Pictou County CHC Pre-Operational Business Plan

Image courtesy of the Canadian Association of Community Health Centres: https://www.cachc.ca/about-chcs/

Pictou County Community Health Centre Working Group

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Prepared by the Pictou County Community Health Centre Working Group
With assistance from Keith Collier, consultant

Executive Summary

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In 2018 a small group of community members in Pictou County gathered around kitchen tables and local coffee shops to share a vision of improving health care in Pictou County. The vision was to transform access to primary care beyond treating disease and illness to a more organic model of shared responsibility to restore mind, body, and soul. A place where relationships are built between community and traditional health care, resulting in a system where all aspects of a person's lived reality is considered when addressing health care needs. These conversations sparked a movement leading to the development of the Pictou County Community Health Centre Working Group (PCCHC-WG or WG) with the goal of creating a Pictou County Community Health Centre (PCCHC).

In 2021, the PCCHC-WG secured funding from the Aberdeen Health Foundation (AHF) and the Sutherland Harris Memorial Hospital Foundation (SHMF) to undertake a community engagement process and develop a pre-operational business plan, and the support of these partners has been key to the ongoing development of this project. The goal of this plan was the cultivation of a clear pathway for the future of a potentially transformational health care system for Pictou County.

The PCCHC-WG undertook an extensive stakeholder engagement process with service providers, community groups, and service users, a review of current Community Health Care models, and a review of available data pertaining to healthcare in Pictou County. While virtually all aspects of health care and community wellness were identified as needing attention, a few themes stood out.

These included:

- Mental health programming and supports, (Tier 1 & 2) as well as increased support for mental health crisis services (Tier 3 & 4);
- Long term management of complex and/or chronic health issues;
- Access to systems navigators/facilitators/case managers to help clients manage their health care needs and access services such as housing, income and food security supports, and mental health Tier 1 & 2 services. This is especially needed for populations experiencing barriers to access in traditional healthcare system, such as rural residents, seniors, LGBTQ+ residents, African Nova Scotians, Indigenous populations and other equity deserving groups;

- Improved access to primary health care;
- Health promotion, community support programs, and access to supportive programs that promote social inclusion and community cohesion;
- Pre-natal & post-natal supports;
- Sexual and reproductive health care;
- Services targeted to populations facing barriers to accessing health care; and
- Services (both healthcare and community-based) for populations facing both healthcare challenges and social isolation.

Initial stakeholder consultations demonstrate there is a need for an alternative way to approach primary health care in our community, one which recognizes that health is not solely interventions in treating disease but which also approaches healthcare in a preventive and relationally responsive way, meaning a way that considers the health of the whole person, including their environment, living conditions, etc. in relation to their specific health concern.

The pre-operational business plan includes the following deliverables in 2022 and 2023:

- Complete asset mapping by August 2022
- Establish the PCCHC-WG as a registered non-profit society by November 2022.
- Implementation of a Knowledge Translation strategy throughout 2022 and 2023.
- Undertake fundraising activities and secure funding required by January, 2023.
- Complete operational plan by February 2023.
- Establish the PCCHC-WG as a registered charity in 2023.
- Begin staff hires in early 2023.
- Secure needed rental/office space and acquire needed equipment by the spring of 2023.
- Begin operations in the fall 2023.
- Develop and implement evaluation, sustainability, and expansion plans in 2023 and ongoing.

This project will improve health care services and health outcomes for residents of Pictou County by applying an equity lens to the work, and by engaging community in not only the development but the delivery of the model. With the support of our partners and community, the PCCHC-WG is confident that Pictou County can become the leader in the future of healthcare in our province.

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Pictou County CHC Business Plan

Introduction

History of the Pictou County CHC Working Group

The Pictou County Community Health Centre Working Group (PCCHC-WG) has been actively working towards establishing a Community Health Centre (CHC) in Pictou Count for the past several years. The PCCHC-WG started in 2018 as a small group of concerned volunteers who began meeting to learn about the CHC model and how it may benefit their community. The group solidified into a working group in the fall of 2020, and represents a diverse range of communities and organizations within Pictou County. In 2021 developmental funding was secured from both the Sutherland Harris Memorial Hospital Foundation and the Aberdeen Health Foundation, with administrative support provided by Kids First Association and Seniors Outreach.

The PCCHC-WG consists of volunteers and agency partner representation who understand that the delivery of effective primary health care requires both access to acute health care as well as the application of a Social Determinants of Health lens to service provision. This model of care, which incorporates a holistic, health promotion, and disease prevention focus, is often referred to as a Population Health Approach. The Working Group created a Terms of Reference and a decision-making model to guide the work until a more formal structure is required.

The Pictou County CHC Working Group Members include:

- Sue Arsenault – Retired Public Health Nurse, La Leche League Leader, Chair of Kids First Board
- Kelley Cavan – Public Health Nutritionist, Former Professor of Nutrition at St. Francis Xavier University
- Bernadette MacDonald – Retired Executive Director of the Women's Centre (Pictou County & Yarmouth)
- Anne Simmonds – R.N., PhD, Professor of Nursing, St. Francis Xavier University, Professor Emeritus, University of Toronto
- Mary MacLellan – Seniors Outreach Coordinator for the seniors of Pictou County, founding member of Caregivers Nova Scotia in 1998, and has served on many health-related boards including both Community Health Boards in Pictou County.
- Michelle Ward – Executive Director of Kids First Association,

- Karen MacKay – Retired staff of the Pictou County Women's Centre and Community Volunteer
- Dominic Boyd – A social worker with an MSW in Community Practice, 16 years of experience working in a CHC, and 12 years in the mental health sector; currently semi-retired, living in Caribou.
- Ilhem Dedekhani – Teacher and support worker for new immigrants and refugees
- Jocelyn Dorrington – Retired teacher and Municipal Councillor for New Glasgow, and Advocate for African Nova Scotian health services
- Julie Martin – Community Health Board Member, Executive Director of Let Abilities Work Partnership
- Marta MacInnis - representing the Research, Innovation, and Discovery team (RID) at Nova Scotia Health as an ad-hoc member.

The PCCHC-WG has a four-member Steering Committee (Sue Arsenault, Kelley Cavan, Bernadette MacDonald and Anne Simmonds) who meet bi-weekly to provide direction, advice, and support for the work. Ad-hoc working groups were developed as needed to deliver specific deliverables, such as hiring of the paid consultant and student placements, engagement with stakeholders, and fundraising.

The work of both the PCCHC-WG and the Steering Committee was supported by Keith Collier who is the Community Development Consultant for the project. Keith is an experienced community developer and communicator, with a focus on helping communities by connecting people and resources - bringing people and groups together to meet their mutual goals. He has been living in rural Pictou County since 2017 having moved here from Arviat, Nunavut where he worked as a Community Economic Development Officer and then as Director of Community Development.

With the securing of funding from both the Aberdeen Health Foundation and the Sutherland Harris Memorial Foundation in January of 2021, five project deliverables were developed.

They are as follows:

- Stakeholder engagement process that captures the strengths, weaknesses, opportunities, and threats (SWOT) from all interested citizens and groups;
- An evidence-based assessment of the healthcare needs of our diverse citizens;
- An asset map of our current community infrastructure, services, and providers;
- A business plan that outlines the proposed model, processes, and costs for our CHC; and
- An operational plan to move the initiative forward.

As the work progressed it became apparent that the five-project deliverables, while all necessary, could not all be accomplished in the first phase of the work. Therefore two (2) project deliverables (development of an operational plan and development of a full asset map) were deferred to 2022.

Advantage of the CHC model

Community Health Centres (CHCs), are an integral part of health care reform, extending the delivery of health care services beyond the provision of primary care to include services that are key to health such as income, housing, education, and environment. CHCs are multi-sector healthcare and social service organizations that deliver integrated, people-centred services and programs that reflect the needs and priorities of the diverse communities they serve.

A CHC is any not-for-profit corporation or cooperative which adheres to all five of the following domains:

- Provides team-based, interdisciplinary primary care;
- Integrates services & programs in primary care, health promotions, and community wellbeing;
- Is community-governed, community-centred, and responds to the health needs of the community it serves;
- Actively addresses the social determinants of health; and
- Demonstrates commitment to health equity and social justice.

There is a substantial body of national and global evidence that supports CHCs as highly-effective, comprehensive primary healthcare organisations. In a CHC model the needs of vulnerable populations are met with the application of an equity lens to service delivery and an acknowledgement that not all systems are equal for all people. The PCCHC-WG is confident that the application of the CHC model of care would greatly improve health outcomes and quality of life indicators for residents of Pictou County.

Part 1: Governance, Organization, & Communication

Governance Model

Community Governed Society/Association

Experience demonstrates that one of the core values embedded in any successful Community Health Centre is community ownership. This is achieved by the development of a governance model which not only reflects the identified core domains of a CHC (see previous page) but also the community in which it is serving. Adhering to a principle of community ownership ensures that the CHC governance is representative of, engaged with, and responsive to the health care requirements, wellness needs, and identified community priorities. This is the model necessary to ensure that the Pictou County Community Health Centre (PCCHC) not only meets the needs of Pictou County residents, but is also conscious of and responsive to the barriers that are unique in this community, and the diversity of its population.

The current structure working towards the development of a Community Health Centre (PCCHC-WG) has been successful as a working group, operating without prescribed structures and processes. As this work moves into the next phase it will require more formal operational and administrative standards. This would allow the group to develop formal partnerships and maintain autonomy for not only the vision of a Community Health Centre but to ensure regulatory and financial responsibility. The PCCHC-WG will register as a non-profit society with the Nova Scotia Registry of Joint Stock Companies by the fall of 2022, and move towards applying for charitable registration with the Canada Revenue Agency. The creation of a non-profit society registered with the Registry of Joint Stocks is not particularly burdensome; however, care must be taken to establish by-laws that reflect the PCCHC-WG's goals and objectives. Application for charitable registration would require a more concentrated effort but is necessary to take advantage of many funding opportunities as well as significant fundraising activities.

The Board of Directors and established committees will provide overall direction and guidance to the CHC. A Chief Administrative Officer (CAO) will be hired to report directly to the Board of Directors and directly supervise all other PCCHC staff.

The society will establish committees, policies, knowledge translation strategy, and evaluation procedures necessary to provide ongoing guidance to, and assessment of, CHC operations, as

well as human resource management for the CHC's CAO. The society will also be responsible for ensuring the stability of long-term operations, contractual obligations, financial management and strategic planning for the CHC.

