

INTRODUCTION

Welcome to the Wellness Coalition toolkit. This document marks the continuation of a journey that has been years in the making. And like all great journeys (and great sayings), the destination is rarely what matters. Each footstep along the way is equally as critical.

Let us not be fooled by the term “toolkit”: The term will loosely to apply to this document, which can be used as one might use a toolbox:

- As a resource to use “just in case” - a handy thing to reference every once in a while;
- As a translator and dictionary for the terms that we may find ourselves using as we grow as community developers;
- As a history of past events related to wellness in the St. John’s region;
- As a report of the “seeds of the Wellness Coalition Workshop”;
- And, as a contact resource for those interested in the growth of a Wellness Coalition in the St. John’s Region.

As with literal toolboxes, the contents are often in flux. The contents of this toolkit will change over time. In fact, they already have: what began as the Living Document developed by the steering committee of the Heart Health Coalition has expanded to become the document before you, whose contents have been and will be contributed by you – interested members in the Wellness Coalition.

THE STORY, THUS FAR

Action	Title	Description	Date	Complete
1	Workshop Committee	<ul style="list-style-type: none"> •1 Workshop Steering Committee structure •2 Workshop planning 	October 2003	Yes
2	Hiring	<ul style="list-style-type: none"> •1 Workshop Coordinator •2 GradSWEP positions 	January 2003	Yes
3	Workshop	<ul style="list-style-type: none"> •1 Build relationships •2 Develop communication •3 Expand heart health and engage new coalition members •4 Foster partnerships •5 Develop understanding of community development language 	March 2003	Yes
4	Post Workshop	<ul style="list-style-type: none"> •1 Develop list of Social Capital •2 Reflect and act on information gathered at workshop •3 Develop organisational models based on workshop suggestions 	Mar 2003	Yes
5	Toolkit	<p>Develop common language and understandings of terms discussed at the workshop – it will include:</p> <ul style="list-style-type: none"> • Generic materials on coalition theory, practice and building • Materials on wellness, partnership, and capacity building in the promotion of health and well being • A profile circular on coalition members; update on past wellness initiatives • Overview of skills, resources, expertise available within the coalition. 	Mar 2003	You're looking at it!
6	Supporting coalition members	<ul style="list-style-type: none"> • Research funding opportunities • Circulate information gathered to coalition members • Support coalition members in accessing funding for wellness initiatives. 	On Going	On Going

DISCUSSION OF IMPORTANT TERMINOLOGY

Before moving forward we need to be on the same page. It helps when we are all equipped with similar concepts for the language of development and change. Many of these terms are familiar to us all, but we each have different concepts of what the terms mean, as our realities are often very different from one another. What follows is a summary of terms that were discussed and defined at the Wellness Coalition Workshop in March of 2004.

How did *we* define?

a) Wellness

Wellness is a general term for the overall health of an individual – not just physical health. Wellness can mean emotional, intellectual, mental and spiritual health as well. Many things affect a person's Wellness:

- Income and Social Status;
- Social Support Networks;
- Education and Literacy;
- Employment/Working Conditions;
- Social Environments;
- Physical Environments;
- Personal Health Practices and Coping Skills;
- Healthy Child Development;
- Biology and Genetic Endowment;
- Health Services;
- Gender;
- Culture.

These are known as the *determinants* of a person's health and well-being.

The basic needs of food, shelter, safety, and a sense of belonging are essential to a person's Wellness. As people with an interest in Wellness, we value people, support, connecting, understanding, compassion and inclusion. **We want to put people before outcomes.**

b) Coalition

In its simplest sense, a coalition can be individuals, groups, organizations and government working together for common goals. Coalitions are “bridges” that connect people to people, people to organizations, or people to knowledge. By working together, coalitions support facilitation and the sharing of resources and ideas in a creative and open environment. These ideas will help create more awareness and understanding of the wellness issues affecting a population. Because of the numbers involved, a coalition has a greater opportunity and ability to affect more people.

Each member of a coalition is a resource person coming from a different background and has unique perspective, wisdom, values and beliefs. For a coalition to be effective, it must respect its members, their ideas and their differences. Coalitions must also be accountable to the community – it must respond to the needs of, and answer to the people in the area in which it operates. People within the coalition also need to feel that they are accomplishing something; that their work is making a difference, both in the community and within the coalition itself. **Action is therefore fundamental.**

Coalitions are built on the belief that more hands make lighter work (i.e. teamwork). They also believe that all people have the right to be involved, and make every effort to be inclusive. Specifically Coalitions:

- Increase the "critical mass" behind a community effort
- Reduce the likelihood of resource waste through unnecessary competition among groups by reducing duplication and sharing resources
- Are effective in taking action on a broad range of goals that reach beyond the capacity of any individual, or member organization

- Foster cooperation between diverse sectors of society; and
- Increase the trustworthiness and the impact of their efforts.

