

# Chebucto Community Health Team

## Citizen and Stakeholder Engagement Events:

### *An Overview of the Results*



# Chebucto Community Health Team Engagement: The Executive Summary

## Shaping the Chebucto Community Health Team: Background and Engagement Process

Capital Health has promised to support people and communities to be healthy and well. We do this by facilitating collaborative efforts among citizens, Capital Health staff, physicians, community volunteers, nonprofit organizations, and others to create healthy environments, support healthy behaviours, and provide health supports focused on the needs of people.

One of the transformative initiatives being undertaken is the introduction of Community Health Teams (CHT) within Capital Health. The CHT is a community-based health model that supports individuals and families to build knowledge, confidence and skills to better prevent and manage chronic disease. The CHTs are led by Primary Health Care, Capital Health, in partnership with the IWK Health Centre, and other organizations and agencies, collaborating across the care continuum.

Two components have been proposed as part of the CHT model, which include:

- Case coordination / wellness navigation - working collaboratively to help make linkages with the appropriate services, supports, or programs that are needed to support health and wellness; and
- Wellness programming - offering a range of wellness programs that complement services and programs already available in the community.

The first CHT, located in Dartmouth, opened in March 2010, and a second CHT is expected to open in the Spryfield-Sambro loop and surrounding areas in the Fall of 2010.

In addition, following the engagement in the Spryfield-Sambro loop, it was identified that the name for this team would be the Chebucto CHT. This name was identified through consultation with community champions so that a broader name was assumed that would be reflective of many communities in that area. **This CHT will, therefore, be referred to as the Chebucto CHT throughout the rest of the report.**



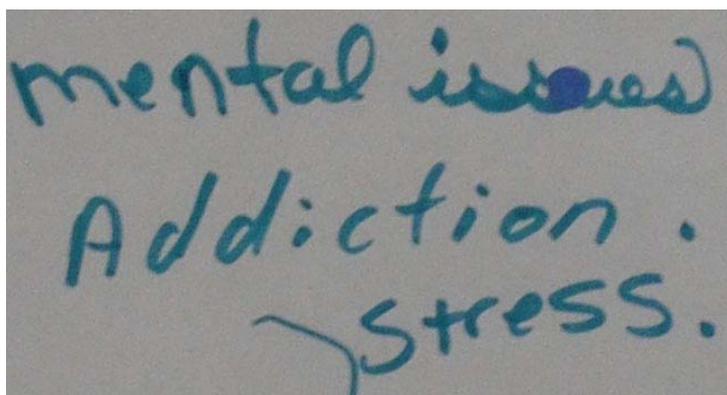
The CHT model recognizes that each community has different needs, and therefore may require different programs, supports, and team members. Health and demographic data of the community was collected and analyzed; and about 300 stakeholders were engaged to optimally determine an appropriate model for the Chebucto CHT.

The engagement plan was developed by the Primary Health Care team in collaboration with the Chebucto West Community Health Board and the Chebucto Communities Development Association. The activities that occurred as part of the engagement process included:

- Two open conversations with citizens
- Engagement of grade 10, 11, and 12 students at J.L. Ilsley High School
- Engagement of citizens from the Williamswood and Harrietsfield communities in kitchen table conversations
- An engagement session with healthcare providers and decision makers
- Engagement of healthcare providers (family physicians & family practice nurses) from family practice clinics in the Spryfield-Sambro loop

In all of these events, feedback to the engagement processes and the ability to have input into the CHT's priorities was quite positive.

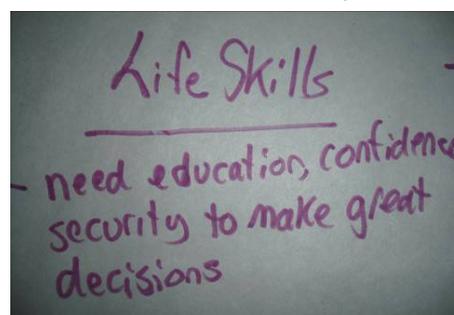
### What We Heard: Key Findings



Nutrition/healthy eating and mental health supports were most prominently identified by participants as key priority areas for programs and supports. Additional priorities included education around a wide range of topics including life skills (such as budgeting and carpentry), sexual health, and physical activity. The three high priority groups/

populations to target for providing support were seniors, youth/teens, and parents.

Suggestions for types of mental health supports includes a centralized location for counseling, coping skills, and support groups. Education in lifeskills, such as personal financial management, looking after a home / carpentry skills, and parenting skills, were also mentioned as potential valuable supports for the community.

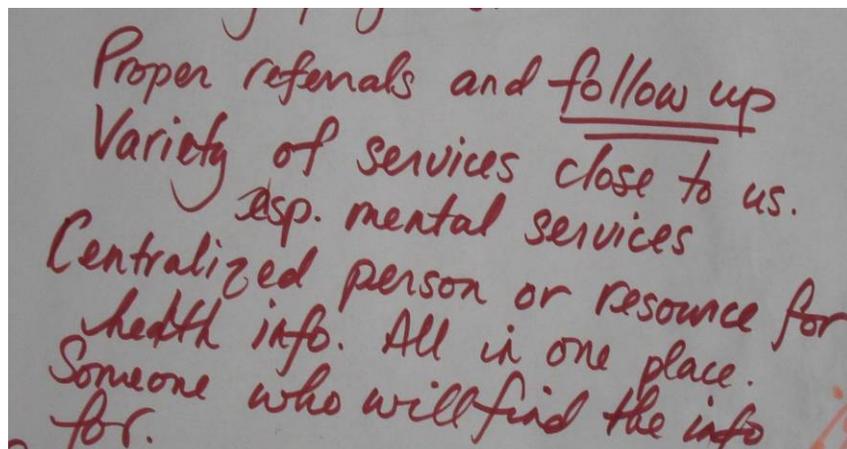


The findings also indicated strong community interest for support for dealing with addictions, suggesting a role for the CHT in navigating /

coordinating / facilitating services in this area.

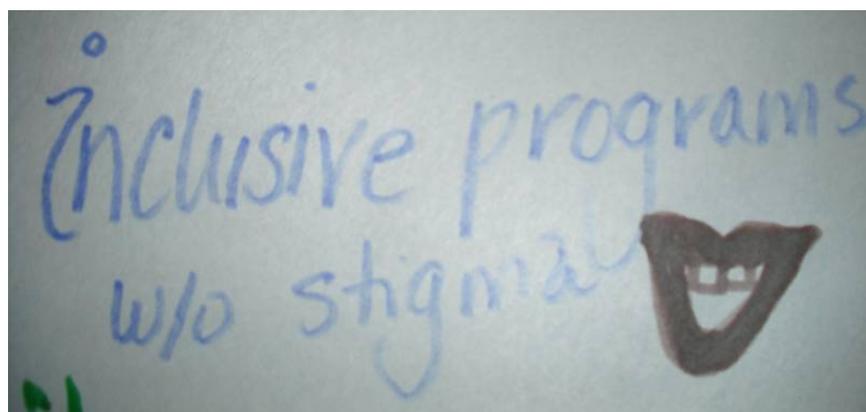
The five most important areas identified by youth that programs and services could focus on included supports related to smoking/drugs/alcohol use, healthy eating/nutrition, physical activity, sexual health, and depression and stress.

Even though the youth engagement event identified addressing smoking, drugs, and alcohol use as their top priority, discussions with youth revealed a mixed belief in the harm associated with using these substances as well as a possible relationship with stress and lack of more positive recreation opportunities.



The community expressed concerns about access to the CHT and other programs and supports. Access was discussed in terms of ability to attend programs through appropriate transportation routes, affordability of programs at no cost, and availability of programs and information about what resources exist.

Participants also identified that other organizations had offered support in this community in the past; however, the support was often temporary. The community expressed distrust around the long term sustainability of the CHT in their community. Of note, residents perceived that there is a stigma about living in Spryfield and that other parts of metro hold negative perceptions of the community.



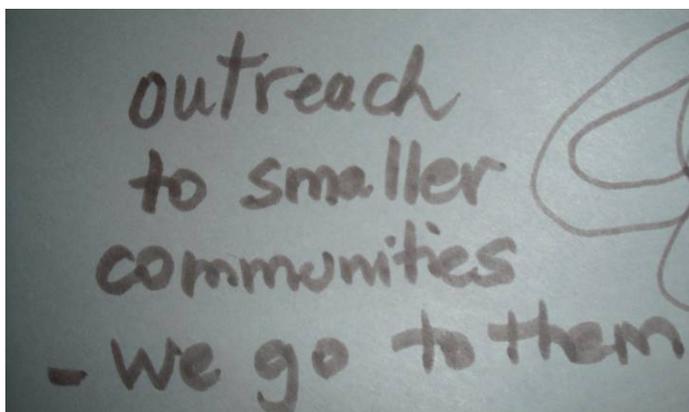
In the open provider engagement session, providers discussed the priorities from both their own perspective and as identified by the community at an earlier citizen

engagement event. The providers identified access and coordination/navigation as the two top priorities for the community. Other priorities that they identified included social determinants of health, mental health and, to a lesser extent, community.

Several common barriers were identified that could limit community members from accessing programs and services. The most common barriers included:

- lack of transportation/not located within the community
- prohibitive cost
- not knowing what programs and services are available
- lack of availability of child care
- acceptability of timing of programs

Suggestions to address barriers included the need for both a central location/number for services, and access to the communities in the loop region. Programming must be affordable for residents and should be offered at no cost to participants. It was recommended that child care needs be available where appropriate. Both the providers and residents spoke of engaging community members to help plan and deliver programming and supports, which was identified as a mechanism that could help address some of the barriers to potential community participation in programming.



Resident and provider feedback also highlighted the significant importance of wellness navigation to link individuals with appropriate services and supports. As well, marketing and communications of programs that are available was also identified as critical to the success of the work of this CHT. These areas were identified as a priority.

The best time of day for programs and services was identified as evenings, followed by weekday programs. There was also some demand for weekend programming.

## Chebucto CHT: Analysis and Discussion

Findings from all of the consultative sessions supported and complemented each other in identifying the needs of the community and the priorities for the CHT as it begins its work.

### Adult citizen and provider engagement

These conclusions were also supported at a validation session held on May 11, 2010 at the Captain William Spry Center in the community. This session included members of the community, providers who had attended the provider engagement sessions, as well as representatives of the IWK, Addictions Prevention and Treatment Services, Mental Health, the Chebucto West Community Health Board, and other key potential partners in this work.

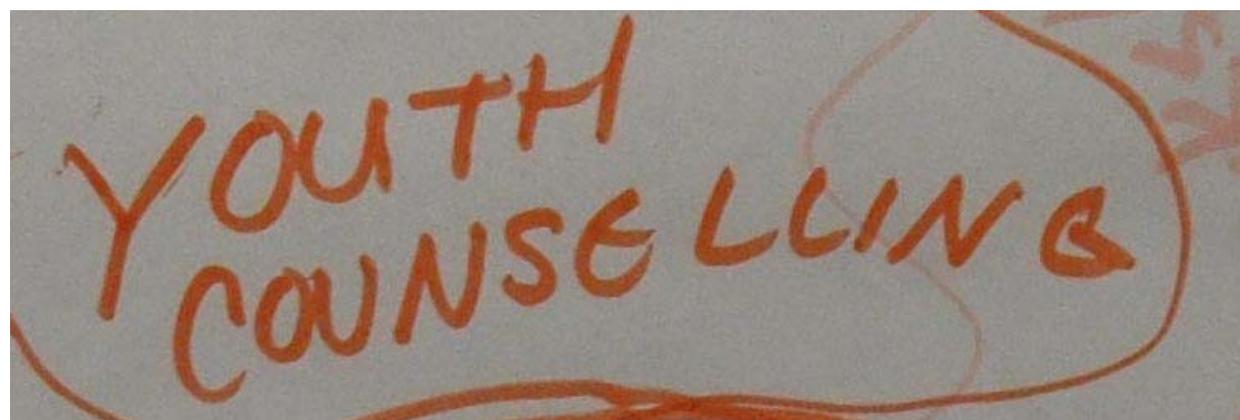


At this validation meeting, the attendees supported the findings of the engagement events. They reinforced the need for working with the community and with the providers, the latter especially through the current Spryfield Multi-service Roundtable. The importance of going out to the communities was also identified

at this meeting. Inclusiveness and engagement were key messages from the validation session. Priorities discussed during this meeting included communication, transportation/ access, and adopting a community development approach.

