

A photograph of four young children walking away from the camera on a dirt path through a sunlit forest. They are dressed in outdoor clothing like hats, vests, and overalls, and are holding fishing rods. The child on the far left carries a bucket, and the child on the far right carries a fishing net. The scene is warm and golden, suggesting late afternoon light.

Collaborative Community Health Plan

2019

Central Inverness County
North Inverness County
Victoria County

Community Partnerships and
a Voice for a Healthier Future

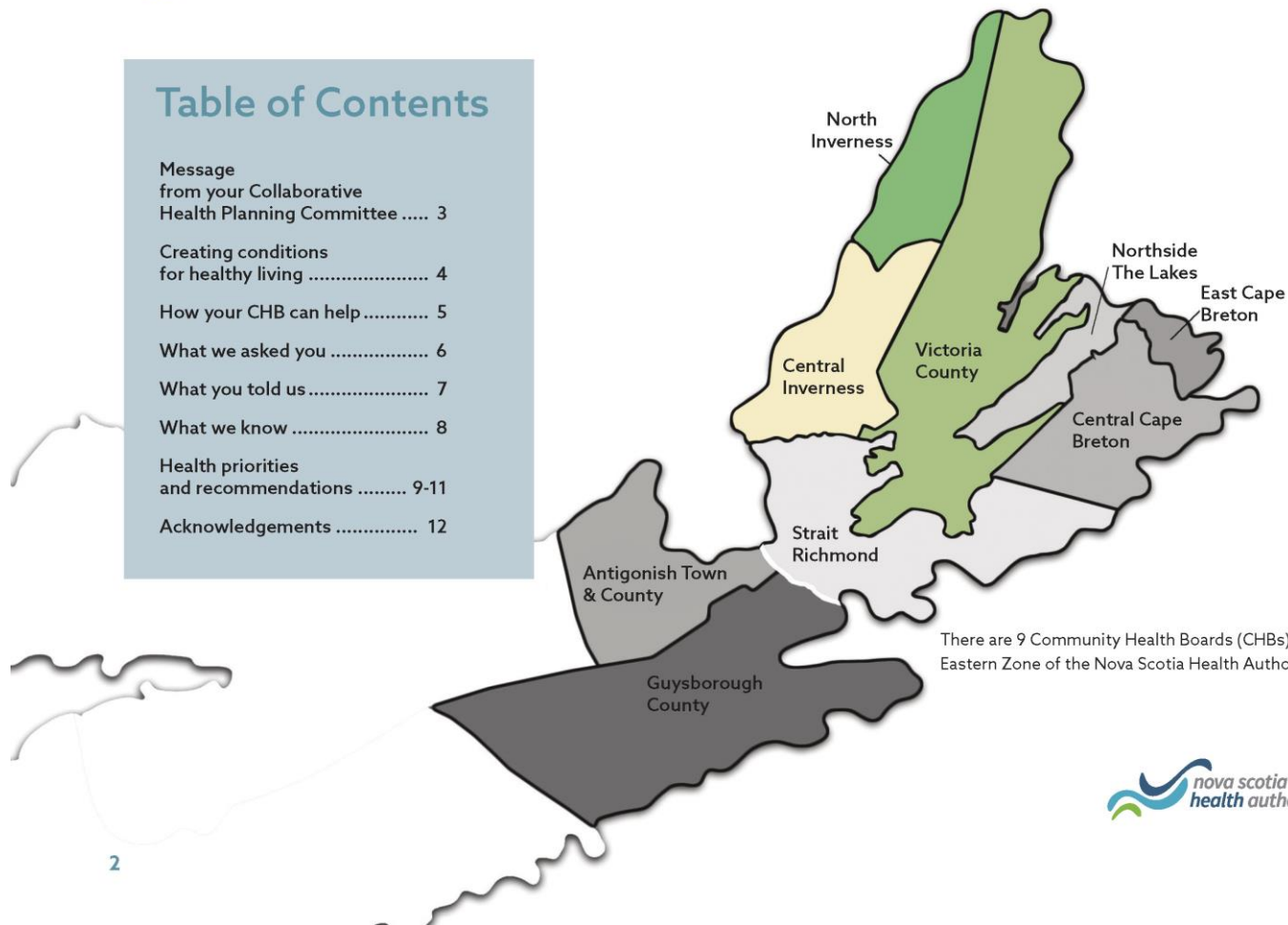




Community Health Boards & Nova Scotia Health Authority

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There are 9 Community Health Boards (CHBs) in the Eastern Zone of the Nova Scotia Health Authority.



