



**COMMUNITY
HEALTH PLAN**

.....
2019 - 2022

Cape Breton Regional Municipality



Message from CHB Members of the Community Health Planning Team

The Community Health Boards (CHBs) of the Cape Breton Regional Municipality (CBRM) are pleased to present our collaborative community health plan. While Cape Breton has a diverse population, we recognize that our communities have much in common.

The planning team which came together to develop the strategy, collect and analyze the data, and draft recommendations included dedicated representatives from Central Cape Breton, East Cape Breton and Northside the Lakes CHBs and staff of the Nova Scotia Health Authority (NSHA). The team spent many hours developing an approach to planning which put priority on ensuring that the voice of the community was heard unhampered by any preconceived ideas and that vulnerable populations participated meaningfully.

While health planning is a legislated responsibility under the Health Authorities

Act, it represents much more than that to our local CHBs. This was our opportunity to hear directly from communities - their priorities are our priorities. We will communicate our community's concerns to NSHA and take action locally.

In an area of the province where many are stressed by their lack of a family doctor and recent tragedies have highlighted the urgent need for accessible mental health services, it was not surprising that access to services was foremost in the minds of most respondents to our survey. Respondents also indicated genuine concern in other areas of the social determinants of

health such as our physical environment, social support networks, employment and economic conditions, food, physical activity, poverty, and healthy child development.

We genuinely hope that our recommendations will address the concerns of our communities and are grateful for the forthright and insightful input of our citizens. The information we received is the foundation of our health plan for the next three years and we will target our energies where they are most needed by our communities.



Northside the Lakes CHB

Moragh Ferguson	Margie Gillis
Sharon Ings	Carla MacLean
Lorraine Pye-Varnes	Debbie Martell, CHB
Alishia McNeil	Coordinator
Carol MacLellan	Missing from photo:
Heather Duff	Marie Andrews
Janelle Mulholland	Mary MacIsaac
Bruce Tizzard	Lorraine Teasdale



Central Cape Breton County CHB

Karen Blair	Dorothy Kaiser
Bob Inglis	Bernadette Taylor
Wendy Stevens	Missing from photo:
Bridget Smith	Stephanie Gilbert
Sarah-Kate MacKinnon	Gerald Schaller
Debbie MacInnis	



East Cape Breton County CHB

Stan Peach	Missing from photo:
Steven Tutty	Ogla Ostafichuk
Sherril Tutty	Yvonne Kennedy
Carolann MacLeod	Gerard Tyne
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Community Health Boards & Nova Scotia Health Authority

NSHA's vision is to have healthy people, healthy communities – for generations. CHBs share this vision. They work with their communities and NSHA to identify, promote and participate in health promotion initiatives, provide guidance to the NSHA 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. They support communitybased projects and partnerships and provide wellness grants to community groups.

The CBRM is a diverse group of communities where people live in small towns as well as rural settings. The three CHBs covered in this report include:



East Cape Breton County CHB

Glace Bay, Reserve, Dominion, New Waterford, parts of the Mira River area and communities in between including the University of Cape Breton.



Central Cape Breton County CHB

Sydney, Louisbourg, Marion Bridge, parts of the Mira River area, South Bar, Membertou, Coxheath, Westmount, and up to Irish Cove.



Northside the Lakes CHB

North Sydney, Sydney Mines, Eskasoni, and up to the Barra Strait at Grand Narrows.

