



Creative Planning Dialogue™

SUMMARY REPORT: SMALL GROUP SESSIONS

The Social Determinants of Health:
Addressing Health Inequities on Vancouver Island
*A Collaborative Conference by Vancouver Island Health Authority
and the Capital Regional District*
May 8 & 9, 2006



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TABLE OF CONTENTS

1. EXECUTIVE SUMMARY	2
Potential Roles – Dominant Themes	2
Potential Roles – High Priority Recommendations	3
Summary of Mind Maps.....	7
2. CONTEXT	9
3. LOCAL SOLUTIONS – PRESENT AND POTENTIAL ROLES.....	10
Employment & Working Conditions	10
Income Inequality.....	12
Housing	13
Food Security	14
Education/Literacy and Early Childhood Development.....	16
Social Support	19
Built Environment.....	20
4. COLLABORATIVE SOLUTIONS.....	24
Mind Maps: Group Summary.....	24
Mind Maps: Detailed Summary.....	25

Confidentiality/Validity

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1. EXECUTIVE SUMMARY

The stated aim of The Social Determinants of Health Conference was to increase the knowledge and understanding of social determinants and the actions and approaches already underway or planned for on Vancouver Island. There were approximately 120 participants from across the island.

The conference included two sessions in which participants broke into six groups to explore potential roles and approaches. In the first session, each group worked with one of the determinants, looking at present and potential roles for VIHA, local government, community groups and the private sector. In the second session, each group created a mind map to brainstorm on how to promote meaningful collaboration.

FOCUS QUESTION: WHAT CAN VIHA, LOCAL GOVERNMENT, COMMUNITY GROUPS AND THE PRIVATE SECTOR DO ABOUT SOCIAL DETERMINANTS?

POTENTIAL ROLES - DOMINANT THEMES

Overall, the dominant themes across all groups were:

- **Housing:** Advocate for and help create appropriate, affordable social housing. Consider housing in the context of “healthy communities”.
- **Childcare:** Advocate for and help create childcare facilities and child-friendly communities.
- **Workplaces:** Be a model employer. Ensure a “family friendly” workplace; provide childcare. Be creative about benefits for employees. Consider opportunities for youth and hard-to-employ people.
- **Income assistance:** Advocate re increasing Income Assistance amounts to ensure enough money for housing and food.
- **VIHA:** Become more involved in advocating for, and providing information on, housing, childcare, food security and increased income assistance. Develop strong partnerships with local government and engage with local communities. Document impact of poverty on health.
- **Local government:** Expand and enhance social criteria in planning processes and zoning policies. Involve local groups in development of Official Community Plans
- **Community groups:** Provide input into community planning. Be a supporting voice of marginalized groups at all levels. Champion housing solutions in the community
- **Private sector:** Be part of the solution re homelessness and healthy communities. Developers become aware of what makes healthy communities and link projects to community wellness.

POTENTIAL ROLES – HIGH PRIORITY RECOMMENDATIONS

Following are the high priority recommendations for each social determinant. (Note: For a detailed list of recommendations, see Section 3: Local Solutions, page 9.)

EMPLOYMENT & WORKING CONDITIONS

Employment and Working Conditions

VIHA

- Be a model employer. Provide childcare for employees. Bring public health message into the workplace

Local Government

- Develop a regional social plan

Community Groups

- Role model good employer/employee practices in non-profit sector
- Advocate for college credits for volunteer training

Private Sector

- Give scholarships for building skills and tie apprenticeships for jobs to children and young people 12-17 in poor areas (like football scholarships)
- Allow more flex time/hours/days for employees to care for elderly, children

General Recommendations

- Reward leadership and teams who partner
- Train supervisors to be mentors and leaders interested in growing staff.
- VIHA senior management and board is predominately male; needs to be more balanced

INCOME INEQUALITY

VIHA

- Document impact of poverty on health and relate to policy

Local Government

- Use zoning with social criteria
- Ensure quality affordable housing (sliding scale or reduced cost)
- Provide incentives/breaks to model employers

Community Groups

- Strengthen partnerships with private sector to find win-win situations
- Community groups provide input into community planning and other government initiatives

Private Sector

- Be inventive – provide other benefits besides \$

General Recommendations

- Ensure income assistance allows for housing and food

- Enhance/expand social criteria in planning processes
- Coalition for senior government policy changes

HOUSING

VIHA

- Acknowledgement that housing is a determinant of health; provide evidence (science) re benefits of social shift to improve housing
- Partnerships – physicians/FFS
- An advocacy role for housing with 1) First Nations and the federal government and 2) local government
- Utilize activities of health professionals to flag housing issues when a client comes forward with a problem
- Assist in finding housing for poor in rural communities

