

The Ontario Heart Health Network 1998 – 2010: *Our Legacy!*

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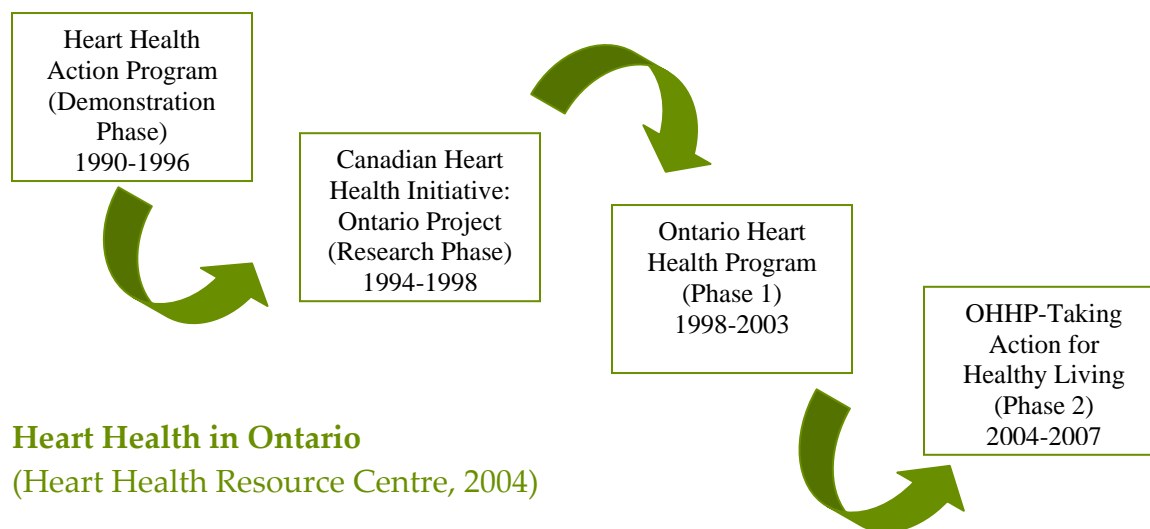
1. THE HISTORY OF THE OHHN

1.1 Background

The Ontario Heart Health Program¹

Heart Health programming began in Ontario in 1990 with the demonstration phase of the Heart Health Action Program (HHAP). This pilot program, funded by the Ministry of Health and Long Term Care, ran in five demonstration sites across the province between 1990 and 1996. In 1994, a four year research project entitled the Canadian Heart Health Initiative was implemented in Ontario. Building on the successes and learning from these two programs, the Ontario Heart Health Program (OHHP) Phase 1 began in 1998. The main intent of the OHHP was to provide a stimulus to develop a sustainable, province-wide infrastructure for the primary prevention of cardiovascular disease.

In 2004, Phase II of the program evolved into Ontario Heart Health Program -Taking Action For Healthy Living (OHHP-TAFHL) and expanded to a focus on chronic disease prevention. Public Health Units and one hospital have been the host agencies for the Community Partnerships, providing in-kind staff Coordinators and administering the funds provided by the Ministry. The program was funded by the newly formed Ministry of Health Promotion (MHP). During this period, the collaborative partnerships of the OHHP-TAFHL enlarged the scope of their work to include the development of healthy public policies within schools, work sites and a variety of community settings.



Heart Health in Ontario
(Heart Health Resource Centre, 2004)

¹ Heart Health Resource Centre, 2004. Orientation to Heart Health in Ontario

The Ontario Heart Health Network

In 1998 the Ontario Heart Health Network (OHHN) was established as a networking body for the 37 Community Partnerships and the more than 2700 community partners engaged in the OHHP. The primary purpose of OHHN was to support the needs of those involved in delivering initiatives under the OHHP funding guidelines. This included the development and implementation of health promotion strategies such as: awareness raising, education, skill building, creating supportive environments, and policy development in Ontario.

In March 2010 the OHHP-TAFHL and the Ontario Heart Health Network funding ended during the transition to the MHP's Healthy Communities Ontario Fund. This Legacy Document captures some of the history, successes, and lessons learned from the OHHN. It also provides valuable information for those considering the important and worthwhile work of developing a provincial network.

