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Operationalizing the Redesign of the WRHA Community Health Assessment Process

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Contents

Key Points

- This paper sets the direction for the operationalization of the redesigned WRHA Community Health Assessment (CHA) process. **It explains how the key activities will be implemented and what the WRHA CHA will look like in practice.** The paper is based on the principles set out in the Concept Paper *The WRHA Community Health Assessment 2009: Purpose, Objectives, Philosophy and Approach* (approved by WRHA Senior Management in 2006).

- Since August 2005, **the Research and Evaluation Unit has been responsible for producing and delivering the WRHA CHA**.

- To ensure that the CHA is responsive to the end-users at every step in the process, **the WRHA Community Health Assessment Committee was formed.** Co-chaired by Research and Evaluation and the Medical Officers of Health, the CHA Committee **continues to play an active role in informing strategies to increase the relevance and utility of CHA in the region.**

- CHA is defined as a process of gathering evidence to identify health issues of the population served, examining contributing factors (e.g. social determinants), and determining how health needs are or are not being addressed. **The WRHA CHA is recognized as only one form of evidence used in planning. The WRHA CHA does not attempt to measure health system performance.**

- **There will be four main areas of WRHA CHA activity**, 1) The Comprehensive CHA Report, 2) Focused CHA Reports, 3) Community-Area Profiles, and 4) Integration of CHA into health planning and strategic planning.

    - The next **Comprehensive CHA report** will be completed in Fall 2009. This report will include provincially comparable indicators, and will integrate data and analysis from focused CHA reports and other linked reports.
    - Several **focused CHA reports** on specific topics and populations will be produced and released on an ongoing basis. These concern issues that are of importance to the region, and where a need for more intensive work has been identified. An Immigrant and Refugee report and Chronic Disease report will be released in 2008.

- **Community-Area Profiles** These Profiles are a web-based repository of data and other resources relevant to decision making and planning in geographically-defined community areas.
- **Integration of CHA into Health Planning and Strategic Planning is a priority activity.** Activities to promote this integration are underway.

- **Community consultation will be targeted to those issues to which the health system can respond meaningfully.**

- **The dissemination plan for all the WRHA CHA activities, currently under development**, will include:

    - Timely and ongoing release of data on the WRHA CHA web resource
    - Targeted communication to alert end-users to these postings
    - Feedback forums for each component
    - Symposia, workshops and other capacity-building activities to assist end-users in interpreting data and using CHA in planning.

1. *INRODUCTION*

1.1 Purpose of this paper

This paper is a follow-up to the WRHA Community Health Assessment Concept Paper, *WRHA Community Health Assessment 2009: Purpose, Objectives, Philosophy and Approach* (WRHA CHA Committee, 2007), approved by Senior Management and the Population Health sub-committee of the Board in late 2006. This paper was instrumental in setting the conceptual direction of the WRHA Community Health Assessment. The Region has completed much developmental work since the 2006 Concept Paper was approved. As we move into the phase of operationalizing the WRHA CHA (January 2008), it is timely to release a short follow-up paper to explain how the key WRHA CHA activities will be implemented, and what the CHA will look like in practice. The paper also serves to clarify the scope of WRHA CHA through discussion of:

- the roles and responsibilities of those involved in producing the CHA
- a description of the key components of CHA, including the Comprehensive CHA Report, Focused CHA Reports, and the Community Area Profiles.

This paper also clarifies and reinforces the relationship between CHA and other related activities within the Region (e.g., performance measurement, program planning, and evaluation).

1.2 What is Community Health Assessment?

The primary aim of the Community Health Assessment (CHA) is to identify community health assets and issues, assist in setting health objectives, and monitor progress towards those objectives.[1] Many CHA-related activities are needed to achieve this mandate:

- gathering appropriate evidence to assess the health status of the population
- considering data on socio-economic, cultural and community-based factors that influence health and people's experiences with health care
- partnership development
- promoting community participation and
- capacity-building among various stakeholders.

