Healthy People, Healthy Communities:
Using the Population Health Approach in Nova Scotia
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Over the past several years, there has been much discussion about “population health” and the “determinants of health.” Many people have suggested the “population health approach” as the most effective way to influence the health of Nova Scotians.

But why is it important for us to shift our thinking towards a population health approach? In Nova Scotia, we are facing significant health challenges that have not been successfully addressed by traditional approaches to health and health care. Compared to the rest of Canada, Nova Scotia has higher rates of cancer, diabetes, respiratory and heart diseases, as well as higher rates of risk factors for these diseases, such as smoking and obesity. We need a new way to begin addressing these problems and improving the health status of people throughout the province.

By using a population health approach, Nova Scotians can begin changing our physical and social environments to find ways of improving the health of our communities across the province. A population health approach involves citizens from different backgrounds in identifying and building upon the things that make and keep their communities healthy.

The purpose of this document is to explain what is meant by a population health approach, and to offer real life examples of a population health approach in action right here in Nova Scotia.

We hope that after reading this document that you are inspired to further explore the population health approach, and its relevance to your work in promoting the well-being and quality of life for all Nova Scotians.

By using a population health approach, Nova Scotians can begin changing our physical and social environments to find ways of improving the health of our communities across the province.
There are many factors that influence our health. When it comes to our health, research shows us that having an adequate income, a good education, and a safe environment is just as important as how much exercise we get or what food we eat. Our health is strongly linked with our opportunities to work, learn, play and contribute to our community. Health is also linked to where we live, how we care for each other, our sense of belonging in our community and how much love, attention and stimulation we receive as children.

Health is greatly influenced by sharing and caring in our communities. Research has shown that the more that people are involved socially with their family, friends and community, the more likely they are to be healthy. Meaningful social relationships help people cope with stress, solve problems, and give people a greater sense of control over their lives. Some researchers believe that social relationships are more important in maintaining health even than are good health practices.

Income and social status are more important than any other single factor that affects our health. Research shows that people with higher income and social status have greater control over their lives, especially stressful situations, and this is directly related to their health. When you look at the population as a whole, as income increases, so too does health. But this does not mean that the wealthiest countries always have the best life expectancy rates. It is those with the fairest sharing of income and power throughout the population that have the best life expectancy.

There are still other factors that influence the health of our population. Education and employment are both related to income and helping people gain control over their lives. Education enables people to seek and act upon health information, seek needed health services, and advocate for resources that support the health of their children and family members. Research has shown that people who are unemployed are more likely to be unhealthy. Our early childhood experiences are also strongly related to our health. Making sure that children have opportunities to develop self-esteem, healthy life practices, coping and social skills early in life have been shown to positively affect their health later in life.

The physical environment is a key influence on our health, such as soil, air and water quality or safe housing or workplaces. Our health is also influenced by personal health practices such as smoking, the physical characteristics that we inherited from our parents, our gender, the culture we grow up in, and health services (especially those designed to promote or maintain health).

There is no simple answer to the question “What Makes Nova Scotians Healthy.” The health of our population is influenced by many different factors. These factors that affect our health are often called “determinants of health”.

**Determinants of Health**

- Income and social status
- Healthy child development
- Social support networks
- Personal health practices
- Education
- Individual capacity and coping skills
- Employment and working conditions
- Gender
- Social and physical environments
- Health services
- Genetics
- Culture
Thinking About ALL of the Determinants of Health

To improve the health of our population, we need an approach that addresses all of the factors that influence our health. It is not enough to address any single factor alone, because of the way that all of the factors interact. The “Thinking About Food” box below is an example of why improving the health of the population depends on our ability to address all of the determinants of health.

**Thinking About Food . . .**

Imagine that we want to encourage all Nova Scotians to develop a good personal health practice, such as healthy eating. We know that a healthy diet is important to our health, so we decide to provide information to Nova Scotians about healthy eating. To do this, we develop a brochure about healthy eating and distribute it through all large grocery store chains in the province.

The problem with this approach is that it hasn’t considered other determinants of health. Think about this:

- People with lower incomes often cannot afford to buy the foods needed for a healthy diet (such as fresh vegetables).

