PATHways

to

Building
Healthy Communities

in

Eastern Nova Scotia

The PATH Project Resource
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Produced by
People Assessing Their Health
The PATH Project
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OUR SINCERE THANKS GO TO THE MANY PEOPLE INVOLVED IN THE PATH PROJECT

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The PATH Project (People Assessing Their Health) is a community-based health promotion initiative that involved community people in looking at the broad spectrum of factors influencing their health. At a time when the health system is undergoing dramatic reform, this initiative brought together people in each of three communities in eastern Nova Scotia. They identified factors determining their health and then developed tools for assessing the impact of programs and policies on the health of their communities. The communities were Guysborough County Eastern Shore, which is made up of a series of small coastal communities on the mainland, St. Ann’s Bay, which is a rural Cape Breton community extending along St. Ann’s Bay to Cape Smokey in Victoria County, and Whitney Pier, which is located in Industrial Cape Breton.

Community health impact assessment is a strategy to enable community members to become more effective participants in the decentralized health system that is evolving throughout the province. Various governments across the country have used health impact assessment to help them determine the impact of their programs and policies on the health and well being of the public. This project is unique in that it involved community people in identifying what determines their health and in developing tools to assess health impacts in their community.

The PATH Project was a joint effort of the Antigonish Women’s Association, the Extension Department of St. Francis Xavier University, and Public Health Nursing Services of the Eastern Health Region. The Coordinating Committee, made up of representatives of the three partner organizations and the two Project Co-coordinators were responsible for the project’s management. The Regional Advisory Committee advised the project. It brought together representatives from the three partner organizations, community health development leaders from throughout the Eastern Health Region and, as the project progressed, it included the Community Facilitators and representatives of Steering Committees from each of the three PATH communities.

Over the fall of 1996, the PATH Community Facilitators gathered people together in kitchens and community halls throughout these three diverse communities. By sharing their stories about living, working, and raising families in their communities, people identified factors influencing their health and envisioned what kind of a community they want to live in. A structured dialogue approach to discussion assisted in that process.

The key factors that determine their health emerged out of their talks. In each community, the Community Facilitator, working with members of the local Steering Committee, developed a tool for community health impact assessment. The draft tool was tested at a workshop in each community. Revisions were made, and the final tools were distributed to individual participants, groups and organizations throughout the PATH communities.

The people in the three PATH communities have designed practical and easy to use tools to help them participate in health decision-making. Because local people built each tool, it reflects their concerns and their vision of a healthier community. Community groups, organizations and local governments will be able to use these tools as they shape the programs and policies that have an impact on their community’s health.

PATHways to Building Healthy Communities in Eastern Nova Scotia: The PATH Project Resource describes the PATH Project and the steps taken by each of the three communities in developing their community health impact assessment tools. What was learned from the experiences of the people in these communities may be useful to others in the Eastern Health Region and elsewhere who are striving for a healthier community.
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PART 1  INTRODUCING PATHWAYS

Many people are talking about health today, not just about personal health concerns but also about the health of their communities. Understanding health — what makes us healthy, what keeps us healthy — is not simple. Our health is determined by many factors. The health care system gets most of the media attention but it is only one factor.

Important decisions are being made about the policies and programs that will best serve the health of our communities. As community members, we have a key role to play in the decisions that will shape our communities and will determine our future health and wellbeing. We are being challenged to take more responsibility for our health and to find ways to make our communities healthier places to live.

The People Assessing Their Health (PATH) Project began with the view that people know a lot about what makes them healthy. This belief in the wisdom of community people and in the importance of community participation served as an anchor throughout the PATH Project.

Building healthy communities is not easy. In Eastern Nova Scotia, we are facing complex issues with limited resources. Sharing ideas and working together is essential if workable solutions are to be found. Some of what has been learned through the PATH Project may help others who want to move along the path to a healthier community.

This resource describes the PATH Project and invites everyone to become more involved in looking at the factors that affect health in our communities. It describes a process whereby community members can identify key factors determining their health and, then, create tools for assessing the potential impact of programs and policies on the health of their community.

PATHways has been developed out of the experiences of three communities in Eastern Nova Scotia — the mainland rural coastal community of Guysborough County Eastern Shore, St. Ann’s Bay in rural Cape Breton, and Whitney Pier in Industrial Cape Breton. People in each of these communities face their futures with unique challenges; all have shown their commitment to work together to build a healthier future.

Because communities are so different, there isn’t one “correct path” to follow in identifying factors determining health or in assessing health impacts. During the PATH Project, members of each community found a variety of ways that worked for them. Thus, this resource suggests some pathways that you might take as you strive for a healthier community.
These suggestions are intended to stimulate ideas and to be used if helpful. They are not intended to limit pathways that communities may find useful to develop.

**PATHways to Building Healthy Communities in Eastern Nova Scotia** is written primarily for people living in communities throughout Cape Breton Island and the counties of Antigonish and Guysborough. However, we hope that others who live outside this region and are active in health promotion will also find it useful.

If you are involved — or want to become more involved - in working with others to promote health and to build healthier communities, **PATHways** is meant for you.

You might be a.....

- Citizen participating in a local health council or coalition
- Member of a Community Health Board
- Member of a local Steering Committee which is working towards forming a Community Health Board
- Individual who wants to bring local people together to look at local health issues and plan for community health
- Member of the Eastern Regional Health Board who wants to support community health planning and building healthier communities throughout the region

**Your feedback is important to us.**

Tell us what you think about this resource. **How have you used it? What did you find useful? What was not useful? What would you change?**

Send your comments to:

**THE PATH Project**

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How To Use This Resource

In this resource, we have tried to present a blend of background information, key insights gleaned from the experience of three communities involved in the PATH Project, along with some suggestions for developing your own tools for community health impact assessment.

We encourage you to use PATHways in several ways: read through it, skim it, or use it as a reference. Throughout the resource, we summarize some of our most important insights in highlighted boxes. You are welcome to copy and share information you find particularly useful — but please acknowledge the source. Master sheets of “Suggestions” are found at the end of the resource.

This resource is organized into five parts:

**Part 1: Introducing PATHways** provides an introduction to the determinants of health and community health impact assessment. It gives some background to health reform and highlights some challenges communities face in Eastern Nova Scotia. If you are interested in the context in which the PATH Project was set, read this section first.

**Part 2: The PATH Project: People Assessing Their Health** outlines the development of the PATH Project. It describes how the three communities became involved in this initiative.

**Part 3: Developing The Tools** suggests how to involve communities in developing their own community health impact assessment tools. These suggestions are based on the experiences of the three PATH communities. If you are looking for information on how to get started in your community read this.

**Part 4: Sharing What We Learned** highlights what was learned through participating in the PATH Project. It summarizes what the three PATH communities identified as determining their health and as contributing to building a healthy community. We also share a few insights about the process of community health impact assessment as well as what we learned about collaboration.

**Part 5: PATH’s Community Tools** is the last and best part of this resource. Inside this folder insert, you will find the three tools for community health impact assessment developed by the PATH communities. These are their tools for action!
The PATH Project was undertaken at a time of dramatic change in the health system in Nova Scotia. As part of the health reform process, decisions about funding, co-ordinating, delivering, and evaluating programs shifted from the provincial Department of Health to four Regional Health Boards serving the four health regions. The Eastern Health Region was formed to manage health resources throughout the Island of Cape Breton plus the mainland counties of Guysborough and Antigonish.

Nova Scotia’s Blueprint for Health System Reform (1994) proposed the formation of Community Health Boards within each of the four health regions. The Community Health Boards were intended to help determine local priorities and to plan for primary health care. The idea behind these boards is that all aspects of a person’s life contribute to his or her health, not just the services provided by the health care system. The Community Health Boards are supposed to plan for primary health care. They are responsible for identifying strategies for improving health of the community and for the ongoing development of a community health plan that includes setting priorities for delivering primary care services.¹

At the time of the PATH Project, the provincial government had not yet designated Community Health Board representation on the Regional Health Board. Nevertheless, a number of communities throughout the Eastern Health Region were active in identifying local health issues and forming health-planning organizations. In the summer of 1997, Community Health Boards existed in the Strait Richmond Area, Victoria County, Cheticamp and Surrounding Area, and Central Inverness County. Some other communities had steering committees (for example, Guysborough County), whereas yet others had formed local health groups (for example, St. Mary’s Health Council).

The Eastern Health Region faces some unique challenges. Not only is the population ageing, it is also decreasing. This puts a strain on limited public resources. Our region is geographically large, diverse in culture and traditional heritages, has a range of employment opportunities and economic bases, and has uneven accessibility to health, education and social support services. Many people in this region face barriers to maintaining and promoting their health — because of geographic isolation; socio-economic conditions including poverty, unemployment, and illiteracy; as well as discrimination due to race, gender, age, religion and ethnicity. Inequalities exist in both health status and accessibility to the socio-economic conditions that influence health within our region.

The population tends to be concentrated in the eastern most part of the region (Industrial Cape Breton). Consequently, most services for health care, are located there. Other acute care facilities include a regional hospital in Antigonish, and a number of small rural hospitals scattered throughout the rest of the region. All these health care facilities have also undergone some changes in their delivery of service.

¹To Our Good Health: An Introduction to Community Health Boards. Nova Scotia Dept. of Health. April 1996
It is not clear where health promotion fits into the reformed health system. Because health care services consume the largest part of the region’s health care spending, it’s not surprising that the focus of health reform has been on these services. Greater support of primary health care, health promotion, and planning for healthier communities will require a shift in priorities and a reallocation of funds which are currently directed to the acute care sector.

A major concern expressed by citizens is whether reallocation means simply cutting, or whether it means changing emphasis. For example, questions are asked such as: Can both the public and policy makers become convinced of the importance of promoting health and preventing disease? What kinds of support structures are needed to enable this shift to happen? Until the value of primary health care and health promotion are recognised by provincial and regional decision-makers and at a community level, adequate support is unlikely to be directed to health initiatives other than health care services. So instead of working towards building communities which support health, we are likely to continue to treat the illnesses which are the result of our social and physical environments, and our lifestyle practices. In contrast, Nova Scotia’s health goals are intended to promote health, not just treat illness.

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**Nova Scotia’s Health Goals**

_Health Promotion:_ Promote and improve the health of all Nova Scotians. While continuing to provide quality health care, we will shift our emphasis to the promotion of health and the prevention of illness, disability, and premature death.

_Healthy Environment:_ Make Nova Scotia a safe and healthy place to live. To be healthy, we need clean air, water and soil, as well as safe places to live, work and play. We will restore, protect and develop our environments to support health.

_Healthy Living:_ Support the efforts of individuals, families and communities to lead healthy lives. We will support each other in our efforts to understand the factors that affect our health and take responsibility for those things we can control.

