

2017-2019

Collaborative Community Health Plan

ANTIGONISH - GUYSBOROUGH - STRAIT RICHMOND



As Community Health Board (CHB) members, we envision living in communities that are compassionate and equitable; where all are engaged in supporting health for all. CHBs are the link to the community and to Nova Scotia Health Authority (NSHA). CHBs are a vehicle through which to engage community in enhancing the health and well-being of all community members.

CHB members are a diverse group of people representing an even more diverse group of people. We believe that a commitment to compassion, diversity, equity and respect will advance the health and well-being of all community members. We strive to advocate, engage communities, educate and be a catalyst for collaborative actions to accomplish needed change. A key CHB activity is health planning.

Health planning enables participation by community members and provides the public with a strong voice to identify what is needed to improve the health of our communities. It must be emphasized that the community drove the planning process. The CHBs engaged with the public and listened to what they told us is important to their health. The result is this three-year plan to promote and improve the health and well-being of people living in the area.



The goals of our Community Health Plan are to:

- a) Engage community members to further guide and assist us as we move forward
- b) Promote and improve the health of our communities.

The CHBs recognize that the inequitable distribution of power, income, and resources has consequences for health. In this plan, health is understood as “a state of complete physical, mental, and social well-being and not merely the absence of disease.” Emphasis in the plan is not on individual health behaviours, but on the factors that affect positive health outcomes. These are often referred to as the social determinants of health.

PROCESS

Our process was undertaken as a collaboration among the Community Health Boards in Guysborough County, Antigonish Town and County and Strait Richmond. The process of collecting community health information began in 2015, through community conversations and a health-focused telephone survey.

The survey, Understanding Our Health, began in the fall of 2015. Conducted by Forum Research, Understanding Our Health, was adapted from the Canadian Community Health Survey. Respondents were randomly selected from the catchment area covered by the three CHBs. In total, 1061 people responded to the survey questions.

In addition to the survey, community conversations were held throughout the region with a wide range of participants. Conversations focused on what creates healthy communities and what can be done to foster healthy communities. Marram Consulting was contracted for this process and led approximately 30 conversations.

A team of CHB members and NSHA staff reviewed the data and created this plan. The team worked to review the key documents listed above, as well as other related documents, to identify four priority issues.

The recommendations within each priority area were developed with the voice of the community in mind. We have done our best to honour the voices of those who contributed through the surveys and in the conversations. This plan was also developed using a health equity lens throughout, as we considered how our plan could have the most impact, especially among those most burdened with poor health in our communities.



HEALTH PLAN **PRIORITIES**



"We normalize our own belief system and think other people are the ones needing to change."

(Participant, St. Peters)

Summary

Many intersecting and interrelated factors contribute to health. Our Community Health Board (CHB) Community Health Plan focuses on the non-medical factors impacting health.

Following extensive community consultations, and careful review of the data, the Community Health Boards have identified four of these factors which our CHBs will prioritize over the next three years. These factors are:

- **Poverty**
- **Early Child Development**
- **Food Security, and**
- **Social Inclusion**

The fourth priority area, social inclusion, is an attempt to capture a number of common themes expressed by community members during the community conversations and the survey. Although not as commonly recognized as other factors, social inclusion has a significant impact on health. Our consultations indicated that social isolation is often a result of structural and cultural factors, including the geographic realities of rural Nova Scotia, transportation networks, the historical and ongoing impacts of racism, a lack of meaningful inter and intra generational interaction, reducing stigma often associated with persons living with mental health issues, gender inequality, busy schedules, an overreliance on technology and disengagement from one's community.

In addition to defining and discussing the four community health priorities and their impacts upon our community, this plan identifies:

- potential partners to assist in implementing this plan,
- areas where more information or understanding is needed,
- actions that may be appropriate and effective to improve community health,
- activities for CHBs to take a lead role, and
- areas where it is more appropriate to let other partners take the lead, and how CHBs could support them.

