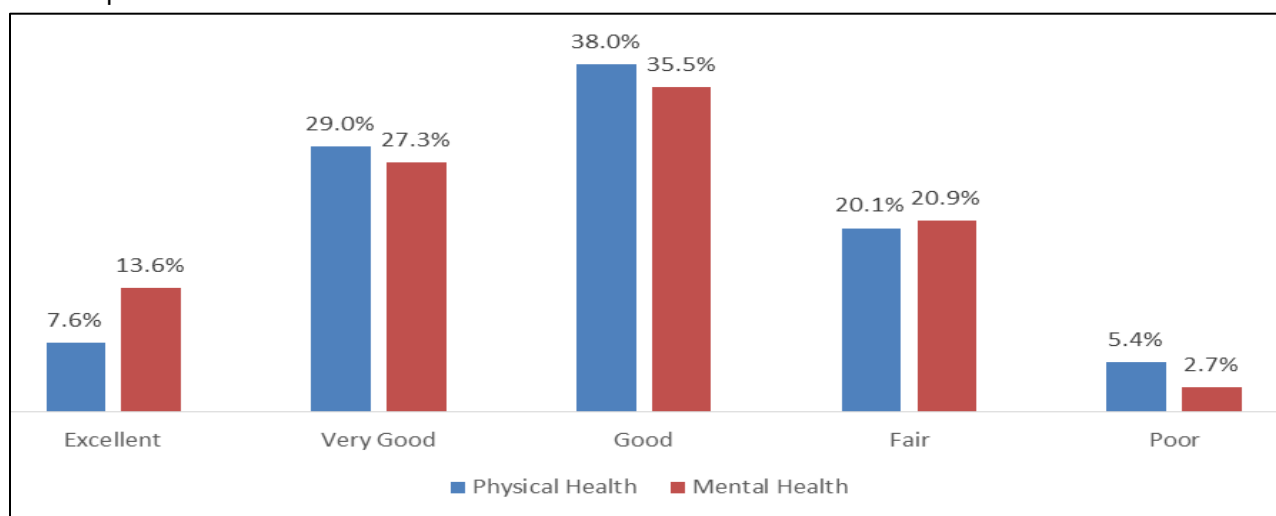


Figure 9 - Self-Reported Health, % of survey responses

## Personal

Many found that physical activity, nature and maintaining a nutritious diet were key steps to taking care of their health [A] but for some this seemed unattainable due to financial, environmental and transportation barriers [B]. Because physical activity is important to health, respondents stated that more options for physical activity are needed in our communities [G]. The most talked about suggestions were an indoor walking track and an indoor swimming pool. It was also mentioned that these should be accessible and affordable [G]. The survey revealed many personal barriers to accessing health care that go beyond the system itself such as fear, stigma, pride, time, transportation, and more [B].

## Social

Good health was linked to social inclusion for the respondents [A]. Health issues often acted as barriers to recreation and social activities [B] and were seen to be related to loneliness and a lack of social connections [B]. This demonstrates a need for strategies that will reduce stigma

towards those living with illness and addictions [G]. It was also suggested that community members with lived experience could be encouraged to support those dealing with illness whether formally through a support group or informally through friendships [G].

Having caregiver support was important to many people [A] and the lack of that support had a negative impact [B]. This speaks to the need for respite care that would allow family and caregivers to participate in groups and events [G]. As we see more people in the 'sandwich generation', those responsible for both their own children and aging parents, this need for respite care will increase [G]. Community Health Centre groups and activities, such as exercise classes, were a way to take care of oneself and socialize with people [A]. Many felt that there should be more classes and groups, especially in Grand Bend [G].

### Organizational

The primary asset that respondents discussed was proximity to health services. Having a doctor and other health services close by and 'in town' as well as being able to get an appointment quickly when needed were celebrated [A]. Many respondents reported having a doctor that they could talk to, who is supportive, professional, who makes referrals to specialists as needed and goes above and beyond in their job [A]. The majority of survey respondents (93.6%) reported having a family doctor or nurse practitioner for their health care needs. Survey respondents were more pleased with their access to physical health services than mental health services (69% vs 50%) (Figs. 10 and 11). Almost 70% of survey respondents reported not wanting to change their current access to healthcare and 7.8% reported being on a waiting list for a healthcare provider.

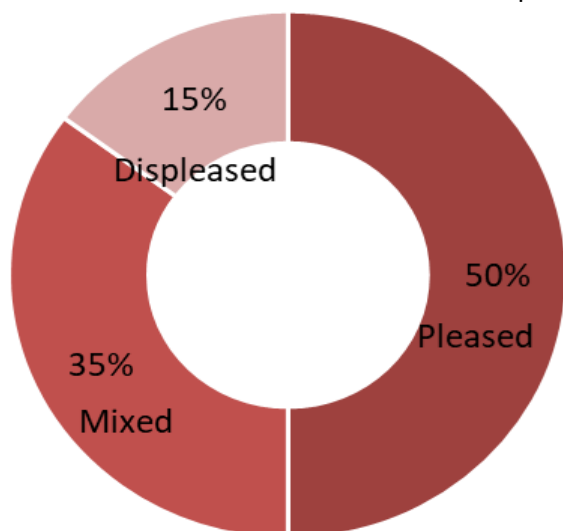


Figure 3 - Access to Mental Health Services, % of Survey Respondents

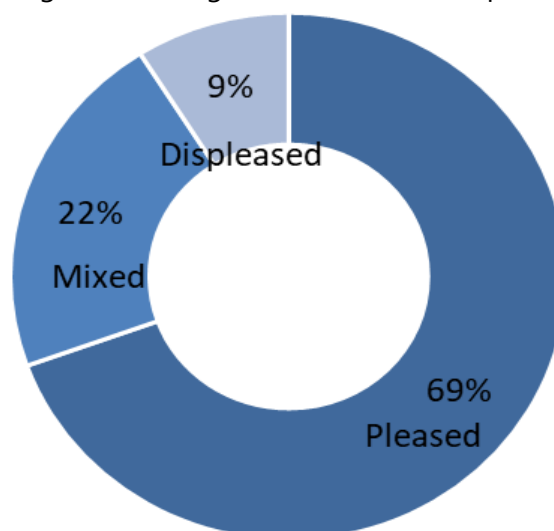


Figure 3 - Access to Physical Health Services, % of Survey Respondents

For those without a local doctor, they experienced a doctor shortage and long wait lists for care [B]. Some without a local doctor were able to travel back to their previous town to see their

doctor. Others without a doctor relied on what they viewed as limited, walk-in hours in various locations [B]. One survey respondent said that “we have moved here but remain unsuccessful in getting a medical practitioner to take new patients”. There is a need for communities to attract more family doctors and other health care services [G].

Similarly for mental health services, there were those who felt their access was adequate and those who felt there was a need for more in WCS region, especially satellite offices for those smaller communities with no regular services [G]. While the local health services were reported as positive overall, it was mentioned that more support is needed for those living with and recovering from disease [G]. Some respondents expressed experiencing a lack of flexibility when accessing health care [B].

Respondents living in Grand Bend and Forest were particularly happy with the services received and available at the Community Health Centres and saw them as hubs for information and services in the community [A]. Health education, often delivered out of the CHCs, was reported as important for many individuals who cited educational opportunities about pain, memory loss and blindness as key assets in their health journey [A].

### **Community**

Finding services was discussed as a barrier where respondents felt a personal responsibility and a need to advocate for their own care [B]. In many communities within the region there is no central hub for health services and this creates the need for more system navigation for those who rely on many different locations to meet their health needs [G].

Access to hospital, walk-in clinic and ambulance services are important. While there were some that felt good about the services in the region [A], there were others that felt they had to go too far. The individuals living in smaller communities without local access were able to get to services in nearby communities and transportation was often a positive experience [A]. The transportation support for those needing to get to medical appointments was good, but there were some gaps in the frequency and timing of transportation services [G].

### **Policy**

Basic needs support is vital to the health of our communities. Many in WCS communities struggle to obtain adequate food and shelter [G]. Additionally, many brought up a concern regarding the cost of many health care services not covered by OHIP, such as optometry, dental, physiotherapy and chiropractic care. These services were seen as expensive [B] and respondents expressed a need for these to be geared-to-income or free [G].

**Table 6: Strategies to Enhance Connections and Inclusion - Health**

<b>Strategy</b>	<b>Current Examples</b>	<b>Potential Partners</b>	<b>Socioecological Model</b>
Increased accessibility and affordability of health activities and facilities.	CHCs have free programs, exercise etc.	Municipalities United Way	Organizational Community
Promote existing programs via preferred mechanisms.	Word of Mouth, Social Media, Online forums	211, Healthline	Social
Create job or volunteer opportunities for caregiver support such as friendly visiting program.	Lonely No More Program, Grocery Buddies in Bayfield, Tel-Check, Powerful Tools for Caregivers, Connect the Dots	Service clubs, Agencies,	Social
Develop a hub where facilities such as shared clinic space, meeting spaces and exercise space are available and accessible to all.	Huron Church. Library Grand Bend Area CHC	Municipality, Churches, libraries	Organizational Community
Develop an Ontario Health Team with integrated, flexible and responsive care across the health sector (includes establishing OHT Ontario Telehealth Network for better access to care).	Huron Perth OHT Lambton Kent OHT	OHT with 53 agencies in Huron, OTN	Organizational Community Policy
Introduce more community and complex care navigators to ensure access to timely care and enhance use of health, social and community resources.	NLCHC Navigator, GBACHC Navigator	OHT, funding	Organizational
Support the implementation of social prescribing.	Pilot across Ontario CHCs	GBACHC, primary care	Organizational
Recruit health care personnel to improve access to care, which takes commitment from the entire community.	Gateway	Municipalities, Foundations, Chambers, Agencies, Health Care	Organizational Community Policy
Expand programs for caregivers such as across the region.	Connect the Dots	CHCs	Organizational Community
Increase awareness of regional, community-based services by the specialists/clinics so they can refer people to them.		Primary Care, Specialists, OHT	Community
Advocate for free or low-cost dental, chiropractic care and physiotherapy. Advocate for benefit coverage for these services and universal pharmacare. Advocate for increased mental health treatment services and mental health promotion services.	Advocacy efforts by CHCs and Alliance for Healthy Communities	Poverty Networks, CHCs, Federal MP, Provincial MPP	Policy
Establish more walk-in clinics throughout our region.	Exeter and Strathroy walk-in clinics, CHCs	OHT partners	Organizational, Policy

## Nature

The communities within the WCS region are known for their natural beauty. For a lot of locals, the landscape is why they settled here and for many tourists this is what draws them here (Fig. 12). There is a lot of value in nature for physical and mental health. While it is not one of the SDH, there are many potential positive and negative health impacts as a result of one's natural environment (Hartig et. al., 2014). Both survey and interview respondents discussed opportunities to participate in nature in the region. Nature assets [A], barriers [B] and gaps [G] were captured as follows.

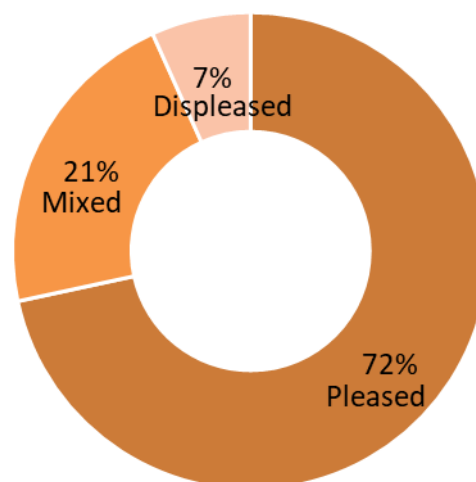


Figure 4 - "How do you feel about your opportunities to participate in nature activities?", % of Survey Respondents

## Personal

Respondents who had moved to the area from elsewhere discussed relaxation and healing related to the natural environment [A]. The respondents were interested in the natural heritage of the region and taking advantage of the benefits to their well-being through watching sunsets, walking, going to a beach, or gardening [A] (Fig. 13). Survey respondents chose time in nature and meditation as some of the most needed spiritual activities in the area [G].

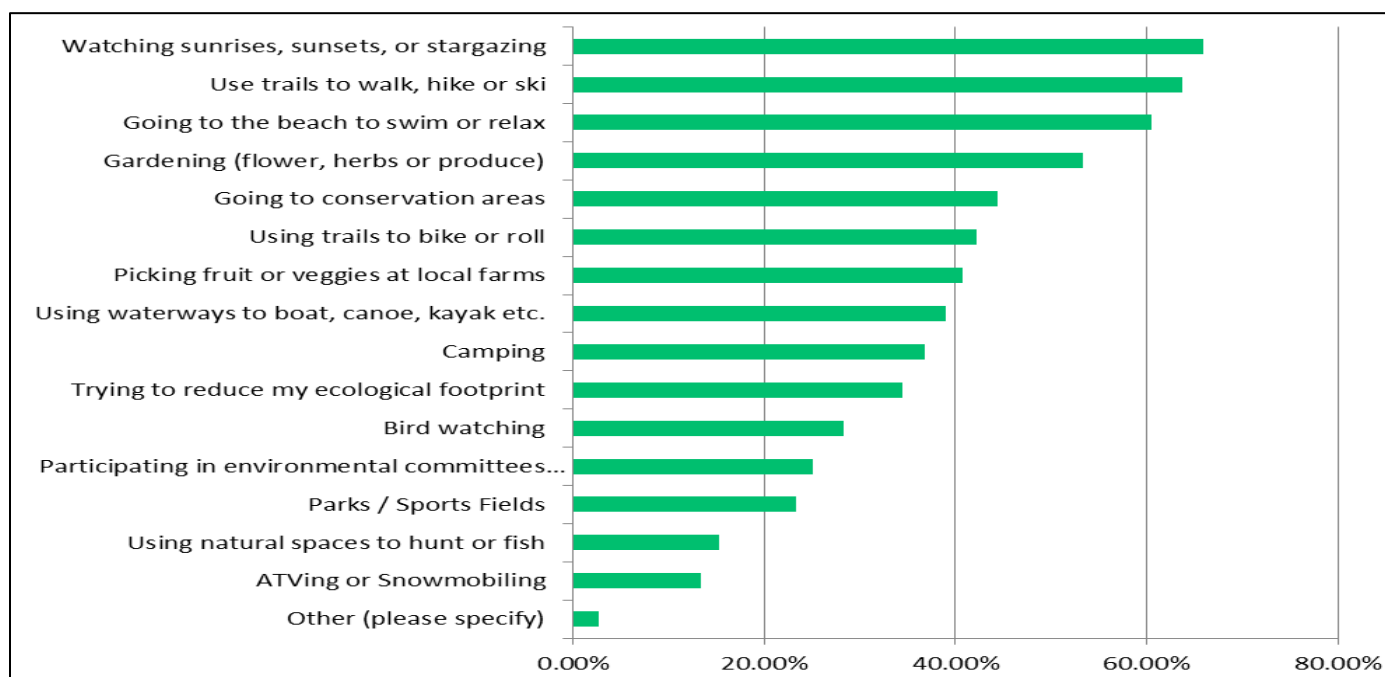


Figure 5 - Nature Activities of Interest, % of survey responses

While many were interested in nature, for some mobility and health issues were significant barriers to enjoying it [B]. There are some options for those with assisted devices and accessibility needs [A] but they are not always seen as enough [B].

