The Corporation of the City of Temiskaming Shores

By-Law No. 2022-113

Being a by-law to adopt the Timiskaming District Community Safety and Well-Being Plan

Whereas under Section 8 of the Municipal Act, 2001, S.O. 2001, c. 25, as amended, the powers of a municipality shall be interpreted broadly to enable it to govern its affairs as it considers appropriate and to enhance the municipality's ability to responds to municipal issues; and

Whereas under Section 9 of the Municipal Act, 2001, S.O. 2001, c. 25, as amended, a municipality has the capacity, rights, powers and privileges of a natural person for the purpose of exercising its authority under this or any other Act; and

Whereas under Section 10 (1) of the Municipal Act, 2001, S.O. 2001, c. 25, as amended, a single-tier municipality may provide any service or thing that the municipality considers necessary or desirable for the public; and

Whereas the Council of The Corporation of the City of Temiskaming Shores acknowledged receipt of Administration Report No. CS-026-2022 at the June 21, 2022 Regular Council meeting, and directed staff to prepare the necessary by-law to adopt the Timiskaming District Community Safety and Well-Being Plan.

Now therefore the Council of The Corporation of the City of Temiskaming Shores enacts the following as a by-law:

1. That Council for the City of Temiskaming Shores adopts a Timiskaming District Community Safety and Well-Being Plan, identified as Schedule "A" attached hereto and forming part of this by-law.

2. That the Clerk of the City of Temiskaming Shores is hereby authorized to make minor modifications or corrections of a grammatical or typographical nature to the by-law and schedule, after the passage of this by-law, where such modifications or corrections do not alter the intent of the by-law or its associated schedule.

   Read a first, second and third time and finally passed this 21st day of June, 2022.

_____
Mayor

_____
Clerk
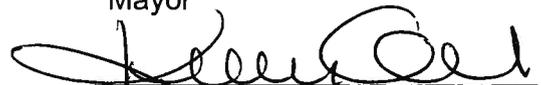
Temiskaming
Shores

Schedule "A" to

By-law No. 2022-113

Being a being a by-law to adopt a Timiskaming District Community Safety and Well-Being Plan

Timiskaming District Community
Safety and Well-Being Plan

Contents

Executive Summary

Improving safety and well-being in the Timiskaming District requires a collaborative approach that will involve many community partners working together with the municipalities in the district, towards systems change that will benefit all residents of all the communities in the district. This Community Safety and Well-being (CSWB) Plan was developed for the intended use of all 23 municipalities in the Timiskaming District and the Municipality of Temagami, with the support and contribution of multiple agencies and organizations in the Timiskaming District, with direct input from the district's residents. It is the intent that all municipalities will accept and adopt this district CSWB plan and work collaboratively to achieve its goals. Within the CSWB Plan, the use of the "Timiskaming District" is inclusive of the Municipality of Temagami for the purposes of this initiative. First Nations are invited by the Ministry of the Solicitor General to create their own CSWB plans for their communities, however, the Timiskaming District welcomes the involvement of First Nations in the region, deferring to what each nation deems to best suit their communities' interests and needs.

There are 23 municipalities in the Timiskaming District in addition to the Municipality of Temagami with a collective population of approximately 31,000. With a land area of over 13,000 km^2, the district is sparsely populated, dominated by great forests, farmlands and lakes. Indigenous peoples have inhabited the land in the Timiskaming area for over 6,000 years, with Lake Temiskaming, the headwaters of the Ottawa River occupying an important place as a trading route between First Nations.

Timiskaming District's CSWB Plan consists of goals and supporting actions that fall within the four levels of intervention – social development, prevention, risk intervention, and incident response. A combination of research, a review of existing data and community reports, and input from system leaders and community stakeholders was used to identify where to focus collaborative efforts for the Timiskaming District's CSWB Plan. Through this process, six priority areas of focus were selected:

I. Health & Well-being
II. Housing
III. Employment & Economy
IV. Addressing Poverty
V. Community Safety
VI. Environment & Sustainability

Goals and activities have been developed for the six priority areas of focus. A Performance Measurement Framework (PMF) for the plan's goal outcomes has been developed and is critical as it will allow for the district's progress can be tracked and evaluated against the CSWB Plan.

To create effective governance of a district wide CSWB Plan, it is recommended that a Plan Lead is established to coordinate the plan's implementation. The Plan Lead could be one organization or a partnership of multiple organizations. The role of the Plan Lead would be the responsibility of organizing the necessary working groups for the implementation of the CSWB Plan and supporting the working groups' progress. This would require both leadership (e.g., CSWB Plan Chair) and coordination (e.g., CSWB Plan Implementation Coordinator) capacity from the Plan Lead. To do this, it is recommended that the Plan Lead would introduce a dedicated CSWB Plan resource role (full or part-time) to manage the implementation of the plan overseen by a senior leader in the organization acting as the CSWB Plan Chair. The necessary funds to support this added organizational capacity would be made possible through the municipalities by contributing the funding based on apportionments. This collective district funding approach is highly recommended, as should any municipality choose to pursue the implementation of a CSWB individually, it would be expected that they would ultimately incur greater relative costs while duplicating efforts and likely having difficulty achieving the same impact alone compared to the rest of the district.

The Plan Lead will need the active involvement and support of the municipalities, community partners and community engagement in order to successfully implement the plan. While the Plan Lead will provide a central, steering position, it will rely on participants of various working groups to design and implement relevant plan activities. Municipalities and partners will need to agree on a sufficient and realistic level of investment of resources (both fiscal and human resources) to reach the plan's goals and support the Plan Lead through a commitment to contributing these necessary inputs.

The CSWB Plan is meant to be a "living document" and should be updated by the Plan Lead and partners as they move forward with their allies and stakeholders in the work. This means that when monitoring the progress on the goal outcomes, the plan's activities, performance measure indicators, targets and data sources should be revisited at appropriate time intervals (e.g., at the conclusion of year 1, year 3, year 5, etc.) to assess that they continue to be relevant and effective in the current community landscape. It also means that as the CSWB Plan rollouts and matures, there is the opportunity to expand the scope of goals and activities to include community risk sub-areas identified, but not currently prioritized in this first iteration. The CSWB Plan itself will be important for shared district planning between community partners and informing the community at large of the way forward. In addition, it is acknowledged that there is a role for all levels of government and targeted financial resource commitments from higher levels of government (e.g., Provincial and/or Federal) will be necessary to successfully fund certain activities to see the plan's goals to fruition. Collectively, for the CSWB Plan to be a successful living document, it will serve to assist in improving the coordination of services, collaboration, information sharing, advocacy and partnerships among local government, agencies, and organizations, and ultimately improving the quality of life for Timiskaming District's residents.

CSWB Plan Executive Overview

Priority Areas	I. Health & Well-Being	II. Housing	III. Employment & Economy
Sub-Areas	• Health services (promotion, primary, secondary, tertiary, LTC) • Mental health • Addictions and substance misuse • Aging safely & community paramedicine • Culture, recreation and physical activity	• Affordable housing • Transitional and supportive housing • Shelters • Homelessness	• Education, skills and training • Hiring and retention/ addressing vacancies • Income stability • Equitable/well-being economy • Broadband/digital inclusion
Target Group	• Health system providers • Culture and recreation providers • Administrators of places where people live, learn, work and play	• Housing providers: public and private • Municipalities • Members of Parliament • Member of Provincial Parliament	• Municipalities • Related provincial ministries
Goal Outcomes	• Ensure timely access to health services by increasing services and reducing wait times. • Ensure health services are equitable and accessible to all by removing identified barriers. • Reduce the number of individuals experiencing crises related to mental health and substance misuse in the community. • Increase access to quality and safe living arrangements at home for aging individuals, individuals with special or physical needs and caregivers.	• Increase available and affordable housing options for community residents through greater market inventory and access to subsidized housing and housing benefits. • Create more pathways to housing through transitional and supportive housing options and services. • Serve community members experiencing homelessness through expanded shelter services.	• Promote education, skills and training for local jobs to create career pathways for local workforce opportunities. • Reduce unemployment and underemployment by helping individuals apply for jobs and pursue opportunities that match their level of education and skills. • Reduce skilled job vacancies in the region by retaining post-secondary graduates as permanent residents and members of the local workforce.
Long Term Outcome	**Increased Community Safety and Well-Being**		

IV. **Poverty**	V. **Community Safety**	VI. **Environment & Sustainability**
• Social services • Childcare • Transportation • Food insecurity	• Racism and discrimination • Gender based violence • Human trafficking • Road safety • Justice services	• Environmental stewardship • Climate change
• Employers • Members of Parliament • Member of Provincial Parliament • Municipalities • Charitable & advocacy organizations targeting poverty and/or hunger-relief	• General public • Local Ministry of Transportation Representatives • Municipalities • Local Institutions • Local Ministry of Community Safety & Correctional Services	• General public • Business community • Municipalities
• Increase regional understanding of evidence-based strategies that address root causes of poverty such as basic income and living wages. • Improve availability of affordable public transportation throughout the region and increase the mobility for residents to work, shop, play and access services. • Reduce food insecurity experienced in the region.	• Increase the public's perception of safety and belonging in their communities. • Improve road safety and reduce causal factors of roadway incidents. • Ensure access to affordable justice for all residents.	• Foster a sense of community and community building around the natural environment in the region • Create plans for mitigating effects of climate change and adverse natural events in communities..
Increased Community Safety and Well-Being		

Message from the Steering Committee

This Community Safety and Well-Being (CSWB) Plan marks a milestone step on the journey to improve safety and well-being for all in the District of Timiskaming including the Municipality of Temagami. The plan aims to ensure action, recognizing a need to continuously monitor and remain responsive to the emerging needs of our communities and is the result of collaborative efforts among local organizations, municipalities, and the public.

We are grateful to all who shared their wisdom and knowledge to inform the plan including the many community members who responded to the community survey.

We would also like to acknowledge the CSWB Advisory Committee Members who, since July of 2021 have dedicated time and knowledge despite the impact of the COVID-19 pandemic and the resulting strain on organizations represented on the Advisory Committee. Their input has been instrumental in appreciating the needs and assets across diverse municipalities in Timiskaming and identifying what strengths and efforts to build on and what more can be done to address gaps. Their commitment to creating a CSWB Plan for Timiskaming and by Timiskaming is appreciated and recognized.

We would also like to recognize LBCG Consulting for Impact for their services in conducting data gathering and analysis, engaging stakeholders and facilitating rich dialogue to create this CSWB Plan. Recognition also goes to all municipalities who funded this collective and deliberate planning process.

The process of creating the plan resulted in a greater understanding of challenges and opportunities and strengthened relationships among partners. This is the beginning of a collective path towards improving safety and well-being in the Timiskaming District.

