

Capital Health Board of Directors' Response to

Our Healthy Future...Realizing Our Promise, A Community Health Plan for 2010-2013

June 24, 2010



Capital Health

A Letter from the Board of Directors of Capital Health to the Community Health Boards

It is our pleasure to present to you a response to *Our Healthy Future...Realizing Our Promise, A Community Health Plan for 2010-2013*.

We receive and respond to the report enthusiastically and with dedication, knowing how much skill, effort, passion and integrity went into the development of the plan. It is our intent to match your passion and integrity with our own as we begin the task of initiating and refining the actions that will support the recommendations from your report.

For each key area you recommended, this report provides a summary of activities underway, challenges and what more we can and must do. The content of this report was based on feedback from more than 105 Capital Health staff representing a variety of programs and services. As a valuable health partner, the IWK was invited to contribute as well. For more detailed information on the response to each of the 43 recommendations, please refer to the Technical Background.

We understand now that to truly understand the needs of communities and our role in responding to those needs, we need information – and much of it – from many sources. Your report gives us important insight into the needs of our community. Through your efforts, we heard the voices of 4,000 citizens. What makes those efforts truly remarkable is that you have done this work as volunteers, and without the benefit of research or epidemiological support. Your commitment inspires us.

The work that calls us into the future includes taking every opportunity to hear from and about the lives of even more citizens. As we continue to strengthen our relationship with the Community Health Boards (CHBs), we look forward to your help in taking our understanding to an even higher level. We offer the support of the Population Health Committee and the help of the Understanding Communities Unit (UCU) within Capital Health in developing that. We welcome the challenge that you will present to us in return.

In this report, you will find that much activity has taken place since your last report. The initiatives that are new since 2008 are highlighted with a symbol (▶). Yet there is much more we need to do. You will see where we identified this as well.

We believe that the recommendations you've made are realistic and significant. It will be our role to determine which recommendations we can act on now, which will require more long-term investment or exploration, and which – given the backdrop of finite resources – will yield the most significant health outcomes for our citizens.

Thank you for continuing to hold us accountable to the needs of the citizens we serve.



Dr. Ed Kinley
Interim Chair, Capital Health Board of Directors

Our Commitment to Create Healthy Communities

Your plan reflects the growing emphasis being placed on primary health care, health inequities, prevention, health education and supports for healthier lifestyles as reflected in Our Promise and our 2013 Milestones. Our work is cut out for us. Your work as Community Health Boards has been essential in listening to citizens and in learning about how to create healthy communities.

We know your work has not always been adequately reflected in ours. We commit to taking a significant step forward in our partnership with you. We want to learn more about what communities need from us and how they view their relationships with Capital Health. Our commitment is to act intentionally and thoughtfully to achieve the best possible health outcomes for our communities.

Our Challenges:

- To learn and define the meaning of healthy communities.
- To develop an effective working relationship between the CHBs and Capital Health's Board.
- To assess the equitable distribution of health services across the district.
- To review the resources needed to enable the CHBs to fulfill their developing mandate.
- To identify opportunities to invest upstream in the health and well-being of our population.
- To establish benchmarks for each of the above objectives in order to evaluate our progress.

Community Health Plan Priority Area: Health Inequities

You asked us to help you address health inequities by focusing on poverty, access to health services, partnerships to increase community based-services, and developing our cultural competence.

You are right. These are things we need to do well. Some things are well underway:

- ▶ We have a Diversity and Inclusion Steering Committee that has spent much time gathering research evidence that tells us clearly which populations are most vulnerable to the effects of health inequities.
- ▶ We are implementing education sessions on cultural competence as part of our cultural competence strategy for Capital Health. This will include the training of staff, physicians, students and volunteers, a need that you identified.
- ▶ We are working with our colleagues in provincial government to adopt cultural competence guidelines for all health care organizations in Nova Scotia.
- ▶ We have begun to participate in the Employment Equity Partnership Program with the Human Rights Commission in order to diversify our work force.

And where we have more to do:

We have more to do to reach our diverse populations – most notably our African Nova Scotian and Aboriginal communities – but also new immigrants and refugees. Francophones, gay, lesbian, bisexual, transgender and intersex (GLBTI) populations, as well as low-income earners in our communities.

Based on work we did with our partners in the African Nova Scotian community in 2008, we have recommendations for action. We need to implement these recommendations.

We need to explore further the challenges rural citizens and communities face in accessing healthcare.