### **Social**

There are group nature activities available in the area such as walking and trail groups. People are united by their love of nature [A].

### **Organizational**

Trails, parks and conservation areas are viewed positively because of the spaces they provide for activities like walking, biking and swimming [A]. Many reported enjoying the Pinery Provincial Park; however, it was suggested that the cost of entry is too high for many to afford [B]. One respondent mentioned checking out the less expensive trails [A]. There were some safety concerns such as traffic, lack of shade, ice build-up in the winter and hilly terrain which were identified as barriers to community members enjoying the outdoors [B]. There is a need for more outdoor activities for kids [G].

### **Community**

The water, trees, wildlife and plants were all cited as positive elements of the natural environment in this region [A]. The natural environment provides opportunity for an abundance of activities in both the summer and the winter [A]. Transportation was brought up as a barrier for some to participate in nature activities [B]. Mosquitoes, ticks, caterpillars and poison ivy were also brought up as things that prevent respondents from engaging with nature [B]. For ticks in particular, a few people mentioned the need for education opportunities to learn about them, how to prevent contact, and what to do if you have a bite [G].

### **Policy**

Issues such as invasive species, pollution, climate change and littering were brought up as barriers to enjoying the natural environment [B].

**Table 7: Strategies to Enhance Connections and Inclusion - Nature**

<b>Strategy</b>	<b>Current Examples</b>	<b>Potential Partners</b>	<b>Socioecological Model</b>
Offer more programs related to nature and well-being.	Savannah Strollers Pinery park. Nature Trails walks NLCHC & GBACHC	Lambton Shores Nature Trails committee (LSNT)	Organizational Community
Offer more shared outdoor activities that are relaxing (e.g. walking, picnics, riding bikes or horses).	Move to Mindfulness -CHC	Friends of the Pinery, LSNTC,	Social
Encourage the Pinery to support more free entry passes.	Savannah Strollers	Pinery, LSNTC, Friends of the Pinery	Organizational
Increase support to environmental groups (e.g. conservation authorities, trails associations, etc.).	Lambton Shores Nature Trail Committee	Municipality, Lakeshore Eco Network	Organizational
Support initiatives to increase accessibility to nature.	Grand Bend Beach Mats and Chairs	Chamber, Foundation, Lakeshore Eco Network	Community Policy
Hold education events – ticks, invasive species, forestry, water safety and protection.	Lambton EcoNetwork	Public Health, Municipality, NLNTC, Lakeshore Eco Network	Organizational Community
Ensure communities are safe for active transport.	Share the Road	Public health, municipalities counties, Ministry of Transportation in Ontario (MTO)	Community Policy
Enhance municipal and conservation authority policy to ensure useful park land allocations, maintenance and enhancement of existing natural environments.	Official Plan Climate Change Action Plan	Municipalities, LSNTC, Public Health, Lakeshore Eco Network	Policy
Support programming on conservation and environmental awareness. Advocate for appropriate policies to conserve and restore the natural environment.	Lakeshore Eco Network, Blue Flag Bayfield no plastic, EV plug-ins	Conservation Authority Municipality, LSNTC, Lakeshore Eco Network	Policy Community
Plan beach, village, park clean-up days. Support and foster citizens to be environmental stewards, that is encouraging pride and conservation of local nature resources.	Project Snorkel Team Lead Curtis Onaczyszyn	Volunteers, Service Clubs, Municipalities, Lakeshore EcoNetwork	Community
Plant trees. Establish tree by-laws to protect existing trees and support tree planting.	Lakeshore EcoNetwork, Hensall Streetscape	Municipalities, County	Community Policy

## Recreation & Leisure

Participating in recreation and leisure activities in the community is a great way to get connected and feel a sense of belonging. There are many recreation and leisure activities available in the communities in the WCS region and include something for all ages. Getting connected to an activity or group that is well-suited can be a pathway to social connections. The interview and survey respondents provided a lot of feedback on the recreation and leisure options in the area. Specifically, survey respondents reported being more pleased with volunteer, nature and entertainment activities and least pleased with learning or education, cultural as well as sports activities (Fig. 14). Recreation and leisure assets [A], barriers [B] and gaps [G] were captured as follows.

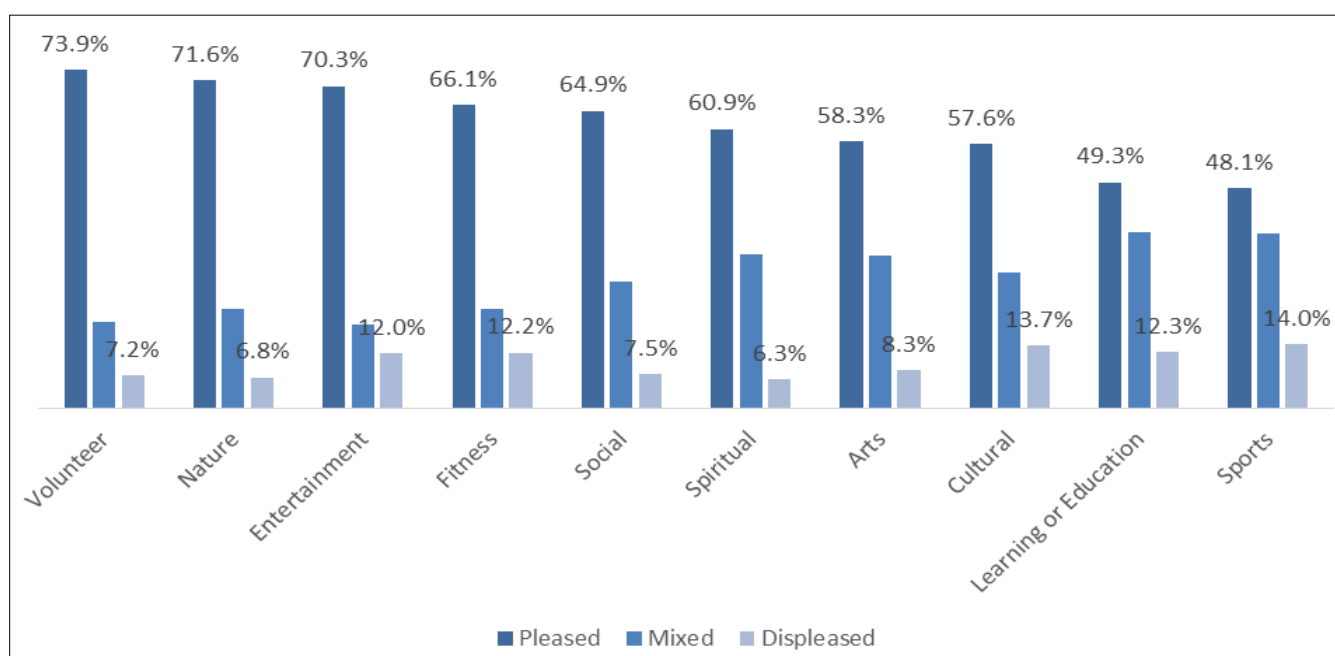


Figure 64 - "How do you feel about these activities?", % of survey responses

## Personal

Activities like gardening, crafts, television and other hobbies are common among respondents. They also enjoyed volunteering for different events and causes; they found that getting involved in the community was personally fulfilling [A]. Many people found that their physical and mental health was improved by participating in recreational activities [A]. Cost and income insecurity were reported as barriers for some activities [B]. Some people say they are just too busy or not interested in the activities offered in the community [B]. For those who have a desire to participate, physical health, mental health, mobility and age may prevent them from taking part [B]. Survey respondents were asked their preferred time of day for activities. They said weekday evenings and mornings were the most desired times. On weekends, morning is preferred.



## Social

Respondents viewed churches, clubs and other community hubs (e.g. libraries, community halls etc.) as places for social connection [A]. Many of these offer shared lunches or dinners, often with educational guest speakers [A]. People tend to use social media or online resources for information about upcoming events and groups or hear about them by word-of-mouth [A] (Fig. 15). While one can find most things online, this is also seen as a barrier for those who do not have access to the internet [B]. Therefore, they feel there needs to be better communication about events and recreation in the area, a central place that everyone has access to [G]. Some communities no longer have a newspaper [B], even though it remains important. Without the newspaper, posters, bulletin boards and churches are relied upon as additional sources of information [A] (Fig. 15). Activities and events need to be shared online and on social media as well as in other formats (i.e. verbally and visually) in order to reach the most people [G].

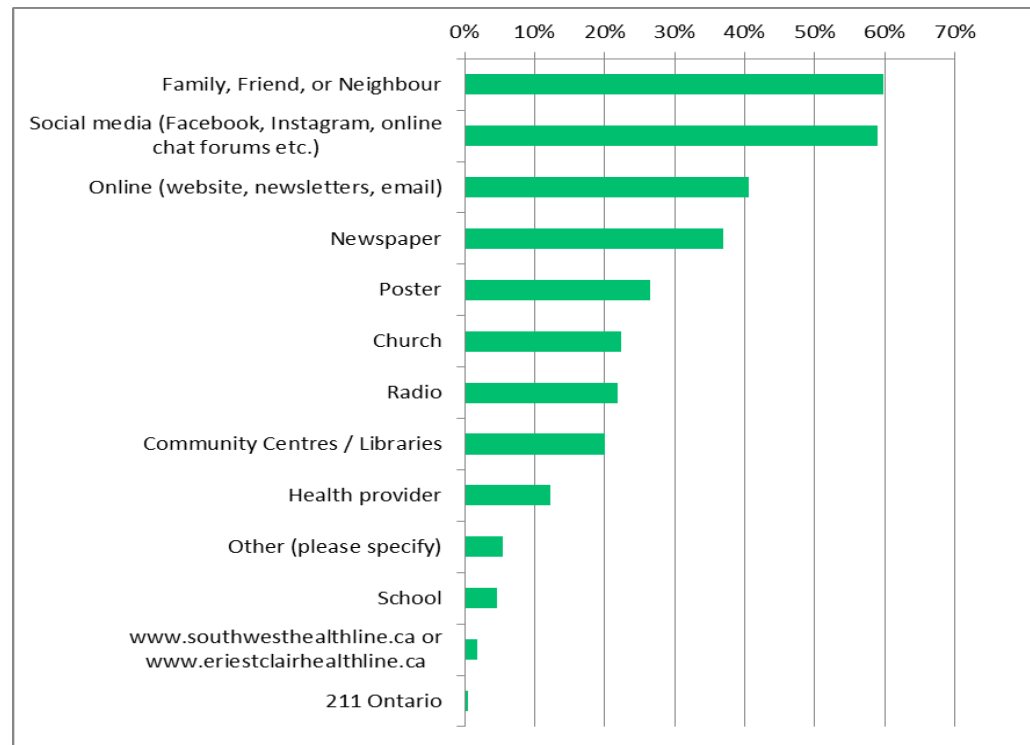
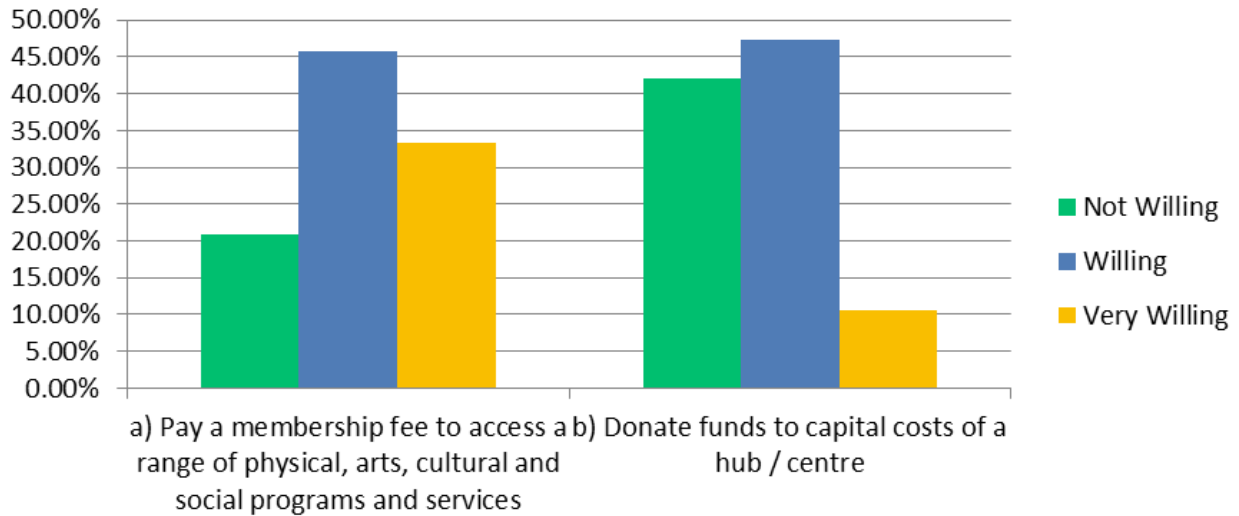


Figure 7 - "How do you usually find out about activities?", % of survey responses

Stigma and lack of inclusion in some recreation spaces were reported as barriers to participation specifically being a single widow/widower at an event designed for couples [B]. Other social barriers include conflicts, bullying and shyness [B].

## Organizational

Many respondents mentioned churches were a community asset for both religious and non-religious activities. In some communities, these have been used as a community hub, open to people of all backgrounds for various programming [A]. Across the WCS region, many respondents (80%) were willing to pay a membership fee for a new community centre or hub, although it may need to be geared to income. Respondents were not as willing to donate to the capital costs of a new hub or centre (~42% not willing) (Fig. 16).



**Figure 8 - "If the community were to develop a multi-generational community centre/hub, would you be willing to support it?", % of survey responses**

Organizations and clubs are a great source of recreation activities. Formal clubs such as the various Royal Canadian Legion Branches, the Probus Club, the Kiwanis Club, the Lions Club, Agricultural Societies and the Golden Agers (to name a few) are active in our communities and were accessed by our respondents [A]. They also got involved in informal clubs which gathered around a shared activity like a book club, sewing club or card game league [A]. Lack of access to childcare or respite care can get in the way of participating [B]. While there are some organizations that offer activities (e.g. One Care Day Program) [A], education and art activities, accessible activities, and entry level workshops are lacking [G]. Survey respondents chose crafting, photography and painting as the most desired art activities in the region [G]. Some respondents used The Huron County Playhouse and area golf courses [A] but not all were able to access these.

