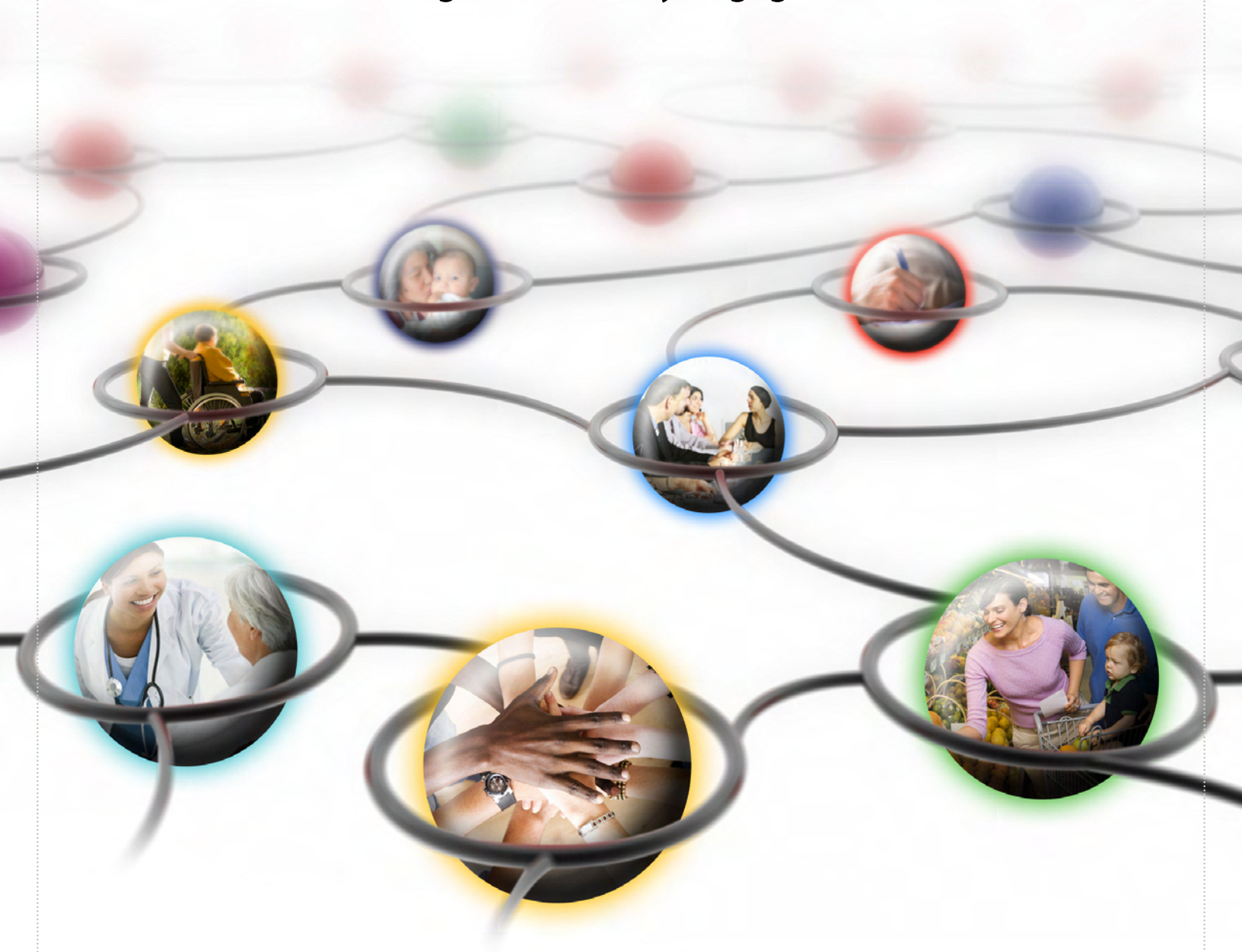


Connecting the Dots:

A Handbook for Chronic Disease Prevention
through Community Engagement



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Health Nexus is Ontario's longest standing health promotion organization. For more information about Health Nexus, visit www.healthnexus.ca.

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INTRODUCTION

Purpose and Scope of Handbook

This handbook is for health professionals, health promoters/educators, and community groups/organizations who want to work across sectors and with multiple levels to leverage their joint potential to prevent chronic disease in their communities.

To be effective, chronic disease prevention requires a comprehensive approach that goes beyond the traditional health care sector. The Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention identifies “collaboration across sectors and levels”¹ as a key element in a population-health approach. This collaboration requires “shared responsibility for health outcomes with multiple sectors and levels whose activities directly or indirectly impact health.”²

Since 2004, the Prevent Stroke team of Health Nexus has worked with 15 communities across Ontario to “connect the dots.” Each Connecting the Dots (CTD) process was community-led and participant-driven. As a network developer, facilitator, and broker of the CTD process, Health Nexus worked with these communities to engage a wide cross-section of stakeholders. See Appendix A for background information on how CTD started and for a list of CTDs to date. The 2009 Evaluation Report on CTD concluded:

The CTD model of community engagement has successfully connected and engaged a range of service providers across the continuum of care, facilitating new partnerships and ways of working locally to address stroke and chronic disease. CTD provided an important mechanism to help people learn about physical risk factors and social risk conditions in their own community, link the social determinants of health with chronic disease prevention, and gain a better understanding of the broad range of organizations and individuals who need to work together to create change. For many, the CTD experience was an eye-opening introduction to the fabric of their own community; for others it was an affirmation of their approach and work. For most, it was an exciting opportunity that led to new information, partnerships and enhanced service delivery/planning.

This handbook outlines a practical model of community engagement. The guide to CTD includes key questions to consider and key actions. Helpful tips and suggestions are included throughout.



^{1,2}Public Health Agency of Canada. (2009). Key Element 6: Collaborate Sectors and Levels.

Connecting the Dots (CTD) Overview

CTD is a dynamic, multi-sectoral community engagement model. It helps communities “*work together differently*” for better chronic disease outcomes and improved health for all. CTD brings together a wide cross-section of stakeholders who would not otherwise typically meet. They learn together and address complex problems in a new and innovative way. Through this engagement, CTD helps to strengthen capacity, share knowledge, and build networks for health promotion and chronic disease prevention across a geographic community or a community of interest.

Connecting the Dots:

- Increases knowledge
- Increases connections
- Creates a greater readiness for collaboration
- Fosters new and strengthened partnerships

CTD is community-led and participant driven. The topic or theme (e.g. obesity, pediatric stroke prevention, priority populations) of a CTD reflects the individual community context, including needs, opportunities, demographics, assets and history of collaboration. The CTD process includes a multi-sectoral planning committee, an event, and follow-up. But CTD is more than just planning for and delivering an event; it's about the continuous process of maintaining connections, generating new partnerships and collaborations, and learning from each other. CTD creates a climate for creative change and sets the stage for further collaborative work in the community.



Rationale for CTD

“We find at least four key ingredients that are essential to success in preventing chronic diseases and achieving health equity. The first ingredient is a local investment in communities... A second key ingredient is providing a venue for local communities to learn about effective strategies, particularly those related to policy and environmental and systems changes.. The third ingredient is mobilizing networks for change... Finally, communities need tools to assist them as they mobilize to achieve health equity and prevent chronic diseases.”³

Community Engagement as Health Promotion

CTD is a community engagement model to build capacity for chronic disease prevention. It builds a community's capacity – through the sharing of knowledge, best practices, and perspectives – to address issues no one sector can achieve on its own.

Community engagement is “people working collaboratively, through inspired action and learning, to create and realize bold visions for their common future.”⁴

Community engagement is a fundamental health promotion strategy and CTD is grounded in the values and features of health promotion. It addresses social, economic, and environmental causes of health and wellness; it focuses on assets and strengths of individuals and communities; and it applies participatory approaches that build the capacity of individuals and communities to address their health concerns. CTD creates the conditions for collaboration and fosters the following health promotion actions: strengthen community actions, reorient health services, create supportive environments, and build healthy public policy⁵.

Tamarack, an Ontario-based institute for community engagement, concluded from a literature review that community engagement:

- Informs policy-making at the local level
- Improves the targeting and effectiveness of services
- Helps to measure how agencies and partnerships are performing
- Helps to build community ownership.⁶

One way to strengthen community engagement is to strengthen networks. The importance of supporting networks is clearly stated by Plastrik and Taylor: “Given the complexity and enormity of social problems, the unrelenting pressure to reduce the cost of creating and implementing solutions, and the recent proliferation of small nonprofit organizations, networks offer a way to weave together or create capacities that get better leverage, performance, and results.”⁷

HEALTH PROMOTION VALUES

- Holistic view of health
- Social justice and equity
- Power sharing and respect
- Social inclusion
- Empowerment
- Evidence-based practice
- Collaboration

FEATURES OF HEALTH PROMOTION

- Enable control
- Use participatory approaches
- Focus on determinants of health
- Focus on strengths and assets
- Focus on goals rather than problems
- Use multiple strategies in multiple settings
- Acknowledge the importance of context

³ Giles, W. H., Holmes-Chavez, A., & Collins, J. L. (2009). Cultivating healthy communities: The CDC perspective. *Health Promotion Practice*, 10: 86S-87S.

⁴ <http://tamarackcommunity.ca/g3s1.html>

⁵ [Ottawa Charter for Health Promotion](#)

⁶ <http://tamarackcommunity.ca/downloads/home/benefitsce.pdf>

⁷ Plastrik, P. & Taylor, M. (2006). *Net Gains: A Handbook for Network Builders Seeking Social Change*.

Networks:

- Enhance the flow of information
- Improve communication and interactions
- Open new resources
- Build and enhance leadership
- Encourage collaboration and innovation
- Build bridges across traditional divides⁸

CTD helps communities build and engage networks for chronic disease prevention.

Integrated Chronic Disease Prevention

This handbook builds on the community engagement work done in the stroke field. Its applicability and suitability to chronic disease prevention has been broadly recognized by participants, planning committee members, key informants and others in the community. Furthermore, this application is supported by the call for integrated chronic disease prevention and collaboration.⁹

The Ontario Chronic Disease Prevention Alliance report of 2006, entitled Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities, recommends a comprehensive strategy for chronic disease prevention that links multiple levels of risk factors, multiple stakeholders, and multiple strategies.

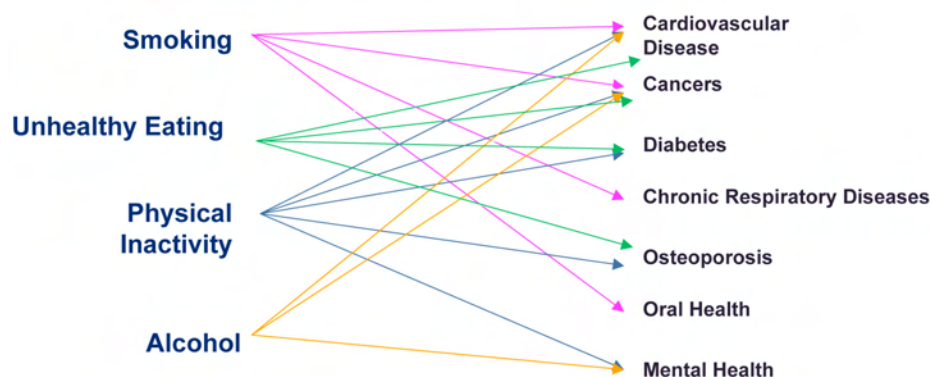


“About one in three Ontarians of all ages have one or more chronic diseases. Of those over the age of 65, almost four out of five have one chronic disease, and of those, about 70 percent suffer from two or more.”

