



NSHPCA

Nova Scotia Hospice Palliative Care
Association

Navigating Grief and Emotional Wellness in Communities: Needs, Services, and Strategic Resourcing

*2024 Nova Scotia Hospice Palliative Care Association
Community Needs Assessment
in Cumberland, Colchester and East Hants*

This report presents key findings from the 2024 Community Needs Assessment in Cumberland, Colchester, and East Hants to inform strategic recommendations for grief, bereavement, and emotional wellness supports. Findings are based on community input and existing data, using a trauma-informed, person-centred approach and a 4-Quadrant Framework. As community needs evolve, insights may change.

Report Credits

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EXECUTIVE SUMMARY

Purpose: This note synthesizes key findings from the 2024 Community Needs Assessment in Cumberland, Colchester, and East Hants counties to inform strategic recommendations for enhancing grief, bereavement, and emotional wellness support.

Background: The Nova Scotia Hospice Palliative Care Association (NSHPCA) conducted a foundational needs assessment to understand diverse community needs, aiming to guide the design of targeted, equitable, and culturally sensitive support services. The assessment employed an “Informal, Trauma-Informed & Person-Centered” approach, analyzing direct community input alongside existing documentation through a 4-Quadrant Framework that categorizes needs for Individuals and Service Providers, across Supports & Programs and Training & Education.

Key Problems and Potential Solutions:

1. **Prioritize Social Connection and Mental Wellness as Foundational:** The assessment reveals that fostering social connection and supporting mental wellness, including comprehensive grief and trauma support, align with broader community health objectives. This encompasses diverse needs across populations, including youth, men, parents raising traumatized children, and those experiencing unique forms of grief such as MAiD-related grief, drug poisoning-specific grief, grief related to the Mass Casualty event, child/youth grief, and pregnancy/infant loss.

Potential solution: The findings suggest potential value in strengthening initiatives that address social isolation and expand accessible emotional wellness supports within communities. This could include exploring non-clinical and experiential approaches such as art, music, and nature-based healing, which participants identified as meaningful complementary supports.

2. **Address Foundational Systemic Barriers - Transportation and Communication:** Transportation challenges emerge as a common factor affecting access to services, programs, food, healthcare, and training opportunities across all quadrants. Additionally, current communication approaches, while valuable, may not fully reach all community members, particularly those in rural areas or with different accessibility needs.

Potential solution: The findings point to potential benefits in exploring sustainable transportation solutions (such as shuttle bus systems or ride shares) and expanding communication strategies beyond digital platforms. This could help create clearer pathways to support and information while building on existing infrastructure and communication efforts already in place.

3. **Service Provider Capacity and Sustainability:** Community organizations, staff, and volunteers form the foundation of service delivery and have shared valuable insights about their experiences.

Areas for Potential Enhancement:

- **Funding Stability:** Participants noted that while project funding provides important support, longer-term operational funding could help maintain essential services and address ongoing community needs.



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- **Staff and Volunteer Well-being:** Organizations highlighted the value of support structures, debriefing opportunities, and recognition for those in caring roles, particularly given the emotional demands of their work.
 - **Community Spaces:** Accessible community centers and program-specific facilities were identified as important for providing safe, local, and community-led supports.
 - **Capacity Building:** Interest was expressed in trauma-informed practice training across sectors and cultural competency development for working with diverse populations (including African Nova Scotian, Indigenous, 2SLGBTQIA+, and newcomer communities). Train-the-trainer models emerged as valuable for building local capacity.

Potential solution: The findings suggest potential value in exploring multi-year funding approaches for community organizations, supporting staff and volunteer well-being initiatives, and investing in community infrastructure that serves as gathering spaces. Training opportunities that incorporate trauma-informed and culturally responsive approaches, particularly through train-the-trainer models, could help build on existing local expertise and leadership.

4. **Community Engagement:** Community members have shared experiences of engagement challenges, including fatigue from repeated consultations that lack visible follow-up, feelings of exclusion when certain areas receive less attention, and resulting resentment when engagement feels imbalanced across communities. These challenges are intensified by the ongoing impact of the Mass Casualty event and the region's diverse cultural communities.

Potential solution: The findings suggest value in exploring community-led, informal, trauma-informed approaches that honor cultural diversity and center participant experiences. Building transparent follow-up processes and sharing tangible outcomes from community input could help strengthen trust and support meaningful, ongoing participation.

Conclusion: Supporting the multifaceted grief, bereavement, and emotional wellness needs in Northern Nova Scotia works best through a strategic, comprehensive, and integrated approach. This shared vision includes developing individual supports, empowerment through education, building service provider capacity, strengthening foundational systems, and improving community engagement and response.



ABSTRACT

This report details a comprehensive 2024 Community Needs Assessment conducted by the Nova Scotia Hospice Palliative Care Association (NSHPCA) in Cumberland, Colchester, and East Hants counties, focusing on grief, bereavement, and emotional wellness. Employing an “Informal, Trauma-Informed & Person-Centered” methodology, which prioritized sensitivity, accessibility, and leveraging existing community strengths to avoid engagement fatigue and duplication, the assessment gathered insights through direct informal engagement and meta-analysis of existing documentation. Data was processed using the CATAV model (Collection, Analyzation, Theorization, Amplification, and Validation) and categorized by a 4-Quadrant Framework, which classifies needs by target (Individual vs. Service Provider) and nature (Supports & Programs vs. Training & Education).

The findings, validated by funded initiatives and external reports, reveal a multifaceted landscape of unmet needs, including accessible grief/trauma support, addressing basic needs and social isolation, and improving service accessibility for individuals. For service providers, critical needs include sustainable funding, support for staff/volunteers, and improved physical infrastructure.

Additionally, there is a pervasive demand for trauma-informed and culturally competent training across all sectors. The assessment highlights persistent systemic barriers such as transportation and communication gaps, alongside the strategic priority of fostering social connection and mental wellness. The report concludes that a comprehensive, integrated, and community-led approach is essential for designing equitable, culturally sensitive, and sustainable support services that visibly respond to community voices and efforts.

Keywords: *Grief and Bereavement Support, Community Needs Assessment, Trauma-Informed Care, Service Delivery, Rural Health.*



1. BACKGROUND & OVERVIEW

The Community Needs Assessment in 2024 is a foundational undertaking by the Nova Scotia Hospice Palliative Care Association (NSHPCA). It serves as a critical initial step within the broader Community Engagement Plan and is designed to build a clear understanding of the diverse grief and bereavement needs within Northern Nova Scotian communities. This analysis is not merely a data-gathering exercise but is deeply rooted in specific principles and approaches that prioritize sensitivity, accessibility, and leveraging existing community strengths.

The methodology guiding this analysis is described as an “Informal, Trauma-Informed & Person-Centered” approach (Engagement plan, 2024, p. 6)[1]. This reflects a conscious decision to move away from potentially intimidating formal methods, recognizing that previous engagement processes may have led to engagement fatigue, particularly in certain areas in Cumberland, Colchester, and East Hants counties. The approach is designed to create a safe and trauma informed atmosphere where individuals feel comfortable sharing their opinions.

Three core principles underpin the methodology for gathering information about community needs, which will be further specified in the following chapter:

- 1. Informality:** The assessment seeks “direct but informal community input”. This involves leveraging existing social structures and networks and meeting people “where they are comfortable”, such as at community gatherings, faith-based organizations, cultural events, or through word-of-mouth referrals. This informal approach is intended to make the process of gathering information safer and more accessible.
- 2. Avoiding Retraumatization:** Recognizing the sensitive nature of grief and loss, the methodology is designed to prevent causing further distress. This involves creating a safe environment, being mindful of the experiences of those who have previously engaged on similar topics, and offering “alternative ways to contribute beyond direct conversations”.
- 3. Preventing Duplication:** The analysis is committed to building upon existing efforts. This includes a deep dive into existing data by reviewing reports from past engagement initiatives’ reports, local survey results, and Community Health Board (CHB) assessments. The present project also intends to request original data and reports from partners. This ensures the analysis leverages prior knowledge and avoids redundant work (Engagement plan, 2024).

Data for the needs analysis is collected through a combination of direct, informal engagement with community members and partners, and the analysis of existing documentation. Methods include direct conversations with community partners, working closely with local Community Health Board coordinators, participating in local collaboration meetings and wellness expos. Concurrently, the analysis incorporates a meta-analysis of existing reports and documents from partners, such as prior needs assessments and reports from recipient organizations. This layered approach, combining qualitative insights from informal interactions with documented information, aims to build a comprehensive picture of community needs.

[1] The Community Engagement Plan of The Healing Pathways Project, Nova Scotia Hospice Palliative Care Association, November 2024.

The information gathered undergoes four major steps: Analyzation, Theorization, Amplification, and Validation. Qualitative data from informal channels are summarized and interpreted through the 4-Quadrant Framework for Needs Assessment. This is enriched by analyzing documentation like applications from Healing Pathways Grant Recipients, which detail localized needs. Findings are then validated by cross-referencing them with existing reports and data from community partners.

Purpose of the Community Needs Analysis

The purpose of this needs analysis is multifaceted and directly linked to the core goals of the Healing Pathways Project to “understand, and responds to the community needs” (NSHPCA Grant Funding Application Package, p. 11)[1]. It is foundational for achieving meaningful and sustainable solutions for grief, bereavement, and emotional wellness support in Nova Scotia. Specifically, the needs analysis is for:

- 1. Identifying Unmet Needs:** This is the primary goal. The analysis aims to gather insights into the experiences of diverse communities and identify specific gaps in existing services that are not currently being addressed. This goes beyond simply reviewing existing reports; it actively seeks direct, albeit informal, input from individuals and communities experiencing grief.
- 2. Informing the Design of Targeted, Equitable, and Culturally Sensitive Support Services:** The knowledge gained from the needs analysis is intended to be foundational. It will guide the design of support services that are tailored to meet the unique challenges faced by individuals and families across the province. This includes developing population-specific strategies to ensure equitable access, identifying efforts to address the unique needs of diverse populations, and ensuring services are culturally sensitive and age-specific.
- 3. Developing Population-Specific Strategies:** Based on the identified unmet needs, the analysis provides the necessary data to develop tailored strategies. This involves understanding the distinct requirements of various groups (e.g., Indigenous communities, African Nova Scotian organizations, seniors) to build capacity, strengthen resources, and ensure inclusive planning where EDIRA deserving communities are actively involved.
- 4. Informing the Development of the Online Hub:** The engagement process, which includes the needs analysis, is explicitly identified as a crucial step in gathering firsthand data to inform the development of the [Healing Pathways-Grieving Well™](#) (HP – Grieving Well) online grief directory. Through community input, the analysis aims to map existing resources and services, providing a comprehensive and up-to-date directory for HP – Grieving Well.
- 5. Supporting a “Community-Led Approach”:** The analysis embodies the “community-led approach” emphasized by the guiding [Nova Scotia Community Grief and Emotional Wellness Hub model](#) (Nova Scotia Grief Alliance)[2]. By prioritizing informal input and leveraging existing community networks, the analysis ensures that solutions are built upon the knowledge and experiences of those most impacted by grief and loss.
- 6. Building an Integrated and Sustainable Navigation System:** Ultimately, the understanding gained from the needs analysis contributes to the overarching goal of creating an integrated and sustainable grief and bereavement navigation system that empowers Nova Scotians.