Poverty

Living in poverty exposes people to greater risks, both personal and environmental. Those affected often have reduced food security, lower levels of health literacy and higher rates of mental illness, all of which result in poorer health outcomes. We can see this in our own region with only 15% of low-income Antigonish, Guysborough and Strait area residents self-reporting good health, compared to 38% of high income residents. (Understanding Our Health, 2015)

The Antigonish Poverty Reduction Coalition (APRC), using 2011 census data, estimated that 20% of the households in Antigonish County are living below the low-income cut off (LICO). This includes over 400 families living on less than \$7000 a year (2011 dollars).¹

We heard from many of the community conversation participants that poverty is an issue that impacts many in our communities. If we look at the data we see that Guysborough County has one of the highest unemployment rates and lowest median income in Nova Scotia.

Poverty

Community conversations illustrated the many consequences of an inadequate living income. For example, participants were unable to participate in recreational activities, obtain the education they desired, pay for medications; they felt marginalized/excluded, and unable to contribute to their community.

“Child and family poverty is a social problem rooted in structures of inequality both economic and political. Poverty is not just a measure of income, however, it is a social condition that is manifested in a multitude of ways in daily family life and is experienced by parents and children.” – *The 2016 Report Card on Child and Family Poverty in Nova Scotia, Canadian Centre for Policy Alternatives. Nov 2016*

Socio economic status is a key driver of health. We saw in our own Understanding Our Health reports that those among the lowest income groups experienced the highest burden of disease.





Action Recommendations

Recommendation 1:

Support the living wage work currently underway by the Antigonish Poverty Reduction Coalition (APRC) and to encourage municipalities in other areas to fund research to identify a living wage in their community. CHBs will work to link APRC and Health Equity Action and Resource Team (HEART) with other partners working to reduce poverty in the other CHB areas. CHBs will have conversations to improve the understanding of what comprises a living wage in all three CHB areas. This will involve facilitating the sharing of research methods and dissemination of research findings.

Recommendation 2:

Advocate for living wage policies to be implemented within the community.

- Advocate for local businesses to adopt a living wage policy.
- Publicly acknowledge those who do provide a living wage for all employees and contractors.
- Highlight the work of the APRC and work with partners and stakeholders toward the implementation of a living wage policy (along with consistent hours)(broader employment standards policy)

Recommendation 3:

With a baseline living wage established in Antigonish, advocate to the Department of Community Services to appropriately fund social assistance recipients to enable them to receive a living wage or equivalent.

Reporting & Tracking

1. Track number municipalities that agree to fund the research to determine a living wage/income for their area.

2. Track all Antigonish Town and County/Guysborough County /Strait Richmond CHB public education related to the need for universal access to a living wage/income.

3. Track the number of presentations made to municipalities and NSHA to encourage adoption of a living wage policy for their employees. Survey their perceptions and understanding of the need for a living wage following the presentations.

4. Track the number of CHB presentations made to local businesses and government employers, including the Department of Community Services to encourage adoption of a living wage policy for their employees. Survey their perceptions and understanding of the need for a living wage following the presentations.

5. Track ways in which CHBs show public recognition of employers with a living wage policy.

“Health is a family lifestyle, not an individual one.”