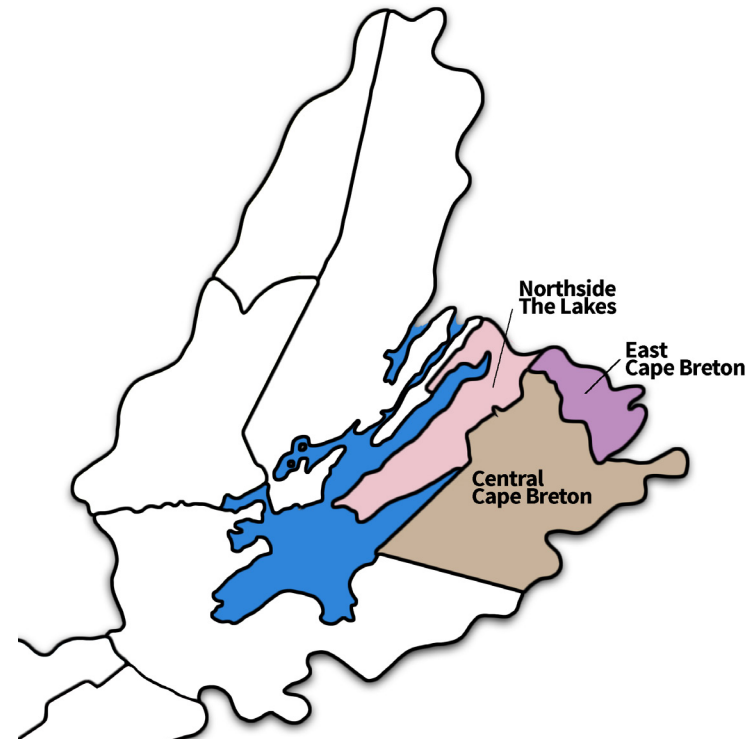


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Acknowledgments

A big shout out to the health planning team for their many volunteer hours creating, organizing, discussing, theming, coding and writing this plan. Team members include: Carol MacLellan Northside the Lakes CHB; Stan Peach, East Cape Breton County CHB; Bridget Smith and Sarah-Kate MacKinnon, Central Cape Breton County CHB. Also providing excellent support were CHB volunteers Carolann MacLeod, Debbie MacInnis, and Wendy Stevens.

The support of NSHA staff: Aron Ashton, Strategic Partnership Engagement Consultant, Public Health; Kelly Thompson, Advisor, Public Engagement; and Debbie Martell, Community Health Coordinator is appreciated. Thank you to Christina Lavery, Health Educator, Public Health for the layout and design of this report, and to John Hugh Edwards for his easy way in leading the public and specific community consultations.

We would also like to acknowledge the support of numerous community organizations who hosted community meetings and focused conversations.

None of this would have been possible without the over 600 individuals who filled out either a paper or online survey, and for those who came to the community consultations. Thank you for your insight.

“ Challenges facing our community include child poverty, poor pay and working conditions, and out-migration.

Glace Bay Resident



Cape Breton Regional Municipality

For several thousand years the area now known as Cape Breton Island has been part of the territory of the Mi'kmaq nation in a district known as Unama'kik. There are two First Nations communities within the CBRM, Membertou and Eskasoni. CBRM is Nova Scotia's second largest municipality. The municipality's current industries include agriculture, fishing, mining and forestry. Cape Breton Island is also a world-renowned tourist destination. Sydney has a deep-water port which hosts visiting cruise ships and North Sydney is the home port to car ferries crossing to Newfoundland.

The population has been declining since 1961. In the past 20 years, the population has dwindled by an alarming 20% (Statistics Canada). An aging demographic and out-migration of young people have been major factors in the decline. In recent years a 22% (Statistics Canada) decrease in school enrollment has resulted in school closures contributing to the sense of loss in the community.

Once an industrial hub, CBRM has been in a state of economic decline started by the closure of the steel plant and coal mines. According

to Statistics Canada, in February 2018 the unemployment rate in Cape Breton stood at 15.1%, almost double the rate for Nova Scotia (7.9%), and over 2.5 times the national average (5.8%). The economic downturn has impacted the most vulnerable population and our children. A 2016 report by the Canadian Centre for Policy Alternatives recorded that Cape Breton has the highest rate of child poverty in Nova Scotia (32.8%), which is almost double the national average of 18.5%. Five of the six Nova Scotia communities with the highest rate of child poverty are in the CBRM.

Cape Breton University political scientist, Tom Urbaniak, (2018) sums up the current situation in the CBRM this way, "I think there are two narratives out there: one narrative that is one of despair, that the region is dying, and another which says the region is still going through difficult times, but it has the critical base to rebuild."

