
**Determining Public Health Services in the Cape Breton District Health
Authority's Role in Advancing Healthy Public Policy**

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March 2014

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ACKNOWLEDGEMENTS

Thank you to the School of Public Administration at the University of Victoria, specifically those who coordinate the online program. This program made it possible for me to obtain a graduate degree from the comfort of my own home. The professors and classes were engaging and made the overall experience wonderful. Thank you to Dr. Kim Speers, for your patience and guidance through the research project process. You were always quick to respond to questions and able to meet my needs from afar.

Thank you to the Cape Breton District Health Authority, specifically, Kathy Bell, Melissa Lee-Ross and Erin Neville who were great supporters of this process and showed me how much they value furthering staff education. To Dr. Monika Dutt, thank you for shedding the light on how important healthy public policy is and how much of a role we can play in it. You inspire me with how much you truly make what you do, part of who you are. Thank you to the first “team” I was part of at the District, Greg Boone and Lynn Gilbert. They truly are experts in the field, who work hard each day with humility, drive and occasionally a little laughter.

To my coworkers and friends at Public Health Services who participated in my research, you make going to work each day a pleasure – thank you. To the other research participants, thank you for sharing your expertise and experiences.

To my wonderful family, my sister, Sarah and of course “Davi and Jo”, my wonderful father and mother, thank you for your support and guidance. I also have to acknowledge my best friend, Cleo for keeping me company during long days of writing and studying.

Thank you to the love of my life, my husband James, whose done a little bit extra each day to make life easier while I’ve been busy with school work and other commitments. You are a wonderful partner and supporter - you’re the best!

EXECUTIVE SUMMARY

Background

Health departments across Canada are increasingly recognizing that in order to sustain the current healthcare system and improve health outcomes for all, healthcare practitioners must work with partners to focus on preventing illness through health promotion strategies. As a result, the province of Nova Scotia began a provincial review of the public health system in 2006. This work has involved the development of Provincial Protocols to guide the work of public health professionals across the province. The Protocols suggest public health staff across the province must shift some of their work from services delivery, such as mass immunization clinics, to advocating for and advancing healthy public policy. This shift does mean public health practitioners will stop delivering some essential services, such as communicable disease treatment and control, instead it recognizes that to address the root cause of disease there must be more of a focus on prevention through healthy public policy. The Protocols suggest public health staff should focus on three key areas of policy development: understanding the problem; analyzing the social and political context; and influencing the policy (Province of NS, 2013). Specifically, within these key areas, the work involves understanding and knowing: the evidence; linkages to provincial strategies; success in other jurisdictions and costs/benefits of various solutions; the policy, actors, context, community, opportunities and support; and determining the approach to addressing the policy (Province of NS, 2013).

Problem and Research Question

The Nova Scotia Provincial Protocols indicate that as a provincial system, public health practitioner must focus more on impacting policies that will improve health outcomes. For staff who have been working in Public Health Services (PHS) in the Cape Breton District Health Authority (CBDHA) for an extended period of time and are comfortable with traditional public health work, such as immunization clinics and dental screening programs, being asked to influence healthy public policy is intimidating. To help staff better understand their role in this process, this research project provides information for staff around best practices in healthy public policy, as well as suggested frameworks and recommendations to help build capacity in the CBDHA, by asking the question: *What should be the role of Public Health Services staff in influencing, developing, evaluating and advocating for healthy public policy?*

Methods and Methodology

The research approach for this report involved a literature review, and seven interviews. The interviews included staff working in PHS in the CBDHA, and experts working in healthy public policy development in other jurisdictions. The literature review revealed best practices in

policy development and frameworks that can be applied within the CBDHA. Although some authors suggest the policy development process is not always linear, common themes within the literature include: the importance of identifying the policy problem, supporting and developing leadership, gathering evidence to support the issue and understanding the social and political climate. Interviews with PHS staff identified the need for further education around the Provincial Public Health Protocols and the process for healthy public policy process. Interviews with experts from other jurisdictions identified key elements PHS staff in the CBDHA can focus on when working to advance healthy public policy and some key lessons that can be applied locally.

Findings/Discussion

The findings, found through the literature review and interviews, suggest PHS staff in the CBDHA have a role to play in the development, advocacy, analysis and evaluation of healthy public policy. To help staff better understand the Provincial Protocols further and their role in the healthy public policy process, this report identifies five recommendations. The options for consideration include: more education and implementation of the Public Health Provincial Protocols for PHS staff; development of a healthy public policy working group within the CBDHA; using applicable tools and frameworks endorsed by leaders within PHS; sharing learned experiences of PHS staff; and developing a local healthy public policy working group or forums to engage community leaders. The report also identifies an implementation plan and possible budget for implementing each recommendation.

Conclusion

It is hoped the findings and recommendations in this report will be used by PHS staff to help them better understand their role in the public policy process and develop skills in this area. Furthermore, recommendations can be used by PHS staff to help partners and leaders outside the health sector understand how policies affect the determinants of health (e.g. housing and employment).

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ABBREVIATIONS

CBDHA	Cape Breton District Health Authority
CIHI	Canadian Institute for Health Information
PHS	Public Health Services
SDOH	Social Determinants of Health

1.0 INTRODUCTION

When most people think of the ‘health care system,’ they think of hospitals, emergency rooms, facilities and clinics. They think treatment of disease, rather than prevention of illness. Indeed, the ‘health care system’ has not traditionally focused on maintaining health or preventing illness or injuries, rather it has been about treating sickness or injuries.

With increasing financial strain, due to economic challenges and an aging population, many health departments in Canada, including Nova Scotia, have recognized changes are required to maintain and improve health outcomes. In Nova Scotia, those working in healthcare, specifically in public health, have recognized the benefits of influencing policies that affect health as part of broader health promotion strategies. Through this, those working in the healthcare are also working to help other government sectors outside of health, such as education, finance and economic development, understand how the policies they can create impact health. By addressing the root cause of illness and the aspects of our lives that can determine health, such as income, housing and education, communities can work together to positively influence health outcomes. Those working in healthcare cannot influence these policies alone. It involves working with community partners and various levels of government to promote, develop and influence policies that can impact the health of populations.

Although it is not a new concept, thinking about healthcare, as a sector that only treats illness to one that prevents disease through healthy public policy, is challenging even for those working within it. To help those working both inside and outside the healthcare system understand how the policies they create can impact health, staff working in Public Health Services in the Cape Breton District Health Authority would like to expand their skills in advancing healthy public policy.

This research project will help staff in Community Health, specifically Public Health Services (PHS), in the Cape Breton District Health Authority (CBDHA) better understand their role in the healthy public policy process, by analyzing best practices in policy development, advocacy and evaluation. The project will provide frameworks, recommendations and suggested best practices concerning healthy public policy, which can be applied by staff within the CBDHA.

1.1 PROBLEM AND PROJECT OBJECTIVES

1.1.1 PROBLEM DEFINITION

There is currently a shift in health care, specifically in public health, from delivering individual services to considering policies that impact the health of the larger population. Although some services are being maintained within public health, such as support for new moms and families and communicable disease prevention and control staff are being asked to step outside one-on-

one service work (i.e. immunization clinics) and use a population health approach to think about how they can impact policies that influence areas such as income, education and housing, which are policies that have been proven to impact health (Sudbury & District Health Unit, 2012). Staff in the CBDHA are being asked to consider high risk populations and populations that face health inequities, and to determine how they can reach these groups and work with them to improve health outcomes. At times, this may mean staff are stepping outside their area of expertise and relying on partnerships with other sectors that have the expertise, background and knowledge. In some cases, public health may not be a leader in the process, but as part of the solution, they will work to support and advocate for improved health outcomes.

The healthcare system is every-changing and evolving. As a result, public health staff are being asked to consider how they can influence policies that can impact the broader population, and by doing so see some traditional public health programs, such as immunization clinics, be left to other healthcare providers. This change, as indicated by the Provincial Protocols, is part of a process that will take time and collaboration with other community health providers.

In June 2013, the Nova Scotia Provincial Public Health Protocols were released. In the Protocols there is a focus on health inequity and addressing it through healthy public policy. The World Health Organization (WHO), which provides leadership related to health globally, defines Healthy Public Policy as, “an explicit concern for health and equity in all areas of policy and by an accountability for health impact” (1998, p.1). According to WHO, “the aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives” (1998, p.1). These types of policies make healthy choices possible for all, by creating environments that support social and physical health (WHO, 1998). Although some public policies such as agriculture, trade and education may not be directly considered as healthy public policy, these sectors need to consider the health impacts of all policy decisions (WHO, 1998). In the CBDHA, WHO is looked to as the leader on all issues pertaining to health related research, promotion, education and best practices. Therefore, staff in the CBDHA adopted WHO’s definition of healthy public policy.

According to the WHO (2014), healthy inequity is defined as, “the difference in health status or in the distribution of health determinants between different population or groups” (p.2). For example, all Canadians have access to a universal healthcare system but because of transportation issues for people who live in rural communities, finding the means to attend appointments or visit with a physician can be a challenge, making access not always equitable for all. Under the new Provincial Public Health Protocols, and using transportation as an example, PHS staff are now being asked to work with partners to identify what policies can be enhanced to improve transportation for those living in rural communities.

This type of work and this shift in thinking is new for PHS staff working in the CBDHA. In other jurisdictions, even at the provincial level, public health practitioners are increasingly focusing on influencing healthy public policies. Staff in the CBDHA are being asked to move in this direction, but with little education and training as to how they can influence these policies and they are concerned about how to do this type of work.

Public Health Services in the CBDHA, works to promote and protect health through a number of programs at the District and provincial level. Traditionally, staff worked to deliver community-based programs, such as school based immunization clinics, home visits with new mothers and families, school based dental screening programs and community education programs around healthy eating and physical activity. In terms of healthy public policy, a limited number of PHS staff, such as the Dental Hygienists and some Health Educators, have been involved in influencing, advocating and developing healthy public policies through projects such as community water fluoridation and enacting smoke-free bylaws; however, most public health staff are clinicians, with limited background in policy development (A. MacKenzie, personal communication, January 4, 2013). In the Provincial Public Health Protocols, staff are intimidated by language such as “influencing, evaluating and advocating for” healthy public policy. Public Health Nurses, dental hygienists, dietitians in CBDHA feel confident in their abilities to provide health services to the population in the form of immunization clinics, dental screening programs and healthy eating education; however, they are intimidated when it comes to shifting their work to advance healthy public policies, and potentially reduce some of the service delivery work mentioned above. Public health staff feel a sense of ambiguity related to the Provincial Protocols. There is uncertainty as to how the protocols will affect their everyday work life. They have concerns regarding how the Protocols will be implemented and what it will mean for traditional public health practices. Staff do not fully understand the Protocols and require further education and explanation around their rationale.

1.1.2 PROJECT OBJECTIVES

The results of this research project will help PHS staff better understand their role in the policy process by asking the research question: *What should be the role of Public Health Services staff in influencing, developing, evaluating and advocating for healthy public policy?* Policy identifies a course of action by setting priorities, guidelines and resource allocation (Moloughney, 2012). It is the result of political and social processes (Moloughney, 2012). A policy can come in the form of a plan, position or guideline to help organizations, such as governments, make decisions. The policy development process, particularly public policy, involves many phases and players, such as politicians, multiple levels of government, policy analysts, staff, communities, the media and more. It is a not rigid process or cycle of procedures or a one size fits all approach with a definitive number of steps (Howard, 2005). However, there are some key

areas that should be considered, including: agenda setting and problem definition, policy design and instrument choice, implementation and evaluation (Siemens, 2012).

When discussing policy and the role of public health practitioners in it, terms such as influencing, developing, evaluating and advocating are used. The National Collaborating Centre for Healthy Public Policy defines, public health's role in the process using these terms. It suggests, public health's role in influencing the development of policy, "involves working to ensure effective changes, building partnerships and consensus, advancing evidence or an argument to make a case, at reaching decision-makers in one or more contexts" (NCCHPP, 2014, p.1). The Ottawa Charter describes advocacy as a critical role of public health practitioners (Carlisle, 2000). Public health practitioners use advocacy to create a collective voice for vulnerable groups and those who experience health inequities (NCCHPP, 2014). When it comes to evaluating policies, the role of public health practitioners consists of determining the implications a policy may have on the health of a population. In some cases, politicians or those who implement policies outside the health sector may not recognize the implications on health. For example, the federal government recently made changes to the Employment Insurance program, specifically to its policies regarding seasonal workers. Cape Breton has a large population who work seasonally in fishing and tourism industries and rely on Employment Insurance benefits when seasonal work is terminated. It may be the role of public health practitioners to discuss with partners how these changes can impact poverty and in the long term impact health outcomes, as income is directly linked to health.

