



Community Health Boards

Guysborough, Antigonish, Strait Richmond

Community Health Plan 2011-14



*Presented to GASHA Board of
Directors January 11, 2011*



**Community
Health Boards**

Antigonish Town & County Community Health Board
Guysborough County Community Health Board
Strait-Richmond Community Health Board

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INTRODUCTION

The three Community Health Boards (CHBs) within the Guysborough Antigonish Strait Health Authority (GASHA) are proud to present this document as their first collaborative community health plan to the GASHA Board of Directors. To develop this joint three-year plan, the Guysborough County, Antigonish Town & County and Strait Richmond CHBs underwent a comprehensive planning process that led to the development of a new Strategic Framework, three-year recommendations to GASHA, and the three CHBs' operational plans for 2011-12 included in this plan.

Developing the Plan

Throughout 2010, the three CHBs began to gather information to inform the recommendations for this community health plan through several methods – presentations to the CHBs by community groups and GASHA departments, direct links to community based organizations and coalitions, holding community conversations on health issues throughout their CHB area and analyzing the most recent Understanding Our Health Survey. Finally, as information was reviewed, additional information and reports were requested and reviewed by the CHBs. Each of these processes is outlined next.

The first method was to organize presentations from various GASHA departments such as Seniors Health, Primary Health Care, Mental Health Services, Continuing Care and Addiction Services to learn more about what services and programs are currently offered and to identify possible gaps in services. The CHBs were also aware of community health issues through presentations from community groups and through links with various community groups and coalitions such as: the Strait Area Transit Cooperative, the St. Peters Mental Health Drop-in, the Youth Health and Services Centres, the Guysborough Antigonish Active Living Network, the Richmond County Physical Activity Partnership, the Antigonish Food Security Network and the Antigonish Poverty Reduction Coalition.

Another method was to engage community members in community conversations about health in each CHB area. These focus groups were held in May and June of 2010. In all, 40 community conversations were conducted with a total participation of 344 (14 in Antigonish Town & County with 159 participants; 14 in Guysborough County with 75 participants; and 12 in Strait Richmond with 110 participants).

The focus groups were facilitated by an experienced facilitator who was familiar with the CHB area. All facilitators used the same format and questions. Focus group participants were asked to identify factors affecting the health of their communities; to identify and prioritize the serious health issues; to identify ways to address the priority health issues; as well as ways to improve communication with CHBs and to promote the various cultures and diverse communities within GASHA. Focus groups were held in geographic communities as well as to include specific populations such as seniors, youth, young families, African Nova Scotians, First Nations communities, Acadian/francophone communities, the business sector, and community agencies. The Community Conversation Reports for each CHB area are available on the CHB website.

A third method was for each CHB to review and analyze the results of the 2010 Understanding Our Health Survey for their CHB area. This survey was conducted in May and June 2010, five years following the completion of the first survey, the 2005 Understanding Our Health Survey. Its purpose was to gather community/household health status information and to further track health status and health behaviours of individuals residing within the GASHA district. A total of 1,121 residents, aged 15 years or older, from GASHA completed the survey (375 from Antigonish Town & County CHB area; 370 from the Guysborough County CHB area; and 376 from the Strait Richmond CHB area). To ensure the sampling was representative of the district population by age and gender, quotas and sample weights were developed and applied to the information. The use of a random, representative sample allowed for a high level of confidence that the results of this study can be generalized to the GASHA population. Survey questions were developed by GASHA and MarketQuest Research and were based on selected questions from the 2007 Canadian Community Health Survey. Questions were asked on topics such as health and well-being, physical activity and body mass index, healthy eating, smoking behaviour, alcohol use, illicit drug use, problem gambling, health care services access and use, chronic conditions, oral health, and health screening.

The last method was to gather any additional information or reports requested by the CHBs as they reviewed the information available to them. Public Health Services provided support to gather this additional information. Also, two reports became available in Fall 2010 and were reviewed by the CHBs, the Dr. John Ross report and the Réseau Santé - Nouvelle-Écosse Community Consultations 2009.

To develop their recommendations, each CHB held two all-day workshops to review and analyze the information from various sources, to identify key health issues and themes, and to develop draft recommendations. At the first workshop, staff from Public Health Services presented information from the Understanding Our Health Survey and facilitated small group discussion. Once each CHB had drafted recommendations, it was decided that there may be enough similarity across the three CHBs to develop a collaborative plan. With the advice and support of the three CHB chairs and the Primary Health Care Coordinator for Strait Richmond CHB, the Primary Health Care Facilitator created a table that compared the various draft strategic directions and recommendations developed by each CHB. Then, through a series of meetings with each CHB, the CHBs began to develop consensus on the strategic directions and the recommendations for the community health plan. Once consensus was reached, the collaborative plan was developed and prepared for presentation to GASHA.

It should be noted that, while this is a collaborative plan, some recommendations remain distinct to a particular CHB area. Also, the CHBs agree that they each represent unique and distinct areas of GASHA.

What's in the Community Health Plan

The community health plan includes the CHBs' new Strategic Framework which includes eight strategic directions and goals. The strategic directions are as follows:

1. Strengthening & Supporting Mental Health in Our Communities
2. Implementing a Comprehensive Community-based Chronic Disease Strategy

3. Promoting & Supporting Healthy Living
4. Building Bridges to Youth Health
5. Facilitating Access to Services & Programs
6. Addressing Inequities to Improve Health
7. Promoting Communication with Communities & with GASHA
8. Enabling Health Planning & Coordination

The plan provides a detailed description of each strategic direction which includes the overall goal or goals, an introduction, what the CHBs heard from their consultation process, and the recommendations to GASHA.

Finally, it outlines the CHBs' operational plans for 2011-12 which detail how the CHBs intend to work with GASHA and within their communities to support implementation of recommendations and to further the goals within the Strategic Framework.

The CHBs' Approach to Planning

Historically, the CHBs have taken a population approach to health planning. This is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups by addressing the interrelated factors that determine health status, including:

- | | |
|---------------------------------|-----------------------------------|
| - Income and Social Status | - Personal Health Practices |
| - Social Support Networks | - Healthy Child Development |
| - Education | - Biology and Genetic Environment |
| - Employment/Working Conditions | - Health Services |
| - Social Environments | - Gender |
| - Physical Environments | - Culture |

Therefore, when undertaking health planning, the CHBs are interested in identifying the key health issues and the range of social, economic and environmental factors that contribute to health generally. In this way, the CHBs can consider both the health issues to be addressed and health inequities to be reduced among population groups when developing the community health plan.

A review of the strategic directions reflects this approach to health planning as follows:

- The first two strategic directions focus on the need to address two key health issues in our district with comprehensive strategies: mental health and chronic disease.
- The next two strategic directions concentrate on the need to promote wellness and to support healthy living as a health promotion and prevention measure for the entire population and for youth in particular.
- The fifth and sixth strategic directions focus on addressing inequities. Facilitating access focuses on taking advantage of opportunities and reorienting resources to enable greater access to services in local communities or close to home for those who may face barriers and for particular populations who have been historically marginalized and excluded. Addressing inequities focuses on establishing

mechanisms to address inequities associated with poverty, racism and social exclusion in order to ensure that all populations have access to quality health services; and, in the long term, to improve health outcomes in the district.

- The last two strategic directions focus on the work that the CHBs need to do to complete their legislated mandate – building relationships and strengthening communication with communities and with GASHA and enabling and supporting health planning.

Also, in keeping with the population health approach, the Recommendations to GASHA in this plan propose developing and implementing comprehensive approaches that use multiple strategies as well as supporting collaboration across sectors and team approaches to service delivery.

The next section provides a snapshot of the 2011-14 Strategic Framework followed by a detailed description of the strategic directions which include the Recommendations to GASHA.

2011-14 STRATEGIC FRAMEWORK

Strategic Direction	Goals
1. Strengthening & Supporting Mental Health in Our Communities	To strengthen and support mental health in our communities.
2. Implementing a Comprehensive Community-based Chronic Disease Strategy	To implement a coordinated, well managed system of community-based services and programs that address chronic conditions.
3. Promoting & Supporting Healthy Living	To support all age groups, including people who are differently abled to engage in healthy living strategies and take responsibility for their own health.
4. Building Bridges to Youth Health	To develop and implement a youth strategy across the district.
5. Facilitating Access to Services & Programs	To reduce barriers and strengthen community access to primary health care services.
6. Addressing Inequities to Improve Health	To establish and implement a plan to reduce health inequities across the district.
7. Promoting Communication with Communities & with GASHA	To increase awareness of the CHBs, their strategies and activities. To develop and maintain linkages with the general public, community organizations, the District Health Authority and government departments.
8. Enabling Health Planning & Coordination	To develop, implement and evaluate a community health plan that ensures citizen participation and builds on community needs and assets. To grant wellness funds to community groups and agencies according to the criteria established by the Department of Health Promotion and Protection. To enhance and strengthen Board members skills and knowledge in order to effectively carry out their mandate.

STRENGTHENING & SUPPORTING MENTAL HEALTH IN OUR COMMUNITIES

Goal: To strengthen and support mental health in our communities

Introduction

Mental Health is a serious health issue as identified through the Understanding Our Health Survey, the community conversations and consultation with mental health service providers.

In over ½ of the community conversations held throughout the three CHB areas, mental health was identified as a priority health issue. Focus group participants said they wanted to have more information and education about mental health (mental health literacy) and resources available, as well as more community-based services and supports. They said that the stigma associated with mental illness remains a barrier to accessing services.