Ontario Health Equity Council. (2007). A Report on Ontario's Health Care System.

Risk factors for chronic diseases are genetic, behavioural and environmental. If we look at behavioural risk factors, stroke shares risk factors in common with other chronic diseases. The figure below shows this.

Risk Factors are Linked



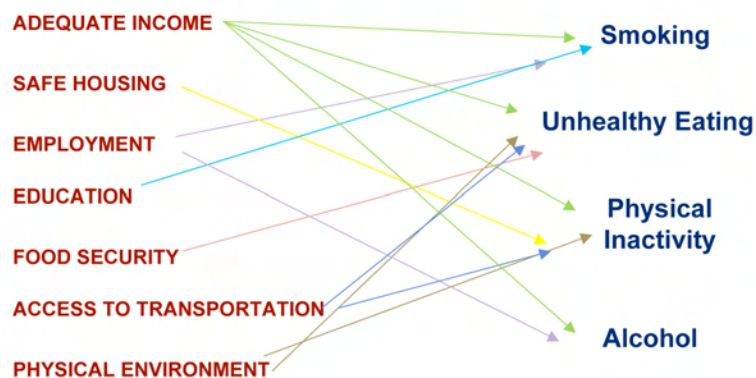
⁸ Holley, J. (2005). *Why Networks?*

⁹ Public Health Agency of Canada. (2009). *Key Element 6: Collaborate Sectors and Levels*

The CTD model brings together all those who need to be working together to address chronic disease, including those from the different disease “sectors.” This is in line with Ontario’s Chronic Disease Prevention and Management framework.

Additionally, the CTD model brings together people from different sectors who are not usually involved in health issues and interventions. If we look at the environmental factors, poverty and social determinants play a major role. See the figure below.

Social Conditions are Linked to Behaviour



These social determinants of health are often overlooked when addressing the risk factors for chronic disease because they focus on systemic and structural features rather than on individual behaviours. For example, smoking is a risk factor for stroke. However, the data shows that the tendency to smoke is higher among lower income groups.¹⁰ Therefore, we need to focus on the “causes of the causes.” While the proximate cause of stroke may be high blood pressure or obesity, the “causes of causes” are the social determinants of health. Interventions must focus on how to shift these social determinants of health,¹¹ in addition to shifting individual behaviour. This can only happen when we work across sectors and “connect the dots.”



At least 60 percent of Ontario’s health-care costs are due to chronic diseases.

Ontario Health Equity Council. (2007). A Report on Ontario’s Health Care System.

“World Health Organization research puts the cost of medical treatment for chronic diseases, and the lost productivity they cause, at \$80 billion annually in Canada.”

Ontario Health Equity Council. (2008). 2008 Report on Ontario’s Health Care System.

¹⁰ www.ices.on.ca

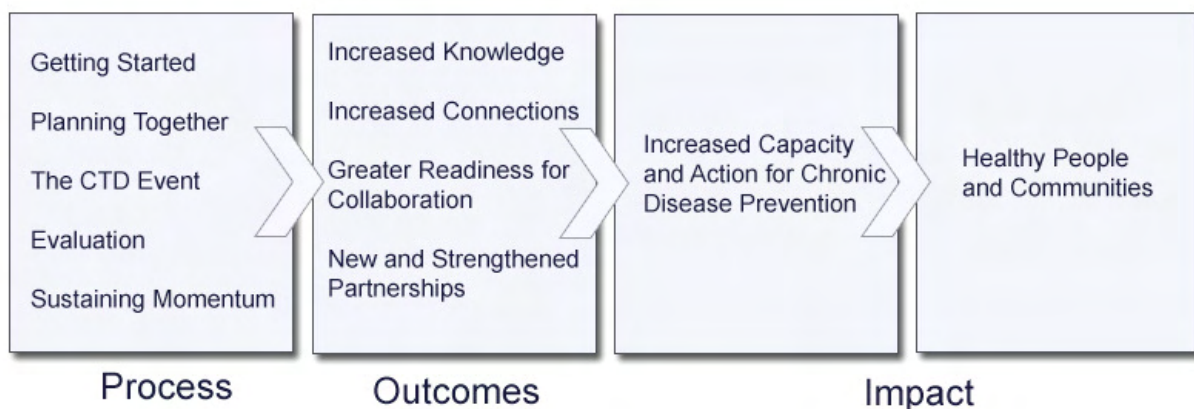
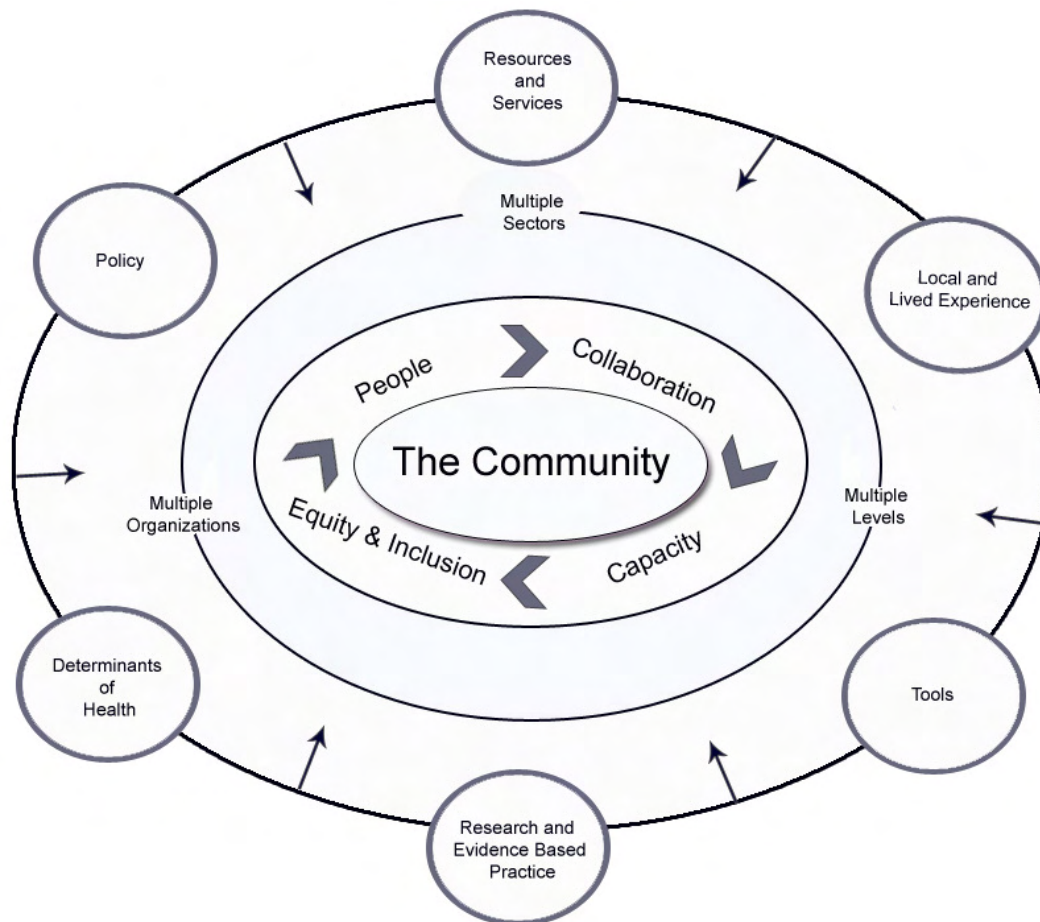
¹¹ Check out our Primer to Action resource for more background research on the social determinants of health. This electronic resource helps us to understand and influence how the social determinants of health impact chronic disease.

GUIDE TO CTD

CTD At-A-Glance

With deliberate, sustained facilitation and sensitivity to each community's local context and needs, each CTD process sets the stage for creative change and further collaboration.

Connecting the Dots: A Community Engagement Model to Build Capacity for Chronic Disease Prevention



CTD takes **6 or more months** and follows a 7 step process:

Getting Started

Step 1 – Identification/Inclusion of Community and Planning Committee Partners

Planning Together

Step 2 – Networking and Relationship-Building by the Planning Committee

Step 3 – Consideration of Broad Planning Questions for the Community

Step 4 – Preparation for the CTD Event (Workshop, Forum or Conference)

The Event

Step 5 – CTD Workshop, Forum or Conference

Evaluation

Step 6 – Evaluation and Reporting

Sustaining Momentum

Step 7 – Follow-up

Each CTD is community-led and participant-driven.

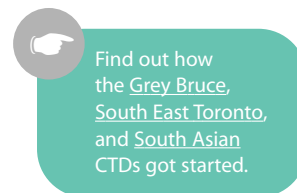
For specific guidelines regarding the application of CTD within an aboriginal community, see Appendix B – CTD with Urban Aboriginal Communities in Ontario: A Review of Context and Fundamental Principles.

Appendix C – Reflective Case Studies: How Three Communities “Connected the Dots” describes how CTD was applied within a rural community (Grey Bruce), an urban community (South East Toronto), and a priority population (South Asian). These reflective case studies detail the CTD process in each of the selected communities and include the outcome and impact, as well as the key learnings and recommendations from each.



Getting Started

Partnerships and collaboration do not happen without the deliberate allocation of resources and supports. Remember, it takes time to build relationships and to explore areas of common interest. It can also be very exciting to begin to share learning and insights and to think more strategically about what is needed in your community.



Step 1 – Identification/Inclusion of Community and Planning Committee Partners

The first step in the CTD process is to identify and include community stakeholders.

Key Questions to Consider

- Who are your key partners?
- Who would you like to partner with that you have not before?
- Who might share a common interest in the issue?
- Who is working in the area of chronic disease prevention?
- Whose work indirectly impacts chronic disease?
 - Review the [determinants of health](#)
- Who are the influencers?
- Who is affected by the issue?

To help you think through potential stakeholders, here is a list of sectors, organizations, and levels you may want to engage.

Sector	Organization	Level
Business	Chronic Disease Networks	Front-Line Service Delivery
Education	Community Health Centres	Management
Environment	Community Services	Planning
Health Promotion	Faith-Based	Policy-makers
Health Services	General Public	Local
– acute care	Government	Provincial
– rehabilitation	Hospitals	General Public
– long-term care	Local Coalitions	– seniors
– community	Local Health Integration	– patients/survivors
– re-integration	Networks	– family/friends
Housing	Non-Government Organizations	– specific communities and sub-populations within the larger geographic community
Recreation	Public Health Units	
Settlement	Schools	
Social Services	Social Planning Councils	

Key Actions – Identification

- Review your contact lists
- Network with people you know and new people you meet to determine interest and “who’s who.” You need to find the right contact person in the organization.
- Contact related coalitions or networks
 - Health Nexus has created a list of [Ontario Health Promotion Coalitions and Networks](#) by Local Health Integration Network (LHIN)
- Check out [211Ontario.ca](#) for easy access to community, social, health and related government services in Ontario
- Link with your local [Family Health Team \(FHT\)](#)
- Use the Internet to search for potential stakeholders and to find contact information
- Consult Health Nexus

Key Actions – Inclusion

- Start talking about “Connecting the Dots” in your community!
- Network, network, network
- Invite potential stakeholders to an initial meeting
 - Use Internet-based communication methods such as email, your organization’s website, and social networking tools, but do not underestimate the value of telephone and face-to-face conversations
- Consider framing the initial meeting as a “broad stakeholder” meeting with two objectives: to hear from the community and to form a planning committee of attendees who are interested and/or able

TIP

Some of the people you contact (and those who attend the initial broad stakeholder meeting, if applicable) will not be interested and/or be able to participate in the planning committee. Record their name, position, organization, and contact information. Maintain a running list of potential participants for the event. When it comes time to send out event invitations you will already have a list started!