The registered society will need the legal and financial capacity to enter into legal agreements for funding. This will be crucial for forming partnerships that will allow the CHC to develop and meet its goals. It will also be necessary to operate the non-profit as a registered charity under the regulations of the Canada Revenue Agency. The PCCHC-WG will first pursue incorporation in 2022, with the goal of obtaining registered charity status (either as the existing non-profit or with a separate, fundraising non-profit arm as some CHCs have done) in 2023. This will allow the PCCHC to pursue multiple funding sources as well as fundraising opportunities.

The actions required in 2022 include:

- Conduct consultations to discuss governance options and determine priorities related to by-laws, Memorandum of Association, guiding principles, mission and mandate.
- Complete required preparatory work listed above.
- Complete and submit "name reservation" paperwork.
- Complete remaining registration forms and submit.
- Prepare schedule of annual regulatory obligations.
- Secure mailing address, bank account(s), and required CRA accounts.

The target date to complete registration is fall 2022, which will allow the new society to become operational in time to enter into funding and/or partnerships agreements in advance of operational plans for 2023.

The PCCHC-WG should consider securing additional professional services to help with this process.

Communication & Engagement Plan

Communication and engagement are key to the community-based nature of a CHC. Therefore, it is important that the PCCHC have a knowledge translation strategy in place in 2022 to guide ongoing communication and engagement goals, and encourage the flow of information to and from the community.

The purpose of this knowledge translation strategy is to continue to raise awareness and support of the CHC, to build awareness among potential clients, and to continue gathering input and feedback from the community. Constant and ongoing engagement is a key element of the

CHC vision and principles; therefore, the PCCHC will continue to engage with communities, service organizations, healthcare providers, service users, and other stakeholders throughout the development, implementation and evaluation stages of the work. The Board of Directors of the PCCHC will lead the annual development of the knowledge translation strategy and direct PCCHC staff in the implementation and evaluation of the work.

A Communications Committee Under the direction of the Board of Directors members of this committee will undertake the following actions in 2022:

1. **Creation of a social media presence**: Engage in activities on mediums such as Facebook, Twitter and Instagram to reach audiences for both promotion of the CHC and to inform the community of the progress of the project.
2. **Brand Development:** Creation of PCCHC logo, letterhead, and other graphics as required.
3. **Media Releases:** Development of a communication policy which determines how media communications happens, responsibilities and messages to be delivered.
4. **Website**: Register domain names as required, and contract for the development of a PCCHC website.
    a. Relevant domain names to reserve include, but are not limited to:
        i. Pcchc.ca;
        ii. Pc-chc.ca;
        iii. Pictoucountycommunityhealthcentre.ca
5. **Engagement Plan**: Building on work done in 2021, the committee will develop a plan to continue engaging with community organizations, service providers, potential funding partners and service users on a regular basis. This will be further linked with ongoing PCCHC evaluation policies.

Part 2: Needs Assessment & Data

Needs Assessment

Health and Wellness Priorities in Pictou County

The need for increased health and wellness services and supports in Pictou County is the catalyst behind the work of the PCCHC-WG. In order to better understand the specific needs of Pictou County, the PCCHC-WG undertook a research and engagement process throughout 2021 and into 2022, This information, both qualitative and quantitative, identified and prioritized health care gaps and needs in Pictou County.

An important part of the process has been the review of a variety of available research reports and health related data sets related to the Pictou County community. The group also arranged for and facilitated stakeholder consultations with groups including community organizations, service providers, and service clients/first voices. These engagements and data sources are listed in Appendix B.

Of note are the number of residents of Pictou County who are in need of a family doctor, as reported by the Nova Scotia Health's "Need a Family Practice Registry" reporting. According to the most recent report (March, 2022[1]), there are 10,164 residents of Pictou County in need of a primary care provider, representing approximately 23% of the population. On the basis of proportion of population in need of a family practice, this means that Pictou County is the county in Nova Scotia with the highest need for primary care for residents, with the second-highest need being in Yarmouth/Shelburne/Digby at 15.5% and Annapolis/Kings at 14.4%. The need in Pictou County is therefore demonstrably the highest in the province.

These reviews and engagements led to a number of findings, including;

- **Pictou County population health data indicates that Pictou County has generally worse health indicators and outcomes compared to the rest of Nova Scotia.**
- **A large portion of our population does not have access to a primary care practitioner, resulting in limited choice for addressing emergent and immediate health care needs.**
- **Access to mental health care services and supports is a priority.**
- **Access to health care for seniors is a priority, as is the need for seniors to be supported in aging well which includes developing meaningful social connections.**

[1] Monthly "Need a Family Practice Registry" reports available at: https://www.nshealth.ca/reports-statistics-and-accountability#finding-a-primary-care-provider-reporting

- **There are populations who are not engaging in traditional health care services and supports. There is a responsibility to better understand the reason and reduce the barriers for engagement.**
- **The CHC can be a hub to connect and leverage services throughout the county.**

These findings were helpful as the PCCHC-WG discussed the vision for the Pictou County CHC. Having reaffirmed the understanding of health care needs, the findings now inform the vision of the PCCHC services.

Alignment with NS Priorities

The PCCHC-WG recognizes that the current provincial government in Nova Scotia is making new investments in health care, and developing new service delivery methods. These include initiatives in Pictou County such as walk-in clinics co-located with pharmacies in New Glasgow and Truro[2], a new addictions recovery support centre located in the Aberdeen Hospital,[3] and virtual care delivery at libraries in New Glasgow, River John, and Westville with support from the Pictou-Antigonish Regional Library and the Aberdeen Health Foundation.[4]

The vision of the Pictou County CHC, as well as the principles of CHCs in general, align well with these initiatives, and the goals of the province and their partners. In addition, the vision aligns with the findings in the recently released **"Speak Up for Healthcare: What We Heard"** report,[5] . This alignment is reflected specifically in the sections on Health Equity and Social Determinants of Health (p. 22), Diversity, Equity, and Inclusion (p. 23), Increased Access to Preventive Mental Health Supports (p. 24), Creating Additional Access Points to Primary Care (p. 25), Multidisciplinary Teams and New Care Models (p. 27), Local Autonomy (p. 29), and Virtual Care (p. 33). The CHC model provides an excellent place to utilise alternate funding models which are identified as important to the recruitment of family doctors (p. 19-20), and the potential reallocation of budgets (p. 26).

In order to further this alignment and build a relationship with the province, priority needs to be placed on further engagement with Nova Scotia Health and other provincial structures guiding the work. Alignment with provincial health care priorities will increase support for the PCCHC model and help inform future partnerships with Nova Scotia Health.

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[2] https://www.cbc.ca/news/canada/nova-scotia/health-care-walk-in-clinic-pharmacist-nurse-practitioner-1.6364712

[3] https://novascotia.ca/news/release/?id=20220215003

[4] https://www.cbc.ca/news/canada/nova-scotia/libraries-virtual-health-care-doctors-nurse-practitioners-1.6357303

[5] https://novascotia.ca/docs/speak-up-for-Healthcare-what-we-heard-report.pdf

Part 3: Business Plan

Business Plan

Location

The current municipal structure in Pictou County creates a challenge in selecting a location of the Community Health Centre. Pictou County has six (6) municipal government units and a large number of smaller, unincorporated communities scattered throughout the County. While New Glasgow has one of the highest population densities in Nova Scotia, much of the county consists of rural roads and farmlands with scattered homes and residents who have limited access to transportation, internet, and cell phone coverage.

The Working Group has consistently focused on accessibility of services and provision of services county-wide as a priority. This priority has been echoed in the stakeholder consultations. Many stakeholders and community members have emphasized the need for both centralized services in population centres, and a method to bring needed services and programs to all residents of Pictou County, regardless of their location, transportation access, and communications ability.

In addition to the provision of services, the location of the Pictou County CHC also has implications for operations and administration. Given the nature of the work there is a need for a secure main office location for the storage of equipment and personal healthcare records. Consideration also needs to be given to a location which is central and accessible, providing consistency of service, in addition to considering the safety of staff and community.

Addressing these considerations, the business model of the Pictou County CHC will include a “home base” office or offices, combined with a series of mobile, outreach, satellite, and/or rotational programs and services. The initial services and staff in 2023 will be a single office, with some outreach services, and additional service delivery models will be developed as resources allow. This “home base” or main office will most likely be located in New Glasgow, in order to be located close to the majority of service providers, health care offices, the Aberdeen Hospital and residents of Pictou County.

Additional service models to reach the entire population of Pictou County to be developed include:

- Mobile services via specially equipped vehicles and/or setting up programs and services in community spaces such as community halls, churches, and schools.

- Rotational services - Staff based in New Glasgow could be designated to work in an office or space in other places such as River John or Merigomish for one day per week.
- Alternative methods of service delivery including outreach, phone, and videoconferencing.
- Satellite offices in centres such as Pictou.

Physical space considerations could include renting an already existing space or construction of a building built specifically to address the needs of a Community Health Centre. Co-location could also be considered by developing deliberate partnerships with service providers or organizations which address the needs of the population and share some of the goals of the PCCHC-WG.

A rental space has a more flexible timeline - that is, rental spaces can be secured more or less immediately, and terms are shorter. It may not be as cost effective on a month-to-month basis (rental vs. capital costs/mortgage payments) but there is less long term commitment and risk. There is also considerable flexibility with rental spaces as they are by nature impermanent, which gives the CHC the opportunity to grow, expand, resize and redirect resources as projects, services, staffing levels, change and grow over time. There is, however, less control over a rental space in the sense of long-term security.

Becoming involved in construction has the advantage of an opportunity to custom-design a space (which depends on having a strong long-term view of space requirements), and may be cost effective and more stable long-term. However, a capital program requires extensive planning and multi-year timelines, for fundraising, design, permitting, and construction phases.

For these reasons, the Pictou County CHC will rent space for the short to medium term (1 to 5 years) as we build and grow the PCCHC, with a longer-term option of having dedicated space in a new construction if the group decides this is justified by program requirements and is financially feasible.

For all satellite, mobile, and other outreach services, the PCCHC will rent required spaces as necessary, as this provides the flexibility required for these services, whose budgets and objectives may change frequently. Spaces to be rented on a long-term, monthly, weekly, or daily basis as needed include:

- Secure vehicle storage space for mobile services.
- Satellite office spaces.
- Community spaces such as churches, community halls, library community rooms, for community programming and outreach services.

This approach also has the advantage of building needed space rental costs into program budgets on an as-needed basis, and many potential funders would not consider these costs to be annual operating or core operating costs. For example, rental of an office for a "home base" for the CHC or other long-term spaces such as satellite offices are operational costs, as those are key to the operations of the CHC as a whole. But renting additional spaces on an "as-needed" basis for the temporary use of specific programs could be considered program costs as opposed to operational costs, which may provide additional funding options.

