



ANNUAL REPORT 2015-2016

**Healthy People.
Thriving Communities.**



Healthy people, thriving communities
Des gens en santé, des communautés florissantes

Ce Rapport annuel
est également
disponible en français

Executive Message – Towards Health Equity



Health is more than health care. Health is deeply entwined with social factors that are beyond an individual's control. The health, social and economic impacts of health inequities are staggering.

Only 25 per cent of the population's health outcomes are determined by the health care system. In fact, half of all health outcomes can be explained by socio-economic factors such as education and income and a further 10 per cent by the physical environment¹.

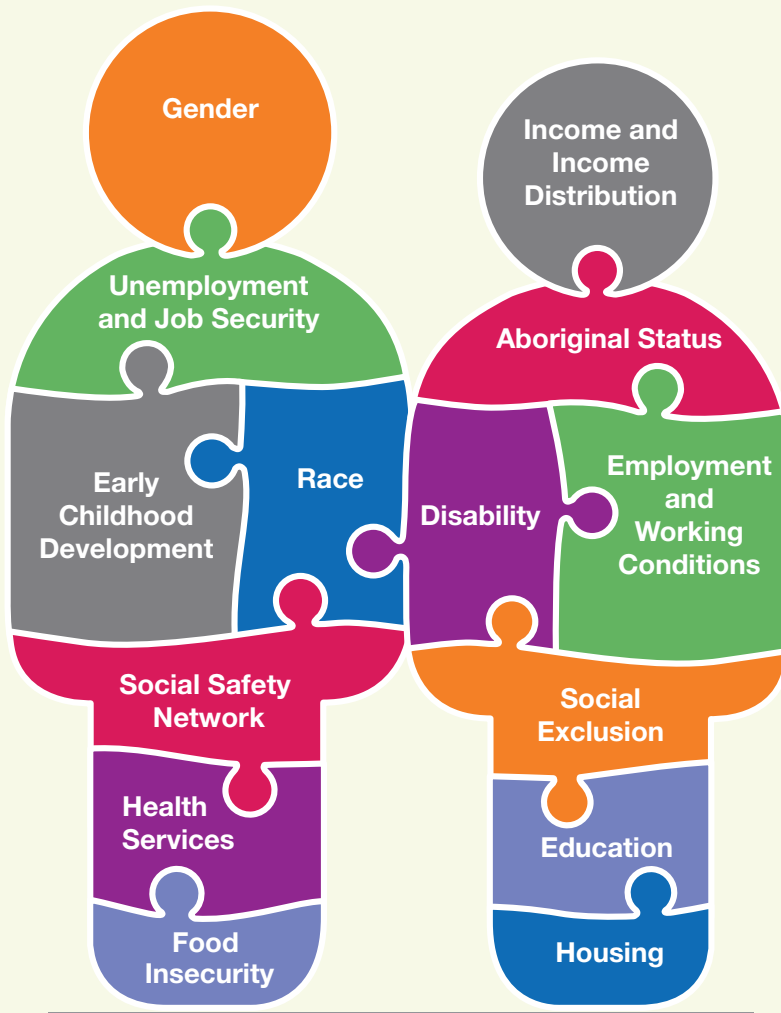
Health promotion helps us understand all of the influences on health, and the connections between individual choices and life circumstances. Health promotion is about developing strategies to address the factors that impact on health but which lie outside of what is traditionally viewed as the health system – the broader determinants of health including education and income.

No single policy, sector or organization can solve complex social problems. Meaningful change will only happen through the collaboration of multiple organizations across different sectors.



¹ Standing Senate Committee on Social Affairs, Science and Technology, Final Report of Senate Subcommittee on Population Health, "A Healthy, Productive Canada: A Determinant of Health Approach," June 2009

SOCIAL DETERMINANTS OF HEALTH



For more than 30 years, Health Nexus has been working with individuals and organizations to implement strategies to create healthy, equitable and vibrant communities; breaking down silos and bridging across sectors.

