

University of Lethbridge Research Repository

OPUS

<http://opus.uleth.ca>

Faculty Research and Publications

Gregory, David

2010

Exploring Collaboration and Building Community Organization Capacity for Population Health Promotion in an Inner-City Neighbourhood

Scruby, Lynn

<http://hdl.handle.net/10133/1256>

Downloaded from University of Lethbridge Research Repository, OPUS



Exploring Collaboration and Building Community Organization Capacity for Population Health Promotion in an Inner-City Neighbourhood

Research Report
2010

Principal Investigator: Lynn Scruby, RN, PhD
Faculty of Nursing, University of Manitoba

Co-Investigator: Evelyn Ferguson, MSW, PhD
Faculty of Social Work, University of Manitoba

Co-Investigator: David Gregory, RN, PhD
Faculty of Health Sciences, University of Lethbridge

Research Assistant: Tracy Thiele, RPN



UNIVERSITY
OF MANITOBA



**Exploring Collaboration and Building Community Organization
Capacity for Population Health Promotion in an Inner-City
Neighbourhood**

Research Report 2010

**Principal Investigator:
Lynn Scruby, RN, PhD
Faculty of Nursing, Helen Glass Centre
University of Manitoba, Winnipeg, MB R3T 2N2
Tel: (204) 474-7452 Fax: (204) 474-7682**

**Co-Investigator:
Evelyn Ferguson, MSW, PhD
Faculty of Social Work, University of Manitoba**

**Co-Investigator:
David Gregory, RN, PhD
Faculty of Health Sciences, University of Lethbridge**

**Research Assistant:
Tracy Thiele, RPN, Graduate Student
Faculty of Nursing, University of Manitoba**

**Funded by the University of Manitoba, Social Sciences & Humanities Research Council of
Canada, Research Grants Program**

**The report is available on the University of Manitoba, Faculty of Nursing webpage, and in
the Institutional Repository, University of Lethbridge**



**UNIVERSITY
OF MANITOBA**



Table of Contents

Acknowledgements.....	1
Overview.....	2
Introduction.....	3
Literature Summary	4
Community/Organization Capacity Building	4
Research Design Considerations.....	5
Theoretical Models on Collaboration.....	6
Benefits of Collaboration.....	6
Challenges/Barriers to Collaboration.....	7
Description of the Two Organizations.....	8
Klinik Community Health Centre Inventory of Services.....	8
St.Matthew’s-Maryland Community Ministry Inventory of Services.....	10
Methodology	11
Findings.....	13
Perspectives of Program Participants on Collaboration	13
Perspectives of Key Informant Providers and Board /Management Members on Relationships between Klinik Community Health Centre and St.Matthew’s- Maryland Community Ministry.....	19
Perspectives of Key Informant Providers and Board /Management Members on Relationships within Klinik Community Health Centre and St.Matthew’s- Maryland Community Ministry.....	33
Final Focus Group: Board /Management Members and Providers from each Organization	42
Recommendations.....	46
Participant Recommendations	46
Research Team Recommendations.....	46
Conclusion	47
References.....	48
Appendix A: Conference Presentations	51
Appendix B: Study Model	52
Appendix C: Interview Guides	53
Appendix D: Demographics	58

Acknowledgements

The research team would like to thank members of the Community Advisory Group; Cathy Campbell, Rosemarie Gjerek, Margaret Clarke, and Erica Wiebe. Your hard work, dedication, and knowledge were greatly appreciated. Your leadership guided the research process, aided in the completion of the study, and ensured its success. We would also like to take this opportunity to thank each individual who participated in the study. The rich data generated during the course of the study came from your contributions; so, thank you for taking the time and helping us learn more about your community and come to know your commitment and passion regarding it.

Overview

Community organizations are essential to inner-city neighbourhoods. They have a fundamental role to play in promoting the health and social well-being of community members. However, it is not well known how these organizations work together and within their community to promote health equity and social justice. The goal of this study was to make visible the connections, collaboration, and linkages existing between two organizations and to disseminate the results from the study to both the service and academic communities to further the growth of research on this topic.

Learning was facilitated by a participatory, community-based research approach utilizing a Community Advisory Group to oversee the study from start to completion (Kirby, 2006). A strength of this study was the application of one-on-one interviews with employees and volunteers of both organizations and separate focus groups with the participants/service users, and Board/management members of each organization. A final focus group brought together Board members, managers, providers, members of the Community Advisory Group, and the research team. The purpose of this meeting was to share preliminary findings, and discuss future strategies for building collaboration and developing organization capacity in the inner-city.

The study findings revealed Board/management members', service providers', and participants' thoughts, views, concerns, and experiences on

collaboration within their respective organizations, and between St. Matthew's-Maryland Community Ministry and Klinik Community Health Centre. Themes include; what is good or positive about each organization, challenges or opportunities associated with each organization, services that would enhance respective programming at each, familiarity with Board members, past collaboration, current collaboration, challenges and barriers to collaboration, and potential for future collaboration. An inventory of services from both organizations was also included as a form of data collection.

This report provides data-informed recommendations for future collaboration between St. Matthew's-Maryland Community Ministry and Klinik Community Health Centre, both situated in the inner-city of Winnipeg, Manitoba, Canada. In addition, recommendations have been tempered by the researchers' familiarity with the literature on community-based research and collaboration along with their experience and knowledge of both organizations as a result of the study.

Introduction

Community organizations are essential to inner-city neighbourhoods. They have a fundamental role to play in promoting the health and social well-being of community members. However, it is not well known how these organizations work together and within their community context to promote health equity and social justice.

The goal of this study was to make visible the connections, collaboration, and linkages existing between two organizations and to disseminate the results from the study to the service and academic communities to further the growth of research on this topic (see Appendix A for conferences where the findings of the study were presented and discussed). Research in this area will foster understanding of community capacity development in inner-city neighbourhoods. Through enhancement of community collaboration it is hoped that the partnerships will arise from a caring culture to ultimately address equity and social justice among community members. Of further importance is the promotion and enhancement of the health and social well-being of inner-city populations. This pilot study explored such collaborative relationships between two Winnipeg inner-city organizations; Klinik Community Health Centre and St. Matthew's–Maryland Community Ministry, both instrumental in identifying the need for the study.

Co-existing within Winnipeg's inner-city neighbourhood of West Broadway are two community organizations, St. Matthew's–Maryland Community Ministry and Klinik

Community Health Centre, the latter being a two story health centre, and the former occupying the lower level of a community church. Within each organization are participants, volunteers, and employees who exhibit passion for helping others. The hard work and dedication toward social justice, equality, and helping vulnerable people are apparent through the various programs, services, and opportunities provided to the community.

Through this study we learned more about these two organizations by conducting a service analysis of health promotion activities, programs and services offered by both organizations. This analysis provided necessary background information to understand the community capacity that existed between and within each organization. Whether the programs were of a more formal or informal nature, both organizations provided a variety of services to meet the needs of community members.

Awareness and understanding were facilitated by a participatory, community-based research approach utilizing a Community Advisory Group to oversee the study from start to completion (Kirby, 2006). A strength of this study was the application of one-on-one interviews with employees and volunteers of both organizations, and separate focus groups with the participants/service users, and Board/management members from each organization. Three perspectives were sought from each organization. Interviewing service providers, users of the services, and Board /management members provided in depth understanding that could not have

been accomplished without examining these levels of engagement within each organization. The final focus group brought together Board members, managers, providers, members of the Community Advisory Group, and the research team. The purpose of this meeting was to disseminate preliminary findings, and discuss future strategies for building collaboration and developing future organization capacity in the inner-city.

Literature Summary

Terms such as community health partnership, community partner, inter-agency collaboration, and social networks, all represent means of collaboration, and alliance-building, to achieve joint outcomes, to form new partnerships, and to share resources in order to positively affect health promotion and increase community capacity (Huang, 2002; Koelen et al., 2008; Levy et al., 2003). Throughout the literature there exists worldwide evidence of the importance of collaboration in relation to health promotion. Koelen et al., (2008) state that, “coordinated action leads to the improvement of determinants of health and thereby the health of individuals and populations” (p.29). A centre in Seattle, USA reports that one of the top program goals is to foster collaboration among and between various health centres, academia and members of the community (Chrisman et al, 2002). The following literature summary further examines the work of collaboration, the inherent benefits and challenges, theoretical models that support organizations working together, the role of

participatory research, and research that supports the methodology of this study.

Community/Organization Capacity Building

Community-based research, along with participatory research, has become increasingly significant over the last 15 years (Chrisman et al., 2002; Polivka, et al., 2001). Community-based research provides strategies that can have a significant positive effect on community capacity building.

Community capacity building is a process that, “build(s) sustainable skills, resources, and commitments to health promotion in various settings and sectors in order to prolong and multiply health gains” (Labonte et al., 2002, p. 181) and “the ability to plan and take social action to improve the community” (Smith, Littlejohns, & Thompson, 2001, p. 36).

Why the focus on community/organization capacity building? What is the importance? Capacity building plays an important role in health promotion by fostering public engagement in health promotion (Smith, Littlejohns, & Thompson, 2001). Kelly et al., (2004), through their research efforts, discovered that organization capacity directly affects program implementation, including the delivery of programs which then affects health outcomes. Along with positively affecting health outcomes, organization capacity building helps to identify community needs and promote the necessary approaches to meet those essential needs. Thus, capacity building is both a powerful process and instrument available for health promotion (Griffith et al., 2010; Raeburn et al., 2007).

Research Design Considerations

The designs for these various research endeavours on collaboration vary but collectively provide support for specific aspects of the methodology used in this research project. Researchers from the University of Toronto conducted interviews with key informants from various community organizations to learn about the nature of hospitals and the respective collaboration that occurs within the community (Poland et al., 2005). Boydell and Rugkasa (2007) interviewed 10 partnerships from two organizations and following analysis of the data, interviewees were invited to participate in a series of focus groups to validate the findings and to further explore the issues at hand. Data collection from various sources within the organization was not only valuable but contributed to valid understanding about the organization partnerships (Weiss, Anderson, & Lasker, 2002). Griffith et al., (2010) explored organization capacity building by examining collaboration intra, extra, and inter-organizationally. This technique increased organization empowerment through the review of the skills and resources necessary to increase the capacity of community-based collaboration.

Empowerment is not only important at an organizational level; it represents valuable alternative approaches for the usually traditional education methods utilized to reach vulnerable populations within disadvantaged communities (Van den Broucke, Hennion, & Vernailen, 2006). In order to develop and foster empowerment and collaboration within agencies, inclusion

of service users in the strategy planning process is crucial (Koelen, Vaandrager & Wagemakers, 2008; Van den Broucke, Hennion, & Vernailen, 2006). Providing opportunities for service user involvement in the decision making process can lead to increased awareness of programs being offered and an increased commitment given their time investment and experiences with the programming. “We learned that involving clients in needs assessment and asking them to comment on research results is a stimulating strategy to get and keep clients involved...clients must experience that they have a voice in decision making” (Koelen, Vaandrager, & Wagemakers, 2008, p. 27).

Our research study incorporated the contributions of three key perspectives within the organization: service users, service providers, and Board/management members, and examined collaboration within and between the organizations. A Community Advisory Group provided representation from each respective organization’s community, and the research team. Diverse members of the advisory group brought their own knowledge of community issues and expertise to the research that contributed to the further success of the study. These contributions not only aided in the completion of the study, but ensured its success. Also important to note is that diversity among group members can also prove to be a disadvantage if efforts are not taken to ensure that the contributions of each member of the advisory group is meaningful and productive (Thurston, et al., 2004). “Advisory committees need resources and

direction that help to clarify goals appropriate to their mandate and help to structure meetings so as to obtain the contributions they seek from members (Thurston, 2004, p. 493).

Theoretical Models on Collaboration

Being abreast of the various methodological approaches utilized to study collaboration is essential along with the knowledge of theoretical models that guide collaboration or explicate how organizations relate to each other. A model is defined as, “a symbolic representation of concepts or variables, and interrelationships among them” (Polit & Beck, 2008, p.758). Theoretical models serve to further knowledge development and provide a framework for organizing roles, knowledge, and processes related to collaboration (Hamric, Spross, & Hanson, 2009).

Boydell and Rugkasa (2007) developed a model that specifically outlined the benefits of working in partnership to reduce inequalities in health. This can also be applied to various contexts. The model itself was derived from a case study examining two health zones in Northern Ireland, one rural and the other urban. The model identifies connections, learning, and action as key components of partnership and collaboration.

A study closer to home made use of the ‘Interagency Collaboration Model’ to aid in assessing collaboration between rural organizations in Ohio. This model addresses five areas that contribute to collaboration: environmental factors (including the community); situational factors

(organization); task characteristics (what projects are to be explored, the scope and complexity of same); interagency processes; and outcomes (meeting the end product of project tasks) (Polivaka, et al., 2001). The model also aided in the analysis of the data collected and recommendations arising from the study suggested that awareness of other agencies and their services, personnel, and goals all positively affected collaboration between organizations (Polivaka, et al., 2001).

Benefits of Collaboration

A study conducted in Northern Ireland revealed four main components of organization collaboration: connections; learning; action; and impact. These components highlight the benefits of collaboration (Boydell & Rugkasa, 2007).

Connections are valued and seen as, “[the] willingness of partnership members to connect them to other networks...into community networks” (Boydell & Rugkasa, 2007, p. 222). These connections then provide easier access than existed in the past with partner organizations, and foster engagement growth of organizations in planning local services. Not only is the engagement of service providers beneficial but members of the community were provided with opportunities to learn from each other (Wolff, 2001).

Learning is seen as a benefit to collaboration and provides organizations with a better understanding of the determinants of health through information shared in documents, resources, and dialogue (Boydell & Rugkasa, 2007). Learning what resources

other organizations provided permitted the expansion of interventions/resources to the whole community. Community members may not have known about these resources except through their local community centre (Wolff, 2001).