As further discussed in the “Administration” section below, there are advantages in working in conjunction with a partner regarding space. These advantages include financial advantages, administrative supports, and community and network building. Three potential partners have been identified in the past year, and all three have met with the PCCHCWG. These are:

1. The John Howard Society, who have opened a new service centre in a repurposed building in Pictou and have space that they wish to fill with community services;
2. The River John Community Support Society, who have recently secured significant funding from the Department of Community Services for a new Food Bank/Food Centre building in River John, and wish to integrate some healthcare services in the space, and;
3. The Town of New Glasgow, who are interested in having the CHC support and potentially be housed within the New Glasgow Field House project, as part of a suite of partners.

The PCCHC-WG will continue to engage with these and other groups and explore partnerships in 2022, as these kinds of community partnerships are an excellent way to provide programs and services in different locations throughout the county, while building community and remaining engaged with residents and service organizations.

In addition, the PCCHC-WG will begin discussions with the province to determine the scope and extent of a partnership that may be developed with the Departments of Health and Wellness and Community Services, and the Nova Scotia Health. This is most needed in terms of funding for operations and staff, especially primary care staff, but there are also opportunities to reduce the administrative burden in terms of financial support, policy development, etc., as the province has extensive resources and experience in this area.

Exact space requirements for the PCCHC-WG are difficult to calculate with confidence at this time; however, as a starting point, the following space requirements are suggested:

1. Office space - 1,000 square feet
2. Clinic space - 2,000 square feet
3. Community kitchen
4. Community spaces that can host programs, and group sessions,

5. An enclosed garage for a vehicle(s) to be used for mobile/outreach services.

Some of these spaces can be co-shared with other community-based programs.

2021 Census Population Data

The following table summarises the population of Pictou County, according to data from the 2021 Census. This data provides context for the location and provision of services throughout the county, and is important in considering CHC locations. Note, for example, that approximately 34,400 out of 43,400 residents of Pictou County are in the New Glasgow Census Metropolitan Area, which impacts the decision of where to base the CHC.

Additional work in GIS mapping, analysis of population distribution, and/or more detailed population analysis (such as by age, gender, etc.) may be helpful for future planning.

Pictou County Population						
2021 Census						
	Population		**%**	**Private**	**Pop.**	**Area**
Area	**2021**	**2016**	**Change**	**Dwellings**	**Density**	**(km2)**
New Glasgow	9,471	9,075	4.4	4,782	951.3	9.96
Stellarton	4,007	4,208	-4.8	2,017	445.6	8.99
Trenton	2,407	2,474	-2.7	1,167	396.7	6.07
Westville	3,540	3,628	-2.4	1,660	248.6	14.24
Pictou	3,107	3,186	-2.5	1,600	388.7	7.99
Pictou Subdivision A (MOPC West)	6,153	6,075	1.3	3,739	8	769.64
Pictou Subdivision B (MOPC Central)	6,137	6,174	-0.06	2,817	8	770.57
Pictou Subdivision C (MOPC East)	8,386	8,443	-0.7	4,470	6.7	1,254.87
Fisher's Grant 24, Indian Reserve	449	485	-7.4	158	291.4	1.54
Merigomish Harbour 31, Indian reserve	0	0	0	0	0	0.23
Totals :	43,657	43,748	-0.2	22,410	15.4	2,844.10
New Glasgow CMA*	34,397	34,487	-0.3	17,071	16.6	2,066.47
*Census Metropolitan Area. Includes New Glasgow, Stellarton, Trenton, Westville, PC Subdivision B & C, Fisher's Grant, Merigomish Reserve.						
* Does not include Pictou or Subdivision A						

Services

The PCCHC-WG has held extensive discussions and consultations with various service providers and users throughout Pictou County. These discussions have highlighted the needs for virtually all health and medical services. Specific services that have been mentioned repeatedly as needed in Pictou County broadly include:

- Mental health programming and supports (Tier 1 & 2), as well as increased support for mental health crisis services (Tier 3 & 4);
- Long term management of complex and/or chronic health issues;
- Access to systems navigators/facilitators/case managers to help clients manage their health care needs and access services such as housing, income and food security supports, and mental health Tier 1 & 2 services. This is especially needed for populations experiencing barriers to access in traditional healthcare systems, such as rural residents, seniors, LGBTQ+ residents, African Nova Scotians, Indigenous populations and other equity deserving groups;
- Improved access to primary health care;
- Health promotion, community support programs, and access to supportive programs that promote social inclusion and community cohesion;
- Pre-natal & post-natal supports;
- Sexual and reproductive health care;
- Services targeted to populations facing barriers; and
- Services (both healthcare and community-basedl) for populations facing both healthcare challenges and social isolation.

In addition, service design and delivery should focus on:

- Addressing service gaps (in terms of both specific services offered, and their accessibility in terms of operating hours, location);
- Meeting the needs identified by the community, and continually evaluating and adapting to changing community needs;
- Integration of Social Determinants of Health;
- Integration of an “every door is the right door” approach, i.e. where every staff member and service provider is able to provide clients with the information and referrals they need for most or all health issues, including those that fall outside of their scope of work. For example, a dietitian may not be able to provide social worker services, but should know where and how to refer a client for those services if needed;
- Adapting to challenges faced in terms of funding and staffing; and

- Maintaining a focus on community integration and community building, which could include community events, and regular public meetings.

A priority of the PCCHC-WG in 2022-23 is the development of an operational plan. This includes defining staffing requirements needed to provide the intended services, including designing job descriptions, budgets, and human resource management. The PCCHC-WG will also begin seeking funding for these services and staff early in 2022.

The PCCHC-WG will also explore the integration of virtual services in the operational plan. While recognizing that many clients may not be comfortable with virtual services and that many health care situations may not be appropriate to virtual services, it is an important opportunity to increase accessibility and remove barriers for a significant portion of the population.

Another priority for the PCCHC-WG is to connect with people in need of services who are not engaging with the existing health care system. With a focus on Social Determinants of Health, upstream healthcare, and preventative medicine, many clients and potential clients may not know where, how, or when to access services. These are the population who could most benefit from preventative services well before the critical, crisis, or emergency stage which often leads to urgent care by our healthcare system.

Special consideration needs to be given to addressing systemic discrimination in traditional systems. This needs to take priority in the development of every aspect of the PCCHC including staffing, development of policies and processes, and in the delivery of services and programs.

This could be addressed by a focus on community programs and events that build trust and build community. This is imperative specifically in equity deserving communities who traditionally have not been engaged in a Eurocentric system. Provision of information about the CHC and its programs and services to the public in an informal environment builds trust. These types of social connection within our community allows opportunities for social connection, which is important for populations who are experiencing isolation. Outreach and mobile services will be vital in building this trust in addition to reducing the barriers to access in our more rural and remote communities.

Staff

Development of the operational plan will include consideration of staffing. Staff will be key to both the success of the CHC as a health care provider, and administratively as an organization.

For 2022-23, the PCCHC-WG will explore stable funding options for human resource requirements With secure funding, the PCCHC will hire a variety of staff in 2023, including:

- Chief Administrative Officer/Clinic Manager
- Administrative Assistance
- Program Manager(s)
- Case Manager(s)/System Facilitator(s)
- Primary Care providers (family doctors/nurse practitioners/registered nurses)
- Social Worker(s)
- Counsellor(s) and/or mental health support worker(s)

The PCCHC will work with the province of Nova Scotia and Nova Scotia Health to implement funding models that allow family doctors, nurse practitioners, and other key staff to be direct employees of the PCCHC. This is important to building a CHC team that supports the CHC vision and model of care, in addition to meeting the priorities of Nova Scotia to increase access to healthcare in the community. Deliberate consideration needs to be given in creating an attractive place for family doctors, nurse practitioners, social workers, and other staff to work. By positioning the CHC staffing model this way, there is an opportunity to create a CHC where staff are committed to the growth, promotion and stability of the vision and mandate of the CHC.

There are opportunities to engage a family physician and/or Nurse Practitioner in the early stages of development of the CHC which would align their practice with the vision of the CHC. The PCCHC-WG should look at ways of advertising this opportunity to secure primary care services intended to work in partnership at the beginning phase of the project. There is also the possibility of having a CHC led by one or more Nurse Practitioners. This could be a ground-breaking model for Nova Scotia, and one that is already being explored elsewhere.[6]

Given the PCCHC's focus on social determinants of health, preventative health care, and community, it is imperative that the developed staffing plan will allow the CHC to focus on community programs and support services, in addition to primary care.

[6] See, for example, the Axis Primary Care Clinic in Surrey, B.C.: https://www.cbc.ca/radio/whitecoat/how-nurse-practitioners-are-bridging-the-gap-between-family-doctors-and-the-er-1.6267206

As part of the operational plan, the group will also develop Occupational Health and Safety policies and procedures. These safety plans could include communications policies for safe check-ins, meeting in public where necessary, issuing panic alarms, de-escalation training, and de-briefing and support protocols.

It is important to note that the PC CHC has specific goals, values, and priorities in terms of health care and community focus, and will therefore design HR policies to ensure that the team assembled is cohesive, complementary, and supportive of those priorities. For that reason, the HR policies, hiring processes, job description, staff codes of conduct, and other relevant tools will be created to ensure that staff are supportive of the CHC model of care.

Administration

One of the major challenges of operating a CHC is administration. While the focus of a CHC is on services and programs related to health care, a CHC is a complex organisation that requires administrative skills and staff administration to operate successfully. This is normally achieved by hiring a Chief Administrative Officer (CAO) with experience in program management, facility management, finance, and human resources.

It is important to note that this is a very different skill set from delivering health-focused programs and services, and the PCCHC-WG will make recruitment of this position a priority in 2022 and 2023.

Building on what was learned from other CHC models in Nova Scotia, it is notable that administration is a significant burden for many CHCs. CHCs who have partnerships with organizations that have existing administrative supports often have less administrative challenges. This allows the CHC to concentrate human and financial resources in direct service delivery to clients.

Being able to draw on partnerships with organizations with experience and capacity in physical plant management (buildings, equipment, vehicles, snow clearing, garbage removal) and HR management (extant HR policies, payroll management, CRA remittances, etc.) would take a large administrative burden off the CHC.

The Pictou County CHC will explore options for partnerships on shared administrative responsibilities. For example, the PC CHC may be able to share a bookkeeper with another community organization, particularly if they are sharing space. Additionally, partnerships with

the province could provide considerable administrative support in terms of policies and practices, as well as financial management in certain circumstances.