Chris Oslund
City Manager,
Temiskaming Shores

Bonnie Sackrider
Director of Community Services,
Kirkland Lake

Kerry Schubert-Mackey
Director of Community Health,
Temiskaming Health Unit

Mark Stewart
CAO, District of Timiskaming
Social Services Administration
Board

Community Safety and Well-Being

Improving safety and well-being in our community requires a comprehensive approach that includes improving the social determinants of health and working towards systems change. Factors such as poverty, unequal access to education, unemployment and underemployment, poor early childhood development, inadequate housing, crime, social exclusion, systemic discrimination (including systemic racism), and barriers to accessing health and social services increase the likelihood that communities will experience unsafe and unhealthy situations. Addressing the root causes of issues that negatively impact safety and well-being will maximize opportunities for all residents to thrive and sustain healthy and connected communities. By prioritizing equity across our work and addressing systemic discrimination we will help achieve our shared vision of inclusion, safety and connectedness for all residents in the community.

Community Safety and Well-Being Plans

Community Safety and Well-Being Plans are provincially legislated for municipalities in Ontario under the Comprehensive Ontario Police Services Act, 2019. Aligning with the Ontario Provincial Police (OPP) detachment areas, the Municipality of Temagami has been included within the scope of this regional CSWB Plan for the Timiskaming District. A multi-sectoral approach to community safety and well-being planning recognizes that more law enforcement is not the answer to complex social problems. A single organization or sector cannot tackle these complex and interconnected issues alone. The Timiskaming District's CSWB Plan focuses on how partners can work collaboratively across different sectors towards a shared commitment to making Timiskaming District a safer, more inclusive and connected community where all residents thrive.

Steering Committee

The development of this CSWB Plan was overseen by a Steering Committee comprised of senior leaders from the municipalities of Temiskaming Shores, Kirkland Lake, the Timiskaming Health Unit (THU) and the District of Timiskaming Social Services Administration Board (DTSSAB). The development of the CSWB Plan was led by a consulting team from LBCG Consulting for Impact. The DTSSAB managed the hiring of LBCG Consulting for Impact, funded by the district's municipal apportionments.

Advisory Committee

This Plan was developed with the support and contribution of multiple agencies and organizations in the Timiskaming District. Their involvement was greatly appreciated and critical to the development of the plan, and it will be critical to look to them and new partners in the community to continue to evolve and implement the plan.

- Blanche River Health
- CMHA Cochrane-Timiskaming
- District of Timiskaming Social Services
  Administration Board
- Keepers of the Circle
- Kirkland & District Family Health Team
- Kunuwanimano Child & Family Services
- North Eastern Ontario Family &
  Children's Service
- Northern College
- Ontario Provincial Police
- Pavilion Women's Shelter
- Salvation Army Temiskaming
- Temiskaming Hospital
- Temiskaming Métis Community Council
- Temiskaming South Community Living
- Timiskaming Health Unit
- Timiskaming Municipal Association

Community Background

Indigenous peoples have inhabited the land in the Timiskaming area for over 6,000 years. Lake Temiskaming, the headwaters of the Ottawa River, has always occupied an important place as a trading route between First Nations. A large territory surrounding Lake Temiskaming has traditionally been occupied by the Algonquin people. European settlers first arrived in the area when coureurs de bois explored and traded fur in what is now the Timiskaming District, in the 17th century. The first towns established in the area, New Liskeard and Haileybury on Lake Temiskaming were both established in the late 1890's, but at that time the only way to reach the towns was by canoe or by steamer up the lake in the summer, before mining and the arrival of railroads greatly stimulated development in the region in the early 1900s. Today, the Timiskaming District is home to several provincial parks that recognize these historic waterways.

Today there are 23 municipalities and three First Nations – Temagami First Nation, Matachewan First Nation and Beaverhouse First Nation – in the Timiskaming District, in addition to the Municipality of Temagami with a collective population of approximately 31,000[1]. With a land area of over 13,000 km^2, the district is sparsely populated, dominated by great forests, farmlands and lakes.

Community Safety and Well-Being in the Timiskaming District

The Ministry of Solicitor General defines community safety and well-being as "the ideal state of a sustainable community where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression." This emphasizes that community safety and well-being are more than just having our basic needs met and being free from crime. Rather, it encompasses the social determinants of health and many aspects of our social, physical, emotional and spiritual well-being.

National Factors Impacting Community Safety and Well-Being in the Timiskaming District

COVID-19 Pandemic

The global COVID-19 pandemic and the provincial state of emergency declared in March 2020 has created a unique environment and new challenges that Canadians collectively face as a nation. It has resulted in waves of widespread closures, job or wage losses and increased isolation, anxiety and uncertainty. Realities of the pandemic have introduced drastic changes in how we went about our daily lives for the past two years. Many of us would not have thought to still be managing the virus still to this day, and there will potentially be significant long-term impacts not yet understood that will have impacts on community well-being.

Opioid Crisis

Canadians saw the opioid overdose crisis worsening during the COVID-19 pandemic with many communities across Canada reporting record numbers of opioid-related deaths, emergency calls and hospitalizations. In the first 15 weeks of the COVID-19 pandemic in Ontario, 695 people died of a confirmed or suspected opioid related death, representing a 38% increase compared to the 15 weeks immediately preceding the pandemic.[2] An investigation of the district's corner cases suggests that the Timiskaming District is experiencing an opioid crisis through the presence of a high and increasing incidence of accidental overdose deaths in 2019/20 and 2020/21.[3] Timiskaming District has high substance misuse rates with rates of hospitalizations attributed to opioid use at 27.2 per 100,000 versus 13.7 per 100,000 in Ontario[4], yet there are gaps in available inpatient addictions services for residents of the district.

Labour Shortage

During the COVID-19 pandemic, Canada has seen a labour shortage take off. Across the country, there were 915,500 unfilled positions reported at the end of 2021, a 63% increase from 2020[5]. Jobs are also staying vacant for longer, with almost half of vacancies remaining unfilled for 60 days. Some of the hardest to fill occupations include servers, construction labourers and social workers. Hiring challenges are predicted to continue for the next five years until factors like the job market have stabilized after the en masse exiting of the labour force created by the retirement of the Baby Boomers and immigration returns to pre-pandemic levels.

Affordable Housing Shortage

Canada has been experiencing a prolonged heated real estate market, driving up prices across the country for homeownership and rentals. As homeownership is becoming a larger financial challenge for many households, more Canadians are renting than before. Research shows that in the last decade, Canada has been losing affordable rental units, far faster than new ones are being built, and it's forcing some renters out of the homes and communities they know. Rentals that were once considered affordable are seeing significant price increases. Between 2014 and 2019, rents bachelor, two- and three- bedroom apartments in large metropolitan areas across the country increased by nearly 20%.[6] At the same time, incomes of Canadians remained largely unchanged. Two thirds of Canada's housing shortage is in Ontario. At the end of 2021, the average price for a house in Ontario was $923,000 — triple what it was 10 years ago — while income rose just 38 per cent.[7]

Provincial Community Safety and Well-Being Planning Framework

The Ministry of the Solicitor General outlines a planning framework to support municipalities in developing a comprehensive approach to mitigate harm and promote safety and well-being. The framework outlines four levels of intervention:

Promoting and maintaining community safety and well being

Proiactively reducing identified risks

Mitigating situations of elevated risk

Critical and non-critical incident response
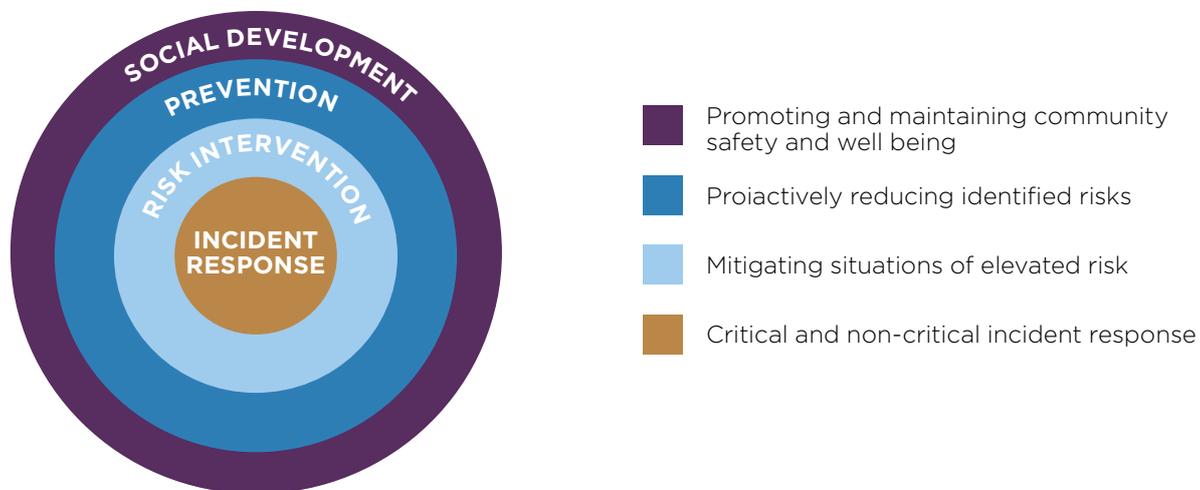
Social Development: Addresses underlying causes of social issues through upstream approaches that promote and maintain individual and community wellness.

Prevention: Applies proactive strategies to known and identified risks that are likely to result in harm to individuals or communities if left unmitigated.

Risk Intervention: Identifies and response to situations of acutely elevated risk and mobilizes immediate interventions before an emergency or crisis-driven response is required.

Incident Response: Requires intervention by first responders such as police, paramedics, and other emergency-driven services.

Timiskaming District's CSWB Plan consists of strategic actions that fall within the four levels of intervention while focusing our collective efforts on social development and prevention. Ultimately, the goal is to reduce the need for incident response by addressing underlying issues.

Plan Guiding Principles

Four guiding principles are recommended to help the CSWB Plan's implementation and ultimate success. These are informed by best practices for community development initiatives.

- **Collective impact:** This form of collaboration brings people together in a structured way towards a common agenda and plan of action to address a complex social problem.[8] The collective impact approach is characterized by five core elements that facilitate effective cross-sector collaboration and the resulting population-level impacts.
- **Social and environmental determinants of health:** The conditions in which people are born, grow, work, live and age influence their overall health and well-being. These conditions, known as the social determinants of health, include social and economic factors that can positively or negatively influence health outcomes.[9] Likewise, several environmental factors and built environments influence the risk and experience of chronic disease. Recognizing that factors outside the control of individuals can influence their well-being impacts the types of preventive and upstream actions that are needed to influence population health.
- **Applying an equity lens:** Equity refers to fair, just and respectful treatment that recognizes and acknowledges the need to treat people differently depending on their needs and circumstances. It involves the removal of barriers to address historic and current disadvantages for under-represented and marginalized groups.
- **Anti-racism:** Anti-racism is a process of actively identifying and opposing racism. The goal of anti-racism is to challenge racism and actively change the policies, behaviours, and beliefs that perpetuate racist ideas and actions. Anti-racism is rooted in action. It is about taking steps to eliminate racism at the individual, institutional, and structural levels.

Larger descriptions of these guiding principles and their applications are expanded upon in the Appendix.