- Some people with less education and limited literacy skills can’t read labels on food packages, so they are not sure which foods are better for them. These people may have trouble reading a brochure too.

- Some families do not have access to transportation, so they are unable to shop at large grocery store chains (which means the brochure would not reach them unless it was distributed at all small convenience type stores).

- Older people living alone may not want to buy food for themselves and may not like eating alone.

- Some families are from cultures that traditionally eat foods that are high in fat. They may not know how to make their traditional foods in a way that is healthy.

These are just a few examples of why focusing only on one of the determinants of health is not enough. In the brochure approach we started with above, we only focused on one determinant of health – personal health practices.

But if we consider other determinants of health too, such as income and education, we would most likely come up with another approach. Maybe we would develop a community garden where people work together to grow low cost fresh fruit and vegetables. Or we might develop a partnership with our community literacy organization, and offer food label reading education to people who are enrolled in literacy classes. Or we might work with a group of people on fixed low incomes to enable them to influence policy-makers to increase income assistance to support healthy eating. The opportunities are endless!
Addressing the range of factors that determine health status is called a “population health approach.” A population health approach aims to maintain and improve the health status of the entire population. The strategies we use to increase the health of the population also bring wider social, economic and environmental benefits to the population as well.

Health Canada has identified the key elements of a population health approach. The key elements are described below. If you would like more information about the key elements, you may wish to review the population health template on Health Canada’s web site at http://www.hc-sc.gc.ca/hppb/phdd/resources/index.html.

Key Elements of a Population Health Approach

**Focus on the Health of Populations**
A population health approach shifts the focus away from changing individuals, to promoting healthier communities. Efforts are aimed at promoting health for the entire population, or large sub-populations, such as youth.

**Address the Determinants and Their Interactions**
A population health approach considers the full range of factors that influence health. Strategies to improve health carefully consider the determinants of health, such as income and social status, education, personal health practices, social support networks, and supportive physical and social environments.

**Base Decisions on Evidence**
A population health approach uses information from a variety of sources to assess the health of the population, identify priorities for action, and develop strategies that improve health. The information used can come from research studies, and from the community’s knowledge about their existing strengths, resources and needs.

**Increase Upstream Investments**
A population health approach considers the root causes of illness and the conditions that create health. A population health approach invests resources in actions that address factors that are known to have the greatest impact on health status, such as social, economic and environmental factors. The idea is that the further “upstream” the action is, the greater the potential gains for population health.
Apply Multiple Strategies
A population health approach uses many different strategies to improve the health of the population. Strategies are implemented in different settings too (e.g. schools, workplaces, communities).

Collaborate Across Sectors and Levels
A population health approach recognizes that taking action on the determinants of health requires the health sector to work closely with other sectors. For example, to take action on ensuring Nova Scotians have an adequate income, organizations in the health sector need to work with organizations in the economic, education and social services sectors.

Employ Mechanisms for Public Involvement
A population health approach provides citizens with meaningful opportunities to participate in developing and implementing priorities for action to improve health.
This section provides several examples of projects and programs that have adopted a population health approach. The examples help to illustrate the elements of a population health approach. The elements of a population health approach are highlighted in the margins of each story.
In 1997, the Annapolis County Community Health Board noticed that a number of community members were unable to access the healthcare system, shop for groceries or even get a job. But why? The community health board collected information from their community and learned that lack of transportation was the root cause of the problems.

Many disabled, senior and economically disadvantaged residents of Annapolis County were unable to access transportation, resulting in poor health, isolation and low self esteem. The Annapolis County Alternative Transportation Society was developed to help fill in the transportation gaps.

Volunteer drivers offer reliable, affordable, accessible transportation. There is a $5 annual membership fee and clients are asked to make a $5 donation for a drive anywhere within the County. Volunteer drivers are reimbursed for their mileage.

The program positively impacts on many of the determinants of health. A few examples include:

- Previously unemployed participants are now able to get jobs because they have reliable transportation. This increases the control that they have over their lives, resulting in higher self esteem and social status.

- Seniors and disabled participants are able to attend community gatherings, shop for food and attend medical appointments. Social support networks are enhanced, regular access to food makes healthy eating easier, and getting medical care is now possible.

