

National Collaborating Centre for
Healthy Public Policy

education housing income
community employment
public transportation

INFLUENCING HEALTHY PUBLIC POLICY WITH COMMUNITY HEALTH IMPACT ASSESSMENT

Preliminary version—for discussion



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Centres nationaux de collaboration
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FOR HEALTHY PUBLIC POLICY

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The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. It is one of six centres funded by the Public Health Agency of Canada located across Canada, each with a mandate for knowledge synthesis, translation and exchange in a different area of public health.

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This is a preliminary document. We invite reader feedback, which can be sent to ncchpp@inspq.qc.ca

Information contained in the document may be cited provided that the source is mentioned.

PROLOGUE

About the National Collaborating Centre for Healthy Public Policy (NCCHPP)

The National Collaborating Centre for Healthy Public Policy (NCCHPP) is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. They provide focal points for the exchange of knowledge on these topics.

The specific mandate of the NCCHPP is to support public health actors across Canada (including, notably, public administrators and members of community organizations) in their efforts to promote healthy public policies. Such efforts include bringing public health concerns and criteria about social, economic and environmental health determinants to bear on other public policy sectors (transport, development, agriculture, finance, employment, etc.). It should be noted that policies relating to health care services, such as those concerning Medicare, waiting lists or medical technology, for example, are explicitly excluded from our mandate so that our attention and efforts can be focused on non-medical health determinants.

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LIST OF ACRONYMS

ARDA: Antigonish Regional Development Authority

CHIA: Community Health Impact Assessment

CHIAT: Community Health Impact Assessment Tool

CHB: Community Health Board

GASHA: Guysborough Antigonish Strait Health Authority

HIA: Health Impact Assessment

PATH: People Assessing Their Health

INTRODUCTION

In February 2008, the People Assessing Their Health (PATH) Network in Nova Scotia began an eleven-month project in collaboration with the National Collaborating Centre for Healthy Public Policy (NCCHPP), in Montreal. The project, titled *Influencing Healthy Public Policy with Community Health Impact Assessment*, was another important step toward advancing the knowledge and experience that PATH has been developing in the fields of health promotion, citizen advocacy, and community-driven health impact assessment (CHIA).

Definition

Community health impact assessment (CHIA) is a facilitated process that engages a community in developing its own unique assessment tool (CHIAT) and empowers that community to initiate its own impact assessment. Both the assessment tool and the assessment process reflect the community's values, beliefs and vision of what a healthy community should look like. Community-driven HIA, as promoted through the PATH process, adds a new and often unheard of voice when decision-makers look at the potential impact that a policy, program, project or service might have on the population and specific groups within that population. It brings the community's perspective, through the priority and value lens of the community members themselves.

The project explored the following questions:

- What are the conditions that support the development and sustainability of CHIA?
- Can/does CHIA influence healthy public policy?
- How might CHIA support change if done differently?

The project employed a part-time coordinator and was guided by a Steering Committee made up of members of the PATH Network.

1 CONTEXT

People Assessing Their Health (PATH) began in 1996 as an initiative designed to increase the capacity of people at the community level to become informed and active participants in planning and decision-making related to health and to the wide variety of supports and services that are necessary to ensure the well-being of individuals and communities. PATH uses a facilitated process to engage communities in developing their own unique community health impact assessment tool (CHIAT).

The CHIAT can then be used to examine policies, programs or services proposed by governments (local, provincial or federal), institutions and community groups, as well as major infrastructure projects.

The PATH Process increases people's awareness of the determinants of health and the role played by community members in creating healthy public policy.

Since it began, PATH has been challenged by the fact that its work is project-driven. This means that there are periods of time when project funding is available and the work is carried out in a focussed, intentional way (usually with staff support and money for expenses). However, these times are punctuated by years when there is no funding and no staff, when the PATH Network relies on the good will and support of its members and the organizations with whom they work or by whom they are employed.

Funding from the National Collaborating Centre for Healthy Public Policy has allowed the PATH Network to examine the conditions that support its work and to identify some of the steps that have to be taken in order to advance the work of community-driven health impact assessment.