Local Government

- Advocate for a range of housing options including co-ops, co-housing and assisted housing
- Housing in the context of “healthy communities”; support strategies to foster community
- Coordinate partners and mobilize citizen participation

Community Groups

- Champion housing solutions in the community

Private Sector

- Partner in third-sector, non-profit housing

FOOD SECURITY

VIHA

- Advocacy: Income Assistance to provide the basics of life including good food
- Community kitchens
- Use media to give food security a higher profile

Local Government

- Zoning policies to support local food production, e.g., roof top gardens, land tracts
- Access (work and other levels) to traditional foods, e.g., clams, oysters; clean up contaminated beaches

Community Groups

- Food co-ops – bulk buying

Private Sector

- Support local farmers

EDUCATION/LITERACY AND EARLY CHILDHOOD DEVELOPMENT

VIHA

- Build strong partnerships with local government
- Advocate for quality daycare

Local Government

- Affordable housing
- Child-friendly urban planning
- Involve local groups in development of official community plans

Community Groups

- Integrated community strategic planning (NGOs and service groups)
- Involve public; get political about policies

Private Sector

- Child friendly communities (developers)
- Partnerships

SOCIAL SUPPORT

VIHA

- Advocate for targeted funding for people most in need
- Engage with community in a meaningful partnership with clarity of purpose
- Know existing capacity in community – ask, listen, participate, partner
- Produce tailored public housing reports for particular groups – sound bites

Local Government

- Include health chapter in the community strategy
- Advocacy: redirect long-term funding to community services (i.e., build capacity for surgery and ER without directing money there)

Community Groups

- Supporting voice of marginalized groups at all levels
- Advocacy: Funders meet and share objectives and perhaps a three to five-year plan for the region, and shared reporting tools
- Engage people in design and implementation
- Look for opportunities to work with different groups/break down barriers

Private Sector

- “Family-friendly” employers (substance, maternity, paternity, etc.); apprenticeships; empowerment of employees
- Fundraising for “services”, e.g., lunch programs, daycare for children and adults, brain injury housing programs, mental health and additions programs, computer services
- Hire hard-to-employ people

BUILT ENVIRONMENT

VIHA

- Promote development of child care facilities
- More social/affordable housing. Provide rent-to-buy housing with private developers. Develop housing as part of mental health strategy. Work with urban planners to develop healthier communities

Local Government

- Provide incentives for mixed-use projects. Build and maintain affordable housing in all areas
- Political commitment to address health, well being and healthy development

Community Groups

- Engage community to unify behind change
- Work collectively around social determinants; partner across sectors

Private Sector

- Developers become aware of what makes healthy communities and link projects to community wellness
- Put childcare facilities in work place – family friendly workplaces
- Be part of the solution re homelessness and healthy communities

**FOCUS QUESTION:
WHAT NEEDS TO BE DONE TO PROMOTE MEANINGFUL COLLABORATION?**

SUMMARY OF MIND MAPS

Following is a summary of the overall themes from the six mind maps:

Culture Shift/Systemic Changes

- Develop collaborative leadership; legitimize collaboration throughout the organization
- Build capacity to work collaboratively; Build trust, faith and safety

Collaboration/Players

- Be specific about scope of collaboration; collaborate across community and across ministries
- Create more comprehensive Official Community Plans and collaborate with VIHA/others
- VIHA discuss Five-Year Plan with local communities; link local health plan to community plan.
- Dialogue regarding how to begin action on “Healthy Communities”

Strategic Plan

- Create a shared vision across all groups
- Develop a collaborative strategic plan with priorities

Accountability

- Define roles and responsibilities
- Ensure actions are results-based
- Emphasize accountability – set targets, measure results
- Ensure openness, transparency

Resources

- Improve use of existing resources/dollars (little additional dollars)
- Dedicate resources to the process
- Ensure training re working collaboratively
- Ensure ongoing communication
- Integrate services: share space, resources, electronic platforms

Getting People Together

- Ensure involvement of people experiencing the issues; service provider with client at the table
- Bring people who can say “yes” and make it happen
- Identify gaps in services; identify barriers
- Build on each others’ strengths

In addition, there was a key action item that came out of the Mind Map exercise:

Action Item re “Healthy Communities”

The Healthy Communities initiative is now in the Victoria Region. Action: Prairie Escallier (Capital Families Association) and Maureen Duncan (United Way) will talk with Tam Lundy (provincial facilitator for Healthy Communities initiative housed with UBCM) and explore possible next steps. This is on behalf of the participants in Group 5 (the Chelsea Room group) who would like to champion a partnership with Healthy Communities. The group members are all from Capital Region stakeholders (VIHA, local government, community NGOs including Royal Roads, and the private sector). The initial step may be a dialogue to explore what a partnership could look like.