These are some of the social and economic conditions in the CBRM as the CHBs began the process of developing priorities and recommendations for action to improve the health of the people living here.

Community Health Planning & Engagement

One of the most important roles of the CHBs is to develop a community health plan every three years. This health plan involves the three CHBs in the CBRM which are part of a network of 37 CHBs across Nova Scotia.

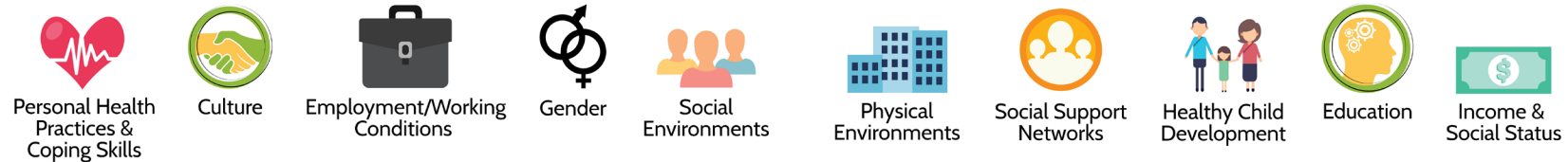
Nova Scotia legislation mandates health planning as a way to advise NSHA on local perspectives, trends, issues and priorities. The outcomes of the health planning process are a legitimate form of evidence that will be used in decision making by CHBs and the NSHA. Priority areas come from the community's

perspective and are the foundation of the plan. Surveys and focus groups were used to help understand the key issues for the community. The input was reviewed and coded by the CHB health planning team leading to the identification of priorities which were the focus of the boards' recommendations.

Community engagement is central to developing the health plan. CHB members agree with Father Jimmy Tompkins, a local leader of the world renowned Antigonish movement, who believed that, "local people know where the ice is thin."

Social Determinants of Health and Health Equity

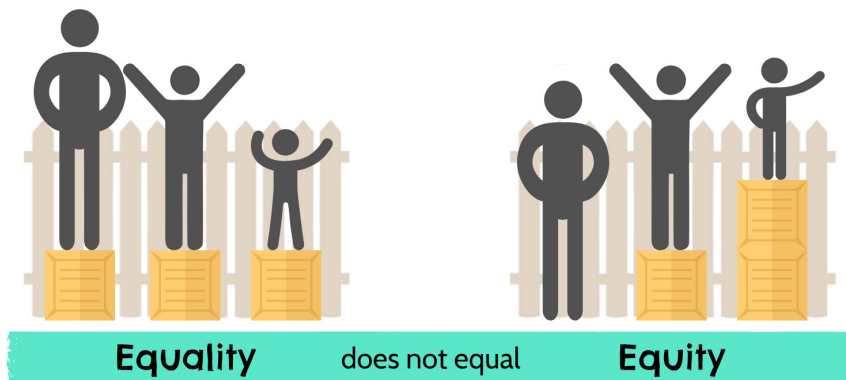
Communities understand that in order to improve health they must get to the root causes such as those identified in this plan. The factors that affect health include but are not limited to poverty, access to services, social support networks, employment and economic conditions and physical environments. These are examples of the social determinants of health.



The social determinants of health model helps frame the CHB community health plan and the challenges faced with providing services.

Health equity is a priority of the community health boards. One of the limitations of the previous CHB community health plan was it did not hear enough from vulnerable and diverse populations who are at greater risk and have fewer economic and social resources to assist with their daily lives.

According to the Nova Scotia Department of Health's Cultural Competence Guide (2005), diversity includes differences in age, abilities, culture, ethnicity, gender, geographical location, language, physical characteristics, race, religion, sexual orientation, socio-economic status, spirituality and values. This current health plan made it a priority to consult various vulnerable population groups to better represent the diversity of the CBRM communities. The CHBs did their best to be equitable in their engagement by reducing participation barriers for priority populations. All residents had an opportunity to participate through either a focus group, paper or online survey.



