



The focus of this issue is on "Strengthening Community Partnerships".

"If you accept for the moment that everyone needs partners, and that nearly everyone has partners already, then the ability to make partnerships work becomes one of the critical core competencies of the 21st Century." John Mariotti

Mariotti's words are a powerful endorsement of the need to develop, sustain and strengthen partnerships. Yet the process of engaging and nurturing partnerships can sometimes be as painful as it is rewarding.

Heart Health Coordinators from across the province gathered in Toronto on May 17, 2004 to share successes and challenges that occur in building partnerships. The goal of the workshop was to explore strategies for renewing and maintaining thriving community partnerships. Four learning goals guided the workshop content and process. It was intended that by the end of the workshop, participants would have:

- ❶ Further refined their knowledge and skills for assessing the health and vitality of their partnerships
- ❷ Discussed some of the common barriers that stand in the way of flourishing partnerships
- ❸ Identified possible solutions to common barriers
- ❹ Articulated practical steps that would strengthen their community partnerships

The workshop was a model of a collaborative partnership. It was planned and delivered in conjunction with two OHPRS partners – the Ontario Healthy Communities Coalition (OHHC) and the Ontario Prevention Clearinghouse (OPC). Of course, the partnership didn't stop there. Strategic guidance was provided by a group of HH Coordinators who formed an Advisory Group to the Workshop Planning Team. Together, the partners developed the workshop content and process and consulted with Coordinators along the way to ensure relevance.

The purpose of this newsletter is to highlight the key messages from the workshop and reinforce the core strategies around strengthening partnerships. We'll share some of the collective wisdom of the participants who offered ideas and coalition stories describing how they strengthen partnerships at the local level.

This workshop occurred at a key time in HH programming. Offered at the beginning of Phase 2 and following the submission of Coalition plans, it reflects on partnerships to date and considers paths for the future.

The theme of "enhancing community partnerships" was one of the most frequent training needs articulated by HH Coordinators in their OHHP **Taking Action for Healthy Living** submission package to the MOHLTC. The HHRC seized upon the opportunity to respond to this need.

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Why partnerships?

The Internet is bursting with resources that explore every partnership angle imaginable:

- types and levels of partnerships
- benefits of partnership
- keys to effective partnerships
- how to partner, and
- when to stop partnering.

Our collective wisdom around partnerships is continually evolving. In addition to new information, what we find is a reinforcement of some very basic "nuggets" about partnerships that have endured and likely will continue to do so.

We work in partnerships because they are an excellent way to get done what needs to get done. Perhaps a more eloquent way of stating this comes from the Heart and Stroke Foundation of Ontario's document entitled "**Building and Maintaining Effective Partnerships**":

"Partnerships allow for:

- *Better use of scarce resources*
- *The input of more than one perspective or area of interest*
- *More inclusive approach to an issue."*

In addition to the above reasons, every group or organization will have its unique reasons for partnering. Clearly, there is strong evidence for strength in numbers, particularly when there are shared goals and a common vision. Partnerships are here to stay.



L-R: Kerry Price, Jackie Van Ryswyk, Tania Dickson, Laura Belfie, Mary Vanden Neucker

"It is probably not love that makes the world go round, but rather those mutually supportive alliances through which partners recognize their dependence on each other for the achievement of shared and private goals." Fred Allen

OHHP Benchmarking: Indicators of Healthy Partnerships

Benchmarking may be understood as:

"An ongoing, systemic process that seeks to identify and understand the best practices of others and customize such practices to one's own setting." Wilson, V. and Beynon, C. (1998)

PHRED initiated a Benchmarking Project in the Fall of 1999. The intent of the Project was two-fold:

- 1 Identifying indicators of healthy partnerships that could be used by HH Coalitions
- 2 Encouraging HH coalitions to learn from one another

The Project began with the selection of 9 Health Units from which data would be collected. Between May and July 2000, 63 HH partners were interviewed, and a qualitative analysis of their responses was performed. This resulted in the identification of two groups of indicators:

- "process" indicators, and
- "output" indicators.

