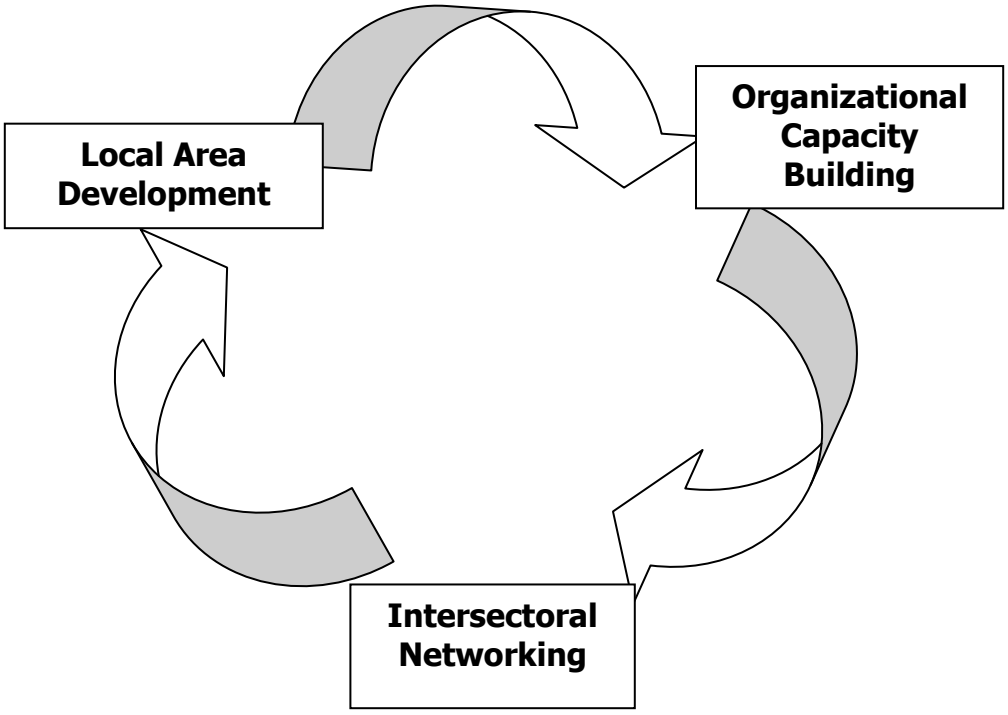
Winnipeg Regional Health Authority

Community Development Framework

Updated 2017



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I) Introduction

Community development strengthens the bonds between people resulting in an increased capacity to work towards common goals. Community development principles and processes can be used as a means of strengthening and building healthy organizations and communities. A community development approach can support health and well-being by integrating and complementing health service delivery. Further, evidence supports community development initiatives in which residents set their own priorities if chronic disease prevention strategies are to be successful (The *WRHA Directional Document; Lifting the Burden of Chronic Disease, What's Works, What Hasn't, What Next*, Kreindler, May 2008).

A conceptual framework for community development based on models for public participation can guide and support community development activities at all levels of the organization, its partners and in communities.

For an organization to meaningfully commit to community development and public participation, it must articulate specific values and develop a strategy for implementation. Hence, this paper sets out a community development framework that aligns with the mission, vision and values of the Winnipeg Regional Health Authority (WRHA) and with the processes of community development.

This Community Development framework (developed at the outset with community partners) includes:

- The promotion of organizational development;
- The facilitation of networking and intersectoral collaboration, and;
- The support and facilitation of public participation initiatives and local area development.

Partnerships are an integral component in the Community Development framework. Community Development is about bringing individuals and communities around the table to find solutions – you do not need to have all the answers!

This Community Development Framework can serve as a useful tool for systems and communities to work together. This tool is not and should be not viewed as prescriptive. This conceptual framework recognizes the complexities of applying community development in large organizations and systems. The contents of this paper can be used as the basis to raise awareness, inform and guide the continued evolution of community development and public participation.

This paper also provides examples of community development work currently underway within the Winnipeg Health Region and with community partners.

This document is updated regularly to provide new reference material and examples of ongoing work in this area by staff, community members and volunteers to ensure that the

framework is current and considers the latest evidence and leading practices in area of community development, public participation, and intersectoral networking.

II) What Determines Health and Well-Being?

A) Definition of Health

This framework uses the World Health Organization (1948) definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization).

B) Population Health Approach

The Lalonde Report entitled, A *New Perspective on the Health of Canadians,* (1974) sets the stage by reflecting on health status and establishing a framework for the key factors that determine health. It identified human biology, environment, lifestyles and health care organizations as some of the critical factors that impact on health status. This report explores how health is created, and examines how factors, other than health care, impacts on and influences the health of Canadians.

In 1986, the *Ottawa Charter for Health Promotion* and *Achieving Health for All: A Framework for Health Promotion* were instrumental in furthering the understanding and dialogue on health promotion and the underlying conditions and factors within society which determine health. The Ottawa Charter expanded on the Lalonde Report by focusing on the broader social, economic, personal and environmental determinants of health. The federal, provincial and territorial ministers of health endorsed the population health approach in 1994 (Public Health Agency of Canada, 2006).

The key elements of population health consist of:

- Focusing on the health of populations;
- Addressing the determinants of health and their interactions;
- Basing decisions on evidence;
- Increasing upstream investments;
- Applying multiple strategies;
- Collaborating across sectors and levels;
- Employing mechanisms for public involvement; and
- Demonstrating accountability for health outcomes. (Health Canada, 2001, 7)

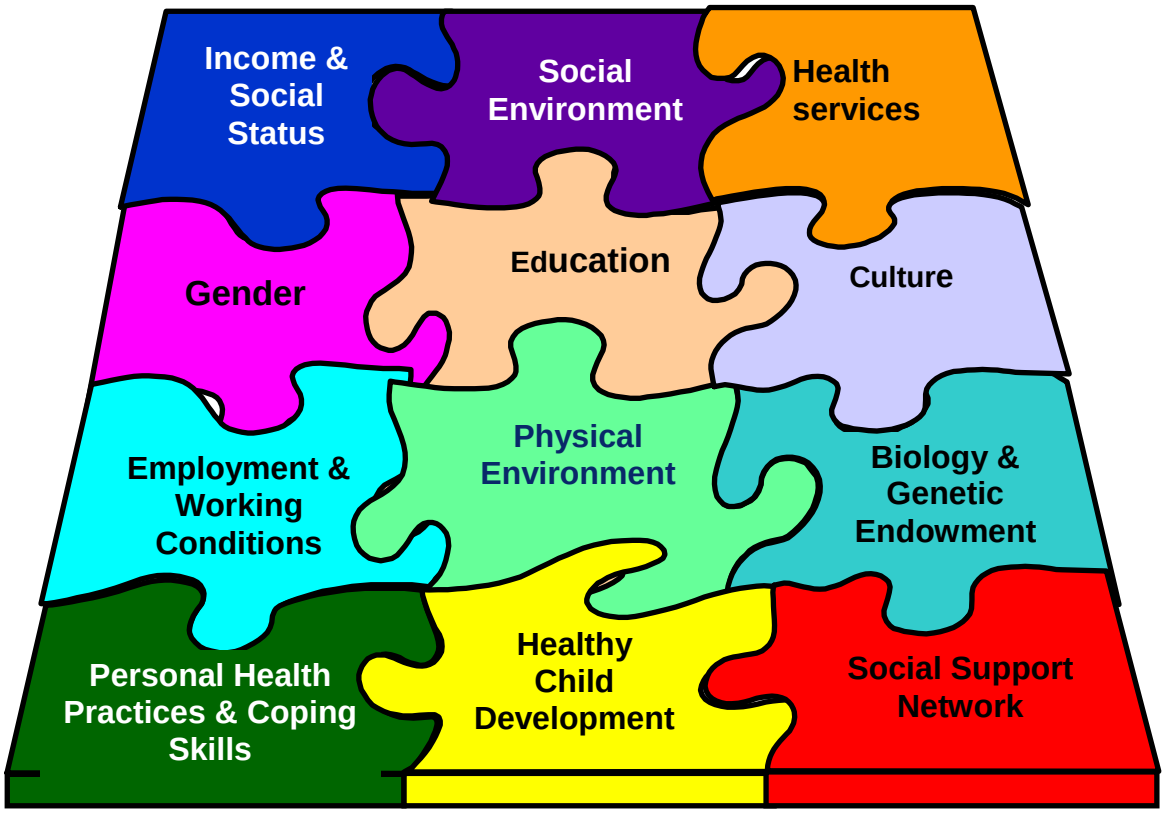
Population health is an approach and concept that "aims to improve health of the entire population and to reduce health disparities among population groups" (Health Canada, 2009, 7).

To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

The Ottawa Charter brought to the table, for health promotion and education, a growing recognition that health was a broad concept in its own right. It recognized that active participation by people, to directly affect their health and the broader determinants of it, is paramount.

C) The Determinants of Health

The determinants of health are:



> *Adopting the population health framework and collaborative approach as the basis for development of future health policies and strategies by governments has great potential to improve the health of Canadians* (Strategies for Population Health Investing in the Health of Canadians, 1994).

It should be noted that this list of determinants differs slightly from some other Canadian sources.

"Social determinants of health are the economic and social conditions, or living conditions, that shape our health" (Fernandez et al, 2010, 7). The determinants of health have impact on the health and well-being of the population. The primary factors that shape one's health are not medical treatments or lifestyle choices but rather the environment and one's living conditions they experience. *Social Determinants of Health: The Canadian Facts* by Raphael and Mikkonen (2010) bring together a range of data that illustrates how health and well-being is influenced by one's ability to obtain quality education, food and housing, employment and working conditions, as well as the other factors and circumstances that impact our health.

Mikkonen and Raphael (2013, 7) indicate that "health authorities and health policy makers must direct attention to inequities in access to health care, and identify and remove barriers to services". The Winnipeg Regional Health Authority's vision is "Healthy People, Vibrant

Communities, and Equitable Care for All." The Winnipeg Regional Health Authority's report (2013, 7) *Health for All Building Winnipeg's Health Equity Action* lays a foundation upon which "we can collectively build Winnipeg's healthy equity action plan". It is clear that determinants of health have serious health impacts, both positive and negative. For this reason, it is important that the community development lens is used in addressing health inequities and health disparities in delivering health services in the Winnipeg Health Region.

It is indicated that the health system alone is unable to address the determinants of health and that participation from other sectors, whose work affects the determinants of health, is required. It becomes important to develop new relationships with groups and sectors not associated with health as their activities may have an impact on health (Hancock, 2009). The health of communities is not determined by health sector activities alone however by social and economic factors, and hence by the policies and actions beyond the health sector. It is important for the health sector to work in collaboration with other sectors to raise awareness of the benefits of working and acting together for people-centered policies that promote health (WHO, 2009).

Health Inequities and Social Determinants of Aboriginal Peoples' (2009, 2013) organizes data around the social determinants of heath across the life course and demonstrates important health inequities within Aboriginal groups. This report states that "historical research clearly indicates a link between the social inequalities created by colonialism and the disease, disability, violence and early death experienced by Aboriginal peoples in Canada" (2009, 2013; 22).

Colonialism and racism have been recognized a key determinants of health for Indigenous People (Indigenous Cultural Safety Manitoba Training, 2017). Racism impacts health through reduced access to social services such as employment and housing. Health inequities are the result of unequal power relations, inequitable distribution of resources and how we structure our policies and health services. Pascoe and Smart Richman analysis "provides evidence that perceived discrimination may be related to mental and physical health outcomes" (2009, 23).