Through the Understanding Our Health Survey, between 11% and 12% of respondents saw a health professional; and, of those who saw a health professional, many consulted their general practitioner. This led to many questions about why this occurs. Is it lack of information about mental health resources? Is it lack of referrals? Is it wait lists?

CHB members learned from mental health service providers that there are increasing referrals, waitlists, and a serious shortage of resources for crisis intervention, particularly for youth. There are no local places for youth to go when seriously ill and poor transition from centralized services based in Halifax. CHB members are concerned that this is leading to “a crisis waiting to happen in the community,” particularly with our youth.

The following summarizes what CHB members heard from the consultation, followed by the 2011-14 recommendations.

What We Heard from Our Consultation

1. The Understanding Our Health Survey

From the Understanding Our Health Survey, CHB members learned that between 11% and 12% of respondents saw a health professional about their emotional and mental health in the last 12 months. They also learned that individuals most often consulted their general practitioner for emotional or mental health issues. The following outlines the statistics from the survey related to this issue.

- In the *Guysborough County CHB* area, 12% or 44 of 370 respondents reported they have seen or talked to a health professional about their emotional or mental health in the last 12 months.
- In the *Strait Richmond CHB* area, 11% or 40 of 376 respondents reported they have seen or talked to a health professional about their emotional or mental health in the last 12 months. This was an increase since 2005 (6%).

- In the *Antigonish Town & County CHB* area, 12% or 46 of 375 respondents reported they have seen or talked to a health professional about their emotional or mental health in the last 12 months.
- In *all three CHB* areas, of those who consulted a health professional (the statistics above), most consulted their general practitioner for emotional or mental health issues - 39% of 44 respondents in Guysborough County, 43% of 40 respondents in Strait Richmond, and 49% of 46 respondents in Antigonish Town & County.

2. Community Conversations

Focus group participants in *all three CHB* areas identified mental health as a key health issue; in particular stress, depression and anxiety. They also identified a number of factors that contribute to mental health issues and that impact on access to services. These are outlined below.

(a) Factors Contributing to Mental Health

In *all three CHB* areas, focus group participants identified factors that contribute to mental health, some related to specific populations and others more generally as follows:

- Isolation and loneliness, particularly for the elderly in rural communities;
- Stress and time management for students and young families;
- The relationship between mental health and having a chronic condition;
- Other factors such as economic stress, relationship issues, racism, stereotypes/stigma, low literacy, lack of physical activity, and family history.

(b) Access to Services

Focus group participants identified a number of factors affecting access to services as follows:

- Lack of self awareness about mental health status and conditions, hence the need for “mental health literacy;”
- Lack of awareness about services available;
- Stigma remains a barrier to accessing mental health services;
- Need for more community-based programs, support and self help groups;

(c) First Nations Communities

The First Nations communities of Paqtnkek and Potlotek also report mental health as a major health issue. Discharge planning is of particular concern. The CHBs are aware of the Memorandum of Understanding (MOU) that has been recently signed between each community and GASHA and that mental health is one area outlined for action through the MOUs.

3. Other Information Gathered and Gaps in Services

Mental Health Services presented to all three CHBs on services they provide and challenges they are currently experiencing as follows:

- Challenges for children and youth are resources and waitlists. More resources are needed for very ill children and youth. The district is not funded for youth crisis intervention.
- Challenges for provision of adult services are growing referral numbers and resources for clinical work verses prevention and health promotion requests.

- Another challenge is having to choose between the current mental health mandate and the pressure to initiate more prevention and health promotion strategies.

Recommendations

Joint Recommendations

- 1.1** That GASHA advocate for appropriate budget and resources to implement a comprehensive service delivery model for mental health to include:
 - Delivery of community-based services and self help groups;
 - Prevention and health promotion;
 - Early intervention and crisis intervention for children and youth (see also strategic direction # 4, Building Bridges to Youth Health);
 - “Mental health literacy” - better information for consumers about mental health conditions and where to go for services;
 - Services for those with other health conditions (e.g. chronic disease) who are experiencing mental health difficulties;
 - Resources to address waitlists and follow-up after discharge.
- 1.2** That GASHA and the CHBs advocate for improved promotion of the 811 service within GASHA for mental health information and support for a 24/7 toll-free crisis line for mental health crises.
- 1.3** That GASHA advocate for the continued implementation of the Nova Scotia Suicide Prevention Strategy and for the implementation of the Canadian Association for Suicide Prevention strategic plan.

Strait Richmond CHB

- 1.4** That GASHA Mental Health Services continue to support the already established Mental Health Drop In that is operating in St. Peters and expansion into other communities.

IMPLEMENTING A COMPREHENSIVE COMMUNITY-BASED CHRONIC DISEASE STRATEGY

Goal: To implement a coordinated, well managed system of community-based services and programs that address chronic conditions.

Introduction

This strategic direction focuses on implementing a comprehensive chronic disease strategy for those who are at risk of or who have a chronic condition. Because of the prevalence of chronic conditions identified through the Understanding Our Health Survey, the CHBs are recommending a comprehensive strategy that strengthens community-based services, promotes healthy living, facilitates early diagnosis through screening, and supports self management skills and knowledge.

A review of the health screening statistics obtained through the Understanding Our Health Survey revealed that general screening as well as women's and men's health screening are relatively good. Some areas were identified that require attention, such as continuing to promote colorectal cancer screening. The CHB members agree that, while this area is relatively well developed, it is essential to continue with current levels of screening as a prevention measure.

What We Heard From Our Consultation

1. The Understanding Our Health Survey

The results of the survey show the prevalence of chronic conditions in each CHB area, the relationship between chronic conditions and income as well as obesity as follows:

(a) The Prevalence of Chronic Conditions

According to the Understanding Our Health Survey, those with at least one chronic condition ranges from 74% in Guysborough County to 80% in the Strait Richmond area as well as the relationship to gender and age as follows:

- In the *Guysborough County CHB* area, 74% of 370 respondents have at least one chronic condition which is lower than the 2005 result (84% of 364 respondents). In relation to gender and age the following was found:
 - Females were more likely to have one chronic condition than males.
 - Prevalence tended to increase with age, with seniors most likely to have one chronic condition, followed by adults aged 35-64, adults aged 20-34, and youth.
- In the *Strait Richmond CHB* area, approximately eight in ten 80% of 376 respondents have at least one chronic condition which is similar to the 2005 result (78%). In relation to gender and age, the following was found:
 - Females were more likely to have one chronic condition than males.
 - The prevalence of chronic conditions tended to increase with age, with seniors most likely to have one chronic condition, followed by adults aged 35-64; adults aged 20-34, and youth.

- In the *Antigonish Town & County CHB* area, 75% of 375 respondents have at least one chronic condition which is slightly lower than the 2005 result (80% of 375 respondents). In relation to gender and age the following was found:
 - The prevalence did not differ between males and females; however, prevalence tended to increase with age, with seniors most likely to have one chronic condition, followed by adults aged 35-64, adults aged 20-34, and youth.

(b) The relationship between chronic disease and income levels

- In *all three CHB* areas, the survey results show that the prevalence of chronic conditions tends to be higher as household income decreases. For example, across the district, respondents with household incomes of less than \$20,000 were most likely to have at least one chronic condition than those with higher incomes.

(c) The relationship between chronic disease and obesity

- In *all three CHB* areas, over 60% of respondents aged 18 and over (excluding pregnant females) were classified as overweight or obese – 74% of 334 respondents in Guysborough County; 71% of 343 respondents in Strait Richmond; and 63% of 333 respondents in Antigonish Town & County.
- The survey noted that in Guysborough County the rates were significantly different (higher) than the district rates.
- In *all three CHB areas*, obese respondents were more likely to have chronic conditions such as arthritis/rheumatism, back problems, high blood pressure, asthma, heart disease, and diabetes than those reporting normal weights. Note that the type of chronic conditions varied somewhat in each CHB area.

2. Community Conversations

Focus group participants identified chronic conditions as a key health issue and they also named a number of important factors that impact on chronic conditions such as obesity, nutrition, and lack of physical activity.

(a) Key Health Issues

- In *all three CHB* areas, diabetes was identified as a priority health issue by focus group participants. In particular, African Nova Scotians and First Nations communities identified diabetes as an important health issue.
- In the *Guysborough County CHB* area, cancer, and heart disease were also identified as priority health issues.
- In *Antigonish County*, cancer was identified as the top priority health issue by one focus group.

(b) Factors Affecting Chronic Conditions:

In *all three CHB* areas, focus group participants identified a number of factors that impact on chronic conditions, the most common being obesity, nutrition, lack of physical activity, and mental health. The particular factors for each CHB area are as follows:

- In the *Guysborough County CHB* area focus group participants linked the following factors to chronic conditions:
 - Lack of physical activity;
 - Obesity, poor diet and lack of awareness of healthy food choices;

- Drugs, drinking and smoking;
 - Mental health issues such as stress;
 - Lack of education and information;
 - Access to services and transportation;
 - Lack of supports, programs and isolation; lack of motivation; people have difficulty making changes;
 - Economic issues, low and fixed income; high cost of healthy food and drugs.
- In the *Strait Richmond CHB* area, focus group participants linked obesity, nutrition, lack of physical activity and pollution as factors affecting chronic conditions.
 - In the *Antigonish Town & County CHB* area, focus group participants reported the relationship between obesity, poor nutrition, mental health and chronic conditions.

