

WESTERN ZONE COMMUNITY HEALTH PLAN 2019



Western Zone Community Health Planning Team

“It was a rewarding experience to be a part of the Western Zone Community Health Planning team. As a CHB volunteer, our NSHA facilitators guided our work, and allowed us to perform at a high level. Our new health plan really captured the voices we heard, and it will guide our work towards a healthier future for the communities we serve.”

- Tony Dorrian, Yarmouth County CHB



Back row (L to R) : Leanne Graham (CHB Coordinator), Larry Stillwell (CKCHB), Heather Morse (WKCHB), Johanna Kwakernaak (WKCHB), Tara Smith (QCHB), Barbara Ross (QCHB), Gail Corkum (EKCHB), Tony Dorrian (YCCHB), Front Row (L to R): André Bouchard (Consultant, Public Health), Chantelle Webb (ACHB), Lynn Moar (ACHB), Melissa Morrison (K/G CHB), Nancy Hsu (DACHB). Missing from photo: John Burka (CKCHB), Darni Keddy (K/G CHB), Lisha Dodsworth (ACHB), Patricia Culbert (LCCHB), Krista Laybolt (LCCHB), Tina Arnold (DACHB), Jacqueline Journey (DACHB), Lana townsend (SCCHB), Diann Langley (SCCHB).

Priorities Western Zone Community Health Plan 2019–2022:

- Opportunities for **Connection & Inclusion** in Supportive Community Environments
- **Availability & Access** to Recreation, Healthy Living & Wellness programs
- Working together to **Improve Food Security**
- Working together on issues of **Safe, Affordable, Appropriate Housing**

Summary

Community Health Boards (CHBs) gather your ideas and share information about how to improve and promote health & wellness close to home. They focus on the many factors that affect health & wellness in our communities, including income, education and sense of belonging, among others.

CHBs share what they have learned about your health & wellness priorities with Nova Scotia Health Authority, IWK Health Centre, and community groups.

Our Community Health Plan helps us identify partnerships, award Wellness Funds, and make sure that programs meet the needs of community. We encourage NSHA and community to work together sharing resources and strengths to improve the health of our communities.

About the Western Zone

The Western Zone has 11 Community Health Boards (CHBs) in seven Counties. We acknowledge that our zone is on unceded and traditional Mi'kmaq territory.

Western Zone - NSHA by County (2016 Census)

	Kings	Annapolis	Lunenburg	Queens	Shelburne	Yarmouth (Includes Argyle)	Digby (Includes Clare)	Totals
Population	60,600	20,591	47,126	10,351	13,966	24,419	17,323	194,376
Land area (km ²)	2126.71	3189.14	2909.77	2398.51	2467.39	2125.7	2516.43	17733.65
Population density (/km ²)	28.5	6.5	16.2	4.3	5.7	11.5	6.9	

Census Profile, 2016 Census

As a zone we have higher unemployment rates, lower education, and lower incomes than the Nova Scotia average.

Health Indicators - Living and Working by County, NS	Kings	Annapolis	Digby	Yarmouth	Shelburne	Queens	Lunenburg	Nova Scotia
Prevalence of low income 2015 based on the low-income measure, after tax (LIM-AT) all ages* (%)	18.5	25.3	22.6	19.8	19.0	24.5	18.8	17.2
Median after-tax income of individuals in 2015 (\$) : 15 years and over in private households (2016)*	27,032	23,945	23,961	25,825	26,262	23,557	26,064	28,627
Educational attainment (2011) (15 years and over): no certificate, diploma or degree*	24.6	27.0	35.6	32.3	36.4	30.9	26.9	22.3

Public Health Services, NSHA, Western Zone, September, 2017

What We Did – Engaging Our Community

We created our engagement tools to help people picture a healthy community and think about things such as:

- income
- support systems
- education
- their ability to provide children with a healthy start

We used two phases of engagement to involve public and targeted stakeholders. In the fall of 2017, we used surveys, focus groups and community conversations to learn the priority issues and concerns in our communities, *outside of health services*. We learned this from general public, and through connections that CHB members have in their communities. This allowed us to hear from as many people as possible.



