



The Future of Public Health Mobile Units

Engagement Report
November 2023

EXECUTIVE SUMMARY

- Public Health Mobile Unit (PHMU) is a consistent brand for Nova Scotia Health in community that operates a program that is evidence-informed and has a strong, intersectoral team presence.
- The PHMUs were seen as a valuable tool for building relationships and trust in community and with Nova Scotians.
- Collaboration and communication are strengths of the PHMU, though there were opportunities for future improvement identified.
- The PHMUs should be used to increase access to primary care services for Nova Scotians by working collaboratively with Nova Scotian Health and other providers.
- Future PHMU operations should be designed to be flexible and adaptable. They should be supported and resourced to maximize their spread and reach to address a wide range of population needs and communities, with specific emphasis on addressing health equity.
- There was no clear preference expressed by participants throughout the engagement process for either a centralized/provincial operational structure or a zone-based structure.

INTRODUCTION

Public Health Mobile Units, supported by Public Engagement, developed an engagement plan to gather input from a variety of staff and other stakeholders to inform future-state planning for the Mobile Units. A secondary objective or outcome of the engagement feedback was intended to provide context and learning for other areas of Nova Scotia Health exploring mobile health. The engagement plan was centered around two guiding questions:

- How should the PHMUs be operationalized to support future public health mobile/outreach work (after April 2024) and support a range of health and wellness needs for Nova Scotians?
- What structure does the PHMU need for optimal use by Public Health? Where should the work be held -- provincially? in the zones? a blend of both?

Throughout June and July 2023, six focus groups (3 in-person- and 3 virtual) were held. A planned in-person focus group for Western Zone was cancelled due to the wild fire emergency. During this same period survey and idea-gathering tools were also implemented using the Engage4Health online platform.

The range of stakeholders invited to participate included Public Health staff (particularly those staff who worked directly with the PHMUs), other NS Health and IWK staff, provincial government employees, community-based groups and organizations (including Community Health Boards), and members of the general public.

Total Number of Participants - 103			
Number of participants by zone		Number of participants by role	
Central	57	NS Health / IWK Staff	85
Eastern	17	Government staff	8
Northern	14	Community organizations	3
Western	14	Public	7

FEEDBACK ANALYSIS

Detailed notes were captured during the six in-person and MS Teams focus groups held in June and July. The feedback was summarized and analyzed to identify the frequently recurring themes, as well as any unique and important outliers. There were ten broad themes identified:

1. Value added
2. Expanded access
3. Enhanced visibility and awareness
4. Building relationships and trust
5. Collaboration with other NS Health programs
6. Flexibility and adaptability
7. Evidence-informed practices
8. Resources
9. Successes
10. Challenges and opportunities

These ten core themes were used to sort and analyze feedback gathered through the 72 online surveys that were completed using the Engage4Health platform. A further 17 frequently recurring subordinate themes were also identified.

Using the total 26 themes and subthemes, all of the feedback was reviewed and sorted a second time. This secondary process surfaced the core insights from all of the feedback participants provided through the focus groups and surveys.



SUMMARY OF CORE THEMES

01

The PHMUs offer **value added** to Public Health, Nova Scotia Health and community

02

The PHMU's have the potential to deliver **expanded access** to services. This was the most frequently occurring theme throughout all of the feedback gathered.

Service delivery was the most frequently referenced theme for expanding access to health care for Nova Scotians. This included specific references to partnering with the Primary Care program directly, as well as references of a more generic nature to delivering health services. Some of the most commonly referenced services included the following:

Immunization

- Children/youth and seniors
- International students, newcomers, rural residents

Screening and testing

- STI; HIV; blood borne pathogen; Influenza; RSV; prostate exams, breast exams; pap smears; women's health.