Three such potential partnerships have arisen during discussions with community groups in the past year. The first is a potential partnership with the Town of New Glasgow (via the Field House project) that could potentially provide administrative support opportunities that are minimal cost to the Town of New Glasgow, but extremely helpful to the CHC, such as building maintenance and payroll administration. It is important to note, however, that the Town of New Glasgow has not committed to any such support, and both the timeline and structure of the Field House project are still to be determined, which will take several years at minimum.

The second potential partnership is with the John Howard Society, in the context of their new community space in Pictou. Again, it is important to note that the John Howard Society has not committed to any particular support; however, the PCCHC-WG has had discussions with JHS about renting office space in their facility in Pictou, which is available immediately and at affordable rates. This is a short-term opportunity to secure space with minimal administrative costs.

A third potential partnership is with the River John Community Support Society. This group has recently received significant funding from the Department of Community Services to construct a Food Bank/Food Centre in River John, and they intend to include some community and health services space in the building, with the goal of providing improved healthcare to the River John area. The PCCHC-WG has met with this group and will hold further discussions with this group with the intention of exploring a partnership that may provide space for healthcare services for the PCCHC in River John.

The PCCHC should also consider exploring possible partnerships with Nova Scotia Health. There are some obvious advantages to such a partnership which requires further consideration.

Whether or not such partnerships develop, the CHC must structure its organizational chart, staff plans, and job descriptions to ensure that appropriate administrative skills are secured. Securing core operational funding and/or sufficient program revenue (or some sufficient combination thereof) is crucial to securing the services of a qualified CAO, which is in turn crucial to CHC stability and operations.

There is the possibility of the CHC having a CAO shared role with a facilitator or program delivery position (such as 50% ED duties/50% program delivery). This type of arrangement may not be ideal as such positions require different skillsets and experience. There is also the reality

that either position may not receive the focus required for success. However, this type of arrangement might be necessary for the short term.

It is also possible for members of the Working Group to take on various administrative duties in the short term in order to provide stability and operational support while the CHC is established.

As part of the operational plan, the group will identify licensing, permitting, and insurance requirements that are necessary for the services and staff to be secured.

Finally, the PCCHC-WG will begin the creation of a policy manual as soon as possible, as a crucial part of an operational plan. This could take a large commitment of time and labour, and beginning this work as soon as possible is important to the success of the project's timeline. Note that it may be possible to find and adapt existing policies from other CHCs or similar organizations.

Financing & Sustainability

Funding for existing CHCs essentially comes in two forms. The first is funding from government agencies and other funders to pay for particular programs and/or services, including in some jurisdictions annual core funding. The second is funding tied to primary care patient services, such as collection of a percentage of per-patient billings by primary care providers and/or payment of rent to a CHC by PCPs.

It remains unclear if and how much funding from government programs will be available; however, the PCCHC-WG must proceed on the assumption that some funding will be available through provincial and federal programs, as well as from funders such as the Aberdeen Health Foundation and the Sutherland Harris Memorial Hospital Foundation. Consideration needs to be given to other funding including private foundations, donations, and funding from various programs that align with the PCCHC. The possibility of aligning the work with emerging priorities of the Government of Nova Scotia and Nova Scotia Health should be considered as funding for the project is explored.

One particular funding consideration will need attention as the work progresses. Many funding opportunities either do not allow or restrict funding for administration and staff. In many cases funders will support the development and delivery of programs and services but will not allow funding to be used to cover staffing costs or administration requirements. This is a reality facing most non-profit organizations and can result in significant challenges.

It is important to include elements of a sustainability plan in the operational plan to allow for long-term development and growth amidst the uncertainty of the financial situation.

For that reason, securing funding from organizations such as the AHF and the SHMF for immediate needs and to cover administrative costs to get programs up and running is important. However, it is also possible for the WG to work to secure program funding that can then be used to hire staff directly.

Funding applications to AHF and SHMF for 2022-23 are already submitted. If staff is to be hired and programs to start in 2023, a major goal of 2022 will be to identify funding programs and opportunities, and get funding applications developed and submitted in a timely manner. It will also be crucial to engage with the province of Nova Scotia immediately to begin discussions of funding by the province.

In addition, the PCCHC-WG will continually seek out funding and support outside of government, once the CHC has attained charitable status. This could include private foundations, donations, and funding from various programs that align with the PCCHC.

Finally, although core CHC funding is not currently available in Nova Scotia, the PCCHC will make it a priority to work with other NS CHCs and the Nova Scotia Association of CHCs (NSACHC) to advocate for a consistent core funding model for CHCs in Nova Scotia. There is core CHC funding in ON, MB, and BC, and while it is not recommended that we wait until core funding is available to begin operations, advocating for this is important. Core funding would eliminate much of the burden of annual financing and program-based financing, at least for core operational costs.

Schedule

This is a proposed timeline for implementation of actions and objectives.

Pictou County CHC - Pre-Operational Business Plan			
Timeline	Action	Description	Outcome
April to November, 2022	Formalize and incorporate the PCCHCWG.	Incorporate the PCCHCWG as a registered society in Nova Scotia, including by-laws, election procedures, etc.	Legal registration of the PCCHCWG.
April to August, 2022	Queen's University MPH Practicum Placements	Successfully supervise 2 MPH students from Queen's University in the summer of 2022 to work on needed research questions.	Research documents and/or tools such as Asset Mapping.
April 2022 - December 2022	Develop Operational Plan	The hired consultant will be responsible for the development of a full operational plan for the PCCHC.	The Operational Plan will help lead the process for the securement of operational funding
April 2022 - ongoing	Implement Communications & Engagement Plan	Implement communications plan to continue promoting the CHC to stakeholders, and continue to engage with the community at large.	Increased awareness and support for PCCHC; ongoing community feedback.
April to December 2022	Develop and secure partnerships.	Continue conversations with potential partners for mutually supportive partnerships, including community groups and the province of Nova Scotia.	Formal and informal partnerships to mutually support operations.
April to December 2022	Secure operational funding.	Working with all levels of government and funding agencies, secure funding needed to implement operational plan in 2023 and 2024, including staff hiring, office set up and rental, and program delivery, including dedicated staffing funding and program specific funding.	Securing of required funding for staff and operations in 2023 and 2024.
September 2022 to February 2023	Develop operational plan.	Complete operational plan to move the project ahead in 2023 and 2024, including staffing procedures and policies, job descriptions, financial plan, program planning, etc.	Operational plan needed to proceed with opening of PCCHC.
January to March 2023	Hire staff as appropriate; secure office space.	Open CHC office and hire CHC staff, to include a mix of Executive Director/Clinic Manager, Program Manager, System Navigator, admin support, and professional service providers.	Opening of PCCHC and initial program delivery/client services.
April 2023 - ongoing	Operation of PCCHC	Establishment and operation of PCCHC, with goal of continued growth and development and increased services over time, as resources and capacity grow.	Operational CHC; improved health and wellness indicators in Pictou County.
2024 - ongoing	CHC Operations, Expansion, and Evaluation	Ongoing development and expansion of CHC services, facilities, programs, etc., and ongoing evaluation and assessment of CHC operations.	Long term stability of the PCCHC and achievement of CHC goals and vision on an ongoing basis.

Other Elements

SWOT Analysis

The following is a SWOT analysis of the CHC model as it applies to Pictou County.

Strengths (Internal)	Weaknesses (Internal)
• Community Engagement • The WG represents many community organizations • Local Buy-In • Alignment with NS priorities • Strong mix of experience, interest, and education among the WG • Strong connections to stakeholders in Nova Scotia • Strong commitment to community health from municipalities and NGOs • High level of community involvement in volunteering • The CHC model has proven to be best way to offer healthcare taking the social determinants of health into account	• Organizational capacity • Funding shortages • Potential over committal of WG members • WG are volunteers therefore time commitments vary • Keeping consultant hired to continue the CHC work
Opportunities (External)	**Threats (External)**
• Partnerships with community groups already working to improve healthcare • Increased investment in healthcare by the province • CHCs can help address current issues such as equity of access to service, housing, etc. • Consulting community on a regular basis to update programming based on needs • Potential for NS Health to make public health (prevention programs) more public facing by embedding public health practitioners within the CHC	• Challenges to secure funding. • Challenges to secure needed space. • Challenges in hiring required staff. • Overlap/confusion among service providers. • Challenge to retrain staff and volunteers • healthcare costs continue to rise, and many existing organizations will require increases in funding to offer services • Changing priorities of governments

Asset Mapping

The Working Group has identified Asset Mapping as a crucial tool to both identify community resources and service gaps that may exist, and also as a potential tool or service to offer CHC clients.

The CHC is intended to fill gaps and meet a broad range of client needs. It is therefore imperative that the Working Group have a strong understanding of the health care and service provision landscape as it currently exists for Pictou County residents. The initial research and conversations with community groups and stakeholders has already been completed, although more remains to be done. This work will take priority in the next stage of the development of the work.

One of the key services that the CHC intends to provide is in “system navigation” or facilitation; connection between clients, community, and the resources, organizations, and programs, that meet secondary needs of the client. Success for this work requires that the CHC have a solid and up to date understanding of the assets available in our community.

Not only does the CHC need a very good grasp of the asset landscape (the asset map) but the asset map itself may be one of the key services that we offer to clients.

While much of the background work for an asset map has begun as part of the research phase of this project, much remains to be done. The Working Group intends to formally complete the asset mapping work in the summer of 2022, with the support of a Master’s in Public Health (MPH) student from Queen’s University (who will undertake this work as part of a practicum placement). Once this asset map is complete, the Working Group will develop a plan to both maintain and update the asset map, and systems to make it available to the public. Additionally, conversations with the current 211 system in Nova Scotia are vital not only in developing the asset map but also in ensuring accurate information in both systems to help navigate those using either or both of these systems.

Evaluation & Impact Analysis

As the PCCHC-WG develops an operational plan in 2022, it is important to build in tools for evaluation. This includes evaluation of the PCCHC itself and the programs and services offered in community. Equally as impactful is a more longitudinal evaluation of the impact of the CHC. This would include health outcomes and return on investment for health care dollars.

In 2022, the PCCHC-WG will include tools in the operational plan to evaluate the programs, services, client experiences, operations and administration, and financial position of the CHC on an ongoing basis. These tools will be developed with the assistance of the RID team at NSHA, and the experiences and expertise of qualified organizations such as the NSACHC, CACHC, other CHCs across the county, and other relevant organizations. Specific indicators and measurement tools will be developed.

