

2017-2018 Fiscal Year



HEALTH PROMOTION PLAN

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List of Abbreviations

Arthritis, Rehab and Education Program	AREP
Asthma Research Group Windsor-Essex County Inc.	ARGI
Canadian Mental Health Association	CMHA
Certified Respiratory Educator	CRE
Chronic diseases	CD
Chronic obstructive pulmonary disease	COPD
Client Centered Rehabilitation Questionnaire	CCRQ
Electronic Medical Record	EMR
Emergency Department	ED
Health Equity Impact Assessment	HEIA
Health Promoter	HP
Hypertension	HTN
International Classification of Diseases	ICD-9
Irritable Bowel Syndrome	IBS
Local Health Integration Network	LHIN
Ministry of Health and Long Term Care	MOHLTC
Nicotine Replacement Therapy	NRT
Noncommunicable diseases	NCDs

Nurse Practitioner	NP
Patient Health Questionnaire	PHQ-9
Quality Improvement Plan	QIP
Quality Improvement Decision Support Specialist	QIDSS
Registered Dietitian	RD
Registered Nurse	RN
Registered Respiratory Therapist	RRT
Smoking Treatment for Ontario Patients	STOP
Social Worker	SW
Stay Active, Manage Osteoarthritis Pain (Workshop)	SA
St. Clair College	SCC
Taking Charge of Fibromyalgia (Workshop)	TCFM
WEHC Partnership Advisory Committee	PAC
Windsor and Essex County	WEC
Windsor Essex Community Health Centre	WEHC
Windsor-Essex County Health Unit	WECHU
Windsor Family Health Team	WFHT
Windsor Squash and Fitness Club	WSFC

1.0 Executive Summary

The Windsor Family Health Team (WFHT) is a community governed non-profit corporation offering high quality primary health care for residents in Windsor and the surrounding area. It has an inter-professional group of health care practitioners, including family physicians, who provide health care in an integrated and respectful environment to help keep patients healthy before illness occurs.

The Health Promotion Plan focuses on chronic disease management and prevention, as it is the leading cause of death in Ontario.¹ To prevent and manage these diseases, four objectives were developed to improve patient outcomes through the eighteen programs and services currently offered at the WFHT.

The objectives consist of the following:

1. Target and mitigate the most prevalent chronic diseases at the WFHT by offering a sufficient number of programs and services to address these chronic diseases identified in the WFHT patient medical profiles and Windsor-Essex population.
2. Reduce the four key modifiable risk factors; tobacco use, alcohol consumption, physical inactivity and unhealthy eating.
3. Improve health equity by offering programs and services to meet the diversity of the WFHT's patient population identified in the most recent online learning preference survey and HEIA tool results.
4. Provide evidence based programs and services that leverage community partnerships and resources.

Further work in promoting all the programs and services at the WFHT is expected to improve patient participation. Health equity, a component of The Model of Health and Well-Being, was applied to just over 25% of the programs and services to support equity-based improvement planning which outlines special considerations for disadvantaged patients to reduce health disparities. It was also identified that cardiovascular conditions represent the most significant grouping of chronic diseases at the WFHT as it contributes to over 38% of diagnoses present in the WFHT patient's medical charts. In the future, the addition of new programs and services are recommended to incorporate and target cardiovascular conditions.

Upon analysis of the eighteen programs and services as seen in Section 7.0 of the report it was identified that six programs and services require changes and revisions to improve the effectiveness as seen below.

- Depression or Anxiety Program
- Gender Journey
- Healthy Heart Workshop
- Hypertension Management Program
- Mental Health Program – Depression
- Smoking Treatment for Ontario Patients (STOP) Program/non-STOP Smoking Cessation

2.0 Health Promotion Strategy

In alignment with the WFHT Strategic Plan Report 2015-2017, the health promotion strategy strives to uphold the WFHT's mission to *providing access to primary health care through an integrated team approach* by supporting WFHT's vision for *Healthy Lives and Healthier Community*.² To accomplish this, the health promotion strategy focuses on chronic disease management and prevention. Chronic diseases are a significant burden to the Ontario healthcare system and represent nearly 80% of all deaths in the province³. Many of these diseases can be prevented by modifying four key risk factors; tobacco use, alcohol consumption, physical inactivity and unhealthy eating⁴. The WFHT's objective to mitigate these diseases is to target the aforementioned modifiable risk factors by promoting healthy behaviours in the WFHT's patient population and in part, the Windsor-Essex community. The health promotion strategy will incorporate the Model of Health and Well-Being as seen in Figure 1 in conjunction with WFHT's Quality Improvement Plan (QIP) by applying the principles of the Health Equity Impact Assessment (HEIA) Tool. The WFHT Model of Health and Wellbeing was adopted in June, 2014 as a strategic framework for a model of care.



Figure 1: The Model of Health and Well-Being

2.1 Fundamentals of Programs and Services

The overall mission of the health promotion plan is summarized into four key objectives:

1. Target and mitigate the most prevalent chronic diseases at the WFHT by offering a sufficient number of programs and services to address these chronic diseases identified in the WFHT patient medical profiles and Windsor-Essex population.
2. Reduce the four key modifiable risk factors; tobacco use, alcohol consumption, physical inactivity and unhealthy eating.

3. Improve health equity by offering programs and services to meet the diversity of the WFHT's patient population identified in the most recent online learning preference survey and HEIA tool results.
4. Provide evidence based programs and services that leverage community partnerships and resources.

3.0 Objective One: Prevalence of Chronic Diseases

Chronic diseases (CD), also referred to as noncommunicable diseases (NCDs), are long-term diseases that typically develop slowly over time which are rarely cured but can be treated.⁵ CDs include arthritis, asthma, back problems, cancer, cardiovascular diseases, chronic depression, diabetes and respiratory diseases; worldwide, they are the leading cause of mortality.^{6 7} The Erie St. Clair LHIN identified chronic diseases to be significantly increasing in the region putting further stress on the healthcare system within the region. The Erie St. Clair population reports higher rates of arthritis, asthma, diabetes, hypertension, mood disorder, chronic obstructive pulmonary disease (COPD) and heart disease relative to the province.⁸

At present, the health care system has a reactive approach by addressing acute health conditions rather than chronic diseases.⁹ This is unfortunate given that CDs can not only be managed but also prevented. WFHT's programs and services target the most pervasive chronic diseases as seen below in Table 2. The table categorizes the WFHT patients diagnosed with health conditions and ranks the diseases by proportion of patients affected. Chronic diseases are expected to continue to climb as Ontario's population is anticipated to grow to 16.9 million by 2031 with 25% of the population aged 65 and older.¹⁰ It is therefore critical for the WFHT to mitigate and manage chronic diseases with our current population to be ahead of the expected rise.

3.1 WFHT Patient Population Profile and Top Health Conditions

As of February 2, 2017 there are 6,392 enrolled patients. To better target and implement the Health Promotion Plan it is important to understand the patient population and the most prevalent health conditions at the WFHT. At just over 17%, the age group between 30-39 is the most significant group at the WFHT as noted in Table 1 and Figure 2, which is close in line with the overall Ontario and Canadian median age of 40.¹¹ In general, 61% of the population is between the working-age group aged 20 and 59 with the total female population exceeds the male population by a margin of 7.6%. These metrics should be kept in mind when evaluating and developing new programs and services.

The WFHT tracks patients' diagnoses through the International Classification of Diseases (ICD-9) system. A total of 4,528 WFHT unique patients or 71% of the global WFHT population have at least one ICD-9 code associated with them. Due to comorbidities within the patient population there are over 23,000 ICD-9 coded health conditions. There are also over 12,500 health conditions that have no ICD-9 code associated with them through open text diagnosis. While the number of un-coded health conditions appears large, the Quality Improvement Decision Support Specialists (QIDSS) noted that a large portion of these un-coded health conditions do not require an ICD-9 code because one does not simply exist. In summary, Table 2 lists the top 10 sub-classification health conditions and the top three or more, most

prevalent unique classification diagnoses within the sub-classification. Metabolic diseases (obesity and hyperlipidemia), mental illness and hypertension and are the top three most pervasive sub-classifications at the WFHT. The data provides a benchmark to ensure the programs and services offered at the WFHT appropriately match the needs of the patient population. A further important statistic identified in Table 11 shows that cardiovascular conditions contribute to over 38% of diagnoses present in the WFHT patient’s medical charts. Consequently, cardiovascular conditions are the most significant grouping of chronic diseases at the WFHT. Further programs and services are recommended to target cardiovascular conditions.

Table 1: Patient Profile by Age Group and Gender

Age Group	Female	% Female	Male	% Male	Total	% Total
0 – 9	326	5.1%	317	5.0%	643	10.1%
10 – 19	336	5.3%	289	4.5%	625	9.8%
20 – 29	530	8.3%	361	5.6%	891	13.9%
30 – 39	624	9.8%	489	7.7%	1113	17.4%
40 – 49	489	7.7%	432	6.8%	921	14.4%
50 – 59	475	7.4%	502	7.9%	977	15.3%
60 – 69	372	5.8%	332	5.2%	704	11.0%
70 – 79	189	3.0%	160	2.5%	349	5.5%
80 – 89	66	1.0%	57	0.9%	123	1.9%
90+	35	0.5%	11	0.2%	46	0.7%
Grand Total	3442	53.8%	2950	46.2%	6392	100%

