COMMUNITY DEVELOPMENT

A Best Practice Approach to Building Healthy Communities
Your Presentation Team

- Claire Meiklejohn, Downtown Community Facilitator
- Colleen Schneider, Manager, Local Health Involvement Groups
- Shelley Marshall, Clinical Nurse Specialist, Healthy Sexuality Harm Reduction
What are we hoping to achieve today?

- Share a basic understanding of the rationale for using community development approaches in Public Health.
- Explore ideas on how you can build Community Development Processes into your daily work and practice.
- Find strength from knowing that Community Development isn't about having all of the answers!
A Few things to think about

• People and programs in the WRHA are already doing this work (including you!)
• Winnipeg has a robust Community Development Sector (how do we fit in?)
• Community Development is all about bringing people around the table to find solutions (you don’t have to have all of the answers!)
• The community already knows what it needs (just ask them!)
Foundations for Community Development Role in Health

- Shifts in Health Promotion thinking
- Ottawa Charter
- Population Health Model
- Health Equity
- PHN Professional Practice Model
- Community Development Framework
Health Promotion: What are we talking about, exactly?

- What we’re told
- The reality
### Where do we focus?

<table>
<thead>
<tr>
<th>Individual</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Drawing on objective evidence</td>
<td>• Challenging the injustices that create the conditions for poor health.</td>
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<tr>
<td>• Emphasizing individual responsibility</td>
<td>• Emphasizing empowerment.</td>
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<td>• Focusing on solving the problem (expert driven)</td>
<td>• Focusing on community strengths and increased competence.</td>
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<td>• Focus on education, lifestyle and improving health services</td>
<td>• Building community control, resources and capacities, towards economic, social and political change.</td>
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<td>• Health professionals as primary decision makers</td>
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<tr>
<td>CONVENTIONAL TEN TIPS FOR BETTER HEALTH</td>
<td>WHAT YOUR DOCTOR DIDN’T TELL YOU</td>
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<td>----------------------------------------</td>
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<tr>
<td>1. Don't smoke. If you can, stop. If you can't, cut down.</td>
<td>1. Don't be poor. If you can, stop. If you can't, try not to be poor for long.</td>
</tr>
<tr>
<td>2. Follow a balanced diet with plenty of fruit and vegetables.</td>
<td>2. Don't have poor parents.</td>
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<td>3. Keep physically active.</td>
<td>3. Own a car.</td>
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<td>4. Manage stress by, for example, talking things through and making time to relax.</td>
<td>4. Don't work in a stressful, low-paid manual job.</td>
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<td>5. If you drink alcohol, do so in moderation.</td>
<td>5. Don't live in damp, low-quality housing.</td>
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<td>6. Cover up in the sun, and protect children from sunburn.</td>
<td>6. Be able to afford to go on a foreign holiday and sunbathe.</td>
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<td>7. Practice safer sex.</td>
<td>7. Practice not losing your job and don't become unemployed.</td>
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<tr>
<td>8. Take up cancer screening opportunities.</td>
<td>8. Take up all benefits you are entitled to, if you are unemployed, retired or sick or disabled.</td>
</tr>
<tr>
<td>9. Be safe on the roads: follow the Highway Code.</td>
<td>9. Don't live next to a busy major road or near a polluting factory.</td>
</tr>
<tr>
<td>10. Learn the First Aid ABC: airways, breathing, circulation.</td>
<td>10. Learn how to fill in the complex housing benefit/asylum application forms before you become homeless and destitute.</td>
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</tbody>
</table>
Social Determinants of Health
The Ottawa Charter
Population and Health Promotion Model
Health Equity Promotion

http://www.wrha.mb.ca/about/health_equity/
We all have a role to play...

10 Things we can reflect on to promote health equity wherever we work...

1. Are our interactions with all people* based on dignity and respect?
2. Do we continually reflect on our assumptions about people and turn them into respectful curiosity?
3. Are we listening genuinely and actively engaging with all people?
4. Do we recognize and respect the strengths of people affected by disadvantage?
5. How can we better align with what is important to people to support empowerment, self-determination and health?
6. What barriers prevent people from accessing and benefiting from our current health services?
7. What can we do better to reach out to people affected by social and economic disadvantage?
8. Are there gaps in services, systems and opportunities? What could we do differently?
9. Who can we partner with to better meet the needs of people affected by social and economic disadvantage?
10. What are my own contributions that support conditions in which all people can achieve their full health potential?