Our Challenges:

We need to shift our culture to one that sees poverty as a health issue. This is no easy feat. Many individuals and organizations are championing this issue. It will take our combined efforts to reduce the health impacts of poverty on our communities.

Health Inequities (continued)

- ▶ We have begun to review which populations have difficulty accessing our services, and have begun to develop programs to deliver service to those in need, such as the Mobile Outreach Street Health program and our prideHealth programs.
- ▶ The new Community Health Teams in Spryfield and in East Dartmouth have been established based on community profiles and indicators that include income levels and levels of access to health care services. Geographic Information Systems will be one of the tools used to explore patterns of access and use in these teams.
- ▶ We have enhanced our interpretation services by adding telephone interpretation in more than 170 languages to our existing model of face-to-face interpretation. Telephone interpretation is being offered to patients and providers in primary care settings as well.

We continue to build partnerships with a variety of non-governmental organizations and community groups such as the Immigrant Settlement and Integration Services (formerly MISA), the Health Association of African Canadians, the Salvation Army, and others.

Our Challenges:

To understand health inequities and the impact they have on our citizens better, we need to centralize existing research. We need to share that existing research widely so that we all understand that health inequities are a reality we must change.

And we need to do more:

We need to continue to advocate for cultural competency measures in the accreditation processes.

We need to use existing research and to generate even more high-quality information about the needs of all diverse and marginalized populations, including those living in rural areas.

We need to develop an advocacy framework to help define our role in addressing health inequities.

Community Health Plan Priority Area: Physical Activity, Healthy Eating, Healthy Weights

You asked us to implement the recommendations from existing strategies related to healthy eating and physical activity. You asked that we advocate for policies that promote healthy eating and food security, collaborate with business and organizations to promote healthy practices, and provide more opportunities for our staff to learn how to encourage behaviour change in our citizens. With the burden of chronic diseases continuing to grow, we are relieved to see that the community sentiment mirrors our own. We must change as a society if our health is to improve. Here's some of what we have started:

- ▶ Through the leadership of Community Health and Public Health, we have helped to develop Stepping Up: a Physical Activity Strategy for the Halifax Region, an evidence-based strategy for physical activity. Partners include the IWK, Nova Scotia Health Promotion and Protection, Halifax Regional Municipality, Halifax Regional School Board, Heart & Stroke Foundation, and Dalhousie University.
- ▶ We continue to lead district implementation, monitoring, and evaluation of *Healthy Eating Nova Scotia*, the provincial healthy eating strategy.

We are actively involved with the Nova Scotia Participatory Food Costing Project. This initiative uses participatory methods to monitor and report on the affordability of a nutritious diet over time throughout the province. This data is used for advocacy work and may be used to inform and support health public policy development.

We are participating in many new initiatives regarding food security across the province.

Our Challenges:

Behaviour change is complex, and to help people achieve it will require much more than providing information and education. We need to focus on developing healthy public policies that support healthy behaviours and discourage unhealthy ones. We need to advocate for infrastructure in communities that nurtures healthy living.

Physical Activity, Healthy Eating, Healthy Weights (continued)

- ▶ We continue to support the implementation, monitoring and evaluation of the *Food and Nutrition Policy for Nova Scotia Public Schools* across Capital Health. This policy describes standards for all food and beverages served and sold in schools, and promotes community partnerships, supportive environments in schools, and nutrition education in the curriculum.
- ▶ We are collaborating with our provincial counterparts on the development of a *Food and Nutrition Policy for Child Care Centres*.
- ▶ We have provided district and provincial leadership in re-orienting our food services establishments within Capital Health. Our goal is to reach 100% healthy options only, based on the recommendations of a Citizen Reference Group.
- ▶ We have developed a Behaviour Change Institute, which provides Capital Health staff with the tools to help our clients, patients and colleagues change unhealthy behaviours to healthy ones.
- ▶ The Community Health Teams provide guidance to individuals and communities about making lifestyle changes such as increasing physical activity and eating differently, changes that will result in improved health.
- ▶ Capital Health and the IWK have developed a Capital Health and IWK breastfeeding policy that aligns with the provincial breastfeeding policy.
- ▶ The Farmers' Market at the VG site is an example of a Capital Health initiative that makes local food accessible to local communities.

And we need to do more:

We need to continue to implement the recommendations in *Stepping Up: a Physical Activity Strategy for the Halifax Region*.

We need to evaluate the impact of our current strategies so that we can understand what else we need to do to make meaningful change.

We need to develop an advocacy framework that will help us lead the development of healthy public policy.

