VII. Appendicies

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Appendix A: Recommended Resources

The following resources provide additional information on collaboration and related topics. Most of these are relatively accessible on-line or in print. When using these resources, be careful to adapt the tools and advice to your specific circumstances.

Asset-Based Community Development Institute (ABCD)
http://www.northwestern.edu/ipr/abcd.html

The Asset-Based Community Development Institute (ABCD), established in 1995 by the Community Development Program at Northwestern University's Institute for Policy Research, is built upon three decades of community development research by John Kretzmann and John L. McKnight. The ABCD Institute has produced many practical resources and tools for community builders to identify, nurture, and mobilize local assets.

Coming Together – Building Collaboration and Consensus
http://communitycollaboration.net/

This website is a concise, accessible introduction to what collaboration is and how it helps. Pete Peterson, a collaboration specialist working in Idaho, answers basic questions, such as "why collaborate?" and "what does collaboration look like?" He also offers a helpful online presentation (requires Flash). Peterson also provides a page of links to other resources about collaboration, offering information both general and specific.

Community-Campus Partnerships for Health
http://depts.washington.edu/ccph/

Campus Community Partnerships for Health has developed nine principles to facilitate and strengthen partnerships between communities and institutes of higher learning. The CCPH Partnership principles are reproduced in Appendix D of this guide. Their *Partnership Perspectives* publications outline these partnership principles and offer practical advice from experienced practitioners (these can be downloaded in pdf format from the site).

Community Tool-box
http://ctb/ku/edu

The Community Toolbox has more then 6,000 pages of practical information on over 250 different topics related to community development. Topic sections include step-by-step instructions ,examples, checklists and related resources.

Community Organizing and Community Building for Health
Edited by Meredith Minkler, 2005, Rutgers University Press,
http://rutgerspress.rutgers.edu/acatalog/catalogbody.html

Written from a public health perspective, this book offers a wealth of insights into the process of community building and organizing. Topics covered include community assessment and issue selection, working within and across diverse groups and cultures, and building and maintaining effective coalitions.

Health Canada: An Inclusion Lens—Workbook for Looking at Social and Economic Exclusion and Inclusion

http://www.ifsnetwork.org/uploads/inclusion-lens-workbook-2002.pdf

Before community-members can collaborate, they must be included. This workbook, provided by Health Canada, will help groups and organizations determine how inclusive they are, and identify ways to improve if necessary. Collaboration can become a closed loop very quickly if it doesn't actively involve members of many different communities, who may come with different perspectives or ideas. Inclusiveness makes collaboration more effective and truly engages community.

The Health Communications Unit
http://www.thcu.ca/infoandresources.htm

The Health Communication Unit (THCU) provides training and support related to health communication, health promotion planning, evaluation, policy change and sustainability. There are many comprehensive and accessible resources and tools that can be downloaded from the THCU website.

Hospital Involvement in Community Action Research Study

The findings of the Hospital Involvement in Community Action study were published in the journal *Health and Social Care in the Community* (2005, volume 13, no. 2). An early article examining hospital involvement in community action was published in *Hospital Quarterly* (Spring 2001).

Human Resources and Social Development Canada – Community Development links
http://www.hrsdc.gc.ca/en/gateways/topics/cyd-gxr.shtml

At this site, you will find links to a variety of resources related to community development. Two resources in particular will interest readers of this guide: *The Partnership Handbook* and *The Community Development Handbook* cover many of the topics covered in this guide in greater detail.

Ontario Prevention Clearinghouse: Dynamic Partnerships
http://www.opc.on.ca/english/index.htm

This tip sheet provides reflections, references and resources about health promotion partnerships. Follow links Home > Programs > HPRC > Resources > Dynamic Partnerships.

Wilder Foundation/Fieldstone Alliance
http://www.fieldstonealliance.org/client/consulting/pages/collaboration.cfm

Two practical manuals can be ordered from this site (Collaboration Handbook and Collaboration: What Makes it Work?). The Wilder Collaboration Factors Inventory can be completed on-line at http://surveys.wilder.org/public_cfi/index.php.