In the Winnipeg Regional Health Authority, the *Framework for Action Cultural Proficiency and Diversity* defines cultural competency "as a dynamic process that involves acquiring certain knowledge and skills; it requires both individual and institutional changes" (2012, 6) and must involve all levels of the health care system. The key goal is to decrease health disparities experienced by racially and culturally diverse populations. The WRHA has embraced cultural proficiency as a strategy to respond to diversity and has begun the implementation of interventions designed to "increase equal access to health care services and ensure quality health care to every person regardless of their race/ethnicity, culture or language proficiency" (2012, 9).

D) Health Equity Promotion

Large gaps exist in Winnipeg between those experiencing the best and poorest health. People living in some areas of Winnipeg have nearly 19 years lower life expectancy than people living in other parts of the city. Many of the gaps arise from unfair, unjust and modifiable social circumstances.

Health equity means that all people have the opportunity to reach their full health potential and should not be disadvantaged from attaining it because of social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance.

The WRHA is committed to changing health equity outcomes through an increased health equity focus in the services we provide, the way we conduct our planning and operations, in providing knowledge and decision-making support to others, and in real partnerships and committed relationships outside the health care sector.

A framework for understanding health equity as outlined in the document *Health for All Building Winnipeg's Health Equity Plan* (2012) shows the key themes organized into principles, strategies, and areas of action that help understand the scope, governance and activity for promoting health equity.

The strategies for action are:

1. Participation: the relationships, partnerships and participatory citizen engagement required for effective and lasting health equity results

2. Knowledge: the information (e.g., research evidence, indicators/data, lived experience) and tools (e.g., health equity assessment, surveillance) that are necessary to inform effective health equity action

3. Governance: the authority, power and resource deployment necessary to make effective 'game changing' health equity decisions and system changes.

Engaging community is essential for understanding and addressing the determinants of health and health inequities. There is also evidence that community engagement interventions have a positive impact on a range of health outcomes for disadvantaged people and communities (National Collaborating Centre for Determinants of Health; 2015). The literature indicates that collaborative action for population health and healthy equity requires comprehensive and coordinated approaches to address the determinants of health. These must be addressed through multiple sectors and at multiple levels (i.e. individuals, organizations, communities and broader systems) through a combination of programs and policies changes that are facilitated.

Community facilitators and community developers use a Community Development approach, or lens, when promoting health equity.

Reducing inequities supports a sustainable, high quality health care system for everyone, contributes to a healthy workforce and improves our community so that it is a desirable place to live, invest in and visit. Many organizations and individuals are working on creating more equitable conditions for health in many sectors and have dedicated efforts for many years. We all have a role to play.

III) Why Emphasize Community Development?

A) Describing the Nature of Community Development

Community development means different things to different people. For some it may be working with a group of individuals on concerns central to them; whereas for others it is a process or a philosophy believing in the capacity of people to solve their own problems. Community development is often associated with terms such as community capacity building, community vitality, community mobilization, community involvement and community empowerment (Cavay, Ritchie et al, 2004 and Gibbon et al 2002). These terms are similar, in that, they can all refer to processes of helping community members develop skill and confidence so that they can have more influence on the issues that their affect lives.

The United Nations defines community development as "a process where community members come together to take collective action and generate solutions to common problems". Community Development is a broad term given to the practices of civic leaders, activists, involved citizens and professionals to improve various aspects of communities, and aim to build active, influential and more resilient local communities. (Retrieved on 12/7/2016 https://en.wikipedia.org/wiki/Community_development).

Felix et al (2010) and Burdine et al (2010) indicate that community development:

- Is a process
- Recognizes the determinants of health
- Helps individuals to identify the problems and needs which they share and respond to these
- Helps individuals to discover the resources that they already have
- Builds individual, organizational and community capacity
- Strengthens organization and leadership within communities
- Promotes knowledge, skills and confidence and the capacity to act together
- Mobilizes people in communities to improve health by building relationships among the different sectors of the community (for example faith-based organizations, education, local government and business, etc.)
- Strengthens communities and brings about change

- "Accomplishes its goals and objectives through cycles of assessment, organizing, planning, implementing and evaluation" (Burdine et al, 2010, 2).

The goal of community development is to strengthen the connections and relationships between individuals and with organizations that will result in an increased capacity within communities to work towards common goals – to make communities vibrant and healthy. It is an approach to supporting health and well-being that can integrate with and complement health service delivery. It is a way to tackle inequalities. Community development encourages community participation, focuses on creating healthier communities, and expands the understanding of factors that sustain health of communities.

A community development approach broadens our perspective of health by acknowledging and building on the role of people as social beings (Glouberman, 2000). In working to improve health through community development, people are not viewed as individuals in isolation of one another. People's connections to one another and to organizations in the community, the context they live in (e.g. social, political, economic, cultural and environment) all inform the community development processes in health. Community development is essential to creating health in a community and is about boosting the vitality of communities of all kinds. A key to community development is also relationship building where communication becomes an integral part of action.

Lavarack (2005, 4) states that "community empowerment is a process central to community development". Lowe (2006) suggests that community organizing is premised on community empowerment. The World Health Organization (1998) states that "an empowered community is one in which individuals and organizations apply their skills and resources in a collective effort to address health priorities and meet their respective health needs" (1998, 6). The World Health Organization states community empowerment "refers to the process of enabling communities to increase control over their lives" (2009). Community development, community empowerment and community capacity building describe "a process that increases the assets and attributes that a community is able to draw upon in order to improve their lives (including but not restricted to health)" (Laverack, 2006, 267 and Gibbon & et al, 2002, 485).

With this in mind, Labonte & Laverack define capacity building as the "increase in community groups' abilities to define, assess, analyze and act on health (or any other) concerns of importance to their members" (2001*a*, 114). By adopting this approach, the broader perhaps more relevant issues e.g. health versus broader determinants of health, allows communities to take the "lead in identifying problems and crafting solutions". This has "led to valuable contributions to policy and programming" as well as improved health within the community. (Kreindler, 2008, 22)

There is a difference between capacity building and community empowerment approaches. The empowerment approach has an explicit purpose to bring about social and political change and is embodied in a sense of action whereas the capacity building approach has the purpose of developing sustainable skills and abilities which enable others to take action for themselves (Laverack, 2006).

Capacity building increases the range in which individuals, organizations, and communities are able to address the determinants of health in that particular area. Capacity is often defined as "the skills, motivations, knowledge, [abilities], [tools], and attitudes necessary to implement innovation which exist at the individual, organizational and community levels" (Flaspohler et al, 2008, 183) that enable them to address and have greater control over, conditions and factors that affect their quality of life Community capacity building is able to strengthen a community's ability to become self-reliant by increasing social cohesion and social capital.

In Building Communities from the Inside Out, Kretzmann and McKnight (1993) describe asset-based community development (ABCD) as an approach that recognizes, appreciates and mobilizes the capacities, strengths, gifts, skills and talents of individuals, families and associations in the community. The premise is that all community members have gifts and make contributions and communities are built on the gifts, skills, and capacities of people who also have deficits and needs. Duncan states "we cannot build strong caring neighbourhoods (and communities) without unlocking the potential of residents" (2012, 22). Asset-based community development draws upon existing community strengths to build stronger, more sustainable communities. Hence, strong healthy communities are built on the strengths and capacities of their residents, members and associations that call the community home.
The traditional approach to community development is focused on providing services to address the community's needs including deficits. The ABCD approach starts with finding out the assets and gifts that are already present in the community. Once this is done, one asks community members to share their gifts and connect people with the same passions to act collectively and provide care (Duncan, 2012). When the contributions of all are combined, community development is an inclusive process and the entire community benefits. Ownership of both the process and outcome lie within the community.

Duncan (2012) indicates that the most successful community efforts include engagement and action working together with existing institutions, organization and programs. Further one cannot achieve the results needed without strong engagement of the resources and efforts of residents including the work of institutions. He states that one must participate as "co-producers/co-creators of their own and their community's well-being" (2012, 22). One becomes part of the solution.

The ABCD approach is based on the principle that it is community-driven development rather than development driven by external agencies and where communities work in partnership sectors (International Association for Community Development, 2009). Relationships between community members are also crucial assets that connect individuals and their skills together.

ABCD is a process of self-mobilization and organizing for change. Kretzmann and McKnight (1993, 345) and Mathie et al (2002, 3) describe the following set of methods that can be used as guidelines for achieving community-driven development:

- Collecting stories about communities successes and identifying capacities of communities that contribute to success;
- Organizing a core group to carry forward the process;
- Mapping the capacities and assets of individuals, associations and local institutions;
- Building relationships within the community;
- Mobilizing the community assets for development and information sharing;
- Convening the community to develop a vision and a plan; and
- Leveraging activities, investments and resources from outside the community.

The report *Act Locally: Community-based population health promotion* indicates that "asset-based community development is perhaps the key mechanism by which communities can build all five forms of capital, enhanced personal and community resilience and improve the level of population health and human development. It has been an important aspect of healthy communities approach … and is central to other creative initiatives …to maximize human and community development and wellbeing (Hancock, 2009, B-38).

The National Institute for Health and Clinical Excellence states that "community development is about building active and sustainable communities based on social justice, mutual respect, participation, equality, learning and cooperation. It involves changing power structures to remove the barriers that prevent people from participating in issues that affect their lives" (2009, 38).

The principles of community development need to reflect an awareness of diversity issues in order to achieve participation from the more disenfranchised populations (Johnson, 2001).

There are five essential strategies that build on a community's existing capacity to improve its health:

- Community involvement – moving individuals to become empowered participants and leaders;
- Intersectoral partnerships;
- Political commitment- fostering community engagement and capacity building;
- Healthy public policy – where government action in 'non-health' sectors is designed to have a benefit in improving the population's health;
- Asset-based community development – is empowering rather that disempowering and treats individuals and communities as having ability. (Hancock 2009)

Community development is about change within communities by initiating and supporting community action and outcomes. Community development is building on strengths and

assets, supporting local catalytic leaders, increasing connections, enhancing participation across sectors, building capacities (i.e. individual, organizational and community) and relationships, learning and adapting, celebrating results and changes, encouraging sustainability and focusing on systems change and letting communities problem solve and address their priorities. It is the process of helping community strengthen itself and develop towards its fullest potential. Community Development involves working with organizations to increase their capacity to understand and work in communities.

Community development seeks to improve quality of life and results in mutual benefit and shared responsibility among community members. Community development helps to build community capacity in order to address issues and take advantage of opportunities, find common ground and balance competing interests.

B) Who is the Community?

There are many definitions and meanings of the term community. We, as individuals, identify as belonging to more than one community. It is also important to note that individuals define for themselves which communities they feel part of. Individuals may belong to many different communities at any given time and have different allegiances pulling them in different directions (Partnership Online, 2010). Communities are also viewed differently by individuals.

In the book, *Community Involvement in Health*, Labyrinth Consulting identifies four different ways in which health authorities have categorized communities in planning their work (Smithies and Webster, 1998). These are:

- Geographic Communities (Localities) – the people of a certain district, neighbourhood, city
- Non-Geographic Communities (Communities of interest) – for example group of older adults, care providers, Indigenous people, newcomers , groups representing people with disabilities, professional groups, coalitions
- Users of Service – for example mental health consumer groups, breast cancer survivors, parents of children with special needs
- The General Public

Also, important to note is that the term 'communities' is often-romanticized as an ideal and harmonious unit.

Most of us belong to more than one community, whether we are aware of it or not. For example, an individual can be part of a neighbourhood community, a religious community and a community of shared interests all at the same time. Relationships, whether with people or the land, define a community for each individual.

Communities are at the forefront of community development efforts as people living closest to the situation are often in the best position to develop solutions (Hancock, 2009). Hancock's report*, Act Locally: community-based population health promotion* notes that

community is based on the recognition that community is the crucible for many of the determinants of health as it is the place where individuals live, work, learn, eat and play (2009).