“ We need access to programs and services for all members of our community; programs should cover all areas of wellness including mental, physical and keeping people connected. *Glace Bay Resident* ”

“ It is just heartbreaking to see so many children living in unfit conditions. *Northside Resident* ”

CBRM Planning Process

The bedrock of the planning process for the CHBs in the CBRM is the views and opinions of people who live in the region. The planning committee made a commitment to creating a plan, not from preconceived notions of community need, but rather from the voices of the people who live there. This meant giving access and opportunity for people to participate and to especially seek out “first voice”, the views of vulnerable and marginalized people.

To gather these views a simple survey questionnaire was created which asked the following five questions:

- 1 What does a healthy community look like to you?
- 2 What do you see as the issues/challenges affecting the health of your community?
- 3 What could you and/or your community do to improve your health?
- 4 What could you and/or your community do to improve the health of your community?
- 5 Reflecting on the social determinants of health above, please describe what is most important to you and why.

(this question was accompanied by a listing of the key determinates of health)

The questionnaire had space for respondents to anonymously self-identify by age, gender, educational attainment, household income, family size, and disability.

All members of the three CHBs contributed by distributing questionnaires within their community. A number of methods were used to allow people access to the survey. It was posted online and people were able to complete it electronically. Public meetings were held in communities around the CBRM including North Sydney, Sydney, Whitney Pier, Membertou, Eskasoni, New Waterford, Reserve Mines, and Louisbourg.

All participants at these meetings were asked to complete the survey. Notes were taken at the meetings to capture the full discussion.

To hear the voices of vulnerable and at-risk members of the community, focused discussions were held with people with disabilities, mental health issues, substance abuse issues, homelessness as well as young unemployed, and people who work with marginalized populations. Surveys were also distributed at local food banks.

In all, 628 surveys were completed.

Every comment from the questionnaires were reviewed. Planning committee members organized the raw data into a number of overarching themes. After initial coding these themes were further refined. The themes were then prioritized. The priorities for this health plan were developed based on the number of times the theme was noted by survey participants.