### Youth engagement/Youth led process:

To engage youth in CHT programs and activities, it is important that the environment be youth friendly and sensitive to the needs and concerns of youth. Given that smoking/drugs/alcohol issues were identified by the youth as the most significant and important issue, along with complexities and sensitivities associated with these issues, the best approach for the CHT in the near term might be to engage youth and other key stakeholders to best prepare a course of action to address these issues.



**Community Connection:**

While there is commitment to have the CHT remain in the community long term, it will take time to build the trust of some community members that the CHT will have a permanent place in the community. Patience, and the engagement of members of the community, will be key assets in this work.

**Programming Areas*****Wellness Navigation and Coordination***

The Community Health Team will work with community members and partners to help people connect with the programs and services they need. Some of the programming areas the Community Health Team will partner with others to work towards include:

- becoming a place to find information and resources on health and wellness
- partnering and linking with existing community health programs and services (such as mental health and addictions supports, youth supports)
- supporting individuals and families to link to existing health, wellness and social supports
- supporting community-capacity building

***Wellness Programs and Supports***

The Community Health Team will lead or partner with community and other programs and services to provide:

- Nutrition education
- Emotional wellness education and supports
- Education sessions (such as parenting)
- Sexual health (youth)
- Physical activity
- Assessments (personal and family wellness profile)
- Personal wellness education (risk factor management)
- Peer support to manage your own health

In order to best serve the community, a number of the priority area for programs and services will need support from different services, departments, and organizations. The Community Health Team will link, collaborate, and partner with different groups to deliver programs and services.

Capital Health will need the support of others to make the Community Health Team everything it can be. Programs and services will be phased in over time as they are available.

## Community Health Team Next Steps

The CHT planning group is actively working to implement the wellness navigation and wellness program components of the Chebucto CHT. Some of the key activities include preparing the CHT space, hiring and training the CHT core team, planning for the phased in implementation on the Chebucto CHT components, and developing evaluation measures that will be linked to the primary health care quality framework. Communication and engagement with the community and other stakeholders will be ongoing and will continue to inform the development and implementation of the Chebucto CHT. The Chebucto CHT can be found in late Fall 2010 in the South Centre Mall and in other community spaces.

This document will provide an overview of the consolidated findings from all events that occurred as part of the Citizen and Stakeholder Engagement Process. Appendices A-F provide a comprehensive review of the results from each engagement event.

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## Chebucto Community Health Team: The Full Report of the Engagement Findings

### Capital Health's Community Health Team: District Context

In 2007, Capital Health undertook a strategic planning process that led the organization on a journey that asked about what is needed to transform our health care experience. Capital Health believes that each individual has the capacity, right, and responsibility for optimal health and acknowledges and accepts the vital role in this health and wellness journey. Capital Health has embraced a new role as learners committed to creating the conditions necessary to achieve optimal health. In doing so, we will become a world-leading haven for health, healing, and learning. That is our mission and that is what Capital Health is calling *Our Promise*.

Transformation involves a collaboration of roles: citizens, patients, staff, physicians, volunteers, and community members coming together to realize healthy behaviours and healthy living. Capital Health recognizes that to achieve the health, healing, and learning of *Our Promise* we need to create healthy environments, support healthy behaviours to optimize personal health, and provide person-centred health services.

One of the transformative initiatives being undertaken as a result of *Our Promise* is the planning and implementation of Community Health Teams within Capital Health.

### The Community Health Team: An Overview

The Community Health Team (CHT) is a community-based health model that supports individuals and families to build knowledge, confidence, and skills to help make healthy lifestyle choices and to better prevent and manage risk factors that are common across chronic conditions. CHTs are led by Primary Health Care (PHC), Capital Health, in partnership with the IWK Health Centre (IWK) and other organizations and agencies, and collaborates across the care continuum.

There are two key components of the CHT model:

- Wellness Navigation - The CHTs work collaboratively with family physicians, community-based services, specialty programs, and other providers to support individuals and families to make linkages with the appropriate services, supports, or programs that are needed to achieve optimal health and wellness. CHTs do not duplicate services that already exist.

- Wellness Programming - Based on health data and the health status of the relevant community, CHTs provide support and access to a range of wellness programs that complement services and programs already available in the community. Some of the basic CHT components include:
  - Personal Wellness/Health assessments for individuals and families
  - Goal setting and motivational counseling
  - Group nutrition and education programs
  - Group physical activity/exercise programs
  - Peer support/self management program
  - Other programs and services aligned with community priorities identified through the engagement process (either link to existing programs/services or CHT led)

## CHT Community Identification Process

The community location for the first CHTs was determined through a rigorous process that involved input from participants and a collaborative decision-making approach with a variety of stakeholders.

*A Community Identification Advisory Committee* comprised of representatives from key stakeholders and partners such as Primary Health Care, Community Health, Public Health, Acute Care, Rehabilitation Services, Family Practice, IWK Health Centre, Community Agencies, Diversity and Inclusion, Dalhousie School of Health Professions, Inter-professional Collaboration, Citizenship Promise Council was formed.

This committee helped to identify criteria, such as accessible space and community resources, that would support the successful implementation of a CHT. These criteria aided the formulation of a site selection tool that identified and outlined the site selection criteria, process, and method of evaluation.

This tool was the underpinning of a three phase collaborative process that identified five communities of interest within Capital Health in Phase I, and narrowed the selection to the two communities that best met the success factor criteria in Phase II. These two communities were Chebucto and East Dartmouth. Phase III involved a more intensive investigation of the suitability of these communities for successful CHT implementation based on the established criteria. This investigative process was undertaken in collaboration with relevant family physicians, elected officials, community providers, and community champions.

*A small Community Identification Committee* was formed to evaluate the data collected and select the community for CHT implementation. The site selection committee was represented by key partners and stakeholders including Primary Health Care, IWK, Community Health, community agencies, and Family Practice. Both

communities scored high overall, and both were nominated for a CHT by the Community Identification Committee.

As a result, both communities were selected for initial sites for the implementation of a CHT. As the CHT is molded and shaped by the needs and assets of each individual community, program offerings and supports may be different in each community.

### CHT Engagement Process

The Community Health Team model recognizes that each community has different needs, and therefore may require different programs, services, supports, and interdisciplinary team members. Each CHT has participated in an initial engagement process that was instrumental in helping to shape the design of the CHT model in the community in which it serves. Following the initial engagement process, ongoing engagement activities have occurred to help ensure that any programs and coordination efforts continue to meet the needs of the community, as well as to help foster effective partnerships with other providers and community organizations. The CHTs will require an ongoing and iterative process.

**Citizen and Stakeholder Engagement Goals:**

1. To obtain citizen feedback/input to help define the CHT scope and design
2. To obtain provider/stakeholder feedback/input to help define the CHT scope and design (based on community needs)
3. To build and/or continue to foster meaningful relationships with citizens and providers/stakeholders within the communities of the CHT



**Citizen and Stakeholder Engagement Objectives**

<p><b>Engagement Objective:</b> Provide information about the CHT model and engagement process</p>	<p><b>Engagement Objective:</b> Seek input regarding healthy living education and physical activity programming</p>	<p><b>Engagement Objective:</b> Seek input regarding community wellness navigation (e.g., Individuals/groups that would most benefit from wellness navigation; mechanisms to support wellness navigation)</p>	<p><b>Engagement Objective:</b> Identify mechanisms for ongoing feedback and communication</p>	<p><b>Engagement Objective:</b> Seek input on how to best coordinate programs and services to reduce duplication &amp; enhance consistency, which fosters a person centered approach</p>	<p><b>Engagement Objective:</b> Identify partners/ Collaborators</p>
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Citizenship and stakeholder engagement first took place in the community of East Dartmouth, followed by the community of Spryfield-Sambro loop. This document details the initial citizen and stakeholder engagement process and findings for the community of Spryfield-Sambro loop. It additionally provides an overview of the ongoing planning and next steps for the Chebucto CHT that has been determined as a result of the engagement process and findings. The results of the findings of the East Dartmouth engagement process are outlined in a separate report.

The engagement plan was developed by the Primary Health Care team in collaboration with the Chebucto West Community Health Board and the Chebucto Communities Development Association. The activities that occurred as part of the engagement process included:



- Two open conversations with citizens. These events held at the Captain William Spry Community Centre attracted over 150 community member participants from Spryfield and other communities around the Spryfield-Sambro loop.
- Engagement of approximately 70 grade 10, 11, and 12 students from J.L. Ilesley High School.
- Engagement of 10 citizens from the Williamswood community in a kitchen table conversation.
- Engagement of 9 citizens from the Harrietsfield community in a kitchen table conversation.
- One engagement session with healthcare providers and decision makers that attracted approximately 40 participants from Capital Health, IWK Health Centre, Halifax Regional Municipality, community organizations, and others.
- Engagement of 12 healthcare providers (9 family physicians, 3 registered family practice nurses) from Spryfield community family physician practices.

These engagement sessions shared the proposed CHT model and presented local health data and key health priorities from the *Our Health: A Community Health Assessment Survey* so that citizens could participate in informed dialogue around the health of their community. Participants were asked such questions as:

- what excites you most about the CHT?
- what do you and your community need most to support your health & wellness?
- what programs and supports could the CHT offer that would be most important to you and your community?



Following the compilation and analysis of the engagement sessions, a validation session was hosted. The participants of this session included 12 representatives from the various engagement sessions, key providers, and decision-makers. The purpose of the validation session was to authenticate the interpretation of the findings

from the engagement sessions as well explore short term directions and next steps for the CHT.

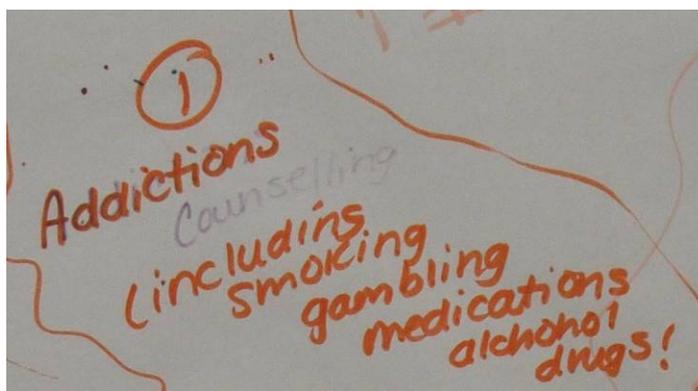
The citizen and provider engagement events were co-hosted by the Primary Health Care team at Capital Health and Chrysalis Strategies Inc. with support from the Chebucto West Community Health Board. The other events were independently hosted by the Primary Health Care team with support from the Chebucto West Community Health Board and the IWK Health Centre. This report has been jointly prepared by the consultant, Chrysalis Strategies Inc. and the Primary Health Care team.

