

Introduction

Connecting the Dots (CTD)

CTD is a dynamic, multi-sectoral, community engagement¹ model that helps communities “*work together differently*” for better chronic disease outcomes and improved health for all. Health Nexus works with communities to bring together a wide cross-section of community leaders to address complex problems in a new and innovative way.

Key features:

- Creates a climate for creative change and sets the stage for further collaborative work in the community.
- Builds capacity through increased knowledge of resources (including people and organizations), as well as specific knowledge about a health-related issue.
- Bridges people from across the chronic disease continuum – health promotion, public health, hospitals, community services, and long-term care – and from sectors such as social services, education, housing, and recreation.

Each CTD is community-driven. Most include a multi-sectoral planning committee, a community forum, and follow-up. But the CTD model is more than just an event; it’s about the continuous process of maintaining connections, generating new partnerships and collaborations, and learning from each other.

*Reflective Case Studies*²

The CTD model began as an initiative of the *Prevent Stroke* program at Health Nexus. Since 2004, Health Nexus has worked with 15 communities across Ontario to “connect the dots.” Topics have included stroke prevention, pediatric stroke, obesity, and priority populations. These CTDs have ranged from partial and full-day forums, to town-hall meetings, to a French videoconference among three communities in Northeast Ontario.

The following reflective case studies describe how three communities “connected the dots,” including the outcome and impact in each community, as well as the key learnings and recommendations.

- ❖ **Grey Bruce CTD** – Rural community and first CTD *page 2*
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¹ *Community engagement*: “people working collaboratively, through inspired action and learning, to create and realize bold visions for their common future.”
<http://tamarackcommunity.ca/g3s11.html>

² This report was prepared by Shaylyn Streach, Health Promotion Student Intern, winter 2009, based on key informant interviews as well as documentation and participant evaluations from each CTD.

“CTD to me is like completing one of those children’s drawing activities where you join together the dots to make a picture, except this time the dots represent the factors that contribute to an individual’s journey with stroke (or any condition) including health promotion, public health, hospitals, long-term care and community: the WHOLE picture. Joining together the dots is like building capacity for action.”

Mary Solomon, District Stroke Coordinator, Grey Bruce District Stroke Centre

“CTD is a multi-phase process that plants seeds for other collaborative initiatives.”

Beth Ward, Health Promotion Manager, Health Nexus

Grey Bruce CTD

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Note: Thank you to case study key informants Mary Solomon and Donna Mitchell

The Community

Located in South West Ontario, Grey Bruce is a large rural area with numerous small communities.



Map of Southern Ontario divided by Health Units³

³ http://www.publichealthgreybruce.on.ca/HOME/_TEST/AboutUs.htm

“Grey Bruce was a natural location to try a ‘Connecting the Dots’ model for the first time. This community has a strong history of collaboration.”

Suzanne Schwenger, Health Promotion Consultant, Health Nexus

Context

In addition to some of the inherent challenges that exist in providing quality health care to residents dispersed over a large rural area, in 2003 there was a growing recognition of the challenges presented by the significant senior population in Grey Bruce. In terms of chronic disease, Grey Bruce had a high incidence of cardiovascular disease and diabetes. Additionally, health professionals and the community were concerned about the number of residents who were overweight, heavy consumers of alcohol, and physically inactive.

Growing Interest in Collaborative Work to Prevent Disease

In 2003 the Ontario Stroke System⁴ was in its third year of the initial implementation phase by the Ministry of Health and Long-Term Care. Each stroke centre was at a different stage in implementing the clinical guidelines and emergency protocols, and also varied in terms of their readiness to address health promotion. Nevertheless, the need for comprehensive and integrated stroke prevention and care across the continuum was being emphasized by the Ontario Stroke System.

At the broader community level, chronic disease prevention was just emerging. The Grey Bruce Health Unit was doing more prevention-related work, but it was not well-linked to other areas of the continuum. Heart health coalitions were not yet linked to stroke, cancer or diabetes networks. Multi-sectoral collaboration was occurring in pockets, but mostly at the upper administrative level (e.g. hospital restructuring and through direction of the District Health Councils); most front-line workers were not engaged in collaboration. *Grey Bruce Partners in Health* (the local Heart Health Coalition) had the beginnings of a great network, but there were other sectors that needed to be included (e.g. rehabilitation units and families).

Known for their innovative and collaborative approaches, Grey Bruce residents are also highly independent. Furthermore, though it would seem that relationships have always existed between health-related agencies, identifying areas for collaboration had often been overlooked due to the mandates of each unit and organization.

“Part of the success had to do with timing. You can have a great idea but it needs to be the right time; For example, the community wouldn’t have been ready for CTD when our hospitals were being restructured. CTD dropped on fertile ground when it happened.”

Mary Solomon, District Stroke Coordinator, Grey Bruce District Stroke Centre

⁴ “The Ontario Stroke System is a client-centered, collaborative network that leads, plans, coordinates and delivers stroke prevention and care across the age-life continuum and across the continuum of stroke care. Through dynamic relationships among individuals, organizations, and governments, the Ontario Stroke System works across the continuum of stroke care to continuously improve stroke prevention, care, recovery and re-integration. [Implemented by 11 Regional Stroke Networks], the OSS includes 9 Regional Stroke Centres, 18 District Stroke Centres/Enhanced District Stroke Centres, 24 Secondary Prevention Clinics, community hospitals, and many regional partners.”

[http://profed.heartandstroke.ca/ClientImages/1/Strategic_Plan_\(Approved\)_June_19_2007.pdf](http://profed.heartandstroke.ca/ClientImages/1/Strategic_Plan_(Approved)_June_19_2007.pdf)

For more background information on the Ontario Stroke System see http://www.preventstroke.ca/documents/atPrevention_issue1.pdf

Getting Started

At a Southwestern Ontario Stroke Strategy meeting, the Prevent Stroke Team of Health Nexus (formerly Ontario Prevention Clearinghouse) proposed it would like to work with the District Stroke Centres and other community partners to advance the goal of a comprehensive and integrated stroke continuum. The Prevent Stroke Team looked forward to the opportunity to contribute knowledge of, and experience in, community engagement strategies to foster increased awareness and collaboration within communities.

The Grey Bruce District Stroke Centre Coordinator was very interested in the idea. She immediately saw the potential benefit in working with Health Nexus and how community engagement fit into her organizational priorities. In 2003-2004, hospital-based Stroke Centres were unfamiliar with what other health sectors (e.g. rehabilitation units and public health) and community agencies had to do with stroke. Additionally, the District Stroke Coordinator was open to the possibility of pilot projects and was new to her position so was looking to establish contacts.

After the Stroke Strategy meeting, the District Stroke Coordinator and a member of the Prevent Stroke Team at Health Nexus planned to touch base by phone about working together on a project. During that follow-up phone call, they talked about organizing a health promotion networking workshop or forum that would bring together people from across the continuum of stroke management to learn about ‘who does what’. The name “Connecting the Dots” (CTD) was born.

As a next step they approached *Grey Bruce Partners in Health* (the local Heart Health Coalition at the Grey Bruce Health Unit). This provided the process with some much-needed networks and expertise. Although *Grey Bruce Partners in Health* were not able to participate in all of the planning meetings, their input was vital in helping to think broadly about who to invite to the forum itself.

As the first CTD planning committee, this committee had the challenge and the opportunity of creating the vision for “CTD.”

Planning the Forum

Planning Committee Members

- District Stroke Coordinator, Grey Bruce District Stroke Centre
- Coordinator, Grey Bruce Partners in Health
- Manager, Prevent Stroke, Health Nexus
- Health Promotion Consultant, Health Nexus

I loved working with Health Nexus. Not coming from a health promotion background myself, their expertise and energy played a crucial role. They modeled what collaboration is all about: We were able to openly discuss all of the details (which is not the case with every committee) and you knew if you proposed an idea it would get acknowledged and rolled into the discussion. They appreciated that every place has its own culture and were adaptable to Grey Bruce. Never a doubt we would pull this off. They were committed and have always been there if I need advice or support.