Profile of Survey Respondents

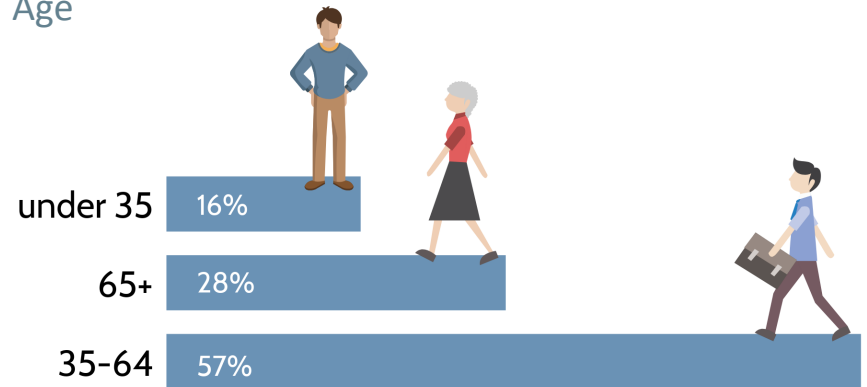
Gender



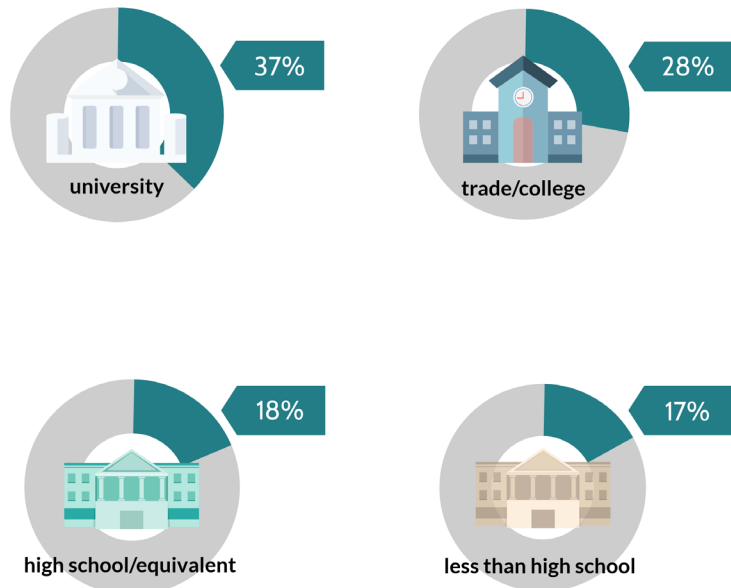
Small numbers identified as transgender male, transgender female, and gender variant/non-conforming.

Less than 6% of respondents identified as having a disability.

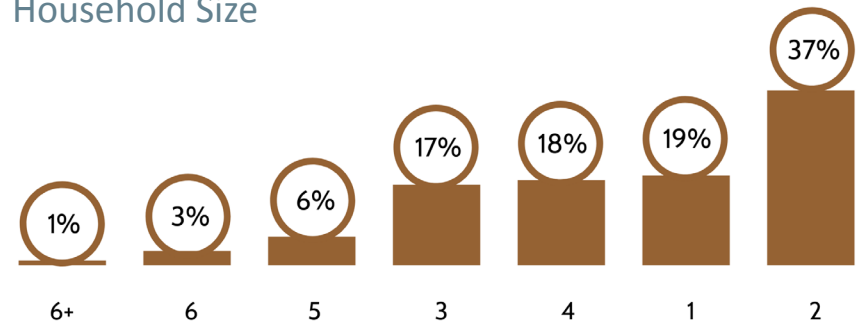
Age



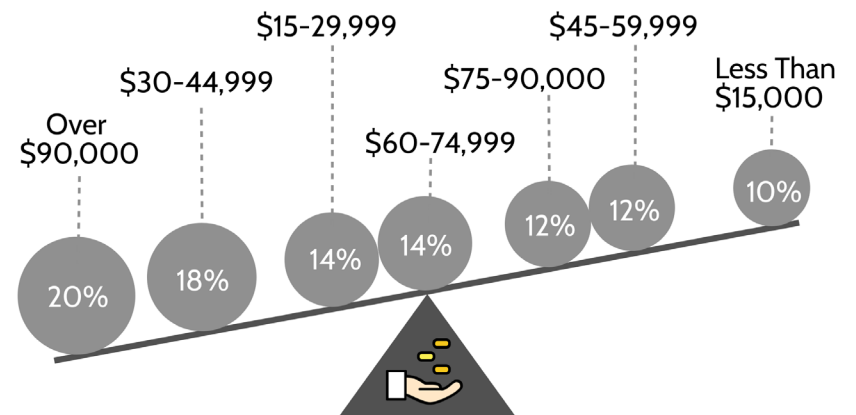
Education



Household Size



Income





Priorities

In its initial review of the data received from the questionnaire responses the planning committee identified a series of emerging themes which captured the views of people on challenges and opportunities for creating healthy communities. The economic and population decline and the struggles associated with them in CBRM is the context in which CHBs began the process of developing priorities and recommendations for actions aimed at improving the health of the people living in the regional municipality. Based on the survey responses, comments from participants, and notes taken at public meetings the planning committee concluded that the priority themes are:

- Access to Services
- Social Support Networks
- Economic Conditions
- Physical Environment

Priority 1: Access to Services

Access to services requires that:

- The appropriate service or support exists within your community.
- The person in need knows that the service exists and how to find it.
- The person in need is able to get to the service or support.

The theme of access to services includes:

- Access to health services (family doctors, emergency services, mental health and addiction services).
- Access to prevention and health promotion programs.
- Improved information and education about existing programs.
- Regular, affordable, and timely transportation.

