

# ***Key Elements & Principles of Community Planning***

**Presentation to**

***Building Blocks for Community Planning***

**Heart Health Resource Centre**

**Toronto, Ontario**

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# *Social Planning Network of Ontario (SPNO)*

- **The SPNO is a network of 20 independent, community-based social planning organizations across the province. The SPNO exists to strengthen the capacity of social planning organizations to improve the quality of life and social well-being of their communities.**

**[www.spno.ca](http://www.spno.ca)**

# *Human & Social Capital: Critical Distinctions*

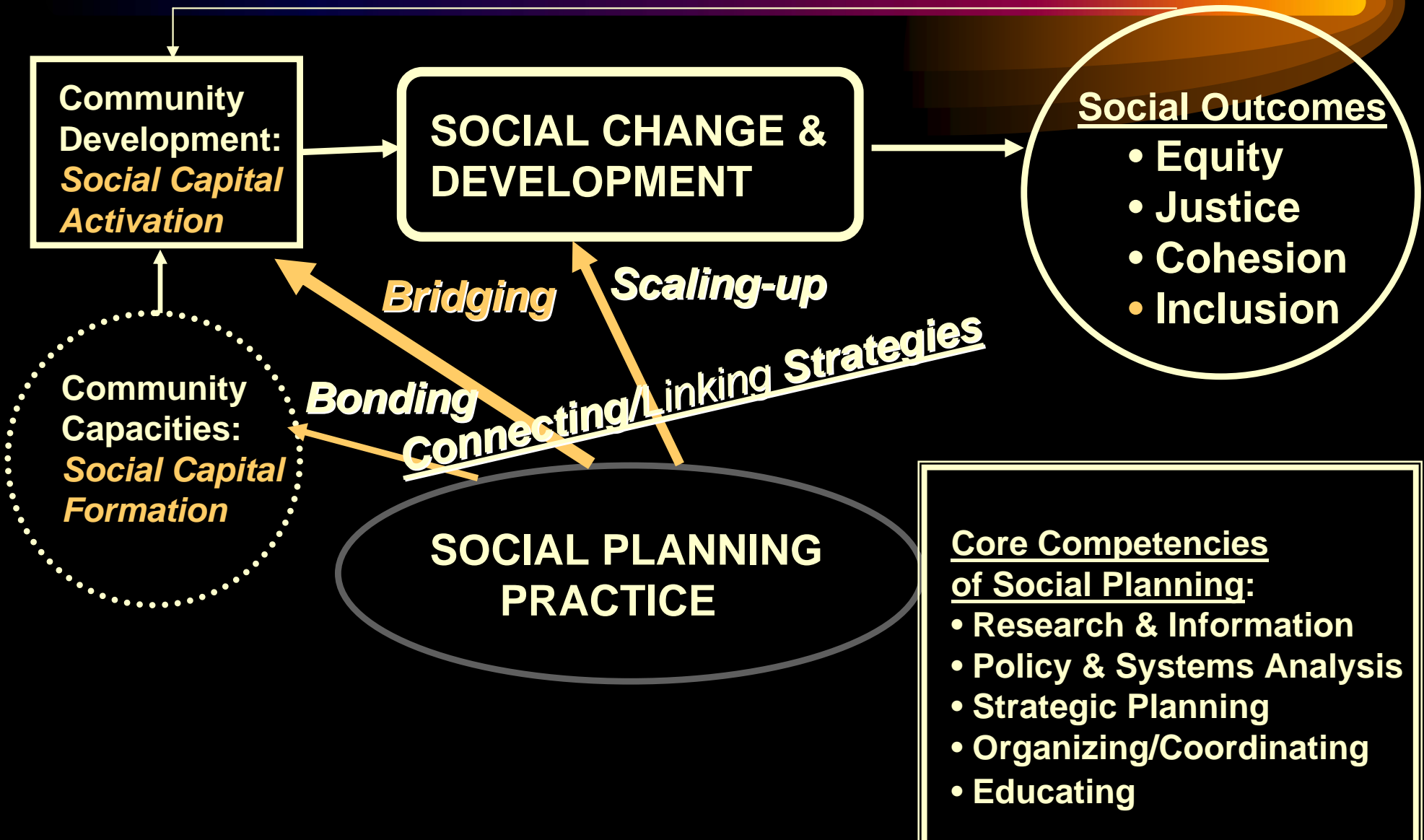
***Social Capital is “the relationships, networks, and norms that facilitate collective action” (isuma, 2001)***

***“While human capital is embodied in individuals, social capital is embodied in relationships.***

***Social capital is increasingly seen as a useful concept [sic] tool for understanding the role of relations and networks in social and economic development.” (Coté, 2001)***

***“In essence, where human capital resides in individuals, social capital resides in relationships.” (Woolcock, 2001)***

# Social Capital Framework for Social Planning Practice



# *Core Principles of Community Planning*



- Participatory in process and decision-making.
- Incorporating diversity of community with inclusive practices.
- Building community capacity.
- Collecting and analyzing data with sound research methods.
- Planning for action.