And finally, the coalition must also celebrate and share in the achievements that it generates.

c) Community

Traditionally we often think of community as an area of residence, but community can mean much more than that. While it can be a physical location, it is often an internal connection to a group that defines it. This can be a work community, a group of volunteers, people in your own age category (like the 50+ community) and so on. To put it more loosely, community is a feeling of home, a feeling of belonging. It is a place in which we often have a genuine commitment to its wellness and the wellness of its members.

d) Partnership

A partnership is a bond, a link, and a connection. If coalitions are bridges (as mentioned above) the partners are the bridge builders. Each partnership is built on a foundation of trust and respect, with each partner actively listening and addressing the concerns of the other to achieve realistic goals. Each partner possesses strengths, and they work together by building on each other's strengths. Through a mutual understanding and investment of time, both individuals stand to benefit from their individual contributions. Based on open communication, partnerships can achieve a clear plan that will maximize the usage of our common resources.

Partnerships, like all things, change over time. They must be flexible to allow for new information, new ideas, new members and new structures. Effective partnerships strive towards the values of equity and equality.

Role of Partners (within a Wellness Coalition):

Partnerships exist:

- To support community action that impacts the wellness of our communities

- (community-driven)*.
- To affect the laws, and regulations (*public policy*) that affect health and well-being.
 - To strengthen the abilities of community members (*capacity building*) to start their own health-related programs.
 - To actively involve other community members (*community mobilization*) in wellness initiatives.
 - To serve as the centre of a web, used to connect other people in the public, private and academic circles. These new partnerships will build understanding of wellness and will support effective collaboration.
 - To ensure that mutual learning is encouraged and enhanced among partners. If we are not all on the same page, it is just as well that we are reading different books. We need to make an effort to have all members informed.
 - To advocate for and influence the agenda regarding the improvement of health and wellness.

Building partnerships is an important part of capacity building. A continuous give and take of information and resources will help build strong ties between people and organizations. Also, it will create new relationships and new opportunities to take on greater initiatives that can be done collectively. When groups come together to form coalitions, the ability and impact of what can be done is often magnified greatly.

e) Collaborative Leadership:

Each of us has unique skills and gifts to bring to the coalition. By working together we use both our shared and unique skills to effect change. Like the pieces of a puzzle, different people – with their diverse talents – will come together and work (collaborate) to realize the bigger picture. Collaborative Leadership works when there is an atmosphere of open communication and respect for the leadership talents and strengths that each of the members possesses. Supporting people and groups to step to the front and champion change is an important aspect of collaborative leadership.

Shared power is the cornerstone of its success.

f) Capacity Building:

A collaborative approach is equally important to a coalition success. By building on our collective skills, knowledge and resources we are building our ability to make informed choice. The capacity to understand choice and the barriers to choice are key components in building capacity to address positive change. These skills will affect individuals however family and community will benefit as well.

Historically programs have been given to community in the hope they will be healthier: a capacity building approach respect the gifts and resources of the community and works with community providing the structure, process and resources that enable them to coordinate and run their own wellness programs.

Capacity building can include activities as diverse as:

- Strengthening individual knowledge and skills,
- Promoting community education,
- Providing tools and resources,
- Educating providers,
- Fostering coalitions and networks,
- Influencing policy and legislation.

g) Critical Mass:

This term refers to the number of people reached by a message so that it is “effective”. Effective is a relative term, but it can mean making enough noise so that government and society in general hears it, or creating enough energy and awareness that change is observable. Coalitions are a mass of people with a common message.