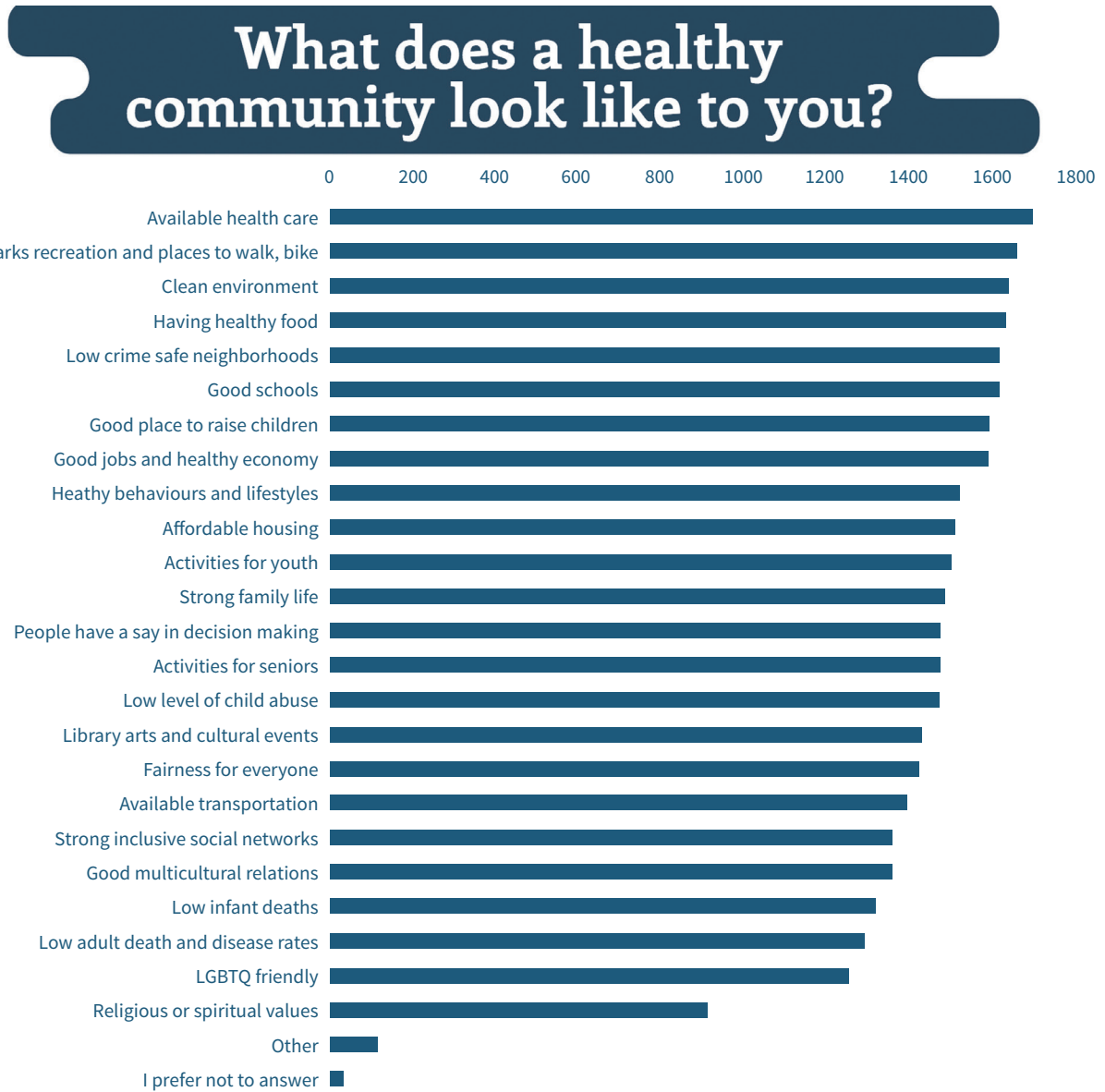
During the second phase of engagement in May 2018, we brought more than 200 stakeholders together in a series of nine meetings throughout the Western Zone. We looked at ways to address the priority issues identified earlier. The responses helped us develop the recommendations for this plan.