[1] Grant Funding Application Package 2023-2025, Nova Scotia Hospice Palliative Care Association, August 2023.

[2] Nova Scotia Grief Alliance - <https://www.nsgriefalliance.com/grief-emotional-wellness-model>



In essence, the needs analysis is the critical engine that drives NSHPCA and the Healing Pathways Project, providing the essential community intelligence required to design, implement, and adapt support services that truly resonate with the diverse needs of Nova Scotians navigating grief. It is an ongoing process, with continuous monitoring and needs assessments planned throughout the project's implementation phases.

2. METHODOLOGY

This chapter details the methodology employed by NSHPCA to conduct a community needs analysis in 2024 related to grief, bereavement, and emotional wellness across Cumberland, Colchester, and East Hants. This analysis is identified as foundational for achieving the project's community engagement goals, specifically the identification of unmet needs and the development of population-specific strategies. The approach is distinct, described as an "Informal, Trauma-Informed & Person-Centered Approach", and aligns with the project's grounding in the Nova Scotia Community Grief and Emotional Wellness Hub model's emphasis on a "community-led approach".

2.1 Theoretical Approach: Embracing Informality and Collaboration

The methodology for the needs analysis is deeply rooted in core principles identified through a review of existing literature and preliminary community engagement with key opinion leaders and experts. Three fundamental principles guide this approach: Informality, Avoiding Retraumatization, and Preventing Duplication. These principles directly influence how information about community needs is sought and utilized.

The principle of Informality is central to the approach for gathering "direct but informal community input". We choose to "leverage existing social structures and networks" rather than formal surveys, which can be perceived as intimidating. This approach is particularly important in Cumberland, Colchester, and East Hants, where imbalanced engagement across communities has led to engagement fatigue in some areas and feelings of exclusion in others, resulting in engagement resentment. This represents a conscious decision to move away from potentially more formal data collection methods. The intent is to meet people "where they are comfortable", such as "at community gatherings, faith-based organizations, cultural events, or even through word-of-mouth referrals" (Engagement plan, 2024, p.3). This approach aims to make the process of gathering information about community needs safer and more accessible. It also aligns with the project's overall objective to understand the "on-the-ground" needs of Nova Scotians using a "systematic, community-based approach" for information gathering (NSHPCA Grant Funding Application Package, p. 11).

Avoiding Retraumatization is another critical principle shaping the methodology. Given the sensitive nature of grief and loss, as well as the large-scale, long-lasting impacts of both the Mass Casualty event and the COVID-19 pandemic which still persists, the engagement process is designed to create a "safe and trauma informed atmosphere to share opinions" (Engagement plan, 2024, p.3).

This includes considering the experiences of those who have previously participated in engagement processes and offering "alternative ways to contribute beyond direct conversations". This principle introduces flexibility and sensitivity into how the project interacts with community members to understand their needs without causing further distress.

The principle of Preventing Duplication ensures that the needs analysis builds upon existing work. This involves a commitment to reviewing “existing community engagement initiatives and collaborate with partners whenever possible” (Engagement plan, 2024, pp.3-4). The methodology explicitly includes a “deep dive into existing data” (Engagement plan, 2024, p.5), involving the analysis of reports from past engagement initiatives’ reports, local survey results, and community health board assessments such as engagement and needs evaluations. These documents will help us gain a more comprehensive understanding of previously identified needs, including those outlined in the 2023 Needs & Impact Assessment Framework[1]. This integration of available existing data complements the informal engagement by providing context and ensuring the analysis leverages prior knowledge.

This theoretical framework prioritizes gathering nuanced insights into community experiences and service gaps through approaches that are sensitive, accessible, and collaborative, leveraging existing community knowledge and structures while integrating available formal data to avoid redundancy.

2.2 Methods for Data Collection

The needs analysis uses two main data collection methods: direct, informal engagement with community members and analysis of existing documentation. Through partnerships, this approach gathers targeted insights to identify unmet needs. The specific methods reflect the guiding principles of informality and leveraging existing networks:

1. **Direct but Informal Community Engagement:** Instead of launching new, formal data collection efforts like large-scale surveys, the project aims to connect with communities through informal engagement channels and approaches and by leveraging existing social structures and networks. This includes:
 - **Talking with Community Partners:** Ongoing, direct conversations with key community partners are a fundamental part of data collection. This utilizes existing relationships and provides insights from organizations and individuals deeply connected to specific communities and populations.
 - **Working Closely with Local Community Health Board Coordinators:** Engagement with local Community Health Board Coordinators is highlighted as crucial. These coordinators possess valuable local knowledge and connections, facilitating an understanding of specific challenges, resources, and support systems available in their communities. Their involvement is intended to help ensure that services are responsive to local realities.
 - **Taking Part in Local Collaboration Meetings:** Participation in established local collaboration meetings offers a venue for gathering insights within trusted community forums. These meetings facilitate direct interaction with a range of community stakeholders in settings focused on partnership and shared goals.
 - **Participating in Local Wellness Expos:** Engaging at community events like local wellness expos is a method aligning with meeting people “where they are comfortable”. Such events provide opportunities for informal interactions, allowing project staff to gather feedback and understand needs in public, less formal settings, contributing to the goal of gathering information in a way that is “sensitive and effective” (Engagement plan, 2024, p.5).

2. **Partnerships and Analysis of Existing Documentation:** A significant aspect of the needs analysis involves utilizing data and insights already collected by partner organizations. This aligns with the principle of preventing duplication and builds upon existing community knowledge.
- **Meta-analysis of Existing Documents and Reports:** This involves analyzing reports from past engagement initiatives' reports, local survey results, and community health board assessments. Crucially, it entails analyzing the original data, documents, and report from partners, ensuring a comprehensive understanding of prior assessments and feedback. This meta-analysis uses documentation from partner organizations as a primary source of information on previously identified needs and feedback mechanisms.

These data collection methods are designed to build a comprehensive picture of community needs by combining insights from direct, informal interactions within existing community structures with the analysis of data already compiled by trusted partners.

2.3 Statement on OCAP Principles

The Nova Scotia Hospice Palliative Care Association recognizes and commits to upholding the First Nations principles of OCAP® (Ownership, Control, Access, and Possession) as established by the First Nations Information Governance Centre. As we serve communities across Nova Scotia, including the 13 Mi'kmaq First Nations communities, we acknowledge our responsibility to ensure that all data collection, research, and information management activities involving Indigenous peoples are conducted in accordance with these fundamental principles.

We affirm that First Nations communities have inherent rights to own and control their cultural knowledge, health data, and information, just as they are stewards over their traditional territories. In our grief and palliative/hospice care initiatives, we commit to seeking meaningful consultation and obtaining proper consent from Indigenous communities before collecting, using, or sharing any data that pertains to their members. We will work collaboratively with ethics processes, including Taji'keimik, Mi'kmaq Ethics Watch (MEW) and other regional Indigenous governance bodies, to ensure our research and service delivery practices align with community protocols and cultural values.

The NSHPCA supports the health transformation efforts led by Mi'kmaq communities in Nova Scotia and recognizes the importance of culturally safe, wholistic approaches to end-of-this-life care. We are committed to building partnerships that honor Indigenous data sovereignty while advancing compassionate, culturally appropriate hospice palliative care services. Through adherence to OCAP principles, we aim to support Indigenous communities on their path to data sovereignty while contributing to improved health outcomes and culturally competent care delivery. This commitment reflects our understanding that respectful data governance is essential to building trust, advancing reconciliation, and ensuring that Indigenous voices and values are centered in all aspects of our work that affects their communities.

Current Engagement Approach

Our current engagement with First Nations communities represents an informal, relationship-building approach rather than formal research or data collection activities.

Through our participation in local health fairs and community events, NSHPCA staff have engaged in organic conversations with First Nations community members who voluntarily shared their perspectives, experiences, and insights regarding hospice palliative care needs and preferences. These interactions occurred naturally at our information booths, where community members approached us to discuss grief, emotional wellness, and end-of-this-life care concerns and cultural considerations. We want to emphasize that we have not conducted surveys, formal interviews, or structured data collection activities.

The information we have gathered represents a summary of themes and insights that emerged from these informal conversations, shared willingly by community members in public settings. In keeping with OCAP principles, we recognize that even informal engagement carries responsibilities, and we are committed to reporting back to the communities what we have heard in a respectful and transparent manner. We view this feedback loop as essential to maintaining trust and ensuring that community voices are accurately reflected, while seeking guidance from First Nations leadership on how best to honor and act upon the insights that have been shared with us.

2.4 Data Analysis: the CATAV Model

Information collected through these diverse methods was processed through the CATAV model, including Collection, Analyzation, Theorization, Amplification, and Validation, to develop a comprehensive understanding of community needs and a plan for community resourcing, as shown on the figure below (Figure 1).