Action refers to getting things done, reaching goals, being able to accomplish things more efficiently with existing resources. “Several partners claimed that their involvement in the health action zone enabled them to do their jobs better by being better informed or connected, and because they now knew the right people in the system to make things happen...engagement in the partnership helped their organizations to meet their goals, because of access to community networks, creation of joint appointments or by accessing expertise” (Boydell & Rugkasa, 2007, p. 223).

Collaboration provides the tools necessary to do more with less. An organization may not have the resources necessary; however the collaborating agency may have such resources (Wolff, 2001). Collaboration promotes buy-in from various leaders in the community to explore possible opportunities (Bond & Hauf, 2007).

Impact occurs to different degrees, although collaborative efforts are seen as small scale compared to other health care initiatives. Enthusiasm resulted when benefits were realized in areas such as those experiencing the effects of inequality (Boydell & Rugkasa, 2007). Impact goes beyond the services that were provided by encompassing the opportunities arising from collaboration, especially the participation by academia including research and

undergraduate education (Pattillo et al., 2002). Smaller organizations involved in collaboration are provided with opportunities to be involved in research studies, to feel part of something valued, and in turn provide information for researchers.

Nursing students may find increased opportunities for education placements through collaboration efforts. Students “begin to incorporate a broader scope of improving quality of life, and decreasing health disparities into nursing practice” (Conner, et al., 2007, p. 359). As a result of these experiences, nursing students can strengthen areas of their nursing practice, including community involvement and social responsibility, and develop skills necessary to work with vulnerable populations, especially those with significant health disparities (Conner, et al., 2007).

A final benefit to collaboration arises specifically from organizations that have an opportunity to collaborate with a faith-based community centre. A faith-based centre can provide missing aspects of holistic care for people who access and use services, along with members of the community. Pattillo et.al. (2002) view collaboration as a way to increase the visibility of the resources and services they offer along with increasing their competence in faith-based community nursing.

Challenges/Barriers to Collaboration

While there are many documented benefits it is also important to explore the challenges and barriers to collaboration. Developing a thorough plan to have two organizations working together can be difficult to

accomplish (Barnes, Maclean, & Cousens, 2010). One challenge raised is how to collaborate when an organization is already making do with what little resources it may have for a program, and the organization is faced with stretching scarce resources (Barnes, Maclean, & Cousens, 2010; Kelly et al., 2004; Gee et al., 2005). Kelly et al., (2004) further elaborate on this concern that it is not just the sharing of scarce resources that poses a challenge; the greater limitation to collaboration is organization capacities. Difficulties arise with collaboration around inadequate resources, including the sharing of information and resources, its time-consuming activities, along with differing priorities, visions, mission statements, and/or philosophies among organizations (Gee et al., 2005; Vogel et al., 2007; Weiss, Anderson, & Lasker, 2002).

Further research needs to be conducted around specific organization capacities such as resources, workload, and communication to see how they affect and impact collaboration between various programs and organizations (Kelly et al., 2004). Vogel et al., (2007) state that these barriers can be overcome if collaboration is planned carefully, with the necessary time needed, and when proper guidance is provided. This entails strong leadership that is required to change the mindset of management towards nurturing and strengthening the collaboration process (Koelen, Vaandrager, & Wagemakers, 2008; Poland et al., 2005). Issues can arise when leadership does not support collaboration, especially in a hospital setting. Collaboration by community health centres is not viewed as part of the institutional culture. This can

result in barriers for individuals within the organization who want to explore collaboration further (Poland et al.).

Description of the Two Organizations

Klinik Community Health Centre's mission is to offer primary health care, mental health care and community health services to enhance individual and community capacity. It is a non-profit, community-based health care centre, with a 35 year history of providing primary health care to the core area of Winnipeg and other specialized health services for Manitoba. Klinik Community Health Centre has two locations. Their primary location is a two storey centre on Portage Avenue. The second location is a community Drop-in centre situated in a renovated Victorian style house located on Broadway Avenue. Klinik Community Health Centre employees 240 individuals and also relies on the support from their approximately 200 trained volunteers.

Klinik Community Health Centre is a centre that promotes the healing, learning, and thriving of all individuals they serve, offering a voice of hope, opportunity, and change. Their services can be grouped into 3 categories:

- Community Health and Education Services
- Counselling Services
- Health Services

Community Health and Education Services

- 24-hour Sexual Assault Crisis line for Manitobans.
- Short-term in-person counselling for victims of sexual assault and their families, friends and supporters.
- Medical, legal support and advocacy for sexual assault victims.
- Training and education in areas such as crisis intervention, suicide prevention, sexual assault/abuse, family violence, dating violence, reproductive health, prenatal care, breast feeding support and well-baby care.
- Youth health education services through Teen Talk.
- Community health education
- Community development, support for groups working on community health concerns
- Volunteer recruitment and screening

Counselling Services

- 24-hour Manitoba Suicide Line provides confidential telephone support for Manitobans who are impacted by suicide. This includes services to individuals who are feeling suicidal, those who are concerned about family and friends who may be at risk of suicide, and those who have suffered personal bereavement from suicide.
- 24-hour crisis line for Manitobans providing confidential telephone counselling, support, and referral.
- Individual and group counselling for individuals affected by trauma,

domestic abuse and suicide bereavement.

- Manitoba Farm and Rural Stress Line which provides telephone support, counselling and information to anyone whose life is in any way affected by farming, agriculture, and rural living. This service is provided out of their Brandon office.
- Individual and group counselling to women transitioning out of the sex trade and recovering from childhood sexual abuse and addictions.
- No fee Drop-in counselling to anyone or any reason, typically a one-time appointment but can provide short-term follow up counselling.
- Workers Compensation Distress Line providing 24-hour confidential telephone counselling for those having trouble dealing with the effects of their injury

Health Services

- Primary health care including prevention, health promotion and education provided by a multidisciplinary team including physicians, nurse practitioners, primary health care nurses, medical assistants, dietitians, social workers, and lab technologists.
- Counselling and health education
- Community outreach
- Specialty Walk-in Clinics: Teen Clinic, Pap Test, No Hassle (for sexual/reproductive health concerns for those over age 21)

- Service areas include family practice, reproductive/sexual health care (including youth), child and maternal health, geriatrics, HIV, Hep C and TB.
- Outreach services for the elderly and those with mobility and mental health issues provided by physicians, nurses, social workers and dieticians.

St. Matthew's-Maryland Community Ministry has been a joint ministry of St. Matthew's Anglican Church and Winnipeg Presbyterian of the United Church of Canada since 1972. Their mission states "Grounded in God's love, St. Matthew's-Maryland Community Ministry builds community well-being; works for justice; and nurtures hope within individuals and families in West Central Winnipeg." The Ministry does not impose any religious views on participants through their programs although spiritual support is there if needed or requested. The Ministry is located in the lower level of the St. Matthew's Anglican Church and has one full time minister who is supported by volunteers to run the various programs.

St. Matthew's-Maryland Community Ministry offers programs that meet the basic needs of individuals in the community, that build community through social and recreational activities, and that provide self-help education and options along with working towards social and political change. St. Matthew's-Maryland Community Ministry groups their programs under core and regular programs, and special events.

Core Programs

- Food supplement program: offered twice weekly and provides 2-3 days food for 36-45 low income households in the community.
- Drop-in program: a safe place for members of the community to gather and provides access to computers with Internet, free local phone calls, daily newspapers, games, emergency food kits, free haircuts, pastoral counselling, advocacy, light lunch and refreshments.
- Women's Drop-in: along with the regular Drop-in programs, offers activities such as knitting, sewing, crafts, baking, and a Christmas gift exchange, supported by church/community volunteers and nursing students.
- Men's Drop-in: along with the regular Drop-in programs, the men's Drop-in provides single men a safe place to share, gather, discuss any issues and have the opportunity to share in the planning, purchasing, and preparing of a meal.

Regular Programs

- Artists' circle: Ministry provides the materials and volunteer artistic support for members in the community who want to explore their artistic talent.
- Nutrition bingo: participants have an opportunity to win a food prize that includes the materials and recipe to make one nutritious meal.

- Soup (or salad) and story
- Community garden/green space: Ministry supports two community gardens for community gardeners and was actively involved with the City of Winnipeg in developing a small green space into a community park with a few container garden plots.
- Summer program: family focused programming, including recreational opportunities.

Special Events

- Games day: offered three times a year provides families and individuals an opportunity to play non-competitive games with peers, friends, family, volunteers and staff.
- Valentine's Feast: a meal of chilli, buns and dessert are offered to approximately 60 members of the community.
- Dinner theatre dress rehearsal: the Ministry receives an annual invitation to bring community volunteers to the dress rehearsal of a dinner theatre from one of the supporting congregations.
- A celebration of Christmas
- Monthly birthday celebration
- Assiniboine Park picnic and Winnipeg Beach day

Note: All information on the organizations and the services they provide were obtained from pamphlets, brochures, annual reports and online service information.

Methodology

In keeping with a participatory approach, a Community Advisory Group was established to oversee the project from start to completion. A Community Advisory Group is a key component of a successful community-based research study (Thurston et.al, 2004). Key members of each organization and the researchers selected the advisory group members. Members of the Community Advisory Group included representatives from each of the two organizations, representatives who lived or were involved in the community area of study, the principal researcher, two co-investigators, and a research assistant. The Community Advisory Group met throughout the study, and at other key junctures in the study, for example to review preliminary findings. The Community Advisory Group played a key role in the research project, especially the design of instruments, sample recruitment, reviewing of interview schedules, and planning of the final focus group.

Benefits of the Community Advisory Group were numerous and included: providing accessibility to the two organizations; supporting the researchers; enhancing user friendly research tools; demystifying research for members of the organizations and the community; and fostering recruitment for the various research data collection methods. Challenges included: the need for researchers to give up some control of the process; working towards equal participation of organizations; “establishing balance”, establishing membership in the advisory group and,

scheduling of meetings (teleconferences and one-to-one meetings if a member could not attend scheduled meetings).

We developed a model that provides a visual display of the connections and collaboration which were explored and examined (See Appendix B). These included examining how community organizations worked with each other within an inner-city neighbourhood, and how each individual organization engaged in population health promotion.

Data collection for this qualitative case study included focus groups and individual interviews. An inventory of services from both organizations was compiled. Data triangulation was established by including the perspectives of three groups: service providers, Board /management members, and program participants. A final focus group was conducted in which we presented findings to the organizations for their discussion. These data collection approaches were innovative in that differing perspectives were obtained to understand how community organization capacity is realized. Commensurability between the organizations regarding perspectives on health promotion programming was important to the understanding of collaboration.

An inventory of services from both organizations was compiled by reviewing population health promotion activities including pamphlets, brochures, annual reports and online service information. The inventory of services is located in the previous section, Description of the Two Organizations.

Key to collaboration is the perspectives and worldviews of all stakeholders. Such representation reinforced the value of every member of the organization and “gave a voice” to those who in the past may not have felt heard. This resulted in a depth and breadth of findings that have policy implications. In addition, a social interaction occurred through the focus groups. The perspectives from three groups of stakeholders: service providers, Board /management members, and program participants were obtained by conducting key informant interviews with providers (5 from each organization), 2 focus groups with the program participants at each organization (9 from Klinik Community Health Centre; 13 from St. Matthew’s-Maryland Community Ministry), 2 focus groups with the Board/management members, one from each organization (5 from Klinik Community Health Centre; 3 from St. Matthew’s-Maryland Community Ministry). See Appendix C for semi-structured interview questions for key informant interviews as well as the focus group questions for both program participants and Board/management members. See Appendix D for demographic details of the individuals who participated in the study.

Preliminary findings from the key informant interviews and the focus groups were presented in a two hour final focus group where Board/management members and providers of services from each organization were invited to attend. Participants included 2 individuals from St. Matthew’s-Maryland Community Ministry and 6 from Klinik Community Health Centre. The research

team presented for 20 minutes allowing time for discussion and reflection from the two organizations on past, present, and future collaboration efforts.

All interviews, including focus groups, were audio taped and transcribed verbatim by a professional transcriptionist and transcripts were thematically analysed to reveal insights about past and current forms of collaboration, challenges and barriers, and the potential for future collaboration between the organizations for population health promotion. To ensure the confidentiality of all participants in the study and to maintain the trustworthiness of the research, transcripts were shared only among the research team and stored in a secure environment. Each focus group lasted approximately 1.5 hours and was jointly conducted by two members of the research team. Major points offered by participants were recorded and summarized on large flip-chart pages. Light refreshments were provided at all the focus groups and a \$20 grocery gift certificate was provided to all participants in the program participant focus group as gratitude for their time and invaluable information they shared with the research team.

We would like to acknowledge the limitations that exist in our study. Data that were collected for this research study arose from two organizations located within the same inner-city neighbourhood. These qualitative findings cannot be generalized in the statistical sense; however, and in terms of transferability, the findings may have currency or relevance to other contexts, including organizations engaged in capacity

development. In addition, the data collected during the course of this study do not represent the views of all involved in both organizations; they are the views of participants who volunteered for the study. The University of Manitoba's Education/Nursing Ethics Review Board granted the ethics approval in order for this research to take place. An explanation and primary purpose of the study were discussed at the beginning of each focus group and key informant interview prior to informed consent being obtained from each participant.

Findings

Data from all of the interview transcripts, were analyzed looking at the patterns and themes of past, current and potential future collaboration.

Perspectives of Program Participants on Collaboration

Two focus groups were held with program participants of Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry. The following demographics and content describe the participants and the context of the interviews.

Demographics and Context

There were nine participants in the Klinik Community Health Centre focus group and thirteen participants in the St. Matthew's-Maryland Community Ministry focus group. The majority of participants made use of both the services offered by the two organizations. Several of the program

participants volunteered their time at St. Matthew's-Maryland Community Ministry (see Appendix D). The interviews lasted approximately 1.5 hours each. One was conducted by the principal investigator and research assistant, while the other was conducted by the principal investigator and one co-investigator. Major points offered by participants were recorded and summarized on large flip-chart pages. The interviews were tape recorded and then transcribed verbatim.

The following are themes that emerged from the two focus groups with quotations from the participants themselves.

