Our Healthy Future … Realizing Our Promise

A Community Health Plan for 2010-2013

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Produced by Community Health Boards for Capital Health Halifax, Nova Scotia, March 2010.

Message from the Co-Chairs

Greetings everyone,

It has been a busy year. We are pleased to present *Our Healthy Future … Realizing Our Promise*. This community health plan contains recommendations that will move Capital Health toward its vision for 2020.

This document represents tremendous dedication, passion and keen attention to detail, not only by our Community Health Boards (CHBs), but by the vast network of professionals, technicians, parents, Elders, teachers, students, labourers, storytellers, practitioners, activists and countless people at the local level that form our community.

The process of gathering data over the past months was critical to identifying health priorities and it did not stop there. It took many hours of staff and volunteer work to reconcile the data and develop a process that engaged communities and helped them identify shared health priorities.

During community conversations, we began to see overlapping concerns regarding health and health priorities. Like dropping a pebble of thought into a pool, the ripples moved outward, providing an interconnected pool of knowledge to form the basis for our community health plan.

Faced with rising health care costs and no increase in funding, it is imperative that a new direction for health be identified and implemented. The information in this plan indicates that more emphasis should be placed on timely access to services for early diagnosis and intervention and on prevention through education. As we move toward 2020, we must use our resources in ways that shift health care away from a reactive treatment model to a proactive wellness model.

It has been an honour and a pleasure to have had the opportunity to be inspired by the strength and resilience of our communities. Their collective energy and passion remained vibrant throughout the process and form the foundation for this health plan and its recommendations.

We thank Capital Health's Board of Directors for their leadership and we look forward to continued engagement as we advance Capital Health's commitment to realizing its Promise "to embrace a new role as learners committed to creating the conditions for the necessary behavioural changes – in us and our citizenry – to achieve optimal health." Ultimately, this will lead us to attain our shared vision for 2020 – healthy people, healthy communities.

Carole Jones and Roger Pothier
Co-Chairs, Council of Chairs, March 2010

Chebucto West Community Health Board

Dartmouth Community Health Board

ESMCHB

Halifax Community Health Board

SECHB Southeastern Community Health Board

West Hants/Uniacke Community Health Board

Cobequid Community Health Board

Acknowledgements

Our Healthy Future…Realizing Our Promise is the result of the time, talents and efforts of many people. The Council of Chairs[i] of Capital Health's Community Health Boards (CHBs) extend thanks to all who contributed to the development of this community health plan. In particular, the Council acknowledges the contributions of the members, coordinators, director and administrative staff of the seven CHBs:

Chebucto West CHB
Cobequid CHB
Dartmouth CHB
Eastern Shore Musquodoboit CHB
Halifax CHB
Southeastern CHB
West Hants/Uniacke CHB

We are also grateful to those citizens who participated in community conversations, the members of the Scientific Advisory Committee[ii] (SAC), and those professionals who shared their knowledge, experience and expertise throughout the process.

i. The Council of Chairs is a standing committee of the Capital Health Board of Directors. Its membership is comprised of the co-chairs of each CHB in Capital Health, the chair of Capital Health's Board of Directors (or designate) and Capital Health's Chief Executive Officer (or designate).

ii. There were 17 members on the SAC with representatives from CHBs, Public Health, Primary Health Care, Community Health, IWK Health Centre, Department of Community Health & Epidemiology (Dalhousie University), Atlantic Health Promotion Research Centre and MarketQuest Research. The key roles of this group were to provide statistical, scientific and editorial advice and to support the survey process, data analysis and report development.

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Community Health Boards: Who We Are

There are seven Community Health Boards (CHBs) within Capital Health. They are comprised of volunteers from all walks of life and reflect the diversity of our communities. Each board recruits members from the communities it represents. Board members generally serve three-year terms.

CHBs are legislated by the *Health Authorities Act* (2001). This legislation sets out the specific roles of the CHBs.

Key activities:

- Foster community development that encourages the public to actively participate in health planning and service delivery.
- Assess community health needs.
- Develop a community health plan.
- Support the implementation of approved components of the health plan at the community level.
- Nominate 2/3 of Capital Health's Board of Directors.

The CHBs use a population health approach in their work. This approach looks at the population as a whole and considers all of the factors that influence a person's health. These include income and social status, social support networks, education and literacy, physical environments, employment and working conditions, gender, social environments, culture, health services, healthy child development, biology and genetic endowment and personal health practices and coping skills.

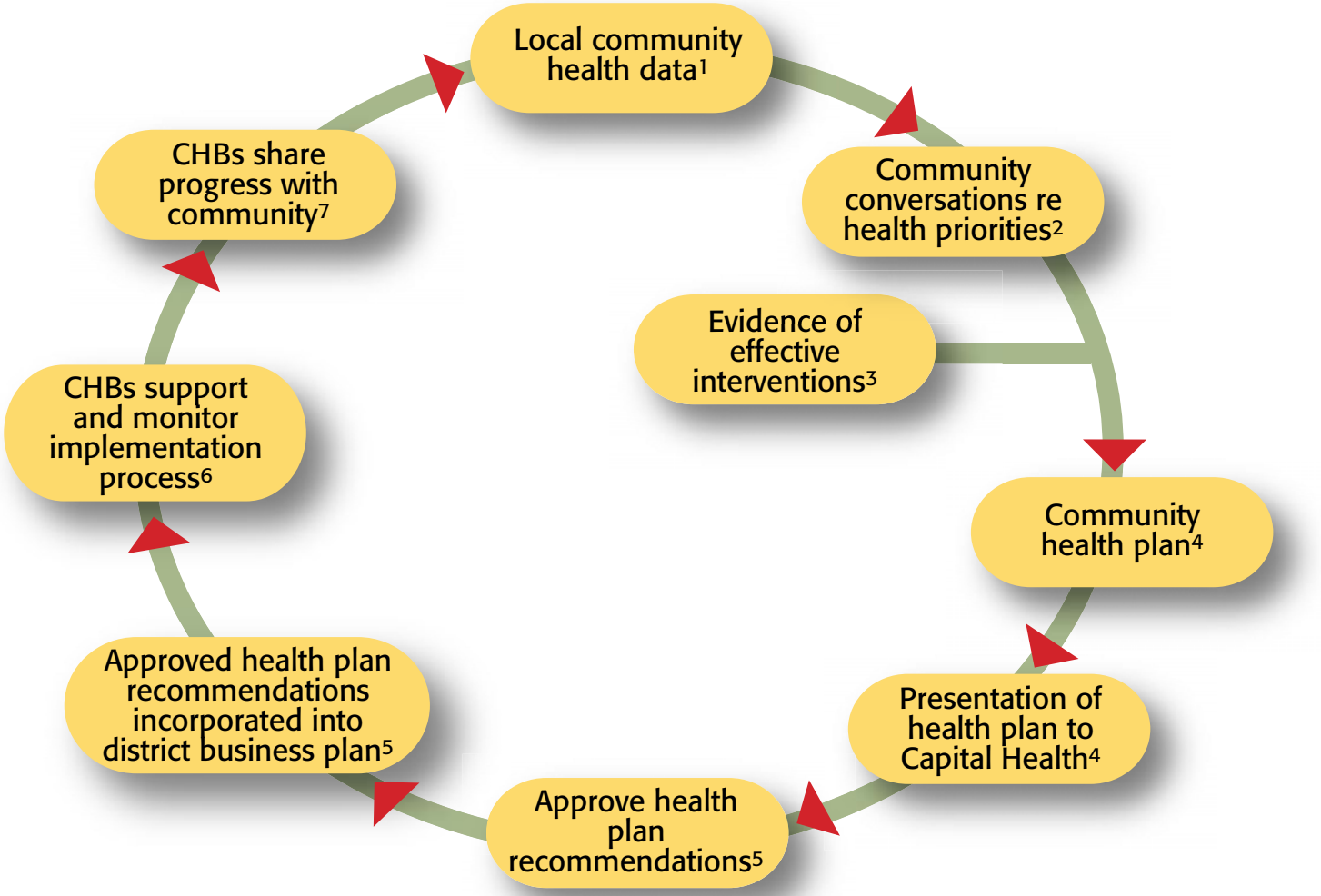
One of the key responsibilities of the Community Health Boards is to develop a community health plan for the district health authority to consider and incorporate into its business plan.