By determining what the role of public health staff in the CBDHA is in influencing, developing, evaluating and advocating for healthy public policy it is hoped PHS staff will better understand the healthy public policy process as outlined in the Provincial Protocols. It is hoped the results of this research will provide education and tools for staff, as they make the transition from services providers to healthy public policy advocates.

The overall objective of the Master's Project will be to help build capacity in public policy development for PHS staff. Additional objectives that will be achieved through this process include:

- An increased understanding of the public policy process and best practices
- Suggested frameworks for PHS staff to use to evaluate and influence healthy public policy
- An enhanced understanding of policy analysis for PHS staff as it relates to the Provincial Protocols

1.2 CLIENT AND RATIONALE/IMPORTANCE

1.2.1 THE PROJECT CLIENT

The client for this project is Public Health Services in the Cape Breton District Health Authority. The Cape Breton District Health Authority provides acute care, mental health and addiction services, continuing care, and several community programs in Cape Breton County, Northern and Central Inverness and Victoria Counties. The District has more than 3,500 health care providers working with 270 hospital and community based physicians to provide care to about 130,000 people (Cape Breton District Health Authority, 2012).

Community Health is a department of the Cape Breton District Health Authority that includes staff working in primary health care, population health and research and public health services. Community Health consists of nearly 100 staff, including: Public Health Nurses, Licensed Practical Nurses, Dental Hygienists, Health Educators, Nutritionists, Community Health Coordinators, Nurse Practitioners, Managers, an Epidemiologist, an Environmental Health Specialist, a Medical Officer of Health and a Director.

In an effort to improve health over time, CBDHA's strategic plan focuses on four main pillars: Healthy Communities, Healthy Services, Healthy Workplaces and Healthy Policies. In September 2012, District Senior Management developed the position of Health Promotion Coordinator to focus specifically on the Healthy Policies pillar. As a candidate for the Master in Public Administration degree, coupled with experience as a Health Educator, the investigator was selected for this position.

The Health Promotion Coordinator is responsible for the development, implementation and evaluation of health promotion and prevention initiatives for populations across CBDHA. These initiatives focus on the reduction of chronic disease and creating supportive environments that reduce barriers to achieving and maintaining health. As part of public health's multi-disciplinary team in the CBDHA, the Health Promotion Coordinator is responsible for utilizing principals from population health, harm reduction, health promotion and prevention. Specific duties include a wide range of services, including development of healthy public policy, social marketing, public awareness, health research, community education/ targeted group health education, and community initiatives/ projects. Since beginning this position, the investigator has worked with Public Health staff, staff from Mental Health and Addiction Services, and staff at various levels of government to develop healthy public policies that focus on breastfeeding, smoke free outdoor spaces and alcohol use. As Health Promotion Coordinator, the investigator has worked as part of an internal CBDHA team to review healthy workplace polices related to healthy eating and physical activity. At the provincial level, the investigator has been part of a group of public health practitioners who are working to address housing issues across Nova

Scotia. Additionally, the Health Promotion Coordinator has also been part of a provincial health promotion education group.

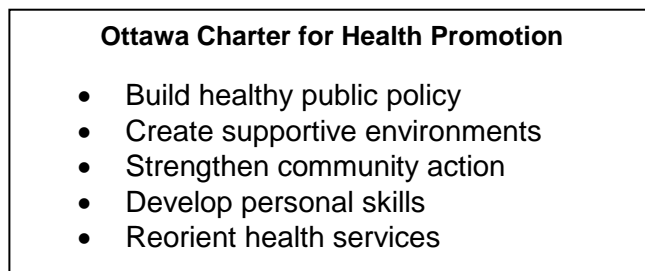
Following a discussion with the Manager of Population Health and Research, the District's Medical Officer of Health and the Director of Community Health, it was determined this research endeavor would help support staff with this work by helping them understand their role in advocating, influencing, developing and evaluating the healthy public policy process.

The intent of this research project is to help build capacity within PHS, around healthy public policy, as it relates to the Protocols, so staff can move forward with this work.

1.2.2 RATIONALE/IMPORTANCE OF TOPIC

The work of public health professionals is focused on a population health approach, which focuses on the determinants of health. Many of the determinants of health are outside the direct scope of PHS's work, such as personal, social, economic and environmental factors. However, to protect and promote the health of the population, PHS must work in collaboration with other sectors, key stakeholders and communities to advance healthy public policies as outlined in the Ottawa Charter for Health Promotion (Nova Scotia Department of Health and Wellness, 2013). The Ottawa Charter for Health Promotion (see Figure 1).

Figure 1 – Ottawa Charter for Health Promotion



Source: World Health Organization, Canadian Public Health Association, and Health Canada. Ottawa Charter for Health Promotion, 1986.

To address health issues in Cape Breton, public health practitioners must use the Ottawa Charter for Health Promotion as a guiding document. Some of the robust health issues staff are being asked to address include rates of chronic disease related to the determinants of health. In the Cape Breton District Health Authority, half of the population has a chronic disease, such as asthma, cancer, diabetes or obesity (Cape Breton District Health Authority, 2013). Data in the 2013 Population Health Report, shows that rates of smoking, heavy drinking, physical inactivity and obesity are higher in Cape Breton compared to the rest of Nova Scotia (Cape Breton District Health Authority, 2013). These health behaviours and outcomes are directly linked to the determinants of health, especially income. Evidence shows those with a higher income experience better health (Cape Breton District Health Authority, 2013). Therefore, it is

no coincidence that Cape Breton not only experiences poor rates of health, but it also has an unemployment rate of nearly 20% (Cape Breton District Health Authority, 2013). Public Health Services staff in the CBDHA has a role to play in impacting and improving these statistics, by working with community partners to advance public policies in Cape Breton. Examples of such polices include: School Food and Nutrition Policies, Active Transportation Policies and Smoke Free Spaces. Table 2 describes some evidence-based population approaches to preventing chronic disease that have been implemented through policy and the work of public health practitioners.

Table 1: Evidence-Based Population Approached for Preventing Chronic Disease

Setting/Item	Policy
Labelling and Information	<ul style="list-style-type: none"> • Mandated nutrition fact panels or front-of-pack labels/icons to influence industry behaviour and product formulations • Point-of-decision prompts to encourage use of stairs
Economic Incentives	<ul style="list-style-type: none"> • Subsidy strategies to lower prices of more healthful foods and beverages • Tax strategies to increase prices of less healthful foods and beverages
Schools	<ul style="list-style-type: none"> • Multi-component interventions focussed on improving diet and physical activity including specialized educational curricula, trained teachers, supportive school policies, a formal physical education program, healthy food and beverage options, and a parental/family component
Workplaces	<ul style="list-style-type: none"> • Comprehensive wellness programs with nutrition and physical activity • Increased availability of healthier food/beverage options and/or strong nutrition standards for foods and beverages served, in combination with vending machine prompts, labels or icons to make healthier choices • Improving stairway access and appeal, potentially in combination with ‘skip-stop’ elevators that skip some floors (thereby making stair use necessary)
Local Environment	<ul style="list-style-type: none"> • Improved accessibility of recreation and exercise spaces and facilities (e.g., building of parks and playgrounds, increased operating hours, use of school facilities during non-school hours) • Improved land use design (e.g., integration of and inter-relationships of residential, school, work, retail and public spaces) • Improved traffic safety • Improved neighbourhood aesthetics to increase physical activity in adults • Improved walkability, a composite indicator that incorporates aspects of land-use mix, street connectivity, pedestrian infrastructure, aesthetics, traffic safety and/or crime safety
Restrictions and Mandates	<ul style="list-style-type: none"> • Restrictions on television advertisements for less healthful foods or beverages advertised to children • Restrictions of advertising and marketing of less health foods or beverages near schools and public places frequented by youth • General nutrition standards for foods and beverages marked and advertised to children in any fashion, including on-package promotion • Regulatory policies to reduce specific nutrients in foods (e.g., trans fats, salt, certain fats)

Source: AHA Scientific Statement, Circulation 2012

Table 1 provides some examples of evidence-based public health interventions, some of which have focused on the development of health public policy. A limited amount of PHS staff in the CBDHA have been involved in similar interventions. As all staff in the CBDHA are being asked to

consider how they can influence healthy public policy, as indicated by the Provincial Protocols, staff require additional support to understand their role in this process further.

1.3 BACKGROUND

The background section of this research project begins by explaining the renewal of the public health system in Nova Scotia.

Recent public health threats such as SARS, Obesity and Pandemic Influenza initiated a review of the public health system in Nova Scotia (Government of NS, 2011). The provincial public health renewal process identified the need for PHS to work “upstream” to focus on prevention, address growing health concerns and the increasing costs of healthcare services (Government of Nova Scotia, 2011). An upstream approach or a *population health approach*, means focusing efforts on influencing policies that impact the Social Determinants of Health. The Social Determinants of Health are defined by the Public Health Agency of Canada as factors such as: income, social support networks, education, healthy child development, culture, the physical environment (where we live), etc. According to the Public Health Agency of Canada, a Population Health Approach includes factors both inside and outside the healthcare system,

At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment and individual behavior. These factors are referred to as 'determinants of health'. They do not exist in isolation from each other. It is the combined influence of the determinants of health that determines health status (Public Health Agency of Canada, 2012, p.1).

In 2006, the province of Nova Scotia began a provincial review of the public health system. The renewal process led to the development of the provincial Protocols to guide the work of public health staff across Nova Scotia. Among other things, the Protocols suggest the need for PHS staff to focus their work on impacting the health of communities, by influencing and advocating for healthy public policy (Government of NS, 2013). Specifically the protocols suggest that PHS staff will focus their work in areas such as,

- Building healthy public policy to create more supportive environments for health.
- Collaborating with a broad set of partners and communities to support collective understanding and analysis to create supportive social, economic and physical environments to support the health of infants, children, youth and families.
- Engaging and enabling communities and other stakeholders in policy analysis and development and advocacy

- Applying comprehensive, evidence-informed, strategies to improve the health of communities by conducting policy analysis and seeking policy changes to influence social, economic and physical environments to better support health and collaborating with a broad set of partners to support action on health determinants through healthy public policy (Nova Scotia Department of Health and Wellness, 2013, p. 4).

The provincial public health renewal process has involved many stages and has meant many changes for PHS staff in the CBDHA. The process began with a document that outlined 21 actions for a public health system renewal (Province of NS, 2013). The purpose of the renewal process was to shift Nova Scotia's public health focus upstream to address root causes and the social determinants of health, to minimize health inequities and to have the most significant impact on the health of the population as a whole (Province of NS, 2013).

A recent example of this shift in PHS's work is around breastfeeding. Obesity is a growing epidemic, and besides having direct benefits for mother and baby, breastfeeding can help impact the rates of obesity over time (INFACT Canada, 2012). Babies who are breastfed are known to have better health well into adulthood (INFACT Canada, 2012). Some of the benefits impacting people who were breastfed include a decreased risk of developing cardiovascular disease, obesity and inflammatory bowel disease (INFACT Canada, 2012).

Traditional public health work around breastfeeding has focused on making contact with post-partum mothers to determine if they require one-on-one breastfeeding support. Using a more population health focused approach, PHS is now working to change the culture in local communities around breastfeeding. For example, staff are working to obtain the National Baby Friendly (BFI) designation. This BFI designation not only involves working with post-partum mothers to increase breastfeeding rates, but it also looks at changing the culture around breastfeeding by seeking community support through healthy public policies. This work involves approaching local municipalities, businesses and community groups to develop or enhance breastfeeding policies to support mothers in their communities and work environments.

1.4 ARGUMENT AND MAJOR FINDINGS

1.4.1 ARGUMENT

This research project argues that staff working in PHS in the CBDHA have a role to play in the development, advocacy, analysis and evaluation of healthy public policy. The Nova Scotia Provincial Public Health Protocols suggests this role should focus on understanding the

problem; analyzing the social and political context; and influencing the policy (Government of NS, 2013).