Mary Solomon, District Stroke Coordinator, Grey Bruce District Stroke Centre

Planning the Forum continued

Planning Meetings

- Started meeting approximately six months prior to the forum
- Scheduled monthly teleconference meetings and then held three meetings close to the forum
- Minutes of every meeting were recorded and distributed
- Decisions were made by consensus
- Brainstormed and determined the purpose of the forum, taking into consideration the following:
 - what else was going on in Grey Bruce
 - who ideally should come to the forum
 - how the forum could be framed so that it would attract those people
 - expectations for what would happen after the forum

The purpose became:

“The purpose of the meeting is to bring together representatives from organizations in Grey and Bruce to discuss community-wide stroke prevention and health promotion across the continuum of stroke management. This meeting is an opportunity to nurture relationships, to build on the excellent collaborations that exist in Grey Bruce and to discuss the interactions needed by the different sectors in support of health promotion for stroke. Action plans will be generated.”

- Decided to schedule the forum to follow a previously arranged Grey Bruce Partners in Health meeting set for the morning of May 12, 2004
- Reserved a meeting room at the Grey Bruce Public Health Unit for 12-3pm
- Planned the agenda
- Approached and confirmed speakers
- Promoted the forum
- Booked catering

“We were aware that everyone is so busy and would be wary of the commitment required after the workshop. We decided to frame it as an opportunity for networking. Ultimately, we didn’t see it becoming the CTD committee. We just wanted everyone to think more broadly in their everyday work and to recognize that increasing awareness and building relationships are key to improving the health of our community.”

Mary Solomon, District Stroke Coordinator, Grey Bruce District Stoke Centre

Promoting the Forum

The planning committee generated a list of potential participants by considering the journey someone who experiences a stroke would go through. An initial email invite was sent to all potential participants by the District Stroke Coordinator. Additionally, the forum invitation was sent to the *Grey Bruce Partners in Health* network. This initial invitation asked participants to RSVP by April 26, 2004, and indicated more information would be sent soon. A formal invitation and meeting package was then mailed to the potential participants. Postal service was used because email was still in the process of becoming ‘the norm.’

The Forum

Title: “Connecting the Dots” in Grey Bruce for Community-Wide Stroke Prevention!

Date: Wednesday, May 12, 2004, 12:00 - 3:00 p.m., including lunch

Location: Grey Bruce Health Unit, 3rd Floor Meeting Room, 920 1st Ave. West, Owen Sound, Ontario

Agenda:

- 12:00 p.m. **Registration and ‘connecting the dots!’**
Lunch followed by trails walk (bring comfortable shoes!)
- 1:00 p.m. **Welcome and purpose of afternoon**
Donna Mitchell, Prevent Stroke Manager, Health Nexus
- 1:10 p.m. **Joint welcome**
Dr. Hazel Lynn, Medical Officer of Health, Grey Bruce Health Unit
- 1:20 p.m. **A ‘snapshot’ of stroke in Grey Bruce**
Alanna Leffley, Epidemiologist, Grey Bruce Health Unit
- 1:35 p.m. **Chronic Disease Prevention - what’s the big picture?**
Donna Mitchell, Prevent Stroke Manager, Health Nexus
- 1:45 p.m. **Small group activity: *Learning about, and supporting our work***
- 2:15 p.m. **Plenary: themes and patterns**
- 2:25 p.m. **Health promotion and the broader determinants of health**
- 2:35 p.m. ***Moving to action. What’s next?***
- 3:00 p.m. **Evaluation and Adjourn**

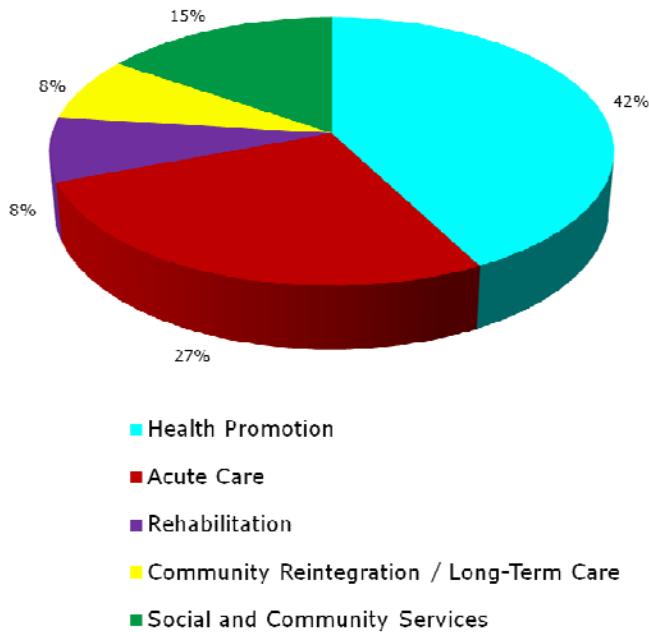


“Particularly given the ‘small town’ nature of Grey Bruce, I was surprised how many people either didn’t know each other or did, but weren’t familiar with each other’s work: Lots of people connected that day. The atmosphere was one of ‘We are community. We have issues. How can WE make this a healthier community?’ I got the sense that the majority felt there was an opportunity for increased collaboration.”

Donna Mitchell, former Manager, Prevent Stroke, Health Nexus

The Forum continued

20 Participants by Practice Setting



“CTD broadens participants’ perspectives and fosters an attitude of collaboration: When they return to ongoing projects or get involved in new ones they will consider ‘who else should be involved?’ and find out if anyone else is doing something similar. It’s not just about learning who is out there, but how that fits into your mandate. CTD can prevent duplication of services/initiatives and enhance the work we do!”

Mary Solomon, District Stroke Coordinator, Grey Bruce District Stoke Centre

Outcome

Participants felt they made useful connections and some participants identified specific people and/or organizations they intended to follow-up with. There was a strong expression of interest in continuing the process they started that afternoon.

The following themes were highlighted by participants when they were asked to identify what they learned that afternoon that might influence the work they do, including a stronger knowledge and understanding of:

- ✓ epidemiological data specific to Grey Bruce, including risk factors for stroke and chronic disease
- ✓ the existence of an Ontario Stroke System
- ✓ ambulance response information for stroke in their community
- ✓ resources and strategies

Participants also identified additional benefits from the forum which might influence they way they work, including:

- ✓ new contacts
- ✓ an understanding of opportunities that exist for collaboration and networking
- ✓ growing awareness of a role for health promotion

Impact to Date

Two weeks after the forum, the planning committee emailed the participants a one-page summary of the workshop. Participants were asked if they would like to use the email list as a way to share information, hear about announcements, and stay connected. Following positive feedback, the District Stoke Coordinator began sending a monthly email bulletin and continued to add new contacts to the email distribution list. This distribution list was used for three years until other coalitions started and those distribution lists (which included most of the original participants) became the primary link.

The following is an excerpt from the *@Prevention* 2005 article⁵ “Still connecting dots in Grey-Bruce: An interview with Mary Solomon, District Stoke Coordinator Grey Bruce Health Services, Owen Sound: ”

Right away, we had a broad-based connection electronically and began to send information to the e-mail group...anything that would be of interest sent on behalf of “Connecting the Dots” I think that this information-sharing has increased our local networking. Some of the participants have formed some neat partnerships with some of the public health agencies such as ‘Falls Prevention’ and ‘FOCUS’, the anti-drug coalition. On the rehabilitation side of things, they have started to think seriously about the chronic disease model. The other exciting thing that’s happening is that some of the organizations are starting to think about health promotion in terms of their staff...and how to create a healthy workplace. “Connecting the Dots” has meant that other events planned since last May have had a broader reach. An example of this was our obesity workshop: Healthy Weights, Healthy Lives, spearheaded by the Obesity Prevention Committee and the Women, Heart Disease and Stroke Committee.

After “Connecting the Dots,” we submitted a proposal for Best Practice funding from the Heart Health Resource Centre and we were selected! We hope that it will be a two-part process. Part one involves an inventory of programs, but we want to also include non-traditional networks, including those offered through the municipality and Chamber of Commerce. We want to identify some gaps, and evaluate the programming for best practices. Part two will help us move some of those best practices out into the community, including non-traditional networks. We’ve also done three or four letters from the “Connecting the Dots” group to support research proposals— as partners in the community. For example, recently there was a grant proposal submitted on hypertension, and the meeting to discuss the proposal was a very connected group, including public health, rehabilitation and our stroke centre. This also happened for the Falls Prevention program when they realized that we should be part of their discussions. Those connections are very exciting and they weren’t happening before.

⁵ http://www.preventstroke.ca/documents/atPrevention_issue1.pdf

“People will often leave an event now and say, ‘more dots connected!’”