At Health Nexus, our work is focused in two priority areas: healthy child development and equity. These areas are essential to the future of all Canadians. By helping to create equitable communities that support vulnerable families, we can increase their chances of building a secure future, and raising healthy children who will succeed in life.

Furthermore, we remain committed to providing these services in both official languages. Our work, championing better service for Ontario's Francophone communities, is an important element of promoting health equity for all Ontarians.

Over the past year we have continued our work, strengthening partnerships, communities and families. We are proud of our work in building and supporting partnerships that enhance equity and help to create healthy and inclusive communities where people of all ages can grow and thrive.

Our 2015-2016 Annual Report **Healthy People. Thriving Communities** offers a just few highlights from the past year.

Barb Willet
Executive Director

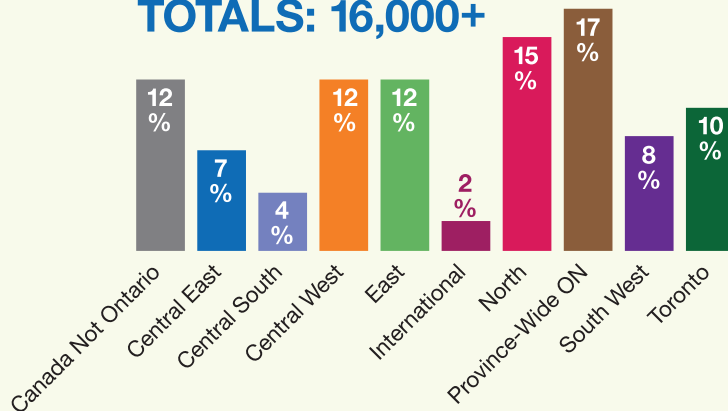
Dianne Bascombe
President, Board of Directors

***Together we are
making a difference!***

To learn more about the dynamic and passionate members of our Board of Directors and staff, please visit www.healthnexus.ca

Connecting with Communities

Services by region
TOTALS: 16,000+



Services delivered

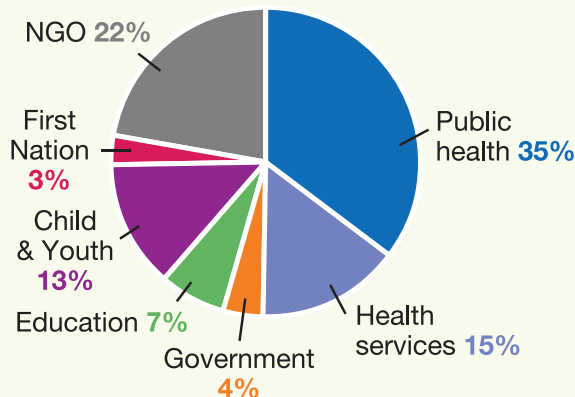
15%
in French

85%
in English



325,492
Total number of
resources ordered

809
Total number
of orders
received



155
Consultations



website downloads

5,265
listserv subscribers



Every dollar invested in promoting healthy eating and physical activity **saves six dollars** in the cost of caring for individuals with chronic disease (Trust for America's Health.(2008). Prevention for a Healthier America: Investments In Disease Prevention Yield Significant Savings, Stronger Communities.)

REGION	ORDERS
Canada wide (outside ON)	16%
Central east	14%
Central south	10%
Central west	11%
East	15%
International	1%
North	14%
Province wide	1%
South west	11%
Toronto	7%

SECTOR	ORDERS
Public health	289
Health services	232
Government	41
Education	31
Child & Youth Services	125
First Nations	41
NGO	33
Other	17

Strengthening Partnerships – The Collective Approach

“Partnerships are not easy and, whether formed by partners from the public, private or civil society sectors, have an up to 70 per cent failure rate. This is because the vast majority of people haven’t a clue what is involved.”

– Dr. Jacky Jones

Taking Action Together

When we collaborate with diverse partners, we increase our impact at the community level.

Collaborative Leadership in Practice (CLiP) is a two-year bilingual project to strengthen collaborative, equitable and inclusive leadership in the non-profit sector — specifically in the context of partnerships and networks.