Identifying the Priority Areas of Focus

Community safety and well-being plans are broad and multi-faceted. They encompass many areas and intersect with many sectors. A combination of research, a review of existing data and community reports, and input from system leaders and community stakeholders was used to identify where to focus collaborative efforts for the Timiskaming District CSWB Plan.

Process

The CSWB Steering Committee identified key informants and stakeholder groups for inclusion in the CSWB Advisory Committee. The Advisory Committee membership included representative from sectors specified by the Ministry's requirements; Health and Mental Health Services, Educational Services, Community and Social Services, Children or Youth Services, Municipal and Police Services, in addition to other key stakeholders identify including Indigenous agencies, shelters and charitable organizations. The First Nations in the district were informed of the project and can participate as best suits their communities' interests at each stage of the plan, including the implementation.

Individual interviews were facilitated with each CSWB Advisory Committee member followed by a detailed review of relevant district studies, strategies and plans. The findings at this stage of the process were organized into a community scan that was used by the CSWB Advisory Committee in a half-day workshop to identify a preliminary shortlist of priority areas of focus to be investigated further.

The challenges present in Timiskaming District are interrelated and can create a positive feedback loop of negative consequences. This was explored with the CSWB Advisory Committee, as the relationship between various conditions, causes, core problems and effects/consequences were mapped. This helped affirm that the issues facing Timiskaming District were interconnected and that multiple priority areas of focus would be necessary to best address the factors that have the greatest impact on the community. While the CSWB framework focuses on risks, the goals identified in the plan will be successful by aligning with and building on the many assets and strengths that already exist in the Timiskaming District.

The shortlist of priority areas of focus was validated and honed in on through additional key stakeholder interviews, small group discussions and a District Community Safety and Well-being Survey. Over 500 Timiskaming District residents participated in the district survey. Building upon the additional information gathered, in a second workshop, the CSWB Advisory Committee was able to outline the six areas of focus prioritized in this plan:

I.   **Health & Well-Being**
II.   **Housing**
III. **Employment & Economy**
IV.   **Poverty**
V.   **Community Safety**
VI.   **Environment & Sustainability**

Health & Well-Being

Housing

Employment & Economy

Poverty

Community Safety

Environment & Sustainability

Priority Areas of Focus

Each priority area of focus was further broken down into sub-areas of interest. In total, 25 sub-areas were identified. In this section, each area of focus and its respective sub-areas are described; identifying the community need, a snapshot of services and programs available and what gaps and/or other plans and strategies exist in the district to align with or enhance.

I. Health & Well-being

The health status of a population is commonly seen to be inversely related to the remoteness of its location.[10] This experience can be illustrated through the poorer rates of health indicators for the population of the Timiskaming District when compared to the province. For instance, almost one in five (19%) of district residents aged 12+ perceive their overall health as fair or poor, almost twice the provincial population (11%).[11] Higher levels of obesity (37%) and diabetes (10%) are reported in the district as well as lower levels of regular weekly physical activity.[12] There are higher levels of hospitalizations in the district attributed to substance misuse, being twice the provincial rate for both alcohol (405.2 per 100,000) and opioid use (27.2 per 100,000).[13]

Five sub-areas of attention and improvement for individual and community health and well-being are explored below.

Health Services
It is important that within the Timiskaming District that residents have access to the full spectrum of health services from prevention to long-term care. In more rural areas, the delivery of health services can be a challenge due to the distances necessary to travel to reach health providers or the limited availability of providers in the area. The region has established an Ontario Health Team (OHT), the Équipe du Santé des Régions du Timiskaming Area Health Team. Introduced by the provincial government in 2019, OHTs are a new model of health care delivery, encouraging groups of health providers and organizations that, at maturity, will be clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined population. The Équipe du Santé des Régions du Timiskaming Area Health Team are moving forward with development and has identified two areas of focus related to older adults and mental health and substance use.

The main categories of health services are:

- Health promotion
- Primary care
- Secondary care
- Tertiary care
- Long term care

Health promotion helps individuals reduce the risk of illness and follow healthy lifestyles. These services are provided in a variety of ways and settings, led by the public health units. The Timiskaming District is served by the Timiskaming Health Unit, protecting the health of our communities by recommending policies, providing educational programs, conducting research and data collection, and identifying and breaking down health inequities. Health promotion is also often achieved at the primary care level too during patient interactions with physicians, nurses and health professionals.

Primary care is the doorway to heath services, through the direct provision of first-contact services (by providers such as family physicians, nurse practitioners, pharmacists and telephone advice lines) in the identification and treatment

of illness and injury. Five Family Health Teams, the Mino M'shki-ki Indigenous Health Team and the Centre de Sante Communautaire du Témiskaming help provide primary care across the district. Primary care is important in the referrals to and the coordination with other levels of care (such as hospitals and specialist care). When individuals do not have convenient or timely access to primary care services, they often end up visiting their local Emergency Department seeking care. 14.5% of the district's residents don't have a regular healthcare provider,[14] a persistent challenge in the context of a continued difficulty retaining health human resources in the district.

Secondary care is hospital care or when your primary care provider refers you to a specialist, who has more specific expertise in whatever health issue you are experiencing. Temiskaming Hospital and Blanche River Health provide secondary care to patients at three sites in Temiskaming Shores, Kirkland Lake and Englehart. There are three 24/7 Emergency Departments at these sites and visiting physician specialists. Specialists focus either on a specific system of the body or a particular disease or condition. Examples of specialists include cardiologists (heart disease), endocrinologists (hormone systems, including diabetes) and oncologists (cancer).

Tertiary care is when you are hospitalized and require a higher level of specialty care. Tertiary care requires highly specialized equipment and expertise for complicated treatments or procedures such as cardiac surgery, some forms of cancer treatment or paediatric (child) urgent care. Patients may have to travel outside of the Timiskaming District to Sudbury or southern Ontario hospitals for various tertiary care. Some tertiary care is delivered through satellite services at Temiskaming Hospital and Blanche River Health in the patient-care areas of Dialysis, Chemotherapy, Cardiac Rehabilitation and Virtual Critical Care through a partnership with Health Sciences North.

Long term care services help people live as independently and safely as possible when they can no longer perform everyday activities on their own. This is inclusive of home and community care in addition to facilities and nursing homes. People often need long-term care when they have a serious, ongoing health condition or disability. Long-term care is provided in different places by different caregivers, depending on a person's needs. Most long-term care is provided at home by unpaid family members and friends. It can also be given in a facility such as a nursing home or in the community, for example, in an adult day care centre. With the aging population, there is a building need for more long term care. Across the province, there is a shortage of long term beds at long term care facilities. Insufficient long term care beds in the district places strain on hospital services. One hospital reported 58% of funded beds being occupied by alternate level of care patients[15] who would be more appropriately cared for in a long term care facility.

Mental Health
Mental health is important at every stage of life, from childhood and adolescence through adulthood as it affects how we think, feel and act. It influences how we handle stress, relate to others and make choices. Development of community well-being encompasses concepts of positive mental health including social capital and connectedness, as well as civic engagement and participation by residents in decisions affecting their lives.

The last decade has seen an increased commitment to improving mental health services and combating stigmas. There are national concerns about increasing levels of depression and anxiety within communities, which have only been exacerbated in recent years with stressors presented through the COVID-19 pandemic and increasing costs of living. In the Timiskaming District, 11.8% of residents aged 12+ perceive their mental health as fair or poor vs. 7.9% in Ontario.[16] In the Timiskaming Community Safety and Well-being Survey, 68% felt that there are not sufficient mental health services in the Timiskaming District to serve the needs of the community.

The Canadian Mental Health Association (CMHA) Cochrane-Timiskaming branch and the North Eastern Ontario Family and Child Services (NEOFACS) lead the delivery of mental health services in the region to adults and children and youth respectively. NEOFACS has four sites in the Timiskaming district, each with four funded child and youth mental health worker positions. CMHA Cochrane-Timiskaming has three sites in the Timiskaming District, providing an array of outpatient supports and services and case management to support people with mental illnesses, concurrent

disorders (people living with a mental illness and an addiction/substance misuse) and dual diagnosis (developmental disability and serious mental illness) to access early intervention, intensive support, housing and peer supports. Partnerships help expand mental health services into the community. CMHA Cochrane-Timiskaming in partnership with the Temiskaming Hospital places a social worker in the Emergency Department to help reduce readmissions. A Mobile Crises Response Team (MCRT) is in development, led by the CMHA in partnership with the OPP. With a mix of OPP officers and CMHA crisis workers, the MCRT will improve crisis response services and mental health referrals during response calls.

Addictions and Substance Misuse

The Timiskaming District has high substance misuse rates, yet there are no inpatient addictions services currently available within the district. For those seeking withdrawal services, the closest options require to travel to facilities in Smooth Rock Falls or Timmins which are regularly at full capacity, presenting challenges for securing treatment beds for individuals in need. In the Timiskaming Community Safety and Well-being Survey, 60% felt that there are not sufficient addiction services in the Timiskaming District to serve the needs of the community.

The Timiskaming District Drug and Alcohol Strategy, co-chaired by the THU and the CMHA Cochrane-Timiskaming Branch, is working with many service agencies on ways to prevent and address harms associated with the continuum of substance use. The strategy is based on the pillars of prevention, harm reduction, treatment and enforcement, and includes an opioid early warning and response system. It will work to strengthen systems related to responding to and preventing overdoses and poisonings, recognizing and disrupting stigma and discrimination associated with substance use and addiction, enhancing pathways to substance use services and supports, and advocate for funding, resources, and public policy to address the root causes of substance use and substance use disorders.

The Timiskaming Opioid Poisoning Prevention Task Force, Timiskaming Substance Use Disorder Support Program Steering Committee and Change for Timiskaming are each independent community bodies that have organized in response to the Opioid Crisis and high levels of substance misuse present in the district. The Northeastern Recovery Centre was incorporated in September 2021 in pursuit of repurposing the former Pineger youth detainment facility in Kirkland Lake to be a new residential treatment centre to implement withdrawal management beds (medical and non-medical) and explore recovery housing options in the Timiskaming.

Aging Safely and Community Paramedicine

There is a need to accommodate the needs of the aging population, which continues to increase. It is estimated that by 2024, the number of people aged 65 and over will make up 20% of the nation's population.[17] This growth in the aging population will continue to put added pressure on health and community service providers in the district to keep up with the increasing demand for services, where services are already limited. In the Timiskaming Community Safety and Well-being Survey, 85% agreed that their community needs additional seniors housing, assisted living and long term care residences to help people age safely in our communities. It is important to proactively plan and act to prepare older adults to take into account their various needs as they age, so that communities can enjoy a quality of life for all residents, regardless of their physical or mental capabilities.

