
**Assessing the Impact
of the
People Assessing Their Health (PATH) Project**

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FOREWORD

The PATH Network is a network of groups and individuals sharing ideas and resources to build healthy communities in Northeastern Nova Scotia.

The PATH (People Assessing Their Health) Project was an 18-month health promotion initiative, funded by the Health Promotion Contribution Fund of Health Canada, ending in October 1997. During a time of dramatic change within the health system, the PATH Project provided an opportunity for people in Eastern Nova Scotia to look at health in new ways with a focus on assessing the many factors that determine health within their communities. After the project, participants continued to share their concerns about health issues and decided to form the PATH Network as a means to continue their dialogue.

Thus the life of what is commonly referred to simply as “PATH” carried on because participants wanted to keep working together to strengthen health within their communities and region. Through PATH, a number of educational sessions were held and new projects were planned. New members joined the Network.

In the spring of 2000, a proposal was directed to the Nova Scotia Department of Health to revisit the PATH Project to determine if the project had any lasting impact on the region and to glean insights that would help shape future directions for PATH. The **Assessing the Impact of the *People Assessing Their Health (PATH) Project*** was funded through a Department of Health Discretionary Grant. The PATH Coordinating Committee contracted Trudy Watts to conduct the evaluation. Her findings are documented in this report.

Context for the PATH Project

Before reading this report, it is important to understand the context for the emergence of PATH. The PATH Project began during a time of significant restructuring within the Nova Scotia health system. In 1996, the Eastern Health Region, became one of four health regions in Nova Scotia. For the first time, health care providers and health activists from communities in Guysborough and Antigonish Counties on the Mainland, and all of Cape Breton Island, were faced with working together within this expanded jurisdiction.

The PATH Project was conceived as a way to bring a range of stakeholders together to share their views on health and to identify actions needed to build healthier communities. This is a region of Nova Scotia where communities have historically

faced significant socio-economic barriers to health. A view of health that includes the socio-economic determinants of health gains full meaning when looked at through the lens of the life experience of people living in this region.

The health reform process of this time brought promises of a shift in control over decisions that shape the health of communities. Decisions about health services moved from the Department of Health to the Regional Health Board. Community Health Boards (CHBs) were formed to determine local health priorities and to plan for primary health care. Within the Eastern Health Region, efforts were made to establish CHBs in selected rural areas. This was seen as an opportunity for greater citizen participation in health planning.

This context of health reform thus framed the PATH Project. The goal of the PATH Project was *to provide a means for people in selected communities within the newly formed Eastern Health Region to identify, define, and assess all aspects of health in their communities so that they will become effective participants in a decentralized health system.*

Through a process called community health impact assessment, members of three communities (Guysborough County Eastern Shore, St. Ann's Bay, and Whitney Pier) first identified factors determining their health and then developed community health impact assessment tools (CHIATs) for assessing the impact of programs and policies on the health of their communities. The tools, commonly referred to as CHIATs, are products resulting from the discussion and reflection on health within the three PATH communities. The three CHIATs and a description of the process of their creation, with lessons learned from the PATH Project were shared in the resource called: *PATHways to Building Healthy Communities in Eastern Nova Scotia: The PATH Project Resource*. This resource was distributed widely within the region and beyond.

Evaluating the PATH Project

The primary reason for undertaking this evaluation was *to assess the extent to which the community health impact assessment process and tools have been used within each community, and to identify barriers and opportunities encountered in applying community health impact assessment.* This report attempts to capture the views of people in this region who have had some involvement with the PATH Project.

The results of this evaluation are intended to inform future work

of the PATH Network including the current project, *Applying Community Health Impact Assessment to Rural Community Health Planning* (funded through Health Canada's Remote and Rural Health Fund), commonly referred to as PATH II. Through PATH II, the Antigonish Town and County Community Health Board has developed a community health impact assessment tool to support citizens in decision-making related to community health planning.

The PATH Coordinating Committee thanks everyone who took time to reflect on the PATH Project by participating in interviews and focus groups. We acknowledge the Nova Scotia Department of Health for funding the evaluation, Trudy Watts for conducting the evaluation, members of the PATH II Project Coordinating Committee for reviewing the report, and Susan Eaton for editing the final report.

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INTRODUCTION

The PATH (People Assessing Their Health) Project, a health promotion initiative, was funded by the Health Promotion Contribution Fund of Health Canada over an 18-month period ending in October 1997. Through this project, members of three communities in northeastern Nova Scotia (Guysborough County Eastern Shore, St. Ann's Bay and Whitney Pier) identified factors determining their health and then developed community health impact assessment tools for assessing the impact of programs and policies on the health of their communities.

An evaluation of the project's effectiveness was completed in December 1997. It concluded that the PATH Project had been successful in encouraging the three communities to identify, assess, and begin to address all aspects of health in their communities and to strengthen participation in a decentralized health system.

Goal and Purpose

In 2000, the PATH Coordinating Committee received funding from the Nova Scotia Department of Health to undertake an evaluation of the impact of the PATH Project. The evaluation was conducted during the first half of 2001.

The **goal** of the evaluation was to assess the appropriateness of community health impact assessment as a strategy to increase public understanding of the broad spectrum of health determinants and their integration.

The evaluation revisited the three original PATH communities three years after the project's completion. An additional community organization – the Antigonish Town and County Community Health Board – was included in the evaluation in order to explore the experience of a Community Health Board that is currently engaged in community health impact assessment.

The evaluation was designed to address five major questions outlined in the evaluation proposal:

1. What community actions for health have been influenced by involvement in the project?
2. To what extent have the community health impact assessment processes and tools been used within each community?

3. What barriers and opportunities have been encountered in applying community health impact assessment?
4. How useful was the resource *PATHways to Building Health Communities in Eastern Nova Scotia* resource?
5. What structural supports are needed to support the use of community health impact assessment in decision-making?

The PATH Network and the Evaluation Coordinating Committee (see definitions on the following page) participated in identifying indicators and key informants.

Data Collection Method

The evaluator conducted eight interviews with key informants. All of the interviews were conducted over the telephone, except for two. Three focus groups were conducted involving the PATH Network, the St. Ann's Bay Health Centre (which includes former PATH Steering Committee members), and respondents from Guysborough County Eastern Shore.

In June 2001, the evaluator shared a preliminary analysis of the data with members of the PATH Network and the reflections and comments arising from this session contributed additional data. In two of the focus groups, the evaluator had assistants to take notes, which supplemented the notes recorded on the flip chart by the evaluator. Telephone or email follow-up was necessary in a number of cases to clarify information provided by individuals at focus groups and to gather information from people who did not attend the PATH Network meeting.

In total, 33 key informants in the three original PATH communities, in Antigonish, and within the Eastern Region participated in the evaluation. A total of ten informants from the three original communities participated in interviews or focus groups. Many of the key informants are members of the PATH Network, which is in Eastern Nova Scotia. Members of the PATH Network have multiple roles, as all members represent organizations such as Community Health Boards, District Health Authorities, Public Health Services, Health Centres, St. Francis Xavier University Extension Department, Antigonish Women's Resource Centre and health promotion organizations in the former PATH communities.

Additional questionnaires regarding *PATHways to Building Healthy Communities in Eastern Nova Scotia* were sent to several people outside of the PATH Network who were not previously involved in the PATH project.

Some definitions

Community Health Impact Assessment - A way, or combination of ways, for assessing the potential effects of programs and policies on the health of the community¹. It is both a process (strategy) and an outcome (tool). *PATHways to Building Healthy Communities in Eastern Nova Scotia*, the resource produced by the PATH project, offers the following descriptions:

Community health impact assessment is a strategy for promoting the health of populations. It enables us to look at our health – not from the perspective of illness of individuals but from the view of what health means to groups of people and to our community as a whole. Since our health is determined by many factors, the programs and policies that we implement in our communities can directly and indirectly influence these factors and ultimately our health.

A **community health impact assessment tool** gives a clear message of what is needed to support health. The tool(s) answers the question ‘*What does it take to make and keep our community healthy?*’² It serves as a reference point for the important decisions that shape a community’s health. It can be used by local organizations and groups to assess the potential impact of existing policies and programs as well as policies introduced in the future.

PATH Network – A network of groups and individuals (community-based organizations, health services, community health boards, and universities) sharing ideas and resources to build healthy communities in Northeastern Nova Scotia.

PATH Partners – Antigonish Women’s Resource Centre, St. Francis Xavier University Extension Department, Public Health Services – Eastern Region.

PATH Coordinating Committee – The PATH Partners plus a representative of the PATH Network; responsible for the day-to-day management of the PATH Project.

¹ *PATHways to Building Healthy Communities in Eastern Nova Scotia: The PATH Project Resource*. Produced by People Assessing Their Health (The PATH Project). Antigonish, NS. October 1997.