3. Other Information Gathered and Gaps in Services

Through their community networks and GASHA department presentations, Community Health Board members have been made aware of current community-based programs to address chronic conditions, such as the Community Cardiovascular Hearts in Motion (CCHIM) program, the self management program Your Way to Wellness (YWTW), and the Teaching Eating and Activity Management (TEAM) program. Due to resources currently available and that CCHIM is currently only a pilot program, these programs are not readily or consistently available across the district which impacts on access for those with chronic conditions.

Recommendations

Joint Recommendations

2.1 That GASHA implement a comprehensive, community-based approach to addressing chronic disease using collaborative teams, that:

- Promotes healthy living;
- Facilitates early diagnosis through screening;
- Supports self management knowledge and skills;
- Sustains current community-based programs such as Your Way to Wellness (YWTW), Community Cardiovascular Hearts in Motion (CCHIM), and Teaching Eating and Activity Management (TEAM);
- Facilitates transition management from children’s services to adult services;
- Includes education and individual advocacy.

2.2 That GASHA continue to offer regular well men’s and well women’s clinics that include promotion of breast health, pap tests, digital rectal exams and screening for blood pressure, cholesterol, prostate (PSA), ovarian cancer and colorectal cancer.

Strait Richmond CHB

2.3 That GASHA support education for the general public and service providers on hemochromatosis and crohns for youth and adults. In addition, that consideration should be given to screening for high iron in the blood.

PROMOTING & SUPPORTING HEALTHY LIVING

Goal: To support all age groups, including people who are differently abled, to engage in healthy living strategies and to take responsibility for their own health.

Introduction

This strategic direction focuses on motivating and supporting community members to engage in health promoting activities, such as physical activity and healthy eating; and to reduce the harmful effects of the use of tobacco, drugs and alcohol.

The timing is right for strengthening physical activity and healthy eating strategies. First, according to the results of the Understanding Our Health Survey, there is a readiness to change to improve health and wellbeing; however, there are barriers to overcome. Survey respondents identified factors that would help them to increase their physical activity levels. Secondly, the CHB focus group participants said that they wanted more health and wellness programs offered in their communities, and identified the need for support and motivational strategies to assist with change. Thirdly, there are a number of plans and structures in place to facilitate community action in this area. Both the CHBs and GASHA have been involved in supporting the development of the Guysborough Antigonish Active Living Network and the Richmond County Physical Activity Partnership. Both groups involve community partners working together with goals to support and promote physical activity and active living. In addition, GASHA has been supporting community kitchens and community gardens in parts of the district.

Both the alcohol consumption and drug use among adults and youth is of concern to the CHBs as revealed through the Understanding Our Health Survey and the community conversations. The youth perspectives on these issues are highlighted in the next strategic direction, *Building Bridges to Youth Health*.

The CHB recommendations focus on working with community partners and collaboratively within GASHA to strengthen initiatives and implementation of policies throughout the district.

What We Heard from Our Consultation

1. The Understanding Our Health Survey

The CHB members identified the following statistics from the survey as being important to consider for this strategic direction – the readiness for change, physical activity levels, vegetable and fruit consumption, alcohol consumption and illicit drug use.

(a) Readiness for Change

- In *all three CHB* areas, the majority of respondents feel there are some changes they should make to improve their health - 73% of 375 respondents in Antigonish Town & County, 70% of 370 respondents in Guysborough County and 71% of 376 respondents in Strait Richmond.

- In *all three CHB* areas, of those who reported they should make changes, some respondents identified barriers to making improvements: 44% of 273 respondents in Antigonish Town & County, 48% of 257 respondents in Guysborough County and 52% of 268 respondents in Strait Richmond.
- Of those who identified barriers to improvements, the most common barriers for all three CHB areas were lack of will power/self discipline and work schedule. Both Strait Richmond and Antigonish Town & County respondents identified time constraints as a barrier; whereas, compared to the other two CHB areas, Guysborough County residents were less likely to identify time constraints as a barrier to physical health improvements.

(b) Physical Activity Levels

- In the *Guysborough County CHB* area, 46% of 370 respondents were physically inactive, 26% were moderately active and 28% were regularly active. The percentage that was moderately or regularly active (54%) was higher than in 2005 (45%).
- In the *Strait Richmond CHB* area, 44% of 376 respondents were physically inactive, 27% were moderately active and 28% were regularly active.
- In the *Antigonish Town & County CHB* area, 44% of 375 respondents were physically inactive, 28% were moderately active and 28% were regularly active.
- The most important factors respondents said would help them become physically active were:
 - Affordable recreation facilities - 79% of 375 respondents in Antigonish Town & County; 76% of 370 respondents in Guysborough County, and 77% of 376 respondents in Strait Richmond;
 - Access to paths, trails and green spaces - 77% of 375 respondents in Antigonish Town & County; 68% of 370 respondents in Guysborough County, and 74% of 376 respondents in Strait Richmond;
 - Information on physical activity, health and wellbeing - 75% of 375 respondents Antigonish Town & County; 73% of 370 respondents in Guysborough County, and 74% of 376 respondents in Strait Richmond;
 - Affordable recreation programs - 75% of 375 respondents in Antigonish Town & County; and 76% of 376 respondents in Strait Richmond;
 - Services to link up individuals with common recreational interests - 75% of 376 respondents in Strait Richmond

(c) Healthy Eating - Vegetable and Fruit Consumption

- Across the district, six in ten (61%) of 1,055 respondents did not meet Canada's Food Guide for fruits and vegetable servings – 54% of 355 respondents in Antigonish Town & County; 67% of 361 respondents in Strait Richmond; and 65% of 344 respondents in Guysborough County.
- Among the CHB areas, consumption rates were higher in Antigonish Town & County at 46% of 355 respondents when compared to Guysborough County at 35% of 344 respondents and Strait Richmond at 33% of 361 respondents.

- In the *Guysborough County CHB* area, the number who has met or exceeded daily requirements for fruits and vegetable servings has decreased since 2005 (49%) and now rests at 35%.

(d) Alcohol Consumption

- In *all three CHB* areas, the majority of respondents had a drink of alcohol in the last 12 months – 79% of 375 respondents in Antigonish Town & County; 73% of 370 respondents in Guysborough County and 75% of 374 respondents in Strait Richmond.
- Across the district, of those who said they consumed alcohol over the last 12 months (855 respondents total), over 1/4 had *5 or more drinks* on one occasion *at least once a month* – 29% of 298 respondents in Antigonish Town & County, 28% of 268 respondents in Guysborough County; and 30% of 282 respondents in Strait Richmond.

(e) Drug Use

The survey reports that for those who have ever tried illicit drugs in GASHA overall is about the same as the rate for Nova Scotia. However, the rate of past year usage for GASHA overall was 28% compared to the Nova Scotia rate at 14%.

- In the *Guysborough County CHB* area, 37 % of 370 respondents have used marijuana, cannabis or hashish once or more than once. Of that 37% (138 respondents), 24% or 32 respondents have used in the past 12 months. Of those who have used in the last 12 months most used infrequently (46% of 32 respondents) and 9% reported using everyday.
- In the *Antigonish Town & County CHB* area, 43% of 375 respondents have used marijuana, cannabis or hashish once or more than once. Of that 43% (161 respondents), 24% or 38 have used in the past 12 months. Of those who have used in the last 12 months most used infrequently (52% of 38 respondents) and 13% reported using everyday.
- In the *Strait Richmond CHB* area, 39% of 376 respondents have used marijuana, cannabis or hashish once or more than once. Of that 39% (147 respondents), 36% or 53 have used in the past 12 months. Of those who have used in the past 12 months, most used infrequently (52% of 53 respondents) and 19% reported using everyday.

2. Community Conversations

Through the community conversations a number of key themes emerged that generally corresponded to the Understanding Our Health Survey themes above. The key points raised within these themes are outlined below (note that CHB area where the issue was identified is noted in brackets – Strait Richmond: SR; Guysborough County: GC; Antigonish Town & County: ATC):

(a) Prevention and Wellness

Focus group participants said they wanted more prevention and wellness programs in their communities and more education about the benefits of changing lifestyles as follows:

- Need prevention and wellness activities in our communities (SR; ATC);
- Need for awareness and education about benefits of changing lifestyles (GC);

- Need more focus on relationship between physical activity and wellness (ATC).

(b) Need for Supportive Environments

Focus group participants also identified the need for supportive environments in order to motivate people to make changes as follows:

- Need support systems and motivation to facilitate understanding that change is required (GC);
- Need support from friends, family, and extended family; for example, not giving kids unhealthy food. (GC.);
- Need to support and motivate youth (GC.);
- Need increased workplace wellness, physical activity opportunities at work, and support for employees and employers; for example a tool kit for employers (SR).

(c) Improving Physical Activity for Youth, Seniors and Young Families

Focus group participants identified ways to improve physical activity as follows:

- Need access to trained motivational fitness and wellness leaders (ATC; SR);
- Need opportunities for organized recreational activity for all age groups in local communities (SR; ATC; GC);
- Need leadership by those responsible for fitness and recreational activities (ATC);
- Young people need more physical activity (ATC; SR);
- Need safe walking routes for seniors (ATC);
- Need recreational facilities and programs that are accessible, affordable, local, and age appropriate including attention to the needs of seniors (SR);
- Need recreational equipment with some organized fitness programs and knowledge about exercise. Introduce equipment better and at a younger age (GC).