Through this project, co-leads Health Nexus and Ontario Public Health Association (OPHA) are collaborating with other external partners to share research, resources and learning opportunities to:

- increase knowledge and understanding of processes and policies that centre equity-seeking communities in leadership and decision-making;
- develop organizational skills to implement equitable leadership, based on promising practices from partnerships/networks across Ontario; and

- facilitate a culture shift which recognizes the need to examine and redistribute power and resources to achieve more collective and equitable practices.

The project began in March 2015 and will wrap-up in March 2017. Throughout 2016, CLiP will be developing curriculum modules, templates and tools to help organizations implement more equitable and inclusive leadership. We look forward to launching our resources and training events over the coming year.

“To date, CLiP has already had some impact on our organization’s ability to advance our mandate. We are beginning deeper conversations on health equity and engagement and exploring existing tools to assist with implementation.”



Telling Your Story Through Network Maps

Through its innovative network mapping practice, Health Nexus supported the work of collaboration and partnership development across the province of Ontario and, for the first time, nationally.

Network mapping and analysis is a process for visualizing and interpreting connections within a group. The data gathered provides a snapshot that tells the story of your current network, including identifying strengths and weakness, and can help identify areas for growth and enhanced collaboration.

“Networks are dynamic. They evolve and change over time. To maximize the benefit of a network, it is essential to take stock from time-to-time, uncover learning and align efforts and activities, as needed, to continue meet the objectives of the network.”

– TRIEC blog

We were excited this year to co-present with the Lambton Health Unit at The Ontario Public Health Convention (TOPHC) 2016 Conference on how they are utilizing their network mapping results to support the implementation of Lambton Public Health’s 2014-2019 Strategic Plan.

Our mapping work to support Kingston, Frontenac and Lennox & Addington (KFL&A) Children and Youth Services Planning Committee was featured in a community wide meeting to over 60 service providers communicating, collaborating and working together to plan and promote a seamless network of responsive services and supports for children, youth and their families in KFL&A. Many of the maps were included in the widely distributed Planning for Action 2016 Report.

Our work with the Toronto Region Immigrant Employment Council (TRIEC) was a unique opportunity to apply the tool in the continued development of the Professional Immigrant Networks (PINs) program.

We also had the opportunity to work with new sectors and networks in areas such as Poverty Reduction, Mental Health, Arts, Sports and Rural Community Development. The network maps developed are helping guide action on strategic directions both within and beyond individual organizations.

If You Want To Go Fast, Go Alone. If You Want To Go Far, Go Together.

Health Nexus is a proud member and the lead agency for HC Link, a collaborative of three partner organizations that supports healthy community initiatives across Ontario. The well-developed partnership at the foundation of HC Link – a collaboration with Parent Action on Drugs and Ontario Healthy Communities Coalition – enables us to leverage our lived experience to develop value added resources to support partnerships and collaborations.

There are many benefits to working as a partnership; and there are also common challenges. As part of Health Nexus’ work as a member of HC Link, we delivered a three-part webinar series on partnership development that highlighted six activities of effective partnerships.



Strengthening Communities – Empowering Communities to Create Change

Good health starts where we live, work and play.

Health promotion goes beyond health education and social marketing to enable individuals to increase control over, and to improve their health.² Health promotion initiatives represent an “upstream” approach to addressing Ontario’s health needs.

Health Nexus is working to support communities and organizations working to start all kids on the path to health.

A Foundation for Lifelong Health

Preconception and prenatal health are the foundation for lifelong health. A growing body of evidence suggests that health and weight before and during pregnancy have a direct influence on the baby’s future health.

With funding from the Ontario government, the Best Start Resource Centre, a key Health Nexus program, developed an online bilingual resource for service providers to assist them in providing women and their partners with consistent, evidence-based prenatal key messages on 25 topics covering the areas of health before conception, during pregnancy, labour and birth and the postpartum and newborn period.