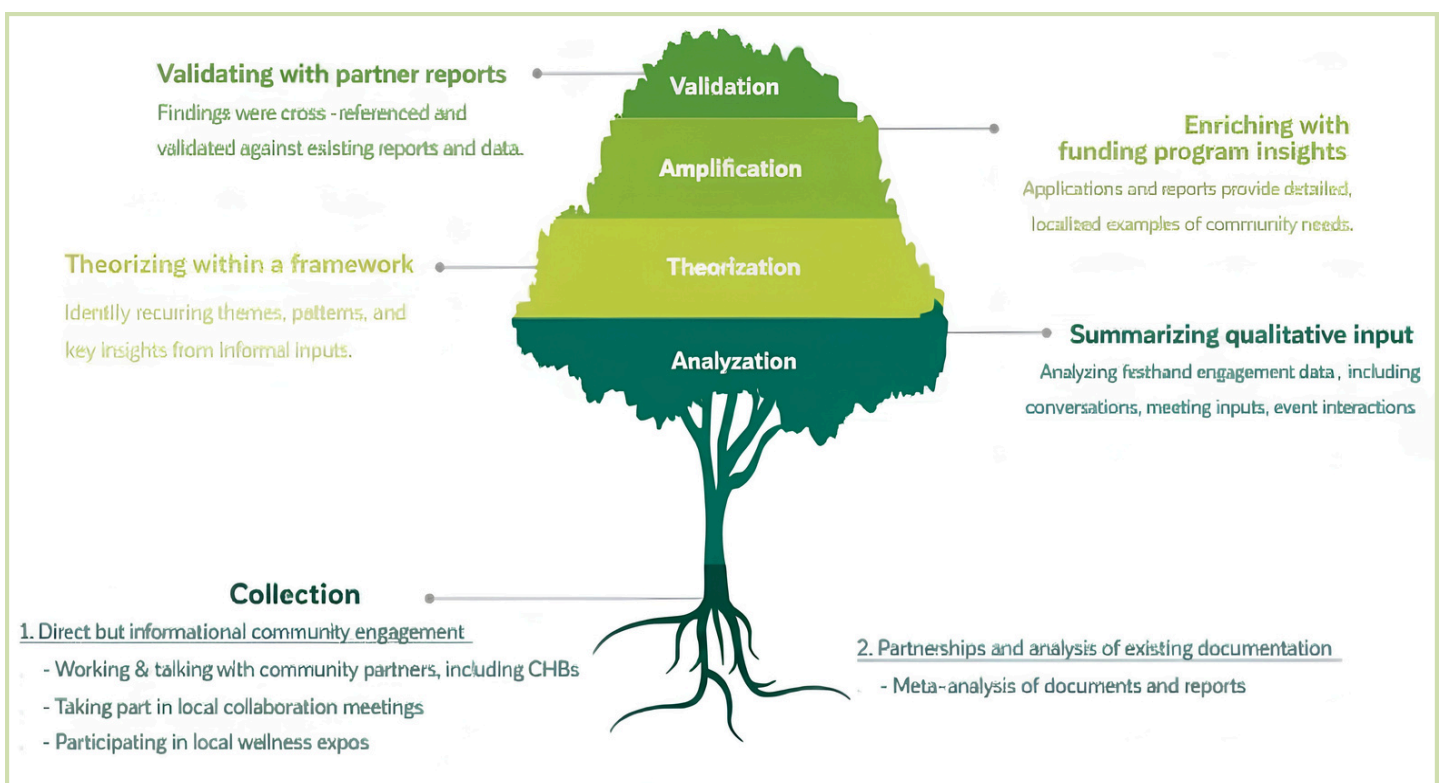


Figure 1. The CATAV Model for Community Needs Assessment

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- 1. Analyzing and Theorizing with a Framework:** Information gathered from informal engagement channels (conversations, meeting inputs, event interactions) is systematically summarized. This qualitative data is interpreted and theorized to create a guiding framework. This process aims to identify recurring themes, patterns, and key insights from varied informal inputs. The goal is to translate these qualitative community voices into structured findings about needs and gaps.
 - 2. Amplifying Details with Funding Program Applications and Reports:** The Healing Pathways Project includes funding programs to strengthen existing resources and encourage new programs. Applications submitted to these programs provide detailed proposals outlining specific community needs identified by applying organizations, the populations they serve, and the types of grief support services they propose. Analyzing this documentation enriches the needs analysis by providing concrete, localized examples of identified needs and proposed solutions, adding depth and practical context to the findings derived from broader community engagements.
 - 3. Validating Findings with Reports from Community Partners:** The insights and themes emerging from informal engagement and the analysis of funding program documents (specifically, leveraging the insights from recipient organizations' assessments) are cross-referenced and validated against existing reports and data collected by partner organizations. This step is crucial for ensuring the findings are robust and reflect the broader context of existing community assessments and service delivery experiences. By comparing the findings from informal engagements and program insights with documented needs and observations from partners (such as Community Health Boards, other non-profit organizations, etc.), the project can confirm the consistency and relevance of the identified needs and service gaps. This validation process strengthens the credibility of the needs analysis by grounding it in multiple data sources and perspectives, aligning with the commitment to ongoing dialogue with communities and integration into existing infrastructure.

Through this layered process of data collection, analyzation, theorization, amplification, and validation, the current assessment aims to develop a comprehensive, nuanced, and well-supported understanding of the diverse grief and bereavement needs of Nova Scotian communities. This understanding, built on both informal community input and existing partner data, serves as the essential foundation for designing equitable, culturally sensitive, and targeted support services. The Healing Pathways Project includes ongoing monitoring and needs assessments throughout its implementation phases, demonstrating a commitment to a dynamic and adaptive understanding of needs.

3. DATA ANALYSIS

As stated in the previous chapter, we will follow the CATAV model to first synthesizing the firsthand data with a proposed needs assessment framework, then enriching the community needs with the insights from Healing Pathways funding applications and reports, then finally validating those discovered needs with existing reports and documents from partners.

3.1 The Analysis of Direct Engagement Data - Analyzation and Theorization

This section presents an analysis of the raw needs assessment data gathered from various communities and stakeholders, primarily across the Northern Zone of Nova Scotia, including Cumberland, Colchester, East Hants counties, with some insights from specific populations and groups.

Those engagement efforts involved direct interactions with a wide range of community members, key partners, and various organizations across the counties of Cumberland, Colchester, and East Hants, including specific communities such as Great Village, Truro, Advocate, Tatamagouche, Millbrook and Sipekne'katik First Nations.

Spanning nearly a year from June 17, 2024, to May 29, 2025, these engagements included 37 distinct events. This approach featured approximately 19 direct conversations and informal meetings with individuals and small groups, five regional collaboration and partner meetings (e.g., Northern Region Collaborative Meetings, West Colchester Partner Meetings, Cumberland Partner Meetings, Wentworth Collaboration Meeting), and 7 larger community expos, health fairs, and information sessions (such as CHB Wellness Fund Information Sessions, Tatamagouche Non-profit Showcase, Millbrook Health Fair, East Hants Community Wellness Expo, Wentworth Wellness Expo, and Sipekne'katik Health Fair).

Additionally, specialized engagements like sub-committee meetings and a NSHPCA Conference talk were part of the outreach. This multifaceted engagement strategy aimed to gather direct but informal community input by meeting people in comfortable settings, thereby building trust and gaining a nuanced understanding of diverse grief and bereavement needs.

The needs identified in the data are complex and interconnected, reflecting challenges related to accessing support, building community capacity, and addressing social determinants of health and wellbeing in primarily rural settings.

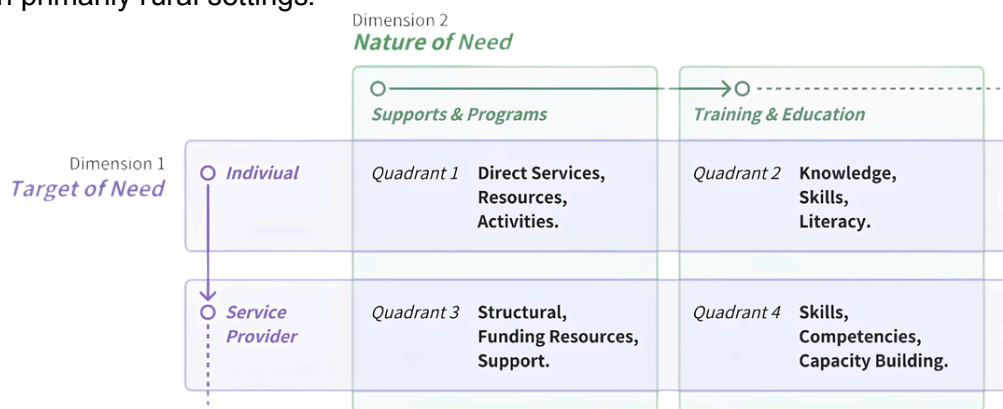


Figure 2. The 4-Quadrant Framework for Needs Assessment

To provide a structured understanding, the identified needs have been categorized and analyzed using a two-dimensional framework:

- **Dimension 1 - The target of the need:** Is the need primarily for Individuals in the community, or for Service Providers who support them?
- **Dimension 2 - The nature of the need:** Does the need relate to direct Supports & Programs, or to Training & Education?

This framework yields four distinct quadrants, allowing for a clearer understanding of where efforts and resources are required (see Figure 2).

Drawing on the raw engagement data, the key needs can be grouped and summarized within these quadrants shown below:

Quadrant 1: Individual Needs - Supports & Programs

This quadrant encompasses the direct services, resources, and activities required by individuals within the community. The data highlights significant unmet needs related to:

- **Grief, Trauma, and Mental Health:** People require supports for grief and trauma that are accessible within their community. Specific needs exist for youth grief, men's grief, caregiver grief, support for parents raising traumatized kids, and unique grief experiences such as MAiD grief and drug poisoning-specific grief. There is a need for postvention care and long-term support following traumatic events, and a desire for memorials for those lost during the COVID-19 pandemic. Safety concerns stemming from the Mass Casualty event persist, impacting individuals' sense of security. Moreover, historical/intergenerational trauma of Mi'kmaw, Acadian, and African Nova Scotian communities still shapes their lived experiences and creates additional barriers to equitable access to culturally appropriate grief and emotional wellness supports.
- **Basic Needs and Food Security:** Access to affordable and sufficient food is a major concern, particularly with limited grocery stores in rural areas and challenges accessing food banks. Needs also include affordable clothing and housing supports. Poverty is an underlying issue contributing to these needs.
- **Transportation:** Lack of reliable and accessible transportation is a significant barrier to accessing services, programs, food, and medical appointments. This includes challenges for school children, seniors needing weekly trips, and transport for specific needs like dialysis or mental health appointments.
- **Community Connection and Addressing Isolation:** Social isolation is prevalent, affecting seniors, migrant farmers, and underserved adults (age 20-64 living alone, no children, in poverty). There is a strong desire for community activities, events, and safe spaces to counteract this isolation. Examples include walking groups, community suppers, arts/crafts, intergenerational programs, and youth activities.
- **Accessibility of Services:** Services are often not easily found or accessed, with people preferring in-person support within their communities over helplines or distant locations. There's a need for clear pathways to support and continuity in program availability. Long wait times are a barrier.

- **Specific Population Needs:** The data highlights unique needs for African Nova Scotians, Indigenous communities, seniors, youth and families, caregivers, intellectually challenged individuals, un-homed men, and those in areas doubly impacted by events and existing barriers, like Wentworth. These groups often require culturally appropriate or specifically tailored support.

Quadrant 2: Individual Needs - Training & Education

This quadrant focuses on the knowledge and skills individuals need to enhance their own wellbeing or support others informally within their networks:

- **Grief and Trauma Literacy:** There is a general need to raise awareness and understanding of grief, process personal grief experiences, and understand trauma.
- **Skills for Wellbeing and Life:** Youth need preventative skills, communication skills for home, and the ability to provide safe spaces. Support is needed for youth recovery, including work and life skills, academics, and financial literacy. Individuals also need basic life skills, such as learning to repair broken items, and technological skills, especially for seniors, through intergenerational programs.
- **Navigation and Accessing Information:** Individuals need support in understanding how to find and access resources, including help with paperwork like funding applications or Advanced Care Planning. Awareness of resources like 211 NS is low.