Physical activity is an important part of recreation and there are opportunities for fitness classes and walking groups in the area [A]. The GBACHC runs exercise classes. These were often described as being age-friendly and free [A], but also there was a need for more timeslots and space [B]. Many survey respondents noted their interest in walking and hiking as well as group exercise classes which could also indicate the need for more [G] (Fig. 17).

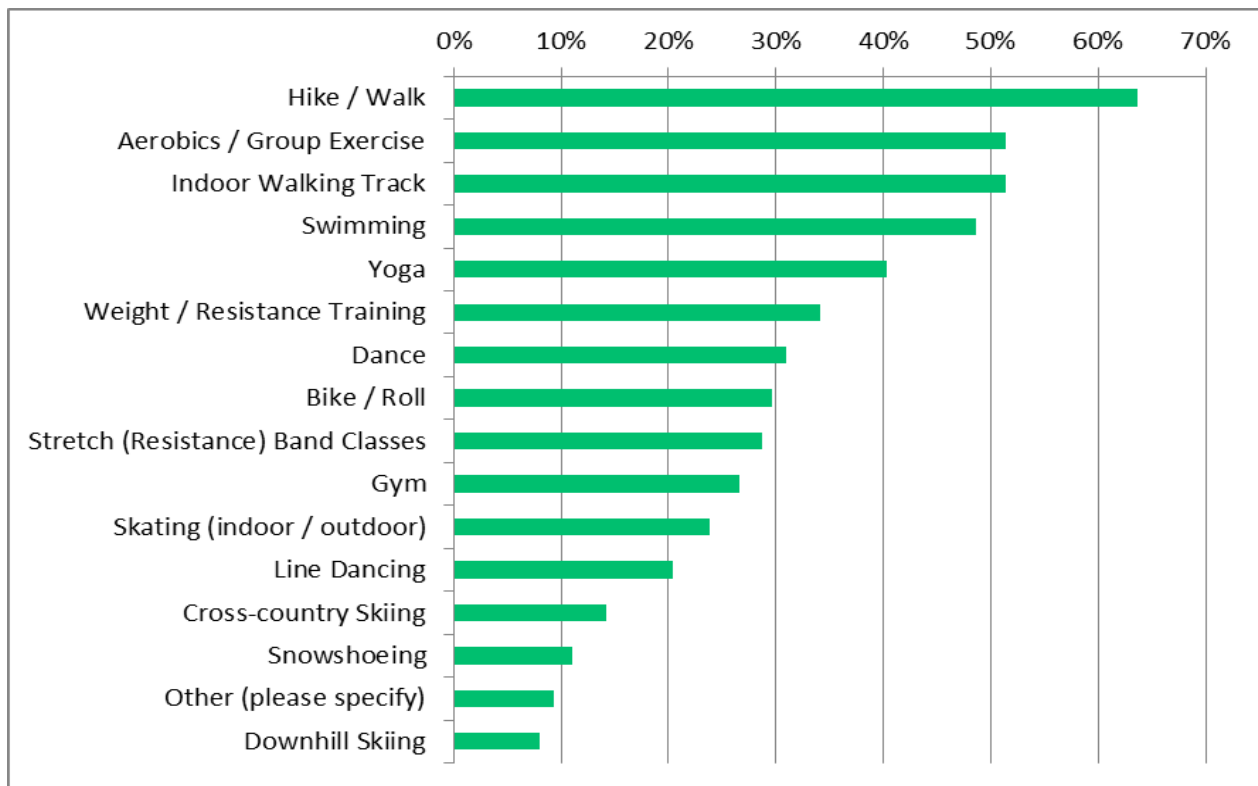


Figure 9 - "What fitness activities would you like to participate in?", % of survey responses

## Community

Town wide events are more prevalent in the summer and neighbourhoods also host events [A]. The concerts on the beach in Grand Bend are an example of a well-known leisure activity [A]. One survey respondent stated that "there are tons of opportunities for programs and support that exist in this community" and clear communication of the existing events and programs is needed as previously stated. From the survey, live music and concerts were listed as the most desired entertainment activity in the region [G]. Some respondents from smaller communities were hoping for more local activities [G]. Youth, young adults and young retirees were age groups that struggle to find recreation activities in the area—this was also reflected in the survey [G]. There is a need for our communities to strategize around becoming 'all age' friendly [G]. Survey respondents indicated a desire for more indoor and outdoor markets and festivals. There was also interest in local heritage, museums and pow wows in the region [G].

Facilities that were discussed included those that provided information such as libraries, health centres and post offices and those that provided recreation such as the arena in Forest, the community centre in Crediton and the Cultural Collective in Exeter [A]. The location of recreation activities is not always convenient, and thus, transportation is important [B]. Suggestions such as ride share, volunteer driver network and a bus to larger communities were frequently mentioned to support participation in recreational activities [G].

Interview and survey respondents identified there were also facilities missing in some communities, such as a community centres, a seniors' centres, indoor pools, outdoor rinks, splash pads (Zurich) [B/G]. Respondents were also generally missing a movie theatre, indoor walking track, meeting spaces, arena and coffee shops close their homes [B/G]. Survey respondents were also asked which activity spaces were most needed in the area (Fig. 18). One respondent specifically stated that they needed "Literally everything because we have nothing in [our] area [for recreation]". The desire for more indoor recreation spaces is linked to the seasonal barrier of winter weather [B], which prevents more activities from happening during that time. Respondents are interested in activities and spaces to get away from the tourist crowds in the summertime [G].

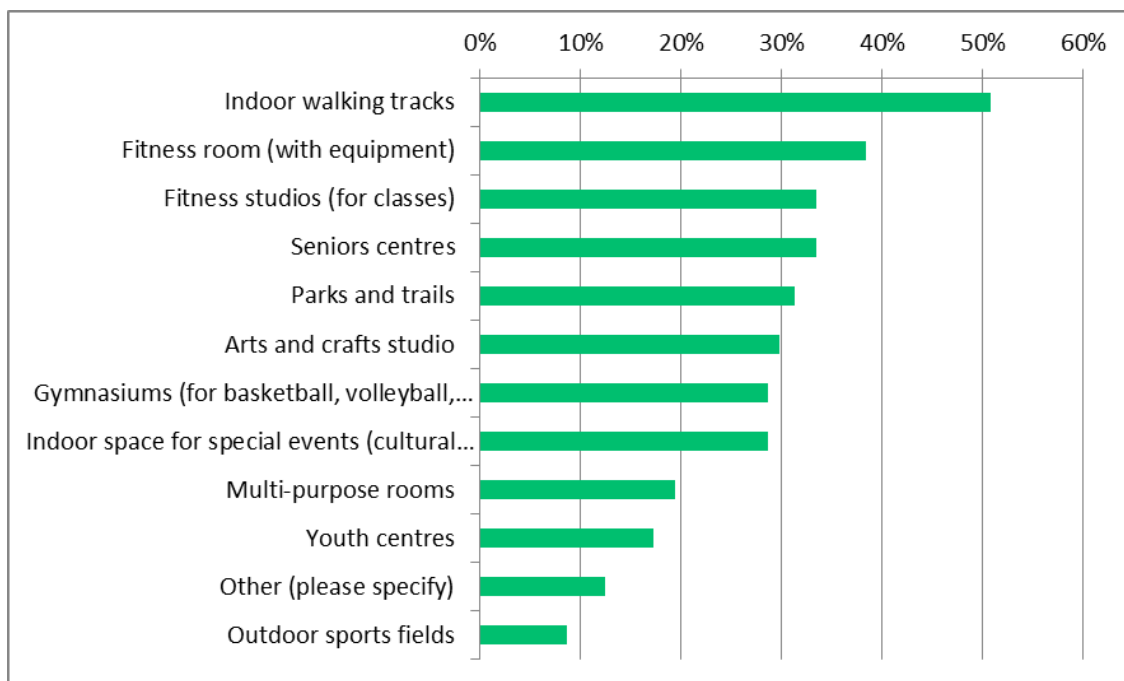


Figure 108 - "What facilities do you feel you need improved access to?", % of survey responses

## Policy

There is a need for consistency in program delivery across the regions, municipalities and health authorities while also remaining responsive to individual community needs [G]

**Table 8: Strategies to Enhance Connections and Inclusion – Recreation & Leisure**

<b>Strategy</b>	<b>Current Examples</b>	<b>Potential Partners</b>	<b>Socioecological Model</b>
Encourage community member to get involved in something they enjoy or is important to them.	Sunset Cinema Grand Bend Sunset Sound Concerts on Beach	Service clubs, Municipalities, Individuals	Personal
Provide various levels of programming considering age, physical and mental capabilities.	Access Ontario – Planning Accessible Events, Enhancing Belonging Guide	Community groups	Organizational
Provide low or no cost, easy to access, stigma-free programs.	CHC, One Care, LEO, library	Community groups, Fundors like UW, GBCF; Churches	Organizational
Encourage invitation by participants, advertising in a variety of formats, and registration that will not isolate.	Leisure Buddies	Volunteer Organizations, Word of Mouth, Social Media, Online formats, Municipalities	Social, Organizational
Design programs to reduce cliques and bullying through training, participant agreements, and program design.	Camps on Tracks	CHCs Churches Community Groups	Social Policy
Expand facilities for exercise, programming, events (4 season).	Walking track in Forest	Local Businesses, Ministry of Health, Tourism , Culture & Recreation, Municipalities	Community Organizational Social
Teach organizations on how to promote events.	Sessions on how to use social media to promote events	Municipalities, Chamber, Foundations	Organizational
Identify shared advertising opportunities – bulletin boards, social media, phone trees.	municipal signage, Free cable advertising Grand Bend Locals FB, Bayfield Breeze	Municipalities Businesses	Social Community
Create options for winter physical activity programming (e.g. indoor walking tracks, drop-in, informal classes).	Indoor museum walking program, One Care walking at local arenas	Museum Municipalities Legions Churches	Organizational Community
Develop and nurture partnerships among municipalities, health care, churches, and other organizations.	Connected Rural Communities Collaborative (CRCC)	All partners Municipalities, CHCs, Lakeshore Eco Network	Community

Expand outdoor music events to more communities.	Sunday nights expand to Wednesday	Sunset Sounds, Businesses, Huron Shores Concert hall	Community
Co-ordinate age-friendly, stigma-free events to include transportation needs, accessibility and community building. Offer more child-friendly, family-friendly activities.	Age Friendly Sarnia Lambton	Health Units, Home4Good	Organizational Community
Advocate for municipalities to consistently provide or support recreational programming at low or no cost.	Free rent or no charge for health-related programs	Public Health, CHC, Service Clubs, Community groups, Municipalities	Policy

## Social Connections

Social connections are very important for feeling a sense of belonging to one's community as well as for people's health and wellbeing (Public Health Agency of Canada, 2016). Social exclusion is a SDH and has been linked to higher rates of certain chronic disease (Mikkonen & Raphael, 2010). The organizations and clubs discussed in the recreation and leisure section of this report were also discussed as places of social connection for many of the respondents. Both interviewees and survey respondents were asked about their social connections and sense of belonging to one's community. The assets [A], barriers [B] and gaps [G] identified are described below.

### Personal

The respondents spoke about personal traits that they felt had helped them achieve social connections like being outgoing, confident and taking charge of their own social life [A]. On the other hand, respondents also mentioned barriers to social connection like a lack of social skills, confidence and motivation, as well as grief, past trauma and mental health issues [B]. There were also physical barriers that had to do with health, mobility and aging [B].

Sense of Belonging is feeling like you are part of something, connected and accepted. More than two thirds (68.4%) of survey respondents reported having a strong or very strong sense of belonging (Fig. 19). Respondents who reported being involved in volunteer opportunities feel a sense of pride in being a part of something bigger [A].

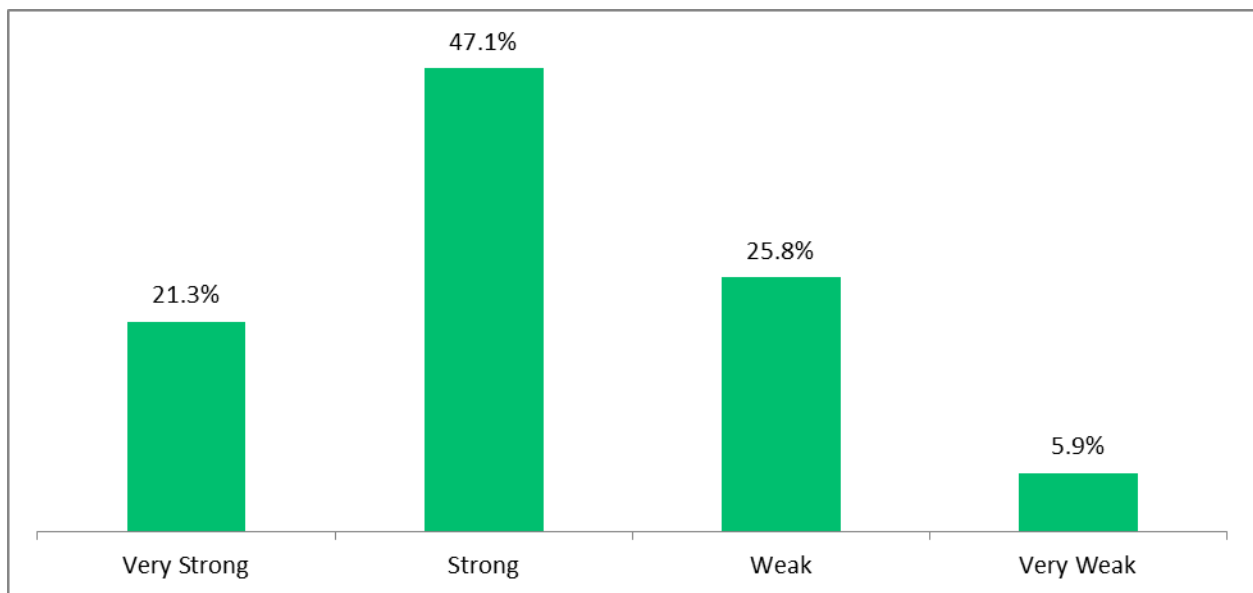


Figure 119 - Sense of Belonging, % of survey responses

Feeling safe and comfortable with social connections is important [A]. For some there was a fear of bullying, stigma and not fitting in that left them feeling unsafe and vulnerable in the social situations they encountered. Over half of survey respondents reported feeling uncomfortable or out of place in their community. One in six survey respondents (16.4%) reported this feeling always or often (Fig. 20). These feelings of discomfort were mostly related to age, income, physical or mental health condition, disability, or weight (Fig. 21).