1.4.2 MAJOR FINDINGS

The findings in the literature suggests a number of key roles for PHS in the healthy public policy process, which include: working with key community partners, identifying the policy problem, gathering scientific-evidence to support the issue, working with key decision makers and leadership and understanding local health issues and community needs to impact policy (National Collaborating Centre for Healthy Public Policy, 2012).

Interviews with PHS staff in the CBDHA identified a number of themes. Interviewees acknowledged they required further training and guidance around best practices in policy development. Staff also recognized the need to advocate for healthy public policies and the importance of the Provincial Public Health Protocols, but require more explanation in regards to how the protocols should be used. Overall, staff identified strong working relationships and access to health information as their potential strengths in the healthy public policy process.

Interviews with experts working in areas outside the CBDHA, with experience in advocating, developing and evaluating healthy public policy identified a number of themes. Experts discussed the value of working with partners and using evidence to demonstrate why changes to a specific policy are required. For example, smoking rates in the Cape Breton Regional Municipality have stayed the same since the Smoke Free Space Legislation came into place in 2002. Without seeing more of a decrease, current smoking policies may need to strengthened or enhanced to reduce rates further. This may involve expanding Smoke Free Spaces policies to include outdoor recreational areas such as parks and playgrounds.

Experts also agree that each policy and community is different. Therefore, best practices regarding policy development do exist, but it important to recognize there is no “how to guide”. Experts also acknowledged that this type of work can take time, and PHS staff in the CBDHA must recognize this.

For PHS staff to better understand their role in the healthy public policy process, this report recommends the following options:

- Option 1: Improve education on the public health provincial protocols for PHS staff
- Option 2: Develop public policy working group within the CBDHA
- Option 3: Develop a database or list of applicable tools and frameworks endorsed by leaders within PHS
- Options 4: Share learned experiences of PHS staff

- Option 5: Establish a local healthy public policy working group (including members from outside the CBDHA) or forums to engage community leaders

Attached to each recommendation is a suggested implementation plan and proposed budget. Like other publicly funded government departments, the healthcare sector in Nova Scotia is facing fiscal restraints. Healthcare staff are being asked to change their approaches and practices, in an attempt to save money and plan for future needs. The implementation plan and budgets attached to each recommendation were developed to help the client, CBDHA, understand exactly what the associated fees of each recommendation may be.

It is believed these recommendations will help PHS staff better understand their role in the Provincial Public Health Protocols, and in turn, their role in advancing healthy public policy, by addressing gaps related to policy work in the District and helping leaders outside the CBDHA better understand how they can work with PHS to advance healthy public policy.

1.5 ORGANIZATION OF REPORT

This report begins by outlining the overall project objective, the rationale, information about the client and an overview of the project. It identifies the need for this research and provides information explaining why the investigator decided to research this topic.

Following the introduction, the methodology section of this report outlines the key methods for data collection used for the purpose of this project. It also identifies the investigators rationale for selecting the interviewees and other sources of data. In the Literature Review section, the researcher outlines the sources of information used by the investigator and discusses key themes within the literature. In this section, a critical analysis of the literature related to public health's role in the healthy public policy process is provided.

The conceptual framework synthesizes findings from the literature review and the interviews, themes the findings and puts them in a format that can be applied to the healthy public policy process for PHS staff in the CBDHA.

The findings and analysis section elaborates further on key themes found in the literature review and from the interviews. A total of seven interviews were conducted and a summary of those results are found in this section.

Considering the key findings, the recommendation section provides suggestions to help PHS staff better understand their role in the healthy public policy process. The recommendation section also outlines potential budget and implementation consideration.

Finally, the conclusion section of the report includes a closing summary for moving forward. It is a short synopsis of what the researcher has learned and how it can be applied within PHS.

2.0 LITERATURE REVIEW

The literature reviewed for the purpose of this research project included online databases, such as PubMed, the National Collaborating Centre on Healthy Public Policy and the Summons database found through the University of Victoria website. It also consisted of a review of grey literature such as, relevant websites, online discussion boards, online learning modules and presentations from health promotion conferences.

Within the literature, some of the main themes addressed the research question by outlining public health's role in developing, advocating, influencing and evaluating healthy public policy. Similar to the public health Provincial Protocols, literature suggests public health's role involves identifying the issue, gathering evidence and support, identifying champions and leaders and the need to understand the community/context one is working in. Within this literature it suggests public health be a voice for disadvantaged populations and use evidence to demonstrate to those who may be implementing a policy how it can impact health. Themes from the literature are elaborated on below.

2.1 HEALTHY PUBLIC POLICY BEST PRACTICES

Although theories regarding healthy public policy were introduced earlier, the concept was not introduced to health promotion practitioners until the creation of the Ottawa Charter for Health Promotion in 1986 (Alberta Health Services, 2011). Initially described as "health promotion policy", the Charter was a catalyst for discussions regarding the importance of ensuring health was on the agenda of policy makers in all sectors and at all levels of government (Fafard, 2008, p.23). Following the charter, in 1988 the Adelaide Declaration (1988) expanded on the work of the Ottawa Charter by linking health promotion and healthy public policy (Gagnon et. al., 2007, p. 9).

With the introduction of the Ottawa Charter and the Adelaide Declaration, an increased amount of authors have written about healthy public policy and the role of public health practitioners in it. All authors agree, those working in public health have a role to play in advancing healthy public policy and there are common theme regarding the specifics of this role. Common themes include the involvement of community partners, as most issues related to healthy public policy fall outside the health sector, using evidence and understanding the political and social environments and players.

Studies on public policies indicate there are often difficulties in progressing from a written document to implementation (Gagnon, et. al, 2007). Some authors suggest this difficulty in implementing public policies is because there are often bureaucratic processes that can be constraining (Gagnon, et. al., 2007).

In recent years, advancing healthy public policy has been determined a key strategy to promote and protect health (Moloughney, 2012). Since being used as a key public health intervention, there has been an assumption by public health practitioners that if good data is provided, then good policy can be developed; however, as more public health practitioners work to advance healthy public policy it has been realized that the process is not linear and cannot be oversimplified (Fafard, 2008; Moloughney, 2012). Most authors agree, while evidence plays a key role, those working to promote healthy public policy today require a broad range of skills. These skills include: understanding the political and economic climates, how to facilitate collective action, as well as strategic and critical analysis.

Although the policy development process is broad and can vary depending on the issue and organization, there are some common themes within the literature. Some of these themes include: the importance of working with key community partners and stakeholders to influence healthy public policy; the critical role problem identification plays; the critical role scientific-evidence plays in influencing healthy public policy; the critical role key decision makers and leadership have in moving policy forward; and the importance of understanding local health issues and community needs to impact policy.

2.2 REVIEW OF APPLICABLE FRAMEWORKS AND TOOLS

District Health Authorities and Public Health practitioners across Canada are recognizing the value in working to influence policies that impact the greater population (Sudbury & District Health Unit, 2011). These organizations have also recognized that in order to influence these types of policies, staff may require guidance. To help guide this process, some health units and public health departments have developed reference tools to guide this work.

Various frameworks and tools to guide healthy public policy development have been reviewed by the investigator. The frameworks and tools were analyzed to determine if they were applicable for PHS staff working in CBDHA. In addition to research conducted for the purpose of this project, the investigator discovered a number of tools through their work in policy development, consultation with provincial counterparts and various webinars delivered by experts working in policy development across Canada.

Below are three frameworks the investigator believes staff in PHS in the CBDHA should review to enhance their understanding of key concepts in healthy public policy development. These frameworks were selected because the investigator determined they would help PHS staff in the CBDHA better understand their role in developing, advocating, influencing and evaluating healthy public policy, based on what was learned through the literature review and based on the needs assessment conducted through the interviews with PHS staff. The authors of these

frameworks are credible sources and the tools have been used by PHS staff in other jurisdictions and proven to be successful.

In 2012, Dr. Brent Moloughney prepared a literature review which analyzed the use of policy frameworks related to advance healthy public policy. Dr. Moloughney, a public health consultant, was also the consultant who led the Nova Scotia Public Health Renewal Project. The Renewal Project is responsible for the Public Health Provincial Protocols. The document is a comprehensive literature review of frameworks used within various public health units across Canada. In some places the document is technical and for everyday use may be heavy, but it can also act as a basis for policy development for public health staff (Moloughney, 2014). For staff in PHS in the CBDHA, this document lays the foundation as to what they should look for in a framework before applying it to the healthy public policy process.

The California Department of Public Health and the American Public Health Association created, “Health in all Policies: A Guide to State and Local Government” to address the increasing interest in collaborative approaches to improve population health (Caplan & Rudolph, 2012). The guide discusses the importance of ensuring the decision-making process across all sectors considers health and public health’s role in supporting this. Staff in PHS in the CBDHA can use this document to determine how best to address policies that impact health, but fall outside the health sector. Staff in PHS in the CBDHA can use this guide when working with partners and organizations outside health.

The Ontario Chronic Disease Prevention Alliance developed a handbook to help those working to advance healthy public policy navigate the process. According to the, “Handbook to Healthier Communities– Influencing Healthy Public Policies” this document is for those who wish to advance healthy policy in their community or encourage change at the local level (Ontario Chronic Disease Prevention Alliance, 2011). Although authors of the document indicate there is no one method for advancing healthy public policy and often processes need to be adjusted based on the issues and community need, the handbook should be used as a reference tool for PHS staff. The handbook provides a number of key steps that can be followed to move healthy public policy forward. It is very practical and laid out simply and easily so that it can be followed by those with limited experience in the healthy public policy process. This document should be used as a coaching tool for staff working in PHS in the Cape Breton District Health Authority.

With the overwhelming amount of literature available regarding best practices in healthy public policy, the above frameworks and tools were selected by the researcher based on the needs of PHS staff. In order for all PHS staff to better understand their role in the healthy public policy process by using the resources listed above, frameworks must contain concepts that are easy to grasp while working in a busy work environment. The frameworks above were chosen because

they have been applied by some interviewees and found to be successful or they help put some of the key concepts identified in the literature review into everyday practice.

2.3 LITERATURE REVIEW CONCLUSION

The development, implementation and evaluation of healthy public policy is not a linear process (Bridgman & Davis, 2003). Depending on the issue, it can involve multiple stages, players and processes (Bridgman & Davis, 2003). According to the literature, some of the main aspects of policy development include: identifying the issue, gathering evidence and support, identifying champions and leaders and the need to understand the community/context one is working in. Literature also suggests that people working to impact healthy public policy need to recognize this work takes time and the process can be daunting. Therefore it is important to remain focused, driven and celebrate any small steps that can lead to big impacts.

Many authors outline a 'public policy cycle' involving stages that include: identify issues, policy analysis, policy instruments, consultation, coordination, decision, implementation and evaluation (Bridgman & David, 2003, p. 101). Using these approaches to the policy cycle, helps public servants develop a policy and guide it through the various stages of government (Bridgman & Davis, 2003). However, the literature cautions that there are limitations to most theoretical frameworks. Using the policy cycle will not guarantee good policy. Instead, good policy is created by being flexible in the development process (Everett, 2003, p.67).

It is unreasonable to believe the public policy process is a rigid cycle of procedures or a "one size fits all approach" (Everett, 2003, p.69). Some authors suggest, skills in policy development are best created through hands-on experiences, compared to reading and using theoretical documents as a guide. Through this, it is recognized that the policy cycle does not involve a programmed, definitive number of steps (Everett, 2003, p.6). All situations vary and therefore, it is best to focus on beginnings, middles and endings; that may lead to new beginnings (Howard, 2005).

The policy process involves many stages and players such as politicians, different levels of government, policy analysts, staff, communities, the media and more. The policy cycle helps to better understand the processes involved, but it cannot be used as a "manual" (Siemens, 2012, p.1). Regardless of the cycle or the frameworks one uses to work through the steps of policy development, it is important to consider the key areas mentioned above and for staff in PHS to remain both focused and flexible.

