Stronger Together!

Strengthening intersectoral collaboration for quality of life in Elgin St. Thomas through the Community Leaders’ Cabinet

Policy Brief
Key Points

• In 2015 Elgin St. Thomas formed a Community Leaders' Cabinet (CLC). The CLC included government and non-governmental organizations working together to improve quality of life for local residents.

• Research on collaboration among organizations on the CLC identified several ways to support and strengthen future collaborative action, including the following recommendations:
  □ Invite organizations with aligned values, unique priorities, and prior experience with community collaboration in the early stages of the committee.
  □ Aim to have a recognized and powerful leader in the community join, or at least endorse, the committee.
  □ Showcase the impactful use of intersectoral collaboration in comparable regions.
  □ Aim to achieve easily attainable goals that benefit multiple organizations in the early stages.
  □ Have regular, face-to-face meetings.
  □ Share information about meeting topics before meetings, focus meetings on a small number of action-oriented topics, and have meetings intentionally facilitated and adequately resourced.
  □ Provide opportunities for open dialogue during meetings.
  □ Focus on broad, uncontroversial committee objectives.
  □ Use supportive governance structures that nurture voluntary participation.
  □ Highlight the various benefits of participation to members, in the early stages and over time.

Why is intersectoral collaboration needed to improve quality of life?

A person’s quality of life can be defined as the extent to which a person is comfortable, in good physical and mental health, and is able to participate and find enjoyment in life.\(^1\) Quality of life is shaped by many factors that comprise our daily living environments and experiences, such as employment, access to housing and food, education, income, and living in a safe neighbourhood. These factors are, in turn, shaped in myriad ways by policies and programs of governments as well as a range of other organizations in a community. Therefore, efforts to improve quality of life for a population will benefit from collaboration and coordination of decision making across various government and non-government organizations, an approach known as Health in All Policies (HiAP).
How Elgin St. Thomas has used the Community Leaders’ Cabinet to improve quality of life of residents

In 2015, the mayor of St. Thomas, Ontario convened a Community Leaders’ Cabinet (CLC) consisting of community leaders from a wide range of government and non-government organizations in the region, including groups representing the Indigenous, public health, policing, education, and the business communities. The vision of the CLC was to create “a better quality of life for everyone in Elgin St. Thomas”. The Public Health Unit was responsible for monitoring progress and guiding effectiveness, and they suggested that a HiAP approach could be useful. The CLC formed a steering committee to promote collaboration across organizations (intersectoral collaboration) to improve the quality of life for residents by using its collective power to endorse actions and support initiatives, and by increasing awareness to issues, signing support letters, and lobbying elected officials. The CLC also developed a scorecard, known as the Elgin St. Thomas Selfie, to measure various aspects of quality of life of residents, including but not limited to health, employment/economy, well-being, education, social conditions, affordable housing, and transportation.

Lessons learned about how to strengthen collaborative action in Elgin St. Thomas

Between October 2020 and July 2021, ten members of the CLC were interviewed by the HARMONICS research team to find out why sectors first became engaged in intersectoral collaboration in the steering committee and why they remained active. Recommendations and a summary of research findings are presented in this policy brief to support future collaborative action to improve quality of life of residents in Elgin St. Thomas. The recommendations and findings fall into three main themes: 1) strategies during the early stages of collaboration, 2) planning and having effective meetings, and 3) facilitators for collaboration across organizations.

Abbreviations:
CLC : Community Leaders’ Cabinet
HiAP : Health in All Policies

Quotations:
All passages in quotation marks are direct quotes from interviewed CLC members.
1. Strategies to facilitate intersectoral collaboration in the early stages of the committee

Recommendation: When inviting organizations to join the CLC, invite those with aligned values, unique priorities, and prior experience with community collaboration to improve working relationships on the committee.