The WRHA CHA process seeks to integrate the knowledge, expertise and experience of Program representatives, "front line" staff, community groups and

[1] WRHA Community Health Assessment Committee, *WRHA Community Health Assessment 2009: Purpose, Objectives, Philosophy and Approach*, January 2007. (referenced hereafter as "The WRHA CHA Concept Paper")

others in understanding community health issues and in developing recommendations for moving that knowledge into action (health system improvement). The WRHA CHA process plays a key role in responsive health system improvement, e.g., informing the planning process to improve community health status.

The 2006 Concept Paper identified several key principles informing the WRHA redesign, including that the CHA should

- be an ongoing process
- be responsive to the needs and expertise of the organization and communities
- build on related activities, rather than duplicating existing activities
- demonstrate commitment to ethically responsible community engagement strategies.

1.3 Common questions about the relationship between WRHA CHA and other forms of evidence and activities in planning

Over the course of the developmental phase, the WRHA CHA Committee (described below) has assisted in identifying areas that need clarification to distinguish CHA activities from other evidence used in decision-making.

What is the relationship between CHA and Performance Measurement?

CHA and health system performance measurement (PM), although at times complementary in decision-making, are different processes. CHA focuses on gathering evidence to identify health issues of the population served, examining contributing factors (e.g. social determinants), and determining how health needs are or are not being addressed. CHA has a broader scope than PM and comes out of an epidemiology and social science tradition. Methods used in CHA include both qualitative and quantitative methods, and various forms of community engagement. Responsibility for CHA within the WRHA rests within the Research and Evaluation Unit.

Performance measurement is a process that enables an organization to systematically assess its progress towards defined strategic priorities and outcomes, focusing on health system ***performance****. Unlike CHA, the roots of PM are in accountability and systems management, and PM includes the selection, measurement and reporting of key performance indicators that highlight those areas. Within the WRHA, PM is placed within the Corporate Services Division. Together, CHA and PM contribute to planning and management of the health system.*

What is the relationship between program-led assessment activities and reports and CHA?

Many program areas, and specific WRHA Community Areas, have as part of their responsibility the assessment of community health issues (e.g. the Population and Public Health program may produce communicable disease reports, and a Community Area Director may conduct a specific needs assessment for program planning).

The CHA will actively seek to identify these activities, and integrate and link them with CHA reports. It does not seek to duplicate these important activities, and recognizes the importance of differentiating between these program activities, and the overall CHA process. Reports that are produced within programs, and may or may not involve staff from Research and Evaluation, will not be vetted by the CHA Committee, but will be linked to the WRHA CHA (online and possibly included in the comprehensive report) if relevant and complementary to the overall CHA.

Does the CHA provide all data that directors, program staff, and senior managers require for planning?

No, many other sources of evidence are also critical to planning. We recognize that other important sources of information may be local, national or international research; evaluation activities, results of performance deliverables, etc. There has previously been an expectation that the CHA had a broad scope and included many indicators, including those measuring health system performance. In a large RHA, such as the WRHA, this assumption has been problematic. As previously indicated, the focus of the CHA is to undertake a well-designed and robust assessment of community health, and assist in directing mangers to other related sources of information. Work is underway to communicate clarification of roles in data gathering and analysis activities that are the responsibility of other units (e.g. Health Information Services; the Project Management Office).

Where can I access survey data or census data that is not being presented in a CHA report or Community Area profile?
The WRHA Health Information Services (HIS) Unit provides a single point of access for health information services and resources (including demographic data, clinical data, financial data, reference data, coded data, epidemiologic databases, and research and

planning data).[2] Since 2006, the regional abstracting decision support system has been housed at HIS. Program representatives and others are encouraged to contact HIS, as the mandate of this unit is to promote the use of health information for decision making and to collaborate with end users in developing strategies for improving data quality and utilization.