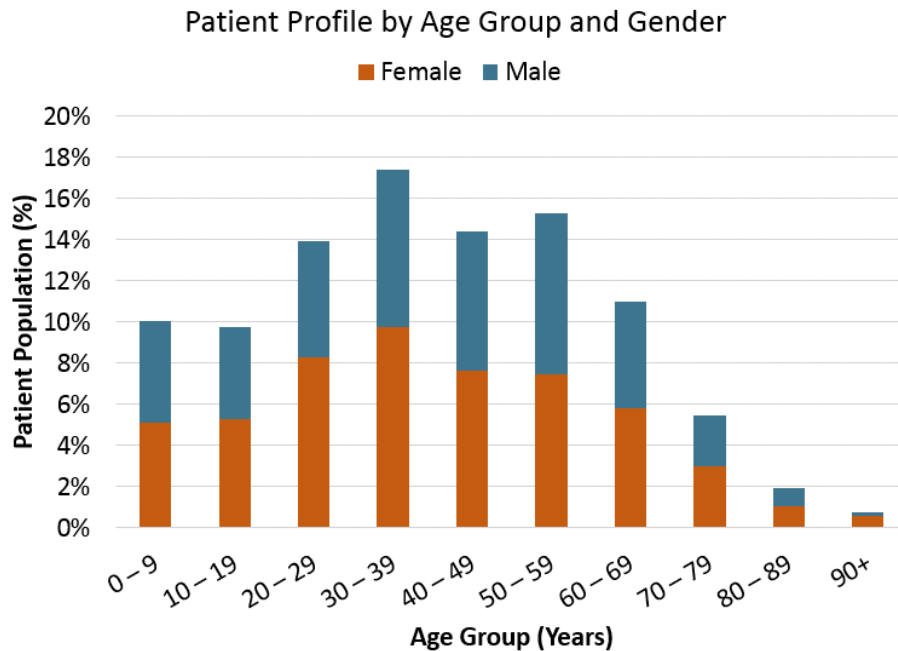


Figure 2: Patient Profile

Table 2: WFHT Top 10 Health Conditions by Sub-Classification Description

Rank	ICD-9 Code Range	Sub-Classification Description	F	M	Total	%
1	270 – 279	Other Metabolic Disorders And Immunity Disorders	1118	1010	2128	33.3
	272.4	Other and unspecified hyperlipidemia	442	393	835	
	278.0	Overweight and obesity	447	356	803	
	272.0	Pure hypercholesterolemia	230	295	525	
	278.02	Overweight	147	109	256	
	277.7	Dysmetabolic syndrome X	87	132	219	
	272.2	Mixed hyperlipidemia	106	107	213	
	278.01	Morbid obesity	57	30	87	
	272.5	Lipoprotein deficiencies	33	52	85	
	274	Gout	23	59	82	
	272	Disorders of lipid metabolism	33	43	76	
2	300 – 316	Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	776	657	1433	22.4
	300.0	Anxiety states	412	226	638	
	305.1	Tobacco use disorder	242	229	471	
	314.0	Attention deficit disorder of childhood	55	74	129	
	305.0	Nondependent alcohol abuse	16	68	84	
	300.02	Generalized anxiety disorder	43	34	77	
3	401 – 405	Hypertensive Disease	569	593	1162	18.2
	401	Essential hypertension	493	515	1008	
	405	Secondary hypertension	40	43	83	
	401.1	Benign essential hypertension	29	25	54	
4	295 – 299	Other Psychoses	539	351	890	13.9
	296.2	Major depressive disorder single episode	338	206	544	
	296.8	Other and unspecified bipolar disorders	75	51	126	
	296.3	Major depressive disorder recurrent episode	55	37	92	
5	710 – 719	Arthropathies And Related Disorders	541	346	887	13.9
	715.9	Osteoarthritis unspecified whether generalized or local, site unspecified	398	256	654	
	715.0	Osteoarthritis generalized	38	30	68	
	714.0	Rheumatoid arthritis	32	8	40	
6	360 – 379	Disorders Of The Eye And Adnexa	368	380	748	11.7
	367.1	Myopia	183	186	369	
	367.0	Hypermetropia	73	97	170	
	367.4	Presbyopia	38	58	96	
7	530 – 539	Diseases Of Esophagus, Stomach, And Duodenum	361	297	658	10.3
	530.81	Esophageal reflux	318	263	581	
	535.4	Other specified gastritis	20	6	26	
8	490 – 496	Chronic Obstructive Pulmonary Disease And Allied Conditions	349	301	650	10.2
	493	Asthma	267	191	458	
	496	COPD, not elsewhere classified	60	65	125	
	492	Emphysema	31	52	83	

9	280	Iron deficiency anemias (no sub-groups)	492	135	627	9.8
10	249 – 259	Diseases Of Other Endocrine Glands	283	315	598	9.4
	250	Diabetes mellitus	240	272	512	
	257	Testicular dysfunction		32	32	
	256.4	Polycystic ovaries	20		20	

* Sub-classification descriptions based on 2015 ICD-9-CM Diagnosis Codes database (<http://www.icd9data.com/2015/Volume1/default.htm>)

* A patient is only counted once if the patient has multiple diagnoses within the same sub-classification (bold patient counts), but patients may have diagnoses from multiple sub-classifications.

4.0 Objective Two: Risk Factors

While background risk factors (such as age or sex) may not be adjusted, many CDs can be prevented or managed through common modifiable risk factors, including the four fundamental risk factors (tobacco use, alcohol abuse, physical inactivity and unhealthy diet) and intermediate risk factors (such as elevated blood cholesterol or blood sugar levels).¹² The casual effect of these risk factors and how they contribute to chronic disease is seen in the chart below. Based on this evidence, the WFHT needs to ensure its programs and services target as many risk factors as possible to reduce chronic disease within the WFHT patient population and surrounding area. The 2016 Windsor Essex County Community Needs Assessment Report also identified these risk factors as barriers to health in the community, further solidifying the WFHT commitment targeting the four key risk factors.¹³

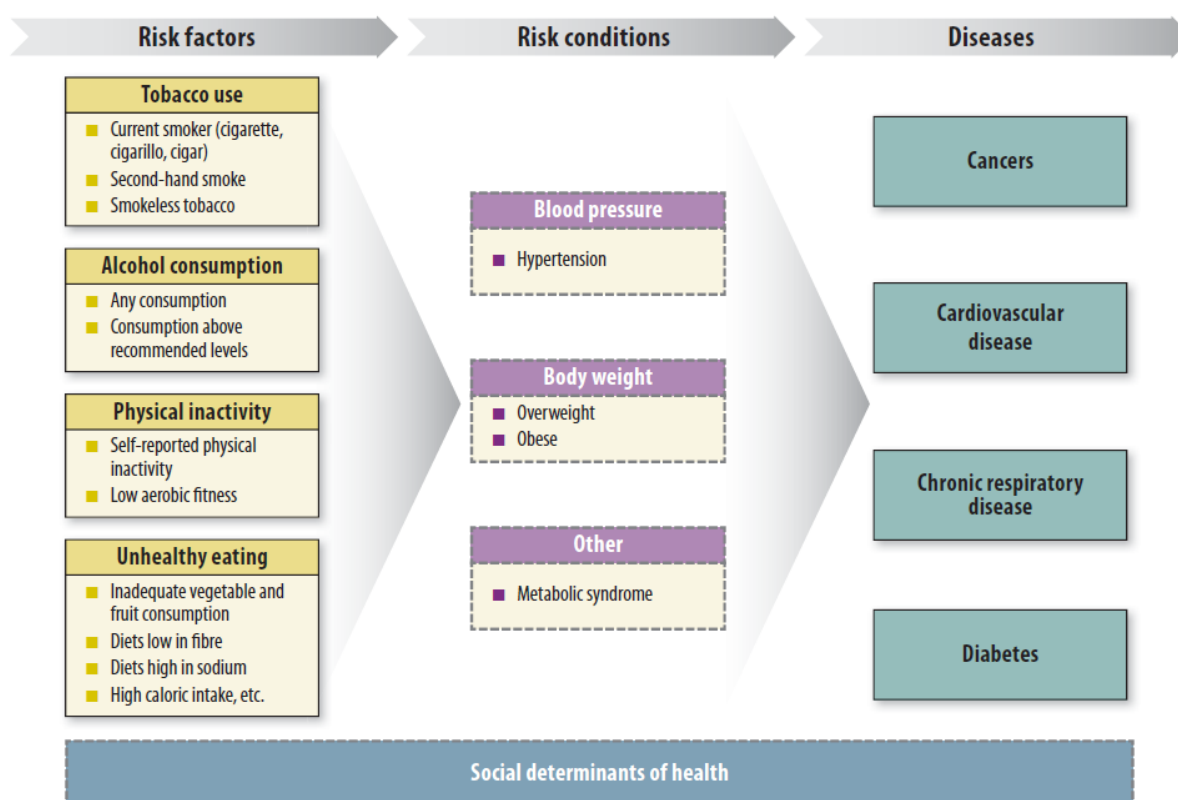


Figure 3: Link between chronic disease and risk factors¹⁴

5.0 Objective Three: Health Equity

Health equity and the associated social determinants of health also have an impact on the prevalence of CDs such as an individual's income, education, location or immigration/ethnic origin.¹⁵ The risk factors to chronic diseases are not evenly distributed across sub-populations due to the varying social determinants of health. These inequalities may limit some at risk populations to receiving the optimal level of care they require.¹⁶ The WFHT Health Promotion Plan seeks to recognize and understand the social determinants of health of its patient population to improve the healthcare provided. A vital tool to determining the underlying health inequities is the Health Equity Impact Assessment (HEIA) Tool. Outcomes from the online learning preference survey as seen in Table 5 found in the Appendix 9.1 may also be leveraged to optimize patient accessibility.

5.1 Health Equity Impact Assessment (HEIA) Tool

A key quality dimension identified in the 2016-2017 Quality Improvement Plan (QIP) was to improve health equity with the objective of supporting this initiative through the WFHT's programs and services. Health equity was further recognized as a gap in the services provided by the WFHT as identified in the 2015 Be Well Survey.¹⁷ As a result, a target was set to use the Health Equity Impact Assessment (HEIA) Tool when designing, implementing and evaluating programs and services and to specifically evaluate 25% of the current programs and services annually. The HEIA Tool was created by the Ministry of Health and Long Term Care (MOHLTC) to provide organizations a framework to address health inequities by considering the needs of specific vulnerable populations. An HEIA helps to identify potential unintended impacts, which allow the opportunity for strategies to be developed to maximize the positive and minimize the negative. Five programs/services have currently had an HEIA completed including: Eat4Life, Cooking on a Budget Workshop, Women's Health Workshop, Stress Management Workshop and Gender Journeys. Results from the HEIA Tool may be referred to elsewhere.