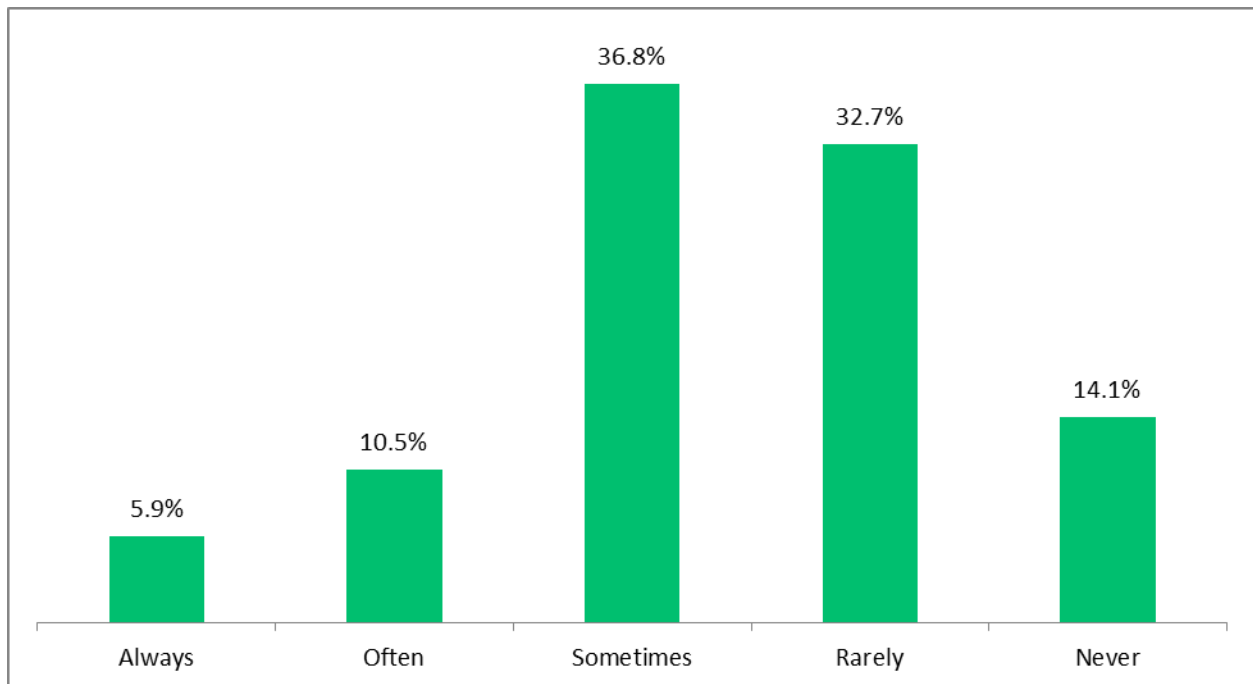


Figure 12 - "How often do you feel uncomfortable or out of place in your community", % of survey responses



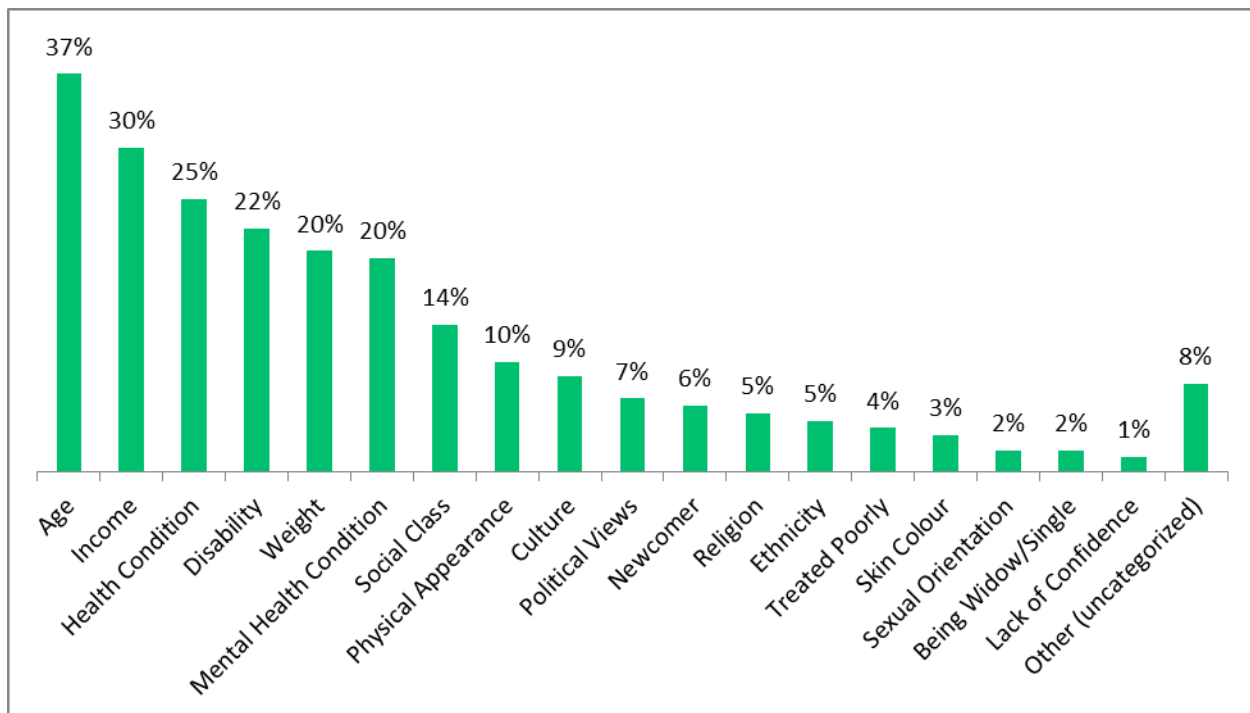


Figure 13 - Factors Related to Feelings of Discomfort, % of survey responses

## Social

Four of five survey respondents (80%) are content with their friends and relationships (Fig. 22). Survey respondents reported being more pleased about their contact and connections with friends (76.4%) than with family (66.4%) and neighbours (56.7%) (Fig. 23). Almost three quarters (74%) of survey respondents reported having enough people they feel comfortable with to ask for help anytime (Fig. 24).

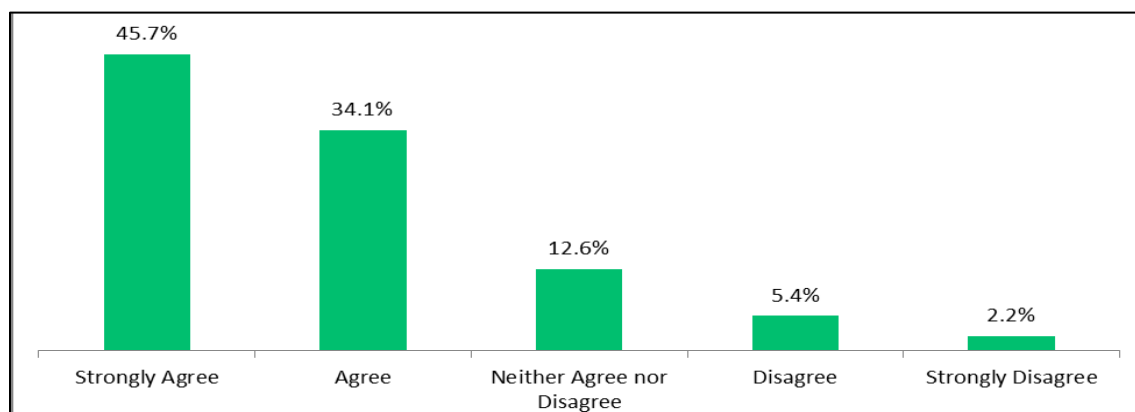
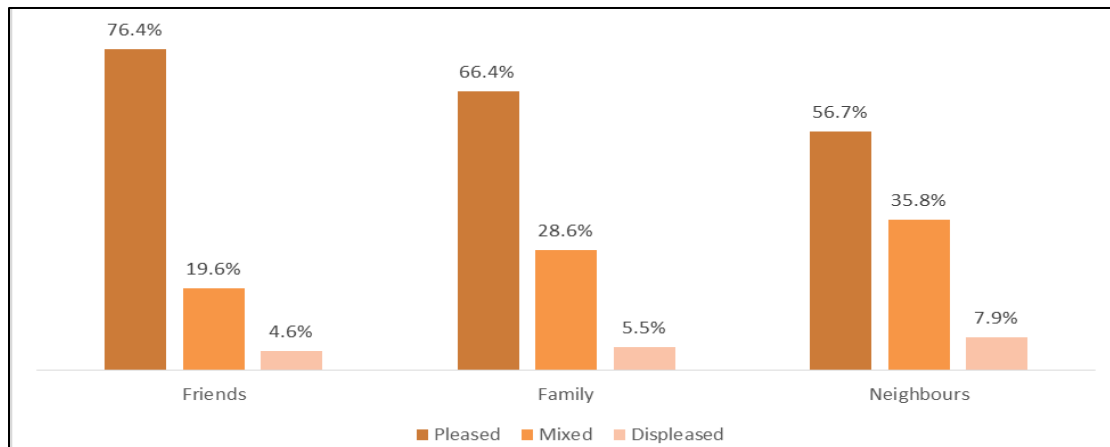
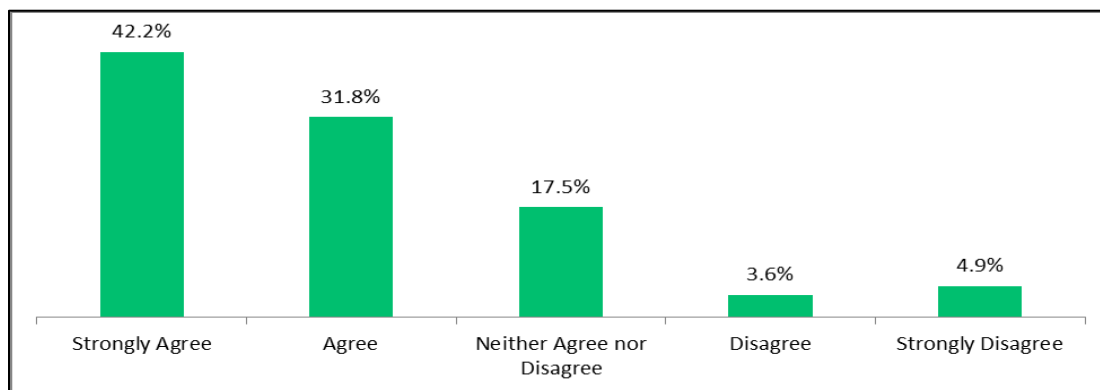


Figure 14 - "Are you content with friendships and relationships?", % of survey responses



**Figure 15 - How do you feel about your contact and connections?", % of survey responses**



**Figure 16 - "I have enough people I feel comfortable with to ask for help any time", % of survey responses**

Respondents reported that having friends and family nearby to visit with was important. When family is not close by to lean on for social support [B], it was helpful to use online resources to connect with them at a distance [A]. Connecting over shared experience and the need for support was common (e.g. widows connect, illness support groups) [A]. In addition to human connection, the companionship of pets was cited frequently as vital in respondents' lives [A].

While the rural communities are known for being welcoming, cliques were still seen as an issue for some [B]. These insider-outsider dynamics could be based on many factors, such as being a newcomer, economic class, housing status and family status. The idea of being a widow surrounded by couples was especially prominent in the data as mentioned previously [B].

Caregiver burnout was discussed frequently as a barrier to social connection [B]. There is a lack of respite and affordable childcare as mentioned previously [G]; therefore, there is a need for more respite and affordable childcare for caregivers and families who would like to participate in activities [G].

A few respondents brought up creative ideas to increase social connections. Some examples included bringing together seniors and youth in shared multigenerational projects [G], more visiting and calling services for those who are isolated, [G] as well as a broader solution of working together more to build social networks.

### **Organizational**

It was recognized that there are services available that can help one get connected like One Care as well as places to connect in the community like churches, the CHCs, libraries and the common rooms of many apartment and condo buildings [A]. Connections were made through volunteering and organizations like Circles and Opening Doors in Forest, the Probus Club in Grand Bend, the Cultural Collective in Exeter, Home4Good in Bayfield, the Lions Clubs and Legions [A]. Clubs are found to be available, but cost and transportation get in the way of participating for many [B]. More free events and clubs could bring people and communities together [G]. There are not always opportunities to be social for all of the different age groups and life stages within the communities, with young adults and early retirees feeling the most 'left out' [B].

### **Community**

There is a sense that social connections in a rural setting are different than other places, that there is a 'small town feel' [A]. The idea of multigenerational friendships came up frequently. People were found to not only help their neighbours of a different age group, but also hang out with them [A]. Survey respondents also listed 'neighbourhood gatherings' and 'hanging out with friends' as the most desired social activities [G]. Many respondents felt that people in the communities are friendly, kind, welcoming, willing to extend an invitation and willing to lend a hand when needed; this was especially true for newcomers [A]. While communication is good, respondents thought that it could be better. There is room for improvement in all communities in getting the word out about social activities through more effective communication channels [G]. What this looks like depends on the community.

More accessible spaces are needed in the communities for people requiring differing levels of accommodation [G]. Several respondents mention winter isolation [B]. Many retirees mentioned going away to Florida for the winter to communities that were very socially active [A], though this becomes more difficult with age [B]. This seasonal exit, combined with weather, results in less going on in the communities during the winter [B]. As with recreation and leisure, there is a need for more social activities in the winter months [G].

Transportation will be discussed in more detail in the next section. Nonetheless, physical isolation occurs due to a lack of transportation, which leads to social isolation for many in the

area [B]. Over half of survey respondents reported feeling isolated at some point in time (Fig. 25). There is a need for more transportation options [G].

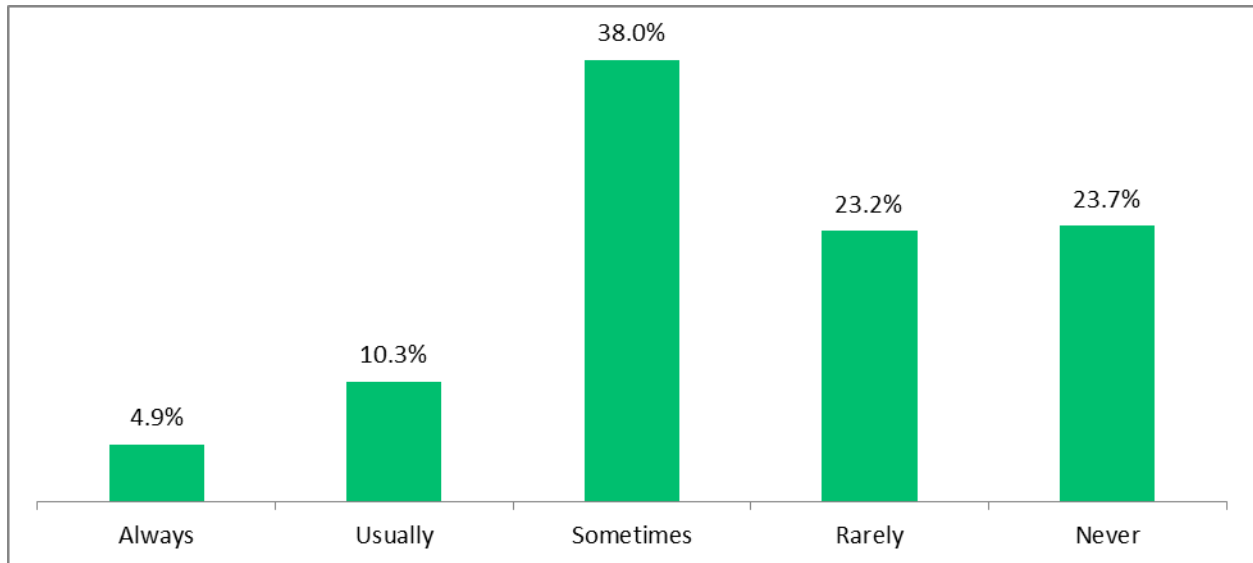


Figure 17 - "Do you ever feel isolated?", % of survey responses

### Policy

More accessible facilities for all bodies and abilities is important for feeling included in the community. Having access to affordable childcare, respite care and transportation are also key. These aspects would help bring people out of their homes and into the community. These may be best achieved through policy means.