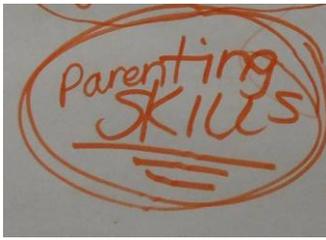
In addition, following the engagement in the Spyfield/Sambro loop, it was identified that the name for this team would be the Chebucto CHT. This name was identified through consultation with community champions so that a broader name was assumed that would be reflective of many communities in that area. This CHT will, therefore, be referred to as the Chebucto CHT throughout the rest of the report.

## Chebucto CHT Engagement: Key Findings

### *1. Key Priorities Areas Identified for CHT Programs and Supports:*

The citizen engagement events outlined clear priorities and areas of focus for the CHT. These results were largely supported and augmented by the other engagement events. The two highest priorities identified by the citizens were nutrition/healthy eating and mental health supports. These priorities identified in the open citizen conversations were supported by the other engagement events as well.





Programs and supports for nutrition/healthy eating included activities such as a variety of education sessions to support healthy eating as well as working to improve availability and access to healthy food in the community. Suggestions for types of mental health supports included a centralized location for counseling, coping skills, support groups, and education. It also included support for dealing with addictions, suggesting a role for the CHT in navigating / coordinating / facilitating services in this area. The youth engagement event also identified addressing smoking, drugs, and alcohol as their top priority.

Secondary priorities included health related educational sessions (including lifeskills and parenting training), sexual health and physical activity.

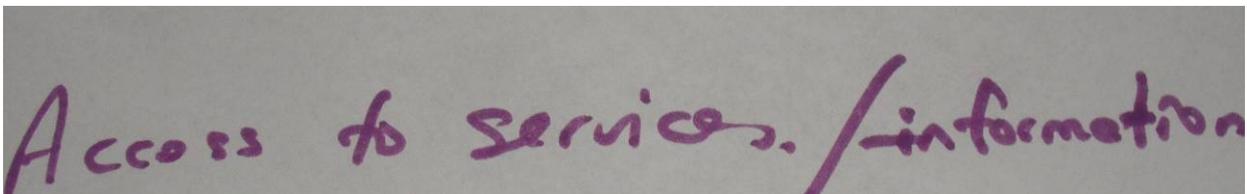
Specific to the needs of youth, five key areas were identified by youth as priorities:

- Smoking / drugs / alcohol harmful use
- Nutrition / healthy eating
- Physical activity
- Sexual health
- Depression and stress

These youth-identified priorities are generally aligned with the priorities identified through the other citizen engagement events. The youth also stated that they should be engaged in designing the supports developed for youth.

## *II Navigation and Coordination*

Navigation was identified as a significant priority for this community by both residents and providers. This included both navigating the health and social systems and knowing what programs were available in the area. Linked to this is a need to increase the marketing for programs and supports in the area and support social marketing for the key health messages.



A number of the key priority areas for programs and supports that were identified during the engagement process require the input and involvement of different services, departments, and organizations that possess the content expertise required to effectively and most appropriately respond to identified needs. Areas such as addictions services, mental health services, and the IWK are key examples. For needs to be met, part of the role of the CHT is to link with the appropriate groups to collaboratively identify the most appropriate service or support.

As ongoing needs are identified, and coordinative efforts occur through the work of the CHT, it is expected that this will highlight the potential advocacy role for the CHT. One example of where advocacy support might be beneficial is for local / community based blood collection services. The desire to have low cost, more conveniently located, and accessible blood services for the Spryfield-Sambro loop area was emphasized in several of the citizen engagement events.

### *III Key Targets Groups*

The three high priority groups to target are seniors, youth, and parents.

### *IV Programming Considerations and Key Barriers for Uptake to Programs and Supports:*

Programs need to be available in the evenings and during the day, with evenings being identified by participants as the slightly higher priority. There was also some interest in weekend programs.

Access was identified as critical in this community, both for having a central location and/or phone number and also having access to programs for communities in the loop region, as transportation was identified as a potential barrier to participation.



Prohibitive cost, not knowing what programs and services are available, lack of availability of child care, and the appropriate timing of programs were also potential barriers to participation.

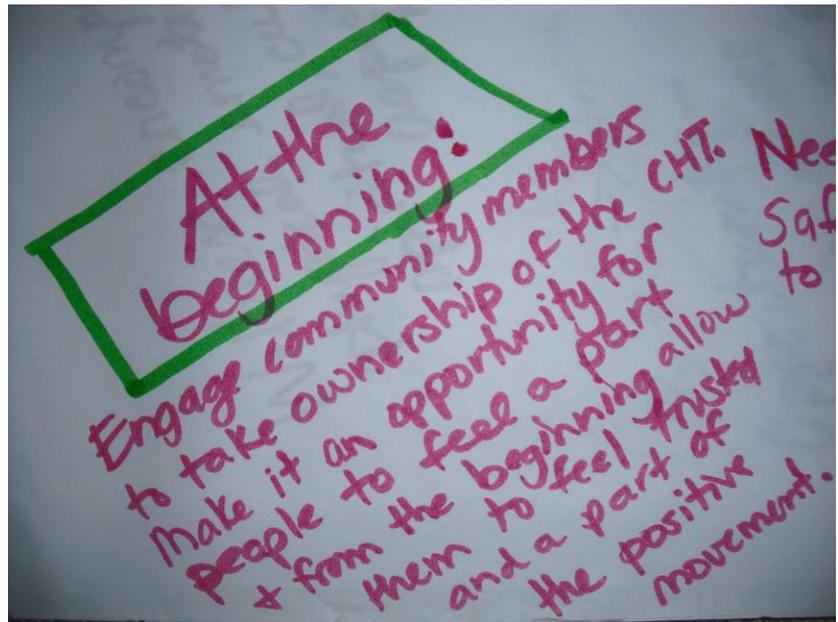
There were some other unique barriers identified through the engagement events, and some suggestions as to how to overcome them. The residents perceive that there is a stigma surrounding the Spryfield area, and they are also sensitive to the fact that other programs have been launched in the area, yet did not remain in the community over the long term.

Some related potential barriers to participation include shyness among residents, and also sensitivity to professionals or academics who fail to establish rapport and communicate effectively with the local residents.

The residents and providers themselves pointed out a potential approach to overcoming all these barriers - using local residents as paid employees or volunteers to help plan programming and to reach out to the community and deliver or support some of the programming.

This aligns with two needs the providers observed in the community:

- a sense of belonging/connectedness in the community
- increasing the capacity of the community and acting as a support to the community to help learn how to improve the health and wellness of the community, enabling and supporting the community to support and help itself.



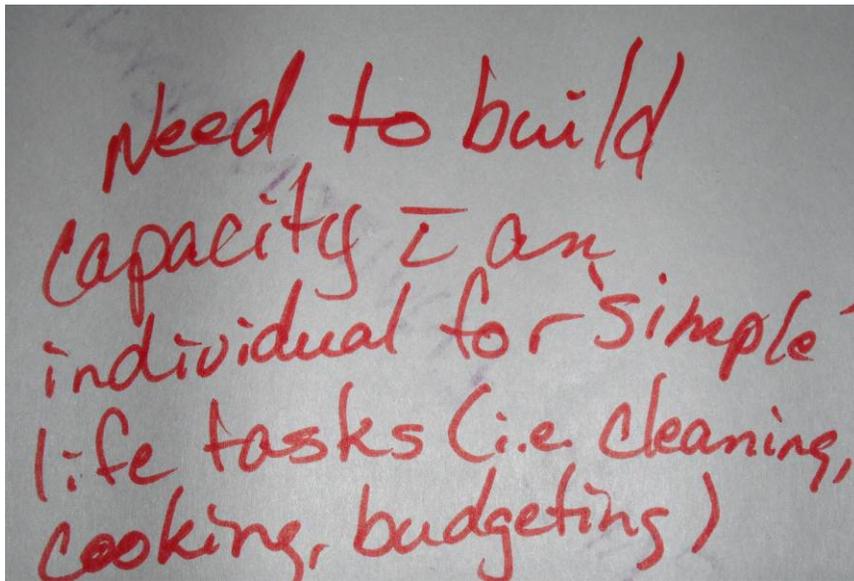
The CHT will prove its ability to fulfill its mandate and commitments over time, and partnering with the local community will help to address these other issues in the interim.

## Validation Meeting

The findings from the engagement events and the priorities for moving forward were also supported at a validation session held on May 11, 2010 at the William Spry Center in the community. This session included members of the community, providers who had attended the provider engagement sessions, as well as representatives of the

IWK, Addictions Prevention and Treatment, Mental Health, the Community Health Board, and other key potential partners in this work.

At this validation meeting, the attendees supported the findings of the engagement events. They reinforced the need for working with the community and with the providers, the latter especially through the current Spryfield Multi-service Roundtable. The importance of going out to the communities was also identified at this meeting. Inclusiveness and engagement were key messages from the validation session. Priorities discussed during this meeting included communication, transportation/ access, and taking a community development approach.



## The Chebucto CHT: Core Components

### *Wellness Navigation and Coordination*

The Community Health Team will work with community members and partners to help people connect with the programs and services they need. Some of the programming areas the Community Health Team will partner with others to work towards include:

- becoming a place to find information and resources on health and wellness
- partnering and linking with existing community health programs and services (such as mental health and addictions supports, youth supports)
- supporting individuals and families to link to existing health, wellness and social supports
- supporting community-capacity building

## Wellness Programs and Supports

The Community Health Team will lead or partner with community and other programs and services to provide:

- Nutrition education
- Emotional wellness education and supports
- Education sessions (such as parenting)
- Sexual health (youth)
- Physical activity
- Assessments (personal and family wellness profile)
- Personal wellness education (risk factor management)
- Peer support to manage your own health

In order to best serve the community, a number of the priority area for programs and services will need support from different services, departments, and organizations. The Community Health Team will link, collaborate, and partner with different groups to deliver programs and services.

Capital Health will need the support of others to make the Community Health Team everything it can be. Programs and services will be phased in over time as they are available

## The Chebucto CHT: How We Will Work

### Guiding Principles

The Chebucto CHT will operate under principles that emerged through the analysis of the engagement feedback of the first CHT in East Dartmouth. These principles were augmented through feedback from an *East Dartmouth CHT Touchstone Group*, which the CHT planning team met with on two occasions to validate the engagement plans and the interpretation of the engagement feedback data. Importantly, dialogue around the appropriateness and completeness of these principles took place at the *Validation of Engagement Findings* session.

The participants at this session agreed that all the existing guiding principles were appropriate as principles to guide the work of the Spryfield-Sambo loop CHT, with two additions. One was to add parents as a priority group, and the second was outreach. The participants believed that it was crucial that the CHT go where the people are as much as possible, including to the many communities around the loop. These guiding principles will be the benchmark of an acceptable level of performance for this CHT. They may evolve over time in response to ongoing engagement with the community it will serve. At present, the principles that will guide the work of the Spryfield-Sambo loop CHT are:

**Dynamic and Flexible:** The CHT will listen to community members and be flexible in responding to their needs.

**Avoid duplication of existing supports and services:** The CHT will offer programs and supports not currently accessible to the community through other means. This programming may change over time, both in response to community needs and the availability of other accessible programming.

**Group programming:** Programs under the core CHT components will take place in a group setting to enhance social and peer support for healthy behaviors among other benefits.

**Foster self-management:** The CHT will help people manage their own health through the integration of self management supports and behaviour change techniques into all component programming.

**Seniors, parents and youth age lens:** The CHT will be mindful of the needs and issues of seniors, parents and youth in its activities.

**Person centred approach:** The CHT will respect that people best understand their own life experience and are fully capable of fulfilling their own potential for health and wellness. The role of the CHT will be to help facilitate the favorable conditions under which this potential can be achieved.