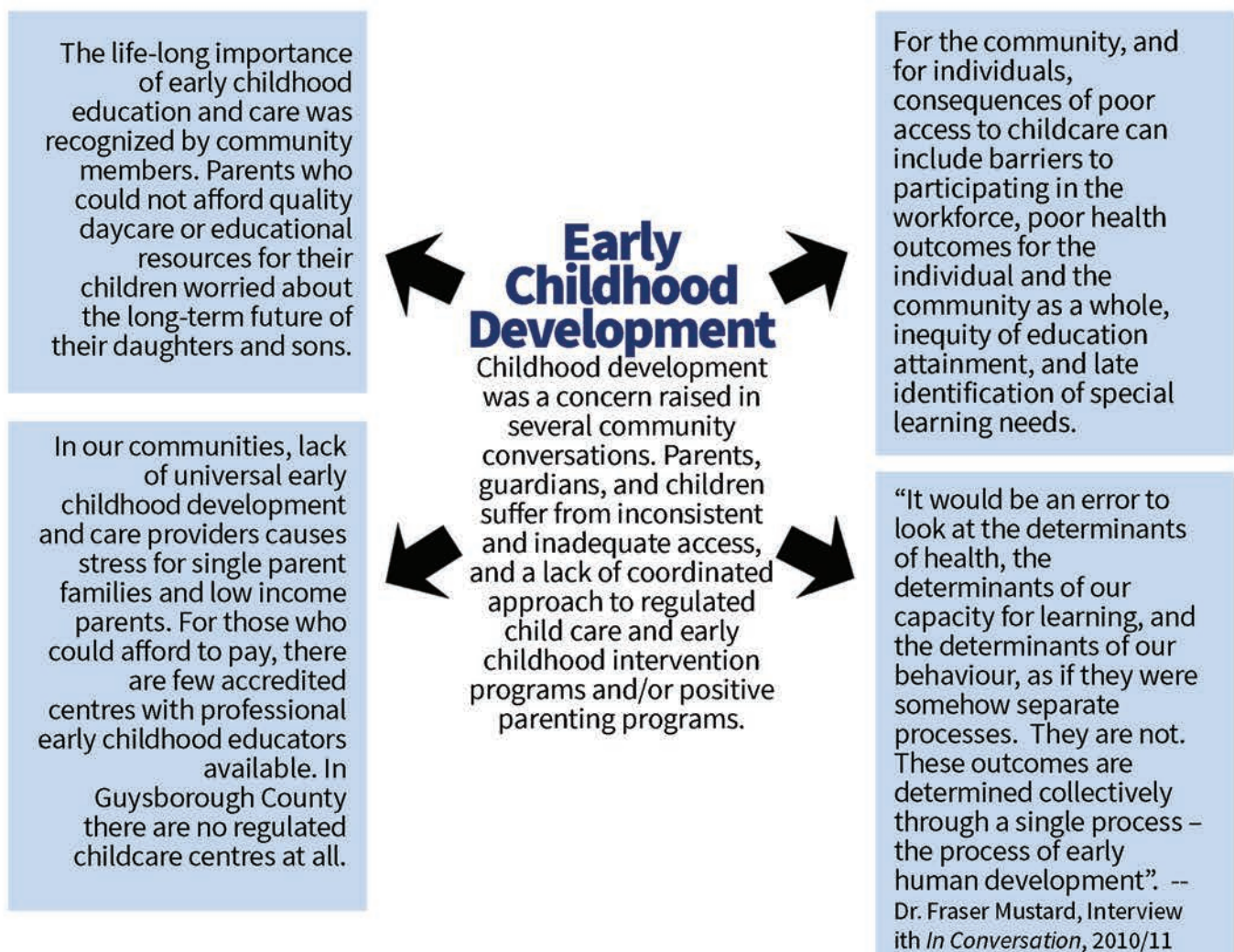
(Participant, Canso community conversation)

Early Childhood Development

There are three main areas critical to healthy child development:

- **Adequate income** - family income should not be a barrier to positive childhood development, and support mechanisms should be in place for all children to have a good start in life;
- **Effective parenting and family functioning** – effective parenting skills are fundamental to child development, however, parents may also require employer support for flexible work hours and maternity/parental leave, as well as broader social supports for family based opportunities and resources; and
- **Supportive community environments** – all members of the community have a responsibility for the healthy development of children. Communities need to provide accessible health and social programs and resources for families with children .

CHBs acknowledge many people in our communities work irregular hours and there are no regulated childcare centres that offer services during these hours. As well, there is significant lack of space for infants in Antigonish and, as emphasized in the graphic, no regulated childcare spots operating in Guysborough County.



Action Recommendations

Recommendation 1:

Identify key stakeholders and convene meetings to discuss areas impacting early childhood education and experiences including but not limited to: access, cost, pay equity for workers and support for families relying on the services. Create a community-based action plan outlining ideas and actions for change.

Recommendation 2:

Partner with NSHA to form a working group to hold conversations with stakeholders to increase support for early childhood educators and daycare workers, as well as advocate to applicable governments for appropriate remuneration for early childhood educators.