**Table 9: Strategies to Enhance Connections and Inclusion – Social Connections**

Strategy	Current Examples	Potential Partners	Socioecological Model
Offer trauma-informed care, services and groups. Provide trauma-informed care training in order to do so.	Lonely No More	Health Units, Probus, CHCs	Personal Organizational Community
Encourage word of mouth (i.e. bring your neighbours, extend an invitation) and use natural networks to get those who are isolated out.	Leisure Buddies, Exercise group as Connectors at GBACHC, Smile Program, Welcome Wagon	Volunteer Organizations, Municipality, Service Clubs, Neighbourhood Associations	Personal Social
Create more inclusive, accessible programs and events led by people who have skills to make people feel more confident, comfortable, included and discourage cliques.	Joy's exercise classes at GBACHC, Minds in Motion at CHC	Everyone, CHCs, Port Franks Coffee Club, Service Clubs	Social
Offer all-inclusive, stigma-free clubs and programs (e.g. age, culture, gender) that are low or no cost. Provide anti-oppression training in order to do so.	CHCs groups, United Church groups, Cultural Collective	Churches, Libraries, Service Clubs, Associations	Social Organizational Community
Consider affordable transportation, childcare and respite for participants in clubs & social gatherings.	NLCHC transportation programs, Minds in Motion at CHC	Community Connector Bus, One Care Bus, High School students to babysit	Organizational Social
Create more programs and opportunities for youth and early retirees to be social and physically active.	Art Program in Grand Bend, Walking Track in Forest, Cooking Camps, Cultural Collective	CHCs, Municipality, Chamber, Service Clubs, Churches	Organizational
Provide educational opportunities to the community on various types of inclusion.	LGBTQ2S education, HSUC Affirming Team, Accessibility Team & Right Relations Group, Human Library	Public Health, CHC, EMS, police, paramedics	Community

Engage 'community connectors' (i.e. people who are active in the community) to help create a culture of inclusion and compassion in the communities.	Tel-Check, Navigators, Maxine as greeter	Foundation, Service Clubs, Municipality, Fitness Instructors, Volunteers	Community Organizational
Advertise and invite on diverse platforms – word of mouth, online (websites, emails, social media), and posters.	Huron Park BBQ	CHC coffee hour, Bayfield Seniors, Diners	Social Organizational
Increase funding to programs that consider transportation, accessibility, and inclusion in location and format.	Transportation Grant	Ministry funded, United Way, GB Foundation	Community Policy
Establish Turquoise Tables (i.e. places to gather to swap ideas, share stories, and encourage one another to love their neighbours.)	Community Dinners	Churches, Service Clubs, CHC	Social, Organizational, Community
Work to break down stigma of drug use. Increase harm reduction activities (i.e. Narcan education and availability).		CHC, OHT, Public Health	
Advocate and obtain funding for shared spaces to hold events – renovate or expand current spaces, combine with other services.		Hub	Organizational, Community

## **Transportation**

Transportation was brought up in many of the other sections as an asset or a barrier to being connected in the community. Many respondents reflected on the vital nature of transportation when living in rural communities. It is an important piece for inclusion and isolation in our communities. The topic is currently being explored by the Huron Shores Transit Committee, who had completed a transportation survey in 2018. Their survey found that 79% of people thought the area needed public transportation and 68% said they would use it at least sometimes. Only 33% of people felt they were able to travel whenever and wherever they needed or wanted to. These findings were echoed in the firsthand experiences and survey results from this project. Our survey and interview respondents also identified many transportation assets in our communities, both formal and informal. These assets [A], barriers [B] and gaps [G] are discussed as follows.

### **Personal**

The most common sentiment from all respondents is that having access to a vehicle and being able to drive is vitally important when living in the region [A]. People felt they were dependent on their vehicle to get out of town, to get groceries and to participate in activities. Some even found themselves sacrificing other necessities (i.e. food, medication, etc.) in order to 'put gas in the car' [B]. This dependence also creates fear about the risk of losing their license to drive because of health or aging in the absence of adequate alternatives [B]. A few respondents also mentioned being bound by personal fears over traffic on the highways and winter weather when considering driving outside of the community [B]. Overall, the high cost of having a vehicle (e.g. ownership, insurance, gas, parking, repairs, etc.) was a huge barrier for those not currently driving [B].

### **Social**

In these communities, in the rural spirit, neighbours and friends drive each other places and carpooling is common especially to "go to town" [A]. There were people who shared gas costs to go to London for appointments and coordinated those appointments so they could go on the same day [B]. An idea was put forward a number of times to create a more formal volunteer driver network or platform to connect for ride sharing [G]. There are services for medical appointments, and this would be especially helpful for social and recreational activities [G].

### **Organizational**

Respondents identified several transportation services, including One Care, Lambton Elderly Outreach, Red Cross and Community Connections Outreach Services as well as Star Taxi service [A]. While these offer great services the level of need in the communities is greater [B]. Some

only offer rides to medical appointments and will only pick up or drop off within a specific geopolitical boundary. Eligibility, availability, time and frequency offered were all brought up by respondents as barriers to accessing ride services in general [B]. There is a need for expanded ride services to include a broader geography and range of destinations [G]. Cost of these services and taxis were also considered out of reach for many [B]. There was a fear that bringing up these issues would result in losing their only option for getting around.

Delivery services such as Shoppers Drug Mart and the Food Bank were mentioned [A] as well as the idea that they be expanded to include grocery stores [G]. The EMS services in the area for emergency transport to the hospital were celebrated by the respondents [A].

### **Community**

There is a need for more affordable and accessible public transportation [B/G]. This need is currently being examined by the Huron Shores Transit Committee. Communities in this region are spread out and because of the rural geography [B], the respondents felt that having shuttles between different communities would help overcome isolation [G]. Some thought the distance to travel for some resources and activities was considered too far [B]. They were able to get by through the various strategies discussed earlier. Additionally, bus trips for recreational activities or to larger centres like London and Sarnia are needed [G].

Many respondents considered the communities they lived in to be moderately safe for active transportation such as biking and walking [A]. Narrow sidewalks, cross walks and intersections, ice in the winter, lack of shade in the summer were some of the barriers mentioned [B]. Respondents specifically thought that Main Street in Grand Bend and the grocery store in Bayfield had walkability issues.

### **Policy**

It was evident that both businesses and the Municipalities need to be involved in order to bring systematic change in transportation [G]. From the safety of the roads, walkways and bike paths to the need for a system wide public transportation solution, looking at broader policy initiatives is necessary [G].



**Table 10: Strategies to Enhance Connections and Inclusion – Transportation**

<b>Strategy</b>	<b>Current Examples</b>	<b>Potential Partners</b>	<b>Socioecological Model</b>
Encourage more programs and services in smaller communities where they do not currently exist.	Hensall/Zurich/Thedford/Port Franks/Dashwood	Community Living, CHCs, Funders, One Care	Community Organizational
Offer subsidized public transportation. Conduct fundraising in order to do so.	West Huron Care Centre, One Care Bus, Red Cross	Municipality, Business, Agencies, One Care, LEO	Community
Encourage, formalize and promote more social driving opportunities (e.g. ride share, bus, taxi share, non-profit ride sharing etc.) provided for events and activities beyond just medical appointments.	West Huron Care Community Connection Grocery Buddies	One Care, Taxis Bend Bus, Volunteers	Personal Social Community
Ensure ride services are offered at appropriate times and that registration and vehicles are accessible and child-friendly.	Sarnia Lambton Transportation Study	Transportation Committee	Organizational
Work together to offer transportation services, utilising existing services and businesses. Expanding the network of locations that community members can access.	Norfolk Transportation, Alliston Project	Chamber, Transit Committee, Taxis Businesses, One Care, LEO, Community Connections	Organizational Community
Expand delivery services for groceries, household items, etc. (e.g. grocery buddies).	Bayfield Grocery Buddies Shoppers drug mart	Grocery stores, Volunteers	Organizational Community
Support municipality-funded transit.	Transportation Project	Municipalities, County, Chamber, Business,	Community Policy
Improve access to stores, events, public buildings and nature trails.	Lambton Shores Accessibility Committee/Municipality	Chamber, Municipality Accessibility Teams	Community Organizational
Advocate for, plan and build safe communities for active transport (e.g. walking and biking).	Rotary Trail in Grand Bend	Municipality, County, MTO	Community Policy

## **Community Conversations**

The experiences of those who were surveyed and interviewed were summarized and potential strategies were identified. In September and October 2019, members from each of the communities were invited back to have a conversation about what we found. Twelve conversations took place. At these meetings we discussed the preliminary findings and strategies, determined gaps and priorities. The goal was to also find out about the current projects and potential partners that have yet to be identified.

The conversations confirmed the issues that were important in each of the communities and brought about ideas for change. Health and Wellbeing, Social Connections, Housing and Transportation were the domains deemed most important affecting inclusion and isolation. The summary of ideas that arose from the community conversations and celebration are in Table 11 and 12. Please note that community conversations may not represent the views of everyone who is isolated as their barriers may not have been identified and overcome. We only paid for transportation support for people to get to the Exeter community conversation.

Table 11: Summary of Discussions at Community Conversation

<b>Town</b>	<b>Priority Areas</b>	<b>Summary of Discussion</b>
Bayfield	Housing, Transportation, Life Transitions and Changes	-Shared Living, seniors housing (i.e. LTC, affordable assisted housing), tiny houses; -Community and democratic engagement; advocacy; sharing via communication and volunteering (i.e. Home 4 Good – ride share and grocery buddies); cultural map; high-speed internet; -Transportation for medical appointments, workers, and visitors.
Zurich	Housing, Health and Wellbeing, Social Connections	-Call community support services, co-ordinated care & navigators; -Right fit to rent to, shared community housing; -Staff shortages for home care, high cost of assisted living and transportation bus; -Community engagement, invite people, don't make assumptions, host 'The Great Disconnect'
Hensall	N/A	-Conducted extra interviews -As per Hensall Streetscape Committee: downtown, dog park, trees
Huron Park	Housing, Social connections, Money	-Spread the word, invite others, library newsletter; -Many empty houses and landlord/tenant concerns; -Safety and protection of self and property;

		<ul style="list-style-type: none"> <li>-Transparency with information, build trust, more community events (ABCA for new event in 2020, annual BBQ with various partners),</li> <li>-Lack of community transportation (to London)—use informal ride sharing (<i>what are they seeking out in London?</i>)</li> <li>-Wholistic collaboration (Lions, Optimists, Cultural Collective, government, citizens, churches, developers, businesses, service organizations)</li> </ul>
Exeter	G1: Housing, Social Connections, Money; G2: Health and Wellbeing, Transportation, Housing	<ul style="list-style-type: none"> <li>-Family doctors, addictions</li> <li>-Active Transportation, ride sharing, shared transportation to other communities including London, expensive parking, affordable transportation</li> <li>-Affordable housing, geared-to-income housing, need more shelter spaces, refurbish building into community housing, safe place to live for everyone!</li> <li>-Democratic engagement re income</li> <li>-Events and activities in the evenings esp for teens (i.e. community kitchens, free dinners, cultural collective); train youth in safe food handling and youth host a bbq as a fundraiser; LGTBQ safe spaces;</li> <li>-Spread the word using word of mouth, flyers, library newsletter</li> </ul>
Grand Bend	G1: N/A	<ul style="list-style-type: none"> <li>-Shortage of PSW for home care, advocate for higher wages, offer courses;</li> <li>-Communications: word of mouth, online, outside bulletin boards, community connectors (i.e. friends of library, friends of McNaughton Park, people help each other), take pictures of successes and share.</li> <li>-Volunteer Network: training, communication, recognition, one point of contact, process to make recommendations, use their interests and strengths, opportunities to change roles, recruitment via current volunteers, share training opportunities.</li> <li>-Address difficulty making ends meet.</li> <li>-More representation from people with addictions, spiritual component, and reconciliation with First Nations.</li> </ul>
Grand Bend	G2: Health and Wellbeing, Social Connections, Housing;	<ul style="list-style-type: none"> <li>-Smaller homes, B&amp;B/Air B&amp;B and seasonal rentals, high condo fees, affordable housing, co-operative housing;</li> <li>-More space for activities and groups</li> <li>-Communication via word of mouth, Lambton Shores email, faith communities and churches, hairdressers, cashiers, etc.</li> <li>-Help, welcome, and invite others; "Ask me I'm a Local" button; Smile campaign;</li> <li>-Advocacy</li> <li>-Inclusion of people from community living</li> </ul>
Grand Bend	G3: Life Transitions,	<ul style="list-style-type: none"> <li>-Awareness and sharing info and resources (i.e. using social media, using system navigator, have employment bulletin board)</li> </ul>

(GBACHC staff)	Social Connections, Health and Wellbeing	<ul style="list-style-type: none"> <li>-Engagement (i.e. listen to clients and their concerns, bring community needs identified via visits to health promoter, report patient isolation)</li> <li>-Facilitate groups and assist with making connections (i.e. walking group, social events, shared meals, book clubs, coffee time)</li> <li>-Ensure income supports (i.e. We Can Help fund, gift cards and beyond).</li> <li>-Arrange transportation for clients and/or make home visits.</li> <li>-Create committee to work with partners (CRCC, internal).</li> </ul>
Thedford	Money/Food Security, Housing, Transportation, Health and Wellbeing, Rec & Leisure	<ul style="list-style-type: none"> <li>-Financial literacy and dealing with debt while earning min or entry-level wage;</li> <li>-Need social services via satellite services (i.e. counselling at church), navigators; make things mobile (i.e. mobile market, mobile navigator clinic);</li> <li>-Integrated social housing, proposal for seniors' apartments;</li> <li>-Hard to "break in" in new community</li> <li>-Make trips to city count (i.e. shopping and treatment)</li> <li>-Connect with youth; address social isolation when young; youth drop-in on Wed; youth helped to get splash pad here.</li> <li>-Build trust; personal invitations via current groups (i.e. seniors' group, firefighters, youth group, etc.); host local gathering/BBQ</li> </ul>
Port Franks	Health and Wellbeing; Social Connections; Rec and Leisure	<ul style="list-style-type: none"> <li>-Awareness and sharing what's available (electronic sign board at community centre, newsletter, what's up Lambton Shores?, Execulink, Lambton Shore email list, church bulletins, websites, facebook, weekly events calendar)</li> <li>-Splash Pad in Port Franks; Swimming Pool in Forest; Free opportunities for youth in Thedford; Join Optimist to have say in events; getting men involved</li> <li>-Support groups, knitting group, shopping service;</li> <li>-Make accommodations</li> <li>-Priority Groups mentioned youth and men</li> </ul>
Forest	Social Connections, Rec & Leisure, Transportation	<ul style="list-style-type: none"> <li>-Judgement-free-zones;</li> <li>-Awareness and communication: family, neighbourhood ambassadors, volunteering, libraries, age-friendly Sarnia Lambton</li> <li>-Family doctors, CHC navigator, education and emotional supports for retirees, fitness class</li> </ul>

