

# Community Health Plan for Years 2017 through 2019

## South West Nova Community Health Boards



Conseil de santé de Clare  
Clare Community Health Board



## Western Zone

## Nova Scotia Health Authority

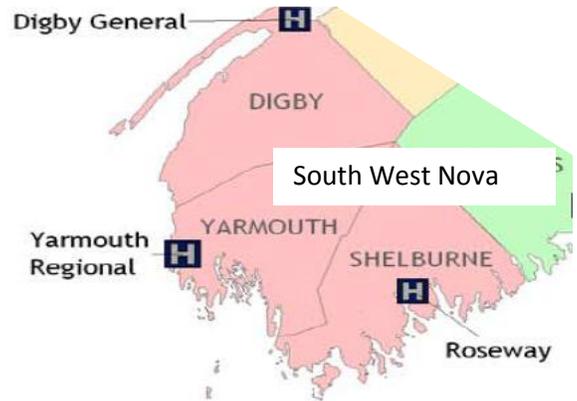


**SUMMARY:**

This is the first collaborative community health plan for the four community health boards of South West Nova (SWN). Work began in October of 2014 and regular meetings have continued. Membership has changed slightly over the years but all four boards have 1 to 2 active members at all times.

There are four boards in South West Nova:  
 Conseil de santé de Clare, Digby & Area,  
 Shelburne County, and Yarmouth County.

The Collaborative Community Health Plan (CCHP) committee has representatives from the four Boards of South West Nova. These board members have many personal and professional links to their communities and other community organizations.



CCHP COMMITTEE - SWN		
CHB	NAME	TERM
Clare	Nora Saulnier	Oct 2014 to present
	Mark Doucet	January & February 2016
	Joline Comeau	Oct 2014 to June 2015
Digby	Libby Kennedy	Oct 2014 to present
	Tony Kelly	Sept 2015 to February 2016
	Gail Winchester	Oct 2014 to March 2015
Shelburne	Barb Henderson-Townsend	Oct 2014 to present
	Diann Langley	January 2015 to present
Yarmouth	Trudy Amirault	Oct 2014 to June 2016
	Tony Dorrian	Oct 2014 to present
NSHA	Brenda Burgess	Oct 2014 to present
	Racheal Surette	Oct 2014 to present

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Message from our CHB Co-chairs:

Members of our CHBs have committed to building healthy communities in South West Nova. One of the fundamental ways we achieve this is by advising NSHA on local wellness perspectives, trends, issues and priorities. We do this by creating a community health plan. This document is our plan.

Our Collaborative Community Health Planning (CCHP) team worked together over 2 years to develop this plan. The CCHP team used several documents such as the 2014 Community Health Profile, the Ottawa Charter, and the Social Determinants of Health to support and assist in the development of this plan.

The task ahead is a challenging one. We will all have to work together to help make it happen. The CHBs will be developing their areas of focus in annual planning from this document.

We invite you to read our plan and work with us to achieve our goal of healthier communities.

## A. Introduction

Community health planning is an ongoing activity for the Community Health Boards (CHBs). Health planning helps to identify community health issues or trends and provides ideas and strategies for CHB's community partners and NSHA which, when put in place, will work toward improving the overall health of the communities we serve.

CHBs are proud to be part of NSHA and fully support the vision of "Healthy People, Healthy Communities – for Generations".

### **SOUTH WEST NOVA (SWN) – COMMUNITY PROFILE**

SWN includes Digby, Shelburne, and Yarmouth Counties with a population of 57,792 or 6.3% of the population of Nova Scotia. It has a land area of 7,130.5 square kilometres (sq km) with a population density of 8.1 people per sq km. Population in SWN decreased by 7.7% between 2001 (62,615) and 2011. It is made up of 48.3% males and 51.6% females.<sup>1</sup>

South West Nova has four Community Health Boards: Digby & Area, Clare, Yarmouth County and Shelburne County. There are two school boards: Tri-County Regional School Board (TCRSB), Conseil Scolaire Acadien Provincial (CSAP). The area is home to the Université Ste Anne in Clare, and Dalhousie University School of Nursing in Yarmouth. As well, the Nova Scotia Community College has campuses in Digby, Shelburne and Yarmouth. There are twenty-one licensed day-care centres. The key industries are fishing, farming, forestry, manufacturing, retail, health and education. There are two First Nations Reserves: Bear River and Yarmouth.

