PATH

People Assessing Their Health

Applying Community Health Impact Assessment to Rural Community Health Planning:

EVALUATION REPORT

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for the Antigonish Women's Resource Centre
and the PATH Project Coordinating Committee

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PATH

People Assessing Their Health

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ACRONYMS AND ABBREVIATIONS

ATCCHB	Antigonish Town and County Community Health Board
AWRC	Antigonish Women's Resource Centre
CHB	Community Health Board
CHIA	Community Health Impact Assessment
CHIAT	Community Health Impact Assessment Tool
DHA	District Health Authority
GASHA	Guysborough Antigonish Strait Health Authority
PATH	People Assessing Their Health
PATH II	Applying Community Health Impact Assessment to Rural Community Health Planning
StFX Extension	Extension Department, St. Francis Xavier University

EXECUTIVE SUMMARY

Applying Community Health Impact Assessment to Rural Community Health Planning (commonly referred to as PATH II) was a community-based population health initiative funded by Health Canada. Community health impact assessment is a way of examining how any policy, program, project or service will affect the overall health of local populations. The use of community health impact assessment processes or tools promotes more informed community participation in health planning, particularly evidence-based decision-making.

By promoting more informed citizen participation in decentralized health care decision-making, PATH II reflected the priority of Health Canada's Remote and Rural Health Innovations Fund to build voluntary sector capacity outside urban areas. Building on the work of the earlier *People Assessing Their Health* project (1996-1997), the goal of PATH II was to increase community participation in health planning through work with the Antigonish Town and County Community Health Board.

PATH II took place from December 2000 to March 2002. The project was initiated by the PATH Network, an informal association of people in northeastern Nova Scotia who share a vision of working together to build healthier communities by creating opportunities for all citizens to learn about the broad range of factors that determine their health. Four organizations came together to carry out the PATH II Project: the Antigonish Women's Resource Centre, the Extension Department of St. Francis Xavier University, Public Health Services (Districts 7 and 8), and the Antigonish Town and County Community Health Board. Over the course of PATH II, other local groups and individuals with an interest in health and health planning were also involved as participants in a community consultation workshop and in piloting a community health impact assessment tool created by the Antigonish Town and County Community Health Board.

The project had three main components:

- To develop and test a community health impact assessment tool tailored to the needs of the Antigonish Town and County Community Health Board.
- To increase access to the full range of information needed for evidence-based decision-making.
- To share information and lessons learned within the local area and beyond through various channels, including a web site and a PATH II resource package.

Beginning in December 2000, a Project Coordinator was hired and a Coordinating Committee**,** composed of representatives from the four project partners and the PATH Network, was set up to oversee project administration. The Antigonish Town and County Community Health Board then established a subcommittee called the PATH II Working Group. With support from the Project Coordinator, the Working Group was responsible for carrying out key PATH II project activities. Additional technical expertise for other project components was provided by three outside consultants: a health indicators researcher, a website designer, and a project evaluator.

In Nova Scotia, decentralized health planning is still in its early stages and the benefits and challenges of this system are only beginning to be recognized. *The purpose of this evaluation, then, is to assess the overall effectiveness of the model used in PATH II to build volunteer capacity for community health impact assessment*. The body of this report examines:

- The way in which PATH II activities were structured and timed
- The methods used to help the Antigonish Town and County Community Health Board learn about and create a community health impact assessment tool
- The mechanisms designed to share project information and resources

In addition to "lessons learned", the report highlights some of the implications of community health impact assessment for health planners at various levels and for community groups with an interest in health. Analysis in this report is based on comments from the project sponsors listed above, from project staff, from community participants and representatives of community groups, and from the Project Evaluator's observations of and participation in project activities.

Evaluation findings support the conclusion that PATH II has achieved its goal and main objectives. As a result of this project, the Antigonish Town and County Community Health Board created a unique *community health impact assessment tool* that can be used to assess the impact of particular policies/programs on the health of the local population and bring community health concerns forward. In addition, the project has increased local understanding of the interactions among the determinants of health, developed a process for evidence-based decision-making, and promoted openness to future cross-sectoral collaboration around health issues. Other communities in the region are interested in obtaining the Antigonish Town and County Community Health Board's assessment tool and want access to facilitators who can help them use this tool or create one of their own. A website (www.path-ways.ns.ca) and a PATH II resource package produced during the project will support on-going public education within the local area and beyond.

The success of PATH II is due in part to the balance between local and non-local knowledge in the project. While work was based on a vision of health and health issues important to people living in Antigonish Town and County, this perspective was grounded in a population health approach that sees health as the result of the interaction of a range of social, economic and environmental factors, not just the availability of health services. The use of experiential, adult learning processes was the key to building the participants' knowledge about and commitment to community health impact assessment. A context that supports local level participation in health decision-making and the involvement of health "champions" makes it likely that PATH II tools and skills will be used, shared and adapted even after the project has ended.

Findings from PATH II have implications for a variety of other groups including community health boards and district health authorities throughout Nova Scotia, as well as community groups with an interest in health, provincial and national health bodies including the Nova Scotia Department of Health. In order to extend citizen participation in health decision-making and maximize the potential benefits of community health impact assessment, a critical mass of users beyond the Antigonish Town and County Community Health Board must be built up. Volunteer groups, however, are already overextended. Future community health impact assessment initiatives will undoubtedly require at least some outside training, facilitation or financial support in order to be successful.

One of the strengths of community health impact assessment is the interest sparked in cross-sectoral collaboration about health issues. At the same time, new avenues for communication and consultation between community health planners (including community health boards and groups with an interest in health) and local, regional and provincial government departments, are needed to facilitate joint initiatives.

1. INTRODUCTION

Since the 1970's, Health Canada has played a leading role in moving thinking about health away from a focus on disease and hospitals towards "wellness" and preventive approaches that address potential problems before people need treatment. Responding to this model of "population health" (Health Canada, 2001), Nova Scotia's *Blueprint for Health System Reform* (1994) proposed a transfer of decision-making for the funding, co-ordination, delivery and evaluation of health programs from the provincial Department of Health to four Regional Health Boards. (In 1998, these Regional Health Boards were again restructured into nine District Health Authorities). At the same time, a number of Community Health Boards were established in each region/district. Community health boards are responsible for identifying local priorities and for creating a plan to maintain and improve the health of people in their area.

The First PATH Project (1996-1997)

Recognizing the barriers to health created by geographic isolation and socio-economic conditions, three partners – the Antigonish Women's Resource Centre (AWRC), the Extension Department of St. Francis Xavier University (StFX Extension) and Public Health Services, Eastern Region – came together to sponsor the *People Assessing Their Health* (PATH) project. In the fall of 1996, trained community facilitators brought together local citizens in three northeastern Nova Scotia communities. Through a process of structured dialogue, people learned about factors that influence their health and developed tools to assess the impact of programs and policies on the health of their communities. This process, called community health impact assessment, has four main steps:

1) Gain an understanding of the policy, program or issues to be assessed.
2) Identify the criteria used to assess the policy, program or issue: vision, values, determinants of health, etc.
3) Use the criteria to assess the policy, program or issue. Decide if the impacts are positive, negative or neutral.
4) Summarize the findings. Make an overall judgment that reflects the fact that some criteria may have more weight than others.

The methods used and lessons learned were documented in *PATHways to Building Healthy Communities in Eastern Nova Scotia: The PATH Project Resource* (1997) that was distributed throughout the region and beyond.

The PATH Network

When the PATH project ended in 1997, a number of people involved expressed interest in building upon what had been learned. The PATH Network – an informal association of people from community agencies, health services and universities – was formed.

Motivated by a desire to build healthier communities, the PATH Network planned and coordinated several educational events including two "People's Schools on Health". Building on recommendations from the PATH Project Evaluation (Schneider, 1997), the Network also began to explore ways to link groups with an interest in health with health planners such as the newly established community health boards. In order to build community health board capacity for

evidence based decision-making, PATH invited three community health boards in the Guysborough Antigonish Strait Health Authority (District 7) to learn about ways to apply community health impact assessment to their work. Unfortunately, project timing and conflicting priorities meant that only the Antigonish Town and County Community Health Board was able to take part.

The PATH II Project (2000 – 2002)

In August 2000, the three original sponsors of the PATH Project (Antigonish Women's Resource Centre, St. Francis Xavier University Extension Department, and Public Health Services – Eastern Region) partnered with the Antigonish Town and County Community Health Board. They submitted a proposal to Health Canada's Remote and Rural Health Initiatives fund entitled *Applying Community Health Impact Assessment to Rural Community Health Planning*. The project, which quickly became known as PATH II, carried out its activities from December 2000 to March 2002 (see Appendix B).

The project had three main components:

- To develop and test a community health impact assessment tool tailored to the needs of the Antigonish Town and County Community Health Board.
- To increase access to the full range of information needed for evidence-based decision-making.
- To share information and lessons learned within the local area and beyond through various channels, including a web site and a PATH II resource package.

PATH II activities built upon earlier initiatives carried out by the Antigonish Town and County Community Health Board. In its first year of operation (1999), the Board clarified its mission, vision and values. Inspired by the process used in the first PATH project, the Board also engaged community members in a series of Focus Groups (November 1999 to February 2000) about factors that shape health in the local area.

Based on these activities, the Antigonish Town and County Community Health Board released a report in March 2000 that identified priorities for health in the local area. Called *Planning for a Healthy Community: A framework for health planning in Antigonish Town and County*, the document laid the foundation for a strategic planning process and the creation of the Board's first Community Health Plan (2001-2003). It also created a valuable information base for work in PATH II.

Project Staffing and Structure

The people and groups involved in the PATH II project played a number of different roles and took on responsibilities at different levels. A more complete description of their roles is found in Appendix A.:

The project was staffed by a full-time *coordinator*. Additional technical expertise was provided by a health indicators *researcher*, a *website designer*, and the *project evaluator*.

A *Coordinating Committee* composed of representatives from the four project partners, plus a representative from the PATH Network, provided guidance and oversaw the day-to-day management of the project.

The *PATH Network*, which includes people from other groups outside of Antigonish Town and County, acted as an Advisory Committee and brought a wider perspective to the project.

A subcommittee of the Antigonish Town and County Community Health Board – the *PATH II Working Group* – worked directly on the design of the community health impact assessment tool.

2. EVALUATION METHODOLOGY AND TIMEFRAME

2.1 Purpose of the Evaluation

Decentralized health planning reform in Nova Scotia began in 1994 and was only completed in 2000. Consequently, the local, regional and provincial implications of this model are not yet fully understood. Nor are models for building local capacity for decentralized health planning well documented or widely known. In the PATH II proposal, evaluation was therefore identified as an important project component in order to "document and evaluate processes" and to measure "outcomes against goals and objectives" (Antigonish Women's Resource Centre, August 31, 2000). Project partners said that they were most interested in gathering information that is "useful to those involved and is useful to future planning" of similar initiatives.

The overall goal of this evaluation of PATH II is to assess the effectiveness of the model used in PATH II to build volunteer capacity for community health impact assessment. The PATH II Evaluation Framework (Appendix C) was organized around objectives, activities, results and indicators identified in the project proposal. As well, the evaluation process provided project participants with an opportunity to answer their own questions about Community Health Impact Assessment.

2.2 Evaluation Design and Data Collection

A Project Evaluator was contracted in April 2001 to design and coordinate a participatory process that would give project partners input into the evaluation itself. In April 2001, the Coordinating Committee clarified their expectations about the evaluation and identified key questions and indicators. The Project Evaluator organized this information into an Evaluation Framework (Appendix C) that was returned to the Coordinating Committee for feedback and revision. Following consultation with the Project Coordinator and the PATH II Working Group, a draft Framework was approved by the Coordinating Committee on June 27, 2001. In January 2002, the Evaluator and the Coordinating Committee discussed ways to structure the evaluation report as well as plans for end of project evaluation activities. In order to better reflect emerging findings, some final adjustments to the Evaluation Framework were made by the Evaluator in February 2002.

Over the course of the project, the Project Evaluator collected data and elicited feedback from participants in several ways. First, the Project Evaluator was a 'participant observer' who attended most meetings of the Coordinating Committee and Working Group as well as special events such as a Community Consultation workshop and workshops that tested the draft community health impact assessment tool with three community organizations. Data was also collected from PATH Network members, Project Partners, the Coordinating Committee, members of the Antigonish Town and County Community Health Board and PATH II Working Group, Project staff and technical consultants, and community members who took part in project activities.

Near the close of the project, focus groups, questionnaires and interviews were used to assess outcomes and participants' overall satisfaction with the project's activities and results. Data was also drawn from project minutes, meeting notes, project reports, community plans and

policies, as well as other documents. Quotations in this report are drawn directly from participants spoken or written comments.

2.3 Content and Structure of the Evaluation Report

As outlined in the Evaluation Framework (Appendix C), this report is structured around three themes: *Capacity Building*; *Design of Community Health Impact Assessment Tools;* and *Spread and Dissemination of Lessons Learned.* Each theme has one to two objectives.

Theme A: Capacity Building

Objective 1: To assess the extent to which the overall project design and administration / implementation structures could be used as a model for other Community Health Boards or groups with an interest in community health impact assessment and health planning.

Objective 2: To assess the process used to build the capacity of the ATCCHB, including ways that individuals, community organizations, local leaders and a range of service providers participated in the development of a community health impact assessment tool.

Theme B: The Design of Community Health Impact Assessment Tools

Objective 3: To assess the extent to which community health impact assessment tools developed during the project are relevant to the ATCCHB's needs.

Objective 4: To assess the extent to which the project was able to identify mechanisms that will enable the ATCCHB to access epidemiological and other relevant types of data that can be used to inform CHB and DHA decision making.

Theme C: Spread and Dissemination of PATH II Information and Resources

Objective 5: To assess the extent that project findings have been communicated with others both within and outside the district, using different channels, including a web site.

Each Objective is divided into a number of **Questions** identified by project participants. In this report, most of the comments from participants and the Evaluator's observations are framed in response to these questions. 'Lessons learned' are summarized at the end of each theme.

The closing section of this report highlights the implications of PATH II from a population health perspective and makes recommendations for different groups who want to support or carry out community health impact assessment. The Appendices include definitions of important terms, the PATH Evaluation Framework, and Project Timeline and a list of PATH II presentations and publications. Readers interested in learning more about how PATH II was actually carried out should see the *PATH II Final Activity Report* (Eaton, 2002). An example of a community health impact assessment tool (CHIAT) and information about how to design a CHIAT can be found in the PATH II resource package, *PATHways II: Next Steps – A guide to community health impact assessment* (PATH Network, 2002).

3. BACKGROUND

3.1 A Population Health Approach

Both citizens and their governments have come to realize that the health care system alone cannot make people healthy. Instead, coordinated action by a range of stakeholders – individuals, families, communities and institutions – is required to improve and maintain health. And, it has become increasingly evident that sustainable social and economic development, access to education, food security, income, a stable ecosystem and a sustainable resource base are prerequisites for health. This approach, called "population health", was first introduced in the internationally renowned Lalonde report *A New Perspective on the Health of Canadians* (1974) and was reinforced in *Achieving Health for All: A Framework for Health Promotion* (1986) and the *Ottawa Charter for Health Promotion* (1986).

Population health looks for ways to "maintain and improve the health status of the entire population" and "reduce inequities in health status between population groups" (Health Canada, 2001). Population health is based on a belief that many factors are important in shaping individual, family and community health. These "determinants of health" include: income and social status; social support networks; education; employment and working conditions; social environments, physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender and culture (Health Canada, 2001).

Unlike traditional health service delivery models, population health initiatives often bring together diverse groups from different levels and sectors – individuals, community groups, health professionals and government – to address health issues that cut across two or more of the determinants of health. A population health approach identifies five important ways citizens and their governments can improve their overall quality of life and prevent health problems before they happen (Health Canada, 2001):

- reorient health services
- develop personal skills
- create supportive social and institutional environments
- build healthy public policy
- strengthen community action

Population health is not new to the Maritimes. From 1995 to 1997, three community organizations (two in Nova Scotia and one in Prince Edward Island) received project funding from the Health Promotions and Programs Branch of Health Canada (Atlantic Region) to carry out projects shaped by a population health perspective. All three projects (including the first PATH Project described in the Introduction to this report) engaged community members in an exploration of health issues in their own community or sector and looked for ways that participants could become more active in influencing the health system. The results of these projects and recommendations for community based population health initiatives are highlighted in *Searching for the Path to Community Voice in Health Promotion: Another step in the population health approach* (1998).