Bridgewater Stakeholders Conversation, May 2018

What We Heard

Phase 1: We heard that regardless of age, income or education level, community members share a common vision of a healthy community. However, not everyone is able to live this vision due to a lack of: supportive environment, income, opportunity, access, and/or choice.



What We Heard

What prevents you from being healthy right now?



Phase 2: We heard that when tackling similar issues in the past, stakeholders saw success when they worked together and included those living with the issue identified. Other factors for success include having:

- a common vision
- enough funding
- community involvement

We heard that the best results will involve actions such as:

- removing the income gap
- promoting policy change and
- treating people with dignity and respect



The following **Priorities and Recommendations** for the **Community Health Plan 2019** are the result of community and stakeholder engagement and backed by evidence and data. We look forward to working with NSHA Western Zone and our communities so that everyone can live in the healthy community they envision.

Priority

Working together to improve Food Security

We heard that people have difficulty accessing healthy food because of cost, availability, transportation, and lack of food skills/knowledge.



“If we had School Healthy Eating Policies in all schools ... and collaboration between local growers, school programs, parents, teachers and staff ... we could have free breakfast and affordable salad bar buffet that supports local farmers and school gardens.”

Evidence: Studies show that:

- only one-third of students eat enough fruits and vegetables
- one-third of primary students and two-thirds of secondary students go to school without a nutritious breakfast
- one-quarter of calories consumed by children are from foods not recommended in Canada’s Food Guide ¹

Outcome: If Canada had a National School Food Program like many other countries, all students would have access to affordable or free healthy snacks or meals while they are at school. This would benefit all families, and more importantly, reduce the burden on families living with food insecurity.

RECOMMENDATION #1: We recommend that NSHA Western Zone work with community partners to advocate for investments that benefit all students equitably, such as a National School Food Program.

Evidence: Poverty has a negative impact on all aspects of life, including the ability to access food to prevent hunger, promote growth and health, and respect personal preference. ^{2,3,4}

Outcomes: Increased community awareness of the link between income, social policy and food insecurity.

RECOMMENDATION #2: We recommend that NSHA Western Zone work with community groups and programs to advocate to local, provincial and federal governments for social policies that address income and therefore address poverty and food insecurity.

1. The Coalition for Healthy School Food. For a Universal Healthy School Food Program. https://docs.wixstatic.com/ugd/e7a651_b1e345e239df470cb9c9c465d1b81eb2.pdf
2. Kirk SFL, Kuhle S, McIsaac JD, Williams PL, Rossiter M, Ohinmaa A & Veugelers PJ (2014) Food security status among grade 5 students in Nova Scotia, Canada and its association with health outcomes. Public Health Nutrition. 30 July 2014.
3. Dietitians of Canada (2016). [Addressing Household Food Insecurity in Canada: Position Statement and Recommendations from Dietitians of Canada](#)
4. 2017 Report Card on Child and Family Poverty in Nova Scotia by Lesley Frank and Christine Saultnier, November 24, 2017

Priority

Availability & Access to Healthy Living, Recreation & Wellness Programs

We heard that people have challenges with availability and access to healthy living, recreation, and wellness programs in their communities.



“We need more recreational facilities which are affordable, or funded programs which allow those on low income to be active without breaking their pocket book.”

Evidence: Active living through recreation is essential to the health of people and communities. Recreation provides a foundation for participation and play in many different activities throughout one’s life.¹

Outcome: People are aware of available opportunities and resources for overcoming barriers to access. They can easily access outdoor community spaces for unstructured healthy living, recreation and wellness activities.

RECOMMENDATION #1: We recommend that NSHA Western Zone work with partners to increase availability of community-based healthy living, recreation and wellness opportunities.

Evidence: Barriers to participation in recreation/wellness programs are often economic.

