



# Information Package

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## Our Context

### Our community

Oceanside Health & Wellness Network (OHWN) is committed to working together to enhance the health and well-being of Oceanside residents through collaborative planning and collective action. The Oceanside Region includes the municipalities of Parksville and Qualicum Beach and four electoral areas of the Nanaimo Regional District. The geographic area encompasses two urban centres and several small waterfront and rural communities stretching from Nanoose Bay, Errington/Coombs to Deep Bay/Bowser. The Oceanside Region is aligned with the boundaries of School District 69 and Local Health Area 69-Qualicum and has a total population of 45,291 (2011 Census).

### Shared Vision

To respectfully work together to advance the health and wellbeing of the population of Oceanside through addressing those factors that influence health and other complex issues that groups cannot effectively address on their own, and to speak as one voice on these issues.

## “What do we do?” - Guiding principles / strategic actions

### Planning functions:

- Influence social planning
- Identify strategic priorities
- Collect and evaluate data to set action priorities
- Capture and pool all community data and stories that help to illustrate data
- Identify gaps, overlaps, and build on strengths
- Focus on key factors that influence individual and community health
- Focus on issues that are too complex for a group to address individually
- Be attentive at the community level rather than at an individual issue level
- Look for and take advantage of shared opportunities

### Networking functions:

- Facilitate meaningful conversation – act as a switchboard connecting people
- Build partnerships
- Build capacity
- Work on a consensus for a community mandate
- Support diversity in community

### Action orientated functions:

- Take **collective action** on community health issues
- Act as a **catalyst** to improve health and wellness
- Be a **strategic coordinator** of activity
- Provide **leadership** to bring about change

## “How do we work together?” - Guiding values

We work together in a caring way by following these guiding principles:

- Collaborate in a non-hierarchical way
- Use **consensus** decision making protocols
- Be action oriented
- Actively listen
- Be **respectful**
- Be passionate, patient and persistent
- Have fun
- **Appreciate** others' opinions
- Act with kindness
- Be transparent and use clear communication
- Encourage full participation by allowing time for everyone to speak
- Come prepared and **actively participate**

What will help us be successful?

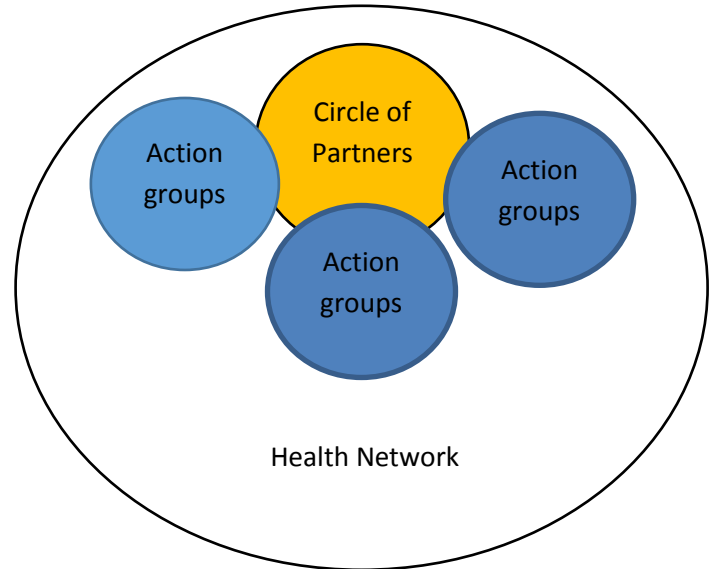
- **Identifying priorities for action** (don't take on the world!)
- Taking small steps and **celebrating milestones reached along the way**
- Having champions
- Being flexible, adaptable and pertinent
- Having anecdotes and testimonials – using an evidence based approach
- Reflecting on what's creating success
- Acknowledging partnerships
- Creating a **clear shared vision** that encourages buy-in and commitment
- Being strategic in approaches and networking
- Building on what's already there – don't 'reinvent the wheel'
- Being well informed
- Delivering on action plans
- Building **credibility**
- Ensuring comprehensive engagement
- Thinking beyond one's own portfolio/silo

## Our structure

### Circle of Partners

#### Membership

The Circle of Partners (CoP) is a core group of people from government, organizations, and community, who are able to speak /act on behalf of the organization or community group. They are passionate, enthusiastic, forward thinkers who bring diverse perspectives and are committed to moving the work forward. A concerted effort will be made to ensure the membership has organizational, cultural, gender and demographic diversity at the table.



