

IV. Concluding Thoughts

This resource guide on hospital-community collaboration draws on field research (Poland et al, 2004) in the belief that, given the complex realities of collaborative relationships in the community, it is frontline practitioners who have the most expertise about how to get these off the ground. It is their voices, experiences, wisdom and advice that we have sought to uncover and make available for others. As such, our intention is that this guide and the resources that accompany it (e.g., many of the tools in the Appendices) will be a ‘living document’ that will be refined and added to as others begin to engage and work with it. We therefore seek your input on what resonates with your experience, what is useful and what is not, and what could be added in terms of tools and lessons learned from the field, from both hospital and community perspectives.

In closing, we emphasize the importance of also paying attention to the policy context for hospital-community collaboration. Policy can enable collaboration or it can get in the way by creating disincentives. Policy that enables hospital-community collaboration:

- Balances clarity of expectations (regarding responsibilities, desired outcomes) with **flexibility** about how to best achieve these
- **Builds on existing partnerships**, networks, alliances and collaborations (rather than re-inventing the wheel in a way that over-rides, side-steps or kills existing collaborative efforts)
- **Aligns incentives**, directives and accountabilities
- **Clarifies desired priorities** for how accountabilities in terms of diverse stakeholders and outcomes are to be balanced (cost issues, patient outcomes, equity considerations, population health)
- Focuses on **building capacity** for community health improvement
- Balances clinical/palliative care with attention to other **determinants of health**

We wish to emphasize that when it comes to collaborative community work there are limits to what can be learned from documents such as this. Ultimately, the most powerful learning comes from an active engagement in the field and from dialogue with diverse others (colleagues in other jurisdictions, potential and actual collaborators, etc). We encourage you to seek out informal mentors and like-minded colleagues who may already be clustered in existing networks or coalitions. Recent research suggests that it is in these informal (or sometimes more formalized) *communities of practice* that learning and innovation are most likely to occur.

Good luck!

V. Glossary

Asset Mapping: A map or understanding of community assets that begins with an inventory of the gifts, skills and capacities of individuals, followed by a similar list of community organizations (e.g., neighbourhood groups, cultural groups) and formal institutions (e.g., hospitals, health and social service organizations, schools, private businesses).

Community: The term community is dynamic and inclusive; “there is no one definition of community. Community need not be defined solely by geography. It can refer to a group that self-identifies by age, ethnicity, gender, sexual orientation, disability, illness or health condition. It can refer to a common interest or cause, a sense of identification or shared emotional connection, shared values or norms, mutual influence, common interest, or commitment to meeting a shared need” (CCPH, 2006).

Community Capacity: the ability of a community to organize itself to identify and solve problems. Building community capacity may involve providing training and support in areas such as: shared power, sustainability, leveraging resources, health education, promotion and communication (THCU, 2001).

Community Development: There are many different definitions of community development. The following two definitions capture many of the key elements associated with a community development approach:

- “Helping people to develop the skills they need, and removing the structural barriers that prevent them from achieving their full potential as members of the community” (Hoffman & Dupont, 1992)
- “The process of supporting community groups in identifying their health issues, planning, and acting upon their strategies for social action/social change, and gaining increased self-reliance and decision-making power as a result of their activities” (THCU, 2001).

Community Engagement: Involving local residents, patients and their families, and/or local community-based health and social service providers.....in health system governance (needs assessment, service planning & delivery, evaluation). Note that hospital-community collaboration can be much broader than this, focusing on determinants of health and not just health system governance.

Collaboration: Collaborations come in various shapes, sizes, and durations. They typically involve working relationships through which parties constructively explore their differences and seek out solutions that go beyond their own vision of what is possible. Formal collaborations (which may also be referred to as partnerships) are formed to *share* resources, risks and decision-making; they are usually longer-term and involve a high intensity of activities.

Empowerment: Like “community development”, this is another term that has been assigned many different meanings. A broad definition of this term is “a social action process by which individuals, communities, and organizations gain mastery over their lives in the context of

changing social and political environments to improve equity and quality of life” (Minkler & Wallerstein, 2002).

Evaluation: A systematic inquiry to inform decision-making, judgments and learning, i.e., a thoughtful process of asking critical questions, collecting appropriate information and then analyzing and interpreting the information for a specific use and purpose.

Health Promoting Hospital: A health promoting hospital does not only provide high quality comprehensive medical and nursing services, but also develops a corporate identity that embraces the aims of health promotion, develops a health promoting organizational structure and culture, including active, participatory roles for patients and all members of staff, develops itself into a health promoting physical environment and actively cooperates with its community (based on the Budapest Declaration on Health Promoting Hospitals. WHO, Regional Office for Europe, Copenhagen, 1991). For more information on this topic, refer to <http://www.hph-hc.cc>.

Health Promotion: The Ottawa Charter for Health Promotion provides a widely cited definition of health promotion as "the process of enabling people to increase control over, and to improve, their health" (WHO, 1986).

“Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion action” (OHPRS, n.d.).

Hospital-Community Collaboration (HCC): An arrangement where a hospital and one or more community-based organizations agree to work together to achieve shared goals or outcomes. HCC may be initiated by a hospital or by a community organization or group and possesses some or all of the following qualities:

- shared authority and responsibility (e.g., for the delivery of programs and services);
- joint investment of resources;
- shared liability or risk-taking;
- mutual benefits;
- shared information or decision-making.

Partnership: A term frequently employed to characterize an ideal (formal) relationship between organizations with respect to community action initiatives.

Social Determinants of Health: Health is determined by complex interactions between social and economic factors, the physical environment and individual behavior. These factors are referred to as determinants *of health*. They do not exist in isolation from each other. It is the combined influence of the determinants of health that determines health status. According to Health Canada (2003), the key determinants of health include: income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology

and genetic endowment; health services; gender; and culture. See Appendix C for more information of Social Determinants of Health.

VI. References Cited

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