Recommendation 3:

Ensure that free childcare is provided at all CHB events and activities.

“With careful tending, children blossom.”

– John Syliboy, Community Researcher/Project Coordinator, Aboriginal Children Hurt and Healing Initiative

Reporting & Tracking



1. Track and document the number of times that free childcare is provided for all CHB events and activities, as required.

2. Track the number of collaborations and partnerships with others interested in early childhood education and care.

3. Track the number of people that attend the meetings to discuss areas impacting early childhood education.

4. Track and evaluate the number of completed items within the action plan.

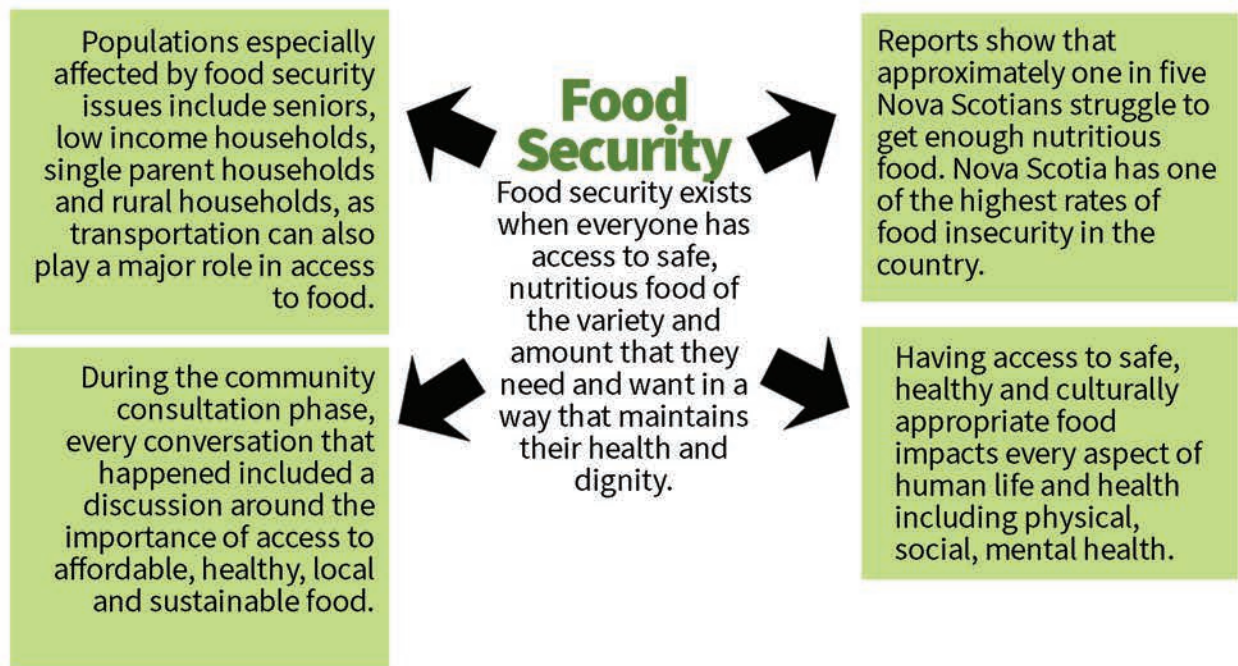
5. Document outcomes of conversations with NSCC regarding education and support for early childhood educators and daycare workers, as well as advocating to applicable governments for appropriate remuneration for early childhood educators.





Food Security

Food security is a concern for everyone and affects the overall health of our communities. When people in our communities live in poverty and/or isolation, they do not have access to safe and nutritious food. This puts them at higher risk of chronic disease such as diabetes, heart disease and high blood pressure and results in increases in health care costs. People living in poverty sometimes have no choice but to sacrifice eating and purchasing food, so they can pay other bills such as rent, heat and medication.



"It's cheaper to buy a candy bar than an apple."
- Youth participant, Dr. J.H. Gillis Regional High School, Antigonish

Action Recommendations

Recommendation 1:

Create a CHB subcommittee composed of CHB members and community leaders in food security that will examine what is happening in other areas of the province regarding government policies, supports and best practices with regards to food security from a root cause/social determinants of health perspective.