6.0 Objective Four: Leveraging Partnerships

WFHT has a number of partnerships that mutually benefit and assist to implement the organization's mission to improve patient population care and wellbeing. Developing and enhancing partnerships fits the goals of the WFHT Strategic Plan 2015-2017. The intention is to remove redundant expenses from the healthcare system while simultaneously improving healthcare offerings through coordination of specialized services and programs that are delivered to the populations that need them.

Table 3: Onsite Partnerships with WFHT

Partnering Organization	Program(s) or Service(s) Offered
The Asthma Research Group Windsor-Essex County Inc. (ARGI)	<ul style="list-style-type: none">• Chronic Obstructive Pulmonary Disease (COPD)/Asthma• STOP program• Non-STOP smoking cessation
The Arthritis Society	<ul style="list-style-type: none">• Arthritis, Rehab and Education Program (AREP)• Taking Charge of Fibromyalgia Workshop (TCFM)

	<ul style="list-style-type: none"> Stay Active, Manage Osteoarthritis Pain Workshop (SA)
Windsor-Essex County Health Unit and Partnering Community Primary Care Organizations: <ul style="list-style-type: none"> City Centre Health Care – CMHA Essex County Nurse Practitioner Lead Clinic Harrow Family Health Team VON Nurse Practitioner Lead Clinic – Lakeshore Windsor-Essex Community Health Centre 	<ul style="list-style-type: none"> Eat4Life
St. Clair College (SCC) three campus sites: Main, Downtown and Thames <ul style="list-style-type: none"> Provides access to healthcare services offered through a nurse practitioner (NP) and a registered nurse (RN) at all three campus sites and a clinical social worker (SW) at two of the sites. 	<ul style="list-style-type: none"> Choose to Lose – Staff Weight Loss Series Leave the Pack Behind Food for Thought Mental Health Wellness Series

*Details regarding these program(s) or service(s) can be found in Section 7.0

7.0 Windsor FHT Health Promotion Programs and Services (2016-2017)

Table 4: Program and Services Mix

#	Program/Service	Success Indicator	Health Condition
1	Arthritis and Related Conditions	●	Arthritis
2	Chronic Obstructive Pulmonary Disease (COPD)/Asthma	●	Respiratory
3	Cooking On a Budget	●	Nutrition
4	Depression and Anxiety Programs	●	Mental Health
5	Eat4Life	●	Nutrition / Obesity
6	Gender Journeys	●	Mental Health
7	Healthy Heart Workshop	●	Nutrition / Heart Health
8	Hypertension Management Program	●	Heart Health - Hypertension
9	Irritable Bowel Syndrome Workshop	●	Nutrition / Gastrointestinal
10	Mental Health Program - Depression	●	Mental Health
11	Smoking Treatment for Ontario Patients (STOP) Program & Non-STOP Smoking Cessation	●	Respiratory
12	Supermarket Tours (two) – Heart Health/Diabetes	●	Nutrition / Heart Health / Diabetes
13	Stress Management Workshop	●	Mental Health
14	St. Clair College: Choose to Lose – Staff Weight Loss Series	●	Nutrition / Obesity
15	St. Clair College: Food for Thought	●	Nutrition

16	St. Clair College: Leave the Pack Behind (LTPB)	●	Respiratory
17	St. Clair College: Mental Health Wellness Series	●	Mental Health
18	Women's Health Workshop	●	Various

- Slight adjustments needed
- Moderate adjustments needed
- Immediate adjustments needed

7.1 Arthritis and Related Conditions

Criteria	Description
<i>Program</i>	<p>With just over 12% of WFHT patients diagnosed with osteoarthritis and allied disorders, research indicates arthritis is a leading cause of disability and use of healthcare resources in Canada.¹⁸ In order to reduce the impact of these disorders, WFHT in partnership with The Arthritis Society delivers counselling and two unique workshops led by an Occupational Therapist/Physiotherapist (OT/PT):</p> <ul style="list-style-type: none"> - Arthritis, Rehab and Education Program (AREP) – One-on-one counselling with the OT/PT - Taking Charge of Fibromyalgia Workshop (TCFM) – OT/PT presents information on managing symptoms and discussing importance of self-management - Stay Active, Manage Osteoarthritis Pain Workshop (SA) → OT/PT presents topics related to osteoarthritis
<i>Objective(s)</i>	<p>AREP:</p> <ul style="list-style-type: none"> - To minimize the impact of arthritis by maximizing participants' independence, enhancing mobility and improving self-esteem and self-confidence. <p>TCFM:</p> <ul style="list-style-type: none"> - To increase the participants understanding of fibromyalgia and its treatment options, learn self-management strategies and become more aware of reputable online and community resources. <p>SA:</p> <ul style="list-style-type: none"> - To educate participants on osteoarthritis and become more aware of reputable resources.
<i>CD Targeted</i>	Arthritis (osteoarthritis, rheumatoid), fibromyalgia, other arthritis related conditions
<i>Risk Factors Addressed</i>	Physical inactivity and unhealthy diet
<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	The Arthritis Society
<i>Frequency</i>	AREP is offered throughout the year. TCFM and SA workshops are offered throughout the year as needed.
<i>Promotion</i>	Referrals are made through participants themselves, family, friends, physicians and other health care professionals. WFHT health care providers complete and fax referral forms to the London office of The Arthritis Society. WFHT promotes the workshops as requested by The Arthritis Society.
<i>Location</i>	WFHT

<i>Evaluation</i>	As of February 1, 2017 the total target for the year of 60 participants for this service has been met: 90 participants from WFHT and the surrounding area have accessed the AREP program (8 WFHT/82 non-WFHT), 58 participated in the TCFM workshops and 34 attended the SA workshops. A Client Centered Rehabilitation Questionnaire (CCRQ) is sent to all AREP participants and participants of the workshops complete surveys post workshop. At present, 96% of the participants from the TCFM workshops have indicated knowledge of fibromyalgia and benefits of stress management/physical activity to reduce pain by obtaining a score $\geq 80\%$ while 88% of the participants from the SA workshops have indicated knowledge of osteoarthritis management to reduce pain by obtaining a score $\geq 80\%$. Complete results from the CCRQ are still to be obtained.
<i>Updates/Future Plans (2017-2018)</i>	The partnership with The Arthritis Society will continue to support patients managing their arthritis and related conditions in the Windsor-Essex Community through the AREP one-on-one counselling and the TCFM and SA workshops. The need for this program/service in the future is also supported by the results from the WFHT's patient engagement focus group, which showed a continued interest regarding workshops and programs relating to arthritis and fibromyalgia. From a promotion perspective, the physicians should be reminded of the impact they have when referring patients to these programs/services as The Arthritis Society noted this increases patient participation. HEIA to be completed in the future.

7.2 Chronic Obstructive Pulmonary Disease (COPD)/Asthma

Criteria	Description
<i>Program</i>	WFHT in partnership with the Asthma Research Group Windsor-Essex Inc. (ARGI) provides on-site services through a Registered Respiratory Therapist (RRT)/Certified Respiratory Educator (CRE) to patients with COPD and/or asthma. The COPD/asthma program offers education and onsite spirometer testing to determine whether airways are obstructed. COPD is an important health condition to target given it is associated with one of the leading causes of emergency visits in Erie St. Clair. ¹⁹ Asthma is also an important condition to target given that early management of asthma may prevent the development of COPD ²⁰ and 7% of WFHT patients are diagnosed with this condition. The on-site RRT/CRE also provides smoking cessation assistance, which is beneficial given that smoking is attributed to over 80% of all COPD cases. ²¹ Full details regarding smoking cessation are described in Section 7.11.
<i>Objective(s)</i>	<ul style="list-style-type: none"> - To confirm diagnosis of asthma or COPD by the RRT/CRE for all patients. - To improve control of asthma or COPD through education and follow-up visits for all patients. - To improve knowledge of proper inhalation device techniques for all patients.
<i>CD Targeted</i>	COPD, asthma and emphysema
<i>Risk Factors Addressed</i>	Tobacco use

<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	Asthma Research Group Windsor-Essex Inc. (ARGI)
<i>Frequency</i>	The RRT/CRE works one day a week at the WFHT for initial and follow-up appointments with referred patients.
<i>Promotion</i>	Referrals are made from WFHT health care providers
<i>Location</i>	WFHT
<i>Evaluation</i>	<p>As of January 18, 2017, target numbers do not appear as though they will be met this year. A target of 50 patients was set for the year and 26 patients have been seen. The target of 50 was based on previous performance, however, this year the RRT/CRE noted that due to the implementation of the STOP smoking cessation program, her patient load has increased for smoking cessation and notably decreased for COPD/asthma. It is also important to note when the RRT/CRE receives a referral for one patient regarding COPD/asthma and smoking cessation; the number one priority is to address the smoking cessation which would involve using a different custom form for documentation and therefore not capture the patient as being referred for COPD/asthma.</p> <p>While 100% of the patients have been able to demonstrate proper inhalation device technique, 87% of patients have a written or verbal COPD/asthma action plan and only 61% of patients have had COPD/asthma diagnosis confirmed by spirometry.</p> <p>The RRT/CRE noted that diagnosis specifically for asthma is lower than expected due to the fact that as of October 2016 only respirologists may order a Methacholine Test (MCT). While spirometry testing occurs at WFHT, the results do not always confirm a diagnosis of asthma and the patient may be required to see a respirologist to complete an MCT. Lastly, some diagnoses were confirmed in the past through MCT or previous spirometry and this data was not captured.</p> <p>A new COPD/asthma custom form was created to help facilitate data collection, however, given the RRT/CRE uses multiple platforms for charting; occasionally this custom form had been missed.</p>
<i>Updates/Future Plans (2017-2018)</i>	The COPD/asthma program will continue, however, adjustments to the data collection for reporting purposes will be modified. Investigations whether stats reported to the ARGI Coordinator could be obtained will be explored. Given the RRT/CRE is only at WFHT one day a week, a reception staff member has agreed to help by booking referrals, which previously were completed by the RRT/CRE. In addition, the RRT/CRE noted that in the past she had visited St. Clair College and observed the most severe asthmatics. Potentially an outreach to asthmatic students will be targeted through the attendance of the RRT/CRE at a student health fair next year. HEIA to be completed.