² See above.

PATH Steering Committees - members of the local PATH communities (Guysborough County Eastern Shore, St. Ann's Bay, and Whitney Pier) who guided the project in their community and supported the work of the local facilitators.

Evaluation Coordinating Committee – PATH Partners and a representative of the PATH Network who guided the evaluation of the PATH Project.

SECTION 1: PATH INFLUENCE ON COMMUNITY ACTIONS FOR HEALTH

What community actions for health have been influenced by involvement in the PATH Project?

In this section, the extent of the influence of the PATH Project is examined. When respondents refer to “PATH” or “community health impact assessment”, they can be referring to any or all of the following things:

- Creating and using Community Health Impact Assessment tools that answer the question *'What does it take to make and keep our community healthy?'*
- Looking at the broad spectrum of factors that determine health – not only specific interests.
- Giving a clear message about what a community considers important in building a healthy community so citizens can make better decisions that reflect community concerns and priorities.
- Encouraging all community members to become involved in decisions about their community's programs and policies.
- Developing networks of people who can learn together and share information about healthy communities.

The kinds or types of influences the project had on a wide variety of actions for health within the Eastern Region are described below.

1.1 The use of adult learning processes such as structured dialogue (storytelling) for identification of health priorities

Three Community Health Boards in the Eastern Region reported using PATH adult learning processes. Antigonish Town and County Community Health Board used structured dialogue to consult with 57 focus groups to guide the development of its Community Health Plan. In District 8, a Community Health Board used a PATH process to develop a Palliative Care proposal. A third Community Health Board (in District 7) used a “process of enquiry” similar to PATH.

Some communities are using elements of what I would call PATH or community health impact assessment processes. It's looking at issues on the basis of your experience, reflecting upon them, and trying to figure out where do we go next with them. That's adult learning.
~ PATH Network member

In Whitney Pier, Public Health Services staff used a PATH process in partnership with the Joint Action Group to examine local environmental health issues.

The Antigonish Women's Resource Centre assessed the impact of social assistance policy using structured dialogue.

A PATH respondent familiar with the Nova Scotia-wide *Successful Literacy Initiatives Project* also reported use of the structured dialogue method within this project.

1.2 The use or increased understanding of a determinants of health approach

Public Health Services respondents noted that all Community Health Boards in the Eastern Region considered the determinants of health in developing their Community Health Plans.

St. Ann's Bay respondents noted that the PATH experience generated greater awareness within their community of the determinants of health resulting in community support for a wide variety of health programs offered through the local Health Centre.

Since the PATH project, the relationship between literacy and health has influenced two projects: the Antigonish Town and County Community Health Board ensured readability in the development of a Resource Directory; Literacy and Health workshops in eastern Nova Scotia led to a funded research initiative for 2001-2003 involving St. Francis Xavier University in partnership with local community agencies.

In the economic sector, the Guysborough Women's Fisheries Enhancement Association and a boat building business in Guysborough County used a planning process that considered the determinants of health.

1.3 Increasing citizen's participation in decision-making, increasing the participation of marginalized groups

After the PATH project ended, a number of PATH members joined local Community Health Boards in Guysborough, Antigonish and St. Ann's Bay.

Respondents familiar with the work of the Cape Breton Wellness Centre and the Every Woman's Centre (Sydney)

People see that health is more than a visit to the doctor, which is part of an evolving awareness that we are responsible for our own health. PATH helped to bring this idea into the open and now it has become more of the mainstream thinking in this community.

~ St. Ann's Bay respondent

PATH influenced the founding of our Health Centre by giving focus and stimulating increased awareness.

~ St. Ann's Bay
respondent

noted the usefulness of PATH processes to increase community participation in decision-making within those organizations.

St. Ann's Bay Health Centre recognizes the value of citizen participation within their organization and continues to improve attempts to involve marginalized groups in program planning. They also organized "skillshops" on community development to further develop skills with the community to promote citizen participation.

1.4 Continued action of groups who participated in the PATH Project

In two of the three PATH communities, action continued after the PATH project ended. The St. Ann's Bay PATH group moved on to form the St. Ann's Bay Health Centre and considers that the PATH project influenced this initiative. The Guysborough County Eastern Shore PATH group formed Citizens Action Toward Community Health (CATCH) and attempted work on improving water quality.

1.5 Efforts to promote the use of community health impact assessment

Efforts to promote the use of community health impact assessment have included:

- Presentations and articles about PATH
- Distribution of *PATHways to Building Healthy Communities in Eastern Nova Scotia* and/or tools developed by communities
- Educational events
- Networking

Community health impact assessment has made gains. More people in Guysborough County are talking about the broad determinants of health, particularly those involved in the health system.

~ Guysborough County
Eastern Shore respondent

In Guysborough County, presentations were made to the Community Health Board, to the municipality, and to literacy and seniors' organizations. Copies of *PATHways to Building Healthy Communities in Eastern Nova Scotia* were distributed to local and provincial politicians representing Guysborough constituents. Presentations were also made to the Women's March Against Poverty and to the Provincial Health Council. A Guysborough respondent notes also that PATH "keeps coming to the Community Health Board table".

Public Health Services distributed *PATHways to Building Healthy Communities in Eastern Nova Scotia* to Community Health Boards in the Eastern Region and to the Public Health

Director. Public Health Services management supported staff in their use of PATH processes and tools at Community Health Board orientations and planning sessions in the Eastern Region. Staff used community health impact assessment tools for planning workshops and with St. Francis Xavier University nursing students.

St. Ann's Bay Health Centre submitted "*Voices of St. Ann's*" – the community health impact assessment tool developed through the PATH project – to their local Community Health Board.

Antigonish Town and County Community Health Board presented the idea of community health impact assessment to their District Health Authority.

Articles have been published in *Canadian Journal of Public Health*, *Journal of Extension*, and *Community Health Promotion Atlantic newsletter*. The PATH Project is also referred to in *Health Promotion International*. Presentations have been made at provincial, regional and international conferences, including the Fifth Global Conference on Health Promotion, Mexico City, 2000³.

Health Canada included PATH/community health impact assessment in document about best practices⁴

I think the PATH (and community health impact assessment) has the potential to help community health boards construct health plans, identify key issues and resources and establish real, do-able strategies to address each community's health concerns.

~ *Community Health Board member (outside of the Eastern Region)*

Two members of the PATH Network participated as members of the Prince Edward Island/Nova Scotia Reference Group for the "Inclusion Project" sponsored by the Maritime Centre of Excellence for Women's Health in 2000. Through this participation, the PATH Project was included as one of seven community-based collaborative efforts in Nova Scotia and PEI in a document published by the Maritime Centre of Excellence for Women's Health.⁵

One of the visions for citizen participation in influencing public policy developed by participants at the PATH People's School on Health appeared in two publications of

³ See Appendix A for a complete list of presentations and publications following the PATH Project.

⁴ *Searching for the path to community voice in health promotion: Another step in Population Health Approach*. Report prepared for Health Canada by the Cooper Institute, Charlottetown, PEI, March 1998.

⁵ *Health and Social Policy are Everyone's Business: Collaboration and Social Inclusion in Nova Scotia and Prince Edward Island*. Policy Discussion Series Paper No. 5. Maritime Centre of Excellence for Women's Health. January 2000.

the Maritime Centre of Excellence for Women's Health.⁶

Following the completion of the PATH Project, the PATH Partnership (Antigonish Women's Resource Centre, Extension Department of St. Francis Xavier University, and Public Health Services – Eastern Region) was expanded to become the PATH Network. Since 1997, the PATH Network organized two PATH Forums and two People's Schools on Health in response to continued interest in community health impact assessment, healthy public policy and regional health inequities. The PATH Network is planning a Spring Forum on Health Inequities (2002).

The PATH Network holds well attended meetings that continue to provide support and promote community health impact assessment through education and networking.

1.6 Increased interest in using or intention to use community health impact assessment processes or tools by health and other sectors in eastern Nova Scotia and beyond

Community Health Board chairs in District Health Authority #8 have requested copies of the resource *PATHways to Building Healthy Communities in Eastern Nova Scotia* and have expressed interest in PATH. District Health Authority #7 has expressed interest in the community health impact assessment process and is supportive of Antigonish Town and County Community Health Board's use of community health impact assessment.

A Community Health Board respondent from another region of Nova Scotia noted that community health impact assessment provides a much-needed template for use in health planning.

1.7 The development of new community health impact assessment tools and other impact assessment tools

Antigonish Town and County Community Health Board is participating in the second PATH Project (*Applying Community Health Impact Assessment to Rural Community Health Planning*) in order to develop a new community health impact assessment tool and develop ways of

⁶ "A model from the PATH People's School on Health", in *Health and Social Policy are Everyone's Business* (see note 5) and "Inclusion: Will our social and economic strategies take us there?" in *Women's Health in Atlantic Canada Trilogy: Volume 2*. Maritime Centre of Excellence for Women's Health, 2000.

integrating the process into its community health planning.