*Patients/clients, families, team members, partners and communities

Learn more: http://www.wrha.mb.ca/about/healthequity/
A Peg Report on Health Equity

- Created in partnership with United Way; Winnipeg Poverty Reduction Council; International Institute for Sustainable Development & WRHA
- Winnipeg’s Community Indicator Tracking System
- A tool for discussion
- 2014 Community Health Assessment data

2015 report: www.mypeg.ca/node/42
What is all of this telling us?
STOP

COLLABORATE & LISTEN
Connecting our Systems

• Health Systems very large and often working in isolation
• Our expertise not enough to solve complex problems
• Recognizing our organizational strengths but also those outside of our system
  – value the importance of what is going on in community and across sectors
  – benefit from that knowledge through collaboration
• Connecting evidence to community context
• The goal of Community Development in the Winnipeg Health Region is to strengthen the connections and relationship between individuals and with organizations that will result in an increased capacity within communities to work towards common goals—to make communities vibrant and healthy.

• A process whereby community members come together to take collective action and generate solutions to community problems.

• There is no clear definition of community development as it tends to cover a range of practices within many sectors in which it has existed historically....
Community Development Components

Locality Development

• Supporting local community members to define their strengths, identify problems and plan and implement strategies for change or action.
• For any community development strategy to be effective, it must include the provision of, and access to, resources (human resources, support, finances etc.) targeted to facilitate grassroots work and local action.

Your Role

• Build Relationships with neighbourhood agencies and groups doing community development work.
• Recognizing community as experts in what they need.
• Being a point of connection into the health system.
• Advocating in the system for resources that can respond to community need.
• Bringing forward the voice of the community within all aspects of your work.
Community Development Components

**Intersectoral Networking**
- Health care services alone, do not make a community healthy.
- Different sectors working together to problem solve issues that impact community health.

**Your Role**
- Building relationships with those working in other sectors.
- Attending intersectoral meetings and other opportunities to share and gather information.
- Facilitating intersectoral processes where there are gaps.
Community Development Components

Organizational Capacity Building

- Strengthening the ability of our organizations to support community development practices.

Your Role

- Actively using a community development lens in your work.
- Encouraging a community development lens be used in decision making across the region.
- Bringing forward issues within our systems that are creating barriers for communities or community development processes.
One important and formal way that the WRHA actively works towards its Organizational Capacity Building Goals is through its various Public Engagement activities and positions.
Public and Patient Engagement in Health

- A collaborative endeavour

- Based on the belief that those who are affected by a decision have a right to be involved in the decision-making process.

- Improves the health system’s ability to make decisions.
Levels of Engagement

• It is important to see engagement in health along a continuum –

- Individual Patient
  - patients, clients, residents, family members
  - client relations, surveys, focus groups, etc

- Input to Programs/Sites
  - Advisory Councils
  - Focus Groups
  - Advisory Committees

- Broader Public Engagement
  - Local Health Involvement Grps
  - On-line engagement (coming!)
Local Health Involvement Groups

• Over 500 members of the public have participated over the past 13 years
• Provide advice to the Board, shared with programs, sites, and externally
• Some of the issues that they have explored include:
  – Ethics of Equity and Sustainability
  – Provincial Continuing Care Strategy: Public Perspectives on Aging in Place
  – Public Input into the 2016-2021 WRHA Strategic Plan
  – Community Health Assessment: Input on Optional Indicators and Sharing Results with the Public and Community Organizations
  – Promoting Advance Care Planning: Community Perspectives
  – Sustainability of our Health Care System: Community Perspectives
  – Caring Across Cultures: Community Perspectives about how to increase the Cultural Proficiency of Health Care System
  – Building a Primary Care System

• Link to our web pages --- http://www.wrha.mb.ca/about/engagement/lhig/index.php
This is an example of the work of public and patient engagement volunteers and of the value of hearing directly from them about what is most important.

Plans are underway to develop knowledge translation tools for staff and a communication strategy for the public.
Facilitating Community Development in Your Practice

• Community Development as an essential component within Public Health and Public Health Nursing Practices.
• Partnerships, Collaboration and Advocacy: What does this look like?
• How is this already happening within Public Health (example)?
Example

• 2010 Cross government department advisory struck
• Address “problem” of housing people who use solvents
• Sub-group formed to undertake consultation
Consultation

- Profound lack of housing access
- ACT site very successful with housing people who use solvents
- Need for recreation identified and addressed
- Band formed out of music module
Lessons Learned

• Broad definition of community
• Be wary of how the ‘problem’ is framed
• Working across organizations is more challenging if working across ideologies
• Need to be flexible
Community Development: Moving Up the Stream

Change the effects

Change the causes of the cause

Source: NCCDH Let’s Talk Moving Upstream
Appreciative Inquiry

Asset Based

Look at what we've got!!

Look at what we're missing!!

Deficit Focused

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