# *Key Elements of Community Planning (1)*

- a) Legitimacy – source of mandate to plan  
*Who decides to plan?*
  - Authoritative or referential mandate
  
- b) Scope – narrowness or breadth of focus  
*What is the purview of the exercise?*
  - *From specific problem solving or issue response to framing a broad future vision for the community*

# *Key Elements of Community Planning (2)*

c) Authenticity – commitment to community participation & relationship building

*How seriously are all stakeholders involved?*

- Information > consultation > engagement > collaboration
- *Partnerships & collaborations*

d) Information – data collection and analysis

*How are quantitative and qualitative data treated?*

- Sensitivity to community in the collection and interpretation of data

# *Key Elements of Community Planning (3)*

- e) Expertise – relevance to the planning focus  
*Are the needed technical and professional skills employed?*
  - Appropriate identification of constraints to community imagination
  
- f) Iterative process – self-regulation of the planning path  
*Is provision made for corrections & adjustments throughout the planning process?*
  - Scheduled and triggered feedback loops

# *Key Elements of Community Planning (4)*

- g) Action – transition from plan to action  
*Does the community have a role in implementation?*
- What will be done, when, by whom and how (resources)
- h) Evaluation – determining the success of the planning  
*Is provision made for measuring progress toward the outcomes of the plan?*
- Intervals and indicators for measuring achievement of outcomes and how will community be involved

# *Community Planning Perspective on HCO Strategy (1)*



*Community Planning is a process whereby a local authority and other local agencies including community, voluntary, public and private sector organizations come together to develop and implement a shared vision for promoting the well-being of their area.*

*(Moray, UK)*

# *Community Planning Perspective on HCO Strategy (2)*

- 1) HCO mandated by the Ministry of Health Promotion through Healthy Community Partnerships supported by PHUs and some capacity for funding partners.  
[Legitimacy]
- 2) Healthy Community Partnerships are mandated to extend the successes of the Heart Health initiative to additional health risk factors.  
[Scope/Expertise]

# *Community Planning Perspective on HCO Strategy (3)*



- 3) Challenge of determining how far a strategy focusing on risk factors can go to addressing health inequities and the broader social determinants of health.

[Scope]

- 4) Challenge of situating the HCO planning process within community contexts that may already have a variety of community planning processes underway.

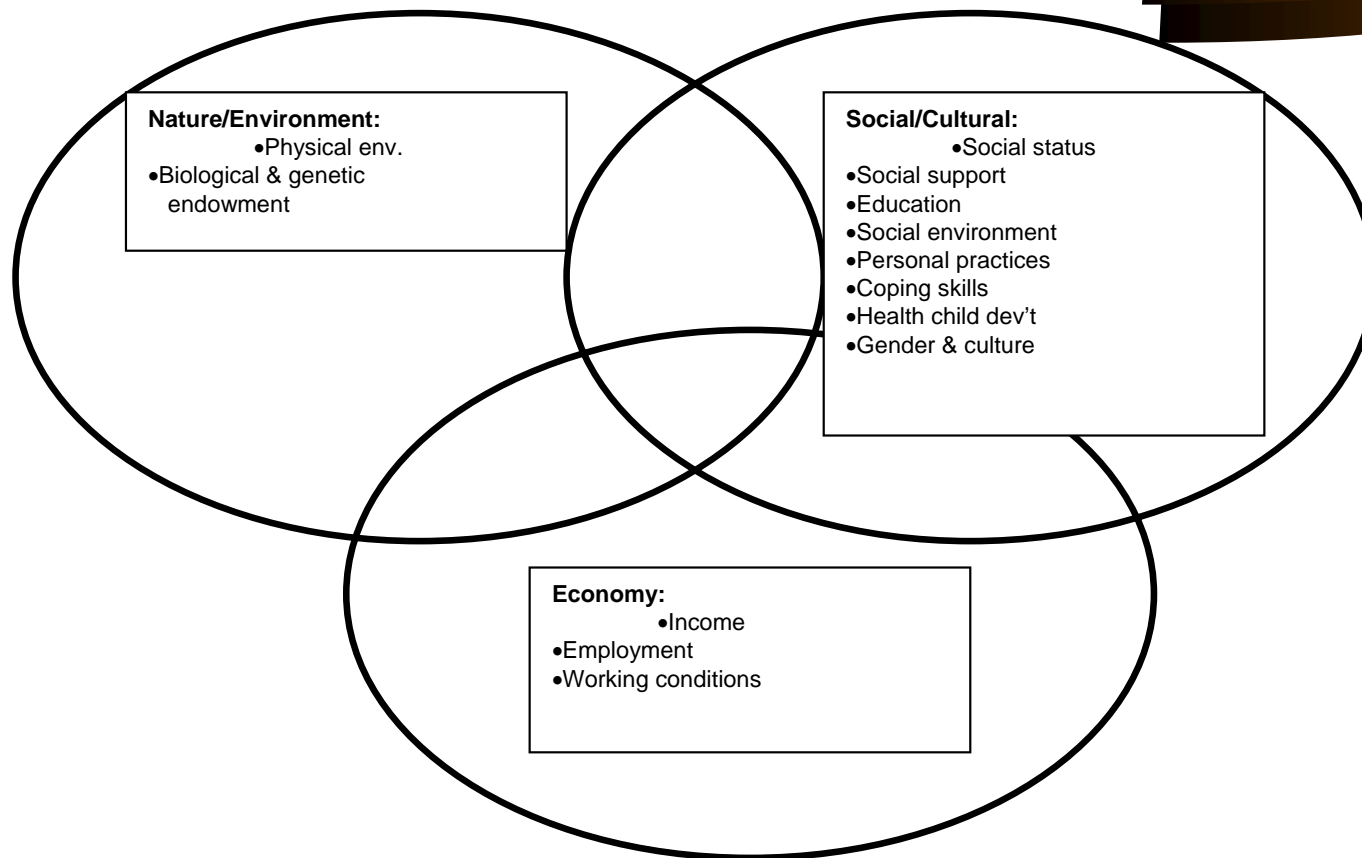
[Legitimacy/Scope/Authenticity]