2. CONTEXT

The stated aim of The Social Determinants of Health Conference was to increase the knowledge and understanding of social determinants and the actions and approaches already underway or planned for on Vancouver Island. The Conference was presented by the Vancouver Island Health Authority and the Capital Regional District with support from the Ministry of Health and the Community Social Planning Council of Greater Victoria. A total of 120 participants from across Vancouver Island took part in the two-day event.

On the second day of the conference, facilitated small group sessions explored the question: **“What can VIHA, Local Government, Community Groups and the Private Sector Do about Social Determinants?”**

Participants identified Present Roles and Potential Roles for each of the four entities. Each group worked with one of the following Social Determinants:

- Employment & Working Conditions
- Income Inequality
- Housing
- Food Security
- Education/Literacy and Early Childhood Development
- Social Support
- Built Environment

In the afternoon, a second set of facilitated small group sessions was held to brainstorm the question: **“How Can Groups Work Toward Collaborative Solutions?”** Participants developed mind maps to explore different aspects of this topic.

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3. LOCAL SOLUTIONS – PRESENT AND POTENTIAL ROLES

**FOCUS QUESTION:
WHAT ARE THE PRESENT AND POTENTIAL
ROLES OF VIHA, LOCAL GOVERNMENT,
COMMUNITY GROUPS AND THE PRIVATE SECTOR
WITH RESPECT TO THE IDENTIFIED SOCIAL DETERMINANTS?**

EMPLOYMENT & WORKING CONDITIONS (Group 1)

(Note: Each group of bullets is listed in order of priority)

VIHA

Present Role

- Highly unionized large employer with good wages and benefits
- Develop population health and wellness strategy – workplace health
- CEL – leading in a learning organization
- Staff town halls – involvement, awareness
- VIHA – use volunteers more to build workforce
- Volunteer opportunities which help with resume content
- VIHA and community groups working together to train/employ mentally ill
- Sharing VIHA workplace health with community workplaces
- Guaranteed first year employment for graduating BSN nurses
- Peer champions, train the trainer
- Internal Healthy Workplace initiatives
- Management Forum – involvement, awareness
- Supporting working families – family friendly workplace

Potential Role

- Be a model employer. Provide childcare for employees. Contract management – good workplace conditions
- Take info gathered (research/outcomes) and deliver to front line for implementation.
- Advocacy - bring public health message into workplace; good advocacy and mandated to protect public health
- Partnerships. Capacity building for healthy workplace: VIHA join with WCB to create a healthy workplace strategy (bring health to work); partnerships with schools (UVic, Camosun) – student employment

Local Government

Present Role

- 360 degree Employee Reviews = more personal control/empowerment over jobs
- Anti-stress workshops
- Unionized environment – good wages and benefits
 - Economic Development Division – eliminated in City of Victoria

- Share professional development – province and regional level
- Currently asking staff for training choices (e.g., health and safety)
- Local government created greenways plan – encourage walking, biking
- Leave for employees to caregive family members – Saanich
- CRD clean air bylaw
- Advisory committees on health and environment
- Property tax breaks related to working conditions
- Development that ruins small business

Potential Role

- Develop a regional social plan
- Need to review childcare facilities and bylaws/zoning – may restrict location/type (supports families who work)

Community Groups

Present Role

- Network, awareness, celebrate
- Job readiness training
- Youth advisory councils
- Quality of Life Challenge – catalyst/networking with local employers highlighting positive HR practices and working toward living wages
- Quality of Life Challenge and Community Council – good background research on employment and working conditions and other determinants
- Advocate employment opportunities
- Agency collaboration in one centre
- PHABC – Public Health Workforce – core, competencies, roles, map of services
- Funders – granting agencies
- Practicum student training
- Partnering with university-based researchers – identify local issues

Potential Role

- Role modelling good employee/employer practices in non-profit sector
- Volunteer training credits for college

Private Sector

Present Role

- Opportunity for investing in company
- Fair trade
- Big box stores – decreased wages
- Encourage participation in community initiatives – Bike to Work Week
- Corporate social responsibility
- Island chiefs collaborative – local food promotion
- Quality of Life Challenge – over 40 employers acting as role models for other employers – taking active role and changing practices
- Co-op business
- Values-Based Business Network and Social Purchasing Portal

Potential Role

- Give scholarships for building skills and tie apprenticeships for jobs to children and young people 12 – 17 in poor areas (like football scholarships)
- Need more flex time/hours/days for employees to care for elderly, children