Outside of the Halifax Regional Municipality (HRM) SWN has the highest Acadian and African Nova Scotian population as well as the second highest aboriginal population.

***"The hearts of our founding cultures are still beating, proud and strong, in Nova Scotia. The centuries of vibrant Mi'Kmaq, Acadian, Celtic and African cultures give Nova Scotia its distinctive voice and character".<sup>2</sup>***

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<sup>1</sup> 2011 Census of Canada

<sup>2</sup> Government of Nova Scotia. Our Culture. Nova Scotia Founding Cultures.

<http://www.novascotia.com/en/home/discovernovascotia/ourculture/foundingcultures/default.aspx>.

## **OUR POPULATION HEALTH APPROACH:**

Traditional health care cannot fix many of the causes of our health problems. Our health is influenced by many factors. These include the work we do, our level of education, our income, where we live, the quality of our experiences when we are children and the physical environment that surrounds us. Together these factors are referred to as the “Social Determinants of Health”.

Our health plan identifies priorities within these determinants of health and makes recommendations to address these priorities.

## **USING A HEALTH EQUITY LENS:**

The CCHP team has considered data on inequalities and inequities to support decisions at each stage of the planning cycle and want to reduce health inequities by addressing the structural conditions and societal factors that contribute to inequities. Our health plan’s priorities and recommendations suggest actions that may mitigate the effects of health inequities by incorporating goals for the whole population and strategies to address barriers faced by specific populations.

## **OUR PARTNERS:**

The CCHP Committee was co-led by staff from Primary Health Care and Public Health. The Health Promotion Community of Practice (Public Health, Primary Health Care, Mental Health & Addictions) also supported these staff with input and feedback.

## **B. Process**

- First “collaborative” health planning committee between the four CHBs of SWN
- Recruited 2 board members from each board to committee
- Invited Healthy Communities Content Lead (Public Health) staff member to co-facilitate committee with CHB coordinator
- Included a Master in Social Work student (and staff member) who was studying health literacy and education
- Initial meetings were focused on team building and alignment (how we intend to work together, what do we want to accomplish, decision making)
- There was a long learning/development period to get all committee members “on the same page”
- Reviewed current data (what do we know, what current data resources do we already have ie, community profile, community counts, Let’s Talk About Health data, and so on)
- Identified what else we needed to know from our communities using population health, health promotion, diversity and inclusion lenses
- Planned and implemented community engagement activities to collect more information and validate current information (developed survey, focus groups, random polling, interviews, information kiosks)
- Consolidated and “themed” data

- Identified priorities, made recommendations, planned for evaluation and developed first draft of health plan
- Reviewed health plan with CHBs for feedback and to develop their own annual plans
- Finalized and submitted health plan
- “Community Health Planning” became a standing agenda item for the regular meetings of the CHBs thereby keeping them continually updated on the work of the CCHP team

## C. Health Promotion Priorities, Recommendations and Evaluation Plan

### Priority 1- Remove Barriers to Community Members Becoming More Physically Active

Physical activity is a fundamental human need in all ages and stages of life. People participate in physical activities for fun, enjoyment, fitness, health, social interaction, creative expression, a desire to connect with nature, relaxation and to enhance their quality of life. Investments in the development of people through physical activities are essential to creating healthy individuals and communities.

According to new physical activity guidelines for Canadians, to achieve health benefits, adults including seniors should accumulate at least 150 minutes of moderate to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more. More physical activity provides greater health benefits<sup>3</sup>.

The Canadian Community Health Survey classified respondents as active, moderately active or inactive. Moderately active would be equivalent to walking at least 30 minutes a day or taking an hour-long exercise class at least three times a week.<sup>4</sup>

In SWN 47.2% of respondents<sup>5</sup> reported being moderately active or active compared to 52.8% in Nova Scotia and 52.6% in Canada.<sup>6</sup>

Some community members experience barriers to participation that include lack of awareness or information about local opportunities for recreation, physical activity and sport. Additional barriers include: literacy, mental health restrictions, registration fees, transportation, cost of equipment and clothing (uniforms).