When the CLC was being created, leadership aimed to create a committee with “congruence by design”, a committee with a shared purpose, by using multiple strategies. One strategy was to invite organizations with a unique focus in the community to reduce the risk of disagreements related to overlapping responsibilities and mandates. Leadership also tried to identify organizations that had engaged in collaborative work before (“team players”) to increase the familiarity of the types of challenges and benefits that would come with this approach, and to help align a focus on working collaboratively across members. Where those organizations had previously collaborated with each other, members reported that these pre-existing relationships increased their trust about working on the CLC.

Another way that leadership tried to create a committee with a shared purpose was to identify organizations with a vested interest in the wellbeing of the community. This created an alignment of values and helped organizations see that participation in the CLC would advance their own interests. In this way, the work of the CLC was beneficial to both the member organization and, ultimately, to the wider the community.

Recommendation: In the early stages of intersectoral collaboration, aim to have a recognized and powerful leader in the community join, or at least endorse, the committee to promote engagement from members.

During the early stages of the CLC, endorsement from the mayor encouraged members from partner organizations to participate because it increased their perceived value of the CLC. Members also saw participating on a committee that involved the mayor as an opportunity to help them achieve their organization’s goals through the exposure it would bring to the issues they were grappling with.

Recommendation: To promote enthusiasm and engagement for intersectoral work in the early stages, showcase the impactful use of intersectoral collaboration in other regions.

Presenting the impactful use of an intersectoral approach to quality of life in the neighbouring region of Chatham Kent showed CLC members how intersectoral collaboration could be an effective and action-oriented approach in Elgin St. Thomas. Members from organizations that were not focused on health issues consequently had a better understanding of the importance of the CLC because they learned about the social determinants of health and the role their organizations could play in making positive community change. For example, one committee member described how they began to engage more directly with community members to understand how to better serve them. The success of the model inspired members toward more coordinated action because they recognized the CLC as an opportunity to make improvements in their community (i.e., focus on discussing the solution rather than the problem).
**Recommendation: Aim to achieve easily attainable goals that benefit multiple organizations in the early stages to allow members to understand how collaboration can positively impact the work of their own sector.**

Targeting easily attainable goals (“low hanging fruit”, “apple pie issues”) that were broadly relevant to organizations in the community in the early stages of the CLC led to a more favourable perception of the CLC as members witnessed how their organization’s goals were positively impacted by collaboration. Early successes with the CLC, such as receiving funding and implementing community change through the Healthy Kids Community Challenge, also encouraged continued participation, especially for members from non-health organizations.

2. **Planning and having effective meetings**

**Recommendation: Have regular, face-to-face meetings so that members can network, and develop and strengthen relationships with each other.**

Regular face-to-face meetings with a diverse array of organizations around the table deepened connections because it allowed members to network with organizations they would not normally interact with. Networking led to new working relationships, which facilitated new opportunities for funding, collaboration, and the emergence of new community champions. Sharing with and learning from organizations helped members develop an appreciation for other sectors, which strengthened pre-existing and newly formed relationships, and allowed them to work with partners despite some differences between them.

[Participant]: “The majority there I probably would just know by name and in passing. But the relationship now has taken off to the point where we can just pick up the phone and talk to each other; we see each other at meetings. If they have an issue, it’s, you know, it’s a "name the name" and it’s very positive.”

[Interviewer]: “And that’s because of the CLC?”

[Participant]: “Absolutely, just like you said earlier, right, networking.”
Recommendation: To promote more constructive meetings, share relevant information before meetings, focus meetings on a small number of action-oriented topics, and have meetings intentionally facilitated and adequately resourced.

The structure of CLC meetings was found to strengthen participation from members and ultimately enhance collaboration among organizations in various ways:

- Disseminating information to members in advance of meetings led to more constructive engagement during meetings as members:
  - had time to prepare for meetings by discussing sticky issues internally and
  - had a more balanced understanding of the issues at hand by the time of the meeting.

- Having meetings with a small number of agenda items and a heavy focus on making progress on collaborative action helped members feel that their effort was being used efficiently to tackle community problems and would have an impact over time.