2 KEY ACTIVITIES AND FINDINGS

The project identified a number of key steps:

- Conduct a review of PATH documentation and identify significant learnings to date.
- Undertake an environmental scan to look at the kinds of impact assessment used in Nova Scotia at the local, district and provincial levels.
- Hold a series of workshops with members of the community to discuss the conditions that support community health impact assessment and to identify opportunities for influencing healthy public policy.
- Use an existing community health impact assessment tool (CHIAT) to examine the impact of a proposed policy change or project implementation.

Each of these key steps and the findings of the inquiry are discussed below.

2.1 REVIEW OF PATH DOCUMENTATION AND LEARNINGS

All of the known documentation and publications related to PATH were reviewed. These included project proposals, project evaluations, and major published articles. The key learnings about the PATH Process and community health impact assessment were summarized in a paper entitled *Review of Documentation and Learnings: People Assessing Their Health (PATH)*, April 2008.

The paper is available online at antigonishwomenscentre.com/reports.htm under the heading “PATH”.

2.2 IMPACT ASSESSMENT IN NOVA SCOTIA

An attempt was made to identify the kinds of impact assessment that are or have been used in Nova Scotia. The intent was to determine the level of understanding about impact assessment within organizations and government departments and to identify people who might be approached concerning the topic of health impact assessment.

A simple methodology was used. A request for information was sent to a wide range of community development and health promotion networks and individuals asking them to provide any information they might have about the use of impact assessment (environmental, social, health, strategic, etc.) within any organizations or at any level of government in Nova Scotia. People were asked to suggest “leads” or avenues for inquiry, not detailed information. There were no responses to this request for information. The request was repeated five months later. Again, there was no information forthcoming.

While it is not possible to draw a conclusion from this limited survey, the lack of response by similarly-minded, supportive, and well-connected organizations, networks and individuals suggests that there is little activity in the field of impact assessment in Nova Scotia beyond the legislated requirement to perform environmental impact assessment (EI) on development projects of a certain size.

2.3 WORKSHOP 1: DIALOGUE ON HIA

The first workshop was held on April 21, 2008 in Fall River, Nova Scotia and was built around the presence of Dr. Sarah Curtis from the University of Durham, UK, an internationally recognized specialist in the geography of health, who is involved in HIA research. Thirty (30) people participated in the workshop. They represented a number of District Health Authorities and Community Health Boards in the province as well as organizations such as the Atlantic Centre of Excellence for Women's Health, the Nova Scotia Heart and Stroke Foundation, St. Francis Xavier University School of Nursing and several provincial government departments.

Objectives:

The workshop had the following objectives:

- Raise awareness about health impact assessment (HIA) among key leaders in the community (District Health Authorities, Public Health Services, municipal authorities).
- Discuss the value of qualitative evidence and the role of non-experts.
- Introduce the PATH Project as a community-driven HIA.
- Promote openness toward the practice of health impact assessment in Nova Scotia.

Process

The one-day workshop included a presentation by Dr. Sarah Curtis outlining the purpose of health impact assessment and how it works followed by some discussion of the role of community participation and the value of qualitative evidence. Participants were invited to apply their knowledge by identifying and describing potential projects or programs that could benefit from HIA.

People from the PATH Network gave a history of PATH and described the basic steps in the PATH Process, noting the importance of community engagement/empowerment and the ways in which community health impact assessment can be an effective vehicle for bringing the community's voice forward in discussions of public policy.

To conclude the workshop, participants were invited to discuss how what they had learned might influence or be applied to their daily work/practice.

Findings

The following table summarizes the participants' discussions about potential projects or programs that could be candidates for a health impact assessment. The questions posed to the participants were based on the framework proposed by Dr. Curtis suggesting that HIA is best undertaken when focus is put on 1) the context of the project, 2) the mechanisms (or changes) that the intervention seeks to introduce, and 3) how changes might affect determinants of health (outcomes).

The exercise had two purposes: to help people assimilate the concept of HIA and to gather suggestions for future CHIA projects. The results are presented in the Appendix.