**P1 - Recommendation 1:** CHBs will work with local recreation/sports groups and provincial government departments (including NSHA) to identify and reduce/remove barriers to accessing physical activity opportunities in our communities.

<sup>3</sup> Canadian Society for Exercise Physiology. *Canadian Physical Activity Guidelines and Canadian Sedentary Behaviour Guidelines*. 2013. <http://www.csep.ca/english/view.asp?x=949>

<sup>4</sup> Statistics Canada. Health Fact Sheets. *Physical Activity During Leisure Time*, 2012. Statistics Canada Catalogue no. 82-625-X2013001. 2013. <http://www.statcan.gc.ca/pub/82-625-x/2013001/article/11843-eng.htm>

<sup>5</sup> 12 years of age and over moderately active/active in leisure-time physical activities (Canadian Community Health Survey)

<sup>6</sup> NS Community Counts from Statistics Canada CCHS 2009/2010

**P1 - Recommendation 2:** CHBs would advise NSHA, specifically Public Health, to continue to work with municipal governments to advocate, establish, and implement healthy public policies. The CHBs will advocate for and support this work.

**P1 - Evaluation Plan:**

- Increase in number of low-cost/no-cost recreation opportunities
- Evidence of decrease in fees for physical/recreation activities
- Identification of new incentives
- Compare percent of survey respondents who report being “moderately active/active” in Stats Can Survey of 2020 to inform next plan
- Public Health to provide evidence of adoption of healthy public policies supporting physical activity

## **Priority 2 – Create Safe Environments that Enhance Mental Wellness/Wellbeing**

Mental Health has been described as learning, achieving and maintaining a uniquely personal balance in the many aspects of our lives: social, physical, spiritual, economic and mental<sup>7</sup>. Mental health develops throughout our lives, with particular challenges associated with all life stages, from childhood, youth, adulthood and as we age. Mental health is determined by a large number of social, biological and environmental factors.

The indicator ‘perceived mental health’ gives a general indication of how people self-assess their own mental health. The 2012 Canadian Community Health Survey (CCHS) asked respondents to rate their perceived mental health status as poor, fair, good, very good or excellent.

For SWN respondents 12 years of age and over, 64.9% perceived their mental health to be very good/excellent. This is significantly lower than for Nova Scotia (73.2%). The values for Canada are 73.8%. However, 60% of people with a mental health problem or illness will not seek help due to fear of being labelled (stigma) (CCHS 2012).

**P2 - Recommendation 1:** CHBs will partner with CMHA, Schools Plus, NSHA and other mental health groups re: health promotion opportunities and support strategies to reduce stigma associated with mental illness.

**We want the reader to realize that our other priorities strongly contribute to the enhancement of the mental wellness/wellbeing of our communities.**

**P2 - Recommendation 2:** The CHBs would advise NSHA to develop strategies for increased public awareness in accessing supports related to mental health and wellness.

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<sup>7</sup>Canadian Mental Health Association: Nova Scotia Division. Your mental health. <http://novascotia.cmha.ca/>

## P2 - Evaluation Plan:

- Evidence of health promotion opportunities
- Evidence of stigma-reducing strategies
- Compare percent of survey respondents who report their mental health as being “very good/excellent” in Stats Can Survey of 2020 to inform next plan

## Priority 3 – Provide Access to a Variety of Safe and Nutritious Food for all SWN

Good nutrition is essential for growth, development, health, and well-being; however, eating healthy is more difficult than it has ever been before. “Our surroundings affect how healthy we are. Yet too often, our communities don’t provide the conditions necessary to eat well. Adults and children have easier access to fast food than fresh produce, and a greater chance of getting sick rather than living well.”<sup>8</sup> Marketing and advertising to our families promotes foods and a food culture that are highly processed, of low nutritional value and high in salt, fat and sugar. Over the last thirty years fast food (not cooking) and larger portions have been normalized as a way of eating. As a result we see higher and higher levels of nutrition-related disease in our children and adult populations.<sup>9</sup>

There is a vast and growing collection of scientific evidence on the importance of nutrition in the prevention of heart disease, stroke, diabetes, osteoporosis, obesity, hypertension, dental decay and certain types of cancers, particularly those of the gastrointestinal system.<sup>10</sup>