- People on fixed income can spend the money they would have had to spend on expensive transportation on groceries, heating costs and other basic living expenses.

- Clients who want to upgrade their education can now access educational facilities that they had no way of attending in the past.
Vicki Lynn Davidson is the Coordinator of the program. She says that the program is very important in strengthening social relationships and giving people a sense of control over their lives. To illustrate her point, she tells the story of Dan. “Dan’s wife is in a nursing home in Annapolis Royal, and because of the program, he is able to go and visit her three times a week,” she explains. “Without the volunteer drivers, Dan would be reluctant to trouble neighbours and friends for drives, and he would not be able to visit as often. The program has allowed them to maintain their supportive relationship.”

Community organizations that collaborate to make the program a success include Home care Nova Scotia, VON Annapolis Valley, RCMP Seniors Safety program, Public Health Services, Family and Children’s Services, health organizations and professionals.

Summary of the Annapolis County Alternative Transportation Society’s Population Health Approach

• The Annapolis County Alternative Transportation Society used evidence from their community to help figure out the root cause of several community problems. This allowed them to make an upstream investment – putting resources into transportation services positively influenced a number of determinants of health.

• The Society was created directly in response to a need that was identified by the citizens of the county. Public involvement in the Society continues through the participation of clients and volunteers.
Sewage-contaminated water in the Bras D’Or Lakes causes many problems, such as making shellfish toxic for human consumption. People who rely on shellfish in the Bras D’Or Lakes for a source of food can become ill from eating the poisoned fish. People who rely on aquaculture as a source of income suffer when their shellfish stocks become poisoned. Tourism industries and the income and employment related to these industries also suffer. One community on the shores of the Bras D’Or Lakes is on the verge of having to shut down its water treatment plant because of a lack of funds. The water treatment plant provides clean water to important community services such as a senior’s residence and a children’s campground, as well as to homeowners. The community was planning to fund the continuing operation of the plant by using the proceeds from aquaculture leases, but now they are unable to do so because of the contaminated water in the Lakes.

Improving the water quality in the Bras D’Or lakes is a population health issue that is being addressed by a large number of people and organizations working together. A community group called the Bras D’Or Stewardship Society decided that it was time to take action on one of the big sources of sewage in the Lakes: sewage being dumped into the lakes by recreational boaters. They asked for help from the Bras D’Or Field Team of the Sustainable Communities Initiative (SCI).

The SCI Field Team has membership from many federal, provincial, municipal and First Nations governments. The members come from different sectors such as health, environment, fisheries, and natural resources. The SCI Field Team brings the expertise and resources of many departments together to try and solve community problems that cross the boundaries of government departments. The Field Team agreed to work with the Bras D’Or Stewardship Society to try to address the sewage issue.

When the SCI Field Team researched how to best deal with sewage from recreational boating, they discovered that regulations controlling sewage dumping from boats could be developed under the Canadian Shipping Act. But a few things were required in order to make the regulations a reality. First, the public needed to be involved in the process. So the Bras D’Or Stewardship Society started a public awareness campaign that resulted in many letters of public support being submitted to the SCI Field Team.
The next thing needed to move the process forward was a sponsor for the application to change the regulations. Governments couldn’t sponsor the application, so the SCI Field team couldn’t be the sponsor. The Stewardship Society did not have the resources to be the sponsor. That’s when the Pitubaq Project became involved. The Pitubaq Project is a joint effort involving the five municipalities and the five First Nations in Cape Breton. These 10 organizations are working together to try and address sewage issues in the Bras D’Or Lakes. Up until this point, the Pitubaq Project had not addressed the issue of sewage from recreational boating. But they immediately saw how relevant the issue was to their own water quality improvement strategies. The Pitubaq Project agreed to become the sponsor for the application to develop regulations under the Canada Shipping Act that will control the dumping of sewage into the Bras D’Or Lakes from recreational boating.

Together, all of these governments, organizations and communities are making a difference in improving the quality of life for people who live in the Bras D’Or Lakes region.