_Management:_ Ensure that the resources needed to support health are managed wisely and fairly. Our taxes pay for the people, programs, equipment and facilities that support health. These and other resources will be used in ways that are open, effective, efficient and accountable.

_Participation:_ Involve Nova Scotians in decisions affecting health. Opportunities and support must be provided for all of us to participate in making decisions about our health and the health care system. All decision makers are accountable to the public for their actions.

_Social Justice:_ Ensure that all Nova Scotians have the opportunity to achieve health. Poverty, unemployment, racism, illiteracy, violence, rural isolation and other issues, make it more difficult for some people to be healthy as others. The policies we put in place must address these factors that affect our health.
Health is the capacity to function optimally and to achieve wellbeing. All aspects of our life determine our health and well being. Enjoying health depends on things like having a stable economy and meaningful work, a clean and safe environment, the support of helpful friends and family, and healthy neighbourhoods and schools where our children can play, learn and grow. Having access to adequate health services is also important, but we know that our health is determined by much more than getting treatment when we are sick. The following factors are often referred to as the determinants of health. They are what all people need in order to make and keep them healthy.

- income, and social status
- social support networks
- stable employment and safe working conditions
- educational opportunities during childhood and through life
- physical environment
- healthy child development
- the capacity to make choices that promote health and prevent illness, and coping skills
- inherited factors
- health care services (including health promotion and primary care services)

Health is directly related to social status. People with higher incomes tend to live longer than do those with lower incomes. It is not material deprivation as much as deprivation in social circumstances — how people feel about their lives and themselves — that has the major influence on health inequalities. While genetics is an important determinant of health, its effect can be moderated by one’s social and physical environment. The socio-economic environment influences the personal choices people make about their lifestyle practices.

Improvements in medical care, whether better access or new treatments, have little chance of reducing inequities in health. Factors that are outside the medical care system have the greatest impact on reducing inequities in health status. Poverty, unemployment, limited education, the quality of our living and working conditions, the extent we get support from our family and friends, our physical environment — clean air and water; safe streets, neighbourhoods, schools and workplaces — all affect health. These conditions can be improved through policies and programs that build healthier communities.

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Being healthy requires clean, safe environments, adequate income, meaningful roles in society, and good housing, nutrition, education, and social support in our communities. In fact, actions on these broad determinants of health through public policies have led to most of the improvement in the health status of Canadians over the last century. There is still much to do, however, if we want to reduce health disparities among various groups of the population and continue on the path toward better health for all.


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

Community health impact assessment is a way, or combination of ways, for assessing the potential effects of programs and policies on the health of the community. Developing these methods can, in itself, increase awareness of local health concerns and bring people together to create their vision of a healthy community.

Building healthy communities requires change in both individual lifestyles and in social structures. Programs and policies must therefore address the many factors that influence not only the health of individuals, but also the health of the whole population.

Some provincial and federal government departments have used health impact assessment tools over the last few years to assist them in making decisions about the impact of their policies and programs. Such tools help departments work across their jurisdictional boundaries to consider the broad spectrum of factors that determine health outcomes of the population.

Within our newly decentralized health system, more responsibility for health decisions will fall on communities. Many of the factors that determine health are factors that communities have some control over — for example early child development, educational opportunities, the physical environment, and personal health practices.
A tool for community health impact assessment gives a clear message of what is needed to support health. It serves as a reference point for the important decisions that shape a community’s health. It can be used by local organizations and groups to assess the potential impact of existing policies and programs as well as those introduced in the future. Such tools can enable community members to become more effective in planning for the health of their communities.

These tools can be useful resources for community-based health decision-making during a time of substantial change within the health system. Their development and use builds on local leadership and encourages broad-based community participation in health related decision-making. A community health impact assessment tool does at least six things:

- Answers the question *what does it take to make and keep our community healthy?*
- Looks at the broad spectrum of factors that determine health — not only specific interests.
- Gives a clear message about what a community considers important in building a healthy community.
- Encourages all community members to become involved in decisions about their community’s programs and policies.
- Reflects community concerns and priorities so citizens can make better decisions.
- Is not a community health plan but can be used with a community health plan to guide decisions for primary health care.

By having input into the programs and policies that influence their health, local people can shape their community. They can assume greater control over their health. The PATH Project was intended to enable communities to create the tools to help them do just that. Part 2 of *PATHways* describes how the PATH Project undertook this task.
PART 2  PEOPLe ASSESSING THEIR HEALTH

Goals Of The PATH Project

The PATH Project is a community-based health promotion initiative designed to involve people in looking at the broad spectrum of factors influencing their health. The goal of the PATH Project is

To provide a means for people in selected communities within the newly formed Eastern Health Region to identify, define, and assess all aspects of health in their communities so that they will become effective participants in a decentralised health system.

The project brought together people in three communities in Eastern Nova Scotia to identify factors that determine health and to develop tools to help them assess the health impact of programs and policies in their communities. Developing community health impact assessment tools is one strategy to enable community members to become more effective participants in the decentralised health system that is evolving throughout the province.

The Antigonish Women’s Association initiated the PATH Project with funding from Health Canada’s Health Promotion Contribution Fund. The Antigonish Women’s Association formed a partnership with Public Health Nursing Services of the Eastern Health Region and the Extension Department of St. Francis Xavier University. Both of these organizations have a long history of involvement in community health development in Eastern Nova Scotia. For more on each of three partner organizations and why they became involved in the PATH Project see the Partner Snapshots which follow.

Good company in a journey makes the way seem shorter
— Izak Walton
The Antigonish Women’s Association

The Antigonish Women’s Association was formed in 1982 for the purpose of addressing issues of concern to the women of Antigonish and environs. The Association promotes increased understanding of issues affecting women and sponsors programs and projects that conduct research and develop community-based actions on specific areas of concerns to women. It established the Antigonish Women’s Resource Centre that offers women information, support, and crisis intervention counselling.

Along with poverty and violence, women’s health has been our main area of focus. Over the years the Antigonish Women’s Association and the Antigonish Women’s Resource Centre have sponsored many workshops, seminars and programs on women’s health. For example, the Adolescent Health Project worked with youth to identify health issues and to develop programs to address those issues. We are working currently with the Youth Services Committee to develop a Youth Centre that will provide information and support to youth on health-related concerns.

As we have learned more about women’s health, our concept of health has expanded beyond individual health and the politics of women’s health to a concept that understands the links between a woman’s health and the health of the community in which she lives. The current health reform process poses particular challenges to communities and, in turn, to women who are often the primary care givers in both their family and community. We saw an opportunity with the PATH Project to develop a community-based analysis and approach that would put in people’s hands the tools to positively influence the health of their communities.

It is our hope that communities around Nova Scotia and beyond (beginning with Antigonish) adopt the PATH model, and that the value of PATH to communities be recognised and supported by the provincial and federal departments of health. The Antigonish Women’s Association would like to continue being involved with PATH to help promote its usefulness and acceptance as a practical, workable, community-based model for People Assessing Their Health.
Public Health Nurses have provided a wide variety of community-based health services to residents of Nova Scotia for over sixty years. Today, the Eastern Regional Health Board, Public Health Services Division, employs public health nurses.

The Eastern Region Health Unit services Cape Breton Island, Antigonish and Guysborough Counties. There are 16 public health offices located in various communities throughout the region. The Public Health Team is interdisciplinary. Community Health Nutritionists, Health Educators, Community Dental Hygienists, Licensed Practical Nurses, Public Health Nurses, along with support staff and management comprise the team. The diversity of health professionals provides a strong community health resource.

The mission of Public Health Services is “to improve the population’s health.” In order to achieve this goal, we work together with communities, families and individuals to identify their health needs, strengths and possibilities. We support joint and individual action to promote wellbeing, to protect and maintain health, and to prevent disease.

We value community development for health and believe in people’s ability to gain control over and improve their health. Advocating for healthy public policy and encouraging action around the broad determinants of health is essential to the success of health reform and for the health of Nova Scotia’s communities. These beliefs are the reason we became involved in the PATH Project.

Early steps along the PATH were taken by people with a deep commitment to community activism. One of our public health nurses in Antigonish, Betty Ann Fraser, was quick to recognise the opportunity that the PATH Project would provide for promoting the health of communities in our region.

St. Ann’s Bay, Guysborough County Eastern Shore, and Whitney Pier are pioneers of people-driven health reform. Community members and resource people in these communities have led us through the first trek. As members of Nova Scotian communities, we are called to follow the path they have begun. Public Health Services, in partnership and as a community resource will continue to support PATH.
The Extension Department of St. Francis Xavier University is mandated "to carry out the responsibility of the university in adult education and extension activities as embodied in the development of the Antigonish Movement."

For more than half a century the Extension Department has operated within the values and principles of the Antigonish Movement, which stress the primacy of the individual, social reform through education, the reform of institutions, group action, and an abundant life for all. This rich tradition of the Department is based on working with people and communities to increase control over their lives and it is accomplished through a combination of adult education and group action. Within this context the Department involves itself in social justice and the full spectrum of social and economic concerns. These include poverty, unemployment, working conditions, education, housing, and accessibility of individuals and groups to services and social supports.

There is a direct link between these social and economic concerns and health. Consequently, the Extension Department also has a long history of commitment to and involvement in health. Most recently, since the release of the Royal Commission Report on Health Care (1989) and Nova Scotia's Blueprint for Health System report (1994), the Extension Department fieldworkers have been involved in a number of initiatives that support citizen education and group action on the changing ideas about health and health system reform. Some of these include the Strengthening Community Health Project, the Health Action Coalition of Nova Scotia, the Community Health Promotion Network Atlantic, the West Pictou Wellness WATCH (We Act Together for Community Health), and the TRASH Project (Training Retirees As Senior Helpers) in Guysborough.

Because of our ongoing commitment to community health and to working with people in communities to increase control over their lives, the Extension Department is very pleased to have been involved in the PATH Project as a partner. Peggy Mahon, Extension Field Worker, worked half-time in coordinating the project. When the PATH Project is completed, the Extension Department will continue working with others to further community-based approaches in the promotion of community health in eastern and northern Nova Scotia.
Two part-time Project Coordinators were responsible for coordinating the PATH Project. A Regional Advisory Committee, created at the onset of the project, brought together representatives from the three partner organizations and community development leaders from throughout the Eastern Health Region. Once the community work began, the committee expanded to include the three Community Facilitators and representatives from each of the three PATH Steering Committees. This group determined the criteria for community involvement, identified potential PATH communities and local leaders to contact, and suggested follow-up strategies to support dissemination and use of the results of the project.