C) Integration and Linkage of Community Development Framework to Concepts of Public Engagement and Patient Engagement

Public engagement and public participation and other related terms such as citizen engagement, community involvement, community engagement, community participation and public involvement are widely used in the literature.

> 'Public participation' means to involve those who are affected by a decision in the decision-making process. It promotes sustainable decisions by providing participants with the information they need to be involved in a meaningful way, and it communicates to participants how their input affects the decision. (International Association for Public Participation, 2016)
>
> It is the process by which an organization consults interested or affected stakeholders -- individuals, organizations, communities, and government entities -- before making a decision. Public engagement is two-way communication and collaborative problem-solving with the goal of achieving better and more acceptable decisions (International Association for Public Participation, 2007 and Creighton & Creighton, 2008).

Fostering public engagement is one of the three strategies for health promotion encouraged in early policy documents from the 1986 Ottawa Charter (Thurston et al, 2005).

Public engagement can be a very inclusive problem-solving approach to dealing with complex problems. In the spirit of community development, when everyone in a community is affected by a problem, everyone should take part in finding solutions to that problem. In this way, partnerships are formed where people can come and work together to achieve a common goal. Kilpatrick (2009) indicates that a health system-partnership is good practice and key to working with communities collaboratively.

Public engagement can achieve a number of objectives:

- Increases democracy – citizens participate in decision making, planning and action at different levels;
- Combats exclusion – by providing communities a voice, community participants can play a role in combating social exclusion;
- Empowers people and communities - to understand their own situations and gain increased control over the factors affecting their lives allowing them make choices concerning health services;
- Mobilizes resources and energy – communities have assets and resources that can be mobilized through community participation using a range of techniques to engage people;
- Develops holistic and integrated approaches to address issues being faced;

- Achieves better decisions and more effective services – by involving people in identifying needs, planning and taking action can result in better as well as creative decision making and;
- Ensures the ownership and sustainability of programs – community participation is essential if interventions and programs are to be owned and sustainable.

(World Health Organization, 2002)

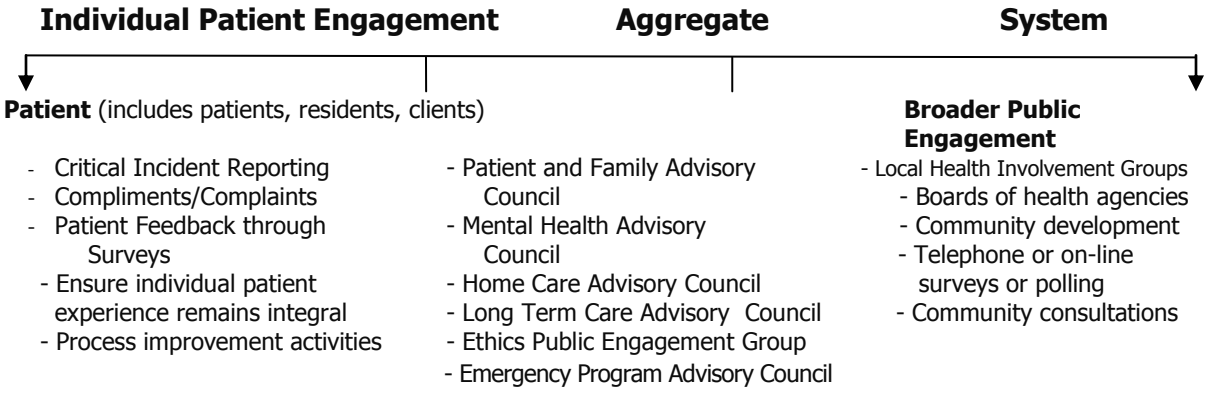
The WRHA has developed guiding principles for public and patient engagement which include the following beliefs:

- That those who are affected by a decision (all recipients of health care services) have a right to be involved in the decision-making process and that the public is a critically important stakeholder in health care;
- That public engagement is a transparent process that builds trust and a sense of shared ownership of the system-- that it must be meaningful and be approached with an openness to receive the input and a readiness to make changes;
- That input from diverse populations, especially the most vulnerable is key and that the engagement approach must be adjusted to the population that we are working with; and,
- That we need to ensure that engaged participants know how their input impacted the influenced the decision-making process.

The practice of public engagement and patient engagement can be carried out in a variety of ways, using a variety of approaches. Possible approaches include -- community meetings and/or workshops, surveys (in-person, over the phone, or on-line), polling, on-going advisory committees, key stakeholder interviews, and focus groups.

The WRHA views public and patient engagement across a continuum – from the *individual or patient* level of engagement all the way to the *system* level where there is broader public engagement. Between these, lies *aggregate or program* engagement where clients and family members participate as part of a group engagement activity – an advisory council or focus group for input on a specific program, project, or issue. It is critical that we ensure there are ample and accessible ways for the members of the public to participate in engagement across this continuum.

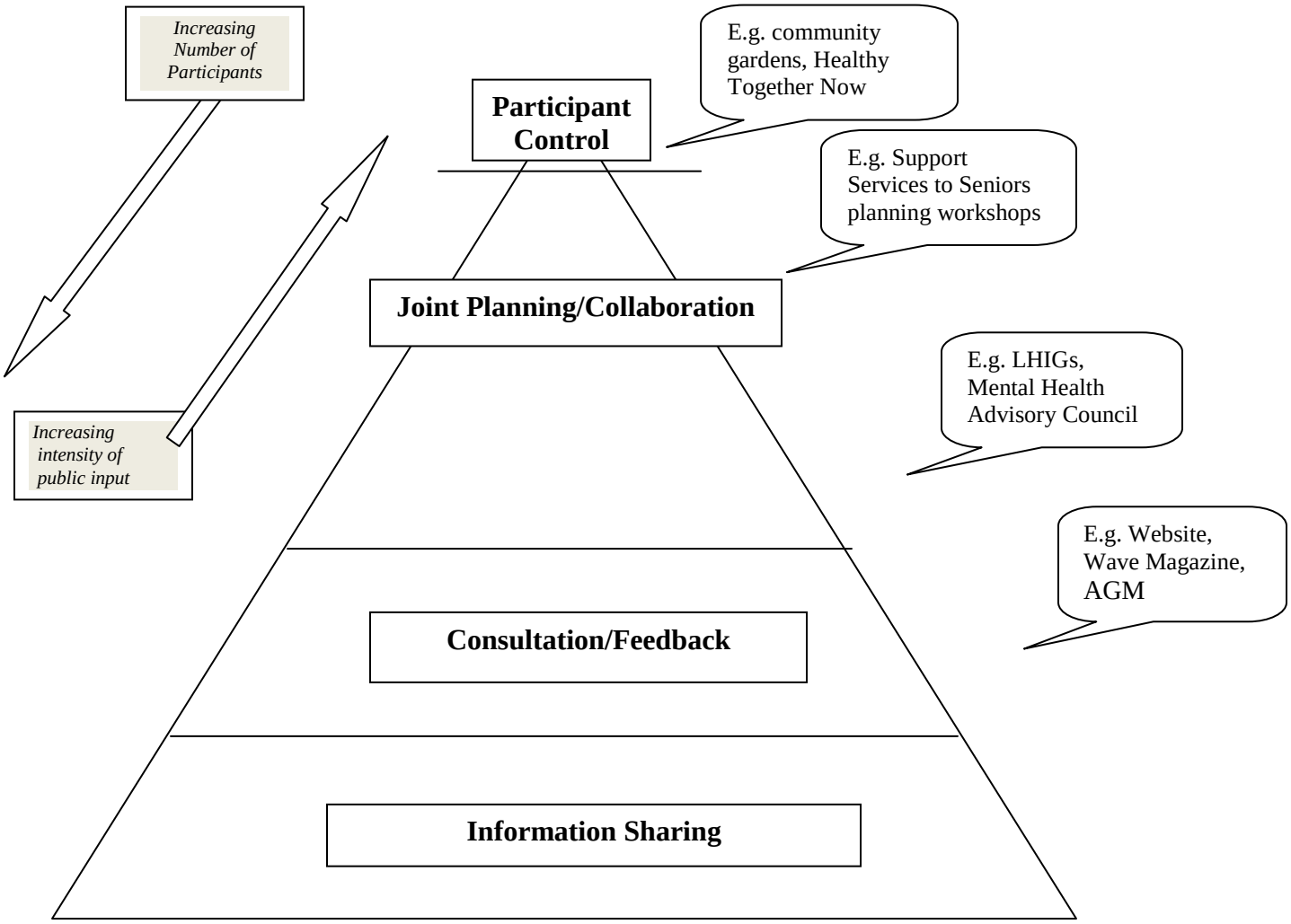
Continuum of Patient to Public Engagement in Health



The Local Health Involvement Groups (LHIGs) (Health Advisory Councils) are a large component of the WRHA's broader public engagement strategy. The LHIGs complement other program and population-specific engagement initiatives. LHIGs advise the regional Board and provide an opportunity for members of the public to explore, discuss, and provide their perspectives and ideas to address important issues impacting health care services in order to enhance the region's understanding of these issues and better meet the needs of the populations that receive these services.

Public engagement may range from passive (e.g. informing, consultation and participation) to proactive (e.g. collaboration, empowerment and development) (Mason et al, 2008 and International Association for Public Participation (2007). Public engagement encompasses a full range of activities from sharing information, to actively pursuing participant feedback, to jointly planning and to community organizing for health at a grassroots level -- refer to figure of WRHA Engagement Model.

WRHA Engagement Model*



*This model (driven by IAP2 levels of engagement) applies to all points along the patient/public continuum (below).

Successful Public Engagement -- what we've learned, and what public engagement participants have told us

1. At the heart of engagement, the program, site or the region as a whole needs to approach it with an openness to receive the input and be prepared to make changes. It must be meaningful and done with the intention of using the input.

2. Build on positive tone, history of how the WRHA and its partners have engaged and used input.

3. Promote the engagement that has already been done and how the input has been used is an important aspect of that.

4. Be creative, be willing to take risks – have courageous conversations

5. Need to inspire and connect in order to engage

6. *Who* you engage impacts *how* you engage -- adjust the engagement approach to the population that you are engaging.

   "The group that you target will influence "how" you engage them. Think about the population and how they get and share information, like the elderly and youth."

7. Get input from diverse populations, especially the most vulnerable – the biggest users of the system – get everyone to the table
   - Diverse populations include people from different cultural, ethnic, and faith backgrounds, different socio-economic groups and professions, different sexual orientations, and individuals with physical and mental health challenges. It also includes gender and diversity of age.

8. Make it comfortable and fit needs of group that you are engaging
   - Create a non-threatening, comfortable environment for the participants of an engagement activity as people need to feel comfortable and safe before they can be engaged
   - Provide incentives like the opportunity to socialize, eating together, and the opportunity to acquire new knowledge and skills

9. Make sure to offer many different ways for people to provide input
   - Given the need to engage diverse populations, engagement approaches also need to be diverse – from filling out surveys to participating in on-going advisory councils.
   - Address barriers to participating in engagement
   - Identify and address subtle barriers to engagement – language, cultural, and socio-economic barriers for example.

10. Utilize expertise from whatever program, site, community you are engaging

Planning a Public or Patient Engagement Activity (Toolkit for Public Engagement in Health, WRHA, 2013)

STEP ONE: Deciding to engage

- ✓ Before you start planning an engagement activity, you need to think about how the input you get from the engagement activity could enhance decision-making. Will it
  - Help you better understand an issue?
  - Be used to improve a service?
  - Strengthen a relationship with an organization that your program works with?
  - Provide a patient or public perspective for strategic planning?