7.3 Cooking On a Budget

<i>Criteria</i>	<i>Description</i>
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<i>Program</i>	<p>The Cooking on a Budget workshop assists individuals who are living on a strict budget or living alone to learn a variety of ways to prepare nutritious meals. A cook and WFHT's RD present and demonstrate how to prepare healthy meal options.</p> <p>Research has shown that individuals from higher-income groups have better access to health information and apply it more often than lower-income groups.²² This is significant given 17.5% of the Windsor Essex population live on low-income, compared to the provincial average of 13.9%.²³ Therefore, targeting disadvantaged low-income populations may help to prevent health inequalities from widening. According to The 2016 Community Needs Assessment Survey, 54% of WEC responders rate affordable healthy food options as the top issue that needs to be addressed to improve the health of their family and/or community.²⁴ Results from WFHT's patient engagement focus group also showed participants voiced an interest for workshops pertaining to food and cooking classes.</p>
<i>Objective</i>	To educate and increase patient's knowledge for preparing nutritious meals on a budget upon completion of the presentation.
<i>CD Targeted</i>	Obesity
<i>Risk Factors Addressed</i>	Unhealthy eating, health equity (low-income)
<i>HEIA Results</i>	Completed in 2016
<i>Partnership(s)</i>	Nana's Bakery owner/cook, Doug Romanek.
<i>Frequency</i>	Once a year. One-and-a-half-hour workshop.
<i>Promotion</i>	City Centre Health Care, the Cardiac Wellness program, the Bariatric Assessment program at Hotel Dieu Grace Healthcare, the WECHC Partnership Advisory Committee (PAC) listserv and WFHT Facebook page.
<i>Location</i>	Nana's Bakery, 2936 Dominion Blvd, Windsor.
<i>Evaluation</i>	This workshop continues to have a popular turnout. The workshop was held Wednesday, September 28 th from 6:30-8:00PM. The target goal of 15 individuals was reached and exceeded with 19 attendees. A newspaper journalist from the Lance attended the event and published an article regarding the information covered during the workshop. 18 participants completed a brief evaluation form; 100% stated they learned what they expected to learn, that the information was useful, that the tour leader was attentive to their needs and the workshop was the right length. One participant noted that a larger space would be beneficial in the future.
<i>Updates/Future Plans (2017-2018)</i>	Cooking on a Budget will be offered again next year and in collaboration with Nana's Bakery.

7.4 Depression and Anxiety Programs

<i>Criteria</i>	<i>Description</i>
<i>Program</i>	<p>The WFHT offers three programs to address depression and anxiety as follows.</p> <ul style="list-style-type: none"> - The Depression Program (Working Towards a Brighter Tomorrow) is designed for those aged 21+ on managing depression in their day to day life.

	<ul style="list-style-type: none"> - The Anxiety Program (Racing Minds) was developed this year and is focused on managing anxiety for those aged 18+. - The Mood Brood is a monthly drop-in peer support group for participants aged 21+ to talk about their depression, anxiety or life stressors. <p>With 10% of the WFHT population diagnosed with an anxiety disorder and 8.5% diagnosed with a major depressive disorder, the Depression and Anxiety Programs provide a supportive opportunity in an area traditionally underserved.²⁵</p>
<i>Objective(s)</i>	<ul style="list-style-type: none"> - To reduce symptoms of depression and improve ability to cope. - To reduce symptoms of anxiety and improve ability to cope.
<i>CD Targeted</i>	Depression and anxiety
<i>Risk Factors Addressed</i>	Alcohol consumption, tobacco use, physical inactivity and unhealthy eating
<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	N/A
<i>Frequency</i>	Once or twice a year. The Depression Program (Working Towards a Brighter Tomorrow) is a six-week workshop and The Anxiety Workshop (Racing Minds) is a four-week workshop.
<i>Promotion</i>	The WECHC Partnership Advisory Committee (PAC) listserv, WFHT Facebook page and WFHT waiting room TV display.
<i>Location</i>	WFHT
<i>Evaluation</i>	Unfortunately, there were not enough participants to run these programs.
<i>Updates/Future Plans (2017-2018)</i>	A different approach to addressing mental health concerns will be explored to increase participation rates. Potentially, offering programs focused on positive attributes rather than labelled diagnoses will be investigated to improve enrollment rates. Mental health programs are still needed as evidenced by the WFHT patient population statistics and the 2016 Community Needs Assessment Survey which indicated that 41.2% of WEC responders identified accessibility to mental health services as an area of importance to improve the health of their family and/or community. ²⁶ Going forward it is recommended the HP and SW's along side WFHT management brainstorm ideas and programs to address this area of healthcare at the WFHT. HEIA to be completed.
	Note: The Mood Brood was discontinued in November 2016.

7.5 Eat4Life

Criteria	Description
<i>Program</i>	Eat4Life is a new program for 2016 developed by a primary care and public health partnership (via Registered Dietitians) to improve healthy lifestyle habits of Windsor-Essex County residents. The program is part of a comprehensive obesity reduction strategy for the region. The first module of three is complete. Modules two and three will have a focus on weight loss and mindful eating, respectively and are currently being developed.
<i>Objective</i>	To promote healthy eating, exercise, goal setting and healthy behaviours.

<i>CD Targeted</i>	Overweight and obesity
<i>Risk Factors Addressed</i>	Alcohol consumption, physical inactivity and unhealthy eating
<i>HEIA Results</i>	Completed in 2016
<i>Partnership(s)</i>	City Centre Health Care – CMHA, Essex County Nurse Practitioner Lead Clinic, Harrow Family Health Team, VON Nurse Practitioner Lead Clinic Lakeshore, Windsor-Essex Community Health Centre and the Windsor-Essex County Health Unit
<i>Frequency</i>	Once a year at WFHT. Five-week program.
<i>Promotion</i>	City Centre Health Care, the Cardiac Wellness program, the Bariatric Assessment program at Hotel Dieu Grace Healthcare, the WECHC Partnership Advisory Committee (PAC) listserv, WFHT Facebook page and WFHT waiting room TV display.
<i>Location</i>	WFHT
<i>Evaluation</i>	This program was well received by residents of Windsor-Essex County. However, while twenty participants registered, fourteen attended the first class. Throughout the five weeks, attendance fluctuated and some participants obtained weekly handouts for absent attendees. There were ten participants at the last class, which was close to the target of twelve. Many participants enjoyed the length of the program, the time it was offered during the day and particularly the weekly sample recipes to encourage alternate healthy choices. Outcomes were captured through a pre/post evaluation and for WFHT reporting purposes; the performance measure was to increase participant’s knowledge on healthy eating and physical activity by obtaining a score $\geq 65\%$ post program. Upon completion of the program this performance measure was met as participants increased their knowledge on average by 31% as their initial knowledge score was 65% and their final knowledge score was 85%. A majority of participants displayed interest in module two and three of Eat4Life by signing their names in order to be contacted once it is up and running.
<i>Updates/Future Plans (2017-2018)</i>	Eat4Life module one was a success this year and will be offered again in the next fiscal year. Many participants voiced their interest in the second and third modules. The WFHT RD continues to collaborate and meet with working group to develop modules two and three.

7.6 Gender Journeys

Criteria	Description
<i>Program</i>	<p>The Gender Journeys is a meeting group that was adapted from the Gender Journeys program delivered by the Sherbourne Health Centre (Toronto, Ontario). It is a biweekly drop-in group for young adults (aged 16-25) who are exploring their gender identity or struggling with what their gender identity means to them and their lives. Led by a SW and a peer facilitator, participants have access to trans-competent primary care.</p> <p>An estimated 0.5% of the Canadian adult population is transgender and research indicates these individuals are a medically underserved population.²⁷ Research also shows that transgender individuals are at an increased risk for</p>

	stress (related to minority status), depression, suicide and HIV and other sexually transmitted infections. ²⁸
<i>Objective</i>	<ul style="list-style-type: none"> - To help facilitate and build community connections. - To provide information and support needed for individuals who identify as transgender or gender questioning to broaden knowledge and/or make informed decisions about their personal gender journey.
<i>CD Targeted</i>	Co-morbid mental disorders
<i>Risk Factors Addressed</i>	Alcohol consumption, physical inactivity, unhealthy eating and health equity
<i>HEIA Results</i>	Completed in 2016
<i>Partnership(s)</i>	N/A
<i>Frequency</i>	Bi-weekly drop-in one-and-a-half hour sessions. Every other Thursday (exception: monthly in June-August).
<i>Promotion</i>	Referrals are made from WFHT/SCC health care providers, self-referrals and other community partners (ex. Teen Health, endocrinologist's offices and CMHA). The group is promoted through WFHT Facebook page and Windsor Trans Resources website.
<i>Location</i>	WFHT
<i>Evaluation</i>	As of January 18, 2017, 91% of participants have self-identified as satisfied after a group session. Throughout each Ministry Quarterly report, there were eight to nine participants who attended and benefited from the group. Recently, members have created a Facebook Group in order to continue to build a supportive network.
<i>Updates/Future Plans (2017-2018)</i>	<p>WFHT will continue to offer Gender Journeys. Previously offered to those aged 16-25, the program has been extended to those 16-30 as requested through participant's feedback. For those aged 30+ a referral to the TransSpectrum program may be considered in order to ensure support is available to people of all ages.</p> <p>It is recommended the time frame of this program is reduced to alleviate the SW's waiting list for one-on-one counselling services.</p>

7.7 Healthy Heart Workshop

Criteria	Description
<i>Program</i>	<p>The Heart Health Workshop focuses on decreasing the major risk factors that can lead to heart disease. A nurse practitioner and RD co-present this workshop.</p> <p>There are many risk factors that can be controlled to reduce the risk of heart disease. With nearly 2.4 million Canadians aged 20+ living with ischemic heart disease, education regarding how to reduce the risk is vital; especially given it is the second leading cause of death in Canada.²⁹ Specifically, through healthy behaviours, nearly 80% of premature heart disease and stroke can be prevented.³⁰ With nearly 17% of WFHT's patients diagnosed with hypertension and just over 25% diagnosed with disorders of lipid metabolism, heart health education is fundamental for positive health outcomes.</p>
<i>Objective</i>	To provide education on major risk factors that can lead to heart disease or

	recurrent cardiovascular events.
<i>CD Targeted</i>	Hypertension, hyperlipidemia, ischemic heart disease, cerebrovascular disease, peripheral vascular disease, etc.
<i>Risk Factors Addressed</i>	Alcohol consumption, tobacco use, physical inactivity and unhealthy eating
<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	St. Clair College
<i>Frequency</i>	Once a year
<i>Promotion</i>	WFHT Facebook page, WFHT waiting room display screen and St. Clair College.
<i>Location</i>	St. Clair College
<i>Evaluation</i>	This workshop is scheduled Wednesday, February 22 nd , 2017.
<i>Updates/Future Plans (2017-2018)</i>	TBD, upon completion of the workshop. HEIA to be completed.