The Coordinating Committee, made up of representatives of the three partner organizations, gave direction and support in managing the project. This Committee met with the Project Co-ordinators regularly throughout the life of the project. The Project Coordinators also reported monthly to the Board of the Antigonish Women’s Association and quarterly to Health Canada.

The involvement and commitment of three communities in Eastern Nova Scotia was at the heart of the PATH Project. Finding three communities who were keen to participate was therefore a critical early role of the Regional Advisory Committee and the Project Coordinators. Several steps were taken to accomplish this.

1. **Developing criteria for involving three PATH communities**

Members of the Regional Advisory Committee developed criteria for the selection of the potential communities to participate in the PATH Project. They agreed that the three communities should be as diverse as possible and include communities:

- from various parts of the region including both rural and urban as well as island and mainland
- with disadvantaged groups
- not usually taking an active role in making decisions
- with a broad continuum of age from youth to senior participants
- that are geographically isolated (in one or all communities)
- at different stages in community organization and involvement in health planning

Above all, it was important that communities were interested in being part of the PATH Project, with the final decision to participate left with community members.
2. Consulting with each community

Guided by advice from members of the PATH Regional Advisory Committee, the Project Coordinators contacted leaders in each of the three proposed communities to gauge local interest in participating as a PATH Project community. In each community, these local leaders helped the Project Coordinators organize public meetings to inform people about the PATH Project and to determine their interest in participating in the project.

During the public meetings, local health issues were raised, the project was explained, and advantages and disadvantages of participating were discussed. As a result of these meetings, each of the three communities decided to become involved as a PATH community:

- **Guysborough County Eastern Shore** including Canso and the adjacent small communities along this mainland coast;
- **St. Ann’s Bay**, the rural Cape Breton community extending along the St. Ann’s Bay to Cape Smokey in Victoria County; and
- **Whitney Pier**, an urban community located in the industrial core of Sydney.

Each community differed somewhat in their early involvement. In **Guysborough County Eastern Shore**, the public health nurse and the hospital director drew up a list of names of people for the Project Coordinator to invite to a meeting. The first meeting was held in Canso at the Lion’s Centre and later in local community facilities throughout Guysborough County Eastern Shore. About 35 people from Canso and surrounding area attended the first meeting. They included people from church groups, senior’s groups, nursing homes, health and social service departments, the hospital, and the local MLA. People discussed their concerns about factors that influenced their health such as employment and education. They were also concerned about the process of health reform and maintaining their hospital services. The PATH Project was of interest to them because they saw it as an opportunity to get their community mobilised around health issues. From the onset, they agreed that their PATH community included not only Canso, but also the adjacent communities of Hazel Hill, The Tickle, Fox Island, Little Dover, Durrell’s Island, Half Island Cove, Phillip’s Harbour, Whitehead, Port Felix, and Queensport. Their Steering Committee was built with representation of these communities in mind.
Guysborough County Eastern Shore

This rural mainland PATH community of 2,800 is really a collection of smaller coastal communities along the Eastern Shore of Guysborough County. Canso, the largest community, is the most easterly town in mainland Nova Scotia. It has a fish processing plant, a hospital, a nursing home, one locally residing doctor (until recently), a dentist, an elementary and a high school, churches, museums, a library, and other services.

The livelihood of most people living in these coastal communities depends heavily on the inshore fishery and small owner-managed businesses. Due to the decline in the fishery over the last ten years, incomes made traditionally in the lobster and inshore fishery have been supplemented through involvement in non-traditional fisheries, such as sea urchin harvesting, aqua-culture, shrimp trap fishing, and crab, tuna and shark fishing. Craft, nature trails, and small service businesses have also developed in recent years.

There are few future employment opportunities for young people. Many move away after school to find jobs.

These coastal communities are isolated. The closest community with more services than Canso is a two-hour drive away in Antigonish. Winter weather makes travelling unpredictable and hazardous. The communities along this remote shoreline are tightly knit with most residents having the support of neighbours. There is also extensive involvement in local church and other community organizations.

The resilience of the people here has been tested over the last few years. People here have become known for their strong community spirit and drive for survival.

In St. Ann’s Bay, little planning could be done until after the peak of the fishing season in mid to late July when people became free to become more active in community issues. Residents of St. Ann’s Bay had recently been involved in developing a plan for community economic development and in establishing a health centre for seniors. The Project Coordinators began by contacting leaders involved in these two initiatives. They were helpful in organizing the first public meeting that was held at the senior health centre. The public health nurse was an important contact in this community. These links continued throughout the project.
St. Ann's Bay

St. Ann's is nestled in Victoria County within the heart of rural Cape Breton; it extends from South Gut St. Ann's to Cape Smokey. There are two distinct areas. The first includes North River, stretching from the St. Ann's intersection on the Trans Canada Highway to the Barachois River. The second is the North Shore, which runs from the Englishtown Ferry to Smokey Mountain.

Because the people living in North River have lost their school, service station, post office, and a few small stores, they tend to connect more with the larger centre of Baddeck. Losing these services has resulted not only in the loss of local jobs, services, and educational facilities but also of places where people can come together and where "community building" can occur.

On the other hand, the North Shore has been fortunate enough to maintain some of these services. It is further from a larger centre and it is a throughway for those living north of Smokey. North Shore has two general stores, two service stations, a school, and a recently established health clinic, which serves the whole of St. Ann's Bay. In addition to services on the North Shore, there are two churches, a community hall, and a fire hall, which serve the people of St. Ann's.

The total population of the St. Ann's area is 580. The younger population tends to reside in North River. Children here travel to school in Baddeck. The population of the North Shore tends to be older. The North Shore School currently has an enrolment of only 20 children.

St. Ann's Bay has traditionally been dependent on forestry and fishery. These natural resources can no longer support the community. The fishery, the economic backbone of St. Ann's, has been significantly weakened as the lobster catch has decreased by half since 1991. Increasingly, people have become involved in the tourist industry through a number of enterprises, such as craft and gift shops, camp-grounds, bed and breakfast establishments, eateries, and activities at St. Ann's Gaelic College.

Many have left the community to seek work. Others have moved in to begin new businesses or to live in St. Ann's while working outside the community. There is an ongoing melding of the "traditional residents" and the "come-from-aways". The people of St. Ann's Bay connect through many community groups and organizations. As people work together, they grow in mutual understanding and acceptance.

The initial contact in Whitney Pier was the local parish priest. He suggested a number of community leaders and activists to invite to a public meeting. The Project Coordinator made calls and local people were encouraged to tell others of the meeting. The first meeting that was held at the United Mission, a community centre and day care that is an important resource for the Black community. Those attending identified a number of issues related to health in
their community; they emphasized that health in Whitney Pier was very dependent on employment, education and opportunities for youth. They pointed out how important it was to include the various cultural groups belonging to Whitney Pier. Because residents had previously taken part in health opinion surveys without hearing what happened to their input, they wanted assurance that their efforts would lead to something worthwhile for their community. A second meeting was planned to finalize their decision. At this meeting, members agreed to participate and a small committee was formed to recruit and select a local Community Facilitator. This committee became the core for the Steering Committee. Because of staff turnover, public health nurses were not involved until after the initial meetings.

Whitney Pier

Whitney Pier is located in the centre of Industrial Cape Breton and is a community within the city of Sydney. The Whitney Pier community consists of some 8,000 people while Sydney contains 26,000 people in total. They are part of the Cape Breton Regional Municipality.

People working in the steel industry have built Whitney Pier. Around the turn of the century, immigrants came to Pier to work at the steel plant. Polish, Italian, Hungarian, Ukrainian, Jewish, and Black people were drawn by the promise of jobs and prosperity. Whitney Pier grew into a busy community as the service sector expanded to support the needs of the workers. It became a community rich in its cultural heritage and with strongly held religious beliefs. Whitney Pier’s past forms the matrix for the unique multicultural community it is today.

The recent past has been less than kind to Whitney Pier. The 1970s brought a steady decline to the steel industry. Jobs were lost and the business sector weakened. The community’s dependence on the steel industry shifted to greater support from government-funded programs. Because local opportunities became scarce, young people had to leave the Pier to find employment and build their lives away from family and community supports.

Concerns about the impact of years of steel making on the health of the community has sparked a series of environmental and health studies. However, in recent years, no clear direction has been determined for addressing the serious environmental and employment issues of Whitney Pier. A Joint Action Group was formed to “educate, involve and empower the community through partnerships, to determine and implement acceptable solutions for Canada’s worst hazardous waste site and to assess and address the impact on human health” (Mission Statement, December 4, 1996)

Friends, neighbours and family connections have always been central to the Whitney Pier community. People here identify closely with their community. Those who leave don’t easily forget their roots. Traditionally, people have cared for each other as neighbours, friends and family and through their many churches, organizations and groups.
3. **Selecting the community facilitators**

A local person was required to facilitate the identification of factors determining health and to work with the Steering Committee in developing a tool for community health impact assessment. In each community, a committee was formed to recruit and select a person for the Community Facilitator’s position. People attending the public meetings in each community chose members to serve on these selection committees.

The Project Coordinators worked closely with these committees to identify qualifications for the Community Facilitator’s position (20 hours per week) and to determine a strategy for recruitment. It was important that the people hired have a good knowledge of their community, its local needs and resources, as well as the broader social and health issues in the Eastern Health Region.

4. **Training and supporting the community facilitators**

The Community Facilitators were chosen for the PATH Project not because they were professional facilitators but because they knew how their communities worked. However, all three were eager to improve their skills and were open to training. An adult educator with the Training and Development Unit of the St. Francis Xavier University Extension Department provided training in facilitation and small group dynamics. The Project Coordinators reinforced this training and used team approaches that modelled the community process. They also developed specific training sessions on the story-telling approach and community collaboration. Team meetings were held regularly and support was given through telephone calls and site visits.

5. **Forming the PATH steering committees**

Forming a local PATH Steering Committee as early into the project as possible was necessary to assist the Community Facilitator and to guide activities locally. The core committee that was formed to select the Community Facilitator quickly expanded into the PATH Steering Committee. Working with the Community Facilitator, members defined the composition and terms of reference for their Steering Committee. An important function of the Community Facilitator was to develop and nurture the Steering Committee into one that could guide the project and support her in her role.

Over the fall and winter of 1996-97, the Community Facilitators brought together people in kitchens and community halls throughout St. Ann’s Bay, Guysborough County Eastern Shore, and Whitney Pier to talk about what makes a healthy community. By sharing their stories about living, working, and raising families in their communities, they identified factors influencing their health and envisioned what kind of a community they want to live in.
Out of their talks emerged the key factors that determine health in each community. The Community Facilitator worked with the Steering Committee to develop a tool for community health impact assessment. In the spring, their drafted tool was tested at a community workshop. Revisions were made, and the final tools were distributed to individual participants, groups, and organizations throughout each PATH community. The steps taken by the three PATH communities are described more fully in Part 3: Developing Tools for Community Health Impact Assessment.