2. *WHO IS INVOLVED IN THE WRHA CHA PROCESS?*

2.1 The Role of the Research and Evaluation Unit in CHA

Since August 2005, the Research and Evaluation Unit has been responsible for producing and delivering the WRHA CHA.[3]

The overall purpose of the Research and Evaluation Unit is to promote evidence informed decision-making within the WRHA. One of the Unit's four main areas of responsibility is providing leadership and direction to the WRHA CHA process. In addressing the challenge of producing a relevant CHA within a large and complex organization with multiple stakeholders, the Research and Evaluation Unit has taken a collaborative approach (outlined below), and continues to refine the scope of the CHA activities to best meet the needs of both the Region and communities within the region in their efforts to respond to community health issues and build appropriately on strengths and assets.

The Research and Evaluation Unit's approach to all activities is based on collaborative principles. Collaboration with end-users in conducting research and evaluation activities, including CHA, is critical in order to maximize the uptake of evidence in health care decision-making. Collaboration through incorporation of program expertise into Research, Evaluation, and CHA processes also ensures rigorous and credible analysis of data.

The approach we have taken to CHA is consistent with these principles and is exemplified in the creation of the Regional CHA Committee at the outset of the redesign process (2005). The CHA Committee was established (see TOR attached and description below) to ensure responsiveness to the organization; and to benefit from broad organizational expertise, Medical Officers of Health were invited to co-chair the Committee.

[2] WRHA Health Information Services Unit, Roles and Services Description, October 28, 2005

[3] In the period leading up to the 2004 Comprehensive, the Population Health and Health Systems Analysis Unit was responsible for CHA. That unit has been dissolved in a reorganization of the Division of Research and Applied Learning. Research and Evaluation is one of four units in the Division of Research and Applied Learning. The other units are Health Information Services, Quality Improvement and Accreditation, and Patient Safety.

While a CHA lead has been appointed to manage the project and ensure integrity of the process is maintained, the responsibilities within Research and Evaluation Unit for carrying out CHA activities are shared among a number of staff. For example, other members of the unit are undertaking secondary data collection and analysis. There has also been the opportunity for graduate student placements.

2.2 The Role of the Medical Officers of Health/Population Public Health in CHA

The Medical Officers of Health (MOHs) and the Population Public Health (PPH) Program are key stakeholders in the WRHA CHA process. The two following excerpts from the PPH 2005-2010 Strategic Plan highlight the connection to the Community Health Assessment process.

- *The Population and Public Health (PPH) Mission is to assess the health of the population, protect the public from health threats, prevent disease and injury, promote and advocate for good health status of citizens and for reduction in health disparities.*

- *The goals of the Population and Public Health Program support the regional health promotion and prevention goals. Specifically, the Population and Public Health program has identified the following three goals that set the overall direction of the program.*
    1. *Improve the health of the population*
    2. *Reduce health disparities*
    3. *Anticipate and prepare for new threats and contingencies*

Considering the complementarity of this mission and these goals to the CHA process, the MOHs have been engaged as collaborators from the inception of the redesign. This collaboration recognizes the distinct and valuable set of expertise, knowledge and skills they bring to the CHA process. The MOHs and the PPH Program are engaged in national, provincial and local activities relevant to the WRHA CHA process; they also produce reports that are complementary to the CHA. They bring expertise in choosing appropriate indicators, interpreting data, and determining the implications of CHA findings for planning services and for ongoing partnership development and advocacy.

2.3 The Role of WRHA Stakeholders in CHA

How have other stakeholders been engaged in the process?

With the WRHA, the CHA has many audiences and participants, including Program staff, Community Health Services staff (e.g., Community Area Directors), sites, funded agencies, and front line staff. In order to be responsive

to multiple audiences, the strategy we have developed is to engage different stakeholders in ways that are most appropriate.