Mary Solomon, District Stroke Coordinator, Grey Bruce District Stoke Centre

“People are looking upstream and considering how occurrences are connected; For example, there is increased recognition that if we can prevent falls, we can reduce the number of emergency visits. Maybe through events like CTD the various sectors have learned each other’s language and each other’s culture and understand how to actually work together.”

Mary Solomon, District Stroke Coordinator, Grey Bruce District Stoke Centre

Impact to Date continued

CTD set the tone for looking beyond one’s own part of the continuum. As noted in the article excerpt on the previous page, events that have occurred and committees that have been established since May 2004 have been much broader in scope. While attribution is complicated, it has been suggested that CTD contributed to the broad membership of collaborative community groups related to:

- falls prevention
- anti-alcohol
- aging at home
- obesity
- healthy living
- senior fitness
- chronic disease

In terms of contributing to stroke and chronic disease prevention, the collaborative process fostered by the original CTD forum has increased the community’s capacity – through the sharing of knowledge, practice, and perspectives – to address issues that no one sector could achieve when acting on its own.

Now five years since the initial CTD forum, Health Nexus is working with the District Stroke Coordinator, the original CTD participants, and new individuals who are now involved in the ever-growing collaborative work in Grey Bruce to pilot an innovative evaluation and mapping tool for network analysis and development.

“The CTD mindset is going to be invaluable as we move on to address the social determinants of health.”

Mary Solomon, District Stroke Coordinator, Grey Bruce District Stroke Centre

Key Learnings and Recommendations

The Planning Process

- Timing: the community must be ready
- Goals and objectives for the forum need to be clear
- Stay focused on the goals
- Record and distribute meeting notes so that decisions can be reviewed and built upon

The Forum

- People wanted to talk! Incorporating time to network is important
- The room was just the right size: everyone was comfortable and it was small enough that it encouraged participation
- Some people in attendance did already know each other and this helped facilitate new connections
- The activity that portrayed the continuum provided an effective demonstration of CTD
 - placed 40 centimetre diameter dots (one each for health promotion/primary prevention, secondary prevention, acute care, rehabilitation, community re-integration, and community services) around the room and had participants stand by their respective practice setting
- Participants valued the epidemiological data that was presented on their region
- The afternoon workshop was too rushed; aim for a full day forum
- Broaden further the number and variety of participants

Keeping the Dots Connected and Connecting New Dots

- Continually add new names to the email distribution list
- After the successful CTD in Grey Bruce, the Prevent Stroke Manager and the District Stroke Coordinator made a presentation at one of the South West Regional Stroke Network meetings. This helped spread the word about CTD and got other Coordinators interested. Since the original CTD in Grey Bruce, the CTD initiative has evolved into a dynamic, multi-sectoral, community engagement model that helps communities “*work together differently*” for better chronic disease outcomes and improved health for all. Health Nexus has now worked with 15 communities across Ontario to “connect the dots.”

“In subsequent CTDs we have encouraged communities to broaden the membership of their planning committee as well. This has strengthened the process.”

Donna Mitchell, former Manager, Prevent Stroke, Health Nexus

“If I were to do it now, I would look at some of the technologies that would make networking easier, such as social networking web-based technologies. Also, Grey Bruce now has a health line that distributes resources and a newsletter. I would tap into it instead of creating an independent distribution list.”

Mary Solomon, District Stroke Coordinator, Grey Bruce District Stoke Centre

South East Toronto CTD

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Note: Thank you to case study key informants Donna Cheung and Sarah Blackwood

The Community

Located downtown Toronto, Ontario, South East Toronto includes the area east of Yonge Street to Rouge River, north to Eglinton Avenue and south to Lake Ontario.



Map of Southern Ontario divided by Health Units



“One strand of grass can be weak and easily broken but when a basket is weaved together with these fine grasses it becomes strong and beautiful. This can be parallel to the strength we have as a group – as we connect and weave together – we become strong and connected as one.”

From “A Tapestry in the Making” panel presentation, CTD March 4, 2008

Marilyn Morley, former Health Advocacy Developer, Ontario Aboriginal Health Advocacy Initiative

Context

South East Toronto is a densely populated area with ethno-racial and linguistic diversity. Socio-economic status varies dramatically from some of the wealthiest households to the most deprived and homeless. This area includes some of the lowest income households in Canada and has a higher burden of illness than the City of Toronto as a whole.

Growing Interest in Collaborative Work to Prevent Disease

In October 2006, Health Nexus shared the CTD model at the Heart and Stroke Foundation of Ontario's 9th annual *Stroke Collaborative* symposium. At that time, ten CTDs had been organized⁶ across Ontario. Health Nexus' partner organization for the majority of the CTDs had been a District Stroke Centre or a Regional Stroke Network. When planning began for the South East Toronto “CTD,” the CTD process was already underway in the Toronto West Region with a forum planned for October 25, 2006.

The South East Toronto Stroke Network is one of 11 regional networks established across the province of Ontario to implement the Ontario Stroke System. Based at St. Michael's Hospital, its primary objective is to support innovation, knowledge translation, and practice improvements across the South East Toronto Region, with the goal of promoting equitable access and improved outcomes for stroke survivors and their families. This network represents a collaboration of regional partners in stroke care delivery that spans the areas of prevention, health promotion, acute care, rehabilitation, long-term care facilities and community providers. When the Network was established in 2002, there was an emphasis on acute care (e.g. recognition of the signs of stroke and appropriate triage for stroke patients) and ensuring health care providers were providing proper care while working towards a more collaborative approach and improved integration. In 2006, the South East Toronto Stroke Network was looking to broaden its focus and work with partners in other parts of the stroke continuum. To help accomplish this, the Network hired a Rehab and Community Re-engagement Coordinator.

In addition to the efforts being made by the South East Toronto Stroke Network, St. Michael's Hospital itself had been involved with various multi-sectoral collaborations, such as the homelessness committee and Inner City Health program. There was also an increasing call for collaborative work that was initiated across the system by the newly created Local Health Integration Network.

“Health Nexus approached the South East Toronto Stroke Network before my position was created, but the Network was not ready to collaborate on CTD. We commenced the CTD process when we did because of the maturity of our network: We were ready to move forward and not just work with organizations individually. It was part of our strategic plan to get them talking to each other.”

Donna Cheung, Rehab and Community Re-engagement Coordinator, South East Toronto Stroke Network

⁶ As you read this case study you will notice how the CTD process evolved from the first CTD in Grey Bruce to the CTD process in South East Toronto. Take note, for example, of the variety of organizations represented on the planning committee, the networking activities that were incorporated from the beginning, and the size of the conference.

Getting Started

In the fall of 2006, the Rehab and Community Re-engagement Coordinator for the South East Toronto Stroke Network contacted Health Nexus about organizing a “CTD.” The Coordinator became aware of CTD through her colleagues and the presentation made by Health Nexus at the Heart and Stroke Foundation of Ontario’s 9th annual *Stroke Collaborative* symposium. Preliminary brainstorming meetings were held between the Rehab and Community Re-engagement Coordinator, Education Coordinator, and Health Nexus early 2007. The first planning meeting for the South East Toronto CTD was held April 2007.

Prior to the first planning meeting, the Rehab and Community Re-engagement Coordinator had the opportunity to attend the Toronto West Region CTD forum: *Stroke and Chronic Disease Prevention – Making the Connection...One Dot at a Time*. Additionally, she did a lot of networking. This networking occurred during her formal and informal meetings with organizational partners, connections she made as she met with newly engaged individuals and facilities, and through her work of raising stroke best practices, prevention, and awareness. A formal invitation was emailed to interested individuals about joining a CTD committee with the purpose of planning a one day conference. The one day conference focussed on bringing together a wide range of individuals from across the continuum to look at ways of working more collaboratively with one another to enhance stroke care.

Planning the Conference

Planning Committee Members

- Case Manager, St. Michael’s Hospital
- Registered Nurse, Stroke Prevention Clinic, Toronto East General Hospital
- Adult Day Program Supervisor/Wellness Coordinator, Community Care East York
- Division Coordinator and Community Engagement, City of Toronto, Parks Forestry and Recreation
- Professional Practice Leader and Communications Consultant, Providence Healthcare
- Case Manager, Toronto Community Care Access Centre
- Rehab and Community Re-engagement Coordinator, South East Toronto Stroke Network
- Occupational Therapist, Rough Valley Hospital Centenary
- Patient Care Manager, Bridgepoint Health
- Clinical Leader, Providence Healthcare
- Consultant, Physical Activity Resource Centre

“It requires a lot of effort to get and keep people engaged. At first they may be interested, but then they often have to be given the go-ahead to attend the meetings and recognize how it ties into their work priorities. We are still in a system where often individuals are focused on meeting their mandate, not to mention overloaded. It takes time to change this silo-based mindset to one of: CTD will help me get my work done easier with better outcomes.”