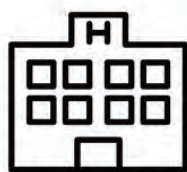
WORKING TO ADDRESS THESE CHALLENGES:



Among children...

The top **1%** of users account for **38%** of healthcare expenditures

The top **5%** of users account for **59%** of healthcare expenditures³



Low birth weight/premature birth is one of the top **5** reasons for hospitalization among the top 1% of children healthcare users⁴

Children of mothers who are obese before pregnancy are at **greater risk** of becoming overweight



only

1 | 4

pregnant women attend prenatal classes⁵



² Ottawa Charter for Health Promotion
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

³ Woodchis, W.P. et al. A 3 year study of high-cost users of health care.
Canadian Medical Association Journal. 2016

⁴ ibid

⁵ BORN Prenatal Education data for 2013/2014



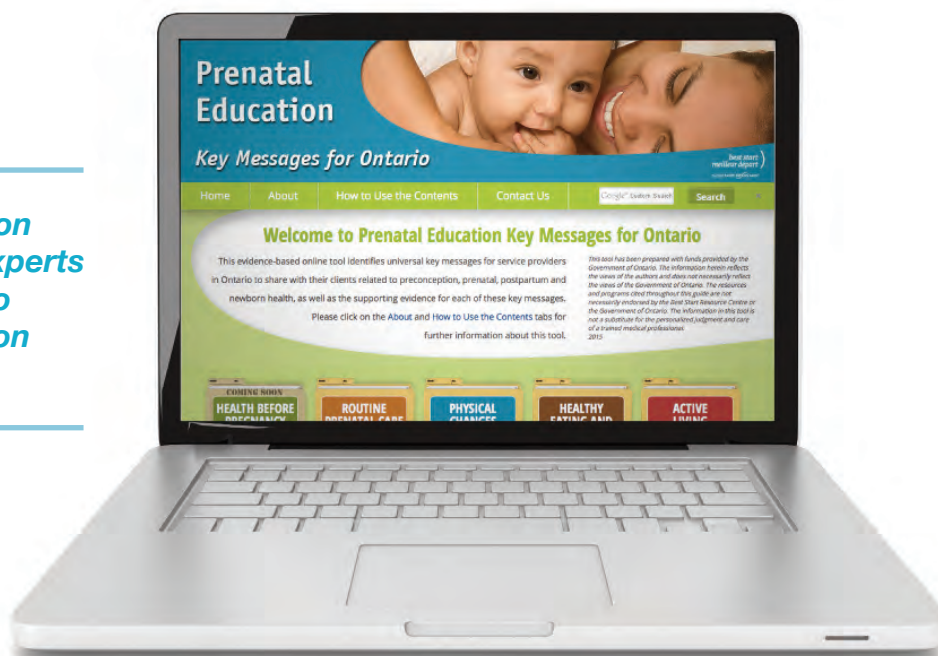
By providing Ontario's prenatal educators with evidence-based, clear and consistent key messages on a wide variety of topics – including healthy eating, alcohol consumption and smoking during pregnancy – we are helping pregnant women make informed decisions when it comes to their future child's health and well-being.

The bilingual website ontarioprenataleducation.ca launched in March 2016 with strong uptake.

Early results show:

- 93% survey respondents indicated the resource provided them with useful information for their work (quite a bit or a great deal).
- Most respondents have already started using the resource in their work.

“I like that the information has been reviewed by experts and is well referenced so I can trust the information is accurate.”



Building Healthy Communities for Kids

Ontario's Healthy Kids Strategy is about starting all children on a path to good health, taking on the growing challenge of obesity, and creating communities where children can lead healthier lives. Through our work as a part of HC Link, Health Nexus is proud to be supporting the Healthy Kids Community Challenge.

HC Link is a team of three organizations that work in collaboration: Health Nexus, Ontario Healthy Communities Coalition (OHCC) and Parent Action on Drugs (PAD). Together we have decades of experience in providing a wide range of capacity-building services to those working on healthy community programs and initiatives.

