

Healthy Weights: Halton Takes Action

Healthy Weights, Healthy Lives Community Forum

A Report on What Was Heard

January 18, 2011

Burlington, Ontario

Halton Healthy Weights Initiative
Community Action Planning Workshop
18 January 2011
REPORT ON PROCEEDINGS

Background

The Halton Region Health Department (HRHD) launched a Healthy Weights initiative during the winter of 2007. On June 6, 2007, about 100 government, NGO, private sector and community representatives gathered to develop a strategic approach to the *Healthy Weights: Halton Takes Action Initiative* (HWHTA). The objectives of the event were: to address stakeholders' gaps in knowledge of the complex issues that contributes to obesity; to share best available practices that has been shown to reduce obesity; to identify local priorities to address obesity; and to gauge commitment from community members and establish a process for action. The twelve themes below were identified by participants to inform the setting of priorities for action:

1. Linking healthy living to healthy environments.
2. Quality of food consumed/expectations around portion size.
3. Build healthy living into school curriculum.
4. Fuller participation by the private sector, companies, and businesses large and small.
5. Mandating pedestrian and cyclist priority - creating an activity-friendly environment.
6. Systematic barriers and creating the necessary momentum for system-wide change in promoting healthy weights.
7. How to instill healthy lifestyle choices as a social norm.
8. Safety in public spaces.
9. Increased co-ordination/collaboration between authorities/sectors/schools, teachers, parks and recreation, corporations.
10. How do we create a better fit between perception and reality re: healthy living?
11. How to access information to make informed healthy choices/ multi-target messaging for everyone.
12. Improved access to and use of existing services and facilities.

On October 31, 2007, the results of the community consultation were presented to the Region of Halton's Health and Social Services Committee, and staff was tasked to complete the following five next steps:

- o Establishment of an External Implementation Advisory Committee consistent with the sectors/stakeholders identified in the Chief MOH report to advise the Health Department, and to be supported by Health Department staff.
- o Completion of the research proposal for CIHR in partnership with Ryerson.
- o Critical analysis of known and suggested interventions against best practices.
- o Identification of local priorities for action.
- o Development of an implementation plan for the Halton community in collaboration with the External Implementation Advisory Committee.

On May 8, 2008, the Halton Region Health Department invited 40 key stakeholders from the June 6, 2007 event to return and use their knowledge, skills, and influence to set priorities for action and develop an action plan. The objectives of the event were: to share accomplishments / lessons learned since 6 June 2007 event; to identify priorities; to develop an action plan of future initiatives; and to determine process for continuing to involve community stakeholders. Through a nominal group process, participants identified three priorities for action:

1. development of walkable and bikeable communities,
2. increase the availability of healthy food choices in the community,
3. and ensure community coordination of the *Healthy Weights: Halton Takes Action* initiative.

On June 18, 2008, the results of the prioritization session were presented to the Region of Halton's Health and Social Services Committee, and staff was tasked to complete the following five next steps:

- Development of logic models to address each identified priority action area.
- Sharing of the findings, priorities and action plans from the May 8, 2008 event with stakeholders (individuals, organizations, and government officials) who have mandates that are congruent with the priority areas identified to assess existing community capacity for moving forward.
- Identification of gaps in community capacity to address identified priorities.
- Establishment of working groups to address gaps.
- Establishment of a mechanism to ensure ongoing community coordination and engagement in the *Healthy Weights: Halton Takes Action* initiative that is reflective of the recommendations from May 8, 2009 event.

Approach to 18 January 2011 Workshop

The general approach to the workshop was to invite those organizations and individuals, who have been leaders in addressing the top two priorities -development of walkable and bikeable communities, and access to healthy food choices, to develop an approach to better coordinating the activities of HWHTA and exchange knowledge. Several objectives support this goal:

1. to bring the Healthy Weights: Halton Takes Action network together to discuss and plan;
2. to provide a report on progress to date;
3. to provide information about best practices in this area;
4. and to facilitate a discussion amongst participants to determine how to ensure a coordinated and evidence-informed approach to creating walkable and bikeable communities, and increasing the availability of healthy food choices in the community.