2.4 CONCEPTUAL FRAMEWORK

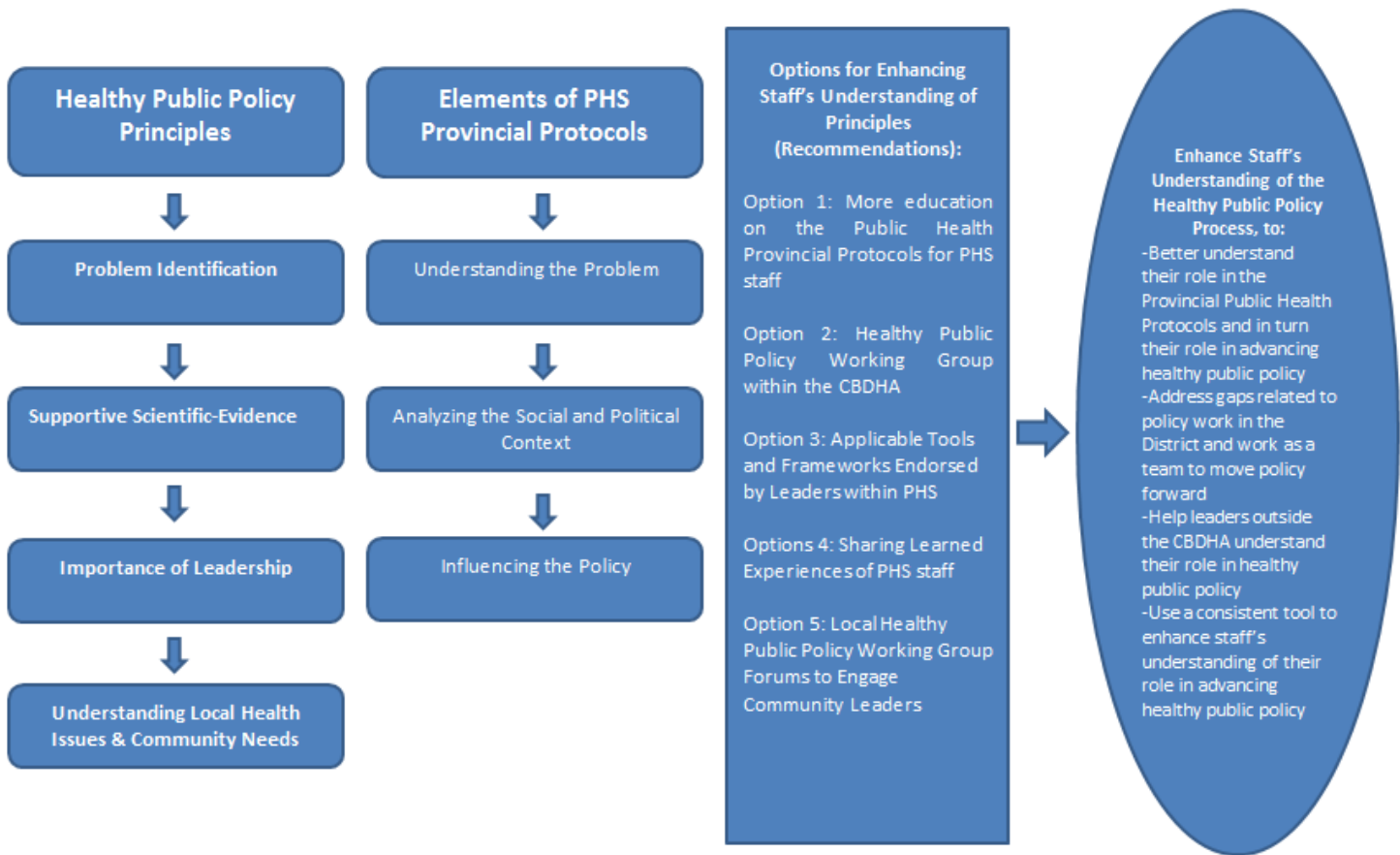
As a result of the findings from the literature review and interviews, and based on the Provincial Protocols, a conceptual framework has been developed to help summarize key findings that should be considered by PHS staff in the CBDHA (see Figure 3). The conceptual framework outlines a process that should be considered to help staff better understand their role in influencing, advocating, developing and evaluating healthy public policy, based on best practices identified in the literature review and compared to the Provincial Protocols.

The Conceptual Framework below represents a roadmap for PHS staff to use to navigate the healthy public policy process. The first column “Healthy Public Policy Principles” takes findings from the literature review and the interviews and themes the information into four key areas. The second column “Elements of PHS Provincial Protocols” outlines public health’s role in the public policy process as defined by the Provincial Protocols. The information is presented in this manner, so the reader identifies the similarities between the two sources. The third column “Options for enhancing staff’s understanding of principles” outlines the recommendations for moving forward, based on the previous columns. Finally, the last column outlines the expected outcomes, should PHS in the CBDHA adopt the recommendations.

It is hoped the Conceptual Framework is used as a guide for PHS staff in CBDHA as they work to advocate, developing, influence and evaluate healthy public policy.

The Conceptual Framework is elaborated on further in the Discussion and Recommendation sections of this report.

Figure 2: Conceptual Framework for Enhancing PHS’s staff role in advancing Healthy Public Policy



Source: Author, 2014

3.0 METHODOLOGY AND METHODS

This research project involved utilizing various qualitative research methodologies, methods, including a literature review, conducting an analysis of guiding documents and frameworks in healthy public policy and conducting interviews with staff working in PHS in the CBDHA, as well as experts working in public policy in other jurisdictions.

This research approach was approved by the Human Research Ethics Board, University of Victoria, British Columbia and the Research Ethics Committee with the Cape Breton District Health Authority.

The methodology and methods used for the purpose of this research were selected to best respond to the research question by determining public health's role in advocating, developing, influencing and evaluating healthy public policy. Through the methodologies and methods used, the investigator was able to identify the needs of PHS in the CBDHA, best practices applied in other jurisdictions and frameworks that have been proven to be successful by other public health practitioners.

3.1 METHODOLOGIES

This section provides an explanation of the methodologies used for the purpose of the research project.

3.1.1 NEEDS ASSESSMENT

A Needs Assessment is used to help the investigator determine the needs of the population being analyzed (American Nurses Credentialing Center Commission on Accreditation, 2006). The focus of this research project is to help staff working in PHS in the CBDHA better understand their role in the healthy public policy process. To do this a needs assessment, completed through interviews with staff working in PHS in the CBDHA was conducted. The focus of the needs assessment was to determine what is required to help staff working in PHS better understand their role in the healthy public policy process. The results of this research project provides options for PHS staff to consider to help them better understand the healthy public policy process and their role in it, as indicated by the Provincial Public Health Protocols.

3.1.2 BEST PRACTICES SCAN

A review of best practices in healthy public policy development was conducted. The scan began with searching the websites of international and national leading health organizations such as the Public Health Agency of Canada and the World Health Organization. Through this, several publications helped identify key themes and authors on the subject. The UVic library catalogue and specially, Summon, was used to find key sources. Sources of information were reviewed

to determine if they met the needs of PHS in the CBDHA, if they could be applied in the CBDHA and if the information aligned with themes identified in the literature review and Provincial Protocols.

3.1.3 CASE STUDY

Leedy and Ormrod (2001) define a case study as “A type of qualitative research in which in-depth data are gathered relative to a single individual, program, or event, for the purpose of learning more about an unknown or poorly understood situation” (p.154). There are certainly pros and cons to every research design, including a case study. The most convincing argument to support case study methodology is that it allows the researcher to focus on a particular group of individuals or topic (Leedy & Ormrod, 2001). The intent of this research was to determine what can help PHS staff in the CBDHA better understand their role in advancing healthy public policy in Cape Breton.

The case study method was utilized to determine the role of PHS in advancing healthy public policy. This research topic was chosen to help PHS staff enhance their understanding of the healthy public policy process as it relates to the Provincial Public Health Protocols. Public health staff in the Cape Breton region was applicable for two reasons. The first, PHS staff in this area have indicated to the investigator that although they recognize the benefits of influencing healthy public policy, they require support with understanding their role in the process. The second reason, is because Cape Breton experiences relatively poor health and healthy public policy has the ability to improve health outcomes according to the Provincial Public Health Protocols.

The case study method was chosen for a number of reasons. This method seems most applicable because the research focused on a specific group of individuals; PHS staff in the CBDHA. Essentially, the investigator studied a particular group of individuals based on their attitudes toward healthy public policy and the impacts it could have on the region. These are reasons why the case study approach was adopted for this research, as it is believed to be the most appropriate method given the characteristics of the participants and the region it may impact.

3.2 METHODS

3.2.1 LITERATURE REVIEW

The goal of the literature review was to review and evaluate the literature related to healthy public policy and public health’s role in it. The review was completed to help describe, summarize, evaluate and theme key sources of information. The literature review helped create a conceptual basis for the research.

It is hoped this literature review provides a background for public health's role in advancing healthy public policy by using previous research materials found through books, scholarly articles, journals and databases.

3.2.2 DOCUMENT REVIEW

A document review was conducted to determine what resources could best be applied by PHS staff in the CBDHA to influence, advocate for, develop and evaluate healthy public policy. The investigator discovered the documents that were reviewed, through interviews with experts from other jurisdictions, such as the Public Health Agency of Canada and the Canadian Institute of Health Information. If experts, from these leading organizations, found these documents to be helpful, the investigator reviewed them to determine if they contained key themes discovered in the literature review.

On a national and international scale, public health practitioners are moving toward a model that reflects greater consideration for the broader determinants of health (Government of Nova Scotia, 2012). As a result, various health units, as well as provincial and federal health agencies, are building processes and creating frameworks to help guide healthy public policy development and evaluation (National Collaborating Centre for Healthy Public Policy, 2012).

A document review of frameworks and tools being used by public health practitioners in other jurisdiction was completed. The success of these tools, based on feedback from those who applied them was analyzed. The documents, which were analyzed, were developed by practitioners from other jurisdictions who are considered to be leaders in healthy public policy, by PHS staff in the CBDHA. This included the PEEL Public Health Region and Sudbury District Health Unit.

3.2.3 INTERVIEWS

In order to conduct interviews, approval was obtained from the University of Victoria's Human Research Ethics Board. Approval to interview PHS staff was also obtained from the Cape Breton District Health Authority's Research Ethics Board.

The investigator contacted ten potential interview participants. Of those contacted, seven participants were interviewed based on availability. Three of the interviews were with experts working in healthy public policy in organizations such as Mental Health and Addiction Services in the CBDHA, the Canadian Institute for Health Information (CHIH) and the Public Health Agency of Canada. Four of the Interviews were conducted with staff working in PHS within the Cape Breton District Health Authority. These staff included, two health educators, one public health nurse and the Medical Officer of Health.

The investigator chose the candidates based on their experiences in advancing healthy public policy. Interviewees from CIHI and the Public Health Agency of Canada were chosen by the investigator, after participating in online learning modules where these interviewees presented on their work in influencing healthy public policy. The interviewee from Mental Health and Addiction Services was selected because he/she have been identified as an expert in the CBDHA in influencing healthy public policy.

Staff from PHS were selected for interviews because they are currently working on a number of initiatives regarding the development of healthy public policy. The types of policies staff are working on includes: Active Transportation, Physical Activity, Healthy Eating in Recreational Settings and Municipal Breastfeeding Policies.

The Medical Officer of Health with the CBDHA was selected because she has worked across Canada and was able to suggest frameworks and practices that have been applied in other jurisdictions which have helped move healthy public policies forward.

Invitations were sent to participants through email. In the initial email, participants were informed about the time commitment and provided with a date responses should be completed by. Interviewees were given the option of being asked the interview questions over the phone, in person or responding by email. All interviewees chose to respond to interview questions on their own time and return responses through email. Interviews were conducted between July and September 2013. Two set of interview questions were applied 1) questions for staff working in PHS in the CBDHA (see appendix A) and 2) questions for experts working outside PHS (see appendix B).

3.3 DATA ANALYSIS

The qualitative data analysis process used in this research project was thematic analysis. With this form of analysis, themes are applied based on key findings (Delanty & Strydom, 2003).

The data gathered through this research project was themed according to what was said in the interviews and what was gathered through the literature review. The investigator did not pre-determine themes prior to interviews and the literature review. Instead, key themes and trends emerged as the investigator conducted the research. However, the questions that were asked to interview participants helped guide how the findings of the research were presented in this report.

3.4 PROJECT LIMITATIONS AND DELIMITATIONS

The diversity of participants interviewed for the purpose of this research is both a strength and a limitation of the research. Interview participants were from various sectors of health, as well as geographic locations. This helped to collect useful and diverse information.

