

Group B

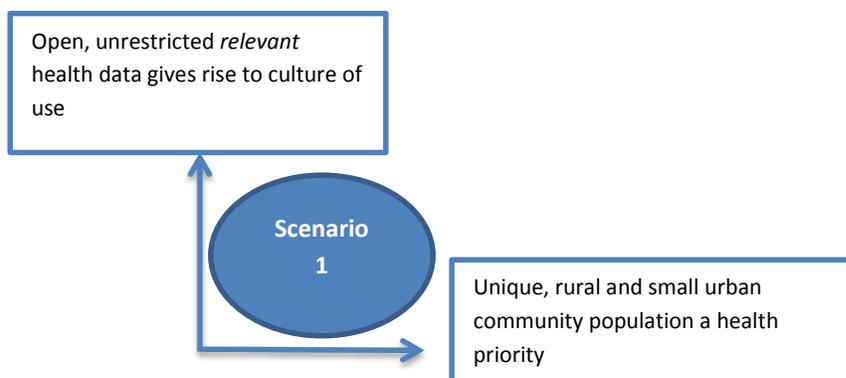
Driving Forces (highly impactful uncertainties):

1. The capacity for community-based organizations to respond to healthy living challenges is reflected by unique population traits. Uncertainties include population origins and cultural preferences, sub-population growth or decrease (e.g., First Nations' birthrates), retiree representation in population, attitudes to food production and consumption, attitudes regarding individual and community responsibility for well-being, attitudes to community cohesiveness, and geographical proximity (density) of small urban and rural areas.
2. Data as a resource for community health awareness. Uncertainties include community-level trust; data collection, analysis, and dissemination process; communicating intent of use; community access to data and tools for effective use of data. Open versus restricted access to *relevant* health data and information impacts effective use by various actors (residents, government, health originations).

Scenario 1

Defining characteristics:

- Old presumptions about the nature of the community are under question as rapid changes in community are seen to coincide with immigration and wealth of retirees (consistent with broad investment in health data generation). Community readiness to learn to work with researchers and to work with data increases as community consciousness of change surfaces.
- Rural and small urban community population traits have been 'caught' by the data as a broader national priority is achieved. Health research focuses on minority populations and there is effective knowledge exchange between researchers and rural and small urban communities such that these communities have the knowledge to integrate data in community healthy-living strategies.
- Open, unrestricted access to data and information (population health, demographics, disease prevalence) for rural and small urban populations builds end-user capacity. Reasonably well-educated yet non-expert persons have increased access to "user-friendly" tools for effective use of the data.



Annual Bulletin

Interior Healthy Living Coalition

30-Year Report to Citizens from the Interior Coalition

March 2043

Message from the KHP Community Committee of the Interior Healthy Living Coalition:

As members of the Interior Healthy Living Coalition ('the Coalition') we are happy to announce that the joint effort of our 'community committees' to promote community health by improving access to health-related data for research and decision-making purposes has been considered a success. We find ourselves in quite a challenging, yet satisfying role. The grassroots community level partnership of each committee has allowed the Coalition to impact decision-making for health initiatives at both local and provincial levels. Our tentacles are indeed far-reaching.

Communities in the Okanagan have never seen the degree of diversity in population demographics nor has overall population characteristic exhibited such strong resilience to the many health challenges faced to-date. This diversity has been matched by the tools created by communities up and down the valley, with financial and research support provided upon the approval from the Coalition's Board of Directors. As the leading community committee, with members largely from Keremeos, Hedley and Princeton - the KHP Committee - we have exceeded in achieving our self-identified health goals while satisfying the overall healthy living commitment of the Coalition as a whole. Trust and willingness to work cohesively to collect much needed health-related data from basic demographics and disease prevalence values to trends and outcomes of healthy-community initiatives has pushed our community committee to surpass larger hubs in the Okanagan. As broader national health priorities focus on minority populations, residents in rural communities feel greater trust in providing health-related data to the community committees for research and treatment purposes. Such an increase has resulted in many diverse experiences across the Okanagan region and the success of the Coalition in promoting healthy living in rural and small urban populations.

Increased access to data and a declining prevalence of heart disease

Many rural and small urban community based committees struggled to push for improved access to health-related data as a method of increasing awareness of individual and group i.e., age or gender specific, health issues during the early 2000s. It was not until very recently that these communities began to see results in the form of healthy-living pilot programs. Initiatives saw life as a result of the Provincial Ministry of Health's efforts to fund the Interior Healthy Living Coalition's community level partnerships with private enterprises such as the Southern Interior Innovation Fund. Collected data undergoes rigorous analysis by research facilities sponsored by UBC's Okanagan campus and the Okanagan College, contributing to improved accuracy for predicting potential disease outbreaks, limiting disease lifecycle, and initiating population health promotion and prevention policies and programs.