Drawing upon our strengths, HC Link supports communities in their efforts to develop and maintain effective partnerships, design social media strategies, and facilitate group processes. We have also created and support The Source, a one-stop-shop for participating communities to access materials, share ideas, build upon each other's successes and collaborate.

WORKING TO ADDRESS THESE CHALLENGES:



up to 70% of today's children will be overweight or obese adults.⁶



Overweight or obese youth are at greater risk of becoming overweight or obese adults.⁷

NEARLY



between 5 & 17 are overweight or obese.⁸



In 2006, obesity accounted for \$3.9 billion in direct health care costs and a further \$3.2 billion in indirect costs.⁹

Unhealthy weights in adults have been linked to an increased risk of...



heart disease



cancer



stroke



psychosocial problems



type 2 diabetes



⁶ According to Statistics Canada, using World Health Organization guidelines

⁷ Singh, A.S., et al. *Tracking of childhood overweight into adulthood: a systematic review of literature*. Obesity Review. 2008. 9(5): 474-488.

⁸ Le Petit, C. & Berthelot, J.M. Obesity : A Growing Issues. Statistics Canada catalogue no 82-618-MWE2005003

⁹ Janssen, I. *The public health burden of obesity in Canada*. Canadian Journal of Diabetes 2013. 37(2): 90-96.

Nurturing Community Initiatives

For 2015-16, Health Nexus continued its work in improving breastfeeding rates across Ontario through its management of a grants program to support Community projects addressing local barriers to breastfeeding.

Sixty-one projects were funded in communities across the province, including at least one Community Project in each Local Health Integration Network (LHIN). Some Community Projects had a provincial reach.

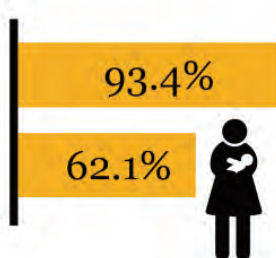
Projects addressed populations with lower breastfeeding rates including women under 25, low-income parents, parents with poor access to breastfeeding services, First Nations communities and women struggling with mental health challenges.

WORKING TO ADDRESS THESE CHALLENGES:

Breastfeeding *protects* babies from infectious disease and promotes optimal growth, health, and development of infants.¹⁰



Mothers who are encouraged and supported by their *health care providers* are more likely to form the intention to breastfeed and to initiate and continue breastfeeding.¹¹



Although **93.4%** of Ontario mothers indicate an intention to breastfeed, by the time of discharge from hospital or **3 days** postpartum only **62.1%** are exclusively breastfeeding.¹²



Over the last 2 years, through Community projects:

- 2,612 service providers participated in 170 learning events
- 256 peers were trained to provide support to nursing mothers
- 781 peer matches were initiated
- 3,723 women attended breastfeeding learning events
- 253 new resources (targeted to address local challenges) were developed

“Breastfeeding was openly discussed, stories were shared, barriers to feeding in public were broken down, and the [participants] became more confident in their abilities over the 20 weeks.”

“Significant decreases in formula supplementation in hospital have been noted with only 27% supplementing of those who attended [the training] vs 47% of those who did not.”

¹⁰ Li C, Kaur H, Choi WS, Huang TT, Lee RE, Ahluwalia JS. (2005). Additive interactions of maternal prepregnancy BMI and breast-feeding on childhood overweight. *Obes Res.* 2005 Feb;13(2):362-71.

¹¹ BORN data for 2013/2014

¹² Chung M, Ip S, Yu W, Raman G, et al. (2008). Interventions in primary care to promote breastfeeding: a systematic review. Evidence Synthesis No. 66. AHRQ Publication N, 09-05126-EF-1.

Having a Ball While Promoting Physical Activity Among Children!

With funding from the Lawson Foundation, the Best Start Resource Centre developed a bilingual online resource for anyone involved with children 0-6 years old to provide them with the tools needed to promote and encourage physical activity.

As part of the launch process for the coming year, including training for professionals working closely with young children, Health Nexus is working with collaborators from the education and early childhood education sectors with a special focus on the full-day kindergarten teaching teams.