In addition to the ongoing evaluation of the CHC, it is also important to develop methods to analyse and understand the impact of the CHC. This includes not only the impact on staff, clients, and community, but more specifically on the health outcomes of CHC clients in Pictou County. Consideration needs to be given to measuring the impact of the investments made by the Government of Nova Scotia and other investors or funders into the programming of the PCCHC.

Impact evaluation will demonstrate the ongoing value of investments in the CHC model of care, which can be further used to bolster the CHC arguments for ongoing and increased funding over time. Demonstrating conclusively that investment in the CHC model of care provides a clear return in terms of future health care dollars invested will place the CHC as an essential and necessary service for health care delivery in our community.

This will help position us to both support and to draw from the experiences of other CHCs in Nova Scotia and across Canada as we work to make a case for ongoing, stable core funding for all CHCs in the province.

Conclusion

The Pictou County Community Health Centre project has grown from a conversation at kitchen tables to a vision of innovative health care delivery in Pictou County. Instead of waiting for others to determine our health priorities and creating systems to address our health and wellness needs, we are poised to become the leaders in our community's health.

This Business Plan is the beginning of a movement – a vision of community health which will create a system which not only meets the health care needs of our citizens but walks with them on their journey. We are on the precipice of great change and are excited with the possibilities.

Appendices

Appendix A

Draft Budgets

The PCCHCWG will prepare draft budgets to help understand the financial scope of this project. These will be developed and revised as the operational plan is developed and operational costs are better understood.

Appendix B

List of Community Engagements & Conversations

Pictou County Executive Director Roundtable

- United Way
- Seniors Outreach
- Big Brothers/Big Sisters
- Pictou-Antigonish Regional Library (PARL)
- CHAD Transportation
- Summer Street Industries
- Pictou County Regional Enterprise Network
- Kids 1st Family Resource Centre
- Pictou County Women's Resource and Sexual Assault Centre
- Aberdeen Health Foundation

Pictou County Partners

- Pictou County Women's Resource and Sexual Assault Centre
- Summer Street Industries
- NS Dept Communities, Culture and Heritage (Communities, Sport and Recreation Division)
- Viola's Place
- Big Brothers, Big Sisters
- Schools Plus East
- Schools Plus West
- Aberdeen Health Foundation
- North Shore Local Immigration Partnership
- Tearmann House

Pictou County Sexual Health Task Group

- Aberdeen Health Foundation
- Health Promotion Mental Health & Additions
- Centre for Sexual Health
- PC Rainbow Community

Elected Representatives

- Hon. Karla MacFarlane, Minister of Community Services (MLA for Pictou West)
- Hon. Pat Dunn, Minister of Communities, Culture, Tourism and Heritage (MLA for Pictou Centre)
- *Letters of Introduction were also sent to 13 candidates running in Pictou County districts in the 2021 provincial election.*

Municipalities

- Town of Pictou
- Town of New Glasgow

- Town of Trenton
- Town of Westville
- Town of Stellarton
- Municipality of Pictou County

Other Community Service Organizations & Groups

- Mental Health Crisis Working Group Lynn Langille, Dom, Shelley Curtis-Thompson, Danny McGillivray (Stellarton), Lennie White, Robert Parker, Jim Ryan, Ryan Leil (NG Police), Nancy Dicks, Ellen Fanning.
- Pictou County Mental Illness Family Support Group
- John Howard Society of Nova Scotia
- Viola's Place
- Town of New Glasgow Field House Group

Health Professionals

- Mental Health and Addictions Services (Manager, Outpatients)
- Mental Health and Addictions Services (Northern Zone Director)
- Healthy Pictou County
- Northern Zone Primary Care Leadership Team

Community Health Centres

- Our Health Centre (Chester, Lunenburg County)
- Clare Health Centre (Clare, Digby County)
- Dr. Kingston Memorial Health Centre (L'Ardoise, Cape Breton)
- Tri-County Women's Centre (Digby, Yarmouth, Shelburne)
- Antigonish Women's Resource Centre/Lindsay's Health Centre (Antigonish, Antigonish County)
- Pictou Landing First Nation Health Centre (Pictou Landing, Pictou County)
- North End Community Health Centre (Halifax)
- Windsor-Essex Community Health Centre (Ontario)
- Canadian Association of Community Health Centres

First Voice Conversations

- Seniors
- Young Mothers
- Newcomers

Other Conversations

- Dr. George Kephart (Professor, Dalhousie University, Department of Community Health and Epidemiology)
- Dr. Michaela Beder (Toronto based psychiatrist, Mental Health Lead with Inner City Health Associates, Assistant Professor at University of Toronto)
- Research, Innovation, and Discovery team at NSH
- Dawn Maziak (Ontario based consultant with expertise in CHCs)

- Dominic Boyd (Community Social Work in a CHC context)
- Matt Spurway, GEO Nova Scotia

List of Research Documents, Reports, and Resources

Reports

- Speak Up for Healthcare: What We Heard Report
- A Preliminary Review of Collaborative Primary Care Models in Nova Scotia (The Nova Scotia Health Authority and Nova Scotia Department of Health and Wellness)
- Rural Road Map: Report Card on Access to Healthcare in Rural Canada (Rural Road Map Implementation Committee. Rural Road Map: Report Card on Access to healthcare in Rural Canada. Mississauga, ON: College of Family Physicians of Canada and the Society of Rural Physicians of Canada; 2021.)
- Rapid Synthesis: Identifying the Features and Impacts of Community Health Centres (30-day response)
- Design and Impact of Community Health Centres: Rapid Review (Nova Scotia Health Authority, RID Team, May 31, 2021)
- Healthy Together: 2014-2019 Community Health Plan (Central & East Pictou Community Health Board; Pictou West Community Health Board)
- Northern Zone Community Health Plan, 2019-2022 Submission Date (March 2019)
- The Role of Community Health Centres in Nova Scotia (NSACHC)
- Pictou County Vital Signs Report (Community Foundation of Nova Scotia, 2020)
- Social Determinants of Health: THE CANADIAN FACTS, 2nd Edition (Dennis Raphael, Toba Bryant, Juha Mikkonen, Alexander Raphael; 2020)
- Strengthening the Primary healthcare System in Nova Scotia: Evidence Synthesis and Guiding Document for Primary Care Delivery: Collaborative family practice teams & health homes. Nova Scotia Health Authority | Primary healthcare, April 2017
- Population Data from 2021 Canadian Census, Statistics Canada
- Nova Scotia Quality of Life Survey, Engage NS (https://engagenovascotia.ca/about-qol)

Appendix C

Community Engagement and Research Results and Analysis

PC CHC Stakeholder Engagement
Analysis

CHC Principle	Service Providers – Community Agencies	First Voice – Service Users
COMPREHENSIVE ● Coordinated primary health care, including primary care, illness prevention and health promotion ● One-to-one service, personal-development groups and community-level interventions	● Nutrition and food Security: Community kitchen, community garden/greenhouse, cooler for food distribution ● Dental Health: Repair and prevention. (Many dental surgeries at IWK were preventable). ● Chronic Disease Management: Programs for pre-diabetic clients to navigate healthier lifestyles; Foot care++, diabetic support and education ● Prenatal and postnatal care and education ● Healthy Living: Physio/Massage/Recreation Therapy to help people lead active lifestyles ● Sexual Health: STI Testing, treatment, prevention, counselling, and follow-up services; Access IUDs & BC Pills ; HIV self-tests and counselling; flexible hours, accessible, sensitive and confidential. ● Access to Primary HCP++ (prescription renewals*) ● Mental Health and Addictions: Counselling supports needed for clients with mental health	- Nutrition and Food Security: access to food bank, meals and opportunity to socialize (seniors); Basic cooking skills – making soups, using leftovers to stretch dollars; many families going hungry and prices keep rising – (Kids 1st is helping with sending home milk coupons, ingredients and recipes for meals to make at home but more needed) Healthy Living (seniors): Foot care clinic; Exercise /chair exercise); opportunities for social interaction Chronic Disease Management; Education, support, and preventative care, including Medication safety Mental health - over 60 are often left out; Reproductive Health: Access to prenatal care; postpartum access to HCP within the first few weeks; postpartum and new-born follow-up; Help with baby growth, weight gain, feeding. In-person 6-week baby check-up (versus phone); Mental Health supports for moms

	needs, especially for those without a Primary HCP; Day programs for addictions services; timely crisis intervention (same or next day, after hours) ● Youth services – school age and teens transitioning to adults ● Fetal Alcohol Spectrum Disorder – Prevention and counselling ● Men's health *"Our community could greatly benefit from outreach mental health/crisis support. We often deal with clients experiencing a mental health crisis and our only option is to phone the police. Unfortunately many of the people we support have had negative experiences with the law… (which) tends to add more stress to the situation. Waiting for weeks to meet with a mental health worker is not the best option, nor is waiting at the emergency room for hours".*	Women's Health/Sexual Health: Follow-up for abnormal pap smear; Family planning/birth control: access to BCPs (Provera); advice about birth control options other than BCP Child and family health: Early intervention services for families; help for fathers. "Kids who need extra services are not 'problem kids' - often the kids and the whole family need supports." Personal Development: Many moms want to learn new skills, how to do simple repairs, cooking, financial, self-care; Programs that offer a chance to learn and socialize ***"Many people only go to doctor/ER when really ill. They need to know when they need help to prevent things from getting too bad". (seniors)*** ***"Being social is more important than food for many seniors."*** ***"Right now you need to go to the hospital if you are concerned with baby losing weight and it is difficult to get answers to questions."*** ***"One mom saw a health care professional once a few weeks before giving birth and has not seen anyone after even though it was a difficult birth at the IWK with a premmie baby."***

ACCESSIBLE ● Location and design of facilities ● Planning to ensure access for people who encounter a diverse range of social, cultural, or geographic barriers or who are at risk of developing health problems	Location and design ● Site that is central and accessible to clients ● Mobile Unit/Van/Health-mobile++ that is well equipped to travel to rural areas and have regular drop ins at community sites that are connected to non-profits (i.e. community centres or community halls+) ● Service/programs in people's homes i.e. Parenting Journey from Kids 1st/DCS ● Flexible appointment times (beyond 0830-1630) ● Walk-in with reasonable wait times ● Telephone Access for questions and guidance ● Telehealth – video health services	Location and design ● Can use Community Halls for regular clinics such as Millbrook Hall ● Mobile units needed for regular visits to rural areas* ● Accessible for wheelchairs and walkers and on a bus route ● Central (NG) and not in small place (i.e. Pictou) without transportation ● CHC services should be self-referral, big problem with access waiting for referrals ● Telehealth or video health services could be helpful, but some seniors will need help to know how to use it; ● Large # people have no doctors and need care to get referrals to specialists ● Food insecurity: plan for seniors in rural areas who can't access food bank and meals provided/socialization like Shepard's Lunchroom ● Need services where moms can bring their children with them ● Transportation: to specialized care; to take rural seniors to their appointments ●
CLIENT-CENTRED CARE:	● Sex and gender care; accessible, non-discriminatory, empathetic, knowledgeable, inclusive.	● 'gate keeping': Mom refused for sterilization due to age (26) but has 3 children and does not