The KHP Committee partnership with Community Futures Okanagan Similkameen, a Western Economic Diversification Canada initiative, pioneered efforts to promote public trust in providing access to comprehensive health data related to age demographics, disease prevalence and more. As partnerships continued to grow with major organizations in the interior, social and economic support for initiatives rooted in wellness and fostered by the KPH Committee extended to the far corners of the interior region. These efforts established the first steps into developing programs such as 'Keremeos Steps Out' while initiating a variety of innovative prevention programs in rural populations in both Hedley and Princeton. Health promotion and healthy public policy development through partnership creation has

shown a marked improvement in our understanding of the needs of the community, while providing improved access to health data and education relevant to rural communities with distinctive demographics i.e., young immigrant families from Mexico.

Increased public trust in community based data collection for health promotion purposes came at a huge financial risk for many small businesses in the interior. Challenges were particularly evident with many minority groups that were segregated from the community creating large barriers to communication, particularly with the Sikh and Mexican communities. The turning point for rural south Okanagan-Similkameen came as a result of infrastructure support through partnerships and in-kind contributions from private enterprises such as Structurlam. The KHP Committee began developing its plan for the first-of-its-kind fitness facility in Princeton. Intended to house the COPD prevention pilot program, this facility will enable researchers to access data that will, in-turn, be used to provide education for knowledge translation purposes. These prevention programs have seen improvements in both physical and mental health and well-being for residents while contributing to the influx of data and statistics for research and disease treatment purposes. By drawing local and provincial support for residents of the South Okanagan, the KHP Committee played a large role in building trust with community members, ensuring their commitment to data collection and providing an example for other community committees to follow.

Recent publication of results by top researchers at UBC, in collaboration with Interior Health Authority and Statistics Canada, report a diminished rate of COPD outbreaks in most Okanagan villages and cities. Open communication and frankness with the public regarding the usefulness of health-data prioritizing rural and small urban populations has enabled community-based organizations to respond quickly and efficiently to healthy living challenges.

South Okanagan residents see shift in health spending

The Coalition's collaboration with both private and public institutes allows for rich data collection at a regional level. As public awareness of health concerns and the need for preventative treatment options rises, the south Okanagan experiences a general shift in spending to focus on prevention methods and further insight into community level strategy and direction.

Community commitment to region-wide data collection from year 2035 to 2040 enabled comparative analysis between communities associated with the Coalition's Community Committees. This five year period provided the Coalition with evidence-based support for implementing preventative programs in pilot communities. In 2041, the "Public Transport in Small Communities" health promotion initiative was introduced to provide equitable access to public transit for small urban rural communities. A two-year study comparing the pilot communities demonstrated improved health for over 35% of residents in each community; a very promising improvement. Rich data collection and research demonstrate that access to transport helps decrease disease prevalence by improving physical activity in rural communities. These results support data collection in rural communities as a method for implementing innovative community wide preventative programs.

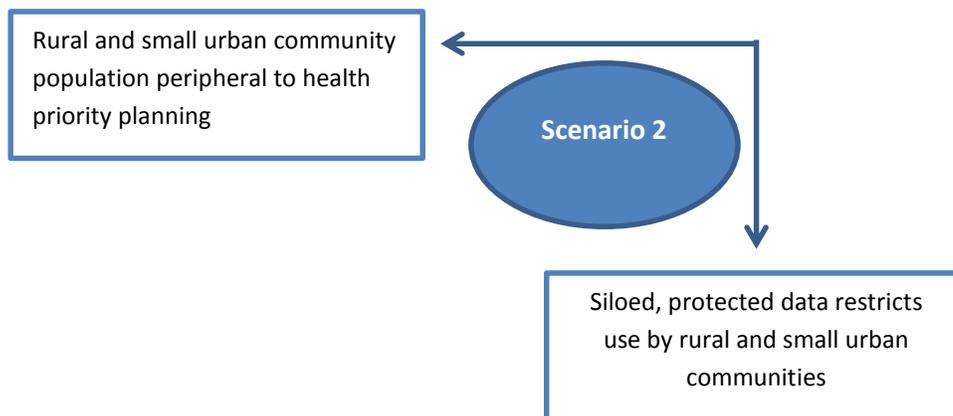
The public transport project also brought to light the need to create user-friendly tools. Although rural communities in the Okanagan are small in size and characterised by distinct demographics, residents may lack the appropriate resources to effectively utilize the information at hand. The promising results from the transport project have given rise to the need to educate residents on the usefulness of healthy living initiatives and to provide quick, reliable tools that will create greater opportunities for participation. The intention of the Coalition is to promote the creation of user-friendly tools such as the

Epi-Pen. More research is still needed to understand exactly how communities and researchers can work together to effectively utilize collected health-related data.