# *Community Planning Perspective on HCO Strategy (4)*

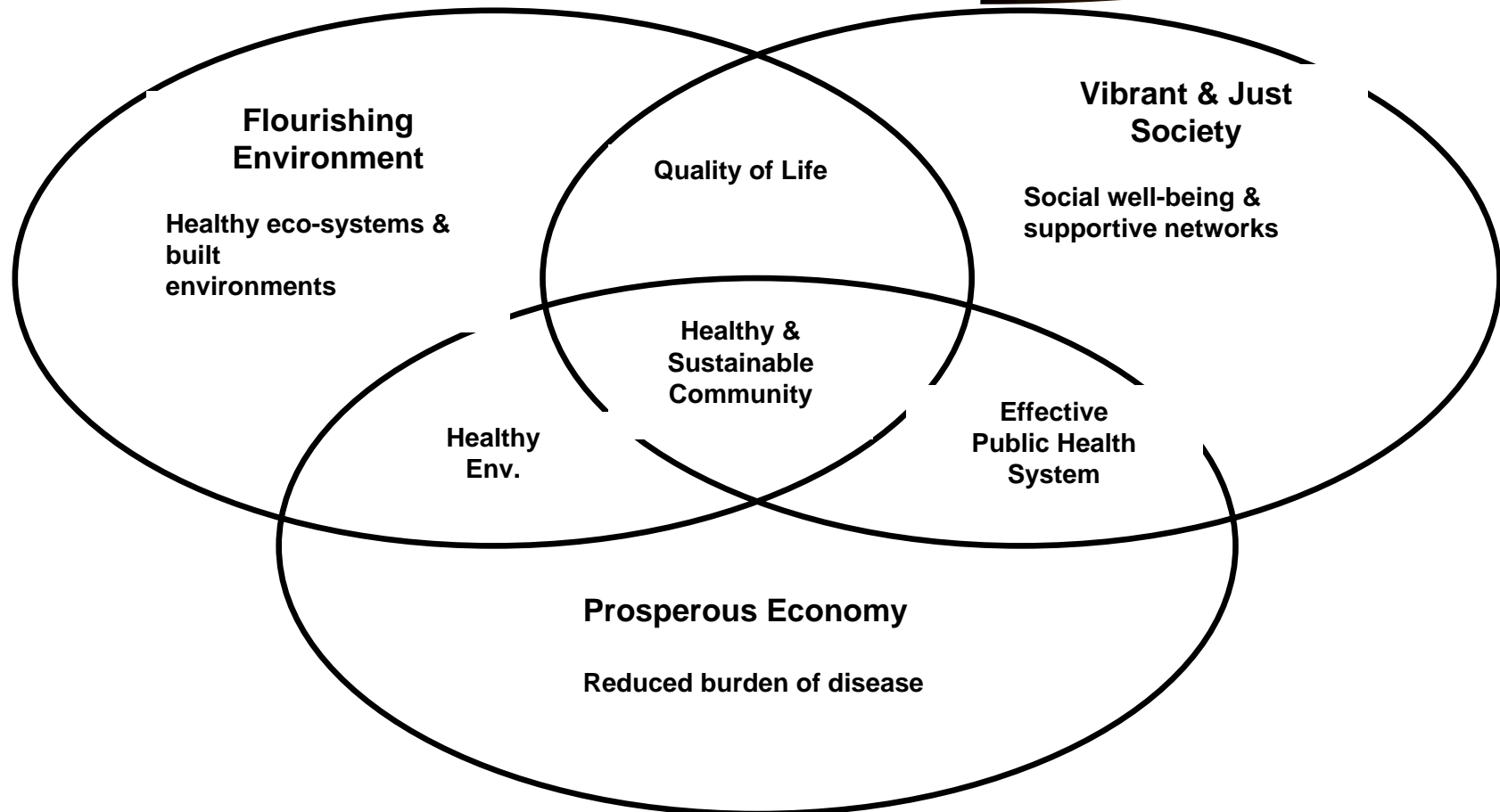


- 5) Multiple stakeholders with varying degrees of previous experience and history with Heart Health present challenges with respect to participation and engagement of their respective constituencies. [Authenticity]
  