Participants also discussed what they had learned about HIA and community-driven HIA and the implications this might have for their work/practice. The following points were raised during the discussion:

- The process/tool is useful before, during and after decisions are made.
- The definition of community moves from a smaller/safer/more vulnerable to a larger context.
- The process is flexible and can be tailored to specific groups, organisations and communities.
- We need to ensure that policy makers use the tool before making decisions.
- Fostering community participation is a challenge (people have different agendas/perspectives).
- The process reinforces the belief that community is the level where we need to work; need to empower the community's voice.
- It is important to use the broad determinants of health as the basis for building community.
- We need to enhance the capacity of public health actors to understand the public policy process.
- Use the process as a community engagement tool to help with strategic planning, Community Health Board (CHB) plans, and to ensure community participation; consistent with legislated CHB mandate to foster community development.
- CHIATs can be used for advocacy and to help inform.
- There is a need to incorporate gender analysis and questions into the HIA process (make gender explicit).
- The analysis must acknowledge our diverse populations and marginalized groups.
- Use HIA at District Health Authority board level for new programs, proposals, etc.

This workshop established HIA and the work of the PATH Network as legitimate pursuits within the health promotion and community development fields. It brought together key leaders, provided an opportunity for networking and a sharing of organizational needs, and set the stage for further inquiry.

2.4 WORKSHOP 2: WHAT HAVE WE LEARNED FROM 12 YEARS OF PATH?

The second workshop was held on May 30, 2008 in Baddeck, Nova Scotia and brought together people who have been involved with PATH Projects and the PATH Network since the beginning in 1996. Sixteen (16) people participated in the one-day workshop.

Objectives

The workshop had three objectives:

- Celebrate 12 years of PATH initiatives in building healthy communities.

- Discuss the conditions that support community health impact assessment.
- Identify opportunities for influencing healthy public policy.

Process

The first half of the workshop was a participatory review of the twelve years of PATH work in northeastern Nova Scotia and beyond, with two 20-foot murals that showed the many steps and activities that have been undertaken since 1996. Participants were invited to come forward and mark the point at which they began their involvement with PATH and to share their stories. The activity was well-regarded as an effective, visual way to recall history and to include all of the participants.

The remainder of the workshop was focussed on small and large group discussion aimed at summarizing the key things that have been learned over the past twelve years, identifying the conditions that support the use of community-driven health impact assessment, and brainstorming about possible next steps for the PATH Network.

Findings

What we have learned in twelve years of doing PATH and community-driven health impact assessment (CHIA):

- CHIA allows people to look at different sides of an issue without conflict.
- Everyone can play a role in assessing their health.
- People are the main assets at the community level.
- The PATH Process can work anywhere; it is adaptable to different cultures and contexts.
- PATH allows people to use their own words to define what determines their health and to use their own priorities to look at the impact things will have on health.
- Providing support for local facilitation is a priority – and this should be seen as an investment in the community.
- The process builds community capacity; it is empowering.
- In developing the tool, it is important to ensure representation from every sector of the community.
- A participatory evaluation process should be built in to every project.
- Although it is possible to adapt a CHIAT developed by another group or community, the biggest value comes from going through the process of building your own CHIAT.
- Community-driven health impact assessment is a way for decision-makers to gather community input.
- CHIA is an effective advocacy tool.
- The PATH Process and CHIA help people to develop a broad understanding of health.
- The length of time it takes to go through the PATH Process, as well as the time it takes to conduct a CHIA sometimes presents a challenge for communities.
- A CHIAT does not have to be used for every issue that a community faces, just for the big issues.

- PATH and CHIA are hard to explain to people who are resistant to community engagement.
- CHIA provides a kind of “neutral” way in to discussion; it allows people with different perspectives to build on common ideas.

What we know about the conditions that support community-driven health impact assessment:

- CHIA requires a good facilitator; someone who is seen as objective.
- There needs to be some common desire or predisposition to achieve community ends.
- Timing is important; the process is best used at the beginning of policy development or when a project or service is not fully defined.
- The process requires some financial support.
- Decision-makers need to understand the value of community input.
- The process requires a significant time commitment on the part of the participants.
- It is important to know who it is that should be “influenced” if CHIA is to have an impact on decision-making.
- The community needs to have some common goals.