People in each of the three PATH communities designed practical tools to help them take a more active role in decisions affecting their health. Each community health impact assessment tool reflects their local concerns and is unique to their community. The tools that the three PATH communities created to help them begin assessing health impacts are found in Part 5: The PATH Tools (see the folder insert).

In each community, the health impact assessment tool will be used to assist organizations and local governments as they work towards achieving their vision of a healthy community. The tool can help them get people involved in decisions that shape the programs and policies that have an impact on their community’s health. A good health assessment tool can enable any community’s members to participate more effectively in community health planning.

Members of the Steering Committees in the three PATH Communities have increased their understanding of health issues. A core group of people in each community has assumed responsibility for distributing their tool and for promoting its use by local organizations and municipal leaders. Some have begun looking for ways to develop a more sustainable health-planning organization that can effectively serve the health interests of all members of their community over the long term. Two of the Steering Committees have submitted funding proposals to support their plans for follow-up action.

Developing the community health impact assessment tools has been as important as the tools themselves. The process contributed to building a sense of community, as people shared their views on the many aspects of health in their community. The PATH Project shows that different pathways can be taken in different communities as local people work together towards their common goal of building a healthier community.

Some of the key insights gained through the PATH Project are highlighted in the sidebars. For insights on encouraging participation in the three communities see the next page.
KEY INSIGHTS

Supporting Participation in the PATH Communities

Finding and working with three communities who saw the value of participating as PATH communities was critical to the success of the PATH Project. We learned that:

- It’s important to work through existing organizations and build on local activities that bring people together.
- It’s also important to include people from various sectors in the community in order to get a broad range of perspectives on health.
- Organizers have to respect the priorities and commitments of community people who are volunteering their time, knowledge and skills.
- There is no perfect time to work in communities. Summer time can be a difficult, but not impossible, time to get people out to public meetings. Bad weather, sickness and holidays are a reality in working with communities in the winter.
- The meeting place tends to determine who will attend the meeting and, thereafter, who continues to participate.
- Everyone involved needs the opportunity to clearly state his or her expectations of the project or activity.
- People who are involved early in planning the initiative are more likely to stay involved.
- While some people like to discuss and plan, others prefer to act. A good process will provide opportunities for both.
- On-going communication within the project team and within the community are essential to get and keep people involved.
- Developing simple but relevant terms of reference helps make working in groups run more smoothly.
This section of PATHways leads you through the four main steps taken by the three PATH communities as they developed their tools for community health impact assessment. These steps may be helpful as you develop your own community health impact assessment tool.

Step 1: Building The Community Process

Your goal, like that of the PATH Project team, is to encourage as many members of your community as possible to get involved in looking at what makes them healthy. By involving a broad range of community members, you are more likely to...

- Learn what people think determines health in their community
- Increase community awareness of the broad range of factors that determine health
- Enable local people to state their vision of a healthy community
- Generate ideas on a community health impact assessment tool that will be meaningful and useful to the community
- Sustain the participation of individuals, groups, and organizations in using the tool
Here are some strategies we used to involve people. Take them and modify them to suit your own situation.

**Bring together a core group**
- Start with a core of interested people who have the common goal of promoting health in your community.
- Identify the important issues that face your community.
- Decide who else needs to be involved — consider organizational partners as well as local leaders, key informants, community activists.
- Consider what resources you have as well as what you need and how you can access them.
- Select a facilitator.
- Broaden your group so you can capture the diversity of your community.

**Form a steering committee**
- Build your Steering Committee by expanding the core group of interested people. The Steering Committee should be representative of the varied sectors of your community.
- Determine terms of reference for the Steering Committee. The role of the Steering Committee is to guide the process, to provide links to various sectors of the community, and to provide advice and support to the Facilitator.
- Consider ways to involve individual members of the Steering Committee between meetings for advice and support.
- Connect with other communities undertaking similar work and identify representatives from your Steering Committee who can liaise with them. (The PATH Project did this through the Regional Advisory Committee.)

**Work through existing organizations and networks**
- Identify local organizations and networks to contact with the help of the Steering Committee and community resource inventories.
- Reach out to those organizations that serve hard-to-reach groups.
- Be as inclusive as possible in order to get a broad base of input.

**Seek input from local resource people**
- Contact local leaders — for example, clergy, educators, municipal officials, leaders of community service groups and resource centres, senior and youth leaders, health and social service professionals.
- Involve the local public health nurse and others who are familiar with community health issues.
- Talk to people who have been active in other community initiatives.
Use local media

- Determine how people get information and use these channels (e.g. church bulletins, community cablevision, community newsletters, weekly newspaper, radio, posters and flyers).

Gather community members' insights on what makes their community healthy

- Invite groups of local people (4 to 10) to discuss health at informal kitchen table meetings using story-telling and structured dialogue techniques.
- Use personal contacts to reach those least likely to participate.
- Meet with members of existing organizations to get their views.
- Hold public meetings in community centres, churches, schools, libraries, or fire halls.
- Attend public meetings dealing with related community issues and listen to what people are saying.
- Survey by telephone people unlikely to go to meetings.
- Hold focus group sessions, for example, with health professionals who may have limited time and want to focus on specific issues.
- Reach youth by organizing discussion sessions through their schools and places of recreation.
- Use creative ways to involve children, for example, have them draw pictures of their view of a healthy community.

In each of the three PATH communities, the Community Facilitators used a variety of strategies that suited their communities and which they were comfortable with using.

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**St. Ann's Bay**

In St. Ann's Bay, the Community Facilitator invited individuals to attend “kitchen table meetings.” The focus of each of these sessions was someone’s story. For example, stories dealt with the experiences of single parents on low incomes, parents dealing with threatened school closure, seniors living alone, women surviving sexual abuse, people leaving the community, women dealing with depression, alternative medicine. The Facilitator was able to use her extensive knowledge of the community and personal contacts to involve a diverse and large number of people in her community. Public meetings were also held in fire halls in the community to reach those who had not had the opportunity to attend a small group session. A total of 28 meetings were held in St. Ann's Bay. The Facilitator delivered brightly coloured flyers to each rural mailbox and used local newsletters as well as the local weekly to inform and update residents.
A variety of strategies were used by the Community Facilitator to gather views from the people of Guysborough County Eastern Shore. First she contacted leaders of local organizations and asked for time to give a brief presentation about the PATH Project at their next regularly scheduled meeting. She described the purpose of the project and invited members to attend a PATH story-telling session to be held at a later date. By this means, the Facilitator was able to organize 32 sessions. To reach youth, she met with each class in the local high school. She was given this class time because she met with teachers at one of their in-service education meetings to describe the PATH Project and ask for their support. Not only was she able to get the views of the local youth on what they saw as factors influencing their health, but a youth representative was also selected to serve on the Steering Committee. Residents in outlying areas were telephoned to get their views. To obtain the input of health professionals, she held a focus group with them. The Community Facilitator attended meetings concerning local health issues and used this opportunity to inform participants about the PATH Project. She used local weekly newspapers, community television, radio and flyers to tell people how they could become involved in the PATH Project.

It was difficult to elicit the initial participation of residents in the urban area of Whitney Pier. The local media was harder to access than in the rural areas. Flyers promoting the PATH Project were posted throughout the community and church bulletins informed people of meetings. The Facilitator worked with leaders of established organizations such as the United Mission and local churches, the junior school, as well as seniors’ and service groups. The Steering Committee included strong community leaders who were involved in community outreach and committed to improving health and well-being of the people of Whitney Pier. A small number of kitchen table meetings were held dealing with issues such as caring for dependent seniors, single parenting, seniors as victims of crime. Because Whitney Pier residents had already participated in a community health opinion survey, they wanted to see the results. The PATH Project sought input and involvement from the Act! For a Healthy Sydney Project and from the Public Involvement and Education Committee of the Joint Action Group (a multi-sector community based organization to address the hazardous waste problem in Whitney Pier). The Steering Committee used information from these resources in deriving the key factors determining health in this community.
KEY INSIGHTS

Getting People Involved

PATH Community Facilitators who were known and trusted in the community were able to encourage people to become involved. The following are strategies the Facilitators used to support their involvement:

- Recognizing and confronting barriers to participation, for example providing support for transportation to seniors or childcare to single parents.
- Holding meetings where community people tend to gather – their local church, fire hall, community centre.
- Supporting people who don’t usually feel comfortable sharing their views with others.
- Maintaining confidentiality so people are willing to share their views.
- Asking local leaders who represent the various aspects of the community to serve on the Steering Committees.
- Developing and using their skills in small group facilitation and community development.
- Identifying and using local communication channels to let people know about the meetings.
- Working with health and other professionals who work with those hard to reach, for example, professionals such as local public health nurses, teachers, social workers, literacy educators, youth leaders, or school principals.
- Reinforcing a sense of community among local people and emphasising the importance of their input.

The journey, not the arrival matters.
TS. Elliot
The PATH Project was grounded in the belief that community people know best what makes their community healthy. Getting them to share their views in small groups was essential. We needed a process that would:

- Provide an opportunity for community people to meet with each other and discuss what is important in building a healthy community.
- Broaden participants' understanding of health in their community.
- Provide the Community Facilitators and Steering Committees with information about what community people considered important determinants of their health.

Although institutions learn by studies, communities learn by stories. For years, people living throughout Eastern Nova Scotia have been using story-telling as a means of understanding more about themselves and of sharing a bit about themselves with others. Given our rich history of story-telling, this approach was well chosen as a way to involve people in looking at what influences health in their communities.

The Community Facilitators used a story telling technique to encourage people in their communities to talk about and reflect upon factors that determine their health. The technique was adapted from the structured dialogue approach to story-telling developed recently by Canadian health promoters.¹ This approach encourages participants to identify factors that influence their health by sharing stories based on their life experiences in their community. Working with the team, each Community Facilitator adapted the approach developed by the team to suite her community as well as her own skill and comfort level.

This structured dialogue technique reinforces the belief that, as adults, we learn a lot from our life experiences. The story-telling approach enables us to reflect upon our experience and then consider our future actions based on our new understanding. It is modelled from principles of adult learning. The adult learning cycle, as illustrated below, includes four phases: description of the experience, explanation, synthesis, and action.

The facilitator’s role is to guide the discussion, asking key questions to help the group move through the learning cycle by reflecting upon the story. Here is an example of a story shared in one of the PATH communities and some of the insights that came out of the group’s discussion.