Feminists for a Just and Equitable Public Policy (FemJEPP), a provincial level organization, has been influenced by the PATH project in their development of an impact assessment tool to assess programs and policy impact on social and economic health of women.

COMMENTARY ON SECTION 1

The PATH Project influenced community actions for health far beyond the three original communities that participated in the project. Many respondents spoke of how PATH has laid the groundwork for increased citizen participation in health planning. For example, greater understanding of the determinants of health is evident and can be seen as a first critical step in building healthy communities that create and support policies that promote wellness. The concept of “health” is better understood, which most respondents attributed to the adult learning process used within PATH. In upcoming sections, we will see the implications of this increased understanding, in terms of stronger demands for coordinated policy and action that involves many sectors that are also responsible for contributing to the health of populations.

Some respondents noted that PATH has successfully influenced some other sectors in Nova Scotia, beyond the traditional health sector. Women’s organizations, in particular, have seen the relevance of PATH to their work, in terms of providing a means to increase participation in decision-making, incorporating the determinants of health more intentionally into their planning and finding the community health impact assessment framework useful for analyzing other social and economic policies. The necessity of engaging the responsibility of other sectors in creating healthy communities is central to the success of a population health strategy, now being implemented provincially and federally. The experience of PATH in making small inroads in this area provides useful clues in terms of developing intersectoral interest in health. The theme of intersectoral collaboration appears throughout this report.

Many respondents noted that community health impact assessment has provided communities and organizations with useful adult learning processes that successfully draw out people’s experiences, and provide a forum for making

meaning of those experiences that is then translated into priorities for action. These methods have served to concretize *how* to increase meaningful citizen participation in community health planning. The importance of adult learning is central to the success of PATH and appears throughout each section in this evaluation.

Overall, respondents demonstrated continued interest in and enthusiasm for community health impact assessment in a variety of ways. Numerous efforts and activities have taken place to promote this process with the two District Health Authorities in northeastern Nova Scotia and with the Community Health Boards in those districts. Some respondents have taken the experience gained in the PATH Project and shared it in various provincial and international forums.

The PATH partnership, consisting of the Extension Department of St. Francis Xavier University, Antigonish Women's Resource Centre, and Public Health Services - Eastern Region, has expanded to include the Antigonish Town and County Community Health Board and a second PATH Project has been launched. Champions have been created who support community participation in health planning and who see PATH or community health impact assessment as a viable means of accomplishing this. The PATH Network has expanded its membership and continues to be a vital force for health promotion in the Eastern Region. Clearly, community health impact assessment continues to have meaning and relevance for most of the respondents, which is further demonstrated in Section 4. It is noteworthy that this level of interest and enthusiasm for community health impact assessment still exists, given the many barriers faced by those attempting to implement it (as described in Section 5).

SECTION 2: USE OF COMMUNITY HEALTH IMPACT ASSESSMENT WITHIN THREE COMMUNITIES

To what extent have the community health impact assessment process and tools been used within each of the three communities?

St. Ann's Bay, Guysborough County Eastern Shore and Whitney Pier were the three communities involved in the PATH Project. Each of these communities produced its own community health impact assessment tool.

It is important to note that all three communities face challenges common to Nova Scotians including the continued impacts of the collapsing fishery, high unemployment and out migration. In addition, Whitney Pier residents face the ongoing environmental threat posed by the Sydney Tar Ponds, which has been a focus of community attention and energy for years. Indeed, for the duration of this evaluation, environmental concerns in Whitney Pier have regularly appeared in the news.

This section describes the extent to which each community used the community health impact assessment process and/or tools. More details of the opportunities and barriers encountered by each of the communities is contained in Sections 4 and 5 along with the experiences of other groups in the region which have used community health impact assessment.

It is useful to note that when respondents refer to PATH or community health impact assessment, they can be referring to any or all of the components of community health impact assessment previously described in Section 1. Evidence of action on each of these components follow.

2.1 Look at the broad spectrum of factors that determine health – not only specific interests

Responding to community interests that came out of the PATH Project, St. Ann's Community Health Centre secured funding from the Community Health Promotion Fund and partnered with St. Francis Xavier University Extension Department to offer "skillshops" on Community Development.

In Guysborough County, the PATH group acted on water quality issues by involving citizens from neighbouring communities who shared the understanding that poor water quality posed a threat to tourism, an important part of the area's economy.

2.2 Give a clear message about what a community considers important in building a healthy community so citizens can make better decisions that reflect community concerns and priorities.

The St. Ann's group became even more empowered after PATH and ensured that they had a representative on the Community Health Board and that their issues came to the table.

~ Eastern Regional Health Board respondent

The actions taken by the St. Ann's Bay Health Centre clearly respond to community priorities. Numerous workshops and clinics have been organized covering topics such as depression, anger, estate management, Alzheimer's, health and spirituality, osteoporosis, complementary medicine, yoga exercise, Alcoholics Anonymous, Weight Watchers, youth programming (Girl Power and youth drama), Well Women clinics, Well Men clinics, Well Child clinics, Sun-safe day, and children's playgroup. The Centre is also involved with the Nova Scotia Gynecological Breast Screening Program and has organized community education on this issue, stating that the PATH Project increased people's awareness of this need.

In Whitney Pier, some community members are engaged in an effort to rid their community of toxic waste, while making it clear to various levels of government that they feel this is a major threat to the health of their community.

2.3 Encourage all community members to become involved in decisions about their community's programs and policies

PATH made the deliberate attempt to reach marginalized people. We continue to try to do this and keep trying to find ways to improve our attempts to make our programs relevant.

~ St. Ann's Bay respondent

The St. Ann's Bay Health Centre, which works to address health inequities, put a member on the new Community Health Board in their area in order to develop links with the broader system. In addition, a committee works collaboratively with Public Health Services to assess holistically the needs in the area and develop a process for ongoing assessment, planning and implementation of strategies to address identified issues.

One of the Guysborough County Eastern Shore CATCH (Citizens Action Toward Community Health) members also joined the local Community Health Board for a period of time.

2.4 Develop networks to learn together and share information about healthy communities

St. Ann's Bay Health Centre has continued to send representatives to the PATH Network and to the St. Ann's Bay Development Association.

In Guysborough County Eastern Shore, a new community group named CATCH (Citizens Action Toward Community Health) formed to continue the work started by the PATH project. CATCH members presented the idea of PATH /community health impact assessment to the Provincial Health Council and to the Women's March Against Poverty. CATCH continues to have representation on the PATH Network. The Guysborough County Community Health Board is not currently a member of the PATH Network.

The members of the Whitney Pier PATH Steering Committee did not stay together as a group after the PATH Project was finished. Committee members moved on to address other pressing issues facing their community. Whitney Pier is not currently represented on the PATH Network.

The project didn't continue mainly because of leadership. There was no one who took it on as a project, no one really running with it. People...got involved in other projects and didn't follow up. I never thought of it again. I got involved in a number of other health related projects that offered me a chance to use my skills and offered a challenge.

~ Whitney Pier respondent

2.5 Create and use community health impact assessment tools that answer the question 'What does it take to make and keep our community healthy?'

The St. Ann's Bay Health Centre and the St. Ann's Bay Development Association have made extensive use of quotations from the community health impact assessment tool, *Voices of St. Ann's*, in proposals for funding. However, the St. Ann's Bay Health Centre has not tended to use the community health impact assessment tool in planning programs.

In Guysborough County Eastern Shore, CATCH (Citizens Action Toward Community Health) pursued funding and initiated two projects. The first project hired a staff person to help distribute the community health impact assessment tool and encourage its use by other organizations in the area (municipality, adult literacy group, seniors) and local people. CATCH's attempt to initiate work on sewage treatment came out of the experience of developing the tool, however they felt it was not necessary for them to use the tool. in working on this particular issue.

The Guysborough Community Health Board decided

Our Community Health Board was doing it's own process of development and needs assessment so we resisted PATH. Perhaps people felt that they were already doing a process of needs assessment.

~ Guysborough County Eastern Shore respondent

against using the tool. Respondents noted that the development of the Guysborough Community Health Board faced many challenges such as lack of acceptance from the community, the politics of health reform and a lack of community trust. In addition, respondents stated that Guysborough has a history of being “studied”, with little result. The Community Health Board chose to address this situation by “doing something”. Their activities include sponsorship of programs and clinics, providing support for health promotion activities, developing and maintaining board membership and working with a youth sub-committee.