Appendix B: [A Study of] Hospital Involvement in Community Action Summary of Research Findings

Despite a burgeoning literature on inter-agency collaboration in general, **systematic documentation and analysis of the Canadian experience of hospital-community collaboration is almost completely lacking in the literature** , particularly as regards collaborations that address the determinants of health outside the hospital walls.

The goal of the (SSHRC-funded) Hospital Involvement in Community Action (HICA) study was to gain an understanding of how hospitals and community organizations work together on initiatives that address community health issues. Detailed qualitative case studies (in 4 Ontario sites: urban, suburban, rural and northern) and a telephone survey (of community organizations in the GTA) were employed in order to learn about the range of collaborations and working relationships that exist between hospitals and community agencies in Ontario, and the factors that influenced (enabled and/or hindered) the processes of hospital-community collaboration. Particular attention was paid to barriers and enablers at 3 nested levels of context: policy, hospital and community.

The following is a brief summary of the research findings:

- Hospitals and community organizations in Ontario are engaged in a wide variety of collaborations and working relationships from clinical foci to initiatives addressing the broader determinants of health, and from formal service agreements to informal working relationships and community development initiatives. To illustrate, we uncovered 88 collaborations in 4 case study sites, and this was by no means the full extent of what was taking place (there were no central inventories of such collaborations and often hospital staff were unaware of what community collaborations were taking place in other departments)
- The range of organizations that the hospital collaborated with was also extensive, from other health and social service providers (home care, VON, Meals on Wheels, CHCs, CCACs, youth drop-in centres, etc) to the private sector (e.g. McDonalds, a trucking company), new immigrant associations, churches, public health, local media, government, the police & fire departments, YMCA and many others
- Although it is widely acknowledged that community work is not their 'core business', many hospital staff and community representatives indicated that hospitals need to be thinking about how to work with community to better address patient care (before, during and after hospital stay), health promotion and community/population health. On the other hand, hospital involvement in community action remains often controversial and to some extent politicized: it has a troubled history in many local jurisdictions (past experiences of insensitivity and lack of skill on the part of hospitals, conflicts over turf, etc), it engenders hope as well as fear among community groups (concern over possible motives of the hospital), and although our data suggest it is much more widespread than typically acknowledged, it is still the case that these kind of collaborations are not typically on people's 'radar screens' (either at a policy level nor indeed in most local communities) unless they have already been involved in such work in the past.
- The fiscal and policy environment is generally not supportive of hospital involvement in community action, especially when it comes to looking beyond the hospital walls and beyond patient education and discharge planning. In particular, the ways in which

hospitals are funded tend to discourage/penalize hospitals for HICA despite the obvious merits of many such collaborations. Increasing financial pressures reduce the leeway hospital administrators have for underwriting community work. The one notable exception (and it was only at a limited pilot stage when we were in the field collecting our data, so it was not a topic raised by many interviewees) is the embedding of community health into the CCHSA's new AIM accreditation standards

- The institutional culture of hospitals is not generally a supportive environment for community development practice
- It appears that the extent to which HICA flourishes (or exists at all) crucially depends on the presence and ongoing enthusiasm/commitment of one or more 'champions' within the hospital. The loss of champions (through turnover, secondment to other tasks, or burnout) is likely to seriously compromise hospital-community collaboration
- We observed two fundamental stances towards hospital involvement in community action: it was an overarching guiding philosophy articulating the work of the hospital (or an entire unit within a hospital) in two of the four case study sites; in the other two sites community collaboration was seen (by the hospital) as 'nice to do' if warranted in particular circumstances, one of several competing options/approaches to be evaluated on a project-by-project basis
- The evidence from our in-depth case studies suggests that formal institutional mandates for HICA (embedded in mission statements, formal strategic plans, etc) is not by itself a guarantee this work will be undertaken or widespread, but it was widely considered important, not only in terms of 'legitimizing' rhetoric' (that staff could point to, to justify the work), but also as a precursor to more sustained commitment of resources. Indeed, we observed that institutional commitment to HICA helped to sustain some collaborative projects during times of financial and organizational stress, in at least some of the sites we investigated. Further, CEO support can also generate expectations for collaborative work, and foster an institutional culture in which collaborative work is seen as an acceptable mode of practice.
- The momentum required to sustain HICA cannot be realized solely from management expectations and/or institutional endorsement. In order to effect change in institutional practices, senior management and CEO support for HICA needs to be coupled with investment in frontline staff who act as 'champions on the ground'
- Hospital staff described the need to work on two fronts simultaneously (albeit with varying degrees of intensity over time, depending on their ability to bear fruit): (a) building the profile and legitimacy (and thus sustainability) of community work within the hospital, and (b) building trust and collaborations 'on the ground' in community
- Sometimes described in terms of 'dual accountability', the tensions associated with these competing demands (to be responsive to community and to fulfill requirements set by the employer/hospital) were exacerbated by the often stark cultural differences between hospital and community. Considerable work was often required on the part of both parties to get hospitals and community organizations to the point where they could more fully understand the very different organizational culture, assumptions, and modus operandi of the other party
- The majority of community organizations surveyed reported encountering one or more difficulties in their collaborations with hospitals, but they were also able to identify