Summary of the Bras D’Or Water Quality Initiative’s Population Health Approach
• The quality of water affects the determinants of the health of the population in the Bras D’Or area in many ways. For example, people who drink or swim in the contaminated water can become sick, as can people who eat shellfish from contaminated waters (determinant: physical environments). The loss of the aquaculture industry and tourism industry due to contaminated water directly impacts on the economic well-being of the individuals, families and communities involved in the industry (determinants: income and employment). Contaminated water in the Lakes also reduces opportunities for recreation and leisure, such as swimming (determinant: social environments).

• Collaboration is the cornerstone of this initiative, with community organizations, First Nations governments and municipal, provincial and federal governments all working together to address a common problem.

• One way of responding to contaminated water is to spend more and more money on water clean-up projects. However, that approach would not address the root cause of the problem. By focusing on controlling one of the sources of sewage in the Bras D’Or Lakes, the initiative is making an “upstream investment.”

• One of the necessary steps in implementing a solution to this problem was informing the public about the problem and providing a mechanism for public involvement. The large number of support letters from the public shows that the public was both concerned about the issue, and interested in participating in the solution.
Falls Prevention Program for Lunenburg and Queens Counties

Address the determinants of health & their interactions

One out of every three older Nova Scotians is likely to fall this year. In addition to the physical injuries caused by falling, the fear of falling can cause older people to be less active, leading to social isolation and physical inactivity, two conditions that reduce their quality of life and increase their risk of falling.

Collaborate across sectors

Nobody is more aware of these facts than George McKiel. George is the founder of the Elderfit program in Lunenburg, which aims to motivate and support seniors to stay active. “We knew that falls were a big problem for our seniors,” says George, “and we also knew that we couldn’t solve the problem on our own.” That’s why Elderfit joined forces with Royal Canadian Legion, Lunenburg County Senior Citizens Council, VON, Katimavik, Community Health Boards, Fisherman’s Memorial Hospital and local care providers. Together they developed the Falls Prevention Program for Lunenburg and Queens Counties. The program is funded by Health Canada and Veterans Affairs Canada.

The purpose of the program is to increase seniors’ awareness about the risk factors for falling, and to reduce the risk of falls among seniors.

Base decisions on evidence.

The Program is developing its health promotion strategies based on evidence about what has been shown to work elsewhere to prevent falls. They are collecting evidence from their own community too. A questionnaire was distributed to 26,000 homes to determine the level of community awareness about risks for falls. The information from the questionnaires was used to design strategies that will work best for the community. At the end of the two-year project, a sample of the questionnaire respondents will be surveyed a second time to measure change in awareness.

Apply multiple strategies

The program uses many strategies to prevent falls. To promote awareness about risks for falls, they use a variety of communication vehicles. Written materials are placed in doctor’s waiting rooms, local newspapers print information, local radio and cable televisions spread the word, and a public lecture series was started.
Sheila Woodcock, Program Coordinator speaks enthusiastically about how the program improves physical environments to prevent falls. Sheila explains one strategy: “A trained group of volunteers visit homes where they are invited. They use a checklist to find possible fall hazards in the home, and then make suggestions for improvements.” Seniors can get help for making the suggested changes from local Katimavik and Army Reserve volunteers. In yet another strategy Katimavik and high school student volunteers inspect local towns and communities for fall hazards and report them to the municipal government for action.

**Summary of the Falls Prevention Program for Lunenburg and Queens Counties’ Population Health Approach**

- The Falls Prevention Program considers the **determinants of health** in developing its strategies. The program recognizes the importance of physical environments in preventing falls. Preventing falls affects may other determinants of health such as social support networks and personal health practices.

- The Program **uses evidence** about what works to prevent falls, and evidence about what strategies work best in their community.

- **Multiple strategies** are used in the program, including communication strategies, and strategies to improve the physical environments in homes and the community.

- The Falls Prevention Program is the result of collaboration among organizations from **many different sectors**, and it is a program for the whole community.
In August 2000, the responsibility for Housing in Nova Scotia was moved to the Department of Community Services. This change created the opportunity to develop a new vision and mission for Housing in Nova Scotia. This story provides an example of how a province-wide program in a non-health sector adopted a population health approach. They call their approach a “healthy community approach,” however it is fundamentally the same as a population health approach.

Research shows that safe and affordable housing is very important to the health of individuals and communities. Therefore it made sense to re-focus the vision of Housing in a way that reflected this research. Louis de Montbrun, Executive Director for Housing explains the change in focus this way: “We have always focused on the buildings and structures, and we decided that we had to focus more on the people who live inside them and the impact on the community.”