Towards the end of the PATH Project, the Whitney Pier PATH Steering Committee took on the task of distributing the tool and began discussions with the Regional Health Board regarding the formation of a Community Health Board.⁷ Respondents noted the complexity of the challenges faced by the Whitney Pier community before, during and after the PATH Project, such as high unemployment and the environmental threat posed by the Sydney Tar Ponds. There was also considerable delay in the formation of Community Health Boards in Industrial Cape Breton. The Regional Health Board at the time was involved with the development of health care facilities in other communities, which meant that there was little attention paid to PATH.

Interest in PATH and community health impact assessment does, however, remain with some of the Whitney Pier participants and others from the Community Health Board who see the potential for using the tool within other organizations and with the Community Health Board. One respondent, who has used the PATH process in her work and who was actively involved in the People’s School on Health⁸, affirmed the relevance of PATH and indicated that Community Health Boards will likely find the process useful as they begin to develop their community health plans.

COMMENTARY ON SECTION 2

The experiences of the three communities profiled in this section illustrate the first attempts to move community

⁷ *PATHways to Building Healthy Communities in Eastern Nova Scotia*, page 50.

⁸ The People’s School on Health was one of a number of PATH educational events, described in Section 1.

health impact assessment forward in the province of Nova Scotia. As previously noted in Section 1, other communities and organizations in addition to the original three communities, have also been involved in community health impact assessment in some way.

It is clear that, in general, two of the three communities have used the processes of community health impact assessment since the end of the PATH project. However, none of the communities have used community health impact assessment to look at the effect that proposed programs or policies would have on the health of their communities. The context for implementing this aspect of community health impact assessment has simply not existed for these groups. Respondents' analysis of this is presented in Section 5.

Many respondents identified various factors that influenced how or if communities used PATH processes or tools after the end of the PATH Project. These factors include: the degree to which the PATH tool was integrated into the ongoing work of the community before, during and after the project; leadership or champions of PATH remaining active within their communities; the complexity of pressures experienced by the community; the nature of the relationship between the PATH community organization and the Community Health Board; the support or existence of a Community Health Board; the support available from Public Health Services field staff; and participation in the PATH Network and its educational activities.

The work done by these three communities, including the tools they created, has generated interest and support although not always within their local Community Health Board. A significant number of community members who were directly involved in the PATH Project maintain interest or active involvement with the PATH Network. The relevance of community health impact assessment and tools is also apparent to other key players in the region who have been involved in some way in the PATH Project (but not necessarily as members of a PATH community Steering Committee). This points to the combined significance of the educational work done by the PATH Network and the way Public Health Services used the *PATHways* resource to connect over one hundred people to PATH.

Some respondents commented on how the end of project

funding meant that some newly formed Community Health Boards in Industrial Cape Breton had reduced access to the *PATHways to Building Healthy Communities in Eastern Nova Scotia* resource. There was also a perception that PATH was over with – in some communities people were not aware of the ongoing PATH Network which could have provided some support for communities interested in community health impact assessment. This limiting factor is further discussed in Section 5: Barriers.

A misunderstanding among some who have not been directly involved in the PATH Project surfaces in this section. PATH/community health impact assessment is seen by a couple of respondents as a form of “needs assessment”. However, other respondents state that the purpose of PATH/ community health impact assessment is to bring communities together to look at what determines health, to identify concerns and priorities and to build capacity for health. The focus is not on assessing needs or problems.

The original PATH project focused on three communities, which experienced various levels of “success” in terms of their use of community health impact assessment. However, the influence of PATH is more extensive, as described in Sections 1 and 4.

SECTION 3: *PATHWAYS* RESOURCE

How useful was the PATH Project resource *PATHways to Building Healthy Communities in Eastern Nova Scotia?*

The resource package titled *PATHways to Building Healthy Communities in Eastern Nova Scotia* was developed to share with others what was learned during the PATH Project. This resource, (which will be available on-line on the PATH web site) describes the PATH Project, outlines the steps taken by each of the three communities in developing their community health impact assessment tools, and includes a copy of each tool.

In October 1997, *PATHways* was launched and distributed at a regional workshop attended by 85 health promoters, public health professionals (including all of the Public Health Services field staff in the region), and volunteer members for local and regional health planning groups.⁹

Further interest in *PATHways to Building Healthy Communities in Eastern Nova Scotia* was generated through the publication of a number of articles in journals and newsletters and through presentations made in Nova Scotia, Mexico and Australia by former PATH coordinators.¹⁰

The PATH Project and *PATHways to Building Healthy Communities in Eastern Nova Scotia* have sparked interest among a wide variety of groups and individuals at provincial, national and international levels. Inquiries and orders for *PATHways* have come from health promoters, health planners, researchers, evaluators, epidemiologists, women's organizations, international development staff, planners working with First Nations peoples, and Health Canada.

International orders for *PATHways to Building Healthy Communities in Eastern Nova Scotia* since its publication in 1997 have come from Cuba, Iran, England, Sudan, The Netherlands, USA (including the Centers for Disease Control and Prevention) and from the World Health

PATHways has provided inspiration towards developing a full community health impact assessment method, taking it beyond the first stage which PATH has covered – i.e. adopting a community defined model of health. I found the visions of the local groups one of the most useful aspects of PATHways.

~ Health Impact
Assessment expert,
Department of
Public Health, U.K.

⁹ *People Assessing Their Health: The PATH Project Final Report*, submitted to Health Promotion and Programs Branch, Health Canada by Doris Gillis and Peggy Mahon, February 1998. p. 3

¹⁰ See Appendix A

Organization in Geneva, Switzerland.

A second printing of the resource was done in May 2001 to fill requests for copies that continue to be directed to the Antigonish Women's Resource Centre.

As previously noted in Section 1, *PATHways to Building Healthy Communities in Eastern Nova Scotia* was useful as a means through which to promote the use of community health impact assessment within Nova Scotia. Key players in Eastern Nova Scotia including all the Community Health Boards, all Public Health Services field staff, and health promotion organizations. Some municipal and provincial politicians also received copies of *PATHways to Building Healthy Communities in Eastern Nova Scotia*.

As a program planner,
PATHways gives me something
tangible – it gives me a
mechanism for incorporating
qualitative data and community
data.

~ Public Health Services
respondent

The usefulness of *PATHways to Building Healthy Communities in Eastern Nova Scotia* was described by respondents from Public Health Services, the Antigonish Women's Resource Centre and others in terms of its value as a tool to integrate the determinants of health into their planning.

Public Health Services also found *PATHways to Building Healthy Communities in Eastern Nova Scotia* to be a useful resource, along with resources provided by the Department of Health, for the purposes of orienting new Community Health Boards in Eastern Nova Scotia. Public Health Services used one of the tools in *PATHways* at workshops for Victoria County Community Health Board members as a way of facilitating discussion about how to assess present needs and plan for future needs in the area.

PATHways has encouraged me
that our region can do more in
working with Aboriginal people to
identify their own health needs
and to take action to meet them.

~ Health Region Researcher,
Alberta

The community health impact assessment tools contained in *PATHways to Building Healthy Communities in Eastern Nova Scotia* have been used in university level Community Health courses to illustrate the application of population health.

Respondents outside of Nova Scotia and Canada have found the *PATHways to Building Healthy Communities in Eastern Nova Scotia* to be useful in terms of providing inspiration to engage in broad based, community consultation. *PATHways* has also served as a model for community health impact assessment and provided some practical examples of

¹¹ *Pathways to a healthy community: An Indicators and Evaluation Tool Kit*. Ontario Healthy Communities Coalition, Toronto: 1999.

strategies.

The Healthy Communities movement in Ontario has found *PATHways to Building Healthy Communities in Eastern Nova Scotia* to be useful and included *PATHways* in their publication about resources for groups involved in Healthy Communities initiatives.¹¹ The provincial network also purchased copies of *PATHways* and distributed it to 17 of their community organizations.

Respondents made observations about the limits to the usefulness of the community tools contained within *PATHways to Building Healthy Communities in Eastern Nova Scotia*. It was recognized that the tools were most valuable to the communities that participated in creating them. The tools do not apply to other communities, although one respondent felt the tools could be “customized” for use elsewhere and that this process of adaptation would necessitate wider input that would result in “buy-in”. Others respondents made a similar point – that the **experience** of creating the tool builds the community interest and buy-in to community health impact assessment. A number of respondents noted the need to keep the tool relevant, both to new members joining the organizations who are using the tool and also to the emerging priorities of the community as a whole.

COMMENTARY ON SECTION 3

PATHways to Building Healthy Communities in Eastern Nova Scotia has been useful to different groups of respondents, for different reasons, primarily as a documentation of the PATH experience, as a promotional tool for community health impact assessment and as a template or “how to” description of community health impact assessment.