Early engagement of WRHA stakeholders. In the developmental phase, the CHA lead(s) (from Research and Evaluation Unit) made tailored presentations and engaged in collaborative activities with existing WRHA groups and program areas (e.g. CQUIN, the Population Health Committee of the Board, Community Health Services, Seniors Health Resource Teams, specific Programs, Mental Health, Occupational Therapists CADs?). These "consultations" consisted of brainstorming sessions on focused issues, and presentations on the Community Engagement Strategy. They also included opportunities for input regarding, what sections of the 2004 CHA were most useful in health planning, and for other purposes. In all of these activities, the CHA lead solicited input on how best to engage the various audiences in ongoing community health assessment activities.

Role of the CHA Committee. The creation of a regional CHA Committee at the early stages of the redesign was key in ensuring input and guidance from key stakeholders within the organization.

This Committee has representation from all key areas within the organization (e.g., Health Information Services, Community Health Services, Aboriginal Health Services, Acute Care and Long-Term Care). The Committee has a reporting link to Senior Management and to the Population Health Committee of the Board through membership of the Executive Director of the Division of Research and Applied Learning. While this link is critical, it should be noted that separate activities have been designed to integrate the CHA into WRHA health planning and strategic planning processes.

The committee is also evolving as the CHA process continues to move into the operational phase. As we move forward, the CHA Committee members will play a key role in reviewing reports for input on content and analysis, and interpreting findings based on their expertise and links to programs and other stakeholders.

2.4 The Role of Communities in the WRHA CHA

The WRHA CHA process has also been designed to be responsive to communities, many of which are key end-users of CHA data for their own purposes, and whose members input and partnership is critical to the process The CHA recognizes the many communities that constitute the Winnipeg Health Region, including both geographical communities and other communities of identity, interest or experience (e.g. immigrant and refugees, seniors etc.). The processes, strategies and analyses employed by the CHA will reflect these diverse definitions of "community."

Several strategies have been developed to engage communities in an ethically responsible and respectful way within the scope of resources available for new CHA activities. Our approach to community engagement is guided by collaborative participatory research principles. We recognize that most communities feel that they have been consulted on a number of issues and have provided feedback to the various representatives from the public sector (including health services). The CHA process should not duplicate or repeat these activities, but rather build on them. It is also recognized that additional consultation in the absence of action can have negative results. We are, therefore, looking for opportunities to build on and link with ongoing work so as to avoid duplication, and provide opportunities for focused engagement.

Community Engagement

- *Use of Community Based Participatory Research principles*. It is recognized that health is affected by many determinants, only some of which can be affected by the regional health system. Moreover, there is strong evidence regarding the relationship of these determinants to health. Therefore, WRHA CHA **consultation will be targeted to those issues where health system response has been identified or is possible; such a response could include components of service provision, advocacy, education, coordination, etc.**
- *Working with the WRHA Community Health Advisory Councils (CHACs)*. CHACs have discussed topics related to CHA in the first three meetings of 2007-08. Key points will be included in the community-area profiles and focused CHA reports (to be posted on website and discussed further below). CHAC reports will be linked to the CHA website, as available.
- *Developing partnerships with community organizations and groups*. These partnerships will provide opportunities to share information around CHA related processes, activities and findings; and ensure that we link to appropriate community resources.
- *Use of targeted communication strategies in communities for CHA reports.* Dissemination and communication strategies will be developed to ensure that relevant groups receive notice of CHA reports. The specific strategies will vary depending on the nature of the Report (e.g., dissemination and engagement will be different for the immigrant and refugee report and the Chronic Disease report).

2.5 The Role of Manitoba's Community Health Assessment Network in the WRHA CHA

The WRHA has been actively involved in the provincial Community Health Assessment Network (CHAN). The Network, supported by Manitoba Health and Healthy Living, has as members all RHAs, CancerCare Manitoba, Manitoba Healthy Living Programs, and the Manitoba Centre for Health Policy. The CHAN network supports ongoing CHA activities in all RHAs by providing a forum for information sharing, education, training and consultation on a number of CHA

related activities. The Network meets three to four times a year. CHAN also coordinates Working Groups in the development and modification of policies and CHA guidelines. The WRHA is represented on the CHA Indicators Review Committee (CHA-IRC), the Funding Working Group, and Community Consultation Working Group (CCWG). These Working Groups meet several times a year and report to CHAN.