After consulting with many Nova Scotians, Housing developed a new mission, vision, goals and belief statements, all of which reflect a healthy community approach. For example, the new mission for the Housing states “To be a partner to Nova Scotians in fostering healthy communities through housing.”

The new focus for Housing means that there will be more emphasis on working with partners to provide housing solutions that meet the needs of clients and communities. Among their most important partners are the people whom they serve.

But what does this change in focus mean for Nova Scotians? Earl Mielke, a Housing Program Officer in Middleton recently put the new mission statement into practice. Earl received a call to inspect a property badly in need of repair. When he got there, he did not just look at the problem with the house. Instead, he looked for the root cause of the problem. It turned out that the people living in the house were physically and mentally disabled, and did not have the capacity to fix their house. They were also in need of other supports to help them adequately manage their budget and household.
“By contacting a number of our partners in the community, we were not only able to get the house fixed, we were also able to work together to get other needed social supports in place for the homeowners,” says Earl. “If Housing had not been called to address a property issue, those people might not have received the help that they needed with basic things like personal care, budgeting and connecting to the community. This example really demonstrates how we are an important partner in fostering healthy communities.”

Summary of the Housing Services Division’s Healthy Community Approach

• Housing used evidence about the relationship housing has to healthy communities in order to re-focus their organization.

• Focusing on promoting healthy people and communities encourages the staff of Housing to look for root causes of problems, and to collaborate with others to solve the problems.

• Fostering healthy communities means looking for ways to involve the public and individuals in dealing with housing issues.
Open Doors Program, North Shore Area

Mechanisms for public involvement.

The North Shore Area Community Health Board (NSACHB) developed a health plan with input from residents of the area. An important health issue identified by the residents was that of low personal incomes caused by under-employment, unemployment and limited business opportunities. Inadequate housing, poor nutrition, high levels of stress, and alcohol abuse were also mentioned by residents as “spin off” health issues related to the employment issue.

Base decisions on evidence.

The importance of the employment issue was confirmed by a study conducted by the North Shore Community Development Association and Human Resources Development Canada. The study found that average incomes in the area are low, unemployment rates are high and lower levels of education are prevalent in the area.

Collaborate across sectors.

To address the employment issues of the area, the NSACHB is partnering with the North Shore Community Development Association, Human Resources Development Canada, and the Nova Scotia Community College to implement the OPEN DOORS program. This program will provide basic employment development services that are not available now due to the geographical isolation of the North Shore.

Edward Sampson, Chair of the NSACHB says: “The OPEN DOORS program will help people prepare themselves to be more competitive in the job market.” Examples of the type of services offered through the program include employment counseling, resume development skills and employment-related training. Services are offered to individuals of all ages, as well as groups.

Address the determinants of health & their interactions

The program is promoted widely through schools and community groups in the North Shore area. In addition, the program staff inform local employers about the availability of program participants who are seeking employment. Every job opening in the region is posted at the program office. Edward notes that “even though the program is very new, there are dozens of people working in the area now, who were not working before the program started.”

Overall, the NSACHB hopes that the program will help to decrease the unemployment rate, and facilitate meaningful employment opportunities for the people of the North Shore area.
Summary of the North Shore Area Community Health Board’s Population Health Approach

- The OPEN DOORS program addresses income as determinant of health. The program recognizes lack of employment as a “root cause” of many other health issues that affect the people of the community.

- The OPEN DOORS program was created based on public input about what was necessary to improve the health of the community, as well as evidence generated from an employment study of the area.

- The OPEN DOORS program is made possible by the collaboration of organizations from the health, education and community development sectors.
The Kings County Division of the Canadian Mental Health Association understands the important relationship between income, education, social support networks and health. The organization recognized that single low-income parents and people with disabilities have many issues that keep them at home, such as childcare responsibilities and lack of access to transportation. Issues like these make it difficult for them to develop necessary life and employment skills. That’s why Operation Educate was created.