The learnings outlined by the participants validate the various evaluations of PATH projects that have been conducted over the years and reflect the discussions that are part of PATH Network meetings.

Workshop participants also brainstormed some of the opportunities for doing community health impact assessment as part of the *Influencing Healthy Public Policy with Community Health Impact Assessment* project. These suggestions were considered by the Steering Committee in choosing the project or policy that would become a case study.

2.5 USING COMMUNITY HEALTH IMPACT ASSESSMENT (CHIA)

In June 2008, the PATH Project Steering Committee was handed a golden opportunity: to use CHIA to assess the Keppoch-Beaver Mountain Project.

The Keppoch-Beaver Mountain Project is a proposed \$27 million, four-season recreational development that is sponsored and financed by the municipal government of the County of Antigonish. The development will expand a former ski hill and surrounding trails and include a variety of recreational opportunities. It is expected to be a destination for people from the local area and to attract visitors from other parts of the province and beyond.

The project has significant support within the community but has also garnered significant opposition from people who are concerned about its scope and scale (a large centre to be built at the top of the mountain, requiring a new road to be built; a proposal to expropriate land to accommodate a 400-car parking lot; significant draw on the water supply in the area to support the snow-making machines, etc.). A citizen’s group made up of residents of the area adjacent to the project was formed (Concerned Ratepayers) and it began to raise

questions about the project. Public consultations grew tense and there was considerable concern expressed in the local media about the impact of the project on area residents.

Some members of the Concerned Ratepayers requested that the municipality engage the PATH Network to undertake a community health impact assessment. The District Health Authority board also suggested that the municipality would be well-served by using the community health impact assessment tool that had been developed by one of its Community Health Boards. With intervention by the Antigonish Regional Development Authority (ARDA), which was seen as a neutral body, the municipal council agreed to learn more about community health impact assessment.

In July 2008, a representative of the People Assessing Their Health (PATH) Network and the Vice-President of Community Health for the Guysborough Antigonish Strait Health Authority (GASHA) made a presentation to the Antigonish County Municipal Council outlining how and why community health impact assessment could be of benefit to the Council in its decision-making process related to the Keppoch-Beaver Mountain Project.

Following Council's decision to proceed with a CHIA, PATH Network members met with the Antigonish Regional Development Authority (ARDA) to map out a way to proceed.

Process

Fourteen (14) people participated in the assessment. Each County Councillor was invited to submit the names of up to five people from her/his district. Representatives from ARDA and the PATH Network met to select at least one person per district, as well as to ensure a balance of ages, gender, interests and experience. Potential participants were contacted and asked to commit to attending two three-hour sessions. Calls were placed until a broadly representative group of fourteen people agreed to participate.

The community health impact assessment was carried out on September 2 and September 9, 2008, with each session lasting three hours. The assessment used the tool developed by the Antigonish Town and County Community Health Board and was facilitated by two members of the PATH Network, Colleen Cameron and Susan Eaton.

Participants were highly complimentary of the process both immediately following the assessment and in the months after the assessment. A brief sampling of their comments:

- *I thought the process lead to calm, deliberate dialogue.*
- *The experience as a whole was very educational and informative. While doing the CHIA you gain a deeper understanding of the issues at hand. I found it to be a wonderfully enlightening experience and look forward to participating in another one.*
- *I thought that people were respectful and that this was a learning process for everyone.*
- *I have become a big fan of CHIAs. I've always tended to think along those lines regarding the impact of development on communities. To have a structured way to do these assessments means that the chances of overlooking some impacts, either positive or negative, are dramatically reduced.*

- *I thought that the CHIA process was wonderful. It was inclusive. Non-threatening. Everyone was given a chance to speak. I was totally impressed by the process.*

Following the assessment, a written report was submitted to the municipal council that included the over-all findings of the assessment and a number of recommendations. A presentation was made to the municipal council, based on the report, with an opportunity for questions and discussion. Some of the participants in the assessment were present for the presentation and had the opportunity to offer their comments.

Findings

It is not yet clear if the community health impact assessment had any direct influence on the decision-making of the municipal council. It is known that the proposal to expropriate land for the project has been dropped (this was a major concern expressed in the assessment, though not a recommendation) and that the council has asked for other design changes. Many factors are likely to have contributed to these decisions and the CHIA is certainly one of them.