**Table 12: Summary of Ideas from Community Celebration**

Synergies or Themes	Comments from Community Celebration – Oct 25, 2019
Personal Invitations (Personal)	<ul style="list-style-type: none"> <li>-Encourage others to attend community events</li> <li>-Invite others.</li> <li>-Invite people to attend!</li> <li>-Personal invitations to programs and setting aside time for the connections</li> <li>-Include people the way that I want other people to include others</li> <li>-Talk to my neighbours</li> <li>-Invite people to join!</li> <li>-Be friendly in meeting others, introducing myself</li> <li>-Be part of the neighbourhood by being a good and welcoming neighbour</li> <li>-Include dedicated question about social connections and inclusion in discharge phone calls placed to patients.</li> <li>-Personal invite and invitations</li> <li>-Make a few calls/visits part of your calendar before an event/meeting.</li> </ul>
Identify and Share Resources (Social)	<ul style="list-style-type: none"> <li>-Continue to communicate what is available BUT groups/organizations need to be proactive in sending information</li> <li>-Connect people to resources and supports – people and organizations</li> <li>-Connect people to people who know what resources and supports are available if I don't know about them</li> <li>-Understand some of the resources available to address social isolation:Tina Buecher, Conestoga College, South Huron Chamber of Commerce BIA - Newsletter and social media</li> <li>-Asset mapping for South Huron project</li> <li>-Send contact info to South Huron Chamber &amp; disseminate info sent to me</li> <li>-Support for information about the findings and activities to be discussed and held</li> <li>-Research community resources – be more aware of what is taking place in the community</li> <li>-Share information about events and activities through social media and word of mouth</li> <li>-Make a point of reading flyers and posts to keep up on what is happening</li> <li>-Identify duplication of services and gaps to minimize exclusion</li> <li>- Provide CSS Cards to all MD – Social Prescribing</li> <li>-Share Info</li> <li>-Get informed as best possible to be a resource to others.</li> <li>-Support existing communication and groups.</li> </ul>
Provide supports; Make participation easy	<ul style="list-style-type: none"> <li>-Work to enhance respite options and resource sharing etc. among respite providers in the County</li> <li>-Work to enhance respite options in Huron County (Caregiver breaks) (Bonnie Baynham, Heather Klopp: CMC – SHSS addiction video)</li> <li>-Make access to programs and services easy and affordable – transportation and nutrition programs.</li> <li>-Remove barriers – transportation and childcare.</li> <li>-Ensure affordable access to recreation/leisure opportunities.</li> <li>-Ensure good mix of low cost/no cost.</li> </ul>

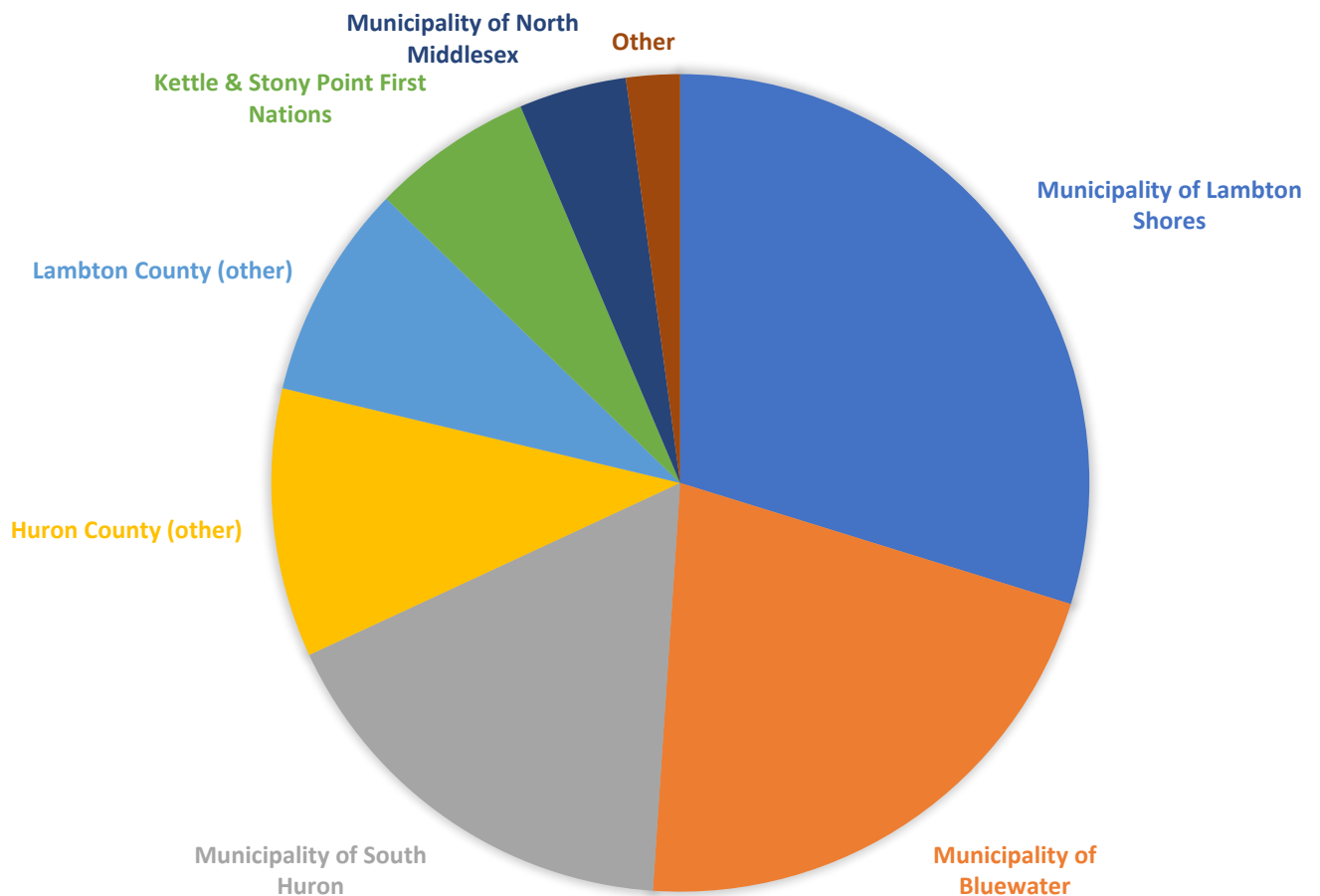
	<ul style="list-style-type: none"> <li>-Create no cost activities.</li> <li>-Help to create a sense of belonging within the community through clubs, committees???</li> </ul>
Partnerships	<ul style="list-style-type: none"> <li>-Participate in committees to alleviate issues – Huron Shores Transit Committee (research, data, and best practices)</li> <li>-Participate and support events by other groups</li> <li>-Attend presentations/workshops such as todays</li> <li>-Partner and participate in existing events/activities</li> <li>-Share work loads and hold partners accountable for next steps</li> <li>-Be open to constructive criticism to ensure silo-style approach is minimized</li> <li>-Support activities as described: provide space, provide resources.</li> <li>-Support partnerships with CHCs</li> <li>-Continue to support community groups and volunteers.</li> <li>-Destination Prosperity to work in partnership with CRCC &amp; GBACHC &amp; Library &amp; HFBDC to support people in Huron Park</li> <li>-Develop partnerships; build relationships not just sport centres</li> <li>-Collaboration especially for introverts</li> <li>-Example of collaboration Library, BIA, Chamber for activity Newsletter</li> </ul>
Lived Experience	<ul style="list-style-type: none"> <li>-Employ effective listening with consumers</li> <li>-Bring persons with lived experience to all discussions regarding services that impact them or that they may want to access</li> <li>-Make sure there is a spot at the table for everyone and their voice is being heard</li> <li>-Those living and lived experience are the experts put them on a panel</li> <li>-Be aware of some of the challenges faced by our community</li> <li>-Continue to support and offer the opportunity to have more conversations to address community needs</li> <li>-Meet people where they are at to engage them and get participation</li> </ul>
Community Engagement Activities & Bringing Community Together	<ul style="list-style-type: none"> <li>-Host events that bring people together to overcome social isolation and foster a sense of belonging</li> <li>-Hold community conversations &amp; BBQ in Huron Park on an annual basis</li> <li>-Hold mini-pop-up block parties in communities more often with music</li> <li>-Do what I know how: expressive arts activities facilitation for recreational, mental health, chronic pain for adults, youth and seniors</li> <li>-I continually experiment with new ideas and activities.</li> <li>-P2P Destination Prosperity – community development project works specifically on women in underserved and socially isolated communities</li> </ul>
Infrastructure, Spaces, Housing	<ul style="list-style-type: none"> <li>-Provide space at no cost.</li> <li>-Proper infrastructure to support outdoor activities e.g. benches on trails</li> <li>-Welcome groups to use our space (Huron Shores United Church)</li> <li>-Create public space for community gatherings and no cost activities</li> <li>-Proper infrastructure for use.</li> <li>-Libraries as a space/place to start</li> <li>-Work with all 3 levels of government to bring more housing options to the region including rent geared-to-income and rent supplements</li> </ul>

	-Look for innovative housing solutions: Can people house sit during the off-season? They have housing and the homeowners can satisfy insurance requirements.
Diversity and Anti-Stigma Approaches	-Offer anti-stigma video and discussion to caregiver groups -Diversity of groups at programs -Breaking Stigma -Use welcoming and inclusive language
Advocacy & Strategies	-Add a voice to the call for action to municipal, provincial and federal governments. -HPHU has a mental health strategy – focus on reducing social isolation/enhancing inclusion.
Economic Stability & Prosperity	-Find out more about becoming a certified living wage employer. -Co-chair of P2P “sense of belonging” is in our mission statement – end to poverty -HPHU soon to be HPPHU health equity mandate working at systems level population-based and remediation – priority populations and where they intersect re SDOH -P2P will be a partner in new United Way led-two-county initiative.

## **Community Asset Mapping**

### **Asset Mapping Survey**

The *Building a Healthy & Connected Community Asset Mapping Survey* was distributed to partners of current and potential partners of the CRCC and GBACHC. The survey was also posted online and shared through social media. Individuals representing 28 organizations had completed the survey, and the results are summarized in this section of the report.



**Figure 26 - Location of respondents**

The organizations that completed this survey represent only a small portion of the whole picture. While the results confirm some of the findings of the community survey and interviews, further investigation would be needed to see data that reflects the whole population of organizations within the WCS region.



The majority of respondents were from Municipality of Lambton Shores, Bluewater and South Huron which aligns with the largest proportion of survey respondents (Fig. 26).

The organizations that responded came from a variety of backgrounds (~19 different categories), from primary and allied health care to local government and business. The organizations also offered a variety of services, events and programming. Respondents were able to choose all of the areas that were applicable to their organisation. The largest percentage of organizations identified as working with seniors, involved in some aspect of health care and running social activities (all at 58%). Half of respondents also worked with children and families and half were involved in volunteering and community service. Other categories are shown in Figure 27. Outside of the options provided on the survey organizations were involved in many other social and community initiatives.

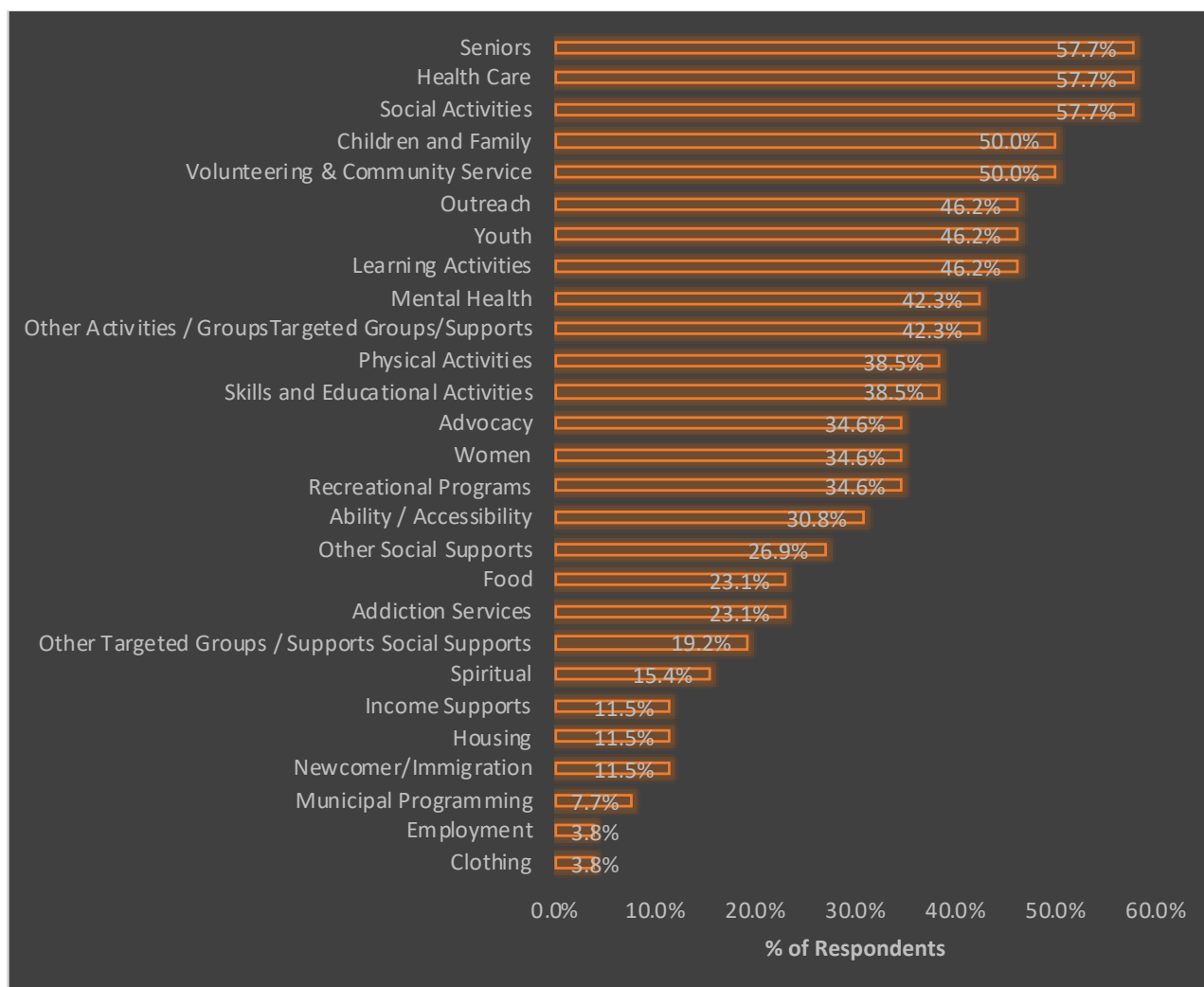
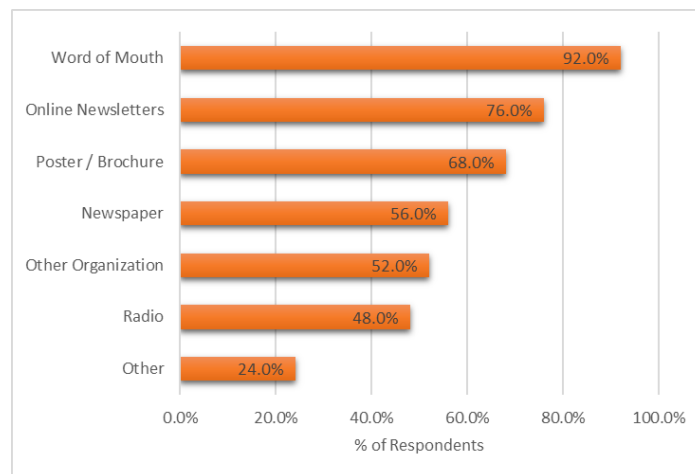