The “Good” or the Positive Aspects about Each Organization

Both agencies were well regarded by participants. St. Matthew's-Maryland Community Ministry was described as a caring place and as fostering community spirit. People gathered at St. Matthew's-Maryland Community Ministry for respite and the opportunity to extract themselves from the challenges of everyday life.

This is a caring place. They call it community because we care about the community. That's what drew me to it in the first place because it is such a caring place and we care about the clients and the people that use the services here.

I think the respite, you know what I mean? It's just a place to come in and sit down and have coffee. Nobody's going to bother you; nobody's going to

rip you off....This is like a haven in a way.

St. Matthew's-Maryland Community Ministry was viewed as a “safe place” with an informal atmosphere. Trust (of clients) was reported as integral to working with clients. Participants suggested that St. Matthew's-Maryland Community Ministry opened its doors to the community (to house programs) but did so without religious proselytizing.

“You don't have to worry about somebody trying to turn you over to God or something.”

Similarly, Klinik Community Health Centre was described as an agency that was strongly connected to the community. One participant noted that Klinik Community Health Centre “*builds strangers into neighbors.*” Several other participants added “*friends*” to this statement, i.e., Klinik Community Health Centre “*builds strangers into neighbors and into friends.*” This powerful outcome associated with community development did not go unnoticed by the participants. Moreover, Klinik Community Health Centre was known as a place of holistic healing; bodies, minds, and spirits were healed. The staff was noted as respectful, kind, and compassionate.

They're [Klinik] really in touch with the community....It's not just medical; it's a spiritual place. It's more than just a walk-in clinic where you just get your medication. They're trying to heal the whole

person, not just the physical ailment.

The staff at Klinik Community Health Centre were observed to be caring and compassionate in relation to mentally ill people and “street people.” They made appropriate use of conflict resolution.

I've seen different situations with mental illness and different people like off the streets. And it just seems like everybody kind of gets together as a family working here [Klinik] and diffuses some bad situations that could turn out to be really bad. So, I find that the people that all work here—they all work in harmony together.

In terms of program development, Klinik Community Health Centre was viewed as skillfully linking programming to the needs of the community. In contrast, St. Matthew's-Maryland Community Ministry was identified as needing to ensure such linkages were established. Furthermore, ongoing consultation with the community was deemed important.

They [St. Matthew's] should be discussing any kind of project which would assess needs of the community reach. How far does it reach the community?...What sort of vision do people have of this place or should have or would have or can have? That's a part of the usual system when you assess an organization that's working in the community. How well does it reach out? How well is it known in the

community? So these are standard things we need to consider.

The volunteers at St. Matthew's-Maryland Community Ministry were viewed as a real strength for the agency. “*We have a great group [of volunteers]. I'm proud; there's no bias.*” Volunteers extended the capacity of St. Matthew's-Maryland Community Ministry, including its programs and services. The need to mentor volunteers was confirmed by the participants, “*Shouldn't there be some mentoring, somebody to do the mentoring with volunteers?*” At one time, St. Matthew's-Maryland Community Ministry had a Volunteer Coordinator, but the position ended with the termination of funding. The negative consequences of short-term funding are further addressed in the next section.

That both agencies have strong networking was observed by members of each focus group. St. Matthew's-Maryland Community Ministry was viewed as greatly benefitting from partner churches. Klinik Community Health Centre's network and its ability to offer referrals were of note.

We have a lot of support from partner churches here at St. Matthew's. There's Charleswood United Church. The last Friday of each month; they make a whole plate of sandwiches and bring them in here. They're always collecting, other churches are collecting at the Sunday church services. People will donate, donate canned goods or food or whatever and they're always bringing stuff here.

Their networking is very good. If I have needs in other areas, and they don't have the abilities here to do that, then they will direct me to the right area. And if I have needs, they're followed through. I just have to talk to someone about it. There's also a great respect of human beings. They respect each and every human being...

The Challenges or Opportunities Associated with Each Organization

With respect to St. Matthew's-Maryland Community Ministry, participants observed the need for referral services, or at least information that would assist people to access the services they were seeking. In contrast to St. Matthew's-Maryland Community Ministry, Klinik Community Health Centre was helpful in assisting people to locate the services they needed outside the confines of the clinic proper.

"I think that where it [St. Matthew's] fails is that if you have a need that isn't specific to the place, it's very hard, through the lack of information of like referrals or even finding out [what is available]"

"I find that Klinik is very good at, if the thing isn't here, like what you're looking for, like if you can't find it here, they will redirect you"

Several participants from the St. Matthew's-Maryland Community Ministry group were in agreement that a pamphlet or a mini-directory of services would benefit clients. *"Like even a pamphlet....and it could be*

expanded to maybe three or four different things". One participant noted that a list of services was indeed located in the office; most participants, however, were unaware of this list. With respect to Klinik Community Health Centre, participants expressed the desire to have more consultation time with their physicians, i.e., 25 minutes instead of 15 minutes. In addition, the turnover of physicians was of concern to some of the participants.

"Maybe they could have more doctors' stay, you know. I don't know where they move on to, a lot of them, but I just finally get to meeting somebody and they they're moving on to somewhere else".

Both agencies were observed to struggle with programs that received short-term funding. Participants identified that excellent programs (e.g., Healthy Living at St. Matthew's-Maryland Community Ministry) were terminated as a consequence of limited funding. One participant suggested that St. Matthew's-Maryland Community Ministry would benefit from a grant writer. *"Having somebody up front, you know, grant writers so they can keep these programs open up."* The termination of a program was viewed by participants as a significant and real loss for their community.

Participants in the Klinik Community Health Centre focus group lamented the loss of the Diabetes program, previously offered at St. Matthew's-Maryland Community Ministry.

I'm a big advocate for this right now because they had a really good program

at St. Matthew's Church for Diabetes. And the program was cancelled due to lack of funding. And the only place in this neighborhood is here for Diabetes. St. Matthew's was taking pressure off of here [Klinik] for that program and now it's gone. Because here, they really don't have the time for the amount of people in Winnipeg that have Diabetes or come to Klinik.

The Services that would Enhance Programming at St. Matthew's-Maryland Community Ministry and Klinik Community Health Centre

The St. Matthew's-Maryland Community Ministry group identified the following as important potential services:

- Security camera for the bike rack (one participant had his bicycle, which was his essential mode of transportation, stolen from the rack)
- Laundry services (This was challenged by a participant who stated that there were three places in the neighborhood that offered free laundry services)
- Shower services
- Dentist, dental services
- A "travelling salesman" from Klinik Community Health Centre—"to speak to groups about its programs."

The Klinik Community Health Centre focus group identified the following as important potential services:

- Dentist, dental services

- X-ray ("I have rheumatoid arthritis and I have to go to the Health Sciences Centre")
- Child minding (temporary) on site; ("Some people don't want to take their children in when they are getting certain exams done")
- Foot care
- Programming for people living with addictions
- Chiropractic services
- Massage services
- Drop-in centre

Participants in the Klinik Community Health Centre focus group were not aware that a Drop-in centre was active at St. Matthew's-Maryland Community Ministry lower level. They were cognizant, however, of Addictions Foundation of Manitoba Programs and Alcohol Anonymous groups offered at St. Matthew's-Maryland Community Ministry.

More than half (55.5%) of the Klinik Community Health Centre participants had made use of services at St. Matthew's-Maryland Community Ministry. A similar percentage of the St. Matthew's-Maryland Community Ministry participants had also made use of Klinik Community Health Centre's services and/or programming.

Familiarity with Board Members

Both focus groups struggled to identify Board members. With some collective effort, participants came up with the names of one or two members. Who was "on" or "off" the Board was a matter of some

discussion among the St. Matthew's-Maryland Community Ministry and Klinik Community Health Centre groups.

“So, they're not on the Board anymore? That's news to me”.

“Wasn't [name] on the Board? I thought so.”

“I don't think so. [Name] is on it now”.

One participant observed that Board meetings were secret and was not aware of any outcomes associated with such meetings.

None of the participants knew if a community member was on their respective Boards.

Existing or Potential for Collaboration

When asked this question, a participant from the St. Matthew's-Maryland Community Ministry group simply stated, *“They don't.”* Other participants were quick to identify that the “Nutrition Bingo” arose from the “Healthy Living Program” and was an example of collaboration and partnership between St. Matthew's-Maryland Community Ministry and Klinik Community Health Centre. In terms of working together and possible barriers to collaboration, there were contradictory perspectives as revealed in the following excerpt:

“Well, there's nothing. There's no, there's no common ground; I think....They're just independently operating mindlessly without knowing each other.”

“I thought they were working together.”

“So did I.”

What is of interest, is that the St. Matthew's-Maryland Community Ministry participants identified more social-based programming offered by Klinik Community Health Centre (e.g., soup kitchen, Teen Drop-in, social worker). Such programming was in keeping with the nature of programming offered by St. Matthew's-Maryland Community Ministry (e.g., Men's Group, Casual Drop-in, Alcoholics Anonymous, etc.). However, only a few of the participants were able to “see” such common ground and the opportunity for partnerships and collaboration.

Participants in the Klinik Community Health Centre focus group identified the need to better publicize the programs offered out of St. Matthew's as *“the information's not out there.”* A community flyer or newsletter (brief) might be used to communicate what is “happening” at the two agencies. Participants thought that this information was lacking in their community.

In addition, the group suggested that the two organizations *“work very well [together], but...there's a lot of room for improvement.”* Participants suggested that a Board member from St. Matthew's-Maryland Community Ministry should sit on the Klinik Community Health Centre Board *“and vice versa.”*

Finally, participants from the Klinik Community Health Centre focus group recommended that a joint-picnic could be hosted by the two agencies.

Perspectives of Key Informant Providers and Board/Management Members on Relationships between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry

This analysis is based on 10 provider interviews and two Board/management member focus groups. These provider/volunteer interviews and focus groups were conducted during July-August, 2009. Findings about the relationships within each organization are discussed in a separate section, which follow later in the report.

Demographics and Context:

Key Informant Interviews: Service Providers

The following demographics are a summary of the 10 key informant provider interviews (5 from Klinik Community Health Centre; 5 from St. Matthew's Maryland Community Ministry). The age of providers ranged from 34-65 years with an average age of 50 years. Nine providers were female and one was male. The number of years working at the respective organizations ranged from 4 months to 8 years with an average of 5 years. Nine providers had a post-secondary degree/certificate. One provider had additional post-secondary education. Seven providers were paid for their work by their organization and 3 key informants volunteered. The majority of the providers' family income ranged from \$40,000 to \$70,000 a year (see Appendix D).

The interviews took place at the respective organizations and lasted from 1 – 2 hours.

Consent forms were signed by the providers prior to each interview. All key informants expressed interest in attending a final focus group that included Board/management members and providers from each organization. The purpose of the final focus group was to obtain their feedback on the data analysis and discuss recommendations.

Focus Groups: Board /Management Members

The two focus groups comprising Board/management members included 8 women ranging in age from 43-68 years, with an average age of 55 years. Seventy-five percent of this group had post-secondary education and a majority had family incomes ranging from \$70,000 - \$100,000. The average number of years in their organizations was 7 years but individuals' length of service ranged from 1-19 years (see Appendix D).

These two focus groups included the people who volunteered to represent each organization's policy setting sectors that were available and would be most knowledgeable about the activities and relationships between the two organizations. Consequently these were not necessarily traditional Board member focus groups as was originally conceived in our research proposal. The relative size and organization complexity differences between the two were reflected in the process by which the focus groups were created. The composition was probably also influenced by the fact that data collection took place under some time constraints towards the end of the data collection period. It is conceivable that a longer time frame for the research might

have resulted in larger numbers. Nevertheless participants brought knowledge and understanding to the issues under discussion.

These key informant interviews and Board/management member focus groups elicited information about past collaboration, current collaboration, challenges and barriers, and potential for future collaboration between the two organizations.

Past collaboration

Providers and Board/management members offered examples of past collaboration between the two organizations, to include the following:

- Healthy Living program
- Nutrition Bingo program
- Social Justice Committee of Klinik
- Just Income Coalition
- Petitions – e.g. EIA and increase to minimum wage
- Community Cupboard project
- Food banks
- Drop-in programs
- Garden Preserves program
- Well-Baby clinics (Public Health Nurses)
- Dietetic interns from the Nutritional Sciences program at the University of Manitoba

Focus group participants and key informants all spoke about the long history of both organizations working in this community.

A provider at Klinik Community Health Centre who had a work history in both organizations beginning in the 1990's at St.

Matthew's-Maryland Community Ministry, spoke about the change in geographic focus over the years at the community health centre, "*Our focus at Klinik prior to 2001 was more of a West Broadway focus but since about 2001 it became more a North of Portage focus.*"

Within the context of some secular organizations having suspicions about the Community Ministry because it is faith-based, a representative from St. Matthew's-Maryland Community Ministry thought this was unwarranted because, "*We have such a long history in the neighborhood. We have 37 years under our belt. It started in 1972 as a before and after program for latch key kids in the neighborhood.*"

Everyone agreed that the relationships between the two organizations were more informal than formal. Most spoken about were the referrals from one organization to the other. One provider at St. Matthew's-Maryland Community Ministry commented, at the beginning of the interview, "*I know very little about Klinik.*"

Examples of referrals from Klinik Community Health Centre to St. Matthew's-Maryland Community Ministry included the Drop-in programs and food bank programs. Food issues were worked on together by both organizations for years. As one provider said, "*It is more comfortable for them if they know me; I can cut through stuff and get them seen for example, by a doctor.*" The Community Ministry referrals to the health care centre were health related.

Having discussed informal relationships, the one formal relationship discussed at both organizations was the “Healthy Living Program.” This program was originally called the Diabetes Prevention Project and was a partnership of three organizations, St. Matthew’s-Maryland Community Ministry, Klinik Community Health Centre, and Spence Neighbourhood Association. The program was originally funded by the Federal Government for approximately three years and later funding was acquired from the Province of Manitoba, the Winnipeg Foundation, the Manitoba Service Council, and Neighbourhoods Alive. St. Matthew’s-Maryland Community Ministry and Klinik Community Health Centre provided staff support but the Program was run by a Program Coordinator funded through external funding. This program operated out of Klinik Community Health Centre for six years up until a year previously when funding could no longer be found.