Community Health Plan Priority Area: Mental Health

The community is telling us that mental health services need to be in accessible and welcoming locations. More needs to be invested to allow for efficient navigation of the system by its users. We are pleased to see this focus on Mental Health. There is much that we have already begun to develop:

- ▶ Through Primary Health Care, we are working to develop emotional wellness programs in community locations. At least four new primary care practices in 2010 will have mental health staff.
- ▶ Through Mental Health Services, we locate mental health services in 12 family practices throughout the district. This number is growing.
- ▶ We work with the Department of Justice and regional police to provide space and resources for programs such as *Mental Health First Aid*.
- ▶ The IWK has partnered with the Community Health Team in Spryfield and Dartmouth East and has allocated a primary mental health and addictions coordinator to work with the teams to address mental health promotion for families, children and youth.
- ▶ The IWK and Capital Health are participating in the development of a provincial mental health framework for schools.

And we need to do more:

We need to develop a system to help citizens navigate mental health programs.

We will need to be ready to participate in the development of a provincial mental health strategy in the near future.

We need more collaboration across our portfolios. Mental Health, Addiction Prevention and Treatment Services, Public Health, Community Health, and Primary Health Care have begun this collaboration. It must continue.

We need to increase the number of certified trainers of Mental Health First Aid as a resource to community.

We need to support the development of community-based mental health strategies. These need to include physicians, police, clergy, teachers, etc.

Our Challenges:

We continue to see a stigma associated with mental health in our communities. How do we combat that?

We need to understand better the best practices that truly make the biggest differences in mental health promotion, a relatively new area of mental health practice.

Community Health Plan Priority Area: Access to Health Services and Information

You've asked us to collaborate with communities to develop and implement a master plan to increase access to health services, support family physicians in accessing other local primary health care services, provide more information about health, and to be much more transparent about what we do and why. Here is a start:

- ▶ The Community Master Plan suggests practical steps for a restructured and evolving primary health care system in our district. It proposes changes to strengthen and support the primary health care system over time. The plan focuses on wellness promotion, 24-hour urgent care, chronic disease management, and an enhanced team approach to primary health care.

Our Capital Health Library continues to provide computers for patient and family access to the Internet and works cooperatively with the public library to support and promote each other's programs.

- ▶ We are supporting the 2-11 effort hosted by the United Way to improve access to health, community and social service information.
- ▶ We are redesigning our website to accommodate more – and better – health information.
- ▶ The IWK and Capital Health have become active users and proponents of social media (Facebook, Twitter) for sharing health information.
- ▶ The diverse membership of our Community Health Boards continues to help us ensure that the information we provide stays relevant to the communities we serve.

And we need to do more:

We need to better understand who is accessing specialist services and why.

We need to share the data that demonstrates how our specialist services are used.

We need to add new access points for our community, such as check-in kiosks, to improve access to our programs. We need wellness navigators to support the public in accessing information.

We need to ask the right questions of, and listen carefully, to a wide variety of community organizations and networks and the Public Library to identify priorities and actions for improving health information literacy.

Community Health Plan Priority Area: Stress

You've asked us to continue our work to reducing workplace stress, and to increase the programming within mental health that allows people to deal with stress effectively. Here's what we've done so far:

- ▶ We have a respectful workplace strategy, including a conflict transformation service and specific programming delivered to teams.

We are developing simple rules around respectful behaviour at Capital Health. We are providing staff with tools and skill-building opportunities to make respect the norm in our workplaces.

- ▶ We are developing a strategy for wellness and self-care with and for people who work at Capital Health.
- ▶ We offered *Mental Health First Aid for Managers* to more than 100 managers in 2009-10.

Our mental health clients are offered both a wellness plan and a recovery plan that includes plans for coping with stress and increasing resiliency.

Our Challenges:

More cultural change is needed. We need to create the conditions and invitation for people who work at Capital Health to genuinely care for themselves.

And we need to do more:

We need to continue our work with the Diversity and Inclusion Committee to decrease workplace stress by creating a more culturally competent and welcoming work environment.

We need to evaluate the effectiveness of our activities and share our learning, models and frameworks with organizations and businesses in our community.

We need to develop our mental health promotion work further.

Community Health Plan Priority Area: Sense of Belonging

You've shared with us how sense of belonging truly matters to people and communities. We won't pretend. This is new territory for us.

Our challenge will be to understand how a sense of belonging develops, and how the health system best contributes to that development.