There will be follow-up interviews with municipal council members about the degree to which the CHIA influenced their decisions but this can only happen once there is sufficient distance between the assessment and the council's decisions. Few council members are willing to comment on what has been influencing their policy choices.

Community members who were involved in the CHIA continue to comment about the value of the process. It is clear that CHIA contributed to a respectful, participatory discussion where different points of view were heard and valued. The process helped to reduce the tension in the community, provided the Concerned Ratepayers with a forum for their concerns to be raised, and offered a reasoned, neutral report for the municipal council that outlined the potential positive and negative effects of the project.

2.6 WORKSHOP 3: THE ROLE OF CHIA IN DEVELOPING PUBLIC POLICY

The final workshop of the project was held on February 27, 2009 in Port Hawkesbury, Nova Scotia. Forty-nine people participated. They came from every county in northeastern Nova Scotia and included members of the PATH Network, people who had been involved in PATH in the past, staff and board members from District Health Authorities and Community Health Boards, members of municipal councils and school boards, and some of the people who were participants in the Keppoch-Beaver Mountain Project case study. The scope of participation was unexpected but showed that PATH and community-driven health impact assessment were becoming better known at the community level.

The primary **objectives** for the final workshop were:

- Review the work that PATH has been doing and what it has been learning through the current project.
- Identify opportunities for future uses of the PATH Process and community-driven health impact assessment.

Based on the registrations for the workshop, two more objectives were added:

- Promote a broad understanding of health and the determinants of health.
- Familiarize the participants with health impact assessment and the work of PATH.

Process

There was a brief presentation to describe health impact assessment (HIA), followed by an explanation of the work that PATH does and the steps involved in the PATH Process. Participants had an opportunity to do a “mini” community HIA, based on selected questions from the Antigonish Town and County Community Health Board’s CHIA tool. The participants were invited to discuss what makes public policy “healthy” and the workshop concluded by exploring what the participants saw as future uses for PATH and community-driven health impact assessment.

Findings

What are the characteristics of healthy public policy?

- has a positive impact on the most vulnerable
- makes a difference in people’s lives
- benefits everyone
- has both input and buy-in from the people it affects
- is effectively communicated
- is evidence-based and addresses the determinants of health
- deals with any barriers to the policy
- is flexible enough to do what it is meant to do
- is ethical
- is visionary
- has a transparent process
- accountability is built in
- engages people
- makes healthy choices easy
- provides a supportive environment

What are some possible future uses for PATH and community health impact assessment?

- assess/raise the minimum wage to the low income cut-off (LICO) level
- assess road projects in the province
- use it to help decide on school closures
- use it to assess the need for a third bridge in Halifax
- assess the impact of building a new civic centre for Guysborough County
- use it to develop a strategic plan for recreation in the municipality

- make sure that each Community Health Board develops a community health impact assessment tool (CHIAT) that can be used for strategic planning
- promote CHIA and PATH across Canada and particularly in First Nations communities
- assess the use of video lottery terminals
- use for municipal government strategic planning
- use to develop a business case/funding proposal for upgrading or replacing a community hall in Lochaber
- assess the impact of initiating/expanding public transportation systems in rural Nova Scotia
- assess the impact of closing grocery stores
- educate our co-workers and supervisors about health impact assessment and PATH
- use it for staff development
- build awareness of the determinants of health so that colleagues share a common language

This third PATH workshop brought together a diverse group of people from the community who were genuinely interested in learning how community health impact assessment could benefit their organizations. It was an excellent learning opportunity and provided an occasion to promote the work of PATH and to advance the understanding of community health impact assessment.

3 NEXT STEPS

Influencing Healthy Public Policy with Community Health Impact Assessment is the third major project that the People Assessing Their Health (PATH) Network has undertaken since 1996. The project was designed to look at the conditions necessary for the support of community-driven health impact assessment and, using that lens, to identify ways to move forward with the work.