- ✓ So, your program or site has decided to engage the public/patients/clients/ family…
- ✓ First -- find out if the public, patients, clients, etc. have given input on the issue, program area, service, etc. that you are working on – perhaps there is adequate information from previous engagement or there might be more specific information/feedback you still need
- ✓ What do you want to get input on? Figure out exactly <u>what</u> you want input on – you can start to consider what questions you would like to ask
- ✓ Now, consider the opportunity to influence the final decision/outcome and timing of getting input.
    - Where are you at with the plan/decision?
    - Is there a commitment of decision-makers to consider/use the input in planning or decision-making?
- ✓ Consider connecting with staff who do engagement work in the region

STEP TWO: Who you are going to engage and why

- ✓ <u>Who</u> are you going to target to get the input that you are looking for
- ✓ Consider all of the "stakeholders" involved or impacted by the issue/topic – members of the public, patients using the service or benefiting from the program, organizations that your program links with, family members, staff who are delivering the service, etc.
- ✓ You can carry out a stakeholder analysis to explore who you should bring to the engagement table – check out the appendix
- ✓ Now, you've decided who you'd like to engage…
    - Consider:
        - How you will communicate and connect with them;
            - The barriers to participation they may experience (this will impact where, how, and what supports they will need);
            - The existing relationships that staff may have with this population – community facilitators, program staff, staff who deliver the service, etc.;
            - Working with natural leaders in this population to help plan your engagement strategy

STEP THREE: Determining engagement approach and level of engagement

- ✓ This is an extremely important step in planning your engagement activity
- ✓ The targeted population that you have decided to engage will give you the clues you need to determine what approach will work best
- ✓ You also need to confirm the level of engagement – this needs to be done with those who have the ultimate decision-making power – could be a program director, Hospital COO, Board Chair, Community Health Agency Executive Director, etc.
    - There are five levels of engagement – inform, consult, involve, collaborate, and empower – refer to IAP2's "Public Participation Spectrum" and have a look at the table below
    - Typically, health engagement occurs at the level of consultation to involvement – where public/patient input is obtained, considered, and reflected in the decisions that are made
- ✓ There are many options for engagement activities and approaches for each level of engagement – use the IAP2 toolbox and connect with staff who have done public

engagement work to brainstorm some possible approaches – remember to ensure that this approach will work for the targeted population you are going to engage

STEP FOUR: Make plans to engage

- ✓ Planning the engagement initiative – where, when, what
- ✓ How can you recruit that population? (Option to use community members who already have some engagement in health experience) -- use the existing relationships that WRHA programs, sites, and staff have with organizations and networks in communities across the region to engage
- ✓ Determine a location that works best for the participants – in their community, at the site where they get the service that you want input on, at workplaces, etc.
- ✓ What is the best time for this activity to be held? Consider what works best for the participants and their availability – it won't necessarily be during regular work hours
- ✓ Consider processes to support participants – determine barriers and address – will they need assistance with transportation to get to the location of the engagement activity, will you need to have language interpreters, will having food increase the turnout, etc.
- ✓ Communication strategy – make plans for how you will invite participants to the activity
- ✓ What questions are you going to ask – make sure that they reflect what input you are looking for
- ✓ How are you going to measure success? What outcomes will indicate that this activity has been successful – refer to the Public Engagement Evaluation Indicators at the back for some ideas

STEP FIVE: Facilitate the engagement activity

- ✓ Ensure that the engagement facilitator is a good match and appropriate for the population that is being engaged. The facilitator must be skilled and neutral.
- ✓ Create a warm and welcoming environment for participants
- ✓ Set clear goals, define the role that participants will play, set realistic expectations (regarding how their input/feedback will be used) and let them know when and how they will get information back about how their input was used, valued by your program, site, etc.
- ✓ Consider what kind of background information or context for the engagement activity that participants will need in order to participate fully (without biasing their input)
- ✓ If appropriate, provide an orientation to participants – this would be appropriate for a longer term on-going engagement approach like an advisory council/committee
- ✓ When facilitating, it is important to acknowledge input and record it so that participants can visually see their input – on flipcharts, etc.
- ✓ Make sure to have evaluations for participants to fill out at the end of the activity

STEP SIX: After the engagement

- ✓ After the engagement activity is over, type up a report and share with your program team and leadership – make sure you highlight the recommendations, any concerns, and unique perspectives that you heard
- ✓ Work to bring those perspectives to the table when decisions are being made related to the topic/issue at hand
- ✓ When it is appropriate, let the participants know how their input was used and why
- ✓ Summarize the evaluations that participants filled out so that you can continue to learn and grow in your engagement work

D) Rationale for Using Community Development Processes in the Health System

Community development needs to be a core method and approach within the health system. By emphasizing health promotion and by strengthening communities to identify issues, and set priorities, we enable communities to make decisions and take action around health issues. The following statement alludes to the primary shifts in philosophy needed to ensure community development as a core component of the Winnipeg Health Region's activities and why community development is integral to our success.

"Canada has developed a health system that is relatively good at treating illness, but ineffective at recognizing and stimulating action to address the determinants of health, such as an adequate income, shelter and food. By associating "health" with "health care", we have largely ignored the important role communities play in creating the conditions that support and sustain health. We need to find ways to turn the treatment system into a health system by emphasizing health promotion and by strengthening communities to identify issues, set priorities, make decisions and take action around health issues" (Health and Welfare Canada, 1992,8).

Both *Achieving Health for All* and *the Ottawa Charter* clearly state that "the development of healthy communities needs to occur in conjunction with a supportive system of health services and public policies or it will not work. Our challenge is to develop these new relationships between the health care system, the community and the public policy makers…" (Health and Welfare Canada, 1992, 8).

In the southern United States in the mid 1960's, health centres began to be used as instruments of community development and levers for social change in the "war on poverty". "Communities of the poor, too often described only in terms of their pathology, were in fact rich in potential and amply supplied with bright and creative people and, health services, which have sanction from the larger society and salience to the communities they serve, have the capacity to attack the root causes of ill health through community development and the social change it engenders" (Geiger, 2002).

Community development practice is well documented in the literature. Community development empowers people to have more control over the decisions that influence their own health and the health of their community through increasing personal control over their

own health behaviour change and by addressing the underlying health determinants such as poverty, housing, or environmental threats. The concept of empowerment is focused on achieving equity in health and increased public participation in health program decision-making (Laverack and Labonte, 2000). Community health development emphasizes the outcomes of improving health status of the population and building capacity to address factors that influence health status (Burdine et al, 2010).

Community development requires the collaboration of many workers, organizations, community members and groups. How else are we able to work on the "determinants of health" which affect every aspect of human existence? It is essential to involve the community and to collaborate with its members as they are cornerstones of efforts to improve public health. In recent years, for example, community engagement and mobilization have been essential to programs addressing smoking cessation, obesity, cancer, heart disease, and other health concerns.

IV) Community Development and the WRHA

The need to articulate a position on community development and public participation within the Winnipeg Regional Health Authority began with the inception of regionalization in Manitoba. For some time, health care systems have recognized the need to shift from an illness care system to a health care system. Examples include the integration of service delivery, recognition of the importance of the continuum of care, the application of population health strategies and the adoption of the principles of primary health care.

A great deal of work has been done to clarify the key concepts involved in the areas of community development and public engagement. The Board of the WRHA has articulated a comprehensive vision, mission and values, which support these concepts. Further, the strategic directions have included the development of health advisory councils and several community consultations. At the same time the Regional Director of Primary Health Care and Chronic Disease has worked in tandem with the regional quality processes and service integration activities in clarifying and identifying the key components of community development and public engagement. The following describes how community development and public engagement must continue to be integrated into a common framework.

Further, it is hoped that this paper demonstrates the relevancy of community development processes throughout all levels of the WRHA, with all WRHA funded services and partners and across the continuum of health services.

A) Provincial and Public Expectations

Manitoba Regional Health Authorities Act

Manitoba Health Act Legislation

Public engagement is mandated through legislation that relates to health. There are several sections that require the regional health authorities in Manitoba to incorporate practices that

include the participation of the community members within the authority. For example, the Regional Health Authorities Amendment Act, states that:

Division 2 Section 32(1) "unless the minister approves otherwise, a regional health authority shall establish at least one and no more than four district health advisory councils to advise and assist the board of the regional health authority" (current as of November 25, 2012)

Division 2 Section 32(2) "A district health advisory council shall be composed of the number of members prescribed by the minister, who shall be selected, by appointment, election or otherwise, in accordance with the regulations" (current as of November 25, 2012).

Chapter R34, Division 23(2) "In carrying out its responsibilities, a regional health authority shall…"

> Item (b) "assess the health needs in the region on an ongoing basis" and
> Item (h) "ensure that health services are provided in a manner which is responsive to the needs of individuals and communities in the health region and which coordinates and integrates health services and facilities".

The Regional Health Authorities Amendment Act (Improved Fiscal Responsibility and Community Involvement) has been enacted and assented to June 14, 2012, mandates the creation of Local Health Involvement Groups (LHIGs) to strengthen local involvement in Regional Health Authorities.

Section 1 is amended

(a) by repealing the definition "district health advisory council"; and

(b) by adding the following definition:

"local health involvement group" means a local health involvement group established by a regional health authority under section 32; (« groupe local de participation en matière de santé »)

Section 32 is replaced with the following:

Local health involvement groups
In accordance with guidelines approved by the minister, a regional health authority shall establish local health involvement groups to explore and provide advice to the board of the authority on issues that impact the delivery of local health services (Manitoba Laws: http://web2.gov.mb.ca/laws/statutes/2012/c00812e.php# retrieved 2013)

B) Manitoba Health and the Community Health Assessment

The Winnipeg Regional Health Authority and Manitoba's other regional health authorities produce a Community Health Assessment (CHA) every five years. The Community Health Assessment's purpose is to identify community health assets and issues, set health objectives

and monitor progress towards those objectives.

Community Health Assessment (CHA) is an ongoing activity of the WRHA. The purpose is to identify community health assets and issues, set health objectives and monitor progress towards those objectives. WRHA planners, program teams and others regularly use this information to identify priorities and to develop and support action plans in their daily work.

The WRHA Community Health Assessment Guidelines states that "Community Health Assessment identifies and measures the health status of the population of a given health authority. It is a dynamic, ongoing process undertaken to identify the assets and needs of the community, to enable the community-wide establishment of health priorities, and to facilitate collaborative action planning directed at improving community health status and quality of life" (2009, 10). The assessment provides a structured and ongoing process to link health needs with the resources available to achieve positive health outcomes.

The WRHA has completed four comprehensive CHAs (1999, 2004, 2009, and 2014). Community groups and health planners regularly use this information for many purposes, such as identifying priorities, in developing and supporting appropriate action plans and identifying opportunities for action and facilitating community development. The WRHA and its community partners may implement policies and programs whose effectiveness can then be assessed.

The population, age and sex figures for Community Areas and Neighbourhood are presented below in tables and pyramids using data from the 2010 Manitoba Health Population Report. For comparison purposes, 2006 data have also been provided. For example, the CHA uses an approach that is responsive to the communities, individuals and organizations that can benefit from the information in the document. Meetings with many stakeholders have occurred to ask for ideas about how the CHA could be more useful in providing information for planning and decision-making. Ways of developing ongoing public engagement are being explored. Ongoing engagement is quite different from using "community consultation," and involves a more collaborative approach with shared ownership of processes and results between groups. The CHA process will include focused public engagement strategies that build on existing networks and community assessment activities.

The use of health assessments provide important information for many organizations and programs associated with health, wellness and community development and a framework for examining the potential health effects of decisions, development plans, and projects before they are implemented so that health benefits may be maximized and risks reduced. These statistical health reports can help provide community members and stakeholders with the objective data needed to build and sustain healthy communities.