Some municipalities produce Age-Friendly Community Plans to coordinate the development of communities that promote active and healthy aging. To guide municipalities, the Ontario Age-Friendly Communities Outreach Initiative developed the eight dimensions which make up an Age-Friendly community:

1. Outdoor Spaces and Public Buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion

6. Civic Participation and Employment
7. Communication and Information
8. Community Support and Health Services

Age-Friendly Community Plans outline goals and objectives, often to achieve outcomes the eight dimensions to promote active aging within communities, remove barriers that prevent seniors from leading fulfilling lives, and allow seniors to age with dignity in a safe environment. While not all municipalities in the Timiskaming District produce Age-Friendly Community Plans, those that do exist can be leveraged to inform and guide district aging safety activities.

A Seniors Centre Without Walls (SCWW) program is delivered through Timiskaming Home Support in collaboration with the Timiskaming Health Unit. The SCWW program aims to reduce the feeling of loneliness and social isolation among homebound seniors and adults with physical disabilities aged 55+ in the Timiskaming region using a free conference call type platform to engage participants.[18] An evaluation of the program in 2019 found a strong recognized value of the program from surveyed participants. Almost all participants (97%) indicated that they would choose to stay in the SCWW program and 84% of participants responded that they were happy with the program. Furthermore, two-thirds of participants felt like they belonged to a community because of the program (58%) or had something to look forward to and felt better because of the program (65%).

Community paramedicine is a relatively new and evolving healthcare model. It allows paramedics and emergency medical technicians (EMTs) to operate in expanded roles by assisting with public health and primary healthcare and preventive services to underserved populations in the community. Some rural patients lack access to primary care and use 9-1-1 and emergency medical services (EMS) to receive health care in non-emergency situations. This can create a burden for EMS personnel and health systems in rural areas. Community paramedics can work in a public health and primary care role to address the needs of rural residents in a more efficient and proactive way. Community paramedics generally focus on:

- Providing and connecting patients to primary care services
- Completing post-hospital follow-up care
- Integration with local public health agencies, home health agencies, health systems, and other providers
- Providing education and health promotion programs
- Providing services not available elsewhere in the community

Culture, Recreation and Physical Activity
The Timiskaming District is a mosaic of northern Ontario communities with a rich history overlaying a region of great outdoors and extensive waterways. The district is a destination for recreation and community events. This culture provides residents with a particular quality of life and is an attractive element in drawing new members to the district. Three-quarters of residents in the Timiskaming District report a somewhat strong or very strong sense of belonging to their local community.[19] Maintaining vibrant communities is important to continue to attract businesses, residents, and visitors and foster a strong cultural sector. Participation and engagement with the arts, culture, and recreation benefit community well-being by contributing to better physical and mental health and community social dynamics. While access to culture, recreation and leisure opportunities are important for residents of all ages, it is particularly critical for the healthy development of children and youth.

Some municipalities create Cultural Plans and Recreation Plans to proactively monitor and support their communities' cultural, creative and leisure outlets. These plans outline objectives to develop robust, fun, and resilient communities through the social factors that encompass the environment in which people live, such as gathering places, arts, culture and heritage, food and entertainment, business and commerce. Cultural Plans recognize the unique cultural

groups found within communities, for example, the Francophone, First Nation, Métis, and Anglophone populations, and support the celebration of their cultural events and contributions to the social fabric of their communities. Likewise, Recreation Plans help to identify a community's recreation needs, and assists the municipality in determining future recreation service delivery, investment, and development, to guide and manage the direction of parks, trails, recreation and leisure services, programs, facilities and amenities. Existing Cultural Plans and Recreation Plans within the district can be leveraged to inform and guide district CSWB activities.

II. Housing

Housing is a large concern for residents of the Timiskaming District. There is a shortage of affordable and available housing across the district. Local industry booms (e.g., mining) periodically have placed added pressure on the housing market and affect prices as influxes of workers seek accommodations during their employment. More recently, a greater volume than normal of individuals and families were seen moving north from parts of southern Ontario during the pandemic as there was increased migration from urban centres. There is an imperative need for strategies that address affordable housing shortages experienced in Timiskaming District throughout the housing spectrum. Within this plan, four sub-areas within the housing spectrum for attention and improvement are explored below.

The Housing Spectrum

Source: Canada Mortgage and Housing Corporation

Affordable Housing
In Canada, housing is defined as affordable if it costs less than 30% of a household's before-tax income.
Many people think the term "affordable housing" refers only to rental housing that is subsidized by the government. In reality, it's a very broad term that can include housing provided by the private, public and non-profit sectors. It also includes all forms of housing tenure: rental, ownership and co-operative ownership, as well as temporary and permanent housing. The percentage of residents in the district who spend 30% or more of their income on housing is 21%.[20] This is somewhat lower than the provincial rate (28%). This could be in part due to the substantially lower costs of housing in the district (median monthly shelter costs for rented dwellings in the district is $691)[21] than the provincial average, which is reflective of more urban areas. However, the district's median total income is less than the provincial median and the costs of housing are still a financial stretch for individuals who rely on social services and financial assistance like Ontario Works (OW) or Ontario Disability Support Program (ODSP). Currently, over one in five renters in the district, reside in subsidized housing.[22] The DTSSAB has over 600 units across 34 locations in the district, however, there are still waitlists, most significantly for seniors. In the Timiskaming Community Safety and Well-being Survey, half of the participants (49%) felt that their community is not proactive enough in creating options to improve affordable housing.

Transitional and Supportive Housing

Transitional or supportive housing refers to a temporary type of supportive accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, supports (for addictions, mental health or domestic violence for instance), life skills, and in some cases, education and training. It is more long term, service-intensive, and private than emergency shelters yet remains time limited typically to stays of three to six months. It is meant to provide a safe, supportive environment where residents can overcome trauma, begin to address the issues that led to homelessness or kept them homeless, and begin to rebuild their support network. Transitional housing can connect individuals with tailored resources for those who have difficulty maintaining housing like CMHA's rent subsidies for clients, or the DTSSAB's homeless prevention worker who works with at-risk tenants to try to prevent evictions. In the Timiskaming Community Safety and Well-being Survey, 67% agreed that their community needs additional transitional housing to help people reach permanent housing. There are limited transitional and supportive housing units in the Timiskaming District currently. Without these services, it is difficult for individuals to separate from unsafe or enabling environments when they can't secure new accommodations

Emergency Shelters

Emergency shelters are places for people to live temporarily or access overnight shelter when they don't have a place to stay. They are used by individuals facing homelessness as a harm reduction model and to serve as hubs for relevant services and supports. Some emergency shelters are focused on those fleeing an abusive relationship, sexual abuse or domestic violence (i.e., women's shelters). This is the case of Pavilion Women's Centre, which is the only emergency housing currently available in the district. For all others experiencing various forms of homelessness (episodic, situational or chronic), they must be referred and provided transportation outside of the district in order to access emergency housing or shelter. In the Timiskaming Community Safety and Well-being Survey, 54% agreed that their community needs enhanced emergency shelter services to address homelessness in the community. To address this gap, Zack's Crib, a is safe bed facility, that is presently in development in Temiskaming Shores.

Homelessness

Homelessness describes the situation of an individual, family or community without stable, safe, permanent and appropriate housing, or the immediate prospect, means and ability to acquire it. It can be the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual or household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, unhealthy, unsafe, and distressing.

In September 2021, the DTSSAB completed their most recent Homelessness Enumeration. Baseline data is vital to understanding the challenges of homelessness and the extent of homelessness in the district. The Homelessness Enumeration identified 53 homeless individuals within the district. Additionally, two-thirds (62%) of Homeless Enumeration participants reported regularly staying with family and friends (e.g., couch surfing). This information demonstrates the presence of hidden homelessness in the district and the potential of several individuals not captured in the enumeration.

It is recognized that there is an overrepresentation of Indigenous peoples amongst Canadian homeless populations resulting from the legacy of trauma from colonization and displacement. In addition, numerous populations, such as youth, women, people with mental health and addictions issues, people impacted by violence, seniors, and members of LGBTQ2S communities are at greater risk of experiencing homelessness.

III.   Employment & Economy

Education plays an important role in determining the health status of an individual, creating pathways to employment and greater income levels. This can also affect health by influencing social and psychological factors like greater perceived personal control.[23] The Timiskaming district has lower levels of education compared to the province. Currently, 18% of Timiskaming District's population between the ages of 25-64 years have less than a high school diploma, almost double the provincial average (10%)[24] : Four District School Boards serve the Anglophone and Francophone communities in Timiskaming in addition to Kiwetin Kikinamading (Timiskaming First Nation, Quebec) and private schools in the district. Two of the district's school boards have a lower percentage of students who graduate high school within five years of starting grade 9 than the provincial average (88%), with one school board reporting 71%.[25] While the percentage of the district's and province's population who have a high school diploma or GED as their highest level of education is equal (25%), the percentage of the population with a university degree in the district is a third of the provincial average of 32%.[26]

Northern College is the post-secondary institution present in the district, with campuses in Haileybury and Kirkland Lake. The campuses include access centres for other institutions for Contact North and College Boreal. There is a history and a partnership between the college and the local industries, leading to curriculum and program development to align with the district's economic needs, for example, mining in the north and agriculture in the south. A partnership with Algoma University allows for various dual diploma and bachelor programs at Northern College. Employment Ontario's Employment Services are delivered on Northern College's campuses, providing support for students seeking employment and funding for adult learners to go back to school.

The sub-areas of addressing the challenges pertaining to hiring and retention of skilled workers and addressing vacancies in the district in addition to income stability were identified.

Hiring, Retention and Addressing Chronic Vacancies
Recruitment and retention are a challenge, particularly for the health human resources, with providers experiencing high turnover rates and chronic vacancies. This is only exacerbated by the national labour shortage experienced since the start of the COVID-19 pandemic.

Education is critical to enhancing local talent and creating a pipeline of residents who can fill job openings. If district residents can see the local demand for skilled professionals as career opportunities for themselves, and the pathways for them to pursue the appropriate education and training are made clear and accessible, then the need to recruit and retain employees from outside of the district may be able to be alleviated in the future. A challenge in this approach is that there is no university within the district to train health human resources (i.e., doctors, social workers, addictions and mental health) within the communities. Additionally, In the Timiskaming Community Safety and Well-being Survey, 32% felt that educational or training opportunities they are interested in are unaffordable.

Other factors also play an important role in supporting recruitment and retention. Appropriate housing options need to be readily available for recruited candidates and professionals who are moving to the district. Local housing shortages can cause employment contracts to collapse if successful job candidates are unable to find housing options once accepting offers or for candidates to decide to leave prematurely if desirable housing is not found in the long term. Additionally, a strong cultural sector helps to retain residents, attract talent, and support local entrepreneurship.

Income Security
Income security is one's ability to pay for their basic needs without fear of losing their income source. Factors such as lower minimum wage rates and temporary or casual employment can contribute to income insecurity. Precarious employment in Canada has increased by nearly 50% over the past two decades.[27] There are a few possible policy

options to increase the amount of income security in Canada. One option is increasing the minimum wage to a living wage. Basic income is another policy option to try to achieve income security. Basic income is different from other forms of social assistance in that it guarantees a minimum income level to individuals regardless of their employment status.