The 2.5 hour “Physical Activity in Kindergarten: Building Lifelong Habits” workshop was piloted with 27 full-day kindergarten educators in early March 2016.

Early results show:

- 96% of participants said the workshop will significantly enhance their work.
- Prior to the workshop, 30% of participants rated their knowledge as “high” or “very high”. This number increased to 89% following the workshop.
- Prior to the workshop, 41% of participants rated their skills as “high” or “very high”. This number increased to 81% following the workshop.
- Prior to the workshop, 42% of participants rated their confidence as “high” or “very high”. This number increased to 92% following the workshop.

WORKING TO ADDRESS THESE CHALLENGES:

24% Of all deaths in Canada are attributable to physical inactivity.¹³

By age 5 less than **20%** of children are getting the recommended amount of daily physical activity.¹⁴

Allowing children to play and experiment with movement is an important part of **physical, emotional, social & cognitive development.**



Have a Ball Together!



¹³ Manuel, D.G. et al. (2016) Measuring Burden of Unhealthy Behaviours Using a Multivariable Predictive Approach: Life Expectancy Lost in Canada Attributable to Smoking, Alcohol, Physical Inactivity, and Diet. PLoS Medicine 13(8).

¹⁴ ParticipACTION (2016). Are Canadian Children too Tired to Move? 2016 ParticipACTION Report Card on Physical Activity for Children and Youth

Strengthening Families – Building a Strong Foundation

Children See. Children Learn.

Research has demonstrated that early childhood plays a crucial role in a child's future development, including their health, ability to learn and social functioning.

In September 2015, the Best Start Resource Centre launched a positive discipline campaign, *Children See. Children Learn.* The goal of the campaign was to reduce the incidence of physical and emotional punishment of children. The campaign provided parents with resources, tips and advice to apply more positive discipline strategies in their homes. Service providers working with young children were also provided with evidence-based resources for parents, in both French and English, to support developmentally appropriate child discipline strategies.



- The *Children See. Children Learn* public service announcement was viewed 34,432,291 times; shared 1,166,427 times; and generated 270,773 reactions on Facebook
- 219 individuals participated in 5 regional workshops; including 88 from organizations serving children and youth
- Following the workshop 87% of participants rated their skills as high (increased from 51%)
- 67% of website users indicated that they would make changes in the way they interacted with their children.

WORKING TO ADDRESS THESE CHALLENGES:

In a survey of 500 Ontario parents of children 6 years of age and younger, 26% had slapped or spanked their children at least occasionally.



Research shows that punishments such as slapping, spanking or shaming do not work.

Over the first 6 years of a child's life the brain grows and changes significantly and is influenced by the child's environment.¹⁵



The Healthy Babies Healthy Children (HBHC) program helps children in vulnerable families across Ontario to get a healthy start in life through screening, assessments and supports for parents. The Best Start Resource Centre supports the learning and networking needs of HBHC staff:

- Providing a listserv for 558 HBHC staff
- Monitoring and maintaining an online course for HBHC Public Health Nurses on motivational interviewing and stages of change (426 course completions)
- Developing an online course for HBHC Family Home Visitors on development of children aged 0-2
- Offering a full day workshop to 114 HBHC staff on community partnerships
- Providing a 2 day training session for 100 HBHC directors and supervisors on Reflexive Practice Supervision
- Providing 2 webinars for HBHC Liaison Workers on intimate partner violence
- Updating a resource on abuse in pregnancy, responding to HBHC needs

“Children rely on adults for protection and guidance as they grow towards independence.”