One of the key findings of the project is that as more and more people develop a broad view of health and understand the inter-connectedness of the determinants of health, there is increased interest in using community-driven health impact assessment. The participants in the final workshop came from a wide range of backgrounds and represented many different sectors of the community. Many of them indicated that they would like to find ways to use CHIA in their organizations/workplaces.

This new interest in HIA and CHIA means that the PATH Network will be faced with increasing requests for presentations about its work, for facilitation of the PATH Process, and for facilitation of community-driven health impact assessment using some of the existing CHIATs. As a result, one of the important next steps appears to be:

Develop and deliver a program to train additional people to facilitate the PATH Process within communities and organizations and to facilitate the use of community-driven health impact assessment.

PATH also faces the challenge of not having an institutional base of operation or any form of on-going financial support. The result is that the work is “project-driven” (intensive work happens when funds are available), with the interim times being served on a sporadic basis by volunteer efforts at the cost of those who are involved, either through their organizations/employers or at personal expense. This is not a sustainable way to advance the work. While it is essential that the PATH Network not lose its independence, efforts have to be made to attain some kind of sustainability. An important next step appears to be:

Explore ways to ensure that front line Public Health Services staff, as well as the people within the District Health Authorities who relate most directly to communities, develop core competencies that include familiarity with PATH and its processes and the skills to facilitate community-driven health impact assessment.

This project also uncovered a clear interest among various sectors and groups in ways to increase community input into local decision-making. An important next step appears to be:

Follow up with the people who have expressed interest in engaging the community in developing public policy by offering information sessions and skills workshops in using community-driven health impact assessment.

It is also evident that more work needs to be done on the case study (Keppoch-Beaver Mountain Project CHIA) in order to evaluate the degree to which using the CHIA process had

an influence on the decision-making of the municipal council. An important next step appears to be:

Conduct interviews with the members of the Antigonish County Municipal Council, the Antigonish Regional Development Authority, the Project Manager of the KBM Project, and the citizens who participated in the CHIA process to evaluate their experience and document the effect of using a CHIA process.

4 CONCLUSION

The project described in this report, *Influencing Healthy Public Policy with Community Health Impact Assessment*, has had a significant impact, having advanced the work of PATH and built a broader understanding of HIA within the health services sector in Nova Scotia and within the broader community in northeastern Nova Scotia. There has been growing interest in the work that PATH does and expanded outreach to other sectors and organizations.

The first workshop, which was built around the presentation of Dr. Sarah Curtis and targeted leaders in various health services and other sectors, was a tremendous boost for HIA and for PATH because it offered a degree of legitimacy that had previously been absent. Since that workshop, PATH has found it considerably easier to build its support base and to engage people in its work.

The interest shown in the project's final workshop suggests PATH's involvement in the community-driven health impact assessment of the Keppoch-Beaver Mountain Project (the case study for this project) has resulted in a new level of legitimacy for PATH and HIA within the municipal government sector, school boards, and other community organizations.

Over-all, the interest in HIA, in community-driven HIA, and in PATH has increased considerably since this project was undertaken.

The challenge will be to address that interest and to meet the needs and requests that the project has generated.