3.2 Structures for Health Decision-Making in Nova Scotia

The goals and objectives of PATH II were shaped in part by new health planning and service delivery mechanisms in the province of Nova Scotia. As described in the Introduction, the process for provincial health reform in Nova Scotia that began in 1994 was completed in 2000 and a new Health Authorities Act (2000) was put in place. Under this Act, decision-making about health promotion and the delivery of health services is under the control of nine District Health Authorities (DHAs). Local Community Health Boards have been established in each district to work in cooperation with their District Health Authority (Nova Scotia Department of Health, 2001).

District Health Authorities are responsible for determining priorities for health services in their district; allocating resources; participating in the development and implementation of provincial health policies, standards or plans; and preparing a health-services business plan for each fiscal year (Nova Scotia Department of Health, 2001). Each District Health Authority is guided by a Board of Directors composed of members nominated by the Community Health Boards and appointees of the Nova Scotia Government.

Community Health Boards represent a particular geographic portion of the health district. They are the local planning bodies responsible for promoting community participation in health decision-making and giving the community a voice in health service delivery. A Community Health Board is composed of nine to fifteen selected people from the local area who serve a three-term. The mandate of Community Health Boards (Nova Scotia Department of Health, 2001) is to:

- Create a community profile describing the strengths and weakness of the determinants of health in the local area.
- Prepare and maintain an inventory of community-based health services available in the local area.
- Assess community needs and recommending priorities for the delivery of community-based health services.
- Create a Community Health Plan for each fiscal year for incorporation into the DHA health-services business plan.
- Manage community development grants with a focus on health.

Under the terms of the Health Authorities Act (2000), participation on both a District Health Authority Board of Directors and on local Community Health Boards is voluntary and unpaid. Where funds permit, however, both District Health Authorities and Community Health Boards may hire paid staff to support their operations.

3.3 Community Health Board Capacity Building Needs

Within the decentralized health care system in Nova Scotia, volunteer Community Health Boards play a pivotal role in the planning and delivery of health services. In order to fulfill their mandate, Community Health Board members not only need to be credible in and knowledgeable about community issues, values and history, they also need to:

- Have a theoretical understanding of the broad determinants of health and be able to communicate that vision of health to others.

- Understand the structures and systems involved in health care delivery.
- Be aware of and sensitive to diversity and other factors that influence health and access to health information, services and supports.
- Design and facilitate activities aimed at promoting community dialogue.
- Gather, critically analyze and synthesize data about community issues and needs.
- Resolve conflicts and build consensus.
- Present information in a form that is appropriate for different groups.
- Identify allies, partners and individuals and be able to work collaboratively.
- Identify and access other human and financial resources needed to carry out its work.
- Prepare a Community Health Plan that includes recommended priorities for the delivery of community-based health services.

While this list is far from exhaustive, it is clear that individual board members need to be well informed and that the Community Health Board itself must be able to function effectively as a group in order to identify and address health concerns. Experts involved in health promotion share the view that community capacity is a critical factor that determines the success or failure of decentralized health planning. ‘Capacity' typically refers to the attitudes, knowledge, skills, resources, systems or structures that a group needs to reach its goals. 'Capacity-building' refers to the techniques and processes used to increase knowledge and help the group acquire new knowledge, develop new skills or put needed infrastructure in place to support community health.

While some Community Health Boards in Nova Scotia have been able to obtain outside capacity-building support aimed at helping them carry out their responsibilities, others rely on the knowledge and experience of their members. Evidence from Community Health Boards in other parts of Canada and beyond, however, suggests that health boards do indeed require specific training and support to help them translate motivation into effective action.

The process of community health impact assessment is one way to bridge the gap between Community Health Board awareness of health issues and the capacity to participate effectively in health planning. Community health impact assessment and the creation of a community health impact assessment tool not only builds the capacity of individual members of the Community Health Board, but to helps to increase the awareness of the broad determinants of health among other local level groups concerned about building healthy communities.

4. AN ASSESSMENT OF PATH II

This section contains information about and an analysis of issues identified in the PATH II Evaluation Framework (Appendix C). It includes comments from a variety of people as well as information from other sources, as outlined in Section 2.2: *Evaluation design and data collection*. Each theme has two or more *Objectives*. Following each Objective is a short summary of the analysis from the accompanying key *Questions*. The assessment of each theme concludes with a description of *Lessons Learned* about that theme.

4.1 THEME A: Capacity Building

Objective 1:

To assess the extent to which the overall project design (including the structures for administration and implementation) can be used as a model for other Community Health Boards or groups with an interest in community health impact assessment and health planning.

The goals and intents of PATH II are highly appropriate for helping Community Health Boards fulfill their mandate as defined under the Government of Nova Scotia Health Authorities Act (2000). As a result of PATH II:

- The Antigonish Town and County Community Health Board better understands how the determinants of health can impact effect policies, programs and services in the local area and has a community health impact assessment tool tailored to their needs.
- The project partners have enhanced their profile within the community.
- There is a more favourable climate for inter-sectoral health planning within the community as well as a community health impact assessment tool that can be used to promote evidence-based decision-making by citizens' groups.
- New sources of health data and other indicators have been identified.
- A PATH web site and a PATH II resource package have been created to share information about community health impact assessment and the use and design of community health impact assessment tools.

This project would not have been possible without the cooperation and active involvement of the Antigonish Town and County Community Health Board which will carry the community health impact assessment process forward in the local area. A skilled, knowledgeable Project Coordinator and committed community partners were other keys to success.

PATH II, however, was pilot project and several respondents agreed that it "seemed more complex than PATH I." But, as another participant pointed out, "There is no road map. When you're in a complex situation, you want a simple way to do it. But developing the method isn't simple at all." As a result of PATH II, however, some significant lessons have been earned about the overall timing of community health impact assessment projects, the kinds of groups and individuals who should be involved, capacity building methods that work well, and communication mechanisms that appear to be effective. These and other lessons are summarized at the end of the three themes in this section of the report.

Question 1.1 *Was the project appropriate for and compatible with ATCCHB: goals and objectives; stage of board development and position in the strategic planning/ implementation cycle?*

Under the Health Authorities Act (2000), Community Health Boards are responsible for assessing community health needs and services and preparing a Community Health Plan with priorities for health services based on community needs. The goals and objectives of PATH II were to support the Antigonish Town and County Community Health Board in learning more about the determinants of health important to people in Antigonish Town and County and about ways to assess the impact of programs and policies on these determinants. This kind of knowledge and skill is the foundation for informed decision-making based on community input. As one Board member commented, "It's not just going to the DHA and saying we need such and such. It will be an evidence-based process that will be clear to the DHA."

The Antigonish Town and County Community Health Board was aware of community health impact assessment from the beginning. Information about the first PATH project was included in the Board's orientation to the former Eastern Health Region and one Board member had played a major role in PATH I. In addition, the facilitator who provided the Board with strategic planning support had been involved in the first PATH project and was able to help make the linkages between PATH and the Board's own emerging needs.

By the time the Board was a year old, one member said that

> *...we really had a lot of open discussion about how best to approach planning. PATH was thoroughly discussed in addition to other methods of planning. We all thought it was a great approach to planning. It wasn't pushed on us – we talked ourselves into PATH as we looked at different ways of doing planning.*

Inspired by PATH I, the Antigonish Town and County Community Health Board carried out a series of 53 Focus Groups consultations about community health issues from November 1999 to February 2000. Seeing a PATH process as "the best way to get information from communities that we needed", the Board decided to move forward with PATH II and "develop and test a Community Health Impact Assessment Tool to assist the ATCCHB in planning and decision-making" (ATCCHB Community Health Plan 2001-2003). Two respondents thought that PATH II "fit in nicely because the ATCCHB had done the Focus Groups already" and because the Board came into [PATH II] already informed about community health needs and priorities.

The Board's participation in PATH II activities (Appendix B) coincided with its first strategic planning cycle. When work on the Community Health Plan overlapped with developing a community health impact assessment tool, participants found that the two were "like magnets that keep pulling together."

> *The Coordinating Committee, the Indicators Researcher, the Working Group and the ATCCHB as a whole all struggled with the question of what the CHIAT had to do with the board's strategic plan, where these fit together, etc. We spent considerable time drawing diagrams to show the interaction, discussing the relationship, and generally being 'confused'.*

Strategic planning itself was already "exhausting". "Sorting out which process was being dealt with at any given time, how they related to one another (or didn't relate)", however, made some Working Group members feel "overwhelmed", that their energy was "splintered". While there was general agreement that strategic planning and development of the community health impact assessment tool needed "to work together", some thought that if the Board "had completed the Community Health Plan first, heads would have been clearer." Others, however, pointed out that commitment to community health impact assessment was built into the Board's plans from the very beginning. If PATH II had not been included, other priorities would have been identified and work on the tool delayed for at least three more years. Another respondent said that without some of the thinking generated by PATH II, the Community Health Plan itself might have been very different.

In spite of this drawback, a core group of four of the five[1] Board members maintained their involvement in the PATH II Working Group over the course of the project. In February 2002, the community health impact assessment tool was formally handed over to the whole Board. Working Group members said that the enthusiasm Board members demonstrated for PATH II was "exceptional". One Board member asserted, "We own the tool. Each and every one of us should able to use it." The tool "forms the foundation of what we do." Although specific ways the Board will integrate the community health impact assessment tool into their work have not yet been decided, members appear convinced that "the CHIAT needs to be used." The Antigonish Town and County Community Health Board "should be involved" in ensuring that the CHIAT "does not sit on a shelf."

Question 1.2 *How effective were interactions between Project Staff and groups involved in project implementation including the Coordinating Committee, Working Group and the ATCCHB?*

Project participants felt satisfied with the level of support they received from Project Staff and with their contributions to the project. One respondent felt that "people demonstrated a level of confidence in each other's ability to do the job" and another commented that "a lot of unnecessary check-ins" weren't required. Participants said they appreciated the "respect for individuals involved', the "level of trust" displayed and the feeling of "cordiality". Project staff and 'advisors' were instrumental to the overall success of the project. The "competence of the Coordinator" and the "commitment of the Coordinating Committee are essential."

The Project Coordinator was an important hub linking the Coordinating Committee, the Working Group and the PATH Network with each other and with external resource consultants. Her "dedication to her work and interest in the CHB and DHA in developing this tool were outstanding." The Project Coordinator "kept us focused" and "kept the big picture visible". Respondents agreed that "there was good communication between the Project Coordinator and the other groups." PATH Network members were also largely satisfied with amount and type of information they received.

Distance, however, occasionally made interactions among project participants more difficult than they otherwise might have been. For example, a couple of PATH Network

[1] The fifth member resigned from the Working Group in August 2001 when she moved away from the area to pursue post-graduate education.

members expressed disappointment at not having more "hands-on involvement" with PATH II. (Respondents who had been members of the PATH Network since the close of the first PATH project, however, felt that the PATH Network played a more active role.) There were also some problems integrating the work of the external consultants hired to research health indicators and set-up a web site. Although the work was completed, there were ongoing delays. These problems likely resulted from:

- "Differing expectations about the level of involvement" project participants could or should have.
- Tight project timelines and the necessity of completing components such as web site design before the end of the fiscal year.
- Difficulty in maintaining "two way communication that shared emerging insights" by email.
- Sub-contracting of technical aspects of web site design.

The extent to which specific project activities were carried out as originally proposed is discussed in more detail in Question 1.4.

Question 1.3 *As a mechanism, how effective was the Coordinating Committee? Did the Coordinating Committee provide leadership and decision-making support essential for project implementation?*

The Coordinating Committee increased the "legitimacy" of PATH II. Coordinating Committee members participated in or were well informed about the first PATH project and are recognized as knowledgeable about local health issues. While members felt that Coordinating Committee members were "balanced in what each partner brought" to the project, they pointed out that "you could have the right organizations and the wrong people." Three members of the Coordinating Committee had played a role in the first PATH project. Members consequently saw themselves as key in "maintaining the vision of the project" during and after the close of activities. Although the Coordinating Committee felt that it "could have seen the project through" by itself, members believed the advisory function played by the PATH Network was important in helping to "broaden the project" and promote "system change". If PATH II had worked with three Community Health Boards as originally proposed, the project would "have needed the PATH Network" to link learning and experience from the three groups.

Over the course of the project, the Coordinating Committee met 12 times, almost monthly with the exception of the summer season. Meetings included reports and updates from Project Staff on the progress of activities as well as animated discussions about the project. Coordinating Committee members regularly provided input and feedback about project activities including the content and structure for the project web site, the names of groups who might be interested in testing the community health impact assessment tool, and ways that project information could be more widely disseminated. One respondent said that their "analysis and creativity always moved me ahead in my work."

As noted in the previous section, respondents were positive about the role played by Coordinating Committee, especially in providing support to the Project Coordinator and in managing the project in a fiscally responsible manner. For all except one member of the committee, institutional support made it somewhat easier to allocate time to PATH II activities,

increased the potential for networking, and facilitated project access to other resources. In the case of one partner organization, three different people attended Coordinating Committee meetings during the course of PATH II. As a result, one representative from this partner felt that their staff hadn't been kept as fully informed as they might otherwise have been. "[We] should be bringing the views of our organizations in and taking [project] views back to our organization."

Question 1.4 *Were the Project Coordinator, Working Group, Health Indicators Researcher, Website Designer, Project Evaluator able to carry out tasks and activities as originally proposed?*

Evaluation feedback suggests that project participants were largely satisfied with the overall division of project work and responsibilities. By March 2002, evidence (described in the more detail in the remainder of this report) showed that the project had fulfilled its major objectives and produced results similar to those anticipated in the original project proposal:

- The ATCCHB better understands how the determinants of health can impact effect policies, programs and services in the local area and has a community health impact assessment tool tailored to their needs (Questions 2.3; 3.1; 3.2).
- Project partners have enhanced their profile within the community and a more favourable climate for inter-sectoral health planning has been created (Question 2.5).
- New sources of health data and other indicators have been identified (Questions 4.1; 4.2).
- A web site and a resource package have been created to share information about community health impact assessment and the use/design of community health impact assessment tools (Questions 5.1; 5.2; 5.3).

Although work was mostly complete by the end of the project in March 2002, the Project Coordinator said that she "felt constrained by the project's timeline...I felt that I was always pushing people to get tasks accomplished". Three components (designing a CHIAT, researching health indicators, and setting up a web site) took longer than originally anticipated (Appendix B). In part, this was because volunteer time was limited and because the timeframes for the indicators research and web site design were "out of synch with the overall project activities".

Relying upon PATH II Working Group volunteers to design the community health impact assessment tool meant that the proposed project timeline needed to be adjusted to accommodate their schedules as well as the availability of community members who participated in the Community Consultation (May 31) and CHIAT test workshops.

One challenge was the "enormous number of hours" required by a pilot project and competing demands for the time of Working Group members.

> *With all of the tasks associated with strategic planning, it was asking a lot to have a dedicated group of people engaged in the CHIAT development process. Furthermore, the group that was leading the strategic planning process and the CHIAT Working Group ended up being largely the same people. This meant that a small group had a very heavy time commitment.*

Consequently, "it was difficult to find dates when all Working Group members were available and to schedule blocks of time (three to four hours) for major tasks". And, because of "the timing

of the Community Consultation, work on the CHIAT itself was pushed into the summer months, setting back the whole schedule of activities". Although volunteers usually "aren't available twelve months of the year", the Working Group met over the summer to compensate for the delay and prepare a draft of the community health impact assessment tool. The Community Health Board, however, was not able to review the draft tool until October 2001 and other test workshops were subsequently delayed. The Working Group finalized the tool early in 2002.

At the start of the project in December 2000, the Coordinating Committee anticipated that research on health indicators would need more time than was originally proposed. This discrete piece of work was taken out of the Project Coordinator's job description and an Indicators Researcher was hired. Although this work was heavily dependent upon the outcomes of the Antigonish Town and County Community Health Board's strategic planning and the contents of the community health impact assessment tool, funding guidelines meant that this work had to be finished before these activities were actually complete. The Indicators Researcher, therefore, "found herself working in a bit of a vacuum". Work was carried out as outlined in the original proposal and the letter of agreement with the Indicator's Researcher. But, there was still "confusion about where the research fit into the overall project" when the Researcher presented her final report to the Working Group on July 18, 2001. Because the community health impact assessment tool had not yet been completed, the task of tying research data into the CHIAT and reformatting material to make it more accessible subsequently became part of the Project Coordinator's workload. Given additional delays in finalizing the tool, participants were still uncertain "how health indicators piece fits" at the close of the project.

