ALBERNI CLAYOQUOT

HEALTH NETWORK

2018 STRATEGIC PLAN

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OUR STORY

The logging road to success - let us tell you a quick story, of our occasionally bumpy but rewarding journey of exploration since our initial meetings in 2011.

The Alberni Clayoquot Health Network (ACHN) formed in 2012 through a series of three meetings in 2011 to gauge interest in establishing a health network for the Alberni Valley, Clayoquot and Barclay Sound region. This process was largely linked to political and leadership tables. The initial work of the ACHN was supported with a grant from Island Health in February 2012 and ACHN allocated a budget to enable this funding to be used over several years, developing a Memorandum of Understanding with the Alberni Clayoquot Regional District to be the fiscal host for these funds.

The Network hired their first Coordinator in June of 2012 and undertook a strategic planning process, setting five priorities – Network Development, Healthy Children and Youth, Transportation, Housing and Health Literacy - which would guide the network's work for the following 5 years. At the end of 2013 it became apparent that, in order for the group to be most successful in making progress on strategic priorities, more clarity in the role and function of the network, committees and coordinator was needed. A working group was formed to refresh the network structure, governance and vision, to link this work to the community groups and processes in the region.

A strong will for the ACHN to reach out and involve the community emerged; to ensure the community at large had an ability to bring forward issues, ideas, and concerns for consideration. The Network identified that actions are to be informed by:

- Stories, opportunities, planning, and evidence;
- Consultation and collaborative conversations that surface emerging issues;
- The timeliness of opportunities;
- And fit with ACHN's values.

Governance, operating practices and values for the Network were built to facilitate and strengthen these principles while enhancing the community development focus of the Network.

The ACHN started to work in 2015 with this new governance model; moving away from formal tools such as Terms of Reference to a more community based approach, formalizing their relationship with the ACRD through an MOU and creating the first Table of Partners to guide the work of the Network. From this point we have slowly worked through sticky issues, identifying areas requiring further clarification, definition or policy while employing new concepts and tools which assist us in defining and conducting the work we seek to do.

Employing these new practices we have gained momentum over the past two years. Supporting community based initiatives already flourishing in our region, promoting collaboration, innovation and shared accountability. When no leadership is evident we have convened regional partners to address issues related to health in our area. We have employed and promoted a collective impact approach to sticky issues. We support organizations which address healthy children and youth, housing and health literacy and take leadership to convene regional partners around transportation and other emergent regional issues such as poverty reduction. Attracting and engaging decision makers through our Table of Partners and presentations to leadership tables while supporting community groups and networks to highlight work, innovations and priorities of the region. Our mix of mechanisms and classic community development models has allowed us to remain nimble, learning and adapting our approach as we go, employing a developmental evaluation approach to our work. This has allowed us to focus on priority areas which we have the ability to influence, support community groups already working to make change and identify new venues, such as poverty reduction where we can assist to make change. We are excited to engage in the next phase of our work with this better defined approach to promoting healthy development in the region and new strategic plan for 2018 and beyond.

OUR PRINCIPLES

Healthy & Connected People & Places

OUR MISSION

To speak with a collective voice on regional and local health issues by facilitating dialogue and understanding amongst citizens and stakeholders. The Network is a community driven mechanism that helps to build partnerships and capacity; share concerns, ideas and resources and create innovative solutions that impact the social determinants of health and work towards sustainable healthy communities.

OUR VALUES

1. **Inclusion**: We are open to anyone that wants to be involved and recognize, encourage and value each other's contributions.
2. **Learning**: we share knowledge, listen to each other, explore new ideas and apply information in ways that generate new understanding and solutions.
3. **Compassion and Respect**: We have compassion for all people with whom we interact and are mindful and respectful of differing opinions.
4. **Hishuk ish tswalk**: We embrace the Nuu-Chah-Nulth world view that everything is one and all is interconnected and health is holistic in nature.
5. **Connection**, **Collaboration and Sharing**: We cultivate relationships, connect people to each other, promote a culture of participation and sharing of resources in order to better serve our communities and advance the common good. Together we are better.
6. **Sustainability**: We are accountable with the resources entrusted to us, strive for cost-effectiveness and efficiencies and aim towards sustainability of solutions and initiatives.
7. **Innovation**: We want to constantly find better and more efficient ways to serve our communities.