- 6) Need for strategies and resources to engage less well resourced communities and marginalized groups historically excluded but with high exposure to risk factors. [Authenticity]

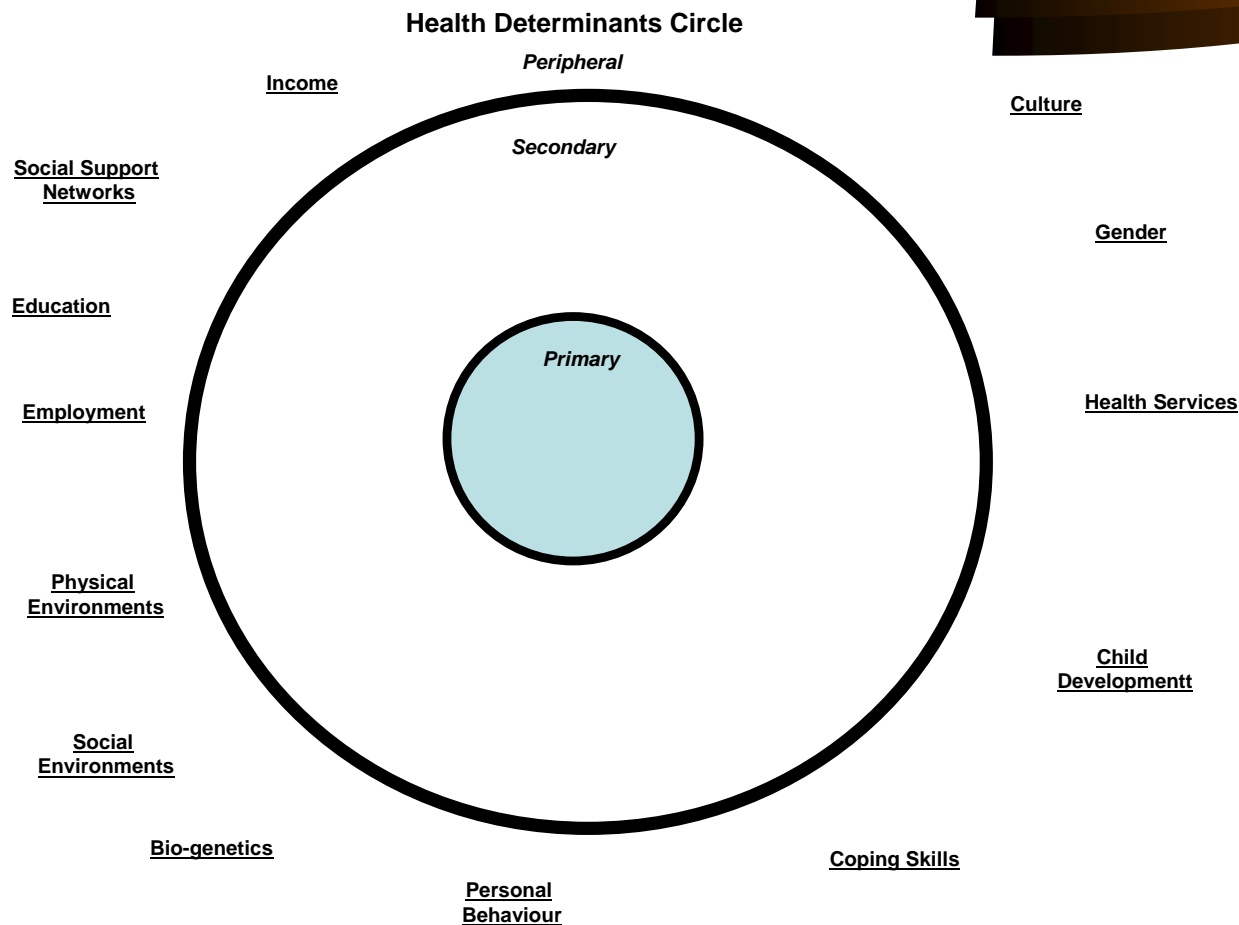
# *HCO and the Social Determinants of Health(1)*