Similar challenges were encountered with the design of a web site to share findings about PATH and community health impact assessment. Funding availability meant that the web site also had to be created during the early stages of the project. As a result, one respondent observed that "we attempted to design a site before we were clear on what resources were actually available (or potentially available) and what would be truly useful over a longer period of time". Design was made even more complicated by a decision to sub-contract outstanding technical work to another contractor. Unfortunately, the project's relationship with this contractor proved to be "problematic". The contractor appeared unwilling or unable to accommodate the project's requests for what seemed to be reasonable changes. Again, outstanding work for compiling content and uploading web site content fell to the Project Coordinator. Coupled with ongoing technical problems, the web site was on-line at the project's conclusion, but many pages were still under construction.

Objective 2:

To assess the process used to build the capacity of the ATCCHB, including ways that individuals, community organizations, local leaders and a range of service providers participated in the development of a community health impact assessment tool.

As a result of PATH II, the Antigonish Town and County Community Health Board and the Working Group have improved their understanding of community health impact assessment and ways that community health impact assessment tools can be used to look at the potential health impact of proposed policies and programs. Representatives from other community organizations, service providers and local leaders say that participation in a PATH II Community Consultation and the CHIAT test workshops helped them gain a better understanding of the determinants of health and how these determinants affect the local population. Factors that

helped bring about these changes included the commitment of the partner organizations, the Project Coordinator's skill in participatory processes, a supportive planning environment, and local leadership. Overall, the PATH II capacity building process was characterized by trust and respect for participants, a problem solving approach, the use of experiential activities and a balance of facilitation and direction on the part of the Project Coordinator.

Question 2.1 *What mechanisms can be used to involve a representative range of individuals, community organizations, local leaders and service providers in the development of CHIATs?*

Several respondents emphasized the importance of consulting with community members in order to determine their needs and concerns. "[We] need community input or else the process is just like another health services based structure." In particular, they said, groups and individuals with specific health needs or concerns need to become more involved. Other respondents asserted that health service providers, especially local doctors, need to be included.

In PATH II community participation and input was promoted by:

- Drawing from data gathered through a series of Focus Group consultations carried out by the Antigonish Town and County Community Health Board from November 1999 to February 2000.
- Involving Community Health Board members who were knowledgeable about local health issues on the PATH II Working Group.
- Carrying out a Community Consultation about health indicators with representatives from community organizations, social service agencies and health providers on May 31, 2001.
- Testing the community health impact assessment tool with the Antigonish Town and County Community Health Board and with two other community organizations in the fall of 2001.

Each of these mechanisms is described in more detail in Appendix D.

Events in PATH II, however, showed that promoting citizen participation in community health consultations takes effort and an effective strategy. Although the Working Group organizing the Community Consultation (May 31, 2001) expected that it would be "hard to get people out to community events" and that there would be a number of "no shows", the event was surprisingly well attended. Reflecting on their approach, the Working Group decided that personal invitations were the key to attracting individuals who might not otherwise attend. One participant in the consultation said she felt "honoured to be asked" and was assured her that her opinions "had value". However, it can take "lots of persuasion and up to 5 or 6 calls to get the right person out to an event". For example, the Working Group invited participants who would likely be able to provide input on youth, First Nations and ability/disability health issues, but these people were unable to attend. Another respondent commented that "In order to reach people with barriers to health, you have to do a lot of door-knocking" and "build personal relationships with people who can speak about specific issues".

Working Group members also concluded that community members are more likely to attend if they know the event will be "task oriented, focused and well organized". "You have to explain beforehand why it's important for them to be there and how the results from the meeting will be used". People "can be cynical about consultations" because they seldom see the results or

outcomes of their participation. Ensuring that participants receive background material prior to the event and an outline of the topics to be discussed makes it easier for people to think ways they can contribute. As well, holding the event at a central, familiar community location likely encouraged attendance and increased the legitimacy of the Working Group's request. And, during the Consultation itself, "a clearly defined question focuses attention" and "makes it easier for people to express their opinions".

Question 2.2 *What kinds of support (facilitation/training, coordination, administration, financial or human resources) do CHBs need in order to create a CHIAT and carry out CHIA?*

Volunteer groups interested in learning about community health impact assessment, using an existing community health impact assessment tool, or creating their own tool need access to facilitation as well support for coordination and administration. In addition, groups interested in identifying sources of epidemiological data to support the use of community health impact assessment require technical or research assistance. Some additional financial resources are therefore needed to support participants' in-kind contributions (in the form of volunteer time or labour). Community Health Boards and other groups with an interest in health may be able to access these resources through other community groups or agencies or from within the existing health care system (for example, through their district health authority or Public Health Services).

Within the Nova Scotia health care system, Community Health Boards have been relatively under-resourced. Some Community Health Board members said that their Board or others in their area have received little or no outside support beyond a resource kit (*An Orientation for Community Health Board Members in Nova Scotia*, Eastern Region Health Board, April 1996). While the information contained in the resource kit "was helpful in the early stages", at least two respondents said that information alone was "not sufficient to enable a Board to operationalize its mandate". One respondent asserted that "These processes are difficult and most people haven't gone through them before".

In contrast, the Antigonish Town and County Community Health Board has been able to tap external human and financial resources in order to carry out activities aimed at "laying a firm foundation" for planning. This included a facilitator from StFX Extension to help them clarify their mission, vision and values, grant funding to hire a facilitator for the Focus Group Consultations, and use of their own funds to pay a facilitator to lead them through their first round of strategic planning. Similarly, PATH II was also "well resourced because of federal funding" and the Board "knew this when we took it on". The Community Health Board also received considerable moral support from the Guysborough Antigonish Strait District Health Authority, which was "highly supportive" of their involvement in PATH II.

While the Antigonish Town and County Community Health Board was prepared to contribute a large number of volunteer hours to the PATH II project, funding from Health Canada meant that a Project Coordinator could be hired to support the Working Group and oversee project implementation. At the end of the project participants concluded, "Without her expertise, we may not have been half as successful!" Respondents felt that "even skilled volunteers need support staff who can facilitate or who can teach others to facilitate", to "organize and carry out consultations" or "raise issues effectively with large groups". In this project, the Project Coordinator helped to "pull together information that we give her" and

organize activities that "got people thinking". (Question 2.4 highlights some effective capacity building approaches used in this project.) The Working Group felt that the Project Coordinator was also invaluable in "looking after details" and "pushing us to get things done".

As well as the Project Coordinator, a Health Indicators Researcher, a Website Designer and a Project Evaluator were hired to provide specific technical expertise for other project components. The Working Group (which included the chair of the Community Health Board) was asked provide input to this work in addition to developing the community health impact assessment tool. From the perspective of the Working Group, it seemed as if the Board was

> *inundated with staff... Each are valuable, but it was different than what we expected to experience. (This is a) high volume of staff, especially for such a small working group who have taken on the responsibility for development of a tool that is meant to be the voice of the CHB.*

Experience from PATH II suggests that volunteer health planners such as Community Health Boards do indeed "need help working with and interpreting data" required for evidence-based community health impact assessment. One Board member with a background in statistics said that volunteer health planners cannot be expected to be capable of finding suitable epidemiological data or understanding the meaning of data in their local context. Another respondent pointed out that

> *If communities get caught up in data collection or interpretation, there's a danger that they'll lose sight of even more important contributions such as sharing information with the community or identifying specific solutions that work in a particular context.*

Although respondents agreed that data about health indicators is important, this "does not imply that the CHB members themselves need to be gathering this data". In PATH II, however, the strategy of hiring an outside researcher to identify data sources wasn't highly successful either. Instead, respondents said that new mechanisms for ensuring timely access to specific, appropriate data from within the existing health care system need to be established. (This aspect of the project is discussed in more detail in Objective 4.)

Almost all respondents who tested or reviewed the community health impact assessment tool said they were more likely to use or adapt the existing tool rather than create one of their own. But these respondents, too, said that they "need help in learning how to deliver these tools". Although they found the instructions and the Facilitator's Guide included with the tool to be clear, "not a lot of people in our area are trained to facilitate". Respondents believed that it would difficult for them to "lead the [CHIAT] discussion without directing". A community health impact assessment facilitator, one person observed, needs to "be a moderator". Facilitators from outside the group or community may also be necessary because local people can be "reluctant to facilitate in their own community" when the issues are sensitive or controversial. "If you're too close, you can't validate all the views being expressed". Outside facilitators, though, need to "have the feel of the group" they are working and able to "read" the actual degree of consensus around specific items.

Resources for designing or using community health impact assessment tools may be available from diverse sources. Although these are not guaranteed, Community Health Boards

have "some operational funds they could put towards CHIAT development". While District Health Authorities such as the Guysborough Antigonish Strait Health Authority "don't have the time or skill sets" to directly support community health impact assessment activities, they may be well placed to "look for or mobilize support" from other groups within the health system. Several respondents suggested that Public Health Services is ideally situated to help a large number of health focused groups learn about community health impact assessment. Two other respondents recommended that groups look for resources in their own area. Universities, service learning or internship programs, community colleges, government extension services, and community groups may be able to provide facilitation, technical assistance or information about funding.

Groups that already have a community health impact assessment tool might also make it "available on a fee-for-service basis" to other groups. Groups who use the tool "could share costs associated with its use" by publicizing the event, providing a facility, paying the facilitator's mileage and providing refreshments. Not only would this help a community organization defer costs associated with designing the tool design, it would also reduce the necessity for other groups to find resources to create one of their own.

Question 2.3 *What kinds of knowledge, attitudes and skills do participants need in order to be able to participate in CHIA and to develop, use and revise CHIATs?*

In particular, PATH II activities increased the knowledge and capacity of Working Group members as well participants involved in test workshops. One respondent expressed the changes she saw this way.

> *The PATH II Project certainly increased the understanding of the members of the ATCCHB about health and the broad determinants of health. In turn, groups who tried out the CHIAT had a greater understanding of health and the determinants after using the tool.*

Working Group members say that now they are "more aware of resources", "have a broader base of knowledge...to share with others" and are "more convinced than ever that health is much broader than that associated with hospitals and acute care". For example, one Working Group member reported that when she sees an announcement for a new recreational program she automatically thinks about the program's impact on a range of related health issues such as diabetes, obesity, youth confidence and violence prevention. As well, Working Group members saw the links between community health impact assessment and other frameworks for health based on a broad range of determinants. One respondent compared community health impact assessment with hospital pastoral care that takes the physical, psychological, spiritual and social determinants of health into account.

In addition to the capacity building approaches described in Question 2.3, the context in which PATH II took place was an important factor in bringing about these changes. First, there was significant leadership support both for community health impact assessment and for the PATH II project itself. In addition, participants came to the project with a perspective that included the broad determinants of health. Last, the Antigonish Town and County Community Health Board already had some experience with community consultation and more participatory approaches to planning. While these factors are not necessarily prerequisites for using community health impact assessment or designing a tool, they make it more likely that the tool

created by the Antigonish Town and County Community Health Board will actually be used and used appropriately, and that insights generated from the process will be acted upon.

a) Leadership support

Community health impact assessment initiatives need to involve "individuals who have interest and dedication" as well as individuals experiencing barriers to health. "Any organizations getting together for a project like this need to be community oriented" and "have roots in community development". While it is useful to have institutional support for individuals involved in such a project, sometimes "you can start out with one part of an organization. If (the initiative) is successful, the whole group then wants to jump in." The value of leadership in making this kind of participation possible should therefore not be underestimated.

PATH II was "fortunate to have good people [in the Guysborough Antigonish Strait Health Authority] who understand the issues and the process of community capacity building". A respondent from another Community Health Board said that interest and support from a district health authority is important for creating Community Health Board and community 'buy-in' to processes like community health impact assessment because "CHB members aren't health professionals" and "the community sees them as less credible". Another respondent felt that groups need "champions who want to push it, particularly on the Coordinating Committee". In PATH II, there were several local champions on the Coordinating Committee, including the chair of the Community Health Board. "Her vision and commitment to the project ensured the participation of the ATCCHB and the positive acceptance of and in interest in the CHIAT". As well, the Working Group showed themselves to be a "remarkable, dedicated group of people."

b) An understanding of the determinants of health

Several respondents pointed out that community health impact assessment is grounded in a perspective based on the broad determinants of health. It cannot be assumed, though, that all health providers, community groups with a focus on health, or local citizens share this understanding.

> *"I think one of the biggest issues in this community is the public's understanding of health from the narrow bio-medical conception with more doctors and health services being the answer to poor health outcomes. In connection with this idea is the understanding that poor health lifestyles such as smoking, lack of exercise, etc. are the result of individual choices rather than a broader understanding of the influence of society, culture, socio-economic status on these life-style choices. Of course, poverty, unemployment, and underemployment are also major health issues in this area.*

Although participants can learn about the determinants of health before they design a community health impact assessment tool, in this project members of the Working Group were "already quite well informed about community health needs and the importance of a population health approach". One respondent observed that the Project Coordinator was "amazed that the group thinks in determinants, not health services. But these are the kind of people who came together for the ATCCHB". Working Group members, though, "had been involved in the (Focus Group consultation) process from the very beginning". As well, Antigonish Town and County

Community Health Board meetings include presentations from local groups that help Board members "broaden (their) scope."

c) An approach to health planning biased towards community consultation and participation.

Understanding what a community health impact assessment tool can help a group do is easier if groups already have a clearly defined mandate and plan of action. As one member explained, the Antigonish Town and County Community Health Board

> *chose to take time needed to workshop and brainstorm and to give the amount of time needed to do mission, vision, values which really set the groundwork for us. We have done the basics of good planning – Community involvement, analysis of the information by the board, prioritizing, action plans with timelines and resources needed. We have been engaged in the process of thinking the whole thing through.*

Unlike one Community Health Board member who said her Board was "still struggling" to understand their role and priorities, the Antigonish Town and County Community Health Board has "the basis of planning" in place and "a firm foundation" for action in the future.

In addition, groups are more likely to find it easier to use or design a community health impact assessment tool if they are familiar with participatory approaches to planning or community consultation. But for many groups, this is a new way of working.

> *I am not familiar with this style of planning that involves the community. As a manager, you gave direction because you thought it was good for the staff. So this is a steep learning curve for me and I find it very valuable in terms of the whole process. Others who work in institutions are also not used to this (nor are) community people.*

The Antigonish Town and County Community Health Board, however, was introduced to participatory approaches soon after it was formed, both through a number of Board development exercises as well as through the Focus Group consultations held during the Board's first year of operation. This broad-based community input was later integrated into the Board's Community Health Plan (2001-2003). As a result, the Board was able to put in place a framework, based on a through understanding of local health issues, needs and priorities, within the context of the broad determinants of health.

Question 2.4 *What principles should be used to guide stakeholder CHIA capacity building / learning?*

PATH II was originally conceived as a way of helping Community Health Boards do three things: learn about the process of community health impact assessment, design a tool appropriate to their needs, and identify ways to use these tools to support evidence-based decision-making in health planning. In this project, the majority of PATH II activities focused on the Working Group – a five-person subcommittee of the Antigonish Town and County Community Health Board. Discussing their impressions at the close of the project, the Working Group said that their most important contributions to the PATH II project were:

- Providing information about the determinants of health important to people in Antigonish Town and County

- Deciding how to design the community health impact assessment tool and how the questions should be framed
- Deciding how to use the tool
- Giving input on overall "usability" of the tool and revising it based on feedback from test workshops.

The PATH II process that helped the Working Group carry out these tasks was significantly "different from a structured task". But, one Working Group member reflected, "Process is at least half the project!" First, the Project Coordinator demonstrated a high degree of trust in and respect for participants themselves, their knowledge and their judgment. Second, learning about community health impact assessment was framed as a problem to be solved and activities created an opportunity participants to ' experience' the process. Third, the Project Coordinator maintained a balance between facilitating and directing the learning process. Last, there was an attempt to accommodate the project schedule to the schedules and preferences of Working Group members and community participants. These aspects are widely accepted as principles for adult learning.

a) Trust and respect for participants

Adults learn best in an environment where they feel heard and honoured. While the members of the Working Group were already familiar with one another and well established relationships, the Project Coordinator was 'new' to the group. She felt that "it took several months – until the May 31 Community Consultation – to really earn their respect and trust, as I was something of an unknown quantity." Participants agreed that the "Coordinator is essential", but you "must have the right person to carry out a project like PATH II."