OUR GUIDING PRINCIPLES

In all that we do, we:

A. **Employ** a population health approach that focuses on improving the health and well-being of the entire population of the region and across the lifespan.
B. **Focus** on the social determinants of health and address policies that impact health inequities.
C. **Believe** that health is a shared responsibility and that collaboration leads to innovation.
D. **Are** solution oriented & committed to building on community assets, strengths, efficiencies, social capital and reduce duplication.
E. **Utilize** approaches that build knowledge, health literacy, capacity and citizenship.
F. **Acknowledge** that local realities, population demographics, socio-economics and health indicators can vary significantly (remote, rural, and urban).
G. **Recognize** that the Health Network exists within the ha'houlthee (chiefly territories) of the Nuu-chah-nulth First Nations. We strive to find new, better and culturally appropriate ways to collaborate, plan and work together that legitimize traditional knowledge.
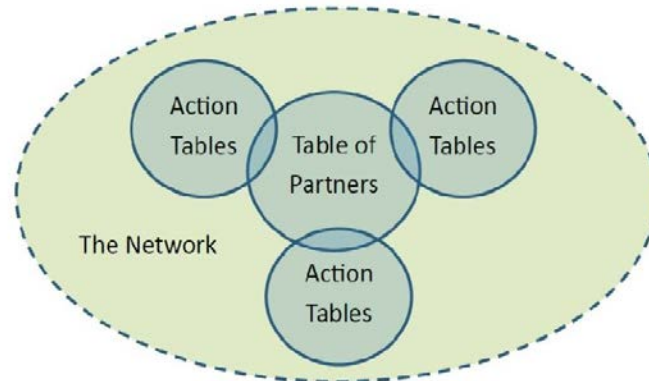
OUR OPERATIONS

The ACHN utilizes collective impact principles to identify and define their role in social change and regional initiatives. We commit to acting as a supporting resource to leverage assets, information and partnerships for local initiatives, projects and priority areas. When no convening organization is evident we have made the commitment to convene dialog, planning and facilitate the leadership around priorities influencing social determinants of health and the promotion of upstream health interventions.

To facilitate better community connections with decision makers at the Table of Partners, action tables and local government the ACHN identified the following mechanisms aimed at increasing benefit to network partners and interaction with local communities and organizations.

- Network communications – Community presentations, newsletters, Facebook and updates
- Sponsoring regional education events and quarterly networking gatherings
- Open invitation for community presentations to the Table of Partners
- Partnership on community events and opportunities aligning with strategic priorities
- Other opportunities which align with our strategic direction as they arise

Join us to build as we go – bring forward ideas, proposals, presentations, join an action table, the newsletter or Facebook page… there are so many ways to get involved!

THE NETWORK	ACTION TABLES	THE TABLE OF PARTNERS
• The most important voice in determining priorities and actions • Inclusive of community members, organizations and regional partners • A means to gather and distribute information, stories, and to capture the voices of the communities • To build relationships, helping people and organizations to find commonalities to take action to improve health outcomes in the region. • To connect people with information and resources.	• Small committees of regional representatives and topical experts tasked with moving work on priorities forward • Utilize a regional lens to approach locally identified actions and needs that advance the ACHN Strategic Plan. • Roles include framing issues in ways that are inclusive, respectful and that bring people together.	• Made up of regional decision makers and representatives with strong ties to communities and identified priority groups • Exists to support the work and priorities of the ACHN and link with Action Tables. • Look at evidence, facilitate strategic thinking and planning and seek resources as needed. • Ensure feedback is collected from Network members and ensure that work on identified issues and agreed upon actions is moving forward.