enabling factors (both within the hospital and from the community) and significant achievements, reported high levels of overall satisfaction, and reported that the experience of working together increased understanding (of the community by the hospital and vice versa)

For further information see: Health and Social Care in the Community (2005, volume 13, no. 2).

Appendix C: 'Social Determinants of Health: Why Do They Matter?' (Fact Sheet)

The following fact sheet is adapted from a document prepared by the 'Greater Toronto Area LHIN Diversity Working Group.' It makes the case that Ontario's Local Health Integration Networks (LHINs) should make social determinants of health a priority.

What are social determinants of health?

Social determinants of health are the social and economic conditions that influence the health of individuals and populations. Some of the best predictors of whether we stay healthy or become ill include income, housing, education, employment and job security, stress, social supports – what we now consider the social determinants of health (1). A wealth of evidence from Canada and other countries supports the notion that the socioeconomic circumstances of individuals and groups are equally or more important to health status than medical care and personal health behaviours (2).

How do social determinants of health affect diverse communities?

Some groups such as visible minorities, immigrants, Aboriginal people, and single parent families face substantial economic and social barriers that have significant impacts on health. Ways in which social determinants of health intersect with diverse communities include:

- **Poverty** - Adults living in poverty experience poorer health in almost all health areas including mental health, substance abuse or addiction (3). Poverty rates for immigrants that had been in Canada less than five years doubled between 1980 and 1995. In Toronto, the poverty rate of visible minority families increased from just over 20% in 1981, to 29.5% in 2001, in contrast to that of non-visible minority families which stayed steady at 12% (4).

- **Homelessness** - One in five individuals who are homeless suffer from both mental illness and substance abuse, and most are not receiving treatment (5). LGBTT youth are disproportionately represented among homeless youth due to family and community rejection. About 40% of homeless youth in Toronto are LGBTT (6).

- **Social exclusion** - denies individuals the opportunity to participate in the activities normally expected of members of their society. These inequalities arise out of oppression related to race, class, gender, disability, sexual orientation, immigrant status and religion. Social exclusion is associated with increased rates of premature death, depression, higher levels pregnancy complications and higher levels of disability from chronic illness (7). There is evidence of growing social exclusion in Canadian society, particularly for Aboriginal people, non-European immigrants and racialized communities. For example, recent immigrants from non-European countries are twice as likely as Canadian-born residents to report deterioration in their health over an 8 year period (8).

- **Unemployment** - Unemployed people have reduced life expectancy and suffer significantly more health problems than people who have a job (9). Job insecurity has been shown to increase depression, anxiety and heart disease (10). Aboriginal people and racialized groups

are three times more likely than the average Canadian to be unemployed, despite the high credentials of many immigrants (11). The unemployment rate for women with disabilities is 74% in Canada (12).

Why adopt a social determinants of health approach?

In terms of the health of populations, it is well known that disparities – the level of inequality in social and economic status between groups within a given population - greatly affect the health status of the whole. The larger the gap, the lower the health status of the overall population (13). In other words, it is in our collective interest to bring about health equity.