Donna Cheung, Rehab and Community Re-engagement Coordinator, South East Toronto Stroke Network

Planning the Conference continued

- Registered Nurse Volunteer, Community Stroke Prevention, South East Toronto Stroke Network
- Community Recreation Coordinator of Adapted and Integrated Services, City of Toronto, Parks Forestry and Recreation
- Education and Health Promotion Coordinator, Ontario March of Dimes
- Community Mission Specialist, Heart and Stroke Foundation of Ontario
- Social Worker, Toronto Grace Hospital
- Public Health Nurse, Toronto Public Health
- ABI Practice Leader, COTA Health
- Project Coordinator, Ontario Women’s Health Network
- Regional Program Manager, South East Toronto Stroke Network
- Health Advocacy Developer, Ontario Aboriginal Health Advocacy Initiative
- Registered Dietician, Sherbourne Health Centre
- Health Promotion Consultants, Health Nexus
- Regional Education Coordinator, South East Toronto Stroke Network
- Registered Nurse, VHA Home Healthcare
- Manager, Woodgreen Community Services
- Chinese Outreach Worker, South Riverdale Community Health

Planning Meetings

- Started meeting approximately one year prior to the conference
- Scheduled four 2-hour meetings (catered lunch to follow for additional networking): April, June, September, and December 2007
 - Additional meetings to debrief and plan occurred between South East Toronto Stoke Network and Health Nexus in between full planning committee meetings, as well as between December 2007 and the March 2008 conference
- The first hour of each meeting incorporated a presentation, for example
 - Overview of Ontario Stroke System
 - Organizing for Impact
 - Process and Content Issues that Contribute to and Enhance Successful Collaborative Efforts
 - Trends in Stroke Care

“This was my favourite committee! Meetings were so participatory. Decisions were made based on discussion and feedback. Everyone was given the opportunity to voice what was important to their organization/sector/clients. We took all of the steps together as a group, from deciding what the event would look like to who would be there: It was determined by the community.”

Sarah Blackwood, Manager, Wellness Programs, Community Care East York

Planning the Conference continued

and a structured networking activity that provided an opportunity for the committee members to get to know each other, for example

- Connecting the Dots through Dialogue
 - Touch and Go
 - “I’m here, You’re there, We’re it:” Mapping our Networks
 - Determining our Needs, Understanding our Collaborations
- The second hour of each meeting involved brainstorming and planning for the March 2008 forum
- Conference objectives became:
- **To inform and educate participants about the Ontario Stroke System, social determinants of health, stroke best practices, and the journey of a stroke survivor**
 - **Highlight the activities of the South East Toronto Stroke Network**
 - **Promote the value of networking and reflect on innovative ways to create improved stroke services**
 - **To create an opportunity for professionals to network and establish collaborations within the stroke network from different areas of the continuum of care**
 - **To gain greater understanding of community services and resources**
- Decisions were made by consensus
 - Minutes of every meeting were recorded and distributed where appropriate
 - Planned the agenda
 - Approached and confirmed speakers
 - Booked the Chestnut Residence and Conference Centre for March 4, 2008
 - Brainstormed, approached, and confirmed organizations to set up exhibits at the conference
 - Promoted the conference
 - Ordered lunch based on number of registrants
 - Compiled materials for the participant packages and door prizes

“The two health promotion consultants from Health Nexus on the planning committee had a lot of experience in community engagement and it showed. They were very mindful of the planning process and making sure everyone was on board. Overall, they contributed exceptional facilitation skills and a wealth of health promotion knowledge. It was refreshing to work with them.”

Sarah Blackwood, Manager,
Wellness Programs,
Community Care East York

Promoting the Conference

The Rehab and Community Re-engagement Coordinator, South East Toronto Stroke Network, began promoting the conference through purposeful networking from the onset. Newly created and existing contacts were invited to join the CTD planning committee and/or attend the conference. Potential participants were identified based on their capacity to affect change in their organization and their interest in collaboration. Some of the participants were already engaged with the South East Toronto Stroke Network. A formal invitation was emailed to a large contact list. This invitation included a detailed brochure with a description of “CTD,” the conference objectives, exhibits, the agenda, planning committee members, location, and registration form (to be returned by fax or email). Recipients were asked to forward the invitation on to anyone they thought might be interested in attending.

The Conference

Title: Connecting the Dots... By Connecting the Champions

Date: Tuesday, March 4, 2008, 8:00 a.m. - 4:00 p.m.

Location: Chestnut Residence and Conference Centre, University of Toronto, 89 Chestnut Street, Toronto, Ontario

Agenda:

- 8:00 a.m. **Registration, Networking and Breakfast**
- 8:45 a.m. **Welcome and Opening Remarks**
Donna Cheung, Rehabilitation and Community Reengagement Coordinator, South East Toronto Stroke Network
- 9:00 a.m. **Transforming the System through Collaboration and Integration**
Rose Cook, Senior Integration Consultant, Toronto Central Local Health Integration Network
- 9:30 p.m. **Neighbourhood Environments and Resources for Healthy Living: A Focus on Diabetes and Cardiovascular Disease in Toronto**
Dr Rick Glazier, MD, MPH, CCDP, FCFP, Senior Scientist, Institute for Clinical Evaluative Sciences Scientist, Centre for Research on Inner City Health, St. Michael's Hospital Associate Professor, Family and Community Medicine, University of Toronto
- 10:30 a.m. **Nutrition Break and Networking**



“Our world changes as networks and relationships form among people as they discover that they share a common cause and vision of what is possible. Through CTD our work is to foster critical connections so that separate, local efforts connect with each other and divergent world views come into relationship around improved stroke services. Change occurs as local actions spring up in many different areas AND when those actions become connected they emerge with influence!”

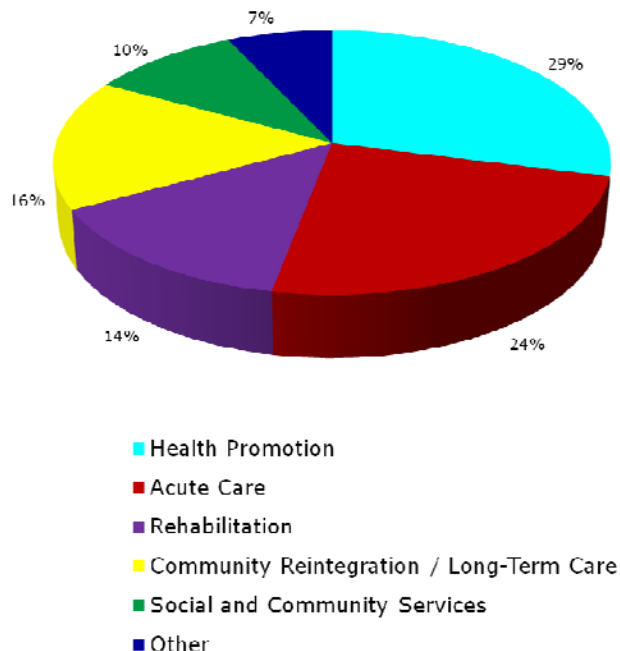
Peggy Schultz, Health Promotion Consultant, Health Nexus

Reflective Case Studies: How Three Communities “Connected the Dots”

The Conference continued

- 11:00 a.m. **A Tapestry in the Making**
Presented by 7 of the Connecting the Dots Committee Members
- 12:00 p.m. **My Stroke: A Second Chance at Life**
Patrick McCarthy, Stroke Survivor
- 12:30 p.m. **Lunch and Networking**
- 1:30 p.m. **Cognitive Changes and Recovery from Stroke**
Debbie Hebert BSc(OT), MS(Kin), PhD candidate, Clinical Educator and Corporate Professional Leader (OT), Toronto Rehab Instructional Clinical Associate, University of Toronto
- 2:30 p.m. **Stroke: Opening Doors**
Peter Silverman, MA, PhD, Ombudsman, “CityNews” & “Silverman Helps”
- 3:30 p.m. **Wrap up, Door Prizes, and Evaluations**