Planning Together

Planning together supports the process of moving toward a more integrated and comprehensive approach to chronic disease prevention and management. Yet, the interdependence required for CTD does not arise spontaneously.

CTD participants may come from different sectors, organizations, and levels and may have different strengths, experiences, and needs. Ultimately, this diversity enriches the process as different perspectives work to “connect the dots” and to coordinate efforts.

Learning to work together is an ongoing process!

Find out how the Grey Bruce, South East Toronto, and South Asian CTD planning committees planned together.



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In the early stages, the network lead, coordinator or facilitator must develop an agenda¹³ for each planning meeting. They need to think through the purpose of the session and they need to design the session so that members get to know more about each other's work and organizations (Step 2). At the same time, people who are just getting to know each other are also charged with planning an event (Step 3 and Step 4).

Two deliberate actions support collaboration: ensuring goals and activities that reflect the reason for working and planning together AND focusing on how the group itself will function. A collaborative leader will pay attention to the functioning of the group itself while building on capacities and interests so that members may see the part they want to play.

¹² Health Nexus has used this building partnerships model in training sessions and in a [resource](#) for Ontario's Family Health Teams.

¹³ See *From the Group Up: An Organizing Handbook for Healthy Communities*, section 2, page 12, for tips on how to plan and execute effective meetings and how to develop effective meeting agendas.

Collaboration is supported by a shared understanding of the CTD purpose and vision. Building consensus does not necessarily mean that everyone will agree. If there is a commitment to listening to each person and to valuing their opinion, then the question may be: “Are we together enough to go forward?” Trust is built over time.

The CTD process combines active participation (e.g. planning and developing a CTD event) while creating an environment of collaboration so that future intersectoral actions can spring from this work.

Step 2 – Networking and Relationship-Building by the Planning Committee

For most communities, this is a network development opportunity for the planning committee members themselves as they share ideas and information about their roles and begin to build relationships together. Keep in mind that many of the planning committee members will not have worked together before. It is essential to both acknowledge the importance of relationship-building and to allow time to foster relationships. Taking time to “connect” will provide wider access to information, resources, and networking opportunities, as well as co-learning and reflection to build capacity for chronic disease prevention.

Key Actions

- Incorporate structured opportunities to connect with and understand each other and learn more about each other’s work

These networking activities are variations of approaches that have been used in CTDs in order for committee members to get to know each other in a different way. CTD emphasizes collaborative work on chronic disease. It creates the opportunity to work together differently.

Touch and Go (*a version of “speed dating”*)

This activity helps the forming group to connect with each other. Everyone breaks off into dyads and asks each other questions about common work interests. There can be 3 go-arounds and each one lasts 10 minutes. In first go-around, find out more about each other’s work. In the second go-around with a new person, discuss new collaborations that are possible. In the third go-around, try to find out about the commonalities and differences. Take time to debrief and see if there is some sense of “attraction,” that is, a new opportunity or linkage!

I’m Here, You’re There, We’re It: *Mapping our Networks*

During a regular planning meeting, each participant can take time to consider his/her own networks and connections. Each participant is asked to use paper and markers to draw a map of connections (self/organization in the centre) that reflect the various ways in which each separate organization connects in its own sphere. Each participant is asked to place people/organizations on their map.

Some “cues” to get you started:

- Think of groups you might turn to for advice or involvement in your current work.
- Think of the collaborations your organization is currently involved in
- Think of groups that you could re-connect with.

Afterwards, everyone can do a “walkaround.” This helps participants to see the depth of the networks!

Our Gifts of Collaboration

Ask participants to think about this question: “What gift of collaboration do I bring to this group?” Each person is asked to select one of their belongings or an object in the room to symbolize this gift. Share the meaning of this symbol with another person. Then, ask everyone in the group to introduce themselves. If you are not using a symbolic object, ask each participant to introduce her/himself with 3 or 4 words that describe the gift (talent, skill, capacity, resource, contribution) that s/he brings to a collaboration.

- Identify individual and mutual expectations and obligations
 - Each member of the planning committee will have different motivations for being a part of the committee that derive from their own work mandates. Each person will also have different resources (e.g. skills, time, funding) that they are able to contribute. Therefore, it is important to clarify expectations and roles in the early planning process.
- Encourage further brainstorming and the inclusion of planning committee members
 - Initial committee members may suggest “I know someone who works in ‘X’ who would be a great asset to the committee”
- Be aware of group dynamics
- Ask people what they need to feel supported in the planning process. Cultures of collaboration are based on a paradigm of each person’s experience having equal status and people working together to come to an agreement through interaction and mutual accountability.
- Encourage and support each other in jointly feeling responsible for making the planning productive. If something is not working, take time to understand what is happening. Explore differences between competing ideas.
- Communicate openly and frequently

Step 3 – Consideration of Broad Planning Questions for the Community

Once the planning committee has begun to build relationships and to share information and networks, members can begin to identify priority areas of focus for the community. This may be based on demographic and epidemiological data which focus on the incidence of disease, a specific risk factor (e.g. obesity), or a priority group (e.g. South Asian population).

Key Questions to Consider – Information

- Do we have access to population-based data to identify priorities for prevention?
- What gaps, needs, and assets do we have in our health/social services?
- How does health promotion fit within the structure of chronic disease prevention and the range of health promotion programs within the community?
- Has our community identified any best practices to address the determinants of chronic diseases?

Key Questions to Consider – Community Engagement and Collaboration Experience

- What collaborative initiatives exist to prevent disease and promote health?
- What is the range of public participation and engagement to date?
- What is the prior use of multiple engagement and education strategies?
- Are there opportunities for community development and mobilization around concurrent health issues/campaigns that can create and promote supportive environments?

Key Questions to Consider – Priority Populations

- Do we want to focus on the population as a whole or on priority populations within our community?
- What risk factors are prevalent in our community? (Include both physical risk factors and social risk conditions such as poverty)

Key Actions

- Consider the questions listed above with your group. For additional guiding principles, please refer to the [Community Health Promotion Checklist](#) in *Prescribing Prevention: Health Promotion and Stroke Prevention*
- If there are unanswered questions, suggest that the group gather information by inviting someone from the community to act as a resource, or by accessing local needs assessments and research reports. The group may also wish to supplement their knowledge of community resources through [network analysis](#).

Step 4 – Preparing for the CTD Event (Workshop, Forum, or Conference)

Once you have addressed these broad planning questions about your community, it's time to begin planning your CTD event.

Key Questions to Consider

- What is the purpose of the CTD event?
- What objectives do you want to achieve?
- Who do you want to engage?
- What type of event will help you to achieve the purpose and objectives that you have decided upon? What type of event will engage the audience: A workshop? A forum? A conference?

Key Actions – Six Months or More Before Your CTD Event

- Determine objectives

CTD is a collaborative, community-led and participant-driven process. Using participant methodologies means that each CTD planning committee develops objectives appropriate to community circumstances. Thus, objectives may vary. The objectives stated here reflect the core objectives found in each CTD process; supplemental objectives may complement these.

- ☐ Increase knowledge about health promotion, chronic disease prevention, and social determinants of health, as well as individual modifiable risk factors, with a specific focus on resources (e.g. tools, people, organizations), interventions, and evidence
- ☐ Contribute to improved planning for chronic disease prevention at all levels
- ☐ Foster greater intersectoral collaboration through existing and new networks

Key Actions – Six Months Before Your CTD Event

- Determine the date and time for your event
 - Consider your audience and other events that they may be attending
 - Find out about other events in the broader community that may conflict with the CTD

TIP

Try to host a full-day event with lunch and breaks to ensure maximum networking opportunities (e.g. 9:00 a.m. to 3:00 p.m. or 10:00 a.m. to 4:00 p.m.).

- Develop a budget
 - Try to arrange for as many in-kind contributions as possible from the planning group. (e.g. printing, door prizes)
 - Basic expenses will include facility rental, catering, and honoraria
 - Additional expenses could include items for participants such as printed lunch bag, or pedometers
 - You may wish to seek sponsorship for your event
- Choose a venue and catering
 - Past CTD events have included between 20 to 120 participants.

Venue: When choosing a venue, consider the following:

- ☐ Budget
 - The location could be another *in-kind* donation (e.g. Public Health Unit space) or the event could be held at a hotel or a conference centre
- ☐ Proximity to commuter rail or public transit
- ☐ Wheelchair accessibility
- ☐ Adequate space for anticipated number of participants as well as display area
- ☐ Room layout (appropriate for use of PowerPoint; wall space for flip chart display)
- ☐ Technological requirements (e.g. audio-visual equipment, microphones, Internet access).

Catering:

- ☐ Find out if you can bring in your own caterer or work with venue staff to ensure healthy breakfast, lunch and snacks, depending on your itinerary
- ☐ Considering offering vegetarian-only options

- Plan the agenda

- Identify potential speakers from the community (e.g. public health staff, chronic disease professionals, those living with disease or challenges). It is important to identify speakers early on in order to ensure their availability.

Review the agenda for the Grey Bruce, South East Toronto, and South Asian CTD events.

- Develop and circulate a PowerPoint template for all presenters to use. Be sure to include a spot for their organization's logo. Also, ensure that the template applies appropriate font sizes and colors schemes so that the audience can read the text. This will create consistency between presentations and be of help to the presenters as they will not have to create their own.

- Ensure that there are many opportunities for networking and interactivity. Include small group discussions, icebreakers, and breaks into the agenda.

- Consider a theme and a title for the event. The title could simply be “*Connecting the Dots in X Community*” or it could specifically refer to the focus, such as “*Moving and Eating Well to Combat Obesity*.”

- Assign roles to the planning group

- Delegate tasks to planning group members. This helps to divide up the many organizational responsibilities, save resources and promote engagement.
 - The planning group can be a wonderful source of in-kind contributions. For example, a public health colleague can help find someone to lead a fitness or activity break.
 - Pre-event roles for planning committee members include contacting speakers, creating the event brochure and arranging for gifts/honoraria.
 - On the day of the event, planning group members greet participants, deliver workshops and facilitate small group discussions.

TIP

The engagement of the planning committee is the key to the success of the CTD event. Regular meetings by phone and/or in person will help members to stay connected and engaged throughout the planning process.

Create an invitation list

- Planning committee members will brainstorm a broad range of potential participants
- Potential invitees will draw from the broad community of those working across the continuum of care in chronic disease, community service providers, as well as many representatives of local and regional networks and coalitions.
- It is important to include also those individuals with lived experience, including stroke survivors, people living with diabetes, and family caregivers.
- Brainstorming together on potential invitees will help you to make new and different connections which include:
 - Interprofessional links across disciplines of the chronic disease continuum (e.g. health promotion, public health, hospitals, community health centres, long-term care, and community services)
 - Intersectoral links between healthcare, social services, education, housing, recreation, etc.

TIP

Think about inviting many different sectors and levels of the community, from front line workers to government policy-makers.

- Send out a *save-the date* message
 - Invite individuals to “save the date” and let them know about the event theme and title. Send this initial invitation to the various emails and listservs that have been gathered. Reminder emails will follow closer to the event.

