

COMMUNITY
HEALTH PLAN **RESPONSE**



Healthier Communities. Healthier Together: NSHA Response to CHB Community Health Plans

Community Health Boards (CHBs) are an important part of Nova Scotia Health Authority. They are a valuable link to the communities we serve and help shape our understanding of local health needs. They play an important role in building healthier communities through the development of community health plans that consider local perspectives, trends, issues, and priorities and by promoting and supporting action on initiatives that make a difference for the health and wellness of residents.

NSHA is committed to working with community health boards to build healthy public policy, create supportive environments and strengthen community action for health. To that end, we have worked to create a structure that will provide more consistent support to CHBs through the Public Engagement and Communications team. The public health structure has also been redesigned to establish stronger linkages with CHBs and the collaborative planning process, and has invested in new positions that will help support and enhance the work of Community Health Boards. Examples include:

- In each of the four zones staff positions focused on health equity, strategic partnerships, public policy and social action have been created reporting to the Healthy Communities Managers. In addition to strengthening the links with the Public Engagement and CHB Support managers in the zones, these positions will bring more strategic focus and coordination to community-level work with CHBs, other departments and agencies, and other community-based organizations.
- Restructuring has also enabled Public Health to invest in the Early Years programming, and to bring greater focus and commitment to Health Promoting Schools.
- Public Health is contributing to the development of a province-wide healthy eating policy for all NSHA facilities as a way to demonstrate system leadership on this issue and to model healthy eating behaviour and practice.

NSHA also supports CHBs in the distribution of Wellness Fund Grants to non-profit groups working to improve population health and support community health plans at the local level. The implementation of the Nova Scotia Chronic Disease Innovation Fund further supports community health boards to develop partnerships that improve the health of people living with or at risk of developing chronic disease.

A communication plan is being developed to identify opportunities to recognize, support and promote the work CHBs do in support of healthier communities. Planning is also underway to develop an inventory of formal and informal partnerships between CHBs and other community organizations. This will be done in collaboration with CHBs.

Community Health Planning

NSHA wishes to acknowledge the work of the 37 Community Health Boards across the province, the hundreds of volunteer members, and the thousands of hours that have gone into the community health plans. This ground-level feedback continues to be important input that helps build awareness and shape the health authority's understanding of local health needs.

We want to thank the Community Health Boards for their hard work and dedication on behalf of Nova Scotians.

This response document is a transitional report. Two years after the creation of a single provincial health authority, we recognize the progress we have made and the distance we still have to travel to create a truly integrated, coordinated health system which includes a robust role for Community Health Boards.

The community health plans included in this report represent those plans developed before, during and after the transition to the single health authority. Some were created for specific district health authorities, others were in the process during 2014-15, and still others were begun and completed in this first two-year period of NSHA's existence. This has created some challenges preparing a response to the plans but has led to a greater understanding of how we can build a new approach and process that meets the needs of both CHBs and NSHA, and continues to respect the needs and interests of local communities.

The Way Forward

Preparations are already underway to begin a new community health planning process that will result in all 37 CHBs completing community health plans in early 2019. This will coincide with health authority's 2019-2020 business planning cycle and the planning process that will result in NSHA's second strategic plan. Public Engagement and CHB Support staff are working with Public Health Healthy Communities staff to support the provision of community-level data for community health planning.

CHBs have been presented with a flexible model of community health planning that emphasizes coordination and collaboration. Boards will be supported to produce either collaborative community health plans that represent groups of CHBs, or plans that reflect the input and issues across each of the four administrative zones within the health authority structure. This approach will help streamline and focus the community health plans and improve NSHA's role and response. Equally importantly, it will enable CHBs to identify and rally behind common issues and priorities across all communities. The intent is to ensure that this alignment will bolster the voice of community in NSHA's planning processes around the common and persistent issues identified over the long history of CHBs in Nova Scotia.

Concerns have been expressed by some CHB volunteers that specific local issues will be diminished or lost altogether through this process. We are confident that the process we have developed and the staff support structure for Community Health Boards are responsive and flexible enough to ensure that specific local issues can be addressed more efficiently and closer to home in an effective and timely way.

Provincial Overview

All community health plans were reviewed for key themes and priority areas in the period between January and March 2017. Five broad priority areas common in all or most plans were identified. They are:

- issues relating to the provision of Mental Health and Addictions supports and services to communities
- access to programs and services for health care, health promotion and health status improvement
- issues related to navigating the complex health system
- the importance of ensuring that NSHA's many programs and services have a distinct Social Determinants of Health orientation to ensure that upstream health thinking is influencing program and service delivery
- healthy public policy advocacy and wellness and health promotion through Public Health and other programs are important to support the health of all Nova Scotians

Work is underway in a number of areas to examine program and service delivery to ensure these are meeting the needs today and into the future. The programs involved include Mental Health and Addictions and Primary Health Care – two areas that are strongly linked

to many of the CHB priorities. The priorities that have been identified to date align well with many of the recommendations contained in the community health plans. For example:

- providing information about available Mental Health and Addictions supports and services more consistently across the province, especially in rural and underserved areas where access to services is currently challenging;
- placing an emphasis on mental health promotion, and supporting the provision of mental wellness and other programs and services for those at-risk. For example, creating a network of mental health and addiction health promotion specialists across the province who will work on initiatives designed to promote positive mental health;
- examining access and navigation issues facing existing resources and services;
- improving collaboration with and providing support to primary care practitioners to enhance the provision of mental health and addictions care and treatment in communities.

As well, with the creation of the single provincial health authority structure, Public Health Services across the province have been reorganized and restructured to be more responsive. Both program restructuring and ongoing service planning work contribute to addressing issues and needs identified in the community health plans. Furthermore, it is important to note that these plans have provided NSHA with important local insights which have been considered as part of service planning or restructuring.

Finally, health equity is an important issue common to the work of all 37 CHBs. An important component of health equity – diversity – is part of ongoing work happening to create a joint NSHA-IWK Diversity Framework. This framework, once implemented, will move us towards addressing important access issues related to socio-cultural barriers experienced by some in the health care system. NSHA is also developing zone-based diversity committees to coordinate work and issues at a local level.

Zone-specific Recommendations and Responses

Public Health, Primary Health Care, Mental Health and Addictions and other program areas have examined the CHB health plans zone-by-zone and provided commentary on how they are addressing the CHB recommendations through their current work, or how they may address them through efforts that are planned for the future. Responses to the community health plan recommendations have been organized by zone.

Note:

As this report was being developed, the seven Community Health Boards in Central Zone were finalizing a new collaborative community health plan. This plan was released in early May and as such has not yet been thoroughly reviewed by all relevant program areas. The main themes of the community health plan from Central Zone CHBs have been captured in the provincial overview. Responses to the specific priorities and recommendations in the Central Zone CHB community health plan will be compiled, appended to this report, and an update issued once that process has been completed.