The workshop was divided into three phases:

Phase One - Background Information: During this phase, participants were provided with an overview of the HWHTA initiative to date; an update on the research project on HWHTA; and a review of the best practices and supporting tools and technologies available to ensure coordination of the initiative, and knowledge translation amongst participants.

Phase Two - Brainstorming: During this phase, there was a facilitated whole group brainstorming session designed to generate a list of ideas for how best to coordinate, exchange knowledge, and facilitate collaboration amongst practioners serving the Halton community. There was opportunity to clarify with the audience that these tactics should serve the purpose and intended outcomes, and finally the how- what tactics resonated with the participants. There was consideration given to which tactics could be supported and/or lead by the Halton Region Health Department, and what technologies would be best employed given that many organizations have limitations on the use of social media.

Phase Three - Selection and Prioritization: During this phase, the brainstormed list was consolidated and nine options were put forward for voting. Using a dotmocracy approach (where everyone has 1/3 the number of votes as there are options and could use all their votes for one option, or spread out their votes amongst several options), participants voted for the tactics they wanted. Following the voting, the scores were tabulated, and the beginnings of an action plan were created, with specific individuals and organizations agreeing to take on a lead role in implementation of each tactic.

Workshop Presenters

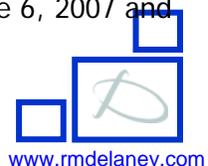
The workshop was opened by *Helen Ross, Manager of the Chronic Disease Prevention Program for Halton Region*. Helen set the tone for the meeting providing all participants with a detailed basis of information to work from, including an overview of the Healthy Weights: Halton Takes Action initiative and an update on the research project. The top three priorities selected at the previous consultation were noted and discussed briefly:

1. development of walkable and bikeable communities,
2. increase the availability of healthy food choices in the community,
3. and ensure community coordination of the *Healthy Weights: Halton Takes Action* initiative.

Helen outlined that the purpose of this consultation was to address the third priority. She further highlighted that on May 8, 2008 participants confirmed that an external community advisory committee was not necessary to move the project forward, and that HRHD was tasked with ensuring coordination occurred. Since the May 2008 consultation HRHD has spent time reviewing community coordination and knowledge translation best practices. The purpose of the meeting on January 18 was to bring stakeholders together to seek input and to select community coordination practices that will be useful and effective in coordinating our efforts and facilitating adoption of best practice programming in Halton.

Stephen Kingston, CEO of MediaDoc Inc., a Waterloo-based web development firm that aides health-related organizations in North America develop disseminate and evaluate web-based resources and tools, then addressed the group on the topic of communities of practice (CoP). Stephen provided an overview of CoPs, the current strategies being utilized by the HRHD to support this CoP, and the technologies that could be used to improve the effectiveness of coordination and better facilitate dialogue and collaboration. He provided further commentary on each of the tactics he suggested, the user requirements, the host requirements, and an overview of the pros and cons for employing each tactic. Stephen highlighted the 99-1 rule in his presentation. Ninety percent of participants will 'lurk' online, 9% will comment, and 1% will generate content. It is therefore critically important to nurture the 1%, and after that the 9% who comment. He also noted that technology could support the CoP, but would not be the CoP.

Phases Two and Three of the workshop was facilitated by *Richard Delaney, President of Delaney and Associates Inc.* His group is dedicated to planning and facilitating public and stakeholder engagement on behalf of their national, regional and local clients in the private, public and not-for-profit sectors. A management consultant specializing in this area since 1996, he holds a Master of Public Policy and Administration and certificates in Public Participation, Post Crisis and Disaster Facilitation and National Issue Forum Moderation. Richard has led almost 300 engagement sessions on behalf of his clients, mostly in the areas of environment, health and education. He is also a Certified Professional Facilitator and is one of only 32 people world-wide licensed by the International Association of Public Participation (IAP2) to deliver its certificate program. He provides public and organization-specific public consultation training to government and the private sector throughout North America. Richard is also the President Elect of the St. Lawrence IAP2 chapter and President of the Canadian Institute for Public Engagement. Richard also facilitated the June 6, 2007 and May 8, 2008 Healthy Weights: Halton Takes Action community consultations.