This is an area of research that we can – and will – explore, through our Healthy Workplace committees, the work of the Understanding Communities Unit, and our work with partners such as the United Way, Community Health Boards and other community agencies that see the impacts of a lack of sense of belonging daily.

CHBs have recognized the importance of a sense of belonging to creating a healthy community.

We recognize that CHBs in their work, including through the Community Development Funds, support community inclusiveness.

The Diversity and Inclusion Committee efforts toward cultural competency will impact sense of belonging.

Community Health Plan Priority Area: Chronic Conditions (Prevention and Management)

You've asked us to coordinate our efforts to improve chronic disease prevention and management, and to align our voice and our work with others.

- ▶ Chronic disease prevention and management was a driving force behind the development of the Community Master Plan. The successful implementation of the plan will require our portfolios to work together - diligently and collaboratively - to see the improvements we know are needed in our communities.

And we need to do more:

We need to support the implementation and engagement of the Community Master Plan, and as it becomes operational – we need to evaluate its effectiveness.

We also need to evaluate and assess the effectiveness of any existing chronic disease and prevention management programs.

Chronic Conditions (Prevention and Management) (continued)

- ▶ The Your Way to Wellness program delivered by Primary Health Care is a new initiative designed to help patients reach their highest goals in managing their chronic conditions.

We are engaged in many programs and strategies that enhance food security, physical activity, and supportive environments that create healthy places for people to live, work and play.

Our challenge:

Much of what we do about chronic disease prevention and management is not as visible as it needs to be. We need to coordinate and deliver our programs in a meaningful way for our community.

And we need to do more:

Creating the conditions and environments that support and enable health is important to reducing chronic disease. We need to engage with other partners, such as the Urban Diggers, the Ecology Action Centre, Nova Scotia Environment, and others, around further strategies that can enhance and protect our built and natural environments.

We need to align our initiatives with federal and provincial governments, health charities and community partners.

Community Health Plan Priority Area: Health Screenings

You have recommended that we identify the health screening guidelines most appropriate for us to promote, and that we develop consistent messaging around and promotion of those guidelines.

- ▶ The IWK and Capital Health have just initiated screening for sickle cell anemia in North Preston, East Preston and Cherry Brook/Lake Loon.

Many of our programs are already involved in evidence-based screening.

And we need to do more:

Our screening activities need to be better known and more widely understood. We need to use citizen engagement strategies to effectively promote these programs throughout the district.

Some of this promotion must target underserved groups.

We need to create a “citizen’s guide to screening programs” that can help us promote appropriate health services for the right ages and stages of life.

Health Priorities identified by some CHBs

Smoking

We are working with the IWK towards refreshing both smoke-free hospital property policies. As we anticipate the release of the provincial tobacco control strategy, here’s some of where our current strategy has taken us:

Addiction Prevention and Treatment Services provides free *Getting Started* sessions and the *Keeping It Going* program for the general public in community settings throughout Capital Health district each month. Staff also work with employers and others, in workplaces and institutions to support a smoke-free property policies.

We also provide and *Butt Out For Better Health* in local clubhouses and groups for people living with mental health disorders.

Our challenge:

Declines in smoking rates in Nova Scotia have stalled since 2006 at 20 per cent. Prior to 2006, there was continuous, intense effort to reduce tobacco use by the health community, its partners and the public in Nova Scotia, including significant provincial legislation. Perhaps in part due to these successes, and the significant declines in tobacco use in NS from 2000-2006, there is a perception that “the tobacco work is done” or perhaps we’re experiencing “tobacco reduction fatigue.” Whatever the reason, we have experienced an overall decline in action in this area.

And we need to do more:

Once the Provincial Tobacco Reduction Strategy is released, we need to bring together citizens and stakeholders to refresh the Capital Health Tobacco Reduction Strategy using evidence-informed decision-making to align with provincial and national strategies. To see continued progress against the #1 preventable cause of illness and death, we need to renew our commitment to the reduction of tobacco use in this district.

Smoking (continued)

Capital Health and the IWK host the Stop Smoking Support Program for hospitalized patients. This program is being implemented within 11 inpatient units at the Halifax Infirmary, Dartmouth General Hospital, Hants Community Hospital and the IWK Health Centre.