The WRHA CHAN members (currently a representative of the MOHs, and members from Research and Evaluation Unit), have played an active role in many CHAN activities, including the development of indicators for the 2009 CHA, facilitating a workshop on integrating qualitative methods in CHA, and participating on the Manitoba CHA Guidelines working group

There are many benefits to the WRHA membership in CHAN. Involvement in CHAN ensures the WRHA is aware of CHA related activities across the province, providing opportunities to inform relevant program areas and to avoid duplication. Traditionally, there have been additional financial resources made available to support the smaller RHAs in their CHA. In 2009, the WRHA was invited to participate in this budget planning, and will also receive additional financial resources.

The WRHA's involvement with CHAN over the past two years has also highlighted a number of challenges specific to the WRHA, given the size of its population compared to the other smaller RHAs, scope of service provision, and health services delivery mandate. For example, while the mandate for CHA is the Winnipeg Health Region, the region provides specialized and tertiary services to the entire province, as well as Nunavut and NW Ontario. Patients using these services must be recognized in planning. In addition, while in smaller RHAs, the CHA lead (also usually the CHAN representative) often is involved in several other activities (e.g. planning, performance reporting, Quality), these activities in the WRHA are undertaken not only by different individuals, but also different programs and different sectors. This means that some CHAN communication and consultation processes do not work well for our region, which is responsible for a large proportion of the provincial population and the majority of specialized services.

- If the WRHA CHA is to appropriately represent the large and diverse population it serves, and is to effectively integrate the CHA into organizational planning processes, it must develop unique, and sometimes complex strategies, which do not have an equivalent in smaller RHAs.

The WRHA continues to address these issues, where possible, as they arise through CHAN. CHAN has also evolved since its inception, and will likely continue to evolve as departmental reorganization and other provincial and regional processes influence its role and purpose.

3. *MAIN COMPONENTS OF THE WRHA CHA*

The WRHA CHA currently encompasses four key areas of activity:

1) The Comprehensive CHA Report (due 2009);
2) Focused CHA Reports;
3) Community Area Profiles; and
4) Integration of CHA into Health Planning and Strategic Planning Process.

These four key areas are discussed in detail below. Within each one of these areas, appropriate links to relevant data sources and reports will be made. The principles upon which all activities were designed are consistent with the guiding principles of the WRHA CHA as outlined in the Concept Paper, *WRHA Community Health Assessment 2009: Purpose, Objectives, Philosophy and Approach* (WRHA CHA Committee, 2007).

3.1 Comprehensive CHA Report

(Key stakeholders/audience: Manitoba Health, WRHA senior management, WRHA Board (e.g., Population Health Sub Committee), program representatives, WRHA staff, community organizations)

3.1.1 *Background*

The Manitoba Regional Health Authorities Act mandates each RHA to conduct Community Health Assessment on an ongoing basis. The expectation is that each RHA submits, at a minimum, a Comprehensive CHA Report on a five-year cycle. In the WRHA CHA redesign, the Comprehensive CHA report is a central CHA activity and will fulfill the requirements of Manitoba Health (as set out in Manitoba Health's draft CHA policy – to be finalized in 2008).

The next comprehensive WRHA CHA Report will be completed in the Fall of 2009. In fulfilling the requirements set by Manitoba Health, the revised CHA approach to the comprehensive will report on provincially comparable indicators. It should be noted that in the past, the Comprehensive CHA report was the only release of CHA-related data. Feedback from end-users strongly indicated that health planners and others needed interim reports and release of data before the Comprehensive was due.