Key Actions – Three months Before your CTD Event

- Create a registration process
 - Set up a registration process (e.g. online, fax, email) to track numbers
 - Include pre-evaluation questions to compare to post-evaluation data
 - Ask whether participants require any physical or dietary accommodations
 - Set up a system to stop registrations once they have reached capacity
- Create a promotional brochure

The brochure should include the following information:

- ☐ Intended audience
- ☐ Objectives
- ☐ Agenda
- ☐ List of speakers (with bios optional)
- ☐ Location and time
- ☐ Registration (include a link to online registration, or include a registration form to be returned by fax or email)

- Promote event
 - Send out the invitation with the brochure to expanded your email list and listserv group
 - Follow up with email reminders two months, one month and two weeks prior to the event (reminders will depend on registration activity)
- Request displays from key stakeholders
 - Displays are a wonderful way to promote many key programs and networks in your community
 - The planning group will identify groups and programs that may wish to provide displays such as public health, Heart and Stroke, diabetes education programs, and local initiatives such as community gardens
- Create a pre/post set of evaluation questions
 - See [evaluation section](#) for suggestions regarding evaluation



Key Actions – One Month Before Your CTD Event

- Continue to monitor registrations
 - Close the registration process once full or continue to promote the event with reminder emails as required
- Review all tasks for the planning group
 - Ensure that everyone knows what is required of them both before and during the CTD
 - Follow an internal agenda that identifies each 15 minute segment of the day, materials required and person responsible
 - Gather all materials for the event, including any door prizes
- Coordinate all materials for registration package
 - Agenda, nametags, PowerPoint handouts, pre-evaluation form, release form for photographs

Key Actions – The Week of Your CTD Event

- Communicate final review of agenda and roles with the planning group
- Confirm final attendance with caterers
- Finalize all materials:
 - Prepare any signs you might need for your CTD event
 - Pack all materials for registration table
 - Prepare thank-you cards or gifts for the volunteers
 - Purchase supplies needed for the event (e.g. nametags, coloured dots for nametags)

The Event

A CTD event serves many purposes: knowledge exchange, networking, and connectivity within the community. Whether you choose the format of a forum, conference, extended workshop, or networking day, planning a CTD event can be a creative and energizing process. You will find that you will begin to “connect the dots” throughout the event planning stage as the planning committee continues to build relationships and connections. These connections will be enhanced, and new ones fostered, the day of the CTD event.

Step 5 – CTD Workshop, Forum, or Conference

The agenda of your CTD event will vary depending upon the community and decisions of the CTD planning committee. Make sure that your event is interactive, with opportunities for small group work as well as plenary sessions and keynote speakers.

It is recommended that you book a full day CTD event, e.g. from 9:00 a.m. to 3:00 p.m. or from 10:00 a.m. to 4:00 p.m.



Find out what the [Grey Bruce, South East Toronto, and South Asian CTD](#) events were like.

Content

CTD events may include a mix of the following:

- ☐ An epidemiological snapshot of the community, its environmental and social risk conditions/factors, and local health status data
- ☐ An overview of the Ontario Stroke Strategy and how it works
- ☐ An introduction to health promotion and the social determinants of health
- ☐ Case studies that demonstrate the application of health promotion concepts, practice, and collaboration; the case studies show how groups could work together more often and more effectively
- ☐ Stories told by stroke survivors and those with lived experience
- ☐ Some means to demonstrate the various health promoting and prevention contributions of various sectors, professions, and organizations

Process

Activities for a CTD event may include:

- ☐ Icebreakers
- ☐ Small group discussions with assigned facilitators
- ☐ Conversation cafés
- ☐ Keynote speakers
- ☐ Lots of discussion and networking!

TIP

Speed Networking is an easy and fun icebreaker. You have 5 minutes to find someone in the room, introduce yourselves, and learn something new!

Speakers

Possible speakers may include:

- ☐ Members of the planning committee
- ☐ Experts in the area of chronic disease
- ☐ Epidemiologists or medical officers of health
- ☐ Representatives from government or local planning organization (e.g. LHIN)
- ☐ People with lived experience such as stroke survivors and their families
 - Don't forget to include a gift or honorarium for your speakers when you plan your budget

Room Set-Up

- ☐ Try to choose a room with adequate light and blank wall space to display notes from flip charts. Round tables are ideal for small group discussion. If you are including display tables, try to book enough space so that displays can be visited during break time without overcrowding the room.

Key Actions – The Day of Your CTD Event

- Coordinate all venue logistics (e.g. room set up, a/v equipment, food, signage)
- Set up a registration table to greet participants as they arrive
- Greet presenters, speakers, and those handling displays
- Take photographs

Key Actions – After the CTD Event

- Upload presentation slides (with approval from the presenters) to your website(s)
- Analyze, interpret, and report evaluation results



Check out the website coverage for the [South Asian CTD event](#).

Evaluation

Evaluation, reflection and building ongoing learning are essential parts of good community engagement. Funders increasingly require evidence-informed or evidence-based practice. By taking a systematic approach to evaluation, you will be generating evidence about community engagement that can be of use to you, your partners and many others.

Evaluation can yield important information about the nature and quality of community engagement. It can show whether objectives were met, how well they were met, and also the intended and unintended outcomes of the engagement process. Evaluating community engagement is not easy. It does not often yield “hard” data such as numbers of hospitalized patients or employment numbers. You may need multiple evaluation methods.

Think about evaluation as you begin to plan your CTD event. Consider the evaluation questions, the data gathering tools, the actual data gathering process, the analysis and interpretation of findings, and how all of this information will feed back into further action steps. You might want to think about the possible outcomes of your CTD event. These may include enhanced service coordination resulting in better service for clients, dialogue generated among unlikely or unconventional partners, or the fostering of new partnerships. All of the possible outcomes may result in improved health for people. It can also have an impact at the policy level as you will be better prepared to address questions that require a policy level response. All of these factors will inform your approach to evaluation.

There are many excellent guides to assist you with the evaluation process. Here are links to some of them:

[Evaluating Community Engagement](#) by Department of Communities, Queensland Government

[Program Evaluation Tool Kit](#) by Public Health Agency of Canada

[Ten Steps to Evaluating a Health Promotion Program](#) by The Health Communication Unit



Step 6 – Evaluation and Reporting

Although this handbook denotes Step 6 as Evaluation and Reporting, evaluation crosses all steps. It is included as Step 6 because this is where the analysis and reporting of results takes place. As mentioned above, it is important to incorporate the development of a comprehensive evaluation plan during the planning process.

Key Questions to Consider

- What is the purpose of your evaluation?
 - This will provide the context for your evaluation and a framework within which other questions will fit.
- What are you evaluating? Are you evaluating outcomes (what you did and how well you did it), process (how you did it), or both?
 - When evaluating community engagement, remember that many of these processes build over time. They may not have immediate, tangible results that can be shown to funders or turned into tables and charts. They may be hidden in the successes of other initiatives that they spawn. In addition, not all of the factors that influence the outcome may be in your hands.
- What do you want to know about what you are doing?
 - This will help you to craft the evaluation questions that you want to ask. This is why it's helpful to think about evaluation during the early planning stages. For example, if you organize the CTD event in order to increase knowledge, then you will want to find out if knowledge was in fact increased, by how much, for how many, about what, etc.
- How will you know this? What indicators will you use?
 - You may want to define this in terms of your situation. One of the CTD series on obesity asked participants if they were aware of motivational strategies for clients and how confident they felt in using these strategies. These were measured before and after the event.
- How will you gather this data?
 - Build the evaluation questions into the tools that you will use during the CTD event (e.g. registration forms, evaluation forms, focus groups). The evaluation questions will relate to the purpose or objectives of the CTD event. For example, when organizing a CTD event on pediatric stroke, ask participants if they learned more about pediatric stroke and if they can identify the stakeholders who are involved in this issue. One option is to use a pre/post test to measure participants' level of knowledge before and after the event, and then compare the results. You can use various online evaluation tools such as SurveyMonkey.com.
 - Use various methods to gather and analyze data. Quantitative data provides an overview or a snapshot, while qualitative data can help to tell a story by fleshing out the bare bone details of a quantitative picture.

Since each CTD event is tailored to the community, questions on evaluation tools will differ. Here are some things that you might want to include in your evaluation tools:

- ☐ Demographics (e.g. who was engaged, the number of participants, the sectors/organizations/levels represented)
- ☐ Participant feedback on content. Was the event meaningful to participants? What did they gain from the event? Is the event relevant to their work?
- ☐ Participant feedback on process. Was the process participatory and interactive? Was the process accessible and equitable?
- ☐ Overall participant satisfaction with the event
- ☐ Short-term, medium-term, and long-term outcomes. Frame the possible outcomes in reference to the objectives identified at the start of your process. For example:
 - Increase information, specific knowledge, skills
 - Enhance networking
 - Enhance capacity in general



Find out the outcomes from the [Grey Bruce](#), [South East Toronto](#) and [South Asian](#) CTDs.

Key Actions

- Identify the objectives of your CTD event.
- Identify someone who will take the lead on evaluation. This may be the same person(s) who will lead the CTD event. Develop an evaluation framework at the start of the planning process so that you can continually collect data.
- If you plan to use pre/post questions, build the “pre” questions into the registration form. It is easy to set up and collate these questions by using online evaluation tools such as Survey Monkey.
- Engage the whole planning committee in the evaluation as appropriate and needed. Discuss evaluation at planning meetings, have a separate meeting, or communicate by email. Send out draft questions and get feedback so that you can create an evaluation form that people will feel is useful.
- Build time into the event’s agenda so that people do not leave without completing their evaluation forms. Include the evaluation forms in the participant’s package. Or, ask participants to fill out the evaluation forms online a day or two after the event. You will likely receive more responses this way.
- Data analysis can take time. Frame your questions so that the responses can be easily collated and interpreted.
- Ask the planning committee to interpret the data. Group discussions offer great insights.
- Send the draft evaluation report to the planning committee for comment.
- Incorporate the comments and finalize your report.
- Share this report with your funders, partners, and other interested parties.

Sustaining Momentum

So, you organized a very successful event that had fabulous participation from many sectors. You met all of your splendid objectives and participants gained information, knowledge, skills, and connections. Now, how do you maintain the interest and enthusiasm and build on this foundation? People and organizations often face this dilemma after an event. Sustaining the momentum requires commitment and effort on everybody's part, especially from the leaders. By now, you will have collaborated with your planning committee and colleagues for some months, learned more about your colleagues' work and their organizations, and built relationships that are necessary for deeper collaboration.

Many writers have discussed these challenges. In *The Dance of Change: The Challenges to Sustaining Momentum in Learning Organizations*, Senge et al.,¹⁴ discuss how to:

- Enhance personal results (“because it matters”)
- Develop networks of committed people (“because my colleagues take it seriously”)
- Improve business results (“because it works”).

The key is to identify why people should continue to maintain their connections. As a leader, you do not have to do everything, but you should focus on maintaining connections. Do not expect everyone to be as committed as you. That is perfectly all right and to be expected. Start small and keep going. Krebs and Holley,¹⁵ from *Network Weaving*, identify four steps that you can take to maintain your network:

- Identify opportunities
- Identify assets
- Invite other people to join your network
- Begin with a small activity.



¹⁴ Senge et al. (1999). *The Dance of Change: The Challenges to Sustaining Momentum in Learning Organizations*.

¹⁵ Krebs, V. & Holley, J. (2004). *Weaving Smart Networks*.

Step 7 – Follow-up

There are two types of follow-up that occur after a CTD event: follow-up initiated by the planning committee and follow-up initiated by the people who made connections at the CTD event. The latter may include using new resources in their work (e.g. referring clients to a new service/support, applying new tools/knowledge); changing the way they work (e.g. thinking of collaborating on existing or new initiatives and with a wider stakeholder group); and/or following up on a new partnership opportunity.



Find out the impact to date from the [Grey Bruce, South East Toronto and South Asian CTDs](#).