1.2 OHHN's Structure & Mandate²

The OHHN supported the community partnerships involved in the OHHP-TAFHL. OHHN members worked together to raise awareness of chronic disease prevention efforts and supported the members through opportunities to learn, share and network. To achieve this goal, the OHHN worked in dynamic partnerships with the MHP, the Heart Health Resource Centre, Boards of Health across Ontario, NGO's and many other community partners to implement initiatives with a primary emphasis on healthy eating, physical activity and smoke-free living.

The OHHN undertook two strategic planning initiatives (in 2004 and 2008) as they evolved from a network of mutual support to a stakeholder on the provincial stage. The 2008 vision mission and goals are as follows:

Vision

The Ontario Heart Health Network envisioned a diverse, strategic and well-connected network of strong community partnerships working towards a healthy Ontario.

Mission

The Ontario Heart Health Network is dedicated to supporting its members through opportunities to learn, share and network and to positioning the OHHP-TAFHL as the leader in community-based programming for healthy living and chronic disease prevention in Ontario.

² OHHN, 2008. Terms of Reference

The Executive Committee

An Executive Committee was established to guide the OHHN and represent the Network on provincial committees working on chronic disease prevention. Over the years, the structure of the Executive changed slightly. In 2010 the representation was as follow: representatives from six regional heart health networks across Ontario (Central West, Central East, Eastern, North West, North East, South West), and standing representatives from the Heart Health Resource Centre, the Heart and Stroke Foundation of Ontario and the Ministry of Health Promotion.

Regional Networks

The six regional networks provided ongoing opportunities for OHHP-Taking Action For Healthy Living Coordinators to plan joint/regional activities and share more detailed information than could occur at the provincial OHHN level. Through the regional networks a learning organization culture emerged among the Coordinators, thus accelerating the pace of knowledge exchange for those involved in chronic disease prevention programming. The regional networks continued to offer valuable support to Coordinators during the transition to Healthy Communities Approach

Resources

The Heart Health Resource Centre (HHRC) provided coordination support to the OHHN. In this capacity, HHRC provided \$10,000 funding annually to the OHHN, maintained the membership list, coordinated listserv members, and managed logistics for the Executive Committee and semi-annual provincial networking meetings.

1.3 OHHN's Leadership

Over the years, the Ontario Heart Health Network became a leader in promoting healthy living across the province. The Network evolved into a strategic organization working locally, regionally and provincially to further the objectives of OHHP – Taking Action For Healthy Living in the area of chronic disease prevention.

Although OHHN received a small amount of funding from the Heart Health Resource Centre there was no paid staff. Planning and implementation initiatives were completed through the volunteer commitment of members who dedicated time and energy in addition to their local community work. In-kind resources were generously provided by the Community Partnerships to the OHHN and to OHHP – Taking Action For Healthy Living programs. Doubling the provincial requirement of 2:1, Community Partnerships provided an additional 4 dollars for every 1 government dollar.³ This level

³ OHHP-TAFHL-Taking Action for Healthy Living. Building a Healthy Ontario through Community Partnership - Key Messages

of contribution demonstrated a significant return on the Government of Ontario’s initial investment.⁴

The culture of mutual support, resource sharing, and trust that developed between the 37 Community Partnerships strengthened projects and leveraged commitment towards regional and provincial level activities. When the Government of Ontario identified the lack of public policy to support healthy eating and active living, community partners answered this call to action and developed policies that promoted healthy eating and physical activity across the province.⁵ Such examples of leadership were recognized provincially – in one government document the Ministry of Health Promotion publicly acknowledged the successes of the OHHP-Taking Action For Healthy Living Community Partnerships in mobilizing communities around chronic disease prevention⁶.

1.4 The OHHN Timeline of Events

Date	Activity
1998-1999	<p>Regional networks start to work together:</p> <ul style="list-style-type: none"> • Central West meets around website and to support projects • Northern Healthy Eating Project forms <p>Executive:</p> <ul style="list-style-type: none"> • First terms of reference • Network meetings are held in different locations across Toronto
2001	<p>First Continuation Working Group (CWG) is formed to formalize a request to sustain the OHHP by continuing provincial funding.</p> <ul style="list-style-type: none"> • In addition to the CWG, 3 Task Groups were formed to create recommendations to the MOHLTC for Program Planning, Reporting and Evaluation, Human Resources and Governance. <p>Regional Networks:</p> <ul style="list-style-type: none"> • Southwest region message development • Heart Health Workplace Guide

⁴ From January 2005 to December 2005, over \$16 million of in-kind support was provided by partners across the province.