7.8 Hypertension Management Program

Criteria	Description
<i>Program</i>	The Hypertension Management Program has undergone many changes over the past few years. Previously in 2009, 2010 and part of 2011, the WFHT was part of the Hypertension Management Program created by the Heart and Stroke Foundation. In 2011, the Ontario Stroke Network became the program's leader and WFHT decided to discontinue this partnership and manage with an in-house created Hypertension (HTN) custom form. Unfortunately, due to the logistics of how the Electronic Medical Record (EMR) system is operated, the HTN custom form was not consistently used. To better analyse the effectiveness of the form, one physician's patient roster was followed to understand the pros and cons of the form for the 2016 year. Specifically, those with HTN and diabetes were targeted.
<i>Objective</i>	To support individuals diagnosed with hypertension in order to have blood pressure within target range (<130/80 mmHg).
<i>CD Targeted</i>	Hypertension
<i>Risk Factors Addressed</i>	Alcohol consumption, tobacco use, physical inactivity and unhealthy eating
<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	N/A
<i>Frequency</i>	Ongoing
<i>Promotion</i>	N/A - Pilot program.
<i>Location</i>	WFHT
<i>Evaluation</i>	Data from one physician was pulled based on the Canadian Hypertension Education Program Guidelines into three categories and analyzed: <ol style="list-style-type: none"> 1. Patients diagnosed with HTN and diabetes, <ul style="list-style-type: none"> - 27.2% at target 2. Patients diagnosed with HTN who were ≤80 years old and <ul style="list-style-type: none"> - 63.6% at target 3. Patients diagnosed with HTN who were ≥80 years old. <ul style="list-style-type: none"> - 80% at target <p>It was determined in collaboration with the HP and physician to target those</p>

	<p>with HTN and diabetes. Once identified, the HP contacted the physician through the EMR for follow-up with patients. The physician then completed the original in-house HTN custom form. After roughly 3-6 months, 18% of patients were at target while 82% were not.</p> <p>HTN is one of the highest diagnosed conditions within WFHT at nearly 17% of the patient population reinforcing the need to manage this condition within the WFHT patient population.</p>
<i>Updates/Future Plans (2017-2018)</i>	Given the results of the recent data and the prevalence of HTN within the WFHT, it is beneficial and warrants the need to revise the HTN management program to better serve the WFHT patient population. An outreach will potentially take place to investigate what the Ontario Stroke Network Hypertension Management Program has to offer. HEIA to be completed.

7.9 Irritable Bowel Syndrome Workshop

Criteria	Description
<i>Program</i>	<p>The Irritable Bowel Syndrome (IBS) workshop is designed to provide support and tips to manage IBS symptoms. An NP and RD co-present this workshop.</p> <p>With 3.7% of WFHT's patient population diagnosed with IBS, it may appear as a low percentage, however; Canada has one of the highest rates in the world at roughly 14% of the Canadian population.³¹ With only about 40% of IBS sufferers seeking medical attention³², the workshop offers an opportunity for IBS awareness for management and treatment options.</p>
<i>Objective</i>	To improve patient self-care and IBS awareness
<i>CD Targeted</i>	Irritable bowel syndrome
<i>Risk Factors Addressed</i>	Alcohol consumption, physical inactivity and unhealthy eating
<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	N/A
<i>Frequency</i>	Once a year
<i>Promotion</i>	City Centre Health Care, the Cardiac Wellness program, the Bariatric Assessment program at Hotel Dieu Grace Healthcare, the WECHC Partnership Advisory Committee (PAC) listserv and WFHT Facebook page.
<i>Location</i>	WFHT
<i>Evaluation</i>	The IBS workshop was held on Thursday, October 27 th from 5-7pm. A target of fifteen participants was set and ten participants attended. Nine participants provided feedback stating they learned what they expected to learn and that the information was useful. In terms of length, six participants stated it was the right length, two stated it was too short and one stated it was too long. Further feedback included the request to have more time to learn, to have information on other digestive disorders and some felt some descriptions were too technical.
<i>Updates/Future Plans (2017-2018)</i>	The IBS workshop will once again be offered at WFHT.

7.10 Mental Health Program - Depression

Criteria	Description
<i>Program</i>	The Mental Health Program – Depression is a ministry driven program. The SW enrolls patients with the patient’s verbal permission and the patient’s level of depression is measured using The Patient Health Questionnaire (PHQ-9) depression scale. Patients attend regular one-on-one counseling where Cognitive Behavioural Therapy sessions occur. Patients complete a PHQ-9 depression scale on their first session and then the test is re-administered on their final session.
<i>Objective</i>	To reduce patient’s level of depression by termination of the program.
<i>CD Targeted</i>	Depression
<i>Risk Factors Addressed</i>	Alcohol consumption, tobacco use, physical inactivity and unhealthy eating
<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	N/A
<i>Frequency</i>	Ongoing
<i>Promotion</i>	N/A – completed through regular SW counseling services
<i>Location</i>	WFHT
<i>Evaluation</i>	As of February 1 st , 2017 only 3 patients have participated in this program. The target for 2016-2017 was set for 12 participants.
<i>Updates/Future Plans (2017-2018)</i>	Due to the low number of patients, this program requires further investigation and alterations to make it effective. Going forward it is recommended the HP and SW’s along side WFHT management brainstorm ideas and programs to address this area of healthcare at the WFHT. HEIA to be completed.

7.11 Smoking Treatment for Ontario Patients (STOP) Program & Non-STOP Smoking Cessation

Criteria	Description
<i>Program</i>	<p>This program is a partnership with the Asthma Research Group Windsor-Essex Inc. (ARGI). The Registered Respiratory Therapist (RRT)/Certified Respiratory Educator (CRE) provides smoking cessation counselling to patients.</p> <p>In 2015, the STOP Program was implemented at WFHT with the goals of improving access to free nicotine replacement therapy (NRT) for patients who wish to quit smoking and to increase capacity of health care practitioners in FHTs to provide comprehensive smoking treatment to patients.³³ The Non-STOP program is smoking cessation counselling with no NRT provided.</p>
<i>Objective</i>	To provide participants support to quit smoking or to decrease the amount of cigarettes they smoke per day.
<i>CD Targeted</i>	COP, asthma and emphysema
<i>Risk Factors Addressed</i>	Tobacco use
<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	Asthma Research Group Windsor-Essex Inc. (ARGI)
<i>Frequency</i>	The RRT/CRE works one day a week at the WFHT for initial and follow-up

	appointments with referred patients. The WFHT health care providers refer patients who are interested with smoking cessation to the RRT/CRE for assessment and counselling.
<i>Promotion</i>	Word of mouth and posters in examination rooms
<i>Location</i>	WFHT
<i>Evaluation</i>	Initially, the RRT/CRE noted that the non-STOP smoking cessation counselling was ineffective with patients. However, once STOP smoking cessation counselling was offered, the RRT/CRE noted an improvement in patient success and compliance. The STOP program provides the opportunity for the RRT/CRE to offer free smoking cessation products such as the patch, gum, lozenge or inhaler, which may contribute to the success and compliance. As of February 1, 2017, 75 patients have been seen which met and exceeded the target of 60.
<i>Updates/Future Plans (2017-2018)</i>	Program is successful and will continue for 2017/2018. Significant modifications to program objectives to be revised to focus on more meaningful indicators. HEIA to be completed.

7.12 Supermarket Tours (two) – Heart Health/Diabetes

Criteria	Description
<i>Program</i>	The WFHT RD offers two supermarket tours at the local grocery store. A diabetes themed tour was held in November, 2016 and a heart health tour will be held in March, 2017.
<i>Objective(s)</i>	To provide updated knowledge to participants with a focus on management of three chronic diseases: diabetes, cardiovascular disease and hypertension.
<i>CD Targeted</i>	Diabetes, cardiovascular disease and hypertension
<i>Risk Factors Addressed</i>	Unhealthy eating
<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	N/A
<i>Frequency</i>	Two tours are held in November and March to celebrate Diabetes Awareness Month and Nutrition Month, respectively.
<i>Promotion</i>	City Centre Health Care, the Cardiac Wellness program, the Bariatric Assessment program at Hotel Dieu Grace Healthcare, the WECHC Partnership Advisory Committee (PAC) listserv and WFHT Facebook page.
<i>Location</i>	Real Canadian Superstore 2430 Dougall Ave.
<i>Evaluation</i>	The Diabetes supermarket tour was held on Tuesday, November 29, 2016 from 2:30-4:30PM. Eleven participants signed up, however, eight attended and seven completed the post-tour evaluation. All participants stated that they learned what they expected to learn from the tour, that the information was useful and that the tour leader was attentive to their needs. Participants stated the information was presented in an understandable way and found the most valuable information included reading labels, the Glycemic Index, finding alternative suggestions for healthy meals and specific information regarding carbohydrates and vitamin B12. One participant noted it might be beneficial to offer private sessions in a room rather than walking through the grocery store. It is recommended no more than twelve people attend a grocery tour to be effective. The Heart Healthy Supermarket Tour is scheduled

	for Wednesday, March 29 th , 2017 from 2:30-4:30PM.
<i>Updates/Future Plans (2017-2018)</i>	This service will be offered in the next fiscal year to celebrate Diabetes Awareness Month in November and Nutrition Month in March. HEIA to be completed.