Priority / Pillar	CHB Recommendation	Nova Scotia Health Authority Response
1. Physical Activity	a) NSHA, specifically Public Health, to continue to work with municipal governments to advocate, establish and implement health public policies in relation to increasing access to physical activity(SW)	<p>NSHA continues to work with municipal partners to build healthy public policy as an element of our community responsiveness and outreach within Primary Health Care and Public Health. We work in schools, with municipalities and communities to create bylaws and guidelines that lead to healthier communities. We support strategies on topics like tobacco control, harmful alcohol use, healthy eating, housing and physical activity and community design. Some examples include:</p> <ul style="list-style-type: none"> • In collaboration with Yarmouth County Active Transportation (YCAT), and South Shore Active Communities (SSAC) we are working with communities and partners to increase policies and opportunities for communities (i.e. identify and prioritize next steps from the AT Symposium, Loose Parts Playground Project, Focus on Early Years Outdoor Play, etc.) • Healthy School Communities – through the partnership with AVRSB & DCCH - supports access to programming in school settings after hours.
	b) Create, identify and support local and provincial opportunities to advocate for healthy public policies with a focus on: Promote active transportation and built environments in community (AV)	
	c) Create and support programs and initiatives for individuals and families to increase their opportunities to be healthy with a focus on: developing skills around healthy eating and physical activity (AV)	<p>Wellness is a core component of Primary Health Care that will be integrated within family practice and primary health care teams. As the model develops in NSHA, it will include more wellness learning programs, coordination and navigation supports and working with others to support capacity building, engagement, and implementation of provincial health strategies.</p> <p>The Chronic Disease Innovation Fund (co-led by Primary Health Care and the Department of Health and Wellness) funded several projects to develop skills around healthy eating and physical activity.</p>
	d) Support and implement the initiatives in Thrive! –Physical activity and healthy eating strategy (SS)	<p>Healthy School Communities – through the partnership with AVRSB & DCCH, provide afterschool programming and initiatives</p> <p>Town of Berwick (TOB) Healthy Eating Policy passed in 2016 – through partnership the policy is being implemented and monitored</p>
	e) Develop partnerships with other community providers to encourage participation at all levels in PA opportunities. (SS)	<p>As part of the Health Promoting Schools partnership with SSRSB and DCCH, there is work within the school environment to improve physical activity integration beyond physical education and to strengthen the collaborative delivery of after-school programs.</p>
	f) Support the development and implementation of grassroots community physical activity initiatives, projects and processes. (SS)	<p>The Plant-to-Plant Group in the Region of Queens Municipality supported the development of a community garden and is exploring how to move forward on developing a plan for an edible landscape.</p> <p>NSHA supported the strategic planning and priority setting process for South Shore Active Communities, which has provided opportunity and direction to increase physical activity in communities.</p>
2. Mental Wellness/ Social Isolation	a) CHBs advise NSHA to develop strategies for increased public awareness in accessing supports related to mental health and wellness. (SW)	<p>Access to information and community-based supports is an important part of recovery for those living with mental illness and harmful involvement with substances and gambling. The current system of mental health and addictions care can be complex to navigate. Efforts are underway to enhance public awareness and understanding of program and service delivery and how patients/clients access and navigate mental health and addictions services. The planned establishment of a central intake system will enable easier access to the system and other community based supports.</p>

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<p>2. Mental Wellness/ Social Isolation (con't)</p>	<p>b) CHBs advise NSHA to support service providers and community organizations in removing barriers to accessing social gatherings/ groups for seniors. (SW)</p>	<p>NSHA's Mental Health and Addictions team has committed to promoting positive mental health for all Nova Scotians. Built on a foundation of health promotion, efforts will focus on the social determinants of health that influence positive mental health outcomes and health equity, while preventing or reducing stigma, harms, and injuries from poor mental health, substance use, and gambling.</p>
	<p>c) Create and support programs and initiatives for individuals and families to increase their opportunities to be healthy with a focus on: raise awareness and skills that impact mental wellness(AV)</p>	<p>This will include strategic actions in the areas of:</p> <ul style="list-style-type: none"> • establishing a Positive Mental Health Promotion Framework (including promoting positive mental health and health equity as well as preventing inequities, risks, injuries and harms from alcohol, tobacco, other drugs, and gambling) • building healthy public policy at all levels of government and with our communities • creating supportive, safer and healthier environments for all Nova Scotians • strengthening community action to result in social change • fostering community and individual resilience • re-orienting health services to promote better health and wellness • investing in population health promotion to enhance quality and accountability
	<p>d) Assist communities to create supportive environments that influence and change the physical and social environment with a focus on: Support mental health practices and promotion to assist in building resiliency, reducing stigma, increasing mental wellness, etc. (AV)</p>	<p>Through partnerships with AVRSB (Healthy School Communities) and SSRSB (Health Promoting Schools) NSHA provides funding to the school boards to work with the NSHA and other partners to enhance student learning and health outcomes and create and support school environments where student learning, health, well-being and overall achievement are improved.</p> <p>Working with our partners in education, Mental Health and Addictions we will be adding six new school-based mental health clinicians in selected areas across the province as part of Schools Plus. These positions will enhance access to community based mental health and addictions support for youth.</p>
	<p>e) Develop and implement programs that increase resiliency and positive self-esteem in youth.(SS)</p>	<p>Mental Health and Addictions currently has one peer support program underway that provides support for adults discharged from inpatient units to the community. We will work with other community organizations as they build their capacity to provide evidence-based peer support.</p>
	<p>f) Increase support for youth in schools and community for mental health issues. (SS)</p>	<p>Mental Health and Addictions supports the efforts of individuals and organizations to build community-based supports. Under the leadership of Department of Health and Wellness, we participate in the selection process for the Mental Health and Addictions Grants which awards up to \$150,000 yearly. We also participate in the Community Grants process which supports community based initiatives through the generosity of funds raised by the Mental Health Foundation of Nova Scotia.</p>
	<p>g) Support the formation, development and training of peer support groups for all ages throughout the mental health continuum. (SS)</p>	<p>Mental Health and Addictions has committed to promoting positive mental health for all Nova Scotians. As part of that commitment, we have identified a number of strategic actions required to strengthen community action to result in social change. One of our specific actions will be to work with community partners to develop a strategic engagement and public participation plan to increase community capacity in this area, including the awareness, knowledge and ability to take action to promote positive mental health.</p>
	<p>h) Support the development and implementation of grassroots community mental health initiatives, projects, and processes. (SS)</p>	<p>Primary Health Care has a strong focus on partnering with community to support the health of the population. Primary Health Care will be guided by the community outreach function, which includes:</p>
	<p>i) Create social opportunities and events to build a stronger sense of community and enhance social support networks. (SS)</p>	<ul style="list-style-type: none"> • engaging using a cultural safety, health literacy, and health equity lens • working with others to build healthy communities, being guided by activities that enhance community capacity • work with communities to strengthen community action • apply and adapt health system planning and service models to ensure appropriate fit with communities • support Public Health to build healthy public policy • Primary Health Care continues to build capacity of collaborative teams to offer mental health in a primary care setting

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<p>2. Mental Wellness/ Social Isolation (con't)</p>	<p>j) Provide opportunities to increase capacity, knowledge, and skills in health care providers, community organizations and leaders/ mentors to support mental health promotion (SS)</p>	<p>There were several Chronic Disease Innovation Fund projects that were linked with Mental Health and Addictions. They support grassroots mental health and addiction initiatives.</p>
<p>3. Food Security/ Healthy Eating</p>	<p>a) CHBs advise NSHA to partner with CHBs, local community groups and businesses to improve access to, and affordability and consumption of healthy foods and beverages. as well as exploring the concept of incentives (for healthy) and disincentives (for unhealthy) foods. (SW)</p>	<p>NSHA continues to work with partners to build healthy public policy as an element of our community responsiveness and outreach within Primary Health Care and Public Health.</p> <p>NSHA is supporting the implementation, monitoring and evaluation of policies on healthy eating in recreation settings In collaboration with our municipal partners.</p> <p>The Healthy Eating Recreation Settings (HERS) working group is planning to engage community groups and sports organizations in the local work via a variety of methods including a social media campaign and conference for coaches, etc. The evaluation of the policies is not yet complete but will provide an opportunity to see what the next steps will be.</p>
	<p>b) Create, identify and support local and provincial opportunities to advocate for healthy public policies with a focus on: Provide healthy food and beverages in community settings (AV)</p>	<p>The Food and Physical Activity Inventory/Snapshot Project is to provide an expanded profile of NSHA's actions addressing physical activity and healthy eating using existing inventory content and information from previous work. This project is expected to inform a variety of planning work in Public Health.</p> <p>Framing Our Food Policy Work Project is an effort to reframe our food policy issues using communication framing techniques. Tool(s) to support staff and partners with consistent messages that have underpinnings to achieve public health goals are being developed. A comprehensive communication plan is being developed to support the implementation of the provincial NSHA Food Policy .This includes development of an e-learning tool.</p>
	<p>c) Advocate for new public policy with regard to the food supply system to promote healthy eating. (SS)</p>	<p>NSHA supports the implementation of the NS School Food and Nutrition Policy through Health Promoting Schools.</p> <p>The Food Policy Development & Implementation Tools Project will conduct an inventory of existing healthy eating policy resources across sectors and settings (i.e. handouts, presentations, toolkits) and develop/agree on common tools. This is an opportunity to collectively ensure we are building on this, not duplicating effort and finding ways to share common content across food policy settings to support creating healthy environments.</p>
	<p>d) Continue the development and implementation of healthy food policies in public institutions, including South Shore Health(SS)</p>	<p>NSHA is involved in the South Shore Housing Coalition and local food policy work.</p>
	<p>e) Support the development and promotion of healthy eating environments in the community. (SS)</p>	<p>NSHA is partnering with several local municipal units, including the Town of Bridgewater, to revise their healthy food policies.</p> <p>South Shore Healthy Eating in Recreation settings continue to work with municipal recreation partners on implementing, monitoring and evaluation local recreation setting policies.</p>

