# STRATHCONA REGION COMMUNITY HEALTH NETWORK

Gathering the community together to share ideas, resources and knowledge and work towards improving health within the region.

## **NOVEMBER 9, 2015 MEETING HIGHLIGHTS AND NEXT STEPS**

THUNDERBIRD HALL, 1420 WEWAIKUM ROAD CAMPBELL RIVER, BC

A diverse group of 127 people from across the region met to continue learning about one another and building the foundations of the Community Health Network.



**SUPPORTING PARTNERS:** 

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#### INTRODUCTION

The November 9th gathering was the second time that over 100 people came together around developing the Strathcona Community Health Network. The concept of a Community Health Network was first introduced at a meeting held on June 26, 2015 in Campbell River. At this meeting, 150 people from across the region and beyond met to share stories about issues in their community and consider how a health network could support and improve the health of the region. Participants voiced support for the creation of the Strathcona Community Health Network. They strongly identified the need and importance of relationship building, the need to help people work together in a positive way and the need to make a difference. Conversations about what enables a community to be healthy were held and participants identified some topics that may be explored by the network as it moves forward.

The gathering held on November 9, 2015 again attracted a large number of diverse participants from across the region including members of all three First Nations cultural families within the region (Kwakwaka'wakw, Nuu-Chah-Nulth, and Coast Salish). The gathering was also strengthened by people joining us from outside the region from places such as Alert Bay, Victoria, Nanaimo, Duncan and Port Alberni as well as the Comox Valley. Participants represented a wide variety of organizations and personal interests in regional health issues and brought a diverse and rich range of perspectives to the tables.

The November 9th event was designed to continue building upon the information gained on June 26th and the growing momentum behind the Strathcona Community Health Network. Over the course of the day, participants were given the opportunity to set the foundation for the Community Health Network. In small groups, people explored ways that they might organize themselves around a particular topic to best make a difference in this area.

In addition, participants were invited to write down what was already happening in their communities in relation to the topics identified in June. This information was compiled into a document that can be found on the Strathcona Regional District's website (www.strathconard.ca). Participants also had opportunities to connect informally and get to know one another, to help build relationships and trust. A brief video was made about the event, and photos were taken, to help share the story of how the network is being formed.

The following summary highlights the findings from the gathering.

#### THE CANOE STORY

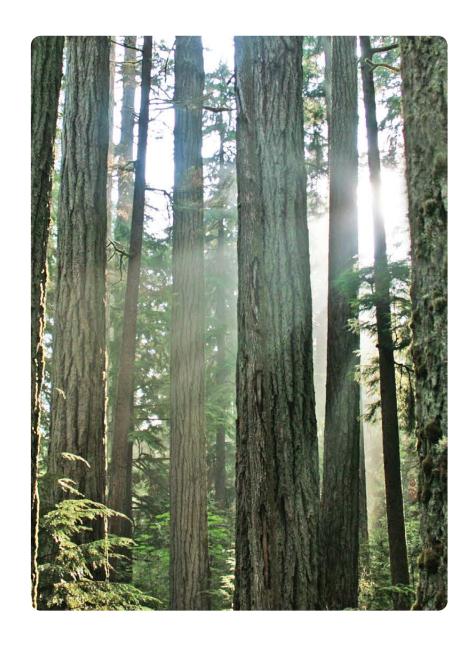
Alberta Billy, an elder of the We Wai Kai Nation, tells of Chief Dan George who came to support her at a meeting with the United Church of Canada that ultimately led to the Church's apology for their part in the running of Indian residential schools.

Chief Dan George told a story like this, 'In the old days when we wanted to build a canoe we would go into the forest and find a cedar tree to make our canoe from. Those canoes could hold up to forty people. That required a big tree. Now when we want to make a canoe, we cannot find a cedar tree large enough. They have been logged etc. Now when we want make a canoe, we go into the forest and find two cedar trees that will come together, to fit together perfectly... Seamlessly. Those two trees together will make a canoe.'

Alberta Billy says, "It is time in history for all people to come together in order to heal from the past. We can build this 'canoe' for our children, grandchildren and great grandchildren to come. It will take them all into a happy, healthy future for all."

#### Gilakas'la

This story was kindly shared at the workshop by Kathi Camilleri, Aboriginal Community Engagement Counsellor Aboriginal Outreach Team, CYMH MCFD, Campbell River, B.C.



# HOW SHOULD THE STRATHCONA COMMUNITY HEALTH NETWORK BE ORGANIZED?

The first group conversation focused on how the Strathcona Community Health Network might organize itself. Working group tables were formed around the topics that were identified at the June event including: transportation, food security, homelessness/housing, children & youth, aging in place, caregivers and volunteers and technology. Three additional tables were created: Aboriginal/cultural, governance and poverty/employment/income. Participants were asked to choose a table of interest and some questions were provided to start the conversation.

What perspectives and expertise need to be involved to make the best progress across the region on this topic?

All groups recognised that a broad range of perspectives and expertise would be required. These include First Nations and Aboriginal groups and organizations; front line workers and grass root organizations, policy perspectives, technical experts, all levels of government, multiple agencies, funding sources, business/industry and decision makers and perspectives from various cultures, as well as perspectives across ages, genders and regional geography.

What approaches might we want to take that other groups use in organizing themselves to be effective and make a difference in addressing complex community needs? (i.e. what are existing best practices?)

All groups were able to identify a number of existing models and best practices including the need for: a clear vision and collective impact statements, project sponsors and champions, strong advocacy and leadership, recognition of existing efforts and authority, maintaining enthusiasm, consistent communications and meaningful engagement.