For those involved in the PATH project, *PATHways* served to document what was learned and to encapsulate, for each of the three communities, their vision and priorities for health within a community “tool” framework meant to be useful for on-going decision-making. Many respondents noted the importance of this documentation of the PATH process. *PATHways* was an important vehicle for some respondents to use to promote the use of community health impact assessment within their Community Health Boards and District Health Authorities. Most of the respondents

from Public Health Services noted this as well.

A number of respondents noted that *PATHways to Building Healthy Communities in Eastern Nova Scotia* has been useful in promoting community health impact assessment to people not involved in the PATH project, particularly among Community Health Boards. In addition, *PATHways* has attracted other regional, national and international attention among a variety of groups and individuals. In response to continued interest in *PATHways*, a second printing was undertaken in May 2001. The potential usefulness or value of community health impact assessment has thus been recognized by a diverse group of people, some of who work beyond the boundaries of the traditional health system.

A number of respondents, including those beyond Nova Scotia, noted that the community tools contained in *PATHways* also serve to inspire others to attempt a similar process of community based health planning, using and adapting the strategies presented in the resource. In general, respondents noted that the value of *PATHways to Building Healthy Communities in Eastern Nova Scotia* lies in the articulation of how to implement a process that increases people's understanding of the factors that create health and that also develops community health impact assessment tools. They also noted that the *PATHways* resource is useful in the hands of a skilled community facilitator, thus underlining the importance of the human resources necessary to implement community health impact assessment.

PATHways to Building Healthy Communities in Eastern Nova Scotia, along with the presentations and publication of papers in journals, have made significant contributions to the literature and tools available about health impact assessment by adding the "community" dimension. This body of knowledge has been disseminated far beyond the shores of Nova Scotia.

SECTION 4: OPPORTUNITIES

What opportunities have been encountered in applying community health impact assessment?

In Section 1 it was noted that respondents view PATH and/or community health impact assessment as both a set of processes and tools.

This section describes the opportunities experienced by those engaged in the processes of community health impact assessment. It includes the responses of people both within and outside of the three original PATH communities.

The respondents identified six types of opportunities. PATH/community health impact assessment provided opportunities to:

- Increase people’s understanding of the determinants of health, their use of determinants of health in planning health actions and the potential for collaboration around the determinants of health
- Increase citizen’s participation in the decision-making process
- Provide evidence and highlight the need for evidence to guide health planning
- Increase the possibilities for accountability of the health system
- Enable people to respond pro-actively to changes in the health system
- Support and inform the processes used by Community Health Boards and other groups engaged in health planning/creating healthy communities

4.1 Increase people’s understanding of the determinants of health, their use of determinants of health in planning health actions, and the potential for collaboration around the determinants of health

Section 1.2 describes the influence that PATH has had on increasing the understanding of the determinants of health within communities in the Eastern Region. Respondents also felt that PATH or community health impact assessment

provided an opportunity to increase the understanding and use of a determinants of health framework in planning for health.

Public Health Services works within a determinants of health approach and has found PATH to be complementary to this approach. Public Health Services used one of the community health impact assessment tools in *PATHways* at workshops for Victoria County Community Health Board members to facilitate discussion about how to assess present needs and plan for future needs in the area.

One of the community health impact assessment tools has also been used at St. Francis Xavier University to show nursing students how population health strategies actually work at the community level.

Other respondents noted the potential for collaboration in working with the determinants of health. For example, the planning process used by the Antigonish Town and County Community Health Board has been built around a determinants of health framework and this has led to a greater understanding of the need for intersectoral collaboration in building a healthy community. One respondent felt that in rural areas, where there are fewer services, there is a stronger tradition of people helping each other and that this can be built on in developing and using community health impact assessment.

On the other hand, one respondent pointed out that the PATH process and community health impact assessment tools have not adequately addressed the importance of gender in health planning. As one of the determinants of health, gender analysis needs to be made more explicit in order for community health impact assessment tools to be useful in addressing gender as a determinant of health.

4.2 Increase citizen's participation in the decision-making process

PATH provided the opportunity to increase citizen's participation in health planning and decision-making. In addition to the various community actions for health noted in Section 1, respondents gave a number of other illustrations of how the processes used in the PATH Project have been helpful.

Focus group discussions, with deliberate inclusion of people often marginalized from decision-making processes,

[We faced] a struggle between those who were mainly focused on the hospitals and those who were more focused on health promotion. It does not have to be an either /or situation – either health promotion OR services. People can be brought in to a community health impact assessment process.

~ former Eastern Regional Health Board respondent

People open up and talk more about the issues when 5 or 8 people are around the table. It's time consuming but it's cleaner and gives you the sense you're dealing equitably. When you go out, you can search for the weakest voices... you use the process to get stories from people who don't have the strongest voices.

~ Antigonish respondent

increased the ability of some groups to respond to their communities' direction.

Another respondent noted that the use of PATH processes allows them to gather a wider range of community members' views, "not just those sitting at the Community Health Board table". This provides essential evidence to Community Health Boards and District Health Authorities and results in Community Health Board members being able to represent more of the community's input.

When a wide range of community members develops community health impact assessment tools, there is an opportunity for a more informed discussion. People are able to move beyond polarized choices and to see other solutions.

However, as another respondent pointed out, those with particular vested interests or people who have already formed an opinion on an issue may resist using a community health impact assessment tool.

4.3 Provide evidence and highlight the need for evidence

The PATH Project has given concrete examples of how people **here** value the determinants of health. PATH helped us to name what we were missing – local evidence."

~ Public Health Services respondent

In Whitney Pier, the PATH Project helped people to see the need for more evidence when discussing health and health impacts. For example, community members did not have access to the results of various studies of the community. Once the need for this information was recognized, the PATH Project brought it in and made it accessible.

Public Health Services staff found that PATH provided an opportunity and a process to capture local evidence that assisted them in planning actions relevant to the communities. The emphasis on local experience, doing group analysis, and valuing qualitative data was described as a definite influence of the PATH Project.

Respondents also noted that community health impact assessment could be a valuable approach to evidence-based decision-making throughout the province. Community Health Boards that develop and use these kinds of processes and tools could provide the impetus for District Health Authorities to adopt a community health impact assessment approach.

The Antigonish Town and County Community Health Board is developing a community health impact assessment

I think community health impact assessment is useful for the Community Health Board task of setting priorities and would certainly give them the evidence-based decision making that everyone is looking for these days. It is important that the District Health Authorities also move in this direction [of evidence based decision-making] It seems to me that if the CHBs had these in place the DHA would have to move in that direction.

~ *PATH Network member*

This tool will give a community something very firm to go to the powers that be to make the government very aware of the implications of what the government is doing to that particular community.

~ *Antigonish respondent*

tool that is based on the priorities expressed in a series of 57 community focus groups. They are also identifying other sources of evidence and health indicators that support community priorities. Many respondents emphasized the need for a combination of evidence, including epidemiological, statistical and qualitative.

One respondent, who has *not* used the PATH process, felt that processes such as community health impact assessment may present a barrier to evidence-based decision-making because “there is no certainty that serious and complex problems, such as prevalence of disease, will surface.”

4.4 Increase the possibilities for accountability of the health system

Respondents noted that community health impact assessment clearly puts a focus on the importance of community involvement in health planning. Respondents expressed the expectation that the health system will respond to the priorities identified by involved citizens, who have worked together to create a tool that has the capacity to assess the impact of policies and programs on health created by various levels of government. In the future, as community health impact assessment is put into use, respondents felt it would play a part in keeping Community Health Boards, District Health Authorities and government accountable to communities. A number of respondents noted that accountability would be strengthened especially if community health impact assessment was taking place at many levels of the health governance system.

4.5 Respond pro-actively to changes in the health system

Community health impact assessment has been developed in Nova Scotia within a climate of constant health system change. The PATH project has enabled communities to respond proactively to these changes. PATH accomplishes this by maintaining principles and methods that focus on involving and empowering communities to develop an understanding of the broad meaning of health. Using this lens, communities are able to redefine health priorities. The PATH Project also enabled people to network within the newly formed Eastern Health Region, thus enabling them to share information and promote an agenda for building healthy communities.

A number of respondents spoke of the unique value of the PATH Project and the PATH Network in providing a forum for sharing information and developing pro-active responses to the changes in the health system. These included not only changes in the management or governance of the system, but also a new and stronger vision of how health is created and maintained.

4.6 Support and inform the processes used by Community Health Boards and other groups engaged in health planning/creating healthy communities

The strategies used in the PATH Project draw on principles of health promotion, community development and adult learning. PATH is built on a view of health which is broad and encompasses the full spectrum of determinants of health. This is the cornerstone of a population health approach. PATH strategies and tools have been adapted for use by a wide variety of organizations, as described in Section 1.