General Recommendations

- VIHA senior management and board is predominately male – needs to be more balanced; tackle silo-based tradition
- Train supervisors to be mentors and leaders interested in growing staff. One-on-one health trainers – geared to staff that are often ill. Job shadowing both ways – executive and staff
- Reward leadership and teams who partner; invest in human capital
- Accessible, flexible, high quality childcare – part time. Mandatory childcare legislation for employers

INCOME EQUALITY (Group 1)

(Note: Each group of bullets is listed in order of priority)

VIHA

Present Role

- Data/advocacy – point out social consequences of inequalities

Potential Role

- Document impact of poverty on health and relate to policy
- VIHA privatized some areas of service to decrease costs but people make less money/less benefits

Local Government

Present Role

- None

Potential Role

- Incentives. Provide incentives/breaks to model employers. Explore/incorporate childcare facilities in facility design. Linking funds to local government with social policy and education
- Planning Leverage. Use zoning with social criteria. Quality/affordable housing – sliding scale or reduced cost

Community Groups

Present Role

- Quality of Life Report documents income disparities in region – how provincial policies have negatively impacted, etc.
- Quality of Life Challenge tells the stories of real-life inequalities – income, poor housing, etc.
- Provide low cost/subsidized/free alternatives for childcare
- Corporate Social Responsibility forum/theatre (May 15)

Potential Role

- Strengthening partnerships with private sector to find win-win situations
- University: improved access to education – decrease barriers (\$ and others).
- Community groups provide input to community plan/other government plans
- Work within revenue limits; decrease service in line with salary costs

Private Sector

Present Role

- Corporate Social Responsibility Week (May 15)

Potential Role

- Be inventive; more than money
- Truly targeting people in “low income” brackets.
- Use futures data re recruitment shortages to build new workforce
- Umbrella associations take on income inequalities

General Recommendations

- Ensure income assistance allows for housing and food
- Coalition for senior government policy changes; Creation of community networks to identify issues, develop actions
- Enhance/expand social criteria in planning processes
- Monitor, measure and report. Develop systems that will improve the situation, not create a dependency
- Advocacy. Advocate to scrap MSP payments. Provide a dental care plan for all, or especially lower income individuals and families

HOUSING (Group 2)

(Note: Each group of bullets is listed in order of priority)

VIHA

Present Role

- Medical, not health intervention
- Not visible – except mental health
- Housing for people with mental illness (Axis 1)
- Started to work with community agencies to address targeted housing
- Acute hospital stay for people without housing (not discharged if nowhere to be discharged to)
- Provide small amount of temporary housing for substance abuse intervention programs (not for women)
- Environment health check for clean water, mould, in on-reserve housing
- Long term care
- To update the information that describes the growing gap between owners and non-owners and the health implications

Potential Role

- Advocacy/education/acknowledgement that housing is a determinant of health
- Provide evidence (science) re benefits of social shift to improve housing. Help develop the stats and business case for social responsibility/housing. Document health status and housing/health issues among homeless and marginally housed
- Utilize current activities of health professionals to flag housing issues when a client comes forward with a health problem; expanded role of health staff re housing complaints/issues
- Advocacy role for housing with 1) First Nations and the federal government; 2) local government. Recognize range of housing needs across population – long and short term
- Community capacity building. Assist community agencies/members to organize in developing community-specific housing projects (skills, talents, not just \$)
- Partnerships physicians/FFS
- Assist in funding housing for poor in rural communities

Local Government

Present Role

- Official Community Plan – zoning, density bonus
- Providing lands for Habitat for Humanity

Potential Role

- Advocate for a range of housing options including co-ops, government housing and assisted housing.
- Housing in the context of healthy communities. Support strategies to foster community in relation to housing – community gardens, gathering
- Coordinate partners and mobilize citizen participation
- Social planning responsibility on council and committee involving grass roots in process. Recognize and value the voice of the poor and marginalized
- Planned neighbourhoods with safe parks, street lighting, traffic controls, for all ages. Pay attention to relationship between housing and community design. Conducive zoning and DCC bylaws.

Community Groups

Present Role

- Meeting with and educating and developing partnerships with business community
- CR – Community Visions housing focus group
- Sentinel for housing issues/needs; voice for the vulnerable
- Helping individuals negotiate the system
- Provide crisis and short-term safe housing
- Provide the passion, drive and determination on behalf of their community
- Increase awareness of housing issues in local media
- Providers of non-profit housing
- Lobbying – negotiation between government bodies for funding, planning, service provision and businesses for support

Potential Role

- Champion housing solutions in the community

Private Sector

Present Role

- Partner with VIHA to provide affordable housing
- Affordable housing designs which are appealing
- Continue to create friendly partnerships

Potential Role

- Partnership in third sector non-profit housing

FOOD SECURITY (Group 3)