A limitation may be the diversity of staff interviewed from PHS in the Cape Breton District Health Authority. Although there was representation from a number of disciplines, including Health Educators, Nurses and the Medical Officer of Health, there are other disciplines working in PHS who could have been represented, such as dental hygienists and nutritionists; however, time constraints were an issue for both the investigator and staff.

4.0 FINDINGS: INTERVIEWS

The following section synthesizes the overall findings of this research project, including the interviews and review of best practices.

Interviewees and interview questions were categorized into two groups 1) staff working in PHS in the CBDHA; and 2) Experts working in healthy public policy outside of PHS (See Appendix A and B for a list of interview questions).

Interview responses are summarized below, beginning with responses from staff working in PHS in the CBDHA (**Group 1**).

4.1 INTERVIEW SUMMARY FOR GROUP ONE

Four staff working in PHS in the CBDHA were interviewed, including two Health Educators, a Public Health Nurse and the District's Medical Officer of Health.

Health Educators primarily focus their work in health promotion, specifically focusing on areas such as physical activity, tobacco reduction and chronic disease prevention. They work in the community and in partnership with outside agencies to promote healthy living messages through traditional media, social media and social marketing initiatives. They advocate for policies and programs that support health and reduce health inequities (See Appendix C for full position description).

Public Health Nurses work to promote health and prevent disease through a number of programs that focus on Healthy Beginnings, Communicable Disease Prevention and Control and School Aged Children and Youth. They deliver a number of provincially funded immunization programs. They track and treat communicable diseases and provide prenatal education and support to new moms and families. They work in partnership with primary health care providers, school, physicians and community organizations (See Appendix D for full position description).

The Medical Officer of Health (MOH) works with PHS staff and communities to promote and protect the health of people locally. The MOH works closely with Nova Scotia's Chief Public Health Officer and MOHs across the province. As a member of the PHS team, the MOH is engaged in a number of issues impacting health including: poverty, active transportation, food sovereignty, communicable disease prevention and control, environmental health, and chronic disease prevention (See Appendix E for a position description).

Interview questions from group one are summarized below.

What should be the role of PHS staff in influencing, developing, evaluating and advocating for healthy public policy?

Respondents identified the important role PHS can play in advocating for healthy public policy at all levels of government. PHS's role in providing education around healthy public policy and being a resource to provide evidence based material when developing healthy public policy was noted.

PHS's role in working with partners and communities, specifically connecting with publics through community consultations, was mentioned as being key in the healthy public policy development process. Understanding when to collaborate with partners, understanding how important evidence is to support policy development was also a common theme.

Respondents identified areas they are working on regarding healthy public policy within municipalities and workplaces. They identified their role in the process as being promoters, educators, developers and evaluators.

Respondents noted, that all staff have some involvement, some more than others. Every staff member brings valuable input to healthy public policy work. All staff can play some role in each area; however, it is valuable to have some staff/a team, with more detailed knowledge and skill in order to move issues forward and to support other staff in their healthy public policy work.

Do you think PHS staff see themselves in this type of work? If yes, how? If no, why?

Respondents said they are beginning to see themselves in this type of work in recent years, because of the Provincial Public Health Protocols. They believe a strength for PHS staff in the healthy public policy process is their ability to access health information, work with partners and see the big picture. Respondents noted that some staff are working more in healthy public policy and seem to understand the process better than others, but once all staff start to see the benefits of this work, the more they may be open to becoming part of it.

Staff said they see the importance of focusing on this type of work, but that other partners and primary health care providers must be informed. They said if PHS is focusing on policy rather than delivering immunization programs, PHS partners such as schools, physicians, other service providers and the public need to be made aware of this change.

Respondents specifically mentioned staff positions and the type of policy will determine the level of staff involvement. Furthermore, staff will see themselves in this type of work depending on their level of understanding of the role of the SDOH and the connection the SDOH have to their own work. It was also noted that staff involved in policy work, sometimes do not think of it as healthy public policy focused.

What do you think the challenges are for PHS staff working to influence, develop, evaluate and advocate for healthy public policy? If you feel there are challenges, how can they be addressed?

The skill level of staff was identified as a challenge. Most staff are trained clinicians and not formally trained on policy development, advocacy and evaluation. They believe there is a learning curve with this process and further training for staff should be provided.

Modifying staff behaviours, changing mindsets and recognizing all staff are not comfortable with this work were identified as challenges. In the Public Health Provincial Protocols it is suggested that staff may be required to let go of some traditional aspects of their works and begin focusing on advancing healthy public policy. Respondents noted that this would be a challenge for those working in PHS in the CBDHA. According to them, this is especially true for staff who have been working in PHS for an extended period of time. To do this, respondents feel they require further clarification and guidance from leadership, especially in relation to the Protocols.

Respondents identified working with partners as critical, but also noted the challenge of relying on partners to move policies forward. To do this, PHS will need to be sensitive to the timelines and responsibilities of their partners. In summary, what may be important or high on PHS's agenda, may not be the same for our partners and they need to recognize this when working in the community.

Evaluation was mentioned as being important, but challenging given the difficulty of assessing population health impact. Respondents mentioned the challenges with articulating what PHS's role should be in the process, for example: leader, facilitator or worker. In order to identify this role, the importance of understanding the policy issue was highlighted.

As a public health practitioner, what tools, information or education would help you to better understand your role in influencing, developing, evaluating and advocating for healthy public policy?

Respondents would like to better understand the process "from start to finish", so they can help describe to the general population how healthy public policy can impact health. Staff identified the need for a formalized document, frameworks or templates for all staff to use as a resource/tool and training from "experts" to help incorporate healthy public policy work into everyday practice. This tool should address policy development, writing a policy and evaluation, so all are using a similar process from the beginning stages to implementation.

Respondents specifically mentioned how having more detailed data regarding the health of populations would be useful, as there are often challenges working with a smaller population; especially those in rural communities.

4.2 INTERVIEW SUMMARY FOR GROUP TWO

Three experts from outside PHS in the CBDHA were interviewed, including a healthy public policy analyst from the Canadian Institute of Health Information, a Senior Policy Analyst from the Government of Canada and a Manager of Health Promotion and Prevention with Mental Health and Addiction Services in the Cape Breton District Health Authority.

The Senior Analyst with the Government of Canada works under the Health Portfolio: Health Canada, the Public Health Agency of Canada and Canadian Institutes for Health Research. Their role involves a considerable amount of strategic policy influence, development, advocacy and evaluation and contribution to the development of international health policies and agreements. The position involves working to identify, present and shape Canada's positions on a wide range of health issues including health care financing, health human resources, emergency management, traditional medicines, chronic/infectious disease, social determinants of health and more.

The Policy Analyst with the Canadian Institute for Health Information, in the Canadian Population Health Initiative's policy team, works to synthesize evidence from evaluations of interventions aimed at improving population health and mitigating health inequalities. In their role, they prepare reports, webinars, and other products to share knowledge on healthy public policy.

The Manager of Health Promotion and Prevention with Mental Health and Addiction Services is responsible for the leadership, strategic planning, administrative management and coordination of service delivery within the Health Promotion and Prevention Team. The manager leads prevention services and supports which include: the Stop Tobacco Use Program, Driving While Impaired/ Alcohol Ignition Interlock Program, Caperbase Outreach Services, health promotion policy and social marketing, health promotion research and program evaluation. Within the Health Promotion and Prevention Department teams, health promotion strategies are implemented throughout work specifically focusing on informing and supporting the development of healthy public policy to decrease the incidence and prevalence of tobacco use, harmful effects of alcohol use and to promote mental wellness.

Interview questions with group two are summarized below.

Can you recommend any frameworks, documents or resources to help PHS staff better understand their role in the healthy public policy process?

Respondents suggested a number of frameworks to help PHS better understand their role in the healthy public policy process. One of the respondents noted that most frameworks are focused on general policy work and may not be specific to healthy public policy and staff working in public health, however the basic principles are similar. This participant noted having such specific frameworks could be valuable in helping staff navigate the process.

There were common themes within the suggested framework and resources. Some of these themes included: the importance of a broad understanding of the social determinants of health, approaching healthy public policy with a health equity lens, the important role of working with partners, the important role of identifying the policy problem and determining the key actors and agents. Participants also referenced the Nova Scotia Public Health Protocols and the Ottawa Charter for Health Promotion as key working documents for staff.

Respondents mentioned that those working to advance public policy may not apply similar frameworks and may have to adjust their processes based on the issue and the climate they are working in. Overall participants believe there are some frameworks and general principles to help guide the process, but flexibility and adaptability are key when it comes to advancing healthy public policy.

In addition to offering suggested frameworks, respondents provided feedback from personal experience, which highlighted the need to recognize that regardless of the framework one is applying it is importance to remain open and flexible throughout the process.

If you were to offer advice to someone working to influence healthy public policy, working in PHS, what would it be?

Participants offered a tremendous amount of advice based on their past experiences. Some common themes included focusing on the role of advocacy to approach the social determinants of health. Participants suggested using evidence to highlight the need for policy changes, and suggested when working with policy changers to emphasize the economic implications by attaching a cost to inaction on the social determinants of health.

Participants also recognized that for some PHS staff, working toward healthy public policy would mean getting away from traditional public health work such as immunization clinics and instead addressing areas such as poverty, literacy and housing, which are areas outside the health sector.

It was also noted that influencing, developing and advocating for healthy public policy takes a great deal of time. According to participants, the process involves a number of people and partners, leaving the process open to setbacks and interruptions. Attention should be paid to building strong partnerships with key stakeholders, communities, community agencies/partners and focusing on when to work collaboratively and effectively and know when/how to end a partnership. Participants highlighted the importance of being flexible and responsive, and developing strong messages through a communication plan along the way.

What lessons learned could you share with someone working in PHS, who may have limited experience in developing, influencing, advocating for and/or evaluating healthy public policy?

Based on past experiences, participants identified a number of key lessons learned. Some common themes focused on evidence in supporting action, developing strong multi-sector partnerships and working with stakeholders, understanding the issue and having leaders with a strong vision.

Respondents mentioned the value of strategic planning by defining a clear vision, outcomes and objectives, as well as the importance of staying committed, focused and not being discouraged by setbacks. One lesson a participant shared, was to recognize in most cases policy advocates are often not the decision makers, but it is the role of the advocate to support the decision with information, presented as clearly and effectively as possible.

Additional lessons which were shared through these interviews include:

- Recognize that influencing, developing, advocating for and evaluating healthy public policy is not an easy task and a lengthy process which involves people and processes.
- Victories are the sum of many smaller incremental steps that can take much longer than anticipated.
- Develop a strong communication plan to promote the healthy public policy to the public and communicate with partners, highlight evidence through key messages and research and use multiple media vehicles including social media, traditional media and social marketing strategies
- Use community outreach principles and advocacy skills to engage and mobilize communities to support the policy
- Appoint a champion in the community or health care community on the issue who can build support from community and other decision makers
- Start and stimulate conversations with communities in an attempt to gather others to work with
- Do not forget the importance of evaluation, as you may need to focus on deliverables and long term outcome
- Celebrate successes or “quick wins”
- Use existing resources instead of “recreating the wheel”

4.3 INTERVIEW CONCLUSIONS FOR GROUP ONE AND GROUP TWO

In conclusion, there were common themes from interviews conducted with group one and group two. Group one, staff working in PHS in the CBDHA, agreed that staff have a number of strengths that can be applied to the healthy public policy process, but more education and skill development in this area is required. Group two, agreed the healthy public policy development process is not a linear process but it is important to recognize the process requires strong evidence, partners, focus, persistence and critical thinking.

The interviews helped answer the research question, by helping to identify the needs of staff in PHS in the CBDHA and identifying what has worked for practitioners in other jurisdictions.

Furthermore the results of the interviews were compared to what was found in the literature review and was used to develop the discussion section.

5.0 FINDINGS: BEST PRACTICES REVIEW

As part of the literature review process, best practices regarding healthy public policy and key frameworks used by public health practitioners in other jurisdictions, such as the PEEL Region and Sudbury District Health Unit, were analyzed. In analyzing these documents, criteria such as their success in these areas and the source of the information was considered. The PEEL Region and Sudbury District Health have been recognized by the National Collaborating Centre of Healthy Public Policy as leaders in understanding public health's role in advancing healthy public policy. Below are some of the common themes that were discovered.