Unemployment is higher in the Timiskaming District, at 8.9% compared to 7.4% across the province.[28] A person's ability to find a job becomes increasingly difficult the longer that they remain unemployed, making it difficult to overcome poverty. In the longer term, they also tend to earn less once they find new jobs.

IV. Poverty

Nearly one out of every seven Canadians currently live in poverty.[29] Poverty is a widespread issue across the country and the world, but vulnerable groups such as people living with disabilities, single parents, elderly individuals, youth, and racialized communities are more susceptible. In Timiskaming, 17.5% of households live with low income and are often forced to make tough choices on how to spend their money.[30] In the Timiskaming Community Safety and Well-being Survey, 38% indicated that they have monthly concerns about having enough money to pay for housing/rent, food, clothing, utilities and/or other basic necessities. The effects of poverty can be expressed in different aspects of a person's life, including food security, health, and housing. Due to its sweeping impact on one's quality of life, the World Health Organization has declared poverty to be the single largest determinant of health. It is challenging to know how much poverty costs Canadians precisely but it is widely accepted that poverty is one of the biggest burdens on the economic, healthcare, and criminal justice systems in Canada. An estimate for Ontario places the cost of poverty between $10.4 billion and $13.1 billion for the government.[31] Four sub-areas for addressing poverty are explored below.

Social Assistance
In Ontario, social assistance is delivered through two programs, Ontario Works (OW) and Ontario Disability Support Program (ODSP). These programs provide monthly financial assistance to help individuals and their dependents with living expenses including food and rent, health benefits and employment supports to help beneficiaries find and keep a job. Unfortunately, it is widely recognized that social assistance programs in Canada do not provide adequate support for individuals and families to meet their basic needs. For example, in 2012, 70% of households relying on social assistance were also food insecure and accounted for at least half of food bank users.[32]

Childcare
In today's labour and economic climate, it can require that there are multiple household incomes to cover the costs of a family's basic needs. Parents rely on childcare to help them enter, re-enter, or remain in the workforce, but access to affordable, quality childcare is often a significant barrier for many. Costly out of pocket childcare options can rival lower-income salaries, prompting some families to have a parent leave the workforce to provide their own childcare. Mothers are more common than fathers to take time away from paid work to care for a child, which can exacerbate mothers' lifetime earnings gap. The province of Ontario and the federal government have signed a $13.2-billion agreement to lower the cost of child care in the province to an average of $10 a day by September 2025. Starting in April 2022, this agreement will start an immediate reduction in fees for licensed childcare centres will see fees reduced up to 25%. The implementation of affordable childcare will improve access to early learning and childcare programs for more families while helping working parents.

Transportation
The Timiskaming District is largely rural and remote with a population density of 2.3 people per square kilometre, less than a sixth of the provincial population density (14.8/km2).[33] This creates some barriers for residents, particularly around transportation and telecommunication services.

- Distance and inclement weather can make travel and accessing services more difficult.
- Distribution of community can lead to isolated residents, particularly seniors and those without reliable transportation.
- There is no district-wide access to reliable cell and high-speed internet service coverage in rural and remote areas.
- Many parts of the district do not have public transit operations, including urban areas like Kirkland Lake. Taxis are the main transit option, but for many lower-income families this is a costly mode of transportation to depend on.
- Not all of the district's population has at least one reliable method of transportation, i.e., own vehicle or bus pass and the availability of public transportation.
- Lower density development and the absence of public transit severely limits the walkability of neighbourhoods and residences.

Public transportation provides people with mobility and access to employment, community resources, medical care, and recreational opportunities across and within communities. It benefits those who choose to ride, as well as those who have no other choice. Many families experiencing low income do not own a personal vehicle and rely on methods of public transportation. The absence of public transportation networks in northern Ontario communities is an enormous challenge for those who either cannot afford or are unable to drive.

Food Insecurity

Food insecurity refers to inadequate or insecure access to food due to financial constraints. Food security is not only concerned with adequate quantities of food, but also with the quality of food available and accessible. This is important because food insecurity is not only associated with malnutrition as it relates to insufficient caloric intake but also as it relates to the higher intake of energy-dense, nutrient-poor foods, which are often also more affordable. Studies have shown that there are connections between food insecurity and obesity in adults and children.[34] Prices of groceries are more expensive in the north contributing to the experiences of food insecurity in the area. About 1 in 10 households in Timiskaming experiencing household food insecurity.[35]

Additionally, food insecurity has been shown to negatively impact children's long-term physical and mental health, increasing their risk of conditions such as depression and asthma, and reducing their ability to succeed in school. Similarly, adults living with food insecurity are more likely to have overall poorer health, demonstrating higher occurrences of chronic conditions like depression, diabetes, and heart disease. Existing medical conditions are also more difficult to manage in food-insecure environments and frequently result in enlarged medical costs.[36] The Salvation Army operates food banks in Kirkland Lake and Temiskaming Shores and is a member of Feed Ontario. There is also the Haileybury Food Bank. While food banks help elevate the symptoms of food insecurity, they do not get at addressing the root causes.[37]

V. Community Safety

Community members' perceptions of safety and acceptance are critical for strong community vibrancy. In the Timiskaming Community Safety and Well-being Survey, over one-third indicated that they feel somewhat unsafe in their community. Almost two-thirds (61%) of survey participants felt that over the last three years, they perceive that crime in their community has increased. For community safety, it is also important that accessibility is built into community environments, like street crossing signals for the visually impaired. Five sub-areas for improving community safety are explored below.

Racism and Discrimination

Every person in Ontario deserves to be free from racial discrimination and harassment. The elimination of discrimination and harassment through zero tolerance is important to foster community cohesion, safety and vibrancy. Furthermore, proactive identification and action in addressing systemic racism are critical to building an equitable society. In the Timiskaming Community Safety and Well-being Survey, two-thirds (64%) agreed that there are racist attitudes and/or behaviours present in their community. Awareness is a huge step in addressing racism and shows a commitment from the community towards an acknowledgement of the issue, which is a necessary step toward empowering those that are oppressed through racism. However, instances of racial discrimination and harassment can continue to persist when they are not addressed head-on due to societal aversions of the uncomfortable or difficult conversations involved in calling them out.

Respect, cultural competency and safety are important for local Indigenous Nations and Francophone populations. A Timiskaming District Indigenous Cultural-Linguistic Cultural Competency Framework was developed in partnership with the DTSSAB.

A history of systemic racial marginalization of First Nations and their peoples has manifested as continued inequitable outcomes at the community level where Indigenous peoples experience:

- Higher incidence of morbidity and mortality,
- Lower levels of educational attainment,
- Fewer economic opportunities,
- Higher levels of police intervention.

Gender-Based Violence

Gender-based violence refers to harmful acts directed at an individual based on their gender. It is rooted in gender inequality and disproportionately impacts women, girls, and Two-Spirit, trans, and non-binary people. It includes sexual, physical, mental, and economic forms of abuse inflicted in public or in private as well as threats of violence, coercion, and manipulation. While violence affects all people, some people are more at risk of experiencing violence because of various forms of oppression, such as racism, sexism, homophobia, transphobia and ableism. There is a greater incidence of gender-based violence in rural areas in addition to a nationally observed increase in domestic violence during the pandemic.

The Pavilion's Women's Shelter has 10 emergency shelter beds in Temiskaming Shores and a services office in Kirkland Lake for women experiencing homelessness due to violence against women (VAW). Pavilion provides various programs for women and families including childcare, education, victim counselling and a crisis support line in addition to providing public VAW training and education.

There isn't a local LGBTQ2S+ Pride in the Timiskaming District or as many services or resources for those with queer identities. These events and networks are important for members of the LGBTQ2S+ community for

placemaking, increased visibility and representation and connection to supports for vulnerable individuals.

Human Trafficking
In Canada, information from community members and police investigations suggests that those who are most likely to be trafficked are Canadian girls and women exploited for sexual purposes. Other higher at-risk populations include Indigenous women and girls, new immigrants, children in the child welfare system, persons living with disabilities, LGBTQ2 persons, and those struggling socially and/or financially. In addition, migrant workers may be at higher risk of exploitation and abuse due to language barriers, working in isolated/remote areas, lacking access to services and support, and/or correct information about their legal rights.

While human trafficking often takes place in large urban centres, it also occurs in smaller cities and communities. Over two-thirds of human trafficking incidents in Canada between 2009-2019 were reported in Ontario.[38] It is recognized that the presence of the Trans Canada Highway in the district presents risks of criminal activity associated with "drug corridors" and sex trafficking.

Road Safety
Increasing road safety in the Timiskaming district was identified as a top priority in the Timiskaming Community Safety and Well-being Survey. Impaired driving incidents in the district remain a concern as a significant factor in motor vehicle collisions and serious safety matters on the area's highways, waterways and trails. A 5-year review by the OPP Temiskaming Detachment found that levels of alcohol or drug-related driving incidents have remained persistent, even slightly increasing in the most recent years.[39] The local OPP detachments remain focused on the enforcement of the "Big Four" causal factors of serious incidents. The Big Four include impaired driving (alcohol and drug), speeding and aggressive driving, inattentive or distracted driving and lack of occupant restraints and safety equipment.

Justice Services
The safety and well-being of communities in the Timiskaming District is and will always be, a top priority for the Temiskaming and Kirkland Lake OPP Detachments that serve the district. The Ontario government released its most recent Ontario Mobilization and Engagement Model for Community Policing (OMEM) in 2010. Implementation of the model and what it looks like in practice is ongoing and continues to develop and evolve. OMEM emphasizes having all community members and human services agencies working with the police to keep neighbourhoods safer, more secure, and healthier.

The OPP is committed to tackling violent crime and curbing criminal activity by addressing the root causes of crime and complex social issues and focusing on social development, prevention and risk intervention. The Timiskaming District has seen higher crime rates than the province in the past five years.[12] The district's rates of sexual assault are greater than in the province, while there are also fewer specialized resources available for victims.

Over the past decade, police have increasingly been called to situations involving individuals who are facing mental health crises, addictions, homelessness and other complex social issues. Although police and emergency response are often the first points of contact in these situations, they are not necessarily equipped with the skills and training to respond to individuals with trauma or who are experiencing mental health crises. The Mobile Crises Response Team in development, led by the CMHA in partnership with the OPP will improve crisis response services and mental health referrals during response calls.

Canada's justice system serves to facilitate the timely and just resolution of legal issues. However, it has been recognized that there are barriers that exist within the system that can make it difficult for the most vulnerable populations of which it means to protect. Many offenders in the justice system can be people suffering from mental

health and addictions issues and are often homeless. "Affordable justice" is a mounting concern and priority to ensure for all Canadians. There are two dimensions to cost that individuals may incur within the justice system: the direct cost of the service that the client pays through service fees and the indirect costs that the client bears in order to access a service, such as travel costs, time off work, childcare costs, or costs to access online services. Additionally, unique barriers that different groups face when navigating the justice system can include access to translators and interpreters, having appropriate services for particular cultural groups, such as Indigenous families and recent immigrants, and accessibility measures for persons with disabilities, such as visual and hearing impairments. These challenges have the potential to limit access and to properly represent oneself in the justice system. A number of service models eliminate or reduce the direct cost of the service for clients by subsidizing service costs, implementing financial criteria for means-tests or removing service fees altogether.

