

**THE ROLE OF GOVERNMENT
IN ENSURING THE HEALTH OF NOVA SCOTIANS**
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March 5, 2008

→ **POSITIONING OF DHAs & IWK i.e. where do the District Health Authorities & the IWK fit within the government framework?**

- ☞ Function within legislative confines of Canada Health Act – what’s insured (tax payer) and what’s not
- ☞ Because we deliver insured services, the majority of funding for DHAs comes through two provincial departments – Health and Health Promotion & Protection
- ☞ Boundaries of DHAs /citizens typically divided by municipalities (i.e. Capital District = Halifax Regional Municipality and West Hants)

→ **Core business is service delivery** although we increasingly strive to influence 3 levels of government in health policy as well as influence the individual health practices of citizens. Why would we care whether citizens take care of themselves? Aren’t we in the repair shop business? So the more business the better – Bring us your aging hips, your fatty livers, and your fragile hearts.... Well we can’t keep up.... And neither can the tax payer – which is all of us! Nova Scotia’s statistics are bad – we don’t want to be number one in diabetes, heart disease and disabilities, to name a few.

Increasingly, over the past 20 years or so, the health system has tried to focus somewhat on disease prevention and get at some of the root causes of what sets us up to be unhealthy; and guess what? Many of those factors or determinants are not even related to health services. They include things like education, socio-economic status, culture, employment, gender, environment, genetics, etc. The province spends several billion on health care services a year and yet we haven’t significantly improved health outcomes.

So how can the formal health delivery system possibly influence these things? Often, well known health experts will get involved in advocacy efforts, but sometimes we are dismissed as “the health lobby”.

However, the government and the health system in Nova Scotia did something very smart 10 years ago. They created Community Health Boards. At first advisory, they are now mandatory structures within each district health authority.

Here in Capital Health we have 7 Community Health Boards. We call them the ‘ears, eyes, and voice’ of the community. They are supported with staff, space to meet, and grant money to help seed community based projects. One of their main roles is to consult with their community, advise the district on issues pertaining to health services, and to advocate for healthy public policy. That advocacy role is very

important. As I mentioned before – healthy public policy involves many sectors and so they encourage and advocate with all levels of government to improve our collective health. Some of the partnerships have been at the encouragement of the CHBs

Let me give you an example of how powerful the CHBs are. When the province and many municipalities were grappling with anti-smoking legislation, all 37 provincial CHBs took on tobacco reduction as a common cause. They didn't do this because the health sector told them to - they did it because the research and evidence was clear about the link between tobacco and cancer, heart disease, diabetes, low birth weight babies, and on and on. And the evidence from other provinces and countries showed that legislation was an important part of a comprehensive strategy to reduce smoking rates. So they took up the cause, lobbied their MLA's and municipal councilors. They signed petitions and wrote letters. In HRM, they attended council meetings and had their say. And because they were volunteers from the community and not health care staff, I believe their voice was even more powerful. That's but one example. They often partner with other community organizations to get things happening at a local municipal level – for example, in West Hants, the CHB worked tirelessly with local partners and were successful in getting the first public bus service in the Kings County area. Many of the CHBs are involved in poverty reduction strategies and increasing physical activity among all age groups. Capital Health has learned a lot from CHBs – particularly about the importance of partnerships. Their approach is simple – it has been to invite all players to the table to roll up their sleeves to see what can be done. It is not uncommon to hear that the local policeman, school principal, community youth service social worker, HRM recreation staff person, local church groups, and others, have been to a CHB facilitated meeting to explore solutions to things like vandalism, drug issues, and more walking trails. And yet our respective departments still function in silos with distinct and separate mandates. I have sensed an increasing willingness to work together, but we can do so much more for our citizens.

First we have to acknowledge the inconvenient truth that improving our collective health is a shared responsibility. And I would be remiss if I didn't mention the accountability of the individual citizen in taking responsibility for their own health. Governments have a strong role in creating healthy public policy but each one of us must accept responsibility for our own health practices.

As you have heard, we all want the same thing – healthy people, healthy communities.