Process Indicators were defined as:

- The success factors of coalition functioning
- Measures of the work within and among the coalitions, the partners and the community

Output indicators were defined as *"the activities or results of the coalition"*.

The Project identified Seven Process Indicators. The Indicators and their defining characteristics are shown in the following table:

Process Indicator	Defining Characteristics
Strong sense of collaborative partnership	<ul style="list-style-type: none"> • Balance of power among organizations and collective identity • Jointly developed mandates/plans • Ownership of decision-making processes conflicts are resolved in a fair manner • \$ used to promote goals of the coalition • new partners contribute positively • partner satisfaction with continuity of coordination
Planning	<ul style="list-style-type: none"> • Partners feel involved with planning • Plan is reviewed, updated and adapted regularly
Interpersonal Relationships	<ul style="list-style-type: none"> • Personality conflicts do not interfere with coalition functioning • Partners actively participate • Partners are satisfied with level of participation • Partners are satisfied with relationships among partners • Collaboration extends beyond meetings and formal activities



Lisa Mitchell, HHRC Program Coordinator, delivered a presentation to participants on the Benchmarking Project.



L-R: Kevin Strachan, Martin Paul

To obtain a copy of the Benchmarking Report call the HHRC at 1-800-267-6817



Fitness Break

In & Out Activity

Goals:

To help release initial nervousness about being in a new group or class. To foster feelings of "instant community" with people in small groups.

Group size:

Unlimited, space permitting.

Time required:

10 minutes at least.

Direction:

Facilitator: This is an exercise for forming and reforming groups as quickly as possible. The important work in this warmup is IN. Whenever I call out IN, it means a new group for you to get into.

Let's begin. Get IN to a group of 3...

Now, IN to a group of 6...Now IN to a group of 4. Don't worry if you're late connecting – just get into the groups I'm calling out now. The idea is to meet as many people in as many different groups as you can, and as quickly as you can.

Now, get IN to a group where everyone in the group has one item of clothing the same colour as you have...Now IN to a group with people whose eyes are the same colour as yours. Now think of the last digit in your address. Get IN to a group where everyone else's has that digit...etc...

Tip: Vary the instructions to suit your situation. For example: Get IN to a group if you've been an HH Coordinator for less than two years/more than five years. Get IN to a group if you have a funny/challenging partnership experience to share. Create meaningful groupings based on the meeting purpose or training content.

Source: The Warmups Manual, Nell Warren Associates Inc. Toronto, Ontario, Canada. 1993

OHHP Benchmarking: Indicators of Healthy Partnerships (cont.)

Process Indicator

Defining Characteristic(s)

Flexibility

- Coalition has changed in response to external/internal challenges

Champions

- More than one champion
- Champions are from community and Health Unit
- Some champions are decision-makers/leaders in the community
- Coalition continues to function despite loss of champion

Communication

- Increased spontaneous contact between partners
- Partners satisfied with formal communication
- Partners use formal communications channels regularly

Health Unit Role

- Health Unit is seen as supportive
- Coordinator is seen as working for the whole coalition
- Health Unit is seen as a collaborative partner who accepts decisions
- Health Unit planning/programming is seen as integrated into coalition
- Health Unit is seen as one member of the coalition

The second part of the presentation outlined the eight Output Indicators that were articulated in the Project. They included:

- 1 Activities are joint and coordinated among coalition partners
- 2 Planned activities are carried out
- 3 Total activity level in the community
- 4 Policy and advocacy initiatives are supportive of the coalition mandate
- 5 Changing membership characteristics as the coalition grows
- 6 Heart Health is a priority within the Health Unit and within community agencies appropriate to their mandate
- 7 In-kind contributions of the Health Unit and community agencies in coalition
- 8 Number of spin-offs occurring among coalition members

After hearing Lisa's presentation, participants were asked to discuss in small groups their responses to the following questions:

- To what extent are these Process Indicators still relevant today?
- How is your community partnership doing with respect to these success factors?