A number of Community Health Board respondents noted the relevance of PATH to their work in developing Community Health Plans in terms of providing some direction on how to go about creating a plan using the input of community members. The complexities of planning are discussed in more detail in Section 5.

It must be noted that Community Health Boards throughout the region and the province were at different stages in their development. Some Community Health Boards had not yet confronted the challenges of developing a community health plan or recognized the importance of seeking the views of local citizens.

A few respondents noted that PATH complements public health practices in Nova Scotia and internationally, because it re-introduces elements such as developing “community profiles”, adult education and community driven asset based development approaches.

COMMENTARY ON SECTION 4

Many respondents noted that community health impact assessment provides an opportunity to increase the understanding of a broad view of health (beyond health services) in health planning, which echoes what respondents noted in Section 1.2. A number of respondents noted that

PATH was the very first attempt to start talking about health in terms of what makes us healthy...PATH created a longing to have a healthy community. It began to link ideas that health does not belong only to the health system but to the community.

*~ Guysborough County
Eastern Shore respondent*

In terms of our CHB using it, we're not there yet. We are still in the development process. We are starting to formulate how we are going to get a start on doing our Community Health Plan. I am sure the tool will be used for this.

*~ Community Health Board
respondent*

the methods used by PATH provide a clear way to explore what determines health by having people look at their life experiences. One respondent noted, however, that gender, as a determinant of health, is not adequately encompassed in the PATH process. The importance of the role of the facilitator and the overall importance of using an adult education to engage people in identifying the range of factors that create health (beyond and including health services) surfaces in this section.

The PATH Project provided the opportunity and methods for increasing citizen participation. Many respondents identified the value of using participatory approaches that engage citizens in decision-making about health. A number of respondents felt that the approaches used by PATH allow for a wider discussion among a greater variety of community members, beyond just those who sit on Community Health Boards.

Many respondents also noted that rich, local evidence is provided by communities about their concerns and priorities when processes promoted by the PATH Project are used. Respondents also emphasized the need for a combination of evidence to be used in community health decision-making, including epidemiological evidence as well as community generated evidence. Thus, PATH presents an opportunity for decision-makers to make evidence-based decisions.

The majority of respondents noted that PATH or community health impact assessment shows the promise of increasing the accountability of the health system to communities, particularly if health impact assessment is integrated within the many levels of the health governance system.

Many respondents noted that PATH enabled people across the Eastern Health Region to be pro-active in the face of changes within the health system. PATH provided the only regional networking and learning forum that linked those interested in promoting healthy policy in their communities. As most respondents stated, this has created a “bottom up” push for citizen involvement in health planning, within a health system that is in the very beginning stages of decentralization. A number of respondents noted the key role that the PATH Network has played in terms of providing a forum for sharing information and developing strategies for creating healthy communities within a changing health system.

A number of respondents noted that community health impact assessment/PATH complements current federal and provincial population health approaches and strengthens the community health practices of Public Health Services. For those involved with Community Health Boards, a number of respondents stated that community health impact assessment provides a template for planning and action. The congruence between community health impact assessment and community health planning is further discussed in Section 5.

SECTION 5: BARRIERS

What barriers have been encountered in applying community health impact assessment?

This section describes the barriers experienced by respondents engaged in community health impact assessment processes in the Eastern Region.

Barriers are described within the following six areas:

- Management of provincial health reform
- Centralized power
- Restructuring of the health system
- Lack of leadership for intersectoral action
- Inadequate resources to support high workloads of Community Health Boards and District Health Authorities
- Complexities of planning for community health

5.1 Management of provincial health reform

Situated within a context of health reform, the goal of the PATH Project was to provide a means for people in selected communities within the Eastern Region to identify, define, and assess all aspects of health in their communities in order for them to become effective participants in the emerging decentralized health system. Midway through the life of the project, the provincial government, focusing on cost containment within the health system, halted the designation of Community Health Board representation on Regional Health Boards, thus disabling any significant system-wide shift to community participation in decision making.¹²

Approximately three years passed after the printing and distribution of the community health impact assessment tools before the province legislated Community Health Board representation within each District Health Authority.

The primary purpose of a community health impact

I don't think the tools have been used because we haven't had the context in which to use them. We haven't had the support and the resources to go along with the government rhetoric that says 'Communities will play a larger role in decision making'.
~ PATH Network member

¹² Gillis D. The People Assessing Their Health Project: Tools for Community Health Impact Assessment. *Canadian Journal of Public Health* 1999; Volume 90, Supplement 1: 53-56

assessment tool is to assess the health impact of programs and policies within communities. Respondents noted that the tools develop more significance and value the more they are used, but the use of the tools has never been fully integrated into the planning work of the three Community Health Boards that serve the original PATH communities in addition to other communities within their jurisdiction. In the case of Whitney Pier, the North Sydney Community Health Board did not exist until 2001.

5.2 Centralized power

Respondents identified a lack of commitment at the provincial level to greater citizen involvement in decision-making. For example, respondents noted that work done at the community level tends to get bogged down in procedures once it moves to the provincial level. In another example, some respondents noted that even when there is a willingness within government to listen to and move forward on recommendations from the community, an issue that is critical one day can disappear off the provincial radar the next.

Respondents noted that significant power has not shifted from the province to communities and districts nor is there provincial recognition and respect for the capacities within communities. Respondents felt that the province needs to genuinely empower what is happening at the local level and start learning from communities.

5.3 Restructuring of the health system

Restructuring of the health system created barriers for both St. Ann's and Whitney Pier. St. Ann's respondents felt that their Community Health Board had been pre-occupied with the health system cuts issues since it had been formed. They felt that the lack of resources for health services posed an underlying barrier to community health impact assessment. The barriers posed by restructuring, specifically in terms of the delay in establishing Community Health Boards in industrial Cape Breton, meant that Whitney Pier had little support for going further with PATH.

Downsizing within the health system and the resulting threats to community employment also pose a barrier to implementing community health impact assessment for some communities. A related issue is the lack of financial resources that are devoted to health promotion in regional

My question is 'How much autonomy from the Department of Health will the District Health Authority have within this latest re-structuring'? It appears that the DHAs already have less autonomy than the Regional Health Boards.

~ PATH Network member

Health Services is the biggest employer on Cape Breton Island. ...I think that when rural communities are reassured that their major employer is not going to be taken away, they could relax and agree to move money out of acute care into community health promotion, but you have to address this issue of employment.

~ former Eastern Regional Health Board member

and provincial budgets. Respondents noted that people see health promotion for what it currently is – primarily unpaid, volunteer work. Given that it is under-funded, health promotion does not currently generate jobs, which exacerbates the situation described in the above paragraph.

5.4 Lack of leadership for intersectoral action

Respondents clearly understand the need for intersectoral planning and action in order to implement community health impact assessment that addresses the broad determinants of health. Noting that many of the determinants of health lie outside the mandates of the health system, respondents outlined the barriers created by lack of leadership at different levels of the system.

Community level people definitely understand that health depends on a number of sectors. Health system people don't necessarily see this – they tend to just see what is coming to their door.

~ *PATH Network member*

One of the problems noted by some respondents is that neither the District Health Authorities nor the Community Health Boards seem to have taken on the role of linking with non-health sectors as part of their mandate.

Community Health Board respondents noted that, at the provincial level, there is also no system in place for them to reach other departments. The Department of Health itself does not appear to be able to work outside of its “silo” with other provincial departments in order to respond to community initiatives that address determinants of health lying outside of the health system.

The community health impact assessment has great value as a process, but it definitely requires staff/facilitation support. The PATHways resource is not clear enough. We need a community health impact tool for dummies.

~ *PATH Network member*

Some respondents felt that Public Health Services needs to play a stronger role in facilitating intersectoral collaboration. A Public Health Services respondent describes some of the barriers within their organization: Another Public Health Services respondent noted that changes in management with the Eastern Region in 2001 have meant less support for the facilitation of community processes such as community health impact assessment.

5.5 Inadequate resources to support high workloads of Community Health Boards and District Health Authorities

Many respondents noted the excessive workloads faced by Community Health Board volunteers. A commonly held view among respondents is that government is downloading to communities without providing the appropriate levels of resources, including staffing, office space, and access to data. Participatory processes such as community health impact assessment require facilitation in order to be

successful. Community Health Board strategic planning and development of a Community Health Plan also require sufficient human resources that have not been adequately forthcoming from the Department of Health.

