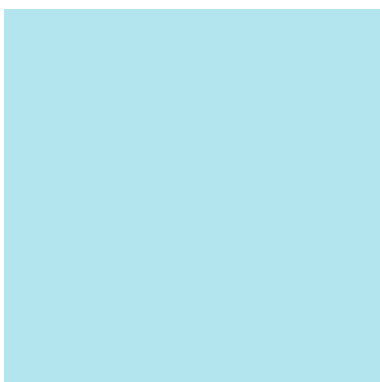


# Eastern Zone Community Health Plan 2025-2029

## Community Health Boards:

Antigonish Town & County, Central Cape Breton County, Central Inverness,  
Guysborough, East Cape Breton County, North Inverness, Northside the Lakes,  
Strait Richmond, Victoria County





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# Summary

The Eastern Zone Health Plan (EZHP) is the result of various community engagement phases that took place throughout the CHB Health Planning process. The EZHP team was led by two co-chairs that helped facilitate this process and was supported by Eastern Zone support staff. The co-chairs worked with the volunteers to develop a Terms of Reference and share their important guiding documents. The EZHP team worked closely in smaller virtual working groups and met in person as the larger health planning team every two to three months to ensure they were on track. This approach helped reduce some of the challenging aspects of the Health Planning process, since it was the first time that the CHBs were completing a Zone Health Plan. The EZHP team were adamant about remaining fully immersed during health planning so they could make informed decisions and be proud of their hard work!

While the community's priorities and recommendations are the focus of this report, we also highlight the behind-the-scenes work that made this possible. The three priorities in the Eastern Zone are safe access to housing, food security, and income. Each of the three priorities includes two to three recommendations.

Once the priorities were established, community partners that work in these areas of focus were consulted about the priority's recommendations. EZHP team members appreciated the feedback that content experts shared with them.

We completed five targeted focus groups, which included Nova Scotians of African descent, French Acadian communities, and a few broader engagement sessions located strategically throughout Eastern Zone. These community engagement meetings gathered information and feedback from communities, reinforcing what Public Health data and the data/evidence interpretation working group stated. The goal of data gathering, and community engagement was to better inform the CHBs so that we are better able to meet the wellness needs of our population. These sessions had targeted invitations to predefined communities of interest, to bring their voices to the table. The sessions were designed to shed light on a topic of interest to the community health planning, such as income, food, housing, social connectiveness, physical activity and transportation. CHBs partnered with Public Health, Mental Health and Addictions, Primary Health Care and Public Engagement, to help us along the way.

# Introduction

Each of the 35 CHBs located throughout Nova Scotia is responsible for a specific local area. The CHBs are legislated under the Health Authorities Act as an advisory board to Nova Scotia Health (NSH). CHBs ensure that community voices are heard and that community needs are considered in provincial health planning. As such, they gather ideas and share information about how to improve and promote health and wellness close to home. They do this by focusing on the many factors that affect health and wellness in our communities. Advocacy is an important part of this work. CHBs take advantage of the community members' skills and assets to advocate for various concerns and issues throughout their community. CHB members use advocacy to try to "bridge the gap," through collaboration and coordination with other community groups, agencies and organizations. Community Health Plans also help CHBs develop partnerships locally with community groups, and award Wellness Fund grants to local community projects. These projects fit with the priorities and recommendations in the Health Plan. The CHBs are made up of volunteers dedicated to working together to help improve health and wellness in the communities where they live, work, play and learn. CHB volunteers are from diverse backgrounds and represent all age groups from high school to seniors.

NSH's vision is "*healthy people, healthy communities – for generations.*" CHBs share this vision. They work with their communities and NSH to identify, promote and participate in health promotion initiatives, provide guidance to NSH on strategies to engage the community, and consult with community residents. CHB members are a dedicated group of volunteers working together under a legislated mandate to improve the health of their communities.

CHBs are responsible, as outlined in the Health Authorities Act, to develop community health plans every five years to identify priorities and health promotion initiatives to improve the health of the community. The health plan guides the work of the CHBs and is shared with NSH and the IWK to be considered in business planning. Community health planning is based on two essential sources of information: data/evidence and community input. Engaging with communities allows us to validate the evidence and ensures the community is involved in the development of the priorities, giving them buy-in to the plan.