(d) Poor Nutrition and Unhealthy Eating

A number of issues related to poor nutrition and unhealthy eating were raised by focus group participants as follows:

- Poor nutrition, unhealthy eating, poor eating habits (ATC; SR; GC);
- Lack of awareness of healthy food choices (GC.);
- Need good reliable information and knowledge of community gardens (ATC; GC);
- Easy access to junk food and convenience foods (ATC; SR);
- Use of technology encourages inactivity and bad eating habits (ATC; SR);
- Lack of access to healthy food choices (GC).

(e) Addictions and Substance Abuse

The following issues were raised in relation to use of drugs, alcohol, smoking and gambling:

- Drugs, alcohol and gambling, both youth and adults (SR);
- Drugs, smoking, alcohol concerning to youth (ATC);
- Many adults are smoking and using drugs and alcohol (GC);
- Access is easy for youth. Adults help youth get drugs, alcohol and cigarettes (GC);
- People have multiple addictions (GC);
- High percentage of youth in school smoke (GC);

- Smoking still an issue especially with young families (ATC);
- Peer Pressure – youth want to fit in (GC);
- Starting younger in usage (GC);
- Lack of enforcement by police for smoking underage (GC).

3. Other Information Gathered and Gaps in Services

- *Antigonish Town & County CHB* identified breastfeeding rates as being too low, with duration as the main problem.
- In a presentation to the Guysborough County CHB, Addiction Services pointed to the importance of advocacy for healthy public policy on the alcohol strategy. They also pointed out gaps in resources to deliver programs consistently across Guysborough County, which has a large geographic area.

Recommendations

Joint Recommendations

- 3.1 That GASHA continue to promote and strengthen strategies and community partnerships that support increased physical activity, a healthy diet and nutrition, with a focus on motivational change and facilitating access for those in rural and historically marginalized communities.
- 3.2 That GASHA continue with smoking cessation and prevention programs for adults.
- 3.3 That GASHA advocate to Health Promotion and Protection for an education and social marketing campaign to raise awareness about the harmful effects of drugs and alcohol on youth and adults.
- 3.4 That GASHA lead by example through implementing policies within its facilities and workforce to promote active living (eg. promoting active transportation, car pooling, etc.) and healthy eating (e.g. cafeteria, nutrition at events, etc.).
- 3.5 That GASHA explore potential for coverage for regular dental exams for seniors.
- 3.6 That GASHA address high levels of binge drinking and illicit drug use.

Antigonish Town & County CHB

- 3.7 That GASHA work to continue to improve the initiation rates for breastfeeding and increase the duration rates of breast feeding exclusively.

BUILDING BRIDGES TO YOUTH HEALTH

Goal: To develop and implement a youth health strategy across the district.

Introduction

This strategic direction is directly linked to strategic direction #3, Promoting and Supporting Healthy Living. The Community Health Boards, however, decided to acknowledge youth as a strategic direction because CHB members believe that a comprehensive youth strategy is needed across the district as our most critical health promotion and prevention strategy.

Through youth focus groups held in the schools in the three CHB areas and the Understanding Our Health Survey, youth have spoken out and identified health issues from their perspective. The CHBs reviewed a recent report of focus groups conducted with the Acadian/francophone communities; and the issues emerging from the youth focus group mirrored those identified in our CHB focus groups. The need for mental health services was the most commonly identified issue for youth and adolescents; and, as pointed out in the Mental Health strategic direction, youth mental health is nearing a crisis point in our district.

Some CHB focus group participants identified the need for supportive environments for youth families, such as parenting supports. Others identified that adult practices related to drug and alcohol abuse impact on youth. Therefore, engaging parents and families should be considered as an important component in an overall strategy.

The CHBs propose a comprehensive youth strategy that addresses substance use and abuse, strengthens mental health, and targets obesity and chronic conditions. The strategy will require collaborative approaches and community partnerships; as well as social, educational and recreation strategies that directly engage youth, promote positive gender roles and develop leadership skills.

What We Heard From Our Consultation

1. The Understanding Our Health Survey

The following outlines the survey findings that raised concerns for CHB members. These were physical activity levels, healthy eating and food security, as well as alcohol and drug use. For purposes of the survey, youth were defined as 15 to 19 years of age. The GASHA report summarizes the detailed findings for youth and this summary is used for this section. There were 72 youth respondents across the district.

(a) Physical Activity Levels

- *Across the district*, over ½ of youth respondents, 53% of 72 respondents, were regularly active, 28% were moderately active and 19% were physically inactive.
- Compared to the 2005 survey, 58% were regularly active, 19% were moderately active and 23% were physically inactive.

(b) Readiness for Change

- *Across the district*, the majority of youth respondents felt there are some changes they should make to improve their health – 68% or 49 of 72 respondents.
- Of the 49 who reported they should make changes, 44% identified barriers to making improvements. Of those who reported facing barriers to improvements, the most common barriers were time constraints and lack of will power/self discipline.
- The 72 youth respondents indicated that factors encompassing affordability would be most important in helping them to become physically active: affordable recreation facilities (93%); affordable recreation programs (84%). These were followed by specific instruction or coaching (83%) and convenient transportation to activities (80%).

(c) Healthy Eating

- *Across the district*, just over ½ of youth respondents did not meet Canada’s Food Guide for fruits and vegetable servings – 55% of 67 respondents.

(d) Food Security

- *Across the district*, all 72 youth respondents said they and others always had enough to eat with 73% indicating they had enough of the kinds of foods they wanted while the remaining 27% had enough food, but not always the kind of food they wanted.
- In answer to another question related to the assessment of the food situation in a household, 13% of 72 youth worried that “food will run out before they can buy more” and 3% “couldn’t afford to eat balanced meals,” either sometimes or often.

(c) Alcohol Consumption

- *Across the district*, 76% of 72 respondents, had one or more drinks of alcohol in the past 12 months classifying them as a current drinker. Also 72% of those under legal drinking age (15-18) had had at least one drink in the past 12 months.
- Of those who have had one or more drinks in the past 12 months (55 respondents), approximately 57% were regular drinkers. Regular drinkers have had alcohol at least once a month in the past 12 months.
- Of those who have had one or more drinks in the past 12 months (55 respondents), 25% did so 2 to 3 times a month, 15% did so once a week and 14% did so once a month.
- Of those who have consumed one or more drinks in the past 12 months (55 respondents), 35% had 5 or more drinks on one occasion less than once a month; while 39% had 5 or more drinks on once occasion at least once a month or more: 13% once a month, 22% two to three times a month and 4% once a week.

(d) Drug Use

- *Across the district*, approximately 4 in 10 youth (42% of 72 respondents) have ever used or tried marijuana, cannabis or hashish (14% just once and 28% more than once).
- Of those who have used marijuana, cannabis or hashish (30 respondents), 72% have used in the last 12 months, with these respondents more likely to be males (88%) compared to females (54%). Note that the survey cautions that the youth numbers were low and these numbers should be interpreted with caution.

- The survey report points out that, according to the Nova Scotia Student Drug Use Survey 2007, 37% of students had used cannabis at least once in their lifetime and 32% on at least one occasion during the year.

2. Community Conversations

Focus groups were held with youth in high schools (5 groups) in all CHB areas and at St. Francis Xavier (StFX) University (1 group). This section outlines the key health issues identified by youth, observations about youth addictions and substance abuse, suggestions by youth to stay healthy or improve health and the need for supportive environments for young families. Note that CHB area where the issue was identified is noted in brackets – Strait Richmond: SR; Guysborough County: GC; Antigonish Town & County: ATC. The StFX student focus group is: ATC-StFX.

(a) Key Health Issues Identified by Youth in Focus Groups

The following were the priority health issues identified by youth. Those prioritized as most important were: (1) mental health; (2) drugs, smoking and alcohol; and (3) obesity.

- Mental health – stress, depression, anxiety, suicide, addictions (GC; ATC; SR);
- Drugs, smoking and alcohol (GC; ATC; SR);
- Obesity and access to non-healthy fast food (GC; ATC);
- Physical activity (GC; ATC);
- Chronic conditions (GC.);
- Healthy sexual relationships; teen pregnancy (ATC);
- Pollution; healthy physical environment (ATC);
- Lack of supportive relationships with family (ATC);
- Lack of youth health centres (SR; GC);
- Population more rural (SR);
- Lack of promotion of services to youth (SR).

(b) Addictions and Substance Abuse

The following are the addictions and substance abuse issues related to youth identified in all focus groups, including youth focus groups:

- Drugs, smoking and alcohol use among youth (ATC; SR);
- Access is easy for youth. Adults help youth get drugs, alcohol and cigarettes (GC);
- A high percentage of youth in school smoke (GC.);
- Smoking still an issue especially with young families (ATC);
- Lack of enforcement by police for smoking underage (GC.);
- Peer pressure is a big factor as youth want to fit in (GC.);
- Concern about starting younger in usage (GC.).

(c) Suggestions to Stay Healthy or Improve Health

The following are suggestions offered by youth to stay healthy or improve health. The suggestions offered by the StFX students are itemized separately at the end of the list.

