2013 Community Health Plan

Who are the Community Health Boards?

The seven Community Health Boards (CHBs) in Capital District Health Authority (Capital Health) are made up of volunteers from all walks of life. Members reflect the diversity of the communities we serve.

We believe that good health is much more than the absence of disease —social factors such as income, equity, education, housing, the environment, community building, and meaningful work— play an integral role in the health and wellbeing of our communities.

We engage with people in our communities and we listen to what they tell us is important to their health. We work with Capital Health and other local organizations to support and promote health and wellbeing in our communities.

HOW WE DEVELOPED

our Health Plan

When it was time to consider the current community health plan, we started with the priority issues identified through the robust 2009 health assessment survey, which was based on the 2007 Canadian Community Health Survey. A community health plan committee with volunteer representatives from all seven health boards and their co-ordinators convened in November 2012. This committee used a consensus model to determine the target audience(s), the structure of the recommendations, and the goals for the health plan. We agreed there would be a common, district-wide survey for all seven boards. Volunteers with expertise and work experience with surveys developed a nine-question survey to identify people's concerns and issues with their health and health services.

We launched the health plan survey (oursurvey.ca), available in both French and English, in the first week of April. It was open until June 30, 2013, collecting responses in 777 individual surveys. Participants had the choice of replying online, via email, or using paper copies, which we distributed at health fairs and in waiting rooms. The survey was promoted through a media plan that used radio and facebook ads.

At the same time, we also undertook more than 45 community conversations, focus groups, and meetings that reached hundreds of citizens. To support these consultations, we developed a slide show to provide a common starting point for discussions and a flexible outline for the community conversations. Some of these consultations were general community meetings. Others were directed at specific topics; for example, seniors, inequity, disabilities, housing, youth, and mental health. We funded interpreters for consultations with newcomer groups and signers for consultations with the deaf community.

The survey data, combined with feedback from the consultations and our ongoing interactions with our communities, provided a great deal of information about community priorities in health care and the barriers people face when accessing health services.

In addition, the Chronic Disease Management Strategy working group partnered with us on the consultations in several of the board areas. Their findings support and reflect those of the CHBs.

This Health Plan contains the joint recommendations of all seven CHBs within Capital Health. It is our legislated mandate to produce the plan and it is our privilege to meet with, listen to and work with the people in our communities.

Priority issues

Three priority issues emerged from our consultation process:

ACCESS TO SERVICES AND INFORMATION: Concerns about access were wide-ranging, including: finding a doctor; long wait times for services and blood collection; intake procedures; transportation; and difficulty accessing resources such as recreation programs, education on particular health issues, and preventative health promotion programs such as cooking classes. As well, we heard about problems related to discharge planning and follow-up care; lack of support for young adults transitioning into adult services; and issues with continuity of care when transitioning from program to program within the system.

HEALTH INEQUITIES: The high cost of prescription drugs, healthy foods, dental care, home care and recreation programs were key barriers to accessing health-related services, particularly for the "working poor," who do not receive support from Community Services and do not have the financial ability to pay for services. People also noted language barriers, literacy issues and the need for culturally competent care.

MENTAL HEALTH AND STRESS: People expressed a need for easier accessibility and timely mental health support and programs; policies to encourage better home and work life balance; and more support for youth mental health.

IN ADDITION, WE IDENTIFIED FOUR THEMES THAT CUT ACROSS ALL PRIORITY AREAS:

- The need for information and education
- Difficulties in finding the services that are available and in navigating the system
- A desire for services close to home
- Personal costs of accessing health-related services, such as transportation, parking, healthy food, recreation, and home care

How we arrived at these particular recommendations

Throughout our community conversations, we listened as members of our communities spoke passionately, sincerely and sometimes heartbreakingly, about their interactions with the health system and the difficulties they face in getting the information and services they need. Seniors described their frustration with finding home care, support services, hospice and dementia care. We heard how unsafe housing impacts residents' mental and physical health. We heard about the overwhelming impact that all aspects of inequity —poverty, race, disability, sexual orientation, literacy, and language barriers— can have on peoples' life and health. People dealing with mental health issues described the suffering and frustration they face every day. Youth expressed a strong need for more mental health programs in schools and community to assist with anxiety, depression, stress and bullying. Newcomers to Canada described the barriers they face in finding the health care they need.

We have tried to honour these voices by developing recommendations that would impact all of the issues they have raised by encouraging a process that would include the community in planning the services that impact their lives and health.

We wanted our recommendations to be few, to be doable, to be systemic rather than directed at specific programs, and to encourage Capital Health to build community voices into the planning and delivery of services.

How we can work together

We believe achieving a healthy community is a shared responsibility that needs involvement from a wide variety of individuals, groups and sectors.

Throughout our consultations, we were deeply moved and impressed by the insight and knowledge of the community members who shared their experiences with us. We also heard their frustration: They felt that their voices were not heard and their experiences and challenges were not reflected in the health system.

In our recommendations, we are asking that Capital Health collaborate with the CHBs on a regular basis and that you use CHBs as a conduit to connect with the enormous resource that community experience offers to the process of planning programs and services.

We are also asking that Capital Health update the CHBs semi-annually on progress as they implement our recommendations so that we can share this with our communities.

Our Recommendations

The recommendations below refer to collaboration with Community Health Boards.

We hope that Capital Health will actively engage with CHBs as a link to communities and relevant community organizations.

Our intention is not to have a CHB member on every committee or planning group, but that Capital Health will use CHBs as a resource to connect with appropriate community resources. We believe this form of ongoing, routine collaboration with CHBs is essential and should be carefully tracked.

Access to Information

In collaboration with CHBs and community organizations, examine the Capital Health website and other Capital Health information sources to facilitate ease of access and address barriers. Examples of barriers include low literacy, speaking languages other than English, and hearing and vision impairment, among others.

Over a wide range of issues, people told us they faced difficulty in finding the information they needed, in a format that was usable by them. They told us that the best way to ensure information was accessible to people with specific barriers was to include them in the development process.

Access to Education and Programming

In collaboration with CHBs, develop a responsive, community-driven model for developing and delivering health education programs. Specifically, communities should be asked for their input on the topics to be covered, the people programs should reach and have yet to reach, and how to improve existing programs.

CHBs heard that mental health, food security, physical activity and budgeting were important to communities. Factors such as time of day, availability of transportation, parking and childcare all affected people's ability to access health education programming.

Access to Local Services

In collaboration with CHBs, continue to expand Community Health teams, programs and services in more communities to provide local navigation, information and communication support. Plans for expansion should consider the needs of rural and diverse communities.

In consultation with the community, people spoke repeatedly about their need for services close to home, and the need for local assistance in navigating the health care system.

Health Inequities

Recognize the impact of social inequities on people's ability to access services and participate in programming. Mitigate the impact of health inequities on participation by ensuring that program and strategy development includes:

- Collaboration with CHBs and community organizations
- Allocation of funds and resources according to community needs and priorities
- The use of a comprehensive inclusion lens as an essential planning tool

We heard that people's ability to participate in programs or seek medical care sometimes depends on the availability of supports such as childcare, transportation assistance, and healthy foods. CHBs are asking that these supports be considered integral to the development of programs and strategies, not as an extra or add on.