

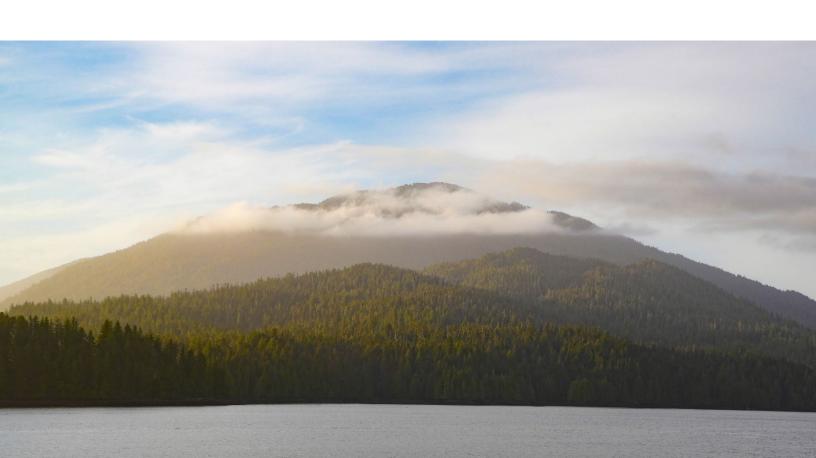


# **Healthy Communities Forum**

2025 North Central Local Government Association Annual General Meeting & Convention recap



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# **Summary**

The Healthy Communities Forum, held in Prince Rupert on May 12, 2025, brought 37 community leaders, policy makers, and partners together to discuss strategies for improving community health.

Speakers shared successful initiatives and insights on innovative approaches to workforce recruitment and retention and policymaking. Breakout sessions covered topics like mental health, healthy aging, and access to health services, allowing participants to exchange experiences, best practices, and form new connections.

This report outlines the Forum's discussions and underscores the importance of ongoing collaboration and investment in community health to achieve long-term equitable outcomes. The Forum built momentum and inspired action for advancing community health efforts across Northern BC.

This report is shared with all Forum attendees.



The Forum supports Northern Health (NH)'s strategic priority #1, "Healthy People in Healthy Communities". It brings together local governments with NH teams to collaborate on the social and environmental factors that influence health. By sharing evidence-based practices, offering network opportunities, and promoting preventative strategies, the Forum fosters a vibrant exchange of ideas. It engages local government partners on policies and programs tailored to Northern BC, facilitating meaningful dialogue between NH and local leaders. Together, we shape resilient communities through informed policy and collective action.



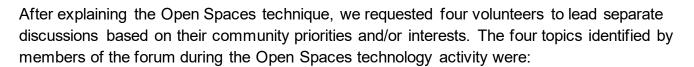
# **Session 1: Healthy Communities**

The morning session focused on fostering collaboration between NH's Population and Public Health (PPH) team and local governments. The presentation, titled "Collaborative Strategies for Healthy Communities: Policy Integration with Local Governments," outlined the following goals:

- Share how PPH and local governments can work together to support community health.
- Explore strategies for developing and implementing healthy public policies.
- Provide space for community leaders to exchange ideas and approaches.

The key engagement activity, <u>Open Spaces</u> <u>technology</u>, gave participants an opportunity to:

- Identify critical issues.
- Share concerns, experiences, and ideas.
- Take collective ownership of potential solutions (where appropriate).



- 1. Creating a centralized healthy communities database
- 2. Strategies to support aging in place
- 3. Stigma and cultural factors that prevent people from seeking support
- 4. Access challenges for health and community services

Information captured on the flipcharts is included in Appendix A.





### **Presentation and resources**

Resource	File/Link
NH Slide Deck Collaborative Strategies for Healthy Communities: Policy integration with local governments	Attached to email
Community Healthcare System Support Playbook	LINK



# **Connect with the Healthy Communities Team**

Visit the <u>Healthy Communities webpage</u> or connect with a Lead in your area:

- Northwest: lana.pestaluky@northernhealth.ca
- Northern Interior: jeff.kormos@northernhealth.ca
- Northeast: erin.powers@northernhealth.ca

As part of the PPH team, we work with communities to build partnerships and focus on local community health priorities.



# **Session 2: Health Human Resources (HHR)**

The afternoon session, titled "Tides of Transformation: Innovative Approaches to Strengthening Health Human Resources for NH Communities" focused on recruitment and retention efforts, both from NH actions and from community-led initiatives.