3.1.2 *Implications for WRHA Comprehensive CHA*

The WRHA Comprehensive CHA will be a slimmer volume than in previous years, reporting on a smaller number of "core" indicators, but containing clearly written analysis, suggested directions for improvement, and appropriate links and references (including those to ongoing CHA reports). Other indicators specific to the needs of the WRHA will be included in the focused CHA reports and the Community Area Profiles, and will be made available in a timely

manner,. The size and complexity of the region makes it infeasible to report on a large number of indicators (e.g., from registries, CIHI reports, CCHS, etc.) For this reason, the CHA will link with existing resources and provide guidance for end-users as to how to interpret this data critically, and use it appropriately in planning. This kind of support will be woven into focused CHA reports and to the web-resource (see CHA Reports section of this document for further details).

For example, a focused CHA report on Immigrants and Refugees will be released in 2008 (see description below). The 2009 Comprehensive CHA will not replicate all of the data in this report. Key findings, however, will inform the Comprehensive CHA and will be highlighted in it. The focused report will also be referenced or linked to the Comprehensive CHA. Similar approaches will be used to integrate key findings from Community-Area profiles, other focused reports and relevant linked documents and resources.

What are often referred to as “core” indicators will form one component of the WRHA Comprehensive CHA. These “core” indicators were negotiated by the CHA Indicators Review Committee Working Group of CHAN and are amenable to inter-RHA comparison. Representatives from the WRHA participated on this working group, along with members from other RHAs, the Manitoba Centre for Health Policy and the Manitoba Government Health Information branch. The group decided that in the 2009 CHA, the list of indicators will be smaller than in the past. In preparation for this CHA, all “core” indicators have been scrutinized for validity, impact on the health of the population, robustness, and amenability to comparison over time.

The majority of the core indicators are compiled by MCHP (e.g., in *the RHA Atlas*) and the Health Information (HIM) branch of Manitoba Health and Healthy Living (demographic indicators and regional profiles) and provided to RHAs including relevant geographical reporting (by Community Area and Neighbourhood Cluster where relevant in the WRHA), to support their CHAs.

These indicators will be available in the Spring of 2008. We intend to post some of this data on the website as it is made available, to ensure timely use, even though it will not be analyzed and rolled up into the Comprehensive CHA until 2009.

In preparation of the CHA comprehensive report, the Research and Evaluation unit has been developing a process for keeping track of CHA related indicators – their status as core or non-core, data

sources, and release dates. This tracking system will facilitate the timely release of this data in periods between comprehensive cycles.

3.1.3 Community Consultation

Community participation is an essential component of the new WRHA CHA process. WRHA CHA staff will work ***with*** community members and groups to ensure that the CHA is a useful process for meeting their needs. "Community engagement" within the WRHA CHA process will take many forms depending on the issue that needs to be addressed (e.g. partnership development; collaborative action planning; and communication with community organizations representing relevant stakeholder groups). The WRHA CHA Comprehensive online web component will be one means by which "communities" can be engaged in CHA. Community participation will also be facilitated through targeted symposia and workshops at various points in the CHA ongoing process – coinciding with releases of relevant data and the focused reports, discussed below.

Other forms of "community consultation" will be developed for gathering evidence through community participation. It should be noted that community consultation is not necessarily equivalent to what is often referred to as qualitative methods in CHA. Community consultation can be achieved using quantitative (e.g. surveys), qualitative or both methods.

3.2 Focused CHA Reports

(Key stakeholders: key stakeholders will vary depending on the report focus – but will include organizational and community stakeholders)

3.2.1 Background

Several focused CHA reports on specific populations and topics will be produced and released on an ongoing basis. The Regional CHA Committee has decided to select one topic and one population for focus at a time. These are based on issues of importance to the region, in areas where it has been identified that more intensive work is needed.

3.2.2 Process/approach

In late 2006, the Committee chose *Immigrants and Refugees* as the population of focus, and *Chronic Disease* as the topic for more in-depth reporting. These reports will be produced by the Research and Evaluation Unit, with input from the CHA Committee and other relevant stakeholders. In order to ensure timely releases of these

reports, a limited number of paper copies will be made available; reports will be updated on a continuous basis on the web. For example, if additional data sources are available after the report is released, these will be linked to the report on the web so that end-users can access updated information as it is released. The format and content of these focused CHA Reports will vary from report to report. For example, some reports may rely heavily on existing research to underline key areas of interest for the Region. Some may have more local data than others. All of the reports will provide lay language instruction on how to read the data and appropriate uses of the data contained in the report. A key principle in development of all reports is to avoid duplicating existing work. Instead, CHA will be focusing on analysis and synthesis of data in a form that is accessible and relevant to stakeholders. These focused reports deal primarily with communities and issues that cut across geographical communities.