120 Participants by Practice Settings



Song Lyrics to the tune of “He’s Got the Whole World in His Hands”

*We’ve got the whole community in our hands,
We’ve got the whole community in our hands,
We’ve got the whole community in our hands.
We’ve got the community in our hands.*

*We will network with each other, it’s in our hands,
We will network with each other, it’s in our hands,
We will network with each other, it’s in our hands.
The Network is in our hands.*

*We make the contacts, for seamless care,
Refer & follow up, it’s because we care,
Let’s be informed & aware,
Networks equal seamless care.
Networks equal seamless care.
Networks equal seamless care.*

From “A Tapestry in the Making” panel presentation, CTD March 4, 2008

Written and presented (with crowd singing and clapping along) by Sarah Blackwood, Manager, Wellness Programs, Community Care East York

The Conference continued

Exhibits

- Community Care East York
- COTA Health
- Health Nexus
- Ontario March of Dimes, Stroke Recovery Network
- Ontario Women’s Health Network
- South East Toronto Stroke Network
- South Riverdale Community Health Centre
- Toronto East General Hospital
- Toronto Parks, Forestry and Recreation
- Toronto Public Health
- VHA Home Healthcare
- Woodgreen Community Services

Outcome

The CTD conference successfully served as a venue for networking and learning about stroke best practices, resources, and information. It created an opportunity for the 120 participants to see how connections can happen and to connect with people outside of their usual colleagues. The event enhanced service knowledge towards seamless care through information sharing about services and resources. Furthermore, it allowed for the ball to start rolling on *how* to work together to prevent stroke and provide better outcomes. Overall, participants found the presentations and discussions informative, relevant, and inspiring.

Impact to Date

The South East Toronto Region is still “connecting the dots.” After the conference, all planning committee members were invited to a wrap-up session to discuss evaluations. Everyone was invited to continue with the group and a discussion focussed on the purpose of future meetings. A few members did not continue, while new members have since joined. The committee meets every four months from 10am-noon, followed by a lunch provided by the South East Toronto Stroke Network. Approximately 25 people participate in each session. Health Nexus helps to shape the agenda which stems from topics of interest expressed by participants, and also includes presentations to continue to raise awareness of the initiatives of the stroke network and its partner organizations. Networking activities during the meetings facilitate collaborations among the committee members. The purpose is to continue to share stroke related information and awareness, build linkages among service providers, educators, planners, etc. from across the stroke continuum and build on lessons learned for chronic disease prevention and health promotion. In between meetings participants are encouraged to follow-up on the contacts they have made and the knowledge they have gained, as well as to use the

“I had a lot of people come up to me the day of the forum and in the months that followed who said ‘it was really great because I met a, b, and c, and now we are looking at doing x together.’ People are slowly coming to understand that we can’t work in silos if we want to positively impact stroke prevention and management.”

Donna Cheung, Rehab and Community Re-engagement Coordinator, South East Toronto Stroke Network

Impact to Date continued

group distribution list and the South East Toronto Stroke Network to facilitate collaboration.

Below are a few examples of connections that participants have made as a result of the *Connecting the Dots...By Connecting the Champions* planning meetings, the conference, and/or the post-conference meetings:

- ✓ the Ontario Aboriginal Health Advocacy Initiative (OAHA) delivered cultural sensitivity training to St. Michael's Hospital, the Ontario Hospital Association, and the Heart and Stroke Foundation of Ontario. OAHA also presented on the topic “Working with Aboriginal Communities” at the 10th annual *Stroke Collaborative* symposium. This type of connecting has led to blood pressure clinics in Aboriginal communities, provincial networking, and stroke research and health promotion activities.
- ✓ the Manager for Wellness Programs at Community Care East York made a connection with a volunteer for the Ontario Women's Health Network who then shared resources on women's health circles and linked her with a wealth of resources about starting self-help or mutual aid groups, facilitation, and evaluation. She also learned about the YWCA of Greater Toronto which provided support group development information and best practices. An outcome has been that Community Care East York has developed a Women's Well Being Support Group.
- ✓ the Patient Care Manager for Complex Neurological Care and Activation at Bridgepoint Health, who was only vaguely familiar with Stroke Recovery Canada before CTD, learned about the program and its resources through face to face talks at the meetings and a presentation to the group. After this the Patient Care Manager shared the materials with the Neurology Department Social Worker. The Social Worker has since provided a Stroke Survivors package to approximately 75 patients and their families. *“Overall, it's been a very positive connection and benefits people more than we can even appreciate.”*
- ✓ a stroke prevention nurse is now referring clients to a smoking cessation program provided by the Centre for Addiction and Mental Health as a result of learning about this program during a special presentation at the January 2009 meeting.
- ✓ a Manager from Central Neighbourhood House connected with the Registered Nurse volunteer for the South East Toronto Stroke Network mobile stroke clinics. They are currently planning to hold an education session for the clients who attend the community centre, as well as organize a stroke session and blood pressure clinic for the staff.

“CTD has provided me with information and resources that have enhanced my knowledge of support services in the community. It has also helped Community Care East York to enhance programs and learn about best practices, as well as provide seamless care and information to colleagues, clients, and caregivers. It has opened up a new world of prevention and information.”

Sarah Blackwood, Manager,
Wellness Programs,
Community Care East York

Key Learnings and Recommendations

The Planning Process

- incorporating structured networking activities into planning meetings enhanced the CTD process
- providing lunch after the meeting is both an incentive for people to attend and an additional opportunity for networking
- it is important to engage decision makers, in addition to front-line workers, because they are the ones who can more directly affect organization-based change
- it is important to network formally and informally continuously, during and outside of meetings, events, social gatherings, etc.

The Conference

- participants became aware of resources they were unfamiliar with and made connections they otherwise might not have made
- the “A Tapestry in the Making” panel presentation by seven committee members was an excellent way to showcase how being part of the planning committee had improved the services they provide and reflect on how the CTD process had changed their practice
- the exhibits facilitated networking
- some participants identified that they would have appreciated more structured networking activities in small groups to help them connect

Keeping the Dots Connected and Connecting New Dots

- the South East Toronto Stroke Network has continued to organize a 2-hour *Connecting the Dots...By Connecting the Champions* meeting, plus lunch, three times per year that is open to new members
- at the beginning of each meeting the Rehab and Community Re-engagement Coordinator reviews the purpose of CTD followed by everyone in attendance introducing themselves and what they do
- it is helpful to know who is coming, what their interests are, and what is happening in the health promotion and care environments so that you can create a relevant and purposeful agenda
- succession planning by participants is very important (e.g. a few participants have moved on to other positions but ensured that their replacements were aware of this committee)

“I had taken a social networking course before initiating ‘Connecting the Dots...By Connecting the Champions in the South East Toronto Stroke Network.’ I found the knowledge I gained about networks and network weaving from the course very helpful throughout this CTD process.”

Donna Cheung, Rehab and Community Re-engagement Coordinator, South East Toronto Stroke Network

Key Learnings and Recommendations continued

- it is difficult to get people involved who work further away and some organizations do not have tele-conferencing or video-conferencing abilities, which even if they did it would lessen their ability to “connect” with others present at the meeting
- have been meeting for 2 years and there are still lots of linkages that need to be made. Some of these connections include:
 - Toronto Community Housing
 - Meals on Wheels
 - Community Health Centres
 - Mental Health organizations
- need to continue to promote the benefit of “connecting the dots”

“I would like to see the CTD model applied to other health-related topics; for example, this process would be beneficial for all chronic disease prevention and management. It is about creating coordinated initiatives and services that function like a seamless channel in the community.”

Sarah Blackwood, Manager,
Wellness Programs,
Community Care East York

South Asian CTD

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Note: Thank you to case study key informants Sharon Trottman, Mantreh Atashband, and Subha Sankaran

The Community

This CTD forum focussed on South Asian communities and was held in the Region of Peel, Ontario, where the majority of South Asians in Ontario reside. The CTD intentionally went beyond the geographic boundaries of the West GTA Stroke Network unlike the other CTDs, to involve and invite all those who might be stakeholders in the issue. As a result, planning committee members and participants were drawn from across the Greater Toronto Area.