Despite mounting evidence for the role of social determinants on health status, much of the work being done on prevention and management of diseases remains highly medicalized. As well, the focus of health care has been almost exclusively on individual risk factors, not on the structural or societal issues that impact health. A social determinants of health approach provides a more complete picture of why people become ill in the first place, and what it takes to restore their health. It considers equity and social justice as necessary components of good health care.

To address social determinants of health is to build the very foundation of a healthy society. As Ontario's health transformation agenda unfolds, we encourage policy makers to eliminate health inequities among different population groups by taking a social determinants of health approach in health care planning and delivery.

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This fact sheet is presented by the GTA Diversity and LHINs Working Group. We are an ad hoc coalition of health-care providers and community-based organizations from across the GTA who are working to ensure that there is equity, inclusion and accountability at all levels of LHINs planning and implementation. Please contact the following individuals for more information:

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Fact Sheet References:

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Appendix D: Partnership Principles Checklist

1. Partners have agreed upon mission, values, goals and measurable outcomes for the partnership	q
2. The relationship between partners is characterized by mutual trust, respect, genuineness and commitment.	□
3. The partnership builds upon identified strengths and assets, but also addresses areas that need improvement.	□
4. The partnership balances the power among partners and enables resources among partners to be shared.	□
5. There is clear, open and accessible communication between partners, making it an on-going priority to listen to each need, develop a common language, and validate/clarify the meaning of terms.	□
6. Roles, norms, and processes for the partnership are established with the input and agreement of all partners	□
7. There is feedback to, among and from all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes. Partners share the credit for the partnership's accomplishments.	□
8. Partnerships take time to develop and evolve over time.	□

Source: Community Campus Partnerships for Health
For more info, see http://depts.washington.edu/ccph/principles.html

Appendix E: Template for Partnership Agreements*

The purpose of the template is to help partnerships to identify terms and conditions of an agreement that may be important to consider. The agreements will need to be negotiated with partner agencies who are likely to bring different experiences, perspectives and priorities with respect to necessary terms and conditions.

Background & Mandate

- Specify how the partnership was initiated, identify who is funding the partnership, state the priority need/issue to be addressed, and the target population(s) to be served.

Purpose of the Partnership Agreement

- Identify what the partnership agreement proposes to do, and who it is applicable to, for example:
    - *The purpose of this partnership agreement is to document arrangements between the lead agency and partner agencies.*
    - *All parties agree to be guided by the terms and conditions set out in this agreement.*

Partnership Values & Guiding Principles:

- If possible, clarify the values and/or guiding principles that govern the partnership, for example:
    - *Communities will be active partners in the project, and will be supported to participate in various project phases.*
    - *All activities and practices will uphold the principles of diversity, equity, anti-oppression, respect, and inclusiveness.*
    - *Project partners will have any equal voice in decision-making and equal voting privileges.*

Project Outcomes, Activities, and Timelines

- Clearly state the shared outcomes and activities that all parties will endeavour to achieve.
- Outcomes are the expected accomplishments, for example, *To increase knowledge of community resources.*
- Activities are the specific actions that will contribute to the identified outcomes, for example, *Deliver parent workshops.*
- Specify the duration of the partnership, and the anticipated dates for specific outcomes/activities.

Roles & Responsibilities

- Specify the roles and responsibilities of the following:
    - Lead/Trustee Agency
    - Partner Agencies
    - Advisory/Steering Committee
    - Working Groups
    - Partner agency staff
    - Staff hired by the partnership

- Clarify reporting relationships.
- Develop a terms of reference for any project committees (e.g. Advisory/Steering Committee, and Working Groups) detailing:
    - Committee/Group Mandate
    - Areas of responsibility (e.g. strategic planning, project activities, project evaluation, etc.).
    - Process to elect/appoint Chair/other designates, and to address absenteeism of members.
    - Permission to establish other committees to fulfill their responsibilities.
    - Quorum (e.g. 50% +1 of the members must be present in order for the meeting to take place).
    - Frequency of Meetings.
    - Declaration of conflict of Interest

Policies & Procedures

- Identify the policies and procedures that agency and partnership staff will adhere to. For example, the partnership may wish to identify particular policies and procedures for the partnership, or it may simply state that the policies and procedures of the lead/trustee agency will govern the partnership.
- Policies/procedures might include: staff hiring, supervision and training, conflict of interest, anti-discrimination, access and equity, and media and public relations.