● Planning based on population health needs ● Develop best practices for serving those needs	● A place to have safe and secure video calls for health appointments ● Avoid "gate keeping process" (sexual health)- need to disclose purpose of appt to receptionist/ embarrassing for client/no confidentiality/privacy esp for STIs ● Trauma informed, low barrier, harm reduction framework that would serve and work with community members …meet them where they are in their journey. ● Equity Lens for all HCPs. ● Build trust in community around health care - many have faced so many barriers for access to health services that trust has been lost. ● Accessibility assessment to ensure language and visuals are inclusive and sensitive to all clients, Have access to interpretative services	want or can afford more but her wishes are dismissed
INTERDISCIPLINARY TEAMS ● Salaried professionals, lay providers, peers, and community health workers, and volunteers work together in a coordinated approach to address the health needs.	● Team approach+: Need staff and volunteers to work together, not in isolation ● Dietitians to educate about healthy choices in the face of food insecurity ● MH Nurse available for check ins and support esp with the long wait times to <u>access</u> MH providers (see recent work – Summer Street) ● Outreach workers ● Peer training and peer led programming ● Care advocates - to help make calls, chat with a practitioner with a client ● Non-profit dentistry - dental students funded by a charity	● A team approach to care ● Mental health, physicians, nurse practitioners ● Pharmacist to help with medication interaction, storage of medications and renewal of prescriptions++ – un-tapped resource for seniors ● Navigator: Many have questions and not sure how to find the answer; also to help get specialized care and help to get people to care; needed to help fill out forms for government services – complex and confusing process for many families

	● Specialists' services (ie space 1x/month) to avoid travel; dialysis services+; FASD ● Representation from diverse populations (i.e. often older white women as receptionist and other roles) ● Mental health, physicians, nurse practitioners ● Navigator (see below) ● A common filing system for clients so that they have continuity of care	● Health staff to deal with simpler issues like checking BP, insulin use, infections, renewing prescriptions to free up doctors' time for complex problems ● A triage nurse would be helpful to determine people's needs ● Advocate for moms and young families to change the system especially EI, Welfare, subsidies. Just increasing minimum wage is not enough, (more than 'how to' – also facilitate/advocate) ● Consistent messaging needed from HCPs. Often get very different advice from doctors and nurses and social workers ● Someone to offer family planning and sexual health services ● Pre- and post-natal staff and programs ● Telehealth for somethings is great if you have connections to internet or even a phone. Some moms have lost phone due to underpayment ● Family planning and sexual health ● Midwives and lactation consultants
INTEGRATED ● Strong connections with both formal health-system partners and community	● Navigation: filling out paperwork/answering questions (for clients and HCP) to access government and support services in community i.e. housing; Assist with literacy/financial literacy (SDH) ● Integration between NS Health Services and Community Supports – e.g. Connecting clients	- Navigation; Computer help to access on-line health care for Seniors: - Aging in Place: Support to stay in home as they age - Many seniors live alone without family nearby; help with simple household tasks eg. Clearing driveway, mowing lawn, fixing lights, getting groceries, banking, cooking, laundry,

partners to ensure the integration of CHC services with the delivery of other health and social services. ● Improves client care through the provision of timely services, appropriate referrals, and the delivery of seamless care. ● Promotes system efficiencies and effectiveness.	with disabilities who live on their own with services available to those in community living settings (i.e. Diabetes care, mental health care) Connecting with community partners ● Piggy back on events (i.e card parties for seniors). ● Use 18-month screening for children as touch point to screen for dental, mental and physical development, food intake, growth. ● Connect services with peer led groups, Mental Health, Education & Learning, to increase diversity of people using CHC and developing a more diverse community intersecting with each other. ● Have community organizations share the space for their programming ● Utilize and collaborate with local agencies/services ● Free Community space -large enough for meetings, programs, privacy for not-for-profit groups to access and possible use by service providers to do assessments (e.g. People's Place and Keeping Well Senior's Program in Antigonish) ● The public library - works with community organizations providing space plus equipment; can help with navigating some community info/resources; teaching seniors to do banking online or accessing health info	cleaning; help with errands and light nursing care – it doesn't have to be free - Programs to help with socialization of seniors and youth. - Caregiver support for people supporting partners with dementia - Schools Plus - helpful for families but roadblocks exist, i.e. need referral to get into the program and not enough principals are doing this for families - Dialysis – care and/or help with transportation

	● BBBS - youth outreach worker who could be offered in partnership to the CHC ● The AHF - community engagement and host conversations about health issues impacting our community ● Referrals back and forth from non-profits to the CHC and back ● Partnering with community groups like the Lion's Club to set up food bank in rural areas or to do special dinners ***"Walk-in clinics are typically not willing to complete medical assessment forms which are required to access many services (i.e. disability services, etc.) and they also will not prescribe or refill narcotics, which many individuals require when dealing with mental health issues."*** ***"There are things that people may not consider "health" related, … making sure people can access services that make their life easier, thus healthier (like) supports around literacy, food security, transportation, at least someone like a community navigator could help direct and link up the necessary services."***	
COMMUNITY GOVERNED: ● A community board and	● **Place of belonging** ● **On-going community consultations for the CHC** ● **CHC needs to be responsive to community needs**	● Need more consultations with people using services – the people making the decisions don't understand what is going on

committees responsive to the needs of communities ● Communities develop a sense of ownership of "their" centres ● Boards build important relationships of trust in the community.	● **Build relationships and trust with non-profits** ● **Do community led planning such as using the Place Making Tool (placemaking.org)** ***"It is imperative that the health centre would reflect the community that we serve in terms of inclusivity, in terms of culture, sexual orientation and gender minorities. Operating from a trauma informed, low barrier, harm reduction framework."***	
INCLUSIVE OF SOCIAL DETERMINANTS OF HEALTH: ● The CHC will strive for improvements in the social support and conditions that affect the long-term health of their clients and community.	● Subsidize services for people who do not have medical insurance beyond MSI – ie MH counselling, dental, physio etc. ● SDHs: People living in poverty, with mental health concerns, homelessness and those with intellectual disabilities; Newcomers, refugees, immigrants; Literacy; access to child care, transportation ● Compassion Fund- set up free supplies ex Feminine products, condoms, pregnancy tests, IUDs, Personal hygiene (soap, toothbrushes), ● Health devices are not available since the Red Cross no longer supplies walkers, wheelchairs, etc. ● showers, laundry+	● Not great internet in some rural areas for video health; Rural internet is often poor but improving ● Seniors Housing: not enough low-income housing options and at least a year waiting list and longer waits for LTC ● Pictou County is not disability friendly; many businesses cannot be accessed for people of all ages with disabilities ● Very stressful for moms working from home who are also supposed to home-school; Too many expectations for women and many are being pushed over the top ● Stress in the home leads to violence

	"It has been very difficult for the homeless population (specifically single males and seniors) to access any form of health care… these folks do not know where to turn to gain support, and often get frustrated by the common roadblocks they are faced with when trying to access their needs on their own".	● Many pregnant women are making choices between work they find risky (front line work) and staying home with no work and no money ● Housing: almost no affordable housing, families are moving and being evicted and have nowhere to go. There is a new housing subsidy in place and some are getting it but still not enough rentals ● Welfare system: if you work to make a bit more money they take it back or cut you off and then you have to wait a month to reapply ● Maternity leave: need 600 hs of work – esp. with pandemic there have been work gaps so no support after baby born ● Affordable day-care: no options if you work shift ● Cannot access walk in clinics if you have a doctor – even if the doctor is on leave or not taking appointments for weeks. Must go to ER and wait 8-12 hours **"Families don't need more money as much as they need more support."**

Appendix D

Notes from Nova Scotia CHC Engagements

As part of its work in researching and engaging with Community Health Centres in Nova Scotia, the PCCHC-WG connected with a representative from each of the six CHCs who are a member of the Nova Scotia Association of CHCs (NSACHC). In addition, we spoke with the Health Centre at Pictou Landing First Nation and received some information about the Hants Shore CHC (which is not a member of the NSACHC). In most cases, the conversation was with the Executive Director, and occasionally a board member or other staff member.

These conversations were incredibly helpful in gaining a better understanding of the CHC landscape in Nova Scotia, and the PCCHC-WG is grateful to those who took the time to have these conversations with us.

Notes from these conversations are shown below. These notes are shared with the permission of those interviewed and have been reviewed by interviewees for accuracy. Please note, however, that these notes should be considered drafts for information only. All information should be confirmed with the respective CHCs.

In addition, review, and approval of notes for one further NS CHC (the North End Community Health Centre) is still pending. These notes will be added to this Appendix when they are approved by the CHCs.