5.1 BEST PRACTICES: CLOSE WORKING RELATIONSHIPS AND PARTNERSHIPS

Close working relationships are essential to influencing healthy public policy at the local level. Multiple sources of information and authors have stated that dedicated working groups and key stakeholders are often champions for evidence informed policy approaches (Ganann, 2012). Here in Nova Scotia, some of the most successful examples of healthy public work have involved staff working in areas of public health, along with a committed group of volunteers or community minded individuals. An example of this is Smoke Free Kings. Smoke Free Kings is an organization made up of professionals and volunteers committed to reducing harm related to tobacco use and exposure to tobacco smoke in Kings County, Nova Scotia, Canada (Smoke Free Kings, 2013). With such a diverse group of professionals and community volunteers, this group has been recognized in Canada for their work around smoke free policies in public spaces (Smoke Free Kings, 2013). Evidence also supports the importance of understanding key stakeholders through stakeholder and environmental scans, before going through the policy cycle. The goal of a stakeholder assessment is to gain insight into the perspectives, values and beliefs around an issue (PEEL Public Health, 2008-2019).

5.2 BEST PRACTICES: PROBLEM IDENTIFICATION

Evidence suggests, problem identification or priority setting are essential to determining if an issue of interest should be applied to the public policy process (Pal, 2000). Problem identification is critical to the policy development process. It helps identify areas of opportunity in a political context and ensures an adequate level of supportive research is gathered. When working with political leaders, identifying the problem or issues to articulate "the ask" (Ganann, 2012, p.6).

5.3 BEST PRACTICES: EVIDENCE

A substantial amount of evidence to support the need for a healthy public policy is critical. It is suggested that this evidence can come in various forms, including: census data, scholarly articles and journals, opinion polls, academic literature, research studies, websites, media

reports and more. The evidence must be presented in a clear and concise manner to decision makers and political leaders when presenting the policy problem (Pal, 2000).

5.4 BEST PRACTICES: LEADERSHIP

Politicians, and some civil servants, have the ability to implement change within the public policy process depending on the political, economic and social climate they serve (Officer of the Auditor General of Manitoba, 2003). A critical stage in policy development is determining who needs to be involved in the process. Those leading the policy development process must maintain open lines of communication with key stakeholder and leaders, all while working to understand the political, social and economical climate around them. A second aspect of leadership discussed in the literature, is around the role political leaders and key decision makers play in mobilizing public policy (Sudbury & District Health Unit, 2011). Through the influence of key stakeholders, a wealthy body of evidence and being able to clearly articulate the policy problem, groups or individuals working to develop healthy public policy are able to influence decision makers more effectively.

5.5 BEST PRACTICES: UNDERSTANDING THE LOCAL CLIMATE

In order for individuals and groups leading the development of healthy public policy to be successful in their efforts, literature suggests an understanding of the local climate in critical (Officer of the Auditor General of Manitoba, 2003). Understanding community issues and knowing the political, social and economic climate are all essential to policy development and implementation. In today's society, political decision makers must take into account public opinion, social concerns and the economic climate when it comes to policy development (Pal, 2000).

5.6 BEST PRACTICES: CONCLUSIONS

Although the policy development process is broad and can vary depending on the issue and organization, there are some common themes within the literature. Some of these themes include: the importance of working with key community partners and stakeholders to influence healthy public policy; the critical role problem identification plays; the critical role scientific-evidence plays in influencing healthy public policy; the critical role key decision makers and leadership have in moving policy forward; and the importance of understanding local health issues and community needs to impact policy.

6.0 DISCUSSION

The following section compares findings from the interviews and literature review to help determine recommendations to help PHS staff in the CBDHA better understand their role in advancing healthy public policy.

Interviews with PHS staff, which helped complete a needs assessment, demonstrated there is both a need and interested for staff in the CBDHA to expand their knowledge regarding processes for developing, implementing and evaluating healthy public policy. The Provincial Public Health protocols were a reoccurring theme discussed in the interviews. Staff identified how advancing healthy public policy was a key aspect of the Protocols, but felt their skills in this area needed to develop in order to do so.

Interviews with experts working in areas outside the CBDHA, with experience in advocating, developing and evaluating healthy public policy shared a number of common themes. Overall, they discussed the value of working with partners and using evidence to build support for policy changes. Experts identified the need to recognize each case and community is different, and although there may be guiding principles to policy development and advocacy there is no “how to guide”. These interviewees suggest, that each case is unique and although there is a general set of principles in all public policy frameworks, each policy analysts has their own training, experience, ideology and skill.

In the literature common themes exist within the best practices regarding policy advocacy, development, implementation and evaluation. These themes include: the importance of working with key community partners, the critical role problem identification plays, the critical role scientific-evidence plays in influencing healthy public policy, the critical role key decision makers and leadership have in moving policy forward and the importance of understanding local health issues and community needs to impact policy (National Collaborating Centre for Healthy Public Policy, 2012).

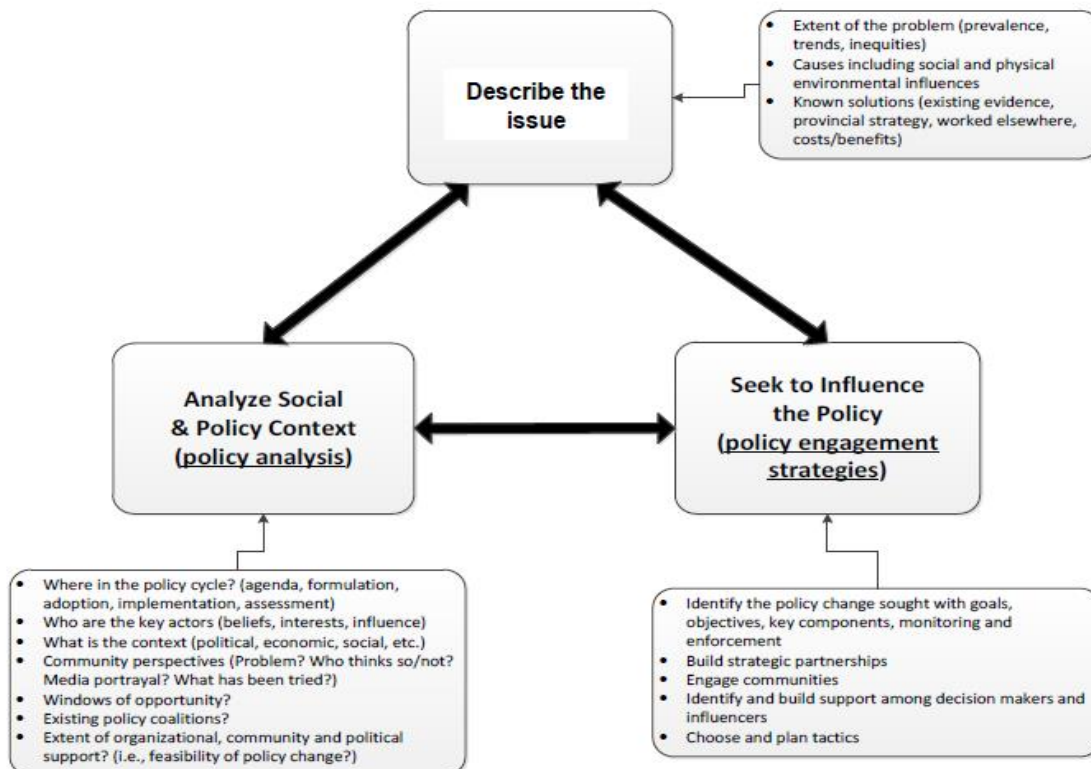
After reviewing all information gathered for the purpose of this report, key themes emerged. These themes should be considered by leadership in the CBDHA in order to help PHS staff better understand their role in the healthy public policy process. The themes suggest that in their current state, PHS staff require further explanation of the Provincial Protocols. Leaders working to implement the Protocols into everyday PHS practice, must recognize there must be a process in place to help staff through this evolution.

The common themes below should be considered by leadership in the CBDHA to help PHS staff better understand how they can evaluate, influence, develop and advocate for healthy public policy. These themes include: more Integration of public health Provincial Protocols, support for developing policy skills for PHS staff and putting theory into practice.

6.1 MORE INTEGRATION OF PUBLIC HEALTH PROVINCIAL PROTOCOLS

In the Public Health Provincial Protocols, which were released in working draft format in the spring of 2013, expectations regarding policy development for staff include: *understanding the problem; analyzing the social and political context; and influencing the policy (Government of NS, 2013).*

Figure 3: Policy Cycle, Public Health Provincial Protocols



Source: *Public Health Provincial Protocols, Government of NS, 2013*

Information in the above figure should be utilized as a guide for PHS staff to help determine their role in the healthy public policy process. Understanding the issue, is described as understanding the cause including social, economic and physical environments. It involves knowing the best available evidence, linkages to provincial strategies, success in other jurisdictions and costs/benefits of various solutions. Analyzing the social and policy context, considers the policy, actors, context, community, opportunities and support. Seeking to influence policy, is described as determining the policy profile i.e. low: can be done through quiet negotiations, medium: committee meetings, public briefs, high: social media, ad

campaigns, letter writing, etc. This involves building strategic partnerships, building support, informing the public and considering a range of tactical factors (Government of NS, 2013).

Although the protocols are designed to help guide the work of public health professionals, staff identified the need for further support with this process. PHS staff feel they need to understand what their expectation is in implementing the Protocols and what skills are required to do so. Since policy is identified as a key element of the Protocols, an enhanced understanding of the Protocols would in turn, enhance the level of understanding regarding the healthy public policy process.

6.2 SUPPORT FOR DEVELOPING SKILLS

Primary research, specifically interviews with PHS staff in the CBDHA and experts working to influence policy outside the CBDHA, identified staff's desire to enhance their skills in policy development. Staff acknowledged the need to focus on policy, as identified in the Provincial Protocols, but said they required further training and guidance around best practice in policy development. They believe this work is important, and they are willing to look at key documents/frameworks and learn from others to address this gap. Overall, staff identified strong working relationships and access to health information as strengths in the process. They are keen and willing to use these skills and build on them to develop their understanding of the healthy public policy process. Public health staff in the CBDHA are open to this shift in thinking, provided leadership and support with building their skills in this area is given.

6.3 PUTTING THEORY INTO PRACTICE

Interview results also demonstrated the need for more staff education around the public policy process and greater opportunities to learn from shared experiences. Some staff in the CBDHA and specifically within PHS have experience in developing, advocating for and influencing healthy public policy. Staff experiences and their success with this process could be shared across all PHS teams.

The literature and interviews conducted, for the purpose of this project, suggest the development of healthy public policy is not a linear process. Depending on the issue, the community and the political climate, processes and approaches to advocating for, developing and evaluating healthy public policy may need to be adjusted.

An example of this, is the climate PHS staff in the CBDHA work within. For example, in the CBDHA there are three municipalities, the County of Inverness, the County of Victoria and the Cape Breton Regional Municipality. Each one is governed differently and serves populations that present unique challenges. In Inverness and Victoria counties they are governed by Wardens and rely on a small municipal administrative staff to help move plans forward and

carry out daily operations. In the Cape Breton Regional Municipality, they have a larger staff and council which includes a Mayor and significant administrative roles such as a Municipal Clerk, bylaws officers and a Chief Administrative Officer. In their strategic plans each municipality outlines a different set of objectives for the coming year. The objectives range from housing issues to transportation, food security and employment concerns. All of these areas are concerns for staff working in PHS in the CBDHA, but working with the municipalities to determine how policies can address these issues will take different approaches.

As staff continue to work within these municipalities and determine what practices can meet the needs of the populations in each, these experiences should be documented and shared. PHS staff are spread across eight offices, which geographically cover a number of communities across the CBDHA. To ensure all staff share a similar level of understanding around healthy public policy and their role in the process, stories of success from staff who have experience in this areas should be shared among teams.

7.0 RECOMMENDATIONS

As PHS staff in the CBDHA increase their understanding of the provincial protocols, and in turn enhance their skills in policy development, there are specific actions that can help with this process.