⁵ Ontario Heart Health Network. OHHP – Taking Action for healthy Living: *Building Healthy Policy Across Ontario through Community Partnerships*.

⁶ Ministry of Health Promotion (2006).. Ontario’s Action Plan for Healthy Eating and Active Living

Date	Activity
2004	<p>Executive:</p> <ul style="list-style-type: none"> • First Strategic Planning process for the OHHN, including key stakeholder consultations and a planning session. First vision and long term goals • OPHA Conference presentation <p>Regional networks:</p> <ul style="list-style-type: none"> • Central West starts discussions around the strategy that evolves into WalkON
2005	<p>Executive:</p> <ul style="list-style-type: none"> • Logo and brand created for the OHHN • Built connection to the Ontario Chronic Disease Prevention Alliance • Partnered with Heart Health Resource Centre to develop “New Coordinators Supports” package and mentorship program • Work began on the creation of roles and responsibilities for groups involved with the OHHP-TAFHL program: the MHP, HHRC, Host agencies and the local Coordinator <p>Regional Networks</p> <ul style="list-style-type: none"> • Northern Trails Collaborative forms and writes a resolution for Northern municipalities • Southwest Region brands 3 different projects with the same logo.
2006 - 2008	<p>Executive:</p> <ul style="list-style-type: none"> • Communication Working Group Forms • New ohhn.net website • 2nd round of strategic planning. New Vision and Mission Statements and 4 long term goals • Meetings with Ministry of Health Promotion around continuation of the OHHP-Taking Action for Healthy Living (using materials produced by the Continuation Working Group) • 2008 Beyond 2008: Human Resource Needs for the OHHP-Taking Action for Healthy Living <p>Continuation Working Group 2 is formed:</p> <ul style="list-style-type: none"> • Worked in partnership with a marketing firm to create a public relations and government relations (PR/GR) strategy to raise the profile of the accomplishments of the OHHP-TAFHL project and to brand the OHHN as a key player in chronic disease prevention across Ontario • Created a logo for the OHHN to use in a marketing strategy • Produced a number of documents to support the PR/GR strategy including: OHHP-TAFHL backgrounder, key messages, case studies and two booklets. • Set up a display at “Showcase Ontario”. Presentations at various conferences. (HE & AL, Ontario Primary Care, OPHA, PRO,) • Produced 2 booklets (English and French): “Building a Healthy Ontario

	<p>through Community Partnerships” & “Building Healthy Policy through Community Partnerships”</p> <ul style="list-style-type: none"> • 2007 Conducted an environmental scan: “Informing Direction for the Ontario Heart Health Network: Environmental Scan of Provincial and National Chronic Disease Prevention Programs & Strategies” <p>Regional Networks:</p> <ul style="list-style-type: none"> • Northern Trails Collaborative produces Trail Guides.
Date	Activity
Spring 2009	<p>Executive and Working Groups:</p> <ul style="list-style-type: none"> • Formed 3 working groups and submitted a report “Framing the Future” with recommendations around the design of the partnership stream of the Ontario Healthy Communities approach. • Collaborative Policy Scan Working group hires consultants to design a template and conduct an inventory of policies in each community <p>Regional Networks:</p> <ul style="list-style-type: none"> • Central West’s WalkON is adopted by Green Communities Canada
Fall 2009 and 2010	<p>Executive and Working Groups</p> <ul style="list-style-type: none"> • Formed working groups and submitted 2 reports. “Scope of Community Plan” & “Communications” • 2 other working groups submitted “work done to date” on “Moving the OHHN Forward” & “Infrastructure, Roles, and Responsibilities”. • Collaborative Policy Scan Working Group presents the inventories housed on the www.hhrc.net and organizes “policy to action” focus groups for spring 2010.
Spring 2010	<p>Executive and Working Groups</p> <ul style="list-style-type: none"> • Final OHHN Provincial Meeting held to celebrate accomplishments • Legacy report completed • Collaborative Policy Scan Working Group conducts “policy to action” focus groups resulting in a report for use by local partnerships.

2. OHHN'S ACCOMPLISHMENTS

2.1. March 24th 2010: A Celebration!

On March 24, 2010, the Ontario Heart Health Network (OHHN) came together for the last time. The goals of the meeting were to:

- 1) share updates on recent OHHN activities;
- 2) exchange ideas on the transition to the Healthy Communities Ontario approach; and
- 3) celebrate the accomplishments of the OHHN over the last ten years.