Our Health Centre, Chester, Lunenburg County

https://ourhealthcentre.ca/

- The OHC Association and the OHC Foundation were established in 2012; they are separate and distinct organizations
- The Association led the Capital Campaign from 2012-2016, developed a website, many types of campaign and social media materials, set up info tables at local businesses and community events and held many public meetings
    - The Association hired Red Letter for the capital campaign; cost was approximately $100,000; they were integral in ensuring that almost $4.5 million was raised.
    - A 10,000 + square foot building opened in 2016.
- The Association handles operations (programs and services, physical plant, staff, volunteers, etc); has a membership fee and an elected board with criteria for joining. Board is nominated and elected at a public AGM, according to their by-laws. By-laws,

financial statements, AGM Minutes, etc. are available on the OHC website www.ourhealthcentre.ca
    - Operates a medical Walk- In clinic on the second floor and keeps 25% of the doctors MSI billings for overhead. Nurse Practitioners are paid by the Association when there is a shortage of Fee for Service doctors; doing so creates a deficit because NP`s cannot bill MSI therefore there is no overhead recovery
    - Operates a mental health walk-in clinic thanks to funding support from BELL Lets Talk Community Fund, United Way, and the Mental Health Foundation of Nova Scotia.
    - The Community Room , Boardroom and some flex rooms are used for the delivery of Social Determinants of Health (SDOH) programs and services ; the Association delivers all programs & services at low or no cost.
    - Flex room offices are rented out to service providers who align with OHC`s Vision and Mission
- The Foundation became active when the Capital Campaign ended. Its mandate is to raise money. The Foundation has signed on with Canada Helps (www.canadahelps.org) to manage their donor database, issue tax receipts, etc,
- NSHA rents 63% of the building for the following uses :
    - Clinics : Primary Care, Diabetic , Blood , and Opioid Use Disorder
    - Office space: Mental Health & Addictions, Continuing Care and Public Health .
- Our Health Centre shared a number of documents with us for information and review:
    - OHC Business Plan
    - Developing a Case for Support
    - OHC Case for Support - Final
    - OHC Rent Calculations
    - OHC Space Calculations
    - OHC Area Measurements (Floor Plan)
    - OHC Priority Program Areas 2019-22
    - Current & Future OHC Programs and Services
    - OHC Vision, Mission, and Guiding Principles
    - OHC Effectiveness and Engagement Survey
    - OHC ED Job Description
    - OHC ED Work Plan

Clare Health Centre, Clare, Digby County
https://www.clarenovascotia.com/en/citizens/clare-health-centre

- The Clare Health Centre was built in 2008 to ensure quality primary care services to residents. The cost of construction was $4M. Of this amount, $1.5M was raised within the community. The remaining $2.5M was financed by the MFC over 20years (Principal payment of $125k per year plus interest).
- Facility is 13 years old.

- Roughly 7% of the municipality's tax budget goes towards the Centre's operations. However, to be clear, this 7% also includes the cost for the Municipality's doctor recruitment efforts as well as its required share of the Net Operating Loss for the Housing Commission.
- Doctors, the Nurse Practitioner and the Family Practice Nurse are either NSHA employees or MSI. Doctors pay rent in exchange for a turnkey operation.
- There are currently six family doctors, one nurse practitioner, and one family practice nurse working at the Centre.
- Each doctor pays ~$3,750/month, which covers the admin staff, patient attendants, supplies, and all other operating costs related to the Centre.
- This rent is considered affordable.
- The rent doesn't quite cover all the operational costs. Municipal revenue covers the shortfall.
- There is a manager, four full-time admin staff, one casual admin., and three patient attendants. These are all hired by the Municipality and remain municipal staff. The Centre's manager reports to the CAO.
- The administration, payroll, etc. is handled by the Municipality.
- There is no separate board for the Clare Health Centre; it is run by the manager and CAO and overseen by Council.
- There is, however, the Clare Health Centre Foundation (https://clarehealthfoundation.ca/), which is mandated to raise funds for the CHC and is governed by a volunteer board of directors. Both the CAO and the manger are ex-officio on the Foundation's Board.
- Most of the doctors are in their 30s. Limited turnover. Most of these doctors are bilingual and grew up in the area.
- The Municipality does a great job of recruiting doctors.
- All of the doctors are teaching doctors. In July 2022, the Centre will be welcoming six residents and possibly three new doctors. Currently exploring a physical expansion to the Centre in order to accommodate this growth.
- Strives to support local suppliers when possible.

Dr. Kingston Memorial Health Centre (L'Ardoise, Cape Breton)
https://www.drkingstoncommunityhealthcenter.com/

- DKMHC was originally a clinical practice with a single practitioner, and it transitioned to a CHC model about seven years ago.
- It transitioned to a CHC model as a result of Increasing recognition that healthcare is more than just doctors and nurses; it is also important to consider Social Determinants of Health.
- When Dr. Kingston died, the community looked for a way to recognize his contribution.
- The community developed a board, organized to raise funds for the present building and develop the CHC.

- The CHC transitioned to a larger office space, and was mainly on the old model of a physician-nurse practice. It had an emergency space but that is no longer allowed, so the room is now a minor procedure room.
- The former board was dissolved and replaced, at that time the model was transitioned to the CHC model.
- The CHC has traditional doctors, as well as a visiting social worker. Also has a seniors coordinator and social inclusion coordinator, who are very locally based, with an emphasis on SDH.
    - Seniors' Safety Coordinator position is 50% funded by the province, and the CHC originally received a grant for the other half. The municipality now funds the other 50%.
- The CHC has a good relationship with the municipality and they have provided some support, but it's not a rich council.
- Our area has many challenges related to being rural and to poverty. 20-25% of the population lives in poverty, and there is poor transportation in the area, so social isolation is a problem. That's where most of our efforts have been directed, as well as with food security.
- The local farmer's market sells food for profit, but also to provide food for those who can't afford it.
- The CHC is involved with the housing coalition both locally and the provincial group. Mainly learning more about how we can help people in our area.
- The other major issue is mental health, our system in NS for dealing with mental health is not good, and COVID has made it worse. There's a huge amount of stress underlying people's other health needs now. So how do you help in a way that truly makes a demonstrable difference?
    - This would be a topic for all the CHCs in NS to get together and spend a day or two hashing out how you deal with the hesitancy around admitting you have MH issues. Needs to be both direct and indirect.
- Income is largely from rent from NS Health, the physicians, and a few private practitioners. It's insufficient to cover the operating costs. The hope was that the province would recognize the value of a community health centre and provide some baseline funding.
    - The BC model is closest to NS, where they do have a baseline funding model for CHCs. Nova Scotia needs to replicate that.
- There's a bureaucratic challenge here, in the gap between Health and Social Services and NSH where neither accepts full responsibility for mental health.
- Majority of people in the community are low to middle income people, with exception of a few successful business owners, but it's not a big pool to fundraise which is a challenge.
- It is not easy to attract physicians to the area, and it is identified as a "difficult area" to recruit. It also takes 2.5 new doctors to replace one old family doctor and take on their patient loads.
- We need to learn to sell the concept of CHCs in a better way. We need someone who is a good salesperson, good at marketing and PR. We work in the "non-dramatic" world of having an effect on how people can live better lives, and have a better quality of life.

- There are huge amounts of evidence that early intervention in people makes a massive difference to their outcomes in health, education, income, crime participation, etc., but we can't get people to invest. Jim Mustard is a proponent of early childhood development and education. He's a councillor in Inverness.

Tri-County Women's Centre (Digby, Yarmouth, Shelburne)
http://www.tricountywomenscentre.org/

- The clinic has been operating for 9 years, for the first 8 years with Dr. Shelagh Leahey. There is one exam room, and a small clinic.
- The Centre receives a small grant from NSH to cover the admin costs.
- There is a clinic coordinator who handles bookings, tests, follow ups, etc.
- When Dr. Leahey started the intention was that it would be a women's wellness clinic, but due to the need for physicians, it operated more widely.
- The clinic operated 6 hours/day, 2 days a week for patients, plus flu shot clinics, etc.
- When Dr. Leahey closed her practice in December, the area was in a better position in terms of physicians than it was 9 years ago. So, we shifted the focus back to women's wellness. However, since the pandemic, many of those gains community-wide have taken a set-back.
- We are operating like a drop in now, because we don't have the people to take patients on for primary care.
- We have a pride health clinic, providing medical care for sex transition as well as anyone who identifies with the pride community who has a health care need, and needs to feel safe accessing services.
- We also have a women's wellness physician. She sees women who don't have physicians, or who have specific women's issues and aren't comfortable with a male physician. We also have a Nurse Practitioner who does paps & STI screening, etc. once a month.
- The health clinic operates out of the Yarmouth site. There are some outreach workers out of Digby and Shelburne, and they do a lot of referrals between them.
- We have a trauma therapist who specializes in sexual trauma.
- Physicians are paid through MSI, we do the billing for them.
- The Nurse Practitioner has no funding attached; she's on loan from the primary care clinic one day a month.
- The support worker and outreach worker fall under our core funding through the Dept. of Community Services. It's not sustainable/sufficient, so we have to do a lot of fundraising to cover the difference. We also cover some costs through admin fees on other projects.
- Trauma therapy is funded through Health & Wellness; we also run the SANE position through the Western Zone. The small clinic operating grant also comes from NS Health.
- SANE is funded for three years - we are currently waiting for a new funding agreement; trauma therapy started 3 years ago as a pilot, now has bridge funding each year.
- Rural Truth Matters - 3.5 year project funded by Health Canada, with a focus on youth and cannabis/substance use. Focus is youth but also focused on women, men,

trans/LGBTQ+, etc. Provides wellness funds for small projects. This project has just come to an end.
- We have a volunteer Board of Directors, and a typical governance model. The ED is the one and only employee who reports to the board. Have the usual annual report, AGM, etc. Not required to be audited every year, just a financial review which is less onerous but meets our needs. Just did a complete policy review so we have new by-laws, operational policies, HR policies, etc.
- The board meets about every six weeks. It used to be every month, but now it's every six weeks so there's more time for members to do committee work. We are now using Zoom a lot more for meetings, which has improved accessibility for expanding board members beyond the Yarmouth area and to bring in more from Digby and Shelburne.
- There is a fundraising committee attached to the Board of Directors. There used to be a group called Friends of the TCWC who used to do fundraising events.
- Our biggest fundraiser annually is Coldest Night of the Year. We do the Coldest Night of the Year fundraiser in partnership with SHYFT Youth Services (youth shelter in Yarmouth).

Antigonish Women's Resource Centre/Lindsay's Health Centre, Antigonish
https://awrcsasa.ca/
https://awrcsasa.ca/support-services/lindsays-health-centre/

- The Centre has been in existence since 1983 as the Antigonish Womens' Resource Centre (AWRC); Lindsay's Health Centre (LHC), which is specifically the CHC, has been open since 2005.
- LHC is a partnership between the physician (recruited through Doctors Nova Scotia), AWRC, and the Health Authority.
- LHS is the main primary care clinic; however, in talking to Scott Wolf, Director of Canadian CHC Association, we came to the realization that our entire AWRS is essentially the CHC (we address SDH, etc.).
- One day a week, by appointment, we offer the services of a physician, nurse practitioner, women support workers, and Mental Health & Addictions counsellors.
- AWRC provides the administration and management support and the physical space for the allied health professionals who provide the services.
- AWRC provides most of the management support, but also helps with advocacy, navigation, SDH perspective, housing access, etc.
- We have a dedicated phone number, people call to make an appointment, and a medical receptionist/administrator who checks these several times a week and makes those appointments.
- Since COVID, LHC has focused on a mix of phone and in-person appointments. We will likely go back to more in-person, but will keep some phone appointments.
- We focus on women and gender diverse clients
- Usually, our clients are people who don't have access to a family doctor or other primary care - but not always. Sometimes it's a person who isn't comfortable with their current provider for certain issues.