Scenario 2:

Defining characteristics:

- Repository data remains unused at the community level, which leads to uncoordinated services for a diverse population characterized by large numbers of immigrants and retirees. There is limited access to user-friendly tools, to use data as a resource, for understanding and promoting healthy living in rural and small urban populations
- Repository of abundant but fixed data contributes to increased isolation of rural and small urban health initiatives - health care in rural areas suffers due to lack of proper measurement and data-utilization tools. Ultimately, funding is used for treatment of illness that excludes minority groups characteristic of rural and small urban communities i.e., retirees, first nations, migrant workers etc.
- As a result of restrictive government policy and legislation, adverse attitudes prevail for individual and community responsibility for well-being, limiting treatment options. Highly restricted and siloed data limits community opportunity to act in a cohesive manner and cultural segregation increases as various groups lack opportunity to coordinate and to pool resources for community well-being.



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Message from the KHP Community Committee of the Interior Healthy Living Coalition:

As members of the KHP Community Committee of the Interior Healthy Living Coalition ('the Coalition'), we write to reflect on the challenges and opportunities presented over the past three decades, including government priorities that led to restricted access to data for rural and small urban communities characterized by a diverse demographic of immigrant and retiree populations. As a voluntary public organization, we are proud of the growth we have experienced despite the strong push for privatization of healthcare services in Canada creating significant funding challenges. The nature of the changing population and the availability of reported data have resulted in many diverse experiences across the interior, with both positive and negative impacts on the general public, the health care system, and the Coalition as a whole. It is important for communities in the interior to be aware of the current political economy and the challenges community-based voluntary organizations face in coordinating services.

Communities in the Okanagan are faced with a problem that has been prevalent for decades, but has only recently been understood by the majority of residents as detrimental for rural and small urban populations. Although many communities have worked hard to collect data, the lack of provincial support has limited its use and prevented funders from supporting research necessary for developing user-friendly health promoting (or disease prevention) tools. As broader national health priorities shifted away from minority populations, residents in rural communities have felt diminishing levels of trust in providing health-related data to the community committees for research and treatment purposes.

We invite you to read the following document to further understand the nuanced growth of the Coalition and our responsibilities as the KHP Community Committee, while facing a challenging political, social, and economic landscape. Some of the key characteristics are summarized for quick access below. In this snapshot, you will find demographic information for the Okanagan region, the involvement of the Coalition in data collection efforts and subsequently fulfilling its mandate to promote healthy living in the Interior

Electronic health records accessed to save the day

The year of 2020 witnessed one of the worst incidences of illness and panic since the advent of H5N1 (Avian influenza) in the early 2000's. The epidemiological source went undetected for many months while the virus ran through the population of migrant workers in the South Okanagan-Similkameen. Although controversial, the government was forced to release restricted repository data to epidemiologists that allowed them to link the virus to tropical origins. Uncertainty reigned when it became clear none of the seasonal workers had visited the tropics in the past year. After much struggle, the provincial health care ministry released a report that suggested that "snowbirds" returning from winter vacation may be carrying these deadly bugs. With incomplete data, public health workers scrambled to put an end to the epidemic. Although a vaccination was created, many lives were lost prior to eradication.

Despite attempts to quickly pass provincial legislation to focus health priorities on minority populations, the political process is slow and drawn out. The limited access to repository data on demographics and

health for minority populations has created many challenges for the interior region, while attempts to access user-friendly tools that utilize available data as a resource has slowed over the past 10 years. The peripherality of rural and small urban community population health concerns has created much outrage within the interior; however, lack of provincial funding support has led to few options. It is unfortunate that change only occurs after disaster strikes. After the outbreak of the H5N1, public outcry finally elicited a call for policy reform as rural populations and highly restricted data cannot effectively allow efficiency of scales to coordinate services required for administration of mass treatment.

Declining suicide rates are jeopardized

After the incidence in 2020, the government and many private health care firms began to quickly collect the data needed to prevent future mishaps. It is speculated that strong privacy regulations could be credited for greater trust and disclosure by mental health patients who are identified as at-risk. However, provincial government has proposed action to decrease privacy regulations in an effort to provide greater access to repository health related data. Concerns have been raised by mental health workers stating the privacy protection legislation has in fact reduced suicide rates in the South Okanagan. People are more willing to seek help in cases where they are ensured greater privacy. However, data that would link enhanced privacy to reduced suicide rates has not been collected.

The Coalition has worked to bring greater attention on releasing repository data in an attempt to understand the needs of rural communities and to prevent an increase in suicide by decreasing the level of isolation experienced by many residents. Although some progress has been made, the restrictive government policy and legislation has led to adverse attitudes for individual and community responsibility for well-being further compounding an already difficult situation. Our goal within the Coalition is to educate residents on the importance of community cohesion and avoid cultural segregation among the diverse minority groups residing in the interior region. Pilot programs ensuring cultural cohesion and decreasing social isolation in minority groups has gone a long way to decreasing suicide rates. Despite the greater concern placed by mental health workers on privacy regulations, without release of repository health data it is difficult to determine the source of health-related problems. Ultimately, this lack of understanding decreases opportunities to pool the appropriate resources and enhance community well-being.