Methodology

As mentioned above, the approach to action planning was to have a facilitated brainstorming session designed to generate a list of ideas for how best to coordinate, exchange knowledge, and facilitate collaboration amongst practitioners serving the Halton community. There was consideration to what tactics could be supported and/or lead by the Halton Region Health Department, and what technologies would be best employed given that many organizations have limitations on the use of social media.

The following themes and comments emerged when discussing the “who, what, and why” of community coordination:

- Information sharing
- Purpose before process
- Knowing who does what
- Recognizing diversity and need to address different communication needs/styles
- Looking for value-added activities/tactics
- Timeliness of information is imperative
- Connectivity of content and members would facilitate collaboration
- Needs to be someone to draw out the information and leverage it
- Understand the needs of the stakeholders
- Needs to be a made in Halton solution
- Should present a call to action
- Format of information delivered is important

The group put forward and discussed numerous ideas, and the technologies/resources required for implementation. The following tactics were suggested during the brainstorming session:

- Create a receptacle/framework for people to post information that is relevant to Healthy Weights, in line with the top two priorities.
- Link to the Oakville Public Library initiative- Halton Information Providers (HIP).
- Looking for synthesize information on trends, news, and best practices.
- Whatever system is created should be searchable.
- Allow for connectivity, and open communication between all members of the CoP.
- Separate communities for individuals affiliated with each priority- walkable/bikeable communities and access to healthy food choices in the community.
- Need for a bigger set of categories to encompass all nutrition programming, and all physical activity programming.
- Staff person who is dedicated to coordinating information and resources.
- Teleconferences/webinars with speakers and/or members with innovative practices, based on the categories captured in the matrix for the database.
- Set of overall goals for the various CoP members to work towards achieving.
- Ongoing evaluation and celebration of success within the CoP.
- Needs to be transparent and open communication.
- Creation of a Google Group or LinkedIn.
- Listserv for HWHTA CoP.
- Discussion Boards to exchange ideas, and respond to queries from other CoP members.
- In-person meetings/forums.

The above list was distilled down to 9 distinct tactics / initiatives that could meet the needs expressed by the group. The facilitator presented the consolidated list and then facilitated a Q&A session to ensure a common understanding of the options that were available to the group. Then the group was asked to vote using the multi-voting process, described above. The approach used was inclusive and collaborative. HRHD staff did not participate in voting, to ensure that the results were representative of the needs of our stakeholder groups. All ideas that were generated were given consideration, even those that conflicted with other options proposed. After everyone voted participants were asked to commit to one or all of the tactics.

Results

After the results of the vote were tabulated, the group was asked if they generally agreed, and they did. During the vote it was clear which tactics were favoured by the group:

1. Database of whose doing what in Halton related to the top two priorities. Suggestions that it be developed and maintained by HRHD, and that members be responsible for keeping information related to their organization up to date.
 - a. Lynn Roblin and Michelle Knoll volunteered to support the implementation of this tactic.
2. Webinars on the latest research, trends, and program related to the top two priorities. Suggested that it be on an as needed basis, and webinar topics determined by trends in the research, and or polled interests of the group.
 - a. Terry Alyman volunteered to host a webinar, suggested topic- transportation master plan re: walkable/bikeable communities in Halton Hills.
3. An aggregator (person or website) to receive and “filter through” or consolidate mass amounts of information circulated about projects, news, research etc. and then deliver it by email on a monthly basis in an easy to use format. Group agreed that for this to be effective everyone would be responsible for sending information they have to one person/tool on a minimum monthly basis, to ensure the content in the monthly newsletter is current and relevant. HRHD to lead.
 - a. Helen Ross volunteered for HRHD to take the lead on this tactic.
4. Bidirectional (i.e. people can respond or redirect comments), open-source, opt-in listserv for practioners; previous messages to be archived on a searchable website so that the emails can be deleted, but the content available for later use.
 - a. Lynn Roblin volunteered to assist with implementation of this listserv.