Fruit and vegetable consumption is an important component of a healthy diet and in the prevention of disease. Insufficient consumption of fruit and vegetables is among the risk factors recognized as contributing to the worldwide burden of chronic disease.<sup>11</sup>

In SWN 34.5% reported consuming of 5 or more servings fruit and vegetables a day in comparison to 36.3% in Nova Scotia and 44.1% in Canada (2009/10).<sup>12</sup>

Food Security exists when everyone has access to safe, nutritious food of the variety and amount that they need and want, in a way that maintains their dignity. Households that are food secure have more opportunity to eat healthy. Food security has positive impacts on obesity and chronic diseases rates, mental health and emotional

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<sup>8</sup> South Shore Health Position Statement: Food June 21, 2012 from Berkley Media Studies Group. *Food and Activity Environments*. Retrieved from <http://www.bmsg.org/our-commitment-to-public-health/food-and-activity-environments#RelPublications>

<sup>9</sup> South Shore Health Position Statement: Food June 21, 2012.

<sup>10</sup> South Shore Health Position Statement: Food June 21, 2012 from World Health Organization. (2003). Diet, Nutrition and the Prevention of Chronic Diseases. Retrieved from <http://www.fao.org/DOCREP/005/AC911E/AC911E00.HTM>

<sup>11</sup> South Shore Health Position Statement: Food June 21, 2012 from Nova Scotia Department of Health. (2004). Fruit and Vegetable Consumption in Nova Scotia. Canadian Community Health Survey, Cycle 1.1, Report 6. Retrieved from [http://www.gov.ns.ca/hpp/publications/cchs\\_consumption.pdf](http://www.gov.ns.ca/hpp/publications/cchs_consumption.pdf)

<sup>12</sup> Respondents 12 years of age and over to Canadian Community Health Survey

well being, healthy pregnancies and babies and literacy, early childhood development and education outcomes.<sup>13</sup>

In contrast, food insecurity occurs when food quality and/or quantity are compromised, usually due to limited financial resources.<sup>14</sup> Members of a household have difficulty accessing, or worry about not having enough food for an active, healthy life. Household food insecurity is closely related to poverty; the lower the household income, the higher the risk of food insecurity. Households that receive Income Assistance, lone parent households, people who do not own a home and Aboriginal groups are at a higher risk for food insecurity. Food insecurity is linked to higher crime rates, increased health care needs, increased school dropout rates and lost productivity.<sup>15</sup>

In 2007-2008, the CCHS collected national data on household food insecurity, specifically focusing on the financial ability of households to access adequate food. The food insecurity questions resulted in an overall household measure of food insecurity, as well as separate adult and child measures.<sup>16</sup>

'Moderate' food insecurity means that there was an indication that quality and/or quantity of food consumed was compromised. 'Severe' food insecurity means that there was an indication of reduced food intake and disrupted eating patterns.

In SWN, in 2007/08, 9.3% of respondents identified themselves as being food insecure, compared to 8.7% in Nova Scotia.<sup>17</sup>

Food insecurity not only impacts how much food is available but the ability for families to access food that is healthy and nutritious.

**P3 - Recommendation 1:** CHBs would advise NSHA to partner with CHBs, local community groups and businesses to improve access to, affordability and consumption of healthy foods and beverages. As well as exploring the concept of incentives (for healthy) and disincentives (for unhealthy).

**P3 - Recommendation 2:** CHBs will connect with local community organizations to identify, promote, and provide access to local food assets such as, but not limited to:

- |  |  |
|--|--|
| Community and school garden plots and orchards | Cultural food vendors                                  |
| Community composting facilities                | Farmers markets  |
| Community kitchens                             | Food banks   |
| Community produce stands                       | Food boxes delivery                                    |
| Community share/agriculture daycare food box   | School breakfast and/or lunch programs                 |
|  | Seasonal community/communal meals - "Pay what you can" |

<sup>13</sup> Nova Scotia Participatory Food Costing Project. *Can Nova Scotians Afford to Eat Healthy?* Report on 2012 Participatory Food Costing. 2013. Mount Saint Vincent University: Halifax. [http://www.feednovascotia.ca/images/NSFoodCosting2012\\_Report.pdf](http://www.feednovascotia.ca/images/NSFoodCosting2012_Report.pdf)