Key Actions

- Invite the planning committee to a debriefing session soon after the CTD event. Focus on successes and assets. Learn from what you could have done better. Celebrate!
- Send a report to the planning committee.
- Follow-up on your commitments to the participants.
- Once you have finished writing the report, organize a meeting or teleconference call. Give participants something new to focus on after the CTD event. Inviting new people to join. Identify new initiatives that you work on together. People need a reason to stay connected when there is a fit with their own organizational mandate and agenda.
- Send out information that might interest the group. Stay in touch via email or a listserv. This allows everyone to set their own level of participation.
- You may learn of an initiative that you can share with others. Some CTD processes have resulted in service coordination between some participants; some have resulted in learning networks; and some have taken on issues of concern in the community.
- Apply for funding to help address gaps that have been identified.
- Connect with others who may be doing similar work.
- Organize a learning day to share information or research with others in your group.

TIP

Use your imagination, respond to real situations, bring your passion and leadership.

THE FACILITATOR'S ROLE

Facilitation is integral to the success of CTD events and to sustainability. In order for the CTD process to be successful, at least one individual must take on the role of CTD facilitator in an external or a consulting capacity. This individual will participate in the planning committee, support network development and relationships, and support conditions for collaboration.

This role is sometimes referred to as a “Network Weaver,” a term coined by June Holley, an American researcher. The role of the Network Weaver in a CTD group is to help to bring together people from across the community and to help the growing group of individuals to move forward.

According to Holley and Krebs,¹⁶ this role includes the following functions or activities:

- Identify needs, assets, and existing networks
- Share knowledge and ideas
- Make individual connections
- Convene diverse groups to stimulate new thinking and connectivity
- Connect network members to potential resources.

By acting in the role of catalyst for the CTD group, the facilitator can continue to help nurture and sustain activity and eventually move the group to action. As Holley says, “the key to sustainability is when everyone starts saying ‘I see something that can make a difference. I know who to work with and where to get resources.’”



Review the key learnings and recommendations from the [Grey Bruce](#), [South East Toronto](#) and [South Asian](#) CTDs.

¹⁶ Krebs, V. & Holley, J. (2004). *Weaving Smart Networks*.

NETWORK ANALYSIS AND DEVELOPMENT

Network analysis is a useful tool for visualizing and interpreting the connections within a group so that the group itself, and therefore its work and effectiveness, may be strengthened. Network maps help an intersectoral/interprofessional network such as those resulting from CTD processes to clearly see where bridges to other parts of the network exist. Network maps can also help to create and strengthen new links within the network.

Before you can improve your network, you need to know where you are (i.e. the ‘as is’ picture). A network map shows the nodes and links in the network. Nodes can be people, groups, or organizations. Links can show relationships, flows, or transactions. A link can be directional. A network map is an excellent tool for visually tracking your ties and designing strategies to create new connections. Network maps are also excellent ‘talking documents,’ that is, visual representations that support conversations about possibilities.¹⁷

Over time, network analysis helps a group to demonstrate its growth, development, and functional effectiveness. “Before” and “after” maps – for example, a map from the very beginning of a CTD process and a map from the end of the process many months later- can show dramatic improvements in a group’s connectedness and their ability to collaborate and solve problems.

For example, in Figure 1 (see below) the first image depicts a network *before* the initial CTD process. Each coloured square (node) represents a person, and the arrows represent connections between people (links). Note that many people in this first map have no connections. The second image shows the same network five years after they participated in CTD. Note the significant increased density of connections and the much lower number of people who are not connected. It effectively demonstrates the dramatic change in the relationships and information flow that occurred over the five years.

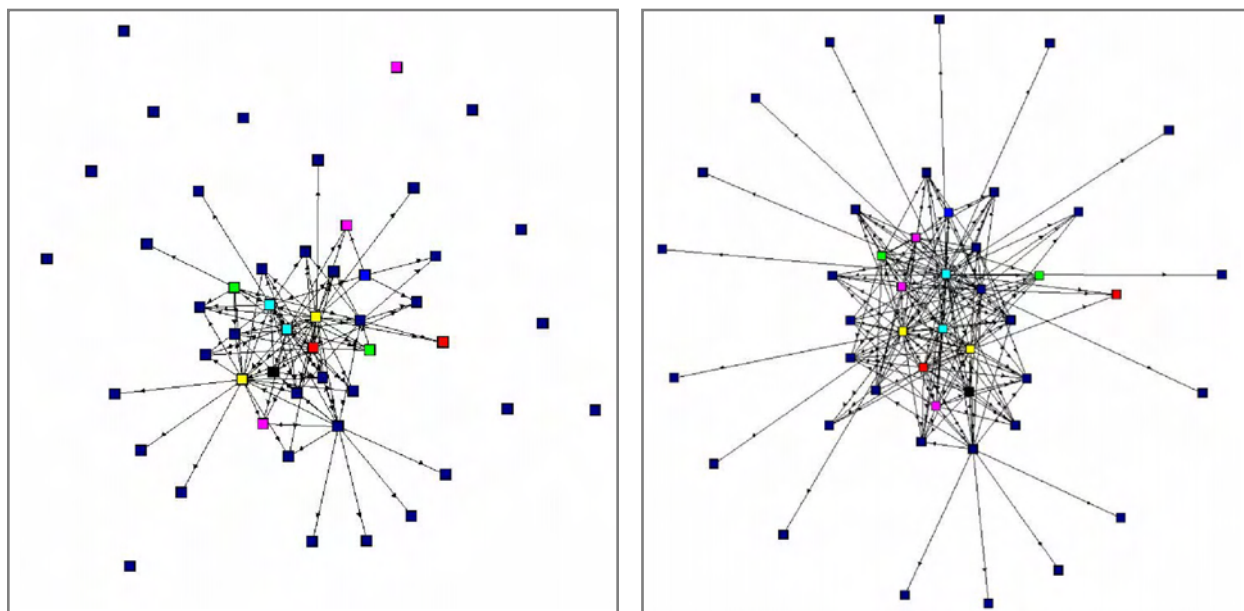


Figure 1: Before-and-after maps of one network.

¹⁷ Krebs, V. & Holley, J. (2002). *Building Smart Communities through Network Weaving*.

Network analysis can also help a group to adapt to new developments or to changing environments. Connections, strengths, and weaknesses are visible, and they provide data which contribute to evidence-based practice within the network.

Monitoring your network using social network analysis can help you [to] see where your network needs to shift connections [in order] to match the current environment.¹⁸

The network analysis process begins by discussing what the network needs or wants to know about itself. What kinds of information about each network member is important? What types of connections does the network wish to examine? Network members are surveyed based on the answers to these questions.

Following the survey, network analysis software is used to produce a series of maps and numeric tables. The mapper, along with the network, analyzes the maps and tables and develops a strategy to strengthen the network and its work. These maps and the related numeric tables can help to answer these key questions in the community building process:

- Are the right connections in place? Are any key connections missing?
- Who are play playing leadership roles in the community? Who is not, but should be?
- Who are the experts in process, planning, and practice?
- Who are the mentors that others seek out for advice?
- Who are the innovators? Are ideas shared and acted upon?¹⁹

Once these questions are answered, it is possible to identify and implement strategic next steps to strengthen networks.

After this strategy has been in place for some time, network members are surveyed once again and the network is re-mapped. This may possibly lead to another strategy to improve the network. This process can be repeated any number of times.

Health Nexus plans to offer network analysis as one of our services. Please [contact us](#) for more information.

^{18, 19} Krebs, V. & Holley, J. (2002). *Building Smart Communities through Network Weaving*.

RELATED RESOURCES

Toolkits/Manuals/Handbooks

Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey by Michael Winer and Karen Ray

Community Engagement and Communication: The Health Planners' Toolkit by the Ontario Ministry of Health and Long-Term Care

From the Ground Up: An Organizing Handbook for Healthy Communities by the Ontario Healthy Communities Coalition

Heart Healthy & Stroke Free by the U.S. Department of Health and Human Services and Centers for Disease Control and Prevention

Intersectoral Action Toolkit: The Cloverleaf Model for Success by Health Canada

Net Gains: A Handbook for Network Builders Seeking Social Change by Peter Plastrik and Madeleine Taylor

Online Health Program Planner by The Health Communication Unit

Primer to Action: Social Determinants of Health by Health Nexus and Ontario Chronic Disease Prevention Alliance

The Community Development Handbook: A Tool to Build Community Capacity by Flo Frank and Anne Smith, Human Resources Development Canada

The Partnership Handbook by Flo Frank and Anne Smith, Human Resources Development Canada

Towards Whole of Community Engagement: A Practical Toolkit by H. J. Aslin, and V. A. Brown., Murray-Darling Basin Commission

Websites

Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention

Community Tool Box (also check out *Group Facilitation and Problem Solving*)

EPIC Engaging People. Improving Care – A Community Engagement Resource for Ontario's Health Care System

Engagement Methods and Tools by Queensland Government

Health Nexus Santé

NHS Centre for Involvement

Tamarack – An Institute for Community Engagement

The Health Communication Unit

Urban Research Toolkit

VOICE (Voluntary Organizations Involved in Collaborative Engagement) in Health Policy

APPENDIX A – BACKGROUND ON CTD

In 2001, the Ministry of Health and Long-Term Care (MOHLTC) asked Health Nexus (then the Ontario Prevention Clearinghouse) to help build capacity to prevent stroke and chronic diseases as a component of the Ontario Stroke Strategy and System (OSS). Health Nexus fulfilled this mandate by developing the Prevent Stroke program:

- a) Network building to improve local collaboration, to enhance referrals, and to support the coordination of services across the continuum of stroke prevention and care (e.g. health care providers, health promoters, community-based social service staff);
- b) Training, supported by print and electronic resources, to enhance learning about stroke and chronic disease prevention, the social determinants of health, and other related topics;
- c) A website and searchable database that provides information about local resources for client referral (www.preventstroke.ca).

In 2001, the newly established regional stroke networks and centres were inward looking. They focused on establishing new infrastructure and patient interventions within hospitals. Our early work focused on needs assessment; finding entry points for health promotion and disease prevention; building trust; starting educational initiatives; and supporting the work of the Ontario Heart Health Network as it integrated chronic diseases. As the OSS grew and matured, stroke specialists became more willing to learn how health promotion could contribute to their effectiveness and to work across disciplines and sectors to address population health, including the social determinants of health. Health care providers want community partners to “move upstream” in order to address the root causes of stroke and other chronic diseases at a population level. At the same time, health promoters are more involved in chronic disease prevention. Our evaluation suggests that this change has resulted, in part, due to interventions developed by Health Nexus.

The figure below shows how health promotion is both a component of and integral to the continuum identified by the OSS.²⁰

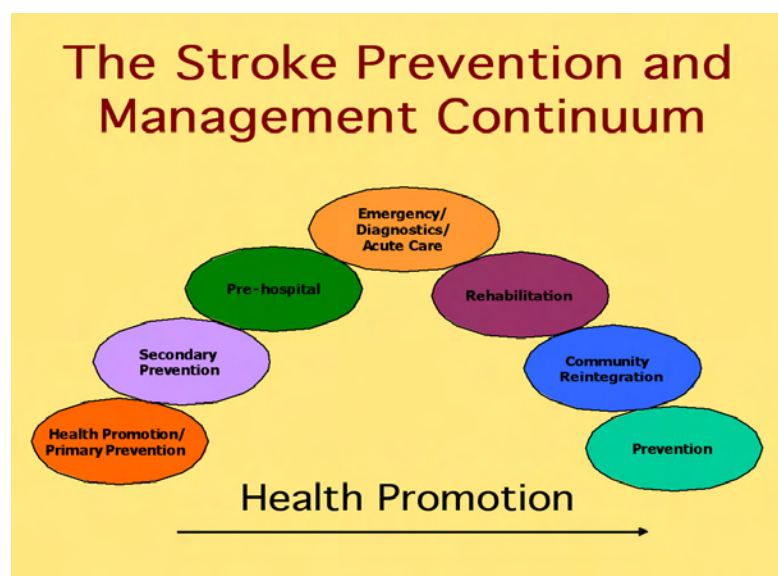


Figure 1. Stroke Prevention and Management Continuum

²⁰ Prevent Stroke prepared this figure. It is based on the stroke continuum of care as identified by the OSS.