Figure 187 - Programs, services and special events administered by respondents

One of the key findings from the community feedback was communication. In many cases people felt they did not always know about what was going on in their communities. For advertising, most organizations (92%) used a website and many used social media (69%) while Healthline.ca (35%) and 211 Ontario (23%) were used less often. To get the word out to the public about programs, services and events, organizations used word of mouth (92%), online newsletters and e-mail (76%), posters or brochures (68%), newspaper (56%) and other organizations (52%) while less than half of the respondents used the radio (48%) (Fig 28). A few respondents noted specific community events boards, both physical and online as important for advertising.



**Figure 28 - How do you get the word out to the public about services?**

When asked if there were programs, services or events needed in the community 17/19 respondents who answered the question said 'Yes'. The examples listed included a variety of needs, such as transportation, childcare, support groups, physical activity, social groups, mental health care, respite, youth- and senior-focused programming, housing support and additional primary health care options. The concerns expressed by the organizations align with those identified by the community members in the surveys and interviews. When asked why the organizations do not offer these programs, services or events, a lack of funding or resources (81%) was the most common reason. While lack of a plan or support (38%) and lack of space (13%) were an issue for some.

Addressing gaps in the services, programs and events available in the community is important for the growth, health and well-being of our citizens. When asked, over 80% of respondents agreed that there are gaps that need to be addressed. The open-ended answers were similar to the needs of the community mentioned previously. We need more programs and services for all age groups, expanded health services, transportation and housing. Indoor and outdoor recreation and leisure were also mentioned. Support for emergency, crisis and transitory situations and communication about where to find services was also brought up.

Spaces most commonly available to the public were for meetings (73%) and washrooms (63%). Most had no fee associated with their use (67%) and the spaces were usually considered to be

accessible and if not, plans were in place to make them accessible. The most common spaces that were needed included meeting space, counselling space, washrooms and a sleeping area.

Transportation services were only provided by 26% of the respondents which included things like bus, taxi, ride share, accessible vehicles and subsidies. Many organizations did not provide natural spaces to the public but when asked what natural spaces were needed in the communities, outdoor sports facilities, gardens and trails were the most frequently requested.

When asked about the top three things that would be most useful to the community, respondents identified transportation, housing, communication and mental health services. Many partners identified the importance of community cooperation and communication both between organizations and to the public about what is available along with community and social system navigation and support.

### **Interviews and Community Meetings**

Interviews were conducted with 13 key community stakeholders regarding potential assets that could be accessed in order to increase social inclusion and reduce isolation across communities in the WCS region. The interviews identified the following:

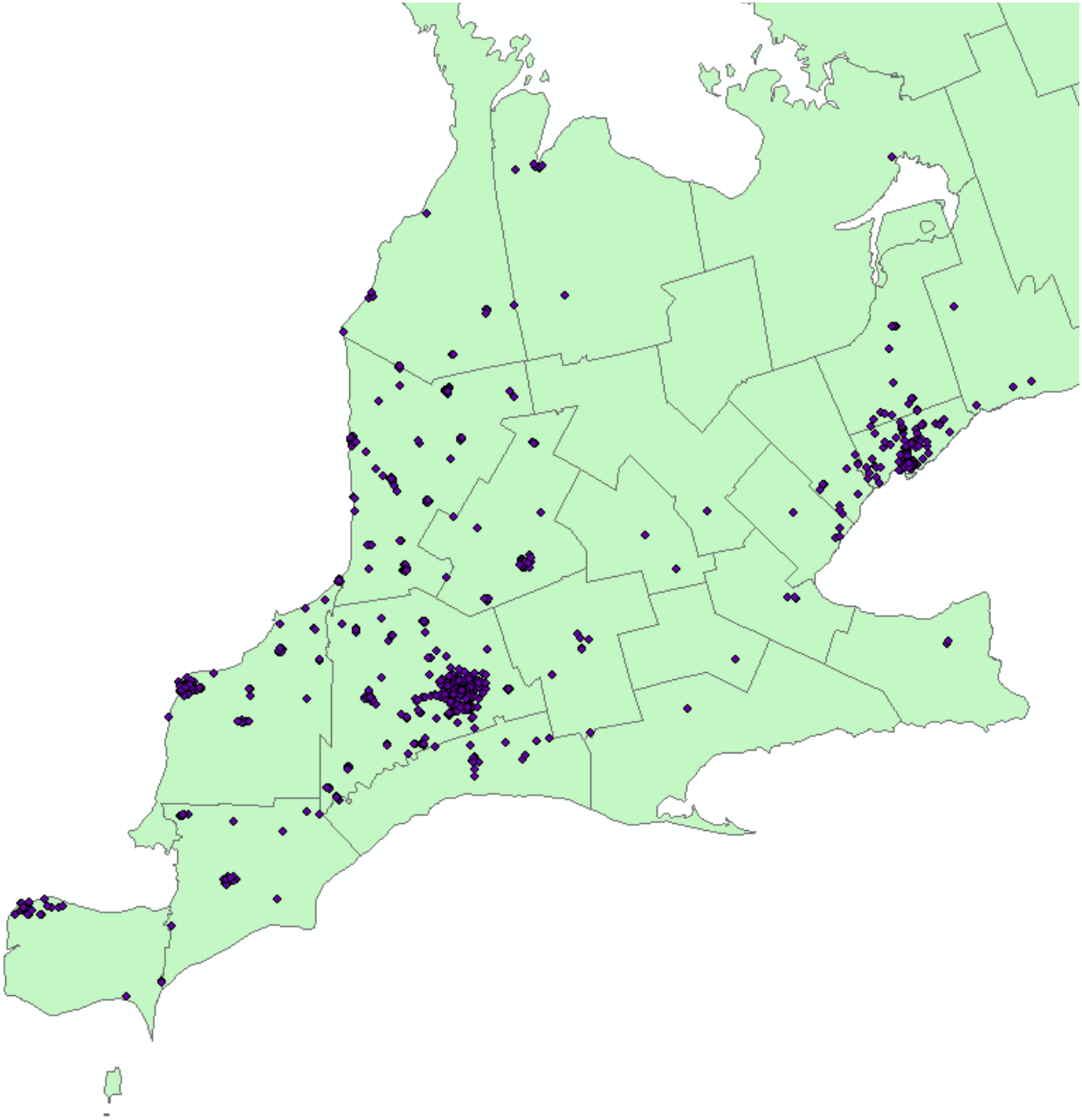
- **Additional Partnerships:** The ability to provide more services and programs requires partnerships between organizations because this is a rural region, and sharing resources, expertise, and facilities helps everyone work for effectively. There is a need for increased capacity for these communities and organizations to share volunteers, program resources and to better communicate with one another.
- **Communications:** Sharing resources and participating in shared decision making and planning requires improved communication channels.
- **Strategies:** Having a cohesive community strategy and vision for strengthening inclusion and reducing isolation will help related initiatives that require resources for both capital expenditure and operational sustainability.
- **Leadership:** The CRCC has the opportunity to provide needed leadership to programs, building projects and environmental initiatives by bringing together a wide variety of expertise, resources, and a subset of already engaged community members.

The project team participated in 25 community meetings during the project period. This participation was to identify available assets, shared priorities and strategies and to promote the participation on the CRCC.

## Asset Inventory

The asset inventory was supported by 211 Ontario and Healthline. The interviews, survey, and community meetings identified a total of 88 partners who service WCS region. The map of the Healthline data is in Figure 29.

Figure 29: Mapping of Healthline Data



There is not a single data source for all community assets. The advertising of programs, activities, services and building assets are either done through individual, word-of-mouth, social media, through organizations and sometimes through shared initiatives such as What's Happening in Exeter Lakeshore Times Advance, Bayfield Community Board and the Lambton Shores Community Events E-Newsletter. Communication is not done in the same way across WCS, and in many cases the type of advertising fits the populations, however there is a need for more clear and effective communication channels.

The resources which were found to often be used by community members to identify activities, services and events are in Table 13. A collective database would be useful to individuals by encouraging participation and engagement but it would also enable partnerships and the sharing of resources.

**Table 13: Resources to Find Community Activities, Services and Events**

Lambton	<a href="https://www.erieclairhealthline.ca/index.aspx?region=SarniaLambton">https://www.erieclairhealthline.ca/index.aspx?region=SarniaLambton</a>
Lambton Shores	<a href="https://calendar.lambtonshores.ca/default/Month">https://calendar.lambtonshores.ca/default/Month</a>
Huron	<a href="https://www.southwesthealthline.ca/index.aspx?region=HuronPerth">https://www.southwesthealthline.ca/index.aspx?region=HuronPerth</a> <a href="https://www.facebook.com/groups/432074070924477/">https://www.facebook.com/groups/432074070924477/</a> <a href="https://www.huronhealthunit.ca/clinics-and-classes/">https://www.huronhealthunit.ca/clinics-and-classes/</a> <a href="https://www.communityconnection.ca/huron-county.news.65.html">https://www.communityconnection.ca/huron-county.news.65.html</a> <a href="https://www.southwesthealthline.ca/pdfs/Huron%20County%20Diversity%20and%20Inclusion%20Resource%20Guide.pdf">https://www.southwesthealthline.ca/pdfs/Huron County Diversity and Inclusion Resource Guide</a>
South Huron	<a href="https://www.exetertoday.ca/submit-an-event/">https://www.exetertoday.ca/submit-an-event/</a> <a href="https://www.exetertoday.ca/exeter-upcoming-events/">https://www.exetertoday.ca/exeter-upcoming-events/</a> <a href="https://www.facebook.com/Exeter-Library-Branch-131719720207061/">https://www.facebook.com/Exeter-Library-Branch-131719720207061/</a> <a href="http://www.exeterunitedchurch.com/calendar.html">http://www.exeterunitedchurch.com/calendar.html</a>
Bluewater	<a href="https://hay.net/community/">https://hay.net/community/</a> Bayfield Breeze <a href="https://www.facebook.com/whccbwrh/">https://www.facebook.com/whccbwrh/</a> <a href="https://www.facebook.com/Hensallstreetscape/">https://www.facebook.com/Hensallstreetscape/</a> <a href="https://www.facebook.com/Hensall-Ontario-789768911157569/">https://www.facebook.com/Hensall-Ontario-789768911157569/</a> <a href="https://www.municipalityofbluewater.ca/Public/Community-Calendar">https://www.municipalityofbluewater.ca/Public/Community-Calendar</a>
Interesting Resource	<a href="https://theconnectioncoach.org/new-products/different-cultures-common-ground">https://theconnectioncoach.org/new-products/different-cultures-common-ground</a>

## **Partnership Development**

Partnership development was an ongoing part of this project . There were 21 specific consultations with key organizations and individuals in the community. Project staff led these discussions and included senior management of the GBACHC and/or CRCC members.

WCS is an active region with many community initiatives going on, throughout the course of this project partnerships were developed with these other initiatives including the following:

- Huron Public Library – Libraries Transforming Communities Project and Community Information Hub
- South Huron Recreation – Youth Engagement Project
- Poverty to Prosperity, Huron Public Health Unit and New Outlook in Huron Park
- United Way Huron Perth – How Much is Enough, Photo Voice Project
- Lambton Public Health – Community Development for Lambton North
- Caregiver Support Huron Perth – Connect the Dots
- South Western Ontario Local Health Integration Network – Sub Region Integration Table
- Huron Perth Area Ontario Health Team – Application to Ministry of Health and Long Term Care
- Huron Shores United Church – Community Outreach Initiatives
- Grandpa Jimmy’s Bakery and Café – Don’t be Alone on Christmas Morning (2018)
- Gateway – Lonely No More
- Cultural Collective

By the end of the project, seven new partners indicated interest in participating on CRCC.

## **Recommendations and Conclusions**

This section identifies what we learned overall from the project, the next steps regarding how we plan to use what we learned from this project, and some lessons regarding what we would do differently. The strategy tables found in each of the above sections have also been shared with community stakeholders at meetings and at a final celebration which was held October 25<sup>th</sup>. Many expressed interest in following up on these strategies as they fit their organizational mandates.

### **What did we learn from this project?**

The overall themes that affect inclusion and isolation have been identified as the following: access to basic needs; navigation, communication and awareness related to social, recreation and health care resources; as well as more compassionate interactions and welcoming, accessible spaces. The overarching themes from the data are identified in Table 14. The data align with Maslow's hierarchy of needs whereby people need to fulfill their physiological and safety needs before they can attend to needs higher up on the hierarchy (e.g. belonging, esteem and self-actualization) (McLeod, 2018).

The data collected from the surveys, interviews and community conversations as described above were summarized into a handout, infographic and presentation for the CRCC community celebration. All the of information that was gathered was used to develop strategies that will ultimately contribute to reducing social isolation and strengthening social inclusion and connections. As strategies were brainstormed, current examples and potentials partnerships were identified.