#### Operating Principles

- Meetings will be held regularly on the third Thursday of each month.
- Meeting space will be provided by Stanford Place, Oceanside Health Centre, or other public agencies as deemed appropriate from time to time.
- Decision making is by consensus as much as possible and is made by those present at the meeting.
- Where agreement cannot be reached by consensus, the majority vote will decide.
- Agenda for the next meeting will be set by the Coordinator and Chair and distributed by email in advance of the meeting. The agenda should not be overloaded and leave time for new business. It should be created from the content of the meeting, reviewing the minutes for business arising. The agenda will identify whether items are for discussion or decision.
- If key stakeholders are not represented at the CoP, guests may be invited to provide expert knowledge and input but will not be included in the consensus decision making.
- The idea of inviting a guest should be brought to the CoP for a shared decision. The person suggesting the guest will issue the invitation and pass the information along to the facilitator.
- There will be the use of a 'parking lot' for emerging issues when there is no capacity to take on the issues at that time.
- Meetings will be in person with communication via email in between meetings and for distribution of meeting material.
- Meeting notes will be circulated as appropriate and posted to the OHWN website.

## Leadership

There will be up to four leadership positions within the CoP:

### **Chair**

This position is a volunteer leadership position, which is filled by an active CoP member with leadership skills and is appointed by consensus of the CoP.

The appointment will be refreshed each April. The Chair is part of the CoP and remains accountable to the CoP.

*Role:* Chair meetings, confirm the agenda; approve guests; approve expenditures. Review and approve minutes, and develop agenda with Coordinator. Review and approve invoices for submission to the RDN by the Coordinator. Assist in hiring, provide direction for, and monitor the work of the Coordinator.

### **Vice-Chair**

This is a volunteer leadership position, which is filled by an active CoP member with leadership skills and is appointed by consensus of the CoP. The appointment of a Vice-Chair is optional, should the Chair request additional leadership support.

If there is a Vice-Chair in place, the position will be refreshed each April. The Vice-Chair is part of the CoP and remains accountable to the CoP.

*Role:* provide leadership support and assistance to the Chair. In the absence of the Chair, perform the Chair responsibilities as needed.

### **Coordinator**

This position is a paid position and contracted in support of the CoP through partnership with Island Health and the Regional District of Nanaimo (RDN).

This contract award will be reviewed annually or as determined by the CoP and RDN.

This position will take direction from the Chair but remains accountable to the CoP.

*Role:* Support and facilitate the development and operation of OHWN. See separate Description of Position for more detail.

### **Island Health Facilitator**

This position was appointed by Island Health, Integrated Primary and Community Care during the creation of OHWN, and may be appointed in the future should there be a break in appointment of a Coordinator

*Role:* Support and facilitate the development of the Community Health Network (OHWN). Until a Coordinator is contracted, facilitate the CoP meetings, invite and manage stakeholder engagement with the CoP as agreed by membership, facilitate in the identification of Chair and the hiring of the Coordinator, assist chair in developing minutes and agenda, send out minutes, agendas, meeting materials and meeting invites. Communicate with stakeholders and facilitate continued community engagement when needed.

## **Action Groups**

### Membership

Action Groups will be formed to conduct the work of addressing/achieving goals contributing to OHWN's strategic plan. The Lead of each action group must sit as a member of the CoP and is responsible for reporting the action group's activities/progress at each CoP meeting. Action Group members may come from the CoP, Network membership or the broader community. Action Groups exist at the discretion of the CoP.

#### Operating Principles

- Each Action Group will appoint a leader who will call the meetings and organize the work.
- Each action group will have at least one CoP member who will be responsible for communication to/from the CoP meetings.
- The Action Group will investigate into their topic and create recommendations for an action plan.
- The Action Group will bring all recommendations to the CoP for decision and support.
- Action Groups have a limited life span. Once the action plan has been completed, the Action Group will be disbanded.

## Oceanside Health & Wellness Network

### Membership

The Health and Wellness Network will include all individuals from the Oceanside community who have an interest and willingness to participate in improving health and wellness in their community. They will have expressed an interest in being part of the network and have provided their contact information to the CoP.