Other services mentioned by participants

- Blood Collection
- Oral hygiene
- Mental Health and Addictions
- Wound Care
- Emergency/disaster response
- Palliative care and hospice
- Prescription renewals
- Assist with setting up virtual care or other appointments

Information and education

- Sexual health (pre-teen through university-aged youth)
- Early years (infants, pre-school, moms and babies)
- Newcomers
- People and communities who live in vulnerable or marginalizing conditions, and who are under-resourced
- Health promotion, prevention and protection

SUMMARY OF CORE THEMES

02 /continued

Providing Nova Scotians with enhanced or expanded access to primary health care and services was the single, most commonly noted role for the PHMUs. This theme is closely correlated with the collaboration theme (below) due to the obvious connection to Primary Health Care; however, many of the references to primary care were not directly associated with NS Health's Primary Health Care program or any particular services it offered.

03

Participants noted that the PHMUs provided greater **visibility and awareness** to NS Health (Public Health, especially) across the province, noting that the PHMUs are **a strong brand**; however, they also noted some challenges and areas for improvement in awareness in general.

Improve communication about and promotion of the PHMUs

- The mobile units should have a presence in community at events, festivals, etc.
- Advance advertising of dates, locations would increase public knowledge and uptake of PHMU services.
- Connecting with community groups and leaders was identified as a way to communicate about the PHMUs services and schedule, particularly in areas where traditional media was scarce.
- Greater and more regular use of social media was encouraged as a way to increase public awareness, as well as the use of more social media platforms.
- Internet access, access to technology, and low use of technology were felt to be barriers for certain populations and in certain areas. Making use of promotional opportunities beyond traditional and social media was encouraged in these areas.

Participants generally felt that the PHMUs could enhance the overall NS Health brand and bring greater public awareness to the role of Public Health in keeping Nova Scotians healthy and safe.

SUMMARY OF CORE THEMES

04

The PHMUs were seen as a value tool for building relationships and trust in community and with Nova Scotians.

Speaking to a core value of Public Health, many said the PHMUs should be used for outreach to communities that have experienced barriers to accessing services. Some frequently mentioned populations include:

- Rural and remote communities
- Newcomers
- Community-based organizations/partners
- People and communities who are under-resourced
- People who don't have homes
- People suffering from mental illnesses and/or addictions issues
- First Nations
- 2SLGBTQI
- African NS population
- Elderly

NS Health benefits from the visible PHMU presence in communities across NS (e.g. a “trust dividend”).

It was felt that partnering with public libraries enhanced the credibility, trust and relationships developed through the PHMUs. This partnership was seen as valuable for addressing some of the communication and awareness challenges.

Participants noted measures that would further enhance the PHMU brand included making the PHMU presence and service offerings more predictable through better planning, coordination, scheduling and communication/promotion.



SUMMARY OF CORE THEMES

05

There *were many benefits from collaboration with other NSH programs and services* identified by participants.

The PHMU was a model of well-functioning multidisciplinary teams.

- As noted above, Primary Health Care was the NS Health program most frequently identified as a key partner in the future role of the PHMUs. Mental Health and Addictions was the second most frequently mentioned internal NS Health partner.

Other program areas were identified for closer collaboration in a new PHMU model.

- Early Years
- Testing (Pathology & Lab Medicine)
- Blood Collection
- Disaster response

This theme of collaboration was noted as an important consideration in the design of the PHMU future role.



SUMMARY OF CORE THEMES

06

The PHMUs demonstrated considerable **flexibility and adaptability** in how they operated.

Agility was felt to be a significant operational principle. Many commented on the ability of the PHMUs to be able to change their focus quickly and adapt to emerging needs (e.g. flu season, local outbreaks, support for disaster response/relief).

Some felt that PHMU responsiveness could be improved through better structuring and communication:

- Pre-set, predictable locations (especially in rural areas) was frequently mentioned by participants.
- Operating the PHMUs outside normal days/hours was seen as an opportunity to increase their reach and effectiveness.

Flexibility of the PHMU operations and role were identified as an incentive for staff interested in positions that provided a greater variety and range of challenges day-to-day.

This theme was identified as an important consideration in the design of the PHMU future role

07

A key strength of the PHMUs was how their **operations were informed by evidence**.

- Epidemiologist informed locations of COVID services
- Community needs drove the kinds of services offered

08

Some **resource gaps and needs** were noted throughout the process that could inform how the PHMUs are shaped going forward.