5.6 Complexities of planning

The District Health Authorities and the Community Health Boards carry considerable responsibility for health planning. **Timing** can be an issue, making it difficult to engage in a community health impact assessment process in addition to the required strategic planning. This challenge was noted by a number of Community Health Board and District Health Authority respondents. Respondents expressed a range of interpretations on how congruent community health impact assessment is with other planning tasks or methods. As stated in Section 4, some respondents feel that community health impact assessment can assist the development of a Community Health Plan particularly after a community health board has decided on *how* it wants to proceed with the development of a plan. Others viewed community health impact assessment as a process *in addition* to Strategic Planning that could be useful at a later date. Respondents also noted that when the time comes that community health impact assessment is used to assess the impact of proposed policies or programs, new levels of understanding about intersectoral collaboration, for example, might be experienced.

Our communities are so focused on outcomes that they can't talk about process – they want to **fix** things right away. This was a barrier for all of the Community Health Boards who had attended the PATH Forum in October 1997 where the tool was launched and who left feeling very keen to use the PATH process. A lot of communities are focused on doing, not planning.

~ PATH Network member

Other community health board respondents noted that some communities feel a pressure to focus primarily on outcomes because of the seriousness of the health issues they face.

Developing and using community health impact assessment is also complex, because in order to work with the determinants of health, you need to be able to, as one respondent put it, “think outside of the box, outside of the silos.” Some respondents also noted that people generally do not have much experience with participatory planning or processes. There is a steep learning curve involved with both community health impact assessment and participatory decision-making in general that usually requires the support of a facilitator.

Evidence-based decision-making was identified by respondents as presenting challenges, particularly because of the lack of resources available to Community Health Boards for this purpose (both time and access to data). Also,

the analysis of qualitative data generated from methods such as focus groups creates a volume of data that requires time and skill to analyze. However, as discussed in Section 4, most of the respondents see that a variety of types of data are needed in order to have the base of evidence required to do effective health planning.

COMMENTARY ON SECTION 5

Significant barriers have been encountered in using community health impact assessment processes and tools. The majority of respondents felt that the over-riding barrier is that the context for applying community health impact assessment has not existed. Representation of Community Health Boards on Regional Health Boards was delayed, as was the creation of Community Health Boards in Industrial Cape Breton.

Many respondents noted that power has not yet shifted from the provincial level to communities (through their Community Health Boards and District Health Authorities) even though there has been a massive shift of health planning responsibilities to community volunteers.

As reported in previous sections, communities are gaining an increased understanding of the factors that create health. Respondents felt strongly that many sectors outside of the traditional health sector must become involved in planning, policy-making, and policy implementation if community health impact assessment is to be successful. Many respondents identified the barriers created by the lack of leadership around developing inter-departmental collaboration for health and the absence of accountable communication channels between Community Health Boards, District Health Authorities and provincial departments other than health. Respondents clearly felt that while communities create a “bottom up” vision and impetus for healthy communities, all levels throughout the system must also shoulder responsibilities.

Several respondents question the genuine commitment of the province to community-based health planning. Resources that Community Health Boards consider adequate for their work have not been forthcoming, creating significant barriers to their ability to make decisions based on evidence provided by their communities. Community Health Boards lack staff as well as access to various forms of research that would contribute to the development of

both the Community Health Plans and community health impact assessment.

A number of respondents noted that restructuring of the health system that has resulted primarily in cuts to services has created an atmosphere of cynicism and fear of economic loss in some communities. When communities lose major health sector employment, it negatively impacts on their interest in health promotion and, consequently, community health impact assessment. Resources taken out of the health care system, coupled with no infusion of resources into paid health promotion jobs, create barriers to implementing community health impact assessment.

The full potential of community health impact assessment has not been reached due to these significant barriers. Although much has been learned from the experiences of communities using some of the processes and tools of community health impact assessment, we have not yet seen community health impact assessment fully used to assess the potential impact of existing policies and programs.

In Section 6, we will see how respondents identify the supports necessary to maximize the opportunities and reduce the barriers to community health impact assessment.

Section 6: Supports

What structural supports are needed to support the use of community health impact assessment in decision-making?

Supports in the following four areas were identified by respondents as being key to the implementation of community health impact assessment

- Political will and accountability
- Intersectoral leadership, planning and action
- Community-based health promotion infrastructure
- Networking and education

6.1 Political will and accountability

Political will is needed from the province to provide support to community health impact assessment in the form of policies and resources. Respondents see the potential for community health impact assessment to be used across the province, with buy-in at each level: Community Health Boards, District Health Authorities and the Department of Health. Community health impact assessment is seen as a tool of accountability.

The provincial decision-making structure must ensure accountability to communities and their priorities. Respondents emphasized the need for the province to recognize and act upon the priorities defined by communities through a system of representation that is accountable. Such a system would ensure that community priorities would move “up” through the system and be reflected in the policies and decisions made at the District Health Authority and at the Department of Health/provincial levels. Respondents indicated the need for provincial commitment to community health impact assessment throughout the entire provincial system.

Provincial commitment is also needed to provide Community Health Boards with support and access to useful research and data in order for communities to make evidence-based decisions. Community organizations such as St. Ann’s Bay Health Centre and Community Health Boards such as Antigonish Town and County Community Health

The community health impact assessment tool needs to make every sector accountable. The leadership needed from the province is to make a commitment to this, to say ‘Community health impact assessment is important’... and to make a broader commitment that decisions need to be measured against a regional community health impact assessment tool

~ former Eastern Region Health Board member

Board, who are using community health impact assessment, have created important community-based data as well, which needs to be used alongside of useful aspects of epidemiological data. In addition, communities who are using community health impact assessment now or in the future, need resources from the District Health Authorities and the province to enable them to “check-in” with their communities, to ensure that, as one respondent put it, “the tool is alive, relevant and current to the community that it pertains to”.

In addition, one respondent noted the need for broader wellness research done by epidemiologists that would complement the community oriented wellness data that is produced in the community health impact assessment process.

6.2 Intersectoral leadership, planning and action

Supports to increase intersectoral planning and action are key to using a community health impact assessment approach. Respondents noted that support is needed throughout all levels of the system. Many of these roles have been previously noted in Section 5.

At the provincial level, the Department of Health needs to provide the leadership necessary to bring sectors together.

The role of the Community Health Board to facilitate community thinking and action on the determinants of health needs to be supported. It was strongly stated by many respondents that the real power of community health impact assessment lies with the communities themselves, who as one respondent said “have the spirit to drive the process”. Communities need to be empowered with resources and policy to decide on how the community health impact assessment process will be facilitated and how to bring key stakeholders together.

Within the region, there is a stronger support role for Public Health Services to play. Some see Public Health Services as having a lead role or a partnership role in facilitating stronger linkages with other sectors at the community and district level.

In order for Public Health Services to offer stronger support of community health impact assessment, respondents noted the following:

As partners build a commitment to using community health impact assessment, we can also expect that a learning process will be needed to support these other sectors as well.

~ Public Health Services respondent

- Public Health should continue to build staff skills in the areas of adult education and community development and to increase staff understanding of the value and relevance of community health impact assessment
- Public Health management may need also to look at new ways to provide direction and encouragement for community health impact assessment.

6.3 Community-based health promotion infrastructure

As we have seen from the St. Ann's Bay experience, community health impact assessment can be successfully done by community health promotion organizations. However, support for health promotion infrastructure is needed. With adequate funding, community health promotion initiatives using a community health impact assessment approach can provide a long-term view on health priorities that is responsive to changing priorities over time. Sustainable community efforts provide the continuity that governments cannot. This is only possible if groups receive adequate levels of funding.

Adequate funding for health promotion is a support implied in the previous discussion in Section 5. Paid jobs in the health promotion sector would expand employment opportunities in the health field, which are currently tied up in health services jobs. When the fear of loss of employment is reduced, some respondents felt that communities will be more apt to embrace a health promotion approach.

6.4 Networking and Education

In order to address the ongoing need for learning about community health impact assessment and the elements such as participatory decision-making, respondents identified the need to continue to advocate for, build interest in and educate about community health impact assessment and its role in creating healthy public policy in the Eastern Region.

Respondents identified that support is needed to address the learning curve about community health impact assessment at all levels: Community Health Boards, District Health Authority, the Department of Health and other sectors. Some respondents particularly emphasized the need for education at the District and provincial level.

Respondents noted that Community Health Boards and

Steady core funding for health promotion groups is essential, so that there is an ongoing group that is planning. If there is no group, the community health impact assessment tools can't be used.

~ St. Ann's Bay respondent

The enthusiasm for community health impact assessment is there, but it is still at the personal level. We need to get them to bring it to the tables they are at. Top down, it won't happen unless the bottom up pushes. From the top we need a broader commitment that decisions need to be measured against a regional community health impact assessment tool.

~ former Regional Health Board member

health promotion groups already familiar with PATH need to provide support for new members so that they understand how to use the community health impact assessment tools.

Public Health Services (see above) is seen to have an important role in providing education to their staff on the use of community health impact assessment.