**Determinants of Health lens:** The CHT will be mindful that many factors and conditions influence the health of individuals and communities.

**Community Connectiveness/ Community Development:** The CHT will support community connectedness, sense of belonging, through the fostering of a community development philosophy among CHT staff and volunteers and with those they connect with.

**Network, partner and collaborate with others:** The CHT will actively network with groups and organizations to explore and undertake informal and formal partnership and collaboration activities that can improve and support the health and well-being of the East Dartmouth community.

**Ongoing citizen engagement:** The CHT will connect with community members and stakeholders on an ongoing basis.

**Inclusive and Outreach:** The CHT will make it a priority to go to where people are. It will endeavor to be inclusive both in engagement of communities all around the loop and in delivery of programs and supports.

## Performance and Outcome Measurement

Performance and outcome measurements are under development and will be linked to the primary health care quality framework.

## Evaluation Results of the Engagement Events

Evaluation was undertaken at all the engagement events to assess participant satisfaction with the engagement events, among other factors. A substantial majority of participants identified their strong satisfaction with both the quality of the events and their participation in the CHT planning process. Details of the evaluation for the individual events can be found in the corresponding sections.

## Concluding Remarks

Primary Health Care at Capital Health is introducing CHTs into communities. Teams will focus on health promotion, chronic disease prevention and management, and supporting individuals and families to build knowledge, confidence, and skills to lead healthy and well lives. They will also, through partnerships, provide people with information and health and wellness navigation support. The first two CHT sites in East Dartmouth and Spryfield-Sambro loop were selected using a rigorous community identification process. With the knowledge that every community is different, and may need different programs and services to support health and wellness, an intensive and comprehensive engagement process to facilitate community members and stakeholders input into shaping CHT programs and supports was undertaken in both East Dartmouth and the Spryfield-Sambro loop.

The CHT planning team made significant efforts to ensure the citizen and stakeholder engagements were authentic and adhered to the principles of evidence-informed engagement processes. This effort to maintain the integrity of the process took considerable time and planning. Some of the key principles adopted included having a clear purpose and intent for engagement, using participatory and collaborative decision-making processes, allowing for open dialogue that provided a genuine voice to those engaged, and incorporating engagement feedback into the decisions of what the CHT could look like.

Another key principle adopted was the recognition of community members' and professionals' contributions as equally valid and deserving of equitable compensation for contribution of time and effort. One way in which this balance was achieved was through the distribution of \$25 grocery store gift certificates to those that participated in the citizen open conversation events. Childcare services were also provided. The incentive and the efforts placed on the promotion of the citizen engagement events contributed significantly to high attendance numbers.



The findings from the engagement process, along with acquired knowledge of health and wellness issues in the Spryfield-Sambo loop community, were incorporated into the two components of the CHT as follows:

### *Wellness Navigation and Coordination*

The Community Health Team will work with community members and partners to help people connect with the programs and services they need. Some of the programming areas the Community Health Team will partner with others to work towards include:

- becoming a place to find information and resources on health and wellness
- partnering and linking with existing community health programs and services (such as mental health and addictions supports, youth supports)
- supporting individuals and families to link to existing health, wellness and social supports
- supporting community-capacity building

### *Wellness Programs and Supports*

The Community Health Team will lead or partner with community and other programs and services to provide:

- Nutrition education
- Emotional wellness education and supports
- Education sessions (such as parenting)
- Sexual health (youth)
- Physical activity
- Assessments (personal and family wellness profile)
- Personal wellness education (risk factor management)
- Peer support to manage your own health

In order to best serve the community, a number of the priority area for programs and services will need support from different services, departments, and organizations. The Community Health Team will link, collaborate, and partner with different groups to deliver programs and services.

Capital Health will need the support of others to make the Community Health Team everything it can be. Programs and services will be phased in over time as they are available

Some community members identified possible barriers to accessing CHT programs and supports with transportation being identified as the principal barrier. The majority of engaged community members and stakeholders were satisfied with their level of involvement in helping to shape the CHT, however, many expressed an interest in future engagement and ongoing collaboration as the work of the CHT progresses. Overall, the citizen and stakeholder engagement was a significant and valuable undertaking that contributed to the implementation of a CHT that will best meet the health and wellness needs of the community.

The engagement effort was also a valuable learning opportunity for the Primary Health Care team of Capital Health. One of the key learnings is the need to be flexible in the planning and timing of work that involves engagement and collaboration with others. Another learning is the need to be creative in how we engage less accessible citizens-an example of this creativity is the kitchen conversations held in smaller community around the loop. The richness and value of the contributions and the enthusiasm generated for working together to effect positive change is the reward for this flexibility and creativity. The team is looking forward to collaborating and working more with the community and other stakeholders when the Chebucto CHT opens in the Fall of 2010. Programs and supports will be phased in over time once the CHT is open and operational.

## Appendix A. Summary of the Citizen Engagement Events

### Introduction and Approach

On October 29, 2009, the Primary Health Care (PHC) team from Capital Health held two engagement events for citizens to provide their input into shaping the focus of the Community Health Team (CHT) for their community. Both events were held at the Captain William Spry Community Center and were attended by a combined total of over 150 participants. Childcare services were provided onsite by the Spryfield Boys and Girls Club and refreshments were available.

Each event began with a welcome and a short presentation to provide a fundamental understanding of what a CHT is and could be. Early in the presentation, key findings from the *Our Health: A Community Health Assessment Survey* recently undertaken by Capital Health's Community Health Boards were shared with the participants. The data from this comprehensive survey helped identify important health issues for the Spryfield—Sambro loop and surrounding communities. Participants were asked to prioritize the needs of the community for the Community Health Board to consider in the development of the new community health plan.

Following the presentation, the participants were then engaged in conversation using the World Café approach to identify:

- What excited them most about the CHT
- What the most important needs of the community were that the CHT could address

Each of these questions was given one round of café conversation, and between rounds participants moved between tables to cross-pollinate ideas and surface group themes. At the end of the café, one facilitator moved around the room to have participants identify the themes they had been hearing, and two other facilitators mapped these onto a large mind-map on the wall.

Participants were then given three sticky dots and were asked to put those dots on those areas of the mind map that were most important for them and their families.

The main branches topics of the mind-map were each set up as separate table discussions, and once each participant had placed their dots on the map, they went to the area that was most relevant for them to answer some additional questions with the others at a table. If the group for a particular topic was large, the participants were broken up among multiple tables of 4-6 persons per table. The feedback from these conversations was captured on a sheet from each table. Before leaving, participants also completed a feedback form.

This process allowed four levels of feedback. First, the café conversations identified the greatest needs and concerns of the community in an unaided way. Second, the dots allowed participants to prioritize the needs and concerns according to their needs and the needs of their own families. Third, the theme groups provided additional feedback on each of the aspects of the mind maps, and the priorities within each area. Finally, the feedback forms provided aided feedback about the community by identifying specific programs and asking participants to specify which programs would be of greatest value to their community.

The data from these two events have been integrated into this report.

Similar themes arose from the groups in both events. One difference was that the afternoon group expressed more concerns about organizations that had come into Spryfield and then left, leaving some degree of cynicism among the participants that programs and supports offered by the CHT would truly last. Also, the preferred timing for programming differed between the two groups, with the daytime group mostly wanting daytime programming and the evening group mostly wanting evening programming.

## Marketing and Promotion

The two public Community Conversation events that occurred with the Spryfield Sambro loop community members were widely promoted through multiple channels including schools, community organizations, political and church newsletters; posters in multiple community locations such as pharmacies, banks, corner stores and grocery stores; and a postcard mail drop that was deposited by Canada Post in every Spryfield-Sambro loop citizen's mailbox. Capital Health's communications and marketing team provided support with the design and development of the posters and postcard.

These marketing and promotion materials invited community members to help shape the programs and supports of the new CHT. As part of this process, each participant was provided a \$25 grocery store gift certificate for their contribution of time and participation. The marketing materials also identified that onsite childcare services were being provided for anyone interested in participating in the event and transportation support was available. In addition, the community and provider events were promoted through a web link to the Capital Health Internet home page and through *Capital Health this Week* and the IWK Health Centre *Pulse*. A web based registration page was established for those with Internet access. In addition, a short video was created in advance of the engagement events. This provided an overview of the CHT and was accessible through the Capital Health website.

## Effectiveness of Communication

63% of attendees heard about the event from the mailbox postcard. A slightly higher proportion of participants in the afternoon program heard about it from a newsletter, but otherwise the effectiveness of the various forms of promotion was fairly similar across the two groups. The detailed analysis on how they heard of the event is below:

	Total		Noon		Evening	
<b>Newsletter</b>	9	7%	7	12%	2	3%
<b>Mailbox Postcard</b>	79	63%	36	60%	43	66%
<b>Friend</b>	21	17%	10	17%	11	17%
<b>Poster</b>	5	4%	1	2%	4	6%
<b>Other</b>	11	9%	6	10%	5	8%

## Demographics

75% of all attendees were female, with a slightly higher proportion of women during the evening event. The detailed demographic breakdown is below:

Age Group	Total		12:30pm		6:30pm	
<b>15-19</b>	1	1%	0	0%	1	2%
<b>20-34</b>	24	20%	11	19%	13	21%
<b>35-54</b>	53	44%	26	45%	27	43%
<b>55-64</b>	34	28%	14	24%	20	32%
<b>65+</b>	9	7%	7	12%	2	3%
<b>Gender</b>	<b>Total</b>		<b>12:30pm</b>		<b>6:30pm</b>	
<b>Female</b>	89	75%	38	67%	51	82%
<b>Male</b>	30	25%	19	33%	11	18%

## Access

The issue of greatest concern to the participants in these groups had to do with access to CHT and other programs and services, and the barriers that limited the desired level of access. There were significant concerns about availability of transportation to programs and services, prohibitive costs to attend programs, and also lack of information about what exists. With respect to the final point, many groups talked about the need to know what resources, programs and services were currently offered in the community. It appears that it is challenging to access

information on what is available in the community, and this gets in the way of access to the programs and services themselves.

Participants also identified accessibility issues for those with disabilities, as well as issues such as shyness, insecurities or fear being barriers to people in the community accessing programs.

## **Trust, Ongoing Support and Community Building**

Another potential barrier to participation identified was perceived social stigma against Spryfield, and the concern that the programs and services offered may not be here to stay. The afternoon group, in particular, expressed concern over other organizations that had started programs and services and had made promises to the community, and then were perceived to not follow through on their commitments. Some individuals stated that there was a stigma towards Spryfield and its residents from those who lived in other parts of the city.

These barriers illustrate what is important for the community. There is a strong need for ongoing support, which the CHT will offer. It may take time and patience, however, for the community to truly trust the CHT because of the history of other initiatives that were perceived to not follow through on their commitments.

In addition, many groups spoke of tapping into the community itself for volunteers and resources, and this may be a strategy for both building the trust with the community and addressing the issues of shyness, insecurity and fear. If the community itself is engaged and involved with the CHT, it can often be community members themselves that reach out to their fellow community members, reducing the fear and anxiety.

The potential for the CHT is to act as an enabler or to help facilitate opportunities to bring the community together to help the community identify what it really needs, how it can help itself, and what additional resources are needed for programs and services; and for overcoming barriers.

## **Community Priorities for Programs and Services**

Using the feedback from the café conversations and the feedback forms, several themes emerged as clear priorities, as identified by the members of that community. Nutrition/ healthy eating and mental health services and addictions were clearly the dominant areas. The community members grouped mental health services and addictions together; however, there was a significant focus on addictions.

These two main areas of focus were followed by education (in lifeskills and parenting skills), sexual health and exercise/ physical activity.