The celebration was considered to be the most significant part of the day. This was an opportunity to honour the network's achievements and acknowledge the supportive relationships which had been cultivated over the years. An Appreciative Inquiry process was used to facilitate the group discussion.

2.2. Achievements

The OHHN built connectivity, synergy and mutual collaboration among local Community Partnerships and Coordinators. Ongoing communication was facilitated through the Network's use of list serves, the website www.ohhn.net and provincial meetings.

Throughout 2006 to 2008 OHHN established a brand and identity on the provincial chronic disease prevention stage. A series of two OHHN booklets were published to showcase a variety of success stories related to community partnership and policy development. These community stories reflect community partnership efforts from across the Province of Ontario. A sign of the OHHN branding success was a series of invitations to present at high profile speaking engagements and public appearances across the province such as the MHP Healthy Eating & Active Living Conference, the annual Parks and Recreation Ontario Conference, the Central West Health LHIN Health Promotion Workshop Presentation: *"Innovative Community-Based Health Promotion"*, and participation with the MHP at Show Case Ontario. In 2007, a provincial website was developed and launched to serve as a communication vehicle for the network.

The “Collaborative Policy Scan” Story

During 2008 and 2009, the Ontario Ministry of Health Promotion encouraged local partnerships to shift their focus from awareness, education and environmental support activities to the development of healthy public policy. As a result, early in 2009, the 37 OHHP-TAFHL community partnerships began discussions about working collaboratively on a policy initiative. A decision was made by a larger policy workgroup of OHHP-TAFHL coordinators and the Heart Health Resource Centre to create a baseline inventory of policies that exist to inform the transition of OHHP-TAFHL Community Partnerships to Healthy Communities Partnerships under the Ministry of Health Promotion’s Healthy Communities Fund. A smaller OHHN policy group was then charged with coordinating this project. Each OHHP-TAFHL Community Partnership was asked to contribute funds towards the procurement of consulting services to develop a tool that would assess existing policies and as a result, produce a final report. The tool was developed and then piloted in York Region and Toronto.

This project demonstrates an innovative approach of using a descriptive study design to scan for policies across 37 Ontario communities in five areas 1) access to nutritious foods; 2) access to recreation and physical activity; 3) active transportation and the built environment; 4) prevention of alcohol misuse and 5) prevention of tobacco use and exposure across three sectors a) Government (district/region; county; municipality; township); b) Education (school boards) and; c) Health Care (hospitals as a worksite).

A protected, web-based data collection system that standardized the data collection of eleven consultants was designed and utilized. Data was collected between October 26, 2009 and December 13, 2010 by scanning publicly available websites and/or contacting representatives via telephone or email using information provided by OHHN members. Data was collected for 525 regions/counties/municipalities/townships and villages; 80 school boards and 105 hospitals. Forty-three summary reports and over 500 individual reports have been generated to provide a “snapshot” of policies.

This scan results will be important input into the community assessments Healthy Communities Partnerships across Ontario will be conducting and subsequently, will help these Partnerships identify their own local policy priorities.

The OHHN provided a strong community perspective which contributed to and influenced decision makers and policy development in the provincial healthy living and chronic disease prevention arena. The Network was an active member on the Ontario Chronic Disease Prevention Alliance, the Ontario Stroke System Primary Prevention and Health Promotion Committee, and the Ministry of Health Promotion’s External Working Group of the Healthy Communities Ontario approach.

The Continuation Working Group Story

As Phases 1 and 2 of the OHHP-TAFHL came to a close, the OHHN took action to ensure the continuation of the OHHP and its funding. Early in 2006, the OHHN Executive tasked the Continuation Working Group 2 to advocate for the continued funding and support of the OHHP-TAFHL and to provide opportunities for the planning and delivery of community-based heart health/chronic disease prevention programs. Thirteen OHHP-TAFHL community partners from diverse organizations who worked in different communities across Ontario came together and formed the Second OHHN Continuation Working Group. Members shared their time, skills and efforts for over twenty months as members of this OHHN Working Group.

Following the development of a Terms of Reference and Logic Model, the OHHN Continuation Working Group developed a public relation and government relation plan that clearly outlined resources and/or tools that were needed to mobilize the larger membership to advocate for continued funding and support for the OHHP-TAFHL program. Their next step was to develop key resources and tools and disseminate them widely through the OHHN website. Tools and resources developed included: a backgrounder and key messages; a comprehensive environmental scan; a case study framework to gather local community partnership efforts; a power point presentation that promoted the roles and goals of the OHHN; and the publication of two OHHN booklets (Building a Healthy Ontario Through Community Partnerships).