- Motivation to change mind sets re: obesity; education and showing what will happen in the long run – for people facing obesity as well as unhealthy habits (GC)
- School psychologist (ATC);

- Need improved support systems and counseling (GC);
- Need more education around stress and depression; more knowledge about health issues (GC; ATC);
- Knowing what resources are available; need for more information and promotion of services available to youth (SR; GC; ATC);
- Need a social worker in the school (GC);
- Need for youth health centre (SR; ATC);
- Need youth Centre in the evenings with activities – make use of the facilities we have at the school (GC);
- More recreational facilities, more recreational equipment (ATC);
- Introduce fitness equipment at younger age (ATC; GC);
- Recreational and social activities; after school club (ATC);
- Continued funding to support existing recreation programs– keep things new, modern and interesting (GC);
- Indoor Pool – this would create jobs – comfort level (GC);
- Guidance counsellors in both genders (ATC);
- Breakfast program (ATC);
- Healthy sexual relationship courses throughout high school (ATC);
- Longer *Healthy Relationships for Youth* program (GC);
- Student health center needs to work better, more timely with no overbooking; need more education about services available; (ATC – StFX students);
- Need more access and knowledge about health issues, safe sex etc. (ATC – StFX);
- Need more informal and free physical activity like hiking and walking clubs; need alternatives to Keating Centre as many don't use (ATC – StFX);
- Encourage students to use 811 line, dial a dietitian line (ATC – StFX);
- Local health professionals (particularly doctors) must learn to view students as residents and not as transients (ATC – StFX).

(c) Supportive Environments for Young Families

The Strait Richmond and Antigonish Town & County CHB consultations identified the need for supports for young families including child and parenting supports; child care provision in order to access programs; and the need to retain young families in our communities through support for economic sustainability.

3. Other Information Gathered and Gaps in Services

- A series of focus groups were held in the Acadian/francophone communities in March and April 2009 focusing on health care and wellness needs of the Acadian and francophone population. A youth focus group, held with 20 youth from the 8 Acadian regions in Nova Scotia, identified five major concerns: addictions, alcohol and drugs; mental health, nutrition/physical well being, sexuality, and stress. Participants also identified the need for French youth health centres and French education and services related to mental health, stress, sexuality, sexual health and addictions. They reported that youth need places to feel safe, where they can contribute to planning, development and their own health management. Programs for youth need to be coordinated across school, community

and health services. (Réseau Santé - Nouvelle-Écosse 2009 Community Consultation Report)

- As pointed out in the Mental Health strategic direction, challenges for mental health services for children and youth are resources and waitlists. More resources are needed for very ill children and youth. The district is not funded for youth crisis intervention.
- Gaps in services were identified by youth and service providers in Antigonish and Guysborough Counties through the Antigonish Women's Resource Centre participatory research project. The project report, "Violence Against Women and Girls, A Rural Response," outlines the need for: specialized mental health services; information about healthy sexuality, dating violence and healthy relationships; gender specific programming for both males and females; youth activity/health centres; and community support for youth initiatives.
- The Community Health Boards are aware that Public Health Services are in the process of reorienting resources to establish Youth Health Centres in all high schools on a part-time basis.

Recommendations

Joint Recommendations

- 4.1 That GASHA implement a comprehensive youth strategy to incorporate the following:
 - Strategies that engage youth, promote positive gender roles, develop leadership skills, and incorporate social, educational and recreational components;
 - Establish and maintain Youth Health Centres in all secondary schools;
 - Reduce youth smoking rates and address illicit drug use, binge drinking, and gambling;
 - Target obesity and chronic disease through policies and programs that increase physical activity and healthy eating;
 - Strengthen youth mental health through early intervention, crisis intervention and treatment, education, prevention and self help groups.
- 4.2 That GASHA continue partnerships with the Strait Regional School Board and other agencies to support coordinated efforts and adequate, appropriate space for service delivery.
- 4.3 That GASHA advocate to the Mental Health and Addiction Services Advisory Committee for additional and appropriate resources for local services and to address the need for transition supports back to local communities for youth with serious mental illnesses.
- 4.4 That GASHA advocate for the extension of the age limit for access to dental oral health exams for youth.

FACILITATING ACCESS TO SERVICES & PROGRAMS

Goal: To strengthen community access to primary health care services.

Introduction

This strategic direction focuses on taking advantage of opportunities and reorienting resources to enable greater access to primary health care services in local communities or *close to home*. This means community-based services would be strategically located throughout the district with a more collaborative, team approach to service delivery. This would result in increased awareness of and improved participation in programs and services.

There are, however, a number of challenges to overcome in order to improve access to services. The first of these challenges is an aging population spread over a large geographic area. The focus in overcoming this challenge would be to support longer and healthier independent living for those requiring care and their caregivers. This will require creative and multiple strategies so that seniors can access services and programs and remain longer in their homes and communities.

A second challenge is transportation. There is a public transportation system in the Strait area and there is a transportation service out of Canso to Antigonish. Other than these, there is no other public transportation in either Guysborough or Antigonish counties. The focus in overcoming this challenge would be to strengthen and expand services in the Strait area and support opportunities for low-cost transportation throughout Guysborough and Antigonish counties.

A third challenge is the need for better access to health information and information about services and programs offered in local communities. One focus to overcome this challenge is the expansion of Health Connections across the district as a service that promotes access to health information and local services and programs.

The fourth challenge for the CHBs and GASHA is to continue to improve services for communities that have been historically marginalized and excluded – the African Nova Scotian, First Nation, and Acadian/francophone communities. One focus to address this challenge is to recommend that GASHA continue with current agreements and strategies to improve coordination, communication and access to services for First Nations and African Nova Scotian communities. A second focus is to recommend a review of the recommendations in the recent Réseau Santé - Nouvelle-Écosse 2009 Community Consultations report to improve access to health services for Acadian and francophone communities.

What We Heard From Our Consultation

1. The Understanding Our Health Survey

The following information from the survey, access to health information and homecare services, were of particular interest because these were important issues also raised in the CHB focus groups.

(a) Access to Health Information/Advice

- In *all CHB* areas, approximately ½ of respondents required health information or advice for themselves or a family member within the last 12 months – 47% of 370 respondents in Guysborough County; 52% of 376 respondents in Strait Richmond; and 49% of 375 respondents in Antigonish Town & County.
- These respondents most often consulted with a doctor – 78% of 175 respondents in Guysborough County; 76% of 195 respondents in Strait Richmond and 83% of 185 respondents in Antigonish Town & County.

(b) Home care

- In *all CHB* areas, of the respondents 18 years and over, a small number felt they needed home care and did not receive it: 1% of 350 respondents in Guysborough County; 1% of 355 respondents in Strait Richmond; and, 2% of 346 respondents in Antigonish Town & County.

2. Community Conversations

A number of similar themes related to access to services emerged from the community conversations in all CHB areas: access to homecare, strengthening supportive environments for seniors and young families, communication and engagement, and transportation. Note that CHB area where the issue was identified is noted in brackets - Strait Richmond: SR; Guysborough County: GC; Antigonish Town & County: ATC.

(a) Access to Homecare

The issues raised in focus groups related to access to homecare are as follows:

- There is a gap in supportive care upon leaving hospital and returning to one's own home (ATC);
- Cost of and access to adequate caregivers which would allow seniors to stay in own home (ATC);
- Need support systems for elderly and their caregivers (see also below, Supportive Environments) (SR; ATC);
- Home care services received are very limited and need to be expanded (SR);
- Housing supports for seniors and individuals living by themselves for snow removal, lawn mowing etc. (SR).

(b) Strengthening Supportive Environments for Seniors

While homecare was specifically identified, a recurring theme throughout the community conversations included the need for building and strengthening supportive environments for the growing population of seniors. In addition to homecare mentioned above, the key issues that recurred were:

- Elder abuse;
- Poverty;
- Cost barriers to programs and services for those living on limited incomes or in poverty;
- Lack of communication and awareness about seniors programs and services, particularly details around what is available such as costs, hours, and whether the senior is eligible;

- The need for adequate, affordable housing for seniors;
- The need for rural transportation;
- The need for safe places for walking and physical activity;
- The need for housing supports for seniors and individuals living by themselves for snow removal, lawn mowing, etc.;
- The need for support systems for elderly and their caregivers. The district now has smaller families and people moving away leaving seniors isolated.

(c) Supportive Environments for Young Families

The Strait Richmond and Antigonish Town & County CHB consultations identified the need for supports for young families as follows:

- Child and parenting supports;
- Child care in order to access programs;
- The need to keep young families in our communities through support for economic sustainability.

(d) Communication and Engagement

Focus group participants in all three CHB areas identified the need to improve communication and engage residents in programs and services as follows:

- More information about community programs and services should be made available in our communities (GC; SR; ATC);
- Suggestions to promote programs and services included: brochures available in communities not just in clinics; information available on the internet/website; CAP sites to have safe health links; pamphlets available on reliable health links; and promotion of the 811 service. (GC; SR; ATC);
- More promotion is needed on what should be done to improve health (SR).

(e) Transportation

The following were transportation issues identified by focus group participants:

- In the *Antigonish Town & County CHB* area, the need for affordable and accessible transportation was identified as a problem in ½ of the focus groups. The lack of rural transportation, especially for seniors, was also raised as an important issue.
- In the *Strait Richmond CHB* area, the need for affordable transportation was also raised in a number of focus groups. There was concern about lack of access to services due to lack of transportation.
- In the *Guysborough County CHB* area, transportation was identified as one of the priority health issues. Concerns included lack of transportation to appointments, clinics and education programs as well as lack of access to programs and facilities. The African Nova Scotian community of Lincolnville also raised concerns about lack of public transportation as a major issue in accessing services and programs as many residents do not have cars.