3.2.3 Immigrant and Refugee Report

The first focused CHA Report will be released in 2008. This report will contain demographic data (from Government of Manitoba Department of Labour and Immigration, and Citizenship and Immigration Canada), projections, and key issues that decision makers, community representatives, and ethno-cultural organizations need to be aware of when preparing to address the health needs of the dramatically increasing immigrants and refugee populations of Manitoba. The report will also integrate local and national evidence from a number of other sources (such as CHAC discussions of Immigrant and refugees activities within Community Areas, national reports and related research, and existing WRHA concept papers and internal reports.)

3.2.4 Chronic Disease Report:

The second focused CHA report will be on issues related to chronic disease in the region. This report will support ongoing Regional activities (e.g., Chronic Disease Framework approved by Senior Management in 2007), and integrate with the directional document produced collaboratively through Research and Evaluation, Population and Public Health, and Primary Care, that will further elaborate this framework (anticipated date of completion of focused cd report is 2008). Analysis and release of data pertaining to Chronic Diseases will be made as data are available (for example, the CCHS Chronic Disease analysis for the WRHA will be posted on the website in winter 2008). The anticipated date of completion for the focused chronic disease report is late 2008.

3.3 Community Area Profiles

(Key stakeholders: Community Area Directors, Community Health Services programs, community health agencies, Seniors Health Resource Teams, grant-funded agencies, community facilitators, community groups, health services providers in hospitals and personal care Homes and others.

3.3.1 Background

Community-Area Profiles will form a distinct strand of the CHA in the form of a web-based internet resource. The intention is for the Community Area Profiles to be the central repository/base for data and resources that are relevant to decision-making and planning in **geographically-defined** community areas, and community groups and organizations, who may represent key end-users of the data. Equally, this online resource will be vital forum for community organizations and groups to provide feedback to the WRHA on needs and assets, or facilitating partnership development on an ongoing basis.

Other sections of the CHA (e.g., focused CHA reports) will address non-geographically-based "communities" (e.g., immigrant communities, or persons with chronic disease.) To maximize the uptake of the CHA data in the Community Area Profiles, this web-based resource will be updated in a timely manner between CHA cycles and readily available for use to organizational and public stakeholders. For example, census data will be posted as it is available rather than waiting for the Comprehensive CHA report to be complete. The Community Area Profiles resource will also provide a forum for discussion of use of data (qualitative and quantitative) that is most appropriately broken down by neighbourhood or Community Area. Ongoing feedback on all data will be invited through feedback forums and suggestions for further collaborative work between community organizations and the WRHA will be encouraged.

The Community Area Profiles will *not* include an in-depth analysis and report (or a mini-CHA) for each Community Area. Reasons include: lack of resources, multiple audiences and stakeholders, and the fact that the Comprehensive CHA will roll up the key findings. The Community Area Profiles process will, however, inform ongoing Community Health Assessment of geographical communities within the Winnipeg Health Region.

3.3.2 Process/approach

The design for the Community Area Profiles section was informed by a number of sources, including feedback from various stakeholders working within Community Areas, and a review of the 2004 Community Area Profiles (produced for the newly formed Community Health Advisory Councils in 2004). The content for the profiles will be informed by the needs of end users (including community groups and organizations) and will also provide some guidance, based on research literature, as to which indicators may be most appropriate for geographical breakdown. This design also supports the principles of community engagement as agreed upon in the adoption of the 2006 CHA Concept Paper. The web-based format will facilitate ongoing feedback and input.