- ▶ We are helping the Halifax Regional Municipality to communicate the recently adopted smoke-free outdoor recreational facilities policy under the Protection of Property Act. We have supported HRM staff and councilors during the process and have committed to support communication and evaluation of the policy.
- ▶ We are working within the provincial Tobacco-Free Sport and Recreation Initiative to increase organizations with tobacco-free policies and help them promote these policies with their members, leaders and supporters.
- ▶ We are working with the Residential Tenancy Program, Metropolitan Housing Authority and Nova Scotia Community Services to resolve and respond to complaints from residents exposed to second-hand smoke in their homes (units within rental multi-unit dwellings). We are working to support policy changes and web-based tools that will help increase access to smoke-free multi-unit dwellings, including access for people living in government-subsidized housing.
- ▶ We are supporting interested Family Resource Centres to implement the Start Taking Action to Reduce Second-hand Smoke (STARSS), a harm-reduction program.
- ▶ We supported post-secondary institutions and HomeBridge Youth Society to develop and implement smoke-free property policies which includes access to effective stop smoking support.
- ▶ We have provided leadership and content expertise that resulted in the newly released Smoking Cessation in the Workplace: A Guide to Helping Your Employees Stop Smoking, a new resource for the Atlantic Provinces.
- ▶ We have sponsored a successful Health Canada national demonstration project proposal to identify effective stop smoking programming for youth in school (grades 10-12) and those in care in a residential setting (HomeBridge Youth Society).
- ▶ We are supporting a women-centered approach to smoking cessation by providing accurate and up-to-date content for provincial publications, staff education and pending Reproductive Care Program guidelines for smoking cessation for pregnant and post-partum women.
- ▶ Significant motivational enhancement skills development and competency training was completed in partnership with Dr. Michael Vallis to support an approach to behaviour change related to tobacco use and exposure to second-hand smoke among patients/clients and their families. A variety of health professionals within Capital Health, the IWK and community partners were trained, and based on their evaluation and practice results, more were certified as Motivational Enhancement Peer Trainers. This work contributed evidence and tools to support the creation of the Capital Health Behaviour Change Institute.

Alcohol

You've asked us to examine our policies regarding alcohol use. You want us to advocate for other public sector organizations to do the same. We've done some other work as well:

We deliver the presentation Nova Scotia Cultural Attitudes towards Alcohol Use to community organizations.

We have a guideline that prevents us from paying for alcohol for and at organizational events.

- ▶ We continue to participate in the ongoing development of *Changing the Culture of Alcohol Use in Nova Scotia*, the provincial alcohol use strategy.

And we need to do more:

Our alcohol guideline needs to be formalized into policy.

We need to create our internal alcohol use policies using learnings from related policies regarding tobacco and healthy eating.

We need to work more closely with Halifax Regional Municipality and other partners to implement the recommendations of the provincial alcohol use strategy.

Sexual Health

Communities are telling us that we need to participate in the ongoing provision of appropriate sexual health education and promotion in schools, health care organizations, and to the public. We need to pay particular attention to sexual health services for older adults and seniors. Our partners are helping us get off to a good start:

The IWK offers services, programs and counselling for sexual health as well as sexually transmitted infection testing within the Women's and Newborn Program. These services are offered on-site as well as through the IWK's Women's Community Clinics.

Health providers from the IWK Women's Program are available to make presentations to the public on sexual health topics and also conduct in-service and professional education for health providers on best practice and topics of interest.

An IWK Youth Health Clinic is offered at Cobequid Community Health Centre. Sexual health counselling and services are part of this clinic.

Capital Health has a Youth Health Centre in every high school. YHCs are hubs of health promotion, addressing a variety of areas including sexual health.

Sexual Health (continued)

- ▶ The nurse practitioner from the IWK Women's Health Community Clinics offers services and counselling at two high schools. Sexual health is a key part of this work.
- ▶ Through our partnership with the IWK, the Community Health Teams will be supporting initiatives related to youth engagement. The partnership will also allow implementation of the "Incredible Years" parenting program by the IWK. Sexual health issues will likely surface as areas of interest for youth, parents and providers to explore.

Patient assessments at our Geriatrics Clinic include a sexual health component. Sexual health is part of the assessment for our Mental Health clinics as well.

- ▶ We participate in the delivery of the Healthy Sexuality training within the Family Medicine Residency Program of the Faculty of Medicine at Dalhousie University.

We continue to sponsor community presentations about menopause.

And we need to do more:

We need to continue to work with physicians, primarily family physicians, and our partners in long-term care and continuing care to further sexual health services for seniors and older adults.

We need to do more to promote testing and follow-up of sexually transmitted infections in all age groups, including older adults, in new relationships.

We need to connect across our many portfolios to make sure that this is happening.