**A Single Mother’s Story**

Living in a rural area such as here has its drawbacks. As a person suffering from depression, and never knowing when it will strike, I find living this far from medical services extremely stressful and heightens my depression. Just like with other medical problems, such as when a child has a stomachache or sore ear, I tend to put off making the necessary appointment because of the distance to medical professionals.

The distance is real to me for another reason. Every time I go to a medical appointment it costs me money that I don’t have for gas and the drugs my children or I might need. My friends say they will drive me but I feel that I have to maintain my independence so I don’t accept. I guess that I feel that accepting their help lowers what self-esteem I have. I can’t feel like the independent person that I want to be.

As you know I work in (larger centre) — not the ideal situation, but for part-time work it pays more that the full-time work I had locally. Because I’m a single parent, I felt it was a good choice. But I’m not qualified enough to receive the wage I should be getting. I want to go back to school but again distance is against me. I can take a correspondence course but it would cost $5,000.00 to receive my degree. I’m trying to get student aid. I feel I have no choice but to do this or I won’t be able to go further in my job.
I am a "socially assisted" person and depend on the Province each month for my "income". Although I am thankful, I hate being on social assistance. I need to work for my own self-esteem and interests, and to be an example to my children. I’m thankful for what I receive but I’m finding their “budget” for my living expenses unrealistic. For example, they don’t recognize dental expenses such as braces, only emergency dental services. Telephone services are not enough since we live in an area where calls to most business and medical services are long-distance. Our monthly rates are high for a standard bill. I suppose I could live without a phone but it’s hard in an area as remote as ours and as a single parent.

My children are bused to school. The bus ride alone is a worry in winter and is simply too long. They would like to take in some extra curricular activities but I have to refuse them this “extravagance” because of distance and the extra cost. This hurts them and it hurts me as a parent who wants them to have opportunities in everything.

So why am I here if this is all so hard to survive? I’ve thought about leaving but because of the employment situation everywhere and the high costs of rent in larger areas and the fact that the children’s home is here — what is the point in going somewhere else to try to “get by” when my life is here too? And so are my friends and their wonderful support and encouragement to keep fighting.

This is a summary of some of the points raised during the kitchen table discussion after this mother told her story.

What is happening in this story?
A single mother is....

- Putting off accessing medical services
- Seeking employment outside her community
- Being limited in her opportunities to continue her education and to expand her employment opportunities
- Being unable to cover the necessities of life for her family (transportation, telephone, dental work)
- Feeling stress which adds to her depression
- Feeling a loss of control over her life
- Feeling a lowering of her self-esteem
- Hating the feeling of dependence on the support systems she has, yet grateful for having them
- Feeling concerns about her children’s future and the possibility of their dependence on the same support systems
Why is this happening?
This single mother is unable to provide the economic security needed to fully support her family and herself. Her rural isolation limits her opportunities for employment, education, access to medical and support services, as well as for the healthy development of her children.

So what does this story tell us about factors determining health?
The following factors influence health in this situation:

- Income: Lack of stable income limits family’s resources and opportunities.
- Employment: There are few employment opportunities in this community.
- Medical Services: Rural isolation limits accessibility to medical and other support services.
- Social Support: Her friends — her support network — keep this single mother and her family in this community.
- Education: In this rural area there is limited access to opportunities for career upgrading and lifelong learning. Distance education is costly.
- Child Development: Opportunities for her children are limited because of isolation and limited family resources.

Now what can we do?
The participants discussed a few ways their community can take action — for example, by making people more aware of the concerns of single parent families, by increasing awareness of services to support single parents, by making services more accessible such as by providing transportation, by having a community centre where people could meet and which would provide education and offer self-help groups.

The following are general steps for facilitating a group session using the story-telling approach. We encourage you to adapt these suggestions to your own needs.

1. Bring together a small group of people (4 to 10). People who have something in common with each other will find it easier to talk together. Allow time for everyone to feel comfortable. Explain your purpose.

2. Begin the story-telling session by having one member tell a story that demonstrates some aspect of health and is based on his or her personal experience. It is best if the person prepares the story in advance but tells rather than reads it at the session. (about 15 minutes)
3. After listening to the story, summarize what happened. Next, encourage participants to share their perspectives on why it happened? Consider its meaning within the context of building a healthier community. This is an opportunity to consider the root causes of the issue. (about 15 minutes)

4. Discuss what this story tells you about the factors in your community that have an impact on your health. So what have we learned from this experience? Record these insights by writing key words boldly printed on index cards or sheets of paper that can be posted on the wall for all to see. You may want to ask a member of the group to act as the recorder. (about 15 minutes)

5. Working together, derive themes from the key insights posted on the wall. Move the insight cards into clusters according to their common themes. (about 10 minutes)

6. When everyone agrees that all the themes have been teased out, divide the themes into two groups:

   - Key factors that directly determine the community’s health. They may include factors such as employment, stable income, education, social support networks, etc.
   - Other factors that are important in building healthy communities. These include things such as coordination of services, leadership, and communication etc. (about 15 minutes)

7. If participants are eager to address the issue, discuss what needs to happen next. Now what can we do about it?

8. Draw closure to the session and thank everyone for participating.

To get a more complete picture of how community members view what determines their health, look at all the themes that emerge from the storytelling sessions. In the PATH Project, each Community Facilitator summarized key insights and major themes derived from the sessions. Using the clustering technique described above, she then worked with members of her Steering Committee to identify the key factors determining health in their community. For ideas on how to structure a similar group process, see the sample agenda.

This was an exciting exercise for members of the Steering Committee. They were able to see the common factors emerge from the stories, which described a range of experiences. For example, the importance of social support was revealed through the life experiences of single mothers of young children, unemployed men, survivors of abuse, young people in rural communities, and seniors living alone.
The group was then able to separate those factors that determined health from those that were important for building and maintaining a healthy community. They also began to see the links between these factors. This information served as the base of their community health impact assessment tool.

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**SAMPLE AGENDA**

**Community Steering Committee Meeting**

*Identifying Factors Determining Our Health*

**6:00** Welcome  
Review Agenda and Objective  
Meeting Agreements  
Update on The PATH Project and Where We Are Now  
Reviewing Insights from Community Discussions

**7:30** Break

**7:45** Clustering Insights into Common Themes  
Identifying Key Factors Determining  
Health in Our Community  
Next Steps  
Date of Next Meeting

**9:30** Closure
KEY INSIGHTS

How Adults Learn

People learn best when they:

- Are respected for their unique experiences
- Participate actively
- Learn in collaboration with others,
- Can relate what is being discussed to their lives
- See that their needs are being met
- Do not feel threatened by the learning setting

KEY INSIGHTS

Working in Groups

During our facilitation training, we learned that every group has its own patterns of interaction. An effectively working group is much like a tricycle. This tricycle analogy helped us better understand how groups work.

- The front wheel of a tricycle enables steering just like a clear, shared goal or task gives direction to members of a group and helps them work well together.

- The back two wheels provide stability so the tricycle can keep on track. If one wheel doesn’t rotate, the tricycle tends to go in circles. The back two wheels of a group are the needs of individual members, and the relationships of members.

- Needs of individual members must be met and relationships between members must be nurtured in order keep a group working well.

- Individuals need to feel included, listened to, and respected. If relationships within the group are based on winning and losing, the group will lose its stability and have a hard time staying on track.
The story-telling technique was used in different ways in each of the three PATH communities.

**Guysborough County Eastern Shore**

In Guysborough County Eastern Shore, the Community Facilitator contacted people through their local organizations and invited them to meet at a later date. Stories were not prepared in advance; however she used triggers such as the “health box” (see side bar) and key questions to stimulate discussion. She asked three questions: *What does health mean to you? What words or phrases describe your community? What does your community do well?* These questions stimulated participants to think about health from a community perspective and to share their own stories. Asking the questions, *What? Why? So what? and Now what?,* helped to guide their discussion and the emergence of key insights into what was considered important to the people of Guysborough County Eastern Shore. The Community Facilitator organized the insights according to community and posted them on the wall for her Steering Committee members to view. They identified the main themes and sorted out the key factors determining their health.

**St. Ann’s Bay**

In St. Ann’s Bay, the Community Facilitator personally invited individuals to bring together a few people in their homes for kitchen table discussions. Usually one person came with a prepared story about a health-related concern shared by the group. The Facilitator guided the discussion using the structured questions: *What happened? Why did it happen? So what does this mean? Now what happens?* During the discussion, comments were noted at the table. Members of the group agreed on what key insights to record. All 28 sessions held in St. Ann’s Bay were stimulated by personal stories focusing on specific topics — for example, parent support, living alone, sexual abuse, childbirth, local schooling. The information was summarized by the Facilitator. Insights were posted under headings of each story. Members of the Steering Committee derived the main themes from all the stories and, finally, the key factors considered important determinants of health in St. Ann’s.

**Whitney Pier**

A similar process was tried in Whitney Pier; however, the Community Facilitator found residents reluctant to participate. Only a few story-telling sessions were held. The Community Facilitator presented themes from these sessions to the Steering Committee and together, they arrived at key factors determining health in Whitney Pier.
The Health Box

To get people thinking about the many aspects of health, the Community Facilitators used a Health Box. The clear plastic box contained items symbolising various factors that make a community healthy – for example, a school notebook (education), an unemployment card (employment), a toy telephone (social support), a baby toy (child development), a beer can and package of cigarettes (lifestyle practices), a flower (the physical environment), a band-aid (health services).

This health box was set in the centre of the table so everyone could look through it and consider the broad range of factors that influence their health. This proved to be especially useful whenever the group got stuck on one aspect of health (such as health services or lifestyle practices) and needed to broaden their focus to include social and environmental conditions. The activity was also fun and tended to break the ice.

Here’s what some participants said about the value of the story-telling process:

The process was exceedingly respectful, democratic, excellent. I really enjoyed it. The process itself did something to get people to talk together about what had to be done, first within individual communities and then between them.

I was amazed at how the community was able to look at itself and draw out the main things that affect its health.

It started to take on a positive tone, going from ‘they don’t care’ to ‘why can’t we make it happen?’

I was surprised at the broad definition of health, and my own definition was broadened.

I felt I learned a lot; it broadened my outlook and changes some of my opinions. I saw the other side, other values, why people don’t want to leave here.

The meeting was well run... The facilitator seemed comfortable and made others comfortable. She had a command of the situation and knew why she was there.
KEY INSIGHTS

Using the Story-Telling Approach

So what did we learn about using the story-telling approach? We learned to...