Through the efforts of the OHHN Continuation Working Group and the uptake of the resources and tools by the 37 OHHP-TAFHL community partnerships, the OHHP-TAFHL program received bridge funding from the MHP. In 2009, the OHHP became the basis for the MHP's new approach to community-based health promotion programming: Healthy Communities.

Success for continued funding can be directly attributed to how this group organized their efforts through the development and use of logic models, the creation of smaller working groups to accomplish their objectives, engagement of a communication strategy that included providing monthly updates to the Executive Committee and to the larger membership and the sharing of skills, resources and knowledge by members. Building in a strong communication strategy was fundamental to engaging the larger OHHN membership to utilize the resources and tools developed.

The OHHN provided ongoing collective advice to the Ministry of Health Promotion to encourage the continuation and evolution of the OHHP-TAFHL Local Community Partnership model within a provincial chronic disease prevention framework. Throughout the evolution of OHHP-TAFHL (Phases 1, 2 and 3) the Network established a variety of work groups to provide recommendations on a chronic disease prevention health promotion model to the Ministry of Health Promotion.

In 2007 the OHHN developed a mentorship program which matched new Coordinators with experienced ones. Mentors provided individual support as needed and ensured that new Coordinators were orientated to the OHHN and their regional network. This program complimented the skill-building support which is provided by Heart Health Resource Centre's orientation and coaching programs.

2.3 The Stories

According to John McKnight, communities learn from stories and institutions learn from data.⁷ On March 24, 2010, OHHN partners came together for the last time to celebrate their successes with stories – many stories. Using an Appreciative Inquiry Process⁸, participants had an opportunity to honour the Network’s achievements, celebrate the strong relationships which had been cultivated over the years, and recognize the expertise and commitment of partners.

Reflect on a time in the last decade when you experienced exceptional collaboration between yourself and other members of OHHN (regionally and provincially), in which you accomplished some meaningful work that exceeded expectations and you felt proud and fulfilled. Tell it like a story.

Three of the stories, described throughout this document -The Continuation Working Group, The Collaborative Policy Scan, and walkON, were highlighted as examples of how OHHN members worked together to achieve success.

The “walkON” Story

Central West (CW) walkON is a partnership committed to engaging the community in the creation of environments that support walking. It was initiated by Heart Health Coordinators in 2005.

To establish a strong foundation for walkON, members commissioned literature reviews (2005 and 2006) and undertook a community needs assessment (2005). Members added to this foundation by completing an in-depth program evaluation (2007-2008) and an expansion assessment (2008). Lastly in 2009, members completed a report about public knowledge, attitudes and barriers in regards to the concept of walkable communities.

While engaging in ongoing program planning and evaluation described above, CW walkON members developed the following resources:

: information session , workshop, Walkability Toolkit and Checklist, newsletter, website and a social marketing campaign (iCANwalk). Campaign materials are available on www.icanwalk.ca and include: posters, print ads, eCards, and fridge magnets; radio ads, newspaper articles, and inserts; a revised Walkability checklist; and a pledge to drive less and walk more.

In 2009, Green Communities Canada adopted the walkON model and will replicate it in 24 Ontario communities by 2011. More information about the Ontario Communities walkON project including walkON resources can be found at www.canadawalks.ca.

The provincial expansion of walkON led to a change in structure and roles for members. Representatives from participating health units in Central West Ontario continue to meet to collaborate on activities and to support each other to implement walkON locally..



⁷ Kretzmann, J. P. & McKnight J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community’s assets*. Chicago: ACTA Publications.

⁸ See Appendix A for a description of the Appreciative Inquiry Process

2.4 Lessons from the Stories

Following the stories, participants discussed and identified four different ways in which OHHN contributed to the success of the OHHP- TAFHL.

1. Partners were engaged and committed to the work of OHHP-TAFHL.

- The perspective of local community partners was heard at the provincial level and there were opportunities to try initiatives proposed by partners.
- Communities felt as if they “owned” the process.
- There was a reduction of duplication thereby saving time and effort while building on proven successes to respond to local, emerging needs.
- The partnership was inclusive, regardless of the amount of time or money a partner could commit.
- People took on their share of the work, above and beyond their regular jobs.
- Everyone believed in what they were doing.
- Relationships were built through face to face and voice to voice connections.