Operation Educate is a non-profit program that provides free computer training, literacy education, life skills training, personal development and job finding skills to single parent families and persons with disabilities. Many of the program participants face barriers related to low-income, transportation, childcare and disabilities. Operation Educate offers free workshops and one-on-one instruction, as well as in-home support and training to help overcome these barriers.

The program aims to develop participants’ skills to increase the amount of control they have over their lives. With new skills, participants are able to seek meaningful employment. They become less isolated and more comfortable making social links in their community. People who have participated in the program have higher levels of self-esteem. Their literacy has also improved and they have greater confidence in using information technology.

Lorraine, Brian and Jerusha are the Project Coordinators. They are pleased that Operation Educate has made such a big difference in the lives of their clients. Several clients have found employment after participating in the program. Others have moved on to formal education. Brian says “People tell us over and over again how important the program is to helping them overcome real barriers to employment and education... People like Tara, who says: “Operation Educate offered a valuable service to me by connecting me with people that have helped me gain work experience.”
Making community connections is a big focus for Operation Educate. Many community partners, all of whom contribute their time, talents and resources to make the program a success, support the program. Partners include businesses, schools, universities, religious communities, municipal governments such as the Towns of Berwick and Kentville, the provincial government Department of Transportation and Public Works, the federal government Department of Defense and Human Resources Development Canada and the community health boards, food banks and family resource centres.

**Summary of the Operation Educate Population Health Approach**

- Operation Educate focuses on several **determinants of health**, including income, education, social support networks and individual capacity and coping skills.

- The program attempts to influence the root causes of poor health by **investing resources upstream** to address issues such as income and employment.

- **Multiple strategies** are used in the program, including group workshops, personal training, and connecting program participants with community resources that can help them build their skills.

- Operation Educate works closely with organizations in many **different sectors**, including health, education, transportation, and social services. The program also works with **different levels of organizations**, such as the municipal, provincial and federal governments.
PATH (People Assessing Their Health) is an initiative based on the idea that people know a lot about what makes them healthy. It is also based on the idea that people at the community-level should be involved in planning and decision-making about the policies and programs that affect them.

Since 1996, people from northeastern Nova Scotia and Cape Breton Island who are involved in PATH have been coming together to share ideas and resources, to provide opportunities for people and communities to analyze issues and to build healthy communities. In addition to sponsoring a number of educational events, PATH is best known for promoting a process called community health impact assessment to build and maintain community health.

**Increase upstream investments**

Community health impact assessment allows people at a local level to estimate the effect that a program or policy will have on the health of the community. Most policies or programs have both positive and negative effects on a given population. The PATH project has supported four communities in developing tools to help the community analyze the positive and negative impacts of programs and policies. From their assessment, community members can identify what must be done to minimize the harm and maximize the benefits of programs and policies by addressing the many factors that contribute to overall health of the community.

**Mechanisms for public involvement**

The Antigonish Town and County Community Health Board (ATCCHB) developed a community health impact assessment tool with the support of the PATH project. “Members of our community participated in a meeting to help us decide what information we need in order to measure whether our community is healthy,” says Sharon MacInnis, Community Health Board member. “Based on what community members told us, and the ATCCHB’s community vision, we were able to create a list of the questions that should be asked when doing a community health impact assessment.”

**Base decisions on evidence.**

Using the list of questions, the ATCCHB created a tool that can be used by community groups and policy-makers to evaluate the impact of proposed programs and policies on the health of the community. The tool is a practical handbook that guides groups through a discussion about the impact of the program or policy on many dimensions of community health, such as community participation, valuing of diversity and community assets, and the impact on the determinants of health such as income or healthy child development. After assessing the impact of a proposed program or policy, the handbook guides the group in the development of action steps. For example, if the assessment revealed a potentially negative impact on an aspect of the community’s health, the group may choose to change their plans to try to avoid the negative impact.
Susan Eaton, Project Coordinator, says that “because community health impact assessment deals with the broad determinants of health, it requires that people from different sectors work together to complete the assessment. The process of developing the tool and now the implementation of the tool to assess potential programs and policies has already resulted in improved collaboration among many organizations.”

**Summary of the PATH Project Population Health Approach**

- The PATH project uses evidence from community members’ experiences and knowledge about what it takes to make and keep their community healthy to develop an assessment tool. The tool also encourages groups to base their assessment on sound information.