- Select groups in which members have something in common yet which are mixed enough to have different perspectives presented.
- Create a safe environment where people know they can openly share their views.
- Set ground rules at the beginning so all have an opportunity to speak.
- Encourage people to prepare their stories in advance but recognize that this may discourage some from participating. Meaningful stories can also occur spontaneously and should not be dismissed. How people prepare and tell their story depends on their personal style and comfort level.
- Be flexible. Depending on the story, some questions will take more time and others less.
- Focus on key stories. Dealing with too many stories can be confusing to everyone.
- Post questions on a flip chart or circulate questions clearly printed on sheets of paper or cards.
- Record key insights. Writing boldly on sheets of paper at kitchen table meetings works well. You can then post key insights on a wall for sorting into themes. Use a flipchart if this better suits your group and room.
- Remind participants that the purpose of the discussion is not to solve the health problems of individuals but rather to understand the wide range of factors that influence the health of their community.
- Enable people with limited reading and writing skills to share their views.
- Remember the facilitator’s role is key to successful storytelling.

For More Information on the Story-Telling Approach, see the Handbook on Using Stories in Health Promotion Practice (Health Canada, Health Promotion and Programs Branch, Postal Locator 1904A2, Ottawa, ON, K1A 1B4).
A community vision is a description of your community as you wish it to be at some point in the future. It should tell people where you’re headed as a community. A clear vision statement generates enthusiasm and prepares people to work together. A community vision statement

- Focuses on opportunities, not problems
- Reflects the strengths and diversity of the community
- Emphasises what makes the community unique
- Balances broad change with practical efforts
- Is clear, specific, and to the point
- Inspires working together

A shared vision of your community is essential for building trust and giving a sense of purpose. A community vision will provide a future, but a not final, destination. It will help your community define program and policy priorities and make important decisions about allocating resources. Knowing that a community has a vision of its place in the future also inspires the confidence of those outside the community.

Each of the tools for community health impact assessment developed by the PATH communities includes a vision statement (see folder insert Part 5: PATH’s Tools). These vision statements reflect the unique character of each community and have guided the Steering Committee members in developing their final assessment tool.

The future belongs to those who believe in the beauty of their dreams.

—Eleanor Roosevelt
Creativity is key to successful vision building! The following steps are meant to encourage creativity as you build your vision of a healthy community.

1. Bring participants together in a comfortable and relaxing setting.

2. Think ahead at least 10 years about your community as you dream it to be.

3. Take an imaginary tour through your community describing its physical characteristics and well as how it works as a community. What does it look like? What are people doing? What organisations, services, programs etc. exist? Consider the diverse members of your community and its various sectors.

4. Share your images of the future and record them on the flip chart. You may also want to draw them on another flip chart and hang the two sheets of paper together on the wall.

5. Discuss the list and drawings of images. Has anything been forgotten? Have you considered all members of your community?

6. From these ideas craft your community vision. Summarize the key points that surface from your list and drawings of images.

7. Ask a few members to take the group’s key ideas and translate them into a vision statement for further discussion at the next meeting. Try to keep its length to no more than a page.

8. Revisit the community vision from time to time to reaffirm your vision and assure that there is still agreement.

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Vision without action is merely a dream.
Action without vision merely passes the time.
Vision with action can change the world.

—Joel Barker

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Developing Tools For Community Health Impact Assessment
Not only are communities complex, so are the many forces which have an impact on a community’s health. It’s not easy to sort out all these factors. However, comparing your community to something that is familiar may help simplify it. Using imagery can help to identify the relationships among the various factors that have an impact on the community’s health and well-being. Here’s one we tried.

How is your community like a tree?

On one wall, post all the factors that your Steering Committee identified as having an impact on their health. Consider both the determinants of health and the factors needed in building and keeping your community healthy. On another wall, post the outline of a large tree. Relax and let your creativity take over.

1. Brainstorm some characteristics of trees and compare them to those of communities. For example, both communities and trees....
   - Are made up of many interrelated parts
   - Are growing and changing with the season and years
   - Need to be well rooted for nourishment to sustain life
   - Are influenced by external factors in the environment
   - Are unique in their nature and history

2. Consider your community as a tree. Leaves gather light and moisture to sustain the life of the tree. Healthy leaves support healthy branches and the overall tree.

   **What are the factors in your community that are like the leaves on a tree?**

   Often when one branch is weak, branches on the rest of the tree have a harder time sustaining the health of the tree.

   **Is there a particular determinant of health important to your community’s health that is like a weakened branch on a tree?**

3. Trees require ongoing sustenance and stable grounding, especially during the harsh and windy winter months. They get this support from their roots. Nutrients are carried from the roots through the trunk to the whole tree. The stronger the root system the more stable and healthier the tree. Think of your community.

   **What kind of a root system does it have? What is needed to keep it operating as a community through good times and bad?**

4. Many forces in the environment affect the health of a tree.

   **What positive and negative factors from the outside environment influence the health of your community?**
5. The image of your community as a tree should reveal both the determinants of health (i.e. the branches and leaves) and other factors that influences your community’s capacity to build a healthy community (i.e. the system of roots). A well-rooted tree is able to support the development of a strong trunk and well-developed leaves and branches. It becomes a tree that is more resilient to changes in climate and outside forces.

What conclusions can you draw about your community?

Although some trees stand alone, many trees are found along with others in a forest.

To what extent is your community connected to others in this region?

6. Compare the description of your community as a tree to your community vision.

Is anything missing in your community vision? Note any changes.

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A PATH Example

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Here's How One Community Used This Analogy

- The roots of the tree are communication, cooperation, geographical location, family values, and support systems. These are needed to nourish the whole tree. These factors bring people together and are the essence of community.

- The trunk is made up of ethics, citizen participation, community confidence, leadership, staying informed, and community control. These represent the strength of the tree and they encourage growth.

- The broadest leaves are employment, stable income, healthy physical environment, health services, and education. These leaves are absolutely essential to keep people in the community – they determine the health of the community.

- Off-shoots of the main leaves are social acceptance, local culture, childhood development, recreation, safety and security, housing, and personal coping skills. They will flourish only if the main leaves are healthy.

- The cloud overlooking the tree is made of foreign values, dependence of government, the media, and isolated geographical location. These factors are always challenging the growth and survival of the tree.

- The sun represents the beauty of the geography, neighbouring communities, and resources. These factors support survival and encourage growth.
Here are some examples of other analogies used by the PATH communities to sort themes generated from their community discussions:

**Guysborough County Eastern Shore**

Guysborough County Eastern Shore used the image of a fishing boat searching for treasure in describing factors influencing their community’s health. For a description and picture of their analysis of what their community members see as important to their health, see page 10 and 11 of their resource called **Guysborough County Eastern Shore: Our Community Health Impact Assessment Tool**.

**St. Ann’s Bay**

In St. Ann’s Bay, people compared their community to a person.

- The legs supporting the person are what people in St. Ann’s identified as key determinants of their health, for example education, income, employment, childhood development, etc. These are necessary for everyone’s health and well-being.
- The main body represents the voices of St. Ann’s, including individuals, families, extended families, friends, neighbours, and community organizations.
- The mouth and arms reflect the principles guiding a healthy community: community voice and control, citizen participation, community values and vision.
- The geographical location represents the solid ground upon which their community stands.
- Outside factors – the sun and clouds portray the positive and negative forces – with an umbrella offering protection.

For a fuller description and illustration, see page 10 and 11 of the community health impact assessment tool **Voices of St. Ann’s: Building Healthy, Healing Community**.

**Whitney Pier**

People in Whitney Pier compared their community to a clock.

*For a clock to be able to tell the time, the many moving parts must work together. Similarly, many factors determine the health of our community. The development and sustainability of our community requires the collaboration of many sectors and forces.*

See page 10 of the Whitney Pier’s community health impact assessment tool, called **Working Together: Our Hope for the Future**, for their comparison.
Step 3
Designing The Tool

Translating the key factors that the community members have identified as important to their health into a simple, easy-to-use tool is the next task. A tool for community health impact assessment must have meaning to the members of the community so they can use it in making decisions that impact on their health. It’s important to select key messages you want to communicate and to figure out how you want to design your assessment tool.

What Does A Community Impact Assessment Tool Look Like?

A tool for community health impact assessment may be presented in any way that is meaningful to members of the community. It may be a pamphlet, booklet, or poster — whatever makes sense and is therefore useful to community members. It’s a good idea to call upon local resource people, such as artists or graphic designers, who can help translate key messages in ways the community can relate to.

A tool for community health impact assessment may include, but is not limited to, the following components:

- A vision statement for a healthy community
- A summary of the key determinants of health in the community
- Other factors that are important in building and sustaining a healthy community
- A statement of the values and principles that guide community members as they work together
- Worksheet for health impact assessment which states what the community considers a priority when decisions are made about community programs and policies
- Worksheet for planning actions
- Illustrations or prose that capture the sense of community
- Description of the process
- Acknowledgements
The following steps can help you to identify the key messages and how you can communicate them through your community health impact assessment tool:

1. Brainstorm and list key words that will tell others about what’s important in assessing factors that impact on the health of your community. From this list, decide what your most important messages are (for example, you may want to emphasize the importance of working together, or of having a community vision for health, or of building upon your strengths as a community, etc.) This will help focus the design of your tool.

2. Brainstorm ways you might illustrate these messages. Record ideas on how you could effectively get your message across to others. Is there an image that could help you communicate what makes your community healthy?

3. Decide what you want to include in your tool. See the previous page for components that could be included in a community health impact assessment tool.

4. Consider what format will work best for your community health impact assessment tool, — a pamphlet? a booklet? a poster? a series of flyers or posters?

5. Identify who from your Steering Committee and from the community have the skills and time to help create your community health impact assessment tool. How can they help you?

6. Decide who will produce your community health impact assessment tool and how they will do so. Who from the community will review it and give you some useful feedback?

For further ideas refer to the three community health impact assessment tools developed by the PATH communities (Part 5 – see folder insert). Remember that your community is unlike any other community. Your assessment tool should reflect your uniqueness.

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To travel hopefully is a better thing than to arrive, and the true success is to labour

- Robert Louis Stevenson
Assessing the things that impact on health in your community depends not only on having the right tools, but also the right kinds of supports to make the process work. Consider what the next steps are that your Steering Committee will need to take so that the tool can be used effectively in local decision making. What structures are in place to help your community use their assessments tools in moving towards its vision of health?

Think about the ways you can support use of the tool that your community has designed. Here are some to consider:

- Involve as broad a base of community members as possible in gathering insights as to what it takes to make a community healthy — the earlier participants are involved, the more commitment they have to staying involved.

- Once the tool is drafted, take it back to the community for members’ input. A community workshop can be an opportunity to test the tool, get feedback, and celebrate the hard work completed so far.

- Distribute the tool widely through community organizations, groups, and municipal government.