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3. Food Security/ Healthy Eating (con't)	f) Support initiatives that lower the effect of poverty on healthy eating. (SS)	Cooking with Kids is a project in partnership with the South Shore Family Resource Centre and the Health Promoting Schools, located in the Early Years Centre at the New Germany Elementary school.
	g) Support community partners who advocate for healthy eating policies and initiatives. (SS)	School-based food services demonstration project SSRSB-- Health Promoting Schools Partnership received funding from NSHA to look into a model for providing cafeteria services in schools that would benefit students, cafeteria workers, local food producers, and stabilize budgets.
	h) Promote the development of healthy eating community education programs. (SS)	NSHA teams and programs lead and promote local healthy eating education programs. (e.g. 4 the Health of It healthy lifestyles group appointments include a nutrition component)
	i) Support initiatives that develop leadership capacity with regard to healthy eating (SS)	
4. Reorient Health System	a) Create and support programs and initiatives for individuals and families to increase their opportunities to be healthy with a focus on the following: Engage vulnerable populations Promote programming to reduce the risk factors for chronic disease (AV)	Your Way to Wellness is a community based, free program for people living with chronic (ongoing) health conditions. Participants learn how to manage their conditions better, develop new skills, and use proven tools to help them maintain an active, fulfilling life. Sessions are offered in communities across the province. Primary Health Care planning requires a population-based health approach in partnership with Public Health and other community partners. Community responsiveness and outreach: engagement, community development, and priority populations are key functions of our work. Wellness and integrated chronic disease management, along with primary care delivery across the lifespan are also core functions. This is ongoing work in Primary Health Care, with many local examples of initiatives and programs, including 4 the Health of It (risk factor management program) and partnerships with First Nations communities.
	b) Build physical activity practices into primary health care through partnerships with others community organizations. (SS)	
	c) Reorient the health system to move beyond an acute care model to one that puts a greater emphasis on health promotion and prevention of addictions.(SS)	Wellness is a core component of Primary Health Care that is integrated within family practice and primary health care teams in Nova Scotia. The wellness model includes: <ul style="list-style-type: none"> wellness learning programs coordination and navigation supports working with others to support capacity building, engagement, and implementation of provincial health strategies. Mental Health and Addictions has committed to promoting positive mental health for all Nova Scotians. As part of that commitment, the team has identified a number of strategic actions required to re-orient health services to promote better health and wellness. To guide this work, we have developed a Positive Mental Health Promotion Framework and Action Plan which includes focused work on preventing inequities, risks, injuries and harms from alcohol, tobacco, other drugs, and gambling.

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<p>4. Reorient Health System (con't)</p>	<p>d) Support collaborative partnerships among health care professionals, public sector and community organizations.(SS)</p>	<p>NSHA provides leadership and expertise, funding and other resources in support of collaborative partnerships among health care professionals, public sector and community organizations and works with partners in health, government, business, education and others including Foundations and Auxiliaries, toward common goals. Teams are working together to build healthy public policy, create supportive environments, strengthen community action for health and enhance delivery of programs and services.</p> <p>Community responsiveness and outreach: engagement, community development, and priority populations are key functions of our work in primary health care and public health. Wellness and integrated chronic disease management, along with primary care delivery across the lifespan are also core functions.</p>
	<p>e) Advocate for a collaborative environment among providers to enhance whole family health.(SS)</p>	<p>Strong primary health care and robust primary health care teams are the foundation of the health care system. NSHA is focused on strengthening access to interprofessional, primary health care teams who will work in partnership with individuals and families to receive and participate in their own continuous, coordinated care across the lifespan from birth to death. There are many examples of existing teams in the Western Zone and efforts are underway to build new and strengthen existing teams to meet the needs of the community.</p>
	<p>f) Support a ‘whole family care’ model including the development of a strategy and a policy.(SS)</p>	<p>The Breastfeeding Collaborative Network and the Enhanced Home Visiting Program are programs focused on supporting whole family health.</p>
	<p>g) Advocate for removing accessibility barriers to improve healthy family development.(SS)</p>	<p>Public Health conducts universal postpartum screening to identify families with risk factors known to negatively impact healthy child development such as financial difficulty, and lack of social supports and recently introduced a new postpartum screening tool for use in hospital. The screening tool is comprehensive and evidence-based. The goal is to screen all families following the birth of a child and determine the additional supports or programs from which they might benefit. These supports could include programs such as the Enhanced Home Visiting program of other parenting programs available in the community.</p>
	<p>h) Support initiatives that develop leadership and mentoring skills and capacity in the community to promote healthy child, youth, and family development.</p>	<p>The Enhanced Home Visiting Program provides comprehensive home visiting support by Public Health prenatally and for the first three years of life. The program focuses on supporting parents by promoting healthy parent-child relationships, fostering healthy childhood development, and linking families with community resources.</p> <p>Loving Care is a series of four books for parents of children from birth to age three. Loving Care focuses on information that will help young families to protect, promote, or improve their health, and to prevent illness, injury or disability. Loving Care has been developed to help parents to better recognize and build on their own strengths as parents.</p> <p>Teams work in partnership with families and other community-based organizations such as the Early Years Support Center, to support wellness and improve access to supports.</p>
	<p>i) Continue to support and enhance community-initiated wellness programs.(SS)</p>	<p>NSHA program and site leaders, continue to build partnerships and liaise with communities on wellness program initiatives such as the ongoing partnership with community YMCAs.</p> <p>The Chronic Disease Innovation fund has supported many community organizations to implement wellness programs.</p>
	<p>j) Support collaborative health care models and strategies.(SS)</p>	<p>See previous responses, with the addition of primary health care teams providing continuous care and coordination for people who transition between acute, speciality, community and other chronic care setting. Over time the linkages will be strengthened between primary and speciality care.</p>

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<p>4. Reorient Health System (con't)</p>	<p>k) Support and enhance the delivery of primary health care services in rural communities and locations. (SS)</p>	<p>There are approximately 50 collaborative family practice team locations in Nova Scotia. Many of them are in rural communities. NSHA is working to create more and strengthen existing family practice teams and recently added more than 20 new family practices nurses and nurse practitioners. Recruitment of family doctors is also a priority. There are recruitment teams in each zone and NSHA has enhanced national and international recruitment activities. Collaborative family practice teams, when working in a health home model, focus on quality and provide enhanced access and comprehensive care to fully meet the health needs of the practice's patients and the broader community. NSHA is partnering with collaborative family practice teams across the province to move in this direction.</p>