We would like to give a special thanks to the local government representatives that presented and their experiences with community level initiatives to attract and retain health care workers in their respective communities:

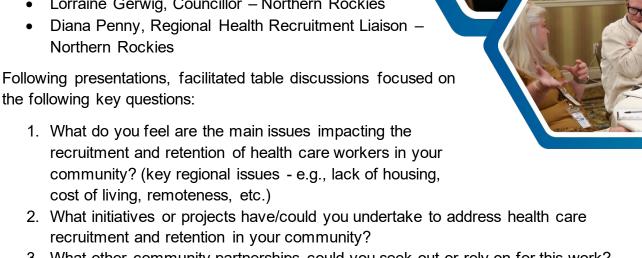
- Charlie Rensby, Councillor Burns Lake
- Nick Adey, Councillor Prince Rupert
- Lorraine Gerwig, Councillor Northern Rockies

the following key questions:

- 3. What other community partnerships could you seek out or rely on for this work?
- 4. What steps could you take to develop your community plan?

Key themes and ideas from questions #1-3 is included in Appendix B.

Participants worked together on question #4 to develop a guide for creating a community plan to address recruitment and retention challenges at a regional level. The summary of that guide is available in Appendix C.



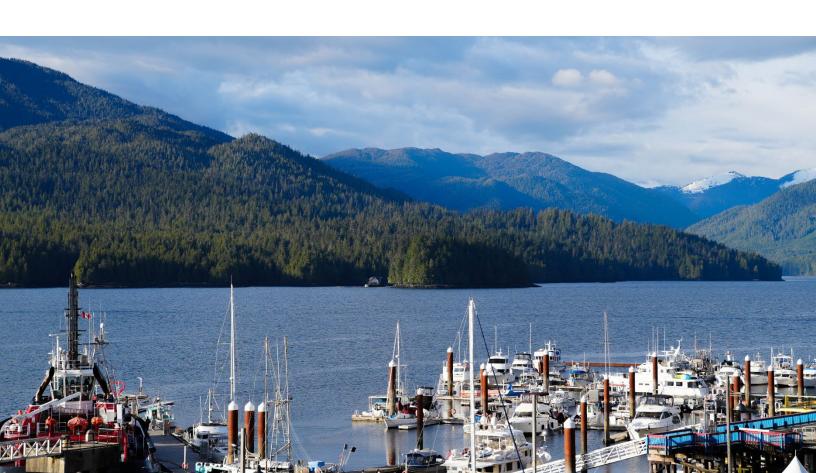
# **Presentations**

Resource	File/Link
NH Slide Deck Tides of Transformation: Innovative approaches to strengthening Health Human Resources for NH communities	Attached to email
Northern Rockies Slide Deck: Supporting Health Care Recruitment & Retention in the Northern Rockies	Attached to email
2024 Medical Staff Retention & Recruitment Think Tank Summary	<u>LINK</u>

# **Connect with HHR**

To connect with the HHR Workforce Sustainability team, email <a href="NHWFS@northernhealth.ca">NHWFS@northernhealth.ca</a>

Visit our <u>careers webpage</u> or follow **@NHCareers** on Facebook and Instagram to keep up to date with NH recruitment efforts and current incentives.



# **Appendices**

# **Appendix A: Healthy Communities discussion – Responses**

Statements/questions developed by conveners:

- How can we bring complex care to rural communities?
- How can we ensure communities have adequate and timely resources to respond to residents needing mental health and addictions support?
- Reinstate Healthy Communities Committee to discuss aging in place, leadership, and access to programs.
- What community or self-stigma (+/-) cultural factors exist that prevent use/seeking support? What are solutions to eliminate or reduce stigma?
- A healthy community database (one central location, open access, multiple services (e.g., daycare, access to physicians, services)

# **Convener #1: Healthy Communities database**

**Contact:** Nick Adey (City of Prince Rupert) and Sharon Stromdahl (Prince Rupert philanthropist)

- Open access (newcomers, residents)
- A registry of services (all + groups) E.g., daycares, housing. Organic, grows as needs arise following up.
- Data: wait lists, needs vs. provision of needs, 211
- Q: Who oversees it? Municipality, NH, district, health services like 24-hour care
- Q: Funding? How? Networking in communities, between communities.
- How to make it sustainable: Part-time hired position

## Convener #2: Age in Place

Contact: Linda McGuire (Village of Granisle)

- Access
- Support
- Medical
- Time restrictions home care staff
- Budget limitations
- Staying active
- Technology messaging
- Transportation
- Laundry service
- Identifying services
- Shared information