Tactic	Weight
Database/framework of 'Who is Doing What'	16
Regular webinars with speakers and/or members of the CoP	11
Aggregator and email broadcast with relevant news related to the CoP	11
Bidirectional listserv	9
Discussion groups/boards	3
In-person forums/workshops	3
Library portal of information that is password protected	2
Listserv with newsletter	1
Regular teleconferences	1

During this conversation, it was suggested by the group to have Terms of Reference for membership; the criteria put forward were as follows: live and/or work in Halton; working in obesity prevention with a focus on the two selected priorities; will have a net benefit to the populations we serve; and open to practitioners.

Next Steps

The project plan for 'ensuring community coordination of HWHTA' is being completed. The plan will detail the execution of the 4 selected tactics, within the next 6-12 months, with input from the individuals who volunteered to assist with implementation. Further, it is suggested that the full plan be circulated to the January 18 workshop attendees and invited stakeholders for review, commentary and action.

Notwithstanding the project plan, amongst the identified tactics there were a number of low-hanging fruit. As an example, webinars with members of the Community of Practice speaking about their programs and progress related to the HWHTA priorities, the Health Department is going to move ahead with.

Group discussed that in six months there should be a tangible output from this CoP, e.g. a webinar, or listserv that is providing information to support decision-making by practitioners; and in 12 months there should be a presence, buy-in from practitioners and organizations in Halton with a vested interest in obesity prevention. In the long-term the group would like to share their work and collaborative approaches with other communities in Canada through conference presentations, and national webinars.

Attendees

Full Name	First Name	Last Name	Organization
Terry Alyman	Terry	Alyman	Town of Halton Hills
Denise Beard	Denise	Beard	City of Burlington
Fabio Cabarcas	Fabio	Cabarcas	Halton Region Health Dept
Eileen Chuey	Eileen	Chuey	Halton Region Health Dept
Gayle Cruikshank	Gayle	Cruikshank	Halton Food for Thought
Don Curry	Don	Curry	Hamilton Public Health Services
Patrick D'Almada	Patrick	D'Almada	Town of Milton
Richard Delaney	Richard	Delaney	Delaney & Associates Inc.
Adriana Dragan	Adriana	Dragan	Halton Region Health Dept
Maria Folino	Maria	Folino	Active Halton
Carie Gall	Carie	Gall	Mississauga Halton LHIN
Lynn Gates	Lynn	Gates	Halton Region Health Dept
Lynne Hanna	Lynne	Hanna	Halton Region Health Dept
Maureen Harris	Maureen	Harris	Halton Region Health Dept
John Hemingway	John	Hemingway	Hatch Mott MacDonald
Steve Kingston	Steve	Kingston	Media Doc
Michelle Knoll	Michelle	Knoll	Oak Park Moms and Tots
Jr Leo	Jr	Leo	Evergreen
Ryan Luyk	Ryan	Luyk	Halton District School Board
Jessica MacKay	Jessica	MacKay	Halton Region Health Dept
Brenda Moher	Brenda	Moher	Halton Fresh Food Box
Joni Moncur	Joni	Moncur	Halton Catholic District School Board
Mary O'Brien	Mary	O'Brien	Halton Region Health Dept
Barb O'Connor	Barb	O'Connor	Halton Catholic District School Board
Pat O'Reilly	Pat	O'Reilly	Halton Conservation Authority
Frank Prospero	Frank	Prospero	Town of Halton Hills
Lynn Roblin	Lynn	Roblin	Halton Food Council
Helen Ross	Helen	Ross	Halton Region Health Dept
Tanya Rumble	Tanya	Rumble	Halton Region Health Dept
Tatjana Spacjic	Tatjana	Spacjic	Halton Multicultural Council
Susan Swartzack	Susan	Swartzack	Mississauga Halton LHIN
Karin Swift	Karin	Swift	Canadian Diabetes
Monir Taha	Monir	Taha	Halton Region Health Dept
Margaret Taylor	Margaret	Taylor	Town of Halton Hills
Kelly Waid	Kelly	Waid	Halton Region Health Dept
Joanne Walsh	Joanne	Walsh	Halton District School Board