Each person, group or organization’s sphere of influence is limited. With true, effective collaboration these spheres of influence can be virtually limitless. The number of people that can be reached with a health initiative increases with the number of partners involved. The coordinated, cohesive effort shows that groups are truly united for a cause and the voice is louder than when spoken alone. But the

numbers have to be sufficient, and the voice loud enough that people stand up and take notice. If one moose is strutting around Logy Bay Road, people of Logy Bay Road may notice. Add four more moose walking around Water, Topsail Empire and Elizabeth, and the whole city will notice!

h) Strengths, Weaknesses, Opportunities and Threats (SWOT):

In community development exercises one of the first things to do is brainstorm. SWOT is a brainstorming technique used to establish exactly what exists, what has the potential to exist, factors decreasing that potential and barriers to realizing that potential. This is usually done in the community, often by the community itself, and helps lay the groundwork for any programs or initiatives that may take place. SWOT is a starting point. It helps both program implementers understand what a community is capable of and it helps the community understand its own capabilities.

*(<http://www.genomicstoolkit.org/moxie/gettingstarted/swot.shtml>,
<http://www.panasia.org.sg/iirr/ikmanual/swot.htm>),*

i) Social Capital:

Social capital consists of the networks, the relationships, the values and norms of a community. It refers to the connections, commonly held beliefs that shape the quantity and co-operative quality of a community actions. It is the ability to connect, the ability to be involved. The way the community supports involvement in programs of which one is a part. As part of the Wellness Coalition our social capital will be measured by the connections that develop between members of the coalition and our ability to contribute to community wellness initiatives. As members of a Wellness Coalition our goal is to enhance the social capital of our community.

(<http://www.worldbank.org/poverty/scapital/>) (<http://www.mapl.com.au/A13.htm>)

j) Population Health Approach:

This is a model of health and community development that focuses on the community's role in determining health. Rather than treat patients who are already sick (as in a medical model), the population health approach is used to inform, educate, empower

and influence communities to drive their own health initiatives. Further, it aims to affect the governing policies and structures that affect behavior such as social determinates. (<http://www.hc-sc.gc.ca/hppb/phdd/>)

HIGHLIGHTS OF THE LIVING DOCUMENT

(Composed in Fall 2003 – Full Document available upon request)

a) Where it began

The idea for a Wellness Coalition started with the work and research of the Newfoundland and Labrador Heart Health Program (NLHHP) and the experience of the Heart Health Coalition – St. John’s Region. The Newfoundland and Labrador Heart Health Program (NLHHP) was a health promotion project established in 1990 and was funded by Health Canada. It was a community-based prevention program aimed at improving health and reducing the incidence of heart disease in the province. As a part of its development, NLHHP supported the establishment of Regional Heart Health Coalitions in each health region of the province.

The Heart Health Coalition – St. John’s Region (HHC) was established in 1996 and was in place for seven years. The HHC was comprised of a range of health-related professional organizations, community volunteers, municipalities, non-government organizations, and Health and Community Services - St John’s Region representatives.

In June 2003 the NLHHP project ended.

b) How it evolved

Under the vision of the provincial governments Strategic Health Plan – a plan developed through consultations with the people of Newfoundland and Labrador - Among other things the Strategic Health Plan “Healthier Together” aims to address the following goals:

- To improve the health status of the population of Newfoundland and Labrador
- To improve the ability of communities to support health and wellbeing

The government recognised the great work of the Heart Health Coalitions. As part of "Healthier Together" government wanted the HHC mandate to expand and include many aspects of a person's health and well-being, not just heart health. So the challenge went out: to expand on their success in coalition building and champion the development of wellness coalitions. The question for many: could the Heart Health Coalition expand into Wellness?

In response the Heart Health Coalition - St John's Region came together through a series of workshops, meetings and planning sessions to discuss the possibility of forming a broader Wellness Coalition. The goal was to reflect on our history as a Heart Health Coalition and collectively determine our next step. A planning session was held August 20, 2003. Building on the HHC's history of coalition building, "the seeds of Wellness Coalition" was formed.

The main focus of the prospective wellness coalition will be to initiate, facilitate, support, participate in and promote community action related to the wellness priorities. The Wellness Coalition will build on existing partnerships and create new links with groups and organizations that are addressing the various aspects of wellness.

c) The Theory and the Principles

i) Guiding principle

A Wellness Coalition will only work if it responds to the desires identified by the people of the communities. Furthermore, it needs to be put in place by people in *that* community. The main goal is to build on people's ability (*capacity*) to make their communities healthier. In community development that goal is best attained when we work together. Strengthening individual skills, encouraging community action, helping develop and strengthen group networks and partnerships, and influencing policy and legislation can help do this.

ii) The Goal:

The goal of the WC is to be a catalyst: and like a catalyst in chemistry, the Wellness Coalition can speed up the rate of change and lower the initial energy and resources required to effect change. Through a process of promoting partnerships and working together on a plan of action, it can increase the community's ability to drive its wellness initiatives, facilitating, ultimately, better health and well-being for all.

iii) Fundamental Beliefs:

The Wellness Coalition will operate on the belief...