Membership in the network is open to everyone. Perspectives sought include, but are not limited to:

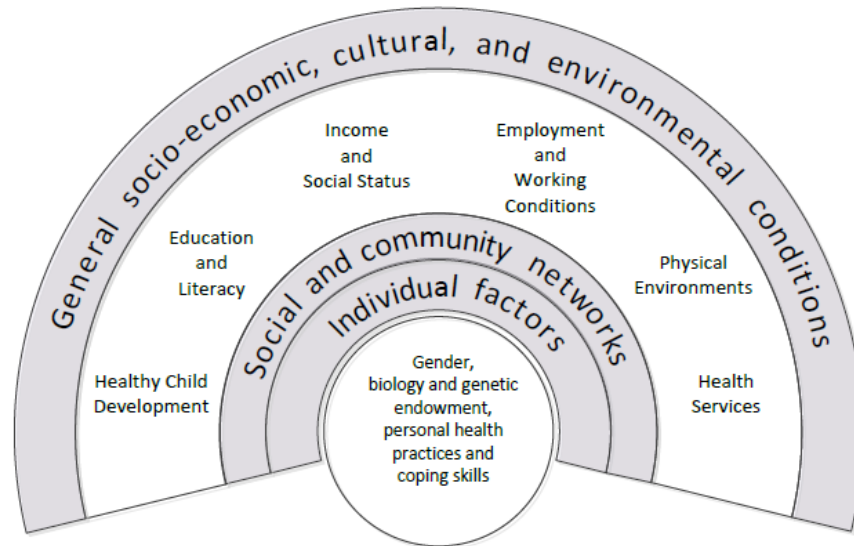
- Local First Nations
- Municipalities
- Regional District of Nanaimo (RDN)
- Health Authority
- First Nations Health Authority
- Health and Social Service providers
- Non-profit organizations
- RCMP
- Youth groups
- Educational institutions (e.g. School District 69, VIU)
- Local resident associations
- Spiritual groups

### Operating Principles

- Individuals are invited to provide feedback and information on issues that influence health and wellness .
- Network meeting are places for discussion and recommendations to the Circle of Partners.
- Individuals will agree to follow the guiding values of the OHWN.
- Network meetings will be scheduled 3-4 times per year .
- Results of network meetings and related decisions from the Circle of Partners will be shared with members of the network via email, and potentially on a website.

- Individuals are asked to keep their contact information up to date with the CoP.

## Factors influencing health



A range of factors influence health in addition to a person’s genetics. These include a range of socio-economic, cultural, and environmental conditions; living conditions; social and community networks; as well as a person’s start in life, their generational cohort, and other individual psychosocial dynamics. These influences are called “determinants of health”. Each of the 12 determinants that Canada recognizes is outlined in more detail below.

Determinants of health cannot be considered in isolation from each other. They all interact.

Interest in the determinants of health has increased in recent years. Taking action on determinants of health is seen as a means to improve the overall health of a population. This is particularly relevant at this point in time as living and working conditions are changing significantly at the beginning of the 21st century, which have in turn led to an increase of chronic physical and mental illnesses.

The determinants of health, as identified by the Population Health Agency of Canada, are as follows:

**Income and Social Status** – This is the single most influential determinant of health. Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient healthy food. The healthiest populations are those in societies which are prosperous and have a narrow gap between the richest and poorest people.

**Social Support Networks** - Support from families, friends and communities is associated with better health. Such social support networks could be very important in helping people solve problems and deal with adversity, as well as in maintaining a sense of mastery and control over life circumstances. Caring and respect, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems. The health benefits of supportive relationships is as important as risk factors such as smoking, physical inactivity, obesity and high blood pressure.

**Education and Literacy** - Health status improves with level of education. Accessible, effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals, regions, and for the country.

**Employment and Working Conditions** - Unemployment, underemployment, stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier.

**Social Environments** - The values and rules of a society affect the health and well-being of individuals and populations. Social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health.

**Physical Environments** – Physical factors in the environment (e.g. air and water quality, presence or absence of contaminants in food and soil) influence health. In the built environment, housing, indoor air quality, and the design of communities and transportation systems are important influences.

**Personal Health Practices and Coping Skills** – Examples of personal health practices include exercise and diet. Coping skills would include the means people use to manage personal circumstances (e.g. trauma, stress, homelessness). Knowledge, ability, and resources to engage in healthy choices and practices are strongly influenced by social, economic, and environmental factors.