7.13 Stress Management Workshop

Criteria	Description
<i>Program</i>	<p>The Stress Management Workshop is led by two SW's and is designed for participants 18+ years of age who are experiencing moderate to severe levels of stress. Participants learn practical techniques to increase relaxation and reduce stress levels.</p> <p>Chronic stress can increase heart rate and blood pressure, which may lead to cardiovascular disease and/or mental illness.³⁴ With over 22% of the WFHT patient population diagnosed with neurotic disorders, personality disorders, and other nonpsychotic mental disorders and nearly 17% diagnosed with HTN, opportunities for stress management strategies may be beneficial for avoiding many serious health concerns.</p> <p>The 2016 Community Needs Assessment Survey indicated that 40.7% of WEC responders noted education or information about stress management would be appreciated with specific support for dealing with stress and coping skills.³⁵</p>
<i>Objective</i>	To help improve stress management.
<i>CD Targeted</i>	Hypertension, IBS and co-morbid mental disorders
<i>Risk Factors Addressed</i>	Alcohol consumption, tobacco use, physical inactivity and unhealthy eating
<i>HEIA Results</i>	Completed in 2016
<i>Partnership(s)</i>	N/A
<i>Frequency</i>	Once or twice a year
<i>Promotion</i>	City Centre Health Care, the Cardiac Wellness program, the Bariatric Assessment program at Hotel Dieu Grace Healthcare, the WECHC Partnership Advisory Committee (PAC) listserv and WFHT Facebook page.
<i>Location</i>	WFHT
<i>Evaluation</i>	Nine participants attended the workshop while the target was set at twenty. All nine participants noted that the workshop was helpful.
<i>Updates/Future Plans (2017-2018)</i>	A different approach may be explored to increase participation rates by potentially offering workshops focused on positive attributes rather than labelled diagnoses or altering the name of the program in a more positive manner focused on relaxation or mindfulness.

7.14 St. Clair College: Choose to Lose – Staff Weight Loss Series

Criteria	Description
<i>Program</i>	The Choose to Lose program facilitates change towards a healthy lifestyle (healthy eating, exercise and behaviour modification) through regular communication with an RN to improve overall health in addition to weight management for St. Clair College staff. Participants meet with the RN for

	individual counselling weekly. Guest speakers such as WFHT Health Promoter (HP)/RD and WFHT SW are booked throughout the ten-week program during the lunch hour for participants to increase their knowledge about nutrition, exercise and behaviour change. Anthropometric measurements and the distribution of supportive emails occur on a weekly basis by the RN to assist participants to meet their goals.
<i>Objective(s)</i>	<ul style="list-style-type: none"> - To increase weight loss and/or decrease waist/hip measurement upon completion of the program. - To increase knowledge of nutritious food choices by >80% upon completion of the program. - To increase positive behavioural changes towards a healthier lifestyle upon completion of the program.
<i>CD Targeted</i>	Obesity
<i>Risk Factors Addressed</i>	Physical inactivity and unhealthy eating
<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	St. Clair College
<i>Frequency</i>	Ten-week program offered at the Main site (offered in both January and spring each year) and at the Downtown and Thames campuses (offered in January).
<i>Promotion</i>	The three RN's promote their program to staff at each of their respective campuses.
<i>Location</i>	Three St. Clair College sites: Main, Downtown and Thames.
<i>Evaluation</i>	As of January 25 th , 2017 there were 52 participants registered across the three SCC sites. As this program is not complete, a full evaluation is not practical.
<i>Updates/Future Plans (2017-2018)</i>	<p>The popularity of this program has been observed over the years and therefore Choose to Lose will be offered in 2017-2018 across all three-campus sites.</p> <p>A new concise pre/post patient questionnaire will be utilized upon completion of the program. Participants will also have the opportunity to provide feedback regarding the program including suggestions for improvement and what is currently working well. HEIA to be completed.</p>

7.15 St. Clair College: Food for Thought

Criteria	Description
<i>Program</i>	<p>The Food for Thought service focuses on healthy eating using electronic message boards, grocery store tours, nutrition articles in the SCC newsletter "The Saint" and health fairs at SCC by the WFHT RD.</p> <p>For many people, attending College can be a big transition period in their life, especially when it comes to making food choices. Unfortunately, studies show college students often make poor food choices. Good nutrition is an important part of leading a healthy lifestyle. Healthy eating can lead to a healthy weight and reduce the risk of chronic diseases such as heart disease and cancer.</p>
<i>Objective</i>	To increase awareness on benefits of eating healthy.

<i>CD Targeted</i>	Obesity, diabetes, hypertension and cancer
<i>Risk Factors Addressed</i>	Unhealthy eating
<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	St. Clair College
<i>Frequency</i>	Electronic messages are displayed throughout the school year. Two grocery store tours have been held at the local Superstore (Sept. 6, 2016 & Nov. 8, 2016). Two nutrition articles have been submitted in the bimonthly SCC newsletter "The Saint". A health fair is scheduled Feb 14/17.
<i>Promotion</i>	Max Toulch (Residence Life Coordinator, St. Clair College Residence) posted WFHT HP/RD's photo in the residence to allow students to identify her in store.
<i>Location</i>	Real Canadian Superstore 2430 Dougall Ave. and St. Clair College
<i>Evaluation</i>	<p>The WFHT RD wrote two articles for two separate newsletter issues for "The Saint" which is available in hard copy and online. One thousand printed copies of the newsletter were released and according to E.P. Chant (Managing Editor, St. Clair College SRC) most copies are picked up by staff and students.</p> <p>The WFHT RD held two grocery store tours. The first tour held on September 6, 2016 was unsuccessful. The tour was too long and only attracted two students to participate. The second tour held on November 8, 2016 was more successful as the RD altered the information and approached students for short time periods as they shopped.</p>
<i>Updates/Future Plans (2017-2018)</i>	Electronic messages will be updated for the next school year. Nutrition articles for "The Saint" will continue. The RD/HP will continue to participate in upcoming college health fairs; however, the grocery store tours will be discontinued. HEIA to be completed.

7.16 St. Clair College: Leave the Pack Behind (LTPB)

Criteria	Description
<i>Program</i>	Leave the Pack Behind is a tobacco control program that offers young adults smoking and quitting information, personalized support and quitting resources. The program is funded by the Government of Ontario and provides organizations with support, free nicotine patches and gum. The RN offers brief and intensive smoking counselling services. Peer-to-peer programs and services are offered to discourage uptake/escalation of tobacco use, to support cessation and to provide general tobacco control education.
<i>Objective</i>	To support young adult smokers to quit smoking.
<i>CD Targeted</i>	COPD, asthma and emphysema
<i>Risk Factors Addressed</i>	Tobacco use
<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	St. Clair College
<i>Frequency</i>	Ongoing throughout school year
<i>Promotion</i>	Social marketing campaigns are launched at all three SCC sites.
<i>Location</i>	St. Clair College
<i>Evaluation</i>	As of February 1 st , 2017 32 students have benefited from this service directly through the three RNs. However, the target goal for the year was set at 160

	students. This target was based on Brock University's results, which are released twice a year and include work beyond the three RNs. According to the Brock University report, 136 students accessed LTPB in 2016 through outreach events and one-to-one interactions. Of the 32 students seen by the three RN's, 72% received smoking cessation products and 97% received educational items.
<i>Updates/Future Plans (2017-2018)</i>	This will continue for 2017-2018. Slight alterations will be made in order to set realistic target goals.

7.17 St. Clair College: Mental Health Wellness Series

Criteria	Description
<i>Program</i>	The Mental Health Wellness Series is designed to facilitate mental health wellness and stress management for students at St. Clair College. It is led by a SW and involves drop in Lunch and Learns and written newsletter articles. The Lunch and Learns are held bi-monthly between September and April at the Chatham site, which focus on various mental health issues. The newsletter articles are for the Saint Newsletter and topics include stress management, depression, anxiety, relationships and sexuality.
<i>Objective</i>	To increase knowledge of stress indicators, coping skills, resources and support to promote mental health fitness and overall wellbeing.
<i>CD Targeted</i>	Co-morbid mental disorders
<i>Risk Factors Addressed</i>	Alcohol consumption, tobacco use and physical inactivity
<i>HEIA Results</i>	To be completed
<i>Partnership(s)</i>	St. Clair College
<i>Frequency</i>	Bi-monthly between September – April
<i>Promotion</i>	Completed by SW
<i>Location</i>	St. Clair College
<i>Evaluation</i>	SW was unable to run bi-monthly drop in lunch and learns as the student centre at the Chatham site was under construction. SW has written two articles for two separate Saint Newsletter issues.
<i>Updates/Future Plans (2017-2018)</i>	This will continue for 2017-2018. HEIA to be completed.

7.18 Women's Health Workshop

Criteria	Description
<i>Program</i>	The Women's Health workshop focuses on women's health throughout the lifecycle. A WFHT physician and/or nurse practitioner (NP), social worker (SW), RD and a fitness instructor from the WSFC all present on current issues in women's health.
<i>Objective</i>	To provide education focusing on diseases, disorders, mental health, fitness and other conditions that affect women.
<i>CD Targeted</i>	Mental health and obesity
<i>Risk Factors Addressed</i>	Alcohol consumption, tobacco use, physical inactivity and unhealthy eating
<i>HEIA Results</i>	Completed in 2016
<i>Partnership(s)</i>	Windsor Squash and Fitness Club (WSFC).