# *HCO and the Social Determinants of Health(2)*

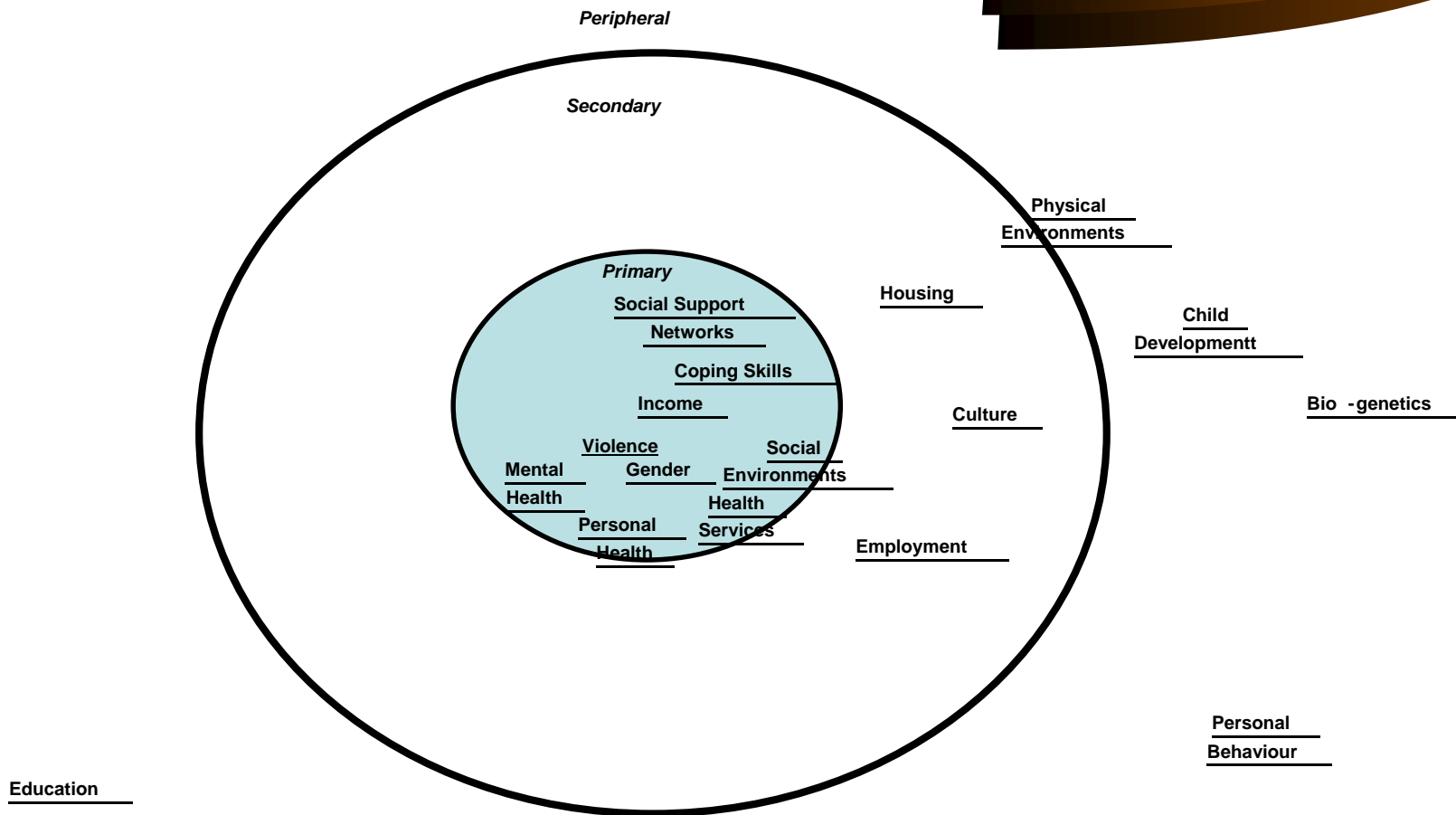


# HCO and the Social Determinants of Health(3)

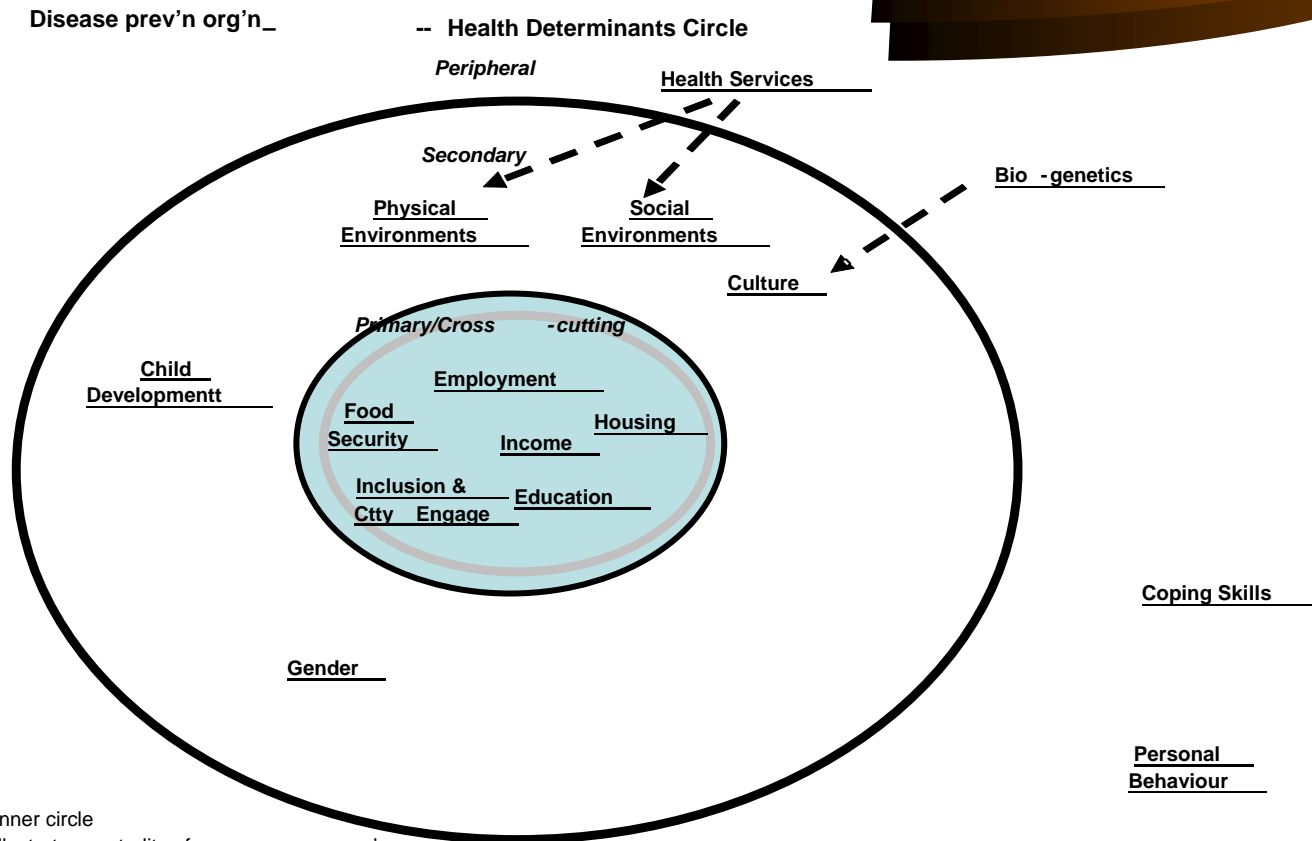


# HCO and the Social Determinants