Ultimately, as community development workers, our loyalty is to the community and their process, not to a tool. But if **we** understood this better we could incorporate it into the way we do our work. PATH needs to work with the change agents to increase their understanding of why use it so that we can incorporate it into our work naturally. We need help to see where this as a tool will help increase communities understanding of the wider health factors.

~ Guysborough County Eastern Shore respondent

Respondents also noted the support needed from the PATH Network which is seen as a key player in this educational work. Some respondents noted that the existence and accessibility of the PATH network is critical to the development of new ways of working to create healthy communities as it provides a “reference point” for developing new techniques. One of the areas of emphasis now needed, in terms of education and networking, is to increase people’s understanding of how to *use* the community health impact assessment tools within community organizations, Community Health Boards, District Health Authorities, Public Health Services, the Department of Health and non-health sectors.

Respondents recommended that the Network renew contact with those familiar with PATH (such as former PATH community steering committee members and the participants at the PATH Forums) who are active in improving the health of their community to refresh their knowledge about the usefulness of community health impact assessment. This would include members of Community Health Boards who may now be at the stage in their development where community health impact assessment could be useful. Other respondents spoke of the need for community development workers and other “change agents” to increase their understanding of the value of community health impact assessment to their work.

COMMENTARY ON SECTION 6

Many respondents indicated that community health impact assessment is a tool of accountability that should be used at all decision-making levels within the health system. The commitment of government to support community health impact assessment, with accompanying resources and policies, is needed.

Many respondents stated that communities require resources in order to remain “in the driver’s seat” with community health impact assessment. Broad-based, inclusive

community consultation and the creation of community health impact assessment tools require facilitation that is community controlled. Respondents familiar with the work of health promotion organizations stated that community health promotion organizations can move community health impact assessment forward when they are sustained with adequate resources.

Support for the development of partnerships and intersectoral collaboration must be provided by the province. Public Health Services support is seen as promising by most respondents. A few noted that for this to happen, field staff need to be provided with continuing education opportunities and strong management support for using community health impact assessment.

To further develop and sustain the movement towards healthy communities, there is a learning curve that requires support. Many respondents identified the importance of continued learning at all levels. The PATH Network is needed to provide pro-active support through networking and learning opportunities that increase the capacity of health promotion organizations, Community Health Boards, District Health Authorities and other key players to use community health impact assessment processes and tools. A number of respondents noted the importance of supporting change agents who are already familiar with PATH, so that they may become re-acquainted with how community health impact assessment could be useful to them in their work with communities

SECTION 7: CONCLUSIONS AND RECOMMENDATIONS

The PATH Project has laid the groundwork for the further development of a population health approach that uses community health impact assessment to create healthy communities in eastern Nova Scotia.

1. *The **PATH Network** should renew and strengthen its networking and educational activities, such as sponsoring educational events and re-connecting with the original PATH communities, Public Health Services, Community Health Boards and change agents within communities. New partners should be identified and encouraged to join the Network's activities.*

Champions for community health impact assessment have been created as a result of the PATH Project and the ongoing work of the PATH Network and the PATH Partnership. Such champions are key to the success of health promotion endeavours such as PATH/community health impact assessment.

2. *The **PATH Network** should identify and support current champions in order to bring community health impact assessment to other “tables” of influence and decision-making.*

The processes used within the PATH Project have been shown to be successful in engaging citizens in the creation of healthy public policy at a community level. These methods have served to concretize *how* to increase meaningful citizen participation. There is a need to interest Community Health Boards and District Health Authorities, so that they can see the usefulness of community health impact assessment to their work.

3. *The **PATH Network** should continue to promote community health impact assessment to those who have not yet had the opportunity of engagement.*
4. *The **Nova Scotia Department of Health** should develop a strategy that integrates the use of community health impact assessment into the current tasks facing Community Health Boards and District Health Authorities.*
5. ***Public Health Services** should work co-operatively with communities and provide leadership and support for field staff to use community health impact assessment processes.*

The successful development and implementation of community health impact assessment depends on intersectoral collaboration. The PATH Project extended the scope of interest in community health impact assessment to a number of organizations in the northeastern Nova Scotia who are not within the traditional health sector (such as women's organizations). These organizations play an influential role in promoting health and shaping healthy public policy that addresses the health and social justice concerns of all Nova Scotians.

6. *The **PATH Network** should examine how to further extend intersectoral collaboration.*

7. *The Nova Scotia Department of Health should create an interdepartmental mechanism to facilitate the development and implementation of healthy community policies.*
8. *District Health Authorities and Community Health Boards should ensure that other sectors are brought into the health planning process.*
9. *Public Health Services should work with the PATH Network, District Health Authorities, Community Health Boards to develop a strategy for intersectoral collaboration.*

Community health impact assessment involves broad, inclusive community consultation using adult education methods. Facilitation skills are key to the process. Community control of the facilitation process is key.

10. *The PATH Network should support communities to develop strategies to access funds and maintain community control of this process.*
11. *The Nova Scotia Department of Health should ensure that District Health Authorities and Community Health Boards receive adequate resources to support these processes.*

As the province strives for accountability, community health impact assessment is waiting in the wings as a viable option for improving accountability while increasing the participation of Nova Scotians in influencing effective healthy public policy.

12. *The Nova Scotia Department of Health should provide leadership and commitment to create support for community health impact assessment throughout the health system.*

PATH's approach to health impact assessment has shown the value of community generated evidence as one important component of the evidence required to inform health decisions. Other forms of evidence also need to be used to accompany community evidence.

13. *The Nova Scotia Department of Health, District Health Authorities and Community Health Boards, and Public Health Services should ensure that community generated evidence is used along with other types of evidence to support evidence-based decision-making.*

Organizations which see health promotion as part of their mandate or mission are important partners to Community Health Boards in creating and implementing healthy public policy and action on health. Community health promotion organizations can represent longer term community health interests that extend beyond the terms of governments and Community Health Boards. Community health impact assessment is an important tool to guide their work, but without stable funding, health promotion groups' capacity for leadership is limited.

14. *The Nova Scotia Department of Health should ensure that District Health Authorities and Community Health Boards receive adequate funding to*

support the efforts of health promotion organizations that are addressing local health concerns.

15. District Health Authorities and Community Health Boards *should ensure that health promotion organizations receive adequate funding.*

The presentations and articles written about community health impact assessment have resulted in significant attention to the value of PATH and the use of community health impact assessment. This national and international attention has already attracted provincial and federal funding. A community of learning has been developed and could continue to be a useful asset in future developments of community health impact assessment.

16. The PATH Network *should encourage communities to document their experiences and to continue to contribute to conferences and journals.*

17. Public Health Services *should consider contributing its expertise with community health impact assessment to these circles.*

APPENDIX A

Presentations and Publications on the PATH Project (post project)

Presentations:

Gillis, D.E. (2000). Developing tools for community health impact assessment. Poster presentation at the Fifth Global Conference on Health Promotion, Mexico City, June 6.

Gillis, D.E. (2000). Health impact assessment. Workshop presentation at the Fifth Global Conference on Health Promotion, Mexico City, June 6.

Gillis, D.E. (1999). Health impact assessment. Invited presentation at the People's School on Health. St Francis Xavier University, Antigonish, NS. November 13.

Gillis, D.E. (1999). Developing tools for community health impact assessment: Lessons from the PATH Project. Invited presentation at School of Public Health Research Seminar Series, University of Western Australia, Perth. August 25.

Gillis, D. & Mahon, P. (1998). Involving citizens in community health impact assessment: The People Assessing Their Health (PATH) Project. Co-presented at Canadian Association for the Study of Adult Education Regional Conference. Mount Saint Vincent University, Halifax, NS. April 25.

Gillis, D.E. (1998). The People Assessing Their Health (PATH) Project. Workshop presentation at the Topshee Conference, St. Francis Xavier University, Antigonish, NS. June.

Mahon, P. (1999, 2000). People Assessing Their Health (PATH) Project. Invited presentation for the Health and Development Course, Coady International Institute. St. Francis Xavier University, Antigonish, NS. October.

Mahon, P. (2000). PATH as a community organizing strategy. Workshop facilitation for Orientation, Coady International Institute. St. Francis Xavier University, Antigonish, NS. August.

Mahon, P. (1998). People Assessing Their Health (PATH) Project. Invited presentation for Community Health Promotion Network Atlantic, Nova Scotia Network. Truro, NS. September.

Publications:

Gillis, D.E. & English, L.M. (2000, June). Extension and health promotion: An adult learning approach. Journal of Extension 39(3). Online at <http://joe.org/joe/2001june/a4.html>.

Gillis, Doris E. (1999). The People Assessing Their Health (PATH) Project: Tools for community health impact assessment. Canadian Journal of Public Health, 90 (Suppl 1), 53-56.