## Convener #3: Self-stigma/cultural factors

**Convener:** Mike Skrypnek (Stigma Free Mental Health)

#### Barriers to service access:

- Insecurity about participating in a group
- · Housing and childcare
- Seniors may need support to access activities
- Financial not working, transportation, etc.
- Physical distance transport, winter driving, accommodation
- Scheduling challenges
- Lack of public transportation in some communities
- Lack of awareness of the problem
- Lack of clarity about services
- Fear of looking foolish asking for help
- No follow-up (turnover of staff)
- Fear of a negative outcome
- Stigma/shame
- Wait lists are discouraging
- Cultural gender norms make it difficult to ask for help
- Cultural insensitivity
- ER closures
- Small communities have less anonymity wanting privacy
- Technological challenges
- Isolation
- No peer/community networks
- Self-reliance/rural northern culture of independence/don't want to be a burden
- Fear of being institutionalized
- Reluctance to get involved afraid of being overwhelmed
- Sense of futility, fear of unknown

#### Convener #4: Barriers to service access

**Contact:** Genevieve Paterson (Town of Smithers)

- Progress, not perfection
- Seniors, detox and rehab, after care
- Council and Regional Districts (e.g., Calwood, CSFN, SFN Clinic)
- Ways to address barriers:
  - o Education re: stigma, council and public
  - Power of proximity (CCC, PPP community, connection, culture, people, places, programs)
  - Leaders
  - Examples to build from (Coalition example Vanderhoof)



# Appendix B: HHR discussion – Responses (Questions 1-3)

This summary outlines the key themes and concepts discussed in the afternoon HHR roundtable sessions for questions #1-3.

# Issues impacting recruitment and retention:

- Isolation and small size of communities
- Lack of connection to the community
- Employment opportunities for partners
- Weather challenges
- Lack of peer support fewer supports compared to larger communities
- Educational and extra-curricular opportunities for children
- Medical staff licensing procedures

## Assets that keep people in communities:

- Community pride and connection
- Short commutes
- Better at-home programs
- Transit services to other communities
- Outdoor recreation

## Initiatives and opportunities

- Housing projects
- Collaborate efforts RD offices and housing
- Community rents to health care workers
- Create recruitment videos
- Fast track people from other countries
- 1st year anniversary recognition
- Identify support needs for people we are recruiting connecting interests
- Staff appreciation from community
- Can create specific focus and expand when timing is right
- Overnight accommodation (twist on health care)
- Expand out successful practices to other communities
- On-site housing for hospitals
- Focus on locums
- Connection improvement with NH hires
- Auxiliary support
- Redesign education so students spend time in rural/remote communities



 Welcome wagon approach to introducing new hires (or potential new hires) to the community

## Potential community partners for these initiatives:

- · Citizens of service
- First Nations Community members and leaders
- Regional District representatives
- RCMP
- Health care
- Teachers
- Railway
- Other industries
- Paramedics EMHS
- Tourism operators
- Other local network/collaborative groups

# Appendix C: HHR Discussion - Steps to create a community plan

Participants of the afternoon session worked together to develop a guide to create a community plan addressing recruitment and retention at a regional level. This summary outlines the steps you can take to create a plan in your own community:

## Identify community uniqueness

First, determine what makes your community special. This unique value proposition will help create a connection with potential health care workers (HCW) and their families. Consider aspects like cultural heritage, natural beauty, community spirit, and local amenities.

# Find your partners

Identify and engage with various partners who can support your initiatives. These partners can be:

- Citizens of service: Volunteers who are passionate about community service.
- Industry: Businesses that may have a temporary or permanent presence in the region.
- First Nations community leadership: Collaborate with local Indigenous leaders.
- **Cross-community partnerships**: Partner with neighboring communities that share common interests and benefits.



- **Health advisor committee**: Utilize existing committees that can expand their scope to support your plan.
- **Regional district**: Engage with regional authorities for broader support.

# **Conduct community engagement**

Engage with the community to gather input and inform the scope of your plan. This can be done through surveys, town hall meetings, or focus groups. Consider the experiences of those who have come and stayed in the community, as their input can help prioritize and shape the plan.

## Set scope and deliverables

Define the scope of your plan early on but remain flexible to adapt to changes. Identify clear deliverables to guide your action plan. Examples of deliverables include:

- Spotlight campaign: Highlight the unique aspects of your community.
- Ambassador roles: Employ or enlist volunteers to promote the community.
- Host adventures: Organize events and set goals for the number of activities.
- Set a budget: Allocate resources for the implementation of your plan.

## **Anticipated challenges**

Be prepared for potential challenges such as:

- Capacity: Availability and interest of volunteers and resources.
- Budget: Funding constraints, which may require creative solutions like donations or volunteer activities.
- Changes: The plan should be a living document, ready to pivot as needed.

By following these steps, you can develop a robust community plan that leverages your unique strengths and engages a diverse group of partners and stakeholders.