VI. Environment and Sustainability

The availability and use of Canada's natural resources is a large contributor to many northern communities' well-being, of which the Timiskaming District is no exception. Many are drawn to the region due to the opportunities to enjoy the outdoors and the natural environment in their community, while the region also benefits from the natural resource economies. Many district residents are able to enjoy urban amenities while also having readily available outdoor recreation and remote backcountry access. This connection to natural resources fosters a heightened community relationship to the health and sustainability of the environment. The sub-areas of environmental steward-ship and climate change were identified for the plan.

Environmental Stewardship

Environmental stewardship is the responsible use and protection of the environment. Examples of responsible use include limiting the harvest of natural resources. Examples of protection include conservation and the creation of national and provincial parks. Indigenous peoples in Canada have practiced principles of environmental stewardship since time immemorial. Impacts of human activity on the environment are important to manage including industries' ecological footprint, greenhouse gas emissions and climate change, and clean water. This sense of responsibility is a value that can be reflected through the choices of individuals, companies, communities, and government organizations, and shaped by unique environmental, social, and economic interests. In the Timiskaming Community Safety and Well-being Survey, 55% agreed that environmental pollution is a risk to their community.

Climate Change

Climate change can be a natural process where temperature, rainfall, wind and other elements vary over decades or more. Over the past millions of years, our world has been warmer and colder than it is now. But today we are experiencing unprecedented rapid warming from human activities, primarily due to burning fossil fuels that generate greenhouse gas emissions. We are already witnessing effects of climate change as in addition to unprecedented warmer temperatures experienced, other consequences of climate change seen include intense droughts, severe wildfires, flooding, catastrophic storms and declining biodiversity. In the Timiskaming Community Safety and Well-being Survey, 52% agreed that climate change is a risk to their community. The Government of Canada recently issued the Health of Canadians in a Changing Climate Report with nine key findings:[40]

1. Climate change is already negatively impacting the health of Canadians.
2. Health risks will increase as warming continues, and the greater the warming, the greater the threats to health.
3. Some Canadians are affected more severely by climate change, as exposure and sensitivity to hazards and the ability to take protective measures varies across and within populations and communities.
4. The effects of climate change on health systems in Canada — for example, damage to health facilities and disruptions to health services and operations — are already evident and will increase in the absence of strong adaptation measures.

5. Efforts to prepare for climate change are known to reduce risks and protect health. We must take action now.
6. The health impacts of climate change on First Nations, Inuit, and Métis peoples are far-reaching, with disproportionate impacts on their communities, including food and water security and safety, air quality, infrastructure, personal safety, mental health and wellness, livelihoods, culture, and identity.
7. To successfully protect all Canadians from the health impacts of climate change, decision makers must pursue adaptation actions that are inclusive and equitable and consider the needs of racialized, marginalized, and low-income populations.
8. Increased efforts to reduce greenhouse gas emissions are required to help protect the health of Canadians.
9. Reducing greenhouse gas emissions can provide very large and immediate health co-benefits to Canadians.

Priority Areas Goals

18 goals are identified within this plan to direct strategic actions that will focus the district's collective efforts on social development and prevention. These goals were prioritized based on community need, anticipated impact, and local opportunities. Recognizing the large scope of community services, programs and development included in this plan, goals pertaining to all 25 sub-areas were not included in this first iteration of the CSWB plan. As the implementation of the CSWB Plan processes and the plan matures, there will be the opportunity to expand the goals encompassed by the plan and its Performance Measurement Framework.

Suggested corresponding activities to achieve the goal outcomes are provided. The activities ultimately pursued will be dependent on the resources available when implementing the plan and aligned with the assets and strengths present in the community at the time.

I. Health & Well-being

Goal Outcomes:

I.1 Ensure timely access to health services by increasing services and reducing wait times.

I.2 Ensure health services are equitable and accessible to all by removing identified barriers.

I.3 Reduce the incidence of mental health and substance misuse crises in the community.

I.4. Increase access to quality and safe living arrangements at home for aging individuals, individuals with special or physical needs, and caregivers.

Activities can include:

I.1.A1 Build coalitions to attract and retain health professionals and services.

I.1.A2 Where service gaps are identified increase focus on those gaps to address the lack of service by increasing the services and availability of those services.

I.2.A1 Develop an equity, diversity and inclusion evaluation tool for health services to identify equity and accessibility barriers for all populations.

I.3.A1 Build coalitions to expand mental health and addictions services.

I.4.A1 Work with organizations to break down barriers to accessing home support services and encourage older adults to ask for help.

II. Housing

Goal Outcomes:

II.1 Increase available and affordable housing options for community residents through greater market inventory and access to subsidized housing and housing benefits.

II.2 Create more pathways to housing through transitional and supportive housing options and services.

II.3 Serve community members experiencing homelessness through expanded shelter services.

Activities can include:

II.1.A1 Create a district housing assessment tool to scope, measure and evaluate the status and availability of affordable housing in the area.

II.1.A2 Work with municipalities to create targets and measures for their affordable housing plans.

II.2.A1 Build coalitions to develop new social and supportive housing.

II.3.A1 Support the development, launch and operations of new shelters in the region, starting with Zack's Crib.

II.3.A2 Maintain and utilize the By Name List as a tool to prioritize those who are in need of housing.

II.3.A3 Create a working group on housing that adheres to the Reaching Home goals, funding and principles.

III. Employment & Economy

Goal Outcomes:

III.1 Promote education, skills, and training for local jobs to create career pathways for local workforce opportunities.

III.2 Reduce unemployment and underemployment by helping individuals apply for jobs and pursue opportunities that match their level of education and skills.

III.3 Reduce skilled job vacancies in the region by retaining post-secondary graduates as permanent residents and members of the local workforce.

Activities can include:

III.1.A1 Complete a human resource gap analysis to understand and scope the region's human resource needs.

III.1.A2 Create partnerships between employers and educators to create and promote career pathways for local workforce opportunities through featured education, skills, and training.

III.2.A1 Promote and support the employment services in the region to increase engagement by those who are unemployed or underemployed.

III.3.A1 Build coalitions to develop new recruitment and retention strategies for identified jobs with frequent long-term vacancies and high rates of turnover.

III.3.A2 Create multicultural/language programs to help bring newcomers and international students into the local labour force.

IV. Addressing Poverty

Goal Outcomes:

IV.1 Increase regional understanding of evidence-based strategies that address root causes of poverty such as basic income and living wages.

IV.2 Improve availability of affordable public transportation throughout the region and increase the mobility for residents to work, shop, play and access services.

IV.3 Reduce food insecurity experienced in the region.

Activities can include:

IV.1.A1 Build anti-poverty coalitions and plans to address food insecurity, housing, and unemployment and increase understanding of poverty.

IV.1.A2 Determine what businesses/services offer "affordable access" for vulnerable groups (reduced rate, enhanced service, subsidy etc.).

IV.2.A1 Complete a public transportation assessment to understand where transportation gaps exist in the region.

IV.2.A2 Build regional transportation coalitions to increase access and availability.

V. Community Safety

Goal Outcomes:

V.1 Increase the public's perception of safety in their communities.

V.2 Improve road safety and reduce causal factors of roadway accidents.

V.3 Ensure access to affordable justice for all residents.

Activities can include:

V.1.A1 Coordinate training and public awareness related to addressing racism.

V.1.A2 Build coalitions for community cohesiveness by breaking down of barriers between populations and the building of trust and understanding while eliminating stereotypes and misconceptions.

V.1.A3 Promote the adoption of organizational training policies and the participation of the public for cultural awareness, safety and competency training.

V.1.A4 Support violence against women organizations in educating the public and increasing access to resources for victims of gender-based violence.

V.1.A5 Increase community awareness and understanding of human trafficking through public education.

V.2.A1 Public education to make roadways, waterways and trails safer.

V.2.A2 Maintain proactive measures and enforcement of the "Big Four" causal factors of roadway accidents. (Impaired, speeding/aggressive driving, inattentive/distracted driving and lack of occupant restraint and safety equipment).

V.3.A1 Promote and support legal services that eliminate or reduce the direct cost of the service for clients.

VI. Environment & Sustainability

Goal Outcomes:

VI.1 Foster a sense of community and community building around the natural environment in the region

V1.2 Create plans for mitigating effects of climate change and adverse natural events in communities.

Activities can include:

VI.A1 Build coalitions for recreational, advocacy and educational activities around the natural environment in the region.

VI.A2 Make space for the involvement of the Indigenous communities and their traditional knowledge and expertise in environmental planning for the region.

VI.A3 Solicit the involvement of resource industries through commitments to environmental sustainability and reinvestments into the community.

VI.A1 Build coalitions for the development of local climate action plan(s).

Moving Forward

Implementing the Plan

For the CSWB Plan's implementation, appropriate and achievable inputs and outputs will need to be affirmed by the municipalities, partners and community stakeholders. Then, the plan's collective stakeholders must then join in the commitment to implement them. Inputs comprise of financial, human, material and information resources dedicated to the initiative/program (e.g., grant funding, dedicated human and capital resources, agreed partnership, etc.). Outputs are direct products or services resulting from the implementation of the plan's activities (e.g., multisector collaboration, clients connected to service, development of a plan, completion of a program, etc.). While community buy-in, coordination and collaboration are important to make gains on the plan's goals, targeted financial resource commitments from senior levels of government to fund relevant strategic activities will need necessary to see the plan's goals to fruition.

Role of the Plan Leads, the Municipalities and Partners

The Timiskaming District has prepared a CSWB Plan for the 23 municipalities in the district and the Municipality of Temagami. This approach was pursued given the size of many of the municipalities in the district and the interconnectedness of communities as many residents regularly travel between them for services, employment, purchases and leisure. Additionally, many service providers span the entire district, benefiting from one collective plan. A district plan aligns with the principle of Collective Impact, that through a common agenda, shared measurement, mutually reinforcing activities, and communication the district should be more successful at creating change and impact for its communities.

To create effective governance of a district wide CSWB Plan, it is recommended that a Plan Lead is established. The Plan Lead could be one organization or a partnership of multiple organizations. The role of the Plan Lead would be the responsibility of organizing the necessary working groups for the implementation of the CSWB Plan and supporting the working groups' progress. This would require both leadership (e.g., CSWB Plan Chair) and coordination (e.g., CSWB Plan Implementation Coordinator) capacity from the Plan Lead. To do this, it is recommended that the Plan Lead would introduce a dedicated CSWB Plan resource role (full or part-time) to manage the implementation of the plan overseen by a senior leader in the organization acting as the CSWB Plan Chair. The necessary funds to support this added organizational capacity would be made possible through the municipalities by contributing the funding based on apportionments. This collective district funding approach is highly recommended, as should any municipality choose to pursue the implementation of a CSWB individually, it would be expected that they would ultimately incur greater relative costs while duplicating efforts and likely having difficulty achieving the same impact alone compared to the rest of the district.