South Asian communities are diverse; the people vary by their country of origin (including not just the countries of South Asia, but other regions such as Africa or the Caribbean), religion, language, immigration status and history (refugees, new immigrants, second/third/etc. generation Canadians), socio-economic status, education, and other factors. The term South Asian is based on self identification, and is an identity of solidarity. Most South Asians have not thought of themselves as South Asian until coming to Canada.

South Asians are Canada’s largest and fastest growing visible minority⁷. In 2006, South Asians accounted for 23.6 percent (273,760 persons) of the population of the Region of Peel and 6.6 percent of the population of Ontario (2006 Census, Statistics Canada). Peel itself is a very large geographic area, and the population of the region was 1.16 million in 2006. If one takes the whole Census Metropolitan Area of Toronto, the number of South Asians was 684,100 in 2006. Engaging the relevant players in this CTD was no small task.

⁷ Based on existing Census classifications.

“South Asian communities face large inequities in access to health care and in terms of health outcomes. Working towards health equity is an important goal and is one of our strategic priorities. CTD provided a good opportunity for us to work with diverse health professionals and organizations. This indirectly increased our knowledge of health related topics and enhanced our ability to advocate for health.”

Neethan Shan, Executive Director, Council of Agencies Serving South Asians

Reflective Case Studies: How Three Communities “Connected the Dots”

The Community continued

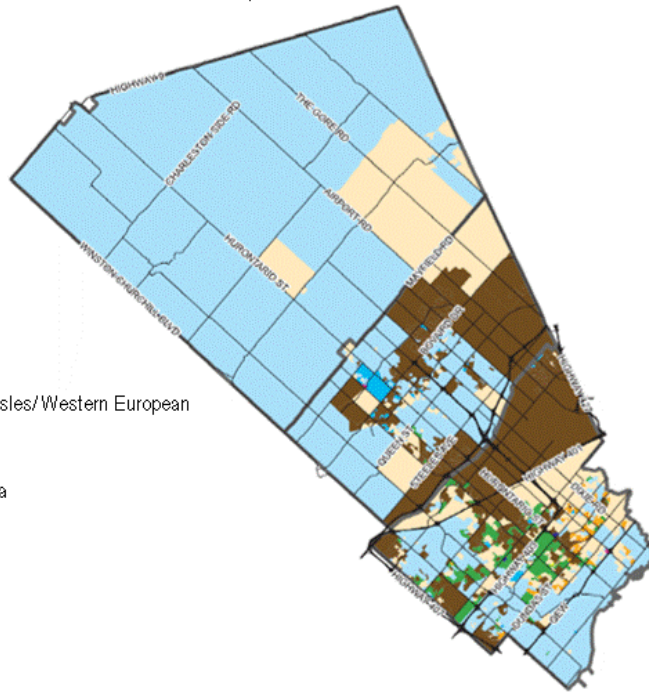


Map of Southern Ontario divided by Health Units

“Health Nexus has significant province-wide networks. Within our work we are so isolated by our geographical boundaries; for example, I would not have known about the Council of Agencies Service South Asians if it weren’t for Health Nexus and the CTD process.”

Planning Committee Member

Dominant Ethnic Origins of Peel Region, Ontario
2008 Census
Statistics Canada



Context

South Asians are among a number of ethno-racial communities at high risk for stroke. They are three times more likely to have high blood pressure than other Canadians⁸, have higher rates of diabetes and cholesterol, and are a priority population for stroke prevention: “South Asians have a three-to five-fold increase in the risk for a heart attack and death from heart disease and stroke.”⁹ Furthermore, with the South Asian population growing rapidly, it is likely that we will see more cases of stroke in the community.

Growing Interest in Collaborative Work to Prevent Disease, including South Asian Specific Initiatives

In May 2006, a CTD forum was held in Peel: “Stroke Prevention: Connecting the Dots Together in Peel.” This event was led by the West GTA Stroke Network along with Health Nexus and a small multi-sectoral planning committee. Approximately 50 individuals from across the continuum of stroke attended this forum. Participants identified the networking and knowledge exchange (topics included available services and resources, stroke and stroke prevention, social determinants of health, demographics of Peel) that occurred that day as valuable. A unique feature of that CTD forum was the participation of HeartMobile from Peel Public Health. The request for follow-up, future opportunities to network, and similar seminars was a theme that emerged from participant evaluations the day of the forum. Furthermore, lots of partnerships were nurtured during the 2006 Peel CTD process that contributed to such initiatives as the stroke survivor networks, the *Key to Women’s Health* project, and the South Asian “CTD.”

Given the significant South Asian population in the Region of Peel, the West GTA Stroke Network and partners organized a community education event “South Asian Stroke Prevention” in June 2008 – stroke month. South Asian community members were invited to attend this afternoon workshop that included various exhibits and presentations by a family physician, a South Asian stroke survivor, a clinical pharmacist, and a public health nutritionist.

The Heart and Stroke Foundation is making a significant contribution to health promotion and prevention efforts related to South Asian communities; they have produced a variety of resources (including brochures, videos, and stories) in various South Asian languages. In addition, they promote healthy lifestyles and distribute resources at community events. All these are done in partnership with other organizations. South Asian communities are also an area of focus for the Heart and Stroke Foundation Community Mission Specialist for Peel Region.

⁸ <http://www.cmaj.ca/cgi/reprint/178/11/1441>

⁹ http://www.heartandstroke.on.ca/atf/cf/%7B33C6FA68-B56B-4760-ABC6-D85B2D02EE71%7D/HSFO_AR08.PDF?src=aboutus

“Being involved with the 2006 CTD process in Peel increased my connections with many new community partners. For example, I am collaborating with Parks and Recreation to offer community stroke exercise programs in our region, accessing community stroke care professionals to deliver long-term care stroke education modules, and partnering with Public Health to deliver ongoing stroke risk factor prevention projects in the community. CTD is a great way to meet possible partners and learn how you can work together to reach common goals.”

Sharon Trotman,
Community and Long-Term
Care Stroke Specialist, West
GTA Stroke Network

Context continued

There has also been action from within the South Asian communities themselves. The Council of Agencies Serving South Asians (CASSA) is a “social justice umbrella organization working with Ontario’s diverse South Asian communities.”¹⁰ In its current strategic plan, CASSA identifies the “coordination of access to health and wellness,” including the promotion of health equity, as one of its strategic directions. In October 2008, CASSA held a forum on chronic disease prevention, mental health, sexual/reproductive health, and health care services.

Punjabi Community Health Services began as a health promotion project in 1990. Since 1995, this community-based agency has been serving the “Peel community through community development, culturally appropriate service delivery, partnership with other organizations, research and asset inventories, developing resources and volunteers from within the community, consulting and promoting diversity, and through community outreach.”¹¹

Therefore the South Asian CTD built on momentum already created by work being done by a range of partners. These community leaders were engaged in the process of the 2009 CTD as partners on the planning committee.

What new ideas, thoughts, or information are you taking away from today’s forum?

“The amazing number of community resources there are in the GTA.”

Participant, CTD March 4, 2009, Evaluation Form

¹⁰ CASSA’s mission is to “facilitate the economic, social, political and cultural empowerment of South Asians by serving as a resource for information, research, mobilization, coordination and leadership on social justice issues affecting our communities. Create social change by building alliances and working collaboratively with those who share a vision of empowering all communities to participate in defining Canada’s future.” www.cassaonline.com/index

¹¹ <http://www.punjabiservices.com/about%20us.html>

Getting Started

In spring 2008, Health Nexus (with a support letter from the West GTA Stroke Network¹²) responded to the Ministry of Health Promotion’s call for proposals related to priority populations and stroke prevention. As part of overall funding for its *Prevent Stroke* project, Health Nexus was granted funding to help organize a CTD process and forum specific to South Asians and stroke. This process commenced August 2008.

In collaboration with the Community and Long-Term Care Stroke Specialist, West GTA Stroke Network, Health Nexus began by talking to stakeholders from the stroke prevention/care continuum and South Asian communities about the idea of holding a full-day forum in March 2009. The goal was to engage a wide range of stakeholders from the onset.

With this goal in mind, at the beginning of September 2008 an email invitation to attend the first planning meeting was sent to stakeholders within health promotion, public health, hospitals, community health centres, long-term care, community services and South Asian organizations. Asked to RSVP by September 12, 2008, 22 stakeholders attended the first planning meeting on September 29, 2008.