Considering the variability of Community Areas (CAs) within the Region, and of stakeholders, it is expected that each Community Area section of the Profile may vary in content and form. Ongoing monitoring of the feedback forum (see discussion below) will inform changes to the Profiles. For example, there may be emerging issues in some Community Areas that warrant focused attention between CHA cycles (e.g. an anticipated demographic change in a certain community).

3.3.3 Components of the Community Area Profile on the Website:

Data

1. Custom purchase census data (demographic, socio-economic, housing)
2. Manitoba Health Registry File data (demographics)
3. Guidance to using neighbourhood-specific indicators.
4. Links to the CHA core indicators in the Comprehensive CHA Report and other indicators as relevant.
5. Census and other data for selected populations where appropriate (e.g., seniors, immigrant and refugees; single parent, youth).
6. Wherever possible, data to facilitate comparisons over time.
7. Resources from community groups that will be useful to stakeholders (for example a neighbourhood or community health assessment undertaken by a local community organization.
8. Resources to assist stakeholders in using CHA in planning (e.g., online targeted workshops, written communications about how to use CHA data and potential misuses and pitfalls).

Feedback Forum

1. Feedback from end-users will be integrated into analysis and future postings, data acquisition and analysis, where appropriate.
2. Feedback will inform overall analysis of needs and assets identified in Community Areas.
3. Ongoing feedback may inform partnership development on focused issues with specific groups or organizations.

Useful Links

1. Inventory of useful links to reports, documents, data and contacts. (e.g., locally produced CHAs, such as West Broadway and St. Vital)

3.4 Integration of CHA into Planning and Strategic Planning

3.4.1 Background

In the past, the WRHA CHA process and the RHA Health Planning and Board Strategic Planning processes were not aligned. It is important to note that CHA is only one kind of evidence (other forms include program evaluation, performance deliverables, research activities, quality improvement activities, etc.) that need to inform both the health-planning and strategic-planning processes. These processes each involve many stakeholders.

3.4.2 Process/approach

While Regional CHA leads have been actively working with representatives of these processes to ensure that the CHA is integrated into planning (and timelines for the process have already been aligned), they also continue to work collaboratively with WRHA stakeholders and Manitoba Health to clarify the appropriate role of CHA and other kinds of evidence in planning. CHA leads are also working to ensure that CHA is one of the sources of evidence considered in current planning initiatives (e.g. initiatives between the Research and Evaluation unit, the EXTRA fellows and Royal Rhodes students to integrate evidence into revisions of health and strategic planning priority-setting processes.)

4. *DISSEMINATION PLAN*

The dissemination plan for CHA reports, updates, and the comprehensive CHA is under development. This plan is guided by the collaborative approach to CHA planning and is focused on maximizing the uptake of the data and analysis generated by the CHA. Communication of CHA updates and reports will be targeted to those stakeholders who are likely to have the greatest interest in a

particular area of CHA. Some will receive notification of website postings, others will receive paper copies, and others will participate in discussions around the issues identified. The complete package of CHA materials generated will be accessible to all stakeholders through the CHA Internet site that will be launched in spring 2008.

The WRHA CHA leads will continue to collaborate in order to respond to stakeholders and community members and groups on an ongoing basis. Feedback forums will be developed to encourage feedback on web-based CHA Resources. Direct feedback to CHA leads or the CHA Committee is also encouraged at any time. Availability for presentations, workshops and symposia developed for specific reports, will be promoted throughout the process.

5. *CONCLUSION*

In January 2008, the WRHA CHA redesign begins the operational phase. Extensive developmental work on the redesign has been necessary to ensure that this process was responsive to the multiple audiences and end-users of the WRHA CHA. This paper emphasizes the collaborative and ongoing approach that will be adopted by the WRHA CHA. This process includes individual CHA reports in addition to the Comprehensive CHA report; a commitment to timely release of data; focused CHA reports on populations and topics of priority to the Region; and regularly updated Community-Area Profiles. The expectation is that CHA will be an interactive web-based resource containing many links to related reports and data.