It started out as Diabetes Prevention but it was more dealing with, prevention of chronic health phases. So the focus was a lot on healthy eating but it was also on activities and community development. The key connection was neighbors and feeling a part of a community.

Everyone commented on the success of this program and the devastation and loss felt by all when it closed. The governance of this program included a Steering Committee comprised of staff from Klinik Community Health Centre and from St. Matthew’s-Maryland Community

Ministry. They worked on funding and wrote proposals together.

An example of the kind of creativity that was part of the Healthy Living Program was a pilot project that was part of the ‘community garden preserves’ which was directed towards some of the most vulnerable members in the community.

And it was called Ready Made Entree Program. And it was for people that we found were folks that would never participate in any of the food programs. They wouldn’t come to the special events. They wouldn’t come to nutrition bingo. They would go to the food bank but they wouldn’t take any food that would have to be prepared, you know, like a can of spaghetti they could manage that. And they, you know, would never come to a cooking class. So, those people, we came up with this idea of ready-made entrees. So the community garden preserves worked with the dieticians and they came up with these nutritionally dense recipes. And they prepared them in bulk and froze them..... So they got 10 meals for a token amount of money. And then a connection with a staff person to help make sure that they were accessing all the resources that they needed to access.

As a provider from St. Matthew’s-Maryland Community Ministry commented, “Once that program ended the formal relationship between the two organizations became more informal. Now we have the Chair of our

Program Committee who is a staff person from Klinic.”

The providers from both organizations also spoke enthusiastically about the Nutrition Bingo program, both past and current experiences. They saw the relationship between the two organizations surrounding this program as formal connections. The program operated out of Klinic Community Health Centre which also provided condoms and a dietician.

The sharing of resources was characteristic of past collaboration, as in the example of Nutrition Bingo, and extended into current day collaboration. As a provider from Klinic Community Health Centre remarked, *“There has been work between Klinic and St. Matthew’s Maryland for years and it just seems like a natural fit.”*

However several people expressed a concern that there seemed to be more collaboration between the two organizations in past years.... Another provider stated, *“So there was a lot more collaboration in the past. But, I think we are trying to build that back up.”* An example given was in the area of community economic development with the participation of vulnerable people living in the neighbourhood.

So in the early years both organizations shared a strong commitment to social justice. Both had a population health perspective on health. And, uh, both were very strong on a capacity model

for community development. So those shared philosophies led them to shared work and supporting each other’s work.

“It would appear that cutbacks in funding for St. Matthew’s-Maryland Community Ministry and internal strategic planning interrupted some of the external focus on networking in the community.”

So their attention seemed to be focused more on their specific jobs in the Drop-in and the food supplement. And then, and then fostering the partnerships with the partnership churches. So quite a bit of effort goes into that piece.

When asked about collaboration with public health nurses, a provider from the community ministry remarked,

I have a connection with one, but I think we used to have more of a connection. We used to have a flu clinic that would happen here but the last 2 years, it has not happened here. It has been at Lion’s Manor.

Both Klinic Community Health Centre and St. Matthew’s-Maryland Community Ministry were partners in support of the Just Income Coalition, petitions to increase minimum wage, the Community Cupboard project, and the Social Justice Committee, to name just a few.

Current Collaboration

Present collaboration between Klinik Community Health Centre and St. Matthew's- Maryland Community Ministry as identified included the following:

- Nutrition Bingo Program
- St. Matthew's-Maryland Community Ministry Program Committee – Chair is a Klinik Community Health Centre staff person
- University of Manitoba nursing student community clinical group at St. Matthew's-Maryland Community Ministry made a field trip to Klinik Community Health Centre
- Referrals around mental health issues and depression
- Clients attending programs at both organizations
- Community Gardens program
- Food Supplement program
- Support of vulnerable populations
- The St. Matthew's-Maryland Community Ministry Christmas Store
- Joint voice mailbox
- St. Matthew's-Maryland Anglican Church proposal for housing
- Food banks and Drop-in programs
- Social Justice Committee and housing issues
- Annual Art Exhibition
- The Urban Green Team

Other collaborations identified included the following:

- St. Matthew's-Maryland Community Ministry collaboration with church partners.
- St. Matthew's-Maryland Community Ministry collaboration with Spence St. Neighbourhood programs.
- Klinik Community Health Centre work with the Central Women's Resource Centre on Ellice Avenue.
- Art exhibit and sale organized by church programs.

Some providers thought that the mission and goals of the two organizations were the same and that they shared a similar philosophy of caring for people which was holistic with an emphasis on healthy living. Two people from the community health centre commented,

“I think the missions and goals overlap in the sense of wanting to help care and provide hope to people. Here it is more focused on health care whereas theirs is probably a more spiritual focus.”

“I don't know their mission statement but I am sure it is similar and as well the philosophy of care would be a holistic approach.”

In contrast, another person observed that she did not know if there was still overlap in mission because the St. Matthew's-Maryland Community Ministry had been going through

some strategic planning and she did not know the outcome of that planning.

A provider at St. Matthew's Community Ministry expected that both organizations would collaborate around social justice issues but was not sure if they did collaborate. Yet another thought that they spoke together but did not know what they spoke about. Similarly, someone else did not know if the two organizations collaborated with other organizations except for Child and Family Services.

Of interest was the comment made by a representative from Klinik Community Health Centre describing the role played by joint users of services at both organizations.

People who have been participating for years at St. Matthew's Maryland; they are a wealth of information sometimes. I'll learn about certain things or programs from them. There is a wealth of knowledge coming from clients.

Another person commented that clients can volunteer at St. Matthew's-Maryland Community Ministry. *"What's beautiful is that it does not change your welfare benefits."*

The Nutrition Bingo program, which fostered social justice and promoted the health of people living in the neighbourhood, was viewed as collaboration between the two organizations. A provider at

St. Matthew's-Maryland Community Ministry commented, *"a volunteer dietician coordinates the program. A cluster of churches are involved providing the nutrition and the prizes. Recipes are provided and some may use them, others might not now; 30-40 people attend."*

Providers and Board/management members were enthusiastic about the new collaboration between the two organizations. One of the providers from Klinik Community Health Centre has become the Chair of the Program Committee at St. Matthew's-Maryland Community Ministry. They viewed this change as a formal collaboration. This same person collaborates with many other organizations in the area, for example: West Central Women's Resource Centre, Daniel McIntyre School and the Wiggle, Giggle and Munch program.

As one person said,

"I know that she has a soft spot for St. Matthew's from her years of being connected to the ministry itself. And so we still benefit in lots of ways from that."

Several others were aware of this formal connection and saw this as beneficial. *"So that will be a strong connection between the two organizations. And I think helping to route whatever St. Matthew's-Maryland does in the larger community."* Another saw her role as *"kind of the gatekeeper that would, know what's going on there and for*

her to know what's going on at Klinik that she could pass messages back and forth." At the same time this same person cautioned that apart from this one individual, she was not aware of what other sources might be shared, *"but there's not really a share, like to my knowledge, there's not really a lot of shared services."*

A person from the community ministry thought the two organizations shared places, things, and expertise.

In the fall of 2008, the University of Manitoba, Faculty of Nursing launched a new clinical course to support two theory courses in the 4th year of the undergraduate program with a focus on health promotion and illness prevention. St. Matthew's-Maryland Community Ministry was and continues to be one of the clinical sites. Besides initiating new programs (Drop-in for men), the nursing students were linked with Klinik Community Health Centre for a field trip experience. As a provider from St. Matthews's-Maryland Community Ministry stated, *"For the last group of nursing students, I asked them to go on a field trip, go check out Klinik. I've not actually visited there so it is one of my goals in September."*

The nursing students were seen to be a link in collaboration between the two organizations. Another talked about involvement with practicum students in Human Nutrition being involved with a project at St. Matthews-Maryland Community Ministry, including one in the works where students will be *"basically*

showing [the] cost of food each year and comparing that to income assistance amounts to show the discrepancy. "

Comments were made about the advocacy role with Government around housing issues and others. *"People who come here have a difficult time doing it (advocacy) by themselves."*

Gaps in current services included mental health issues and depression,

"A community of people, who are living at or near the edge of crisis all the time, all the time, never resolve it – it just accumulates and they come to us in crisis."

"I understand that they're going to take some of the volunteers and do some training with crisis intervention and possible counseling things."

Those from both organizations thought many of the relationships between the two organizations were informal, such as referrals and awareness of programs offered at each organization. However they agreed on some formal relationships and offered examples such as the Healthy Living program (ended one year previously), the Klinik Community Health Centre staff person as Chair of St. Matthew's-Maryland Community Ministry Program Committee, and the sharing of the dietician resource from Klinik to St. Matthew's-Maryland Community Ministry.

The Christmas Store at St. Matthew's-Maryland Community Ministry was thought

to be a project enthusiastically supported by both organizations. St. Matthew's-Maryland Community Ministry organized the Christmas Store and Klinik Community Health Centre provided donated items to the store. The store was perceived as supporting an approach with greater social justice because the participants received more dignity than with a donation or charity.

As a provider at Klinik Community Health Centre stated,

Encouraging people at Klinik who normally donate to the Christmas Cheer Board to instead donate to, or also donate to, St. Matthew's Christmas Store. I don't know if that's really social justice or more charity. But again it's just, maybe more dignity is my goal.

The voice mailbox was an idea that was considered part of both organizations. People could sign up and at least have access to a voice mail – “leave a message for someone or somebody leaves you a message”. This was seen as a help to people who could not pay the telephone rates.

Key informants and focus group members, including those involved in two new changes, had high hopes for rewarding outcomes for each organization and for the community. Instead of two part-time community ministers there will be one full-time community minister at St. Matthew's Maryland-Community Ministry. This in part, was viewed as giving more time for advocacy work and networking in the

community. The second change is the staff person at Klinik Community Health Centre who will chair St. Matthew's-Maryland Community Ministry Program Committee. These changes were ones identified as being of a formal nature. It was felt that both these community outreach roles would benefit the two organizations and the community.

“Often we pass each other doing the same thing, sometimes we find out between each other and sometimes we don't.”

Challenges and Barriers

One of the themes in this section identified by both organizations was not being familiar with each other's organizations. Those from both organizations made comments, such as:

“I just hear people talking who've been referred to Klinik and who have been involved in programs there.”

“Just not fully aware of the collaborations that foster social justice in the neighborhood but I expect it would be around housing issues”.

“My activities are limited pretty much to the room where people are coming, in my limited capacity (volunteer). I'm not close enough to the Centre (Klinik).”

There was resolve at both organizations to find the time to visit the other organization rather than just talk on the phone. “We need to make the effort to find out what each organization offers,” and “coming together to do this.” Even interactions with other agencies were seen to be on an individual

basis. As a provider from Klinik Community Health Centre stated:

Well I think I'd have to know more about St. Matthew's programming. And I only basically know, just from having walked over there and been out of my own curiosity sort of thing. And it was a onetime thing; so I sort of have an idea of what programming is going on there but I don't really know it all. And they probably don't really know what's going on where we are.

Those in both organizations were hopeful that having a Klinik Community Health Centre staff person on the program committee at the St. Matthew's-Maryland Community Ministry would help address this problem of familiarity with each other's programs. However a few expressed a concern about depending on one person to connect the two agencies.

Like I think [name] is the connector but she has maybe a different role than what I might suggest for health services because she's probably coming at a different perspective. And then maybe you weren't thinking of like connecting people with health services or making them aware of each other's services then we'd have to work on that. But, like, because I don't know what their needs are.

Time was a challenge for the providers. As a volunteer from St. Matthew's-Maryland Community Ministry commented, *"I free up the staff person to spend time with an individual and in my position, I am free from time."* Another key informant commented,

"In my expanded role I am hoping to have more time to try to get Klinik more out in the community."

Time was also seen as a challenge; letting people at both organizations know about the programs offered was time consuming. *"We all just seem to be very busy."* Yet another commented, *"When someone has a need, they need it fixed now."*

This lack of time may have resulted in a number of missed opportunities for collaboration. Staff at Klinik Community Health Centre noted several opportunities, one in relation to a housing research project...

And we also invited them to [a]service provider focus group that we had. I think that neither of them was able to come to that. Another staff person, knowing there had been collaboration in the past, approached the Community Ministry... so I had only one time approached them to see if they would be interested in having any involvement with me. And, uh, it didn't really go anywhere.

However, a staff person from Klinik Community Health Centre did not see time as a constraint to collaboration. *"I don't think so. I think it's just a matter of maybe, making room or time for it"* She noted it is so easy for people to *"get busy and you're so focused on your own little programs."*

One person commented on the importance of location as a challenge. *"Maybe I'd be able to see how things are more co-*

ordained if I lived right in this community, but I come from outside.” A Klinik Community Health Centre provider stated, *“staff need to be more present in community locations such as at wellness fairs.”* Another from Klinik saw the catchment area as very large and saw that as a challenge.

You know, there, the distance in and of itself is, you know, you’re farther from us. But I don’t know. It would be interesting to know how other organizations that are, cover it, work together and what seems to work or what’s brought them together. I don’t know.

The systems in which the work was done, was a factor in collaboration voiced by those from both organizations. A person from St. Matthew’s-Maryland Community Ministry commented on the church connection, *“Can’t say whether being church connected at St. Matthew’s matters or if there is an awareness that it does. We go that extra mile not to push religion on people.”* The same person commented, *“Trying to convert people can be a barrier (faith-based). The work done at Klinik is as sacred as the work done here at St. Matthew’s.”* However a provider at Klinik Community Health Centre spoke from her perspective about the importance of faith-based services in the community. While she acknowledged that churches, have for good reasons, like the residential schools, become places that cause mistrust, she also stated, *“But I think that by, by sort of wanting to distance ourselves from that, we also went a bit too far because we stopped realizing the important resource*

faith, and just sort of the energy of churches are in a community.”