Quadrant 3: Service Provider Needs - Supports & Programs

This quadrant addresses the structural and systemic needs required by organizations, staff, and volunteers providing support in the communities:

- **Sustainable Funding:** Organizations consistently face challenges with securing and maintaining sustainable funding to run programs and provide services. Some organizations are financially struggling and losing leadership.
- **Resource Access and Distribution:** Service providers need materials for distribution beyond just online formats. Navigating bureaucratic processes, like funding rules, can block program delivery.
- **Networking and Collaboration:** Service providers need regular networking opportunities to share information and coordinate efforts.
- **Support for Staff and Volunteers:** Staff and volunteers require support to deal with vicarious trauma and burnout, particularly given the challenging nature of the work and the impact of community tragedies. Debriefing opportunities are needed.
- **Infrastructure:** Needs include infrastructure improvements, including adequate cellular networks, reliable broadband internet services, and shuttle bus systems, and program development like Cyber Cafés.

Quadrant 4: Service Provider Needs - Training & Education

This quadrant focuses on equipping service providers, staff, and volunteers with the necessary skills and knowledge to deliver effective and appropriate support:

- **Trauma-Informed Practice:** There is a widespread need for trauma-informed training for staff, volunteers, hospital personnel, and even decision-makers. This includes understanding secondary trauma.
- **Cultural Competency and Appropriate Approaches:** Training is needed to ensure culturally appropriate and population-specific approaches, including Africentric lenses, understanding Indigenous perspectives, addressing the unique needs of Acadian seniors, the 2SLGBTQIA+ community, and those with intellectual and other challenges. This requires building knowledge and understanding of community histories and dynamics.
- **Specific Support Skills:** Training is needed for facilitating grief groups, providing postvention care, suicide intervention, and adapting communication and materials for specific populations.
- **Train-the-Trainer Models:** Developing local capacity through train-the-trainer programs is essential for sustainability, covering areas like grief support, youth mentorship, suicide intervention, and specific programs for individuals with intellectual disabilities who receive residential supports.
- **Communication and Engagement Skills:** Training is needed on how to engage effectively with communities, build trust, communicate expectations, and ensure professional engagement with grassroots efforts is effective. Understanding the “Chain of Trust” within communities is vital.

3.2 The Analysis of the data from Healing Pathways Community Funding Program - Amplification

This section examines the initiatives funded under Phase 1 of the Healing Pathways Community Funding Grants and relevant applications submitted for both Phase 1 and Phase 2 funding. By analyzing these projects and applications through the lens of the 4-quadrant framework as described in the section above, we can assess how efforts are aligning with the identified community needs across Cumberland, Colchester, and East Hants counties.

The Healing Pathways Community Funding Grants (Phase 1 Funding) saw NSHPCA allocate [\\$304,365.40 to 14 non-profit organizations](#) in Cumberland, Colchester, and East Hants counties. The program aimed to increase access to support, expand service availability, and provide flexible approaches tailored to diverse community needs. Reviewing the projects funded in Phase 1 and the applications from Phase 1 and Phase 2 (specifically those in or serving Cumberland, Colchester, and East Hants counties) allows for a deeper understanding of the practical approaches being taken to address the needs identified in the initial assessment.

3.2.1 Analysis of Initiatives by Quadrant

The initiatives and applications can be grouped based on the primary quadrant(s) they aim to address:

Quadrant 1: Individual Needs - Supports & Programs

This quadrant focuses on direct services and resources for individuals. Many funded projects and proposed applications directly address the need for accessible, local support and community connection:

- **Community Spaces & Connection:** The Advocate & District Development Association (ADDA) used funding to replace kitchen appliances and obtain new tables for their community centre, enabling them to host community meals, markets, parties, and celebrations to bring people together and combat isolation. Kempton and Area Recreation Association launched a monthly coffeehouse/open mic night, providing a safe space for musicians and community members to gather, connect, and build community through music. The Wallace Area Development Association created a playground and gazebo with memorial benches, intended as a welcoming space for families and peaceful reflection, fostering community bonds. Portapique Community Centre's "Community Care & Connect" initiative offers a free lunch program and hosts NS Health mobile services, bringing essential social support, food assistance, and medical access closer to residents. Their proposed "Cobequid Social Network" in Phase 2 aims to establish dedicated outreach sites for gathering and accessing various services locally. The Farm Equipment Museum Society in Debert hosts a weekly "Creation Café" for seniors and others, providing social interaction and craft activities. Bernie's Buddies proposed a winter camp combining peer support and skiing for children grieving a loss. The Truro Colchester Welcome Network proposed a Multicultural Festival to reduce social isolation and promote connection between settlers, indigenous partners, and newcomers.
- **Direct Therapeutic Support & Activities:** Lukeslegacyns Memorial Society implemented an 8-session art group for youth grieving losses, including those from the mass shooting. This project created a safe space for participants to share stories, express emotions, and learn creative coping mechanisms. They also proposed bi-monthly wellness sessions covering various activities like yoga, art, music, and grief support for all ages in Phase 2. STEPs on Arthur implemented a music program for adults with intellectual disabilities, using instruments and volunteer-led instruction to support emotional wellness, self-expression, and reduce depression and anxiety. The West Colchester Medical Society supported a project providing field trips, equine therapy, yoga, and therapy dog sessions for grieving children at a local school. Colchester East Hants Hospice Society implemented grief support groups for elementary-aged children and parents and hosted community events with engaging activities to facilitate discussions about grief. Cumberland County Hospice Palliative Care Society is developing a comprehensive grief support program for all county residents, including referrals from palliative care. Arts Health Antigonish proposed an arts-based retreat for rural men to address grief/loss through activities like hiking, woodworking, storytelling, and music. The Piktukewaq Women's Group proposed a weekend wellness retreat for Mi'kmaq partners focusing on self-care, traditional healing, and therapeutic activities. Bereaved Families of Cape Breton proposed implementing their grief programs in Indigenous communities in the eastern zone, leveraging a previously successful test pilot.

- **Addressing Basic Needs Barriers:** Maggie's Place Family Resource Centre installed a 24/7 outdoor water tap at Wentworth Learning Centre and created a lending program for winter recreation equipment (snowshoes, sleds) to address basic needs and encourage physical activity and community connection. The Cumberland Homelessness and Housing Support Association proposed hiring staff trained in outreach and wellness to address substance use, homelessness, housing, and food insecurity. NS Health's Mental Health and Addictions Program in Truro proposed remodeling a treatment room to provide a more trauma-informed and comfortable environment for clients receiving interventions.
- **Specific Resources:** The Valley Hospice Foundation, through its Grief Library, offers grief-related books and resources via mail and is developing "Grief Club in a Bag" kits and specific grief kits for children/teens and those experiencing pregnancy/infant loss. ElevateHER Mental Health Support Services in Truro proposed developing survivor-led workbooks and coloring books as creative outlets for individuals navigating various forms of grief and loss.

These projects demonstrate a strong focus on providing tangible supports and programs that are accessible within communities, address social isolation, and offer various modalities for processing grief and enhancing emotional wellness.

Quadrant 2: Individual Needs - Training & Education

This quadrant focuses on equipping individuals with knowledge and skills for their own wellbeing and to support others. Several initiatives contribute to this:

- **Grief & Trauma Literacy:** Lukeslegacyns Memorial Society's art group for youth helped participants develop language to discuss death and dying and creative ways to cope. Colchester East Hants Hospice Society's events encouraged participants to ask questions about their grief journey and normalize their experiences. The Valley Hospice Foundation's Grief Library and kit programs provide educational resources on grief. The Alzheimer Society of Nova Scotia offers a virtual grief support program for caregivers that includes grief education and coping strategies. Seniors Take Action Coalition proposed events like an End-of-Life Expo, educational workshops, and Death Cafés to normalize discussions around death and grief. ElevateHER's proposed workbooks aim to provide guidance and support for individuals navigating grief. South Shore Hospice Palliative Care Society proposed an online course "Practical Guide to Understanding Grief" for professionals and the public to improve understanding and communication about loss.
- **Skills for Wellbeing & Life:** STEPs on Arthur's music program includes learning to read sheet music and managing anxiety/depression through music. Kemptown Recreation proposed workshops covering self-defense, mental health, self-care, and resilience through a book club.
- **Navigation & Accessing Information:** North Shore Community Connections Society proposed hiring a wellness navigator to help people find resources and offering programs like cooking and gardening workshops. Portapique Market's proposed wellness navigator would coordinate a non-profit table promoting health/wellness organizations and engaging with attendees. The Centre for Migrant Worker Rights proposed research and sharing findings with migrant workers to increase their awareness and knowledge of emotional and mental health issues.

These initiatives highlight the importance of increasing understanding about grief and mental wellness, as well as providing practical skills and navigation support for individuals.

Quadrant 3: Service Provider Needs - Supports & Programs

This quadrant addresses the structural and systemic needs of organizations and their staff/volunteers. Several projects focus on building capacity and providing support for those delivering services:

- **Sustainable Funding & Resources:** The ADDA project, while directly providing equipment (Q1), also serves the service provider need for resources to run programs. The Cumberland County Hospice Palliative Care Society's request for funding included staffing for a social worker and costs for rent and utilities, demonstrating the need for financial support to establish and run programs. Colchester Sexual Assault Centre sought funding to sustain its existing free counseling services, highlighting the need for ongoing operational support. North Shore Community Connections Society and Maggie's Place (Portapique) applications included hiring wellness navigators (staffing costs). Pugwash Park Commissioners, Wallace Area Development Association, and Millbrook First Nation applications focused on building or enhancing physical infrastructure (meditative garden, playground/gazebo, outdoor healing space, remodeled room) which serves as a resource for program delivery.
- **Networking & Collaboration:** The Truro & Colchester Chamber of Commerce project included networking opportunities for businesses. Several funded projects and applications explicitly mentioned partnerships and collaboration between organizations. The Truro Colchester Welcome Network's proposed festival included a community service providers market. Grief Matters proposed hiring research assistants to help communities build and promote events showcasing compassionate engagement with grief, fostering community-led resources.
- **Support for Staff & Volunteers:** The Wallace Area Development Association noted that timely funding rollout boosted volunteer morale. The Bass River Fire Brigade project, focused on training (Q4), also implies support for the mental health and well-being of firefighters. The Colchester East Hants Hospice Society report mentioned support structures needed for facilitators. Adsum Association for Women & Children applied for a staff wellness fund to cover training, counseling, and intervention measures following critical incidents and client deaths, directly addressing vicarious trauma and burnout. Atlantic Christian Training Centre proposed a retreat for community leaders to help them process their own grief and build capacity to support others. Brigadoon Children's Camp Society's proposed family camp includes specific sessions for caregivers and involving mental health professionals, implicitly supporting those in caring roles.