An example of a CSWB Plan Lead would be the DTSSAB and/or the Timiskaming Health Unit. They are well situated for the role given their organizations' district-wide service mandate and the span and relevance of the scope of their work in relation to community safety and well-being. It would also be a natural continuation of their leadership in the development of the CSWB Plan as part of the Steering Committee.

The Plan Lead will need the active involvement and support of the municipalities, community partners and community engagement in order to successfully implement the plan. While the Plan Lead will provide a central, steering position, it will rely on participants of various working groups to design and implement relevant plan activities. For the implementation of the CSWB Plan, the role of the Plan Lead will primarily be the following areas below, supported by municipalities and community partners.

1. **Advocacy**
   a. Municipal endorsements
   b. Supporting initiatives
   c. Lobbying for initiatives
2. **Convening**
   a. Meeting with stakeholder groups
   b. Brokering partnerships and committees
   c. Organizing CSWB Plan working groups and supporting their development and process
3. **Monitoring**
   a. Data collection and reporting
   b. Reviewing outcomes
   c. Amplifying finding

Performance Measurement Framework

A Performance Measurement Framework (PMF) is important so that community progress can be tracked and evaluated against the CSWB plan. A PMF should correspond with the strategic priorities, as follows:

1. From the plan's strategies, list the identified outcomes, as well as the outputs once they are determined. It is important to measure both outputs and outcomes – output indicators show that planning partners are doing the activities they set out to do, and outcome indicators show that their activities and outputs are having the desired impact or benefit on the community or target group.
2. Develop key performance indicators;
   a. Quantitative indicators – these are numeric or statistical measures that are often expressed in terms of unit of analysis (the number of, the frequency of, the percentage of, the ratio of, the variance with, etc.).
   b. Qualitative indicators – qualitative indicators are judgment or perception measures. For example, this could include the level of satisfaction from program participants and other such feedback.
3. Record the baseline data; information captured initially to establish the starting level of information against which to measure the achievement of the outputs or outcomes.
4. Forecast the achievable targets; the "goal" used as a point of reference against which planning partners will measure and compare their actual results against.
5. Research available and current data sources; third party organizations that collect and provide data for distribution. Sources of information may include project staff, other agencies, organizations, participants and their families, members of the public and the media.
6. List the data collection methods; where, how and when planning partners will collect the information to document their indicators (i.e., survey, focus group).
7. Indicate data collection frequency; how often the performance information will be collected.
8. Identify who has responsibility; the person or persons who are responsible for providing and/or gathering the performance information and data.

A PMF for the plan has been started with the goal outcomes, indicators, data sources and reporting frequencies. The establishment of baseline data and future targets can be added in forthcoming evaluation iterations. Currently, all indicators are identified as being reviewed on an annual basis, but this can be tailored based on the speed and relevance at which different data sources are collected. Additional data sources may be identified at later dates and can be used to update the plan or improve indicator fidelity.

Performance Measurement Framework Table

I. Health and Well-being

Goal Outcomes	Indicators	Data Sources	Frequency
I.1. Ensure timely access to health services by increasing services and reducing wait times.	**I.1.M1** Percentage of residents in THU catchment area who have a regular healthcare provider. **I.1.M2** Average time spent in Emergency Departments by presenting patients. **I.1.M3** Length of stay of inpatients designated as alternate level of care and average long-term care home waitlists.	• Statistics Canada • Health Quality Ontario • Public Health Ontario • THU • Temiskaming Hospital • Blanche River	**Annual**
I.2. Ensure health services are equitable and accessible to all by removing identified barriers.	**I.2.M1** A process of evaluating competency of Equity, Diversity and Inclusion is applied to all health services. **I.2.M2** Number of actions directed at breaking down stigmas of mental health, addiction and disenfranchised individuals accessing services **I.2.M3** Number of new services and service expansions for better access, such as but not limited to geography, service delivery model, technology, hours of operations.	• CMHA • NEOFACS • FHTs • CSCT • Temiskaming Hospital • Blanche River • Mino M'Shki-Ki	**Annual**
I.3. Reduce the incidence of mental health and substance misuse crises in the community.	**I.3.M1** Total capacity of community supports for MH&A services. **I.3.M2** Incidence rate of MH&A visits to Emergency Departments. **I.3.M3** Incidence rate of emergency calls for overdoses. **I.3.M4** Incidence rate of fatal overdoses.	• Public Health Ontario • OPP • Office of the Coroner	**Annual**
I.4. Increase access to quality and safe living arrangements at home for aging individuals, individuals with special or physical needs and caregivers.	**I.4.M1** Number of home assessments completed by occupational therapists. **I.4.M2** Number of older adults and caregivers assisted in identifying and removing hazards to living safely in the home.	• DTSSAB • Temiskaming Home Support • Ontario Health Community Care • Temiskaming Hospital • Blanch River	**Annual**

Suggested Activities:

I.1.A1 Build coalitions to attract and retain health professionals and services.

I.1.A2 Where service gaps are identified increase focus on those gaps to address the lack of service by increasing the services and availability of those services.

I.2.A1 Develop an equity, diversity and inclusion evaluation tool for health services to identify equity and accessibility barriers for all populations.

I.3.A1 Build coalitions to expand mental health and addictions services.

I.4.A1 Work with organizations to break down barriers to accessing home support services and encourage older adults to ask for help.

II. Housing

	Goal Outcomes		Indicators	Data Sources	Frequency
II.1	Increase available and affordable housing options for community residents through greater market inventory and access to subsidized housing and housing benefits.	**II.1.M1**	Number of housing development partnerships resulting in new builds	• DTSSAB • TMA • Statistics Canada	**Annual**
		II.1.M2	Community rental vacancy rates and average rental rates.		
		II.1.M3	Percentage of households who spend >30% of income on shelter costs.		
		II.1.M4	Average wait times for affordable housing applicants.		
		II.1.M5	Number of seniors present on housing waitlist.		
II.2	Create more path ways to housing through transitional and supportive housing options and services.	**II.2.M1**	Number of individuals who are engaged in services designed to help obtain and/or retain housing.	• DTSSAB • CMHA • Salvation Army	**Annual**
		II.2.M2	Number of transitional housing units.		
II.3	Serve community members experiencing homelessness through expanded shelter services.	**II.3.M1**	Number of shelter beds.	• DTSSAB • Pavilion's Women's Centre • Zack's Crib • Timiskaming Home Support	**Annual**
		II.3.M2	Utilization of shelter services and average length of stay of shelter users.		

Suggested Activities:

II.1.A1 Create a district housing assessment tool to scope, measure and evaluate the status and availability of affordable housing in the area.

II.1.A2 Work with municipalities to create targets and measures for their affordable housing plans.

II.2.A1 Build coalitions to develop new social and supportive housing.

II.3.A1 Support the development, launch and operations of new shelters in the region, starting with Zack's Crib.

II.3.A2 Utilise the By Name List, and keep current, as a tool to prioritise those who are in need of housing.

II.3.A3 Create a working group on housing that adheres to the Reaching Home goals, funding and principles.

III. Employment and Economy

Goal Outcomes	Indicators	Data Sources	Frequency
III.1 Promote education, skills and training for local jobs to create career path ways for local workforce opportunities.	**III.1.M1** Rates of high school graduation and post-secondary education and training. **III.1.M2** Number of local work placements filled that originate from employer/educator partnerships.	• Statistics Canada • Ontario Ministry of Education • Northern College • District School Boards • TMA • Enterprise Timiskaming	**Annual**
III.2 Reduce unemployment and underemployment by helping individuals apply for jobs and pursue opportunities that match their level of education and skills.	**III.2.M1** Rates of unemployment among residents. **III.2.M2** Number of Ontario Works clients. **III.2.M3** Percentage of labour force employed full-time. **III.2.M4** Number of individuals who participate in employment services.	• Statistics Canada • DTSSAB • Northern College	**Annual**
III.3 Reduce skilled job vacancies in the region by retaining post-secondary graduates as permanent residents and members of the local workforce.	**III.3.M1** Percentage of post-secondary students who receive an employment offer within the region within 1 year of graduating.	• Northern College • DTSSAB	**Annual**

Suggested Activities:

III.1.A1 Complete a human resource gap analysis to understand and scope the region's human resource needs.

III.1.A2 Create partnerships between employers and educators to create and promote career pathways for local workforce opportunities through featured education, skills and training.

III.2.A1 Promote and support the employment services in the region to increase engagement by those who are unemployed or underemployed.

III.3.A1 Build coalitions to develop new recruitment and retention strategies for identified jobs with frequent long-term vacancies and high rates of turnover.

III.3.A2 Create multicultural/language programs to help bring newcomers and international students into the local labour force.

IV. Poverty

Goal Outcomes	Indicators	Data Sources	Frequency
IV.1 Increase regional understanding of evidence-based strategies that address root causes of poverty such as basic income and living wages.	**IV.1.M1** After-tax median income of families. **IV.1.M2** Percentage of persons on low income based on low-income cut-off (LICO).	• Statistics Canada	**Annual**
IV.2 Improve availability of affordable public transportation throughout the region and increase the mobility for residents to work, shop, play and access services.	**IV.2.M1** Number and frequency of public transportation services and routes in operation. **IV.2.M2** Utilization of public transportation services. **IV.2.M3** Number of transportation forms filled by ODSP and OW recipients.	• Municipalities • TMA	**Annual**
IV.3 Reduce food insecurity experienced in the region.	**IV.3.M1** Number of individuals accessing food assistance programs. **IV.3.M2** Number of children relying on breakfast programs in schools or backpack programs. **IV.3.M3** Percentage of households that are moderately or severely food insecure.	• Salvation Army • DTSSAB • Statistics Canada • THU • Canadian Red Cross	**Annual**

Suggested Activities:

IV.1.A1 Build anti-poverty coalitions and plans to address food insecurity, housing and unemployment and increase understanding of poverty.

IV.1.A2 Determine what businesses/services offer "affordable access" for vulnerable groups (reduced rate, enhanced service, subsidy etc.).

IV.2.A1 Complete a public transportation assessment to understand where transportation gaps exist in the region.

IV.2.A2 Build regional transportation coalitions to increase access and availability.

V. Community Safety

Goal Outcomes	Indicators	Data Sources	Frequency
V.1 Increase the public's perception of safety and belonging in their communities.	**V.1.M1** Percentage of population who feel safe in their communities and residents' perception of the rate of crime in their communities. **V.1.M2** Percentage of population experiencing discrimination in the past 5 years based on ethnocultural characteristics. **V.1.M3** Police statistics of rates of victims of crimes.	• OPP • Statistics Canada • CSWB surveys • Timiskaming Vital Signs	**Annual**
V.2 Improve road safety and reduce causal factors of roadway accidents.	**V.2.M1** Number of collisions, injuries and fatalities in our communities involving motorized vehicles. **V.2.M2** Number of impaired related motorized vehicle incidents.	• OPP	**Annual**
V.3 Ensure access to affordable justice for all residents.	**V.3.M1** Number of legal services that provide subsidized legal services for vulnerable clients.	• Legal Aid Ontario	**Annual**

Suggested Activities:

V.1.A1 Coordinate training and public awareness related to addressing racism.