Conversation to Action: Community Health Board Planning Cycle

In the past, each CHB has developed its own community health plan. This year, CHBs agreed to work together to develop a single plan for the district for 2010-2013. This timeframe aligns with Capital Health's new business planning cycle.

By using a common survey for all CHB communities (*Our Health: A Community Health Assessment*), the boards were able to identify shared health priorities. These priorities were echoed during extensive community consultations throughout the district.

The result is *Our Healthy Future…Realizing Our Promise,* a single health plan that creates opportunities for integrated action across programs and services.



See Appendix A for detailed description.

Our Healthy Future – A Plan for Immediate Action

Our choices are making us sick. We eat too much, exercise too little and work under too much stress. These habits are leading to high rates of chronic disease. Compared to other provinces, Nova Scotia has the highest rate of high blood pressure[1] and deaths from cancer[2], and the second highest death rate from cardiovascular disease.[2] We have the fourth highest rate of people who do not eat healthy[4] and the third highest rate of people who are overweight[3]. Nova Scotia's population is aging and health care costs are escalating.[5]

At the district level, we are no better. This was reinforced in *Our Health: A Community Health Assessment* survey, the foundation of this health plan. The survey results tell us that Capital Health has a long way to go to realize its vision of healthy people, healthy communities.

For 10 years, each of the seven Community Health Boards (CHBs) within Capital Health has created and monitored its own individual health plan. These plans have had little traction in terms of attracting attention and improving health. This year, we are taking a new approach. We have combined the talents, skills and knowledge of more than 100 dedicated volunteers to create a single plan with a single set of recommendations.

To create this plan, we connected with an unprecedented 4,000 citizens. These citizens told us about their health and about the actions that Capital Health needs to take to improve health. For the first time, we have comprehensive health information at the CHB level to help us set priorities. When 4,000 people tell us what they need to be healthy, we need to sit up and listen.

Support for healthy living

People tell us that physical inactivity, poor nutrition and obesity are their key health concerns. They want to move more and eat less but they face barriers. They want help to remove roadblocks like lack of money, opportunity, information, encouragement, time or motivation. Although the roadblocks are different for each person, everyone is telling us they want the healthy choice to be the easy choice.

Reaching everyone

People have difficulty accessing health services. They want services closer to where they live, work and play; the recreation centres, shopping malls and food banks. They are asking us for more health professionals who can help them navigate this very complex health system. These changes would lessen transportation costs, reduce the stigma associated with single-purpose buildings (such as mental health facilities) and improve the chances of reaching those most in need of help – the old, the homeless, those with little or no income and those marginalized for other reasons such as race, language or sexual orientation.

Working with others for a health system, not a sickness system

Many people in our communities are living with chronic disease. They need to be treated for more than just the disease. We must look upstream at what is causing the chronic condition. Evidence tells us that in very many cases it is obesity and/or a lack of physical activity and healthy eating. If we look further upstream, we see that adequate income, education and social supports all play a role in preventing illness.

To have the greatest impact in achieving health for all, we need to take a broad, multi-level (e.g. municipal, provincial and federal), multi-sectoral (health, education, business, government) approach - one that is comprehensive and involves working in multiple settings (e.g. school, workplace, community) with many partners.

Capital Health cannot and should not do this alone. Capital Health needs to clearly identify where it can lead, where it can support others to lead, and where it can let go. We hope our recommendations will help in this process.

"Educate people about what is health, how you achieve health and your responsibility in this."

Act now

The information in this health plan is coming to you, Capital Health's Board of Directors, at a time when Capital Health is implementing a new three-year business plan. Build on the good work you are already doing. We do not need more strategies; we need more action. We ask that the Board use *Our Healthy Future … Realizing Our Promise* as a foundation to guide the business plan, and that the recommendations within *Our Healthy Future … Realizing Our Promise* be incorporated into the business plan. These recommendations are linked to Capital Health's business plan milestones (Appendix B); in particular, those in the citizen engagement and sustainability quadrants (Appendix C).

As CHBs, we are accountable to the citizens who provided the information for this health plan. We must let them know what progress is made. We ask that the Capital Health Board of Directors let us know in writing by April 30, 2010, how the recommendations made in *Our Healthy Future…Realizing Our Promise* will be incorporated into Capital Health's business plan. If there are recommendations that will not be incorporated into Capital Health's business plan, please explain why. We also ask to meet twice yearly with the Board over the next three years to discuss the progress on these recommendations.

We are confident that implementing the recommendations in this health plan, although challenging, will lead to a healthier future for every citizen within the Capital Health district. The people we collectively serve have asked for our help. It is time to step up to this challenge together and be a force for change.

"Conversation is good, but we need more action."

Health Priorities Identified by all CHBs

The results of *Our Health: A Community Health Assessment* survey are built on the responses of 3,000 citizens. Each CHB shared the survey results by conducting focus groups, consulting local organizations and hosting community conversations. Together, these sessions added another 1,000 voices to the development of *Our Healthy Future … Realizing Our Promise*. These citizens told the CHBs which of the health priorities emerging from the survey matter most to them. Every community identified that the survey did not capture enough information on the cultural, social, geographic and economic barriers to the services people need to stay healthy or get healthy. We labeled this priority "Health Inequities" and communities told us Capital Health should consider these inequities when planning all programs. The section that follows includes recommendations on how Capital Health can address the eight health priorities identified by all communities. Presented in order of importance these are:

- Health Inequities
- Physical Activity, Healthy Eating, Healthy Weights
- Mental Health
- Access to Health Services and Information
- Stress
- Sense of Belonging
- Chronic Conditions
- Health Screenings

The CHBs worked together to craft recommendations that will address our communities' health priorities. The recommendations are built on survey results, community conversations and evidence.

We've used the following format to present our recommendations:

Our community talked:
Data collected from the 3,000 people who responded to *Our Health: A Community Health Assessment* survey

We listened:
Highlights from conversations with 1,000 citizens

We learned:
Evidence that addresses each health priority

We recommend:
The actions that Capital Health needs to take to improve the health of our communities

Health Inequities

The evidence linking poverty and health is undeniable. People with low income experience greater rates of illness. Other social factors like racism and homophobia can also affect health. Groups such as mother-led single-parent families, new immigrants, African Nova Scotians, and Aboriginal peoples are known to experience greater challenges than others when it comes to being healthy.