There was lively discussion around both questions. Participants concurred that the Process Indicators are certainly relevant today. It was suggested that they could be used as a checklist and catalyst for discussion back in their communities with Coalition members to measure current status.

A key area of discussion focussed on the seventh Indicator – Health Unit Role. Lisa engaged participants in a brief exercise using their business cards to compare perceptions of the Health Unit role among communities. A scan of most business cards revealed that in many cases, the Health Unit role is perceived as dominant as opposed to supportive. Coordinators were encouraged to continue the discussion of the Health Unit role with the whole coalition upon their return.

Community & Partnership Pulse

Lorna Heidenheim of OHCC and Mary Martin Rowe of OPC jointly conducted a session, "Community and Partnership Pulse", that focused attention on a broader perspective of partnerships.

The purpose of this session was to emphasize that Coordinators and their Coalitions need to be aware of and responsive to the larger community influences and needs if they are to strengthen their partnerships. A key part of larger community awareness is understanding the community's health determinants.

What is the greatest or most powerful determinant of health in any community?
It is the gap between the "have" and "have-nots" in society. Predictably, the wider the gap, the greater the impact on health.



Mary Martin Rowe

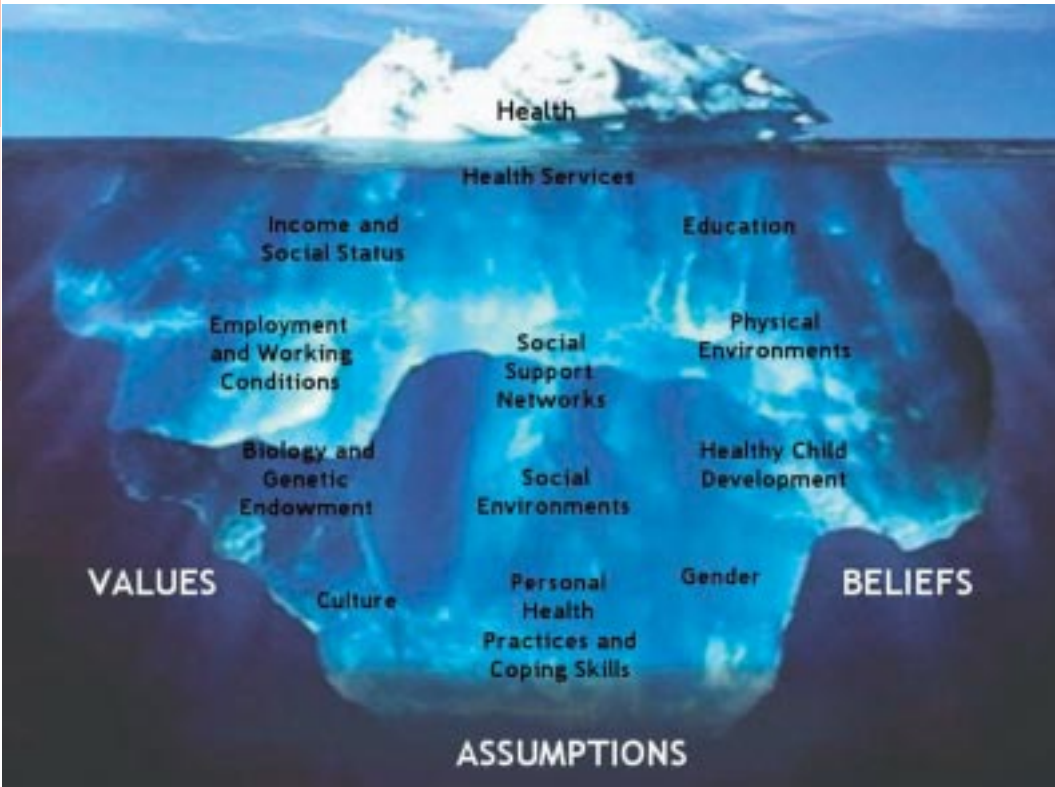
Mary used the analogy of an iceberg to show how health is made up of many determinants that are affected by a community's values, beliefs and assumptions. Coalitions have a significant challenge when it comes to shaping a community's values, attitudes and beliefs toward health.