People in the CBRM were asked about the health of their communities and their feelings about what allows them to be healthy. In a municipality that is wracked with high unemployment, a rapidly decreasing population, and high levels of child poverty one might have expected economic conditions or out-migration to top the list. When the surveys were tabulated, however, access to services was the number one priority and surpassed all other priorities by an overwhelming 300%. People are worried about emergency room closures and shortage of doctors and other health care professionals. They are unsure whether health services will be available to them and their families when they need them. A woman with a disability on a fixed income summed it up this way, “If we have nowhere to go when we are sick, none of the rest matters.” People often spoke about high levels of mental illness, substance abuse, and suicide, especially among young people. Concerns about wait lists for mental health and addiction services were regularly heard. A young person in Sydney who struggles with mental health issues told us her concern was, “I can’t get the help I need. I need someone to go to for help besides the cops.”

Although access to primary health care topped the list, contributors to the health plan also recognized that access to services is not uniquely about formal health care services. People are also concerned about prevention and support. A person with mental health problems indicated that there should be peer support for mental health and addiction issues. She felt that peer support, food and friendship could help a lot of people. A young woman from Glace Bay indicated that we need access to programs and services for all members of our community and felt that programs should cover all areas of wellness including mental and physical wellbeing and keeping people connected. Citizens in CBRM want services which are accessible and appropriate for them. A woman from Membertou suggested that prevention programs should include traditional knowledge and be culturally appropriate. There was also recognition that some services exist but people don’t know about them and it’s not always easy to get information on available programs and services.

Priority 1: Access to Services *continued*

People saw a direct connection between access to services and the overall decline of their community. In Whitney Pier we heard that the community was once self-contained. Most services could be accessed locally. The same sentiment was expressed by people from Louisbourg. The community that was once self-sustaining, has recently lost its' police office, its' school and many of its' services. They no longer have a pharmacy, a doctor, a bus service, or a school.

Without access to regular public transportation or other travel options it can be very difficult for people in outlying and rural areas to access services. There is often limited or no transportation services to get a person to a scheduled appointment or even more routine care like getting a haircut or picking up groceries. This is especially difficult for low income people and people without vehicles. As a senior participant in North Sydney pointed out, "This is not only about disabled people, it is about all of us as we age." Authors of the 2016 Community Transportation in CBRM: Moving Forward report agree. "A strong system of community transportation is integral to CBRM's successful economic and social development in the 21st century. Community transportation has a vital role to play with respect to: economic development (access to jobs and training/ buying locally); health (getting to medical appointments, avoiding isolation, contributing to care of family and friends); education (realizing educational opportunities); environment (reducing greenhouse gas emissions); volunteering (contributing to social and recreational life)."

Access to services is a foundation for a healthy community. It can impacts one's overall physical, social, and mental health status as well as their quality of life. It was the most pressing concern for the CBRM residents and a major priority for the CHBs.

“

Shortages of doctors, ER closures, and no mental health support make it very hard for people to remain healthy.

Northside Resident

“

No pharmacy, no bus service, no doctor.

Louisbourg Resident

Recommendation 1.1

Support community involvement in CBRM to improve access to services: with a focus on improved health outcomes including transportation and information on services and where to find them.

Recommendation 1.2

Ensure the voices of the vulnerable populations are heard, and that those populations are aware of available services, how to access them and are involved in the organization of the services they need.

Tracking

- These objectives will be considered in funding recommendations made by the local CHB including operational funds and grant funding.
- Each CHB will report annually on activities undertaken in support of these objectives.
- Track e-mails sent and Facebook posts and stats including number of views and likes.

“

There should be peer support for mental health and addiction issues. Peer support, food and friendship can help a lot of people.

Mental Health Consumer and Peer Counsellor, Sydney



Priority 2: Economic Conditions

Economic conditions, poverty and employment and the ability to be healthy in your community requires:

- Equitable distribution of wealth and the absence of poverty.
- Sufficient income to meet the basic needs of your family.
- Access to safe, meaningful, well-paid jobs.