DECISION MAKING

Decision making at the ACHN is informed first and foremost by the community. Our primary function is identify *systems change* opportunities by convening community to collect stories, opportunities, and evidence through planning, consultation and collaborative conversations to surface emerging issues then assist in planning, implementing and evaluating action. Community engagement through the ACHN is meant to be nimble and inclusive. Platforms can include but are not limited to; social media, forums, workshops, presentations, surveys, focus groups, action tables and media campaigns. The ACHN focuses its community engagement activities around the Network priorities, which are aimed at addressing the *social determinants of health* with *upstream*, prevention based interventions and strategies. We focus on complex social issues which no one organization or community can address alone. Supporting or taking leadership around convening, planning and implementing events, projects or initiatives employing and adapting the collective impact framework to give definition and basic structure to this work. The ACHN coordinator is supported in identifying and bringing forward opportunities for decision by the Table of Partners who operate through consensus, receiving project and work plans from the coordinator to map out opportunities identified through community engagement. The ACHN decision making matrix is utilized to assist in identifying the role of the network and next steps, when combined with the concepts of Social Determinants of Health, Collective Impact and Upstream Interventions ensures the network has a full range of tools to promote healthy development.
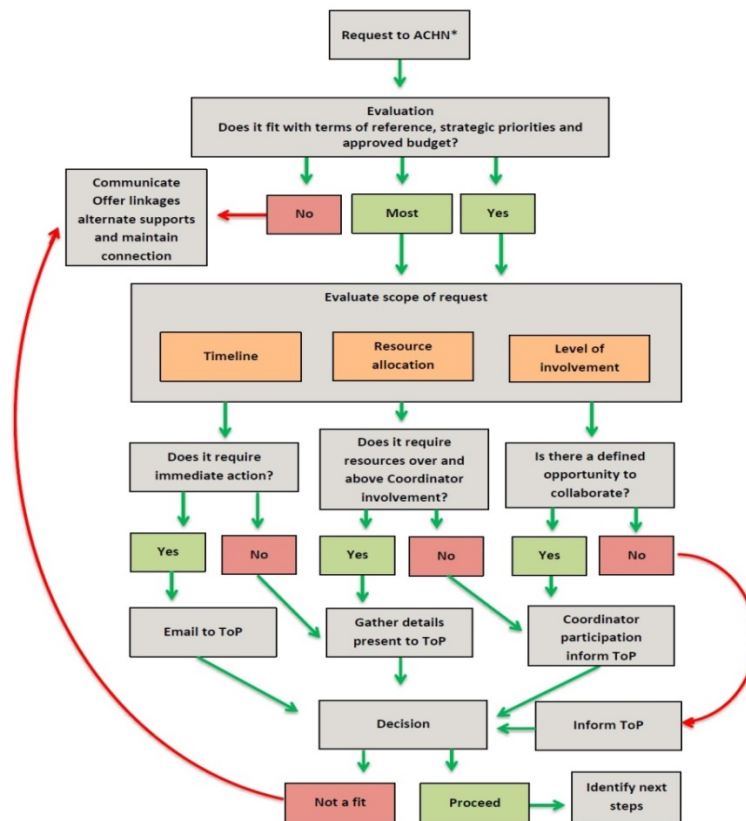

FIGURE 1: ACHN DECISION MAKING FRAMEWORK

SYSTEMS CHANGE AND COLLECTIVE IMPACT

The ACHN is a network formed to plan, identify and address complex social issues which affect the health of our region which cannot be addressed by any one organization or initiative. We often refer to this type of work as systems change or system thinking - a process which assists to give language to the process required to address desired shifts in attitudes, culture, policy, programs and resources.

"Systems change is an intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions. It is a journey which can require a radical change in people's attitudes as well as in the ways people work. Systems change aims to bring about lasting change by altering underlying structures and supporting mechanisms which make the system operate in a particular way. These can include policies, routines, relationships, resources, power structures and values." (Abercrombie, R. et al. 2015. P.9.)

In recent years community developers, social innovators and academics have been able to collaborate to articulate flexible frameworks around how systems change may be facilitated, encouraging shared language and the ability to reach a broader audience. This framework is commonly referred to as collective impact and allows for community champions to employ a common language to familiarize community members, decision makers and organizations with these otherwise sometimes intimidatingly complex processes.

FIGURE 2: SOURCED FROM FSG 2012

In collective impact organizations bring together collective voice and leverage collective action through backbone organizations and collaborative processes. These overarching tools and definitions assist the ACHN in defining the Network activities, role and accountability to community partners. The ACHN has identified its ability to act as a supporter to initiatives which already have strong established leadership or networks working on an identified issue through planning support, resource identification and influence as well as other linkages and supports. When no leadership is evident the ACHN has identified its role as convener or backbone organization to ensure structure, planning, community engagement and evaluation are in place.

