MSSU PRESENTS

Learning Health Systems in Action

WEBINAR RECAP

The Evolution of Public Health Mobile Units in Nova Scotia

Focus: Knowledge

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THE PROBLEM

- During the COVID-19 pandemic, many communities, especially rural and marginalized populations faced barriers to accessing testing.
- As the program evolved, the team needed to adapt services and determine how mobile units could meet changing public health needs beyond the pandemic.

THE LHS APPROACH

- Built engagement into every stage by gathering input from communities, staff, partners and health system leaders to guide service design.
- Used a "test and try" approach, combining real-time data, community feedback and formal evaluation to refine locations and service delivery.
- Embedded public engagement through focus groups, surveys and an organization-wide engagement framework grounded in equity, trust, and relationship-building.

WHAT CHANGED

- Expanded from COVID-19 testing to immunization, emergency preparedness and disaster response.
- Established the Public Health Mobile Unit as a permanent provincial public health program.
- Strengthened access through trusted community locations, adapting care models and community partnerships.

EVIDENCE IN ACTION

- Used epidemiologic data, demographics, geographic access, outbreak trends and jurisdictional scans to determine geographic locations.
- Collected client feedback, staff experience and partner input, and conducted a formal program evaluation.
- Conducted province-wide engagement, including focus groups and an online survey, to inform future directions of the mobile units.

KEY LESSONS

1. Integrate community engagement at onset and maintain it throughout to support continuous learning.
2. Combine quantitative data with community knowledge and lived experience to guide responsive decisions.
3. Build flexibility into programs by using rapid feedback, partnerships and continuous evaluation.

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