A person from St. Matthew’s-Maryland Community Ministry identified the challenges as ‘racism, poverty and gender.’ One person from Klinik Community Health Centre talked about the dilemma of the charity model inherent in a food supplement (food bank) model.

It was never meant to be a permanent model. It was a temporary fix. Food banks were a temporary fix. But now they’ve become permanent things. Governments rely on them. And corporations rely on them. Communities rely on them. But how to take that then, that charity model and have pieces of social justice in there, you know, that’s a puzzle with stuff that people struggle with.

People spoke about how difficult it was even trying to offer help to people struggling with housing issues. There just are not a lot of options. *“I had a very ill man, dying with cancer – somebody so ill staying in that hotel. We must be able to do better.”*

One of the external systems that frustrated representatives was the role of the media in their presentation of the vulnerabilities of the poor members of their communities. One stated: *“Yeah and the media doesn’t necessarily, every once in a while I’ve noticed it in the more positive direction. But mostly it’s sort of, you know, how awful things are in this neighbourhood.”* On the

media's propensity to focus on crime, another commented:

But, you know, the whole sensationalism part of things, that's how you get viewers. So, so you have this need to get viewers, I guess, for your, for your funding. And in the meantime, it has, it has so many implications for the community which, you know, seems like that whole, that whole balance between profit and wellbeing of people is sort of a thing.

The role of the media raised the issue of how the community needs to work together to advocate for their community members, and the challenges involved in that kind of advocacy. *"So, instead of here's another, here's another event to deal with and how do we want to respond as a community."*

The importance of doing needs assessments in the multi-service system and knowing what works in the community was identified, as was the importance of staff being aware of the results of those assessments. *"There might even have been an assessment done but I don't know what the outcome of that was."* A case in point was programming for Diabetes.

Like look at the ones that are successful and how did those people do it. You know, I've tried to sort of start a Diabetes program and just with our clients here [but it] wasn't so. Like [it] started off as OK but then petered out. So not necessarily successful.

The result was that people had to receive Diabetes education at Youville Clinic outside the community, *"There is no way the client at St. Matthew's is going to go there. It is not realistic."*

Funding and resources were issues that were seen as challenges by those from both organizations. A provider from Klinik Community Health Centre articulated how money affects everything:

"You can always do more when you have more money, right. When you have more resources, then you get human resources and you get products that I think that should be a total barrier that they can collaborate on."

The challenges of finding money were endless. Someone talked about trying to find money for a child care program. *"We were going after Provincial money, yeah. Federal money, yeah, there were so many changes in Government here, like all the pots of money seemed to be on hold for so long."*

But money was also a form of constraint. One provider at Klinik Community Health Centre commented, *"Klinik receives Government funding – we need to be careful about what we do and how we do it at Klinik."*

A person from St. Matthew's-Maryland Community Ministry spoke about the challenges of time, money and human resources. This manifests in a number of

different ways. For staff there was always the challenge of balancing one's energy and work time when the needs in the community were so great. She observed: *"They were both women who also did a lot of work in the community ministry that wasn't paid. So they both worked part-time but they put in lots of hours."* In relation to herself she stated, *"I will say that, uh, you know, I overextended myself sometimes and, got tired ... Sometimes I was a little shorter with people than I wish I could have been you know."*

Losing funding was an issue, especially for programs that had proven successful, such as the Healthy Living program. Those at both organizations spoke about the tremendous loss of this program to the community when no more funding was made available. This loss was also measured in terms of the time and emotional energy lost in the process of keeping the program alive and the subsequent failure to do so. As one mentioned, *"Oh we applied for tons of money. Yes. A lot of money to apply for. A lot of applications. A lot of applications....we, uh, we ran out of money, which I could talk about all night."*

Two volunteers at St. Matthew's-Maryland Community Ministry spoke about the limited capacity of the volunteer role as a challenge to knowing about Klinik Community Health Centre.

Another challenge related to internal structures. Klinik Community Health Centre is part of a union. St. Matthew's-Maryland Community Ministry has regulations from

the United Church. For example, sick leave; it was felt by a provider at Klinik Community Health Centre that it should be available to providers at St. Matthew's-Maryland Community Ministry, *"like they do at Klinik."*

A person from the Community Ministry commented that she did not see Klinik Community Health Centre as a partner *"as they are kind of higher up than us – it is more like we go and ask them."*

Those at both organizations agreed that the changes in people and programs at the Community Ministry in the past couple of years presented a challenge. As a representative from St. Matthew's-Maryland Community Ministry stated, *"when people change, you have to build relationships all over again."* Someone from Klinik Community Health Centre noted:

So, you know, if their [St. Matthew's-Maryland Community Ministry's] path is going to shift slightly, they're going to put priority on different things, uh, because they have fewer resources.... So they will need to decide what their mission is. And if most of their mission is to provide Drop-in and the food supplement program or just the Drop-in, then that connection with Klinik might be even more limited. But if they focus more on the community development piece and working with the West Central network, I think there's lots of opportunity to do all kinds of things.

Potential for Future Collaboration

Those at St. Matthew's-Maryland Community Ministry were very positive about the potential for collaboration with Klinik Community Health Centre. In the words of one, *"there is an untapped wealth of collaboration."* The reasons provided included the following: *"Both are committed to healthy living/well-being of the whole person."*, *"The Chair of St. Matthew's Program Committee is a staff person from Klinik."*, and *"The community minister is now a full-time position."*

As another stated, *"There is potential for support, sharing opinions and reinforcement of what I'm doing and they are doing."* Yet another commented, *"When we support each other in our existence, we are supporting the health of the people."* One person suggested that Klinik Community Health Centre could offer services at St. Matthew's-Maryland Community Ministry. *"Someone from Klinik did a talk here on stress, depression and anxiety. Coping with the stuff of life."*

A person thought that there could be collaboration between the two organizations with regards the Artists' Circle and there could be mutual benefits to that collaboration. Another spoke about the potential to collaborate around advocacy regarding food, immediate needs and other systemic issues.

More specifically how this would happen is as follows: by making people aware of the health services offered at Klinik Community Health Centre. This will happen with

providers making the effort to find out what programs are offered at Klinik Community Health Centre. One person commented, *"They (Klinik) have physicians that are really good. They have a heart for the people in this area."* Mental health issues were identified as a high priority, as was the potential for counselling and peer support groups (e.g., a breast feeding support group at Klinik) and also issues for immigrant populations were noted.

Those from Klinik Community Health Centre felt positively about the potential for future collaboration with St. Matthew's-Maryland Community Ministry and also other organizations in the community. *"Oh I think there's tons of potential."*

Reasons given for why potential collaboration would succeed included: *"A lot of room to share resources – even connect St. Matthew's to other organizations who can meet their needs."*

The Klinik Community Health Centre employee now connected in a more formal way with St. Matthew's-Maryland Community Ministry was given as reason for future collaboration, *"as she is informed and knows the potential – what is going on – this is what she does."*

Another Klinik representative offered the comment that there is value to collaboration, *"I think there is all kinds of opportunities to develop some kind of programming that people can get what they need by being connected with other people and doing something together."*

Still another person focused on the community development potential in the West Central Network. She believed St. Matthew's-Maryland Community Ministry needed to make a decision to focus externally.

There's all kinds of knowledge and there's energy and there's all kinds of initiatives going. So if the Community Ministry wanted to be a part of that, they could and I can, I could see it, you know, part of that would be to work with Klinic.

Yet another person focused on the two organizations working together and/or with others to respond to difficult things happening in the community. One idea included a network of agencies that could meet together every two or three weeks to discuss what had been happening in the community and working with community members to plan what might be done about it.

How we could use some of the experience, some of the things that happened there in way that, that brings the community together and helps them feel empowered to address problems instead of feeling, defeated by it. I think that would be kind of another, another way of looking at social justice.

More specifically how future collaboration was going to happen included:

- More sharing of resources to “get Klinic more out in the community.”
- Having a doctor or nurse practitioner spending an afternoon at St. Matthew's-Maryland Community Ministry “to just hang out there – appointments won't work as peoples' lives are not so predictable.”
- Both organizations work more on social justice issues together as they did in the past.
- Welcome Club services need to expand their services for newcomers and their role.
- Some Klinic Community Health Centre providers thought that Klinic Community Health Centre would benefit from a Drop-in service program.
- Together the two organizations could have cooking programs utilizing the kitchen at St. Matthew's-Maryland Community Ministry.
- Klinic Community Health Centre could have a Drop-in Diabetes health clinic in collaboration with St. Matthew's-Maryland Community Ministry.
- They could develop works skills development programs for low income people around food preparation (that has been done in the past in the garden preserves program).
- Media and politicians invited to a reflective workshop on advocacy processes.

- St. Matthew's-Maryland Community Ministry could provide a spiritual resource for Klinik Community Health Centre clients.
- Add information about community based services in Klinik Community Health Centre's catchment area to orientation packages for new staff.
- The dietician from Klinik Community Health Centre could go to the food bank at the St. Matthew's-Maryland Community Ministry bringing recipe ideas based on what was delivered by Winnipeg Harvest.
- Cooking classes, community walks and other Diabetes services offered in the community including the Community Ministry.
- Conducting a needs assessment in the community for Diabetes management.
- They could develop a formal relationship between Klinik's health program and St. Matthew's Community Ministry comparable to that with Welcome Place, Kivalliq, and Villa Rosa.

It was suggested that there was opportunity for collaboration in the health and social service area, particularly around mental health issues. Housing was identified as a big gap with people living in hotels.

Additionally, it was felt that nurses could become more involved with newcomers.

Several people felt it would be important that the leadership of the two organizations should take more of a role. One felt the Boards should have more of a formal collaboration. Another from Klinik stated:

Anyway, so, you know, if St. Matthew's Maryland would come to us and say, you know, here's some of the things we think might help us, just to think a little bit more broadly about issues in people's context. To some extent I think that's where leadership comes in.... As an agency, what do we want our relationship to be. Like I think that, that needs somebody in leadership to do that.

In order for future collaboration, as one person commented, "we need to find out what each organization is doing and coming together and having discussions."

Perspectives of Key Informant Providers and Board /Management Members on Relationships within Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry

As mentioned previously the following findings reflect the views about relationships within each of the organizations.

St. Matthew's-Maryland Community Ministry

Relations between Board and Staff

The providers and the Board members commented on the overall positive nature of the relationships between the Board members and the staff. One member stated,

“They provide us excellent reports and attend the Board meetings and I think the relationships are good.” While another said, *“It is a good relationship. It is more for consultation and advisory capacity.”*

One provider talked about the relationship being on a needs basis, *“I would forward an expense sheet that has to go through the Board. It is a very distant relationship.”*

Another provider was not as positive about the relationship *“I don’t think it is a very good relationship.”*

The Board of St. Matthew’s-Maryland Community Ministry is an example of a true working Board, *“We have been really a working Board. So we have taken a lot of responsibility. Like our committees actually are doing the work. And some members of the Board are on site volunteers like [name].”*

Providers noted that some Board members volunteered at the Drop-in centre. As one provider commented *“All the ones that I’ve met have been great to work with.”*

This is a direct result of St. Matthew’s-Maryland Community Ministry’s limited financial resources which have allowed it to hire only two part-time Ministers in the past or, as currently, one full time Minister. Consequently the ‘normal’ *“working relationship gets distorted because sometimes the Board volunteers are doing things that in other organizations might very well be jobs that are done by staff.”* These Board members could only speculate on how the two staff in the past felt about this situation by commenting, *“Sometimes they*

might feel like Board volunteers are just kind of steamrolling over them and saying, this is the way we’re going to do something and they go ahead and do it rather than taking some direction from staff.”

On the other hand they point out that this means that more work actually gets done. The Board also acknowledged that Board/staff relationships are currently in transition with the decision to hire one staff member to take more of a leadership role, *“to be doing more coordination, more administration, um, networking in the community, program development ideas, those sorts of things.”*

This means changes for Board members who may have to step back from some things they may have been doing.

Something as simple as who called the meeting for x, y or z. You know, having been in a staff role, like a senior staff role, um, I would not generally have expected my Board members to have taken that kind of a role, you know.

The members talked among themselves about what this transition means for their community minister. One person felt that the ministers would have appreciated the Board members working on the front line, *“I never heard this. I actually thought we were asking too much of them for the number of hours that they had to work.”*

Another couple pointed out that it had to do with the type of work they were asking the minister to do. *“She doesn’t need to answer the phone and hand out food.”* As another person stated:

We need to make sure that we're using her skills in the best way possible for the benefit of, when I say the organization, I mean the people of the organization, not the corporate body but the people who come and participate in the programs.

Board members also clarified among themselves about how the community minister is supervised and how she is responsible to the Board, which is through a committee, “*Ministry and Personnel[Committee]. M and P for short.*”

Relations between Board Members and Users

The providers and the Board members also spoke about relationships between Board members and users or participants of St. Matthew's-Maryland Community Ministry. At times these relationships were talked about in quite a personal way.

I think there's one particular person who's really not speaking to me right now.....I did something that he feels is the Board's responsibility and hasn't necessarily been fulfilled to his satisfaction. So he's not, I observed today that he really didn't speak to me.

This would appear to reflect participants' knowledge about the Board. As another person stated, “*You know, but I think they do, they pay attention to the, the participants pay attention to who's on the Board.*”

Most providers were aware that users have a relationship with the Board as many Board members are involved with different

activities offered at the Community Ministry. As one participant commented,

At least half of the 16 to 20 Board members volunteer in the Drop-in at sometime or other, or with some program or other. We are not nameless faces when we talk issues together. I think this impacts greatly on Board decision making and visioning into the future. The people who come to the Drop-in live in the community and feel important that others would volunteer for them.

Providers were also aware that some of the Board members might have used the Community Ministry at one time or another. As one participant commented “*Residents and [members of the] community have been active in the neighbourhood and they serve on the Board.*”

Board members also explained that users of their service are potentially represented on the Board.