The recommendations below, have been developed to help PHS staff better understand their role in influencing, developing, evaluating and advocating for healthy public policy. It is hoped that by implementing the recommendations below, staff will gain an increased understanding of the public policy process.

The following information is divided into three sections: recommendation, implementation strategy and resources. The Canadian healthcare system is under fiscal restraint (Bernard, 2013). For the following recommendations to be considered by the client, the investigator felt it was necessary to disclose any potential costs associated with each recommendation, as well as a plan for implementation.

7.1 Recommendation 1: More education and integration of the Public Health Provincial Protocols for PHS staff

If the Provincial Protocols are going to guide the work of PHS staff in the Cape Breton District Health Authority, more education and integration for staff regarding the Protocols is necessary. This education should be delivered to all PHS staff, regardless of their position within the organization. For staff to buy into the Protocols entirely, they must work as a team to understand them and the impacts they will have on all positions. Healthy public policy development and advocacy are significant piece of the Protocols. If more time is invested into better understanding the Protocols and the rationale behind them, staff will in turn better understand their role in healthy public policy development and advocacy.

As the Protocols were developed, public health staff from across the province were consulted through a stakeholder gathering in each District Health Authority in Nova Scotia. Also, when the Protocols were in draft format they were shared with managers, directors and some team leads across the province through a working group called the, “Public Health Senior Leadership Team”. With limited opportunity for frontline staff to provide feedback on the protocols, education is required to better explain the rationale behind them.

When the Protocols were released in the spring of 2013, senior staff in the Cape Breton District Health Authority hosted a teleconference to introduce them to staff. In addition to this, a small working group of staff led by the Medical Officer of Health was selected to host an education day for all staff to discuss the protocols and how they relate to everyday work. According to the evaluations, staff found this one day session helpful (Appendix F). The education day allowed staff the opportunity to discuss the protocols and in doing so, provided staff who are working in healthy public policy development the opportunity to share their experiences.

It is suggested that education days around the Public Health Provincial Protocols are hosted regularly (quarterly), as an opportunity to allow PHS staff to discuss the protocols and in turn discuss their experience in developing, advocating and evaluating healthy public policy.

As an alternative to all day education session, PHS team meetings could also be used as a regular avenue to discuss the Protocols. Public Health staff in the CBDHA, are divided into working teams, depending on their discipline and geographic area. Public health teams include: Healthy Beginnings, Healthy Communities, Communicable Disease Prevention and Control, School Health and Rural Health. These teams meet monthly to discuss work-plans and opportunities for improvement. A discussion around the protocols should be added to team agendas to keep conversations around policy development at the forefront.

Education days and team meetings could also be used as a catalyst for discussions in relation to how the Protocols may change job descriptions and roles. Leadership should include staff as part of this process, so they can understand the reasons for these changes.

If PHS leadership determines more than team meetings and education days are required to implement the Protocols fully, developing a change management strategy should also be considered. The change management strategy can effectively address concerns and fears staff may have in relation to the implementation of the Protocols.

7.1.1 Implementation:

The implementation of this recommendation will involve endorsement from managers and the Director of Community Health in the CBDHA. If this recommendation is adopted by PHS, implementation will also involve planning by team leads for education days or ensure a discussion regarding the protocols occurs at team meetings.

7.1.2 Resources Required:

All staff education days require multiple resources and can be an expense to the CBDHA. Bringing PHS staff together from across CBDHA requires money for travel and other miscellaneous items. Historically all staff PHS education days have been held in venues that have been rented by CBDHA because of the number of staff to accommodate.

Discussing the Protocols amongst the PHS teams, may be a more cost effective options than hosting all staff education days. Teams already meet monthly and because they are a small group, they are able to use public health offices and travel is reduced.

7.2 Recommendation 2: Healthy Public Policy Working Group within the CBDHA

Working to influence healthy public policies that impact areas like healthy eating, physical activity, housing, alcohol and tobacco are a large pieces of the Cape Breton District Health Authority's strategic plan (CBDHA, 2012).

In the CBDHA, staff in multiple departments are working to influence healthy public policy. Some staff work in Public Health Services and Mental Health and Addiction Services, while others work in acute care settings or administration. Interviews with participants for the purpose of this research identified communication gaps within the CBDHA. As a means of filling these gaps, it is suggest the District form a larger healthy public policy working group to share information, work as a team to move policy forward and learn from shared experiences in policy development.

7.2.1 Implementation:

This recommendation will require support from the CBDHA's senior management team. Approval for some staff to be part of such a group will require support from their manager and directors.

7.2.2 Resources:

Staff time is the main resource required to implement this recommendation. It is anticipated this will required monthly or bi-monthly, two-hour meetings and this time can be at the discretion of senior leadership.

7.3 Recommendation 3: Applicable Tools and Frameworks Endorsed by Leaders within PHS

For staff to gain a better understanding of the public policy process, leaders within the District should also enhance their knowledge regarding this topic. Leaders should become familiar with a number of key tools that have been identified as guiding documents.

The following is a list of recommended documents that should be endorsed by leadership in the Cape Breton District Health Authority, to help PHS staff better understand their role in the healthy public policy process.

- The Use of Policy Frameworks to Understanding Public Health Related Public Policy Processes: A literature review 2012.
https://www.peelregion.ca/health/library/pdf/Policy_Frameworks.PDF
This document was prepared by Dr. Brent Moloughney for Peel Public Health. Dr. Moloughney, a public health consultant, was also the consultant who worked on the Nova Scotia Public Health Renewal Project which is responsible for the Public Health Provincial Protocols. The document is a comprehensive literature review of frameworks

used within Public Health. In some places the document is technical and for everyday use may be heavy.

- A Brief Guide to Understanding Policy Development
<http://www.ruralnovascotia.ca/documents/policy/understanding%20policy.pdf>
This document was written by a team working as part of a group called Rural Nova Scotia. Although it is not specific to healthy public policy and may be rudimentary for some staff, it is a helpful guide for those with little experience in the policy process.
- The Health Equity Impact Assessment Tool (HEIA)
<http://www.health.gov.on.ca/en/pro/programs/heia/tool.aspx>
The HEIA tool can help evaluate the implications of a policy. Created by the Ministry of Health and Long-Term Care (MOHLTC) in Ontario, it is intended for health professionals as well as organizations outside the health care system whose work can impact health outcomes. The tool provides instructions and five steps to consider: 1) Scoping, 2) Potential Impacts, 3) Mitigation, 4) Monitoring, and 5) Dissemination.
- Performance Measurement for Public Health Policy
http://www.apha.org/NR/rdonlyres/2F84DA58-E849-482A-AE80-FEFDCCFE1A20/0/PolicyPerformanceMeasurementTool_FINAL_080112.pdf
Developed by the American Public Health Association, this tool is intended to help health departments assess and improve the performance of policy activities. This tool is somewhat technical and suggests being used by departments that are “somewhat familiar with performance measurement and are already engaging in policy activities”.
- Health in All Policies: A Guide for State and Local Governments
<http://www.phi.org/resources/?resource=hiapguide>
This guide was created by the Public Health Institute, the California Department of Public Health, and the American Public Health Association to address the increasing interest in collaborative approaches to improve population health by ensuring the decision-making processes across all sectors to consider health. This document can be useful when addressing policies that impact health, but fall outside the health sector and therefore should be shared with partners and organizations outside health.
- Handbook to Healthier Communities– Influencing Healthy Public Policies
http://ocdpa.on.ca/sites/default/files/publications/OCDPA_HCHandbook.pdf
This handbook helps anyone trying to advance healthy public policy work through a number of key steps in order to move forward. The handbook is very practical and laid out simply and easily so that it can be followed by those with limited experience in the healthy public policy process. This document should be used as a coaching tool for staff working in PHS in the CBDHA.
- A Framework for Analyzing Public Policies: Practical Guide (September 2012)

http://www.ncchpp.ca/docs/Guide_framework_analyzing_policies_En.pdf

This guide is designed to help public health practitioners analyze policies that impact health, while integrating the concerns of policy makers. It asks public health practitioners to consider four main questions, such as: what public policies does this analytical framework apply to; in what types of situations is it useful; which policy facets does it focus on; and how is the analysis carried out.

With the overwhelming amount of literature available regarding best practices in healthy public policy, the above frameworks and tools were selected by the researcher based on the needs of PHS staff. In order for all PHS staff to better understand their role in the healthy public policy process by using the resources listed above, frameworks must be relatable to the work of PHS staff. The frameworks above were chosen because they have been applied by some participants and found to be successful or they help put some of the key concepts identified in the literature review into everyday practice. They are listed in order of most comprehensive to most basic.

7.4 Recommendation 4: Sharing Learned Experiences of PHS staff

A small number of PHS staff have some experience in advancing healthy public policy. Some areas and staff involved in the process that have not been mentioned in this report thus far, include:

7.4.1 Community Water Fluoridation: Public Health Dental Hygienists engaged in a somewhat public debate with a small group of local anti water-fluoridation activists in the spring of 2011. At that time, the group of local fluoride opponents asked Cape Breton Regional Municipality to remove fluoride from its community water supply. Community water fluoridation is a population health approach to preventing tooth decay. This program ensures all residents, including those who do not have the financial means to visit a dentist, have access to a program that helps improve oral health. To support Cape Breton Regional Municipality's councilors with their decision, PHS staff, namely Dental Hygienists, provided scientific, evidence-based information regarding the benefits of community water fluoridation. PHS staff helped prepare the Medical Officer of Health for a presentation to council regarding the benefits, wrote letters of support to councilors and local media, and liaised with provincial partners such as the Nova Scotia Dental Association. It was because of these efforts, CBRM council voted in favour to continue its community water fluoridation program.

7.4.2 Provincial School, Food and Nutrition Policy: PHS Nutritionists were part of provincial policy work to develop a School Food and Nutrition Policy for Nova Scotia Public Schools. This work involved community, parent, teacher and principal information sessions, working groups in areas across the province and education with families province-wide. The group leading this work, recognized the role schools play in ensuring children have access to healthy foods and began the process for developing this policy. It was developed in 2006, and is now in the process of being revamped (Nova Scotia Department of Education, 2006).

7.4.3 Tobacco: In 2002, PHS staff were heavily involved in enacting smoke-free bylaws in the CBRM, prior to the implementation of provincial legislation. Staff worked as part of community based committees and with local partners including Addiction Services, the Canadian Cancer Society and CBRM. PHS staff are now working with community partners to create smoke-free outdoor spaces policies within CBRM communities.

Interview results for the purpose of this project suggest that some staff are intimidated by policy work, because they feel it has not been part of their role in the past; however, the examples in this report demonstrate that some staff have been involved in policy development and advocacy in the past, but may not have identified it as such. It is recommended that PHS staff consider documenting the processes and their experiences with influencing, advocating, developing and evaluating healthy public policies and share what they have learned with all staff.

7.4.4 Implementation:

Implementing this recommendation requires little resources. It requires leaders within PHS and the CBDHA encouraging staff to record and share their experiences in healthy public policy development.

7.4.5 Resources:

The only resources required for this recommendation is PHS staff time.

7.5 Recommendation 5: Local Healthy Public Policy Working Group and/or forums to Engage Community Leaders

A common theme identified within the literature is the importance of leaders in the development of healthy public policy. Public health services staff in the Cape Breton District Health Authority are working more to develop relationships with local political leaders. Through these relationships, there are opportunities to engage leaders proactively by establishing local networks and possibly hosting forums.

In January 2014, PHS staff presented to the Cape Breton Regional Municipality on topics including Smoke Free Outdoor Spaces and the Baby Friendly Initiative (Cape Breton Post, 2014). Last year, other District staff such as Mental Health and Addiction Services presented to Cape Breton Regional Municipality in an attempt to engage municipal leaders in a Municipal Alcohol Policy (MacNeil, 2012). Through these presentations, political leaders such as municipal councilors, are beginning to see their role in promoting policies that impact health. However with competing agendas and priorities, it is suggested that CBDHA staff explore the idea of hosting an annual health forum to discuss with political leaders how some social policies impact health and determine how best to engage this group.

7.5.1 Implementation:

To implement this recommendation, a project lead within the CBDHA must be appointed or perhaps a small planning committee.