Lorna initiated a Force-Field Analysis activity with the group. It was intended as an opportunity to describe the context within which Coordinators work on a daily basis. Such an activity is critical to strengthening partnerships.

Lorna's activity also served as a demonstration of an exercise that could be carried out upon participants' return to their respective coalitions.

During the first part of the exercise, participants identified "Restraining Forces". These are forces that impede the work of coalitions (and partnerships). Lorna mentioned that partnership and coalition success may depend upon forces or factors that are beyond the Coordinator's direct control. Recognizing these forces can help in getting a partnership "unstuck".

In the second half of the discussion, participants identified "Driving Forces" that help move a partnership forward. Coordinators were encouraged to recognize the driving forces and use them to strengthen local partnerships.



Restraining Forces (Impede Partnerships)

- Unemployment
- Money for community programs
- Youth migration
- Changes in local government
- Lodging
- Political priorities
- Diversity of needs
- Population (small)
- Lack of shared vision
- Geographic distance
- Unwillingness to see
- Other mandate
- Disparity in transportation and income
- Negative attitudes
- Lack of time
- Commuter communities
- Competing priorities
- Loss of green space

Driving Forces (Support Partnerships)

- Shared vision
- HH coordinators
- Shared mandates
- \$ for projects
- Champions
- Media re: health risks
- Experience with partners
- Volunteers
- Desire for better QOL
- Political support
- Shared contribution
- Contribute to betterment of all
- Other provincial and federal programs
- Hope and optimism

Two tools were introduced as part of this session. One was the "Re-assessing Coalition Membership" Tool that was familiar to HH Coordinators who attended the Optimizing Coalition Functioning workshop in 2002. Since many of the Coordinators were relatively new and this tool was well received in the past, we brought it back and had participants discuss its use in small groups. It is a great tool for identifying gaps and strengths. It is also a good exercise to use at a Coalition meeting that's focused on partnerships/membership.

Click on www.hhrc.net to access the tool.

The second tool that was introduced was the Stakeholder Wheel.

Stakeholder Wheel



Source: The Health Communication Unit, Centre for Health Promotion, University of Toronto



CORE - part of the ongoing team and very involved in "shepherding" the process

INVOLVED - engaged in one or more very specific aspects; not involved on an ongoing basis

SUPPORTIVE - provide support to the concept and perhaps some form of resource as well (e.g., \$, space, data, access to clients)

PERIPHERAL - need to know about the program and be kept up-to-date along the way

Participants worked in small groups with the Stakeholder Wheel to identify how their partners fit into the various categories. This activity was an opportunity to get familiar with the tool so that it could be used as a discussion and planning tool back in their respective communities.

Expanding the Traditional Notion of Partnerships

This session was designed to reinforce the importance of partnerships and acknowledge the different levels at which partnerships operate.

The group was asked to think about words that might describe "traditional" partnerships – ones that existed several years ago. Participants recognized that the partnerships of the past have some distinct differences from the partnerships of today. Some of the words they used to describe traditional partnerships included:

- Structured
- Safe
- Unity
- Respect
- Meetings
- Hierarchical
- Insular
- Compatible
- Leader-driven

When asked to think of today's partnerships, these words were offered:

- Time-conscious
- Fluid
- Diverse
- Hungry (!)
- Dynamic
- Multi-partner
- Role confusion
- Shared leadership
- Unstable
- Forming
- Storming
- Stressed
- Engaged
- Enthusiastic



Paula Stanghetta, Facilitator

Clearly today's partners and partnerships operate in a very different world from the past due to technology, socio-cultural influences, and global perspectives. One of the key challenges HH Coordinators face is to create strong partnerships with people and organizations that are already stretched to the limit in terms of time and resources available. One way to approach the challenge of today's partnerships is to think and act in "non-traditional" ways about how to attract, entice and involve partners in the Coalition.