Like our Board structure is such that there are supposed to be, there are six positions that are to be filled by community members. And the definition of community members can include folks who are, as you say, users of our services, so who are participants.

However, it appears that participant representation has not been consistent. Apparently there was a participant on the Board for a few years but when his term was up there was difficulty finding people to replace him. Yet another example was provided. “*There is one person who is an*

occasional participant but she also doesn't come to the Board meetings very often. And we also have two vacancies among our six community reps right now so."

Focus group members agreed that observations about staff also included volunteers at St. Matthew's-Maryland Community Ministry. In one person's words, *"And as far as people like myself volunteering in here, you're just one of the gang."*

Generally the relationships were described as positive. As one Board member stated,

My sense of the relationships is that they are positive. That people perceive that the staff and volunteers are here to help to make this a safe place. Ensure that it stays a safe place, a welcoming place. I don't hear any bad mouthing of volunteers or staff by participants.

Another suggested that staff and volunteers are perceived as knowledgeable and receptive to steer participants to places to get help that St. Matthew's-Maryland Community Ministry can't provide. In addition, the relationship was described in more personal terms. *"I think it's a friend, but also [a] mentor."*

One person described the relationships as reciprocal in some ways. *"I wasn't feeling well. And I dragged myself down. So, well, have a cup of tea. They were, they were looking after me, you know."*

At the same time this informality posed its own challenges. *"I think that's certainly one aspect of the relationship that has to be exercised sometimes is the setting of limits.*

And that that's the role of the staff and perhaps volunteers. But that's only needed when somebody is really pushing boundaries."

An example given of this kind of issue was asking people to leave when the drop in was closing. However this was not cited as a common or serious problem. *"But that's rare. That doesn't happen that often."*

However, at least one provider felt that the people who come to use the services probably did not have a lot of contact with the Board. *"I know the Board members are often around, some users contact them but not a lot."* However this did not seem to apply to the Church Minister. This same participant commented on the role played by the Church Pastor *"The Pastor is a Board member and has a lot of contact with the people here."*

Ideas for enhancing relationships focused on Board members being more involved with participants, *"to engage with folks in the community."* One woman said how nice it was when Board members came into the Centre and called people by name. This was particularly meaningful when she might run into participants somewhere else in the community or on the bus.

A provider offered a suggestion: *"Pairing up church volunteers and community volunteers to work together, to learn from each other, to get to know each other, as they find solutions together."* Board members suggested 'games day' as an example; *"And we set up all different kinds of games and folks, cribbage for them and stuff like that. There's always food."*

However Board members also acknowledged the demands on those Board members working full time.

I'm just thinking that if, maybe it's a special event or some way in which we all could interact. Because I think we all are richer for that and have a much better understanding of what, what matters. What are the issues that folks in, that come and participate here.

Focus group members also felt that Board members also needed to make the effort to commit to coming to Board meetings once a month.

Finally, a provider commented on the size of the Board.

I've heard comments on how big the Board is. I've heard from some Board members who come to volunteer that some Board members are disgruntled, as you would have on any Board, right. As soon as you have a lot of Board members someone is not going to like how a person has dealt the hand. I guess the attempts of the larger Board are to get more people from the neighbourhood on the Board who are passionate about working in the area.

Relations between Staff and Users

In terms of the relationships between staff (providers/volunteers) and users, some providers described the relationship as one of support and respect. As one commented, *"We try to create a supportive relationship and treat them with compassion and respect."* Another stated *"We look forward to seeing each*

other. We are respectful of one another." Yet another participant described the relationship as *"a safe and nurturing relationship, being friends, a non-hierarchical relationship."*

Other providers described the relationship as one of family.

There is a sense of family, of being connected, or familiarity, a sense of safety. Sometimes I bring my family members to meet them for example on beach day or on zoo day. They love that. In many ways and in many cases, their own family relationship is fractured.

However another provider, when talking about this relationship, said that it varies. *"I'd say it depends a lot on the staff. People have different power dynamics, boundaries- some are paid to provide care and some are volunteers. And some of the volunteer providers are users as well."*

Klinic Community Health Centre

Relationships among Staff, Volunteers, and Board/management Members

As a much larger, more professional organization the relationships among participants, staff, and Board/managers varied significantly from St. Matthew's-Maryland Community Ministry. For instance the focus group at Klinic Community Health Centre involved managers, "the management team," rather than Board members; the Board was clearly described as a policy making Board, and less knowledgeable about the specifics of community collaboration. The language of this focus group was more

professional, sometimes referring to staff as ‘labour’ and services users as ‘clients.’ Consequently observations are described with more focus upon the management team’s relationships with staff, and service participants rather than the Board’s. While Klinik Community Health Centre incorporates extensive use of volunteers, the Board’s involvement in front-line service delivery in programming was not mentioned by the members of the management team.

In terms of the relationship between Staff and the Management Team, focus group members described it as positive. One individual stated, *“I think it’s fair to say that here at Klinik the relationship between labour and management is, um, better than in most organizations in my experience.”* Another stated *“there is a sense that our staff believe that we are for them”* and *“it’s not us against them.”*

They reported that in staff satisfaction surveys done regionally by the Health Authority, *“we rate very well.”* They also point out that employees in such surveys, *“have the opportunity to say whatever they want to say about the management and governance of the agency.. I think, to say that I think morale is, is better than the average.”*

Management Team members were aware of the challenges associated with the size of the agency but overall felt it was not a problem. They felt their size afforded them the opportunity to *“do important work”* but felt it was *“small enough to know each other.”* They felt that their organization was ‘a little bit less formal’ than other

health organizations and had access to *“an informal network”* to communicate with people. They acknowledged that: *“Communication is challenging in any agency. We’re no exception.”*

The Management Team also articulated the strategies used to maintain positive relationships with their staff.

We do some things that demonstrate that we are grateful for the hard work and excellent work that they do. We say it verbally. We have appreciation events for employees to see some tangible symbol of the appreciation that we feel for the work that they do. And it’s, it buys us some, good will.

In contrast to the focus group with managers, when providers were interviewed, they spoke specifically about the relationships between the staff and Board members. Providers talked about various ways that staff and Board members communicated. One provider spoke about the committee route.

We get to know the Board for example through the Social Justice Committee and some Board members joined that. I’ve been invited to a Board meeting to present what I do. When other staff do that, they get to know the Board too. Maybe it depends on your role here at Klinik how much you get to know the Board. When you need something you know they are there.

Other providers spoke about the opportunity for staff to sit on the Board. One commented,

I have met with and given presentations to the Board, however I don't really meet a lot of the Board. There is the opportunity for a staff representative on the Board. I don't know the Board members at Klinik as well. I know the Board members at St. Matthew's Maryland Community Ministry well."

Yet another provider commented *"there is opportunity for staff to sit on the Board. I think it is just a matter of communication, it is a large organization."*

Finally, a provider spoke about the communication from the Board to the staff and volunteers *"It is not very often that the Board communicates with us. It is never stated this is coming from the Board or this is what the Board thinks"*. This statement fits with the picture presented by the focus group of managers. It is the Management Team who works most directly with the staff and volunteers, not the Board per se.

Relationships among the Board/Management Members and Service Participants

When discussing the relationships between the Board and users of Klinik's services the providers described a distant relationship. Some of the providers were not sure that there was a relationship between the Board and users. One commented *"I doubt that there is a relationship unless there is some kind of personal relationship."* Another provider commented *"That's a good question I don't know if there is a relationship. I don't know if it applies here that a consumer is on the Board."*

Having said this, several providers commented on the potential for a relationship between the Board and users. *"There is lots of potential. There are community people on the Board but if there are people on the Board who actually use the services, I'm not sure. It is something that would be good to explore."*

The Management Team members spoke almost exclusively about their relationship with clients rather than the Board's relationships. In terms of the client/Board relationship, the focus group members stated that anything they articulated about the relationships between staff and clients, *"we hope it's rooted in the organization boundaries that the Board has established."*

While describing their own relationship with clients as *"kind of once removed,"* the Management Team members observed the importance of these relationships. *"I certainly respond to people's concerns; it's the way that the providers treat the clients that earn the clients' respect for the organization. Where the organization respects the staff to do the work that is another piece of the pie."*

They [management team] articulated that they believe that the organization is skilled at screening and fitting in *"the kinds of employees that continue to maintain the culture and values and then the clients continue to enjoy that relationship."*

Members of the management team value the importance of Management Team members being part of community events, *"But if there is an event or a celebration there's an*

opportunity for us to be, you know, at the street fair or something like that. That's part of our role too."

This stems from beliefs about the importance of respecting the clients of Klinik Community Health Centre;

That's the relationship building, and it's being grateful to this community of folks who you have a service providing professional relationship with, but who invites you into their real lives. And it's an honour to be asked and, and frequently a joy to attend.

They felt that feedback from clients about service through satisfaction surveys and other forms of "focused feedback" indicated that clients were positive about how they were treated, in particular they appreciated the hours that Klinik Community Health Centre offered their services.

As a large organization of 240 people on the payroll, and another 200 trained service providing volunteers, the organization is large. It also has a 35 year history during which a 'Klinik culture' developed, originating during its earliest days.

Yes, Klinik has a history, through these many years, that still is, there is a culture here. And there are some things, stereotypically, true or less true, but there are some things about this organization that are at least were rooted in truth, right. Like we had started out with its feminine, feminists, old hippies, political lefties, all of those isms; ... As big and complex an organization as it has come to be.

This culture values egalitarianism, treating clients respectfully, with 'a kind of caring'. Staff and volunteers are expected to value the culture.

It is an expectation of the staff that they came for the right reasons and that they'll be supported to do work, and also, for our volunteers I think. They are the folks who answer the crisis line, provide health counselling, all of those. I think those values are part of their training.

The Management Team described how "the people who choose to seek out opportunities to work and volunteer here, are sympathetic to the culture." They are also described as staying for many years. "They come and they stay forever."

In terms of volunteers:

So, and a lot of people would be hard pressed to tell you, in the agency who's a volunteer and who's a paid person. So there is that thing about the valuing of the work that this individual is doing. And often you wouldn't know by, unless you ask, who is who in your group.

Klinik Community Health Centre culture was described as reflecting on the service provided to clients.

The relationship with the clients, uh, I think is very long standing, but that is just the same for the long standing clients as it is for those walk-in clients who we see for very limited periods of time. You know, respect and kind of caring...

Providers, in their interviews, spoke about the importance of the relationship between the staff, including volunteers and those who use the services. They noted the positive and respectful relationship between staff and users. The following comments reflect the views of the five providers interviewed.

“I think there is a very respectful kind of interaction. We are interested in people and people are welcomed here.”

“I think the relationship is pretty positive, safe and respectful. Maybe they see a doc here or dietician and next thing you know, they’re involved in seeing everybody.”

“They are respectful relationships. Trusting and working in partnership, capacity building. We try to engage people, involve people, and support people-connecting with people.”

“It is a close relationship.”

“Informal, casual-not to put up any barriers for example, the way people dress, speak and their attitudes.”

Ideas expressed by providers and the Management Team members to enhance relationships within Klinik Community Health Centre focused on trying to establish ways “to encourage people to speak and be heard”. A Management member stated:

I think we have to because the more we know, the more we’re able to respond and allocate wisely. More people are speaking, more people beside them are saying, I can help you with that and they

don’t need a professional at all. You know, just that opportunity to speak and, uh, as in, you know, there’s always these common problems where you have gatherings and it’s the same people who are speaking. And you know its ways to get the more silent people, you know, talking.

Providers were positive and optimistic about enhancing relationships among service users, staff, Board members and managers. As one provider commented, “I don’t see why not. I think there is a willingness of the organization and the Board. We just need to think about this and try and figure out how we would put that into practice.”

Another commented, “Any opportunity to engage people- it is great to connect people and hear their stories and ideas and work with them, that’s important, challenging but important. Don’t spread oneself too thin, community people need support, direction, and supervision.”

I’m sure there are ways that these relationships can be enhanced. We need to be more connected with what is out there in our catchment area-more community illness prevention and health promotion- there has to be a needs assessment done.

Other suggestions included the following:

Maybe have a staff/Board meeting time. However at Klinik staff don’t even know each other; it is a large organization and some of us connect more than others. It is hard to mingle when you have work to do. Maybe once a year

have a staff meeting for all of Klinik. It is hard to do when we are a twenty-four hour office building we can't shut down the clinic and can't pay for replacements. I am thinking of setting my own resource area on our computer system and post it. I have been invited to meetings on other floors like medical meetings.

“Having users of Klinik on the Board. Having opportunities to come together as a group and exploring ideas, discussions about who do we want to be, who are we? It is a great idea to raise the issue of collaboration.”

Final Focus Group: Board/Management Members and Providers from each Organization

The final focus group was conducted once data were analysed from the 10 service provider interviews, 2 Board/management member focus groups, and the 2 focus groups conducted with individuals who utilized the services at each organization. The final focus group was held approximately 5 months after the last data collection time and was open to all Board members and managers and providers from both organizations. Researchers presented key findings for 20 minutes out of a taped 2 hour time period that was arranged over supper hour with refreshments to accommodate participants. After the presentation of key findings two questions guided participant discussion: What are the most realistic ideas for future collaboration? And how do we make this happen? The

findings from the final focus group are outlined in terms of barriers and challenges to collaboration potential for future collaboration, and strategies to ensure collaboration.

Barriers and Challenges to Collaboration

During the final focus group a key barrier and challenge to collaboration between the two organizations was identified as just being able to develop interventions that work. *“I don't think most people want to sit around at a class and learn how to eat healthy food.” “I think we've set up lots of groups that haven't been so successful. All because people haven't shown up.”*

Although collaboration is seen as beneficial for the users of services from both organizations it was explained that interventions need to be based on needs assessments. *“Your don't want to just give a service blindly without knowing the needs or the wants of the people there.”*

Mental health issues are seen as a potential barrier to collaboration; *“I'd say probably half of them have some kind of mental health challenge in that group, right. So, there the teaching happens in the eating.”*

Reasons why collaboration would be challenged is related to the need for time, staff, and money.