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1. Mental Wellness and Sense of Community Belonging	a. Build and enhance meaningful and active relationships with stakeholders and community groups to identify and promote partnership opportunities and awareness to bridge any gaps in community programs (CEH)	<p>There is an enhanced focus on patient/client engagement as part of NSHA's strategic directions, facilitated through accreditation processes and participation on the quality committees, program planning, etc. NSHA is working to build internal knowledge and capacity to support this work.</p> <p>Partnerships with local organizations/facilities have been established to support healthy living activities – creating venues to have these conversations where stakeholders have an opportunity to come together and meaningfully discuss.</p> <p>Primary Health Care has worked to promote/ facilitate meaningful and active relationships through initiatives such as Numbers 2 Know, Your Way 2 Wellness, Group Medical Visits, and information sharing with nurse practitioners and family practice nurses.</p> <p>Public Health's work to create and support healthy communities has been strengthened with the addition of several consultant roles within the public health structure, including one focused on partnerships and engagement. The consultant roles will be leveraged to support our CHB partners across the zone by identifying opportunities for us to work together to achieve better health outcomes.</p> <p>A new Consultant, Partnership & Engagement will support Public Health staff in identifying opportunities for knowledge exchange and translation with our partners in order to connect and build the understanding required to take specific and measurable action to improve health.</p> <p>In recognition that a wide range of system supports are needed to provide care and support to those living with mental illness and harmful involvement with substances and gambling, Mental Health and Addictions have enhanced collaboration with other sectors, including justice, education, and community/social services and are developing partnerships with diverse communities to ensure timely and equitable access to a continuum of safe, quality care and supports.</p>
	b. The CHBs will advocate a sense of belonging through encouraging volunteerism and engagement in local communities.	<p>NSHA supports this recommendation and will support the CHBs' efforts through public engagement and communication activities.</p>
	c. The CHBs will work with NSHA Mental Health and Addiction to increase awareness of mental health support services	<p>Access to information and community-based supports is an important part of recovery for those living with mental illness and harmful involvement with substances and gambling. The current system of mental health and addictions care can be complex to navigate. Efforts are underway to enhance public awareness and understanding of program and service delivery, community engagement and how patients/clients access and navigate mental health and addictions services. NSHA welcomes the opportunity to work collaboratively with Community Health Boards in this important work.</p> <p>The planned establishment of a central intake system will enable easier access to the system and other community-based supports.</p>
	d. Collaborate with schools, Mental Health and Addiction staff, and families to support youth who suffer from mental illness and/or addiction	<p>Health Promoting Schools is intended to create and support conditions for continuous improvement in educational outcomes through promotion and supports needed to create and maintain healthy environments in which to learn. This is inclusive of mental health. The re-launch of HPS across northern zone will include our mental health partners and stakeholders.</p>

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<p>1. Mental Wellness and Sense of Community Belonging (con't)</p>	<p>e. Support community-based education and shared learning opportunities that promote mental health awareness and wellness</p>	<p>Mental Health and Addictions are committed to improving the meaningful engagement of clients/patients and their families in clinical decision making. Continued implementation of the Choice and Partnership Approach (CAPA) will enable consistent and coordinated care and supports for children, adolescents and their families. In addition, working with our partners in education, Mental Health and Addictions is adding six new school –based mental health clinicians in selected areas across the province. These positions will enhance access to community based mental health and addictions support to youth.</p> <p>Nurse practitioners providing support to the Youth Health Centers make referrals to Mental Health and Addictions on a regular basis.</p> <p>NSHA has committed to promoting positive mental health for all Nova Scotians. As part of that commitment, we have identified a number of strategic actions required to strengthen community action to result in social change. One of our specific actions will be to develop a strategic engagement and public participation plan to increase community capacity in this area, including the awareness, knowledge and ability to take action to promote positive mental health.</p> <p>Creating a network of mental health and addiction health promotion specialists across the province who will work on initiatives designed to promote positive mental health has been identified as a system priority.</p> <p>Staff working in Primary Health Care and Mental Health and Addictions facilitate group programming opportunities for the community (i.e. stress management, coping with anxiety, mindfulness, etc.) and support community workshops and information sharing, during Healthy Living Sessions, the Caregiver Retreats, Aging Well Network Meetings, Falls Prevention Expo, etc.</p> <p>Public Health staff supported the Headstrong initiative in the Keltic Family of Schools.</p>
<p>2. Healthy Active Living</p>	<p>a. Work with targeted partners and inspire local community to promote local access to physical activities, and outdoor play (CEH)</p>	<p>NSHA continues to work with municipal partners to build healthy public policy as an element of our community responsiveness and outreach within Primary Health Care and Public Health. We work in schools, with municipalities and communities to create bylaws and guidelines that lead to healthier communities. We support strategies on topics like tobacco control, harmful alcohol use, healthy eating, housing and physical activity and community design. Some examples:</p> <ul style="list-style-type: none"> • Support to the Outdoor Play Project in Colchester East Hants. • Partnership with Town of Amherst and Department of Communities, Culture & Heritage to support and understand ice allocation policies • Support and input to municipal strategic planning sessions to help create awareness of the opportunities available in our communities and the impact they have on health • Work with Science & System Performance division to deepen our understanding of the role of public health in physical activity. <p>The Health Promoting Schools initiative involves a wide range of programs, activities, and services that take place in schools and their communities. Health Promoting Schools combines health instruction; community support and partnerships; and creates supportive environments based on health promoting programs and policies. These actions are intended to develop over time and to strengthen the school community as a healthy setting for learning, playing, working, and living.</p>

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<p>2. Healthy Active Living (con't)</p>		<p>NSHA participates at a committee level and continues to explore/enhance partnerships with local organizations/facilities, etc. to support healthy living activities. This includes working with recreation departments/facilities to create opportunities for linkages. In partnership with recreation staff in municipalities and Communities, Culture and Heritage, Public Health advocates for access to local facilities as well as the development and maintenance of trails, parks and open spaces for use by all members of the community. NSHA will continue to partner and build relationships with local recreation departments and the Department of Communities, Culture & Heritage.</p> <p>NSHA promotes events and programs through health centers/waiting rooms and sharing information with employees.</p> <p>There are many NSHA champions in the community who advocate, promote and support local community work.</p>
	<p>b. Encourage healthy eating opportunities by fostering awareness and supporting efforts to create healthy environments in which to make positive food choices. Foster a systematic approach to supporting people where they live, go to school, work and play (CEH)</p>	<p>Public Health continues to support the development, implementation and evaluation of food and beverage policies in public institutions. This includes work to support, enhance or renew existing food policies that promote healthy eating or make healthy food the default choice (i.e., Food and Nutrition Policy for NS Schools, Standards for Food and Nutrition in Regulated Child Care Settings).</p> <p>In partnership with municipalities and government departments, Public Health will explore opportunities for implementing the Guidelines for Healthy Eating in Recreation and Sport Settings, continue to advocate for and help increase opportunities for access to local food and lead by example with the NSHA Healthy Eating policy. Health Promoting Schools provides an overall framework for key school health initiatives in the province including, but not limited to healthy eating. Initiatives and policies such as the Food and Nutrition Policy for Nova Scotia Public Schools, the Provincial Breakfast Program, support the provincial Health Promoting Schools Initiative.</p>
	<p>c. Advocate to municipalities to adopt policies supporting the availability of healthy food and recreation choices in public spaces (CEH)</p>	<p>Knowledge transfer and information sharing between Primary Health Care providers/dietitians and Public Health to support healthy public policy and ensure Primary Health Care staff are informed and able to reinforce and support key messages and advocate for upstream approach.</p> <p>NSHA's partnership and collaboration with Nourish Nova Scotia supports nourishment and food literacy programs in school communities including support breakfast programs.</p>
	<p>d. Develop partnership with the Nova Scotia Federation of Agriculture to support their work on "NS Healthy Food and Food Systems Strategy" (CEH)</p>	<p>Public Health will partner with the Colchester Obstetrics Office to provide family centred opportunities to strengthen supports for infant feeding with a focus on those having difficulty accessing supports. This project will connect families with the resources and supports they need for infant feeding.</p>
	<p>e. The CHBs will partner with multiple sectors including recreation, tourism, culture, environment, and work places to encourage the provision of local physical activities and health opportunities.</p>	<p>NSHA supports this recommendation and will support this work through our efforts to support and promote healthy public policy.</p>