The EZHP team engaged with communities in Eastern Zone and focused on a population health approach, which aims to improve the health of the population by reducing health inequities among groups. Two important concepts in population health are:

- ▶ The social determinants of health – a variety of social factors known to have an impact on individual and community health
- ▶ Health Equity – Health inequities occur when some people in a population have the resources and opportunities to achieve their full health potential and others don't.

Our engagement focused on community needs and not on individual patient care concerns and the provision or increased need for health services such as emergency departments, EHS, physicians or acute care.

# Engagement Process

In Fall 2023, the nine CHBs across Eastern Zone started engagement with partners, priority populations and the public to gather input for developing their new five-year community health plan. The EZHPT formed two working groups: Data and Evidence and Community Engagement.

Following the International Association for Public Participation (IAP2) Public Participation Spectrum, the EZHPT used the consult stage, which is committed to informing, listening to, acknowledging and providing feedback to the public on how their input influenced decisions.

The Data and Evidence working group conducted a data scan and presented community profiles with support from Public Health's Science, System and Performance program. The community engagement working group identified data gaps, determined data custodians and devised effective community engagement methods to address these gaps. This process aimed to inform recommended actions for the CHBs over the next five years.

The data collection methods used included targeted focus groups, online surveys, comment cards and community pop-up engagement sessions. These activities were conducted in collaboration with well-established partners such as NSH Mental Health & Addictions, Public Health, Public Engagement and numerous community groups and organizations.

After engaging with more than 1,150 individuals across numerous communities in Eastern Zone, the Community Engagement working group identified several key areas of recommendation:

## **Identified in all areas of Eastern Zone:**

- ▶ Adequate income
- ▶ Affordable, safe and appropriate housing
- ▶ Food security

## **Identified in some areas of the Eastern Zone:**

- ▶ Access to services in rural communities, including mental health support, addictions assistance, and affordable internet access
- ▶ Early childhood development support for families and single parents
- ▶ Transportation
- ▶ Social inclusion

It is crucial to highlight that cultural differences have exacerbated many of these issues within African Nova Scotian and Francophone Communities, emphasizing the need for culturally sensitive responses. Additionally, in Francophone communities, disparities in language services between French and English, as well as between urban and rural areas, have been identified. Issues such as cultural identity loss, the right to access religious or spiritual practices and information in one's first language, and access to healthcare information, have also been highlighted.

These findings underscore the importance of tailoring our responses to meet the specific needs and challenges faced by different cultural and linguistic communities across Eastern Zone.

# Health Promotion Priorities and Recommendations

## Priorities

### Priority: Income

Families are struggling to afford everyday needs. There is a community desire for increased government effort to raise minimum wage, reduce food costs and support basic income legislation to help those who live in poverty and cannot afford a nutritious meal.

**Evidence:** Surveys showed that individuals felt inadequate income was a major concern within their community. There is a struggle to afford basic needs such as healthy food options, medicine, dental care and various healthcare therapies. People must make difficult choices between paying housing costs or paying for food. Low income is causing stress and anxiety and leading to mental health issues.

**Outcome/Change:** There is a need for a supportive environment, strengthening community resources that aim to address the root causes of poverty and promote well-being.

Advocate government for a basic income, fair wage and government policies and programs to lessen the financial burden of the high cost of living.

Communities are stressing the importance of creating more job opportunities, providing more skill-building programs and enhancing educational opportunities to raise individuals and families from low-income situations.

### Priority: Housing

Everyone deserves the right to safe, affordable housing.

There is a need for affordable housing options that meet the needs of low-income individuals and families.

**Evidence:** A needs assessment commissioned by the Province of Nova Scotia, released in Fall 2023, found that only 18 per cent of the top-earning households could afford the median sale price of available homes. In addition, an estimated 80,400 units will be needed to meet the demand over the next 10 years. Our community engagement confirmed that although affordable housing for families and individuals was a primary concern, housing solutions needed to be developed with community engagement.

*“Housing solutions need to be developed by communities for communities.”*

**Outcome:** For community housing networks to work together with local government and community organizations to plan solutions with provincial and federal governments.

**Access to Affordable Housing:** The need for affordable housing options that cater to low-income individuals and families was emphasized throughout the community engagement process. This theme encompasses suggestions such as:

- ▶ providing government subsidies for housing
- ▶ implementing rent control measures
- ▶ regulating landlords to ensure fair pricing

Additionally, there are ideas for creating affordable housing through:

- ▶ repurposing vacant buildings
- ▶ converting unused spaces into housing units
- ▶ constructing co-op housing or apartment complexes

By prioritizing access to affordable housing, communities can work toward ensuring that all residents have a safe and stable place to call home.