7.5.2 Resources Required:

The implementation of this recommendation involves leadership and financial support from the CBDHA. To host such a forum, a location needs to be identified. The location must be able to accommodate approximately 50 participants, to ensure there is representation from all District departments working to impact healthy public policy, representation from all three municipalities across Cape Breton (Inverness, Victoria and CBRM), as well as some community partners and possibly other levels of government. Depending on the location, there may be fiscal responsibilities such as the cost to rent a venue, catering and technical support.

7.6 RECOMMENDATION CONSIDERATIONS:

It is hoped these recommendations are considered by leadership in the CBDHA, to help PHS staff better understand their role in the healthy public policy process.

In terms of the implementation of these recommendations, they do not have to be implemented at the same time. Some can be implemented simultaneously and will continue on an ongoing basis. For example, implementing a local network or committee to review healthy public policies can happen concurrently as staff share their experiences working in healthy public policy.

The only recommendation that may need to be implemented gradually to ensure success is Recommendation 1: More Education on the Public Health Provincial Protocols for PHS staff. As this recommendation is evaluated, the timing of education sessions and communication activities may need to be adjusted based feedback from staff.

The organizational and political climate, as well as the health status of Cape Breton residents, must also be considered as the recommendations are implemented. For example, staff working in PHS are required under the Health Protection Act to respond to any communicable disease threats such as Measles, Mumps or Pertussis. A communicable disease outbreak that could harm public safety would require support from all staff within PHS. In 2009, when PHS in the CBDHA responded to the H1N1 outbreak, all services were suspended with the exception of mass immunization clinics and communicable disease treatment and follow-up. During this time, even staff who were not certified to administer vaccine, such as health educators, nutritionists and dental hygienists played imperative roles in the organization of clinics and public health's overall response to the outbreak. In the event of a communicable disease

outbreak, this would mean the suspension of all committee work and health promotion initiatives that do not relate to the outbreak.

The political climate in which PHS staff are working, must also be considered. The timing of elections, budgets and agendas of other sectors outside of health, can influence the level of support or time a political leaders can provide to issues related to healthy public policy. As indicated by the literature, working with key political and community leaders to influence policies that impact health is critical. For these leaders, competing priorities across all levels of government exist and should be considered. This does not mean advancing healthy public policies are any less important than issues happening within government. Instead, PHS staff may need to adjust their communication methods and approaches, to help political leaders see value in this work. For example, in Nova Scotia municipal governments are facing a deficit. It has been acknowledged by municipal governments that in order to balance the books, no financial support can be provided for new programs. In PHS in the CBDHA, staff are working on a initiative to increase breastfeeding rates by approaching municipalities to create a breastfeeding policy for residents and employees. Recognizing finances are a concern for municipalities, PHS has framed the “ask” to these political leaders in a way that aligns with their agenda, by focusing on how this initiative can be a cost saving measure by reducing rates of obesity and food insecurity.

8.0 CONCLUSION

According to the American Public Health Association, “policy is recognized as a cornerstone of public practice” (2012, p. 10). Compared to other public health interventions, such as prenatal education and immunization clinics, few can positively affect people’s health as largely as policy (American Public Health Association, 2012, p.2). For example, changes to tobacco policies which included smoke free indoor and outdoor space as well as changes to taxes, are responsible for much of the 50 percent decrease in smoking that occurred in the latter half of the 20th century (American Public Health Association, 2012, p.2).

Many health authorities and units in Canada are recognizing the positive effects healthy policy development can have and are increasingly focusing on such areas as: research, identifying policy options, analyzing policy options, increasing public awareness and evaluating policies (American Public Health Association, 2012). Therefore, suggesting staff working in public health have a role to play in the healthy public policy process through advocacy, development, influencing and evaluating. Specific to this project, staff working in PHS with CBDHA are joining other jurisdictions by moving in this direction. Nova Scotia’s Provincial Public Health Protocols have been designed to guide public health’s work, specifically recognizing that advancing healthy public policy is a key piece of work. For some staff, specifically those with a longer history in public health, the transition from traditional public health work is challenging because it involves using skills they require improving upon. While for others, this has been part of their work but they may not recognize it as advancing healthy public policy.

The purpose of this research project is to help PHS staff in the CBDHA better understand their role in the healthy public policy process, by analyzing best practices in policy development, advocacy and evaluation, as well as policy analysis and writing. A number of recommendations have been suggested in this paper, including more education on the public health Provincial Protocols for PHS staff, the development of a healthy public policy working group within the CBDHA, having leaders within the CBDHA endorse a number of applicable tools and frameworks that can be applied by staff, having PHS staff with experienced in advancing healthy public policy share their experiences, and engaging leaders outside the CBDHA through a healthy public policy working group or forum.

The results of this research project suggest that PHS’s role in the healthy public policy process can involve collaboration with key partners, providing evidence to support policy development, analyzing the social and policy context and evaluating the impact a policy can have on health. In some cases, PHS staff may play a supportive role or a leadership role in the healthy public policy process. Whatever the case, staff should consider the recommendation of this report to become more familiar with the process. PHS staff can use the recommendations in this report to help partners and leaders outside the health sector understand how policies around the determinants of health (e.g. housing and employment) can impact health.

Recognizing each policy, issue and community is different, the suggested recommendations in this report can guide staff through the healthy public policy process. Communities differ in need, and therefore policies can impact people differently. Understanding the basic principles of policy development is critical, while recognizing the importance of being flexible, adaptable and open to change.

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APPENDIX A: INTERVIEW QUESTIONS FOR PARTICIPANTS

Interview Questions for Group 1

(Public Health Services staff in the Cape Breton District Health Authority, including Medical Officer of Health, Director, Manager of Population Health and possibly 3-6 frontline staff from various disciplines).

- What is your current role and how have you worked to influence, develop, advocate for or evaluate healthy public policy?
- What should be the role of public health staff in influencing, developing, evaluating and advocating for healthy public policy?
- Do you think public health see themselves in this type of work? If yes, how? If no, why?
- What do you think the challenges are for public health staff working to influence, develop, evaluate and advocate for healthy public policy? If you feel there are challenges, how can they be addressed?
- As a public health practitioner, what tools, information or education would help you to better understand your role in influencing, developing, evaluating and advocating for healthy public policy?

Appendix B: Interview Questions for Group 2

(Experts working in healthy public policy in other jurisdictions, who have had experience influencing, developing, advocating for and/or evaluating healthy public policy).

- What is your current role and how have you worked to influence, develop, advocate for or evaluate healthy public policy?
- Can you recommend any frameworks, documents or resources to help public health staff better understand their role in the healthy public policy process?
- Can you recommend any frameworks, documents or resources to help public health staff better understand how to analyze healthy public policy?
- Can you recommend any frameworks, documents or resources to help public health staff better understand how to evaluate healthy public policy?
- If you were to offer advice to someone working to influence healthy public policy, working in public health, what would it be?
- What lessons learned could you share with someone working in public health, who may have limited experience in developing, influencing, advocating for and/or evaluating healthy public policy?

APPENDIX C: POSITION DESCRIPTION AND REQUIREMENTS

POSITION TITLE:

Health Educator

PURPOSE OF THE POSITION

Reporting to the Manager, Community Health, the Health Educator is responsible for developing, implementing and evaluating programs, strategies and/or activities to promote healthy environments and positive attitudes and behaviors for the maintenance of health and well-being in the population of the District Health Authority (DHA). The incumbent is responsible for the assessment of needs and resources, and planning, implementation and evaluation of programs and strategies with community groups, institutions, agencies, schools, work places and the general population. The Health Educator functions as a resource for Public Health Services and the Cape Breton District Health Authority.

KEY RESPONSIBILITIES:

- Assesses community needs and develops implements and evaluates appropriate health promotion programs, strategies, activities and services in collaboration with key stakeholders.
- Collaborates with Cape Breton District Health Authority to adapt program strategies with community organizations, institutions, work places, schools, other government departments, and the public to promote healthy environments and positive attitudes and behaviours conducive to the attainment and maintenance of health and wellbeing.
- Assists with the development, coordination/implementation and evaluation of Public Health Services programs and services.
- Provides proactive and responsive consultative, facilitative training and resource
- services related to health promotion for committees, discipline and individual staff.
- Fosters community awareness of, and participation in, initiatives by facilitating cooperation and collaboration with and among community groups, organizations, institutions, schools, work places and government departments which are initiating, implementing and/or evaluating health promotion/education programs, strategies, activities and services.
- Facilitates public communication of key messages through various media such as print, television, radio and website.

Appendix D: Position Description and Requirements

TITLE: Public Health Nurse

PURPOSE OF THE POSITION

This position is accountable for the provision of designated Public Health Nursing Services to the population including communities, families and individuals in a defined geographic area to protect maintain and contribute to the health/well being of residents of Nova Scotia. The incumbent utilizes community development approaches in collaboration with various sectors and partners of the community. The Public Health Nurse functions as a member of a multi-disciplinary team, working cooperatively and collaboratively with a variety of partners at the local, district, provincial and national levels. The incumbent's role is assessing the health of the population, health surveillance, population health advocacy, health promotion, disease/injury prevention and health protection. This position reports to a Manager with Community Health.

KEY RESPONSIBILITIES:

- Ensures that public health nursing activities for the District are relevant to the populations residing within the designated geographic area by application of the nursing process and principles of epidemiology.
- Through use of the nursing process develops with clients and partners, appropriate nursing service plans pertinent to the needs of the population.
- Collaborates, builds and maintains partnerships with community groups and agencies to enable them to participate in decision-making about the health of the population.
- Represents a public health perspective on specified committees and/or boards through sharing appropriate epidemiological and public health trends.
- Assists in delivery of core and District Public Health programs to facilitate implementation of the Nova Scotia Health Standards Document and District priorities, achieved through nursing theory, public health principles and evidence based practice.
- Develops and maintains a current knowledge of issues and emerging trends in Public Health nursing, community development and adult learning by reading current literature and research findings relevant to Public Health.
- Accepts responsibility for continual learning by practicing self-evaluation yearly or as required, identifying priority learning needs, developing and implementing a plan to meet these needs and evaluating the outcome as part of professional development and the performance appraisal process.
- Works as a member of the Public Health team providing leadership on nursing issues.
- Mentor of new staff and preceptor of students, through sharing of knowledge of experience.

APPENDIX E: POSITION DESCRIPTION: MEDICAL OFFICER OF HEALTH

Working with a team of Medical Health Officers and other Public Health professionals, make an impact as a senior leader within a health care organization.

With legislated statutory authority and responsibilities, your expert consultation and leadership in the areas of community health, planning, evaluation, research and program development as well as population health strategies will be key to improved population health and quality patient care. You will collaborate with CBDHA's senior executives, physicians and staff, other Health Regions, the NS Centre for Disease Control, the Ministry of Health, the Health Officers Council of NS, and various advisory and policy subcommittees at local and provincial levels.

A dedicated focus on quality in public health, experience in a matrix organizational structure and a track record in building and enhancing effective partnerships with academic institutions, professional associations and other community and clinical settings are competencies key to this dynamic and pivotal role. Superb communication and presentation skills will enhance your opportunities to champion initiatives in support of CBDHA's strategic goals and objectives.

This position will involve the provision of geographic coverage in the both rural and urban communities, as well as responsibility for specific programs. Specific duties for each Medical Health Officer within Nova Scotia will be determined by the Chief Medical Health Officer in accordance with the needs of CBDHA and the Province and changed as required.

As the successful candidate, you have a Medical Degree with a full license to practice medicine in Nova Scotia, plus a FRCP in Community Medicine or equivalent qualifications. You will have a proven record of expertise and leadership in Public Health.

Appendix F: Public Health Services, Cape Breton District Health Authority

All Staff Education Day Summary of Evaluations

- 24 staff members completed the evaluation form.
- Overall, the education day improved staff's comfort-level with the protocols.
 - Prior to the session, 29% (7/24) of staff reported being 'comfortable' with the cross-cutting.
 - After the session, staff's reported comfort level with the protocols increased. 71% (17/24) of staff reported being 'comfortable' with the protocols at the end of the day.
- Overall, staff felt that the day met its stated objectives.
 - 92% (22/24) reported that they gained a better understanding of the protocols.
 - 75% (18/24) reported that they developed some practical approaches to integrating the protocols into their work.
 - 72% (17/24) reported that they gained a better understanding of the environment health protocol.
- General feedback from staff:
 - Case studies – in general, staff felt that these were helpful, but wanted more time to discuss and more data.