Our community talked

- 94 per cent of respondents were born in Canada.
- 96 per cent are white and 98 per cent said English is the language spoken most often at home.
- Of respondents between the ages of 18 and 59, 96 per cent consider themselves to be heterosexual, two per cent homosexual, and one per cent bisexual. One per cent of respondents are unsure of their sexual orientation.
- Of respondents between the ages of 15 and 75, 28 per cent did not work during the week prior to survey completion. Females and seniors were more likely to have not worked in the week prior to survey completion.
- Prevalence of chronic conditions is higher in respondents with an annual household income under $40,000.

We listened

- We did not learn everything we needed from our survey. We need more information related to literacy, racism, poverty and homophobia and how these affect individual and community health.
- People experience racism and other forms of discrimination in the health care system. Some feel that health care providers who more closely reflect themselves would better understand their health needs and issues and would be more willing to address them.

"Staff speak louder to people whose first language is not English. It's like the louder they speak, the more we will understand."

We learned

- 4.1 per cent of Capital Health's citizens are Aboriginal, 7.2 per cent are immigrants, and 9.9 per cent of families have low income status.[6]
- A recent survey of Halifax's homeless reveals that 42 per cent live on less than $200 a month. The same report also states that the cost for a one-bedroom apartment, telephone, power, nutritious food and a bus pass in Halifax is $1,000 per month.[7]
- Reducing health inequities has major potential economic benefits, including reducing health care needs and the cost of lost productivity.[8]
- Community health workers improve access to primary care health services and save money through reduced use of emergency room care. They are often more familiar with the norms, traditions and health needs of the communities they serve. [9]
- Geographic Information Systems (GIS) provide a way to clearly visualize how particular diseases affect particular communities or population areas. [10]
- Health policy and administration mechanisms that address hiring practices, training and integrating cultural competence into governance and organizational policy help to eliminate institutional racism.[11]
- Working in partnership is fundamental to reducing health inequities as the problems and solutions cross department and organizational boundaries.[12]

We recommend

1 Identify where poverty is a barrier to accessing our health services and act on ways to eliminate these barriers (e.g., provide funding to address transportation barriers).

2 Conduct research to determine which communities and population groups have difficulty accessing health services and achieving good health. Use this information to make improvements and use a GIS tracking system to track whether we are making a difference.

3 Develop partnerships to increase community-based services generally with a specific focus on African Nova Scotians, Aboriginal people, people from the Gay, Lesbian, Bisexual, Transgender, Intersex (GLBTI) communities, Francophones, refugees and newcomers, and low-income earners.

4 Increase Capital Health's cultural competence through the following actions:

a. Implement a diversity survey to learn more about the diversity quotient of the organization.

b. Develop an active employment equity plan to create a more diverse workforce.

c. Develop a plan for cultural competence including targets for training Capital Health staff, physicians, students and volunteers.

d. Advocate for higher standards for cultural competency measures in Capital Health's accreditation process.

Physical Activity, Healthy Eating, Healthy Weights

We eat too much unhealthy food and we don't exercise enough. This is a crisis and we must take action. These poor choices are resulting in an overweight and obese population vulnerable to chronic conditions. Our citizens tell us they want to change but there are barriers. Helping them overcome these barriers will create healthier people and communities and lead to a more sustainable health system. Capital Health needs to lead by example by promoting healthy lifestyles throughout the organization.

Our community talked

- 62 per cent are overweight or obese (aged 18 years or older, excluding pregnant females); 24 per cent of these think their weight is "just about right."
- 62 per cent consume less than the recommended minimum daily servings of fruit and vegetables.
- 44 per cent are physically inactive.
- 73 per cent intend to improve their health in the next year; 65 per cent of these by increasing physical activity.
- Almost half of those intending to improve their health in the next year face barriers including lack of will power, work schedule, time constraints, disability and/or health problems and financial constraints.

We listened

- Physical activity, healthy eating and healthy weights are the top health priorities for Capital Health to focus on in the coming years.
- Food security issues are important.
- Bike and walking trails, free and universally accessible recreation programs and opening schools to the community to allow for more physical activity are important.

"Capital Health is the one with the most at stake."

We learned

- Unhealthy weights contribute to chronic disease, including heart disease, diabetes and cancer.[13, 14]
- Barriers are different for everyone.[15]
- Individuals need to be ready to change health habits to be successful.[16]
- Motivational and other supports can help people make healthy changes.[16, 17]
- A multi-level (e.g. municipal, district, provincial, national) and multi-sectoral (e.g. health, education, justice) approach is the only way to achieve health benefits at the population level and reduce chronic conditions like diabetes and heart disease. [14, 18]
- Workplace health initiatives increase physical activity and healthy eating among employees.[15]
- People choose healthy food more often when there are incentives or promotions for healthy food.[17]
- Capital Health participates in existing strategies that are intended to increase physical activity and healthy eating.[18]

We recommend

5 Implement the recommendations from existing strategies like the provincial healthy eating strategy and *Stepping Up: a Physical Activity Strategy for the Halifax Region*. Start with the recommendations within those strategies for which Capital Health is the designated lead. For example, Capital Health is identified as the lead for a physical activity social marketing campaign in the Stepping Up strategy. Continue with the recommendations that can be implemented at the local and organizational levels.

6 Advocate for policies that promote healthy eating and food security. These policies might include ways to reduce the cost of healthy food, increase the visibility of healthy food and include nutritional content on menus.

7 Collaborate with businesses and organizations to promote healthy practices. For example, build a coalition of local organizations who—through their collective buying power—could influence food suppliers to provide affordable, healthy food choices for their organizations.

8 Provide more opportunities for Capital Health staff to learn how to help the people they serve stay motivated, change their behaviours and manage the stresses that make it hard to make healthy changes.

Mental Health

Poor mental health causes a significant burden to the health care system. One in five people experience a mental illness every year.

Our community talked

- 72 per cent rate their mental health as very good or excellent; similar to the provincial rate of 73 per cent.
- 19 per cent have seen or talked to a health professional about their emotional or mental health in the past year an average of five times; 55 per cent of these saw or talked to a family doctor.

We listened

- Mental health is an issue that affects or is affected by many other health issues including stress, physical activity, healthy eating, access to services, sense of belonging or health inequities.
- Some people do not access the mental health services they need because of the stigma associated with mental illness.
- People expressed that children and youth should learn about mental health so that talking about emotional health becomes as natural as talking about healthy weight and good nutrition. This could help to reduce stigma around mental illness.
- Knowing what mental health services are available and how to access them is a high priority for citizens.
- To reduce the stigma of accessing mental health services, services should be located where citizens congregate.
- Inadequate youth and child mental health services can have dire consequences. Access to services, providing education and collaborating across sectors is critical to helping youth and children at risk.
- Having a strategy with measurable goals and outcomes is the only way to improve the mental health of our population. A scattershot approach will not change things.

We learned

- Approximately 200,000 people in Nova Scotia experience a mental illness every year.[19]
- Wellness navigators in the community help clients navigate and access mental health services and other government services, and promote awareness of existing programs.[19]
- Although less than five per cent of the provincial health budget is dedicated to mental health services, a person's mental health impacts all facets of our individual health.[20]
- The cost of keeping someone with serious mental illness in hospital is $170,820 per year.[21]
- The World Health Organization estimates that by 2020, depression will be the leading cause of disability.[22]
- 40 per cent of all disability claims, short-term and long-term, involve mental health conditions.[21]
- Moderate physical activity is known to reduce many mental health conditions including anxiety, depression and panic disorder and is effective at treating clinical depression in adolescents and adults.[23, 24, 25, 26]
- Mental illness costs the Canadian economy a staggering $51 billion annually. That number includes $5 billion in direct medical costs.[27]

We recommend

9 Continue to locate mental health services in more user-friendly facilities in the community. Focus on building partnerships with community and government agencies to locate services where a range of community and/or recreation services already exist (one-stop shopping).