- Work with existing health planning organizations — for example, the Community Health Board — or, if none yet exist, bring people together to consider what type of health planning organization is needed to best serve the interests of the community.

- Encourage volunteers who have worked on the tool’s development to promote and support it use.

- Begin using the tool in decision-making where the issue is relatively clear (or the stakes not too high!) so people in the community can get some experience using the tool before tackling the tougher issues.

- Reflect on the strengths and weakness of the tool, and consider ways of making it work better.

- Spread the word on how the tool was used.

- Connect with other communities who are also using community health impact assessment as a way to assess the potential effects of programs and policies on their health.
The Community Facilitator and Steering Committee in each community organized a workshop after the draft of each community’s assessment tool was produced. These workshops:

- Informed community members about the work of the PATH Project and the community health impact assessment tool that resulted.
- Showed people, who were involved in discussion sessions, how the information they shared had been used.
- Gave participants an opportunity to test the drafted tool on current issues and to give their suggestions for its improvement.
- Brought people together to celebrate their community’s effort in identifying the factors that determine their health and in developing the tool.
- Provided an opportunity to identify strategies for using the tool and for continuing to work together to build a healthy community.

Suggestions For Planning A Community Workshop

Be sure to involve all members of your committee when planning and carrying out the workshop. They can help in:

- Planning the workshop program
- Facilitating small group discussions
- Organizing an icebreaker
- Participating in workshop presentations
- Taking photos
- Planning fitness and nutrition breaks
- Decorating the room
- Registration

Consider all sectors of the community when identifying potential workshop participants. You may want to include:

- Participants from your small group discussions and public meetings
- Representatives from community organizations ensuring diversity of age, race, culture, gender, religion, ability and sexual orientation
- Representatives from schools, church, economic development groups, health services, social service agencies and municipal government.
In planning your program you may want to include:

- Introductions and an icebreaker
- Introduction to the community health impact assessment tool and the community process that led to its development
- Presentation on some aspects of the tool (— for example, reading the vision statement or illustrating the health determinants identified in the community)
- Activities to test the tool. Proposed programs or services to be tested should be realistic
- Discussion of follow-up strategies, such as distribution and use of the tool, forming a community health group, community education etc.
- Celebration of your work
- Local entertainment and food

When promoting your community workshop, consider using:

- Personal invitations to those who participated in community discussion groups
- Flyers to potential participants, organizations and agencies
- News releases and public service announcements in local media
- Personal contacts

Consider accessibility when identifying a place and time for the workshop. Arrange for car-pooling and/or reimburse participants for travel and childcare (if you can afford it) for those who might not otherwise be able to participate.

The Community Workshop Planning Checklist and the Sample Agenda may help you further when you get down to planning your workshop.

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You have to look at the bright side —
or you won't see where you're going.
— Neil Gillis, age 5 years

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Developing Tools For Community Health Impact Assessment
<table>
<thead>
<tr>
<th>Planning Group Activity</th>
<th>Individual Tasks (What?)</th>
<th>Who Will Do It?</th>
<th>By When?</th>
<th>✔ Completed</th>
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<tbody>
<tr>
<td>Identify potential workshop participants</td>
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<tr>
<td>Identify a place, date and time for the workshop keeping in mind accessibility for potential participants</td>
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<td>Develop workshop objectives (what you are hoping to accomplish)</td>
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<td>Decide on program activities, for example:</td>
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<td>✔ Introductions and an icebreaker</td>
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<td>✔ Introduction and presentation on some aspects of the tool</td>
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<td>✔ Activities to test the tool</td>
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<td>✔ Discussion of follow-up strategies</td>
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<td>✔ Closing exercise</td>
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<td>✔ Other?</td>
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<td>Decide on other aspects of the workshop, for example:</td>
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<td>✔ Nutrition breaks</td>
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<td>✔ Meals</td>
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<td>✔ Entertainment/recreation</td>
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<td>✔ Other?</td>
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<td>Develop a workshop agenda (what you are going to do and when)</td>
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<tr>
<td>Planning Group Activities</td>
<td>Individual Tasks (What?)</td>
<td>Who Will Do It?</td>
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<td>Develop a workshop budget considering the following</td>
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<td>✔ Meals and/or nutrition breaks</td>
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<td>✔ Use of space</td>
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<td>✔ Subsidies for child care or transportation</td>
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<td>✔ Promotion (printing, photocopying, postage)</td>
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<td>✔ Supplies and telephone</td>
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<td>✔ Workshop fee (if needed to cover costs)</td>
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<td>✔ Other?</td>
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<td>Develop and carry out a plan to promote the workshop</td>
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<td>Decide on how you will evaluate the workshop</td>
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<td>Finalize plans for the following</td>
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<td>✔ Workshop agenda</td>
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<td>✔ Resource persons, activity leaders, photographer</td>
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<td>✔ Small group discussion questions and instructions</td>
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<td>✔ Promotion and any media coverage of workshop</td>
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<td>✔ Food: menus and type of service</td>
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<td>✔ Space requirements such as meeting rooms, display areas, assembly hall, childcare, etc.</td>
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<td>✔ Equipment such as visual aids, furniture, sound system, flip charts, markers, tape, etc.</td>
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<td>✔ Room set-up such as tables/chairs, decorations, displays, nutrition breaks</td>
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<td>✔ Participant kits such as name tags, agendas, copies of the tool, pencils/pens</td>
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<td>✔ Registration</td>
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<td>✔ Supplies and materials for displays, registration, evaluation, resource persons, participants</td>
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<td>✔ Other?</td>
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SAMPLE AGENDA

Community PATH Workshop

*Testing the Tool*

9:30 pm  Welcome
         Review Agenda
         Icebreaker

10:00 pm  Introduction to the Tool
          Overview
          Community Vision of Health

10:30 pm  Nutrition Break

10:45 am  Testing the Tool (small groups)

12:15 noon  Lunch

1:00 pm  Group discussion on testing the tool
         (feedback from small groups)

1:30 pm  Where do we go from here?
         (large groups)
         Identifying follow-strategies

3:00 pm  Closure and Evaluation
The Guysborough County Eastern Shore workshop was held in the early evening of a cool spring day in the Hazel Hill community hall. A large banner with the words **PATH - People Assessing Their Health** painted by a local artist welcomed participants to the workshop. (This banner travelled to each of the PATH Community workshops.) The hall was decorated with fish nets, old buoys and lobster traps interspersed with dozens of pictures drawn by youth depicting their impression of “what a healthy community is”. This was in keeping with the tool’s theme — “Imagine our community as a fishing boat searching for hidden treasure”. Workshop participants were first introduced to the tool and the vision of a healthy Guysborough County Eastern Shore. Then, after a tasty chowder supper accompanied by local musical entertainment, they tested the tool in small groups. They used using realistic community projects such as “restoring the commercial cable building in Hazel Hill”, “building a youth centre with peer supervision only”, “developing sewage and water plants in Durrell’s Island and Little Dover”, and “restoring Grassy Island”. After their small group discussion, participants explained to the other groups the results of their test and the usefulness of the tool. One participant commented, The tool helped us to think about health in a broader way. Another participant said, Anyone can use this tool – community organizations, economic development groups and people in the workplace. As part of follow-up strategies, the group recommended that a community health group be formed to continue the work started by the PATH Project. In keeping with the fishing theme, this new group was named CATCH (Citizens Action Toward Community Health).

When participants in the St. Ann’s Bay workshop entered their local fire hall on a crisp March morning, they suddenly entered a different world surrounded by panels of beautiful wildflowers and butterflies. The decorations were part of a fund-raiser for the local community health clinic held the previous Saturday. The workshop opened with introductions and a lively icebreaker followed by an introduction to the tool. In small groups workshop participants tested their tool using community project ideas such as, “building a bridge between Jersey Cove and Englishtown”, “building a bicycle trail along the Cabot Trail”, “forming a community health group”, and “closing the North Shore School”. The feedback from the tool testing was very positive. Comments included: The tool puts community first, not the individual. It clearly identifies who is affected by the proposal. It makes us consider both the positive and negative impacts. In the afternoon, participants met again in small groups to consider follow-up strategies. They recommended the formation of a community health group to ensure distribution and use of the tool, to support of the community health clinic, and to liase with the Community Health Board.
The school library was the setting for the Whitney Pier community workshop held on a Saturday in April. The Steering Committee members and the Community Facilitator opened the workshop and introduced the tool. Their review of the factors that determine health in Whitney Pier and their community vision for health generated much discussion. Participants tested their tool with the following community scenarios: "developing a mini mall in Whitney Pier", "decentralising government services to the area", and the "potential closing of a local day care". After lunch (prepared and served by local students), workshop participants discussed the usefulness of the tool and offered suggestions for distributing it to government and community agencies. Comments on the tool were: I was surprised by how easy it is to use this tool. This makes sure we consider all the aspects of our community. Participants recommended that the PATH Steering Committee continue to meet to ensure distribution of the tool and to begin discussions with the Regional Health Board regarding the formation of a Community Health Board.

The good traveller has the gift of surprise.

—W. Sommerset Maugham
PART 4 SHARING WHAT WE LEARNED

Throughout the PATH Project, we stopped along the way to reflect on our experiences and to share our insights with each other. This was essential in order to determine our next steps along an unknown path. We created opportunities for evaluation through our community workshops, a regional workshop, Regional Advisory Committee meetings, team meetings and interviews by the PATH Project Evaluator. This part of the resource highlights some of our insights.

During the PATH project we were reminded that....

- No two communities are alike
- Communities are groups of people who share a common identity, interest, or sense of purpose. Although location is important, they are much more than geographical units
- Community members are best able to define their geographical boundaries
- Each community has its own ways of working on local issues
- Local leaders who are familiar with the ways people connect in a community are best able to get people involved and working together
- Factors which influence the way people work together are key to building a healthy community

Enabling community participation is a main thrust of the PATH Project. The Project’s intent was to enable community people to take a more informed and active role in making decisions that impact on their community’s health. Through participation in health planning and decision-making, community people can assume more control over their health.

Many obstacles limit participation. The Community Facilitators identified a number of barriers that prevented people from getting involved in the PATH discussion sessions and meetings.

- Apathy...feeling that no one would really listen anyway
- We’ve been studied to death already
- Lack of awareness of how to get involved
- Lack of publicity, especially in urban areas
- Lack of trust in the process of health reform
Lack of information about the direction of health reform
- Reluctance of health professionals to participate outside their institutional boundaries
- Differences in perception of groups within a community — for example, those whose families are from the community and those who have moved in
- Diverse cultural and racial groups
- Lack of experience working together
- History of certain groups not working well together
- Past experience working together was not positive
- Tendency to rely on the same leaders and volunteers who are over-extended
- Costly in time and expenses to attend meetings
- Tendency for health to be seen as a “women’s” issue

The Community Facilitators used a variety of strategies to support participation of a broad range of community people. By being a member of the community, the Facilitator was able to understand these barriers and seek ways to overcome them. (see Building the Community Process: Strategies for Involvement Used by PATH Communities, page 23). Furthermore, comments from participants reveal the Facilitators’ success in supporting community participation.