C) Accreditation Standards and Community Development

Accreditation Canada is the leader in "raising the bar for quality in health". Their mission is to drive quality in health services through accreditation. **Qmentum** is the accreditation process. **Q** stands for Quality; **mentum** stands for Building momentum,

action, energy, moving forward (Accreditation Canada, 2016). The standards of excellence support the integration of health services across the country.

Accreditation Canada notes that four values are included in the standards: dignity and respect, information sharing, partnership and participation and collaboration. The *Qmentum Program Standards under Governance* Criterion 11.0 states that: "The governing body strengthens relationships with stakeholders and the community" (2016, 30).
Under Leadership
Criterion 5 states "Services are planned and designed to meet the needs of the community" (2016, 24).
Criterion 6 discusses "The changing needs and health status of the community served are understood" (2016, 27).
Criterion 7 indicates "The organization's leaders work with the governing body to identify and collaborate with external stakeholders" (2016, 29).

Under the Population Health and Wellness the standard "The organization works with partners in the community to promote health and prevent disease." and "Capacity to promote the health of the population is built within the community, in collaboration with partners" (2016, 29).

All these criteria indicate the Winnipeg Health Region and its funded partners need to encourage, support and participate in ongoing community development to promote health and well-being and continue to collaborate and partner with community to address community needs.

The Winnipeg Health Region and funded partners need:

- To involve community partners and stakeholders across levels in collective action;
- To plan and design programs and services that meet the community's needs and engage communities in setting priority and finding solutions;
- To build capacity and empower the community to live healthy; and
- To encourage and support clients and families to participate in care and decision making.

D) WRHA Mission, Vision, Values and Strategic Directions

In creating the Region's strategic plan, extensive consultation with both the general public and people who work in health care took place. The WRHA's strategic plan for 2016 to 2021:

Mission

To coordinate and deliver quality, caring services that promote health and well-being.

Vision

Healthy People, Vibrant Communities, Equitable Care for All

Values

- Dignity - as a reflection of the self-worth of every person
- Care - as an unwavering expectation of every person
- Respect - as a measure of the importance of every person
- Equity - promote conditions in which every person can achieve their full health potential
- Accountability - as being held responsible for the decision we make

Strategic Directions

The Winnipeg Regional Health Authority has six new strategic directions to guide the Region's operations. They are:

- Enhance Patient Experience
- Improve Quality and Integration
- Involve the Public
- Advance Research and Education
- Build Sustainability

Strategic Directions:

1. **Enhance Patient Experience**
   Enhance the patient experience of those we serve by striving to provide outstanding, compassionate, dignified care in everything we do.

2. **Improve Quality & Integration**
   continuous efforts to improve the services we provide, with specific emphasis on population health, access, patient safety, client centeredness, continuity, effectiveness, efficiency, and addressing health inequities.

3. **Involve the Public**

   Work with the community, patients and families to improve health and

well-being by forging partnerships and collaborating with those we serve. We will listen to those we serve to engage them in our improvement efforts.

4. Advance Research & Education

Partner with research and academic stakeholders to provide innovative, evidence informed, sustainable programs and services. We will further evolve the academic health sciences network where clinical and population health education and research activities are aligned and integrated.

5. Build Sustainability

Balance the provision across the continuum of healthcare services within available resources (fiscal, human, infrastructure) to ensure a sustainable healthcare system. Deliver the right health services in the right place and at the right time

6. Engage Service Providers

Create a work environment that is engaging to service providers, enhancing their contribution to achieving priorities on a cost-effective basis, and striving to meet the needs of those we serve.


WINNIPEG REGIONAL HEALTH AUTHORITY 2016 TO 2021
STRATEGIC PLAN
VISION
Healthy People
Vibrant Communities
Equitable Care for All
MISSION
To coordinate and deliver QUALITY, caring services that promote HEALTH & well-being.
VALUES
DIGNITY - as a reflection of the self-worth of every person
CARE - as an unwavering expectation of every person
RESPECT - as a measure of the importance of every person
EQUITY - promote conditions in which every person can achieve their full health potential
ACCOUNTABILITY - as being held responsible for the decisions we make
STRATEGIC DIRECTION
ENHANCE PATIENT EXPERIENCE
IMPROVE QUALITY AND INTEGRATION
INVOLVE THE PUBLIC
ADVANCE RESEARCH AND EDUCATION
BUILD SUSTAINABILITY
ENGAGE SERVICE PROVIDERS
OPERATIONAL STRATEGIES
IMPROVE PATIENT FLOW
MANAGE RESOURCES
IMPROVE ENGAGEMENT

E) WRHA Community Development – Purposes, Principles and Practices

Purpose

We will reduce health inequities and improve the health and well-being of the population we serve by engaging in a broad range of strategies including organizational capacity building, intersectoral networking and local area development.

Guiding Principles

Respect

We value the inherent worth, dignity, diversity, and abilities of all individuals, families, groups and communities. By working together in solidarity with people, we create improved conditions for health and productive relationships.

Inclusion, Equity and Anti-discrimination

We value fairness and justice and believe that we must strive to reduce inequities in the conditions for health, and in health outcomes. We recognize that some people may need additional support to overcome barriers they face.

Meaningful Participation

We value inclusive participation meaningful to all people in decisions that affect their lives; we believe that this is fundamental to good health. We will make efforts to include people who are least heard, to participate in a meaningful way, in decisions that affect their lives.

Hope

We value hope. We believe that community development and change begins with individual people and that they must have hope that things change through collective action.

Meaningful Process

We value that the way we work is as important as the goal. We believe that community development is an on-going, dynamic process of social change that can lead to sustained improvements in people's lives.

Integrity

We value honesty and transparency of our intent and priorities and believe that we must demonstrate our accountability to all with whom we work. Integrity is our commitment to act in ways that enhance, and do not detract from, community development values.

Inclusion

We value the diversity within communities and their contributions.

Collaboration

We value working together with communities and partners within or across sectors.

Strengths Based Assets

We value building on local strengths and assets of the community to achieve local vision.

Community Development Practices

Community Development Principles of Practice (Schmolling et al, 1997) captures and describes the following manner in which we work. Community Development:

- Is community-driven
- Is inclusive
- Involves sharing power
- Is non-hierarchical (in thought and action)
- Is aimed at sustainability (i.e. if you were to leave, the initiative would continue)
- Focuses on those most marginalized
- Supports identification/mobilization of community's own resources before bringing in outside resources
- Promotes cooperative, democratic structures/processes
- Aims at skills-sharing/transference and skill-building (i.e. community capacity)
- Promotes increased connectedness among community members (i.e. social capital)
- Promotes increased community competence (i.e. the increased ability to organize and solve community problems)
- Addresses issues related to determinants of health.

V) WRHA Community Development Framework

The preconditions for community development to be meaningful and effective include organizational commitment, understanding, competencies and available human resources. The core competencies for community development and public participation include communicating, facilitating and managing change (WHO, 1999).

What is being presented in this document is a description of a Community Development Framework based on the requirements of health legislation in Manitoba, the community health assessment process and the quality and accreditation processes. These elements have been supported by current knowledge of health literature on the subject and the

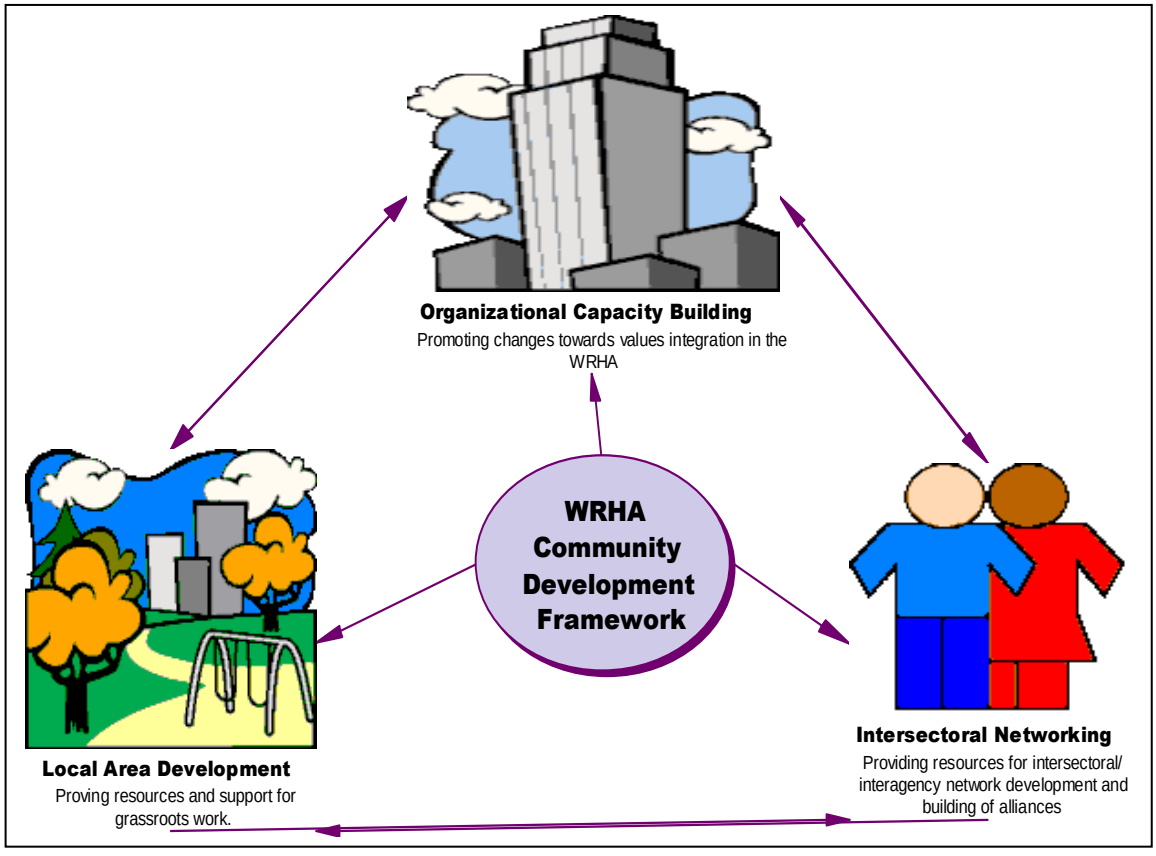
observations and experiences of some key stakeholders in the Winnipeg Health Region with expertise in community development.

By expanding the discussion and continuing the implementation of this community development and public engagement framework, the mission and vision of the WRHA will be enhanced and evolve in a fashion aligned with the values and principles espoused.

Recognizing that public engagement and community development are inextricably linked, the WRHA community development framework includes:

- The promotion of organizational development ,
- The facilitation of networking and intersectoral collaboration, and
- The support and facilitation of local area development (grassroots work).

Figure 1: WRHA Community Development Framework Components



A representative model of the community development framework is shown in the figure above. In the model are arrows. The arrows reflect the interconnectedness of the three components.

Each of these three components must support one another and are described below in further detail.

A) Organizational Capacity Building

What does Organizational Capacity Building mean?

Organizational Capacity Building
Promoting changes towards values integration in the WRHA

What is referred to when the term 'capacity building' is used?

We conceptualize capacity as a set of knowledge, skills, commitments and resources required at the individual and organizational levels to conduct [community development] (Prairie Region Health Promotion Research Centre, 2004). For individual practitioners, capacity involves elements of knowledge (e.g. understanding the determinants of health and knowing when it is appropriate to use a range of health promotion strategies), skills (e.g. community development process skills, research, planning, project management and evaluation skills), and commitment (e.g. valuing community development principles, being oriented to holistic definitions of health and health promotion). Capacity building assists practitioners to develop knowledge to increase their capacity to serve clients and the growing needs of communities.