As described in Questions 1.2 and 2.2, participants felt that the Project Coordinator's support was invaluable and welcome her continued involvement with the Community Health Board: "Can we keep her?!". The Coordinator's positive impact is in part the result her ability to "show respect for group members", "make group members comfortable", "be tactful", "be a good listener" and "instill confidence in group members". In addition, the Working Group members themselves "demonstrated a great deal of patience and tolerance throughout."

b) Experiential learning focused on problem solving

In more traditional forms of learning, learners spend much of their time hearing, reading or examining what others think or what they have done. Adults, however, usually learn best when they are actively involved in analyzing their own real life problems and testing out ways to solve them. At the beginning of PATH II, the Project Coordinator and the Working Group

> *struggled with how to approach the task. Some wanted to simply "get on with it" while others wanted to know the theory of health impact assessment. Some wanted limited information (and mostly verbal review) while others wanted a great deal of printed background documentation.*

Initially, the Project Coordinator decided to build the Working Group's background knowledge through discussions and hand-outs describing topics such as the determinants of health, health impact assessment, and health indicators. Working Group members, however, found that "you didn't know what you were looking for". As a result, one member recalled that

In the beginning, everything about CHIA seemed so abstract. The first 3-4 meetings, I could never get my arms around it and kept asking, 'Is it meaningful? Where are we going with this? What are we doing?'

While some 'disorientation' during learning is normal and necessary, this was compounded by the Working Group's responsibility for planning the Community Consultation on health indicators (May 31, 2001). At this point, the Consultation was "not directly related to CHIAT development". As described in Question 1.1, there was also some confusion about the differences between a strategic plan and a tool that could be used to support planning.

Positive feedback from participants in the Community Consultation "validated the (CHIA) process" and marked an upturn in Working Group members' feelings about the process. At the same time, the Project Coordinator decided to try another approach.

The turning point was when we moved from abstract ideas – the purpose of health impact assessment, vision of a healthy community – to concrete application – the use of the imaginary case of a new coal mine being opened...Similarly, when [the Working Group] saw their deliberations written down in the first draft of the CHIAT, there was a kind of 'ah-ha' moment that took place and they were able to move quickly to additions and revisions.

Presenting a potential problem that Working Group could relate to quickly moved discussions to a new level. Participants rapidly identified determinants of health important to people living in Antigonish Town and County and went on to draft a vision of health as a basis for the community health impact assessment tool. Based on information from the Community Consultation and the earlier Focus Group Consultations, the Working Group then brainstormed indicators of community health that illustrated different facets of the vision.

According to Working Group members, July to September 2001, was "the best part of [the project]". We were "on the same playing field" and "making progress". Although the process was "busy and tiring", it "felt good" and "we got a lot done". Working Group members found that it was "sharing experiences with others" and "seeing someone else struggle with the ideas" that "made the light bulb go on".

The Working Group took part in the first test of the draft community health impact assessment tool with the entire Antigonish Town and County Community Health Board in October 2001, but the group as a whole noted that they were significantly less active in the project beginning in November 2001. Because much of the work on designing the tool had been completed, there were fewer Working Group meetings. In contrast, the Project Coordinator continued to work on formatting and revising the document, making arrangements for additional test workshops, preparing content for the website and organizing the health indicators research materials. In retrospect, one Working Group member wondered if "too much was left to the Project Coordinator".

c) A balance between facilitation and direction

Adults usually learn best, when their 'teachers' are "very sensitive to the issue of facilitation versus direction". The Project Coordinator says that she

> *began the project with the objective of facilitating a participatory learning process. I later had to be more deliberate and directive when it became evident that the Working Group (and occasionally others) were looking to me for clear proposals and courses of action. It is important to encourage participatory learning but be sensitive to the need to move the process along when that is what is required.*

Similarly, another participant in one of the test workshops observed that the first time a group uses community health impact assessment, the facilitator will likely need to be highly directive. It is necessary to explain the meaning of different options, summarize participant comments and build consensus around each item, and help the group identify when more information is needed in order to decide.

At the end of the project, Working Group members concluded that this balance did indeed promote their learning. The Project Coordinator "didn't want to give us any leads coming from her, so that when you understand it's really yours." "In the early stages, more direction may have been helpful, but not now." It wasn't always easy, though, for the Project Coordinator to know just what the Working Group needed at any particular moment. She too was "learning a page ahead" of the rest of the Working Group.

In retrospect, the Project Coordinator felt that placing more emphasis on facilitating an experiential process, right from the beginning of the project, would have been more effective.

> *If I had to do this again, I would skip over the theoretical foundations of [health impact assessment] and move directly to a well-planned visioning exercise followed by some very concrete work on "factors" that make for a healthy community.*

As well, including "activities that would build toward understanding and discovery" might have sparked additional creativity and more divergent thinking. For example, "in order to come up with a visual image to capture the vision of a healthy community, I think we should have done some left brain/right brain exercises...".

d) Time to learn

As outlined earlier in this report (Question 1.4), the Project Coordinator found that "trying to be sensitive to the nature of the learning curve and timeline of a community organization, while respecting the needs of a time-limited project" was an issue throughout the project. Unlike the first PATH Project, however, there seemed to be very little time for either individual or "community self-discovery".

Working Group members said that "finding time before and after the CHIA Working Group meeting to prepare and absorb what was discussed [was] a challenge". Similarly, participants in the workshops to test the tool recommended that groups "take time to talk about what makes a healthy community before beginning the CHIAT". Because "ATCCHB meetings have been too busy to carry out these kinds of discussions", Working Group members wondered if other Board members will "feel about [the CHIAT] the way that we do?"

The Project Coordinator, though, was able to ensure the participation of the Working Group by arranging meetings to accommodate differing schedules and by dividing work into

pieces that could be completed within a two-hour meeting. In addition, the Community Health Board allocated time at each of their monthly meetings to hear project updates and answer questions about the PATH II process as it unfolded.

Question 2.5 *To what extent has the project process promoted inter-sectoral collaboration?*

PATH II has enhanced the community profile of the project partners and helped to create a more favourable climate for intersectoral health planning. As result of their involvement in the project, members of the PATH Network were also able to meet regularly. And, participants anticipate that there will be increased collaboration after the project's close:

- Among PATH Network members
- Between the Antigonish Town and County Community Health Board and community groups and among community groups in the area
- Among health planners at various levels and with other government agencies or departments

Intersectoral initiatives between the Community Health Board and a number of community groups are more likely to take place because of the active role played by the Board Chair in the PATH Network, on the Coordinating Committee, and in the Working Group itself. Her extraordinary contribution has raised the project's profile within the Board itself and helped to promote continuity beyond the end of the project.

a) Collaboration among PATH Network members

In order to provide input and advice to the PATH II project, members of the PATH Network met six times between January 2001 and March 2002. At the beginning of the project, the PATH Network was broadened to include participation from other District Health Authorities and Community Health Boards in the region. PATH Network members report that they, and their communities, benefited from participation. "PATH Network meetings were an opportunity to talk about challenges and get support." They "permitted us to become more aware of what is happening with other groups as well as gain a different perspective around community issues." We appreciated "hearing about potential funding possibilities" and "learning about current discussions around the future of the health care system and government priorities." As a result, we have a "better sense of what's happening in the region" and are "more connected with other communities."

b) Collaboration between the ATCCHB and community groups and among community groups in Antigonish Town and County

The PATH II project created opportunities for the Antigonish Town and County Community Health Board to reach out to the community. Board members commented that the Community Consultation workshop (May 31, 2001) was "valuable exposure for the Board" and that there would be "lots of spin-off in the community." Participants in the Consultation left the event feeling that it is "important to be involved for the good of the community." PATH II also enhanced awareness and legitimacy of project sponsors, particularly, the Antigonish Women's Resource Centre. In future, the Community Health Board will "come back and look at partnering with the AWRC" around areas such as housing and poverty. Other respondents report that the Antigonish Town Council is now more receptive to receiving input and feedback from the

Women's Centre. Respondents also said that the community health impact assessment tool "open(s) up the potential for other kinds of collaboration. For example, around water quality and healthy environment." Another Board member suggested that the Antigonish Town Council could use the tool with recreational associations.

c) Collaboration among health planners at various levels and with other government agencies or departments

Senior management of the Guysborough Antigonish Strait Health Authority (GASHA), including the Board Chair and senior administration from the regional hospital, have demonstrated their interest and support for developing community health impact assessment tools. An in-service session on community health impact assessment was held with the senior management team of the District Health Authority and similar presentations are being arranged for hospital managers. In addition, the District Health Authority's Strategic Plan says that GASHA will explore ways that a 'generic' version of the Antigonish Town and County Community Health Board tool can be used to support advocacy and decision-making at the district level. In future, these "champions" may be able to "sell [the benefits of community health impact assessment] to other DHA members". The Community Health Board also anticipates that "down the road, we will need to be collaborating with other CHBs in our district to do projects together. One health promotion project could be done in three areas with this kind of collaboration".

Population health strategies emphasize the involvement of a range of partners, not just groups, agencies or departments with a formal mandate to promote health. One issue that has not yet been addressed, however, is ways to collaborate with other government agencies and departments outside of the Guysborough Antigonish Strait Health Authority.

> *We need a process in place that will get through to the Department of the Environment, the Department of Labour...so that we don't develop all of this information, get the people in the community excited about it and working hard on it, and to then meet a dead end...We need to find a process [so] that we don't have to spend months looking for ways to get to the other departments...just as we go through the DHAs to get to the Department of Health. This is not in place in Halifax yet.*

LESSONS LEARNED ABOUT THEME A: Capacity Building

a) Capacity building for community health impact assessment needs to take place at the individual, group and system level.

Capacity is the power to use one's own resources to achieve goals. Evidence from this project suggests that different types of capacity need to be built at different levels if community health impact assessment is to be successful.

- At the *individual* level, people need to understand community needs and value community input. In order to carry out community health impact assessment, they also need some familiarity with participatory approaches to decision-making. Leadership is required to promote the concept. Skill in facilitation makes it more

likely that groups will have a positive experience with community health impact assessment and use the tools appropriately.

- *Groups* involved in community health impact assessment need to be able to: build consensus around a shared vision of health; assess community needs and diversity issues; design appropriate learning activities; identify mechanisms for bringing in community representatives and input; access outside research and knowledge about 'best practices'.
- *Systems* that support community health impact assessment need to have: clear guidelines explaining why community health impact assessment is important and how data from community health impact assessment will be used and shared with others; mechanisms for involving a range of groups in the community health impact assessment process; ways to orient users to the concept and train them to carry out the community health impact assessment process effectively.

b) Capacity building initiatives aimed at volunteers need to be responsive to community timelines and volunteer schedules.

While project designers "need to think through the implications of tight timelines", good community development "follows the rhythm of the community". Project designers need to pay attention to "scheduling tasks and activities in a way that respects how people work (summer and holiday times; exceptionally busy seasons; weather conditions)". If community health impact assessment initiatives are implemented parallel to major events like strategic planning, more time will likely be needed. Scheduling activities over a longer period of time, however, means that a group can implement different parts of the process when activities are most convenient and when resources are available. In this project, for instance, the Antigonish Town and County Community Health Board had not yet integrated operational procedures promoting use of the tool by the time the project had concluded. Timing of specific project components in relation to one another also needs to be considered. It some cases, it may be better to postpone a task if it doesn't fit within the flow of the group's work as a whole, the amount of time available or the anticipated learning curve of project participants. For example, ownership of the PATH website might have been enhanced if the website had been designed at the end of the project. Longer blocks of time for activities, less often, may be more conducive to learning than short, frequent meetings.

c) Community health impact assessment capacity building initiatives are most likely to be successful if the broader context promotes the value of citizen participation in health decision-making.

The infrastructure for health decision-making in Nova Scotia is based on mechanisms that support citizen involvement in health decision-making. Community health boards composed of local volunteers have a mandate to develop a community health plan and develop strategies that improve the health of their communities. Second, the PATH II project partners shared an understanding of health grounded in the broad determinants of health. This perspective helped the Working Group recognize the critical interactions among the determinants of health, collect input from diverse groups and address equity issues and needs. Third, project partners believed that local communities as a whole should and can be involved in making decisions about their health and were already familiar with participatory approaches to community consultation.

Although some of these attitudes and skills could be addressed during a project, if these conditions are already present the project will proceed more quickly and is more likely to be sustainable in the future.

d) Capacity building initiatives involving volunteers need support to mobilize or leverage local resources.

Capacity building initiatives need leadership and facilitation/coordination support in order to mobilize local level resources. Without leadership and time donated by PATH Network members, a proposal for PATH II would not have been prepared. Leadership from the chair of the Antigonish Town and County Community Health Board and the management of the Guysborough Antigonish Strait Health Authority was also essential in promoting local level interest and commitment to PATH II, ensuring that volunteer resources were allocated to the project. When volunteers had organizational support, it was easier for them to allocate time to participate in PATH II activities and meetings.

As well as a strong leadership, a Project Coordinator filled gaps that could not be met by project volunteers. The Coordinator maximized use of volunteer time by carrying out routine administrative tasks such as scheduling meetings, detailing meeting agendas, and ensuring that needed materials or resources were available. The Project Coordinator also complemented knowledge or expertise by conducting background research, designing learning activities, and identifying alternatives for the group to consider at various stages.

e) Capacity building needs to balance the drive to create a community health impact assessment tool with an emphasis on individual and collective learning.

Initially, the PATH II Working Group focused largely on the need to produce a "tool" for use by other members of the Community Health Board and wanted to "get on with it". As a result, activities aimed at building background during the first months of the project met with mixed success. In retrospect, however, the Working Group concluded that the learning process was "at least half the project". Dialogue about factors that make a community healthy and reflection on how these factors interact helped participants internalize attitudes and values needed to carry out community health impact assessment. As well, Working Group members discovered that they could apply the organization, presentation and facilitation skills honed during the Community Consultation to help others learn about the process. Along with these kind of experiential, "hands-on" activities, participants also benefited from a more directive approach by the Project Coordinator that helped them structure their knowledge, clarify points that were unclear, and identify missing information.

4.2 THEME B: The Design of Community Health Impact Assessment Tools

Objective 3:

To assess the extent to which community health impact assessment tools developed during the project are relevant to the ATCCHB's needs.

The assessment tool developed by the Antigonish Town and County Community Health Board addresses determinants of health important for people in Antigonish Town and County as well as in other districts. It can be used as a proactive tool for strategic planning and for assessing the impact of programs and policies on the health of the local community. Respondents felt that the tool raises awareness about the determinants of health, makes it easier to identify and communicate local issues, and promotes evidence-based decision-making. In addition, a few respondents familiar with the community health impact assessment tools created in both the first PATH project and PATH II commented that the Antigonish Town and County Community Health Board tool seems "simpler" and "easier to use". However, the Community Health Board still needs to put in place the appropriate structures and guidelines to ensure that Board members become familiar with the tool and that it is used regularly.

Question 3.1 *To what extent do the community health impact assessment tools reflect the health needs, concerns and priorities of people in the Antigonish region, particularly those facing health inequities and barriers to participation?*

Members of the Antigonish Town and County Community Health Board, as well as participants in the test workshops who reviewed the final draft, agreed that the tool is "focused on broad determinants of health...in keeping with the values and vision of the ATCCHB" and people living in Antigonish Town and County. "It's local", "grassroots" and "Nova Scotian". According to one Board member, "Every time the CHIAT came to the ATCCHB, it was always better than the time before", "more suitable" and with "better questions". One project participant felt that the tool is "almost generic". Even though it was created by one Community Health Board, "any community could use it as is". Respondents outside Antigonish Town and County were also positive about the extent to which the community health impact assessment tool reflected key issues in their communities. PATH Network members said that they were concerned about issues such as child development, nutrition, employment and the economy, social status, the environment, mental health, isolation, poverty. All of these concerns are addressed in one or more ways in the Antigonish Town and County Community Health Board's tool.

The tool is grounded in a vision of community health based on data drawn from the Focus Group Consultations, as well as the Community Health Board's Strategic Framework and discussions among members of the Working Group. The Working Group felt that the Board's vision statement "gave a focus to our subsequent discussion about what [would] be in the CHIAT" and enabled them to "begin to develop criteria which will measure impact against this vision". In the Antigonish Town and County Community Health Board's tool, each phrase in the vision statement became a separate section of the document along with a number of indicators for assessing whether or not the desired goals are actually being achieved.

While respondents were positive about the diversity of health issues addressed in the tool overall, a few respondents felt that some perspectives might be under-represented or overlooked during its use. As outlined in Question 2.1, it cannot be assumed that community groups always

represent a cross-section of the local population. One respondent pointed out that this community health impact assessment tool doesn't systematically examine the differential impact of programs and policies on women and men, on people from a range of ethnic backgrounds (such as African Canadians), or on people with different income levels. During the design phase, the Working Group discussed ways that these equity issues could be better addressed, but were unable to identify a format that would not make the tool "too long to be useful".