Message from your Collaborative Health Planning Committee

What are Community Health Boards (CHBs)?

There are 37 Community Health Boards (CHBs) located throughout Nova Scotia, each responsible for a specific local area. The CHBs are legislated under the Health Authorities Act as an **advisory board** to the Nova Scotia Health Authority (NSHA). CHBs ensure that community voices are heard and that community needs are considered in provincial health planning. As such, they gather ideas and share information about how to improve and promote health and wellness close to home while focusing on the many factors that affect health and wellness in our communities.

Guided by Community Health Plans, CHBs develop partnerships with local community groups and award Wellness Fund grants to local community projects. These projects fit with the priorities and recommendations contained in the Health Plan.

The CHBs are comprised of volunteers dedicated to working together to help improve health and wellness in the communities where they live, work, play, and learn. Board members are drawn from diverse backgrounds and represent all age groups from high school to seniors.



Committee Members: Jim Morrow, Patricia Leblanc, Marie Aucoin,
Nancy Smith, Ruth Schneider

The Health Plan

Eighteen months ago, three rural CHBs (Victoria County, Central Inverness, and North Inverness) formed a health planning committee with the support of NSHA staff members.

In March 2018 the committee members distributed thousands of surveys throughout their local communities. The survey was also made available online through the Engage4Health portal.

The purpose of the survey was to encourage residents to share what they believe are the most important issues affecting their health and well-being. With over 444 surveys subsequently returned, three health-related priorities emerged.

Other important data that helped inform the priorities contained in the Health Plan were provided by a researcher who worked closely with the Health Planning Team, and informal consultations were held locally with some residents.

Once health-related priorities were identified, the health planning committee hosted a gathering of community organizations in March 2019 to seek input on recommendations for how to move the priorities forward.

These priorities and recommendations will become the focus of the CHBs over the next few years and will also be considered in the Nova Scotia Health Authority's business planning process.

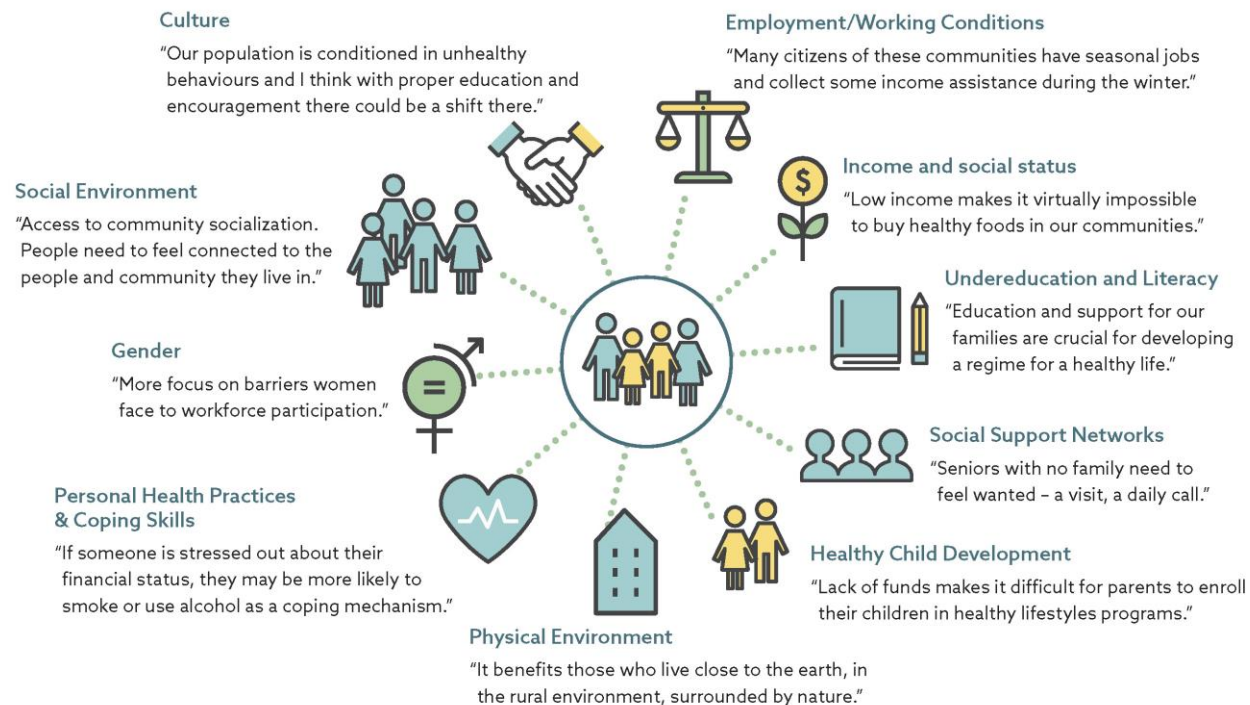
If you know of a project or method which could help address any of the listed priorities on pages 9–11, we invite you to contact any CHB member or email easternCHBs@nshealth.ca.