## Nutrition/ Healthy Eating

Nutrition was identified as a strong priority for programs and services area from the café, and healthy eating was the top priority from feedback forms. Programs for maintaining a healthy weight were also identified as important in the feedback forms, and this connects to this theme as well.

Some of the programs and services suggested for the CHT to provide include:

- Assessment by a dietitian
- One-on-one counseling
- Nutrition classes
- Exercise programs
- Nutrition club
- Community pot luck
- Healthier recipes
- Workshop on preserving

Some of the barriers identified included lack of access to a dietitian, time, transportation, motivation, and the shyness of participants.

Priorities in this area are:

- Dietitian
- Exercise programs with no/minimal fee
- Nutrition classes

## Mental Health and Addiction Services

Mental health services were a priority identified by both groups in both the cafés and the feedback forms. Mental health supports were the second priority on the feedback form, followed by managing stress/anxiety. Mental health support for youth and teens was specifically identified as a need. Addictions support was also specifically identified as a priority. Some possible programs and services were suggested:

- Centralized local location for 24/7 counseling
- Counselling for addictions
- A detox/rehab program for addictions
- Coping skills
- Support groups
- Education

Possible barriers include stigma, lack of confidentiality, prohibitive cost, lack of transportation and inconvenient locations of programs. Another potential barrier that was specifically identified was the possible lack of understanding by those offering the programs and services. One group identified that receiving support only from

academics who had only 'book knowledge' could get in the way of effective support, making people feel like 'projects'. This group identified the value of using volunteers who had dealt with mental health issues themselves, in concert with counselors, in making a difference.

### Education

One group identified education as a priority. On the survey, programs on managing finances and employment supports received moderate levels of importance. Possible programs and services in this area include:

- Job counseling (resume help)
- Resource information
- Tutoring programs

Barriers to participation could include the hours programs were offered as well as stigma or lack of confidentiality.

Priorities included:

- Promoting reading and writing
- Life skills (work search, money management, parenting)
- Providing resource information

### Sexual Health

Sexual health was also identified as a priority, particularly for youth and teens. Some of the programs and services that were suggested include:

- Screening for sexually transmitted disease (STD) / Well Women's Clinic (WWC)
- Information
- 811 promotion

Possible barriers included transportation and location (including the Sambro area which, it was suggested could have a satellite location). Priorities are:

- Disease prevention
- Family planning/contraception
- Information
- Easier, non-judgemental access

### Physical Activity

Physical activity was not identified in the café by either of the groups as a major theme. However, maintaining a healthy weight and physical activity received fairly high ratings on the feedback form. Lack of exercise is a significant risk factor across chronic conditions and significant evidence exists of value and need for physical activity as part of a healthy lifestyle. Physical activity is considered an essential programming element of any wellness program initiative.

## Other Programs and Services

There were other programs and services identified during the cafés and also marked off in the feedback form, but they did not have nearly the number of votes from the participants as those listed above, and consequently do not appear to be immediate priorities for the community as a whole. Peer support and self-help were examples of two themes that were explored by groups.

## Feedback Form Summary

Below is a summary of the data from the feedback form, showing how many participants checked the box that indicated support would be of benefit to them and their community. The results are fairly consistent between the two groups, except for the fact that managing risk factors and physical activity were checked by more people in the evening group than the morning group.

Which would benefit you/community	Total	12:30pm	6:30pm
How to eat healthy	99	49	50
Mental health supports	98	47	51
How do I manage stress/anxiety	97	45	52
Maintaining a healthy weight	94	44	50
Managing risk factors	90	45	45
Physical activity	83	39	44
Addictions supports	80	39	41
How to manage my finances	67	32	35
Employment supports	66	33	33
Parenting programs	65	25	40
Helping children maintain a healthy weight	61	25	36
Child nutrition for busy families	59	25	34
Other	32	12	20

## Community Priorities for Target Groups

Seniors and youth/children were identified as priority groups to support for the CHT. Participants suggested that youth should be involved and engaged on an ongoing basis in planning and running programs that are directed towards youth.

### Seniors

Seniors were identified as a key target group for programs and services for the CHT. A need for senior's group activities was identified, which could include exercise,

nutrition and wellness programs. Other possible programs and services for seniors included:

- Volunteered services (ie: snow clearing, etc.)
- Senior-to-senior programs
- Connecting seniors with community
- Information on health, eating, general well-being
- Grants
- Pain management
- Family discussion of needs for the chronically ill

Barriers to participating include lack of transportation, prohibitive cost, inaccessibility, language barriers, lack of understanding, fear of the unknown, sickness and difficulties with personal mobility.

Priorities include:

- Seniors home checks, nutrition, general quality of life
- Support programs
- Centralization of services
- Emergency contact number with a real person
- Reliable, affordable transportation
- Community awareness of programs available

## Youth and Teens

A range of possible programs and services were identified for youth by the participants. Some of the possible programs and services for youth include:

- ADD (Attention Deficit Disorder) program
- Safe sex program
- Activities to keep them involved such as health and fitness programs, computer programs, leadership & teamwork programs
- Self-esteem
- Counseling (for anger, bullying, stress, self-respect, etc.)
- Parenting workshops/support/advice
- Tutoring/educational support
- Money management

Barriers to participation could include lack of time, transportation, and childcare, prohibitive costs, as well as anxiety/fear of the unknown.

Priorities suggested for youth include:

- Addictions
- Sexual health
- Recreation programs
- Personal counseling (self-esteem, violence, bullying, etc.)
- Affordable childcare while working/in school

- Mental health

## Parenting

In discussing parenting, possible programs and services suggested included:

- Play group for toddlers
- Single parent center in Spryfield
- How to talk so kids will listen
- How to answer questions kids are asking/where to take them to get the right answers
- More advertising about available resources and programs

Possible barriers to participation included lack of transportation, lack of childcare, time of day of programs, not having enough spots, and low self-esteem.

The priorities for programs and services in this area include:

- More programs - support, information, skills, childcare
- Information on programs available
- Playgroups and affordable daycares

## Barriers

Several common barriers were identified that could get in the way of community members accessing programs and services. The biggest barriers to participation identified at these meetings include:

- Lack of transportation
- Prohibitive costs
- Not knowing what is available

These were followed in priority by inconvenient location, lack of child care and the time of day of programs and services offered.

Other related barriers surfaced in several group discussions, and these included stigma, fear, low self-esteem and insecurities. These were serious issues for those in attendance at both meetings.

There was also a concern about being judged if someone took a program, and also of feeling treated like a “project” in some programs and services. During the café conversations and some of the small group conversations participants spoke of people coming in with programs and then leaving. It was suggested this was a repeating pattern, and there seemed to be some degree of sensitivity to this. This suggests it will take patience and persistence to grow the trust needed to work effectively with this community.

## Time of Day

Overall, 40% of participants selected evenings as the best time for programs and services, and 29% and 28% of participants selected mornings and afternoons, respectively, as the best time. Only 2% picked weekends (Note: this does not include people who chose more than one option).

Looking more deeply, though, the evening vote largely came from the evening group, and 86% of attendees from the afternoon group picked the daytime hours for programs and services.

Detailed feedback on preferred times of day for programs and services below (Note: this does not include people who chose more than one option).

	Total		12:30pm		6:30pm	
<b>Mornings</b>	26	29%	18	41%	8	18%
<b>Afternoons</b>	25	28%	20	45%	5	11%
<b>Evenings</b>	36	40%	6	14%	30	68%
<b>Weekends</b>	2	2%	0	0%	1	2%

## Event Evaluation

The feedback on the engagement events was very positive. In rating the overall quality of the event, participants at the events collectively gave a rating of 3.4 on a 4-point scale (1=Poor, 2=Fair, 3=Good, 4=Excellent). On the same scale, the two groups averaged a rating of 3.3 for their satisfaction with their participation in the CHT planning process. The breakdown of the ratings for the two events is below:

Overall, how would you rate this event?

Total			Noon			Evening		
Average	St. Dev.	No.	Average	St. Dev.	No.	Average	St. Dev.	No.
3.4	0.5	126	3.3	0.5	61	3.5	0.5	65

Overall, how satisfied are you with your participation in the CHT planning process?

Total			Noon			Evening		
Average	St. Dev.	Count	Average	St. Dev.	Count	Average	St. Dev.	Count
3.3	0.5	126	3.2	0.5	61	3.5	0.5	65

## Conclusions from the Citizen Engagement Events

Participants at these events expressed sensitivity to organizations coming in to offer programs that may not be sustained over time. They also want to be involved in supporting the growth of their own health and wellness. Patience and the engagement of the community itself will be two key strategies for the CHT to build the trust and support of the community over time.

Nutrition/ healthy eating and mental health supports were the two most important programs and service areas, as identified by the attendees. Other, secondary priorities included education (in areas such as lifeskills and parenting), sexual health and physical activity. The three groups/ populations to target were seniors, youth/teens and parents.

Based on the experience of these events, the community is interested in partnering with the CHT to improve the health and wellness of both the citizens of the community and the community itself.

## Appendix B. Summary of the Youth Engagement Event

### Introduction and Approach

On January 13 and February 26 2010, a member of the PHC team from Capital Health, along with a representative from the IWK and a youth representative from the IWK's Youth Advisory Council engaged four classes (grades 10, 11 and 12) for 40-50 minutes at J.L. IIsley High School to provide their input into the needs of the Community Health Team for their community. Although more than sixty students were engaged on these days, it is important to note that in two of the classes approximately half of the registered students were missing from class on those days for reasons unknown.

The team provided healthy snacks for the youth to eat during the engagement. They offered a brief verbal overview of what a CHT is and what it could be. The participants then self-selected into smaller groups to discuss several questions to uncover the priority health issues or needs of youth at J.L. IIsley High School, and what programs and supports the CHT might offer to help address these health issues and needs. Participants were then engaged in conversation to identify:

- What are the health issues that concern you? What health issues do you and your friends talk about?
- What do you think is missing in the Spryfield-Sambro loop that could help you and your friends be healthier?
- What would prevent you from going to the community health team or participating in the programs? What would encourage you to participate?
- Of all the health issues we have talked about today, which do you think is the most important?

The youth shared some of their thoughts verbally with the entire class with their key comments and thoughts being recorded on a mind map on flip chart paper. Each youth was then given three sticky dots and were asked to put those dots on those areas of the mind map that were most important for them and their friends. The youth also discussed as an entire class some of the barriers to participating in CHT facilitated activities and some ideas that would encourage youth to participate in CHT facilitated activities. These thoughts were recorded on flip chart paper. The youth completed a short feedback/expression of interest form before the session concluded.

## Youth Priorities for Programs and Services

The group comments from the flip charts and the individual priorities from the sticky dots were compiled to determine the priority health issues and needs of these students at J.L. Ilsley High School. Although there were multiple issues and needs identified by the group, several themes emerged as clear priorities.

The combination of smoking and alcohol and drug use was the clear front runner health issue identified by the youth. From the discussion, it appeared as if smoking and marijuana use were regular activities for many and alcohol use was more common for weekend parties. Some youth comments of note were that there was peer pressure to participate in use of these substances and marijuana use was common as it was cheap and accessible, not considered to be addictive and helped reduce stress. Healthy eating and physical activity were the next most important health priorities for this youth at J.L. Ilsley High School with appealing healthy food being identified as too expensive and unavailable in the community around the school. Sexual health issues and depression and stress were the other two key health issues identified by these youth. Some youth comments related to the top five priority areas identified through the engagement are listed below.