Question 3.2 *Across the range of health planning needs, what does a CHIAT enable CHBs to do that they otherwise would not have been able to accomplish easily?*

In PATH II, the dialogue about the relative importance of using the community health impact assessment process versus need to create community health impact assessment tools continued. One member of the PATH Network concluded that

> *After four community tries at developing a community health impact assessment tool (in both PATH I and PATH II), what in effect has happened is that a time-tested process, methodology or technique (call it anything but a 'tool') has continued to surface as the obvious and effective means of assessing the impact of a policy, program, product or proposition:*
>
> - *Gain an understanding of the policy, program or issues to be assessed.*
> - *Identify the criteria you will use to assess the policy, program or issue: vision, values, determinants of health, etc.*
> - *Use the criteria to assess the policy, program or issue. Note whether the impacts are positive, negative or neutral.*
> - *Summarize the findings. Make an overall judgment that reflects the fact that some criteria may have more weight than others.*

According to several respondents from Antigonish Town and County, the community health impact assessment tool produced by the Community Health Board is indeed "a good tool for all decision-makers". Respondents outside the Antigonish area also agreed that it is an "excellent tool to start the discussion within a group and a guide to keep the discussion focused and on track". Reflecting a community health impact assessment process, the Antigonish Town and County Community Health Board's tool supports health focused decision-making in a number of ways.

a) Promoting recognition of a range of factors that determine health

Using a community health impact assessment tool "is a good process for communities to understand the determinants of health" and the interrelationships among these determinants. The Antigonish Town and County Community Health Board tool "made us ask questions which in turn led us to analyze the issue in substantial detail", "broadens [our] outlook" and prevents "tunnel vision" by helping users "put on another hat." Even "groups that do not have a 'health focus' could be encouraged to use the CHIAT as [their programs or decisions] may have a health impact and [they may] not realize it". Processes like PATH II "help you work through it". For example, one participant in a test workshop said that the community health impact assessment discussion made her "more conscious of health aspects" where I "didn't think of health as a primary issue". Another participant said it was a "light bulb" moment to "make a link between the economy and health".

b) Providing groups with a locally appropriate tool that generates information for health planning and decision-making.

Respondents were positive that the tool "can be useful in assessing the impact of specific policies/changes as they relate to certain population groups." This kind of tool is a "proactive" mechanism groups can use to "define what's important and [see] what's happening". It makes community members "very aware of the *implications* of what the government is doing to their community". Respondents said that a community health impact assessment tool could give groups valuable information about the effects of a diverse range of programs, policies and services including:

> *school closures; the introduction of Sunday shopping; new recreational facilities; hospital policies; building projects; changes in fisheries management practices; occupational health programs; urban/rural annexation; the location of new housing developments; renewal of CHB Wellness Funds; fees for water quality testing.*

Several respondents emphasized, however, that it is important to "have the right people in the group" when a community health impact assessment tool is being used, especially individuals who are knowledgeable about specific health issues or about groups experiencing barriers to health. One participant in a test workshop pointed out that "In real life, we would have done some research or someone would have made a presentation" before the assessment was carried out.

Information produced by using a community health impact assessment tool "has potential to help in particular situations with the analysis and suggest some directions when determining strategy". It could be used to monitor and evaluate the success of particular programs or policies set by community groups or health planners. Information about policy or program impact gained from using such tools can also be "valuable for strategic planning". At a district level this kind of data makes it "easier to think about where resources are going". One respondent also suggested that data collected before or during community health impact assessment could be integrated into an "environmental scan of Antigonish Town and County". Although programs or policies perceived as having a negative impact are more likely to "trigger" its use, a community health impact assessment is equally valuable for identifying and maximizing the benefits of proposed policies or programs.

c) Supporting evidence based decision-making

Participants in the workshop to test the community health impact assessment tool and respondents who reviewed the final draft believe that the tool promotes evidence-based decision-making because we "came to a decision not based on emotions". Using such a tool "kept the personalities out of it" and gave us "opportunity to look at pros and cons" of an issue. If people can "see other sides of the issue" and "other viewpoints", it "gives them choices". The tool "could be used in our organization to help us find solutions or alternatives to various problem solving situations."

While users feel that the community health impact assessment tool "enabled people to look at the numerous areas which could be effected by such a policy, some of which may not otherwise have been considered", not everyone agreed that discussions were indeed "evidence-

based". Several respondents said that evidence drawn out by the tool was largely anecdotal. At least two other respondents, however, felt more personal, opinion-based knowledge of the local community needs to be "fed into the system". As described in Questions 4.1 and 4.2, the Antigonish Town and County Community Health Board's assessment tool encourages the expression and use of both subjective knowledge and "hard" evidence, in the form of data and statistics.

d) Encouraging a range of groups to become involved in health decision-making at different levels and in a range of sectors.

Several respondents expressed the belief that current "health services can't be sustained without community involvement. The (Nova Scotia) Department of Health is already overloaded". A community health impact assessment tool is one mechanism to promote increased community involvement in health planning. Such a tool will "keep us focused on the importance of involving community in the process of developing any kind of a plan *for* communities and gives us a TOOL to go out in a methodical way...and do it." Community Health Boards feel that they need the kind of information generated by an assessment tool in order to talk to government so that "it is not just the members of our CHB saying it, it is *communities* saying it."

Communities also have to be able to "identify the range of supports needed to address complex health issues such as child health" including the role of community agencies like women's centres and child resource centres. As well, a community health impact assessment tool could be used to uncover ways to "cooperate around issues that cut across sectors such as environment, health and the economy." One respondent suggested that groups could first implement community health impact assessment with their own members and then share their findings with others in a multi-stakeholder forum. This kind of application is similar to other participatory consultative mechanisms like Deliberative Dialogue used by the federal Department of Environment to elicit citizen input on climate change.

In order to ensure that the community health impact assessment tool is used on a regular basis and revised as necessary, the Antigonish Town and County Community Health Board still needs to put in place some guidelines or procedures and to carry out some additional Board development focused on community health impact assessment and the use of the tool. One Board member felt that an "advantage of CHIAT is that we know once it is done, that we won't be left with something that is unsustainable.... Using a tool such as CHIAT will not require extra resources." "We could do it ourselves." One respondent, though, expressed concern that the Board is still "very reliant upon the ATCCHB chair" to ensure that the tool is used and promoted. Because of time pressures during the project, "little was done in terms of board development." In future, the Board could "make a policy to use the tool once a year", "include information about CHIAT in the Board orientation" or "give Board members an opportunity to observe or participate in a CHIAT session" hosted by another group.

Although at least one Working Group member says that she is sufficiently confident to facilitate community health impact assessment for the Board or other groups, the Board still needs to build its capacity in this area. While the "Facilitator's Guide is a great addition...anyone intending to facilitate or lead should first see or participate in one to grasp the nuances and the necessity of assessing the specific program/policy, not the hoped for outcome or result." The

Board would also like to be able to provide facilitation support for community groups who want to use the tool. If there is considerable demand from the community, it seems unlikely that Antigonish Town and County Community Health Board members, who are volunteers, will be able to meet these needs on an on-going basis.

A couple of respondents suggested that "some way of condensing [the CHIAT] would be good." In its present format, though, the Board must be willing and able to set aside a minimum of two to three hours of meeting time when they use the tool. One respondent wondered if "there [are] enough situations to warrant the time and effort required for its use? Will the CHIAT be called upon often enough for a relatively large group of people become familiar with its use and application?" Last, the Board will periodically need to check back to ensure that the tool addresses issues and concerns that are a priority in Antigonish Town and County. A couple of respondents suggested that reexamining the tool whenever a new strategic plan is created would likely be sufficient.

Objective 4:

To assess the extent to which the project was able to identify mechanisms that will enable the ATCCHB to access epidemiological and other relevant types of data that can be used to inform CHB and DHA decision making.

The Antigonish Town and County Community Health Board's assessment tool is based on data drawn from a number of sources. Although the tool signals users to seek out more information, this data is not included in document. One component of PATH II aimed to identify sources of data about health, including indicators and statistics. This information was compiled in a binder and divided into seven broad categories drawn from the Board's original priorities. Due to the timing of this research component, however, the information does not necessarily address the Board's specific data needs related to their Community Health Plan. Upon reflection, participants concluded that research about health indicators would have been more useful if carried out after the community health impact assessment tool was completed. In order to meet the on-going and changing needs for data, however, formal channels or mechanisms that enable Community Health Boards to obtain appropriate data, in a timely fashion, from within the health care system itself are still required.

Question 4.1 *What kind of data is needed to support community health impact assessment and evidence based decision-making?*

As outlined in section 2.2, "communities need data – numerical, statistical – to weigh and confirm what is happening in the community." Having access to information about local, regional and national health indicators enables a Community Health Board to "create a picture of community health" and provides a foundation for strategic planning. Health indicators provide a "benchmark" for monitoring health issues and evaluating the success of health initiatives identified in a Community Health Plan. Indicators need to reflect not only the current health status of the community, but also changes over time and "the links between health problems and specific risk factors" such as smoking and cardiac arrest. Presently, though, most of the available "data tends to focus on treatment and treatment outcomes, not the impact of preventive measures."

Respondents also said that Community Health Boards could not be expected to gather this data themselves. Because it requires "a great deal of time to fit [statistics] to local context", Boards "need help working and interpreting data". As well, another person cautioned,

> *"If communities get caught up in data collection or interpretation, there's a danger that they'll lose sight of even more important contributions such as sharing information with the community or identifying specific solutions that work in a particular context."*

Although the Antigonish Town and County Community Health Board report on *Planning for a Healthy Community* (March 2000) identified the Board's priorities and priority groups, the focus group process did not generate specific data that could be used as indicators of community health. In order to support evidence based decision-making, PATH II therefore included a research component focused on identifying sources of 'hard data', national, provincial or local health indicators.

The Health Indicators Researcher compiled a number of documents, information about health databases, surveys, program reports and evaluations with a focus on health. For instance, the *Sustainable Communities Indicators Program* (1999) illustrates ways groups can identify, choose, use and share indicators in a community-friendly way.

As noted in Question 1.4, funding guidelines meant that the indicators research component of PATH II had to be completed early in the project before the community health impact assessment tool or the Board's Community Health Plan (2001-2003) were completed. Consequently,

> *the researcher tied her work directly to the Areas of Emphasis contained in the ATCCHB strategic plan (even though these had not been sufficiently refined to give a good sense of what indicators would be helpful to the ATCCHB.) The result of the research is a set of indicators that is too broad for effective use by the ATCCHB and too focused for use by a wider public.*

In future, it seems likely that the Antigonish Town and County Community Health Board will have to look elsewhere for at least some of the data they need. Although "a concerted effort on the part of the province, Public Health and the DHA to provide this information to the CHB" is needed, at present no clear channel exists. The Guysborough Antigonish Strait Health Authority, however, is attempting to respond to these needs by "working to produce a health status report that integrates data relevant to CHBs." As well there is a need for increased collaboration among health planners and local groups with an interest in health, linking "grassroots epidemiological data and policy change."

Question 4.2 *How can a CHIAT incorporate or integrate different types of data required for planning?*

Although sources of data are not directly incorporated in the Antigonish Town and County Community Health Board's assessment tool, the vision statement and "discussion stems" in the document are based on data drawn from:

- Focus Group consultations carried out by Board (November 1999 to February 2000)
- The PATH II Community Consultation on health indicators (May 31, 2001)

- The Board's strategic planning process (Spring/Summer, 2001)
- Individual discussions with family, friends and associates carried out by members of the Working Group.

While Working Group members were generally satisfied with the range of data brainstormed during the Community Consultation (May 31, 2001), they were quick to point out possible gaps, such as a lack of indicators addressing environmental issues.

The need for additional data or evidence is highlighted in the community health impact assessment tool in the options for each listed "factor". After participants have talked about the potential impact of proposed program or policy on a particular facet of community health, they must decide if the impact is "positive", "negative", "no impact", or they "Need More Information". The option "Need More Information" is intended as a signal to seek out additional data, including "hard evidence" about health indicators or statistics.

During the test workshops, however, participants drew largely from their own personal and professional experiences in making decisions about policy or program impact. The option "Need More Information" was only infrequently selected. Although one person suggested that members of the Board might collect additional data by consulting with groups listed in the *Antigonish Town and County Community Resources Directory* (2001), participants in the test workshops did not indicate a need for the kind of data researched during PATH II. In part, this may be because the pilot workshops were only a test.

LESSONS LEARNED ABOUT THEME B: The Design of Community Health Impact Assessment Tools

a) Grounding a community health impact assessment tool in a broad vision of health allows the resulting tool to be used by a range of groups.

A vision of health is the focal point of a community health impact assessment tool. Basing the tool on a broad vision of health as defined by community members themselves promotes 'buy-in' to the process, even across diverse groups. In this project, the vision included in the tool created by the Antigonish Town and County Community Health Board Working Group was based on:

- Information from the Focus Group Consultations (November 1999 - February 2000),
- The ATCCHB's own vision statement and strategic priorities.
- A Community Consultation on health indicators (May 31, 2001).

The Working Group was therefore relatively confident that the vision reflected a degree of consensus about what health means to people in the town and county as a well as key issues from various sectors. As a result, two very dissimilar groups that piloted the tool (a breast-feeding support group and the Antigonish Town Council) found that the tool reflected issues of importance to them. Feedback from pilot group participants suggested that other groups in Antigonish Town and County would find the tool equally useful as a decision-making support. In contrast, respondents outside Antigonish Town and County said that they would likely modify the vision statement or tailor specific items in the tool to better reflect their area or interests.

b) Using an existing community health impact assessment tool provides an alternative to intensive group capacity building.

Observation and feedback from the pilot workshops suggests that having a community health impact assessment tool makes the community health impact assessment 'learning curve' easier, faster, more effective and efficient. The vision of a healthy community creates a platform for collaborative action across sectors and groups (for example, as a mechanism for broad-based community consultation around a specific issue or program). Health indicators contained in the tool enable groups to learn about the determinants of health and the interactions among these determinants. With appropriate facilitation, the process for using the tool helps groups rapidly identify specific issues and concerns, reveals diverse opinions, encourages participants to give evidence that supports their views, and generate alternatives to maximize benefits and minimize potential harm. As this project shows, addressing these aspects one at a time can be time-consuming. Bringing this information and approach together in a single activity makes it possible for groups to rapidly grasp the concept of community health impact assessment and apply the principles to their own work.

c) Community groups need on-going professional support in order to integrate epidemiological data into the community health impact assessment process.

Data about specific, local conditions are largely absent from epidemiological databases. Local people and groups are often regarded as the best reliable sources of information about the community and the factors that influence health. At the same time, local planners also need epidemiological data to provide a context for community knowledge. Volunteer health planners, though, may not be fully aware of the importance of 'hard' data, know how to obtain it, or know how it should be interpreted. Groups interested in carrying out community health impact assessment should therefore seek outside professional support in locating and interpreting epidemiological data. Although this information is widely available through national and provincial databases as well as through agencies such as Public Health Services, locating appropriate data can be confusing as well as time consuming. In this project, identifying key epidemiological data would have been easier if the Antigonish Town and County Community Health Board's strategic plan had been completed before research about health indicators began. Recognizing the need of community health boards for data, the Guysborough Antigonish Strait Health Authority plans to address the information gap through closer collaboration with Public Health Services.

d) In order to ensure commitment to community health impact assessment and ownership of CHIATs, actively involve all group members in the design phase.

In this project, the community health impact assessment tool was developed by a small Working Group of the Community Health Board. However, many board members participated in a workshop to test the tool approximately halfway through the project and the board received regular updates from the Working Group during regularly scheduled meetings. When the tool was formally handed over to the board in March 2002, though, members concluded that, as a group, they still needed to review the tool and become familiar with its content, use and facilitation. During the project, there was relatively little time for in-depth discussion about the process of community health impact assessment or for joint problem solving about the design of the tool. A one-day workshop for the board was proposed, but was not held due to time

constraints. In retrospect, actively involving the whole board during some aspects of the design phase would have been useful in promoting long term sustainability of the process.

4.3 THEME C: Spread and dissemination of PATH II information and resources

Objective 5:

To assess the extent that project findings have been communicated with others both within and outside the district, using different channels, including a web site.