SOCIAL DETERMINANTS OF HEALTH

"The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics". (World Health Organization, 2018)
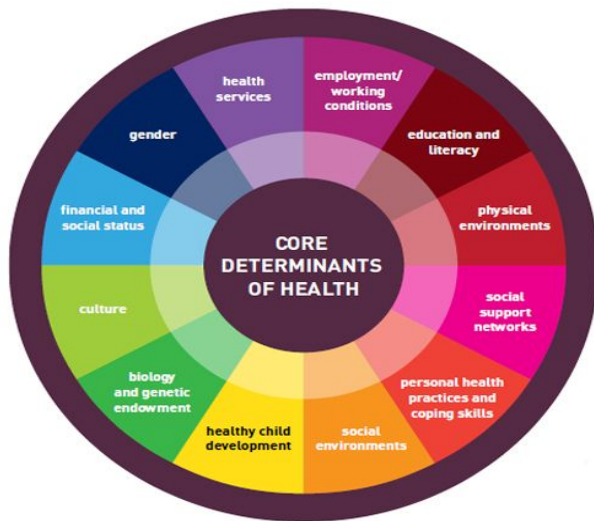
Working from the twelve determinants of health recognized by the Public Health Agency of Canada the ACHN aims to address factors which influence individual and community health before there is a need to access health interventions. Addressing the determinants of health requires a multidisciplinary approach; the ACHN focuses its priority setting and activities around actions which have the ability to address one or more of these determinants, supporting communities and individuals to build health and prosperity for long term health outcomes.

FIGURE 3: SOURCED FROM COLLEAGA 2018

UPSTREAM INTERVENTIONS

"Upstream interventions and strategies focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential." (National Collaborating Centre for Determinants of Health. nd.)

Our health and social services system is set up to address and support individuals when they require interventions or support to create and maintain health. These activities are often referred to as midstream and downstream interventions. While the concept of working upstream was introduced in the late 1990's most health and social service funding and mandates revolve around mid and downstream interventions. Recognizing this, the ACHN has positioned itself to work with local partners to identify, promote and implement creative solutions and opportunities which address upstream policy and programs which reduce the need for health interventions

FIGURE 4: SOURCD FROM PUBLIC HEALTH SUDBURY AND DISTRICTS 2018

PRIORITIES

Guided by priorities identified in 2012 and a strategic plan update in 2015 the ACHN has been able to move forward network development and capacity building. This has aided in building the reputation of the network, initiated a culture of collaboration and lead to action in specific priority areas. To continue the positive forward momentum the network underwent an exercise of reflection and visioning to identify areas of strength, further development and priority which have the ability to positively impact health outcomes in the region.

Over the course of two morning sessions ACHN Table of Partner members used their collective community knowledge to assess the networks impact, successes, current initiatives and practices to define four priority areas. The work for these sessions was grounded in the principles of collective impact, the will to influence determinants of health and prioritize upstream interventions as well as the role of the Network in addressing issues which no one organization or community can take on in isolation.

FIGURE 5: STRAT PLANNING WORDLE

Before visioning where the network needs to maintain, build and develop in the coming years we took a moment to identify the successes from the past 3 years of work. Four trends emerged from Table of Partner member reflections which assisted in framing discussions around the role and purpose of the Network moving forward:

- Networking the networks through linking conversations, building collaboration and inclusive dialog.
- The establishment of clear governance, outcomes and priorities leading to collaborative action on community and regional issues.
- Recruitment, retention and buy in from key community members, leaders, Table of Partner members and staff.
- Implementation of communication and transportation projects which highlight the success of the Network model.

These four trends highlight the way we strive to work and inform our planning moving forward. The following priorities have been identified based on our shared ability to continue building on the successes of the Network to address complex social issues through a collaborative community informed process.

NETWORK DEVELOPMENT

The ACHN aims to 'network the networks', working with local partners to develop a culture of collaboration and mutual accountability. We see this as an integral part of our role as a network and motivator for social change in the region. This includes but is not limited to activities which provide education, capacity development and opportunities to develop shared language and priorities internally to the Network as well as in the region with community partners.