Inter Agency Communication

- Identify the frequency of meetings between partner agencies (consider advisory committee meetings and working group meetings) and specify who is responsible for initiating meetings, setting meeting agendas, and chairing/facilitating these meetings.
- Specify how partners will communicate between meetings (e.g. by e-mail or fax, providing all members are included in correspondence).
- Suggest how representatives will maintain ongoing communication within their own organizations to that their Board, Management, Staff and Volunteers are clear about project objectives and responsibilities.

Decision-Making Processes

- Clarify how ideally the partnership will make decisions regarding the partnership, including representatives and committees that are responsible for facilitating decision-making, and procedures to be followed by these individuals/committees.
- For example:
    - *The Steering/Advisory Committee will strive for consensus in all of its decisions. In instances where consensus is not possible, the Chair can request that an issue be put to a vote where each partner is entitled to one vote and a simple majority will decide the outcome.*
    - *Decisions must have the agreement of a majority of all Project Partners (not merely a majority of those present at a meeting).*
    - *A regular meeting schedule will be established, and agendas will be circulated at least 2 days prior to each meeting. Each agenda will include time for new business arising where members may bring forward any issues of concern.*

- *Any project partner may request additional meetings by providing a minimum of one week's notice to all project partners.*
- *In emergency decisions, the Lead Agency will have the responsibility to make decisions on behalf of the partnership (e.g. responding to emergency occurrences), providing they have made a reasonable attempt, wherever possible, to involve project partners, and as long as the mandate, values and objectives of the partnership aren't compromised by the decision.*

<u>Resolving Conflicts & Complaints</u>

- Identify a process to resolve conflicts in a productive way, for example:
    - *Invite project partners, staff and volunteers to deal with conflict in a positive way by naming, sharing and discussing issues as they arise, and taking all steps necessary to resolve issues.*
    - *Where possible, project partners will attempt to resolve conflict at the operational/working group level.*
    - *Project partners share equal responsibility to bring unresolved issues of conflict or instances of unfulfilled partner responsibilities to the Advisory/Steering Committee for resolution. In the event that such issues are not brought forward, the representative from the lead agency will be responsible for bringing issues forward to the Committee.*
    - *Parties should address conflicts involving 2 or more individuals/agencies in a face to face meeting where the conflict/complaint is named and described, and where a mutually acceptable solution is negotiated. Options include:*
        - *The Steering/Advisory Committee will convene a meeting to address any conflict/complaint in an open fashion.*
        - *The Committee will form a sub-group that will be responsible for managing the conflict resolution process.*
    - *Conflicts and complaints should be documented (in a general way – without reference to names or complainants) by the Project Coordinator and/or the Advisory/Steering Committee for purposes of reporting to the relevant Management and Program Committees, and where applicable to Board Members/Management in the partner agencies. Discussions aimed at resolving disputes between individuals should be kept confidential at all times..*
- Identify the process to resolve conflicts that can't be resolved using the above process, for example:
    - *A neutral person/agency will be appointed to facilitate a conflict resolution process.*
    - *Decisions arrived at through this process will be final.*

<u>Addressing Proposed Changes to the Partnership</u>

(e.g. termination of partnerships, project enhancements/proposals for funding, & membership changes)

- Identify process to withdraw from/to terminate the partnership, for example:
    - *Project partners will provide a minimum of 3 month's written notice to the Steering/Advisory Committee regarding their intention to withdraw from the partnership, and will complete any outstanding reporting and service delivery commitments.*