10 Ensure the efficient use of existing education, prevention and treatment programs and services in communities, such as Mental Health First Aid and self-help groups. One effective way to do this would be to hire wellness navigators.

11 Partner with others (e.g., IWK) to increase resources for mental health education for children and young families.

12 Educate our health providers, family physicians, police, clergy, teachers and educational specialists to have a better understanding of mental illness. This would help reduce the stigma of accessing mental health services and enable these professionals to recognize the symptoms of mental illness in themselves should they develop.

13 Facilitate collaboration among Capital Health (including physicians), government departments and CHBs for the purpose of exploring the development of a provincial mental health strategy.

Access to Health Services and Information

People say they have trouble accessing the health services they need. Access means different things to different people. For some it means time, for others it means place, and for others, access means understanding i.e., health literacy.

Our community talked

- 41 per cent required a visit to a medical specialist within the past 12 months. This is higher than the national average of 28 per cent. Of these, 23 per cent experienced difficulty getting this specialized care, and wait times were a common difficulty (83 per cent).
- 96 per cent have access to a regular medical doctor; higher than the national average of 86 per cent.
- 19 per cent accessed community-based care in the past 12 months (highest among youth). Most say they received excellent care.
- 55 per cent accessed health information or advice for themselves or a family member in the past year (compared to 42 per cent nationally). The most common health care provider they contacted was a doctor (85 per cent).

We listened

- People wait too long to access their doctor, get an appointment with a specialist or receive treatment or on-going support. Delays can affect finances and physical, emotional and mental health. We heard that services need to be offered at times that fit within people's lives and work schedules and should be culturally appropriate.
- People do not have the health services they need where they live and work, causing financial and transportation hardships. They want to be able to find the right health service in the places that make sense—e.g., sexual health clinics for youth in junior high and high schools or mental health workers at food banks.
- The information and advice people need to make informed health care decisions must be easy to understand and presented in a way that respects differences in culture, language and ability. This will reduce misunderstandings, frustration, unnecessary referrals and over-/under-treatment.

"When you have no one that cares… you care about nothing…or less."

We learned

- Collaborative community health models that incorporate community health teams, collaborative community-based family practices, mobile clinics and wellness navigators can help improve access.[28, 29]
- 60 per cent of Canadians (aged 16 and older) cannot understand and act on health information and services.[30]
- 38 per cent of Nova Scotians do not have the required literacy skills to meet the demands of today's economy and society.[31, 32]
- A provincial health literacy strategy and other literacy models exist to inform health literacy initiatives.[33]

We recommend

14 In collaboration with communities, develop and implement a master plan to increase health services and programs in communities. This should include a master community facilities and human resource plan.

15 Work with the District Department of Family Practice and Primary Health Care to explore and implement ways to support family physicians in:

a. The provision of mental health services for their patients.

b. Accessing the services of other health professionals such as family practice nurses, public health nurses, physiotherapists, etc.

16 Increase awareness of local community health and wellness resources among physicians and other community health providers. This can be initiated through the District Department of Family Practice and Primary Health Care.

17 Develop Capital Health information in a way that all people can understand by:

a. Establishing a group of diverse community members (including CHB members) to give input on information for patients and the public. Information should be assessed for literacy level and cultural relevance.

b. Partnering with community organizations such as public libraries to hire (or gain access to) a health literacy specialist to help people find easy-to-understand health information.

c. Increasing the use of qualified health interpreters when providing services to patients whose first language is not English, including in community practices.

18 Advocate for 211 or an expansion of 811 to include community, social service and health information.

19 Investigate why Capital Health has higher referrals to specialists than the national average to ensure appropriate referral and timely access to specialists.

20 Increase the availability of technology that allows patients/clients to communicate with health providers (e.g., web portal/self-scheduling).

Stress

People in Capital Health are feeling stress in their everyday and work lives. Although many say they can handle this stress, we know that too much or long-lasting stress is linked to chronic conditions. When people use unhealthy ways to cope with stress like overeating, drinking harmful amounts of alcohol or smoking, the situation worsens.

Our community talked

- 65 per cent experience some level of day-to-day stress and 72 per cent experience stress at work.
- Work situations are the biggest contributor to day-to-day stress.
- 90 per cent feel equipped to handle stressful events and 95 per cent feel equipped to handle the day-to-day demands of life.
- A notable percentage used unhealthy coping methods. The top two include wishing the situation would go away and blaming themselves.

We listened

- Stress is one of the top four issues people want Capital Health to tackle in the coming years.
- Citizens are stressed but don't admit it.
- People are experiencing stress in their jobs but don't know what to do about it.
- Racism in schools and elsewhere leads to stress and poor health.
- Stress is huge with youth and students. Youth need professionals to talk to or go to for advice.
- People need more information, education, discussion and support for stress reduction.
- Young men need men-only support groups.

"Youth need people to listen to them."

We learned

- Physician visits could be reduced by 25 per cent if workplaces stopped overloading workers.[34]
- Stress can be bad for health; it can weaken our immune system and increase our susceptibility to many chronic conditions.[35, 36]
- Workplace stress can lead to high absenteeism and staff turnover, poor employer reputation and other unwanted consequences.[37]
- Making sure people can do the work they are asked to do and ensuring suitable management practices can reduce workplace stress.[37]
- Teaching people about stress, how to cope in healthy ways and letting them know where to go for more help can lessen the harm stress causes to our bodies.[36]
- Racism can make people feel anxious, scared, angry and helpless. This stress makes it hard for them to do well at school and work.[38]

We recommend

21 Continue to partner and collaborate within the Capital Health district to collectively address workplace stress. Act as a healthy workplace model by supporting emerging work such as the wellness and self-care framework within Capital Health's Healthy Workplace department.

22 Increase programming within mental health and other services that help people to be resilient and deal with stress, including stress due to prejudice and racism.

Sense of Belonging

Sense of belonging can be described as the extent to which individuals feel accepted, respected, included and supported by others in their social environments. It is widely recognized that a weak sense of belonging leads to unhealthy people and unhealthy communities.

Our community talked

- 32 per cent, including youth, adults and seniors, have a weak sense of belonging to their local community.
- Youth 15 to 19 and adults 20 to 34 have a lower sense of belonging than adults 35 to 64 and seniors over 65.
- People with lower household income, and those who rate their mental health negatively are among those who have a weaker sense of belonging.

We listened

- Capital Health should recognize the importance of a sense of belonging.
- Hospitals and community health centres are focal points for community and they need to play a bigger role in connecting and communicating with community.
- Initiatives that support community development must continue to be funded.

We learned

- Sense of belonging relates to many determinants of health, including personal health practices, income and social environments.[39, 40]
- A weak sense of belonging is associated with depression, loneliness, anxiety and suicide.[41]
- Validated measuring tools are available to determine our community's sense of belonging.[41, 42]

"Hospitals or community health centres are focal points in this region but play no part in connecting or communicating with community."

We recommend

23 Adopt the recommendations of this community health plan, as each is important to achieving greater sense of belonging for individuals, groups and communities. Sense of belonging is a complex part of health and requires a multi-faceted approach (e.g., address personal psychological distress and levels of social support.)

24 Identify and implement best practices for increasing sense of belonging in our communities. Adopt a common definition and measurement tool.