- Having meetings facilitated in a way to keep members focused on working towards CLC objectives and a shared goal was appreciated. When meetings were not effectively focused, conversations deviated and conflicts sometimes arose that slowed progress during the early stages of implementation.

- Having administrative support for meetings to facilitate regular communication about relevant initiatives, action items and CLC progress increased commitment and involvement from partners because they were able to focus on using their own time for collaborative action.

“..."I’m educated just through their eyes and their conversations. That’s a big advantage ... because that filters down to the rest of our organization here. Now, I get out and I engage with the community and there’s no doubt of my outlook on life has been impacted by some of those conversations and some of those people."
3. Facilitators for collaboration across organizations

**Recommendation:** Focus on broad, uncontroversial committee objectives to promote the establishment of shared values, respectful working relationships, and aligned aims.

By focusing on objectives that were not politically charged, such as serving the community and improving quality of life, leaders of different organizations were encouraged to join the CLC and some shared values were established as a result. In turn, this facilitated a positive working environment for CLC members, including respectful relationships, which contributed to ongoing engagement by members. By broadly defining what it means to improve quality of life, including health and other aspects (e.g., safety), this objective was relevant to the individual agency mandates of a wide range of member organizations, which promoted collaboration.

**Recommendation:** Use supportive governance structures that nurture voluntary participation to allow member organizations to maintain a focus on their own accountabilities while collaborating on CLC initiatives.

By not having binding accountability agreements for organizations that belonged to the CLC, members were able to collaborate more willingly because they could do so in a way that would satisfy their own (internal) governance structures and accountabilities. For example, CLC leadership did not expect member organizations to assume roles or responsibilities outside of those already in place within the community, which gave the CLC members greater flexibility in how they participated over time. Since the purpose of the CLC was to collectively identify ways to improve quality of life in the community and funding for those activities was sought from external sources (with no expectation that individual organizations would have to contribute to those costs), there was no competition for resources between members of the CLC.

**Recommendation:** To promote buy-in to the CLC in the early stages and over time, highlight the various benefits of participation to members so that they can perceive their participation in the CLC as a win-win.

In situations where sectors did not view the CLC as a win-win, organizations were less willing to engage with other members because they were not able to see the benefit of intersectoral work; they did not see potential opportunities or similarities in values with other members.

Members who perceived engagement with the CLC as having an array of benefits to their organizations and others on the CLC (i.e., a win-win) were more likely to commit to the CLC in the early stages and over time. In some cases, members from non-health organizations saw how participation gave them greater access to funding and other resource opportunities. They felt encouraged to participate with the CLC after seeing how their values were aligned and how the CLC could be used to advance their sector’s objectives.
References


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This policy brief was conceptualized by the HARMONICS research team (Ketan Shankardass, PhD – Wilfrid Laurier University (WLU), Patricia O’Campo, PhD – St. Michael’s Hospital (SMH), Ahmed Bayoumi, MD, MSc – SMH, Carles Muntaner, PhD – University of Toronto (UT), Lauri Kokkinen, PhD – Tampere University, Alexandre Lebel, PhD – Université Laval, Alix Freiler, PhD(c) – SMH) working with Rosana Salvaterra, MD, MSc – Peterborough Public Health, Joyce Lock, MD, MSc – Southwestern Public Health, Karen Loney, MA – City of Chatham-Kent, Olivier Bellefleur, MA, MSc – National Collaborating Centre for Healthy Public Policy (NCCHPP). Maria Guglielmin, PhD – WLU wrote the policy brief. Emily Schneider, BSc – WLU and Pau Galvez Hernandez, PhD(c) – UT provided support with data analysis and writing. Florence Morestin, MSc – NCCHPP provided additional expertise on writing and editing. Cynthia St. John, MBA – Southwestern Public Health provided guidance and feedback on a preliminary version of this document.

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References