The theme of economic conditions, poverty and employment includes:

- Concerns about working conditions and fair pay.
- The impact of poverty on the ability to eat well and stay healthy.
- The social impact of family wage earners leaving the area to work.
- Stress which comes from living in an economically depressed area.
- Community disruption which result from a declining and aging population.

People in the CBRM have a very good understanding of the impact economic conditions have on people in their community. Their responses reflected their own life experience as well as those of their neighbours. In this health plan we included statistical information for a number of key areas like unemployment, child poverty, and population rates, which suggests a community in economic decline. These numbers demonstrate the scope of the problem in CBRM, but it was when we heard from citizens who have experienced poverty and economic inequity that the human cost of social and economic decline could be truly understood. For example, a person from the Northside noted that, “Some people either eat or pay rent – not both.” In New Waterford we heard that benefits of work are not just monetary. Employment also gives people self-worth. When people are employed, they feel they are “contributing to society and their household.”

Unemployment and underemployment can contribute to stress. A survey respondent noted that the lack of a good paying job creates a lot of issues for them. Some of the emerging issues include “depression, smoking and drinking, as well as unhealthy eating”. Another pointed out that some families live from cheque-to-cheque which causes mental health issues and family struggles. Lack of employment opportunities leads directly to population decline and outmigration as well as impacting family life. It has become common for Cape Bretoners to travel to western Canada for employment while their spouse and children remain behind. The impact of this was illustrated by a health plan participant who described her neighbour’s panicked response while talking to her husband on the phone when her power went out. “Sure the generator is in the garage... but you are in Fort McMurray!”

The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth. Health status improves at each step of the income and social hierarchy. Level of income determines living conditions such as safe housing and ability to buy nutritional food. In an economically depressed area like CBRM, residents recognize the need to take action on economic conditions to improve the health of their community.

Recommendation 2.1

Partner with CBRM and community agencies, to develop a specific poverty reduction strategy for CBRM.

Recommendation 2.2

Work with community agencies committed to addressing the impact of poverty on the lives of CBRM citizens, with a focus on access to healthy/affordable food, and improving their quality of life.

Tracking

- These objectives will be considered in funding recommendations made by the local CHB including operational funds and grant funding.
- Each CHB will report annually on activities undertaken in support of these objectives.
- Track emails sent and Facebook posts and stats including number of views and likes.
- Record minutes and document events associated with this initiative.

“

Lack of a good paying job creates a lot of issues – depression, smoking and drinking, not eating healthy.

Northside Resident



Priority 3: Social Support Networks

Remaining connected to others in your community requires:

- Opportunities to interact with others in your community on a regular basis.
- Meaningful groups of support and skill building which keep your mind and body active.
- A spirit of volunteerism which vitalizes your community.
- Including those who are socially or geographically isolated or marginalized.

The theme of social support networks includes:

- The need for social activities and opportunities in small and rural communities.
- Special effort to reach out to those who are socially and geographically isolated to bring them out into the community.
- Support for activities for every age group and social events which cross generational boundaries.

While it is often assumed that factors which determine health are those things directly connected to the health system and the medical model, it is often the support we get from family, friends, and neighbours which can determine our ability to stay healthy. When asked about what things helped her to remain healthy, a senior from Louisbourg replied, “Friends to call when we really need them.” The importance of this kind of approach to health was emphasized by a person from Eskasoni who said, “We need to balance the physical, mental, social, and spiritual aspects of life.”

Many people from the surveys and consultations acknowledged the value of social support in their lives. A young unemployed man with mental health issues noted that if he didn’t have support from his mental health counsellor, friends, and housing worker, his life would be much more of a struggle. Another young person concurred, noting, “My friends and family supports are what helps me to keep moving forward and get my life on track.”

People in CBRM expressed pride in the history of our area as being one where we pull together and support each other in tough times. Many expressed concern about the engagement of today’s young people and the reliance on aging volunteers to maintain a network of support. One health plan participant suggested that getting together in mixed groups across ages helps break down barriers. Another reminded us of the need to “take away the isolation some people face, get them out and engaged. Bring different social groups together who face economic challenges and are stigmatized.”