Several years into the OSS, the MOHLTC undertook a research and consultation process to develop the *Ontario Chronic Disease Prevention and Management (OCDPM) Framework*.²¹ Health Nexus, along with other members of the Ontario Chronic Disease Prevention Alliance, encouraged the MOHLTC to integrate health promotion strategies. The Framework emphasizes the building of partnerships between communities, patients, and providers. It also helps to develop networks, knowledge, and skills and to increase collaborative work across the continuum of care.

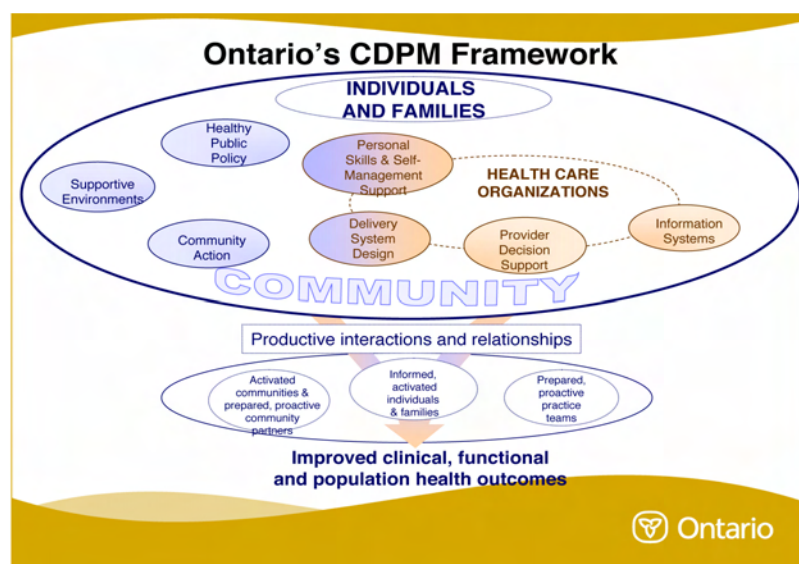


Figure 2. Ontario's Chronic Disease Prevention and Management Framework

To meet this emerging partnership need, we consulted with regional stroke networks/centres, community organizations, and coalitions. We drew upon our extensive experience in supporting community engagement²² and assessed engagement approaches to strengthen community capacity. Health Nexus's CTD approach has evolved to meet the growing community engagement needs of the Ontario Stroke System at the regional and district levels. Since 2004, the Prevent Stroke project has collaborated with more than 1,000 participants in 15 CTD community engagement processes in most regions of the province in English and in French. (See table of CTD communities below.)

CTD convened key partners who had not yet met and taught them basic concepts. More recently, in response to changes in chronic disease prevention, and depending on each local/regional situation, CTD continues to focus on a whole-population perspective, emphasizing priority populations (e.g. South Asian and Aboriginal), and addressing specific topics (e.g. pediatric stroke, obesity) as needed.

CTD has been designed and implemented as part of OSS. As such, its primary focus is stroke prevention. Health Nexus was an early proponent of integrated chronic disease prevention. We understood that the majority of individuals committed to reducing the incidence of stroke recognize the common risk factors (e.g. social conditions, individual behaviours) that contribute to stroke, heart disease, cancer, diabetes, and other chronic diseases and conditions. For this reason, when we designed CTD with our stroke partners, we set stroke prevention within the framework of chronic disease prevention. As we wind down the current Prevent Stroke program, we continue to explore ways in which CTD may benefit integrated chronic disease prevention and other chronic diseases.

²¹ From *Presentation at GTA Rehab Network Best Practices Day*, Meera Jain, MOHLTC March 2, 2007. <http://www.gtarehabnetwork.ca/downloads/bpd2007/bpd2007-pres-plenary.pdf>, Retrieved June 8, 2009.

²² For instance, during the 1990s, Health Nexus (then the Ontario Prevention Clearinghouse) supported the demonstration communities in Better Beginnings Better Futures, Best Start, and the Healthy Lifestyles programs. Health Nexus helped to shape emerging networks, organizations, and initiatives such as Brighter Futures, Ontario Healthy Communities Coalition, and Voices for Children. Health Nexus also supported network, partner, and service reach enhancement initiatives by the Public Health Agency of Canada, Foreign Affairs Canada, and health promotion partners in Ontario.

CTD Communities

Stroke Centre/ LOCATION	LENGTH OF PROCESS	FORUM DATE	# OF PARTICIPANTS	KEY THEMES
1. Southwestern Ontario Stroke Network Grey Bruce (Owen Sound)	6 months	May, 2004	20	Making connections across the continuum.
2. Northwestern Ontario Stroke Network (Thunder Bay)	6 months	Feb., 2005	28	Aboriginal stroke risk factors
3. Southwestern Ontario Stroke Network Windsor-Essex (Windsor)	6 months	Feb., 2005	20	Enhanced partnerships between District Stroke Centre and Public Health
4. Southwestern Ontario Stroke Network Chatham-Kent (Chatham)	6 months	May, 2005	35	Focus on poverty
5. Southeastern Ontario Stroke Network Hastings-Prince Edward (Belleville)	6 months	June 2005	30	Stroke and blood pressure reduction
6. Southwestern Ontario Stroke Network Huron-Perth (Stratford)	6 months	Mar. 2006	30	Stroke in the broader context of chronic disease
7. West GTA Stroke Network (Peel-Mississauga)	12 months + follow up	May 2006	50	Making connections across the continuum, including education and diversity networks
8. Northeastern Ontario Stroke Network (Sudbury, North Bay and Sturgeon Falls)	6 months	Sept. 2006	37	Making connections via video technology across the continuum.
8. Toronto West Stroke Network (Toronto)	12 months + follow-up	Oct. 2006	86	Links across the continuum, including outreach to newly created Local Health Integration Network (LHIN)
10. South East Toronto Stroke Network (Toronto)	24 months + follow up ongoing	Mar. 2008	120	Strengthening connections through focused information & resource sharing
11. Southeastern Ontario Stroke Network (Kingston)	12 months + follow up ongoing	Mar. 2008	120	Obesity # 1 - knowledge building on behavioural change for risk factor management
12. Southeastern Ontario (Belleville)	12 months + follow up ongoing	Oct. 2008	60	Obesity #2 - knowledge building on behavioural change for risk factor management. Obesity catalogue enhanced.
13. Southeastern Ontario (Brockville)	12 months + follow up ongoing	March 2009	78	Obesity #3 - Determinants of obesity and new partnerships for policy change.
14. Toronto West Stroke Network (Toronto)	12 months + follow up ongoing	Nov. 2008	62	Development of a brand new cross-sectoral network on children and youth stroke.
15. West GTA Stroke Network (Peel)	12 months + follow up ongoing	March 2009	115	South Asians & Stroke
TOTAL CTDs: 15		TOTAL PARTICIPANTS: 891		

APPENDIX B – CTD WITH URBAN ABORIGINAL COMMUNITIES IN ONTARIO: A REVIEW OF CONTEXT AND FUNDAMENTAL PRINCIPLES

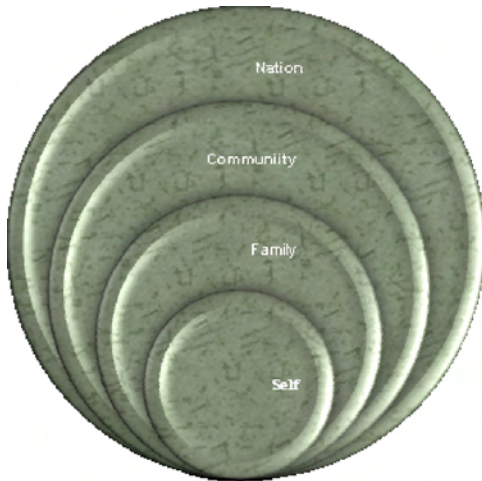
Adapted from work by Marilyn Morley, Health Promotion Consultant, Health Nexus

Introduction

In January 2009, Prevent Stroke at Health Nexus requested a general review of the *Connecting the Dots* (CTD) model of community engagement for chronic disease prevention to evaluate the commonalities and strengths in the model and recommendations for adaptation of/or re-development of the toolkit towards an inclusive approach to engaging the Aboriginal community towards preventing chronic disease and promoting the health and well-being of urban Aboriginal communities throughout Ontario. This general review of fundamental principles is intended to serve only as a reflection of the cultural and holistic health diversity of urban Aboriginal people living in Ontario. Each Aboriginal individual and community living in Ontario has individualized and diverse cultural teachings, values, and beliefs.

Aboriginal Cultural Context

In order to begin to effectively collaborate with Aboriginal communities to address the prevention of chronic disease, it is necessary to understand Aboriginal people's cultural worldview. While each Aboriginal community has its own distinct characteristics, cultural diversity, individualized needs, and languages, there are fundamental traditional and cultural concepts that are common to each group. It is important to accept and respect these beliefs, values, customs, and languages when developing health promotion and prevention programs.



Aboriginal Connectiveness

Perspectives on Health and Wellness

Aboriginal people's perspectives on health and wellness are holistic. They include the emotional, physical, emotional, and spiritual aspects of life. When these aspects are balanced, there exists wellness and harmony in the continuum of life. Aboriginal worldview includes a concept of connectiveness which contributes to the understanding of health and wellness rather than illness. Aboriginal individuals, families, communities, nations, and the spirit world are connected. Emotional, physical, mental, and spiritual imbalance affects everyone.



The Medicine Wheel

Aboriginal peoples value the Medicine Wheel as a holistic and sacred symbol that was given to them by The Creator. The Medicine Wheel is to be used with great respect and reverence. The Medicine Wheel revolves endlessly in a clockwise direction. The Medicine Wheel teaches us that we must strive for balance and maintain a healthy mind, body, and spirit. Illness is considered to be the result of “imbalance” in one or more of these areas. The Medicine Wheel represents the universal cycles of life such as:

- THE STAGES OF LIFE – birth to death
- CHANGING OF THE SEASONS – spring, summer, fall, winter
- ELEMENTS OF THE EARTH – water, air, earth, fire
- HUMAN PERSONALITY – physical, mental, emotional, spiritual
- THE RACES OF THE WORLD – yellow, red, black, white
- HEALING MEDICINES – tobacco, cedar, sage, and sweetgrass.

Aboriginal people are deeply connected to Mother Earth. They use all of the resources that the earth provides as a conduit for expression. Aboriginal people use the natural medicines that Mother Earth offers, such as tobacco, cedar, sage, and sweetgrass, for wellness and balance. These concepts of wellness also include traditional Aboriginal healing practices based on traditional medicines and ceremonies, and the support of traditional healers, Elders, midwives, and counsellors.

Self-determination is a fundamental concept for Aboriginal communities. Aboriginal people must have full involvement and choice in all aspects of health promotion strategies and programs, including research, planning and development, implementation, and evaluation. This supportive, community-driven concept of Aboriginal health promotion must always encompass the needs of the individual, the family, and the community in a safe, cultural, and holistic approach.