Network Development is the central goal of ACHN's strategic plan. In order to move forward regional action and ensure sustainability of the network model, ACHN has defined the network goals and mechanisms for action. During the 2014 ACHN governance reset the planning table noted significant opportunities for the ACHN to network the networks, providing the region with additional capacity in order to support the great work and history of collaboration. This has been validated in the work undertaken in the last 4 years with support from community partners and the ability of the ACHN model to support communities, stakeholders and initiatives.

The ACHN has been successful in identifying and communicating its role as either a supporting or convening organization for regional networks, initiatives and priorities. The will to support organizations to achieve their mandate and increase the regions ability to build healthy communities has been observed in the ability to share data collection, connect and support initiatives, influence decisions and leverage resources. The ACHN identified its will to create action tables to assist in convening activities; to plan for, lead and evaluate action when no clear lead role is evident to drive the work forward.

Backbone (Supporting) Organizations	Conveners
Backbone organizations need to play a very quiet and behind the scenes role, lifting up others who are doing the work so they get the well deserved credit for the data-driven work they are doing on the ground to support communities. • Connect and Support Leaders • Establish the Data Management Infrastructure • Advocate for Technical Support • Marshal Investments	The convening role is specific and typically more visible role in building action plans. Practitioners are looking to bring attention to their work; the convener helps develop comprehensive action with multiple partners raising awareness both for the importance of the work and the contributions of the partners. • Engage Practitioners • Facilitate Multi-Sector Networks • Update Action Plans
Sourced from: EDMONDSON, 2013 http://www.strivetogether.org/blog/2013/05/the-difference-between-backbones-and-conveners-in-collective-impact/	

Network Development is the framework from which the ACHN operates, moving forward in our new strategic plan we will maintain our momentum by updating and maintaining our tools and processes developed to date while continually scanning for additional ways to support the development of healthy communities region wide.

Strategic Goal 1: Network Development

Objective and Scope	Network Activities	Stakeholder Activities	Outcome Areas
1.1 Guide Vision and Strategy - Foster and Support Collaborative Culture - Collective Leadership around health - Support health realted messaging and communications	Lay the groundwork for collaborative action on community and regional issues through support, modelling, design or convening activities	Active ToP feedback to identify, communicate and collaborate on health issues	# of connections # of workshops/ learning events # of presentations to ToP # of opportunities to collaborate # of communications tools and opportunities # FB and Website metric's
	Support, plan and promote education, capacity building and collaborative culture building	Share Network news and bring info to network	
	Communications (FB, email, web) Creation of marketing and generic communications tools	Collaboration on identified shared priorities	
	Connect stakeholders, ideas and resources		
1.2 Support Aligned Activities - Networking the networks - Support existing networks thorugh education, capacity and modeling	Connect topics and stakeholders to increase impact	Information provision	# of projects supported # of networks participating Increase in regional collaboration Development and maintenance of Knowledge Inventory
	Facilitate links through participation and communications		
	Collaboration and supports to local networks, initiatives and CHN's	Identification of partners and opportunities to support	
	ToP Knowledge Inventory	Participation in activities, knowledge sharing and learning	
1.3 Build Public Will - Gather and distribute regional data and needs - Develop and maintain communication tools to increase impact	Communication tool development and maintenance	Identification of opportunities and needs	# of communications tools developed # and size of information sharing gatherings (in person or via email) # of new Stakeholders
	Drawing together community and political constituencies on related health issues		
	Recruitment and facilitation of ToP and Action Table members	Information identification, distribution and support	
1.4 Mobilize Support - Utilize ACHN model and community stakeholders to increase impact - Support fund development - Leverage resources strategically and equiably	Utilize ACHN model, tools, partners and regional planning to identify priorities		# of opportunities identified # of initiative's and projects actioned Amount of resources leveraged $$ leveraged
	Lead or support fund and resource development process	Participation in process	
	Broaden awareness and increase impact of priorities and associated need/solution		

BUILDING REGIONAL PROSPERITY

Poverty is a complex issue which cannot be addressed by any one organization or initiative. The ACHN has made the commitment to convene leaders and local stakeholders to discuss, identify opportunities, action and evaluate efforts. Our efforts are aimed to ensure the conversation is building, awareness developed and solutions generated, implemented and evaluated in partnership with regional stakeholders.