**Innovative Solutions and Resource Optimization:** The importance of embracing innovative solutions and optimizing resources to address housing challenges was highlighted throughout the information gathered. Ideas put forward included:

- ▶ establishing tiny home communities
- ▶ promoting shared living arrangements
- ▶ using existing infrastructure for housing purposes and co-operative housing

**Community Collaboration and Advocacy:** Community collaboration and advocacy is key in addressing housing issues effectively. There is a need to form community housing networks. Underscored throughout the public engagement process was the need for collaboration with local governments and organizations to develop housing plans; and advocacy for policy changes at various levels of government. Through collective action and advocacy efforts, communities can amplify their voices and push for systemic changes that prioritize affordable and accessible housing for all.

## Priority: Food Security

There is an urgent need to address food insecurity in the area. Food insecurity affects people of all ages. Food insecurity can be described as the lack of consistent, dependable access to adequate food for active, healthy living. The health effects of food insecurity are associated with many health ailments.

**Evidence:** In April 2024, Statistics Canada released startling numbers, stating that 28.9 per cent of Nova Scotians are food insecure (the highest rate in Canada), and that 40.5 per cent of children under 18 in Nova Scotia live in food insecure households. These issues are clearly being felt in our local communities, as 70 per cent of respondents from our community engagement felt that food insecurity for low-income families and individuals was a primary concern.

**Outcome:** More opportunities for individuals to take part in food-focused programming like cooking classes, community gardens and other programs that teach individuals how to plan, shop, prepare and/or grow their own food. Increased funding for food subsidy programs that support local food producers would help contribute to more resilient local economies and food systems.

**Government Intervention and Policy Advocacy:** There is a clear call for government intervention to address food insecurity. Suggestions include:

- ▶ advocating for policies that regulate grocery prices
- ▶ providing financial support to organizations offering food assistance
- ▶ implementing programs like a universal school lunch program

Advocacy efforts target:

- ▶ fair pricing regulations for grocery stores
- ▶ funding for local food initiatives
- ▶ support for community gardens

There is also a push for government-funded initiatives such as community greenhouses and food hubs to increase access to affordable, fresh food. The emphasis is on addressing systemic issues through policy changes, including advocating for a living wage, and income legislation, and supporting local farmers to reduce the cost of healthy food.



**Community Engagement and Collaboration:** Communities are actively involved in addressing food insecurity through initiatives like community gardens, meal programs and food banks. There is a focus on grassroots efforts to support those in need, including sharing resources like community fridges and pantries. Collaboration between community organizations, government agencies and businesses is highlighted as essential for effective solutions. Partnerships with local farmers, grocery stores and educational institutions are suggested to improve access to affordable, healthy food. Education and outreach efforts within communities aim to promote nutrition literacy, cooking skills and sustainable food practices—fostering a sense of collective responsibility in addressing food insecurity.

**Promotion of Sustainable Food Systems:** There is a recognition of the importance of sustainable food systems in addressing food insecurity. Suggestions include:

- ▶ supporting local farmers
- ▶ promoting farm-to-table initiatives
- ▶ reducing food waste through community fridges and sharing programs

Encouraging home gardening, composting and food preservation techniques are seen as ways to empower individuals and communities to become more self-sufficient in food production. Efforts to make healthy food more accessible and affordable, such as through subsidized community markets, education on budget-friendly meal preparation, and advocating for fair pricing in grocery stores, are highlighted as key strategies in promoting sustainable food systems.



Northside the Lakes CHB Volunteers

## Recommendations

### Priority - Income

- i. CHBs and NSH Eastern Zone work together with community partners to advocate to all levels of government to raise the minimum wage rate, reduce food costs and support income legislation to assist those who live in poverty.
- ii. CHBs and NSH Eastern Zone to advocate for all levels of government to create more job opportunities, increase skill-building programs and increase educational opportunities to raise individuals and families from low-income situations.

### Priority - Housing

- i. CHBs and NSH Eastern Zone work with partners in community and government to develop an action framework to ensure that the community voice is represented in housing solutions.  
*“A more strategic approach to advocacy is needed.”*
- ii. CHBs and NSH Eastern Zone collaborate with all levels of government to advocate for community-based assistance in accessing available programs.