¹⁵ Centre on the developing Child at Harvard, 2010; National Scientific Council on the Developing Child, 2004

Building Resiliency

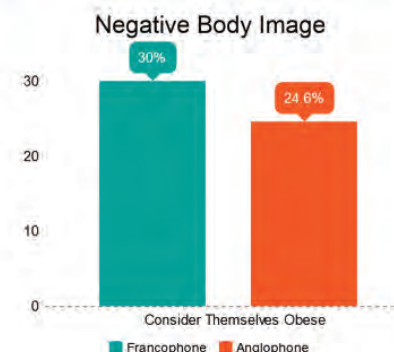
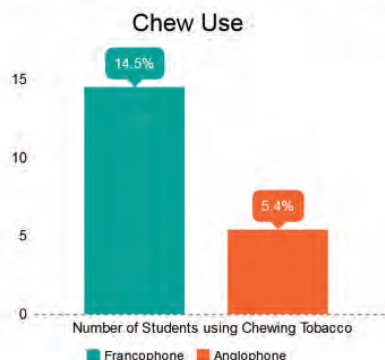
In 2013, Health Nexus partnered with Parent Action on Drugs to adapt their 9 week program, *Strengthening Families for Parents and Youth*, for Francophones. The program provides families with a research-based approach to improving parent-teen relationships through the development of trust and mutual respect.

The Centre communautaire du Grand Sudbury and Valoris in Rockland ran pilots for the French adaptation of the program, *Resserrer les liens entre parents et jeunes* (RLPJ).

- 90% of the parents who participated in the adapted program stated that they received useful tips to facilitate communication with their youth and prevent conflict.
- Ninety-four percent (94%) of parent participants indicated that they now discuss alcohol, tobacco and other drugs and keeping safe with their teen.
- The parents identified that they felt that program made a difference, by feeling connected to other francophone youth and community.
- More than 85% of parents expressed that the topics discussed during the program were important and helped them to learn or improve effective parenting and communication skills.
- More than ninety percent of youth (93%) said that they appreciated the effort of their parents for coming to the program.

WORKING TO ADDRESS THESE CHALLENGES:

REALITIES FACING FRANCOPHONE STUDENTS



Reaching out for Professional Help



“Mes parents font plus d’efforts pour me soutenir. (My parents are making more efforts to support me).”



Financial Overview

Statement of Operations for the Year Ending March 31, 2016

	2016	2015
Revenues		
Government Sources	\$4,263,187	\$4,457,426
Interest	8,519	11,783
Other	721,445	509,830
	4,993,151	4,979,039
Expenses		
Salaries & Fee for Service	3,513,617	3,349,590
Program Activities & Materials	1,337,902	1,473,076
Administration & Finance	272,323	286,573
	5,123,842	5,109,239
Surplus (Deficit)	(130,691)	(130,200)
Amortization	26,002	27,393
Net Revenue over (under) Expenses	\$(156,693)	\$(157,593)

Statement of Financial Position as at March 31, 2016

	2016	2015
Current Assets	\$1,677,285	\$1,736,321
Net Capital Assets	99,424	97,801
	\$1,776,709	\$1,834,122
Current Liabilities	\$701,846	\$602,566
Equity		
Invested in Capital Assets	99,424	97,801
Restricted Funds	781,084	843,193
Unrestricted Funds	194,355	290,562
	1,074,863	1,231,556
	\$1,776,709	\$1,834,122

For the 2015-16 fiscal year, the Health Nexus Board of Directors approved a deficit budget in order to continue its investment in start-up funding for strategic growth opportunities that leverage organizational strengths. The Board recognizes that developing new services requires an ongoing investment of resources. Health Nexus remains committed to its work in promoting healthy, equitable and inclusive communities.

Thank you

All of our work is made possible through the support of our funders for 2015-2016

- Ontario Ministry of Children and Youth Services
- Ontario Ministry of Health and Long-Term Care
- Ontario Ministry of Citizenship and Immigration
- Public Health Agency of Canada
- The Lawson Foundation
- Canadian Heritage

We acknowledge support from other diverse partners including LCBO.



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Des gens en santé, des communautés florissantes

To learn more about Health Nexus and our programs and services visit:
www.healthnexus.ca or
www.nexussante.ca



Join us and be part of the conversation.
@Health_Nexus @Nexus_Santé

Health Nexus is a registered charitable organization #13049 0857 RT 0001
The complete audited financial statements are available upon request.

Reach us: info@healthnexus.ca or info@nexussante.ca