Members of the Antigonish Town and County Community Health Board believe that their assessment tool "shouldn't sit on a shelf" and want to ensure that it is known by and available to groups in Antigonish Town and County and beyond. Over the course of the project, information about PATH II was regularly communicated to project stakeholders and other interested groups (Question 5.3; Appendix D). After the project's conclusion, the Community Health Board has demonstrated its commitment to promoting the tool to groups and agencies with an interest in health. As well, a website containing information about community health impact assessment and the work of the PATH Network has been set-up. A PATH II resource package (*PATHways II: The Next Steps – A guide to community health impact assessment*) containing instructions on how to create a community health impact assessment tool (and a copy of the Antigonish Town and County Community Health Board tool) has been produced for distribution.

Question 5.1 *How will information about the PATH II project and project results be communicated to project participants or to other interested individuals or groups with a focus on health?*

Recognizing that you "have to go to the groups you want to reach" and that some groups "may need to be invited to sessions where information [about the CHIAT] is presented", the Board has identified a number of ways to publicize its tool. The strategies include the use of radio, local cable television, presentations, meetings or workshops. The community health impact assessment tool was highlighted during the launch of the Board's Community Health Plan (2001-2003) in May 2002 and featured as part of a series of articles about the community health in the local newspaper. One Board member suggested that the Board contact groups involved in "controversial local issues" and tell them about the tool. The Board may also distribute the tool to other local health initiatives such as the St. Francis Xavier University Health Literacy project or to groups listed in the *Antigonish Town and County Community Health Resources Directory* (2001). The Board may also hold a community health impact assessment workshop for people who participated in the Community Consultation (May 31, 2001) or the workshops that tested the tool. As well, the Board has also proposed a "CHIA Stakeholders Meeting" including project participants, PATH Network members, and representatives from other Community Health Boards and government agencies. The purpose of this meeting would be to reflect on lessons learned from PATH II and identify 'next steps' in carrying forward the work on community health impact assessment. Last, at least three respondents said that they will be "looking for opportunities in my own work to see where [CHIA] fits."

In order promote the tool, however, the Antigonish Town and County Community Health Board may need to recruit a volunteer or hire someone who will help them "sell it". The Board will also need to find ways to cover costs associated with printing and distribution. While the Board would like to ensure that the source of the tool is acknowledged when it is used or

adapted, project participants were also hopeful that PATH II documentation and resources would create a "road map" for other groups with an interest in the process.

Over the course of the project, it became clear that there are 'pros' and 'cons' of information communication technologies. Following the first PATH project, a number of requests for the *PATHways* resource or information about the project were received from other groups in Nova Scotia, in Canada and abroad. Anticipating a similar demand for PATH II resources, a website was proposed as a way to make materials readily available to users, and as a way to offset costs associated with printing, storing and mailing packages of print materials. According to members of the PATH Network, most Community Health Board members have access to a computer and the internet and would be able to download web-based materials if they know they are available.

Funding for website design was available at the beginning of the project and a web site designer was hired to support the "development of a website that would be clear, creative, functional, and easy to maintain". Unfortunately, the timing for website design "was out of synch with the natural flow of the process".

> *There was not yet a clear vision of what the website would provide the users, partially due to the fact that PATH II materials and conclusions were not yet developed. This created a challenge in designing the structure of the website and determining the best way to communicate PATH. More time, therefore, was spent taking PATH members through the first few stages of the design process.*

By July 2001, the website design was approved "in principle", but the website itself was not set-up and the ICT consultant was no longer available. Further work on setting up the website was consequently subcontracted to another consultant.

Because responsibility for future website maintenance had not yet been decided, the Coordinating Committee opted for a more 'user-friendly' (but technically more complicated) website set-up based on "frames" or templates. This model enables people with basic ICT skills to maintain the site, and to add, delete or alter categories and content more easily. PATH II partners found, however, that "things look a bit different once on-line". There were problems with the website's appearance on different internet platforms (Internet Explorer versus Netscape Communicator), as well as with font colour and size, and search options within the site. Unfortunately, websites designed in frames are more difficult to change once they are set-up. And, although the second ICT consultant's "technical work has been quite helpful, his ability to incorporate the project's needs has been problematic". Despite the involvement of two ICT experts, preparing the website required considerable time and involvement from the Project Coordinator. By the end of PATH II, the web site was completed (www.path-ways.ns.ca), but some pages were still under construction. For the upcoming year, the website will be maintained by a member of the Coordinating Committee on a voluntary basis. The long-range hope, however, is that the PATH website will be hosted by the Guysborough Antigonish Strait Health Authority.

Recognizing that a website will reach only a certain "motivated groups and individuals", a resource package was also prepared. *PATHways II: The Next Steps – A guide to community health impact assessment* contains information about: the context for health care in Nova Scotia;

an overview of community health impact assessment; a description of the steps taken in creating the Antigonish Town and County Community Health Board tool (as well as a copy of that tool), and resource list. Two hundred copies of *PATHways II* were printed and will be distributed to interested groups and individuals such as PATH Network members and other Community Health Boards. As well, the librarian at the Coady International Institute, St. Francis Xavier University, received a grant from the Atlantic Provinces Library Association that will make it possible to print and distribute copies of *PATHways II* to all public libraries in Atlantic Canada. After the close of the project, information included in the resource package will be available on the website. One of the project partners, the Antigonish Women's Resource Centre, will be responsible for maintaining and distributing printed materials.

Question 5.2 *How can inter-sectoral collaboration mechanisms be used to disseminate knowledge and skills from this project?*

As described in section 2.5, PATH II successfully created new opportunities for inter-sectoral collaboration between the Antigonish Town and County Community Health Board, other community groups and health planners. The on-going involvement of the ATCCHB Chair and PATH II Coordinating Committee members in health initiatives will play an important role in "carrying information and vision" forward. These individuals and their organizations are most likely to be able to influence the future activities of the PATH Network, of the ATCCHB itself and of Community Health Boards in the Guysborough Antigonish Strait Health Authority.

PATH Network members feel that the Network should continue to be involved in promoting PATH II by sharing information about the PATH website and by telling people how to obtain copies of *PATHways II*. A Spring Forum on "Health and Wealth" (April 26, 2002) sponsored by the PATH Network included a display of materials produced during the two PATH projects. As well, one member suggested that the PATH Network itself should actually use community health impact assessment or the Antigonish Town and County Community Health Board tool in order to

> *help guide [the PATH Network] with the important decisions that must be made with respect to Path II and Path III. This would enable the members to have a better knowledge of how the [CHIA] process works, and have greater confidence in the direction taken.*

The Antigonish Town and County Community Health Board may also be able to cooperate with Guysborough Antigonish Strait Health Authority in promoting community health impact assessment. According to GASHA, district health authorities could likely "rally around the CHIAT" if it came forward as a Community Health Board priority. However, some "grassroots agreement is needed to mobilize political will, support and funds from government agencies". It would also be helpful if district health authorities could present examples of how community health impact assessment has been used in local areas and what the impact has been.

Question 5.3 *To what extent have communication mechanisms been successful in reaching other individuals and groups with a focus on health over the course of the project itself?*

As outlined in section 2.5, PATH II has communicated information about community health impact assessment to a number of groups and individuals in Antigonish Town and County, including groups that would ordinarily not have taken an interest in 'health' issues,

through a Community Consultation (May 31, 2001) and through two test workshops. Both the Project Coordinator and Coordinating Committee members regularly shared emerging issues and results from PATH II with PATH Network members who, in turn, shared this information with other groups they were involved with. The Project Coordinator and Coordinating Committee members also presented information about community health impact assessment and PATH II to other groups and organizations both in-person and on local radio. During the project, 'word of mouth' communication successfully sparked increased interest in the PATH Network by at least two Community Health Boards in the Cape Breton District Health Authority. Interest in the project and its results can be expected to increase when the PATH web site is registered with search engines and the *PATHways II* resource package more widely distributed. A more complete list of presentations carried out during the project is provided in Appendix E.

LESSONS LEARNED ABOUT THEME C: Spread and Dissemination of PATH II Information and Resources

a) Forums for stakeholder dialogue are an effective way to disseminate project information and analyze project experiences as they emerge.

In this project, forums such as the Coordinating Committee and the PATH Network were critical for "getting the word out" about PATH II and for collecting input as the project progressed. Because these forums included individuals involved in key groups (such as community health boards, district health authorities, Public Health Services, other health focused groups and universities), a wider group of potential users of community health impact assessment has been exposed to the methodology and enriched the process through their questions and comments. It would have been useful, however, to have had more direct involvement from, or two-way communication with, representatives from the Nova Scotia Department of Health and Health Canada in order to better understand the systemic implications of community health impact assessment and to explore avenues for future collaboration between community groups and agencies responsible for designing health policy.

b) Active communication mechanisms promote local interest.

In this project, 'active' communication mechanisms such as radio interviews, presentations, and the Community Consultation (May 31, 2001) were highly effective in raising awareness of the project in the local area. Groups participating in the pilot workshops were more receptive (at least in part) because of the positive publicity generated in the local area. In contrast, 'passive' communication mechanisms like the PATH website or *PATHways II* resource package are highly dependent upon users' motivation to seek out them. In this project, the drawbacks of passive communication mechanisms have been minimized somewhat by publicizing these resources in different ways.

c) Public events for sharing results and lessons learned need to be planned well before the end of the project.

PATH II was responsive to emerging opportunities for promoting the project and project resources, for example, through presentations to groups in the local area. While the Coordinating Committee discussed ways to communicate end of project "lessons learned" with a range of potentially interested groups and individuals, these plans were not finalized early enough to

actually plan an event, invite guests and secure their participation. Instead, information about community health impact assessment and PATH II was integrated into a Guysborough Antigonish Strait Health Authority board development seminar as an example of one way to build Community Health Board capacity. Strategically, this was an effective approach for highlighting the potential of community health impact assessment, but didn't create an opening to discuss possible "next steps" for moving the process forward within the region and within the health system as a whole.

d) Base decisions about web site design on a realistic appraisal of the group's current level of ICT expertise as well as the likelihood that resources will be available to maintain the website in future.

By the close of the project, a PATH website was successfully on-line. Getting the website up and running, however, was a labour intensive process. And, after the close of the project, a considerable portion of work still remains to be done in order to ensure that the website is known, used and maintained. An outstanding concern is that there appears to be relatively little 'ownership' of the website among project participants (although this may change once the website is more widely known).

The following questions may help other groups anticipate challenges around website design and make appropriate choices about how to proceed.

- What do you wish to achieve with a web site? What are the alternatives to setting up a website? For example, can you post your content on another website?
- Who is the web site is intended to reach? Do they have the equipment and skills to access your information on a website?
- Do you have time to allocate to designing and piloting your website now?
- Do you have financial resources to set-up your website or access to the ICT expertise that you need?
- If you are relying upon an ICT expert, does the ICT specialist understand your needs and expectations? Does your contract specify that you can try out the website on-line before you make the final payment? Can you ask for revisions? Do you have ownership of the website after it is completed?
- Have you compiled most of the information you want to post on the website?
- Who will maintain the site?
- Do you know where you will obtain needed technical support or training you need to maintain the website in future?
- How will you publicize your website and let people know it is available?
- How will you pay for costs associated with site maintenance and hosting?

5. CONCLUSIONS

One measures the health of society by the quality of functions performed by local citizens.
Alexis de Touquville

In Nova Scotia, most citizens believe that health care is an important public 'good'. Concerns about the effectiveness, efficiency and appropriateness of services delivered through the health care system have driven provincial health reform. The current system of nine district health authorities and a number of smaller Community Health Boards is based on a belief that many decisions about health should be taken at a local level, rather than by regional or provincial bodies unfamiliar with specific local conditions. The system also assumes that communities can take action to improve and maintain the health of local populations by acting on the conditions in their communities that shape the health of the population.

An impact assessment of the first PATH Project (conducted in 2002), however, showed that even with the support of a community health impact assessment tool individuals and community groups encountered barriers to improving health in their local area. Respondents said that local and provincial leadership, support and training for community groups, and avenues for inter-sectoral planning were needed to influence local, regional and provincial health decision-making. Experience in other parts of Canada (Church *et al*, 2001) suggests that appointing local people to health boards is no guarantee that better decisions will automatically be made. Community people and local boards are not always knowledgeable about the full range of local health issues, able to identify priorities and appropriate strategies, or able obtain the support they need in order to implement plans for improving and sustaining health.

Aimed at building the capacity of the Antigonish Town and County Community Health Board to carry out evidence-based decision-making, PATH II addressed some of these gaps. Based on a population health framework[2] compatible with decentralized responsibility for health promotion, PATH II focused on supporting a process that takes local health needs into account. The project brought together a group of health "champions" who understand the local community and are committed to community participation in health decision-making and health information sharing. By involving participants from different levels and sectors (community groups with an interest in health, health networks, universities, health professionals) PATH II promoted discussions about public health policy issues among citizens who contribute to and reply upon the health system.

Congruent with a population health approach, evidence in this evaluation shows that designing and using community health impact assessment tools does the following:

- *Help groups recognize, understand and "come to grips with local conditions that need changing"* (Mittelmark, 2000, p. 3). Based on a local vision of health that speaks to people in the local area, the community health impact assessment tool created by the Antigonish Town and County Community Health Board uses language that community people understand. In test workshops, the tool drew out participants' knowledge of the area.

[2] In a forthcoming publication, the Nova Scotia Department of Health highlights ways that the PATH II Project applies elements of a Population Health approach.

- *Promote evidence- based decision-making.* Users of the tool were encouraged to explain reasons for their opinions as well as to identify areas where additional 'hard data' was needed.
- *Spark awareness of the role of local people in promoting and maintaining community health*. After using the community health impact assessment tool, pilot groups said that they were more aware of the health impacts of their own work and were more interested in taking health issues into account in future.
- A*re an avenue for broad-based citizen consultation and collaboration.* Using a community health impact assessment tool also appeared to make groups more open to the idea of health focused collaboration across a range of sectors and levels and increased participants willingness to see the "big picture" beyond their own areas of concern.

The PATH II project also highlighted the need to build capacity for community health impact assessment at three levels: the individual, community and system level. Project activities with the Working Group addressed the knowledge and skills that individuals need to participate in community health impact assessment. By creating a community health impact assessment tool tailored to the vision of the Community Health Board, a mechanism for sustaining evidence-based decision-making at the local level has been set-up. The tool provides a framework for identifying specific health impacts and generating locally appropriate alternatives. To maximize the potential benefits of community health impact assessment at the local level, users need to be able to access accurate baseline data as well as information about "best practices". Groups also need to be able to access support and cooperation from groups from outside the local area and traditional health sectors.

The capacity of the health system as a whole to support and respond to community health impact assessment, therefore, cannot be overlooked. Because community health impact assessment is a relatively new concept that involves a steep learning curve, it seems likely that groups interested in designing or using community health impact assessment tools for the first time will require access to skilled, knowledgeable facilitators as well as information. If, however, there is no clear demand for evidence-based decision-making at the regional and provincial level (or if there is a lack of response to this kind of community input), the concept is unlikely to spread. And if, as a population health approach asserts, everyone is responsible for health, new ways of working across levels and divisions, bringing in partners from the economic, environment and social services, need to be found.

These kinds of changes will require investment from a range of stakeholders. At the local level, this project shows that communities are more than willing to make extraordinary investments of time, energy and knowledge. Leadership, information and some financial support, though, are necessary to mobilize these local resources. As this project suggests, though, relatively modest investment in capacity building can have significant results.

6. RECOMMENDATIONS

The findings of this evaluation support the conclusion that PATH II has achieved its main goals. The project has also resulted in a number of "Lessons Learned" (about capacity-building, the design of community health impact assessment tools, and the spread and dissemination of PATH II information and resources) which are summarized at the end of each theme discussion. These have implications for a variety of other groups including community health boards and district health authorities throughout Nova Scotia, community groups with an interest in health, and provincial and national health bodies including the Nova Scotia Department of Health. In order to extend citizen participation in health decision-making and maximize the potential benefits of community health impact assessment, a critical mass of users beyond the Antigonish Town and County Community Health Board must be built up. Volunteer groups, however, are already overextended. Future community health impact assessment initiatives will undoubtedly require at least some outside training, facilitation or financial support in order to be successful.

The following recommendations, addressed to various groups, are intended to provide suggestions for future action.