Support from families, friends and communities is associated with better health. It is often overlooked when people think about health. Recent studies on longevity have suggested that it tops personal health practices as a factor in determining how long we live. Participants in this planning process recognized that social support needs to be a priority.

Recommendation 3.1

Support opportunities for social engagement in a variety of community settings across CBRM.

Recommendation 3.2

Support initiatives and partnerships with groups that target the reduction of social isolation, and opportunities for lifelong social networking.

Tracking

- These objectives will be considered in all funding recommendations made by the local CHB including operational funds and grant funding.
- Each CHB will report annually on activities undertaken in support of these objectives.
- Track emails sent and Facebook posts and stats including number of views and likes.

“

With school, churches, and hospitals closing there isn't much of a bond left.

Northside Resident

“

Our community is losing its sense of pride.

New Waterford Resident

“

If I didn't have support from my mental health counsellor, friends, and my housing worker my life would be much more of a struggle.

Young Unemployed Resident



Priority 4: Physical Environment

A healthy physical environment requires:

- Access to clean air and clean water.
- Shared spaces which are accessible.
- Infrastructure which supports physically active lifestyles.
- Housing that is safe and affordable.
- Communities which are clean and well maintained.
- Communal access to green spaces and parks.

The theme of physical environment includes:

- The need for walking, hiking and biking trails.
- Support for green spaces, parks and playgrounds.
- Maintenance of roads, sidewalks and community facilities.

In our meetings, conversations, and survey responses, people identified the physical environment as one of the top priorities for improving the health of our communities. Many agreed that the state of the natural and built environment in which people live is crucial for healthy communities. The most common concern is the need to have a physical environment that is safe, clean and accessible. Many commented on the physical decline of their communities as they watched their churches, schools and businesses close. A resident of New Waterford said, “Our community is melting in front of us. What does an unhealthy community look like? It looks like our town.” On the Northside we heard that their downtown needed a facelift – “to look like a place to go and do things.” In those communities most affected by the problem of drug abuse several residents pointed out the safety hazards of needles lying around and the need for the community to “clean up” to be safe for its families.

People also understood that components of the built environment can promote community building. A person on the Northside was looking for “places that inspire togetherness.” In New Waterford another was looking for “places to bring people together.” Louisbourg residents spoke of a proposal for a hub school as a centre providing a range of social and recreational activities.

Health plan participants clearly made the link between physical environment and physical activity. Being active on a regular basis requires access to affordable recreation activities, walking trails, hiking trails and bike trails. Residents lamented the condition of local roads and sidewalks which would allow walking to be a regular part of daily life for children and adults. In order for children to enjoy fresh air and exercise there must be parks, playgrounds and green spaces for them to go to.

According to the Public Health Agency of Canada, in the built environment, factors related to housing, air quality, and the design of communities and transportation systems can significantly influence our physical and psychological well-being. Residents of CBRM recognize that improvements to our physical environments and taking maximum advantage of our existing facilities will have an impact on our health.

Recommendation 4.1

Work with partners on promoting the creation and maintenance of accessible infrastructure for physically, and socially active lifestyles.

Recommendation 4.2

Support safe, healthy environments by engaging with other organizations to minimize risks, and hazards, to enhance community vitality.

Tracking

- These objectives will be considered in all funding recommendations made by the local CHB including operational funds and grant funding.
- Each CHB will report annually on activities undertaken in support of these objectives.
- Track meetings and presentations and data shared regarding funding sources.
- Record minutes and document events associated with these initiatives.

“

We need sidewalks that are not a tripping hazard.

New Waterford Resident

“

Not only do our surroundings shape who we become, but the way society views our surroundings has an effect on our health.

Membertou Resident



An electronic copy of this report is available at
www.communityhealthboards.ns.ca

Cover Photo:
Ashley Campbell Photography
Shenacadie, NS

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Communications Nova Scotia