Concrete suggestions for vitalizing partnerships include:

- Use existing partners to go back to the circle of influence
- Assign each Coalition member a number of network partners to mentor – bring them up to date on the Coalition, introduce them around, phone/email them with meeting reminders (personal, welcoming touch)
- Invest in guest speakers to attract partners
- Offer food and other "freebies"
- Recognize volunteers in formal and informal ways
- Take the time to get to know partners – create connecting opportunities

Comments from the Field

Anne Ostrum, HH Coordinator in Thunder Bay offers the following tips for strengthening partnerships...

- ❶ Go for variety in partnerships – think about pockets of the community that you have not tapped into and bring them to the table
- ❷ Be very clear about what you are asking of potential partners – be ready with the answer to their question – "What exactly do you want me to do?"
- ❸ Be strategic in creating partnerships – be sure to include potential provincial or national partners. Thunder Bay was successful in bring the Canadian Diabetes Association, the Regional Stroke Centre and the local FOCUS Community on board.

Her final word to fellow Coordinators: Keep up the energy. Expect to experience fatigue from time to time, but have patience especially once the planning is done and the implementing is yet to come. That's where the real work – and reward comes in.

Lisa Gallant, HH Coordinator for Niagara provided a few insights from her experience working with community partners...

Take time to understand partners' expectations and respond flexibly to them.

For instance, ask them about the best times to meet, their preferred ways to keep in touch and how best to recognize the efforts they contribute. This is especially true when it comes to acknowledging their contributions back to the organizations they work for.

Know when to let go. As leaders, HH Coordinators like to be involved and productive. Yet those same results-oriented characteristics may need to be relaxed a bit when strengthening partnerships. Once you have established a good relationship with your Chairperson, look for opportunities to step back and become more of a support and guide. Sometimes the greatest contribution Coordinators can make is in being a "connector" to different programs and people.

Take advantage of change and new initiatives. Often a change or the possibility of change can spark new interest and opportunities to involve different partners. In Niagara, when the continuation of funding was uncertain, the Coalition set up a local group to determine what implications this might have for the future. The group met intensely over the summer, were extremely committed to the process, and because of their energy they sparked more involvement, views, and interest in the Coalition.

Be considerate to partners especially about their time investment. We know that people who come to the "HH table" are passionate about the issues. It would be very easy to ask them to do more. We may unwittingly exhaust their energy. One way Niagara takes care to be considerate to partners' time investment is to establish a process for ongoing leadership. Taking a page from Ottawa's experience, the Coalition limits the Chair position to one year. A Vice-Chair assumes the Chair position when the Chair vacates it. The Chair stays on as Past Chair. In all, the Chair gives a three-year commitment to the Coalition. However, the intensity of that commitment varies.

Final thoughts from Lisa...

Remember that not all committees work the way we want them to. We may (and often do!) need to adjust the level of Public Health involvement over the course of time. There is already great leadership from the Health Department and in Niagara, the support has been considerable. Keep up the energy and enthusiasm!



L-R: Laura King, Kristie Daniel, Shelley Bolden, Shelly Brown, Paula Waddell

Workshop Agenda

9:00	Welcome
9:15	Welcome and Opening Remarks
9:20	Icebreaker
9:45	Community Pulse
10:15	Partnership Pulse
10:45	Break
11:00	Expanding the Traditional Notion of Partnerships
11:45	Indicators of Health Partnerships
12:30	Lunch
1:30	Creating and Keeping Partners
2:00	Barriers and Solutions
2:45	Break
2:55	Barriers and Solutions cont'd
3:15	Summary and Action Steps
3:30	Evaluation
3:40	Next Steps and Closing Remarks
4:00	Adjourn

Barriers and Solutions

During the course of the workshop, participants identified eight barriers to forming strong partnerships. In the final session of the day, HH Coordinators worked in small groups to propose solutions. The following is a record of the solutions that were generated for each barrier.