Priority / Pillar	CHB Recommendation	Nova Scotia Health Authority Response
<p>2. Healthy Active Living (con't)</p>	<p>f. The CHBs will promote and host educational opportunities for all ages to nurture healthy communities and individual lifestyles</p>	<p>NSHA supports this recommendation and will support the CHBs' efforts through public engagement and communication activities.</p>
	<p>g. The CHBs will advocate NSHA to increase strategies for access to health services, including, for example outreach and mobile/ electronic health promotion services</p>	<p>There are approximately 50 collaborative family practice team locations in Nova Scotia. Many of them are in rural communities. NSHA is working to create more and strengthen existing family practice teams, including adaptive team members, to provide community based primary care and satellite clinic services. More than 20 new family practices nurses and nurse practitioners have recently been added. Recruitment of family doctors is also a priority. There are recruitment teams in each zone and NSHA has enhanced national and international recruitment activities. Collaborative family practice teams, when working in a health home model, focus on quality and provide enhanced access and comprehensive care to fully meet the health needs of the practice's patients and the broader community. NSHA is partnering with collaborative family practice teams across the province to move in this direction.</p> <p>NSHA supports and promotes programs such as Numbers 2 Know, Community Blood Pressure, Glucose and BMI screening, YW2W, Healthy Living Sessions, Caregivers Retreat, Minds in Motion event, "Gettin' Healthy Towns" and Community Garden Projects, Nourish Your Roots Local School initiative). As part of its work planning strategies, Public Health continues to identify opportunities for partnerships in order to reach target populations.</p>
	<p>h. Acknowledge and support partners who promote physical activity that is accessible to everyone</p>	<p>NSHA promotes/advertises opportunities within health centres and primary health care clinics – waiting room area and include as part of client goal setting/care plan.</p> <p>NSHA promotes events that promote a physically active lifestyle via event calendars, social media channels , with primary health care practices and among health care providers.</p> <p>NSHA write letters of support and recognition and participates in initiatives that promote a physically active lifestyle. (ie Walkabout NS Challenge)</p> <p>NSHA continues to work with and seek opportunities to support municipalities to ensure physical activity is accessible for all citizens. For example:</p> <ul style="list-style-type: none"> • Partner with Town of Amherst and Department of Communities, Culture & Heritage to support and understand ice allocation policies • Provide support and input to municipal strategic planning sessions to help create awareness of the opportunities available in our communities and the impact they have on health • Work with Science & System Performance division to deepen our understanding of the role of public health in physical activity. • Participate in Walk with A doc at the Rath Eastlink Community Centre in Truro <p>Continue to partner and build relationships with local recreation departments and the Department of Communities, Culture & Heritage.</p>

Priority / Pillar	CHB Recommendation	Nova Scotia Health Authority Response
<p>2. Healthy Active Living (con't)</p>	<p>i. Promote existing and new “free” opportunities for physical activity and events that promote a physically active lifestyle</p>	<p>NSHA promotes events that promote a physically active lifestyle via event calendars, social media channels, with primary health care practices and among health care providers. (ie Walk with a Doc, Walkabout NS Challenge)</p>
	<p>j. Support organizations and community groups that provide opportunities for teaching, education and/or awareness about choosing and preparing healthy food options</p>	<p>Dietitians and other health care providers help inform, promote and support this work. (IE TIPS (Trauma Informed Parenting) classes offered through Kids First.)</p> <ul style="list-style-type: none"> Public Health works to strengthen existing local food projects (i.e., community or institutional gardens, community shared agriculture, awareness of food insecurity etc.) and identify new opportunities to encourage local food production and accessibility. Public Health is an active member of the Pictou County Food Security Coalition.
	<p>k. Encourage local food production through supporting local farmers markets, local food events and local producers, including community garden projects</p>	<p>NSHA supports partnerships between public health nutritionists, health promoters and others to support and encourage access to safe, local and healthy foods. For example:</p> <ul style="list-style-type: none"> Public Health works to strengthen existing local food projects (i.e., community or institutional gardens, community shared agriculture, awareness of food insecurity etc.) and identify new opportunities to encourage local food production and accessibility. Public Health is an active member of the Pictou County Food Security Coalition.
<p>3. Thriving Communities, Prosperity and Affordability</p>	<p>a. Advocate collectively with other CHBs and other advocacy groups (Anti-poverty networks, NS health coalitions) to provincial government for minimum wage and to employers’ association groups (i.e. Chamber of Commerce) regarding living wage (CEH)</p>	<p>Public Health’s new Health Equity Consultant will support the work of public health and its partners to examine health inequities in communities.</p> <p>Public Health continues to provide support to the Colchester Anti-Poverty Network and the Empowering Beyond Barriers group (Cumberland) to advocate for and increase understanding of living wage.</p>
	<p>b. Engage the community in specific conversations on affordability and accessibility to better understand needs, awareness of programs supporting those needs, and gaps in programs (CEH)</p>	<p>NSHA will, in partnership with CHBs and through community engagement and conversations, increase understanding of the issues related to affordability and accessibility in our communities and identify partners who could collectively contribute to identifying solutions to address the existing gaps in service and supportive environments.</p> <p>Public health continues to work with diverse/marginalized communities to provide relevant community-based services.</p>
	<p>c. Advocate for healthy policies that support prosperity across our communities with an emphasis on our vulnerable populations</p>	<p>Nova Scotia Health Authority continues to work with partners to build healthy public policy, create supportive environments and strengthen community action for health.</p> <p>Primary Health Care planning uses a population-based health approach in partnership with Public Health and other community partners. Community responsiveness and outreach: engagement, community development, and priority populations are key functions of our work in primary health care and public health. Wellness and integrated chronic disease management, along with primary care delivery across the lifespan are also core functions. This is ongoing work in Primary Health Care, with many local examples of initiatives and programs, including 4 the Health of It (risk factor management program) and partnerships with First Nations communities.</p>

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<p>3. Thriving Communities, Prosperity and Affordability (con't)</p>		<p>Public Health uses a health equity lens and supports our partners in same, to advocate for and contribute to the development of policies related to adequate, affordable housing, food security and living wages. (Health Equity and Public Policy and Social Action consultants)</p>
<p>4. Community Engagement, Connection, and Inclusion</p>	<p>CHBs will map out existing members' affiliations and identify gaps and each CHB will identify specific groups with whom to reach out and connect to encourage an information sharing sessions to build understanding and potential partnerships (CEH)</p>	<p>NSHA supports this recommendation and will work with CHBs to develop an inventory of formal and informal partnerships between CHBs and other community organizations.</p>
	<p>CHBs will seek out groups who are making successful connections with diverse populations and marginalized groups in their communities to partner with and learn from them, and seek opportunities for CHBs to offer assistance/funding/resources to help these groups increase their reach (CEH)</p>	<p>NSHA supports this recommendation and will work with CHBs to develop an inventory of formal and informal partnerships between CHBs and other community organizations.</p>
	<p>The CHBs will convene diverse community groups to build, develop, nurture, and maintain partnerships to identify common interests, and collaborate in goal achievement of priorities 1, 2 and 3</p>	<p>NSHA supports this recommendation and will work with CHBs to develop an inventory of formal and informal partnerships between CHBs and other community organizations.</p>
	<p>a. Engage in ongoing conversation with our community partners</p>	<p>Engagement with Nova Scotians is a strategic priority and is informing NSHA's planning and priorities. Thousands of Nova Scotians added their voice to the conversation about the challenges and opportunities for better health and positive change through NSHA's public engagement strategy, Talk about health. NSHA will continue to engage the public and key stakeholders in priority initiatives.</p> <p>A Patient, Family & Public Advisory Council has been created to provide advice on policies, practices, planning and delivery of patient and family-centered care. This ensures patients, families and communities are meaningful partners at all levels of service planning, allowing their perspectives to be heard and thoroughly considered in decision making.</p> <p>NSHA expanded the role of patient and family advisors on quality teams to support ongoing improvements in care and service delivery.</p>