of Health(4)

Women's-health org'n- Health Determinants Circle



# HCO and the Social Determinants of Health(5)

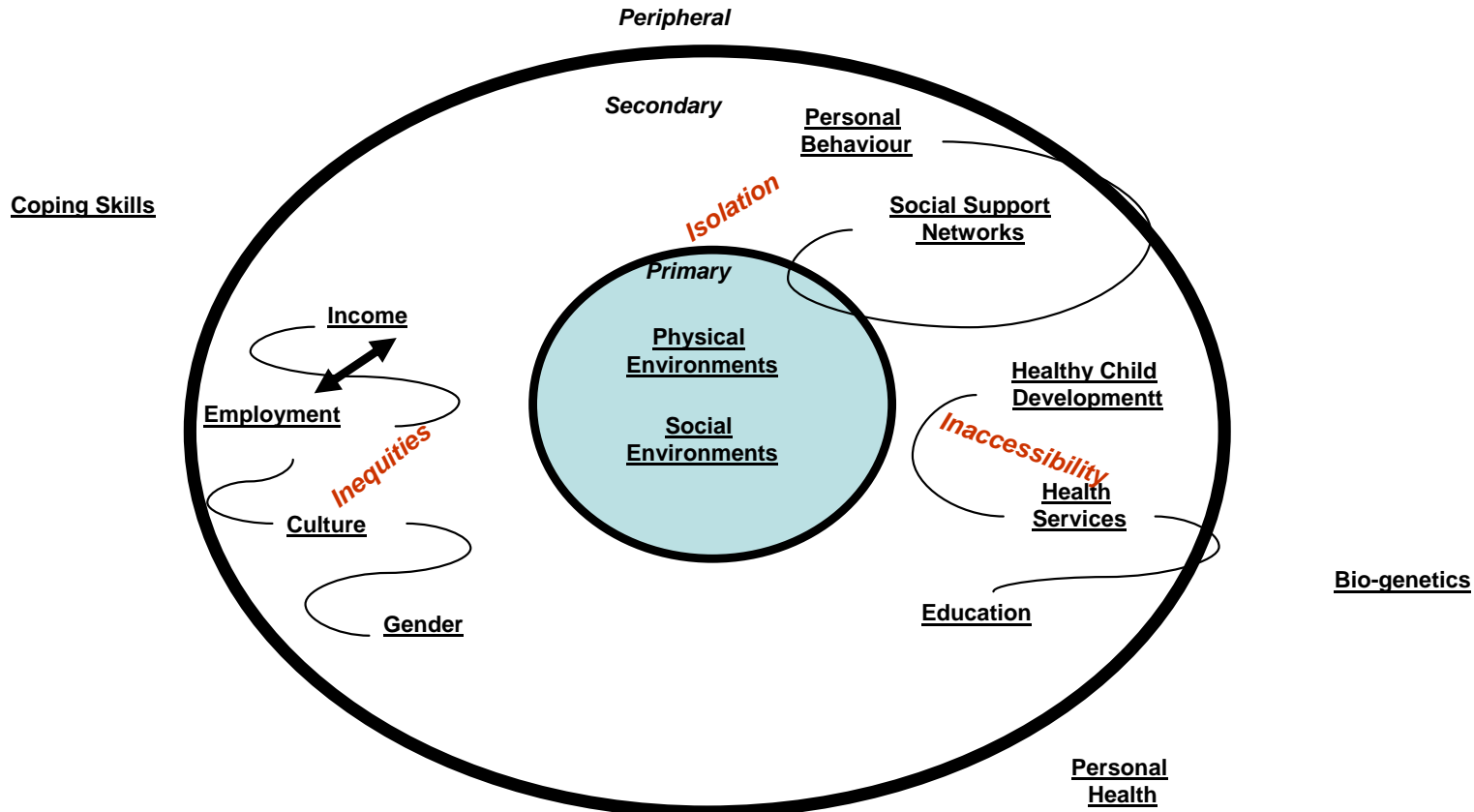


Inner circle illustrates centrality of 's belief that community