The project brought together different kinds of people, those who don’t usually get involved together. In this community it’s unusual to see men and women discussing an issue together.

Different people with no connection in their lives are becoming committed to each other over a shared problem.

‘Health’ often means women and children, but the men are getting involved as well.

You wouldn’t have seen this kind of mixing before this. (in reference to people working together).

What We Learned About Collaboration

The PATH Project began its journey with a concern that people in the newly formed Eastern Health Region needed to link with each other and to start working together. The PATH Project provided us with an opportunity to build a common understanding about our health concerns and broadened our understanding of health issues in our region.

Collaboration occurs whenever people work together to achieve a common goal.1

There have been many travellers along our path. The following table helps identify some of these travellers and their roles.

<table>
<thead>
<tr>
<th>The PATH Travellers</th>
<th>Their Role</th>
</tr>
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<tbody>
<tr>
<td>Antigonish Women’s Association</td>
<td>Had an idea and sought support.</td>
</tr>
<tr>
<td>Health Canada</td>
<td>Provided funding support.</td>
</tr>
<tr>
<td>Partners:</td>
<td>Provided organizational support.</td>
</tr>
<tr>
<td>Antigonish Women’s Association</td>
<td></td>
</tr>
<tr>
<td>The Extension Department</td>
<td></td>
</tr>
<tr>
<td>St. Francis Xavier University, and Public Health Nursing Services of the Eastern Health Region</td>
<td></td>
</tr>
<tr>
<td>Coordinating Committee made up of Partners and Project Co-ordinators</td>
<td>Provided management support.</td>
</tr>
<tr>
<td>Regional Advisory Committee</td>
<td>Provided advice and contacts throughout the region.</td>
</tr>
<tr>
<td>Project Team</td>
<td>Implemented the project.</td>
</tr>
<tr>
<td>Community Steering Committees (Leaders from each of the three PATH communities)</td>
<td>Gave local direction and advice.</td>
</tr>
<tr>
<td>Community Participants</td>
<td>Shared their insights about what makes their community healthy, and working together, created their own community health impact assessment tools</td>
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</tbody>
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Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has.

- Margaret Mead
A lot of energy flowed through these groups. Working together has encouraged and sustained participation. It has kept those involved in the PATH Project moving towards the common goal of promoting health in our communities and throughout our region.

The PATH Project's strength lies in steady team building. The Partners' Co-ordinating Committee team supports the Project Co-ordinators, who in turn work as a team. The Co-ordinators carefully built the staff team with the facilitators, encouraging them to work with each other as well as to learn from the training provided. The Facilitators took this energy to their Steering Committee, and with the help of the Co-ordinators, built a strong support team in the communities. It is this ongoing positive support which encouraged the Facilitators to try different approaches until they succeeded in raising the discussion of health determinants in their communities. And it will be the Regional Advisory Committee which will need to take the results of the PATH Project into the Eastern Region and the Province.

Ruth Schneider, Interim Evaluation Report, April 1997, p. 20

Like any trip, the experience of travelling with others can change our views and even the way we work. The PATH Project has helped us refocus:

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>working alone</td>
<td>working together</td>
</tr>
<tr>
<td>meeting unmet needs</td>
<td>developing capacity</td>
</tr>
<tr>
<td>competing</td>
<td>building consensus</td>
</tr>
<tr>
<td>health services</td>
<td>the broader determinants of health</td>
</tr>
<tr>
<td>short-term results</td>
<td>long-term outcomes related to promoting health</td>
</tr>
</tbody>
</table>

The PATH Project brought together a new mix of people and organizations from within the Eastern Health Region. Not only have we learned about each other and our communities, we have learned how to work together. We now have a history – short but solid – of successful experiences. We have some common ground from which we can continue to work together to promote health throughout our communities.

Keep things on your trip in perspective, and you'll be amazed at the perspective you'll gain on things back home while you're away... one's little world is put into perspective by the bigger world out there.

-Gail Ruben Jeremy
The following factors can influence the success of any group’s collaborations.

Environment:
- History of successful experiences in working together within the community
- Partnership seen as providing leadership within the community
- Political and social climate favours collaboration

People Characteristics:
- Mutual respect, understanding and trust
- People involved represent appropriate cross section of the community
- People see that collaboration is in their self-interest
- Ability and willingness to compromise

Characteristics of Process and Organizational Structure:
- People have an interest in both the process and structure
- Multiple layers of decision making
- Allows flexibility
- Clear definition of roles and policies
- Allows adaptability

Communication:
- Established formal and informal links
- Open, transparent, and frequent

Purpose:
- Well stated concrete, attainable goals and objectives
- Shared vision
- Unique purpose

Resources:
- Adequate material resources
- Skilled facilitator

People involved in the three PATH communities identified common factors that determined their health. The following were important to participants in all three communities:

- Jobs and employment opportunities
- Healthy child development
- Health services (acute care, home care, primary health care)
- Lifelong learning
- Lifestyle practices (recreational opportunities, healthy eating addictive behaviours) and coping skills
- Physical environment
- Safety and security (fire and police protection)
- Social support
- Stable incomes

People also shared common concerns about building healthy and sustainable communities and how to go about working together. The following were key to their community's health:

- Communication (lack of information and poor communication are barriers to assuming greater community control)
- Community involvement, local control, and leadership development
- Confidence in one's community
- Coordination and cooperation in service delivery
- Ethics/values and spirituality
- Respect for one's culture and history

Given the uniqueness of the three PATH communities, it was not surprising to have some subtle differences reported. For example, although the three PATH communities considered the environment a key factor in determining their health, their priorities differed. St. Ann’s Bay put emphasis on protection of the strength and beauty of their environment, whereas Whitney Pier saw the tar ponds as a major hazardous waste site that needs to be cleaned up in order to improve the community’s environment.

Perceptions of the media’s influence were different in each of the three communities. Residents in St. Ann’s Bay were concerned about the impact of media on youth and their development of critical thinking skills. The negative portrayal of Whitney Pier through media coverage was a major concern of residents in this community. Guysborough County, on the other hand, had
experience in using the media to their advantage and therefore had a fairly positive opinion about the influence of media.

Both Whitney Pier and Guysborough County Eastern Shore identified health services as important. However, mobility and accessibility to a range of support services were stressed in St. Ann's, especially for seniors, youth, people living alone, and people without cars.

Values were important in all PATH communities. However, community pride was especially important to residents of Whitney Pier. Participants in St. Ann's Bay and Guysborough County Eastern Shore stressed the importance of belief and confidence in their communities.

People from all three PATH communities expressed a sense of geographic isolation as well as social and cultural isolation. All groups feel lack of accessibility and mobility to some extent.

*Where we live directly affects our education, recreation and work opportunities as well as access to health care, housing, and social supports.* (St. Ann's Bay)

*This area is no-man's land; it's never had any political clout. People feel and have always felt that they've had no voice.* (Guysborough County Eastern Shore)

*The community feels hard pressed, even compared to the rest of Cape Breton. The largest percentage of claims for UIC in Canada is in Whitney Pier. And the good things about Whitney Pier never get out.* (Whitney Pier)

However, when they had opportunities to share their concerns about health and talk about some of their achievements, people from all three communities saw similarities and felt connected. As one participant from Canso said,

*If someone had asked me a year ago what St. Ann's, Whitney Pier and Canso have in common I would have had to first ask where they were and then I would have said 'nothin'. If I were asked today, I would say everything!*

*The further you go, the more you shall see and know.* —*Medieval Proverb*
Community health impact assessment was unknown to most of us before we started the PATH Project. The project provided a unique opportunity for innovation in promoting community health.

It was only with a huge leap of faith that we plunged into developing the community health impact assessment tools. Throughout the PATH Project, we spent a lot of time asking ourselves just what is this “tool” and what will it look like. It was not easy heading down an unfamiliar path to an uncertain outcome.

Through our experience, we have learned that....

- Community health impact assessment is a process to enable local people to become more involved in building a healthy community. Both developing the assessment tools and using them depend on community participation.

- Developing these tools begins with identifying what makes our community healthy? This is an opportunity for participants to broaden their perspectives on the health of the whole community — not to solve the problems of individuals.

- The tool must reflect community members’ understanding of what makes them healthy; therefore, it needs to be revised over time as the community changes.

- When people become involved in a community process, such as the PATH Project, they expect some action to come of it. Community health impact assessment tools are meant to support community action. Working towards something concrete, which reflects community thinking and can be used by the whole community, can keep people interested and involved.

- Individuals who have been involved in beginning the process of community health impact assessment in their communities are key to its continued use.

- Communities involved in community health impact assessment can benefit from linking with other communities who are also involved in the process. They can support and build on the successes of each other.

- It really does take a leap of faith to start down an unknown path. People who are committed to improving health in their community are willing to take the leap.

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"Two roads diverged in a wood, and I —
I took the one less travelled by,
And that has made all the difference.
—Robert Frost"
Here’s what some of the community members said about their involvement in the PATH Project:

_It was great to get together like this in a group. PATH asked, “How am I living, and what am I doing to take care of myself?”_

_It [the PATH process] was useful in identifying concerns; there was a pooling of ideas, cooperation in identifying health factors._

_It was very good for bringing things out and getting people—men, women, all ages—to discuss things which we usually don’t._

The PATH Project was timely because it....

- Supported the key role of community people in making decisions about factors that impact on the health of their communities.
- Built on the province’s commitment to decentralized decision-making within the context of health system renewal.
- Emphasized the varied aspects of health and the importance of many health determinants that are broader than health care services.
- Challenged us to think more about what has an impact on our health, how we can assess these factors, and how we can consider them when making decisions about local programs and policies.
- Provided an opportunity for health promoters to work together and learn more about the concerns of their communities and their region as a whole.
- Revealed how important it is that both the public and policy makers work together to create structures to support a health promotion in our region.

The path taken by those who participated in the PATH Project has been one filled with steep hills, unexpected curves, a few pot holes, and many new vistas. Although we had a vision of where we wanted to go, we had no clear map of how to get there. It was only by working together that we discovered our way.

We made some wrong turns and, at times, we were unsure of our footing. However, believing in people’s capability to work together to identify what works best for their community helped us regain our footing, adjust our strategies, and get back on track.

We invite others to join in the journey.