

# Community Conversations Report - June 2023

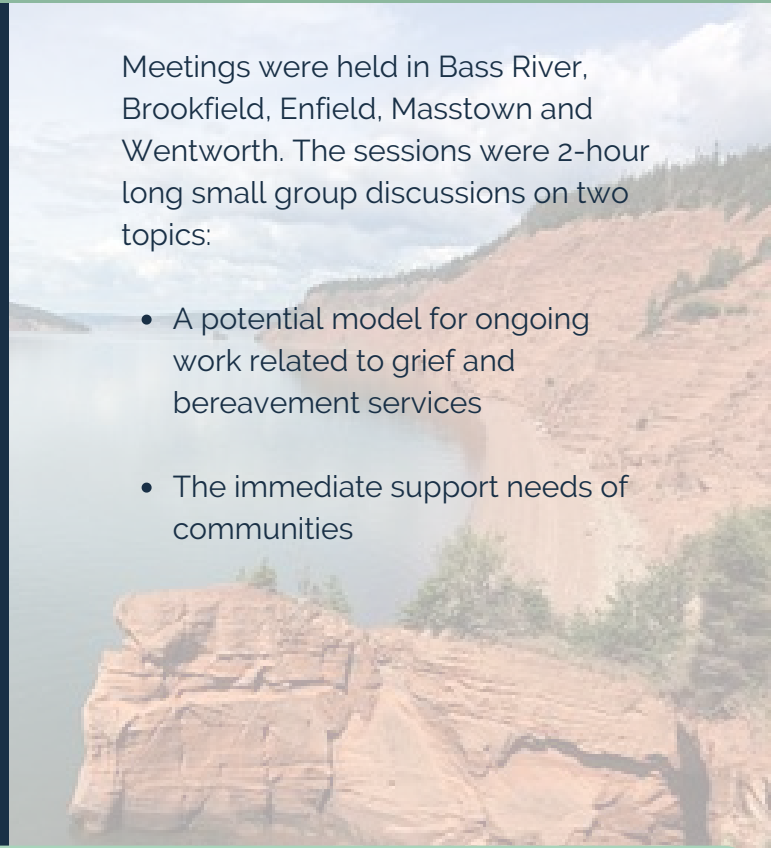


Nova Scotia Health conducted a second round of community conversations in Colchester, Cumberland and East Hants Counties in June focused on the implementation of the Mass Casualty Commission recommendation C13. This recommendation seeks to address the public health emergency in these counties.

Meetings were arranged in cooperation with the Sipekne'katik and Millbrook First Nations but these were scheduled for August and will be reported on separately.

Meetings were held in Bass River, Brookfield, Enfield, Masstown and Wentworth. The sessions were 2-hour long small group discussions on two topics:

- A potential model for ongoing work related to grief and bereavement services
- The immediate support needs of communities



## Feedback on the Hub and Spoke Model

The feedback from session attendees was wide-ranging but focused on four aspects related to implementing a hub-and-spoke model to organize services for the affected communities.

### Structure

- Participants had differing interpretations of the Hub's purpose and role. Some assumed it was for delivering primary care and mental health services, while others saw the Hub in coordination, information-sharing, and system navigation roles, or a combination of several roles.
- Many felt the Hub would be staffed by health and other professionals, though it was unclear if these staff were NS Health or community organization employees.

### Partners and participants

- There was broad agreement that the Hub should address the needs of a wide variety of users but with emphasis on some specific groups, such as women experiencing domestic partner violence; precariously or unhoused people (especially youth), the 2SLGBTQI community, and First Nations communities.
- Participants named a range of potential Hub partners, including health services and professionals, municipalities, education system, family resource centers and others in the helping sector, Community Health Boards, and first responders.

## Feedback on the Hub and Spoke Model (continued)

### Processes

Participants spoke about a wide range of principles and processes that should guide Hub operations, and a number were mentioned multiple times:

- Addressing stigma related to mental illness and accessing mental health supports
- The need to build trust with people and communities
- The Hub should have consistent, dependable, person-centered services
- There should be a strong public education and wellness focus, and an emphasis on peer/community leadership
- Single-entry access and equity were also noted as important factors

### Services and service delivery

Participants named a range of services they would like to see offered through the Hub:

- Grief, bereavement, and trauma support and education
- Stigma education
- Crisis intervention, suicide prevention, coping skills
- Services targeted at specific populations (e.g. youth, families/caregivers, etc.)