Priority / Pillar	CHB Recommendation	Nova Scotia Health Authority Response
<p>4. Community Engagement, Connection, and Inclusion (con't)</p>		<p>NSHA is building internal knowledge and capacity among our teams through training modules, tools and resources.</p> <p>Resources such as Consultant, Partnership and Engagement in public health, are designed to strengthen workforce and community capacity.</p> <p>Engagement has been built into the process for the design of major projects (ie QEII Redevelopment project, North Cumberland Memorial Hospital redevelopment.)</p> <p>Plans are being developed to support ongoing communication and engagement with key partners such as physicians, Community Health Boards, Foundations, Auxiliaries, MLAs and municipal representatives.</p>

Priority / Pillar	CHB Recommendation	Nova Scotia Health Authority Response
<p>1. Addressing Poverty</p>	<p>a. Support the living wage work currently underway by the Antigonish Poverty Reduction Coalition (APRC) and encourage municipalities in other areas to fund research to identify a living wage in their community. The CHBs will work to link APRC and Health Equity Action and Resource Team (HEART) with other partners working to reduce poverty in the other CHB areas. We will have conversations to improve the understanding of what comprises a living wage in all three CHB areas. This will involve facilitating the sharing of research methods and dissemination of research findings.</p>	<p>NSHA recognizes the effects of poverty and the direct impact that it can have on individual and population health. Poverty can be a barrier to accessing Primary Health Care services. Through our Public Health community health network needs assessment, we have prioritized communities and groups that we are working with to reduce poverty based on poverty indicators. Some examples: Primary Health Care is a collaborative partner within the Lindsay’s Health Centre for Women as well as the Men’s Health Centre. Both promote Primary Health Care supports and services that are more readily accessible to underserved populations within our communities.</p> <ul style="list-style-type: none"> • Primary Health Care dietitian works with income assistance recipients to complete community services forms enabling additional income support to buy specific food tailored to their needs (i.e. gluten free diets, cancer specific diets) • Primary Health Care clinicians advocate daily for patients with regards to completing forms to get medications covered via income assistance programs such as Pharmacare or community services programs. • Public Health has been involved in the work of Antigonish Poverty and HEART and will continue to work with these organizations to support the research of the living wage. <p>Our teams are helping to advance projects like Housing First, an initiative in Cape Breton to move people experiencing homelessness into independent and permanent housing. We also participate in Under One Umbrella, which gives people who are homeless or at risk of homelessness in the Cape Breton Regional Municipality a chance to access services in one spot on one day. Services available may include immunizations, hearing and vision assessments and foot care. Many community partners are on hand with information about their services as well as supports such as comfort kits containing personal care items and winter clothing.</p>
	<p>b. Advocate for living wage policies to be implemented within the community.</p> <ul style="list-style-type: none"> • Advocate for local businesses to adopt a living wage policy. • Publicly acknowledge those who do provide a living wage for all employees and contractors. • Highlight the work of the poverty coalition and work with partners and stakeholders toward implementation of a living wage policy (along with consistent hours)(broader employment standards policy) 	<p>These advocacy efforts will be brought forward to the Rural Strategic Networks as a population health action. Public Health will assist with the evidence to support this work by sharing any research findings and best practices</p>
	<p>c. After establishing a baseline living wage in Antigonish, advocate to the Department of Community Services to appropriately fund social assistance recipients to enable them to receive a living wage or equivalent.</p>	<p>Public Health will assist with the evidence to support this work by sharing any research findings and best practices.</p>

Priority / Pillar	CHB Recommendation	Nova Scotia Health Authority Response
<p>2. Promoting Social Inclusion</p>	<p>a. CHBs convene regular meetings with local partners and stakeholders to discuss and learn about factors impacting and resulting from social isolation, including impact on mental health. Offer to help by supporting NSHA to identify and index work currently underway, communicate successes and concerns, and develop an action plan to further address issues.</p>	<p>Inclusion and isolation were noted as an issue through our community health network needs identification work. It was noted that there were numbers of seniors living rurally, isolated not only by geography but socially as well with family members living away from the area.</p> <ul style="list-style-type: none"> • Primary Health Care coordinators will add a voice to the local partner and stakeholder group and speak to the health realities of those socially and geographically isolated. • Preliminary conversations happening with Primary Health Care dietitian and New Dawn enterprises to work together on initiatives aimed at addressing the relationship between food security and social isolation with target populations such as young families without cooking skills, immigrant populations e.g. Syrian Refugees, and seniors living alone who wish to learn/share hands on cooking skills and positively impact social inclusion. The dietitian’s role would be to facilitate healthy eating programs. • As we set up the Rural Strategic Care Networks, CHBs representatives will be invited and can speak to work around this area and we will discuss how we can support. • Mom2Mom Program – consists of a group of mothers living within the Guysborough, Antigonish and Strait areas, who believe in the value of breastfeeding and peer support, who provide telephone support to pregnant women, and mothers with babies, living within their communities. The program was created to support and encourage mothers and families during their breastfeeding experiences and increase breastfeeding initiation rates in the Antigonish, Guysborough and Strait areas. • ‘Make Breastfeeding Your Business’ campaign (http://breastfeedingcb.com/) Note: website currently being updated through funds from Chronic Disease Innovation Grant in partnership with CB Family Place Resource (included in social marketing campaign with 902 Ads). • Public Health healthy communities team will look at ways for team members to connect with CHBs on current work on housing, transportation, food security and the role social inclusion plays in this work. • Research is currently taking place with offenders both inside the Correctional Facility and in the community (Community Corrections - Probation). Questions will be asked to better understand what is behind some men doing well and having successes and others having poorer outcomes. This will uncover needs, obstacles, barriers and ways for partners to help bridge some of these factors to lead to better outcomes. Public Health is assisting with literature review and drafting possible interview questions and assisting with interviews. • There is an important role for communities to play in caring for and supporting people and their families living with or at-risk for mental health disorders and/or harmful substance use/gambling. We applaud the Community Health Boards on their initiative to engage partners in the sharing of information and the development of community action plans to address gaps.
	<p>b. NSHA fund a dedicated staff person to provide a resource to CHBs to examine, coordinate and respond to the issue of social inclusion from a Guysborough, Antigonish and Strait Area systems viewpoint.</p>	<p>No action underway at this time.</p>