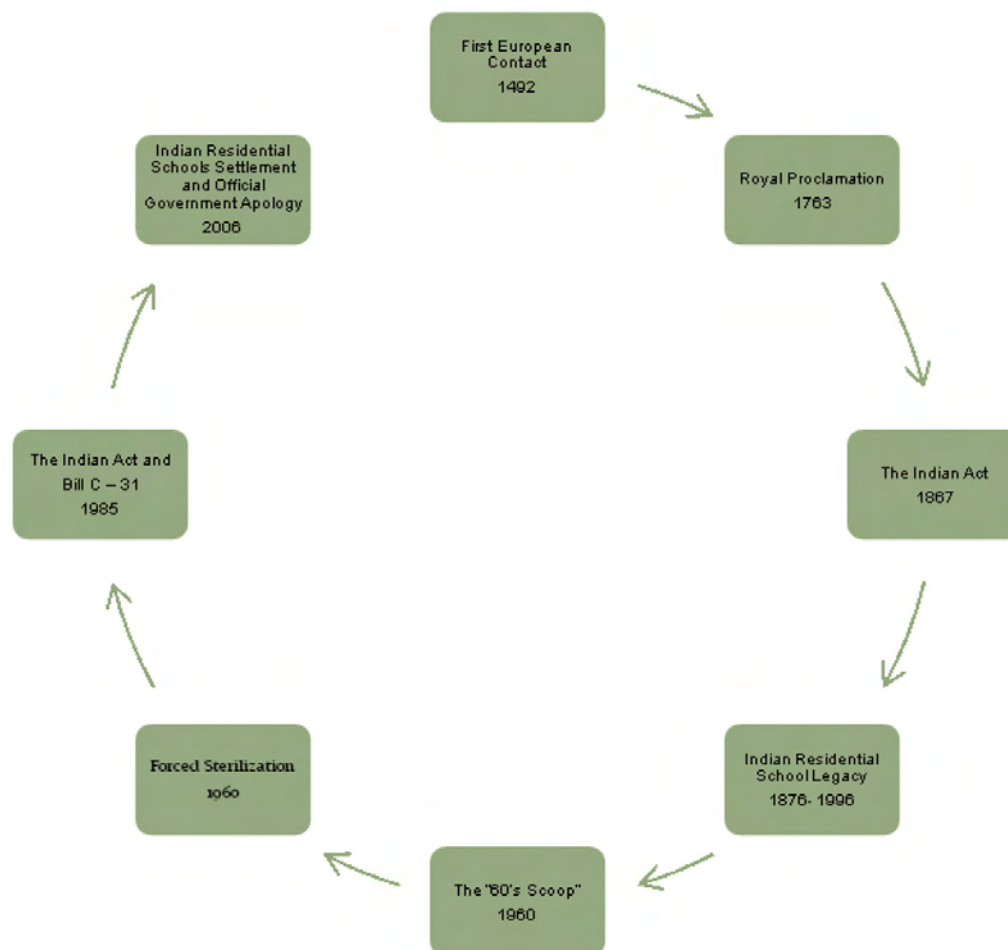
These concepts of health empowerment are supported by definitions in the Ottawa Charter for Health Promotion (1986). The Ottawa Charter for Health Promotion defines health promotion as *“the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.”* This includes a secure foundation in a supportive environment, access to information, life skills, and opportunities for making healthy choices. People cannot achieve their full potential unless they are able to take control of those things which determine their health. Health promotion strategies and programs should be adapted to local needs and should take into account differing social, cultural, and economic conditions.

Understanding the History of Aboriginal Peoples in Canada

Health intermediaries require knowledge of Canada's history of colonization and assimilation practices that have created a legacy of poor health status, chronic diseases, and adverse socio-economic outcomes among Aboriginal people.

The impact of this history of violence, oppression and discrimination, health inequities, and socio-economic problems are clearly demonstrated by the alarming overrepresentation of the Aboriginal population in the justice system, by the multi-generational effects of violence, especially against Aboriginal women, by poverty and homelessness, by health disparities, by alarming suicide rates, and by poor mental health and chronic diseases.

Major Historical Impacts 1492-2006



Application of the CTD Model

The *Connecting the Dots* model of community engagement for chronic disease prevention brings together communities and health intermediaries. It creates a foundation for the prevention of chronic diseases and for the promotion of health and well-being. Health promotion activities have enabled a community of diverse health intermediaries to connect with each other and to share information, resources, and ideas on chronic disease prevention. This connection between individuals, groups, and communities offers diverse approaches and community-driven practices for promoting health and for preventing chronic disease.

A CTD process focused on urban Aboriginal communities should reflect the fundamental Aboriginal concept of self-determination.

Health promotion activities should be community-driven and developed by, for, and with Aboriginal communities.

Six Fundamental Principles and Recommendations that Organizations Should Review Before Connecting with Aboriginal Communities in a CTD Process:

1. **Allow time to include Aboriginal cultural sensitivity training** as a preliminary stage to community engagement activities with Aboriginal individuals and communities.
2. **Develop an understanding of historical colonization** and its impacts on the health, wellness, and spirituality of Aboriginal people, in the context of chronic disease.
3. **Recognize the fundamental concepts of Aboriginal self-determination and health empowerment.** Foster the need for the development and promotion of Aboriginal community-driven health promotion programs and services.
4. **Create a knowledge base of Aboriginal culturally-based health services, programs, and resources in Ontario** and key barriers to equitable health access for Aboriginal people.
5. **Establish and nurture respectful relationships with Aboriginal communities.** Develop a community-driven, culturally-appropriate CTD process.
6. **Advocate for specific funding and intersectoral approaches** to develop an Aboriginal CTD and specific urban Aboriginal health promotion activities to effectively address the prevention of stroke and chronic disease in urban Aboriginal communities.

Additional Resources on Aboriginal Health and Chronic Disease, including Diabetes

1. **The Northern Ontario Aboriginal Diabetes Initiative** published resource lists for both primary and secondary diabetes prevention
<http://www.ndhn.com/diabetesPrograms-aboriginal-resourceCatalogue.html>

2. **Dietitians of Canada – Feeding Mind, Body and Spirit: Role Paper of the Dietitians of Canada Aboriginal Nutrition Network**
2005, 33 pages.
<http://www.dietitians.ca/resources/resourcesearch.asp?fn=view&contentid=3920>

This paper is intended for those that have little to no understanding of the role of a registered dietitian, specifically within Aboriginal communities. Adopting a holistic and cultural continuity approach in nutrition education is key to overcoming barriers to health. The impact of nutrition on health and well-being is captured through discussions on health promotion, traditional foods, food security, and various stages of nutrition through the life span. The paper presents nutrition as the cornerstone in chronic disease management, focusing on diabetes, cardiovascular disease, obesity, cancer, and substance abuse. The paper concludes with suggestions on how to build and sustain nutrition capacity within Aboriginal communities.

3. **Windigo First Nation Council has a number of diabetes resources:**
<http://windigo.on.ca/health.htm> Pamphlet and 87-page diabetes resource guide. Both of these resources are aimed at consumers, not practitioners.
4. The **National Aboriginal Health Organization** has posted their presentation to a Senate committee. It briefly covers First Nations, Inuit, and Métis statistics compared to the general Canadian population. It also includes some aboriginal-specific determinants of health. <http://www.naho.ca/publications/determinants.pdf> (17 slides). They also produced a Traditional Knowledge toolkit for use in health contexts.
5. **The National Aboriginal Diabetes Association** also produced the Pathway to Wellness handbooks for community workers and people with diabetes. See: <http://www.nada.ca/resources/resources/pathway-to-wellness/>. It includes provincially-based lists of aboriginal diabetes initiatives. See: <http://www.nada.ca/resources/resources/sharing-successes/>. The list of initiatives in Ontario, published in 2006, is a 30 page PDF.
6. **Ontario Aboriginal Diabetes Strategy** The introduction is in five languages.
http://www.health.gov.on.ca/english/public/pub/ministry_reports/oads_06/oads_06.pdf
7. **Aboriginal Healing and Wellness Strategy – Draft Guidelines for Traditional Healing**
http://www.ahwsontario.ca/publications/Traditional%20Healing%20Guidelines_2004.pdf
8. **Vancouver Coastal Health** – has put together an excellent overview of diverse aboriginal perspectives on health and wellness: <http://www.vch.ca/aboriginalhealth/terms.htm>
9. **2nd International Diabetes in Indigenous Peoples Forum in November 2008**
http://www.interprofessional.ubc.ca/Idigenous_Diabetes.html. Includes presentations on a community learning centre for health education model, the Diabetes and My Nation model, and an overview of a large US program.

10. ***How do I know if I have diabetes? Factsheet***

Canadian Aboriginal Diabetes Initiative by Health Canada

http://www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/diabete/2002_fs-fr_3/index-eng.php

For an Inuktitut version of this document, see:

http://www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/diabete/2002_fs-fr_3/inuktitut-eng.php

There are other fact sheets as well:

<http://www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/index-eng.php#diabete>

11. ***The Manitoba Division of the Canadian Cancer Society*** produced a best practices document on Effective Chronic Disease Prevention Interventions for Aboriginal Populations

For information on moderate-strength interventions, see:

http://www.cancer.ca/Manitoba/Prevention/MB-Knowledge%20Exchange%20Network/MB-Information%20packages.aspx?sc_lang=en#ab

12. ***A Pilot School-Based Healthy Eating and Physical Activity Intervention Improves Diet, Food Knowledge, and Self-Efficacy for Native Canadian Children***

<http://jn.nutrition.org/cgi/content/full/135/10/2392>

“The goal of the school-based program was to demonstrate that after 1 y, a culturally appropriate school-based intervention would increase the students’ knowledge, skills, and self-efficacy and positively change behaviors related to diet and physical activity. This paper describes the effect of the intervention on the knowledge and psychosocial factors related to healthy eating and the effect of the intervention on dietary fiber intake and the percentage of energy from dietary fat.”

13. ***Activity Implementation as a Reflection of Living in Balance: The Kahnawake Schools Diabetes Prevention Project*** http://www.pimatisiwin.com/index.php?articles_id=138&act=description

14. ***Eating Well with Canada’s Food Guide – First Nations, Inuit and Métis*** http://www.hc-sc.gc.ca/fn-an/alt_formats/fnihb-dgspni/pdf/pubs/fnim-pnim/2007_fnim-pnim_food-guide-aliment-eng.pdf

A ready-to-use presentation is available for all educators involved in promoting healthy eating:

http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/educ-comm/fnim_pnim/ppt-eng.php

15. ***Active Communities BC***

<http://www.activecommunities.bc.ca/wp/media-room/success-stories/>

This resource includes many community-driven models for increasing physical activity among Aboriginals in British Columbia.

16. ***“Heartbeat Of The Anishnawbe Nation”***

http://www.tbrhsc.net/patient_information/media_releases/new_aboriginal_educational_DVD.asp

This DVD movie is designed to educate Canada’s Aboriginal population about cerebrovascular disease, including stroke, and blood pressure management. Produced by the Northwestern Ontario Regional Stroke Centre in Thunder Bay.

