



REPORT BACK ON THE  
**2013-2016**  
**Community Health Plan**  
for the Nova Scotia  
Health Authority

**CENTRAL ZONE**  
(FORMERLY CAPITAL DISTRICT HEALTH AUTHORITY)

## Health Themes from All Consultations:

- Access/Health Inequities
- Mental Health & Addictions
- Physical Activity/Healthy Eating/Weight
- Chronic Conditions

## Four Recommendations:

**ACCESS TO INFORMATION:** Central Zone's (formerly Capital Health) Diversity Committee is striving to reduce barriers to health care in the areas of language, culture, and abilities (print & technology). They consult with people affected directly or indirectly (patient, family, and provider) to inform this work. For example, Hants Health and Wellness Team consulted with the Hants Learning Network, who provided feedback on the Intake Form and the program flyer from a literacy perspective.

**ACCESS TO LOCAL SERVICES:** (1) Primary Health's expansion of Community Health Teams (CHT) includes a specific "rural" consideration (Hants Health & Wellness Team) in the West Hants Uniacke Community Health Board (CHB) area. (2) Blood Collection: Pathology & Laboratory Services brought together an Advisory Committee (including CHB volunteers, citizens, staff, independent providers, and seniors) to facilitate a survey about community blood collection services and to identify areas for improvement.

**ACCESS TO EDUCATION/PROGRAMMING:** Primary Health has opened two additional Community Health Teams (Halifax Peninsula and Bedford/Sackville) and the two existing teams (Dartmouth and Chebucto) expanded their catchment areas. Teams offer free programs at various community locations and times to improve access through general and targeted programming. Hants Health & Wellness Team, including a CHT component, opened in 2015.

**HEALTH INEQUITIES:** Public Health and Primary Health have invested resources to develop Community Profiles for five Health Networks using the CHB boundaries: Eastern Shore Musquodoboit; Southeastern & Dartmouth; Halifax & Chebucto West; Cobequid; West Hants Uniacke. Primary Health met with CHB volunteers to determine how this work would be appropriately shared with stakeholders, partners, and communities.

*They (CHTs) are like a system GPS. I feel like I have an ace in my pocket now with the wellness navigator. They take a different approach here*

– community member

## Health Themes:

**MENTAL HEALTH & ADDICTIONS:** Mental Health & Addictions has established the Public Advisory Group to provide a forum for public engagement, input, advice and feedback to the Executive Leadership of Central Zone Addictions & Mental Health Programs. The membership includes representation from community, first voice, family, and stakeholders, including CHB volunteers.

**CHRONIC CONDITIONS:** Community Health Board volunteers were invited to attend the Chronic Disease Prevention and Management Symposium, “A Corridor Conversation” in November 2014; specifically to participate in the afternoon “by invitation only” sessions. Those who attended continue to be updated on this strategy.

**PHYSICAL ACTIVITY & HEALTHY EATING:** Central Zone provided staff and resources for the Community Health Boards to support health promotion and injury prevention through community partnerships. CHTs offer programs and services such as: personal wellness profiles; craving change (how to change your eating choices); plan simple, healthy meals using low cost ingredients; Make your Life more Active; low intensity exercise programs. Similar programming occurs through the Community Health & Wellness Centre serving North Preston, East Preston, Cherry Brook and Lake Loon.

**ACCESS & EQUITY:** the organization has taken into consideration accessibility factors such as bus routes, accessible spaces, childcare, and diversity when planning community-based service delivery. They have worked with CHBs to engage communities to inform their planning. The Community Health Networks planning committee engaged internally to learn what barriers care providers encountered in service delivery. A Diversity Toolkit was developed and launched in the fall of 2014 under the guidance of the Diversity Council, which included community representation. A Community Development Advisor (Diverse Communities) was created in Central Zone to strengthen relationships with marginalized communities.

## Highlights of Collaborating with Business Planning:

Engaging early with business planning was a great way for the CHBs' community health plan to better support decision making for community-based service delivery. The business planning staff understood the importance of linking community input into operations.

## Acute and Tertiary Care Challenges to fully embrace Recommendations:

Emergency, tertiary, acute medical episodes require rapid, informed and qualified health care decisions. While staff and physicians may share information with patients and families, expert decisions, informed by best practices, remain with health care professionals. However, the organization has supported an engagement process to develop a Health Care Charter for all facilities, sites, clinics, and community programs. This work was paused in 2015 during the transition to a single provincial health authority, pending a broader provincial discussion about a Charter.

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## Thank you to our seven Community Health Boards within Central Zone

for their ongoing efforts to support healthy citizens, families, and, communities – we look forward to receiving the new community health plan currently being produced. Stay in touch with your Community Health Boards:

### Cobequid

Room 3325 Cobequid Community Health Centre  
40 Freer Lane, Sackville NS B4C 0A2

**PHONE:** 902 869 6115

**andrea.parker@nshealth.ca**

### Chebucto West

3825 Joseph Howe Drive, Halifax NS B3L 4R6

**PHONE:** 902 487 0592

**cathy.leslie@nshealth.ca**

### Dartmouth

Belmont House, Suite 544  
33 Alderney Drive, Dartmouth NS B2Y 2N4

**PHONE:** 902 460 6869

**monique.mullins-roberts@nshealth.ca**

### Eastern Shore Musquodoboit

7907, #7 Highway PO Box 31  
Musquodoboit Harbour, NS B0J 2L0

**PHONE:** 902 889 4118

**denise.vanwychen@nshealth.ca**

### Halifax

3825 Joseph Howe Drive  
Halifax NS B3L 4R6

**PHONE:** 902 487 0592

**cathy.leslie@nshealth.ca**

### Southeastern

Belmont House, Suite 544  
33 Alderney Drive, Dartmouth NS B2Y 2N4

**PHONE:** 902 460 6869

**monique.mullins-roberts@nshealth.ca**

### West Hants Uniacke

Hants Community Hospital  
89 Payzant Drive, Windsor NS B0N 2T0

**PHONE:** 902 798 6450

**andrea.parker@nshealth.ca**