engagement is a critical strategy in the p even though it may be part of other determinants such as a dimensio

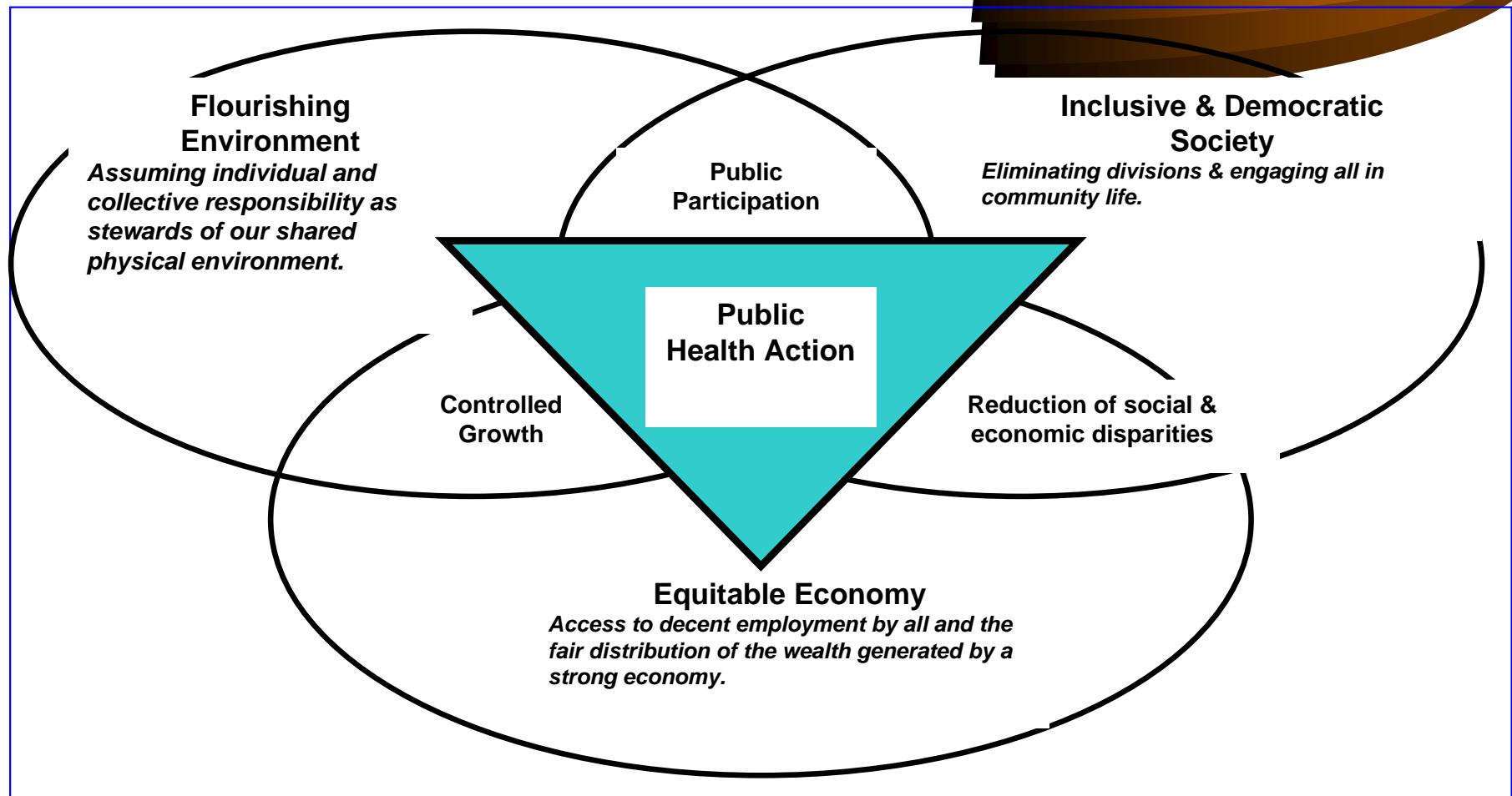
roject bearing particular mention, n of "Social Environments"