3. Other Information Gathered and Gaps in Services

- The CHBs had presentations from GASHA’s Continuing Care and Seniors Health. Given the trends of an aging population across the district and keeping seniors at home

longer, it is anticipated that there will be an increased need for services for seniors. Some areas identified were:

- Continue to provide community-based programs and create partnerships;
 - Increase in respite and allotment time;
 - Increase in demand for social work services, nutrition services and medication management for clients transitioning to home from hospital;
 - Seniors day programs should consider subsidies and travel.
- The CHBs are aware of the intended expansion of Health Connections throughout the district as a way of facilitating health navigation and community access to information, education, programs and services. The CHBs believe this will significantly contribute to a consistent, coordinated approach to improving access to community-based services and programs. The CHBs anticipate that expansion to other areas will require more systematic support.
 - Representatives from the Strait Richmond and Guysborough CHBs have been very involved in the development Strait Area Transit (SAT) Cooperative. There is potential for further studies for expansion of SAT. All CHBs recognize the value of a low-cost community-based public transit system for the quad county area.
 - The CHBs are aware of the Memorandum of Understanding (MOU) between the communities of Paqtnkek and Potlotek of the Mi'kmaq Nation and GASHA and that implementation has moved forward with the primary purpose of improving communication, coordination and access to services for the Mi'kmaq communities in our district.
 - Similarly, the Guysborough and Antigonish CHBs have made recommendations to improve access to services for the African Nova Scotian communities. The CHBs acknowledge the pilot screening program to culturally diverse and isolated communities as well as the parish nursing program that is currently being supported through Primary Health Care.
 - The CHBs had the opportunity to briefly review the recommendations contained in the recently circulated report of community consultations held in the Acadian/francophone communities across Nova Scotia. The consultations focused on access to and quality of services, health and wellness needs, and gaps in services for Acadian/francophone communities. Youth, community members and health care providers were involved in the consultations. There are 31 recommendations in the report.

Recommendations

Joint Recommendations

5.1 That GASHA strengthen community-based access to primary health care services using an integrated, collaborative team approach and building on current community health centre models to provide:

- After hours walk-in clinics
- Foot clinics
- Chronic disease education and services

- Physical activity and nutrition services
 - Well men's and well women's clinics;
 - Mental health services.
- 5.2 That GASHA improve home care and other services for seniors through allocation of resources, community partnerships, and coordination across departments. Some areas identified are: Occupational Therapy/Physiotherapy (OT/PT), social work, nutrition, medication management, mental health, support programs, and acute care nursing.
 - 5.3 That GASHA advocate for a provincial evaluation of home support services and for the expansion of the roles and duties of home support workers to include increased respite hours and additional household duties (such as grocery shopping).
 - 5.4 (a) That, in light of the Dr. John Ross Report, GASHA continue to recognize, advocate for and expand upon the available rural transportation service in the Strait Area, Strait Area Transit (SAT); and
 - (b) That GASHA support studies for opportunities for organized low-cost transportation into both Guysborough and Antigonish Counties.
 - 5.5 That GASHA continue to support the growth and development of Health Connections across the district to support access to quality health information and GASHA's community-based services.
 - 5.6 That GASHA continue to support a coordinated plan for African Nova Scotians living in rural areas to access primary health care services.
 - 5.7 That GASHA continue to implement the MOU with First Nations communities, including the provision of a liaison role that facilitates and coordinates implementation of mutual annual plans.
 - 5.8 That GASHA review the recommendations in the Réseau Santé - Nouvelle-Écosse 2009 Community Consultations report and, in consultation with the Acadian/francophone communities, implement recommendations that will improve access to services.

Strait Richmond and Guysborough County CHBs

- 5.9 That GASHA increase seniors' day programs at local facilities and using local transportation, such as Strait Area Transit, to transfer seniors to programs.
- 5.10 That hospital appointments/services be coordinated with public transportation such as Strait Area Transit, to improve access to services.

Guysborough County CHB

- 5.11 Related to implementation of the Dr. John Ross Report, that GASHA undertake a full community consultation and engagement in discussion of proposed models for smaller hospitals.
- 5.12 Related to the implementation of the Dr. Ross Report, if there is conversion to collaborative care centres, there will be a need to consider retention of physicians and recruitment of additional resources to accommodate the new model (such as nurse practitioners, appropriate EHS personnel, etc).

ADDRESSING INEQUITIES TO IMPROVE HEALTH

Goal: To establish and implement a plan to reduce health inequities across the district.

Introduction

One definition of health inequities is as follows:

Health inequities refer to a subset of health disparities or inequalities that are systematically associated with underlying social disadvantage, by virtue of living in poverty or being a member of a marginalized, racialized or socially excluded group. (Braveman and Gruskin, 2003).

This strategic direction focuses on the need to address inequities associated with poverty, racism, and social exclusion, in order to ensure that all populations have access to quality health services; and, in the long term, to improve health outcomes in the district. Because access is an important component to reducing inequities, this strategic direction builds directly on the previous strategic direction, Facilitating Access to Services and Programs.

As already outlined, GASHA has been moving forward to improve access to services by working directly with the African Nova Scotian and First Nations communities. The CHBs are confident that this work will and must continue.

The Understanding Our Health Survey results and focus group consultations clearly outline the relationship between level of income, chronic conditions and food security. Focus group participants also made the links between level of income and the other determinants of health.

The CHBs strongly urge GASHA to work with community partners to develop strategies, resources, and tools to address inequities associated with poverty, racism and social exclusion.

What We Heard From Our Consultation

1. The Understanding Our Health Survey

The survey results show a clear relationship between income levels and prevalence of chronic conditions as well as food security as follows:

(a) Chronic Conditions and Income

- In *all three CHB areas*, the prevalence of chronic conditions tends to be higher as household income decreases. For example, in the Strait Richmond CHB area, 96% of 50 respondents with incomes less than 20,000 reported they had at least one chronic condition compared to 67.2% of 81 respondents with incomes over \$80,000 who reported having at least one chronic condition.

(b) Food Security

- In *all three CHB* areas, respondents with an annual income of less than \$20,000 were more likely to feel they often or sometimes did not have enough to eat when compared to respondents from the highest income categories.
- In *all three CHB* areas, respondents with an annual income of less than \$20,000 were more likely to indicate they often or sometimes experience food situation difficulties (couldn't afford balanced meals and food would run out) – 9-12% of 370 participants in Guysborough County; 11-12% of 376 respondents in Strait Richmond; 8% of 375 respondents in Antigonish Town & County.
- In *all three CHB* areas, the survey report notes that in terms of household income, respondents with household incomes of less than \$20,000. were more likely to indicate they often or sometimes experience food situation difficulties when compared to respondents from all other income categories.

2. Community Conversations

Environmental issues such as safe water supply and safe walking areas, as well as income levels and poverty were identified as important factors affecting the health of residents in all three CHB areas.

(a) Physical and Built Environments

- In the *Strait Richmond CHB* area, focus group participants identified the need to ensure safe drinking water; particularly those with well water and that people need to know more about water testing. There was concern that the cost to have well water tested can be a barrier to testing.
- The *Guysborough County CHB* members identified the need for education and better information about well water testing and how the test works. Furthermore, the focus group in Lincolnville identified insufficient water supply as one of their priority health issues.
- In the *Strait Richmond and Antigonish Town & County CHB* areas, focus group participants identified the need safe areas for walking particularly those living in rural areas.

(b) Poverty – Income Levels

- In *all three CHB areas*, focus group participants identified poverty as a factor affecting health and also linked to a number of other factors as follows:
 - Food security and ability to buy nutritious food;
 - Ability to access to services due to lack of transportation, especially in rural areas;
 - Adequate and affordable housing;
 - Ability to access recreation opportunities;
 - Ability to participate in programs due to cost barriers;
 - Access to prescriptions due to costs.

Recommendations

Joint Recommendations

- 6.1 Given that people with low incomes suffer significantly more from all kinds of diseases, that GASHA and the CHBs continue to advocate for better financial conditions for those living on limited incomes and in poverty; for example, the food budget allocation in provincial income assistance rates;
- 6.2 That GASHA continue to support and facilitate food security strategies that enable all residents to have a healthy diet;
- 6.3 That GASHA promote education and regular testing of well water supply.
- 6.4 That GASHA advocate to the Department of Health for policy development related to standardization of housing construction so that people can stay home longer for example, the “built for life” housing concept.
- 6.5 That GASHA foster inclusion of diverse communities and those living in poverty through ensuring consideration of the social determinants of health in development and implementation of all programs.
- 6.6 That GASHA put a structure in place to develop and implement a comprehensive plan to addressing health inequities in the district. That a member of the Senior Leadership Team and the Chairperson or designate from the Board of Directors be represented.

PROMOTING COMMUNICATION WITH COMMUNITIES & WITH GASHA

Goals: To increase community awareness of the CHB, its strategies and activities.

To develop and maintain linkages with the general public, community organizations, the District Health Authority, and government departments.

Introduction

Promoting communication with communities and with GASHA has a two-pronged approach as reflected in the two goals. This strategic direction is directly related to the CHB mandate to strengthen partnerships and linkages with the community and with GASHA.

The first goal is intended to increase public understanding of the CHBs, their role and activities. Over the past year, the CHBs have taken an important step through developing a common logo, website and brochure. Over the next three years, the CHBs will build on this branding exercise and develop strategies to continue to move toward achieving this goal. To this end, during the community consultation process, focus group participants were asked for suggestions for (a) how the CHB can improve communications with the general public; and, (b) how the general public could best communicate health issues and concerns to the CHBs.

The second goal is aimed at developing and strengthening positive relationships with GASHA and community partners. To support this goal, over the next three years the CHBs will continue to participate on the Council of Chairs, on GASHA service teams as appropriate and on various community Boards and committees.

To assist with achieving these goals, the CHBs have developed two recommendations for GASHA.