Chronic Conditions (Prevention and Management)

Nova Scotia's rates of cancer, high blood pressure, diabetes and arthritis are among the highest in the country and keep climbing. We also have the highest rate of hospital admissions for chronic disease in Canada. Heart disease is one of our biggest killers.

Our community talked

- 66 per cent have at least one chronic condition.
- Females are more likely than males to have at least one chronic condition (71 per cent versus 61 per cent).
- The older you are, the more likely you are to have a chronic condition.
- Occurrence of chronic conditions is higher in those with an annual household income under $40,000.

We listened

- Preventing or delaying the onset of chronic conditions through healthy lifestyle choices, like active living and healthy eating, is important.
- People want to learn how to manage their chronic conditions.
- Being looked after by both doctors and other health care providers (e.g., dietitians) could be a less costly way to prevent and manage chronic conditions than doctors alone.
- Having healthy and safe environments helps protect us from chronic conditions.

"How upstream do we need to go to make changes that make a difference? We can deal with the present but if we don't start dealing with what is coming, we're going to have huge problems."

We learned

- Up to 80 per cent of heart disease, stroke and type 2 diabetes and over a third of cancers could be prevented by getting people to change unhealthy habits like using tobacco, eating unhealthy food, not exercising enough and drinking harmful amounts of alcohol.[43]
- Helping people manage their chronic conditions can improve quality of life and slow the progression of disease. This can save the health system money by reducing the higher costs of managing acute episodes and visits to the emergency department.[44]
- A comprehensive collaborative approach, such as the Expanded Chronic Care Model, is recognized as best practice to address chronic conditions.[45]

We recommend

25 Coordinate the work of Capital Health's community-based teams to improve chronic condition prevention and management.

26 Align our initiatives with those of other health partners such as government health departments, health charities and family physician practices to make a bigger impact.

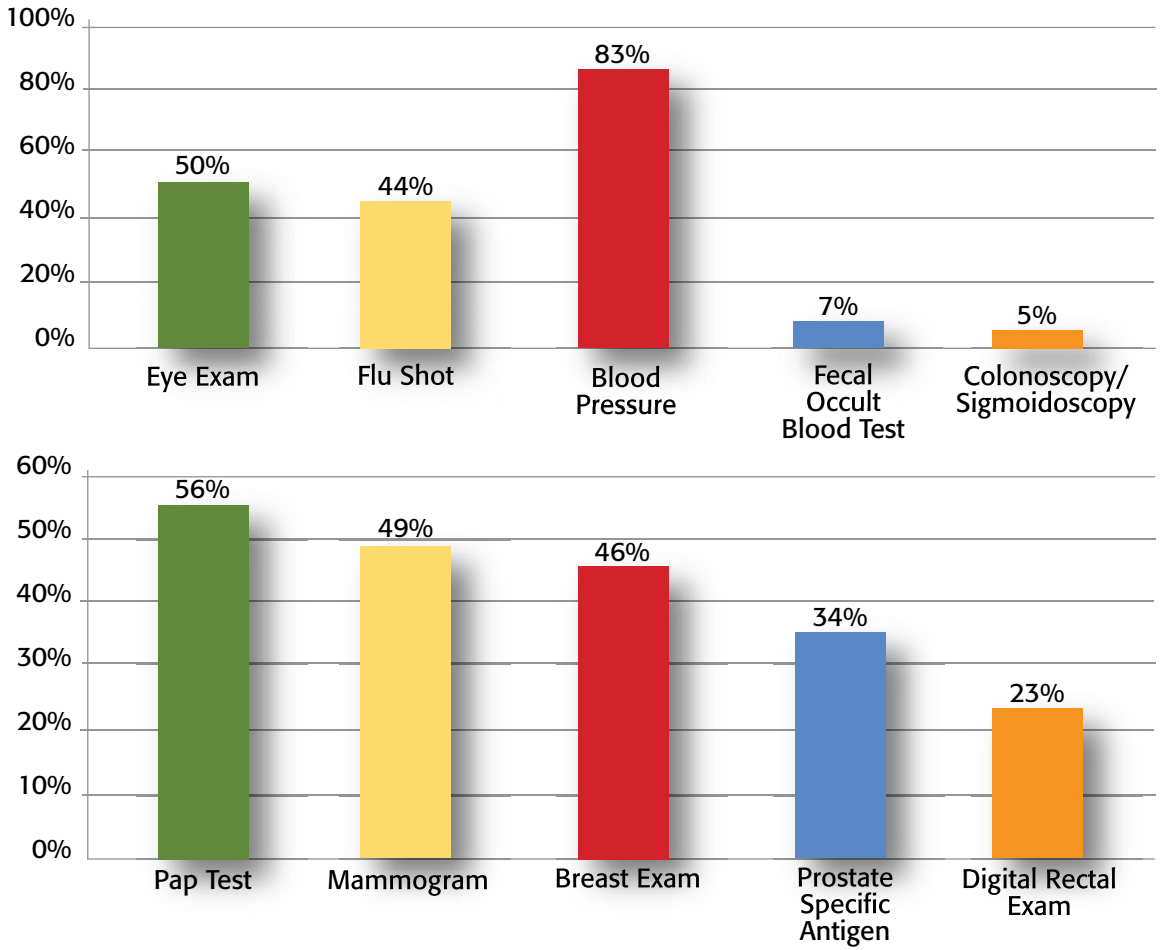
27 Advocate for policies and support programs that protect our environment, such as active transportation and community gardens.

Health Screenings

Health screenings are an important part of preventative health care. They can prevent illness in people at high risk for disease or allow illness to be treated sooner in people already affected. Our survey did not show how close we are to meeting recommended screening guidelines.

Our community talked

While lifetime screening for most tests/exams are favourable, past year screening rates (below) are less common. See graphs below:



Gender and age of respondents asked about screenings:
FOBT, Colonoscopy - M,F, aged 35+
Mammogram - F, aged 35+
Pap, Breast Exams - F, aged 18+
PSA and DRE - M, aged 35+

We listened

- People are confused about what screening tests to get and when.
- Young women need to be educated about the importance of pap tests in preventing cervical cancer.
- Women don't know the best age to start getting mammograms.
- People say more information is needed around oral health and vision screening.

We learned

- Screening programs can be effective in reducing illness and death by detecting disease before symptoms occur.[46]
- Screening is not always effective, appropriate or cost effective for all population groups. Weighing the benefits, harms and cost-effectiveness of screening can help define health screening policy and future research needs.[46]
- The success of screening programs is affected by behavioural, social, economic and organizational factors. These factors need to be proactively addressed as high rates of uptake are needed if screening programs are to have a significant population impact.[46]

We recommend

28 The District Department of Family Practice and Primary Health Care, in collaboration with CHBs:

- Identify the health screening guidelines most appropriate for Capital Health to promote; and
- Develop consistent messaging around the selected guidelines and promote these messages to citizens, physicians and other health care providers.

We are the eyes, ears and voice of the health of our communities.

Health Priorities Identified by some CHBs (not all)

Our Health: A Community Health Assessment survey covered a wide range of health-related topics beyond the eight health priorities identified by all Community Health Boards (CHBs). Citizens were also asked, among other things, about smoking, gambling and sexual health. As the CHBs shared the survey results in community conversations and focus groups, some communities identified these other issues as high priorities. While these health priorities were not identified by every community, they are still very important to the communities affected by them. The following section includes health priorities identified by some CHBs, but not all:

- Smoking
- Alcohol Consumption
- Sexual Health
- Gambling
- Oral Health
- Sun Safety

"Teach our kids healthy living."