<i>Frequency</i>	Once a year
<i>Promotion</i>	City Centre Health Care, the Cardiac Wellness program, the Bariatric Assessment program at Hotel Dieu Grace Healthcare, the WECHC Partnership Advisory Committee (PAC) listserv and WFHT Facebook page.
<i>Location</i>	WFHT
<i>Evaluation</i>	The Women’s Health Workshop was held on Wednesday, October 12 th , 2016 from 1:00-3:00PM. Fifteen participants signed up, however, eleven attended and nine completed the post workshop evaluation. All participants stated that they learned what they expected to learn from the workshop and that the information was useful. Regarding the length, four participants stated that the workshop was the right length; two stated it was too long, two stated it was too short and one did not answer. Unfortunately, the workshop went longer than the scheduled two hours and therefore, some participants had to leave before it was complete. Many suggestions focused on time management with suggestions for improvement including: to focus on only a few topics, to lengthen the advertised time or to have guest speakers shorten their presentations. Education covered urinary incontinence in women, mindfulness, menopause and the Mediterranean diet while short bouts of easy exercise was offered throughout. Some participants stated that the information was well rounded and many appreciated the fitness breaks between each guest speaker. Given the Mediterranean diet was the last presentation, a few participants noted that they would have liked more time to cover this topic, however, they appreciated having handouts to review post workshop.
<i>Updates/Future Plans (2017-2018)</i>	The Women’s Health Workshop will be offered in the next fiscal year. Details regarding guest speakers and topics are TBD. HEIA to be completed.

8.0 Looking Forward

In summary, two thirds of the programs and services will remain unchanged for the 2017-2018 year. Overall, all programs and services could be improved through better mechanisms of promotion to increase participation and visibility of the programs and services at the WFHT. The Patient Engagement Café indicated that the WFHT patient population are looking for enhanced means of communication through email newsletters or an online events calendar. Further understanding of the health equities and social determinants of health are required on thirteen programs and services. To achieve this, targeted deadlines for implementing the HEIA tool on the thirteen remaining programs and services are to be arranged with WFHT management and HP. Incorporating the outcomes from previous HEIAs is also recommended to optimize health equity within the five completed programs and services.

Further work surrounding cardiovascular conditions will also be considered for future programs and services given the high prevalence found within WFHT's patient population.

The following programs and services are recommended to be revised to improve patient care and effectiveness of program/service.

- Depression or Anxiety Program
- Gender Journey
- Healthy Heart Workshop
- Hypertension Management Program
- Mental Health Program – Depression
- STOP Program/non-STOP Smoking Cessation

9.0 Appendices

9.1 WFHT website survey results

WFHT's website provided an opportunity for patients to voice their feedback regarding clinic attendance, preferred learning style and interest in social media platforms. Results indicate respondents are most likely to attend the clinic in the evening, prefer on-line reading for health information and would most likely follow WFHT on Facebook. While many programs and services are offered in the evening and a WFHT Facebook page has been developed, more improvement is expected to develop from these responses. Specifically, promotion of the WFHT Facebook page and a focus regarding online reading requires further consideration.

Table 5: Most recent WFHT website survey results

Questions		Responses
1. When are you most likely to come to the clinic?	Between 8:30-12:30	23%
	Between 12:30-4:30	11%
	Between 4:30-8:00	66%
2. What is your preferred learning style for health information?	On-line reading	42%
	On-line video	16%
	Printed material	9.5%
	In person group	9.5%
	In person one on one	23%
3. If we joined social media what would you most likely follow us on?	Facebook	69%
	Twitter	19%
	I don't use Social Media	15%
	I wouldn't follow WFHT	10%

*Each question was maxed to 100 responses.

9.2 WFHT Health Conditions by ICD-9 Codes

Table 6: Number of unique patients by high level classifications of diseases and health problems

Rank	Diagnosis Code Range	Classification Description	F	M	Total	%
1	240 – 279	Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders	1342	1119	2461	38.5
2	320 – 389	Diseases Of The Nervous System And Sense Organs	985	830	1815	28.4
3	290 – 319	Mental Disorders	976	797	1773	27.7
4	390 - 459	Diseases Of The Circulatory System	736	764	1500	23.5
5	710 – 739	Diseases Of The Musculoskeletal System And Connective Tissue	817	550	1367	21.4
6	520 – 579	Diseases Of The Digestive System	721	622	1343	21.0
7	460 – 519	Diseases Of The Respiratory System	506	463	969	15.2
8	780 – 799	Symptoms, Signs, And Ill-Defined Conditions	426	374	800	12.5
9	280 – 289	Diseases Of The Blood and Blood-Forming Organs	538	200	738	11.5
10	680 – 709	Diseases Of The Skin And Subcutaneous Tissue	363	222	585	9.2
11	580 – 629	Diseases Of The Genitourinary System	332	248	580	9.1
12	V01 – V91	Supplementary Classification Of Factors Influencing Health Status And Contact With Health Services	126	119	245	3.8
13	140 – 239	Neoplasms	145	97	242	3.8
14	001 – 139	Infectious And Parasitic Diseases	108	115	223	3.5
15	800 – 999	Injury And Poisoning	101	100	201	3.1
16	740 – 759	Congenital Anomalies	61	53	114	1.8
17	630 – 679	Complications Of Pregnancy, Childbirth, And The Puerperium	36	1	37	0.6
18	E000 – E999	Supplementary Classification Of External Causes Of Injury And Poisoning	3	3	6	0.1
19	760 - 779	Certain Conditions Originating In The Perinatal Period	3	1	4	0.1

* Classification descriptions based on 2015 ICD-9-CM Diagnosis Codes database (<http://www.icd9data.com/2015/Volume1/default.htm>)

* A patient is only counted once if the patient has multiple diagnoses within the same classification, but patients may have diagnoses from multiple classifications.

Table 7: Number of unique patients in the top 20 sub-classifications of diseases and health problems

Rank	Diagnosis Code Range	Classification Description	F	M	Total	%
1	270 – 279	Other Metabolic Disorders And Immunity Disorders	1118	1010	2128	33.3
2	300 – 316	Neurotic Disorders, Personality Disorders, And Other Nonpsychotic Mental Disorders	776	657	1433	22.4
3	401 – 405	Hypertensive Disease	569	593	1162	18.2
4	295 – 299	Other Psychoses	539	351	890	13.9
5	710 – 719	Arthropathies And Related Disorders	541	346	887	13.9
6	360 – 379	Disorders Of The Eye And Adnexa	368	380	748	11.7
7	530 – 539	Diseases Of Esophagus, Stomach, And Duodenum	361	297	658	10.3
8	490 – 496	Chronic Obstructive Pulmonary Disease And Allied Conditions	349	301	650	10.2
9	280	Iron deficiency anemias	492	135	627	9.8
10	249 – 259	Diseases Of Other Endocrine Glands	283	315	598	9.4
11	338	Pain	322	259	581	9.1
12	780 – 789	Symptoms	295	216	511	8.0
13	340 – 349	Other Disorders Of The Central Nervous System	364	142	506	7.9
14	560 – 569	Other Diseases Of Intestines And Peritoneum	309	153	462	7.2
15	720 – 724	Dorsopathies	220	199	419	6.6
16	470 – 478	Other Diseases Of Upper Respiratory Tract	215	198	413	6.5
17	240 – 246	Disorders Of Thyroid Gland	309	75	384	6.0
18	730 - 739	Osteopathies, Chondropathies, And Acquired Musculoskeletal Deformities	270	99	369	5.8
19	790 – 796	Nonspecific Abnormal Findings	167	178	345	5.4
20	690 – 698	Other Inflammatory Conditions Of Skin And Subcutaneous Tissue	199	144	343	5.4

* Sub-classification descriptions based on 2015 ICD-9-CM Diagnosis Codes database (<http://www.icd9data.com/2015/Volume1/default.htm>)

* A patient is only counted once if the patient has multiple diagnoses within the same sub-classification, but patients may have diagnoses from multiple sub-classifications.

Table 8: Number of unique patients with the top 20 health problems by grouped diagnoses codes

Rank	Diagnosis Code	Diagnosis Description	F	M	Total	%
1	272	Disorders of lipid metabolism	795	829	1624	25.4
2	278	Overweight, obesity and other hyperalimentation	642	485	1127	17.6
3	401	Essential hypertension	527	548	1075	16.8
4	296	Episodic mood disorders	532	327	859	13.4
5	300	Anxiety, dissociative and somatoform disorders	503	286	789	12.3
6	715	Osteoarthritis and allied disorders	458	313	771	12.1
7	280	Iron deficiency anemias	492	135	627	9.8
8	367	Disorders of refraction and accommodation	289	328	617	9.7
9	530	Diseases of esophagus	332	268	600	9.4
10	338	Pain	322	259	581	9.1
11	305	Nondependent abuse of drugs	259	290	549	8.6
12	250	Diabetes mellitus	248	280	528	8.3
13	493	Asthma	272	196	468	7.3
14	346	Migraine	333	105	438	6.9
15	244	Acquired hypothyroidism	289	72	361	5.6
16	722	Intervertebral disc disorders	184	160	344	5.4
17	733	Other disorders of bone and cartilage	236	78	314	4.9
18	564	Functional digestive disorders not elsewhere classified	228	82	310	4.8
19	525	Other diseases and conditions of the teeth and supporting structures	98	161	259	4.1
20	477	Allergic rhinitis	132	117	249	3.9

* Diagnosis descriptions based on 2015 ICD-9-CM Diagnosis Codes database (<http://www.icd9data.com/2015/Volume1/default.htm>)

* A patient is only counted once if the patient has multiple diagnoses within the same set of grouped diagnoses, but patients may have diagnoses from multiple groups.