- Use of the community health impact assessment tool encourages the investment of resources upstream by helping decision-makers to address the community impacts of potential programs and policies before they are implemented.

- The public was involved early in the development phase of the community health assessment tool through a consultation process.

- The community health assessment tool developed by the ATCCHB addresses all of the determinants of health, and has resulted in increased collaboration across sectors.
Although the school drop-out rate has declined in Nova Scotia, it continues to be a significant issue in the Capital District Health Authority. Hundreds of students leave school each year before completing grade 12. Studies have shown that people who leave school before grade 12 have reduced average incomes, are more likely to have periods of unemployment, are more likely to smoke, and are at overall greater risk for health and social problems.

The Central Regional Children and Youth Action Committee (CAYAC) recognized the importance of supporting youth to stay in school. CAYAC is a multi-sector group with membership from numerous organizations including the provincial government departments of Community Services and Justice, Capital Health (Public Health Services, Drug Dependency Services and Community Health); IWK Health Centre, Halifax Regional School Board, Halifax Regional Municipality; and the Sport and Recreation Commission.

To help increase the number of youth who stay in school, CAYAC created a Not in School working group that aims to provide flexibility in school, home and community environments to support individual students.

The first task that the Not in School Working Group has tackled is to reduce barriers and duplication in the systems that focus on youth. Rose Couch, the Coordinator of Central Regional CAYAC, says: “Youth who are at increased risk for leaving school early are often involved with two or more of the education, community services, health and justice systems. To ensure that all of these systems work well together, joint protocols are being developed to consistently, efficiently and effectively share information. This will reduce duplication of effort, but more importantly, it will enable joint planning to support individual students.”
The Not in School Working Group has also identified what strategies are currently used to help students stay in school, and what related supports currently exist for students, parents, communities and schools. The Working Group plans to encourage ongoing input from the public to help build new stay in school strategies. They have started this process by holding focus groups with people who work with children and youth, such as school guidance counselors and Community Services staff. Future plans are to engage parents and the broader community in the planning process.

Ultimately, the Not in School Working Group believes that it will have been successful if they can determine how the resources within the many systems that support youth can be used differently to support long term positive outcomes for students.

Summary of the Not in School Working Group’s Population Health Approach

- The Not in School Working Group used evidence from many studies to identify that high school completion is an important factor in the future health of children and youth.
- By collaborating across sectors to improve support systems and develop new strategies to help youth stay in school, the Working Group is addressing several determinants of health, including education, income, and social support networks.
- Public involvement in developing stay in school strategies will be a key component of the Working Group’s efforts to develop effective stay in school strategies.
Lessons Learned About Using a Population Health Approach

Many organizations and communities across Canada and in Nova Scotia have adopted a population health approach to their work. There are important lessons to be learned from their experiences, such as:

- Having **different perspectives** on a problem can enrich the solution to the problem. Therefore a population health approach is most successful if it involves many people and organizations. Because taking action to affect root causes of illness and conditions that create health is complex, actions are more likely to succeed if partners from many sectors work together.

- It is important to allow enough time for **building effective partnerships**. Population health approaches need to create opportunities for people to meet and collaboratively plan, and support these activities on an ongoing basis.

- Because **moving actions upstream** requires a reallocation of resources, it is important to involve policy decision-makers in planning population health strategies. Changing the way resources are allocated is made easier by involving those who make decisions about resources early in the planning process.

- Sometimes a population health approach is called something else by people in different sectors. For example, people who work in the community economic development field are very important partners in actions implemented to address the relationship between income and health status. People in the community economic development field are very concerned about the well-being of communities, and address many of the determinants of health through their programs. Yet they do not call their approach “population health.” The lesson learned is that we must **not let language stand in the way** of building successful partnerships across sectors.

- The **expertise of community members** is an essential ingredient in planning and implementing population health strategies. Strategies vary from providing programs and services, to influencing the creation of public policy that creates healthy physical and social environments.

- **Evaluation** of population health actions is important to help build the body of evidence about what strategies influence the determinants of health.

**We hope that after reading this document that you are inspired to further explore the population health approach, and its relevance to your work in promoting the well-being and quality of life for all Nova Scotians.**
Public Health Services

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