During this initial stakeholder meeting, the stroke network was explained and the CTD process was outlined. Following this introduction, everyone brainstormed together about the forum: What should the purpose be? What topics should be covered? Who should be there?

At the end of the stakeholder meeting, individuals who were interested in becoming part of a smaller planning committee put forth their names. The broader group decided that the next full stakeholder meeting would be January 2009.

With six planning committee members confirmed from the initial stakeholder meeting, several other individuals were approached to ensure multi-sectoral representation and engagement. The result was a diverse planning committee of 13 people who brought prevention and health promotion, acute care, and community perspectives to the committee. Planning committee member participation in meetings was very high, and everyone on the committee undertook tasks in the many months prior to the forum, and on the day of the forum itself.

“The fact that the South Asian communities are one of the priority populations identified by the Ontario Stroke System gave us an opportunity to work in a way that is different from previous CTDs. The reference groups we were looking at were those involved in stroke, those working with South Asian communities, which are a priority population also for diabetes. In addition, we went beyond the catchment of the West GTA stroke network to that of the other GTA stroke networks. We had participation from as far away as Windsor precisely because of the community focus.”

Subha Sankaran, Health Promotion Consultant, Health Nexus

¹² The West GTA Stroke Network was a logical partner for this CTD because of the significant South Asian population in the Region of Peel, the Ontario Stroke System’s interest in South Asians as a priority population for stroke prevention, and the Peel CTD process that was led by the West GTA Stroke Network in 2006.

Planning the Forum

Planning Committee Members

- Community and Long-Term Care Stroke Specialist, West GTA Stroke Network
- Executive Director, Council of Agencies Serving South Asians
- Executive Director, Punjabi Community Health Services
- Long-Term Care Counselor, India Rainbow Community Services of Peel
- Community Mission Specialist for Peel Region and South Asian Communities, Heart and Stroke Foundation of Ontario
- Health Promoter, Rexdale Community Health Centre
- Volunteer, Canadian Association of Multicultural People
- Senior Lead, Health System Development, Mississauga Halton Local Health Integration Network¹³
- Public Health Nurse, Region of Peel, Public Health
- Education and Health Promoter, Peer Support Services, Ontario March of Dimes
- Patient Navigator, Diversity Services, William Osler Health Centre
- Recreation Programmer, Huron Park Pool
- Health Promotion Consultant, Health Nexus

Planning Meetings

- Held initial stakeholder meeting September 29, 2008
- Planning committee met four times Fall 2008, and began meeting every two weeks starting January 2009
- Rotated committee meeting locations, giving each committee member an opportunity to host a meeting (teleconference option was available for members who could not attend in person)
- Decisions were made by consensus
- Recorded and distributed minutes for every meeting (email contact was maintained with those who attended the initial stakeholder meeting)
- Finalized the purpose of the forum by building on the brainstorming done at the initial stakeholder meeting

“The Council of Agencies Serving South Asians joined the planning committee for this CTD because there is a disconnect between health care, chronic disease prevention programs, and the community: We wanted to help address this disconnect.”

Neethan Shan, Executive Director, Council of Agencies Serving South Asians

¹³ This was the first CTD planning committee to include representation from a Local Health Integration Network.

Planning the Forum continued

Forum objectives became:

- **Enhance understanding of stroke and South Asian communities**
 - **Increase knowledge about availability of services and supports**
 - **Help improve planning for stroke and chronic disease prevention at all levels**
 - **Promote greater intersectoral collaboration through existing and new networks**
- Brainstormed agenda topics (these were then compiled and organized into a draft agenda)
 - Invited stakeholders to a follow-up stakeholder meeting January 28, 2009, to review the work done so far by the planning committee and together completed a networking activity called “drawing our networks” to generate a list of potential participants
 - Approached and confirmed speakers
 - One of the day’s presentations was pre-recorded and played on DVD at the forum. This occurred because the speaker was not available on the day, but was interested in being part of the forum as a South Asian herself, and generously made herself available for the recording. The recording itself was carried out as an in-kind contribution by one of the planning committee members
 - Finalized the agenda
 - Explored various location options for the forum, decided on the Burnhamthorpe Community Centre because of its availability, affordability, accessibility, as well as its adequate space and technological accommodations
 - Brainstormed, approached, and confirmed organizations to set up exhibits at the forum
 - Arranged for photography and videography of the forum
 - Assigned promotion tasks to all committee members
 - Compiled materials for the participant packages and door prizes
 - Arranged for healthy catering by an Indian restaurant
 - Assigned participants to tables prior to the forum to ensure a mix of participants from across the continuum at each table

“The planning process for the South Asian CTD was much more complex compared to the 2006 CTD and was directed at specific community organisations both from a medical and socio-economic perspective. The expected number of participants grew from 50 to 100, the committee members from 5 to 13, and the objectives also expanded. These features made it more complex to incorporate all of the topics into the agenda and also to come to consensus. However, the diversity of the planning committee brought a diversity of passions, strengths, and experience which ultimately enhanced the richness of the process and the forum.”

Sharon Trottman,
Community and Long-Term
Care Stroke Specialist, West
GTA Stroke Network

Reflective Case Studies: How Three Communities “Connected the Dots”

Promoting the Forum

A broad group of stakeholders was informed about the March 2009 forum and invited to the initial planning meeting in September 2008. A running list of sectors that should be represented at the forum was created at that initial meeting. The planning committee sent a “save the date” email invitation 3 months prior to the forum. Incorporating potential participants identified by the planning committee, a formal invitation was emailed the end of January 2009. The invitation was also posted to the Social Determinants of Health listserv, Click4HP listserv, and Health Equity Council listserv. The invitation included an electronic version of the flyer with a link to the online registration form on the Health Nexus website. Recipients were encouraged to forward the electronic invitation to anyone who might be interested. The website address for registration was included on the print version of the flyer that planning committee members distributed. A final email invitation including the detailed agenda and a reminder to register was sent the middle of February 2009. Additional promotion occurred via networking and word-of-mouth.

The Forum

Title: From Risk to Resilience: Connecting the Dots on South Asians and Stroke

Date: Wednesday, March 4, 2009, 8:30 a.m. - 4:30 p.m.

Location: Burnhamthorpe Community Centre, 1500 Guelleden Drive, Mississauga, Ontario

Agenda:

8:30 a.m. **Registration and Breakfast**

9:00 a.m. **Welcome and Introductions**

9:15 a.m. **Getting on the Same Page**

Background to the Connecting the Dots Process
Subha Sankaran, Health Promotion Consultant, Health Nexus

What is the Ontario Stroke System?
Sharon Trotzman, Community and Long-Term Care Stroke Specialist, West GTA Stroke Network

Stroke Overview
Dr. Manu Mehdiratta, Neurologist, Trillium Health Centre



Reflective Case Studies: How Three Communities “Connected the Dots”

The Forum continued

- 10:00 p.m. **Panel Discussion I**
Focus on the South Asian Communities and Immigrant Health
Social Determinants of Immigrant Health
Farah N. Mawani, Traveling Faculty, International Honors Program
Understanding South Asian Health Issues in Peel Region
Amandeep Kaur, Punjabi Community Health Services
Who Are the South Asian Communities?
Neethan Shan, Council of Agencies Serving South Asians
- 10:45 a.m. **Break**
- 11:00 a.m. **Getting the Big Picture – Identifying the Dots**
Facilitated Session
- 11:20 a.m. **Panel Discussion I**
Understanding the Stroke Continuum – Connecting the Dots
A Stroke Survivor Speaks
A Panel of Speakers from Different Parts of the Continuum
- 12:30 p.m. **Lunch (followed by Bollywood Energizer)**
- 1:25 p.m. **Connecting the Dots**
Small Group Discussion
- 2:20 p.m. **Understanding Cultural Competencies in Health – A South Asian Perspective**
Baldev Mutta, Panjabi Community Health Services
- 2:50 p.m. **Engaging with the Planners**
Dr. David Mowat, MOH, Region of Peel, Public Health
Pegeen Walsh, Director, Chronic Disease Prevention and Health Promotion, Ministry of Health Promotion
Evelyn Myrie, Director, Peel Newcomer Strategy Group
In conversation with
Connie Clement, Executive Director, Health Nexus
- 4:00 p.m. **Closing Remarks, Evaluation and Adjourn**

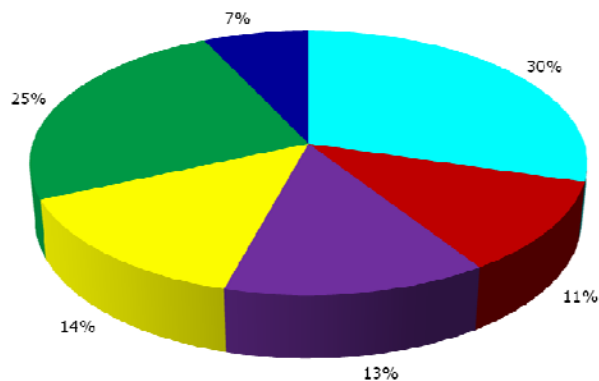
“The most valuable was learning about stroke and South Asians. Also, it helped us to connect with other people and learn about important resources.”