Organizational capacity can be conceptualized as the characteristics that an organization needs in order to function and implement activities/initiatives (Flaspohler et al, 2008). Organizational capacity is the "potential ability of a health organization to develop an empowering and democratic partnership with a community, through which the community's capacity to identify and address its priority health concerns are enhanced" (Germann and Wilson, 2004, 290).

Building the capacity of an organization to improve health is a complex task. Organizational capacity does not only consider the sum of individuals' capacities, it also reflects the structures, systems, policies, procedures and practices of an organization (NSW Health Department 2001 and Prairie Region Health Promotion Research Centre, 2004). The capacity of organizations, in turn, is determined in part by the knowledge, skills and commitments of the individuals who compose them. Organizational capacity will expand if learning goes beyond solving a specific problem to gaining the skills and knowledge to solve problems.

However, at the organizational level, capacity also entails elements of organizational culture and structure (e.g. leadership and communication practices, systems for participation and learning), policies (e.g. making health promotion [and community development] a priority, empowering employees to act), and resources (e.g. funding and human resources in support of [community development] initiatives (McLean, 1999).

The elements of general organizational capacity are: effective leadership, clear vision/mission, organizational structure, effective management style, organizational climate, resource availability, staff capability and community linkages and relationships (Flaspohler et al, 2008).

Hence, organizational development requires that the WRHA continue to commit to a self-assessment process monitoring the culture, structure and processes of the WRHA. When

organizations commit to building organizational capacity, they are required to change based on how identified barriers and obstacles affect their participation with stakeholders.

Why Organizational Capacity Building?

Organizational development or capacity building is an essential component of community development and public participation as it creates a supportive culture that acts in accordance with its espoused values and principles.

A supportive culture in the health system is one where accountability is an integral component of the developmental process and underpins the capacity of the organization or health system. Accountability is where "we can count on one another" to get the job done, to support and coach each other and to create relationships where healing is at the centre. Accountability is further defined in the glossary section at the end of the document.

"Some organizational development within health authorities…. will be necessary to enable the existing culture and mechanisms to change and develop so that community views can be incorporated into decision-making structures affecting health" (Smithies and Webster, 1998).

In organizational development there must be an expectation that all staff are responsible for contributing to a healthy and positive environment. The organization should enable staff to contribute to a positive working environment and reduce identified organizational or structural barriers to support accountability for these efforts. Organizations are accountable for setting up appropriate processes while staff is accountable for their sustained contribution to the creation of an overall atmosphere that is positive and healthy to work in on a day-to-day basis. Assessment and identification of barriers and obstacles to create and monitor this change is a critical component of initiating and managing organizational change/development.

Graham Lowe (2004) identified seven key work place health strategies for creating and sustaining organizational development and wellness. These strategies include: recognition and removal of barriers, the introduction of new organizational practices through learning and innovation while simultaneously using a top-down and bottom-up approach, engaging everyone in the process, reducing stress, measuring progress and closing the knowledge gap that round out these workplace health strategies

Staff in healthy workplaces require skill enhancement to develop self-awareness as practitioners and to work as team members. As a part of the organization, staff needs to develop an awareness of their role as facilitators and enablers, not owners or controllers. Staff also needs to understand the privilege (and power) that they have in situations and balance, equalize or redistribute power as much as possible. These aptitudes and attitudes require identification, open information sharing and the recognition that all partners in the change process are valued and have an important role.

Promoting Organizational Capacity Building within the Winnipeg Health Region

Kathy Germann and Doug Wilson (2004) in their article, *Organizational Capacity for Community Development in Regional Health Authorities: A Conceptual Model*, noted that the following structures and processes are helpful in supporting organizational capacity building and community development:

Flexibility in planning - to understand and accept that the goal is not necessarily the actual outcome of a project, but the increased capacity that communities develop as they learn to work together to set priorities and take actions to address them,

Collaboration - willingness and ability of regional health authorities to collaborate with groups, communities and other organizations and sectors to promote health,

Evaluation mechanism - long term nature of community development is not amenable to traditional measures; there is a need to find better ways to document their work and its outcomes, need to accept qualitative data as valid evidence of success and build capacity of community organizations to evaluate their own activities,

Job design - includes role clarity and presence of other front line staff who do community development work, flexibility because of the nature of community development work – hours, etc.

Resources - human, material, and non-material goods.

Funding - essential for community development practice, protected health promotion funding.

Information - about the community – health related data and social and political issues, informal information about the community, knowing who the leaders are, where people meet to share information, and what the past history of the community is in working together.

Time - community development work takes time, building trusting relationships, fostering broad participation in decision-making, etc.

Human Resources - workers needed with proper skill sets and personal attributes, and access to outside experts and training.

Modeling Community Development internally - creates a central dynamic of trust within the community development team and in turn a supportive and empowering environment through which front line and community development staff can learn, take risks, and develop their skills.

An organization must show commitment to support community development at all levels. The organization's values and beliefs must be congruent with community development, they must show leadership, and a shared understanding throughout the organization about what community development is, how it contributes to health, and how it fits within the spectrum of services provided by the organization.

Core values and beliefs:

- Health is a positive resource broadly impacted by a wide array of socio-environmental contexts and risk conditions.

- Community development processes encompass a proactive approach that nurtures the potential for individual and community self-empowerment and strengthens existing capacities to work together effectively to enhance health and well-being.

- Belief in participation and in sharing power with communities for setting priorities and taking actions to enhance health.

- Belief that the organization should act with integrity in working collaboratively with communities and agencies, as well as through modeling community development principles and processes internally with staff.

- All of this requires an orientation towards critical reflection, learning, innovation, and risk taking.

Central aspects of leadership that facilitate organizational capacity building:

- It is crucial to have at least one leader at the senior level of the organization who is a strong advocate for health promotion and community development approaches;

- Regional health authority leaders need to adopt a leadership role in supporting community-driven initiatives to enhance health; and

- Leaders who have charisma, who are able to "let go of the red tape to let things happen" and who practice a participatory, rather than a control-oriented philosophy.

(Germann and Wilson, 2004)

The goal of organizational capacity building is to enable the organization to grow stronger in achieving its vision and mission. Capacity building looks into where an organization stands in comparison to where it hopes to be and develops the skills and resources to get there.

Examples of Organizational Capacity Building Activities

Local Health Improvement Groups are comprised of residents and members of boards of health organizations located in the same community. The Local Health Improvement Groups are advisory to the Board of Winnipeg Regional Health Authority and provide an on-going opportunity for community members to share their thoughts about and provide suggestions to address important issues that impact the health of Winnipeg communities. The Local Health Improvement Groups explore and provide feedback on issues that are of strategic importance and impact the health of communities. To date the Local Health Improvement Groups have explored:

- Issues impacting the Health of Children
- Injury Threats in Communities
- Health System Delivery and Coordination
- Criteria for Strategic Planning
- Issues impacting the Health of Seniors
- Barriers to Active Living and Mental Health Promotion
- Community Perspectives of Patient Safety
- How the WRHA Communicates with Communities across the Winnipeg Health Region
- Compassionate Care: Community Perspectives
- Issues that Impact on the Health of Immigrants and Refugees in the Winnipeg Health Region: Community Perspectives
- Health Determinants in Community Areas Across the Winnipeg Health Region: Community Perspectives
- Learning from Patient Experiences: Community Perspectives
- Affordable Housing and Homelessness
- Addressing Effective "Patient Flow": Gaps in Services When Transitioning Between Service Areas
- Mental Health and Stigma: Community Perspectives
- Chronic Disease: Access to Health Care and Barriers to Self-Management Summary | Full Report
- Reporting back to the Community Health Advisory Councils
- Public Expectations of the Health Care System
  Summary
- Building a Primary Care System: Community Perspectives on Primary Care Home & Network
- Building Public Trust of the Health Care System: Community Perspectives
- Public Engagement in Health: Community Perspectives
- Caring Across Cultures: Community Perspectives about how to increase the Cultural Proficiency of Health Care Providers and the Health Care System
- Sustainability of our Health Care System: Community Perspectives
- Promoting Advance Care Planning: Community Perspectives
- Community Health Assessment: Input on Optional Indicators and Sharing Results with the Public and Community Organization
- Transparency and Accountability in Healthcare: Community Perspectives
- Declaration of Patient Values for the Winnipeg Health Region

- Public Input on Strategy 2016-2021
- The Provincial Continuing Care Strategy: Public Perspective on Aging in Place
- The Ethics of Equity and Sustainability

For additional information, go to www.wrha.mb.ca

Mental Health Advisory Council (MHAC) is made up of consumers, family members, and interested individuals to provide input regarding mental health service planning, implementation, and evaluation. The Council is advisory to the Regional Adult Mental Health Program of the WRHA and provides feedback on broad range of health and human service issues that impact the lives of people with mental illness and their support networks. The MHAC has explored the following issues to date:

- Family Participation and Natural Support
- Stigma of Mental Illness and Mental Health Literacy
- Crisis Response System Redevelopment
- Recovery-oriented Mental Health System
- Kirby Commission Report on Mental Health
- Effective Transitions Between Acute Care and Community-based Services
- Suicide Prevention
- Housing
- Mental Health Promotion in Schools
- Provincial Mental Health Plan

Patient and Family Advisory Council is composed of individuals with experience using health services in the Winnipeg Health Region – they share an interest in collaborating to improve health services – from acute to community to personal care homes. They advise the WRHA on the design, improvement, and delivery of services that will enhance the patient and family experience of our health care system
Members share their own personal experience of care at open Regional Management Council meetings, and at the Quality, Patient Safety, and Innovation Committee meetings of the Board.

Home Care Advisory Council is an important client and family engagement initiative that was developed by the Home Care Program. It is a mechanism for on-going input from recipients of home care services and their families, towards an improved understanding of needs and issues when designing and delivering Home Care services. Members serve 2 and 3 year terms. Members have input into the timing and selection of the topics that are explored. The Home Care Program provides feedback on how the Council's input is used.

Emergency Department Patient Advisory Council – is a group of people with experience using Emergency Department services in the Winnipeg Health Region. Council members share an interest in collaborating to improve patient experience and care in the region. The purpose of the Emergency Department Patient Advisory Council is to: advise the Winnipeg Health Region on the design, delivery, improvement, and

evaluation of Emergency Department services in the Region; enhance the patient experience, improve quality and integration and involve the public.

Ethics Council Public Engagement Group - was created in 2014 to supplement and provide the client's voice to the Regional Ethics Council. The Council provides an ethics lens for clinical practice and policy review and development, performs ethics issue reviews, and supports ethics initiatives throughout the region.

Long Term Care Advisory Council - is made up of individuals with lived experience in relation to Long Term Care services along with family members, natural supports and concerned citizens. The Council is a mechanism for on-going input from recipients of these services, and their families, with the goal of better understanding the needs and issues of residents and family members when designing and delivering long term care services.

Community Facilitators – enable community capacity building and public engagement in building healthy communities, the Winnipeg Health Region supports 'community facilitators' in each of the 12 community areas. Community Facilitators provide leadership to communities by incorporating community development principles in their everyday work and supporting linkages between staff and the community.

Volunteer Services' goal is not only to enhance service delivery but also to provide opportunities for citizens to become involved in various aspects of service delivery. Volunteer Services has developed and offered numerous in-service training sessions to the Winnipeg Health Region staff and to WRHA funded organizations. This has been well received, especially by those organizations which lack the capacity to fully develop these services. It has provided an opportunity to build capacity within the organizations.

B) Local Area Development

Local Area Development
Providing resources and support for grassroots work.

For any community development strategy to be effective, it must include the provision of, and access to, resources (human resources, support, finances etc.) targeted to facilitate grassroots work and local action. Local action can occur within communities that share a common interest or within geographic communities. In her article, *Shared Space: the Communities Agenda, Trojman* suggests that "the goal of the communities agenda is to promote resilience in order to build strong and vibrant communities" (2006, 2). The best definer of a community is the community itself as it organizes itself for the resilience journey and its ability to not only respond to adversity but in reaching a higher level of function.