What We Heard From Our Consultation

1. Community Conversations

Focus group participants were asked for their suggestions to improve communication between the CHB and the general public. Their responses were similar across the three CHBs. Where there were differences, the CHB is identified (Guysborough County: GC; Strait Richmond: SC; Antigonish Town & County: ATC):

(a) Suggestions for CHB Communication with the General Public

Suggestions by focus group participants to improve communication with the general public were similar for all three CHBs and included the following:

- Electronic media: website; Facebook; e-lists;
- Newsletters and flyers in the mail;

- Local media: local newspaper; radio; community cable channel where available; column in the paper;
- Local bulletins/newsletters: church bulletins, municipal, school and community newsletters;
- Information at various locations: posters in schools, message boards in community, libraries;
- Community events, presentations and workshops;
- Info at bingos (SR);
- Personal invitation and phone calls (GC.);
- Information at Health Connections in Antigonish (ATC);
- Liaise with local community committees (ATC).

(b) Suggestions for the General Public to Provide Input to the CHB

Focus group participants identified the following list of ideas for how citizens could provide input to the CHBs as follows:

- **Guysborough County CHB**
 - Through the CHB or CHB member;
 - Using technology such as Facebook, email, and website;
 - Community meetings and information sessions;
 - Phone calls.
- **Strait Richmond CHB**
 - Community forums to provide feedback on community health plan;
 - Focus groups and surveys;
 - Through the website.
- **Antigonish Town & County CHB**
 - Electronic media such as the website; interactive forums; Facebook site; e-mail;
 - Ask for opinions through regular focus groups and surveys;
 - Community forums;
 - Liaise with local community committees.

Joint Recommendations

- 7.1 That GASHA support public relations and promotion activities of the Community Health Boards including promotion of the wellness funds.
- 7.2 That GASHA support ongoing work to maintain and update the website.

ENABLING COMMUNITY HEALTH PLANNING & COORDINATION

Goals: To develop, implement and evaluate a community health plan that ensures citizen participation and builds on community needs and assets.

To grant wellness funds to community groups and agencies according to the criteria established by the Department of Health Promotion and Protection.

To enhance and strengthen Board members skills and knowledge in order to effectively carry out their mandate.

Introduction

The first goal in this strategic direction supports one of the most important elements of the CHB mandate - to support community participation in health planning and to develop, implement and evaluate a community health plan based on community needs and assets. Over the next three years, the CHBs will support implementation of this three-year community health plan through: monitoring the implementation of the recommendations; developing and implementing annual operational plans; and developing the next three-year community health plan in 2013.

The second goal provides opportunities for the CHBs to support innovative community wellness projects and to address the health priorities identified by local communities. Over the next three years, the CHBs will continue to promote the wellness funds, review applications, and disperse funds throughout the district.

The last goal is intended to strengthen Board members knowledge and skills through education so that they can effectively to carry out their mandate. Over the next three years, the CHB members will have a number of opportunities to participate in local, district-wide, and provincial workshops and conferences.

The CHBs have identified a number of activities they will undertake in 2011-12 to work toward the goals. Two CHBs have recommended that GASHA provide a full-time position to support CHB planning, activities, and Board development.

Recommendations

Joint Recommendations

- 8.1 That GASHA continue to provide operational funds for the CHB to fulfill its mandate.
- 8.2 That GASHA support CHBs in administration of wellness funds

Guysborough County and Antigonish Town & County CHB

- 8.3 That GASHA provide a full-time staff person for each CHB area to support board planning and volunteer development; as well as to work with the board to support implementation of the CHB action plans.

GUYSBOROUGH COUNTY CHB OPERATIONAL PLAN 2011-12

Introduction

The following is the Guysborough County CHB Operational Plan for 2011-12. This plan is based on the eight strategic directions and goals included in the 2011-14 Strategic Framework and outlines activities to be undertaken by the CHB from April 1, 2011 to March 31, 2012.

1: Strengthening and Supporting Mental Health in our Communities

Goal: To strengthen and support mental health in our communities

CHB Activities:

- Learn more about how the provincial 811 service works, including the structure and response to suicide threat;
- Support promotion of the 811 service throughout Guysborough County.
- Continue to participate on the district Mental Health Services Committee.

2. Implementing a Comprehensive Community-based Chronic Disease Strategy

Goal: To implement a coordinated, well managed system of community-based services and programs that address chronic conditions.

CHB Activities:

- Support chronic disease initiatives with Wellness Funds.

3. Promoting and Supporting Healthy Living

Goal: To support all age groups, including people who are differently abled, to engage in healthy living strategies and to take responsibility for their own health.

CHB Activities:

- Continue to participate on the Guysborough Antigonish Active Living Network.

4. Building Bridges to Youth Health

Goal: To develop and implement a youth health strategy across the district

CHB Activities:

- Learn more about community models that are success stories related to addressing drugs and alcohol use among youth.
- Support and encourage implementation of the alcohol strategy.
- Participate on the Guysborough Youth Health Services Centre advisory committee.
- Support youth strategies with Wellness Funds.

- Recruit a youth representative or representatives to the CHB.
- Explore an advocacy role for the CHB related to youth mental health.

5. Facilitating Access to Services and Programs

Goal: To strengthen community access to primary health care services

CHB Activities:

- Support continued development of Health Connections as a resource for accessing information and resources to Guysborough County.
- Encourage better public education about dementia, including information about early warning signs and ways to prevent or delay onset of the disease.
- Continue to participate on the Strait Area Transit Committee.
- Learn more about “built for life” homes.
- Participate in community consultations related to the Dr. John Ross report recommendations.
- Keep informed of transportation issues and advocate for an analysis of transportation needs for Guysborough County.
- Request a presentation on the status of the parish nursing project in the African Nova Scotian communities.
- Review the Réseau Santé - Nouvelle-Écosse 2009 Community Consultations report and recommendations.

6. Addressing Inequities to Improve Health

Goal: To establish and implement a plan to reduce health inequities across the district.

CHB Activities:

- Support development of a Guysborough County food security network.
- Define and examine government implementation of poverty reduction strategies.
- Request a presentation on the Early Years Report relative to Guysborough County.

7. Promoting Communications with Communities and with GASHA

Goals: To increase community awareness of the CHB, its strategies and activities;

To develop and maintain linkages with the general public, community organizations, the District Health Authority, and government departments

CHB Activities:

- Promote the new CHB website and distribute the new CHB brochure.
- Explore the production and distribution of a joint quarterly CHB newsletter throughout the district.
- Use local media (municipal newsletters, church bulletins, newspaper) and the CHB website to raise awareness about the CHB activities and to promote specific issues/concerns.

- Work with the other CHBs on joint promotions such as CHB week.
- Hold CHB meetings on a rotating basis in communities throughout Guysborough County in St. Mary's District, Isaac's Harbour, Guysborough, Canso, Mulgrave and Lincolnville.
- CHB Chairperson attends monthly Council of Chairs meetings.
- Communicate the new Community Health Plan back to the community through presentations and the website.
- Deliver joint presentations of CHB plans to GASHA Board of Directors and staff.
- Participate on GASHA service teams as requested; for example, Mental Health Services, District Cancer Care and Cultural Competency and Diversity.
- Participate on community committees in relation to health planning priorities such as Strait Area Transit Cooperative, Youth Health Centre and Falls Prevention Coalition.
- Liaise with the Mulgrave Medical Centre, Isaac's Harbour Medical Centre, Public Health Services, Kids First Association, the Antigonish Guysborough Black Development Association, and the Guysborough Landfill Site Liaison Committee.
- Provide an ongoing invitation to Facility Managers to participate in CHB meetings.

8. Enabling Community Health Planning and Coordination

Goals: To develop, implement and evaluate a community health plan that ensures citizen participation and builds on community needs and assets.

To grant wellness funds to community groups and agencies according to the criteria established by the Department of Health Promotion and Protection.

To enhance and strengthen Board members skills and knowledge in order to effectively carry out their mandate.

CHB Activities:

- Evaluate board processes and plans
- GASHA Vice President Community Health provides annual progress reports on the progress of CHB plans at the DHA level.
- Develop 2012-13 annual plan
- Promote Wellness Funds
- Review applications and grant wellness funds
- Use the tracking system to remain aware of who is granted funds and to ensure reports are submitted to the CHB.
- Implement a communication system with applicants.
- Participate in Board development workshops
- Participate in district and provincial workshops and conferences
- Recruit and orient new Board members as required by the Terms of Reference.

STRAIT RICHMOND CHB OPERATIONAL PLAN 2011-12

Introduction

The following is the Strait Richmond CHB Operational Plan for 2011-12. This plan is based on the eight strategic directions and goals included in the 2011-14 Strategic Framework and outlines activities to be undertaken by the CHB from April 1, 2011 to March 31, 2012.

1: Strengthening and Supporting Mental Health in our Communities

Goal: To strengthen and support mental health in our communities

CHB Activities:

- Participate as requested in Mental Health planning/service teams.

2. Implementing a Comprehensive Community-based Chronic Disease Strategy

Goal: To implement a coordinated, well managed system of community-based services and programs that address chronic conditions.

CHB Activities:

- Organize at least one public education session on chronic conditions;
- Request a presentation on hemochromatosis;
- Monitor progress of chronic disease management strategy.

3. Promoting and Supporting Healthy Living

Goal: To support all age groups, including people who are differently abled, to engage in healthy living strategies and to take responsibility for their own health.