(Note: Each group of bullets is listed in order of priority)

VIHA

Present Role

- PHNs and nutritionist working with PoPs groups to provide nutritious food
- PoPs food vouchers
- Community nutritionist

- Nutritionist working with community groups around Healthy Food Box
- VIHA PHNs working with local school boards and teachers on what is good food
- Eat Well, Get Moving – Health and Recreation Alliance
- Cost of Eating Report – advocacy
- Diabetes education
- Home support – meal prep, supervising meals
- Determines food available for: in-patients, resident, staff cafeteria, catered meetings
- Administers Community Food Action Initiative grants
- MOW support
- Knee Waas – PA Friendship Centre and VIHA and NTC
- Healthy Schools committees working to get Breakfast for Living grants

Potential Role

- Community kitchens. Fund an industrial kitchen. Link and expand Good Food Box Program
- Advocate - Income assistance sufficient to provide the basics of life including good food
- Use media to give food security a higher profile
- Jurisdiction – federal, provincial, FN – off/on reserve
- Food security coalition that represents all geographic areas – support by VIHA
- Develop a corporate food charter s a way to increase awareness and buy-in of the importance of food security – more active converts

Local Government

Present Role

- Traditional food – environment
- Residential school – dinner and support group
- School breakfast program, Soc Dev Health Elders
- Tsewultun elders – luncheons twice a week
- Designed NCN pamphlets on food access; for elders
- Traditional ceremonies
- Nomgis – prenatal lunches and Well Babies food vouchers
- Outreach lunch for homeless community members
- Food fish
- Home and Community Care day program and twice week luncheons – Meals on Wheels
- Healthy Living Coordinator does cooking on low income
- Free bread
- PoPs food vouchers and milk, fresh food
- Good Food Box
- Healthy Snacks program
- Canadian Prenatal Nutrition program
- Policy for food safety for NTC large meetings
- Determines food available in school cafeterias

Potential Role

- Zoning policies to support local food production, e.g., roof top gardens; land tracts
- Access to traditional foods – clams, oysters. (Cleanup contaminated beaches; work with other levels)
- Sustainability strategy for good food box (collaborate); tax cut for good food box/local distribute
- School gardens; ensure vending machines in schools/community centres. Offer healthy choices
- Improve human resources - MEIA
- Protect and maintain ALR

Community Groups

Present Role

- AHERO – Ad Hoc Emergency Resources Organization – coalition of community GPs
- Emergency Food Depot – Gabriola Island – “Plant a Row”
- Cowichan Green Community – food security job creation project (funded by Service Canada)
- Food Basket Society
- Friendship Centre provides morning breakfasts
- Food Link Nanaimo – umbrella for food security in Nanaimo
- School breakfast and lunch program
- Community kitchens, community gardens
- LUSH VALLEY – “Living on the Cheap” workshops; Let Us Share the Harvest fruit tree project; community garden (coalition)
- Wachiay Friendship Centre – outreach food and clothing
- Get Well, Get Moving
- Local churches provide dinners weekly

Potential Role

- Food coops, bulk buying
- Local communities with farms linking with local communities with fish to swap
- Lobby food stores (especially local) to preferentially price local and organic products (more of these as “loss leaders”)
- Fruit tree gleaning programs should be expanded

Private Sector

Present Role

- Donations to food banks
- Aboriginal Day
- Meal delivery for seniors
- Shop Smart tours at grocery stores
- Free food – Overwaitea

Potential Role

- Support local farmers
- Using media to get bigger profile for Food Security
- 100-mile diet

EDUCATION/LITERACY AND EARLY CHILDHOOD DEVELOPMENT

(Group 4)

(Note: Each group of bullets is listed in order of priority)

VIHA

Present Role

- Assuring quality licensed daycare
- PHN Early Childhood Development Program
- Speech therapy, swallowing assessments
- Outpatient therapy for kids and orthopaedic injury/conditions
- Parent support groups – prenatal, postnatal, toddlers
- Early literacy: Books for Babies, Toy Landing, Networks, BLT
- Youth clinic, peer education
- Food security, lunch clubs, food coupons

- Creates shared spaces
- NI/CI, parenting education, triple P, cross-agency training and resources

Potential Role

- Build strong partnerships between local government and VIHA
- Advocacy for quality daycare
- Provide local population health information in relevant study areas. Actions and services based on evidence of Early Childhood Development
- Ask for local input (one size does not fit all)
- Integrate funding to rural services
- Locally available child and youth mental health services (partner with MCFD)
- Locally available youth addiction services