Participants also advised on how services should be delivered:

- Trauma-informed and person-centered
- Equity and wellness focused
- Provide both clinical and peer-led supports

## Feedback on Community Needs

The feedback on questions about community needs from session attendees can be arranged under three main topics: Challenges and barriers; community strengths and assets; and, immediate needs.

### Challenges and barriers

- Stigma related to mental illness
- Lack of trust in people, institutions
- A number of factors related to the social and economic determinants of health contributing to social isolation and the loss of community cohesion
- Multiple traumatic events (e.g. mass casualty, pandemic, Hurricane Fiona)
- Growing pressures on community organizations and services

### Strengths and assets

- Communities supporting each other through challenges
- A general resilience of the population, and strong community spirit
- Existing networks and partnerships, and strong community-based organizations
- Community and grass-roots led initiatives and projects

### Immediate needs

- Address urgent/immediate needs (e.g. mental health issues facing men, children and youth, seniors; community trauma and healing; community safety)
- Acknowledge there will be long-term effects on people/families/communities as a result of the MC event, and develop more openness about trauma and grief
- Mechanisms/venues to make connections with others; support innovative approaches (e.g. social prescribing); and, develop workshops and events delivered in familiar community spaces

# Other Feedback

In addition to the main topics above, session attendees provided feedback about communications, community engagement, and resources. Many of the communications and community engagement themes built on advice gathered during community conversation sessions held in May. The feedback on resources focused mainly on the availability of support for programming and services delivered by and for community, investment in community events, public education and training for volunteers and first responders. Concern was also raised about the number of available volunteers and about the capacity of volunteers to address community expectations.

## Common Themes

**There were ten common themes that emerged out of a thorough review of the participant feedback from all five sessions:**

1. Stigma (related to mental illness/health) was identified as a challenge and barrier related to access and the successful delivery of services, as well as effective and meaningful community engagement. Stigma was identified as an important target/topic for communication and public education, and a challenge that would require significant support and resources. In a number of instances there was a noted imperative to differentiate and decouple mental health services and mental illness from grief, bereavement, trauma and coping.
2. System and service navigation was a recurring theme and was seen as a critical focus or component to be included in the hub and spoke model.
3. Wellness/Wellbeing focus was identified in the hub model discussions as an important service, function and/or program principle. The need to invest in Wellness/Wellbeing initiatives was recurring theme in commentary related to resource needs.
4. Diversity, equity and inclusion were considered important principles to include in the hub structure and role/function. Aligned with this was the sense that particular populations and groups had unique needs that would have to be integrated into how the hub operated and made decisions about services and priorities. Several of these populations (e.g. children and youth, men, seniors) were considered high priority for immediate support and action.
5. Peer leadership and peer-led service was noted as an operational principle for the hub model, and identified as requiring dedicated support and resources to make it effective.
6. Access to internet, communication technology and transportation were frequently noted as challenges for rural communities, and as barriers to both communication, public awareness and education, and meaningful community engagement in addressing the MC challenges.
7. Access to funding support and resources to support the model, to support work of communities and CBOs, to train volunteers, and to support individuals was a consistently recurring theme.
8. Making use of existing community resources and assets (venues, professionals, volunteers, events/gatherings) to support the implementation of the hub model but also as key community engagement and public education resources was not often.
9. Lack of mainstream communication channels was a frequently noted barrier to communication, public education and community participation.
10. Understanding how the range of social determinants of health have impacted individual and community understanding and reaction to the MC event (and aftermath), as well as how the SDOH need to be considered in designing and developing programs long-term and critical community supports short-term, was a prominent theme.



# Validating What We Heard

It is important to make sure we captured what people said in the meetings as accurately as possible. The notes and themes from the sessions were compiled and shared back with the participants. We asked them to review our notes and provide us with any additions or changes. We received only a few responses. Some suggested additional community partner organizations be added to the list we had gathered during the sessions. Others provided additional advice about communication and community engagement. We have added this feedback to the record of the June meetings.



*Thank you to all those who participated in the June community conversations.*

## Next Steps

- Launch the Northern Zone Health Care Transportation Support
- The Community Hub organization selected through the procurement process
- Feedback from community engagement sessions shared with Hub organization and other partners
- Continue to identify and connect with community-based organizations that provide community supports and services
- Further community engagement planning

### For more information -

Email: [EngagementMCC@nshealth.ca](mailto:EngagementMCC@nshealth.ca)

Online: [www.engage4health.ca](http://www.engage4health.ca)