- That a healthy community is a *process* not just an outcome: “good health” is not the plateau, nor the peak, but the climb. And every breath along the way is just as important and sweet as the air at the top.
- In the *population health approach* - like a strong chain, the health of the community is as strong as the health of its residents, and the factors and conditions affecting one *will* affect many.
- In the significant role of *the determinants of health* – education, employment, environment, etc. need to be part of the strategy for better health.
- In *inclusion* – we are a diverse community and we need voices that reflect that reality.
- In *collaborative leadership* – with partners as peers, we build on each other's strength and leadership as we work towards a healthier community

iv) Focus Areas

The government also established a Provincial Wellness Advisory Council (PWAC) to provide advice and guidance on the development and implementation of the Provincial Wellness Strategy by a Wellness Coalition. Using a community-

based, population health approach, the PWAC identified several priority areas for wellness:

- Healthy Living
- Healthy Environments
- Mental Health Promotion
- Injury Prevention
- Health Protection
- Chronic Disease prevention and
- Child and Youth Development.

v) Partnerships:

There is a wealth of knowledge within all sectors of our communities. We are committed to creating partnerships that value the knowledge and wisdom gained from experience, culture, social situations and academics.

Change, and support for change, can occur in many ways. We will seek out partners who make change directly, those who financially support structures for change and those who allow for the changes to stay in place because of their contributions to policy formation and legislation.

When creating new partnerships, we will collectively seek to include those with:

- The values reflected in this document;
- An understanding of local and regional needs;
- A history of coalition or partnership building;
- Strong organizational leadership;
- Leadership in shaping community opinion;
- Leadership in community advocacy;
- A capacity for research and evaluation;
- A commitment to partnering to affect positive changes in health and well being;

The Wellness Coalition is seeking partnerships that support the following

principles:

- To establish and enhance the value of capacity building in the promotion of community health and wellness.
- To enhance public and community awareness of the role of community action in affecting change towards wellness.
- To support project proposals, facilitate co-funding and partner in research projects.
- To advance the priority areas as defined under the Provincial Wellness Strategy.
- To advance new Wellness initiatives as they are identified.

Potential Partners:

We will be seeking involvement from a wide range of people, groups, and organizations within our community. We are seeking partners including, but not limited to, representation of individuals, groups and organizations that advocate the community inclusive approach to wellness. These may be representatives from the corporate sector, Government (municipal, provincial and federal), community groups, family resource centers, community policing, religious/spiritual affiliates, champions in their area, media and education.

THE WORKSHOP

a) What and Where?

On Friday, March 5th and Saturday March 6th community partners came together to discuss how a wellness coalition might develop in the St. John's region. At a little hall on Mundy Pond Road participants arrived at 8:30 on Friday morning...

The Scene: Stepping into the porch you shed your coat and stroll past the threshold into the café. After posing for a Polaroid photograph, you take a seat at one of the nine decorated round tables placed strategically around the hall and await the arrival of your table-mates. Soft music fills the warm air, colorful pictures line the walls and a media presentation fades scenic pictures on the presentation screen. In front of you, on the table, lie the tools of the trade: markers, crayons, magazines, scissors, glue, and table paper. These are your

Individuals, private organizations, public groups and government met at St. Teresa's Parish Hall for a session that would both inform and invigorate the process for the formation of a wellness coalition.

Everyone's reality with the development process was different; we therefore needed to collectively understand the words that have become part of the language of change. Words like "wellness" and "coalition" "capacity building" and "partnerships" are often exchanged freely, but without some discussion they are often interpreted differently.

b) Format

The workshop used a café-style approach for discussions. This is based on the idea that the best discussions come when the conversation is free, open, and mobile.