<sup>14</sup> Tarasuk V. *Health implications of food insecurity*. In *Social Determinants of Health: Canadian Perspectives*, 2nd ed. Raphael, D., Ed.; Canadian Scholars' Press Inc.: Toronto, 2009; Chapter 14

<sup>15</sup> Nova Scotia Participatory Food Costing Project. *Can Nova Scotians Afford to Eat Healthy?* Report on 2012 Participatory Food Costing. 2013. Mount Saint Vincent University: Halifax. [http://www.feednovascotia.ca/images/NSFoodCosting2012\\_Report.pdf](http://www.feednovascotia.ca/images/NSFoodCosting2012_Report.pdf)

<sup>16</sup> *Household food insecurity*. Statistics Canada. CCHS. CANSIM Table 105-0545.

<sup>17</sup> <http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1050545&paSer=&pattern=&stByVal=1&p1=1&p2=-1&tabMode=dataTable&csid=17> Canadian Community Health Survey

### **P3 - Evaluation Plan:**

- Compare percent of survey respondents (SWNS) who report “consuming 5 or more fruits and vegetables daily” to inform next plan
- Compare percent of SWN survey respondents who identify themselves as food insecure to inform next plan
- Evidence of incentives/disincentives to improve access to, affordability and consumption of healthy foods and beverages
- Increase in number of local food assets

### **Priority 4 - Increase Supportive Environments for Seniors**

Sense of belonging is linked to our physical and mental health; the more isolated you feel the poorer both your mental and physical health will be. The more connected and supported you are, the healthier you will be. It's not just one aspect that makes up our sense of belonging. Sense of belonging includes:

- Our access to services, employment, programs and resources, food, housing, transportation, and health care.
- Our participation in clubs and committees, voting, recreation, arts and culture, and civic duties.
- Our connections and relationships to family and friends, support networks, our physical and natural environment, and our level of safety and trust.<sup>18</sup>

Support from families, friends and community is associated with better health. The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being acts as a buffer against stressors. Social stability, recognition of diversity, good working relationships, and cohesive communities provide a supportive environment that reduces or eliminates many potential risks to good health. Investing in and building the social capital of the community will have a positive impact on the health and well-being of the community.

A 2012 Statistics Canada study found that 20% of seniors participated in no frequent social activities. “Frequent social activities” are defined as weekly or monthly participation in a variety of activities.<sup>19</sup>

While a lack of participation in social activities is not in and of itself social isolation, it is a sign of lack of engagement in life outside of a person's home. Those who are not engaged with the community around them can more easily become isolated from that community.

If even close to 20% of Canadian seniors are now socially isolated and that percentage remains even close to constant going forward, the number of isolated older Canadians will swell for the foreseeable future as the Baby Boomers retire and reach older age.

**P4 - Recommendation 1:** CHBs would advise NSHA to support service providers and community organizations in removing barriers to accessing social gatherings/groups for seniors.

<sup>18</sup> Sense of Belonging, Community Connections and Support, NSHA Public Health Services, May 2015

<sup>19</sup> Gilmour, . (2012). Social participation and the health and well-being of Canadian seniors. Retrieved from <http://www.statcan.gc.ca/pub/82-003-x/2012004/article/11720-eng-htm>

**P4 - Recommendation 2:** CHBs will encourage, bring together and support local organizations to start discussion around engaging, educating and empowering seniors to volunteer, where they feel passionate and meet a community need, and support their peers, local organizations and communities through existing organizations and initiatives such as the Red Cross, Seniors Helpline, Seniors Outreach, Lunch N’ Learn and others.

**P4 - Evaluation Plan:**

- Compare percentage of seniors participating in no frequent social activities in survey
- Increase in number of community programs/services targeted towards isolated seniors
- Increase number of community groups/organizations focusing on volunteer opportunities for seniors

**D. CHB Chairs Contact info**

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**E. Summary**

We want our Collaborative Community Health Plan to influence how policy and decision makers think about health and how they can support and advance policies that impact the social determinants of health. Our hope is that our plan will support a shift in focus from promoting and encouraging unhealthy behaviors to creating supportive environments in our community – environments that promote health and make it easier for communities to be healthy. We want to encourage community action to achieve better health.