Social Determinants of Health

Creating the Conditions for Healthy Living

As CHB members, we look and listen for circumstances - often shifting - that impact the overall health of individuals, groups and communities in our catchment areas. Some of the factors identified by our survey respondents as barriers to healthy living fall under the **Social Determinants of Health (SDOH)**.

The following responses to our 2018 Community Health Survey indicate that residents of Victoria-Inverness live with these barriers. They know how the SDOH can impact the overall health of our bodies, minds and spirits.



How your CHB can help

CHBs can partner with municipal leaders, community groups, organizations, workplaces, and schools to help address some of the SDOH challenges that negatively impact the health of our communities. Other barriers to accessing health care must be addressed by our provincial and federal governments and the Nova Scotia Health Authority.

As your Community Health Board, we assist in addressing the barriers to good health faced by the community. We do this by:

- advocating for healthy public policy at all levels of government;
- bringing the appropriate people and resources together to determine how best to address the barrier;
- funding health promoting activities and projects through small Wellness Grants.

Here are three examples.



The Victoria County Community Health Board promoted the development of community food gardens, promoted social cohesion by exploring ways to connect seniors and youth in the community and provided continued support to the ever-popular seniors luncheons held weekly at St. Ann's Bay United Church.



The Central Inverness Community Health Board sponsored a community health and wellness fair, partnered with community groups to train youth to become physical activity leaders and promoted the use of community hiking trails.



The North Inverness Community Health Board engaged subject matter experts to deliver information sessions promoting community-based activities for healthy eating and exercise.

Images courtesy of Victoria, Central Inverness and North Inverness CHBs.

The Engagement Process

What we asked you...

Tell us what you think...



In March 2018, we launched the Inverness and Victoria Counties Community Health Planning Survey.

We asked residents two key questions:

What factor(s) do you think contribute most to the health of your communities? Why?

What do you see as the issues/challenges affecting the health of your community?

Between March and June **444** people responded to the survey - 100 were completed electronically while the remainder were paper-based.

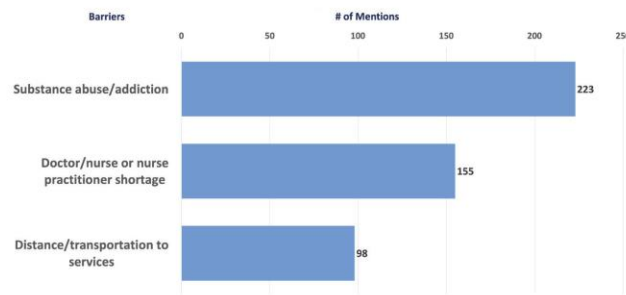
We reviewed all survey responses in July/August 2018 and then met several times in September to sort responses into meaningful categories according to the issues/challenges mentioned.

Survey Data

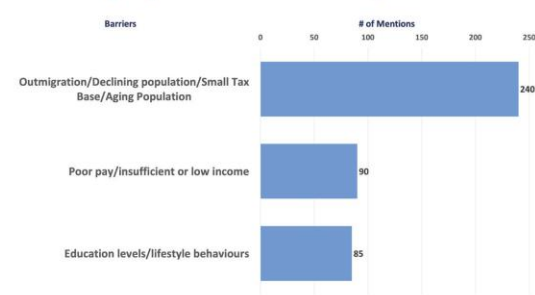
What you told us

Responses to the March 2018 Community Health Survey revealed 4 key areas of concern.

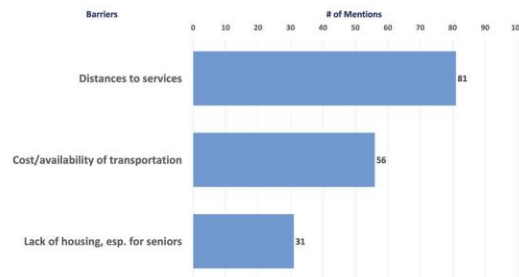
1. Access to Health Services/ Mental Health and Addiction Services