- Ensure that the needs of all potential patients are considered in the PHMU design (e.g. Bariatric patients; patients with physical accessibility or mobility challenges)
- Many staff noted concerns over their job security working in a COVID service program that does not have permanent funding.
- Ongoing maintenance of a fleet of vehicles that are in high use was identified as crucial budget and operational considerations for the future.
- Technical issue with wi-fi and printers, esp. in rural areas.
- Secure public health budget and staff resources to ensure long-term, predictable operation.

SUMMARY OF CORE THEMES

09

The overall **success of the PHMUs was mainly due to the people** involved.

- The leadership team was accessible, creative, responsive, supportive.
- The flexibility/adaptability of PHMU staff contributed greatly to the success of the PHMUs and how well they were received in community.



10

A number of **challenges and opportunities for improvement** connected to PHMU operations were identified by participants.

- A more comprehensive plan and procedures was needed to ensure staff safety (e.g., after hours; winter travel, remote locations, etc.).
- It was noted that internet connectivity was sometimes problematic and affected PHMU services and operations. Mitigation plans or procedures were needed for the development of future PHMU operations.
- Some staff also noted that the ability to access health records (e.g. vaccination records) would be beneficial should the PHMU offer an expanded scope of services in the future.

IDEAS FOR THE FUTURE USE OF THE MOBILE UNITS

Participants in the six focus groups were asked about their top two recommendations for the future operation of the mobile units. While there were a wide range of suggestions, there was a high level of consistency with the general themes noted above.

Participants in the online survey offered 137 recommendations for the future operation of the PHMUs. These were also highly aligned with the general themes. More specifically, access, primary care, adaptability, collaboration and screening and testing were the top mentions in online survey responses to future recommendations for the PHMUs.

The Engage4Health site for the PHMU consultations included an ideation tool in which participants could offer ideas about the future operation of the PHMUs, or vote on ideas suggested by other participants. Eight ideas were posted to the site. These ideas reflected some of the most frequently mentioned core themes identified throughout the other discussion and feedback opportunities provided during the consultation. The top three ideas receiving the most votes were:

- Providing access to health services
- Supporting communities and people who are under-resourced
- Using the PHMUs to collaborate with other Nova Scotia Health programs

Listed below are the ideas, sorted from most to least votes. These have not been rewritten or summarized and appear exactly as they were submitted.

1. Idea: Funding and Resources (7 votes)

Description: Adequate and sustained funding is crucial for the success of public health mobile units. Sufficient financial resources should be allocated to cover operational costs, staffing, equipment, supplies, and ongoing program evaluation. Access to appropriate resources, such as vaccines, diagnostic tools, and educational materials, is also essential.

2. Idea: Community Outreach and Engagement (6 votes)

Description: Being able to bring services/resources to the communities that need it the most. Whether it be vaccinations, oral health, primary care, harm reduction, breast screening/pap smears, B/P, blood glucose-wellness checks.

IDEAS FOR THE FUTURE USE OF THE MOBILE UNITS

3. Idea: Mobility Comes with Endless Possibilities (5 votes)

Description: We have proven through the height and the heart of the pandemic that we are capable of doing almost anything. The key component is that PHMU can come to you. There are so many areas within our Public Health / Health Care System that are strained and can use the help of PHMU. Being able to provide services to our highly rural and secluded areas, low income families, to clients without transportation or with decreased mobility is incredible. Working in collaboration with Nova Scotia Health, as we have through the pandemic, will help us to easily identify some major areas of purpose. I also believe that through the pandemic, we have heard the voices of our clients and have identified some areas where we could be of assistance. These ideas have been brought forward through team meetings and engagement sessions. What I am absolutely sure of is, our province needs PHMU, our people need PHMU and we know that our PHMU staff and leadership are capable of making magic happen, successfully! The face of Public Health has changed completely since the pandemic. I wholeheartedly believe that we have proven we are worthy of the funding to continue on with PHMU, regardless of what our future work looks like. The ideas have come forward, and the opportunities are endless.