Groups sit around a table, discuss a given topic for a set amount of time and then break – half of the members of the table go one way and half go the other (clockwise/ counterclockwise in this case), and a different topic is discussed at another table. (for more information please go to <http://www.theworldcafe.com>)

This serves several valuable functions:

- *Meeting people* – at larger workshops this allows for one to meet and converse with just about everyone in attendance
- *Generation of Ideas* – By working with so many different people ideas will stay

fresh and creative

- *Group Cohesion* - As the tables shift half of the group stays together fostering a strong connection between members of that group. This group gets more comfortable with each other, and the ideas that it generates are less inhibited and more diverse.
- *Comfortable atmosphere* - this is a fresh and exciting way to exchange ideas, because of its focus on being more conversational and less formal.

c) **Goals of the Workshop**

- To provide an opportunity for individuals, community groups, and organizations working to enhance the health and well being of our community to come together.
- To create a common language and understanding of the meaning of the concepts of coalition, partnership, wellness etc.
- To broaden our understanding of all partners reasons for being at the table, there mandates, their perspectives and their understanding of the roles of community in wellness.
- To create an environment that fosters relationship building: one of trust, honesty, open-communication, respect and inclusion.
- To provide a process for the growth of the Wellness Coalition, St. John's Region.

Time	Agenda Item	Time	Agenda Item
08:30 a.m.- 09:30	Registration	09:30 – 10:00	Introduction to the day and overview of the previous day
09:30 - 09:45	Welcome and Introductory Remarks	10:00 – 10:45	Presentation of the Living Document
09:45 – 10:15	Group Introductions (group activity)	10:45 – 11:05	Break
10:15 –	Meeting Goal – Agenda	11:05 –	Café Discussions related to Mission,

Time	Agenda Item	Time	Agenda Item
10:25	Overview: “ Where are we going”	12:30	Structure, Process
10:25 – 10:45	Hopes & Concerns around participating in this event. (group activity) “ What do you need to make this meeting work for you?”	12:30 – 1:30	Lunch
10:45 – 11:00	Group Agreements and Standards for the workshop	1:30 – 2:00	Solidifying the mission, structure and process (Group activity)
11:00 – 11:20	Break	2:00 – 2:30	Report Back and Next Steps
11:20 – 11:30	Race to the Prize (round 1)	2:30 – 3:00 p.m.	Check Out and Evaluation
11:30 – 12:30	Panel Discussion with invited guests: <ul style="list-style-type: none"> • Carol Anne MacDonald, Wellness Division, Department of Health and Community Services • Linda Carter, Wellness Division, Department of Health and Community Services • Kathie Saunders: Wellness Educator, Memorial University • Vanessa Frizzell, Early Childhood Educator, MUNSU Childcare Centre 		
12:30 – 1:30	Lunch		

Time	Agenda Item	Time	Agenda Item
1:30 - 3:00	Café-style Discussion – Terms of Development		
3:00 - 3:15	Break		
3:15 – 3:45	Reporting back from Café Discussions		
3:45 – 4:15 p.m.	Overview of Tomorrow and Check out		

d) **Outcomes of the Workshop**

After two days of discussions and feedback a giant step forward had been made towards establishing a Wellness Coalition. Feedback was overwhelmingly positive.

As part of the evaluation process of the workshop, organizers felt that having both a pre and post workshop evaluation would contribute to a better understanding of the knowledge base of participants. While many expressed comfort and familiarity with the concepts and terminology of wellness, coalition, capacity building and other such terms, a large proportion (95%) indicated that understanding had grown over the two days of discussion and feedback. Furthermore, nearly two thirds wished to continue on the formative journey of building a **mission, structure and process** for a wellness coalition. And when all was said and done, you saw new faces or made new contacts at this workshop, some you had never heard of before.

There is a unifying sense that we all have something valuable to contribute to a Wellness Coalition. There is a willingness to share resources, information, knowledge, skills and expertise for the betterment of our communities and region as a whole. There is a need for a Wellness Coalition, and there exists within the participants of the workshop the ability and resolve to form one.

1. **Working Mission Statement**

Through a process of *awareness, education, empowerment, and action* "We, the Wellness Coalition – St. John's Region will work collaboratively to initiate community action that enhances the wellness our community."

2. **Proposed Structure and Process:**

Paramount to the success of a coalition is a stable structure and solid leadership. Health and Community Services - St John's Region will provide in-kind support for structure and process components of maintaining an effective coalition. We will come together as peers and support collaborative leadership within the structure.

The concept behind this proposed structure is that of a round table of community partners representing the six focus areas identified by the PWAC. There will be two members from each focus area representing the subcommittees on the Steering Committee. In addition, there will be two or three members representing a "Special Invite" group. This group will not be a permanent member at the Steering Committee Table, but will rotate so that underrepresented areas of health and wellness will have a voice.

The Wellness Steering Committee will be supported by co-chairs.