These initiatives highlight the ongoing need for resources, staffing support, infrastructure, and direct support for those working and volunteering in community roles.

Quadrant 4: Service Provider Needs - Training & Education

This quadrant focuses on equipping providers with skills and knowledge. Several projects and applications target this area:

- **Specialized Training:** The Bass River Fire Brigade project funded specialized trauma-informed training and Death, Dying, and Bereavement Certification for the Brigade Captain, who will then provide workshops to first responders. Colchester East Hants Hospice Society provides professional development for staff and community members and facilitator training for peer-led grief support. Cumberland County Hospice Palliative Care Society's project includes a social worker training volunteers to deliver the grief support program. Cumberland Homelessness and Housing Support Association proposed comprehensive training for support staff covering grief, trauma, cultural competence, crisis intervention, and using online modules. Tajikeimik proposed sustainable grief support training for community members within the Mi'kmaw context. Lukeslegacyns Memorial Society's Phase 2 application includes training members at the Dougy Centre to lead grief groups. Family Service Nova Scotia proposed in-person and online training for service providers across the province, emphasizing trauma-informed care and cultural sensitivity. Pictou County Community Health Centre Society proposed workshops focusing on Africentric approaches to loss, grief, and healing to build capacity in the African Nova Scotian community. Colchester Sexual Assault Centre aims to expand trauma-informed counseling and provide specialized bereavement-informed interventions.

These initiatives demonstrate a clear recognition of the need to build skills and knowledge among staff, volunteers, and even community leaders to effectively address grief, trauma, and emotional wellness.

3.2.2 Synthesis of Findings and Alignment with the Framework

The projects funded and applied for largely align with the needs identified in the initial assessment and fit well within the established 4-quadrant framework. Initiatives span all four quadrants, indicating that organizations are recognizing the multifaceted nature of community needs, addressing both the direct support required by individuals and the capacity building necessary for service providers.

- **Quadrant 1 (Individual Supports):** There is a strong emphasis on creating accessible, local, and low-barrier spaces for connection (community centres, parks, trails, specific program rooms) and offering diverse, often non-traditional, therapeutic modalities (art, music, nature, movement) alongside more traditional counseling/group support. Projects addressing basic needs like food and water security are recognized as foundational to emotional wellness.
- **Quadrant 2 (Individual Training):** Initiatives focus on increasing literacy around grief and mental health, providing practical life skills, and supporting navigation of complex service systems. This empowers individuals to better manage their own well-being and seek help effectively.
- **Quadrant 3 (Provider Supports):** The need for sustainable funding, resources (including physical spaces and staffing), and support for staff/volunteers (addressing burnout and vicarious trauma) are clearly reflected in the applications and funded projects. Networking and collaboration among service providers are seen as crucial for effective delivery.

- **Quadrant 4 (Provider Training):** A significant number of projects prioritize training for staff, volunteers, and community members, focusing on specialized areas like trauma-informed care, cultural competency, specific therapeutic skills, and peer support models. This builds local capacity and ensures supports are appropriate and effective.

The funding initiatives demonstrate practical approaches to operationalizing the strategic response proposed in the 4-quadrant model, covering Direct Community Support, Empowering Individuals, Building Provider Capacity, and Strengthening Foundational Systems.

While the funded initiatives and applications primarily address needs already captured within the four quadrants, they offer valuable new insights and emphasize specific areas, refining the initial needs assessment:

1. **Specific Grief Experiences and Populations:** The projects highlight the acute need for tailored support for specific grief experiences, including those related to the mass casualty event, the unique loss experienced by dementia caregivers, trauma survivors (sexual/gender-based violence), migrant populations experiencing migratory grief, families losing children with medical complexities, and the grief/trauma experienced by first responders and direct service staff. This significantly expands upon the initial list of specific grief types.
2. **Diversity of Therapeutic Modalities:** The widespread use of creative arts (art, music), movement/embody practices (yoga, equine, skiing, walking/hiking, self-defense), nature-based healing, and other experiential approaches (storytelling, crafting, cooking, gardening) demonstrates that a wide range of non-clinical or complementary approaches are seen as vital and effective for supporting emotional wellness and processing grief. This provides critical detail to the types of “Supports & Programs” needed within Quadrant 1.
3. **Emphasis on Physical Infrastructure as Support:** Numerous projects focused on creating, enhancing, or utilizing physical spaces like community halls, parks, gardens, walking trails, and dedicated therapeutic rooms. These spaces are viewed not just as locations for programs but as integral components of community well-being, providing safe environments for connection, reflection, and healing. This reinforces and expands on the concepts of “safe spaces” (Q1) and “Infrastructure” (Q3).
4. **Specific Barrier-Free Access Strategies:** The initiatives illustrate concrete strategies for overcoming barriers, including leveraging community hubs (libraries, community centres, markets, schools), offering programs free of charge, providing resources via mail or online, installing physical infrastructure improvements (ramps, water taps), offering flexible timing (24/7 access, evening/weekend events), providing transportation support, implementing sliding fee scales, and using travel funds for participants. These examples enrich the understanding of the “Accessibility of Services” need in Quadrant 1.
5. **Collaboration as a Core Strategy:** The prevalence of successful partnerships reinforces collaboration not just as a “support for service providers” (Q3) but as a fundamental strategy for effectively delivering services, building capacity, and fostering community resilience across all quadrants.

In essence, while the framework remains robust, the details from the funded initiatives and applications provide a richer understanding of the specific forms of support needed (diversity of modalities), the importance of tangible community assets (physical infrastructure), the particular populations and grief experiences requiring tailored approaches, and the critical strategies for ensuring access and sustainability (barrier-free access methods, collaboration). These points serve to elaborate and strengthen the existing needs categories rather than introducing entirely new ones.

3.3 Meta Analysis of Reports and Documents - Validation

In this section, we integrate insights from various community-level reports, strategic health plans, and regional meeting discussions, specifically the CHB reports to community, Northern Zone Community Health Plan 2025-2029, Meetings notes of regional meetings, reports from partners like IWK, NS Health MAiD Team, etc. A full list of documents reviewed in this section can be found in Appendix B. The objective is to analyze how these sources corroborate, elaborate upon, or add new dimensions to the community needs previously identified and categorized within the 4-quadrant framework.

The 4-quadrant framework provides a structured lens through which to view the diverse needs across the Northern Zone, ranging from direct individual requirements for support and skill-building to the systemic needs of service providers for resources and training.

3.3.1 Analysis of New Sources Against the Framework

The new sources provide valuable, often granular, information that strongly resonates with the needs identified in the initial assessment and categorized within the framework.

Quadrant 1: Individual Needs - Supports & Programs

These sources significantly reinforce and add detail to the need for direct services, resources, and activities for individuals.

- **Community Connection and Addressing Isolation:** This theme is explicitly listed as a core health plan priority by multiple CHBs and in the Northern Zone Community Health Plan. Recommendations include advocating for equitable access to community programs and building community relationships. The principles for CHB work emphasize encouraging opportunities to connect and build community through “Food, fun, friendship, and fellowship” and planning diverse events. Community reports detail specific projects funded to address isolation, such as community garden workshops, summer reading programs, health and wellbeing programs, arts & music initiatives, recreation, drop-in support, multicultural events, community meals, and leveraging community spaces like libraries, community centres, and parks/trails. The West Colchester Partners meeting specifically noted that community meals often get the best turnout for events, and that increasing infrastructure for active transportation like sidewalks is needed, especially for seniors. The concept of “social prescribing” through activities like music groups or nature connection is also mentioned.

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- **Grief, Trauma, and Mental Health:** The Northern Zone Community Health Plan explicitly lists Mental Wellness & Sense of Belonging as a priority. It recommends partnering with groups focused on mental wellness and working to reduce stigma. Funded projects include initiatives supporting mental wellness toolkits, suicide awareness training, mindfulness sessions, wellness workshops (Self-Care, Mental Health 101, Understanding Grief), and programs for those dealing with grief. Discussions highlight the impact of intergenerational trauma and the need for culturally appropriate approaches to grief and healing, particularly for African Nova Scotians and Indigenous communities. The IWK Bereavement Services report specifically identifies child/youth grief and pregnancy/infant loss support as needed areas based on inquiries. The MAiD statistics source, while primarily data, highlights the need for grief support related to MAiD, both for individuals considering it (“personal bereavement”) and their families. It also notes that the capacity to offer grief groups is impacted by staffing levels.
 - **Basic Needs and Food Security:** Promoting thriving and affordable communities is a key priority in the Northern Zone Community Health Plan, with recommendations to encourage anti-poverty initiatives and reduce barriers to essentials like food and housing. Community feedback emphasizes that basic needs not being met prevents thriving. Regional meetings discuss challenges with food security programs, including delivery logistics, funding, accessibility, and the need for more options beyond food banks. Housing security is also a significant concern, linked to intimate partner violence and overall well-being. Projects like backpack programs and providing care packages for migrant workers are examples of addressing these needs.
 - **Transportation:** Lack of transportation is repeatedly cited as a significant barrier to accessing services, programs, food, and healthcare. Discussions in regional meetings highlight the limitations of existing transportation pilots (like the Northern Zone Public Health Transportation Pilot being oversubscribed) and the need for more sustainable solutions like shuttle bus systems for rural areas or ride shares. The challenge is particularly acute for rural residents and specific needs like dialysis or mental health appointments.
 - **Accessibility of Services:** The Northern Zone Community Health Plan prioritizes “Community Information Sharing & Navigation”, recommending enhanced communication methods beyond social media, supporting information networks, and advocating for local navigators. Community feedback notes that services are often found out about too late, communication relies too heavily on online methods, and navigating services can be difficult. Projects like Cyber Cafés and wellness navigators aim to improve access and information. The closure of Advocate Library due to safety issues highlights how vital local physical access points are and the challenges when they are lost.
 - **Specific Population Needs:** The Northern Zone Community Health Plan emphasizes planning events with input from priority populations, including Mi’kmaq, African Nova Scotians, 2SLGBTQIA+ communities, newcomers, faith-based communities, persons with disabilities, and Acadian/Francophone communities. This aligns with the initial assessment’s finding of unique needs for these groups. Regional meeting discussions underscore the importance of involving “first voice perspectives” in developing solutions, addressing intergenerational trauma, supporting newcomer integration, and ensuring inclusive spaces for groups like the 2SLGBTQIA+ community. Projects like youth groups, senior safety programs, and specific support for individuals with intellectual disabilities are examples of targeted programs. The IWK report’s focus on child/youth grief and pregnancy/infant loss also highlights specific population needs.

- **Safety in Community:** Advocating for Intimate partner violence prevention and intervention is a core priority in the Northern Zone Community Health Plan, with recommendations for awareness, secure funding, and collaboration. Community feedback links lack of money and housing to challenges escaping violent situations. Regional meetings also mention concerns about community safety related to drug use and stealing.