Since 2015 the ACHN has been working with local partners, the MLA and MP to identify and bring awareness to the issue of poverty in the Alberni Clayoquot Region. Through this work the ACHN has led the development of a Theory of Change to begin to identify issues of poverty in the region with local organizations and stakeholders while engaging local leadership through a Poverty Reduction Protocol. This process emphasizes the importance of community input as well as political will in identifying local issues to create awareness then move forward to planning sustainable and impactful interventions. A complete history of the work and all supporting documents is available at the ACHN website. The following framework outlines the ACHN's work to move forward

Strategic Goal 2: Building Regional Prosperity

Objective and Scope	Activities	Measurement	Health Related Outcomes
2.1 Guide Vision and Strategy - Maintain communications and conversation - Convene community stakeholders - Cumulate information and data	Capture and tell community story	# of communication tools developed # of comms opportunities # of activities convened or supported # of TOC changes # of media engagements # of presentations Amount of community feedback/ engagement Notable quantitative or qualitative changes to community prosperity	- 2x Rate of Children and Youth in Care - 70% more Youth Mental Health Hospitalizations - A child poverty level of 30.6% ** - 36.3% of children and youth living in low income homes*** - 4th highest rates of poverty out of 29 Regional Districts in BC - 22.1% of Pop. Living in Low Income Homes - 46.4% of renters spending more than 30% of their income on housing*
	Communicate poverty reduction priorities and successes		
	Collect data and identify data needs		
	Utilize Theory of Change to track process		
2.2 Support Aligned Activities - Communications development and maintenance - Convene action planning - Support evaluation	Sustained action with community and partners		
	Update Theory of Change based on community input and action		
	Increase ability to track and celebrate contributing work of community stakeholders through ACHN mechanisms		
2.3 Build Public Will - Communications and education projects - Convene community engagement and information opportunities	Convene and support workshops, community engagement and information opportunities		
	Increase communications around local work and local priorities		
	Build awareness of prosperity building		
2.4 Mobilize Support - Transform advocacy to solutions - Define opportunities and maintain engagement with all levels of leadership	Continue provincial and federal involvement		
	Maintain presentations and awareness building of Protocol		
	Ensure ongoing dialog for resource needs, opportunities and awareness of local planning		
*Sourced from Local Health Area Profile. 2015. ** Poverty level defined through Statistics Canada Low Income Measure (LMI). At or below federal poverty line. *** Low income homes at or between federal low income and poverty line.			

COMMUNITY CONNECTEDNESS

Access to services, community infrastructure and recreation are all key factors in the building of healthy individuals and communities. Our aim is to increase equity in the way individual's access employment, education, healthy food, services and opportunities in the Alberni Clayoquot Region through transportation infrastructure as well as innovative social solutions.

We know that transportation in our region presents a diverse array of challenges. From boat travel to bus routes, the way in which we access basic services has a large impact on our individual and community health as well as our health system. The ACHN has committed to taking on a convening role for the topic of accessibility in the ACRD. To be more effective together, the Alberni Clayoquot Health Network has spearheaded the conversation to improve health equity in our region and improve access by commissioning reports and workshops, convening action tables and implementing identified initiatives.

Strategic Goal 3: Community Connectedness

Objective and Scope	Activities	Measurement	Community Health Outcomes
3.1 Guide Vision and Strategy - Convene community stakeholders - Develop and maintain communications tools	Convene annual round table and identified action table(s)	# of planning sessions # of action table meetings # of communication tools developed # of opportunities to present priorities /regional work # of stakeholders engaged # of projects Amount of community feedback/ engagement Notable quantitative or qualitative changes to community prosperity	- 18.5% Employed Populations Aged 15+ Using Active Transport - Nearly 2x Greater Mortality from Motor Vehicle Accidents - Up to 5 million kms travelled per year seeking health services - Up to $400 to attend an appointment
	Develop and maintain communications tools for planning and needs identification		
	Utilize framework and tools to increase visibility of priorities		
3.2 Support Aligned Activities - Convene and support planning - Implement and support identified projects - Data collection and dissemination	Convene and support regional planning and priority identification		
	Utilize framework to identify, support and implement projects		
	Source, monitor and communicate data relating to priorities		
3.3 Build Public Will - Actively promote regional accessibility - Develop and manage project communications - Recruit and maintain regional stakeholders	Develop communication for identified projects and priorities		
	Facilitate linkages to information between projects and community stakeholders		
	Develop and maintain stakeholder relationships		
3.4 Mobilize Support - Actively promote regional accessibility - Advocate for identified solutions - Leverage resources for identified priorities	Develop communications for identified priorities and projects		
	Utilize ACHN framework to bring forward regional needs		
	Lead or support fund development for identified priorities and projects		