“But it takes a huge amount of money and staff. It takes real staff time to do that and we don't have any. I mean, it's the short answer we really don't.”

“To take a nurse practitioner or social worker and say, just go hang around, it

is relationship building and it is, and it is opportunity, but, but can we really do that with, with our budgets and our resources too.”

“I mean I think we’re all like, um, community ministry and Klinik and almost every agency trying to work on these issues are plagued by that problem.” [time, money]

“And that idea just kind of, um, entered the stratosphere because nobody had the time or energy to pursue it. But it’s another one of those needs.”

Barriers and challenges to collaboration can be discovered just by not knowing the agencies and the services that they offer for clients. *“We are not necessarily well educated on what’s out there and how do we get to it. Who can we refer there? What is the intake process? And we talk about this at almost every meeting that we go to.”*

Potential for Future Collaboration

Both organizations indicated that the potential for future collaboration is there, that it is a possibility; and to start, what needs to be accomplished, is just to step outside of one’s building, to see the possibilities. *“I’m able to do that within my job description, to be going out and linking with different agencies and delivering some different services like that. So, um, that’s a possibility, like from, in my role.”*

So that’s a nice idea that it’s gathering space so maybe incorporating something, somehow on a really informal way. And, of course, trying to, um, empower the staff and the, like by

educating staff maybe about Diabetes there so that if the issue comes up like that, there is something.

So I think in terms of collaboration, the more we can do out in the world, uh. And it doesn’t even have to be at St. Matthew’s. This was an example that happened, you know, at a whole other organization but still in the community.

So it seems to me there’d be some simple ways to do some collaboration with this. Like the women’s Drop-in on Wednesday afternoons, maybe could be once a month that somebody from Klinik comes to, um, do some food, yea, food stuff with folks that are there. They’re looking for programming.

The possibility for collaboration, with nursing students playing a key role, was just one of the ideas explored during the final focus group discussion. *“And, uh, I wonder if even they could maybe add a project, do a joint project between St. Matthew’s [Community Ministry] and here to look at more, how can we collaborate.” “Wouldn’t it be nice to have the students get together and listen to what they’ve got to say to each other.”*

Not all collaboration needs to start from the beginning. It was noted that collaboration can grow on what is existing currently between the two organizations. *“The Boards working together in collaboration ways that, uh, might be of worth pursuing in terms of, uh, I’m not sure how to imagine one another’s Boards or, um, even if there was a chance for listening and exchange in that way, that might be easily set up.” “And the*

development and cultivating and developing of relationships Board to Board. And part of that is just about coming to know each other, uh, across communities.”

The potential for collaboration on social justice issues was discussed noting that collaboration is already happening in this area.

All the letters of support. And the meetings that happen. So I've lost count of how many letters written saying, you know, this is a great idea, we support. Right. So I think that that's actually, um, important in an odd way both around funding and around, you know, how to push the agendas forward.

“Slew of community groups and organizations that are coming together so you know what's happening. And I think from one of those is where Healthy Living [program] was created.”

“And there's just the different evidence about the gap between being able to afford food and Income Assistance, right. So that's. So, I mean, everybody getting together and being a voice, I guess, to try to push for that.”

Collaboration on services for exiting the sex trade was another important issue that was addressed during the final focus group.

“Klinic would support services for women and transgender folks who are contemplating or not, uh, exiting the trade.”

“You know. There's kind of a zone [neighbourhood] in there that. So it's just not served particularly well.”

The discussion that arose about the potential collaboration on volunteer training between the two organizations was an important idea.

The other thing that occurred to me was your whole history of volunteer training which is so well developed. And we're just moving into relying more on the volunteers, in our work. So if we could have some collaboration, that would be really helpful, even if it was people doing pieces of things, Train the Trainers.

“So we could certainly provide some resources and some support, in that way [volunteer training], easily.”

Collaborating on learning about Aboriginal culture was also seen as a significant suggestion. *“Could we do those kinds of education pieces together.”*

“We have a professional responsibility to, uh, grow our capacity to do this. And the funders increasingly, um, have been very clear that that is their expectation.”

There is a treasure chest of leadership in Aboriginal community, uh, community, small community based, uh, associations and organizations who are working to assist agencies across health, education, and the provision of social services to build a cultural capacity in terms of services provided to [the] Aboriginal community.

Strategies to Ensure Collaboration

It is important to include in the collaboration efforts the different levels of government

who fund programming in the community. Overall, building partnerships is seen as crucial to ensure the ongoing success of collaboration efforts.

It's back again thinking about partnerships, partnerships, partnerships. Key to all discussion, it seems to me, is the need for, um, highly knowledgeable, highly accessible systems navigators. Because that, what, what you have just talked about the questions how do we do that, that knowledge is out there...

... And they're banging on doors trying to deliver the messages. But it's complex. There's a lot out there. Um. And even, service providers within our own organizations are not necessarily, um, totally well versed in how we access systems within our agency, never mind to the outside.

The involvement of community members and leadership was seen as a strategy for ensuring collaboration. *"No planning or services will go forward without the participation of members of the community and hopefully the leadership in the community being a part of, of the decision making surrounding those services."*

The simple yet powerful strategy of listening to all involved in collaboration efforts was seen as important in the final focus group discussion. *"But if we keep listening, and keep trying to understand maybe we will be as smart as we can about what we do with our resources and how we ask for more and how we use the ones we've got."*

It is important to utilize the resources currently available for strategies to ensure collaboration and utilizing Board members was seen as one of those resources.

I always think back to Boards about a Board's influence, a Board's ability to, um, write letters that are very highly political to the funders to ask for meetings with elected representatives. It falls off our radar screen in the busyness but it is so important that, that social justice piece that we keep working on the issues related to lack of safe affordable housing.

"And the development and cultivating and development of relationships Board to Board. And part of that is just about coming to know each other, uh, across communities."

Conducting research, in particular this collaboration study, was seen as a strategy in itself to ensure collaboration by the simple gesture of the sharing of food, and the development and commitment of the Community Advisory Group. *"I think someone at one of the groups was going to take food, take it to the Drop-in, I think to go do it. It was really neat that they were going to take it and go to the other place."*

The Community Advisory Group was absolutely critical for this to be able to flow. Just those of you who are on it and like if there was ever a case to be made on researchers trying to make a piece of research work, it just wouldn't work without the committee. Like there's all kinds of examples of that.

Recommendations

Participant Recommendations

Participants in the study identified various recommendations to ensure ongoing collaboration between the two organizations and the continued growth of collaboration between them as well. The following are the participants' recommendations:

- Nursing student collaboration
- Collaboration to help individuals exiting the sex trade
- Understanding Aboriginal culture
- Better publicizing of programs offered by both organizations and orienting staff to them
- Volunteer training; sharing resources
- Joint picnic, hosted by the two organizations, along with community walks
- Listening to all involved in collaboration efforts
- Board members from each organization sitting on each other's Boards
- Have a physician or nurse practitioner spending an afternoon at St. Matthew's-Maryland Community Ministry
- Collaboration efforts on social justice issues, as was done in the past between the two organizations
- Welcome Club services expanding their services for newcomers and expanding the role of the Welcome Club
- Addition of a Klinik Community Health Centre Drop-in centre, including a Diabetes health clinic

- with St. Matthew's-Maryland Community Ministry
- Collaboration on cooking programs
- Conducting a needs assessment for Diabetes management
- Dietician from Klinik Community Health Centre visiting St. Matthew's-Maryland Community Ministry during their food bank, bringing recipe ideas for the food items provided by Winnipeg Harvest
- Expanding on the formal relationships between the two organizations
- Mental health collaboration
- St. Matthew's-Maryland Community Ministry becoming the spiritual resource for Klinik Community Health Centre
- Utilizing the resources currently available for strategies to ensure collaboration
- Involvement of community members
- Strong leadership within both organizations

Research Team Recommendations

The research team offers these recommendations given familiarity with the literature on community-based research and collaboration, along with knowledge of both organizations. Literature suggests collaboration takes time and money. Successful collaboration is predicated upon having both Board members and managers prioritize collaboration between organizations. It is important that the organizations' leadership work toward collaboration.

The literature suggests that there can be tension between the provision of services and collaboration with other organizations. Organizations need to have sufficient resources to deliver services while developing collaboration strategies.

We encourage collaboration, not only between St. Matthew's-Maryland Community Ministry and Klinik Community Health Centre, but also with their existing neighbourhood networks.

The literature reveals creative ways to use students in collaboration efforts/projects. Involving students from, nursing, psychiatric nursing, and social work, in collaboration efforts creates opportunities that are invaluable for the students involved, service providers, and the participants in the program.

The data revealed the tremendous success of the Healthy Living program as an example of community collaboration. This program was funded independently and was an excellent use of resources. Programs such as this should continue to be funded.

More research building on the design and findings of this study is needed.

Conclusions

This report highlights the importance of an active and effective Community Advisory Group when conducting community-based research. Consultation with three levels of participants within each organization was a particular strength of this study where past, current, and future opportunities for collaboration were identified by participants. Providing funders with evidence of how

collaboration has benefitted each organization may assist either or both organizations to secure resources for future collaborative initiatives.

There are potential resource synergies that can be achieved through collaboration and successful collaboration is predicated on strong leadership within the respective agencies. Organizations can meet their goals by collaborating and building on existing linkages, connecting information, resources, marketing, and fundraising (Barnes, Maclean, & Cousens, 2010). The potential in these caring relationships for synergy, empowerment, collaboration, and partnership is tantamount to building the desired outcome of community organization capacity for population health promotion (Community Health Nurses Association of Canada, 2003; McMurray, 2007; Ristock & Pennell, 1996; Watson, 2002).

The findings and recommendations generated from this study speak for themselves, getting together in the spirit of collaboration, to accomplish what might not have been achieved before and what might be accomplished in the future. "I know, I'm thinking how nice it is just to sit here in this room, I mean together. Because I, I haven't done that. It's good. It's a good moment."

References

- Barnes, M., Maclean, J., & Cousens, L. (2010). Understanding the structure of community collaboration: The case of one Canadian health promotion network. *Health Promotion International*, 25(2), 238-247.
- Boydell, L., & Rugkasa, J. (2007). Benefits of working in partnership: A model. *Critical Public Health*, 17(3), 217-228.
- Bond, L., & Hauf, A. (2007). Community-based collaborations: An overarching best practice in prevention. *The Counselling Psychologist*, 35(4), 567-575.
- Chervin, D., Philliber, S., Brindis, C., Chadwich, A., Revels, M., Kamin, S., et.al. (2005). Community capacity building in CDC's community coalition partnership programs for the prevention of teen pregnancy. *Journal of Adolescent Health*, 37, S11-S19.
- Chrisman, N., Senturia, K., Tang, G., & Gheisar, B. (2002). Qualitative process evaluation of urban community work: A preliminary view. *Health Education & Behavior*, 29, 232-248.
- Community Health Nurses Association of Canada. (2003). *Canadian Community Health Nursing Standards of Practice*. Ottawa: Author.
- Conner, A., Rainer, L., Simcox, J., & Thomisee, K. (2007). Increasing the delivery of health care services to migrant farm worker families through a community partnership model. *Public Health Nursing*, 24(4), 355-360.
- Gee, L., Smucker, D., Chin, M., & Curlin, F. (2005). Partnering together? Relationships between faith-based community health centers and neighbourhood congregations. *Southern Medical Journal*, 98(12), 1245-1250.
- Griffith, D., Allen, J., DeLoney, E., Robinson, K., Lewis, E., Campbell, B., et.al. (2010). Community-based organization capacity building as a strategy to reduce racial health disparities. *Journal of Primary Prevent*, 31, 31-39.
- Hamric A.B., Spross, J.A., & Hanson, C.M. (2009). *Advanced practice nursing: An integrative approach (4th ed.)*. Saunders Elsevier: St. Louis, Missouri.
- Huang, C. (2002). Health promotion and partnerships: Collaboration of a community health management center, county health bureau, and university nursing program. *Journal of Nursing Research*, 10(2), 93-103.
- Judd, J., Frankish, C., & Moulton, G. (2001). Setting standards in the evaluation of community-based health promotion programmes- a unifying approach. *Health Promotion International*, 16(4), 367-380.
- Kelly, C., Baker, E., Williams, D., Nanney, M., & Haire-Joshu, D. (2004). Organization capacity's effects on the delivery and outcomes of health education programs. *Journal of Public Health Management Practice*, 10(2), 164-170.
- Kirby, S. (2006). Working together. In S. Kirby, L., Greaves & C. Reid (Eds), *Experience research social change: Methods beyond the mainstream (2nd ed.)* Peterborough: Broadview Press.

- Koelen, M., Vaandrager, L., & Wagemakers, A. (2008). What is needed for coordinated action for health? *Family Practice*, 25, 25-31.
- Labonte, R., Woodard, G., Chad, K., & Laverack, G. (2002). Community capacity building: A parallel track for health promotion programs. *Canadian Journal of Public Health*, 93(3), 181-182.
- Levy, S., Baldyga, W., & Jurkowski, J. (2003). Developing community health promotion interventions: Selecting partners and fostering collaboration. *Health Promotion Practice*, 4, 314-322.
- McMurray, A. (2007). Primary health care: Promoting and enabling health and wellness: In A. McMurray (Ed.), *Community health and wellness – A socio-ecological approach*. Toronto: Mosby.
- Pattillo, M., Chesley, D., Castles, P., & Sutter, R. (2002). Faith community nursing: Parish nursing/health ministry collaboration model in central Texas. *Family Community Health*, 25(3), 41-51.
- Poland, B., Graham, H., Walsh, E., Williams, P., Fell, L., Lum, J., et.al. (2005). Working at the margins of leading from behind: A Canadian study of hospital-community collaboration. *Health and Social Care in the Community*, 13(2), 125-135.
- Polit, D., & Beck, C. (2008). *Nursing research: Generating and assessing evidence for nursing practice*. (8th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Polivka, B., Dresbach, S., Heimlich, J., & Elliott, M. (2001). Interagency relationships among rural early intervention collaborative. *Public Health Nursing*, 18(5), 340-349.
- Raeburn, J., Akerman, M., Chuengsatiansup, K., Mejia, F., & Oladepo, O. (2007). Community capacity building and health promotion in a globalized world. *Health Promotion International*, 21(S1), 84-90.
- Richard, L., Gauvin, L., Gosselin, C., & Laforest, S. (2008). Staying connected: Neighbourhood correlates of social participation among older adults living in an urban environment in Montreal, Quebec. *Health Promotion International*, 24(1), 46-57.
- Ristock, J. & Pennell, J. (1996). *Community Research as Empowerment; Feminist links, postmodern interruptions*. Toronto: Oxford University Press.
- Smith, N., Littlejohns, L., & Thompson, D. (2001). Shaking out the cobwebs: Insights into community capacity and its relation to health outcomes. *Community Development Journal*, 36(1), 30-41.
- Smith, N., Littlejohns, L., Hawe, P., & Sutherland, L. (2008). Great expectations and hard times: Developing community indicators in a healthy communities initiative in Canada. *Health Promotion International*, 23(2), 119-126.