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<p>3. Early Childhood Development</p>	<p>a. Identify key stakeholders and convene meetings to discuss areas impacting early childhood education and experiences including but not limited to: access, cost, pay equity for workers and support for families relying on the services. Create a community-based action plan outlining ideas and actions for change.</p>	<p>It has been noted that school readiness as demonstrated by the EDI data is an issue in communities throughout the Eastern Zone. It has been noted in community health network needs identification work in all three community health networks. Examples:</p> <ul style="list-style-type: none"> Guysborough County has started an Early Years Working Group and we are working to make positive changes with parents, children and community programs of Guysborough Co. Primary Health Care manager is partnering with Public Health Early Years Manager to identify possible supports from Primary Health Care for this demographic. <p>Covering Inverness County, Victoria County, Port Hawkesbury, Wagmatcook and Waycobah First Nation Communities, Public Health has been involved in community events to develop a movement to support early childhood development and families in the communities. There is a core team developed now to conduct a needs assessment and asset mapping with the goal of developing an action plan and a declaration to be signed by municipal councils. Please visit www.raisingthevillages.webs.com for information about each gathering.</p> <p>Early Years Centres (EYC) – 3 EYCs in Eastern Zone (East Antigonish Education Centre in Monastery; Jubilee Elementary in Sydney Mines; Ecole Beauport in Arichat). Public Health has varying involvement across each centre – from delivering Enhanced Vision Screening to participating in planning and evaluation working groups.</p> <p>Guysborough County Early Years Network – collaboration between agencies/organizations committed to providing services to the 0-6 y/o population (Public Health, Kids First, Early Intervention, Guysborough Adult Learning Association, Dept of Community Services, Primary Health Care). Purpose is to enhance collaboration and build supportive environments for early childhood development. Recommendation for the work of this group is informed by EDI data. Network is sharing EDI data and recommendations for action to municipal councils. Two presentations have been held to date (Guysborough and St. Mary’s). The group also plans to create a social media campaign to provide evidence based information to families regarding concrete actions they can take to support literacy and cognitive development in children.</p>
	<p>b. Partner with NSHA to form a working group to hold conversations with stakeholders regarding increasing support for early childhood educators and daycare workers, as well as advocating to applicable governments for appropriate remuneration for early childhood educators.</p>	<p>NSHA will participate with CHBs in the dialogue about the importance of the role of early childhood educators and assist with the evidence to support this work by sharing any research findings and best practices.</p>
<p>4. Food Security</p>	<p>a. Create a CHB subcommittee composed of CHB members and community leaders in food security that will examine what is happening in other areas of the province regarding government policies, supports and best practices with regards to food security from root cause/</p>	<p>Public Health will support this subcommittee with the gathering of evidence, best practices, policies related to food security and commit a portion of time of a nutritionist.</p> <p>Building a Breastfeeding Environment (BaBE) is a community initiative dedicated to supporting breastfeeding in the Antigonish-Guysborough-Strait region. The objective is to collaborate with the public in developing a culture where breastfeeding is viewed as being acceptable anytime and anywhere, and to build community capacity in implementing appropriate changes to make this possible. Through physical and virtual means (social media), BaBE connects individuals, families, and communities in fostering a culture that promotes breastfeeding through increasing awareness of its importance and building the capacity to support change. BaBE’s foundation comprises of community members and also</p>

Priority / Pillar	CHB Recommendation	Nova Scotia Health Authority Response
<p>4. Food Security (con't)</p>	<p>social determinants of health perspective.</p>	<p>includes: Public Health, Kids First staff, mothers, BFI committee members, students, health professionals, researchers and La Leche League members.</p>
	<p>b. Advocate to local municipalities to support local gardens and invest in the infrastructure and educational resources needed to get locally grown food to community members and help people benefit from this resource. This includes education on preparation and preservation of the food.</p>	<p>Public Health continues to support the development, implementation and evaluation of food and beverage policies in public institutions. This includes work to support, enhance or renew existing food policies that promote healthy eating or make healthy food the default choice (i.e., Food and Nutrition Policy for NS Schools, Standards for Food and Nutrition in Regulated Child Care Settings).</p> <p>NSHA's partnership and collaboration with Nourish Nova Scotia supports nourishment and food literacy programs in school communities including support for breakfast programs.</p> <p>The partnership with school boards across the province to implement a Health Promoting Schools approach includes supporting access to healthy food in schools and implementing the school food and nutrition policy.</p> <p>Nutritionists work with various groups to review, develop and support policies that support local growers and local foods. For example nutritionists are working with Island Food Network, Our Food Store Association and Antigonish Food Security Association to support local community gardens and address food insecurity in our communities.</p>
	<p>c. Where possible, ensure all CHB events and functions support local growers and sustainable, local foods through the procurement of food and produce from organizations that support or produce local products</p>	<p>NSHA supports this recommendation in principle within certain limitations and parameters, including the availability of local vendors and consistency with the procurement process.</p>
<p>5. Partnerships & Social Cohesion</p>	<p>a. Improve the communication both internally – within individual CHBs, and the NSHA, and externally – in CHB communities and across the province. The use of social media is strongly encouraged as a way to engage youth, whose voices are often not heard in community discussions.</p>	<p>Engagement with Nova Scotians is a strategic priority and is informing NSHA's planning and priorities. NSHA will continue to engage the public and key stakeholders in priority initiatives.</p> <p>NSHA is building internal knowledge and capacity among our teams through training modules, tools and resources. Resources such as Consultant, Partnership and Engagement in public health, are designed to strengthen workforce and community capacity. Engagement has been built into the process for the design of major projects (ie QEII Redevelopment project, North Cumberland Memorial Hospital Redevelopment.)</p> <p>Plans are being developed to support and strengthen ongoing communication and engagement with key partners including Community Health Boards, Foundations, Auxiliaries, physicians, MLAs and municipal representatives.</p> <p>Public health continues to work with diverse/marginalized communities to provide relevant community-based services.</p>
	<p>b. Develop and foster a closer involvement with the Cape Breton Chamber of Voluntary Organizations and Community Sector Council of NS.</p>	<p>These groups will be included in NSHA's efforts to engage the public and key stakeholders in priority initiatives.</p>

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<p>5. Partnerships & Social Cohesion (con't)</p>	<p>c. Advertise and promote the use of 211 Nova Scotia.</p>	<p>NSHA advertises and promotes the use of 211 in a variety of ways, including:</p> <ul style="list-style-type: none"> • mentions in media releases • social media posts • link to 211 is included on the NSHA website • highlighted at NSHA sites through cards and posters, etc. (Health Connections, the Library teleprompter, posters, etc.) • informal promotion of 211 within collaborative teams <p>Primary Health Care had collected information on services in all our communities; this was shared with 211 who is now keeping it current. Reference to 211 is included in NSHA's pre/postpartum key messages, community resource listing in postpartum packages and Youth Health Centre information</p>
	<p>d. Include all residents in its consultations and program and service planning efforts.</p>	<p>Engagement with Nova Scotians is a strategic priority and is informing NSHA's planning and priorities.</p> <p>Thousands of Nova Scotians added their voice to the conversation about the challenges and opportunities for better health and positive change through NSHA's public engagement strategy, Talk about health. NSHA will continue to engage the public and key stakeholders in priority initiatives.</p> <p>A Patient, Family & Public Advisory Council has been created to provide advice on policies, practices, planning and delivery of patient and family-centered care. This ensures patients, families and communities are meaningful partners at all levels of service planning, allowing their perspectives to be heard and thoroughly considered in decision making.</p> <p>NSHA expanded the role of patient and family advisors on quality teams to support ongoing improvements in care and service delivery.</p> <p>NSHA is building internal knowledge and capacity among our teams through training modules, tools and resources and resources such as Consultant, Partnership and Engagement in public health, are designed to strengthen workforce and community capacity for engagement.</p> <p>Engagement has been built into the process for the design of major projects (ie QEII Redevelopment project, North Cumberland Memorial Hospital Redevelopment.)</p> <p>Plans are being developed to support ongoing communication and engagement with key partners such as physicians, Community Health Boards, Foundations, Auxiliaries, MLAs and municipal representatives.</p>
	<p>e. Create a framework to identify potential relevant partnerships and stakeholders that includes an asset identification process and a mechanism for engaging them without duplication of services.</p>	<p>As we work with the people in our Community Health Networks on wellness and chronic disease management, we are using the Health Connections framework to help navigate and define programming. The Health Connections website includes information and connects to NSHA as well as Community Health Board supports such as website – Community Health Board Directories, etc.</p> <p>NSHA will work with CHBs to develop an inventory of formal and informal partnerships between CHBs and other community organizations.</p>
	<p>f. Develop a partnership inventory of existing formal and informal partnerships.</p>	<p>Developing an inventory of formal and informal partnerships is a planned activity for the Public Engagement and CHB Support program. Staff will undertake this work in collaboration with CHBs.</p>