In this structure, the coalition's broad vision and action priorities will be established by the wellness steering committee in collaboration with the sub-groups. The specific efforts of the subgroups would complement the vision of the coalition. The sub-groups would have the capacity to set directions specific to their area i.e. Mental Health, Healthy Environment etc. – with a commitment to the guiding vision of the Wellness Coalition.

Gatherings:

- The Subgroups would meet bi-monthly
- The Wellness Steering Committee would meet on an alternate, bi-monthly

basis

- The Wellness Coalition, which is made up of the Wellness Steering Committee and Subgroups, would come together annually.

3. Duties:

In addition to the normal structure, key administrative tasks will be required for the coalition to function effectively. An extensive (but not exhaustive list) is provided below:

Category	Responsibilities
Clerical	Mailings, typing minutes, agendas and reports, making reminder calls, photocopying
Meetings	Planning agendas, taking notes, locating and preparing the gathering sites, planning facilitation, coordinating with the coalition's chairperson or steering committee, arranging refreshments
Membership	Recruitment, orientation, ongoing contact, support and encouragement, coordinating communication among members e.g. website, newsletters.
Research and fact gathering	Data collection, Empowerment Model Evaluation
Public Relations and Public Information	Development of materials, press releases, linkage to local media
Coordination of activities	Special coalition events, media campaigns, joint projects
Researching funding opportunities	Accessing funding and other resources

The groundwork has been laid for the next steps of the Wellness Coalition in the St. John's Region. In the post-workshop era, we will be looking toward solidifying the foundation for the Wellness Coalition: working out the finer points of the mission,

structure and process, and firmly establishing the members who wish to actively contribute to its progress.

- Refine the mission statement to discuss issues brought up at the workshop (namely, the inclusion of the words “wellness”, “St. John’s region” and “education”)
- Ensure the capacity of regional health and community services to facilitate and support grassroots wellness-related capacity building initiatives
- Ensure that the volunteer sector has the resources needed to support their wellness efforts.
- Ensure the coalition exists in the community and is accountable to community partners.
- Ensure a commitment for funds to support the Wellness Coalition in relation to staff and resources.
- Ensure a commitment for projects funding to address wellness initiatives.

Our Steps (as discussed at the workshop)

- 1) **Communication:** First and foremost a solid network of communication was needed. A contact list was developed after the workshop and sent to all attendees of the workshop. Furthermore, this list was distributed to people who expressed an interest in the Wellness Coalition who might not have had the opportunity to attend. Workshop participants Lori Shea and Chris Hibbs work on the communication aspect. **We have a web site.** Chris has been contracted to maintain communication within the coalition. This is a significant role and Chris has proven to be a gift to us all.
- 2) **Gatherings:** There was a gathering approximately one month following the completion of the workshop. This provided a chance to reflect back upon the workshop and deliver any necessary materials, reports or presentations that were relevant to the Wellness Coalition. Participants also identified their area of interest.

This took place on April 21st, 2004 at MUN. Groups came together within their subgroups. Terms of Reference are the main focus however several subgroups have initiated community actions.

- 3) **Membership:** In an effort to include everyone, it was requested that each participant find a person, group or organization that was not represented at the workshop and contact him or her via letter or phone.

- 4) **Evaluation:** A focus group of coalition members' came together to collectively develop an evaluation tool. It was agreed, among those present, that the first question would address our effectiveness in building a coalition that can impact positive change. We realized this was a big issue and had to be addressed in little steps. Understanding the role of networking and partnership building was seen as a valuable approach to our collective learning while building our knowledge base/capacity within the coalition. Following a great discussion we decided that the first area of evaluation would address the impact the coalition was having on networking and partnership building among the members.

Basically, if we are doing it well, we can help it evolve within the community.

Question/Issue:	Has involvement in the coalition had an impact on partnership building among its members?
Indicators:	<p>Members supported a Community Action.</p> <p>Members could identify at least one group or individual that can help them in their work and they can help</p> <p>Members have connected, learned or shared information with other.</p> <p>Members identify a broader understanding of networking and partnerships in affecting change and came together for strength</p>

Members have worked together on public policy
Process: Coalition members will be invited to share their "stories" of
new partnerships/networks via email to Cathy.

Articles about partnerships and networking will be shared
on the website with an opportunity for discussion and
feedback built in.

Questionnaires will be distributed to coalition members.

Follow up focus group will be offered to allow broader
learning and understanding.

Results will be shared between the members and the knowledge will be used to
strengthen our collective capacity as a coalition to impact the health and well being of
our community