V.1.A2 Build coalitions for community cohesiveness by breaking down barriers between populations and building trust and understanding while eliminating stereotypes and misconceptions.

V.1.A3 Promote the adoption of organizational training policies and the participation of the public for cultural awareness, safety and competency training.

V.1.A4 Support violence against women organizations in educating the public and increasing access to resources for victims of gender-based violence.

V.1.A5 Increase community awareness and understanding of human trafficking through public education.

V.2.A1 Public education to make roadways, waterways and trails safer.

V.2.A2 Maintain proactive measures and enforcement of the "Big Four" causal factors of roadway accidents. (Impaired, speeding/aggressive driving, inattentive/distracted driving and lack of occupant restraint and safety equipment).

V.3.A1 Promote and support legal services that eliminate or reduce the direct cost of the service for clients.

VI.   Environment and Sustainability

Goal Outcomes	Indicators	Data Sources	Frequency
VI.1 Foster a sense of community and community building around the natural environment in the region	**VI.1.M1** Percentage of population that is satisfied with the opportunities to enjoy the outdoors and the natural environment in their community. **VI.1.M2** Percentage of population that agrees that their community is proactive in protecting and stewarding the environment. **VI.1.M3** Number of reported renewable energy or sustainable practices initiatives/policies in place.	• CSWB surveys • Timiskaming Vital Signs • Municipalities • Private Sector • Charlton Sustainability Hub	**Annual**
VI.2 Create plans for community effects of climate change and adverse natural events.	**VI.2.M1** Up to date Emergency Response Plans.	• Municipalities	**Annual**

Suggested Activities:

VI.1.A1   Build coalitions for recreational, advocacy and educational activities around the natural environment in the region.

VI.1.A2   Make space for the involvement of the Indigenous communities and their traditional knowledge and expertise in environmental planning for the region.

VI.1.A3   Solicit the involvement of resource industries through commitments to environmental sustainability and reinvestments into the community.

VI.2.A1   Build coalitions for the development of local climate action plan(s).

Appendixes

Plan Guiding Principles

Four guiding principles are recommended to help the CSWB Plan's implementation and ultimate success. These are informed by best practices for community development initiatives.

Collective Impact

A strategy of collective impact is important for the Plan to be successful. This form of collaboration brings people together in a structured way towards a common agenda and plan of action to address a complex social problem.[41] The collective impact approach is characterized by five core elements that facilitate effective cross-sector collaboration and the resulting population-level impacts. The underlying elements of collective impact for the Plan include:

- Common agenda: All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.
- Shared measurement: All participants agree on how to measure and report on progress, with a shortlist of common indicators identified to drive learning and improvement.
- Mutually reinforcing activities: A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated and mutually reinforcing activities.
- Continuous communication: All players are engaged in frequent, structured communication to build trust, assure mutual objectives and create common motivation.

Partnerships are critical to addressing community risk issues. Many community challenges cut across multiple sectors and government ministries, therefore coordination and activities by several community agencies will be needed to achieve the Plan's goals. The CSWB Plan actions will enhance partnerships within the community and increase inter-agency partnership. The support of agencies' senior leadership is critical, to empower staff to prioritize partnerships and sustain and build momentum for cross-agency initiatives when faced with competing priorities.

Social and environmental determinants of health

The conditions in which people are born, grow, work, live and age influence their overall health and well-being. These conditions, known as the social determinants of health, include social and economic factors that can positively or negatively influence health outcomes.[42] The social determinants of health can include income, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviours, access to health services, genetic dispositions, gender, culture and race/racism. Likewise, several environmental factors, such as outdoor and household air pollution, drinking water contamination, occupational exposure to hazardous materials and built environments that discourage physical activity, influence the risk and experience of chronic disease. Recognizing that factors outside the control of individuals can influence their well-being impacts the types of preventive and upstream actions that are needed to influence population health.

Applying An Equity Lens

Applying an equity lens is a consistent theme throughout the CSWB Plan. Equity refers to fair, just and respectful treatment that recognizes and acknowledges the need to treat people differently depending on their needs and circumstances. It involves the removal of barriers to address historic and current disadvantages for under-represented and marginalized groups. Marginalized populations face inequities in access and outcomes due to systemic barriers and historic disadvantages. This hinders their ability to feel safe and live to their full potential. As part of an equity lens, there will be consideration of anti-racist, anti-oppressive and culturally safe approaches to the work.

Anti-Racism

Anti-racism is a process of actively identifying and opposing racism. The goal of anti-racism is to challenge racism and actively change the policies, behaviours, and beliefs that perpetuate racist ideas and actions. Anti-racism is rooted in action. It is about taking steps to eliminate racism at the individual, institutional, and structural levels.

A history of systemic marginalization of Indigenous peoples has manifested as continued inequitable outcomes at the community level. Indigenous residents experience a higher incidence of morbidity and mortality, lower levels of educational attainment, and fewer economic opportunities.[43] These experiences require sustained proactive action and focus, which places Indigenous residents at risk of competing priorities and burnout when advocating for themselves. When talking about inequitable outcomes, is important to recognize that Indigenous peoples in Canada are not another equity-seeking group, as they are the original inhabitants of this land and are in fact sovereign peoples.

In the CSWB Community Survey, 64% of participants agreed that there are racist attitudes and/or behaviours present in the Timiskaming Districts. While the survey profile has its limitations as is not a fully community-wide poll, the level of awareness of this issue and the ability to speak to this says a lot about the motivation of the sample of the community to address racism and its inherent impacts. Awareness is a huge step in addressing racism and shows a commitment from the community towards an acknowledgement of the issue, which is a necessary step towards empowering those that are oppressed through racism.

Key Industries in the District

The 1903 silver rush in Cobalt and the arrival of the railroad greatly stimulated the development of the rest of Northern Ontario. While most of the mines in Cobalt were depleted and shut down by the 1970's, there still is plenty of mining activity in the District to this day. In Kirkland Lake is the "Mile of Gold", a line of 7 major mines that yielded extraordinary wealth for over 80 years from one of the world's largest deposits of gold. With the more recent rise in the price of gold, companies are reopening mines that were mothballed for decades, offering many new jobs and sparking an economic recovery in the area. Northern College's Haileybury School of Mines strives to support the local industry by fostering a global network of leaders in mining and related technologies.

In the second half of the 19th century, the forestry industry around Lake Timiskaming was developed through the Ottawa riverway system. The Ottawa River and its tributaries provided access to large tracts of forest, and allowed timber to float long distances at a time when there was no road or rail system available. Forestry remains active in the region to this day, managed through the Timiskaming Forestry Alliance and with First Nations, municipalities and logging companies recently forming the Temagami Management Unit. While harvesting across northern Ontario was seen to be down by about 50% from its peak in the early years of the 2000s, harvest rates on the 'Timiskaming Forest' that encompasses much of the District have remained high.[44]

The first settlers were attracted to the rich farmland in the clay belt of northeastern Ontario. Today, agriculture is still vital to the economy of the Timiskaming region. In 2005, farmers in the District reported a total of $49.8 million in gross farm receipts which was the highest value of any District in northern Ontario.[45] Northern College's Haileybury Campus provides a number of specialized agricultural programs, connecting students directly with areas of the industry's growth.

Appendixes

What Community Safety and Well-being means to you?

Timiskaming District residents were asked, "What Community Safety and Well-being means to you?" Community responses taken from the Timiskaming District's CSWB Survey included:

Creating a space where everyone feels accepted and safe within their community; having those safe places to reach out to for assistance when needed.

Everyone participates in and benefits from community services/facilities.

Knowing where to go for help (and knowing that help is always available).

Being able to go out into the community without fear of any type of violence or discrimination, then having a safe secure affordable place to return to.

Having healthy, respectable and open conversations with our neighbours, families and friends. Looking out for each other's best interest and helping lend a hand to those around us, strangers and friends alike.

A community that has the resources and services to serve its community members in a timely fashion. A community where all citizens treat each other with respect. Community leaders who listen to its members.

The overall health, happiness, safety and ability to prosper within the area one lives.

Community Survey

Timiskaming District residents were asked, "What Community Safety and Well-being means to you?" Community responses taken from the Timiskaming District's CSWB Survey included:

The Survey has had 509 English and 10 French survey responses for a total of 519 participants.
The survey consisted of 11 pages, and a total of 50 total questions collecting information regarding:
- o   Education
- o   Employment
- o   Housing
- o   Recreation and Culture
- o   Mental Health
- o   Substance Use
- o   Environment and Sustainability
- o   Community Safety and Perceptions of Crime
- o   Equity in the Community
- o   Community Well-Being
- o   Demographic Information

Survey Highlights: survey participants...

- Feel that educational or training opportunities are unaffordable (32% - question #6)
- Have concerns about having enough money to pay for housing/rent, food, clothing, utilities and/or other basic necessities (38% - question 11)
- Feel that their community is not proactive in creating options to improve affordable housing (49% - question 14)
- Agree that their community needs enhanced emergency shelter services to address homelessness in the community (54% - question #15)
- Agree that their community needs additional temporary/transitional housing to help people in crisis reach permanent housing (67% - question #16)
- Agree that their community needs additional seniors housing, assisted living and long term care residences to help people age safely in our communities (85% - question #17)
- Agree that climate change is a risk to their community (52% - question #22)
- Agree that environmental pollution is a risk to my community (55% - question #23)
- Feel that there are **not** sufficient mental health services in the Timiskaming District to serve the needs of the community (68% - question #27)
- Feel that there are **not** sufficient addiction services in the Timiskaming District to serve the needs of the community (60% - question #30)
- >1/3 feel somewhat unsafe in their community (37% - question #32)
- Feel that over the last three years, do you think crime in their community has increased (61% - question #35)
- Agree that there are racist attitudes and/or behaviours present in their community (64% - question #40)
- The top voted priority areas were: (question #43)

    1. Housing (14%)
    2. MH&A services (14%)
    3. Health services (13%)
    4. Road safety (10%)
    5. Employment service (9%)

Glossary of Acronyms

CMHA –Canadian Mental Health Association

EMS –Emergency Medical Services

EMTs – Emergency Medical Technicians

GED – General Educational Development (certified Canadian high school equivalency)

LTC – Long Term Care

LICO – Low-income cut-off

MCRT –Mobile Crises Response Team

NEOFACS – North Eastern Ontario Family and Child Services

ODSP – Ontario Disability Support Program

OMEM – Ontario Mobilization and Engagement Model for Community Policing

OPP – Ontario Provincial Police

OW – Ontario Works

PMF – Performance Measurement Framework

SCWW – Seniors Centre Without Walls

TPU – Timiskaming Health Unit

VAW – Violence Against Women

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