### Priority - Food Security

- i. CHBs, NSH Eastern Zone and all levels of government work with community partners and organizations to advocate for and support food security initiatives that feed our communities.
- ii. CHBs and NSH Eastern Zone educate individuals on food literacy and growing their own food.
- iii. CHBs and NSH Eastern Zone advocate for initiatives that support local growers and producers.



# Monitoring

Monitoring is essential for understanding the effectiveness of our actions as we implement the Eastern Zone Community Health Plan for the next five years. Regular evaluation will help us track our impact, identify successes, and pinpoint areas for improvement. This ensures accountability, enabling community knowledge-holders to monitor and hold one another accountable for achieving our goals.

To operationalize our priorities and recommendations, we will use the following:

## **1. Community Health Plan Implementation Tracking Tool**

- ▶ Annual action plans: Each of the nine Eastern Zone CHBs will create individual action plans that detail how they will integrate the recommendations with community partners.
- ▶ Health Plan Implementation Funds (HPIF): We will track the distribution and report on the HPIF to support community initiatives aligned with our Health Plan recommendations.
- ▶ Annual “Report to Community”: Each CHB will produce an annual report demonstrating the effectiveness of their initiatives, including community events, partnerships, advocacy work, and board operations.
- ▶ Partnerships: We will outline the partnerships and stakeholders involved in supporting or leading the recommendations at the community level.
- ▶ We will track the distribution and report on Wellness Funds that support community initiatives aligned with our Health Plan recommendations.

## **2. Eastern Zone Collaboration Meetings**

- ▶ Staff will continue to participate in monthly meetings with NS Health Promotion partners, Mental Health and Addictions, Public Health and Healthy Communities to monitor activities, impacts and interactions, and update Eastern Zone CHBs.

## **3. Quarterly Eastern Zone Council of Chairs Meetings**

- ▶ We will invite and engage the NSH Eastern Zone Leadership team to discuss progress and address any emerging issues.

## **4. Bi-Annual Zonal CHB Member and Partners Forum**

- ▶ This forum will provide opportunities for two-way conversations, informing decision-making, strengthening partnerships, and exploring implementation opportunities.



## 5. Regular Agenda Item

- Health Plan Recommendation Implementation will be a standard agenda item in our monthly CHB and staff meetings to ensure ongoing focus on our recommendations.

## 6. Electronic Communication

- We will continue to share updates and information electronically through Basecamp, social media, and our Eastern Zone Master Lists to keep partners and the community engaged.
- Quarterly newsletters will continue to be shared throughout the Eastern Zone CHBs and community partners, highlighting Eastern Zone Community Health Plan progress.
- By implementing this monitoring plan, Eastern Zone CHBs and staff will effectively communicate our progress and maintain focus over the next five years. This collaborative approach will ensure that we remain accountable to our community health goals and the communities we support.



Eastern Zone Community Health Planning Committee 2022

# Conclusion

The EZHP team were given information that included various guiding documents to help them understand the planning timeline. Each health planning phase included a smaller working group that developed a Terms of Reference, along with the content that would be shared with subsequent Zone and Provincial working groups.

This plan was community fed, community led, and community written. The greatest impact happens when CHBs collaborate with community partners, which is apparent when viewing this Eastern Zone Community Health Plan. The EZHP team, along with other CHB volunteers, worked hard during the past two years on this process. The CHBs pride themselves on advocating for all the communities; this was evident by the number of people who participated during the engagement process.

The working groups included data interpretation (in concert with Public Health's Science, System and Performance), community engagement, data analysis, secondary engagement (priority and recommendation), and writing/formatting report. The process from start to finish took approximately two and half years. There were different aspects that were iterative in nature and the path was linear but required some pivoting by support staff and volunteers. The provincial working groups, managers and volunteers tracked health planning process gaps to implement during the next phase of health planning.

We want to acknowledge all the hard work, effort and dedication put forth by the volunteers during this challenging but rewarding process. The volunteers showed patience and perseverance throughout planning.

# Contact Information

For more information, visit our website: <https://www.communityhealthboards.ns.ca>, send us an email at: [easternCHBs@nshealth.ca](mailto:easternCHBs@nshealth.ca)