# HCO and the Social Determinants of Health(6)

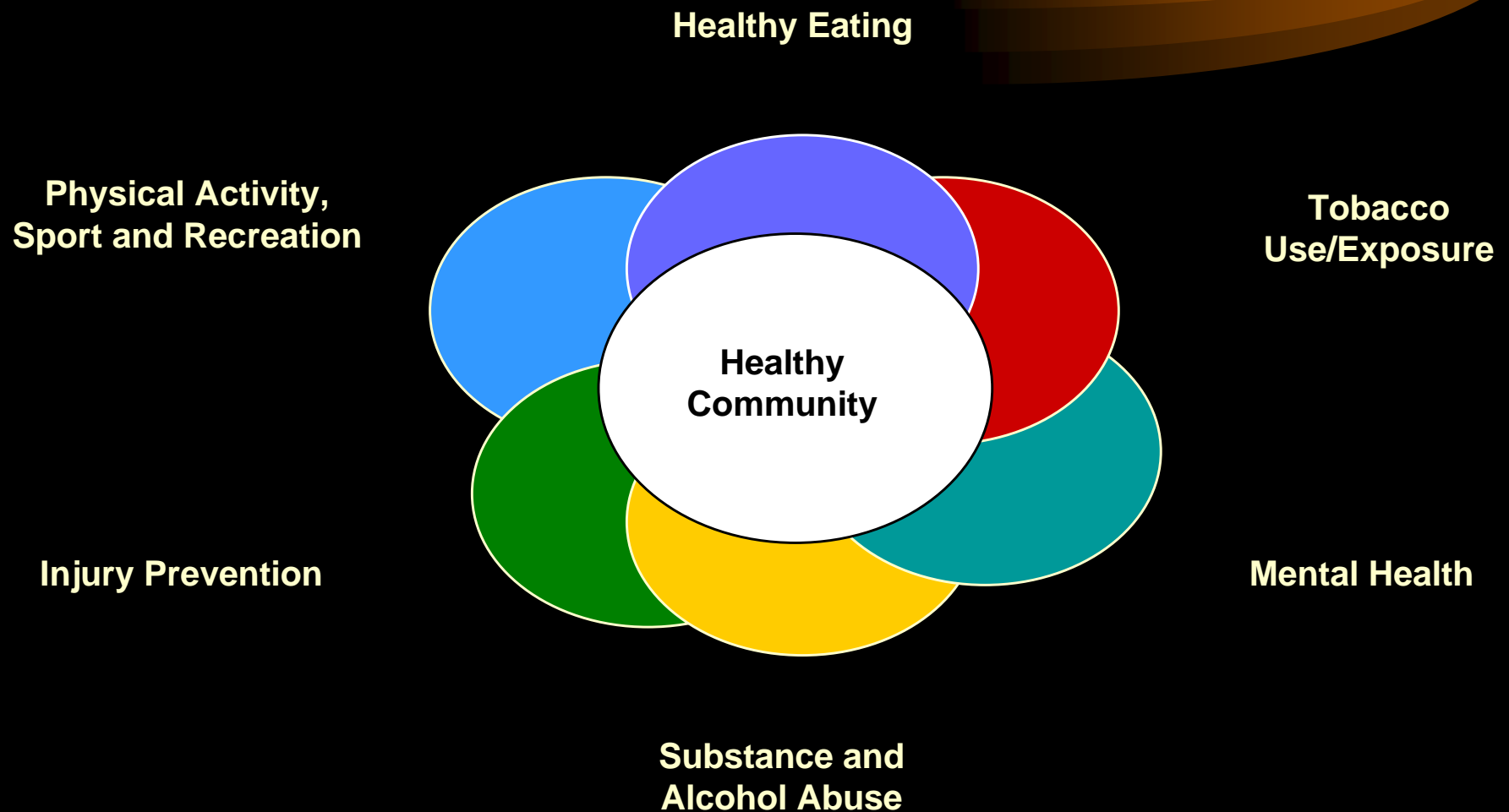
Health promotion org'n -- Health Determinants Circle



# *HCO and the Social Determinants of Health(7)*



# *HCO Strategy and the Social Determinants of Health (8)*



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