Participant, CTD March 4, 2009, Evaluation Form

Reflective Case Studies: How Three Communities “Connected the Dots”

The Forum continued

115 Participants by Practice Settings



- Health Promotion
- Acute Care
- Rehabilitation
- Community Reintegration / Long-Term Care
- Social and Community Services
- Other

“Lots of dots were connected both horizontally across sectors and vertically between planners and front-line workers.”

Subha Sankaran, Health Promotion Consultant, Health Nexus

Exhibits

- Council of Agencies Serving South Asians
- Canadian Diabetes Association, Diversity
- Health Nexus
- Heart and Stroke Foundation of Ontario
- India Rainbow Community Services of Peel
- March of Dimes
- Ministry of Health Promotion
- Mississauga Halton LHIN
- Parks and Recreation, Mississauga
- Peel Newcomer Strategy Group
- Peel Public Health
- Punjabi Community Health Services
- Rexdale Community Health Centre
- Telecare Distress Centre
- West GTA Stroke Network

Reflective Case Studies: How Three Communities “Connected the Dots”

Outcome

Feedback from participants verbally and through the formal evaluation demonstrated that the South Asian CTD was a great success and participants were extremely satisfied with the day. The different segments of the forum engaged participants in much needed, timely, and strategic topics including stroke and South Asian communities, cultural competency, community services and resources; furthermore, it created the conditions for cross-continuum and cross-sectoral collaboration by fostering new connections. The objectives were achieved.

Below is a summary of the responses participants provided for the open-ended questions on the evaluation form that was completed by 54 participants at the end of the forum, March 4, 2009.

“Participants realized the importance of Ethno-specific health promotion for chronic diseases. Mainstream methods do not work and do not provide communities ownership over their health and wellness.”

Mantreh Atashband, Health Promoter, Rexdale Community Health Centre

New ideas, thoughts, information you are taking away	Percent of Responses
<p>Resources and Networking</p> <p>→ about the wealth of resources, how to access them, services offered, potential partnerships, etc.</p> <p><i>“enhanced awareness of community services”</i></p> <p><i>“potential partners for current and future projects”</i></p>	43%
<p>South Asian Communities</p> <p>→ about South Asian communities, stroke risk, cultural competency, organizations, etc.</p> <p><i>“consolidate my understanding of culturally competent care and the risk factors for South Asians and stroke”</i></p> <p><i>“client centred vs. agency centered approach”</i></p> <p><i>“need to know how other cultures think”</i></p>	35%
<p>Knowledge</p> <p>→ about stroke, risk factors, social determinants of health, etc.</p> <p><i>“better understanding of stroke reasons, symptoms”</i></p> <p><i>“other agencies see the same challenges as myself...ex: transportation disparities”</i></p>	22%
Actions you might begin to take to connect further dots?	Percent of Responses
<p>Follow-up, network with those met today</p> <p><i>“Seek out all ethno-specific support agencies that are serving our community and develop interagency networking opportunity to better understand needs and barriers to access health care.”</i></p> <p><i>“Develop and maintain better working relationships with community partners”</i></p>	52%

Reflective Case Studies: How Three Communities “Connected the Dots”

Outcome continued

<p>Share information with co-workers, clients, community</p> <p><i>“Pass along information to coworkers who will connect with specific groups re: diabetes”</i></p> <p><i>“Education to community and reference to the resources”</i></p>	26%
<p>Incorporate into program planning and delivery</p> <p><i>“Thinking more about ways to engage community, taking services out into the community rather than expecting to come to us”</i></p> <p><i>“Connecting with LHIN’s, CCAC, hospitals and other agencies to help me in my community engagement initiatives”</i></p>	22%
<p>Is there any organization/individual that you are now considering working with as a result of this forum?</p>	
<p>31 people responded to this question (all in the affirmative): 21 named specific organizations and 1 indicated s/he had a meeting fixed for the next week</p>	

“I see CTD as an educational and informative process for community engagement. The opportunity to meet and dialogue with multiple providers from various sectors increased my knowledge around key issues. Participating in CTD has helped to set the stage for further consultation as we plan around chronic disease prevention and management.”

Susan Swartzack, Senior Lead, Health System Development, Mississauga Halton Local Health Integration Network

Impact to Date

Following the CTD forum, the planning committee met to celebrate the success and debrief the day. Everyone felt it was a very successful event, and brought together a range of people and organizations. Suggestions for improvement were noted, including reaching different sectors and organizations, as well as logistical issues.

Follow-up is ongoing. A list of participants has been sent to those who attended. Slides from the day have been uploaded onto the Health Nexus website, the first time this has been done following a CTD. A report is under preparation. Both the report and the web coverage are firsts for any CTD so far.

The committee agreed about the importance of keeping the momentum going and preliminary discussion was held. Many of the partners around the table are engaged in initiatives that address stroke, chronic disease, South Asian communities, and Peel. For example, CASSA plans to hold another roundtable on chronic disease and the South Asian communities in the spring, as health equity is one of its strategic directions. All committed to look at their ongoing work and see what opportunities for working together present themselves. A further meeting will be held in June 2009, where planning on how to reconvene the March 4 participants in the fall will be discussed.

Key Learnings and Recommendations

The Planning Process

- Capacity building and networking occurred among planning committee members and relationships were strengthened
- A diverse and representative planning committee enhanced the process and the forum
- Communicate, communicate, and communicate: It requires time and effort to keep planning committee members engaged and informed
- The more people involved in the process, the greater the buzz
- Networking and targeted outreach are a critical step in promoting CTD and ensuring key stakeholders are aware of the forum and participate; try not to rely on mass email
- Role clarification and delegation of tasks among the planning committee members
- Explore location options early and reserve the space in time for it to be in the initial hold the date notice
- Online registration works very well
- Prioritize – try not to overload the agenda; leave some time for flexibility

The Forum

- Capacity building around South Asian communities and cultural competency was relevant, timely, and much needed
- Participants gained new knowledge about parts of the continuum and organizations with which they were unfamiliar. They acknowledged this will improve the services they deliver and planning they do
- Participants made new connections and renewed old ones
- Excellent strategies were brainstormed in small groups and presented to the large group with an interest in follow-up
- Had a wide-variety of presenters/panellists who provided excellent information and a range of perspectives; however, might have benefited from allowing more time for each presentation/panel
- Posting of presentations to the Health Nexus website instead of hardcopy handouts at the forum appears to have been well-received
- Would like to have had (more) participants from acute care and emergency medical services as well as the settlement and education sectors

“Lots of info[rmation] for 1 day – possible 2 day forum, which will enable more networking opportunities.”

Participant, CTD March 4, 2009, Evaluation Form

Key Learnings and Recommendations continued

Keeping the Dots Connected and Connecting New Dots

- Participants made direct (e.g. were at the same table) and indirect (e.g. with presenters/panellists) connections that they plan to follow-up on. Actions identified by participants include:
 - referring clients to an organization they learned about at the forum
 - getting in touch for more information
 - transferring awareness of, and/or contact information for, an organization to colleagues
 - collaborating on a project
- Planning committee to meet June 2009 to plan how best to reconvene participants from the March 4 CTD forum in the fall
- CTD is a process; connections are made prior to the forum, during the forum, and connections will be made following the forum as people reflect on what they learned and how it applies to their work
- Continue to try to engage those who do not yet see the benefit in collaboration

“It would be beneficial to apply the CTD model to all types of chronic disease prevention, especially to diabetes. CTD promotes a different way of working and enables potential partners to connect who otherwise wouldn’t have. One idea would be to organize a think tank for key stakeholders and informants to brainstorm and strategically plan together.”

Planning Committee
Member