Community development is long-term work building trust and mutual respect among community members and professionals in which the WRHA is one player of many. "Community development is carried out with a community by someone, while community building is done by the community itself" (Labonte, 1998). Locality development subscribes to the values and outcomes of what is typically referred to as "community development". Rothman characterized different approaches to working with communities which includes locality development (Burdine et al 2010).

Such work often aims to build on shared experiences of people's lives in order to develop new solutions to community-defined problems. Research demonstrates that communities can achieve long term health improvements when individuals become involved in their community and work together to effect change (Majeea, 2015). This approach is based on the belief that in order to effect change, a wide variety of community people should be involved in planning, implementation and evaluation. Hence, a process must be developed with local communities to define their strengths, assets, problems and strategies for change.

In the report, *Lifting the Burden of Chronic Disease What's Worked What Hasn't and What Next Directional Document*, Kreindler indicates that "community development represents an effective approach… and various community development initiatives have fostered improved health as well as community empowerment" and that when a group of community members "become involved in health-related issues, their contributions to policy and programming can be highly valuable" (2008, 22).

Communities are unique and like individuals, they are constantly evolving and changing. Considering the size, complexity and need for order within a regional health authority, the prospect of responsiveness to local community needs and issues becomes a challenging exercise. As well, many groups, organizations and possible funding sources are aware of the potentiality of local citizens organizing for community development and are interested in supporting such activity. How then do these larger sectors coordinate and collaborate for effective and empowering actions at the local level?

There are solutions to such dilemmas and contradictions and solutions can be built. The critical role for the WRHA in the ongoing dialogue is to ensure there are communication strategies and mechanisms within our structure and processes to effectively allow skill development and facilitation of common interests to catalyze and support local actions

without controlling the process. A locality development approach presupposes that we pursue community change most effectively by involving a wide spectrum of local people in goal determination and action.

Community Development is about boosting the vitality of communities (McCartney, 2011). Examples may include a residents association that addresses community safety issues, self-help groups for breast feeding mothers, mental health self-help groups, and senior's meal programs and seniors addressing transportation issues in their community.

Examples of WRHA Locality Development Involvement

The Work of Community Facilitators

Community development makes it possible for the Winnipeg Regional Health Authority, community health agencies and local citizen groups to work within the community and support it in improving its people's health and lives. Community development brings people together. The Winnipeg Health Region has a group of staff who specialize in community development. These **Community Facilitators** help WRHA, service agencies, local non-profit organizations, various levels of government and residents work together to achieve our common goal of keeping people healthy and improving access to care.

Communities, like individuals, have strengths and gifts. The role of community facilitator is to draw out these natural strengths through such actions as bringing community members together at meetings and facilitating members to speak about the issues that are important and then help mobilize the ideas and actions that the community would like to see implemented. The Community Facilitators help communities to bring about social change and improve the quality of life in their local area. Community facilitators provide a variety of skills and resources, thus allowing them to take on different roles to support both the community and the Winnipeg Health Region and to tailor their involvement depending on the needs of the group and initiative. In the literature, the roles commonly ascribed to community developers/ facilitators are enabler, guide, technical expert and liaison.

The community facilitators support their community areas by:

1. Strengthening community capacity
    - Supporting groups to work to develop skills and methods (identifying and setting goals, carrying out assessments, planning etc.), assisting them in finding the resources they need to reach their goals and/or assisting in creating a plan
    - Strengthening local leadership and recognizing community as experts in what they need
    - Assisting with organizational development in the nonprofit sector by enhancing ability of groups and agency to identify and respond to community issues

- Providing leadership to community area staff in incorporating community development principles in their everyday work
- Enabling community action in many areas including supporting health promotion strategies (e.g. Healthy Together Now)
- Actively using a community development lens

2. Building partnerships
    - Developing bonds and relationships with individuals and community groups so that they feel comfortable voicing their concerns
    - Creating and strengthening connections between the WRHA and community
    - Working within existing interagency, intersectoral, and citizen networks in the community area and connecting community development work in the community area.
    - Facilitating formal collaborations and partnerships to ensure that all have what they need to work together
    - Supporting linkages between staff and the community.

3. Improving access to information
    - Providing knowledge of the community area profile, resources and services
    - Disseminating information through their networks to keep staff and community aware
    - Supporting linkages between citizens and resources
    - Addressing barriers using a health equity lens by identifying barriers and working with groups and services providers to develop strategies and solutions to remove the barriers

4. Enhancing health systems
    - Engaging and supporting community involvement in the Winnipeg Health Region at various levels
    - Bringing a health equity lens as well as the determinants of health to various discussion tables
    - Facilitating opportunities to strengthen the WRHA's role in developing a healthy community and the work of other sectors

The community facilitators play a key role in connecting individuals to services and helping to address the economic, social, environmental and personal rights of individuals and communities. They can also observe and relay community realities to the Winnipeg Health Region.

Community facilitators also play the role of the "trusted advisor and health navigator in the community" (Perez, 2008, 13). Perez states that "community health workers [community facilitators] are a critical component of integrated systems of health care and act as advocates for the myriad issues…the information they have access to can inform how health practitioners and policymakers define health and well-being and how they can improve these areas" (2008,13).

Community facilitators have the ability to serve as connectors and navigators in the system. Their knowledge and work must also be harnessed. Community facilitators are resources and experts to not only their communities, but also to the health system for the information they bring and provide, with the linking they do and for encouraging communication, collaboration and the potential to create change.

Examples of Local Area Development Initiatives in the Winnipeg Health Region

Healthy Together Now - Supports the community in reducing chronic disease through initiatives that support healthy eating, physical activity, smoke free living and mental wellness. Community Led-Community groups decide what health factors they need to tackle and plan activities to get people involved.

Parent Child Coalitions – This community coalition recently opened four Parent Centre drop-in sites for parents with young children (originally a result of Public Health staff identifying a lack of programming options). Using Early Development Instrument (EDI) school readiness data to inform the development of targeted programming that address the strengths and needs of early childhood development within the community area. The group is also looking at establishing Triple P Parenting programming & strengthening the partnerships between early child care centres and schools.

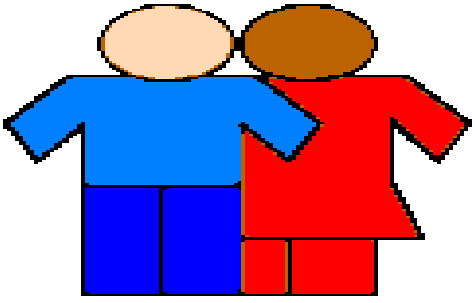
Neighbourhood Resource Networks (NRN's) – NRN's are comprised of community residents and representatives from health, social services, police, education departments or agencies and community organizations based in a geographic community. The networks identify issues that impact the health of the population and develop collaborative initiatives to address them.

Support Services for Seniors – supports a broad range of programs and services for seniors that are offered and facilitated by community boards. The focus of the Winnipeg Health Region's work in this area is to help build the capacity of the senior serving organizations offering programs in their communities. Examples include the development of community gardens, meal programs, in *motion* strategies, falls prevention, elder abuse strategies, and transportation options for seniors.

The Community Development and Public Engagement Inventory Guide provides information on current local area initiatives by each community and program area. For more information please go to www.wrha.mb.ca.

C) Intersectoral Networking

The WRHA is committed to changing health equity outcomes through an increased health equity focus in the services we provide, the way we conduct our planning and operations, in providing knowledge and decision-making support to others, and



Intersectoral Networking
Providing resources for intersectoral/ interagency network development and building of alliances

in real partnerships and committed relationships outside the health care sector.

Intersectoral networking is a key component of community development.

The 1978 Declaration of Alma Ata (World Health Organization) noted a set of principles for Primary Health Care. One of these notes that primary health care should "Involve, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordination efforts of all these sectors".

In *Renewing Primary Health Care in the Americas*, intersectoriality is defined as the means by which the health system works with different sectors and actors in order to impact the social determinants of health, contribute to human development activities, and achieve its equity potential (2005,8)." The report further notes that intersectoral actions and community approaches are connected. These intersectoral actions are needed to address determinants of health and create synergy with other sectors. The extent to which these actions are implemented by the health sector alone or in partnership with others depends on the characteristics of community and on the sectors involved (Pan American Health Organization, 2005).

Felix et al (2010) also discusses the partnership approach and indicates it is a strategy that seeks to build relationships among people and different sectors of the community (these include service providers, education, the private sector, all levels of government, civic and faith based groups) and linking them with the resources and sectors outside the community. Partnerships are vital and serve as linkages in establishing new relationships and reconnecting old associations and the common objective is improved health based on a shared local vision (Felix et al, 2010).

Intersectoral strategies are essential if the WRHA wishes to contribute to addressing the entire range of factors that determine health. Frankish indicates that while regional health authorities influence the health determinants, to have meaningful change in the population health outcomes requires intersectoral collaboration between the health sector and other sectors of government and society (2007). Regionalization seems to have provided opportunities for change through increased partnerships and intersectoral action.

As identified in a review article by the Canadian Policy Research Network (2000) "if it is true that health is a function of the social environment, it seems beyond the reach of any ministry or department of health to create meaningful health policy without becoming 'health imperialists" (Glouberman, 2000). In order to assist in the development of a community infrastructure where communities can network and build alliances, the WRHA must consider and act on how it will increase the community's participation in the regional health process.

Intersectoral action includes various participants and takes many forms. Intersectoral collaboration can be between different departments and bodies within the government, between organizations (for profit and for nonprofit), communities and those outside of governments (Adeyele et al, 2010). An example used is school health programs which aim at improving the wellbeing of children and thus reduce school absenteeism and improve

learning. This is done by engaging the health and education sectors. It is a joint action among health and other groups to improve health outcomes.

The purpose of intersectoral networks is to enable services to share ideas and experiences, learn from each other and develop more effective community action. Therefore, networks/alliances enable communities, community facilitators or development staff, professionals to share common knowledge and experiences, learn from one another, build and strengthen competencies, and strengthen capacities to harness and channel resources (World Health Organization, 2002).

Intersectoral networking is defined as:

> " a recognized relationship between part or parts of the health sector and part or parts of another sector that has been formed to take action on an issue or achieve health outcomes… in a way that is more effective, efficient or sustainable than could be achieved by the health sector working alone" (World Health Organization, 1997,3).

It is also suggested that the conditions for effective intersectoral action involve:

- Identifying the necessity to work together to achieve the goal;
- Creating opportunities for action with in our working environments;
- Developing capacity to take action;
- Developing a relationship to enable action to be taken;
- Planning, implementing and evaluating the action; and
- Achieving sustainable outcomes.

(World Health Organization, 1997)

The Canadian Public Health Association (1997) makes three observations about the need for intersectoral networking:

- "given that the state of health is determined by many decisions made in sectors other than where health care services are provided, it is a given that the health sector must work collaboratively with these sectors;
- "the working definition for intersectoral [networking] is to see it as a process which allows people from different sectors to work together to resolve a problem whose solution requires group action from more than one sector; and,
- intersectoral [networking], as a critical strategy in the resolution of health problems, can best be conceptualized as a 'coalition' of two or more parties who agree to cooperate on common objectives and agree on the allocation of expected advantages" (Fortin et al., 1994).

In addition to enabling an exchange of information, intersectoral networking is important to break down barriers and build bridges between services, organizations, sectors and to develop working relationships between providers. Intersectoral strategies require that an emphasis be placed on maintaining the health of individuals, communities and populations by addressing the determinants of health. To do so requires that providers partner with appropriate jurisdictions and sectors.