Gambling

You are asking us to advocate for comprehensive studies on the impact of gambling in our communities, and to distribute the tools we already have. These are things we can do:

- ▶ Through a collaboration of the District Department of Family Medicine and Addiction Prevention and Treatment Services, we have already seen wide dissemination of the *Community Tool for Early Identification of Problem Gambling*.

And we need to do more:

We need updated data on the impact of gambling on the community.

We need to advocate for strategies that expose the effects of gambling in our communities. We must share what we know so that policy makers and community understand the effects.

Oral Health

You are asking us to advocate for fully insured oral health services for children up to age 18. We have already started:

- ▶ Our partners at the North End Community Health Centre have begun efforts to establish a dental clinic for that community.

We actively promote key oral health messages and the provincially insured oral health program that services children to age 10. We do this with clinicians and the public, particularly in schools.

We work with partners, such as community dentists, to obtain emergency oral health treatment for children over 10 years old.

Our challenge:

We need to overcome the perception that oral health is separate from overall health.

And we need to do more:

We need to work with our partners, particularly those in community, such as the Community Health Boards, to advocate for the provision of additional insured oral health services for children over the age of 10.

Sun Safety

You have told us that we need to support the work of the provincial Sun Safety Nova Scotia Coalition (SSNS) and advocate for stricter controls for tanning beds. Here is where we have started:

We are actively promoting the SSNS *Shade Workshop* to schools and support them in its implementation.

We facilitate a Sun Safety week in our schools throughout the district.

And we need to do more:

SSNS has developed many tools and resources and has identified that there will be future opportunities for Capital Health to engage in this work. We need to make sure that we become active participants in this work.

We also need to take an active role in leading the development of policies that prohibit access to tanning beds for children under 18.

Recommendations that Enable Community Health Board (CHB) Work

For 12 years, CHBs have reflected the health concerns of the community:

CHBs have managed and distributed Community Development Funds for 10 years. Approximately \$2,149,553 has been distributed to 1,057 health promoting projects developed by the community.

CHBs have facilitated processes that have helped bring communities together.

CHBs have been vocal advocates in areas such as tobacco reduction, transportation and de-centralizing health care services.

Our fundamental challenge is this:

To improve health care services we need to bring health care back into communities.
To build healthy communities, we need to recognize that appropriate and accessible health care service delivery is only one part of what it takes to make communities truly healthy.

And we need to do more of:

We will use an inclusive process with CHBs and Capital Health's Population Health Committee to review and reflect the role, function and responsibilities of CHBs.

We will assess the resources required to effectively fulfill the CHB mandate.

We will evaluate the current process for the development of the community health plan.

We will explore further training in community development and community engagement processes across Capital Health, in order to do these things better.

Conclusions

The Community Health Board Plan gives us so much to consider. We have only just begun to respond to the needs identified by the communities we serve. Clearly, some of these needs can – and will – be directly addressed by Capital Health. Responding to other needs will require us to work together in new ways with our partners. Being more responsive to community needs will demand of Capital Health a more intimate knowledge of the communities we serve.

The good news is that – whether using our own resources or through collaboration – we will be able to take action on all of the recommendations presented here. Taking these actions, however, will require the ongoing assistance and expertise of the Community Health Boards. With your assistance, we are confident that we will be able to see these plans become a reality. We recognize, and are grateful for, the important role that the CHBs play in bringing community voices to the development of policies, procedures and programs that support the health and well-being of citizens and communities throughout Capital Health district.

We have embarked on a transformative business planning process that will help us achieve our vision of becoming a world-leading haven for people-centred health, healing and learning. This multi-year process is aligned with our 2013 milestones and integrates other plans such as our capital plan, research and education plan, health and human resources plan, and information plan. We are encouraged that we are already seeing these plans align with many of your recommendations.

In this – the first year of our three-year business-planning cycle – we commit ourselves to carefully examining how resources can be better aligned to the priorities identified by communities. In the months ahead, we will also begin to build plans for 2011 and beyond that will enable us to respond to the needs you have outlined. In addition, we commit ourselves to making physical activity and healthy eating priority areas for action at Capital Health. We will intensify our work in these areas, aligning our efforts with the new provincial emphasis on obesity prevention.

By opening our ears to the voices of our citizens, our eyes have been opened. Our work is only just beginning, and it is work that will lead us to ask even more questions – of our communities and of ourselves. Thank you for the leadership of the CHBs that has made it possible for us to embark on this most significant journey.