Barriers

Solutions

1 Perception of Dominant Role of Health Unit

- Develop clearly defined terms of reference
- Ensure roles and responsibilities of partners are understood identify unique role of Health Unit
- Create a separate identity from the Health Unit e.g. different business cards, website, phone number, logo
- Ensure only one representative and one vote from the Health Unit
- Share roles, tasks and meeting spaces
- Facilitate meaningful communication
- Present benefits of partnerships to partners; use their logos ensure a give-take relationship

2 Competition for Time

- Have less meetings (although may not be as valued if frequency is reduced)
- Ensure meetings are purposeful (not meeting for the sake of meeting)
- Time meetings – ensure they start and stop on time and are efficient
- Email partners to provide information
- Hold joint meetings; i.e. with injury prevention
- Create task-specific groups
- Hold workgroup meetings before or after the coalition meeting
- Tie events together so that you don't have to go to each event/meeting
- Work can be centrally developed; i.e. media done at Health Unit
- Provide everything that the work group needs; i.e. forms, resources, so that the group can focus on tasks
- Look for other opportunities to meet; e.g. electronically, telephone, etc
- Feed information back to partners so they want to come back to meet (make them feel important)
- Utilize student placements to assist with work

3 Competition for Resources

- Compile an inventory of "neat stuff", \$, people
- Develop a resource management policy
- Integrate with other funding opportunities; e.g. Trillium, Diabetes
- Identify opportunities to integrate resources among partners
- Move to Chronic Disease Prevention Coalition; streamline messages, programs, etc. with other disease organizations
- Coalition development
- Identify strengths of partner resources, especially Heart and Stroke

4 Differing Priorities and Mandates

- Match commonalities
- Acknowledge differences
- Encourage others to see bigger picture and different perspectives, including the health unit representative
- Use a Consensus Building Process
- Ensure each piece contributes to the bigger puzzle or overall goal
- Look at tasks that respond to other coalition members needs and mandates and match to the overall goal

Barriers and Solutions (cont.)

Barriers

Solutions

5 Lack of Shared Vision

- Discuss meaning of vision
- Invite people together to share information, develop guiding principles, find similarities and to work towards common objectives
- "Partnership Pulse" – check in with partners to see if the vision is still compatible with their mandates, and that the direction is okay with the partners

6 Lack of Shared Ownership for Coalition

- Find and foster the shared area of their mandate and the HH mandate
- Clarify their responsibility and/or obligation to the overall project
- Clarify roles
- Shared glory – when good things happen look for opportunities to put the partner(s) in the spotlight
- Satisfy mutual objectives
- Flexibility to respond to creative ideas that move us toward the overall goals of the project

7 Geographic Distance/Lack of Transportation

- Explore other methods for meetings and communication – be creative e.g. rotating meeting locales, virtual meetings (teleconferences) video conferencing – look into universities that have access to this technology; "webinar"
- Don't let on-line learning replace face-to-face learning, and be selective about your use of technology
- Think differently – it's about attitude. Examine options
- Perhaps the provincial level can start to model this – gives permission and examples
- Hold meetings in smaller geographic areas with larger meetings twice a year
- When planning the budget, set aside funds for transportation

8 Language and Culture

- Learn about the various cultures in your community
- Build relationships with multicultural organizations and others that work well with people from other cultures; give ownership to them
- Involve elements of other cultures in events; e.g. open with a drum circle
- Hold focus groups with people from different cultures
- Train ESL teachers to deliver messages