  - *The lead agency will provide a minimum of 3 month's written notice of their intention to withdraw from the lead agency role or the partnership itself, and will continue to act as the lead agency for the project until a process of changing the lead agency is completed with the funder.*
  - *Instances where project partners are not maintaining their commitments to the project will be brought forward to the Steering/Advisory Committee for discussion and conflict resolution if required. Any monies already received or all monies received must be returned to the lead agency if this agreement is terminated before the date of termination agreed upon.*
- Identify process to enhance/expand the existing partnership, for example:
  - *Proposals to enhance/expand the existing partnership (e.g. seek additional funding to address new objectives, or to serve larger numbers of clients) will require discussion with the Board and Management of each of the partner agencies. Such enhancements will only be pursued if the lead agency, and partner agencies confirm that they have the support of their individual agencies to proceed.*
  - *Proposals that seek to address objectives that are part of the existing partnership agreement should be discussed with the current funder before proceeding.*
- Identify the process to add members to the partnership, for example:
  - *The Steering/Advisory Committee will review written letters of intent from any partners wishing to join the partnership; will determine that the prospective partner shares the core values of the project; and will decide upon their inclusion as an Associate or Project Partner based on how their participation will enhance the project objectives and effectiveness.*

Finances & Administration

- Specify who is responsible for setting and changing the project budget.
- Indicate who is authorized to make spending decisions once the budget is set.
- If applicable, clarify how and when partner agencies will receive payments for services rendered/expenses incurred (e.g. terms of payment, and documentation required).
- Indicate who will have responsibility for providing accounting services.
- Specify how administrative support for the partnership will be provided.
- Outline how the partnership will address a budget deficit, for example:
  - *The assumption of the Steering/Advisory Committee is that there will be no deficit because Agency Partners will have to live with assigned budget funds (Budget revisions may be proposed to the Steering/Advisory Committee through working groups and/or project staff/coordinator).*

Evaluation Plan

- Indicate who is responsible for initiating and conducting the evaluation.
- Outline the critical indicators of success, and the appropriate tools/mechanisms to measure these (NOTE: These should link with the proposed work plan).
  - *The Steering/Advisory Committee will develop a detailed evaluation protocol which will be used consistently for all Centre activities and services, regardless of site.*
- Specify when and how this will take place.

- Clarify who will participate (e.g. partner agencies), and what their roles and responsibilities will be. For example:
    - *Service providers are responsible for providing data to the lead agency according to the identified data element definitions and established timelines.*
- Identify how the Steering/Advisory Committee, and the Boards/Management of individual partner agencies will monitor and respond to the results of the evaluation.
    - *In an effort to continually improve services, the Steering/Advisory Committee, and Partner Agencies will monitor program operations and examine client satisfaction of programs. Improvements will be incorporated into programs on an ongoing basis.*
    - *One Committee meeting every six months will be dedicated to a partnership review where emerging issues/concerns will be discussed.*

Involvement of Program Participants and Community Members

- Identify how community members or program participants will participate in program planning and evaluation. For example:
    - *The Project Coordinator will have the responsibility to convene and support a Program Committee comprised of Associate and Community Partner representatives and program participants. This committee will identify program and service-specific concerns and broader issues of concern in the target community.*
    - *Program participants will provide feedback at regular intervals via client satisfaction surveys.*

Signatures

- Designated representatives of lead and partner agencies (Executive Director and/or Board Chair) will sign the partnership agreement.
    - *By signing this partnership agreement each agency in the partnership agrees to comply with the terms and conditions set out in this document.*

Source:** ***Heather Graham Consulting Services (h.graham@sympatico.ca)

Appendix F: Sample hospital policy on external partnerships

Hospital-Community Partnership Policy *(Date)*

Authorization date

This policy was authorized by *(insert name of agency/hospital)* Advisory Committee on *(insert date approved, and revision dates).*

NOTE: This sample policy was developed by an Advisory Committee that included both internal and external stakeholders (e.g. Board, staff, partner agencies, clients, potential clients, etc.).

Distribution

The Partnership Policy will be distributed to:

- Advisory Committee Members
- Agency/Hospital Staff
- The Board of Directors of *(insert name of agency/hospital)*
- Other relevant funders and partner agencies

Purpose

(Insert name of agency/hospital) vision and guiding principles require a positive attitude toward co-operation and partnerships. The purpose of this policy is to promote, guide and support creative, mutually beneficial relationships with community groups.

Definition

In this policy, the term "partnership" means an arrangement between *(insert name of agency/hospital)* and a community group to work together and achieve goals that will benefit both partners.