### Smoking/Drugs/Alcohol

Smoking/Drugs/Alcohol use was clearly the primary health issue identified by the youth through the sticky dot priority setting exercise. Despite this, in the class discussions, there appeared to be mixed belief in the harm associated with using tobacco, alcohol and other drugs. Some use of these substances appeared to be related to stresses faced by the youth; however, another factor in their common use appeared to be a lack of other activities in their community for youth entertainment and recreation. Some comments by the youth in relation to this topic include:

- pressure from friends/ family smokes
- more people drink than do drugs
- people think they look cool/ get attention
- hard to find parties where there is none
- ecstasy and mushrooms
- cheap/easy to get
- people think weed is not addictive
- some youth with problems use harder drugs (ie- cocaine)
- experimenting
- do it because it feels good/ helps with stress

- interferes with productive activities like homework
- harmful drinking
- hard to quit smoking
- exposure to second hand smoke is a problem
- lung cancer
- effects of drugs

### Healthy Eating/ Nutrition

Healthy eating was identified as an important issue for many of the youth at J.L. Ilsley. Despite this, youth interested in eating healthy appeared to face many barriers in doing so including a lack of understanding of how to eating healthy, the healthy food available to them being unappealing and too expensive and the easy availability of low cost, less nutritious fast food. Other student comments include:

- eating disorders
- healthy food is too expensive
- obesity
- eat when stressed
- hard to keep track of what you eat
- some diets are too restrictive
- pressure to be thin, look good when you lose weight
- more variety of places to eat healthy (only have McDonalds and pizza right now)
- So much fast food in Spryfield
- cheaper/ healthier food/ information on how to eat healthier
- how to recognize eating disorders
- need diet info geared towards teens
- better quality of food at cafeteria
- how to incorporate protein/ body building in a health way
- "sin" tax on unhealthy food

## Physical Activity

Physical activity and recreation were recognized as important to many of these youth. However, from the class discussion, it appeared that it required dedicated effort by youth to be physically active on a regular basis due to a variety of factors. The student comments below offer some insights into physical activity for the students of J. L. Ilsley:

- people just don't exercise
- cheaper place to exercise
- youth gym
- more walking trails
- better sidewalks
- skating mostly for little kids
- can only swim in the summer
- lazy/lack of motivation
- no inexpensive places to run/work out in winter
- sports outside school are too expensive
- more access to recreational activity instead of competitive sports
- need to know more about sport funding opportunities
- sports intramurals

## Sexual Health

Sexual health related issues were also identified as a priority for many J.L. Ilsley youth. Issues raised in discussions related to this topic include:

- safe sex
- STDs (sexually transmitted diseases)
- young pregnancies
- fear of getting pregnant
- STI (sexually transmitted infections) symptoms
- don't want to go to YHC (Youth Health Centre) to get condoms because of questions
- feel doctors are accessible and can talk to them
- YHC are not much help

- pill used more than condoms
- information/access to websites that are private
- talking groups
- condom dispenser
- free birth control
- should have pregnancy test available
- more sexual health education
- Getting tested for STD's, where to go, what to do

### Depression and Stress

Depression and stress were the final top health priorities for these youth at J.L. Ilsley. These health issues appeared to be related to a wide range of factors and the severity of symptoms said to be experienced by youth also appeared to range from mild to extreme. Comments from the youth include:

- need to know how to handle this
- whole range from anxiety to depression
- personal disorganization
- relationships, parents/friends/lovers
- financial/ money issues
- suicidal depression
- lack of time
- job/ exam/ friends/ homework/ prom
- graduation/ sports competing/ future

The students also identified concern about crime (violence, sexual assault) in their community. Although they identified this as a separate issue, the related anxiety may be another contributing factor to stress.

### Barriers and Enablers to Participation in CHT Activities

The youth identified barriers to participation in CHT programs and supports. These included the regular presence of “weird” people around the CHT space, lack of time and motivation, laziness and the fear of being judged or watched. Ways to encourage youth participation in the CHT included having a place that youth would find comfortable and welcoming, nice and understanding people, games, music, snacks

and knowing it is confidential. Other comments expressed were that the CHT should come to the youth and not make them come to the CHT.

## Evaluation and Interest in Future Engagement

Generally, the youth felt that the engagement sessions were positive and they had enough opportunity to express their thoughts about the health concerns of themselves and their friends. Some representative comments from the feedback form included:

- Very good presentation, good to get us participating and involved
- Good, it was easy to make conversation and it was good to talk and give my ideas
- Very good, to improve, maybe if we had more time to talk and discuss

14 of the youth expressed an interest in getting together with others in the future to talk about youth health issues and the CHT and provided their names and contact information.

## Conclusions from the Youth Engagement Event

The five most important areas for programs and services for youth are those focused on smoking/ drugs/ alcohol, healthy eating/ nutrition, physical activity, sexual health and depression and stress. There were other issues discussed including access to health services and support for those with chronic conditions like asthma, cancer and eating or addiction disorders. However, these issues were not identified as priorities by the group as a whole. Youth also identified a need for more services (e.g., walk-in clinics) and recreational options (e.g., movie theatre) in Spryfield and other communities of the loop (e.g., Sambro). Peer support for improving health was also mentioned as valuable.

To engage youth in CHT programs and activities, it is important that the environment be youth friendly and sensitive to the needs and concerns of youth. Given that smoking/drugs/alcohol issues were identified by the youth as the highest health priority by a wide margin and the complexities and sensitivities associated with these issues, the best approach for the CHT in the near term might be to explore these issues further with the youth themselves and others who may be able to provide insight and support (e.g., teachers/ guidance counselors, addictions experts, physicians) to best prepare a course of action to address these issues.

## Appendix C. Summary of the Williamswood Community Engagement Event

### Introduction and Approach

On February 2, 2010, the Primary Health Care (PHC) team from Capital Health visited the home of a Williamswood community member to engage her and her neighbors to provide their input into the needs of the CHT for the Spryfield-Sambro loop. There were 10 community members in attendance and the PHC team engaged this group for approximately three hours. Light refreshments were provided along with a \$25 grocery store certificate for community members' time and participation.

The session began with an overview to provide a fundamental understanding of what a CHT is and could be. The participants then engaged in dialogue with the PHC team to answer two key questions to uncover the priority health needs and issues of the Williamswood community; and explore what programs and supports the CHT might offer or partner with others to offer that would be most important to help address these health issues and needs.

The participants were engaged in conversation to identify:

- What excited them most about the CHT
- What the most important needs of the community were that the CHT could address

Prior to ending the session, the participants completed a feedback and expression of interest form to evaluate their satisfaction with the session and identify their interest in possible CHT programs and supports along with their interest in future engagement/ partnership with the CHT.

### Williamswood Priorities for Programs and Supports

Multiple issues and needs were identified by the group yet several key themes emerged as clear priorities. This group was excited that a team focused on wellness instead of treatment was coming to their community. The general priorities identified by these community members were as follows:

#### Nutrition/ Healthy Eating

Increased knowledge and skills to eat healthy was noted by participants as a high priority need in the community. They believed that the CHT could help educate people how to shop and eat well on a low budget, teach basic cooking skills and host cooking clubs and field trips to the grocery store.

## Education Sessions

Numerous and varied education sessions were identified as a priority focus for the CHT. Participants noted a need for a wide variety of education sessions including nutrition, healthy aging, alternative ways to manage health, baby and parenting classes for young parents and chronic conditions such as diabetes and heart disease.

## Walking Clubs

Physical activity promotion in the form of initiating and supporting walking groups was recommended by participants as a valuable role for the CHT. It was noted that walking clubs would likely only be popular in the spring, summer and fall. A walking club would allow people to try a new initiative out without committing to an activity long term. The accompanying social connection was thought also to be important.

## Coordination/ Navigation

Participants spoke of a great need for help to get to appointments or coordinate medical appointments especially for vulnerable populations such as those with English as second language and the elderly. They believed that physicians do not understand well enough the barriers some face in accessing programs and appointments. It was mentioned that such support might be viable as a volunteer service.

## Seniors

It was noted that the Spryfield -Sambro loop area had a large older adult/elderly population and it was important that the CHT be mindful of the needs of this group. The CHT space, people and services should be elder friendly. Some particular concerns were that some seniors were being discharged from hospital and back into the community without adequate supports in place. It was noted that homecare is more difficult to access in the outlying communities. Participants recommended that the CHT help to coordinate preparation for return to the community with physicians

## Other Programs and Services

Participants noted that there are many immigrants (and many with English as a second language) in Spryfield and a possible role for the CHT would be to help facilitate their introduction to the health system and local medical community. Baby and parenting classes for young parents and facilitating and supporting a new mother's group were also suggested as roles for the CHT.

It was observed that transportation to the CHT may be a problem for some. Suggestions to overcome this problem were to investigate car share enterprises or organize car pools. Participants commented it would be appreciated if some programs (e.g., personal wellness profile) were held closer to their community at regular intervals (e.g., church in Sambro). However, it was noted that community meeting space in all communities around the loop, including Spryfield, was limited and inadequate.

Participants commented that some potential participants of CHT programming would be deterred from participating if the CHT location was in the vicinity of a common gathering place for people perceived to be threatening or disagreeable. A police presence or proactive relationship with police was recommended to prevent such a scenario from occurring.

Weekends were identified as an opportune time to schedule family activities. Spryfield -Sambro loop area residents are generally very supportive of family activities.

### Summary: Feedback Form regarding Programs and Supports

A feedback was provided to participants that provided a list of possible areas that the CHT could offer programs. Below is a summary of the data from the feedback form, showing how many participants checked the box saying that that support would be of benefit to them and their community.

Which would benefit you/community	Total
Maintaining a healthy weight	9
How to eat healthy	9
Physical activity	9
Self management support for managing risk factors	7
Parenting programs	7
Helping children maintain a healthy weight	6
Managing stress or anxiety	6
Mental health supports	5
Child nutrition for busy families	5
Addictions supports	4
How to manage my finances	4
Other: not interested, blood clinic, help in navigating medical world, provide resources	3
Employment supports	3

### Time of Day and Other Access Considerations

Evenings were selected as the most preferred time to offer CHT program and supports for this group with morning and afternoons equally preferable. Detailed feedback on preferred times of days is below. Responses may not add up to 100% due to multiple and non-responses.

<b>Total Responses</b>	<b>10</b>
Mornings	3
Afternoons	3
Evenings	5
Weekends	1

## Williamswood Community Engagement Event Evaluation

The Williamswood community members were asked to complete a brief evaluation form to assess how satisfied participants were with the engagement session for the CHT and their involvement in the CHT planning process.

Overall, the satisfaction of the membership with the engagement was positive. They enjoyed the opportunity to learn about the CHT and provide input in a relaxed atmosphere close to home. They appreciated the knowledge and openness of the engagement team and believed it an enlightening experience of the citizens of the loop to input on opportunities to improve health and wellness. The only suggestions for improvement were to plan to update the Chebucto News on the progress of the CHT and to plan for continued engagement.

### Satisfaction with engagement session overall

On a 4-point scale (1=Poor, 2=Fair, 3= Good, 4=Excellent) membership collectively rated the rated their satisfaction with engagement session as 3.5.

Average	No.
3.5	10

### Satisfaction with participation in the CHT planning process

On a 4-point scale (1=Poor, 2=Fair, 3=Good, 4=Excellent) membership collectively rated the rated their satisfaction with their involvement in the CHT planning process as 3.2.

Average	No.
3.2	10

## Age of participants

Participants were all between the ages of 35 and 64. A detailed breakdown of the ages of participants is as follows:

**Total**                    **10**

**Responses**

15-19	0
20-34	0
35-54	6
55-64	4
65+	0

### Gender of participants

**Total**                    **10**

**Responses**

Female	10
Male	0

### Conclusions from the Williamswood Engagement Event

Overall, the Williamswood community was very enthusiastic and supportive of the CHT. The group was very interested in discussing community health needs and opportunities with the PHC team. The key priorities identified for their community were the need for education and supports for nutrition and healthy eating, education sessions on a wide variety of topics such as healthy aging and parenting classes, walking clubs and coordination or navigation support for those experiencing barriers to accessing needed supports and services including new immigrants and seniors. Seniors were identified as a population in their community with multiple needs who required dedicated focus and attention.