17. ***Southern Ontario Aboriginal Diabetes Initiative***

<http://www.soadi.ca>

APPENDIX C

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

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 Studies²

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
- ❖ **South East Toronto CTD** – Urban community
- ❖ **South Asian CTD** – Priority population

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 Stoke Centre

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

Beth Ward, Health Promotion Manager, Health Nexus

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

Grey Bruce CTD

The Community

Context

Getting Started

Planning the Forum

Promoting the Forum

The Forum

Outcome

Impact to Date

Key Learnings and Recommendations

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

"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

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

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

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

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

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

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

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

Reflective Case Studies: How Three Communities "Connected the Dots"

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**



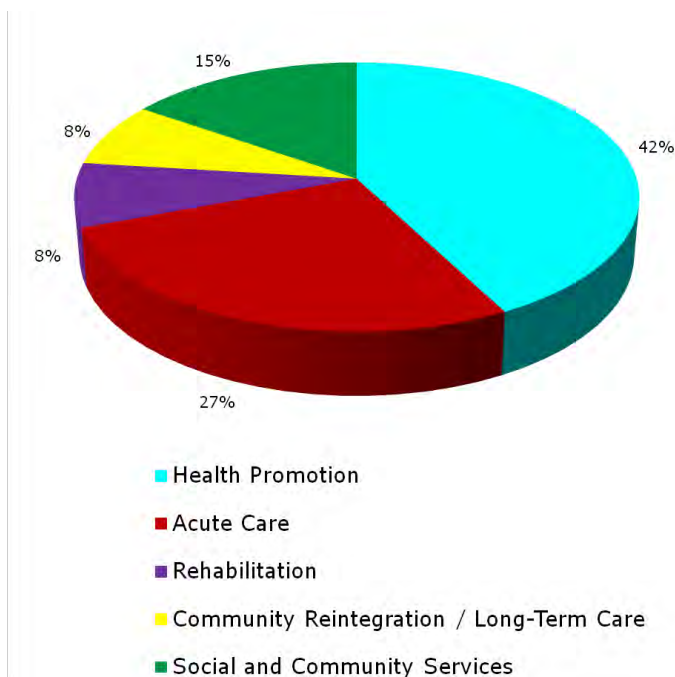
"Particularly given the 'small town' nature of Grey Bruce, I was surprised how many people either didn't know each other or did, but weren't familiar with each other's work: Lots of people connected that day. The atmosphere was one of 'We are community. We have issues. How can WE make this a healthier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

Donna Mitchell, former Manager, Prevent Stroke, Health Nexus

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

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 the way they work, including:

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

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

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.

“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

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

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

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

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

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 Stroke Centre

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

South East Toronto CTD

The Community

Context

Getting Started

Planning the Conference

Promoting the Conference

The Conference

Outcome

Impact to Date

Key Learnings and Recommendations

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

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

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.

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

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

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

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

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

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

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

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

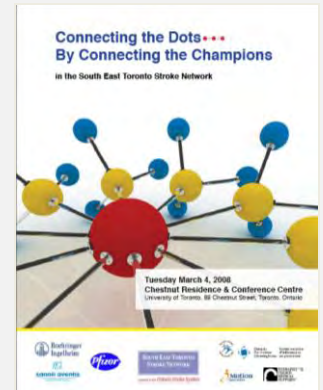
Title: Connecting the Dots... By Connecting the Champions

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
<i>Donna Cheung, Rehabilitation and Community Reengagement Coordinator, South East Toronto Stroke Network</i> |
| 9:00 a.m. | Transforming the System through Collaboration and Integration
<i>Rose Cook, Senior Integration Consultant, Toronto Central Local Health Integration Network</i> |
| 9:30 p.m. | Neighbourhood Environments and Resources for Healthy Living: A Focus on Diabetes and Cardiovascular Disease in Toronto
<i>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</i> |
| 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!"

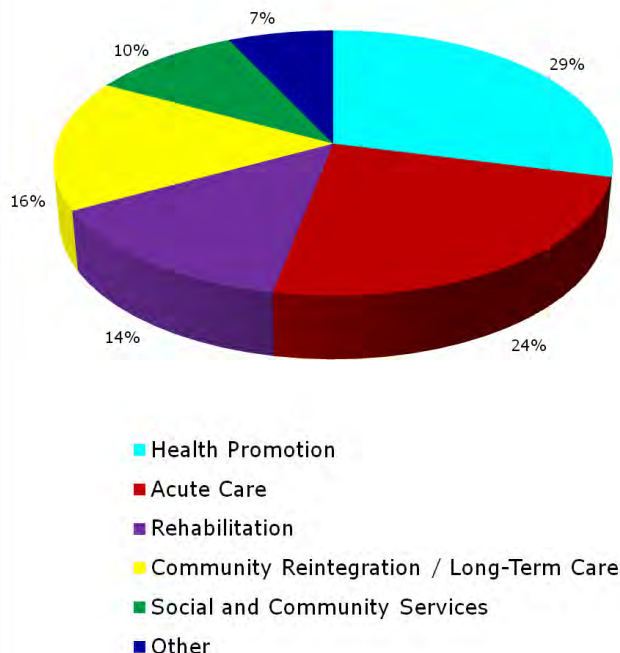
Peggy Schultz, Health Promotion Consultant, Health Nexus

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

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

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

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

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

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

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

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

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

The Community

Context

Getting Started

Planning the Forum

Promoting the Forum

The Forum

Outcome

Impact to Date

Key Learnings and Recommendations

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.

"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

⁷ Based on existing Census classifications.

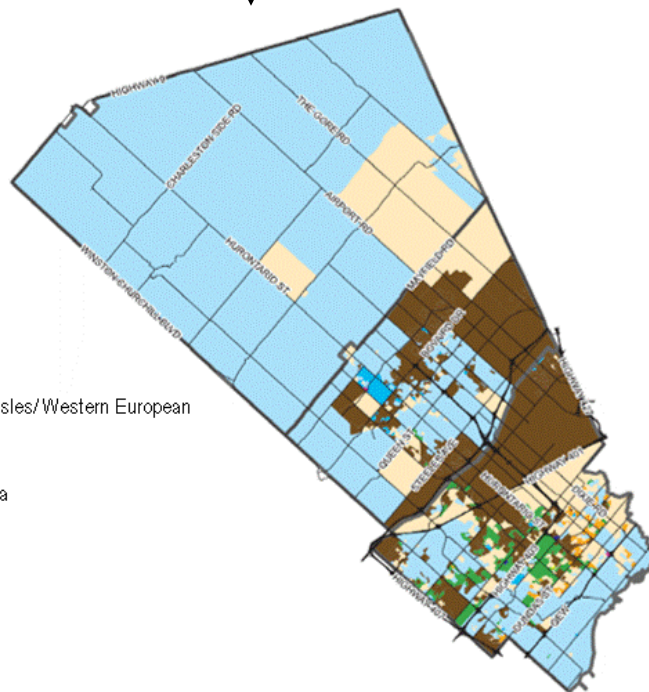
Reflective Case Studies: How Three Communities "Connected the Dots"

The Community continued



Map of Southern Ontario divided by Health Units

Dominant Ethnic Origins of Peel Region, Ontario
2006 Census
Statistics Canada



"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

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

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.

Context continued

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

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

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>

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

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.

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

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.

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

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

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



March 4, 2009, 8:30 am - 4:30 pm
Burnhamthorpe Community Centre,
1500 Guelleden Drive, Mississauga, ON, L4V 2T7

Please complete the form below.

There is no registration fee. Refreshments and workshop materials will be provided.

Spaces are limited. Register early. Due to the large number of registrations, and in order to have the broadest range of participants, we may restrict the number of participants from any one organization.

Cancellations must be received no later than Wednesday, February 25th 2009. A \$50.00 fee will be charged for "no-shows".

Note: All fields are required.

First Name:
Last Name:
Organization:
Address:
City:
Province:
Postal Code:
Telephone:
E-mail:
Food preferences: ☐ Vegetarian ☐ Non-vegetarian
If you have any food restrictions, please specify:

The Stroke Prevention and Management Continuum

Effectiveness of pre-discuss yourself working? Check all that apply.

☐ Health Promotion/Primary Prevention
☐ Secondary Prevention
☐ Acute Care
☐ Rehabilitation
☐ Community Reintegration
☐ Social and Community Services (please specify):
☐ Other (please specify):

Effectiveness of post-discuss yourself working? Check all that apply.

☐ Work with clients
☐ Management
☐ Policy and Planning
☐ Other (please specify):

Can you tell us a little about why you are interested in attending this forum?

Can you tell us a little about why you are interested in attending this forum?

The following questions will help us in planning and conducting a pre- and post-evaluation of this forum.

	Very High	High	Medium	Low	None
My level of knowledge about the physical risk factors of stroke/chronic diseases is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I see between the social determinants of health and stroke/chronic diseases is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I see social determinants in the Ontario Stroke System is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are the Ontario Stroke System's programs and services suitable for stroke/chronic disease prevention is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No opportunities to network in the field of stroke and chronic disease prevention are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other information: resources or material on stroke and chronic disease prevention are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My interest in attending to create healthy South Asian communities is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like your name and email to be included in the participants list?

☐ Yes ☐ No

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**

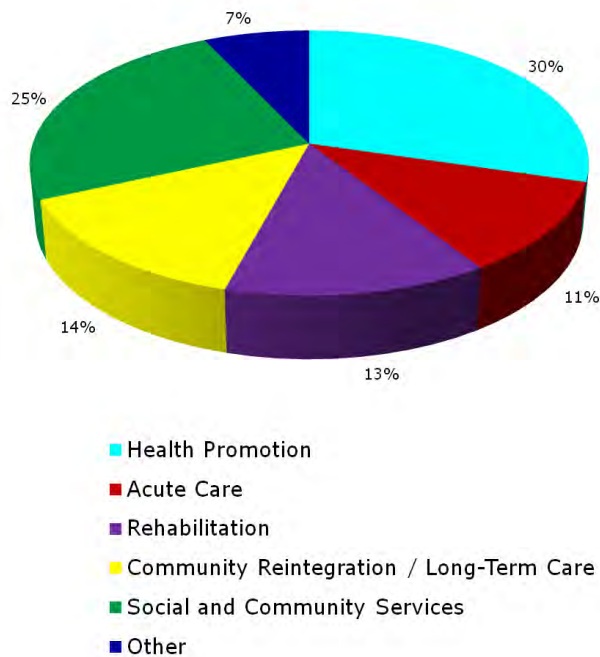
"The most valuable was learning about stroke and South Asians. Also, it helped us to connect with other people and learn about important resources."

Participant, CTD March 4, 2009, Evaluation Form

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

The Forum continued

115 Participants by Practice Settings



"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
Resources and Networking → about the wealth of resources, how to access them, services offered, potential partnerships, etc. <i>"enhanced awareness of community services"</i> <i>"potential partners for current and future projects"</i>	43%
South Asian Communities → about South Asian communities, stroke risk, cultural competency, organizations, etc. <i>"consolidate my understanding of culturally competent care and the risk factors for South Asians and stroke"</i> <i>"client centred vs. agency centered approach"</i> <i>"need to know how other cultures think"</i>	35%
Knowledge → about stroke, risk factors, social determinants of health, etc. <i>"better understanding of stroke reasons, symptoms"</i> <i>"other agencies see the same challenges as myself...ex: transportation disparities"</i>	22%
Actions you might begin to take to connect further dots?	Percent of Responses
Follow-up, network with those met today <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> <i>"Develop and maintain better working relationships with community partners"</i>	52%

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

Outcome continued

Share information with co-workers, clients, community <i>"Pass along information to coworkers who will connect with specific groups re: diabetes"</i> <i>"Education to community and reference to the resources"</i>	26%
Incorporate into program planning and delivery <i>"Thinking more about ways to engage community, taking services out into the community rather than expecting to come to us"</i> <i>"Connecting with LHIN's, CCAC, hospitals and other agencies to help me in my community engagement initiatives"</i>	22%
Is there any organization/individual that you are now considering working with as a result of this forum?	
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	

"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.

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

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