**Table 14: Themes from Data**

<b>Themes</b>	<b>Details</b>
Basic Needs	Income, food, housing, transportation, and safety
Navigation for Social, Rec. and Health Care	Family doctors, health care and community navigation, home care supports; Communication and awareness: knowing what's happening, informed community connectors, and high-speed internet.
Compassion	Judgement free zones, 2SLGTBQ+ positive spaces, accommodations, welcoming and inclusive environments, building trust
Priority Groups	People with addictions or disabilities, Indigenous Peoples, Youth, Young Retirees, and Men

**Next Steps: How do we plan to use what we learned from this project?**

As a result of gathering, sharing and discussing the data at community meetings, we refined the short- and long-term strategies to reduce isolation and strengthen inclusion. We will work with identified partners and obtain needed resources to implement the strategies. The overall short- and long-term strategies to strengthen inclusion, connections and reduce social isolation for community members are listed in the Tables 15 and 16.

**Table 15: Short-Term Strategies**

<b>Short-Term Strategies</b>	<b>Partners</b>
√Arranged to have Social Research Planning Council present their findings at the community celebration event.	Social Research and Planning Council (2019): "how much is enough" report and photovoice exhibit.
√Participated in "Chew On This" campaign to advocate for federal action to reduce poverty.	Poverty to Prosperity in Huron, Citizens for Social Justice, GEMs, Foodland, Beer Store, GBACHC, Exeter United Church, CHMA Exeter
√Invited partners and provided input into transportation feasibility study at meeting in Oct 2019.	Meetings with Service Groups, Businesses, Health Care, Education, Municipalities
√Establish Street to Feet group in Exeter to address housing and homelessness.	Churches, CMHA Middlesex Exeter, Huron County Food Bank, Huron Women's Shelter, Choices for Change, United Way, Big Brothers Big Sisters, Huron County Housing, Huron County Library, AMDSB, Municipality South Huron, Noah's Ark, community members, Poverty to Prosperity
-Establish and use communication mechanisms among partners to promote community services and activities.	Ex: Newsletter with support from BIA, Chamber of Commerce, Municipality of South Huron, Huron County Library, churches, etc.
-Expand neighbourhood gatherings (i.e. BBQs).	Huron Park partners, GBACHC Municipality of Lambton Shores, others
-Host Vital Conversations workshop in 2020.	Grand Bend Community Foundation and RBC funding, Volunteer Groups, Community Service Clubs and organizations
-Host community information event on health care supports, long-term care and retirement options.	GBACHC, CCAC, One Care, etc.
-Add inclusion and isolation to agenda and actions of Transdisciplinary Collaboration Committee.	-GBACHC staff



**Table 16: Long-Term Strategies**

<b>Long-Term Strategies</b>	<b>Partners</b>
-Develop and disseminate asset mapping resource.	-211, Healthline, Age-Friendly Lambton, Funder
-Implement Social Prescribing.	-Staff at GBACHC, Service Providers in WCS, and Community Connectors
-Increase navigation support for health, recreation and social activities and services.	-Funder, Municipalities, Health and Recreation partners (i.e. YMCA)
-Train volunteers to establish buddy systems and “Ask Me: I’m a Connector”.	-Volunteer Organizations, Working Group
-Plan and implement a local poverty reduction strategy. -Continue to advocate for provincial and federal action to end poverty.	-Social Research and Planning Council and Poverty to Prosperity in Huron County -Poverty to Prosperity in Huron: Advocacy Working Group and P2P partners -Lambton Poverty Network
-Support compassionate interactions and create welcoming, accessible spaces.	-Rainbow Community of Practice in Lambton; -Huron County LGBTQ2S+ Network; GBACHC, -Huron Shores United Church -Accessibility Committees
-Bring more affordable housing options through innovative solutions.	-Lori in Lambton, Erin in Huron, Street to Feet
-Increase awareness, status of and partnerships within the CRCC as a community animator and leader (i.e. ABCD).	-CRCC, new partnerships, engaged citizens, municipal leaders.

**Lessons: What would we do differently? Why?****Survey**

In the future, the survey would benefit from refinement with fewer questions and more streamlined flow. There was a drop off part way through the online survey which indicates that a shorter survey would have had a better response rate. The open-ended questions gave people chance to speak freely but were frequently left blank. The same questions were asked in the interviews, and thus could be removed from the survey.

**Interviews**

By using Participatory Action Research method, we may have had more interview participation. We could have trained and involved more CRCC members to do interviews which would have allow higher number to be completed. It was necessary and helpful to have a summer student

who had experience in doing qualitative research. She had access to qualitative research methodology and analysis tools.

We handed out 47 invitations for study participants to invite other people to be interviewed as part of RDS. From those invitations, we had four interviews and one survey completed (~10% response rate). We needed more time for the participant generated response to take effect but would revisit this recruitment method again in the future.

### **Photovoice**

The photovoice project: “How Much Is Enough?” completed by Perth Huron United Way provided an effective visual of the issues. We need to consider using photovoice as a means of tracking successes and achievements toward increased inclusion and reduced isolation. This method may also be more accessible to participants who are not able to fill out a survey or conduct an interview.

### **Community Conversations**

Some community conversations were more well attended than others. The ones with more attendees were in communities where there were pre-existing trust and partnerships that were fostered over the course of this project. For example, the conversation and BBQ in Huron Park was successful due to having several partners (i.e. New Outlook, Huron Food Bank Distribution Centre, Destination Prosperity, Huron County Library, and Fire Department) and using several methods of advertising (e.g. word of mouth or personal invitations, Facebook, posters in the community and roadway signage).

We will continue to identify partners and evaluate relationships in the geographic areas where attendance was lower and continue to work on fostering more trust and partnerships in all the participating communities. The use of the asset-based community development (ABCD) model will help with this process (Tamarack Institute).

### **Asset Mapping**

There are many services, buildings, events and organizations providing the people in the WCS region with opportunities. While there are sources like Healthline, 211 Ontario, and Age-Friendly Lambton that cover a broad geographic area, these do not capture all of the activities in our communities. Some smaller communities have come up with ways to communicate what is available, but it is also not comprehensive. In the future, there is a need for a repository of formal and informal community assets across communities. A working group would need to be developed within the CRCC to determine the scope, content and sustainability plan for

maintaining such a database. This is a potential future direction, but it requires clear definitions, goals and partnerships in order to be feasible.

## **Conclusions**

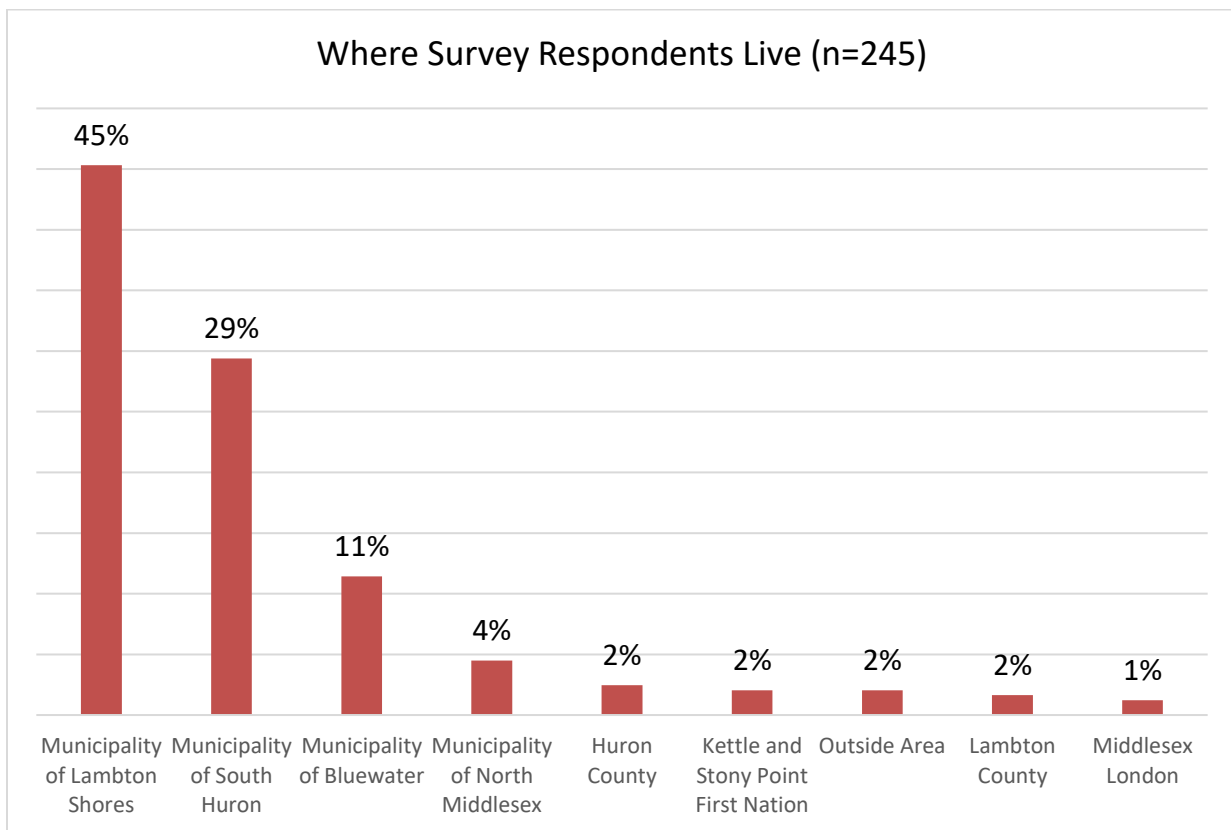
Social inclusion is vital to the health of communities in the WCS region and reducing isolation should be at the forefront of our organizational mandates. The community members engaged during this project represented varying levels of participation and a broad spectrum of life experience. The common themes under each of the priority areas have been presented to community stakeholders with plans for taking the information to action. For the CRCC there is a need to build on the momentum of this project by continuing to foster partnerships and co-ordinated action on these strategies while ensuring the voices and ethical involvement of people experiencing the issues.

## Appendix 1 - Demographics

### Survey Respondents

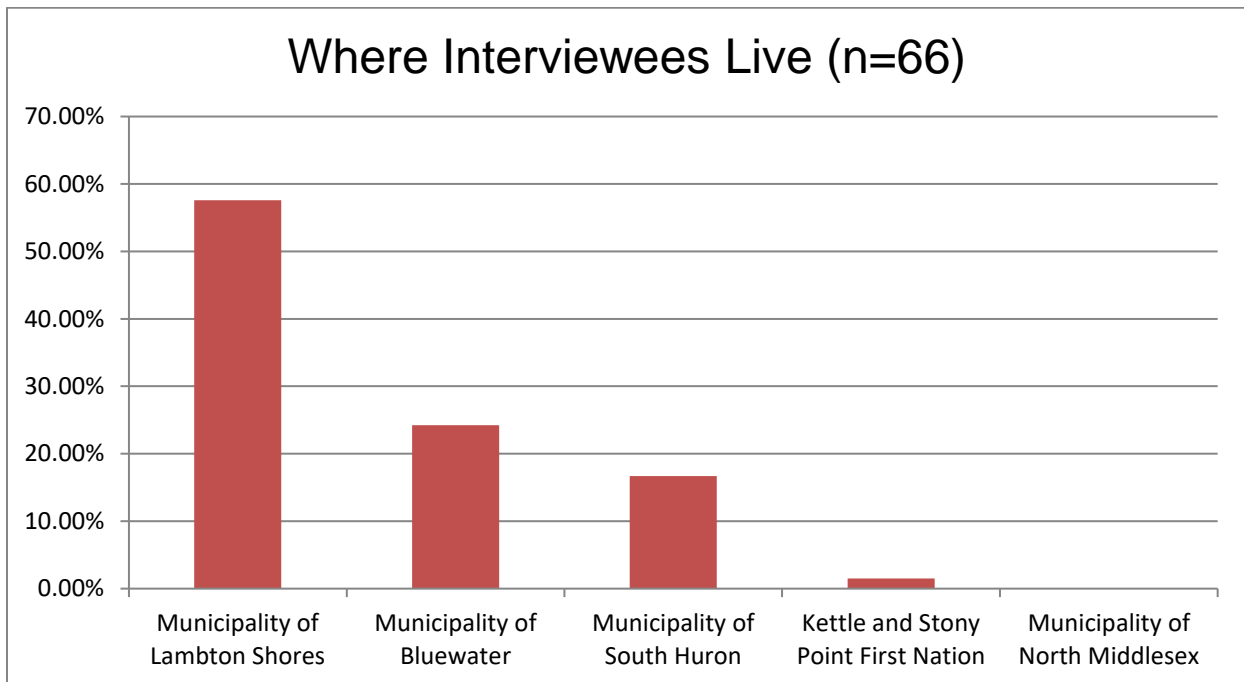
Summary of Survey Respondents' Demographics

Gender	86% Female, 13% Male, 1% Gender Fluid / Non-Binary
Age	67% over the age of 55.
Religion	80% were Christian.
Ethnicity	91% Canada, 4.3% Europe, 3.8% First Nation and Metis
Citizenship	96% are Canadian citizens.
Education	73.2% reported having completed education beyond high school.
Income	48.2% reported making less than \$60,000.
Primary Income Source	69.5% received pension (CPP, Old Age Security, or Private).
Housing Status	76.4% own their own home.
Living Arrangements	44% are couples with no children at home. 23.4% live alone.



## Interview Respondents

Gender	80% Female, 18% Male, 2% Gender Fluid / Non-Binary
Age	73% over the age of 55.
Education	67.2% reported having completed education beyond high school.
Income	53.4% reported making less than \$60,000.
Primary Income Source	43% received a public pension, 28% received a private pension 20% received wages from PT, FT or casual work
Housing Status	55.7% own their own home, 26% rent their home/apartment
Living Arrangements	21% are couples with no children at home. 32% live alone.



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## **Appendix 3: OTF Recognition**

Newspaper articles in the Lakeshore Advance

- Grand Bend CHC receives \$75000 Trillium Grant: Funding will support project to reduce isolation <https://www.lakeshoreadvance.com/news/local-news/grand-bend-chc-receives-75000-trillium-grant>
- Meeting reveals findings of social isolation project <https://www.lakeshoreadvance.com/news/local-news/meeting-reveals-findings-of-social-isolation-project?fbclid=IwAR27bm0uM9Wsju2ZtnoLaO9MTbeknNbGi9jQMFRpg3cGbPBRexmqc-Yc2BQ>

Articles on GBACHC website

- Community Conversation Meetings <https://gbachc.ca/blog/2019/09/16/community-conversation-meetings/>
- Let's Connect! <https://gbachc.ca/blog/2019/03/07/lets-connect/>
- Meet Matthew Maynard, Community Developer <https://gbachc.ca/blog/2019/03/12/meet-matthew-maynard-community-developer/>

## **Appendix 4: Materials Produced by the Initiative**

- Advertisements \*
- Agenda for Oct 25 meeting\*
- Evaluation Plan\*
- Infographic\*
- Presentation for the community celebration\*
- Presentation for the community conversations
- Report: Strengthening Social Inclusion and Connections
- Summary Pages