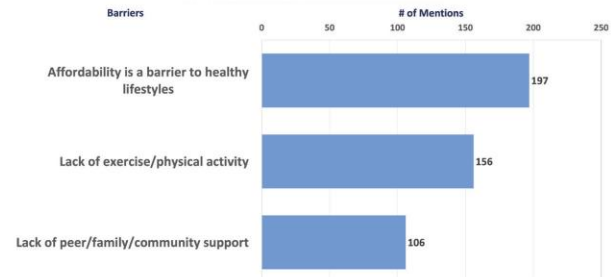
2. Economic Conditions, Employment and Poverty



3. Physical Environment, Transportation and Housing



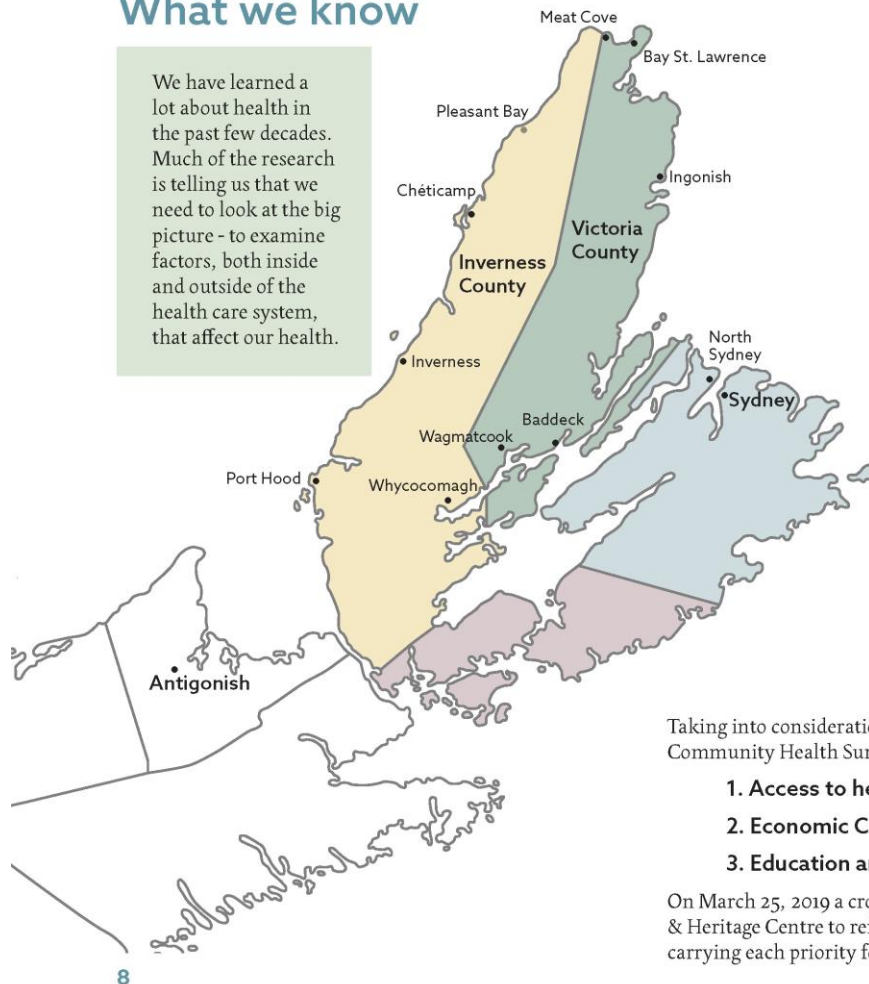
4. Prevention and Personal Health Practices



What goes into your health?

What we know

We have learned a lot about health in the past few decades. Much of the research is telling us that we need to look at the big picture - to examine factors, both inside and outside of the health care system, that affect our health.



People in rural-isolated communities are particularly disadvantaged when they require access to specialized health services and full service hospitals that are not available in their own communities. For example, Bay St. Lawrence to Sydney is a 2.5 hour journey by car one way. Round trip travel from Pleasant Bay to Antigonish is 6 hours. Weather, challenging terrain, ferry service interruptions and fuel scarcity pose additional problems.



Images: top, courtesy of Michel Soucy Photography; left, courtesy of Victoria County CHB; right, courtesy of North Inverness CHB

Taking into consideration the four areas of concern identified in the 2018 Community Health Survey, we developed **three health promotion priorities**:

1. Access to health services in rural-isolated communities
2. Economic Conditions, Food and Poverty
3. Education and Physical Activity

On March 25, 2019 a cross-section of forty people gathered at Wagmatcook Culture & Heritage Centre to reflect on these priorities and develop recommendations for carrying each priority forward.