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<p>6. Physical Activity</p>	<p>a. Ensure current level of funding for the CHB Operating Budget</p>	<p>The 2017-18 budgets for Community Health Boards are contingent on the approval of the business plan and budget for the NSHA which is currently pending approval with the Department of Health and Wellness.</p>
	<p>b. Advocate for the continued level of funding for the provincial wellness fund initiative.</p>	<p>There are no anticipated changes in the level of funding for the wellness grant program provincially. Work is underway to renew the funding formula used to allocate funds to the CHBs for distribution. This may result in a slight rebalancing of funds to reflect greater equity and fairness among the 37 CHBs.</p>
	<p>c. Support increases to Wellness and Community in Motion grant funds based on community need and as a means of supporting community level physical activity programs.</p>	<p>The Community In Motion grant program was a program of the former Cape Breton District Health Authority and was discontinued in 2015-16.</p>
	<p>d. Ensure promotion of physical activity is a priority and all departments in all geographic areas are supported in promoting physical activity among patients, clients and staff.</p>	<p>NSHA offers a number of programs and services, including rehabilitation services and restorative care, designed to support patients to improve and restore strength, mobility, movement and function. These programs include a focus on exercise, leisure and therapeutic activities.</p> <p>Messaging about the importance of building physical activity into daily living is built into community programs such as Your Way to Wellness, Tier 1 Programs, etc</p> <p>Primary Health Care staff offer a series of 4 interactive presentations focused on promoting healthy living and chronic disease prevention. Topics are: Active Living, Eating Healthy, Coping with Life’s Challenges and Finding Your Motivation.</p> <ul style="list-style-type: none"> • Early Years Centre Sydney Mines was awarded a CHB grant toward the development of the outdoor play space. Early Childhood Environmental Rating Scale (ECERS-3) & EDI data utilized....plans for natural playground elements. • YHC consistently promoting physical activity with students. Much of the health promotion programming consistent of a physical activity component
<p>7. Promotion of Healthy Living and Health Services</p>	<p>a. Working in partnership with 211 NS to build its capacity and promote its existence and use in all areas of the zone, as a powerful information tool for public community groups and organizations.</p>	<p>NSHA and CHBs actively promote 211</p>
	<p>b. Expand the monthly population health article that currently appears in the CB Post to the Victoria Standard, Inverness Oran, and New Waterford Press and expand to Herald once article is established in all local newspapers.</p>	<p>This article is no longer published in the CB Post. Many of NSHA’s strategies and programs and services include elements of health promotion.</p>

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7. Promotion of Healthy Living and Health Services (con't)	c. Promote and/or showcase the work of community partners, including bulletin boards in each of the CB NSHA facilities highlighting community programs that focus on health and wellness.	NSHA's communication plan includes efforts to improve access to information about program and services and highlight the work of our partners through a variety of methods including use of storytelling, social media, event calendars and distribution of promotional materials.
8. Community Facilities	a. Support the development of a comprehensive inventory of all existing service organizations' facilities that are available for use.	<p>Eastern Zone Primary Health Care has provided 211 with an inventory of facilities, programs and wellness activities available in the former CBDHA. Primary Health Care coordinators' in the Antigonish-Guysborough network have good information on the facilities within catchment and respective availability for use.</p> <p>Health Connections has an inventory of groups/programs highlighted on the website as well as utilizes the Community Health Board Directories for each geographic area. These supports are promoted through local channels such as newsletters, flyers, websites, health centers such as Men's Health and Lindsay's Health Centre for Women.</p>
	b. Support creation of an inventory of health and wellness activities and programs being offered in these facilities.	<p>211 has been connected to Health Connections website and information of supports and services.</p> <p>Primary Health Care staff offer a series of four interactive presentations focused on promoting healthy living and chronic disease prevention. Topics are: Active Living, Eating Healthy, Coping with Life's Challenges and Finding Your Motivation. The Your Way To Wellness program is offered across the Eastern Zone.</p> <p>Public health assists partners with navigation of health and wellness activities being offered at facilities in EZ through various teams</p>
	c. Share the information in this inventory with 211 NS for wide distribution.	211 has been connected to Health Connections website and information of supports and services.
9. Employment Status	a. Create links between the zone, government, educational institutions and entrepreneurs/ businesses to assist in economic growth opportunities with an emphasis on the social determinants of health.	NSHA works with partners in health, government, business, education and others to build healthy public policy, create supportive environments, strengthen community action for health. Much of this work is focused on addressing the social determinants of health through initiatives that support healthy public policy in the areas of housing, tobacco control, alcohol, healthy eating, physical activity and community design. Additional opportunities exist to focus on the impact social determinants of health have on our communities and support health equity in decision making and assist with Community Health Impact Assessments.
10. Knowledge & Skills	a. Enhance zone wide public access to information about NSHA programs and services that are available.	NSHA's communication plan includes efforts to improve access to information about program and services through a variety of ways including development of an accessible, user friendly website, social media and distribution of promotional materials.

Priority / Pillar	CHB Recommendation	Nova Scotia Health Authority Response
<p>11. CHB Profile/ Awareness</p>	<p>a. Save, share, analyze and use the community data that informed the CHB Community Health Plan.</p>	<p>Community data gathered through the CHB Community Health plans was used in part to inform the Community Health Network needs identification process.</p> <p>Priority planning documents are used to inform programming and prioritizing in each area. The Understanding our Health Survey is used in guiding program planning and in response to requests received directly from individuals and groups within local communities that are looking for supports. For example – Paqtnkek Health Centre – looking for extra information and support around meal planning- budgeting, eating healthy, diabetes, label reading etc. Population health data/SPOR report data was used in conjunction with community health plan to identify priority areas at each of the network levels within the Eastern zone.</p> <p>Public Engagement and CHB Support staff are working with Public Health Healthy Communities staff to support the provision of community-level data for community health planning.</p>
	<p>b. Enhance understanding of its communities and how the CHBs and the zone play a role in supporting additional priorities and needs of demographic sectors that will be revealed through further analysis of the data that informed the CHB Community Health Plan.</p>	<p>A strong relationship between the CHBs and Primary Health Care will create opportunities to look at community needs through a variety of lenses</p> <p>Public health staff (Consultant, HE Lead) are available to assist with the data conversation to inform CHB community health plans as required. The Partnership Consultant will work with the manager of CHB/engagement to identify opportunities for frontline staff to help inform CHBs in EZ to support the development of the plan and /or to provide information as a content expert in a Public Health related issue (alcohol, housing, active transportation).</p>
	<p>c. Create reports with the community data upon request with the help of the Community Health Epidemiologist.</p>	<p>Public Engagement and CHB Support staff are working with Public Health Healthy Communities staff to support the provision of community-level data for CHBs for community health planning.</p>

Abbreviations

APRC – Antigonish Poverty Reduction Coalition
AT – active transportation
AV – Annapolis Valley
AVRSB – Annapolis Valley Regional School Board
BaBE – Building a Breastfeeding Environment
BMI – body mass index
CB – Cape Breton
CEH – Colchester-East Hants
CHB – Community Health Board
DCCH – NS Department of Communities, Culture and Heritage
DHW – NS Department of Health and Wellness
ECERS-3 – Early Childhood Environmental Rating Scale
EDI – Early Development Instrument
EYC – Early Years Centres
EZ – Eastern Zone
HE – health equity
HEART – Health Equity Action and Resource Team
HPS – Health Promoting Schools
IWK – Isaac Walton Killam Health Centre
MH&A – Mental Health and Addictions
NP – Nurse Practitioner
NSHA – Nova Scotia Health Authority
PA – physical activity
PH – Public Health
PHC – Primary Health Care
QI&S – Quality Improvement and Safety
SPOR – Strategy for Patient Oriented Research
SS – South Shore
SSAC – South Shore Active Communities
SSRSB – South Shore Regional School Board
SW – South West Nova Scotia
TOB – Town of Berwick
YCAT – Yarmouth County Active Transportation
YHC – Youth Health Centre