Intersectoral networking requires a planning approach to community development. This component of a community development approach strongly aligns with a technical process of problem solving. Rational deliberation and controlled change play a central role in this approach. The stakeholders in an intersectoral networking approach assume that planned change in a complex environment requires experts who can guide the change process by administering technical skills. These technical skills include the ability to manipulate large bureaucratic organizations and complex systems and structures. Stakeholders in this approach are concerned with the provision of goods and services to people who need them. Some examples may include community area interagency networks, joint planning and delivery of services with other sectors. The approach may involve organized community groups, agencies and governments however there is rarely a role for the individual citizen as an agent directly involved in intersectoral networking approach.

Hence, intersectoral networking provides an opportunity for the WRHA to provide leadership including resources that demonstrate commitment to espoused values/principles to assist other partners in the community to address concerns and specific health issues. The literature indicates that the key factors that determine the health of the population in communities fall outside the purview of many sectors of government and outside the formal health care system.

Examples of WRHA Participation in Intersectoral Networking

Specialized Services for Children and Youth – Work has continued to integrate many aspects of specialized services for children and youth. Partners have included a number of agencies and three government departments. Numerous successes have been realized including the development of a joint family resource centre, the development of a collaborative and central intake process and increased family participation.

Healthy Smile, Happy Child Oral Health Promotion – An intersectoral partnership was developed to engage communities in the development of a comprehensive prevention strategy for a multi-faceted issue. Additional information is available at www.wrha.mb.ca

Winnipeg Integrated Services (WIS) – The Winnipeg Regional Health Authority (WRHA) and Manitoba Family Services and Labour have been working together on the integration of community health and social services. The goal of integrating community-based and social services is to provide efficient, effective and holistic services. Services are person and family-focused and recognize the principles of population health and primary health care.

The goals of WIS are:

- To provide citizens with ready access to services and information;
- To assess community needs and priorities on a regular basis and provide services that are a reflection of those needs;
- To support and build community activity and development through effective community partnerships;
- To provide appropriate opportunities for citizens to participate in the design, delivery and assessment of services; and,
- To provide high quality services based on the principles of primary health care, population health and integrated service delivery.

For more information on Winnipeg Integrated Services, go to www.wrha.mb.ca

The Community Development and Public Engagement Inventory Guide provides current examples of intersectoral networking by community area. For more information please go to www.wrha.mb.ca

D) Outcomes of Community Development and Evaluating the Results

It is through evaluation that organizations can learn how their programs and activities contribute to the achievement of these goals, and how to improve their effectiveness and the well-being of their communities. Evaluation is often done for varying reasons. Practitioners may need to know what resources are required to expand their programming, how to align and optimize investments and leverage additional resources to achieve shared goals, they may be interested in tracking changes in their levels of activity, they may want to be able to demonstrate the difference that their programs are making for individuals, families and communities or it may initiate and inform mutually beneficial partnerships, programming and policies (Schuchter et al, 2014).

Every community development initiative must begin with the establishment of processes that include methods to monitor and evaluate the initiative. This should include tools to obtain perspectives and feedback from all of the major players – participants, staff, senior management, and board of directors. It is critical that all aspects of the initiative including community interest and commitment and the use of input from public participation by the organization over time be evaluated. Feedback from evaluation should then be used to improve the initiative.

Cavaye's (2010) evaluation framework measures community capacity, process, and outputs/activities. This allows for a practical evaluation of the impact on community capacity, including social, economic and cultural change in communities. Public engagement processes can be examined at one point in time – this would give only a partial

understanding of whether and/or how decisions are influenced…other kinds of decisions being enacted many months and often years after a recommendation.

Is the outcome of community development and public participation, the engagement process, the increase in community capacity, the decision or recommendation of the participants, or, is it how the recommendation is used by the health authority? Regional health authorities struggle with how to measure and evaluate outcomes of public participation. Evaluation research on public participation in health is needed (Thurston et al, 2005).

Increasing community capacity is a positive outcome of any community development or public participation initiative, regardless of other goals indicated. Capacity building should be seen as value-added when building capacity happens but is not the central role of the project.

The Public Health Agency of Canada developed the *Community Capacity Building Tool* which is a planning tool to help build community capacity in health promotion projects and lets you evaluate and keep track of your status in your project. Capacity building is a key strategy for enabling communities to address priority health issues. It delivers health gains not only in association with the health issue of interest, but on a wider front as a result of the problem-solving focus of the multiplier effect.

Within the framework it is necessary to be clear on a number of possible outcomes when assessing public engagement effectiveness and to differentiate formal from informal policies and decisions from actions (Thurston et al, 2005).

WRHA Community Development and Capacity Building Evaluation Approaches

Community Development Working Group has developed and modified intake, evaluation and planning tools that the community facilitators use and measure community capacity of the groups that they support.

Local Health Involvement Groups – Evaluation Framework. Indicators have been developed to track progress of CHAC initiative in meeting key goals. (See Appendix 2)

Appendix 1: Glossary of Terms

Accountability*:* is a formal relationship governed by process and shaped in practice by the surrounding environment and culture. It exists in situations where an authoritative relationship exists and involves a process for monitoring performance, where rewards and penalties are potentially applied based upon whether expectations are met. Accountability includes responsibility, performance and authority.

- ***Responsibility****:* is a component of accountability; it acknowledges that an individual has both the ability and the agency to act, and the obligation to act in a moral manner*.*
- ***Performance****:* Performance management in the public sector is 'managing' (and reporting) based on what programs are achieving for citizens and at what cost. This implies agreeing on expected outcomes, measuring progress toward them and using that information to improve performance and report results.
- ***Authority****:* the power or right to give commands, enforce obedience, take action, or make final decisions.

Capacity Building: Development work that strengthens the ability of community organizations and groups to build their structures, systems, people and skills so that they are better able to define and achieve their objectives and engage in consultation and planning, manage community projects and take part in partnerships and community enterprises. It includes aspects of training, organizational and personal development and resource building, organized in a planned and self-conscious manner, reflecting the principles of empowerment and equality. Community capacity building is "an approach to the development of sustainable skills, organizational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over" (New South Wales Health Department).

Community based: Usually described as a program or service defined by an organization but situated within a community environment.

Community focused approaches: An approach to services that maintains the distinction between the provider and the service user.

Community driven approaches: Actions based upon a collective community responsibility for an issue.

Community – Focused	**Community – Driven**
▪ Prevention and promotion ▪ Partnerships with professionals as the leaders ▪ High degree of participation ▪ Ongoing relationships ▪ Professional, group, and community support opportunity to participate	▪ Collective responsibility for community ▪ Community leadership ▪ Involvement of wide range of community members and community ownership ▪ Mutual relationships based on respect and trust ▪ Community determines the roles and

▪ Focus on strengthening family and community capacity to care for members ▪ Work within community	relationships of professionals to the community ▪ Community determines resources to best meet needs ▪ Focus on support and fostering community leadership and shared responsibility for strengthening and sustaining community health and well being (Ricks et al., 1999, 78)

Consultation often forms an integral part of statutory planning processes and involves people being referred to for information and asked their opinions. Although this implies that communities' views may be taken into consideration, it is not generally expected that those consulted are actively engaged in the decision-making process.

Determinants of health are the range of personal, social, economic and environmental factors which determine the *health status* of individuals or populations (WHO, 1998).

Involvement is a term often used synonymously with participation. It implies being included as a necessary part of something.

Empowerment is a process whereby individuals or communities gain confidence, self-esteem and power to articulate their concerns and ensure that action is taken to address them. Its practice often draws inspiration from Friere's philosophy of conscientization (Friere, 1996; Abbott, 1996).

Evaluation is "the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming" (Patton, 1997, p. 23).

Community capacity-building is development work – involving training and providing resources – that strengthens the ability of community organizations and groups to build structures, systems and skills that enable them to participate and take action in or on behalf of their community (Skinner, 1997).

Community engagement is a process of involving, at various levels of participation, empowerment and capacity, groups of citizens affiliated by geographic proximity and/or special interest and/or similar situations to address issues affecting the well being of those citizens. The process is based on interpersonal communication, respect and trust, and a common understanding and purpose. It strengthens the capacity of communities to take action that produces positive and sustainable changes locally, promotes and facilitates community participation in the formation of policy and delivery of services, and fosters collaboration across government departments and throughout the community in relation to issues affecting quality of life (Centers for Disease Control and Prevention, 1995; Department of Emergency Services, 2001; Home Office, 2005).

Health is defined in the WHO constitution of 1948 as: "A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity (Ottawa Charter for Health Promotion" (WHO, Geneva, 1986).

Health Equity occurs "when all people reach their full health potential and are not held back by the socially determined yet modifiable barriers associated with poverty (e.g. lack of quality learning or recreational opportunities in childhood, food insecurity, poor housing) or prejudice or polities that perpetuate social inequities" (WRHA, 2013; 10).

Health promotion is the process of enabling people to increase control over, and to improve their health (Ottawa Charter for Health Promotion. WHO, Geneva, 1986).

Organizational Capacity Building: is the work that strengthens and enables an organization to build its structures, systems, people and skills so that it is better able to define and achieve objectives while engaging in consultation and planning with the community, and taking part in partnerships. It includes aspects of training, organizational development and resource building.

Population health "aims to improve health of the entire population and to reduce health disparities among population groups" (Health Canada, 2009).

Public participation: The process by which public concerns, needs and values are incorporated into governmental decision making. Public participation involves two-way communication with the overall goal of better decisions, supported by the public. Participation processes may be single event or they may be embedded in long-term system activities or partnership processes. Adequate public information is always a central element in any public participation program (Calgary Region Health Authority, 1999).

Stakeholders: persons who have a personal stake in the issue at that time. Stakeholders include but are not limited to providers, clients, organizations, communities, expert advisors, and politicians.

Intersectoral Action for Health: exists when "the formalized institutional structures which constitute a sector, develop a recognized relationship between part or parts of the health sector and part or parts of another sector, that has been formed to take action on an issue or achieve health outcomes in a way that is more effective, efficient or sustainable than could be achieved by the health sector working alone" (World Health Organization, 1997).

Social Capital often refers to community networks or associations. "Community organizing can create social capital through combining energies, enhancing networks and highlighting common goals" (Social Planning Council, 2000). "Social capital is the capacity to create our communities through networks and the trust they engender and relies on citizen participation in creating healthy families and communities" (Coleman, 1988).

Intrasectoral: can be defined as work within the health sector that supports a shared vision and service coordination resulting in increased integration.

Appendix 2: Evaluation Framework for the Local Health Involvement Groups

Evaluation Issue/Goal	Indicator
The interest of the community/boards in the Local Health Involvement Groups.	The number of nominations/applications received per community area. (in each of the membership categories)
LHIGs will be reflective of the diversity of each of the associated geographic communities.	The perception of LHIG members, the WRHA Board and WRHA Senior Management of the diversity of the LHIG membership.
The member commitment in supporting the functions of the Local Health Involvement Groups.	Long term commitment/participation of members through number of meetings attended LHIG meetings attended by the appointed Board Liaison person.
The WRHA Board support of the Local Health Involvement Groups.	Board and LHIG Attendees at joint meetings Board member perception of the value and use of LHIG input
The WRHA Senior Management support of the Local Health Involvement Groups.	Senior Management Attendees at joint meetings Senior Management perception of the value and use of LHIG input Perceived value of community members' input by LHIG members
LHIG members feel that their involvement is meaningful and their input is valued.	Perceived value of LHIG participation by the represented WRHA funded organization.
The WRHA funded health organizations support the LHIGs.	Perception of the LHIG members, WRHA Board members and WRHA senior management of the support provided by WRHA staff to the LHIGs.
Staff provides appropriate support and guidance to LHIGs.	

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