Examples:

- delivering a service or program in a co-operative way
- taking joint action to educate the public on health issue
- developing a policy that will help both partners carry out their missions

Key features and values

These are the key features of a partnership:

- The partners share power and decision making
- Each partner invests resources such as time, money and knowledge
- The partners share the risk, responsibility and liability
- There is trust and respect between the partners
- *There is validation of cultural knowledge, practices and experiences*
- The arrangement takes advantage of the strengths of each partner
- The arrangement recognizes the needs and interests of each partner

In this policy

Topic	Page
Overview	1
Partnership Principles	2
Partnership Procedures	3

Partnership Principles

(NOTE: The specific principles identified should be relevant to the agency/hospital and its stakeholders. A participatory process that invites feedback from stakeholders – based on their experience with partnerships to date – is encouraged.)

Integrity	The partnership will maintain the standards, principles and values of *(insert name of agency/hospital).*
Compatibility	Partnerships will be compatible with the mandate and values of each of the partnering organizations.
Mutual benefit	*(Insert name of agency/hospital)* and its partners will set attainable goals, with outcomes that will benefit both partners. (*Insert name of* agency/*hospital*) will select and balance partnerships so that all stakeholders whose interests are significantly affected are represented and involved.
Clear communication	*(Insert name of agency/hospital)* will manage its partnerships in a way that is "transparent," under terms that are clearly defined and accepted by both partners. *(Insert name of agency/hospital)* will develop communication plans with its partners, with regular reporting of actions and decisions. Each partner will: • take time to learn about each other's mission, strengths and constraints • ensure awareness of any potential bias or conflict of interest • regularly report partnership actions, decisions and outcomes • develop a common language, validating and clarifying the words used in the partnership
Accountability	A Partnership Agreement will set out the accountability of each partner, including: • responsibilities • reporting relationships • appropriate liability coverage The partners will set up mechanisms to: • monitor and evaluate the partnership • report on the progress of the partnership and actions taken • ensure regular consultation and feedback
Flexibility	In an effort to strengthen and improve partnerships, there will be room for both partners to re-negotiate and restructure their relationship. This might mean, for example, adding new partners, or taking on more staff. The partners will update their goals and activities together, look at their experiences as well as new factors in the environment, and adjust the partnership to respond to these changes.

Partnership Procedures

Initiating and planning

(Insert name of agency/hospital) staff is responsible for researching and recommending new partnerships to the Advisory Committee, using the criteria set out in this policy. Their research will include:

- the reasons for initiating the partnership
- the objectives and purpose of the partnership
- the mandate and values of each of the participating groups
- the key function the partnership is to play
- the funding sources, needs and commitments
- the names of all stakeholders who should be involved

Partnership agreements

(Insert name of agency/hospital) staff will recommend the degree of formality that will be needed in each partnership agreement. The agreement could be:

- a formal letter
- a contract

The agreement will:

- set out clear, realistic outcomes
- describe the benefits for each partner
- define the roles and responsibilities within the partnership
- describe the evaluation process the partners have agreed on, including objectives, methods and time frames
- set out the duration of the partnership
- set out the process for resolving disputes, and the process for ending the agreement
- provide for liability coverage for the partner organizations, their staff, and any volunteers involved

Approvals and monitoring

The Advisory Committee will approve and monitor the partnership agreement, using the criteria in this policy.

The Vice President, responsible for Risk Management *at (insert name of agency/hospital)* will review the partnership agreement to ensure there is appropriate liability coverage for the partner organizations, their staff, and any volunteers involved.

The Executive Director/CEO of *(insert name of agency/hospital)*, will sign the partnership agreement on behalf of the agency/hospital Board.

Reference

For more information on community partnerships, please see:

Rodal A., Mulder N., "Partnerships, Devolution and Powersharing: Issues and Implications for Management." *Optimum,* Vol. 24, Issue 3, 1994.

Appendix G: 'Why Consider Diversity?' (Fact Sheet)

The government of Ontario is transforming the provincial health care system. One of the key components of this transformation is the establishment of 14 Local Health Integration Networks (LHINs) that will coordinate, integrate and fund health care within specified areas. This new system will dramatically change the landscape of health care in Ontario. Why should LHINs make diversity issues a priority?