Local Government

Present Role

School District

- Roots of Empathy – work with mom and baby in classes
- Success by Six – early reading program “Mother Goose”
- daycare in one high school
- learning resources in school libraries for parents
- Ready, Set, Learn
- Developing and implementing Healthy Lifestyles policy

Funding

- Support community services with \$
- Tax exemptions for Child, Youth & Family Centre co-op
- Very limited small \$ grants to community groups
- Fund recreation programs – kids, mothers
- Fund facilities specific for daycare

Programs

- Mom and tot groups
- Infant swim sessions
- Library story time

Other

- Demand housing and social amenities from developers
- Advocate for provincial/federal services
- Build facilities for “hubs” to happen
- Support local daycare with resources
- Support efforts of local community groups
- Hosted groups discussion on coordination of resources
- Access to public school facilities for community groups
- Neighbourhood plans – safety, housing, services, transportation
- Define long term strategies for families
- Recycling depot

Potential Role

- Affordable housing

- Child friendly urban planning. Involve local groups in development of Official Community Plans
- Partnership. Eliminate silos
- Regular reporting on issues from groups
- Work with VIHA, school districts in supporting co-ordinated mental health/addiction services
- School district – improve early liaison re assessment and intervention with learning disabilities
- School district – Develop and implement healthy life styles policy
- Build strong local transit system and build hiking/biking trails for all

Community Groups

Present Role

- Child Development Centre – Nanaimo
- Malaspina U/C – ECE
- Sooke Co-operative Association of Service Agencies
- Information – immunization pamphlets, workshop; Success by Six, etc.
- Some support for parents with mental illness. Mental Health Advisory Committee
- Subsidized access to dance classes
- Space for public health nurse – Well Baby one day a month
- Eyes and Ears, informal/formal liaison to CV agencies
- Develop and implement annual activities with Seapark, school district and VIHA
- Pre-school – front-line support
- Child, Youth & Family contract counselling
- Childcare resource and referral – implements standards
- Community school – toddler drop-in – Community Links \$
- “Pilot” school-based family support outreach (\$14,700 for six months)
- Parenting education and drop-in programs - pre-school
- Co-facilitate parent programs with VIHA
- Family support – parenting education, drop-ins

Potential Role

- Integrated community strategic planning – NGOs and service groups
- Involve public – get political about policies
- Create family friendly spaces – shared
- Increase quality childcare spaces

Private Sector

Present Role

- Provide children’s programs

MDs

- Ante-natal counselling, health promotion – smoking, diet, alcohol, contraception
- Good prenatal care and primary maternity care
- Encourage childhood immunization
- Well Baby Care – education, support, disease prevention and treatment

Potential Role

- Child friendly communities (developers). Community matters, not just \$
- Banks to provide mortgage options for families - outside the box
- Chamber of Commerce demand high level of Kindergarten readiness
- Continue creating jobs

SOCIAL SUPPORT (Group 5)

(Note: Each group of bullets is listed in order of priority)

VIHA

Present Role

- Research and data – describe current levels of social support and disparities from existing data sources (CCHS)
- Information pamphlets, fact sheets re environmental health
- Mobilize youth action
- Performance manager all strategies – results-based management

Potential Role

- Engagement with community in a meaningful partnership with clarity of purpose
- Advocate for targeted funding for people most in need
- Produce tailored PH reports for particular groups – sound bites
- Know about existing capacity in community – ask, listen, participate, partner
- More resources to community, prevention, support. Find ways to provide more efficient services to allow redirection of funds to community.
- In workplace, model support for employees
- Shift location of health funding to meet comprehensive needs of children’s mental health (VIHA and MCFD)
- Create employment opportunities and target specific population groups (see Yvonne in UK)
- Bring together voice of community to find a champion in provincial government at high level (VIHA, community groups and government)

Local Government

Present Role

- Advocate for harm-reduction services
- Street fairs, celebrations, building community identity – know you neighbours

Potential Role

- Include health chapter in the community strategy. Official social plans (with communities) and wherever non-existent.
- Local government believe they have a role in health/health policy, i.e., CHI.
- Advocate – redirect long-term funding to community services, i.e., build capacity for surgery and ER without directing money there
- “Voice of Community” for provincial champion (VIHA, local government, community)
- Literacy + housing = poverty reduction
- Innovative approaches (with private sector) to crating housing for groups in need – people on the street, families, seniors

Community Groups

Present Role

- Neighbourhood houses
- Drop-ins – free food, clothes, counselling, referrals; family support groups, youth activity nights, volunteer services
- Peer support and free information services
- Use of schools/churches by community outside normal operating hours
- “Voice of Government” – collaborate with VIHA and community

- Access: no fees, flexible times, less red tape, multiple locations (local neighbourhood), decrease barriers
- Let business employers know about “Options for Action”
- Stop talking money without understanding context,