Quadrant 2: Individual Needs - Training & Education

These sources continue to show the need for individuals to gain knowledge and skills.

- **Grief and Trauma Literacy:** Wellness Workshops on topics like understanding grief are reported. Discussions highlight the need for education around sensitive topics like suicidality. The MAiD source mentions grief literacy in the context of supporting individuals and families, noting that grief is a natural process.
- **Skills for Wellbeing and Life:** The importance of life skills, including financial literacy and budgeting, is noted in discussions about youth programs and food literacy. Technological skills, especially for seniors, are still a relevant need highlighted by the Cyber Cafe initiatives.
- **Navigation and Accessing Information:** The Northern Zone Community Health Plan emphasizes supporting information networks and advocating for local navigators. Community feedback points to the need for better information sharing and support navigating services, including help reducing “red tape” and anxiety. Projects involving wellness navigators and online tools with resource information aim to address this.

Quadrant 3: Service Provider Needs - Supports & Programs

The reports and meeting notes provide extensive detail on the needs of organizations and those working/volunteering within them.

- **Sustainable Funding:** This is a consistent theme. The Northern Zone Community Health Plan recommends advocating for secure funding, particularly for intimate partner violence interventions and community information sharing/navigation efforts. Community reports detail the allocation of Wellness Funds and partnership funds, but meetings reveal the challenges with time-limited funding and the need for sustainable programming beyond just start-up grants. The necessity of stable operational funding is also implied by organizations needing support for existing services. Volunteerism is acknowledged as essential but challenging to sustain.
- **Resource Access and Distribution:** The need for distribution channels beyond online platforms is mentioned. Discussions highlight the need for accessible physical resources like community halls, libraries, and dedicated program spaces, and equipment lending programs. The specific challenge of distributing items like food bags is noted.
- **Networking and Collaboration:** Collaboration is a core principle and recommendation in the Northern Zone Community Health Plan, noted as crucial for addressing needs. Regional meeting notes demonstrate active efforts to convene partners for information sharing and coordination. The importance of building relationships and trust among partners is evident. However, interest holders expressed interest in enhancing collaboration and communication across departments and organizations. Joint grant applications were identified as a promising area for partnership.

- **Support for Staff and Volunteers:** The Northern Zone Community Health Plan mentions supporting staff in dealing with burnout, compassion fatigue, and trauma exposure. Discussions in regional meetings reinforce this need, particularly for those supporting communities impacted by trauma or working in challenging areas like homelessness and substance use. The need for support structures, debriefing, and recognition for volunteers is also noted.
- **Infrastructure:** The importance of physical infrastructure is repeatedly highlighted, including community centres, learning centres, parks, trails, and specific program spaces like teaching kitchens or sensory rooms. The development of new spaces like the Integrated Youth Services site is seen as a significant resource. The need for specific infrastructure like a 24/7 outdoor water tap addressing basic needs is also mentioned.

Quadrant 4: Service Provider Needs - Training & Education

Training and capacity building for those providing support is consistently highlighted.

- **Trauma-Informed Practice:** Trauma-informed care is mentioned as a specific need for training for first responders and staff. Discussions in regional meetings underline the importance of capacity building in trauma-informed practices for frontline staff and volunteers. The concept extends to creating “trauma-informed spaces”.
- **Cultural Competency and Appropriate Approaches:** Ensuring culturally appropriate support, particularly for African Nova Scotian and Indigenous communities, is a stated need. Training on diversity, inclusion, and understanding the needs of specific populations (e.g., those with disabilities, newcomers, 2SLGBTQIA+) is necessary for service providers.
- **Specific Support Skills:** Training is needed for facilitating grief groups, suicide prevention/intervention (SafeTalk, ASIST), de-escalation, crisis intervention, using online modules for training, harm reduction, and supporting those experiencing intimate partner violence. Training for professionals and the public on understanding grief is also proposed.
- **Train-the-Trainer Models:** The concept of training local facilitators or trainers to build sustainable capacity within communities is mentioned, such as training the Brigade Captain for workshops or social workers training volunteers.
- **Communication and Engagement Skills:** Training on how to engage effectively with communities, build trust, and communicate expectations is crucial. Discussions highlight the need for better strategies for information sharing and ensuring communities are aware of available resources through diverse communication methods. The importance of involving priority populations in planning (“nothing about us without us”) is a key principle.

3.3.2 Synthesis and Refinement of the Framework

The information from these sources strongly validates the existing 4-quadrant framework, confirming that the identified needs for individual supports and skills, and service provider resources and training, are central to community well-being in the Northern Zone. Furthermore, these sources provide critical detail and highlight specific areas that refine our understanding of these needs. The Northern Zone Community Health Plan and CHB reports establish a clear strategic priority on fostering connected and inclusive communities that support mental wellness.

This elevates the importance of social connection from a general need to a primary focus area for health promotion efforts.

The detailed accounts of funded projects and discussions in regional meetings provide concrete examples of interventions within each quadrant. They illustrate the practical ways organizations are addressing needs, from creating physical spaces for gathering (Q1/Q3) and offering diverse therapeutic modalities (Q1) to developing training programs (Q4) and navigating funding challenges (Q3).

New Insights and Added Detail to the Needs Framework

While the fundamental categories of the 4-quadrant framework remain robust, these sources introduce or significantly elaborate on several key aspects, adding depth and nuance to the understanding of community needs:

- 1. Priority of Social Connection & Mental Wellness:** These are not just identified needs but strategic priorities for CHBs and the Zone Health Plan, underscoring their foundational role in overall community health. This reinforces the importance of dedicating resources and focus to combating isolation and supporting mental well-being through community-based means.
- 2. Specificity of Grief and Trauma:** The sources add specificity to the types of grief experienced, explicitly mentioning MAiD-related grief, grief related to the Mass Casualty event, child/youth grief, and pregnancy/infant loss. They also emphasize the impact of intergenerational trauma and the need for tailored approaches for specific populations.
- 3. Transportation as a Foundational Barrier:** The consistent and detailed reporting on transportation issues across multiple meetings underscores its critical role as a cross-cutting barrier impacting access to needs across all quadrants – accessing programs (Q1), training (Q2), delivering services (Q3), and attending training (Q4). Its significance warrants recognition as a distinct, persistent challenge.
- 4. Communication Gaps and Strategies:** The challenges with information sharing, reliance on social media, and the need for diverse communication methods, particularly in rural areas, are strongly highlighted. This reinforces the “Navigation and Accessing Information” need (Q2) and the “Resource Access and Distribution” need (Q3), emphasizing that communication methods themselves are a critical factor in accessibility.
- 5. Community Engagement Fatigue:** A notable insight from the regional meetings is the concept of “community fatigue” or “engagement fatigue” from repeated needs assessments and consultations without visible follow-up action. This is a new dimension relevant to Quadrant 3 (Service Provider Supports & Programs - regarding the process of engagement) and Quadrant 4 (Service Provider Training & Education - regarding training providers on effective and respectful engagement). It underscores the need for transparent follow-up and demonstrating tangible results from community input.

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6. **Volunteerism:** The reports detail the structure and function of CHBs as volunteer-led groups engaged in community leadership, planning, promotion, funding allocation, and advocacy. This provides crucial context regarding the actors involved in addressing needs, particularly within Quadrant 3, highlighting the reliance on and challenges facing volunteer capacity.
 7. **Advocacy as a Key Function:** The sources explicitly mention advocacy efforts by CHBs and partners on issues like Basic Income Guarantee, affordable housing, healthy school food, alcohol labeling, poverty reduction, and policy changes. While related to supporting thriving communities (Q1) and addressing root causes, advocacy is highlighted as a distinct and necessary strategy undertaken by service providers and community groups (Q3).

In summary, these sources do not fundamentally change the structure of the 4-quadrant framework but provide extensive evidence, specific examples, and critical nuances that deepen the understanding of the needs within each quadrant and highlight specific challenges (like transportation, communication gaps, and engagement fatigue) and strategies (like prioritization, specific interventions, and advocacy) that are crucial for effective strategic planning.

3.3.3 Conclusion

The analysis of the CHB reports, Northern Zone Community Health Plan, regional meeting notes, and specific reports from IWK and MAiD services strongly validates the community needs identified in the initial assessment and aligns well with the established 4-quadrant framework. These sources underscore the critical importance of fostering social connection and mental wellness, highlight persistent barriers like transportation and communication gaps, provide concrete examples of local initiatives addressing these needs, and emphasize the challenges and capacity-building required for service providers and volunteers. New insights regarding the specific types of grief, the strategic priority of social connection, and the challenge of community engagement fatigue enrich the framework and point to areas requiring targeted attention.

4. RESULTS & DISCUSSIONS

This chapter provides a comprehensive analysis of community needs, synthesizing findings from first-hand engagement and validation efforts. Our approach utilizes the established 4-quadrant framework, a structured lens for viewing community needs, which categorizes insights across individual and service provider requirements for both supports & programs and training & education. Through this framework, we present the categorized needs, discuss the framework's utility and characteristics, explore its broader application, and outline the limitations and critical implications of this needs analysis for strategic recommendations.

4.1 Results

Based on the analysis presented in Chapter 3, the following key needs and insights emerge within each quadrant as shown in the figure below (Figure 3a):

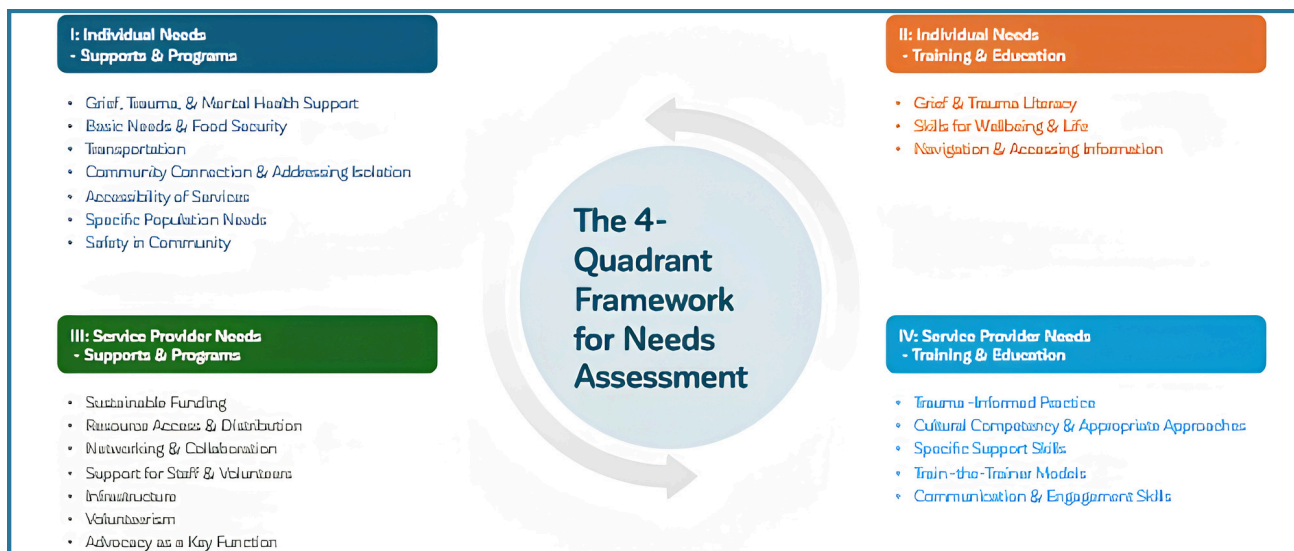


Figure 3a. The 4-Quadrant Framework for Needs Assessment in the Northern Zone, 2024

Quadrant 1: Individual Needs - Supports & Programs

This quadrant focuses on direct services, resources, and activities for individuals. The sources extensively detail these needs:

- **Grief, Trauma, and Mental Health Support:** There is a need for accessible community-based supports for grief and trauma. This includes specific needs for youth, men, parents raising traumatized children, and those experiencing unique grief such as MAiD-related grief, drug poisoning-specific grief, grief related to the Mass Casualty event, child/youth grief, pregnancy/infant loss, grief specific to dementia caregivers, and trauma survivors (e.g., sexual/gender-based violence).