Provincial and Federal Governments:

1. **Continue to create an institutional climate that supports broad-based citizen participation in health decision-making.**

   Community health impact assessment is one way that policy makers can tap community experience and engage citizens as partners in problem solving. Both the Nova Scotia Department of Health and Health Canada should continue to create an institutional climate that encourages groups interested in promoting health and well-being to learn about community health impact assessment and/or create their own community health impact assessment tool. This support can be provided by:

   - Exploring the potential of community health impact assessment as a strategy for increasing the public's understanding of the broad determinants of health and providing opportunities for citizens to participate in decisions that affect their health.
   - Including information about community health impact assessment in publications, posting links to websites with information about community health impact assessment.
   - Providing groups interested in community health impact assessment with an opportunity to come together and share their experiences.
   - Identifying and disseminating information about ways that community health impact assessment fits into the mandate and responsibilities of local planning bodies.
   - Requesting community generated input as well as other types of evidence as a basis for community plans.
   - Providing support for pilot projects that promote inter-sectoral / inter-departmental collaboration in health policy-making using community health impact assessment.
   - Funding a critical number of community health impact assessment projects within a region to ensure spread and sustainability.
   - Helping District Health Authorities to access the appropriate epidemiological data needed for health planning.

2. **Help communities leverage resources needed to undertake community health impact assessment and design the necessary tools.**

   Many resources that communities need to engage in community health impact assessment are available in many local communities: willing, interested volunteers; knowledgeable leaders; strong social networks; meeting facilities; communication mechanisms; skills for media production; etc. Some local communities, however, may need external support to mobilize these resources. Community groups may also need help in assessing community needs and designing responsive programs. The Nova Scotia Department of Health and Health Canada can help groups leverage existing (and outside) resources by:

   - Continuing to provide financial support that communities can use to hire facilitators and offset other costs associated with community health impact assessment.
   - Establishing flexible funding guidelines that recognize the learning curve of communities. Volunteers can carry out much of the work associated with community health impact assessment, but this work may need to be spread over extended periods of more than one year.
   - Providing support for the training of community health impact assessment facilitators within the existing health system who can support the use of the process (for instance, by training a core group of staff from Public Health Services in each region).

PATH Network

3. **Promote knowledge of and use of community health impact assessment beyond the traditional health sector.**

   Community health impact assessment is effective because it takes an inter-sectoral approach, examining the health implications of decisions across a range of sectors. The PATH Network is well placed to promote participation by a range of groups in the policy-making process. In order to extend participation in community health impact assessment, the PATH Network may wish to:

   - Invite groups and agencies outside of the health sector to participate in the PATH Network so that they become familiar with community health impact assessment (for example, groups with a focus on economic development, First Nations communities, women's groups, etc.).
   - Host a PATH Forum or People's School focused on community health impact assessment with a focus on groups from areas other than health.

4. **Explore the implications of community health impact assessment as a tool for generating policy input that reflects the diversity of communities at the regional level.**

   A population health approach is gaining acceptance at the provincial and national levels. Community health impact assessment is one process that recognizes diversity and helps groups generate policy alternatives that address their own specific needs and interests. With its network of regional connections, the PATH Network could become involved in exploring ways that community health impact assessment can highlight this regional diversity and identify regionally appropriate policy alternatives.

- Create a community health impact assessment tool for use by the PATH Network that can address the impact of policies across gender, age, culture, income levels, and ethnic background within the region.
- Pilot the community health impact assessment tool in analyzing regional trends, pressures and alternatives.

Guysborough Antigonish Strait Health Authority (GASHA):

5. **Within The Guysborough Antigonish Strait Healthy Authority, build a 'critical mass' of groups capable of using community health impact assessment as a process for evidence-based decision-making.**

   In order to maximize the potential benefits of evidence-based decision-making, the Guysborough Antigonish Strait Health Authority is well placed to promote commitment to and knowledge of community health impact assessment among health focused groups. GASHA therefore could:

   - Disseminate information about community health impact assessment by including links to the PATH website on the forthcoming GASHA website and publicizing community health impact assessment in GASHA communications.
   - Sponsor sessions about community health impact assessment as part of community health board development initiatives.
   - In cooperation with Community Health Boards, Public Health Services, and other groups and individuals in the district, compile a list of facilitators who can support groups in applying community health impact assessment.
   - Help identify sources of financial support to train a group of community health impact assessment facilitators.
   - Explore ways that Public Health Services in the district can help Community Health Boards identify and interpret epidemiological data required to carry out community health impact assessment.

6. **Build system capacity for evidence-based decision-making and citizen participation in health planning by exploring the application of community health impact assessment at a district level.**

   Community health impact assessment is one way to help groups involved in health decision-making work horizontally, across sectors and divisions, and move from consultation to active collaboration in health planning. GASHA can play a key role in increasing system capacity to use community input in meaningful, transparent ways by:

   - Involving the District Health Authority board members in creating a community health impact assessment tool for use by GASHA board, management and staff, as already identified in the strategic plan.
   - Piloting use of such a tool to support decision-making with regard to at least one priority issue.
   - Documenting the district's experience with community health impact assessment and disseminating this information to other district health authorities in Nova Scotia and the Nova Scotia Department of Health.

Antigonish Town and Country Community Health Board (ATCCHB):

7. Integrate community health impact assessment into the on-going work of the ATCCHB.

The ATCCHB has built interest among its members and enhanced the skills of Working Group members to carry out community health impact assessment. In order to ensure that community health impact assessment becomes part of the ATCCHB's activities, the ATCCHB may:

- Apply the process of community health impact assessment within the decision-making functions of the Community Health Board.
- Use community health impact assessment to assess at least one important community issue each year, in collaboration with key partners from different levels or sectors within the community.
- Proceed with plans to include information about community health impact assessment in the orientation for all new Board members.
- Organize a workshop to train ATCCHB members how to use and/or facilitate the board's community health impact assessment tool.
- Ensure that community health impact assessment is mentioned in the ATCCHB's core documents.
- Integrate promotion of community health impact assessment into the ATCCHB's communication strategy.

8. Promote broad based citizen participation in health decision-making at the local level through the use of community health impact assessment within Antigonish Town and County.

The ATCCHB has a solid base of community support and trust. In order to make decisions that consistently reflect local needs and interests, the ATCCHB must continue to gather evidence-based input from knowledgeable individuals and groups. The ATCCHB can foster inter-sectoral networking and improve the quality of its own decision-making processes by promoting use of its community health impact assessment tool within Antigonish Town and County. The ATCCHB may therefore wish to:

- Introduce local groups to community health impact assessment (and the tool) by hosting public information sessions, displaying samples of the tool during health focused conferences and activities, and publicizing community health impact assessment in the local newspaper.
- Continue to share information about local experiences with community health impact assessment through the PATH Network and GASHA meetings and communications (including the GASHA website).
- Invite a range of local residents to participate in community health assessment workshops examining an important local issue. Members of the ATCCHB Working Group who participated in the PATH II Project could assist with facilitation.
- Create specific strategies aimed at publicizing community health impact assessment with each of the Board's "priority groups".
- Encourage local citizens groups to base their input to the ATCCHB on the use of community health impact assessment.

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GLOSSARY

Community Health Impact Assessment (CHIA)
Using a combination of procedures or methods, CHIA is a strategy to assess the effects that a proposed program or policy may have on the health of the population. Community health impact assessment increases public understanding of the broad determinants of health and helps local citizens bring the health concerns of the public forward in discussions of public policy.

Community Health Impact Assessment Tool (CHIAT)
CHIATs are a resource for carrying out community health impact assessment (such as a workbook, poster, pamphlet, questionnaire or checklist). CHIATs are usually tailored to reflect the unique health needs, issues or concerns of a local population.

Determinants of health
As identified by Health Canada, the determinants of health include a range of personal, social, economic and environmental factors that determine the health status of individuals and populations. Each factor is important in its own right and in interaction with other determinants. The 12 key determinants of health are: income and social status, social support networks, education, employment and working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture.

Evidence based decision-making
The use of current best evidence, both qualitative and quantitative, in making policy. When used in combination with good reasoning, it answers the question: “Why did you decide that?”

Population health
Addresses the entire range of individual and collective factors that determine health – and the interactions among them. Population health strategies are designed to affect whole groups or “populations” of people. The goals of a population health approach are to maintain and improve the health status of the entire population and to reduce inequities in health status between populations groups.

APPENDIX A: Roles of Project Participants

1. **The PATH Network** is an informal association dedicated to sharing ideas and resources to build healthy communities in Northeastern Nova Scotia. Members come from community-based organizations, health services, community health boards and universities.

   Roles in PATH II:
   - Provide input about factors that affect health in Northeastern Nova Scotia and support structures required by community health boards (CHBs).
   - Share information about PATH II with other groups and individuals over the course of the project.
   - Examine the wider implications of PATH II results and support dissemination of findings.

2. **PATH II Partners** included four organizations from Antigonish Town and County:

   - Antigonish Women's Resource Centre (AWRC)
   - St. Francis Xavier University Extension Department (StFX Extension)
   - Public Health Services, District 7 & 8 (PHS)
   - Antigonish Town and County Community Health Board (ATCCHB)

   Roles in PATH II:
   - Prepare and submit proposal.
   - Assume responsibility for sponsorship of the PATH II project**.**

3. **PATH II Coordinating Committee** was composed of representatives from participating groups.

   - AWRC (Lucille Harper)
   - StFX Extension (Peggy Mahon)
   - PHS (Madonna MacDonald / Dawn Chubbs / Cheryl Chisholm)
   - PATH Network (Doris Gillis)
   - ATCCHB (Evelyn Lindsey)
   - PATH II Project Coordinator (Susan Eaton)

   Roles in PATH II:
   - Responsible for overall project administration.
   - Provide input and guidance to project staff.
   - Monitor project finances and expenditures.
   - Serve as a link between the ATCCHB and the PATH Network.

4. **Antigonish Town and County Community Health Board (ATCCHB)**

   Roles in PATH II:
   - Identify the kinds of information needed for effective participation and decision-making in the health planning process.

- Build on community links to identify the kind of process they need to enhance community participation in health planning.

5. **ATCCHB Working Group** composed of four representatives from the ATCCHB

   Roles in PATH II:
   - Work with the Project Coordinator to develop and test a community health impact assessment tool**.**

6. **PATH II Project Coordinator**

   Roles in PATH II:
   - Support the ATCCHB Working Group in developing a process and tools for community health impact assessment.
   - Coordinate health indicators research and website design. Ensure that needed follow-up to these components is carried out.
   - Act as liaison between all groups participating in the project.

7. **Health Indicators Researcher**

   Roles in PATH II
   - Research indicators that would assist the ATCCHB and Guysborough Antigonish Strait Health Authority in making evidence-based decisions.

8. **PATH II Web site Designers**

   Roles in PATH II:
   - Design and set-up a web site to communicate results and resources produced by the project.

9. **PATH II Project Evaluator**

   Roles in PATH II:
   - In consultation with project participants, design an evaluation framework that reflects participants' information needs and concerns.
   - Collect data and feed this data into the project on an on-going basis as appropriate.
   - Write evaluation report.

APPENDIX B: PATH II Activity Timeline

	Feb 01	Mar 01	Apr 01	May 01	Jun 01	Jul 01	Aug 01	Sept 01	Oct 01	Nov 01	Dec 01	Jan 02	Feb 02	Mar 02
ATCCHB STRATEGIC PLANNING PROCESS														
DESIGN A CHIAT FOR THE ATCCHB														
Create a Working Group	X +													
Design the CHIA process. • Develop a process for identifying / gathering information required for the CHIAT		X	Information incorporated into the CHIAT was based on the results of 52 focus groups held in 1999-2000; suggestions arising from the May 31 community consultation and the ATCCHB strategic planning process.											
• Identify individuals, community organizations, local leaders and others who will participate in developing the CHIAT		X	As well as individuals from the Guysborough Antigonish Strait Health Authority, selected community members participated in a community workshop. 3 community groups also participated in CHIAT tests.											
• Expand the Working Group to include representatives from a range of community sectors		X	X	See above.										
• Hold a community workshop to identify information volunteers need to make decisions about community health			X	+										
Design and draft the CHIAT • CHIAT Vision Statement • First/Second draft of CHIAT • Presentation of CHIAT to ATCCHB				X	X +	+	+	+						
Organize and hold three workshops to test the CHIAT								X	X +		++			
Revise CHIAT (including Facilitator's Guide)										X	X	+	+	
FINALIZE, PRODUCE & DISTRIBUTE THE CHIAT														
Develop CHIAT information package											X	X		?
Hold CHIAT workshop for CHBs and DHAs												X		?
Finalize dissemination plan and distribute the resource within and outside the region													X	X ?
RESEARCH HEALTH INDICATORS														
• Conduct additional research and develop community friendly processes that will enable effective use of information and evidence.			X	X	+	+	Indicators research was handed over to the Working Group on July 18.							
DEVELOP PATH WEBSITE						+	+	+	+	+	+	+	+	+
EVALUATE THE PROJECT PROCESS & TOOLS														

APPENDIX C: PATH II Evaluation Framework

EVALUATION GOAL To assess the effectiveness of the PATH II project in increasing the capacity of volunteers to develop a process and tools for community health impact assessment. To what extent do the process and tools develop promote informed decision making in community level health planning? In order to determine whether or not these goals have been achieved, the evaluation process and report will:

- Describe data and feedback from project participants.
- Analyze and assess processes used to develop, test and evaluate community health impact assessment tools.
- Document lessons learned for dissemination to other community health planning bodies and policy makers

THEMES Objectives, activities, results and indicators identified in the original proposal and open-ended questions identified by project participants are arranged by theme.

- A - Capacity Building;
- B - Designing Community Health Impact Assessment Tools;
- C - Spread and Dissemination of Lessons Learned.

PARTICIPANTS Key participant groups include:

- The Project Coordinating Committee, composed of members from each of the partner organizations, the PATH Network, and the Antigonish Town and County Community Health Board;
- Project Staff - Project Coordinator, Evaluator, Website Designers, Researcher;
- The Antigonish Town and County Community Health Board and the ATCCHB Project Working Group, volunteer representatives of the ATCCHB);
- The PATH Network;
- Other individuals or groups with an interest in health from the Antigonish community, including DHA #7.

DATA COLLECTION TECHNIQUES A number of methods and techniques were used both during and at the end of the project in order to collect data and answer evaluation questions generated by participants, including:

- Surveys or questionnaires aimed at collecting feedback from participants in consultations, workshops and presentations.
- Focus groups or small group discussions
- End of project group evaluation events using participatory techniques.
- Individual interviews.
- Review of documentation generated during the project.
- Self-evaluation by project staff: Project Coordinator, Evaluator, Website Designer.
- Evaluator participant observation of regularly scheduled activities and events and evaluator field notes.

THEME A : CAPACITY BUILDING

EVALUATION OBJECTIVE 1 : To assess the extent to which the overall project design (including the structures for administration and implementation) be used as a model for other Community Health Boards or groups with an interest in Community Health Impact Assessment and health planning.

RESULTS / INDICATORS	QUESTIONS	INFORMATION SOURCES / EVALUATION TOOLS
Result 1.1 The ATCCHB fully supports and participates in the project.	**Question 1.1** To what extent was the project appropriate for and compatible with ATCCHB : goals and objectives; stage of board development and position in the strategic planning/ implementation cycle?	• Focus group interview with representatives from the ATCCHB not involved in the Project Working Group. • End of project participatory evaluation activity with the Project Working Group and with the Coordinating Committee.
Result 1.2 Participants are satisfied with the level of support they received from Project Staff. • **Indicator** Participants say that Project Staff provided information, resources, facilitation etc in an effective and timely manner. • **Indicator** Participants say Project Staff were instrumental to the overall success of the project. • **Indicator** Participants feel that their contribution is valued.	**Question 1.2** How effective were interactions between Project Staff and groups involved in project implementation including the Coordinating Committee, Working Group and the ATCCHB?	• Individual survey and/or interview with: individual project staff members - Project Coordinator, Website Designers, Indicator's Researcher; Coordinating Committee members; Working Group members; representatives of the PATH Network not involved in any of the above groups.
Result 1.3 The Coordinating Committee provides leadership and decision-making support essential for project implementation. • **Indicator** The Coordinating Committee: -makes decisions on a timely basis; -provides needed support to project staff; -manages project resources in an efficient and fiscally responsible manner.	**Question 1.3** As a mechanism, how effective was the Coordinating Committee?:	• Individual survey and/or interview with: Project Coordinator; Coordinating Committee members. • End of project participatory evaluation activity with the Project Working Group and with the Coordinating Committee.