Potential Role

- Supporting voice of marginalized groups at all levels
- Advocacy – funders meet and share objectives and perhaps a 3 to 5-year plan for the region and shared reporting tools
- Engage people in design and implementation (UK examples). More community driven shaping of supports – less “packaged” programs
- Look for opportunities to interact with different groups to work together; break down barriers, e.g., arts/culture/sports/social service
- RRU: action research pilots of interventions (e.g., New Zealand) leading to policy
- Provide a safe place to discuss opportunities to break down silos in order to improve social conditions and address systemic change (UW)
- More navigators with authority/resources to get people what is needed. We need to all be navigators! – don’t pass the buck!
- Acknowledge and support existing systems of support

Private Sector

Present Role

- “Options for Action” booklet (tools for HR in business) – Employers Task Force, Community Council
- Fundraising for “things”, e.g., MRI, CT, LDR, etc.

Potential Role

- Family-friendly employers – substance, MA/paternity, apprenticeships, lunch hours with shops.
- Fundraising for “services”, e.g., lunch programs, daycare for children and adults, brain injury housing and programs, mental health and addictions programs, computer services
- Hire hard-to-employ people
- Power to the people – give information and influence over to employees
- Use “Options for Actions” to make employees’ situation better
- Speak to other employers about what they can do to empower and relieve poverty

BUILT ENVIRONMENT (Group 6)

(Note: Each group of bullets is listed in order of priority)

VIHA

Present Role

- Focus on hospitals/hospital facilities
- Building facilities – urban, rural, e.g., clinics, hospitals, offices
- Building senior care homes
- New seniors assisted living housing
- Mental health housing
- Support of group homes
- Support of home care
- Sobering centre support
- Monitoring indoor/outdoor air quality

- Public health office
- Health inspection/licensing
- Involvement in initiatives, i.e., homelessness

Potential Role

- Provide rent-to-buy housing with private developers. More social/affordable housing. Spend 25% of budget on housing. Collaborate with all government levels for family social housing.
- Promote development of childcare facilities. Build childcare into places of employment for VIHA staff
- Work with urban planners to develop healthier communities. Articulate connections between built environment and health. Report to local governments on links between health and build environment – lighting, sidewalks, playgrounds. Raise awareness of the interconnections among determinants of health
- Develop housing as part of mental health strategy. Examine mixed use P3 projects
- Develop local walkways/cycle ways

Local Government

Present Role

Planning, Policy

- Planning re zoning
- OCP
- Corporate Plan
- Traditional land use regulator
- Policies
- Building codes, standards (monitoring)
- Providing \$, determining priorities for spending
- Inter-government liaison and lobbying
- Consultation with citizens
- Social planning and advocacy
- Policy and bylaws which promote or prohibit development of childcare spaces
- Neighbourhood association rule planning
- Housing trust fund

Programs/Services

- Provision of water and sewer systems
- Streets, sidewalks, bike routes
- Playgrounds, youth parks
- Parks and green space
- Recreation facilities
- Roads and parks maintenance
- Developing and delivery/provision of social housing
- Manage School District property
- Walkable communities
- Promoting/facilitating cultural events/festivals

Potential Role

- Provide incentives for mixed use projects/community development
- Build and maintain affordable housing in all areas
- Political commitment to address health, well being, and healthy development
- Provide information at neighbourhood level for planning

- Set housing/health targets by sub-market
- Build or create or support hubs or places of child and family supports (health, recreation, social network)
- Amalgamate, or at least collaborate to address equity issues

Community Groups

Present Role

- Citizen engagement
- Provide avenues for social networks
- Safe space for dialogue
- Help people to find accommodation
- Provide services to vulnerable
- Engage volunteers; keep parks through volunteer efforts
- Advocacy on social, environmental, cultural issues
- Challenge status quo policies
- Advocate and support use benefits
- Advocate for or manage non-profit housing
- Community based social planning
- Test new innovative ways to address determinants of health
- Community based research through partnerships
- Educate community on benefits and availability
- Provide needed information to VIHA
- Fund programs and services in the community

Potential Role

- Engage community to unify behind change. Think and practice holistically, not in fragments. Work collectively around social determinants
- Monitor potential and actual impact of policies. Survey locals to provide feedback on policies
- Provide leadership to government and private sector. Partner across sectors
- Act as legitimate sources of community information
- Have adequate funding to act proactively versus reactively
- Deliver more health and housing on behalf of VIHA

Private Sector

Present Role

- Delivers 99% of built environment
- Partner in initiative, e.g., Dockside Green
- Provide support through sponsorship, e.g., Parks
- Provide risk capital
- Provide funding for project development
- Fund infrastructure in exchange for advertising
- Limited role in health and affordable housing
- Ruled by market forces
- Encourages mixed use projects
- Provides employment