Table 9: Number of unique patients with the top 50 health problems by distinct diagnosis code (decimal)

Rank	Diagnosis Code	Diagnosis Description	F	M	Total	%
1	401	Essential Hypertension	493	515	1008	15.8%
2	272.4	Other and unspecified hyperlipidemia	442	393	835	13.1%
3	278.0	Overweight and obesity	447	356	803	12.6%
4	715.9	Osteoarthritis unspecified whether generalized or localized	398	256	654	10.2%
5	300.0	Anxiety states	412	226	638	10.0%
6	530.81	Esophageal reflux	318	263	581	9.1%
7	280	Iron deficiency anemias	449	128	577	9.0%
8	338.2	Chronic Pain	300	248	548	8.6%
9	296.2	Major depressive disorder single episode	338	206	544	8.5%
10	272.0	Pure hypercholesterolemia	230	295	525	8.2%
11	250	Diabetes mellitus	240	272	512	8.0%
12	305.1	Tobacco user disorder	242	229	471	7.4%
13	493	Asthma	267	191	458	7.2%
14	367.1	Myopia	183	186	369	5.8%
15	346	Migraine	239	78	317	5.0%
16	278.02	Overweight	147	109	256	4.0%
17	477	Allergic rhinitis	129	113	242	3.8%
18	564.1	Irritable bowel syndrome	174	63	237	3.7%
19	277.7	Dysmetabolic syndrome X	87	132	219	3.4%
20	244	Acquired hypothyroidism	172	46	218	3.4%
21	272.2	Mixed hyperlipidemia	106	107	213	3.3%
22	722.6	Degeneration of intervertebral disc, site unspecified	111	94	205	3.2%
23	268	Vitamin D deficiency	111	90	201	3.1%
24	327.23	Obstructive sleep apnea (adult)(pediatric)	54	138	192	3.0%
25	414.0	Other forms of chronic ischemic heart disease	63	124	187	2.9%
26	367.0	Hypermetropia	73	97	170	2.7%
27	733.0	Osteoporosis	117	41	158	2.5%
28	389	Hearing loss	59	92	151	2.4%
29	525.9	Unspecified disorder of the teeth and supporting structures	54	91	145	2.3%
30	706.1	Other acne	108	34	142	2.2%
31	571.8	Other chronic nonalcoholic liver disease	69	63	132	2.1%
32	314.0	Attention deficit disorder of childhood	55	74	129	2.0%
33	790.21	Impaired fasting glucose	51	76	127	2.0%
33	692	Contact dermatitis and other eczema	76	51	127	2.0%
35	296.8	Other and unspecified bipolar disorders	75	51	126	2.0%

36	496	Chronic airway obstruction, not elsewhere classified	60	65	125	2.0%
37	346.0	Migraine with aura	85	27	112	1.8%
38	473	Chronic sinusitis	62	49	111	1.7%
39	733.90	Disorder of bone and cartilage, unspecified	85	24	109	1.7%
40	266.2	Other B-complex deficiencies	77	29	106	1.7%
41	367.4	Presbyopia	38	58	96	1.5%
42	427.31	Atrial fibrillation	43	51	94	1.5%
42	354.0	Carpal tunnel syndrome	62	32	94	1.5%
42	244.9	Unspecified acquired hypothyroidism	75	19	94	1.5%
45	296.3	Major depressive disorder recurrent episode	55	37	92	1.4%
46	562.10	Diverticulosis of colon (without mention of hemorrhage)	58	32	90	1.4%
47	278.01	Morbid obesity	57	30	87	1.4%
48	780.57	Unspecified sleep apnea	34	51	85	1.3%
48	272.5	Lipoprotein deficiencies	33	52	85	1.3%
50	305.0	Nondependent alcohol abuse	16	68	84	1.3%
50	281.1	Other vitamin B12 deficiency anemia	42	42	84	1.3%

* Diagnosis descriptions based on 2015 ICD-9-CM Diagnosis Codes database (<http://www.icd9data.com/2015/Volume1/default.htm>)

Table 10: Number of unique patients in relation to current WFHT programs and workshops

Diagnosis Codes	Program Name / Diagnosis Description	F	M	Total
	COPD / Asthma Program			
493	Asthma	267	191	458
496	COPD	60	65	125
492	Emphysema	31	52	83
491	Chronic bronchitis	5	2	7
	Depression Management and Treatment Program			
300.0	Anxiety states	412	226	638
296.2	Major depressive disorder single episode	338	206	544
296.3	Major depressive disorder recurrent episode	55	37	92
296.99	Unspecified episodic mood disorder		2	2
	Irritable Bowel Syndrome Workshop			
564.1	Irritable bowel syndrome	174	63	237
	Stress Reduction and Management			
300.0	Anxiety states	412	226	638
	Arthritis and Related Conditions			
715.9	Osteoarthritis unspecified whether generalized or localized	398	256	654
729.1	Myalgia and myositis, unspecified	66	5	71
715.0	Osteoarthritis generalized	38	30	68
714.0	Rheumatoid arthritis	32	8	40
	Supermarket Tours (Diabetes and Heart Health)			
401	Essential hypertension	493	515	1008
272.4	Other and unspecified hyperlipidemia	442	393	835
250	Diabetes mellitus	240	272	512
414.0	Coronary atherosclerosis	63	124	187
427.31	Atrial fibrillation	43	51	94
	Healthy Heart Workshop			
401	Essential hypertension	493	515	1008
272.4	Other and unspecified hyperlipidemia	442	393	835
414.0	Coronary atherosclerosis	63	124	187
427.31	Atrial fibrillation	43	51	94
	Smoking Cessation			
305.1	Tobacco user disorder	242	229	471
	Hypertension Management Program			
401	Essential hypertension	493	515	1008

	Women's Health Workshop (Top 5 conditions that affect women)			
625.3	Dysmenorrhea	39		39
625.6	Stress incontinence, female	29		29
627.0	Premenopausal menorrhagia	27		27
218.9	Leiomyoma of uterus, unspecified	24		24
620.2	Other and unspecified ovarian cyst	21		21
	Eat4Life			
278.0	Overweight and obesity	447	356	803

* Diagnosis descriptions based on 2015 ICD-9-CM Diagnosis Codes database (<http://www.icd9data.com/2015/Volume1/default.htm>)

* Listed diagnoses under each program as identified by WFHT Health Promoter.

Table 11: Number of Diagnoses of Health Conditions by Diagnosis Group

Diagnosis Codes	Diagnosis Groups	F	M	Total	%
	Lung				
493	Asthma	273	196	469	7.3%
327.23	Obstructive sleep apnea (adult and child)	54	138	192	3.0%
496	COPD	60	65	125	2.0%
492	Emphysema	32	54	86	1.3%
491	Chronic bronchitis	6	3	9	0.1%
	Lung Group Total	425	456	881	13.8%
	Gastric				
530.81	GERD	318	263	581	9.1%
564.1	Irritable bowel syndrome	174	63	237	3.7%
571.8	Fatty Liver	69	63	132	2.1%
556	Ulcerative colitis	17	21	38	0.6%
555	Regional enteritis	17	11	28	0.4%
	Gastric Group Total	595	421	1016	15.9%
	Mental Health				
296	Affective psychosis (e.g. Major Depression, Bipolar Disorder, etc.)	578	350	928	14.5%
300.0 - 300.9	Anxiety states	519	305	824	12.9%
302.85	Gender Identity Disorder	26	26	52	0.8%
295	Schizophrenia	7	23	30	0.5%
301	Personality disorder	6	6	12	0.2%
	Mental Health Group Total	1136	710	1846	28.9%
	Endocrine				
278	Overweight, obesity and other hyperalimentation	655	498	1153	18.0%
250	Diabetes Mellitus	253	287	540	8.4%
790.21	Impaired Fasting Glucose	51	76	127	2.0%
585	Chronic renal failure	58	49	107	1.7%
362	Diabetic Retinopathy	26	12	38	0.6%
357.2	Neuropathy in Diabetes	8	9	17	0.3%
	Endocrine Group Total	1051	931	1982	31.0%
	Heart				
401	Essential hypertension	529	548	1077	16.8%
272.4	Hyperlipidemia	442	393	835	13.1%
414	Coronary Atherosclerosis	66	140	206	3.2%
427.31	Atrial Fibrillation	43	51	94	1.5%

405	Secondary hypertension	43	44	87	1.4%
443.9	Peripheral vascular disease	36	36	72	1.1%
428	Congestive Heart Failure	19	18	37	0.6%
436	Cerebrovascular Accident	7	7	14	0.2%
435	Transient Ischemic Attack	7	5	12	0.2%
	Heart Group Total	1192	1242	2434	38.1%
	Cancer				
174.9	Malignant Neoplasm of Breast Not Otherwise Specified	21		21	0.3%
185	Malignant Neoplasm of Prostate		20	20	0.3%
153	Malignant Neoplasm of Colon	5	4	9	0.1%
162	Malignant Neoplasm of Trachea, Bronchus and Lung	2	2	4	0.1%
	Cancer Group Total	28	26	54	0.8%
	Musculoskeletal				
715.9	Osteoarthritis	398	256	654	10.2%
733	Osteoporosis	239	78	317	5.0%
722.6	Disc degeneration	111	94	205	3.2%
729	Fibromyalgia	103	8	111	1.7%
714	Rheumatoid Arthritis	39	9	48	0.8%
733.9	Osteopenia	21	8	29	0.5%
	Musculoskeletal Group Total	911	453	1364	21.3%
	Addictions				
305.1	Tobacco Use Disorder	242	229	471	7.4%
305.0	Alcohol Abuse	16	68	84	1.3%
304	Opioid Dependence	8	10	18	0.3%
312.31	Pathological gambling		2	2	0.0%
	Addictions Group Total	266	309	575	9.0%
	Pain				
338.2	Chronic pain	300	248	548	8.6%
338.1	Acute pain	13	7	20	0.3%
	Pain Group Total	313	255	568	8.9%
	Other				
280	Iron deficiency anemia	493	136	629	9.8%
389	Hearing loss	85	134	219	3.4%
266.2	Vit B12 deficiency	77	29	106	1.7%
	Other Group Total	655	299	954	14.9%

* The percentages from the above table are calculated based on a denominator of 6392 – the number of WFHT rostered patients as of February 2nd, 2017.

* The totals show the number of diagnoses present in patient charts for the above health conditions. The patients may have multiple diagnosis codes per condition and/or diagnosis group.

* In cases where the diagnosis extension (decimal point) is not specified, it includes all specific diagnoses that begin with the same first three digits.

* These group totals only account for the diagnoses and conditions listed in the table.

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