Smoking

Nova Scotia has introduced some of the toughest anti-smoking legislation in Canada to decrease smoking rates and improve health. Still, roughly 1,700 Nova Scotians die each year from smoking-related illnesses.

Our community talked

- 20 per cent of respondents smoke, 79 per cent of these are daily smokers.
- Of current smokers, 64 per cent indicate a serious consideration to quit within the next six months and 48 per cent have stopped smoking for at least 24 hours in the past year due to a desire to quit.

We listened

- Southeastern, Chebucto West, West Hants/ Uniacke and Halifax CHBs identified smoking as a priority.
- People think cigarettes should cost more.

We learned

- Nova Scotia is about to release a new comprehensive tobacco control strategy.

We recommend

29 Refresh the Capital Health Tobacco Reduction Strategy and align with Nova Scotia's soon-to-be released comprehensive tobacco control strategy: *Moving Toward a Tobacco-free Nova Scotia*.

"We cannot solve the issues of today without addressing the problems caused by the lack of prevention in the past."

Alcohol

For Nova Scotians, alcohol continues to be a public health and safety issue. Twenty per cent of Nova Scotians consume alcohol in a way that negatively impacts health, as well as social and economic environments.

Our community talked

- Alcohol consumption is highest among the middle age categories.
- 10 per cent of respondents who consume alcohol do so at least four to six times a week.
- Males (15 per cent) are more likely than females (three per cent) to report drinking five or more drinks once a week or more.
- Seven per cent of adults aged 20 to 34 consume five or more drinks once a week.

We listened

- Halifax and Dartmouth CHBs identified alcohol as a priority in their areas.
- Citizens were concerned with binge drinking.
- People suggested hosting more programs that show how substance abuse (alcohol and cigarettes) affect the body. They would also like to see the price of alcohol and cigarettes increased.

We learned

- Alcohol is linked to cancers of the mouth, throat, esophagus, colon, rectum and breast (in women).[47]
- Risk of cancer increases with the amount of alcohol consumed.[47]
- Among Canadian women, cancer was the leading cause of alcohol-related death in 1995, ahead of motor vehicle collisions and liver cirrhosis. For men, cancer was the second-leading cause of alcohol-related death after suicide/self-inflicted injury, followed by motor vehicle collisions and liver cirrhosis.[47]

We recommend

30 Establish a sponsorship/partnership policy for Capital Health that outlines criteria for partnership including alcohol use.

31 Advocate that other publicly funded organizations adopt a similar policy.

Sexual Health

Our Health **survey assessed sexual health behaviours, practices and attitudes among citizens between ages 15 and 49. Additionally, we sought feedback from community members over age 49.**

Our community talked

- Average age of first sexual intercourse is 17 years old.
- Nine per cent have been diagnosed with a sexually transmitted disease (STD) in their lives; more common for females than males.
- 29 per cent used a condom the last time they had sexual intercourse; lower than the provincial level of 46 per cent.
- Although males (93 per cent) and females (96 per cent) between the ages of 15 and 24 agree that it is important to avoid pregnancy right now, 84 per cent report using birth control regularly.

We listened

- Chebucto West, Halifax and Southeastern CHBs identified sexual health as a priority.
- Parents don't talk to kids about sexual health/pregnancy.
- Immigrant youth want more information about contraceptives.
- Some youth don't go to the Youth Health Centres in the school because they think they will be judged and others will know their private business.
- Teens want more information in class around sexual health and the realities of pregnancy and parenting.
- Adults and seniors need more information about STD prevention and safer sex practices.
- Some people are not comfortable talking to their doctor about STD information and testing and don't know where to access services.

We learned

- Sexuality is important to health and quality of life; however, it is not commonly talked about for the geriatric population.[48]
- Some long-term care staff and physicians have little training in the sexual health practices of older adults and seniors and are less likely to discuss sex with these groups than others.[99, 50, 54, 55]
- Many Nova Scotian youth continue to be at risk for poor sexual health outcomes, like STDs and pregnancy.[51]
- The provincial *Framework to Action: Youth Sexual Health in Nova Scotia* is going through a renewal process; the new directions will likely support many of the needed actions.
- The diagnosis and treatment of STDs in older adults can often be quite a while after infection occurs.[50, 52]
- Older adults are less likely than younger adults to use condoms.[53]

We recommend

32 Advocate to the Departments of Health, Health Promotion and Protection and Education and Halifax Regional/Annapolis Valley School Boards that the appropriate school-based sexual health education curriculum be administered.

33 Educate and support primary health care providers and long-term care/continuing care staff so that they can recognize and address sexual health needs and practices, particularly among older adults and seniors.

34 Increase promotion of existing services, programs and options for sexual health counseling and STD testing in the Capital Health district.

Gambling

Gambling is a topic that sparks heated debate. It is viewed either as a social activity that can be enjoyed in moderation or as an uncontrollable urge with harmful consequences.

Our communities talked

- Four per cent experience health issues related to gambling activities.
- Three per cent of those who gamble spent more than $1,000 on gambling activities in the past year.
- Males were more likely than females to spend more than $250 on gambling in the past year.

We listened

- Halifax, Southeastern, and West Hants/ Uniacke CHBs identified problem gambling as a priority in their communities.
- Families are being damaged by the harmful effects of problem gambling.
- Not enough is being done to adequately address problem gambling.
- Problem gambling should be viewed through a public health lens, not in isolation.

We learned

- In 2008, Nova Scotia gambling revenue was $438 million.[56]
- 39 per cent of gambling losses in Nova Scotia, or $150 million, come from six per cent of adults who participate in gambling activities.[56]
- Capital Health district has some of the highest adult gambling rates in the province.[57]
- CHBs and Capital Health developed the *Community Tool for Early Identification of Problem Gambling* in 2009.

We recommend

35 The District Department of Family Practice, Primary Health Care and the CHBs collaborate to widely distribute the *Community Tool for Early Identification of Problem Gambling*.

36 Advocate for an independent, comprehensive study on the health and socio-economic impact of gambling in Nova Scotia.

Oral Health

Oral health and overall health are more connected than many realize. Sometimes the first sign of disease shows up in your mouth.

Our community talked

- Approximately 10 per cent report poor or fair oral health.

We listened

- Some children over 10 years of age who need treatment for tooth infections and other serious oral health problems are unable to access a dentist due to transportation or cost.
- People with no dental insurance or with low income have difficulty accessing oral health care due to cost.

We learned

- There is a correlation between oral health and learning in school-aged children. Early tooth loss caused by dental decay can result in failure to thrive, impaired speech development, absence from and inability to concentrate in school and reduced self-esteem.[58]
- Nova Scotia Medical Services Insurance (MSI) covers basic dental care for children up to the end of the month they turn 10.[59]

We recommend

37 Advocate for fully insured oral health services for children up to 18 years of age as a start in addressing oral health issues.

Sun Safety

Over-exposure to the sun causes skin cancer.

Our community talked

Only two (West Hants/Uniacke and Eastern Shore/Musquodoboit) of the seven CHBs asked questions about sun safety and both identified it as an area of concern.