4. Idea: Helping Public Health (4 votes)

Description: Useful to all areas of Public Health whenever they may need to travel to see one or many clients, or when mass educations & engagement sessions may need to happen in certain areas, the unit is there to help support these actions.

5. Idea: COVID work is clear....future work is unclear (4 votes)

Description: PHMU was developed & launched at a time when the work was clear-testing, immunization, going to community. The future work is less clear. There is huge potential for public health mobile units to show up. I hope it stays as Public Health Mobile Units and brings visibility to public health and makes communities healthier.

6. Idea: Improving Access to Rural Communities (1 vote)

Description: Rural communities struggle with access and many of the health services that were once available in their communities have been moved to larger centers. The residents of these communities benefit from having the resources come to them, as transportation and finances are a huge barrier to some families in rural areas.

IDEAS FOR THE FUTURE USE OF THE MOBILE UNITS

7. Idea: Future Opportunities (0 votes, 1 comment)

Description: There are so many opportunities that Public Health could be involved in and contribute to using the PHMU. Think of things such as: oral health, newborn weight checks, blood pressure checks, nutrition information, sexual health, harm reduction, just to name a few.

Comment: A mobile breastfeeding support unit could be a key investment in the health of Nova Scotia families and communities. The benefits of exclusive breastfeeding for 6 months and continued breastfeeding for 2 years and beyond are well known in the literature and to Nova Scotia health leaders. These recommendations are endorsed by the World Health Organizations, Canadian Pediatric Society, NS Dept of Health and Wellness and IWK and NS Health. What is also in the literature is that skilled breastfeeding support is required ongoing after discharge from hospital to help families meet these recommendations and their own feeding goals. There are insufficient supports available in general, and those that are available are often private pay so would be a huge barrier to many for whom exclusive breastfeeding could be the most beneficial. Without a doubt, we have increasingly fallen short on having this support available in Nova Scotia. Mobile units that could travel to various destinations across Nova Scotia to offer breastfeeding support could be an ideal use for the PHMU fleet and offer a measurable benefit to the health of Nova Scotia families and communities.

8. Idea: Public Health Emergency Preparedness Sub-Committee (0 votes)

Description:

- The PH Mobile Units proved to be crucial in times of emergency response. It is vital to recognize their positive, empowering significance and ensure they remain available and well-equipped to address future emergencies effectively when called upon.
- It is recommended that the primary focus of the PH Mobile Units remains with public health to ensure access during PH emergency events.
- There should be routine use of the PHMU to complement and add value to PH programs ensuring that the PHMU can be nimble to be deployed during PH emergencies.
- Routine use of the PHMU should be driven by principles of equity, ensuring that underserved communities and vulnerable populations are prioritized when the units are not actively deployed for crisis response. Additionally, while it is important for the PHMU to maintain a familiar presence in the community

IDEAS FOR THE FUTURE USE OF THE MOBILE UNITS

during non-crisis periods, it is equally important to ensure that their downtime services can be scaled back or put on hold during an emergency. This flexibility enables them to be rapidly redeployed as needed.

- Careful consideration of PHMU use must consider the services which are of a PH nature vs. those of a primary care nature.
- Clear triggers and response guidelines/plans should be established to determine what to do when a PH emergency arises and who takes ownership of activating the PH Mobile Units. This will help maintain a coordinated and efficient response when needed.
- It is important to identify, train, and develop specific skills for routine use and emergency deployment of PHMUs, ensuring that the right expertise is available at the right time. This will help ensure nimble mobilization and surge capacity – key public health emergency preparedness objectives.
- Proper resource allocation should be maintained to support the functioning of the PH Mobile Units during both crisis and non-crisis periods.
- It is crucial to maintain the nimbleness and adaptability of the PH Mobile Units. This can be achieved through ongoing evaluation, feedback loops, and a culture of continuous improvement, allowing for timely adjustments to their capabilities and operational procedures.

ACKNOWLEDGEMENTS

Public Health is grateful for all the staff, community members, partners and stakeholders who took the time to participate in the engagement activities about the future of the Public Health Mobile Units.

The feedback that was generously provided by all participants will be used by Public Health leadership to inform the next stage in the evolution of the mobile units.

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