PRIORITY 1: Access to health services in rural-isolated communities

Access to health services is fundamental to maintaining the physical and mental health of community members. Accessing increasingly centralized health services was the most pressing concern for survey respondents. Challenging terrain, lengthy commutes, travel costs, poorly maintained roads, lack of public transit and harsh weather conditions place people living in rural-isolated communities at a disadvantage when seeking healthcare.



At the March 25 Community Conversation, the forty people gathered took part in roundtable discussions regarding each of three health promotion priorities.

Recommendation 1.1

Advocate for improved transportation options to access healthcare providers and/or bring specialized healthcare directly to rural-isolated communities via mobile health services.

Indicators of Progress

Increased number of events or initiatives that improve access to health services. This may be transportation-related projects or other efforts that decrease the barriers to access needed health services.

Recommendation 1.2

Partner with municipalities to support the recruitment and retention of healthcare professionals.

Indicators of Progress

Increased number of collaborations with the Municipalities. Are there additional recruitment and retention strategies as a result of the CHBs involvement? Have professional resources and specialists increased in difficult-to-recruit areas of health care in the region?

PRIORITY 2: Economic Conditions, Food and Poverty

People are leaving their communities for well-paying jobs elsewhere. The CHBs also see evidence of poverty in their communities. Financial insecurity narrows peoples' options, making daily life overwhelming which can lead to unhealthy choices. Minimum wage in Nova Scotia (\$11.55/hr) is insufficient to provide the basics to families with children. A "living wage" based on the actual costs of living would ease financial strain and increase cash flow for other life necessities such as housing and home energy costs.



During the March 25 Community Conversation, each host table was asked to consider the following questions: 1) How does this priority fit your community or work? 2) What assets exist in your community that would help move this priority forward? Who should be involved? 3) What activities would you recommend that could impact on this priority?

Recommendation 2.1

Advocate for a living wage for families in our communities.

Indicators of Progress

Presentations have been made to Municipalities and other public sectors to raise awareness about what a living wage is and its benefits.

Municipalities have agreed to carry out research to determine what a living wage is for their region.

A number of employers have agreed to support a living wage work force.

Recommendation 2.2

Advocate for affordable housing and reduction in home energy costs.

Indicators of Progress

Increased number of initiatives that focus on improving housing situations for vulnerable populations.

Increased initiatives for reducing household energy costs.

PRIORITY 3: Education and Physical Activity

Early childhood development was important to survey respondents. Building healthy eating habits and physical activity routines in the early years helps kids get the most out of school and life. Affordability was identified as the biggest barrier to accessing healthy food and opportunities to stay physically active.



The March 25 Community Conversation generated recommendations to carry the three health promotion priorities forward. Participants then ranked what they felt were the two best recommendations for each priority.

Recommendation 3.1

Work with the municipality, partners and facility managers to increase access to recreation areas and facilities.

Indicators of Progress

A number of partners and facilities/recreation areas have improved access policies in place.

A number of facilities/recreation areas have improved access for vulnerable populations.

Financial barriers to access facilities and recreation areas have been removed.

Recommendation 3.2

Determine which workplaces have a health and wellness plan in place. Host an event in collaboration with the business community to promote health and wellness programs for the workplace.

Indicators of Progress

Increased number of strategies implemented that promote the importance of health and wellness in the workplace.

A number of businesses and workplaces have a health and wellness policy or plan in place.

Health and wellness programs or events have been promoted by the CHBs and partners.

Thank you!

The Central Inverness, North Inverness and Victoria County CHBs wish to acknowledge the contributions of the following individuals for their hard work and dedication in bringing about this health plan.



CHB Members:

Victoria County CHB: Nancy Smith (Chair), Jim Morrow, Ruth Schneider

Central Inverness CHB: Madonna MacInnis

North Inverness CHB: Marie Aucoin (Chair), Caylum Poirier, Patricia Leblanc, Eric Chiasson

Contributors:

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Sarah MacDonald, PECHB Support Manager – Eastern Zone

Catherine Hart, research consultant

Kelly Thompson, Provincial Engagement Advisor, PECHB Support Department

Consultants: John Hugh Edwards (facilitator), Carolyn Barber (writer)



NSHA Staff:

Patrick Mullally, Manager of the PECHB Support Department, Eastern Zone.

Debbie Ross, Program Administration for PECHB Support Department, Eastern Zone

Connie Ross-MacDonald, CHB Coordinator for the rural CHBs

Aron Ashton – Strategic Partnership Engagement Consultant

Join us in creating healthier communities!

Central and North Inverness CHBs and Victoria County CHB are recruiting members.

To learn more, email: easternCHBs@nshealth.ca



Questions,
comments
or
concerns?