- 45 per cent (West Hants/Uniacke) and 47 per cent (Eastern Shore/Musquodoboit) have experienced sunburn within the past 12 months, with sunburn most common among youth and young adults.
- 41 per cent (West Hants/Uniacke and Eastern Shore/Musquodoboit) indicate they spend between one and three hours in the sun each day between 11 a.m. and 4 p.m.
- 51 per cent (West Hants/Uniacke) and 56 per cent (Eastern Shore/Musquodoboit) use a sunscreen with an SPF of more than 25.
- 25 per cent (West Hants/Uniacke) and 20 per cent (Eastern Shore/Musquodoboit) do not use sunscreen at all, with males less likely than females to apply the protection.

We listened

- People strongly advised that more awareness of sun safety and the hazards of tanning beds and sun lamps is required.

We learned

- 49 per cent of young women (ages 16 to 24) and 28 per cent of young men actively try to get a tan from the sun, while seniors aged 65+ rarely do.[60]
- More than 2,360 cases of non-melanoma skin cancers were diagnosed in Nova Scotia and there were 195 malignant melanomas in 2004.[60]
- Artificial tanning is an increasing trend, especially popular with young women (16 to 29).[61]
- Evidence supports that regular use of tanning beds may increase the risk of non-melanoma and malignant melanoma skin cancers.
- Sun Safety Nova Scotia Coalition (SSNSC) is working with government departments and programs to strengthen sun safety practices – particularly in areas where children are present, such as child care, municipal recreation programs, sport settings and schools.[62]
- SSNSC is working with program directors and volunteers, public health staff and early childhood development officers to develop sun safety policies and guidelines.

We recommend

38 Support the work of the SSNSC as they work to integrate sun safety as a component of a comprehensive school health agenda.

39 Support the SSNSC as they work with the municipality to ensure that shade is included as part of planning for public spaces and in particular for those settings frequented by children.

40 Advocate for stricter control of tanning beds, especially for those under age 18, and influence physicians to advocate for these controls as well.

Recommendations that Enable CHB Work

The following three recommendations will help strengthen the capacity of the CHBs to address the issues outlined in this plan and assess progress towards achieving a healthier community.

41 Support the ongoing work of CHBs with access to an identified population health epidemiologist, statistical analyst and health economist.

42 Increase Community Development Funds to provide opportunity for the seven CHBs to support local grass roots wellness projects. Currently the CHBs receive requests that far exceed available funding: $723,301 in requests for $298,130 of available funding.

43 Advocate for Capital Health's participation at the decision-making tables of key municipal and provincial initiatives that have an impact on health.

Currently, CHBs can provide less than half the funding requested for community health initiatives.

APPENDICES

Appendix A

Conversation to Action

1. The first step in developing a community health plan is to build a solid understanding of citizens'" current health status, health behaviours and other factors affecting health, such as education and sense of belonging. A baseline measure of health is necessary to determine if our programs and services are making a difference.

   Almost 3,000 citizens (age 15 years and older) of Capital Health told us about their health through a comprehensive 40-minute phone survey.

   Key activities to support this survey:
   - Selected company to carry out survey (MarketQuest Research).
   - Selected and validated survey questions.
   - Established Scientific Advisory Committee (SAC).
   - Submitted ethics proposal to Capital Health and the IWK Health Centre.
   - Promoted survey through radio and print advertisements.
   - Documented survey results in *Our Health: A Community Health Assessment Survey (Our Health).*
   - Identified important health issues from the survey data, using a priority-setting process and criteria.

2. Citizen engagement in decision-making can ensure decisions are in alignment with citizen values, increase acceptance of decisions taken, increase citizen awareness of the health of their geographic area and their role in health outcomes. It helps mobilize communities to take action.

   Survey data describing the health of the local community was shared through community conversations, focus groups and meetings with local groups and organizations. Dialogue and priority-setting activities at these sessions fostered community participation in our health planning.

   Key activities:
   - Promoted public community conversations through television, radio and newspaper advertisements, posters and a website (www.ourhealthsurvey.ca).
   - Co-hosted seven public community conversations by the CHBs and Capital Health's Board of Directors.
   - Hosted numerous targeted community conversations by CHBs.
   - Developed and launched an online web survey.
   - Engaged more than 1,000 citizens of Capital Health district in informed dialogue and deliberation around the health of their communities. Their health priorities emerged in this order:
     - Physical activity, healthy eating, healthy weights
     - Mental health
     - Access to health services and information
     - Stress
     - Sense of belonging
     - Chronic conditions and health screenings
   - Citizens identified health inequities as an issue to be considered when planning all programs and services.

3. Health maintenance and improvement actions that are evidence-informed, strategically aligned, coordinated with other relevant initiatives and within the financial capacity of an organization to resource have a higher likelihood of success than those that are not.

   Evidence regarding what works and what doesn't, relative to addressing our community's health concerns, was reviewed to inform the health plan.

   Key activities:
   - Considered peer-reviewed research articles and policy documents to identify best practices and effective interventions to address the identified health priorities.
   - Connected CHBs with content specialists, service providers, community organizations and others to discuss relevant initiatives with which to align and coordinate actions and identify gaps in services.
   - Developed draft recommendations by CHB members based on the above work.

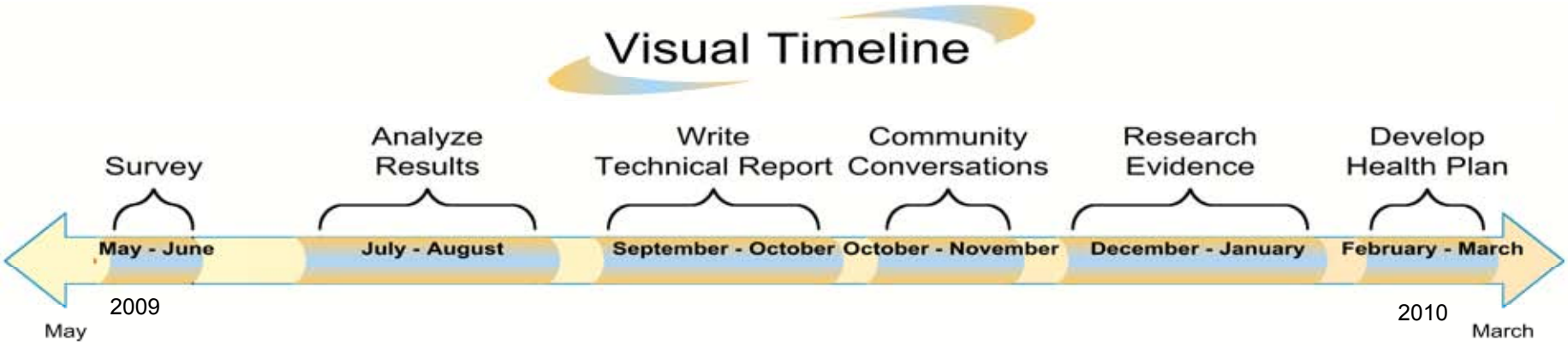
   Two consensus-building sessions were held, one with CHBs and one with CHBs and content specialists, to reach agreement on final recommendations for the health plan.

4. Section 54*(1)* of the *Health Authorities Act* requires CHBs to develop and submit a community health plan to the DHA.

5. Section 56*(1)* of the *Health Authorities Act* requires DHAs to provide for implementation of community health plans. Where elements of the community health plan are not included in the health services business plan, reasons must be provided.

6. CHBs monitor and support the implementation, at the community level, of those components of the health plan that are approved and incorporated into the health services business plan.