2. Regional support was provided to new and existing coordinators

- New coordinators have been assisted in learning their role with support and guidance which has reduced the “learning curve” and increased capacity at an individual level.
- A willingness to openly share tools and resources meant that everyone could learn and benefit from each other’s work allowing for “cross fertilization”.

3. Resources and skills were leveraged to support the partners’ work

- There was a base of consistent funding available to support the work of OHHN.
- Sharing of local project funds made joint activities such as the Collaborative Policy Scan possible.
- In-kind contributions substantially exceeded Ministry requirements.

4. OHHN was respected for their expertise

- OHHN had the latitude to address issues and meet the needs of local partners and the MHP.
- An ongoing dialogue with the MHP encouraged a pro-active approach to chronic disease prevention.
- Eighty community partner letters were received in support of the continuation of the OHHP-TAFHL in 2007.
- There was a commitment to excellence!

2.5 The Sources of Inspiration for OHHN's Success

People were asked to analyze the “root cause” of the Network’s success and discover the assets or strengths which made their achievements possible. Participants attributed the overall success of OHHN to the following:

- **A Passion for the Work**
 - People have a passion for their work at the local level and a belief in the community development work of the partnerships.

- **Development of Collaborative Relationships and Trust**
 - Relationship-building was essential - it led to an openness or transparency as well as respect between colleagues/coordinators.
 - There were opportunities to network at the regional level frequently and at the provincial level.
 - Trust between partnerships was built through relationships that developed over time.
 - Communities of practice emerged organically.
 - The open relationship between OHHN and the Heart Health Resource Centre was based on respect, trust, ongoing collaboration and support.
 - A sense of belonging was created with new Coordinators feeling supported and part of the Network.
 - Bi-annual meetings provided an important opportunity to meet face-to-face and share ideas, strategies and tools.
 - Multidisciplinary partners strengthened the Network.

- **Accountability and Commitment**
 - There was a strong sense of being accountable to the budget and work plan.
 - The commitment and representation of regional representatives on the Executive was important. People would come forward to work on regional/provincial initiatives.

- **A Well Established Organizational Structure**
 - An HHRC Listserv and OHHN website facilitated communication and the sharing of ideas and resources.
 - Regional representatives kept the partnerships informed. Shared decision making was practiced with respect.

- **An Influential Presence**
 - OHHN represented the unified voice of 37 local Community Partnerships.
 - The Network ran successful campaigns where all branding/marketing had consistent key messages (e.g. a series of risk factor posters with a heart health message).
 - The Network was able to respond in a timely fashion (e.g. in 1998 when Health Units were implementing the new Programs and Services Guidelines).
 - OHHN was innovative, not afraid to try new ideas that would get picked up and expanded.
 - OHHN was able to support local bylaw development with funding.
 - The collaborative action of regional networks resulted in the revisions of the MHP Planning and Reporting forms (i.e. a shift to online reporting was more meaningful for local projects and partners.)
 - OHHN representatives connected the work of local communities to provincial initiatives such as the OCDPA.

- **A Desire to Build the Capacity of Others**
 - There was regular sharing of projects (without copyright agreements) and resources across the province. This contributed to the enhancement of provincial programs (e.g. *The Drive to Quit Challenge*; or the *Northern Trails Collaborative In-depth Evaluation Project*)
 - The training and capacity-building of partners took place locally, regionally and provincially.

3. LESSONS FOR ANY HEALTH PROMOTION NETWORK

In their discussions on generic lessons for other networks, members of OHHN stressed the importance of establishing the fertile ground which enables a network to develop and flourish. The elements for growing a network are fundamental – ensure opportunities for open and, honest communication; generate strong connections so people feel supported by each other and not alone in their work; foster the confidence of network members to take risks and make mistakes; create a leadership structure that “gives voice” to the local partners; and build on the successes. The specific comments of members are clustered below.