## How might the group make decisions?

The tables put forward recommendations that tend to follow traditional best practices around decision making such as the need for a strong evidence base (data, communications and perspectives), proper problem identification, and an understanding of policy, priorities, strategic directions and timelines. Sub-committees/working groups might be useful to form a basis for decision making. Clear roles and responsibilities are important and decision making meetings need to be well run. The need to think collaboratively in decision making as opposed to operating within silos was brought forward. One group also mentioned the importance of scaling decision making to be unique and local.



How might this group best communicate and implement decisions, work plans, etc.?

A number of potential communication and implementation channels were identified such as:

- Having a dedicated coordinator for the CHN
- Appointing a spokesperson for each working group
- Engaging a communications specialist
- Forming a communications sub-group/committee as part of the overarching Community Health Network
- Using existing partnerships and front-line agencies
- Social media
- Holding a large group get together at least 1-2 times per year to share successes and talk about how things are interconnected
- Documented reporting using a common language
- Using community engagement to ensure that the CHN's efforts are effective and that the group is open and continuously listening.

Groups highlighted that work plans need to be adaptable and based on realistic timeframes and budgets. The need to understand other initiatives and avoid duplication was identified as well as the need to respect sub-group/individual autonomy.

How do we best set agendas and call/hold meetings to support broad participation across the region?

Throughout the day, participants were reminded of the regional focus of the CHN. The Strathcona region is geographically diverse and includes islands and remote areas of the mainland. Participants suggested a number of ideas to support broad participation across the region including:

- Utilizing technology
- Vast/inclusive email lists
- Travel subsidy
- Rotate locations and hold meetings outside of the City of Campbell River



 Consider convenience of meeting timing (i.e. ferry crossings, weather, etc.)

In general, participants expressed a need to have well organized meetings that provided sufficient lead times and background. Meetings should be meaningful and accountability should be assigned to action items.

How might this group best connect with, contribute to, and be supported by the broader Community Health Network?

Participants started to form a model of the CHN that includes a central governance group acting alongside working groups. The working groups might identify opportunities and issues for the broader CHN to consider and would also be useful to validate the decisions of the CHN within the community. Each working group would have representation on the central governance group. The central governance group would provide the means for the other groups to weave together as well providing advocacy, legitimacy and resources including potentially a central coordinator. The need for consistency across working groups was noted, as was the need for cross communications. One idea raised was to have representatives from each group not only sit on the central governance group, but also sit-in on other working group meetings.

# MOVING THE STRATHCONA COMMUNITY HEALTH NETWORK TOWARDS ACTION

In a second workshop, participants were asked to choose a topic table that they thought they may like to contribute to going forward. These topic tables were then asked to move towards action by thinking about how they might identify quick wins on the horizon, what do we need to plan for and what might the next steps look like?

The question put to the tables was to consider 'how' the group would identify quick wins. In response, most groups voiced the need for a process of gathering data, identifying issues thoroughly and mapping out all existing solutions. This often leads to an analysis of gaps and benefits. It was also suggested that the SCHN should look to other CHN's and related networks to see where they have had early success.

Aging in Place

Some groups, such as food security and homelessness/housing, were able to jump straight to specifying what some of the quick wins might be for their respective topics. It is interesting to note that these are also groups that already have well established networks such as the Strathcona Food Security Network and the Homes First Committee.

Many groups identified that an organizational structure with clear terms of reference would be required to move the network forward into action. The need for a unified vision was raised as was the need to avoid duplication of the number of existing initiatives already underway. Many groups highlighted the importance of resourcing work appropriately, developing capacity and countering resistance by communicating successes.



#### **NEXT STEPS**

Having established significant support for the development of the Strathcona Community Health Network, this day took an open and inclusive approach to continue to build relationships and the foundations of the network.

Participant feedback gathered on the day reflects the need for the network to appreciate people's time and ensure that meetings are purposeful and moving us towards action. At the same time, many people understand that building relationships and setting a foundation takes time and that without putting those constructive efforts in, it leaves the network vulnerable to future disruption.

Overall, participant feedback has been positive. Participants valued a second opportunity to gather. There is a continued commitment to develop the Strathcona Community Health Network and a clearer shared vision of how it should work.

The next steps for the Strathcona Community Health Network are summarised below:

## Establishing a governance group

The small group that was exploring governance at the November 9th event will be broadened to gain representation for each of the working topics: aging in place, Aboriginal, poverty/employment/income, transportation, food security, homelessness/housing, children & youth, caregivers and volunteers and broadband/cell connectivity. This group is scheduled to meet on February 4, 2016.

# Connecting existing networks and working groups

The Strathcona Community Health Network is not intended to replace existing networks but rather, it has the potential to facilitate new diverse and

far-reaching collaborations. The working groups formed on November 19th will continue to be connected to the Community Health Network through representation at the central governance group. Opportunities may also arise for working groups to collaborate around issues and actions and to be connected to the broader network. It is envisioned that a central coordinator would facilitate opportunities for collaboration between existing networks, and the central governance group.

# Developing vision, values and principles for the Strathcona Community Health Network

This is an important exercise that requires input from the broader network. Once the governance group is established, it will be tasked with determining how best to undertake this exercise.

#### Sharing contact details and information

On November 9th, many participants connected and shared contact details and information on initiatives and programs in the Region. Through the mapping exercise and small working group facilitation, additional information will be gathered and shared as appropriate.

## **ADDITIONAL RESOURCES**

A brief video was made about the event, and photos were taken to help share the story of how the network is being formed. In addition, the information that people wrote down about what was happening in their communities in relation to various topics has been put together in a document.

The photo gallery video recordings, and documents from the day can be found on the Strathcona Regional District's website at <a href="https://www.strathconard.ca">www.strathconard.ca</a>.





# STRATHCONA REGION COMMUNITY HEALTH NETWORK

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