7. CHBs share progress with community and the cycle continues.



Appendix B

2010-2013 Our Promise Milestones

Citizen Engagement (CE)

Health Status/Increased Wellness and Prevention

1. 50 per cent non-palliative discharges receive health passport
2. Influenced change in three major public policies that affect health
3. Improved self confidence in managing chronic conditions
4. 25 per cent increase in access initiatives for underserved/vulnerable groups
5. 100 per cent patient involvement in patient care committees
6. Policy on engagement is fully implemented at 100 per cent compliance

Innovation & Learning (IL)

7. Model of Care implemented in 75 per cent of patient care service areas
8. Eliminate service duplication and fragmentation in ambulatory care
9. Increased primary care capacity has reduced ambulatory care visits by 20 per cent

Utilize Technological Solutions

10. 25 per cent increase in use of Capital Health web-based technologies
11. 100 per cent of interactions with Capital Health services are registered in STAR
12. 25 per cent of patient appointments self-managed through technology
13. Resourced the IM Strategic Plan

Person Centered Health Care (PCH)

Utilization

14. Ambulatory – 100 per cent elimination of shadow charts

Flow

15. Surgical: 50 per cent decrease in preventable cancellations
16. Wait time measures meet/exceed national standards
17. Decrease no shows and cancellations by 50 per cent

Inpatient

18. ALOS vs. ELOS met for all CMGs (no increase in readmission rates)
19. Decrease conservable days by 5 per cent for typical cases (high control)
20. Decrease conservable days by 50 per cent for all cases (low control)
21. Decrease occupancy rate to 90 per cent

Transformational Leadership (TL)

HR Planning

22. 10 per cent improvement in absenteeism, overtime
23. Improved overall recruitment/retention rates
24. Medical Departmental structures and operations are aligned to achieve organizational goals
25. 100 per cent compliance with performance evaluation process (performance appraisals completed every two years)
26. 90 per cent of formal leaders consistently demonstrate transformational leadership competencies as defined by My Leadership

Sustainability (S)

Health Status/Increased Wellness and Prevention

27. 25 per cent of Capital Health's population will have access to a Primary Health Care Team with two or more members
28. Increased Investment in primary care and care of the elderly
29. 75 per cent of ALC beds vacated are closed permanently and resources reinvested, excluding mental health
30. Improved metabolic targets pre-diabetes and diabetes

Demand

31. 3 per cent decrease in hospital admissions for identified chronic diseases
32. 10 per cent decrease in readmission rates for cohorts with complex chronic disease
33. 25 per cent reduction in volume of nursing home patients seen in the Emergency Department
34. 25 per cent reduction in admissions from nursing homes

Appendix C
Aligning Recommendations with Capital Health's Milestones

#	Recommendation (abbreviated)	Milestone Alignment				
		CE	IL	PCH	TL	S
1	Identify where poverty is a barrier to accessing health services and act to eliminate it.	4				
2	Conduct research to determine which communities have difficulty accessing health services.	4				27
3	Develop partnerships to increase community-based services (specific focus on underserved groups).	3 4				27
4	Increase Capital Health's cultural competence (diversity quotient, develop employment equity plans, cultural competency targets and advocate for higher related accreditation standards).				23	
5	Implement the recommendations from the Provincial Healthy Eating Strategy and Stepping Up Physical Activity Strategy.	2			22	31 32
6	Advocate for policies that promote healthy eating and food security.	2				
7	Collaborate with businesses and organizations to promote healthy practices.	2				31 32
8	Provide more opportunities for staff to learn how to keep people motivated, change behaviour.	3				31 32
9	Continue to locate mental health services in more user-friendly facilities in the community.	3 4		16 17		27
10	Ensure the efficient use of existing education, prevention and treatment programs and services in communities, such as Mental Health First Aid and self-help groups.	3 4		16 17		31 32
11	Partner with others (e.g., IWK) to increase resources for mental health education to children and young families.	4	8 9			
12	Educate health providers and others to better understand mental illness to help reduce the stigma of accessing services.	3 4	9			
13	Facilitate collaboration among Capital Health (including physicians), government departments and CHBs for the purpose of exploring the development of a provincial mental health strategy.	2, 6				
14	Develop and implement a master plan to increase health services and programs in communities	4		16 17		27 31 32
15	Work with DDFP[1]/Primary Health Care to support family physicians in: • The provision of mental health services to their patients; and • Accessing services of other health professionals.			16 17	24	

[1] District Department of Family Practice

	Recommendation (abbreviated)	Milestone Alignment				
		CE	IL	PCH	TL	S
16	Increase physicians/community health providers' awareness of local community health and wellness resources.					31 32
17	Develop Capital Health information in a way that all people can understand.	3,4 5,6				
18	Advocate for 211 or an expansion of 811 so that it includes community, social service and health information.		10			
19	Investigate why Capital Health has higher referrals to specialists than the national average.			16	24	
20	Increase the availability of technology that allows patients/clients to communicate with health providers.		10 12			
21	Continue to partner and collaborate within district to address workplace stress and model emerging work such as the wellness and self-care framework within Capital Health's Healthy Workplace department.	2 6			22,23 26	
22	Increase programming within mental health and other services that help people to be resilient and deal with stress.	3 4				
23	Adopt the recommendations of this community health plan, as each is important to achieving greater sense of belonging.					
24	Identify and implement best practices for increasing sense of belonging.	2 6				
25	Coordinate the work of Capital Health's community-based teams to manage chronic conditions.	3 4	8			27 31 32
26	Align our initiatives with those of other health partners such as government health departments, health charities and family doctor practices to make a bigger impact.				23 24	
27	Advocate for policies and support programs that protect our environment.	2				
28	The DDFP[1], in collaboration with CHBs: • Identify the health screening guidelines most appropriate for Capital Health to promote; and • Develop and promote consistent messaging around the selected guidelines.	2 3				27 28 30 31 32
29	Refresh the Capital Health Tobacco Reduction Strategy using evidence-informed decision-making to align with Nova Scotia's soon-to-be released *Moving Toward a Tobacco-free Nova Scotia.*	2				31
30	Establish a sponsorship policy for Capital Health that includes criteria for partnerships.	2				
31	Advocate that other publicly funded organizations develop a similar sponsorship policy.	2				
32	Advocate for appropriate school-based health education.	2				

	Recommendation (abbreviated)	Milestone Alignment				
		CE	IL	PCH	TL	S
33	Educate primary health care providers and long-term care/continuing care staff in sexual health needs and practices of older adults and seniors.					28
34	Increase promotion of existing services, programs and options for sexual health counseling and STD testing.	4				27
35	DDFP[1], Primary Health Care and CHBs collaborate to widely distribute the *Community Tool for Early Identification of Problem Gambling.*	2				
36	Advocate for an independent, comprehensive study on the health/socio-economic impact of gaming in Nova Scotia.	2				
37	Capital Health advocate for fully insured oral health services for children up to 18 years of age.	2				
38	Support the work of the Sun Safety Nova Scotia Coalition to integrate sun safety into school health agenda.	2				
39	Support the Sun Safety Nova Scotia Coalition as they work with the municipality to ensure that shade is included as part of the planning for public spaces and in particular for those settings frequented by children.	2				
40	Advocate for stricter control of tanning beds, especially for under age 18 and influence physicians to advocate for these controls as well.	2				
41	Support the ongoing work of CHBs with access to an identified population health epidemiologist, statistical analyst and health economist.	2, 3, 4				31 32
42	Increase Community Development Funds to provide opportunity for the seven CHBs to support local “grass roots” wellness projects.	2 4 6				30 31 32
43	Advocate for Capital Health’s participation at decision-making tables of municipal/provincial initiatives that have an impact on health.	2				

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