Postvention care and long-term support following traumatic events are needed. Culturally appropriate approaches are crucial, particularly for African Nova Scotians and Indigenous communities. Funded projects include art groups for grieving youth, music therapy for emotional wellness, yoga/equine therapy, grief support groups for children and parents, comprehensive grief programs, arts-based retreats for men, wellness retreats for Mi'kmaw partners, and implementing grief programs in Indigenous communities. Creating a more trauma-informed physical environment for clinical interventions is also proposed. Diverse therapeutic modalities like creative arts, movement, nature-based healing, and experiential approaches are seen as vital.

- **Basic Needs and Food Security:** Access to affordable and sufficient food is a major concern, especially in rural areas with limited grocery stores. Challenges with food banks are noted. Needs include affordable clothing and housing supports. Poverty is an underlying issue. Funded projects address this through initiatives like backpack programs, providing care packages for migrant workers, establishing 24/7 outdoor water taps, and proposing staff to address homelessness, housing, food insecurity, and substance use. Encouraging anti-poverty initiatives is a recommendation.
- **Transportation:** Lack of transportation is consistently cited as a significant, cross-cutting barrier to accessing services, programs, food, healthcare, and even training. Challenges exist for school children, seniors, and for specific appointments like dialysis or mental health. Sustainable solutions like shuttle bus systems or ride shares are needed. Providing transportation support for program participants is a concrete strategy being implemented.
- **Community Connection and Addressing Isolation:** Social isolation is prevalent across various groups including seniors, migrant farmers, and underserved adults. This is a strategic priority for CHBs and the Zone Health Plan. There is a strong desire for community activities, events, and safe spaces. Projects funded create opportunities for connection through community meals, coffeehouses/open mic nights, creation cafes, multicultural events, community gardens, summer reading programs, arts/music initiatives, recreation, drop-in support, and leveraging community spaces like libraries, community centres, parks/trails. The concept of “social prescribing” is mentioned. Creating physical spaces is integral to combating isolation.
- **Accessibility of Services:** Services are often not easily found or accessed, with navigation being difficult. Reliance on online communication methods is a barrier. People prefer in-person, local support over helplines or distant locations. There’s a need for clear pathways and continuity. Long wait times are a barrier. Enhanced communication methods and local navigators are recommended. Funded projects include wellness navigators, Cyber Cafés, and online tools. Specific barrier-free strategies in projects include leveraging community hubs, free programs, mail/online resources, physical infrastructure improvements, flexible timing, transportation support, sliding fees, and travel funds.
- **Specific Population Needs:** Unique needs are highlighted for Mi'kmaq, African Nova Scotians, 2SLGBTQIA+ communities, newcomers, faith-based communities, persons with disabilities, Acadian/Francophone communities, seniors, youth and families, caregivers, intellectually challenged individuals, and those impacted by specific events or geographic barriers. Involving “first voice perspectives” is important. Projects target youth, seniors, persons with intellectual disabilities, newcomers, and specific cultural groups (African Nova Scotian, Indigenous).

- **Safety in Community:** Concerns about drug use, stealing, break-ins, intimate partner violence, and human trafficking impact the feeling of safety. Advocating for intimate partner violence prevention and intervention is a core priority.

Quadrant 2: Individual Needs - Training & Education

This quadrant focuses on the knowledge and skills individuals need for their own wellbeing or to support others informally.

- **Grief and Trauma Literacy:** Individuals need increased awareness and understanding of grief and trauma. Projects include workshops on understanding grief, education around sensitive topics like suicidality, and educational resources via grief libraries or kits. Normalize discussions around death and grief is a goal. Workbooks aim to guide individuals navigating grief.
- **Skills for Wellbeing and Life:** Needs include life skills, financial literacy, budgeting, food literacy, preventative skills for youth, and the ability to provide safe spaces. Technological skills are needed, especially for seniors. Projects include music programs supporting self-expression and anxiety management and workshops on self-defence, mental health, self-care, and resilience.
- **Navigation and Accessing Information:** Individuals need support in understanding how to find and access resources. This includes help with paperwork and reducing “red tape” and anxiety. Low awareness of resources like 211 NS is noted. Supporting information networks and local navigators is a recommendation. Projects involving wellness navigators and online tools aim to address this. Research and information sharing with specific populations like migrant workers are proposed.

Quadrant 3: Service Provider Needs - Supports & Programs

This quadrant addresses the structural and systemic needs of organizations, staff, and volunteers.

- **Sustainable Funding:** This is a consistent and critical theme. Challenges exist with time-limited funding and the need for sustainable operational funding beyond start-up grants. Organizations need support for existing services. Funded projects highlight the need for staffing costs, rent, and utilities for program sustainability. The need to sustain existing services is also apparent. Seeking stable funding was recognized as valuable. Collaborative grant applications offered another promising opportunity.
- **Resource Access and Distribution:** Service providers need distribution channels beyond online platforms. Accessible physical resources like community halls, libraries, and program spaces are needed. Equipment lending programs are also needed. Specific challenges with distributing items like food bags are noted. Funded projects include obtaining equipment for program delivery and building or enhancing physical infrastructure. Navigating bureaucratic processes can block program delivery.
- **Networking and Collaboration:** Collaboration is a core principle and recommendation, crucial for addressing needs. Regular networking opportunities are needed. Building relationships and trust among partners is important. Challenges with siloed working and effective communication across organizations exist. Funded projects demonstrate active collaboration and partnerships among various organizations. Collaboration is highlighted as a fundamental strategy across all quadrants.

- **Support for Staff and Volunteers:** Staff and volunteers need support to deal with burnout, compassion fatigue, vicarious trauma, and trauma exposure. Support structures and debriefing are needed. Recognition for volunteers is noted. Funded projects include applications for staff wellness funds covering training, counseling, and intervention measures, and proposed retreats for community leaders to process their own grief and build capacity. Family camps involving mental health professionals can implicitly support caregivers. The timely rollout of funding boosted volunteer morale in one project.
- **Infrastructure:** The importance of physical infrastructure like community centres, learning centres, parks, trails, teaching kitchens, sensory rooms, and specific program spaces is repeatedly highlighted. The development of new integrated spaces is seen as a resource. Specific infrastructure like a 24/7 outdoor water tap addressing basic needs is mentioned. Funded projects invested in physical infrastructure, viewing it as integral to community well-being and program delivery.
- **Volunteerism:** There are volunteer-led groups involved in community leadership, planning, promotion, funding allocation, and advocacy (for example, the CHBs). This provides context on the actors addressing needs and highlights the reliance on and challenges facing volunteer capacity.
- **Advocacy as a Key Function:** Advocacy efforts by CHBs and partners on issues like Basic Income Guarantee, affordable housing, poverty reduction, and policy changes are highlighted as a distinct strategy undertaken by service providers and community groups.

Quadrant 4: Service Provider Needs - Training & Education

This quadrant focuses on equipping service providers, staff, and volunteers with necessary skills and knowledge.

- **Trauma-Informed Practice:** Widespread need for trauma-informed training is identified for staff, volunteers, first responders, hospital personnel, and decision-makers. This includes understanding secondary trauma. The concept extends to creating trauma-informed spaces. Funded projects explicitly include trauma-informed training for first responders, support staff, and service providers across the province.
- **Cultural Competency and Appropriate Approaches:** Ensuring culturally appropriate support is a stated need, particularly for African Nova Scotian and Indigenous communities. Training on diversity, inclusion, and understanding the needs of specific populations (disabilities, newcomers, 2SLGBTQIA+) is necessary. Building knowledge of community histories and dynamics is required. Funded projects propose training on cultural competence, Africentric lenses/approaches, understanding Indigenous perspectives, and ensuring sensitivity for various populations.
- **Specific Support Skills:** Training is needed for facilitating grief groups, providing postvention care, suicide prevention/intervention (SafeTalk, ASIST), de-escalation, crisis intervention, harm reduction, and supporting those experiencing intimate partner violence. Training for professionals and the public on understanding grief is proposed. Funded projects include training volunteers to deliver grief programs, training facilitators for peer-led support, specialized bereavement-informed interventions, and palliative care training.

- **Train-the-Trainer Models:** Developing local capacity through train-the-trainer programs is essential for sustainability. This includes training local facilitators for workshops, social workers training volunteers, training members to lead grief groups, youth mentorship training, and suicide intervention training. Funded projects are implementing train-the-trainer approaches.
- **Communication and Engagement Skills:** Training is needed on how to engage effectively with communities, build trust, and communicate expectations. Better strategies are needed for information sharing through diverse methods. The importance of involving priority populations (“nothing about us without us”) is a key principle. Understanding the “Chain of Trust” is vital.

The needs identified above can be summarized in the table below.