## Appendix D. Summary of the Harrietsfield Engagement Event

### Introduction and Approach

On March 9, 2010, a representative from the Primary Health Care (PHC) team from the Capital Health, accompanied by the coordinator of the Chebucto West Community Health Board (CHB), visited the home of a Harrietsfield community member to engage her and her neighbors to provide their input into the needs of the CHT for the Spryfield-Sambro loop. There were nine community members in attendance and the PHC/CHB team engaged this group for approximately three hours. Light refreshments were provided along with a \$25 grocery store certificate for community members' time and participation.

The session began with an overview to provide a fundamental understanding of what a CHT is and could be. The participants then engaged in dialogue with the PHC/CHB team to answer two key questions to uncover the priority health needs and issues of the Harrietsfield community; and explore what programs and supports the CHT might offer or partner with others to offer that would be most important to help address these health issues and needs.

The participants were engaged in conversation to identify:

- What excited them most about the CHT
- What the most important needs of the community were that the CHT could address

Prior to ending the session, the participants completed a feedback and expression of interest form to evaluate their satisfaction with the session and identify their interest in possible CHT programs and supports along with their interest in future engagement/partnership with the CHT.

### Harrietsfield Priorities for Programs and Supports

Multiple issues and needs were identified by the group yet several key themes emerged as clear priorities. This group discussed the health needs and issues of the community as a whole, however, agreed that seniors and youth are the key priority target groups. The adult population needs help in supporting these priority target groups through supports such as parenting help for youth and children, adult day care and drop-in and caregiver networks.

The community members were excited about the CHT helping to service their community. They noted that many people had lived in the area for a long time,

however, many living there had a lot of unmet needs. The general priorities identified by these community members were as follows:

### **Blood Services**

All participants identified the need for free and accessible blood services in the Spryfield area and all agreed this was the number one priority for them. They were aware that the CHT would not be offering blood services yet were hopeful that the CHT could advocate for, influence or facilitate the offering of blood services perhaps on a part time basis. Participants believed that offering blood services in the CHT location would benefit the CHT through public exposure to CHT programs and supports and increased participation in these offerings.

### **Navigation/ Transition/ Resource Support**

Navigation/ transition support was identified as a need in multiple areas. Navigation support for social services was identified as a key priority including for legal or paralegal information and assistance and helping to link with specialists for help for children with behavioural issues. It was noted that help to navigate the health and social systems could allow people to obtain the psychological and physical support needed. Participants also identified that there was a lack of continuity of care when transitioning from facility care to the community. Navigation/resource support was identified as a significant need in other ways. For example, a resource centre where people can access information on their disease/condition and information on supports in the community was considered important. Community members were surprised to hear there were existing supports they were unaware of. They also identified a need to have support to fill out forms for social services and other supports.

### **Volunteering and Partnerships**

Community members remarked that many people who live in Harrietsfield and other communities around the loop have a great passion for helping others. They expressed that the CHT could help facilitate volunteer opportunities possibly through a volunteer committee or coordinator. It was believed that many would like to volunteer without compensation, however, a stipend, transportation and police check support would enable those with limited means to volunteer. A program that brought together seniors and youth was proposed as being especially beneficial to help with generational differences in multigenerational families. Another identified role for volunteers was to help with ongoing engagement, including a comprehensive needs assessment survey. Partnerships with other agencies, for example, working with another agency to develop a volunteer driving program to help people access appointments or community events, was also noted as having value.

### **Seniors**

Seniors were the group identified as having the highest needs in the community and consequently requiring the most attention from the CHT. It was noted that many seniors have difficulty with activities of daily living and need to move out of their

communities to the peninsula to be able to access services as there are insufficient supports in their own community. Having seniors advocate was identified as a critical need to keep seniors healthy and in the community. It was considered important that the CHT have a dedicated promotion of CHT programs and supports to seniors.

## Youth

Youth were also identified as a group that requires focused attention from the CHT. It was noted that many youth lack direction or have mental health issues. Drug use was recognized as very common in this age group. Recommendations for support included having a community outreach worker or social worker that could provide confidential support. One challenge noted in addressing drug and alcohol use was that these issues were intergenerational within many families. A lack of available constructive activities for youth was noted exacerbated by the fact that many parents do not encourage their children to work as parents would need to do the driving to and from the youth's work. Other recommendations included having youth mentoring programs.

## Summary: Feedback Form regarding Programs and Supports

A feedback form was provided to participants that provided a list of possible areas that the CHT could offer programs. Below is a summary of the data from the feedback form, which indicates how many participants checked the box saying that support would be of benefit to them and their community.

<b>Which would benefit you/community</b>	<b>Total</b>
Maintaining a healthy weight	8
Self management support for managing risk factors	8
How to eat healthy	8
Helping children maintain a healthy weight	7
Physical activity	7
Parenting programs	7
Addictions supports	7
How to manage my finances	6
Mental health supports	6
Child nutrition for busy families	5
Managing stress or anxiety	5
Other: mentoring, fitness, youth programs, injury prevention around hunting and 4 wheelers	4
Employment supports	0

## Time of Day and Other Access Considerations

Evenings and weekends were selected as the most preferred time to offer CHT program and supports for this group. Detailed feedback on preferred times of days is below. Responses may not add up to 100% due to multiple and non-responses.

<b>Total Responses</b>	<b>9</b>
Mornings	3
Afternoons	1
Evenings	5
Weekends	4

Community participants emphasized the need for the CHT to be open in the evening to allow community members to access the CHT after school, work or dinner. It was noted that many seniors would need to wait for other family members to return from work to drive them to the CHT. They also believed that weekends would be a popular time for people to access the CHT, however, this may be dependent on bus service and recommended the CHT advocate to Metro Transit to operate the bus service at the times the CHT will be open.

Other barriers to CHT access included if the location became a “hang-out” for people with drug related issues, the lack of available parking at the mall and the need for childcare. Having available daycare at the CHT would address childcare difficulties. Participants advised the CHT have a variety of ways for people to connect including having a person answer the phone as it was noted that seniors would not leave messages and having electronic means of access for those more comfortable with that medium.

## Harrietsfield Community Engagement Event Evaluation

The Harrietsfield community members were asked to complete a brief evaluation form to assess how satisfied participants were with the engagement session for the CHT and their involvement in the CHT planning process.

Overall, the satisfaction of the participants with the engagement was positive. They enjoyed the opportunity to learn about the CHT and provide input in a relaxed atmosphere. Some suggestions for improvement included having a longer discussion, the ability to mail their responses and taking pictures and publicizing the session.

### Satisfaction with engagement session overall

On a 4-point scale (1=Poor, 2=Fair, 3= Good, 4=Excellent) membership collectively rated the rated their satisfaction with engagement session as 3.5.

Average	No.
3.5	9

### Satisfaction with participation in the CHT planning process

On a 4-point scale (1=Poor, 2=Fair, 3=Good, 4=Excellent) membership collectively rated the rated their satisfaction with their involvement in the CHT planning process as 3.1.

Average	No.
3.1	9

## Conclusions from the Harrietsfield Engagement Event

Overall, the Harrietsfield community was very enthusiastic and supportive of the CHT. The group was very interested in discussing community health needs and issues with the PHC/CHB team. The key priorities identified for their community were the need for blood services, health and social services navigation support, volunteering opportunities and a variety of supports for the seniors and youth in their community. They believed it important that the CHT be open for access on evenings and weekends and that barriers to access and volunteering be actively addressed.

## Appendix E. Summary of the Provider Engagement Event

### Introduction and Approach

On January 12, 2010, the Primary Health Care (PHC) team from Capital Health held an engagement event for health care providers to provide their input into the needs of the Community Health Team (CHT) for Spryfield-Sambro loop.

The event began with a welcome and a 15-minute presentation to provide a fundamental understanding of what a CHT is and what it could be. The participants were then engaged in conversation using the World Café approach to identify the most important needs of the community that the CHT could help to address.

Following this conversation, each participant was given two large post-it notes on which they wrote the two most important needs of the community, from their perspective. Participants were then facilitated through a process that allowed them to cluster these post-its together to identify the themes of the most important needs for the communities, based on their experience.

Once this cluster map was formed, the participants were then told what the key priorities were that were identified by the citizens at the citizen engagement events. They were then asked to compare the needs identified by the citizens, and those identified by the providers themselves, and moved back into conversation using the World Café approach to explore these questions:

- What do you think of this, and what does it mean for our work together?
- What should be the priorities for the CHT?

Each of these questions was given one round of café conversation and between rounds participants moved between tables to cross-pollinate ideas and surface group themes. At the end of the café, one facilitator moved around the room to have participants identify the themes they had been hearing, and another facilitator mapped these onto a large mind-map on the wall.

Participants were then given three sticky dots and were asked to put those dots on those areas of the mind map that were most important for the community.

The main branches topics of the mind-map were each set up as separate table discussions, and once each participant had placed their dots on the map, they went to the area that was most relevant for them to answer some additional questions with the others at a table. If the group for a particular topic was large, the participants were broken up among multiple tables of 4-6 persons per table. The feedback from these conversations was captured on a sheet from each table. Separate tables were

set up for Coordination/Wellness Navigation. Before leaving, participants also completed two feedback forms.

This process allowed four levels of feedback. First, the initial round of café conversations and the cluster map of post-it notes identified the greatest needs of the community as seen by the providers in an unaided way. Second, the mind map and the dots allowed participants to integrate their perspectives with the feedback from the citizens to identify priorities for the CHT and to prioritize them. Third, the theme groups provided additional feedback on each of the aspects of the mind maps and the priorities within each area. Finally, the feedback forms provided more specific feedback.

The data from the café and the theme groups have been integrated into this report. This report summarizes the key points from these conversations.

## Needs of the Community

Participants were first asked to identify the needs of the community from their perspective, before hearing the citizens' perspective. These needs were grouped together in a cluster map of post-it notes that suggested the relative importance of various areas by the number of post-its in a given area.

The greatest number of post-its appeared in the area of access to CHT programs and supports, including transportation, a central phone number, a central location, and accessing various populations within the community.

Second came a sense of belonging or connectiveness, including intercommunity connections, connecting to key populations, and belonging and engaging the community to build healthier communities.

Empowerment/increasing capacity and navigation were also fairly large clusters, although not as large as the previous two areas.

Other themes that emerged that had few post-it notes included youth, mental health, social determinants of health, and safe environments. Two with a single post-it note each were seniors and economic development.

## Priorities for the CHT

After hearing the feedback from the citizens, the participants of this event identified priorities for the CHT in its work. Once again, access came out as the most important issue, with navigation a close second. Other priorities included social determinants of health, mental health, and, to a lesser extent, community.

## Access

Access to CHT programs and supports was identified as the most important need of the community by the providers as well as the highest priority for the CHT. Access included areas such as a central location, a central phone number, availability of transportation and reducing stigma. Access to those outside the central area was also raised as a concern.

Youth, seniors and parents were identified as particular 'target groups' for addressing this issue, as well as service providers.

Some of the priorities identified for the CHT to address included:

- Partnerships with groups who are already in the area
- Peer support → finding leaders within the communities who can be trained to help their fellow community members
- Reducing stigma for people accessing supports
- Communicating/marketing information, taking into account the audience
- A mobile van (similar to the Breast Cancer Screening bus)
- A central access point/hub
- A referral process for holistic care and teambuilding

## Coordination/Navigation

The feedback from the two groups exploring this theme are detailed in the next section.