**Healthy Child Development** – Prenatal and early childhood experiences have a powerful impact on subsequent health, well-being, competence, and coping skills. All of the other determinants of health affect the physical, social, mental, emotional and spiritual development of children and youth. For example, a young person's development is greatly affected by their housing and neighbourhood, family income and level of parents' education, access to nutritious foods and physical recreation, genetic makeup and access to dental and medical care.

**Biology and Genetic Endowment** - The basic biology and organic make-up of the human body are a fundamental determinant of health. Inherited predispositions influence the ways individuals are affected by particular diseases or health problems.

**Health Services** - Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health.

**Gender** - Gender refers to the many different roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes on a differential basis to men and boys, to women and girls, and to transgender and gender variant people (people whose gender identity or gender expression does not match their sex assigned at birth, and who may or may not identify as a man or woman, or a girl or boy). "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles.

**Culture** - Culture and ethnicity come from both personal history and wider situational, social, political, linguistic, geographic and economic factors. Culture influences people's health beliefs and practices, and ability to access resources that support health and well-being. In order to maximize health in a multicultural society, attention to diversity is vital.

Adapted from : [Public Health Agency of Canada - What Determines Health?](#)



And <http://www.quint-essenz.ch/en/topics/1273>

## Resources

There is one-time funding provided by Island Health to help initially support the creation of a network in Oceanside. These funds will be kept in a bank account held by the Regional District of Nanaimo.

### **Guidelines for using the funds:**

- Funds should be used for actions that support the functioning of the Network such as:
  - Facilitation
  - Communication
  - Coordination
  - Clerical support
  - Office and facility costs
  - Consultation processes
- Funds should NOT be used as grants to support program delivery by other groups.
- Funds should NOT be used for individual advocacy.

### **OHWN leadership is responsible and accountable for oversight of the funds.**

- A request for funds must be applied for and approved by the CoP
- As an exception to the above, the Chair may approve up to \$200 per month for urgent expenses in between meetings<sup>1</sup>
- The Chair must approve each expenditure
- The Chair cannot approve their own expenditures
- The request will be sent by the Chair to the RDN for release of funds
- There must be a memorandum of understanding (MOU) between OHWN and the RDN prior to Island Health releasing funds, which will be held by the RDN for OHWN use.

## Developing an effective network

An effective network requires attention to and development of:

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<sup>1</sup> Decision at March 16, 2017 CoP meeting

- interpersonal relationships;
- fostering of effective functioning of the network;
- defining concrete tasks;
- shared & clear understanding of the network's functioning & purpose.

## **Network evolution**

Networks typically evolve through four stages in their lives:

### *Formation*

- A network is emerging, or a group is considering forming a network.
- Background work helps potential members of the network learn about the opportunity and potential value of the network.
- The group completes some basic work, in a fairly informal fashion, to establish the type of network and how it will function. This is left open enough to allow the network to evolve as it becomes more established.
- The way interactions happen in the network support the development of respect, trust, relationships, and sharing of power between members.
- Network members develop: a shared understanding of why the network exists, what kind of network is desired, and a shared vision for what the network is hoping to accomplish.
- Tasks, activities and priority areas of work for the network to develop effectively are identified.

### *Development and growth*

- The network identifies how it will move forward on priority work.
- Support the development of trust at the level of the network itself, rather than just between individuals who work together in the network.
- Power is shared as equitably as possible within the network.
- Member organizations pay attention to the balance between their organization's own needs and the network needs.
- Have conversations regarding benefits and reasons for outcomes (what can we say happens because the network exists or what might have happened if the network were not in place?) .
- Have conversations regarding accountability to both members' own organizations, as well as to the network itself.

### *Maturity, sustainability, and resilience*

- Establish legitimacy of the network both internally and externally.
- Support network-level learning (this is based on trust) ongoing reflection & evaluation.
- Pay attention to the stability / flexibility paradox.

- How the network functions may have evolved to the point of stability; at the same time, flexibility and responsiveness needs to be continuously cultivated.
- Foster the decentralized flow of information & knowledge.

*Renewal & reinvigoration, or death & transformation*

- If the network is no longer able to make progress towards its vision, then consider letting go of the current form of the network.
- If the network is no longer needed to advance the vision, consider letting the network go.