RESULTS / INDICATORS	QUESTIONS	INFORMATION SOURCES / EVALUATION TOOLS
Result 1.4 The project produces results similar to those identified in the original project proposal. • **Indicator** A mechanism and tools that enable the ATCCHB to identify and use a range of evidence in health decision-making are developed.	**Question 1.4** Were the Project Coordinator, Working Group, Data Designer, Website Designer, Project Evaluator able to carry out tasks and activities as originally proposed? Why or why not? • *Was the division of work and time allowed for tasks equitable and appropriate? Why or why not?*	• Individual survey and/or interview with: individual project staff members - Project Coordinator, Website Designers, Indicator's Researcher; Coordinating Committee members; Working Group members; representatives of the PATH Network not involved in any of the above groups. • End of project participatory evaluation activity with the Project Working Group and with the Coordinating Committee. • Focus group interview with representatives from the ATCCHB not involved in the Project Working Group. • Review of proposed project timeline and project documentation.

THEME A : CAPACITY BUILDING

EVALUATION OBJECTIVE 2 : To assess the process used to build the capacity of the ATCCHB, including ways that individuals, community organizations, local leaders and a range of service providers participated in the development of a community health impact assessment tool.

RESULTS / INDICATORS	QUESTIONS	INFORMATION SOURCES / EVALUATION TOOLS
Result 2.1 Participants come from diverse backgrounds. • **Indicator** Participants from the ATCCHB and the community reflect different cultural and geographic communities and have different background experience. • **Indicator** Participants from the ATCCHB and the community are representative of local leaders, service agencies, educational institutions and other community based organizations.	**Question 2.1** What mechanisms can be used to involve a representative range of individuals, community organizations, local leaders and service providers in the development of CHIATs? • *How can those experiencing health inequities and facing barriers to participation become more fully involved?* • *How does reliance upon volunteers effect the process?*	• Review profiles of Working Group members and community participants in PATH consultations/workshops and CHIAT tests. • End of project participatory evaluation activity with the Project Working Group and with the Coordinating Committee. • Review of Evaluator's field notes.

RESULTS / INDICATORS	QUESTIONS	INFORMATION SOURCES / EVALUATION TOOLS
Result 2.2 The ATCCHB receives the support that it needs to successfully design a process and tools for Community Health Impact Assessment. • **Indicator** Representatives from the ATCCHB design a community health impact assessment process and tool. • **Indicator** A core group of ATCCHB representatives is involved over the course of the entire project. • **Indicator** ATCCHB Working Group members report that they felt comfortable participating in the project and that their contribution to the project is valued.	**Question 2.2** What kinds of support – facilitation / training, coordination / administration, financial/human resources - do CHBs need in order to create a CHIAT and carry out CHIA? • *How can projects promote long-term participation of volunteers in CHIA activities such as the development of a CHIAT?* • *What is the Coordinating Committee's role in providing this support?*	• End of project participatory evaluation activity with the Project Working Group and with the Coordinating Committee. • Individual survey and/or interview with: Project Coordinator and Working Group members. • Review of Evaluator field notes.
Result 2.3 Volunteer capacity to strengthen and sustain healthy communities is increased. • **Indicator** ATCCHB Working Group members can describe knowledge, attitude or skills (for example, understanding of the determinants of health; capacity to carry out community health impact assessment) developed as a result of participation in PATH. • **Indicator** ATCCHB Working Group members can describe how new knowledge, attitude or skills can be applied to other community projects in the future.	**Question 2.3** What kinds of knowledge, attitudes and skills do participants (in particular PC, WG and CC) need in order to be able to participate in CHIA and to develop, use and revise CHIATs? • *What kind of knowledge / skills / resources do volunteers bring?* • *Do participants in CHIA activities (such as consultations, tool development and testing) need to understand the determinants of health? Why or why not?*	• Focus group interview with representatives from the ATCCHB not involved in the Project Working Group. • End of project participatory evaluation activity with the Project Working Group and with the Coordinating Committee. • Individual survey and/or interview with Working Group members. • Feedback from community participants in CHIAT tests. • Review of Evaluator field notes.
Result 2.4 The capacity building process maximizes opportunities for the ATCCHB Working Group to build needed skills and knowledge. • **Indicator** ATCCHB Working Group members can describe methods and techniques used during the project that enabled them to build knowledge and skills.	**Question 2.4** What principles should be used to guide stakeholder CHIA capacity building / learning? • *How does the PATH II process overall reflect Best Practices in adult learning?*	• Same as 2.3 above.

RESULTS / INDICATORS	QUESTIONS	INFORMATION SOURCES / EVALUATION TOOLS
Result 2.5 Opportunities for inter-sectoral collaboration are developed. • **Indicator** ATCCHB members report increased communication, interaction or cooperation with community representatives or organizations - especially those focusing on health inequities. • **Indicator** Community representatives or organizations with a focus on health inequities report increased communication, interaction or cooperation with the ATCCHB.	**Question 2.5** To what extent has the project process promoted inter-sectoral collaboration? For example, through the Coordinating Committee or the PATH Network?	• Focus group interview with representatives from the ATCCHB not involved in the Project Working Group. • End of project participatory evaluation activity with the Project Working Group and with the Coordinating Committee.

THEME B : DESIGN OF COMMUNITY HEALTH IMPACT ASSESSMENT TOOLS		
EVALUATION OBJECTIVE 3 : To assess the extent to which community health impact assessment tools developed during the project are relevant to the ATCCHB's needs.		
RESULTS / INDICATORS	**QUESTIONS**	**INFORMATION SOURCES / EVALUATION TOOLS**
Result 3.1 A broad range of determinants required for planning integrated primary health care for Antigonish Town and County residents are identified. • **Indicator** ATCCHB members state that the CHIAT reflects key health concerns of Town and County residents. • **Indicator** Community groups / representatives state that the CHIAT reflects health concerns of their communities.	**Question 3.1** To what extent do the community health impact assessment tools reflect the health needs, concerns and priorities of people in the Antigonish region, particularly those facing health inequities and barriers to participation?	• Focus group interview with representatives from the ATCCHB not involved in the Project Working Group. • Feedback from community participants in CHIAT tests. • Individual survey and/or interview with representatives of the PATH Network not involved in the Coordinating Committee. • Review of project documentation and Evaluator field notes.

RESULTS / INDICATORS	QUESTIONS	INFORMATION SOURCES / EVALUATION TOOLS
Result 3.2 The CHIA process and tool created during the project will better enable the ATCCHB to assess the impact of programs/policies on a range of determinants of community health. • **Indicator** ATCCHB members can describe why, where and when the CHIAT can be used to support CHB health planning and decision-making. • **Indicator** ATCCHB members state the CHIAT will be used in future. • **Indicator** Community representatives and groups participating in CHIA consultations or testing state that the CHIAT will help them to communicate their health needs and issues to the ATCCHB.	**Question 3.2** Across the range of health planning needs, what does a CHIAT enable CHBs to do that they otherwise would not have been able to accomplish easily? • *What kinds of structures and systems need to be in place before a CHIAT can be used effectively by a CHB?*	• Focus group interview with representatives from the ATCCHB not involved in the Project Working Group. • Feedback from community participants in CHIAT tests. • End of project participatory evaluation activity with the Project Working Group and with the Coordinating Committee. • Review of Evaluator field notes.

THEME B : DESIGN OF COMMUNITY HEALTH IMPACT ASSESSMENT TOOLS		
EVALUATION OBJECTIVE 4 : To assess the extent to which the project was able to identify mechanisms that will enable the ATCCHB to access epidemiological and other relevant types of data that can be used to inform CHB and DHA decision making.		
RESULTS / INDICATORS	**QUESTIONS**	**INFORMATION SOURCES / EVALUATION TOOLS**
Result 4.1 : Sources for a range of scientific and professional data needed for CHIA and evidence based decision making are identified. • **Indicator** Data sources or references to data sources are integrated into the CHIAT. **Result 4.2** ATCCHB members can find scientific and professional data they need for planning. • **Indicator** ATCCHB members can explain how to locate needed data.	**Question 4.1** What kind of data is needed to support community health impact assessment and evidence based decision-making? **Question 4.2** How can a CHIAT incorporate or integrate different types of data required for planning? • *How should data be presented so that it is "user friendly"?* • *What kind of mechanisms can be put in place to meet a CHBs changing needs for data?*	• Focus group interview with representatives from the ATCCHB not involved in the Project Working Group. • End of project participatory evaluation activity with the Project Working Group and with the Coordinating Committee. • Review of project documentation. • Same as 4.1 above.

THEME C : SPREAD AND DISSEMINATION OF LESSONS LEARNED

EVALUATION OBJECTIVE 5 : To assess the extent that project findings have been communicated with others both within and outside the district, using different channels, including a website.

RESULTS / INDICATORS	QUESTIONS	INFORMATION SOURCES / EVALUATION TOOLS
Result 5.1 Different mechanisms for communicating project results are established. • **Indicator** Findings and resources from PATH I and II are listed on a web page. • **Indicator** An information package that describes the PATH II CHIAT process, tools and lessons learned is prepared and distributed. • **Indicator** Participants say that the evaluation process enabled them to answer questions of importance to them and that their concerns and comments are reflected in the final evaluation report.	**Question 5.1** How will information about the PATH II project and project results be communicated to project participants or to other interested individuals or groups with a focus on health? • *What are the strengths and weaknesses of using different kinds of mechanisms to communicate project information both during and after the close of the project? For example, website versus print based mechanisms.* • *What resources are required to develop and maintain links between the project, project participants and other individuals and groups with a focus on health?*	• Review of project documentation. • Individual survey and/or interview with: individual project staff members - Project Coordinator, Website Designers, Indicator's Researcher; Coordinating Committee members; Working Group members; representatives of the PATH Network not involved in any of the above groups. • End of project participatory evaluation activity with the Project Working Group and with the Coordinating Committee. • Focus group interview with representatives from the ATCCHB not involved in the Project Working Group. • Review of Evaluator field notes.
Result 5.2 The Coordinating Committee - communicates information about PATH II to organizations and networks they are involved with on a timely basis.	**Question 5.2** How can inter-sectoral collaboration mechanisms (such as the Coordinating Committee or the PATH Network) be used to disseminate knowledge and skills from this project? • *How can these mechanisms be used after the close of the project to share project information?*	• Same as 5.1 above.
Result 5.3 Interested participants, individuals or groups with a focus on health request information about the PATH II and copies of the CHIAT for their own us. • **Indicator** The number of requests for PATH II information or CHIATs received from individuals, community groups, CHBs, DHAs or government agencies; type of information requested.	**Question 5.3** During the project, to what extent have communication mechanisms been successful in reaching other individuals and groups with a focus on health?	• Review of project documentation. • Individual survey and/or interview with: individual project staff members - Project Coordinator, Website Designers, Indicator's Researcher; Coordinating Committee members; Working Group members; representatives of the PATH Network not involved in any of the above groups.

APPENDIX D: PATH II Community Consultation Mechanisms

Over the course of the PATH II project, community participation and input was promoted by:

- Drawing from data gathered through a series of health Focus Group Consultations.
- Involving ATCCHB representatives who were knowledgeable about health issues on the PATH II Working Group.
- Carrying out a Community Consultation about health indicators.
- Testing the community health impact assessment tool with two community organizations and the Antigonish Town and County Community Health Board.

a) ATCCHB Focus Group Consultations

Carried out from November, 1999 to February, 2000, a series of 57 focus group meetings involving more than 550 residents were held throughout Antigonish Town and County. These focus groups brought together local citizens who use the health system, health service providers, and representatives from social service agencies and community organizations with a focus on health. Using a storytelling technique developed in the first PATH Project, participants shared their views about the factors that influence community health and what needs to be done to build healthier communities. Efforts were made to ensure that consultations reflected the diversity of the community by age, ability, gender, income level, occupation, ethnicity and religious background.

Participants felt that these focus groups were a "major plus as the voice of people who normally don't feel they have anything to say, was heard". As a result of this consultation process, the ATCCHB identified important local issues and concerns as well as some groups experiencing barriers to health. The consultations also sparked discussion about ways that a "PATH process" could be applied to health planning in other contexts. According to the Working Group, information and understanding from these focus groups are the foundation of their community health impact assessment tool. "…If [the focus groups] hadn't been done already, it would have added months to the [PATH II] project!".

b) Knowledgeable ATCCHB Working Group members

Community Health Board members are selected not only for their willingness to volunteer, but also for their interest in health issues and improving community health. ATCCHB Working Group participants had been residents of the area for more than 10 years and lived either in Antigonish Town or the surrounding municipality. Three of the five Working Group members had also been involved in conducting the Focus Group consultations described above. These factors may account (at least in part) for the extensive knowledge of the health needs of various groups demonstrated by Working Group members throughout the project.

During meetings and discussions, Working Group members showed that they understood the concerns of diverse groups including: youth; seniors; religious communities; rural communities dependent upon natural resources; people experiencing barriers to mental health; people in need of home care or palliative care. For example, discussing items to be included in the community health impact assessment tool, Working Group members quickly made a series of connections among the demand for recycling, the availability of second hand goods, access to transportation and a number of factors that shape women's and men's capacity to make "environmentally friendly" choices. On another occasion, Working Group members pointed out a number of significant gender differences in the way that health service providers communicate with women and men.

c) Community Consultation about health indicators

On May 31, 2001, the ATCCHB invited 22 women and men to attend a Community Consultation workshop. The Consultation enabled the ATCCHB to reconfirm findings from the original 57 Focus Groups and to identify some specific indicators of community health. In small groups facilitated by members of the Working Group, participants answered the question, "Based on your experience as a community member, what information do we need to know in order to measure whether our community is healthy?". Participants were selected because of their knowledge of or experience with particular issues, groups or services, but did not necessarily represent an organization or group. At least one respondent, though, felt that the event brought together a "great cross-section of the community". Evaluating the workshop at the end of the evening, several participants visibly concurred with the participant who said that "my issues were well represented in the discussion". After the event, Working Group members said that they received "really positive comments about the workshop". Some participants even expressed interest in serving on the Community Health Board.

d) Testing the community health impact assessment tool.

In order to ensure that the community health impact assessment tool reflected the needs and issues of a broad range of individuals and groups in Antigonish Town and County, the Working Group also arranged for three test workshops. The first was with the entire Antigonish Town and County Community Health Board (October, 10, 2001); the second was with the Strait Area Breastfeeding Network (December 7, 2001) and the third was with the Antigonish Town Council (December, 19, 2001). Despite differences in the group's mandates, responsibilities and working styles, participants in these test sessions strongly agreed that the factors identified in the tool were appropriate for Antigonish Town and County as a whole and reflected the concerns of individuals and groups they work with.

APPENDIX E: PATH II Presentations

January 2001 to June 2002. PATH Network Meetings. Updates and reports about PATH II activities and progress by the Project Coordinator.

March 7, 2002. Guysborough Antigonish Strait Health Authority senior management team. In-service presentation by Project Coordinator.

February 2001 to February 2002. Monthly meetings of the Antigonish Town and County Community Health Board. Updates and reports about PATH II activities and progress by the Project Coordinator.

February, 2002. Community and University Health Research Collaboration Meeting. Information about PATH II included in a presentation by the ATCCHB Chair to representatives of Community Health Boards, community organizations and St. Francis Xavier University faculty.

December 19, 2001. Representatives of Antigonish Town Council. CHIAT Test Workshop facilitated by Project Coordinator and members of the PATH II Working Group.

December, 7 2001. Strait Area Breastfeeding Network. CHIAT Test Workshop facilitated by Project Coordinator and members of the PATH II Working Group.

November, 2001. St. Francis Xavier University Service Learning Class. Presentation by Service Learning student Rachel Hebb.

November, 2001. ATCCHB orientation for new Board Members. Presentation by Project Coordinator.

November, 2001. Guysborough Antigonish Strait Health Authority. Presentation by the ATCCHB of its Community Health Plan containing references to their work with PATH II.

November, 2001. St. Francis Xavier University, Health and Development Class. Presentation by Project Coordinator.

November, 2001. Antigonish Town Council. Presentation by the ATCCHB Chair and PATH II Project Coordinator.

November, 2001. CJFX Radio. Interview with the Project Coordinator.

October, 2001. Guysborough Antigonish Strait Health Authority Meeting. Presented by the Project Coordinator.

October 10, 2001. Antigonish Town and County Community Health Board. CHIAT Test Workshop facilitated by Project Coordinator and members of the PATH II Working Group.

May 31, 2001. Health Indicators Community Consultation. Hosted by the Community Health Board with 22 individuals and representatives of community groups in Antigonish Town and County.

March, 2001. Strait-Richmond Community Health Board. Presentation by the Project Coordinator.

March, 2001. Guysborough County Community Health Board. Presentation by the Project Coordinator.