Table 1.
Summary of Key Needs by 4-Quadrant Framework

Quadrant	Key Needs Identified	Examples/Specifics Highlighted
Q1: Individual Needs - Supports & Programs	Grief, Trauma, & Mental Health Support	MAiD grief, Mass Casualty, child/youth grief, trauma survivor support, culturally specific approaches. Diverse modalities (art, music, nature).
	Basic Needs & Food Security	Affordable food, housing, clothing, addressing poverty. Food banks, backpack programs, water access.
	Transportation	Barrier to services, food, healthcare, training. Rural challenges, specific appointments, need for sustainable solutions (shuttles).
	Community Connection & Addressing Isolation	Strategic priority. Community activities, safe spaces, leveraging physical spaces (community centres, parks). Internet and cellular service.
	Accessibility of Services	Navigation difficulty, reliance on online. Need for local/in-person, clear pathways, navigators. Barrier-free strategies (hubs, free, mail).
	Specific Population Needs	Mi’kmaq, African NS, 2SLGBTQIA+, newcomers, seniors, youth, disabilities, etc. Culturally tailored support, “first voice”.
	Safety in Community	Drug use, stealing, IPV, human trafficking concerns. IPV prevention is priority.
Q2: Individual Needs - Training & Education	Grief & Trauma Literacy	Awareness, understanding personal grief, processing trauma. Educational workshops, resources, normalize discussion.
	Skills for Wellbeing & Life	Life skills, financial literacy, food literacy, tech skills (seniors), preventative skills (youth).
	Navigation & Accessing Information	Finding/accessing resources, paperwork help, reducing red tape/anxiety. Low 211 awareness. Navigators, improved information sharing.
Q3: Service Provider Needs - Supports & Programs	Sustainable Funding	Stable operational funding, challenges with time-limited grants. Staffing, rent, utilities costs. Advocacy recommended.
	Resource Access & Distribution	Physical spaces (halls, program rooms). Non-online distribution channels. Equipment lending. Navigating bureaucracy.

Q3: Service Provider Needs - Supports & Programs	Sustainable Funding	Stable operational funding, challenges with time-limited grants. Staffing, rent, utilities costs. Advocacy recommended.
	Resource Access & Distribution	Physical spaces (halls, program rooms). Non-online distribution channels. Equipment lending. Navigating bureaucracy.
	Networking & Collaboration	Regular opportunities, information sharing, coordination. Building trust, addressing silos. Core strategy across quadrants.
	Support for Staff & Volunteers	Burnout, compassion fatigue. vicarious trauma. Support structures, debriefing, recognition. Staff wellness funds.
	Infrastructure	Community centres, parks, trails, program spaces (teaching kitchens, sensory rooms). Seen as integral to well-being/program delivery.
	Volunteerism	Volunteer-led community leadership, planning, funding allocation, advocacy. Reliance on volunteer capacity.
	Advocacy as Key Function	Advocating on systemic issues (poverty, housing, policy) undertaken by providers/groups. Distinct strategy.
Q4: Service Provider Needs - Training & Education	Trauma-Informed Practice	Widespread need (staff, volunteers, first responders, public). Secondary trauma, trauma-informed spaces. Funded training available.
	Cultural Competency & Appropriate Approaches	Essential for specific populations (African NS, Indigenous, 2SLGBTQIA+, newcomers, disabilities). Understanding community histories/dynamics. Funded training.
	Specific Support Skills	Facilitating grief groups, suicide prevention/intervention, de-escalation, crisis intervention, harm reduction, IPV support, palliative care.
	Train-the-Trainer Models	Building sustainable local capacity. Training local facilitators/members (grief, youth mentorship, suicide intervention). Implemented in funded projects.
	Communication & Engagement Skills	Effective engagement, building trust, communication strategies (diverse methods), involving priority populations (“nothing about us without us”). “Chain of Trust”.

4.2 Discussions and Limitations

The consistent application and validation of the 4-quadrant framework across the different source types (needs assessment data, community reports, health plans, meeting notes, funding initiatives) highlight its utility and provide significant insights for strategic recommendations.

Framework Impact and Strategic Implications: By utilizing this structured approach, NSHPCA can move beyond reactive, fragmented responses to community needs toward systematic, evidence-based interventions. The framework transforms complex, overlapping community challenges into actionable categories, enabling more targeted and effective resource allocation while ensuring that efforts address not only immediate individual needs but also build sustainable capacity within the support system itself.

The two-dimensional model reveals critical interdependencies between individual needs and system capacity that might otherwise remain invisible, enabling the development of interventions that simultaneously support individuals while strengthening the infrastructure that serves them. This comprehensive view results in more sustainable, community-centered solutions that address root causes rather than just symptoms.

The framework's application extends far beyond the Northern Zone context, offering a replicable model for understanding and addressing grief and emotional wellness needs across diverse communities. Its adaptable structure allows for continuous refinement based on emerging evidence while maintaining analytical consistency, meaning that lessons learned and successful interventions in one context can be systematically adapted and applied to other communities, maximizing the impact of limited resources.

Most significantly, the framework provides a robust foundation for translating community insights into strategic policy recommendations and funding decisions. It bridges the gap between grassroots community needs and system-level responses, ensuring that interventions are both community-informed and strategically coherent. This positions NSHPCA to advocate for and implement changes that create lasting, systemic improvements in grief and emotional wellness support across Nova Scotia.

Limitations of this Needs Analysis: Based on the sources, several limitations or challenges associated with this needs analysis can be inferred:

- **Data Source Specificity:** The analysis relies heavily on specific reports, meeting notes, and funding applications from a defined period. While diverse, these sources may not capture the full breadth of community needs or perspectives.
- **Geographic Focus:** The primary focus is the Northern Zone and specific counties. While some insights from other areas are included, the depth of analysis is concentrated, potentially limiting generalizability without further data from other regions.
- **Community Engagement Fatigue:** The noted phenomenon of “community engagement fatigue” implies challenges in the data collection process itself, suggesting that repeated consultations without visible follow-up may impact the willingness or ability of community members to fully participate or provide candid input.

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- **Communication Barriers:** The identified communication gaps and reliance on online methods could mean that the voices of those not easily reached through these channels (e.g., seniors, rural residents) may be underrepresented or their needs less fully articulated in the collected data.
 - **Sustainability Challenge:** The recurring theme of challenges with sustainable funding suggests that some identified needs and proposed solutions may be difficult to address long-term without systemic changes to funding models, potentially limiting the lasting impact indicated by the analysis.

Implications of this Needs Analysis: The findings categorized within the framework have significant implications for senior leadership recommendations:

- **Prioritization:** The analysis highlights strategic priorities like social connection and mental wellness, suggesting these areas warrant dedicated focus and resources. A potential next step suggested is to develop a prioritization matrix based on frequency and emphasis of needs across sources.
- **Comprehensive Approach:** The analysis reinforces that a comprehensive approach is needed, requiring action across all four quadrants simultaneously. Addressing individual needs is intertwined with supporting the capacity of service providers and strengthening foundational systems.
- **Targeted Interventions:** The detailed insights, particularly regarding specific grief types, populations, therapeutic modalities, and barrier-free strategies, allow for more targeted and effective program development and funding decisions.
- **Investment Areas:** The analysis points to key areas for investment, including sustainable funding for service providers, physical infrastructure in communities, staff/volunteer support, and culturally competent, trauma-informed training.
- **Process Improvement:** The insight into community engagement fatigue suggests the need for improved processes for engaging communities, demonstrating follow-up, and building trust to ensure future needs assessments and initiatives are more effective and respectful.
- **Recognition of Non-Traditional Approaches:** The analysis of funded projects underscores the value placed on non-clinical or complementary therapeutic modalities, suggesting that recommendations should support a diversity of approaches to emotional wellness and grief processing.

In summary, the 4-quadrant framework serves as a powerful tool for organizing the complex and diverse needs identified in the Northern Zone. It clearly delineates the requirements for both individuals and service providers across supports/programs and training/education. The analysis, validated and enriched by multiple sources and funded initiatives, provides a detailed understanding of these needs, highlighting key priorities, persistent barriers like transportation and communication, and critical areas for capacity building. While the analysis has limitations related to data scope and engagement challenges, its implications for strategic recommendations are substantial, guiding prioritization, investment, and the need for a holistic, integrated approach.

5. CONCLUSION

This report, grounded in extensive community engagement and the analysis of diverse data sources across Cumberland, Colchester, and East Hants counties and relevant areas of Nova Scotia, validates a multifaceted landscape of needs impacting individual and community well-being. The application of the 4-quadrant framework, categorizing needs by target (Individual vs. Service Provider) and nature (Supports & Programs vs. Training & Education), has proven to be a robust and insightful tool for understanding the complexity of these challenges and identifying key areas for strategic focus. The analysis reveals that addressing these needs effectively requires a comprehensive approach that simultaneously targets direct support for community members and strengthens the capacity of the organizations and individuals who serve them.

A core conclusion from this analysis is the strategic priority placed on fostering Social Connection and Mental Wellness, which includes critical needs related to grief and trauma support. These are not merely isolated issues but are foundational to overall community health and are explicitly recognized as such in regional health plans and community board priorities. Initiatives focused on creating safe spaces, facilitating community gatherings, and providing accessible, varied supports for emotional processing and grief are vital components of any strategic response.

However, addressing these core needs is consistently impeded by persistent, foundational barriers. Transportation stands out as a critical cross-cutting challenge, limiting access to programs, services, education, and even basic needs across all four quadrants for both individuals and service providers. Similarly, Communication Gaps and over-reliance on online methods hinder access to information and services, particularly for rural and vulnerable populations. Strategic recommendations must include practical, accessible solutions to these systemic barriers.

The analysis strongly underscores the critical requirements within the Service Provider quadrants. Ensuring Sustainable Funding for community organizations is paramount; short-term project funding is insufficient to maintain essential services and address the long-term nature of many community needs. Robust Support for Staff and Volunteers is also essential, given their exposure to vicarious trauma and burnout, particularly in communities impacted by significant events. Furthermore, investment in Physical Infrastructure: community centres, accessible spaces, and program-specific facilities, is recognized as integral to providing safe, accessible, and community-led supports. Building provider capacity also necessitates significant investment in Training and Education. There is a pervasive need for Trauma-Informed Practice training across various sectors, extending to creating trauma-informed physical and emotional spaces. Crucially, training must embrace Cultural Competency and tailored approaches for specific populations, including African Nova Scotian, Indigenous, 2SLGBTQIA+, newcomer, and disability communities. Train-the-Trainer models are vital for building sustainable local capacity and empowering community members to lead initiatives. Underpinning effective strategy is the approach to engagement and partnership. Building trust and fostering true collaboration in rural communities requires methodologies that are Community-Led, Informal, Trauma-Informed, Sensitive, Culturally Appropriate, and Person-Centered. Leveraging existing community assets, partnering with trusted local organizations, and avoiding duplication are essential. Addressing Community Engagement Fatigue/Resentment, a direct result of previous consultations without visible follow-up, demands transparency, consistent communication, and the demonstration of tangible action resulting from community input.



In conclusion, the needs analysis confirms that rural communities in the Northern Zone require strategic investment and support across all four quadrants. This involves providing accessible, diverse supports for individuals, empowering community members through relevant education, bolstering the resources and capacity of service providers, and strengthening the foundational systems that enable effective service delivery. Success hinges not only on what is delivered, but how it is delivered: through approaches that are deeply respectful, collaborative, and visibly responsive to community voices and efforts.

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