- Since LHC is only open one day a week, it is challenging to do follow ups and manage chronic conditions. We try to connect people with long-term family doctors, etc. as much as possible.
- Antigonish is a university town, so we definitely see a lot of students. But we also see a lot of people from the larger area.
- AWRC/LHS had no core funding for the clinic up until a year ago. Then we signed an agreement with NSHA where they provide a small amount of funding to cover the cost of the medical receptionist who does the booking and billing; one day in the office and one day of bookings and follow-ups for bloodwork, etc. This receptionist also supports the work of the nurse practitioner, as technically the receptionist is “attached” to the NP.
- The other contribution is the time of the Mental Health and Addictions staff person.
- The doctor is paid a sessional fee.
- The LHC doesn’t charge rent to the doctor.
- The Nurse Practitioner is on a salary through NSHA.
- AWRC pays the medical receptionist, the women’s resource workers, ED salary, etc. our of core funding, which comes from the Dept. of Community Services, under NS Council of Status of Women. SANE and trauma therapist are through NSHA.
- Some other projects and programs are federally funded.
- All of the operational support is really AWRC’s contribution to the project.
- It’s really important for the PCCHC-WG to have a conversation with the PC Women’s Centre (Shelley), to possibly support the clinic. There is lots of potential synergy there.
- There is lots of interest in Nurse Practitioners as part of a primary care team.
- We had a long-term physician in the community who was instrumental in starting the health centre here, and some real community champions. The Guysborough Antigonish Strait Health Authority (GASHA) was the Health Authority at the time. It’s a little more challenging dealing with NSHA. When that physician retired a few years ago, it was a real challenge to recruit someone who had the commitment to the work, and we went through a few doctors before we found the one with us now for two years. They came from Ontario, and found it very challenging to get established and jump through all the hoops.
- A lot of the challenge around the primary care providers are out of our hands, but yet are the key things that we have to get past to deal with.
- Would recommend that NSHA make a commitment to CHCs and then provide salaries to the primary care providers.
- One of the advantages of working with an established organization like AWRS is that we bring the organization and management to the project. We consider Lindsay’s Health Centre to be a program of the AWRS, there isn’t a separate management structure. There is an implementation committee at AWRS with a lot of people at the table who oversee it.
- There is a one day a week men’s health centre in Antigonish that operates out of the Family Services of Eastern Nova Scotia.

Pictou Landing First Nation Community Health Centre
https://plfn.ca/departments/health/

- How is the CHC organized, governed, funded?
    - It is complex.
    - The Health Centre is under the Pictou Landing band.
    - It is non-profit, with donee status.
    - Funding mostly comes from the federal government through a grant agreement via the band, as the community prioritizes health.
    - We get some direct mental health services.
    - The First Nation can access some provincial services, but can't access others. We can't access VON programs past 90 days for example
    - We have one FTE mental health person through the province.
    - We don't have any access to Dept. of Community Services, so all that is internal.
    - The community is in need of a navigator between the health centre and the band council.
- What services do you offer and how?
    - Community health nurse, similar to a family practice nurse but also have a public health side - immunizations, education, etc.
    - Community health representative
    - We have our own EMR (electronic medical record).
    - NIHC medical transportation - arranging travel and accommodations for people going to town, Halifax etc.
    - Mental health care - we have a case manager who is not a counsellor, but does some work in education, and refers clients to seven clinicians and a psychiatrist.
    - Home care - CCA and assisted living coordinators.
    - Massage therapist in the building - private but we do use her as pain management support for low-income clients.
    - Maternal support.
    - Working on finding $ to support a dietician.
    - We have blood work days.
    - There is a foot care program, as the community has high rates of diabetes. People come every two weeks, and patients are on a six-week rotation.
- What would you like to do if you had more resources?
    - Dietician is the big one - a lot of deaths due to cardiac and diabetes issues among young people (4 deaths under age 50 in the last year).
- How could/should we collaborate with PLFN to bring more health resources to Indigenous people throughout the county?
    - Collaboration is possible down the road.
    - The NS Mi'kmaq health authority is devolving to a Mi'kmaq health authority for those communities in 7 years.
    - ED has a presentation available that can provide data on PLFN specific health indicators and data for Indigenous people

North End Community Health Centre, Halifax
https://nechc.com/

- The North End Community Health Centre (NECHC) is 50 years old this year.
- Establishing the NECHC was a very long and difficult road. It started with three Dalhousie medical school physicians who felt they had to go to where the need was, particularly Gottingen Street, an impoverished area of mostly Black Nova Scotians, who wouldn't leave their neighbourhoods for medical services for fear of racism, etc.
- This group opened an office with a fee for service model, and hired local people from the neighbourhood to staff the front desk, then moved to a larger space in a storefront.
- About 30 years ago, the group expanded into a community group, fundraised heavily, and were able to buy a building.
- Around the early 2000s, NECHC shifted from a fee for service model to an alternative funding model (AFM), with some global funding.
- Around the same time, NECHC shifted to a collaborative practice model.
- There was a community board to oversee the NECHC, mostly made up of people from the community. It was in a sense a true CHC model, and the board was very operational, with participation by a doctor, a staff person, etc.
- Then, about 11-12 years ago the board became larger, and more of a governance board as opposed to operational. The board still has a doctor and staff representative, but they don't have a vote, and are somewhat unclear of their role. The board has a HR committee responsible for recruiting new board members.
- The board HR committee doesn't ask for applications; rather everyone submits names of people they think fit. These are reviewed against a matrix by the HR committee, approved by the board, and then officially voted in at the AGM.
- NECHC is a registered association with Joint Stocks, with charitable status.
- Recently, the NECHC sold their building and moved into a rental space; in the next 5 years, the NECHC will probably be looking at buying again.
    - The Executive Director at the time was a physician, not a manager, which wasn't the best option and not the best decision. CHCs should be run by professional managers, not medical professionals.
    - The building had become decrepit and rather than take out a loan and repair it, it was sold and the money used to refit a space, a space that the NECHC will likely lose in five years. Rents will be very high when it comes to renewal.
    - NECHC does have some funds squirreled away and may need a capital campaign to buy a new building.
    - If we don't have a foothold in the community, a physical location we own, we are at the mercy of the rental market.
- The day to day operations fall to the Executive Director and their team.
- The NECHC has real issues and challenges around funding. Traditionally we have funded under the primary care "bucket", but we do so much more than primary care including Dietitics, dental services, mental health nurses, etc. it is a real collaborative practice model. During COVID we began to receive funding from the Department of Mental Health and Additions and Department of Community Services to support some of our programs.

- The NECHC gets a set amount of funding every year from NSH. It's not always the same amount, and it hasn't increased much, although COVID relief funds have helped.
- The NECHC used to fundraise for most positions outside of primary care, but now they are funded under a 5-year agreement with NSH. This funding could be clawed back but we are hoping not.
- The NSH contract funds all the primary health care and Mobile Outreach Street Health (MOSH) now, but it doesn't cover the management costs.
- NECHC staff are part of the union with the hospital, and get the same deal and bargaining rights as the hospital staff.
- We have primary health care and we have MOSH. Doctors are AFP (alternative funding plan), and NECHC takes 30% off them, which goes to supplies, overhead, management, etc. This totals about $300,000/year, which is not a lot with an organization of 70 staff.
- NECHC is based on a social determinants of health model. For 40 years it was a primary care only model. Then added MOSH (Mobile Outreach Street Health), which is a Mobile Clinic that goes out to shelters, those on the street, etc. Staff include an NP, 2 nurses, OT, and an intensive case manager that provide wraparound care. They also have 49.5FTE Sessional hours for physicians.
- About 20 years ago, NECHC added dentistry to the mix, as an add-on to the clinic. It's never been funded, but is run with donations and volunteer dentists. We now have a full dentistry clinic with 3 bays, but no funding to actually run the clinic. Dalhousie dental students get in once or twice a week, along with dental hygiene students, etc. But it's fully funded by donations. Hard to recommend the dental route, as it's so tough to fund (unless you are doing paediatric dentistry which is MSI covered). NECHC currently has a three-year agreement with a private foundation to fully fund clinic.
- We have Housing First which is a Federally funded program. This program has 100 clients, and the province has added some staff. An organization called Reaching Home received funds from federal government, Affordable Housing Association of NS is the community partner with all that funding for the province.
- Outreach programs are fully grant funded. We are good at sending clients to other agencies that can provide food and clothing, but some clients just won't go. So, we do try to provide some services, although we will never run a food bank or clothing store, etc. We apply for funding for things like a pantry program providing healthy snacks for kids in school. We try to always include an admin fee (up to 20% depending on the program) and this goes to cover the overhead and management.
- Physician funding is challenging for outreach and other work.
- Pause mental health clinic was started with a $20k grant from Building Vibrant Communities Grants program. It is now fully funded from the Department of Mental Health & Addictions.
- Have a managed alcohol program with a grant from provincial departments.
- We will never get one stop funding and will always rely on 20 or 30 or 40 grants and streams. We generally don't have to rely on fundraising and donations (except for dentistry).
- We don't take on things that aren't self-sustaining.

- In some cases, CHCs build a building and then look for programs to come in and rent the space. That's one model but it's not ours - we own all our programs. All salaries and staff are paid in house, with the exception of a few seconded from NSH and paid by NSH.
- A lot of CHCs across the country have social enterprises - i.e. they have pharmacies or coffee shops and take rent or fees from them to pay the bills.
- COVID really actually helped by providing funds and resources that needed to go out and we were able to put them out there.
- You need to know why you exist, and you can't exist for absolutely everybody. You can't be all things to all people. You need to know your purpose and why you exist.
    - An example, staff said they wanted an after-school program, as there used to be one and now there wasn't, and it felt it was needed. So, we had a summer student do an environmental scan, and found 26 after-school programs operating in a three-block radius, and none of them were full. So rather than do it ourselves, we looked at how to support and refer people to the existing programs that we weren't aware of.
    - We don't need to do a food bank for example, for the same reason.
    - We are welcoming to Syrian community as another example, and are happy to take care of them if they come to us for services. But we aren't going to do a support group specifically for the Syrian community, because there are others out there doing that already.
- There has been some growing pains with staff, as the NECHC came from the community/collaborative model – a very flat model – as such there is a feeling that everyone should have input. But with 70+ staff not every staff member can be involved in every decision.
- There are growing pains and everything can be tough, since everyone wants to be involved in decisions. Therefore policies, roles, the decision-making process, decision tree, etc. have to be very well developed, defined, and understood.