Potential Role

- Link project marketing campaigns to community wellness
- Put childcare facilities in workplaces – family friendly workplaces
- Developers become aware of and use info on what makes healthy communities
- Purchase local products – builds more business and preserves viability of our farms

- Partner with other sectors to address multiple, interconnected Determinants of Health
- Be part of solution re homelessness
- Encourage healthy workforce travel plans – walking, cycling, public transit
- Provide economies of scale for mixed use projects

4. COLLABORATIVE SOLUTIONS

**FOCUS QUESTION:
WHAT NEEDS TO BE DONE
TO PROMOTE MEANINGFUL COLLABORATION?**

In the second small-group session, each of the six groups created a mind map, exploring ways to create meaningful collaboration to help deal with the social determinants of health.

MIND MAPS: GROUP SUMMARY

Some of the groups made summary points after they had created their Mind Maps. This is a summary of all their points. (For a more detailed summary of the priorities from all the mind maps, see the next section – Mind Maps: Detailed Summary.)

Collaboration as a Tool

- Need to recognize collaboration as a tool
- Need to legitimize collaboration throughout organizations
- Need strategies to generate buy-in to collaboration
- Develop collaborative leadership

Scope

- Need a plan in place – goal, vision, political support
- Strategic planning linked to accountability and common vision
- Need to be really specific about scope of collaboration
 - What are we really talking about – geographically, client group, topic
 - Don't take on everything
- Require good information – what is going on, need, gaps in service
- Importance of risk-taking

Accountability

- Accountability and actions that are results-based
- Emphasis on accountability – to team, funders, goal
- Accountability
 - Targets and results
 - Roles and responsibilities
 - Need for openness and transparency

Resources

- Need resources dedicated to the process
- Funding that improves use of existing resources
- Need training skills re working collaboratively with other organizations
- Information/communication is an enabling strategy

Players

- Identify and understand roles – local and VIHA, i.e., networks to be formed
- Need for respect
 - VIHA needs to talk to local communities about five-year plan – and ask how to work with community
 - Local health plan linked to community plan
- People experiencing the issues need to be involved
- Allow organic development
- Intergovernmental (all levels) collaborations are required
- Need for co-ordinated vision across ministries
- Healthy Communities initiative now in Victoria Region – link with UBCM
 - Action: Prairie Escallier (Capital Families Association) and Maureen Duncan (United Way) to talk with Tam Lundy (provincial facilitator for Healthy Communities initiative housed with UBCM) and explore dialogue re action for Healthy Communities

MIND MAPS: DETAILED SUMMARY

This is a summary of all the high priority points in the six Mind Maps.

Culture Shift/Systemic Changes

- Build trust/faith/safety; it's okay to fail sometimes
- Performance Management/measures for collaboration/partnership development
- Need political awareness and support
- Better communication; better dissemination of information internally and externally
- Value collaboration; not off side of desk
- Build capacity to work collaboratively
- Need for transparency and openness
- People experiencing “issues” with those working on IT getting together

Common Vision

- Meaningful shared vision across all groups
- Build on group shared vision through inclusiveness

Strategic Plan and Accountability

- Strategic plan; strategic collaborative plan for success (use Best Practices)
- Set priorities
- Set targets; continue to measure results
- Accountability to team
- Formalize with MoU, etc.

Identifying and Understanding Roles

- Commensurate power - mayors and CEO sit together to get a strategic vision
- Understand limitations and responsibilities
- Committed identified stakeholders and leaders
- Courage to be in diversity

Getting People Together in Groups around Common Themes for Service Delivery

- Build on our and each others' strengths
- Bring people who can say “yes” and make it happen (local collaboration, decision making)
- Identify gaps in services – in locations with need; identify barriers

- Bring people with issue that are affected and also people that can affect the issue
- Service provider with client at table
- Integrate services; share space, resources, electronic platforms
- Dialogues

Collaboration with Communities

- VIHA needs to talk to local communities about the 5-Year Plan and how it can work in their community
- Local Community Health Plan - make more comprehensive OCP (collaborate with VIHA and others)
- Role of community legitimized with long-term funding commitments
- Build trust, credibility, respect
- Local community champions

Healthy Communities (MOH, Act Now, Tam at Municipal House (UBCM)

- Communication between LHA/municipalities (VIHA as participant but not co-ordinator)
- Dialogue on actioning “Healthy Communities”

Intergovernmental Collaboration

- Coordination across ministries
- Define scope of collaboration very specifically
- Improved use of existing \$; little extra \$