Outcome: Increased policy at the municipal level that works to eliminate barriers to participation.

RECOMMENDATION #2: We recommend that NSHA Western Zone work with partners to remove barriers to people of all ages participating in community-based healthy living, recreation and wellness opportunities.

1. Recreation Nova Scotia and the Government of Nova Scotia. Shared Strategy for Advancing Recreation in Nova Scotia. <https://www.recreationns.ns.ca/initiatives/344-shared-strategy/file.html>

Priority

Working together on issues of safe, affordable appropriate Housing

We heard that people experience a variety of issues finding or maintaining safe, affordable, appropriate Housing.



“With kids it’s hard. Some landlords won’t take kids. Very hard time getting a place. I looked at a place that had 3-4 bedrooms and they said no small kids.” (Housing Qualitative Summary – Nov. 2018)

Evidence: Housing insecurity appears more common than many may have imagined. Housing unaffordability and limited availability have a negative affect on the health and well-being of our communities. ^{1,2,3}

Outcome: NSHA defines its role in addressing housing-related challenges and preventing homelessness.

RECOMMENDATION #1: We recommend that NSHA Western Zone identify the impacts of insecure housing on programs and in community.

Evidence: There are a number of supports that make it easier for people to stay housed. These include support for daily living, supportive living arrangements or more complex housing-first supports. These services may provide:

- general assistance
- financial assistance
- help making social connections
- help getting information and accessing services. ^{1,3}

Outcome: Housing policies and programs that reduce health inequities are developed.

RECOMMENDATION #2: We recommend that NSHA Western Zone take a leadership role working with partners in community, government and business sector to develop a framework for action to address barriers experienced by people finding or maintaining safe, affordable, appropriate housing.

1. Precarious Housing and Homelessness Across Our Rural Communities
2. South Shore Collaborative Housing Needs Assessment
3. Housing Qualitative summary: <http://www.daashgroup.com/>

Priority

Opportunities for Connection & Inclusion in Supportive Community Environments

We heard that people are looking for opportunities for connection and inclusion in supportive community environments.



“We have a lot of folks who do not feel included in our community and more needs to be done to welcome them and inform them of what’s services and groups are available and how they can access them.”

Evidence: Community use of information resources such as Valleyconnect.ca and southshoreconnect.ca; 211; and recreation subsidies such as JumpStart, KidSport and municipal equity funds. ^{1,2}

Outcome: Increased awareness of available opportunities and resources for overcoming barriers to access.

RECOMMENDATION #1: We recommend that NSHA Western Zone identify and promote physical and virtual information exchange programs and shared resource networks and hubs to increase connection and inclusion in:

- volunteering
- wellness
- education
- transportation
- programming
- employment
- recreation

Examples include 211ns, Valley Connect, South Shore connect, Connect NS and Volunteer NS.

Evidence: Barriers to connection are often related to transportation. ^{3,4,5}

Outcome: Improved policy supporting access to transportation.

RECOMMENDATION #2: We recommend that NSHA Western Zone take a lead role in mobilizing stakeholders to educate and support municipal decision makers in transportation (including active transportation), planning, policy and infrastructure to meet the unique needs of all ages and abilities.

1. 211ns

2. 811

3. Supportive Environments for Physical Activity: How the Built Environment Affects Our HealthPublic Health Agency of Canada

4. A Common Vision for increasing physical activity and reducing sedentary living in Canada: Let’s Get Moving Let’s Get Moving Canada

5. Accessibility NS – What We Heard: <https://novascotia.ca/accessibility/consultation/what-we-heard-accessibility-in-Nova-Scotia.pdf>

Conclusion

The priorities and recommendations in this health plan are for the health planning cycle beginning in March of 2019. The CHBs look forward to a response document from NSHA Western Zone to learn how these recommendations were included in their program planning, and the outcomes they achieved. We also look forward to further engaging our community and working with our community partners to create healthy communities where we live, learn, work and play.

For more information visit our website: <https://www.communityhealthboards.ns.ca/> or contact your local Community Health Board:

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