- **Be Connected at the Provincial Level and Grounded in Local Partnerships**
 - For community partnerships to make a contribution to the provincial picture there needs to be a mechanism in place to link and network the grassroots partnerships to the regional as well as the provincial levels. This mechanism needs to gather the collective voice so as to be strategic and effective at the provincial level. *“We can respond to change because we feel a need to be accountable to local partnerships.”*
 - It’s about creating “a legacy of advocacy and collaboration”.
 - Shield local partnerships from any provincial turmoil.
 - Joint initiatives work best when they come from within the membership rather than being imposed activities.
 - The provincial and regional structures work as different levels of cooperation which create provincial projects as well as regional projects
 -
- **Create a Governance Structure Based on a Shared Leadership Model**
 - Establish a provincial coordinating body with an executive comprised of different types of members – local partners and other provincial organizational representatives.
 - Create a vision and strategic plan with long term goals.
 - Assess the changing environment and respond in a productive way.
 - Develop clear guidelines and roles, manage expectations, provide ongoing feedback structures, and strive for continuous fluidity in the ways of work.
 - Ensure, through shared leadership, that the ownership belongs to the entire network, not just the chair or co-chairs.
- **Encourage Excellent Relationships, Communication & Knowledge Development**
 - The provincial network is key and goes beyond regional networks/initiatives.
 - Listservs and other communication channels provide outreach to partners and assist their ability to get involved.
 - Clear communication and transparency foster knowledge exchange and support among partners (such as sending key messages to all members following Executive meetings).
 - Communities of practice and social innovation emerge organically - group projects result in efficiencies of scale.
 - Face-to-face provincial and regional meetings are essential for sharing. *“We need the time for different members to meet, open up and share stories”*
 - Funding is necessary for teleconference costs.

- **Bridge to Provincial Partners from Outside of the Network**
 - OHHN embraced the idea of multi-sectoral partnerships on provincial committees and recognized the importance of linking to other provincial networks.
 - The feedback/networking from provincial partners is helpful for coordination (e.g. Heart and Stroke, Cancer Prevention, Regional Advisors, Tobacco Control Area Networks)
 - Partners provide valuable skills and community planning is more successful with a partnership approach.
 - Partnerships provide credibility in moving forward things such as bylaws.

4. CONCLUSION

The Ontario Heart Health Network clearly demonstrated the successes which can be achieved when a health promotion network is sustainable, resilient and flourishing. Driven by a deep commitment to their work, and to each other, the partners of OHHN developed relationships based on trust, respect, and generosity. This ethical code - combined with ongoing communication, hard work, and a governance model of shared leadership – laid the foundation for impressive outcomes. An ability to work collectively as “one voice”, and to collaborate effectively with other provincial partners, led to strategic changes at the provincial level.

OHHN partners truly deserve to feel proud as they celebrate the web of relationships that have been cultivated, their positive influence on multiple levels of the system, and their many accomplishments!

“Never doubt that a small group of thoughtful committed citizens can change the world.

Indeed, it’s the only thing that ever has.”

~ Margaret Mead ~

APPENDIX A

Appreciative Inquiry Summary

What is Appreciative Inquiry?

When we appreciate something we value and recognize the best in people or the world around us. We affirm past and present strengths, successes, and potentials and perceive those things that give life (health, vitality, excellence) to living systems. Inquiry is the act of exploration and discovery. By asking questions, we are open to seeing new potentials and possibilities.

Appreciative Inquiry is:

- A systematic discovery of what gives a system “life”.
- The art & practice of asking questions in such a way that we see positive potential.

Appreciative Leadership:

- Continuously values the best in people, in the community or in the organization.
- Continuously inquires into the possibilities to do better in the future.
- Nurtures and sustains the positive core.

The Difference Between Problem Solving & Appreciative Inquiry

Problem Solving – Deficit Based Thinking	Appreciative Inquiry – Asset Based Thinking
<p>People/Organizations are problems to be solved:</p> <ul style="list-style-type: none"> • Identify problem • Conduct root cause analysis • Brainstorm solutions and analyze • Develop action plans <p>Focus on: What is wrong</p> <ul style="list-style-type: none"> ▪ How to fix the problem ▪ Focused on the past ▪ Analysis of facts and forces ▪ Problem driven ▪ Scarcity of resources ▪ Resistance and withdrawal 	<p>People/Organizations are a solution/mystery to be embraced:</p> <ul style="list-style-type: none"> • Appreciate “What Is” • Imagine “What Might Be” • Determine “What Should Be” • Create “What Will Be” <p>Focus on: What is right</p> <ul style="list-style-type: none"> ▪ How to build on the positive ▪ Focused on the future ▪ Generation of relationships ▪ Vision led ▪ Abundance of resources ▪ Energy and excitement