APPENDIX:
WORKSHOP 1 – SUGGESTIONS FOR FUTURE CHIA PROJECTS

Workshop 1 – Suggestions for future CHIA projects

CONTEXT	MECHANISM	OUTCOME
Strait Area Transportation Project (implementation of a regional transportation project)	<ul style="list-style-type: none"> • structure: Strait Area Cooperative with CEO; membership of local people; partnerships (schools, banks, municipal-federal-provincial government) • funding secured through partnerships • setting up transportation system 	<ul style="list-style-type: none"> • increased access to health services, employment, social services, education, etc. • green project – positive impact on environment • affordable, dependable, reliable, secure service • sustainable
“Heart for health” – Re-introducing CPR to the school environment (middle and senior schools)	<ul style="list-style-type: none"> • maximizing existing resources, supplies, paramedic capacity (manpower and equipment) to help train teachers and students/peer instructors in CPR 	<ul style="list-style-type: none"> • all students graduate from school using working knowledge on CPR • energize the re-introduction of appropriate “real world”/useable health education into school system • ultimately reduce incidence of morbidity/mortality from cardiovascular disease
Creation of recreation park (ski hill, hiking, social) all season use of recreational space	<ul style="list-style-type: none"> • weather dependent • construction and development of recreational facility • provide recreational opportunities for citizens • not supposed to exclude anyone (due to transportation, fees, etc.) • large amount of money needed to build and operate 	<ul style="list-style-type: none"> • increased fitness • employment • social interaction through community programs • increased tourism • potential to change physical space in the area (trees, roads, noise, sewer/water, infrastructure, security) • resources do not go to other public social programs
Loss of employment due to loss of shipping contracts	<ul style="list-style-type: none"> • open up unused south-end Halifax rail cut to cargo shipping 	<ul style="list-style-type: none"> • secure/maintain cargo shipping • increase/maintain employment
Municipal government active transportation	<ul style="list-style-type: none"> • develop the policies and plans that will create a system of active transportation (AT) 	<ul style="list-style-type: none"> • all development and planning to use an AT lens • Creation of a long term connectivity plan • lower carbon emission • increase physical activity
Cat by-law in the Halifax Regional Municipality	<ul style="list-style-type: none"> • registration/licensing of cats • cat can be trapped if outside of owner’s properties 	<ul style="list-style-type: none"> • reduce strays • please non cat-owner gardeners (less cat feces) • possible political diversion from other issues
De-population of rural area of Nova Scotia (resulting in recruitment and retention issues for health providers)	<ul style="list-style-type: none"> • provincial immigration strategy • recruitment strategies for health care services • incentives for re-location 	<ul style="list-style-type: none"> • some communities remain in crisis • incentives often time-limited (contracts run out and providers leave) • need more rural jobs (people still moving to Alberta)

CONTEXT	MECHANISM	OUTCOME
<p>“Imagine Our Schools” (school board initiative focused on school improvement)</p>	<ul style="list-style-type: none"> • school settings need money • initiatives to reallocate existing resources to improve education outcomes • consolidation of existing schools (if not school will close?) 	<ul style="list-style-type: none"> • money allocated to teaching and support instead of building maintenance • improved student outcomes (better student performance; less dropout/suspension; more support for learning/behaviour issues)
<p>Walkabouts to lower rates of chronic diseases, high obesity, diabetes, strokes, heart diseases, depressions, cancers, etc. Less sedentary population</p>	<ul style="list-style-type: none"> • rating and recognition • built environment • developers, municipalities, transportation, economic development, tourism, walking groups, etc. • celebration • target population • settings (communities, workplaces, schools) 	<ul style="list-style-type: none"> • increase walking in Nova Scotia • long-term: improved health status
<p>Fall prevention focussing on senior population and the broader community</p>	<ul style="list-style-type: none"> • presentations about risk factors for falls among seniors and how to mitigate them 	<ul style="list-style-type: none"> • fewer falls and injuries among seniors
<p>Look at the disproportionate distribution of inequalities in the African Nova Scotian population compared with the rest of the population</p>	<ul style="list-style-type: none"> • assessing the impact of inequalities • data collection for research 	<ul style="list-style-type: none"> • more equal access to all health resources
<p>Promote healthy, walkable communities</p>	<ul style="list-style-type: none"> • create an advocacy toolkit for community leaders and others to help people understand how to use the political process to develop walkable communities • community leaders will help build capacity in their community 	<ul style="list-style-type: none"> • people who would not otherwise do so will become involved in the process, providing ideas and working with policy makers to improve their community
<p>Implementation of domestic compost plant at the county level</p>	<ul style="list-style-type: none"> • collection of domestic garbage (except what is classified as recycling materials) to make compost using new technology • no population education planned 	<ul style="list-style-type: none"> • reduce waste (landfill incineration) • transform waste into a valuable product to be used (most optimistic case: used for agricultural needs; least optimistic case: used for highways)
<p>Engage youth in planning and delivery of services (identify gaps in health services for youth, challenges to accessing services)</p>	<ul style="list-style-type: none"> • establish youth health and services centres in high schools • develop participatory model (youth, parents, existing organizations) through partnership 	<ul style="list-style-type: none"> • healthy youth development • range of needs met • youth leadership development • engaging youth who might not have been engaged • giving youth a voice