KNOWLEDGE AND CAPACITY DEVELOPMENT

We recognize a collective need to move forward on emergent regional issues through education, identification and planning. Regional priorities, such as housing, are complex with a wide range of needs depending on community and demographics. To identify and address these emergent issues we require strategies which combine resources, knowledge and capacity through shared learning, planning and implementation.

The ACHN has adopted a firm philosophy of 'Networking the Networks' to support the work being done by community collectives, organizations and communities in the region. Rather than identify specific themes of focus the ACHN has identified Knowledge and Capacity Building as a priority to better define the way in which we support existing networks and initiatives aimed at addressing emergent issues and capacity building activities in our region. This priority reflects the way in which the network interacts with community stakeholders in order to take shared action on emergent issues which are impacting the health and wellbeing in regional communities.

Strategic Goal 4: Knowledge and Capacity Development

Objective and Scope	Activities	Measurement	Community Health Outcomes
4.1 Guide Vision and Strategy - Supporting knowledge transfer - 'Network the Networks' - Broadening the discussion	Investigate and support paths to insert facts and knowledge into other places and tables	# of connections facilitated # of priorities identifies # of priorities actioned by community partners # of priorities actioned by ACHN # of convening activities # of planning activities # of community engagement activities # of presentations # of priorities resourced # of collaborations Turnover in ToP ToP Recruitment	- 46.4% of renters paying more than 30% on housing - 13% of Dwellings Rated as Needing Major Repairs - Significantly Higher Than Average Hospital Inpatient Cases - 1.38x Mortality from Endocrine, Nutritional & Metabolic Diseases - 45% higher Alcohol-related deaths - 60% Higher Illicit Drug-related hospitalization *
	Determine priorities and outcomes for emergent issues		
	Connecting concerned groups with likely problem solvers		
	Facilitate and support education and capacity building for regional networks		
	Collective impact introduction and support		
4.2 Support Aligned Activities - Facilitate and support the doers - Broadening the discussion - Discover, catalogue, share, motivate action	Facilitate dialog convene people and organizations for change		
	Investigate strategic priorities of community partners to move forward on aligned activities		
	Move forward support of projects for upstream outcomes		
	Support innovative programming, projects, partnering ad collaborations		
4.2 Build Public Will - Share successes around positive change - Add more voices to the discussion - Build and support initiatives to increase impact	Communicate priorities, planning and results through Network communication tools		
	Investigate and recruit new and unlikely partners to join the discussion		
	Increase the impact and reach local networks, projects and initiatives		
	Collaborate with other CHN's to build momentum around shared priorities		
4.4 Mobilize Support - Influence prioritization of health topics - Foster and maintain linkages with all levels of government	Lobby for identified solutions		
	Maintain regular presentations to leadership groups		
	Maintain, recruit, retain ToP members to assist resource allocation, leveraging and policy influence		
* Compared to Island Health, Sourced from Local Health Area Profile. 2015.			

EVALUATION

The evaluation of efforts to address complex social issues is not a simple endeavour, although crucial to ensuring buy in from participating stakeholders. In order to create benchmarks of achievement for the ACHN, the collective impact 27 Indicators for evaluating Backbone Effectiveness have been built into the logic models of the ACHN strategic goals to monitor the high level activities of the Network. These indicators are tracked and reported through:

- ACHN Coordinator monthly report;
- Island Health Quarterly Report;
- Island Health Annual Report;
- ACHN Annual Report;
- And the three year Healthy Living Strategic Plan for the Ministry of Health.

In order to communicate desired health outcomes of the Networks efforts Community Health Networks work closely with Island Health to identify and monitor health outcomes which tie into Network activities. Improvements to these health outcomes identify long term goals of the work of Community Health Networks across Vancouver Island. In addition to these the ACHN works with local organizations, action tables and stakeholders to plan, identify, then set measurements and identify activities around specific strategic goal areas reported out in more specific community based reports and workshop summaries.