Recommendation 2:

Advocate to local municipalities to support local gardens and invest in the infrastructure and educational resources needed to get locally grown food to community members and help people benefit from this resource. This includes education on preparation and preservation of the food.

Recommendation 3:

Where possible, ensure all CHB events and functions support local growers and sustainable, local foods through the procurement of food and produce from organizations that support or produce local products.

Reporting & Tracking

1. Document results from partnerships and collaborations to achieve a systemic approach to food security for the area.

2. Document results of advocacy.

3. Track the number of presentations and communication done to/for municipalities to promote the advocacy of community gardens. Then, track the number of community gardens created as a result of the CHBs advocacy.

4. Document celebrations of successes through recognition and publications with the input of all participants.

5. Track the number of CHB meetings and functions that supported local businesses that procure local growers and farmers.



Social Inclusion

As human beings, we are hardwired to interact with others and are social beings. The strong associations between social participation and health and wellbeing emphasize the importance of addressing the barriers faced by people who may be experiencing social isolation, and desire to participate in more social activities. Lack of social connections can be harmful to a person's wellbeing.

Social isolation can be defined as “a state in which the individual lacks (or perceives to be lacking) a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and is deficient in fulfilling and quality relationships.” (Nicholson, N.R., 2009)

A wish for greater community engagement and cohesion was often expressed in community conversations and was a concern of participants of all ages, from all cultural groups, regardless of whether they lived in an urban or rural area.

In our community conversations, many people mentioned out-migration and the necessity to leave Cape Breton and other rural areas for employment, often leaving behind one's spouse and children.

Social Inclusion

Social isolation has a significant impact on health. Early experiences with social isolation have life-long effects and can contribute to obesity, higher risk of disability, mental illness, addictions and cardio vascular disease and stroke.

Themes of our community conversations included:

- Needing to increase interaction between generations
- Embracing all cultures
- Working together
- Getting involved
- Using technology
- Reducing busy schedules
- Having a strong sense of community
- Feeling safe
- Having quality community leadership
- Increasing accessibility
- Reducing mental health stigmas

“Sometimes we need to depend on others and in a healthy community, there is always someone there.”

(Participant at CHB community conversations, Arisag)





Reporting & Tracking

1. Each CHB working with NSHA and other groups develops a list and brief description of all local endeavours seeking to address social isolation and increase social inclusion.

2. Evaluate the success of a regular meeting with local partners and stakeholders to discuss and learn from factors impacting social isolation.

3. Track the effectiveness of a CHB communication plan designed to increase community understanding of the impacts of social isolation and efforts underway to increase social inclusion.

4. Track the number of local efforts CHBs and NSHA are able to support to increase social inclusion.

5. Track the success and outcomes of the CHBs in examining social isolation from a systems viewpoint.

Action Recommendations

Recommendation 1:

CHBs convene regular meetings with local partners and stakeholders to discuss and learn about factors impacting and resulting from social isolation, including impact on mental health. Offer to help by supporting NSHA to identify and index work currently underway, communicate successes and concerns, and develop an action plan to further address issues.

Recommendation 2:

NSHA fund a dedicated staff person to provide a resource to CHBs to examine, coordinate and respond to the issue of social inclusion from a Guysborough, Antigonish and Strait Area systems viewpoint.



Summary/Closing

The Community Health Board members of Antigonish Town and County, Guysborough County and Strait Richmond extend a special thank you to the communities within Antigonish, Guysborough, Richmond and Inverness Counties and, in particular, those community members who contributed to the development of this community health plan. This includes those who participated in our community conversations and/or the Understanding Our Health survey. Without the support and feedback of the community, our plan would not be possible. CHBs listened to community voices and together created this plan based on what was heard.

A community health plan requires the full support of the community. CHBs are committed to building, maintaining and expanding community partnerships to get this work done. We cannot accomplish change alone; participation is required from many working together for a common cause.

In closing, we look forward to working with Nova Scotia Health Authority and hope that together we can help make our communities healthier.

Thank you.



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