……. Because diversity is the demographic reality of Ontario

Ontario is distinguished as one the most diverse and cosmopolitan areas of the world. This demographic reality compels the Greater Toronto Area (GTA) LHINs to address the access barriers to healthcare that diverse communities face.

- 13.5% of Ontarians live with a disability (Statistics Canada, 2001 Census)
- Almost half of Toronto's population is immigrant and 42% report a language other than English as their mother tongue (Statistics Canada, 2001 Census)
- 10% of the adult population in Toronto is estimated to be lesbian, gay or bisexual (Toronto Public Health, 2001)

……. Because marginalized communities have poorer health outcomes

Many studies have found that minority populations have poorer health outcomes and experience differential treatment within the health system:

- Aboriginal youth suicide rates are about 6 times higher than the general population (1)
- Recent immigrants from non-European countries are twice as likely as Canadian-born residents to report deterioration in their health over an 8 year period (2)
- Twenty-two percent of homosexuals and bisexuals reported that they had an unmet health care need in 2003, nearly twice the proportion of heterosexuals (3)
- Black people are between 41 and 73 % less likely than white people to receive particular drugs for the treatment of HIV/AIDS, even after adjusting for age, sex, mode of HIV transmission, insurance, residence, income and education (4)

What can LHINS do about this issue?

Communities are clear that a relevant, effective and forward-thinking health transformation agenda must be fully informed by, and responsive to, the diverse health needs and critical issues of our community. As Ontario's health transformation agenda unfolds, we encourage policy makers to:

- Adopt a framework for social inclusion that considers and integrates the needs of diverse communities
- Ensure that diverse communities are reflected in community engagement processes, leadership, governance structures, funding and service access

- Set clear strategies to reduce health inequities related to race, gender, ethnicity, ability and sexual orientation
- Adopt the recommendations set out in the community submission to the Ministry, *Integration Opportunity: Access to Integrated Health Care for Racialized and Marginalized Communities*

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This Fact Sheet is presented by the GTA Diversity and LHINs Working Group. We are an ad hoc coalition of health-care providers and community-based organizations from across the GTA who strongly support equity, inclusion and accountability at all levels of LHINs planning and implementation. Please contact the following individuals for more information:

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Fact Sheet References:

(1) Royal Commission on Aboriginal People (1995). Choosing Life: Special Report on Suicide among Aboriginal People. Downloaded from Health Canada's website: http:www.hc-sc.gc.ca/English/for_you/aboriginal.html#9

(2) Statistics Canada (2005). *Dynamics of Immigrants' Health in Canada: Evidence from the National Population Health Survey in Statistics Canada*, in Healthy Today, Healthy Tomorrow? Findings from the National Population Health Survey.

(3) Health Canada (2003). From Cycle 2.1 of the Canadian Community Health Survey (CCHS).

(4) Morehouse Medical Treatment and Effectiveness Center (1999). A Synthesis of the Literature: Racial and Ethnic Differences in Access to Medical Care. Kaiser Family Foundation.
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Appendix H: Tips for Evaluating Collaborative Initiatives

The Health Communications Unit at the University of Toronto offers some useful tips for evaluating collaborative initiatives, based on health promotion principles:

- Ensure the meaningful participation of all partners and stakeholder groups in the evaluation process (planning, implementation and reviewing results).
- Focus on a broad definition of health in assessing your results, i.e., the extent to which the initiative addressed particular determinants of health.
- Assess the extent that the collaboration facilitated the process of empowerment, i.e., did participants achieve greater control over the conditions affecting their health and well-being as a result of (their participation in) the collaboration?
- Focus on the extent to which the collaboration builds on participants' strengths and assets, not just needs and deficits.
- Ensure that the results are shared with participants and community stakeholders in a way that meets their requirements (e.g., plain language, cultural appropriateness).
- Include evaluation measures focusing on the enablers/barriers to participating in the collaboration (e.g., transportation, meeting times, etc.).
- Use multiple evaluation methods (both quantitative and qualitative) to understand the complexity of collaborative work

Adapted from THCU (2006). For more information on evaluating health promotion initiatives visit http://www.thcu.ca/infoandresources/evaluation.htm

www.hospitalcommunitycollaboration.ca

UNIVERSITY OF TORONTO

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