CHB Activities:

- Lead by example: have at least 5 minutes of exercise at every CHB meeting and healthy foods for CHB meetings;
- Put out a “challenge” for others - GASHA and communities - to begin to take action on healthy eating and physical activity;
- Participate in community partnerships to promote physical activity and healthy eating such as the Richmond County Physical Activity Partnership;
- Request a presentation from Addiction Services re: drugs, alcohol, smoking and gambling;
- Request a presentation from Public Health Services related to the role of the Physical Activity Coordinator and current programs/services offered;

6. Building Bridges to Youth Health

Goal: To develop and implement a youth health strategy across the district

CHB Activities:

- Recruit youth members to the CHB;
- Organize a youth health fair in at least one school;
- Request a presentation from the School Board related to implementation of school food policy.

7. Facilitating Access to Services and Programs

Goal: To strengthen community access to primary health care services

CHB Activities:

- Continue to support Strait Area Transit Cooperative;
- Support studies to expand public transportation services;
- Learn more about local Acadian/francophone health issues and concerns. Request a presentation on the Réseau Santé - Nouvelle-Écosse 2009 Community Consultations report;
- Hold a meeting in Petit de Grat in 2011.

6. Addressing Inequities to Improve Health

Goal: To establish and implement a plan to reduce health inequities across the district.

CHB Activities:

- Support and encourage engagement of volunteers in community gardens;
- Organize a presentation by Department of Agriculture on the topic of local food;
- Learn more about poverty issues and anti-poverty/poverty reduction strategies. Organize a presentation by poverty activists and the Department of Social Services.

7. Promoting Communications with Communities and with GASHA

Goals: To increase community awareness of the CHB, its strategies and activities;

To develop and maintain linkages with the general public, community organizations, the District Health Authority, and government departments

CHB Activities:

- Share the Understanding Our Health Survey summary with federal and provincial government politicians (Peter Mackay, Michel Samson, Roger Cuzner);
- Present the community health plan to the DHA Board and staff;
- Present the community health plan to the Municipality of Richmond, Town of Port Hawkesbury and Strait Regional School Board;
- Share the community health plan with the general public through news media,

- website, and directly with the communities who participated in the focus groups;
- Continue to use the website to raise awareness about the CHB activities and to promote specific issues/concerns;
 - Participate in joint activities with the other CHBs to raise awareness about the CHB and district health issues.

8. Enabling Community Health Planning and Coordination

Goals: To develop, implement and evaluate a community health plan that ensures citizen participation and builds on community needs and assets.

To grant wellness funds to community groups and agencies according to the criteria established by the Department of Health Promotion and Protection.

To enhance and strengthen Board members skills and knowledge in order to effectively carry out their mandate.

CHB Activities:

- Evaluate board processes and plans;
- Develop 2012-13 annual plan;
- Promote Wellness Funds;
- Review applications and grant wellness funds;
- Participate in Board development workshops;
- Participate in district and provincial workshops and conferences;
- Recruit and orient new Board members as required by the Terms of Reference.

ANTIGONISH TOWN & COUNTY CHB OPERATIONAL PLAN 2011-12

Introduction

The following is the Antigonish Town & County CHB Operational Plan for 2011-12. This plan is based on the eight strategic directions and goals included in the 2011-14 Strategic Framework and outlines activities to be undertaken by the CHB from April 1, 2011 to March 31, 2012.

1: Strengthening and Supporting Mental Health in our Communities

Goal: To strengthen and support mental health in our communities

CHB Activities:

- Participate in mental wellness activities – e.g. the mental wellness walk;
- Continue to participate on the district Mental Health Services Committee;
- Learn more about the concept of “mental health literacy” and communicate to the community;
- Link with the RCMP to find out more about their role is in mental health intervention;
- Learn more about mental health peer support programs.

2. Implementing a Comprehensive Community-based Chronic Disease Strategy

Goal: To implement a coordinated, well managed system of community-based services and programs that address chronic conditions.

CHB Activities:

- Assist with support of volunteer development for programs, such as Your Way to Wellness;
- Organize public education sessions re: cancer care education for Maryvale area.

3. Promoting and Supporting Healthy Living

Goal: To support all age groups, including people who are differently abled, to engage in healthy living strategies and to take responsibility for their own health.

CHB Activities:

- Send results of focus groups to municipal recreation departments;
- Continue to participate in the Guysborough Antigonish Active Living Network;
- Support physical activity initiatives through Wellness Funds and other means;
- Develop and implement an advocacy plan for local restaurants related to how nutrition information is presented;
- Continue to participate on the district Baby Friendly Initiative Committee.

4. Building Bridges to Youth Health

Goal: To develop and implement a youth health strategy across the district

CHB Activities:

- Explore/learn more about recreation for youth with a focus on unstructured play;
- Monitor development of Youth Health Centres;
- Participate on the Dr. John Hugh Gillis Youth Health Services Centre Advisory Committee.

5. Facilitating Access to Services and Programs

Goal: To strengthen community access to primary health care services

CHB Activities:

- Continue to support development of Health Connections Antigonish through the Advisory Committee;
- Develop and implement a plan to ensure continuation of the Community Health Resources Directory and the online district directory;
- Continue to have updates from the First Nations and African Nova Scotian communities;
- Participate on the Lindsay's Health Centre Program Committee.

6. Addressing Inequities to Improve Health

Goal: To establish and implement a plan to reduce health inequities across the district.

CHB Activities:

- Participate in Antigonish Poverty Reduction Coalition;
- Learn more about barriers faced by those living in poverty;
- Continue to participate as a member of the Antigonish Food Security Coalition;
- Support food security initiatives through the Wellness Funds.

7. Promoting Communications with Communities and with GASHA

Goals: To increase community awareness of the CHB, its strategies and activities.

To develop and maintain linkages with the general public, community organizations, the District Health Authority, and government departments.

CHB Activities:

- Continue to use the website to raise awareness about the CHB activities and to promote specific issues/concerns;
- Consider other strategies to strengthen communication, such as a column in the newspaper;

- Present the Community Health Plan back to the community through community presentations and the website;
- Present CHB plans to the DHA Board of Directors and various GASHA Departments;
- Participate on GASHA committees/service teams as requested and various community coalitions and groups related to health priorities.

8. Enabling Community Health Planning and Coordination

Goals: To develop, implement and evaluate a community health plan that ensures citizen participation and builds on community needs and assets.

To grant wellness funds to community groups and agencies according to the criteria established by the Department of Health Promotion and Protection.

To enhance and strengthen Board members skills and knowledge in order to effectively carry out their mandate.

CHB Activities:

- Evaluate board processes and plans;
- GASHA Vice President Community Health provides annual progress reports on the progress of CHB plans at the DHA level;
- Develop 2012-13 annual plan;
- Promote Wellness Funds;
- Review applications and grant Wellness Funds;
- Participate in Board development workshops;
- Participate in district and provincial workshops and conferences;
- Recruit and orient new Board members as required by the Terms of Reference.

APPENDIX 1: COMMUNITY HEALTH BOARD MEMBERS 2010-11

Strait Richmond Community Health Board Members

- Almon Chisholm, Port Hawkesbury - Chairperson
- Julia MacQuarrie, Port Hawkesbury - Vice Chair
- Derrick Cameron, Pleasant Hill - Secretary
- David Briggs, Cleveland – Treasurer
- Bonnie Gagnon, Louisdale
- Berni Thorneycroft, West Bay
- Jeanette Arsenault, West Bay
- Lorena Forbrigger, Point Tupper
- J. P. Boucher, RCMP, Arichat
- Allan MacDonald, Troy
- Vida Hood, Port Hawkesbury

Public Health Services representative ex-officio

- Joanne DeCoste, Public Health Services, Arichat

Hospital Facility Managers (ex-officio)

- Andrea Boyd White, Strait Richmond Hospital

Community Health Board staff:

- Treka Burke, Primary Health Care Coordinator

Guysborough County Community Health Board members

- Al England, Mulgrave - Chairperson,
- Ester Baker-Duggan, Isaacs Harbour - Vice Chairperson
- Barbara Langille, Isaacs Harbour - Secretary
- Janelle Colp, Guysborough
- Stacy Williams, Guysborough
- Joan Welsh, Guysborough
- Alonzo Reddick, Lincolnville
- Patricia MacKay, Sherbrooke
- Barb Anderson, Sherbrooke
- Kristen Porter, Sherbrooke
- Kaye Cohoon, Canso

Guysborough County CHB continued:

Public Health Services representative ex-officio

- Angela Dobson, Public Health Services, Canso

Hospital Facility Managers (ex-officio)

- Teresa MacInnis, St. Mary's Memorial Hospital, Sherbrooke
- Elaine MacMaster, Guysborough Memorial Hospital, Guysborough
- Rose Richardson, Eastern Memorial Hospital, Canso,

Community Health Board staff:

- Peggy Mahon, Primary Health Care Facilitator, GASHA
-

Antigonish Town & County Community Health Board Members

- Lena MacDonald, Pleasant Valley - Chairperson
- Hugh Landry, Pomquet – Vice Chairperson
- Juliana Julian, Paqtnkek Mi'kmaw Nation - Secretary
- Pat Skinner, Antigonish
- Dan Fougere, Havre Boucher
- Audrey Arsenault, North Grant
- Theresa MacNeil, Antigonish
- Faith Layden, Antigonish
- Hugh Haley, Antigonish Harbour
- Heather Isenor, Antigonish
- Daphne MacLean, Pleasant Valley
- Sionnach Lukeman, Antigonish
- John Pellerin, Antigonish
- Laura Arsenault, Antigonish

Community Health Board staff:

- Peggy Mahon, Primary Health Care Facilitator, GASHA