Thurston, W., Farrar, P., Casebeer, A., & Grossman, J. (2004). Hearing silenced voices: Developing community with an advisory committee. *Development in Practice*, 14(4), 481-494.

Van den Broucke, S., Hennion, W., & Vernailen, N. (2006). Planning for empowerment in health promotion with socio-economically disadvantaged communities: Experiences with a small group approach. *Arch Public Health*, 64, 143-158.

Vogel, A., Ransom, P., Wai, S., & Luisi, D. (2007). Integrating health and social services for older adults: A case study of interagency collaboration. *JHSA*, Fall, 199-228.

Watson, J. (2002). Holistic nursing and caring: A value-based approach. *Journal of Japan Academy of Nursing Science*, 22, 69-74.

Weiss, E., Anderson, R., & Lasker, R. (2002). Making the most of collaboration: Exploring the relationship between partnership synergy and partnership functioning. *Health Education & Behavior*, 29(6), 683-698.

Wolff, T. (2001). Community coalition building – Contemporary practice and research: introduction. *American Journal of Community Psychology*, 29(2), 165-172.

Appendix A

Conference Presentations

Building Organization Capacity for Population Health Promotion: A Study of Collaboration in an Inner-City Neighbourhood

Canadian Public Health Association (CPHA) Centenary Conference

Toronto, Ontario

June 13-16, 2010

Studying Collaboration in an Inner-City Neighbourhood: Knowledge to Action for Population Health Promotion

4th National Community Health Nurses of Canada Conference (CHNC)

Toronto, Ontario

June 16-18, 2010

Building Organization Capacity for Population Health Promotion: Innovative Approaches to Study Collaboration in an Inner –City Neighbourhood

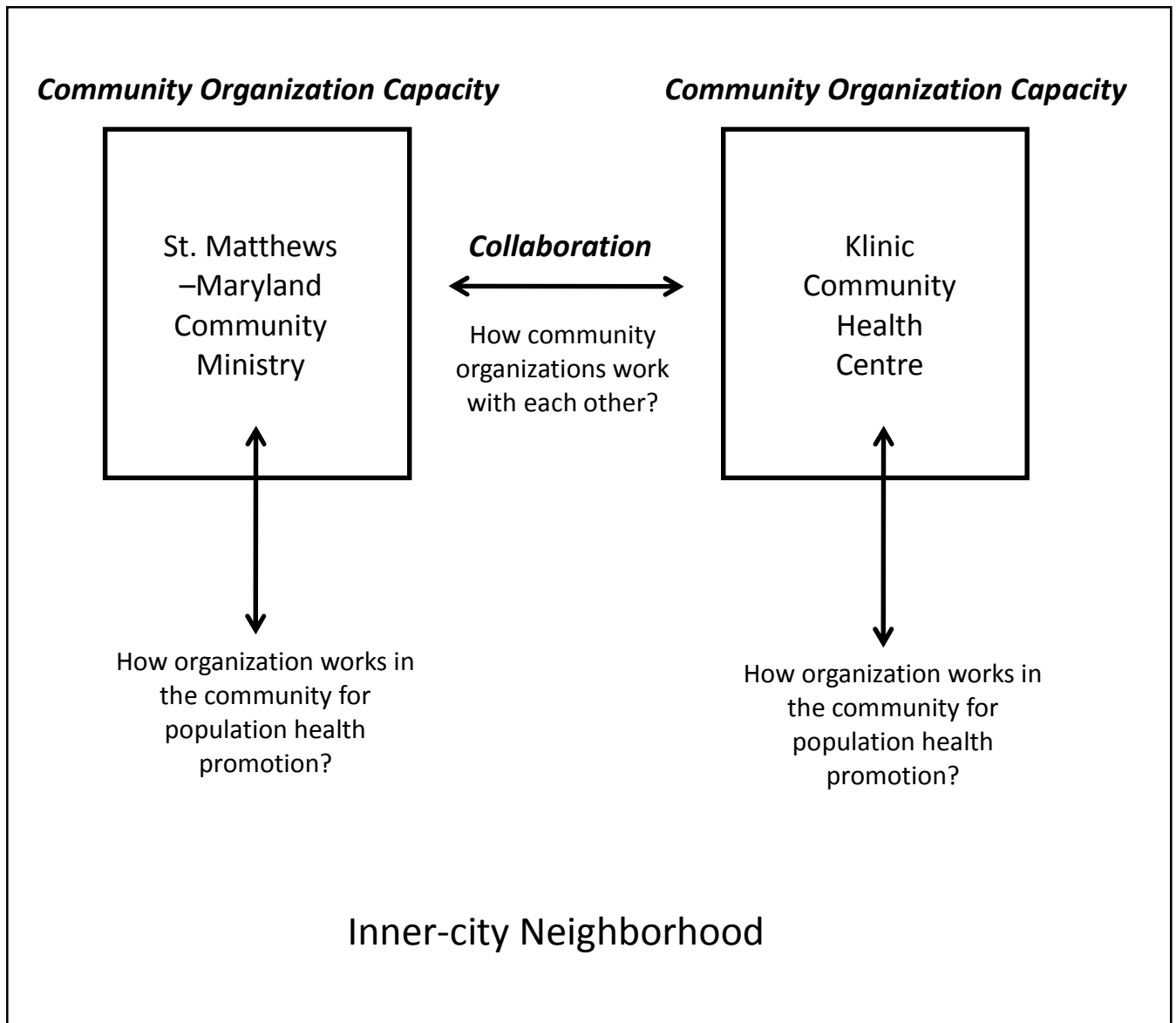
2nd Innovations in Qualitative Research Conference

Saskatoon, Saskatchewan

June 8-9, 2010

Appendix B

Study Model



Appendix C

Interview Guides

Interview Guide for use with Key Informant Providers

The following interview questions will permit me to engage you in a dialogue about (a) collaboration and (b) community capacity development that may be occurring between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry

1. From your perspective, is there any kind of a formal or informal relationship between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry?
If yes, could you please describe this relationship?
If no, could you please help me understand why?
2. Is there any communication between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry?
Is the communication or information exchange formal or informal? Who is communicating with whom? What does this information exchange look like?
Are there any outcomes or impacts related to this mutual communication (if it exists)?
3. Is Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry aligned in any way?
Is there any common ground or overlap in relation to each agency's reason for being?
4. How would you describe the nature of your caring relationships with clients?
What is your philosophy of care; what assumptions underpin the provision of client care in your agency?
5. Are you aware of any collaborative efforts between Klinik Community Health Centre and St. Matthew's Maryland Community Ministry that promote the health of people living in the neighbourhood?
Is any collaborative programming offered? Please describe in detail.
Is there any potential for collaborative programming? Please describe; what would you envision and why?
Are you aware of any such collaboration at the Board level; please describe.
Are you aware of any such collaboration arising from the level of Executive Director or Director(s) of the Community Ministry Program? Please describe.

6. Are you aware of any collaborative efforts between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry that promote the health of vulnerable people living in the neighbourhood?
7. Are you aware of any collaborative efforts between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry that foster social justice among people living in the neighbourhood?
Is there any collaborative efforts in this regard? Please describe in detail.
Is there any potential for collaborative efforts to foster social justice among people living in the neighbourhood? Please describe; what would you envision and why?
8. Are you aware of any collaborative efforts between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry that foster social justice among vulnerable people living in the neighbourhood?
9. Are any resources shared between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry that serve to promote the health of people living in the neighbourhood?
People, places, things? Expertise?
Is there any potential for sharing resources? Why or why not?
10. Are there any gaps or limitations with respect to programming or services that might benefit from collaboration between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry?
What are the gaps/limitations?
How might these be addressed through collaboration—if at all?
11. Are there any constraints that would prevent Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry from collaborating or engaging in joint programming or services toward (a) health promotion and (b) social justice?

Now we would like to ask you a couple of questions about the relationship within your organization.
Please describe the nature of the relationships between:
 - The staff and the users
 - The staff and the Board
 - The users and the Board
12. Is there any way that any of these relationships could be enhanced?

Interview Guide for Use with Participants

1. Klinik Community Health Centre (St. Matthews-Maryland Community Ministry) is good at.....
2. Klinik Community Health Centre (St. Matthews Maryland Community Ministry) needs to get better at.....
3. What programs and services are missing in this community? Probe: What would you like to see that is not here? Would you like to see more of some service?
4. Tell me about the people who provide services at Klinik Community Health Centre (St. Matthews-Maryland Community Ministry).
5. Tell me about the management team /Board of directors at Klinik Community Health Centre / St. Matthews-Maryland Community Ministry? Probe: What do you know about them? Have you met them?
6. Have you ever used the services at Klinik Community Health Centre / St. Matthew's-Maryland Community Ministry?
7. What happens at Klinik Community Health Centre/St Matthew's-Maryland Community Ministry? How well do you think Klinik Community Health Centre and St Matthew's-Maryland Community Ministry work together now?
8. Tell us how they could work together.
9. What gets in the way of working together?
10. Is there anything else anyone wants to say?

Interview Guide for use with Board/Management Members

The following interview questions will permit us to engage you in a discussion about (a) collaboration and (b) community capacity development that may be occurring between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry.

1. From your perspective, is there any kind of a formal or informal relationship between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry?
If yes, could you please describe this relationship?
If no, could you please help me understand why?
2. Is there any communication between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry? Is the communication or information exchange formal or informal? Who is communicating with whom? What does this information exchange look like? Are there any outcomes or impacts related to this mutual communication (if it exists)?
3. Is there any common ground or overlap in relation to each agency's reason for being?
4. How would you describe the nature of your relationships with clients? What is your philosophy of care; what assumptions underpin the provision of client care in your agency?
5. Are any resources shared between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry that serve to promote the health of people living in the neighbourhood?
People, places, things?
Expertise?
Is there any potential for sharing resources? Why or why not?
6. Are you aware of any collaborative efforts between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry that promote the health of people living in the neighbourhood?
Is any collaborative programming offered? Please describe in detail.
Is there any potential for collaborative programming? Please describe; what would you envision and why?
Are you aware of any such collaboration at the Board level; please describe.
Are you aware of any such collaboration arising from the level of Executive Director or Director(s) of the Community Ministry Program? Please describe.

7. Can you talk about the importance of targeting programs to address social justice issues? Is there any collaborative efforts in this regard? Please describe in detail. Is there any potential for collaborative efforts to foster social justice among people living in the neighbourhood? Please describe; what would you envision and why?
8. Can you talk about the importance of targeting programs to vulnerable people? Is there any collaborative efforts in this regard? Please describe in detail. Is there any potential for collaborative efforts to target vulnerable people living in the neighbourhood? Please describe; what would you envision and why?
9. Are there any gaps or limitations with respect to programming or services that might benefit from collaboration between Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry? What are the gaps/limitations? How might these be addressed through collaboration—if at all?
10. Are there any constraints that would prevent Klinik Community Health Centre and St. Matthew's-Maryland Community Ministry from collaborating or engaging in joint programming or services toward (a) health promotion and (b) social justice?

Now we would like to ask you a couple of questions about the relationships within your organization.

11. Please describe the nature of the relationships between:
 - The staff and the users
 - The staff and the Board
 - The users and the Board
12. Is there any way that any of these relationships could be enhanced?

Appendix D

Demographics

Board /Management Members Focus Groups

Organization	Number of Participants	Age	Sex	Number of Years at Organization	Education	Income
Klinik Community Health Centre	5	43-68 years (Average: 55)	All Participants were Female	1-19 years (Average:7)	Gr 12: 1 Post Secondary Degree/Certificate: 4 Additional Post Secondary Degree: 2	Majority Average Family Income 70,000-100,000
St.Matthew's-Maryland Community Ministry	3					

Key Informant Provider Interviews

Organization	Number of Participants	Age	Sex	Number of Years at Organization	Education	Income	Paid/Volunteer Position
Klinik Community Health Centre	5	34-65 years (Average:50)	Female: 9 Male:1	4 Months-8 Years (Average: 5)	Post Secondary Degree/Certificate: 9 Additional Post Secondary Education: 1	Majority Average Family Income 40,000-70,000	Paid: 7 Volunteer: 3
St.Matthew's-Maryland Community Ministry	5						

Participant/Users Focus Groups

Organization	Number of Participants	Age	Sex	Number of Years Utilizing Services at Organization	Level of Education	Income
Klinik Community Health Centre	9	28-59 years (Average: 46)	7 Female 2 Male	2-20 years (Average: 10)	<Gr 12: 2 Gr 12: 7	<15,000: 5 15,000-20,000: 3 20,000-40,000:1
St.Matthew's-Maryland Community Ministry	13	25-69 years (Average:50)	4 Female 6 Male	1st time-14 years (Average: 6)	< Gr 12: 7 Gr 12: 1 Gr 12+ 1	<15,000:7 20,000-40,000: 2



*"Individually, we are one drop. Together
we are an ocean."*

Unknown Author

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.