Adapted from Popp, J. , MacKean, G., Casebeer, A., Milward, H.B., & Lindstrom, R. (2013). *Inter-organizational networks: A critical review of the literature to inform practice*.

## Glossary of terms

**Community capacity** “is the interaction of human capital, organizational resources, and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the well-being of that community.”

Reference: Chaskin, R. J., P. Brown, S. A. Venkatesh, and A. Vidal. 2001. *Building community capacity*. New York: Aldine.

**Champion:** A “person who voluntarily takes extraordinary interest in the adoption, implementation, and success of a cause, policy, program, project, or product.”

Reference: <http://www.businessdictionary.com/definition/champion.html>

**Community health:** “The term "community health" refers to the health status of a defined group of people, or community, and the actions and conditions that protect and improve the health of the community. Population health differs from community health only in the scope of people it might address. People who are not organized or have no identity as a group or locality may constitute a population, but not necessarily a community.”

Reference: [http://www.encyclopedia.com/topic/Community\\_Health.aspx](http://www.encyclopedia.com/topic/Community_Health.aspx)

**Community engagement** is often cited as a method to improve communities by identifying and addressing local ideas, concerns and opportunities. It includes things like the involvement of the public in processes that affect them and their communities.

Reference: Community Engagement an Overview.

[https://cdn2.hubspot.net/hubfs/316071/Resources/Article/Tamarack\\_Articles\\_CE\\_An\\_Overview.pdf](https://cdn2.hubspot.net/hubfs/316071/Resources/Article/Tamarack_Articles_CE_An_Overview.pdf)

**Consensus:** In a collaborative consensus building process, representatives of all the necessary parties with a stake in an issue work together collaboratively. Participants make a good faith effort to meet the interests of all participants and to make plans, recommendations, and decisions, that if not unanimous, at least everyone can live with. (<http://www.crinfor.org/coreknowledge/consensus-building> )

**Consensus decision-making** is a [group decision-making](#) process that seeks the [consent](#) of all participants. Consensus may be defined professionally as an acceptable resolution, one that can be supported, even if not the "favourite" of each individual. ([http://en.wikipedia.org/wiki/Consensus\\_decision-making](http://en.wikipedia.org/wiki/Consensus_decision-making))

### **Consensus Decision-Making: What, Why, How**

“Consensus is a cooperative process in which group members develop and agree to support a decision in the best interest of the whole. It embraces individual perspectives, honoring each person’s piece of the truth, while emphasizing the sense of the meeting through a creative search for unity. By choosing to use consensus as our primary decision-making method, we recognize that we are pledging to do the hard, patient work of bringing our best selves forward and listening from the heart. We encourage participants to share ideas, feelings, needs, and concerns, in a spirit of honesty, kindness, and mutual respect, giving all viewpoints a fair hearing. We recognize we are sometimes called to accept with good grace a decision of the meeting with which we are not entirely in agreement. We affirm our willingness to listen with an open mind to the truths of others, and to work in good faith toward decisions that reflect the whole group intention and serve its greatest good.”

Reference: Tree Bressen <http://treegroup.info/topics/consensus-in-sharing-law.pdf>

**Determinants of health** are factors that influence health in addition to biological and genetic factors. These include a range of socio-economic, cultural, and environmental conditions; living conditions; social and community networks; as well as individual factors.

Reference: <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php>

**Health** “is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Reference: World Health Organization <http://www.who.int/about/mission/en/>

**Partnerships** can encompass “a broad number of types of relationships. Partnership is “an undertaking to do something together..., a relationship that consists of shared and/or compatible objectives and an acknowledged distribution of specific roles and responsibilities among the participants which can be formal, contractual, or voluntary, between two or more parties.”

Reference: Building Strong and Effective Community Partnerships, a Manual for Literacy Workers <http://en.copian.ca/library/learning/partner/page17.htm>

**Social planning:** “Community Social Planning is a process for building community well-being. It is defined as “a local, democratic system for setting priorities, arriving at equitable compromises and taking action. It supports community needs and interests in social, cultural, economic, and environmental affairs” (Michael Clague. Guidebook - A Citizen's Guide to Community Social Planning)

Reference: <http://www.sparc.bc.ca/community-development/michael-clague/>