Backbone Effectiveness: 27 Indicators

Guide Vision and Strategy	• Partners accurately describe the **common agenda** • Partners **publicly discuss / advocate** for common agenda goals • Partners' **individual work** is increasingly aligned with common agenda • Board members and key leaders increasingly **look to backbone** organization for initiative support, strategic guidance and leadership
Support Aligned Activities	• Partners **articulate their role** in the initiative • **Relevant stakeholders** are engaged in the initiative • Partners **communicate and coordinate** efforts regularly, with, and independently of, backbone • Partners report increasing levels of **trust** with one another • Partners increase **scope / type** of collaborative work • Partners improve **quality** of their work • Partners improve **efficiency** of their work • Partners feel **supported and recognized** in their work
Establish Shared Measurement Practices	• **Shared data system** is in development • Partners **understand the value** of shared data • Partners have robust / **shared data capacity** • Partners **make decisions** based on data • Partners **utilize data** in a meaningful way
Build Public Will	• Community members are increasingly **aware** of the issue(s) • Community members express **support** for the initiative • Community members feel **empowered** to engage in the issue(s) • Community members increasingly **take action**
Advance Policy	• **Target audience** (e.g., influencers and policymakers) is increasingly **aware** of the initiative • Target audiences **advocate** for changes to the system aligned with initiative goals • **Public policy** is increasingly **aligned** with initiative goals
Mobilize Funding	• Funders are asking nonprofits to **align** to initiative goals • Funders are **redirecting funds** to support initiative goals • **New resources** from public and private sources are being contributed to partners and initiative

Source: FSG and Greater Cincinnati Foundation   1   © 2012 FSG

FIGURE 6: FSG 2012

MONTHLY EVALUATION TEMPLATE

Activity	Meetings	Communications	Collaborations / Linkages	Events and Learning Opps	Planning and Project Work	Research and Development	Reporting	Kms Travelled	Details – Notes, Trends and Significant Events
1.0 Network Development									
1.1 Guide Vision and Strategy General Communications Facebook Website									
1.2 Support Aligned Activities Network meetings Information sharing									
1.3 Build Public Will Targeted communications Education Training									
1.4 Mobilize Support Leverage resources and share information between network, ToP and communities									
2.0 Regional Prosperity									
2.1 Guide Vision and Strategy Communications Presentations and Protocol									
2.2 Support Aligned Activities Planning, priority identification and support TOC									
2.3 Build Public Will Communications – info sharing Education and support									

2.4 Mobilize Support Resource leveraging									
3.0 Community Connectedness									
3.1 Guide Vision and Strategy Communications and tools									
3.2 Support Aligned Activities Working groups Planning Prioritization									
3.3 Build Public Will Communications Priority Identification and action planning/implementation									
3.4 Mobilize Support Build support for projects Communicate to decision makers Leverage resources									
4.0 Knowledge and Capacity Building									
4.1 Guide Vision and Strategy Participate and support local and regional networks Communications and resource sharing									
4.2 Support Aligned Activities Identify, source and support education and capacity building opportunities Plan and support knowledge sharing and planning opportunities									
4.3 Build Public Will Communications to support and promote efforts Public and partner outreach									
4.4 Mobilize Support Leverage resources for events and support Increase awareness and support for projects and concepts of collaboration such as Collective Impact									

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ADDITIONAL RESOURCES

SYSTEMS CHANGE

- Stanford Social Innovations Review – Fostering Systems Change
- Comprehensive Community Initiatives Tool Kit – What is Systems Change
- Independent Living Research Utilization - Key Components of Systems Change
- Systems Change – A guide to what it is and how to do it

COLLECTIVE IMPACT

- Stanford Social Innovations Review – Collective Impact
- Stanford Social Innovation Review – Channeling Change
- FSG - Collective Impact

SOCIAL DETERMINANTS AND UPSTREAM HEALTH

- National Collaborating Centre for Determinants of Health – Let's Talk Moving Upstream
- Government of Canada – What Makes Canadians Healthy?
- Social Determinants of Health, The Canadian Facts
- BC Centre for Disease Control – BC Community Health Data