## Social Determinants

The need for the CHT to use a social determinants lens, which looks at broad factors that affect health such as education and employment, was also identified at this meeting. Some of the target groups to especially consider include youth, young families and service providers and community partners.

Priorities in this area include:

- Accessing those who are currently not accessing services
- Apply a social determinants lens to the work of the CHT
- Navigation (based on asset mapping) → access, mobility, partner action, groups
- Positive social marketing
- Upstream/ proactive
- Outreach → get the services where the people are

## Mental Health

There was a strong focus on youth with respect to mental health, both in the discussion on this theme, and also in the cluster maps that identified the needs of the community according to the providers. The theme group discussing this identified the

significant shortage of resources to address mental health needs in the community, as well as challenges with transportation.

In addition to addictions services for youth and formal, detailed mental health services, they identified a need for prevention-related programs addressing optimism, overcoming loneliness and building resiliency and strengths.

Priorities identified by this group are:

- Youth addictions
- Education/ networking for existing services
- Mental health intervention for youth and adults

### Community

This theme addressed the need to listen to the community, to be creative in connecting to tools and people in the community and to access data from other consultations. The theme group discussing this also brought up access to services for those outside of Spryfield.

Priorities identified by this group included:

- Sharing resources such as expertise and physical space
- Promotion
- Coordination

### Lifeskills

Lifeskills was also identified as being connected to access, in terms of residents having access to people with a pool of skills to look after homes, such as carpentry.

The group that discussed this theme focused on the need for programs such as budgeting, conflict resolution and safe cooking, and identified the following priorities:

- Lifeskills should be taught in schools early & often
- Work with people at risk of losing housing or jobs due to lack of life skills

### Engagement

The theme group exploring engagement focused on addressing vulnerable populations using passionate peer ambassadors who are paid for their work.

## Coordination/ Wellness Navigation

Two theme groups focused on coordination/navigation. The theme groups identified that the resources/ people/ groups available now for coordination/wellness navigation include:

- Chebucto Resource Guide
- Spryfield Community Round Table
- Youth Services Provider Committee
- Spryfield Mental Health Planning Committee
- Helping Tree
- Chebucto Community Development Association
- Urban Farm
- Seniors Foot Clinic
- VON -Breakaway(seniors)
- Seeds of Change
- Continuing Care
- Seniors for Seniors
- Meals on Wheels
- Salvation Army/ Family Resource
- Boys & Girls Club
- Refugee & Immigration Services
- Serving clients
- Emergency food
- Home visits
- Mental Health Counsel → Capital Health

One group suggested that some of these resources are working well for those who are aware or 'in the know' .

The groups identified that coordination/wellness navigation could be enhanced further by:

- Be more aware of community initiatives
- Community outreach
- Stakeholder engagement/ not just in Community Services → specialty appointment/ care
- Centralized access (location and phone)
- Moving various government services (offices) back to the community ie: public health nurses, VON office, continuing care
- Promoting stories/ images/ video/ energy of services via video created by community members or community radio
- "Visitor Info" model/ resources centralized
- More than pamphlets/ words connecting in many ways - mobile/ accessible/ proactive promotion

The highest priority groups for coordination/ wellness navigation are:

- Youth (also including ages 10-14)
- Parents
- Seniors
- Single adults with no other supports

## Event Evaluation

The feedback on the engagement event was overwhelmingly positive. In rating the overall quality of the event, participants at the events collectively gave a rating of 3.4 on a 4-point scale (1=Poor, 2=Fair, 3=Good, 4=Excellent). The breakdown of the ratings for the two events is below:

	Avg	No.
Overall, How would you rate the quality of the CHT Provider and Planner Engagement Event?	3.4	41
How satisfied were you with this event in helping to shape the initial priorities of the CHT?	3.4	40

In the exit survey, attendees were also asked to identify the priorities among the possible learning programs that the CHT could support/offer. The most important priorities were:

Which would benefit you/community	Total
Mental health supports	34
How to eat healthy	33
Parenting programs	32
Managing stress or anxiety	30
Addictions supports	30
How to manage my finances	28
Helping children maintain a healthy weight	25
Maintaining a healthy weight	24
Child nutrition for busy families	24
Physical activity	23
Self management support for managing risk factors	23
Employment supports	18

Other program areas had only one or two votes each.

## Conclusions from the Provider Engagement Event

The most important need of the community identified by the providers is access, which includes issues such as transportation, a central location and a central number. Other important needs identified for the community included a sense of belonging/connectedness in the community, increasing the capacity of the community and empowering it to help itself, and navigating the system.

Integrating these needs with what those identified by the citizens, the participants said that the most important priority for the CHT was access, followed closely by coordination/ wellness navigation.

Other priorities for the CHT include approaching their work with a social determinants lens. It is also important for the CHT to listen to the community and work with the community, partnering with existing services and using peer ambassadors to access hard-to-reach groups. Effective marketing and social marketing was identified as a critical task for the CHT, taking into account the audience and their needs.

Barriers identified that could get in the way of community members accessing programs and services included transportation, stigma, access for people in the loop area and the need for a central location and/or central number.

The highest priority groups to target with coordination/ wellness navigation include youth (including ages 10-14), parents, seniors and single adults who had no other supports.

## Appendix F. Summary of the Physician Engagement Events

### Introduction and Approach

On November 18, 2009 and February 11, 2010 the Primary Health Care (PHC) team from Capital Health visited two family physician practices in Spryfield to provide their input into the needs of the Community Health Team (CHT) for the communities of the Spryfield-Sambro loop. The team engaged nine family physicians and three family practice nurses for approximately 50 minutes.

The session began with a short presentation to provide a fundamental understanding of what a CHT is and what it could be. The participants were engaged in conversation to identify:

- What excited them most about the CHT
- Given the nature of your practice, how do you see the CHT supporting your work
- How could the CHT complement your role in helping those that need help to connect with health and wellness resources in the community and across the health system
- What health and wellness programs could the CHT offer that would be most important for their patients and the community
- How can we stay connected with your practice to explore building an ongoing relationship between your practice and the CHT to support each other's work

Members of the PHC team recorded the physician's verbal responses to these questions.

### Family Physician Feedback on the CHT

#### General Feedback

The physicians and nurses provided some general feedback about the CHT which included their belief that there were many needs in the community that the CHT could help to address. It was noted a number of the patients and families of the practices had multiple, and sometimes multi-generational, health issues such as economic struggles, parenting challenges such as children with attention difficulties, poor diet and dental hygiene, substance abuse and smoking. They believed the CHT could increase patients' knowledge of opportunities in the community, help people think about lifestyle change and motivate them to make changes. Other general feedback included:

- Have someone with sufficient time available to provide education and answer community members' questions

- Lifestyle counseling
- Self referral is key
- Challenging patients need more than peer support and healthy eating
- Have updates on community resources available (e.g., dietitian in grocery store)
- Increase access to people who can help patients become successful
- Get older kids motivating younger kids to build a healthy lifestyle and participate in peer support
- Life skills: very exciting- make most difference to help them get to healthy lifestyle skills
- Has the potential to “infect” others through feedback from participants, encourage them to make changes also
- How do people access the programs? Will transportation be an issue?
- Concern of no-shows/lack of interest in summertime!
- Will there be evaluation to demonstrate outcomes?
- Slush fund for immediate needs: hand to hand used to support one

### Comments on Case Coordination/Navigation

The physicians and family practice nurses were asked about how they currently coordinate patient care and how they saw the CHT working with them to support the coordination of patient care. Their responses were:

- Probably happens more here but never have enough time and not very good at it
- Don't see any conflicts with CHT doing navigation
- Need to ensure confidentiality
- Important for CHT and physicians to initiate patient permission regarding shared information
- Coordination services: just get people to pop in to get update on resources; coordination of resources especially for single moms and parents
- Follow up is an issue: need more supports for this, keep physician in the know
- Need to work together to build relationship and work from same page
- Need to keep communication lines open. Best ways:
  - shared care (e.g., pharmacist has been helpful)
  - intention to work to help patient best we can
  - co-location (e.g., shared community health rounds, updates on new things, feedback on positive cases/stories)
- Call each other with questions or send brief notes, check in frequently

### Comments on How the CHT can Support and Communicate with Family Practices

- Duplication not an issue
- Practice demographics-what patients are being referred for; based on this may need to adjust services

- Understanding pathways and connectors
- Creative ways to engage our learners
- Provide services for social issues patients face
- Referrals: prefer self referral; don't want another referral form
- Informal shared care (ie: Have you heard..., Did you know....)
- Communication typed and brief (will scan and put into chart)
  - All on one page
  - In future may be able to fax and will go electronically
  - Share good stories to keep physicians motivated
  - Suggest regular meetings (3-4 times/year) to communicate and discuss
  - Group rounds once a month to discuss challenging patients, way to learn about broader issues they have
  - Connect with pharmacists, shared care

## Family Physician Practices Priorities for Programs and Services

The participants had clear views on what priority programs and supports the CHT could offer. These were:

- Parenting (e.g., help with health decisions; children with attention deficit disorder/attention deficit hyperactivity disorder)
- Economic issues
- Life skills
- Obesity
- Physical activity
- Coordinating and guiding people to achieve success
- Motivational programming
- Target the working poor, who have no access to drug plans, dental care, physical activity

## Feedback Form Summary

Six participants from the physician practice engagement session completed the feedback form that assessed their perception of the need for a variety of programs and supports the CHT could offer. The results are as follows:

Which would benefit your patients/community	Total
How to manage my finances	6
Employment supports (e.g. "Writing Resumes", "How to Search for Work")	6
Parenting programs	6
Mental Health Supports	6
Maintaining a healthy weight	5
Helping my children maintain a healthy weight (for children and youth)	5

Self Management Support for Managing My Risk Factors (e.g., “How can I manage or prevent high blood pressure, diabetes, high cholesterol”)	5
How to Eat Healthy (e.g. “The basics”, “Eating Healthy on a Budget”)	5
Child nutrition for busy families	5
How do I manage my stress or anxiety?	5
Physical activity (e.g., “Getting Started with Physical Activity”; “How to Stay Active”)	5
Addictions Support	4
Other:	0

Comments: already providers for mental health and addictions supports, don’t duplicate; weight loss programs; help for parents re management of children with ADHD; extracurricular activities for children; need paediatric obesity reduction and prevention.

## Engagement Feedback and Evaluation

The physicians and family practice nurses were asked to complete a brief feedback and evaluation form that could help determine their satisfaction with the engagement, whether they would refer their patients to the CHT, and to assess their interest in future collaboration with the CHT. Most were satisfied with the level of information shared about the CHT.

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
Are you satisfied with the information you received about the CHT? Please ✓			1/6	5/6
Comments: <ul style="list-style-type: none"> <li>• The communication in a brief fashion is important!</li> <li>• Extremely needed service in Spryfield area. Will help tremendously FD and GP to manage patients with chronic disease or at risk</li> <li>• Excellent!?</li> <li>• ? Self referral or special referral forms will be used.</li> <li>• Any communication back with FD Re progress/problems ok</li> </ul>				

All participants stated they would refer their patients to the CHT and three said they would be interested in acting in an advisory capacity with the CHT.

## Conclusions of the Physician Engagement

Overall, the family physicians and family practice nurses engaged were supportive of the CHT. They all agreed that the programs and supports the CHT could provide are needed in these communities and all would refer their patients to the CHT. The majority believed that patients would most benefit from support to improve their

economic situation through lifeskills training and other means. Other recommended areas of focus for the CHT included parenting support and support, including motivational, for increasing healthy lifestyle practices such as physical activity and healthy eating.

The family physician practices were interested in initiating and maintaining an ongoing relationship with the CHT and recommended further engagement to explore the nature of this relationship.